The membership of the Michigan Behavior Analysis Providers Association (MiBAP) has encountered several new rules from our local Community Mental Health Agencies. These new rules have originated, it seems, in response to local budget deficits, but are negatively impacting consumer ability to access ABA services, quality service delivery, and have significantly increased provider administrative burden. Furthermore, these new rules have been introduced unilaterally, are effective immediately, and are in violation of Medicaid and Mental Health Parity laws. Families have no voice or understanding of their intended purpose or application. Examples of these new rules and how they have negatively impacted consumers and/or providers are presented below.

Impediments to Access

Centra Wellness recently developed new criteria for service eligibility and, this quarter, have begun terminating services for several children who are still in need of medically necessary services, and many referrals that had previously been sent to providers to initiate service delivery were rescinded. The clinical rationale for the service termination continues to be unknown to both families and providers.

Saginaw CMH, despite having significant and growing wait lists of children needing ABA services and providers with openings for center-based services, has unilaterally instituted a rule that requires the Provider Centers to also provide on-site Speech and Occupational Therapy to receive any new referrals for ABA services. These services are outside of the scope of practice of our providers, may not be medically necessary, and the requirement that agencies offer them is in direct conflict with mental health parity laws.

Restrictions on Quality Service Delivery

Last week, Saginaw CMH instituted two significant measures which clearly place arbitrary limitations on medically necessary ABA service. First, effective immediately, new service authorizations would be limited to 10 hours a week, regardless of the recommended hours deemed medically necessary by the assessing clinician. Secondly, after 45 days, another assessment must be conducted, from which an ongoing service authorization would then be provided following an "independent" review by Saginaw CMH. These measures were communicated verbally with no written rationale and processes or evaluation of the anticipated impact. Blanket hourly treatment limitations can be harmful to the consumer and, again, are in direct conflict with mental health parity laws by placing Quantitative Treatment Limitations on a service that has been identified to be medically necessary by the diagnosing and prescribing clinicians. In fact, commercial insurance plans that previously had limitations on hours of services for ABA have removed those due to parity law violations. Indeed, the MDHHS Medicaid Autism Spectrum Disorder Screening, Evaluation and Treatment Recommendation Best Practice Guidelines states (p. 70), "There is not a specific minimum or maximum hours of ABA for Michigan Medicaid Autism Services. **Treatment intensity and duration should be based on the specific goals for the child taking into account child and family factors and other therapies and service provision.**"

Increase in Provider Administrative Burden

In addition to the artificial limitations placed on new authorizations and requiring additional re-assessments, Saginaw CMH has also begun requiring monthly summaries for each client served. Their demand is to include all trial data for the month (for some providers, this could be up to 10 pages of data per day that must be scanned and submitted), the current Behavioral Skills Training document for instructions to BT on how to run the trials, the layout of the programs, number of trials run for each program, and how often the trails will take place. All service notes for the entire month (for CPT codes 97153 and 97155) are to be attached to the monthly service summary. Consumer data that is related to monitoring outcomes progress, specifically towards goals, transitions, and discharge plans can already be found on every consumer's 6-month assessment (an appropriate time period for evaluating progress, as this is also industry standard for private insurance). Reporting specifically on these data per month when it is already captured in 6-month progress summaries is arduous, inefficient, and takes time from providers who need to focus on the important work of directly serving clients. While our organization fully supports transparency and accountability, it is important that this transparency and accountability be thoughtful and serve a purpose. Introducing new requirements that ineffectively evaluate progress only serve to reduce the number of clients that we are able to serve.

In summary, none of these new rules are designed to improve access for children with Autism or effectively improve or monitor their treatment outcomes. These new rules disregard the professional obligations of BCBAs to provide prescriptive treatment based on the child's unique medical necessity, coerce providers into performing activities that are outside of their scope of practice or employ practitioners that may not be needed by all consumers in their programs, and require that we allocate already inadequate clinical resources to more administrative activity. These new rules, developed independently and communicated verbally, add to the inconsistency of CMH processes statewide, further exacerbate the service wait list issues in the state, and reduce service delivery in general. These rules are contrary to Medicaid standards and violate Mental Health Parity laws. MiBAP opposes these rules and requests that MDHHS and Michigan PIHP's rescind these rules and address any budgetary concerns in a fashion that will strengthen those served and the providers that serve them.