

Ohio Department of Medicaid, Director Barbara R. Sears
Draft Rule: 5160-34-01 Intensive Behavioral Services for Children with Autism- CIBS
Ohio Autism Insurance Coalition
Proponent Public Testimony, May 15, 2017

Thank you for the opportunity to provide proponent public testimony on the proposed rule for Intensive Behavioral Services for Children with Autism also called CIBS. My name is Marla Root and I am here representing the Ohio Autism Insurance Coalition. We are a newly formed coalition of behavioral health provider organizations and individual practitioners serving individuals with autism. Our Coalition supports Ohioans with autism getting access to the prescribed treatments from their physicians and behavioral health practitioners while building a strong network of providers to serve them.

We are very appreciative to see the Department of Medicaid proposing to add intensive behavioral treatment for autism to our state's Medicaid covered services package. With Medicaid being the primary source of coverage for low-income Ohioans and for many individuals with autism, this proposed service will bring much relief to many families.

The proposed rule also offers strong language that we support in utilizing behavior analytic intervention methods such as Applied Behavior Analysis also known as ABA, in treatment plan development. We also support the process for identifying the need for services, the general supervision of the tiered treatment structure and training component offered to families, guardians and caregivers. However, we want to discuss a few areas of the rule we believe will create barriers to accessing to services.

One area we believe will reduce confusion, is to add the new DSM V diagnosis called autism spectrum disorder (ASD) to the rule as one of the medical diagnosis' eligible to access these services. ASD is mentioned in the opening paragraph of the rule but not directly in sections of who is eligible and who can be treated.

Eligible Practitioner Barriers

We do have concern the current rule language offers a barrier to accessing treatment due to limiting the number of eligible practitioners and organizations who can provide services.

1. Regarding the barrier for training component services, we believe we could expand workforce capacity by adding licensed professional counselors and social workers and bachelor degreed Board Certified Assistant Behavior Analyst (BCaBA) to the current rule list. The Supervisor of the treatment services would asses and determine the professional has the expertise and experience to train by the Supervisor of treatment services.
2. Regarding the barrier for intervention component services or direct treatment service, the proposed rule only allows paraprofessionals who have a bachelor's degree. Currently, our Coalition partners utilize some paraprofessionals without bachelor's degrees. With proper training and supervision, they drive very positive treatment outcomes. Our Coalition partners also experience challenges finding workforce especially in rural areas of our state and with the requirement of a bachelor's degree, this challenge will worsen.
 - A common practitioner type for intervention services used by private insurance carriers are Register Behavioral Technicians (RBT). RBTs have a high school diploma and have completed training, have experience, and passed the exam to be credentialed as a RBT certificate holder from The Behavior Analyst Certification Board. Utilizing RBTs would bring Ohio closer to the standard of care seen in most states and private health insurance.

- Knowing the workforce shortage that we are currently experiencing in Medicaid community mental health and seeing the efforts and discussions underway in that system to expand eligible practitioners by including paraprofessionals with associates degrees and high school diplomas with a year or two years of experience in the field. We would like to see these efforts occur in developing a CIBS workforce.
3. By limiting CIBS stated interventions like ABA to only CIBS eligible providers, creates a barrier to accessing services. If we understand the proposed rule and the list of limitations and eligible providers, many families living in an area of the state that may only have one community mental health center or one hospital will have challenges accessing services. An example of this is in Belmont County. One of our Coalition partners is a community mental health center and provides ABA treatment to individuals with autism. Saying ABA can only be provided by CIBS providers and CIBS providers cannot be a community mental health center or a hospital, severely limits access to care. The same point is true for the two new mental health services, TBS and PSR. Not being able to use ABA treatment as part of the interventions for these two new services in a community mental health center also limits access to services.

We would encourage the Department to no longer require a bachelor's degree for intervention services and look to build workforce capacity for these services by considering our suggestions. We also encourage the Department to not limit ABA treatment to only CIBS providers.

Stated Limitation Barriers

1. We do support the rule language limitation stating consumers receiving intervention services or ABA under CIBS can no longer access intensive intervention or ABA under CPST in the community mental health system. However, a consumer may need other mental health services at the same time as CIBS intervention services such as symptom monitoring for mental health symptoms in co-occurring disorders. Additional services including care coordination and crisis care are not listed in this proposed rule and may be a clear need for some consumers especially consumers with complex needs.
2. We are concerned of the requirement of needing an order to access CIBS interventions. We believe this requirement will delay access to treatment due the low number of clinical professionals with the expertise to diagnose autism.
3. In private health insurance, we usually see treatment authorization periods for ABA being for a six-month period. We are concerned this proposed rule only offers four hours a year for assessment services which would be used to originally determine the need for services. After the approved authorization period, another round of assessments would need completed to assess progress and determine continued need for treatment. We would encourage the department to increase the reimbursable assessment hours to at least eight hours per year.
4. A situation may arise where an adult day program in the ODODD system is having challenges meeting the behavioral needs of a consumer with autism. Many families have reported their child has been discharged or not accepted into an adult day program because of challenging behavior. We have concern with the limitation of not being able to access CIBS while being under the age of 21 and attending an adult day program. Allowing a CIBS eligible practitioner to provide only the assessment and training components of CIBS would be an appropriate service to offer additional behavioral support to the consumer and adult day program. We also see these same challenges in day treatment and partial hospitalization programs as well. Allowing CIBS interventions in these environments will help support a higher level of care for the consumer and support treatment to decrease dangerous and challenging behavior.

On a general note, we would like the Department to consider using current industry billing codes for applied behavioral analysis including T-codes or H codes. This will help support a more manageable crosswalk from private insurance to Medicaid when a family also has private employer-sponsored health insurance. This would also support a billing format familiar with ABA practitioners billing private insurance today. The Association of Professional Behavior Analysts has developed a common crosswalk format utilized in all states for billing private health insurance for ABA. www.apbahome.net

Thank you for the opportunity to provide public testimony on this rule. The Coalition and our partners would appreciate the opportunity to work with Department through the development and implementation of this new service.

The Ohio Autism Insurance Coalition www.asdohio.com