APA WF 19-03 Applied Behavior Analysis Services Comments

05/03/2019	Anonymous	I appreciate the health care authority working to improve access to available services for youth with developmental disabilities. I have a few concerns with the code as written. ABA is a science that is within the field of Psychology. Health Service Psychologists and Licensed School Psychologists practice methods within the science of ABA oja. Daily basis. Until now, more extensive services have not been funded through Soonercare Benefits. Doctoral level Health service psychologists have their licensure and require a greater degree of training than those required to obtain a BCBA. If within their scope of practice, a doctoral level HSP should be included as a qualified provider for ABA services without the BACB dual licensure requirement. This dual status requirement does make sense for other allied health professionals that don't receive the clinical and behavioral science background in their training. Further, Health Service Psychologists are best equipped at parental intervention training required as part of ABA services. Further, HSP are best equipped to assess and approve intervention plans over and above those of BCBAs particularly given that most cases of Autism Spectrum Disorder has multiple co-occurring psychological conditions. Including Health Service Psychologists in the approved provider without the need for a redundant credential at a lower level of training will improve access and availability of care. In fact, for DDSD, a Psychologist must be in charge of BCBAs and their intervention. I would not make the same recommendations for allied health professionals who do not have a BCBA. The BACB has agreed and began

		restricting allied health professionals who are eligible to take the exam for the BCBA.
05/03/2019	Anonymous	I was a special education teacher in the state of Oklahoma starting in 1979. I was exposed to ABA in the Dallas area beforehand. I have been an advocate for ABA for years, but the only families that were able to access it have been families with financial resources. It has always saddened me to know there is a scientifically based method to improve symptoms of autism, but only the wealthy were able to access. I am adamant about the state of Oklahoma getting on board and providing services to children under the autism spectrum to receive Applied Behavior Analysis.
05/03/2019	Sarah Cramp	Please help people with ASD!!!!!!
05/03/2019	Abbie	ABA services must be covered! Too many children have autism to not realize the need for this device.
05/03/2019	Anonymous	I have been in the special education field for over 40 years. I learned about ABA in the late 70's because I served children not able to attend public school b/c their behavior impeded their success. At the time Dr. Lovaas was conducting a study utilizing ABA and was successful in his endeavors.i was able to get two of my students into a school that administered ABA. When I moved back to OK I knew we would b3 behind what TX was providing, but I was impressed with some of the components of what OK had insight to incorporate. Long story short, the only appropriate and right thing to do in the state of OK is be in compliance with the law and mandate that all children have access to Applied Behavior Analysis irregardless of private or Sooner Care insurance.

05/03/2019	Jesse	CMS does not limit the mandated coverage to those with challenging behaviors or a certain IQ. The mandate applies to everyone across the autism spectrum. Parent training is not a substitute for medically necessary care. ABA must be provided and supervised in an evidence-based manner by qualified providers such as a BCBA, BCABA, and RBT.
05/03/2019	Angie M.	I am a behavioral tech, working for my RBT. I work with and around clients every day, and I'll have to say, from personal experience, this type of therapy is extremely beneficial for each of the clients, and the parents, family members, teachers and anyone else who is involved with the special needs client. I believe EVERY child/adult should have the opportunity to improve their every day lives and live their lives to the fullest. WE all deserve a chance to be our absolute best. They people with special needs are no different. Even if we all have to come together and help pay for these therapy sessions. It takes a village..and WE, Oklahomans, are the village for these clients. We are their voice!
05/03/2019	Laura Green	As a parent of a child on the spectrum this is a needed service we need trained professionals to help us in these challenging areas provided by someone with the education to do so
05/03/2019	Liz	My son was recently put on the spectrum. We were told that my son would benefit from having ABA Therapy. Unfortunately because soonercare doesn't cover ABA Therapy we won't know how much he could benefit from it. This would be something great for kids.
05/04/2019	Leesa Lacey	The state will not have to worry about spending 11 million on ABA, there will not be anyone to pay..... Without allowing Registered Behavior technicians (RBT)

		that do not require a bachelors degree to work under a BCBA, there will be next to no services available... Of the service providers types listed, OT,SP, LPC, Psychologist, there literally may be a handful in Oklahoma that are nationally accredited with BACB, nor will they seek to do so, given the complicated nature of getting certified and of treating children with Autism. Other than a very, very, small percentage of BCBA's (74 in Oklahoma), that might be doing direct services, they are employed by companies and supervising RBT's. BCBA's are not to going to leave their jobs supervising, to do direct service with Soonercare children. So OHCA can say they cover ABA, but there will not be any providers..... All private insurance allows RBT's to work under a BCBA, because they realize if the goal is to provide treatment for Autism, they had to have service providers. Children will still not have access to services they desperately need. Please review plans from other states medicaid plans that allow RBT's to provide ABA services, and lets get this right the first time.
05/04/2019	Sherri Castle	Please considering expanding language beyond autism. My son has a brain injury and is denied these benefits because of not having the right diagnosis.
05/04/2019	Anonymous	Please provide this coverage, my son has made tremendous progress with ABA therapy. He is 8 and is still working on potty training, ABA has made this a possibility.
05/04/2019	Janet Ann Terrero	Do not limit coverage by IQ or behavior. Parent Training is NOT a substitute for medically necessary care. ABA MUST BE PROVIDED IN AN EVIDENCED BASED MANNER BY QUALIFIED PROVIDERS - BCBA'S BCABA'S AND RBT'S. Qualified providers is a must!

05/04/2019	Gina	ABA therapy is what made us realize that our son was actually very smart and knew way more than he could express! It was and still is a breakthrough therapy for him and numerous kids with autism170fw Please pass the bill so kids on medicaid will have access to this much-needed, evidence-based therapy. Thank you!
05/04/2019	Anonymous	My son is in desperate need of ABA therapy. I have to go pick him up from school at least 3 or 4 times a week for behavior. The older he is getting the harder it is to control his behavior. We see a psychologist once a week , but it's not enough. He is 11 now, and nonverbal as well. Please fund ABA therapy for Medicaid. ABA therapy would be life changing for him. My husband is a teacher so in no way could we pay out of pocket for therapy. Thank you
05/04/2019	Sandra Reese-Keck, BCBA, LPC	Human Service Professional should include Registered Behavior Technician (title of those certified by BCAB). Does the individual HAVE to exhibit aggression, self-injury, or property destruction to qualify for services? Many of our children do not exhibit these behaviors but are limited to access to the environment due to communication and/or social issues.
05/04/2019	Anonymous	Coverage should not be based on IQ but medical necessity.
05/05/2019	Kat Martinez	ABA is a science-evidence based manner by qualified providers such as BCBA , BCABA, and RBTs. The have parent trainings to help the families better understand conducts and to be able to help decrease maladaptive behaviors when they occur in home and in public environments.
05/05/2019	Helene Potter	Support for this bill is important because it supplies medically necessary care to individuals with autism. One on one sessions with the properly

		trained/educated providers (BCBAs,BCaBAs, and RBTs) is essential especially in early development for individuals on the spectrum. ABA therapy is evidence based and is vital health care to teach socially significant and appropriate behaviors.
05/05/2019	Mary Smith	ABA therapy would dramatically decrease the cost of services needed for children. Without it more children will need lifetime care.
05/05/2019	Matt	Thank you for taking this step to cover therapy for our children with autism! Parents should not be expected to become therapists, but training is very important. Please remember that many children with autism do not engage in aggression or self injury, but the DSM-V characteristics relate to skill deficits like communication and social skills. Finally, ABA therapy should ONLY come from BCBA/BCBA-D's and those they supervise (RBT's). THANK YOU!
05/05/2019	Brisa	Yes aba is very important in the treatment of a child with autism. Many states have schools that are solely dedicated to Ana. Please bring this back for our children.
05/05/2019	Gina	My son Radley began ABA Therapy when he was 17 months old through Early Foundations, a part of the Oklahoma Autism Center. We witnessed what a huge difference ABA made in our son's life, so now that he is of preschool age, we enrolled him at Good Shepherd Catholic School, which also uses ABA Therapy. ABA coverage would create amazing results in Radley's life as well as so many children with autism in our state. Please help our kids by supporting ABA coverage!
05/06/2019	Rhonda	This is much needed for my son.

05/06/2019	Anonymous	I am very much in favor of establishing coverage and reimbursement for ABA services. As the director of a behavioral health department in Tulsa, I have observed firsthand the limited number of service options for patients with severe autism and their families. It is my sincere hope that providing the reimbursement for ABA will increase the number of people providing this service.
05/06/2019	Anonymous	Covering ABA would be huge step forward for children in the stating of Oklahoma with Autism. Services should not be limited based on challenging behaviors or IQ, but available to all with a diagnosis of autism. ABA must be provided and supervised in an evidence-based manner by qualified providers such as a BCBA, BCABA, and RBT.
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05/07/2019	Leslie	I appreciate the review. A few things to note. Services should not be solely dependent on aggressive behavior. Research shows that children without the ability to communicate often escalate their challenging behaviors. The DSM V does not make aggression a criteria for an autism diagnosis. Also 1:1, day to day therapy is administered by a RBT- it will be imperative to cover therapy mandated by a BCBA or BCaBA but delivered by a Registered Behavior Technician. Lastly, while parent training is one component, we do not expect parents to provide any other medical treatment- we should Not

		expect parents to bear the full weight of their child's treatment.
05/07/2019	Anonymous	We are very much in favor of the APA service offering. We would like to continue to work towards getting more provider types approved and we would like to work toward getting the OMB rate approved in lieu of the fee for service proposal.
05/07/2019	Emily Scott	Autism Spectrum Disorder is a medical diagnosis, therefore individuals living with this condition deserve fair and equal access to medically necessary treatments. Oklahoma families affected by ASD have enough daily and long-term challenges without having to take on the role of therapist. They deserve the right to choose among many licensed and state- regulated providers. Our most vulnerable families have suffered enough due to Oklahoma being far behind its neighbors and the CMS guidelines for ASD treatment. 1 in 59 children is diagnosed with autism. Early intervention and access to a variety of medical treatments are proven to change lives. I commend the OHCA for adopting ABA coverage into our state's Medicaid plan for its members and families living with the diagnosis.
05/08/2019	Anonymous	ABA is very important to all kids on the spectrum it should be covered as a mother with a kid with aggressive times a lot less then what ot used to be but still happens and not sure how to help when he was happy and fine one minute before it happens.
05/08/2019	Jodi	My 4 year old daughter was diagnosed on the autism spectrum at the age of 3. Within a few weeks of beginning ABA therapy we began to see her progress in ways we never knew were possible. She was non-verbal, easily frustrated, withdrawn, and made zero eye contact

		with others. She is now able to make requests, is calmer, and has began socializing and taking an interest in her peers. ABA therapy and her hard work did that! ABA therapy has been life changing for our family and my daughter's future! Please consider the following... CMS does not limit the mandated coverage to those with challenging behaviors or a certain IQ. The mandate applies to everyone across the autism spectrum. Parent training is not a substitute for medically necessary care. ABA must be provided and supervised in an evidence-based manner by qualified providers such as a BCBA, BCABA, and RBT.
05/08/2019	Toni	I work with children that are on the autism spectrum. I see the benefits of ABA therapy and how much it makes a differnece in the lives of the children and their families. Please consider that OHCA NOT limit ABA coverage only to those families who are experience severe behaviors. ABA should be covered as part of a tiered model (therapist working with a BCBA) to keep costs down for OHCA and to allow families to access care. Finally, parents should not be asked to be trained to become their child's therapist since no other medical disciplines require that to be done.
05/08/2019	Anonymous	ABA changes lives and everyone on the spectrum should have access to this treatment not only the most severe behaviors. I have seen both ends of the spectrum!! Please consider, ABA must be provided and supervised by a BCBA,BCABA and RBT. Autism Spectrum Disorder is a medical diagnosis and must be addressed as such and treated by a professional!! Parents should not be expected to become their child's therapist. I as a mother of a child on the

		spectrum would want someone who is educated and licensed in the field.
05/13/2019	Center for Autism and Related Disorders	The Center for Autism and Related Disorders (CARD) respectfully submits these comments in response to the above-referenced proposed amendments. CARD is the world's largest organizations treating autism spectrum disorder (ASD) and the nation's third largest non-governmental organization contributing to autism research. CARD provides services at more than 230 locations in 33 states. CARD commends the efforts of the Oklahoma Health Care Authority (OHCA) to ensure that individuals in Oklahoma with an autism diagnosis receive medically necessary autism treatment based on the principles and procedures of applied behavior analysis (ABA) by implementing coverage of such treatment through the EPSDT benefit. CARD has several concerns about the proposed coverage and respectfully urges OHCA to amend its proposal to reflect best practices, facilitate access to autism treatment based on those best practices, and comply with the robust mandate of EPSDT. Eliminate Criterion for Atypical or Destructive Behavior [Section (d) 5] OHCA acknowledges in its introductory language that applied behavior analysis (ABA) "includes designated interventions intended to address…deficits and behaviors…." Yet, Section (d)5 requires a child to exhibit "(A) Impusive aggression toward others; (B) Self-injury behaviors; or (C) Intentional property destruction" in order to qualify for treatment. Children with ASD are characterized by social and communication deficits and may not exhibit the destructive or aggressive behaviors required in Section (d)5. Eligibility under Medicaid EPSDT should

		be based solely on a diagnosis of autism spectrum disorder (ASD) and should not be limited based on the severity of the behaviors and deficits. The EPSDT mandate requires the provision of medically necessary services to treat conditions that are revealed in a screen. The Medicaid Act also prohibits discrimination of benefits based on diagnosis [42 C.F.R. §440.230 (c)]. Other states have considered and rejected language that places limits on autism treatment, and we urge Oklahoma to follow suit and reject language that limits access to autism treatment. All deficits and conditions arising from a child's diagnosis of ASD must be treated [42 USC §1396(r)(5)]. Eliminate e(2)(I) and f(5) ABA interventions are provided by qualified professionals and supervised behavior technicians. Parents and guardians are not responsible for providing medically necessary care. Because of the need for generalizing skills and appropriate behaviors, parents, guardians, siblings, childcare workers, and others with whom a child may be in contact can play a useful role in supporting the ABA treatment plan. However, their ability to do so and the nature and degree of that support may vary based on numerous factors, including employment, other family responsibilities, health issues, personal capabilities of the caregiver, and personal limitations based on a parent or guardian's particular social or economic situation. Lack of parent involvement cannot serve as a basis for refusing to provide medically necessary treatment to the child. In addition, the necessity of caregiver participation may vary depending on the nature and location of interventions and the age, symptoms,

		and treatment targets of the individual receiving care. To meet EPSDT requirements for individualized medically necessary care, the nature and extent of parent or guardian involvement in implementing or reinforcing the treatment plan must be left to the judgment of the supervising ABA professional directing the treatment. Indeed, no other state imposes such a requirement on access to mandated insurance-reimbursed benefits or Medicaid EPSDT services for ABA or other behavioral health therapy for ASD. Depriving an eligible beneficiary of treatment or treatment reauthorization because of insufficient participation of the parent or guardian violates the EPSDT mandate. To the extent that such requirements are not imposed on medical/surgical coverage of other conditions, they would violate MHPAEA. Eliminate e(6) This section requires the treatment plan to document a "gradual tapering of higher intensities of intervention and shifting to supports from other sources." Again, the treatment plan should document medically necessary treatment, and patients should not be subjected to an arbitrary tapering of treatment intensity, as this language suggests. Any arbitrary tapering of medically necessary treatment disregards the EPSDT mandate under which this benefit is funded. Eligible Providers The language regarding Eligible Providers does not make clear that behavior technicians may provide 1:1 ABA under the supervision of a qualified health care professional. Please clarify that behavior technicians are eligible to provide treatment under the supervision of a qualified health care professional. Additionally, to the extent

		that OHCA is requiring the behavior technician to be certified or credentialed by the State of Oklahoma, CARD asks OHCA to consider delaying such requirements or establishing a grace period during which newly trained behavior technicians who have passed a background check and completed the required training may deliver services while awaiting state or other certification and/or credentialing. Historically, state programs that have mandated a certification for the frontline technician level have encountered significant delays in securing access to medically necessary treatment for their Medicaid population. Additionally, should OHCA require NCCA-accredited certification of the behavior technicians, CARD asks OHCA to recognize both NCCA-accredited certification, including the Board Certified Autism Technician, which is the only autism-specific NCCA-accredited certification. The BCAT is administered by the Behavioral Intervention Certification Council, a nonprofit committed to consumer safety and treatment quality, which maintains ongoing background checks on all of its certificants for an added layer of consumer protection. Thank you for the opportunity to comment.
05/14/2019	Anonymous	I appreciate that policy is being enacted to include ABA services into the EPSDT program. It has been needed for a long time. However, the policy as currently worded, will render the service scarce and unavailable to many. RBTs should be included. They are trained and certified by the national board to carry out plans developed by BCBAs and assistant BCBAs. They would allow the service to be accessible to many more people and at a much reduced cost. Also, you listed

		health service professionals as a 3rd provider type, but under the qualified provider section also stated they must be certified by the BACB. That would mean psychologists, OTs, PTs, etc. also have to be behavior analysts to provide the services. In that case you wouldn't need a third class of provider. I don't think that is what was intended.
05/14/2019	Kim	Requiring a parent to be in EVERY ABA session would be detrimental to the ABA therapy process and would require one parent to work part time or not at all. This would cause undue stress on the family as well as the system. By doing this you are increasing the chances of child abuse or neglect on an already viler able population of children.
05/14/2019	Susan	Attention OHCA Making parental presence a requirement for ABA is a horrible policy. Not only does it affect working parents but the children too. My child will not work to maximum capability if I am present.
05/14/2019	Anonymous	Highly agree what was stated above about one parent having to be present in ABA. Some families have to have both parents to work to support (financially) kids with special needs. Forcing one of them to not work at all or part time only would in fact hurt more than help. Not all families, but some for sure. Adjust that part and save the rest and this would be golden!
05/14/2019	Anonymous	This would be wonderful, however, requiring a parent to be present during every session makes it only available to those who are wealthy and don’t need to work. This defeats the purpose of providing it.
05/14/2019	Tara Hood	Thank you to the Oklahoma Health Care Authority for moving forward to add Applied Behavior Analysis (ABA) Therapy

		coverage under EPSDT for children under age 21 with autism on Soonercare. Oklahoma families have desperately been waiting for this for years. As wonderful as this news is, some of the requirements and language in the emergency rule and authorization forms published by OHCA are cause for concern. No one will argue that parental involvement is important. However, requiring parental/guardian attendance and participation at every session (as required on the authorization forms) is unrealistic and unfair. Are parents/guardians expected to quit their jobs in order to attend and participate in each and every session? What about single parents? For children with autism under age 21 on Soonercare who are receiving physical therapy, occupational therapy, and/or speech therapy – parent/guardian attendance and participation is not required at every session. Please reconsider such a strict parent/guardian involvement requirement. The authorization forms also require listing the child's IQ. For what purpose is this information necessary? I worry the child's IQ, either too high or too low, may be used against him/her in determining eligibility of ABA services. OHCA authorization forms for speech, occupational, and physical therapies do not require the child's IQ. What if a proper IQ score is unable to be obtained for a child? Please reconsider requiring IQ score to be a determination of eligibility of services. One of the original drafts of the emergency rule policy change to add ABA coverage to Soonercare under EPSDT for children with autism under age 21 language was different than the current language. On the earlier draft, under Section "(b) Eligible Providers. Eligible

		ABA provider types include: (1) Registered Behavior Technician (RBT) – A paraprofessional that is credentialed by the nationally accredited Behavior Analyst Certification Board (BACB), and practices under the supervision of a BCBA or BCaBA. A [sic] RBT is primarily responsible for the direct implementation of behavior analysis services; and…" The above language in the earlier draft went on to list Board Certified Assistant Behavior Analyst (BCaBA) and Board Certified Behavior Analyst (BCBA) as eligible providers and included the language, "A BCBA may supervise the work of BCaBA's and RBT's implementing behavior analytic interventions." This language was great. However, the entire section about RBTs was removed and the current language in the emergency policy change posted online for public comment by OHCA makes no mention of RBTs as eligible providers. The current language goes against the standard tier delivery model of ABA service. Not covering RBTs will mean very few children will be able to receive ABA services and it will be much more expensive to the state. Please reconsider adding RBTs listed as eligible providers. The current language in section (d) Medical necessity criteria is worrisome. Under number (5), it lists the member must exhibit disruptive behavior within the most recent 30 calendar days that includes 1 or more of: impulsive aggression toward others; self-injurious behaviors; and intentional property destruction. The medical criteria established by the DSM 5 does not require aggressive behaviors, self-injurious behaviors, or intentional property destruction to qualify for an autism diagnosis. Under section (d)

		Medical necessity criteria number (7), it requires, “that there is no less intensive or more appropriate level of services which can be safely and effectively provided.” This is a “fail first” policy. OHCA does not require a child with autism to first try speech therapy before being approved for occupational therapy. ABA therapy is often meant to be used in conjunction with other evidence-based therapies. Speech therapy is meant to address speech and language deficits. An SLP is not qualified to address all the deficits established by the DSM 5 for autism spectrum disorder. A quality medical therapy program for a child with autism should be based on the requirements established by the DMS 5. The current medical necessity criteria language listed goes against what CMS intends as coverage for children with autism under age 21 under EPSDT. Please reconsider the medical necessity criteria. When drafting the language for the emergency rule policy change, did OHCA consult with and implement recommendations of BCBAs who practice the medical model (deals with health insurance plans and Medicaid) of ABA? The ABA medical model looks different than the ABA educational model so this should be considered when drafting the language to add ABA coverage to Soonercare for children with autism under age 21 under EPSDT. Oklahoma families have waited for years for Soonercare to cover ABA therapy. As important as it is to get a policy in place that adds ABA coverage under Soonercare, it is imperative that the policy approved by OHCA and the Governor be as CMS has intended: coverage for children with autism under age 21 under EPSDT. Anything less will

		mean Oklahoma is not compliant with the federal requirement. According to the CDC, the current autism rate for children in the United States is 1 in 59. We are all impacted by autism, either directly or indirectly. Autism impacts individuals, families, schools, communities, and the entire state. Children with autism will age out of school services and Medicaid and those who did not receive medically necessary therapies, including ABA, as children will be that much more dependent on the state and federal governments for the duration of their entire adulthood. As costly as it may seem to add ABA coverage for children with autism under age 21 to Soonercare, Oklahoma cannot afford to not cover ABA therapy and the coverage should be as intended and required by CMS.
05/14/2019	Holly Burrow	If I am a trigger for my child, why would you want me at ABA. He sees me and immediately wants mama. That's not going to get him anywhere in life. Also, how per say would you suggest I hold down a job? Or take care of my other children? This will disrupt my ability to be a functioning member of society
05/14/2019	Anonymous	Nope.. Ana theraoy is basically abuse. Ask any adult who has been made to go through it as a child. We tried it ince with my son. Biggest mistake ever. Peopw should have to foot the bill themselves if they want to torment their kids.
05/14/2019	Stacy	This is wonderful! Please remove the requirement that a parent be present during these sessions. It is impractical for a parent to be able to take that much leave from work.
05/14/2019	Bob	Please help us get ABA for our children on the spectrum.
05/14/2019	Annie Baghdayan	After 5 years of waiting since the Centers for Medicaid and Medicare Services

		issued a bulletin telling states to pay for "medically necessary diagnostic and treatment services" for kids with autism, it is exciting to see that the Oklahoma Health Care Authority has a plan. Early and Periodic Screening, Diagnostic and Treatment (EPSDT), offers all children in Medicaid the services they need to grow and thrive. EPSDT is especially important for children and youth with special health care needs, including children and youth with ASD, because the benefit must be tailored to each individual child. Under EPSDT, states must provide all coverable and medically necessary services. By "coverable," the law means all the benefits that it is possible for Medicaid to pay for, even if the state typically does not cover the benefit. And by "medically necessary," the law means any service needed to correct or ameliorate physical and behavioral health conditions for a particular child. That is, the benefit must be covered if the child's provider can show that it would help the child get better or prevent the child from getting worse. These determinations must be made on a case-by-case basis. The American Academy of Pediatrics defines it as: The process of applying interventions that are based on the principles of learning derived from experimental psychology research to systematically change behavior . . . ABA methods are used to increase and maintain desirable adaptive behaviors, reduce interfering maladaptive behaviors or narrow the conditions under which they occur, teach new skills, and generalize behaviors to new environments or situations. Despite clear guidance from CMS to ensure access to autism treatment for children with Medicaid coverage and separate

		guidance that such treatment is protected by MHPAEA, thousands of children with ASD continue to struggle to access the services and supports they need. Few of the issues in the OHCA draft is the parent participation, presence of challenging behaviors, and lack of utilizing direct care staff. It is well established that ABA, delivered with sufficient intensity by well-trained and supervised professionals can dramatically improve the functioning and long-term prognosis of children with ASD. Registered Behavior Technicians (RBTs) or Behavior Technicians (BT) who provide the direct ABA treatment of children with autism are the cornerstone of an effective ABA delivery system. In order to provide accessible service to families and individuals under the age of 21 that is cost effective and intense, we need to consider or redefine the service delivery model. What is a Registered Behavioral Technician (RBT)? A RBT is registered with the Behavior Analyst Certification Board (BACB) after documenting required training under the direct supervision of a BCBA or BCBA-D. A RBT must pass an exam given by the Behavior Analyst Certification Board RBTs may only deliver therapy under supervision of BCBA BCBA-D Verify RBTs credentials and supervisor by visiting www.bacb.com and for updated supervision requirements (11/2019) Behavior Technicians (BTs) provided ABA services under the supervision of a Oklahoma licensed BCBA-D OR BCBA.
05/14/2019	Christy	I love the state looking at adding ABA as it is great for these kids. However, requiring parental involvement in each session is unrealistic. This needs to be reconsidered as a requirement.

05/14/2019	Debbie C	Passing a directive that makes aba Assistance a medical requirement, on the surface, is applauded and a step In the right direction. It can only benefit the children affected and the society that he/she will soon be an adult in; but.....Passing an aba insurance requirement will do nothing if the guidelines and language revisions, that you are currently considering, limit access and affordability to the very people who are counting on these benefits to give their children a chance to be the best they can be, My daughter and son in law struggle and sacrifice daily, to try and balance the impossible and do what they think is best for their son. As, I am sure you know, the medical and school system is already difficult enough, to maneuver, with a special needs child. The true reality of life with an autistic child affects every aspect of the family and can not be understood until you personally experience and live it. I'm concerned that those implementing these "revisions and new language" aren't familiar with the day to day challenges of autism and the coexisting conditions it can create — adhd, sensory processing disorders, GI disorders, seizures. Children on the spectrum, don't fit into a simple stereotype, of the TV character, who goes on to become a doctor or computer tech. Until I spent a few hours with my grandson, I had no real understanding what "autism" was . The day to day life and balancing acts are endless and exhausting. My daughter and son-in-law do it bc the love of a parent for their child is endless. But... Something as simple as the inability to find day care options, for a special needs child, who's parents must work 40 hours a week puts them in an unprecedented position of trying to

		balance life and make impossible choices. Adding an amendment that requires a parent to physically be present at each aba opportunity is not realistic. My grandson needs 20 - 40 hours of aba a week.. Even with insurance, the copays for treatments, specialists, , medication, etc are astronomical. My daughter covers these costs with a credit card. She does have to work full time. She also has another child to care for. Her husband was able to make temporary arrangements, to work from home bc there are no daycare options for a severely autistic, non verbal 7 year old who is adhd and special sensory challenged. Now, he fears, that in a lay-off - he will be the first to be let go or his boss will force him back and what will happen to his son. So let's be realistic about "the guidelines and language revisions" your team deems appropriate. These parents can't afford to choose between being physically present and unemployed. If we don't invest in the future of these 1 in 56 children, affected by autism, and help their parents get them the treatment they need now …. these children will quickly become adults who won't be able to function, in the real world, and those costs will be insurmountable. Sincerely, Debbie C.
05/15/2019	Kim	My son was diagnosed with autism spectrum disorder 5 years ago and has carried Soonercare the majority of his life. We are very fortunate to have Soonercare but not covering ABA has been extremely hard for my son and family. It is the most recommended therapy for children on the spectrum and many families, such as ourselves, that are on Soonercare cannot afford the cost of ABA. PLEASE start covering ABA therapy

		it is a necessity for children on the spectrum.
05/15/2019	Sheila Barnes	Until May 1, 2019, children in Arkansas who had Medicaid could only access ABA through a "third party". I can't begin to tell you how many mothers were expected to quit their jobs - or they were expected to put a precious little one in an institution because their child needs "a higher level of care" (that is NOT evidence based and would not change the child's behavior). A group of my fellow BCBAs and BCBA-Ds spent countless hours preparing reports and pleading with state DHS/DDS administrators to comply with CMS EPSDT guidelines. We asked that BCBAs be allowed to assess the environment and needs of each child, and recommend the most appropriate intensity and location for ABA therapy. We felt it was critical that families would actually have a choice to receive appropriate programming - which could be in a clinic setting during the day. Because EPSDT had to be in the home, with a parent present, children of working families (often single mothers) were expected to go to a day care during the day and have ABA therapy after the parent returned home (sometimes 2-4 year olds are having therapy from 5:30-8:30 or 9:00 p.m.!) Thankfully, as of May 1, 2019, this has changed and each BCBA or BCBA-D, as the qualified health care provider (QHP) is now able to work with families to develop appropriate treatment plans based on medical necessity. I urge Oklahoma to do the same!!
05/16/2019	Shelia Barnes	According to the CMS June 2014 CMS EPSDT Guide to States, "EPSDT's goal is to assure that individual children get the health care they need when they need it – the right care to the right child at the

		right time in the right setting." This includes ABA therapy in clinics, schools, preschools, community settings, and homes. Medically necessary treatment should NOT require parent participation when it is just not feasible nor appropriate for the child. Working parents not be penalized (nor should a child be penalized when parent involvement is not possible due to a variety of challenges within a family - including drug abuse, poverty, and the struggles to survive).
05/16/2019	Renee	I would like to start by thanking the Oklahoma Health Care Authority for working towards adding Applied Behavior Analysis Therapy under EPSDT for children under age 21 who have Autism on/through SoonerCare coverage. We have been waiting for this coverage for over 3 years now. After reading this I have some concerns about the language used and criteria in it. On page 3 under section J. who is the OHCA saying that there will be no detrimental affect to? My thought is that if the rule doesn't pass, allowing access to ABA therapy, it with be detrimental to our son and several other individuals for them to not have access to and receive ABA therapy. Under the medical necessity criteria, page 6 section (5), does this mean that if the individuals are not displaying the listed behaviors they will not meet eligibility requirements and thus be denied ABA therapy? The DSM V does not list these types of behaviors as criteria for diagnosing Autism so I am not understanding why it is part of the criteria for qualifying to receive medical treatment to support individuals with Autism. There are varying degrees as to the levels and how it impacts the individuals lives. To me this means on the

		most severe levels of diagnosis will benefit from ABA therapy. I am very concerned that this may exclude children who have shown limited progress with other treatment methods. Under Invervention criteria, page 8 section (I), I don't understand why parent involvement is being included to meet criteria. We have never had this requirement, for our child, for Speech, physical, or occupational therapy. It has never been on any of their treatment plans either. I am concerned that this will exclude children from single parents, who can not participate in every session, and who are brought to sessions by someone that is not the parent. Under Intervention criteria, page 8 section (K), I am not sure/understanding why this is on there. Services that are provided on an Individualized Educational Plan (IEP) or Individualized Service Plan (ISP). An IEP and ISP are for school based services that are for the school arena. They are educational centered and in nature. ABA therapy service are medically based. I don't feel that there would be a duplication of services because one is educational based and the other is medically based. I also am concerned that this could excluded children that would benefit from ABA therapy. As I read through all of the criteria, in the 9 pages of this proposal, I kept having one thought. It seems to me that this is an extremely huge amount of eligibility criteria to be met by the individual and the medical service providers. I am concerned this is going to result in a lot of children not meeting criteria and being excluded for receiving needed medical therapy. I am also concerned that the medical professionals are going to feel that it is to much time and work to work

		with clients who are on SoonerCare. This could result in treatment still not being accessible due to a lack of providers willing to accept SoonerCare Insurance for ABA therapy.
05/16/2019	Carl D	There more I look at "the guidelines and language revisions" the more concerned I become that these revisions are there to intentionally limit the number of individuals that will even fit your criteria to receive ABA assistance/treatment. Autism is a medical diagnosis, that no one wants to hear attached to their child. Every child diagnosed, with autism, should have equal access to resources. ABA has been proven over and over again to be a benefit . Dividing those in need, by subgroups, for eligibility, like qualifying IQ levels or aggressive behavior, within the last so many days and mandated parental attendance, etc. is simply a way of disqualifying services, to the very people who need them. It should also be clear, in your revisions, that ABA is to be provided and supervised by qualified providers such as a BCBA, BCABA, and RBT professional. If we don't invest in the future of every 1 in 56 children, affected by autism, and help their parents get them the treatment they need now …. these children will quickly become adults who won't be able to function, or at best, have a limited ability, to function in the real world, and those human and societal costs will be insurmountable. Thanks for listening to my opinion.
05/16/2019	Renee	As I was reading through the other comments, I saw something that I don't understand. Why does the application ask what the IQ is of the applicant? I am not sure why this would be relevant. I am concerned that this would exclude individuals who have a intellectual disability.

05/16/2019	Tara Hood	The comments by OHCA staff during today's MAC meeting... Some of the states you say have similar medical necessity requirements as what OHCA has in the proposed policy change, do not yet have ABA covered by their Medicaid program (NY is one that was specifically mentioned). OR was specifically mentioned as a state with SIB requirement for ABA coverage - it is one indication for coverage but it is not a requirement. Please work with Autism Speaks and BCBAs to clean up the language so that it is correct and compliant with CMS requirements.
05/16/2019	Ami Bax	Dear Oklahoma Healthcare Authority: We appreciate OHCA's efforts in modifying Soonercare benefits for ABA therapy for its members. As providers in the community who serve many children and families with developmental disabilities, this is an important step to providing an important therapy treatment for children. We have read the proposal on your website and would like to make the following recommendations for consideration: 1) The criteria for medical necessity on the current proposal is very narrow and is only being considered for children with very severe behavioral problems. Although ABA therapy can be helpful to reduce or eliminate maladaptive behaviors such as aggression or self-injurious behaviors, ABA therapy was not intended to only be used for children with severe behavioral challenges. ABA is also very effective as an early intervention treatment. Children with autism who receive ABA therapy as an early intensive behavioral intervention have shown improvements in cognitive functioning (IQ scores), adaptive behaviors, language, play skills, and even severity of autism symptoms.

		(References available upon request.) 2) The American Medical Association has issued permanent CPT codes for ABA therapy due to the extensive efficacy that has been shown in repeated studies in the literature. 3) The current proposal requires that other less intensive services must be utilized first, before ABA therapy can be prescribed. ABA therapy was not designed to be a part of a step-wise approach in treatment. Medical providers who work with children are trained to evaluate and treat all areas of development, and address those accordingly so that developmental delays are treated as early as possible. A comprehensive assessment of a child with autism may include evaluations by speech/occupational/physical therapists at the same time specific evaluations for behavior or mental health issues are obtained. A physician does not start treating a child with autism for their speech or occupational therapy needs before they address behavioral needs and vice versa. These therapies are not interchangeable and are prescribed based on the individual needs of each child. Every child with autism is very unique-some may need all of the developmental therapies available at once, while another may only need one or two. We disagree with creating a model where a child has to "fail" one therapy before considering a different approach. 4) We are concerned that RBTs (registered behavior technicians) are not included in the delivery model of the proposal. RBTs are a vital member of the ABA therapy treatment team and help to keep cost down and improve access to ABA services for children and families. We appreciate your time in reviewing these comments and would be willing to

		provide additional feedback or consultation throughout this process. Respectfully, Tara R. Buck, MD Child & Adolescent Psychiatrist Associate Program Director, Child & Adolescent Psychiatry OU-TU School of Community Medicine-Tulsa, OK; Ami Bax, MD, MS Developmental-Behavioral Pediatrician Interim Section Chief, Developmental & Behavioral Pediatrics Director, OU Child Study Center-Oklahoma City, OK University of Oklahoma Health Sciences Center- Oklahoma City, OK; Demvihin Ihyembe, MD Developmental-Behavioral Pediatrician Section of Developmental & Behavioral Pediatrics OU Child Study Center-Oklahoma City, OK University of Oklahoma Health Sciences Center-Oklahoma City, OK; Robyn Cowperthwaite, MD Child & Adolescent Psychiatrist Division Chief, Child and Adolescent Mental Health Department of Psychiatry & Behavioral Sciences University of Oklahoma Health Sciences Center- Oklahoma City, OK; Swapna Deshpande, MD, FAPA Child & Adolescent Psychiatrist Rainbolt Family Chair in Child Psychiatry Department of Psychiatry & Behavioral Sciences University of Oklahoma Health Sciences Center- Oklahoma City, OK
05/16/2019	Emily Scott	After sitting in on today's MAC meeting, I have grave concerns for the stringent language, lack of consultation with a variety of providers and advocates, and the fact that the OHCA is holding ABA to a higher standard than other treatments for autism. The OK legislature has already passed a law ensuring that this not be the case for ABA and private health insurers. I continue to support the Healthcare Authority's attempts to include ABA as a treatment for its members but would encourage you to call on the Oklahoma

		Autism Center out of the Dept. of Pediatrics at OUHSC for provider input and the Disability Law Center for an outside legal opinion of this languages vulnerability in the courts. I would also like to reiterate my earlier comment that the parent involvement language is unnecessary and unrealistic for many families. Please consider all the factors of the families you serve and the undue burden this would add to parents whose children need this treatment. Experienced, licensed providers will be able to explain this to the Authority in depth.
05/16/2019	Megan	I want to start by thanking all involved for getting us to this point. This care is so deeply needed by so many and we are grateful to finally see a light at the end of the tunnel. Keeping in mind that ABA therapy is designed to improve socially significant behaviors, which obviously include but are not limited to communication and social interaction, and that half of the diagnostic criteria for ASD involves deficits in social and communication capacities; I would like to make a point about the policy as written under part d, number 5, which specifies qualifying members as people who display: 1) impulsive aggression towards others 2) Self-injury behaviors; or 3) Intentional property destruction. I see that you've included a line that says "plus any additional atypical or disruptive behaviors not identified in before mentioned list", and I appreciate that that was included, but it is rather vague. As we can see by looking at the diagnostic criteria for ASD, a major component of this disorder is problems with social interaction and language, and the many forms those can take. To limit coverage to people with ASD who display impulsive

		aggression towards others, self-injury behaviors and intentional property destruction is completely inappropriate. As a parent of a child with ASD who does have these problem behaviors, I can attest to the incredible difficulty in trying to deal with these issues. However, to be frank, they are definitely not the hardest aspects of this disorder to deal with as a caretaker. My child's social deficits are absolutely devastating. To see him struggle to connect, to avoid other children out of fear and uncertainty while simultaneously, visibly, wanting to connect, interact, and make a friend: it is incredibly heartbreaking and it effects his everyday living and ours as a family every bit as much if not more than his disruptive behaviors. There are so many parents who have been praying and waiting for this moment for so long, and they cannot be left out of services because their child doesn't fit a very narrow aspect of behaviors that come along with ASD. The number of children diagnosed with ASD just keeps growing. When these children eventually become adults, they will need both communication and behavioral skills to transition to independent, meaningful lives. ABA is our best hope to teach these individuals these necessary skills. If we do not pay for treatment now, we will pay for the absence of it later. Both monetarily and in the loss of an absolutely achievable quality of life that we ALL deserve. As to the "reasonable expectation that the member will benefit from ABA" in which "the member must exhibit: A) The ability/capacity to learn and develop generalized skills to assist with his or her independence; and B) The ability to develop generalized skills to assist in addressing maladaptive

		behaviors associated with ASD". The skills that ABA teaches (language and communication, attention, focus, social skills, memory and academic, while decreasing problem behaviors- http://www.autismspeaks.org/applied-behavior-analysis-aba-0) are the very ones the people you are describing here lack. It is cruel to disqualify a person from the scientifically best proven method of teaching them the skills they need to live as independently as they are able because they haven't yet had the opportunity to learn them. Also, I think every Autism parent can attest to the fact that our children do not test well. The reasons may be behavioral, attention based, or sensory in nature, but I know that time and again we have been through testing with our various providers, and what my child demonstrates in that circumstance is rarely what he is actually capable of. On that note, I want to speak from the perspective of a parent of a child with ASD on the importance of parental training. I think it is vital. That is why you'll find me at every speech and occupational therapy session I can attend- asking for advice about how to incorporate these strategies into our everyday life. I am incredibly privileged to be able to do so. Raising a special needs child takes an incredible financial toll. What about single parents? What about two parent households in which both parents have to work in order to make ends meet? Those are the majority of families I've met since entering the Autism community. Are they excluded from services because they have to work to take care of their families? They would never be able to attend 100% of the sessions, if the services were intensive

		(more than 20 studies have established that intensive and long term ABA therapy improve outcomes for children with ASD. "Intensive" and "long term" refer to programs that are 25-40 hours weekly and last 1-3 years. http://www.autismspeaks.org/applied-behavior-analysis-aba-0). Our speech and occupational therapists provide an incredibly important service in our lives, and while I am forever open to the knowledge they share – I cannot be my child's therapist. No amount of advice will provide me with a degree. Which brings me to my next point. ABA services must be provided by licensed, qualified therapists in the field of ABA. While other professionals certainly incorporate behavioral principles into their work, they are not equipped to implement an intensive ABA program, and that is what has been proven effective for our children. I did not see RBTs included in your list of providers. I believe you must understand the supervisory role BCBAs play in the clinical setting, and how important it is, especially with the limited number of BCBAs in our state. RBTs have an important role in the ABA treatment process, they have undergone specific training for ABA implementation and are under the close and ongoing supervision of a BCBA. Treatment must be provided by qualified individuals: BCBAs, BCaBAs, and RBTs. Other professionals play a vital role as well – they cannot be expected to fill this capacity.
05/16/2019	OLBAB	Oklahoma Department of Human Services (DHS) Developmental Disabilities Services (DDS) Oklahoma Licensed Behavior Analyst Board (OLBAB) May 16, 2019 To the Oklahoma Health Care Authority (OHCA), This letter is in reference to the circulation

		document: APA WF# 19-03. Circulation Date: 05/03/2019. OHCA proposed revisions will add new language establishing coverage and reimbursement for ABA services as an Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. As the state organization responsible for the licensure of Applied Behavior Analysis in Oklahoma, OLBAB wishes OHCA to consider the following changes/additions to the language of this policy. 1. Any coverage should include the utilization of Behavior Technicians (BT's) or Registered Behavior Technicians (RBT's). Not only is this in keeping with national norms, but it is also clearly the service delivery model of the national Behavior Analyst Certification Board (BACB) described in Part 2, Section 5 of the Practice Guidelines for Healthcare Funders and Managers: a. Tiered service-delivery models that rely on the use of Assistant Behavior Analysts and Behavior Technicians have been the primary mechanism for achieving many of the significant improvements in cognitive, language, social, behavioral, and adaptive domains that have been documented in the peer-reviewed literature. b. The use of carefully trained and well-supervised Assistant Behavior Analysts and Behavior Technicians is a common practice in ABA treatment. c. Their use produces more cost-effective levels of service for the duration of treatment. d. The use of a tiered service-delivery model enables healthcare funders and managers to ensure adequate provider networks and deliver medically necessary treatment. e. It additionally permits sufficient expertise to be delivered to each client at the level needed to reach treatment goals. This is critical as the level of supervision

		required may shift rapidly in response to client progress or need. f. Tiered service-delivery models can also help with treatment delivery to families in rural and underserved areas, as well as clients and families who have complex needs. g. Adding RBTs in the OHCA policy would establish them as a viable service in Oklahoma and would allow for better use of BCBAs so more citizens can receive services. h. The proper implementation of ABA services would help the expansion of the behavior analysis programs currently in place at OU, OSU and UCO. 2. Clarification that parent training, while an important part of ABA treatment plans, is not to be viewed as a replacement for medically necessary care. OLBAB encourages OHCA to include requirements to document ongoing caregiver training, but not require that it take place at all therapy sessions or for the purpose of transferring the burden of care solely to the patient's caregiver(s). 3. Clarification that coverage is not limited only to those with challenging behaviors or a certain IQ. ABA therapy is often preventative in nature, and the DSM-V describes behavioral deficits with more or greater detail than behavioral excesses. Lastly, OLBAB wishes to recommend that OHCA maintain its requirement that eligible providers be credentialed by the national BACB, to include RBT's, with both Behavior Analysts and Assistant Behavior Analysts also licensed by OLBAB so that ongoing oversight may be ensured. Please do not hesitate to contact us for any additional information on this matter. An OLBAB member can be available to meet to discuss alternative policies, and of course OHCA is also encouraged to send it's OLBAB member to the next meeting as

		state policy and the board's by-laws require OHCA collaboration. Best Regards, OLBAB Board Members Dr. Annie Baghdayan, Chair Dr. Bonnie J. McBride, Vice Chair Dr. Erika Olinger, Member Iantha Fusilier, Member Matthew Williams, Member Lori Metcalf, Member Michaela Bishop, DDS Representative
05/16/2019	Angela Y	Thank you for taking the steps to cover this medically necessary therapy for my son and others on the autism spectrum. In January, we started him in an ABA program with a BCBA, and he is already making progress. Unfortunately, we were financially unable to provide the number of hours that he really needs and are currently running out of the finances to keep him in the program. Coverage for his ABA program is life changing for him and our family. My son has been in speech and occupational therapy since age 2. He will be 6 years old next month. For him, I could prove "that there is no less intensive or more appropriate level of services which can be safely and effectively provided", but this is a Fail First Policy. Other individuals with autism should have access to ABA first, not after they have tried everything else. Medical necessity for therapy should be determined by the individual's medical physician. My son's ABA program is effective because it is provided and supervised in an evidence-based manner by qualified providers, including a BCBA, BCaBA, and RBT. ABA combined with non-evidence-based practices is less effective than ABA alone. Not everyone with autism exhibits aggression, property destruction or self-injury. My son rarely exhibits aggression, but he does exhibit many other behaviors that inhibit his ability to function in life. The guidelines in

		the DSM-V should be used to establish medical necessity. At almost 6 years old, he is not completely potty trained, cannot feed himself with utensils, cannot have a conversation or consistently answer simple questions, and screams random phrases during transitions. These are just a few of his challenges. I have a constant level of stress when we leave the house because of not knowing if something will happen to trigger a meltdown. Being connected to an ABA program and having a BCBA to troubleshoot problem behaviors and deficits has been life changing. My non-aggressive son with autism should have access to the treatment that will help him reach his full potential. Having a requirement of severe behaviors violates the intent of EPSDT and CMS. Also, there should be no limit to coverage for those with a certain IQ. The mandate from CMS applies to everyone across the autism spectrum. I actually began parent training with the BCBA before I was able to start my son in the ABA program. I know that parent training is very important to the success of the program. However, I cannot be my son's therapist. Parents should not be required to attend every session. This is not at all feasible for parents to attend every session (20-40 hours a week) and still work to provide for their families. Also, the therapists are able to work through issues with more success when I am not present. They keep me informed, and the parent training sessions help me to build on their success at home. Furthermore, an individual's access to therapy should not be determined by their parent or caregiver's involvement. This would violate EPSDT. The coverage for ABA under Soonercare should be written as intended by CMS and EPSDT.

05/17/2019	RAW	As someone who supports the Autism community, please reconsider your policy of reimbursement for services provided by a behavior tech. This greatly impacts children with autism and their families.
05/17/2019	Mark Woodley	Good morning. I appreciate you working tirelessly to provide a very needed service to many children that are on the Autism spectrum. The decisions you make will greatly effect how they will function in life. My grandson has been going to ABA therapy with outstanding results. We have been paying out of our pocket and can no longer afford the help that will change his life dramatically for the better. Please do not put so many restrictions on the ABA therapy that will block my grandson from getting the help he needs. Having a requirement of severe behaviors violates the intent of EPSDT and CMS. Also, there should be no limit to coverage for those with a certain IQ. The mandate from CMS applies to everyone across the autism spectrum. Thank you for your help with my grandson. God bless and give you wisdom. Mark
05/17/2019	Nicolle Carr on behalf of OKABA	It is with both excitement and reservation that the members of Oklahoma Association of Behavior Analysts (OKABA) learned of the upcoming changes to OHCA's guidelines regarding Medicaid coverage under EPSDTfor Applied Behavior Analysis by Board Certified Behavior Analysts. Excitement due to the long wait many parents have endured to receive the help they are so desperate to obtain for their child with autism. The ability to provide services to the children in our state will be dramatically increased and those who once had little hope for their child's future can breathe a little easier. We have reservations, however, with a few of the points being made in the current drafted changes. First, OKABA

		believes Registered Behavior Technicians (RBTs) should be able to provide services under the supervision of BCBA/BCBA-Ds in accordance with our national accreditation standards. Many of the ABA clinical services available in Oklahoma use a tiered-service delivery model that includes RBTs and Behavior Technicians as an integral team member in implementing an intervention plan. Exclusion of coverage for RBTs will significantly limit the availability of ABA services to children covered through Medicaid. Second, waiting until behavior is at a level noted to be severe before treatment can begin goes against best practice and the current research base. Children with autism often need services related to not just aggression or self injury but also social skills, bathroom skills, play skills, communication skill, eating behavior, transition skills, and life skills. Narrowing the treatment requirements significantly influences the children who can be helped by the current changes. Finally, the caregiver's role in the treatment plan warrants clarification. Many of our members have read it and there are many interpretations as to its meaning. We agree that including parents in developing and implementing their child's ABA program is consistent with current best practice and what research indicates is a critical component to any effective intervention plan for a child with ASD. It assists in assuring generalization of skills beyond a clinical setting to a home and other natural environments for the child. The primary point of clarification is what the minimum requirement for parent involvement will be, and to assure that these minimum requirements do not present a potential

		barrier for a child to receive ABA services. We are happy to see the forward progression on this important matter and that services have a starting point for so many of the children in Oklahoma. This should be, however, only a starting point as there is still work left to do and needed amendments to make to the current version to ensure maximum effectiveness and adherence to best practice and the research that supports it. Kind Regards, Executive Committee of OKABA R. Nicolle Carr, Ph.D., BCBA-D, LABA-OK, President Tiffany Moore. MA, BCBA, President-Elect Rene Daman, PT, MS, BCBA, LBA, Treasurer Rebecca Womack, MS, LBA, BCBA, Secretary Matthew Williams, MS, BCBA, Member at Large Tracy E. Sinclair, M.Ed., BCBA, LBA-OK, Student Representative Lesley Macpherson, MA, BCBA, Legislation Representative April Bryant, M.Ed, BCBA, LBA, Insurance Liaison
05/17/2019	Sharon	I have been an educator in Oklahoma since 1985. When my grandson was diagnosed with autism, I knew that ABA would be the best therapy for him. I am thankful that you are working toward covering this medically necessary therapy. CMS does not limit the mandated coverage to those with severe behaviors or a certain IQ. The mandate applies to everyone across the autism spectrum. The guidelines in the DSM-V should be used to establish medical necessity. Parent training is an important component of ABA, but parents should not be required to attend all sessions or be their own child's therapist. ABA must be provided and supervised in an evidence-based manner by qualified providers such as BCBAs, BCaBAs, and RBTs. I have watched as other children with autism have received ABA because

		their insurance covered this necessary therapy. It made such a difference in the way they functioned at school. Their communication and social interaction improved. They were able to thrive because of the tools they were given with ABA. I want to see my grandson reach his full potential in life. He is so bright, and I want him to be able to share with us everything that is going on in that smart brain. He needs these tools from ABA. If I had the financial resources to give this to him, I would. There are other children like him who need ABA and are not able to receive it right now because it is not covered. All individuals with autism should be given the same opportunity to have access to ABA and without the limitations.
05/17/2019	Anonymous	These kids and their families need all the help and support we can offer! There need to make sure that family's can afford to get their child the treatment they need, and that the treatment can occur without the parent present, with consent. "Regular" functioning children can receive treatment without a parent being present, so why make it so challenging for the families and children to get the treatment they need? If given the right therapy, these kids can do amazing things with their lives! We need to give them that opportunity.
05/17/2019	April	Thank you for taking the steps to cover medically necessary therapy. Research supports a tiered service delivery model which consists of BCBAs, BCaBAs and RBTs. This model is cost effective and allows more individuals access to service. ABA is generally categorized into two treatment models focused and comprehensive. Neither treatment model is restricted by cognitive ability, age or co-occurring conditions. Current

		studies show that an eclectic model where ABA is combined with non-evidence-based practices is less effective than ABA alone. Practices that lack evidence-based peer reviewed publications do not constitute ABA treatment. Parent training is an important part of any quality ABA program. However, parents should not be required to attend every session or be the client's therapist. Parent involvement should not be a determining factor for individuals to receive medically necessary services. Denying individuals access to these services due to parent or caregiver participation violates EPSDT. Not everyone with autism exhibits aggression, property destruction or self-injury. It is important to look at the criteria and guidelines from the DSM-V. The guidelines in the DSM-V should be used to establish medical necessity. Having a requirement of severe behaviors violates the intent of EPSDT and CMS. It is also important to note that CMS does not limit mandated coverage to those with challenging behaviors. The mandate from CMS applies to everyone across the autism spectrum. Requiring "that there is no less intensive or more appropriate level of services which can be safely and effectively provided", is a Fail First Policy. Individuals with autism should be able to access ABA at any time. Not after they have tried other therapies first (Speech, OT, PT etc.). Currently OHCA does not have these requirements for any other therapy they cover. Medical necessity for therapy should be determined by the client's medical physician. The coverage for ABA under Soonercare should be written as CMS and EPSDT have intended.
05/17/2019	Judith Ursitti	May 17, 2019 Oklahoma Healthcare Authority Re: Proposed Emergency Rule

		APA WF# 19-03 Applied Behavior Analysis Services To Whom it May Concern: I write to you today on behalf of Autism Speaks, a leading autism research and advocacy organization. Autism Speaks is dedicated to promoting solutions, across the spectrum and throughout the life span, for the needs of individuals with autism and their families through advocacy and support; increasing understanding and acceptance of people with autism spectrum disorder; and advancing research into causes and better interventions for autism spectrum disorder and related conditions. We are grateful to the Oklahoma Healthcare Authority for working to ensure that Oklahoma's Medicaid-enrolled children who are diagnosed with an autism spectrum disorder have access to medically necessary care. This proposed coverage is a critical step towards meeting the requirement to ensure compliance with the CMS Informational Bulletin on Clarification of Medicaid Coverage of Services to Children with Autism. It is important to note that the CMS Informational Bulletin points to medically necessary care for children diagnosed with autism spectrum disorder (ASD) under its Early Periodic Diagnostic Screening and Treatment provision (EPSDT.) EPSDT applies to all children enrolled in Medicaid under the age of 21. Timely access to medically necessary treatment, particularly applied behavior analysis (ABA), is critical for children with autism spectrum disorder. Over 35 states having implemented meaningful coverage of treatment for ASD with the inclusion of applied behavior analysis under EPSDT. We appreciate the opportunity to provide public comment on the proposed emergency rule.

		Respectfully, we ask you to consider the following: 317:30-3-62.12 (a)(2) (a)(2)…involves development of an individualized treatment plan that includes transition and aftercare planning, and significant family involvement. The modifier "significant," which describes the role of family involvement, is unnecessary and discriminatory as part of the delivery of medically necessary care under EPSDT. (a)(5) "services are designed to accomplish medically necessary management of severe and complex conditions in which there is a realistic expectation that within a finite and reasonable time the caregiver will be able to demonstrate knowledge and ability to independently and safely care out the established plan of care." The CMS Informational Bulletin describes the intention of the benefit quite differently. It indicates that states are required to cover treatment "that is determined to be medically necessary to correct or ameliorate any physical or behavioral conditions. The EPSDT benefit is more robust than the Medicaid benefit package required for adults and is designed to assure that children receive early detection and preventive care, in addition to medically necessary treatment services, so that health problems are averted or diagnosed and treated as early as possible." It is important to note that an ABA program should include training and support to enable parents and other caregivers to participate in treatment planning and treatment plan implementation; This participation is not in lieu of the provision of medically necessary care, but rather compliments it. It is inappropriate that this is indicated as a goal. We request that

		the language included in (a)(5) be removed and replaced with language consistent with that which is included in the CMS Informational Bulletin. For example, “ABA services are designed to develop, maintain, or restore, to the maximum extent practicable, the functioning of an individual.” In addition, we request ABA services be rendered in accordance with an individualized ABA treatment plan. The ABA treatment plan shall: 1. be developed by a BCBA 2. be person-centered and individualized; 3. delineate the baseline levels of target behaviors; 4. specify long- and short-term objectives that are defined in observable, measurable, behavioral terms; 5. specify the criteria that will be used to determine achievement of objectives; 6. include assessment and treatment protocols for addressing each of the target behaviors; 7. clearly identify the schedule of services planned and the individuals responsible for delivering the services, including frequent review of data on target behaviors and adjustments in the treatment plan and/or protocols by the BCBA as needed; 8. include training and supervision to enable BCaBAs and technicians to implement assessment and treatment protocols; 9. include training and support to enable parents and other caregivers to participate in treatment planning and treatment plan implementation; 10. include care coordination involving the parents or caregiver(s), school, state disability programs, and others as applicable; 11. ensure that services are consistent with applicable professional standards and guidelines relating to the practice of applied behavior analysis as well as state Medicaid laws and regulations. (b) Eligible Provider Types The inclusion of

		Board Certified Behavior Analysts (BCBA's) and Board Certified Assistant Behavior Analysts (BCABA's) who are certified by the Behavior Analyst Certification Board is appropriate. However, in order to provide ABA in a manner that meets the level of medical necessity required under EPSDT, the specified services should also include services delivered by technicians at the discretion and under the supervision of a BCBA or BCABA. This tiered-delivery model is the national standard of care specific to ABA and is clearly defined by the Behavior Analyst Certification Board in its practice guidelines. CMS allowed for the inclusion of unlicensed providers (such as behavior technicians) when it amended its preventative care regulations. Every state that has implemented an ABA benefit under EPSDT has included behavior technicians as part of the service delivery model. To exclude this provider type in Oklahoma would preclude the state from delivering medically care with any sort of reasonable promptness. Because of this, we request that the following language replace the eligible provider types listed in the proposed regulation: To direct, supervise, and render ABA services, a professional shall meet the following qualifications: 1. be currently certified by the Behavior Analyst Certification Board® _(BACB) as a Board Certified Behavior Analyst® _(BCBA) or Board Certified Behavior Analyst-Doctoral® _(BCBA-D) or be currently licensed by the state to practice psychology and have ABA in the scope of his/her education, training and competence (hereinafter licensed psychologist; LP); 2. be covered by professional liability insurance in the amounts designated by the Medicaid

		agency; 3. have no sanctions or disciplinary actions by the applicable state licensing board or the BACB; 4. have no Medicare or Medicaid sanctions or exclusions from participation in federally funded programs; and 5. have a completed criminal background check to include federal criminal, state criminal, county criminal, and sex offender reports for the state and county in which the professional is currently working and residing. Assistant behavior analysts who render or supervise ABA services shall meet the following qualifications: 1. be currently certified by the BACB as a Board Certified Assistant Behavior Analyst (BCaBA); 2. be currently supervised by a BCBA or BCBA-D; 3. be covered by professional liability insurance in the amounts designated by the Medicaid agency; 4. have no sanctions or disciplinary actions by the BACB; 5. have no Medicaid or Medicare sanctions or exclusions from participation in federally funded programs; and 6. have a completed criminal background check to include federal criminal, state criminal, county criminal, and sex offender reports for the state and county in which the assistant behavior analyst is currently working and residing. Technicians who render ABA services shall 1. be credentialed by the BACB as a Registered Behavior Technician™ (RBT™); or 2. meet qualifications specified by the state Medicaid agency; or 3. meet qualifications specified in other state laws, rules or regulations, such as rules regarding vendor qualifications. 4. All technicians shall: a. work under the supervision of a BCBA, BCBA-D, BCaBA who is supervised by a BCBA or BCBA-D, or LP. RBTs are required by the BACB to be supervised by BCBAs, BCBA-Ds,

		BCaBAs, or members of a professional group officially granted supervisory privileges by the BACB; b. have no Medicaid or Medicare sanctions or exclusions from participation in federally funded programs; and c. have a completed criminal background check to include federal criminal, state criminal, county criminal, and sex offender reports for the state and county in which the technician is currently working and residing. (d)(2)((B) "Be based on criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders – V (DSM-V)_…" We request that the language be tied to the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM). Thus, the suggested wording is "be based on criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders -V (DSM-V) or the most current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM)." (d)(3) "There must be a reasonable expectation that the member will benefit from ABA. The member must exhibit: (A) The ability/capacity to learn and develop generalized skills to assist with his or her independence; and (b) The ability to develop generalized skills to assist in addressing maladaptive behaviors associated with ASD. (d)(5) "The member exhibits atypical or disruptive behavior within the most recent thirty calendar days that significantly interferes with daily functioning and activities that includes one or more of the following ..: (A) Impulsive aggression towards others; (B) Self-injury behaviors; or "(C) Intentional property destruction. Although waiver services are able to limit Medicaid benefits, it is critical to note that no other state has implemented such

		prohibitive requirements as those stated above when covering ABA under EPSDT, which they clearly violate. The CDC indicates in their most recent autism prevalence study that 1 in 59 children are diagnosed with autism spectrum disorder. ASD is characterized by challenges with social skills, repetitive behaviors, speech and nonverbal communication. 31% of children with ASD have an intellectual disability (intelligence quotient [IQ] <70), 25% are in the borderline range (IQ 71–85), and 44% have IQ scores in the average to above average range (i.e., IQ >85). To limit the services to the criteria suggested would exclude the vast majority of children diagnosed with ASD. Thus, the language included in (d)(3) and (d)(5) violates the clearly stated intention of EPSDT. As previously mentioned, the CMS Informational Bulletin requires states to cover treatment "that is determined to be medically necessary to correct or ameliorate any physical or behavioral conditions." It goes on to state that "all deficits and conditions arising from a child's ASD are subject to treatment." It is our recommendation that these criteria be eliminated from the proposed regulation. (b)(7) It has been determined that there is no less intensive or more appropriate level of services which can be safely and effectively provided. Medically necessary care as defined under EPSDT does not in any capacity allow for a fail-first approach to treatment. Rather, treatments are intended to correct or ameliorate all deficits and conditions arising from a child's ASD. This includes services prescribed as medically necessary and can include a variety of evidence-based treatments, including speech therapy, occupational therapy,

		physical therapy and other services already covered under Soonercare. It is our recommendation that these criteria be eliminated from the proposed regulation. (e)(2) "The ABA treatment will be time limited." EPSDT requirements clearly prohibit imposing limits on intensity or duration of services. We request that this language be removed from the proposed regulation. (e)(2)(I) "Include parent(s)/legal guardians in behavioral training techniques so that they can practice additional hours of intervention on their own. The treatment plan is expected to achieve the parents/legal guardians' ability to successfully reinforce the established plan of care…" (e)(2)(J) "Document parents/legal guardians' participation in the training of behavioral techniques in the member's medical record…" As previously mentioned, an ABA program should include training and support to enable parents and other caregivers to participate in treatment planning and treatment plan implementation; This participation is not in lieu of the provision of medically necessary care required under EPSDT. It is inappropriate and discriminatory to expect parents/guardians to provide intervention on their own or to have their participation tracked and documented in the member's medical record. We request that both (e)(2)(I) and (e)(2)(J) be removed from the proposed regulation. Should you need additional information, please do not hesitate to contact me at judith.ursitti@autismspeaks.org. Sincerely, Judith Ursitti Director, State Government Affairs
05/17/2019	Oklahoma Disability Law Center and Autism Legal Resource Center	Dear Sir or Madam, The Oklahoma Disability Law Center and the Autism Legal Resource Center are submitting

		these comments in connection with proposed emergency rule for Early and Periodic Screening Diagnostic and Treatment (EPSDT) coverage of Applied Behavior Analysis (ABA) services for Medicaid eligible children under 21 years of age with Autism Spectrum Disorder (ASD). As President of the Autism Legal Resource Center LLC and previously as Executive Director of the Autism Speaks Legal Resource Center, I have worked on issues involving EPSDT coverage of ABA for ASD nationally and in almost every state. The Oklahoma Disability Law Center (ODLC) serves as the Protection and Advocacy Agency for the State of Oklahoma. ODLC provides federally funded legal services to persons with disabilities and is especially focused on systemic issues to protect and promote the rights of people with disabilities. We commend the Oklahoma Health Care Authority (OHCA) for moving to implement coverage of necessary care for children with autism as required by EPSDT and re-emphasized in the CMS Informational Bulletin of July 7, 2014. In its current form, however, OHCA's proposed coverage policy contains a number of provisions that limit or impede access to medically necessary care in contravention of EPSDT and other federal requirements. In particular, restrictions on the scope of treatment, apparent "fail-first" requirements, improper pre-authorization and reauthorization criteria, extraneous diagnostic procedures, and conditioning a child's access to medically care on compliance with mandatory parental participation requirements violate Medicaid's Early Periodic Screening Diagnosis and Treatment (EPSDT) mandate, the federal Mental Health Parity and Addiction

		Equity Act (MHPAEA) , the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act, and Section 1557 of the Affordable Care Act. In addition to these specific defects, the policy itself appears to be based on a fundamental misconception of the nature of Applied Behavior Analysis (ABA) treatment for children with Autism Spectrum Disorder (ASD) and the requirements of EPSDT as applied to children with ASD. To insure that EPSDT eligible children in Oklahoma are provided access to all medically necessary ABA services to correct or ameliorate their deficits and conditions so that they can enter into adulthood as functional as possible, we request that OHCA withdraw and revise the proposed coverage regulations and engage in an open collaborative process with knowledgeable stakeholders to develop an appropriate and effective policy. Our specific concerns and recommendations are set forth below. I. Mandatory Parental Participation Requirements 317:30-65.12 (a)(5) This section states that "services are designed to accomplish medically necessary management of severe and complex conditions in which there is a realistic expectation that within a finite and reasonable time the caregiver will be able to demonstrate knowledge and ability to independently and safely carry out the established plan of care." Concern: The purpose of ABA treatment of ASD is not to train parents or other caregivers to become behavior technicians with the skills and expertise to manage the current problem behaviors of the beneficiary. Rather, consistent with EPSDT requirements, the purpose of ABA is to correct or ameliorate all debilitating conditions forming the

		basis of the ASD diagnosis so that dysfunctional behaviors are eliminated or reduced and social and communication skills are developed resulting in the individual being able to function as independently as possible. Recommendation: Delete 317:30-65.12 (a) (5) and replace with a statement consistent with EPSDT requirements and the generally accepted science and practice of ABA. For example, "Applied Behavior Analysis (ABA) and other evidence-based behavioral intervention services, prevent or minimize the adverse effects of ASD and promote, to the maximum extent practicable, the functioning of a beneficiary." 317:30-65.12 (e)(2)(I) and (J) Parental Participation Requirements These sections state: (I) Include parent(s)/legal guardian(s) in behavioral training techniques so that they can practice additional hours of intervention on their own. The treatment plan is expected to achieve the parent(s)/legal guardian(s) ability to successfully reinforce the established plan of care. Frequency of parental involvement will be determined by the treatment provider and listed on the treatment plan; (J) Document parent(s)/guardian(s) participation in the training of behavioral techniques in the member's medical record. Parent(s)/legal guardian (s) participation is critical to the generalization of treatment goals to the member's environment ABA Request for Services Pursuant to Early & Periodic Screening, Diagnostic, and Treatment (EPSDT) (Request Type Initial) The form states: The expectation is for the parent/guardian to attend & participate in each session with the member, so please list the recommended treatment hours per week . . . Lack or parental

		attendance/involvement will result in discontinuance of authorization of services. ABA Request for Services Pursuant to Early & Periodic Screening, Diagnostic, and Treatment (EPSDT) (Request Type Extension) The form states: The expectation is for the parent/guardian to attend & participate in each session with the member. For each ABA session please document the date & time of each session, the goals and objectives hat were utilized, and whether the member and parent/guardian were able to (a) understand the goals & objectives, (2) apply the ABA technique(s). ***Please Note: Lack of parental attendance/involvement will result in discontinuance of authorization of services. Concern Requiring parents to participate in 100 percent of therapy sessions and understand and perform sophisticated behavioral interventions and terminating medically necessary care for a child if parents are unable or fail to do so regardless of regardless of the clinical judgment of the treating provider as to how and when parents should be involved and regardless of whether the child is progressing and generalizing skills, violates EPSDT, MHPAEA, ADA and Section 504 and Section 1557 of the ACA. None of the states with Medicaid EPSDT coverage of ABA for ASD imposes such an extraordinary and discriminatory restriction. The requirements are contrary to general standards of care and improperly limit access to treatment regardless of the needs of the child and demonstrated individualized effectiveness of ongoing treatment. As set forth in the latest statement on this issue by the Behavior Analyst Certification Board (BACB) and the Association of Professional Behavior

		Analysts (APBA): authorizations for services to the client should not be predicated on requirements for parents or other caregivers to participate in training or to implement treatment protocols with the client for any fixed, pre-determined amount of time. Further, that time must not be counted toward, substituted for, or offset against ABA services delivered directly to the client by professional behavior analysts, assistant behavior analysts, and behavior technicians. As the Guidelines state, "…while family training is supportive of the overall treatment plan, it is not a replacement for professionally directed and implemented treatment" (p. 37). Contrary to EPSDT requirements that children have access to all medically necessary care to correct or ameliorate their illness of condition based on individualized determinations , OHCAs proposed parental participation requirements discriminate against the children of working parents, single parents, disabled parents, families with more than one child, older children, children receiving intensive services in a variety of community settings outside the home, including clinics, and generally and disproportionately affect lower income and culturally diverse families. Parents are not therapists. The extent of their involvement and ability to support an ABA therapy program is dependent on individual and family factors and the professional judgment of therapist. The nature and degree of parental or caregiver support may vary based on numerous factors, including employment, other family responsibilities, health issues, disability and personal capabilities of the caregiver. Childcare workers may have a variety of

		personal and employment issues. Personal limitations based on a parent or guardian's particular social or economic situation cannot serve as a basis for refusing to provide medically necessary treatment to the child. In addition, the necessity of caregiver participation may vary depending on the nature and location of interventions and the age, symptoms and treatment targets of the individual receiving care. Requiring a specific quantity, quality or type of participation by parents or guardians as a precondition to treatment would be an improper barrier to care in violation of EPSDT and an impermissible discriminatory treatment limitation in violation of MHPAEA. We note that regardless of caregiver participation, in order to continue with treatment, a child will need to meet appropriate medical necessity/efficacy requirements and as with any condition, this is all that should be required. Recommendation Delete the quoted sections from the initial authorization and reauthorization ("extension") forms. Delete sections I and J. Delete section 317:30-65.12 (f)(5) Refocus reauthorization request to data demonstrating progress towards treatment goals and objectives in the treatment plan. Do not require submission of all session notes and data which may be extremely voluminous with intensive programs and which will already have been provided in connection with billing claims. II. Limitations on Providers 317:30-65.12 (b) Eligible Providers This section lists only personnel authorized to direct and supervise ABA services in addition to rendering services. There does not appear to be any authorization for services performed by behavior

		technicians acting under the direction and supervision of BCBAs. Concern Behavior technicians are a critical component of the well-established tiered delivery system for ABA treatment of ASD. Because of the intensity of services required for effective treatment and the limited number of BCBAs, it is impossible to deliver adequate services without the use of trained behavior technicians who deliver the bulk of direct day to day services. All other EPSDT Medicaid coverage programs in the country recognize and use behavior technicians. CMS specifically amended the preventive care regulations to ensure that unlicensed providers, including unlicensed behavior technicians supervised by nationally certified BCBAs, could provide services recommended by a licensed provider acting within the scope of his or her license. Also, Oklahoma's Board Certified Behavior Licensure law recognizes the use of supervised behavior technicians. Okla. Admin. Code §340:100-18-1(b)(11), (c)(2). In order to fulfill its obligation to deliver medically necessary ABA services with reasonable promptness, it is essential for OHCA to include this category of provider. There are insufficient numbers of BCBAs to perform direct treatment, nor would it be cost effective to do so. Nor, as discussed above, could parents be required to serve as behavior technicians in lieu of qualified healthcare personnel. Behavior technicians serving under the direction and supervision of BCBAs should be explicitly recognized as providers. To avoid unnecessary administrative costs, it is not necessary for OHCA to separately enroll and credential these providers as common practice in state Medicaid

		programs is for them to serve under and bill through Medicaid enrolled BCBAs who are responsible for their work. Recommendation Add behavior technicians as personnel authorized to deliver ABA services under the supervision and direction of eligible providers as currently set forth at 317:30-65.12 (b). Work with stakeholders to establish appropriate provider criteria for behavior technicians under 317:30-65.12 (c). 317:30-65.12(g) The proposed regulations do not identify the billing codes to be used nor have these been provided elsewhere Recommendation Identify the billing codes to be used correlated to provider type. Most funders have recently begun using the AMA Category 1 CPT Codes for Adaptive Behavior Treatment. III. Improper Restrictions on Scope of Treatment (severe behavior requirements) 317:30-65.12 (d)(3) Medical Necessity Criteria The proposed policy requires that to demonstrate a reasonable expectation that the member will benefit from ABA, the member must exhibit: (A) The ability/capacity to learn and develop generalized skills to assist with his or her independence; and (B) The ability to develop generalized skills to assist in addressing the maladaptive behaviors associated with ASD. Concern No other state Medicaid program in the country imposes these requirements as a condition to receiving EPSDT required ABA treatment as they would significantly prevent access to care. Indeed, it is typically precisely because a child does not independently demonstrate the ability to learn and generalize skills that a child is prescribed ABA treatment. Recommendation Eliminate subparts (A) and (B) and revise 317:30-65.12 (d)(3) to

		state: There must be a reasonable expectation that the member will benefit from ABA. 317:30-65.12 (d)(5) In addition to having to have an ASD diagnosis, for any ABA treatment to be considered medically necessary the member must exhibit "atypical or disruptive behavior within the most recent (30) calendar days that significantly interferes with daily functioning and activities that includes one (1) or more of the following. . . (A) Impulsive aggression towards others; (B) Self-injury behaviors; or Intentional property destruction. Initial authorization and extension request forms require detailing severe behaviors within the preceding 30 day and 14-day periods. Concern This extraordinary severe behavior restriction plainly violates EPSDT and is not found in any other state's Medicaid program for EPSDT coverage of ABA treatment for ASD. The provision further violates the requirements of the Wellstone-Dominici Mental Health Parity and Addiction Equity Act (MHPAEA) and Section 1557 of the ACA prohibiting discrimination based on disability and by withholding treatment necessary to ameliorate a child's significant ASD deficits and exposing him or her to likely institutionalization, the ADA and Section 504 of the Rehabilitation Act. Clinically significant deficits in the areas of communication, social interaction and behavior form the basis of the ASD diagnosis which the policy already requires in order to access care. Placing further requirements on access to care or limiting that care to a subset of clinically significant conditions is plainly improper. The EPSDT mandate requires that all deficits and conditions arising from a child's ASD are subject to treatment and

		treatment must be provided when medically necessary to correct or ameliorate any of the deficits and conditions of a child's ASD. It is axiomatic that services may be required in many instances to improve the symptoms of a child's ASD even though the child does not currently manifest specific, disruptive, problem behaviors as referenced by this provision. Moreover, in addition to treating current symptoms of ASD, treatment may often be necessary to prevent deterioration. This is especially important with young children with autism who are often at risk of losing skills. Also, precursor behaviors that may ultimately lead to more severe behaviors such as aggression should be addressed and treated as soon as possible to prevent more complex, challenging behaviors from arising. Other states that have considered similar severe behavior provisions, including Missouri, California, Florida and Nevada, have rejected them based upon consideration of public comments and EPSDT requirements. While a few states, such as Louisiana, have broadened their descriptions of behavioral and functional deficits to track the ASD diagnosis criteria, other states follow the better and clearer course of rejecting separate behavioral requirements and instead simply require an ASD diagnosis. For example, after stakeholder input, Colorado withdrew proposed requirements for severe behavior or behavior that interferes with community activities for those with ASD. Instead, recognizing that the ASD diagnosis already encompasses clinically significant behavioral and functional deficits, Colorado simply requires an ASD diagnosis. In addition to provide

		treatment commensurate with a child's ASD diagnosis, OHCA should also make provision for children with other health conditions for whom ABA services are medically necessary. Also, the proposed regulation excludes coverage of ABA for children who are not "medically stable," who require 24-hour monitoring or who are in hospitals or intermediate care facilities. 317:30-65.12(d)(4). There may be situations where ABA services are medically necessary for such children and therefore must be available pursuant to the EPSDT mandate. Provisions should be made for this care either in this policy or another coverage policy applicable to these children. Recommendation Delete 317:30-65.12 (d)(5) and 317:30-65.12 (d)(6) and severe behavior data requirements on initial and subsequent authorization forms. The treating clinician may properly be required to show data demonstrating effectiveness of treatment on treatment plan targets in connection with the request for further treatment. Make provision for children identified in 317:30-65.12(d)(4) to access ABA services when medically necessary and eliminate prohibition on services for other diagnoses for which ABA is shown to be medically necessary. 317:30-65.12(d)(7) The policy requires that it has been determined that there is no less intensive or more appropriate level of services which can be safely and effectively provided. Concern Combined with requirements to list other interventions attempted on the initial treatment request form, this section appears to contemplate a "fail first" requirement that other therapies must be used first and shown to not result in measurable improvement, and should be eliminated. Prompt, appropriate

		treatment based on individualized clinical determinations is critical in the treatment of ASD. ABA is generally recognized as the most proven effective treatment for ASD. Alternative treatments cannot be required by the state unless it can demonstrate that they would be equally effective. Forcing a child to first undergo other types of unrecommended and even potentially contraindicated treatment in place of the treatment recommended by his or her treating professional based on evaluation of relevant circumstances and professional judgment contravenes the EPSDT mandate to promptly provide necessary care based on individualized determinations and threatens to worsen the child's prognosis through delay in needed treatment. It is also improper to relegate a child to achieving merely "some" measurable benefit from an alternative, less-effective treatment, in place of generally accepted treatment recommended to substantially correct or ameliorate the full range of a child's ASD deficits and conditions to achieve maximum function and reduction of disability. No other state imposes this requirement on its EPSDT coverage of ABA, and the few states that considered such a provision (e.g. Florida, Nevada, Colorado) ultimately withdrew it after stakeholder input. Recommendation Delete 317:30-65.12(d)(7) and references to other "interventions" on the initial authorization form. IV. Improper Authorization Requirements The initial authorization form requires IQ testing to be submitted to demonstrate that the treatment will not be custodial. Concern Generally accepted standards of care do not require IQ testing as a prerequisite for commencing treatment. Studies indicate that IQ scores may increase with

		treatment as a child develops attending skills. In any event, children with relatively low IQ scores can still make significant progress with ABA treatment. Again, other states, consistent with the EPSDT mandate, do not require IQ scores as a condition for accessing treatment and imposing this unnecessary requirement will improperly delay access to treatment. Recommendation Delete requirement for IQ testing. 317:30-65.12 (e)(2) This section states that ABA treatment will be time limited. Concern References throughout the policy refer to ABA as "time limited." It is not clear what the intent is, but it would be wholly improper to deprive a child of necessary care merely because of the duration of treatment. EPSDT requirements prohibit imposing hard caps on intensity or duration of services. Care must be provided based on individual medical necessity. As long as a child is making substantial progress towards ameliorating the deficits of ASD treatment should continue. Moreover, as with many long-term, often chronic disorders, some level of treatment may be necessary for maintenance of function and prevention of deterioration. It is well established, that EPSDT requires coverage of such treatment. Recommendation To avoid confusion and potential improper denials of care, delete references to ABA as being "time limited." 317:30-65.12 (e)(2)(a)(b) Treatment (presumably treatment plan) requirements are to be strength specific and least intrusive as possible. Concern General language such as this can be subject to confusion and potentially improper second-guessing of individualized clinical judgments by treating professionals. While strengths

		may be considered in treatment planning, as with any condition, treatment of ASD is focused on amelioration of deficits and weaknesses. Making significant progress can entail highly intrusive protocols and techniques that will ultimately result in a child being able to function in mainstream environments. ABA is inherently an individualized treatment applied and generalized in natural environments in addition to structured teaching environments. Recommendation Delete 317:30-65.12 (e)(2)(a) and (b) or limit language in sections to state that treatment will be based on individualized needs and goals and delivered in a culturally competent manner. 317:30-65.12 (e)(2)(h) ABA treatment must "document planning for transition through the continuum of intervention, services, settings, as well discharge criteria." Concern Transition and discharge from services is highly individualized and subject to change as treatment progresses. There is no set course through a continuum of services. There may or may not be a transition to other services depending on attainment of treatment goals, current issues and whether any other services are needed and likely to be effective. The quoted section seems to imply this is to be determined at the outset of treatment which is unrealistic and inconsistent with general standards of care. Discharge criteria may evolve and must be consistent with EPSDT goals of maximum reduction of the debilitating aspects of a child's ASD. Recommendation Revise section to require documentation of planning for transitions or discharge when expected to occur during current authorization period. 317:30-65.12 (f)(6)

		It is required that the “treatment plan documents a gradual fading of higher intensities of intervention and shifting to supports from other sources (i.e. schools) as progress occurs. Concern This section is inconsistent with EPSDT requirements and generally accepted standards of care. Treatment decisions must be based on individualized determinations of medical necessity and what treatment is necessary to correct or ameliorate a child’s condition. Schools services are not a substitute for medically necessary care. For some children proper care may involve a tapering of hours as a child completes therapy for others continued high intensity treatment may be necessary to allow a child to build the range of requisite skills and extinguish problem behaviors to correct or ameliorate the child’s ASD and achieve maximum function. Treatment typically takes place over multiple authorization periods with new medically necessary treatment targets being addressed as others are mastered. It is manifestly improper and contrary to sound medical practice to require tapering to occur in every authorization period where progress is made. 317:30-65.12(f) (2) ABA extension requests The frequency of the target behavior has diminished since last review. Or if not, there has been modification of the treatment or additional assessments have been conducted. Concern This section and others in the paragraph do not seem to take into account skill building targets as opposed to deceleration of problem behavior which is merely one type of treatment goal. Recommendation Revise section to simply require submission of data showing progress on goals and objectives of the treatment plan. 317:30-

		65.12(e)(2)(K) Ensure that recommended ABA services do not duplicate, or replicate services received in a member's primary academic education setting or provided within an individualized Education Plan (IEP) or Individualized Service Plan (ISP). Concern Care must be taken not to conflate education related services schools must provide with medically necessary care which remains the responsibility of OHCA. IDEA services are provided by school personnel to allow a child to access the educational curriculum to achieve an educational benefit. EPSDT services are medically necessary care to correct or ameliorate the defects and conditions of a child's ASD and are provided by qualified healthcare providers in accordance with professional standards pursuant to an approved treatment plan. Services set forth in an IEP would typically not be duplicative of EPSDT services and would not be coverable as medical assistance, so the exclusion in the rule should be very limited. It is possible that some medically necessary ABA care could be included in an IEP as a related service or in a 504 plan as an accommodation, however, in such circumstances, the Medicaid agency would continue to be responsible for this care if Medicaid service delivery requirements, including provider credentials, have been met. If such requirements are not met, the service should not be considered duplicative. Recommendation Add to the section a statement that services will not be considered duplicative or a replication of school services unless such services meet Medicaid EPSDT standards and that ABA treatment in a school setting will be covered by OHCA when medically necessary. 317:30-65.12(d)(6) This

		section requires that the focus of the treatment is not custodial in nature which it defines as care provided when the member has reached the maximum level of physical and mental functioning and is not likely to make further significant improvement or where the primary purpose of the type of care provided is to attend to the members daily living activities which do not entail or require the continuing attention of trained medical or paramedical personnel. Concern Care must be taken to ensure that treatment for maintenance of function is covered. In addition, treatment targets that may involve functional living skills are not custodial in nature and not for the purpose of providing attendant care but for the purpose of allowing the member to develop essential functional skills that have not been acquired naturally because of the members ASD deficits. Recommendation Add language that developing, restoring, or maintaining self-help, daily living, or safety skills of the member as part of the ABA treatment plan for correcting or ameliorating conditions attendant to the member's ASD does not constitute custodial care. Add statement that ABA services to maintain function or prevent deterioration do not constitute custodial care. Thank you for considering these comments. If you require anything further, please do not hesitate to contact us. Respectfully submitted, Brian Wilkerson Director of Litigation and Legal Services Oklahoma Disability Law Center, Inc. 918-347-5146 brian@okdlc.org Daniel R. Unumb President Autism Legal Resource Center LLC 803-608-1160 danunumb.alrc@gmail.com

05/17/2019	Christina Newendorp	I appreciate OKHCA adding Applied Behavior Analysis coverage. Many Oklahoma families with disabled children, including those like mine who have autism spectrum disorder and are eligible for Soonercare through TEFRA, have been waiting for this coverage for many years. However, I have concerns with some of the proposed rule language. First, the word "significant" family involvement does not have to be included to align with the EPSDT coverage guidelines under Medicaid. I would also add that language exists in the CMS Informational Bulletin describing ABA coverage that the Oklahoma rules should align with closely. ABA treatment plans should be designed by a Board Certified Behavior Analyst. They should be person centered and individualized. And they can be delivered by registered behavior technicians under the supervision of a BCBA, similar to how occupational therapy plans are currently carried out by COTAs supervised by OTRS, or speech therapy plans carried out by SLPAs supervised by SLPs. The rules should be developed with current DSM-V definitions of autism spectrum disorder or any other condition that would be prescribed ABA treatment by a physician, not a specified list of behaviors. Rules that specify certain types of behavior such as "aggression" or "property destruction" as the only means to access ABA are superceding a physician's ability to prescribe ABA as a medically necessary treatment as they see it is needed. Do not add time limits to the treatment in the rules for the same reason. The rules should not supercede a physician's ability to prescribe medically necessary treatment. And finally, do not add rules that require a certain amount of

		parent/guardian involvement in their child's treatment plan. Only a physician and the qualified ABA providers would know the individual circumstances of a particular patient and how much parent involvement/training is necessary to provide the treatment. This rule is adding an unnecessary and inappropriate hurdle to access ABA care for families.
05/17/2019	Andrea	Thank you for this opportunity to Express our concerns. Parent involvement is always an important aspect of a child's treatment but should not be a deciding factor of whether a child receives treatment. Parents need to be able to work to provide for their family. Parents are not required to attend other therapy sessions such as speech, OT, and PT, and should not be expected to attend ABA sessions. It is important that ABA be provided according to the tiered service delivery model consisting of a BCBA, BAaBA, RBT. All individuals with ASD must be allowed to access to ABA treatment including children who do not exhibit aggressive behaviors, property destruction or self-injury. Being proactive with treatment may detour the severity of behaviors from developing. It would be negligible for families to have to wait until these behaviors surface to be able to access treatment. CMS does not limit mandated coverage to those with challenging behaviors, but does apply to all individuals on the Autism Spectrum.
05/17/2019	Michi Medley	As both a mother of a child with profound autism who has received and still requires ABA, and as a professional in the autism community, I have concerns with the proposed rules as written. First, I believe strongly that parent training is not a substitute for medical necessary care. I am saying this as parent who has been trained in ABA. I cannot work with my son

		the same way I can work with another child, nor should I be expected to. Many parents of children with autism are under extreme stress and suffer intense fatigue. To ask somebody in that state to implement their child's medical therapy is not safe or advisable, especially when you are shaping behaviors. ABA must be provided and supervised in an evidence-based manner by qualified providers such as a BCBA, BCaBA, and a RBT. Not by a parent. Secondly, coverage should not be limited to those with challenging behaviors or a certain IQ. ABA has been proven to be effective for those across the spectrum. If provided to children before they exhibit challenging behaviors, it could prevent these behaviors too. Also, children with profound autism sometimes have a high IQ, so this rule really is very conflicting and stigmatizing. As both a parent and as professional I have seen the huge benefits of ABA and I hope that you can make this more accessible to children and families, as I believe it will reduce costs to the state in the long run. Thank you.
05/17/2019	Bonnie McBride	In response to OHCA's proposed coverage and reimbursement of ABA services as an EPSDT benefit, I encourage OHCA to revise the language in the current circulation document APA WF# 19-03 to ensure Oklahoma citizens living with autism have access to medically necessary care. Recommended areas for revision include: 1. Parent training requirement. While parent training is an important element of ABA treatment it should not be included as a requirement for accessing medically necessary care. We know from the research on family outcomes that parents of children with autism often experience higher levels of stress, lower levels of satisfaction with

		their family quality of life, and higher rates of maternal depression as compared to parents of children with other special needs (for review see Karst & Van Hecke, 2012; Hsiao, 2018; Jellett, Wood, Giallo, & Seymour, 2015). The requirement for parent participation could place an undue burden on parents caring for a child with autism and add to parental stress. Parent participation in treatment should be encouraged but not required. 2. Documented occurrence of severe externalizing behavior. The requirement that coverage be limited to only those children who display severe problem behaviors is counterproductive. While ABA is an effective approach for addressing challenging behaviors this requirement does not meet the purpose of EPSDT which is to intervene early so that at the very least symptoms do not become worse and ideally symptoms are ameliorated. Treatment goals should be tied to intervention that directly addresses the core areas of need for children with autism as is defined in the DSM-5. 3. Include RBT's or BT's as provider types. This will increase access to needed medically necessary care. The result of restricting treatment to only BCBA's will increase the cost to the state and severely limit access.
05/17/2019	Rebecca Womack	Dear Oklahoma Health Care Authority, The Behavior Analysis Advocacy Network (BAAN) is pleased to write you on behalf of providers who are dedicated to ensuring that life changing applied behavior analysis persists. We celebrate with Oklahoma residents as families with children who have autism will soon have access to applied behavior analysis (ABA) therapy. In an effort to promote both efficient an effective service delivery, we appreciate the opportunity to provide

		feedback regarding the recent proposed rule changes. 317.30.65 -12 Applied Behavior Analysis Services BAAN values and appreciates the acknowledgement of Board Certified Behavior Analysts (BCBA), and Board Certified Assistant Behavior Analysts (BCaBA) as being both competent and appropriate for delivering treatment. However, the omission of a Registered Behavior Technician (RBT) is clearly reflected. This is a departure from a service model contained in the recommended standards of care in the Practice Guidelines put forth by the Behavior Analyst Certification Board (BACB). There is a combined total of 98 BCBAs and BCaBAs that are registered as living in the state of Oklahoma (https://www.bacb.com). As of 2018, there were 518,428 children receiving SoonerCare in the state of Oklahoma. Given the rate of autism cited by the Center for Disease Control, statistically speaking, the availability of BCBAs and BCaBAs go provide ABA therapy is grossly disproportionate to the level of need exhibited by the number of children with autism in the state of Oklahoma who receive Medicaid. BAAN respectfully requests reconsideration of this omission and the subsequent recognition and approval of an RBT to deliver services. 317.30.65 -12 Medical Necessity Criteria BAAN is gravely concerned that in order to access services, children must first exhibit dangerous or self-injurious behavior. Standards of care, best practices, and evidence-based research reflect that symptom remediation associated with medically necessary treatment must be associated with targeted treatment of all factors limiting the child's impendence and functioning. Social skill and communication deficits,

		while not necessarily always risky or injurious, can greatly limit a child's ability to gain necessary skills to live a life of independence with a reduce risk of harm. BAAN requests that services for children with autism be accessed on the basis of their diagnosis of autism in keeping with mental health parity regulations. 317.30.65 -12 (I) Intervention Criteria Caregiver involvement is certainly important for the success of services. BAAN encourages OHCA to parent participation in light of the guidelines set forth by the Behavior Analyst Certification Board (BACB) in conjunction with the Association of Professional Behavior Analysts (APBA): "… authorizations for services to the client should not be predicated on requirements for parents or other caregivers to participate in training or to implement treatment protocols with the client for any fixed, pre-determined amount of time. Further, that time must not be counted toward, substituted for, or offset against ABA services delivered directly to the client by professional behavior analysts, assistant behavior analysts, and behavior technicians. As the Guidelines state, "…while family training is supportive of the overall treatment plan, it is not a replacement for professionally directed and implemented treatment" (p. 37) Direct therapy services should never be reduced in proportion to any increase caregiver involvement, but rather as a reflection of symptom remediation as evidenced by all measurable criteria stated in this transition section. This is in keeping with the recommendations and standards of practice set forth by the BACB. BAAN sincerely thanks OHCA for their receptiveness to feedback regarding the

		proposed rule changes. We welcome the opportunity to discuss this with you further should you have any questions or concerns. Respectfully Submitted. Rebecca Womack, MS, BCBA, LBA Executive Director
05/17/2019	Zie	This aba therapy will change the lives of many families.
05/17/2019	Tiffanie Moore	As a BCBA honored to serve families in the state of Oklahoma, I am thankful that Oklahoma Healthcare Authority is taking action to improve access to medically necessary services for individuals with autism. While the proposed emergency rule is surely a step in the right direction, certain restrictions will severely limit access to care. Please consider the following comments/recommendations to remove barriers to treatment. 317:30-3-65.12 (a2) Regarding Settings: Consider adding school as an appropriate setting, as many individuals require generalization and maintenance support to thrive in educational environments. While public schools must provide a free and appropriate public education, many families of individuals with autism find themselves considering alternative schooling options (i.e. homeschool) upon discovering the needs of their child go unmet without additional support by professionals trained in ABA. Providers can develop and implement interventions in the school setting that increase the likelihood that individuals can independently access general education, without overlapping with or replicating IEP goals. (b) Regarding Eligible Providers: To meet the needs of Oklahoma families, utilizing a tiered-delivery model that includes RBTs is crucial. If RBTs are unable to provide services under the supervision of BCBAs, access to services will be extremely

		limited. Including human services professionals as a separate category of providers seems arbitrary, as anyone with the appropriate credentials (certified by the BACB and licensed by DHS DDS) should be eligible to practice regardless of other/additional credentials. (d5) Regarding Medical Necessity: Limiting coverage to individuals with aggression, self-injurious behavior, and property destruction is inconsistent with CMS and EPSDT requirements. Further, requiring documentation of severe maladaptive behaviors for 30 days prior to treatment is a clear barrier to services. Without appropriate training, caregivers will be burdened with attempting to meet the needs of family members and gather documentation that is outside of their scope and role within the family support system. The same concerns exist when using IQ to determine medical necessity. If deemed medically necessary by the individual's care team, including a referring physician and BCBA, services should be available to all individuals across the autism spectrum. (d7) Regarding Less Intensive Interventions: This language is consistent with a "fail first" policy and does not align with best practice. Early intervention is an evidence-based approach to treatment and services should not be delayed while attempting to prove what years of research have already demonstrated, ABA is effective in remediating symptoms consistent with autism. While other therapies may serve to supplement treatment, requiring documentation that less intensive interventions have been ineffective prior to ABA treatment is a clear violation of EPSDT and Mental Health Parity Act. (e2i) Regarding Parent

		Participation: Parent involvement is an important aspect of treatment and recommendations will be individualized for each family. However, treatment should not be denied, reduced, or predicated on parent training requirements. Doing so will undoubtedly limit access to an already vulnerable and under-served population and is a violation of Mental Health Parity Act. Please note that ABA should not be viewed through the lens of intense, acute care. While planning for treatment fading is critical, reduction of services should be based on criteria specific to each individual's needs (ex. performance on functional assessments and/or norm-referenced assessments) rather than arbitrary time limits. Thank you for your consideration and working to improve services for individuals with autism in our great state.
05/17/2019	Julia Martin	Dear OHCA, As a concerned BCBA in the state of Oklahoma, I appreciate that some families with autism who have Soonercare will now be granted access to applied behavior analysis as a medically necessary treatment. However, certain aspects of the Proposed Emergency Rule will still cause unnecessary limitations. 317:30-3-65.12 Applied Behavior Analysis Services (A2) Setting: There have been laws passed upholding that ABA should not be prohibited from being provided in the school setting because ABA can work in concert with IEP goals, not overlapping, and help the child reduce impeding behaviors and gain the prerequisites needed in order to gain access to the natural environment successfully and independently. (B) Eligible Providers: The BACB recommends the use of the tiered delivery model using RBTs. Furthermore, both RBTs and BCBAs are registered by

		the BACB and the state has a shortage of BCBAs compared to the vast amount of children needing services. Therefore please reconsider this barrier. (D5) Limiting Services to only those with dangerous behavior or self injury is inconsistent with research on early intervention. Additionally, requiring documentation for 30 days will require caregivers to gather reliable documentation with little to no training and continue without treatment for an unnecessary length of time. (E2i) Parent involvement: Recently, the BACB and APBA released a statement that authorizations for ABA services should not be dependent on parent participation. Though parent training for generalization and maintenance is research based, recommended, and intended, lack of parent involvement should not be a barrier to medically necessary treatment for a child. Thank you for considering these amendments. With gratitude, Julia G. Martin, M.Ed., BCBA