**NON PROFIT ORGANIZATION Rally Supporting ABA Therapy!!**

The State’s Medicaid program has recently gone through substantial changes making it increasingly difficult for ABA therapy to be delivered to those needing these life changing services.  The changes center around a recent contract with a new third party administrator (EQ Health) engaged by the Agency for Health Care Administration (AHCA) to oversee ABA Therapy approvals.

Many parents have reported that their ABA providers have stopped taking Medicaid altogether!  The providers have said that they cannot take the risk of accepting Medicaid for ABA therapy because of the uncertainty created by EQ Health and AHCA changes and the additional requirements being applied to new and existing Medicaid ABA recipients.

The *Non-Profit Organization* a 501(c)(3) tax deductible organization was created with a mission to enhance the ability of youth and families to succeed in life while maintaining the vision of medical services for all.   The Non-Profit Organization is dedicated to ensuring ABA Therapy remains a viable option for all children who qualify for such services through the States Medicaid program.

The main issues of concern are as follows:

* A recent slowdown in the Credentialing Approval Process for all new ABA providers (BCBA/BCaBA/RBT). There is an ongoing shortage of providers, and this recent slowdown is keeping qualified providers from being able to provide needed services. Families living with this slowdown are scrambling to get more services. New providers have not been approved for 5-6 months in many cases.
* Random denials for qualified and in some cases highly qualified providers with the explanation that it is “in the best interest of the state”. No further explanation is provided when follow up clarification is requested from AHCA. These qualified providers could otherwise be providing needed services to Medicaid recipients.
* Denials for ABA service hours previously deemed medically necessary. Response on the denial letter states simply “The request for services is denied in whole or in part because they are not medically necessary as defined in Rule 59G-1.010(166), Cite Administrative Code.
* Interruption of on-going client services as providers await approvals on re-authorization of services. This interruption is due to the slow administrative response by the EQ Health. This interruption disrupts planned services and creates uncertainty for the clients and families.
* ALL NEW Clients are now required to have a FULL DIAGNOSTIC REPORT instead of the standard ABA therapy Prescription from their Doctor – Most families cannot afford this or do not have access to

providers who can provide such detailed reports. This also puts an additional burden on the family to go back to their doctor for additional documentation and it puts a burden on the physician’s practice to schedule another patient visit for this additional paperwork.

* Denial of ALL ABA Services in some cases, even when Autism is present as a diagnosis
* Failure to fully reimburse ABA concurrent service hours billed by a BCBA and Tech.  This is still part of medically required therapy and part of ethical treatment as dictated by the BACB. It should be covered by Medicaid standards as “Medically necessary” therapy because of these factors, and therefore reimbursed. ABA companies are forced to lose money to properly train their staff.
* Denying ABA Services for Children with “non-specific” diagnoses or other developmental disabilities, despite the Florida Medicaid guidelines handbook that states that they should be approved for such services.
* Disallowing previously reimbursed Indirect ABA services under approved program development. Program development is a crucial aspect of therapy and it is required by the Behavior Analysis Certification Board (BACB). It is therefore medically necessary and should be reimbursed.
* BCBAs understand the nature of regression (loss of skills for kids with Autism due to lack of therapy), and often continue to see clients without reimbursement to ensure they do not suffer harm or are baker acted. The number of children in this boat has become extreme and maintaining free services is becoming untenable for BCBAs across the state.
* In March of 2018 AHCA changed the rules in place for who can provide ABA therapy without notice, and made the changes RETROACTIVE to the beginning of 2017. AHCA originally approved therapists (with AHCA giving them an ABA provider number to bill). AHCA approved those who had college degrees that they defined as “human services” or who had 2 years of experience with the developmentally disabled population.  No list of degrees has been provided.
* Around 1000 therapists that Medicaid and AHCA previously approved and granted the ability to bill after auditing their file, have been kicked off of Medicaid’s roles altogether. Without new providers getting approvals, thousands of clients have or will lose their ABA therapy altogether.
* AHCA is currently threatening the 1000+ therapists they have removed with prosecution and jail, and are attempting to take all ethical and appropriate billings back for therapy that was provided by these therapists – AFTER APPROVING THEM IN THE FIRST PLACE.