



**HHSC: Policy Council for  
Children and Families  
November 30, 2021**



[Policy Council for Children and Families](#) works to improve the coordination, quality, efficiency, and outcomes of services provided to children with disabilities and their families through the state's health, education, and human services systems. Members:

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Dallas

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Austin

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Family Representative  
Coppell

**Elizabeth Tucker**

Advocacy Organization Representative  
Austin

**Lori Urbina-Patlan**

Family Representative  
Edinburg

**1. [Welcome and introductions](#)** The meeting was convened by Elizabeth Tucker. A quorum was not established. The absence of a quorum hog tied the panel today.

**2. [Consideration of August 31, 2021, draft meeting minutes](#)** The minutes could not be approved due to the lack of a quorum.

**3. [Election of Chair](#).** Not conducted due to the absence of a quorum.

#### **4. HHSC Update: Applied Behavioral Analysis Benefit**

Rider 28 appropriated funds for applied behavioral analysis. HHSC is on track to implement by February 1.

Medical policy includes coverage of medically necessary Applied Behavior Analysis (ABA) services and provides for coordination of service array. Autism services are provided through the Texas Health Steps-Comprehensive Care Program (THSteps-CCP) for Medicaid clients who are 20 years of age or younger, with an Autism Spectrum Disorder (ASD) diagnosis, for whom services are medically necessary. For services delivered in a managed care environment:

- MCOs will be reimbursed using non-risk payment, up to the fee-for-service amount
- MCOs are required to follow the posted medical policy

HHSC activities include:

- Posted rates Jul. 26, 2021 with a provider notice
- Launched provider enrollment Jul. 30, 2021 & posted a provider and MCO notice
- Posted medical policy and responses to public comments on draft policy Jul. 30, 2021, (posted provider and MCO notices & sent GovDelivery and targeted emails)
- Posted tribal & public notices of intent to submit state plan and 1115 waiver amendments to CMS Jul. 30, 2021 through Aug. 28, 2021. Started biweekly calls with MCOs August 19, 2021
- Email outreach to provider contacts about services & provider enrollment Aug. & Sep. 2021
- Managed care contract updated to reflect non-risk payment, effective Sep. 1, 2021
- Submitted state plan amendment to CMS Sep. 3, 2021
- Sent blast email about provider enrollment to all LBA licensees Sep. 9, 2021
- Submitted 1115 waiver amendment to CMS Oct. 1, 2021
- TMHP published an LBA Quick Reference Guide for provider enrollment Oct. 6, 2021
- Requested that MCOs reach out to their networks to encourage LBA enrollment, credentialing and contracting
- MCOs launched credentialing and contracting process by Nov. 1, 2021
- TMHP held provider training webinars: Nov. 2, 4, & 18, 2021
- Medicaid Autism Services rates were a topic at the Nov. 19, 2021 rate hearing. All rates proposed at the Nov. 19, 2021 hearing are under consideration for a March 1, 2022 effective date.
- TMHP is conducting ongoing provider outreach through provider notices, banner messages and email blasts.

Future activities include:



- HHSC will provide MCOs with a family flyer as outreach to families/caregivers and eligible members
- TMHP will hold final provider training webinar: Jan. 25, 2022
- TMPPM update and launch of prior authorization form & instructions effective Feb. 1, 2022

### **Questions/Answers/Comments**

Regarding provider recruitment. How is that going? HHSC said they have been working with the children's autism program. The effort is ongoing. There are 181 total applications with 117 unique locations that are better represented in the urban areas. HHSC is encouraging any provider considering providing services. The webinars were well received. The rate hearing was just a couple weeks ago also.

Prescriptions for ABA can take a while. It can often take months to get into a developmental pediatrician.

Place of service can be at the home or clinic and there are options to request alteration to the frequency and duration guidelines. The attempt is to minimize prior authorization hassles.

When do we expect CMS approval? CMS appears to be favoring the proposal and some administrative tweaks may have to be made.

### **5. Presentation: Applied Behavioral Analyst in the treatment of Autism**

**Spectrum Disorder** TxABA Public Policy Group was formed in 2015 due to need for systematic involvement of behavior analysts in legislative issues relevant to behavior analysis in Texas

The mission of the TxABA Public Policy Group (PPG) is to review and act on legislative activity and other issues impacting behavior analysts and consumers in Texas.

- Officers and advisory committee
- Task Forces: Medicaid, Insurance, Telehealth, Public Education, Transition and adult services
- Community partners

Addressing public policy issues relevant to behavior analysis – issues addressed thus far:

- BCBA Licensure (passed)
- Medicaid coverage of ABA (passed)
- Expanding ECI coverage

- Addressing Private Insurance Concerns/Limits to Treatment
- Addressing Public Education Concerns
- Ensuring adults with ASD/IDD have access to appropriate, medically necessary services and opportunities
- Application of Telehealth practices to ABA
- ABA treatment for people with brain injury

#### Cost savings through early intervention (1 of 2)

- 2017 – legislature passed SB 589, to license Board Certified Behavior Analysts.
- Licensure, along with appropriately implemented Medicaid Managed Care, will provide the mechanism to assure proper utilization.
- ABA therapy is an investment that has proven to achieve cost savings. Without effective treatment, a person with autism will likely incur lifetime costs for specialized services of approximately \$3.2 million (Ganz, 2007). The short-term cost of ABA therapy can result in a saving of an average of \$2.8 million per person across a 55-year span (Jacobson, Mulick, & Green, 1998). Data from Texas public schools showed that Texas would save an average of \$208,500 per child across 18 years of education with ABA (Chasson, Harris, & Neely, 2007).
- Research convincingly shows that with intensive ABA, most children make large enough improvements to move from delayed to normal range on standardized, objective measures of intellectual, communication, and/or adaptive skills. The rest of the children also make modest gains or small improvements (Howard et al., 2005; 2014).
- 2014 – CMS letter indicated that medically necessary treatment for children with an autism diagnosis was to be covered in all Medicaid state plans.

#### What is ABA?

- Scientific study of behavior
- Most proven to be effective treatment for individuals with autism to date. Person centered. Research based.
- All ages
- All levels
- Treats core signs and symptoms of autism: social communication and rigid/repetitive behaviors
- Endorsed by the U.S. Surgeon General, American Academy of Pediatrics, NIMH.
- Decades of supporting research in peer reviewed journals.

#### What does ABA look like?

- Looks different for each child depending on treatment objectives

- Individualized • Can be comprehensive or focused.
- Sample treatment areas:
  - Communication
  - Food acceptance/food refusal
  - Toilet training
  - Decreasing aggressive behaviors
  - Morning and bedtime routines
  - Self-help skills: bathing, dressing, cooking
  - applied throughout the life span

[HOME | txabappg \(wixsite.com\)](http://www.txabappg.com)

### **Licensing and Credentialing in Applied Behavior Analysis**

The Behavior Analysis Certification Board (BACB) credentials practitioners who provide behavior analytic services in the United States and Canada.

#### **Behavior Analysts**

- Board Certified Behavior Analysts (BCBA-Ds): Approved doctoral degree, required coursework, and supervised experience, pass BCBA the exam.
- Board Certified Behavior Analysts (BCBA): Approved master's degree, required coursework, and supervised experience, pass BCBA exam.
- Assistant Behavior Analyst-- Board Certified Assistant Behavior Analysts (BCaBA): Approved bachelor's degree, required coursework, supervised experience, pass BCaBA exam. Require supervision from a Behavior Analyst
- Registered Behavior Technician (RBT): High school diploma, 40- hour training, competency assessment, RBT exam. Require supervision from a Behavior Analyst

#### **Universities Providing Training to Behavior Analysts**

- Verified Course Sequence (VCS) and Credentialing provided by the Association for Behavior Analysis International (ABAI)
- Done at the Bachelor's and Master's level

Texas Universities with a Verified Course Sequence for Master's Level

	<u>City</u>	<u>Institution</u>
1	Austin	St. Edwards University
2	Austin	The University of Texas at Austin
3	College Station	Texas A&M University
4	Denton	University of North Texas
5	Edinberg	The University of Texas Rio Grande Valley
6	Houston	*University of Houston Clear Lake
7	Huntsville	*Sam Houston State University
8	Lubbock	Texas State University
9	Nacogdoches	Stephen F. Austin State University
10	Richardson	Chicago School of Professional Psychology
11	San Antonio	*The University of Texas at San Antonio
12	San Marcos	Texas State University
13	Victoria	University of Houston-Victoria
14	Waco	Baylor University

\*Also offers bachelors level

- June 15, 2017, SB 589 passed: License Behavior Analysts and Assistant Behavior Analysts (30th state) effective September 1, 2017
- Texas Department of Licensing & Regulation (TDLR) manages and enforces licensure of behavior analysts in Texas
- BCBA-D & BCBA = Licensed Behavior Analysts (LBA)
- BCaBA = Licensed Assistant Behavior Analysts (LaBA)

### **Requirements for Licensing of Behavior Analysts in Texas**

Must be certified as a BCaBA®, BCBA®, or BCBA-D® and be in compliance with the BACB's® Professional and Ethical Compliance Code for Behavior Analysts [BACB-Compliance-Code-english\\_190318.pdf](#)

- Submit an application
- TDLR accepts the certification as proof of meeting the educational requirements
- No other examination is required for licensure.
- Pass a criminal history background
- Renewed every two years <https://www.tdlr.texas.gov/bhv/bhvapply-assistant.htm>

### **APPLIED BEHAVIORAL ANALYSIS IN THE TREATMENT OF AUTISM SPECTRUM DISORDER**



A parent described her experience with ABA for her child and her use of this intervention as a professional. There are many steps that must be engaged for diagnosis. The presentation tracked the child from diagnosis through attendance in general education classes. The services provided through waivers are no longer necessary because of his success with ABA.

### **ABA in a Clinical Setting**

#### **Clinic Based Services v. School Q and A.**

Are ABA services the same thing or a replacement for school? No ABA is medically necessary treatment not education.

Can your child receive medically necessary treatment part of the day and school the other part? Yes

Can your child receive ABA treatment all day in lieu of going to school? Yes-- Compulsory school age in TX is 6 For older children, know your home schooling laws

#### **How to Choose a Provider Consideration**

- Insurance coverage and providers contracted with your Insurance
- Obtain a list from provider or purchase a policy from the exchange
- Do your research, not all ABA providers are created equal -- Ask questions, lots of questions  
[aSIGParentGuidelines.pdf \(asatonline.org\)](#)
- Tour facilities
- What are your priorities?

Resources:

[ETHICS CODES - Behavior Analyst Certification Board \(bacb.com\)](#)

#### **What Should Be in My Child's Treatment Plan?**

- Your priorities for assistance! } Assessment (initial and follow up)
- Discharge plan. Sounds odd, but should have goals you are ultimately working towards
- Daily treatment schedule
- Daily communication
- Treatment goals addressing the core deficits of ASD (Social Communication and Social Interaction; Restrictive, repetitive patterns of behavior, interests, or activities )
- Treatment goals that will result in your child and family having a better quality of life

- Goals that will lead to your child being more independent and less dependent on others
- Constant data collection -- Skill acquisition and behavior reduction; Ask for graphs
- Ongoing parent training across settings and behaviors with and without your child --You have to be involved!
- Regular program reviews and updates (daily to weekly-no longer) -- What has been updated, added, removed?

### **Advocacy Opportunities and Stakeholder Engagement**

- Timely Access to Assessments and Providers Statewide
- Quality of Services – Group, Individualized
- Amount and Duration of Services – Authorization and Reauthorization
- PCCF Autism Subcommittee – Public Comments
- Stakeholder Feedback to Policy Makers Get Help from DRTx: Call 1-800-252-9108 or Complete online intake <https://www.disabilityrightstx.org/en/getting-help/how-to-apply-for-services/> Susan Murphree [smurphree@drtx.org](mailto:smurphree@drtx.org)

### **Questions/Answers/Comments**

Q. What has been effective in working with families. A: Every family is unique, and a good plan will take that into account. Family self-education is important.

There is a promoting ABA Taskforce to address improving the information available to families on ABA

ABA has evolved and improvements have been made in the service delivery.

### **Public Comment.**

**Dr. Philipeck (sp), Child Specialist** stated that she is concerned about the contracting fee and that it is too low. We might implement ABA, but the providers may not show for the low rate. She asked the policy council to ensure the rate is sufficient.

## **6. Letter: Legislative Appropriation Request**

This is the proposal for HHSC to consider in their LAR. Since there is no quorum, there can be no vote. As an alternative, perhaps the vice chair can submit this letter to HHSC.

- Improve access to mental health, trauma informed care and crisis services for children with disabilities to ensure children are supported to live in families in lieu of costly long-term institutions.

1. Community-based short-term out of home respite/assessment centers
2. Funding for respite/assessment centers within HCBS waivers and general revenue
3. Appropriate funding for 1-year for children leaving facilities
4. Increase respite in waivers from 30 days to 90
5. Treatment foster care in lieu of Residential Treatment Center
6. Trauma informed care as treatment modality

- Improve access to Medicaid State Plan services and/or lower cost waivers for children who meet an institutional level of care thereby reducing the need for a more comprehensive community-based waiver.

1. Increase Medicaid Buy-In to 300% FPL after income disregards
2. Change eligibility to Texas Home Living waiver to special income limit
3. Medicaid access for children who meet institutional eligibility
4. Access to MDCP without going into facility for children who met medical fragility

- Fund and dedicate Home and Community-Based Services (HCS) waiver services for 25 to 35 young children with intellectual and developmental disabilities living in DFPS licensed General Residential Operations as part of the state's Promoting Independence Plan.
- Fund HCS waiver services for 20 medically complex children and young adults with developmental disabilities under the age of 21 to move from nursing facilities to families and HCS funding to divert the admission of children into facilities.
- Increase wages for community attendants to a minimum of \$15.00 per hour.
- Ensure Texas' commitment to Olmstead and Texans with disabilities by providing information, resources, and funding that support individuals in the most integrated setting
- Fully fund Early Childhood Intervention Services (ECI) and create a mechanism to fund case growth based on child need for services.
  - Current funding treats Early Childhood Intervention with capped funding much like as a block grant.

- However, ECI should be managed in a similar fashion to the state Medicaid expenses where eligible children receive the needed services, and then Texas requests supplemental funds for the Legislature in the next biennium to cover any shortfalls.
- Provide funding to reduce the Special Health Care Needs Services Program wait list and provide services for children.
- Create pay for performance incentives for adult practitioners to receive young adults with special health care needs including payment incentives for physicians that allow for longer appointment times needed to meet the needs of children and young adults with medically complex conditions.
- Increase the availability of medical homes for youth transitioning to adult services by recruiting centers of excellence for transition across the state.
- Divert children from nursing facilities by allowing all children and young adults who have Supplemental Security Income and meet the Medically Dependent Children Program eligibility criteria entry into waiver services in STAR Kids or STAR Health with no wait.
  - For those individuals who are on the interest list and do not have Supplemental Security Income, maintain at least the current level of effort to offer those individuals waiver services at the existing rate.
- Provide urgent family support including respite care for families who do not have access to Medicaid or Medicaid waivers through a pool of flexible funds that can be allocated quickly to families on a limited basis for crisis situations.
- The rates for ABA treatment must be set at a level that is enough to allow for network adequacy and corresponding access to care.
- Amend the Texas Medicaid State plan to include Parents as Certified Nurse Aids for children with medical complexities.
- Similar programs exist in other states like Colorado, Arizona, Missouri, etc. and is a good option for Texas.
- Amend the Texas Medicaid State plan to allow parents of minor child to be providers of Personal Care Services and Community First Choice.

### **Questions/Answers/Comments**

These are the recurring issues that should be addressed

The absence of a quorum does not allow a vote, but the recommendations could be advanced by the Vice Chair as an individual as an individual.

### **7. Workgroup reports: Autism Spectrum Disorder Recommendations**

- Include dieticians and feeding therapists as part of interdisciplinary team while providing a holistic approach to treating individuals with Autism Spectrum Disorder.

- Requiring an ASD diagnosis (or reconfirmation) be made within 3 years of beginning treatment and every three years is unnecessary, costly, and would reduce access to care.
- We recommend an initial authorization of 6 months rather than 3 months and reauthorizations of 6 months.
- Authorizations should be individually based upon needs and medical necessity, not based upon age.
- The rates for ABA treatment must be set at a level that is enough to allow for network adequacy and corresponding access to care.
- Require public schools to provide Applied Behavioral Analysis to students who need it by certified professionals.

## **8. 2021 planning**

### **Brainstorming session (Ideas already on the table)**

#### Crisis:

- Amend Texas Medicaid State Plan and request a waiver from CMS to recognize parents as a medical provider and reimburse parents to provide care for their children; this will solve healthcare workforce shortage issues and reduce costs to HHSC.

#### Interest List:

- Increase funding to reduce Medicaid waivers interest list allowing children to grow up in families.
- Amend the MDCP waiver to allow for a reserved capacity of nursing facility diversion waivers for children with medical fragility that are at risk of facility admission and do not require a nursing facility stay.

#### Medicaid Buy-In

- Increasing the threshold allowance for Medicaid Buy-in for Children and Adults to 300 percent of the federal poverty level.

#### Mental Health

- Treatment Foster Care for children with significant mental health concerns who cannot live at home and are not in the conservatorship of CPS in lieu of in-patient psychiatric hospitalization and/or a Psychiatric Residential Treatment Center.
- Provide Trauma Informed Care, a peer reviewed evidence base care to for children identified as trauma victims based on diagnosis, and who have witnessed abuse; neglect; bullying;

cyberbullying; familial abuse; foster care placement; education related issues; negative law enforcement contact; inappropriate justice related dispositions.

Transition Services:

- Add a requirement in the Texas Administrative Code for the admission, review, and dismissal (ARD) committee to consider, and, if appropriate, address health care transition planning beginning at age 14 and continuing until the student graduates out of the school system.
- Post-secondary transitioning for young adults with an Intellectual and Development Disability (IDD) to be assessed, evaluated and receive appropriate transition services.
- A gap in social interaction after high school graduation leading to mental health condition/crisis (physical and mental health) for young adult with IDD (including ASD).

Texas Early Hearing Detection and Intervention:

- Improve State Newborn Hearing Screening policies and processes to ensure that all Deaf and hard of hearing newborns are identified and receiving appropriate supports, care, and early intervention services to promote healthy development.

Education and Employment:

- Fund Texas Workforce Commission (TWC) to hire 50 counselors to meet the growing need of Vocational Rehabilitation Services (VRS) for high school students with a disability graduating high school.
- Require the Texas Workforce Commission to create a Vocational Rehabilitation Services training course at school level for High School students to improve their skill to achieve employment opportunity after high school.
- Train general education teachers to foster a welcoming inclusive environment.
- Establish communication for students in a life skills unit before they begin an adapted school curriculum and possibly waive them from the STAAR state assessment until they can independently communicate.
- Promote collaboration between the school and private sector to align speech goals.
- Provide self-care training to parents through school districts.

Accessibility:

- Restroom accessibility (family restrooms) requirement for all public facilities. (community inclusion).
- Accessibility for Playground (community inclusion).

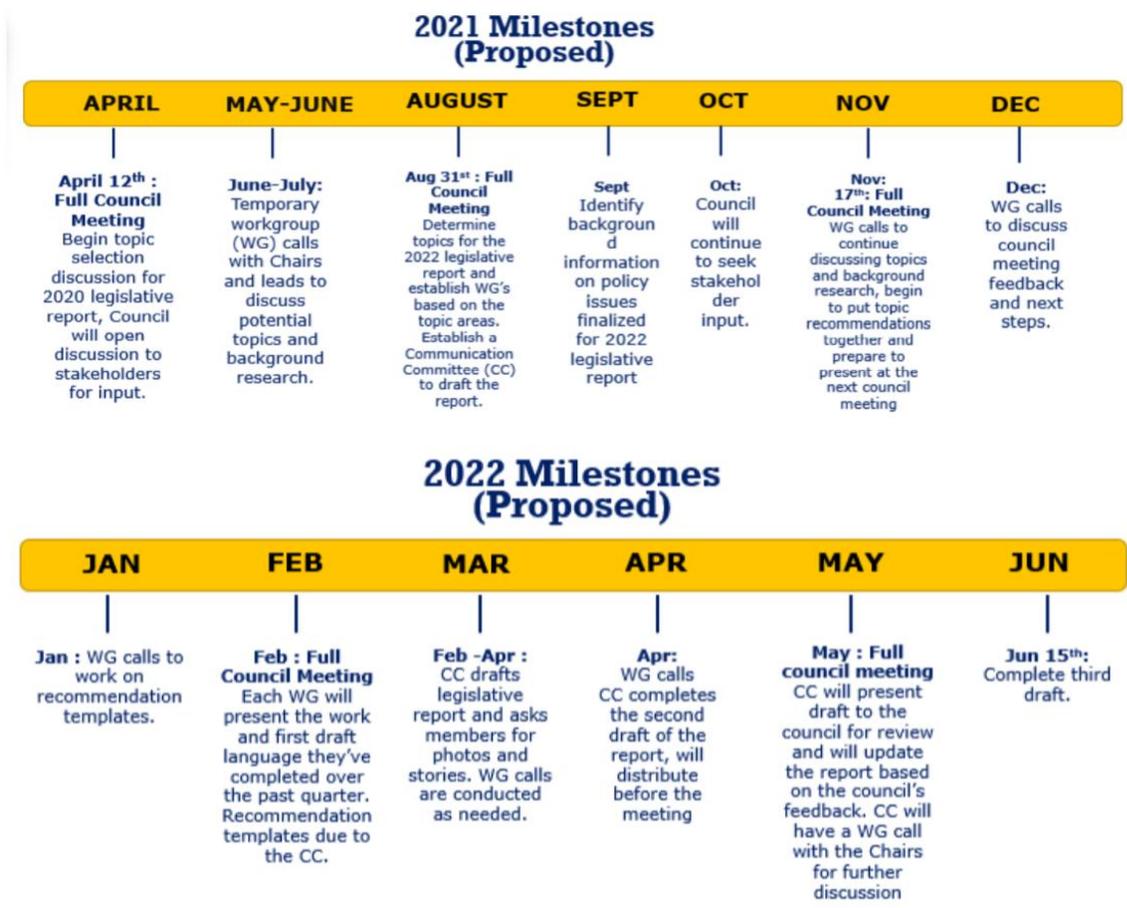
COVID:

- Impact on children from social isolation during pandemic and potential strategies to remediate the lost time.

Additional suggestions:

- Accessibility to a playground can also mean a secured playground.
- Parental referrals have tripled since COVID
- Nurse recruitment issues and certified nurse aids

**Timeline and next steps**



**2022 Milestones  
(Proposed)**



**9. Public comment.** No public comment was offered.

**10. Action items for staff and member follow-up**

- Information from HHSC update
- Medically fragile policy as an agenda item
- Recommendations for private duty nursing
- Open to more recommendations from members

**11. Adjourn.** There being no further business, the meeting was adjourned.

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*This summary contains supplemental information from third-party sources where that information provides clarity to the issues being discussed. Not every comment or statement from the speakers in these summaries is an exact transcription. For the purpose of brevity, their statements are often paraphrased. These documents should not be viewed as a word-for-word account of every meeting or hearing, but a summary. Every effort has been made to ensure the accuracy of these summaries. The information contained in this publication is the property of Texas Insight and is considered confidential and may contain proprietary information. It is meant solely for the intended recipient. Access to this published information by anyone else is unauthorized unless Texas Insight grants permission. If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted in reliance on this is prohibited. The views expressed in this publication are, unless otherwise stated, those of the author and not those of Texas Insight or its management.*

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