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MINUTES

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

Date and Time of Meeting: December 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 12:03 p.m.

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

A quorum was declared.

Public Comment

Ms. Tache mentioned when having Bailey Bortolin speak at the last meeting, she was under the impression that the Tricare rate was \$42.00; However, Ms. Tache did some research and the rate is \$52.00. Ms. Tache asks how we can update that number in the last meeting minutes?

Ms. Ellis explains that we are unable to revise the last meeting minutes, but it will be noted in this meeting's minutes since she stated it on the record.

Approval of the Minutes from the December 4, 2018 Meeting (For Possible Action)

Ms. Tache made a motion to approve the minutes. Ms. Thorkildson seconded the motion. The motion passed.

Legislative updates

Ms. Tache is excited to say that they do have a BDR draft number that they will be addressing the rate issue and also some reporting issues. They do not have the language yet; however, the BDR is 680 and sponsored by Senator James Ohrenschall. Currently they are figuring out when the language will be available. Ms. Tache stated that they did take consideration in all conversations that we held about what the appropriate rate should be for the RBT rate in the state of Nevada. Ms. Tache thanks everyone for their input and feedback and if anyone wants to follow it on their own, they can go to Leg.state.nv.us, click on BDR list under NELIS. As an individual, you're allowed to track a certain amount of Bills for free.

Ms. Tache mentioned that a bunch of stakeholders will be getting together to start strategizing how to get our insurances involved. So, she will keep everyone posted on that as well.

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

Ms. Jamie Hutchison from Medicaid mentioned how thankful she is to have Samantha Jayme on the call as well, to help with this agenda item, as it is more on the ATAP side of things.

Ms. Samantha Jayme wanted to clarify one thing. The children with Medicaid that are being served through ATAP are all with Medicaid Providers. ATAP is just switching from having Providers bill through ATAP, to having the Providers direct bill Medicaid. For children that are not with Medicaid Providers, then ATAP help finds them a Medicaid Provider. Ms. Jayme stated that she's grateful to see their Provider list growing with more Providers that are enrolled in Medicaid. Starting January 1st, 2019, ATAP Providers, with exception of Rural Providers, will really be starting to direct bill. Ms. Jayme will be working closely with the Rural Providers to see how they can best support them in billing Medicaid and maintaining the staff because what is being seen is having a hard time retaining Registered Behavior Technicians. Ms. Jayme has been in contact with Stephanie Christenson, Michelle Canning and Robert Johnson that are in those areas as well as other areas in the North, to see what can be done to help support them in that.

Ms. Tache asked, before the Medicaid wavier for ABA was in existence, everyone was treated through ATAP?

Ms. Jayme answered, correct. ATAP was the funding source since Medicaid did not cover. They are still under ATAP. ATAP is still serving the children, but Medicaid will be paying for the Applied Behavior Analyst. ATAP is still doing case management as well as additional items, such as; Materials, translation, assist BCBA's with travel over 50 miles, one-time potty-training allotment.

Ms. Jayme continued, when Medicaid started covering in 2016, ATAP identified which Providers would be enrolling in Medicaid and also had contracted BCBA's and RBT's through a state contracting company, to start serving those kids. ATAP also allowed the Registered Behavior Technicians to have a transition period to getting that certification, where ATAP would pay general fund dollars while they were doing that, then bill through Medicaid. As of July 2018, all of ATAP's Medicaid children that were with a non-Medicaid Provider were transitioned over. Ms. Jayme mention some of ATAP Providers were billing Medicaid from the very beginning and some wanted to faze that in to see how everything was going before starting. Ms. Jayme stated that they were excepting Prior Authorizations through ATAP, submitting the Prior Authorization and doing the billing now. ATAP is fazing that out as of January 1st, 2019, so that Providers will start direct billing Medicaid. With all this, ATAP will still be serving the children and still provide case management services and the other supplemental pieces that she mentioned previously.

Ms. Tache asked if there are numbers to show for the families that weren't able to find a Medicaid home?

Also, Ms. Tache asked if ATAP is still contracting BCBA's?

Ms. Jayme said she can have Ms. Ellis send it out to the members, but Ms. Jayme does have a timeline of the transition of how many children they started with and every quarter it's re-evaluated. All of the children were able to get to Medicaid Providers by July, there are some that lost their Medicaid Provider due to other reasons such as; Providers closing, not the right fit for the family etc.

Ms. Jayme stated that they are no longer contracting with BCBA's or RBT's. Most of the ones ATAP contracted with either were absorbed into another company or some BCBA's actually created their own companies.

Ms. Tache asked if ATAP still have RBT codes available?

Ms. Jayme answered, yes.

Ms. Jayme said they have been working very closely with Ms. Hutchison to try and create Provider calls. One call was held two weeks ago, and another is scheduled for this Friday at 9am for ATAP Providers that are enrolled in Medicaid or interested in enrolling in Medicaid, just to go over the transition. Ms. Hutchison is also answering questions and connecting all Providers to the appropriate people within DHCFP to help them with billing. ATAP's goal is to be transparent

and communitive with all Providers to make sure they have all the tools they need.

Ms. Tache asked if she can be included in the Provider call?

Ms. Jayme answered yes and will forward Ms. Tache the calendar invite.

Ms. Thorkildson stated that there is not a lot of data from the Managed Care side of Medicaid about what is happening with services. Ms. Thorkildson asked what the status was on getting cooperation from the HMO's?

Ms. Hutchison answered that there are very few children receiving services from the MCO's, so she can try to get ahold of that data, which will take a little time, but in the big picture, Fee For Service is the general Provider ABA services for Medicaid. Majority of the children receiving ABA services are on Fee For Service, very few have MCO's because getting in to children with disabilities, majority of the time they are receiving Social Security disability, in which this is an automatic qualifier for Fee For Service.

Ms. Thorkildson stated that the information Ms. Hutchison provided does not match with the parents that she talks to every day. Only a small portion of the families that she works with are eligible for SSI. So, Ms. Thorkildson is concern that they're missing a piece of the pie and the data isn't clear yet for her.

Ms. Hutchison is speaking only on the data that she has.

Ms. Jayme wanted to speak from a program perspective, and what they're seeing. ATAP does have Providers who are enrolled in the Managed Care Organizations, primarily HPN and Anthem and a few with Silver Summit. What ATAP does at their intake process is have ATAP's contact person connect with the case managers all three MCO's monthly. ATAP sends them a list of all the children on the waitlist that have applied for ATAP, so they can connect to them directly. The MCO's will typically send a response with a status. ATAP tries to build that bridge as much as possible, but as far as a data standpoint, Ms. Jayme cannot speak on that.

Ms. Thorkildson asked that when reporting ATAP data for Managed Care Plans in their monthly reports, for it to be very clear, so there's no confusion.

Ms. Jayme said she will make sure to collaborate with Ms. Hutchison to get the most efficient data on her end.

Ms. Tache asked where these reports can be located?

Ms. Jayme answered that they can be found on the Commission website under the dates were ATAP presented an update.

Ms. Tache assumes that there are families out there that ATAP doesn't even know about, that would be Medicaid based and feels like they should be found.

Ms. Jayme said yes. From ATAP's perspective, there are because ABA is covered 100 percent, Medical necessity through Medicaid. So, there are some families that do not go through ATAP. There have even been families who have applied for ATAP and are given a Provider lists of all Providers in network/not in network with ATAP and sometimes they find a Provider on their own, because sometimes they do not need that case management service.

Ms. Tache asked Ms. Hutchison if she had all Medicaid? Whether they go through ATAP or not.

Ms. Hutchison answered, correct. She stated that their reports are published quarterly and available on the ADSD website, under ABA programs. Reports have been posted from when the program had started in 2016; however, they do not have MCO data on the reports because that is published by the MCO's.

Ms. Tache asked who the contact was at ATAP?

Ms. Jayme answered, it's one of her Developmental Specialist named Victoria who oversees that, and Ms. Jayme can see who the best contact is for each MCO and provide the members with this information.

Ms. Tache believes it would be beneficial for an MCO representative to be on the next meeting agenda.

Insurance Assistance Plan

Ms. Jayme recapped what she spoke about yesterday at the Autism Commission meeting. She discussed that ATAP has enforced their policy as of July 1, 2018. The reason why she believes it's coming up now is because a lot of the insurance plan types are on a calendar year and not a fiscal year like the State works. Ms. Jayme explained the enforcement of the policy was per the Legislatively approved budget and it is \$500.00 a month, up to \$6,000.00 a year. ATAP really listened to the concerns of the parents and through that, worked with the ATAP team to develop a special consideration policy, which is regarding financial hardship. So, this is when the deductible is large, and the family can not afford that deductible for the ABA services. Ms. Jayme will send this out to all the Commission members. Essentially with the financial hardship, ATAP will be looking at what the Provider has requested, what has been approved from the insurance company and what that looks like in a breakdown of hours. They'll take in to consideration their deductible and what the constraints are if they are only receiving \$500.00. ATAP will also look in to their income and if they qualify for Medicaid or not. If qualified with Medicaid, ATAP will help enroll them with

Medicaid, so they may have a primary insurance and Medicaid as secondary, to be fully funded. For those not qualified for Medicaid, ATAP will look at what their finances are in conjunction with the deductible and then determine a sliding scale of what in addition to the \$500.00 they would be able to give to help access ABA service coverage.

Ms. Tache asked, if someone has a serious hardship, with a deductible of \$8,000.00, would ATAP be able to give them that \$6,000.00? Is there limitation on what ATAP can do?

Ms. Jayme answered that it would be up to the \$6000.00, but no guarantees that \$6,000.00 will be spent in one month because ATAP will still need to maintain their fiscal year which is in the middle of the calendar year, so they probably wouldn't be able to go over the \$3,000.00 within January to June because that would go into the next fiscal year's budget. ATAP will also need to see what the insurance has approved, what the hours look like and if they're able to meet the hours that are approved. So before paying, ATAP would work with each family and Provider to see what they are able to accomplish within that time and what that looks like cost wise. Essentially ATAP will be involved in the process more than they were before, so they will no longer be auditing on the back side and know exactly that the money will be going to the ABA services.

Ms. Tache asked about the process and if it would disrupt services?

Ms. Jayme explains when going in to the Legislative session, ATAP will make sure to show Legislators that they're doing their due diligence before giving money for the insurance costs. ATAP is starting to get this out to the families that they think would qualify, but they will not be able to apply until after January, when the Provider gets the insurance information. Once insurance information has been given, then they can send everything in to ATAP. Ms. Jayme will be reviewing these, along with all the other ATAP supervisors and Quality Assurance team. Ms. Jayme will make an initial determination and for those who appeal the process will then go to the Deputy Administrator, Rique Robb. Ms. Jayme made it clear that throughout this time, ATAP will not be taking away funding and families will still have the \$500.00 and if approved for more, then it will increase.

Ms. Partos asked two questions; When does the ten days start? Can the timeline be increased for parents having trouble gathering all the proper paperwork in time?

Ms. Jayme advised that the ten days starts once the Provider provides the proposal. Ms. Jayme understands that this is a brand-new policy and that there may be hiccups along the way and they may need to adjust some things, which ATAP is open to receiving feedback from parents and adjusting.

Ms. Partos appreciates ATAP's flexibility.

Ms. Rique Robb wanted to add on what Ms. Jayme had stated. Regarding this process, one, because it's a new process, and two, ATAP is really trying to look at the overall ABA cost and the services that are being provided. When the parents turn in their information, it is to show that this is a financial burden, based on what was previously paid to what will be paid moving forward. Once the proposal is received from the Provider, this will give ATAP a lot of the information as to why it has now become a financial burden, based on the details of the child's needs. Ms. Robb stated, if the needs haven't changed for the child, then the Provider should already have that detailed information. So, she hopes that they have already been given this information from the Provider, so they can just copy this information to ATAP for review.

Ms. Tache thanked Ms. Jayme, Ms. Robb and Ms. Hutchison for listening to the community and sharing this information with everyone.

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

Ms. Tache would like to reach out to some MCO contacts to participate in the next meeting agenda.

Ms. Thorkildson stated that John Sather and Bailey are doing an around the state tour now, talking to folks. They were asked by Sisolak's transition team to put together a blueprint about Autism services. They are doing some interviews and Ms. Thorkildson had the chance to meet with them yesterday. She believes it's due to the Governor soon and what is decided to be published or not, she thinks it might be worth it to keep that on the radar screen. Ms. Thorkildson also thinks it would be nice to have them present on a future meeting once they put it all together.

Ms. Partos would love to have an update from ATAP on how the hardship is coming along.

The Subcommittee decided their next meeting would be on January 15, 2019 at 12:00 p.m.

Adjournment

Ms. Tache adjourned the meeting at 12:59 p.m.