



**Nevada Commission
On Autism Spectrum Disorders**

Addressing issues across the lifespan

June 30, 2019

The Honorable Governor Steve Sisolak
State Capitol
101 N. Carson Street
Carson City, Nevada 89701

Dear Governor, Sisolak:

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

First and foremost, the Commission on Autism Spectrum Disorders expresses its gratitude for your dedicated support during your initial time as governor. We appreciate your efforts to understand the state of autism in our state and the dire need for services provided to children, adults, and families affected by autism.

The commission has met several times since our last report of December 2018. All members of the commission, and those who are now subcommittee members, are passionate about improving the lives of children and adults in Nevada who struggle with autism. We have spent the last 6 months focusing on the legislative session, seeking support for legislation that we endorsed. We believe each piece of legislation is critical to the improvement of services and outcomes for children with autism in our state. A summary of that legislation follows:

1. SB174 (Sponsored by Senator Ohrenschall) - The goal of the bill was increasing ABA-based therapy availability to children with autism by increasing the Medicaid reimbursement rate for ABA therapy from \$31/hr. to the national average of

\$48/hr. Increasing the reimbursement rate would have increased the number of providers who accept Medicaid and the number of registered behavioral technicians available to provide therapy to children with autism. This was removed from the final version of the bill, though we as a commission still believe this increase is necessary. Secondly, it required an audit ~~be done~~ of Medicaid, Medicaid managed care programs, the Autism Treatment Assistance Program, and any other program or services provided through the Department of Health and Human Services, concerning the delivery of evidence based services for children with autism spectrum disorders. The audit is to include assessment of wait times, rates of reimbursement, lack of providers of services, procedures for authorization of services and delays in obtaining assessments and diagnoses, that inhibit access to and delivery of therapy services. A final written report of the audit is due to the Audit Subcommittee of the Legislative Commission by January 31, 2021.

2. SB216 (sponsored by Senator Ohrenschall) - Establishes the Nevada Commission on Autism Spectrum Disorders into statutes to review data and information and advise the Governor regarding the needs of persons with autism spectrum disorders and their families. It Requires agencies that oversee programs that provide services to persons with autism spectrum disorders to report certain information concerning such programs to the Commission.

Though not endorsed by the commission, SB202 sponsored by Senators Dondero Loop, Spearman, Ohrenschall, Parks, Brooks, Cancela, Cannizzaro, Denis, D. Harris, Scheible and Woodhouse is also related to autism and requires state level interagency communication to ensure the state will have an accurate count of children with autism and that families are aware of and have access to all services available to them.

Moving forward the commission will continue to focus on areas of greatest need, including:

Funding and Insurance

1. Continue to actively engage with self-funded insurance plans to ensure the provision of autism treatment benefits, including ABA and other evidence-based interventions.

2. Continue to advocate for and gather data that will make clear the need for an increased Medicaid reimbursement rate for ABA services and the need to streamline the billing and collecting processes for providers.

3. Continue to work with ASDS staff to ensure that ATAP resources are used equitably and efficiently to provide timely access to ABA and other evidenced-based

interventions. Such interventions include, but are not limited to speech therapy, occupational therapy, Early Start Denver Model, and DIR/Floor Time.

4. Continue to work with Federal representatives to ensure that the autism treatment provisions enacted in the ACA remain intact as Congress works through legislation related to healthcare and tax reform.

Resource Development

3. Allow private ABA therapists to work collaboratively with the public schools.

While this will continue to be a goal of the commission, the Resource Development Subcommittee is currently on hold as we have focused our efforts on increasing the Medicaid reimbursement rate. As the commission stabilizes and moves forward into statute, we will work to rebuild this committee. We continue to believe that working with individual school districts and the Department of Education is important in the identification and, more importantly, the appropriate management of children with autism as they often spend the majority of their day in school. Coordinated services between the school districts and community providers would provide continuity of care. We continue to strongly recommend a committee be established to determine the feasibility and process of implementing this type of collaboration. This committee would include representatives from the state Department of Education, participating school districts, Medicaid, ATAP, and BCBA leaders. To date efforts to advise and engage with the Department of Education have been unsuccessful.

Workforce Development

4. We must increase the number of training programs for autism therapy providers in our state; Licensed Behavior Analysts (BCBAs), Licensed Assistant Behavior Analyst (BCaBAs), and a Registered Behavior Technician (RBTs).

The commission is currently looking to find a new chair for this subcommittee. Nevada continues to face serious shortages in these provider lines. Shortages in providers have led to long waiting times for services. Research is clear that earlier intervention leads to better outcomes in social, cognitive, and adaptive functions and less utilization of special education services. One obstacle in increasing the number of providers has been attracting new providers to the field due to the low Medicaid reimbursement rate for RBTs. Another has been the cost of becoming a licensed RBT, both to the individual and the providers that

have to train the RBT as the training for licensure requires 40 hours of supervised work that cannot be billed or reimbursed. This is the primary reason the commission has worked with other community groups and parents and endorsed legislation to increase the Medicaid RBT rate to the national average of \$48 per hour.

Other proposals previously recommended by the subcommittee included a) providing high school magnet programs and psychology classes with information and guest speakers on the field and career opportunities, and b) providing information to undergraduate students in psychology, education, and related fields on the field and career opportunities. However, the Commission lacks the resources to develop these programs and materials, disseminate them, and provide resources to schools, colleges, and universities seeking information. Collaboration with other state agencies like the Department of Education and the Department of Education, Training, and Rehabilitation is needed but efforts to reach out have as of yet been unsuccessful. Given the legislation that has passed in this session, our hope is that we will have more success moving forward working collaboratively with these state agencies.

Adult/Transition Services and Resources

5. Development of programs to provide aging Nevadans with autism meaningful employment.

Working with Regional Centers and Vocational Rehabilitation to develop programs that will maximize independent living skills and improve quality of life.

6. Support measures that allow adults significantly impacted by autism to receive quality services by a trained and skilled workforce

The Adult/Transitions Services and Resources subcommittee has had difficulty meeting given some communication difficulties. We expect to strengthen this subcommittee and report progress on these goals in the next report.

Nevada's Autism Statistics and Highlights as reported to the Commission.

The most recent numbers available are included below. Changes from the previous report are provided in (parentheses).

Approximately 9,000 children under age 21 with ASD in Nevada based on data from NEIS and Department of Education numbers from August 2017 to May 2019.

ATAP (as of May 30, 2019)

- **668** total children served by ATAP (+6), average age 9 years
 - 2 are under 3 years (-3)
 - 166 are 3-5 years (+16)
 - 175 are 6-8 years (-4)
 - 152 are 9-11 years (-8)
 - 167 are 12-18 years (+5)
 - 6 are older than 19 years (no change)
- 396 children on ATAP waiting list; average age 7 (-46)
- 49 new applications per month on average for ATAP (+1)
- 304 days on average a child will be on the ATAP waiting list (-36)
 - 50 children under 3 years on waiting list (+10)
 - 208 children 3-7 on waiting list (-39)

NEIS (FY 19)

- 186 children diagnosed with ASD (+89 from the 6 months previous)
- 30 months is the average age at which a child is diagnosed with ASD (no change)
- 202 (+30) children in the diagnostic process; including those who have started testing, have been scheduled for testing, and those who have been referred but have not yet scheduled or started testing

ABA providers from the Behavior Analyst Certification Board (as of June 12, 2019)

BCBA/BCaBA – 195 (+83)

RBTs – 661 (-75)

Enrolled in Medicaid (as of June 2019)

95 BCBAAs (-6)

6 Psychologists (no change)

6 BCaBAs (-3)

560 RBTs (-197)

The Commission is proud to recognize and applaud our State Legislators, with very special acknowledgement of Senator Ohrenschall in this recent session, for their support of legislation that will work to improve programs which benefit individuals with Autism. We look forward to ongoing collaboration with legislators and state agencies. We appreciate the valued support we receive from your Chief of Staff and ADSD staff members and agencies. We hope that moving forward into statute, the commission can work even more collaboratively with ADSD, ATAP, and other state agencies. Nothing will be accomplished

without collaboration. The Commission will continue to be a resource for you and 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 and reach their full potential.

With continued hope and gratitude,

A handwritten signature in black ink, appearing to read 'Mario J Gaspar de Alba', enclosed in a thin black rectangular border.

Mario J Gaspar de Alba, M.D., Chair
(702) 702-998-9505
Mario.gaspardelba@unlv.edu

Commission Members:

Julie Ostrovsky
Gwynne Partos
Korri Ward