

ATAP/Medicaid Recommendations

Mario:

1. Push implementation to a hard deadline načí to January 2017 to allow for:
 - more data gathering on Medicaid reimbursements
 - provider groups to hire more BCBA/BCaBAs and RBTs
 - give interventionists more time to get certified
 - give families more time to find an RBT or BCBA/BCaBA
2. Collaborate with DETR and our institutions of higher education to provider a more efficient and economical path to certification for RBTs and BCaBAs.
3. Allow for a family driven option in which families can continue to choose any interventionist but the level of support from ATAP would be less starting January 2017. (Is there a way to do this without a fiscal agent or a more efficient way?)
4. Better plan for collaboration between NEIS and ATAP to allow children under 3 a fast track to ABA programming at recommended levels.
5. ATAP become an agent under which BCBAAs can become trainers/supervisors for RBTs. (Shannon Crozier can clarify)

Jan:

ATAP

- That the parent's current ability to hire their own interventionists with the assistance of a fiscal agent be retained
- That ATAP continue to allow payment to interventionists working under the supervision of a BCBA, without requiring an RBT credential, until at least such time is there is a sufficient RBT workforce
- That the transfer of Medicaid eligible children to Medicaid providers for individual children be delayed until there is a Medicaid provider ready, willing and able to seamlessly accept and treat the child.
- That ATAP should continue to ramp up its efforts to serve children as a Medicaid provider, utilizing the children's current interventionists as much as is practicable

MEDICAID

- Increase the RBT rate to the \$43.88, adopted by Tri Care without waiting to analyze claims data
- Nevada Medicaid should explore with CMS the adoption of the approach taken by ATAP to allow payment for services provided by interventionist under the supervision of an BCBA up to six months while obtaining the RBT credential.
- Support the efforts to grow our BCBA and BCaBA workforce through our higher education system and encourage DETR to include the BCaBA and RBT in their programs.