Urgent! Proposed Medicaid Changes & the Impact on Families

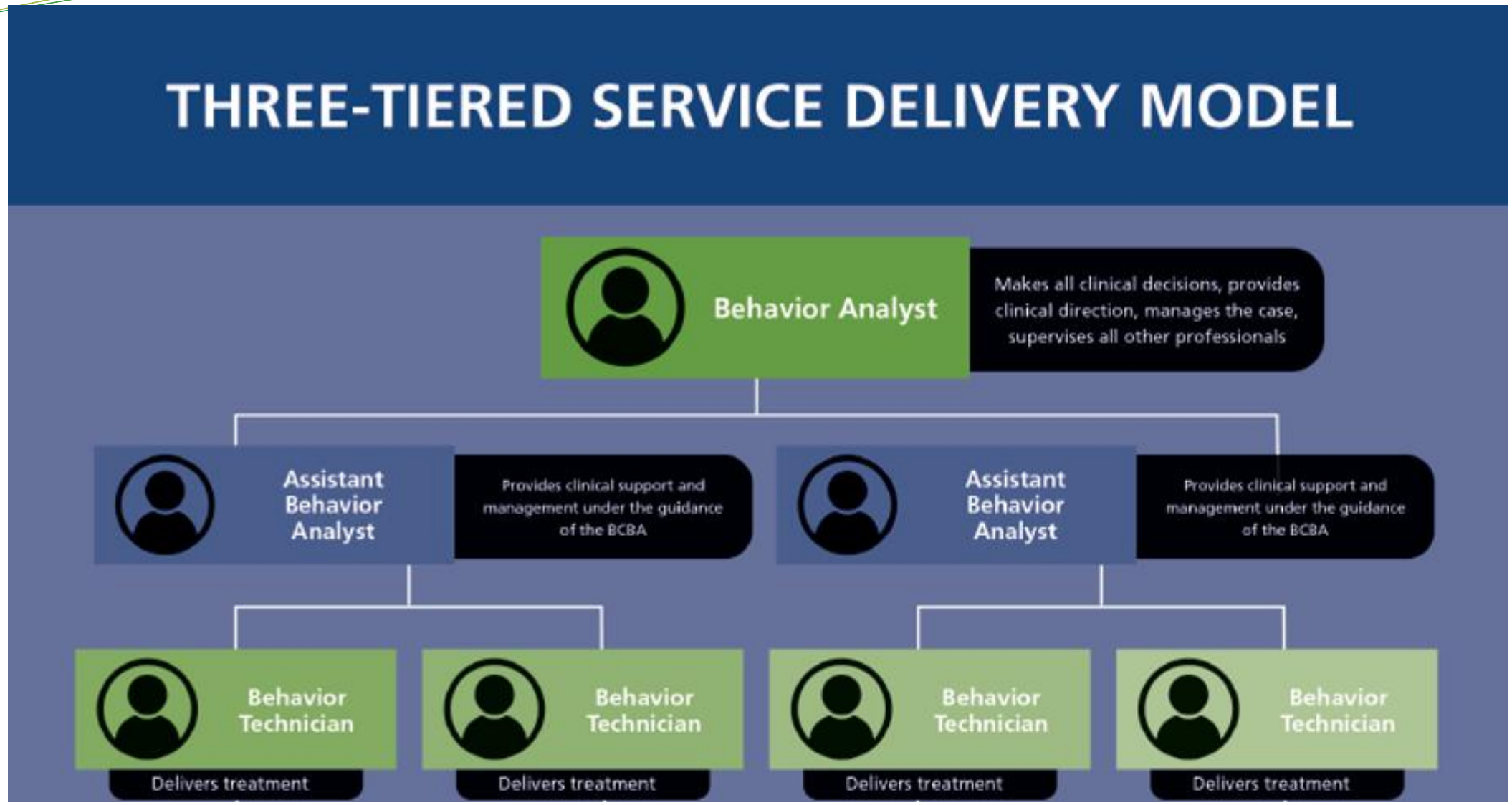
Buckeye Alliance for Behavior Health

ASD/DD/ID families share their experiences in accessing behavioral health care to drive changes in insurance coverage.

Presenter Marla Root, parent of a 30 year old with ASD

Timeline

- November 2025: Stakeholder-agreed-upon ABA Coverage Rules were completed.
- Late July 2026: Medicaid proposed changes to the 2025 agreed-upon rules.
- Early August 2026: Federal government (CMS) releases an ABA Toolkit to help states manage the coverage.
- Early August 2026: Family, provider, and advocacy feedback was submitted.
- September 2026: Gather family stories and get them to legislators.
- October 2026: Fall state legislature session begins. Expect to see Medicaid issue new draft coverage rules for stakeholder feedback. Then they will move to the final legislative step, JCARR, for approval.
- November 2026 through December 2026: Lame duck. Work on HB 453 passage.
- January 2026: New Medicaid coverage rule expected to start plus new medical CPT codes for ABA begin.


THREE-TIERED SERVICE DELIVERY MODEL
Behavior Analyst
Makes all clinical decisions, provides clinical direction, manages the case, supervises all other professionals
Assistant Behavior Analyst
Provides clinical support and management under the guidance of the BCBA
Assistant Behavior Analyst
Provides clinical support and management under the guidance of the BCBA
Behavior Technician
Delivers treatment
Behavior Technician
Delivers treatment
Behavior Technician
Delivers treatment
Behavior Technician
Delivers treatment

Family Challenge: 4 Hour Monthly Requirement of Parent Participation

Problem: We agree that parent participation is extremely important, but some parents work multiple jobs or are single parents, and this is a major time commitment.

- 4 hours per month is too much.
- Per the CMS toolkit, Texas makes an exemption to this requirement on a case-by-case basis. (p49).
- *Recommendation: Please reduce this requirement to 1.5 to 2 hours a month, which is a more appropriate provision for parent participation, with at least 1 hour per month, including allowing two 30-minute sessions, and some by telehealth.*
- No child should lose key behavioral treatment because a parent is unable to be in 4-hour meetings per month. Concerns about violating Parity (MHPAEA) and EPSDT patient protections.

Family Challenge: Comprehensive ABA Intervention Capped at 25 hours up to 5 years old.

The Problem: Comprehensive ABA addresses many developmental and behavioral concerns with multiple treatment goals, and research shows it needs to be delivered for 25 to 40 hours a week.

- Each child's treatment needs and dosage/hours need to be determined based on that child's expected learning abilities.
- Medicaid proposes that the length of treatment allowed is 1 to 3 years.
- The Practice Guidelines (standards of care) state that this intervention is delivered 25 to 40 hours a week.
- *Recommendation: We recommend 25 to 35 hours is appropriate for comprehensive ABA based on research and the industry's standards of care and should be provided up to age 8; however, ODM must allow individualized determinations for cases needing 40 hours or for comprehensive treatment above the age of 9. Typical hours should apply only to 97153.*

Continued: Family Challenge: Comprehensive ABA Intervention Capped at 25 hours up to 5 years old.

- The CMS toolkit states that comprehensive ABA interventions:
  - Are allowed up to age 6.
  - ABA treatment should not be restricted by age, co-occurring conditions, ASD Dx, or cognitive level. (p11).
  - It also states that ABA is found to improve ASD symptoms at any age, including school-aged children. (p21,22).
  - Utilization management for high-intensity hours is discussed; Nebraska allows 30 hours a week, with prior auth to exceed 30 hours (p104).
  - States are not permitted to apply "hard caps" (p54).
  - Length of treatment based on individual needs and response to intervention (p13).

Family Success: Focused ABA Intervention not capped in age and offered up to 20 hours per week.

- Focused ABA treats a few targeted developmental and behavioral concerns.
- Each child's treatment needs need to be looked at individually.
- The Practice Guidelines (standards of care) state that this intervention is delivered 10 to 25 hours a week.
- Allowed for 1 to 4 years.
- *Recommendation: We applaud Ohio Medicaid for recommending Focused ABA at these treatment parameters. Focused ABA may be needed at any time through adulthood to support the individual. Typical hours should apply only to 97153.*

Challenge: ASP and Medicaid Coverage for ABA cannot be billed at the same time

The Problem: Some children need their Technician (insurance-funded RBT) with them to successfully access educational services either in the district or at a scholarship placement.

- These are two distinct services. This is not double dipping.
  - Scholarship or School is educational.
  - Technician (RBT) is behavioral health treatment.
- CMS toolkit allows schools and other community settings to be reviewed with extra scrutiny. CMS states that generalization to other environments is important and that schools may be an appropriate location for ABA treatment (p6,12,48).
- This would force some providers to offer educational services in the morning and ABA behavioral services in the afternoon. Your child would not have the technician with them in an educational service.
- Recommendation: We recommend allowing ABA treatment to be delivered in a school or educational environment.

Challenge: The child cannot be diagnosed and receive ABA from the same provider group.

The Problem: Once a diagnosing practitioner has diagnosed the child and prescribed ABA, the family should receive a list of referrals to all the ABA providers within driving distance of their home.

- Families with Medicaid have freedom of choice of provider rights.
- CMS toolkit cites a law that permits the state to have this barrier to care, but explains how to regulate the situation when a diagnostic practitioner is employed by a company that also delivers ABA services (p26). Entities are not prohibited, or in other words, are still allowed to provide diagnostic services and treatment services within the same company if it is monitored (p. 35).
- Recommendation: Compliance and oversight can be achieved by allowing ABA providers to deliver diagnostic services by having a compliance plan in place to force accountability.

Provider Specific Challenges

- **Removal of Exam-Eligible Techs** – Need to allow deemed-competent technicians to become billable until certification.
- **Accrediting the Provider Groups** – Agree, and the start date of compliance should be September 2028. ACQ added to list of accrediting bodies.
- **New ABA Provider Type** - Adding a provider type for behavior analysts and other licensed professionals that can deliver ABA services is fine, but this provider type needs to be in all delivery locations, such as community behavioral health centers.
- **The term "supervision** " is used interchangeably and needs more clarification in the coverage rules. Consider using:
  - Technician/Staff (RBT) Professional Supervision as required by the BACB. All ABA providers should keep a log of this.
  - Patient Case Supervision – this is where the behavior analyst supervises the patient's case. 97155 – ABS with Protocol/Direction.
- **Need Cost-Covering Reimbursement** - The provider group cost survey and ODM's actuarial cost surveys established a clear cost of delivering ABA services, and this was reflected in Appendix A of the 2025 draft rule 5160-34-03, which is required for providers to afford accreditation and to cover current inflationary costs of delivering services.
- **Limit: Non-therapy** - We agree that without treatment goals, no treatment service is billable, especially during nap times; hence, billing is not allowed. Some children may have goals during meal and snack times: Ex. using utensils, learning to sit next to others and their food, cleaning up after themselves, and following tasks.

Next Steps: Keeping Momentum & Making Change

- Please get involved and get engaged.
- Share Your Story! BuckeyeBH.org
- We have built momentum in addressing these challenges.
- Educate and share about our standards of care, the cost of delivering services, and patient protections offered by MHPAEA.
- Have coffee with your state legislators.
- Testify in person or in writing for legislation at the Ohio Statehouse.

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