

**Testimony on Proposed Amendments to 101 CMR 358.00
Rates of Payment for Applied Behavior Analysis (to be renamed as “Rates for Applied Behavior Analysis Services”)
Effective October 1, 2022
July 22, 2022**

Introduction

Good morning. My name is Liz Bosworth, and I am the Deputy Clinical Director within the MassHealth Office of Behavioral Health, Executive Office of Health and Human Services (EOHHS). I am here to present staff testimony on proposed amendments to regulation 101 CMR 358.00: *Rates of Payment for Applied Behavior Analysis* (to be renamed as “*Rates for Applied Behavior Analysis Services*”). These amendments are proposed to be effective October 1, 2022.

Background

This regulation governs the rates to be paid by governmental units to eligible providers of Applied Behavior Analysis (ABA) services. ABA services include an evaluation and treatment plan provided by a licensed ABA professional, parent training instruction and supervision, and implementation of the plan by a paraprofessional staff member. Most services are provided in a community setting. ABA services are provided to MassHealth members under 21 years of age, who have been diagnosed with autism spectrum disorder (ASD). Additionally, this regulation governs payment rates for Early Intensive Behavior Intervention (EIBI) Services. The Massachusetts Department of Public Health (DPH) utilizes the rates for ABA services for a subset of its contracting EIBI providers. Regulation 101 CMR 349.00: *Rates for Early Intervention Program Services*, refers to 101 CMR 358.00 for the rates for early intervention specialty services.

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Proposed Amendments

The proposed changes to the regulation are as follows:

The existing codes for services paid under the regulation were reviewed. The five codes in the current regulation are cross-walked to seven proposed codes to maintain and expand payment for services. Following review, MassHealth proposes to maintain two of the existing codes: parent training in 15-minute increments by Master’s-level clinicians, and assessment and treatment planning by a Master’s-level clinicians. Additionally, MassHealth proposes establishing five new codes, including two new codes for group services: parent group training (code 97157) and social skills services (code 97154).

The payment rates for non-group services are set using updated model budgets based on 2020 uniform financial statements (UFRs), as well as 2020 Bureau of Labor Statistics and 2019 UFR data for in-home behavioral services (IHBS), where applicable. These rebased rates are then increased by a two-year prospective cost adjustment factor (CAF) of 2.10%. This CAF is developed using a base period of quarter three of calendar year 2022 and a prospective rate period of quarter four of calendar year 2022 through quarter three of calendar year 2024. The CAF is calculated using the optimistic Fall 2021 forecast of the Massachusetts-specific Consumer Price Index (CPI) developed by IHS Markit Economics.

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This rate-setting methodology results in increased payment rates for all existing services.

Rates for group services are proposed to be set at 85% of their non-group code equivalent. Social skills services (code 97154) is performed at a paraprofessional level, and its rate is accordingly set at 85% of the proposed paraprofessional rate of the corresponding non-group service. Parent group training service (code 97157) is performed at a licensed professional level, and its rate is accordingly set at 85% of the proposed professional rate of the corresponding non-group services.

The proposed rates are in compliance with the requirements of M.G.L. Chapter 118E Section 13C, which requires that rates established by the Executive Office of Health and Human Services for health care services be “adequate to meet the costs incurred by efficiently and economically operated facilities providing care and services in conformity with applicable state and federal laws and regulations and quality and safety standards.

Fiscal Impact

It is estimated that MassHealth state plan expenditures for fee-for-service will increase approximately \$0 over base spending as a result of the proposed amendments. The estimated annual Department of Public Health fiscal impact is \$330,000.

This concludes my testimony. Thank you.