OASIS Provider Training: Implementation with the Kansas State Medicaid Early Autism Waiver

Linda Heitzman-Powell, Ph.D., B.C.B.A, Director Community Research, KUMC

Jill M. Koertner, M.A., B.C.B.A, Program Director Kansas Center for Autism Research and Training Autism Training Program

Ashley McGrath, Jessica Barr, and Emily Collins Senior Trainers

Jay Buzhardt, Co-Developer; Debra Kamps, Director, K-CART Matthew Reese, Co-Director, K-CART
Objectives

• Receive information regarding the Medicaid Waiver application process
• Receive information on provider qualifications
• Learn elements of effective professional development strategies
• Be provided with data regarding:
  • the effectiveness of the State required Provider Training
  • consumer satisfaction data with training content and skill development
  • numbers trained
  • capacity building
The Current Problem

Autism Prevalence

• Currently estimated to be 1 in 110

Treatment

• Intensive treatment requiring 25-40 hours a week of one-to-one direct intervention
  • Recommended as best practice by the Surgeon General of the United States
  • Paucity of training programs

Lack of adequate funding mechanisms
Background

HCBS/Autism Waiver is designed to be an early intensive intervention waiver

- Autism Spectrum Disorder, (ASD) including,
  - Autism,
  - Asperger Syndrome
  - Pervasive Developmental Disorders- Not -Otherwise Specified
Beneficiary Eligibility

• Diagnosis - ASD
• Age—time of diagnosis through their 5th year
• Meet Functional eligibility
  • Vineland II Survey Interview Adaptive Behavioral Scale
• Must be Medicaid Eligible
• Program Financial Eligibility
  • Only the child’s personal income and resources are considered
  • Parent’s income and resources are not counted
  • Income over $727.00 per month must be contributed towards the cost of care
Program Benefits

• Studies have indicated close to 50% of children with ASD can succeed in the regular education classroom if intensive early interventions are made available. (Lovaas 1987; McEachin, Smith, & Lovaas 1993; Sallows & Graupner, 2005)

• Others will make gains significant enough that they will only require partial or less intensive special education services.

• Children will be able to access other State Plan Services through the Medicaid card.

• Children/Families can choose their service providers.
The HCBS Medicaid Waiver Application Development

- Centers for Medicare & Medicaid Services (CMS)
  - Home and Community-Based Services (HCBS) application
- Development of a “large group” of Stakeholders
  - Identify target population
  - Identify and define the services (from Stakeholders)
  - Identify and define service providers and qualifications
  - Identify Training Needs
- Identify and assemble a smaller work group
HCBS Medicaid Waiver Development

• Small group continued work including
  • taking the large concept and putting it into practical application

• Sent application to Centers for Medicaid/Medicare Services (CMS)
  • Approval

HCBS Medicaid Waiver Development

- The small work group responsible for the identification of training components
- In order for intervention to be effective, providers must be well trained (Randell, Hall, Bizo, & Remington, 2007; Smith & Lovaas, 1998)
- It is important to use performance-based measurement to assess skill-fluency (Koegel, Russo, & Rincover, 1977; Lerman, Vorndran, Addison, & Kuhn, 2004; Sarokoff & Sturmey, 2004)
  - Knowledge of evidence-based approaches
  - Modeling, Coaching and Feedback on skill implementation
  - Exposure to Job sites currently operating
Additional Information

- The Waiver began January 01, 2008
  - 25 recipients were randomly selected
- Additional funding was received in July, 2008
  - 20 additional recipients were added
- Currently 44 receiving services (1 pending)
- Currently 254 on list should a position open
Waiver Services Provided

• Consultative Clinical and Therapeutic Services (Autism Specialist)

• Intensive Individual Supports (IIS)
  • 25 hours a week

• Respite Care

• Parent Support and Training (peer to peer)

• Interpersonal Communication Therapy

• Family Adjustment Counseling
State Approved Training

• Kansas Center for Autism Research and Training—Autism Training Program
  • Partnership
    • KUMC; KU Lawrence—Lifespan Institute; Juniper Gardens Children’s Project
  • Community Partners
    • Local
    • Regional
Autism Specialist
Interpersonal Communication
Training Structure

• **Week 1-2;4**
  • Pre-test (online) – 90% or higher
  • Web-based instruction and independent work – up to 6 hours
  • Web-based instruction – 1 hour daily
  • Post-test (online)

• **Week 3 (2 days)**
  • Web-based instruction – 1-2 hours
  • Classroom-based contact with **KUMC Autism Training staff** – 1-2 hours daily
    • Experiential Training with children with ASD in the clinic
    • Peer Networks – 2-3 hours
    • Experience with Criterion Referenced Assessments and Program Development

• Classroom-based contact with **KU staff (FA)**
Intensive Individual Supports
Provider Training Structure

- **Week 1**
  - Pre-test (online) 90% or higher
  - Web-based instruction and independent work – up to 6 hours
- **Weeks 2-4 (2 days per week)**
  - Web-based instruction – 1 hour daily
  - Classroom-based contact with **KUMC Autism Training** staff – 1-2 hours daily
  - Experiential Training with children with ASD in the clinic -- 3 hours daily
  - On-the-Job Training at collaborative agencies (1-2 sites) and/or with families in the metropolitan Kansas City and Lawrence, KS sites – 3-5 hours daily
  - Post-test (online)
Parent Support and Training (Peer to Peer) and Respite Training Structure

- **Within six months of receipt of EDS approval**
  - Pre-test (online)
  - Web-based instruction
  - Three hour workshop

**Note:** Persons interested in providing multiple levels of service complete a combination or alternative schedule of training.
## Training Schedule

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>M-F</td>
<td>M-F</td>
<td>M-F</td>
<td>M-F</td>
</tr>
<tr>
<td>8:30-9:30</td>
<td>Interactive Lecture</td>
<td>Interactive Lecture</td>
<td>Interactive Lecture</td>
</tr>
<tr>
<td>9:30-10:30</td>
<td>Interactive Lecture</td>
<td>Experiential Training</td>
<td>Experiential Training</td>
</tr>
<tr>
<td>10:30-12:00</td>
<td>Interactive Lecture</td>
<td>Experiential Training</td>
<td>Experiential Training</td>
</tr>
<tr>
<td>1:00-4:00</td>
<td>Interactive Lecture</td>
<td>On-the-Job-Training</td>
<td>On-the-Job-Training</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Areas Assessed

• Online Knowledge Acquisition
  • Pre-posttest knowledge

• On-Site Skill Acquisition
  • Application of content in hands-on sessions
  • Pre-posttest skill

• Satisfaction Survey
Online Tutorials

• Module 1: Autism and Behavioral Treatment
• Module 2: Defining and Observing Behavior
• Module 3: Principles of Behavior
• Module 4: Stimulus Control
• Module 5: Effective Teaching Strategies
• Module 6: Decreasing Behaviors: Antecedent Control
• Module 7: Decreasing Behaviors Using Consequences
• Module 8: FBA and Behavior Intervention Plans
• Module 9: Teaching Social Skills with Typical Peers
• Module 10: Putting It All Together
Online Tutorials

• Pre-test
• Interactive
  • Every 2-3 slides require active responding
• Every tutorial followed by a 20 item quiz
  • Requirement of 90% to pass
• Can take up to 3 times
IIS Online Pre test/Post test

Mastery Criterion

Percent Correct

Cohort

Pre test
Post test
Clinic/Experiential Training

• Interaction with children in controlled setting
• Skills modeled by trainers then practiced by trainees
• Trainees are rated on skill (based on task analysis)
## Skill Fluency Checklist—(Please Circle) Pre/Post Test

<table>
<thead>
<tr>
<th>Skill Fluency Checklist—(Please Circle) Pre/Post Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainee: ____________________ Observer: ______________________ Date: ___________________</td>
</tr>
</tbody>
</table>

### Structuring the Learning Environment/Conducting a Session

<table>
<thead>
<tr>
<th>Skill</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Places reinforcers out of reach of child, but close enough for immediate delivery</td>
<td>[ ]</td>
</tr>
<tr>
<td>Allows only teaching materials on the table</td>
<td>[ ]</td>
</tr>
<tr>
<td>Keeps session fast-paced (small intertrial interval)</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

### Determining Preference for Reinforcers

<table>
<thead>
<tr>
<th>Skill</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conducts a preference assessment or</td>
<td>[ ]</td>
</tr>
<tr>
<td>Offers reinforcer choice before each activity</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

### Prompts

<table>
<thead>
<tr>
<th>Skill</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Starts trial only when child is sitting appropriately and attending</td>
<td>[ ]</td>
</tr>
<tr>
<td>Uses consistent SD</td>
<td>[ ]</td>
</tr>
<tr>
<td>Uses succinct SD</td>
<td>[ ]</td>
</tr>
<tr>
<td>Provides SD in statement rather than question format.</td>
<td>[ ]</td>
</tr>
<tr>
<td>Provides SD only once in each discrete trial</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

### Prompt Fading

<table>
<thead>
<tr>
<th>Skill</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Begins fading prompt as soon as appropriate</td>
<td>[ ]</td>
</tr>
<tr>
<td>Fades prompts gradually (e.g., from full physical to touch, to shadow)</td>
<td>[ ]</td>
</tr>
<tr>
<td>If child is unsuccessful returns to last successful prompt level</td>
<td>[ ]</td>
</tr>
<tr>
<td>Provides elevated social praise for correct unprompted responses</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

### Procedure for Correct Response

<table>
<thead>
<tr>
<th>Skill</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delivers reinforcement contingent w/in 3 seconds of correct response</td>
<td>[ ]</td>
</tr>
<tr>
<td>Uses descriptive praise</td>
<td>[ ]</td>
</tr>
<tr>
<td>Varies vocal reinforcement (words/volume/tone) and physical reinforcement (tickles, etc.)</td>
<td>[ ]</td>
</tr>
<tr>
<td>If appropriate, demonstrates correct use of a token system</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

### Procedure for Incorrect Response

<table>
<thead>
<tr>
<th>Skill</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides appropriate consequence for incorrect response (e.g. “Try again” or “This is blue.”)</td>
<td>[ ]</td>
</tr>
<tr>
<td>Provides above consequence in a neutral tone</td>
<td>[ ]</td>
</tr>
<tr>
<td>If response is incorrect, repeats the sequence with same target item</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

### SCORE
MJ Pre-Test
Consumer Satisfaction

- Online Tutorials
  - Content Importance
  - Satisfaction
- Skill Fluency
  - Content Importance
  - Satisfaction
Training Distribution

• Local
  • Lawrence
  • Kansas City

• Regional
  • Manhattan
  • Atchison
  • Wichita
  • Hays
  • Dodge
# Numbers Trained

<table>
<thead>
<tr>
<th>Training Location</th>
<th>Number of Trainings</th>
<th>Number of Providers Trained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional</td>
<td>7</td>
<td>112</td>
</tr>
<tr>
<td></td>
<td>AS</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>IIS</td>
<td>70</td>
</tr>
<tr>
<td></td>
<td>RSP/PS</td>
<td>25</td>
</tr>
<tr>
<td>Local</td>
<td>24</td>
<td>351</td>
</tr>
<tr>
<td></td>
<td>AS</td>
<td>87</td>
</tr>
<tr>
<td></td>
<td>IIS</td>
<td>148</td>
</tr>
<tr>
<td></td>
<td>RSP/PS</td>
<td>116</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Program Limitations

- Only 45 slots available.
- Billing for team meetings
- The service will not duplicate any service included under IDEA or the Rehabilitative Services Act of 1973 (per 1915©)
- Training services providers in remote areas
Future Directions

• Develop component analysis
  • Would allow an evaluation of which components of training require the most time/experience
• Improve staff training for schools and other agencies
• Improve the dissemination of best-practice techniques to remote areas
• Train-the-trainer model for implementation