COMMENTS FROM PROPOSED AUTISM SPECTRUM DISORDER (ASD) PUBLIC NOTICE PUBLISHED March 31, 2017:

Comment 1

1) “Rates

“Raising the rate to $50/hour for line would ensure that providers could retain quality staff, keep up with the cost of contracted provider requirements, and ensure that as many families as possible have access to effective ABA services in South Carolina.

2) RBT with a 90 day probationary period

Turnover in this field for line therapists/RBTs is very high as not everyone hired for this position intends to stay in the field. We do agree with having RBTs, as it further ensures quality service delivery, and we enjoy training and supervising staff on the principles of behavior analysis and the population of children we are very dedicated to. Adequate training does take time, though, and without an appropriate probationary period to become an RBT there will be an interruption to services for clients, which can be detrimental to their progress.

3) Annual background checks

Is this background check to be completed through a state or federal agency? The language of “an appropriate law enforcement agency” is vague, and relying on past experience I see this becoming a citation on a OAR if what the provider deems appropriate is not what was intended.

The cost of an annual check seems excessive. In addition to reporting any violation of the Compliance Code to the BACB, BCBA’s are required to report any public health-and safety-related fines or tickets incurred. Our profession is built on the basis of our science and our Code of Ethics. Annual background checks for BCBA’s are an unnecessary cost. Giving that we are required to report speeding tickets to the Board, any other activity by a BCBA that would appear on a background check would be known.

This is also not a requirement for SLP’s OT’s or PT’s in private practice serving children with autism. Having worked in the public schools serving the same population there was a federal fingerprint check initially, but it was not an annual requirement.

4) Provider Credentialing

The credentialing process, which involves proof of 2 years’ experience working with the ASD population and a work sample, is excessive. If an individual has received his/her BCBA that is proof of at least a year and a half of supervised experience providing ABA. This supervisory period includes direct service delivery, literature reviews, report writing, data analysis, and family meetings/trainings. I am also a practicing Speech-Language Pathologist, and could work with any population needing speech/language services at any time. Transitioning from working as an SLP in the public schools to one who serves individuals in a nursing facility does not require proving to Medicaid that one has a certain number of years’ experience with that population. It is respected that my credentials qualify me to serve any individual under my scope of practice.”

SCDHHS Response:

1) **Based upon the SCDHHS analysis, the current rate is a prudent first step in what will be an ongoing process. SCDHHS recognizes this is a new State Plan service environment, and will work with all parties to monitor the delivery and use of these services to continue to develop a system that meets Medicaid beneficiaries' needs.**

2) **There will be a 90-day grace period for staff to obtain their RBT credential. This credential typically takes 30 calendar days to obtain.**

3) **The background checks are consistent with other SCDHHS behavioral health policy manuals and help ensure the protection of the beneficiaries. A copy of the individual's criminal record check form must be obtained from the South Carolina Law Enforcement Division (SLED). Verification must be updated annually from the South Carolina Department of Social Services Central Registry of Child Abuse and Neglect to verify there are no findings of abuse or neglect against the individual.**

4) **SCDHHS acknowledges that the BCBA credential qualifies an individual to serve beneficiaries with ASD, and has removed the 2 year requirement.**

Comment 2

1) "Currently, Medicaid reimburses two different hourly rates, $13.58 or $15.52, for line therapy based on the level of education attained by the rendering line therapist. The proposed hourly rate is $17.28 for all line therapists. Clearly, this clearly is not the rate increased put forth to legislator and providers in recent weeks. For my business, forty-one of forty-two line therapists are working at the more experienced $15.52 rate. As such, the proposed increase represents a negligible $1.76/hour or, 11.34%. Rates are inadequate to support a high quality ABA program with dedicated, well trained staff who will not have to leave with little to no notice. Also, because most to all children with autism qualify for Medicaid for a secondary if not primary funding source, we as providers are forced to lose copays and co-insurances for patients covered by commercial insurance companies.

2) Currently, data analysis, program monitoring, and behavioral updates, necessary components of ABA, are reimbursed for consultants and lead therapists. Effective July 1st, the Medicaid agency is changing its billing codes and will no longer reimburse for these services. Since these are vital components of service delivery, providers will be forced to "eat" these costs, which will further reduce the impact of any rate increase.

3) Currently, providers are reimbursed for in-depth, necessary assessments that take at least hours, sometimes days to complete. This assessment is essential in order to individualize the treatment plans for children, which is then obviously critical to the success of the ABA program. Currently, qualified providers are reimbursed at flat rate of $2037.00 total for assessment and program development. Effective July 1st, providers will be reimbursed by the unit of $47.02/unit up to 16 units (maximum of $752.32). So, previously we were reimbursed $2037 for this service. Under the proposal, the *most* we can get is $752.32 for the same service.

4) Currently, children are able to access autism services through the traditional fee-for-service Medicaid program. However, effective July 1st, the Medicaid agency is moving autism services for some children into the five existing managed care organizations. This will require providers to deal with the existing Medicaid fee-for-service program as well as five other companies with different policies and procedures. This change will increase administrative costs for providers. The proposed rate increase will not even cover the increased administrative costs associated with managed care. Additionally, I question how this change can be implemented without prior assurance that the managed care organizations have adequate networks.

5) Therapists are now being required to be Registered Behavior Technicians (RBTs), which is excellent training, but also a costly and timely process for which we/they will not be reimbursed much more money, if any. Further, our certifying entity requires a minimum level of supervision for RBTs and the current proposed allowance for supervision being suggested is inadequate to meet our ethical obligations. When our professional ethics and requirements for funding sources are incompatible, we are ethically required to address the issue, and if it is not remedied, then we ethically cannot accept the funding source."

SCDHHS Response:

1) **Based upon the SCDHHS analysis, the current rate is a prudent first step in what will be an ongoing process. SCDHHS recognizes this is a new State Plan service environment, and will work with all parties to monitor the delivery and use of these services to continue to develop a system that meets Medicaid beneficiaries' needs.**

2) **CPT coding guidance does not permit reimbursement for indirect or ancillary activities such as report writing or data analysis.**

3) **Based upon the SCDHHS analysis, the current rate is a prudent first step in what will be an ongoing process. SCDHHS recognizes that this is a new State Plan service environment, and will work with all parties to monitor the delivery and use of these services to continue to develop a system that meets Medicaid beneficiaries' needs.**

4) **Policies are the same for both FFS Medicaid members and Managed Care members and can be found within the ASD services provider manual. Each MCO may have slightly different operational procedures but all must abide by Medicaid policy. Federal rules allow the state the flexibility to establish minimum network adequacy criteria and in the case of the specialty service of Autism, the state has chosen to make this an attestable provider network with its Managed Care Organizations (MCOs). This decision was made with the understanding that the state and the nation as a whole has a limited supply of qualified autism providers. The agency's contracted MCOs have been working closely with SCDHHS to ensure each MCO is able to provide Autism services and supports leading up to the July 1, 2017 deadline.**

5) **SCDHHS has increased provider qualifications to protect the health and welfare of its beneficiaries.**

   Direct service limits for board certified behavior analysts (BCBAs) and board certified assistant behavior analysts (BCaBAs) will increase to 10% of direct service hours up to 32 units per month. These codes are 0368T and 0369T.

Comment 3

“1.Rates:

Although there is a minimal increase it is not enough for me to take new Medicaid clients.

a. 0364T/0365T – Line Therapy: Providers were told by DHHS there would be a 27% increase ($4.07) and that is not true. It is approximately a 12% increase ($2.08). The first increase since 2008. Increase from $15.10/hour to $17.28/hour. Not enough to make a difference or to sustain operations.

b. 0368 & 0369T – Consultant services: no increase.

c. T-2025: Plan development and training: eliminated this service completely. Providers are required to train therapists as Registered Behavior Technicians. It is a 40 hour required training program and there is no coverage for this service. Providers will have to absorb this cost. It is unacceptable.

d. Consultant and Lead offsite allowance was eliminated. With the elimination of T2025 and off site hours any work that is not directly with the client is now non-billable. The consultant’s job is to review the data and the program of the client monthly and that cannot be not done during time with the client so this component of the job is now non-billable and required free of charge. This is unacceptable.

e. These rates result in extremely high turnover. In the past 9 years as a Medicaid provider I have hired 62 line therapists while only serving 30 children.

f. The fee scale does not allow for this provider to offer medical benefits or vacation to employees. They are master’s level professionals and all have at minimum an undergraduate degree.

g. The fee scale does not allow increased capacity, therefore, children are left with long waits for services, sometimes years. I have a wait list of 14 children. It will be 4 years before I can provide services because of limited capacity because it is difficult to hire for any level of the 3-tier ABA model.

2. Reporting Procedures:

a. Requires MONTHLY progress report. NO INSURANCE COMPANY REQUIRES MONTHLY REPORTS. The monthly report is to include a plan for the upcoming month. This is ridiculous.

b. Requires QUARTERLY report. NO INSURANCE COMPANY REQUIRES QUARTERLY REPORTS.

3. Assessment Tools

a. Manual states providers are REQUIRED to use the ABLLS-R assessment. Mandating the use of this assessment limits providers to choose the assessment that is appropriate for their client. It is the first real skills assessment on the market 10 years ago and it is outdated. It does not provide a developmental determination of the child’s skill level for comparison where others do.

b. Providers should be allowed to have some latitude in the selection of skills assessment.

4. **Employee Requirements**

Requirements of ABA providers are much more stringent that other types of providers such as speech, occupational, and physical therapists. Therapists are required to have 2-step TB tests, Safety Training are just a few to mention. The cost for hiring an employee and meeting all of the requirements cost a provider approximately $3000 per employee, none of which is reimbursed, therefore it is an expense that can never be recovered. The extremely low rates do not allow an employer to pass the cost along to the new employee."

SCDHHS Response:

1) **Based upon SCDHHS analysis, the current rate is a prudent first step in what will be an ongoing process. SCDHHS recognizes this is a new State Plan service environment, and will work with all parties to monitor the delivery and use of these services to continue to develop a system that meets Medicaid beneficiaries' needs.**

   Direct service limits for board certified behavior analysts (BCBAs) and board certified assistant behavior analysts (BCaBAs) will increase to 10% of direct service hours up to 32 units per month. These codes are 0368T and 0369T.

   SCDHHS recently amended the ASD services provider manual to allow providers the option of determining which ABA treatment delivery structure to utilize with the new service effective 7/1/17.

2) **During the January stakeholder meeting, providers suggested transitioning to monthly notes instead of previously required daily/weekly notes.**

3) **a) & b) In the newest version of the ASD services provider manual, specific changes were made, as per provider feedback, to allow for clinical judgment in regard to ongoing assessment. Based on consultation with various providers, other states and expert consultants, the initial assessment for ABA specifically (0359T) must include: the Vineland Adaptive Behavior Scale, Peabody Picture Vocabulary test, and at least one more ASD-specific standardized assessment determined by the provider. Additionally, the provider is free to choose any additional standardized testing they deem necessary to assist them in their treatment of the beneficiary as long as it is standardized.**

4) **The TB test required in earlier manual drafts has been removed. The background checks are in compliance with other SCDHHS behavioral health policies with the intention of ensuring the beneficiary's safety.**

   Training in Emergency Safety interventions is a current requirement of PDD Waiver ASD providers. The current ASD services provider manual states that providers must use standardized emergency safety interventions.

Comment 4

"1. Comment Regarding RBTs/Tiered Model:

- "*South Carolina does not have a pool of existing RBT's available to work. It takes over a month to become an RBT – to complete the coursework, the competency assessment, and the exam for certification, most often longer, due to wait -times for exam and the time it takes for the Behavior Analyst Certification Board to process paperwork. There are not enough RBTs to meet this requirement an there is no provision for a grace period upon hire for new hires to become RBTs in the new manual/guidelines. Without such a grace period, children will be left without services for long periods when therapists leave the profession, practice or mover to another place. Gaps in service will result in client regression. Consider allowing a 6-month grace period for new hires to allow for RBT training and certification.*

- *Also, not all insurances require a tiered mode. Some models have all services provided by a BCBA. If Medicaid is a secondary insurance, these guidelines are not feasible*.

2. Comments Regarding Behavior Identification:

- *The VBMAPP is not an appropriate tool for older clients with ASD. Mandating only one assessment is limiting and does not meet the assessment needs of the birth to 21 population to create an appropriate Individual Plan of Care. The ABLLS-R (Assessment of Basic Language and Learning Skills – Revised), AFLS (Assessment of Functional Living Skills) and widely accepted, evidence based ABA assessments in the treatment of ASD should be considered and the case managing BCBA/BCaBA should be allowed to use their clinical judgment as to the assessment that is most appropriate to the client being served, just as LIP providers are given a comprehensive list of assessments to choose from to complete their assessment. BCBs and BCaBAs should be offered the same courtesy of clinical judgment.*

3. Comments regarding Caseload Limits/BCaBAs as Consultants:

"Board Certified Behavior Analysts (BCBA) providers must maintain the following caseload ration throughout treatment:

-Without support of a BCaBA: 6-12 cases

-Without support of a BCaBA: 12-16 cases

Under no circumstances shall the BCaBA serve as the consulting supervisor on ASD cases. A BCBA or BCaBA cannot fulfill the role of all three levels of ABA service providers, as per the ABA three-tier model."

This interpretation of the Practice Guidelines for Healthcare Funders and Managers put out by the Behavior Analyst Certification Board is incomplete in nature. The document from the BACB reads the following as published:

"Behavior Analysts should carry a caseload that allows them to provide appropriate case supervision to facilitate effective treatment delivery and ensure consumer protection. Caseload size for the Behavior Analyst is typically determined by the following factors:

- Complexity and needs of the clients in the caseload
- Total treatment hours delivered to the clients in the caseload
- Total case supervision and clinical direction required by caseload
- Expertise and skills of the Behavior Analyst
- Location and modality of supervision and treatment (for example, center vs. home, individual vs. group, telehealth vs. in vivo)
- Availability of support staff for the Behavior Analyst (for example, a BCaBA)

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

<u>Focused Treatment (10-25 hours per week)</u>

>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 (30-40 hours per week)

>without support by a BCaBA is 6 – 12

>with support by one (1) BCaBA is 12 – 16. Additional BCaBAs permit modest increases in caseloads"

- *Many of our clients receive focused vs. comprehensive treatment, secondary to attendance at school and other schedule limitations. The new plan needs to take this into consideration when dictating caseload guidelines and should have some way of fairly delineating this limit, using some type of weighted caseload system. Without having a weighted caseload, providers will be unable to maintain Medicaid clients.*
- *Based on 40 hour a week services (Comprehensive Model): 12 or 16 TOTAL (with BCaBA**)***

  Example:

  30-40 hours (Comprehensive Model): 1 client

  10-25 hours (Focused Model): .5 client

  Less than 10: (Transition/Step-Down clients nearing Discharge)**:** .25 client

- *Additionally, with the shortage of BCBAs in South Carolina, not allowing BCaBAs to manage cases will consistently decrease the ability of SC consumers to access to serves. Current caseloads maintained by companies in the current program will not be able to be continued secondary to lack of staff and children will go without services. The BACB builds in appropriate supervision guidelines for BCaBAs, so cases that are managed by BCaBAs would be supervised by a BCBA. <u>Per the BACB, there are currently only 191 certified BCBAs and 39 certified BCaBAs in SC.</u> Not all of these certificants are practicing and not all are Medicaid Providers. The needs **of South Carolina** consumers will not be met given these new guidelines and the elimination of the ability for BCaBAs to serve as case consultants based on the available resources in SC.*

SCDHHS Response:

1. **There will be a 90-day grace period for staff to obtain their RBT credential. This credential typically takes 30 calendar days to obtain.**

   Current ASD policy allows the same provider to offer all levels of ABA services as long as they are not billed simultaneously.

2. **Based on provider feedback, SCDHHS has amended the ASD services provider manual allowing for a greater amount of individual clinical judgment in the ongoing assessment of children with Autism. Based on consultation with various providers, other states, and expert consultants, the initial assessment for ABA specifically (0359T) must include: the Vineland Adaptive Behavior Scale, Peabody Picture Vocabulary test, and at least one more ASD-specific standardized assessment determined by the provider. Additionally, the provider is free to choose any additional standardized testing they deem necessary to assist them in their treatment of the beneficiary.**

3. **Per provider feedback, SCDHHS has made the following changes regarding caseload language:**

   - **ABA providers must maintain at least one-to-one staff-to-beneficiary ratio throughout treatment. Additionally, ABA providers must adhere to the following caseload ratio:**
     - **Board Certified Behavior Analysts (BCBAs) without support of a BCaBA: 6-12 cases**
     - **Board Certified Behavior Analysts (BCBAs) with support of a BCaBA: 13-16 cases**
     - **Additionally, caseload counts depend on the therapy provided: 30-40 hours per week = one case**
     - **10-25 hours per week = ½ case**
     - **<10 hours per week = ¼ case**

   All BCaBAs must be supervised by a BCBA.

Additional Comments:

- Historically, communication with providers of EIBI PDD Waiver services has been poor, with much confusion and misinformation. Medicaid/DHHS should maintain consistent communication with Medicaid providers to alleviate misinformation and assure knowledge of program changes and requirements. Detailed guidance and training needs to be provided to ease the transition and assure all providers understand outlined requirements.
- What is the Phoenix system, how does it work, how is support and training provided?
- Rates in South Carolina are the lowest when compared to other State Medicaid rates which significantly impacts the availability and quality of care in SC. A significant increase in rates is necessary to sustain provision of ASD services in SC.
- Allow providers with home-based models to submit an exemption of the site audit requirements. Site audit requirements prevent ABA providers from becoming credentialed with Medicaid/DHHS. Many providers do not have/use a clinic location. Providers generally deliver in-home services in as much as this aligns with best practices and standard of care for treatment of ASDs."

Additional Comments:

1) Communication: SCDHHS strives to maintain communication with providers. Since the Autism Summit in November 2014, SCDHHS continues to communicate with its stakeholders regarding any relevant issues. Since there is an expected transition period from PDD waiver to state plan services, SCDHHS has provided the following opportunities for provider communications:

    - In-person meetings regarding enrollment and ASD services as per the state plan
    - Forums for providers to offer input regarding ASD policy
    - Weekly conference calls
    - A website and email address specifically created for ASD providers
    - http://msp.scdhhs.gov/autism/asdprovider@scdhhs.gov

2) Phoenix System: Phoenix is a web-based software system that tracks authorizations, monitors services and produces data reports. Phoenix will track services for all fee-for-service clients receiving ASD services. SCDHHS will organize training on the utilization of Phoenix for ASD providers.

3) Rates: Based upon SCDHHS analysis, the current rate is a prudent first step in what will be an ongoing process. SCDHHS recognizes this is a new State Plan service environment, and will work with all parties to monitor the delivery and use of these services to continue to develop a system that meets Medicaid beneficiaries' needs.

4) Site Audit Requirements: Based on the ASD provider category, SCDHHS provider enrollment does not require a site visit. Therefore, providers without a clinic location can enroll as an ASD provider.

Additional comments made by Ms. Gregori on 3/29/17

1. **REIMBURSEMENT Rates**: rate reimbursement is not adequate to sustain the program. It is wonderful that SC is going to support children with Autism Spectrum Disorders to receive ABA, however, current reimbursement rates do not adequately fund the program to provide access.

2. **Manua**l: updated version of manual has not yet been received by providers, as of 3.29.17, yet providers have been asked to enroll in the new program, not knowing what guidelines will govern the program. My previous comments based on the initial manual are also attached to this email, since the

3. Tiered Model: We are the only state that uses a three-tiered model. It would be more streamlined to deliver services with a two-tier model with increased BCBA/BCaBA supervision. Are RBTs ethically able to operate as a lead? Possibly outside of their scope based on the BACB's guidelines.

4. **Supervision**: Will BCBA's be allotted appropriate hours for supervision? If the BACB guideline is followed and we are required to have therapists that are RBTs, we are required by out ethical guidelines to supervise them at least 5% of hours and the BCBA guideline is 2 hours of supervision for every 10 hours of service. Most clients, based on availability of staffing, have multiple therapists in order to fill a schedule as well as facilitate generalization across people. Thus, if the client has 40 hours supervision will occur more regularly and we can request the needed consultant hours to fill that requirement.

5. **Documentation**: what documentation is going to be required, how will this be managed? How often will process updates be needed? Monthly updates are often excessive as there is not always measurable

progress made in that timeframe. Quarterly (90 DAY) or bi-annual reports and updates alone would be more effective for progress monitoring. Other insurances operate on 6 month authorizations.

6. **Authorizations/Timeline**: With scheduling restraints and current caseloads, 10 days is not sufficient time to complete a POC. The current 30-day window works well within the PDD Program. A compromise is warranted.

7. **Phoenix**: When/where will trainings be? These should be scheduled with enough notice as to not disrupt therapy schedules.

8. **Continuation of Care**: It is impractical that the BCBA can absorb an RBT's hours. Providers have outlined the lack of a pool of available RBTS and the difficulty in recruiting and retaining therapists at current reimbursement rates. While every effort will be made to find suitable replacements, BCBAs cannot be held responsible for therapist attrition. Therapists frequently leave to move to neighboring states (NC reimbursement rate at the RBT lever is $50.00) once we train them as RBTs as the rate for reimbursement is so much higher and is reflected in RBT pay."

SCDHHS Response:

1) **Rates: Based upon SCDHHS analysis, the current rate is a prudent first step in what will be an ongoing process. SCDHHS requires this is a new State Plan service environment, and will work with all parties to monitor the delivery and use of these services to continue to develop a system that meets Medicaid beneficiaries' needs.**

2) **Manual: The ASD services provider manual was published on May 4, 2017 and an update (in response to provider feedback) was published June 9, 2017. Further updates will be published July 1, 2017.**

3) **Tiered Model: The updated ASD services provider manual has no references to tiered model to allow providers the flexibility to determine which ABA treatment delivery structure to utilize.**

4) **Supervision: Direct service limits for board certified behavior analysts (BCBAs) and board certified assistant behavior analysts (BCaBAs) will increase to 10% of direct service hours up to 32 units per month. These codes are 0368T and 0369T.**

5) **Documentation: During the January stakeholder meeting providers suggested the monthly notes instead of the previously required daily/weekly notes. SCDHHS implemented this policy in response to the request at the stakeholder meeting.**

6) **Authorizations/Timelines: Phoenix authorizations are tied to the IPOC. The 10 day time frame avoids delays in service provision to beneficiaries.**

7) **Phoenix: SCDHHS will organize training on the utilization of Phoenix for ASD providers. Timely communication will be sent to providers when the trainings are scheduled.**

8) **Continuation of Care: The expectation that providers are responsible for continuity of care is not unique to the ASD services provider manual. From an ethical perspective, it is expected that if a provider chooses to end services to a beneficiary who still meets medical necessity, they should take an active role in transitioning that beneficiary to another provider.**

Comment 5

1) "How are individuals providing the below service eligible as RBT's to supervise? The BACB does not identify levels such as RBT I or RBT II. There are not a sufficient number of BCaBA's in the state to provide lead therapy for current children under the Medicaid plan.

0360T & 0361T	Observational Behavioral Follow-up Assessment	BCaBA/RBT II (Bachelor degree + RBT + 50 hours of line therapy experience)

The BACB stated in their April newsletter the following as one of the inappropriate activities "prohibited by the Professional and Ethical Compliance Code for Behavior Analysts (Compliance Code), or (ii) outside the scope of practice of RBT"

Serving as a trainer/supervisor of other individuals; Note: the RBT Task List does not include these tasks.

2) The provided information on the website does not list rates. However, the current line therapy rates are not competitive with other funding source rates such as TRICARE, Cigna, Aetna, BCBS etc. There is a concern providers will not be able to retain staff as RBT's without a competitive rate. RBT's providing Medicaid line therapy will likely have less experience than RBT's working on teams with other funding sources because of the compensation differences. The most qualified/experienced RBT's would likely not be placed on Medicaid teams due to the lower reimbursement rates. The national average compensation rate for RBT's is $15.68 per hour. In 2016 the national average reimbursement for RBT services was $47.95. Providers cannot adequately fund required ongoing supervision and training to RBT's without competitive rates."

SCDHHS Response:

1) **In response to stakeholder concern regarding this requirement SCDHHS updated the ASD services provider manual; codes 0368T and 0369T can be done at a ratio of 10% of the direct therapy hours up to 32 units (16 hours) per month. If medical necessity requires more than the monthly service limits reflected for any ASD service codes, a provider may make a request to exceed the limit to the SCDHHS ASD Program or Managed Care Organization.**
2) **Based upon SCDHHS analysis, the current rate is a prudent first step in what will be an ongoing process. SCDHHS recognizes this is a new State Plan service environment, and will work with all parties to monitor the delivery and use of these services to continue to develop a system that meets Medicaid beneficiaries' needs.**

Comment 6

"I am currently a consultant for ABA services through Babynet, if the changes take place in July that requires all providers to have their BCBA I will have to notify all of my families I will no longer be able to serve their children. Currently consultants need to have their master's degree. I have been a consultant for four years and would love to continue to be a provider for children. Please let me know what I can do to continue to serve children in the state that are so desperately needing and benefiting from the services I am providing."

<u>SCDHHS Response:</u> There will be no requirement that all providers have their BCBA. A provider can bill Part C for Babynet and Medicaid until October 1, 2017.

<u>Comment 7</u>

1) "**Use of Registered Behavior Technicians (RBTs)**: I fully support the move to require all line therapists and lead therapists to become registered behavior technicians. The grace period for employees of service providers to become RBTs should be extended from the current proposal of 90-days to 180-days.

2) **Inadequate Rate Structure**: South Carolina has the lowest reimbursement rate for ABA therapy in the nation. A graph of Medicaid rates across states is attached. The proposed rate increases, while welcome, are insufficient for the purposes of reducing staff turnover, attracting new providers to the state, and increasing the number of individuals receiving services.

3) **Unsustainable Changes to Service Codes and Definitions**: Proposed changes to the service codes and definitions as part of the state plan amendment eliminate the ability of BCBAs to bill for necessary services that are currently covered as part of the PDD Waiver. The proposed service definitions eliminate the possibility of billing for indirect case supervision, a necessary clinical task as outlined by the Behavior Analyst Certification Board (BACB) in the attached Guidelines for Healthcare Funders and Managers. While restricting billable behavior analyst (BCBA) Services, the proposed rate structure retains the same rate for BCBA. This action effectively reduces the already low rate for BCBA services.

4) **Limits on BACB Case Supervision**: The proposed state plan amendment limits authorizations for BCBA case supervision below what is recommended by the BACB (see attached guidelines). The state plan has proposed to limit BCBA case supervision at 6 hours per case, regardless of the intensity of services. The BACB recommends that case supervision occur at a rate of 2 hours for every 10 hours of service – equivalent to approximately 8-24 hours of case supervision per month depending on service intensity.

5) **Inability to Appropriately Supervise RBTs**: The BACB requires that RBTs be supervised for a minimum of 5% of therapy hours. This means that RBTs working with a child with ASD for 40 hours per week will require approximately 8.6 hours per month of supervision by a BCBA. The aforementioned limits on case supervision will not provide for enough time for BCBAs to appropriately supervise RBTs under their direction, let alone engage in other medically necessary clinical responsibilities.

6) **Practical Limitation on Medically Necessary Services**: Due to insufficient authorizations for case supervision, BCBAs, if they elect to provide services under the state plan, will have to do so at intensities which may be less than what is medically necessary for individual clients. They would be forced to do so based on the proposed limits on behavior analyst case supervision".

<u>SCDHHS Response:</u>

1) There will be a 90-day grace period for staff to obtain their RBT credential. This credential typically takes 30 calendar days to obtain.

2) & 3) Based upon SCDHHS analysis, the current rate is a prudent first step in what will be an ongoing process. SCDHHS recognizes this is a new State Plan service environment, and will work with all

parties to monitor the delivery and use of these services to continue to develop a system that meets Medicaid beneficiaries' needs.

3) **Waivers offer flexibility not available in the state plan, such as billing for indirect services. CPT coding guidance does not permit reimbursement for indirect or ancillary activities such as report writing or data analysis.**

5), 6) & 7)

In response to stakeholder concern regarding this requirement SCDHHS updated the ASD services provider manual; codes 0368T and 0369T can be done at a ratio of 10% of the direct therapy hours up to 32 units (16 hours) per month. The manual specifies that all ASD providers must comport with their respective licensing and/or certification bodies.

Comment 8

"Based on the ASD Manual Draft dated 1/13/17, my comments are as follows:

1) Maintenance of ASD Provider Credentials (2-5, paragraph 3)

- An RBT requires supervision for a minimum of 5% of their hours each month (https://bacb.com/maintaining-rbt/)
- An RBT working 40 hours a week, requires 2 hours of supervision by a BCBA or BCaBA each week (Consultant)
- The limitation on Consultant hours (0368T-0369T) of 12 units per month (6 hours per month) do not meet the necessary supervision hours to maintain the RBT credential.

2) Staff-to-Beneficiary Ratio and Case Load Management (2-18)

- A BCBA without the support of a BCaBA, would have maximum caseload of 12. If all of the BCBA's cases were clients requiring 40 hours of line therapy a week, the BCBA would be limited to 72 hours of work a month.

3) Based on the ASD Rate Table and Crosswalk to PDD Service Provider, my comments are as follow:

- RBT I rate code is not 27.25% increase from published line therapy rates under the PDD Waiver.
- The line therapist II rate code was dissolved. Over 80% of my staff had the qualifications for line therapist II. Dissolving this code results in a rate increase for this group of qualified RBTs of 8%.
- RBTs in our neighboring state, North Carolina, rate is $50 per hour. It is recommended that the RBT I rate code be a minimum of $40 per hour.
- 0368T & 0389T service limit of 12 per month (6 hours per month) does not fall in line with the BACB recommendations the supervision is to be furnished at the ratio of 2 hours per 10 hours of direct service. Therefore, a client receiving 40 hours of line therapy (direct service) per week, requires 8 hours of supervision (consultant) per week.

4) Section 3 of the manual has not been provided to stakeholders

5) While I commend the decision to look to the Behavior Analysis Certification Board (BACB) for guidance in your ASD proposal, it is apparent that the BACB guidelines have only been partially utilized. I have attached the BACB Practice Guidelines for Healthcare Funders and Managers for your review. Additionally, I strongly urge the decision makes at DHHS to meet with the CEO of the BACB, Dr. Jim Carr, for guidance and understanding of the deficits that are currently in your proposal."

SCDHHS Response:

1) In response to stakeholder concern regarding this requirement SCDHHS updated the ASD services provider manual; codes 0368T and 0369T can be done at a ratio of 10% of the direct therapy hours up to 32 units (16 hours) per month. The manual specifies that all ASD providers must comport with their respective licensing and/or certification bodies.

2) ABA providers must maintain at least one-to-one staff-to beneficiary ratio throughout treatment. Additionally, ABA providers must adhere to the following caseload ratio:

- **Board Certified Behavior Analysts (BCBAs) must maintain the following caseload ratio throughout treatment:**
    - **Without support of a BCaBA: 6-12 cases**
    - **With support of a BCaBA: 13-16 cases**
- **Caseload counts are dependent on amount of therapy provided**
    - **30-40 hours per week = one case**
    - **10-25 hours per week = ½ case**
    - **<10 hours per week = ¼ case**

All BCaBAs must be supervised by a BCBA.

3) Based upon SCDHHS analysis, the current rate is a prudent first step in what will be an ongoing process. SCDHHS recognizes this a new State Plan service environment, and will work with all parties to monitor the delivery and use of these services to continue to develop a system that meets Medicaid beneficiaries' needs.

4) The entire ASD services provider manual was posted on May 4, 2017: https://www.scdhhs.gov/provider-type/autism-spectrum-disorder-services-may-4-2017-edition

5) CMS gave specific guidelines that any ASD services added to state plans should encompass treatment modalities beyond ABA. In addition to looking at BACB guidelines, SCDHHS has received ongoing input during the last two years from stakeholders including providers, families, and advocacy organizations.

Comment 9

1) "Being a Medicaid behavior analysis provider is impossible for these reasons:
2) Reimbursement from Medicaid in SC is less than any other state
3) This drags down reimbursement from private insurers in SC (also less than any other state)
4) Not enough to incentivize south Carolinians to become behavior analysts
5) Not enough to incentivize behavior analysts to become South Carolinians
6) Not enough to attract and retain talent (staff)

7) Providers pay staff more than Medicaid pays providers
8) Not enough to afford compliance with Medicaid's own rules and regulations (e.g., having an office)
9) Not enough to cover costs (e.g., create educational tools, pay a biller, maintain a vehicle)
10) Medicaid does not reimburse necessary functions such as assessments and parent and staff trainings (an annual payment does not align with the reality of behavior analysis practice), team meetings, materials and tools creation, record keeping and reporting (that Medicaid requires), etc.
11) Providers don't make money or even break even, they lose money working with Medicaid, even before accounting for taxes, benefits, etc. (workers comp, unemployment, retirement, health paid time off, etc.)
12) Only 1 off-site hour per week (lead) and per month (consult) is out of touch with the reality of behavior analysis practice and does not allow providers to train staff and parents, analyze data, do on-going assessments and programming, etc.
13) 6 lead hours per week, but if the sixth lead hour of week 1 is billed on Thursday, then the first lead hour of week 2 can't be billed until the next Thursday; this glitch in the system has been brought to Medicaid's attention repeatedly and Medicaid has refused to remedy it
14) Billing is so complex that providers go unpaid for months and are forced to hire expensive, third party billers; billing ought be simple enough that providers can do their own billing
15) There is no reason to require providers – often sole proprietor sole practitioners – to have minimum number of workers, classify workers as employees instead of independent contractors, have a maximum number of cases, etc.
16) The record keeping, reporting, and other paperwork is excessive, unnecessarily comprehensive, and costs time and money that Medicaid does not reimburse
17) An office is an expense that no provider can afford based on Medicaid reimbursement alone, yet no private insurance has such a requirement; in any case, behavior analysis occurs most often in the home, sometimes in the school, etc., but rarely, if ever, in an office (having an office is unnecessary except to comply with rules and regulations)
18) Why are people not eligible for services after age 21? Autism and other behavioral challenges do not end when you turn 21
19) Why are people not eligible for services if diagnosed at or after age 8? You can be autistic or otherwise behaviorally challenged regardless of your age at diagnosis
20) Why are people with diagnoses other than autism not eligible for services? Behavior analysis can do just as much good and be just as effective for people with behavioral challenges other than autism (oppositional defiance disorder, Down syndrome, etc.)"

SCDHHS Response:

Bullets 1-11: Based upon SCDHHS analysis, the current rate is a prudent first step in what will be an ongoing process. SCDHHS recognizes this is a new State Plan environment, and will work with all parties to monitor the delivery and use of these services to continue to develop a system that meets Medicaid beneficiaries' needs.

Bullet 12: Direct service limits for board certified behavior analysts (BCBAs) and board certified assistant behavior analysts (BCaBAs) will increase to 10% of direct service hours up to 32 units per month. These codes are 0368T and 0369T.

Bullet 13: This claims processing issue has been repaired in the PDD waiver and will not be present in the State Plan Service claims process.

Bullet 14: SCDHHS offers a variety of free trainings to providers including billing training on a routine schedule. SCDHHS encourages all providers to attend these training modules so they may decide the most appropriate billing process for their organization.

Bullet 15: SCDHHS does not have a requirement in the current ASD services provider manual to have staff. SCDHHS amended its ASD services provider manual as a result of stakeholder input and ABA providers must adhere to caseload guidelines as outlined by the BACB.

Bullet 16: During the January stakeholder meeting providers suggested the monthly notes instead of the previously required daily/weekly notes. SCDHHS implemented this policy in response to the request at the stakeholder meeting. Comprehensive clinical documentation is an integral part of quality care and continuity of care.

Bullet 17: SCDHHS does not have a requirement in the current ASD services provider manual that a provider has an office.

Bullet 18: Federal rules require that the Early Periodic Screening, Diagnostic, and Treatment (EPSDT) services are available to Medicaid Beneficiaries under 21.

Bullet 19: That is not present in the ASD services provider manual; you are referencing the PDD waiver.

Bullet 20: Individuals with other disorders have an array of services to address their needs: Rehabilitative Behavioral Health Services, Licensed Independent Provider Services, and Community Mental Health Services.

Comment 10

“1. **Inadequate reimbursement rates for all Registered Behavioral Therapist (RBT) and Board Certified Behavior Analyst (BCBA) services.** The established rates in other states for ABA services and the established rates of comparable, nearly identical services, through SC DHHS RBHS Provider Manual leads to a clear validation of inadequate rates for RBTs and BCBAs providing ABA services to children with autism through the proposed Autism Services Fee Schedule.

   The SC Senate and House of Representatives have been misled to believe that providers are receiving a $27.25% increase, which is clearly not the case, as DHHS has reduced services in other areas. Therefore, the, at best 9% increase will result in a workforce of RBTs that will be paid a max of $10/hr., which will maintain the extremely high turnover percentages.

2. **Inadequate Service Limitations**. The current service limitations for 0368T & 0389T allow 12 units per month (6 hours per month), which does not fall in line with the Behavior Analyst Certification Board (BACB) RBT supervision requirements.

3. **Caseload Limitations will result in denied access to services**. Staff-to-Beneficiary Ratio and Case Load Management limitations require a BCBA without the support of a BCaBA to have a maximum caseload of 12. If all of the BCBA's cases were clients requiring 40 hours of line therapy a week, the BCBA would be limited to 72 hours of work a month. We would all be restricted to 72 hours per month, which is financially irresponsible.

4. **Autism Treatment Services do not include services deemed medically necessary which are currently covered by medical insurance plans.** The current ASD Services Policy Manual only covers individual services. Therefore, providers would be unable to utilize a member's Medicaid as the payer of last resort, and based on contractual limitations, providers would be unable to bill anyone for services provided.

5. **Policy Manual failures lead to extremely limited access to services for children with ASD, which were federally mandated in July 2014**. I currently have 300 families that have expressed interest in ABA services who only have Medicaid as the funding source for their child's services. As an organization, we will be forced to communicate with these families that we will not be treating any new patients who have Medicaid as their sole funding source based on the current ASD Policy Manual.

<u>**SCDHHS Response:**</u>

1. **Based upon SCDHHS analysis, the current rate is a prudent first step in what will be an ongoing process. SCDHHS recognizes this is a new State Plan service environment, and will work with all parties to monitor the delivery and use of these services to continue to develop a system that meets Medicaid beneficiaries' needs.**

2. **SCDHHS has increased provider qualifications to protect the health and welfare of its beneficiaries. SCDHHS recognizes in the current policy the supervision standards are higher than what the service limitations allow for reimbursement. SCDHHS will continue to review this issue, and takes expressed concerns into consideration.**

   In response to stakeholder concern regarding this requirement SCDHHS updated the ASD services provider manual; codes 0368T and 0369T can be done at a ratio of 10% of the direct therapy hours up to 32 units (16 hours) per month.

3. **Board Certified Behavior Analysts (BCBAs) must maintain the following caseload ratio throughout treatment:**

   - **Without support of a BCaBA: 6-12 cases**
   - **With support of a BCaBA: 13-16 cases**
   - **Caseload counts are dependent on amount of therapy provided 30-40 hours per week = one case**
   - **10-25 hours per week = ½ case**
   - **<10 hours per week = ¼ case**

   These ratios were a recommendation from a South Carolina ABA provider.

4. **SCDHHS will explore the possibility of adding group services in the future.**

5. **CMS issued an informational bulletin in July 2014 reviewing the various authorities states could choose to cover ASD services and no mandates were issued. South Carolina chose to respond to that guidance by taking steps to add ASD to the Medicaid State Plan through Section 1905(r) of the Social Security Act.**

   Based upon SCDHHS analysis, the current rate is a prudent first step in what will be an ongoing process. SCDHHS recognizes this is a new State Plan service environment, and will work with all parties to monitor the delivery and use of these services to continue to develop a system that meets Medicaid beneficiaries' needs.

<u>Comment 11</u>

"1) Rates – The gap between the cost of providing therapy and reimbursement for that therapy has become unsustainable. We face constant staff turnover as therapists reluctantly leave because they cannot afford to do a job they love. We scramble to raise money to meet our payroll as we go deeper in the hole for every hour of therapy we provide.

2) Limits on Case Supervision – The state plan has proposed to limit BCBA case supervision at 6 hours per case, regardless of the intensity of services. The BACB recommends that case supervision occur at a rate of 2 hours for every 10 hours of service – equivalent to approximately 8-24 hours of case supervision per month depending on service intensity. We cannot provide adequate therapy without adequate supervision.

3) Requiring RBTs without authorizing the required supervision: The BACB requires that RBTs be supervised for a minimum of 5% of therapy hours. This means that RBTs working with a child with autism for 40 hours per week will require approximately 8.6 hours per month of supervision by a BCBA. The limits on case supervision will not provide for enough time for BCBAs to appropriately supervise RBTs under their direction, let alone engage in other medically necessary clinical responsibilities."

<u>SCDHHS Response:</u>

1) Based upon SCDHHS analysis, the current rate is a prudent first step in what will be an ongoing process. SCDHHS recognizes this is a new State Plan service environment, and will work with all parties to monitor the delivery and use of these services to continue to develop a system that meets Medicaid beneficiaries' needs.

2) &3) In response to stakeholder concern regarding this requirement SCDHHS updated the ASD services provider manual; codes 0368T and 0369T can be done at a ratio of 10% of the direct therapy hours up to 32 units (16 hours) per month.The manual specifies that all ASD providers must comport with their respective licensing and/or certification bodies.

<u>Comment 12</u>

"As the chair and co-chair of the South Carolina Act Early Team we are writing to express the team's support for efforts to increase the Medicaid reimbursement rate for Autism Line Therapists. We believe that the $14 per hour rate is not adequate to develop and retain the vitally important workforce of line therapists (direct intervention personnel) needed to provide the evidence-based therapy that most

benefits children, youth and adults with autism spectrum disorder (ASD). This is especially clear when one compares our rates to those of neighboring states.

Please see attached results that I received from the SC Association for Behavior Analysis, while I was not involved in the development or implementation of the survey, my intent is to insure that these important results are included in the comments received by SC DHHS within the public comment period."

SCDHHS Response: Based upon SCDHHS analysis, the current rate is a prudent first step in what will be an ongoing process. SCDHHS recognizes this is a new State Plan service environment, and will work with all parties to monitor the delivery and use of these services to continue to develop a system that meets Medicaid beneficiaries' needs.

Comment 13

"This SC ABA task force developed a survey of pertinent questions regarding the impact of the Medicaid state plan for autism services. To support the SC ABA taskforce and our valued members, the SC ABA Board disseminated this survey to past and present members, and we received 97 respondents from across the state.

The following questions directly referenced Medicaid services. Of the respondents, 84% listed themselves as qualified to bill Medicaid. However, 84% said that they would not be accepting Medicaid on July 1. Of those who will not be accepting Medicaid, 86% selected "reimbursement rates are too low to cover employee costs and sufficiently pay staff" as a reason for this decision. When asked if they would be interested in providing services in school setting, 66% replied positively.

Please see the full survey results for further details as well as additional responses that relate to autism services and Medicaid."

https://msp.scdhhs.gov/autism/sites/default/files/ASD%20Public%20Comments%202017%20SC%20ABA%20Survey%20Results.pdf

SCDHHS Response:

Based upon SCDHHS analysis, the current rate is a prudent first step in what will be an ongoing process. SCDHHS recognizes this is a new State Plan service environment, and will work with all parties to monitor the delivery and use of these services to continue to develop a system that meets Medicaid beneficiaries' needs.

In response to stakeholder concern regarding this requirement SCDHHS updated the ASD services provider manual; codes 0368T and 0369T can be done at a ratio of 10% of the direct therapy hours up to 32 units (16 hours) per month. The manual specifies that all ASD providers must comport with their respective licensing and/or certification bodies.

Providers will have the option of determining which ABA treatment delivery structure to utilize.

Comment 14

"My son is currently four years old. He has been receiving ABA therapy for the last year and a half. During this time he has had several different therapist and lost countless hours because of turnover rate of the line therapist. They need an increase of rates so that the provider can keep them. I would hat for my provider to have to stop taking Medicaid clients because it is costing more money to have the children on Medicaid. ABA makes a huge difference in a child. I would hate for him to lose this valuable service."

SCDHHS Response: Based upon SCDHHS analysis, the current rate is a prudent first step in what will be an ongoing process. SCDHHS recognizes this is a new State Plan service environment, and will work with all parties to monitor the delivery and use of these services to continue to develop a system that meets Medicaid beneficiaries' needs.

Comment 15

"As a parent of a child with both Autism Spectrum Disorder & Sensory Processing Disorder, I am pleading with you to please re-evaluate rates, reports and requirements of the providers. The financial strain on the providers is making it impossible to operate efficiently, retain qualified therapists and for some they are even closing their doors or having to choose not to accept new clients."

SCDHHS Response: Based upon SCDHHS analysis, the current rate is a prudent first step in what will be an ongoing process. SCDHHS recognizes this is a new State Plan service environment, and will work with all parties to monitor the delivery and use of these services to continue to develop a system that meets Medicaid beneficiaries' needs.

Quick Link Resource:

Below please find a link to the fee schedule for reimbursements for ASD-related services that will go into effect July 1, 2017.

https://msp.scdhhs.gov/autism/site-page/fee-schedule