



To: The Honorable Delores Kelley, Chairperson Finance Committee

From: Marina Major, President, Little Leaves Behavioral Services

Re: Letter of Support- SENATE BILL 469: Maryland Medical Assistance Program –Applied Behavior Analysis Services–Reimbursement

Dear Chair Pendergrass and Members of the Committee:

Thank you for the opportunity to provide written testimony in support of SB 469.

Little Leaves Behavioral Services is an Applied Behavioral Analysis (“ABA”) therapy practice that originated in the state of Maryland. We were founded almost 10 years ago, and in that time, we treated nearly 100 Maryland children with Autism Spectrum Disorders (“ASD”). We serve children 1-6 years of age (below mandatory school age) in our centers. Currently Little Leaves operates six ABA centers offering intensive intervention services, three in Maryland, two in Virginia, one in Florida, and have plans to open additional centers in all three states. Most children enrolled at our centers receive intensive treatments of 30-40 hours per week. Our approach and duration of intensive therapy aligns with a large body of research supporting the correlation of intensive ABA therapy and improved long-term outcomes<sup>1</sup>. Our children show progress in areas such as communication, play skills, social skills, self-care, and school readiness, and experience a reduction in challenging behaviors, during their time with us and after. This progress helps prepare our clients for a more successful path in school and life.

Despite the success of advocates in securing commercial health plan insurance coverage of ABA and the Centers for Medicare and Medicaid (CMS) clarifying that treatment for ASD is a covered service under the Early and Periodic Screening, Diagnostic, and Treatment ([EPSDT](#)) benefit under Medicaid, access to early intensive ABA therapies is a challenge and the disparities between Maryland Medicaid beneficiaries and those with commercial insurance continue, in part due to the parent/guardian supervision requirement SB 469 proposes to eliminate.

---

<sup>1</sup> Rogers SJ, & Vismara LA (2008). Evidence-based comprehensive treatments for early autism. *Journal of Clinical Child & Adolescent Psychology*, 37(1), 8–38.



After recent events in our nation amplifying racial inequity, Little Leaves reflected on ways that we could serve a broader range of children impacted by such inequities and began exploring how to enroll as a Maryland Medicaid provider. Up until this point, we had only contracted as a provider of commercial health insurance plans including, Carefirst, United, Aetna, Cigna, Kaiser, and Johns Hopkins, all of which authorize treatment in our centers without parent/guardian supervision. During the latter part of 2020, calls from Maryland Medicaid families significantly increased -- so we know there is a need and lack of access. It has been very difficult for us to turn these families away, knowing we can help their children.

In pursuit of becoming a Maryland Medicaid provider, we spoke extensively with Optum (the current administrator of ABA benefits for Maryland Medicaid) about the process, reimbursement, and requirements for us to treat Maryland Medicaid families and were confident in our ability to gain provider status until we learned of the conditioning of ABA services on supervision by a parent/guardian for the entire duration of therapy. At this juncture, it is worth noting that intensive early intervention services can be 6-8 hours in duration daily. As providers of center-based services, we knew it was unrealistic and virtually impossible for parents/guardians to forego work and jobs to supervise multiple times per week, and in the rare event of possibility, we could not accommodate additional adults in our building all day. Doing so would restrict space that would allow us to treat other children, and especially in this time of COVID, would introduce health risks to our staff and clients. As such, this requirement is a significant barrier to our ability to offer services to Medicaid beneficiaries and an even greater impediment for Medicaid beneficiaries who have a need to access early intervention ABA therapies.

We remain strong in our conviction to offering services and access of ABA therapies to all children in the communities we serve and will continue to work to eliminate the barriers of access for Medicaid insured children and families. Elimination of the parent/guardian presence requirement for the delivery of ABA therapy would greatly increase our ability to serve those children when medically necessary and help to eliminate disparities created by this Maryland Medicaid requirement. Medicaid beneficiaries in other states (such as Pennsylvania) are not faced with this same restriction nor are families who have access to commercial insurance. SB 469 is a step in the right direction to address this multi-faceted problem and improve the health of our Maryland youth.