

May 4, 2017

Madame Chairwomen  
Subcommittee Chairs

I would appreciate your consideration for a letter of intent regarding ATAP/Medicaid coverage of ABA services for children with autism. As you may recall some \$42 million was allocated to expand Medicaid services in the current biennium but little has been spent. ATAP also underserved its budgeted caseload and has a waiting list of over 500. There is a report regularly to IFC but it contains little information largely due to lack of information from the MCO's.

I request you continue to require these regularly reports but expand the audience to include not only IFC but the interim HHS committee, the Autism Commission and the Commission on Services for People with Disabilities. Moreover I would request that the information provided contain at least the following which I referenced in my public comment on 5/1.

From the Division of Health Care Financing and Policy

- The number of children enrolled in Medicaid and Nevada Check-Up receiving ABA services through both fee-for-service and managed care models
- The number of ABA providers enrolled in the fee for service populations
- the number of ABA providers available to recipients enrolled in managed care organizations
- quarterly costs related ABA services including cost for ABA services provided to recipients and ABA related capitation rate to the managed-care organizations
- The number of BCBA's and RBT's in NV and the number accepting Medicaid

For the managed-care organizations

- the number of enrolled children who have requested prior approvals for ABA services
- the number of enrolled children who have received prior approvals
  - the wait time for the receipt of prior approvals
  - the wait time from the receipt of prior approvals to the receipt of services
- the average number of treatment hours authorized vs the number of treatment hours delivered
- the number who do not have access to services due to insufficient BCBA's and/or RBT's

From the Autism Treatment Assistance Program (ATAP), the number of current/former ATAP recipients who

- have applied for Medicaid
- have been determined eligible for Medicaid
- have transitioned to Medicaid
- are still receiving services through ATAP without Medicaid payment
- are pending transition to a Medicaid enrolled provider
- are being served by an ATAP provider and are currently on a wait list for a Medicaid provider
- have successfully transitioned to a Medicaid enrolled provider

- receive less weekly treatment hours than they did under ATAP
- The number of ATAP providers of ABA services who
  - have applied to be Medicaid providers
  - have enrolled as Medicaid providers
  - are accepting new Medicaid patients
  - are new to Nevada (became Medicaid providers in the preceding 12 months)
  - have joined the networks of Medicaid's managed care organizations

Thank you

Jon Sasser  
**LEGAL SERVICES**  
**STATEWIDE ADVOCACY COORDINATOR**