

ATAP Plan Allotment Proposal

The following is a proposal for an increase in services provided through ATAP for the Comprehensive Plan. The proposal was generated by the Insurance and Funding Subcommittee for the Commission on Autism Spectrum Disorders. It is based on guidelines for service providers from the Council of Autism Service Providers (CASP) as well as discussion amongst Subcommittee members that include Board Certified Behavior Analysts and parent of an adult diagnosed with Autism. The full CASP document was previously provided to Commission members for review and the areas from the full document that are relevant specifically to the areas being addressed are included in this document.

Comprehensive Plan

	Current	Proposed
Supervision	6 hours per month	10 hours per month or (14 hours per month*)
Indirect	1 hour per month	5 hours per month or (7 hours per month*)
Parent Training	1 hour per month	6 per month
1:1 RBT	18 hours per week	25 hours per week

*These amounts are based on the proposed increase for 1:1 RBT hours.

Applied Behavior Analysis Treatment of Autism Spectrum Disorder:

Practice Guidelines for Healthcare Funders and Managers

The Council of Autism Service Providers (“CASP”)

The document is based on the best available scientific evidence and expert clinical opinion regarding the use of ABA as a behavioral health treatment for individuals diagnosed with ASD. The guidelines are intended to be a brief and user-friendly introduction to the delivery of ABA services for ASD. These guidelines are written for healthcare funders and managers, such as insurance companies, government health programs, employers, among others. The guidelines may also be useful for consumers, service providers, and regulatory bodies.

This document provides clinical guidelines and other information about ABA as a treatment for ASD. As a behavioral health treatment, ABA includes a number of unique clinical and delivery components. Thus, it is important that those charged with building a provider network understand these unique features of ABA.

Treatment Dosage

(This is from page 25 of the full CASP document)

Treatment dosage, which is often referenced in the treatment literature as “intensity,” will vary with each client and should reflect the goals of treatment, specific client needs, and response to treatment. Treatment dosage should be considered in two distinct categories: intensity and duration.

Intensity is typically measured in terms of number of hours per week of direct treatment. Intensity often determines whether the treatment falls into the category of either Focused or Comprehensive.

Focused ABA Treatment Focused ABA generally ranges from **10-25 hours per week** of direct treatment (plus direct and indirect supervision and caregiver training). However, certain programs for severe destructive behavior **may require more than 25 hours per week** of direct therapy (for example, day treatment or inpatient program for severe self-injurious behavior).

Comprehensive ABA Treatment Treatment often involves an intensity level of **30-40 hours of 1:1 direct treatment to the client per week**, not including caregiver training, supervision, and other needed services. However, very young children may start with a few hours of therapy per day with the goal of increasing the intensity of therapy as their ability to tolerate and participate permits. Treatment hours are subsequently increased or decreased based on the client’s response to treatment and current needs. Hours may be increased to more efficiently reach treatment goals. Decreases in hours of therapy per week typically occur when a client has met a majority of the treatment goals and is moving toward discharge.

Although the recommended number of hours of therapy may seem high, this is based on research findings regarding the intensity required to produce good outcomes. It should also be noted that time spent away from therapy may result in the individual falling further behind typical developmental trajectories. Such delays will likely result in increased costs and greater dependence on more intensive services across their life span.

Dosage of Case Supervision

(This is from page 35 of the full CASP document)

Although the amount of supervision for each case must be responsive to individual client needs, **two hours for every 10 hours of direct treatment** is the general standard of care. When **direct treatment is 10 hours per week or less, a minimum of two hours per week** of case supervision is generally required. Case supervision may need to be temporarily increased to meet the needs of individual clients at specific time periods in treatment (for example, initial assessment, significant change in response to treatment).

This ratio of case supervision hours to direct treatment hours reflects the complexity of the client's ASD symptoms and the responsive, individualized, data-based, decision-making that characterizes ABA treatment. A number of factors increase or decrease case supervision needs on a shorter- or longer-term basis. These include:

- treatment dosage/intensity
- barriers to progress
- issues of client health and safety (for example, certain skill deficits, dangerous problem behavior)
- the sophistication or complexity of treatment protocols
- family dynamics or community environment
- lack of progress or increased rate of progress
- changes in treatment protocols
- transitions with implications for continuity of care

Case Supervision

(This is from page 32 of the full CASP document)

Case supervision activities can be described as those that involve contact with the client or caregivers (direct supervision, also known as clinical direction) and those that do not (indirect supervision). Both direct and indirect case supervision activities are critical to producing good treatment outcomes and should be included in service authorizations. It should be noted that direct case supervision occurs concurrently with the delivery of direct treatment to the client. On average, direct supervision time accounts for 50% or more of case supervision.

Direct Supervision Activities

- Directly observe treatment implementation for potential program revision

- Monitor treatment integrity to ensure satisfactory implementation of treatment protocols
- Direct staff and/or caregivers in the implementation of new or revised treatment protocols (client present)

Indirect Supervision Activities

- Develop treatment goals, protocols, and data collection systems
- Summarize and analyze data⁸
- Evaluate client progress towards treatment goals
- Adjust treatment protocols based on data
- Coordinate care with other professionals
- Crisis intervention
- Report progress towards treatment goals
- Develop and oversee transition/discharge plan
- Review client progress with staff without the client present to refine treatment protocols
- Direct staff and/or caregivers in the implementation of new or revised treatment protocols (client absent)

Behavior Analyst Responsibilities

- summarize and analyze data
- evaluate client progress towards treatment goals
- supervise implementation of treatment
- adjust treatment protocols based on data
- monitor treatment integrity
- train and consult with caregivers and other professionals
- evaluate risk management and crisis management
- ensure satisfactory implementation of treatment protocols
- report progress towards treatment goals
- develop and oversee transition/discharge plan