

**Using Behavior Analysts and Assistant Behavior Analysts**  
**in the Part C Early Intervention System:**  
**Questions & Answers**

- 1. There are several layers of practitioners that provide behavior analysis services. What levels would we be utilizing for Part C services? Will they be certified as EI Professionals or EI Specialists?**

*In the new Virginia regulations for Part C early intervention, two disciplines have been added to the list of personnel that can apply for early intervention certification: Board Certified Behavior Analysts (BCBAs) and Board Certified Assistant Behavior Analysts (BCaBAs). Board Certified Behavior Analysts may apply for certification as Early Intervention Professionals; Board Certified Assistant Behavior Analysts, as Early Intervention Specialists.*

- 2. Will they be reimbursement category 1 or 2?**

*Both behavior analysts and assistant behavior analysts are in reimbursement category 2.*

- 3. I did not see applied behavior analysis (ABA) on the list of entitled Part C services. What service would be listed on the IFSP?**

*Developmental Services would be the service listed on the IFSP. To the extent appropriate, ABA or ABA techniques would be listed as the intervention (treatment procedures and/or modalities).*

- 4. How will all of this impact provider choice? Since ABA is not an entitled service, local systems would not be required to contract/hire BCBAs, correct? If the service they provide is Developmental Services, we wouldn't be required to make a BCBA available, correct?**

*As indicated in the Virginia regulations at 12VAC35-225-210.G, local lead agencies are expected to have agreements or contracts with as many early intervention service providers as possible in order to meet the needs of all children and families they serve and must allow families to have access to any certified early intervention service provider in the family's payer network who agrees to comply with all Part C requirements and is working in the local early intervention system area. Under Part C, we are required to provide services that meet the family's need for support in order to achieve the outcomes they want for their child and family. In some cases, a behavior analyst or assistant behavior analyst may be the most appropriate person to do that. Remember, though, the choice of provider should consider not only the practitioner's discipline but also their individual skills and experience and how those match with the individual needs of this specific family and child. Unless the IFSP team determines that only a behavior analyst or assistant behavior analyst can meet an individual child and family's needs (i.e., can support and assist the family in meeting the IFSP outcomes), the local system is not obligated to make a BCBA or BCaBA available.*

- 5. There are a lot of questions about exactly what this service would like: I would appreciate much information and guidance on how to integrate a direct, high frequency service into Part C for our little guys and when would it be appropriate. It would be helpful to receive current research and information about the use of ABA with very young children - is there a "youngest age" that it is recommended and that it demonstrates positive outcomes? Since there are differences in how and when doctors in Virginia diagnose autism and recommend ABA, could Part C provide more information and guidance about when it would be specifically recommended? Typical ABA services tend to run 10-20 hours per week. Although we must be "individualized," in order to**

**ensure the EI philosophy, can we either through training or policy, implement an upper limit of services provided? Would Coaching be used by behavior analysts? Would the expectation be that the Primary Provider Model would continue to be encouraged?**

*The addition of BCBAs and BCaBAs to the group of disciplines that can be certified and provide early intervention services does not change how early intervention services are identified or provided. As part of the early intervention certification process, behavior analysts and assistant behavior analysts who want to provide services in the Infant & Toddler Connection of Virginia system will be required to sign and follow the same assurances as all providers. That means they will plan and deliver services as members of teams, will use coaching and natural learning environment practices, adhere to the principles of early intervention, follow the Practice Manual, etc.*

*Although we will be updating it to reflect current statistics, the Infant & Toddler Connection of Virginia guidance document, "Supporting Young Children with Autism Spectrum Disorders and their Families" (January 2012), is an excellent resource on the evidence base and recommendations related to services for children with autism and their families. This document is on our website at <http://www.infantva.org/documents/pr-PartC-ASD-Guidance.pdf>. One important reminder included in the guidance document, is that the high frequency of intervention support recommended for children with autism spectrum disorders does not mean a high frequency of professional service delivery is required. The 25 hours per week of intervention support recommended by the National Resource Council can include support by the service provider during the intervention visit as well as the support family members and caregivers provide as they implement intervention strategies into their daily routines. If service providers are working closely with families and other caregivers to ensure that they are able to use effective strategies to address IFSP outcomes during daily routines, then children could potentially be receiving much more than 25 hours per week of support.*

**6. If we use BCBAs and BCaBAs to provide Developmental Services, can we access private insurance for their "ABA" therapy?**

*This is an issue we are still exploring. We know that private insurance will not cover developmental services, and we would need to look at how we might reference ABA on the IFSP in order to get coverage. Virginia's autism mandate does not cover all children or ages. The mandate now covers children ages 2 to 10 years. Commonwealth Autism and service providers are reporting that private insurance will only pay for OT, PT or SLP services for children with autism. They are not covering ABA because they do not consider it a medical service. We will continue to research this issue and provide additional guidance as we move forward.*

**7. If the parent disagrees with a team ABA decision, do we need to document we have given the parent the way to pursue an Administrative Complaint?**

*The parent should be given information about their dispute resolution options any time they disagree with the rest of the team regarding services for their child and family and that disagreement cannot be resolved locally.*

**8. Knowing what a budget implication this could be, what are the long term plans to fund systems? What happens if a system runs out of money funding a higher intensity level of service for children for ABA or any other service?**

*Since the services provided by BCBAs and BCaBAs will be provided within the context of early intervention principles and practices, including coaching and supporting families and using*

*natural learning environment practices, the higher frequency or length of services that typically comes to mind when we hear ABA is not a given result of adding these providers to our system. The decision about the type, frequency and length of early intervention services will still be individualized and based on the kinds of questions outlined in Chapter 7 of the Practice Manual (page 3). In addition, the frequency/length of intervention support needed by the child does not equate to the frequency/length of the service that must be provided by the service provider. The intervention support received by the child includes support by the service provider during the intervention visit as well as the support family members and caregivers provide as they implement intervention strategies during their daily routines and activities.*

*Our ability to request additional funding for the early intervention system depends on data that demonstrates the need. Local system managers should be documenting and reporting to the state office any increases in expenses.*

**9. What is the timeline for the new regulations?**

*The new Virginia regulations for Part C early intervention were published and effective on December 29, 2014. The Infant & Toddler Connection of Virginia state office and technical assistance consultants are available to answer questions and support local systems as they consider the role of behavior analysts and assistant behavior analysts in their local early intervention system.*