



**Nevada Commission
On Autism Spectrum Disorders**
Addressing issues across the lifespan

December 30, 2017

The Honorable Governor Brian Sandoval
State Capitol
101 N. Carson Street
Carson City, Nevada 89701

Dear Governor Sandoval:

As chairperson of the Nevada Commission on Autism Spectrum Disorders, I am writing to update you on the activities of the Commission, as required by Executive Order.

The Commission has met several times since our last report of June 2017. We continue to function with the help of five subcommittees, each focused on goals set forth in the 5 Year Strategic Plan. All the members of the Commission and its subcommittees are passionate about improving the lives of children and adults in Nevada who struggle with autism.

The Commission has worked to maintain our relationship with the Aging and Disabilities Services Division and the Autism Treatment Assistance Program. There has been some instability in these agencies and their policies since our last report causing communication breakdown and making it difficult for the subcommittees to move forward in accomplishing their goals. This has in turn caused frustration within subcommittees causing some members to no longer participate with us. We are pleased with the recent changes in ADSD and ATAP and the direction each is headed. We appreciate the increasingly collaborative nature of our relationship as this is directly related to the effectiveness of the commission.

The following items continue to be the commission's top priorities as our state strives to lead the way in improving treatment of children with, and assistance for families affected by, autism spectrum disorder. These are listed according to the commission's subcommittees and the 5-year strategic plan submitted by the previous commission.

Funding and Insurance

1. Continue to actively engage with self-funded insurance plans to ensure the provision of autism treatment benefits, including ABA and other evidence-based interventions.

2. Work to increase the Medicaid reimbursement rate for ABA services and streamline the billing and collecting process.

Continue to seek feedback from community providers regarding the current Medicaid reimbursement rates and billing process. As more Medicaid data are available for review, there is a positive trend in the money providers can bill and collect for autism related services. Use the data from usage reviews and community feedback to continue to improve billing and reimbursement processes. Increased data and billing has also led to provider complaints about the Medicaid billing and collecting process due to multiple glitches and delays. Continued efforts are needed to make this process more efficient as this will encourage more providers to work with Medicaid. Unfortunately, some providers continue to feel that the reimbursement rate is a significant obstacle to providing needed therapies and attracting a qualified workforce. Many the larger providers have studied the feasibility of becoming Medicaid providers but have determined that they will take a net loss per hour for each child they serve. They do not want to force their clients to find other providers but cannot afford to provide services at Nevada's low reimbursement rates.

3. Continue to work with ASDS staff to ensure that ATAP resources are used equitably to provide access to other evidenced-based interventions in addition to ABA. Such interventions include, but are not limited to speech therapy, occupational therapy, Early Start Denver Model, and DIR/Floor Time.

Resource Development

3. Allow private ABA therapists to work collaboratively with the public schools.

The commission has not had success reaching out to the individual school districts or Department of Education. We continue to recommend a committee be established to determine the feasibility and process of implementation would be needed and include representatives from the state Department of Education, participating school districts, Medicaid, ATAP, and BCBA leaders. A letter outlining this recommendation was sent in the fall of 2016.

Workforce Development

4. We must increase the number of training programs for autism therapy providers in our state; Licensed Behavior Analysts (BCBAs), Licensed Assistant Behavior Analyst (BCaBAs), and a Registered Behavior Technician (RBTs).

This is more critical now than ever as ADSD and ATAP have announced their plan to transition children who have been identified with Medicaid coverage from their current, a non-Medicaid participating provider to an in-network provider by March

1, 2018. a non-Medicaid participating provider is a provider whose staff are not all certified Registered Behavioral Technicians (RBTs). Previous efforts to require interventionists to become certified RBTs has led to a loss of workforce in this already underserved area. ATAP and ADSD have asked BCBAs from the provider who serve the identified children to enroll their National Provider Identification number under the ATAP group and ATAP will bill Medicaid under an approved Prior Authorization and reimburse the provider. At a recent meeting, some providers stated this would not be an option for them. A second option was provided in which providers would explain to parents that they must find an in-network Medicaid provider to obtain services. ATAP case managers have offered to assist the parents in finding a new provider to ensure as little disruption as possible to the child. We believe significant disruption is not only likely but inevitable. ATAP has also proposed a third option for families who wish to stay with their current provider, as an out of network non-Medicaid provider. Under this option their insurance assistance plan will be maximized at \$500 per month. This plan is an option for families who have insurance coverage but wish to go out of network. The \$500 amount will cover only a few hours of services per month. For comparison, Fee for Service Medicaid reported paying between \$1294.84 and \$1779.37 per patient during the last fiscal year.

Adult/Transition Services and Resources

5. Development of programs to provide aging Nevadans with autism meaningful employment.

6. Support measures that allow adults significantly impacted by autism to receive quality services by a trained and skilled workforce

We refer you to a letter outlining this recommendation sent in the fall of 2016.

Community Education

7. Support a statewide resource website for Autism Spectrum Disorder.

In association with the Workforce Development subcommittee, the commission has arranged for a website to be hosted by Monkey logic which will initially hold information focused on ABA providers but eventually to include other information helpful to families of children with autism. We expect to have this available to families by the second quarter of 2018.

Nevada's Autism Statistics and Highlights as reported to the Commission. The most recent numbers available are included below. Changes from the previous report are provided in (parenthesis).

8,679total number of children under age 21 with ASD in Nevada based on data from NEIS and Department of Education numbers from August 2017 [+525]. Updated data will not be available until August of 2018.

Medicaid:

- **393**children enrolled in Medicaid and Checkup receiving ABA services
 - 332 through fee-for-service (+288)
 - 61 through managed care models (+60)
- Total claims submitted to Medicaid \$385,564.73
- Total received from Medicaid \$175,192.12

ATAP

- **722**total children served by ATAP [-24]
 - 10are under 3 years (-7)
 - 180 are 3-5 years (-19)
 - 209 are 6-8 years (+3)
 - 161are 9-11 years (-5)
 - 162are 12-18 years (-66)
- 575 children on ATAP waiting list; average age 7 [-42]
- 57 new applications per month on average for ATAP [+5]
- 186 days on average a child will be on the ATAP waiting list [-138]
 - 53 children under 3 years on waiting list (-18)
 - 307 children 3-7 on waiting list (-5)

NEIS

- **127** children with ASD served by NEIS [-94]
- 54additional children diagnosed with ASD in thus far in Fiscal Year 17
- 29.2 months is the average age at which a child is diagnosed with ASD in NEIS (+5 months)

SEP

ABA providers

- 25enrolled with Medicaid
- 16 non-Medicaid

As of last report in February of 2017, number of certified providers:

BCBA – 87 (*from 6/17, updated total not available*)

- 69 enrolled with Medicaid

BCaBA– 6 (*from 6/17, updated total not available*)


- 4 enrolled with Medicaid

RBTs –419 (+201)

The Commission is proud to recognize and applaud our State Legislators for their ongoing support of programs which benefit individuals with autism. We appreciate the valued support we receive from your Chief of Staff and ADSD staff members and agencies. We hope that moving forward we can continue to work in a more collaborative manner with ADSD and ATAP. The commission and its subcommittees will continue to work on ways our state can lead the way in its care of individuals with ASD in the most effective and efficient manner so that all Nevadans living with Autism Spectrum Disorder will achieve optimal outcomes and reach their full potential.

With continued hope and gratitude, 



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