

Chairman Romanchuk, Vice Chair Huffman, Ranking Member Liston, and members of the Senate Medicaid Committee, thank you for allowing me to testify today. My name is Amée Jones, and I am a parent of autistic children and a Board Certified Behavior Analyst. I am here today to discuss the impact that ABA services have on the autistic community, how these services are medically necessary, and how Medicaid policies support these services.

Applied Behavior Analysis, or ABA, supports research-backed strategies for developing functional communication skills, daily living skills, skills that same-aged peers require to independently engage in daily demands at home, school, or work, and the skills needed to acquire future skill development. Furthermore, ABA may support skill acquisition that circumvents the need for additional supports in group homes, human rights restrictions, or, in some cases, even the legal system in later years.

As a parent of autistic children, I can testify that their own BCBA's, who provide ABA services, have given them another way to develop the skills they may need in their daily lives, such as social awareness and social interactions during group activities, and even skills that support my almost 18-year-old with job interviews and college applications.

As a Behavior Analyst, I have supported the goals of autistic individuals across all age ranges. I have seen the adult programs, the legal system, and the youth crisis homes, where I have collaborated with Ohio programs such as Ohio Rise and Child and Family Services. I have seen the outcomes of ABA supports directly and how they can change the lives of autistic individuals, by giving them another way to express themselves, develop skills that will support their future skill growth, reduce the need for rights restrictions, and increase chances for gainful employment.

Only 8% of Medicaid-eligible children diagnosed with autism are getting access to the most prescribed services for this diagnosis, which is ABA.

ABA providers state that over 50% of all ABA authorizations are forced to have a peer-to-peer medical review before they are even approved or denied.

Currently, Ohio Medicaid does not have uniform medical or reimbursement policies for ABA services. Currently, there are seven different medical policies for ABA services.

Autistic children and Medicaid face challenges accessing services, especially outside the big three C cities. (Cleveland, Columbus, Cincinnati)

The current provider network is strained and inadequate, with long waitlists and long delays in claims processing and reimbursement, making the ABA coverage within Medicaid unstable.

Inconsistent medical necessity criteria between the seven managed care plans and an inadequate provider network, drive patient protection violations in the federal parity law (MHPAEA) and Medicaid's Early and Periodic Screening, Diagnostic, and Treatment

(EPSDT) mandate.

ABA providers have not seen an increase in reimbursement rates in comparison to other community behavioral health centers.

We know the Department of Medicaid is working to release finalized rules for ABA, but this has been pushed over and over these past two years. We cannot continue to wait; Medicaid coverage for ABA services are not stable. We need your support for our three-state amendment proposals to stabilize the ABA service coverage within Medicaid.

1. We need Medicaid's New Fee-for-Service Reimbursement for ABA to begin July 1, 2025.
  - We know Medicaid is not ready with the coverage rules for ABA, but Medicaid has already released its new ABA reimbursement rates developed by an actuarial firm.
2. Moratorium on Reduction of ABA Reimbursement Rates by managed care plans.
  - We need the new Medicaid rates, plus we are requesting that it be two years before MCOs can reduce these rates through contract negotiations with providers. We have seen this in other mental health services in the past.
3. I ask for the allowance of Competent Behavior Technicians to Deliver Services while completing their RBT Certification
  - A Behavior Technician (BT), which is a direct care professional, has completed the required 40-hour training and passed the BACB competency assessment overseen by a certified behavior analyst. This process alone, can take about 4 to 6 weeks. Behavior Technicians are supervised by a behavior analyst for a percentage of their service delivery. The behavior technician should be able to deliver and receive reimbursement for ABA services, pending their completion of the RBT certification exam. If RBT certification is not achieved by the 121st day of active employment, the behavior technician should no longer deliver services until the certification is achieved.

Conclusion:

Members of the Ohio Senate Medicaid Committee, thank you for the consideration of my requests. I would be happy to answer any questions you may have.