



*Anne Carlsen*

C E N T E R

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**SB 2012**

**Senate Appropriations – Human Resources Division**

**Wednesday, January 25th, 2023**

Chair Dever and members of the Senate Appropriations – Human Resources Division, my name is Patrick Kellam. I am a Board Certified Behavior Analyst (BCBA) and the Behavioral Health Clinical Manager at Anne Carlsen and oversee our behavioral health services program where we provide Applied Behavior Analysis within (5) of our (8) clinic locations in North Dakota. I am providing this testimony to advocate for Medicaid reimbursement of CPT code 97156, Parent/Caregiver training. Currently, ND Medicaid (EPSDT) programs require regular parent training meetings with the Board Certified Behavior Analyst (BCBA) present, however do not provide reimbursement for the service.

The services provided by our outpatient behavioral health occur primarily in the clinic setting. These individuals work with Registered Behavior Technicians and Board-Certified Behavior Analysts on increasing skills that help them to achieve greater independence in their daily lives and access to social environments and interactions.

Our goal in clinic-based ABA therapy is to be able to transition out of services. Ideally the skills we can help clients learn and functionally display will need to transition to their natural environments. This requires a transition from being served in-clinic to having these skills and

processes trained to others who are important in the learner's life. Often this includes parents, grandparents, or even siblings.

While it is beneficial to complete these skills to some respect with family within the clinic, in-situ or natural environment training is often the most successful in transitioning skills gained in one environment to another. This is like many other forms of learning where classroom skills are eventually put in practice in the actual environments or situations in which the skills are required. For the individuals receiving outpatient ABA this is often in the home or community environments in which they naturally participate.

Once the therapy is moving to natural environments it becomes even more important for families and caregivers to be knowledgeable and proficient in the processes of the therapy to help clients generalize the skills they have learned in the clinic setting. This is important as individuals grow and mature over time there will always be new concerns and challenges that arise. A child who was seen in outpatient therapy at the age of 8 may have much different needs when they reach the age of 13.

If we are unable to provide adequate training and some foundational knowledge inevitably, the child will need services again as these new concerns and challenges arise. If proper parent or caregiver training is completed there is a better chance of the caregiver being able to apply strategies taught to new issues that may arise.

Parent training is often the bridge from clinic-based therapy to naturalistic environment training. This provides the opportunity for the behavior analyst and the parents to continue to complete training and regular appointments after the individual is no longer attending appointments within the clinic. This support is vital to the continued success after discharge from outpatient therapy

and the support is also key for parents. Parent training through Applied Behavior Analysis is an evidence-based strategy and this is not only covered but required from Commercial Insurances. This is due to the high level of importance of including this as part of applied behavior analysis therapy.

Providing funding for parent training also would enable an option for providing training and support to individuals and their families who are currently unable to be seen in clinic. There is a need in most areas of North Dakota for clinic-based ABA therapy for individuals. The lack of both BCBA's and RBT's inhibits the ability for clinics to take provide services to more clients, resulting in long wait lists for services. Also, the ruralness of the state inhibits the ability for all families to receive services that are accessible due to lack of staffing and available providers. This has resulted in some families in North Dakota traveling great distances to receive services. Currently in one of our clinics we have a client who travels 2 hours each way to attend therapy. While allowing for parent training, as part of clinic-based therapy, would not solve all of these problems it would provide another outlet for professionals to help individuals and their families. From my perspective, not protecting the investments that the kids, families, and the State of ND are making, by allowing for good transitions and generalization of skills is a major flaw. The state of ND is making a considerable monetary investment in kids receiving ABA therapy and to not ensure that this treatment is sustained and effective following the completion of clinic based therapy seems illogical.

In summation I would like to include my support for not only including parent training as a service for recipients of Medicaid in North Dakota, but also all of the recommendations for

increased and expanded coverage for applied behavior analysis therapy in the State of North  
Dakota.

Thank you for your consideration of my written testimony.



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