



Florida Association for Behavior Analysis

1/10/25

Dear FABA Members and Prospective Members,

The FABA Board of Directors would like to update everyone on its activities related to the Medicaid behavior analysis fee-for-service transition to a managed care system. Over the past year, the FABA Public Policy Committee (PPC) has worked diligently to learn as much as possible about this transition. On the first day of the FABA Annual Conference, the names and regions of the Statewide Medicaid Managed Care (SMMC) Health Plans were announced by the Florida Agency for Health Care Administration (AHCA). The FABA Social Media Committee immediately shared the names and contact information with members.

The FABA PPC continued to communicate with AHCA to be able to share as much information as possible with FABA members. In December, the FABA PPC planned and facilitated two in-person events with AHCA and SMMC Plans attended by over 500 people. The FABA PPC has requested for an additional joint meeting with AHCA to be held virtually to help ensure our members have an opportunity for their questions to be answered before this transition on February 1, 2025.

The FABA Executive Director attended the AHCA hearing on 1/6/25 and provided comments based on member input. Moreover, FABA Leadership attended a number of legislative meetings in Tallahassee on 1/8/25 and 1/9/25, including a meeting with AHCA leadership.

The FABA Board of Directors and FABA PPC has maintained their roles of educating AHCA and SMMC Health Plans about behavior analysis but has not and will not advocate for or against any entity or provider.

Recently, several questions and concerns have been brought to the attention of the FABA Board of Directors. Therefore, the FABA Board of Directors notes:

1. In communications with AHCA and SMMC Health Plans, the FABA PPC recommended best practice standards that are consistent with the standards of care provided by our national organizations (ABAI, APBA, BACB, and CASP). For example, the FABA PPC referred to the Behavior Analyst Certification Board (BACB) requirements regarding classification of Registered Behavior Technicians (RBTs) as employees (BACB Newsletter).

2. The FABAs Board of Directors, FABAs PPC, or any FABAs entity is unable to take a position on whether Board Certified Behavior Analysts (BCBAs) should be classified as employees or contractors. FABAs recommends businesses consult the Department of Labor Laws regarding classification of BCBAs and other workers (DOL Classifications). The FABAs PPC encourages business owners to seek the advice of an employment attorney if they have additional questions on this topic for their own business.
3. The FABAs Board of Directors is aware of State Medicaid Programs in other states requiring accreditation by a third party. The FABAs Board of Directors has not advocated for an accreditation requirement.
4. The FABAs Board of Directors, FABAs PPC, or any FABAs entity cannot engage in activities to recommend certain providers over others to the SMMC Health Plans. At the in-person events, AHCA communicated that the SMMC Health Plans determine providers to include in their network. AHCA has indicated that SMMC Health Plans must meet the needs of the children enrolled in the Health Plan.
5. The FABAs Board of Directors will relay information to our members as we continue communications with AHCA.

Please see the attached letter sent by AHCA to families explaining this transition.

Individual providers can contact AHCA with questions or concerns: BAcomments@AHCA.myflorida.com
To ensure FABAs is aware of member concerns, copy the FABAs PPC: publicpolicy@fabaworld.org

Sincerely,

Melissa Olive

Melissa L. Olive, Ph.D., BCBA-D, LBA

FABAs Executive Director, on behalf of the FABAs Board of Directors

Sample letter from AHCA:

<HeadOfHousehold>

<AddressLine1> <AddressLine2>

<RecipientCity> <RecipientState> <Zip>

<Letter Date>

Our records show that <recipient name> recently received Behavior Analysis (BA) services covered by Florida Medicaid. BA services are currently covered through traditional fee-for-service (FFS) Medicaid. You are receiving this letter to let you know that beginning 02/01/2025, Florida Medicaid health plans are required to begin covering BA services for their enrollees. This means that if your child is enrolled in a Medicaid health plan on or after 02/01/2025, they will need to use a provider that participates with their assigned plan to receive BA services.

To help make this a smooth transition, Medicaid health plans must honor any existing prior authorization for BA services for a minimum of ninety (90) days after the effective date of enrollment into the plan. This is called the continuity of care period (COC). After the COC period, BA services will continue to need prior authorization. For plan enrollees this authorization will come from the Medicaid managed care plan. We encourage you to contact the child's BA provider to check which Medicaid managed care plans they participate with to prepare for this change.

If you have questions about available plans in your area or wish to change your child's plan assignment, we can help. Choice Counselors are available at 1-877-711-3662 to assist you Monday - Thursday 8am-8pm and Friday 8am-7pm (TDD: 1-866-467-4970) or by visiting flmedicaidmanagedcare.com.