May 13, 2025

Ohio Senate
Medicaid Committee

RE: H.B. 96

Dear Chairman Romanchuk, Vice Chair Huffman, Ranking Members Liston and Members of the Senate Medicaid Committee,

My name is Mariel Fernandez and I write today on behalf of the Council of Autism Service Providers (CASP) and our Ohio member organizations asking you to support state budget amendments regarding open access to autism therapies in Medicaid.

CASP is a non-profit trade association of autism service provider organizations, with a demonstrated commitment to promoting and delivering evidence-based practices for individuals with autism. CASP represents the autism provider community to the nation at large, including government, payers, and the general public. CASP provides information, education, and promotes the generally accepted standards of care for applied behavior analysis (ABA). CASP is committed to addressing barriers that impact access to quality services delivered by qualified providers.

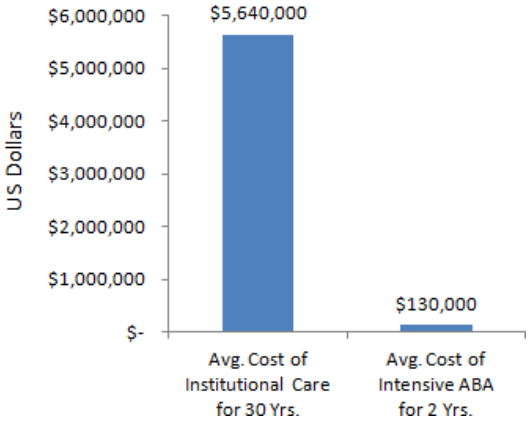
Since its introduction, the Ohio Medicaid autism benefit, and more specifically, applied behavior analysis (ABA), has been provided without a formal state plan amendment (SPA), consistent policy guidance, or established rates. Until 2022, Certified Ohio Behavior Analysts (COBAs) were not required to enroll with the Ohio Department of Medicaid (ODM). COBAs and the programs that employed them exclusively contracted and credentialed with the seven managed care organizations (MCOs) administering the Medicaid program.

ODM has been working on program guidance and rates for ABA since before the COVID-19 Public Health Emergency (PHE). CASP members respect and understand the delay during the PHE, however, ODM has been working on this benefit for approximately six years. Last November, ODM released proposed rules and proposed rates; however, the implementation was delayed again.

- Only 8% of all Ohio Medicaid eligible children with autism have access to ABA.
- Approved Medicaid providers report that over 50% of all prior authorization requests go to peer review before services are approved or an adverse determination (full or partial denial) is issued.
- There are no uniform medical policy, program guidance, or reimbursement rates, instead, each MCO establishes their own rules for the benefit, including their own medical necessity criterion, and their own rates. These rates are not publicly available.
- 46 other states have publicly available guidance and publicly available Medicaid rates.
- The current provider network is inadequate, about 30% of Ohio's BCBAs (1406) are enrolled with at least one Medicaid MCO.

- According to the August 2024 KFF Ohio in Medicaid report; approximately 2.949,399 Ohioan's are enrolled in Medicaid; including ⅜ children or 1,093,187 children under age 19.[1],[2] Given the most recent Centers for Disease Control and Prevention (CDC) population prevalence estimates of 1 in 31, Ohio has approximately 35,000 children and 19 and under with both Medicaid and an autism diagnosis.[3] Thus, Ohio needs approximately 2,915 COBAs enrolled with ODM to meet the state's demand for ABA; or more than double the number of providers currently rendering services in the state.

The costs associated with effective behavioral intervention pale in comparison to funding a lifetime of more restrictive care. Without effective treatment, a person with an autism spectrum disorder (ASD) will likely incur lifetime costs for specialized services of approximately $3.2 million (Ganz, 2007). The short-term cost of ABA therapy can result in a saving of an average of $2.8 million per person across a 55-year span (Jacobson, Mulick, & Green, 1998).[4] Data from public schools showed an average savings of $208,500 per child across 18 years of education with access to early and intensive ABA, an investment that has proven to achieve cost savings (Chasson, Harris, & Neely, 2007).[5]



Average Cost Savings with Intensive ABA	
Through 18 yrs. education	$208,500
Through age 55	$2,800,000

The proposed rates must be implemented quickly to ensure providers do not exit the Medicaid network and further impact access to medically necessary care and services. EPSDT requires:

[1] https://www.marchofdimes.org/peristats/data?reg=39&top=14&stop=178&lev=1&slev=4&obj=9&sreg=39

[2] https://files.kff.org/attachment/fact-sheet-medicaid-state-OH#:~:text=August%202024,Medicaid%20(as%20of%20Aug%202024)

[3] https://www.cdc.gov/autism/data-research/index.html

[4] Jacobson, J. W., Mulick, J. A., & Green, G. (1998). Cost-benefit estimates for early intensive behavioral intervention for young children with autism—general model and single state case. Behavioral Interventions, 13(4), 201–226. https://doi.org/10.1002/(SICI)1099-078X(199811)13:4<201::AID-BIN17>3.0.CO;2-R

[5] Chasson, G.S., Harris, G.E. & Neely, W.J. Cost Comparison of Early Intensive Behavioral Intervention and Special Education for Children with Autism. J Child Fam Stud 16, 401–413 (2007). https://doi.org/10.1007/s10826-006-9094-1

> *"...medically necessary diagnostic and treatment services. When a screening examination indicates the need for further evaluation of a child's health, the child should be appropriately referred for diagnosis and treatment without delay. Ultimately, the goal of EPSDT is to assure that children get the health care they need, when they need it – the right care to the right child at the right time in the right setting."* [6]

According to SHO 24-005 Best Practices for Adhering to EPSDT Requirements issued in September 2024 by the Centers for Medicaid and Medicare Services (CMS):

> *"Although adequate payment rates are not, in and of themselves, enough to ensure a sufficient network, without them, any other steps a state might take to improve the provider workforce likely will be less effective."*[7]

CASP respects and appreciates ODM's efforts to release finalized rules for ABA; however the ongoing delays have resulted in an untenable situation: children can't wait to access medically necessary life changing ABA, the state will ultimately spend more money to support these children as adults, and providers are at risk of exiting the Medicaid MCO networks or closing their doors all together. The cost of doing business far exceeds the current reimbursement rates from the MCOs. Please consider supporting amendment proposals that stabilize the networks and ensure prompt access to care for children and families.

1. Please support the introduction of ODM ABA rates effective July 1, 2025.
2. These rates should serve as the floor by which rate negotiations occur with the MCOs and not the ceiling.
3. All plans should pay at least 100% of the ODM rates and negotiate in good faith above the ODM rates to ensure prompt access to medically necessary care.

Members of the Ohio Senate Medicaid Committee, thank you for considering this request and submitting the amendments to the legislative service commission (LSC). I'm happy to answer any questions the committee may have and deeply appreciate your commitment to some of Ohio's most vulnerable citizens, children with autism.

Respectfully Submitted,

MS BCBA LBA

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[6] https://www.medicaid.gov/federal-policy-guidance/downloads/cib-07-07-14.pdf
[7] https://www.medicaid.gov/federal-policy-guidance/downloads/sho24005.pdf