

June 4, 2025

Dear Deputy Secretary Smith,

We thank you for the meeting last month and the opportunity to follow up. Our conversation included several areas tied to funding as well as opportunities to create greater access through changes in the supervision requirements for IBHS services. These opportunities to reformat the supervision standards could also impact cost structures for organizations, without violating the tenets of the Sonny O v. Dallas settlement agreement. Also as part of this communication we are providing, as requested, the data that was presented on the call, as well as a summary of recommendations and change impacts for the IBHS supervision regulations.

IBHS Individual Services Equity

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;
- Treatment plan preparation;
- Creation 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.

Previously under 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.

Current Status

- For years, providers large and small have carried IBHS individual services, essentially floating them as losses against other organization revenue streams.
- This is not possible anymore, as agencies can no longer afford to carry these programs.
- RCPA represents a small group of members who do provide IBHS individual services; these few agencies represent over 2,000 children and families' inactive services with hundreds on waiting lists.

The data that was reviewed on our call, we believe, articulates the impacts this "bundled" rate has had on the program, as it has contributed to the elimination of a major treatment option for children and families, and stands in opposition to the original legal settlement language, "in order to ensure that these guidelines do not impede access to these services but rather open the door to greater access to ABA therapy for families confronting autism."

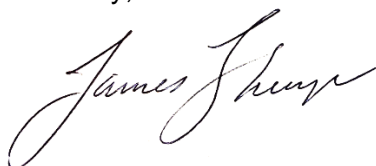
Without proper funding of all IBHS programs, we will see the decimation of the IBHS service continuum as programs are forced to close, eliminating a family's choice in services. A key piece to the OMHSAS testimony during the IRRC IBHS hearing was that it is critical to match the needs of the individual to the most appropriate service, whether the child or youth has an ASD diagnosis or not.

With the workforce shortages and growing uncertainty of state and federal funding in the Medicaid space, there cannot be an excuse for not ensuring full treatment choice and access 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 as ABA services.

Sincerely,

A handwritten signature in cursive script that reads "James Sharp". The signature is written in black ink and is positioned above the printed name and title.

Jim Sharp
RCPA COO and Director of Mental Health Services