

# **20 Years of Measurable Outcomes, Delivered with Accountability.**

**2006 – 2026** 

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A Clinical Outcomes & Accountability Report



**BIERMAN**

AUTISM CENTERS

[biermanautism.com](http://biermanautism.com)

# A Letter from Our CEO

To Our Payer Partners,

Twenty years ago, Courtney Bierman started this organization with a single conviction: that **children with autism couldn't wait for care that was inconsistent, unmeasured, or without a clear endpoint**. That belief still shapes how we operate today.

What has changed is the scale of the proof. Over **two decades**, we have delivered more **than three million hours of specialized therapy, graduated more than 375 children** from our programs, and built the measurement infrastructure to verify that those outcomes are real, not estimated at graduation.

This report is our accountability document. It exists to show payer partners not just what outcomes we produce, but how we produce them, the **clinical infrastructure, measurement discipline, compliance standards, and workforce quality** that make our results consistent across **more than 30 centers and 7 states**.

We believe that payers should expect more from ABA providers than claims of quality. They should expect proof. This is ours.

With respect,

Ed Agarwal  
Chief Executive Officer, Bierman Autism Centers

# Consistent outcomes. Delivered at scale.

Twenty years of **disciplined clinical execution, measured daily, reviewed frequently, and held to defined endpoints**, produce results that are not the product of chance or isolated excellence. They are the product of a system built to perform consistently across clinicians, centers, and states.

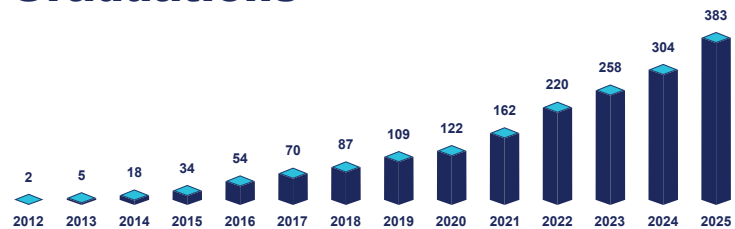
**375+**  
**Cumulative client graduations**  
*Since 2006 • defined clinical endpoint, not open-ended*

**~18–20mo**  
**Average time to graduation**  
*Efficient pathway to defined endpoint*

**3M+**  
**Hours of specialized therapy delivered**  
*Consistent execution across 7 states*

**>60%**  
**Graduate to a General Education setting**  
*2023–2025 • verified post-graduation*

## Cumulative Graduations



## Consistent across all markets.

7 states | 33+ centers

Arizona 🇺🇸 Indiana 🇺🇸 Massachusetts 🇺🇸 New Jersey 🇺🇸

North Carolina 🇺🇸 Ohio 🇺🇸 Rhode Island 🇺🇸

The same clinical standards, measurement systems, and compliance infrastructure operate at every center, regardless of geography or payer mix. **Outcomes are not center-dependent. They are system-dependent.**

## Graduation: a defined endpoint.

A Bierman graduation is not an administrative end. It is a **clinically defined milestone**, a learner who has met individualized treatment goals and completed a transition plan that supports success in their next setting.

This means authorized **services have a direction and an endpoint**, not an indefinite horizon.

# Outcomes don't end at graduation.

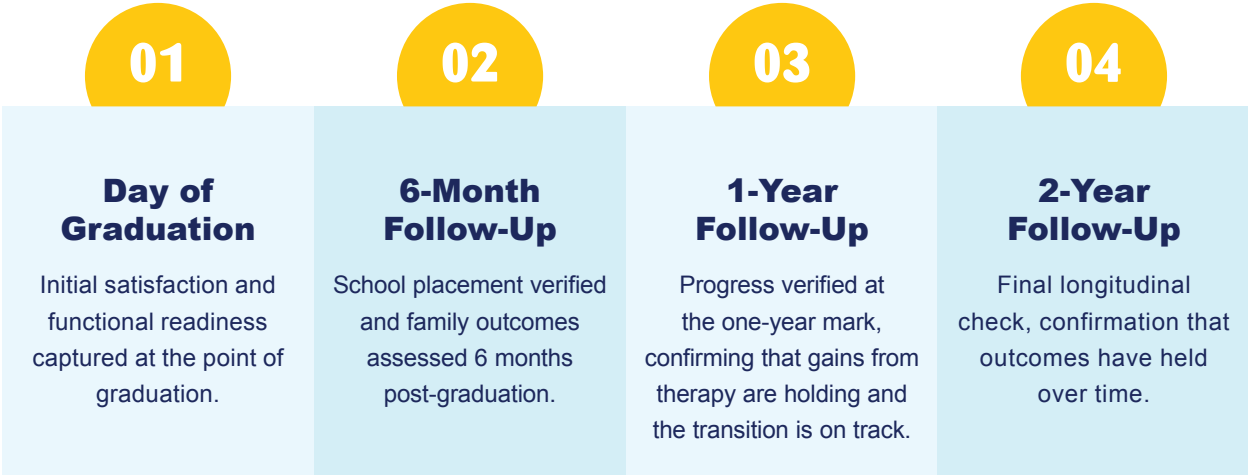
Most ABA providers track progress during treatment and report outcomes at graduation. Bierman tracks what happens after, verifying through a four-wave longitudinal parent survey that gains are durable and transitions are successful.

## What our longitudinal data shows:

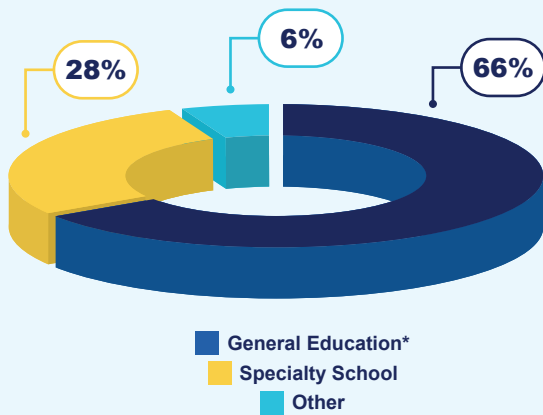
**~90%** Mean parent satisfaction across all longitudinal survey waves, across all center locations. As of January 2026.

**>70%** of 2024 graduates transitioned to a general education classroom setting, verified post-graduation, not estimated at graduation.

## The four-wave follow-up structure:



## Post-Graduation Placements



*\*General Education includes general education classrooms, general education with supports, and preschool placements. Average data from 2023–2025 graduates. Every child’s journey is unique. Individual outcomes will vary.*

## What these placements represent.

A transition to a general education setting is the outcome every family hopes for at intake, and the outcome that demonstrates durable, real-world functional gains, not just clinic-level progress.

For payers, these placements represent the endpoint that authorized services were designed to reach, documented, verified, and tracked longitudinally rather than reported at graduation and assumed.

## ~18–20 months

Average time from start of services to graduation. This is not a fixed timeline; individual clinical needs determine the appropriate length of services. But it reflects what disciplined, measurement-driven planning produces at scale: **an efficient pathway to a defined endpoint**, not an indefinite service horizon.

## *Measurable outcomes delivered with disciplined measurement, predictability, and accountability.*

Every outcome in this report is the result of clinical decisions made intentionally, **systems designed to keep authorized services moving toward defined endpoints**, and to identify and address plateaus before they extend service unnecessarily, and to maintain consistent quality across all centers and states.

## How measurement drives efficient utilization

3–5

### Goal programming reviewed and adjusted

Not months later. Every three to five days, so plateaus are identified early, and momentum stays strong. When something isn't working, we don't wait for a quarterly review. We act.

7

### Maximum caseload per clinician

Bierman caps clinician caseloads at 7, below the BACB's own recommended ceiling of 12 for comprehensive programs. It is a deliberate constraint to protect individualized attention and outcome quality.

87%

### Of clinical supervision delivered onsite

Not remote. In the room, so feedback is immediate, clinical judgment develops in real time, and the quality of care does not depend on a clinician's ability to interpret notes from a distance.

>260K

### Goals mastered in 2025 alone

Each goal represents a precise, measurable step tracked through daily measurement and frequent review. More than 260,000 of them were completed in a single year, not as a volume metric, but as evidence of what disciplined daily measurements and the adjustments we make produce at scale.

450K+

### Change harders recorded since 2024

A change harder is our core pacing metric, the signal that a learner is ready to advance. We target eight per client per week. Tracking them at scale means we can see the link between daily momentum and long-term outcomes across every child, every center, every state.

## Pod model: structured team, not isolated clinician.

Every client is supported by a pod of behavior technicians supervised by a team lead and a BCBA. Outcomes are not dependent on the performance of a single clinician; **they are produced by a system designed for consistency.**

- 6 Behavior Technicians (BTs or RBTs) per pod
- 1 Team Lead per pod
- BCBA capped at 7 clients
- Clinical Director monitoring center-wide outcomes
- Directors of Clinical Excellence at the organizational level
- Chief Clinical Officer

## Compliance infrastructure

Bierman has established a structured compliance program designed to ensure clinical quality, maintain documentation standards, and support audit readiness across all centers and states.



The five pillars of Bierman's compliance program:

- **General Standards of Conduct:** All employees review and attest at hire
- **Compliance Program Administration:** Quarterly reviews with senior leadership
- **Effective Education and Training:** Compliance training at hire and throughout employment
- **Auditing and Monitoring:** Frequent internal audits in coordination with operations and clinical staff
- **Investigation and Response:** Compliance investigates potential concerns and makes recommendations

## Consistent outcomes require consistent clinicians.

Variability in ABA care is one of the field's most significant quality challenges. Inconsistent training, supervision, and clinical decision-making produce inconsistent outcomes.

Bierman's answer to that problem is **Bierman University**, a structured, **100+ course development system** that produces a shared clinical language, consistent standards, and measurable results across every center.



## What Bierman University produces.

Bierman University combines **onboarding, competency-based foundational curriculum, and role-based learning paths** with **leadership and professional growth tracks**. The result is a workforce that:

- Earns credentials at rates significantly above national averages
- Operates with a shared clinical language across all centers and states
- Advances from within, reducing variability from external hires
- Is developed continuously, not just at onboarding

## Why this matters for payers.

A well-trained, consistently supervised, internally developed clinical workforce is one of the most reliable predictors of consistent outcomes at scale. When **90% of clinical directors come from within the organization**, standards are not reinvented with every leadership transition. They compound.

For payers, this means the quality of care your members receive is not dependent on which center they attend or which clinician they happen to be assigned to. It is protected by design.

## PEBBL: Continuous improvement is built into how we operate.

The **Progress through Evidence-Based Behavior Lab** embeds research directly into clinical workflows, using real-world data to advance clinical decision-making, improve outcomes, and raise standards continuously. For payers, **PEBBL** is evidence that Bierman is not resting on historical performance; it is actively **investing in the infrastructure to improve future performance**.



## Current PEBBL focus areas:

- **Outcomes analysis** connecting therapy hours, staff consistency, and clinical flags to placement success, directly informing utilization decisions
- **Predictive models** to flag learners needing clinical review early, reducing avoidable plateau-driven service extensions
- **Transition-planning** training for directors and BCBA's to strengthen goals that support generalization and real-world independence
- **Fluency-based instruction** pilots improving behavior technician accuracy, reducing variability at the point of delivery

## What a partnership with Bierman delivers.

Payers need ABA partners that deliver measurable outcomes efficiently, operate with the discipline and documentation standards that support accountability, and can demonstrate consistency across large, real-world populations, not just isolated cases or small pilots.

Bierman delivers all three. Twenty years of clinical data, a compliance infrastructure built for scrutiny, a workforce developed through one of the most structured training systems in the field, and a measurement approach that connects daily clinical activity to long-term outcomes, including two years of post-graduation follow-up.

We are not another ABA provider asking to be trusted based on claims of quality. We are a Teaching Hospital for Pediatric Therapy, and this report is our record.

### What Bierman delivers for payer partners:

- **Defined endpoints:** Graduation is a clinical milestone, not an open-ended model
- **Efficient pathways:** ~18–20 month average time to graduation at scale
- **Verified post-graduation outcomes:** Four-wave longitudinal follow-up through 2 years
- **Utilization discipline:** 3–5 day review cadence prevents plateau-driven service extensions
- **Compliance infrastructure:** Director of Compliance, audit program, documentation standards, camera monitoring
- **Consistent quality at scale:** Same standards across 33+ centers and 7 states
- **Workforce accountability:** Among the highest board exam pass rates in the field

**Progress doesn't happen by chance.**

**It happens by design.**

**And the next twenty years will continue to prove it.**






# BIERMAN

## AUTISM CENTERS

Creating Progress and Possibilities®

### Get in touch:

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-  (888) 994-5430

### States served

- Arizona ● Indiana ● Massachusetts
- New Jersey ● North Carolina
- Ohio ● Rhode Island



### Data notes & definitions

**Graduation:** A learner is counted as a Bierman graduate when they successfully graduate from Bierman services after meeting individualized, clinically defined treatment goals and completing a transition plan that supports success in their next setting.

**General Education:** Refers to a learner transitioning into a general education classroom (public or private), including general education, general education with supports, and preschool placements.

**Time to graduation:** Average months from start of Bierman services to graduation, calculated across the defined reporting window.

**Goals mastered:** Individual learner goals (skill targets) that have met defined mastery criteria. Tracked through daily measurement and frequent review.

**RBT/BCBA pass rates:** 2024 and 2025. BCBA rates apply to employees who accrued at least 50% of supervised hours at Bierman. External candidate rates tracked separately.

**Parent satisfaction:** ~90% mean satisfaction across longitudinal survey waves across all center locations, as of January 2026.