ATAM
AUTISM TREATMENT ASSOCIATION OF MINNESOTA

ATAM study finds serious challenges in implementing the new EIDBI Provisional Licensing law while also implementing Pre-Payment Review – December 5, 2025

ATAM, the Autism Treatment Association of Minnesota, is a trade organization of 23 treatment organizations that collectively serve over 2,500 children with autism in Minnesota. Minnesota treatment organizations have been reputable, trusted providers who want to continue to deliver high quality services to children and families. Minnesota's EIDBI coverage was a revolutionary benefit when it was enacted in 2013, and it has improved the lives of many children and families since then.

ATAM studied the serious challenges in implementing the new EIDBI Provisional Licensing law while also implementing Pre-Payment Review on an extremely short timeline (January 1, 2026). The results of this study portray a high risk of extreme disruption to services to children with autism on Medical Assistance in Minnesota. The solutions for combatting fraud should be narrowly tailored so as not to exacerbate the ongoing workforce shortage and decrease access to children and families.

1) Will the new QSP clinical supervision requirement be difficult to implement?
75% of the providers described the new requirement as difficult to very difficult to implement. Those that did not describe it as difficult were the small providers who already had the necessary workforce to serve their existing caseload. All of the providers described a costly process of restructuring in order to comply with the regulations.

1a) What are the challenges that will make it difficult to implement the new QSP clinical supervision requirement?
The providers identified a large number of significant challenges. These include: the extreme workforce shortage* in Licensed Behavior Analysts who could serve as QSPs; competition between organizations to hire the limited supply; complex enrollment requirements with delays reported to be over 60 days; the tight implementation timeline; the rigid schedule requirement that does not allow for attendance interruptions; the fact that direct observation is only one component of a QSP's responsibilities; and the lack of a dedicated billing code for "clinical supervision" which will complicate the detection of fraud.

The DHS declared the workforce shortage in March 2015 across all tiers of EIDBI providers (QSP Level I, II, III), and that has not abated since. The generally accepted standards of ABA care call for the QSP to delegate responsibility for supervision to their Level I and II subordinates, explicitly because of the extreme workforce shortage. However the new provisional license law disregards that standard of care.

*Data on the workforce shortage: The Board of Psychology reports that there are 493 Licensed Behavior Analysts in Minnesota. Approximately two thirds of those (330) are providing EIDBI services to approximately 6,000 children currently receiving EIDBI services out of approximately 32,000 children with autism who are covered by Medical Assistance. Even if every one of those LBAs were able to be enrolled as QSPs, that would be a caseload of 18 children per QSP. If each child receives an average of 32 hours of EIDBI per week, that would require 36 hours of direct observation per week. The complications described above will make that impossible. The resulting bottleneck will cause children to lose services.

2) What will it cost each organization to recruit and hire sufficient QSPs?
The providers reported a range of costs from $5,000 to $725,000 to each organization (an average of $168,000). This wide range is due to the large difference in the range of caseloads across organizations. This is money that does not exist in the operating margins of many of the organizations.

3) How many children could lose services due to the QSP workforce shortage?
The providers estimate that individual organizations will stop serving or not initiate services for anywhere from 0 to 200 children (an average of 25 children per organization). This wide range is due to the large difference in the range of caseloads across organizations. The result will be that new children will lose their chance at the early intervention that is most cost effective.

4) How many clinicians will lose work as an indirect effect of the QSP workforce shortage?
The providers estimate that the individual organizations, who are able to stay in existence, will lose anywhere from 0 to 225 clinicians (an average of 24 clinicians per organization). This wide range is due to the large difference in the range of caseloads across organizations.

Contact: Eric Larsson, PhD – elarsson@lovaas.com – 612.281.8331 – atamn.org

5) What is the financial risk that each organization faces if DHS were to suspend payments for six weeks due to enrollment and paperwork errors?
Half of the providers reported that a payment suspension of only six weeks would cause their entire organization or at least one location to close. The other half would only continue if they were able to obtain cash-flow loans from banks. These cash-flow loans are increasingly difficult to get.

6a) How long could each organization afford to have all of the payments suspended by the Optum Pre-Payment Review process?
The organizations report that if the Optum Pre-Payment Review resulted in a suspension of all payments, they would be forced to close after a range of 14 to 90 days per individual organization (average 49 days).

6b) When would each organization be forced to terminate services to children?
If a substantial portion of claims were suspended by the Optum Pre-Payment Review process, the providers report that they would begin terminating services for children after a range from immediately to 180 days (after an average 50 days).

6c) What proportion of delayed payments could each organization manage, and for how long?
The organizations report that they could manage a range of 5 to 50% of delayed payments (average 25%), for a range of 30 to 120 days (average 79 days). This is only for claims that the providers knew would eventually be paid.

7) What will it cost each organization to manage the additional burdens of pre-payment review in terms of employee time and upgrading of technology?
The organizations report that it will cost a range of $25,000 to $1,000,000 per organization (average $160,000) to manage the additional demands of the Optum Pre-Payment review process.

The organizations report that these costs will come from a large variety of needs: new software; additional administrative staff for billing and documentation; additional administrative time, billing time, and credentialing time; legal and consulting fees; lost productivity; recruiting; reorganizing and training; and temporary staffing.

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