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AGING AND DISABILITY SERVICES
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MINUTES

Name of Organization: Nevada Commission on Autism Spectrum Disorders

Date and Time of Meeting: July 19, 2018
4:00 p.m.

Las Vegas: Aging and Disability Service Division
1161 S. Valley View Blvd.
Las Vegas, NV 89102

1. **Call to Order/Roll Call**

Dr. Mario Gaspar de Alba called the meeting for the Nevada Commission on Autism Spectrum Disorders to order at 4:03 p.m.

Members Present: Dr. Mario Gaspar de Alba, Sarah Dean, Gwynne Partos, Julie Ostrovsky

A quorum was declared.

2. **Public Comment** (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item)

There was no public comment.

3. **Approval of the Minutes from the June 28, 2018 Meeting (For Possible Action)**

Ms. Partos made a motion to accept the minutes as they were written.
Ms. Dean seconded the motion. The motion passed.

4. **Make Recommendations for continuing our work after December 2018 (For Possible Action)**

- **Joining with CSPD** - Brian Patchett, Easter Seals Nevada
- **Finding a sponsor for legislation/brief report of town hall meeting** – Gwynne Partos/Julie Ostrovsky

Dr. Mario Gaspar de Alba advised that Brian Patchett couldn't make this meeting.

Ms. Ostrovsky spoke on BDR 33 which establishes in statute the Nevada Autism Commission. She believes that the only challenge is going to be working on an Executive Order as a Commission, to extend the Commission past December. Now the Commission will need to discuss how to proceed.

Ms. Partos stated that she called the Governor's office and they advised that it would be good to have something in writing regarding reauthorizing the executive order past December. Nothing was promised, only suggested.

Dr. Mario Gaspar de Alba asked if Ms. Ostrovsky and Ms. Partos can get something together to bring to the next Commission meeting. They both agreed to do so.

Ms. Ostrovsky advised that the previous Town hall meeting was good and interesting. She mentioned that a lot of Autism groups attended. Ms. Ostrovsky said it was almost like a Commission meeting with all the numbers they were giving, which was good for some groups to know, but more intimidating for the parents. However, it was wonderful, and it brought together people that don't get together often. A lot of groups are passionate and ready to step up for the next legislative session. She advised that Michelle from ACON did a great job on bringing everyone together.

Ms. Partos mentioned she heard that a lot of families all over are interested in continuing Autism Commission.

Ms. Ostrovsky stated that majority of the providers mentioned that there should be an increase in the RBT rate for several reasons; Competitive market, building our workforce, expensive and time consuming to become an RBT.

5. **Autism Treatment Assistance Program (ATAP) update and Presentation**

Ms. Samantha Jayme introduced herself as the new Health Program Manager III for ATAP as of June 4th.

Ms. Jayme started off with an ATAP update for June 2018.

- 52 New applications
- 672 active children
- 517 total children waiting (average age: 7)
- Average wait time: 431 days

Ms. Jayme is happy to start the new fiscal year with 25-28 new kids this month and is excited to report the numbers for the next Commission meeting.

Ms. Jayme reported ATAP's Caseload growth:

- About 717 active cases
- About 559 children on the waitlist

ATAP's average referrals is about 46 per month. One of the new things ATAP is doing is working with the Managed Care Organizations. ATAP is not keeping any children with Managed Care Medicaid (Anthem Medicaid/HPN Medicaid/Silver Summit Medicaid) because they're able to get direct Case Management through that organization and they're also working with them to find a Provider and fully fund what's Medically necessary. Ms. Jayme still encourages to get referrals for children that have Managed Care Medicaid because it changes often.

Ms. Jayme broke down ATAP's waiting children by age. There were 32 Medicaid MCO children to apply in the last month.

Ms. Partos' asked if there was any MCO that are serving the Rural areas?

Ms. Jayme advised that it depends. HPN has the most significant list, which most are in the Rural. Ms. Jayme will be traveling to Elko in August and will be meeting with a representative so ATAP can connect them with some of the Provider's out there.

Ms. Dean asked what's going to be done for the shortage out in the Rural areas and is ATAP planning on hiring more Care Manager's?

Ms. Jayme answered that ATAP was able to start 5 new kids in the Rural area and is also looking to hire a part-time Developmental Specialist in Elko right now. Whether it gets approved or not, ATAP did put in for a good number of Developmental Specialists as well as another State vehicle for the next Biennium. Ms. Jayme mentioned that ATAP continues to pay travel over fifty miles as well as windshield time and lodging (with pre-approval) for BCBA's that go out to the Rural areas.

Ms. Dean asked about travel reimbursement for the RBT's.

Ms. Jayme answered that at this time, ATAP doesn't pay for Registered Behavior Technician's that travel to the Rural areas.

Ms. Jayme continued with the next slide, Active Children by Age. ATAP has been working with NEIS to be able to get kids as they age out. There's also a significant number of Children between age 13 and 18 on the waitlist that ATAP's trying to make active in the next couple of months.

Ms. Jayme reviewed the Count of Active and Waiting by Area. Majority of the population is in the South.

- 42 in the North
- 109 in the Rural

- 166 in the South
- Breaking down the Wait Time by days:
- 311 days in the North
 - 341 days in the Rural
 - 471 days in the South

ATAP's intake team has been doing a really great job in contacting families and trying to get them placed, so Ms. Jayme is hoping to see a decrease by the next meeting.

Ms., Jayme went over the next slide – Insurance Coverage Availability. The blue indicates the waiting and the orange is the active. There's a lot of children with Medicaid and private Insurance, as well as under insured or uninsured, which are on straight ATAP plans were ATAP pays for all the services.

Ms. Jayme is excited about the next slide, Interventionist to RBT Changes. Ms. Jayme knows there will be an increase within the next couple of months. Currently, there's 521 RBT's within ATAP's Provider's and 101 Behavior Interventionists that are going through the process to become an RBT.

Ms. Jayme advised that ATAP has been billing Medicaid on behalf of all Provider's but going in to this new year ATAP is currently in the process of transitioning out of this. ATAP has learned a lot about the process and has developed a great relationship with Medicaid through doing so. ATAP is currently caught up on all billing and getting paid within a week with very minimal denials that get worked through. In May, there was a transition plan for Provider's to direct bill Medicaid.

Ms. Dean emailed Tiffany Ellis some questions regarding what this process is going to look like and what the impact will be on the families.

First questioned asked, what will happen with families whose provider is unable to bill Medicaid or private insurance by November?

Ms. Jayme answered for private insurance, nothing has changed. For Medicaid, ATAP is working with the Provider's and families to proactively find solutions. ATAP gave a tentative deadline of November. This deadline is really just to get Provider's enrolled as a Provider company, because many Provider companies were enrolled through ATAP, work on staff credentialing and to slowly start transitioning the Prior Authorizations as they come up. Even though the deadline is November, ATAP most likely won't be completely under direct billing until the end of the Fiscal year. ATAP gave Providers an August 1st deadline to decide whether they're willing and able to bill Medicaid directly. So far two Provider's advised that they're unable to, so ATAP is currently working on transitioning those children, which was about four children.

Ms. Partos mentioned that she's heard that it's challenging to get RBT credentialing done within the 90 days.

Ms. Jayme advised that ATAP currently tracks all Behavior Interventionist's/Registered Behavior Technician's time on a spreadsheet. She mentioned that many Providers are

able to get their RBT credentialing before the 90 days (some even within 30 days). There is also some Provider's that credential after the 90 days. Ms. Jayme is going to look over the spreadsheet and pull some data off of it.

Next question, what will families do if they can't find a Provider that will bill the private insurance or Medicaid?

Ms. Jayme answered that the policy for the private insurance plans has not changed. ATAP has always required families to find Provider's that accept their insurance. ATAP is actively working with Provider's and families to assist them in the transition to proactively ensure there are no or limited gaps in services.

Next question, will ATAP only be providing services to clients that need assistance with co-pays and deductibles?

Ms. Jayme advised that ATAP will continue to provide service coordination families with Medicaid FFS if they fit the criteria of substantial limitations. In addition to the insurance assistance plans where ATAP assist with the copays and deductibles, \$500 a month. ATAP also will continue to assist those children under insured or no insurance through straight ATAP plans.

Next question, will ATAP keep caseworkers if there is a large reduction in clients due to billing and Management changes in ATAP?

Ms. Jayme stated that ATAP's caseload is increasing monthly. ATAP has requested a significant increase in Developmental Specialists for the next Biennium and ATAP currently has some vacant positions and is holding interviews in the North and South.

Last question, what will happen to clients that are unable to stay with Provider's and what happens to clients on the waiting list that do not meet the criteria for what ATAP is providing?

Ms. Jayme responded that ATAP has created an intake team in the North and in the South to work closer with those on the waitlist. Prior, ATAP only had one person handling all intake in the North and South. ATAP is collaborating closely with other state agencies, as well as the Managed Care Organizations to ensure these families get the resources that's needed.

6. Nevada Early Intervention SY18 Update

Ms. Dawchica Stewart, Developmental Specialist 4, reported for NEIS. Ms. Stewart went over the first slide, Early Intervention Services – Statewide Autism Data.

All totals listed are Statewide Grand Totals:

Screener Information

- Number of initial screeners Completed = 2999
- Number of 18M failed Initial screeners = 343

- Number of 24M failed Initial screeners = 462
- Number of 'other' failed Initial screeners = 125
- Declined M-Chats = 58

Reasons for Failed Screenings

- Global Delays = 218
- Another Diagnosis = 101
- Autism Concerns = 439
- Behavior Concerns = 75
- Social/Emotional Concerns = 27
- Other = 63

Diagnosis

- Diagnosed FY 18 = 162
- Average Age of Time of Diagnosis = 29.9

Analytics

- Percentage of Initial Screeners that were Failed = 31%
- Percentage of Failed Initial Screeners Resulting in Dx = 17%
- Percentage of Initial Screeners Failed Due to Autism Concerns = 47%

- Number of Children Pending Diagnosis – As last month reporting month (already began testing) = 64
- Number of Children waiting for Assessments – As of last month reporting month (Child is scheduled but has not started the process) = 25
- Number of Children waiting for Assessments - As of last month reporting month (Child is NOT yet scheduled) = 113
- Number of Children who Completed the Autism Diagnosis Process but DID NOT receive a Diagnosis = 106
- Number of Children who declined the Autism Diagnosis Process = 42
- Number of Children Referred to ATAP = 137
- Number of Children who have declined ATAP = 6

Ms. Dean asked what the wait period is between the failed M-Chat and Diagnosis?

Ms. Stewart did not have an exact answer to this but was going to find out and email out the information.

7. **Discuss Issues to consider during the upcoming Legislative Session**

Ms. Lynda Tache thanked the Commission for fighting for this. As a parent and a professional in the industry, she knows how important this Commission is in the Community. Ms. Tache mentioned that there were four things she heard at the Town Hall Meeting and from Provider's. These all are issues that are creating barriers for people of all ages with Autism.

The first one is the Registered Behavior Technician Rates. The second is Clinical Psychologists that can diagnose can potentially work as a Supervisor for RBT's, but the BACB does not allow it. The only way the BACB will allow it is if they complete the BCBA credentialing. The third issue is that ATAP caps services at 19 years old. Lastly, most insurance companies are capping insurance coverage at age 22.

Dr. Gaspar de Alba thinks this is a great start and he thinks it's important to get the Subcommittees rebuilt and meeting again.

Ms. Ostrovsky thinks it will be best to focus on certain Subcommittee's rather than all of them at this time.

The Commission agreed on focusing on Workforce Development Subcommittee, Funding and Insurance Subcommittee and Adult Services Subcommittee.

8. **Make Recommendations for a more regular meeting schedule (For Possible Action)**

Ms. Ostrovsky advised that a more regular meeting schedule came forward in the Town Hall Meeting. She recommends that a permanent schedule is set for meetings for the next six months.

Ms. Partos thinks this is a great idea and believes this will help the Community as well. She suggests meeting at least once a month.

Dr. Gaspar de Alba will email Tiffany Ellis to email out a Doodle Poll to see what days' work best for all members.

Ms. Partos made a motion to have monthly Commission meetings. Ms. Ostrovsky seconded the motion. The motion passed.

9. **Confirm Dates for Future Commission Meetings (for possible Action)**

The Committee decided their next meeting would be on August 16, 2018 at 4:00 p.m. Ms. Ostrovsky made a motion to accept the date and time of the next meeting. Ms. Partos seconded the motion. The motion passed.

10. **Public Comment** (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item)

There was no public comment.

11. **Adjournment**

Dr. Gaspar de Alba adjourned the meeting at 5:20 p.m.