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## MINUTES

**Name of Organization:** Nevada Commission on Autism Spectrum Disorders

**Date and Time of Meeting:** April 29, 2020 12:00 p.m.

**Due to the COVID-19 outbreak, Board members attended telephonically.  
Members of the public also participated via teleconference**

### **Call to Order/Roll Call**

Ms. Lozano called the meeting for the Nevada Commission on Autism Spectrum Disorders to order at 12:01 pm.

Members Present: Trisha Lozano, Antonina Capurro, Lenise Kryk, Korri Ward, Julie Ostrovsky, Cori More

A quorum was declared.

### **Public Comment**

No public comment

### **Aging and Disability Services Division Support for Commission Update**

Abbie Chalupnik Clinical Program Planner for Quality Assurance for the Children's services team. Experience with ABA board meeting facilitation in the South. Will act as that neutral party with the commission. Can send questions and direct information to Abbie to act as a liaison between program and the commission.

### **Approval of the Minutes from the April 15, 2020 Meeting**

Ms. Lozano pg. 5, next two meetings instead of three.

Ms. Ward update from ABA board

Ms. Kryk under review of commission statute, last sentence on page 2, to correct work evolution and review the recording to fix the minutes

Ms. Jayme to review recording and make corrections

Lenise Kryk made motion to approve with corrections, Korri Ward to second.

## **Discuss Objectives, Subcommittees and timelines for the Commission**

Ms. Lozano wants to review what was done previously – Reviewed previous Subcommittees and goals of the subcommittees as reported in the June 2019 document. Asked for feedback on the Funding and Insurance Subcommittee from the Commission members

Ms. Kryk mentioned including waitlists, access, telehealth restrictions to be under this subcommittee or another subcommittee as commission moves forward. Allowing telehealth during COVID, but may change it after this is over. Will disrupt access, especially in rural areas. Medicaid rates were a push through last legislative session. Looking at labels- access instead of funding

Ms. Ward- looking at increasing access for insurance coverage (Medicaid) to lifespan and not ending at 21.

Ms. Lozano- thoughts about continuing subcommittee and ensuring that we focus on many one or two to ensure productivity. And doing side projects to present back to the subcommittees and/or commission.

Ms. Ostrovsky - Believe there is a need for the Funding/Insurance sub-committee. Looking into Legislation and what was going on across the country. Define the objectives a little different. Need to look into the Medicaid rates, there are studies going on mandated by the legislature still happening. Access to service and insurance, tracking the changes is an important part of the subcommittee nationally as well as locally. Or put it under a different committee.

Ms. Lozano- Looking at other areas and subcommittees to put these under. Resource Development was another subcommittee looking at private therapists to work collaboratively with schools. Looking for feedback in continuing this goal area.

Ms. Kryk- Stated concern with no representative from CCSD, wants to be able to lean on district to see what is currently allowed and how to be collaborative. In the strategic plan, goal was to get more resources in general, having more informative opportunities for families.

Dr. Capurro, looking at it more broadly especially since schools are currently closed, and what is funding available. Are there organizations we can partner with to see how that is happening. This is a timely issue.

Dr. More, if we want to rethink some of the subcommittees goals and put them under a collaborative efforts or community collaborations to address the barriers for services and assessments.

Ms. Ostrovsky - likes the idea of combining the committees, picking committees to be productive and create a result. Giving members the authority to do research and make recommendations can be very empowering. Give the commission the information but allowing for flexibility. Combining these issues, we may find we're more successful.

Ms. Lozano-There so was also a workforce and adult resources subcommittee

Ms. Ostrovsky, I do believe we need an adult resource, deferring to Korri for opinion

Ms. Ward would like to try something new as what we've done hasn't worked. There is a hard time getting the adults needs heard, not sure why that is as these kids are going to be turning into adults. The system they are going into isn't going to support them. There is a need to develop that. Possibly getting an adult self-advocate on one of the committees. This has historically had a focus on children, but if we look at the number of adults that have never had treatment, we need to find something for them.

Ms. Kryk- agrees with the above statements, concerning on the provider end seeing these kids grow up. Looking through the strategic plan through this year, and then needing to develop a new one. There was a poll across consumers and providers regarding committee groups and there were three across the board that were 1. Service sufficiency 2. Increased financial support 3. Qualified and sufficient workforce. Some of the items bring brought up and issues/concerns fall under some of these three. Adult services could fall under service sufficiency. Increased financial support could go under these restrictions that are financial in nature and affecting access to services.

Ms. Ward agrees with the ideas. Looking at objectives so we can keep these committees focused on lifespan.

Ms. Kryk, looking at how we organize it. Keeping it to three subcommittees and having objectives for example within that having an early intervention objective, a school age objective, and an adult objective within each of them. To ensure each part of the lifespan is represented within the committee.

Ms. Lozano, looking to possibly narrow it to two subcommittees Resource development, workforce development, adult transition which could be related. If we have proper representation in the subcommittees, we could get things done.

Ms. Kryk- like the idea of two committees, trying to think about how to condense without condensing too much. Looking at the objectives under the subcommittees to make sure things aren't lost.

Ms. Lozano can look into doing some work outside of the subcommittee and having a person who does research outside of the group and brings back the information. We don't have to define at this meeting but can think about this more and make it an agenda item on the following meeting. We can outline the possibilities of the committees and what work with be done outside of the subcommittees.

Dr. More- We can come back with two subcommittee ideas that encompass the objectives we've discussed.

Ms. Kryk agrees and will look at condensing and organizing what she has found and bring it back to the meeting. Providing some structure so we don't get out into the weeds and focus on the core issues.

Ms. Ostrovsky- agrees and things its positive if we're able to accomplish things even after starting late.

Ms. Ostrovsky made motion to table and make agenda item for future meeting. Korri seconds.

Samantha Jayme email governor's office to see when the annual report will be due, had not heard back. Will follow up.

### **Medicaid Update**

Jamie Hutchison, Social Service Program Specialist 3 with Nevada Medicaid. Oversee ABA policy as well as telehealth policy. Continuing to cover supervision, assessments, and parent training. Not covering 1:1 via telehealth due to not receiving guidance from the board as to if it is clinically appropriate. Board guidance is required in the telehealth policy for direction of scope of work. Medicaid is not clinical and cannot make that decision. Parent training can do an override if clinically necessary, this is anytime not just during COVID to increase parent training. Working collaboratively with ATAP to ensure we are aligning policies. Medicaid does cover ABA in the school setting, does not limit the place of service for ABA. On Friday there will be a public hearing on school-based policy that will open up for the school districts to bill for any service that is covered in the state plan. The school district can bill for any service and open up access. Opening up for those who might not access in the community settling. There is a roll out that has to happen; build up provider capacity, and billing. Will bring the schools additional revenue as well.

Ms. Ostrovsky requested the commission be notified when there are hearings. Would like to know what this looks like, if the school is billing will it affect services at home, what does the credential process look like. Do they have to be Medicaid certified. Would like to know and have documentation, what policies are being used moving forward. Is it the standard 1:1 and how is that being provided? Making sure they are quality services.

Ms. Hutchison - All hearing is posted publicly on the website. Was discussed in the last commission meeting, as it has been a process going on for a while. Policy has been vetted. Schools will have to follow the guidelines for licensure with the BACB, State board, and through Medicaid. Chapter 3700 in MSM. Can receive services in the school and home on the same day.

Ms. Ostrovsky- regarding the parent training, how many service providers are there and how many parents are taking advantage of the parent training.

Ms. Hutchison- Doesn't have the data at this time but can look into claims data in the future. Timely filing is up to 6 months so hard to get that data now.

Ms. Kryk- Happy at the idea of kids getting quality ABA at school and at home as 40 hours of intervention is key to success for early intervention. Questions about how that is going to come about. Has attended meetings in the past, but how is the collaboration going to work between school and home provider?

Ms. Hutchison- that is a valid concern, but will be a responsibility of the school districts and the community providers to establish that relationship. Medicaid wouldn't get involved with that aspect.

Ms. Kryk- Families have transitioned to Medicaid providers and are still struggling getting access to services. Looking at the true count of hours they are receiving. Requested data on hours kids are actually receiving.

Ms. Hutchison- Medicaid doesn't have a waitlist, it is an insurance company. Paying for services rendered. Can put together claims data, there is a 6-month lag due to timely filing. Will pull a report and look at possibly the last 2 years. There are also dashboards on the DHCFP website that are done quarterly.

Ms. Ward- Likes update on the school based services being allowed as well as in home. Worked well for son with collaboration between provider, school, voc rehab which helps with quality of life, however is Medicaid going to be providing oversight in the schools? What is Medicaid going to be doing to ensure it is 1:1 and that it can be implemented in that environment.

Ms. Hutchison- there another department under DHCFP that will be overseeing that aspect of the policy and implementation. Establishing a quality assurance piece over the school districts. Unsure of the roll out but know it is being worked on.

Ms. Ward- that is an important piece knowing that it is happening, and hasn't been the experience in the past.

Ms. Hutchison- Valid concern and it will depend on the school districts, classroom size. There is a lot that goes into the situation, and DHCFP is working on that.

Ms. Kryk- requested information on the public hearing to be shared with the commission.

Ms. Hutchison- Will send over the link, it is under [DHCFP.nv.gov](http://DHCFP.nv.gov). After the hearing on Friday the policy will be adopted and backdated to March 15<sup>th</sup>. They will read in a summary and allow for public comment.

## **Update on Autism Treatment Assistance Program**

Samantha Jayme- Regarding School based services. ASD has been a part of a workgroup on school based services through the Director's office. DWSS, DCFS, DPBH have all been involved. We have ensured input and discuss concerns with the group as this rolls out. Will continue to be on the committee and can bring any information back to the commission. Going back to Ms. Chalupnik. QA will assist commission support as a neutral party to oversee the commission. ATAP will continue to assist during that transition to ensure everything is posted. Sent out a PowerPoint prior to the meeting. Optimistic to see the growth and review what we have accomplished since the commission met in June. Our referrals have increased. ATAP hired an outreach coordinator that was going into the schools and working with different agencies to raise awareness as to what ATAP is and what we can offer. Has been working on outreach to providers to increased access. At the end of March we had 853 active children at the end of 2019 669 kids. Working on hiring staff and getting youth off waitlist. Made 29 kids active in April, and can report the numbers in a future meeting. Also hired three additional staff in March. 59 inactive children. 26 are straight ATAP insurance and underinsured. 33 service coordination- fully funded by Medicaid. Starting children during COVID whether they have a provider or not to ensure they are getting additional resources during this time. Connecting them to webinars, access to food, liaisons to school and court.

Two items ATAP has implemented since June in order to eliminate the waitlist and get family services 1. Intensive parent training for three months while waiting for an RBT to be hired or become available. 2. De-escalation training when parents need additional support with difficult behaviors. We have a commission member that has been involved to support the training. There is a provider and RBT shortage and as an agency we are looking for ways to continue to support the community. Our wait time as of March was 150 days and looking at how we can continue to lower that wait time. Outreach coordinator has been able to educate the community, help with the newly diagnosed, and work with other disciplines which has led to an increase in referrals. Over 50 providers statewide with significant BCBA growth. ATAP keeps an ongoing provider list with what insurances they accept. Prior to COVID there was RBT growth, a representative from the ABA board would be better able to discuss barriers during COVID. ATAP has allowed 1x per week an additional hour of parent training as well as rolling over unused hours with preapproval. Due to COVID they might have not been able to receive their 1:1 hours, for various reasons, one being how the business decided to give services during this time. Some companies shut down for two weeks, some have limited their RBTS, some have done only telehealth. Want to support the families to reduce regression. We have been sending out memos as things progress with COVID. We are still taking kids off the waitlist to ensure they have a Developmental Specialist to help them navigate during this time. Most communication is over the phone, but the state has a platform called TEAMS so have been able to video with families/providers as needed. We're doing everything we can through our legislatively approved budget to assist the families and the community providers. SB174 was meant to address the Medicaid rate and turned into a LCB Audit. We are continuing to work with the auditors at this time as it is ongoing.

Ms. Kryk- Just wanted to say thank you for the presentation. The graphs/charts are helpful. Thank you for the visual. Thank you for ATAP for putting things in place during this time. No questions.

Ms. Ward- Requested data on hours received. A lot of hours are critical.  
RBT/BCBA/Parent hours

Ms. Jayme- Will look into pulling a report on hours received. Will only be able to do this for straight ATAP kids. It is a manual system so might take time.

Ms. Ward- Are there are providers that don't take straight ATAP? And why? Website still has old parent manual on site that reflects \$500 not the increased \$700. What is your COVID plan

Ms. Jayme- Yes, some providers are only taking Insurance assistance or Medicaid. The numbers of straight ATAP kids have dropped as more insurances are covering. For various reasons, rate, offering more hours, safety net of an additional funding source. We have increased insurance assistance budget from 500-700. Will ensure website is updated to reflect that. We do have the special consideration policy if there is a high deductible plan we can look at the benefits to reduce deductible. Our COVID plan has been working with providers, increase parent training, starting children off the waitlist, we are the funding source not the provider so services will be based on the providers. We are contacting families as frequently if not more with resources. Will see how providers are going to move forward as things progress and will be dependent on the providers business model.

### **Confirm Dates for Future Commission Meetings (for possible Action)**

Ms. Lozano stated the next date will be May 13<sup>th</sup> with a following date of May 27<sup>th</sup> at noon.

Ms. Ostrovsky moved to add the additional meeting with Ms. Ward seconding the motion.

### **Public Comment**

Dr. Tedoff supported Ms. Kryk' s comment about treatment integrity in collaborating with the school districts regarding ABA. RBTs have to register with DHCFP, currently the schools don't have that so curious as to how they are going to do that with the school districts. Who will be supervising the state. ABAI is not accepting straight ATAP due to the reimbursement rate.

Dr. Myliko has concerns about school based services and individual vs. group based services in the school and that many might not benefit from group based services. How

will schools be hiring and who will be overseeing the services and supervising the staff. The sheer number of the workforce, and oversight of individualized services. Korri's concerns are justified.

Ms. Lozano adjourned the meeting at 1:16 pm