



## **Protecting Access to Ethical, High-Quality Applied Behavior Analysis (ABA) Under Michigan Medicaid**

Recent national media coverage, including reporting in the *Wall Street Journal*, has raised concerns about ABA therapy and Medicaid billing practices. While oversight and accountability are essential, many of these generalized narratives lead to restrictive authorization requirements, limits in services that would reduce access to medically necessary care, destabilization of Michigan's workforce, untenable reimbursement rate cuts, and harm families of individuals with autism.

ABA is an evidence-based, medically necessary service for many individuals with autism spectrum disorder (ASD). Policy decisions should differentiate ethical, high-quality care from isolated misuse and avoid broad actions that undermine quality and access statewide.

### **Key Facts About Ethical ABA Care**

- ABA is evidence-based and medically necessary when delivered appropriately for individuals with ASD.
- Quality is not defined by hours billed, but by individualized treatment, functional outcomes, and measurable benefit.
- Treatment intensity varies widely based on age, safety needs, communication skills, and real-world functioning.
- Ethical providers regularly document and reassess progress and reduce or discontinue services when goals are met.

### **Clarifying Common Misconceptions**

#### **“High utilization equals overbilling.”**

Utilization data without clinical context is misleading. Ethical ABA is patient-specific, data-driven, and authorized through treatment plans, supervision, and ongoing review.

#### **“ABA lacks sufficient oversight.”**

ABA is among the most regulated services under Medicaid, with requirements for treatment authorization, supervision by Board Certified Behavior Analysts (BCBAs), progress documentation, ethical codes, audits, and licensure. Many organizations also undergo voluntary third-party accreditation.

#### **“Lower reimbursement will curb misuse.”**

Across-the-board rate cuts do not target misuse; they reduce quality, increase turnover, and limit access, particularly for Medicaid-funded families and rural communities. This also leads to closures of small provider-owned ABA programs, as they can no longer afford to provide care.



## **Workforce and Access Impact in Michigan**

- ABA depends on a highly trained, supervised workforce.
- Michigan providers already face workforce shortages and competition from other healthcare sectors.
- Sustainable, respectful wages are essential to maintain qualified staff, supervision standards, and continuity of care.
- Rate cuts result in:
  - Increased staff turnover
  - Unsafe caseload sizes
  - Reduced supervision
  - Fewer Medicaid-accepting providers
  - Longer waitlists and service gaps

## **What Effective Policy Should Prioritize**

- Targeted oversight and enforcement against unethical actors
- Clinical context in utilization review
- Engagement with providers, families, and clinicians
- Preservation of reimbursement rates that sustain quality and access

## **Policy Recommendations**

Michigan legislators should:

1. Reject across-the-board Medicaid ABA rate reductions or caps
2. Support existing targeted oversight and review of providers who are missing currently enforced audit requirements through CMHs or MDHHS
3. Support workforce sustainability through adequate reimbursement
4. Protect access to individualized, evidence-based ABA for Medicaid beneficiaries
5. Engage clinical experts and consider national quality boards for accreditation of companies in MI, like ACQ <https://autismcommission.org/>

Fiscal stewardship and patient protection are not mutually exclusive. High-quality ABA depends on ethical practice, clinical oversight, and a stable workforce. Policies driven by incomplete narratives risk harming individuals with autism and their families while weakening Michigan's behavioral health infrastructure.

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