



**Nevada Commission  
On Autism Spectrum Disorders**

*Addressing issues across the lifespan*

June 25, 2016

The Honorable Governor Brian Sandoval  
State Capitol  
101 N. Carson Street  
Carson City, Nevada 89701

Dear Governor Sandoval:

As chairperson of the Nevada Commission on Autism Spectrum Disorders, I am writing to update you on the activities of the Commission, as required by Executive Order.

The Commission was reinstated by your Executive Order on February \_\_\_\_, 2016. I was asked to serve as chairperson of the commission and 3 new members were also asked to serve and 1 former commission member was reinstated. In keeping with the previous commission's excellent work, we have continued to work on the goals of the 5 Year Strategic Plan previously created. It is important to note that while the strategic plan submitted to your office had annual goals, these are ongoing and the commission will work on them and adjust the time line as we move forward. In order to most effectively reach the goals set forth in that plan, new subcommittees have been created with those goals in mind. The new subcommittees and their associated goals as stated in the 5 year strategic plan are:

Funding and Insurance with Jan Crandy, Chair.

- Maximize public and private funding sources to support the full scope of services needed for all Nevadans with Autism Spectrum Disorder (ASD). *Place 2016 goals and mention ongoing work on 2015 goals.* (In 2015: Ensure Medicaid begins coverage for ABA; Address insurance barriers; Advocate for maintenance of and/or increase to state and federal funding.)

Resource Development with Jan Marson, Chair.

- Increase the system's capacity for diagnosis, treatment, services and supports for individuals with ASD across the lifespan. *Place 2016 goals and mention ongoing work on 2015 goals as they are ongoing.* (In 2015:

Policy in place which delivers immediate access to treatment and services based on failed autism screening.)

Workforce Development with Shannon Crozier, Chair.

- Expand the number and quality of professionals providing services to individuals with ASD. *Place 2016 goals and mention ongoing work on 2015 goals as they are ongoing.* (In 2015: Track and fund statewide Registered Behavior Technician training.)

Adult/Transition Services and Resources – no Chair at this time.

- Understand the needs of the ever-growing adolescent and young adult population with ASD and determine how best to meet their unique needs. Expand and develop new service plans that will provide them with the opportunity to reach their potential, live as independently as possible, and have a good quality of life.

Community Education with Denise Robinson, Chair.

- Promote a well-informed, empowered and supportive Nevada population around the issues of ASD. (Enclosed is an update on progress made on the recommendations from the Commission's Five-year Strategic Plan goals/objectives for 2015.)

The Commission has met as a group \_\_\_ times since being reinstated. During that time we have met with the representatives from Medicaid, Nevada Early Intervention (NEIS), the Autism Treatment Assistance Plan (ATAP), and the UNLV Center for Autism Spectrum Disorders to better understand the current needs of our state regarding autism awareness, availability of assessment and treatment services, and the current model for insurance and reimbursement for autism services. The Department of Health & Human Services Aging and Disabilities Services Division website specific to the Autism Commission has been updated to include all relevant information regarding the changes in the Commission and its activities.

Nevada's Autism Statistics and Highlights as reported to the Commission since March 2016:

\_\_\_ children with ASD in Nevada

Medicaid:

- \_\_\_ served under Medicaid
- \_\_\_ other Medicaid

ATAP

- 657 total children served by ATAP

- 3 are under 3 years
  - 173 are 3-5 years
  - 205 are 6-8 years
  - 139 are 9-11 years
  - 137 are 12-18 years
- 581 children on ATAP waiting list; average age 7
  - 53 new applications per month on average for ATAP services in 2016
  - 236 days on average a child will be on the ATAP waiting list
    - 76 children under 3 years on waiting list
    - 299 children 3-8 on waiting list

NEIS

- \_\_\_\_\_ children with ASD served by NEIS
- \_\_\_\_\_ is the average age at which a child is diagnosed with ASD in NEIS
- Place holder

The Commission is proud to recognize and applaud our State for the ongoing additional funding to address the needs of individuals with autism, to improve our education system, and the legislation passed during the last session to support individuals with ASD and disabilities.

We believe our State has made great strides to improve access to treatment and in some ways is a leader nationally in this area. However, there continue to be important concerns and obstacles to address the needs across the lifespan of all Nevada individuals and families affected by ASD. The commission sets forth that the most important of these include:

1. ATAP's decision to require all treatment providers as of July 1, 2016 have a certain level of training (Registered Behavioral Technician (RBT)) in order to be reimbursed for services. While this will help ensure that children receive the highest level of treatment in the long run, it will create a serious obstacle to receiving services in the short term due to the sobering lack of services providers who meet these requirements. **at this time ATAP has only \_\_\_ RBT's medicaid certified to serve a population of \_\_\_.** ATAP has **wisely** -- (it is not wise and I don't think we should use this word, it is not wise and against what the commission has recommended. ) allowed providers who are currently serving children and who may be hired in the future, but do not meet the minimum training, 6 months to become certified. Cost, time, and difficulty finding adequate training programs make this difficult. **Therefore \_\_\_ number of current children being served by ATAP will go without services until providers can be found or certified.**
2. ATAP, as of July 1, 2016 will begin transferring funding of services of Medicaid eligible children to Medicaid. ATAP reports that 55% of their children are Medicaid eligible (361 children). At this time there are not

**Comment [J1]:** this word should not be used, at our meetings a majority of the commission has agreed this is not wise.

**Comment [J2]:** We need a number

enough Medicaid enrolled BCBAs to supervise, or RBTs to treat, 55% of ATAPs caseload. **As of May 2016 Nevada Medicaid had enrolled 20 BCBAs and 64 RBTs.** To provide this number of children with a basic level of services, it is conservatively estimated that \_\_\_\_ BCBAs and \_\_\_\_ RBTs will be needed. **Therefore by expediting the requirement to only pay RBT's those being served by ATAP will go without services for an extended period of time.**

Comment [J3]:

3. ATAP has opted to eliminate the option for a family to hire their own service provider. **Which will ensure children go without serves.**
4. Managed Care and Medicaid's current rates of reimbursement for the delivery of ABA **may** be too low to encourage current providers to enroll as Medicaid providers. Some providers are already transitioning children out of their care as they feel the determined rate makes it impossible for them to continue providing services and meet their expenses.
5. Managed Care and Medicaid's current rates of reimbursement for the delivery of ABA **may** be too low to attract new providers to our state to ease our overwhelming shortage. Please see appendix A
6. Ongoing insufficient workforce and staffing issues for autism programs to meet current needs; compounded by ATAP changes and Medicaid reimbursement rates. Please see Appendix A
7. Lag between initial concerns, identification (failed screen and diagnosis) and access to evidence based levels of treatment; especially in those under 3 years of age.
8. Assessment and services disparities for critical populations including rural/remote locations, racial/ethnic groups, and low socioeconomic status.
9. Lack of services, funding, and supports specific to young adult ASD population needs which support self-determination including transition services, housing, and pre-vocational and vocational training funding to allow for meaningful employment.
10. Medicaid's lack of coverage for evidence-based treatment specific to ASD (ABA) for individuals over the age of 21

Comment [J4]: Will not may

Comment [J5]: will

The commission has recently made recommendations to the Legislative Health Care Committee to address some of the above concerns. Our recommendations included:

1. ATAP continue to allow payment to interventionists working under the supervision of a BCBA, without requiring an RBT credential, until there is an RBT workforce ready to serve a minimum of 50% of the children enrolled in ATAP and Medicaid that reside in Rural, Southern, and Northern Nevada.
2. **For the time being,** ATAP continue to support the policy allowing parents to be the employer of record for their child's interventionists with the assistance of an ATAP provided fiscal agent.
3. ATAP delay the transfer of ATAP Medicaid-eligible children to Medicaid until there is a Medicaid provider ready, willing and able to seamlessly accept and

Comment [J6]: remove and start with ATAP

provide medically necessary and evidence based levels of treatment to the child.

4. ATAP continue to ramp up its efforts to serve children directly as a Medicaid provider, utilizing the children's current interventionists as much as is practicable.
5. Expand efforts and funding to grow our BCBA, BCaBA, and RBT workforce through our higher education system and encourage DETR to include the BCaBA and RBT training, internship and certification in their programs and scholarships.
6. Improve collaboration between NEIS, ATAP and Medicaid to allow children under 3 years of age a fast-track to accessing ABA programming at recommended levels.

Future reports will be formatted based on the 5 year strategic plan goals and work of each of the subcommittees that aligns with each goal area. This report is meant as an overview as this new commission begins moving forward.

We appreciate the valued support we receive from ADSD staff and your Chief of Staff. Because of your support, children with ASD have the hope of reaching their real potential. The members of the Nevada Autism Commission thank you for your ongoing and valuable support. We are grateful for and trust you have shown in us and this commission by renewing the Executive Order which has allowed the commission to continue to function. The commission and its subcommittees will continue to work on ways our state can lead the way in its care of individuals with ASD in the most effective and efficient manner so that all Nevadans living with Autism Spectrum Disorder will achieve optimal outcomes to reach their full potential.

Comment [J7]: repeats the opening

Comment [J8]: our

If you have additional questions, my contact information is (702) 992-6847 or Mario.gaspardeba@unlv.edu.

With hope and gratitude,

Mario J Gaspar de Alba, M.D., Chair

Ms. Adie said there are 350 kids that are active and about 350 kids that are on the waitlist that have Medicaid. She added there are about 130 kids that are having to transition from a non-Medicaid provider to a provider that accepts Medicaid.