

MEMORANDUM

TO: EXECUTIVE COMMITTEE

FROM: MELINDA SULLIVAN

RE: SB 805

DATE: August 9, 2023

SB 805, sponsored by Senator Portantino, is a bill that would expand the criteria for a qualified autism service professional to include paraprofessionals. It would also require DDS to adopt emergency regulations to address the use of behavioral health professionals and paraprofessional in group practice behavioral intervention services and it would require DDS to establish rates and the educational or experience qualifications and professional supervision requirements necessary for these positions.

I'm bringing this forward for information and discussion for the following reasons:

- 1) This bill would make DIR Floor Time services eligible for health plans to purchase as part of the Behavioral Health Treatment service.
- 2) While most regional centers have taken the position of not actively supporting Floor Time services, FDLRC has had two well established Providers that have utilize Floor Time services for about 15 years.
- 3) ARCA has taken a "no comment" position on this bill, as it tries to traverse differing opinions amongst its regional center members.

The retired director of one of our Floor Time providers has requested FDLRC write a letter of support. I believe this warrants discussion. I've included a copy of SB 805, background information from the Floor Time advocates and a possible draft letter; looking forward to discussing further.

Date

Honorable Antonio Portantino
California State Senate, 25th District
State Capitol, Room 3086
Sacramento, California 95814

RE: SB 805 – Support

Dear Senator Portantino,

Lanterman Regional Center's Board of Directors has authorized me to write this letter of support of SB 805. Frank D. Lanterman Regional Center (FDLRC) is one of 21 regional centers that serve individuals with intellectual and developmental disabilities, including individuals with autism. FDLRC serves over 12,100 individuals and their families residing in the cities of Pasadena, Burbank, Glendale and the central Los Angeles city area. For over 25 years FDLRC has provided both behavioral and developmental services to the families we serve. Families are offered a choice, so that they can select the approach that is best suited for their child and family. We fund developmental services up to 21 years of age and have seen individuals make excellent progress and with high levels of satisfaction from families. We strongly endorse the idea that families should have a choice in the type of behavioral health treatment used for their child.

FDLRC supports SB 805, which will allow insurance companies to provide all forms of evidence-based behavioral health treatment for autism. Current legislation limits insurance to funding only one form of behavioral health treatment, namely Applied Behavioral Analysis ("ABA"). Individuals with autism are unique and each needs access to the form of behavioral health treatment best suited to their needs. It is important that all children receive individualized care. SB 805 would ensure that only evidence-based treatments are used, and that they are prescribed and supervised by licensed providers. . It will also be important to ensure those providers are properly trained, which can be addressed, with stakeholder input, in the future. Thank you for sponsoring this important legislation so families may receive the specific services their loved one needs.

Respectfully,

Melinda Sullivan
Executive Director
Msullivan@lanterman.org



Bill Text: CA SB805 | 2023-2024 | Regular Session | Amended California Senate Bill 805

Bill Title: Health care coverage: pervasive developmental disorders or autism.

Spectrum: Partisan Bill (Democrat 1-0)

Status: (Engrossed) 2023-07-12 - From committee: Do pass and re-refer to Com. on APPR. (Ayes 7. Noes 0.) (July 11). Re-referred to Com. on APPR. [SB805 Detail]

Download: California-2023-SB805-Amended.html

AMENDED IN SENATE APRIL 24, 2023

AMENDED IN SENATE MARCH 22, 2023

CALIFORNIA LEGISLATURE— 2023–2024 REGULAR SESSION

SENATE BILL

NO. 805

Introduced by Senator Portantino

February 17, 2023

An act to amend Section 1374.73 of the Health and Safety Code, to amend Section 10144.51 of the Insurance Code, and to add Section 4686.4 to the Welfare and Institutions Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

SB 805, as amended, Portantino. Health care coverage: pervasive developmental disorders or autism.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or a health insurance policy to provide coverage for behavioral health treatment for pervasive developmental disorder or autism, and defines "behavioral health treatment" to mean specified services and treatment programs, including treatment provided pursuant to a treatment plan that is prescribed by a qualified autism service provider and administered either by a qualified autism service provider or by a qualified autism service professional or qualified autism service paraprofessional who is supervised as specified. Existing law defines a "qualified autism service professional" to refer to a person who meets specified educational, training, and other requirements and is supervised and employed by a qualified autism service provider. Existing law defines a "qualified autism service paraprofessional" to mean an unlicensed and uncertified individual who meets specified educational, training, and other criteria, is supervised by a qualified autism service provider or a qualified autism service professional, and is employed by the qualified autism service provider.

This bill would expand the criteria for a qualified autism service professional to include a behavioral health professional and ~~a registered, certified, or licensed health care associate or assistant, as specified.~~ a psychology associate, an associate marriage and family therapist, an associate clinical social worker, or an associate professional clinical counselor, as specified. The bill would expand the criteria for a qualified autism service paraprofessional to include a behavioral health paraprofessional, as specified.

Existing law, the Lanterman Developmental Disabilities Services Act, requires the State Department of Developmental Services to contract with regional centers to provide services and supports to individuals with developmental disabilities and their families. Existing law defines developmental disability for these purposes to include, among other things, autism.

This bill would require the department to adopt emergency regulations to address the use of behavioral health professionals and behavioral health paraprofessionals in group practice provider behavioral intervention services. The bill would require the department to establish rates and the educational or experiential qualifications and professional supervision requirements necessary for these positions to provide behavioral intervention services, as specified.

Because a willful violation of the bill's provisions by a health care service plan would be a crime, it would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Digest Key

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: yes

Bill Text

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 1374.73 of the Health and Safety Code is amended to read:

1374.73. (a) (1) Every health care service plan contract that provides hospital, medical, or surgical coverage shall also provide coverage for behavioral health treatment for pervasive developmental disorder or autism no later than July 1, 2012. The coverage shall be provided in the same manner and shall be subject to the same requirements as provided in Section 1374.72.

(2) Notwithstanding paragraph (1), as of the date that proposed final rulemaking for essential health benefits is issued, this section does not require any benefits to be provided that exceed the essential health benefits that all health plans will be required by federal regulations to provide under Section 1302(b) of the federal Patient Protection and Affordable Care Act (Public Law 111-148), as amended by the federal Health Care and Education Reconciliation Act of 2010 (Public Law 111-152).

(3) This section shall not affect services for which an individual is eligible pursuant to Division 4.5 (commencing with Section 4500) of the Welfare and Institutions Code or Title 14 (commencing with Section 95000) of the Government Code.

(4) This section shall not affect or reduce any obligation to provide services under an individualized education program, as defined in Section 56032 of the Education Code, or an individual service plan, as described in Section 5600.4 of the Welfare and Institutions Code, or under the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.) and its implementing regulations.

(b) Every health care service plan subject to this section shall maintain an adequate network that includes qualified autism service providers who supervise or employ qualified autism service professionals or paraprofessionals who provide and administer behavioral health treatment. A health care service plan is not prevented from selectively contracting with providers within these requirements.

(c) For the purposes of this section, the following definitions shall apply:

(1) "Behavioral health treatment" means professional services and treatment programs, including applied behavior analysis and evidence-based behavior intervention programs, that develop or restore, to the maximum extent practicable, the functioning of an individual with pervasive developmental disorder or autism and that meet all of the following criteria:

(A) The treatment is prescribed by a physician and surgeon licensed pursuant to Chapter 5 (commencing with Section 2000) of, or is developed by a psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900) of, Division 2 of the Business and Professions Code.

(B) The treatment is provided under a treatment plan prescribed by a qualified autism service provider and is administered by one of the following:

(i) A qualified autism service provider.

(ii) A qualified autism service professional supervised by the qualified autism service provider.

(iii) A qualified autism service paraprofessional supervised by a qualified autism service provider or qualified autism service professional.

(C) The treatment plan has measurable goals over a specific timeline that is developed and approved by the qualified autism service provider for the specific patient being treated. The treatment plan shall be reviewed no less than once every six months by the qualified autism service provider and modified whenever appropriate, and shall be consistent with Section 4686.2 of the Welfare and Institutions Code pursuant to which the qualified autism service provider does all of the following:

(i) Describes the patient's behavioral health impairments or developmental challenges that are to be treated.

(ii) Designs an intervention plan that includes the service type, number of hours, and parent participation needed to achieve the plan's goal and objectives, and the frequency at which the patient's progress is evaluated and reported.

(iii) Provides intervention plans that utilize evidence-based practices, with demonstrated clinical efficacy in treating pervasive developmental disorder or autism.

(iv) Discontinues intensive behavioral intervention services when the treatment goals and objectives are achieved or no longer appropriate.

(D) The treatment plan is not used for purposes of providing or for the reimbursement of respite, day care, or educational services and is not used to reimburse a parent for participating in the treatment program. The treatment plan shall be made available to the health care service plan upon request.

(2) "Pervasive developmental disorder or autism" shall have the same meaning and interpretation as used in Section 1374.72.

(3) "Qualified autism service provider" means either of the following:

(A) A person who is certified by a national entity, such as the Behavior Analyst Certification Board, with a certification that is accredited by the National Commission for Certifying Agencies, and who designs, supervises, or provides treatment for pervasive developmental disorder or autism, provided the services are within the experience and competence of the person who is nationally certified.

(B) A person licensed as a physician and surgeon, physical therapist, occupational therapist, psychologist, marriage and family therapist, educational psychologist, clinical social worker, professional clinical counselor, speech-language pathologist, or audiologist pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code, who designs, supervises, or provides treatment for pervasive developmental disorder or autism, provided the services are within the experience and competence of the licensee.

(4) "Qualified autism service professional" means an individual who meets all of the following criteria:

(A) Provides behavioral health treatment, which may include clinical case management and case supervision under the direction and supervision of a qualified autism service provider.

(B) Is supervised by a qualified autism service provider.

(C) Provides treatment pursuant to a treatment plan developed and approved by the qualified autism service provider.

(D) Is either of the following:

(i) A behavioral service provider who meets the education and experience qualifications described in Section 54342 of Title 17 of the California Code of Regulations for an Associate Behavior Analyst, Behavior Analyst, Behavior Management Assistant, Behavior Management Consultant, *or* Behavior Management Program, or meets the criteria set forth in the regulations adopted pursuant to subdivision (a) of Section 4686.4 of the Welfare and Institutions Code for a behavioral health professional.

~~(ii) A registered, certified, or licensed health care "associate" or "assistant" regulated by the Board of Psychology, the Board of Behavioral Sciences, or the California Board of Occupational Therapy, as defined in the Business and Professions Code, and supervised by a qualified autism service provider licensed and practicing in the associate's or assistant's field of medicine under any and all applicable statutory or regulatory supervisory requirements.~~

(ii) A psychology associate, an associate marriage and family therapist, an associate clinical social worker, or an associate professional clinical counselor, as defined and regulated by the Board of Behavioral Sciences or the Board of Psychology.

(E) Has training and experience in providing services for pervasive developmental disorder or autism pursuant to Division 4.5 (commencing with Section 4500) of the Welfare and Institutions Code or Title 14 (commencing with Section 95000) of the Government Code.

(F) Is employed by the qualified autism service provider or an entity or group that employs qualified autism service providers responsible for the autism treatment plan.

(5) "Qualified autism service paraprofessional" means an unlicensed and uncertified individual who meets all of the following criteria:

(A) Is supervised by a qualified autism service provider or qualified autism service professional at a level of clinical supervision that meets professionally recognized standards of practice.

(B) Provides treatment and implements services pursuant to a treatment plan developed and approved by the qualified autism service provider.

(C) Meets the education and training qualifications described in Section 54342 of Title 17 of the California Code of Regulations for a ~~behavior management technician (paraprofessional)~~ *Behavior Management Technician (Paraprofessional)* or meets the criteria set forth in the regulations adopted pursuant to subdivision (b) of Section 4686.4 of the Welfare and Institutions Code for a Behavioral Health Paraprofessional.

(D) Has adequate education, training, and experience, as certified by a qualified autism service provider or an entity or group that employs qualified autism service providers.

(E) Is employed by the qualified autism service provider or an entity or group that employs qualified autism service providers responsible for the autism treatment plan.

(d) This section shall not apply to the following:

- (1) A specialized health care service plan that does not deliver mental health or behavioral health services to enrollees.
- (2) A health care service plan contract in the Medi-Cal program (Chapter 7 (commencing with Section 14000) of Part 3 of Division 9 of the Welfare and Institutions Code).

(e) This section does not limit the obligation to provide services under Section 1374.72.

(f) As provided in Section 1374.72 and in paragraph (1) of subdivision (a), in the provision of benefits required by this section, a health care service plan may utilize case management, network providers, utilization review techniques, prior authorization, copayments, or other cost sharing.

SEC. 2. Section 10144.51 of the Insurance Code is amended to read:

10144.51. (a) (1) Every health insurance policy shall also provide coverage for behavioral health treatment for pervasive developmental disorder or autism no later than July 1, 2012. The coverage shall be provided in the same manner and shall be subject to the same requirements as provided in Section 10144.5.

(2) Notwithstanding paragraph (1), as of the date that proposed final rulemaking for essential health benefits is issued, this section does not require any benefits to be provided that exceed the essential health benefits that all health insurers will be required by federal regulations to provide under Section 1302(b) of the federal Patient Protection and Affordable Care Act (Public Law 111-148), as amended by the federal Health Care and Education Reconciliation Act of 2010 (Public Law 111-152).

(3) This section shall not affect services for which an individual is eligible pursuant to Division 4.5 (commencing with Section 4500) of the Welfare and Institutions Code or Title 14 (commencing with Section 95000) of the Government Code.

(4) This section shall not affect or reduce any obligation to provide services under an individualized education program, as defined in Section 56032 of the Education Code, or an individual service plan, as described in Section 5600.4 of the Welfare and Institutions Code, or under the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.) and its implementing regulations.

(b) Pursuant to Article 6 (commencing with Section 2240) of Subchapter 2 of Chapter 5 of Title 10 of the California Code of Regulations, every health insurer subject to this section shall maintain an adequate network that includes qualified autism service providers who supervise or employ qualified autism service professionals or paraprofessionals who provide and administer behavioral health treatment. A health insurer is not prevented from selectively contracting with providers within these requirements.

(c) For the purposes of this section, the following definitions shall apply:

(1) "Behavioral health treatment" means professional services and treatment programs, including applied behavior analysis and evidence-based behavior intervention programs, that develop or restore, to the maximum extent practicable, the functioning of an individual with pervasive developmental disorder or autism, and that meet all of the following criteria:

(A) The treatment is prescribed by a physician and surgeon licensed pursuant to Chapter 5 (commencing with Section 2000) of, or is developed by a psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900) of, Division 2 of the Business and Professions Code.

(B) The treatment is provided under a treatment plan prescribed by a qualified autism service provider and is administered by one of the following:

(i) A qualified autism service provider.

(ii) A qualified autism service professional supervised by the qualified autism service provider.

(iii) A qualified autism service paraprofessional supervised by a qualified autism service provider or qualified autism service professional.

(C) The treatment plan has measurable goals over a specific timeline that is developed and approved by the qualified autism service provider for the specific patient being treated. The treatment plan shall be reviewed no less than once every six months by the qualified autism service provider and modified whenever appropriate, and shall be consistent with Section 4686.2 of the Welfare and Institutions Code pursuant to which the qualified autism service provider does all of the following:

(i) Describes the patient's behavioral health impairments or developmental challenges that are to be treated.

(ii) Designs an intervention plan that includes the service type, number of hours, and parent participation needed to achieve the plan's goal and objectives, and the frequency at which the patient's progress is evaluated and reported.

(iii) Provides intervention plans that utilize evidence-based practices, with demonstrated clinical efficacy in treating pervasive developmental disorder or autism.

(iv) Discontinues intensive behavioral intervention services when the treatment goals and objectives are achieved or no longer appropriate.

(D) The treatment plan is not used for purposes of providing or for the reimbursement of respite, day care, or educational services and is not used to reimburse a parent for participating in the treatment program. The treatment plan shall be made available to the insurer upon request.

(2) "Pervasive developmental disorder or autism" shall have the same meaning and interpretation as used in Section 10144.5.

(3) "Qualified autism service provider" means either of the following:

(A) A person who is certified by a national entity, such as the Behavior Analyst Certification Board, with a certification that is accredited by the National Commission for Certifying Agencies, and who designs, supervises, or provides treatment for pervasive developmental disorder or autism, provided the services are within the experience and competence of the person who is nationally certified.

(B) A person licensed as a physician and surgeon, physical therapist, occupational therapist, psychologist, marriage and family therapist, educational psychologist, clinical social worker, professional clinical counselor, speech-language pathologist, or audiologist pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code, who designs, supervises, or provides treatment for pervasive developmental disorder or autism, provided the services are within the experience and competence of the licensee.

(4) "Qualified autism service professional" means an individual who meets all of the following criteria:

(A) Provides behavioral health treatment, which may include clinical case management and case supervision under the direction and supervision of a qualified autism service provider.

(B) Is supervised by a qualified autism service provider.

(C) Provides treatment pursuant to a treatment plan developed and approved by the qualified autism service provider.

(D) Is either of the following:

(i) A behavioral service provider who meets the education and experience qualifications described in Section 54342 of Title 17 of the California Code of Regulations for an Associate Behavior Analyst, Behavior Analyst, Behavior Management Assistant, Behavior Management Consultant, or Behavior Management Program, or meets the criteria set forth in the regulations adopted pursuant to subdivision (a) of Section 4686.4 of the Welfare and Institutions Code for a behavioral health professional.

~~(ii) A registered, certified, or licensed health care "associate" or "assistant" regulated by the Board of Psychology, the Board of Behavioral Sciences, or the California Board of Occupational Therapy, as defined in the Business and Professions Code, and supervised by a qualified autism service provider licensed and practicing in the associate's or assistant's field of medicine under any and all applicable statutory or regulatory supervisory requirements.~~

(ii) A psychology associate, an associate marriage and family therapist, an associate clinical social worker, or an associate professional clinical counselor, as defined and regulated by the Board of Behavioral Sciences or the Board of Psychology.

(E) Has training and experience in providing services for pervasive developmental disorder or autism pursuant to Division 4.5 (commencing with Section 4500) of the Welfare and Institutions Code or Title 14 (commencing with Section 95000) of the Government Code.

(F) Is employed by the qualified autism service provider or an entity or group that employs qualified autism service providers responsible for the autism treatment plan.

(5) "Qualified autism service paraprofessional" means an unlicensed and uncertified individual who meets all of the following criteria:

(A) Is supervised by a qualified autism service provider or qualified autism service professional at a level of clinical supervision that meets professionally recognized standards of practice.

(B) Provides treatment and implements services pursuant to a treatment plan developed and approved by the qualified autism service provider.

(C) Meets the education and training qualifications described in Section 54342 of Title 17 of the California Code of Regulations for a Behavior Management Technician (Paraprofessional) or meets the criteria set forth in the regulations adopted pursuant to subdivision (b) of Section 4686.4 of the Welfare and Institutions Code for a behavioral health paraprofessional.

(D) Has adequate education, training, and experience, as certified by a qualified autism service provider or an entity or group that employs qualified autism service providers.

(E) Is employed by the qualified autism service provider or an entity or group that employs qualified autism service providers responsible for the autism treatment plan.

(d) This section shall not apply to the following:

(1) A specialized health insurance policy that does not cover mental health or behavioral health services or an accident only, specified disease, hospital indemnity, or Medicare supplement policy.

(2) A health insurance policy in the Medi-Cal program (Chapter 7 (commencing with Section 14000) of Part 3 of Division 9 of the Welfare and Institutions Code).

(e) This section does not limit the obligation to provide services under Section 10144.5.

(f) As provided in Section 10144.5 and in paragraph (1) of subdivision (a), in the provision of benefits required by this section, a health insurer may utilize case management, network providers, utilization review techniques, prior authorization, copayments, or other cost sharing.

SEC. 3. Section 4686.4 is added to the Welfare and Institutions Code, to read:

4686.4. (a) The department shall adopt emergency regulations to address the use of behavioral health professionals in group practice provider behavioral intervention services and establish a rate. The regulations shall also establish a rate and the educational or experiential qualifications and professional supervision requirements necessary for the behavioral health professional to provide behavioral intervention services. The adoption, amendment, repeal, or readoption of a regulation authorized by this section is deemed to be necessary for the immediate preservation of the public peace, health and safety, or general welfare, for purposes of Sections 11346.1 and 11349.6 of the Government Code, and the department is hereby exempted from the requirement that it describe specific facts showing the need for immediate action. A certificate of compliance for these implementing regulations shall be filed within 24 months following the adoption of the first emergency regulations filed pursuant to this section.

(b) The department shall adopt emergency regulations to address the use of behavioral health paraprofessionals in group practice provider behavioral intervention services and establish a rate. The regulations shall also establish a rate and the educational or experiential qualifications and professional supervision requirements necessary for the behavioral health paraprofessional to provide behavioral intervention services. The adoption, amendment, repeal, or readoption of a regulation authorized by this section is deemed to be necessary for the immediate preservation of the public peace, health and safety, or general welfare, for purposes of Sections 11346.1 and 11349.6 of the Government Code, and the department is hereby exempted from the requirement that it describe specific facts showing the need for immediate action. A certificate of compliance for these implementing regulations shall be filed within 24 months following the adoption of the first emergency regulations filed pursuant to this section.

SEC. 4. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

Insurance Coverage for Autism Services

SB 805

Health Care Coverage
for Autism

1

2011: SB 946, health plans to cover “Behavioral Health Treatment” for PDD & Autism

“‘Behavioral health treatment’ means professional services and treatment programs, including applied behavior analysis and evidence-based behavior intervention programs,”

2

1

What are forms of treatment for autism?

- Behavioral including various forms of ABA
- Behavioral blended developmental and behavioral such as Project Impact, SCERTS, ESDM and others
- Developmental such as DIRFloortime, PLAY Project, PACT, VIPP and others

3

The problem

- Although SB946 requires insurance coverage for “evidence-based behavioral health programs”, in the definition of provider/professional/paraprofessional, it limits who can deliver those programs to only one form of intervention (Applied Behavior Analysis).

4

Who are the trusted research sources?

- National Clearinghouse on Autism Evidence and Practice 2020
- Evidence-based practice: naturalistic interventions and parent-implemented interventions, both behavioral and developmental,
- Steinbrenner, J. R., Hume, K., Odom, S. L., Morin, K. L., Nowell, S. W., Tomaszewski, B., ... & Savage, M. N. (2020). Evidence-Based Practices for Children, Youth, and Young Adults with Autism. *FPG Child Development Institute*.

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Project AIM Autism Intervention Meta-analysis 2020 *A collaboration of 4 independent major universities*

"States with insurance mandates that explicitly cover traditional behavioral interventions should furthermore revise their policies to also include NDBI and developmental approaches given that these approaches have now accrued substantial evidence for effects in young children on the autism spectrum from recently published RCTs."

International Society for Autism Research INSAR Award

Sandbank, M., Bottema-Beutel, K., Crowley, S., Cassidy, M., Dunham, K., Feldman, J. I., ... & Woynaroski, T. G. (2020). Project AIM: Autism intervention meta-analysis for studies of young children. *Psychological Bulletin*, 146(1), page 1.

NDBI = Naturalistic Developmental Behavioral Intervention (blended approaches)

RCT = Randomized Controlled Trial

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Systematic Review

- Practices that met criteria for being Evidence-based: naturalistic interventions, and parent-implemented interventions, both behavioral and developmental,

Hume, K., Steinbrenner, J. R., Odom, S. L., Morin, K. L., Nowell, S. W., Tomaszewski, B., ... & Savage, M. N. (2021). Evidence-based practices for children, youth, and young adults with autism: Third generation review. *Journal of Autism and Developmental Disorders*, 51(11), 4013-4032.

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Parent Implemented Intervention

- Both developmental and behavioral are effective
- Cheng, W. M., Smith, T. B., Butler, M., Taylor, T. M., & Clayton, D. (2022). Effects of parent-implemented interventions on outcomes of children with autism: a meta-analysis. *Journal of Autism and Developmental Disorders*, 1-17.
<https://doi.org/10.1007/s10803-022-05688-8>

8

An Umbrella Review

There was evidence for positive effects on a range of child outcomes for ..
Developmental interventions...

“The findings reaffirm the common assertion that there is no evidence for a single best intervention for all autistic children.”

Trembath, D., Varcin, K., Waddington, H., Sulek, R., Bent, C., Ashburner, J., ... & Whitehouse, A. (2022). Non-pharmacological interventions for autistic children: An umbrella review. *Autism*, 13623613221119368.

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American Academy of Pediatrics Guidance 2020

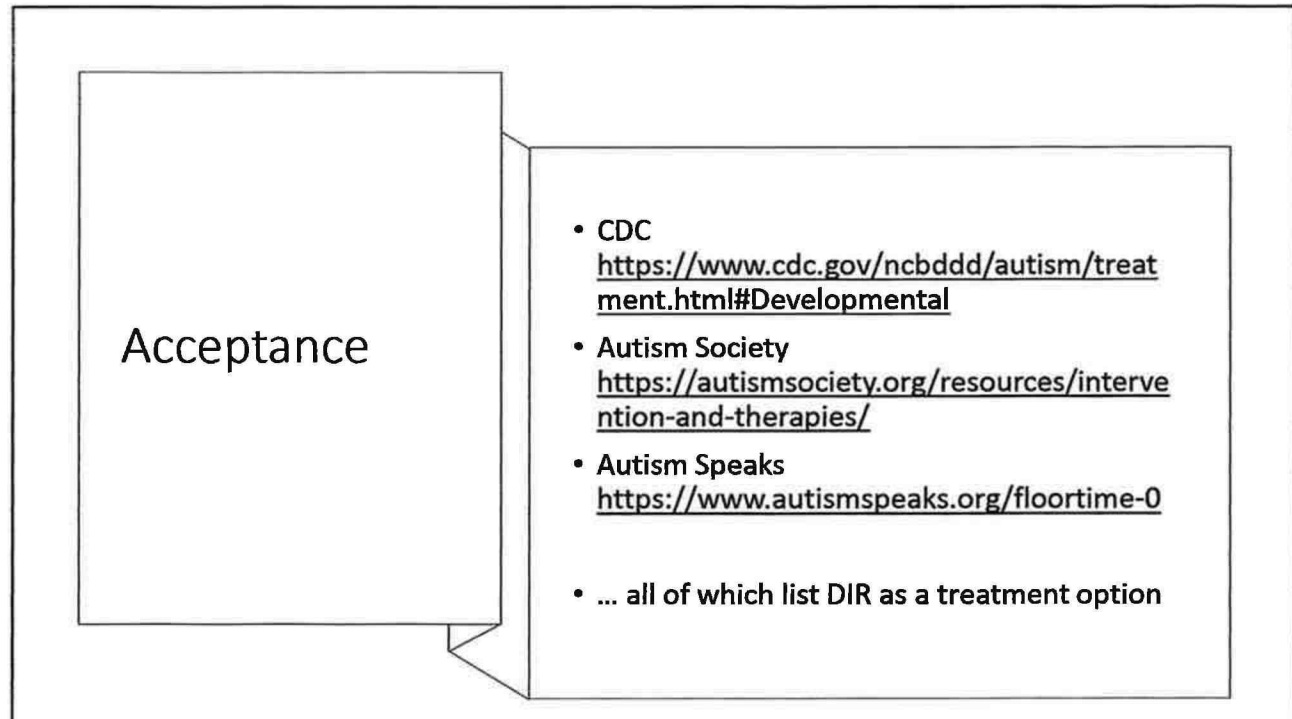
- **“Developmental Relationship–Focused Interventions**

Intervention for young children also may be derived from developmental theory, which is focused on the relationship between the caregiver’s level of responsiveness and the child’s development of social communication.

One such approach is known as DIRFloortime (The Developmental, Individual Differences, and Relationship-Based model).”

Hyman, S. L., Levy, S. E., Myers, S. M., Kuo, D. Z., Apkon, S., Davidson, L. F., ... & Bridgemohan, C. (2020). Identification, evaluation, and management of children with autism spectrum disorder. *Pediatrics*, 145(1).

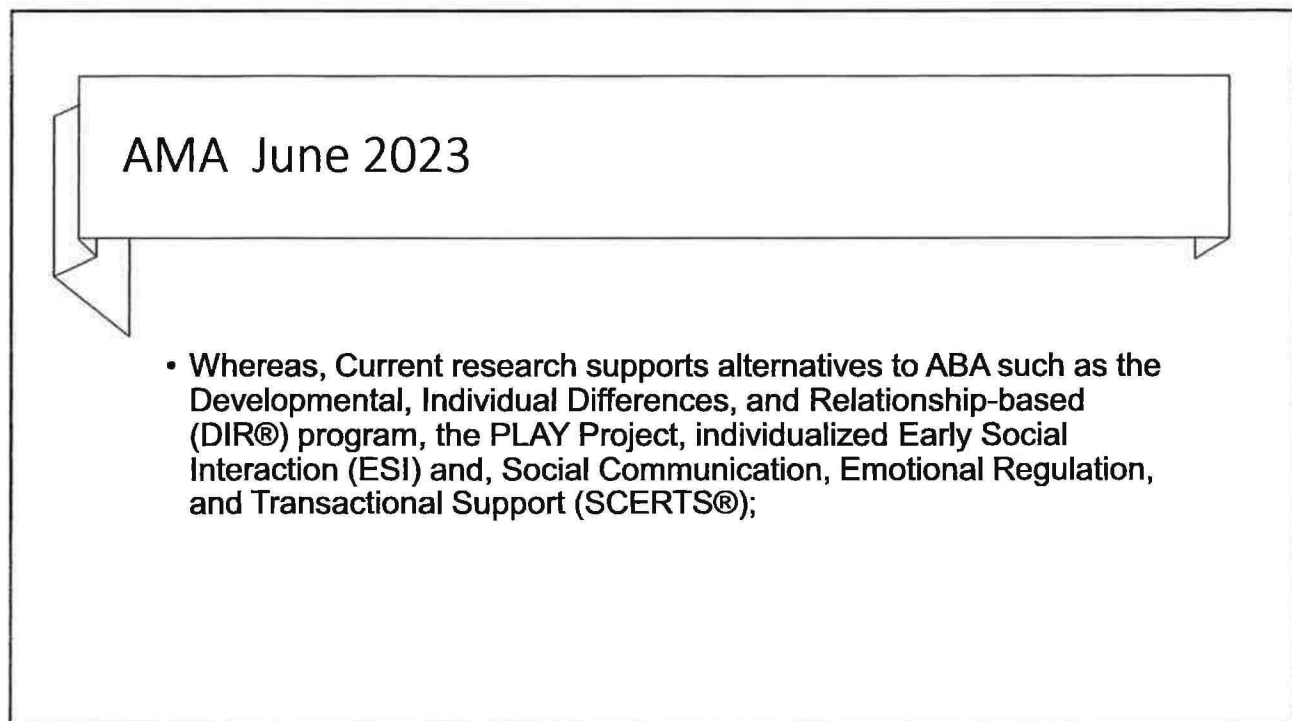
10



Acceptance

- CDC
<https://www.cdc.gov/ncbddd/autism/treatment.html#Developmental>
- Autism Society
<https://autismsociety.org/resources/intervention-and-therapies/>
- Autism Speaks
<https://www.autismspeaks.org/floortime-0>
- ... all of which list DIR as a treatment option

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AMA June 2023

- Whereas, Current research supports alternatives to ABA such as the Developmental, Individual Differences, and Relationship-based (DIR®) program, the PLAY Project, individualized Early Social Interaction (ESI) and, Social Communication, Emotional Regulation, and Transactional Support (SCERTS®);

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Developmental, relationship-based, parent implemented approaches

Many developmental programs are already being provided in California and funded by Regional Centers and private pay.

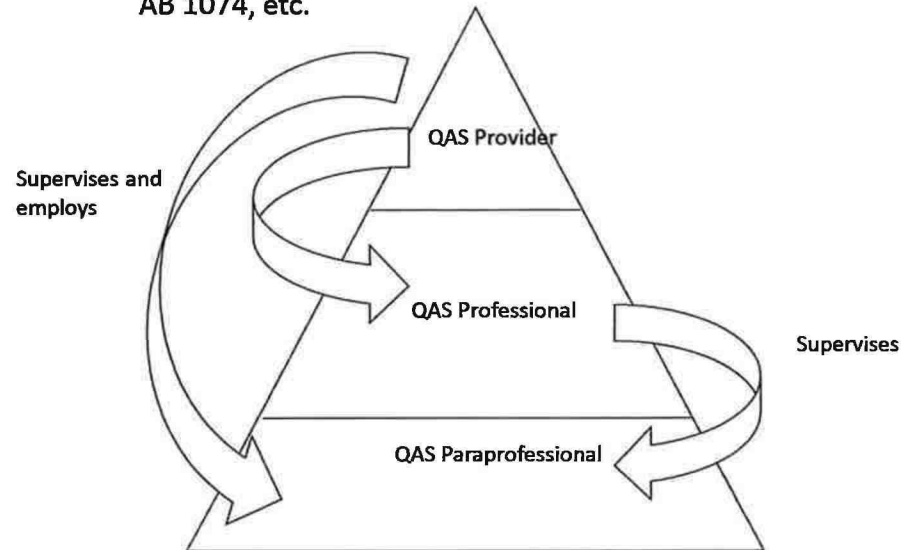
Developmental programs are now covered by insurance in AZ, NJ, MN

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Question of professional standards, training and qualifications

14

Behavioral Health treatment programs per SB 946,
AB 1074, etc.



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Current BHT is limited because of the definition of qualified personnel
These (highlighted) are defined as providers of ABA only

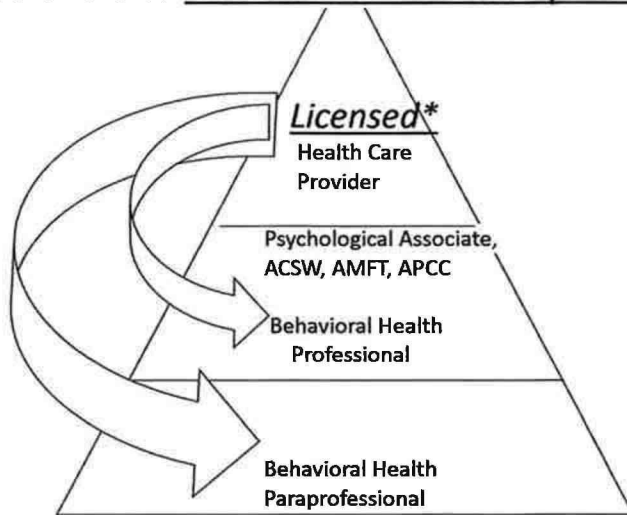
(everyone except licensed providers)

*BCBA= Board certified
Behavior Analyst;
certified by the
Behavior Analyst
Certification Board



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- Need to add Qualified Professionals and
 ▷ Paraprofessionals to work under licensed provider



*Licensed by CA discipline-specific professional board

17

Current law does not allow evidence-based practice

- The current system of insurance only allows for one form of treatment thereby eliminating clinical judgement and consideration of individual characteristics.
- Licensed professionals should be able to prescribe the form of treatment which they determine is best for their clients
- The current system of insurance coverage does not allow choice in BHT, therefore currently it does not allow evidence-based practice or informed consent.

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Conclusion

- There are multiple forms of evidence-based BHT
- Individuals with Autism deserve to have the form of BHT that is best suited to their individual needs, without barriers to access.
- It was always the intent of the legislature to be inclusive of all forms of evidence-based treatments, both current and as new interventions are developed

Support

California Psychological Association

DIR/Floortime Coalition of California

Disability Voices United

San Diego Academy of Child and Adolescent Psychiatry

Easter Seals - Northern California

Fresno City College

Autism and Mental Health Insurance Project

Institute for Girls' Development

Child Development Institute

Professional Child Development Associates

Center for Developmental Play & Learning

Touchstone Family Development Center

Positive Development

Greenhouse Therapy Center

Center for Connection

Therapeeps Occupational Therapy

Cherry Crisp Productions

Quicksilver Software

Disability Rights CA

Children's Hospital Los Angeles

State Council on Developmental Disabilities

Opposition

California Association for Behavior Analysis