# Response to Ohio Medicaid's Proposed Changes to the 2025 Stakeholder-Approved ABA Coverage for Treating Autism

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Children with Medicaid coverage would have more restrictive coverage than children with autism with employer-based coverage on the commercial market.

## Four-Hour per Month Requirement for Parents to Participate in Active Treatment

Utilizing the industry-developed and accepted standards of care as the benchmark for all ABA medical necessity determinations will offer a fair shot at an individualized medical necessity determination from all insurers. Insurers can no longer use internal standards and policies they have developed or purchased. *The Practice Guidelines,* authored by CASP, were developed by subject-matter experts, not insurers.

## Preset Treatment Limitations Hurt Kids – Comprehensive ABA Care Capped at 25 Hours

Under current Ohio law, ORC Section 3923.84, and in many state-regulated commercial health plans, we still see preset treatment limitations: under age 14, with a 20-hour weekly cap for ABA treatment, and under age 14, with a 20-visit cap for speech and occupational therapy. Arbitrary caps hurt a child's shot at getting individualized care, and for children with autism, the intensity of evidence-based ABA treatment is a key element in driving meaningful outcomes in adaptive skills, cognitive functioning, and decreasing autism symptom severity.

On the Medicaid side, we do not have ABA coverage codified in Ohio laws and rules. MCOs tend to set internal caps on age and hours, and their reasoning and cap levels change frequently, causing much confusion for families.

## Not Allowing ABA to be Delivered in School Environments

Many children with commercial insurance plans receive a substantial portion of their ABA treatment coverage through Medicaid because of the commercial plan's age or hour caps and a lack of providers, as the insurer's claims reimbursement is at or below the current Medicaid fee schedule. Insurers need to pay at least 100% of the new Medicaid draft ABA reimbursement schedule to allow for a sustainable ABA provider network.

When providers leave the employer-based insurance network and then receive an out-of-network single case agreement at a higher reimbursement rate from that same insurer, it pushes families into out-of-network benefits with less coverage, higher out-of-pocket costs, and some or all cost shifting to Medicaid.

## Medicaid's Actuarial Firm-Developed ABA Therapy Medicaid Reimbursement Rates Need to be Published Or Codified from Draft Rules Rule 5160-34-01 and 5160-34-03

All Medicaid MCOs and commercial and employer-based insurers need to reimburse at least 100% of Medicaid's newly actuarially developed ABA reimbursement rates. Stakeholders applauded Ohio Medicaid for the newly developed coverage and reimbursement. Medicaid's last suggested reimbursement for ABA was in 2016.

## Medicaid Can Cut Down The Waitlist By Allowing Exam-Eligible Technicians

Once an Ohio-certified behavior analyst (COBA) deems a technician competent and ready for the certification exam, stakeholders agree with Medicaid that the tech should be billable for 90 days until they obtain certification.