



**Update to Governor Sandoval  
Priorities for SFY 15  
June 2015**

Status Addressing Identified Objectives Requiring Action for 2015:

**Objectives**

1.1 Secure State and Federal Funding, Grants and Other Resources to Ensure Adequate Service Delivery.

- **\$14.7 million over the 2015-17 Biennium.** The Nevada Commission on Autism Spectrum Disorders was pleased to see the urgency of addressing autism become a major budget initiative for the 2015-2017 biennium by the Governor and supported by Legislators. New funds to ATAP will allow program to serve 836 children by the end of June of 2017. The program was also approved to add one Developmental Specialist position to oversee contracted case managers, one Health Program Manager position to oversee the expanded ATAP and 13 contracted Case Managers.
- **Additional \$2.2 million** was placed in the Interim Finance Committee Contingency Account for FY 2017 in the event a sufficient number of providers become available to treat additional children. The agency projects that if providers are available an additional 290 children would be able to receive treatment through ATAP.
- **\$41.4 million** was allocated to the Division of Health Care Financing and Policy to serve children with ASD who are eligible for Medicaid. Medicaid's coverage of applied behavior analysis for children under Early and Periodic Screening, Diagnostic and Treatment (EPSDT) begins in January 2016 for children under the age of 21.

1.2 Expand Access to Health Insurance Benefits for ASD Services.

- **AB6 was signed May 26.** The bill should resolve some of the barriers to access. Treatment staffing concerns should improve with the recognition of the national credential of the Registered Behavior Technician (RBT), effective July 1, 2015. The bill removes current requirements for the Nevada Board of Psychological Examiners to oversee state certified behavior interventionists (CABIs) and now allows for treatment hours delivered by the nationally certified RBT (Registered Behavior Technician) to be paid by private insurance effective July 1, 2015.
- The bill doubles the current benefit for applied behavior analysis to \$72,000, effective January 1, 2017. This should allow children to access more weekly treatment hours, so they can receive treatment hours more closely aligned to recommended hours found in research.

1.3 Expand Medicaid Coverage for ASD Services Throughout the Lifespan.

- Representatives from the Commission and advocates advocated for ABA coverage across the lifespan during public workshops, but were unsuccessful at this time.



### 1.3.1 Advocate for Medicaid Coverage which Supports ASD Screening, Diagnosis, and Treatment.

- The Division of Health Care Financing and Policy (DHCFP), Nevada Medicaid completed the State Plan Amendment for the coverage for ABA under the authority of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) and indicated coverage will be effective January 1, 2016. The State Plan Amendment will enable eligible children with ASD through the age of 21 to have access to medically necessary ABA.
- **AB307.** This bill expands services for children with intellectual disabilities who have significant behaviors to include preventative services and the creation of a new wrap-around pilot program utilizing various supports including the Medicaid coverage of applied behavior analysis to maintain the child in their home environment.

### 1.3.2 Identify and Ensure that Medicaid Reimbursement Rates are Sufficient to Support Access to Services.

- Commission members and providers attended and participated in two statewide Provider Rates Workshops.
- Commission members and providers expressed concerns with some of the proposed rates. Providers found the rates for BCBA, BCaBA and Licensed Psychologists to be acceptable. Concerns cited included limited provider participation due to low hourly rates proposed for RBT. Providers submitted cost factors to support an increase.
- Initial provider enrollment and training scheduled to occur in June for Medicaid.
- A third Provider Rates Workshop is scheduled for July 1. The Commission Chair will attend and the Commission has encouraged providers to attend and participate.

### 2.1 Promote and Legislatively Advocate for the Adoption of Policies and Funding which Deliver Comprehensive Services for Young Children to Ensure Optimal Outcomes.

- A bill draft was developed to address a child's eligibility upon a failed screen and support access to comprehensive treatment, but was allowed to die after collaborative discussions with agency staff. The promotion of access to ATAP Comprehensive Plans for children receiving services through Nevada Early Intervention Services (EI) began improving during the legislative session. All ATAP and EI personnel are collocating to encourage positive collaboration.
- 4.2% increase in the number of children in the age group 18 months to 5 years started treatment through an ATAP Comprehensive Plan during the period of January 2015 – May 2015 as compared to the same timeframe last year.

### 2.3 Promote and Legislatively Advocate for Policies and Funding which Deliver Self-Directed, Person-Centered Services for Adults.

The following bills passed supporting policies which help to drive self-directed, person-centered choices:



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- **SB419** creates the Nevada ABLÉ Savings Program as a qualified ABLÉ program under the federal Achieving a Better Life Experience Act of 2014; authorizing the creation of a program within the Aging and Disability Services Division of the Department of Health and Human Services to provide independent living services and assistive technology for persons with disabilities who need independent living services; revises the terms of members of the Nevada Commission on Services for Persons with Disabilities. Mark Olson, chair of the Commission's Subcommittee for Adults and Aging with ASD, worked closely in collaboration with Sherry Manning of the Governor's Council on Developmental Disabilities and Brian Patchett of the Commission on Services for Persons with Disabilities to introduce and see SB419 become law.
- **AB128:** Mark Olson advocated for model language on supported decision-making to be incorporated into AB128 consistent with guidance from the National Resource Center on Supported Decision Making to create a simplified durable power of attorney for healthcare decisions to be used by adults with intellectual disabilities.

2.3.1 Collaborate with the Governor's Task Force on Integrated Employment to Advocate for and Ensure that the Employment Needs and Choices of Nevadans with ASD are Identified, Understood and Addressed.

- Mark Olson, chair of the Commission's Subcommittee for Adults and Aging with ASD was appointed to the Task Force. He attended and participated in seven meetings and was appointed for the last five. The national meeting for the Developmental Disabilities Council meets in July, Mark will be attending. The Task Force's report with recommendations is due in June to the Governor. The needs of youth and adults with autism, especially those most severely impacted, will be addressed in the plan. He hopes to remain on the Task Force to see through the plan's implementation.

2.3.2 Promote Entrepreneurial Enterprise and Business Creation Opportunities for Nevadans with ASD to Governor's Office of Economic Development, Local and State Agencies, Private For-Profit and Non-Profit Entities.

- Mark Olson will be presenting and promoting entrepreneurial and business creation opportunities to at least one identified group before year-end.
- Commissioner Korri Ward is working with Rural Regional Center, VocRehab and Nevada Small Business Development Center to develop small business entrepreneurships run by adults with disabilities in rural Nevada.
- **AB29.** This bill requires facilities to register with Aging and Disability Services Division to provide jobs / training and prohibits the use of aversive interventions except under specific circumstances and requires such facilities to make a report when restraints are used.

2.3.3 Collaborate with ADSD, DHCFP, CSPD Providers and Recipients to Establish Policies and Systems which Enable Nevadans with Disabilities, Including ASD to Self-Select Their Own Residential Setting.



- Mark Olson provided testimony and evidence to assist in the development of the State Transition Plan by Nevada DHCFP as required by the Centers for Medicaid and Medicaid Services pursuant to Final Rule CMS-2296-F / CMS-2249-F

### 3.1 Establish a Sufficient Pool of Credentialed Registered Behavior Technicians (RBT)

- July 1, 2015 is the effective date for the RBT credential to be recognized in Nevada via AB6.
- The National Behavior Analyst Certification Board (BACB) website indicates there are now 19 in Nevada with the credential. Two more are pending.
- UNLV indicates 175 behavior interventionists have started the online training since the unveil on June 5, 2015.
- Those state certified behavior interventionists currently holding their state certification are allowed to continue working without the RBT credential until their state certification expires and are recognized as RBTs via AB6. The Board of Psychological Examiners had indicated there were 65 CABIs.

#### 3.1.1. Collaborate to Track and Fund RBT Trainings Statewide.

- ATAP providers collaborated with the UNLV Center for Autism in the development of an online training program. ATAP funded 500 licenses for behavior interventionists serving ATAP children statewide to have access to the training. UNLV will track those accessing the training and ATAP will track referrals and those that receive the national credential.
- The National Behavior Analyst Certification Board (BACB) will post the names of all RBTs on their website with the associated supervising Board Certified Behavior Analyst (BCBA). This will allow families and agencies to confirm the paraprofessional is credentialed.

### 3.3 Establish Training Options for Primary and Secondary ASD Service Providers.

- No activity to report at this time.

#### 3.3.1 Develop a Training Approach that Incorporates Online Learning Toolkits, Training Workshops, Statewide Conference Participation and Peer-Supported Networks for Individuals in the Field.

- No activity to report at this time.

### 3.4 Establish a Web-Based Directory/Marketplace for ASD Providers

- Initial discussion took place, however no funding was included in the 2015-2017 budget to support this venture. The vision has been expressed.

#### 3.4.1 Collaborate with ADSD to Support the Launch of its Web-Based Directory/Marketplace.

- There should be progress to report in December.



#### 4.1 Establish a Statewide Education and Outreach Campaign Regarding ASD.

- ADOS (Autism Diagnostic Observation Scale) trainings for community and state providers are currently scheduled by Part C. There are 38 participants who will earn CEUs for attending the ADOS training in Reno. A second ADOS training will be held in Las Vegas in July.
- An annual LTSAE (Learn the Signs Act Early) Summit, which is a project of NVLEND (Nevada Leadership Education in Neurodevelopmental and Related Disabilities) was held in March at UNR. There were 67 participants from statewide agencies that attended. The NvLEND program has ongoing projects that focus on the well-being of Nevada's children:
  - a. Training of 11 interdisciplinary teams (approximately 55 professionals) from across the state in administration of the Autism Diagnostic Observation Schedule, 2<sup>nd</sup> Edition to conduct evidence based assessment for possible autism.
  - b. Pilot project to develop an integrated online screening system in which childcare workers and parents will have access to the Ages and Stages Questionnaire and the Ages & Stages Social Emotional.
  - c. NvLTSAE website for professional and family education.
    - i. Develop eight training modules to be housed on the NvLTSAE website for continuing education of childcare workers.
      1. What is autism?
      2. 2 Modules: Developmental Screening: Ages & Stages, Milestone Booklet, M-CHAT, Milestone Booklet
      3. Referral & diagnostic process
      4. Strategies for inclusion
      5. IFSP-IEP info and process
      6. Review of other neurodevelopmental disabilities that might look like autism
      7. Challenging behaviors
  - d. 50,000 Milestone Moment Booklets developed by the Centers for Disease Control were adapted for Nevada that included referral information for parents in 2013. These booklets have been distributed statewide over the past 2 years.
  - e. Foster Care Team: Developed 10 videos focusing on issues surrounding children with disabilities to train foster care parents as they do not receive education regarding the care of these children. These videos are aired nationally.
  - f. Feeding Team: Developing a model for multidisciplinary collaboration to work with children with significant eating and swallowing issues.

In addition to the above projects, NvLEND helps to support diagnostic evaluations of children suspected of Autism Spectrum Disorder with three teams that are multidisciplinary in nature:

1. Reno: University Center for Autism and Neurodevelopment (UCAN) Assessment Team
2. Las Vegas: UNLV Center for Autism Spectrum Disorder
3. Elko: Newly formed team comprised of four former NvLEND trainees including: Pediatrician, LCSW, BCBA, and parent



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4.1.1 Coordinate with the Division of Public and Behavioral Health to Establish and Implement a Statewide Community Education Campaign. Develop Outreach Materials for Billboards, Posters and Flyers Specifically for Rural Nevada.

- In-kind design is available for the development of materials, once message is defined. Resources/funding will need to be pursued to produce materials and fund billboard buys.