A Gathering of Doers: Private ABA Providers in Public Schools

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A Gathering of Doers

Plant Your Seeds & Tend Your Garden





The Aftermath

Determination Whether Medically Necessary Treatment Must be Provided on School Premises

1. It will be the responsibility of a student's IEP team or 504 team to determine whether any medically necessary treatment must be provided to the student within the school setting in order for the student to access their education, pursuant to Section 504 and Title II of the ADA.

2. When making the determination whether medically necessary treatment must be provided within the school setting, the student's IEP team or 504 team will invite the private health-care specialist who ordered or recommended the medically necessary treatment to attend the student's IEP meeting or 504 meeting at which the issue will be discussed. The invitation will include the option for the private health-care specialist to submit information in writing that can be reviewed at such IEP meeting or 504 meeting. The invitation will be given not less than ten (10) calendar days in advance of the IEP or 504 meeting.

3. Nothing in this policy will be construed to prevent the District from using its own staff, if qualified, or contracting with a qualified provider of its choice to provide medically necessary treatment that a student's IEP team or 504 team has determined must be provided in the school setting pursuant to Section 504 or Title II of the ADA.

4. Nothing in this policy will be construed to require the District to permit a third party to determine or provide special education or related services in the school setting in a way that interferes with the District's obligations and authority under federal law.

22-20-121. Medically necessary treatment in school setting - policy - report - definitions. (1) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES:

(a) "MEDICALLY NECESSARY TREATMENT" MEANS TREATMENT RECOMMENDED OR ORDERED BY A COLORADO LICENSED HEALTH-CARE PROVIDER ACTING WITHIN THE SCOPE OF THE HEALTH-CARE PROVIDER'S LICENSE.

(b) "PRIVATE HEALTH-CARE SPECIALIST" MEANS A HEALTH-CARE PROVIDER WHO IS LICENSED, CERTIFIED, OR OTHERWISE AUTHORIZED TO PROVIDE HEALTH-CARE SERVICES IN COLORADO, INCLUDING PEDIATRIC BEHAVIORAL HEALTH TREATMENT PROVIDERS PURSUANT TO THE STATE MEDICAL ASSISTANCE PROGRAM, ARTICLES 4, 5, AND 6 OF TITLE 25.5, AND AUTISM SERVICES PROVIDERS WHO PROVIDE TREATMENT PURSUANT TO SECTION 10-16-104 (1.4).

(2) (a) NO LATER THAN JULY 1, 2023, EACH ADMINISTRATIVE UNIT SHALL ADOPT A POLICY THAT ADDRESSES HOW A STUDENT WHO HAS A PRESCRIPTION FROM A QUALIFIED HEALTH-CARE PROVIDER FOR MEDICALLY NECESSARY TREATMENT RECEIVES SUCH TREATMENT IN THE SCHOOL SETTING AS REQUIRED BY APPLICABLE FEDERAL AND STATE LAWS, INCLUDING SECTION 504 OF THE FEDERAL "REHABILITATION ACT OF 1973", 29 U.S.C. SEC. 794, AS AMENDED, AND TITLE II OF THE FEDERAL "AMERICANS WITH DISABILITIES ACT OF 1990".

How do we know it's needed?

Clinical ABA in School Considerations

Cost of Entry	Metric	Response
CE 1	Can reasonable accommodations meet the needs of the student (See "Reasonable Accomodations" tab)	
CE 2	Is the Clinical ABA treatment plan is aligned with symptoms presented from the diagnosis	
CE 3	Would the treatment be necessary across all settings (ie. the public library test)	
CE 4	Are the ABA treatment plan goals contextually appropriate to be run in the school setting?	
CE 5	Do you have a medical referral from the physician stating that Clinical ABA is medically necessary in the school setting for the prescribed dosage as outlined in your treatment plan?	
CE 6	Has the Clinical ABA treatment (in school locations) been approved as medically necessary by another party (ie. funder, physician...)?	
TOTAL SCORE		

Medical Necessity Criteria	Metric	Response
MN1	Is the student experiencing a lack of skill acquisition in the treatment domain areas shared (e.g. AAC, ADLS, etc) in the ABA Treatment Plan in the school setting (e.g. not meeting at least 50% of IEP goals but making significant progress on similar domain area ABA Treatment Plan goals such as at least 70% of short term benchmarks)?	
MN2	Is the student experiencing social deficits at school that are making adequate progress on the ABA treatment plan (e.g. how to address bullying) but remains a barrier in school?	
MN3	Does the student experience safety concerns in the school setting that are not successfully addressed?	
MN4	Are maladaptive/interfering behaviors reduced in other settings but still occur at high rates in the school setting due to inadvertent staff or peer reinforcement?	
MN5	Are generalization barriers not successfully remediated through at least 3 months of care coordination with IEP team?	
MN6	Is there evidence of behavioral contrast (e.g. behaviors only occurring in non clinic settings) that are not being successfully remediated without direct intervention from ABA team?	
MN7	Would the addition of Clinical ABA treatment in the school setting result in increased student independence and/or reduction of severe behavior?	
MN8	Would the addition of Clinical ABA treatment result in remediation of barriers that reduce adult placement options for the student?	
TOTAL SCORE		



Reasonable Accommodations

Reasonable Accommodations			
Reasonable accommodations should already be listed in the student's IEP. If the student does not have an IEP or 504 plan, it may be prudent to consider requesting a district evaluation for IEP or 504 services. If the student is able to: 1. Diagnostic symptoms are being maximally remediated through IEP/504 services 2. BE SAFE (self and others) with these common accommodations, the student may not require clinical ABA services in school. If any of these 3 criteria are NOT met, this student may require clinical ABA in school.			
IEP accommodations	**In IEP**	**Observed to be consistently implemented (80%+)**	**Would consistent implementation satisfy the needs of the student**
1. Clearly Stated Behavioral Expectations Posted			
2. Class-wide reinforcement system available			
3. Class-wide reinforcement system used consistently			
4. Immediate Reinforcement			
5. Effective Visual Supports			
6. Priming for transitions			
7. Reduced # problems on page			
8. Additional Time allowed (for processing)			

Instructions for Observation Data Sheet
1. **Teacher Contacts:** Collect data based on observation in school for the outlined metrics below. Record % observed delivered by teacher (e.g. clearly stated expectations, corrective feedback delivered vs praise/positive acknowledgement delivered)
2. **Client Performance:** Collect data on the following prerequisite skills for success in a classroom environment without 1:1 support. Record % independence for each target skill.
3. Attempt to get at least 3 observations scheduled for your assessment when possible to identify a trend. If you cannot get 3 observations due to funder limitations or district limitations, one observation will suffice. Continue to collect data on these metrics throughout the client's time in school at least monthly to measure progress/ generalization if you are NOT treating in school. If you are treating in school, consider whether or not these are medically necessary goals for the client and ensure the IEP does not duplicate any of your goals to avoid funder violations.

Observation Data Sheet	**Observation 1**	**Observation 2**	**Observation 3**
Teacher Contacts (interactions)	Date:	Date:	Date:
1. Clearly stated expectations delivered			
2. Corrective Feedback delivered			
3. Praise delivered/Positive acknowledgement			
Client Performance			
1. Follows Individual Instructions (1st time)			
2. Follows Whole Group Instructions (1st time)			
3. Observational Learning (look to peers for direction)			
4. On Task Intervals (1min)			
5. Engages in self-advocacy appropriately			



Baseline data

ABC Data	Antecedent	Context	Consequence
Behavior 1:			
Behavior 2:			
Behavior 3:			
Behavior 4:			

Skill Acquisition	Skill Area	Skill Area	Skill Area
Baseline			
Baseline			
Baseline			
Baseline			

Dosage

Skill Acquisition

Trials To Mastery Criterion	Average Time per Trial in minutes	Minutes to Master 1 target	Min.Trials Per Day	# Days to Master 1 target	Desired # targets mastered per auth	# Days to Reach Goal	Time per Auth	Hours per Week
10	1	10	3	3.333333333	20	66.66666667	66.66666667	2.564102564

Behavior Reduction

Average Duration Per Instance/Episode (in Minutes)	Average # Instances/Episodes per Week	Amount Time Required to Implement Antecedent Interventions Per Day (in minutes)	Avg Days/Week Antecendent Interventions Implemented	Total Time/Week in Minutes	Total Time/Week in Hours
0.5	63	15	5	106.5	1.775

SCAN ME

Agreements

COABA
Colorado Association for Behavior Analysis

Model Policy for HB1260:
Access to Medically Necessary Care
in Schools

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