Applied Behavior Analysis Provider Workgroup Meeting #1

Meeting Minutes

RedRossa 10:00 am – 3:30 pm

21 July 2015

Attendance

Present:

Sarah Aker, Pierre, Department of Social Services (DSS)
Dr. Paul Amundson, Sioux Falls, Health insurance representative
Sen. Terri Haverly, Rapid City, Legislator
Rep. Tom Holmes, Sioux Falls, Legislator
Sec. Marcia Hultman, Pierre, Department of Labor and Regulation (DLR)
Dr. Vicki Isler, Sioux Falls, Provider of autism services
Ann Larsen, Pierre, Department of Education (DOE)
Sen. Jeff Monroe, Pierre, Legislator
Dr. Pamela Osnes, Burke, Provider of autism services
Sec. Gloria Pearson, Pierre-Yankton, Department of Human Services (DHS), Workgroup chair
Brittany Schmidt, Sioux Falls, Provider of other services to children with autism
Lisa Stanley, Pierre, Parent/family
Carol Tellinghuisen, Spearfish, Licensing board executive

On the phone:

Rep. Julie Bartling, Burke, Legislator
Mike Demand, Des Moines, Health insurance representative

Absent:

Michelle Powers, Parent/family

Also attending:

Patrick Baker, DHS
Mallori Barnett, DLR
Terry Dosch, S.D. Council of Mental Health Centers, Executive Director
Kitty Kinsman, Lobbyist, LifeScape
Dan Lusk, DHS
Randy Moses, Avera Health Plans
Karlie Warne, DHS

Introduction

The purpose of the workgroup is to study the certification and licensure of applied behavior analysis therapy providers and to advise and make recommendations to the Governor and the Legislature by December 1, 2015. It is in the state's interest to protect the public and licensure and certification does that. We want to have a system that is consistent across different professions. As a state we pride ourselves on not overregulating and being too prescriptive in law. Key for us is that regulations are not burdensome, but efficient. Licensure costs are paid for with user fees: Professionals pay a fee for licensure as well as the cost to run the board, so we do not want to incur unnecessary expense for people. Regulation is not synonymous with payment. If discussions of regulations about licensure come back around to payment, we will gather that information, but it is not the purpose of this group to address insurance payment. It is our task to make a recommendation about what would make sense for us in South Dakota regarding certification and licensure of applied behavior analysis therapy providers.

Agenda

- Overview of 2014 study completed by Health Management Associates
- Presentation by applied behavior analysis (ABA) professional
- Presentation by Behavior Analysis Certification Board (BACB) regarding national certification
- Provide information about how other states regulate ABA providers
- Discuss what we need to learn or know for the next meetings

Overview of 2014 Study Completed by HMA:
See attached presentation.

Introduction to Autism and Applied Behavior Analysis (ABA) – Pamela Osnes:
See attached presentation.

Summary:
Why we're here: the many faces of autism – we are having this group because there is a need for legislation about autism coverage. Autism is not a pretty picture. Pamela worked in a special education children unit in Sioux Falls, and her

degrees from SDSU did not prepare her. What did help her was that her supervisor was a behavior analyst. We are here to remember that there are a lot of children and families out there that are in need.

Autism: Diagnostics, characteristics, what should be taught, curriculum – Autism is a developmental disability marked by severe impairment in social functions. Characteristics are sensory deficits, self-stimulation, tantrums, etc. The prevalence is 1 in 88 children, under age 22, are diagnosed with autism. 5.7% of students who receive special education services are under the category of autism. Recent research shows there is a clear biological origin of autism, but there is no clear, precise cause. Effective treatment for children with autism is intensive behaviorally based early intervention, applied behavior analysis, etc. Even the most verbal, mildly affected people with autism, who are "high functioning," still have clinical needs and still have social and behavioral deficits. Everyone with autism would benefit from some sort of therapy. People on any part of the spectrum need services. Data have shown that autism is most likely going to be a permanent issue. The DSM V diagnostic criteria are listed in the slideshow. The top criterion is the social difficulties that accompany this disorder. The symptoms have to be present in the early developmental period to qualify for diagnosis. Even if less than 12 months of age, there can be unusual pattern behavior. How does a child come to be diagnosed with autism, especially in South Dakota? The parents at some point think there is something wrong with their child; usually speech is the first indicator. The parents usually claim they spoke okay from 12-18 months and then stopped. They go to the pediatrician and the doctor may say he or she is young and to wait it out. You can lose up to 2 years if you wait. Parents want to get therapy and diagnosis right away. It is difficult to get a diagnosis. You can use an early childhood development test that schools give out. In schools there are special education teams that are keeping an eye on the children to look for these symptoms. Not every child with developmental issues has autism. There are four agencies that diagnose autism across the state. Many schools do diagnoses as well. The best age is prior to age 3 so you can start therapy early. Many are hesitant to diagnose before age 3, however, because the child is so young. Characteristics: limited communication skills, slow learning rates for new skills, poor generalization and maintenance of newly learned skills, deficits in self-help skills, impaired physical and motor development, stereotypic and challenging

behavior. What should be taught? Communication skills, age-appropriate skills, functional skills – activities of daily living skills (ADLs), skills in making choices and self-managing appropriately, recreation and leisure skills. Where are the lines drawn, who draws them, and what are the parameters? It is determined by frequency, severity, and the duration. When you are in a social setting and you cannot control the impulse – that is when there is something wrong. Picking up on these social cues of people with autism can help them be successful. The best thing to do is catch the diagnosis early and get proper therapy.

Instructional Methods: how should children be taught – carefully planned, systematically executed, and continuously monitored. The individual's current level of performance must be assessed, and the skill to be taught must be defined clearly. The skill may need to be broken down into smaller component steps.

Evidence-Based Interventions – National Autism Center's National Standards Project. There are studies that have established evidence, emerging evidence, or unestablished evidence being worked on. We will focus on evidence-based interventions. ABA and autism services have been established by the National Autism Center as the only interventions for individuals with autism that have established effectiveness. ABA procedures are based upon the principles of learning and emphasize the lawful predictable nature of observable behavior. Decision-making is based upon objective data instead of opinions or individual preferences. There are established mild punishments set as well. Fourteen interventions have been established – these are listed on the slideshow. Emerging evidence interventions have also appeared – on the slideshow. There are unestablished evidence interventions – these are on the slideshow as well. There are unestablished evidence interventions that are being used in South Dakota, especially AIT and SIT, that have not been proven to work and people need to avoid using them until evidence is established. It must have published research to be considered by National Autism Center as an established intervention.

ABA Intervention Process – conduct functional behavior assessment, records review, interviews with key stakeholders, and direct observation. Write a report and include intervention recommendations. Begin intervention, graph data to interpret the intervention effectiveness, and then tweak the intervention throughout as the data indicate necessity. Behavior dips and is unstable before

interventions. We want to increase the stability and develop a higher, more appropriate level of behavior after interventions.
Who provides services? – Board Certified Behavior Analyst (BCBA) or BCBA-D (doctoral) or other qualified professionals (mater's level or higher) – completes functional behavioral assessments (FBAs), writes reports, develops behavior intervention plans (BIPs) or behavior support plans (BSPs), and provides parent services. BCaBA (bachelor's level) or registered behavioral therapist (RBT – pre-bachelors level) provide in-home services under supervision of BCBA or BCBA-D or other qualified professional, implements BIP/BSP, does NOT design BIP/BSP or provide parent services. Parent goals were required for coverage. Bachelor level had lower reimbursement. 14 RBTs in state. Want to get more behavior analysts in South Dakota. SDSU is looking at providing the coursework for Fall 2016 to achieve the BCABA. There is not much difference in BCaBAs and RBTs at operational level.
IMPORTANT – applied behavior analysis is used by professionals to help a person change socially significant behaviors.
Will applied behavior analysis change autism? Autism is a diagnosis and a label. ABA may change the BEHAVIORS.
Provided background information on behavior analysis – in slideshow. There are many application areas – including clinical psychology and developmental disabilities.

Questions/comments:
Comment: Talk about the statistic that 1 in 88 kids have autism spectrum disorder.

Osnes: I have not worked with a child who did not need services, regardless of where they fall on the spectrum; even the high functioning people with autism have clinical and educational needs. Verbal and social skills vary.

Question: I get the impression the number of diagnoses is growing. Why is that?

Osnes: Good question. Some think this is due to diagnostics – psychologists or medical doctors would diagnose children so they could have access to special services in schools. I was skeptical at first, but I have seen data that prove there

are variables we cannot control in relation to autism, and this will be a permanent issue.

Comment: Family member was diagnosed, met with psychiatrist, environmental factors and genetic factors discussed. Other family members discovered to be on spectrum, so there is a genetic component.

Comment: Talk about the process of diagnosing a child with autism spectrum disorder.

Osnes: Odd behavior, speech is an indicator, child goes to pediatrician, and some doctors recommend waiting. However, I believe early, intensive intervention is best.

Comment: Related an experience where early childhood screening always came back borderline to normal, so was told to wait. Diagnosis occurred at 4, and it was difficult to find someone to make the diagnosis.

Osnes: There are diagnostic teams, referral teams.

Comment: Agreed it’s best to start ABA early.

Comment: Agencies do diagnostics across the state – 4 primary – teams outside of the school districts, and many districts do evaluations; challenge is for birth to 3 population because there is reticence to diagnose prior to age 3 due to reliance on a different funding stream; primary referrals come from physicians; biggest problems are kids funded through Medicaid, and LifeScape is the only agency that takes Medicaid.

Osnes: Typically the first professional a parent goes to is the physician (MD/doctor).

Comment: Getting better at diagnosing early, but not great.

Question: Where are the lines drawn with diagnoses?

Osnes: Problem behaviors are determined by their frequency, length, severity and intensity. Line of demarcation – inability to control impulses, severity. How much? How often? How intense?

Comment: Whether a person can function normally in society.

Comment: It's possible to tell which students may or may not have a diagnosis and make accommodations for those students (cues, speech work, etc…).

Comment: Higher functioning children tend to not be diagnosed until older, and then they have "catch-up" time.

Question: Some of the therapies are untested, unestablished. Are they being used in this area (SD)?

Osnes: AIT, Sensory Integration Therapy (SIT)

Comment: Talk about who decided what gets on this list.

Osnes: National Autism Center, peer-reviewed, published research. It is possible, but highly improbable, that highly effective strategies out there are not "seeing the light of day."

Question: Are there training programs in SD, i.e. where one can get a master's degree to provide ABA?

Osnes: No, but there are two to three online training programs I would recommend.

Comment: SDSU is looking at providing coursework necessary to receive BCaBA (bachelor's level) – possibly in the fall if 2016 (adding courses to take the exam).

<u>*Presentation by BCBA board regarding national certification – Jim Carr:*</u>
See attached presentation.

Summary:
Credentialing Practitioners of Behavior Analysis – BACB is a nonprofit corporation, founded in 1998. BACB was founded to meet professional credentialing needs identified by behavior analysis, state governments, and consumers of behavior analysis services. High School: Registered Behavior Technician (RBT). Bachelor's:

BCaBA. Master's: BCBA. Doctoral: BCBA-D. There are three primary eligibility requirements – degree that meets specific requirements, right amount of coursework specifically in behavior analysis, and suspended experience. Then, when these are met, they are allowed to take the exam. They must first pass the exam to gain the title they are working toward. Carr uses hours instead of credits because they accredit people all over the world. Coursework requirements, degree requirements, and experience requirements must be met for each specific education level. There are almost 18,000 BCBAs worldwide. We are looking at adding 3,500 new BCBAs this year. There are just over 2,200 BCaBAs around the world, because many of them upgrade to BCBAs after a while. There are over 20,000 certificants worldwide. Once someone passes the exam, they must complete maintenance requirements to upkeep their title and recertify. Intensive treatment programs are almost always delivered as a tiered system, with a certified behavior analyst at the top, then a BCBA, then BCaBA, and RBT at the bottom. The technicians had to become credentialed because of need for more staff. BACB recently counted over 3,000 RBTs and started accepting applications for these certifications last July. South Dakota has 5 BCaBAs, 10 BCBAs, and 4 BCBA-Ds.

The Exam – all exams are based on Standards for Education and Psychological Testing. There are multiple-choice exams; BCBA is 150 questions, 133 for BCaBA, and 75 for RBT. Based on BACB task lists – list of job competencies, certificant survey for content validation, and subject matter expert review. Two task lists exist. The exams are administered through Pearson VUE which is a worldwide secure exam administration, over 400 testing sites worldwide with one in South Dakota, and four exam windows in February, May, August, and November.

Ethics and Discipline: 5 full-time legal employees. Code for behavior analysts include responsible conduct, responsibility to clients, assessing behavior, behavior-change program, supervisors, and more. Disciplinary actions of those who are already certified include suspension, revoking credentials, mandated continuing education, or other sanctions. If they are pursuing eligibility, it can be suspended or revoked.

State Regulation – Model act for Licensing/Regulating behavior analysis code available on the BACB website. Some key elements include requirements based on BCBA and BCaBA credentials with verification, definition of practice written by

behavior analysis (what we do and don't do), prohibition against unlicensed practice, exemptions (for psychologists, technicians, students, etc.), and more. 24 states have licensure for behavior analysts; South Dakota is not included. 23 of the 24 states license the behavior analysts. One state (Ohio) certifies them instead. There are three states that regulate BRTs.
Coordination with State Licensure Boards – BACB staff verify certificant status for licensure boards. BACB legal department coordinates disciplinary action with licensure boards. Behavior Analyst Regulatory Listserv.
Applied Behavior Analysis Treatment of Autism Spectrum Disorder (ASD) – published in 2012. This provides practice guidelines for ABA in treating ASD. It was originally designed to inform funders. Section 2 is the biggest section, and it covers what the treatments actually are. There is a section on dosage as well. One of the most important sections is on case supervision that covers the important indirect and direct supervisions that are needed for successful ABA. This is on BACB.com.

Questions/comments:
Question: How does BACB oversee the supervisor requirements for the BCaBA and the RBT?

Carr: The requirement is monthly, and BACB audits a percentage of cases. BCaBAs submit on an annual basis and are audited periodically. There is also a random-selection audit system. For example, an RBT supervisor is contacted and the last three months of supervision notes are reviewed. Anyone found in violation would be sent to legal department.

Question: What are in-person requirements for BCBAs using telemedicine?

Carr: No in-person requirements. We allow all supervisory interaction to be by some sort of video system that is HIPAA compliant. Remote supervision should always be an option.

Question: Why did telemedicine develop?

Carr: Certify individuals in 60 different countries, and can reach rural areas through this.

Question: Regarding RBTs, what percentage is considered adequate for support? Does RBT have a thicker supervision requirement before exam, then thinner after exam? Is there intensive, up-front supervision to make sure technicians have appropriate skills?

Carr: Only have training requirements before exam, then supervision requirements after they pass the exam. There are practice guideline recommendations in the context of ongoing cases. Technicians are already trained before they take the exam.

Question: Do you do background checks?

Carr: No, because some countries don't permit background checks. There are area-specific checks that the applicant must complete, though. The state regulations should add in a background check requirement since BACB does not do them.

Question: What is the major role of state boards and state oversight?

Carr: It's important to separate behavior technicians from RBTs – RBTs are technicians who have credential options. Most states hold technicians exempt completely. – they hold the supervisor responsible. States may exempt them, but require them to be RBTs so the BACB has disciplinary oversight of them; or states may fully regulate them.

Above and beyond what the BACB does, state regulatory board adds in background check, possibly a jurisprudence exam; board has ability to regulate the practice of people doing/claiming to be behavior analysts not certified by the BACB, – more locally direct disciplinary activity as well.

Contact Nevada for more information, and Louisiana can give more insight too.

Question: Have other states had the problems with having so few licensees and the state board has to be self-sustaining? How have these other states sustained a board?

Carr: Oklahoma passed with 18 behavior analysts – required behavior analysts to hold BACB credential – one-page application with a check from the applicant, staff would contact the BACB board to make sure they were BCBAs in good standing, then license granted. No staff needed to review substantive application – no state-issued exam. Housed licensure group in state office (State Office of Developmental Disabilities); borrowed staff to handle a very small work load.

Question: Do other states exempt social workers?

Carr: The model act has an exemption for psychologists and all other licensed professionals who've had behavior analysis and scope of practice training. Most states have something like that, where it doesn't list out every occupation.

Question: Does BACB charge a fee to the licensure board for the services you provide?

Carr: No.

Question: What are the advantages and disadvantages of using BACB?

Carr: Cost effective, and have very good regulations. Disadvantage is that without disciplinary arm in South Dakota, there is nothing they can do about the unlicensed practitioners that claim they do ABA. You would benefit from using some disciplinary activity from BACB.

Question: What do you do when someone exceeds recommended caseload?

Carr: The ethics code recommends a volume of supervisory activity. Behavior analysts must have a caseload that they can work with. There is no specific number. The ideal caseloads in the autism area are in the practice guidelines. But the supervisory load doesn't have an ideal number because there are so many areas you can work in. You can't pin down a specific number. But you can measure effectiveness.

Question: Any other checks on someone who exceeds a caseload but does not receive any complaints?

Carr: Absolutely. They do audits to check, regardless of complaints.

Information about how other states regulate ABA providers:
See attached information.

This information is on the spreadsheet that Patrick handed out and repeats what Jim Carr already stated. This spreadsheet shows the licensed states, the certification states, and the registered states. This spreadsheet is just a comparison sheet of all the states and their regulations, or lack thereof. A lot of this information was spoken about in Jim Carr's speech, and this spreadsheet is slightly more outdated than Jim's information. Carol is going to give a presentation at our next meeting about licensing. There are links in these spreadsheets that will take you to the laws that talk about the regulations for each state. What other services do we regulate? – Psychology services, PT services, OT services, speech therapy services, etc. – all in the spreadsheet are specific to Medicaid payment within a school district. There are many links to sources that show where the information came from for further explanation. Another spreadsheet is taken from the HMA speech earlier this morning and summarizes the three-tiered system. There is another spreadsheet for coverage of ABA services per state. These spreadsheets are all in one Excel sheet and will be sent out. This is all regarding Medicaid. Questions can be directed to Patrick Baker or Sarah Aker.
Licensure and other regulation of ABA practitioners: This is a Word document that Patrick would send out if there is interest. It is very current, and goes state by state, providing links to the regulatory body or the overseer of the ABA therapy for that state, and then if there is a law, the link to that is also provided. We could look at Oklahoma and Alaska because they are the ones that Jim Carr listed as leaning heavily on the national board, but doing their own checks.

Further research needed: deeming of national certification/delegation of authority issue (DLR)

Questions: What other things do we want to learn or find out before the next meeting that we think will help make the recommendation on what we want to do? We have to be self-sufficient, so we need to find a creative way around cost? What would be the best fit in South Dakota?

Questions: RBT matter is interesting and concerning, because there aren't that many in South Dakota. It is exempted in most states, but what's best for South Dakota? The law specifically calls out those with master's/doctorate. If an insurance company wanted to cover more, they would have the discretion to do so. There is, however, no incentive to do this.

Steps for Next Meeting

We will learn more about how operation under the licensing board works. We will have a presentation from Carol Tellinghuisen on how licensure boards operate, including information from Federation of Associations of Regulatory Boards.

Should we operate under a state board? Which board, state agency, other options?

- Options might include: State Board of Medical and Osteopathic Examiners, Board of Examiners of Psychologists, Board of Social Work Examiners, or a state department.
- What would the composition of the board be?
- Funding for board operations.
- Drs. Isler/Osnes will develop a sample framework for what a regulatory board might look like in SD.

Regarding the Legislative Research Council's position on adopting BACB's regulatory framework: DLR attorney will research.

Regarding insurance: DLR's Division of Insurance will look into insurance coverage of the tiered system and what is happening in other states regarding coverage from insurance companies.

Regarding legislative oversight: Would reporting come through a department? Would the process be any different than with existing boards?

Regarding public input: We will use the “Working/Not Working” tool.

Regarding potential RBTs: Since most states exempt RBTs and hold supervisors responsible, we will want to take a look at the following points –

- Oversight without licensure/certification
- Supervision process/how affects or rests upon BCBA license
- Education/inexpensive way to train paraprofessionals
- Best practices

It’s important to note that the purpose of the workgroup is to look at licensure and certification.

We will also look at any other concerns or possibilities to be sent to Patrick Baker or Gloria Pearson.

Next Meetings

Second Meeting – September 17
Third Meeting – October 21