



STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION

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MINUTES

Name of Organization: Nevada Commission on Autism Spectrum Disorders

Date and Time of Meeting: February 29, 2016
12:00 p.m.

Carson City: Legislative Counsel Bureau
401 South Carson Street
Room 3137
Carson City, NV 89701

Las Vegas: Grant Sawyer Building
555 East Washington Avenue
Room 4412
Las Vegas, NV 89101

- I. Dr. Mario Gaspar de Alba called the meeting for the Commission on Autism Spectrum Disorders to order at 12:06 p.m.

Members Present: Mario Gaspar de Alba, Gwynne Partos, Korri Ward, Sarah Dean, Julie Ostrovsky

Guests: RJ Larneiu, Shannon Sprout, Lori Follett, Brian Evans, Lynda Tache, Shannon Strout, Monica Ramirez, Sarah Summers, Dr. Tedoff, Jan Crandy, Art Reitz, Elyse Monroy, Monica Ramirez, Jamie Johnson

Staff Present: Brook Aide, Carol Reitz, Megan Wickland, Samantha Jayme

A quorum was declared.

- II. Public Comment (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item)

There was no public comment.

III. Introductions of the Newly Appointed Autism Commission Board Members

Dr. Mario Gaspar de Alba introduced the new autism commission members as follows: Sarah Dean as the school district representative, Korri Ward as a parent representative, Gwynne Partos as a parent representative, Dr. Mario Gaspar de Alba as the behavior analysis representative, and Julie Ostrovsky as the member at large.

IV. Approval of Minutes from September 9, 2015.

Ms. Ward made a motion to pass the minutes as written for the September 9, 2015 meeting; Ms. Ostrovsky seconded the motion. The motion passed.

V. Discuss and Make Recommendations for Legislative Action Concerning the Autism Commission

Ms. Ostrovsky suggested researching where other bills that are hosted are sitting and make a list of what legislators are in support of the effort. Dr. Gaspar de Alba agreed on the suggestion. The following legislators were mentioned Assemblyman James Ohrenschall, Assemblywoman Melissa Woodbury, Assemblyman James Oscarson, Senator Pete Goicoechea, Assemblyman John Ellison, Senator Ben Kieckhefer, and Assemblywoman Maggie Carlton.

Ms. Ward suggested talking to members of the community such as Jon Sasser for guidance. The Executive Order does not expire until December 2018 so the Commission members will consider their options before that time.

VI. Update on Medicaid and the State Plan Amendment for Applied Behavior Analysis

Ms. Shannon Sprout introduced herself as well as Lori Follett from Medicaid and Nevada Check-Up. She gave a brief history on Medicaid covering ABA therapy to the new Commission members. She advised the Commission that the State Plan Amendment had not been approved yet but the services did become effective on January 1st, 2016.

Ms. Sprout informed the Commission that Medicaid chose ABA since that was a service that was already available through legislature and had been identified through insurance in which providers and parents were already familiar with in addition to ATAP. It created continuity of care.

The services include all children under the age of 21 that has a diagnosis of autism spectrum disorders. ABA is the evidence-based model that ASD would fall under. Questions arose if a child did not have a diagnosis of ASD if they would qualify for ABA services. At this time there has not been any

literature found that would support a child outside of a diagnosis of ASD being able to access ABA. If a prior authorization was submitted for a child that did not meet the diagnosis, peer literature would be required to be submitted to support the service for the child.

All services under Medicaid must be medically necessary. Assessments are covered and do not need a prior authorization. Treatments are adaptive behavior treatments for a child in an individual or group setting. Coverage allows for adaptive family treatment with or without the child present. All adaptive treatments do require prior authorization.

In order for a provider to bill Medicaid, they must be enrolled as an ABA provider under Provider Type 85. Psychologists, BCBA and BCaBA can perform the services but must be licensed in Nevada. Paraprofessionals providing ABA services must be credentialed RBTs. Ms. Sprout reported that there are no psychologists that have been approved to provide ABA services in Nevada. There have been two applications submitted by psychologists but were deemed not to meet the qualifications of supervising RBTs to perform ABA services.

Providers must first enroll with the Fee-for-Service in order to be vetted and then they can begin credentialing with the Managed Care organizations which include the Health Care Plan of Nevada and Amerigroup. Credentialing takes approximately six months. Medicaid frontloaded prior authorizations which allowed providers to submit them before January 1st in order for services to begin January 1st.

There was no data available to project how many children who were Medicaid eligible would be accessing services. The projection that was made was 1879. At this time the projection has increased to 55% of the children receiving ATAP do qualify for Medicaid. The rollover from ATAP to Medicaid is July 1st. The concern now is access to care.

Ms. Sprout reported that there are 57 licensed behavior analysts. She added they have to grow the workforce of behavior analysts in the state. There are 12 BCaBAs in Nevada which have to perform services under the direction of a BCBA. Ms. Sprout reported that there are limits as to how many RBTs a BCBA can supervise which is around 12 to 1.

Ms. Sprout reported that there are 267 RBTs that can perform services within Nevada. She added that the Behavior Analyst Certification Board added an exam requirement for the RBTs which caused a concern of slowing the credentialing. It has been determined to not be a barrier. The barrier is the RBT finding a BCBA to work under.

Ms. Ward asked if they are working with the Behavior Analyst Certification Board (BACB) to help find testing sites especially in Rural Nevada. Ms. Sprout answered that her involvement with the BACB is to identify the parameters and what has to be met. She said the conversation needs to go beyond Medicaid.

Ms. Sprout reported to the Commission that the enrollment process has been slow but it is starting to grow as was reported by other states. She reported Medicaid has enrolled 14 group providers and 5 applications that have been submitted. She stated that there are two psychologists enrolled and two in process as of February 1st. She added that each group has individual BCBA's and RBT's that are within that provider group.

Ms. Sprout told the Commission that it is known that there are not enough providers within Nevada to serve all the children. There are 58 RBT's enrolled under the 14 groups under Medicaid. The transition plan is that the children remain with ATAP and encourage providers to enroll so they can roll that child over to Medicaid.

Ms. Sprout said that since the State Plan Amendment has not been approved, providers cannot get paid for services. Some providers have submitted but the claims are denied until CMS approves the State Plan Amendment. She stated she is unable to provide claim data at this time.

Ms. Ostrovsky asked if ATAP providers would be paid less if they went to Medicaid. Ms. Sprout said it is a different system. There were a lot of concerns over the RBT rates and they are identified based off of CMS's regulation for rate methodology requires. She also said there is an education component for providers since they have never worked for Medicaid before.

The Interim Finance Committee (IFC) has asked Medicaid to provide quarterly reports on services. The elements of reporting include enrollment, number of children being served, claims coming through and the expenditures.

Claims data is reported quarterly and there is always a lag. Ms. Sprout said she would have the claims data available most likely by May 1st for the first quarter of January, February and March.

Ms. Sprout reported that they maintain the ABA website through Medicaid. It includes Webinars for technical assistance for providers that are enrolled. She added that it will be an evolution of continuing to grow providers in Nevada. She said there are some out-of-state providers that are coming to Nevada which takes a little bit of time.

Telehealth is a service that is billable through Medicaid. Ms. Ward asked if there was a possibility to increase the reimbursement rate. Ms. Sprout they are not able to reevaluate until they have six months of claims to determine whether or not the rates are the issue. She added if there are not enough BCBA's in the state to supervise the RBTs, then it won't matter what rate is being paid for the lower-level professional if they can't find the supervision. They need more data to determine what the next steps will be.

Dr. Gaspar de Alba asked about how the rates were determined in comparison to other states. Ms. Sprout said it was a difficult comparison to make since other states had different qualifications and different codes. She added there is an administrative component that is factored into the RBT rates. She also said that there is a code that allows the BCBA that is supervising to bill at the same time as the RBTs are billing for their time as in during a workshop.

VII. Update on Autism Treatment Assistance Program's (ATAP) Plan to Serve Children with Medicaid and Caseload

Ms. Brook Adie informed the Commission that ATAP is currently serving 631 children with about 355 being eligible for Medicaid. ATAP receives about 60 new referrals each month. Closure numbers average about three to five per month. There are currently 541 children waiting for a funding slot and 55 percent are also Medicaid eligible. She reported the average wait time is about 208 days.

Ms. Dean asked about the wait time. Ms. Adie reported there is a limited amount of funding with a limited number of slots. Ten to 15 new children are funded each month. Ms. Ostrovsky asked what the maximum of kids enrolled would be. Ms. Adie said at the end of the fiscal year they will be at 690 so they're where they should be at this time. She added it also depends on the case mix since the younger children are on the more expensive plan type. The program is guided by where the need is and where the kids are on the waitlist.

Ms. Ward asked Ms. Adie to explain the difference between the Extensive and Comprehensive plan. Ms. Adie said the comprehensive plan is for children to begin before the age of seven. It includes 18 hours of therapy by an RBT and seven hours a week of programming that the parent has to run. There is also six hours of supervision by the BCBA that is funded per month. She added that every plan is written for a year and is reevaluated to determine the level of funding going forward. The Extensive plan identifies seven to ten targets to be worked on. It's a 15-hour-a-week plan which includes seven hours of parent participation. Three hours of BCBA supervision is funded for the Extensive plan. She added they are general guidelines. ATAP takes a person-centered approach on the plan types.

Ms. Adie described other plan types. She informed the Commission that 80% of the caseload has insurance or Medicaid.

Ms. Adie told the Commission that there are several things that are being done to ensure children that are on Medicaid are being funded by Medicaid since ATAP is funded through general fund dollars. ATAP is informing families that have Medicaid that they can go ahead and access services through Medicaid. She added that ATAP has funding within their budget to actually bill Medicaid directly. They are working with some providers to get prior authorizations done. The providers that are providing the service will bill ATAP who pays them and then ATAP will bill Medicaid for the services.

Dr. Gaspar de Alba asked how much of the budget is allocated to bill Medicaid directly. Ms. Adie responded that there is about \$1.8 million in revenue for this fiscal year and next year is about \$4 million.

Ms. Adie reported that beginning July 1st, ATAP will require all interventionists to be RBTs. They are allowing 180 days for the interventionists to be trained.

Ms. Ostrovsky asked how they are partnering with Medicaid to ensure there is an adequate amount of providers. Ms. Adie said they have about 25 to 30 providers that ATAP currently works with. Not all of them are enrolled with Medicaid and a couple are enrolled with Medicaid but not enrolled with ATAP. Ms. Adie said some providers are waiting for approval from CMS before they enroll.

Ms. Partos asked if the providers in the rural communities are using ATAP as the fiscal agent. Ms. Adie said the process was new and added that ATAP just hired four BCBAs of their own to be doing the services with RBTs under them. Ms. Ward asked if families will continue to have a choice of what providers they can use. Ms. Adie said their choices are limited based on their insurance and who accepts their insurance.

Ms. Ward asked what the reason was for ATAP to hire BCBAs. Ms. Adie said they have funding within their budget to bill Medicaid but had to have BCBAs on staff in order to bill Medicaid. She added they will then enroll the BCBAs under their group and bill on their behalf. The choice will be given to the families whether they want to stay with ATAP and continue to receive service coordination or have the BCBA directly bill Medicaid.

Ms. Ward asked how many care managers there are with ATAP. Ms. Adie said there are three care managers in the north, 15 in the South and one in the rural area. They each carry a caseload of 40. Ms. Adie added that the care managers do monthly telephone contacts, quarterly face-to-face visits, and really coordinating all their services and making referrals.

Dr. Mario Gaspar de Alba told Ms. Adie to let the Commission know if there is anything that is needed from the Commission in order to support ATAP funding.

VIII. Update on Current Numbers from Nevada Early Intervention Services (NEIS) and Community Partners which Includes Failed Screenings, Diagnoses and Referrals to ATAP

Ms. Megan Wickland introduced herself as a clinical programmer with NEIS. She reported there were 1,691 initial screeners that were completed and 79 children were diagnosed with autism so far this fiscal year. This broke down to 28 diagnosed in the north and 51 in the south. There were none diagnosed from the Northeast.

Dr. Gaspar de Alba asked who is making the diagnoses. Ms. Wickland said Dr. Kinman or Dr. Powell will make the diagnoses. Dr. Gaspar de Alba asked if pediatricians are allowed to make a diagnosis. Ms. Wickland said she was not sure. Dr. Gaspar de Alba commented that the 79 total number seemed low.

Ms. Ward asked how the transition from NEIS to ATAP is working. Ms. Wickland said it was working well since they developed a policy that allowed families to choose to refer directly over to ATAP and continue to receive services at NEIS so they can receive services simultaneously.

Dr. Gaspar de Alba asked why there was only one child under the age of 3 being served by both ATAP and NEIS. Ms. Adie said ATAP serves a wide range of people through age 19. The budget calls for serving a range of children in different plan types.

Ms. Ward asked if ATAP can make the two-year-olds a priority of receiving services. Ms. Adie replied that there are a lot of factors that are considered when starting children on the waitlist including their age, their wait time, location and budget. She added that there are a high number of children that are coming from NEIS that have Medicaid and they are giving them the information on how to access services through Medicaid. Their priority right now is transitioning the children that they currently have to Medicaid providers so there isn't a disruption in services.

Dr. Gaspar de Alba asked if there was a way to track the time it takes to start services through ATAP and when they receive the diagnosis. This would show where the problem might be as far as parent education. Ms. Adie said there is a joint provider agreement that exists for NEIS and ATAP that allows providers to sign up to serve children in both programs so there isn't a

disruption in services during transition. They are making a lot of progress to reduce the time between diagnosis and treatment.

IX. Review and Make Recommendations to the 2016 Objectives of the Five-Year Strategic Plan

Ms. Ward read some of the goals of the strategic plan for 2015 and reported on the progress of those goals.

Dr. Gaspar de Alba read some of the goals for 2016 that need to be accomplished.

Ms. Ward informed the Commission that her son is part of a pilot program through Voc Rehab for supported employment in Elko.

Ms. Ostrovsky asked about the workforce development needs goal. Clarification was given that it was in regards to bringing in skilled workers to provide the treatment.

Ms. Ward reported that there is a need to educate the general population that includes college students and hospital employees on autism. She added that the Voc Rehab employees need to know more about autism than the parent does.

Ms. Ostrovsky asked Ms. Sprout how they can work in partnership or where they need to head in order to grow the workforce development. Ms. Sprout said they need to continue to provide outreach and possibly look outside of Nevada or the University systems to build the workforce.

It was decided that this agenda item would be tabled and discussed in depth at the next meeting.

X. Discuss and Make Recommendations for New Subcommittees

Some of the Subcommittees that were suggested were a Resource Development, Workforce Development, State and Federal Funding, and Community Education.

Ms. Ostrovsky suggested that each Commission member provide a list of potential subcommittee members that can be discussed at the next meeting. Dr. Gaspar de Alba asked if it would be beneficial to have subcommittees that were specific to each of the goals. It would entail each subcommittee to address the strategies in each of the goals.

It was decided to table the item until the next meeting. Everyone will send their recommendations to Ms. Reitz before the next meeting so she may compile everyone's recommendations.

Ms. Sprout told the Commission that Medicaid would be happy to collaborate on anything that needs to be addressed.

XI. Confirm Dates for Future Meeting

Dr. Mario Gaspar de Alba suggested meeting on April 4th and May 23rd at 12:00 p.m. Ms. Ostrovsky made a motion to accept those dates; Ms. Partos seconded the motion. The motion passed.

XII. Public Comment

(No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item. Comments will be limited to three minutes per person. Persons making comment will be asked to begin by stating their name for the record and to spell their last name and provide secretary with written comments.)

Ms. Ward informed the Commission that there is a legislative committee on healthcare on April 20th. She would like a letter to be drafted to address some of the concerns about Medicaid that the Commission may have. It was decided Ms. Ward would draft the letter and the Commission can approve it at the next meeting.

Ms. Ward asked if they can request the Governor to make April Light It Up Blue month. Ms. Ostrovsky said they usually do but was unsure as to where the communication came from.

Ms. Jan Crandy welcomed everyone and told the new Commission members that they did a great job. She added that she hoped they would get involved with the new legislative healthcare committee. Ms. Crandy told the Commission that she and Jon Sasser testified a few months back and asked that the concern for provider capacity and children in Medicaid not having access to service be on their agenda. She also said that all they had to do was make a call to the Governor's office in order to get the legislative building lit up blue in honor of Autism Awareness month.

Ms. Lynda Tache welcomed everyone. She said there were people that she can help find for the subcommittees. She said the workforce development is so important to build. She added there was some pushback from the legislators on funding so in her opinion that needs to be grown so they can continue to receive funding. She informed the Commission that the new center has opened in collaboration with the UNLV Medical School. They will be providing diagnostic support and wrap-around services that will essentially be a medical home for autism and other neurodevelopmental disorders.

Ms. Jamie Johnson from Grant A Gift stated that they were really excited for the center to open up in order to serve as many children and families that need the support in the community.

Ms. Tache added that Dr. Julie Beasley has fidelity with the Early Start Denver Model. The Center will be serving children through age 22. They will also be providing vocational employment programming as well.

XIII. Adjournment

Dr. Mario de Alba adjourned the meeting at 2:33 p.m.