

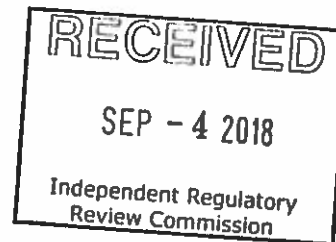
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**Champa, Heidi**

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**From:** Allie Marcus <drmarcus@myaba2day.com>  
**Sent:** Friday, August 31, 2018 9:35 PM  
**To:** Pride, Tara; PW, IBHS  
**Cc:** Rosenberger, Michelle  
**Subject:** ABA/IBHS proposal feedback  
**Attachments:** proposalobjections.docx



Thank you for your time.

Let me know if you have any questions.

Have a great weekend!

Allie Marcus Ph.D., BCBA-D, LBS  
CEO  
ABA2DAY BEHAVIOR SERVICES LLC  
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Independent Regulatory  
Review Commission

My name is Dr. Alonna Marcus and I'm the Owner and Clinical Director of ABA2DAY Behavior Services.

We currently provide services for multiple insurance companies, schools, early intervention and MA.

I understand why this proposal was developed. The state is mandated to provide ABA services to every child and adolescent with autism and at this point you are not able to meet that requirement. Unfortunately this proposal will do more harm than good.

Here are some reasons why I object to this proposal and some ideas that might be helpful.

1. Find out why the current established companies with good reputations aren't taking more MA clients. Ask why they can't expand to other areas.
2. The waiting lists are long because other funding sources are telling families that they should just go through MA for the services that were previously funded by them.
3. The other reason why the waiting lists are so long is because everyone is asking for after school hours. It might be more beneficial if the families are more willing to move around their requested times. Maybe regulations can be put in place to ensure that young children get daytime hours with a parent training component and school aged children get in school or have the option for after school hours.
4. Requiring the RBT credential is important to ensure that staff are competent and understand how to implement ABA. I would recommend 3 months after start date to receive the credential but all of the RBT training to be completed before anyone starts working with a child with autism.
5. This proposal will be a liability for the state. I have supervised many bachelors' level technicians and not one of them is qualified or experienced enough to be making a decision regarding a child with autism treatment. These staff would not be able to choose a communication system or develop programs to decrease maladaptive behavior such as self-injurious behavior or aggression. They wouldn't have the skills to develop programs or teach skill acquisition, which is an essential part to ABA. They also might not have the experience to be able to parent train or collaborate with other providers. Our current staff receives 45 hours of training before they begin servicing children. They become RBTs and

receive 8 hours of safety care training (which assists in increasing safety and decreasing escalation of maladaptive behavior to prevent restrictive procedures from being used.

6. In the proposal it states that if the direct care staff are moving from agency to agency it would save the company money because they can just transfer the training over to the other company. I do not feel comfortable accepting another agencies training. I do not know how they train their staff nor do I know if they adequately prepare them to work within the ethical guidelines of a practice. Also getting their training records from another agency would be time consuming as well as costly as we would have to hire someone to attempt to retrieve records from agencies who are also busy and don't have the time to send the paperwork to prove that they were trained. We will continue to do all initial trainings regardless of previous training by other agencies.

7. The BACB board will now allow us (nor should they) to supervise bachelor level staff developing and supervising an ABA program. We can be reported and lose our certification by doing this and therefore BCBA's will not be able to comply. This means you will have less actual real ABA programs than you have currently. I do think that every company should have a Clinical Director with a BCBA or BCBA-D with at least 5 years of experience programming for children with autism to oversee the other consultants. We have run into many issues with fixing programs that state they do ABA only to realize they did not have the experience or skill level to provide the services.

8. If rates were higher for direct therapy then the turnover would decrease because then people would make it a career instead of a stepping-stone until something better comes along. This would help staff the cases and reduce the amount of change and transition a family and child has on a regular basis when receiving behavioral services. This would also reduce the waiting list.

You are welcome to reach out to me at [drmarcus@myaba2day.com](mailto:drmarcus@myaba2day.com) to discuss the new proposal.

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