

**TESTIMONY OF RACHAEL SCHNEIDER, EXECUTIVE DIRECTOR OF AUTISM LEARNING PARTNERS
BEFORE THE JOINT ASSEMBLY AND SENATE HEALTH BUDGET HEARING**

FEBRUARY 10, 2026

Senate Finance Chair Krueger, Assembly Ways & Means Chair Pretlow, Senate Health Committee Chair Rivera, Assembly Health Committee Chair Paulin, and members of the Joint Health Budget Committee, I thank you for this opportunity to submit written testimony for your consideration as you begin to review proposals with respect to the Governor's proposed 2026 – 2027 New York State Budget. My name is Rachael Schneider, and I serve as the Executive Director of Autism Learning Partners (ALP) in New York, New Jersey, Maryland, Ohio, and Virginia.

As one of the largest and longest standing autism services providers in the country, ALP has proudly served individuals with autism in New York for over a decade. Our organization serves over 500 clients in New York and has 352 New York State employees. We have one office in Albany, two offices in the Buffalo area and an office in Rochester that serves Albany, Schenectady, Saratoga, Erie, Niagara and Monroe Counties. We also provide in-home services in Westchester County, specifically Yonkers and the Bronx.

ALP provides evidence-based, compassionate Applied Behavior Analysis (ABA) services for children on the autism spectrum. These services are critical for individuals with autism and their families, as ABA is the gold-standard of treatment for autism spectrum disorders. ALP provides individualized assessments and comprehensive programming to target abilities like language and communication, self-help skills, social skills, and treatment for challenging

behavior. ALP accepts insurance and offers home, school, center and community-based services designed to promote skills required to live the most functional, independent life possible.

Until recently, ALP services were out of reach for many New York families in New York. Although some New Yorkers with private insurance could access ABA therapies for their children, the poorest families in New York were unable to do so. In 2021, New York became the 49th state to cover ABA therapies for children through Medicaid. This Medicaid program was fully implemented in 2023. Despite these gains for children on the autism spectrum served by Medicaid, recent New York State administrative budgetary actions threaten to undo this progress.

The FY 2025-2026 budget implemented a \$30 million administrative cut in Medicaid funding for ABA services over the next two years. The first cut to ABA services was implemented on October 1, 2025, reducing the billing rate for services rendered primarily by unlicensed providers from \$19.26/unit to \$16.85/per unit. The next planned cut is scheduled to occur on April 1, 2026, reducing the billing rate to \$14.45/per unit. The original rate of \$19.26/unit was competitive with surrounding states and was in line with the economic reality of New York.

Although there is no direct reference to this impending cut in the Governor's proposed 2026 – 2027 Executive Budget, the August 2025, Volume 41 Number 8 NYS Medicaid Update lays out the timeline for the cut. In addition, notice has been sent out to insurers in New York outlining this second cut. **The Senate and Assembly must work with the Executive to stop the second budgetary cut scheduled for the April 1, 2026.** The first cut is already threatening to impact the services ALP provides to children with autism. The second cut will make our ability to deliver services in New York unsustainable.

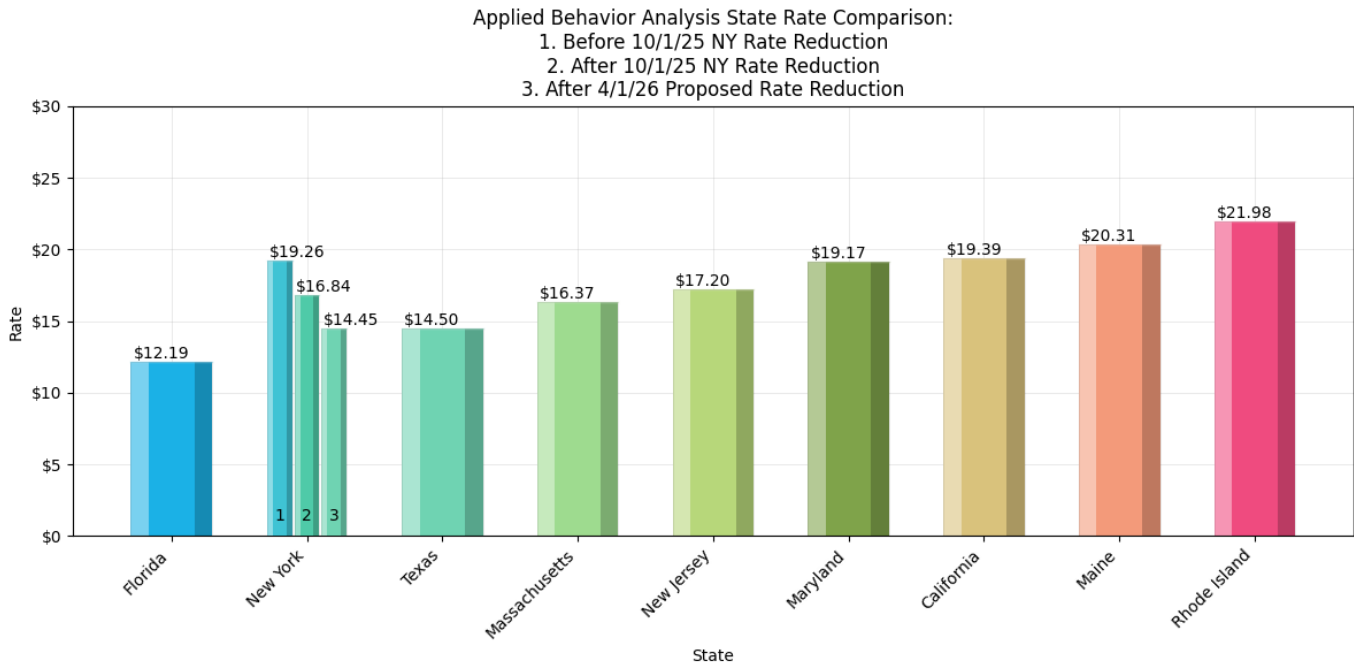
As noted in SHO 24-005 Best Practices for Adhering to EPSDT Requirements issued in September 2024 by the Centers for Medicaid and Medicare Services (CMS):

“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.”

New York’s proposed second cut will ensure that New York’s rates are not adequate and will result in the loss of ABA providers in the State. These cuts are occurring at the exact time that New York’s most needy families are finally gaining access to treatment for their children that those with more resources have been able to utilize for years. The cut dramatically reduces the hourly payment rate for adaptive behavior treatment primarily provided by behavior technicians, which are unlicensed paraprofessionals. It is important to note that, while behavior technicians do not hold a license, they undergo extensive training and never operate independent of the oversight and instruction from the licensed provider. These individuals provide crucial services at our clinics, and without them, our licensed professionals would be limited in the number of children they could serve. The licensed provider’s highest-value clinical function is designing, monitoring, and iterating treatment. The unlicensed paraprofessional plays a critical role in implementing the intensity of treatment as defined, directed and regularly updated by the licensed professionals. These two types of providers are both necessary and work hand-in-hand to ensure treatment intensity and fidelity.

The rate cut on October 1, 2025 brought New York lower than surrounding states and states with similar economic topography. The proposed cut for April 1, 2026 will bring New York to one of the lowest funded states in the nation for ABA services. It will bring New York’s ABA

rate lower than Texas' and well below Massachusetts, New Jersey, Maryland, and California's rates. See chart below for a comparison of rates:



While it may appear that cutting rates is a way to save money, if New York enacts the second funding cut to ABA therapies, children with autism will not only lose access to medically necessary services, thus risking continued delays in learning skills and a lack of ability to live as independently as possible, the costs to the State will increase exponentially. Delaying the care of children with neurodevelopmental needs will increase special education placements, which frequently exceed \$100,000 - \$150,000 per student per year,¹ increase residential care and other out of home placements later in life, which cost between \$250,000 - \$400,000 per individual per

¹ New York State Education Department. Special Education Tuition Rate Setting and Approved Program Cost Schedules. https://www.oms.nysed.gov/rsu/Rates_Methodology/Rates/. Accessed 15 Jan. 2026.

year,² and increase Emergency Room (ER) visits, hospitalizations, psychiatric and crisis service utilization, which leads to two times higher admission rates and higher per-visit ER costs.³ Further, delay of care has a lifetime impact on those with autism as there will be increased findings of adult disability and a greater reliance on public benefit expenditures. Evidence shows that lifetime costs for a person with untreated autism is at least \$3.57 million per person.⁴

To that end, we advocate for and support measures that lead to excellence in ABA therapy. We are, however, unclear on Article VII language included in S9007/A10007 Part M, Section 10. This section purports to standardize ABA services by establishing a Centers of Excellence designation for providers that will ensure evaluations and referrals for ABA treatments are clear and appropriate. The proposal also indicates that there will be adjustments to reimbursement methodologies so that ABA providers are compensated equitably with their experience.

ALP has many questions regarding the Centers of Excellence designation for providers. While this is something that ALP would support in concept, we need more detail to fully understand the goal of this proposal. There is already an accreditation process that has been

² New York State Office of Mental Health. Medicaid Psychiatric Residential Treatment Facility Rate Schedules. https://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/omh/. Accessed 15 Jan. 2026.

³ Hand, B. N., Angell, A. M., Harris, L., & Carpenter, L. A. (2019). Emergency department utilization and associated charges among adolescents with autism spectrum disorder. *Autism Research*, 12(4), 684–694.

⁴ Lavelle, T. A., Weinstein, M. C., Newhouse, J. P., Munir, K., Kuhlthau, K. A., & Prosser, L. A. (2014). Economic burden of childhood autism spectrum disorders. *Pediatrics*, 133(3), e520–e529.

established by the Autism Commission on Quality, which can be found at <https://autismcommission.org/standards/>. If New York were to adopt these standards as the basis for the New York Centers of Excellence designation, ALP would be supportive. If New York is looking to create their own process and designation for Centers of Excellence, this would give us greater concern because it would create a duplicative process and a potential patchwork of differing requirements that may not be sufficiently rigorous to result in high quality of care. Ultimately, a Center of Excellence designation should be done in the interest of ensuring high quality of care. To ensure providers are meeting a standard of excellence, the New York Centers of Excellence program design would need to engage a significant number of professionals well versed in ABA who are willing and able to appropriately define standards of quality, review applicants, stay current with scientific literature in the field and maintain the designation for providers. This is an expensive and expansive undertaking usually reserved for accreditation bodies. Rather than undertaking such a significant project with limited resources, we recommend supporting existing accreditation options that are nationally recognized.

Further, while ALP agrees that the reimbursement methodology for ABA providers in New York should be revised to match the tiered rate structure utilized for every other state Medicaid program, we are unclear on the intent and approach. If the goal of this revision is to improve reimbursement for services rendered by licensed providers to align with peer states, we are supportive of this approach so long as it does not further reduce the reimbursement for services primarily provided by the unlicensed provider.

It is important to note that much of the time required by licensed providers to ensure treatment fidelity of the services rendered by the unlicensed provider is not directly reimbursable

through any other service code. As such, time consuming licensed provider activities such as reviewing clinical data, preparing session materials, updating treatment plans, analyzing data, clinical decision-making, program modifications, documentation, session review and technician training and feedback are not separately reimbursable and must be considered in any effective reimbursement strategy that aims to attract and retain both licensed and unlicensed professionals. We ask that the reimbursement methodology focus on maintaining access to high quality care and the long-term benefits of ABA services rather than the cost of the services in the short term. We further ask that any rate methodology carefully consider the definitions, intent and descriptions of CPT code utilization provided by the American Medical Association and the ABA Coding Coalition. This will lead to alignment with commercial insurers, allowing clear coordination of benefits and payment among primary and secondary payors. Individual state programs that deviate from the standard coding and billing guidelines often incur unnecessary additional expenses when patients are dually insured.

In short, empirical evidence shows that cutting access to ABA services increases – not decreases – state spending. Cutting ABA services and continuing the cycle of delaying and denying care for children with neurodevelopmental needs does not save money, it simply shifts the costs of care and increases spending later in their lives as the interventions become more expensive. Care is most beneficial and affordable when it is delivered as early as possible.

To end this cycle of cost shifting and denying children the earliest possible intervention for the treatment for autism, New York must properly fund the ABA benefit at the earliest possible point of intervention. Enacting the April 1, 2026 budget cut is not a step in the right direction for a state committed to transforming access to health care and reducing the number

of individuals with unmet health care needs. We hope that the Senate and Assembly will work to stop this second cut, seek more detail and clarification on the proposals outlined in the Executive Budget related to ABA services in New York, and ensure that any changes to the ABA model in New York are made in a way to ensure that children most in need have access to the high quality services ALP provides.

I am happy to provide more information and details on this issue should you need it. I thank you for considering our request and taking the time to review this written testimony.