

# The Division of Health Care Financing and Policy

## Applied Behavior Analysis and Rehabilitative Mental Health Services Public Workshop Presentation

September 28, 2015

# Workshop Objectives:

- Explain the Applied Behavior Analysis (ABA) service delivery model.
  - What is ABA
  - Coverage Criteria
  - Non-Covered Services
  - Provider Qualifications
- Explain the Rehabilitative Mental Health (RMH) service delivery model.
  - What are RMH services
  - Coverage Criteria
  - Non-Covered Services
  - Provider Qualifications
- Explain the differences between the two delivery models.

# Applied Behavior Analysis Delivery Model

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Presented by  
Shannon Sprout  
Program Specialist III

# Guidance for Children with Autism Spectrum Disorder (ASD)

- July 7, 2014 – CMS released guidance on ASD

<http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-07-07-14.pdf>

- Coverage of comprehensive services for children with ASD under Medicaid State Plan authority.
- Coverage must include an evidence based behavioral intervention benefit.
- No time frame, expectation that States must move expeditiously.

# Applied Behavior Analysis (ABA)

## *Applied Behavior Analysis*

“Is the design, implementation and evaluation of environmental modifications using behavioral stimuli and consequences to produce meaningful changes in human behavior.”

Behavior Analyst Certification Board (2014). *Practice Guidelines for Healthcare Funders and Managers*.

[http://www.bacb.com/Downloadfiles/ABA\\_Guidelines\\_for\\_ASD.pdf](http://www.bacb.com/Downloadfiles/ABA_Guidelines_for_ASD.pdf)

# ABA Evidence Based Practice

- Measurable
- Intervention must identify functional relationship between cause and effect
- Demonstrate improved outcomes
- Intervention studies are clearly defined and replicable

# Medical Coverage Criteria Highlights

- Recipients must be under 21 years of age;
- Have an established supporting diagnosis of ASD, and medically necessary;
- Exhibits excesses and/or deficits in behavior that impedes access to age appropriate home or community activities;
- Services are rendered in accordance with an individual's treatment plan with realistic and obtainable goals;
- Reasonable expectation individual will improve, or maintain to the maximum extent practical functional gains;
- Evidence based assessment criteria and individual test results; and
- Must be prior authorized.

# Non Covered Services Highlights

- Services which do not meet medical necessity criteria;
- Services used to reimburse parent/guardian for participation in the treatment plan;
- Services rendered by the parent/guardian;
- Services that are duplicative under an Individual Family Service Plan (IFSP) or an Individual Education Plan (IEP);
- Vocational, recreational, respite, child care, education, equine therapy;
- Care coordination billed independently of direct services; and
- ABA cannot be reimbursed on the same day as other rehabilitative mental health services.

# Physician & Psychologist Services Currently Covered Under EPSDT

## Covered Services

- Screening
- Diagnostic
- Evaluation
- Neurological Testing

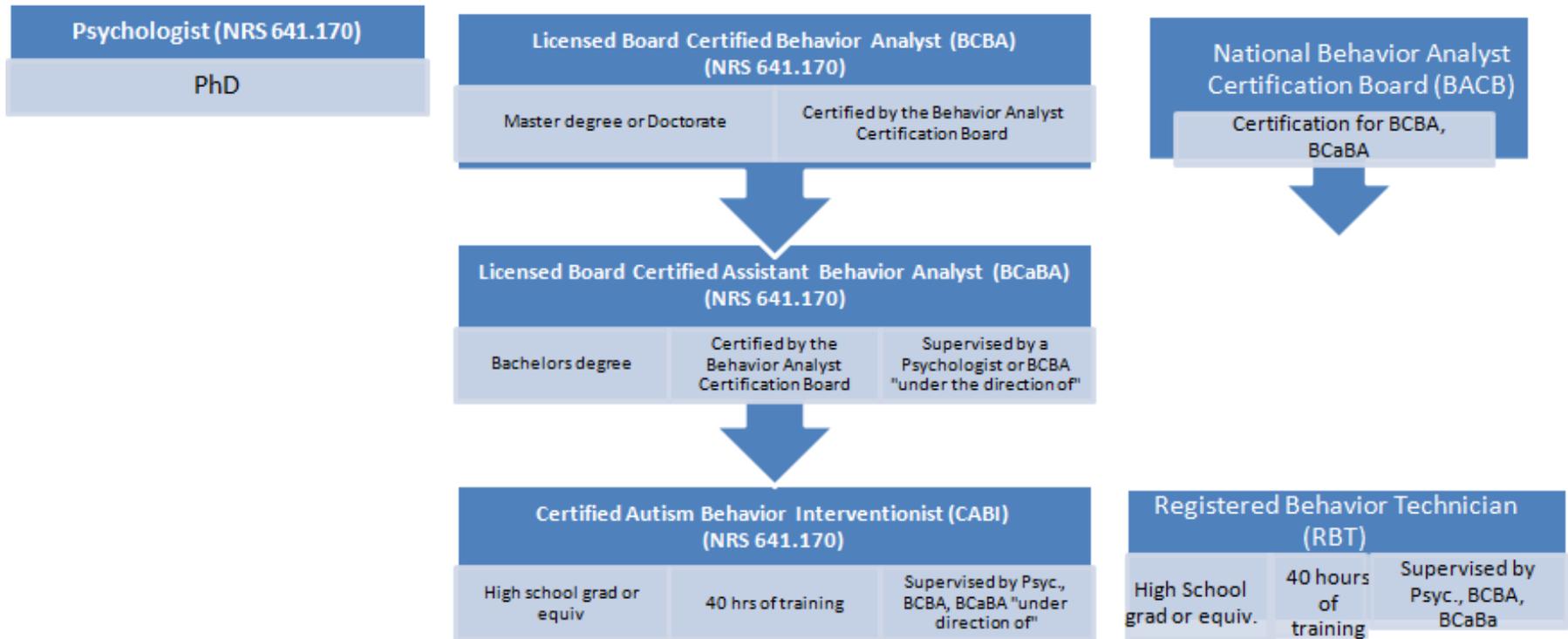
## Examples

- Ages and Stages Questionnaires (ASQ)
- Modified Checklist for Autism in Toddlers (MCHAT)
- Autism Diagnostic Observation Schedule (ADOS)

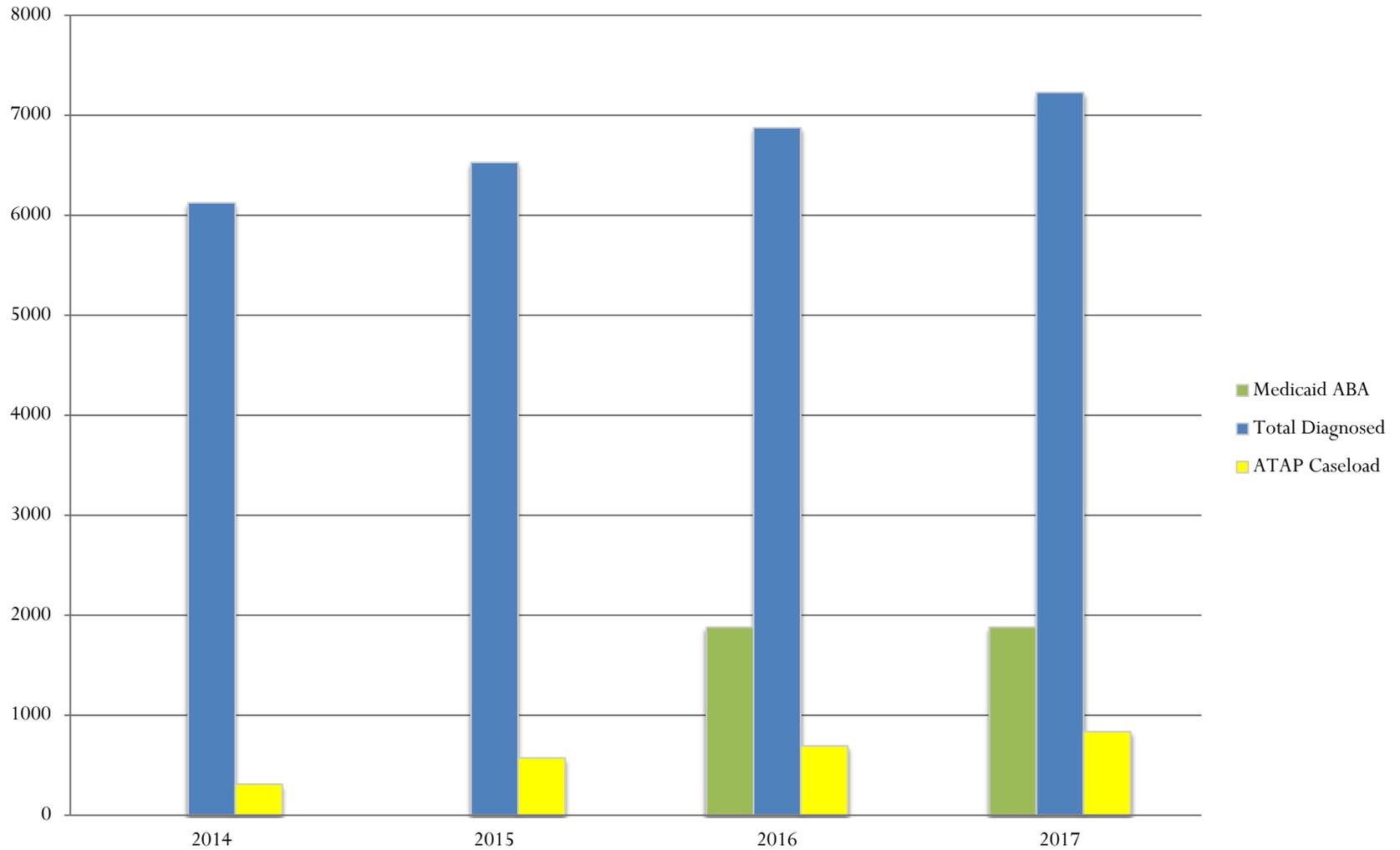
A recommended list of screens may be found at

<http://www.medicalhomeinfo.org/downloads/pdfs/DPIPscreeningtoolgrid.pdf>

# ABA Provider Qualifications



# Caseload Projections



Approximately 6,000 Nevada children have been diagnosed with Autism. ATAP reports approximately 30% are eligible for Medicaid.

# Rehabilitative Mental Health Delivery Model

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Presented by  
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# Rehabilitative Mental Health (RMH) Services

- Services are goal oriented outpatient interventions that target the maximum reduction of mental and/or behavioral health impairments and strive to restore the recipient's to their best possible mental and/or behavioral health functioning.
- Services must be coordinated in a manner that is in the best interest of the recipient. RMH services may be provided in a variety of community and/or professional settings.
- The objective is to reduce the duration and scope of care to the least intrusive level of mental and/or behavioral health care possible while sustaining the recipient's overall health.

# RMH Criteria Highlights

MSM 403.6B

- All RMH services must be directly and medically necessary.
- A comprehensive assessment of an individual's rehabilitation needs prior to services by appropriate level provider within the scope of their licensure.
- Services must be sufficient in amount, duration and scope to achieve established goals and objectives.
- Services cannot be duplicative of each other.
- Services provided are coordinated with other servicing providers.
- All RMH services must be prior authorized.

# RMH Services

MSM 403.6B.2

- Basic Skills Training (BST)
- Psychosocial Rehabilitation (PSR)
- Program for Assertive Community Treatment (PACT)
- Peer-to-Peer Support
- Crisis Intervention
- Day Treatment (separate enrollment requirements)

# RMH Non-Covered Services

MSM 403.6B.5

- RMH services are not custodial care benefits for individuals with chronic conditions but should result in a change in status;
- Custodial care and/or routine supervision: Age and developmentally appropriate custodial care and/or routine supervision including monitoring for safety, teaching or supervising hygiene skills, age appropriate social and self-care training and/or other intrinsic parenting and/or care giver responsibilities;
- Maintaining level of functioning: Services provided primarily to maintain a level of functioning in the absence of RMH goals and objectives, impromptu non-crisis interventions and routine daily therapeutic milieus;
- Case management: Conducting and/or providing assessments, care planning/ coordination, referral and linkage and monitoring and follow-up;
- Habilitative services;
- Services provided to individuals with a primary diagnosis of mental retardation or related conditions (Unless these conditions co-occur with a mental illness) and which are not focused on rehabilitative mental and/or behavioral health;
- Cognitive/intellectual functioning: Recipients with sub-average intellectual functioning who would distinctly not therapeutically benefit from RMH services;
- Transportation: Transporting recipients to and from medical and other appointments/services;

# RMH Non-Covered Services (cont.)

MSM 403.6B.5

- Educational, vocational or academic services: General and advanced private, public and compulsory educational programs; personal education not related to the reduction of mental and/or behavioral health problem; and services intrinsically provided through the Individuals with Disabilities Education Improvement Act (IDEA);
- Inmates of public institutions: To include detention facilities, forestry camps, training schools or any other facility operated primarily for the detention of children who are determined to be delinquent;
- Room and board: Includes housing, food, non-medical transportation and other miscellaneous expenses, as defined below:
  - Housing expenses include shelter (mortgage payments, rent, maintenance and repairs and insurance), utilities (gas, electricity, fuel, telephone, and water) and housing furnishings and equipment (furniture, floor coverings, major appliances and small appliances);
  - Food expenses include food and nonalcoholic beverages purchased at grocery, convenience and specialty store;
  - Transportation expenses include the net outlay on purchase of new and used vehicles, gasoline and motor oil, maintenance and repairs and insurance;
  - Miscellaneous expenses include clothing, personal care items, entertainment and reading materials;
  - Administrative costs associated with room and board;

# RMH Non-Covered Services (cont.)

MSM 403.6B.5

- Non-medical programs: Intrinsic benefits and/or administrative elements of nonmedical programs, such as foster care, therapeutic foster care, child welfare, education, child care, vocational and prevocational training, housing, parole and probation and juvenile justice;
- Services under this chapter for a recipient who does not have a current ICD diagnosis;
- Therapy for marital problems without a current ICD diagnosis;
- Therapy for parenting skills without a current ICD diagnosis;
- Therapy for gambling disorders without a current ICD diagnosis;
- Support group services other than Peer Support services;
- More than one provider seeing the recipient in the same RMH intervention with the exception of CI services;
- Respite care;
- Recreational activities: Recreational activities not focused on rehabilitative outcomes;
- Personal care: Personal care services intrinsic to other social services and not related to RMH goals and objectives; and/or
- Services not authorized by the QIO-like vendor if an authorization is required according to policy.

# RMH Provider Qualifications

MSM 403.6B.3

- **Qualified Mental Health Professions (QMHP):** QMHPs may provide BST, PACT, Peer-to-Peer Support, PSR and CI services.
  - MSM 403.3.B
- **Qualified Mental Health Associate (QMHA):** QMHAs may provide BST, PACT, Day Treatment, Peer-to-Peer Support, PSR services under the Clinical Supervision of a QMHP.
  - MSM 403.3.A
- **Qualified Behavioral Aide (QBA):** QBAs may provide BST services under the Clinical Supervision of QMHP and the Direct Supervision of a QMHP/QMHA. QBAs may provide Peer-to-Peer Support services under the Clinical/Direct Supervision of a QMHP.
  - MSM 403.6A

# Differences Between the Delivery Models

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# Differences Between ABA and RMH

## Applied Behavior Analysis

(ABA)

- **Age**
  - Under 21 years of age
- **Diagnosis**
  - Autism Spectrum Disorder
- **Provider Qualifications**
  - BCBA
  - BCaBA
  - CABI
  - BACB
  - RBT

## Rehabilitative Mental Health

(RMH)

- **Age**
  - All ages
- **Diagnosis**
  - Mental, Behavioral, and Neurodevelopmental Disorders defined in the Intensity of Needs Grid (ICD10)
- **Provider Qualifications**
  - QMHP
  - QMHA
  - QBA

**\*ABA and RMH services cannot overlap on the same date of service**

# Key Points

- Treatment should be individualized and medically appropriate/necessary.
- Coordination between providers is crucial.
  - Coordination of all services
  - Ensuring services are not duplicative
- ABA and RMH services cannot overlap on the same date of service.
- Documentation of services.
  - Treatment Plan
  - Progress Notes

# Questions?

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