JOHNSTON & STEWART
GOVERNMENT STRATEGIES

AHCA Applied Behavior Analysis Task Force

Thursday, October 29, 2026

The AHCA Applied Behavior Analysis Task Force held its final presentation meeting, hearing from AHCA staff on Medicaid enrollment, billing, and program integrity, and the Behavior Analyst Certification Board (BACB) on certification and ethics concerns. The BACB reported that Florida is a national outlier for ABA-related exam fraud and ethics violations. The task force then began reviewing member recommendations, reaching consensus on several proposals before adjourning the discussion and scheduling its next meeting.

Key Remarks:

Provider Enrollment and Billing (Sheena Grantham, Assistant Deputy Secretary for Medicaid)

- Florida does not require licensure for behavior analysts. All BA providers must enroll in Medicaid, with BCaBAs and RBTs enrolled under a BA group that bills for services. Other states have varying enrollment requirements.
- Average enrollment timelines are 19 days for RBTs, 39 days for BCaBAs, 75 days for BCBAs, and 87 days for groups. Longer timelines largely reflect required site visits.
- Secretary Harris said licensure could expedite enrollment by allowing AHCA to leverage existing verification processes. A planned system modernization will also automate manual checks.
- AHCA is participating in a federally supported pilot to strengthen upfront provider screening and revalidation.
- Proposed AMA ABA CPT codes effective January 1, 2027, include non-face-to-face clinical activities and treatment delivered directly by qualified professionals. These services are not currently covered by Florida Medicaid.
- Florida requires prior authorization before services begin and reauthorization at least every 180 days. Other states use more frequent reviews for higher-intensity services.
- Electronic visit verification (EVV) is not federally required for ABA. Florida previously piloted EVV but discontinued it when services transitioned to managed care.

Medicaid Program Integrity and Regulatory Oversight (Dr. Tiva Anderson and Kimberly Smoke)

- Dr. Anderson explained that abuse involves practices resulting in unnecessary costs, while fraud requires intentional deception. Intent is not required to establish an overpayment.
- Providers must maintain accurate enrollment information, document services completely, and ensure claims reflect services delivered. AHCA uses peer reviewers when evaluating claims.

- Program integrity concerns arise through complaints, referrals, data analysis, claims reviews, site visits, and random audits.
- Following a preliminary audit, providers may pay an overpayment, submit additional documentation, or not respond. Insufficient documentation or nonresponse can result in a final audit report, sanctions, and hearing rights.
- Prepayment review can last up to one year, although Dr. Anderson said extended reviews are uncommon. Payment restrictions do not require providers to stop delivering care.
- Secretary Harris emphasized that payment restrictions are not arbitrary and that AHCA takes a progressive approach when issues can be corrected.
- Deputy Secretary Smoke described the Division of Health Quality Assurance's oversight of approximately 30 provider types and more than 50,000 facilities.
- Smoke encouraged providers to maintain qualifications, document supervision, verify claims, and use AHCA's self-audit resources.
- Licensing ABA providers as clinics would add ownership reviews, initial and unannounced inspections, plan-of-care reviews, and billing and record validation.

Certification, Ethics, and Consumer Protection (Dr. Jim Carr, Behavior Analyst Certification Board)

- The BACB was founded in Tallahassee in 1998 and remains a Florida corporation. It offers three accredited certifications, with only BCBAs permitted to practice independently.
- Florida has approximately 9,858 BCBAs and more than 57,000 RBTs.
- The BACB received more than 1,400 alleged violation notices last year. Florida's disciplinary action list is significantly longer than any other state's, with most cases involving RBT exam cheating or misconduct.
- The BACB suspended remote RBT testing because of misconduct in Florida and has attributed nearly all exam content losses over the past decade to the state.
- Forty states and Washington, D.C., license behavior analysts. Licensure provides authority over all practitioners, investigative resources, and subpoena power beyond the BACB's authority.
- Dr. Carr supported identifying the supervising BCBA on each billable claim and strengthening upfront screening of new business entities. He cited an example of one operator creating 17 similarly named corporations to circumvent billing limits.
- Fraud appears concentrated in South Florida, where federal law enforcement has expressed concern about organized activity. Dr. Carr urged the task force to develop protections that address known fraud schemes without unnecessarily burdening legitimate providers.
- Secretary Harris raised concerns about unqualified individuals potentially obtaining RBT certifications through stolen exam content, emphasizing the resulting child safety risks.

- Dr. Carr confirmed the BACB uses continuing education rather than periodic reexamination to maintain certifications.

Recommendations:

Credentialing, Licensure, and Workforce

- Members reaffirmed consensus on state licensure for BCBAs and agreed to include BCaBAs. Licensure would require legislative action and fall under the Department of Health.
- Carol Gormley cautioned that the Legislature has sought to reduce licensure categories and emphasized that any new program must be adequately funded for investigations and enforcement.
- Dr. Childers said Florida has become a refuge for ABA fraud and argued that licensure would create meaningful accountability.
- Members discussed stronger identity verification and reviewing model licensure requirements from other states.
- A Florida-specific RBT certification was deferred for further research, given the limited number of states with such requirements and Florida's large RBT workforce.
- Proposed additional RBT training and annual certification verification were set aside, with members favoring stronger supervision linkage and professional licensure.
- Members supported exploring Florida residency requirements for RBTs and BCBAs. Staff will verify existing Medicaid requirements.
- Members opposed eliminating telehealth supervision, citing shortages of BCBAs in some counties. Staff will review current policy.
- Members agreed to continue considering ABA group provider clinic licensure, potentially phased in after professional licensure.

Ownership, Financial Controls, and Program Integrity

- Ownership transparency and advance notification of ownership changes were considered largely addressed by existing Medicaid enrollment and revalidation requirements.
- Members opposed a proposed requirement that providers spend at least 75% of revenue on direct care, citing potential unintended consequences for provider growth and operations.
- Members raised concerns about prohibiting investor or management services organization (MSO) involvement in clinical decisions, but agreed clinical independence could be addressed through facility licensure.
- Existing anti-kickback and Stark-like protections were viewed as largely addressing proposals to separate diagnosis and referrals from financial interests.

- A proposed 90-day notice requirement for site closures was viewed as largely duplicative of managed care continuity-of-care requirements. Staff will review whether surety bond requirements could apply to ABA providers.
- Members reached consensus on requiring EVV for services delivered outside physical clinics, with flexibility for mobile and multiple service settings.
- Members also agreed to require the supervising provider's Medicaid ID on the rendering provider's claim.

Supervision, Caseloads, and Concurrent Billing

- Rather than establishing a maximum supervisory caseload, members favored linking RBTs to supervising BCBAs on claims to identify excessive caseloads.
- Stella Johnson estimated that Florida's 57,000 RBTs could generate nearly 100 million service hours annually, requiring approximately 5 million supervision hours at a 5% rate.
- Members distinguished the BACB's 5% supervision requirement for RBT certification from case-specific oversight, which CASP recommends at 10%–20%.
- Dr. Peters recommended allowing concurrent billing of CPT codes 97155 (case oversight) and 97153 (RBT implementation), paired with a minimum case-oversight requirement.
- Secretary Harris cautioned that concurrent billing could create significant additional costs and requested fiscal modeling and claims-edit controls.
- Johnson estimated an additional $383 million if 5 million supervision hours were billed at approximately $76.68 per hour.
- Dr. Peters and Dr. Leon agreed to model the fiscal impact, including potential shifts between the two billing codes, before the next meeting.

Clinical Models, Authorization, and Caregiver Involvement

- Dr. Childers proposed dividing ABA into focused and comprehensive services, with three tiers each, a 40-hour maximum, and additional review requirements for prolonged high-intensity treatment.
- Members supported developing separate Medicaid policies for focused and comprehensive ABA, with more frequent authorization reviews for higher-intensity services. Dr. Leon will develop a tier framework using CASP guidelines.
- Members discussed allowing authorized hours to be pooled over a month or authorization period to accommodate missed sessions, crises, and caregiver availability. Johnson proposed a pilot comparing weekly limits, pooled hours, and case rates.
- Members supported exploring multidisciplinary care planning at authorization to determine each child's needs across service types, including concerns about ABA authorization for non-ASD diagnoses.

- Proposed standardized clinical criteria for non-ASD diagnoses were incorporated into the multidisciplinary approach.
- Members agreed to revisit comprehensive diagnostic evaluation requirements and research appropriate screening tools for conditions that do not require an autism-specific evaluation.
- Members supported using the term "caregiver" rather than "parent," allowing scheduling flexibility, and requiring meaningful caregiver involvement in treatment. Members also discussed expanding caregiver coaching in community settings.
- A proposed lifetime or annual monetary cap was ruled out as unlikely to receive federal approval under EPSDT.
- A proposed group therapy utilization limit was deferred pending additional utilization data.

Public Comment:

- Karen Reed of Beyond Expectations reported 360 children on her waitlist across the Panhandle, despite managed care plans indicating adequate provider networks.
- Reed cited reimbursement reductions of up to 20% and warned that additional requirements without concurrent billing provisions could make it difficult for legitimate providers to remain in the Medicaid program.
- Reed asked the task force to consider allowing BCaBAs to provide caregiver telehealth training, permitting telehealth without prior authorization for children on waitlists, and allowing group caregiver training.
- Reed said managed care credentialing adds 60–90 days to AHCA enrollment, bringing the total time from hiring to service delivery to approximately four and a half months.
- FABA's written recommendations were submitted for the record. A CASP representative was unable to present.
- Members discussed creating a statewide Medicaid waitlist for authorized recipients awaiting providers. Rather than a centralized waitlist, Dr. Leon suggested tracking the time between initial authorization or diagnosis and the first billed session as a quality metric.

Read the Agenda: https://ahca.myflorida.com/file/aba-task-force/ABATFMeeting5Agenda_102926.pdf

Watch the Meeting: https://thefloridachannel.org/videos/10-29-26-florida-agency-for-health-care-administration-applied-behavior-analysis-task-force/