REHABILITATION & COMMUNITY PROVIDERS ASSOCIATION

RCPA Position Paper on IBHS Individual Services
March 13, 2024

IBHS Individual Services Equity

As access to IBHS and other mental health services continues to dwindle in Pennsylvania, RCPA — on behalf of its members — would like to revisit the lack of IBHS payment equity between individual and ABA services. As a backdrop, in the fall of 2020, RCPA brought this to the attention of then Deputy Secretary Kristen Houser and the five BH-MCOs. Disappointingly, there was never a response from any of these parties.

This lack of equity issue is not complicated. Under the current IBHS MA FFS schedule, the individual services have no defined code or rate associated for many clinically focused and necessary activities, unlike their ABA services counterparts. Staff providing IBHS individual services, delivering evidence-based services for these same activities are not reimbursed for the following, outside of a client face-to-face encounter:

- Data analysis;
- Scoring/interpreting/preparing an assessment;
- Preparation, development, and updating of treatment plans;
- Ongoing supervision of BHT workers; and
- Direct client observation of BHTs in accordance with IBHS regulation 5240. (b)(3).

These activities can consist of up to 35% of a behavior consultant's workload.

Under the previous iteration of BHRS, providers could bill for many of these services under CMS code H0032. Now under IBHS, only ABA services (97151, 97155, and 97156) can be billed for all of these services. While under individual services, none of these can be billed.

Currently, the services listed above are bundled into a rate for individual IBHS, but the rate does not cover the cost to fully deliver the service. It has often been cited — though not substantiated — that one of OMHSAS' intentions through the lawsuit and new IBHS regulations was the elimination of IBHS individual services because they did not have the same evidential foundation as ABA. In fact, when ABA principles are embedded in IBHS individual services as they should be (weekly data collection and analysis that informs and updates the treatment delivery process, etc.), the individual services become as "evidence-based" as IBHS "ABA" services.

OMHSAS has explained that these individual services are not on the same level as ABA and they were characterized as "different and perhaps are less intense in their delivery" than ABA.

There is no single universally effective intervention for all children with autism spectrum disorder (ASD) and the same can be said for children receiving individual services. The best programs often incorporate several research-based interventions and attend to the individual needs of children, exclusive of the diagnosis of ASD or non-ASD.

A key piece to the OMHSAS testimony during the IRRC IBHS hearing was that it is critical to match the needs of the individual to the most appropriate service, whether the child/youth has an ASD diagnosis or not.

Treatment programs delivered under individual services and ABA have earned status as evidence-based programs.

Here is a partial list generated from IBHS individual services providers of the type of individual services they offer:

- CBT (evidence-based);
- TF CBT (evidence-based);
- CBT Social Skills Training (evidence-based);
- Dialectical Behavior Therapy (evidence-based);
- Exposure Therapy (evidence-based);
- Family Systems Therapy (LMFTs use this a lot, when the issues are systemic within the family system);
- Gestalt Therapy (evidence-based);
- Art Therapy (some providers have board certified art therapists);
- Motivational Interviewing (evidence-based for youth with ASD);
- Acceptance and Commitment Therapy (evidence-based); and
- Play Therapy (Not evidence-based but promising & emerging scientific evidence).

There are hundreds of meta analyses that support application of these services to children and youth with and without an autism diagnosis. Experienced providers of BHRS and IBHS individual treatment programs in Pennsylvania have documented the achievement of significant accomplishments by former recipients of these treatments, and other benchmarks of "evidence-based" treatment success.

The argument that the individual services treatment milieus and associated activities are not on an equal plane from a treatment, regulatory, or code/rate platform holds no scientific support. Additionally, as it relates to assertion about "intensity of delivery"; intensity is determined by the strategies outlined in a treatment plan and a child's response to treatment, regardless of the milieu.

In the end, failure to equally fund these treatment services has resulted in providers closing programs that had provided these services to children and families, removing a family's choice and access to services, and potentially violating the parity of services to only pay for certain activities within one evidence-based program and not another. With the workforce shortages and inability to attract staff, these rate differentials further compromise the growing access issues for IBHS services across the commonwealth.

Recommendations

- Update CODE H0032 to allow for and ensure payment equity in the delivery and billing of IBHS individual services case activities listed above equal to ABA IBHS.
- OMHSAS should ensure that the services listed above are approved and funded by the BH-MCOs and county oversights entities.