

June 16, 2016

Dear Chairman Oscarson,

The Nevada Commission on Autism Spectrum Disorders (NCASD) met on June 1, 2016, to review and discuss several issues regarding the needs of individuals with autism in Nevada. The following is a summary NCASD recommendations:

SITUATION: The RBT workforce is significantly insufficient to support the needs of children with autism in Nevada. Health insurance and Medicaid require RBTs, therefore much of the RBT workforce will be utilized by private health insurance and Medicaid. ATAP has been not been requiring RBTs, but has a goal of transitioning to RBTs.

RECOMMENDATION: ATAP continue to allow payment to interventionists working under the supervision of a BCBA, without requiring an RBT credential, until there is an RBT workforce ready to serve a minimum of 50% of the kids in ATAP and Medicaid that reside in Rural Nevada, Southern Nevada and Northern Nevada.

CONSIDERATIONS: This would require that each area of the state would have to meet the 50% threshold before ATAP would transition to requiring RBTs in a region. There is great concern regarding developing the RBT workforce in rural Nevada.

SITUATION: The RBT workforce is insufficient. ATAP has been funding the fiscal agent and allowing parents to be the employer of record.

RECOMMENDATION: ATAP continue to support policy allowing parents to be the employer of record for their child's interventionists with the assistance of an ATAP provided fiscal agent.

CONSIDERATIONS: ATAP has successfully utilized parents as the employer of record since its inception. Although the NCASD realizes the importance and value of an RBT workforce, they believe that it is happening to fast and children will go without treatment because they do not have an RBT.

SITUATION: As of May 2016 Nevada Medicaid had enrolled 20 BCBAs and 64 RBTs. ATAP reports that 55% of their children are Medicaid eligible. At this time there are not enough Medicaid enrolled BCBAs to treat 55% of ATAPs caseload.

RECOMMENDATION: ATAP continue to delay the transfer of ATAP Medicaid-eligible children to Medicaid until there is a Medicaid provider ready, willing and able to seamlessly accept and provide medically necessary levels of treatment to the child.

RECOMMENDATION: ATAP continue to ramp up its efforts to serve children as a Medicaid provider, utilizing the children's current interventionists as much as is practicable.

RECOMMENDATION: Support the efforts to grow our BCBA, BCaBA, and RBT workforce through our higher education system and encourage DETR to include the BCaBA and RBT training, internship and certification in their programs.

SITUATION: In February 2016 ATAP and NEIS reported that one and two year olds were on the ATAP waitlist.

RECOMMENDATION: Continue to improve collaboration between NEIS, ATAP and Medicaid to allow children under three a fast-track to ABA programming at recommended levels.

CONSIDERATION: If Nevada is going to slow the flow of children with autism into self-contained special education services or adult services, they are going to need to provide evidenced based levels of applied behavioral analysis treatment for very young children in a timely manner.

SITUATION: The staff who provide supports to adults with autism are paid a very low wage, starting rate in Elko is \$9.00/hr and top rate is \$11.25/hr. By comparison the starting rate at Wal-Mart in Elko is \$11.19/hr. This low wage and is a significant negating factor for providers seeking to hire a skilled and capable work force successful at providing supports and habilitative care for adults with autism who require skill acquisition, supports and structure to maintain appropriate behaviors in the home and community.

RECOMMENDATION: Support raising the current billable rate of \$19.33 per hour to the Medicaid state rate to allow providers to provide quality services by a skilled workforce for waiver adults significantly impacted by autism, so that they may successfully integrate into the greater community.

CONSIDERATION: Adults with autism who present with aggressive and violent behaviors will require the services of specially trained staff who can implement BCBA recommendations and a behavior plan. The current reimbursement rate fails to provide opportunity for hiring specially skilled staff.

Respectfully,
Korri Ward
Commission on Autism Spectrum Disorders
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