OK SPA 19-0007 Applied Behavioral Analysis (ABA) Services Comments

06/07/2019	Paul Shawler	A Health Service Psychologist (i.e., licensed clinical psychologist) already includes treatment that fits the criteria of ABA within standard practice. This provider should not be required to have the certification of a BCBA through he BACB. It is redundant. The BCBA is a great thing for master levels clinicians with broad training that may not include the scientific principles of ABA. ABA is not a treatment. It is a science that includes specific practices using the principles of behavioral analysis. Also, if parents are a major component, licensed psychologist are specifically trained in parenting models where BCBAs may have no formal training in behavior parent training. I highly recommend licensed psychologists be listed as a stand alone provider within the need to have the BCBA certification.
06/07/2019	LEESA LACEY	As an owner of an Autism clinic, that provides ABA, I can see major problems with this proposed service...THIS WILL NOT GET OKLAHOMA CHILDREN ABA SERVICES..... ABA is done on a 1 to 1 ratio of provider to child..... an average of 10-20 hours per week with Autism.. so with that, 1 BCBA could technically have 2 children 20 hours each for a 40 hour work week. BCBA's don't typically do

		direct services, they supervise RBT's.....that is how it's done, and that is how every major insurance provider approves the treatment plans, and reimburses it. Their are specific codes for RBT's to bill. There are a very small number of BCBA's in Oklahoma, 74 I believe. As soon who has looked for OT, SP, and LPC's that have any interest in providing ABA for Autism has been difficult and next to zero. Most clinicians are not going to go get the BACB certification..... As that is not been their primary focus in their practice.... Doing ABA with moderate to severe Autism is difficult, and the burnout rate is extreme. Licensed professionals will not do 10-20 hours of direct service of ABA with one child..... Without the ability to hire Registered Behavioral Technicians, as defined by the BACB board, clinics not be able to take any Soonecare kids... Clinics operate by having a BCBA that trains and does daily direct supervision of the RBT's. So there will not be providers available to even begin to address the needs of Oklahoma children. So again, OHCA can say they are going to cover ABA in theory, but when a parent gets ready to look for a provider they will not find one..... SO MY QUESTION IS; WHY IS OHCA NOT FOLLOWING HOW INSURANCE COMPANIES AUTHORIZE AND REIMBURSE FOR ABA AND ALLOW CLINICS

		TO USE RBT'S?
06/11/2019	Roland Palmer	OHCA funded ABA services are long over due --- DDS providers have been asking for this since at least 2000. Thanks to those responsible. And please insure that only certified applied behavior analysts may use this funding stream.
06/12/2019	Christiana Huff	As a parent with three children on the spectrum 2 requiring ABA it is so important for OHCA to understand that this coverage is EXTREMELY necessary. We need to make sure that the OHCA allows RBT/BT to provide the direct care as long as they are supervised by a BCBA. Also while maladaptive behavior is definitely helped by ABA so are so many other behaviors. You need to make sure to open this option to as many children and families with Autism as possible. They can only benefit from this option. It will change the quality of life for so many Oklahomans!! I cannot stress the need for access to covered ABA services!
06/12/2019	Vickie Jones	ABA must be provided and supervised in an evidence-based manner by qualified providers such as a BCBA, BCaBA, and RBT. ▪ Behavior Technicians (BT/RBT) need to be listed as eligible providers. ▪ 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. ▪ Speech, OT, PT are not a substitute for ABA therapy. Fail first is inappropriate and ineffective.
06/12/2019	Anonymous	True ABA is done one on one. Only allowing BCBA's isn't really providing a much needed service to children with ASD. RBT's are need to be able to do Oklahoma ASD community any good. The only reason I see not allowing RBT's is to fake offer a service. This literally makes no sense! Allow RBT's! Insurance companies allow RBT's so why not just do now? I can almost see another lawsuit coming if RBT's aren't allowed.
06/12/2019	Anonymous	ABA needs to be allowed to be provided by RBTs. RBT being allowed to provide services to clients, insurance companies allow it and so should soonercare. All effected by autism should be allowed services not just a selected few with challenging behaviors.
06/12/2019	Sara	RBTs are cital members of the ABA team. They are doing the daily therapy and are the ones in the trenches. They deserve it support as well!
06/13/2019	Kaylee Lynch	The children of Oklahoma deserve ABA therapy and the limited number of BCBA’s and BCABa’s hinder there access to this proven treatment. RBT’s need added to the list of providers.
06/13/2019	Kendra Webb	We need this medically necessary therapy for children with autism! Please note the

		following are needed for our children to access services: ABA must be provided and supervised in an evidence-based manner by qualified providers such as a BCBA, BCaBA, and RBT. Behavior Technicians (BT/RBT) need to be listed as eligible providers. 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. Speech, OT, PT are not a substitute for ABA therapy. Fail first is inappropriate and ineffective.
06/13/2019	Cindy Hickerson	RBTs are essential to ABA. There are certainly not enough BCBAs to handle the work load or the number of clients that so badly need this service.
06/13/2019	Anonymous	I dont know much about the wording. But i will say this. My son who is 6yrs has been trying to get into ABA since he was 2yrs. We had referrals and letters from OU child study saying he needs this. The school tried to help and had a student from UCO come to school to work with him. The student had my son in a meltdown for 2hrs. I was not there but when i came to get him i was told by principle that he had 5 teachers crying and it was heartbreaking because the student wouldn't let them inter act with my son. They couldn't look at him or talk to him during the 2 hr

		meltdown. In my eyes this was abuse because my son self harms which he was doing that during the meltdown but no one could help him because the ABA student wouldn't let them. Im so ready for help through Soonercare so we can get to a professional that can truly help my son and hoping they can train my family on how to help him during the meltdowns. Western Oklahoma has nothing when it comes to Therapies. We finally got a good Therapy center named Kids Therapy Connection in Thomas. Which he goes to OT,PT and Speech there. As for behavior therapy we are on a waiting list at Moore Autism Center Which is a 2 hr drive for us to get there. We have been on list for 4 months now. So im praying for everyone that is involved on this to make the right decision.
06/13/2019	Anonymous	Only allowing BCBA's to work with individuals will severely hinder the ability for individuals to receive treatment. Limiting the abilities to only BCBA's being able to provide direct therapy is unrealistic as there are few BCBA's in the field and an incredible amount of children who deserve to receive services. RBT's are an incredible resource to be able to get such children the much needed therapy they deserve.
06/13/2019	Alexa Thomas	The BACB does not accredited providers. It is a credentialing board. BCBA May also supervise behavior technicians. BCaBA

		also under the oversight of a BCBA can supervise RBT, participate in treatment design, and provide direct implementation of treatment within service delivery. An occupational therapist, physical therapist, licensed clinical social worker, speech language pathologist, audiologist, LPC or LPC candidate, LMFT or LMFT candidate have their own governing bodies and are not lincensed nor credentialed by the Behavior Analytic Credentialing Board. All those pursuant of further licensure and credentialing under those scopes of practice are separate and do not qualify as practitioners or providers to conduct all behavior analytic services listed in the description of those with BACB credentialing; BCBA, BCaBA, and RBT. All other insurances are required to pay out under the same requirement, and Medicaid should be held to the same standard of care for their qualifiers. Why should the agency treating individuals with autism reimburse insurance? This needs to be changed.
06/14/2019	Janet Terrero	Parent training is NOT a substitute for medically necessary care. Coverage should not be limited to those with challenging behaviors or a certain IQ. Everyone with Autism needs to be covered. ABA MUST BE PROVIDED AND SUPERVISED BY A BCBA OR AN RBT. OR A BCABA. These are

		board certified designations. ABA must also be provided and supervised in a evidence-based manner by the BCBA or BCABA.
06/14/2019	Anonymous	Please help and get ABA for my severely autistic daughter. She was showing improvement with ABA but we can't afford it.
06/14/2019	Anonymous	I have had years of experience in the special education classroom, have learned a lot about ABA on my own, have dabbled in ABA somewhat knowing what little I did, but think it is of utmost importance patients under the ASD Spectrum should be given every opportunity as those with private insurance. Can the OHCA say a client with cancer can only have _____ many treatments b/c they are under government assisted insurance? It has been determined in the state of OK ABA is medically necessary for patients under the spectrum, so be FAIR & treat patients the same.
06/16/2019	Anonymous	ABA must be provided and supervised in an evidence-based manner by qualified providers such as a BCBA, BCaBA, and RBT. Behavior Technicians (BT/RBT) need to be listed as eligible providers. They play a huge role in the lives of those receiving these services. Without them access to ABA is simply not possible for large numbers of our state's population. 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. ABA benefits all ASD individuals. Parent training is not a substitute for medically necessary care. Regardless of training parents are not the professionals. Speech, OT, PT are not a substitute for ABA therapy. Fail first is inappropriate and ineffective.
06/17/2019	April Bryant	All individuals in the state of Oklahoma have the right to receive medically necessary therapy. Excluding RBTs and Behavior Technicians from the mandate will limit individuals from receiving the services they need. ABA must be provided by and supervised in an evidence based manner by qualified providers such as a Board Certified Behavior Analyst (BCBA), Board Certified Assistant Behavior Analyst (BCaBA) or a Registered Behavior Technician (RBT). Currently private insurance in the state of Oklahoma covers RBTs and Behavior technicians. It is vitally important that OHCA gives family access to the services they need. Parent training is not a substitute for medically necessary treatment. Parent training requirements should be decided by the practitioner. CMS does not limit the mandated coverage to those with challenging behaviors or a certain IQ. The mandate applies to everyone. Requiring these restrictions would limit medically necessary treatment.
06/17/2019	Megan	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. I am assuming you want to be in accordance with federal law and avoid further lawsuits, which will be forthcoming if you choose to leave this language as it is. Medical necessity should be determined by the diagnostic criteria for autism spectrum disorder. Parent training is not a substitute for medically necessary care. Parent training definitely has an importance place, not just in ABA but in all the therapies our children attend. However, to require a parent to attend all sessions provided (is this to limit the number of hours children can access, meaning these children won't have access to an intensive program: which is what has been proven to be effective?) or to train parents to implement therapy in home to make up for time spent in therapy is ridiculous on so many levels. Why is this not the case with speech therapy, then? Or Occupational Therapy? As a parent of a child with Autism, I WANT as much training as is feasible; however, I do not want the time spent training me to take away from the time my child could be spending in therapy with trained professionals, which I cannot become without attending the appropriate institutions myself. I

		also cannot be a therapist to my child: I am his Mom. I have an already established role (obviously) and cannot just up and assume the role of his therapist. This doesn't make any sense. I can implement behavioral principles at home, I can incorporate suggestions into our everyday activities and I fully plan to do this. I cannot be at every ABA session. Firstly, if I were, it would likely interfere with the therapy session and reduce or delay his progress. He would want to be with me, and not the therapist. We have run into this issue in multiple therapies, and while I attend all the ones I can if a problem does not arise, there are quite a few I cannot even be in eye sight for, or he would not participate. Secondly, I have another child who cannot care for himself, so in addition to having to pay for child care for him, I also could not work to pay for said child care. It's not possible. ABA must be provided and supervised in an evidence-based manner by qualified providers such as a Board Certified Behavior Analyst (BCBA), Board Certified Assistant Behavior Analyst (BCABA) or a Registered Behavior Technician (RBT). I have heard from other parents through personal experience, and saw a comment on this page, about the INCREDIBLE importance that this therapy is provided ONLY by qualified professionals in the field. While

		the principles and procedures may seem simple enough, implementation is not. It's complex and a lot of training is required, including ongoing training to keep up to date with best practices as the science advances. So to say that other professionals who "use ABA principles" or have "studied ABA" are appropriate to provide an intensive program for children with Autism is inappropriate and can be detrimental. As a parent of a child with Autism this worries me greatly. ABA has great potential to help, but if used incorrectly can cause harm. I want to make sure that my child and every child in Oklahoma that this policy pertains to is provided ABA in a humane, safe, effective manner and making sure that only people certified through the BACB is a very good first step. Regarding this: WHY are RBTs being excluded from the list of providers? Not only will limiting providers to BCBAs or BCaBAs greatly limit the number of children who can actually access services (unless, that is your intent?), it is a poor use of available funds! It costs more per hour to pay a BCBA then an RBT. There are also a limited number of BCBAs and BCaBAs in Oklahoma, and they are the ones designing and analyzing these programs to make sure they are implemented correctly and efficiently. There is a large

		amount of evidence regarding the tiered-delivery model being effective and cost efficient. RBTs must be added to the list of providers. My son was diagnosed nearly two years ago. Since then we have tried as many and as much therapy we could be approved for. I cannot express to you enough the deep regret I feel for my son that he was not allowed to access the therapy he needed upon receiving his diagnosis. Please do not press this 'fail-first' policy onto any other families. I pray that you PRAY about this: and consider, truly- What if this was your child? Please act accordingly.
06/17/2019	Carlos	As a Father of a child with Autism, thank you for providing this much needed service for our son. That said, there are serious issues with the wording of this policy that need to be addressed. •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 Board Certified Behavior Analyst (BCBA), Board Certified Assistant Behavior Analyst (BCABA) or a Registered Behavior Technician (RBT).
06/17/2019	Edwin Sikes	My Grandson has Autism. I have watched him struggle, he has

		worked so hard. We are so proud of him. I am grateful that he will finally be able to access this much needed treatment. I feel there are a few important changes that need to be made to the wording of this policy: 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 Board Certified Behavior Analyst (BCBA), Board Certified Assistant Behavior Analyst (BCABA) or a Registered Behavior Technician (RBT).
06/17/2019	Tara Hood	I am thankful to the Oklahoma Health Care Authority for moving forward to add ABA coverage to Soonercare under EPSDT. There are issues with some of the language in the SPA and the Emergency Rule posted online for public comment and advocates have commented via email, online, and in person with their concerns. The medical necessity criteria, parental participation, and fail first policies (speech therapy is meant to address speech and language deficits, not behavior) listed in OHCA's emergency rule does not align with CMS requirements. The standard tier delivery model of ABA includes Behavior Technicians doing the

		direct therapy under the supervision of a BCBA. The private state health insurance plans in Oklahoma cover Behavior Techs as eligible providers for ABA. By excluding behavior technicians as eligible providers, adding ABA coverage to Soonercare will be almost pointless because so few Oklahoma children will be able to access care. By requiring a BCBA to do all direct therapy will also cost the state tens of thousands of dollars more per child. All other states that have added ABA therapy to their state medicaid programs under EPSDT have done so under the tier delivery model with Behavior Techs are eligible providers. When OHCA was drafting the language to add ABA coverage, how many parents were contacted for input? How many providers who practice the medical model and bill insurance were consulted? How many stakeholders had a seat at the table? Oklahoma families have waited years for Soonercare to cover ABA therapy. As important as it is to get a policy in place that adds this coverage, it is imperative that the policy and state plan amendment approved be as CMS intends. Anything less will mean Oklahoma is not compliant with the federal requirement. 1 in 59 children is the current CDC autism rate in the US. Oklahoma cannot afford to NOT cover ABA under

		Soonercare and the coverage should be as intended and required by CMS.
06/18/2019	Maddie	The bill needs to read to allow RBT's to work with the children and /or licensed ABA centers without specification of only certified BCBAS or BCBA assistants. There are only 3 assistants certified in the entire state of oklahoma which then once again prevents kids from receiving resources. Insurance is trying to buckle down only allowing BCBA licensees to work with the kids and once again there are not enough for that to even be an option. The kids need access to the one service that is proven to be the most effective for autism for their development and don't need to be further restricted to then have to continue to fight for resources, these kids have a hard enough battle, resources should not be one.
06/19/2019	Summer G Adami	The current proposal allows for only a small number of children to access services. As reported in recent reports, BCBAs and BCaBAs are in dire need in all states, but the numbers in OK are significantly low. Our board (BACB) supports the use of a tiered service delivery model (similar to our colleagues treating other medical conditions). The tiered model allows a BCBA to utilize her/his specialized training to access many more children by actively supervising individualized treatment plans that are

		implemented with assistance from skillfully and rigorously trained Registered Behavior Technicians. Other states are successfully implementing this empirically supported model as are commercially funded programs. The ability to build skills for a broader population (and reduce barriers to future employment) by utilizing the tiered model will have huge, positive fiscal impacts as evidenced by the data from implementation in other states. If the current model is adopted, the achievement gap is still grossly prevalent for too many Sooners. Thank you to all who are in support of providing Medicaid coverage for Autism. As a practitioner of 22 years, I have personally witnessed the impact access to services has on the long term quality of life for many individuals with autism and other developmental disabilities. I have also personally witnessed far too often the unnecessary struggles many individuals continue to contact due to no access to services. I am excited to see this important topic gain ground, and with effective implementation a positive difference will be made.
06/19/2019	Angela	As the mother of a six year old son with ASD, thank you for working to provide ABA. He desperately needs this therapy to reach his potential and set him up for success in life. We started paying out of pocket so

		that he could start an ABA program in January of this year. Unfortunately, our funds have run out, and we are trying to hold his place until we can get the coverage for him to resume a full program. ABA must be provided and supervised in an evidence-based manner by qualified providers such as a BCBA, BCaBA, and RBT. Behavior Technicians (BT/RBT) need to be listed as eligible providers. Without the availability of RBTs to provide ABA under the supervision of a BCBA or BCaBA, there will be very limited access to services. This would make no sense and make this amendment useless for the majority of the children who need this medically necessary treatment. Also, I started parent training with a BCBA several months before my son started treatment. The training I have received, while necessary, is not a substitute for medically necessary care. My son has received speech therapy since he was 18 months old and occupational therapy since he was 2 years old. These therapies have been helpful, but my son still has major gaps that they do not address, including meltdowns during transitions and his lack of self help skills (toileting, eating with utensils, drinking from a cup, ect.), just to name a few. These therapies are not a substitute for ABA therapy. My son has had to fail first without the necessary

		coverage for ABA. But, other children should not have to go through this inappropriate and ineffective fail first method. Please make the necessary changes to this amendment to make ABA accessible for our children who desperately need it. My son's life and our family will be greatly impacted by this decision.
06/19/2019	Ariel Rickets	Please add the RBT/ABA therapy! This could be life changing for my students! They deserve this! It is truly beneficial for children with Autism!
06/20/2019	Rebecca Womack	Thank you for allowing the opportunity for feedback. The Behavior Analysis Advocacy Network (BAAN) respectfully requests reconsideration of the proposed language and how it defines provider participation and credentialing requirements, medical necessity criteria, coverage and service limitation guidelines, etc. Research pertaining to effective applied behavior analysis (ABA) therapy reflects successful use of the interventions in the context of using a tiered model across various settings (e.g. school, community, home). This model is greatly needed to adequately support children with autism in Oklahoma. We again cite the level of need based on reports from 2018. There were 518,428 children receiving SoonerCare in the state of Oklahoma. Given the rate of autism reported 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 reiterates reconsideration of this omission and the subsequent recognition and approval of an RBT to deliver services. Please also reconsider requirements regarding parent involvement. Direct therapy services should never be omitted in exchange for caregiver involvement, but rather they are requested as a reflection of symptom remediation as evidenced criteria stated each child's individual plan. Caregiver involvement is certainly important for the success of services. BAAN encourages OHCA to consider 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) In order to mirror effective treatment results cited in research, BAAN requests that OCHA only approve those who are provided and supervised in an evidence-based manner by qualified providers such as a Board Certified Behavior Analyst (BCBA), Board Certified Assistant Behavior Analyst (BCABA) or a Registered Behavior Technician (RBT) Certified Behavior. For a child with autism, time is paramount. It's imperative that they receive the most effective treatment from only qualified, adequately trained, and appropriately supervised providers. 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.
06/20/2019	Judith Ursitti, Autism Speaks	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 state plan amendment. Respectfully, we ask you to consider the following: 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 state plan amendment: To direct, supervise, and render ABA services, a professional shall meet the following qualifications: 1. be currently certified by the Behavior Analyst Certification Boar (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. Thank you for your consideration. Should you need additional information, please do not hesitate to contact me at judith.ursitti@autismspeaks.org. Sincerely, Judith Ursitti Director, State Government Affairs
06/20/2019	Sarah	RBT's are an integral part of therapy for children with Autism. As a state, Oklahoma is not equipped to have an BCBA for each child. If it is not worked into Soonercare's coverage to allow RBT's to provide services, many of these children will not get the 25-40 hours a week that they need. Please consider what is best for our children!
06/20/2019	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. In the state of Oklahoma, there are 93 BCBAs and 8 BCaBAs to design, implement, and supervise applied behavior analysis (ABA) services for individuals with autism. According to the CDC, 1 in 59 children have a diagnosis of autism. When comparing individuals requiring medically necessary ABA to qualified providers in our state, it is easy to see that few children will access services without the availability of providers utilizing tiered-service delivery models. This is especially true when considering ABA treatment dosage generally falls between

		10-40 hours per week. Without use of tiered-service delivery models, BCBAs can effectively serve 1-3 clients, on average. Consequently, very few providers utilize this model. Meaning, very few ABA providers would accept Medicaid as it would directly conflict with their service delivery model. Allowing BTs and RBTs to work under the supervision of qualified providers will significantly increase access to ABA services in our state. Currently, there are 225 RBTs credentialed to work under the supervision of a BCBA in the state of Oklahoma. The BACB Practice Guidelines for Healthcare Funders and Managers explains, "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. Their use produces more cost-effective levels of service for the duration of treatment." (p. 28) Finally, 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 and/or "ability/capacity to learn" 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. Although this wording has been updated to reflect inclusion of "atypical behavior", it is unclear what this includes and what tools will be used to meet this criteria. (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 underserved 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.
06/20/2019	Matt	Thank you for taking this step that will help so many Oklahoma Families. Please

		include behavior technicians and RBT's as covered providers who work under the supervision of BCBA's. This is in keeping with the Behavior Analyst Certification Board guidelines. This both keeps costs down and improves access to care
06/21/2019	Mark	As a grandfather with an autistic grandchild, it would be devastating for this to pass without including RBTs and Behavior Technicians which would provide the care that will change his life forever. Please pray about making these changes or many are going to go without care. We are grateful for the proposed plan which gave us hope...please do not take that hope away. Thank you for helping my grandson and many like him. May God give you wisdom as you make these decisions.
06/21/2019	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. Behavior Technicians (BT/RBT) need to be listed as eligible providers. ABA is one on one, and there are a limited number of BCBAs. We need the Behavior Technicians so all children can be served. 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.
06/21/2019	Anonymous	Limiting covered providers to BCBAs and BCaBAs will severely restrict the number of children who can receive ABA therapy

		under this bill. It is vital that registered RBTs are also included as approved providers. This will not only allow us to serve more families, it also fits better with the roles of BCBAs (as supervisors) and RBTs (as direct care providers).
06/21/2019	Jodi	As a parent of a child who receives ABA currently, I believe this is a very important step for Oklahoma to take! Moving forward I hope you consider these vital points: 1. 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. 2. Parent training is not a substitute for medically necessary care. 3. ABA must be provided and supervised in an evidence-based manner by qualified providers such as a Board Certified Behavior Analyst (BCBA), Board Certified Assistant Behavior Analyst (BCABA) or a Registered Behavior Technician (RBT). A child with autism spectrum disorder has the right to have quality ABA that is equal to that a child with private insurance receives. Please consider this moving forward.
06/21/2019	Annie Baghdayan	Thank you OHCA for the continued effort to ensure that families in Oklahoma receive the care and the service they need. We don't want people having to leave our state just to get better services in other states. Since ABA utilizes the

		tiered model for delivery of services, the role of each member could be defined and clarified. The BCBA/BCBA-D's clinical, supervisory, and case management activities are often supported by other staff such as Assistant Behavior Analysts (BCaBAs), Behavior Technicians/Registered Behavior Tecnicians working within the scope of their training, practice, and competence. The BCBA/BCBA-D overall responsibility is to ensure that the child's treatment is appropriate and effective. The BCBA will oversee all aspects of the child's ABA therapy program; the BCBA will conduct the child's assessment, develop treatment goals and protocols, directly supervise treatment, analyze treatment data and evaluate the child's progress toward treatment goals. The BCBA will work directly with the child to test out new programs and/or model teaching strategies. Behavior Technicians should receive specific, formal training before providing treatment. Behavior Technicians should receive supervision and clinical direction on treatment protocols on a weekly basis for complex cases or monthly for more routine cases. This activity may be in client briefings with other members of the treatment team including the supervising Behavior Analyst, or individually, and with or without

		the client present. The frequency and format should be dictated by an analysis of the treatment needs of the client to make optimal progress. The BACB provides guidelines for ABA treatments of ASD. In their guideline they explain the rationale for the tiered model (supported by research) 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. • The use of carefully trained and well-supervised Assistant Behavior Analysts and Behavior Technicians is a common practice in ABA treatment. • Their use produces more cost-effective levels of service for the duration of treatment. • The use of tiered service-delivery model enables healthcare funders and managers to ensure adequate provider networks and deliver medically necessary treatment. • 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. • 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. The qualification of the training of each team member is a key, but above all the ABA services are delivered by the qualified people. People who had the coursework and the training. They are certified by BACB and licensed by OLBAB. There is more than 50 years of research on treatment models in ABA. Treatment may vary in terms of intensity and duration, the complexity and range of treatment goals, and the extent of direct treatment provided. Many variables, including the number, complexity, and intensity of behavioral targets and the client's own response to treatment help determine which model is most appropriate. ABA treatment may involve increasing socially appropriate behavior (for example, increasing social initiations) or reducing problem behavior (for example, aggression) as the primary target.It can also include communication, tolerating change in environments and activities, self-help, social skills for individuals who need to acquire skills. All these skills eventually will result in reducing inappropriate behaviors.
06/22/2019	Andrea	Thank you for working toward ensuring that individuals diagnosed with Autism receive

		medically necessary treatment. It is important to acknowledge that the CMS mandate does not limit medically necessary treatment to only those exhibiting challenging behavior or a certain IQ. The mandate applies to everyone across the autism spectrum. ABA must be provided in an evidence-based manner by qualified providers including RBT's and BCaBA's and supervised by BCBA's. In order to provide effective therapy for the numerous children in need of ABA, RBT's must be allowed to provide 1:1 therapy under the supervision of a BCBA. Excluding RBT's will greatly limit the number of children who are be able to receive the services they need. Parent training is not a substitute for medially necessary treatment, nor should parents be expected to fulfill the dual role of parent/therapist. Speech, OT, and PT are not a replacement for ABA therapy, but should be a part of a collaborative team to support the child and family. Please do not limit access to ABA therapy for the many Oklahoma children and families who have been patiently waiting for several years.
06/22/2019	Carol	ABA therapy is incredibly important for children like my grandson who was diagnosed with autism over 2 years ago. My daughter has been such an advocate for her son it's been awe inspiring on the one hand and heartbreaking on the other.

		Private insurance is not an option for her family so ABA has not been available to my grandson. To know there's a proven form of therapy available that has (until now) been unattainable has been excruciatingly painful for our family. I know that OHCA is aware of the benefits of ABA therapy for the autistic children in Oklahoma. I'm saddened that it's taken so very long for us to finally get this far. I hope and pray the poorly written policy amendment was an oversight and not an attempt to avoid covering the cost of this desperately needed therapy. As has been reiterated by nearly everyone else who's posted a comment here, 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 Board Certified Behavior Analyst (BCBA), Board Certified Assistant Behavior Analyst (BCABA) or a Registered Behavior Technician (RBT). Please, do the right thing by the children of Oklahoma and word the amendment properly so those children as receive the treatment they need to give them the best hope of leading

		healthy, productive lives.