

Nevada Medicaid Applied Behavior Analysis Frequently Asked Questions

Provider Qualifications

Q1: Are the provider qualifications for Applied Behavior Analyst (ABA) services set at a level that will attract skilled providers?

Nevada Medicaid will reimburse a variety of providers based upon the Nevada Revised Statute and Behavior Analyst Certification Board (BACB) credentials to provide a comprehensive program. Below is a list of approved provider qualifications:

Title	Education	Certification	Licensure	Supervision
Physician	MD	N/A	Board of Medical Examiners	N/A
Psychologist	PhD	N/A	Nevada Board of Psychological Examiners	N/A
Behavior Analyst (BCBA)	Masters or Doctorate	Behavior Analyst Certification Board	Nevada State Board of Psychological Examiners	N/A
Assistant Behavior Analyst (BCaBA)	Bachelors	Behavior Analyst Certification Board	Nevada Board of Psychological Examiners	Psychologist, BCBA-D, BCBA
Registered Behavior Technician (RBT)	High School Diploma or equivalent + 40 hours of training	Behavior Analyst Certification Board	N/A	Psychologist, BCBA-D, BCBA, BCaBA

Q2: How will the Division of Health Care Financing and Policy (DHCFP) evaluate the number of licensed providers for this service?

Nevada Medicaid monitors the number of licensed providers with the Nevada State Board of Psychological Examiners for Psychologists, Behavior Analysts, and Assistant Behavior Analysts. There are over 400 Licensed Psychologists in Nevada; however the license classifications do not include a specialty for ABA services. It is unknown at this time how many psychologists in Nevada will practice ABA services. It is the understanding that the BACB (Board) is in the process of adding the Psychologists to their registry, at which time the Division will be able to determine the number of Psychologists in Nevada that have the potential to enroll in Nevada Medicaid as an ABA provider.

Nevada Medicaid monitors the number of Registered Behavior Technicians (RBT) with the BACB. There are 113 RBTs credentialed by the BACB for Nevada.

Q3: Are there enough qualified ABA providers in Nevada to meet the demand for services?

While the BACB identified 117 BCBA's and BCaBA's credentialed in Nevada only 53 BCBA's and 13 BCaBA's are currently licensed in Nevada. The access to care is directly related to the therapeutic supervision of an RBT by the BCBA and/or BCaBA. The standard of practice identifies a ratio of therapeutic supervision as approximately 1 BCBA to 12 RBTs depending on the level of care of each individual. Based on the ratio of BCBA's available to supervise an RBT there is not enough capacity to serve the number of children in Nevada diagnosed with ASD. It is also important to note that not all BCBA's licensed in Nevada work with children or in health care.

The 2015 report by Burning Glass Technologies, "US Behavior Analyst Workforce: Understanding the National Demand for Behavior Analysts" identifies from 2012 to 2014 there has been a 118% increase in demand for BCBA's.
<http://bacb.com/wp-content/uploads/2015/10/151009-burning-glass-report.pdf>

Reimbursement

Q4: How is supervision included in the reimbursement?

Supervision of the patient (therapeutic supervision) is included within the billing of the Health Care Procedure Codes (HCPC) that have been selected for the program. The two codes 0368T and 0369T (adaptive treatment with protocol modification) provide a method for billing therapeutic supervision services. The Division encourages providers to reference the CPT Assistant© by the American Medical Association for detailed billing instructions.

Supervision of employees (administrative supervision) is included in the reimbursement of each of the services through the development of the rate methodology. See Q6 below.

Nevada Medicaid Applied Behavior Analysis Frequently Asked Questions

Q5: ABA intervention hours are provided primarily by the RBT, how does the Division expect to attract enough RBTs based on the current rate of \$29.61 an hour?

The Division took into account multiple factors such as;

- *The current reimbursement of RBT by the ATAP program which ranges from \$15 to \$17/hour with the maximum rate at \$25;*
- *Multiple employment recruitment ads for RBT's across Nevada which range from \$13-\$22;*
- *A base rate of \$17.33 with an additional \$12.28 for administrative costs for the employer.*

After review of public comment the Division recalculated the RBT rate for administrative supervision using the average wage for the BCBA, this resulted in the revision of the RBT rate to \$31.31 per hour.

The Division is committed to continue to monitor the access to care of this vital program and the integral services as the program is implemented January 1st. The capacity of certified RBT's has increased from zero to 113 in one year.

Q6: What is the administrative rate methodology?

The rate methodology to account for the administrative component of staff supervision is based on the average annual salary of a BCBA. This annual salary is divided over the cost of providing administrative supervision services for 10 RBTs for the employer to determine a monthly cost per RBT. This is then divided by the monthly average salary of the RBT to determine the percentage of supervision factored into the reimbursement rate.

Q7: Is travel included in the rate methodology?

Yes. Travel is included in the 10% allowed for Indirect Costs.

Q8: The Division stated wage information was calculated into the rates. To what extent were wages considered as required by the Fair Labor Standards Act?

Compliance with the Fair Labor Standards Act would be the responsibility of the employer. The Division collected wage data as submitted by current NV ABA service providers, recruitment ads for RBT providers posted in Nevada and Nationally.

Q9: The Division indicated research was conducted nationally to look at rates and services across coverage areas? The national average is \$40-\$50, so how does the Division determine \$29.61 meets the national average?

Research was done nationally regarding the wage for an RBT. The RBT wage was the starting point to develop the reimbursement rate for the services. The reference to \$40-\$50 per hour is the final rate paid to the employer, not the wage the RBT receives. The National average reimbursement rate cannot be directly compared to the Nevada rates as services and provider qualifications vary by State.

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Q11: The Division held six (6) workshops in the development of ABA services, and during these workshops stakeholders provided feedback about the rates. It does not appear from the rates set that the stakeholder feedback was considered, can you explain?

The Division held three (3) public workshops on the development of policy and three public workshops on the development of the rates. The feedback from each of the public workshops was considered during the course of the development of the rates. Concerns were addressed that the assessment and evaluation rates were insufficient, the BCaBA provider level provides family adaptive treatment and the Division did not cover the service at this level (limiting access to services), access to care in the rural areas is limited due to qualified providers living in rural areas and reimbursement for travel was not covered, and the RBT rate was insufficient.

In response to the feedback the Division increased the assessment and evaluation rates, added coverage of billable services for the BCaBA level of providers, added telehealth, and increased the RBT rate.

Nevada Medicaid Applied Behavior Analysis Frequently Asked Questions

Workforce Development

Q12: What steps are being taken to increase the number of RBTs?

Aging and Disability Services Division has partnered with University of Nevada, Las Vegas to purchase licenses for the online RBT training modules.

Nevada Medicaid coverage criteria for ABA services include supervision of an RBT by a qualified Psychologist practicing within their scope of services. The supervision by a psychologist must be deemed appropriate by the Behavior Analyst Certification Board.

Q13: How often is the state licensure exam provided in Nevada for BCBA's and BCaBA's?

The Nevada Board of Psychological Examiners has increased the frequency of the state exam from quarterly to every other month.

Q14: How will Nevada attract qualified BCBA's and BCaBA's?

The Division will work with licensing boards in Nevada to attract masters level professionals that would qualify for BCBA and BCaBA credentialing and licensure in Nevada. The University of Nevada, Reno and the University of Nevada, Las Vegas programs have been contacted to evaluate the number of master level graduates that are currently in the pipeline. In addition, targeted outreach is in process to recruit qualified ABA providers from neighboring states for Nevada licensure.

Nevada Medicaid

Q15: How will the Division continue to evaluate the services effective January 1, 2016?

The Division monitors utilization of services as an ongoing part of policy and state plan development. This information along with monthly provider calls will be evaluated for any revisions.

Q16: Will children currently receiving services with the Autism Treatment Assistance Program (ATAP) lose services?

ATAP is working with their current providers to help with the Nevada Medicaid enrollment process. Children who are currently receiving ATAP will continue to receive services until their provider becomes enrolled with Nevada Medicaid. Families receiving ATAP services under a provider who does not wish to enroll with Nevada Medicaid will work with their ATAP care manager to transition to a Nevada Medicaid provider. The goal of ATAP is to have all children who qualify for Nevada Medicaid to be accessing ABA services under a Nevada Medicaid provider by June 30th, 2016.

NV Medicaid Disclaimer: The FAQ is a tool to answer questions related to the development of the provider qualifications, reimbursement methodology, and workforce development. For information on covered services, provider qualifications, and prior authorization please see Medicaid Services Manual, Chapter 1500 at <http://dhcfp.nv.gov/>