Hi Jennifer,

Thank you for taking my call today. As per your request I am putting my question to the board in writing herewith.

To preface this question I'd like to point out that under the federal special education law (IDEA), children with special needs are entitled to a free appropriate public education (FAPE). Most people agree that appropriate education for children with autism is Applied Behavior Analysis (ABA) therapy.

I understand that with the institution of the Nevada ABA board, under Aging and Disabilities, that no one may practice ABA in the State of Nevada without first credentialing with the Nevada ABA Board. I also understand that at the beginning of the 2018-2019 school year the Clark County School District (CCSD) began the year with 6,511 IEPs for children with autism. It is true that an educational diagnosis is not the same as a clinical diagnosis; however, it is likely that at least half of those children also had clinical diagnosis of autism as well as educational diagnosis. In order to meet the requirements of the federal special education laws CCSD has been making the claim that they are providing ABA to their students with autism. In fact, CCSD contracts with Autism Partnership, out of Seal Beach California, to provide training for their staff that work with children who have educational diagnosis of autism. However, as far as I know CCSD currently does not employ any Behavior Analysts; and if they did they would be obligated to provide, "2 hours for every 10 hours of direct treatment is the general standard of care (BACB 'Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers,' pg. 34)." In fact, if each child with autism at CCSD was receiving ABA under the supervision of a BCBA/BCaBA for 3 of the 6 hours children are in school each day they would only be able to supervise 10 cases (3 [hrs per day] X 5 [days per week] = 15 [hours per week or ABA therapy] equals 3 hours per week of supervision per child; according to the BACB guidelines. Since children in CCSD only attend school for 6 hours per day this means that one BCBA could only supervise 2 children per day, or a total of 10 children each. However, as mentioned earlier in this letter during the 2018-2019 school year CCSD was, presumably, providing ABA for 6,511 children with IEPs for autism. Under current regulations this would require over 650 BCBAs; as of today's date the BACB board registry lists 131 BCBA-D, BCBA, & BCaBAs within 100 miles of zip code 89121 (the zip code of the main offices of CCSD). Even if each one of the local clinicians worked for CCSD they would still be very short of the required 650 clinicians needed to serve all CCSD children with IEPs for autism. Of course I did not even bother to calculate the number of required RBTs necessary to serve this population because the dearth of providers on that front is obvious.

Which brings me to my question: Why are CCSD employees allowed to practice ABA without licenses when private practices, such as ours, are unable to do so? The rationale for asking this question is the necessity of the development of RBTs here in Nevada. As it stands now, our agency has a contract with a self-funded plan that would allow us to employ para-professionals who are in training to earn their RBT credentials, as ATAP used to allow, to deliver ABA services to plan participants. However, according to current board regulations that is not allowed. To reiterate, CCSD is apparently allowed to have their employees claim to practice ABA while their staff is largely untrained and to do so unlicensed, while private practices such as ours are not allowed to do so. As you know we (as a community of providers that treat children who are afflicted with autism) desperately need a mechanism to develop RBTs. As you also know, becoming an RBT is a long, arduous, and expensive proposition for a relatively small payoff (mostly 4-7 shifts daily and one or both weekend days due to state compulsory education laws). Proposed solution: I would like the board to consider adopting more lenient regulations in the future to allow providers to employ staff to administer ABA programs while in training. I am not asking for the

same privilege as CCSD who are allowed to employ unlicensed staff to administer ABA programs that are developed by unlicensed staff. We are asking for a grace period to allow private paraprofessionals an opportunity to work while in training to become licensed.

If you have any questions or comments please do not hesitate to contact the undersigned.

Thank you.

Marc Tedoff, Ph.D., BCBA, LBA0005