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Dear Committee Members,

Thank you for the opportunity to speak on behalf of children with autism who rely on Medicaid for essential healthcare services. I am writing to express urgent concerns about the growing waitlist for Applied Behavior Analysis (ABA) therapy—a medically prescribed, evidence-based treatment for autism—due to challenges within Ohio's Medicaid system.

At our organization alone, over **25 Medicaid-enrolled children** with autism are currently on a waitlist for ABA therapy. These families are unable to access care. Despite being willing and able to serve, the system is financially unsustainable for providers—particularly in underserved regions like Northeast and rural Ohio. We provide services for the following counties: Franklin, Licking, Delaware, Pickaway, and Richland. We hope to continue helping as many families as possible.

We are not alone. This is a system-wide issue, and the numbers are alarming:

- Only 8% of Medicaid-eligible children with autism in Ohio are receiving ABA therapy—the most widely prescribed treatment for autism.
- Over 50% of ABA treatment requests are forced through a peer-to-peer medical review process before approval, delaying or denying care.
- Ohio Medicaid currently operates with seven different medical policies for ABA across managed care plans, causing inconsistency, confusion, and inequity in access.
- These disparities violate federal patient protections, including the Mental Health Parity and Addiction Equity Act (MHPAEA) and the EPSDT mandate (Early and Periodic Screening, Diagnostic, and Treatment).
- Children living outside of Ohio's "big three" cities face the greatest barriers due to a strained provider network and lack of in-home support in rural communities.

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- While other behavioral health services have received Medicaid rate increases, ABA providers have seen no such adjustments, making recruitment and retention of qualified staff nearly impossible.

We recognize that the Department of Medicaid is working to finalize new rules for ABA therapy, but this process has now stretched across two years, with repeated delays. We cannot afford to wait any longer. Without immediate action, Medicaid coverage for ABA therapy will remain unstable, inconsistent, and inaccessible for most children who need it.

We respectfully request your support for the following solutions to stabilize the ABA provider network and improve access to care:

1. Implement New Fee-for-Service Medicaid Reimbursement Rates for ABA effective July 1, 2025.

- a. These rates, developed by an actuarial firm and already released by Medicaid, must be enacted to prevent further provider attrition.

2. Place a Two-Year Moratorium on Managed Care Organizations (MCOs) Reducing ABA Reimbursement Rates.

- a. We ask for a two-year window before any MCO-negotiated rate reductions can take effect. This mirrors protections seen in other behavioral health sectors and allows providers time to build infrastructure.

3. Allow Qualified Behavior Technicians to Provide Services During the RBT Certification Process.

- a. Technicians who have completed the 40-hour training and passed the BACB competency assessment under BCBA supervision should be allowed to deliver and bill for services. If certification is not achieved within 120 days, services would pause until completion. This step will help build the direct-care workforce pipeline in areas with limited RBT access.

We are committed to providing ethical, compassionate, and effective ABA therapy for Ohio's Medicaid-enrolled children with autism. But without these critical changes, access will continue to decline—and the consequences for families will be devastating.

Thank you for your time and consideration. We urge you to take action and support our efforts to ensure every child with autism has access to the care they need and deserve.

Sincerely,

Elizabeth Bartosek, BCBA, COBA
Executive Director/Founder
Collective Behavioral Therapy