



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

February 10, 2021

The Honorable Delores G. Kelley
Chair, Senate Finance Committee
3 East
Miller Senate Office Building
Annapolis, MD 21401-1991

RE: Senate Bill 469 - Maryland Medical Assistance Program – Applied Behavior Analysis Services – Reimbursement - Letter of Information

Dear Chair Pendergrass and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of information for Senate Bill (SB) 468 Maryland Medical Assistance Program – Applied Behavior Analysis Services – Reimbursement.

This bill would prohibit MDH from requiring a parent or caretaker's presence or availability at the setting in which a child receives applied behavioral analysis (ABA) services as an Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit.

MDH covers ABA services for children under the age of 21 as part of its ESPDT benefit. To qualify for services, a child must have a diagnosis of autism spectrum disorder (ASD) and exhibit the presence of maladaptive behavior or developmental skills deficits that significantly interferes with home, school, or community activities, amongst other requirements. A licensed psychologist, or a licensed behavioral analyst is responsible for developing an ABA treatment plan. The ABA treatment plan must identify certain long-term goals for treatment and must address care coordination and support. The participant's parent or caregiver must (1) be trained to reinforce ABA services in a clinically effective manner; and (2) be present or available in the setting where services are being provided at all times, even if not directly participating in the services. SB 469 would require MDH to eliminate the second requirement.

In CY 2019, 945 children aged 0-20 used 98,473 ABA services. The total cost of services was \$18.3 million. Nearly half of these children were aged 5 or younger. Removing the requirement that a parent or caretaker is present or available would have a fiscal impact because of expected increase in service utilization. Expenditures would be subject to a 52% FMAP. Assuming a conservative 10% increase in service utilization, the fiscal impact would be \$1.8 million (\$952,967 Federal funds, \$879,662 General Funds).

The current policy was implemented to enhance the quality of services received and to improve outcomes for vulnerable children with ASD. Involvement of parents/caregivers in treatment,

particularly for younger children with ASD, has long been recognized as a vital component to the development of communication, social, and academic skills, thus improving treatment outcomes.

Parents have more opportunities to teach their children than an ABA practitioner so their involvement is critical. If the parent/caretaker is not present, this critical training component is missing. There is also a risk of ABA services being misused as a substitute for other types of care while a parent/caretaker is unavailable to care for the child themselves.

Lastly, this bill may impact school-based applied ABA services funded under individualized education plan (IEP). Traditionally these services do not require a parent or caregiver's presence. However, SB 469 may cause a shift from school-based ABA services, funded separately under an IEP, to community-based ABA services reimbursed by Medicaid. The shift from school-based ABA services to community-based ABA services will increase Medicaid reimbursement funds and may cause duplication in services.

I hope this information is useful. If you would like to discuss this further, please do not hesitate to contact me at webster.ye@maryland.gov / (410) 260-3190 or Heather Shek, Deputy Director of Governmental Affairs at heather.shek@maryland.gov and at the same phone number.

Sincerely,



Webster Ye
Assistant Secretary