New York State Medicaid Evidence Based Benefit Review Advisory Committee

Thursday, July 24, 2025
10:30 a.m. – 3:30 p.m. (EDT)

Empire State Plaza, Concourse
Meeting Room # 6
Albany NY

Meeting Summary

Attendees
Committee Members Present: Edmund Altone, Victor Badner, Elisabeth Benjamin, Katherine Breslin, Douglas DeLong, Emily Leish, Peter Newell, Sanjiv Shah, Warren Seigel, Thomas Smith, Deirdre Wheat (attended remotely), Douglas Fish*, Nathan Graber** ***Committee Members Absent:*** *Ronald Braithwaite, James De Meo, Marie-Carmel Garçon, Miranda Greiner, Paloma Izquierdo-Hernandez, Joseph Truglio, Jacob Wallace, Kaare Weber* **NYS Department of Health (DOH) Staff:** Khalil Alshaer, Amy Anderson, Ron Bass, Shirley Belotte, Daniel Duffy, April Hamilton, Myla Harrison, Caitlin Kempf-Lawrence, Alicia McNall, Jenson Pritchard, Suzette Sadio, Thomas Sciortino, Trisha Schell-Guy, Eileen Stewart, Patrick Thorpe **Center for Evidence-based Policy Staff:** Marcus Bachhuber, Jesse Baumgartner, Elizabeth Brown, Jami Hoffman, Valerie King, Laura Pavlech **NYS Office of Addiction Services and Supports (OASAS)**: Ashly Jordan, Pamela Mund **NYS Office of Mental Health (OMH):** Sarah Kuriakose **Public Comment:** Arthur Robin Williams (speaker) and Lexie Minarik, Ophelia **Other:** Additional members of the public (affiliation unknown)

*Chair of the Committee
**Chair Designee

Welcome and Introductions	
Discussion	Nathan Graber welcomed the Committee members and introduced 2 introductory speakers for the 2 report topics on telehealth: • Marcus Bachhuber from the Center for Evidence-based Policy (background on treatment of opioid use disorder, OUD) • Sarah Kuriakose from the NYS Office of Mental Health (background on applied behavior analysis treatment, ABA). EBBRAC members present introduced themselves. Nathan Graber reminded Committee members to see him after opening comments if there has been a change in their conflicts of interest related to the meeting topics. No members had anything new to declare.
Action Items /Decisions	None
New York State Department of Health Updates	
Discussion	Trisha Schell-Guy provided an update of the recent finalized and approved state budget and reviewed NYS Medicaid Scorecard data. The state budget process was relatively uneventful from a Medicaid perspective, with few new benefits and mainly investments aimed at increasing health system stability ahead of the potential impacts from recent federal legislation (including investments in primary care, nursing homes, assisted living). Trisha Schell-Guy provided a brief overview of the potential impacts of the recently passed federal legislation, H.R. 1, which NYSDOH is still analyzing. NYSDOH anticipates significant potential cuts to hospital and safety net providers due to eligibility criteria changes that impact people in Medicaid and the Essential Plan and will shift Essential Plan enrollees to Medicaid and state-only funding. The Essential Plan pays almost double Medicaid rates, leading to a projected loss of revenue for providers. Although work, school, and community engagement requirements in the bill won't take effect for a couple of years, NYSDOH will have to make advance staff and system investments to put the requirements in place; estimates and analysis are ongoing, but these investments are anticipated to cost millions of dollars and

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	may not receive federal financial support. The federal bill also increases the frequency of eligibility checks for the Medicaid expansion population, which will increase NYSDOH workload and potentially cause loss of eligibility for some people. NYSDOH is waiting for guidance on the bill's restriction for the use of MCO (managed care organization) taxes. It is currently unclear if NYSDOH will receive a phaseout period because its MCO tax is more recent compared to other states, and changes to the MCO tax would be a significant revenue loss for the state. The federal bill also freezes provider taxes and phases them down over time. That will also impact the state and create revenue loss (although NYS provider taxes are lower than some other states). Trisha Schell-Guy provided an update on recent federal 1115 waiver guidance and criteria. Federal guidance has placed an emphasis on budget neutrality, and the Centers for Medicare & Medicaid Services (CMS) has released several recent guidance letters. A guidance letter last week indicated that CMS would not approve the workforce investments in the NYSDOH 1115 waiver moving forward, meaning they will likely expire in March 2027. Another letter stated that CMS would not approve continuous eligibility provisions moving forward, meaning that NYSDOH will need to wind down its recently enacted continuous eligibility for children ages 0 to 6. NYSDOH expects to talk with CMS about the winddown of that provision. Trisha Schell-Guy provided an update on the banning of abortion funding for providers, which is largely directed at Planned Parenthood and would impact Planned Parenthood entities across the state (current litigation ongoing). Trisha Schell-Guy noted that the governor recently said up to 1.5 million people in New York State could lose coverage following the federal legislation. With significant anticipated impact, NYSDOH will be providing more detail and analysis moving forward and is engaging in stakeholder conversations as it considers how the program needs to change and what may be absorbed by state-only funding. Nathan Graber reported that NYSDOH was still actively reviewing coverage for 2 recent EBBRAC topics: collagen cross-linking for keratoconus, and contingency management for stimulant use disorder. Coverage for contingency management for stimulant use disorder would need to be submitted through the NYSDOH 1115 waiver during the next waiver request, which NYSDOH is discussing with OASAS.

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Action Items /Decisions	None.
New York State Department of Health Review of Current Telehealth Policy	
Discussion	Nathan Graber provided an overview of NYS Medicaid's current telehealth policy, available on the NYSDOH website. The policy allows providers to bill for services via telehealth with the same procedure codes used when the services are delivered in person; it can be appropriate if the provider determines it would be beneficial, it is in the preference of the patient, and all elements of the billable procedures or rate codes can be provided via telehealth. Some of NYS Medicaid's different programs and service areas may have more telehealth restrictions beyond this general policy. All NYS Medicaid-enrolled providers and facilities can provide telehealth services if covered by Medicaid, including NYSED (New York State Education Department)-licensed providers for ABA therapy. Providers outside NYS can provide Medicaid-covered telehealth services to members if they are enrolled with NYS Medicaid and have NYS licensure. Sanjiv Shah noted that the current NYSDOH policy already allows for services covered in person to be delivered via telehealth and asked for clarification on the nuances between that policy and the directive for today's discussion around the 2 telehealth topics and EBBRAC's eventual recommendations. Nathan Graber advised that further discussion could wait until later in the meeting when Committee member quorum was obtained and noted that there were mechanisms for putting restrictions around certain services delivered via telehealth, and that the Committee would be considering those types of details during the discussion. Warren Seigel noted that he has been hearing about upcoming deadlines for the phaseout or expiration of telehealth flexibilities and asked whether NYSDOH would be continuing with its current telehealth flexibilities. Trisha Schell-Guy clarified that Medicare, not Medicaid, has an upcoming telehealth flexibility expiration date of September 30, 2025, but NYSDOH is not phasing out its telehealth authorities. Nathan Graber noted that he has received similar questions and provided the NYSDOH email address for any Medicaid telehealth policy inquiries: Telehealth.Policy@health.ny.gov.

	Katherine Breslin asked about any differences between Medicaid payment rates for the same services provided via telehealth or in person. Trisha Schell-Guy noted there is rate parity, but not for all programs. Rate parity applies to mental health and substance use services, but not when there are facility costs included in a rate. This tends to impact Article 28 facilities and Federally Qualified Health Centers (FQHCs), which are paid lower rates for telehealth unless they are also an Article 31 or 32 OMH/OASAS program, in which case there is rate parity for those services. Elisabeth Benjamin asked about the reason for the facility-type rate differences, and Trisha Schell-Guy said it was negotiated in the budget a few years ago and has remained a point of budget discussion in recent years. Nathan Graber confirmed that the EBBRAC Committee now has a quorum of voting Committee members present.
Action Items /Decisions	None.
Public Comment/Presentations (if available)	
Discussion	There was 1 in-person public comment for the OUD telehealth topic, and 3 public comments submitted electronically for the ABA telehealth topic. For the OUD telehealth topic, Arthur Robin Williams, an addiction psychiatrist and chief medical officer of Ophelia Health, an exclusively telehealth provider for OUD in New York State, presented public testimony in support of OUD treatment delivered exclusively via telehealth and highlighted the need for sufficient reimbursement rates to sustain an OUD telehealth delivery model. Committee questions and discussion points included: • How random drug testing works with an exclusively telehealth OUD program, and • How Ophelia Health ensures that patients can be transferred to in-person care when required or needed For the ABA telehealth topic, Nathan Graber read aloud 3 submitted comments from Autism Care Partners, the Council of Autism Service Providers, and New York State Association for Behavior Analysis in support of maintaining/allowing providers to deliver billable ABA services for Medicaid patients via telehealth.

Action Items /Decisions	None.
New York State Department of Health Overview of OUD Telehealth Policy and Utilization	
Discussion	Nathan Graber presented an overview compiled by NYSDOH staff on policy context for the provision of OUD services via telehealth in NYS. OUD treatment providers can enroll in NYS Medicaid but can only bill for bundled services if certified as an Opioid Treatment Program (OTP) both federally and by NYS OASAS. Non-certified providers can still enroll in Medicaid and bill for distinct services, but the rates are lower than bundled OASAS bundled rates. NYS Medicaid does not have a specific policy for telehealth-only providers but does require a service address on provider enrollment applications. In 2024, more than 3.4 million OUD treatment services were delivered to NYS Medicaid members – around 2% (~52,000) via telehealth. Nathan Graber reviewed the most frequent OUD treatment related codes provided via telehealth that were billed to NYS Medicaid in 2024 and reviewed the characteristics of members who used telehealth and in-person OUD services by coverage type (fee-for-service vs. managed care), rurality, sex, and age. Committee questions and discussion points included: • Whether providers need to include a place of service on a claim for it to be accepted, and • The potential impact of poverty and broadband access on the ability of rural Medicaid members to use telehealth services
Action Items /Decisions	Nathan Graber will follow up with the Committee about whether NYS Medicaid providers must include a place of service on a submitted claim.
Topic: Treatment of Opioid Use Disorder Delivered Exclusively by Telehealth	
Discussion	The Center for Evidence-based Policy's Marcus Bachhuber presented an overview of treatment for OUD, including historical context, the effectiveness of medications, and use of adjunctive psychosocial counseling alongside medication. He is an internal medicine physician and addiction medicine specialist with a clinical practice focused on the treatment of OUD with medications integrated into primary care.

The Center for Evidence-based Policy's Elizabeth Brown presented an overview of the evidence for the treatment of OUD delivered exclusively by telehealth, and a review of clinical practice guidelines and coverage policies from private insurers and state Medicaid programs. For full details, see the report available on the EBBRAC website. The Committee was tasked with considering (a) the available evidence on the safety and effectiveness of OUD treatment delivered exclusively by telehealth, and (b) whether the evidence supported coverage of the treatment in that modality.

Committee questions and discussion points included:

- Reasons for the significant drop in overdose deaths during 2024, and any differences in the mortality reduction between different racial and ethnic groups or age ranges; Center for Evidence-based Policy staff commented that it could be attributable to multiple factors, including increased treatment and harm reduction; Ashly Jordan from OASAS mentioned similar factors and said that the overall statewide numbers still mask inequities by race/ethnicity and other characteristics
- Rationale for the inclusion of treatment <u>without</u> medication in the intervention parameters of the evidence review; Center for Evidence-based Policy staff stated that the evidence review focused on the method of delivery (exclusively via telehealth) rather than the components of the intervention, recognizing that medications for OUD are considered the standard of care
- Whether the studies referenced by Ophelia Health during the public commentary section were found during the evidence review; Center for Evidence-based Policy staff advised that the publications appeared during screening but did not meet inclusion criteria due to the lack of a comparator group
- How patient satisfaction outcomes were measured in one of the reviewed studies
- Acknowledgement that no evidence about potential harms was reported in the reviewed studies
- Discussion about the hypothetical potential for fragmented care to occur in an exclusive telehealth model (no evidence found)
- Whether reviewed Medicaid program policies from other states provide guidance around audio-visual vs. audio-only telehealth, or exclusive telehealth delivery; Center for Evidence-based Policy staff advised that 5 of the 9 reviewed state Medicaid programs have some statement about requiring the availability of in-person treatment, but many policies lack further detail or specification around the provision

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	• Whether the evidence review considered audio-only telehealth interventions; Center for Evidence-based policy staff advised that the intervention was included in searches but was not used in any of the studies that met inclusion criteria • The current telehealth policy for NYS Medicaid regarding telehealth-only delivery; Nathan Graber provided clarification that the agency's current policy is quite broad and generally allows telehealth, but certain service categories or settings may have additional restrictions that do not allow telehealth-only provision (e.g., patient-centered medical homes) • Whether the NYSDOH OUD telehealth statistics presented included telehealth-only patients; Nathan Graber clarified that the analysis does not distinguish people only receiving telehealth • Requested clarification about what question the Committee is providing a recommendation on; Nathan Graber and Trisha Schell-Guy clarified that NYSDOH is interested in Committee review and discussion of the evidence on OUD treatment delivered exclusively via telehealth, which could help the department modify their current telehealth policy • Discussion about billing rate differences for OUD treatment services delivered by OASAS-credentialed facilities (bundled rate available) vs. non-credentialed facilities (bundled rate not available) • Discussion about current billing options and arrangements for exclusive telehealth OUD treatment companies like Ophelia Health through Medicaid fee-for-service and managed care plans, including the use of G-codes (not currently used within NYS Medicaid) • Concerns about the impact of venture capital funding in telehealth medicine • Whether exclusive telehealth treatment would count toward the state's behavioral health expenditure target; Trisha Schell-Guy advised that it currently would not count under the target definition NYSDOH put forward a recommendation for the Committee's consideration: *"The Department of Health does not recommend the provision of opioid use disorder treatment delivered exclusively by telehealth, unless there is an option for in-person care when clinically indicated."* Victor Badner suggested framing the statement in the affirmative: *"The EBBRAC recommends the provision of opioid use disorder treatment delivered exclusively by telehealth, when it includes an option for in-person care when clinically indicated."* The change was made to the working draft recommendation.

Douglas DeLong expressed interest in a pilot study or randomized controlled trial for the model given the lack of evidence. Nathan Graber said the state already had a pilot-like situation ongoing with active exclusive telehealth OUD treatment providers and advised that formal studies would have to be conducted by external parties outside of the agency.

Thomas Smith expressed concern about any barriers to telehealth for a proven effective medication like buprenorphine and wondered if the Committee was grappling with long-held stigmas around substance use disorder (SUD) care. He wondered if the term “clinically indicated” could still create barriers for patients in very remote rural areas. Douglas DeLong concurred with those concerns.

Emily Leish asked for clarification about whether the EBBRAC Committee would have a chance to review a future full policy that may have consequential details beyond the broader EBBRAC recommendation language. Nathan Graber said the next step would be for NYSDOH to draft a policy and committed to bringing a draft back to the Committee at a future meeting.

Deirdre Wheat suggested amending the recommendation’s ending clause to “when, *where possible*, it includes an option for in-person care…” to address concerns around rural access. Nathan Graber advised that this input would be addressed when NYSDOH drafts the full policy.

Warren Seigel suggested removing “*exclusively*” from the recommendation. Elisabeth Benjamin expressed concern about the definition of “*clinically indicated*” and who would be making that determination (e.g., patient, provider) given the lack of harms identified in the evidence review. Pamela Mund from OASAS highlighted times when better care can be provided in person, and Thomas Smith recommended that the term “*clinically indicated*” should be clearly described and defined within the eventual full policy.

Nathan Graber presented a new iteration of the draft recommendation based on feedback: *“The EBBRAC recommends coverage for the provision of opioid use disorder treatment delivered exclusively by telehealth, when it includes an option for in-person care.”*

Edmund Altone expressed concern that the recommendation does not account for places where physical in-person care was simply not available, or when patients may not be able to use telehealth (e.g., language barriers).

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	Victor Badner responded that almost all places should at least have an emergency care option. Nathan Graber acknowledged the need to better define "*in-person care*;" he noted the Committee's concern that a definition limited to SUD treatment could create barriers for certain populations and discussed how NYSDOH might define the term more broadly to capture in-person care access for a range of health issues that might arise during telehealth interactions. Elisabeth Benjamin asked about the types of circumstances that would require in-person care. Nathan Graber and Thomas Smith gave examples of co-occurring mental health conditions and acute crises such as suicidal ideation or withdrawal. Nathan Graber noted the importance of addressing this concern in the agency's future policy. Victor Badner suggested changing "*care*" to "*health care*," and Elisabeth Benjamin suggested changing "*exclusively*" to "*solely*." Both changes were made in the draft recommendation. Douglas DeLong made a motion to eliminate all language after "*telehealth*" to remove any reference to in-person care, and Elisabeth Benjamin seconded the motion. The updated recommendation read: *"The EBBRAC recommends coverage for the provision of opioid use disorder treatment delivered solely by telehealth."* Sanjiv Shah expressed concern about eliminating the responsibility for an exclusive telehealth OUD provider to establish mechanisms to move patients into the correct care paradigm. Thomas Smith pointed out that other behavioral health medications such as clozapine do not have similar written restrictions. Sanjiv Shah noted that buprenorphine providers may have less expertise with the medication on average than clozapine prescribers, and suggested that telehealth provider connections to other provider types must be substantive to deal with the types of co-occurring conditions that OUD patients often have. Nathan Graber commented that federal regulations for OUD treatment require a baseline level of in-person visits which could address some of the concerns; he expressed appreciation for all the considerations the Committee had surfaced. He noted remaining Committee concerns about the removal of the "*in-person care*" qualifier language and said that NYSDOH would take this into account while developing a full policy.

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	Douglas DeLong made a motion to accept his updated draft recommendation as the Committee's final recommendation, and Elisabeth Benajmin seconded the motion.
Action Items /Decisions	The Committee voted to approve the motion (8 yeas, 4 nays, 1 abstention). Final accepted recommendation: *The EBBRAC recommends coverage for the provision of opioid use disorder treatment delivered solely by telehealth.* NYSDOH will follow up with the Committee at a future meeting with a full draft policy reflecting the EBBRAC recommendation and discussion. NYSDOH staff will follow up with information on any differences in recent overdose death reductions among different age groups.
New York State Department of Health Overview of Applied Behavior Analysis Telehealth Policy and Utilization	
Discussion	Patrick Thorpe from NYSDOH presented an overview compiled by NYSDOH staff on policy context for the provision of ABA services via telehealth in NYS. NYSED recognizes licensed behavior analysts (LBAs) and certified behavior analyst assistants (CBAAs) working under LBA supervision; and "unlicensed individuals" may also participate in ABA service delivery under LBA supervision. NYSDOH implemented Medicaid coverage for ABA services for individuals under age 21 with a diagnosis of ASD and/or Rett Syndrome on 8/1/2021 for fee-for-service and 1/1/2023 for managed care plans. Patrick Thorpe provided an overview of ABA CPT codes covered by Medicaid and a summary of ABA utilization and the most frequently used billing codes for telehealth ABA services. From 2023 to 2024, the number of unique Medicaid members using ABA services (any modality) jumped from 4,600 to more than 10,000, while the number of members using telehealth ABA services at least once jumped from around 1,600 to more than 4,000. Committee questions and discussion points included: • The consistent growth of service utilization since the benefit became active in 2021 • The change in NYS ABA licensure between 2022 and 2023 to recognize national certification as equivalent to NYS standards; Elizabeth Brown from the Center for Evidence-based Policy listed state numbers showing that the annual number of LBA licenses issued grew from 205 in 2021 to 850 in 2023 and 680 in 2024

	• The length of time a license remains active prior to renewal; NYSDOH staff advised the length is 36 months (3 years).
Action Items /Decisions	None.
Topic: Applied Behavior Analysis Therapy Provided Via Telehealth	
Discussion	Sarah Kuriakose from the Office of Mental Health provided an introductory overview and description of ABA services based on her experience as a licensed behavior analyst and licensed psychologist. She has experience delivering ABA services, managing ABA care teams, and directing the ASD service within the Department of Child Psychiatry at NYU Langone. She is also the parent of a child that received ABA services both in person and via telehealth. Her testimony described ABA services within an early intensive behavioral intervention framework, as well as the potential application of ABA principles to older children and adolescents with fewer functional deficits. The Center for Evidence-based Policy's Elizabeth Brown presented an overview of the evidence for applied behavior analysis provided via telehealth, and a review of clinical practice guidelines and coverage policies from Medicare, private insurers, state Medicaid programs. For full details, see the report available on the EBBRAC website. The Committee was tasked with determining whether (a) there was sufficient high-quality evidence demonstrating the effectiveness of ABA services delivered by telehealth and (b) whether the evidence supported coverage of the treatment in that modality. Committee questions and discussion points included: • The role of environmental modification in ABA service delivery • The different service elements contained within single ABA CPT codes, and the potential that some elements may be more amenable to a telehealth modality than others • The potential impact that additional diagnoses or more severe communication impairments may have on assessment considerations • Considerations around the appropriateness of telehealth for older children with fewer functional limitations

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	• The amount of physical movement typically used or needed by clinicians during ABA sessions, particularly for younger children starting ABA services • The evidence base and considerations around parental instruction delivered by LBAs/ABA providers • The delineation between parent and provider roles within an ABA treatment plan • The role of data in ABA treatment planning • Requested confirmation that the outcomes favored the telehealth arm in the 3rd phase of the presented Marino 2020 study; Center for Evidence-based Policy staff confirmed this was accurate, but the difference disappeared when controlling for parent gender (data was analyzed at the parent level, not the child level) • Requested confirmation that the control arm in the reviewed studies was never found to be significantly better than telehealth; Center for Evidence-based Policy staff confirmed this was accurate • Clarification that NYSDOH has received Medicaid claims for <u>all</u> ABA code services provided via telehealth • Requested clarification on whether the Cidav 2024 cost-effectiveness study presented was from a payer or provider perspective; Center for Evidence-based Policy staff confirmed it was from a payer perspective and stated that travel time for in-home ABA delivery helps drive the cost differences • Anecdotal information about the use of remote LBA instruction to guide in-person care provided by an unlicensed care team member NYSDOH put forward a recommendation for the Committee's consideration: *"Applied Behavior Analysis (ABA) involves the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to modify behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior and must therefore, be primarily delivered in person. However, in some instances, it may be appropriate to deliver components of ABA via telehealth and the Medicaid program should establish policy guidance regarding the circumstances under which providers may offer services via telehealth to meet the unique needs of each member and their family."* Warren Seigel made a motion to discuss the recommendation, and Katherine Breslin seconded the motion. Douglas DeLong and Edmund Altone supported the sentiment of the recommendation. Douglas DeLong wondered about the necessity of the

	lengthy introductory language describing ABA. Edmund Altone said the recommendation could potentially improve by focusing on the benefits of telehealth around caregiver instruction, rather than direct patient care, based on the data from the evidence review. Sanjiv Shah agreed that the data found and presented was only around parent-mediated therapy and noted that the clinical guidelines presented were not from systematic reviews. Thomas Smith agreed with this characterization of the evidence. Emily Leish asked if it was worth specifying the components or billing codes within ABA services that apply to caregiver direction rather than direct patient care. Sanjiv Shah agreed with Emily Leish and noted that without specificity, the policy could allow telehealth for types of services (direct care) that the Committee had yet to see data on; he also acknowledged there may be unique circumstances with higher-functioning children where direct telehealth care could be done at a very individualized level. Deirdre Wheat inquired about the reason for the definition of ABA services in the recommendation. Nathan Graber advised that its inclusion was helpful for creating alignment during NYSDOH's initial drafting process for the recommendation. Victor Badner expressed support for the recommendation draft and noted that the second half of the statement simply directed NYSDOH to draft a policy based on the evidence and considerations voiced during the EBBRAC meeting. Edmund Altone cautioned against removing the clause in the recommendation's first sentence that ABA services should be "*primarily delivered in person*." Based on the cumulative feedback, Nathan Graber presented the Committee with a shortened version of the draft recommendation: *"EBBRAC recommends that the Medicaid program should establish policy guidance regarding the circumstances under which providers may offer services via telehealth to meet the unique needs of each member and their family."* Douglas DeLong noted that simply recommending NYSDOH create a policy differed from the EBBRAC Committee's normal role of providing a definitive coverage decision recommendation, and that doing so could establish a new precedent. Nathan Graber appreciated this comment and acknowledged the difference; he noted that NYSDOH often looks to the Committee for broader guidance on how it provides its different programs. Victor Badner and Warren Seigel provided further suggestions to produce a new draft recommendation: *"EBBRAC recommends that the Medicaid program*

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	establish policy guidance regarding the circumstances under which providers may offer ABA services via telehealth." Emily Leish noted that the new recommendation draft loses the emphasis on ABA services being delivered primarily *in person*. Emily Leish, Sanjiv Shah, and Thomas Smith provided further suggestions to add a second sentence and produce a new draft recommendation: *"EBBRAC recommends that the Medicaid program should establish policy guidance regarding the circumstances under which providers may offer ABA services via telehealth. That guidance should emphasize that ABA services should primarily be delivered in person."* Douglas DeLong recommended removing the second sentence for simplicity given that the discussion and record will inform the future full policy guidance. Victor Badner concurred with this opinion. Douglas Fish recommended removing the word "*should*" from the first sentence of the recommendation. Sanjiv Shah, Katherine Breslin, Edmund Altone, and Thomas Smith discussed how to strengthen the second sentence of the recommendation to reflect the clinical importance and evidence around providing direct ABA services to patients through an in-person setting. The draft recommendation was updated: *"EBBRAC recommends that the Medicaid program establish policy guidance regarding the circumstances under which providers may offer ABA services via telehealth recognizing the importance of ABA services being delivered in person."* Douglas DeLong made a motion to accept the updated language as the Committee's final recommendation, and Katherine Breslin seconded the motion.
Action Items /Decisions	The Committee voted to approve the motion (11 yeas, 0 nay, 2 departed prior to vote) Final, accepted recommendation: *The EBBRAC recommends that the Medicaid program establish policy guidance regarding the circumstances under which providers may offer ABA services via telehealth recognizing the importance of ABA services being delivered in person.* NYSDOH will follow up with the Committee at a future meeting with a full draft policy reflecting the EBBRAC recommendation and discussion.

Final Comments:	
Discussion	Nathan Graber thanked the Committee members for their time and discussion. He announced that the next EBBRAC meeting will be November 20, 2025, in New York City and will address 1 topic: • Hospital at home Nathan Graber also said the upcoming meeting may include additional time to discuss today's topic around the delivery of OUD services exclusively by telehealth.
Action Items /Decisions	Nathan Graber adjourned the meeting.