Insurance coverage denials create a conflict of interest

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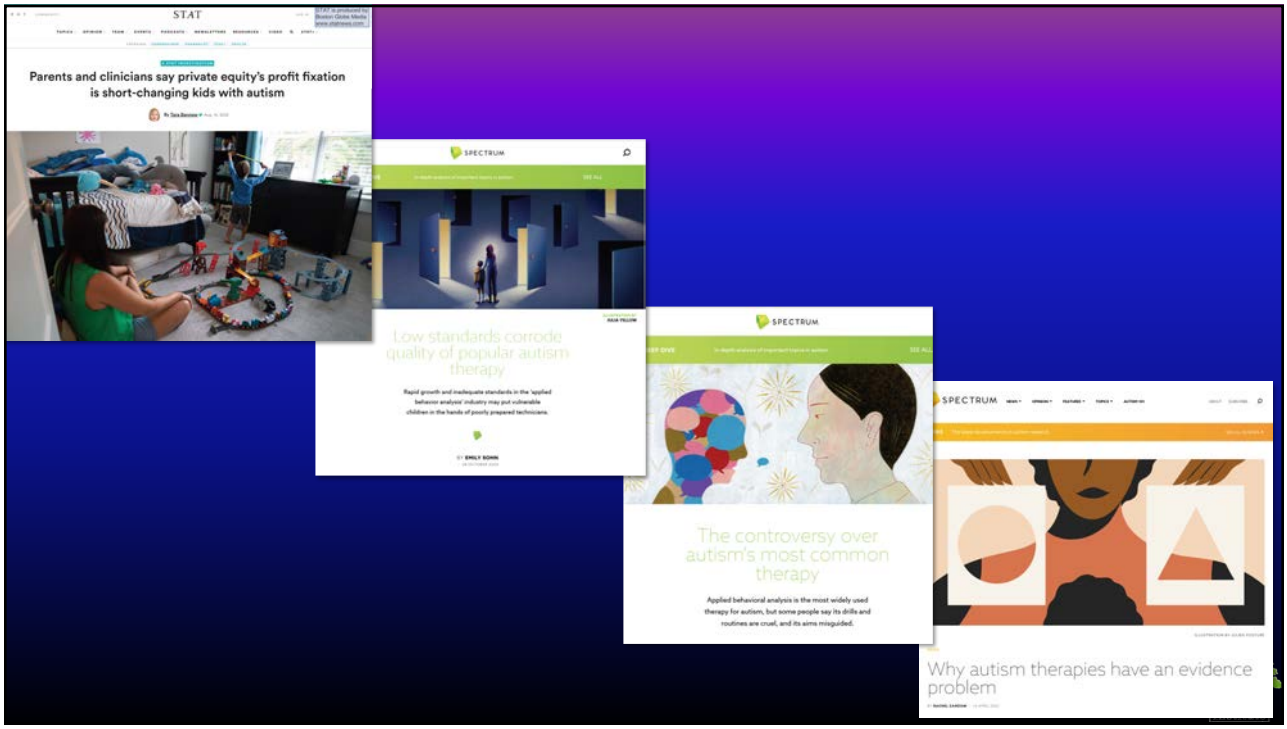

What could be wrong with ABA?

If you are a BCBA who is deciding between:

A. what your training and evaluation tells you is right for your client, or
B. what your funder tells you they will pay for,

then you have a conflict…

What could be wrong with ABA?

…A conflict between:

THE FAMILY'S interest in obtaining the treatment that they need, and
YOUR financial interest.

What can you do to ensure that you are not putting your financial interest ahead of the family's interest?

Medical Necessity Determination

- The BCBA clinician determines medically necessary treatment in consultation with their consumer, in accordance with their direct observation and analysis of the client's needs.
- The health plan determines what services they will cover, as is their fiduciary duty to their stakeholders.

Medical Necessity Determination

- If the provider determines treatment based upon what the health plan will cover, instead of what the consumer needs and wants, they are putting their financial interest ahead of their contract with their consumer.

Challenges in Service Delivery

- Lack of support for effective services
  - Lack of funding for comprehensive ABA
  - Insufficient funding for personnel preparation
  - Untrained providers
  - Diluted services
  - Challenges from competitors with vested interests in other services
  - Lack of constituency for prevention

Instead of managing the process, let's manage the outcomes!

- Goals of Optimal Clinical Services
  - Increase percentage of best outcomes
  - Reduce length of treatment
  - Individualize for challenging children
  - Increase cost effectiveness
  - Increase number of children served
  - Reduce procedural stress on family

Family Centered Planning: Individualizing Treatment Intensity

- What do we manage for each individual child?
  - the level of behavioral outcome goals for the child
  - the severity or danger of their behavioral excesses and deficits
  - the needs of the family environment
  - the needs of the community environment
  - the level of intensity in hours per week
  - the levels of case supervision and case management
  - the kinds and amounts of parent training
  - the locations of treatment
  - alternative and supplemental services
  - transitioning to independence in the future

Evidence-Based Levels of Behavior Therapy, Behavior Analysis, and Clinical Supervision

	One to One Behavior Therapy		Additional Clinical Treatment Services		
	Intensive Phase	**Transition Phase**	**Behavior Analysis, Assessment, and Clinical Direction**	**Parent Training**	**Clinical ITP Review**
Summary	37 hours per week	16 hours per week	10 hours per week	5 hours per week	2 hours per week
Lovaas 1987, McEachin, et al. 1993	An average of 40 hours, with frequent co-therapy, range: 10 to 60 hours per week	An average of 10 hours per week	Daily to weekly direct supervision by direct supervisor, clinical supervisor, and psychologist	The parents also received extensive instruction and supervision on appropriate treatment techniques for 5-8 hours per week	Weekly team clinical review meeting
Amerine, Cohen, Waters, et al. 2006, 2018	35 to 40 hours	not reported	Clinic Supervisors provided ongoing performance feedback	Weekly parent training	Weekly team clinical review meeting & six-month clinical review
Sallows & Graupner 2005	An average of 37 to 39 hours	not reported	6 to 10 hours of weekly co-therapy by the senior therapist and weekly supervision by the clinic supervisor	Parents attended weekly team meetings and extended treatment throughout the day	2 weekly 1-hr team clinical and progress review meetings
Howard, et al. 2005, 2014	35 to 40 hours	not reported	Direct observational data reviewed by program supervisors several times per week	Weekly to monthly parent training	
Eikeseth, et al. 2002, 2007	28 hours of school-based and additional home-based parent therapy	18 hours per week	10 hours per week of apprentice observation and supervision by supervisors, weekly supervision by project directors	4 hours per week of parent training	2 hour meeting weekly
Hayward, et al. 2009	42 hours of scheduled, home- and school-based treatment	18 hours per week	5 hours per week of programme consultant supervision. 11 hours per week of senior tutor supervision. 2 hours per month by programme director	2 to 5 hours per week of parent training	2 hour meeting weekly
Larsson, et al. 2017	37 hours per week, with co-therapy as needed, range 6 to 47 hours	19 hours per week, range 6 to 36 hours	10 hours per week of case supervision as defined by BACB, including clinical direction	6 hours per week of parent training	2 hours per week of ITP review and development & six-month ITP review

Accountability through Periodic Prescriptive Review

Ensure medical necessity for the funder

Ensure accountability to the consumer

- Ensure genuine informed consent
- Regularly updated objective program evaluation
- Focus on relevant, clinically significant measures
- The optimal mode of treatment changes with the individual's progress
  - Rote age prescriptions are irrelevant
  - Rote intensity prescriptions are irrelevant
  - Rote service-delivery prescriptions are irrelevant

Integrity of Treatment Variables

- In evaluating Intensive Treatment, we must measure both the functional outcomes and the process of implementation

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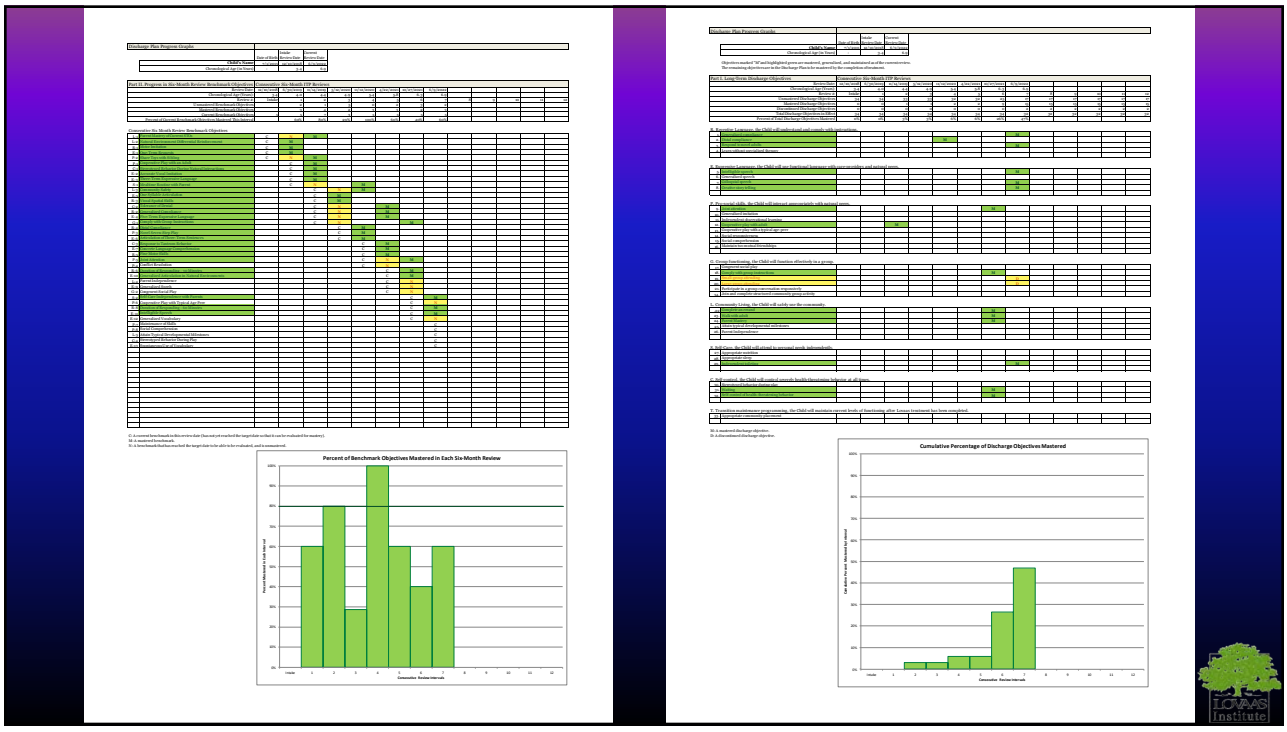
Multi-Modal Evaluation of Dynamic Behavior Therapy

Six-Month Progress Review

- Long-Term Outcome Objectives
- Task Analyzed into Individualized Treatment Plan Benchmarks
- Quality Features
  - Dynamic Behavior Therapy Framework
- Weekly ITP Progress Assessment
- Internal Curriculum Assessment
- Clinical Focus Evaluation
- Internal Developmental Norms Assessment
- Social Validity Assessments
  - Structured Video-tape Assessment
- Outcome Validity Probes
- External Assessments



Weekly Service Planning

Intensive Phase - Scheduled In-Home Hours

Child: Sample Full Intensity Not Constrained

Dates of this Group:

BACS Hrs for Calculator:	9.00	SBT Hrs for Calculator:	8.50	BT Hrs for Calculator:	39.50	Parent Hrs for Calculator:	12.00

	Sunday				Monday				Tuesday				Wednesday				Thursday				Friday				Saturday				
	BT	Parent	SBT	BACS	BT	Parent	SBT	BACS	BT	Parent	SBT	BACS	BT	Parent	SBT	BACS	BT	Parent	SBT	BACS	BT	Parent	SBT	BACS	BT	Parent	SBT	BACS	
7:00																													7:00
7:30					BT1				BT1				Stf Mtg		Stf Mtg	Stf Mtg					BT1				BT1				7:30
8:00					1.50				1.50				1.50		0.50	0.50	SBT				3.50				2.50				8:00
8:30													CRM	CRM	CRM	CRM	4.00												8:30
9:00					BT1			Clin Dir				1.00	4.50	3.00	1.50	1.50													9:00
9:30					2.00			2.00																					9:30
10:00													BT2		Clin Dir	Clin Dir									BT1	Father			10:00
10:30													1.00		1.00	1.00									1.00	1.00			10:30
11:00		Father						BA Ass ITP				BA Ass ITP														Father			11:00
11:30		1.00						0.50				0.50														1.00			11:30
12:00																													12:00
12:30					BT2			BA Ass ITP	BT2			BA Ass ITP		Mother	Prnt Train		BT2												12:30
1:00					3.50				2.00			2.00		2.00	2.00		2.50				BT1								1:00
1:30									BT1												2.50								1:30
2:00									0.50																				2:00
2:30									BT2			CRM Prep	CRM Prep																2:30
3:00									1.00			1.00	1.00																3:00
3:30												BA Ass ITP	BT1			Clin Dir					SBT								3:30
4:00												1.50	1.00			1.00	BT1				2.00								4:00
4:30													BT1				1.00												4:30
5:00										Prnt Mtg	Prnt Mtg	Prnt Mtg	2.50									Father	Prnt Train						5:00
5:30										1.00	0.50	0.50										1.00	1.00						5:30
6:00		Mother								Father		Prnt Train																	6:00
6:30		1.00								1.00		1.00																	6:30
7:00																BA Ass ITP													7:00
7:30																1.00													7:30
8:00																													8:00
	0.00	2.00	0.00	0.00	7.00	0.00	0.00	0.00	7.00	2.00	6.00	4.00	10.50	5.00	5.00	5.00	9.50	0.00	0.00	0.00	8.00	1.00	1.00	0.00	3.50	2.00	0.00	0.00	

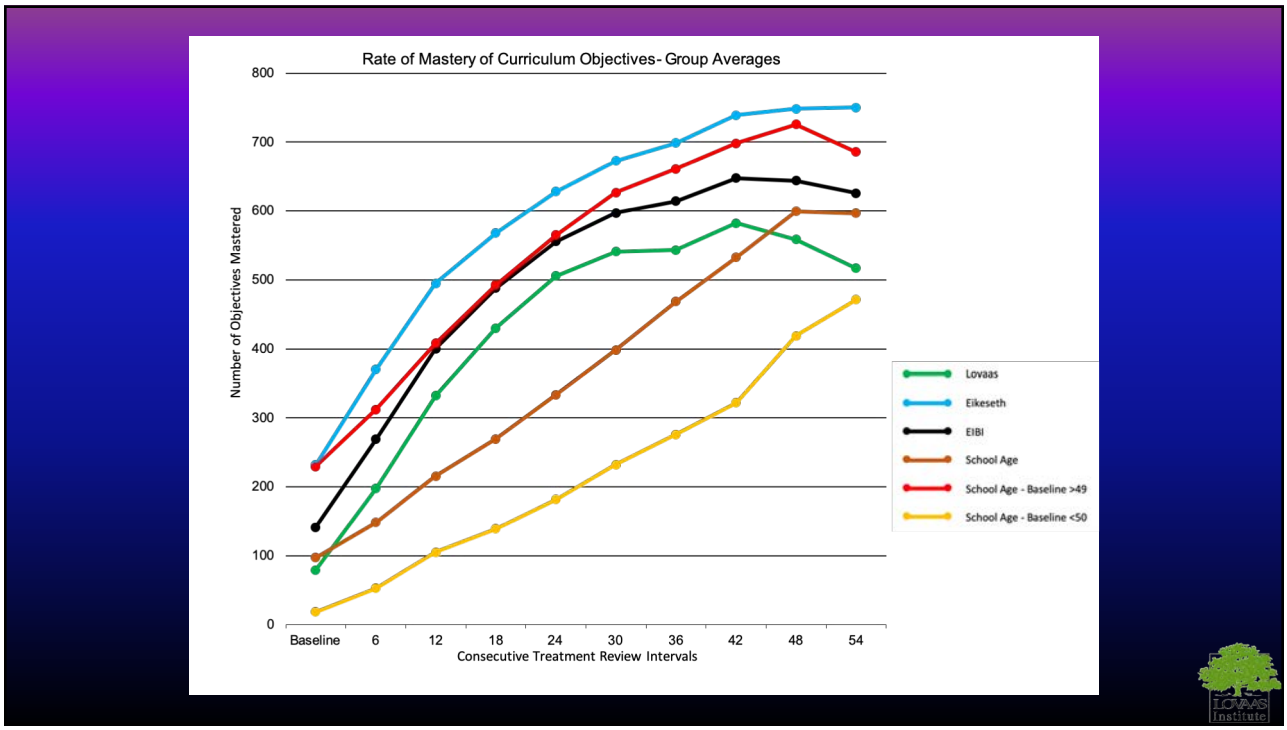
	All Scheduled Hours (Direct Plus Indirect)	All Staff Hours Scheduled	Direct Hours: Only Direct Behavior Therapy And Direct Behavior Analysis		Only Hours Covered	Direct Behavior Therapy Services and Direct Behavior Analysis Services (See below for Key)							Indirect Services Percentages			
		Total	Behavior Therapy	Behavior Analysis	Total	Total	BT	Prnt Train	Clin Dir	Prnt Mtg	Case Man	CRM Prep	CRM	Stf Mtg	BA Ass ITP	All Indirect	All Indirect	All Overlap	Overlap Wo CRM
	All Staff	66.50	39.50	16.50	56.00	49.00	39.50	4.00	4.00	0.50	0.00	1.00	1.50	0.50	5.00	17.50	0.26	0.26	0.11
1:00		66.50	3.50	0.50		3.50													
2:00	BT	3.50	3.50	2.00		3.50													
3:00		45.50	1.50	1.50	2.00	1.50													

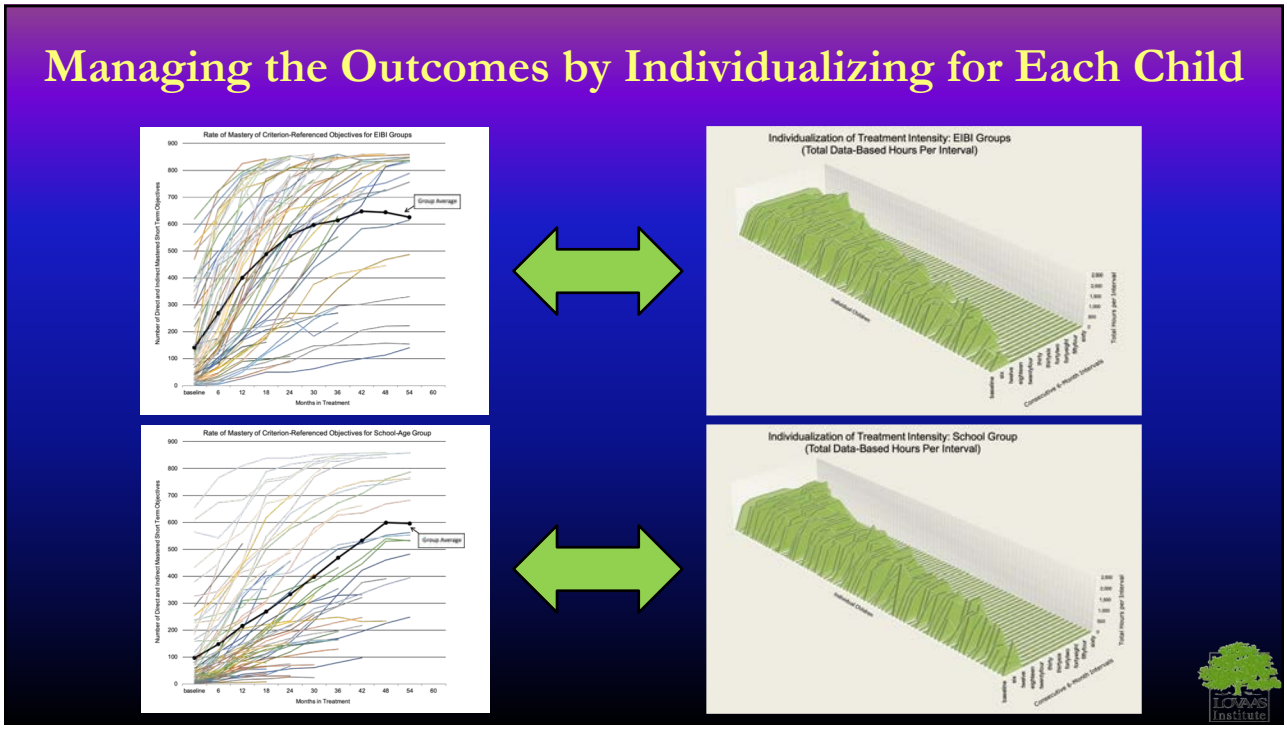
Type the Number of Hours in BT Columns delivered at a Public School here: Percent: 0.00%

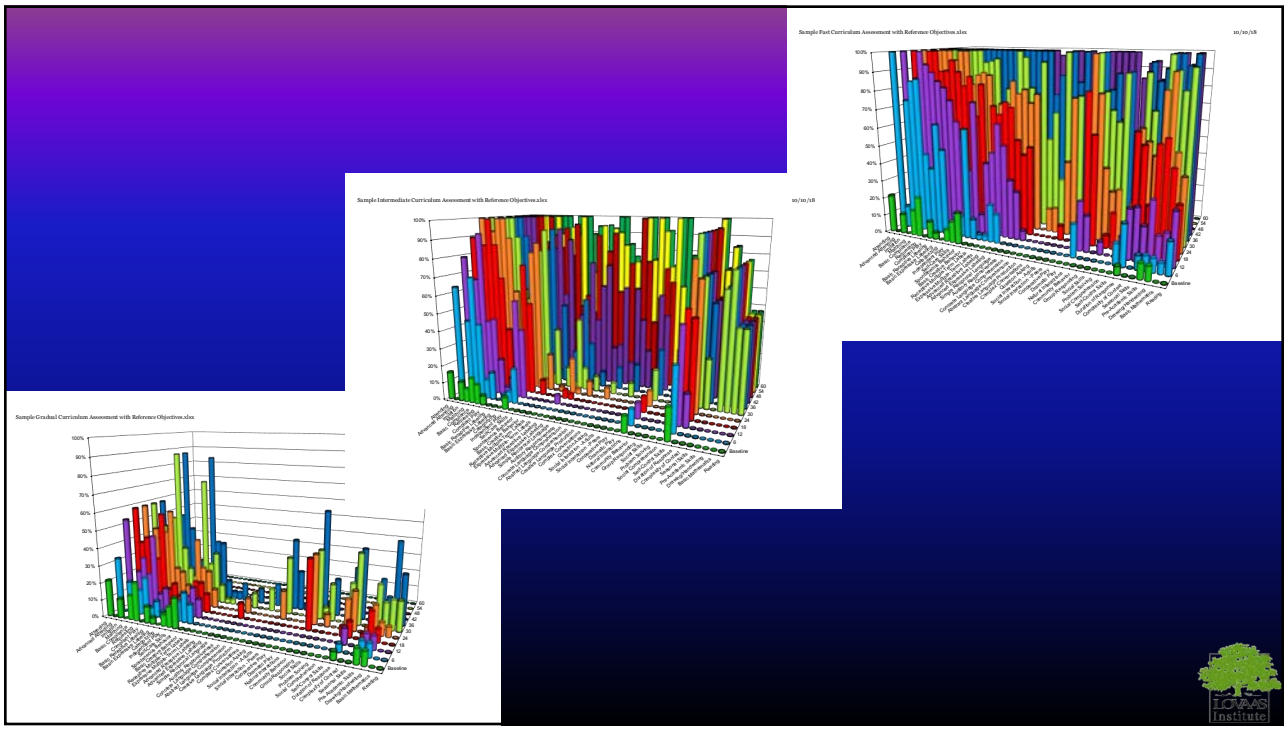
Summary of Direct Services Delivered in the Presence of the Family or Child:

In this schedule, there are a total of 56 hours of direct services being delivered. Of these, there are 16.5 hours of direct Behavior Analysis (family skills) services being delivered to the family. These services consist of Behavior Analysis, Assessment, and ITP Development; Clinical Review and Direction to Implement the Current ITP; and Parent Training, Consultation and Case Management to Implement the Current ITP.

During 9.5 hours of these Behavior Analysis services, no other service is being delivered. During 7 hours of these Behavior Analysis services, direct Behavior Therapy (individual skills) services are also being delivered to the child. Finally, an additional 32.5 hours of direct Behavior Therapy (individual skills) services are being delivered to the child when no other services are being delivered.

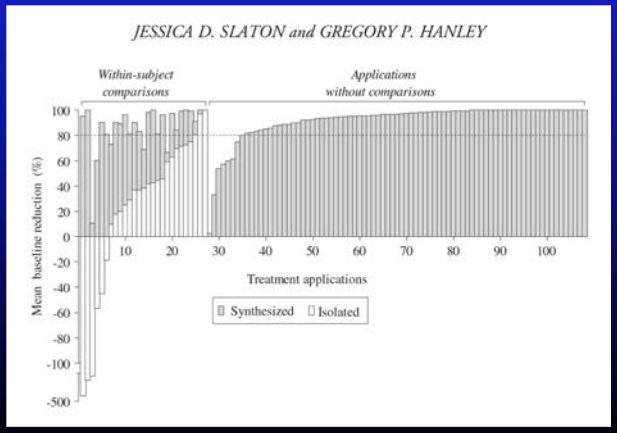

Rate of Mastery of Curriculum Objectives- Group Averages
Number of Objectives Mastered
800
700
600
500
400
300
200
100
0
Baseline 6 12 18 24 30 36 42 48 54
Consecutive Treatment Review Intervals
Lovaas
Eikeseth
EIBI
School Age
School Age - Baseline >49
School Age - Baseline <50


Managing the Outcomes by Individualizing for Each Child
Rate of Mastery of Criterion-Referenced Objectives for EIBI Groups
Individualization of Treatment Intensity: EIBI Groups
(Total Data-Based Hours Per Interval)
Rate of Mastery of Criterion-Referenced Objectives for School-Age Group
Individualization of Treatment Intensity: School Group
(Total Data-Based Hours Per Interval)



ABA Effects on Challenging Behavior

Average Mean Baseline Reduction for each individual application, across all synthesized treatment applications was 90.2%, compared to -0.3% across all isolated treatment comparisons.



Slaton, J. D., & Hanley, G. P. (2018). Nature and scope of synthesis in functional analysis and treatment of problem behavior. *Journal of Applied Behavior Analysis*, 51, 943–973.

LOVAAS Institute

What is the relevance to our Outcome Evaluations?

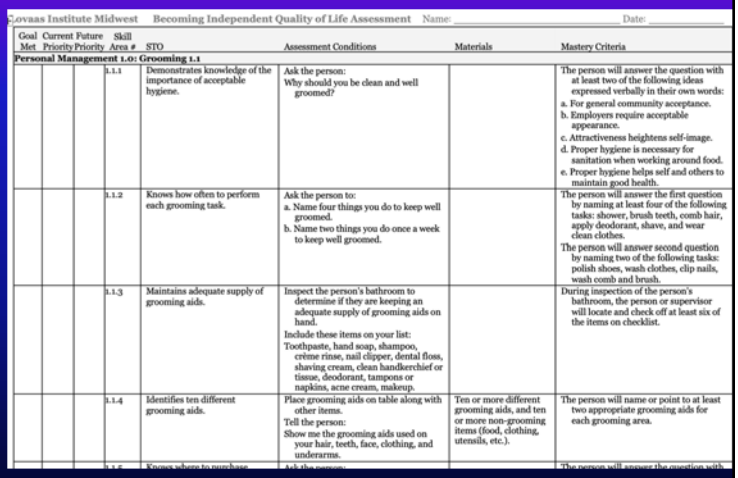
- The within-subject ABA results are the most significant results.
- We are not only looking at the global outcome measures.
- We are examining the impact of treatment on the specific individual targets of each child's treatment.

Flexibly Re-Focus the Treatment Plan

- Quality of Life Process
  - Family-centered Planning
  - Strengths-based
  - Becoming Independent

  (Cooke and Apolloni, 1981)

Total Goals	793 goals
Personal Management	157 goals
Social Development	111 goals
Household Management	214 goals
Academic Skills	89 goals
Home Leisure	157 goals
Community Leisure	17 goals
Job Readiness	48 goals



Lovaas Institute Midwest Becoming Independent Quality of Life Assessment Name: Date:

Goal Met	Current Priority	Future Priority	Skill Area #	STO	Assessment Conditions	Materials	Mastery Criteria
Personal Management 1.0: Grooming 1.1							
			1.1.1	Demonstrates knowledge of the importance of acceptable hygiene.	Ask the person: Why should you be clean and well groomed?		The person will answer the question with at least two of the following ideas expressed verbally in their own words: a. For general community acceptance. b. Employers require acceptable appearance. c. Attractiveness heightens self-image. d. Proper hygiene is necessary for sanitation when working around food. e. Proper hygiene helps self and others to maintain good health.
			1.1.2	Knows how often to perform each grooming task.	Ask the person to: a. Name four things you do to keep well groomed. b. Name two things you do once a week to keep well groomed.		The person will answer the first question by naming at least four of the following tasks: shower, brush teeth, comb hair, apply deodorant, shave, and wear clean clothes. The person will answer second question by naming two of the following tasks: polish shoes, wash clothes, clip nails, wash comb and brush.
			1.1.3	Maintains adequate supply of grooming aids.	Inspect the person's bathroom to determine if they are keeping an adequate supply of grooming aids on hand. Include these items on your list: Toothpaste, hand soap, shampoo, crème rinse, nail clipper, dental floss, shaving cream, clean handkerchief or tissue, deodorant, tampons or napkins, acne cream, makeup.		During inspection of the person's bathroom, the person or supervisor will locate and check off at least six of the items on checklist.
			1.1.4	Identifies ten different grooming aids.	Place grooming aids on table along with other items. Tell the person: Show me the grooming aids used on your hair, teeth, face, clothing, and underarms.	Ten or more different grooming aids, and ten or more non-grooming items (food, clothing, utensils, etc.).	The person will name or point to at least two appropriate grooming aids for each grooming area.
			1.1.5	Knows where to purchase	Ask the person:		The person will answer the question with