



DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES
3416 Goni Road, Suite D-132
Carson City, NV, 89706
Telephone (775) 687-4210 • Fax (775) 687-0574
<http://adsd.nv.gov>

MINUTES

Name of Organization: Nevada Commission on Autism Spectrum Disorders

Date and Time of Meeting: March 16, 2017
4:00 p.m.

Location: Nevada Early Intervention Services
3427 Goni Rd., #102
Carson City, NV 89706

I. Call to Order/Roll Call

Dr. Mario Gaspar de Alba called the meeting for the Nevada Commission on Autism Spectrum Disorders to order at 4:01 p.m.

Members Present: Mario Gaspar de Alba, Gwynne Partos, Sarah Dean, Julie Ostrovsky, and Korri Ward (4:17 to end)

Staff Present: Carol Reitz, Brook Adie, Tiffany Ellis, Jana Khoury, Barbara Stoll, Fatima Taylor, Sandy Lapalma

Guests: Ash Daulton, Kelli Walker, Sarah Summers, Jan Marson, Lori Follett, Lynda Tache, Scott Harrington, Steven Cohen

A quorum was declared.

II. 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.

III. Approval of the Minutes from the March 1, 2017 Meeting

Ms. Partos made a motion to accept the minutes as they were written.

Ms. Ostrovsky seconded the motion. The motion passed.

IV. Update on Caseload Numbers and Transition to Medicaid from ATAP (For Possible Action)

Ms. Adie informed the Autism Commission that they created a PowerPoint to provide updates on caseload numbers. The PowerPoint was posted to the Website under materials for the meeting. The numbers reflected caseload numbers at the end of February. She reported the following new information:

- 50 new applications
- 15 new children
- 745 being served
- Average age of the child is 8
- 558 children are on the waitlist
- Average age of child on the waitlist is 7
- Average time on the waitlist is 350 days

Ms. Adie introduced the next slide that was the ATAP caseload growth. Dr. Gaspar de Alba asked what the actual number was for the budgeted caseload. Ms. Adie responded that they are about 30 cases under caseload at that time. Ms. Ostrovsky asked how many hours of treatment did each child receive. Ms. Adie said she can get the average hours based on the plan type.

Ms. Adie introduced the next slide that contained the referrals to date each month. Dr. Gaspar de Alba asked if the referrals included the families that have Medicaid. Ms. Adie said it was everyone that calls in to apply.

Ms. Adie introduced the next slide which contained the number of children in each plan type reported by their age. The comprehensive plan is funded at 18 hours per week of one-on-one therapy and 6 hours of BCBA supervision. There are also cases that are more person-centered and don't fit into the typical plan type. She added that kids that are on Medicaid do receive more than 18 hours of therapy and are categorized as receiving the comprehensive plan.

Ms. Adie introduced the next column of the slide that contained children with insurance. The average hours of treatment depend on what the insurance approves based on a prior authorization. There are a couple of kids in service coordination. It is a pilot program with some of the providers that are wanting to bill Medicaid directly and ATAP is helping with the referral process.

Ms. Adie introduced the social skills column for children that may have insurance but their insurance will not cover social skills therapy. They fund the treatment for a year. The basic plan type is parent training and BCBA supervision with a few hours per week. The extensive plan is 8 hours per week of therapy and 3 hours per month of BCBA supervision. The extensive and comprehensive plan require parents to provide 7 hours of therapy to their child which includes typical skills such as dressing, brushing teeth or feeding. The 3 to 6 hours of supervision per month usually includes a half hour to an hour of parent training.

Ms. Adie informed the Commission that the therapeutic plan was for those children that need speech, occupational or physical therapy. They don't receive this plan in addition to the ABA plan. There are only a few kids that receive the plan if their insurance does not cover this type of therapy.

The transition plan is for those that are ready to be exited out of the program. They monitor how the child and family are doing before they exit them.

Ms. Ostrovsky asked about the number of hours children receive in the comprehensive plan. Ms. Adie responded that it is 18 hours for children that are funded through ATAP and varies if they are on Medicaid based on what they are authorized to receive. There are some kids that are on Medicaid who are receiving 30 hours per week of therapy. Ms. Adie reported that the system is currently set up to where the providers are billing ATAP for the services and ATAP is billing Medicaid what they can for the services that are provided with certified staff.

Ms. Ostrovsky asked if they can provide the numbers of what ATAP is receiving as reimbursement from Medicaid. She said she would like to know how many of the 313 are on Medicaid and receiving the 30 hours or would like an average number of hours.

Ms. Dean asked if the plan types that included lesser hours were determined by the families since they may not want as many hours. Ms. Adie said yes. She added they are started out at a lower plan type for the younger kids and the plans are increased over time. Ms. Ostrovsky commented that it is backwards from what is being said that the younger kids need more hours.

Ms. Ostrovsky asked what the undetermined column represented. Ms. Adie said the plan type is determined by a combination of the BCBA, family input and the child. They wait in the undetermined until the application and intake is complete with the supporting documentation.

Ms. Partos asked if those that were in the undetermined were there because families don't know how to navigate their way around and end up dropping off. Ms. Adie said there are a lot that they hold their hands through the process and also those that are nonresponsive. ATAP and NEIS have a system in place where the documentation is forwarded to ATAP so they don't need to provide it themselves.

Ms. Adie introduced the next slide that shows the insurance coverage availability. It is broken down by Medicaid, Medicaid as a secondary insurance, private insurance, under insured, and uninsured for active kids and kids on the waitlist.

Ms. Adie introduced the next slide that reports the total interventionists working with ATAP. There are a total of 555 paraprofessionals of which 206 are RBTs. She added that not all the RBTs are enrolled with Medicaid. There are some providers that do not want to work with Medicaid.

Ms. Adie introduced the next slide that provided the Medicaid status update. There are 372 Medicaid active children. There are 71 kids with Medicaid that are receiving funding through ATAP because they are with a provider that chooses not to enroll with Medicaid. ATAP is working with the families to transition them to Medicaid providers.

Dr. Gaspar de Alba asked if they still track the families that have transitioned to Medicaid. Ms. Adie responded that once they transition to a provider that bills Medicaid directly, they are completely off their radar. Ms. Ostrovsky asked if ATAP would drop the family if they chose a Medicaid provider that has a waitlist. Ms. Adie responded that they do not drop families until they are ready to begin treatment with the new Medicaid provider. She added that there are cases where families have transitioned to a Medicaid provider and issues occurred where they no longer are with that Medicaid provider which caused them to be on waitlists for other providers. There is an ATAP staff person that is dedicated to finding the families other providers.

Ms. Ostrovsky asked who pays for the new assessments when families switch providers. Ms. Adie said ATAP has been paying for the new assessments and seeking reimbursement from Medicaid.

Ms. Dean asked if the reimbursement rates were changing for BCBAs. Ms. Adie said the rate that is changing is the rate that is paid to ATAP staff. Ms. Ostrovsky asked if ATAP pays more than other providers. Ms. Summers commented that ethically they are not allowed to discuss rates.

Ms. Partos commented that the numbers that were provided looked good. She asked if it was where they had expected to be at that point in time. Ms. Adie said she was unsure where they hoped to but they had hoped they'd have a lot more RBTs than they currently have. The biggest problem is they don't have enough certified staff and they have a high turnover rate. Ms. Summers added the turnover occurs when they start the credentialing process. She added that there is a competition among providers right now of who will pay the RBTs the most.

Ms. Adie told the Commission that another issue that they have is that there are not enough BCBAs to supervise the RBTs that is required. She added it is not an RBT rate issue but rather it is the turnover with the certification. Ms. Adie commented that most providers would not be able to operate and bill Medicaid without ATAP paying them in order to supervise and pay their RBTs.

Dr. Harrington and Ms. Summers agreed that ATAP has been helpful.

Dr. Gaspar de Alba asked why ATAP has to do so much for the providers. Ms. Adie said the RBT requirement was implemented January 2016 for insurance and Medicaid. It is a new classification that they have been working on growing for the past year. She added that there is a misconception out there that grossly underestimates the time and training that is needed to become an RBT. Dr. Gaspar de Alba summarized that the issue seems to be the pre-RBT getting reimbursed for the services that are rendered. Ms. Adie said they are paying general fund dollars to support the person becoming an RBT.

Dr. Gaspar de Alba asked if the RBT requirement is a federal requirement. Ms. Adie said that was the requirement that Medicaid decided to accept. CMS had stated they will not allow reimbursement for anyone who is not certified or licensed. Ms. Follett agreed that they needed to have some type of training.

Ms. Adie reported to the Commission that ATAP has submitted 165 prior authorizations for 129 children. There are several children that are waiting for their second or even their third prior authorization. There are 27 children that have received a prior authorization but are on hold for diagnosis verification.

Ms. Partos asked if families would have to submit diagnosis verification periodically. Ms. Adie said they have to resubmit the form if they switch from one provider to the next. Ms. Follett said they do not need to resubmit the diagnosis.

Ms. Adie summarized that out of the 372 Medicaid active children, they have been able to submit claims for 129 of them. They have submitted \$145,815 in claims and have received \$28,876. However, those numbers do change daily and are currently much higher.

Ms. Ostrovsky asked if ATAP was receiving reimbursement from Medicaid for 129 of the 748 active children. Ms. Adie said they are not going to receive full reimbursement due to not all of the staff are RBTs.

V. Update on Current Numbers from Nevada Early Intervention Services (NEIS) and Discussion on the Proposed Changes to the Delivery of Services Model

Ms. Jana Khoury reported to the Autism Commission that the data that was provided from NEIS is for July to February. It was posted to the ADSD Website. The total number of screeners that were completed were 1886.

Mr. Cohen asked what they can do to reduce the wait time in NEIS and ATAP. Ms. Adie said NEIS does not have a waitlist. The problem that they're running into is there are not enough providers to serve all the children that need therapy. The hours that the children are available are afterschool where there aren't enough RBTs and BCBAs to work with all of the children at the same time.

Mr. Cohen asked where the school districts stand to allow them into the classrooms to fix that problem. Ms. Adie responded that the Commission has submitted a letter that has gone unanswered. She has been reaching out to school districts individually to see if they can clearly identify the roles and the scope that will take place in the schools. Mr. Cohen said the license bill comes up next week. Ms. Adie told Mr. Cohen that she was not familiar with all the bills and can discuss them further with him at another time. She will also be at autism day at legislature on April 4th. Mr. Cohen asked who the person was at ADSD that was in charge of the legislation on autism. Ms. Adie said she would find out for him.

Ms. Khoury told the Commission that the reasons for failed screenings include global delays, another diagnosis, autism, behavior concerns, social/emotional

concerns and others. There were 242 with autism concerns. There were 123 kids diagnosed with autism. The average age of diagnosis is 28 months.

Ms. Khoury reported the following information:

- 60 children were referred to clinic an pending Autism diagnosis
- 36 children are waiting for assessment
- 42 children at clinic
- 60 children do not receive a diagnosis after leaving the clinic
- Out of 123 diagnosed children, 96 were referred to ATAP
- 565 declined
- 91 accepted
- 15 missing now. Multiple reasons why this could happen. Seem to find families hesitant to sign and make referral after diagnosis

Mr. Cohen asked when kids receive Early Intervention, what is their life experience when they're out. Ms. Khoury responded that she was not the right person to answer that. Dr. Mario Gasper de Alba responded the point of Early Intervention is to give them the best possible outcomes. So whatever they look like, they'll look better if they get Early Intervention.

Dr. Mario Gaspar de Alba mentioned the Early Denver Model being done is a small group. He's not aware if anyone else is doing it. He hasn't heard if State/Early Intervention programs are doing it at all. From his understanding, some of the programs have BCBA's that can be added to the therapy team, but they only see kids once a month. So referral to ATAP is really the key.

Ms. Marson responded that she is doing three kids in the Denver Model through Early Intervention. Ms. Khoury responded that Early Intervention is working with ATAP to get more staff trained/certified to implement the model. Unfortunately at this time they are not a provider for Medicaid for the Autism services at this time, so no Medicaid reimbursement is possible. Ms. Adie clarified, in order to be a provider type 85 you have to have a BCBA on staff. The reason why a lot are not enrolled as an ABA provider is because they do not have a BCBA.

Ms. Adie spoke on children coming straight to ATAP. If families have private insurance that covers ABA or straight Medicaid, coming through ATAP is not the only way to access services. They can access services on their own and not through ATAP. ATAP is the biggest door, but not the only door. Ms. Khoury stated that when transitioning children out, they are advising families of all options and resources.

Mr. Harrington spoke on Mr. Cohen previous question. Self-advocacy is a one route to better outcome as well as parents becoming better advocates. The more parents can learn about the difference models and making good decisions would result in some good outcomes. Three different areas/places to learn about self-advocacy: Partner and Policy Making, People First for self-advocates and the DD Counsel.

Ms. Fatima Taylor provided data sheets that were posted to the website. She spoke about the purposed changes to the Early Intervention system. A budget

presentation was held on March 10th. Early Intervention has been meeting with all private providers that provide Comprehensive Early Intervention Services to work on transition program, along with Administrator and Medicaid. These meetings are to discuss reports to make transition and how to support them billing Medicaid. There's going to be a lot of work ahead of us.

VI. Updates on Nevada Medicaid Applied Behavior Analysis (ABA)

Ms. Lorri Follet, provided data sheets that were posted to the website and reported information in regards to data. Dashboard is up on the ABA website. She reported data for the end of the fourth quarter. Please note that Medicaid report is a month behind:

- 92 recipients receiving services
- 221 providers
- 29 groups enrolled in Medicaid
- 53 Behavior Analyst
- 4 Sociologist
- 3 Assistant Behavior Analyst
- 132 Register Behavior Technicians
- \$335,000.00 in ABA Service

VII. Review and Make Recommendations on the Statewide Autism Website (For Possible Action)

Mr. Ash Daulton informed the Commission that he and Shannon Crozier are supposed to put together an outline of requests and elements to talk about having. It has not been done yet. Mr. Daulton thanked everyone who participated in the survey for the domain name for the website. It will be AutismNV.org (.com address was purchased as well). He advised that they are currently preparing to create the design. Due to the critical steps of finalizing, the first phase has been delayed.

Ms. Ostrovsky commented that Project Sunshine in Southern Nevada is creating a Magazine that is meant to take the resource guide done by UNLV and expand it. They will be trying to update it monthly and the first issue will be out soon.

Mr. Daulton stated that the UNLV book has been a great source in aggregating this data. Mr. Daulton asked if it was printed material and if there was any way to obtain the data. Ms. Ostrovsky said she will check to see if other formats are available to expedite the process. Ms. Ostrovsky will put Mr. Daulton in touch with Project Sunshine.

Dr. Gaspar de Alba asked to keep this agenda item on the agenda for the next Commission meeting.

VIII. Review and Make Recommendations on Legislative Bills Related to Autism (For Possible Action)

Ms. Ostrovsky is working to see the language of the BBR and hoping to have something soon. Ms. Ostrovsky thanked everyone for coming out to other Bills, Legislatives, Funding and Budget hearings. She reminded everyone to save the date for April 4th. Many of them will be in Carson City for Autism Day at the Nevada State Legislature. The flyer is posted on the website.

Dr. Gaspar de Alba asked to keep this agenda item on the agenda for the next Commission meeting.

IX. Confirm Dates for Future Meetings

The Commission decided to meet on March 30th at 11:30 a.m. Ms. Ward made a motion to accept that day and time for their next meeting. Ms. Ostrovsky seconded the motion. The motion passed.

X. **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)

XI. Adjournment

Dr. Gaspar de Alba adjourned the meeting at 5:46 p.m.