the LOVAAS CENTER
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To Whom It May Concern:

Background

My name is Erik Lovaas and I am President of The Lovaas Center with corporate headquarters located in Las Vegas. The Lovaas Center has served children across the United States, Canada, Mexico, Aruba, Anguilla and Spain. We have been board members on the Training, Certification and Applied Behavior Analysis Subcommittee and Best Practice Guidelines Subcommittee for the Nevada Department of Health and Human Services, board members on the Autism Coalition of Nevada (ACON), Families for Effective Autism of Southern Nevada (FEAT), Nevada PEP 360 Program, have provided expert witness testimony across the US, and conducted news and TV interviews.

Treatment Models

Historically UCLA offered two treatment models; a Parent-Directed "Workshop Model" where interventionists were hired by the parents, and a "Clinic Model" where interventionists were hired by UCLA. In 1998 Clark County School District (CCSD) contracted with UCLA and implemented a Workshop Model, as it was a cost effective model. In 2006 The Lovaas Center contracted with CCSD, and later with Washoe County School District (WCSD) using the Parent Directed Model. Over the course of 20 years, it is safe to say the State of Nevada saved tens of millions of dollars. Long-term outcome data has demonstrated the Workshop and Clinic Model to be equally effective as indicated by Sallows & Graupner's 2005 study "Intensive Behavioral Treatment for Children With Autism: Four-Year Outcome and Predictors."

RBT Bottleneck

In order to serve ATAP children, The Lovaas Center is going to have to hire approximately 200 Registered Behavior Technician (RBT). Each RBT costs the agency approximately $1,100 for their training, certification and testing fees. This does not take into account the fail rate that is almost 20%. Each RBT has to complete a 40-hour training, be supervised by a Board Certified Behavior Analyst (BCBA), complete restraint training, CPR training, get finger printing and background check, submit to a physical for health insurance, and pass a proctored test which as of today has at least a two-month waiting list. It's a lot of stuff the potential RBT has to accomplish before being hired, and a major expense for the agency.

Unrealistic Reimbursement Rate

The current Medicaid established hourly rate for the RBT cannot recoup the cost associated with credential in a timeframe that make good business sense or cover their non-billable time when paying our average hourly rate to RBTs and experienced interventionists. Therefore, The Lovaas Center regrettable is not enrolling as a Medicaid provider.

Before proceeding, we are exceptionally grateful for the time and effort each person has invested in helping the autism community. In 20-years, the State of Nevada has gone from no funding, to funding on a massive scale. Obviously there will be growing pains. As Behavior Analysts, we have taken an oath to advocate for our clients, and as an agency we must convey to the community the problems we are facing in trying to implement the changes. Our apologies if we are stepping on toes, please know we are detailing problems and possible solutions.

Medicaid

Operationally it would make more sense to implement the RBT requirement for new Medicaid children, the children starting services, and not disrupt services for those currently receiving services. Today there are close to 1,879 of Medicaid eligible children with autism not getting services. The parents, providers and state are already heavily invested in these children, and research has clearly indicated arbitrary termination of services will lead to regression (Lovaas, Koegel, Simmons & Long 1973 Some generalization and follow-up measures on autistic children in behavior therapy). The term "gap in service" has been used to convey to parents they are losing their program. Medicaid cannot have any knowledge, or give promise of when they will be picked up again. It could be weeks, but it also could be years. Imagine a situation where a child was getting a proven life or death cancer treatment, and a new credential was placed on those working in the hospital. Would it be ethical to end the treatment because of the credential?

ATAP

The Autism Treatment Assistance Program has had a viable and much appreciated program for many years. Parents have had the option to pick different treatment providers, and decide on Clinic Directed vs. Parent Directed programs. Parents and agencies have been happy with the services ATAP offers; the program has made a difference in every child it funded. However, the decision to match Medicaid's reimbursement rate and RBT requirement with July 2016 rollout date has made the already described Medicaid issues go from bad to worse. Parents have lost the option of having a Parent Directed program; a program with a proven 20-year history, and the cost of treatment will double in price for the interventionist. Operational problems with Medicaid will also be operational problems for ATAP. From the outside looking in, it seems in the best interest of ATAP to wait and let the kinks of the Medicaid program get ironed out first; ATAP has to ensure Medicaid's operations are sound before implementing them. Having a research period to observe Medicaid's program would allow providers time to increase the RBT pool, and observe potential shortcomings that negatively affect the community.

Thank you for your time and diligence on this matter. There are children's lives at stake- Please know we are happy to field questions via phone or email.

Respectfully Submitted,
Erik Lovaas
President The Lovaas Center