

Reason 1: Unmet Need

- Given ASD prevalence (1 in 68), too many young children (18m to 5 y) in the U.S. are not being served through therapist delivered interventions under current state ASD laws. (See Mandell et al, 2016 attached)
- PIM DRB are cost effective, easy to disseminate, have high satisfaction ratings, and can effectively and efficiently serve thousands of young children with ASD (See 'Ohio ASD Early Intervention Model').

Reason 2: PIM DRB Are Evidence-based, Intensive, and Cost effective

- PIM DRB are evidence based (See review articles and list of RCTs).
- PIM DRB can provide 10-20 hours of intensive, 1 on 1, engaging ASD intervention per week, meeting criteria for intensity (NRC, 2001).
- At similar levels of intensity, PIM DRB can be provided at 1/10 the cost of therapist delivered models (e.g. ABA).

Reason 3: PIM DRB Uniquely Address Social Deficits

- According to the DSM 5, ASD is a characterized primarily by social deficits.
- PIM DRB focus primarily on social interaction and emotional development of young children with ASD by empowering parents to provide intervention.

Reason 4: PIM DRB Can Be Covered by Existing Insurance Codes

- PIM DRB are typically delivered by licensed medical professionals including MSW, SLP, OTs, MD, or psychologists.
- Therefore, PIM DRB can be covered under either *behavioral* health insurance codes or specific ASD intervention codes without the need of credentialing providers.

Reason 5: PIM DRB for ASD is Good Insurance Policy and Good Public Policy

- If PIM DRB offer intensive, early intervention for children less than 6 years of age with special effectiveness for children less than 3 years of age,
- If PIM DRB offer a new treatment option complementary to other services,
- If PIM DRB are evidence-based, cost effective, and easily disseminated,
- Then insurance companies should cover PIM DRB as good insurance policy and good public policy.

*Parent Implemented Models that use Developmental Relationship-based approach (PIM DRB) A.) Are child centered, play-based, and focus on functional (social) development; B.) Do not use operant conditioning as a primary method; and C.) Coach parents, with the child present, to provide the intensive intervention.