

5/18/16

Legislative Committee on Health Care

Re: Applied Behavior Analysis (ABA) Services for Children with Autism Spectrum Disorders in Nevada-Medicaid Rates for Registered Behavior Technician Services

Chairman Oscarson and Committee Members,

My name is Ken MacAleese. I am a co-owner of a company providing ABA services, doctoral-level Board Certified and Licensed Behavior Analyst, and a twice former President for our state's professional association for behavior analysts (Nevada Association for Behavior Analysis). Practicing in the state for over 17 years, I am well qualified to give testimony on today's matters.

In 2015, Medicaid established reimbursement rates (approved in 2016) for providers of Applied Behavior Analysis, or ABA, services pursuant to the Centers for Medicare and Medicaid Service's (CMS) July 2014 bulletin that ABA services be covered under the EPSDT benefit. In creating policy and reimbursement rates for many of the medically necessary services required to properly assess and treat a child diagnosed with Autism, our Nevada Medicaid staff did an exemplary job.

However, the rates of reimbursement for a treatment component critical to service delivery is too low.

This particular service code set, listed in Current Procedural Terminology (CPT) as 0364T and 0365T for Provider Type 85 Specialty 314, is too low. In plain English, these are ABA services provided directly to a child by a Registered Behavior Technician (or RBT). The Registered Behavior Technician is a nationally credentialed person supervised by Board Certified and Licensed Behavior Analysts in Nevada in the delivery of the treatment services.

Nevada's Medicaid rates or reimbursement are currently \$15.65/30 min. or \$31.30/hr. for this code set. By comparison, two nearby states reimburse for the same service at higher rates inside of their Medicaid plans. In Washington, reimbursement rates have been set at \$22.00/30 min. or \$44.00/hr. In New Mexico, the rates are \$25.00/30 min. or \$50.00/hr. for an RBT without a bachelor's degree and \$30.00/30 min. or \$60.00/hr. if the RBT has a bachelor's degree for the same code set.

Additionally, a 2016 report from the RAND National Defense Research Institute for TriCare (our military's national health plan) indicates commercial rates for their Western Region (which includes Nevada) from actual analyzed commercial claims for this service that range from a median hourly rate of \$32.52 in Missouri to \$105.32 in Arizona. Excluding Missouri and Arizona as outliers, the remaining nine states, California, Colorado, Kansas, Minnesota, Nebraska, Nevada, Oregon, Utah, and Washington have an averaged median rate of \$47.95 per hour for the

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aforementioned service. **Our Medicaid rates for these service codes are too far below regional standards.**

In Nevada's 5-year strategic plan for addressing services and systems for people with Autism Spectrum Disorder authored by the Nevada's Commission for Autism Spectrum Disorders, recommendations include *maximizing public and private sources of funding, increasing the system's capacity to provide service, and increase provider capacity* among others. **These goals will NOT be realized inside of the current reimbursement rates. The reimbursement of services that are critical to the proper delivery of ABA service must be at least on par with other states. Without sufficient reimbursement, access to quality health care inside of ABA treatments will suffer. Without sufficient reimbursement, developing a workforce of high quality providers will suffer because the nature of the rate reimbursement requires corners to be cut in training and supervision. Without sufficient reimbursement, Nevada will lose its best trained clinicians to other states where reimbursement is higher. Without sufficient reimbursement, parents will have little choice in treatment providers, if they get treatment at all. Rural families will suffer. Nevada's indigent children diagnosed with Autism will not have access to the quality treatments those with commercial or other public health plans through Nevada's state, county, and city programs do. Nevada's indigent population deserves better.**

We are hoping to position Nevada properly before it is too late. We still have time before a proliferation of low quality training, supervision, and practice occur here. We have to move quickly now before our children are adversely affected by either poor quality service OR no access to service.

Sincerely,

Kenneth R. MacAleese, Ph.D., BCBA-D, LBA

We are hoping to position Nevada properly before it is too late. We still have time before a proliferation of low quality training, supervision, and practice occur here. We have to move quickly as the trend towards poor quality, cattle call services in on.

References:

1. Washington Medicaid rate reimbursement for equivalent service:

<http://www.hca.wa.gov/medicaid/rbrvs/pages/index.aspx>

2. New Mexico rate reimbursement for equivalent service:

http://www.hsd.state.nm.us/uploads/FileLinks/e7cfb008157f422597cccdc11d2034f0/ABA_Pricing_3.28.16.pdf

3. Commerical Rates of Reimbursement Table from RAND Report to TriCare.
Left to right columns are a) number of actual claims analyzed b) mean reimbursement rates and c) median rates of reimbursement for the states in TriCare's West Operating Region (p.37).

Retrieved May, 18 2016 from

http://www.rand.org/content/dam/rand/pubs/research_reports/RR1300/RR1334/RAND_RR1334.pdf

TRO West			
Arizona	1,332	\$91.08	\$105.32
California	37,193	\$53.60	\$50.00
Colorado	216	\$54.00	\$45.00
Kansas	408	\$51.08	\$50.00
Minnesota	616	\$46.52	\$43.20
Missouri	2,618	\$34.72	\$32.52
Nebraska	43	\$44.60	\$53.32
Nevada	689	\$48.04	\$45.00
Oregon	2,352	\$118.28	\$45.00
Utah	928	\$62.40	\$50.00
Washington	584	\$99.20	\$50.00