

Practicing Applied Behavior Analysis in North Carolina:

Trials, Tribulations, and Pseudo-Solutions

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North Carolina Solutions

Overview

Where Are We Now?

Putting Into Practice (NC Solutions as Example)

Where Do We Go From Here?

Where Are We Now?

Current State of ABA in Practice in NC

1. Insurance Reform (2016?)

2. Medicaid Service Definition for Providers

- Early Periodic Screening Diagnosis and Treatment (EPSDT)
- Division of Medical Assistance (DMA)
- NC Psychology Practice Act (Practice Act)

North Carolina Insurance Reform

Current legislative update (SB 676)

Passed 10/15/2015

Implemented 7/1/2016

<http://www.ncleg.net/Sessions/2015/Bills/Senate/PDF/S676v2.pdf>

1. Requires Health Plans to Cover Autism for children up to 18yo
2. Coverage of Adaptive Behavior Rx (inc. ABA) and TEACHH, pivotal response, etc
3. Coverage limit at \$40,000/year

* Where do BCBA's fit in? (NOT listed at all in SB 676)

Medicaid Service Definition for Providers

EPSDT – defined and explained

DMA – defined and explained

NC Psych Practice Act –defined and explained

- <http://www.ncpsychologyboard.org/Office/PDFiles/PRACACT.pdf>

Implications for Providers from these 3 issues

Putting Into Practice

Practicing ABA in NC – working with Trillium Health Services as MCO

- Specialized Consultative Services
- EPSDT/Medicaid

NC Solutions

Specialized Consultative Services

SCS scope of services

- Client demographics (# served – about 60+)
- Referral and services process
 - MCO (Trillium Healthcare Resources) referrals
 - Service process (assessment and treatment) authorizations

NC Solutions - SCS

Benefits of SCS

Access to BCBAAs – effective assessment and treatment

Outreach/spread of ABA services

- Interdisciplinary collaboration (PT/OT/Speech/Schools etc)

NC Solutions - SCS

To Fine Tune...

Bureaucratic approval process across multiple sites – delay to treatment

- Authorizations and documentation
 - Predicting hours of services needed prior to conducting assessment- NOT data based
 - Should be similar to waiver services in other states (treatment hours based on individual FBA needs)
- Psychologist oversight – BCBA's cannot write plans
- Trillium administrative oversight

Drives up overhead cost not ABA-related

Pay not commensurate to national levels for BCBA's

NC Solutions – EPSDT Service

Children (ages 3-18) Outpatient ABA assessment and treatment

Service locations: Clinic, Home, Community

Positives:

- Children gain access to ABA services where previously unavailable
- Novel funding stream

NC Solutions – EPSDT Service (Continued)

Negatives

- Requires non-ABA services – CCA AND Person-Centered Plan
 - Treatment plan based on skills assessment not accepted by MCO
 - Barrier/delay to effective ABA Rx
- Person-centered planning approach
- Increased overhead cost that are not ABA-related
 - Supervision by Psychologist
 - Intake by licensed Professional

Where Do We Go From Here?

How Do We Improve upon current ABA services?

1. Advocacy – breadth of services

2. Independent Licensure of Behavior Analysts OR Recognition of BACB

Advocacy

ABA beyond autism – increase recognition of populations served

1. National Autism network addressing 10 myths of ABA

see #2 and #5– expands scope of coverage (education, OBM etc) – with history tracing back to Skinner.

2. Better networking among special needs group (AAIDD, autism peaks etc).

ABA licensure/BACB Certification

HB 714 - licensure of Behavior Analysts

passed house, senate, returned to be approved by house
subcommittee – stalled

Dead in the water? NC legislature may not want new licensing board

Back to square 1? Revisit BACB certification as recognition of ABA.