



June 1, 2026

Dear Dr. Clorisa Adleman,

On behalf of the Michigan Behavior Analysis Providers Association (MiBAP), we write regarding recent guidance reportedly issued by Clinton-Eaton-Ingham Community Mental Health Authority (CEI CMH) indicating that Applied Behavior Analysis (ABA) services for children with autism spectrum disorder (ASD) will not be reimbursed during school hours (approximately 9:00 a.m.–4:00 p.m.) when a client is enrolled in school.

MiBAP supports policies that ensure access to medically necessary behavioral health services in a manner consistent with clinical standards and federal law. However, a categorical refusal to reimburse ABA services based solely on the time-of-day treatment is delivered raises serious concerns under the federal Mental Health Parity and Addiction Equity Act (MHPAEA).

A policy that denies payment for otherwise covered medically necessary ABA services during specified hours operates as a categorical exclusion of benefits. In effect, CEI CMH is reducing the scope of reimbursable mental health services to zero during a defined portion of the day. This categorical non-payment functions as a quantitative treatment limitation (QTL) because it eliminates coverage for a block of time during which treatment would otherwise be available.

Under MHPAEA, plans may not impose treatment limitations on mental health benefits that are more restrictive than those applied to substantially all medical/surgical benefits in the same classification. A categorical refusal to reimburse services for several hours each day is a material restriction on the availability of treatment and is impermissible if no equivalent limitation applies in the medical/surgical context. To our knowledge, CEI CMH and Michigan Medicaid do not impose comparable time-based exclusions on reimbursement for medical/surgical services (e.g., physician visits, therapies, diagnostic services, or specialty care). Patients routinely receive reimbursable medical services during school or working hours without restriction based on time of day. The absence of an analogous medical/surgical limitation strongly indicates a parity violation of federal and state law.

In addition to operating as a QTL, the policy also functions as a nonquantitative treatment limitation (NQTL). MHPAEA defines NQTLs broadly to include restrictions affecting the scope, timing, and conditions under which benefits are provided, including utilization management practices and coverage criteria. A blanket prohibition on reimbursement during school hours is a clear restriction on when treatment may occur. Such a restriction must be comparable to and no more stringent than limitations applied to medical/surgical benefits. The key compliance question is whether CEI CMH applies similar “time-of-day” restrictions to medical services, and whether the evidentiary standards and decision-making processes used to impose this restriction are comparable. Again, there is no indication that CEI CMH imposes time-based reimbursement exclusions on medical care. As such, this policy appears to apply a more restrictive standard to behavioral health treatment, in violation of MHPAEA.

Federal parity laws further require that plans offering mental health treatment must provide meaningful benefits for covered conditions in each classification where medical/surgical benefits are offered. A policy that eliminates coverage for most typical daytime hours, when many clinically necessary services are delivered, undermines meaningful access to care. ABA therapy is highly individualized and often requires intervention during the times in which clinically significant behaviors occur. Restricting reimbursement based solely on the clock, without regard to medical necessity, effectively denies meaningful access to treatment for many children.

MHPAEA requires that NQTLs be supported by comparable processes, strategies, evidentiary standards, and factors as those used for medical/surgical benefits. A categorical time-of-day exclusion raises several concerns:

- It appears to be administrative in nature, rather than based on clinical evidence.
- It does not reflect individualized medical necessity determinations.
- It imposes a uniform restriction unique to mental health services.

MHPAEA, as amended by Section 203 of the Consolidated Appropriations Act, 2021, requires plans and issuers to perform and document comparative analyses of all nonquantitative treatment limitations (NQTLs). Subsequent federal regulations and guidance further clarified that these analyses must be sufficiently detailed to demonstrate that the processes, strategies, evidentiary standards, and factors used to apply an NQTL to mental health and substance use disorder benefits are comparable to and no more stringent than those applied to medical/surgical benefits. Accordingly, if CEI CMH's school-hours reimbursement restriction constitutes an NQTL, CEI CMH should already possess a documented comparative analysis supporting the policy and demonstrating compliance with MHPAEA.

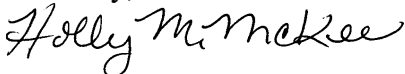
As a result of these federal requirements and our concerns, MiBAP requests that CEI CMH provide us the following:

- The comparable medical/surgical coverage limitation used to justify this policy
- The processes, factors, and evidentiary standards relied upon in adopting the restriction
- The comparative analysis demonstrating compliance with MHPAEA NQTL requirements
- The rationale for treating ABA services differently from analogous medical services with respect to time-of-day reimbursement
- Documentation supporting how this policy ensures meaningful benefits for ASD treatment

In summary, a blanket refusal to reimburse ABA services during school hours operates as both a categorical exclusion (QTL) and a time-based restriction (NQTL) that appears to apply more stringently to mental health services than to medical/surgical care. As such, it raises significant compliance concerns under MHPAEA. MiBAP respectfully urges CEI CMH to rescind any time-of-day-based exclusion and to ensure that coverage determinations for ABA services are based on individualized medical necessity and administered in full compliance with federal parity requirements.

We look forward to your response and welcome the opportunity to engage further on this issue.

Sincerely,



Holly McKee, PhD

Director

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