



**What Quality Care
Looks Like in
Applied Behavior Analysis (RB-BHT)**



Keith Laabs
Chief Executive Officer
Kind Behavioral Health



About Kind Behavioral Health:

- Headquarters in RTP
- ABA services in NC for 20 years
- Joined NC Medicaid network as it started coverage in 2015
- 19 locations across NC currently



Matt Filer
Chief Executive Officer
Mosaic Pediatric Therapy



About Mosaic Pediatric Therapy:

- Headquarters in Charlotte
- Serving NC Medicaid since inception
- 30+ locations across NC

Applied Behavior Analysis – Service Overview

Attributes of High- and Low-Quality ABA Service Models

Quality and Cost Solutions – What Works and What Doesn't



WE KNOW WHAT QUALITY LOOKS LIKE

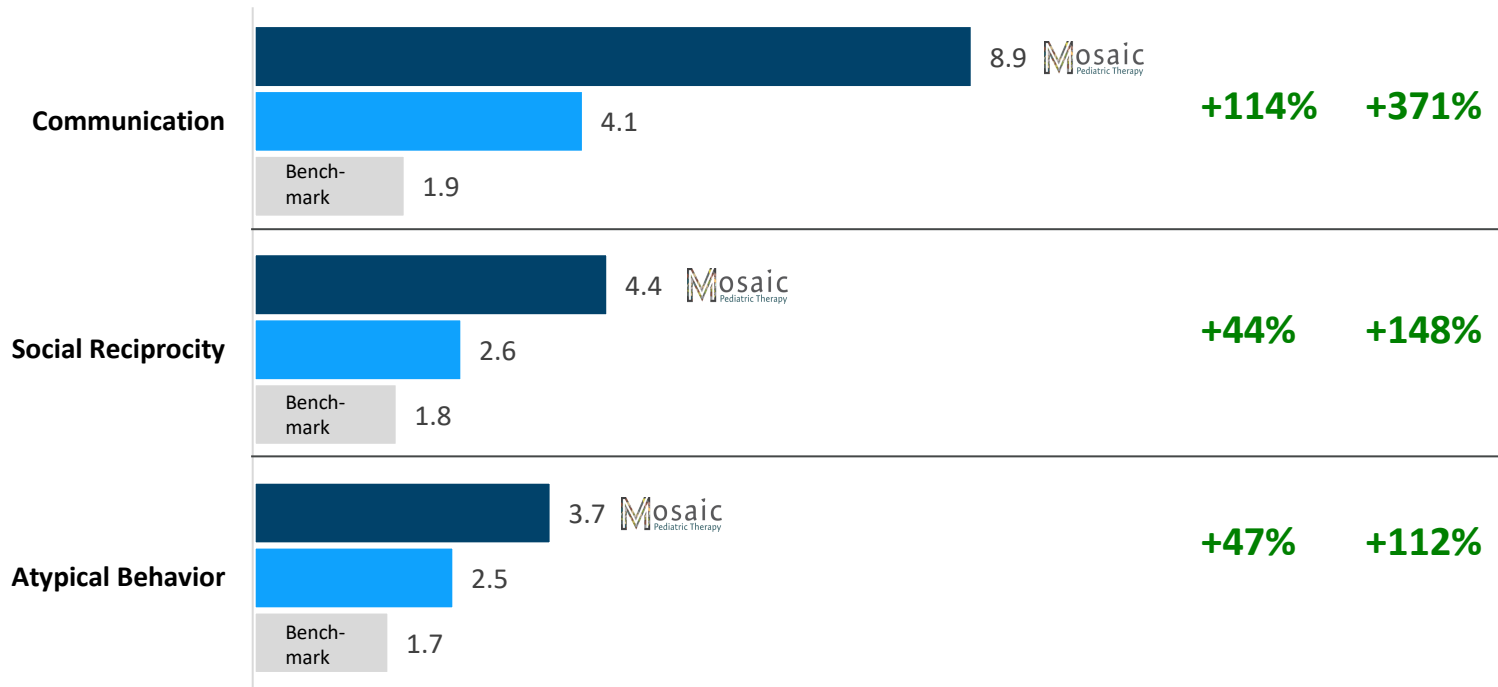
Mosaic's and Kind's clinical models prioritize individualized treatment planning, in-person service delivery (vs. telehealth) and robust case supervision, producing superior patient outcomes

Autism Impact Measure (AIM) Score Improvement

Mosaic AIM Score Improvement vs. Industry Benchmark

Mosaic Outperformance

6 month 12 month



■ Mosaic Outcome (12-mo) ■ Mosaic Outcome (6-mo) ■ Early Intervention ABA Benchmark (6-mo)

(1) Source: Mazurek et al. (2020)

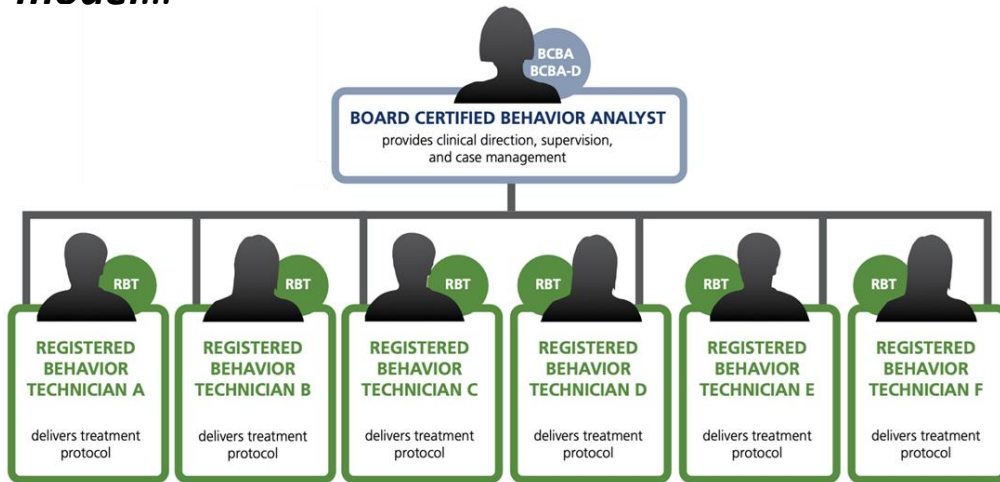
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APPLIED BEHAVIOR ANALYSIS (ABA) OVERVIEW

ABA services are delivered through a **tiered provider model**...



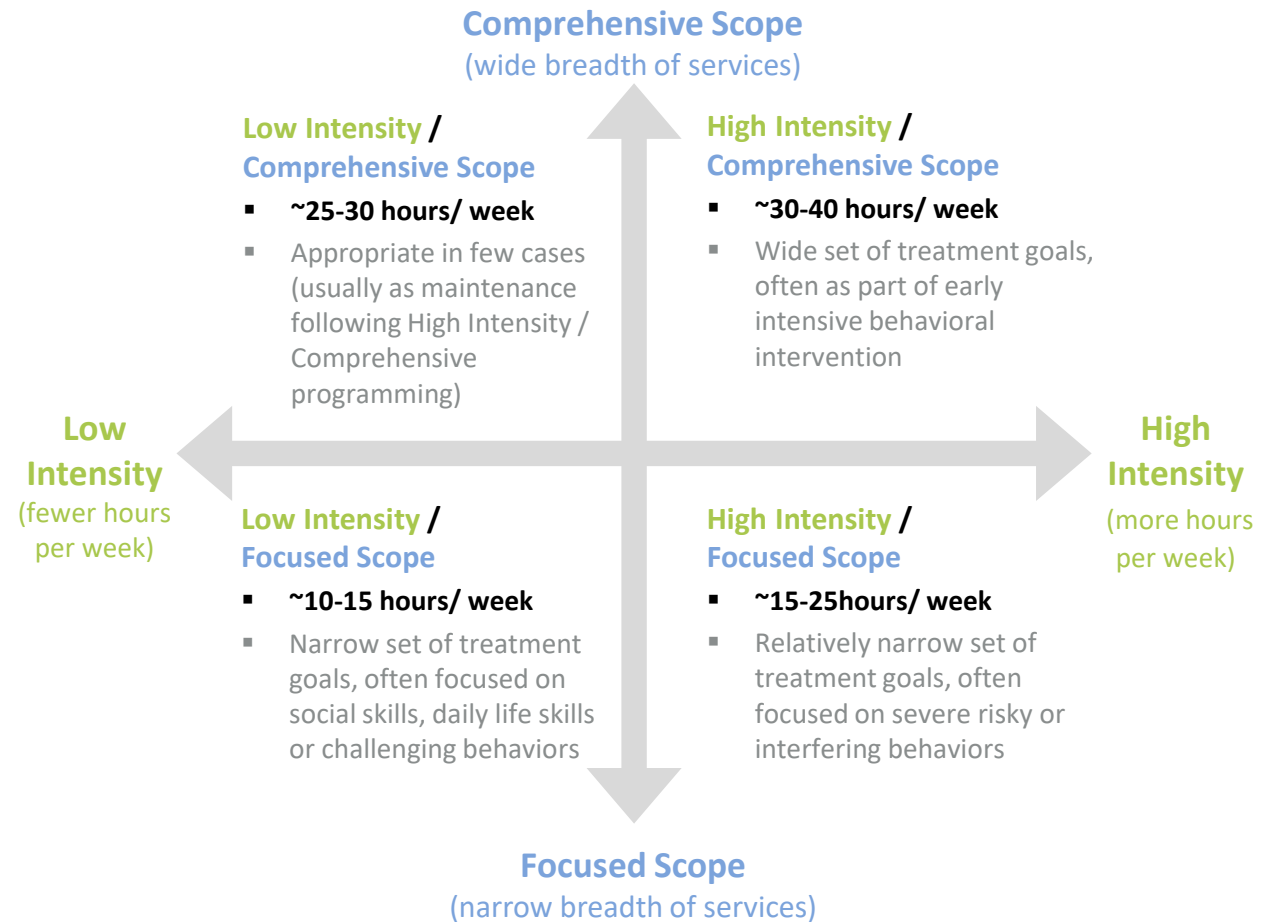
Board Certified Behavior Analysts

- BCBA's are state licensed, nationally accredited masters or doctorate level clinicians
- BCBA's design treatment programs, ensure technicians implement treatment plans properly, and provide caregiver training
- Supervise a caseload of multiple patients

Behavior Technicians / Registered Behavior Technicians

- BA or HS educated; RBTs receive 40+ hours of training, must pass competency assessments and a national board exam
- Work 1-on-1 with patients and implement programming as designed by BCBA

...according to **scientifically-validated treatment scopes and service hour intensity levels**.



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TO ACHIEVE THE BEST OUTCOMES, ABA SERVICES SHOULD BE INDIVIDUALIZED, DELIVERED PRIMARILY IN PERSON, AND WITH HIGHER LEVELS OF BCBA INVOLVEMENT



Quality Driver	High-Quality Service Model	Low-Quality Service Model
Treatment Program Design	<ul style="list-style-type: none"> ▪ Every treatment plan <u>customized to meet the unique needs</u> of the child ▪ Evidence-based, individualized # treatment hours and goals 	
Direct Treatment <i>(Technician-delivered)</i>	<ul style="list-style-type: none"> ▪ <u>Registered</u> Behavior Technicians (BACB cert.) ▪ Provided <u>in-person</u> (not via telehealth) 	
Supervision Services / Case Supervision <i>(BCBA-delivered)</i>	<ul style="list-style-type: none"> ▪ High levels of <u>case supervision</u> (>10%) <i>(ratio of BCBA care hours to technician care hours)</i> ▪ Provided <u>in-person</u> (not via telehealth) ▪ Technician supervised closely, often and in-person to ensure treatment fidelity 	

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SUFFICIENT CASE SUPERVISION RATES ARE CRITICAL FOR SERVICE QUALITY

High-Quality Service Model

BCBA's supporting 8-12 cases at a time, ensuring each family receives the individualized care, and dedicated program support they deserve

Supervision of cases averaging >10%, allowing thoughtful and intentional support for front line staff, ongoing data analysis & program modification, and caregiver training

BCBA



Registered Behavior Technician



Children / Clients



Low-Quality Service Model

BCBA's supporting 20-30+ cases at a time, typically leveraging "one size fits all" intensity levels and having limited individualization in programming

Supervision of cases averaging <5%, which is wholly insufficient for all clients and is unlikely to lead to the health outcomes and financial ROI expected

BCBA



Registered Behavior Technician



Children / Clients



2 TELEHEALTH MATERIALLY IMPAIRS A BCBA'S ABILITY TO DELIVER QUALITY SERVICES AND OPTIMAL PATIENT OUTCOMES



In-person Services



Telehealth Services

(aka "remote supervision")



Telehealth impedes or prevents a BCBA in:

- Observing key child and technician behaviors
- Identifying critical environmental factors that affect behavior
- Providing effective coaching and feedback to the behavior technician
- Physically demonstrating the appropriate implementation of clinical techniques (for the benefit of the technician and client)
- Building rapport with the technician and child (a well-studied element of effective treatment)

Many states have recognized the importance of in-person services and have taken steps to limit the use of telehealth (with exceptions for underserved/rural areas)


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APPROACHES TO QUALITY AND COST MANAGEMENT

What Doesn't Work – Hurts Care Quality and Access

- Draconian weekly / lifetime hours and cost caps
 - Step up (fail first) approach to authorizing ABA services
 - Non-evidence-based utilization management / authorization denials
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- Encourages lower quality service delivery and discourages treatment individualization
 - Broadly and severely restricts access to care vs. a more targeted approach that ensures the appropriate intensity/cost for each patient
 - Some of these approaches may run afoul of federal law (MHPAEA, NQTL restrictions, etc.)

What DOES Work – Quality-focused Cost Management

- Case supervision minimums (>10%)
 - Common sense telehealth guardrails
 - Enhanced rates for serving high-acuity / high-cost-to-serve patients
 - Enhanced, care quality-focused provider audits
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- Incentivizes high-quality treatment models while lowering cost
 - Long-term ROI of high-quality services – good outcomes make it less likely ASD children need long-term support services funded by Medicaid
 - Win-win for cost reduction and quality improvement