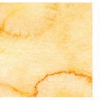


04

Early Childhood Intervention

**THE CASE FOR INTENSIVE EARLY BEHAVIORAL INTERVENTION
APPLIED BEHAVIOR ANALYSIS (ABA) PROVIDERS
EARLY INTERVENTION RESOURCES AVAILABLE IN THE CAPITAL REGION
ABA IN LOUISIANA AND THE CAPITAL REGION
TRANSITION TO PRE-K THROUGH 12 EDUCATION**





An accurate ASD diagnosis in early childhood creates the opportunity for a variety of early childhood interventions that are custom designed to meet the specific needs of the diagnosed child. Common interventions include: behavioral therapy, occupational therapy, speech and language therapy, auditory and sensory therapy, medical care to treat physical health issues which often co-exist with ASD, and social skills training through tools such as simulated classrooms to acclimate a child preparing for school.

These intervention efforts are primarily focused on improving skills and abilities that allow each individual to function as independently as possible in society and achieve his or her full potential. As mentioned in the previous section of this report, studies show that early diagnosis and intervention lead to significant improvement in cognition and behavior.

EARLY DIAGNOSIS

- Referral to physician specialist
- Referral to other medical specialists for comorbidity evaluations (if applicable)
- Referral to early intervention programs

EARLY INTERVENTION

- Intensive therapeutic intervention, including ABA therapy and other evidence-based interventions
- Application/referral to state waiver programs (if applicable)

PRE-K-12 EDUCATION

- Individual Educational Plan (IEP)
- Continued supplemental intervention and therapy
- Individual Transition Plan (ITP) in high school

ADULT TRANSITION

- Post-secondary education
- Career training
- Independent and supported living



A multitude of treatment interventions for ASD have been proposed in the professional and lay media. Anecdotally, families have found success in a number of these programs; however, the efficacy and safety of these interventions have not always been supported by scientific research and data. As has been discussed, ASD does not present the same in every child or adult. Each person will need a personalized intervention plan that includes the appropriate therapeutic interventions. We acknowledge the critical importance and large evidence base in support of speech therapy, physical therapy, and occupational therapy for many children with ASD. Interventions including ABA therapy, integrative behavioral and developmental programs, social skills programs, and picture exchange communication systems have seen moderate strength of evidence in support of their efficacy.⁴⁷ We encourage parents to refer to resources that compile research on evidence-based interventions before embarking on innovative therapeutic models. The Association for Science in Autism Treatment compiles this information on their website.⁴⁸

For the purposes of this report, we have included a robust analysis of Applied Behavior Analysis (ABA) and its availability in the Capital Region. While other therapeutic interventions are critical for a young child with an ASD diagnosis, behavioral intervention – in particular, ABA therapy – despite reliable studies proving its effectiveness, is the least readily available early intervention tool in the Capital Region. Throughout the process of compiling this report, parents consistently voiced demand for wider availability and easier access to ABA therapy for their children. Today, reimbursement for ABA therapy through health insurance is mandated in Louisiana, providing a reliable avenue for families to access this intervention. Insurance companies should update their reimbursement mechanisms to include other evidence-based interventions as their efficacy is established.



ABA therapy is the process of systematically applying interventions based upon the principles of learning theory to improve socially significant behaviors to a meaningful degree and to demonstrate that the interventions employed are responsible for the improvement in behavior. ABA therapy has been shown, when implemented effectively, to improve communication, social relationships, play, self-care, behavior in school, and employment performance for people who have ASD or other learning difficulties. ABA is widely recognized as a safe and effective treatment for ASD and has been endorsed by numerous state and federal agencies, as outlined below.

Studies have shown that ABA therapy is most beneficial when it can be applied to patients intensively and as soon as possible. Early intervention means programs that begin before the age of four. Some ABA therapy sessions involve one-on-one interaction between the behavior analyst and the participant. Group instruction can likewise prove useful. Intensive programs include 25-40 hours per week of ABA therapy, typically for one to three years.⁴⁹ Productive ABA therapy continues for as long as necessary, sometimes into adulthood, but the level of intensity decreases substantially with age and behavioral improvement.

⁴⁷ Maglione, Margaret, "Nonmedical Interventions for Children with ASD: Recommended Guidelines and Further Research Needs," 2012.

⁴⁸ <http://www.asatonline.org/for-parents/learn-more-about-specific-treatments/>

⁴⁹ Not all families will require or need 25-40 hours of intense ABA therapy. Some families may benefit from focused and short-term treatment approaches within ABA methodology.



THE CASE FOR INTENSIVE EARLY BEHAVIORAL INTERVENTION

The body of evidence to support early and intensive intervention is by no means complete, but the evidence is significant and growing. Significant literature suggests that early and intensive behavioral and developmental intervention – as much as 30+ hours per week – as well as comprehensive approaches that address numerous areas of functioning lead to greater improvements in cognitive performance, language skills, and adaptive behavior skills.⁵⁰ Controlled trials have also shown ABA to be effective for improving social skills and language when provided for at least 25 to 40 hours per week for two years.⁵¹ Lower intensity level and parent driven intervention, especially behavioral, do not seem to have as strong a positive effect as more intensive interventions.⁵²

This evidence highlights the importance of adequate professional resources to serve the Capital Region's early childhood behavioral intervention needs for children with an ASD diagnosis.



50 "Therapies for Children with Autism Spectrum Disorder: Behavioral Interventions Update: Executive Summary," *Comparative Effectiveness Review*, Number 137, AHRQ Pub. No. 14-EHC036-1-EF.

51 Interagency Autism Coordinating Committee, *2011 IACC Strategic Plan for Autism Spectrum Disorder Research*, January 2011. Retrieved from the Department of Health and Human Services Interagency Autism Coordinating Committee website at <http://iacc.hhs.gov/strategic-plan/2011/index.shtml>.

52 "Therapies for Children with Autism Spectrum Disorder: Behavioral Interventions Update: Executive Summary," *Comparative Effectiveness Review*, Number 137, AHRQ Pub. No. 14-EHC036-1-EF.



APPLIED BEHAVIOR ANALYSIS (ABA) PROVIDERS

In the U.S., ABA therapy is delivered through a three-tier system including the Board Certified Behavior Analyst® (BCBA® or BCBA-D®), Board Certified Assistant Behavior Analyst® (BCaBA®), and Registered Behavior Technician™ (RBT™).⁵³

Board Certified Behavior Analyst

The BCBA and BCBA-D are independent practitioners who also may work as employees or independent contractors for an organization. The BCBA conducts descriptive and systematic behavioral assessments, including functional analyses, and provides behavior analytic interpretations of the results. The BCBA designs and supervises behavior analytic interventions. The BCBA is able to effectively develop and implement appropriate assessment and intervention methods for use in unfamiliar situations and for a range of cases. The BCBA seeks the consultation of more experienced practitioners when necessary. The BCBA teaches others to carry out ethical and effective behavior analytic interventions based on published research and designs and delivers instruction in behavior analysis. BCBAs supervise the work of Board Certified Assistant Behavior Analysts and others who implement behavior analytic interventions.⁵⁴

**Board Certified Behavior Analyst
(BCBA or BCBA-D)**

**Board Certified Assistant Behavior Analyst
(BCaBA)**

**Registered Behavior Technician
(RBT)**

A number of pathways exist to become certified as a BCBA with the national Behavior Analyst Certification Board. Each of these pathways has degree, training, and experience requirements.

- To satisfy the degree requirement, an applicant must have a master's degree in an approved degree program, which may be in behavior analysis, natural science, education, human services, engineering, medicine, or another related field.
- To satisfy the training requirement, the applicant must have completed 225 hours of approved graduate-level instruction; one academic, full-time faculty appointment at a college or university teaching classes on behavior principles or conducting and researching behavior analysis; or have completed a doctoral degree in an approved field.
- To satisfy the experience requirement, the applicant must have completed 1,500 hours of supervised independent fieldwork, 1,000 hours of practicum, 750 hours of intensive practicum, or ten years of post-doctoral experience practicing behavior analysis.

⁵³ In Louisiana, Medicaid enables licensed psychologists who practice ABA therapy within their scope of practice to bill for reimbursement without requiring a dual license in behavior analysis.

⁵⁴ Definition from the Behavior Analyst Certification Board, www.bacb.com.



Upon completing each of these three requirements, an applicant may apply for and take a certification exam administered by the national Behavior Analyst Certification Board. Upon successful completion of this exam, BCBAAs wishing to practice in Louisiana must apply for licensure with the Louisiana Behavior Analyst Board, pass the Louisiana Jurisprudence Exam,⁵⁵ and complete a background screening.

The Behavior Analyst Certification Board defines a Board Certified Assistant Behavior Analyst as follows:

Board Certified Assistant Behavior Analyst

The BCaBA conducts descriptive behavioral assessments and is able to interpret the results and design ethical and effective behavior analytic interventions for clients. The BCaBA designs and oversees interventions in familiar cases (e.g., similar to those encountered during their training) that are consistent with the dimensions of applied behavior analysis. The BCaBA obtains technical direction from a BCBA for unfamiliar situations. The BCaBA is able to teach others to carry out interventions and supervise behavioral technicians once the BCaBA has demonstrated competency with the procedures involved under the direct supervision of a BCBA. The BCaBA may assist a BCBA with the design and delivery of introductory level instruction in behavior analysis. It is mandatory that each BCaBA practice under the supervision of a BCBA. Governmental entities, third-party insurance plans, and others utilizing BCaBAs must require this supervision.⁵⁶

To become certified as a BCaBA with the national Behavior Analyst Certification Board an applicant must complete degree, coursework, and experience requirements.

- To satisfy the degree requirement, an applicant must have a bachelor's degree in an approved degree program.
- To satisfy the coursework requirement, the applicant must have completed 135 hours of approved classroom instruction to satisfy the coursework requirement.
- To satisfy the experience requirement, the applicant must have completed 1,000 hours of supervised independent fieldwork, 670 hours of practicum, or 500 hours of intensive practicum.

Upon completing these requirements, an applicant may apply for and take a certification exam administered by the national Behavior Analyst Certification Board. The examination fee will be \$125 beginning in 2016 (an increase from \$100). Upon successful completion of the exam, BCaBAs wishing to practice in Louisiana must apply for certification with the Louisiana Behavior Analyst Board, pass the Louisiana Jurisprudence Exam, and complete a background screening.

⁵⁵ The Louisiana jurisprudence exam, issued by the board, covers the covering laws and rules governing the practice of behavior analysis in Louisiana.
⁵⁶ Definition from the Behavior Analyst Certification Board, www.bacb.com.



The Behavior Analyst Certification Board defines a Registered Behavior Technician as follows:

Registered Behavior Technician

The RBT is a paraprofessional who practices under the close, ongoing supervision of a BCBA or BCaBA (“designated RBT supervisor”). The RBT is primarily responsible for the direct implementation of skill-acquisition and behavior-reduction plans developed by the supervisor. The RBT may also collect data and conduct certain types of assessments (e.g., stimulus preference assessments). The RBT does not design intervention or assessment plans. It is the responsibility of the designated RBT supervisor to determine which tasks an RBT may perform as a function of his or her training, experience, and competence. The designated RBT supervisor is ultimately responsible for the work performed by the RBT.⁵⁷

RBTs do not have to be registered by the national Behavior Analyst Certification Board to practice in Louisiana. Most RBT’s are trained in-house by their hiring organizations. Requirements established by the national BACB include a high school diploma, completing a 40-hour training program conducted by a professional certified by the BACB, and passing the RBT Competency Assessment and examination. In Louisiana, the national RBT credential is not currently required to practice ABA; however, persons working in this capacity must be registered with the Louisiana Behavior Analyst Board as a Registered Line Technician (RLT) and pass a background screening.

ABA is a relatively young but rapidly growing therapy profession – the Behavior Analyst Certification Board was created in 1998. There is also limited national salary data available for BCBAs and BCaBAs through the Association of Professional Behavior Analysts (APBA). The data that does exist indicates an approximate BCBA salary range of \$40,000 to \$80,000 and an approximate BCaBA salary range of \$20,000 to \$60,000, with the majority between \$40,000 and \$60,000.⁵⁸

ABOUT THE LOUISIANA BEHAVIOR ANALYST BOARD

The Louisiana Behavior Analyst Board was established by Act 351 of the 2013 Louisiana Legislative Session and is affiliated with the Louisiana Department of Health and Hospitals (like most other professional health care boards). This Act also included the Behavior Analyst Practice Act and “provide[d] for the licensure, certification and registration of individuals practicing ABA in the state of Louisiana.”⁵⁹

The Louisiana Behavior Analyst Board is comprised of five voting members who are behavior analysts, serve between three and five year terms and cannot serve more than two consecutive and complete terms. The board members are nominated by the Louisiana Behavior Analysis Association, appointed by the Governor, and confirmed by the Senate. A sixth member of the board serves in an ex-officio and nonvoting capacity and is appointed by the Louisiana State Board of Examiners of Psychologists.

The board is housed in Baton Rouge and meets monthly. For more information about the board or the Practice Act, visit their website, www.lababoard.org.

57 Definition from the Behavior Analyst Certification Board, www.bacb.com.

58 A salary report published by APBA in 2009 can be found on the APBA website, <http://www.apbahome.net/survey-report-johnston.pdf>.

59 Act 351, Regular Session, 2013, (Louisiana, 2013).



LOUISIANA ABA EDUCATIONAL PROGRAMS

In Louisiana today, McNeese State University in Lake Charles, Louisiana State University in Baton Rouge, and Nicholls State University in Thibodaux offer BCBA educational programs.

The McNeese program started in 2008 and is a master's-level program in psychology with a concentration in applied behavior analysis. The program, which currently has 30 students enrolled, includes a year-long internship. Approximately eight students graduate per year and the largest class ever (16 students) enrolled in the Fall of 2015. McNeese has recently received approval of a completely online master's program which will be active in Fall 2016. McNeese is also implementing a graduate certificate program which allows students with a master's degree in Education or Psychology to complete the BCBA-required concentration courses (approximately 40 credit hours) and qualifies them to take the national BCBA exam. This program will also be available in the Fall of 2016. The McNeese program graduates a combination of practitioners and researchers (80% practitioners).

The LSU Baton Rouge program is a doctorate-level program limited to candidates within the Psychology Department with a specialization in School Psychology. The program prepares students to develop interventions for behavior and academic problems and offers courses that have been approved by the Behavior Analyst Certification Board to fulfill the curriculum requirements for sitting for the national BCBA exam. This program is geared toward researchers and takes a minimum of four years to complete. LSU does not currently have a program geared toward training therapists to address the shortage seen in the Capital Region and nationally.

The Nicholls State program is a BCBA-approved masters-level program open to students of various backgrounds, but the program is housed in the Education Department. An estimated 75% of the cohort is from the Capital Region, suggesting demand for a similar program in Baton Rouge. The program can be completed fully online if students wish. Licensed teachers enrolled in the program (about 1/3 of their students) who want the BCBA skill set as a supplement to their teaching expertise typically do not sit for the BCBA exam upon completion of the program. These teachers utilize behavioral intervention techniques in their classrooms, but do not provide direct therapy. The remaining masters-level candidates do sit for the BCBA exam. Nicholls State is starting an undergraduate program in applied behavior analysis which will result in BCaBA and RBT training options. The Nicholls State program has partnerships in the Capital Region - Behavioral Intervention Group (BIG), HOPE Academy, and two school districts (Ascension and Livingston). These partnerships involve student practicum experience, connection with potential employers, and consulting services provided by students and professors in the program.



EARLY INTERVENTION RESOURCES AVAILABLE IN THE CAPITAL REGION

Stakeholder interviewees participating in this study expressed two general sentiments regarding the early childhood intervention resources currently available in the Capital Region.

First, the stakeholders unanimously agreed that the capacity of those intervention resources is wholly inadequate to meet current needs and demand.

Second, they expressed optimism that a relatively new positive momentum is present in the Capital Region with respect to early childhood ASD diagnosis and intervention.

Figure 6 is a sampling of significant early childhood intervention and therapeutic resources currently available in the Capital Region. **Figure 6** is designed to identify important facts about each provider and the intervention services each provides, including:

- **Ages Served:** Age range of patients served.
- **Evaluation/Screening:** Initial evaluation/screening for ASD.
- **Offered Therapy:** Types of therapy available.
 - ABA: Applied Behavior Analysis
 - PT: Physical Therapy
 - ST: Speech Therapy
 - OT: Occupational Therapy
- **School Transition Support:** Services that facilitate family transition to Pre-K-12 education setting.
- **Location:** Where services are delivered (provider facility, home-based, or childcare setting).
- **Finance Model:** The payment options the provider accepts (Medicaid, Private Pay, Private/Commercial Insurance, Tuition).

This chart is not an exhaustive description of these agencies or their services. Narrative descriptions for these providers can be found in the **Key Providers and Organizations in the Capital Region** section of this report.



06 Early Intervention Providers in the Capital Region

	Ages Served	Offered Therapy				Eval/ Screen	School Transition	Location	Finance Model
		ABA	PT	ST	OT				
Abilities Pediatric Therapy Services	Birth to young adults with developmental disabilities			x	x			Facility (2 locations)	Private pay Private/commercial
ABC	2-20 years old			x		x		Facility School	Private pay Private/commercial
Arc of Baton Rouge	Birth through adulthood (birth to 3 years old intensive early intervention)		x	x	x	x	x	Facility Childcare	Medicaid Private pay
Baton Rouge General Pediatric Rehab/Therapy	0-18 years old		x	x	x	x		Facility	Private pay Private/ commercial Medicaid
BR Clinic						x		Facility	Private pay Private/commercial
BIG	15 months - 11 years old	x					x	Facility	Private pay Private/commercial
Bridges Learning Center	7-13 years old	x					x	Facility School	Medicaid Private pay Private/commercial
Butterfly Effects	2-21 years old	x				x	x	Home Childcare	Private pay Private/commercial
CAHSD	Birth through adulthood (2-5 years old intensive early intervention)	x		x		x		Facility	Medicaid Private pay Private/commercial
CARD	All Ages	X					x	Facility School Home	Medicaid Private pay Private/commercial
Chesney Center Therapies	Birth and up		x	x	x	x	x	Facility	Private pay Private/commercial
Headstart/ Early Headstart	Birth to 4 years old						x	Facility	No charge for eligible families
The Emerge Center	18 months to 7 years old	x		x	x	x	x	Facility	Medicaid Private pay Private/commercial Tuition
McMains Children's Developmental Center	Birth to 18 years old		x	x	x	x	x	Facility	Medicaid Private pay Private/commercial
NeuroTherapy	Birth and up		x	x	x		x	Facility Childcare	Private pay Private/commercial
One Step at a Time Behavioral Services	Birth and up	x				x	x	Home Childcare	Private pay



	Ages Served	Offered Therapy				Eval/ Screen	School Transition	Location	Finance Model
		ABA	PT	ST	OT				
OLOL Pediatric Development and Therapy Center	Birth to 16 years old		x	x	x	x		Facility	Medicaid Private pay Private/commercial
St. Lillian Academy (SLA)	3 years old and older					x	x	Facility	Tuition Financial Aid
Excellence in Speech Pathology (through SLA)	Birth and up		x	x	x	x		Facility School/day cares Home	Private pay Private/Commercial Medicaid
Woman's			x	x	x			Facility	



ABA IN LOUISIANA AND THE CAPITAL REGION

The case in support of intense early childhood intervention, in particular ABA therapy, for children that have been diagnosed with ASD is quite strong. In fact, there appears to be no significant alternative path recommended in the current body of ASD literature. The following question is therefore of great importance – Does the Capital Region possess the capacity of early childhood ABA services needed to optimally meet the needs of young children with an ASD diagnosis?

A definitive answer to this question is well beyond the scope of this assessment. Nonetheless, it is reasonable to conclude that current capacity in the Capital Region falls significantly short of demand/need. Here is why.

Approximately 150 BACB professionals are licensed in Louisiana, and roughly half of those licensees accept Medicaid patients.^{60 61}

Interviewees participating in this community assessment estimate the number of BCBA's practicing in the Capital Region is between 10 and 20 licensees. According to the national Behavior Analyst Certification Board, the appropriate caseload for behavior analysts is determined by the following factors:

- Complexity and needs of the clients in the caseload,
- Total treatment hours delivered to the clients in the caseload,
- Total case supervision and clinical direction required by caseload,
- Expertise and skills of the Behavior Analyst,
- Location and modality of supervision and treatment (for example, center vs. home, individual vs. group, telehealth vs. in vivo), and
- Availability of support staff for the Behavior Analyst (for example, a BCaBA).

The recommended caseload range for one Behavior Analyst supervising Focused treatment*:

- Without support of a BCaBA is 10-15 [clients] and
- With support of one BCaBA is 16-24 [clients].

The recommended caseload range for one Behavior Analyst supervising comprehensive treatment:

- Without support by a BCaBA is 6-12 [clients] and
- With support by one BCaBA is 12-16 [clients].

** Focused treatment for severe problem behavior is complex and requires considerably greater levels of case supervision, which will necessitate smaller caseloads.⁶²*

60 Licensure information is available on the Louisiana Behavior Analyst Board website, www.lababoard.org.

61 Information on the number of licensees serving Medicaid patients was gathered during a staff interview with Louisiana Department of Health and Hospitals.

62 Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers, Version 2, 2014, http://bacb.com/wp-content/uploads/2015/07/ABA_Guidelines_for_ASD.pdf.



Our 2030 Capital Region projections (see [What is Autism Spectrum Disorder?](#) section of this report) indicate the total number of individuals with an ASD diagnosis between the age of 0-21 will be approximately 3,500 (1 in 68) or 5,300 (1 in 45) with approximately 930 individuals (1 in 68) or 1,400 individuals (1 in 45) in the 0 to 4 years age range. These projections, combined with ABA capacity estimates, indicate the Capital Region alone may require 100 to 150 total BCBA's to meet our 2030 ASD needs.

This gap is even larger than it appears because many of these providers serve children with other development delays and diagnoses in addition to children with an ASD diagnosis, spreading the available resources even more thinly. These estimates reveal an apparent gap between anticipated demand for services and current capacity – a gap that is consistent with reports of waiting lists and other anecdotal evidence collected from early intervention providers, advocates, and other ASD stakeholder interviewed as part this assessment.

The number of practicing BCBA's in the Capital Region is the key limiting factor to providing needed ABA services.

The larger ABA providers in the Capital Region such as the Emerge Center and Center for Autism and Related Disorders (CARD) have long waiting lists of families who want access to their ABA services. The growing demand for ABA in the Capital Region has encouraged the establishment of additional ABA providers and programs such as Behavioral Intervention Group (BIG), Butterfly Effects, and Capital Area Human Services District (CAHSD). Each new BCBA added in a region offers a service delivery (therapy hours) multiplier because BCBAs supervise multiple RBTs/RLTs, who are responsible for the direct implementation of the therapy plans developed and supervised by BCBAs. Still, the available resources today are insufficient.



ABA providers in the Capital Region have expressed a desire to expand ABA capacity to meet growing demand for services, but most have had difficulty attracting BCBAs. Some providers interviewed also expressed a desire to educate and promote hard-working employees internally from RBT/RLT positions to BCaBAs and eventually to BCBAs. However, the lack of ABA educational opportunities in the Capital Region has largely prevented this type of organic growth.

Administrators of the Nicholls State program have expressed interest in collaborating with higher education institutions in the Capital Region to bring the masters-level and undergraduate program into the Capital Region, perhaps through a partnership with Louisiana State University, Southern University or Our Lady of the Lake College.

No BCaBA programs exist today in Louisiana. However, McNeese has developed coursework for a student with a Bachelor's of Science in Psychology to be eligible to take the national exam. Nicholls is also currently developing an undergraduate program to allow students to sit for the BCaBA exam.

Baton Rouge Community College (BRCC) is working to create a Registered Behavior Technician (RBT) certificate program. This program is expected to provide the 40 regular hours of education required by the national board for the RBT credential.

In addition to having enough therapists to meet demand, providers need a financial model that works. Louisiana is one of 43 states with an autism health insurance mandate – requiring state-regulated insurance plans to provide benefits for recognized therapies (such as ABA).^{63 64} Additionally, Louisiana's Medicaid program established coverage for ABA therapy in 2014 based on market-rate reimbursements.⁶⁵ Governor John Bel Edwards has

also committed to expanding Medicaid coverage in Louisiana as early as Summer 2016, which will allow a broader population to be covered.⁶⁶ Nonetheless, currently only about 50% of ABA therapy providers in the Capital Region accept Medicaid reimbursement, despite the market-rate reimbursements available. Health care insurance coverage issues are discussed in greater detail in the **State Support Services** section of this report under Insurance Coverage.

A build out of needed ABA therapy capacity in Louisiana is realistic and can be greatly aided by appropriately leveraging the availability of the private/commercial insurance coverage mandate and the relatively new Medicaid coverage of ABA therapy in Louisiana. Existing key providers of early intervention services, including the Emerge Center and BIG, have proven that this reimbursement model can work. Each of these providers seek reimbursement for ABA and other types of therapy through private insurance and Medicaid to the fullest extent possible. These proven **service delivery and financial models are sustainable and scalable.**

Despite some recent additions to the Capital Region's ABA therapy capacity, stakeholders interviewed as part of this assessment almost unanimously agree that current ABA capacity in the Region still does not come close to meeting the current need for services. Stakeholders also stated that the lack of ABA capacity is not a problem unique to Baton Rouge or Louisiana; it is a problem present in most communities across the U.S.

63 <http://www.legis.la.gov/Legis/ViewDocument.aspx?d=503797&n=HB958%20Act>.

64 <https://www.legis.la.gov/Legis/ViewDocument.aspx?d=805656>.

65 <http://www.lamedicaid.com/provweb1/Providermanuals/manuals/ABA/ABA.pdf>.

66 At the time of report production in June 2016, Medicaid expansion was well underway in Louisiana with the Louisiana Department of Health and Hospitals spearheading an enrollment effort with a services start date of July 1, 2016.



TRANSITION TO PRE-K THROUGH 12 EDUCATION

Early Intervention providers are a key piece of the coordination framework for parents. Entering the Pre-K-12 education environment is a significant transition for all children and their families. For children with an ASD diagnosis, this transition can be especially complicated and frustrating because families seldom feel that they have adequate information and the guidance necessary to confidently evaluate their available Pre-K-12 school options and select the most appropriate school environment.

Parents and caregivers of children with an ASD diagnosis face a number of important questions when transitioning their children into a Pre-K-12 school environment.

- What Pre-K-12 school options are available to accommodate children with ASD?
- Which of those school options offer my child the best opportunity to develop to his/her highest potential?
- What do I need to understand and do to maximize the effectiveness of my child's Individualized Education Plan (IEP)?
- How do I appropriately integrate my child's ongoing therapeutic service needs with his/her education?
- What financial support can I access to fund my child's education?

Each Capital Region family must answer these questions in a Pre-K-12 school environment that includes public school options (including charter schools) and private school options (including voucher options to assist with tuition). Additionally, families must decide if their child is best served by a more inclusive (all students) versus exclusive (only students with disabilities) school setting.

This critical transition is made easier for families when their early intervention providers participate in transition planning and decision making. Key considerations for parents during this transition phase include: school environment and school fit options, transportation services to and from school, availability of therapeutic services, coordination with health care providers, and understanding the education diagnosis/IEP process. Early intervention providers in the Capital Region recognize this need, and more are offering school transition assistance, including coordination with Pre-K-12 schools and school systems.

Interviews throughout this process suggest that many parents found supportive transition services through their early intervention providers while others were unaware of how to access this critical resource. Educating parents on the importance of transition services and where these services are available should be a key role of the coordinating nonprofit or consortium of organizations referenced earlier in this report.



04

RECOMMENDATIONS

EARLY CHILDHOOD INTERVENTION



Early intervention services for children with an ASD diagnosis have proven effective - helping each child to achieve his or her optimal outcome. It is therefore critical that proven early intervention services are available and accessible to all in need.

1. Expand current early childhood intervention services capacity at both existing and potential new providers across the Capital Region to meet the population demand estimates, leveraging the sustainable and proven models (financial and service delivery) developed by the Capital Region's existing early intervention service providers, including the Emerge Center and Behavioral Intervention Group.
2. Capital Region post-secondary educational institutions should establish ABA post-secondary education programs for Board Certified Behavior Analysts (BCBA), Board Certified Assistant Behavior Analysts (BCaBA), and Registered Behavioral Technicians (RBT) in the Capital Region. Nicholls State University has an established BCBA program and leadership from that program could collaborate to help establish similar post-secondary education programs in the Capital Region.

The BCBA program is an advanced degree program. Louisiana State University (LSU), Southern, and/or Our Lady of the Lake (LOL) College should consider implementing this program on their respective campuses. The BCaBA program is an undergraduate-level program. LSU, Southern, and/or LOL College should consider implementing this program on their respective campuses. The RBT training is a 40-hour program. Baton Rouge Community College and River Parishes Community College should consider implementing this program on their respective campuses.

3. All early childhood intervention providers should offer school transition services to facilitate an informed, practical transition for all families "graduating" from the early childhood intervention environment to a Pre-K-12 school environment. In particular, families need support navigating the following decisions:
 - a. School environment and school fit options,
 - b. Transportation services,
 - c. Availability of therapeutic services,
 - d. Coordination with health care providers, and
 - e. Understanding the education diagnosis/Individualized Education Plan (IEP) process.