

STEVE SISOLAK
Governor



RICHARD WHITLEY, MS
Director

DENA SCHMIDT
Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION
Autism Treatment Assistance Program
3427 Goni Road, Suite 104
Carson City, NV 89708
Telephone (775) 687-4210 • Fax (775) 687-0119
<http://adsd.nv.gov>

MINUTES

Name of Organization: Nevada Commission on Autism Spectrum Disorders

Date and Time of Meeting: December 17, 2018
12:00 p.m.

Las Vegas: DRC/ATAP
1391 S. Jones Blvd.
Las Vegas, NV 89146

Call to Order/Roll Call

Dr. Mario Gaspar de Alba called the meeting for the Nevada Commission on Autism Spectrum Disorders to order at 12:04 pm.

Members Present: Dr. Mario Gaspar de Alba, Gwynne Partos, Korri Ward, Ms. Ostrovsky,

A quorum was declared.

Approval of the Minutes from the December 4, 2018 Meeting (For Possible Action)

Ms. Partos stated that in the end, she believes Ms. Ostrovsky voted late on one of the action items.

Ms. Ellis said she will reach out to Ms. Ostrovsky to confirm.
Ms. Partos made a motion to approve the minutes pending the outcome of that detail with Ms. Ostrovsky. Ms. Ward seconded the motion. The motion passed.

Discuss Subcommittee Report Funding and Insurance

Ms. Tache was not on the call. Dr. Gaspar de Alba moved on to the next agenda item.

Explanation of Upcoming Change to the Autism Treatment Assistance Program Family Assistance Reimbursement Plan

Ms. Jayme explained how the budget was originally written; \$500.00 a month and exceptions were made this last year. In combination with other pieces, it really caused ATAP to examine how they were spending the funds and making sure they were being fiscally appropriate for the legislatively approved budget. So, in July, ATAP started enforcing the policy of \$500.00 a month, up to \$6,000.00 in a year. Ms. Jayme believes the reason why it's coming up right now is because majority of insurances are on a calendar year and not a fiscal year like ATAP is. Ms. Jayme is happy to talk through it and has started examining it by looking at all family's insurances to see what kind of insurance they have. A special consideration policy for financial hardship will be put in place for families with high deductibles. This will require documents from the family, as well as the provider. ATAP will be looking at what the insurance deductible is, as well as looking at their income/expenses to see what the insurance is covering and how ATAP may be able to help them on a sliding scale. One of the pieces of that too is that there are a lot of clients who are Medicaid alleageable that are not accessing Medicaid, so there may be some shifting as families who have a primary insurance that covers, then apply for Medicaid as secondary and going to a new provider that's accepts their primary insurance. Throughout this, ATAP will be keeping this information and tracking which families have a co-insurance and which families have deductible insurance and then what number of hours they're able to get.

Dr. Gaspar de Alba thinks this is great! He asked if there are thoughts about helping more towards the beginning of the plan on the deductible based on the special consideration policy?

Ms. Jayme said they will stay with the \$6,000.00, but that would be part of the sliding scale to see how ATAP will be able to help them with the ABA Services more in the beginning, so that way ATAP is not pre-paying for services, but looking at those services.

Ms. Ostrovsky asked who will be the one reviewing this new policy and do the families have the option to appeal they do not agree with the decision?

Families will work with their Care Managers to receive all documents, then once a proposal is received from the Provider, ATAP plans to give a have a determination within the 10 days of receiving the proposal. Ms. Jayme will be reviewing these in conjunction with the State's Quality Assurance team, that way it's an outside perspective as well. If families disagree with the determination, then they can

appeal to the Deputy Administrator, Ms. Rique Robb. Ms. Jayme can have Ms. Ellis email this out to the Commission members.

Dr. Gaspar de Alba asked if the Commission members can be more involved with the policy and help with this?

Ms. Jayme answered that she is definitely open to that.

Public Comment

Mr. Steven Cohen commented. A. If there's become an expansion of the Commission, all he needs to do is file a disclosure form with Personal, as he is happy to assist in whatever ways he can. Mr. Cohen also had a question for Ms. Jayme, if read correctly, if an MCO recipient will be transitioned off ATAP entirely?

Ms. Jayme answered, if they have a Managed Care Organization, they also have case management, so ATAP's intake team is working directly with each MCO and anyone that comes on. This is so it can be a warm transition from ATAP to the MCO.

Ms. Susan Anderson had a quick request. She received the information from her Care Manager because she reached out, but she asked that all ATAP Care Managers reach out to the other insurance cases, so that they're aware the hardship policy is there. A lot of the families that Ms. Anderson has spoken to are not yet aware of it.

Ms. Jayme advised that ATAP just finalized everything last week and because of the holidays a lot of the Developmental Specialist are on vacation, but they have put together a spreadsheet and will be reaching out this week.

Mr. Eric Kessler wanted one clarification, as he just received the steps for the financial hardship. He asked, does the family have to qualify and be denied Medicaid in order to be eligible? He asked because sometimes this takes months to receive a denial letter, which then would be too late to apply for the financial hardship.

Ms. Jayme answered, if they meet the eligibility requirements, they will have to apply for Medicaid. But ones that take longer, ATAP will work with those families individually.

Ms. Jamie Hutchison, with Medicaid commented that any eligibility with Nevada Medicaid, it gets backdated up to three months from the date of the application. So, Providers can bill for these secondary services once the individual is approved.

Mr. Kessler had another question. If a family does not get all forms submitted within the ten days, are they not eligible for financial hardship?

Ms. Jayme stated that ATAP will work with the families to see what their barriers are in gaining those documents.

Ms. Lenise Kryk, from the Lovaas Center, thanked Ms. Jayme for providing that information. Since realistically being with the holidays, it's looking like the end of January for families to receive notification whether they get it or not. Therefore, they can do an entire month of services without have that knowledge, so she asked if there's a way to reimburse for the services already rendered? When exactly will the approval date be?

Ms. Jayme answered that ATAP 's goal is to try and get them back as fast as possible and will be as of the date it is approved. She asked to please keep in mind that this is a new policy and ATAP knows that they may have to work through some kinks, but this is ATAP's effort to really try to find some sort of compromise. ATAP will be working in a team, so it will not be just Ms. Jayme looking over these by herself.

Ms. Jasmine Horn, a parent, thanked everyone for their hard work. She advised that she will be one of these parents that will be asking for hardship. If she has trouble with the application, is there a point person that she can contact through phone or email?

Ms. Jayme answered that the best person will be their Developmental Specialist and if their Developmental Specialist is on vacation then please reach out to the direct Supervisor. For any reason if Supervisors are unavailable, Ms. Jayme stated that she will make herself available to meet with anyone having difficulty.

Ms. Kryk said that since it will be effective as of the date of approval, it's possible that families will have to put their services on hold for a month or even a few weeks and with that there's concerns about staffing. So, this may be something to consider that this can create a barrier. Another thing Ms. Kryk had was that she was under the impression to get access to ATAP, you will have to have notice of whether you have Medicaid or not because then you'd go to a Medicaid Provider. ATAP is also based on financial needs and as a Provider, they provider estimates and break down what exactly the family needs, based off the hours. Ms. Kryk' s confusion is ATAP is paying that larger amount early on because of that information, so she's not sure why they would have to do it all over again. Ms. Kryk is not sure about the extra hoop families must go through and the delay in stuff.

Ms. Jayme states, especially going in to a Legislative session, ATAP is going to have to show exactly why we are spending the money they are. Yes, ATAP does collect initial pieces of information when families apply for ATAP, but things change over the years so ATAP needs to make sure that if they're Medicaid eligible, they're tapping in to that, which isn't something that ATAP has enforced in the past. If someone has a primary and Medicaid as secondary, this means they have two funding sources, so that takes away their need for general fund dollars from the Autism Treatment Assistance Program. So, families can still have their ABA covered and ATAP will still help in the translation, materials, travel requests over fifty miles, potty training and pieces like that. This also allows ATAP to fund children who don't have a primary insurance or Medicaid. ATAP is really looking at their fiscal responsibility and being able to collect that data to do their due diligence in spending their money appropriately.

Ms. Rique Robb wanted to clarify that there is not a new application process. The information that is being discussed is if there is a financial hardship with a family not be able to have the \$500.00 per month up to the \$6,000.00 annually. This policy is getting put in place to ensure that ATAP is following the current policies and processes that have been in place for the current biennium. Ms. Robb explained, should there be a financial hardship, families would then submit the additional information to ensure that ATAP has all the information to decide if there's a financial hardship. This is the only new process being put in place.

Ms. Ostrovsky asked, how long does ATAP have to give a determination?

Ms. Jayme answered, that a written decision will be issued to the requester within 30 days but hoping sooner.

Ms. Michelle with The Autism Coalition asked, what is received within the 30 days?

Ms. Jayme answered that it would be the determination if ATAP would be able to give more than the \$500.00.

Ms. Robb said to keep in mind that they will have the \$500.00 for ABA services that will be able to receive that. If they're requesting a financial hardship in addition to the \$500.00, that's what would be the 30 days.

Ms. Michelle asked how long will it take if families appeal?

Ms. Robb answered, another 30 days.

Ms. Michelle asked what happens to the family should they get the initial denial; how much longer would the entire process take if alternately they get denied?

Ms. Robb advised that they would be held responsible for the funding agreed upon their Provider.

Ms. Robb mentioned to Dr. Gaspar de Alba that they have been answering questions, but probably were not following Open Meeting Laws based on what they have been doing that the last few minutes, so moving forward we must be very careful. Public comment is a comment vs. a question and an answer.

Dr. Gaspar de Alba clarified that Commission members can ask questions, just not the public.

Ms. Robb answered, correct.

Make Recommendations to Autism Treatment Assistance Program regarding Family Assistance Reimbursement Plan (Public Comment/For Possible Action)

Ms. Partos thinks that there is still a lot of questions and concerns and still does not know the specifics of it. She believes ten days to submit paperwork seem very hard and could avoid some of these difficulties if we can have input from stakeholders before things are changed. Ms. Partos is uncomfortable with just not having more specific information.

Ms. Robb stated that this information has been very open and transparent. This is notified and have been talking about it since July. It has been in the policy for the biennium and she understands that people feel like it's a change, but there have also been conversations in April about almost having to stop services, based on the management of the funding. Ms. Robb is a little frustrated in the sense that people are say that no input has been gathered and that no conversations have been had, because that is incorrect. Conversations have been held monthly, for the past five or six months. Ms. Robb thinks that they have been collecting data and has been talking with consumers and parents. As a state policy regarding the funding, people can provide input, but ATAP must implement something that is based on a Legislative authority and budget, so unfortunately ATAP does not get to say what that looks like, they just have to make sure to implement it in a fiscally appropriate manner.

Ms. Partos asked why there is so much concerned raised now rather than earlier?

Ms. Robb believes that Providers have miss information and lack of information and have upset parents. ATAP's heard from maybe eight families and five are actually being affected by it and from only one Provider. So, Ms. Robb thinks part of it is upsetting parents with mis-information. When parents actually speak with their Care Managers, they understand it better, but if they're dually insured by Medicaid and a private insurance, there's no way ATAP can provide state general funds to support that family. By telling a family that it's their right and that they should get that, it's not fair to the families. Families have gotten very tough information. Also, families had their deductibles already met, ATAP already prepaid their deductibles for this last year/part of this year, so now, deductibles are going to be due and the Providers are telling them that without that, that they will cut of their services and lose their team. Therefore Ms. Robb believes this is why the families are upset.

Ms. Partos asked why ATAP just put this policy in place if this was mentioned back in July? She believes this would have gave families more time to get the requested information.

Ms. Robb answered that ATAP has not heard from parents until just recently. Their recent feedback is the reason why ATAP felt like they needed to see what other options there were.

Ms. Robb continued, when looking at the services that has been provided and looking at strictly ABA services, which is what ATAP was structured to do is provide support, ATAP has not only been covering ABA, they have been covering Medical deductibles too. Unfortunately, this is a challenge for ATAP in the sense as, yes, it is great that families were able to get their deductibles met prior, but unfortunately that is not what this program is. Ms. Robb believes they need to continue to

maintain the structure and integrity of actual ATAP and that's really what they are trying to do. Unfortunately, ATAP is trying to undo many exceptions that were made previously and she's glad the families received what they were able to, but ATAP really needs to follow the processes and the Legislation of the funding.

Ms. Partos does not feel comfortable with making a recommendation.

Public Comment

Mr. Cohen's concern regarding the report to the Governor is transition to where it will need to go, as it is already going to be the new administration and may have to start the process over again.

Approval of Commission report to Governor (Public Comment/For Possible Action)

Ms. Ostrovsky thanks Dr. Gaspar de Alba for doing this and it looks good. She advised that they still report to Governor Sandoval until January.

Dr. Gaspar de Alba just need to add the total of Medicaid ABA providers and Non-Medicaid Providers in which Ms. Hutchison will assist with.

Ms. Partos thought the letter looked great.

Ms. Ostrovsky made a motion to approve of Commission report to the Governor pending the clarification on the Medicaid enrolled providers. Ms. Partos seconded the motion. The motion passed.

Legislative Update

Ms. Renee Portnell was not on the call. Dr. Gaspar de Alba moved on to the next agenda item.

Confirm Dates for Future Commission Meetings (for possible Action)

The Committee decided their next meeting would be on January 17, 2019 at 4:00 p.m. Ms. Partos made a motion to accept the date and time of the next meeting. Ms. Ostrovsky seconded the motion. The motion passed.

Public Comment

Ms. Jasmine Horn wanted to thank everyone for all their hard work but would like to comment that she thinks communication sometimes is an issue. A lot of information, she receives from other parents and not from ATAP. Ms. Horn stated that the website is hard to navigate with even finding meeting times. All the Insurance Assistance changes, she didn't hear about it until a month ago. She has asked to be included in the meetings but has not yet been updated.

Ms. Ellis advised Ms. Horn that she was added on the email list and should have received an email from her prior to the meeting.

Ms. Horn advised that she did receive that email and thanked her for adding her.

Dr. Gaspar de Alba asked Ms. Horn to email Ms. Ellis any suggestion she may have to improve communication.

Ms. Michelle thanked everyone for all their hard work. Ms. Michelle agrees with Ms. Horn, as she feels like there is a disconnect communication path and believes they should figure out another way to have this information transferred. Families who have children with disabilities and special needs, obviously have very full plates and believes we need to help more with what is happening with ATAP.

Ms. Anderson, a parent, advised that she never received information from her Care Manager. She stated that she's been an advocate for all the parents, and she must request the information from her Care Manager, when she feels like she automatically be given this information. Ms. Anderson then thanked everyone for all the help and aid that has been provided.

Dr. Gaspar de Alba asked Ms. Anderson to email Ms. Ellis any suggestion she may have to improve communication.

Ms. Jayme commented that ATAP has heard that input and one of the things that they have been working on is an outreach team. Then within that, starting a newsletter. ATAP is currently working on the template and exactly what they want to add. So, an ATAP newsletter is currently being created and will probably be going out monthly.

Mr. Ken MacAleese wanted to give an update on board licensing process. RBT's are going to have a fee and will be required to have background checks. Medicaid can accept provisional licenses for those who are new individuals coming through. Provisional licenses are different from the temp. licenses. They may be questions that the RBT's may need to be registered as of January 1st, which he is currently working with Medicaid to retrieve this information. For any new RBT's coming in after January 1, would have to be registered with the division and old ones may be clear until they to do their revalidation. Mr. MacAleese stated that these are probably the highest points. It is still unclear of the timeline that will be given for this regarding the process of RBT's getting registered under the emergency regulations that were put in place by the division. Mr. MacAleese will keep everyone updated as information comes along.

Adjournment

Dr. Gaspar de Alba adjourned the meeting at 1:04 p.m.