

Autism Society of Texas

300 E. Highland Mall Blvd, Ste 205,
Austin, TX 78752



Applied Behavioral Analysis (ABA)

What is ABA and how is it helpful?

Applied Behavior Analysis (ABA) is an evidence-based, therapy method that is based on proven theories about behavior and learning. Therapists have successfully used ABA to help individuals with autism and related developmental disorders for decades by improving communication and skill acquisition, leading to greater autonomy and independence. It is important to note that ABA is one of the most empirically studied and validated approaches for treating children diagnosed with autism. ABA providers are licensed to practice by the Texas Department of Licensing and Regulation (TDLR) in a similar fashion to speech, physical and occupational therapies. Numerous organizations have endorsed the efficacy of ABA including: American Academy of Pediatrics, American Psychological Association, American Academy of Occupational Therapy Association, American Speech-Language Hearing Association, Society for Developmental and Behavioral Pediatrics, the US Surgeon General, and the National Institute of Child Health & Human Development.

ABA therapy programs can help:

- Increase language and communication skills.
- Decrease problem behaviors such as self-harm.
- Teach personal care and independent living skills.
- Improve attention, focus, social skills, memory, and academics.

ABA is not a conversion therapy, and the goal should never be to make a child or teen not autistic, rather, ABA focuses on teaching a child to reach their maximum potential by working on social, behavioral, and communication skills using intervention methods that break down each step so that the individual with autism is able to learn and retain the skill, leading to a greater level of self-sufficiency in adulthood. ABA goals for an individual with autism should always result in improved quality of life for the individual. Abusive or harmful treatment of any kind is never acceptable. Thanks to progress in the areas of autism acceptance and awareness, parents and families, as well as therapists, recognize that behaviors such as lack of eye contact and stimming behaviors, which some individuals with autism engage in, are an inherent part of autism, and should not be eliminated or changed. We agree with the American Academy of Pediatrics' recommendation to fund a variety of interventions that have proven to be beneficial to autistic people. Families on Medicaid should have the same opportunity to utilize ABA, just as families with private insurance have that choice to maximize learning and outcomes for their loved one with autism.

What is the Texas Medicaid IBI benefit?

Intensive Behavioral Intervention (IBI) was created as a Medicaid benefit during the 86th Texas Legislative Session in 2019 for children and teens with autism via Rider 32. IBI is another term for ABA that was created to distinguish the [Children's Autism Program \(CAP\)](#) from ABA therapies. CAP is another program at the Texas Health and Human Services Commission (HHSC) that provides a smaller variety of more focused interventions for children with autism ages 3-15.

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Rider 32

Rider 32 was passed into law in 2019 as part of the State of Texas budget (HB 1) for the years 2020 - 2021. This Rider provided legislative directive and intent for the Health and Humans Services Commission (HHSC) to add a Medicaid benefit for children with autism under the age of 20. However, HHSC has still not implemented the program or made this program available to thousands of children who qualify for Medicaid that desperately need (and deserve) access to IBI/ABA therapies.

Rider 21 as Introduced on HB 1 for the 87th Legislature

Rider 21 as introduced in the 87th Legislature (House version only) is similar to Rider 32 in that it provides legislative directive for the program. Rider 21 also allocates funds to support the program from both Federal matching funds and General Revenue. **AST supports the inclusion of Rider 21 in the biennial budget.** However, we respectfully recommend that Rider 21 from the House version be amended and the amended version included in the proposed Senate budget with the modifications listed below:

1. HHSC's rate hearing proposal contains an effective reimbursement date of February 1st, 2022. This date is unacceptable and unnecessary. **AST recommends that Rider 21 include a date certain of September 1st, 2021 to align available funds with the opening of the program.**
2. **AST recommends that rather than limiting the total funds provided for ABA/IBI benefit based on HHSC's arbitrary internal estimates, that the program access funds from the Children's Medicaid Program to provide flexible funding via the next supplemental budget.** This pool of funds would be more flexible and will allow HHSC to manage the first two years of the program more efficiently. In addition, HHSC would be in a better position to accurately project the program's future needs in both funding and in the numbers of children served.
4. **AST wishes to express the absolute importance that the program will not be meaningful or sustainable if the proposed rates set by HHSC are insufficient to build and maintain a provider base.** Realistic provider rates exist in every state-run program and many providers have noted that the current proposed rates are extremely low and will not allow providers to accept children under this program.
5. Lastly, **AST recommends that funding is maintained for the Children's Autism Program and to maintain Rider 48 which provides legislative directive for funds for the Children's Autism Program and the Texas Autism Research and Resource Center (TARRC).**

Including Rider 21 in the engrossed biennial budget for fiscal year 2022-2023 will allow potentially thousands of children with autism in Texas to have the opportunity to reach their full potential.