

February 21, 2022

House Bill 627

Maryland Medical Assistance Program – Registered Behavior Technicians – Reimbursement  
Health and Government Operations Committee

POSITION: SUPPORT

Dear Chair Pendergrass and Members of the Committee:

Thank you for the opportunity to provide written testimony in support of HB 627. As a Licensed Behavior Analyst (LBA) in Maryland, committee member of the Behavior Analysts Advisory Committee for the Maryland Department of Health, current Legislative Committee member for the Maryland Association for Behavior Analysis, and an employee of an ABA agency that serves young children with autism, I write to highlight the importance of this proposed bill.

For an individual with autism, access to the right medical treatment, at the right time, allows for the best possible outcome and can even save lives. The right treatment at the right time directly impacts not only the individual diagnosed, but their family and their community. Fortunately, because of the exceptional efforts of parent and community advocates, scientific researchers, and professionals that are dedicated to helping improve the lives of individuals with autism, there is a gold standard treatment for individuals diagnosed with autism, and that is Applied Behavior Analysis (ABA). Applied Behavior Analysis is an evidence-based treatment that improves the lives of individuals by increasing desired behavior (e.g., communication, social skills), and reducing challenging and unsafe behavior (e.g., eloping into streets, hitting others).

The Medicaid requirement of a technician being certified as a Registered Behavior Technician (RBT) at the onset of providing ABA therapy unnecessarily delays, interrupts, or ultimately prevents access to this important treatment for Medicaid beneficiaries. This requirement also results in an inadequate network of Medicaid providers to meet the demands of the many Medicaid beneficiaries in Maryland.

Applied Behavior Analysis is often provided in a tiered service delivery model (1) (2). An LBA creates a treatment plan based on initial assessments, and then with close and ongoing supervision, trains and monitors a technician to implement that treatment with the client. The technician cannot provide therapy unless under the continuous supervision of an LBA. **The efficacy of an LBA's treatment is directly related to the quality and ability of the technician to implement that treatment with fidelity.** As a result, LBAs are heavily invested in ensuring that the technicians working with their clients are qualified and well-trained to do their job. The RBT credential is an indicator of a technician's knowledge and training, and therefore, LBAs (including myself) understand and respect why it is seen as important to this committee.

1 <https://casproviders.org/asd-guidelines/>

2 Behavior Analyst Advisory Committee, COMAR 10.58.16.12

In practice, however, the way that an RBT is earned does not align with the current standard in the Medicaid regulations which requires a technician to have their RBT credential by the first day on the job. An RBT credential is not one that can be earned through an online course or a weekend workshop. This credential was designed to be earned through a combination of classroom style education and on-the-job training working directly with clients. Someone who wants to earn the credential must find an LBA or agency to hire and train them, including on-the-job training while they work directly with clients. It is a significant investment of time and money on behalf of the supervising LBA or agency, but it is our contribution to the field to ensure that individuals with autism in Maryland can access high-quality care they deserve.

Due to this training model of obtaining a RBT credential while a technician completes on-the-job training, the current regulations limit access to care for individuals in Maryland. If a technician needs to have an RBT credential on day-one of the job and earning an RBT credential requires on-the-job training by an LBA, it is nearly impossible to train additional technicians in the state to become a RBT. With the current regulations, since ABA is usually delivered over months or years, the only way for an individual to access services by an RBT would be by withdrawing services from another individual in the state. A 90-day provisional window, however, would ensure that LBAs and agencies can recruit new technicians to the field and train them properly. This would not only allow continuity of care for the child, but also improve the network of Medicaid providers in the state.

As the LBA who oversees hiring for a well-respected ABA agency in the state, I spend my days working to ensure access to treatment for our clients. Every time we want to treat a new client, we must first find one or multiple new technicians to work with him/her. In addition, we must continuously find new technicians to work with current clients when their RBT resigns. The technician role is an entry level job with high turnover. Some RBTs move on to higher level roles in the field, but many will leave the field in under or around 12 months. To ensure continuous access to care for our current clients, when a RBT resigns, we must find and invest in training a new RBT to replace him/her. In the meantime, per current Medicaid regulations, the client will be left with less therapy or none at all. Given the current labor shortage, it is harder now than ever, and there are not enough current RBTs in the state to meet the needs of all individuals with autism. In fact, where I work, since 2021, only about 20%, 1 in 5, of our new technicians already have the RBT credential when hired.

This requirement is the primary reason that the agency I work for does not currently participate with Medicaid while it does participate with all major commercial carriers in the state. From an agency perspective, both from an ethical perspective and a financial stability perspective, we would always choose to work with clients who we can serve over one we cannot. If we accept a client with Medicaid insurance, build a treatment plan, but then cannot hire someone who already has an RBT to work with them, then the client does not actually get treatment. In the 20% of cases where we can hire an RBT, if that person resigns, then we again only have a 20% chance of finding someone to replace them. Otherwise, that client is left without care. As a business in the state, this is not sustainable financially and not fair to the child and their family.

<sup>1</sup> <https://casproviders.org/asd-guidelines/>

<sup>2</sup> Behavior Analyst Advisory Committee, COMAR 10.58.16.12

Alternatively, with the commercial carriers, in this same situation, we are able to hire someone new into the field and train them to work with our clients. This allows for continuity of care for that child.

As an agency, we have established a standard that all technicians must earn their RBT credential within 90 days, and we invest in their training and supervision to ensure they do so. Our accrediting body, the Behavioral Health Center of Excellence, evaluates us on ensuring our technicians are all credentialed within 6 months, but we have gone above and beyond that requirement.

There are over 1,000 LBAs in Maryland and many children with autism that need this medically necessary service. Unfortunately, only a small percentage of those LBAs are Medicaid providers due to this requirement making it near impossible and not sustainable for a company to provide consistent high-quality ABA therapy to Medicaid families. This is not a requirement under Maryland state law, nor a requirement by any commercial insurance carrier. This unfair disparity across families, solely due to the type of insurance they have is a disservice to these children, their families and thus our community. Should a 90-day provisional window be added, many LBAs, including the 21 Supervising LBAs and 72 current RBTs in Maryland at our agency, would become part of the Medicaid network.

**The goals of your committee and the goals of the LBAs and ABA agencies in the field are aligned – providing high-quality access to care to individuals with autism in the state. I respectfully urge you to vote in favor of HB 627.** I am hopeful and sure that with this change, the Medicaid ABA network inadequacy will be addressed, allowing the many children with Medicaid insurance that are waiting for their medically necessary treatment, to receive the right treatment, at the right time, just as they deserve.

Sincerely,

*Erin A. Schaller*

Erin A. Schaller, MA, BCBA, LBA

<sup>1</sup> <https://casproviders.org/asd-guidelines/>

<sup>2</sup> Behavior Analyst Advisory Committee, COMAR 10.58.16.12