

[Your Name], [Credentials]

[Your Organization]

[City, State] | [Email]

March 2026

Board of Directors

Behavior Analyst Certification Board (BACB)

Dear Members of the BACB Board of Directors,

I write as a BACB-credentialed behavior analyst and independent ABA provider to raise a matter of urgent concern to the BACB's core mission. The organization currently stewarding the BACB's ABA Practice Guidelines is simultaneously and actively lobbying against mandatory enforcement of the BACB's own frontline practitioner credential. These two facts represent a contradiction the BACB has both the standing and the obligation to address.

The Core Contradiction

CASP received the ABA Practice Guidelines from the BACB in March 2020 and promotes them as the clinical foundation of its advocacy to payers and federal agencies including CMS, TRICARE, the Department of Labor, and the Department of Defense. Yet on its own publicly available advocacy page, CASP explicitly identifies mandatory RBT enrollment requirements as a named policy barrier it deployed lobbyists to defeat in Indiana Medicaid. At the federal level, it advocates for staffing classifications deliberately broader than RBT-specific language, preserving billing flexibility for large provider organizations staffing direct service roles without BACB certification.

CASP invokes the BACB's credibility when it confers authority. It works against the BACB's credentialing standards when they create cost or compliance friction for its largest member organizations. This is not a coherent clinical position. It is a financial one — conducted under the authority of guidelines the BACB transferred in good faith.

The BACB's own published materials state that BACB certification "cannot be influenced by special-interest lobbying." The question this raises is whether that protection is holding — not within the BACB, but in the downstream use of the authority the BACB generated.

What the BACB Should Know About CASP's Broader Trajectory

Since receiving the guidelines, CASP has: lobbied more than a dozen payer entities to require its own wholly-owned accreditation subsidiary (ACQ) as a network condition — while its CEO acknowledged ACQ “wouldn't have been able to make ends meet” without CASP's financial support; acquired a second accreditation program (BHCOE) and a national patient data registry; co-published professional guidelines with APBA, extending borrowed BACB authority into new domains; and celebrated publicly at the NYSE closing bell with a PE-backed company designed to “disrupt” autism care while simultaneously lobbying federal agencies to recognize its standards as authoritative.

The pattern is consistent: CASP borrows professional authority it did not generate, extends it commercially, and advocates against the consumer protection mechanisms the credentialing community constructed to protect patients.

The CEU Conflict

CASP holds a BACB-Authorized Continuing Education (ACE) provider designation and operates over 70 courses worth more than 100 BACB CEUs — including training positioned as required to use the ABA Practice Guidelines it controls. The organization that holds the guidelines also charges the practitioners who must understand them for the CEUs they need to maintain their own credentials. The BACB authorized that ACE status. The BACB is therefore positioned to evaluate whether it is being used consistently with consumer protection purposes — or whether it functions as a component of a compounding commercial ecosystem the guidelines transfer inadvertently enabled.

What I Am Asking the BACB to Consider

- Whether the BACB would conduct a formal review of how the ABA Practice Guidelines are currently being used by CASP — specifically whether CASP's documented opposition to mandatory RBT enrollment is consistent with the consumer protection purpose for which those guidelines were developed.
- Whether the BACB would publicly affirm that mandatory RBT enrollment in Medicaid and other payer programs is consistent with the BACB's professional and consumer protection standards, independent of CASP's lobbying position.
- Whether the BACB would issue a clarifying statement regarding the limits of CASP's authority to invoke BACB-derived guidelines as the basis for policy positions that directly conflict with the BACB's own credentialing standards.

- Whether the BACB would formally recommend to payers and regulators that mandatory RBT credentialing represents the minimum professional standard for frontline ABA service delivery.
- Whether the BACB would establish an ongoing mechanism to ensure guidelines transferred to any external entity continue to be applied consistently with their consumer protection purpose — and formally reconsider whether CASP’s stewardship remains appropriate. The transfer was made in good faith. The record since 2020 raises a legitimate question about whether that good faith has been reciprocated.
- Whether the BACB would evaluate whether CASP’s ACE designation is being used in a manner consistent with the purpose for which BACB credentialing exists.

The families of autistic children receiving ABA from uncredentialed frontline practitioners — in states where CASP has successfully opposed RBT enrollment requirements — are the consumers the BACB’s mission exists to protect. They deserve to know that the organization stewarding the guidelines used to justify their children’s treatment is simultaneously lobbying to eliminate the requirement that the people delivering that treatment be certified.

I have prepared a detailed position statement documenting these concerns in full and would welcome the opportunity to share it with the BACB’s leadership.

Respectfully submitted,

[Your Name]

[Credentials]

[Organization]

[Contact Information]