

Policy and Rates Revisions of Applied Behavior Analysis (ABA) for the Treatment of Autism Spectrum Disorder (ASD)

State of Hawai`i Med-QUEST Division (MQD)

October 30, 2024



Meeting Objectives and Expectations



Meeting Objectives

- Provide an overview of the 2023 ABA rate study
- Review Rate Study “Scenario 1” rates approved by the State legislature effective January 1, 2025
- Review draft ABA QI-Memo



Participants Role & Expectations

- Provide feedback or questions on the draft updates
- Understand next steps and effective dates of the changes

Overview of the ABA Rate Study Project

In response to legislative request (Senate Concurrent Resolution 132, Senate Resolution 152, and House Resolution 207 (2023)) “Requesting The Department Of Human Services’ Med-quest Division To Take Steps Necessary To Ensure That Adequate Provider Rates Are Established For Applied Behavior Analysis Services” the Med-QUEST Division (MQD) commissioned a study of rates paid for ABA services.



Milliman ABA Rate Study (Fall 2023)

MQD contracted with Milliman to conduct a rate study of ABA services, which commenced in September 2023

MQD published the final Milliman report on December 21, 2023

Funding Increase (Effective CY 2025)

In spring of 2024, the State legislature approved a **non-reoccurring** CY 2025 funding increase for ABA services for based on the ABA rate study “Scenario 1”

“Scenario 1” had an estimated payment impact of **+\$6.5M (+34%)** over CY 2022 expenditures

ABA rate study materials can be accessed from the MQD project website (see “ABA Rate Study” tab): <https://medquest.hawaii.gov/en/plans-providers/fee-for-service/fee-schedules.html>

Legislative Budget System Budget Comparison Worksheet: https://www.capitol.hawaii.gov/sessions/session2024/worksheets/EXEC_HB1800_HD1_SD1_CD1_WORKSHEETS.pdf

Overview of the ABA Rate Study Project

MQD is implementing the “Scenario 1” rates from the rate study effective January 1, 2025 through December 31, 2025.

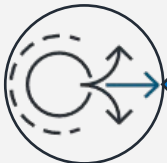
Scenario 1 reflects an estimated **\$6.5M increase**, mostly related to 1:1 direct treatment and family training service rates (particularly for **RBTs**).



Notable rate increases: 97153 Direct treatment by protocol (HM-RBT®) **+41.3%**, 97155 Direct treatment with protocol modification (HO-BCBA / BCBA-D®) **+20.6%**, 97156 Family training (HO-BCBA / BCBA-D®) **+39.0%**



To align with increases to direct treatment and training 1:1 service rates, **group rates** for these services were allocated based on the number of members served (resulting in rate decreases from the current rates)



Assessment service rates reflect MQD’s policy to allow for billing of direct and indirect (non-face-to-face) time (resulting in rate decreases from current)

Providers will continue rate negotiations with the health plans and can use the fee schedule to inform that process

ABA Rate Study Background and Approach

The ABA Rate Study included the following services:

- 97151 - Behavior Identification Assessment
- 91752 - Behavior Identification Supporting Assessment - *observational assessment of behavioral functioning*
- 0362T - Behavior Identification Supporting Assessment - *exposure behavioral follow-up assessment*
- 97153 - Direct Treatment by Protocol
- 97154 - Group Treatment by Protocol
- 97155 - Direct Treatment with Protocol Modification
- 97156 - Family Training
- 97157 - Multiple-Family Training
- 97158 - Group Treatment with Protocol Modification
- 0373T - Direct Treatment of Severe Maladaptive Behavior

ABA Provider Cost and Wage Survey

Purpose: Collect information on provider wages and costs to inform comparison rate assumptions

Timeframe for Reporting: Snapshot in time (e.g., average hourly wage) and others will require looking at one year's worth of data (e.g., administrative and program support costs for the most recent provider fiscal year end)

Survey Administration: Providers were given approximately three weeks to complete the survey, inclusive of a one-week extension

ABA Stakeholder Meetings – Key Themes

Reported challenges experienced by providers

- Providers stated that RBTs are difficult to recruit and retain due to workforce competition; hiring challenges have been increased since the public health emergency. Reasons included:
 - Competing wages from larger agencies and other industries
 - Worker burnout due to job related duties and scheduling
 - Competing with companies offering larger hiring bonuses
- Providers stated that BCBA staff can be a stable workforce, however, they are difficult to recruit and often are home-grown from the provider RBT staff
 - BCBA often leave an agency to start their own
- Providers stated that billing policies differ across payors which can lead to unpaid service time. For example:
 - One MCO allows billing for RBT + BCBA concurrent services; other MCOs do not
 - One MCO has a much lower assessment hours limit

Reported service delivery and staffing approach

- Providers stated that services are reimbursed the same rate for all place of service (e.g., there is no difference between a clinical and community-based setting)
- Providers stated that 0362T and 0373T are not frequently billed
- Providers stated an average of 10% - 15% supervision time per 15-minute unit
- Providers stated that on average, RBTs have 1 hour of administrative tasks for every 8 hours of service

Rate Buildup: 97153 (HM) - Direct Treatment by Protocol

Reporting Unit: 15-minutes

Ref.	Description	Registered Behavior Technician (RBT)	Supervisor: Licensed Behavior Analyst (LBA)	Total	Notes
A	Average minutes of direct time per unit	15			
B	Average minutes of indirect time per unit	2.00			
C	Total minutes per unit	17.00			C = A + B
D	Staffing Ratio	1.00			
E	Supervisor span of control		6.00		6 employees assumed to be managed by 1 supervisor
F	Supervisor time per unit		2.83		F = C / D / E
G	PTO/training/conference time adjustment factor	14.7%	14.7%		Based on separate PTO build
H	Adjusted total minutes per unit	19.50	3.25		H = C / D * (1 + G) H = F * (1 + G)
I	Hourly wage	\$ 23.91	\$ 60.15		Based on separate wage build
J	Total wages expense per unit	\$ 7.77	\$ 3.26	\$ 11.03	J = I * H / 60
K	Employee related expense (ERE) percentage	35.2%	22.0%		Based on separate ERE build
L	Total ERE expense per unit	\$ 2.73	\$ 0.72	\$ 3.45	L = J * K
M	Administration / program support / overhead			18.0%	Portion of total rate
N	Administration Expenses			\$ 3.18	N = M * (J + L) / (1 - M)
O	Rate Per 15 minutes			\$17.66	O = J + L + N
Ref.	Summary of Rate Model Components			Total	Notes
P	Direct Service Provider Salaries & Wages			\$ 9.73	
Q	Indirect Service Employee Salaries & Wages			\$ 1.30	
R	Employee Related Expenses			\$ 3.45	
S	Administration, Program Support & Overhead			\$ 3.18	
T	Total Rate			\$17.66	

Current RBT Rate: \$12.50



ABA QI-Memorandum Updates

Draft QI-Memo Policy and Rate Updates

MQD will re-issue the previous QI memorandum in its entirety to update the previously released Memorandum on Intensive Behavioral Therapy (IBT) QI-2301/FFS 23-01 (dated 01/13/23)



- Updates are specific to the billing and rendering provider standards for the provision of Applied Behavior Analysis (ABA) for the treatment of autism spectrum disorder (ASD)
- Includes clarifying guidance regarding the allowable rendering providers for ABA services and provides updates to FFS reimbursement rates
- Updates to align with the current edition of the Council of Autism Service Providers (CASP) Applied Behavior Analysis Practice Guidelines for the Treatment of Autism Spectrum Disorder

QI-2301, FFS 23-01 Attachment: [https://medquest.hawaii.gov/content/dam/formsanddocuments/provider-memos/qi-memos/qi-memos-2023/QI-2301_FFS%2023-01%20&%20Attachments%20A-B-C%20\(part%201\)%20-%20signed.pdf](https://medquest.hawaii.gov/content/dam/formsanddocuments/provider-memos/qi-memos/qi-memos-2023/QI-2301_FFS%2023-01%20&%20Attachments%20A-B-C%20(part%201)%20-%20signed.pdf)

CASP. Applied Behavior Analysis Practice Guidelines for the Treatment of Autism Spectrum Disorder. Third edition. Source: https://assets-002.noviams.com/novi-file-uploads/casp/pdfs-and-documents/ASD_Guidelines/ABA_Practice_Guidelines_3_0-70a721a1.pdf

Key Change #1: Allowable Rendering Provider and Billing Modifier

Licensed Behavior Analyst (LBA): Board Certified Behavioral Analyst/Doctorate® (BCBA / BCBA-D®)

- Developed in lieu of separate BCBA and BCBA-D billing modifiers for ABA services (i.e., HO and HP)
- Based on stakeholder feedback, other state practices, to simplify billing practices, and to align with the scope of practice for staff that deliver and oversee the services.
- As a result of using an LBA provider type description, authorized staff providing services as a licensed BCBA, regardless of a doctoral or a master's degree level, are to use an HO modifier for billing.



Key Change #2: Reimbursement and Concurrent Billing Policy Exceptions

A rendering provider may only bill for one member at a time except for provision of group services. If multiple rendering providers (i.e., LBA, BCaBA, and RBT) are providing services to a member at the same time, only one rendering provider may bill for the services.

An exception is made for procedure codes 97153 and 97155 to allow for concurrent billing of the service provided. The 2023 ABA Rate Study modeled rates incorporated feedback received from ABA service providers and other ABA stakeholders on allowing concurrent billing of the following services to provide the care needed to individuals:

- 97153 - Direct Treatment by Protocol (delivered by an RBT under the supervision of an LBA)
- 97155 - Direct Treatment with Protocol Modification (delivered by an LBA as the sole provider or by a BCaBA under the supervision of an LBA)



Key Change #3: Service Rates Underlying Assumptions

Group services (i.e., procedure codes 97154, 97157, and 97158) rate modeling adjusts the rates based on the number of members served. This differs from the current MQD fee schedule approach which pays certain 1:1 and 1:2 services at similar rates.

- **97151 - Behavior identification assessment:**

- Modeled comparison rates assumed indirect time as billable
- Included a time adjustment within the rate modeling to account for coordination and scheduling of the assessments

- **97152 and 0362T - Behavior identification supporting assessment service:**

- 97152 service rate development assumed service delivery by BCaBA under the direction and supervision of an LBA; the LBA is not able to bill for this service
- 0362T rate assumes a service delivery by an LBA with 2 RBTs, billed for by the HO modifier



Live Review of Draft QI-Memo

Next Steps



- Feedback from providers is due **November 8th, 2024**, please submit questions and feedback to Milliman at HI.ABA.RateStudy@milliman.com
- MQD to publish a revised QI Memo inclusive of policy and rate updates
- Per QI-Memo: QI health plans may reimburse providers for covered services at rates higher than the current published MQD FFS schedule rates

Important Reminder: Legislatively appropriated funding is non-reoccurring and is currently scheduled to be effective for **CY 2025 only**. MQD intends to request additional appropriations, which would be required to fund these rates for CY 2026 and beyond, and is subject to legislative approval.

Limitations

*The information contained in this presentation has been prepared for the State of Hawai`i Med-QUEST Division (MQD) for the purpose of facilitating an October 30th, 2024 meeting with Hawai`i ABA Medicaid stakeholders, and is not appropriate for other purposes. **This presentation supplements information provided in the Milliman report “Hawai`i Medicaid Applied Behavioral Analysis Rate Study” dated December 31, 2023, and should be reviewed along with this report.***

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Milliman has developed certain models to estimate the values included in this analysis. The intent of the models is to calculate ABA services provider rate scenarios. We have reviewed the models, including their inputs, calculations, and outputs for consistency, reasonableness, and appropriateness to the intended purpose.

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