

# Autism Treatment Assistance Program (ATAP)

## SERVICE PROVIDER MANUAL

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**AUTISM TREATMENT ASSISTANCE  
PROGRAM SERVICE PROVIDER  
MANUAL**

The billing procedures addressed in this manual refer to the Autism Treatment Assistance Program (ATAP). Providers must complete a Provider Agreement application and meet all requirements set forth in the agreement by the State of Nevada Aging and Disability Services Division (ADSD) and utilize ATAP's agreed upon rates (see ATAP's Rates List).

All providers must obtain an approval letter for services from the ATAP intake staff prior to beginning services. Any services claimed by the provider prior to the start date identified on the approval letter will not be reimbursed.

**A. Plan of Services Authorization-Straight ATAP and Insurance Assistance Funded Plans**

- a. Care Managers will authorize all services to be provided for each recipient. ADSD will only reimburse Providers for services pre-authorized by Care Managers.
- b. When a recipient is approved for a program, the Care Manager will request a written proposal from the Provider to complete a Plan of Service and establish the budget. The proposal must be completed and returned to the Care Manager within 15 days of the baseline assessment.
- c. Once the Plan of Service is completed by the Care Manager and approved by the Care Manager's Supervisor or Program Manager, it will be faxed or emailed to the Provider. Services cannot be started until this approval is received by the Provider.
- d. The Provider will inform the Care Manager of any changes in the provision of services for each recipient. The Care Manager must approve any changes in the delivery of services and requests for additional funds to the recipient. Permanent changes will require a proposal submitted by the Provider, a new *Plan of Service* completed by the Care Manager and approved by the Care Manager's Supervisor or Program Manager.
- e. The *Plan of Service* is not to exceed the approved dates of service. Care Managers will reauthorize services yearly or sooner if a recipient's situation warrants a change.

**B. Prior Authorization-Medicaid Funded Plans**

- a. Prior Authorizations (PA) are required for all children who are Medicaid eligible.
- b. The PA must be submitted to the care manager 15 days prior to the start of services. Services cannot be started until the PA has been approved by Medicaid.
- c. PA must be completed by a Licensed Behavior Analyst or an Assistant Licensed Behavior Analyst.

### C. Supervision and Allowable Expenses

- a. Supervision must be done by a BCBA, BCaBA or a Bachelor's level person enrolled in a BCBA program who is working towards their BCBA/BCaBA credential. Medicaid children must be supervised by a LBA or LaBA who is enrolled with Medicaid. Supervision includes: program development; ongoing assessment and treatment oversight; report writing; demonstration with child; school or session observations; Interventionist and Authorized Representative (AR) training/education.
  - i. Comprehensive Plans must include at least 7 hours of direct supervision with the child, Authorized Representative, and their Interventionist(s); monthly progress reports are required. Provider may bill 1 hour per month for report writing.
  - ii. Targeted Plans must include at least 3 hours of direct supervision with the child, authorized representative, and their Interventionist(s); quarterly progress reports are required. Provider may bill 1 hour per month for report writing.
- b. Materials and supplies are allowable expenses that can be billed in addition to the supervision, but should be listed separately on the invoice spreadsheet. Materials must be pre-approved by the Care Manager and recommended by the Provider. A proposal for materials and supplies may be submitted separate from the initial proposal. All proposals for materials and supplies must include an itemized list, the cost of each item plus tax and shipping; only these items will be approved for reimbursement. Receipts for all items purchased are required for reimbursement. The receipts must clearly identify the item purchased, amount and child's name. All materials and supplies must support program goals identified on the proposal.
- c. Initial month's funding is for program development, establishment of child's baseline, training across all Interventionists and AR, and additional funds for Provider recommended learning materials. Please refer to the Service Plan at a Glance for specific funding amounts.
- d. All services must be billed in 15 minute increments per session. For example, services completed from 1:00-2:15 would be 1.25 hours.
- e. Therapeutic or Social Skills Providers are to bill hourly/session rates as defined by the ATAP rates list.
- f. Rural supplement may be available with Program Manager approval.

### D. Travel

- a. Travel time is billable based on the most current rates list when a monthly program rate is charged, if applicable, and:
  - i. Travel time may only be billed by a Licensed Behavior Analyst, an Assistant Licensed Behavior Analyst or a Consultant under the direct supervision of a LBA/LABA.

- ii. Applies only to time in transit, per trip not per child;
  - iii. Applies only when the service location is more than 50 miles from the Provider's primary place of business; and
  - iv. Travel time may only be paid if local Providers are not available to meet the need with Program Manager approval.
- b. Travel applies only per trip, not per child.
  - c. Travel is not charged against the child's budget; it is paid out of the general ATAP budget. Per diem rates can be located at gsa.gov.
  - d. Mileage/lodging/per diem may be reimbursed when the service location is more than 50 miles from the Provider's primary place of business. Travel claims must include the start and ending address for each trip.
  - e. Airfare and lodging (lodging rates are found at gsa.gov) may be reimbursed with pre-approval from the Program Manager with submission of all receipts.
  - f. Exceptions to the travel policy may be made by the Program Manager when such an exception is in the best interests of the program and program participants.

E. Transportation

- a. ATAP will not provide reimbursement for Providers to transport recipients.

F. Medical Services

- a. ATAP is a non-medical program. Providers may not perform any medical services.
- b. ADSD will not reimburse a Provider for any services not noted on the Plan of Services. The Care Manager should be contacted if there are any questions regarding the tasks to be performed.

G. Service Verification and Progress Reports

- a. Providers are responsible for obtaining from the child's Authorized Representative (AR) service verification of the dates, times, amounts and types of service provided. Each verification form must contain signatures on or after each date of service. Any billing not containing a signature at the time of service will be rejected. Corrections to verification forms must include parent initials. Any verification forms that are pre-signed by the AR or that include dates of services after the AR's signature will not be reimbursed for and sent back to the Provider.
- b. Providers must supply a progress report documenting the recipient's progress towards plan goals to the Care Manager. Frequency of progress reports is determined by the plan type or based on requirements set forth by private insurance or Medicaid.
- c. Providers must also supply quarterly and annual reports to the Care Manager documenting the recipient's progress towards plan goals. A report may be a Prior Authorization as required by private insurance or Medicaid and is required to be submitted to ATAP at the frequency the Prior Authorization is required.

d. Providers must maintain session notes. Session notes must be made available to ADSD upon request.

e. Providers must supply impact targets upon request, at baseline and annually.

f. Speech, Occupational and Physical Therapists are required to submit "session notes" at the time of billing and quarterly reports summarizing the child's progress towards plan targets to the Care Manager. Impact Target forms are required be completed at baseline and annually.

g. Social Skills Providers are required to submit quarterly progress reports to the Care Manager.

h. Impact Target forms are required be completed at baseline and annually.

i. All quarterly, and annual progress reports must be submitted in a timely manner. The report should include at a minimum:

i. Comprehensive Behavior Plan Progress Report

1. Child name, age, birthdate, AR, address, plan type and plan period.

2. Provider company name, consultant name.

3. Supervision dates, times for the quarter, separated by month.

4. Intervention hours for the quarter, separated by month (AR hours separated from interventionist hours). Use table provided below.

5. Child background information.

6. Parent Concerns and how they are being addressed.

7. Quarterly Objectives relating to plan targets, must be across at least 4 domains.

8. Baseline data quarterly objectives.

9. Summary of current data on quarterly objectives (Cannot be a narrative only. Must include actual data and data collection methods).

10. A list of all concepts/program on acquisition. Must include all domains. Indicate which programs are being conducted by AR.

11. Date of introduction for each concept/program/format.

12. Correct response rate, prompted response rate, number of

mastered targets, number of times practiced if possible, detailed program instructions/recommendations for each.

13. A running list of concepts/programs mastered to date.

14. Behavior plan with proactive strategies and data summary, reinforcement system for increasing desired behavior.

ii. Targeted Extensive Behavior Plan Progress Report

1. Child name, age, birthdate, AR, address, plan type and plan period.

2. Provider company name, consultant name.

3. Supervision dates, times for the quarter, separated by month.

4. Intervention hours for the quarter, separated by month (AR hours separated from interventionist hours). Use table provided below.

5. Child background information.

6. Parent Concerns and how they are being addressed.

7. Quarterly Objectives relating to plan targets.

8. Baseline data quarterly objectives.

9. Summary of current data on quarterly objectives (Cannot be a narrative only. Must include actual data and data collection methods).

10. A list of all concepts/program on acquisition. Indicate which programs are being conducted by AR.

11. Date of introduction for each concept/program/format.

12. Correct response, prompted response, mastered number of targets, number of times practiced if possible, detailed program instructions/recommendations for each.

13. A running list of concepts/programs mastered to date.

14. Behavior plan with proactive strategies and data summary, reinforcement system for increasing desired behavior.

iii. Basic Behavior Plan Progress Report

1. Child name, age, birthdate, AR, address, plan type and plan period.

2. Provider company name, consultant name.
3. Supervision dates, times for the quarter, separated by month.
4. Intervention hours for the quarter, separated by month (AR hours separated from interventionist hours).
5. Child background information.
6. Parent Concerns and how they are being addressed.
7. Complete List of ATAP Measurable Plan Targets.
8. Quarterly Objectives relating to plan targets.
9. Baseline data on plan targets.
10. Summary of current data/status on plan targets (Cannot be a narrative only. Must include actual data and data collection methods).
11. Recommendations/program instructions for plan targets. Should be very detailed especially if recommendations are for ARs.
12. Behavior plan with proactive strategies.

j. Failure of the child or Provider to meet the requirements of quarterly or annual reviews may result in a plan type change, probation or an exit from ATAP.

#### H. Cancellation of Service Appointment

- a. Whenever possible, the recipient will cancel services by notifying the Provider as far in advance as possible.
- b. Recipient cancellations made at least 72 hours in advance cannot be billed to the recipient or ATAP. Cancellations made less than 72 hours in advance may be billed, at the Provider's discretion.
- c. ATAP will pay for one supervision cancellation per plan year. If additional cancellations are billed to the family, Providers must establish a clear cancellation policy and provide it to families and the ATAP Care Manager in writing. This applies to children with straight ATAP and insurance assistance funding.
- d. Providers who serve children with Medicaid cannot bill the family for cancellations.**
- e. Supervision hours must be made up within the month when possible. Providers must notify the Care Manager if the family cancels or no shows for 3 consecutive visits.
- f. If a child does not receive services for 30 days or more, they may be closed.

## I. Termination of services

- a. If a provider wishes to terminate or discontinue services they must follow the Behavior Analyst Certification Board ethical guidelines for interrupting or discontinuing services.
  - i. Behavior Analysts do not abandon clients and supervisees. Prior to discontinuation or termination, for whatever reason, behavior analysts; discuss service needs, provide appropriate pre-termination services, suggest alternative service providers as appropriate, and, upon consent, take other reasonable steps to facilitate timely transfer of responsibility to another provider.
  - ii. Behavior analysts discontinue or terminate a professional relationship in a timeline manner when the client (1) no longer needs the service, (2) is not benefitting from the service, (3) is being harmed by continued service, (4) when the client requests discontinuation, or (5) when all efforts made by the provider, care manager and family to resolve conflicts have proven to be unsuccessful.
  - iii. The care manager, provider and family must work together to create a transition plan when services are being discontinued or terminated with one provider and implemented with another provider.

## J. Provider Monthly Training Requirements

- a. Providers must meet the monthly supervision hourly requirements of the plan type which include ongoing training.
- b. Providers should create and promote opportunities for AR involvement and deliver training and education at a level accessible to the AR. AR training requirements will be outlined in the *Plan of Service*.
- c. Providers must deliver monthly education and training when a Registered Behavior Technician is utilized to ensure competency.
- d. Providers must meet Registered Behavior Technician supervision requirements as established by the Behavior Analyst Certification Board. Documentation of the supervision must be maintained in the personnel record and made available to ADSD upon request.

## K. Provider Licensing, Ethics, and Background Checks

- a. Board Certified Behavior Analysts and Board Certified Assistant Behavior Analysts must have and maintain state licensure. A temporary license issued by the licensing board will be accepted until a permanent license is issued. Documentation of the licensure must be maintained in the personnel record and made available to ADSD upon request.
- b. ADSD will allow a consultant to provide supervision if they have completed a Bachelor's degree and are currently enrolled in an accredited program to become a Board Certified Behavior Analyst or a Board Certified Assistant



Behavior Analyst. Verification of enrollment is required and documentation must be maintained in the personnel record and made available to ADSD upon request.

c. Behavior interventionists must work under the direct supervision of a Licensed Behavior Analyst or an Assistant Licensed Behavior Analyst. A behavior interventionist may be employed for a period not to exceed 90 days from the date of hire while working towards becoming a Registered Behavior Technician. If the behavior interventionist does not obtain Registered Behavior Technician certification within 90 days, they will no longer receive reimbursement from ATAP for services provided. An exception may be made for rural areas where testing sites are limited with approval from the Program Manager. All behavior interventionists must become a Registered Behavior Technician and follow the guidelines established by the Behavior Analyst Certification Board. Documentation of the certification must be maintained in the personnel record and made available to ADSD upon request.

1. If a behavior interventionist fails the Registered Behavior Technician exam, they have 30 days to retake the exam. If a behavior interventionist fails the exam a second time, they cannot be reimbursed for services by ATAP until they pass the exam.

d. Licensure and certification is required to serve Medicaid eligible children. All staff who work with Medicaid eligible children must obtain proper licensure or certification, obtain a NPI, enroll with Medicaid and link to the ATAP group.

e. All providers must ensure that they undergo State and Federal criminal background checks a minimum of every five (5) years, and as indicated, to ensure no convictions of applicable offenses have occurred. Documentation of the request, and applicable results, must be maintained in the personnel record and made available to ADSD upon request.

f. All Providers must provide ADSD with documentation of all licensing as required by State regulations and/or any Provider-specific licensure or certification. Additionally, ADSD must be notified immediately of any change in licensure or certification.

#### L. Billing Procedures

a. Bills will only cover a one calendar-month period; i.e., portions of previous or subsequent months are not to be included. For example, the bill for June is to cover June 1 through 30 only. Do not include any days for May or July.

#### M. Provider Invoices:

a. A Provider invoice must be completed at least monthly. Invoices must include all children associated with the Provider even if the child did not receive services during the month of the invoice. If the Provider is not going to bill for the child, they

must include the child's information on the invoice with a \$0 amount.

- b. Providers may computerize the invoice or verification forms, or use the Excel spreadsheet supplied by ADSD, for their own convenience if all the required information is included.
- c. All Service Verification Logs signed by the AR Must be attached to the Provider invoice for each recipient. All invoices, Verification Logs, Excel spreadsheet and travel forms must be mailed to the ADSD Administrative office, emailed through secure email to [atapfiscal@adsd.nv.gov](mailto:atapfiscal@adsd.nv.gov), or faxed.
- d. ADSD will not reimburse Providers for service without the AR signature, written verification of the dates, amount and types of service provided.
- e. The Provider name and address on the invoice must be the same as listed on the Provider Agreement. ADSD must be notified in writing of any changes. The Provider is also responsible for reporting any name and address changes, or deletions, to Vendor Services at the State Controller's office.

#### N. Submission of Invoices

- a. All invoices must include an Invoice Coversheet with signature, Invoice Detail Spreadsheet, travel forms if applicable with an original signature and Service Verification Forms with AR signatures.
- b. All invoices must have a unique Invoice Number not to exceed 10-digits. This unique number must not have been used on any prior invoices for ATAP or any other program.
- c. Receipts to document proof of materials purchased must be submitted with the invoice.
- d. All invoices are to be submitted to the ADSD Administrative office.
- e. Invoices will be submitted by the 15th day following the month of services.
- f. Reimbursement for invoices submitted after the 15th day of the following month may be delayed.
- g. All invoices may take up to 15 business days for approval prior to being submitted to the ADSD Fiscal Unit.
- h. ADSD operates on a state fiscal year that runs July 1 to June 30. To meet state fiscal deadlines, invoice due dates are subject to change at the end of the fiscal year.

O. Payment of Invoices

- a. Invoices will be reviewed for accuracy and compliance as to the type and amount of services authorized.
- b. Invoices reviewed and approved by the Billing Staff are then submitted to the ADSD fiscal unit for payment. Incorrect invoices will be returned to the Provider.
- c. The State Controller will issue Electronic Funds Transfer for payment. The payment process may take up to 4 weeks after ADSD has received a complete and correct invoice.
- d. Invoice approval will be delayed and payment may be held pending receipt of ATAP approved Progress Reports or other requested documents by ATAP staff. This may cause your invoice to be stale-dated.

P. Incorrect Invoices

- a. Incorrect Provider invoices and accompanying documentation will be rejected. Providers will be requested to submit a revised Provider invoice and accompanying documentation for verification and approval of payment. All revised invoices and accompanying documentation must be returned within 5 business days to the ADSD Administrative office for payment. If the corrected information is not received within 5 business days, the discrepancies will be removed and the correct portions of the invoice will be process and paid. When invoices are re-submitted, they may take an additional 10 business days for approval.

Q. Stale-dated Invoices

- a. Invoices that are submitted more than 30 days after the last date of the month in which services were provided are considered stale-dated invoices.
- b. ADSD may not reimburse Providers for stale-dated invoices unless documented good cause is shown why the invoice was not submitted in a timely manner. An example of good cause would be an event or disaster that disrupts normal services.

R. Adjustments to Invoices

- a. Occasionally, an overpayment or underpayment may be made. When this occurs, a letter will be sent to the service Provider explaining what has occurred and how the adjustment will be made.
- b. All invoices are verified by ADSD staff. If an invoice has errors and needs to be corrected, the provider will be notified of the errors. All errors must be corrected and submitted within 5 business days. Any errors submitted after 5 business days may not be reimbursed.

S. Questions on Payment

- a. Questions on payment of submitted bills should be directed to the ATAP Billing Staff at [atapfiscal@adsd.nv.gov](mailto:atapfiscal@adsd.nv.gov).

T. Retention

- a. Providers are required to retain records of individuals under the age of 23 yrs, whose case has been closed, pursuant to NRS 629.051 for a minimum period of six (6) calendar years from the date the individual turns 23 years of age.
- b. Each Provider agency must maintain a file for each recipient. In the recipient's file, the Provider must document the actual time spent providing services and the services provided.
- c. The Provider must also maintain medical and financial records, supporting documents, and all other records relating to services provided under this program. If any litigation, claim, or audit is started before the expiration of the retention period, records must be retained until all litigation, claims, or audit findings have been finally determine.

**AUTISM TREATMENT ASSISTANCE PROGRAM (ATAP)  
SERVICE PROVIDER MANUAL ACKNOWLEDGEMENT**

Please sign below indicating that you have received and read this Service Provider Manual and agree to abide by the guidelines described therein. This form must be returned with your Provider application.

I have read and agree to the guidelines described in the Service Provider Manual.

**Service Provider**

\_\_\_\_\_  
**Business Name**

\_\_\_\_\_  
**Street**

\_\_\_\_\_  
**City, State Zip**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Fax**

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**