

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 taking time today to review our testimony.

Behavioral Framework is a leading provider of ABA therapy for children diagnosed with Autism in Maryland. We have earned the highest accreditation from the Behavioral Health Center of Excellence accreditation body and are committed to providing the best possible care to all our clients. We accept Medicaid and are incredibly proud of the work we've done for that population and our community.

Behavioral Framework is facing significant issues hiring, staffing, and providing care given the reinstated RBT requirement. Behavioral Framework is an advocate for the credential; however, requiring it before an entry-level hourly employee can render services is a significant burden on our business, and more important, adversely impacts the population we're trying to serve by severely limiting access to care. This inability to access critical care for Autism disproportionately affects our Spanish-speaking population.

In an ideal situation, ABA providers would be allowed a window to train employees and help them obtain the RBT credential. In fact, we did just this during the pandemic.

During the height of the pandemic, Behavioral Framework was able to continue serving our clients and even increased access to care because the RBT requirement was suspended. Below is an outline of what happened when the requirement was suspended and what we are currently dealing with since its reinstatement.

Sincerely,



Angela West
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Chief Clinical Officer

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On April 6, 2020, in response to the Coronavirus pandemic, the Maryland Department of Health suspended the requirement that individuals providing direct ABA therapy obtain the Registered Behavior Technician (RBT) credential before becoming eligible to provide therapy. As a result, despite the pandemic, our organization was able to:



- Dramatically increase access to care by serving more clients more quickly.
- Maintain, and even improve, our clinical quality as evidenced by the data below and our 3-year BHCOE reaccreditation.
- Handle staff terminations and parent requests more efficiently by reassigning cases within 2-weeks. This drastically reduced lengthy gaps in treatment when cases require reassignment.
- Graduate more well-trained RBTs because they were afforded sufficient time to apply RBT task list items with their client under the guidance of a BCBA. This increased their overall understanding and accurate application of skills prior to taking the RBT exam.

This is incredibly important because:

- Multiple studies show earlier access to ABA therapy is crucial to the long-term reduction of the symptoms of ASD and improving cognitive and adaptive functioning.
- Lapses in service were virtually eliminated. This is of paramount importance because any lapse in treatment introduces the potential for significant regression of acquired skills and/or decreased likelihood that caregivers will resume or proceed with treatment.
- RBTs trained “on the job” are more likely to stick with the field.

The direct results of a relatively simple change provided better outcomes for both our shared clients and the employees dedicated to delivering this life-changing therapy.

During the RBT requirement suspension, there were no documented clinical concerns from Maryland Medicaid for cases staffed with non-RBTs:

Behavioral Framework pulled a random sample of 19 clients staffed with non-RBTs for the duration of the suspension to review Maryland Medicaid’s feedback on those client’s submitted reauthorizations

- 100% (19/19) clients were approved without clinical concerns or peer review regarding treatment and client progress.
- 89% (17/19) did not require additional information to grant approval; 2 out of 19 required additional information relating to date of re-assessment before approval was then granted
- There were no changes made to how therapy was conducted or the content of treatment plans for these clients because of the pandemic and associated restrictions. Client treatment and treatment plans remained comprehensive.
- Supervision requirements of 10% of direct therapy hours were consistently met.

During the RBT requirement suspension, cases were staffed without delay:

- Once a client completed the intake process, the case was staffed within an average of 30 days.
- When an active case needed to be re-staffed, the case was staffed within an average of 14 days.
- Medicaid clients on the organization’s staff/re-staff list were proportionate to other clients/ payers.

On July 1, 2021, Maryland Medicaid reinstated the RBT requirement. As a result:

- Approximately 67% of the organization’s staff/re-staff list is now Maryland Medicaid clients.



- It can take up to 95 days before ABA therapy can begin (see RBT statistics for more details). **This is a 2-month increase.**
- When an active case needs to be re-staffed it can take over 30 days. **This is twice as long.** Meanwhile, critical progress that was made may be evaporating.
- Spanish-speaking families are disproportionately affected by this change because Spanish-speaking RBTs are in such high demand.

RBT training and credentialing statistics:

Behavioral framework analyzed 95 new hires who began the RBT training and credentialing process between June 1, 2021, through August 1, 2021

- 33 withdrew from the training process shortly after beginning the 40-hour RBT training
- It took an average of 49 days (Range = 24 days- 83 days) to pass the RBT exam (become credentialed) from the time they were provided the 40-hour training
- 20 selected staff who obtained their RBT credential were provided a survey on the RBT training and credentialing process
 - 70% of individuals stated that they required 2 weeks or more just to prepare for the test
 - 85% of individuals stated that they remained motivated to complete the process when offered paid training, bonus for obtaining their credential, and being able to work

Summary:

- Medicaid did not note any clinical concerns or deny any requests for clients staffed with non-RBTs when the requirement was not in place. Approvals are indicative of sufficient progress being demonstrated with data that reflects rationale for requested treatment hours
- With the RBT requirement, it can take families up to 95.5 days to begin services from the moment they enter the intake process
- With the RBT requirement, it is taking more than 30 days to re-staff active cases, with Spanish-speaking families waiting significantly longer
- Maryland Medicaid now makes up 67% of Behavioral Framework's staff/re-staff list due to the RBT requirement
- 35% of new hires withdrew from the RBT training and credentialing process from June 1, 2021- August 1, 2021
- It takes a new hire an average of 49 days to obtain their RBT credential.
- Excessive work demands typically correlate with high burnout and low job satisfaction. Requiring an individual to obtain their RBT certification prior to providing direct services may add to the work demand, further limiting an already small pool of individuals who have a desire to provide care to our Maryland Medicaid families