

**Public Comments submitted to the
Intellectual and Developmental
Disabilities Task Force prior to the
September 27th, 2023 meeting.**



September 19, 2023

INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION
402 W. Washington Street P.O. Box 7083
Indianapolis, IN 46207-7083

Attention:

Cora Steinmetz, Director of Medicaid
Email: cora.steinmetz@fssa.in.gov

Kathy Leonard, Director of Reimbursement and Actuarial Services
Email: kathleen.leonard@fssa.in.gov

Re: Critical Feedback to FSSA's Proposed Medicaid Reimbursement Rates for Applied Behavioral Analysis (ABA) Therapy Services

Dear Ms. Steinmetz and Ms. Leonard,

On behalf of the Indiana Providers of Effective Autism Treatment ("InPEAT") Board of Directors thank you for meeting with us to update on the status of the new ABA therapy reimbursement rates that The Indiana Family & Social Services Administration (FSSA), and its Office of Medicaid Policy & Planning, plan to present to providers of ABA therapy services ("FSSA's Proposed ABA Rates") on September 20, 2023. We respectfully request that you delay that meeting and consider our proposal below.

We continue to support the development of a standardized fee schedule and a transition from the current methodology. Given the nature of the feedback you received, we further emphasize that we agree that any discussion must solely be based on numbers and real data, and we continue to offer assistance in that effort.

With that in mind, InPEAT would like to again raise concerns about the program cost calculation and inappropriate comparison to existing programs. The proposed RBT rate of \$68.24 for CPT code 97153 is below providers' costs to deliver quality ABA therapy services. As previously stated in our August 15th letter, a reimbursement rate below the adjusted \$76 per hour costs creates an unsustainable environment for providers. It will result in reduced access to quality care for Indiana's children, an unexpected burden on Indiana's public schools, and longer-term a net increase in Medicaid costs to the state to provide services to these children as they age into adulthood without the benefit of care.

InPEAT maintains our position that comparison to the Home and Community Based Services (HCBS) waiver model is an inappropriate methodology to apply to ABA therapy. We respectfully propose the following changes to the summary data as presented in SLIDE 10 of the Monday, September 18th meeting:

- **OMPP's recommended Therapist Productivity Adjustment be increased from 1.30 to 1.56** to align with the OMPP survey data and OMPP calculation as the "BT" assumption in the original proposal shared on July 17, 2023.

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- **OMPP's recommended 20% Program Cost Percentage be changed to 30%**
 - OMPPs survey data shows 41% when including the other Direct Care Expenses that have yet to be included in the proposed methodology.
 - OMPP stated ~40% is consistent with residential or nursing home care. While InPEAT believes that the administrative burden on center-based providers is higher, a 30% multiplier recognizes the need to transition to a more efficient cost structure.
 - This aligns with Indiana's Division of Aging HCBS Adult Day Services costs for Administration, Program Support and Overhead recently set at 30% (see SFY 2024 Rate Update June 1, 2023).

InPEAT recognizes that establishing a standard fee schedule is a challenging exercise given the lack of a Medicare comparison or other applicable benchmark. Yet this is not the first time ABA has had to establish a footing in previously unoccupied space. When our permanent billing codes were established, the coding ensured the ability to bill two providers simultaneously for a pair of codes. The proposed changes above recognize the uniqueness of the services provided while challenging providers to adjust to a significant rate reduction and transition to a sustainable methodology for Indiana.

We emphasize that, at a minimum, reimbursement rates must at least cover provider costs to avoid a substantial impact on access to quality care. While we believe that both requested adjustments above are appropriate, either will result in an RBT therapist reimbursement rate for CPT code 97153 of at least \$76 per hour. This is an RBT reimbursement rate that the InPEAT Board of Directors can recommend to our membership.

Again, we would appreciate the opportunity to discuss this further prior to a communication to all providers. We will make ourselves available as your schedules permit to allow you to meet your proposed timeline.

Sincerely,

The InPEAT Board of Directors

Testimony 1102 Task Force
Michele Trivedi, MHA
Health Services and Health Policy Consultant
Parent of Adult with ASD
Westfield, Indiana
September 27, 2023

Dear Members of the 1102 Task Force:

Over twenty years ago I was involved in the parent group that successfully advocated with the Indiana General Assembly to pass the nation's first and most clinically sound autism health insurance coverage law. The law had unprecedented bipartisan support because, wisely, the legislators understood that it was not a law to mandate coverage, it was a law to address discrimination against people with autism and afford them the level of coverage other conditions already enjoyed. The legislators understood that access to quality ABA would prevent further disability, reduce education and health care costs overall for this population, and give people with autism, and their entire families, more equal opportunities in health, education, and work.

Now Indiana Medicaid is pursuing a reimbursement level and coverage limitations that will turn the clock back to the days when only wealthy families could access ABA. By limiting ABA to home-based programs, children of working parents and single parents will lose access to ABA treatment. Only families that can afford to have one parent stay home or to hire a nanny will be able to have ABA in their home. This will disproportionately hurt people of color, rural families, and families that live in apartments or rented homes where there simply may not be room to set up a therapy space. Providers will favor privately insured families over Medicaid families due to these added barriers. Providers will limit the number of Medicaid patients they see or leave the networks altogether.

Indiana's proposed rate of \$68 does not adequately cover the costs of providing this labor-intensive therapy that is typically one-to-one staffing, but where double and triple staffing may be needed temporarily to address serious behaviors such as self-injury, aggression, and property destruction, like my child had. She punched out our microwave's glass door, put holes in the walls with her head butting, and left bite marks all over my arms and hers. These behaviors happened nearly 100 times per day for over five years. Without having ABA fully covered by her insurance for those years, she would have lost her opportunity to attend school, to learn volunteer and vocational skills and to be safe in our home. We would not have been safe in our home. She would have experienced expensive and ineffective cycles of repeated short inpatient

stays and repeated ER visits that were not designed to address the core behavioral issue. Most likely she would still be having these serious behaviors because medication alone does not work without behavioral intervention. Instead, she received medication AND quality ABA treatment in our home and in a center at a fraction of the cost of the alternative, but with much greater effectiveness. Today she is 26 and we are able to have a wonderful family life. She loves her day program, her dogs, traveling and going to rock concerts. She is happy and ready to start vocational training. I am in my second year of law school while working at a job I love. I'm not forced to stay isolated in my home and forgo my own educational and professional opportunities like when my child was first diagnosed. My husband is an ER physician who cares for our community at a county hospital - a very high stress job. None of this would have been possible without coverage for quality ABA. Under Medicaid's proposal, many ABA providers will refuse to serve "tougher cases" like my child - these are the very families who need ABA most. These are the families that will end up in a repeated cycle of expensive and ineffective hospital stays and ER visits without it.

Many policymakers and managed care entity administrators do not understand what ABA is and how it is delivered. I thank Lt. Governor Crouch for visiting a quality ABA program and seeing for herself. I urge all state policy makers to take an hour to visit a quality ABA program and see what an investment it is in the people they serve, their families and the entire community. We are only beginning to understand the "across the lifespan" savings from ABA in reduced need for healthcare, education, and waiver services, let alone the health and economic impact upon the whole family. One small example: it used to take 5 staff people and sedation to accomplish routine dental cleanings for my daughter. She did a six-week ABA dental "boot camp" at her ABA provider's center. For the past 15 years she has had her twice per year cleanings and x-rays in a regular office visit with just the dentist and a hygienist because of ABA desensitization programming. The savings from not having to have anesthesia or sedation and operating room time in a hospital or surgical center for routine dental procedures alone amounts to thousands of dollars.

Please do not make the mistake of taking Indiana backwards to when people with autism had few options for effective treatment unless their family was wealthy. Please do not make the penny-wise pound-foolish decision to restrict ABA to home locations and to reimbursement schemes that are sure to exacerbate already existing health equity problems in Indiana.

Thank you.