



STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION

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MINUTES

Name of Organization: Nevada Commission on Autism Spectrum Disorders
Date and Time of Meeting: May 21, 2015
12:00 p.m.
Carson City: Aging and Disability Services Division
3416 Goni Road, Building I
Carson City, NV 89706

*Please note that some of the agenda items were discussed out of order.

- I. Ms. Crandy called the meeting for the Commission on Autism Spectrum Disorders to order at 12:06 p.m.

Members Present: Jan Crandy, Mary Liveratti, Korri Ward, Shannon Crozier, Keri Altig

Guests: Julie Ostrovsky, Mark Olson, Robert Johnson, Stanley Cornell, Renee Portnell, Johnette Oman, Tina Erickson, Stephanie Christensen, Erin Snell

Staff Present: Brook Adie, Julie Kotchevar, Carol Reitz, Thomas Kapp, Megan Wickland

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 10, 2015 and March 24, 2015 Meetings

Ms. Ward made a motion to approve the minutes of the March 10, 2015 meeting with the changes noted. Ms. Altig seconded the motion. The motion passed.

Ms. Ward made a motion to approve the minutes of the March 24, 2015 meeting with the changes noted. Dr. Crozier seconded the motion. The motion passed.

IV. Update on Bills Related to Autism and Disability Services

Ms. Crandy gave an update on the following bills:

AB6 (insurance for autism treatment) passed and went to the Governor's office on May 19th in which the Governor will have five days to sign. RBT (Registered Behavior Technician) will be effective July 1st. The insurance coverage will double to \$72,000 per year effective January 1st, 2017. Ms. Crandy added that they are hoping to do a signing with the Governor and she provided them with a list of names of the Commissioners to attend the signing.

SB177 which is the Care Act has already been signed by the Governor.

SB419 which has the ABLE language is headed to the Governor's office. This bill will allow savings accounts for those with disabilities. Mr. Olson added that there are two versions of the bill which will have to go to reconciliation.

SB132 which requires paraprofessional behavioral training for schools is exempt. It is giving \$2 million to support the training. There was a lot of good testimony.

AB307 is the pilot for the intensive care coordination. It passed unanimously out of the Senate. Ms. Kotchevar informed the Commission that AB307 had a technical amendment so it is back to the Senate. The intent of the bill is for the State and the County to have a partnership to serve children who have autism and intellectual disability. This would allow the County to provide intensive services so that children remain in the community instead of having to seek services out of state. She added in the area of intellectual disabilities, the County is required to pay for those services. Washoe County has agreed to host the pilot with ADSD and SRC. They are running out of time but they are hopeful. She added it is the first step to demonstrate they can provide services in the community and not send children out of state for hospital care. This would allow upon their return to reintegrate and not have transitional services and they will be successful.

Ms. Crandy asked if they should be calling legislators. Ms. Kotchevar said she didn't think so. There is no opposition to the bill, but she is afraid they may hit a deadline in getting it out of the general file fast enough.

Ms. Kotchevar informed the Commission that AB200 is services for the people who are deaf and hard of hearing and have a speech disability. They have been fighting for it for a long time. This bill also applies to people who rely on devices for communication. She said in the past the telephone surcharge that funded that program, the budget had to be approved by the public utilities commission and legislature. A couple of years ago they decided they weren't going to fund it any longer which resulted in a lawsuit that was won in the Supreme Court. AB200 outlines that only legislature has to approve and it adds a pool of interpreters for people who sign. It is on its way to the Governor as well.

AB128 is the bill that created the durable power of attorney for healthcare decisions to be made by adults with intellectual disabilities. Mr. Olson informed the Commission that the bill passed through the assembly in a different form. Senator Bower amended it to open it up to the senior community and a variety of others. Assemblyman Thompson is trying to get him to amend it so it will go through. Mr. Olson did not have any more information.

V. Review and Update the Objectives of the Five-Year Strategic Plan for 2015

Ms. Crandy suggested to the Commission that the Five-Year Strategic Plan should be reviewed on a quarterly basis. The Commissioners decided that they will send the updates to Ms. Reitz by June 5th which she will update and it will be discussed at the next meeting on June 18th. This will be included as part of the Governor's report.

Ms. Kotchevar informed the Commission that they reacquired Ms. Wickland who will be the clinical program planner who will spearhead the autism services to make sure the children are getting diagnosed and treated.

VI. Discussion and Approval of Possible Updates to Bylaws to Support New Vision and Mission Statements

Ms. Ward made a motion to accept the updates to the Bylaws with the changes noted. Dr. Crozier seconded the motion. The motion passed.

VII. Discussion of Term Limits on All Commission Members

Ms. Kotchevar asked if anyone contacted the Governor's office to get a new executive order. Ms. Crandy said that Ms. Liveratti has contacted the Governor's office. She also informed the Commission that all members' terms will be expiring on July 1st, 2015. She added the Commission members will continue to serve at the pleasure of the Governor until new members are appointed. Ms. Crandy informed the Commission that she will be stepping down and Ms. Ward has expressed an interest in being Chair.

Ms. Liveratti said she will call the Governor's office to confirm the new executive order. She also informed the Commission that she will be stepping off and will not be asking for reappointment. She will always be available to help and thinks there needs to be new people on the Commission.

Ms. Crandy thanked Ms. Liveratti for all of her years of service to the Commission. She also added that the Commission should be thinking of who else strategically would benefit the Commission to serve. She mentioned Todd Butterworth. Ms. Crandy asked Ms. Altig if she would continue to serve. Ms. Altig said she will be coming off and has learned a lot with the Autism Commission. Ms. Crandy asked if they can reach out to Cynthia Craig and April Carroll to apply to represent the school districts.

Ms. Crandy asked Dr. Crozier if she planned on staying on. Dr. Crozier said that she will be staying on to represent the BCBAs. Ms. Crandy added she is glad that Dr. Crozier and Ms. Ward are staying on the Commission.

VIII. Update on Autism Treatment Assistance Program (ATAP)

Ms. Adie informed the Commission of the caseload numbers as of the end of April to be 48 new applications and 35 became active. There are 513 children currently being served and 530 are on the waitlist. The referrals have been fluctuating. There are anywhere between 45 to 65 new referrals each month. They are on track to be serving 572 children by the end of June. She added they closed seven children. Since November, they close three to five children per month.

Ms. Ward asked if there is a new case manager in Elko. Ms. Adie said there is a new case manager that is serving Elko and the surrounding areas. Mr. Johnson thanked Ms. Adie and added that the case manager in the rural area is great.

Ms. Crandy asked about in the Governor's budget that states ATAP would receive 14.7 million over the biennium. She asked if ATAP ended up with 9.6 additionally for 2017. Ms. Kotchevar said a lot of times they advertise the additional on top of base. Ms. Crandy said it says ATAP will be serving 836 kids by the end of 2017. Ms. Kotchevar said this will be the first time ADSD will have Medicaid in the budget to bill for those services to reimburse for them. Ms. Crandy said it says 1.8 million in 2016 and 4.2 million in 2017 for Medicaid reimbursement.

Ms. Crandy read the following from the Executive Summary, "If all the current pending applications for provider agreements get approved and additional providers are added, then they will be able to provide services to the additional 290." She asked if they have to wait until all the providers get

approved or as they get approved they can pick up more kids. Ms. Kotchevar said they have to demonstrate to IFC Interim Finance Committee) that they have sufficient providers to be able to fund the children and there was concern that there wouldn't be enough BCBA's (Board Certified Behavior Analyst). Ms. Kotchevar said the model that is provided shows that the kids are faded in each month.

Ms. Kotchevar gave the budget numbers for ASD as 12 million in fiscal year '16 and 16.8 million in 2017 for 28.9 million over the biennium. Ms. Crandy asked if some of that included Medicaid and Ms. Kotchevar said yes.

Ms. Crandy said the goal is in July they will pick up 10 kids per month and if they start phasing in the 290 she asked what it would go to. Ms. Kotchevar said she didn't have that number but thought it would be double to 20 kids per month. Ms. Adie added that as children are closed, they are replaced with kids from the waitlist.

Ms. Crandy read in the summary that the agency indicates the Medicaid rates for ASD treatment therapies are expected to be similar if not the same as those currently provided under ATAP. She added because of the issues occurring with the RBT, the rates could be higher than ATAP's maximum billable rate. She asked if they are considering tapping into the 2.2 million to address rate increases to keep the rates comparable to Medicaid. Ms. Kotchevar said that money was only to be used for new cases and not allocated for rate increases. They would be serving fewer children and cannot adjust the rates and that would be difficult to decide.

Ms. Kotchevar said Medicaid built their budget similar to ATAP's and will have a struggle if the budget is higher for their providers. Ms. Crandy said it's a possibility that they won't have the providers. Ms. Kotchevar said they will have to deal with those themselves. Dr. Crozier told the Commission that of the ABA providers she's spoken to if the rates don't change, they will not participate with Medicaid. She added she didn't attend the workshop but did provide written comment and hope they will look at adjusting the rates.

Ms. Crandy said that California's RBT rates are approximately \$52.95 per hour and Utah's rates are even higher than Nevada's.

Ms. Liveratti told the Commission that Elyse from the Governor's office contacted her about the rates. Ms. Crandy said she submitted a white paper to the Governor's office of the different rates compared to other states. She added they should be higher than the BST (Basic Skill Training) rates since the RBT requires more training. Dr. Crozier said the discrepancy between the BST and RBT rates is frustrating.

Ms. Kotchevar said in the urban areas, Medicaid is served through Managed Care, with whom providers will have to negotiate their rates with, regardless of what the Medicaid fee-for-service rate is. There are a lot of provider groups that are paid through Managed Care and Medicaid doesn't establish the rate that Amerigroup and HPN (Health Plan of Nevada) pays the providers. HPN and Amerigroup Medicaid determine the rates. They serve Washoe County and Clark County. Fee-for-service is only in the rural areas.

Medicaid drives the rates that they pay Managed Care but Managed Care contracts with their own providers independently. They determine what rates they will pay each provider. They are confidential agreements with each provider. Ms. Crandy said there may be a problem with the Managed Care groups, but maybe providers will have a chance to get a higher rate since they are negotiating with each provider.

Ms. Crandy brought up the Medicaid provider rates workshop and enrollment training which are scheduled. The Reno workshop is on June 5th and the Las Vegas workshop is on June 26th. She added providers said they were unsure if they were going to enroll to take the training if they were not sure of the reimbursement rates. She also informed the Commission that after speaking with Ms. Dyer from Medicaid that they will be reviewing the rates once they received all the documents from the providers which were due May 15th.

Ms. Crandy asked Ms. Adie to talk about ATAP's budget for more positions funded. Ms. Kotchevar said they are hoping that what was requested will get through the appropriations bill. She said they hired a Health Program Manager III to manage once a program gets to a certain size. They also hired a developmental specialist to supervise additional care managers. She added they were excited to get the health program manager because it recognized the permanency of ATAP and its growth.

Ms. Crandy asked if the goal was still to convert the care managers to state positions. Ms. Kotchevar said it is their hope since state employees can bill for targeted case management. She added only state employees are able to bill Medicaid for targeted case management. Ms. Crandy said the only part that ATAP is able to bill Medicaid for are for the services rendered, which Medicaid said they will not pay for case management for ABA therapy.

IX. Update on Nevada Early Intervention Services (NEIS) and Collaborative Efforts for Children with Autism Spectrum Disorder (ASD)

Ms. Crandy asked Ms. Kotchevar for the current number of kids under the age of three with autism and the screening numbers. Ms. Kotchevar said she will get those numbers to Ms. Reitz. She estimated around 60 that are waiting for ATAP. She added Ms. Adie and Ms. McDaniels are working on a policy of how the collaboration will work more effectively.

Ms. Crandy asked if they can share the policy with the Commission once it's been completed. Ms. Kotchevar said they will do that and added that it's a procedural guide for the kids to move through the agencies. She added that ATAP and NEIS will be collocated together in Las Vegas and the Carson City offices will be merging over the next couple of months. They are hoping that by having them collocate, the collaboration will get stronger. The feedback that they have gotten from the families in Las Vegas regarding the collocation is that the transition has been very smooth and is workable for them. She said one of the complexities that they are trying to negotiate is the families that have insurance because Early Intervention is not permitted to bill for autism therapy. The kids have to be ATAP children. She said the neuropsych evaluation in Las Vegas has been difficult and are trying to figure out how to get the process completed. HPN is going to require that everyone have that evaluation and there is a six- to eight-month waitlist which is going to hinder kids once they're diagnosed into treatment.

Ms. Crandy asked if they can meet with HPN and get them to recognize EI's evaluations. Ms. Kotchevar said they have been discussing it with the Department of Insurance who was not aware of the requirement and suggested they meet with HPN. Ms. Kotchevar said they have met with Amerigroup to discuss NEIS billing insurance and they have been denying all claims for habilitative services. Amerigroup told them it was an error on their part and they will fix it so it doesn't keep happening. Ms. Crandy said it is a barrier that they are putting up so they delay the treatment.

Ms. Crozier asked when a child is two years of age that is picked up by ATAP that will receive a comprehensive plan, what mechanism is in place to facilitate that the program being offered and run by EI is in concert with the program that is being funded by ATAP. Ms. Kotchevar said they have decided that the only person doing behavioral therapy would be the team that is doing behavior therapy. If there are additional hours that are not covered by ATAP that need to be provided, NEIS will fund them but NEIS staff will not be providing them. They do not want any disconnect between what their behavioral technician was doing, NEIS, and also what their team was doing for ATAP. One of the issues is that a lot of families got very attached to their team members from NEIS and didn't want to give them up when they went into ATAP. They can still receive OT, PT, speech, nutrition from NEIS staff but not behavioral therapy.

Ms. Crandy said she was happy to hear that NEIS will pay for the additional hours and asked if they will be paying for up to 25 hours per week. Ms. Kotchevar said they will be determining the number of the hours the child would need and what the family will agree to. She added families will need to understand that after age three, the additional funding will not persist. They will only be on ATAP and will have to pick up any hours that pass through.

Ms. Crandy asked if ATAP is covering the kids that are Medicaid eligible, if they are getting what is medically necessary or what ATAP is assisting them with. Ms. Kotchevar said they are still working with Medicaid on how they will permit them to bill. She added there is a lot that will be determined once the rates are determined. Ms. Crandy asked if that was the goal to get what is medically necessary. Ms. Kotchevar said the goal is to get what is medically necessary and ATAP would get reimbursed what they were paying out. She added the question is what will the utilization reviews from Medicaid and from Managed Care. She said it will be what Managed Care is willing to reimburse ATAP for and if they start limiting the hours then ATAP will provide the \$2000 and then bill for what part of that Medicaid will reimburse for. ATAP will hold at their current rates and will hope that Medicaid will at least recoup them.

Ms. Ward asked if providers bill a certain amount of money, Medicaid can chop it down and can bill for any more than that. Ms. Kotchevar said it is slightly different for how a sister agency bills Medicaid on behalf of the providers; how they negotiate what they bill for and pay for is a slightly different process than how a provider would bill through Managed Care or directly to Medicaid through fee-for-service. The rules are slightly different.

Ms. Crandy asked about HPN since it is an insurance company that has a network inadequacy and ATAP had to be serving some of those kids, is that something they can have in that conversation about HPN paying ATAP directly for those kids that are HPN clients that ATAP is serving that they pay as if they are the provider. Ms. Kotchevar said the Division of Insurance is going to explore whether or not HPN would be willing to add ATAP onto their provider panel so they can bill on behalf of providers. They will let them know. She added that she pointed out that ADSD is already a qualified provider for EI with HPN and Amerigroup for their commercial and Medicaid plans so she doesn't see why they wouldn't since they already qualified them.

Ms. Crandy said that the Board of Health did determine that HPN is in network inadequacy for ABA before and then it went to the Division of Insurance. Ms. Kotchevar said they thought network inadequacy was based on individual service groups and it is looked at globally.

Ms. Crandy asked if Ms. Kotchevar felt like there was enough community partnership participation with the referrals now to ATAP and kids getting diagnosed within the community partners. Ms. Kotchevar said they just sent out a reminder and Mr. Kapp has been talking to them about the statute that requires that they refer. She said they were seeing an uptake in diagnosis because they provide screening and diagnosis information to ADSD but Ms. Adie was not seeing the same uptake on referrals to ATAP. Mr. Kapp said they brought it up to the statewide meeting yesterday that they were required to refer children to ATAP. Ms. Kotchevar said they will continue to monitor

and make sure that parents are told about ATAP and they will have to show the form that says they declined.

Ms. Crandy asked if every provider has a professional to give a diagnosis. Mr. Kapp informed the Commission that they will be doing ADOS trainings in June and July in which community providers are being invited. This should help some of the early diagnosis. Ms. Kotchevar said they have also expanded some of the services for the doctors out to the community partners. They were offering the community partners to allow those families to see the NEIS doctors to make sure it wasn't a barrier for diagnosis. For the past year, they have been collecting the data and looking at the trends to see what they are doing in the state program and talking with community partners as part of ASD's quality assurance that they should have a very similar rate of diagnosis.

Ms. Crandy asked about ATAP's policy of sending kids out for the initial IQ, language and Vineland, if EI can do that for those kids so they come to ATAP with the assessments already done. Ms. Kotchevar said ATAP already accepts the EI assessments. She added that they already use a variety of tools which is the DAYC-2 (Developmental Assessment for Young Children) which does discrete examination of speech, adaptive behavior, social and emotional. Mr. Kapp said they are also using the BDI (Battelle Developmental Inventory II) as well.

Ms. Kotchevar said the regulation only specifies that they have to use an ADOS for diagnosis. Mr. Kapp said they are using standardized evaluations. Ms. Crandy asked if they are doing the skillsets for generalized imitations at the time that they suspect that they have autism before they receive the diagnosis. Mr. Kapp said they use the M-CHAT (Modified Checklist for Autism in Toddlers), the CSBS (Communication and Symbolic Behavior Scales) which they are looking at implementing as well which looks at imitation and reciprocity. Ms. Crandy said there were five skillsets that went into regulations. Ms. Kotchevar said they are a result of therapy and right now once a child is diagnosed, they made the joint commitment between ATAP and NEIS to immediately transition them into ATAP and get them the ATAP therapy. She added their behavior plan is going to be using ATAP's model and ATAP's providers. She said the concerns about whatever therapy they're getting isn't going to result in those generalized skills being misplaced because EI isn't doing the behavior therapy. They are doing the diagnosis and the assessments but as soon as they are diagnosed, they are moved into ATAP.

Ms. Crandy asked if they are interpreting it that once you believe a child has autism, but once they are diagnosed that these assessments are done. Ms. Kotchevar said a lot of the assessments are done when they are determining eligibility for EI services. All the assessments are done as soon as the child

enters service and they are updated when they update their developmental levels at least annually. The assessments are done immediately. They only do the ADOS (Autism Diagnostic Observation Scale) and the autism-specific evaluations when they suspect autism. Ms. Crandy said she was under the assumption that when a child fails an M-CHAT, they are alerted that the child possibly has autism and at that point is when the five skillsets are done. Ms. Kotchevar said they can't confuse when they are assessing a child's developmental levels and skills from when they are doing an autism diagnosis since every child at EI gets those assessments done.

Ms. Kotchevar offered to have Ms. Crandy look at the evaluations that EI does. She said the evaluations are done for all children regardless if it's for autism. Ms. Crandy said the intent of the law when it was passed was to see measurement on kids that were suspected of autism and whatever treatment they received, how the treatment affected them. Ms. Kotchevar said they can look at the regulation but when it was written there was an assumption that they weren't getting any therapy and so they wouldn't have good outcomes and they weren't put in to demonstrate it or to drive the treatment.

Mr. Kapp said there is a child outcome survey that is completed for all children which is a baseline and there's an exit score to show how much improvement has been made. Ms. Kotchevar said they can provide the data to Ms. Crandy that shows the measurement outcomes.

Ms. Crandy asked Mr. Kapp to provide the number of kids that failed screenings. Ms. Kotchevar said they have been tracking all of the data and will provide all the information to the Commission.

Ms. Crandy asked about the Denver Model for kids up to the point of their diagnosis. Ms. Kotchevar said they have been negotiating with the trainers to get a larger and more comprehensive training. Mr. Kapp said they are looking at collaborating with UNLV (University of Nevada, Las Vegas) as well. He added that he submitted a proposal since they are choosing one state to be a test pilot state that would allow the state to receive the training at no cost.

Ms. Crozier told the Commission that the RBT training will go live on June 4th. They will hold off launching publicly for at least a week because priority access will be given to the ATAP interventionists so there are no issues.

Ms. Kotchevar told the Commission that they are working with UNR to develop a training to help families who are on the waitlist to understand what ABA is and how it works. UNR (University of Nevada, Reno) has been helping with PBS (Positive Behavior Support) who have done a lot of parent training. They will be meeting with them on June 1st to see what programs they can offer since they see a lot of the parent shock.

Ms. Crandy suggested the “Under Pressure” training would be helpful for newly diagnosed parents who are in crisis.

Ms. Crandy asked Ms. Adie to tell the Commission about the RBT training. Ms. Adie informed the Commission that ATAP purchased 500 licenses from UNLV for interventionists currently working with families to do the training online. She added once the online training is complete, it will be the interventionist’s responsibility to set up with their BCBA to complete their supervision hours. Ms. Crandy said it will make the interventionists more skilled having gone through the RBT training but is worried about them getting credentialed since it could increase the hourly rate and make the treatment more costly.

X. Discuss and Prepare the Governor’s Report Due June 2015

Ms. Crandy told the Commission that she will have a proof of the Governor’s Report done by the 18th so they may approve.

Ms. Ward asked how the verbiage of the status of the five-year strategic plan update should be. Ms. Kotchevar said you don’t need to wordsmith it but fill it in with whatever data they have. Ms. Ward asked if the update will be used to drive the Governor’s Report rather than fill in the chart for the final. Ms. Kotchevar said it will be used as an update.

Ms. Crandy said she will have Ms. Reitz help her write the Governor’s Report.

XI. Update on Medicaid ABA Provider Rate Workshops, Enrollment, Training and Timeline

This item was tabled until the next meeting.

XII. 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. Comments will be limited to three minutes per person. Persons making comment will be asked to begin by stating their name for the record and to spell their last name and provide secretary with written comments.)

Ms. Ward thanked everyone for all their efforts in preparing testimony and traveled so far. They are making a difference in the lives of families. Ms. Crandy agreed. Ms. Crandy said they will get the age cap lifted probably next session. She added they should be considering having autism defined as a medical condition as defined by the DSM-IV and DSM-V. This would make it have a mental health parity which would allow you to start treatment right away without having to get a preauthorization. She added that they learned a lot this session.

XIII. Adjournment

Ms. Crandy adjourned the meeting at 1:55 p.m.]