



**Testimony of Dr. Matthew Siegel, MaineHealth
In Strong Support of LD 1309, “An Act to Clarify Requirements for
Payment of Tuition for Children with Disabilities by the Department of
Education’s Child Development Services System”
Thursday, April 13, 2023**

Senator Rafferty, Representative Brennan, and distinguished members of the Joint Standing Committee on Education and Cultural Affairs, I am Dr. Matthew Siegel, Vice President of Medical Affairs of Maine Behavioral Healthcare, a member of MaineHealth. I am a child psychiatrist and a pediatrician and I have spent my career in Maine building services, training providers and advancing research for children with autism and developmental disorders. I am here today to testify in strong support of LD 1309, “An Act to Clarify Requirements for Payment of Tuition for Children with Disabilities by the Department of Education’s Child Development Services System” on behalf of MaineHealth.

We operate the Glickman Lauder Center of Excellence in Autism and Developmental Disorders, which serves individuals and their families through a continuum of care, including our Preschool and Early Intervention Program. Our preschool is a full year, center-based program that serves twenty children ages of three to five with autism. Staff have expertise and advanced training in autism and applied behavioral analysis and utilize a multi-disciplinary team approach. Children receive up to six hours per day of individualized instruction in communication, play, socialization, self-care, cognitive development, and motor skills. Skill acquisition, maintenance, generalization and behavior reduction are taught using scientifically validated methods of applied behavior analysis. The classrooms are highly structured and have support embedded including visual (symbols, schedules, text), sensory equipment, movement breaks, video modeling, activity schedules, and augmentative and alternative communication supports. Strong family engagement, training and education are also central to the preschool program. Our goal is that every child who comes out of this program at 5 years old, despite the severity of their autism, is able to communicate, regulate, and has learned how to learn.

We also operate a k-12 special purpose school for kids with autism and significant behavioral challenges. The way we treat both of these age groups with the best-evidence approach is the same: an ABA program with speech, OT, PT, special education and other services. The same staffing, the same clinicians, the same intensive treatment – the same cost.

But as Rep. Gattine shared, in Maine we have a very inequitable situation. If a child with autism is six or older, and has significant needs being met in a special purpose private school, there are two sources of funding – MaineCare and tuition dollars from the Department of Education (DOE) or the child’s school district. This co-funding enables providers to meet the medical and educational needs of children with autism and significant challenges and have enough reimbursement to provide intensive evidence-based treatment. However, if you are a child with

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the same needs, but are five years old or younger, there are no education dollars from Child Development Services (CDS) to pair with Medicaid funding. The burden falls solely on MaineCare, eliminating up to half the funding a young child could receive to support intensive services. So, young children, who we should be investing the most in, have a fraction of the funding and lose out.

As a result of this policy, and as we heard from parents and provider agencies today, young children in Maine with autism and other special needs have very limited access to evidence-based treatment programs, and those programs that do attempt to provide a strong evidence-based model are incurring large losses. In fact, our program currently has 57 children on a waitlist – that’s 57 three to five year olds with autism waiting for a specialized preschool, and we lost over \$500,000 on this program over the past two fiscal years. This is not right for the young children of Maine, and is fiscally unsustainable.

There is extensive research showing that early, intensive intervention for children with autism yields large life-long effects, and those effects are greater the earlier you start. For your reference, I’ve attached slides to my testimony which demonstrate the strong evidence. One take-away I want to give you from the research is that the number 1 predictor of outcome in people with autism is communicative ability at age 5. Age 5.

Unfortunately, due to the inequity of the current funding structure, young children in Maine have exceedingly few preschool programs providing intensive evidence-based treatment. Parents who have the means will not infrequently leave our state to move to Massachusetts, Connecticut, and other nearby states who fund extensive services for young children. This situation has gone on for far too long, and it is time to right this wrong by ensuring that education dollars are provided to the children who need it the most, and have been shown to benefit the most - those who are five and under.

In closing, young children with autism and other significant needs in Maine deserve to have the same access to co-funding by CDS and MaineCare for special education services and treatment as older children. I urge you to support the legislation before you today and I would be happy to answer any questions you may have.

MaineHealth is an integrated non-profit health care system that provides a continuum of health care services to communities throughout Maine and New Hampshire. As part of our vision of “Working Together so Our Communities are the Healthiest in America,” MaineHealth provides a range of behavioral health services throughout our footprint. These range from community based outpatient therapy, medication management, substance use treatment and care management to inpatient treatment in four community hospitals and Spring Harbor Hospital.