A stylized orange human figure with arms and legs outstretched, centered within a light blue rounded square. The figure is composed of simple geometric shapes: a circle for the head, a rectangle for the torso, and two circles for the hands and feet.

Introduction to Behavioral Services in Kentucky

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Applied Behavior Analysis (ABA)

- “Applied Behavior Analysis is the science in which procedures derived from the principles of behavior are systematically applied to improve socially significant behavior” (Cooper, Heron, and Heward).
- Most frequently when people say, “ABA programs” they are referring to some version of an early intensive comprehensive ABA intervention that was first shown to be effective by Dr. Ivar Lovaas & UCLA beginning in the 70’s and continuing into a published study in 1987.
- This seminal study showed that of 19 children ages 2 ½ - 3 years of age who received **40 hours per week** of intensive behavior intervention (based on principles derived from experimental analysis of behavior and respondent & operant conditioning), 47% were indistinguishable from their peers by first grade – and later research yielded that those children had retained their skills and continued to progress into their teens. Lovaas’s research has since been replicated by the Wisconsin Early Autism Project, demonstrating the generality and efficacy of the results. See attached article abstract.
- ABA, however, is not just a 40-hour per week program. Like other professional disciplines, ABA has special interest areas, autism being just one of them. Applied Behavior Analysis can be used for other purposes including teaching organizations to run more efficiently, reducing a fear of flying, training animals, or determining the function of aberrant behavior and appropriate treatment.



Can I get ABA through Medicaid?

- ABA is a science and profession of its own. There is a difference between Behavior Supports Services and Community Living Supports (CLS), which are provided in Kentucky via the **Michelle P. Waiver**, and Applied Behavior Analysis.
- To a large degree those differences deal with education, experience, training, and supervision - **Behavior Support Specialists** must hold a Master's degree in a related field and one year of experience; Behavior Analysts must be Board Certified, and licensed in Kentucky., These services also differ in credentialing and regulatory oversight. The two systems can share a number of characteristics and benefits, but should be viewed and understood as *different services*.
- **Licensed Board Certified Behavior Analysts** have recently been added to the list of approved Medicaid providers, but again the intensity of services will likely be limited to focused ABA treatment because technicians are not approved providers under Kentucky Medicaid at this time.



Where can I find ABA therapists?

- Practitioners of applied behavior analysis are called Behavior Analysts, and there is a governing board for those individuals – The Behavior Analysis Certification Board (BACB). The Association for Applied Behavior Analysis International and the Behavior Analyst Certification Board are working to create greater awareness for parents and consumers about the minimum levels of training and certification deemed appropriate for practitioners.
- You can find Board Certified individuals at www.bacb.com



Kentucky Insurance Reform Act

- In January of 2011, Kentucky passed an Insurance Reform Act that also regulates the **title and practice** of Applied Behavior Analysis. Behavior Analysts must now also be licensed to practice or be supervised by a Licensed professional unless they provide services through a Medicaid waiver program or in an educational setting. You can find more about licensure at the [Kentucky Applied Behavior Analyst Licensure Board](#).

Does Insurance cover ABA?



Plan Type	Subject to Bill	Effective	
State Employee Health Plans	Yes	Jan 1, 2011	
Individual Plans	Yes	Jan 1, 2011	
Fully insured large group plans	Yes	Jan 1, 2011	
Fully insured small group plans	Yes	Jan 1, 2011	

- Autism Speaks, 2016



What services are covered under the law?

- Diagnosis
- Habilitative or rehabilitative care (e.g. Applied Behavior Analysis)
- Medical care
- Pharmacy care
- Psychiatric care
- Psychological care
- Therapeutic care (e.g., speech, occupational and physical therapy)

What are the limits?

- Coverage is limited to individuals with autism age 1 through 21 years. Coverage for the treatment of autism is subject to annual or monthly dollar caps based on age and/or plan type:
- For large group plans and SEHP -
 - under the age of 7 years = \$50,000/year
 - age 7 through 21 years = \$1,000/month
 - For individual and small group plans - \$1,000/month
- Mental Health Parity law?

Focused ABA

- Focused ABA treatment are direct services provided to the client in order to address a limited number of behavioral targets.
- Goals may be related to problem behavior reduction, as prioritized in order to receive more services, and often begin as a result of a referral. However, individuals who lack foundational skills (e.g. communication, self-help, social skills) are also appropriate for Focused ABA.
- Examples of behavior-change targets in a Focused ABA treatment plan for clients who lack key functional skills include establishing compliance with medical and dental procedures, sleep hygiene, self-care skills, safe and independent leisure skills (e.g., appropriate participation in family and community activities).
- Examples of treatment targets where the primary goal is to reduce behavior problems might include, but are not limited to, physical or verbal aggression towards self or others, dysfunctional speech, stereotypic motor behavior, property destruction, noncompliance and disruptive behavior, or dysfunctional social behavior. -BACB, 2015



Comprehensive ABA

- Comprehensive ABA programming targets multiple domains that are impacted by the client's diagnosis of ASD or other developmental disabilities. Intensity for these programs tend to range from 20-35 hours per week plus supervision by a BCBA or BCaBA. Sessions are conducted in a 1:1 format via a tiered model using Behavioral Technicians, and treatment is highly individualized.
- The most common model of comprehensive treatment is **early intensive intervention**, where the overriding goal is to close the performance gap between the functioning of the client versus that of his or her typically developing peers.
- Treatment areas include but are not limited to communication, social interaction, self-care, leisure skills, and safety. Treatment also works to reduce or eliminate harmful behaviors such as aggression, self-injury, and elopement. Intensity and target goals and objectives are changed as a result of data analysis and consistent monitoring of response to intervention.
- In some cases, direct treatment hours increase gradually, are maintained at maximum intensity for a period of time, and are then systematically decreased in preparation for discharge. In other cases, treatment may begin at maximum levels. Treatment is intensive and initially provided in structured therapy sessions. More naturalistic treatment approaches are utilized as soon as the client demonstrates the ability to benefit from these treatments. As the client progresses and meets established criteria for participation in larger or different settings, treatment in those settings and in the larger community should be provided. – BACB, 2015
- Training and participation by caregivers are also seen as an important component.

Essential Practice Elements of ABA

Behavior Analyst Certification Board 2013 Practice Guidelines



These characteristics should be apparent throughout all phases of assessment and treatment:

1. **Description of specific levels of behavior at baseline** when establishing treatment goals
2. A practical focus on **establishing small units of behavior** which build towards larger, more significant changes in functioning related to improved health and levels of independence
3. Collection, quantification, and analysis, of **direct observational data** on behavioral targets during treatment and follow-up to maximize and maintain progress towards treatment goals
4. An emphasis on **understanding the current function** and future value (or importance) of behavior(s) targeted for treatment
5. Efforts to design, establish, and **manage the treatment environment(s)** in order to minimize problem behavior(s) and maximize rate of improvement



6. Use of a **carefully constructed, individualized and detailed behavior analytic treatment plan** which utilizes reinforcement and other behavior analytic principles as opposed to the use of methods or techniques which lack consensus about their effectiveness based on evidence in peer-reviewed publications

7. An emphasis on **ongoing and frequent direct assessment, analysis, and adjustments to the treatment plan** (by the Behavior Analyst) based on client progress as determined by observations and objective data analysis

8. Use of **treatment protocols that are implemented repeatedly, frequently, and consistently** across environments until the client can function independently in multiple situations

9. **Direct support and training of family members and other involved professionals** to promote optimal functioning and promote generalization and maintenance of behavioral improvements

10. **Supervision and management by a Behavior Analyst** with expertise and formal training in ABA for the treatment of ASD

Behavior Support Services (via MPW)



A behavioral support service which shall:

- 1. Be the **systematic** application of techniques and methods to influence or change a behavior in a desired way;*
- 2. Be provided to assist the Michelle P. waiver recipient to **learn new behaviors** that are directly related to **existing challenging behaviors** or functionally equivalent replacement behaviors for identified challenging behaviors;*
- 3. Include a **functional assessment** of the Michelle P. waiver recipient's behavior which shall include:
 - a. An analysis of the potential **communicative intent** of the behavior;*
 - b. The **history** of reinforcement for the behavior;*
 - c. Critical variables that **preceded** the behavior;*
 - d. Effects of different situations on the behavior; and*
 - e. A **hypothesis** regarding the motivation, purpose, and factors which maintain the behavior;**



The Behavior Support Plan (via MPW)

4. *Include the development of a behavioral support plan which shall:*
 - a. *Be developed by the behavior support specialist;*
 - b. *Be implemented by Michelle P. waiver provider staff **in all relevant environments and activities**;*
 - c. *Be **revised** as necessary;*
 - d. **Define** *the techniques and procedures used;*
 - e. *Be designed to equip the recipient to **communicate** his or her needs and to participate in age-appropriate activities;*
 - f. *Include the hierarchy of behavior interventions ranging from the least to the most restrictive;*
 - g. *Reflect the use of **positive approaches**; and*
 - h. **Prohibit** *the use of restraints, seclusion, corporal punishment, verbal abuse, and any procedure which denies private communication, requisite sleep, shelter, bedding, food, drink, or use of a bathroom facility;*
5. *Include the provision of training to other Michelle P. waiver providers concerning implementation of the behavioral support plan;*
6. *Include the **monitoring** of a Michelle P. waiver recipient's progress which shall be accomplished by:*
 - a. *The analysis of data concerning the frequency, intensity, and duration of a behavior; and*
 - b. *The reports of a Michelle P. waiver provider involved in implementing the behavior support plan;*
7. *Provide for the design, implementation, and evaluation of systematic environmental modifications;*

Comparison



Applied Behavior Analysis

- Licensed & Certified (BCBA, BCaBA)
- Comprehensive or Focused treatment (≤ 40 hrs/ week)
- Technicians carry out plan and collect data

Behavior Supports Services

- Master's Degree, 1-year of experience
- Consultative Model (~ 3hrs/week)
- Caregivers carry out plan and collect data



Areas addressed by Comprehensive ABA via technicians

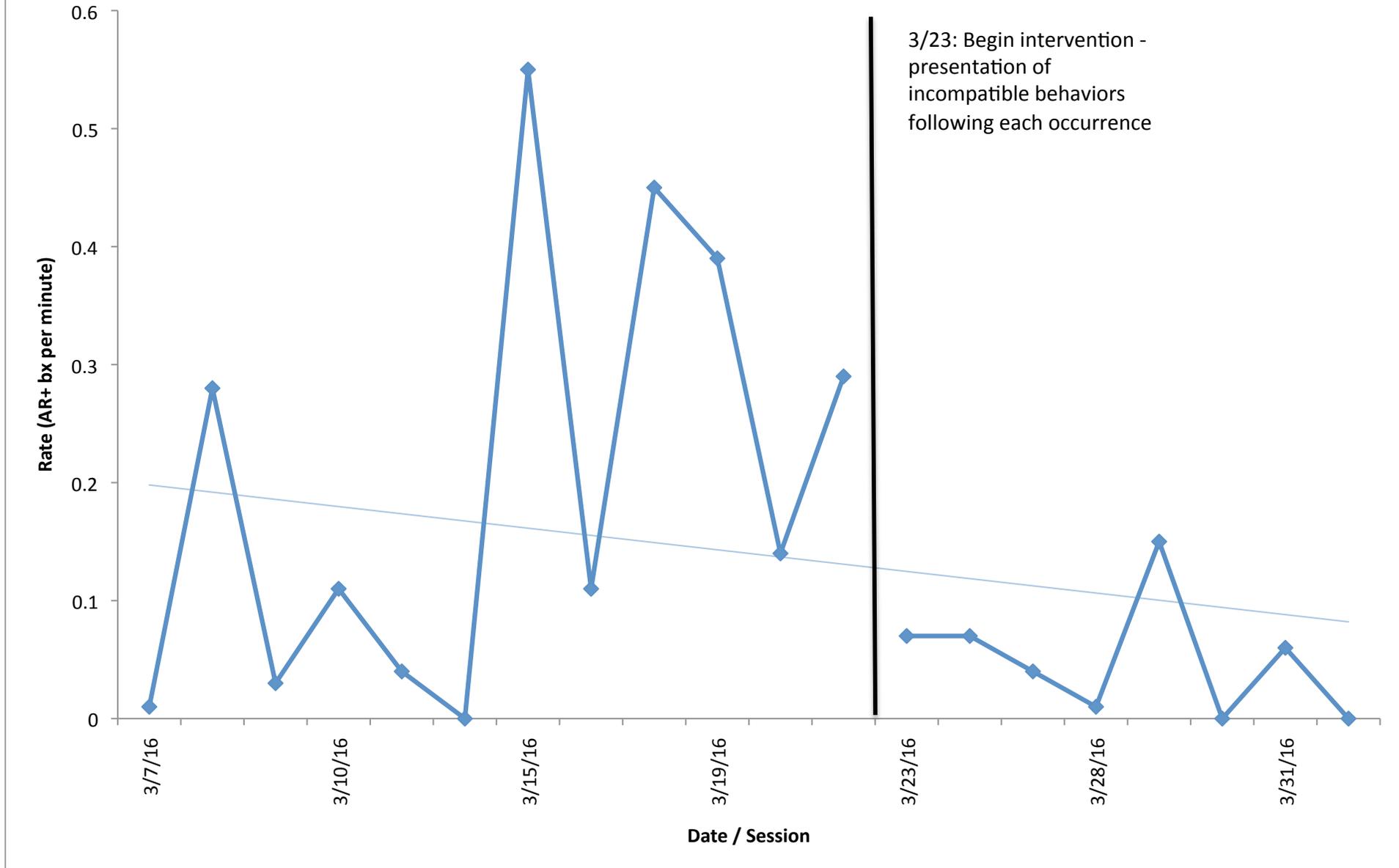
- Multiple treatment goals (10-40) are selected across domains, are run **concurrently**, and are aimed at increasing adaptive behavior rapidly based on intensity
 - Communication skills, social interaction, play
 - Self-help, grooming, eating, toileting, dressing
 - Functional gross and fine motor skills
 - Age appropriate adaptive daily living skills (safety, community participation, home skills)
- The number of goals is usually positively correlated with the intensity of the program (the more hours per week, the more goals)
- Additionally, problem behavior reduction is targeted simultaneously

Areas addressed by Behavior Supports via caregivers

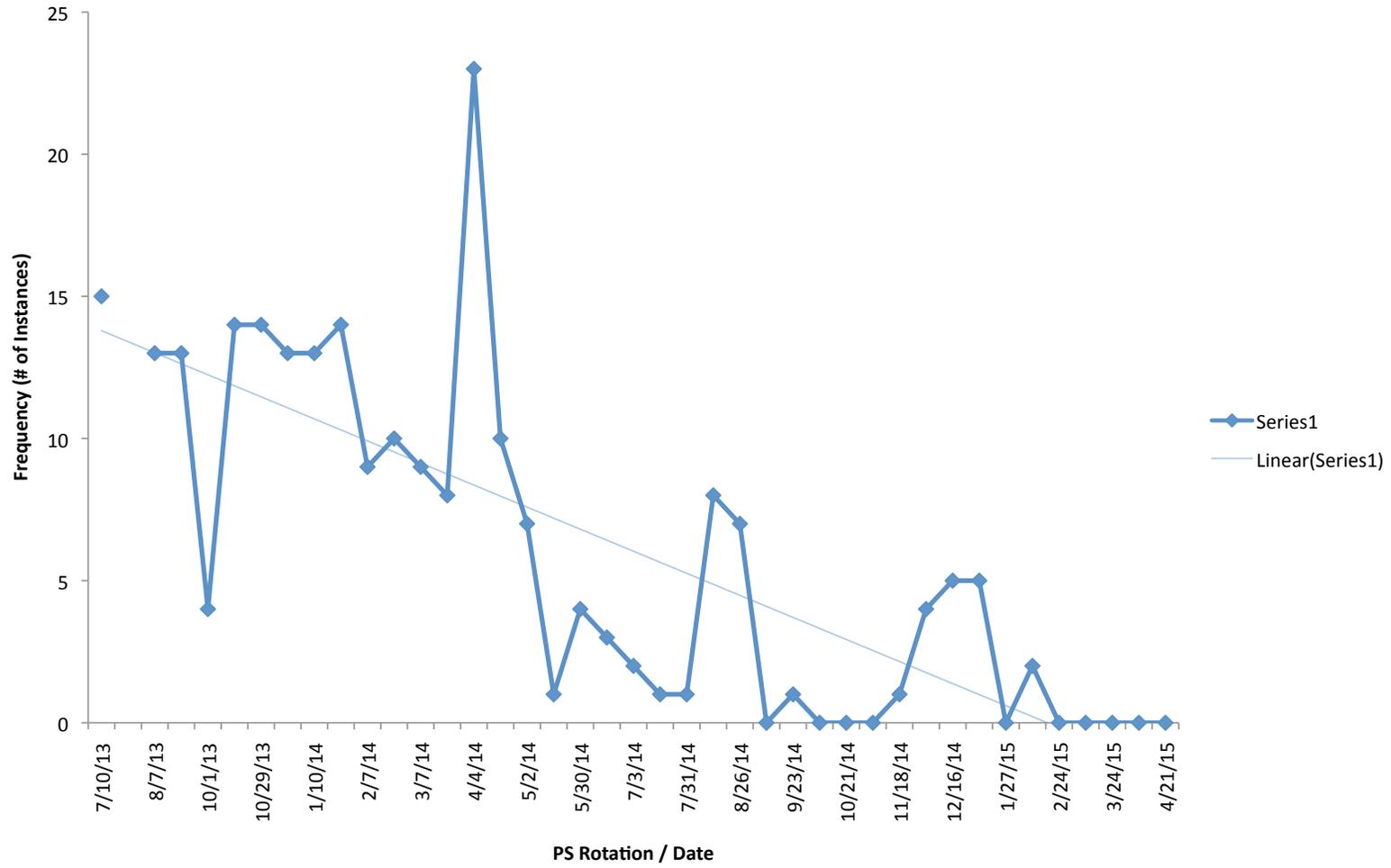


- Usually 1-5 goals are selected to be addressed at a time.
- Common goals:
 - Reduce aggression/self-injury/property destruction
 - Learn to accept “no” or “wait”
 - Toileting
 - Food selectivity
 - Community skills
- The number of goals is usually selected based on severity of the behavior, and the amount of time needed to address each goal

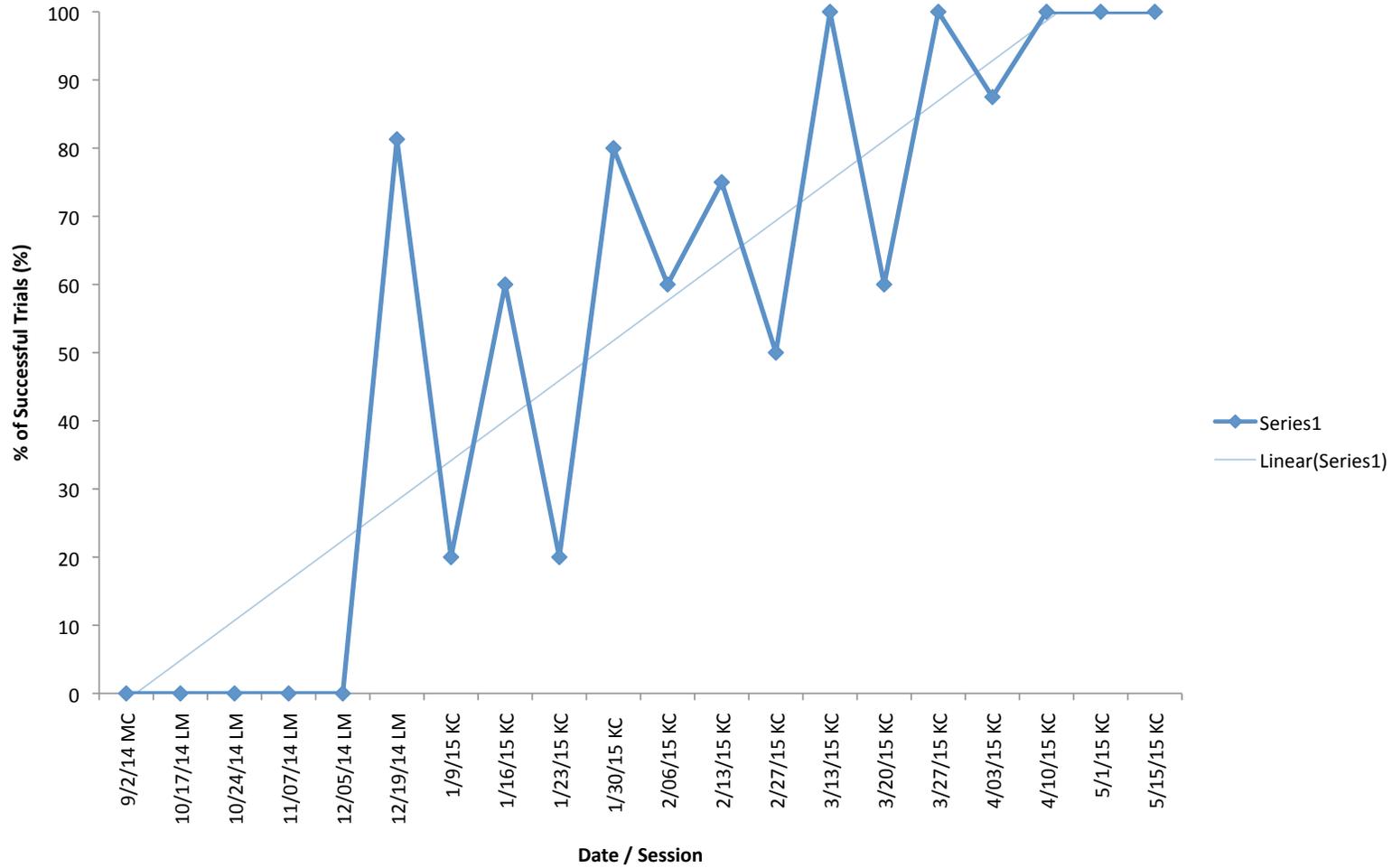
Rates of AR+ Behaviors per Session, 2016



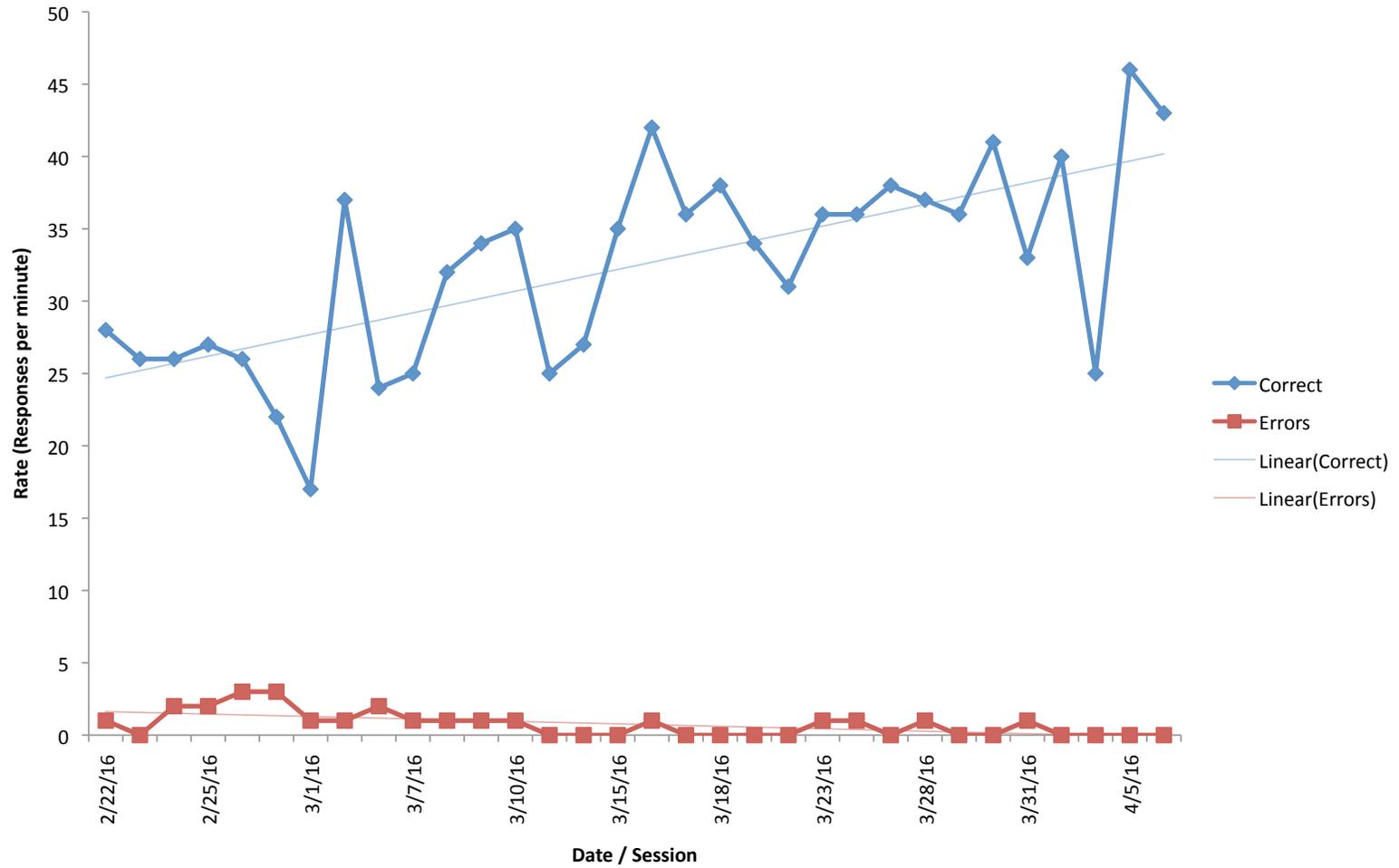
Biweekly Frequency of Crying / Tantrum Bx, 7/2013 - 4/2015



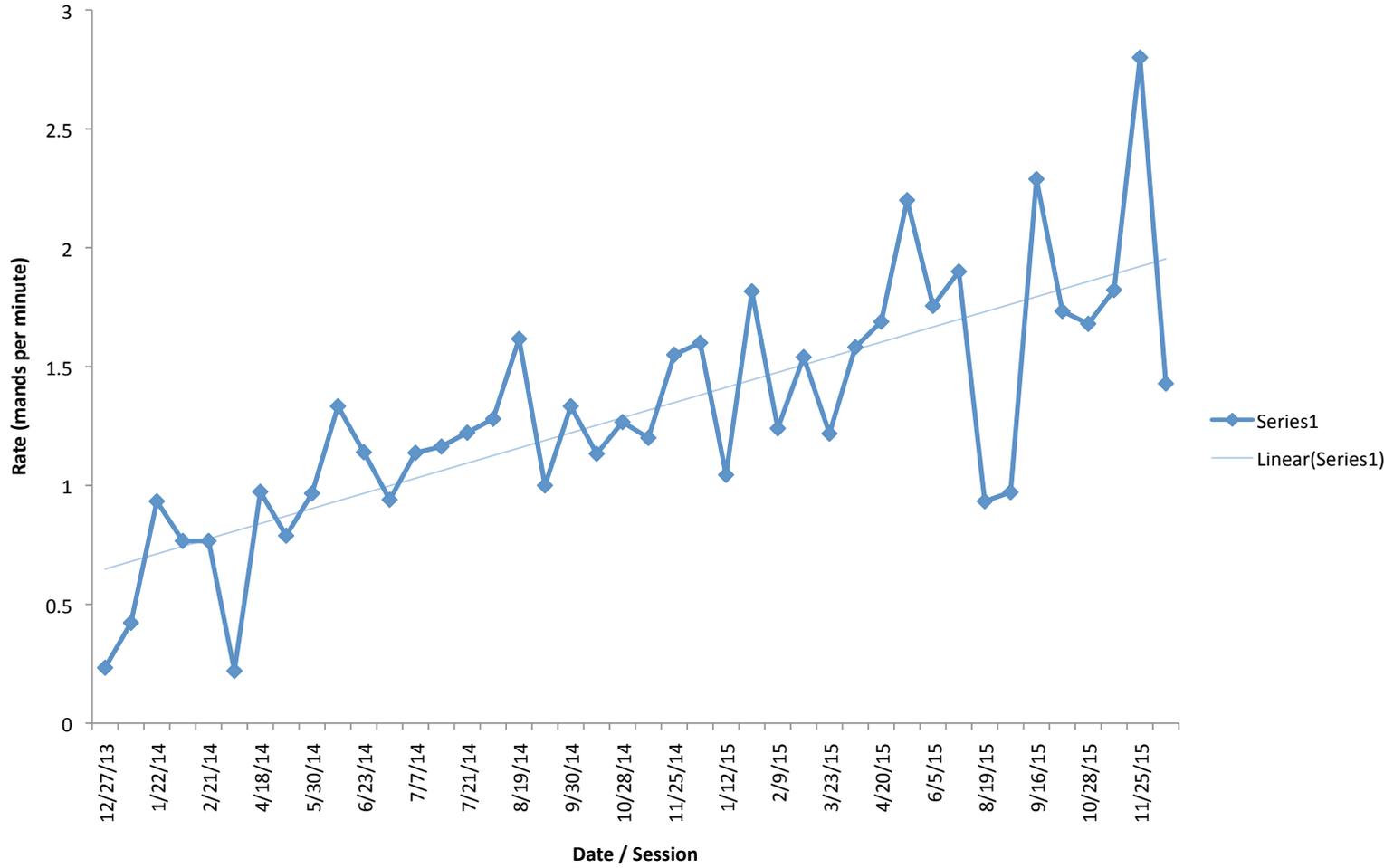
% of Successful Parallel Play Trials (3 minutes) per Session



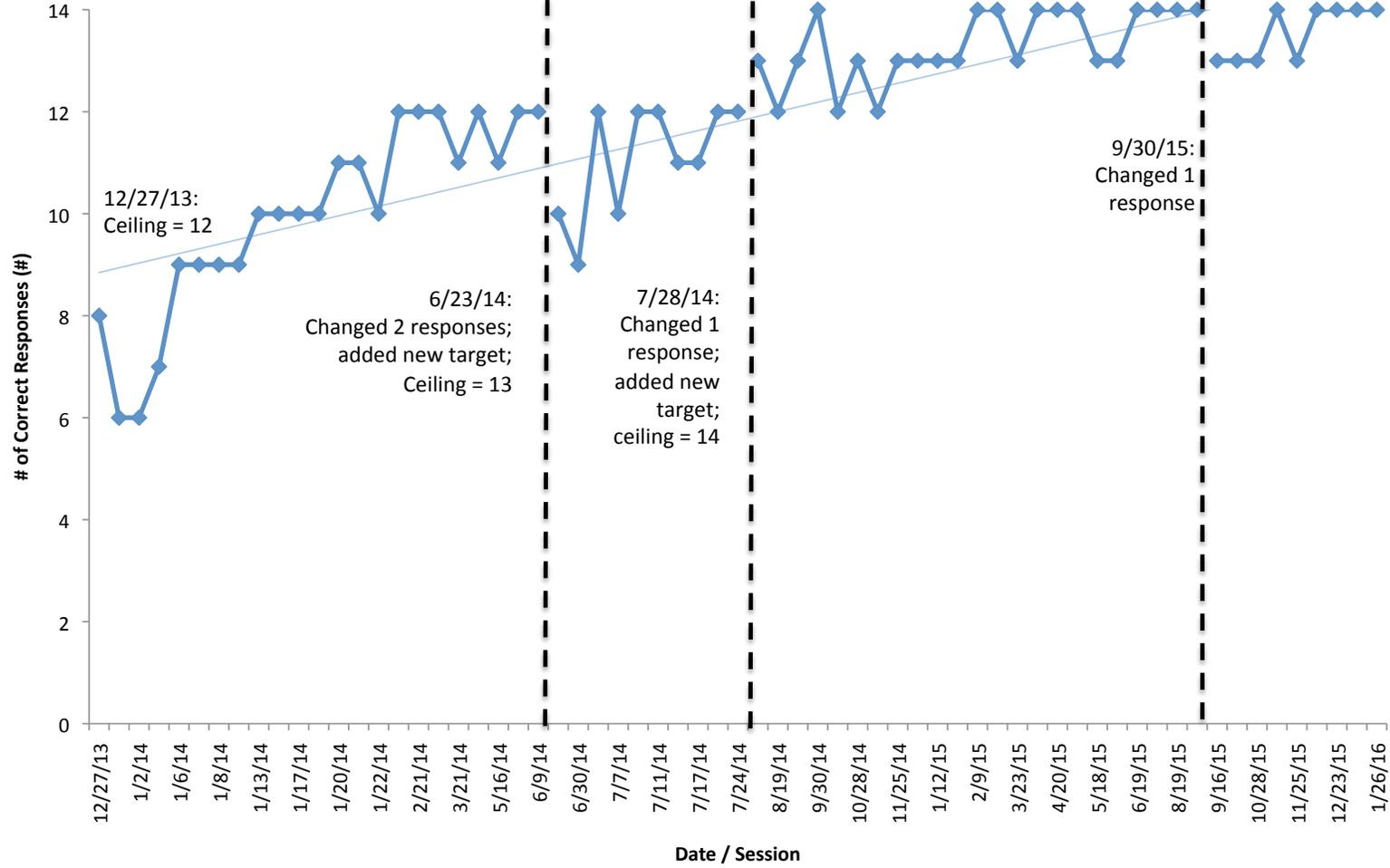
Rate of Textual Responses per Minute per Session, 2016



Rate of Spontaneous Vocal Mands per Minute



of Correct Probes to Personal Information Questions



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