Looking Through a Different Lens

Educational and Medical Models of Intervention for Individuals with Autism

Tim Courtney, MS, BCBA
Chief Operating Officer, LittleStar ABA Therapy
1961
Medical System
Educational System
Waiver System
Sec. 300.8 (c) (1)

(i) Autism means a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects a child’s educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences.

(ii) Autism does not apply if a child’s educational performance is adversely affected primarily because the child has an emotional disturbance, as defined in paragraph (c)(4) of this section.

(iii) A child who manifests the characteristics of autism after age three could be identified as having autism if the criteria in paragraph (c)(1)(i) of this section are satisfied.
The FAPE mandate requires the student’s special education program (a) be provided at public expense; (b) meet the standard of the state educational agency; (c) include preschool, elementary, or secondary education; and (d) be provided in conformity with a student’s individualized education program (IEP).
Medical Necessity

- evidence based
- recommended by professionals
- promote optimal growth
- remediate symptoms
Applied Behavior Analysis, Students With Autism, and the Requirement to Provide a Free Appropriate Public Education

Bradley S. Stevenson, MTS, BCBA\textsuperscript{1} and Vivian I. Correa, PhD\textsuperscript{1}

Abstract
The prevalence of autism has been steadily rising over the previous decades. The diverse ways in which the disorder manifests in students and the free appropriate public education (FAPE) mandate of the Individuals With Disabilities Education Act (IDEA) requires that a student’s individualized education program (IEP) team tailor interventions to meet the unique educational needs of that student. Deciding on the most appropriate evidence-based intervention programs for students with autism can be complex. In fact, a frequent source of litigation is when families and school personnel disagree on the particular programming to be provided to students with autism. Often this litigation involves disagreement over the extent to which services should be based on the principles of applied behavior analysis (ABA). The purpose of this article...
The three factors predominantly associated with wins by either party for both groups of decisions were testimony of witnesses, documentation of progress, and Individualized Education Program elements.

Act (IDEA) regulations (1999) define autism as follows: A developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, **that adversely affects a child’s educational performance**. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change, or change in daily routines, and unusual responses to sensory experiences.
Although DTT and ABA are synonymous for most parents and school officials, discrete trial is but one aspect of ABA. Typically, parents request DTT for 40 hours a week, arriving at an Individualized Education Program (IEP) meeting armed with Lovaas’s original research study citing a 47% recovery rate (Lovaas, 1987) and the book Let Me Hear Your Voice (Maurice, 1993).
The cases concerning program selection were those in which the parents sought an instructional approach (e.g. Lovaas) other than that proposed by the district (e.g., TEACCH). In contrast, the cases concerning program implementation were those in which the parties agreed on the instructional approach of ABA/DDT/ Lovaas but the parent contested the location (e.g., home vs. school setting), duration (e.g., number of hours of instruction), or provider (e.g., particular individual or specific qualifications).

63% focused on program selection.
The most frequent factors were documentation of educational benefit (n = 20), testimony of witnesses (n = 16), and IEP elements (n = 14).
### Outcome-Related Factor Descriptions

<table>
<thead>
<tr>
<th>Outcome-related factor</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Compliance with IDEA requirements Individualized Education Program (IEP) elements</td>
<td>This category concerns the appropriateness and completeness of the IEP components (i.e., present level of educational performance; statement of measurable annual goals; special education, related services, and supplementary aids and services to be provided; extent of participation in general education; assessment modifications; projected dates of initiation and duration of services; statement of transition services, if applicable; and statement of how progress will be measured and reported) as specified in IDEA 1997.</td>
</tr>
<tr>
<td>Other procedural requirements</td>
<td>This category consists of procedural issues such as time lines, notices, and IEP meeting participants as specified in IDEA 1997.</td>
</tr>
<tr>
<td>Evidence of educational benefit Documentation of progress</td>
<td>This category consists of documentation, provided by the parent or district, of the educational progress of student, such as progress charts and data sheets.</td>
</tr>
<tr>
<td>Testimony of witnesses</td>
<td>This category focuses on the persuasiveness of testimony provided by the district personnel, district-retained experts, and parent-retained experts.</td>
</tr>
</tbody>
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*Note.* IDEA = Individuals with Disabilities Education Act.
## Case Frequency of Outcome-Related Factors

<table>
<thead>
<tr>
<th>Factor</th>
<th>Winning party</th>
<th>Total frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Parent</td>
<td>District</td>
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<tr>
<td>Compliance with IDEA requirements</td>
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<td></td>
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<tr>
<td>IEP elements</td>
<td>14</td>
<td>11</td>
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<tr>
<td>Other procedural requirements</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Evidence of educational benefit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation of progress</td>
<td>20</td>
<td>8</td>
</tr>
<tr>
<td>Testimony of witnesses</td>
<td>16</td>
<td>14</td>
</tr>
<tr>
<td>Program-Selection Cases</td>
<td></td>
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<tr>
<td>Compliance with IDEA requirements</td>
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<td>IEP elements</td>
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<td>Other procedural requirements</td>
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<td>Evidence of educational benefit</td>
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<tr>
<td>Documentation of progress</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Testimony of witnesses</td>
<td>13</td>
<td>11</td>
</tr>
</tbody>
</table>

*Note. IDEA = Individuals with Disabilities Education Act; IEP = Individualized Education Program.*

Anthem Agrees to Settle Indiana Autism ABA Case

April 6, 2018

Anthem agreed to pay approximately $1.63 million to class members and agrees to cease using guidelines that based coverage solely on age.

Settlement also requires reviewers to participate in periodic outside training related to Autism and ABA.

In 2012, Anthem sent letters to their Indiana subscribers with autism stating that medical necessity reviews for ABA therapy services for school age children, that is children aged 7 and older, would include a review of the child's school schedule and services as part of the medical necessity review.
(k) As follows, coverage under this section shall not be available for services that:
(1) Focus solely on recreational outcomes.
(2) Focus solely on educational outcomes.
(3) Are duplicative, such as services rendered under an individualized educational plan that address the same behavioral goals using the same techniques as the treatment plan.
(4) Are provided by a registered behavior technician in the home or school setting.

(Office of the Secretary of Family and Social Services; 405 IAC 5-22-12; filed Jan 7, 2016, 8:00 a.m.: 20160203-IR-405140337FRA; errata filed May 4, 2016, 12:47 p.m.: 20160518-IR-405160170ACA; filed Jan 30, 2019, 8:35 a.m.: 20190227-IR-405180249FRA)
Table 2. Coding Results of Autism Private Insurance Mandates in 14 States.

| State | Mammalian Party | Effective date | Capable date | Large group | Small group | Individual | State employer | Other | Treatment cap | Age for treatment cap (years) | Diagnosis cap | Diagnosis age (years) | Pico beneficial | Pico benefit amount | Behavioral therapy cap | Behavioral therapy cap amount | Capable group | Age (years) | BT covered | ABA covered | License required | License required |
|-------|----------------|---------------|--------------|-------------|-------------|------------|---------------|--------------|-------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|--------------|------------|-----------|------------|----------------|----------------|
| AL    | Offer Y       | 10/1/2012     | No no        | Y Y N N N   | N Y         | Y           | 9             | N             | NA          | NA           | NA             | N               | NA             | Y              | US$36,000      | N             | NA         | Y           | OT, PT, SLP | Y              | Y              |
| AR    | Y             | 10/1/2011     | No no        | Y Y N N Y   | Y           | ABA          | 18            | N             | NA          | NA           | Y              | US$50,000       | N               | NA             | Y              | US$15,000      | Y             | NA         | Y           | OT, PT, SLP | Y              | Y              |
| AZ    | Y             | 9/26/2008     | No no        | Y Y N N Y   | Y Y         | ABA          | 16            | N             | NA          | NA           | Y              | US$50,000       | N               | NA             | ABA            | US$15,000      | Y             | NA         | Y           | OT, PT, SLP | Y              | Y              |
| CO    | Y             | 7/1/2010      | On or after  | Y Y Y Y     | Y Y Y       | N            | NA            | NA           | NA          | Y **Age based | N              | NA             | Y **Age based | N              | NA             | Y             | NA         | Y           | OT, PT, SLP | Y              | Y              |
| FL    | Y             | 7/1/2009      | On or after  | Y N N N Y   | Y Y         | 18 P          | Y             | 20 YP         | Y           | US$16,000/year | US$20,000/year | US$10,000/year | N             | NA             | N             | NA         | Y           | OT, PT, SLP | Y              | Y              |
| GA    | N Y           | 2013          | Offer        | N Y         | Offer       | Y Y           | 18            | N             | NA          | NA           | Y              | US$40,000 (ABA) | N               | NA             | Y              | State or National | Y             | NA         | Y           | OT, PT, SLP | Y              | Y              |
| MD    | Y             | 10/1/2002     | On or after  | Y Y Y Y     | Y Y Y       | Y Y           | 18            | N             | NA          | NA           | N              | NA             | Y              | NA             | N Y            | NA         | Y           | OT, PT, SLP | Y              | Y              |
| MO    | Y             | 8/29/2010     | On or after  | Y Y Offer   | Y Offer     | ABA          | 18            | N             | NA          | NA           | Y              | US$40,000 (ABA) | N               | NA             | Y              | State or National | Y             | NA         | Y           | OT, PT, SLP | Y              | Y              |
| NC    | Y             | 2/9/2010      | On or after  | Y Y Y Y     | Y Y Y Y     | Y Y Y         | 21            | N             | NA          | NA           | Y              | US$36,000       | N               | NA             | Y              | OT, PT, SLP | N              | Y              |
| PA    | Y             | 7/9/2008      | On or after  | Y Y N N Y   | Y Y Y       | Y Y N         | 21            | N             | NA          | NA           | Y              | US$36,000       | N               | NA             | N              | State or National | Y             | NA         | Y           | OT, PT, SLP | Y              | Y              |
| SC    | Y             | 7/1/2008      | On or after  | Y N N Y N   | Y N Y N     | All           | 16            | Y             | 8           | N            | N              | US$50,000       | N               | NA             | N              | NA         | N           | Y             | OT, PT, SLP | Y              | Y              |
| UT    | Y             | 1/1/2016      | On or after  | Y N Y N N   | 12 Y N      | All           | 2-10          | N             | NA          | NA           | Y              | 600 hr          | N               | NA             | Y              | State or National | Y             | NA         | Y           | OT, PT, SLP | Y              | Y              |
| WA    | Y             | 11/1/2009     | On or after  | Y Y Y Y     | Y Y Y Y     | N             | NA            | N             | NA          | N            | N              | US$50,000/year for 4 years | US$50,000/year for 4 years | N             | NA         | Y           | OT, PT, SLP | Y (OT)         | N (OT)         |

Note. ABA = applied behavioral analysis; Y = Yes; N = No; NA = not applicable; BT = behavioral therapy; OT = occupational therapy; PT = physical therapy; SLP = speech-language pathology; ASD-SP = autism spectrum disorder service provider.

*Colorado individual plan insurers: Except grand-fathered cases.

*Florida treatment cap/cap by age: An "eligible individual" means an individual below 18 years of age or an individual 18 years of age or older who is in high school who has been diagnosed as having a developmental disability at 8 years of age or younger.

*Georgia: At the time of extraction of legal mandates and coding, GA did not have a mandate. GA presently has a mandate which passed on 4/29/2015. That data are not included in this analysis.

*North Carolina: At the time of extraction of legal mandates and coding, NC did not have a mandate. NC presently has a mandate which passed on 10/15/2015. That data are not included in this analysis.

*Arizona: Age-based service limit caps for behavioral therapy: Up to age 9 years, US$50,000; ages 9 to 16 years, US$25,000.

**Colorado service limits: 1 to 8 years old: Caps actuarialey equal to US$34,000; 9 to 19 years old: US$12,000.

***Maryland: Treatment cap on "habilitative services," defined as services, including OT, physical therapy, and speech therapy, for the treatment of a child with congenital and genetic birth defects to enhance the child's ability to function.
Coverage for Medical Treatment Only

Six states (50%) distinguished between medical and educational services, stating that services provided under the mandate do not affect any obligation to provide services under the Individuals With Disabilities Education Act (IDEA).
DSM-v autism

social communication and social interaction

developing/maintaining friends

nonverbal communication

social-emotional reciprocity

restricted, repetitive behavior

Stereotypy

inflexible routines

restricted, fixated interests

hyper- or hypo-reactivity to sensory input
two major treatment areas

Treatment Plan

restricted, repetitive behavior

Treatment Plan

social communication and social interaction
GOAL REQUESTING
objective: CLIENT will correctly articulate at least four different requests without an prompt (item Present)

devolving/maintaining friends
nonverbal communication
social-emotional reciprocity

Stereotypy
inflexible routines
restricted, fixated interests
hyper- or hypo-reactivity to sensory input

Treatment Plan

social communication and
social interaction
GOAL: REQUESTING
objective: CLIENT will correctly articulate at least four different requests without an prompt (item Present)

developing/maintaining friends
onverbal communication
social-emotional reciprocity

Stereotypy
inflexible routines
restricted, fixated interests
hyper- or hypo-reactivity to sensory input

Treatment Plan
social communication and social interaction

Treatment Plan
restricted, repetitive behavior

GOAL: REQUESTING
objective: CLIENT will correctly articulate at least four different requests without an prompt (item Present)
GOAL: REMEDIATE DEFICITS RELATED TO SHARING OF INTERESTS, EMOTIONS, OR AFFECT

objective: CLIENT will correctly articulate at least four different requests without a prompt (item Present)

Stereotypy
inflexible routines
restricted, fixated interests
hyper- or hypo-reactivity to sensory input

developing/maintaining friends
nonverbal communication
social-emotional reciprocity
GOAL: WRITING SKILLS
objective: CLIENT will imitate drawing a square

Treatment Plan

restricted, repetitive behavior

developing/maintaining friends
nonverbal communication
social-emotional reciprocity

Stereotypy
inflexible routines
restricted, fixated interests
hyper- or hypo-reactivity to sensory input

social communication and
social interaction
GOAL: WRITING SKILLS

Objective: CLIENT will imitate drawing a square

Treatment Plan

**restricted, repetitive behavior**

- Stereotypy
  - inflexible routines
  - restricted, fixated interests
  - hyper- or hypo-reactivity to sensory input

- developing/maintaining friends
- nonverbal communication
- social-emotional reciprocity

- social communication and social interaction
GOAL: REMEDIATE DEFICITS RELATED TO EXCESSIVELY CIRCUMSCRIBED OR PERSEVERATIVE INTERESTS

objective: CLIENT will imitate drawing a square in the presence of several pokemon images

developing/maintaining friends
nonverbal communication
social-emotional reciprocity

Stereotypy
inflexible routines
restricted, fixated interests
hyper- or hypo-reactivity to sensory input

Treatment Plan
social communication and social interaction
Case Conference Committee Report

Date of Report: 11/16/2016
Individualized Service Plan
ISP Effective Date: 11/16/2016 to 11/15/2019

Student: [Redacted]

Date of Birth: [Redacted]
Current Grade: 4
Gender: M

Guardian Information

Relation: Both Parents
Name: [Redacted]
Business Phone: [Redacted]
Home Phone: [Redacted]
Mobile Phone: [Redacted]
Address: [Redacted]

Relation: [Redacted]
Name: [Redacted]
Business Phone: [Redacted]
Home Phone: [Redacted]
Mobile Phone: [Redacted]
Address: [Redacted]

Purposes of Case Conference

Revolution Review
Case Conference Meeting Scheduled

Date: 11/16/2016
Time: 7:30am
Place: [Redacted]

Evaluation Information and Student Data

Strengths of the student: Has taken more responsibility for his hearing assistive technology than in the past. He has had a very good year in language therapy. He is doing a great job and participates well during therapy. Math calculation is a strength.

Progress Monitoring Data:

An educational revolution was completed to provide information to the case conference committee about [Redacted] with regard to his eligibility and current levels. The revolution report should be considered a part of this ISP.

Present level of academic and functional performance:

[Redacted] has completed needs. He has a bilateral hearing loss in the mild to moderate to severe range (at 4,000 Hz). He also has an age-appropriate, mastery and anxiety challenges, as well as significant attention deficit and hyperactivity behaviors. He shows a mixture of autistic characteristics, as well as non-verbal communication skills. He demonstrates high levels of anxiety in social situations, and may have difficulty with eye contact, engagement in interactive play, and imagination. He has a significant difficulty with his hyperactive behaviors, which is a daily impediment to his learning. He needs to be prompted for visual attention.

The results of the current evaluation (Fall, 2018) indicate that [Redacted] meets the criteria for Autism. A2ED commonly occurs in individuals with Autism, and [Redacted] has demonstrated characteristics of motivation, distractability, and impulsivity that are having the greatest impact on his ability to learn and progress in the school setting.

According to [Redacted], the teacher, he is currently receiving grades of D in Religion; C in Language Arts; and C in Math.

Self-Advocacy: [Redacted] has been able to demonstrate emerging or mastered skills on at least 80% of the skills that apply to him using the

ABA Treatment Plan (Comprehensive)
March 2019-September 2019

Learner:

Date of Birth: [Redacted]
Chronological Age: [Redacted]
Parents: [Redacted]
Address: [Redacted]

Report Prepared By:

Diagnosis: Autism Spectrum Disorder (ASD)

Learner Profile:

[Redacted] is a 10 year, 5-month-old boy diagnosed with Autism Spectrum Disorder (ASD) on May 4, 2015 by Dr. Christine Raterik at Riley Child Development Center. During his diagnostic assessment, [Redacted] was reluctant to make eye contact or respond to the assessor. He would bury his head in the back of his chair and only looked at the interviewer when prompted to say, “Hi” by his mother. During the assessment, [Redacted] verbally requested the room of interest (e.g. Leap pad) and to leave the interview (i.e. “we need to leave”). The assessor attempted to interact with [Redacted] on multiple occasions, but [Redacted] did not respond to interactions and was unable to tell the assessor what he was doing. Based on the diagnostic interview with [Redacted] parents, the assessors indicated that [Redacted] needed diagnostic criteria for ASD. In November 2015, an evaluation by the Case Conference Committee for Perry Township to evaluate whether [Redacted] met criteria for placement in additional special education eligibility areas.

[Redacted] was administered the Wechsler Individual Achievement Test – Third Edition, which included standardized math skills within the average range, alphabet writing, thinking skills, and non-verbal skills within the range. The Wechsler Intelligence Scale for Children – Fifth Edition was administered and suggested non-verbal skills within the borderline to average range. [Redacted] was also administered the Comprehensive Assessment of Spoken Language (CASL), which suggested that [Redacted] total language score was within the borderline average range. Receptive and expressive language skills assessed using the receptive and expressive language scales suggested a mild receptive language disorder, and the Autism Diagnostic Observation Schedule suggested scores that were within the cut-off range for an Autism Spectrum Disorder. Given these findings, as well as observations by the behavior specialist (Lindsey Page) and School Psychologist (Shelana Wilks), the assessor recommended that [Redacted] meets the criteria as a student with an Autism Spectrum Disorder.

During the assessment with LittleStar ABA Therapy, [Redacted] displayed deficits in social communication and social interaction. He watched for the Assessor out the window and then hid from them initially. He quickly showed interest in playing with a puppet and activities with them but generally avoided their gaze and persevered over whether Assessors were teachers or friends. [Redacted] showed a lack of understanding of others’ perspective; during the assessment, [Redacted] was looking for a specific action figure and repeatedly asked Assessor of finding it or knowing where it was and not telling. [Redacted] also showed frustration when Assessor did not know how to play a game on an iPad. At one point, [Redacted] stated “you are so dumb.” However, [Redacted] was able to tell Assessor how to move a piece of furniture so that he could access the missing figure. [Redacted] repeatedly imitated play with Assessor, including assigning roles as pretend play, but within 30 seconds of each new play situation, [Redacted] turned away from Assessor and played by himself, only running back to Assessor if the attempt to continue play (when he would either take her toys away or tell her the game was playing incorrectly). Assessor noted that he appeared to be
If you want to go fast, go alone.
If you want to go far, go together.

African Proverb
Common Ethical Principles and Obligations Encountered in the Interdisciplinary Setting

- Informed Consent
- Confidentiality
- Beneficence
- Nonmaleficence
- Respect for Autonomy
- Clinical Justice
- Professional Competence
- Fiduciary Responsibility
- Peer Communication
- Non-Judgmental Regard
Principle 1: Beneficience

- Provision of service is fair and equitable
- Uphold all aspects of fiduciary responsibility
- Non-judgemental regard
- Advocate for service needs
- Focus on all domains of ASD
Principle 2: Nonmaleficence

- Benefits outweigh risk
- Utilize reinforcement over punishment
- Avoid use of harmful reinforcers
- Always use least restrictive likely to be effective for problem behavior
- Modify the program based upon data
Principle 3: Respect for persons

- Use client’s ranking of good to guide treatment
- Full disclosure of nature, risk, benefit, harm of intervention
- Respect right to refuse services
- Protect all privileged and confidential information
- Respect the credentials of all involved in care
Principle 4: Professional Commitments

- Veracity with information portrayed to public and claims
- Seek out competency (approaches of interdisciplinary team)
- Competency with theoretical perspectives of interdisciplinary team
- Exceptional level of communication
- Seek out consultation and collaboration
- Collect, utilize, and analyze data for assessment of program
- Maintain competency around research implement as necessary
- Avoid contexts that create conflicts of interest