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MINUTES

Name of Organization: Nevada Commission on Autism Spectrum Disorders

Date and Time of Meeting: September 12, 2016
12:00 p.m.

Carson City: 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 12:04 p.m.

Members Present: Mario Gaspar de Alba, Korri Ward, Gwynne Partos, Sarah Dean, Julie Ostrovsky until 2:28 p.m., Korri Ward

Staff Present: Carol Reitz, Brook Adie, Jenna Brackin, Yeni Medina, Rocio de la O Pena

Guests: Scott Harrington, Lori Follett, Jan Crandy, Steven Cohen, Ralph Sacrison, Eric Lovaas, Denise Robinson, Shannon Crozier

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)

Ms. Jan Crandy gave an update and asked for support of the Legislative Committee on Health Care recommendations. She reported they will be

supporting a BDR (Bill Draft Request) to change the definition of autism in Nevada in all areas in the NRS. They are proposing to change it to being defined as a condition that meets the diagnostic criteria in the DSM-5. It will put Nevada in line with the majority of the states of how they define autism. Nevada is only one of three states that define autism as a medical condition. This could provide children of all ages mental health parity by changing the definition which will enable them to have more access to treatment.

Ms. Crandy also asked the Commission to support additional funding to provide service for ATAP to increase the caseload. She also asked the Commission to listen to the presentation by Medicaid and reconsider supporting an increase in the rate.

Ms. Crandy also wrote a letter to the superintendents of schools requesting they present instruction or direction to all school districts to recognize students that are receiving ABA (Applied Behavior Analysis) to not count them as being truant during school hours and asked the Commission to do the same to support a collaboration. She told the Commission that Texas has passed a law to work collaboratively. She asked for similar language to be included such as: "The IEP recognizes the student's need to receive medically necessary treatment which may impact full-time school attendance. An adjusted schedule is supported to allow students to receive treatment. Treatment, which may occur in and/or outside of the school environment without incurring truancy." She cautioned everyone on reading the BDRs and suggesting changes since every time a bill is opened it can help or hurt.

Dr. Gaspar de Alba asked who wrote the letter. Ms. Crandy said that the director of CARD (Center for Autism and Related Disorders) and Autism Speaks brought up the concerns. She said they want to make sure that they are not using any language that takes away the school's responsibility to provide or giving them an out for insurances companies to say the school districts are supposed to provide the services.

Mr. Cohen said the waitlists for the agencies are just as bad and asked for any help from vendors would be greatly appreciated especially for the secondary environment.

Ms. Crandy told the Commission that they are working on adult services and that information can be found on the Legislative Committee on Health Care working document.

III. Approval of the Minutes from the June 23, 2016 Meeting

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

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

Ms. Lori Follett reported to the Commission that they received the waitlist numbers that were provided by ATAP. That list was provided to their district

office for care coordination and they will do some reach-out in order to assist those people to get into care. They are addressing the issues as they are brought to their attention and continue to work with ATAP to get some of the people off the waiting lists.

Ms. Follett told the Commission that they reported 130 total providers to the IFC (Interim Finance Committee). There was an increase to 145 over the last four weeks but provided the following breakdown:

- 32 BCBAAs
- 2 BCaBAAs
- 3 Psychologists
- 71 RBTs
- 22 Groups

Ms. Follett told the Commission that they do not report caseloads as was requested but rather claims data. They are working on a format for the ABA claims data that will consolidate the data from the MCO (Managed Care Organization) plans and the Fee-for-Service side and it will be posted to the Website. She reported the claims paid for the first quarter reflect \$162,000.

Ms. Ostrovsky asked how many children were being served. Ms. Follett said when they reported to the IFC, there were a total of 105 participants being served. Ms. Ostrovsky asked how many hours were delivered to the participants. Ms. Follett did not have the breakdown of hours.

Mr. Cohen asked what efforts were being made to address transition plans into IEPs (Individualized Education Plans). Ms. Follett said the school districts would have to address that question. She added they are having conversations with the school districts in order for the care to continue into the schools.

Dr. Gaspar de Alba asked about the breakdown of the \$162,000. Ms. Follett said she would find out whether they are able to extract the breakdown of the claims paid to reflect BCBA (Board Certified Behavior Analyst) versus RBT(Registered Behavior Technicians).

Ms. Ward asked what the average number of hours was of the children who were receiving services. Ms. Follett said there was a report that she read recently that showed the average number of hours received was 32 hours per week.

Ms. Ward asked if Medicaid had a waitlist. Ms. Follett replied that Medicaid doesn't specifically have a waitlist. They have gained the waitlist from ATAP that they have been coordinating with their district office to reach out to the providers and recipients to orchestrate the care.

Ms. Ostrovsky asked about the number of kids on ATAP that will be transitioning to Medicaid. Ms. Follett said Ms. Adie can talk about that list.

Ms. Ward asked about the number of kids in Elko that are waiting to be served by Medicaid. Ms. Follett said her list does not break down the location but rather what plan they are on.

Ms. Adie reminded the Commission that Medicaid operates like an insurance provider. They don't keep data on the number of kids that are out there until they access their services.

Dr. Gaspar de Alba asked who were the top three providers that were submitting claims. Ms. Follett said she did not have that information and would have to find out if that was information that could be released. Ms. Adie reported that ATAP has submitted 63 PAs (Prior Authorizations) of the 105 that are being served.

Ms. Crandy reported to the Commission that the legislators had budgeted for 1879 kids to be served through Medicaid for the biennium. Dr. Gaspar de Alba said the funding has been allocated but provider capacity is the problem.

Ms. Adie reported that at the end of this fiscal year, ATAP is looking to serve 836 children; Medicaid is looking to serve 1628 kids.

Dr. Gaspar de Alba asked about the overlap of children that are on Medicaid that are being served by ATAP. Ms. Adie said 55% of their caseload is on Medicaid. The end goal is to serve 2464 children regardless of whether they come through ATAP or go through Medicaid.

Mr. Cohen asked what efforts were being made by the agencies for clients to access the waiver waitlist. Ms. Follett said she would have to look into that.

Ms. Adie pointed out that the services provided through the waivers are different than the services being provided by Medicaid and ATAP which is behavior therapy. They do work with the Regional Centers to provide the information to families.

V. Review and Discuss the Current Data Reported as Required by NRS 427A

Ms. Adie reported to the Commission that they are provided a report by the Dept of Ed and VocRehab and can only provide the numbers. VocRehab reported seeing 105 people and helped 104 find job placement. Ms. Partos asked if the job placements were successfully employed for a certain amount of time.

Ms. Adie said they were found jobs and their cases were closed.

Mr. Cohen said VocRehab has been invited to the Adult Services Subcommittee meeting. Their benchmarks are 30 and 60 days of successful employment.

Ms. Adie asked the Commission to let her know if there is any specific data that they would like provided by VocRehab. Ms. Ward asked whether they were supported or integrated employments. Ms. Adie said she would have to find out.

Ms. Adie told the Commission that the Dept of Ed reported for the 2015/2016 school year there were 7957 with ASD statewide. Dr. Gaspar de Alba asked if they track how many of the children have an educational diagnosis versus medical which was that they do not. Ms. Ward asked how many children had ASD in White Pine and Elko. Ms. Adie reported White Pine had 6 children; Elko had 70.

Ms. Candice McDaniels told the Commission that the August data was not included in the handout report. She explained the elements of the report to the Commission.

Ms. Ward asked if there were only 19 kids in July that were diagnosed statewide. Ms. McDaniel said yes. Ms. Ward asked what autism concerns means since there were 45 kids. Ms. McDaniels said they weren't diagnosed yet but they were concerned it was autism and move on to diagnostic testing. The graph is read as a timeline. There were 327 screenings with 19 receiving diagnoses, but data wasn't received for August yet.

Dr. Gaspar de Alba asked what kind of services the 19 that were diagnosed were receiving. Ms. McDaniels said that once children receive a diagnosis, they are automatically referred to ATAP. They are all receiving services but not specifically behavior services since they are all individualized.

Ms. Ostrovsky asked how much time it takes for the child to receive a diagnosis. Ms. McDaniel stated that every child is screened for autism at 18 and 24 months of age and it is dependent upon the child of when they receive their diagnosis. Dr. Gaspar de Alba reported that the average age of the child at the time of diagnosis is 30.8 months.

VI. Update on Caseload Numbers and Transition to Medicaid from ATAP

Ms. Adie reported to the Commission that they are currently serving 668 children; 320 of those children have Medicaid. Ms. Ostrovsky asked if they are Medicaid eligible, if Medicaid is paying for their services. Ms. Adie replied that they have only been able to submit PAs for 63 of the children because they are with a Medicaid provider and had the proper diagnosis form filled out. 195 of the Medicaid children that are being served are with a Medicaid provider; 132 Medicaid children need to transition from a non-Medicaid provider to a Medicaid provider.

Dr. Gaspar de Alba asked what kind of services the Medicaid-eligible children were receiving from ATAP. Ms. Adie replied they are receiving whatever plan types they were receiving since they started with ATAP which can range from 8 to 18 hours per week of one-on-one therapy, parent training, BCBA supervision. Dr. Gaspar de Alba asked if it was funded through Medicaid. Ms. Adie said it was funded through ATAP general fund dollars since they have only been able to submit prior authorizations for 63 children.

There are 186 children that ATAP is waiting to receive their completed forms in order to submit a prior authorization to Medicaid. 550 children are on the waitlist. The average wait time is 264 days. Of the 668 active children that are being served, 205 are under or uninsured so those are likely the children that they will continue to serve through ATAP general funds.

Ms. Adie said there was a request to gather what percentage of staff is RBT credentialed. They have been asking all their providers to report their number. They are missing two providers that serve a little over 100 children. Of 300

interventionists that are employed through ATAP and their contracted employees, only 45 of them are RBTs. They are now requiring the providers to submit the information twice per year as part of their provider certification process.

Ms. Adie reported that ATAP continues to receive 40 new applications each month this fiscal year. Last fiscal year, they received 55 new applications each month. ATAP is continuing to serve anywhere from 10 to 20 new children every month. 23% of caseload is 18 months to 5 years old; 29% are 6-8 years old. 18% are 9-10; 31% are 11-18 years old.

Ms. Ostrovsky suggested having set data points that can be given each meeting. Ms. Adie agreed that it would be helpful to have the information requested in advance so they have time to gather all the data points. She also informed the Commission that the agency has submitted the budget request to the Director's Office. She is unable to provide any of the information on the budget request until it is approved and made public. Once it is made public, one of the deputy administrators can present on the information.

Dr. Gaspar de Alba suggested that the Commission members submit to Ms. Reitz the specific information they would like reported on each meeting. He added that the requests should also include information needed that is specific to the subcommittees that they each serve on.

Dr. Gaspar de Alba asked if ATAP has been seeing Medicaid-eligible children that are transitioning to a Medicaid provider not having as many hours. Ms. Adie answered that anytime children are receiving new services, there is a ramp-up period before it settles and interventionists are hired.

Ms. Ward asked why the 195 Medicaid-eligible children have not been transitioned to Medicaid. Ms. Adie replied that there is a form called a FA-11F that is a verification of diagnosis that needs to be completed prior to billing Medicaid. She added that those children are receiving services but ATAP is paying for the services with general dollars.

Ms. Ostrovsky asked what the delay was for the transition to Medicaid. She asked if it was a workforce or paperwork issue. Ms. Adie informed the Commission that the verification of diagnosis form needs to be completed for all children now. ATAP is telling all families even the ones on the waitlist to have the form completed and also educating them on where to go to receive services through Medicaid. She added that they've given the list of families that have Medicaid to the Medicaid personnel who has been calling the families to let them know what they need to do.

Ms. Adie reminded the Commission that other states that have implemented ABA into their Medicaid system have taken 18 months to two years before everything is stable and they are only six months in.

Ms. Partos asked if there was information from other states as to what has helped in the process. Ms. Adie said Medicaid references Louisiana and

Washington on the process. Ms. Follett said that they have been communicating with other states and there wasn't any specific hurdles that they have reported.

VII. Update on Current Numbers from Nevada Early Intervention Services (NEIS) and Community Partners Which Includes Failed Screenings, Diagnoses and Referrals to ATAP

Ms. Candice McDaniels reported on the numbers during Agenda V.

VIII. Discuss the Roles of the Commission and Subcommittee Members

Dr. Gaspar de Alba informed the Commission and Subcommittee Members that he references the bylaws and information that is contained on the Website that states they are an advisory committee and they are to be advocates in the legislative sessions. It is going to require them having the right data. They are not set up to take actions to change things other than advising agencies on the changes that should be made to improve the services. There is no funding available other than for travel and support staff.

Dr. Harrington said that an unfunded mandate makes it difficult to do the work. He is having to take time away from serving children in order to participate in the meetings. Dr. Gaspar de Alba said their advocacy efforts are really where they will be able to influence legislation and programs to improve the services that families and children receive.

Ms. Partos said that she has attempted to recruit members to serve on the funding and insurance subcommittee. Everyone that she has spoken to has reported that they don't have the time to serve.

Mr. Cohen offered to chair the Funding and Insurance Subcommittee. Dr. Gaspar de Alba told Mr. Cohen that they can discuss it further after the meeting.

IX. Report on Progress Made by the Subcommittees and Possible Recommendations

Ms. Dean reported to the Commission that the Resource Development Subcommittee has been working on allowing ABA service providers into the school district. This would allow the providers to perform ABA with the students during school hours. Ms. Adie added that the language that the Legislative Committee on Health Care is recommending is to allow outside entities to come into the schools to participate in therapy. They are addressing truancy and allowing outside providers to come into the schools.

Ms. Dean reported that she had spoken to special education directors in different school districts who said they were concerned about complying with FAPE (Free Appropriate Public Education). She said the special ed department is responsible for the time the students are in school and for the goals that are within the IEP. She added that they would be liable for the providers that would be on campus.

Dr. Gaspar de Alba said they should write the letter suggesting how to make it a collaborative process for the school districts and providers so they are both responsible for meeting the goals of the child. He said the Commission can back up the letter if the subcommittee writes the letter.

Ms. Dean said they have to ensure that the providers that go into the school districts are licensed. Ms. Crandy said that it is stated within the letter that they have to be licensed and have a background check. Ms. Partos said there are also confidentiality issues if the providers are not school district employees. Ms. Crandy reported that Clark County School District allows some providers into the school districts.

Ms. Crandy told the Commission that part of the goal was to provide consistency across environments to address the behaviors. Ms. Dean asked how effective it would be to send in a provider that is reactive rather than proactive before the behavior becomes an issue. Dr. Gaspar de Alba suggested reviewing the letter that was written to the Legislative Committee on Health Care.

Dr. Harrington reported to the Commission that the Adult/Transition Services and Resources Subcommittee has had two meetings and has made progress as follows:

2.3.1: Dr. Harrington has attended meetings and provided feedback to the Governor's Task Force on Integrated Employment.

2.3.2: BVR (Bureau of VocRehab) supports self-employment. They recently sent out a survey to providers to design more customized employment options. Some examples of collaboration are SCORE and the Small Business Development Center.

2.3.3: Dr. Harrington reported they will contact Mark Olson to have him present on residential housing.

2.3.4: Dr. Harrington reported that Mr. Cohen is working on obtaining the information.

2.3.5: Dr. Harrington reported that expanding access to the BCBA's through VocRehab which would include certification for job development and job coaching as was discussed in Ms. Ward's letter to the Legislative Committee on Health Care.

2.4.1: Dr. Harrington reported that Ms. Ward is working on accomplishing that objective.

2.4.2: Dr. Harrington reported that the Subcommittee has not done anything with that objective yet.

2.4.3: Dr. Harrington reported that they have not done anything with this objective but it will be discussed at the next meeting.

2.4.4: Dr. Harrington reported that the company that he currently works for is moving towards a telehealth option and coordinating a training for collaborating agencies.

Dr. Harrington reported that they have also conducted literature reviews on functional behavior assessments in ABA services using the telehealth services.

Ms. Dean asked about the Data Subcommittee. Dr. Gaspar de Alba said it would be easiest to have each subcommittee handle their own data and report it back to the Commission. The data will be used to determine how to improve services for each of the subcommittees.

Dr. Harrington told the Commission that the Adult Resources and Services Subcommittee compiled a report of employers that hire persons with autism. The report can be found on the ASDS Website under "Additional Resources."

Dr. Crozier reported to the Commission that the Workforce Development Subcommittee has held two meetings. They have been focusing on the growth of RBTs and the BCBA workforce. She said CBAs take longer to grow since there is a national demand and not all CBAs want to work with autism. She added that hiring interventionists is also challenging due to attrition. ATAP has made a lot of effort in getting people trained. She added that providers had reported that for some interventionists having to acquire their RBT credentialing was a breaking point and have left. Having the RBT requirement upfront reduces some of the early requirement attrition.

Dr. Crozier reported that they had tried connecting with DETR (Department of Employment, Training and Rehabilitation) to have RBT training covered under the DETR funding. They have reached out to the community colleges and she has a meeting with someone from Great Basin College. They have a few programs that are targeted towards people who are interested in becoming direct care providers in a broad range of fields.

Dr. Crozier reported that they will get a LEND (Leadership Education in Neurodevelopment) trainee to take on the project of contacting UNR and UNLV graduates who become CBAs to find out more about who stays and who leaves. Dr. Tom Szabo had presented about their expansion in Nevada to provide CBA education and supervision. Dr. Leytham will present on how Touro University hopes to grow the CBA population in Las Vegas.

Ms. Dean asked Dr. Crozier what the components were that she was asking DETR to assist with. Dr. Crozier said they had met with someone from DETR about a year prior to discuss the opportunities to grow the workforce. She said they need an institute or agency to house the RBT training. She said they can build it to include the fee for the national exam, the fingerprinting fee, the online training and supervision. She added that there had been discussion about building it out for ATAP to house the RBTs.

Ms. Denise Robinson reported to the Commission that the Community Education Subcommittee has had three meetings. She said they had established three goals for this year which included a statewide database of resources Website. They hope to have that done by June 2017. She asked about the objective to complete a 365-day toolkit.

Ms. Robinson reported that the objective to develop a navigational network to support families would be addressed once they have a statewide Website. She added that she has talked to someone from Channel 8 News that has agreed to

do PSAs but will wait for the Website to be up. Ms. Robinson said doing PSAs will cost money.

Ms. Robinson told the Commission that Casey Hayden has developed a curriculum and has applied for CEUs to train nurses on how to deal with children with autism. She added that Mr. Reitz had developed a first responder database that would give first responders pertinent information on the person with a disability prior to arriving on the scene.

Ms. Dean asked how the Website would be paid for. Ms. Robinson said she is working on getting that information. Ms. Adie reported that ATAP is partnering with UNR to create online training modules and a resource library. She told Ms. Robinson that she would be the person that she would contact for the Website and there is no funding to support any of the activities done by the Commission.

Ms. Robinson asked how they can lobby for funding for a statewide Website. She said her vision would be for all families to have access to the Website. The cost of the Website would not be very much but it would require someone updating it.

Dr. Gaspar de Alba asked about the Website that ATAP is created with UNR. Ms. Adie said the Website is for families to go to acquire three training modules to learn about what is autism, what is ABA, and what is ATAP. She added they are still working on the Website with UNR. She informed Ms. Robinson that Nevada LEND is also working on putting a Website together.

Dr. Gaspar de Alba told Ms. Robinson that they can make legislative recommendations for funding those types of projects. Ms. Dean said there is Autism Internet Modules that have evidence-based practices that you can earn CEUs for by taking the classes. Ms. Partos added that it is extremely parent friendly for information.

X. Confirm Dates for Future Meetings

Ms. Dean asked how they are going to address the letters of recommendations submitted by the subcommittees. Dr. Gaspar de Alba replied that if there are letters that are written, they can schedule a short meeting to approve the letters.

The Commission asked that a Doodle Poll be sent out by Ms. Reitz to the Commission members to schedule the next meeting in November.

XI. 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.

XII. Adjournment

Dr. Gaspar de Alba adjourned the meeting at 2:39 p.m.