

## Beyond ABA: A Strategic Framework for Autism-Affirming Benefit Design

**1 in 31**

U.S. children with autism spectrum disorder (ASD)

**27 months**

Average delay: screening to diagnosis

**\$62K+**

Average annual ABA cost per child

### The Mismatch Between Autism Benefits and Autism Needs

ASD is now identified in 1 in 31 U.S. children, a four-fold increase since 2000, and diagnosis rates among adults aged 18 to 34 are rising faster than any other age group. Yet most health plan autism benefits were built around a single model: diagnose, authorize applied behavior analysis (ABA), repeat.

That model creates three compounding problems:

- ABA is primarily designed for younger children with mild-to-moderate presentations. Adolescents, adults, late-diagnosed individuals and those with complex co-occurring conditions are structurally left out.
- Costs are concentrated and hard to manage. Annual ABA spend ranges from \$62,400 to over \$249,600 per child depending on intensity, with multi-year treatment timelines and variable outcomes.
- The diagnostic bottleneck compounds everything. Nearly two-thirds of specialty evaluation centers have wait times exceeding four months and one in five stopped accepting new referrals due to demand. Families wait an average of 27 months from initial screening to diagnosis, wasting critical early intervention windows.

### The Co-Occurring Condition Gap

Co-occurring conditions are the norm, not the exception and most single-pathway benefit designs don't address them:

- 35% of autistic individuals have a diagnosable anxiety disorder; 18% have a depressive disorder
- 28% have co-occurring attention deficit hyperactivity disorder (ADHD); 43% experience significant sleep-wake problems
- Untreated co-occurring mental health conditions drive emergency department visits, inpatient admissions and crisis utilization

A care system focused only on visible autistic behaviors will routinely miss the conditions actually driving utilization

## A Framework for Autism-Affirming Benefit Design

Shifting beyond ABA does not mean abandoning it. It means building a benefit structure that can meet autistic members where they are across presentations, across the lifespan and across levels of need. Four core principles guide this shift.

<p><b>Respect &amp; Autonomy</b></p> <p>Prioritizing the individual's voice, choice and self-determination in all aspects of care planning and delivery.</p>	<p><b>Strengths-Based</b></p> <p>Moving beyond deficits to identify and leverage unique talents, interests and natural coping mechanisms.</p>
<p><b>Individualized Support</b></p> <p>Rejecting one-size-fits-all models in favor of tailored interventions that respect neurodivergent communication and sensory needs.</p>	<p><b>Holistic View</b></p> <p>Integrating mental health, social support and adaptive skills to promote overall wellbeing and flourishing across the lifespan.</p>

In practice, an autism-affirming benefit can include any combination of the following service types depending on what the individual actually needs:

Care Type	What It Addresses
<b>Behavioral Health</b>	Anxiety, depression, obsessive compulsive disorder (OCD) and emotional dysregulation, often untreated in autistic individuals
<b>Communication / Augmentative and Alternative Communication (AAC)</b>	Augmentative and alternative communication for minimally verbal or non-speaking individuals
<b>Parent-Mediated Care</b>	Caregivers as active collaborators in evidence-based strategies at home
<b>Sensory Supports</b>	Sensory sensitivities that affect participation, behavior and physical wellbeing
<b>Care Coordination</b>	Fragmented services across providers, schools and primary care
<b>Adult and Lifespan Services</b>	Autistic adults, late-diagnosed individuals and members in life transitions

These service types are most effective when organized into a structured, sequential care pathway rather than siloed referrals:

<b>1</b> <b>Intake</b> Inclusive, sensory-sensitive entry point for members and families	<b>2</b> <b>Evaluation</b> Strengths-based diagnostic assessment in the member's setting	<b>3</b> <b>Mental Health</b> Integrated support for co-occurring conditions identified at evaluation	<b>4</b> <b>Skills &amp; Support</b> Evidence-based, affirming interventions matched to individual need	<b>5</b> <b>Ongoing</b> Lifespan support that adapts as needs change over time
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Two additional design principles matter for health plans:

- **Faster access to evaluation.** Virtual, strength-based diagnostic evaluations remove geographic barriers, reduce wait times from months to days and allow clinicians to observe individuals at home.
- **Better outcome measurement.** Tracking hours authorized is not the same as tracking whether lives are improving. Meaningful metrics include quality of life, caregiver wellbeing using validated tools such as the Patient Health Questionnaire (PHQ) and Generalized Anxiety Disorder scale (GAD-7), reduction in higher-acuity utilization and treatment engagement over time.

### Three Actions for Health Plan Leaders

Health plans that want to move from intent to implementation should focus on three areas:

- **Diversify your provider network.** Recruit and support providers trained in neurodiversity-affirming care and a broader range of evidence-based interventions beyond traditional ABA. A network built only around board-certified behavior analysts will not meet the full scope of member need.
- **Evolve your benefit design.** Expand coverage to include integrated mental healthcare, strengths-based therapies and innovative diagnostics such as virtual evaluations. Review authorization criteria to ensure they reflect current clinical best practice, not legacy assumptions about a single pathway.
- **Prioritize authentic engagement.** Develop communication strategies and care management protocols that are respectful, accessible and person-centered for autistic members and their families. Proactive outreach at diagnosis, psychoeducation on available supports and shared decision-making improve engagement and outcomes.



**Ready to explore what a more integrated autism benefit looks like for your organization?**

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Sources: [CDC](#), [Children's Hospital of Philadelphia](#), [Cognoa](#), [Fierce Healthcare](#), [JAMA Network](#), [Lance Psychiatry](#), [ScienceDirect](#), [Songbird Therapy](#)