

From: Imran Khan <ikhan@abaofillinois.org>
Sent: Tuesday, October 22, 2019 8:06 PM
To: HFS.Bpra
Subject: [External] concern

1. Hello my name is Imran Khan and I am a Doctoral level Board Certified Behavior Analyst.
2. I work with a company called ABA of Illinois as their director of clinical services We provide behavioral services to more than 2200 individuals under the medicaid waiver, conducting behavioral assessments, writing behavior plans, providing staff/ parent training, implementing data collection systems and monitoring/ analyzing data.
3. I am concerned with the language, as written, that does not recognize BCBA's ability to practice in their own right.
4. If the state follows through on this, it will limit access to service by the consumer.
5. I'm asking that the Department amend their language to include BCBA's, BCBA-Ds, and BCaBA's who are supervised by either a BCBA or BCBA-D).

Thank you!

--
Imran Khan, PhD, BCBA-D
ABA of Illinois
Director of Clinical Services
773-969-6362
312-513-5052 (mobile)

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18324 Ashland Ave, Homewood, IL 60430

October 14, 2019

Illinois Department of Health Care & Family Services
Bureau of Programs and Policy Coordination
HFS.bpra@illinois.gov

Regarding: ABA Treatment Coverage for Children with ASD (1/1/2020)

Name Rachel Minkel, MS, BCBA

Title Board-Certified Behavior Analyst #1-19-34972

I am currently employed at Howard Intervention Center, which provides in-home and center-based ABA treatment for children with autism. I have concerns regarding the recent notice regarding Medicaid and ABA services for children with ASD. The language, as written, does NOT recognize the Board-Certified Behavior Analyst's ability to practice in their own right. This limits access to service by our state's consumers.

I'm asking that DHFS amend their language to include BCBA's, BCBA-D's, and BCaBA's who are supervised by either a BCBA or a BCBA-d.

Thank you in advance for your consideration and support for the needs of the ABA/Autism community in our state and communities.

Sincerely,

Unlock your child's potential with ABA therapy for autism



From: ilext.sp2010.farm@illinois.gov
Sent: Sunday, October 20, 2019 11:17 PM
To: HFS.Webmaster
Subject: Feedback from Public Notices

New Feedback has been received on the Public Notices site.

First Name:: Mary
Last Name:: Lally
Organization::
Address:: 3600 W. 111th St. Apt 5
City:: Chicago
State:: Illinois
ZIP:: 60655
Phone::
E-mail:: mtlally23@gmail.com

Comment: My name is Mary Lally and I am a board certified behavior analyst or BCBA. I work in a school setting with individuals with autism. The language, as written, does NOT recognize BCBAs ability to practice in their own right which will limit consumers access to services. I am asking the department to amend their language to include BCBAs, BCBA-Ds, and BCaBAs who are supervised by either a BCBA or BCBA-D

This email was automatically sent from the SOI Feedback web part on the Public Notices site.
Responses are not monitored.

From: Carmen Brown <carmen@behaviortherapyspecialists.com>
Sent: Monday, October 21, 2019 9:00 AM
To: HFS.Bpra
Subject: [External] Our Children Need ABA Services TOO!!!

To Whom it may concern,

My name is Carmen A. Pegues-Brown and I am a Registered Behavior Technician (RBT) practicing in the state of Illinois and mother of a special needs child with Autism. My company serves clients with Autism throughout the lower half of the state working in home and clinic-based settings.

While I am thrilled to learn that a benefit to cover ABA for Medicaid services was approved during the last state budget process, I have significant concerns regarding language within the state plan DHFS has submitted. First, Board Certified Behavior Analysts (BCBA's) are not listed as an individual provider type. Secondly, although RBT's are listed as a provider type, without the supervision of services by a BCBA, they would not be able to meet their needed supervision requirements to maintain their credentials nor be able to practice as an RBT without the on-going supervision by a BCBA.


The impact of the exclusion of BCBA's as a provider type is significantly detrimental to the goal of providing access to much needed ABA services for children and families. Over the past two years, my agency has received hundreds of calls from families inquiring about ABA services who have had to be waitlisted or denied service due to non-coverage. These families, including myself, will continue to face significant barriers and limited access to services unless BCBA's and tiered services with an RBT model are recognized.

I ask that the Department amend their language to include BCBA's, BCBA-Ds, and BCaBAs who are supervised by either a BCBA or BCBA-D so that appropriate ABA services may be provided for Medicaid recipients.

--
Carmen A. Brown RBT
Insurance Specialists
Behavior Therapy Specialists of IL & MO, LLC
Phone: 618-206-8816
Fax: 314-698-2570
www.behaviortherapyspecialists.com

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From: Megan Daniels <mdaniels@trinityservices.org>
Sent: Monday, October 21, 2019 8:37 AM
To: HFS.Bpra
Subject: [External] BCBA recognition

To whom this may concern:

My name is Megan Daniels and I am a Registered Behavior Technician with Abilities, a division of Trinity Services. I work with children and adults with Autism and other developmental disabilities. I provide services in-home, clinic based, community, and school settings in the area of St. Clair, Madison, and Clinton Counties. The concern that I would like to address is the lack of sufficient provider type which does not recognize BCBAs ability to practice in their own right, which impacts the limit of access to service by the consumer. I ask that the department amend their language to include BCBAs, BCBA-Ds, and BCaBAs who are supervised by either a BCBA or BCBA-D.

Thank you,
Megan Daniels



From: ryan keck <rekeck58@gmail.com>
Sent: Saturday, October 19, 2019 11:13 PM
To: HFS.Bpra
Subject: [External] Good Afternoon


To Whom it may concern,

My name is Ryan Keck, and I am a Registered Behavior Technician (RBT) working to become a BCBA in the state of Illinois. My company serves clients with Autism throughout the lower half of the state working in the home and clinic-based settings.

While I am thrilled to learn that a benefit to cover ABA for Medicaid services was approved during the last state budget process, I have significant concerns regarding language within the state plan DHFS has submitted. First, Board Certified Behavior Analysts (BCBA's) are not listed as an individual provider type. Secondly, although RBT's are listed as a provider type, without the supervision of services by a BCBA, they would not be able to meet their needed supervision requirements to maintain their credentials nor be able to practice as an RBT without the on-going supervision by a BCBA.

The impact of the exclusion of BCBA's as a provider type is significantly detrimental to the goal of providing access to much needed ABA services for children and families. Over the past two years, my agency has received hundreds of calls from families inquiring about ABA services who have had to be waitlisted or denied service due to non-coverage. These families will continue to face significant barriers and limited access to services unless BCBA's and tiered services with an RBT model are recognized.

I ask that the Department amend their language to include BCBA's, BCBA-Ds, and BCaBAs who are supervised by either a BCBA or BCBA-D so that appropriate ABA services may be provided for Medicaid recipients.



From: Chelsea Angle <chelseaangle13@yahoo.com>
Sent: Saturday, October 19, 2019 10:46 PM
To: HFS.Bpra
Subject: [External] ABA services under Medicaid

My name is Chelsea Angle. I am a registered behavior technician who uses ABA techniques under the supervision of a BCBA. During the 4 years I have worked with individuals with disabilities, I have seen first hand the financial hardships many families experience when paying for therapy. For many with developmental disabilities, it is crucial that they receive ABA services. Lack of services can have profound negative impacts on social, academic and behavioral skills which make life more difficult for those individuals and families. Please make ABA services available to individuals on Medicaid by ensuring that a BCBA is listed as a provider that is covered.

Thank You,
Chelsea Angle

Sent from Yahoo Mail on Android



AUTISM SPEAKS
It's time to listen.

October 18, 2019

Bureau of Program and Policy Coordination Division of Medical Programs
Healthcare and Family Services
201 South Grand Avenue East
Springfield, IL 62763-0001

Re: Proposed Coverage of Autism Spectrum Disorder through Applied Behavior Analysis

To Whom it May Concern:

I write to you today on behalf of Autism Speaks, a leading global 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 Illinois Healthcare and Family Services for working to ensure that Medicaid-enrolled children in Illinois 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.¹

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 40 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 Coverage of Autism Spectrum Disorder through Applied Behavior Analysis" which reads as follows:

¹ Center for Medicaid and CHIP Services. Informational Bulletin, Clarification of Medicaid Coverage of Services to Children with Autism, July 7, 2014 (hereinafter "CMS Informational Bulletin"), available at <http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-07-07-14.pdf>.

Effective for dates of service January 1, 2020, and after, the Departments will provide coverage of the treatment of autism spectrum disorder (ASD) through applied behavior analysis (ABA) under the medical assistance program for children with a diagnosis of ASD when ordered by a physician licensed to practice medicine in all its branches and rendered by a licensed clinical social worker or licensed clinical psychologist with a board certified behavior analyst (BCBA) certification or a registered behavior technician (RBT).

We respectfully request that you consider that in order to provide ABA in a manner that meets the level of medical necessity required under EPSDT, it is critical that the specified services include those provided and supervised by Board Certified Behavior Analysts (BCBAs).

In addition, Registered Behavior Technicians (RBTs) should provide services at the discretion and under the supervision of a BCBA. 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.² It is also broadly adopted in the forty states that have already implemented this coverage as a result of the CMS bulletin.

It is extremely important to note that CMS allowed for the inclusion of unlicensed providers (such as BCBAs and RBTs) when it amended its preventative services regulations³. To exclude these specific provider types in Illinois would preclude the state from delivering medically care with any sort of reasonable promptness.

Because of this, we respectfully 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 be currently licensed by the state to practice psychology and have ABA in the scope of his/her education, training and competence.***

Technicians who render ABA services shall

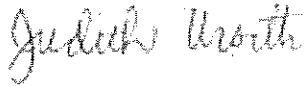
² https://www.bacb.com/wp-content/uploads/2017/09/ABA_Guidelines_for_ASD.pdf

³ 42 CFR 440.130(c) Preventive Services Rule

1. be credentialed by the BACB as a Registered Behavior Technician (RBT) and shall work under the supervision of a BCBA.

Thank you for your consideration. Should you need additional information, please do not hesitate to contact me at judith.ursitti@autismspeaks.org.

Sincerely,

A handwritten signature in cursive script that reads "Judith Ursitti".

Judith Ursitti
Director, State Government Affairs



From: jonryan51 <jonryan51@gmail.com>
Sent: Saturday, October 19, 2019 11:47 AM
To: HFS.Bpra
Subject: [External] Medicaid for ASD

I believe that providing those with ASD with Medicaid would help many tremendously. But I believe BCBAs need to be able to provide services.

Sent from my Verizon, Samsung Galaxy smartphone



October 18, 2019

Bureau of Program and Policy Coordination
Division of Medical Programs
Healthcare and Family Services (HFS)
201 South Grand Avenue East
Springfield, IL 62763-0001

Re: Public Notice and Request for Comment; "Proposed Coverage of Autism Spectrum Disorder through Applied Behavior Analysis" (09/19/2019)

Dear Sir or Madam

Thank you for considering the following comments regarding Proposed Coverage of Autism Spectrum Disorder [ASD] through Applied Behavior Analysis [ABA]. 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 virtually every state. I commend the agency for moving to implement coverage of necessary care for children with autism in accordance with its obligations pursuant to federal EPSDT requirements. As set forth below, however, the current proposal contains unprecedented and unnecessary limitations on provider qualifications that will effectively prevent the agency from fulfilling its legal obligations under the EPSDT mandate and will prevent Medicaid eligible children in Illinois from receiving the medically necessary ABA services they need to avoid a lifetime of substantial disability.

1. Concern: overly restrictive provider requirements

The proposed guidelines for provider qualifications impose unprecedented and unnecessarily restrictive limitations on provider qualifications that will prevent any meaningful access to medically necessary ABA services.

As set forth in the September 19, 2019 HFS Public Notice:

Effective for dates of service January 1, 2020, and after, the Department's will provide coverage of the treatment of autism spectrum disorder (ASD) through applied behavior

analysis (ABA) under the medical assistance program for children with a diagnosis of ASD when ordered by a physician licensed to practice medicine in all its branches and rendered by a licensed clinical social worker or licensed clinical psychologist with a board certified behavior analyst (BCBA) certification or a registered behavior technician (RBT)."

The requirement that care must be rendered by a Board Certified Behavior Analyst (BCBA) who is also a licensed clinical social worker or licensed clinical psychologist is overly restrictive and patently unworkable. Like many states, Illinois does not currently license behavior analysts and virtually none of Illinois' practicing BCBA's hold a license in clinical social work or clinical psychology as required by the proposed ABA coverage requirements. The Behavior Analyst Certification Board (BACB) reports that there are currently 1135 active Board Certified Behavior Analysts (BCBA's) in Illinois.¹ However, based on self-reported data provided by BACB certificants on their BACB applications, only 15 BCBA's in the entire state are licensed psychologists and only 32 BCBA's are licensed social workers. These miniscule numbers are likely even lower when academic personnel and practitioners with full practices, potentially in other fields, are removed from the available pool of providers under the proposed policy.

The dual credential requirements in the proposed policy are unwarranted and should be eliminated. Unlicensed BCBA's are indisputably authorized and essential providers of Medicaid ABA services under EPSDT. As in other states that do not license behavior analysts, BCBA's in Illinois, including those funded by commercial insurance or other sources, practice independently on the basis of their BCBA certification. As set forth in the July 14 CMS Informational Bulletin directing states to insure that medically necessary autism treatment services are available under EPSDT, pursuant to 42 USC § 1396d(a)(13) and implementing regulations at 42 CFR 440.130(c), care may be provided by unlicensed personnel upon the recommendation of a licensed practitioner acting within the scope of his or her license under state law.² Indeed in the 43 states with EPSDT coverage of ABA, services are provided and supervised by BCBA's in all states where there is no license for behavior analysts and BCBA's in the commercial market practice independently on the basis of their BCBA credential. For good reason, no other state Medicaid program in the country has imposed the restrictions set forth in HFS' proposed policy nor have any of the remaining states in the process of implementing coverage.³

Finally, while the proposed HFS policy also allows services to be rendered by RBT's, this is a nonstarter without also allowing unlicensed BCBA's and BCaBA's to provide and

¹ Behavior Analyst Certification Board Registry available at <https://www.bacb.com/services/o.php?page=100155&by=state&state=IL&pagenum=1> There are also 24 active Board Certified Assistant Behavior Analysts (BCaBA's) who provide services under the supervision of BCBA's.

² CMS Informational Bulletin, Clarification of Medicaid Coverage of Services to Children with Autism, July 7, 2014, pp. 2-3. Contrary to HFS' current proposed policy, the recommending licensed provider is not limited to just physicians.

³ In the few states where such a requirement was initially proposed, it was promptly withdrawn after stakeholder comments.

supervise services since RBTs must be supervised by BCBAs or BCaBAs to maintain their RBT credential.

Recommendation

Illinois should follow the well-established practice for Illinois commercial insurance coverage and the Medicaid coverage policies of other states that do not license behavior analysis and allow ABA services to be provided and supervised by BACB certificants (BCBA-Ds, BCBAs, BCaBAs). In accordance with the established tiered delivery model for ABA⁴ used by other states for both commercial and Medicaid coverage and adopted in the recently issued Category 1 AMA CPT codes for ABA, services by RBTs⁵ acting under the supervision and extended direction of BACB certificants acting within the scope of their certification should also be covered.

2. Concern: inadequate stakeholder involvement

The current truncated HFS policy statement does not specify the essential elements of a basic ABA coverage policy that will need to be in place at the time coverage is actually implemented. In order to efficiently and effectively craft the ultimate ABA coverage plan, including any state plan amendment, regulations or policy provisions, it is essential that there be an opportunity for meaningful public comment on all of the relevant details as to eligibility, requirements for uthorization and reauthorization, the scope of services and any contemplated limitations on services. Stakeholders possess a wealth of information and experience on these issues that can help insure a smooth, effective and efficient implementation of necessary coverage.

Recommendation

HFS should involve stakeholders in the expeditious development of a complete coverage policy and any submissions to CMS and these in turn should be circulated for public comment prior to implementation.

Thank you for considering these comments. If you require anything further, please do not hesitate to contact me.

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⁴ See Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers (2nd ed.) and subsequent clarifications at <https://www.bacb.com/bacb-resources/>

⁵ Behavior technician requirements should be subject to stakeholder input on the availability of RBTs within the state. Some states allow for a provisional period for behavior technicians to obtain the RBT credentials while others have not yet required the RBT credential but impose similar training requirements.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Dan Unumb", with a long horizontal flourish extending to the right.

Daniel R. Unumb
President
Autism Legal Resource Center LLC
125 Ashworth Drive
Lexington, SC 29072
Tel: 803-608-1160
Email: danunumb.alrc@gmail.com



From: Chris <mrcpfields@gmail.com>
Sent: Friday, October 18, 2019 10:10 PM
To: HFS.Bpra
Subject: [External]

Greetings!!!

I work in the ABA field and practice in a plethora of civic environments as well as private residences. I am avid about testifying to the public and promoting awareness about the greatness of the ABA industry and its science and how ABA vastly improves the quality of life for those most closely impacted by autism. I witness daily how a varied team of highly qualified, passionate and competent professionals such as RBT's, BCABA's, and the BCBA's provide ethical, calculated intervention and therapeutic programming that has been proven to directly advance those who would most often be left behind. I grew up a ward of this great state and was dependent upon various government programs to keep me safe and meet/sustain my needs, provide access to resources to overcome insurmountable obstacles and barriers to self sufficiency, and as I aged I needed support from said services... sometimes just survive. More privileged citizens may never know how services like ABA programs are imperative to the success and ability to function as independently as possible for the most vulnerable of this lovely state's population. I avidly support the ABA program and value Illinois State Medicaid Program and the services it provides. I love and whole heartedly believe in our wonderful politicians to do as they always have and to continue to actively implement a multitude of services, with emphasis on the ABA program and allowing BCBA, BCABA to provide services to the many citizens and families that are recipients of Medicaid. Allowing seasoned professionals in the ABA field to assist with ethically providing access to programming and care that enriches the quality of life and incites hope in the heart of all citizens in this state, even the kid in most remote and economically depressed corner of Illinois. ABA will change the future and I believe it can and will be applied in many state & civil institutions in the years to come. I was diagnosed with Adhd at age 5 and its many complications/symptoms have haunted my life. Please also allow recipients of Medicaid with adhd and other mental/neurological disorders access to this great science and avenue to recovery/management of symptoms as well!!!! Dont miss this wave Illinois! I know you wont!!!!

From: Natalie Bell <natalie@behaviortherapyspecialists.com>
Sent: Friday, October 18, 2019 5:41 PM
To: HFS.Bpra
Subject: [External] Medicaid ABA Services

To Whom it may concern,

My name is Natalie Bell and I am employed at an ABA clinic practicing in the state of Illinois. My company serves clients with Autism throughout the lower half of the state working in home and clinic-based settings.

While I am thrilled to learn that a benefit to cover ABA for Medicaid services was approved during the last state budget process, I have significant concerns regarding language within the state plan DHFS has submitted. First, Board Certified Behavior Analysts (BCBA's) are not listed as an individual provider type. Secondly, although RBT's are listed as a provider type, without the supervision of services by a BCBA, they would not be able to meet their needed supervision requirements to maintain their credentials nor be able to practice as an RBT without the on-going supervision by a BCBA.

The impact of the exclusion of BCBA's as a provider type is significantly detrimental to the goal of providing access to much needed ABA services for children and families. Over the past two years, my agency has received hundreds of calls from families inquiring about ABA services who have had to be waitlisted or denied service due to non-coverage. These families will continue to face significant barriers and limited access to services unless BCBA's and tiered services with an RBT model are recognized.

I ask that the Department amend their language to include BCBA's, BCBA-Ds, and BCaBAs who are supervised by either a BCBA or BCBA-D so that appropriate ABA services may be provided for Medicaid recipients.

--

Natalie Bell
Behavior Therapy Specialists of IL & MO, LLC
Phone: 618-206-8816
Fax: 314-698-2570
www.behaviortherapyspecialists.com

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Public Comment on ABA Medicaid Benefit

Name: Lavisha Fernandes

Credential (check appropriate box):

- RBT
BCaBA
- BCBA
- BCBA-D
- Other: _____

Service area (check all that apply):

- Clinic
- In-home
- Other: _____

Concerns (check all that apply):

Lack of sufficient provider types: The only provider types DHFS states can provide ABA treatment are *licensed clinical social worker or licensed clinical psychologist with a board certified behavior analyst (BCBA) certification or a registered behavior technician (RBT)*. This means master level BCBAs could not directly supervise ABA treatment programs under the new Medicaid benefit.

Lack of recognition of the tiered treatment model: Since BCBAs are not listed in their own right as an approved provider type, RBTs would not be able to meet their needed supervision requirement due to lack of individuals able to provide supervision.

Additional comments: There are very few BCBAs that have a clinical licensure as both BCBAs and SLP/ Social work thus highly limiting the number of BCBAs who can qualify as Medicaid service providers to serve families of Individuals with Autism. Unfortunately, these families will not receive the intensity of professional help that they are looking for as the demands for the services are very high and the Medicaid criteria qualified ABA service providers are too rare.

By signing this document, I am requesting that the Department amends its language to include BCBAs, BCBA-Ds, and BCaBAs (whom are supervised by either a BCBA or BCBA-D) so that there is an increase in the number of ABA service providers and consumers have increased access to ABA services.

Signature: Lavisha Fernandes

Date: 10/18/2019

From: Shazeen Ahmad <sahmad@gbcaba.com>
Sent: Friday, October 18, 2019 4:37 PM
To: HFS.Bpra
Subject: [External] Please Guarantee ABA Services in IL

State of Illinois
Department of Healthcare and Family Services:

I am writing today to express my concerns with the proposed changes in methods and standards for establishing medical assistance payment rates. If this benefit is implemented with only two provider types, Medicaid recipients will be severely restricted in the number of providers that can provide ABA treatment services, putting Medicaid recipients on extremely long waitlist compared to their non-Medicaid insured peers.

We are asking DHFS add board certified behavior analyst (BCBA) to the list of providers types who can direct, supervise and render ABA treatment services. We are also asking for board certified assistant behavior analyst (BCaBA) who are supervised by BCBA/BCBA-D be added as a provider type that can supervise and render services. We believe if a licensed social worker will be directing and supervising ABA treatment programs, they need to prove ABA treatment is in their scope of practice.

Also, without recognizing the appropriate tiered service-delivery model, Medicaid recipients will be placed on extremely long waitlist and will struggle accessing services in their own communities. DFHS needs to authorize and reimburse ABA treatment services through the recognized tiered service-delivery model as is currently done under employer-based health insurance and the Illinois autism insurance mandate law.

I sincerely appreciate your time and urge you to consider this matter as seriously as those it is impacting.

Best,

Shazeen Ahmad, M.A.
Organizational Development Manager

GBC aba
helping transform lives
Main 312.882.1024 | Mobile 407.927.3767
sahmad@gbcaba.com | www.gbcaba.com

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From: ilext.sp2010.farm@illinois.gov
Sent: Friday, October 18, 2019 4:27 PM
To: HFS.Webmaster
Subject: Feedback from Public Notices

New [Feedback](#) has been received on the [Public Notices](#) site.

First Name:: Emily
Last Name:: Dzugan
Organization::
Address:: 6 eagle center
City:: O'fallon
State:: Illinois
ZIP:: 62269
Phone::

E-mail:: Emily@behaviortherapyspecialists.com

Comment: To Whom it may concern, My name is Emily Dzugan and I am a Board Certified Behavior Analyst (BCBA) practicing in the state of Illinois. My company serves clients with Autism throughout the lower half of the state working in home and clinic-based settings. While I am thrilled to learn that a benefit to cover ABA for Medicaid services was approved during the last state budget process, I have significant concerns regarding language within the state plan DHFS has submitted. First, Board Certified Behavior Analysts (BCBA's) are not listed as an individual provider type. Secondly, although RBT's are listed as a provider type, without the supervision of services by a BCBA, they would not be able to meet their needed supervision requirements to maintain their credentials nor be able to practice as an RBT without the on-going supervision by a BCBA. The impact of the exclusion of BCBA's as a provider type is significantly detrimental to the goal of providing access to much needed ABA services for children and families. Over the past two years, my agency has received hundreds of calls from families inquiring about ABA services who have had to be waitlisted or denied service due to non-coverage. These families will continue to face significant barriers and limited access to services unless BCBA's and tiered services with a RBT model are recognized. I ask that the Department amend their language to include BCBA's, BCBA-Ds, and BCaBAs who are supervised by either a BCBA or BCBA-D so that appropriate ABA services may be provided for Medicaid recipients.

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Responses are not monitored.



From: Emily Dzugan <emily@behaviortherapyspecialists.com>
Sent: Friday, October 18, 2019 4:25 PM
To: HFS.Bpra
Subject: [External] Medicaid Funding for ABA Services in IL

To Whom it may concern,

My name is Emily Dzugan and I am a Board Certified Behavior Analyst (BCBA) practicing in the state of Illinois. My company serves clients with Autism throughout the lower half of the state working in home and clinic-based settings.

While I am thrilled to learn that a benefit to cover ABA for Medicaid services was approved during the last state budget process, I have significant concerns regarding language within the state plan DHFS has submitted. First, Board Certified Behavior Analysts (BCBA's) are not listed as an individual provider type. Secondly, although RBT's are listed as a provider type, without the supervision of services by a BCBA, they would not be able to meet their needed supervision requirements to maintain their credentials nor be able to practice as an RBT without the on-going supervision by a BCBA.

The impact of the exclusion of BCBA's as a provider type is significantly detrimental to the goal of providing access to much needed ABA services for children and families. Over the past two years, my agency has received hundreds of calls from families inquiring about ABA services who have had to be waitlisted or denied service due to non-coverage. These families will continue to face significant barriers and limited access to services unless BCBA's and tiered services with a RBT model are recognized.

I ask that the Department amend their language to include BCBA's, BCBA-Ds, and BCaBAs who are supervised by either a BCBA or BCBA-D so that appropriate ABA services may be provided for Medicaid recipients.

Sincerely,

Emily Dzugan, M.S., BCBA
Behavior Therapy Specialists of Illinois and Missouri

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From: Whitney Aubrecht <whitney@behaviortherapyspecialists.com>
Sent: Friday, October 18, 2019 4:22 PM
To: HFS.Bpra
Subject: [External] Medicaid Coverage for ABA Services

To Whom it may concern,

My name is Whitney Aubrecht and I am a Board Certified Behavior Analyst (BCBA) practicing in the state of Illinois. My company serves clients with Autism throughout the lower half of the state working in home and clinic-based settings.


While I am thrilled to learn that a benefit to cover ABA for Medicaid services was approved during the last state budget process, I have significant concerns regarding language within the state plan DHFS has submitted. First, Board Certified Behavior Analysts (BCBA's) are not listed as an individual provider type. Secondly, although RBT's are listed as a provider type, without the supervision of services by a BCBA, they would not be able to meet their needed supervision requirements to maintain their credentials nor be able to practice as an RBT without the on-going supervision by a BCBA.

The impact of the exclusion of BCBA's as a provider type is significantly detrimental to the goal of providing access to much needed ABA services for children and families. Over the past two years, my agency has received hundreds of calls from families inquiring about ABA services who have had to be waitlisted or denied service due to non-coverage. These families will continue to face significant barriers and limited access to services unless BCBA's and tiered services with a RBT model are recognized.

I ask that the Department amend their language to include BCBA's, BCBA-Ds, and BCaBAs who are supervised by either a BCBA or BCBA-D so that appropriate ABA services may be provided for Medicaid recipients.

Whitney Aubrecht, MS, BCBA
Behavior Therapy Specialists of IL & MO
Phone: 618-579-7235
Fax: 314-698-2570
www.behaviortherapyspecialists.com

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From: Jessica Dow <jessica@behaviortherapyspecialists.com>
Sent: Friday, October 18, 2019 4:07 PM
To: HFS.Bpra
Subject: [External] ABA SERVICES FOR MEDICAID RECEIPIENTS

To Whom it may concern,

My name is Jessica Dow and I am a Board Certified Behavior Analyst (BCBA) practicing in the state of Illinois. My company serves clients with Autism throughout the lower half of the state working in home and clinic-based settings.

While I am thrilled to learn that a benefit to cover ABA for Medicaid services was approved during the last state budget process, I have significant concerns regarding language within the state plan DHFS has submitted. First, Board Certified Behavior Analysts (BCBA's) are not listed as an individual provider type. Secondly, although RBT's are listed as a provider type, without the supervision of services by a BCBA, they would not be able to meet their needed supervision requirements to maintain their credentials nor be able to practice as an RBT without the on-going supervision by a BCBA.

The impact of the exclusion of BCBA's as a provider type is significantly detrimental to the goal of providing access to much needed ABA services for children and families. Over the past two years, my agency has received hundreds of calls from families inquiring about ABA services who have had to be waitlisted or denied service due to non-coverage. These families will continue to face significant barriers and limited access to services unless BCBA's and tiered services with an RBT model are recognized.

I ask that the Department amend their language to include BCBA's, BCBA-Ds, and BCaBAs who are supervised by either a BCBA or BCBA-D so that appropriate ABA services may be provided for Medicaid recipients.

--

Jessica Dow, M.Ed, BCBA

Owner; Clinical Director

Behavior Therapy Specialists of IL and MO

6 Eagle Center, Suite 1 O'fallon IL 62269

618 310 5408

www.behaviortherapyspecialists.com

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PETER "PETE" DICIANNI
COMMISSIONER DISTRICT 2

10.18.2019

To Whom It May Concern:

We are pleased that the State of Illinois has passed Medicaid Treatment and Parity for Autism with providing Applied Behavior Analysis Treatment. This passage brings Illinois inline with the Federal Mandate passed in 2014 under the Obama administration requiring medically necessary treatment and therapy for people with disabilities under medicaid. With \$42,000,000.00 dedicated in the BIMP legislation, Illinois will see a federal match of \$42,000,000.00 giving the poor and working poor a total pool \$84,000,000.00. This is a tremendous victory for families struggling with Autism!

Our concern with the expressed language is in two areas. Under the Illinois Autism Mandate "Brianna's Law", both licensed physicians and clinical psychologists can diagnose and prescribe treatment of Applied Behavior Therapy. In addition Board Certified Behavior Analyst (BCBA's) are not required to possess additionally to possess either a clinical physiologist and or a social worker license, which is what your public notice requires. Both of these challenges will greatly impact access to treatment of ABA and would defy what private insurance requires, thus putting more severe limitations of diagnosis and treatment on poor and working poor families who are in desperate need of critical, time sensitive access to services.

From the Public Notice:

"Effective for dates of service January 1, 2020, and after, the Department's will provide coverage of the treatment of autism spectrum disorder (ASD) through applied behavior analysis (ABA) under the medical assistance program for children with a diagnosis of ASD when ordered by a physician licensed to practice medicine in all its branches and rendered by a licensed clinical social worker or licensed clinical psychologist with a board certified behavior analyst (BCBA) certification or a registered behavior technician (RBT)."¹

Suggested Public Notice:

"Effective for dates of service January 1, 2020, and after, the Department's will provide coverage of the treatment of autism spectrum disorder (ASD) through applied behavior analysis (ABA) under the medical assistance program for children with a diagnosis of ASD when ordered by a physician licensed to practice medicine in all its branches or a licensed clinical psychologist with expertise in diagnosing autism spectrum disorders and rendered by a board certified behavior analyst (BCBA) certification or a BCBA supervised registered behavior technician (RBT)."¹

This is a follow up letter to our County Board resolution that was passed early this year asking the State of Illinois to cover ABA under Illinois Medicaid. We the Members of the County Board and Members of the Health & Human Services Committee are asking Illinois Health and Family Services (HFS) to please get this right to guarantee our federal match and more importantly mirror access to our Insurance Mandate which has been on the books since 2008. As the 2nd largest county representing nearly 1 million people, 1 in 3 of our children rely on Illinois Medicaid and 1 in 59 of these children suffer from Autism. It's imperative we get this right and give full access to care including Applied Behavioral Analysis Therapy.

Respectfully Yours,

Pete DiCianni
Chairman, Health & Human Services
DuPage County, Illinois

JTK Administration Building
421 N. County Farm Road
Wheaton, IL 60187
Main: 630.407.6004

Constituent Office
421 S. Addison Road
Addison, IL 60101
Office: 630.833.5100 ext. 11
Fax: 630.833.5180
Cell: 630.674.5198
email: pdicianni@dicianni.com



From: Trista Matt <tmatt87@gmail.com>
Sent: Friday, October 18, 2019 3:23 PM
To: HFS.Bpra
Subject: [External] IL Medicaid for ABA Feedback

To Whom it May Concern:

I am writing to express my concerns regarding the restrictions related to Illinois Medicaid coverage of ABA services to treat Autism. My greatest concern is that eligibility for providing services does not include Board Certified Behavior Analysts. As a BCBA, I have a Master's degree in counseling with a focus on ABA. I have extensive formal education specific to ABA, as well as applying ABA to the Autism population. Finally, I have many years of hands-on experience as a provider and supervisor of ABA services. I am highly qualified and yet under the proposed policy, I would be ineligible to provide ABA services through IL Medicaid. The description above also applies to the vast majority of BCBAs and yet they, too, would be ineligible.

Given the drastically increasing rates of ASD in the general population, there is a significant need for providers with extensive training and education in using ABA to treat the symptoms of Autism. Limiting eligibility to BCBAs who are also licensed social workers or psychologists will be harmful to the ASD population as they continue to seek out appropriate services. Furthermore, this restriction does not make sense in that the addition of a degree and license in social work or psychology does not indicate an increased knowledge of ABA. This has been recognized by many experts, as seen by the fact that BCBAs are eligible providers for both the Illinois Autism insurance mandate and for Medicaid services in other states.

I urge you to reconsider your eligibility criteria to include all BCBAs.

Thank you,
Trista Kotek, MS, BCBA

From: Jennifer Ryden <jennifer.ryden2010@gmail.com>
Sent: Friday, October 18, 2019 2:50 PM
To: HFS.Bpra
Subject: [External] ABA Coverage for IL Medicaid

To Whom it May Concern:

I am writing to express my concerns regarding the restrictions related to Illinois Medicaid coverage of ABA services to treat autism. My greatest concern is that eligibility for providing services does not include Board Certified Behavior Analysts. As a BCBA, I have a Master's degree in education with a focus on ABA. I have extensive formal education specific to ABA as well as applying ABA to the autism population. Finally, I have well over a decade of hands-on experience as a provider and supervisor of ABA services. I am highly qualified and yet under the proposed policy, I would be ineligible to provide ABA services through IL Medicaid. The description above also applies to the vast majority of BCBAs and yet they, too, would be ineligible.

Given the drastically increasing rates of ASD in the general population, there is a significant need for providers with extensive training and education in using ABA to treat the symptoms of Autism. Limiting eligibility to BCBAs who are also licensed social workers or psychologists will be harmful to the ASD population as they continue to seek out appropriate services. Furthermore, this restriction does not make sense in that the addition of a degree and license in social work or psychology does not indicate an increased knowledge of ABA. This has been recognized by many experts, as seen by the fact that BCBAs are eligible providers for both the Illinois Autism insurance mandate and for Medicaid services in other states.

I urge you to reconsider your eligibility criteria to include all BCBAs.

Thank you,

--

-Jennifer Ryden, M.Ed., BCBA
cell: 530-848-1431
pronouns: she/her



From: jake baumgarte <jcbaum1@outlook.com>
Sent: Friday, October 18, 2019 2:47 PM
To: HFS.Bpra
Subject: [External] HB2710

Illinois spends money like a "drunken sailor". However, helping families with Austic children is not important. Involve Behavioral Analysis personnel as they are trained to effectively help the people to lead more productive lives. Don't make it "second rate" by permitting people in other areas to attempt to help. Seriously, include coverage with Medicare ABA benefits

Sent from Mail for Windows 10

October 16, 2019

Bureau of Program and Policy Coordination
Division of Medical Programs
Healthcare and Family Services (DHFS)
Sent electronically by email on 10/18/2019



Re: DHFS Public Notice and Request for Comment on Proposed Changes in Methods and Standards for establishing medical assistance payment rates for proposed treatment coverage of Autism Spectrum Disorder (ASD) through applied behavior analysis (ABA).

Dear Bureau of Program and Policy Coordination,

On behalf of the Coalition partners of the Illinois Autism Insurance Coalition, thank you for the opportunity to provide comment on the proposed Medicaid EPSDT¹ treatment coverage of Autism Spectrum Disorder (ASD) through applied behavior analysis (ABA).

Our Coalition's partners, including ABA practitioner organizations, advocacy groups and consumers, are pleased to see our state providing a Medicaid EPSDT coverage for ABA treatment. We have experienced such challenges in supporting families who received an ASD diagnosis but were unable to access coverage for prescribed comprehensive or focused ABA treatment programs².

Unfortunately, we believe families with Medicaid-eligible children with ASD will continue to struggle in accessing ABA treatment programs in and near their communities, if the proposed benefit described in the DHFS public notice³ would take effect. We have concerns with the very narrow practitioner types approved to render ABA treatment and estimate less than 20 of these practitioners exist in the entire state who have the scope of practice in clinical direction and supervision of ABA treatment for ASD and, are currently rendering services.

This would lead to an inadequate provider network to meet the treatment needs of the Medicaid-eligible ASD community that is seeking treatment under EPSDT and would place Medicaid recipients on extremely long waitlist compared to their non-Medicaid insured peers.

We are requesting DHFS please consider expanding the practitioner types that can provide clinical direction, supervision and rendering of ABA treatment for ASD to allow for an adequate provider network through the following three considerations:

1. Expand to Additional Practitioner Types
2. Utilize the recognized Tiered Service-Delivery Model for ABA.
3. Follow the American Medical Association approved CPT® Category 1 codes for rendering ABA treatment.

¹ Early and Periodic Screening, Diagnostic and Treatment EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, developmental and specialty services. CMCS Bulletin dated July 7, 2014 attached

² Behavior Analyst Certification Board: Practice Guidelines for Healthcare Funders and Managers
https://cdn.vmw.com/www.apbahome.net/resource/collection/1FDDBDD2-5CAF-4B2A-AB3F-DAE5E72111BF/BACB_ASD_Gdlns.pdf

³ <https://www.illinois.gov/hfs/SiteCollectionDocuments/09119ABAservicesPublicNotice.pdf>

(1) Expand to Additional Practitioner Types

Per the public notice language, only two rendering treatment practitioners are listed, “*rendered by a licensed clinical social worker or licensed clinical psychologist with a board certified behavior analyst⁴ (BCBA) certification or a registered behavior technician (RBT).*”

- If a licensed clinical social worker is not a BCBA and is directing, supervising and rendering ABA treatment programs, we would request they prove ABA treatment is in their scope of practice.
- Per the BACB Practice Guidelines, high school level RBT’s cannot provide clinical direction or supervise ABA treatment programs. RBT’s are required to be supervised by a BCBA or BCaBA and can only render ABA treatment.

Additional Rendering Practitioner Types needed to meet an adequate provider network:

- Master Level BCBA Practitioners
 - The public notice does not recognize master level BCBA practitioners which are the most assessible and most utilized practitioner type in the clinical direction, supervision and rendering ABA treatment for ASD in the employer-based and private health insurance industry in Illinois.
 - Currently, all health insurance plans in Illinois allow masters level BCBA’s to provide clinical direction, supervise and render ABA treatment programs without being licensed or supervised.
 - Medicaid programs in other states allow unlicensed, masters level BCBA’s to provide clinical direction, supervision and render ABA treatment as stated in the CMS memo dated July 14, 2014⁵ and on the attached state map titled ABA EPSDT Treatment Coverage of ABA.
 - Currently, BCBA’s are an approved, non-licensed provider to provide behavioral interventions, including ABA, under 56U⁶ Behavior Services in Illinois state law under the Illinois Adult, Children's Support and Children's Residential Medicaid Waivers with IDHS.
- Bachelor Level Board Certified Assistant Behavior Analyst (BCaBA)
 - The public notice does not recognize BCaBA’s practitioners. BCaBA’s are required to be supervised by a BCBA-D or BCBA and can only supervise and render services.
 - Currently, many health insurance plans in Illinois allow BCaBA’s to supervise and render ABA treatment programs without being licensed.

(2) Utilize the recognized Tiered Service-Delivery Model for ABA

Per the public notice language:

- DHFS does not appear to be utilizing the common tiered service-delivery model currently used in employer-based and private health insurance around the state and country in rendering and reimbursing for ABA treatment for ASD.
- DHFS only mentions “*rendering services*” and does include the clinical direction and supervision functions based on ethical guidelines and standards of care for ABA treatment for ASD⁷.

⁴ The Behavior Analyst Certification Board, Inc.[®] (BACB[®]) is a nonprofit 501(c)(3) corporation the professional credentialing board for behavior analysts and RBT’s. Board Certified Behavior Analyst are either master’s level (BCBA) or doctoral level (BCBA-D). The BACB maintains and enforces the Professional and Ethical Compliance Code for Behavior Analysts.

⁵ CMCS Bulletin dated July 7, 2014 attached

⁶ IDHS Behavior Services www.dhs.state.il.us/page.aspx?item=47501

⁷ Behavior Analyst Certification Board: Practice Guidelines for Healthcare Funders and Managers

[https://cdn.vmaxs.com/www.apbahome.net/resource/collection/1FDDBD2-5CAF-4B2A-AB3F-DAE5E72111BF/BACB ASD Gdlns.pdf](https://cdn.vmaxs.com/www.apbahome.net/resource/collection/1FDDBD2-5CAF-4B2A-AB3F-DAE5E72111BF/BACB%20ASD%20Gdlns.pdf)

The Tiered Service-Delivery Model for ABA Treatment services utilizes the following practitioners:

Clinical Direction	Supervise Treatment	Render Treatment
BCBA-D/BCBA	BCBA-D/BCBA	BCBA-D/BCBA
	BCaBA	BCaBA
		RBT

- Illinois' autism mandate depicts this same tiered service-delivery model in Statute (215 ILCS 5/356z.14)⁸.
- This delivery model is authored in the Behavior Analyst Certification Board: Practice Guidelines for Healthcare Funders and Managers⁹ and noted in the Model State Plan Amendment (SPA) document developed by the Autism Legal Resource Center and Association of Professional Behavior Analysts¹⁰.

(3) Follow the American Medical Association recently approved CPT® Category I codes for rendering ABA that utilizes the recognized Tiered Service-Delivery Model

Effective January 1, 2019, the American Medical Association approved utilizing:

- new permanent CPT® Category I codes to report adaptive behavior assessment and treatment services (known as ABA) for ASD.
- the new CPT® code set along with the above-mentioned tiered service-delivery model to include clinical direction, supervision and rendering of ABA treatment services through the usage of BCBA-D, BCBA, BCaBA and RBT's.

Additional Resources on CPT® codes and the Tiered Service-Delivery Model used with the codes:

- The ABA Coding Coalition¹¹ offers resources and support in the implementation of the new CPT® codes for all stakeholders. The Coalition comprises representatives of four organizations and a consultant who participated on the work group that developed the application to the American Medical Association CPT® Editorial Panel that resulted in the code set for adaptive behavior (ABA) effective January 2019.

Our Recommendations

Thank you again for the opportunity to comment and for your consideration in our request to DHFS to expand the practitioner types to include non-licensed BCBA's and BCaBA's and to utilize the tiered delivery-service model. We believe our requests will help ensure a Medicaid EPSDT coverage benefit that provides an adequate provider network to support the treatment needs of Medicaid-eligible consumers with autism throughout the state. Please feel free to reach out to us and we look forward to offering any assistance you may need.

Sincerely,

Marla Root

Marla Root
Founder and Director, Illinois Autism Insurance Coalition

⁸ Autism Mandate <http://www.ilga.gov/legislation/ilcs/documents/021500050K356z.14.htm>

⁹ Behavior Analyst Certification Board: Practice Guidelines for Healthcare Funders and Managers https://cdn.vmaaws.com/www.apbahome.net/resource/collection/1FDDBDD2-5CAF-4B2A-AB3F-DAE5E72111BF/BACB_ASD_Gdlns.pdf

¹⁰ Model State Plan Amendment (SPA) document - attached

¹¹ <https://abacodes.org/>



From: Jessica Winkler-Steinkamp <jessicaws@autismserviceprovider.com>
Sent: Friday, October 18, 2019 11:22 AM
To: HFS.Bpra
Cc: holmes@senatedem.illinois.gov
Subject: [External] Public Notice and Request for Comment; "Proposed Coverage of Autism Spectrum Disorder through Applied Behavior Analysis"

Dear Department of Healthcare and Family Services (DHFS):

My name is Jessica Winkler-Steinkamp and I am a board certified behavior analyst providing services in the Naperville area. I am also the clinical director of a small ABA agency providing ABA services to numerous families and their children who have been diagnosed with autism spectrum disorder. I am also a BCBA providing services in the state's Early Intervention program. I have a Master's Degree in Applied Behavior Analysis from Ball State University and have truly enjoyed the work that I have been able to do. It has been an honor to participate in the growth of each of the children that I have worked with and I am always blown away by the perseverance and resilience that my families and children demonstrate.

I am extremely concerned by the currently proposed Medicaid benefit for ABA. These concerns include the following:

Extremely limited provider types - Your notice leaves out a master's level Behavior Analyst (BCBA) meaning BCBA's could not direct and supervise ABA treatment programs under the new Medicaid benefit. BCBA's are the largest provider type for providing ABA therapy in our state and commercial insurance allows/requires BCBA's. I myself fall into this category. I am currently contracted with BCBSIL, Magellan, Aetna, Cigna, and other insurers to provide ABA services.

- **Concern 1:** If this benefit is implemented with only two provider types (LCPs with a BCBA and LCSWs), Medicaid recipients will be severely restricted in the number of providers that can provide ABA treatment services, putting Medicaid recipients on extremely long waitlist compared to their non-Medicaid insured peers. I am also concerned that despite having more rigorous training in behavior analysis (i.e., I have a Master's in ABA), I would not be allowed to provide services to Medicaid patients. However, a licensed social worker who DOES NOT have the same level of training in my field would be able to. Not only does this undermine our field of behavior analysis, but it gives families that false impression that they are being adequately served by someone with inadequate training when they are allowed to receive services from improper providers.
- **Concern 2:** I am concerned that this extremely limited provider type creates an unnecessary barrier to treatment for a very large, vulnerable population. Not only is this barrier seemingly arbitrary, but it also seems to be at odds with the MHPAEA (Mental Health Parity and Addiction Equity Act) and EPSDT (Early and Periodic Screening, Diagnostic, and Treatment benefit). This limit appears to be more restrictive than the limits on medical/surgical services and will prevent children from accessing medically necessary treatments in a timely manner. There are 1,168 BCBA's in the state of Illinois ready to serve and that will likely be unable to work with Medicaid patients due to this restriction.
- **The Ask:** We are asking DHFS add board certified behavior analysts (BCBA) to the list of providers types who can direct, supervise and render ABA treatment services.

Not utilizing the recognized Tiered Service-Delivery Model for ABA - DHFS does not seem to be utilizing the common tiered service-delivery model currently used in employer-based health insurance around the state and country including our state's autism mandate. The Tiered Service-Delivery Model for ABA Treatment services can be:

- Directed, supervised or rendered by BCBA's and BCBA-D's; Rendered or supervised by BCaBA's who are under the supervision of a BCBA or BCBA-D and; Rendered by Behavior Technicians or Registered Behavior Technicians (or equivalent credential) who are under the supervision of a BCBA, BCBA-D or BCaBA.
- **The Concern:** Without recognizing the appropriate tiered service-delivery model, families will be placed on extremely long waitlists and will struggle accessing services in their communities. Children benefit the most from the ABA benefit prior to the age of 3 and our state is already struggling with identifying and providing treatment for children diagnosed with autism.
- **The Ask:** DFHS needs to authorize and reimburse ABA treatment services through the recognized tiered service-delivery model as is currently done under employer-based health insurance and the Illinois autism insurance mandate law.

Thank you for allowing the public and myself to provide comments. Please reach out to me if you have any questions.

--
Jessica Winkler-Steinkamp, M.A., BCBA
ASPB Therapy Pathways
Clinical Director/Behavior Analyst/Developmental Therapist



From: ilext.sp2010.farm@illinois.gov
Sent: Friday, October 11, 2019 3:43 PM
To: HFS.Webmaster
Subject: Feedback from Public Notices

New Feedback has been received on the Public Notices site.

First Name:: Paige
Last Name:: Boydston
Organization:: Southern Illinois University
Address:: 1263 Lincoln Dr.
City:: Carbondale
State:: Illinois
ZIP:: 62901
Phone::
E-mail:: boydston.paige@gmail.com

Comment: My name is Paige Boydston and I am a Board Certified Behavior Analyst (certified in 2014). I have worked in both Kansas and Missouri as a BCBA doing home and community based, center based, and residential work through various funding sources, including state medicaid and private insurances. I am currently a doctoral student at SIU-C and a member of ILABA. Although the increase in funding and resources for providing behavior analytic interventions to children with autism in Illinois is a huge step for the step, the language of the service delivery model and service delivery professionals is inappropriate and detrimental to the actual delivery of those services. Masters level practitioners with their BCBA certification have been specifically trained to provide behavior analytic interventions in an independent fashion. BCBA level certificants do not require oversight or supervision by other service providers (e.g., doctoral level BCBA, doctoral level psychologists) with private insurance funders or other state medicaid funding sources. By excluding masters level BCBA from the oversight of service delivery and intervention packages, you will make it nearly impossible for agencies to gain enough staff to take on clients or provide any benefit to children state-wide. BCBA are independent practitioners through the Behavior Analyst Certification Board (their governing body). I urge you to review practice guidelines for Board Certified Behavior Analysts (masters and doctoral level) at bacb.com through the Behavior Analyst Certification Board. I also urge you to revise your language to include and allow BCBA and BCBA-Ds to oversee, monitor, implement and supervise behavior analytic interventions with children, adolescents, and adults with autism in the state of Illinois. Furthermore, I recommend that BCaBAs be permitted to assist with overseeing, monitoring, implementing, and supervision behavior analytic interventions with children, adolescents, and adults with autism in the state of Illinois under the direct supervision of a BCBA or BCBA-D as required by the Behavior Analyst Certification Board (tiered service delivery model that allows for increased access to services and better utilization of resources). I would be happy to discuss this model of service delivery as it is provided in Kansas. You may contact me directly at boydston.paige@gmail.com. Thank you for your time- Paige Boydston, MS, BCBA

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Responses are not monitored.



From: ilext.sp2010.farm@illinois.gov
Sent: Thursday, October 17, 2019 11:41 PM
To: HFS.Webmaster
Subject: Feedback from Public Notices

New Feedback has been received on the Public Notices site.

First Name:: Jennifer
Last Name:: Lewis
Organization::
Address:: 258 Lorraine Cir
City:: Bloomington
State:: Illinois
ZIP:: 60108
Phone::
E-mail:: Lewisjbcba@gmail.com

Comment: Hello, I'm Jennifer Lewis, MS, LPC, BCBA. I run an agency and practice as a BCBA. I provide in home ABA therapy for children with autism living in all of Chicagoland. I'm concerned with the language, as written, does NOT recognize BCBAs ability to practice in their own right. It's so strange RBTs are put in there but not BCBAs. Does the state realize RBTs are mandated to report under a BCBA as required by the BACB? Additionally, social workers are not even close in the realms of ABA. If you don't change the way it's written to include BCBAs, the impact will be limiting access to service for the consumer. I ask that the Department amend their language to include BCBAs and BCBA-Ds.

This email was automatically sent from the SOI Feedback web part on the Public Notices site.
Responses are not monitored.



From: Ashley Whittington-Barnish <abarnish@thechicagoschool.edu>
Sent: Thursday, October 17, 2019 5:59 PM
To: HFS.Bpra
Subject: [External] ABA for Medicaid Recipients

To Whom it May Concern:

Thank you for recognizing the need for additional services and funding for individuals with autism. I have some concerns over the wording of the current proposal. Specifically, it isn't clear if LCSWs need to also hold a BCBA. Second, I am concerned that those who are BCBAs/BCBA-Ds and highly qualified to provide scientifically supported services to this population are excluded. The number of Licensed Clinical Psychologists who are also BCBAs in Illinois is quite small. I am one of these individuals, and I have no concerns about someone who only holds the BCBA credential (in the absence of a clinical psychologist or social worker license) providing services. I am currently a faculty member who trains master's level professionals for the BCBA credential. Without including those with BCBA, BCaBA, and BCBA-D credentials, there will be a shortage of service providers to meet the needs of the consumers. Plus, the ethical guidelines for supervision of Registered Behavior Technicians (RBT), also requires supervision by one of these individuals. Without amending the language, I fear there will be services provided without the appropriate supervision to oversee ethical services. Please contact me if you have any questions.

Respectfully,
Ashley

Ashley Whittington-Barnish, PhD, BCBA-D, NCSP
Department Chair & Associate Professor
Applied Behavior Analysis, Chicago Campus
312.467.2311 | abarnish@thechicagoschool.edu
The Chicago School of Professional Psychology



Pronouns: she/her/hers

**Celebrating 40 years of Education,
Innovation and Service to the community**

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From: ilext.sp2010.farm@illinois.gov
Sent: Wednesday, October 16, 2019 8:35 PM
To: HFS.Webmaster
Subject: Feedback from Public Notices

New Feedback has been received on the Public Notices site.

First Name:: Alexandra
Last Name:: Petz
Organization:: Autism Home Support Services
Address:: 5 Revere Dr
City:: Northbrook
State:: Illinois
ZIP:: 60062
Phone::
E-mail:: Alex.petz@gmail.com

Comment: To my state representative, It has come to my attention that master degree doctoral degree level nationally board certified behavior analysts are not recognized by the department of human and family services as providers in their own right in the most recent amendment to the Medicaid service provision waiver for ABA services. This is detrimental to the level of care in which children, adults, and their families would receive, as the providers of direct services are required to be RBT certified and supervised in order to maintain ethical services. The number of RBT providers to supervisors under the current guidelines would not allow for adequate supervision, therefore leaving room for unethical service provision. I am therefore demanding that professionals with masters and doctoral degree level BCBA and BCBA-D providers, as well as BCaBA providers under the supervision of BCBA and BCBA-D providers be added to the current amendment as approved providers in their own right. Thank you.

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From: ilext.sp2010.farm@illinois.gov
Sent: Wednesday, October 16, 2019 2:30 PM
To: HFS.Webmaster
Subject: Feedback from Public Notices

New Feedback has been received on the Public Notices site.

First Name:: Erina
Last Name:: Jorudd
Organization::
Address:: 35078 N Shoreline Dr.
City:: Ingleside
State:: Illinois
ZIP:: 60041
Phone::
E-mail:: ersavino@live.com

Comment: Concerns: 1. Lack of sufficient provider types- The only provider types DHFS states can provide ABA treatment are licensed clinical social worker or licensed clinical psychologist with a board certified behavior analyst (BCBA) certification or a registered behavior technician (RBT). This means master level BCBAs could not directly supervise ABA treatment programs under the new Medicaid benefit. 2.Lack of recognition of the tiered treatment model- Since BCBAs are not listed in their own right as an approved provider type, RBTs would not be able to meet their needed supervision requirement due to lack of individuals able to provide supervision.

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From: ilext.sp2010.farm@illinois.gov
Sent: Wednesday, October 16, 2019 10:44 AM
To: HFS.Webmaster
Subject: Feedback from Public Notices

New [Feedback](#) has been received on the [Public Notices](#) site.

First Name:: Chelsea
Last Name:: Skinner
Organization:: ABA of Illinois
Address:: 2131 N. Larrabee St. Apt. 6301
City:: Chicago
State:: Illinois
ZIP:: 60614
Phone::
E-mail:: cskinner@abaofillinois.org

Comment: Hello, my name is Chelsea and I am a Board Certified Behavior Analyst (BCBA). I provide behavior services to adults and children with intellectual disabilities in the state of Illinois, and I also supervise BCBAs and level 2 behavior therapists who provide behavior services through our company. A major concern I have with the proposed changes is that the language, as written, does NOT recognize a BCBA's ability to practice in their own right. This means that the consumer would have limited access to services. For example, ABA of Illinois provides behavior services to 1,500 clients in the whole state of Illinois. If this language were not to change, all of these individuals would no longer have access to behavior services, as we are all certified as BCBAs or BCaBAs. That's a lot of clients to lose their supports and services! I am asking that the Department amend their language to include BCBAs, BCBA-Ds, and BCaBAs who are supervised by either a BCBA or BCBA-D. Thank you for your time and consideration.

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From: ilext.sp2010.farm@illinois.gov
Sent: Tuesday, October 15, 2019 12:54 PM
To: HFS.Webmaster
Subject: Feedback from Public Notices

New [Feedback](#) has been received on the [Public Notices](#) site.

First Name:: Benjamin
Last Name:: Wessels
Organization::
Address:: 306 N Kensington Ave
City:: LaGrange Park
State:: Illinois
ZIP:: 60526
Phone::
E-mail:: bwessels@earlyautismservices.com

Comment: As an owner of a multi-state ABA therapy provider that grew out of a small practice in Illinois over a decade ago, I have waited for years to see Illinois meet its obligation to provide medically necessary ABA services to children with autism. However, as encouraging as it is to finally see Illinois attempt to honor this legal requirement, there is a key problem with the proposed benefit that must be addressed in order to allow families to actually access the benefit: The benefit requires providers to be an LCSW or Licensed Psychologist. These provider types are not trained in Behavior Analysis, rendering this requirement nothing more than an administrative barrier. The accepted qualification for oversight of an ABA treatment program is the BCBA certification. Requiring an entirely separate licensure, which has no bearing on an individual's qualification to oversee ABA treatment, is at best indicative of a misunderstanding of prevailing standards of care and ethical treatment. Please consider that you would not tell an LCP that in order to treat a patient with depression they must first obtain their LCSW. At worst this benefit has been written in a way to intentionally limit access to services, even while publicly claiming services are now available.

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From: ilext.sp2010.farm@illinois.gov
Sent: Tuesday, October 15, 2019 9:23 AM
To: HFS.Webmaster
Subject: Feedback from Public Notices

New [Feedback](#) has been received on the [Public Notices](#) site.

First Name:: Jillian
Last Name:: O'Sullivan
Organization:: CTF Illinois
Address:: 18230 Orland Parkway
City:: Orland Park
State:: Illinois
ZIP:: 60467
Phone::
E-mail:: jillianosullivan@ctfillinois.org

Comment: Hello, I am a BCBA who works with adults with cognitive disabilities and I recently became aware of the public notice regarding the funding to providers for ABA services. My concern is for my fellow BCBAs who will be excluded as providers of ABA services. We BCBAs have the education, experience, and knowledge of how these services should be assessed, implemented, and supervised. BCBAs have the right to practice in their own right. The language also discussed the use of RBTs; however RBTs must be supervised by a BCBA in order to keep their certificate current with the Behavior Analyst Certification Board. Therefore, a BCBA would have to be working directly as a provider for these children to receive services from a RBT. I am asking that the language be amended to include BCBAs, BCaBAs, and BCBA-D as providers for all ABA services. Thank you for your time and consideration on this matter.

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From: ilext.sp2010.farm@illinois.gov
Sent: Tuesday, October 15, 2019 6:00 AM
To: HFS.Webmaster
Subject: Feedback from Public Notices

New [Feedback](#) has been received on the [Public Notices](#) site.

First Name:: Lisa
Last Name:: Zeiger
Organization::
Address:: 10637 S Central Park
City:: Chicago
State:: Illinois
ZIP:: 60655
Phone::
E-mail:: zeiger5@aol.com

Comment: While I appreciate the movement it becomes concerning to allow anyone other than a BCBA to provide oversight, it is my hope that DHFS would follow the private medical insurance model. All families deserve that oversight, whatever that is and in accordance with the BACB. This decision adversely affects the way the Behavior Analyst Certification Board (BACB), the board that regulates our field, has mandated ABA therapy and supervision be carried out. This decision causes the following concerns that I share with the board and the Illinois Association for Behavior Analysis (ILABA), the main advocacy group in Illinois for children on the Autism Spectrum and the services. Any information on how that BCBA is the professional with certification in ABA therapy and they have been left out of the mandate .

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From: ilext.sp2010.farm@illinois.gov
Sent: Monday, October 14, 2019 3:27 PM
To: HFS.Webmaster
Subject: Feedback from Public Notices

New Feedback has been received on the Public Notices site.

First Name:: Mary
Last Name:: Zeiger
Organization:: 439 Julia
Address:: Lemont
City:: 60439
State:: Illinois
ZIP:: 60439
Phone:: 6302431946
E-mail:: infinityelectrical@sbcglobal.net

Comment: This decision adversely affects the way the Behavior Analyst Certification Board (BACB), the board that regulates our field, has mandated ABA therapy and supervision be carried out. This decision causes the following concerns that I share with the board and the Illinois Association for Behavior Analysis (ILABA), the main advocacy group in Illinois for children on the Autism Spectrum and the services they receive: • The new mandate would ensure a lack of sufficient providers to supervise case loads • The new mandate states that ABA therapy can only be carried out by LSWs or Clinical Psychologists which eliminates the ability of other qualified healthcare professionals (QHCP) to deliver ABA therapy • The new mandate facilitates the elimination of a Master's level Board Certified Behavior Analyst's (BCBA) ability to supervise cases as outlined in the tiered model put forth by the BABC • The new mandate basically eliminates the Registered Behavior Technician's (RBT) ability to carry out services due to the fact that they would not be able to meet the criteria for supervision put forth by the BACB I am imploring you that your department amend the language in the new mandate to allow BCBA's and BCBA-Ds (Doctorate Level BCBA's) to continue to supervise cases. This will allow QHCPs and RBTs to follow the tiered system that has proven to be effected.

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From: ilext.sp2010.farm@illinois.gov
Sent: Monday, October 14, 2019 3:14 PM
To: HFS.Webmaster
Subject: Feedback from Public Notices

New [Feedback](#) has been received on the [Public Notices](#) site.

First Name:: Donna
Last Name:: Loftus
Organization:: smiley55382000@yahoo.com
Address:: 8142 w. 163 st.
City:: Tinley Park
State:: Illinois
ZIP:: 60477

Phone:: smiley55382000@yahoo.com
E-mail:: smiley55382000@yahoo.com

Comment: Hi family! Please click On this site and fill out comment card : Parents if your interested in writing an email for Your ABA Teams! While I appreciate the movement it becomes concerning to allow anyone other than a BCBA to provide oversight, it is my hope that DHFS would follow the private medical insurance model. All families deserve that oversight, whatever that is and in accordance with the BACB. This decision adversely affects the way the Behavior Analyst Certification Board (BACB), the board that regulates our field, has mandated ABA therapy and supervision be carried out. This decision causes the following concerns that I share with the board and the Illinois Association for Behavior Analysis (ILABA), the main advocacy group in Illinois for children on the Autism Spectrum and the services they receive: • The new mandate would ensure a lack of sufficient providers to supervise case loads • The new mandate states that ABA therapy can only be carried out by LSWs or Clinical Psychologists which eliminates the ability of other qualified healthcare professionals (QHCP) to deliver ABA therapy • The new mandate facilitates the elimination of a Master's level Board Certified Behavior Analyst's (BCBA) ability to supervise cases as outlined in the tiered model put forth by the BABC • The new mandate basically eliminates the Registered Behavior Technician's (RBT) ability to carry out services due to the fact that they would not be able to meet the criteria for supervision put forth by the BACB I am imploring you that your department amend the language in the new mandate to allow BCBAs and BCBA-Ds (Doctorate Level BCBAs) to continue to supervise cases. This will allow QHCPs and RBTs to follow the tiered system that has proven to be effected.

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From: ilext.sp2010.farm@illinois.gov
Sent: Monday, October 14, 2019 3:07 PM
To: HFS.Webmaster
Subject: Feedback from Public Notices

New Feedback has been received on the Public Notices site.

First Name:: Tina
Last Name:: Zeiger
Organization::
Address:: 16128 New Ave.
City:: Lemont
State:: Illinois
ZIP:: 60439
Phone:: 708-638-8802
E-mail:: tina2089@att.net

Comment: I am imploring you that your department change the language in the new mandate to allow BCBAs and BCBA-Ds to continue to supervise cases. This will allow QHCP and RBTs to follow the tiered system that has proven effective.

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From: ilext.sp2010.farm@illinois.gov
Sent: Saturday, October 12, 2019 7:51 PM
To: HFS.Webmaster
Subject: Feedback from Public Notices

New [Feedback](#) has been received on the [Public Notices](#) site.

First Name:: Pam
Last Name:: Winder
Organization::
Address:: 712 N Main Street
City:: Woodlawn
State:: IL
ZIP:: 62898
Phone:: 6183159934
E-mail:: pwinder25@gmail.com

Comment: My name is Pam Winder and I am a BCBA practicing for multiple years in Florida and now in Illinois. A BCBA has always had the ability to provide ABA services to clients that require behavioral programs to assist with improving their skill deficits. The "Proposed changes in Methods and Standards for Establishing Medical Assistance Payment Rates" does not allow for a BCBA to practice their profession in their own right so the language in the bill must be changed to include BCBA. Please amend the bill language to include BCBA, BCBA-Ds, and BCaBAs who are supervised by either a BCBA or BCBA-D. Keeping the language of the bill like it is now will severely limit or block a person's ability to access needed behavioral services from a qualified Behavior Analyst.

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From: ilext.sp2010.farm@illinois.gov
Sent: Friday, October 11, 2019 5:51 PM
To: HFS.Webmaster
Subject: Feedback from Public Notices

New Feedback has been received on the Public Notices site.

First Name:: Rocco
Last Name:: Catrone
Organization:: The Chicago School of Professional Psychology
Address:: 5020 W. Cullom St
City:: Chicago
State:: Illinois
ZIP:: 60641
Phone:: 708-268-1766
E-mail:: rcatrone@thechicagooschool.com

Comment: I am a BCBA and a professor that teaches future BCBA's. I am very worried about the limited wording of the new Illinois Medicaid bill for a few reasons: 1) I am still unclear as to why BCBA's who are not psychologist or licensed clinical social workers, many of whom do not have the same intensive philosophical and behavioral training as master's level behavior analysts do, yet an RBT (who most likely has no advanced degree) is able to. RBTs are to be supervised by BCBA's and the requirements that psychologists and social workers have to go through are the same that master's level BCBA's go through. This oversight might promote undue to issues within the field as the way the bill is written, an unsupervised RBT could provide medicaid services which is not ethically sound. 2) there are far fewer cross training individuals with BCBA and psychology/social work than there are masters level BCBA-trained individuals. this 1) severely limits access to services fro families statewide, 2) The BCBA training that this bill is supporting is, perhaps in many ways, better suited for master's and doctorate level BCBA's (who went through a BACB-approved course sequence), 3) many ABA companies in Illinois already have the infrastructure set up for handling a variety of cases and have trained AND SUPERVISED staff to complete the services so if BCBA's (who have ABA degrees) are included, we can reach a significantly greater amount of people. As a professional and educator in this field, I ask that the wording be expanded to also include BCBA, BCBA-D, and BCaBA who have other degrees (i.e. behavior analysis, ABA, masters in education, masters in psychology, etc.) be included. I Also ask that RBTs NEED TO be supervised by a BCBA and have this on record before having and reimbursement from the state as anything less is ethically irresponsible as stated by our guidelines set by our certification board. I would be more than happy to speak with anyone about this in person or over the phone as the way the bill is written currently will only cause more issues for not only the state of Illinois, but, more importantly, the families who are truly in need of these services as currently, the medicaid carve out is not enough and takes much longer losing precious developmental-time.

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From: Alissa Gaughan <alissa.gaughan@gmail.com>
Sent: Thursday, October 17, 2019 3:57 PM
To: HFS.Bpra
Subject: [External] IL Medicaid: ABA Services

Hi,

I am writing to you today regarding the recent announcement that IL Medicaid will cover ABA services to those diagnosed with ASD. While this announcement comes with excitement that additional families and children will receive the services they need, the parameters around providing these services will implement great restrictions.

I am a BCBA within IL and have been practicing as a BCBA since 2012. Based on the announcement, I believe BCBAs should be added to the list of provider types eligible to direct, supervise and render ABA services. BCBAs are the providers that have the most direct and specific training on the use of Applied Behavior Analysis. Additionally, BCBAs are accepted providers under the Illinois autism insurance mandate as well as Medicaid-covered services in other states. By allowing BCBAs to be acceptable providers it will increase the availability of services to those in need. Please consider making this update before services become available at the beginning of the year

Thank you,
Alissa




From: Anna Tower <annaftower@gmail.com>
Sent: Thursday, October 17, 2019 2:40 PM
To: HFS.Bpra
Subject: [External] BCBAs as eligible providers

Hello,

I am writing to voice concerns over BCBAs not being recognized as eligible providers for ABA services provided under Medicaid. I am a BCBA and believe that BCBAs should be added as a list of providers to be able to supervise, direct, and render ABA services to individuals with autism spectrum disorders.

- BCBAs are the providers that have the most direct and specific training on the use of Applied Behavior Analysis
- BCBAs are accepted providers under the Illinois autism insurance mandate as well as Medicaid-covered services in other states
- Adding BCBAs as acceptable providers also allows for greater access to services
 - Limiting to dually-credentialed LCSWs and LCPs is likely to create large waiting lists due to the small number of eligible providers
- DFHS should make it clear that a tiered service model is authorized and reimbursable for ABA services
 - The tiered model is currently used in employer-based health plans and covered by the Illinois autism insurance mandate
 - Without a tiered model, providers will have extremely long wait lists and are unlikely to be able to provide the intensity of services typically recommended to address medical necessity

Thank you for your time,
Anna Tower



From: Lynnae Glascock <lynnaeot@gmail.com>
Sent: Thursday, October 17, 2019 2:33 PM
To: HFS.Bpra
Subject: [External] BCBA

To whom it may concern,

My name is Lynnae Glascock and I am a pediatric occupational therapist as well as the clinical coordinator of our pediatric therapy program at Quincy Medical Group which includes OTs, STs, and PTs. I also serve on our trans-disciplinary evaluation team that diagnosis Autism Spectrum Disorders as well as other disorders causing significant behaviors.

I am concerned that the written language of whom can provide ABA therapy is so limited and does not include BCBA's as practicing clinicians. This is very concerning as this is their expertise and their knowledge is absolutely invaluable when working with patients, parents, and caregivers of children living on the Autism Spectrum. They have completed the course work and have proven over and over again their value with remediating behaviors.

Please consider altering the language to include BCBA's, BCBA-Ds, and BCaBA's who are supervised by either a BCBA or BCBA-D as they are the experts in providing ABA intervention.

Thank you for your consideration.

Lynnae Glascock MOT, OTR/L, BCP



From: Dustin Heitter <dheitter@autismhomesupport.com>
Sent: Thursday, October 17, 2019 12:59 PM
To: HFS.Bpra
Subject: [External] BCBA's as eligible providers for IL Medicaid ABA services

To whom it may concern,

I am writing to you to express my concerns in regards to BCBA's not being eligible providers for IL Medicaid ABA services. Board Certified Behavior Analyst's should be added to the list of providers to supervise, direct and render ABA services. BCBA's have the most direct and specific training on the use of Applied Behavior Analysis. BCBA's are also accepted providers under the Illinois autism insurance mandate as well as medicaid-covered services in other states.

Thank you for taking the time to read this concern.

--


Dustin Heitter
BCBA
p. 815.541.6491 | f. 847.348.3706
e. dheitter@autismhomesupport.com



AutismHomeSupport.com | 844-AHSS-ABA
Empowering Progress Toward Hopes and Dreams

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From: Jamie Zipprich <jzipprich@trinityservices.org>
Sent: Thursday, October 17, 2019 12:27 PM
To: HFS.Bpra
Subject: [External] Insurance

To whom this may concern:

My name is Jamie Zipprich and I am an RBT with Abilities, a division of Trinity Services. I work with children and adults with Autism and other developmental disabilities. I provide services in-home, clinic-based, community, and school settings in the area of St. Clair, Madison, and Clinton Counties. The concern that I would like to address is the lack of sufficient provider type which does not recognize BCBA's ability to practice in their own right, which impacts the limit of access to service by the consumer. I ask that the department amend their language to include BCBA's, BCBA-Ds, and BCaBA's who are supervised by either a BCBA or BCBA-D.

Thank you,
Jamie Zipprich, RBT
Trinity Services



From: Teresa Mackey <teresam.mackey@gmail.com>
Sent: Thursday, October 17, 2019 12:10 PM
To: HFS.Bpra
Subject: [External] Concerns regarding Medicaid coverage in IL for ABA services

To whom it may concern,

I am writing to express my concerns about the recent Medicaid coverage decision in IL that will take place January 1, 2020.

As a Board Certified Behavior Analyst, it is my clinical opinion that any BCBA should be eligible to deliver or supervise ABA services for the following reasons:

BCBAs have been trained specifically on the use of Applied Behavior Analysis.

Services delivered by BCBAs are covered by Medicaid in other states.

Limiting services to those who have dual credentials will create long wait lists and decrease the number of those who will receive services.

Thank you for your time,

Teresa Mackey, MA BCBA 1-15-19359



From: James Ludwikoski <Jludwikoski@gbcaba.com>
Sent: Thursday, October 17, 2019 11:23 AM
To: HFS.Bpra
Subject: [External] Concerns about proposed changes

State of Illinois
Department of Healthcare and Family Services:

I am writing today to express my concerns with the proposed changes in methods and standards for establishing medical assistance payment rates. If this benefit is implemented with only two provider types, Medicaid recipients will be severely restricted in the number of providers that can provide ABA treatment services, putting Medicaid recipients on extremely long waitlist compared to their non-Medicaid insured peers.

We are asking DHFS add board certified behavior analyst (BCBA) to the list of providers types who can direct, supervise and render ABA treatment services. We are also asking for board certified assistant behavior analyst (BCaBA) who are supervised by BCBA/BCBA-D be added as a provider type that can supervise and render services. We believe if a licensed social worker will be directing and supervising ABA treatment programs, they need to prove ABA treatment is in their scope of practice.

Also, without recognizing the appropriate tiered service-delivery model, Medicaid recipients will be placed on extremely long waitlist and will struggle accessing services in their own communities. DFHS needs to authorize and reimburse ABA treatment services through the recognized tiered service-delivery model as is currently done under employer-based health insurance and the Illinois autism insurance mandate law.

I sincerely appreciate your time and urge you to consider this matter as seriously as those it is impacting.

Best,
James Ludwikoski

James Ludwikoski
Behavior Technician

GBC aba
helping transform lives
Main 312.882.1024 | Mobile 310.913.4160
jludwikoski@gbcaba.com | www.gbcaba.com

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From: Ingrid Klockars <ingridklockars11@gmail.com>
Sent: Thursday, October 17, 2019 11:19 AM
To: HFS.Bpra
Subject: [External] ABA and Medicaide

To Whom it May Concern,

It is imperative that ABA services be available to be supervised by BCBA's and BCaBA's. They are credentialed supervisors under insurance companies, and open the doors for so many children to receive ABA therapy. The lack of supervision by a BCBA or BCaBA severely limits the amount of families that will be able to receive ABA under Medicaid, and the wait lists will be astronomical. Please consider the need for BCBA's and BCaBA's to supervise the implementation of ABA therapy.

Thank you,

Ingrid Klockars



From: Vanessa Ibarra <vibarra@gbcaba.com>
Sent: Thursday, October 17, 2019 11:09 AM
To: HFS.Bpra
Subject: [External]

State of Illinois
Department of Healthcare and Family Services:

I am writing today to express my concerns with the proposed changes in methods and standards for establishing medical assistance payment rates. If this benefit is implemented with only two provider types, Medicaid recipients will be severely restricted in the number of providers that can provide ABA treatment services, putting Medicaid recipients on extremely long waitlist compared to their non-Medicaid insured peers.

We are asking DHFS add board certified behavior analyst (BCBA) to the list of providers types who can direct, supervise and render ABA treatment services. We are also asking for board certified assistant behavior analyst (BCaBA) who are supervised by BCBA/BCBA-D be added as a provider type that can supervise and render services. We believe if a licensed social worker will be directing and supervising ABA treatment programs, they need to prove ABA treatment is in their scope of practice.

Also, without recognizing the appropriate tiered service-delivery model, Medicaid recipients will be placed on extremely long waitlist and will struggle accessing services in their own communities. DFHS needs to authorize and reimburse ABA treatment services through the recognized tiered service-delivery model as is currently done under employer-based health insurance and the Illinois autism insurance mandate law.

I sincerely appreciate your time and urge you to consider this matter as seriously as those it is impacting.

Best,

Vanessa Ibarra

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From: Rachel Crookston <rcrookston@abaofillinois.org>
Sent: Thursday, October 17, 2019 11:02 AM
To: HFS.Bpra
Subject: [External] Medicaid Funding For ABA

To Whom It May Concern-

My name is Rachel Crookston and I am a board certified behavior analyst for a company that provides services in-home for individuals with autism. I'm deeply concerned with the medicaid funding language as it is currently written. It does not recognize BCBA's ability to practice in their own right. BCBA's are specifically trained in school and in practice to provide individuals with autism applied behavior analysis services. A lot of BCBA's have our Master's degree in applied behavior analysis or have a degree with a very heavy emphasis on applied behavior analysis. If the funding is approved with the current language this will seriously impact the ability to provide services in this state by limited access to ABA services to the consumer. I'm asking that the Department amend their language to include BCBA's, BCBA-Ds, and BCaBA's who are supervised by either a BCBA or BCBA-D.

Thank you for your time!

Rachel Crookston

--
Rachel Crookston, M.A., BCBA
Regional Clinical Supervisor
Phone- (269)-760-9762
Fax- (773) 432-7169

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From: Chelsea Crocker <ccrocker@trinityservices.org>
Sent: Thursday, October 17, 2019 10:56 AM
To: HFS.Bpra
Subject: [External] ABA

To whom this may concern:

My name is Chelsea Crocker and I am a Registered Behavior Technician with Abilities, a division of Trinity Services. I work with children and adults with Autism and other developmental disabilities. I provide services in-home, clinic based, community, and school settings in the area of St. Clair, Madison, and Clinton Counties. The concern that I would like to address is the lack of sufficient provider type which does not recognize BCBA's ability to practice in their own right, which impacts the limit of access to service by the consumer. I ask that the department amend their language to include BCBA's, BCBA-D's, and BCaBA's who are supervised by either a BCBA or BCBA-D.

Thank you,

Chelsea Crocker



From: Latha Soorya <Latha_Soorya@rush.edu>
Sent: Thursday, October 17, 2019 8:28 AM
To: HFS.Bpra
Cc: Gene Bensinger; Holly N Lechniak
Subject: [External] Medicaid coverage of ABA for autism

Dear Bureau of Program and Policy,

I write to you as a licensed clinical psychologist and BCBA, one of only 47 licensed psychologists or social workers in Illinois eligible to provide care under the recently published State Plan Amendment language regarding Medicaid coverage of ABA.

While I was pleased to hear the state is making plans to cover this essential early intervention, the restrictive nature of the current plan renders this policy nearly ineffective. At Rush University Medical Center, I also serve an administrative role as Director of AARTS, an integrated clinical-research autism center. Our center serves hundreds of families and has 1+ year waitlists for public aid families requiring evaluations and interventions. We collaborate closely with our Rush general pediatric practice and hear daily about their struggles in finding care for public aid families with ASD (10,000+ visits/year). Under the current plan, I am the only provider that qualifies to provide ABA to in our large system. Thus, the current plan unfortunately will not address massive service access gaps for low-income children with autism from our Westside Chicago communities.

I ask that the Medicaid services for ABA in IL adopt guidelines that have potential to impact the needs of our youngest and most vulnerable patients with autism. Specifically, I respectfully request that DHS adopt existing standards for use of “tiered service delivery” model of ABA (below). These are guidelines used by our Illinois Autism Mandate guidelines, many states, federal agencies including the Department of Defense, and recommended by the American Medical Association.

“tiered service delivery” model of ABA

- Services are directed, supervised or rendered by BCBAs and Board certified Behavior Analysts-Doctoral (BCBA-Ds).
- Rendered or supervised by Board Certified Assistant Behavior Analysts (BCaBAs) who are under the supervision of a BCBA or BCBA-D.
- Rendered by Registered Behavior Technicians (RBTs), or equivalent credential who are under the supervision of a BCBA, BCBA-D or BCaBA.

Thanks you for your attention. My contact information is below should you be interested in learning more about these concerns.

Sincerely,
Latha Soorya

Cc:
Eugene Bensinger, Advocacy Chair, Autism Speaks Chicagoland
Holly Lechniak, Outreach Director, AARTS Center @ Rush

Latha V. Soorya, PhD, BCBA
Associate Professor | Department of Psychiatry



From: Danika McGandy <dmcgandy@gbcaba.com>
Sent: Thursday, October 17, 2019 6:20 AM
To: HFS.Bpra
Subject: [External] Medicaid Bill Concern

State of Illinois
Department of Healthcare and Family Services:

I am writing today to express my concerns with the proposed changes in methods and standards for establishing medical assistance payment rates. If this benefit is implemented with only two provider types, Medicaid recipients will be severely restricted in the number of providers that can provide ABA treatment services, putting Medicaid recipients on extremely long waitlist compared to their non-Medicaid insured peers.

We are asking DHFS add board certified behavior analyst (BCBA) to the list of providers types who can direct, supervise and render ABA treatment services. We are also asking for board certified assistant behavior analyst (BCaBA) who are supervised by BCBA/BCBA-D be added as a provider type that can supervise and render services. We believe if a licensed social worker will be directing and supervising ABA treatment programs, they need to prove ABA treatment is in their scope of practice.

Also, without recognizing the appropriate tiered service-delivery model, Medicaid recipients will be placed on extremely long waitlist and will struggle accessing services in their own communities. DFHS needs to authorize and reimburse ABA treatment services through the recognized tiered service-delivery model as is currently done under employer-based health insurance and the Illinois autism insurance mandate law.

I sincerely appreciate your time and urge you to consider this matter as seriously as those it is impacting.

Best,

Danika M. McGandy, M.S., BCBA
Chief Operating Officer



GBC aba
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Main 312.882.1024 | Mobile 312.858.8565
dmcgandy@gbcaba.com | www.gbcaba.com



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From: Sharhonda Hutton <shutton@gbcaba.com>
Sent: Thursday, October 17, 2019 1:48 AM
To: HFS.Bpra
Subject: [External] Attention Please BCBA as provider

State of Illinois
Department of Healthcare and Family Services:

I am writing today to express my concerns with the proposed changes in methods and standards for establishing medical assistance payment rates. If this benefit is implemented with only two provider types, Medicaid recipients will be severely restricted in the number of providers that can provide ABA treatment services, putting Medicaid recipients on extremely long waitlist compared to their non-Medicaid insured peers.

We are asking DHFS add board certified behavior analyst (BCBA) to the list of providers types who can direct, supervise and render ABA treatment services. We are also asking for board certified assistant behavior analyst (BCaBA) who are supervised by BCBA/BCBA-D be added as a provider type that can supervise and render services. We believe if a licensed social worker will be directing and supervising ABA treatment programs, they need to prove ABA treatment is in their scope of practice.

Also, without recognizing the appropriate tiered service-delivery model, Medicaid recipients will be placed on extremely long waitlist and will struggle accessing services in their own communities. DFHS needs to authorize and reimburse ABA treatment services through the recognized tiered service-delivery model as is currently done under employer-based health insurance and the Illinois autism insurance mandate law.

I sincerely appreciate your time and urge you to consider this matter as seriously as those it is impacting.

Best,

Sharhonda Hutton, BT

Behavioral Technician

GBC aba

helping transform lives

Main 312.882.1024 | Mobile 708.378.5711

shutton@gbcaba.com | www.gbcaba.com

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From: jami1705@frontier.com
Sent: Wednesday, October 16, 2019 10:55 PM
To: HFS.Bpra
Subject: [External] Medicaid ABA benefit plan comments

Thank you for the chance to comment. I am very disappointed. I have strong concerns over the content of this plan.

I learned about the DHFS ABA Medicaid benefit recently, and I have to say I am very alarmed and frustrated. Under this plan, I see only two provider types were included: 1) a Licensed Clinical Social Worker, who holds a master's level degree and shows (no standard has been developed or divulged) ABA is within their scope of practice; or 2) a PhD level Licensed Clinical Psychologist who also holds a BCBA certificate (a BCBA-D). There were no provisions for a master's level Board Certified Behavior Analyst (BCBA) or Board Certified Assistant Behavior Analyst (BCaBA). There were no provisions for adults with Autism Spectrum Disorder.

I have several concerns. First, this plan will limit access to benefits because it restricts the number of available practitioners available to provide services. This plan will lead to long wait lists for children who have already been waiting for services. This is of particular concern in rural Illinois, where the concentration of approved providers is even more limited and logistics poses barriers. According to the Illinois Association for Behavior Analysis, demand for BCBA/BCBA-D has risen approximately 800% between 2010 and 2017, with Illinois in the top five US states in need of services. I suggest DHFS add the BCBA and BCaBA services to the plan and to add supervision of RBT providers by masters and PhD level BCBA/BCBA-D.

Second, per our current state laws, as in most states nationwide, employer-based insurance provides ABA services implemented by: a BCaBA under the supervision of a BCBA, a BCBA, or a Registered Behavior Technician (RBT) under the supervision of a BCBA or BCBA-D. This is aligned with the recommendations in the Practice Guidelines for ABA Treatment of ASD by the Behavior Analyst Certification Board and is references in the Model State Plan Amendment (SPA) document authored by the Autism Legal Resource Center and Association of Professional Behavior Analysts. DHFS is not following this recommended tiered model and is placing undue restrictions on services. Again, the result is likely a long waitlist. I suggest DHFS to be consistent with our employer-based insurance guidelines and to align with the Behavior Analyst Certification Board Guidelines to provide services to recipients comparable to their employer-insured peers.

Third, there is no clarification on how a licensed clinical social worker would prove ABA is in the scope of their services. Illinois has yet to pass legislation for the ABA Licensure Act, HB2710. This Act is proposed to ensure the quality of ABA services in Illinois, and to assure that services are provided by trained and credentialed professionals. I request our Legislators pass HB2710 and clarify the DHFS plan regarding what constitutes appropriate scope of service for all service providers.

I urge our legislators to rethink this plan and deepen your research. Our families and individuals with ASD deserve quality and accessible services by professionals in the field of ABA. They should not be forced to settle for this poor-quality plan. Illinois is already in the top 5 states in need of services. I don't want Illinois recipients to suffer under one of the 5 worst state benefit plans in the nation.

Jami Evans, MS, BCBA



From: Melanie Rosales <mrosales@gbcaba.com>
Sent: Wednesday, October 16, 2019 8:39 PM
To: HFS.Bpra
Subject: [External] Nope

State of Illinois
Department of Healthcare and Family Services:

I am writing today to express my concerns with the proposed changes in methods and standards for establishing medical assistance payment rates. If this benefit is implemented with only two provider types, Medicaid recipients will be severely restricted in the number of providers that can provide ABA treatment services, putting Medicaid recipients on extremely long waitlist compared to their non-Medicaid insured peers.

We are asking DHFS add board certified behavior analyst (BCBA) to the list of providers types who can direct, supervise and render ABA treatment services. We are also asking for board certified assistant behavior analyst (BCaBA) who are supervised by BCBA/BCBA-D be added as a provider type that can supervise and render services. We believe if a licensed social worker will be directing and supervising ABA treatment programs, they need to prove ABA treatment is in their scope of practice.

Also, without recognizing the appropriate tiered service-delivery model, Medicaid recipients will be placed on extremely long waitlist and will struggle accessing services in their own communities. DFHS needs to authorize and reimburse ABA treatment services through the recognized tiered service-delivery model as is currently done under employer-based health insurance and the Illinois autism insurance mandate law.

I sincerely appreciate your time and urge you to consider this matter as seriously as those it is impacting.

Best,
Melanie Rosales

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From: safia rezgane <safinez26@yahoo.fr>
Sent: Wednesday, October 16, 2019 8:02 PM
To: HFS.Bpra
Subject: [External] ABA therapy by BCBA

Hello,

I am a mom of 11 years old boy on the spectrum. We don't have a private insurance. I was always seeing my son's classmates making progress because of the ABA therapy they were getting but not my son. That was and still breaking my heart. When a very smart boy get back at school and is not accepted by people because of his behavior we could get him better if he had ABA with an BCBA.

Could you please make that possible for our kids?

By Safia Rezgane

A mom broken heart



From: Ashley Nackers <anackers@gbcaba.com>
Sent: Wednesday, October 16, 2019 7:30 PM
To: HFS.Bpra
Subject: [External] State of Illinois Department of Healthcare and Family Services

To Whom it May Concern,

I am writing today to express my concerns with the proposed changes in methods and standards for establishing medical assistance payment rates. If this benefit is implemented with only two provider types, Medicaid recipients will be severely restricted in the number of providers that can provide ABA treatment services, putting Medicaid recipients on extremely long waitlist compared to their non-Medicaid insured peers.

We are asking DHFS add board certified behavior analyst (BCBA) to the list of providers types who can direct, supervise and render ABA treatment services. We are also asking for board certified assistant behavior analyst (BCaBA) who are supervised by BCBA/BCBA-D be added as a provider type that can supervise and render services. We believe if a licensed social worker will be directing and supervising ABA treatment programs, they need to prove ABA treatment is in their scope of practice.

Also, without recognizing the appropriate tiered service-delivery model, Medicaid recipients will be placed on extremely long waitlist and will struggle accessing services in their own communities. DFHS needs to authorize and reimburse ABA treatment services through the recognized tiered service-delivery model as is currently done under employer-based health insurance and the Illinois autism insurance mandate law.

I sincerely appreciate your time and urge you to consider this matter as seriously as those it is impacting.

Best,

Ashley Nackers, RBT
Registered Behavior Technician
Recruiting Specialist

GBC aba
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Main 312.882.1024 | Mobile 920.268.3983
anackers@gbcaba.com | www.gbcaba.com

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From: ROBERT DEIBERT <ABYCALEBJOSH2@msn.com>
Sent: Wednesday, October 16, 2019 6:51 PM
To: HFS.Bpra
Subject: [External] Please approve ABA for children in Illinois

Hello

We request that you approve BCBA and BCBADs to supervise and provide ABA treatment for all Illinois children who currently receive Medicaid.

Thank you

Robert and Barbara Deibert
3522 Vernon
Brookfield, IL 60513



Precision ABA, LLC
1813 North Mill Street, Suite A
Naperville, IL 60563
Phone: (331) 303-8600
E-mail: info@precisionaba.com

October 16, 2019

To: Whom It May Concern:

This letter is in reference to the DHFS Proposed Changes In Methods And Standards For Establishing Medical Assistance Payment Rates.

Because BCBA's are not eligible Medicaid providers under the current system, Precision ABA turns away many families each year who are seeking services for their children with Autism Spectrum Disorder due to their funder. It is our mission to provide services to all, and not just to those who can afford commercial insurance plans. We at Precision ABA are excited that The State is offering Medicaid coverage to those with public insurance, though we are concerned with the limits in the current notice.

According to the notice of proposed changes, ABA services are permitted when "rendered by a licensed clinical social worker or licensed clinical psychologist with a board certified behavior analyst (BCBA) certification or a registered behavior technician (RBT)."

The Behavior Analyst Certification Board (BACB) is the internationally-recognized credentialing body for Applied Behavior Analysts. They credential in 3-tiers: the Board Certified Behavior Analyst/Doctoral level (BCBA/BCBA-D), the Board Certified Assistant Behavior Analyst (BCaBA), and the Registered Behavior Technician (RBT). In order to earn each of these credentials, strict criteria must be met and an exam be passed, proving competence in Applied Behavior Analysis at the respective tier.

The language in the Notice as written does not recognize two of the three tiers that the BACB credentials as acceptable provider types: the BCBA/BCBA-D and the BCaBA. The third tier that it does allow as an acceptable provider, the RBT, is one that requires supervision by a BCBA, BCBA-D, or BCaBA or another provider who proves competence in ABA. Because of this, the 3-tiered model recommended in the "Guidelines for Healthcare Funders and Managers" as published by the BACB is not an acceptable means of service delivery. While the State of Illinois does not currently license BCBA's, BCBA-D's, or BCaBA's, the State Medicaid Waiver program does recognize them as an acceptable provider type for behavioral service delivery (under code 56U).

We ask the Department to consider revising the language to include BCBA's, BCBA-D's, and BCaBA's as acceptable provider types so that we are able to serve Medicaid's members with Autism Spectrum Disorder and get them the help they need.

Sincerely,

Brigid McCormick
Founder and Clinical Director
Precision ABA, LLC
brigid@precisionaba.com
(331) 303-8600 X12

The Illinois Autism Task Force

October 11, 2019
Bureau of Program and Policy Coordination
Division of Medical Programs
Healthcare and Family Services
201 South Grand Avenue East
Springfield, IL 62763-0001
HFS.bpra@illinois.gov

Dear Bureau of Program and Policy Coordination:

We the members of the Illinois Autism Task Force are pleased about the decision of the State of Illinois to cover Applied Behavioral Analysis (ABA) Therapy as a Medicaid coverable therapy for children with Autism. This issue has been at the top of our "must do list" for over 10 years and has been a federal mandate since President Obama issued his Medicaid decree back in 2014. To date over 42 states have stepped up and complied with the federal mandate and we are delighted Illinois is too.

Our ensuing concern is the recently published State Plan Amendment language restricting approved providers to those who are either licensed clinical social workers or licensed clinical psychologists who are also Board Certified Behavior Analysts (BCBAs); very few Medicaid-eligible children will be able to access ABA due to extremely limited provider capacity, not many Clinical Psychologists and Social Workers carry the BCBA designation.

Medicaid is calling for requirements over and above what private insurance is asking and what other states are requiring. This requirement has the potential to incapacitate the system resulting in an approved service that will not be able to be implemented.

We ask that services are reimbursed as is currently done under the Illinois Autism Insurance mandate:

1. That DHS recognize the "tiered service delivery" model of ABA;
 - Services are directed, supervised or rendered by BCBAs and Board certified Behavior Analysts-Doctoral (BCBA-Ds).
 - Rendered or supervised by Board Certified Assistant Behavior Analysts (BCaBAs) who are under the supervision of a BCBA or BCBA-D.
 - Rendered by Registered Behavior Technicians (RBTs), or equivalent credential who are under the supervision of a BCBA, BCBA-D or BCaBA.

Sincerely,



Pete DiCianni,
Co-Chair the Illinois Autism Task Force



Patti Boheme,
Co-Chair the Illinois Autism Task force

cc: Grace B. Hou, Secretary Illinois Department of Human Services



From: Samantha Sandy-Sinclair <ssandy-sinclair@trinityservices.org>
Sent: Wednesday, October 16, 2019 3:40 PM
To: HFS.Bpra
Subject: [External] ABA Support!

To whom this may concern:

My name is Samantha Sinclair and I am a Registered Behavior Technician with Abilities, a division of Trinity Services. I work with children and adults with Autism and other developmental disabilities. I provide services in-home, clinic based, community, and school settings in the area of St. Clair, Madison, and Clinton Counties. The concern that I would like to address is the lack of sufficient provider type which does not recognize BCBAs ability to practice in their own right, which impacts the limit of access to service by the consumer. I ask that the department amend their language to include BCBAs, BCBA-Ds, and BCaBAs who are supervised by either a BCBA or BCBA-D.

Thank you,

Samantha Sinclair



From: James Runyon <JRunyon@eastersealsci.com>
Sent: Wednesday, October 16, 2019 2:58 PM
To: HFS.Bpra
Cc: senatordavekoehler@gmail.com; 46illinois@gmail.com; repjgordon@gmail.com
Subject: [External] Proposed ABA rules
Attachments: Public Notice.pdf; Model SPA - Preventive .pdf; SPA map of all.pdf

To Whom It May Concern:

Easterseals Central Illinois serves nearly 6,000 children with developmental delay and disabilities and their caregivers across 41 Central Illinois counties.

More info can be found at <https://www.easterseals.com/ci/>

Among our 160 employees we have 4 BCBA's and 22 RBT's. We provide ABA evaluations and services to children on-site, in homes, within our K-12 school, and under contract to other schools. We are among the largest autism-specific services providers in downstate IL.

Easterseals professional staff and leadership have read with dismay the proposed rules (**see attached and highlighted**) regarding ABA provision reimbursed by HFS. The "accepted" providers are too restrictive, reflects an outdated service delivery system, and fails to embrace a best-in-practice tiered service delivery approach.

Easterseals recommends that HFS:

1. Recognize the "tiered service delivery" model of ABA;
2. Authorize and reimburse for services as is currently done under the IL Autism Insurance Mandate i.e.,
 - o Directed, supervised or rendered by BCBA's and BCBA-D's;
 - o Rendered or supervised by BCaBA's who are under the supervision of a BCBA or BCBA-D; and
 - o Rendered by RBT's (or equivalent credential) who are under the supervision of a BCBA, BCBA-D or BCaBA; and
3. Base the provider criteria, service delivery model, treatment plan requirements and other plan details on the **attached model State Plan Amendment (SPA)** developed by the Autism Legal Resource Center and Association of Professional Behavior Analysts.

Please do not hesitate to contact me for any clarification or with questions.

We are sharing these comments with our local state senator, David Koehler, and state representative, Jehan Gordon-Booth.

Thanks!
Jim Runyon

Jim Runyon, MPS, MS Ed
Executive Vice President
Strategic Initiatives, Governmental Affairs and Grants
Easterseals Central Illinois
P 309.686.1177 x2306

10/16/2019

Melissa Killam, LBS1, M.A., Behavioral Therapist,
Seeking BCBA credentials

Bureau of Program and Policy Coordination
Division of Medical Programs Healthcare and Family Services
201 South Grand Avenue East
Springfield, IL 62763-0001

To Whom It May Concern:

My letter is to express my thoughts on the new language provided in 42 CFR 447.205. According to the document: *PROPOSED CHANGES IN METHODS AND STANDARDS FOR ESTABLISHING MEDICAL ASSISTANCE PAYMENT RATES*, It states: "Effective for dates of service January 1, 2020, and after, the Department's will provide coverage of the treatment of autism spectrum disorder (ASD) through applied behavior analysis (ABA) under the medical assistance program for children with a diagnosis of ASD when ordered by a physician licensed to practice medicine in all its branches and rendered by a licensed clinical social worker or licensed clinical psychologist with a board certified behavior analyst (BCBA) certification or a registered behavior technician (RBT)."

- This proposal fails to include certified BCBAs to practice in their own right. As a person who has worked with individuals with Autism for 10 years, completed an additional minimal 1500 hours of clinical field work, and completed the required behavioral analysis coursework, this proposal fails to recognize my knowledge and expertise.
- In addition, as an employee of a district and working in the field, mental health professionals are in high demand and this language omits BCBAs, which only limits the services to the consumer. Mental health professionals are in high demand for students and adults. Currently, I work in a small town with a range of ages and these clients have difficulties seeking services they need. Limiting this scope of practice to clinical psychologist and social workers with the BCBA certification, only limits services available to consumers.
- As a passionate person about my work, I am asking that you include BCBAs and BCaBAs to this proposal.

Sincerely,
Melissa Killam

To whom this may concern:

My name is Lauren Behme and I am a BCBA with Abilities, a division of Trinity Services. I work with children and adults with Autism and other developmental disabilities. I provide services in-home, clinic based, community, and school settings in the area of St. Clair, Madison, Macoupin, and Montgomery Counties. The concern that I would like to address is the lack of sufficient provider type which does not recognize BCBA's ability to practice in their own right, which impacts the limit of access to service by the consumer. I ask that the department amend their language to include BCBA's, BCBA-Ds, and BCaBA's who are supervised by either a BCBA or BCBA-D.

Thank you,

Lauren Behme



From: Aaron Bush <abush7hills@gmail.com>
Sent: Wednesday, October 16, 2019 11:30 AM
To: HFS.Bpra
Subject: [External] Comments on Proposal

Good Afternoon,

I'm represent 7 Hills Healthcare Center, we provide over 25,000 Medicaid visits annually for physical and mental health. We focus on helping Medicaid members receive access to care and improve on their quality measures. We service 17 counties in Illinois for home based services and have been awarded the CMS Innovations award for our work with complex patients.

Based on the released [DHFS public notice](#), the Coalition has several concerns with barriers being created that will limit Medicaid recipients' access to applied behavior analysis (ABA) treatment in Illinois. We at 7 Hills Healthcare Centers are concerned about the limited provider types for the proposed ABA programs. Not making the following changes will be detrimental to the program and restrict access to services.

Our first concern is there are only two provider types being approved that can provide ABA treatment services. We have tried in the past to find LCSW's with ABA certification and there is minimal applicants available. Non-Medicaid insurers allow for Tiered Service Delivery Model that allow for better access to services. We are asking DHFS add board certified behavior analyst (BCBA) to the list of providers types who can direct, supervise and render ABA treatment services as it is in many other states ABA Medicaid programs. These program have had greater success using the BCBA model. We are also asking for board certified assistant behavior analyst (BCaBA) who are supervised by BCBA/BCBA-D be added as a provider type that can supervise and render services.

Our secondary concern is that DHFS is not utilizing the common tiered service-delivery model currently used in other non-medicare health insurance around the state and country including our state's autism mandate. This delivery model is authored in the Practice Guidelines for Applied Behavior Analysis Treatment of Autism Spectrum Disorder by the Behavior Analyst Certification Board and noted in the Model State Plan Amendment (SPA) document developed by the Autism Legal Resource Center and Association of Professional Behavior Analysts.

The Tiered Service-Delivery Model for ABA Treatment services should be used as follows:

Directed, supervised or rendered by BCBA's and BCBA-Ds as it is in many states Medicaid programs;

Rendered or supervised by BCaBA's who are under the supervision of a BCBA or BCBA-D and;

Rendered by Behavior Technicians or Registered Behavior Technicians (or equivalent credential) who are under the supervision of a BCBA, BCBA-D or BCaBA.

If the tier model is not used it is not only financial feasible to perform ABA services, but will create exhaustive long wait times for patients to receive any treatment. This model will allow for the most complete and beneficial care for Autism

patients in the state of Illinois. We need DFHS needs to authorize and reimburse ABA treatment services through the recognized tiered service-delivery model as is currently done under employer-based health insurance and the Illinois autism insurance mandate law.

I'm happy to further discuss ABA programs and how they should be implemented. Thank you for your time and consideration. Hopefully we can implement these changes and help the Medicaid Autism population in Illinois.

Aaron

--

Aaron P. Bush, MHA, MS
7 Hills Healthcare Center
455 E. Main St.
East Dundee, IL 60118
Ph: (847) 428-2273 ext 101
Fx: (847) 428-3128
Cell: (847) 366-8899
www.7hillshealth.com
Follow me on Twitter @ "<https://twitter.com/7HillsHealth>"

From: Lisa McAllister <wolfcub1977@gmail.com>
Sent: Wednesday, October 16, 2019 9:59 AM
To: HFS.Bpra
Subject: [External] ABA therapy for those with Medicaid

Hello,

I am writing this in regards to my worries, as a parent of a 4 year old, autistic child, with Medicaid. My son was diagnosed, as autistic, at 18 months old. At the time, we lived in Northern California. He immediately started going to a special preschool, and started speech therapy and ABA therapy. We quickly saw some wonderful changes in his ability to communicate, eat, self soothe, and in playing with his peers. I credit the one on one ABA therapy, which he received up to 5 days a week, as a huge part of his growth.

Sadly, when we moved to Illinois, he no longer was able to continue with his ABA therapy. While he is currently enrolled in the Special Education Preschool program at Ball Elementary, he has at least been receiving some assistance with speech therapy. However, although we work with him as, best we can, my husband and I are not trained in ABA. We have seen very little (good) growth in his behavioral health. We are currently working on verifying a possible ADHD diagnosis as well. He requires constant supervision in order to protect him from hurting himself. He wants, desperately, to have friends, but lacks the understanding of social cues. ABA was an absolute necessity in his life, and still continues to be.

I have heard the wonderful news that ABA may finally be covered by Medicaid starting January 2020. I am, however, extremely disappointed to learn the requirements in who can perform the therapy. I find it scary that we would be limited to either licensed social workers, or doctoral level licensed clinical psychologists who are also board certified behavior analysts (BCBA-D).

It is my understanding that there are very few people, who meet those qualifications, and who are trained as ABA therapists; thus greatly limiting the possible people who may be able to help my child, and others like him. All that will do is create extremely long wait lists for people to actually get assistance; and likely make it so that very few will receive the assistance EVER at all.

Currently, all other health insurance plans in Illinois allow masters level BCBAs to direct and supervise ABA treatment programs without being licensed or supervised. Many Medicaid programs in other states allow unlicensed, masters level BCBAs to provide ABA treatment.


I am asking that DHFS add board certified behavior analysts (BCBA) to the list of providers types who can direct, supervise and render ABA treatment services. I am also asking for board certified assistant behavior analysts (BCaBA) who are supervised by BCBA/BCBA-D be added as a provider type that can supervise and render services. I believe that if a licensed social worker will be directing and supervising ABA treatment programs, they need to prove ABA treatment is in their scope of practice.

I am also asking that DFHS authorize and reimburse ABA treatment services through the recognized tiered service-delivery model as is currently done under employer-based health insurance and the Illinois autism insurance mandate law.

Without recognizing the appropriate tiered service-delivery model, Medicaid recipients will be placed on extremely long waitlist and will struggle accessing services in their own communities. This is exactly the opposite of what needs to happen!

I humbly ask that you please take this information, and request, into mind when making these changes to the Medicaid State Health Plans.

Thank you,
Elisabeth McAllister
44 Gilliam Ct.
Chatham, IL. 62629



From: Stephanie Howard <stephaniehoward1125@gmail.com>
Sent: Tuesday, October 15, 2019 5:46 PM
To: HFS.Bpra
Subject: [External] ABA and Medicaid funding

Hello,

My name is Stephanie Howard. I am a Board Certified Behavior Analyst in Illinois.

I work in home/clinic based ABA for individuals with autism. I am concerned with the new the language for Medicaid recipients who will receive services. The Language as written, does NOT recognize BCBAs ability to practice in their own right. The way it is currently written, will limit access to the consumer. I ask that the Department amend their language to include BCBAs, BCBA-Ds, and BCaBAs who are supervised by either a BCBA or BCBA-D. Since BCBAs are not listed in their own right as an approved provider type, RBTs would not be able to meet their needed supervision requirement due to lack of individuals able to provide supervision.

Thank you for your time and consideration,

Stephanie Howard
MS, BCBA
Illinois Resident