



Behavioral Consultation, Assessments, Training & Staffing

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Thank you House committee for the opportunity to speak to you today.

My name is Melinda Neff. I am a licensed BCBA in the state of Vermont, and have worked in the field of Applied Behavior Analysis for 26 years. I am also the owner of Green Mountain Behavior Consulting (GMBC)- a company that was started in 2014. We do a multitude of things at GMBC, but in regard to ABA therapy in the state of Vermont - we have been providing these services since 2016 (so this June would be our 10th anniversary of providing ABA therapy)! Our locations range statewide in 4 areas: Montpelier (Seeds of Change - Center for Early Intervention), Bennington & Brattleboro (Green Mountain Sprouts), and Newport Center (Green Mountain Horizons). We serve 32 Medicaid clients across Vermont - which is 10% of all Medicaid clients receiving ABA therapy.

Though not exclusive, our primary focus is providing early intervention to children under the age of 6 years old with an ASD diagnosis. I believe as a practitioner in the power of early intervention for these young children and their families. I also believe from the perspective of a parent of a child diagnosed with ASD, as I had the privilege of having our daughter receive early intensive ABA intervention from 2006-2009 (before legislation was passed that deemed ABA therapy a medically necessary treatment in Vermont). These services ultimately allowed our daughter to be able to attend her school independently (without 1:1 support or other costly IEP services) and with the skills needed to access her education. Over time, at a 3 year evaluation, she no longer met the DSM criteria for Autism Spectrum Disorder and subsequently "lost" the diagnosis!

I have no doubt that her receiving ABA therapy from age 3-6 years was instrumental in the growth, development, and success of our daughter. I have witnessed first hand the immense power and medical necessity of ABA therapy. This is why I believe in this work beyond that of a practitioner, or even a business owner.

With this experience and unique perspective, my goal in opening our 4 locations across the state of Vermont was to give back the gift I felt I received all of those years ago. It was and still is to give hope and tools to children and families who need it, to provide for our communities, and to ultimately “pay it forward” to our education system - by helping children and youth to gain the skills to access their education as independently as possible.

This is why we have always operated with a fiscal goal for our ABA clinics of net zero. This means that the goal for the clinics that provide ABA therapy is not to turn a profit - but to serve. To provide.

Throughout these ten years providing ABA therapy in Vermont, there have been many changes as it relates to reimbursement for ABA services, or as I like to say, “we have weathered many storms.” These most recent changes, however, no longer seem like a storm that we can weather. Using our data from 2025, when code 97155 was removed from our shadow claims, it showed a 16.6% reduction in revenue. Despite our attempts to pivot with these changes, so far at the conclusion of January, each of the 4 GMBC locations are operating in the negative (ranging from -\$12,000 to -\$23,000 for the month). We have tried to prepare by cutting jobs, removing staff incentives and reducing staff benefits. We have also increased clinical caseloads and are essentially asking our staff to do more with less. We have taken on work outside of the medical practice (primarily consulting in schools) to help offset these fiscal losses. Despite all of these changes in our practice, we are still operating at an unsustainable loss.

I was asked to provide testimony that speaks to the impact of these recent (and sudden) changes in ABA therapy billing in Vermont. GMBC serves 10% of all Medicaid clients who are receiving ABA therapy, and in some of the most rural and resource barren areas, in the state. Most of our clients are under the age of 6 years old. For many of our clients and families - there are simply no other options for this necessary medical treatment in their area. To me, the impact is clear already: we will, unfortunately, be looking at systematically closing the 4 clinics/areas in March if things do not change.

These changes are creating a lack of access issue to medically necessary treatment for some of the most vulnerable individuals in our state.

I appreciate the opportunity to share my story and my experience with these changes in billing practices. I hope that ABA therapy can remain accessible for Medicaid clients.