

October 15, 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)**

To Whom it May Concern,

On behalf of The Council of Autism Service Providers (CASP), thank you for the opportunity to submit comment on the proposed coverage of applied behavior analysis (ABA) for the treatment of autism under the EPSDT benefit of Medicaid in Illinois.

It is our position that the proposed ABA provider requirements are extremely restrictive and will severely limit access to ABA services for Medicaid-eligible children with autism. Failure to recognize the tiered service delivery-model of ABA further compromises provider capacity to serve affected children and is not cost-effective.

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)."**<sup>1</sup>

As written, it appears that HFS is proposing that eligible ABA providers will come from three pools of providers, i.e., 1) licensed clinical social workers who also have BCBA certification; 2) licensed clinical psychologists who also have BCBA certification; and 3) registered behavior technicians (RBTs). There are several significant concerns with this proposal:

1. Of the 1,167 BCBA's or BCaBA's in Illinois, only 47 reported to be either licensed psychologists or licensed social workers.<sup>2</sup> Limiting the pool of eligible providers as described in the Public Notice will not allow for an adequate network of ABA providers.
2. While there are 1,993 RBTs in Illinois, they cannot practice independently. Per the Behavior Analyst Certification Board's RBT Ethics Code, RBTs must receive ongoing supervision of their practice by a BCBA or BCaBA.<sup>3</sup>

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<sup>1</sup> <https://www.illinois.gov/hfs/SiteCollectionDocuments/09119ABAservicesPublicNotice.pdf>

<sup>2</sup> Melissa Nosik, Deputy CEO, Behavior Analyst Certification Board (personal communication, October 12, 2019)

<sup>3</sup> [https://www.bacb.com/wp-content/uploads/RBT-Ethics-Code\\_190227.pdf](https://www.bacb.com/wp-content/uploads/RBT-Ethics-Code_190227.pdf)

3. By stating that ABA will be covered when “rendered by” an approved provider, it suggests that coverage will be limited to direct ABA services and not program design, direction and supervision. This is inconsistent with the standard of care; which is to provide ABA in a tiered service-delivery model as described below.

#### **TIERED SERVICE-DELIVERY**

Most ABA programs involve a tiered service delivery-model in which a behavior analyst designs and supervises a treatment program rendered by assistant behavior analysts and behavior technicians. The rationale for a tiered ABA service-delivery model includes:

- Such models have been the primary mechanism for achieving many of the significant improvements in cognitive, language, social, behavioral, and adaptive domains that have been documented in the peer-reviewed literature.
- Their use produces more cost-effective levels of service for the duration of treatment.
- The use of tiered service-delivery model enables healthcare funders and managers to ensure adequate provider networks and deliver medically necessary treatment.<sup>4</sup>

The American Medical Association (AMA) recently approved a set of Current Procedural Terminology (CPT) Category I codes to report ABA services.<sup>5</sup> The approved code set describes the tiered service delivery model and includes codes for behavior assessment, treatment planning, direction of behavior technicians and direct adaptive behavior treatment.

With its approval of these Category I codes, the AMA has concluded that the tiered ABA service delivery model “is consistent with medical practice” and its clinical efficacy “is documented in literature that meets the requirements set forth in the CPT code-change application.”<sup>6</sup>

#### **THE BEHAVIOR ANALYST CERTIFICATION BOARD**

The Behavior Analyst Certification Board (BACB) is a nonprofit 501(c)(3) corporation established in 1998 to meet professional credentialing needs identified by behavior analysts, governments, and consumers of ABA services. The BACB offers credentials at all tiers of ABA service delivery, e.g.,

► **Board Certified Behavior Analyst (BCBA) and Board Certified Behavior Analyst-Doctoral (BCBA-D)**

- BCBA and BCBA-Ds design ABA treatment programs and direct and supervise implementation of the program rendered by BCaBAs and RBTs
- BCBA and BCBA-Ds may also directly provide ABA services

► **Board Certified Behavior Assistant Analyst (BCaBA)**

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<sup>4</sup> For a more complete description of the tiered service-delivery model, please 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/>

<sup>5</sup> <https://www.autismspeaks.org/advocacy-news/new-cpt-codes-aba-billing>

<sup>6</sup> <https://www.ama-assn.org/practice-management/cpt/criteria-cpt-category-i-and-category-iii-codes>

- BCaBAs work under the supervision of a BCBA or BCBA-D
- BCBAAs provide direct ABA services and supervise ABA rendered by RBTs

► **Registered Behavior Technician (RBT)**

- RBTs work under the supervision of a BCBA, BCBA-D or BCaBA
- RBTs provide direct ABA services

The BACB has received accreditation of all of its certification programs by the National Commission for Certifying Agencies (NCCA). The NCCA developed their standards “to help ensure the health, welfare, and safety of the public.”<sup>7</sup> The certification requirements, exam content, and procedures undergo regular review according to NCCA standards. The BACB engages content experts from the professional discipline of applied behavior analysis to establish all of its requirements and examination content.

In addition to this assurance that BACB certificants are highly qualified, it is also important to note that all certifications issued by the BACB, including Board Certified Behavior Analyst® (BCBA®), are registered titles. That serves as title protection; which further promotes consumer safety.

The BACB also maintains and enforces the *Professional and Ethical Compliance Code for Behavior Analysts*.<sup>8</sup> The code outlines the professional and ethical requirements for (a) all BACB applicants, certificants, and registrants; (b) authorizing continuing education providers, and (c) verifying course sequences. The BACB’s disciplinary review committee carefully considers all violations of the *Compliance Code* reported to the BACB, and this review committee uses a legal process customary to credentialing bodies. Possible determinations can include sanctions to the credential status, such as revocation or suspension of the credential.

**LICENSURE AND BACB CERTIFICATION**

Twenty-eight (28) states license practitioners of applied behavior analysis. The BACB credentialing process provides the foundation for licensure in all of these states. In states where behavior analysts are not licensed, BACB certificants are enrolled as approved ABA providers in both private and public health insurance plans, including Medicaid.

CMCS clarified in its July 7, 2014 Informational Bulletin that autism services can be covered under several section 1905(a) benefit categories, including preventative services. CMCS further clarified that related regulation “permits coverage of preventive services furnished by non-licensed practitioners who meet the qualifications set by the state, to furnish services under this state plan benefit as long as the services are recommended by a physician or other licensed practitioner.”<sup>9</sup> CMS has approved State Plan Amendments (SPAs) in fourteen (14) states that allow for ABA to be directed, supervised or rendered by *non-licensed* BCBAAs. SPAs were not filed but state regulations have been adopted in six (6) additional states which otherwise recognize *non-licensed* BCBAAs as approved Medicaid providers of ABA (see attached map).

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<sup>7</sup> <http://www.credentialingexcellence.org/ncca>

<sup>8</sup> <https://www.bacb.com/ethics/>

<sup>9</sup> <https://www.medicaid.gov/federal-policy-guidance/downloads/cib-07-07-14.pdf>

Illinois statute (ILCS 356z.14) mandates coverage for the diagnosis and treatment of autism in fully insured health benefit plans. ABA and other treatments are covered when “prescribed, provided, or ordered for an individual diagnosed with an autism spectrum disorder by (A) a physician licensed to practice medicine in all its branches or (B) a certified, registered, or licensed health care professional with expertise in treating effects of autism spectrum disorders when the care is determined to be medically necessary...” As such, non-licensed BACB-certified providers are recognized as approved ABA providers under Illinois state law. Additionally, BACB certification is among the eligibility requirements to become an approved provider of behavior intervention services under the Illinois Adult, Children's Support and Children's Residential Medicaid Waivers.<sup>10</sup>

Licensure versus legislative approval of the practice of ABA by BACB-certified providers was the central issue in a 2014 California case, *Consumer Watchdog v. Dep't of Managed Health Care*, 225 Cal. App. 4th 862, 170 Cal. Rptr. 3d 629 (Cal. Ct. App. 2014). That case considered whether the California Department of Managed Health Care (DMHC) could uphold a plan's denial of coverage for ABA services on the basis that an unlicensed BCBA performed or supervised the service.

Similar to Illinois, California has enacted legislation that requires certain private health insurance plans to cover ABA when non-licensed BCBAs provide or supervise the service. The Court in *Consumer Watchdog* held that “[t]he ABA [insurance] statute constitutes legislative approval of the practice of ABA by BACB-certified providers and individuals under their supervision.” 225 Cal. App. 4th at 881, 170 Cal. Rptr. 3d at 643. In addition, **the Court ruled that this legislative authorization of BCBA practice was effectively a license** and extended to BCBAs providing services under Medi-Cal (California Medicaid) and other plans regulated by DMHC that were not included in the autism insurance mandate. 225 Cal. App. 4th at 882, 170 Cal. Rptr. 3d at 643.

The Court stressed that “legislative authorization to provide ABA in California cannot depend upon the health plan in which a patient is enrolled.” 225 Cal. App. 4th at 882, 170 Cal. Rptr. 3d at 644. Therefore, the court ruled that legislative authorization for non-licensed BCBAs to provide ABA under the mandate applied to all health plans, and the court enjoined DMHC from upholding a plan's denial of coverage for ABA services on the basis that the BCBA does not hold a license issued by the state.<sup>11</sup>

## RECOMMENDATIONS

CASP asks that HFS please consider the following recommendations:

1. Include BACB-certificants among the list of eligible providers regardless of licensure.
2. Acknowledge the tiered ABA service delivery model, i.e., authorize and reimburse for ABA services when:
  - directed, supervised or rendered by BCBAs and BCBA-Ds;
  - rendered or supervised by BCaBAs who are under the supervision of a BCBA or BCBA-D; and

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<sup>10</sup> <http://www.dhs.state.il.us/page.aspx?item=48204>

<sup>11</sup> Please note: CMS has since approved California's State Plan Amendment (#14-026) to add behavioral health services including ABA for children with ASD when provided or supervised by a Qualified Autism Service Provider (e.g., non-licensed BCBAs@).

- rendered by RBTs (or equivalent credential) who are under the supervision of a BCBA, BCBA-D or BCaBA.
3. For purposes of the State Plan Amendment (SPA) submitted to CMS, please consider basing provider criteria, service delivery model, treatment plan requirements and other plan details on the attached model SPA developed by the Autism Legal Resource Center and Association of Professional Behavior Analysts.<sup>12</sup>

Thank you for considering our comments. Please contact me if I can provide additional information.

Sincerely,



Michael L. Wasmer  
Vice President of Government Affairs and Special Projects  
The Council of Autism Service Providers  
mwasmer@casproviders.org



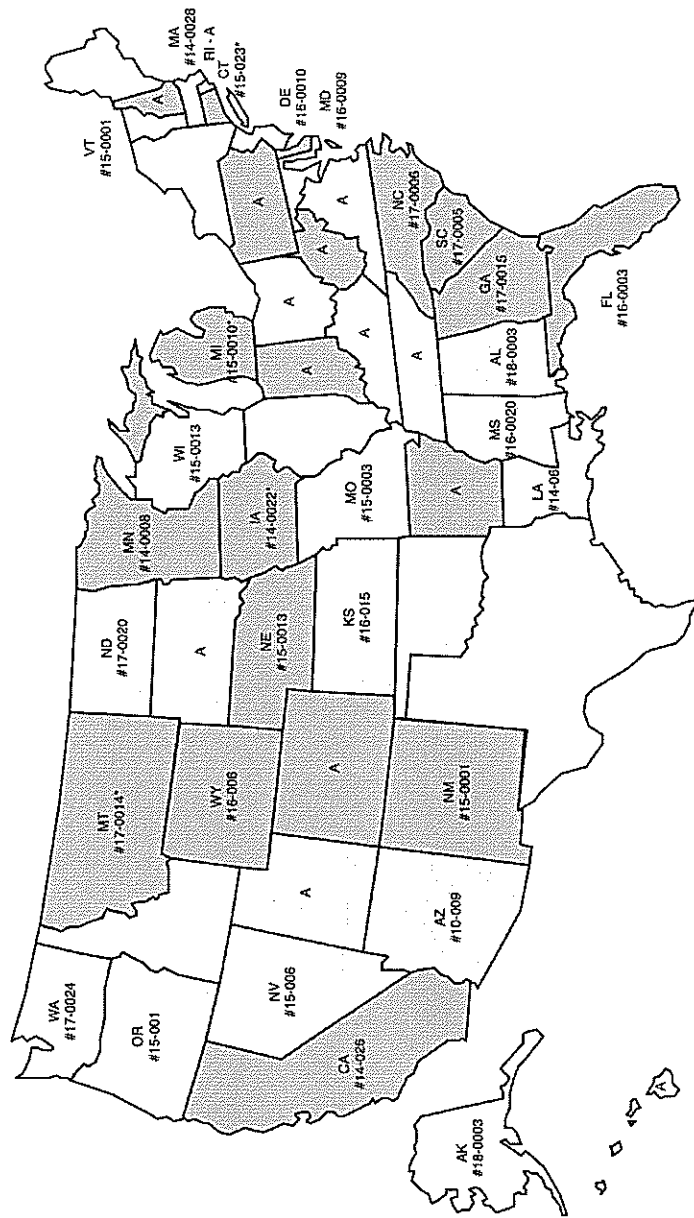
*The Council of Autism Service Providers is a non-profit association of provider organizations committed to evidence-based care. CASP supports its members by cultivating, sharing, and advocating for best practices in autism services.*

Attachments: Medicaid state map, model SPA and cover letter

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<sup>12</sup> Please note: As described in the cover letter, this model SPA was drafted for use under 42 CFR 44.130(c): Preventative Services; allowing for services provided by non-licensed behavior analysts.

## Medicaid (EPSDT) coverage for ABA



CMS has approved State Plan Amendments (SPAs) in **14 states** that allow for ABA to be provided by *non-licensed* Board Certified Behavior Analysts (BCBAs).\*

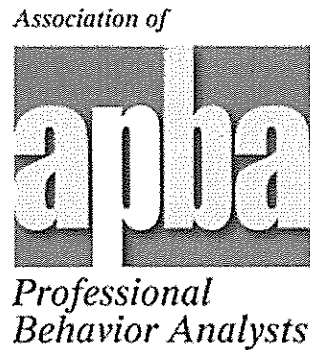
SPAs were not filed but state regulations have been adopted (A) in **6 states** which otherwise recognize *non-licensed* BCBAs as approved Medicaid providers of ABA.

CMS has approved SPAs in **15 states** that include *licensed* behavior analysts among providers approved to deliver ABA services.

SPAs were not filed but state regulations have been adopted (A) in **8 states** which otherwise recognize *licensed* behavior analysts as approved Medicaid providers of ABA.

These **7 states** remain in violation of EPSDT as it relates to coverage for medically necessary treatment for autism.

\* CT, IA, MI and MT enacted behavior analyst licensure after CMS approved SPAs allowing for non-licensed BCBAs to provide ABA services under EPSDT.



To whom it may concern:

The attached model State Plan Amendments are intended for use by state Medicaid agencies and stakeholders to implement coverage of applied behavior analysis (ABA) services for Medicaid recipients pursuant to the CMS Informational Bulletin of July 7, 2014. The "other licensed practitioner" SPA is intended for states that license or certify behavior analysts. The "preventive" SPA is for use by states that do not currently have a law to license or certify professional behavior analysts. Both SPAs incorporate the tiered model of ABA service delivery that is described in the Behavior Analyst Certification Board *Guidelines: Health Plan Coverage of Applied Behavior Analysis Treatment for Autism Spectrum Disorder* (available at [http://www.bacb.com/Downloadfiles/ABA\\_Guidelines\\_for\\_ASD.pdf](http://www.bacb.com/Downloadfiles/ABA_Guidelines_for_ASD.pdf)).

At this writing, 19 states have adopted laws to license or certify professional practitioners of ABA; others may adopt such laws. Although requirements vary somewhat across states, all of the current laws make certification by the accredited nonprofit Behavior Analyst Certification Board (BACB; [www.bacb.com](http://www.bacb.com)) a qualification for the state-issued license or certification. The laws generally permit professionals with master's or doctoral degrees who hold the state-issued credential to practice independently and to use the title Licensed Behavior Analyst or something similar. Some states also issue credentials to professionals with bachelor's degrees (Licensed Assistant Behavior Analyst or a similar title) who must be supervised by Licensed Behavior Analysts. A few have the state licensing board regulate technicians who deliver some ABA services under the authority and direction of licensed professionals. Information about current state laws to license or certify ABA practitioners can be found under Laws & Regulations at [www.apbahome.net](http://www.apbahome.net).

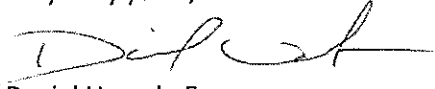
Many states that do not currently have laws to license or certify behavior analysts explicitly recognize BACB certifications as qualifications for delivering ABA services under other laws or regulations, such as autism insurance mandates. Even in states without such statutory or regulatory recognition, BACB certifications are generally accepted by insurers as appropriate qualifications for reimbursement under autism insurance mandates.

Information about the BACB certifications (including examination, education, experiential training, ethical and disciplinary standards, and continuing education requirements) is available at

<http://www.bacb.com/>. In addition to certifying behavior analysts, the BACB provides a Registered Behavior Technician™ (RBT™) credential. To attain that credential, an individual must have at least a high school diploma or equivalent, complete a criminal background check, complete a 40-hour training program conducted by a BACB certificant, and pass a competency-based assessment administered by a BACB certificant annually (see [www.bacb.com](http://www.bacb.com), Registered Behavior Technician). Some states already specify qualifications for ABA technicians by statute or regulation. In those that currently do not, the RBT credential or appropriate qualifications specified by the state Medicaid agency may be used.

We anticipate that these model SPAs may need to be adapted to reflect laws, regulations, terminology, and circumstances specific to each state. We are pleased to offer our further technical assistance to foster the development and implementation of an effective and efficiently administered ABA benefit in your state.

Very truly yours,



Daniel Unumb, Esq.

Executive Director

Autism Speaks Legal Resource Center

[Daniel.Unumb@autismspeaks.org](mailto:Daniel.Unumb@autismspeaks.org)



Gina Green, PhD, BCBA-D

Executive Director

Association of Professional Behavior Analysts

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**Model Language for Medicaid State Plan Amendments –  
Coverage of Applied Behavior Analysis Services for  
People with Autism Spectrum Disorders and Pervasive Developmental Disorders  
Under 42 CFR 440.130(c): Preventive Services**

Daniel Unumb, Esq.  
Autism Speaks Legal Resource Center

Gina Green, PhD, BCBA-D  
Association of Professional Behavior Analysts

**Applied Behavior Analysis Services:**

Applied behavior analysis (ABA) is the design, implementation, and evaluation of instructional and environmental modifications to produce socially significant improvements in human behavior. It includes the empirical identification of functional relations between behavior and environmental factors, known as functional assessment and analysis. Applied behavior analysis interventions are based on scientific research and the direct observation and measurement of behavior and the environment. Behavior analysts utilize contextual factors, motivating operations, antecedent stimuli, positive reinforcement, and other consequences to help people develop new behaviors, increase or decrease existing behaviors, and emit behaviors under specific environmental conditions. The practice of behavior analysis expressly excludes psychological testing, diagnosis of a mental or physical disorder, neuropsychology, psychotherapy, cognitive therapy, sex therapy, psychoanalysis, hypnotherapy, and long-term counseling as treatment modalities.

ABA interventions for people with autism spectrum disorders (ASD) involve directly and objectively measuring potential target behaviors and environmental events that influence them; constructing detailed, individualized behavior analytic treatment plans; using reinforcement and other scientifically validated procedures to build functional skills and reduce behaviors that jeopardize health, safety, and independent functioning; managing treatment environments to maximize client progress; implementing treatment protocols repeatedly, frequently, and consistently across environments; measuring target behaviors directly and frequently; and adjusting treatment protocols based on data. They may be focused (addressing a limited number of target behaviors) or comprehensive (addressing multiple targets in multiple developmental domains). ABA assessments and interventions are supported by scientific evidence as medically necessary for people with ASD and are not experimental.

ABA services are covered based upon a written prescription from a licensed physician or psychologist that those services are medically necessary to develop, maintain or restore, to the maximum extent practicable, the functioning of an individual with a diagnosis of Autism Spectrum Disorder (ASD) or other condition for which ABA is medically necessary.

**Recipient Criteria:**

In order to qualify for ABA services, a Medicaid recipient must:

1. be 0 - 21 years of age;
2. be diagnosed by a qualified health care professional with ASD or another condition for which ABA services are medically necessary;
3. have a prescription for ABA services from a qualified health care professional.

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**Provider Criteria:**

To direct, supervise, and render ABA services, a professional shall meet the following qualifications:

1. be currently certified by the Behavior Analyst Certification Board® (BACB) as a Board Certified Behavior Analyst® (BCBA) or Board Certified Behavior Analyst-Doctoral® (BCBA-D) or be currently licensed by the state to practice psychology and have ABA in the scope of his/her education, training and competence (hereinafter licensed psychologist; LP);
2. be covered by professional liability insurance in the amounts designated by the Medicaid agency;
3. have no sanctions or disciplinary actions by the applicable state licensing board or the BACB;
4. have no Medicare or Medicaid sanctions or exclusions from participation in federally funded programs; and
5. have a completed criminal background check to include federal criminal, state criminal, county criminal, and sex offender reports for the state and county in which the professional is currently working and residing.

Assistant behavior analysts who render or supervise ABA services shall meet the following qualifications:

1. be currently certified by the BACB as a Board Certified Assistant Behavior Analyst® (BCaBA);
2. be currently supervised by a BCBA or BCBA-D;
3. be covered by professional liability insurance in the amounts designated by the Medicaid agency;
4. have no sanctions or disciplinary actions by the BACB;
5. have no Medicaid or Medicare sanctions or exclusions from participation in federally funded programs; and
6. have a completed criminal background check to include federal criminal, state criminal, county criminal, and sex offender reports for the state and county in which the assistant behavior analyst is currently working and residing.

Technicians who render ABA services shall

1. be credentialed by the BACB as a Registered Behavior Technician™ (RBT™); or
2. meet qualifications specified by the state Medicaid agency; or
3. meet qualifications specified in other state laws, rules or regulations, such as rules regarding vendor qualifications.
4. All technicians shall:
  - a. work under the supervision of a BCBA, BCBA-D, BCaBA who is supervised by a BCBA or BCBA-D, or LP. RBTs are required by the BACB to be supervised by BCBA, BCBA-Ds, BCaBAs, or members of a professional group officially granted supervisory privileges by the BACB;
  - b. have no Medicaid or Medicare sanctions or exclusions from participation in federally funded programs; and
  - c. have a completed criminal background check to include federal criminal, state criminal, county criminal, and sex offender reports for the state and county in which the technician is currently working and residing.

**Covered Services:**

Medicaid covered ABA services must be:

1. medically necessary;
2. prior authorized by the Agency or its designee;
3. delivered in accordance with the recipient's treatment plan;

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4. overseen and delivered by providers who meet criteria specified herein.

**Service Delivery:**

1. Outpatient services shall be delivered in home and community-based settings, which may include clinics, day care centers, and schools.
2. Specified services may be delivered by technicians at the discretion and under the supervision of a BCBA, BCBA-D, BCaBA acting under the supervision of a BCBA or BCBA-D, or LP.

**Services Not Covered:**

1. Educational services being provided under an Individualized Educational Program (IEP) pursuant the federal Individuals with Disabilities Education Act (IDEA) are not covered.
2. Custodial care and respite care are not covered as part of this benefit. Developing, restoring, or maintaining self-help, daily living, or safety skills as part of the ABA treatment plan does not constitute custodial care.

**ABA Treatment Plan:**

ABA services shall be directed and overseen by BCBAs, BCBA-Ds, or LPs, supported by BCaBAs where applicable. The BCBA, BCBA-D, or LP trains technicians and, if applicable, BCaBAs to implement assessment and intervention protocols with clients. The BCBA, BCBA-D, LP, and/or BCaBA also provides training and instruction to family members and caregivers as necessary to support the implementation of the ABA treatment plan. The BCBA, BCBA-D, or LP is responsible for all aspects of clinical direction, supervision, and case management.

ABA services shall be rendered in accordance with an individualized ABA treatment plan. The ABA treatment plan shall:

1. be developed by a BCBA, BCBA-D, or LP;
2. be person-centered and individualized;
3. delineate the baseline levels of target behaviors;
4. specify long- and short-term objectives that are defined in observable, measurable, behavioral terms;
5. specify the criteria that will be used to determine achievement of objectives;
6. include assessment and treatment protocols for addressing each of the target behaviors;
7. clearly identify the schedule of services planned and the individuals responsible for delivering the services, including frequent review of data on target behaviors and adjustments in the treatment plan and/or protocols by the BCBA, BCBA-D, or LP as needed;
8. include training and supervision to enable BCaBAs and technicians to implement assessment and treatment protocols;
9. include training and support to enable parents and other caregivers to participate in treatment planning and treatment plan implementation;
10. include care coordination involving the parents or caregiver(s), school, state disability programs, and others as applicable;
11. ensure that services are consistent with applicable professional standards and guidelines relating to the practice of applied behavior analysis as well as state Medicaid laws and regulations.

**Reimbursement Methodology:**

The Agency shall provide reimbursement for ABA services to enrolled BCBAs, BCBA-Ds, and LPs. Payment for services rendered by BCaBAs or technicians shall be made to the BCBA, BCBA-D, or LP

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supervising these personnel. If the BCBA, BCBA-D, or LP operates through an agency or corporate entity, payment may be made to that agency or entity.

Reimbursement for ABA services shall not be made to or for services rendered by a parent, a legal guardian, or other legally responsible person.

Reimbursement for ABA services shall be based upon the commercial rates for ABA services and shall meet the requirements of 42 U.S.C. §1396a(a)(30)(A). Rates shall be based on [15, 30, 60] minute units of service. The initial assessment and treatment plan development shall be reimbursed at [an hourly fee rate].

Reimbursement shall only be made for services authorized by the Medicaid agency or its designee.

Approval

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**From:** Jessica Scherwin <jlscherwin@gmail.com>  
**Sent:** Tuesday, October 15, 2019 1:55 PM  
**To:** HFS.Bpra  
**Subject:** [External] IL Medicaid ABA Feedback

Hello,


It has been brought to my attention that Medicaid Illinois will introduce Applied Behavior Analysis (ABA) as a covered service starting on January 1st, 2020. Specifically, they will cover ABA services to treat Autism Spectrum Disorder (ASD) when it is prescribed by a physician licensed in the state of Illinois and rendered by a licensed clinical social worker (LCSW) or licensed clinical psychologist (LCP) dually credentialed as a Board Certified Behavior Analyst (BCBA). With this information, I am writing to express my feedback with these new initiatives.

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 ABA, and they 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 these services to dually-credentialed LCSWs and LCPs is likely to create large waiting lists due to the small number of eligible providers.

Also, it should be made clear that a tiered service model is authorized and reimbursable for ABA services since 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.

I appreciate your time and consideration to help as many people in the state of Illinois as possible.

Thank you,  
Jessica S.



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**From:** Billing IL <billingIL@instructional-aba.com>  
**Sent:** Tuesday, October 15, 2019 1:35 PM  
**To:** HFS.Bpra  
**Subject:** [External] ABA Coverage

To whom it may concern

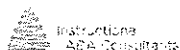
I am asking DHS to

1. recognize the “tiered service delivery” model of ABA;
  
1. DHS authorize and reimburse for services as is currently done under the IL autism insurance mandate i.e.,
  - Directed, supervised or rendered by BCBA’s and BCBA-Ds;
  - Rendered or supervised by BCaBA’s who are under the supervision of a BCBA or BCBA-D; and
  - rendered by RBTs (or equivalent credential) who are under the supervision of a BCBA, BCBA-D or BCaBA; and
  
1. that DHS 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.

All the best,

Nicole Keene  
Billing Specialist

Instructional ABA Consultants  
1975 McDowell Rd #101  
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**From:** Roma Kline <rkline@trinityservices.org>  
**Sent:** Tuesday, October 15, 2019 11:53 AM  
**To:** HFS.Bpra  
**Subject:** [External] Medicaid and ABA

Good morning,

My name is Roma Kline and I am a BCBA (LBA in MO and LPC in IL). I provide ABA services in the Metro East (Madison and St. Clair counties). I work in home and in clinic with families. My company is contracted with several school districts in the area, provide parent training, and am one of the less than 20 BCBA's in IL certified to provide early intervention services. My concern with the proposed policy for ABA services through Medicaid is 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 BCBA's could not directly supervise ABA treatment programs under the new Medicaid benefit. Since BCBA's are not listed in their own right as an approved provider type, RBT's would not be able to meet their needed supervision requirement due to lack of individuals able to provide supervision. This would drastically limit 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 for your time and consideration.

Roma Kline, BCBA  
Autism Program Director  
Trinity Services, Inc.  
522 East. Main St.  
Mascoutah, IL. 62258  
(618)566-0313  
[www.trinityservices.org](http://www.trinityservices.org)

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## COLLEGE OF EDUCATION

Department of Special Education  
288 Education Building, MC-708  
1310 S. Sixth St.  
Champaign, IL 61820

October 15, 2019

Bureau of Program and Policy Coordination  
Division of Medical Programs  
Healthcare and Family Services  
201 South Grand Avenue East  
Springfield, IL 62763-0001  
E-mail address: [HFS.bpra@illinois.gov](mailto:HFS.bpra@illinois.gov)

### RE: PROPOSED CHANGES IN METHODS AND STANDARDS FOR ESTABLISHING MEDICAL ASSISTANCE PAYMENT RATES FOR COVERAGE OF THE TREATMENT OF AUTISM SPECTRUM DISORDERS (ASD)

We represent faculty and staff of the University of Illinois Urbana-Champaign. We all work in the field of autism spectrum disorders (ASD). Three of us are faculty at the University of Illinois at Urbana-Champaign and are Board Certified Behavior Analysts at the Doctoral level. We are excited to see that Illinois HFS is proposing changes that will require coverage for individuals with ASD to receive ABA therapy. This is a much needed intervention with decades of research and proven efficacy behind it. Opening access to ABA for Medicaid recipients will greatly impact individuals with autism in a positive way.

However, we strongly oppose the language in the proposed changes that outlines the professional requirements for those who can practice ABA; *"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 requirement will greatly limit the professionals who can deliver the intervention. It is not at all typical for clinical social workers or licensed clinical psychologists to deliver ABA services. All individuals who complete all of the requirements for the BCBA credential and who practice within the BACB Ethical Guidelines and Task Lists are fully qualified to provide ABA services to families. Specifically, we are asking that:

1. DHS recognize the "tiered service delivery" model of ABA;  
[https://www.bacb.com/wp-content/uploads/2017/09/ABA\\_Guidelines\\_for\\_ASD.pdf](https://www.bacb.com/wp-content/uploads/2017/09/ABA_Guidelines_for_ASD.pdf)
2. DHS authorize and reimburse for services as is currently done under the IL Autism Insurance Mandate:
  - 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 RBTs (or equivalent credential) who are under the supervision of a BCBA, BCBA-D or BCaBA; and
3. DHS 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.

Every day, we work with families who are in desperate need of ABA services but cannot obtain them due to their limited or restrictive insurance coverage. It is heartbreaking to advocate for early identification of ASD, only to tell the parents that the therapy that is most likely to have the greatest impact, is not within their reach. We hope you will align the requirements for interventionists with the recommendations outlined above.

Sincerely,

Linda Tortorelli – Coordinator, The Autism Program at University of Illinois – [ltortore@illinois.edu](mailto:ltortore@illinois.edu)  
Meghan Burke, PhD, BCBA-D – [meghanbm@illinois.edu](mailto:meghanbm@illinois.edu)  
Cheryl Light-Shriner, PhD, BCBA-D – [slight@illinois.edu](mailto:slight@illinois.edu)  
Hedda Meadan-Kaplansky, PhD, BCBA-D – [meadan@illinois.edu](mailto:meadan@illinois.edu)

UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN

217.333.0260 • [education.illinois.edu/SPED](http://education.illinois.edu/SPED)





**From:** Fumi Horner <fhorner@behavioralperspectiveaba.com>  
**Sent:** Tuesday, October 15, 2019 11:40 AM  
**To:** HFS.Bpra  
**Subject:** [External] Quality ABA service for children with autism

To whom it may concern at the Department of Healthcare and Family Services,

I am writing you to help us help others who are desperately in need for effective autism treatment that is supported by numerous empirical research, **Applied Behavior Analysis (ABA)** Therapy. This highly data-driven and individualized therapy has been found effective in not only treating children with autism and related disorders, but also providing their families many effective tools to manage their children's problematic autistic behavioral symptoms.

As ABA therapy requires highly trained individuals, **Board Certified Behavior Analysts (BCBA, and BCBA-D, the doctoral level BCBA)** who analyze data, create skill development programs and interventions, the national board ([Board Certification of Behavior Analysis website](#)) strictly regulates the qualifications and standard practices of the ABA practitioners. Those practitioners are also responsible for providing quality training and supervision for their direct care staff (Registered Behavior Technicians) who serve children with autism on a daily to weekly basis.

The standards proposed by the department only allows BCBA's with social worker or clinical psychology license to practice ABA therapy that is reimbursable by the state, which significantly limits the number of practitioners who are able to serve for those children and their families. I am asking you to please re-consider the current proposal by expanding the eligible providers to BCBA and BCBA-D without those additional qualifications.

I would be happy to assist you if you have any questions or concerns.

Sincerely,

--  
Fumi Takagi Horner, Ph.D, BCBA-D | Director of Quality Assurance and Training

**Behavioral Perspective Inc.**  
3S140 Barkley Ave.  
Warrenville, IL 60555  
Office: (630) 999-0401 Fax: (630) 423-9669  
[www.bpiaba.com](http://www.bpiaba.com)

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**From:** Erica Pozzie <erica.pozzie@gmail.com>  
**Sent:** Tuesday, October 15, 2019 11:15 AM  
**To:** HFS.Bpra  
**Subject:** [External] Access to ABA Services

To Whom It May Concern,

My name is Erica Pozzie and I am a BCBA, having been in the field for more almost 15 years and credentialed for 12 years. I am writing to provide my feedback for the proposal that directly impacts ABA services in Illinois.

Under the current proposal, ABA access is severely restricted to providers like psychologists and social workers, who also have their BACB certification. BCBAs and BCaBAs are noticeably absent from the provider list, which is perplexing considering that they are the primary providers of ABA services.

The limitations on providers will provide significantly diminished access to ABA, which is the only empirically supported treatment for ASD and has been proven effective in treating other diagnosed conditions, too.

Moreover, the proposal does not acknowledge a tiered delivery model that would allow for treatment to be provided and case managed by BCBAs or BCaBAs. This is a negatively unique feature, that is not in line with many national payer allowances.

Finally, a lack of providers would mean that the RBTs working under their supervision may be at risk for not meeting supervision requirements. Failure to reach supervision requirements would mean that RBTs would lose their credentials and no longer be able to provide services.

I hope that this feedback illustrates the need for changes to the proposal. Children in Illinois, and their families, would be negatively impacted in it's current version.

Thank you,  
Erica Pozzie, MS, BCBA  
Chief Clinical Officer at Invo Healthcare



18324 Ashland Ave, Homewood, IL 60430

(708) 794-6509

October 14, 2019

Illinois Department of Health Care & Family Services  
Bureau of Programs and Policy Coordination  
[HFS.bpra@illinois.gov](mailto:HFS.bpra@illinois.gov)

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

Name: Cara K. Wilson

Title: Howard Intervention Center Director

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. This limits access to service by our state's consumers.

I'm asking that DHFS amend their language to include BCBA's, BCBA-Ds, 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,

*Cara K. Wilson*

Cara K. Wilson SLPP, DT, M.Ed, M.A

Director

[www.HowardInterventionCenter.org](http://www.HowardInterventionCenter.org)

(708) 794-6509

(888) 874-9552 Fax

*unlock your child's potential with ABA therapy for autism*

*[www.HowardInterventionCenter.Org](http://www.HowardInterventionCenter.Org)*



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**From:** Stephanie Bates <stevi.lee.bates@gmail.com>  
**Sent:** Tuesday, October 15, 2019 8:26 AM  
**To:** HFS.Bpra  
**Subject:** [External] PROPOSED CHANGES IN METHODS AND STANDARDS FOR ESTABLISHING MEDICAL ASSISTANCE PAYMENT RATES

Good morning,

I'm writing you this morning to share my concerns regarding [this announcement](#) about the addition of ABA services within the IL Medical Assistance Program. While it's wonderful to see Applied Behavior Analysis finally becoming a covered service under IL Medicaid, I have significant concerns about the limitations that are being imposed--limitations that will unnecessarily limit access for families to evidence-based treatment for ASD as well as exclude highly trained, credentialed providers that are covered by non-Medicaid funded insurance.

My feedback is provided below, as I think there are key changes that should be made prior to the launch of this new coverage program

- Board Certified Behavior Analysts 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
  - 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

Best regards,  
Stephanie Bates, M.A., BCBA



**From:** Christensen, Ashley <alchristensen@quincymedgroup.com>  
**Sent:** Tuesday, October 15, 2019 8:10 AM  
**To:** HFS.Bpra  
**Subject:** [External] ABA Service Providers

I am writing to advocate for BCBAs and BCaBAs to be added as service providers for the proposed spending bill for ABA services offered for those diagnosed with Autism. The state of Illinois is severely lacking in social workers and BCBA-Ds, with only 47 BCBA-Ds in the entire state. In rural areas, this shortage is detrimental to our clients and forbidding qualified professionals from providing these services will only further hurt our clients. As a social worker, I recognize the important, specialty service that BCBAs and BCaBAs are able to offer that many, many social workers are unable to. Please consider adding BCBAs and BCaBAs as services providers to the proposed spending bill for ABA services.

**Ashley Christensen, LSW**

Behavioral Health

Quincy Medical Group  
1101 Maine Street  
Quincy, Illinois  
217-222-6550 ext. 3724  
[alchristensen@quincymedgroup.com](mailto:alchristensen@quincymedgroup.com)  
[www.quincymedgroup.com](http://www.quincymedgroup.com)

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**From:** cindy kuehn <stillrainmom@gmail.com>  
**Sent:** Tuesday, October 15, 2019 7:47 AM  
**To:** HFS.Bpra  
**Subject:** [External] question/comment period for---proposing a change in the methods and standards by which the Department will reimburse providers.

**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).**

Department of Healthcare & family services:

Please note the above statement.

I am adding my comment for this proposal. I am concerned with the very limited scope of this proposed change. Anyone that has to rely on medicaid for payments for any therapies knows how difficult it can be to find a provider that fits into this narrow scope. Finding a LCSW or LCPsych that takes medicaid is hard enough and now another layer or hoop they have to have a BCBA or RBT? This would be a nearly impossible person to find. **Please consider changing this to BCBA license.**

I have another big concern with this proposal of providing this coverage for children. Does this mean that at 18 a person with autism would no longer benefit from ABA therapy? I personally have a 25 & 26 year old that benefit from ABA practices and methods every day. I'm concerned that if a child were to somehow find the right provider and benefit from this much needed therapy the rug would be pulled at 18. There is great potential for ongoing success and independence using ABA thought the lifespan. Please consider coverage as long as the beneficiary is showing progress. With the right therapies and plans they should always show progress.

Thank you for the chance to voice my opinion.

Cindy Kuehn



**From:** m.oneill abctherapyforme.com <m.oneill@abctherapyforme.com>  
**Sent:** Monday, October 14, 2019 10:24 PM  
**To:** HFS.Bpra  
**Subject:** [External] Consideration of ABA treatment service Medicaid state IL

To whom it may concern:

My name is Michelle O'Neill and I am a Registered Behavior Technician. I service clients diagnosed with Autism Spectrum Disorder (ASD) by providing Applied Behavior Analysis (ABA) Therapy to children in a home and school setting. I services children throughout Cook County and the surrounding counties in Illinois.

As you may or may not know, recently a law was passed that mandated that only Licensed Social Workers (LSW) and Clinical Psychologists could supervise ABA therapy.

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. **Failure to act will expose the most vulnerable of children to undue and preventable consequences.**

On behalf of my clients and myself, I thank you in advance for anything you can do to ensure that these children continue to receive the highest quality and quantity of service!

Sincerely,

Michelle O'Neill, RBT  
ABCS Senior Behavior Therapist  
[m.oneill@abctherapyforme.com](mailto:m.oneill@abctherapyforme.com)  
[815-528-4708](tel:815-528-4708)



**From:** Courtney Schiltz <cschiltz@gbcaba.com>  
**Sent:** Monday, October 14, 2019 6:44 PM  
**To:** HFS.Bpra  
**Cc:** Stephanie Gorbold  
**Subject:** [External] Concerns Regarding Proposed Changes In Methods and Standards For Establishing Medical Assistance Payment Rates

Greetings-

I am writing today on behalf of GBC aba to express our deep concern for the proposed changes in methods and standards for establishing medical assistance payment rates. Should these changes be enacted, children covered under Medicaid would have extremely limited resources. As a company that provides Applied Behavior Analysis (ABA) therapy to those on the autism spectrum, we take great pride in providing quality treatment. Our Board Certified Behavior Analysts (BCBAs) undergo thorough training to acquire and maintain their certification. GBC aba also goes to great measures to ensure those providing direct treatment, otherwise known as Registered Behavior Technicians (RBTs), are adequately trained and supervised. By limiting the provider types to licensed clinical social worker or licensed clinical psychologist with a board certified behavior analyst (BCBA) certification or a registered behavior technician (RBT), those covered by Medicaid would have an extremely limited pool of providers to choose from. ABA is a proven science which can drastically improve the lives of those affected by autism. It is our mission to give everyone equal access to these services. We strongly urge you to consider the following suggestions. We propose the Department of Healthcare and Family Services 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. We ask DHFS 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.

We feel confident these improvements will ensure more equal access to treatment and thank you for your consideration.

Best,

Courtney Schiltz, M.Ed., BCBA  
Director of Clinical Services



Main 312.882.1024 | Mobile: 312.858.8586  
[cschiltz@gbcaba.com](mailto:cschiltz@gbcaba.com) | [www.gbcaba.com](http://www.gbcaba.com)





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**From:** Hannah Gomez <hannahegomez@gmail.com>  
**Sent:** Monday, October 14, 2019 4:05 PM  
**To:** HFS.Bpra  
**Cc:** ann@repannwilliams.com; lauryn@repannwilliams.com  
**Subject:** [External] URGENT: Feedback on ABA Services under 2020 Illinois Medicaid

Hello Department of Healthcare and Family Services and other family advocates,

I've read the public notice where Illinois Medicaid has determined that they will introduce ABA (Applied Behavior Analysis) as a covered service starting on January 1, 2020. Specifically, they will cover ABA services to treat ASD (Autism Spectrum Disorder) when 1) it is prescribed by a physician licensed in the state of IL and 2) is rendered by a licensed clinical social worker (LCSW) or licensed clinical psychologist (LCPs) dually credentialed as a BCBA. Here is the [official announcement](#) that you shared.

As Center Manager and experienced Behavior Analyst who works with individuals, aged 18 months to adulthood, with Autism who have been prescribed ABA by their physician or psychologist, I can tell you that this announcement was highly concerning to me. This announcement seemed more like a barrier to family's access to medically necessary services.

I am concerned that most Board Certified Behavior Analysts (BCBA's) are not eligible as providers. BCBA's go through rigorous education, supervised fieldwork and practicum, pass an intensive exam based on thorough experience standards, and subscribe to a strict ethical code. BCBA's are supervised by the Behavior Analysts Certification Board (BACB), which helps assure that clients are getting services aligned with best practice in science, behavior, and medicine.

I am also concerned that by limiting the services to LCSW's and LCPs, access to services will be incredibly restricted for the family you aim to support. Many Social Workers and Psychologists do not have capacity, let alone the behavior analytic experience, to take on cases of families who need these services. You are essentially blocking them from services by limiting providers and making sure they are not receiving the best services possible when they do finally get seen. It is cruel.

I am also concerned that you have not made it clear what service model will be authorized or expected. BCBA's are bound by the BACB to provide thorough supervision to their teams, which should consist of Registered Behavior Technicians (RBTs), who are also bound by the experience standards and ethical code of the BACB. By having LCSW's and LCP's supervise these cases, the service model is so ambiguous that these families may suffer by having inexperienced or uncredentialed behavior technicians who are not bound by the BACB's standards. LCSW's and Psychologists also do not have the capacity to deliver the services themselves and so without specifying the service model, they may resort to unethical or ineffectual service models to compensate.

I am offering the following commentary and feedback to be implemented to your faulty announcement. Board Certified Behavior Analysts should be added to the list of provider types eligible to direct, supervise, and render ABA services. This is because BCBA's are the providers that have the most direct and specific training on the use of Applied Behavior Analysis. Also, BCBA's are accepted providers under the Illinois autism insurance mandate as well as Medicaid-covered services in other states. I also think adding BCBA's as acceptable providers also allows for greater access to services. By limiting ABA services to dually-credentialed LCSW's and LCPs, you're likely going to create large waiting lists due to the small number of eligible providers. Finally, 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.

Please reach out to me with any questions. I think this of great urgency and would love to be able to support this decision.

Hannah  
Hannah Gomez, M.Ed, BCBA, she/her/hers

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c. 817.999.6302 | e. [hannahEgomez@gmail.com](mailto:hannahEgomez@gmail.com)



**From:** r.defalco abctherapyforme.com <r.defalco@abctherapyforme.com>  
**Sent:** Monday, October 14, 2019 2:34 PM  
**To:** HFS.Bpra  
**Subject:** [External] ILABA

To whom it may concern:

My name is Robyn Petersen and I am a Registered Behavior Technician. I service clients diagnosed with Autism Spectrum Disorder (ASD) by providing Applied Behavior Analysis (ABA) Therapy to children in a home and school setting. I services children throughout Cook County and the surrounding counties in Illinois. As you may or may not know, recently a law was passed that mandated that only Licensed Social Workers (LSW) and Clinical Psychologists could supervise ABA therapy. 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 BACB
- 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-Ds (Doctorate Level BCBA) to continue to supervise cases. This will allow QHCPs and RBTs to follow the tiered system that has proven to be effective. Failure to act will expose the most vulnerable of children to undue and preventable consequences. On behalf of my clients and myself, I thank you in advance for anything you can do to ensure that these children continue to receive the highest quality and quantity of service! Have a good day.

Sincerely,

Robyn Petersen, RBT/Senior Behavior Therapist

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**From:** carriewb@howardinterventioncenter.org  
**Sent:** Monday, October 14, 2019 1:38 PM  
**To:** HFS.Bpra  
**Subject:** [External] Amendment to new Medicaid regulations

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](mailto:HFS.bpra@illinois.gov)

To whom it may concern,

My name is Carrie Williams. Currently I have an RBT (Registered Behavior Technician certification), and I will have my BCBA (Board Certified Behavior Analyst) certification by the middle of 2021. I am also in the process of my LMHC (Licensed Mental Health Counselor) licensure in Indiana, though I work in Illinois currently. Currently I work at Howard Intervention Center, a clinic for individuals receiving ABA in Illinois, as well as New Vista Behavioral Health, a private practice serving individuals in high conflict divorces in Indiana.

First and foremost, I would like to express my relief that individuals on Medicaid are finally able to seek ABA treatment! However, I am extremely concerned about the regulations that have been put into place in regards to this treatment.

Currently, the language as written does not recognize BCBA's ability to practice in their own right. BCBA's typically provide oversight to RBTs administering services, as per the regulations of the BACB, the board which issues RBT and BCBA licenses and certifications. Allowing someone with an RBT and an LCPC, or an RBT and an LCSW, but not someone with a BCBA, to provide supervision to Medicaid clients is against best practice and is not an evidence-based treatment. It also goes against the regulations of the BACB.

Please amend the language of these new Medicaid regulations to include BCBA's, BCBA-Ds, and BCaBA's who are supervised by either a BCBA or BCBA-D so that clients on Medicaid can benefit from consistent effective treatment that they deserve.

Thank you,

Carrie Williams, MS, RBT



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**From:** Kathleen Barnard <kpbarnd1@comcast.net>  
**Sent:** Sunday, October 13, 2019 2:36 PM  
**To:** HFS.Bpra  
**Subject:** [External] ABA services memo

Hello,

I am an occupational therapist. I work with children, many of whom are on Medicaid, and some of whom are diagnosed with autism. I have seen ABA be of great benefit to children with autism, but have been very frustrated that nothing has been available to those on Medicaid, who are sometimes desperately in need of the service. I was happy to learn of a memo that stated that Illinois would start to provide ABA in January for individuals on Medicaid, but the stipulation that it be provided by a clinical psychologist or social worker is too limiting - most frequently ABA is provided by a Board Certified Behavior Analyst, and these individuals should be able to provide the service, based on their training. It's a step in the right direction, but please change the language about the individuals providing the service.

Thank you,  
Kathleen Barnard, OTR/L

Sent from my iPad



**From:** Shannon Wright <shannonw0714@gmail.com>  
**Sent:** Sunday, October 13, 2019 11:02 AM  
**To:** HFS.Bpra  
**Subject:** [External] ABA Legislation

To whom it may concern:

My name is Shannon Wright and I am a Board Certified Behavior Analyst. I service clients diagnosed with Autism Spectrum Disorder (ASD) by providing Applied Behavior Analysis (ABA) Therapy to children in a home and school setting. My company supervises children throughout Cook County and the surrounding counties in Illinois.

As you may or may not know, recently a law was passed that mandated that only Licensed Social Workers (LSW) and Clinical Psychologists could supervise ABA therapy.

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 BACB
- 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 effective.

Failure to act will expose the most vulnerable of children to undue and preventable consequences.

On behalf of my clients and myself, I thank you in advance for anything you can do to ensure that these children continue to receive the highest quality and quantity of service!

Sincerely,  
Shannon Wright BCBA



---

**From:** Maureen Shakeshaft <m.shakeshaft@yahoo.com>  
**Sent:** Saturday, October 12, 2019 9:55 PM  
**To:** HFS.Bpra  
**Subject:** [External] Medicaid for Ana Action

Hello,

Please allow for Medicaid for ABA therapy and allow for BA's and BAD's to administer. I personally know children who have benefitted greatly.

Thank you,

Maureen Shakeshaft  
M.shakeshaft@yahoo.com



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**From:** Rachel Sandrik <rsandrik1818@hotmail.com>  
**Sent:** Saturday, October 12, 2019 9:15 PM  
**To:** HFS.Bpra  
**Subject:** [External] Changes to Medicaid for ABA

Hello,

I am writing regarding a concern related to the proposed changes for providing medicaid to support ABA for the treatment of autism spectrum disorder. While this is a wonderful initiative that is meant to provide amazing support to so many families, the restrictions on the clinicians who can provide the therapy is actually extremely limiting. There are actually very few licensed clinical social workers or psychologists that are also board certified BCBAs. It would be most beneficial to change the wording of this proposal to include levels of clinicians who are BCBAs and BCBADs to be able to provide supervision and delivery of treatment of ABA for children with an autism diagnosis. This would be an imperative piece in order to ensure that quality service is being provided to all children who can greatly benefit from it.

Thank you for your time and consideration regarding this very important matter.

Rachel Sandrik

708-567-1037

Special Education Teacher





**From:** Jessie Topalov <jktopalov@gmail.com>  
**Sent:** Saturday, October 12, 2019 7:18 PM  
**To:** HFS.Bpra  
**Subject:** [External] concerns about Medicaid benefit WITHOUT BCBA supervision allowance  
**Attachments:** CLSp15\_Creative Business .pdf

To whom it may concern,

My name is Jessie Topalov, I'm a BCBA & an ABA business owner of the company Instructional ABA Consultants ([www.iabaconsultants.com](http://www.iabaconsultants.com)). I know many people may boast uniqueness of their business but I can ensure you that mine holds a unique quality that in the past seven, almost 8 years we have served the mission to serve all children regardless of funding source or ability to pay. The foundation of this mission is that in the state of Illinois is that children with autism receiving ABA have private insurance and thus children with Medicaid insurance, those who need us the most, are left without care.

Prior to owning my company I served on the Illinois Crisis Prevention Network & saw first hand child after child left without access to services because the state does not allow treatment (ABA under a BCBA). I started my company to stop being a revolving door and to be frank it has been the feat of my lifetime to make my model work with the structure in Illinois. To date I have turned no child away.

In 2016 we had the pleasure of expanding to Colorado BECAUSE the Medicaid benefit passed and currently serve almost primarily Medicaid children under BCBA supervision. In 2018 we received our BHCOE (Behavioral Health Center of Excellence) award showing that we do provide quality across funding sources.

To hear that Illinois is FINALLY passing a Medicaid to our most needy children would make the service of my company & others expandable to children in need of this medically necessary care (in my company we graduate 2-5 children a year from our program who no longer, because of our care, have autism). Yet again Illinois is threatening to fail these children by not allowing BCBA's to supervise their care. There are simply not enough LCSW or Psychologists with BCBA's to supervise the RBTs and I can tell you first hand they will not work for the rate the state will offer to reimburse. It won't be enough. As a company owner to create a competitive salary I break even or at a loss for Medicaid cases under BCBA supervision alone. I do this because it is in my heart to do so.

If you pass the Medicaid benefit without allowing BCBA supervision or recognizing our tiered structure of treatment you are failing our children who you have already failed for decades. I know this to be true because I've worked in the Institutions, the Cila's and am the only company in Illinois providing RBT services to the Medicaid waivers. I am one person, I'm not enough. My company is not enough. You need to allow other BCBA's and ABA companies to provide this service. Help me meet my mission of my lifetime that to have a disability is not to be disadvantaged.

Call or e-mail please. I am here. 630-441-5077

Jessie Topalov



**From:** c.calderon abctherapyforme.com <c.calderon@abctherapyforme.com>  
**Sent:** Saturday, October 12, 2019 4:42 PM  
**To:** HFS.Bpra  
**Subject:** [External] Consideration of behavioral ( ABA) treatment service to the Medicaid state health plan in IL DHFS

**To:** [HFS.bpra@illinois.gov](mailto:HFS.bpra@illinois.gov)

To whom it may concern:

My name is Cristy Calderon and I am a BCBA (Board Certified Behavior Analyst) . I am the president and owner of an ABA therapy company that service clients diagnosed with Autism Spectrum Disorder (ASD) by providing Applied Behavior Analysis (ABA) Therapy to children in a home and school setting. Autism Behavior & Childhood Services, services children throughout Cook County, Depage, Will, Kendall Country and the surrounding counties in Illinois.

As you may or may not know, recently a law was passed that mandated that only Licensed Social Workers (LSW) and Clinical Psychologists could supervise ABA therapy.

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 RBTs to follow the tiered system that has proven to be effected.

Failure to act will expose the most vulnerable of children to undue and preventable consequences.

On behalf of my clients and myself, I thank you in advance for anything you can do to ensure that these children continue to receive the highest quality and quantity of service!

If you have any questions, I would love to answer them! We have had many families in the past seen out ABA services but they had Medicaid.

Have a good day.

Sincerely,  
Cristy Calderon

President of Autism Behavior & Childhood Services

Cell: (312) 237-0262

Fax: **(331) 318-8415**

Website: [www.abctherapyforme.com](http://www.abctherapyforme.com)

Like us:

<http://www.facebook.com/AutismBehaviorChildhoodServices>

**From:** m.oneill abctherapyforme.com <m.oneill@abctherapyforme.com>  
**Sent:** Saturday, October 12, 2019 4:40 PM  
**To:** HFS.Bpra  
**Subject:** [External] Consideration of ABA treatment service Medicaid state IL

To whom it may concern:

My name is Michelle O'Neill and I am a Registered Behavior Technician. I service clients diagnosed with Autism Spectrum Disorder (ASD) by providing Applied Behavior Analysis (ABA) Therapy to children in a home and school setting. I services children throughout Cook County and the surrounding counties in Illinois.

As you may or may not know, recently a law was passed that mandated that only Licensed Social Workers (LSW) and Clinical Psychologists could supervise ABA therapy.

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.

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- 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. **Failure to act will expose the most vulnerable of children to undue and preventable consequences.**

On behalf of my clients and myself, I thank you in advance for anything you can do to ensure that these children continue to receive the highest quality and quantity of service!

Sincerely,

Michelle O'Neill, RBT  
ABCS Senior Behavior Therapist  
m.oneill@abctherapyforme.com  
815-528-4708



**From:** CristyCalderon <calderoncristy@gmail.com>  
**Sent:** Saturday, October 12, 2019 3:13 PM  
**To:** HFS.Bpra  
**Subject:** [External] Consideration of behavioral ( ABA) treatment service to the Medicaid state health plan in IL DHFS

To whom it may concern:

My name is Cristy Calderon and I am a BCBA (Board Certified Behavior Analyst) . I am the president and owner of an ABA therapy company that service clients diagnosed with Autism Spectrum Disorder (ASD) by providing Applied Behavior Analysis (ABA) Therapy to children in a home and school setting. Autism Behavior & Childhood Services, services children throughout Cook County, Depage, Will, Kendall Country and the surrounding counties in Illinois.

As you may or may not know, recently a law was passed that mandated that only Licensed Social Workers (LSW) and Clinical Psychologists could supervise ABA therapy.

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
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- 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 RBTs to follow the tiered system that has proven to be effected.

Failure to act will expose the most vulnerable of children to undue and preventable consequences.

On behalf of my clients and myself, I thank you in advance for anything you can do to ensure that these children continue to receive the highest quality and quantity of service!

If you have any questions, I would love to answer them! We have had many families in the past seen out ABA services but they had Medicaid.

Have a good day.

Sincerely,

Cristy Calderon

President of Autism Behavior & Childhood Services

Cell: (312) 237-0262

Fax: **(331) 318-8415**

Website: [www.abctherapyforme.com](http://www.abctherapyforme.com)

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I'm sorry for any typos or errors this was sent on a mobile device.

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Illinois Department of Human Services,

My name is Kathryn Douglas. I am both an LCPC (Licensed Clinical Professional Counselor) and a BCBA (Board Certified Behavior Analyst). I currently provide clinic-based services to children with autism. As someone who has both an LCPC and BCBA, I can speak to the fact that counseling and social work have a lot of overlap, but neither overlaps with Applied Behavior Analysis (ABA). I do not necessarily object to social workers being able to provide services with individuals with autism, with proper training.

However, the current proposal only allows for two providers: Social Workers and BCBA-D (Board Certified Behavior Analysts at the Doctoral level). In the same way that an LCSW has a master's degree, so does a BCBA. However, the BCBA has been thoroughly trained and assessed to have the knowledge base to provide ABA services. My concern is that the current language does not allow for BCBA, BCaBAs, or RBTs to provide services to a population that they have been trained to provide services to.

With the current system in place by the BACB (Behavior Analyst Certification Board), which is a worldwide certification board for those who have studied ABA, we utilize a tiered system of BCaBAs and RBTs to implement services, with BCBA and BCBA-Ds to supervise those services and to assess and write treatment plans, as well as ensure that the services are implemented appropriately.

By not allowing BCBA and BCaBAs to provide services under the current proposal, the children who are most vulnerable will not receive access to the best level of care provided. Please consider that we regularly utilize primary care providers to meet a variety of medical needs. But if one has cancer, we go see a specialist. BCBA and BCaBAs are similar to an autism specialist. By not allowing BCBA and BCaBAs to provide this service, it is the same as not allowing someone with cancer to go see an oncologist, but instead only allow them to see primary care (or in this case, social workers). Know that I have tremendous respect for social workers, but this is not what they are trained to do.

My ask is that you add BCBA and BCaBAs to the treatment model, equivalent with social workers.

To discuss this further, please contact me at (217) 257-1934.

Thank you,

Kathryn Douglas, BCBA, LCPC

To whom it may concern,

My name is Victoria Christensen, and I am a BCBA working with children with autism in home, school and clinical settings. I am concerned with the language of the behavioral treatment service as written.

The notice does not recognize BCBA's ability to practice in their own right, as to practice within their scope of competence. This could have a negative or even traumatic impact on the individuals who are affected by Autism. There is a high demand of quality services for Medicaid patients, those services should have a basis in science and be supervised by those who are certified in these practices.

I plead the Department amend their language to include BCBAs, BCBA-Ds, and BCaBAs who are supervised by either a BCBA or BCBA-D).

Sincerely,

Victoria Christensen





**From:** Alyssa Wilson <alyssa.wilson@slu.edu>  
**Sent:** Saturday, October 12, 2019 6:49 AM  
**To:** HFS.Bpra  
**Subject:** [External] DHFS benefit to cover ABA for Medicaid recipients

Hello,

My name is Alyssa Wilson, and I am a BCBA-D who practices ABA in and around Illinois. I supervise and provide consultative services to other BCBA's providing direct services for individuals with Autism, including home and clinic/school based ABA services.

I recently became aware of the new DHFS language to cover ABA for Medicaid recipients. I am concerned that the language as currently written does not recognize BCBA's ability to practice in their own right. As someone who also teaches students earning their MSW, I can personally attest that MSW/LCSW's do NOT get the same level of behavior analytic training to be able to cover BCBA responsibilities and duties. Similarly, there is only one program in the US where MSW's can complete coursework to sit for the BCBA exam (SLU), and I can guarantee basic MSW curriculum **does not have any of the necessary requirements or content in it to produce robust and effective therapists to deliver ABA services.**

If the language is not changed to allow BCBA's to practice in their own right, the impact to individuals who need quality ABA services will be disastrous.

I am emailing today in hopes that the committee change the language to include BCBA's, BCBA-Ds, and BCaBAs who are supervised by either a BCBA or BCBA-D to ensure that all consumers can access quality ABA services, by individuals who are trained explicitly in graduate training to provide behavior analytic services (as stated above, MSW's are not explicitly trained in ABA).


The state should also look into other languages used by other states in the US, as there is no need for such a turf war and/or restriction to providers. Missouri is one state that could be useful for the committee to look at and consider.

It is imperative that DHFS get this right the first time out--the US is watching, and there are lives at stake (i.e., individuals with ASD and their families).

Please feel free to contact me should you have any questions or wish to speak further about this issue.

Best,

Alyssa Wilson, Ph.D., BCBA-D, LBA  
Associate Professor  
Applied Behavior Analysis Program Director  
Saint Louis University  
School of Social Work



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**From:** Grace Preedin <itrustone@sbcglobal.net>  
**Sent:** Friday, October 11, 2019 9:34 PM  
**To:** HFS.Bpra  
**Subject:** [External] Against Proposed changes for ASD ABA therapy

To whom it may concern.

I'm very concerned about the proposed changes to the therapy requirements for ABA for children with ASD. This therapy has been proven to be very effective for these children and is much needed. The money's being allotted to help them receive it would be amazing and life changing for many families however the change in the proposal to limit who may provide the services to LCSWs with a BCBA would not only severely limit the amount of children able to receive this therapy easily but would create strain on the already over worked social workers. Many social workers in Illinois do not also hold their BCBA.

Families with children with ASD need these services please don't limit them by making the required clinician be so hard to find.

Thank you,  
Grace Preedin



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**From:** shaden kassar <shadenkassar@gmail.com>  
**Sent:** Friday, October 11, 2019 7:05 PM  
**To:** HFS.Bpra  
**Subject:** [External] Concern

To whom it may concern,

My name is Shaden Kassar, and I am a BCBA working with children and adults with autism at home and clinical settings. I have a serious concern about the recently released public notice about the benefit, particularly, the language. The notice does NOT recognize BCBA's ability to practice in their own right, as to practice within their scope of competence. This will have a devastating impact on the individuals who are affected by Autism. While including all certified BCBAs and RBTs in the state will not match the high demand, excluding them will create a significant shortage of services that will not be in the best interest of autism patients. I demand that the Department amend their language to include BCBAs, BCBA-Ds, and BCaBAs who are supervised by either a BCBA or BCBA-D).

Sincerely,  
Shaden Kassar, BCBA  
Be kinder than necessary...



**From:** Denise Truss-Nash <dtrussnash@individualadvocacygroup.com>  
**Sent:** Friday, October 11, 2019 5:11 PM  
**To:** HFS.Bpra  
**Subject:** [External] Travesty

This new Medicaid ABA Benefit is another way of ensuring that poor do not receive services. As a BCBA, I am disgusted by this "benefit" not being seen for being a hindrance to those who truly need our services. Master leveled BCBA's are being sought out around the world from the middle east to the western hemisphere. I am speaking in advocacy for all of those that I support with my master level services, who under this benefit, would not receive services. Illinois will end up losing a viable resource as we migrate to states that appreciate the dedication to our profession. This is a travesty.

*Denise Nash MS, BCBA  
Individual Advocacy Group  
(217) 685-6160*

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**From:** Paige Boydston <boydston.paige@gmail.com>  
**Sent:** Friday, October 11, 2019 3:44 PM  
**To:** HFS.Bpra  
**Subject:** [External] BCBA's and Service Delivery in Illinois

Hello-

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's, doctoral level psychologists) with private insurance funders or other state medicaid funding sources. By excluding masters level BCBA's 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's 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](http://bacb.com) through the Behavior Analyst Certification Board. I also urge you to revise your language to include and allow BCBA's and BCBA-D's 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 BCBA's 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](mailto:boydston.paige@gmail.com).

Thank you for your time-  
Paige Boydston, MS, BCBA

--

Board Certified Behavior Analyst  
Autism Specialist- Southeast Kansas Area  
Integrated Behavioral Technologies, Inc.  
<http://www.ibt-inc.org/>



October 4, 2019

To: Whom It May Concern

Regarding: DHFS Proposed Changes In Methods And Standards For Establishing Medical Assistance Payment Rates

The Illinois Association for Behavior Analysis (ILABA), on behalf of Illinois consumers of behavior analytic services, as well as many of the organization's members, want to bring to the attention of the Department concerns with the recently released DHFS public notice with regards to the Illinois Medicaid Applied Behavior Analysis (ABA) benefit.

According to the notice of proposed changes, "Effective for dates of service January 1, 2020, and after, the Department('s) (sic) 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)**"(emphasis added).

While ILABA is pleased the Department has recognized the need to provide benefits for ABA services to Medicaid members, there is concern around the language contained within the Notice, specifically around provider types eligible to provide said services and the ability for eligible providers (i.e., the RBT) to obtain adequate supervision to maintain the certification.

The language of the proposed notice explicitly excludes singly-credentialed, but highly qualified, BCBAs from being able to serve Medicaid recipients, who often are those in critical need of services. The proposed language will create an inadequate network of providers to service the Medicaid population, as there are very few individuals who are dually-credentialed as both LCSW/BCBAs or Licensed Clinical Psychologist/BCBAs. Further, the majority of providers have master's degrees in fields other than social work, and thus would be unable to provide services under the new model as written. This would leave many consumers without access to services.

Master's-level BCBAs have the requisite education and training in the application of ABA to both supervise and deliver ABA services. The failure to list BCBAs as a rendering provider in their own right is of grave concern to both ILABA's membership as well as for consumers of ABA services.

BCBAs are widely recognized as providers who are able to deliver ABA treatment and provide supervision to RBTs. In fact, the Illinois Early Intervention and Medicaid Waiver programs and commercial health insurance carriers recognize BCBAs (again, who are not otherwise dually-credentialed) as qualified providers and eligible for reimbursement for services rendered. Moreover,

the language as drafted creates ambiguity as to whether a licensed clinical social worker with or without a BCBA certification would be eligible for reimbursement. Currently, the notice language reads “. . . 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).” It is unclear whether a Licensed Clinical Social Worker must also be a BCBA or merely a Licensed Clinical Social Worker who can provide proof that ABA is in their scope of practice would be eligible for reimbursement by the Department under the currently worded proposed notice.

The BCBA and BCaBA certification is issued by the Behavior Analyst Certification Board, an international governing body. As of this date, the State of Illinois does not require BCBA or BCaBAs to be licensed. Currently, HB2710, Behavior Analysts Licensing Act, has been referred to the Illinois House’s Rules Committee. ILABA is committed to the passage of HB2710. However, the lack of state licensure should not limit the ability of BCBA to provide medically necessary treatment. Further, the lack of state licensure does not disqualify BCBA for reimbursement under Illinois Early Intervention, Illinois Medicaid Waiver, or commercial health insurance carriers. Additionally, fourteen (14) states recognize non-licensed BCBA as approved providers and eligible for reimbursement.


The Behavior Analyst Certification Board also issues the RBT credential, a currently acceptable provider type in the Notice. RBTs are required to be supervised by a BCBA, BCaBA, or BCBA-D for at least five (5%) percent of the hours in which “behavior-analytic services are provided.” RBTs cannot practice independently and require proof of supervision as part of their annual recertification process. Under the proposed method and standard, RBTs would be unable to meet this supervision requirement while providing services to Medicaid members due to the lack of individuals eligible to qualify as providers, which is a violation of the ethics code they are to uphold as part of maintaining their credential.

ILABA proposes that the Department revise the Notice of Proposed Changes dated September 19, 2019 by amending the notice to add Master’s-level BCBA as providers who can supervise and deliver ABA services and be eligible for reimbursement by the Department. Additionally, ILABA proposes that the Department amend said Notice to add Board Certified Assistant Behavior Analysts (BCaBAs) who are supervised by either BCBA or BCBA-Ds as providers who can supervise RBTs and deliver ABA treatment and they too are eligible for reimbursement by the Department. Last, ILABA would ask for clarification on the language of the notice.

ILABA would welcome the opportunity to collaborate or provide clarification with the Department regarding the application and effect of said Notice on the provision of ABA services and eligibility of providers to reimbursement.

Thank you for your consideration.

Brigid McCormick  
The Illinois Association for Behavior Analysis  
Board Member at Large and Chair, Insurance Task Force  
insurance@ilaba.org  
(708) 285-2593



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**From:** Vinh Dang <vdang@instructional-aba.com>  
**Sent:** Friday, October 11, 2019 2:56 PM  
**To:** HFS.Bpra  
**Subject:** [External] Allow BCBA's to provide ABA services!!

To whom it may concern:

I am a provider who works primary with individuals with ASD and their family members. I greatly applaud the state of IL for designating money to fund the much needed ABA services. However, in my professional opinion, ABA services cannot be provided effectively without the proper education and training which at least matches that of a Board Certified Behavior Analyst, who specializes in Applied Behavior Analysis. Therefore, I am adding my voice to the comments and requests below. Please feel free to reach out to me directly for information, comments, and questions. Thank you for your attention to this matter.

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.

**(1) Extremely limited provider types** – the only two provider types DHFS states can provide ABA treatment services are licensed social workers or a doctoral level licensed clinical psychologist who is also a board certified behavior analyst (BCBA-D). This means masters level BCBA's could not direct and supervise ABA treatment programs under the new Medicaid benefit. Currently, all health insurance plans in Illinois allow masters level BCBA's to direct and supervise ABA treatment programs without being licensed or supervised. Many Medicaid programs in other states allow unlicensed, masters level BCBA's to provide ABA treatment.

**Concern:** 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.



**Our Ask:** 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.

**(2) Not utilizing the recognized Tiered Service-Delivery Model for ABA.** DHFS is not 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. 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 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.

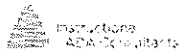
**Concern:** Without recognizing the appropriate tiered service-delivery model, Medicaid recipients will be placed on extremely long waitlist and will struggle accessing services in their own communities.

**Our 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.

--

Vinh Dang, M.A., BCBA  
Clinical Supervisor

▣ *"We're all in this together."* ▣



Instructional ABA Consultants  
1975 McDowell Rd. Suite 101  
Naperville, IL 60563

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vdang@instructional-aba.com

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Submitted via email: [HFS.bpra@illinois.gov](mailto:HFS.bpra@illinois.gov)

October 11, 2019

Department of Healthcare and Family Services  
Bureau of Program and Policy Coordination  
Division of Medical Programs  
Healthcare and Family Services  
201 South Grand Avenue East  
Springfield, IL 62793-0001

Re: Proposed Changes in Methods and Standards for Establishing Medical Assistance Payment Rates

The Center for Autism and Related Disorders (CARD) respectfully submits these comments in response to the above-referenced proposed policy draft. CARD is the world's largest organization treating autism spectrum disorder (ASD) and the nation's third largest non-governmental organization contributing to autism research. CARD provides services at more than 250 locations in 33 states, including 12 locations in Illinois.

CARD commends the efforts of the Illinois Department of Healthcare and Family Services to ensure that individuals in Illinois with an autism diagnosis receive medically necessary autism treatment based on the principles and procedures of applied behavior analysis in compliance with the informational bulletin issued by CMS in 2014. CARD has several concerns about the proposed policy provisions and respectfully urges HFS to amend its proposal to better facilitate access to autism treatment and continue its focus on consumer safety and treatment quality.

#### **Requirement for Applied Behavior Analysis to Be Ordered by a Physician**

CARD commends HFS for making access to applied behavior analysis (ABA) straightforward by requiring a physician to order ABA. Licensed psychologists acting within the scope of their competency are also qualified to diagnose and prescribe ABA. This step in accessing ABA can often be an obstacle to treatment, and **we respectfully urge HFS to minimize the potential for this barrier to treatment by including licensed psychologists among the professionals who may prescribe ABA.**

#### **Eligible Rendering Providers**

CARD is extremely concerned that this proposal is limiting the rendering of ABA to licensed clinical social workers and licensed clinical psychologists with a board certified behavior analyst (BCBA) certification. The majority of Illinois's commercially insured individuals with autism spectrum disorder (ASD) receive ABA from BCBA's, most of whom are not also licensed clinical social workers or licensed clinical psychologists. If HFS is concerned that behavior analysts are not licensed in Illinois, please note that many state Medicaid agencies permit unlicensed certified behavior analysts to deliver ABA and that CMS has approved State Plan Amendments structured to include reimbursement of unlicensed behavior analysts. **CARD respectfully urges DFS to recognize unlicensed certified behavior analysts in among those individuals who may render and oversee ABA-based treatment of ASD.**

#### **ABA Treatment – Interpreter Services**

To ensure access to ABA treatment by individuals and families who are Limited English Proficient, CARD urges HFS to provide an interpreter service to its provider network. In many other states, information about the Medicaid interpreter service has been poorly disseminated, which has caused confusion and delays that could be avoided by

providing this information to families and providers at the same time that the benefit is made available. **CARD shares HFS's commitment to equitable health care across all demographics and respectfully urges HFS to clarify and disseminate information about the availability of interpreters for Limited English Proficient beneficiaries and their families.**

#### **Behavior Technicians**

CARD urges HFS not to require behavior technicians to be Registered Behavior Technicians (RBTs). Commercial insurance in Illinois does not have this requirement. Additionally, the RBT is not an autism-specific certification, and it does not have a meaningful background check requirement, so it does not act to improve quality or consumer safety. In lieu of removing the requirement altogether, **CARD urges HFS to include the option for behavior technicians to become Board Certified Autism Technicians (BCATs)**, instead of RBTs. The BCAT is the only autism-specific certification accredited by the NCCA for the entry-level technician. The BCAT is administered by the Behavioral Intervention Certification Council (BICC), a nonprofit that also maintains mandatory ongoing background checks on all of its certificants, which is not true of the RBT. The BCAT was the first BT certification to be accredited by the NCCA, the agency whose rigorous accreditation process gives so much weight to RBT credential.

Additionally, exam locations for the RBT are extremely limited, especially in rural areas. With the BCAT, provider organizations can register to provide on-site testing. Having the exam proctored on-site at provider offices, rather than rely solely on sending candidates to a Pearson location, eliminates burdensome and costly travel.

There are more than 100 BCATs in Illinois. By implementing an RBT-only behavior technician provision, more than 100 behavior technicians would either have to pay extra fees and travel to test for the RBT when they already have an NCCA-accredited, autism-specific certification. In other states, BICC has successfully argued that the exclusive requirement of the RBT violates state and federal anti-trust laws by creating a monopoly for the BACB. **CARD urges HFS not to exacerbate the wait for ABA services by imposing a monopolistic RBT requirement.**

Thank you for the opportunity to provide these comments and for the time you will invest in properly developing this critical benefit. Should you require additional information, please do not hesitate to contact me directly at (818) 345-2345, extension 1070 or via email at [J.Kornack@centerforautism.com](mailto:J.Kornack@centerforautism.com).

Respectfully submitted,



Julie Kornack  
Vice President, Government Relations




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**From:** MaryBeth Gahan <marybethg@sbcglobal.net>  
**Sent:** Friday, October 11, 2019 11:52 AM  
**To:** HFS.Bpra  
**Subject:** [External] ABA services for Autism

I am very pleased to learn that Illinois Medicaid will now be funding ABA services for individuals with autism. This is a much needed change in order to help improve the quality of life of individuals with autism and their families. I would like to request however that the scope of professionals authorized to provide the service would not be limited to LCSW or licensed psychologist. Instead BC BA and BCBAD professionals should also be allowed to provide the service to individuals with autism. Please expand the scope of credentialed professionals authorized in order that more people with Autism can be served.

Thank you for your consideration and attention in this matter.

MaryBeth Gahan



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**From:** Amy Lukich <aljack927@yahoo.com>  
**Sent:** Friday, October 11, 2019 4:43 AM  
**To:** HFS.Bpra  
**Subject:** [External] medicaid for autism ABA

Dear whomever this concerns:

I am in writing in concern to the new Medicaid law that they are trying to pass regarding ABA. They should not restrict this to social workers or board certified BCBA who are also doctoral level psychologists. They should extend this to BCBAS who are board certified. There is no reason to limit this kind of ABA resource. Many of us who are affected by autism are having a difficult time getting resources, and there are not many doctoral level psychologists who are also board certified. I will let you know that my own personal experience with autism has been through my entire life. My father, who is definitely on the spectrum somewhere, has suffered his entire life has no idea why. My husband, who should have been diagnosed with aspergers still suffers his entire life from not being treated. Being on the higher end, untreated autism related disorders include anxiety anger depression rage. I myself, was also affected and I do not have a problem saying that I am too somewhere on the spectrum but now mostly deal with anxiety. And my son, who is 5 now was diagnosed last January with Autism. Everyone is impacted differently but without supports, like ABA, psychologists, etc, there is no hope. I will repeat that. There is no hope for progress. So, yes please extend this ABA law, because many like myself are fighting for something that will help our families. my insurance is private funded by the EIRSA they do not have to cover ANY Autism related therapies.

Sincerely,  
Amy Lukich  
815-212-3038

**Public Comment on ABA Medicaid Benefit**

Name: \_\_\_\_\_ Hina Patel \_\_\_\_\_

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 BCBA's could not directly supervise ABA treatment programs under the new Medicaid benefit.

**Lack of recognition of the tiered treatment model-** Since BCBA's are not listed in their own right as an approved provider type, RBT's would not be able to meet their needed supervision requirement due to lack of individuals able to provide supervision.

**Additional comments:**

By signing this document, I am requesting that the Department amends its language to include BCBA's, BCBA-D's, and BCaBA's (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: \_\_\_\_\_ Hina Patel \_\_\_\_\_ Date: \_\_10/10/19\_\_\_\_\_



---

**From:** Joy Henderson <costa.joy@gmail.com>  
**Sent:** Thursday, October 10, 2019 1:44 PM  
**To:** HFS.Bpra  
**Subject:** [External] Medicare Benefit Licensure Requirement


To whom it may concern,

As a member of the Autism community in Central Illinois, I was appalled and saddened to read about the new restrictions DHS has decided to put upon funding for ABA services to families receiving Medicaid. Our community is already without the amount of Providers it needs to give our kids ABA and other Autism Services. The requirement for Providers to have a dually licensed person supervising services for Medicaid clients is simply silly. I do not know of anyone in our area who is a BCBA-D and an LCSW. If you know of one, please let me know. Please reconsider your decision.

Respectfully

Joy T. Henderson  
Savoy, IL





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**From:** Denise Bergh <dbergh@behavioralperspectiveaba.com>  
**Sent:** Thursday, October 10, 2019 1:01 PM  
**To:** HFS.Bpra  
**Subject:** [External] Concerns regarding HFS Memo for ABA Medicaid Benefit

Hello,

I am a Mother of a child with autism. I am very concerned about this memo:

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

My son received immense benefits from ABA therapy from a Board Certified Behavior Analyst. This memo is excluding BCBA's from providing these services.

I would like to request an amended memo naming BCBA and BCBA-D credentials to provide supervision and treatment delivery for Applied Behavior Analysis.

Without the addition of these credentials, very few children will benefit.

It is absolutely unfair for children on medicaid to be without these essential services any longer. Illinois is one of only a handful of states that is preventing it's most vulnerable citizens from getting the services they deserve.

Denise Bergh | *Chief Operating Officer*

**Behavioral Perspective Inc.**

3S140 Barkley Ave.

Warrenville, IL 60555

Office: (331)431-4006 Fax: (630) 423-9669

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**From:** Tammy Glowienke <tjglowi@gmail.com>  
**Sent:** Thursday, October 10, 2019 10:51 AM  
**To:** HFS.Bpra  
**Subject:** [External] Public Comment on ABA Medicaid Benefit

## Public Comment on ABA Medicaid Benefit

Name: Tammy Machalek

### Concerns

- **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 BCBA's could not directly supervise ABA treatment programs under the new Medicaid benefit.
- **Lack of recognition of the tiered treatment model-** Since BCBA's 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.

By signing this document, I am requesting that the Department amends its language to include BCBA's, BCBA-Ds, and BCaBA's (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: Tammy Machalek    Date: 10/10/2019



**From:** Jennifer Lewis <jlewis@newlinebehavioral.com>  
**Sent:** Tuesday, October 08, 2019 5:59 PM  
**To:** HFS.Bpra  
**Subject:** [External] ABA therapy coverage question

Hello,

I am a BCBA and Level 1 provider through the State of Illinois. I practice ABA therapy working with private insurance and medicaid waiver clients as well. I am looking for more information on how the new Jan 2020 changes in which ABA therapy will be covered. Specifically, I'm wondering how I can bill for these services and aside from ASD diagnosis by a qualified professional, are there age limitations in which therapy will be provided?

Thank you in advance for your help.

Warm regards,

Jennifer Lewis, MS, LPC, BCBA

Owner/Founder

*Newline Behavioral Solutions, LLC*

630.479.8936

[jlewis@newlinebehavioral.com](mailto:jlewis@newlinebehavioral.com)

[newlinebehavioral@gmail.com](mailto:newlinebehavioral@gmail.com)

[www.newlinebehavioral.com](http://www.newlinebehavioral.com)

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**From:** Jawahar Alvi <jawaharalvi@gmail.com>  
**Sent:** Tuesday, October 08, 2019 5:47 PM  
**To:** HFS.Bpra  
**Subject:** [External] Concerns regarding Medicaid ABA benefits.

Good Evening.

I would like to write my concern in regards to ABA benefits covered under Medicaid. Concerns are:

**During the last state budget process, families advocated successfully for a Medicaid benefit to cover applied behavior analysis (ABA) treatment for Medicaid recipients. Approximately \$42 million was dedicated to the Department of Healthcare and Family Services (DHFS) budget to cover the benefit. DHFS has submitted a state plan amendment to the federal government to add this behavioral treatment service to the Medicaid state health plan. DHFS is now asking stakeholders to comment on a recently released public notice about the benefit.**

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.

**(1) Extremely limited provider types** – the only two provider types DHFS states can provide ABA treatment services are licensed social workers or a doctoral level licensed clinical psychologist who is also a board certified behavior analyst (BCBA-D). This means masters level BCBA's could not direct and supervise ABA treatment programs under the new Medicaid benefit. Currently, all health insurance plans in Illinois allow masters level BCBA's to direct and supervise ABA treatment programs without being licensed or supervised. Many Medicaid programs in other states allow unlicensed, masters level BCBA's to provide ABA treatment.

**Concern:** 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.

**Our Ask:** 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.

**(2) Not utilizing the recognized Tiered Service-Delivery Model for ABA.** DHFS is not 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. 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 can be:

- Directed, supervised or rendered by BCBAs and BCBA-Ds;
- Rendered or supervised by BCaBAs 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.


**Concern:** 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.

**Our Ask:** DFHS needs to authorize and reimburse ABA treatment services through recognized tiered service-delivery model as is currently done under employer-based health insurance and the Illinois autism insurance mandate law.

Please look into these concerns.

Regards.

Juhi Alvi.



---

**From:** Maribel Chacon <mchacon14@yahoo.com>  
**Sent:** Tuesday, October 08, 2019 12:33 PM  
**To:** HFS.Bpra  
**Subject:** [External] Concern Parent: Medicaid benefits for ABA treatments

To whom it may concern:

I am deeply concerned about the recent Medicaid benefit to cover applied behavior analysis (ABA) treatment for Medicaid recipients.

-Limiting providers will severely restrict the number of providers, we want Board certified behavior analyst and BCaBA to be added to the provider type

- Recognize tier so that the appropriate service is provided and not put kids on a waitlist or reimburse ABA treatment services through the tier service-delivery model

Our kids need this support and your attention to this matter is greatly appreciated.

All Autism Children and their Caregivers

*Isabella's Mom*

*Maribel Chacon-Torres*



---

**From:** Kimi Matsumura <kimi@chicagoautismnetwork.org>  
**Sent:** Sunday, October 06, 2019 11:09 PM  
**To:** HFS.Bpra  
**Subject:** [External] Medicaid ABA coverage

I run a nonprofit called Chicago Autism Network that is dedicated to helping families find and afford effective autism therapy. We were very excited to see the ABA mandate added to medicaid recipient plans, however, it is disappointing to see how much it limits the recipients who can receive this benefit.

I suggest the following adjustments:

- Please change the requirement for ABA to be administered by a BCBA-D to a BCBA. BCBAs are still very qualified for their work and require extensive training to earn that title. There are not enough providers who have BCBA-Ds to make ABA accessible to all in need.

- Please use the tiered service delivery model for ABA. This allows more recipients to access care!

We have seen a huge need in our community for families with medicaid to receive ABA services. Please feel free to reach out if you would like to discuss further.

Thank you,

--  
Kimi Matsumura, Founder  
Chicago Autism Network  
773.681.1714



**From:** Candice Gizewski <cgizewski@behavioralperspectiveaba.com>  
**Sent:** Sunday, October 06, 2019 5:19 PM  
**To:** HFS.Bpra  
**Subject:** [External] DHFS Proposed Changes Medicaid ABA Benefit

To: Whom It May Concern

Regarding: DHFS Proposed Changes In Methods And Standards For Establishing Medical Assistance Payment Rates

My name is Candice Gizewski. I am a Board Certified Behavior Analyst and founder of Behavioral Perspective and ABLE academy, providing in-home, clinic, and school based ABA services to individuals with autism. I wanted to bring to your attention concerns with the DHFS public notice with regards to the Illinois Medicaid Applied Behavior Analysis (ABA) benefit.

According to the proposed changes, "effective 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)**".

While I am pleased the Department recognized the need to cover said services, the failure to list Board Certified Behavior Analysts (BCBAs) in their own right is of grave concern. BCBAs are widely recognized as providers able to both supervise and deliver ABA treatment. In fact, both the Illinois Early Intervention and IL Medicaid Waiver systems as well as all commercial insurance carriers recognize this provider type. This language is also unclear in regards to whether a licensed clinical social worker with or without a BCBA certification would qualify.

Currently, BCBAs in the state of IL do not hold licensure. This, however should not limit the ability of BCBAs to provide medically necessary treatment, nor does it under the above mentioned systems. In fact, there are currently 14 other states that recognize non-licensed BCBAs, approved by CMS. ILABA is committed to passing licensure and currently has HB2710 in Committee (Behavior Analysts Licensing Act).

Further, the vast majority of Masters Level graduates from IL on campus programs studying ABA receive either a Masters of Science or Masters of Art in Applied Behavior Analysis. Although they have extensive training in the application of ABA, these individuals would be ineligible to provide supervision and treatment through the Medicaid benefit as the language currently stands. There are very few individuals who are dually certified as both LCSW/BCBAs or LCPC/BCBAs, thus creating an inadequate network of providers able to service the Medicaid population.

We employ over 100 individuals across Behavioral Perspective and ABLE academy and serve well over 100 families across the state. Not a single employee of either entity is dually certified as a LCSW/BCBA or LCP/BCBA, leaving our company ineligible to become approved Medicaid providers. Although we do employ a large number of RBTs, as you may be aware, RBTs are unable to practice independently and must have at



least 5% of their time spent providing behavior-analytic services supervised by a BCBA. Our company receives inquiries on a daily basis from families in desperate need of this *medically necessary* treatment for their child. Many of these inquiries are families who receive Medicaid benefit. Although eager and prepared to begin servicing these families, the currently language would not allow us to do so.

Our ask is that the Department add BCBA-Ds to the provider type that can supervise and deliver treatment. We also ask the Department to add Board Certified Assistant Behavior Analysts (BCaBAs) who are supervised by either BCBA-Ds or BCBA-Ds as a provider type. Further, we would ask for clarification on the language to include licensed clinical social workers with a BCBA or licensed clinical social workers who can provide proof that ABA is in their scope of practice.

Thank you for your consideration.

Candice Gizewski, BCBA #1-09-5377  
Founder and CEO, Behavioral Perspective  
Founder and President of the Board, ABLE academy

Candice Gizewski | *Founder*

**Behavioral Perspective Inc.**

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**From:** Erin Tabor <erin.victoria.tabor@gmail.com>  
**Sent:** Friday, October 11, 2019 11:22 AM  
**To:** HFS.Bpra  
**Subject:** [External] ABA therapy

Thank you for allowing ABA to be provided for kids with autism. I'm writing to ask you to please allow BCBA's and BCBAD's clinicians to be able to provide supervision and delivery of treatment for Applied Behavior Analysis for children with an autism diagnosis. My child will greatly benefit from this therapy but I know if there are limits it will be hard to find a clinician who can provide these services.

Thank you very much for your consideration.

Erin Tabor



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**From:** MaryBeth Gahan <marybethg@sbcglobal.net>  
**Sent:** Friday, October 11, 2019 11:52 AM  
**To:** HFS.Bpra  
**Subject:** [External] ABA services for Autism

I am very pleased to learn that Illinois Medicaid will now be funding ABA services for individuals with autism. This is a much needed change in order to help improve the quality of life of individuals with autism and their families. I would like to request however that the scope of professionals authorized to provide the service would not be limited to LCSW or licensed psychologist. Instead BC BA and BCBAAD professionals should also be allowed to provide the service to individuals with autism.

Please expand the scope of credentialed professionals authorized in order that more people with Autism can be served.

Thank you for your consideration and attention in this matter.

MaryBeth Gahan



Submitted via email: [HFS.bpra@illinois.gov](mailto:HFS.bpra@illinois.gov)

October 11, 2019

Department of Healthcare and Family Services  
Bureau of Program and Policy Coordination  
Division of Medical Programs  
Healthcare and Family Services  
201 South Grand Avenue East  
Springfield, IL 62793-0001

Re: Proposed Changes in Methods and Standards for Establishing Medical Assistance Payment Rates

The Center for Autism and Related Disorders (CARD) respectfully submits these comments in response to the above-referenced proposed policy draft. CARD is the world's largest organization treating autism spectrum disorder (ASD) and the nation's third largest non-governmental organization contributing to autism research. CARD provides services at more than 250 locations in 33 states, including 12 locations in Illinois.

CARD commends the efforts of the Illinois Department of Healthcare and Family Services to ensure that individuals in Illinois with an autism diagnosis receive medically necessary autism treatment based on the principles and procedures of applied behavior analysis in compliance with the informational bulletin issued by CMS in 2014. CARD has several concerns about the proposed policy provisions and respectfully urges HFS to amend its proposal to better facilitate access to autism treatment and continue its focus on consumer safety and treatment quality.

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To ensure access to ABA treatment by individuals and families who are Limited English Proficient, CARD urges HFS to provide an interpreter service to its provider network. In many other states, information about the Medicaid interpreter service has been poorly disseminated, which has caused confusion and delays that could be avoided by

**From:** Vinh Dang <vdang@instructional-aba.com>  
**Sent:** Friday, October 11, 2019 2:56 PM  
**To:** HFS.Bpra  
**Subject:** [External] Allow BCBA's to provide ABA services!!

To whom it may concern:

I am a provider who works primary with individuals with ASD and their family members. I greatly applaud the state of IL for designating money to fund the much needed ABA services. However, in my professional opinion, ABA services cannot be provided effectively without the proper education and training which at least matches that of a Board Certified Behavior Analyst, who specializes in Applied Behavior Analysis. Therefore, I am adding my voice to the comments and requests below. Please feel free to reach out to me directly for information, comments, and questions. Thank you for your attention to this matter.

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.

**(1) Extremely limited provider types** – the only two provider types DHFS states can provide ABA treatment services are licensed social workers or a doctoral level licensed clinical psychologist who is also a board certified behavior analyst (BCBA-D). This means masters level BCBA's could not direct and supervise ABA treatment programs under the new Medicaid benefit. Currently, all health insurance plans in Illinois allow masters level BCBA's to direct and supervise ABA treatment programs without being licensed or supervised. Many Medicaid programs in other states allow unlicensed, masters level BCBA's to provide ABA treatment.

**Concern:** 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.

**Our Ask:** 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.

**(2) Not utilizing the recognized Tiered Service-Delivery Model for ABA.** DHFS is not 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. 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 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.

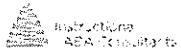
**Concern:** Without recognizing the appropriate tiered service-delivery model, Medicaid recipients will be placed on extremely long waitlist and will struggle accessing services in their own communities.

**Our 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.

--

Vinh Dang, M.A., BCBA  
Clinical Supervisor

☞ *"We're all in this together."* ☞



Instructional ABA Consultants  
1975 McDowell Rd. Suite 101  
Naperville, IL 60563

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vdang@instructional-aba.com

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**From:** Scott Herbst <herbst.ilaba@gmail.com>  
**Sent:** Friday, October 11, 2019 3:26 PM  
**To:** HFS.Bpra  
**Cc:** Ali Beauvais Carris  
**Subject:** [External] DHFS Proposed Changes In Methods And Standards For Establishing Medical Assistance Payment Rates.  
**Attachments:** ILABA Medicaid Letter.pdf

To Whom It May Concern -

On behalf of the Illinois Association of Behavior Analysis and its members, the attached letter is to comment regarding: DHFS Proposed Changes In Methods And Standards For Establishing Medical Assistance Payment Rates.

Thank you for your consideration,

Scott Herbst, PhD., BCBA  
President, Illinois Association for Behavior Analysis  
Phone: 775-560-7187





October 4, 2019

To: Whom It May Concern

Regarding: DHFS Proposed Changes In Methods And Standards For Establishing Medical Assistance Payment Rates

The Illinois Association for Behavior Analysis (ILABA), on behalf of Illinois consumers of behavior analytic services, as well as many of the organization's members, want to bring to the attention of the Department concerns with the recently released DHFS public notice with regards to the Illinois Medicaid Applied Behavior Analysis (ABA) benefit.

According to the notice of proposed changes, "Effective for dates of service January 1, 2020, and after, the Department('s) (sic) 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)**"(emphasis added).

While ILABA is pleased the Department has recognized the need to provide benefits for ABA services to Medicaid members, there is concern around the language contained within the Notice, specifically around provider types eligible to provide said services and the ability for eligible providers (i.e., the RBT) to obtain adequate supervision to maintain the certification.

The language of the proposed notice explicitly excludes singly-credentialed, but highly qualified, BCBA's from being able to serve Medicaid recipients, who often are those in critical need of services. The proposed language will create an inadequate network of providers to service the Medicaid population, as there are very few individuals who are dually-credentialed as both LCSW/BCBA's or Licensed Clinical Psychologist/BCBA's. Further, the majority of providers have master's degrees in fields other than social work, and thus would be unable to provide services under the new model as written. This would leave many consumers without access to services.

Master's-level BCBA's have the requisite education and training in the application of ABA to both supervise and deliver ABA services. The failure to list BCBA's as a rendering provider in their own right is of grave concern to both ILABA's membership as well as for consumers of ABA services.

BCBA's are widely recognized as providers who are able to deliver ABA treatment and provide supervision to RBT's. In fact, the Illinois Early Intervention and Medicaid Waiver programs and commercial health insurance carriers recognize BCBA's (again, who are not otherwise dually-credentialed) as qualified providers and eligible for reimbursement for services rendered. Moreover,

the language as drafted creates ambiguity as to whether a licensed clinical social worker with or without a BCBA certification would be eligible for reimbursement. Currently, the notice language reads “. . . 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).” It is unclear whether a Licensed Clinical Social Worker must also be a BCBA or merely a Licensed Clinical Social Worker who can provide proof that ABA is in their scope of practice would be eligible for reimbursement by the Department under the currently worded proposed notice.

The BCBA and BCaBA certification is issued by the Behavior Analyst Certification Board, an international governing body. As of this date, the State of Illinois does not require BCBAs or BCaBAs to be licensed. Currently, HB2710, Behavior Analysts Licensing Act, has been referred to the Illinois House’s Rules Committee. ILABA is committed to the passage of HB2710. However, the lack of state licensure should not limit the ability of BCBAs to provide medically necessary treatment. Further, the lack of state licensure does not disqualify BCBAs for reimbursement under Illinois Early Intervention, Illinois Medicaid Waiver, or commercial health insurance carriers. Additionally, fourteen (14) states recognize non-licensed BCBAs as approved providers and eligible for reimbursement.

The Behavior Analyst Certification Board also issues the RBT credential, a currently acceptable provider type in the Notice. RBTs are required to be supervised by a BCBA, BCaBA, or BCBA-D for at least five (5%) percent of the hours in which “behavior-analytic services are provided.” RBTs cannot practice independently and require proof of supervision as part of their annual recertification process. Under the proposed method and standard, RBTs would be unable to meet this supervision requirement while providing services to Medicaid members due to the lack of individuals eligible to qualify as providers, which is a violation of the ethics code they are to uphold as part of maintaining their credential.

ILABA proposes that the Department revise the Notice of Proposed Changes dated September 19, 2019 by amending the notice to add Master’s-level BCBAs as providers who can supervise and deliver ABA services and be eligible for reimbursement by the Department. Additionally, ILABA proposes that the Department amend said Notice to add Board Certified Assistant Behavior Analysts (BCaBAs) who are supervised by either BCBAs or BCBA-Ds as providers who can supervise RBTs and deliver ABA treatment and they too are eligible for reimbursement by the Department. Last, ILABA would ask for clarification on the language of the notice.

ILABA would welcome the opportunity to collaborate or provide clarification with the Department regarding the application and effect of said Notice on the provision of ABA services and eligibility of providers to reimbursement.

Thank you for your consideration.

Brigid McCormick  
The Illinois Association for Behavior Analysis  
Board Member at Large and Chair, Insurance Task Force  
insurance@ilaba.org  
(708) 285-2593



**From:** Paige Boydston <boydston.paige@gmail.com>  
**Sent:** Friday, October 11, 2019 3:44 PM  
**To:** HFS.Bpra  
**Subject:** [External] BCBA's and Service Delivery in Illinois

Hello-

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's, doctoral level psychologists) with private insurance funders or other state medicaid funding sources. By excluding masters level BCBA's 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's 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](http://bacb.com) through the Behavior Analyst Certification Board. I also urge you to revise your language to include and allow BCBA's and BCBA-D's 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 BCBA's 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](mailto:boydston.paige@gmail.com).

Thank you for your time-  
Paige Boydston, MS, BCBA

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Board Certified Behavior Analyst  
Autism Specialist- Southeast Kansas Area  
Integrated Behavioral Technologies, Inc.  
<http://www.ibt-inc.org/>

**From:** Denise Truss-Nash <dtrussnash@individualadvocacygroup.com>  
**Sent:** Friday, October 11, 2019 5:11 PM  
**To:** HFS.Bpra  
**Subject:** [External] Travesty

This new Medicaid ABA Benefit is another way of ensuring that poor do not receive services. As a BCBA, I am disgusted by this "benefit" not being seen for being a hindrance to those who truly need our services. Master leveled BCBA's are being sought out around the world from the middle east to the western hemisphere. I am speaking in advocacy for all of those that I support with my master level services, who under this benefit, would not receive services. Illinois will end up losing a viable resource as we migrate to states that appreciate the dedication to our profession. This is a travesty.

*Denise Nash MS, BCBA  
Individual Advocacy Group  
(217) 685-6160*

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**From:** shaden kassar <shadenkassar@gmail.com>  
**Sent:** Friday, October 11, 2019 7:05 PM  
**To:** HFS.Bpra  
**Subject:** [External] Concern

To whom it may concern,

My name is Shaden Kassar, and I am a BCBA working with children and adults with autism at home and clinical settings. I have a serious concern about the recently released public notice about the benefit, particularly, the language. The notice does NOT recognize BCBA's ability to practice in their own right, as to practice within their scope of competence. This will have a devastating impact on the individuals who are affected by Autism. While including all certified BCBAs and RBTs in the state will not match the high demand, excluding them will create a significant shortage of services that will not be in the best interest of autism patients. I demand that the Department amend their language to include BCBAs, BCBA-Ds, and BCaBAs who are supervised by either a BCBA or BCBA-D).

Sincerely,  
Shaden Kassar, BCBA  
Be kinder than necessary...



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**From:** Grace Preedin <itrustone@sbcglobal.net>  
**Sent:** Friday, October 11, 2019 9:34 PM  
**To:** HFS.Bpra  
**Subject:** [External] Against Proposed changes for ASD ABA therapy

To whom it may concern.

I'm very concerned about the proposed changes to the therapy requirements for ABA for children with ASD. This therapy has been proven to be very effective for these children and is much needed. The money's being allotted to help them receive it would be amazing and life changing for many families however the change in the proposal to limit who may provide the services to LCSWs with a BCBA would not only severely limit the amount of children able to receive this therapy easily but would create strain on the already over worked social workers. Many social workers in Illinois do not also hold their BCBA.

Families with children with ASD need these services please don't limit them by making the required clinician be so hard to find.

Thank you,  
Grace Preedin



**From:** Alyssa Wilson <alyssa.wilson@slu.edu>  
**Sent:** Saturday, October 12, 2019 6:49 AM  
**To:** HFS.Bpra  
**Subject:** [External] DHFS benefit to cover ABA for Medicaid recipients

Hello,

My name is Alyssa Wilson, and I am a BCBA-D who practices ABA in and around Illinois. I supervise and provide consultative services to other BCBA's providing direct services for individuals with Autism, including home and clinic/school based ABA services.

I recently became aware of the new DHFS language to cover ABA for Medicaid recipients. I am concerned that the language as currently written does not recognize BCBA's ability to practice in their own right. As someone who also teaches students earning their MSW, I can personally attest that MSW/LCSW's do NOT get the same level of behavior analytic training to be able to cover BCBA responsibilities and duties. Similarly, there is only one program in the US where MSW's can complete coursework to sit for the BCBA exam (SLU), and I can guarantee basic MSW curriculum **does not have any of the necessary requirements or content in it to produce robust and effective therapists to deliver ABA services.**

If the language is not changed to allow BCBA's to practice in their own right, the impact to individuals who need quality ABA services will be disastrous.

I am emailing today in hopes that the committee change the language to include BCBA's, BCBA-Ds, and BCaBAs who are supervised by either a BCBA or BCBA-D to ensure that all consumers can access quality ABA services, by individuals who are trained explicitly in graduate training to provide behavior analytic services (as stated above, MSW's are not explicitly trained in ABA).

The state should also look into other languages used by other states in the US, as there is no need for such a turf war and/or restriction to providers. Missouri is one state that could be useful for the committee to look at and consider.

It is imperative that DHFS get this right the first time out--the US is watching, and there are lives at stake (i.e., individuals with ASD and their families).

Please feel free to contact me should you have any questions or wish to speak further about this issue.

Best,

Alyssa Wilson, Ph.D., BCBA-D, LBA  
Associate Professor  
Applied Behavior Analysis Program Director  
Saint Louis University  
School of Social Work

To whom it may concern,

My name is Victoria Christensen, and I am a BCBA working with children with autism in home, school and clinical settings. I am concerned with the language of the behavioral treatment service as written.

The notice does not recognize BCBA's ability to practice in their own right, as to practice within their scope of competence. This could have a negative or even traumatic impact on the individuals who are affected by Autism. There is a high demand of quality services for Medicaid patients, those services should have a basis in science and be supervised by those who are certified in these practices.

I plead 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).

Sincerely,

Victoria Christensen



Illinois Department of Human Services,

My name is Kathryn Douglas. I am both an LCPC (Licensed Clinical Professional Counselor) and a BCBA (Board Certified Behavior Analyst). I currently provide clinic-based services to children with autism. As someone who has both an LCPC and BCBA, I can speak to the fact that counseling and social work have a lot of overlap, but neither overlaps with Applied Behavior Analysis (ABA). I do not necessarily object to social workers being able to provide services with individuals with autism, with proper training.

However, the current proposal only allows for two providers: Social Workers and BCBA-D (Board Certified Behavior Analysts at the Doctoral level). In the same way that an LCSW has a master's degree, so does a BCBA. However, the BCBA has been thoroughly trained and assessed to have the knowledge base to provide ABA services. My concern is that the current language does not allow for BCBA, BCaBAs, or RBTs to provide services to a population that they have been trained to provide services to.

With the current system in place by the BACB (Behavior Analyst Certification Board), which is a worldwide certification board for those who have studied ABA, we utilize a tiered system of BCaBAs and RBTs to implement services, with BCBA and BCBA-Ds to supervise those services and to assess and write treatment plans, as well as ensure that the services are implemented appropriately.

By not allowing BCBA and BCaBA to provide services under the current proposal, the children who are most vulnerable will not receive access to the best level of care provided. Please consider that we regularly utilize primary care providers to meet a variety of medical needs. But if one has cancer, we go see a specialist. BCBA and BCaBA are similar to an autism specialist. By not allowing BCBA and BCaBA to provide this service, it is the same as not allowing someone with cancer to go see an oncologist, but instead only allow them to see primary care (or in this case, social workers). Know that I have tremendous respect for social workers, but this is not what they are trained to do.

My ask is that you add BCBA and BCaBA to the treatment model, equivalent with social workers.

To discuss this further, please contact me at (217) 257-1934.

Thank you,

Kathryn Douglas, BCBA, LCPC



**From:** c.calderon abctherapyforme.com <c.calderon@abctherapyforme.com>  
**Sent:** Saturday, October 12, 2019 4:42 PM  
**To:** HFS.Bpra  
**Subject:** [External] Consideration of behavioral ( ABA) treatment service to the Medicaid state health plan in IL DHFS

**To:** [HFS.bpra@illinois.gov](mailto:HFS.bpra@illinois.gov)

To whom it may concern:

My name is Cristy Calderon and I am a BCBA (Board Certified Behavior Analyst) . I am the president and owner of an ABA therapy company that service clients diagnosed with Autism Spectrum Disorder (ASD) by providing Applied Behavior Analysis (ABA) Therapy to children in a home and school setting. Autism Behavior & Childhood Services, services children throughout Cook County, Depage, Will, Kendall Country and the surrounding counties in Illinois.

As you may or may not know, recently a law was passed that mandated that only Licensed Social Workers (LSW) and Clinical Psychologists could supervise ABA therapy. 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 BACB
- 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 RBTs to follow the tiered system that has proven to be effected.

**Failure to act will expose the most vulnerable of children to undue and preventable consequences.**

**On behalf of my clients and myself, I thank you in advance for anything you can do to ensure that these children continue to receive the highest quality and quantity of service!**

If you have any questions, I would love to answer them! We have had many families in the past seen out ABA services but they had Medicaid.

Have a good day.

**From:** m.oneill abctherapyforme.com <m.oneill@abctherapyforme.com>  
**Sent:** Saturday, October 12, 2019 4:40 PM  
**To:** HFS.Bpra  
**Subject:** [External] Consideration of ABA treatment service Medicaid state IL

To whom it may concern:

My name is Michelle O'Neill and I am a Registered Behavior Technician. I service clients diagnosed with Autism Spectrum Disorder (ASD) by providing Applied Behavior Analysis (ABA) Therapy to children in a home and school setting. I services children throughout Cook County and the surrounding counties in Illinois.

As you may or may not know, recently a law was passed that mandated that only Licensed Social Workers (LSW) and Clinical Psychologists could supervise ABA therapy.

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. **Failure to act will expose the most vulnerable of children to undue and preventable consequences.**

On behalf of my clients and myself, I thank you in advance for anything you can do to ensure that these children continue to receive the highest quality and quantity of service!

Sincerely,

Michelle O'Neill, RBT  
ABCS Senior Behavior Therapist  
m.oneill@abctherapyforme.com  
815-528-4708



**From:** Jessie Topalov <jktopalov@gmail.com>  
**Sent:** Saturday, October 12, 2019 7:18 PM  
**To:** HFS.Bpra  
**Subject:** [External] concerns about Medicaid benefit WITHOUT BCBA supervision allowance  
**Attachments:** CLSp15\_Creative Business .pdf

To whom it may concern,

My name is Jessie Topalov, I'm a BCBA & an ABA business owner of the company Instructional ABA Consultants ([www.iabaconsultants.com](http://www.iabaconsultants.com)). I know many people may boast uniqueness of their business but I can ensure you that mine holds a unique quality that in the past seven, almost 8 years we have served the mission to serve all children regardless of funding source or ability to pay. The foundation of this mission is that in the state of Illinois is that children with autism receiving ABA have private insurance and thus children with Medicaid insurance, those who need us the most, are left without care.

Prior to owning my company I served on the Illinois Crisis Prevention Network & saw first hand child after child left without access to services because the state does not allow treatment (ABA under a BCBA). I started my company to stop being a revolving door and to be frank it has been the feat of my lifetime to make my model work with the structure in Illinois. To date I have turned no child away.

In 2016 we had the pleasure of expanding to Colorado BECAUSE the Medicaid benefit passed and currently serve almost primarily Medicaid children under BCBA supervision. In 2018 we received our BHCOE (Behavioral Health Center of Excellence) award showing that we do provide quality across funding sources.

To hear that Illinois is FINALLY passing a Medicaid to our most needy children would make the service of my company & others expandable to children in need of this medically necessary care (in my company we graduate 2-5 children a year from our program who no longer, because of our care, have autism). Yet again Illinois is threatening to fail these children by not allowing BCBA's to supervise their care. There are simply not enough LCSW or Psychologists with BCBA's to supervise the RBTs and I can tell you first hand they will not work for the rate the state will offer to reimburse. It won't be enough. As a company owner to create a competitive salary I break even or at a loss for Medicaid cases under BCBA supervision alone. I do this because it is in my heart to do so.

If you pass the Medicaid benefit without allowing BCBA supervision or recognizing our tiered structure of treatment you are failing our children who you have already failed for decades. I know this to be true because I've worked in the Institutions, the Cila's and am the only company in Illinois providing RBT services to the Medicaid waivers. I am one person, I'm not enough. My company is not enough. You need to allow other BCBA's and ABA companies to provide this service. Help me meet my mission of my lifetime that to have a disability is not to be disadvantaged.

Call or e-mail please. I am here. 630-441-5077

Jessie Topalov



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**From:** Rachel Sandrik <rsandrik1818@hotmail.com>  
**Sent:** Saturday, October 12, 2019 9:15 PM  
**To:** HFS.Bpra  
**Subject:** [External] Changes to Medicaid for ABA

Hello,

I am writing regarding a concern related to the proposed changes for providing medicaid to support ABA for the treatment of autism spectrum disorder. While this is a wonderful initiative that is meant to provide amazing support to so many families, the restrictions on the clinicians who can provide the therapy is actually extremely limiting. There are actually very few licensed clinical social workers or psychologists that are also board certified BCBAs. It would be most beneficial to change the wording of this proposal to include levels of clinicians who are BCBAs and BCBADs to be able to provide supervision and delivery of treatment of ABA for children with an autism diagnosis. This would be an imperative piece in order to ensure that quality service is being provided to all children who can greatly benefit from it.

Thank you for your time and consideration regarding this very important matter.

Rachel Sandrik

708-567-1037

Special Education Teacher

~~CONFIDENTIAL~~

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**From:** Maureen Shakeshaft <m.shakeshaft@yahoo.com>  
**Sent:** Saturday, October 12, 2019 9:55 PM  
**To:** HFS.Bpra  
**Subject:** [External] Medicaid for Ana Action

Hello,

Please allow for Medicaid for ABA therapy and allow for BA's and BAD's to administer. I personally know children who have benefitted greatly.

Thank you,

Maureen Shakeshaft  
M.shakeshaft@yahoo.com



**From:** Shannon Wright <shannonw0714@gmail.com>  
**Sent:** Sunday, October 13, 2019 11:02 AM  
**To:** HFS.Bpra  
**Subject:** [External] ABA Legislation

To whom it may concern:

My name is Shannon Wright and I am a Board Certified Behavior Analyst. I service clients diagnosed with Autism Spectrum Disorder (ASD) by providing Applied Behavior Analysis (ABA) Therapy to children in a home and school setting. My company supervises children throughout Cook County and the surrounding counties in Illinois.

As you may or may not know, recently a law was passed that mandated that only Licensed Social Workers (LSW) and Clinical Psychologists could supervise ABA therapy. 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 BACB
- 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 effective.

Failure to act will expose the most vulnerable of children to undue and preventable consequences.

On behalf of my clients and myself, I thank you in advance for anything you can do to ensure that these children continue to receive the highest quality and quantity of service!

Sincerely,  
Shannon Wright BCBA



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**From:** Kathleen Barnard <kpbarnd1@comcast.net>  
**Sent:** Sunday, October 13, 2019 2:36 PM  
**To:** HFS.Bpra  
**Subject:** [External] ABA services memo

Hello,

I am an occupational therapist. I work with children, many of whom are on Medicaid, and some of whom are diagnosed with autism. I have seen ABA be of great benefit to children with autism, but have been very frustrated that nothing has been available to those on Medicaid, who are sometimes desperately in need of the service. I was happy to learn of a memo that stated that Illinois would start to provide ABA in January for individuals on Medicaid, but the stipulation that it be provided by a clinical psychologist or social worker is too limiting - most frequently ABA is provided by a Board Certified Behavior Analyst, and these individuals should be able to provide the service, based on their training. It's a step in the right direction, but please change the language about the individuals providing the service.

Thank you,  
Kathleen Barnard, OTR/L

Sent from my iPad





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**From:** Tera W <tera.wenner@gmail.com>  
**Sent:** Thursday, October 03, 2019 6:55 PM  
**To:** HFS.Bpra  
**Subject:** [External] ABA benefit

Hi there! I am aware of the efforts to offer ABA services for Medicaid beneficiaries. I would welcome the opportunity to have I put into the plan. I believe that Master's level BCBA's should be able to be reimbursed for their efforts in providing ABA services. I support the tiered model of treatment, funding behavior technicians for program implementation. I caution there should be parameters put in place that specify levels of care in order that ABA doesn't supplant educational services. I would suggest assessing the models of care that have been implemented in other States in order to learn from their successes and challenges, including value based contracting, prior approval requirements, outcome measures, strategies to ensure appropriate services are available while not setting the stage for services being provided indefinitely. Best regards,  
Tera Wenner, MS, BCBA



**From:** Amanda Brott <abrott@hope.us>  
**Sent:** Thursday, October 03, 2019 2:21 PM  
**To:** HFS.Bpra  
**Cc:** Clint Paul; greg  
**Subject:** [External] Comment on HFS

This message is to provide comment to the HFS SPA that was sent on September 19, 2019. Under the current language in paragraph 2, "...will provide coverage of the treatment of autism spectrum disorder (ASD) through applied behavior analysis (ABA) under the medical assistance program for children with 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)."

Using this language, ABA services provided by an LSCW or Psychologist with BCBA certification would be the only services reimbursed. This is quite problematic on several levels. First, this will create substantial issues with provider capacity. Most states require the BCBA certification alone or an RBT certification under supervision of a BCBA. Having both credentials as required by your language would create a scenario in which finding an appropriate provider would be nearly impossible. Second, an LSCW or Psychologist with an RBT certification will not have sufficient qualifications to provide services at a consultative level. Finally, to not allow a Master's Level genuine BCBA with a specialized advanced degree in Applied Behavior Analysis to provide and be eligible for reimbursement will be insufficient to meet the needs of those seeking services. A BCBA receives intensive, specific and applied training in the delivery of behavior analytic treatment. This clinician is versed in not only behavior reduction but also prosocial behavioral acquisition. To limit to only two titles (titles which likely water down the purity of behavioral services) seems short sighted.

Thank you for consideration.

Amanda J. Brott, MS, BCBA  
Chief Operating Officer – Hope Learning Academies  
Member of Illinois Autism Task Force

Amanda J. Brott, MS, BCBA  
Chief Operating Officer  
(o) 217-585-5165  
(c) 217-553-5574



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**From:** Jen Frakes <jenfrakes@behaviorresource.com>  
**Sent:** Wednesday, October 02, 2019 9:14 PM  
**To:** HFS.Bpra  
**Subject:** [External] Medicaid and ABA  
**Attachments:** Model SPA - Preventive 10-2019.pdf

Bureau of Program and Policy Coordination  
Division of Medical Programs  
Healthcare and Family Services

In Response to the below notice...

I oppose the proposed ABA requirements. By 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.

I am asking that

1. DHS recognizes the "tiered service delivery" model of ABA;  
DHS authorize and reimburse for services as is currently done under the IL autism insurance mandate i.e.,
  - o Directed, supervised or rendered by BCBAs and BCBA-Ds;
  - o Rendered or supervised by BCaBAs who are under the supervision of a BCBA or BCBA-D; and
  - o rendered by RBTs (or equivalent credential) who are under the supervision of a BCBA, BCBA-D or BCaBA; and
2. DHS 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 the Association of Professional Behavior Analysts.

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"PROPOSED CHANGES IN METHODS AND STANDARDS FOR ESTABLISHING MEDICAL ASSISTANCE PAYMENT RATES STATE OF ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES The Illinois Department of Healthcare and Family Services (HFS) is proposing a change in the methods and standards by which the Department will reimburse providers. The proposed change is effective for dates of service on or after January 1, 2020 and is addressed below. 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 proposed change will increase expenditures by approximately \$42 million. The proposed change is subject to approval by

**Model Language for Medicaid State Plan Amendments –  
Coverage of Applied Behavior Analysis Services for  
People with Autism Spectrum Disorders and Pervasive Developmental Disorders  
Under 42 CFR 440.130(c): Preventive Services**

Daniel Unumb, Esq.  
Autism Speaks Legal Resource Center

Gina Green, PhD, BCBA-D  
Association of Professional Behavior Analysts

**Applied Behavior Analysis Services:**

Applied behavior analysis (ABA) is the design, implementation, and evaluation of instructional and environmental modifications to produce socially significant improvements in human behavior. It includes the empirical identification of functional relations between behavior and environmental factors, known as functional assessment and analysis. Applied behavior analysis interventions are based on scientific research and the direct observation and measurement of behavior and the environment. Behavior analysts utilize contextual factors, motivating operations, antecedent stimuli, positive reinforcement, and other consequences to help people develop new behaviors, increase or decrease existing behaviors, and emit behaviors under specific environmental conditions. The practice of behavior analysis expressly excludes psychological testing, diagnosis of a mental or physical disorder, neuropsychology, psychotherapy, cognitive therapy, sex therapy, psychoanalysis, hypnotherapy, and long-term counseling as treatment modalities.

ABA interventions for people with autism spectrum disorders (ASD) involve directly and objectively measuring potential target behaviors and environmental events that influence them; constructing detailed, individualized behavior analytic treatment plans; using reinforcement and other scientifically validated procedures to build functional skills and reduce behaviors that jeopardize health, safety, and independent functioning; managing treatment environments to maximize client progress; implementing treatment protocols repeatedly, frequently, and consistently across environments; measuring target behaviors directly and frequently; and adjusting treatment protocols based on data. They may be focused (addressing a limited number of target behaviors) or comprehensive (addressing multiple targets in multiple developmental domains). ABA assessments and interventions are supported by scientific evidence as medically necessary for people with ASD and are not experimental.

ABA services are covered based upon a written prescription from a licensed physician or psychologist that those services are medically necessary to develop, maintain or restore, to the maximum extent practicable, the functioning of an individual with a diagnosis of Autism Spectrum Disorder (ASD) or other condition for which ABA is medically necessary.

**Recipient Criteria:**

In order to qualify for ABA services, a Medicaid recipient must:

1. be 0 - 21 years of age;
2. be diagnosed by a qualified health care professional with ASD or another condition for which ABA services are medically necessary;
3. have a prescription for ABA services from a qualified health care professional.

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**Provider Criteria:**

To direct, supervise, and render ABA services, a professional shall meet the following qualifications:

1. be currently certified by the Behavior Analyst Certification Board® (BACB) as a Board Certified Behavior Analyst® (BCBA) or Board Certified Behavior Analyst-Doctoral® (BCBA-D) or be currently licensed by the state to practice psychology and have ABA in the scope of his/her education, training and competence (hereinafter licensed psychologist; LP);
2. be covered by professional liability insurance in the amounts designated by the Medicaid agency;
3. have no sanctions or disciplinary actions by the applicable state licensing board or the BACB;
4. have no Medicare or Medicaid sanctions or exclusions from participation in federally funded programs; and
5. have a completed criminal background check to include federal criminal, state criminal, county criminal, and sex offender reports for the state and county in which the professional is currently working and residing.

Assistant behavior analysts who render or supervise ABA services shall meet the following qualifications:

1. be currently certified by the BACB as a Board Certified Assistant Behavior Analyst® (BCaBA);
2. be currently supervised by a BCBA or BCBA-D;
3. be covered by professional liability insurance in the amounts designated by the Medicaid agency;
4. have no sanctions or disciplinary actions by the BACB;
5. have no Medicaid or Medicare sanctions or exclusions from participation in federally funded programs; and
6. have a completed criminal background check to include federal criminal, state criminal, county criminal, and sex offender reports for the state and county in which the assistant behavior analyst is currently working and residing.

Technicians who render ABA services shall

1. be credentialed by the BACB as a Registered Behavior Technician™ (RBT™); or
2. meet qualifications specified by the state Medicaid agency; or
3. meet qualifications specified in other state laws, rules or regulations, such as rules regarding vendor qualifications.
4. All technicians shall:
  - a. work under the supervision of a BCBA, BCBA-D, BCaBA who is supervised by a BCBA or BCBA-D, or LP. RBTs are required by the BACB to be supervised by BCBA, BCBA-Ds, BCaBAs, or members of a professional group officially granted supervisory privileges by the BACB;
  - b. have no Medicaid or Medicare sanctions or exclusions from participation in federally funded programs; and
  - c. have a completed criminal background check to include federal criminal, state criminal, county criminal, and sex offender reports for the state and county in which the technician is currently working and residing.

**Covered Services:**

Medicaid covered ABA services must be:

1. medically necessary;
2. prior authorized by the Agency or its designee;
3. delivered in accordance with the recipient's treatment plan;

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4. overseen and delivered by providers who meet criteria specified herein.

**Service Delivery:**

1. Outpatient services shall be delivered in home and community-based settings, which may include clinics, day care centers, and schools.
2. Specified services may be delivered by technicians at the discretion and under the supervision of a BCBA, BCBA-D, BCaBA acting under the supervision of a BCBA or BCBA-D, or LP.

**Services Not Covered:**

1. Educational services being provided under an Individualized Educational Program (IEP) pursuant the federal Individuals with Disabilities Education Act (IDEA) are not covered.
2. Custodial care and respite care are not covered as part of this benefit. Developing, restoring, or maintaining self-help, daily living, or safety skills as part of the ABA treatment plan does not constitute custodial care.

**ABA Treatment Plan:**

ABA services shall be directed and overseen by BCBAs, BCBA-Ds, or LPs, supported by BCaBAs where applicable. The BCBA, BCBA-D, or LP trains technicians and, if applicable, BCaBAs to implement assessment and intervention protocols with clients. The BCBA, BCBA-D, LP, and/or BCaBA also provides training and instruction to family members and caregivers as necessary to support the implementation of the ABA treatment plan. The BCBA, BCBA-D, or LP is responsible for all aspects of clinical direction, supervision, and case management.

ABA services shall be rendered in accordance with an individualized ABA treatment plan. The ABA treatment plan shall:

1. be developed by a BCBA, BCBA-D, or LP;
2. be person-centered and individualized;
3. delineate the baseline levels of target behaviors;
4. specify long- and short-term objectives that are defined in observable, measurable, behavioral terms;
5. specify the criteria that will be used to determine achievement of objectives;
6. include assessment and treatment protocols for addressing each of the target behaviors;
7. clearly identify the schedule of services planned and the individuals responsible for delivering the services, including frequent review of data on target behaviors and adjustments in the treatment plan and/or protocols by the BCBA, BCBA-D, or LP as needed;
8. include training and supervision to enable BCaBAs and technicians to implement assessment and treatment protocols;
9. include training and support to enable parents and other caregivers to participate in treatment planning and treatment plan implementation;
10. include care coordination involving the parents or caregiver(s), school, state disability programs, and others as applicable;
11. ensure that services are consistent with applicable professional standards and guidelines relating to the practice of applied behavior analysis as well as state Medicaid laws and regulations.

**Reimbursement Methodology:**

The Agency shall provide reimbursement for ABA services to enrolled BCBAs, BCBA-Ds, and LPs. Payment for services rendered by BCaBAs or technicians shall be made to the BCBA, BCBA-D, or LP

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supervising these personnel. If the BCBA, BCBA-D, or LP operates through an agency or corporate entity, payment may be made to that agency or entity.

Reimbursement for ABA services shall not be made to or for services rendered by a parent, a legal guardian, or other legally responsible person.

Reimbursement for ABA services shall be based upon the commercial rates for ABA services and shall meet the requirements of 42 U.S.C. §1396a(a)(30)(A). Rates shall be based on [15, 30, 60] minute units of service. The initial assessment and treatment plan development shall be reimbursed at [an hourly fee rate].

Reimbursement shall only be made for services authorized by the Medicaid agency or its designee.

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October 1, 2019

Bureau of Program and Policy Coordination  
Division of Medical Programs  
Healthcare and Family Services  
201 South Grand Avenue  
East Springfield, IL 62763-0001  
Email: [HFS.bpra@illinois.gov](mailto:HFS.bpra@illinois.gov)

Re: Proposed Changes In Methods And Standards For Establishing Medical Assistance Payment Rates

Behavioral Intervention Certification Council (BICC) respectfully submits these comments in response to the above-referenced proposed policy that outlines the definition of licensed professionals and behavior technicians who deliver applied behavior analysis (ABA) services. Founded in 2013, BICC's mission is to enhance public protection by developing and administering a certification program consistent with the needs of behavior analysts to recognize individuals who are qualified to treat the deficits and behaviors associated with autism spectrum disorder using the principles and procedures of ABA.

BICC commends the efforts of the Illinois Department of Healthcare and Family Services (HFS) to ensure that individuals in Illinois with an autism diagnosis receive medically necessary autism treatment based on the principles and procedures of ABA by implementing treatment provisions to include licensed clinical psychologists and supervised behavior technician (BT). Given the proposed regulation in its current form, BICC has significant concerns. In its current form, the proposed regulation incorporates onerous and unnecessary provisions that have the effect of hindering and/or limiting access to medically necessary treatment. Moreover, the proposed regulation does not reflect best practices in autism treatment and would have the effect of limiting access to autism treatment so severely as to make the CMS-mandated benefit proposed herein illusory for some underserved populations.

#### **Modify Criterion for ABA Provider Requirements**

The proposed rules state coverage of treatment of ASD through ABA is allowable only if 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).

Please note that most BCBA's are not licensed psychologists or licensed clinical social workers, so the professionals who qualify to participate as Medicaid providers will quite possibly be in the single digits. No other state limits its BCBA's to those individuals who are licensed as psychologists or social workers. Behavior analysts are broadly recognized as working independently and are currently funded by Illinois-regulated insurers and health plans to provide services to their beneficiaries, even though Illinois does not have a license for behavior analysts.

Approximately half of the states do not have a license for behavior analysts but recognize the behavior analyst in their Medicaid benefit for autism treatment. **BICC urges HFS to do likewise and recognize the ability of behavior analysts to work independently.**

**Autism-Specific Certification:** We are concerned that HFS proposes to require the Registered Behavior Technician (RBT) certification for the frontline paraprofessional who is supervised by the behavior





analyst. The RBT is **not** an autism-specific certification. That is, an individual can become an RBT with no training in autism and having never worked with children affected by autism. Additionally, the RBT does not require a meaningful background check, which is critical to ensure the safety of the vulnerable population who will access this benefit. In fact, the *only* behavior analytic autism-specific credential for the entry-level behavior technician role is the Board Certified Autism Technician (BCAT), which is administered by the BICC, a nonprofit that also maintains mandatory ongoing background checks on all its certificants. The BCAT is accredited by the NCCA, the same agency whose rigorous accreditation process gives so much weight to the RBT credential. One significant difference between the RBT and BCAT is that the BCAT is autism specific. By including the BCAT as an option for the behavior technician certification, HFS eliminates the inherent BACB/RBT/BCBA monopoly in the current proposal and creates the market competition that ensures consumers and providers alike of an efficient and effective certification process. **We urge HFS to expand its requirement to include BCATs, as well as RBTs with autism-specific training and experience.**

**Other Funding Sources Recognize BCAT in Illinois:** Illinois providers are already relying on the BCAT certification, as certification is required by TRICARE (the health benefit for active duty and retired military families) and Magellan, both of which recognize and accept the BCAT. There are 105 BCATs in Illinois. By implementing an RBT-only behavior technician requirement, 105 behavior technicians would either need to pay extra fees and travel to test for the RBT or risk being unemployable. Even more concerning is the potential disruption in or loss of care for individuals with autism. It is also difficult for individuals with ASD to make the transition to new providers. It is clear there is an increase in autism diagnosis and a shortage of trained professionals and paraprofessionals, with individuals waiting months up to 1 year or more for ABA services. **BICC therefore urges HFS not to exacerbate the wait for ABA services by restricting access to only behavior technicians certified by one sole certifying body.**

**Qualified supervisor/licensed professional:** Illinois already allows clinical psychologists within their scope of practice to deliver ABA services. Most clinical psychologists have a doctorate degree and so requiring them to obtain a Master's-level certification (BCBA) creates an unnecessary restraint of trade and obstacle to care. Doctorally prepared clinical psychologists are more than qualified to provide services to individuals with autism. We urge HFS to clarify that psychologists and licensed clinical social workers may provide ABA-based treatment when acting within the scope of their competency.

**Access to Testing:** Technicians taking the RBT exam are required to test at a Pearson Test Center. In a state that is mostly rural, there are only eight Pearson Test Centers in Illinois: six locations in the Chicago area, one in Peoria, and one in Springfield. This means families will encounter significant delays in securing access to medically necessary treatment as providers endeavor to get their behavior technicians certified. For example, families in Rockford will have to wait until enough technicians make the nearly 4-hour roundtrip drive to the nearest Pearson location in Chicago, or families in Champaign will have to wait until enough technicians make the nearly 4-hour roundtrip drive to the nearest Pearson location in Peoria. With the BCAT, provider organizations can register, free of charge, for on-site testing with PSI Proctors or have their own staff BICC proctor trained. Having the exam proctored on-site at provider offices, rather than relying solely on sending candidates to a Pearson location, will help reduce inconvenient travel or delay in scheduling services.

**Recommendation:** To the extent that these proposed requirements seek to create an appropriate quality control for behavior technicians, that control should be national accreditation. This allows for the safeguards sought by HFS, without unintentionally creating an unfair BACB/RBT monopoly. As such, BICC respectfully asks HFS to consider adding the BCAT option in addition to RBT since BCATs are required to



complete and maintain a background check, and the BCAT is the only autism-specific, NCCA-accredited certification. BICC also respectfully asks HFS to rescind its requirement that clinical psychologist (most of whom hold a doctorate) must obtain a Master's-level BCBA credential as this requirement would produce a restraint of trade and obstacle to care.

Thank you for the opportunity to comment. Should you wish to discuss these concerns, please do not hesitate to contact me at [JLawrence@behavioralcertification.org](mailto:JLawrence@behavioralcertification.org). If helpful, I would welcome the opportunity to meet with HFS by phone or in person to familiarize the Department with BICC and our BCAT certification.

Respectfully submitted,

Janelle Lawrence  
Executive Director  
Behavioral Intervention Certification Council (BICC)



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**From:** Susan Robins <susanrobins@yahoo.com>  
**Sent:** Monday, September 30, 2019 5:17 PM  
**To:** HFS.Bpra  
**Subject:** [External] ABA changes

It is my understanding there is a proposed change to require ABA services under Medicaid to be managed by a BCBA who is also a social worker or psychologist. There are already too few BCBA's who will take Medicaid and few have these additional credentials. I believe the result will be fewer who will be able to access services.

I have a teenager with autism and am looking at adult services and see rather pathetic options available to us. I believe this ABA money should also go toward adults. ABA would be helpful in adult living situations so that an adult with autism can thrive in a less restrictive environment.

Thank you

Susan Robins  
Highland Park, IL