



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
AGING AND DISABILITY SERVICES  
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**MINUTES**

Name of Organization: Nevada Commission on Autism Spectrum Disorders

Date and Time of Meeting: November 9, 2016  
12:00 p.m.

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

Las Vegas: Division of Child and Family Services  
6171 W. Charleston Blvd., Bldg. 8  
Las Vegas, NV 89146

Elko: Nevada Early Intervention Services  
1020 Ruby Vista Dr., Suite 102  
Elko, NV 89801

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 12:03 p.m.

Members Present: Mario Gaspar de Alba, Korri Ward, Gwynne Partos, Sarah Dean, Julie Ostrovsky, Korri Ward (12:07 p.m. to end)

Staff Present: Carol Reitz, Brook Adie, Julie Kotchevar

Guests: Diane Thorkildson, Julie Stanley, Paige Beckworth, Steven Cohen, Lori Follett, Scott Harrington, Jan Marson, Art Reitz, Megan Wickland, Cori Moore, Stephanie Christensen, Denise Robinson

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)

Dr. Gaspar de Alba announced that Ms. Diane Thorkildson will be the chair of the Funding and Insurance Subcommittee. He thanked Mr. Cohen for offering to chair the subcommittee and told him he felt his role as a member on the Adult Services Subcommittee was very important. Ms. Dean thanked Mr. Cohen for his willingness as well.

- III. **Approval of the Minutes from the September 12, 2016 Meeting**

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

- IV. **Presentation of Aging and Disability Services Division (ADSD) Agency Budget**

Ms. Kotchevar informed the Commission that she is the deputy administrator of the Aging and Disability Services Division that will be presenting the portion of the agency budget for autism services. She told the Commission that they were asked to make a general cut of 5% as they were developing the budget. That resulted in a \$14.5 million cut across the lifespan of services. She told the Commission that the way to do that is you cut the general fund by reducing services or you looked at alternative revenue sources. They were successful in maximizing Medicaid funding. They were one of the few divisions that did not cut services.

Ms. Kotchevar reported that they were able to increase the caseload growth. They were able to request a 19% increase in the caseload. That would amount to 159 children receiving services. They made a request to reduce the waitlist which amounts to 120 kids each fiscal year in addition to the caseload growth. They are currently spending about \$10.2 million this year and are scheduled to spend \$13.9 million for FY18 and \$16.6 in FY19 for services for autism.

Ms. Kotchevar reported to the Commission that all the funding that was spent that wasn't related to direct services was cut. That includes funding to support the Commission meetings which they will do their best to support.

Dr. Gaspar de Alba asked Ms. Kotchevar how the spending for autism direct services compared to previous years. Ms. Kotchevar reported that in FY16 it was 10.2 and in FY17 it was slightly less than \$13 million.

Ms. Kotchevar informed the Commission that the purpose of the autism commission is to advise and make recommendations. That is why an annual report is due to the Governor to advise them of what the priorities are that the community has established. She added that the strategic plan was written in order to monitor and make recommendations to the governor, director of the department and to send letters of support on the identified goals. She gave an

example of a goal of an increase to access to therapy would require writing a letter to the director of the department that states the commission supports the caseload increases proposed by the division. She added that the intent of the Commission and the way it was written in the Executive Order is to advise and monitor the progress which would entail writing letters of support or if the focus needs to be shifted.

Dr. Gaspar de Alba asked when the budget would go into effect. Ms. Kotchevar said the Governor's recommended budget is being negotiated and will go into effect July 1<sup>st</sup>.

Ms. Dean asked Ms. Kotchevar about the care manager positions. Ms. Kotchevar replied that the issue they were having was being able to maintain the care managers that were required to have similar education of a developmental specialist. They are now converting the contracted care managers to state employees which will save them money and decrease the turnover rate. As state employees, they are able to deduct some of their costs from Medicaid.

Ms. Kotchevar reported that there has been some concern about increasing the caseload with the lack of providers in the state. They are pushing through the caseload growth since they have been able to find the providers to serve the kids on the waitlist.

Ms. Partos asked if they were able to present the increase of autism in order to help the budget. Ms. Kotchevar said they presented the Department of Education report that shows the increase of kids with autism and their pushback continues to be the shortage of providers. She said they told them if they don't have the money to serve the kids, they won't be able to entice the providers.

Ms. Kotchevar said they are hopeful since there are some changes that are occurring in the State with Economic Reform and the marijuana bill being passed. She reported that ADSD has the 1/3 of the State budget and are the second highest amount of staff requests after the university system.

Dr. Gaspar de Alba asked what the Commission can do to help with the budget. Ms. Kotchevar recommended getting the report to the Governor in as soon as possible and outlining the top three to five priorities that are supported by the strategic plan that was developed with the community. She added that in the past they have included funding for therapy, integrated employment for transitional aged youth, and workforce development.

Ms. Ostrovsky asked Ms. Kotchevar what the caseload numbers were for ATAP and Medicaid. Ms. Kotchevar replied that Ms. Adie will present on the ATAP numbers and Medicaid will present on their numbers. The caseload growth would be 159 and an additional 120 off the waitlist.

Dr. Gaspar de Alba asked Ms. Kotchevar to report on the budget breakdown of direct services versus administration and outside providers. Ms. Kotchevar said

she would provide the breakout of outside providers versus money spent to provide services themselves. Ms. Kotchevar added that their administrative rate is less than 3% which is one of the lowest rates in the entire state. She said the budget that was discussed was mostly direct services. They cost allocate their administration which is cheaper.

V. Updates on Caseload Numbers and Transition to Medicaid from the Autism Treatment Assistance Program (ATAP)

Ms. Adie reported to the Commission that the PowerPoint presentation was sent out to everyone. She presented the information that is outlined below:

- 40 new applications in October
- 16 new children received services
- 694 active children; average age of 8
- 588 total children waiting; average age of 7
- Average wait time of 264 days
- 5 cases closed

Ms. Adie presented the caseload growth graph. Dr. Gaspar de Alba asked if it will continue to grow and Ms. Adie responded that it would.

Ms. Adie presented the referrals that they receive each month. They have been averaging about 40 new each month in comparison to receiving only 10 when they first started. Dr. Gaspar de Alba asked where the referrals come from and Ms. Adie responded that there is not a way to track it but they do receive them from Early Intervention, Developmental Services, families, advocates and other resources. Ms. Partos asked if they were seeing more referrals in the rural area. Ms. Adie said she would gather the information requested such as the count of kids by county.

Ms. Dean said she is giving the ATAP brochure to teachers in Lyon County to give to families. Ms. Adie informed the Commission members that the intake process is over the phone and is done in Carson City by a bilingual coordinator. Ms. Adie said she is able to report on the location of the people on the waitlist.

Ms. Adie presented the active children by age slide which also shows their plan type. She reported that the Medicaid children being served are also a part of the reported numbers.

Ms. Adie presented the waiting children by age slide which breaks down the age with the different plan types. Dr. Gaspar de Alba asked if it was correct that there were 167 children ages 3 and under that were still waiting for services and 61 children ages 3 and under were receiving services. Ms. Adie said it was accurate.

Ms. Adie presented the insurance coverage availability slide. There are 287 children that have Medicaid only and 61 children that have Medicaid as a secondary insurance. 106 have a private insurance that is being accessed and are receiving assistance with copayments and deductibles. There are 215 that

are under insured which means their insurance doesn't cover ABA services and there are 25 that have no insurance.

Ms. Partos asked if there are any insurance companies that Ms. Adie is aware of that doesn't cover ABA therapy other than the self-funded programs. Ms. Kotchevar said the statute excludes the self-funded plans from requiring autism coverage. ABA is included in the minimum package fund through the Exchange.

Ms. Adie presented the next slide of the interventionists to RBT changes. They have requested the information from all of the providers. She reported there were 309 interventionists, 60 %, that were currently working on becoming an RBT. There are 209 interventionists that are RBTs which makes up the 40%. She reported that this is a 1% increase from the previous month.

Ms. Ostrovsky asked if ATAP is paying for interventionists to become RBTs. Ms. Adie said they have purchased access codes that have been given out for free to those wanting to become RBTs. They have to complete the assessment with a BCBA. There are additional costs for taking the national exam and registering with the BACB that are paid for either by the provider or the individuals. She added that the numbers that were being reported were only those working with ATAP families. They are requiring the providers to report on their staff becoming RBTs by December 1<sup>st</sup>.

Dr. Harrington asked whether all of the ATAP providers were reporting the number of RBTs that they employ. Ms. Adie replied that it is a snapshot of what has been reported by the providers that ATAP is now requiring twice a year. Ms. Dean clarified that the last time they reported on the information at the meeting, they had just asked the providers for their RBTs.

Ms. Ward asked if the BACB was requiring RBTs in Elko to take their national certification exam in Reno. Ms. Adie responded that there are 11 locations that the national exam is being administered which includes Elko and Battle Mountain.

Dr. Gaspar de Alba asked if the numbers that Ms. Adie was reporting on was strictly for the providers that were working with ATAP. Ms. Adie responded that the BACB Website has the current numbers. Ms. Follett reported that the BACB Website currently reports 341 RBTs and 144 BCBAs. Dr. Gaspar de Alba asked if there are historical numbers reported on the Website. Ms. Follett responded that they only report on the current numbers. Ms. Reitz reported that she has been tracking each month the number of RBTs that are working with each provider. She reported there is a lot of change that occurs each month between the number of new RBTs and the number that are no longer working.

Ms. Adie told the Commission that Ms. Reitz is assigning the access codes to the interventionists to complete the RBT training. Part of that tracking includes who has completed the training and has gone on to register with the BACB and is working with each provider. Ms. Adie added that the RBTs on the BACB Website

are not just working with Medicaid but also work with private insurance and ATAP.

Dr. Gaspar de Alba asked if private insurance companies base their rates off the Medicaid rates. Ms. Adie responded that private insurance companies negotiate with individual providers for their rates and their rates differ. Ms. Kotchevar informed the Commission that Early Intervention is a Managed Care and insurance provider. They are prohibited from discussing their rates with other providers but can report it to state agencies. The rates for each provider depend on how many they serve and the need.

Ms. Dean asked if ATAP was still requiring interventionists to become RBTs. Ms. Adie replied that they have implemented the requirement that they need to become RBTs six months from the date they are hired. They are currently monitoring the growth progress of the RBTs. They are not in the position to stop paying them but want to make sure the providers are working towards certifying their interventionists.

Ms. Ostrovsky asked if there are any kids that would lose services because the providers haven't become RBTs. Ms. Adie responded in the negative. She added they are not in the business of taking services away but want to ensure a qualified and certified workforce are providing the services to all of the children regardless of funding source.

Dr. Gaspar de Alba asked about the annual performance indicators that were requested. Ms. Adie responded that they are required to report annually on the performance indicators. She said there are three different markers that they report on which include the following objectives and percentages:

1. Percent of the children that mastered goals or made progress toward behavioral plan objectives which is 98%
2. Percent of the new applications processed within 60 days of receipt which is 100%
3. Total number of clients in the Autism program which is 642 as of July 1, 2016.

Dr. Gaspar de Alba asked what that means if the child has 10 goals. Ms. Adie said that they either are making progress or mastered the goals that have been identified. Dr. Gaspar de Alba asked if they track language acquisition or social skills. Ms. Adie replied that they have impact data targets that are completed annually by the BCBA that monitors the child's progress. Dr. Gaspar de Alba asked how many impact data targets there are. Ms. Adie said it was based on age and is objective based on the provider and therefore not an accurate assessment to pull data from. They are considering other types of assessments that are evidence-based to track the progress and provide the information. Dr. Gaspar de Alba said it was a narrative and Ms. Adie said it was one piece of many pieces that are used to determine future funding for the child and look at the progress.

Dr. Gaspar de Alba asked if there as an average cost per child. Ms. Adie replied that they take the total number of kids and what their maximum plan types would be. She believed it was currently estimated at \$1600 per month. The younger children cost more money to serve since their needs are greater.

Dr. Harrington asked if they have numbers between kids with intellectual disabilities versus those with autism. Ms. Adie said they only require an autism diagnosis and don't track anything else. Dr. Harrington asked what the range of cost was. Ms. Adie said they recently did an increase in order to align with Medicaid. The plan types range from \$3500 to \$500.

Dr. Gaspar de Alba asked what the overlap with the regional centers looked like. Ms. Adie responded that they are all one division and communicate with the developmental specialists at the regional centers. They will have a transition meeting with the developmental specialists at the regional centers to coordinate the exit. There are some children that are dually served that are receiving services other than ABA therapy.

Dr. Harrington informed the Commission that Kate McClosky from the Regional Center presented to the Adult Services Subcommittee. The PowerPoint presentation of the services provided can be found on the ADSD Website.

Ms. Adie reported to the Commission that the average cost per child was \$1869 per month.

Ms. Ward told Ms. Adie that she just checked the BACB Website and there are no testing sites in Elko. She added that they can contact her in order to fund them having to test in other locations. They only list Salt Lake City, Las Vegas and Reno. Ms. Ward said the Commission can let the BACB know that they need more test sites in the rural areas as well.

VI. Update on Current Numbers from Nevada Early Intervention Services (NEIS) Which Includes Number Screened, Diagnosed and Receiving Services

Ms. Megan Wickland informed the Commission that the NEIS information that was presented as a handout includes the screener information broken down by provider and region. The report is for the period of July 1<sup>st</sup> through Sept. 30<sup>th</sup>. She provided the following information:

- Total number of screeners was 646
- Total number of 18-month initial screeners failed was 58
- Number 24 month – 89
- Other failed initial screeners is 19
- 21 declined the MCHAT
- The reasons for failed screening is global delays, another diagnosis.
- 81 autism concerns
- Total number of children diagnosed statewide was 37
- The average age at the time of diagnosis is 30 months
- Percentage of cases served with autism during the quarter is only 1% since they have over 3300 active cases statewide in Early Intervention.

- There are 53 children, 43%, pending an autism diagnosis.
- There are 30 children, 24%, waiting for an assessment in which child is scheduled but has not yet started the process.
- There are 41 children, 33%, waiting for an assessment in which child is not yet scheduled.

Dr. Gaspar de Alba asked what the testing process was that they are waiting on. Ms. Wickland replied that it would be getting the ADOS scheduled or seeing the pediatrician to do the DSM-5. Dr. Gaspar de Alba asked why there was a discrepancy between the 81 with a failed screening and the 53 that were pending a diagnosis. Ms. Wickland said she was unsure and can find out.

Dr. Gaspar de Alba asked about the number of children that was provided that are referred to ATAP was an average number. Ms. Wickland said it was an average number. She said she can provide the numbers from last year so they can compare them.

Ms. Ward mentioned the number of children diagnosed divided by the number of initial screeners on the reports that are presented seem to be consistently 5.7% to 5.8%. She was concerned that the number of children being diagnosed through NEIS has been constant and the number of children entering the school districts is increasing each year. Ms. Adie pointed out that NEIS is not the only avenue that gives a diagnosis. NEIS only gives a diagnosis to children under the age of three. They can certainly go back to the numbers and look at the trends.

Ms. Jan Marson said it was questionable to see that 1 in 20 children with a failed MCHAT go on to receive a diagnosis. She said she finds that parents are underreporting with that tool and they should revisit the process. Ms. Dean commented that children who received early intervention services before the age of three are not qualifying for an education diagnosis and are passing the ADOS. She added that the MCHAT is information that is provided by the parent and the ADOS is what is administered by NEIS.

Dr. Gaspar de Alba commented that the sensitivity on the revised MCHAT is about 60%. He added that the number of diagnosed is a little low just based on the number of the MCHAT. He said the 1 in 68 number that the CDC puts out is 1.5% of kids which is close to the 1% that NEIS reported; however, the number is low compared to the kids that are failing the screenings. He suggested offering any suggestions on how to improve the diagnostic process that he can include in the Governor's report.

Dr. Gaspar de Alba said the average age of diagnosis is better than the national average. He is concerned that ABA services need to be started as soon as possible in order to optimize their outcome. He added that children under the age of three who receive an autism diagnosis and only receive speech, OT and PT are not likely to not receive an educational diagnosis.

## VII. Updates on Nevada Medicaid Applied Behavior Analysis (ABA)



Ms. Follett reported to the Commission that she has three bullet points to report on. They are listed below:

1. Number of providers enrolled is 30 groups
2. Third quarter net payments were just under \$200,000; under \$400,000 for the year.
3. As far as the hourly rate broken down by the code, they are in the process of creating the dashboard. She will send the link once it's been established. .

Dr. Gaspar de Alba asked what the amount was that has been billed. Ms. Follett responded that was what was provided. They are only able to pull the data based on paid claims and not based on denied claims. She added there are some providers that have had difficulty with submitting their claims.

Dr. Gaspar de Alba asked if the payments that were made were charted anywhere. Ms. Follett responded that the information was provided to the Senate Committee on Finance and the Committee on Ways and Means. They are required to provide a letter of intent every three months to them. She will locate the link to the information and forward it.

#### VIII. Presentation and Discussion on Programs Offered at the UNLV Center for Autism Spectrum Disorders

Dr. Cori More told the Commission that they wanted to inform them as to what they have been doing at the UNLV Center for Autism and be able to tie into what the Commission is doing. She and Dr. Josh Baker transitioned into the roles of directors of the Center. Their mission is to conduct community-focused research and education training on individuals with ASD, their families and community service providers in Southern Nevada. They are redefining the center in terms of an educational focus to help build capacity and workforce.

Dr. More shared with the Commission that their current programs include the following:

- BCBA approved course sequence.
- Project Focus which is a post-secondary education program for college-age students with Autism and/or intellectual disabilities. There are currently 11-14 students in the program.
- Dual licensure grant for teachers who want to work in the school district. \$1.12 million to fund close to 60 students.
- A research project which increases student classroom response opportunities.

Dr. More informed the Commission of the topics of most interest to them to include the following upcoming programs:

- Continuing education units for BCBA's and the BCaBA program to begin Spring 2017.
- RBT training to begin Spring 2017
- BCaBA at the undergraduate level to begin Fall 2017. This will allow them to help supervise the RBTs.

- Practicum sites approved by BACB for required supervision hours towards certification to begin Spring 2018.

Ms. Dean asked if any of the BCBA or BCaBA courses were online. Dr. More said their initial program will be face-to-face to make sure they have a solid foundational course in hopes of eventually moving to online. Ms. Dean asked if they were concerned about finding the staff to run the program. Dr. More responded that they have found community partners that they will work with.

Ms. Dean asked how they would develop the RBT program. Dr. More responded that they would develop it the same way in which it would be face-to-face and quickly move it to online. Ms. Dean asked what the cost would be. Dr. More said it would be around \$100 but doesn't have a definite answer. Ms. Dean asked if they would be willing to work with DETR to fund the program. She said their goal is to increase the workforce capacity and work with everyone.

Dr. Harrington asked Dr. More if their course sequence was approved by the BACB. Dr. More said they are in the process of getting the BCaBA courses approved and developing the RBTs. Dr. Harrington asked what the numbers would be from their cohorts of students. Dr. More said their current capacity is 25-50 at a time. They will grow as they need to grow.

Dr. More said she will send updates on their programs as they become available.

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

Dr. Marson informed the Commission that she will touch on three items that the Resource Development Subcommittee has been working on:

- The data elements that is part of the subcommittee's objectives will be reviewed by LEND trainees. They will write a white paper on their findings.
- Dr. Marson said the objective of compiling and adopting service standards manuals would cost money. Dr. Gaspar de Alba agreed that the objectives that are within the strategic plan require funding to implement and there are no funds associated with the Autism Commission.
- Dr. Marson presented the recommendation letter to the Commission that entails developing a committee that outlines guidelines to allow BCBA's to work with kids in the schools.

Ms. Dean added that they are asking the school districts to allow BCBA's and RBT's to come into the schools to work with the child already receiving ABA funded services. Ms. Adie added that the important piece is if a child is receiving in-home therapy to allow that provider to continue to work with the child in a natural environment. Ms. Partos said the pushback would be confidentiality with other students in the classroom.

Ms. Thorkildson suggested doing a pilot program with the special ed department of the Washoe County School District. Ms. Adie said collaboration efforts have been done in the past. She added that the idea is to allow the children additional

hours of ABA therapy since most sessions only take place after school and there are not enough providers during those limited hours. The letter is to meant to start the conversations about allowing outside ABA providers into the schools.

Ms. Stanley along with Ms. Beckworth commented that they are supporting this letter. They are from the Lyon County School District and their staff have the least experienced paraprofessionals working with the most impacted students.

Dr. Gaspar de Alba asked if they would agree to include a briefer version of the letter within the Governor's report. Ms. Adie replied that she did not feel it would be appropriate to reduce the letter to include it in the Governor's Report; the letter needs to stand on its own but may be mentioned in the Governor's Report. Ms. Dean agreed with Ms. Adie's sentiments.

Ms. Dean made a motion to approve the letter with some modifications to be addressed to the Department of Education. Ms. Ward seconded the motion. The motion passed.

Dr. Harrington informed the Commission that the Adult/Transition Services and Resources Subcommittee has been working on the following objectives:

Objective 2.3.1 is collaborating with the Governor's Taskforce on Integrated Employment which he has been attending those meetings. Their challenge is persons with autism are still being placed in segregated settings. They are working on getting the reimbursement rates increased rather than working on the segregated settings. He reported that the State is part of the national core indicators which looks at the measures.

Objective 2.3.4 is to compile and adopt service standards which addresses this issue. They have had two presentations that address this by the Regional Centers and Bureau of VocRehab.

Dr. Harrington informed the Commisison that there were two letters that were submitted to address the issues of Objective 2.4. The first letter addresses the sensitivity towards persons with autism. The training would be recorded and be used later for new employees. The second letter requests an increase in the reimbursement rate for the paraprofessional paid through the Home and Community Based Waiver program. Ms. Ward said the adults that are within our community need the supports and the staff that are providing the support need to be trained.

Dr. Gaspar de Alba asked how the sensitivity training would be funded. Ms. Reitz and Ms. Adie responded that they would have to write a letter to request the funding from an agency. Ms. Adie added that the Commission is an advisory group and not an action group. They would have to write a letter for a recommendation. They suggested writing the letter to the Universities and VocRehab.

Ms. Adie recommended writing the letter for the increase in reimbursement rates to Mr. Richard Whitley and Ms. Marta Jensen of Medicaid. Ms. Dean asked Ms. Ward if she would want the reimbursement rate tied to their training, similar to the RBT training. Ms. Adie responded that the reimbursement rate by Medicaid is only one rate; the providers determine the rate they would pay their employees. Ms. Ward said their rate of pay is based on their employers and not their training.

Dr. Gaspar de Alba suggested that the letter for the sensitivity training be sent to VocRehab and DETR. He added they may request in the Governor's letter that those agencies work with the Commission to develop the training. Dr. Harrington agreed and offered to write a paragraph to be included in the Governor's Report on workforce development.

Ms. Ward made a motion to approve the letter for the sensitivity training to be sent to VocRehab and DETR. Ms. Partos seconded the motion. The motion passed.

Ms. Partos made a motion to approve the recommendation letter to increase the reimbursement rate for the Home and Community Based Waiver and send it to Mr. Whitley and Ms. Jensen. Ms. Ostrovsky seconded the motion. The motion passed.

Ms. Robinson informed the Commission that the Community Education Subcommittee was stalled on account of two of their members were asked to step down due to lack of attendance. Ms. Robinson reported that she has leads for the statewide Website. She reported that Ms. Hayden from the Lovaas Center is continuing to apply for CEUs to train hospital nurses. The public service announcements are on hold until the Website is completed. She added that they need to see some funding if they want the Website to perform appropriately and have PSAs.

Dr. Gaspar de Alba asked what agencies would fund the Website. Ms. Robinson said there are nonprofits that can put the Website together but felt it should be a .gov state-funded Website. She will gather the costs for the Website and present it to Brook. She added they are on task with accomplishing their goals and hope to have the PSAs done in time for Autism Awareness month in April.

Ms. Reitz informed the Commission that Dr. Crozier was not able to attend the meeting but reported the following information:

"Subcommittee is continuing to explore the development of an RBT training program for DETR approval. That's the focus the subcommittee voted for and that is what we are working towards."

X. Discuss and Determine the December Report to the Governor

Dr. Gaspar de Alba asked the Commission members to send in their recommendations on what they would like in the Report to the Governor. They will review and approve the report at the next meeting.

XI. Discuss and Make Recommendations for Legislative Action Concerning the Autism Commission Becoming a Statute

This item was tabled until the next meeting.

XII. Confirm Dates for Future Meetings

The Commission decided to meet on December 5<sup>th</sup>, 2016 at 1:00 p.m. Dr. Gaspar de Alba made a motion to hold the meeting at that time. Ms. Dean seconded the motion. The motion passed.

XIII. 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.

XIV. Adjournment

Dr. Gaspar de Alba adjourned the meeting at 3:10 p.m.