

Dear Chairman Oscarson,

The Nevada Commission on Autism Spectrum Disorders reconvened on February 29, 2016. The Commission received updates from Medicaid, Autism Treatment Assistance Program and Nevada Early Intervention Services. About 7,000 children with autism call Nevada home.

As of January 2016 Board Certified Behavior Analysts (BCBA) could begin billing Medicaid for applied behavior analysis (ABA) treatment. The projection is for Medicaid to serve 1879 children. Medicaid could not report how many children are receiving ABA treatment, but expects to have first quarter data as of May 1st. The progression of BCBA's to become Medicaid providers has been slow. Medicaid reported that only 14 group providers have enrolled and within those groups 58 Registered Behavior Technicians (RBT) are available to provide direct services. The number of Medicaid enrolled providers is too low to treat the projected 1879 children. Reasons discussed for this low enrollment include provider confusion about billing, provider concern that Medicaid hasn't begun paying providers yet, financial and logistical barriers to developing the RBT workforce, and a Medicaid reimbursement rate for RBT's that many providers consider too low to cover their costs. It is critical to monitor and address the BCBA and RBT Medicaid enrollment rate to promote a sufficient workforce to meet Nevada's needs.

The Autism Treatment Assistance Program reported that it is serving 631 children and 541 children are on the waitlist. Of the children on the waitlist two are one year olds, 66 are two year olds and 80 are three year olds. The average waitlist time is 208 days. It is critical that these very young children have access to medically necessary ABA, so that they have a chance of being indistinguishable from their peers. In order for these young children to receive timely treatment through either Medicaid or ATAP the Medicaid program will have to have sufficient BCBA's enrolled as providers.

NEIS reported that 1691 children were screened and 79 children were diagnosed so far this fiscal year. No children were diagnosed in northeastern Nevada. In late March the Center for Disease Control released their most recent findings reporting that the number of children with autism continues to be 1:68. This figure seems to indicate that NEIS' rate of diagnosis is a little low. Nevada's health education system must ensure that pediatricians, nurses, developmental specialists and other health care providers are equipped to educate parents about the benefit of autism screenings, early diagnosis, and ABA treatment.

Beginning in June, ATAP is going to require that interventionists have RBT certification and are employed by BCBA's. ATAP is giving new interventionists 180 days to become certified RBT's. Nevada has 273 RBT's yet only 5 are from rural Nevada. The RBT testing centers are provided only in Reno and Las Vegas. The lack of testing centers creates a barrier to workforce development and to treatment for children eligible to receive ABA through ATAP, Medicaid or their private health insurance, especially in rural areas.

For many Nevadans Autism will have a significant lifelong impact on themselves, their families and their communities. Since 2007 Nevada has made significant improvements in screening, diagnosis and treatment. Yet many children who are now entering adulthood did not have the benefit of treatment. Adult Medicaid does not provide ABA treatment. Adults with autism need access to mental health parity, so that they may receive medically necessary treatment through their Medicaid or private health insurance allowing them to remain in their community.

The Home and Community Based Waiver (HCBW) does provide some behavioral treatment for adults, however the provider must be Medicaid enrolled. Furthermore, the Medicaid reimbursement rate for staff providing 1:1 habilitative services to the most involved adults with autism is about \$18.00 per hour. With administrative costs and training, this translates to a wage of about \$11.00 per hour. This low wage creates barriers to establishing a competent workforce and reducing staff turnover. Increasing the Medicaid reimbursement rate for adults with autism who need habilitative care to remain in the community is one consideration to increase the workforce. Another consideration is to offer self-directed funding, so that more funding can be used for direct services.

The Nevada Commission on Autism Spectrum Disorders is dedicated to developing the goals in their five year plan to promote a Nevada in which people with autism will achieve their optimal outcome and reach their full potential.

Respectfully,
Korri Ward