

Early Childhood Subcommittee Approved Recommendations and Strategies

Recommendation	Strategy
<p>1). Provide comprehensive ABA treatment according to BACB guidelines, and Occupational, Speech and Language, and Physical therapies as medically necessary, for all children with ASD and within 30 days after a failed ASD screening.</p>	<p>1.1). Workforce development</p> <p>1.1.1). Build provider capacity by developing and funding programs within the Nevada State System of Higher Education to enhance education and practical training of undergraduate and graduate students to support development of a competent and adequate professional workforce for all disciplines who will work with children with ASD.</p> <p>1.1.2). Collaborate with School districts, state agencies, and private agencies to allow full time employment for behavior interventionists.</p>
	<p>1.2). Funding</p> <p>1.2.1). Fund programs that will allow all children to access ABA using the guidelines developed by the Behavior Analyst Certification Board (BACB).</p> <p>1.2.2). Insurance funding for treatment levels will be based on provider recommendations and the locus of control is with the care provider, not the insurance company.</p> <p>1.2.3). Fund Medicaid to allow a competitive rate structure for ABA and other services and allow ample supervision hours to develop, attract, and keep ASD providers in Nevada.</p> <p>1.2.4). Nevada state laws will be aligned with the Affordable Care Act (\$36,000 annual cap will be removed, etc.)</p> <p>1.2.5). Provide more funding for oversight activities to ensure treatment fidelity w/public funded services.</p>

2). All children will be screened for ASD at the earliest age possible utilizing the most effective, scientifically advanced screening tools available and be referred for a comprehensive diagnostic evaluation within 45 days.

2.1 Screening

2.1.1). The Nevada Autism Commission will analyze research to identify and advocate for the most effective, scientifically advanced ASD screening tools or procedures that can be implemented for Nevadans.

2.1.2). Collaborate with QRIS/Nevada Stars rating system and require ASD screenings in Early Childhood Education environments. Results from a failed screening would be given to the child’s parents and they would be referred to their pediatrician.

2.1.3). Nevada Medicaid will reimburse more for ASD screenings to allow pediatricians to take the time to do a thorough screening at the youngest possible age, and if a failed screening results, to educate parents as recommended by the AAP guidelines.

2.1.4). Rural children will receive services through monthly pop-up clinics where hands on screening, diagnosis, and supervision can supplement tele-med services.

2.1.5). Pediatricians will use the most effective and scientifically advanced tools or procedures to screen at pre-determined intervals and reimbursement for well child visits will be tied to a completed ASD screening.

3). Increase Community Awareness and Education about ASD.

3.1). Professional education

3.1.1). Autism specialists will address professional conferences to provide education about screening, best practices for treatment, local providers, where to send parents for more information, and funding sources, etc.

3.1.2). Autism training modules will be created and made available on a state supported autism website.

3.1.3). Promote the dissemination of best practices and guidelines. Educate about Nevada laws that promote immediate referrals for diagnosis and services and parent education after a failed screening.

3.2). Parent education

3.2.1). Educational materials will be developed and made available for families so parents will not fear an ASD diagnosis (remove stigma) and understand early, intensive treatment is necessary and effective, and understand how to access funding help (like Katie Beckett, ATAP, etc.)

3.2.2). Publish a Nevada-specific first year booklet (and corresponding website) to educate parents of children who have failed an ASD screening. Explain resources and funding specific to Nevada and establish a website that would be a Navigational guide.

3.2.3). Design, print, and distribute posters to be displayed in Pediatrician's offices for parents to view that will deliver information about what autism is, its prevalence, the importance of screening at the earliest age, the necessity of starting treatment immediately, best practices for treatment, and to compare outcomes for treated versus untreated children.

3.3). Community Awareness

3.3.1). Develop an outreach and education campaign (radio and TV PSA's or advertisements) for the general public to convey factual information about ASD, reduce stigma, and dispel myths.

3.3.2) Develop an outreach and education campaign targeted to students and the unemployed to encourage career decisions to become an ASD provider.