Ohio Department of Medicaid

Provider Stakeholder Office Hours

7/30/2026

ABA

proposed

Rule Review

Access, Inclusion, and Reasonable Accommodation

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If you believe ODM has failed to provide these services or discriminated in another way, you can file a grievance with ODM's civil rights coordinator and/or file a civil rights complaint with the U.S. Department of Health and Human Services (HHS) Office for Civil Rights. Further information on these processes and ODM's compliance with civil rights and other applicable laws can be found in their Notice of Nondiscrimination.

Tentative Office Hour Topics

- **Week 1:** Introduction
- **Week 2:** Q&A - Addressing initial questions specific to new utilization management thresholds implementation
- **Week 3:** Q&A – Addressing authorization questions, Community Behavioral Health Rehabilitative Services Authorization Request Form
- **Week 4:** Authorization forms/CCPs - walk through MCE processes for submitting authorizations and verifying utilization
- **Week 5:** SUD Authorization Form
- **Week 6:** Off for Juneteenth
- **Week 7:** Recap before 7/1 Go live
- **Week 8:** OFF for July 4th
- **Week 9:** "Real-Time" Office Hours
- **Week 10:** Rule Work Community BH Services
- **Week 11:** Rule Work SUD Services-ACT/SPMI
- **Week 12:** ABA

Agenda

- Current state
- Overview of rule objectives, proposed strategy and key questions
- Next Steps

Applied Behavior Analysis – current state

Paused in 2025 to reevaluate existing draft rule, for multiple reasons:

- Projected budget shortfalls from One Big Beautiful Bill Act & House Bill 453
- Increased national attention on rapid growth of ABA services and unsustainable spend
- Numerous state audits that found inadequate oversight by the states
- Concerns that service volume is not proportionate to outcomes given youth's age, scope of intervention and duration of service delivery

ODM has conducted extensive research of ABA implementation in other state Medicaid programs and will apply best practices based on said research and outcomes.

Key Audit findings in other state OIG informing recent revisions to draft ABA rule:

Insufficient Supervision
- Not provided at the required ratio, in person, or at all
- Lack of supervision around treatment plan development and implementation
- ABA provided by staff without appropriate credentials

Inadequate documentation
- Service notes do not justify service, length of time billed, dates of service, etc.
- Improper or no signature
- Improper rendering provider

Inappropriate referral for service
- Individuals without eligible diagnosis receiving the service
- Lack of professional treatment referral

False claims
- Group service billed as individual
- Impossible billing, major holiday billing
- Upcoding or duplicate claims
- Billing for non-eligible activities

Recoupment from Audit Findings:

IN:
- DOJ: 2 million takeback between Medicaid and TriCare
- OIG: $56,500,000 takeback by the state

MA: $17,300,000 take back
- 16.7 million for inadequate supervision (7.3 mil from top 10 providers)
- $439,632 for impossible billing
- $162, 525 for major holiday claims

WI
- OIG: $18.5 million take back

CO
- $42.6 million refund to federal govt

Data Review

Brief Summary of Trends and Data reviewed by ODM

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ABA Data: Percent change in ASD population & ABA services from 2020-2025

Illustrates commensurate growth in persons receiving ABA and ABA claims.

Growth in total spend per member is disproportionate, indication that services are rendered and billed for longer durations of time.

Year	Members with Autism Diagnosis with Any Claim	Total Claims for Members with a Primary Autism Dx (ANY service claim)	Total Spend on Members with an Autism Dx (for ALL services)	Number of Members with ABA claims	Number of ABA Claims	Total ABA Spend for those Members
2020	22,426	453,203	$89,033,928.47	1,341	64,989	$21,759,461.18
2021	25,956	566,607	$115,766,175.51	1,888	110,712	$37,125,972.49
2022	29,980	597,350	$135,761,215.98	2,223	132,164	$49,911,766.30
2023	35,444	700,313	$172,142,269.55	2,671	149,694	$62,260,872.72
2024	40,361	822,697	$225,966,876.24	3,511	171,525	$77,663,853.75
2025	44,884	988,655	$272,033,515.07	4,569	224,249	$99,573,989.39
% Change from 2020-2025	**100%**	**118%**	**206%**	**241%**	**245%**	**358%**

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Percentage change of ABA spend in BH service codes (TBS, CPST, PSR)

Deep dive into BH rehabilitation service data shed light on the extent to which *ABA is billed in TBS, CPST and PSR. This data shows the growth in population and spend since 2020.

Year	Members with Autism Dx with a BH service	Number of claims for those members	Spend for those members	Total ABA in BH Spend	ABA % change (increasing)	BH % change (decreasing)
2020	7,796	154,917	$1,765,485,495	$39,414,316.13	55.21	44.79
2021	7,668	177,862	$2,091,635,852	$58,042,331.01	63.96	36.04
2022	7,999	154,262	$1,943,223,081	$69,343,997.11	71.98	28.02
2023	8,737	199,512	$2,837,808,167	$90,638,954.39	68.69	31.31
2024	9,283	232,730	$3,665,134,376	$114,315,197.51	67.94	32.06
2025	10,295	265,245	$3,664,622,768	$136,220,217.07	73.10	26.90
% Change from 2020-2025	**32%**	**71%**		**108%**	**246%**	

Evidence that more services are being billed with ABA specific codes likely causing the decrease in use of BH codes for ABA

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*claims with ASD as primary Dx

Summary of ABA Observations from ODM data:

- ABA services are being submitted under multiple billing codes including TBS and CPST.
  - While allowing for billing and reimbursement, these codes were not designed to consistently capture the distinct clinical components of ABA service delivery.
  - As a result, the Department has **limited visibility into the specific scope, intensity, and modality of ABA services being provided**. This creates the following challenges:
    - Assessing service utilization
    - Evaluating outcomes
    - Ensuring alignment in standards of care
    - Monitoring quality of care across providers and MCOs

- Providers billing under both their PT 21 and their PT 84 enrollment
  - Appearance of service stacking
  - Selective use of TBS service code for higher reimbursement rate

- Providers rendering the service without evidence of proper training or supervision

- No limits or discharge criteria imposed

Key Changes in the ABA service rules since the last public posting in 2025

Today's topics for review

- 5160-34-01 – Eligible Providers
- 5160-34-02 – Covered Services
- 5160-34-03 – Coverage, Reimbursement and Limitations

Key Questions to Consider

- How can rules promote quality?
- How can the rules ensure integrity of service delivery and prevent misuse?
- What essential aspects of ABA treatment delivery have not been addressed with latest revisions?

5160-34-01 – Eligible Providers and Qualifications for adaptive behavioral services

- Removed the "exam eligible RBT" option and will require providers to obtain a Registered Behavior Technician certification to be an eligible Medicaid ABA provider
- Organization provider must hold accreditation from CARF or the Joint Commission
- Designated organizational provider type that will be specific to ABA
- Added language that supervision must be provided in accordance with the BACB requirements

5160-34-02 Covered adaptive behavior service

No changes since last public post however there are pending changes to incorporate CPT code updates recently released from the American Medical Association

5160-34-03 – Coverage, Reimbursement and Limitations

ABA Intervention Categories:

Based on assessment, individual would be recommended for **Comprehensive** or **Focused** level of care

Weekly service range based on categorical placement and clinical information presented in the service request. Documentation should support as to why individual is recommended for one category over the other.

Comprehensive for Moderate to Severe diagnostic impairments, **typical range between 10-25 hours a week**

- **Definition:** Skills and behaviors in multiple affected domains are targeted for treatment, which often include maladaptive behaviors
- Young children (1.5 – 5y/o) with global developmental delays and significant behavioral challenges. Typically, a non-expressive patient with significant language needs. This intensive approach is designed for clients who need support across most developmental domains, such as communication, social skills, and adaptive behavior.
- 1-3 year length of stay

Focused for Mild to Moderate, **typical range between 1 – 20 hours per week**

- **Definition:** Services are directed to a limited number of skill and behavioral targets
- Individuals (all ages) with specific skill deficits or problem behaviors. This approach targets a smaller number of specific skills or problem behaviors, such as reducing aggression or increasing a specific social skill. It can also be used as a step-down from a comprehensive program as a client makes progress. Need care to develop a limited number of key functional skills or have such risky problem behavior that its treatment should be the priority.
- 1-4 year length of stay

5160-34-03 – Coverage, Reimbursement and Limitations

Eligibility:

- Must have diagnosis of Autism Spectrum Disorder to be eligible for services
- Eligible practitioner to diagnose includes a psychologist, psychologist assistant under supervision of a psychologist, pediatrician, primary care or independently licensed clinician with a scope of practice that includes diagnosing ASD using standardized tools
- Diagnostic assessment confirming ASD ***and*** referral to ABA services must be completed by an eligible practitioner who is independent of (not employed by) the ABA treatment provider
- Parent or guardian participation required; must provide written consent to participate alongside the child
    - Treatment plan to include a specific goal and combined 4-hr monthly participation requirement for skills development

5160-34-03 – Coverage, Reimbursement and Limitations (continued)

Documentation requirements:

- Emphasis on content of documentation fully supporting the intervention and amount of time billed
- Treatment plan
  - Requires supplemental supervision plan developed by the BCBA to detail how it will be carried out by the assigned RBT (references OAC 4783 -6-02)
  - Any other involved service providers must be identified and included on the treatment plan for service coordination
  - Any other system involvement (i.e., DD, PCSA, OhioRISE, etc) must be identified and included in the treatment for service coordination
- Concurrent review service requests has enhanced requirements
  - Evidence of assessment review and update
  - Clear language on individual progress made toward goals or if no/limited progress, information on how services will be tailored to address identified barriers
  - Identify needs or behaviors the treatment will target if approved for additional services
  - Evidence the parent participation has been met will be required for concurrent review requests

5160-34-03 – Coverage, Reimbursement and Limitations (continued)

Limitations:

- More specificity around what is not a covered service (meals/snack breaks, naps, educational activities)
- ABA services rendered in a school based or other educational setting cannot overlap with any other payer source for the same service (Autism or Jon Peterson scholarships)
- Duplicative services received from another Medicaid program to address the same behaviors, goals or interventions are not eligible for reimbursement (i.e., DD waivers)
- Submission of claims using non-ABA billing codes for ABA services is prohibited
  - Use of community BH service codes to bill ABA is prohibited
- Groups services to require:
  - Documentation of behavioral assessment to confirm the individual has capacity for group participation
  - BCBA must be onsite and immediately accessible, if not the group facilitator
  - ABA group participation Tx plan goal with clear objectives and interventions for the group modality, frequency, duration and time frame for the group participation

Next Steps

ODM encourages providers to review proposed changes within your organization and submit collective responses (one per billing provider organization) by end of business on

Wednesday, August 5th

ODM 5160-34 Rule Package Comment Submission

https://forms.cloud.microsoft/g/e8Bzri9NNA

THANK YOU

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