


New York ABA Provider Meeting

Developments Specific to Delivery of ABA Services Funded Through Health Insurance
September 8, 2022

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Background

- In July, 2014, CMS published an informational [bulletin](#) requiring coverage of medically necessary care for Medicaid-enrolled children under the age of 21 under its Early Periodic Screening Diagnostic and Treatment (EPSDT) provision.
- After several years of effort on the the legislative and regulatory front in New York, [revised rules](#) were published in 2021 in the New York State Register adding applied behavior analysis services for ASD to EPSDT services.
- There were multiple issues with the implementation of the revised rules, including:
 - Clarity regarding the role of behavior technicians
 - Inclusion of parent-training codes
 - Published Medicaid Rates

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PROGRESS Due to Lack of Participation, Rates Were Adjusted



Effective April 1, 2022, the Medicaid Program is proposing to incentivize ABA provider enrollment and participation by increasing Medicaid reimbursement amounts, **aligning fees with those paid by the Child Health Plus program**. As of August 1, 2021, Medicaid began accepting enrollment of Licensed behavior Analysts as independent practitioners to provide ABA to Medicaid members under age 21 with a diagnosis of Autism Spectrum Disorder or Rhett's Syndrome. **However, Medicaid Managed Care Plans (MMC) and ABA providers indicated that the Medicaid reimbursement rate was below rates paid by CHP and commercial plans. Subsequently, very few ABA providers were willing to enroll as Medicaid managed care and/or fee-for-service providers.**

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Updated Medicaid Rates

Blended reimbursement rate of \$76 per hour for tiered delivery model (vs. previous \$29/hour proposal)

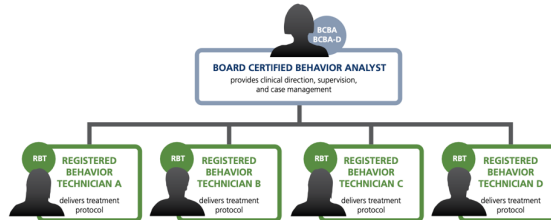
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Significant Issues Remain

1. Rather than reimbursing the tiered-delivery model, New York Medicaid is only reimbursing for services provided by a licensed behavior analyst (LBA) or certified behavior analyst assistant (CBAA).
2. Behavior technicians are not yet recognized by New York Medicaid.
3. The CBAA credential does not align with GASC, and very few have been credentialed. (<50 across entire state)
4. Practically speaking, this means LBAs will be reimbursed \$76 per hour by New York Medicaid to provide essentially all ABA services to the Medicaid population.
5. Practically speaking, this means that access to medically necessary ABA services will be severely limited
6. CHIP and Commercial members are allowed to receive care from BTs; Managed Medicaid members should have access to the same treatment options.

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Generally Accepted Standards of Care



SECTION 5: TIERED SERVICE-DELIVERY MODELS AND BEHAVIOR TECHNICIANS

Most ABA treatment programs involve a tiered service-delivery model in which the Behavior Analyst designs and supervises a treatment program delivered by Assistant Behavior Analysts and Behavior Technicians.

<https://casproviders.org/wp-content/uploads/2020/03/ABA-ASD-Practice-Guidelines.pdf>

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Why Do Generally Accepted Standards of Care Matter? (GASC)

Guiding Principles for Acceptable Clinical Review Criteria

“New York’s Office of Mental Health (OMH) is committed to reviewing ..clinical review criteria to ensure coverage determinations for mental health services are made in a manner consistent with accepted medical practices and Federal and State behavioral health parity laws.”

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Automatic Provider Enrollment into Medicaid Managed Care

Once DOH send updated ABA rates to Payors:

ABA Providers will likely receive notice from Payors indicating that the Provider will be automatically enrolled into the Payor's Medicaid network unless they formally "opt-out" within 30-days of notice.

By not opting out, providers are accepting the Plan's proposed rate and the omission of BT's from their delivery model.

Once Plans have enough providers to satisfy DOH's network requirement, they will offer the benefit to their their Medicaid membership.

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Potential Strategies

Parity Complaints

The exclusion of the tiered-delivery model is a non-quantitative treatment limit because it doesn't adhere to generally accepted standards of care (GASC).

- New York Department of Financial Services [Online Complaint Form](#)
Consumer Assistance Unit: 1-800-342-3736
- New York Department of Health
Email: managedcarecomplaint@health.ny.gov
Phone: 1-800-206-8125
- New York Attorney General Health Care Bureau [Online Complaint Form](#)
Helpline: 1-800-428-9071

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Potential Strategies (continued)

Contact the **New York Department of Health** and respectfully communicate your concerns and intentions.

- Medicaid FFS coverage and policy questions should be directed to the Office of Health Insurance Programs (OHIP), Division of Program Development and Management (DPDM), by phone at (518) 473-2160 or by email at FFSMedicaidPolicy@health.ny.gov.
- MMC enrollment, reimbursement, billing and/or documentation requirement questions should be directed to the MMC enrollee's specific MMC Plan. Contact information for each MMC Plan can be found in the [eMedNY NYS Medicaid Program Information for All Providers Managed Care Information](#) document

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