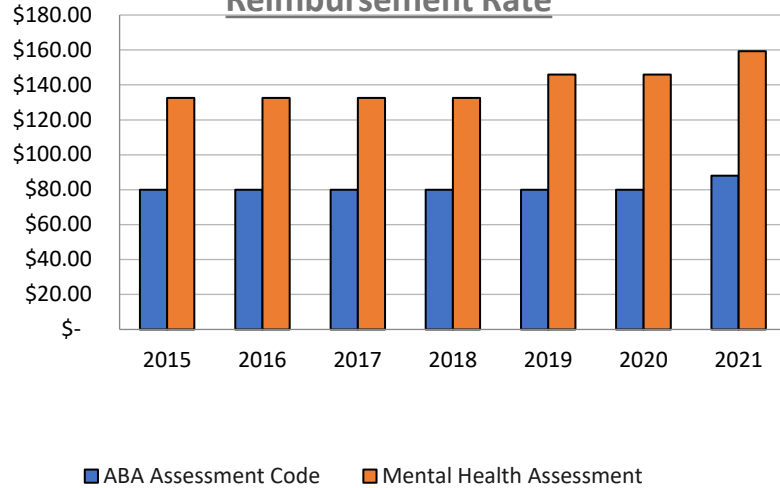


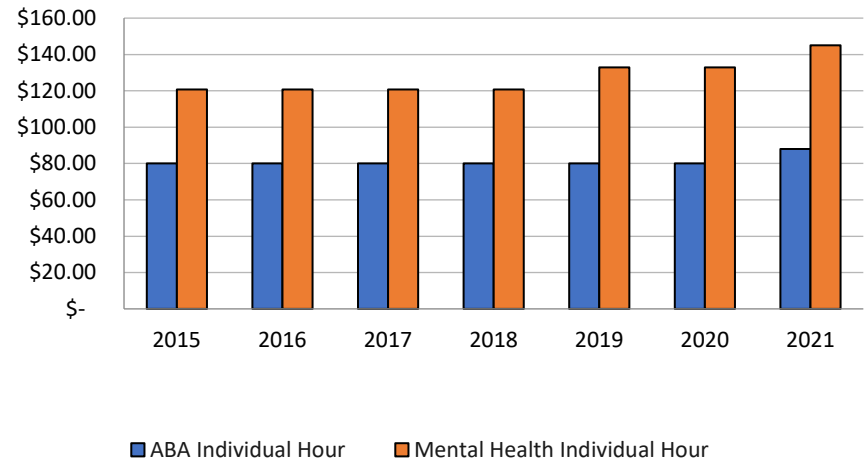


2021 Rate Comparison for Applied Behavior Analysis and Mental Health Medicaid Services

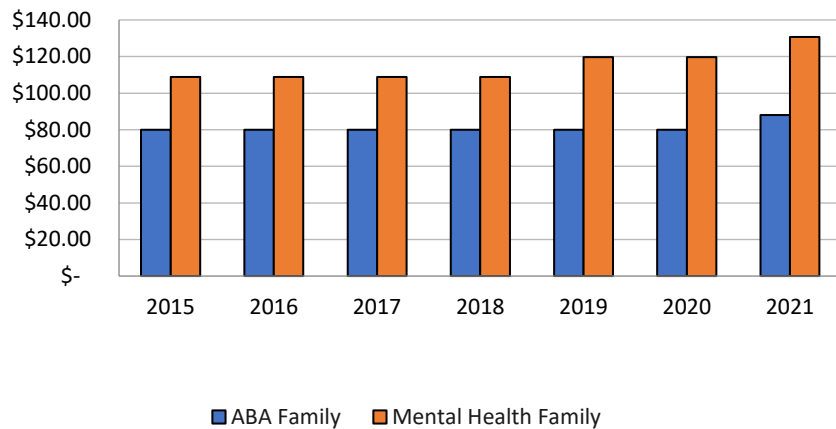
**Professional License Level - Assessment
Reimbursement Rate**



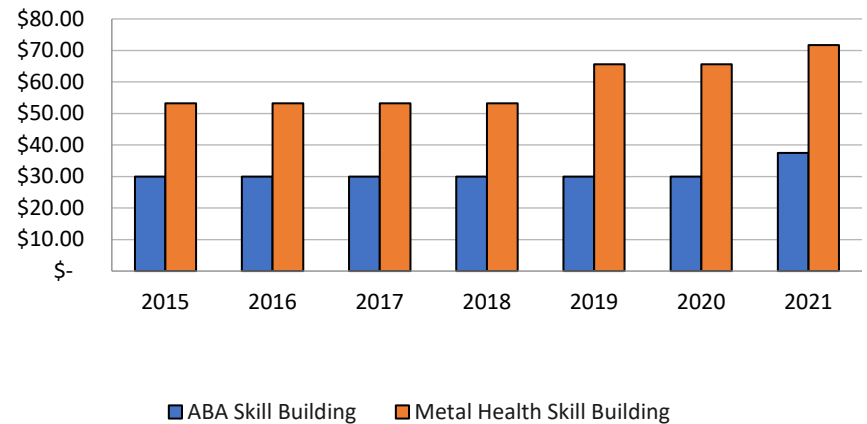
**Professional License Level - Individual Hour
Reimbursement Rate**



**Professional License Level - Family
Reimbursement Rate**



**Direct Staff (License Exempt) - Skill Building
Reimbursement Rate**





Question: How does the proposed rate increase compare to current rates of other professions in Behavioral/Mental Health?

Answer: See table below. ABA providers are currently reimbursed 48% less for Front Line Staff and 40% less for master's Professionals. Rate increase will result in ABA providers being reimbursed at a FAIR and EQUATIBLE rate as other comparable Behavioral Health professionals.

FRONT LINE STAFF	Current Hourly Rate	Proposed Equal Hourly Rate	ON Boarding & Training Cost	High School Diploma	Background Check	40 Hours Specialized Training	Competency Assessment by master's Level	Ongoing Supervision by master's Level	National Test & Certification	Ethical Board Oversight	Annual Renewal
Applied Behavior Analysis: Registered Behavior Technician (RBT)	\$ 37.52	\$ 71.68	\$ 6,200.00	✓	✓	✓	✓	✓	✓	✓	✓
Mental Health: Psychosocial Rehabilitation Specialist (PRS)/Other	\$ 71.68	\$ 71.68	\$ 840.00	✓	✓						
Front Line Staff Reimbursement Rate Disparity	<\$ 34.16> <47.66%>	\$ 0 0%									
MASTER'S + PROFESSIONALS	Current Hourly Rate	Proposed Equal Hourly Rate	Master's Degree +	Supervision Requirements	National Exam	Independent License	Continuing Education	Continuing Education	Ethical Board Oversight	Evidence-Based Services	Bi-Annual Renewal
Applied Behavior Analysis: Licensed Behavior Analyst (LBA) / National Board Certified Behavior Analyst (BCBA)	\$ 88.00	\$ 145.07	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mental Health: Licensed Clinical Social Worker (LCSW) (LMFT) (LCMHC)	\$ 145.07	\$ 145.07	✓	✓	✓	✓	✓	✓	✓	✓	✓
Professional Level Reimbursement Rate Disparity	<\$ 57.07> <39.34%>	\$ 0 0%									

Follow-up Question: How does this rate disparity affect access to quality providers for children with Autism?

Answer: There are currently huge waiting lists for ABA services. It is estimated that 1 in 59 children in the U.S. have autism and access to early intervention is critical for them. Waiting for services often results in significant decrease in functionality later in life.



ABA and Mental Health Service Delivery Comparison

	ABA	MH
Prior to service access	<ul style="list-style-type: none"> • Medicaid coverage • Eligibility Verification • ASD Diagnosis obtained via Psychological Evaluation • Initial and Annual written prescription for ABA from a doctor or psychologist • Prior authorization request from the service provider for the assessment and treatment plan development 	<ul style="list-style-type: none"> • Medicaid coverage • Access Care through a PMHP (Prepaid Mental Health Plan) through the County Mental Health authority • Eligibility Verification
Assessment	<ul style="list-style-type: none"> • Maximum of 6 hours authorized Initial behavioral assessment • Functional assessment allowed with additional medical necessity justification up to 3 hours • Date of assessment(s); • Name and signature of psychologist or behavior analyst conducting the assessment; • Name of standardized assessment(s) used; • Use of objective, validated behavioral assessment instruments that includes an assessment of problem behaviors: (Examples include but are not limited to the <ul style="list-style-type: none"> ○ Verbal Behavioral Milestone Assessment and Placement Program (VB-MAPP) or ○ Assessment of Basic Language and 	<ul style="list-style-type: none"> • Mental Health Assessments are performed for the purpose of assessing and determining diagnoses, and as applicable, identifying the need for behavioral health services. 2 hours annually. • Some standard formats for mental health assessments are: <ul style="list-style-type: none"> ○ Observation ○ Interview ○ Family interview ○ Checklists ○ Rating scales ○ Questionnaires/Standardized tests. • The clinical record must be maintained on file, and made available for state or federal review, upon request.

Assessment (cont.)	<ul style="list-style-type: none"> ○ Learning Skills, Revised (ABLLS-R)); ○ Measurement and recording of behavior and baseline performance; ● Data from parent/caregiver interview; <ul style="list-style-type: none"> ○ Immediate Needs/Risks; ○ Background and family history ○ Developmental History ○ Educational History ○ Medical History ○ Emotional and Social History ○ Trauma History ● Development of an ABA treatment plan that includes; <ul style="list-style-type: none"> ○ a. Description of target-behaviors ○ b. Measurable treatment goals ○ c. Method and frequency of assessing objective and measurable treatment protocols ○ d. Identification of aggressive or inappropriate behaviors and specific goals intended to decrease the behavior and teach the individual appropriate replacement behavior ● Clinical certification that ABA is a medically necessary and appropriate treatment to address the treatment goals of the individual; and ● Clinical recommendation of the amount of weekly services, delineated by service code, to include: <ul style="list-style-type: none"> ○ a. A description of the setting(s) in which services will be provided ○ b. The estimated number of hours of services by setting ○ c. Outside the Wasatch Front, if any supervision will be provided via remote 	<ul style="list-style-type: none"> ● Documentation must include: <ul style="list-style-type: none"> ○ 1. date, start and stop time, and duration of the service; ○ 2. setting in which the service was rendered (when via telehealth, the provider setting and notation that the service was provided via telehealth); ○ 3. specific service rendered (i.e., psychiatric diagnostic evaluation); ○ 4. report of findings from the biopsychosocial assessment that includes: <ul style="list-style-type: none"> ■ a. history, symptomatology and mental status (mental status report may be based on formal assessment or on observations from the evaluation process); and ■ b. disposition, including diagnosis(es) as appropriate, and recommendations. If the Medicaid member does not need behavioral health services, this must be documented in the assessment (along with any other recommended services as appropriate). If behavioral health services are medically necessary, then a provider qualified to perform this service is responsible for the development of a treatment plan and the prescription of the behavioral health services that are medically necessary for the Medicaid member. 5. report of findings from a reassessment that includes:
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<p>Assessment (cont.)</p>	<p>access technology, the number of monthly hours provided via this technology must be indicated</p>	<ul style="list-style-type: none"> ■ a. the applicable components in 4.a. and/or b.; and/or ■ b. For reviews of the patient's treatment plan documentation will include an update of the patient's progress toward treatment goals contained in the treatment plan, the appropriateness of the services being prescribed, and the medical necessity of continued behavioral health services; and ● signature and licensure or credentials of the individual who rendered the service.
<p>Service Delivery</p>	<ul style="list-style-type: none"> ● One-on-one services must all be pre authorized prior to rendering services ● Consistent, ongoing, objective assessment and data analysis to inform clinical decision-making. ● Focus on establishing small units of behavior that build towards larger, more significant changes in functioning related to improved health and levels of independence. ● Collection, quantification, and analysis of direct observational data on behavioral targets during treatment and follow-up to maximize and maintain progress toward treatment goals. ● Use of treatment protocols that are implemented repeatedly, frequently, and consistently across environments until discharge criteria are met. ● An emphasis on ongoing and frequent direct assessment, analysis, and adjustments to the treatment plan (by the Behavior Analyst) based on client progress as determined by 	<ul style="list-style-type: none"> ● If based on an evaluation it is determined that behavioral health services are medically necessary, an individual practicing within their scope as defined by DOPL and the Medicaid Manual. <ul style="list-style-type: none"> ○ is responsible for the development of a treatment plan. ○ The treatment plan is a written, individualized patient-centered plan that contains measurable treatment goals related to problems identified in the psychiatric diagnostic evaluation. The development of the treatment plan should be a collaborative effort with the patient. ○ If the treatment plan includes psychosocial rehabilitative services as a treatment method, there must be measurable goals specific to each issue being addressed with this treatment method.

<p>Service Delivery (Cont.)</p>	<ul style="list-style-type: none"> • observations and objective data analysis. • Direct support and training of family members and other involved professionals to promote optimal functioning and promote generalization and maintenance of behavioral improvements. • ABA procedures include different types of reinforcement and schedules of reinforcement, differential reinforcement, shaping, chaining, behavioral momentum, prompting and fading, behavioral skills training, extinction, functional communication training, discrete-trial teaching, incidental teaching, self-management, functional assessment, preference assessments, activity schedules, generalization and maintenance procedures, among many others. • Tiered service delivery: <ul style="list-style-type: none"> ○ BCBA: Provides clinical direction, supervision, and case management overseeing an assistant Behavior analyst and behavior technicians. ○ BCaBA (assistant behavior analyst): Provides clinical and case management support under supervision of Behavior Analyst ○ RBT (behavior Technician): Delivers treatment protocol. • ABA treatment requires comparatively high levels of case supervision to ensure effective outcomes because of <ul style="list-style-type: none"> ○ (a) the individualized nature of treatment, ○ (b) the use of a tiered service-delivery model, ○ (c) the reliance on frequent collection 	<ul style="list-style-type: none"> ○ The treatment plan must include the following: <ul style="list-style-type: none"> ■ measurable treatment goals including the date each treatment goal is added to the treatment plan; ■ the treatment regimen—the specific treatment methods (as contained in Chapter 1-4 and Chapter 2) that will be used to meet the measurable treatment goals; ■ a projected schedule for service delivery, including the expected frequency and duration of each treatment method; ■ the license or credentials of the individuals who will furnish the prescribed services; and ■ Safety/Suicide assessments, and safety planning. • The signature and licensure or credentials of the individual defined in Chapter 1-5, <ul style="list-style-type: none"> ○ A., who is responsible for the treatment plan. • An individual identified in Chapter 1-5, <ul style="list-style-type: none"> ○ A. is responsible to conduct reassessments/treatment plan reviews with the patient as clinically indicated to ensure the patient’s treatment plan is current and accurately reflects the patient’s rehabilitative goals and needed behavioral health services. • All services follow MUE/NCCI edits for any daily or service caps. Services aren’t restricted by the manual.
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<p>Service Delivery (Cont.)</p>	<ul style="list-style-type: none"> ○ and analysis of client data, and ○ (d) the need for adjustments to the treatment plan. ● ABA Treatment requires reduction of maladaptive behaviors which include high levels of intense and frequent aggression towards others, self injurious behavior and property destruction. ● Case Supervision includes: <ul style="list-style-type: none"> ○ Directly observe treatment implementation for potential program revision ○ Monitor treatment integrity to ensure satisfactory implementation of treatment protocols ○ Direct staff and/or caregivers in the implementation of new or revised treatment protocols (client present) ○ Develop treatment goals, protocols, and data collection systems ○ Summarize and analyze data ○ Evaluate client progress towards treatment goals ○ Adjust treatment protocols based on data ○ Coordinate care with other professionals ○ Crisis intervention ○ Report progress towards treatment goals ○ Develop and oversee transition/discharge plan ○ Review client progress with staff without the client present to refine treatment protocols ○ Direct staff and/or caregivers in the 	<ul style="list-style-type: none"> ● Monthly Outcome Questionnaire completion by the client.
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<p>Service Delivery (Cont.)</p>	<p>implementation of new or revised treatment protocols (client absent)</p> <ul style="list-style-type: none"> ● Family members, including siblings, and other community caregivers should be included in various capacities and at different points during ABA treatment programs. In addition to providing important historical and contextual information, caregivers must receive training and consultation throughout treatment, discharge, and follow-up. <ul style="list-style-type: none"> ○ Generalization of Skills ○ Reduction of self-injurious or aggressive behaviors against siblings, caregivers, or others; establishment of replacement behaviors that are more effective, adaptive, and appropriate. ○ Adaptive skills training such as functional communication, participation in routines that help maintain good health (for example, participation in dental and medical exams, feeding, sleep) including target settings where it is critical that they occur ○ Contingency management to reduce stereotypic, ritualistic, or perseverative behaviors and functional replacement behaviors as previously described ○ Relationships with family members, such as developing appropriate play with siblings ● Consultation with other professionals helps ensure client progress through efforts to coordinate care and ensure consistency including during transition periods and discharge. 	
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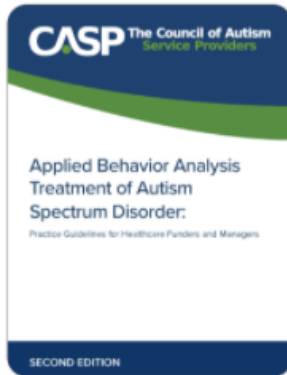
<p>Service Delivery (Cont.)</p>	<ul style="list-style-type: none"> ● Required minimums for Behavior analysis/psychologist treatment direction/supervision 	
<p>Re-authorization/re-assessment/treatment plan updates</p>	<ul style="list-style-type: none"> ● Must occur every 26 weeks ● Treatment plan update requirements: <ul style="list-style-type: none"> ○ Date of reassessment or treatment plan update; ○ Name and signature of the psychologist or behavior analyst conducting the assessment; ○ Name of standardized assessment used; ○ Evaluation of progress toward each behavior treatment goal using an objective, validated assessment instruments that includes an assessment of problem behaviors; Data should be represented in numerical or graphical form and progress must be measured using the same method (graphical or numerical) throughout the individual's episode of care; ○ A description of treatment plan revisions that include: <ul style="list-style-type: none"> ■ Description of target-behaviors, including aggressive or inappropriate behaviors ■ Measurable treatment goals ■ Method and frequency of assessing objective and 	<ul style="list-style-type: none"> ● Reassessments/treatment plan reviews with the patient as clinically indicated to ensure the patient's treatment plan is current and accurately reflects the patient's rehabilitative goals and needed behavioral health services. ● Services can continue to be rendered and are not dependent upon approval or submission of re-authorization/re-assessment documentation.

<p>Re-authorization/re-assessment/treatment plan updates (Cont.)</p>	<p>measurable treatment protocols</p> <ul style="list-style-type: none"> ○ Clinical certification that ABA continues to be a medically necessary and appropriate treatment to address the treatment goals of individual; ○ Clinical recommendation of the amount of weekly services, delineated by service code, to include: <ul style="list-style-type: none"> ■ A description of the setting(s) in which services will be provided ■ The estimated number of hours of services by setting ■ Outside the Wasatch Front, if any supervision will be provided via remote access technology, the number of monthly hours provided via this technology must be indicated ○ Projected duration of ABA treatment; and ○ A discharge plan, if treatment is expected to conclude within six months of the date of <ul style="list-style-type: none"> ● Prior Authorization is required for on-going services every 26 weeks ● Documentation must be submitted to the prior authorization department for review and determination of authorization for continued services <ul style="list-style-type: none"> ○ Completed ABA Services Prior Authorization Request Form; ○ Copy of Treatment Plan that includes; <ul style="list-style-type: none"> ■ Date ■ Name and signature of psychologist or behavior analyst 	
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<p>Re-authorization/re-assessment/treatment plan updates (Cont.)</p>	<ul style="list-style-type: none"> <ul style="list-style-type: none"> conducting the assessment ■ Name of standardized assessment used ■ Evaluation of progress toward each behavior treatment goal using an objective assessment instrument that includes an assessment of problem behaviors; Data should be represented in numerical or graphical form and progress must be measured using the same method (graphical or numerical) throughout the individual's episode of care; ■ Description of target-behaviors, including aggressive or inappropriate behaviors ■ Measurable treatment goals ■ Method and frequency of assessing objective and measurable treatment protocols ○ If there is inadequate process toward meeting target goals to address symptoms and behaviors, or there is no demonstrable progress in a six month period, or specific goals have not been achieved within the estimated timeframes: <ul style="list-style-type: none"> ■ The psychologist or behavior analyst must assess the reasons for lack of progress. Treatment interventions should be modified in an attempt to achieve adequate progress. Requests in 	
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<p>Re-authorization/re-assessment/treatment plan updates (Cont.)</p>	<p>which insufficient progress is identified will be submitted for secondary medical review.</p> <ul style="list-style-type: none"> ○ Clinical certification that ABA continues to be a medically necessary and appropriate treatment to address the treatment goals of the individual; ○ Clinical recommendation of the amount of weekly services, delineated by service code, to include: <ul style="list-style-type: none"> ■ A description of the setting(s) in which services will be provided ■ The estimated number of hours of services by setting ■ Outside the Wasatch Front, description of whether any supervision will be provided via remote access technology. The number of monthly hours provided via this technology must be indicated ○ Documentation regarding other ABA insurance coverage, for members with other insurance (see section 6- Billing); ○ Projected duration of ABA treatment; ○ A discharge plan, if treatment is expected to conclude within six months of the date of the prior authorization request; and ○ The requirements in this section apply to revision or recertification prior authorization requests for previous or current Medicaid Autism Waiver participants as well as non-waiver participants. 	
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References



[Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers \(2nd ed.\)](#)

After first publishing the guidelines in 2012 — the current and second version in 2014 — the BACB transferred oversight of the guidelines to the Council of Autism Service Providers (CASP) in 2020. In this capacity, CASP publishes and oversees updates and revisions to the guidelines, which serve as a resource for healthcare funders and managers, regulatory bodies, consumers, service providers, employers, and other stakeholders. Visit the [CASP website](#) to download a copy of the guidelines.

<https://www.bacb.com/about/bacb-resources/>

Medicaid Mental health manual link -<https://medicaid.utah.gov/utah-medicaid-official-publications/>

March 2019 (Current) ABA Manual Link <https://medicaid.utah.gov/utah-medicaid-official-publications/>