



MISSISSIPPI DIVISION OF  
**MEDICAID**

**Public Comments for**  
**State Plan Amendment (SPA) 16-0020**  
**Autism Spectrum Disorder (ASD) Services SPA**

October 19, 2016

Dear Ms. Wilson

Thank you for the opportunity to review the Mississippi Medicaid State Plan Amendment for individuals with Autism Spectrum Disorders (ASD).

By way of introduction, I am the Vice Chair for Research in UMMC's Department of Pediatrics as well as the principal investigator for the Mississippi SPARK study, which is a genome wide association study of individuals with ASD. I am also a pediatric neuropsychologist who has background and training in diagnostic and treatment procedures for individuals with ASD. Since coming to UMMC in 2015, I have had the opportunity to assess diagnostic and treatment services for individuals with ASD, thus believe I have become rather knowledgeable of the barriers and gaps that exist for diagnostic and treatment services in Mississippi.

I see several problematic issues with the proposed Scope of Medical Care and Services provided.

- Psychologists are absent from the qualified health care practitioners (QHCP). This is a substantial oversight as only psychologists/neuropsychologists can administer and interpret psychological/neuropsychological testing services identified on page 4.
- Moreover, key assessment tools, including the Autism Diagnostic Observation Schedule – Second Edition and the Autism Diagnostic Interview – Revised, are not a part of the skills that the QHCPs listed can administer (there are standards for qualification that I can share with you if need be).
- Psychologists are also trained in the provision of behavioral services to individuals with disabilities, thus need to be included in the list of ASD service providers (page 4). As you are aware, psychologists have considerably more education and training than the providers identified, typically including advanced post-doctoral training.

OFFICE OF THE GOVERNOR

Walter Sillers Building | 550 High Street, Suite 1000 | Jackson, Mississippi 39201

There are considerable barriers and gaps to competent diagnosis and treatment for Individuals with ASD in Mississippi. The proposed legislation can help increase access to care, yet inclusion of psychologists as specified above is necessary fully embrace the needs of Mississippians with ASD.

I am happy to further discuss these concerns with you.

Sincerely,

Robert Annett PhD  
Professor of Pediatrics  
Children's of Mississippi  
Director for Research & Education, Center for the Advancement of Youth  
University of Mississippi Medical Center  
2500 N. State Street  
Jackson, MS 39216-4505  
USA

10/20/2016

Amber Orman, M.A., BCBA (1-14-17301), LBA (160014)  
630 Curtis Orman Road  
West Point, MS  
39773  
Division of Medicaid  
Suite 1000, 550 High Street  
Jackson, MS  
39201

To Whom It May Concern:

First, I would like to thank you on behalf of our center as well as the families we serve for the planned coverage for individuals with Autism Spectrum Disorder (ASD). However, I do have a few concerns with the plan:

1. It limits the number of registered behavior technicians (RBTs) a Board Certified Behavior Analyst (BCBA) can supervise.

The behavior analyst certification board (BACB) does not limit the number of RBTs a BCBA can supervise as long as the supervisor can facilitate the delivery of high-quality services that result in client improvement. They (BACB along with other insurances) will audit BCBA's to make sure that we are in compliance with the BACB's RBT requirements. Limiting the number of RBTs that a BCBA can supervise will limit the number of children with ASD who will receive services. Currently, according to the Mississippi Autism Board, there are 29 licensed behavior analysts in the state of Mississippi, and the Mississippi Department of Education identified about 3,000 children with the education ruling of autism in 2011. The number of individuals with ASD has been on the rise and is still on the rise. Thus, it is safe to say that the number is higher now 5 years later. Our purpose and goal as BCBA's is to train others in order to reach the need of each child who needs services. However, not only will these children benefit from the services but also their families. Limiting the number of people we can supervise, again, will limit the number of children who will receive services.

2. The proposed reimbursement rates are well below national average.

It is to my understanding that \$15.16 per unit is the rate for RBTs. Aetna has one of the lowest reimbursement rates and they pay about \$21.83 per unit. These low rates will require parents/caregivers to private pay more than half the cost of services. As a result, the private pay will restrict access for families with limited resources. Due to the insurance gap, only 11 percent of children who receive autism services can afford to pay the already discounted weekly rate. The services provided cost our center about \$1,051 per week; thus, we set a \$50 an hour rate in order to keep our doors open.

According to the Mississippi Department of Mental Health, autism costs a family about \$60,000 a year. That is more than most families make. Moreover, according to Autism Speaks, autism costs the United States about \$236 billion a year. However, that cost can be reduced

(by two-thirds) with early diagnosis and treatment. Early intervention reduces the cost due to the interventions having long-term effects. The prevalence rate of autism is on the rise. Yet, when it is addressed early and treated with behavioral therapy, children with ASD can lead productive lives.

3. The plan excludes licensed psychologists as qualified professionals and excludes coverage of psychological assessment.

Most insurances require a psychological assessment in order to confirm the ASD diagnosis. Not all BCBA's are licensed psychologist. As a result, we seek qualified professionals (i.e., licensed psychologists) to conduct an assessment according to the Diagnostic and Statistical Manual of Mental Disorders- Fifth edition (DSM-V) criteria for Autism, since they have been trained in conducting the diagnostic tests. In return, we as BCBA's develop a treatment plan/goals that reflect the symptoms that the individual exhibited according to the DSM-V. Therefore, it is important for the individual to be able to have a psychological assessment in order for us to review the results to better treat the individual (i.e., address the autism symptoms).

Thank you for your time,

Amber Orman, M.A., BCBA (1-14-170301), LBA (160014)  
Clinical Director  
Golden Triangle Autism Center

10/26/2016

Mississippi's Division of Medicaid,

Thank you for recognizing the value and need of Behavior Analytic services for our families in Mississippi; however, I am requesting clarification and providing comments on October 17, 2016 Public Notice issued pursuant to 42 C.F.R. 447.205 for SPA 16-0020 and related to Autism Spectrum Disorder (ASD) Services. After reviewing the billing guidelines, the proposed rates per unit are significantly lower for Board Certified Behavior Analysts (BCBA) as compared to other professionals that bill for similar services without any specific training or certification in Behavior Analysis. A master's level counselor who does not have any formal training using Applied Behavior Analysis (ABA) or working with children with autism is paid 56.01 to 111.93 per unit as compared to a BCBA who is paid 30.00 per unit. Clearly this is an oversight and needs to be adjusted to reflect the level of care provided by a Behavior analyst as compared to a Counselor without any specific training.

The document also included an extremely low rate (\$30.00) for supervision (0368T/0369T) with an allowance of only 2 units per month. The children that we see have significant developmental delays and often times display very aggressive and/or self-injurious behavior. To maintain this extremely low rate of reimbursement and grossly insufficient allowance of supervision hours would make providing an effective treatment and maintaining services almost impossible. Our ethical code requires us to provide an effective treatment. One hour of supervision per month for direct care staff is insufficient and does not meet the recommendations of the Behavior Analysis Certification Board which suggests 2 hours of supervision per 10 hours of direct therapy. Other insurance companies (e.g., Optum and Tricare) allow 1-2 hours of supervision per 10 hours of direct therapy. The formula of 1-2 hours of supervision to 10 hours of therapy has allowed us to provide a high quality of therapy. Continuity of care and effective treatment should be considered carefully when proposing supervision hours and rates.

Families affected by autism in Mississippi have difficulty finding qualified professionals to deliver ABA programming. Capacity issues exist both at the supervisor (BCBA) and paraprofessional (Registered Behavior Technician) level. At the supervisor level, there is an insufficient number of BCBAs to meet demand. The capacity issue will be exacerbated when Mississippi's Medicaid state plan/EPSTD coverage of ABA begins in 2017. Mississippi will not be able to recruit or maintain BCBAs if Medicaid's rates are not reasonable. Please review the attachment for reimbursement rates according to state.

Please clarify the unit measurement for 0368, 0369, 0364, and 0365. Are those codes billed in 15 minute increments, 30 minute increments, or 1 hour? To my knowledge, no other insurance provider limits 0360T and 0361T. Has there been an oversight? Lastly, the reimbursement rate for 0359 is extremely low compared to other insurance providers. We kindly ask you to revisit the rate for 0359.

Sincerely,



Sharon Boudreaux, L.B.A., B.C.B.A.

Date: October 4, 2016

Division of Medicaid,  
Office of the Governor,  
Office of Policy,

Walter Sillers Building,  
Suite 1000, 550 High Street,  
Jackson, Mississippi 39201



Attention: Ms. Margret Wilson

Dear Ms. Wilson,

Please let this serve as the response of the Mississippi Centers for Autism and Related Developmental Disabilities to the invitation for written comments contained in the October 17, 2016 PUBLIC NOTICE issued pursuant to 42 C.F.R. 447.205 for SPA 16-0020 and related to Autism Spectrum Disorder (ASD) Services.

The Mississippi Centers for Autism and Related Developmental Disabilities (MCARDD) has been and remains committed to providing the highest level of services for all individuals who have autism and their families. Since we began ABA services at MCARDD on July 7<sup>th</sup> 2015 more than 3,700 hours have been provided to Medicaid consumers at an average cost of \$41.00 per hour. Cost that has not been reimbursed. The expense has been borne mostly through fund raising and donations however, competing for donations and fund raising dollars is very difficult. Funds are harder to come by with each passing month. Mostly due to dwindling resources.

We were understandably very excited when we learned that Medicaid would begin reimbursing for services January 1st. Even though we were not expecting higher rates for reimbursement, in comparison to other insurance providers we expected that we would begin reimbursement levels at rates which would cover our cost and help with expansion of services. While we are grateful to Medicaid for the efforts to provide services to children, of all economic backgrounds who have autism, PUBLIC NOTICE 42 C.F.R. 447.205 creates more problems than it solves in both areas of quality of service and adequate reimbursement of therapeutic services.

First, we should recognize the areas which are appropriate to the task for providing services to Medicaid Consumers who have Autism. ABA Early and Intensive Behavior Therapies (EIBT) are highly supported by research for the application which they are most intended. That is the partial or full alleviation of problem behaviors associated with autism. It looks like Medicaid recognizes this. It shows commitment within the MS division to recognize the need and provide for ongoing therapy. EIBT not only helps young autism consumer from age 2 to 8 but it also helps the state by removing expenditures for taking care of some individuals later as adults. Here at MCARDD it is our commitment and passion, for the welfare of all Mississippi children diagnosed with ASD, that leads us to submit what we hope the Division will find to be a constructive written commentary to SPA 16-0020.

*(For most codes and areas of concern I would like to provide you with a summary of the elements which each procedure pays for. I believe it may help in our understanding of the problem. Your comments or refinements would be appreciated)*

#### **Section: Assessment Codes**

**Essential ABA elements each Assessment may include but not limited to:**

- review of file information about client's medical status, prior assessments, prior treatments;
- stakeholder interviews and rating scales;
- review of assessments by other professionals;
- direct observation and measurement of client behavior in structured and unstructured situations;
- determination of baseline levels of adaptive and maladaptive behaviors;

**Treatment plan development includes: Selection of treatment targets in collaboration with family members and other stakeholders, development of written protocols for treating and measuring all treatment targets**

**Medicaid Reimbursement for 0359T (Behavior Identification Assessment)**

**\$132.65 per unit rate/1 per 6 months**

**General Description for 0359T:** Assessment for treatment plan development. Development of individualized treatment plan by a supervising Board Certified Behavior Analyst/BCBA. The pre-existing HCPCS was H0031 or 96150

**Summary and Average number of hours to complete:**

There is no absolute as far as how long 0359T will take. It is required by the licensing bodies for BCBAs that each client receives one and then it is reviewed at various times. QHCPs in other psychological professions spend all efforts to write similar documents so they meet the individualized needs for the clients. It must be a thorough review of the data used to describe the function of the behavior(s) for intervention. Much more to the point, no assessment for functional behaviors (FBA) will take less than 5 hours to 10 hours and likely much more to assess and write the comprehensive document. The BCBA, in comparison to other psychological professions, spends is considerably more time required of a BCBA to write reports and treatment plans. In most cases the level of reimbursement from insurance companies does not cover cost.

Currently no payer covers the entire cost to write an FBA. For example, the highest rate is \$444.39/6 months but, the lowest comparison is \$400.00/6 months. At \$132.65/6 months, a QHCP would come out losing significant amounts of money to perform the first requirement all BCBAs must do to meet BACB and MS LBA licensure accepted standards of care.

**Comparison of Medicaid Reimbursement Rates for other Professionals to the Proposed Billing Guideline:**

The current Medicaid MS rate for reimbursement for behavior support and evaluation H0002 is \$85.68/hr. with no maximum allowable units. Considerably higher than the Autism schedule and there is no limit on the number of units that can be used. There is also a significant problem for BCBAs who are required to perform ongoing assessments on a regular basis. By limiting assessments to one every 6 months a BCBA violates the ethical code of conduct we are committed to follow.

**Medicaid Reimbursement for 0360T/0361T and 0362T/0363T (Observational Behavioral Follow-up Assessment) \$66.32 per unit rate/2 per 6 months**

**General Description for 0360T/0361T** It is an assessment for the treatment plan's integrity and if the plan is meeting the objectives that were set for behavioral intervention. The pre-existing HCPCS was G8539 or 96151.

**Summary:**

Plan review and adjustments are expected and required to assure a continuity of services which, also meet accepted standards of care, plan review is an ongoing schedule. However, formal reviews and adjustments

are done every 1 to 2 weeks in the clinical setting using the data recorded during treatment sessions. Reports are given to the client's caregiver and kept for records as per accepted practice standards. Reimbursement differs from 60.00/hour to 106.26/hour by payers other than Medicaid.

### **Description of 0362T/0363T**

**0362T:** Exposure behavioral follow-up assessment. Includes physician or other qualified health care professional direction with interpretation and report, administered by physician or other qualified health care professional with the assistance of one or more technicians; first 30 minutes of technician(s) time, face-to-face with the patient

**0363T:** Exposure behavioral follow-up assessment, each additional 30 minutes of technician(s) time, face-to-face with the patient (list separately in addition to code for primary procedure)

### **Average number of hours to complete:**

Again, there is no absolute as far as how long 0360 or 0361T and 0362T or 0363T procedure takes. Other Payers do not define the amount of allowed time and leave some discretion to the provider to decide when and how much planning and reassessment is warranted. No post-assessment in any behavioral science will ever become matter-of-fact or standard in time and make-up. Each is unique. Nevertheless, setting the reimbursement amounts for this essential part of treatment low and limiting the reimbursement to one each six month, makes the quality of care management for any psychological services clinic and especially an Autism clinic extremely difficult. The proposed scheduled rate of 2 @ \$66.32 every 6 months is exceptionally low for this essential and continuous process. No other reimbursement schedule of similar professionals, providing similar services to Medicaid consumers, is so impractical.

### **Treatment Codes**

**ABA Elements include but are not limited to:**

**Implementation and management of treatment plan by supervising behavior analyst/QHCP; may be assisted by credentialed assistant behavior analyst(s).**

**They include:**

**Training technicians to**

- (a) carry out treatment protocols accurately, frequently, and consistently;**
- (b) record data on treatment targets;**
- (c) record notes;**
- (d) summarize and graph data.**
- Training family members and other caregivers to implement selected aspects of treatment plan.**
- Ongoing supervision of technician and caregiver implementation.**
- Ongoing, frequent review and analysis of direct observational data on treatment targets.**
- Modification of treatment targets and protocols based on data.**
- Training technicians, family members, and other caregivers to implement revised protocols.**

**Medicaid Reimbursement for: Codes 0364T/0365T (Adaptive Treatment Protocol) \$15.16 per unit rate/50 per week**

### **Definition of Services:**

**0364T** Adaptive behavior treatment by protocol administered by technician, face-to-face with one patient; first 30 minutes of technician time



**0365T** Adaptive behavior treatment by protocol, each additional 30 minutes of technician time (list separately in addition to code for primary procedure)

**Summary:** Any actuarial report, surveying conventional cost of doing business within an industry, considers comparatives between other “like concerns” to the one being studied. In the case of clinical applications of Applied Behavior Analysis in practice, there are some comparisons which can be made and others one might make but, are not as applicable as one would think. Speech Language Pathologist work with children who have autism. Children with autism may have, and often do, speech problems that SLPs are appropriate service deliverers. However, this not mean their rates are comparable in cost of service to those of ABA providers. One, when a child with autism cannot speak (is non-verbal) the SLP may be an inappropriate care provider due to the fact they are not trained in how Autism behaviors often include non-verbalization behavior. The complex nature of Autism makes the task more specific to a finer blend of psychological, behavioral and analysis SLPs are not trained in and BCBAs are. In short, a Board Certified Behavior Analyst is better trained for teaching language to some children who are non-verbal than an SLP.

For BCBAs and the therapist who work under their supervision, to provide services like these, the cost of training, clinical setting and the materials are greater than the SLP will have. If an actuary compares business cost for an ABA clinic (AKA Autism Clinic) they will find that running the ABA clinic is considerably more expensive than running a Speech Language clinic. MS Medicaid should reexamine its reimbursement schedule for ABA therapy and analyze why the SLP will be reimbursed at a rate of \$77.60 per hour verses ABA therapy at \$32.32 when the ABA provider can deliver more appropriate services. In fact, SLPs refer their non-verbal consumers to our clinic on a regular basis.

**Codes 0366T/03676T** (Group Adaptive Treatment Protocol) **\$9.48 per unit rate/6 per week**

**Definitions of Services:**

**0366T** Group adaptive behavior treatment by protocol administered by technician, face-to-face with two or more patients; first 30 minutes of technician time

**0367T** Group adaptive behavior treatment by protocol, each additional 30 minutes of technician time (list separately in addition to code

Per visit cost along with the cost of business remains the same, whether you are providing one service or another in clinical settings. That said, to provide Group Therapy we would lose \$28.43 per hour of delivery because cost of performing the service.

**Codes 0368T/0369T** (Adaptive Behavior Treatment Protocol) **\$15.16 per unit rate/2 per week**

**Definition of Services:**

**0368T** Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; first 30 minutes of patient face-to-face time

**0369T** Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; each additional 30 minutes of patient face-to-face time (list separately in addition to code for primary procedure)

The cost for 1 BCBA will be as high as \$60,000.00 per year if MS is to compete with what other states are offering BCBAs to start at new jobs once they graduate. There are simply not enough BCBAs to go around. Once you factor the cost of delivering 0368T and 0369T, using per-visit analysis, each time a BCBA was billed for this task a clinical concern like ours would lose \$19.57 per hour. Once we bring more BCBAs on

board, given that we pay what other clinics in states with higher rates of reimbursement from Medicaid are paying BCBAs, the amount will likely go up.

**Code 0370T (Family Adaptive Behavior Treatment Guidance) \$48.29 per unit rate/1 per week**

**Definition of Service:**

**0370T Family adaptive behavior treatment guidance administered by physician or other qualified health care professional (without the patient present)**

Would have to be limited to 15-18 minutes to pay for the cost of a BCBA provider.

**Code 0371T (Multiple Family Group Adaptive Behavior Treatment Guidance) \$30.18 per unit rate/1 per week**

**Definition:**

**0371T Multiple-family group adaptive behavior treatment guidance administered by physician or another qualified health care professional (without the patient present)**

Would have to be limited to 10-12 minutes to pay for the cost of a BCBA provider.

**Code 0372T (Adaptive Behavior Treatment Social Skills Group) \$18.96 per unit rate/3 per week**

**Definition:**

**0372T Adaptive behavior treatment social skills group administered by physician or other qualified health care professional face-to-face with multiple patients**

Autism Therapy is done in groups at times but clinical is one-to-one for the most part. The rate works if the group is large enough and everyone can be charged for the service.

**Code 0373T (Exposure Adaptive Behavior Treatment with Protocol Modification) \$30.32 per unit rate /1 per month**

**0373T Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); first 60 minutes of technicians' time, face-to-face with patient**

This is also an unworkable rate and may be needed more than once a month.

**Code 0374T (Exposure Adaptive Behavior Treatment with Protocol Modification) \$15.16 per unit rate/1 per month**

**0374T Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); each additional 30 minutes of technicians' time face-to-face with patient (list separately in addition to code for primary procedure)**

This is also an unworkable rate under any scenario.

With all due respect this reimbursement schedule would force our clinic and perhaps others to stop seeing Medicaid consumers. We would like to propose that an open hearing date be called so that all interested parties can be present. Perhaps the actuarial report could be presented so the problems in this reimbursement schedule could be discussed and a true discussion of cost might take place. There are only a very small number Licensed Behavior Analyst to serve almost 4,000 individuals with ASD in the state. There are only 2 clinics that have offered ABA for Autism services to Medicaid consumers for no cost. A fair round table

conversation to discuss the details of how to reimburse appropriately for ASD services would be a positive step.

If you have any questions, feel free to call or e-mail me at [wwilliams@mscentersforautism.org](mailto:wwilliams@mscentersforautism.org).

Best regards,

*Wayne A. Williams*

Wayne A. Williams Ed.S., BCBA, LBA  
Executive Director of Clinical and Business Operations  
Mississippi Center for Autism and Related Developmental Disabilities



November 11, 2016

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601-765-4514

**FORREST COUNTY**

P.O. Box 18679  
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601-544-4641

**GREENE COUNTY**

P.O. Box 526  
Leakesville, MS 39451  
601-394-5047

**JEFF DAVIS COUNTY**

P.O. Box 979  
Prentiss, MS 39474  
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**JONES COUNTY**

P.O. Box 113  
Laurel, MS 39440  
601-649-7921

**LAMAR COUNTY**

P.O. Box 489  
Purvis, MS 39475  
601-794-6543

**MARION COUNTY**

P.O. Box 965  
Columbia, MS 39429  
601-736-6799

**PERRY COUNTY**

P.O. Box 1167  
Richton, MS 39476  
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**WAYNE COUNTY**

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MS Division of Medicaid  
Office of the Governor  
Office of Policy  
Walter Sillers Building, Suite 1000  
550 High Street  
Jackson, MS 39201

Dear Office of Policy:

Thank you for the opportunity to provide comments regarding SPA 16-0020 for Autism Spectrum Disorder (ASD) Services. The citizens of MS will be fortunate to have these services available.

After review of the SPA, I offer the following observations based on a comparison of the proposed services to the Adaptive Behavior Assessment and Treatment CPT Coding Summary published by the American Academy of Child and Adolescent Psychiatry in collaboration with the Association for Behavioral Analysis International. Additionally, the proposal was compared to the MS BCBA Licensing Board regulations.

The services are typically provided by a team of individuals which is supervised by a qualified health care professional. Those professionals are defined in the proposed regulations. However, typically the BCBA has the authority to supervise a number of registered behavior technician (RBT). The initial SPA suggests that the supervision requirement is a one on one relationship which will limit the number of RBTs to less than the number allowed by the licensing board. We would request the number that can be supervised by the BCBA be consistent with the supervision allowed by the BCBA regulations. This would help to decrease barriers re: access to care.

We are a Community Mental Health Center. The SPA estimates the financial impact of these services based on EPSDT eligible beneficiaries. Will Community Mental Health Centers be required to become EPSDT providers in order to provide these services? We would request that we be allowed to continue to treat children as we do now.

There is no beneficiary age limit mentioned in the SPA. However, the statutory language referenced in the Public Notice does not require the provision of services after the age of 8. Is service provision reimbursed only to age 8 or is reimbursement available after the age 8?



Overall the rates seem reasonable with one exception. The Behavior Identification Assessment can require several hours and rate seems low. We would ask that you reconsider the adequacy of that rate.

In addition, the Observational Behavioral Follow-Up Assessment (0360T/0361T) and the Exposure Behavioral Follow-Up Assessment (0362T/0363T) are both limited to 2 per 6 months. We would like to request that this limit be reviewed and possibly increased to accommodate the individualized and intense nature of the assessment process associated with this population.

Finally, Paragraph C. 3 needs additional clarity. The sentence "Applied Behavior Analyst Services are non-covered when.....services including but not limited to....." appears to be missing some words and is confusing.

Again, thank you for the opportunity to provide comments.

Sincerely,

A handwritten signature in blue ink, appearing to read "Mona Gauthier", with a long horizontal flourish extending to the right.

Mona Gauthier, MS, NCC, LPC, MBA  
Director, Child & Adolescent Services  
Pine Belt Mental Healthcare Resources  
P.O. Box 18679  
Hattiesburg, MS 39404



# AUTISM CENTER

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Division of Medicaid  
Office of Policy,  
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Walter Sillers Building Suite 1000  
550 High Street, Jackson, Mississippi 39201  
Attention, Ms. Margaret Wilson

Re: MS-SPA-16-0020 Autism Spectrum Disorder (ASD) Services

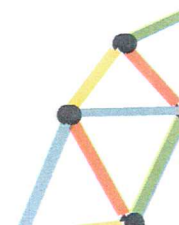
Dear Ms. Wilson,

Please let this serve as the response of the Autism Center of North Mississippi to the invitation for written comments contained in the October 17, 2016 PUBLIC NOTICE issued pursuant to 42 C.F.R. 447.205 for SPA 16-0020 and related to Autism Spectrum Disorder (ASD) Services.

Recognizing a significant need in North Mississippi for providing Early and Periodic Screening, Diagnosis and Treatment (EPSDT), The Autism Center of North Mississippi (ACNM) has been providing ASD Services to children residing in North Mississippi since its inception in 2009. Accordingly, we would be remiss if our first comment was anything other than a sincere statement of gratitude on behalf of the ACNM and the community of children and parents it serves for the research and hard work that the responsible Division of Medicaid parties have undertaken in preparing the State Plan Amendment (SPA).

Further, we applaud the Division's recognition of the critical need to provide ASD services for at least twenty-five (25) hours per week to EPSDT-eligible beneficiaries, given the 3,696 Mississippians currently diagnosed with Autism Spectrum Disorder (ASD). It is our passion for the welfare of all Mississippi children diagnosed with ASD that leads us to submit what we hope the Division will find to be constructive written commentary to SPA 16-0020.

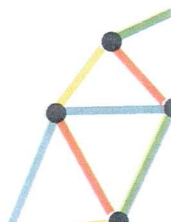
- A. Notwithstanding the progress that SPA 16-0020 represents, we are greatly concerned that the provisions for reimbursement of the services rendered by Board Certified Behavior Analysts (BCBAs) significantly undermine the ability of ASD Service





providers to meet the clinically recommended EPSDT needs of Mississippi children. Specifically, the proposed fee schedule permits a BCBA reimbursement rate of \$15.00 per unit / \$30.00 per hour. BCBAs are, of course, highly trained and licensed only after attaining a Master's degree. This training and educational experience makes their professional services essential to any clinically recommended treatment model. Recognizing the exceptional skills, educational training and experience required of BCBAs - and their central role in providing EPSDT services - the Medicaid Division of our sister State of Louisiana provides a \$72 per-hour rate of reimbursement. Mississippi private insurers, such as Blue Cross, Blue Shield reimburse BCBAs at a rate of \$100.00 per hour for their indispensable services. Clearly, the proposed Mississippi Medicaid BCBA reimbursement rate of \$30.00 per hour - or 41% of the reimbursement rate offered by the Medicaid Division of our neighboring state, Louisiana - makes meeting the already competitive market salary demands of qualified BCBAs extremely problematic for Mississippi's service providers, at best. We respectfully believe that the efforts to train, recruit and retain BCBAs in Mississippi will be significantly compromised, if not completely stifled, by the proposed reimbursement guidelines as they relate to BCBAs.

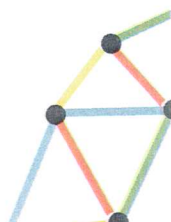
- B. The proposed billing guidelines for ASD services effective 01/01/17 appropriately recognize the need for the "clinically recommended" 25 hours per week of services. This, of course, means that effective "Adaptive Behavior Treatment" (0364T/0365T) can be reimbursed for up to 100 hours per month. However, supervision for these services by qualified BCBAs is only authorized for two (2) units - or one (1) hour per month (0368T/0369T). The Behavior Analyst Certification Board (BACB) recommends that two (2) hours of supervision be provided by BCBAs for every 10 hours of direct therapy provided to a client. Optum, for example, requires and reimburses BCBAs for supervision at a minimum of 1 hour for every 10 hours of direct therapy provided, not to exceed 8 hours of supervision per month. We believe the suggested ratio of 1 hour of supervision per 100 hours of direct treatment limits the BCBA's ability to ensure effective treatment. Limited to reimbursement for only one (1) hour of supervision per month, a BCBA cannot provide proper oversight to guarantee, monitor and revise implementation of behavior interventions that result in positive treatment outcome for Mississippi children. Given the qualifications and expertise of BCBAs and their important role in the provision of ASD services, it is critical to authorize reimbursement for proper supervision of Adaptive Behavior Treatment provided by authorized, but less qualified service providers, such as RBTs.



The BACB ethical compliance code 2.09(B) states, “Behavior analysts have the responsibility to advocate for the appropriate amount and level of service provision and oversight required to meet the defined behavior-change program goals.” <http://bacb.com/wp-content/uploads/2016/03/160321-compliance-code-english.pdf>

ACNM specifically requests reconsideration of the permitted hours of supervision for applicable services.

- C. At the ACNM we firmly believe that effective ASD services must be founded upon an accurate assessment of baseline performance, a proven yet individually-tailored direction for intervention carried out by well-qualified professionals and a system of tracking skill acquisition. The Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP) is one of the preferred criterion-referenced assessment tools for treatment plan development. The VB-MAPP assesses 170 milestones made up of approximately 900 individual skills. By limiting the number of units for an assessment to 2 units (presumably 1-hour) per 6 months, BCBA's may be unable to develop appropriate treatment plans due to a lack of time allowed for the assessment. The amount of time required to conduct an assessment is based on the child's functioning level; however, these assessments can take upwards of 15 hours if the child is high-functioning. Blue Cross and Blue Shield of Mississippi and Acclaim allow follow-up ABA assessment codes to be billed for a combined total of 6 hours every 6 months. Optum permits up to 8 hours for the corresponding assessment codes. We believe that this is because the insurers recognize the significant long-term benefits associated with accurate and complete assessment and the commensurate avoidance of rotely developed treatment plans. Accordingly, we believe that it is in the interest of all concerned parties to reconsider and remove the significant restrictions associated with reimbursement for these critical assessments.
- D. Likewise, Behavior Identification Assessment by a qualified health care professional (0359T) is axiomatically a crucial component of the ASD services. Successful provision of other ASD services hinges on thoughtfully planned behavior identification assessment. This process typically takes 5-10 hours for meaningful assessment. It appears that the 0359T reimbursement flat rate of \$132.35 is not in line with recognized benefits of meaningful assessment illustrated by the reimbursement rates of other providers for this important service, to wit:





Tricare \$500 (flat rate)  
BCBS: \$400 (flat rate)  
Acclaim: \$400 (flat rate)  
Optum: \$100/hour (H0031)

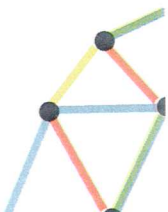
- E. If we have misinterpreted any of the provisions of the SPA16-0020 or corresponding proposed billing guidelines discussed herein, we would respectfully request clarification of the same.
- F. The Public Notice of October 17, 2016 states that a public hearing on SPA16-0020 will not be held. However, in the event that this position is reconsidered in light of submitted commentary, we would respectfully request an opportunity to be heard on the important issues presented in the SPA.

Again, we echo the sentiment of those who have thanked you for your efforts in increasing access to critical care for Mississippi's children, specifically the EPSDT-eligible beneficiaries. We look forward to working hand-in-hand with the Mississippi Division of Medicaid by providing quality, medically-necessary ASD services. Your consideration of these comments and sincere concerns and appropriate action thereon is appreciated.

Sincerely,  
  
Brittany Cuevas, M.P.A.,  
Director of Business Development and Administration  
Autism Center of North Mississippi

Board Members:

Richmond Culp, III  
Polly Bailey  
George Taylor  
Ormella Cummings  
Elaine Lovorn  
Tricia Edmonson  
Dan Goodwin  
Shane Homan  
Sydney Wise



Division of Medicaid Office of Policy,  
Office of the Governor,  
Walter Sillers Building Suite 1000  
550 High Street, Jackson, Mississippi 39201  
Attention, Ms. Margaret Wilson

Dear Ms. Wilson,

Please let this serve as the response of Will's Way, LLC to the invitation for written comments contained in the October 17, 2016 PUBLIC NOTICE issued pursuant to 42 C.F.R. 447.205 for SPA 16-0020 and related to Autism Spectrum Disorder (ASD) Services.

First, we are grateful for the proposal of ASD services for the more than 3,000 children diagnosed with Autism Spectrum Disorder. It is our hope that all children diagnosed with Autism Spectrum in the state have the opportunity to quality ABA services. It is our passion for the welfare of all Mississippi children diagnosed with ASD that leads us to submit what we hope the Division will find to be constructive written commentary to SPA 16-0020. We have a few concerns with the proposed rates and supervision provisions. Our specific concerns are listed below:

1. Specifically, the proposed fee schedule permits a BCBA reimbursement rate of \$15.00 per unit / \$30.00 per hour. This rate is substantially below reimbursements from other providers including the Medicaid Division our sister State of Louisiana which provides a \$72 per-hour rate of reimbursement. Mississippi private insurers, such as Blue Cross, Blue Shield reimburse BCBAs at a rate of \$100.00 per hour for their indispensable services. Clearly, the proposed Mississippi Medicaid BCBA reimbursement rate of \$30.00 per hour (41% of what Louisiana Medicaid Division reimburses). We respectfully believe that the reimbursement rates offered by SPA 16-0020 will compromise and possibly stifle efforts to recruit, hire, and retain BCBAs in Mississippi.
2. Supervision provisions are also significantly lower than what is required from the BACB. The BACB recommends 2 hours of supervision for every 10 hours of direct therapy. So with the proposed 25 hours per week (100 hours per month), the BACB would recommend 20 hours of supervision. United Healthcare requires 1 hour per 10 hours of therapy and Tricare requires a minimum of 5% and a maximum of 20% of direct service hours.
  - a. The BACB 2.09(B) states that "Behavior analysts have the responsibility to advocate for the appropriate amount and level of service provision and oversight required to meet the defined behavior-change program."
  - b. The proposed plan limits reimbursement to only one (1) hour of supervision per month and this does not allow proper oversight to guarantee, monitor and revise implementation of behavior intervention plans to help improve treatment outcomes for the children served.
  - c. We are specifically respecting that the number of hours permitted be increased to align with other providers and the BACB.

3. We also request that the number of hours approved for the initial skills assessment be increased to align with best practices and allow for adequate assessment of skills. We utilize two main assessment methods including the Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP) and the Assessment of Basic Learning and Literacy Skills (ABLLS). The VB-MAPP contains 170 milestones and is made up of 900 individual skills. The ABLLS contains 25 separate skill areas with 544 individual skills.
  - a. By limiting the number of units for an assessment to 2 units (presumably 1-hour) per 6 months, BCBA's may be unable to develop appropriate treatment plans due to a lack of time allowed for the assessment. The amount of time required to conduct an assessment is based on the child's functioning level; however, these assessments can take upwards of 15 hours if the child is high-functioning. Blue Cross and Blue Shield of Mississippi and Acclaim allow follow-up ABA assessment codes to be billed for a combined total of 6 hours every 6 months. Optum permits up to 8 hours for the corresponding assessment.
  - b. Successful provision of other ASD services depends on well-developed plans based on a thorough behavior identification assessment. This process typically takes 5-10 hours for meaningful assessment. It appears that the 0359T reimbursement flat rate of \$132.35 is not in line with recognized benefits of meaningful assessment illustrated by the reimbursement rates of other providers for this important service, (i.e., Tricare \$500 (flat rate) BCBS: \$400 (flat rate) Acclaim: \$400 (flat rate) Optum: \$100/hour (H0031))

If we have misinterpreted any of the provisions of the SPA16-0020 or corresponding proposed billing guidelines discussed herein, we would respectfully request clarification of the same. The Public Notice of October 17, 2016 states that a public hearing on SPA16-0020 will not be held. However, in the event that this position is reconsidered in light of submitted commentary, we would respectfully request an opportunity to be heard on the important issues presented in the SPA.

Your consideration of these comments and sincere concerns and appropriate action thereon is appreciated.

Sincerely,  
Dannell S. Roberts, Ph.D., BCBA-D  
Licensed Psychologist, MS# 47-821  
Licensed Board Certified Behavior Analyst, MS# 160021  
Will's Way, LLC

Kimberly Bellipanni, Ph.D., BCBA-D  
Licensed Board Certified Behavior Analyst, MS# 160019  
Will's Way, LLC



THE UNIVERSITY OF  
**SOUTHERN MISSISSIPPI**

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**APPLIED BEHAVIOR ANALYSIS TRAINING PROGRAM**

118 College Drive #5025 | Hattiesburg, MS 39406-0001

Phone: 601.266.5255 | Fax: 601.266.4620 | james.moore@usm.edu | www.usm.edu/psychology

November 15, 2016

Margaret Wilson  
Division of Medicaid  
Office of the Governor  
Office of Policy  
Walter Sillers Building  
Suite 1000  
550 High Street  
Jackson, MS 39201

Ms. Wilson,

On behalf of the students and faculty of the Applied Behavior Analysis Program at the University of Southern Mississippi, please accept our thanks for the opportunity to review and provide comment to the Mississippi Medicaid State Plan Amendment for individuals with Autism Spectrum Disorder (ASD). Under the direction of our BCBA faculty, our 21 outstanding students conducted a thorough analysis of the proposed plan, comparing policies with both established best practice standards in ABA as well as the proposed rates compared to rates in other states. Thank you for your commitment to providing empirically validated services for the thousands of children and families struggling with the impact of ASD. Below, we offer areas we believe would offer a significant improvement over the current proposal, and increase the ability of children with ASD who receive Medicaid to have access to the highest quality of services available.

Policy Recommendations

1. On page 6, item b1, the policy limits the Behavior Identification Assessment to one every six months. ***We propose that professionals should be allowed to conduct a Behavior Identification Assessment whenever needed, as evidenced by data.*** For example, communication deficits are typically at the heart of the debilitating effects of ASD. Many children, however present significant challenging behaviors that act as a barrier to the acquisition and development of effective communication. Most competent clinicians would start a Functional Behavior Assessment at this point to identify an effective treatment to reduce the challenging behavior. Once the barrier is removed, the child will then require a thorough verbal behavior/language assessment. If the professional

effectively reduces challenging behavior inside of six months, this policy would create a gap in service. In other words, the professional would not be able to start the language assessment until the next six-month period. As shown by decades of research, gaps in the provision of Early Intensive Behavioral Intervention (EIBI) can cause serious damage to the prognosis for the child. Other areas that could be impacted: self-help skills, feeding behaviors, hygiene and other daily living skills, and sleeping problems. A qualified behavior analyst should be allowed to provide compelling data any time a Behavior Identification Assessment is warranted. As such, there should be no temporal or frequency limit on this activity.

2. On page 6, item b2 (Observational Behavioral Follow-Up Assessment) is limited to two every six months. ***We propose the removal of this limit and allowance of as many Observational Behavioral Follow-Up Assessment units as needed to adequately complete a thorough assessment.*** The intention of codes 0360T and 0361T are to act as extension services that may be required during the Behavior Identification Assessment. The use of extension services that can be administered by technicians helps hold the overall cost of 0359T down, as it recognizes that some aspects of an assessment can be completed by a technician. These services include, but are not limited to conducting naturalistic observations, conducting preference assessments, running verbal behavior assessment probes, etc. The limiting of this activity in its current proposed form basically renders this activity as useless in the overall assessment process.
3. At times, revisions are needed to protocols when data suggest the client is not fully benefitting from the program in its current form. As such, the limiting of any of the protocol modification codes promotes the potential that a child will continue to receive an ineffective treatment for an extended period. As such, ***we propose the removal of such restrictions on modifications, and encourage the Division of Medicaid to require professionals to offer compelling data demonstrating the need for modifications.***
4. On page 8, item c.1, the policy states that ABA services will not be covered if there is no documentation of “clinically significant developmental progress.” No definition of what is meant by “clinically significant developmental progress” is given and no specific means with which to document such progress. Often, to demonstrate the effectiveness of treatment, a period of baseline (no treatment) data must be collected. Would this activity not be covered due to this “clinically significant developmental progress” clause? In a functional analysis (Exposure Behavioral Follow-up Assessment), behaviors may often increase over referral levels. Would this activity not be covered due to the clause? In instances where extinction, an empirically validated treatment approach, is employed, behaviors may deteriorate first before improving. Would this activity not be covered due to the clause? ***We strongly suggest a significant revision to clause c.1 on page 8 to more accurately reflect a policy in line with typical ABA procedures.***

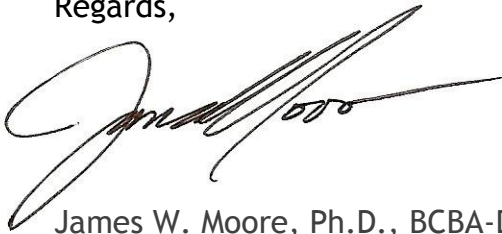
## Billing Policy Recommendations

1. The suggested reimbursement for 0359T (\$132.65) is significantly below the national average and creates a situation that could drastically impact the standard of care. Perhaps no other activity in the EIBI process is more important than the initial assessment. Unlike most psychological assessments, which have standard administration times, there is simply no way to predict how long an individual behavioral assessment will take. Also, Code 0359T is intended to be used in concert with codes 0360T and 0361T to keep the overall costs of assessment down. As such, ***we suggest a revision of the billing policy to reflect the intention of codes 0359T, 0360T, and 0361T. If used as intended, a rate of between \$400-500 for 0359T would be more in line with other state policies and best practice parameters. Also, as stated earlier, 0359T should be unlimited and used when data demonstrate a need.*** Medicaid already reimburses for behavior support and evaluation (H0002) at a rate of \$85.68 per hour with no cap. The suggested fee of \$400-500 is comparable to H00002 as a behavior assessment may average up to 6-8 hours. The rate and the limiting of assessments promote serious barriers to the delivery of effective, ethical ABA services to children with ASD.
2. While not explicitly stated in either policy, the Behavior Analysis Certification Board and the Mississippi Autism Board have set clear and steep supervision requirements for RBTs and LABAs who provide services under an LBA. It would appear that you may intend for this to occur under 0368T/0369T. In either case, this presents a significant challenge to the provision of adequate supervision services, and ultimately could result in qualified behavior analysts leaving or avoiding Mississippi to pursue careers in states with more favorable reimbursement rates. Both Boards suggest two hours of supervision for every 10 hours of service delivered. Given the overall low reimbursement rates for all proposed codes, an LBA will simply not be able to build a clinical practice that can help meet the tremendous crisis of need we have here in Mississippi. In order to compete with the current job market, Mississippi LBA's will need salaries in excess of \$60,000 per year at a minimum. Given the current rate structure, the delivery of services that keeps with ethical requirements would result in a continual loss of money for the LBA or the organization that employs the LBA. The net effect will be thousands of children in Mississippi not receiving needed services. ***We recommend a total and complete reconsideration of the entire fee schedule. Furthermore, we strongly recommend that the Division of Medicaid collaborate with the Mississippi Autism Board, Behavior Analysis Association of Mississippi, and the Association for Behavior Analysis International in the development of a more effective fee structure that will (a) recruit and retain qualified LBAs to Mississippi, and (b) guaranteed best-practice standards in the provision of services for children with ASD in Mississippi.*** We respectfully refer the reader back to the detailed analysis of other codes offered by Mr. Wayne Williams, and offer our concurrence and support of his analysis.

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In summary, while we commend the Division of Medicaid for their efforts to serve the growing population of Mississippi children with ASD, we **implore** you to reconsider the points mentioned above, particularly regarding the proposed fee schedule. If enacted, non-profit clinics around the state would be forced to close. Furthermore, Mississippi had a tremendous need for Licensed Behavior Analysts, given that we currently only have 29 in the state. These rates will drive qualified professionals away from Mississippi at a time in which we desperately need them to flock to us. Those professionals who choose to stay in Mississippi will likely reject Medicaid patients, creating an even greater disparity between Medicaid children and non-Medicaid children related to access to services. We cannot imagine that your intent is to see *fewer* children served. We strongly urge you to open a dialogue with the Mississippi Autism Board, the Behavior Analysis Association of Mississippi, and the Association for Behavior Analysis International to start a conversation about fair and appropriate reimbursement for services deemed as “best practice” by both the Surgeon General and the Centers for Disease Control. As a program, we stand ready to help in any capacity you deem fit.

Regards,

A handwritten signature in black ink, appearing to read 'James W. Moore', with a large, sweeping flourish extending from the end of the name.

James W. Moore, Ph.D., BCBA-D (1-02-0969)  
Director of Training  
Applied Behavior Analysis Emphasis Program  
[James.moore@usm.edu](mailto:James.moore@usm.edu)





Margaret Wilson  
Division of Medicaid  
Office of the Governor, Office of Policy  
Walter Sillers Building, Suite 1000  
550 High Street  
Jackson, MS 39201

Dear Ms. Wilson:

In response to the public notice issued on 17 October 2016, pursuant to 42 C.F.R. Section 447.205, and on behalf of Canopy Children's Solutions (formerly Mississippi Children's Home Services), I submit feedback regarding the proposed MS-SPA-16-0020 Autism Spectrum Disorder (ASD) Services.

We join others in expressing our gratitude for the Division's efforts to increase access to ASD care for Mississippi's children. Canopy Children's Solutions has been at the forefront of working with the Division to provide high quality, early intervention ASD services to children and their families.

Recognizing and affirming the intent of the proposed SPA to increase access to high quality care, we are concerned that several of the proposed components would not meet that objective. We offer the following observations.

Providing high quality ASD services requires adequate reimbursement. If the proposed rate of \$15.16 per unit (\$30.32 per hour) for Adaptive Behavior Treatment by Protocol (0364T/0365T) were to go forward, we believe that it would have a chilling effect on the availability of ASD services throughout Mississippi. As noted by others, the competitive nature of recruiting and maintaining a highly qualified/specialized workforce is costly. Whereas neighboring states have reimbursements rates more favorable to providers, it is unlikely that the proposed rates would be sufficient for providers or individual practitioners to cover operating expenses.

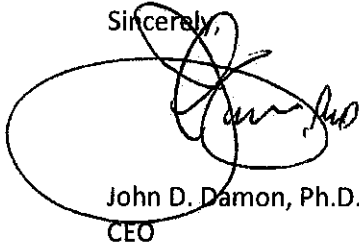
For comparison, the Medicaid reimbursement rate for Community Support Services (H0036) provided by an individual with a bachelor's degree is \$14.88 for a 15 minute unit (\$59.52 per hour). The training and supervision for providing community support is far less than those required for highly specialized ASD services. Yet, the reimbursement rate is double. The same comparison can be made regarding Behavior Identification Assessment (0359T), which has a proposed flat rate of \$132.65. Given that the time required to conduct a thorough assessment (e.g., utilizing the Verbal Behavior Milestones Assessment and Placement Program) can that several hours – particularly for a high functioning child, the proposed reimbursement rate is less than sufficient.

**Transforming Lives**



We applaud the efforts of the Division in attempting to advance ASD services for the citizens of Mississippi. We are grateful for the opportunity to provide comment and look forward to working closely with the Division in meeting the needs of the ASD community.

Sincerely,

A handwritten signature in black ink, appearing to read "John D. Damon", is written over a large, loopy circular flourish.

John D. Damon, Ph.D.  
CEO