

Division of Health Care Financing and Policy
Applied Behavior Analysis Summary
October 27, 2015

Effective January 1, 2016 Nevada Medicaid will cover Applied Behavior Analysis (ABA) services for children with Autism Spectrum Disorder (ASD). The Division worked closely with stakeholders and the Autism Treatment Assistance Program (ATAP) to develop a comprehensive medical coverage policy, provider qualifications, and reimbursement rates for ABA through a transparent public workshop process. The Center for Disease Control and Prevention (CDC), the American Academy of Pediatrics (AAP), and Behavior Analyst Certification Board's practice guidelines were all used as guiding principles for the NV Medicaid ABA services.

Coverage Policy

Under Nevada Medicaid, a child under the age of 21 is covered for a diagnosis of ASD, assessments, evaluations, individual interventions, and family treatment. The coverage of intervention treatment is based on the child's individual needs and medical necessity. There are no co-pays, annual or lifetime limitations. Services can be provided in a clinic, community setting, in the home, and through telehealth. All services include the parent, guardian or caregiver in treatment interventions. There are differences between the coverage of services across the nation. For example: Oregon has a level of intensity limitation set for children 13 years of age and older and Washington has intensity limits by service setting.

Providers

ABA services involve a team of providers. The providers qualified to perform services include Licensed Psychologists, Licensed Behavior Analysts (BCBA), Licensed Assistant Behavior Analysts (BCaBA), and Registered Behavior Technicians (RBT). This model allows for quality of care, access to services, services that meet the level of care for the individual and common practices. Coverage of services includes therapeutic supervision of RBT's by BCBA's. The RBT is a newly credentialed profession from the National Behavior Analyst Certification Board that began in 2014. The growth of this provider group across the nation is in process. In Nevada, from November 2014 to today, credentialed RBTs have increased from zero to 113. However, it is important to note that the provision of service from the RBT providers is directly limited by the number of available BCBA's that can provide therapeutic supervision. Nevada currently has approximately 53 BCBA's licensed in Nevada, based on the ratio of BCBA available to supervise an RBT there is not enough capacity to serve the number of children in Nevada diagnosed with ASD (Attachment A).

Workforce Development

Unlike Commercial Insurance, Nevada Medicaid cannot set a limit or restrict the number of providers participating in the network. The ability to improve access to ABA services will require workforce development at all levels of the licensed professional providers. The Behavior Analyst Certification

Board holds BCBA and BCaBA exams quarterly to credentials individuals with the appropriate education and experience. Once the credentialing has been approved with the Behavior Analyst Certification Board the individual can apply for Nevada licensure. The Nevada Board of Psychological Examiners has increased the frequency of the state exam for licensing from quarterly to every other month; this will assist with the capacity building for the BCBA and BCaBA level of professionals. The Behavior Analyst Certification Board is working on expanding the registry to include a subset of Psychologists who may provide supervision. Nevada Medicaid ABA provider qualifications include Licensed Psychologists, which will also assist in building supervision and capacity.

Aging and Disability Services Division has partnered with University of Nevada, Las Vegas to purchase licenses for the online RBT training modules. The Division has expanded outreach efforts to nearby States for qualified ABA providers and will work with licensing boards in Nevada to attract masters level professionals that would qualify for BCBA credentialing and licensure in Nevada. In an effort to look at access to care and growth of qualified ABA providers the Division reached out the higher education systems in Nevada to evaluate the number of master level students in the Behavior Analyst pipeline that will graduate in the next year.

Reimbursement

The reimbursement rates evaluated across the nation included rates from other State Medicaid programs and Commercial Insurance. There are many variables in the coverage, hours of intervention and provider qualifications that had to be factored in this comparison. For example: Nevada uses an RBT as the lowest level of qualified provider while Connecticut Medicaid requires the lowest level technician to have a Bachelors degree with one year experience or an Associate's degree with two years experience. ABA rates were determined using the average wage information submitted by three (3) Nevada ABA providers and Nevada and National recruitment ads. The rate also allows for normal cost of business, and for administrative supervision (Attachment B). Nevada Medicaid must follow specific federal and state accounting regulations and guidance such as the Office of Management and Budget circular when determining the rate. The rates were modified four times based on feedback from stakeholders during the rates workshops and with follow up information. The modifications included caseload supervision by BCBA's, training/certification costs and addition of services reimbursed by BCaBA's. Nevada Medicaid's reimbursement rate for ABA ranges from \$29.61 to \$140.38 depending on the level of provider qualifications. The Division estimates that 67% of the Medicaid population is served by Managed Care Organizations (MCO) (Attachment C). The reimbursement rates set for ABA services are for Fee For Service (FFS), Managed Care negotiates their own rates during the credentialing process.

Medicaid Provider Enrollment

The Division has worked closely with all the FFS and MCO organizations for recruitment of providers. Nevada Medicaid ABA provider enrollment is currently in process, and as of today there are six (6) group providers enrolled, six (6) BCBA's enrolled and two (2) psychologists. Applications have been submitted for an additional three (3) groups, four (4) BCBA's, two (2) psychologists, and six (6) RBT's that still need to submit additional information (Attachment D). The Division is monitoring enrollment daily and is

engaging in targeted outreach. The outreach includes provider enrollment events held in June, the Medicaid Annual Conference in October, calls to ABA providers, calls with out-of-state providers with interest in moving to Nevada, and current Medicaid providers looking to expand their provider pool and qualifications to perform ABA services. The targeted outreach continues to identify providers that are in the process of recruiting, credentialing and licensing. Due to the time this process takes these providers will not be ready to enroll immediately, however the steps taken today will increase capacity in the months to come. The provider capacity building identified for ABA providers is similar to other new services and provider groups in Nevada, and aligns with the increase in demand for ABA providers across the nation.

Transitioning Children

ADSD administers the Autism Treatment Assistance Program (ATAP) in Nevada, and has worked closely with Nevada Medicaid through the development of ABA services. ADSD estimates that approximately 51% of children on ATAP will qualify for Nevada Medicaid. For continuity and consistency of care 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 in Nevada Medicaid. Families receiving ATAP services under a provider who does not wish to enroll in 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.

Snapshot of services

To demonstrate how the medical coverage, provider qualifications and rates come together for ABA services the following examples is provided:

Example 1: (Attachment E)

ABA services are broken down using a variety of codes where multiple clinicians will interact with the child and family members throughout the week at varying times. For example, at the beginning of the week the higher level professional (BCBA) will conduct a face-to-face intervention, teaching the child and family a new intervention while demonstrating the intervention to the RBT. Following this service, the RBT will provide intervention throughout the remainder of the week for a specified number of hours.

Under Nevada Medicaid the service provided in this example would be reimbursed at \$876.20. The same services in Utah would be reimbursed at \$825.00. The same services by ATAP would reimburse at \$775.00.

Next Steps

The Division develops services through a standard practice of using stakeholder input through public workshops, evaluating national standards and State Medicaid State Plans, data, and consistent rate methodologies. In addition, all new services are carefully monitored over the first year for evaluation of

access to care and utilization management for effectiveness. ABA services were developed using the standard practices. The Division understands the importance of this service and the concerns addressed through public comment and will continue to monitor ABA services and access to care by doing the following:

- Ongoing outreach and recruitment efforts by DHCFP for provider enrollment.
- Ongoing workforce development, which includes engaging licensing boards.
- Ongoing review of the utilization of covered services to include the use of codes by provider.
- Ongoing review of the national standards for reimbursement and coverage of ABA services.
- Re-evaluation of coverage when there is six months of claims data to review.
- Monthly ABA provider calls.
- Policy and State Plan revisions as necessary.
- Develop and maintain educational materials such as Frequently Asked Questions (FAQs) to address medical coverage, provider qualifications, and reimbursement.

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

Resources:

<http://www.oregon.gov/oha/healthplan/Policies/172-changes-06262015.pdf>

http://www.hca.wa.gov/medicaid/abatherapy/Documents/autism_spectrum_disorder.pdf

<http://www.ctbhp.com/asd/ASD-Evaluation-Treatment-Services-Bulletin.pdf>

Applied Behavior Analysis
Provider Access

To determine the child to provider ratio for Applied Behavior Analysis services the Behavior Analyst Certification Board (BACB) Caseload Standards were evaluated and the following considered:

Intensity and Duration

ABA services vary in intensity and duration based on individualized treatment goals under one of two treatment models (Focused or Comprehensive). Focused ABA generally ranges from 10-25 hours per week and has a higher recommended caseload ratio of child to provider. Comprehensive is more intensive, ranging from 30-40 hours per week with a lower caseload ratio of child to provider.

At this time no data is available to identify the ABA treatment model for children served.

Provider Population

The Nevada Board of Psychological Examiners has identified 53 Licensed Behavior Analysts (BCBAs) and 13 Licensed Assistant Behavior Analysts (BCaBAs). The BACB guidelines recommend the BCBAs caseload range based on supervision with and without support of the BCaBA.

The ratio of BCaBAs to BCBAs is not identified.

The number of psychologists who will perform ABA services is unknown.

Assumption

1. 1:1 ratio BCaBA to BCBA; therefore 40 BCBA's would operate without BCaBA support.
2. Treatment model per child cannot be identified; therefore child to provider ratio would be calculated using both minimum and maximum caseload ranges.
3. Caseload ranges are driven by the number of BCBAs; therefore the number of paraprofessionals providing treatment would not increase access to services unless the number of BCBAs increases.
4. If all children receive ABA services under a focused delivery model the minimum caseload ratio would be 11:1 and the maximum 17:1
5. If all children receive ABA services under a comprehensive delivery model the minimum caseload ratio would be 7:1 and the maximum 12:1
6. Taking an average of the two models the minimum caseload ratio would be 9:1 and the maximum 15:1
7. Provider access of BCBAs supports approximately 49% of the population under the focused delivery model and approximately 37% of the population under the comprehensive delivery model. The population is based on DHCFP budget of 1879 children.

Attachment A

Calculations:

Focused	Potential Qualified Providers	Min Cases	Min Total	Max Cases	Max Total
W/BCaBA	13	16	208	24	312
W/O BCaBA	40	10	400	15	600
Total	53		608		912

Comprehensive	Potential Qualified Providers	Min Cases	Min Total	Max Cases	Max Total
W/BCaBA	13	12	156	16	208
W/O BCaBA	40	6	240	12	480
Total	53		396		688

BACB Guidelines:

The recommended caseload range for one (1) Behavior Analyst supervising **Focused treatment**

- › *without support of a BCaBA* is 10 - 15.*
- › *with support of one (1) BCaBA* is 16 - 24.*

Additional BCaBAs permit modest increases in caseloads.

The recommended caseload range for one (1) Behavior Analyst supervising **Comprehensive treatment**

- › *without support by a BCaBA* is 6 - 12.
- › *with support by one (1) BCaBA* is 12 - 16.

Additional BCaBAs permit modest increases in caseloads.

* Focused treatment for severe problem behavior is complex and requires considerably greater levels of case supervision, which will necessitate smaller caseloads.

Updated Average Rate RBT \$ 17.33

- Average RBT rate was based on the following:
1. Average hourly wage self reported by 3 NV Providers
 2. Average hourly wage from 4 recruitment ads for employers in NV
 3. Average hourly wage from 6 National recruitment ads
- The average wage for each employer/recruitment ad (13 total) was then used to calculate the final average wage of \$17.33.

Final Proposed Rates for ABA Level 3 Providers				
Level 3	Proc Code	Description	Rate	Hourly Rate
3	0360T	Observational Follow Up Assessment-1st 30 minutes	\$ 15.65	\$ 31.31
3	0361T	Observational Follow Up Assessment-Add'l 30 minutes	\$ 15.65	\$ 31.31
3	0362T	Exposure Behavioral Follow Up Assessment-1st 30 minutes	\$ 15.65	\$ 31.31
3	0363T	Exposure Behavioral Follow Up Assessment-Add'l 30 minutes	\$ 15.65	\$ 31.31
3	0364T	Adaptive Behavior Treatment by protocol-1st 30 minutes	\$ 15.65	\$ 31.31
3	0365T	Adaptive Behavior Treatment-Add'l 30 minutes	\$ 15.65	\$ 31.31
3	0366T	Group Behavior Treatment-1st 30 minutes (Avg grp of 3)	\$ 5.22	\$ 31.31
3	0367T	Group Adaptive Behavior Treatment-Add'l 30 minutes (Grp of 3)	\$ 5.22	\$ 31.31
3	0368T	Adaptive Behavior Treatment-1st 30 minutes	\$ 15.65	\$ 31.31
3	0369T	Adaptive Behavior Treatment-Add'l 30 minutes	\$ 15.65	\$ 31.31
3	0373T	Exposure Adaptive Behavior Treatment-1st 60 minutes	\$ 31.31	\$ 31.31
3	0374T	Exposure Adaptive Behavior Treatment-Add'l 30 minutes	\$ 15.65	\$ 31.31

\$ 31.31

Fringe; Health Care, SL and Vacation (WC and FICA not included)	25.00%
FUTA	0.30%
Social Security FICA	6.20%
Medicare	1.45%
Worker's Comp	3.00%
State Unemployment	2.00%
Modified Business Tax	0.75%
Indirect costs	10.00%
Supervision (see below)	20.90%
	69.60%
Supervision	
Annual Salary @ top end \$36.21 per hour	75,316.80
10 employees each	7,531.68
per month per employee	627.64
Monthly Average Salary for subordinates	\$ 3,003.47
Supervision %	20.90%
Costs per hour	\$ 29.39
RBT Certification/Training Expense (Annual Allowance \$938.20)	\$ 0.45
5% Non-billable (profit) on all costs	\$ 1.47
Revised Proposed Reimbursement per hour	\$ 31.31

Allowing health care even though most companies don't offer it

Total of Fringe compared to other entities

37.95% State adds 32% for all items grouped here; therefore, the amount is 4% over what the State Allows
 33% Manpower adds 33% for all of this which includes profit because no health insurance, SL or vacation is allowed

Allowed for the maximum indirect cost per federal regulation 2 CFR 200, Office of Management and Budget

Average national BCBA wage.
 Data source: www.payscale.com
 BCBA as reported by 294 individuals (as of 10/18/15)

Medicaid ABA and ATAP Crosswalk of Rates and Caseload

	Board Certified Behavior Analyst (BCBA)	Registered Behavior Technician (RBT)
ATAP/NEIS	\$125.00	\$25.00
Medicaid ABA	\$140.38	\$29.61

ATAP has not required a Registered Behavior Technician (RBT) for services delivered in the home, but rather has paraprofessionals that operate under a licensed individual. Most of these interventionists are employed by the family member utilizing the fiscal agent model and are not employees of the provider. The providers’ employing these staff is a change in service delivery.

Most of the ATAP interventionists are paid \$15-\$17/hour with the maximum rate at \$25.

ATAP also provides service coordination at a cost of \$241 per child per month. This is provided by contracted staff and not a cost born by the provider.

	Total Case Load	Medicaid Eligible	Percentage
Total Diagnosed	7171	2151	30%
ATAP Waiting	484	183	38%
ATAP Active	621	319	51%
Projected Medicaid Caseload	1879	1879	100%

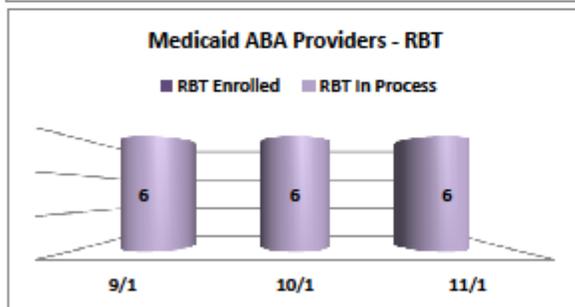
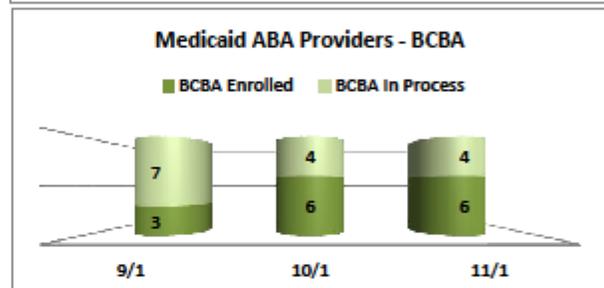
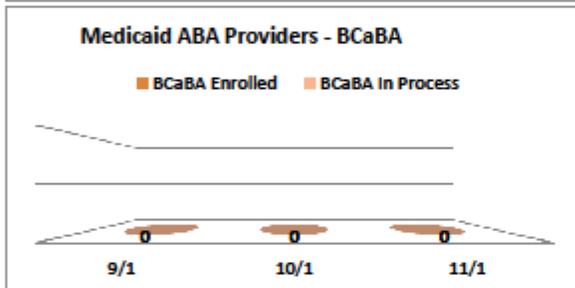
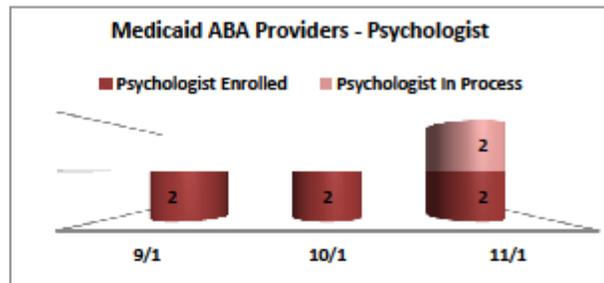
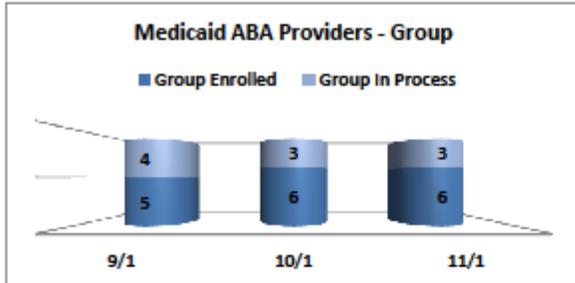
ATAP and NEIS co-serve children once they are diagnosed. NEIS children are a subset of the ATAP population.

Percent of Medicaid eligible by population is based on an estimated percentage of the general population. This is the percentage used to calculate the budget.

Percent of children in ATAP that are Medicaid eligible is based on actual data.

DHCFP estimates that 66% of the Medicaid population is served by Managed Care. However, ATAP’s current caseload indicates that the majority of children (79%) currently served are located in Clark County which would be served by Managed Care.

This comparison was based on the RBT rate of \$29.61. After review of public comment the Division revised the RBT rate to \$31.31 per hour.



12:1 Caseload average is driven by the supervision of the BCBA/Psychologist. The current provider enrollment as of 11/03/2015 would have a capacity of serving an estimated 120 children.

Enrollment is ongoing and services are effective 1/1/2016

Division of Health Care Financing and Policy

Attachment E

NV Medicaid ABA Reimbursement Comparison

Example of a possible billing week that includes supervision by the BCBA and treatment by a technician (paraprofessional)

	Nevada		Utah	ATAP	
	BCBA	RBT	One Rate	BCBA	BI
Monday					
1 unit of Therapeutic Supervision (30 minutes)	\$ 60.20	n/a	\$ 40.00	\$ 62.50	n/a
2 units add Therapeutic Sup. (60 minutes)	\$ 120.40	n/a	\$ 80.00	\$ 125.00	n/a
1 unit intervention (30 minutes)		\$ 14.80	\$ 15.00		\$ 12.50
6 units add intervention (180 minutes)		\$ 88.80	\$ 90.00		\$ 75.00
Total Billable for Day	\$	284.20	\$ 225.00	\$	275.00
Tuesday					
1 unit of intervention (30 minutes)		\$ 14.80	\$ 15.00		\$ 12.50
9 units add intervention (270 minutes)		\$ 133.20	\$ 135.00		\$ 112.50
Total Billable for Day		\$ 148.00	\$ 150.00		\$ 125.00
Wednesday					
1 unit of intervention (30 minutes)		\$ 14.80	\$ 15.00		\$ 12.50
9 units add intervention (270 minutes)		\$ 133.20	\$ 135.00		\$ 112.50
Total Billable for Day		\$ 148.00	\$ 150.00		\$ 125.00
Thursday					
1 unit of intervention (30 minutes)		\$ 14.80	\$ 15.00		\$ 12.50
9 units add intervention (270 minutes)		\$ 133.20	\$ 135.00		\$ 112.50
Total Billable for Day		\$ 148.00	\$ 150.00		\$ 125.00
Friday					
1 unit of intervention (30 minutes)		\$ 14.80	\$ 15.00		\$ 12.50
9 units add intervention (270 minutes)		\$ 133.20	\$ 135.00		\$ 112.50
Total Billable for Day		\$ 148.00	\$ 150.00		\$ 125.00
Total Billable for Week	\$	876.20	\$ 825.00	\$	775.00

This example is a comparison of the reimbursement at the original rate of \$29.61. 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.

10/27/2015