February 11, 2025

New York State Senate
Standing Committee on Health

New York State Assembly
Standing Committee on Health
wamchair@nyassembly.gov
financechair@nysenate.gov

RE: Governor's Budget, Reduction to the ABA Medicaid Benefit

Dear Members of the Senate and Assembly Standing Committees on Health,

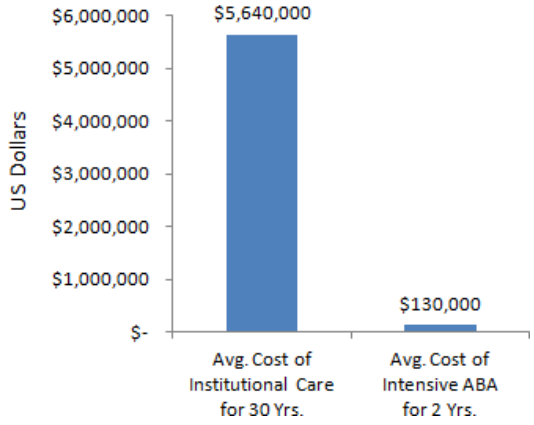
CASP is a non-profit trade association of autism service provider organizations, with a demonstrated commitment to promoting and delivering evidence-based practices for individuals with autism. CASP represents the autism provider community to the nation at large, including government, payers, and the 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.

On behalf of CASP member organizations providing services to more than New Yorkers diagnosed with autism spectrum disorder (ASD), including New York State Department of Health (NYSDOH) beneficiaries, we are deeply concerned with Governor Hochul's proposed budget. CASP fears the proposed 9.6 million dollar reduction to the Medicaid ABA benefit for 2025 and 19 million dollar reduction for 2026 will have disastrous consequences for DOH beneficiaries in need of medically necessary ABA services. We respectfully request you reject these proposed budget cuts.

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).[1] Data from public schools showed an average savings of $208,500 per

[1] 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

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).[2]



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

CASP applauds NYSDOH for recognizing the importance of access to ABA for children and youth with diagnosis other than ASD. According to the NCHS Data Brief No. 473, July 2023:

> *"The prevalence of any developmental disability, including other developmental delays, increased from 2019 to 2021."*

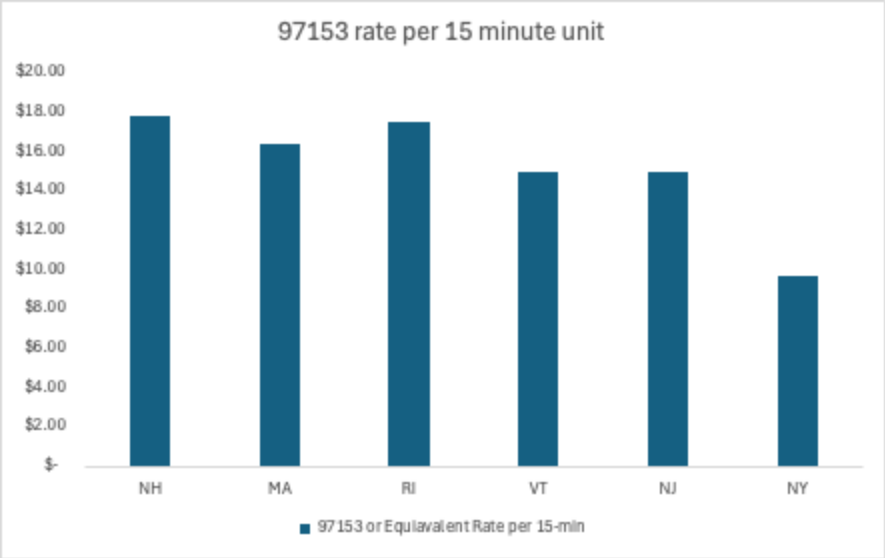
Specifically, the prevalence of any diagnosed developmental disability in children aged 3-17 increased from 7.4% to 8.56% of the total population. [3]

We urge NYSDOH to recognize the importance of appropriately funding medically necessary ABA. Currently, NY Medicaid rates reflect a blended rate of $19.26 per 15 minute unit for one-on-one services (CPT codes 97151, 97152, 97153, 97155, 97156) and $3.31 per 15 minute unit per participant for group services (CPT codes 97154, 97157 and 97158). There are no differentiated rates for 97155 or 97156 for Certified Behavior Analyst Assistants (CBAAs) and CPT codes 0362T and 0373T are not part of the approved CPT code set. If the Department of the Budget moves to an adjusted rate by provider type (Licensed Behavior Analyst- LBA, CBAA, unlicensed provider- RBT) and adjusts the CBAA/RBT rates to $9.63 per unit for 97153, this would become the lowest rate in the country and would decimate provider networks.

New York rates would be far below that of neighboring states with

[2] 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

[3] https://www.cdc.gov/nchs/products/databriefs/db473.htm



Rates for the licensed providers (97151, 97155, 97156) must also be adjusted to align with publicly available averages to ensure providers do not exit the Medicaid networks and impact access to medically necessary care and services. EPSDT requires:

> *"...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."* [4]

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

CPT code	Current New York Rate per 15 min. unit	National Average per 15 min. unit	Proposed Rate	Difference per 15 minute unit (current or proposed)	Difference per Hour (current or proposed)
97151	19.26	31.26		-12.00	- 48.00
97152	19.26	21.20		-1.94	-7.76
97153	19.26	15.70	9.63	-6.07	-24.28
97154	3.31	7.88		-4.57	-18.28
97155 LBA	19.26	27.09		-7.83	-31.32
97155 CBAA/ LaBA	n/a	20.18		n/a	n/a
97156 LBA	19.26	24.12		-4.86	-19.44
97156 CBAA/ LaBA	n/a	20.35		n/a	n/a
97157	3.31	11.24		-7.93	-31.72
97158	3.31	10.70		-7.39	-29.56
0362T	n/a	39.69		-39.69	-158.76
0373T	n/a	28.83		-28.83	-115.32

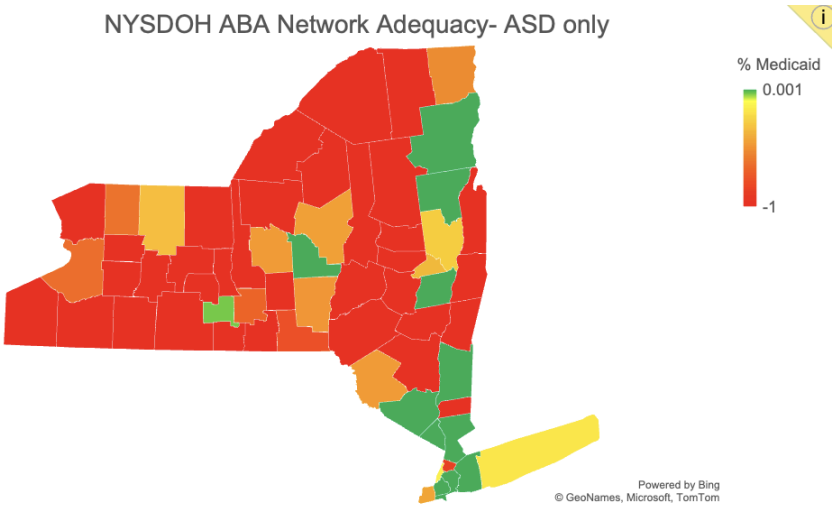
According to SHO 24-005 Best Practices for Adhering to EPSDT Requirements issued in September 2024 by the Centers for Medicaid and Medicare Services (CMS):

> *"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."*[5]

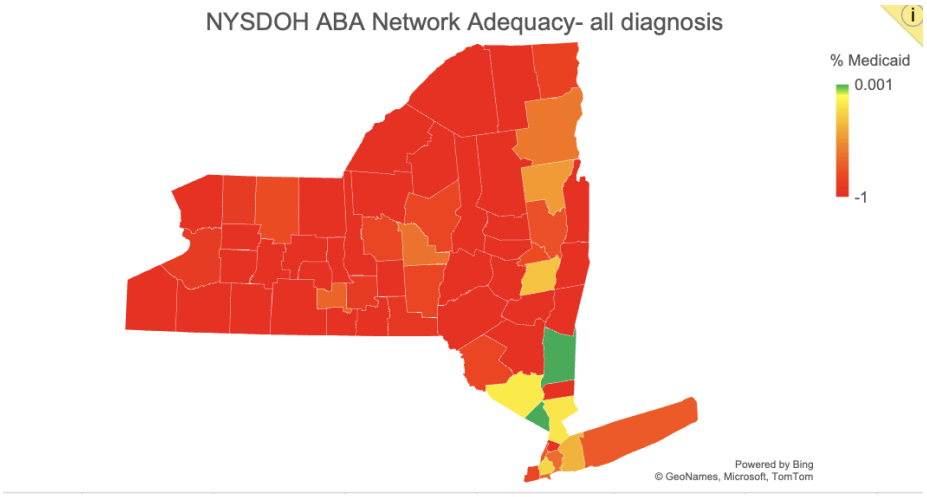
The current provider network is insufficient to ensure compliance with EPSDT requirements. The following heat maps depict possible network adequacy for individuals with ASD, 2.78% of NYSDOH eligible beneficiaries, and all eligible NYSDOH and MCO approved LBAs. Counties turn from red to green as they

[5] https://www.medicaid.gov/federal-policy-guidance/downloads/sho24005.pdf

approach network adequacy. Network adequacy is defined as a sufficient number of NYSDOH approved LBAs to meet the need for services, assuming a caseload of 12 clients per behavior analyst.



When the larger intellectual and developmental disability community is included in the analysis, 8.56% of total eligible beneficiaries per county, network adequacy concerns are more pronounced with only Rockland and Dutchess counties having an adequate number NYSDOH approved and MCO contracted and credentialed Licensed Behavior Analysts (LBAs).



New York must:

- Retain all NYSDOH enrolled and MCO contracted and credentialed LBAs. New York cannot afford to lose even a single eligible LBA.
- Prevent providers from leaving the networks by aligning policy with generally accepted standards of care so the LBAs, and the providers they supervise, can provide effective medically necessary

care.

- Adjust LBA rates to be more in line with publicly available national averages.
- Re-evaluate CBAA/ RBT rates to align them with national averages.
- Consider differential rates to encourage LBAs not part of the network to join, particularly in rural and underserved communities.
- Expand telehealth and hybrid services.

On behalf of CASP and our New York member organizations, thank you for considering our concerns and for your commitment to children and youth in need of medically necessary services. I am happy to answer any questions and look forward to serving as a resource in the future.

Respectfully Submitted,

Mariel C. Fernandez, MS, BCBA, LBA (TX)

Vice President of Government Affairs

Phone: (334) 332-2504

Email: mfernandez@casproviders.org