



September 19, 2016

From: Massachusetts Association of Applied Behavior Analysis

To: Blue Cross Blue Shield
Behavioral Health Division
Boston, Massachusetts

Regarding: Early Intervention and Insurance ABA services

Dear Ms. Greenan,

The Massachusetts Association for Applied Behavior Analysis (MassABA) is a non-profit trade association representing the interests of applied behavior analysts throughout the Commonwealth. MassABA has over 800 active professional members and is an approved chapter of the Association of Behavior Analysis International (ABAI).

MassABA has been contacted by many agencies providing ABA treatment to families affected by ASD. They are concerned that the schedule of T-codes released by BCBS does not allow for the provision of on-going treatment planning. We are writing to request your consideration of adding a code or expanding the definition of an existing code to include these activities which are critical to the oversight of treatment for children with Autism Spectrum Disorder (ASD).

As you are aware, BCBS has approved and provided treatment planning time to ABA providers over the last five years. Providing treatment planning hours to ABA providers is an established practice in the Commonwealth, consistent with best practice ABA implementation, and justifiable given the nature of how ABA services are delivered. MassABA has also heard from some members that treatment planning time was subsumed into the new T-code rates. It bears stating that while the rates are an increase over the existing BCBS rates, the new T-code rates are in line with the existing public-assistance rates. The MassHealth plans (along with every other commercial plan), however, allow for billable treatment planning time.

Given the existing shortage of both BCBA's and paraprofessionals in the Commonwealth, combined with high demand for services, agencies are continually faced with making decisions as to which client will receive services. The lack of billable treatment planning time presents a financial disincentive for agencies, and MassABA is concerned that BCBS members may be selectively overlooked for services as a result.

We are hopeful your team will reinstate the treatment planning time after considering the following elements:

- In MassABA's prior discussion with BCBS, we were told that other medical professionals do not receive treatment planning hours. However, it's important to note that other medical

professionals are not supervising paraprofessional staff implementing intensive treatment in home-based settings. The paraprofessionals are typically college graduates not specifically trained on ABA implementation. Although these paraprofessionals are trained by the BCBA/LABA, they require significant and regular guidance. The only option would be to allow the BCBA/LABA to provide all of the direct service, which is neither practical nor cost effective.

- The great majority of ABA services provided to children with ASD are delivered in the family's home by a paraprofessional. These home settings do not allow for quantification and analysis of observational data on behavioral targets during treatment, and follow-up is necessary to maximize rate of progress towards treatment goals.
- In-home ABA programs also require a high degree of curriculum modifications as most of the clients serviced by ABA providers are young and make substantial progress. ABA treatment focuses on establishing small units of behavior which build towards larger, more significant changes in functioning related to improved health and levels of independence. The small treatment units need to be continually updated in a comprehensive ABA program.
- All behavior treatment plans are individualized based on the profile of the child and needs of family. The high degree of plan individualization requires the BCBA/LABA to develop unique interventions and goals that are not universally interchangeable among all children affected by ASD.
- BCBA/LABAs use treatment protocols that are implemented repeatedly, frequently, and consistently across all environments until discharge criteria are met. For example, a plan for vocal social initiation skill development might be specially written for the home, grandparents' home, grocery store, and cub scouts meetings.
- ABA treatment emphasizes ongoing and frequent direct assessment, analysis, and adjustments to the treatment plan by the BCBA/LABA based on client progress as determined by the observations and objective data analysis.
- Although BCBS provides case supervision in the treatment setting, the BCBA/LABA and paraprofessional staff collectively reviews data/behavioral procedures to refine treatment protocols outside the presence of client.

Potential Problems:

- MassABA is concerned that BCBS may be one of the few health care providers that does not provide treatment planning for ABA practitioners. A potential outcome may be that ABA providers gravitate to health care providers that do provide treatment planning. Although MassABA does not advocate or support this position, we are concerned clients of BCBS may not be as readily serviced when compared to clients supported by health care providers that do permit treatment planning.
- MassABA is concerned that for providers who continue to serve clients with BCBS, the quality of the ABA services will decline as the treatment planning is an integral part of ABA therapy. This may result in slower progress towards treatment goals and poorer outcomes for the individuals with ASD.

Potential Solutions:

- Our first recommendation is to incorporate the treatment planning time into the G9012 code. This is what most other commercial insurers are doing. That way this code could be used for both the Concurrent Treatment Planning time and the on-going Case Supervision/Treatment Planning time. The rate on this code could be changed to hourly (incorporating the hours

needed to on-going treatment planning [number of hours dependent on direct services being provided] AND the completion of the Concurrent Treatment Plan [4 hours allowed]).

- An alternative is to approve one hour per week of BCBA/LABA treatment planning, where indirect treatment planning services are compensated. The implementation of treatment planning would maintain BCBS's previous treatment planning commitments and maintain the industry standard.
- If you are unwilling to approve the Treatment Planning time, please consider increasing the paraprofessional and BCBA/LABA rates to accommodate treatment planning time.

MassABA thanks you for considering this proposal. Our goal is to communicate on the behalf of our MassABA members and DPH SSPs, and to ensure clients served by Mass ABA members receive the highest quality treatment possible.

Sincerely,

Joe Vedora, Ed.D., BCBA-D, LABA
President, MassABA