



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
AGING AND DISABILITY SERVICES  
3416 Goni Road, Suite D-132  
Carson City, NV, 89706  
Telephone (775) 687-4210 • Fax (775) 687-0574  
<http://adsd.nv.gov>

**MINUTES**

Name of Organization: Nevada Commission on Autism Spectrum Disorders  
Funding and Insurance Subcommittee

Date and Time of Meeting: October 18, 2018  
12:00 p.m.

Carson City: Aging and Disability Service Division  
3427 Goni Rd. #102  
Carson City, NV 89706

**Call to Order/Roll Call**

Ms. Tache called the meeting for the Funding and Insurance Subcommittee to order 12:02 p.m.

**Members Present:** Lynda Tache, Gwynne Partos, Diane Thorkildson, Shirly Gaw, Stephanie Christensen

A quorum was declared.

**Public Comment** (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item)

Mr. Steven Cohen was hoping Jamie from Medicaid would be at today's meeting, if she's not already. He advised that they're beginning to see the effects of the proposed policy change of Recipient Services. If there are any questions, feel free to call Recipient Services.

Ms. Tache asked for a brief statement of what the challenge is with the policy change.

Mr. Cohen stated it is access to care, without being too specific, due to HIPPA regulations.

Ms. Susan Anderson has some concerns with the ATAP changes for funding with Insurance Assistance cases. The main concern for parents is only having access to \$500.00 a month without attributing to \$6,000.00 a year. Ms. Anderson advised that this affects the amount of service kids can get. Ms. Anderson's son, Harley, will go from fifteen hours a week down to four hours a week. Anyone that knows ABA, knows that this will not be an affective amount of therapy. Her son, year to date has had \$5,350.00 contributed from the ATAP plan and her insurance has contributed \$25,907.00, so she is forced to go to the \$500.00 plan. Ms. Anderson's insurance isn't going to contribute for the first six months, until the deductible has been met. Per the last ATAP update, it looks like 287 families are on Insurance Assistance plans and will be affected. All hours will need to be cut, and providers are going to start losing RBT's. Ms. Anderson understands the fiscal year, but maybe give access to \$3000 up front, then another \$3000 when the Fiscal year starts again. All the parents are asking is to please give the kids the services they need and please explain where the money is going because it doesn't look like it's going towards the kids.

### **Approval of the Minutes from the October 18, 2018 Meeting (For Possible Action)**

Ms. Tache made a motion for the approval of the October 18, 2018 minutes. Ms. Partos seconded the motion. The motion passed.

### **Update on Bill to Increase Registered Behavior Technician Rates**

Ms. Tache had a conversation with Senator James Ohrenschall and there has been a bill that he has been working on with Baily Bortolin, who will be introducing herself on this call later and giving some information. They are working on the language to create a draft, which will include the Register Behavior Technician rate increase. As far as the RBT rate, Nevada is the fourth lowest at \$31.31. Ms. Tache stated that there has been conversation with Medicaid in proposing an increase rate of \$38.00 potentially. However, looking at the market, the cost of doing business and from providers, we need to increase this rate. The average across the country is \$48.00. Ms. Tache said that it's important to come with a reasonable rate to propose and to keep in mind that BCBA rates are \$120.00 and BCaBA rates are \$75.00. Tricare's RBT rate is \$42.00.

\*Note: Someone on the call put the call on hold and hold music is playing over Ms. Tache. The recording could not pick up what was said.

### **Update on Community/Stake Holder Engagement Plan**

\*Note: Someone on the call put the call on hold and hold music is playing over Ms. Tache. The recording could not pick up what was said.

### **Process of Transitioning Clients from Autism Treatment Assistance Program to Medicaid Providers**

\*Note: Someone on the call put the call on hold and hold music is playing over Ms. Jayme. The recording could not pick up what was said.

## Insurance Assistance Plan

Agenda item was skipped.

## Introductions and Support for Legal Aid Center of Southern Nevada

Ms. Baily Bortolin, is a lawyer and lobbyist for all Non-profit Legal Aid providers. Ms. Bortolin is working with Senator Ohrenschall to fix some of the problems. It is important for Ms. Bortolin to speak with the Autism Community and wants everyone to be on board with any solutions that she comes up with. For the RBT Bill draft, she is hoping to be provided a rate to propose and thinks the median is a good goal. Ms. Bortolin advised that speaking with the legislators that are working on the budget, they have told her that Tricare, \$42.00, is reasonable and doable.

**\*Note: Someone on the call put the call on hold and hold music is playing over Ms. Tache. The recording could not pick up what was said.**

Ms. Bortolin answered, she can try, but will have trouble justifying going higher than Tricare, so that would be a group effort.

**\*Note: Someone on the call put the call on hold and hold music is playing over Ms. Tache/others speaking. The recording could not pick up what was said.**

Hold music stopped and Ms. Robb reminded everyone on the call to please not put their call on hold as it's been on hold for the last twenty-five minutes.

Ms. Tache stated that she wants to research, and she believes she can get people together to help with that.

Ms. Tache asked Ms. Bortolin if they should have the number prior to finishing the bill draft with James or is it something that can be done before session?

Ms. Bortolin answered that ideally it would be best to have the number before the bill is released because otherwise, they will have to amend their own bill, which puts them in a weird position. Anytime you're asking for money, you must really justify the budget change because to give us money, they must take money from somewhere else. So, Ms. Bortolin feels comfortable having conversations with people on why it should at least be at the Tricare rate. As much as Ms. Bortolin would like to make the rate \$50.00, it's going to look like a big increase to people not in this field.

Ms. Lenise Kryk asked if she was able to say something?

Ms. Ellis answered that she was unable to and will have to wait until public comment.

Ms. Partos stated that if we start at the amount we want and have to compromise, then we're below what we think is fusible.

Ms. Bortolin understands that general strategy, but she thinks with money committee, it's a little more complicated, since the budget is such a delicate document. Ms. Bortolin advised that it is hard to do anything that affects the budget, so if Ms. Bortolin is having conversations with them and they say \$42.00 sound good to them and they'll fight for that, Ms. Bortolin then would feel uncomfortable negotiating with them. Ms. Bortolin's game is not against the people making the budget.

Ms. Tache agrees with Ms. Bortolin and mentioned a Commission meeting today at 4:15pm and she will be giving an update. Ms. Tache would like the Commission's input on this.

**\*Note: Someone on the phone had a bad connection with static and recording could not pick up everything that was said.**

Ms. Tache mentioned getting together a community shareholder engagement group of people to start getting families engaged and involved.

Ms. Rique Rob asked Ms. Bortolin if she has contacted Medicaid with those rates just to see what the median is?

Ms. Bortolin just has data only has data from some national Autism people but has not spoken directly to Medicaid.

Ms. Robb suggested to have the conversation with Medicaid, because the \$42.00 an hour is from a study that was done two years ago. So, Medicaid may have some updated information as well. Ms. Robb encourages to conversate with Medicaid because they're the ones that will have to go to the table with them to fight for any rate increases.

Ms. Bortolin advised that they are just currently laying out a blueprint but will get there.

## **Insurance Assistance Plan**

Ms. Tache asked Ms. Jayme to please speak about this agenda item for five minutes.

Ms. Jayme advised that they are currently working on a facts sheet, that she will send to Ms. Ellis to send out. The fact sheet will go through different scenarios.

Both Ms. Jayme's agenda items kind of go together. The Autism Treatment Assistance Program is working hard with their providers to ensure that all families are with providers in network with their insurances. ATAP assists to help these families and in the past, they've made some exceptions going through it, but they're trying to work with this sub-committee, so that they can really work with the insurance companies because she believes a large issue is access to getting services and insurances being that barrier. While ATAP has made exceptions in the past to front load that deductible, what

they're looking at is how they're spending their money and being fiscally responsible. Ms. Jayme is aware of the parent in the beginning of the meeting that shared some numbers and ATAP does have about 270 families on the Insurance Assistance Program and reminds everyone that every insurance looks different. What ATAP is doing is looking at every individual child to look at what their insurance plan looks like, which is kind of difficult now, due to the ending of open enrollment. They are also reaching out to their providers to start provider workgroups on this and to see what the barriers are if only giving the \$500.00 a month. Ms. Jayme stated that their budget is built for a two-year period and ATAP is currently at the end of that two-year period. These budgets are built out almost a year prior, so things change. For example, going from \$25.00 an hour for Interventionists to \$31.30 and Medicaid took over. The budget is not just built on general funds, so ATAP needs to get in revenue in order to spend. There's so much more to go over, so Ms. Jayme suggests being on the next meeting agenda as well.

ATAP is looking at their program as a whole and all their plan types, as well as the sustainability for not just the program, but for the community as well.

Ms. Tache asked, when Ms. Jayme says working with the insurance companies, how would we do that?

Ms. Jayme answered that she's talked with some providers who have already done some outreach to some of these insurance companies and to really educate them as to what ABA services look like. She knows that Culinary has reached out directly to ATAP for data and prior to them not covering anything and then they started covering up to the age of six. So, Ms. Jayme believes reaching out to the insurance companies and educating them will be a good start to help and it's a great opportunity to open this discussion with insurances. The community cannot be solely dependent on the Autism Treatment Assistance Program as they cannot be the only funding source to all of this. So, it's important to look on how to create sustainability in all aspects for these kids.

### **Confirm Agenda Items and Dates for Future Meetings (For Possible Action)**

Ms. Partos mentioned, due to the technical difficulties in beginning, she'd rather meet on the sooner end.

The Subcommittee decided their next meeting would be on December 18, 2018 at 12:00 p.m.

### **Public Comment** (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item)

Ms. Gaw wanted to comment on the RBT rate increase. Whatever is decided, she wants to make sure it's fusible and sustainable, as she does not want to see families losing hours with the increases.

Ms. Jasmine Horn advised that her family has been on ATAP's Insurance Assistance Plan for three years and they're very grateful for the ATAP program. It has allowed her son to

reach so many mile stones that wouldn't have been possible. Ms. Horn's son is now five years old, named Carter, and is now in kindergarten. If Carter didn't have thirty hours of ABA a week, he would not be where he's at today. This program has been amazing to Ms. Horn and her Care Manager, Brittany Green, has been so professional and helpful. However, re-prioritizing the monthly assistance has some real-life implications for her family and many families that she has talked to. Ms. Horn has never changed providers in the last three years. Ms. Horn is scarred that with the change, her son will not have the number of hours that he needs. She hopes ATAP consider's some alternatives to still help families. Ms. Horn mentions that she would love to be more involved with everything and asked to be on an email list to be more involved in the community.

Ms. Tache will get Ms. Horn on an email list and more involved with the community.

Ms. Susan Anderson wanted to share her gratitude. Her son Harley is seven and in a typical class. She states that they owe everything to not only The Lovaas Center for treatment, but to ATAP to making this financially possible to achieve this. Ms. Anderson said that they have a lot of other expenses dealing with Harley's care. Ms. Anderson asked if there's any way to get on a board as a parent, as she feels like parents do not have a voice.

Ms. Tache advised that there's only a certain number of members that can be a board, but there is room to have a voice in this community.

Ms. Kryk has some questions and comments for the Commission just to think about. She knows Ms. Jayme only had a little time to present, so she is looking forward to the next meeting to hear more. Ms. Kryk mentioned the RBT rate for Tricare, and that The Lovaas Center does have Tricare cases and will be happy to present some data so that everyone has a little more information on what the rates look like and to let her know what is needed, as they're always happy to help. Ms. Kryk mention what Ms. Jayme stated about going to the insurance companies and trying to make this a more global change. Although Ms. Kryk thinks it's a wonderful idea, she knows that idea is longest term and not going to fix the immediate problem that is occurring. Also, ATAP wants to look at each individual plan type, and there is a lot of different ones, so Ms. Kryk's question is, if looking at all these plans, wouldn't the distribution be based on the individual plan if really individualizing it? And Ms. Kryk knows there will be caps and regulations, etc., but if ATAP is really looking at it as an individual perspective, she thinks the distribution should get looked at the same way. With the distribution, The Lovaas Center is happy to provide a visual, as they have taken a client and broken it down three different ways; What it was looking like, what it can possible look like with some solutions in the middle and what it will look like if continues with the distribution of only \$500.00 per month. With this visual it will be show, within the first two to three months, the services that are rendered will equal \$6,000.00 or more or less depending on the insurance. With that, there are some insurance companies that \$500.00 works for, but it is a very small part in the pot. Ms. Kryk understands that ATAP is an assistance program, but at \$6,000.00, ATAP is only really assisting with about eight percent of a full home program, which is a pretty low amount. Last comment Ms. Kryk had was about the workgroups that Ms. Jayme mentioned. Ms. Kryk said they were a part of it along with a couple other providers, but it's kind of fizzled out or maybe there was some confusion, but to please reach out to them as they are always willing to participate.

Ms. Gwen Dwiggins had a comment for Ms. Bailey Bortolin. To Ms. Dwiggins' understanding, one of the issues that has come up for the rate is that they have a request to providers to submit justification of increasing this rate, in terms of; taxes we are paying, benefits that we offer our employees, etc. Last time this request was made, two providers responded. Being realistic, Ms. Dwiggins agrees with Ms. Gaw in not wanting to see hours being reduced for the rate increase. Ms. Dwiggins advised that this isn't just a numbers issue, it is a provider's issue. She stated that you will not get this information from Medicaid and asks Ms. Bortolin what data she needs to be presented? Medicaid will not just go for Tricare's rate as Medicaid looks at multiple factors.

Ms. Bortolin agrees that they will not increase an RBT rate and suddenly every child in the state is going to get access to services and this is just a piece of what she is trying to do. Ms. Bortolin states that she is open to any and all suggestions and her inbox is always open to what we can do to fix the problem. Ms. Bortolin does not believe it is just the RBT rate and believes she is lacking a lot of information from state Medicaid, which she put in a request for this information.

Ms. Dwiggins point is for all providers to step up and submit this information when Medicaid asks for it. Two providers are not everybody.

Ms. Tache asked Ms. Dwiggins if she had any ideas on how to get providers more involved?

Ms. Dwiggins' personal thought is to educate parents on what other options there are. Too many providers keep talking about a rate and she doesn't believe it's a rate issue, it's more of a business model issue.

Ms. Tache believes it is a combination.

Ms. Dwiggins said it may be a combination, but one of the things that she is hearing is the concern about the Insurance Assistance Program. If the amount of money was coming out of the general funds, it's going towards Medicaid patients that could be recurred through Medicaid, you would have a lot more funds to be able to deal with the Insurance Assistance Program. Ms. Dwiggins feels like there's a lot of missing information given to parents and respectfully, ATAP and Medicaid are the ones that get thrown under the bus. Ms. Dwiggins does not use ATAP funding at all and they are sustainable. So, it's not an ATAP issue, she thinks it's more global and a lot of misinformation being put out.

Ms. Ostrovsky said she knows she'll have time at the Commission meeting today, but as a parent and participant on this call, she agrees with Ms. Tache in having a strategic team and they'll be reaching out to parents, so keep a look out for emails and try and stay in the loop because things are going to happen fast. She mentions RBT rates and how there's going to be a high and a low rate, and the legislators are going to look for a compromise. Ms. Ostrovsky has been involved for many sessions and advised that sometimes it takes baby steps.

## **Adjournment**

Ms. Tache adjourned the meeting at 1:20 p.m.