Commission on autism spectrum disorders - PROVIDER SURVEY SUMMARY

2024

Abstract

The Commission on Autism Spectrum Disorders conducted a Provider Survey to gather insights from organizations and professionals delivering services to individuals with ASD across Nevada. Respondents were asked about the availability and accessibility of services, barriers faced by individuals with ASD and their families, and strategies employed to enhance service delivery.

Nevada Commission on Autism Spectrum Disorders
https://adsd.nv.gov/Boards/Autism/Autism/

PROVIDER SURVEY SUMMARY OF RESULTS

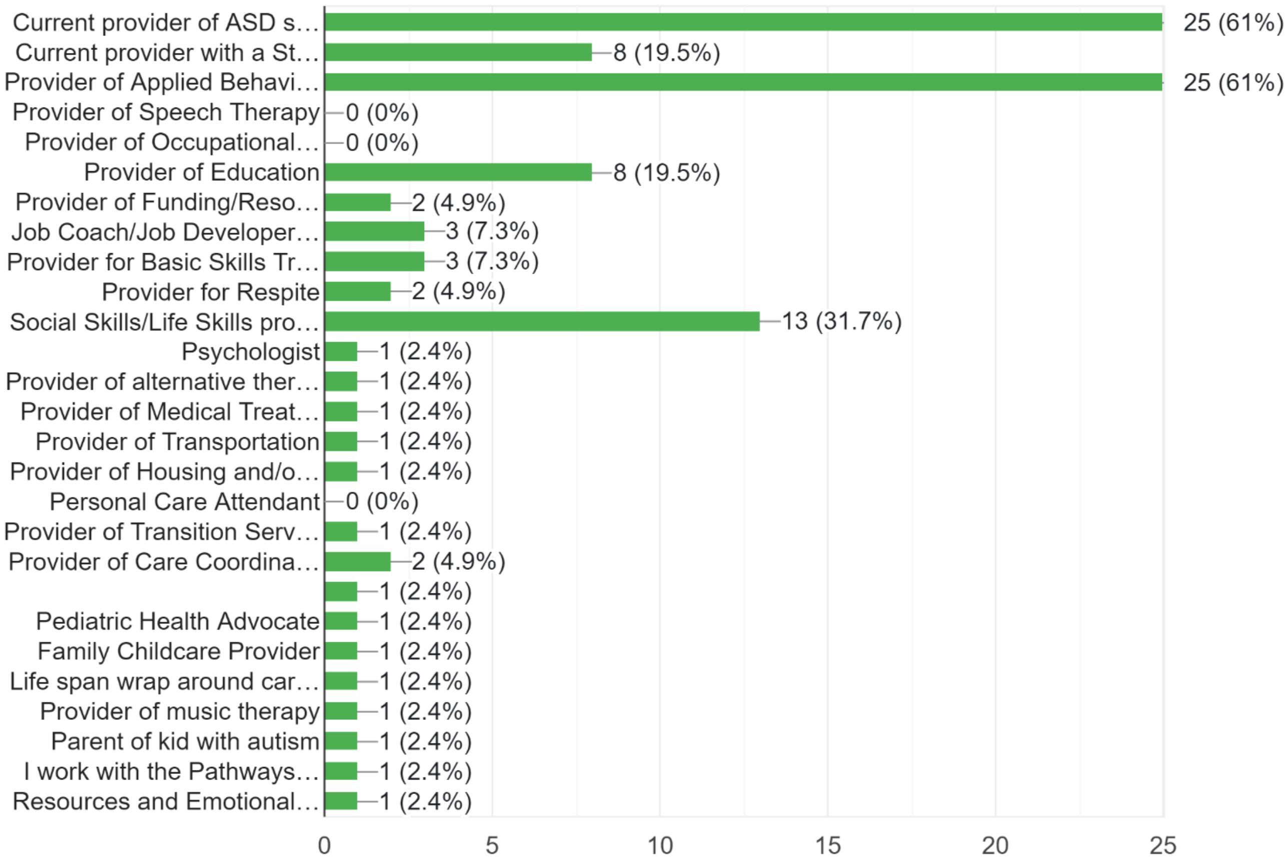
ORGANIZATIONAL PROFILE

Affiliation

There was a total of 41 surveys collected from providers across the state. The survey tool asked respondents to identify a category that best described their organization. 20 categories (including Other) were available for selection to represent provider types.

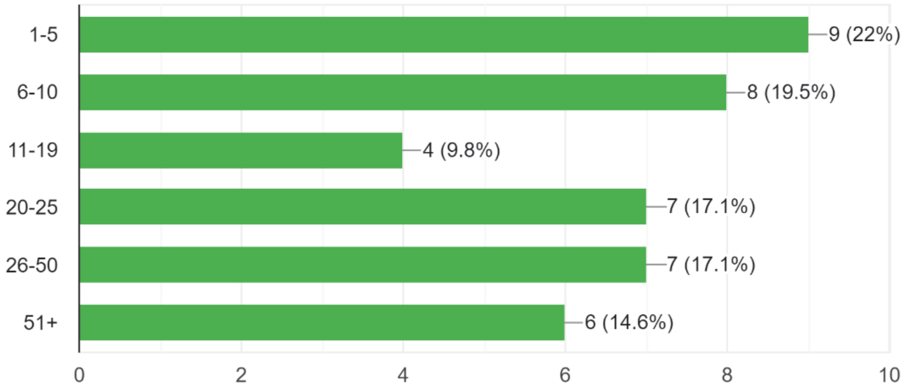
Provider Survey – 41 Respondents (n=41)

*Respondents checked all that applied and may exceed 100%



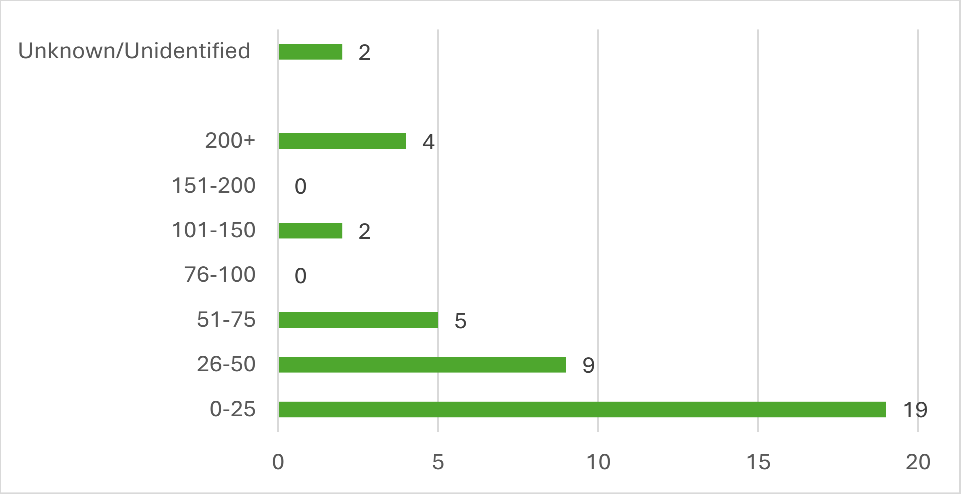
Staffing

Respondents were asked to identify the number of staff within their organization.

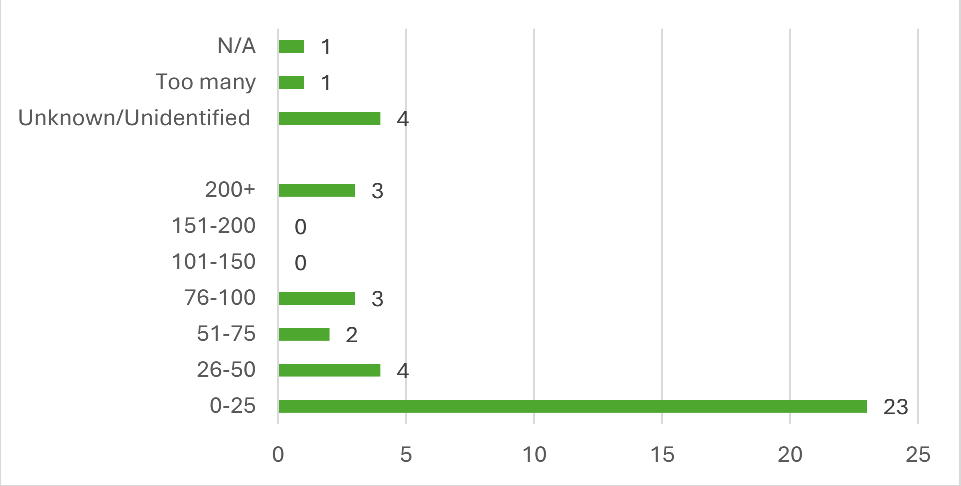


Clients

Respondents were asked to identify the number of clients their organization currently serves.

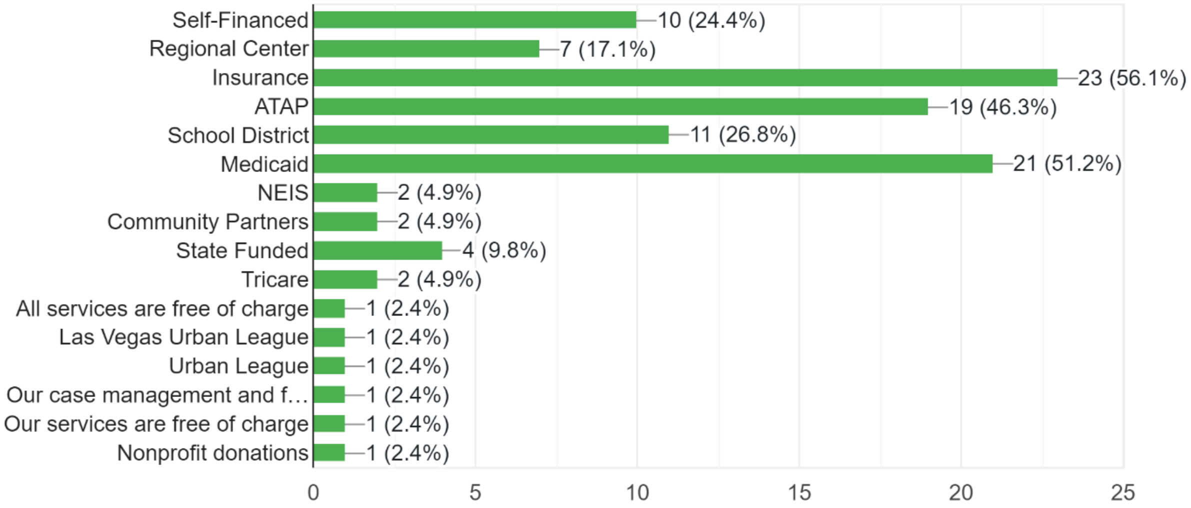


Respondents were asked to identify how many individuals are currently on their wait list.



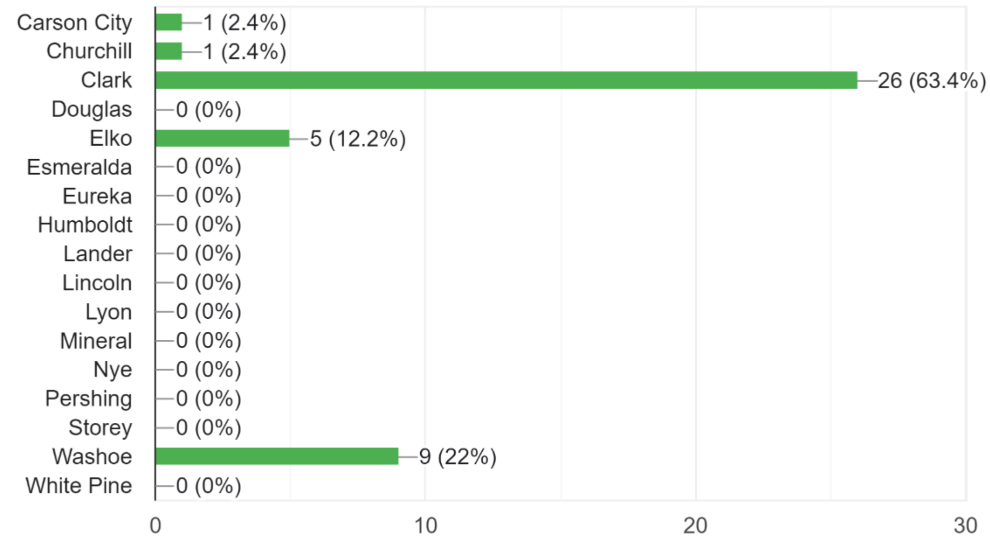
Financial Responsibility

Respondents were asked how their clients/families are paying for the services their organization provides.

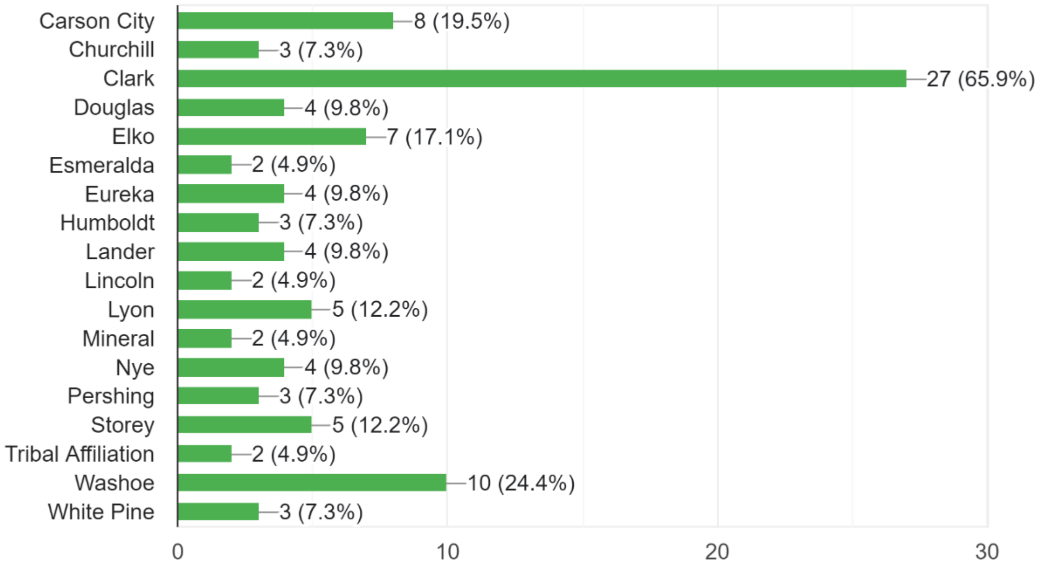


Geographical Representation

Respondents were asked to identify which County their organization is based in. 26 (63.4%) of the providers' organizations are based in Clark County and 9 (22%) is based in Washoe County.



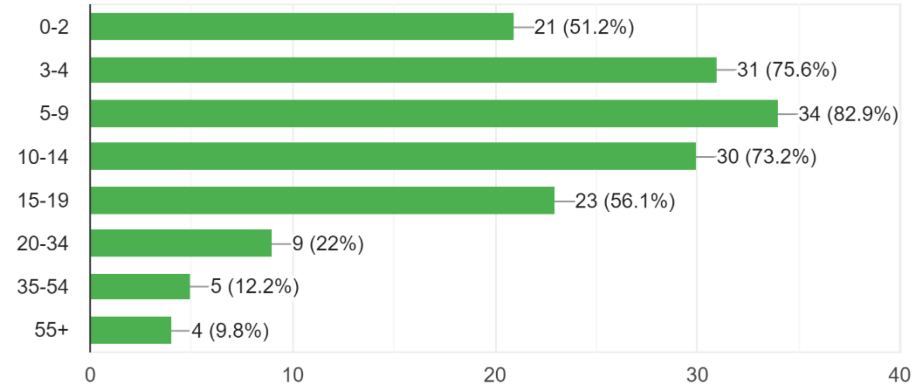
Respondents were asked to identify the counties in which they serve.



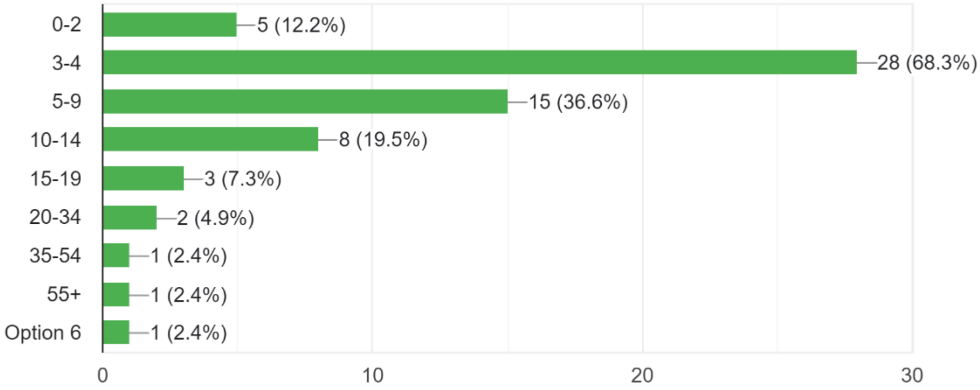
Demographic Profile

Age

Respondents were asked to identify the age of clients in which they serve with an Autism Spectrum Disorder. Respondents were asked to select all that applied.



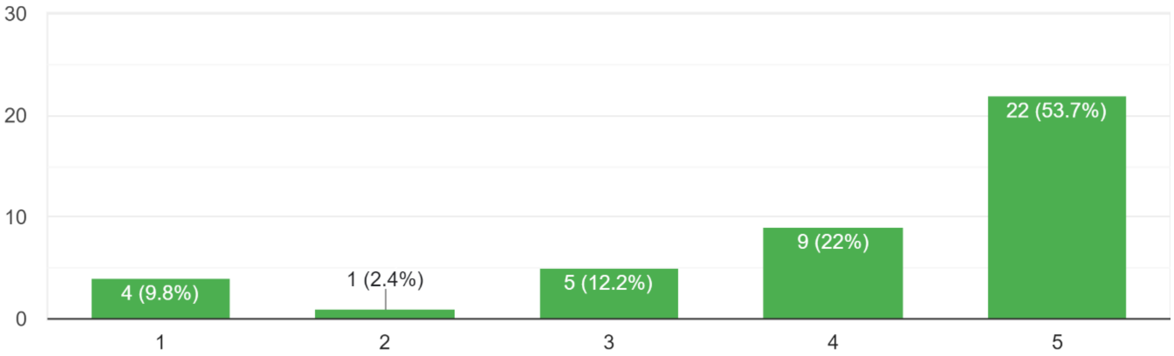
Respondents were also asked to identify the average age when their clients first accessed treatment/services/supports within their organization.



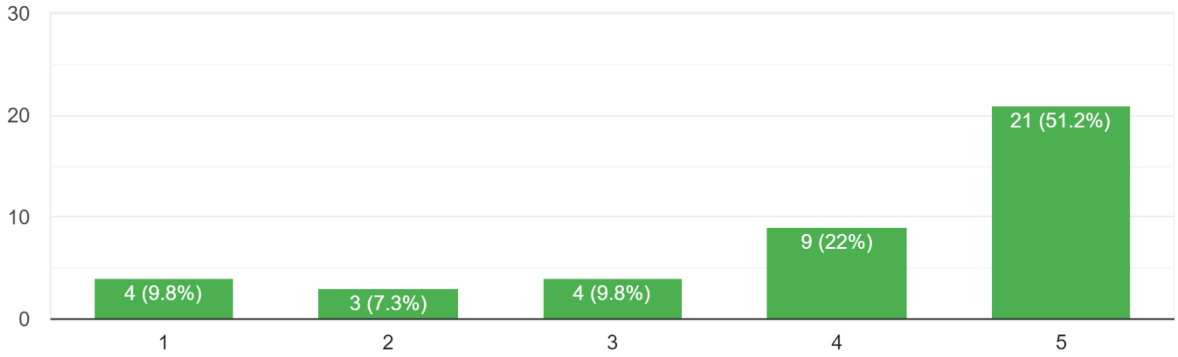
Findings

Respondents were asked on a scale from 1 (Strongly Disagree) to 5 (Strongly Agree) to the following statements:

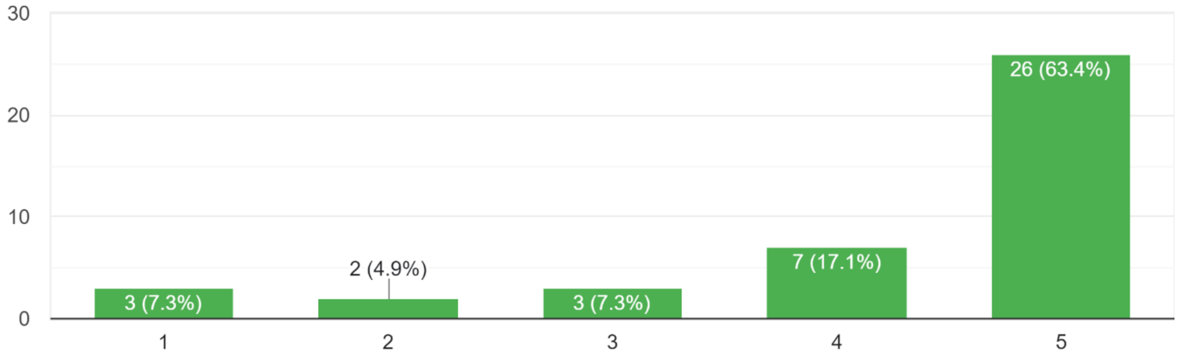
Your organization addresses professional development.



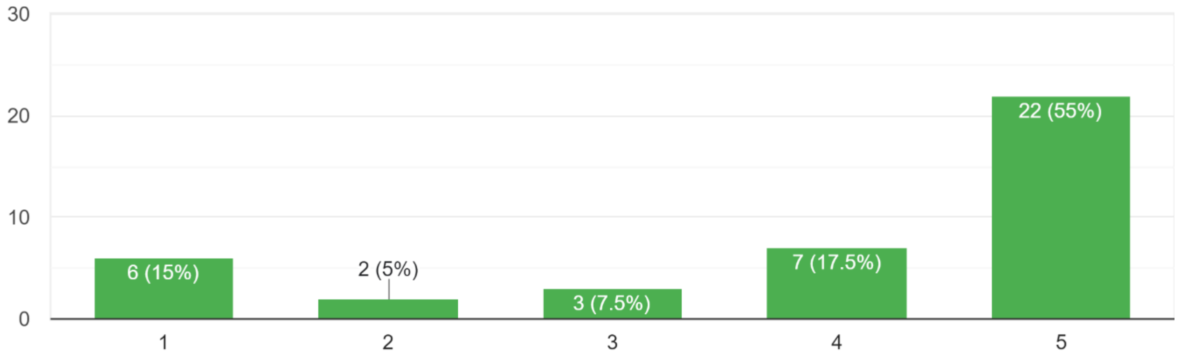
Your organization have quality control measure in place.



Your organization track and/or report outcomes.



Your organization provide clients about resources and choices available in their community.



SB191

Respondents were asked how SB191 has changed how providers serve older populations of individuals with ASD.

The responses reflect several common themes regarding the state of services for individuals with autism, particularly as they transition into adulthood:

1. **Limited Services for Older Individuals**:
    - Many respondents indicate that their organizations primarily focus on children, with few services available for older individuals with autism. This highlights a significant gap in support as individuals age out of child-focused programs.
2. **Need for Expansion**:
    - Some organizations express an awareness of the need to expand services to older individuals and indicate a willingness to explore this in the future. However, concrete changes or implementations seem lacking.
3. **Challenges with Current Systems**:
    - There are complaints about existing systems, including issues like long waiting lists, insufficient training for parents, and the inadequacy of providers to meet the needs of older clients. Some respondents noted that current service availability is worse than in the past.
4. **Insurance Limitations**:
    - Multiple responses mention the constraints imposed by insurance companies, particularly regarding age limits and the denial of funding for essential skills that older individuals need.
5. **General Uncertainty**:
    - Several responses reflect a lack of knowledge or uncertainty about available services for older individuals, indicating a broader awareness issue within the community.

Overall, these themes underscore a critical need for improved services, better training, and advocacy for older individuals with autism, as well as a call for increased awareness and support from both service providers and insurance companies.

Direct responses:

- N/A
- n/a
- We stop at 17 for services
- Our company is working on expand services to older individuals with ASD
- We have not yet made changes in our organization, but are opening to increasing services in the future to older individuals.
- has not changed for our organization
- We only serve children
- I don't know
- No significant changes are observed at this time.
- As far as I know only a few providers work with clients over the age of 10
- No
- N/A - only provide services to age 26
- NA
- Nothing as providers are mainly focusing on younger children and not adults.
- Unsure, more coverage for adults is needed.
- It has not changed.
- No comment
- Had no impact
- Unsure
- No change
- I am not familiar with it. Insurance companies still cap the age limit as they say it is based on the specific plan the member has
- Far from improving, the current system was worse compared to that of 16 years ago. Many providers are incompetent to work with quality and with large volumes of patients. Long waiting lists. And above all, parents who are not trained to face the future of their children.
- I am not familiar with SB191
- Don't know
- It does not impact our facility. Our specialty is early intervention
- This is still highly limited as Medicaid / MCOs deny funding for core skills many older individuals display deficits in independent living, safety skills, etc.
- Our organization does not serve older clients.

Insurance

Private Insurance Companies

Respondents were asked what the 3 biggest issues they find when working with private insurance companies. The top three issues when working with private insurance companies, based on the responses received, are:

1. **Low Reimbursement Rates**:
    - Many respondents' express concerns about reimbursement rates being insufficient to cover the costs of providing quality services. There is a consensus that the rates do not reflect the rising costs of living and operational expenses, making it difficult for providers to maintain staff and deliver services effectively.
2. **Delayed Reimbursements and Claims Processing**:
    - Numerous comments highlight the challenges related to slow and improper claims processing, including significant delays in receiving payments. This issue strains providers' cash flow and complicates the sustainability of their services.
3. **Complex and Inefficient Administrative Processes**:
    - Providers frequently mention difficulties with the administrative requirements imposed by insurance companies, such as complicated paperwork, extensive prior authorization processes, and varying documentation requirements. These complexities lead to significant time consumption and often result in claims denials or delays in authorization for necessary services.

Overall, these themes underscore the need for improved communication, fair reimbursement practices, and streamlined administrative processes to enhance service delivery and access for individuals with autism.

Denial of Services

Respondents were asked what services have been denied by insurance companies. The top three services frequently denied by insurance companies, based on the responses, are:

1. **ABA Services**:

    - Direct ABA therapy is commonly denied, with many respondents noting caps on the number of hours allowed and denials of specific goals. Even foundational skills that are critical for language and social development, such as matching to sample or play skills, face frequent denial despite their importance.

2. **Daily Living Skills and Functional Skills Training**:
    - Insurance companies often deny coverage for services aimed at developing daily living skills, such as toileting, safety skills, and other adaptive behaviors. This includes functional living skills that are essential for independence.

3. **Support for Evaluations and Related Services**:
    - Neuropsychological evaluations and necessary assessments for determining appropriate services are frequently denied. Additionally, coverage for other essential therapies, such as speech and occupational therapy, is often limited or denied altogether.

These trends highlight significant barriers to accessing critical support services for individuals with autism, impacting their development and quality of life.

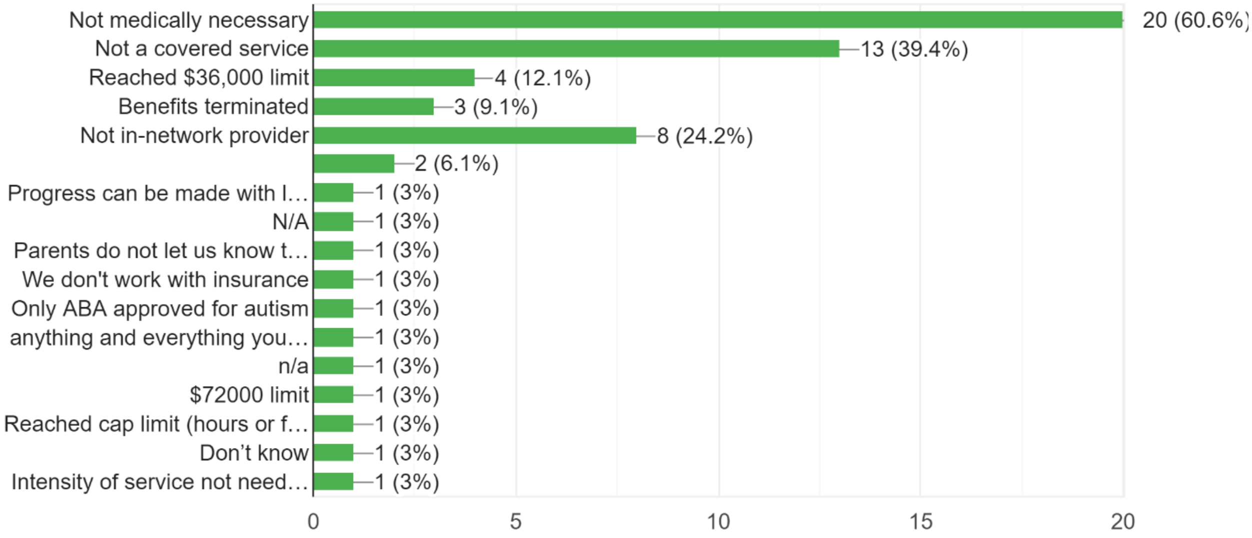
Direct responses:

- n/a
- ABA
- N/A
- The only insurance company that we get denials for services is from NV Medicaid, all the other insurance companies are really good at authorizing services for our families
- Direct ABA therapy and Program modifications
- We have had insurance companies deny the full amount of recommended services (hours/week) and specific goals. It is common to see caps on the amount of services allowed as well. Basic language goals like matching to sample are often denied as being academic even though there is plenty of scientific literature demonstrating that these skills are foundational and prerequisite to almost all language and social skills and are not academic in nature. We also are seeing functional living skills be denied at an increasing frequency.
- life skills, support for school transition, basic pre-academics
- Increased hours of therapy

- ABA Services in community locations, services provided by providers due to insurance denials because they don’t want to pay
- We don't work with insurance
- Basic skills training, speech, occupational therapy, psychosocial rehabilitation, medications, accessibility devices and mobility aids, autism treatment other than ABA
- telehealth
- Not in-network provider
- Treatment, parent training, reports, etc.
- Service around ADLs
- Neuropsychological evaluations
- Aba benefit limitations over $72000
- Not denial, but a decrease in requested hours of service.
- Daily Living Skills, Ore Academic Skills
- ABA and diagnostics
- ADLs
- Toileting, visual discrimination, fine and gross motor skills, adaptive daily living skills
- Funding for equipment (e.g. AAC device)
- ABA coverage should extend beyond Autism, even neurotypical children. Also, insurances pick and choose what they consider to be "medically necessary"
- Evaluations
- Speech by Culinary, diapers
- ?
- Medicaid has reduced coverage based on age of learner... this is against mental health parity laws
- All of our services
- Daily living skills (food toleration, toileting, bathing, washing hands), "safety skills" (stating name, age, caregiver info, when to share personal information/with whom), safety skills (crossing a street, fire safety, contacting emergency services), anything that can be construed as educational (letters, numbers, colors, general vocabulary building, reading and comprehension), anything and everything related to function, feature, class. Also, ABA in general as the child does not meet insurance "severity" requirements
- ABA goals pertaining to play skills are continuously denied by Nevada Medicaid even though their states they cover this skill. One reviewer says they do and the other reviewer says they don't.

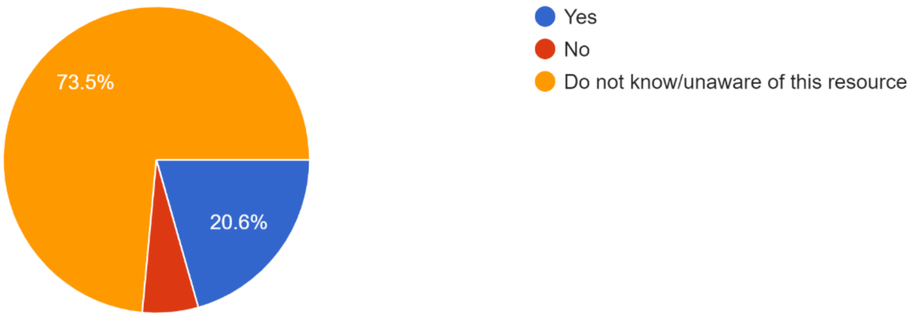
- Services in the school setting by an RBT

Respondents were asked for the reason(s) for denial.



Referrals

Respondents were asked when an issue with insurance coverage presents do they refer the individual or family to the Nevada Office for Consumer Health Assistance (GovCHA).



Personal Experiences

Respondents were asked to share what is working well for them as a provider in Nevada. The top three areas that are working well, based on the responses, are:

1. **Quality of Services and Client Progress**:

    - Many respondents highlight the effectiveness of the services provided, noting significant progress in client outcomes. The establishment of robust systems for service delivery and quality control has been emphasized as contributing to positive results for clients.

2. **Community Collaboration and Networking**:
    - There is recognition of improved collaboration among providers, as well as partnerships with community organizations and educational institutions. Networking with other providers helps share resources and information, which benefits service delivery and client support.

3. **Sustainable Medicaid Rates and Efficient Processes**:
    - Respondents indicate that recent adjustments to Medicaid rates have become more sustainable, allowing for better compensation for services. Additionally, the process for obtaining appropriate service hours from insurance has been reported as relatively easy, facilitating access to necessary care for clients.

These positive areas suggest a foundation for continued improvement in autism services and emphasize the importance of collaboration and quality assurance in achieving successful outcomes.

Direct responses:

- Support from outside sources and specific staff
- How we bring on our clients and staff at the same time so that there isn't a delay in starting services
- Certifying RBTs and BCBA/BCaBA providers
- The thing that is going best is that we continue to see tremendous progress with our clients, and we have established systems that help us to retain employees. Otherwise, it is truly a challenge to deliver ABA services in this state.
- Providing quality services
- N/A
- Medicaid rates are finally sustainable. However, we need ATAP to have hte ability to pay RBTs to travel to rural areas in order to service clients. The current rates are not sustainable to cover RBT travel to remote locations.
- Urban League and Children's Cabinet
- Networking with other providers
- Following the new criterial for insurance approval and make changes accordingly

- This is a service desert, so we always have clients waiting for therapy.
- Community Partnering
- Experience, reputation and longevity
- Taking advantage of my community of coaching professionals...QRIS, SPED QRIS, CHW & children's therapist, speech, O.T ABA...
- There is a tremendous lack of collaboration between providers, and information on state services needs to be better disseminated. As we can be considered a fast-paced city, the priorities are focused on revenue rather than the client's best interest. There is also very limited oversight of ABA providers, equating to poor-quality services.
- The amount of resources (either state ran or nonprofit) that clients can be referred to for gathering information and general support with finding service providers.
- Great relationships with UNLV and NSC for their internship programs
- Relatively easy process to be approved for an appropriate amount of hours for my clients (for insurances, not ATAP)
- In clinic services
- We have a really good reputation
- When services are being implemented, they are often beneficial to the families we serve
- Nothing
- Our own internal training and quality control measures.
- My colleagues are great
- Working with NV Medicaid is working well overall; The practice act implementation for applied behavior analysis has ensured that the quality of services provided is at a minimum, safe and ethical overall; when i hire RBTs from other companys, they are much more informed than they were prior to the implementation of the practice act.
- Community collaboration is improving
- The state reviews rates and has made adjustments / increases over the years. Credentialing / rostering with FFS is quick
- Adhering to best practices for ethics in the field.
- networking with other providers

Respondents were asked how they support self-determination and choice when serving transitioning youth or adults with ASD. The top three ways providers support self-determination and choice for transitioning youth or adults with ASD, based on the responses, are:

1. **Individualized Planning and Input**:

    - Providers involve clients in developing individualized plans that reflect their strengths, preferences, and interests. This collaborative approach ensures that the individual's voice is central to their treatment and transition processes, promoting a sense of ownership and self-direction.

2. **Skill Development for Self-Advocacy**:
    - Programs are designed to teach self-advocacy skills, helping clients learn how to express their needs, preferences, and rights effectively. This education empowers them to become active participants in their own care and decision-making.

3. **Opportunities for Choice-Making**:
    - Providers create environments where clients can practice making choices in various contexts, thus reinforcing the importance of self-determination. By offering options throughout the day in both verbal and visual forms, they help clients understand and exercise their ability to choose.

These strategies highlight the importance of fostering independence and encouraging active participation in planning and decision-making for individuals with ASD.

Direct responses:

- N/A
- NA
- Our company doesn't
- By contriving these situations in various environments so they have the opportunity to practice these things and know that they do have choices and how important self-determination is
- Working closely with the individual, their family, their choice of school etc., and offering collaboration with other providers or teachers
- All of our clients participate in the development of their treatments plans at the level they are able. At the onset of intervention we assess self-advocacy skills and then introduce programming to increase these skills so that our clients can engage in self-determiniation and choice-making to the fullest extent possible. This is a key component of our intervention and is in place for all learners, including the youngest ones.
- Because we have young children, we support basic choices for wants/needs and prepare parents to support guided choices as their children age.
- There are limited to no transition services available in rural Nevada

- We only serve children
- Educating the client and their team through MDT meetings
- Involves the client to participate in the transition plan with interviews and surveys.
- We adhere to the basic ethical principles of BACB. Our goal for the teens is to help them develop social skills, make good life choices, and chart a path for independence.
- Offering choices throughout the day in verbal/visual form
- With all teens and young adults, our services focus on the transition from pediatric to adult healthcare and becoming your own best advocate. Programming and resources focus on what to know, who to go to, and how exactly to share your needs. They also cover how to have an advocate or other trusted adult assist you in managing healthcare.
- I have not had the opportunity to support transitioning as I service younger clients.
- Involving them in the process.
- Fostering independence, promoting input on goals when appropriate, including client interests in programming and goals.
- By following our Code of Ethics (client dignity and choice)
- We offer training and resources to parents around a variety of transition issues including supported decision making.
- Do not work with youths
- Usually consulting with parents
- We embed that in our programming
- This is important not just with older clients. Goals should be based on clients' own goals and desires, at all ages.
- We work collaboratively with the school district(s) and other agencies to provide resources and support families in making choices
- Develop individualized plans that reflect the person's strengths, preferences, and interests. These plans are created with input from the individual themselves Teach self-advocacy skills, including how to express needs, preferences, and rights effectively.
- This does not pertain to our organization.

For the Commission to understand the greatest needs of individuals who are living with ASD in Nevada, respondents were asked to provide the 3 most pressing needs they observe for the individuals they serve. Based on the responses provided, the top three most pressing needs observed by providers for individuals with ASD are:

1. **Access to Timely Diagnoses and Evaluations**:

    - There are significant delays (6-12 months) in obtaining diagnoses, which results in lost therapy opportunities. This bottleneck impacts children's ability to receive timely intervention and support, exacerbating their challenges.

2. **Workforce Shortages**:
    - There is a critical shortage of qualified professionals, such as Registered Behavior Technicians (RBTs), which hinders access to care. The lengthy credentialing process (about 8 weeks) and insufficient staffing contribute to long waitlists for services, particularly in rural areas.

3. **Transition Services and Support**:
    - There is a lack of adequate transition services for youth moving into adulthood, particularly for complex cases and those requiring group housing. As individuals age, they face challenges in accessing services that support their independence, vocational training, and overall quality of life.

These areas highlight the urgent need for systemic changes to improve access to services, streamline diagnostic processes, and enhance support for transitioning youth and adults with ASD.

Direct responses:

- Transitioning into adulthood
- Speech Therapy
- Diagnosing: it takes about 6-12 months to get evaluated after (!) the risk was identified. Children lose out a year worth of therapy due to waiting for a diagnosis
- Workforce shortage. This is far and away the most pressing issue. It takes about 8 weeks to get an RBT credentialed. Many can't wait that long to start working and quit during the process. This is a huge barrier to access to care in urban areas. We are also trying to provide services in rural areas and it is almost impossible because there are not providers living in those areas.
- Improvement of services in their schools
- Not enough of the right information out there. Parents having no choice and that the service provided is subpar.
- Transition Services in Rural Nevada - specifically support for complex cases including group housing.
- Childcare

- ADA accommodations in the workplace (alternate schedules, work from home, sensory accommodations, etc. See recommendations on JAN website)
- Services after high school. If they get a standard diploma, they aren't always eligible for other services.
- unclear funding, support, and resources for level 4 non-verbal teenagers over 16 years of age.
- Long wait lists and not enough staff for Personal Assistance Services (PAS) in the state of NV for individuals with ASD who are 18 and older.
- More RBTs so more clients with ASD can be served
- transportation
- Resources
- Employment
- Lack of communication in all entities that serve individuals with ASD. Parents are on waitlists for months to years, unsure of what documents they must submit, and lack information on transitions from youth to adulthood.
- Quality/meaningfulness of ABA services. Most ABA service providers seem more concerned with making money than providing services that are meaningful given their contexts.
- Transportation to services
- Support with daily living
- More ABA hours than what they're available for due to school constraints
- I can't stress enough the barriers to getting a diagnosis. Children are on extremely long wait lists, and most families have to pay out of pocket for this.
- Services in schools
- Parent curriculum
- Access to support services
- They need more neuropsychologists who can provide comprehensive diagnostic assessment for diagnosing autism
- Having enough service providers/services available to clients
- Diagnosis
- Financial support for individuals over age 18.
- Parenting support
- Diagnosing is a significant problem. There are not a lot of people in the state that diagnose. Millions of state funds have been generated to non-profits such as Grant a Gift, but that facility in particular has not been success in utilizing those funds effectively (even though they are regularly getting more money). Patients are on

years long waitlists there, frequently, their information is lost form the waitlist then they have to get put back on the bottom of the waitlist. It is very sad.

- Access to trained staff and materials.
- Social, artistic, and recreational opportunities. These are often seen as 'secondary,' but they are an essential part of living a life full of enrichment and community inclusion. More opportunities need to be available, accessible, and affordable
- Basic skills that have a huge impact on life are not deemed medically necessary.
- Staffing not enough staff to meet needs
- More providers for diagnosing ASD.
- Denial with services because of family income requirements
- Independency
- Occupational Therapy
- Not enough providers: Children are on waitlists for up to a year prior they are able to get ABA therapy
- Funding. Many families still find services prohibitively expensive, even with insurance. We work with both state programs (e.g., ATAP, Medicaid) and private non-profits to help families find resources to cover these costs.
- Better quality ABA service provision
- Knowing what resources are available and what they are supposed to be like.
- Lack of services and RBTs in rural remote locations
- Preschool
- Approval by insurance for coverage of services identified by the client to be most beneficial to them
- Job training
- the pressing needs for support of families of lower social economic status
- Immediate actions we should focus on in this legislative session include increasing insurance reimbursement rates, building provider recruitment and retention programs, streamlining licensure applications, and reviewing scope of practice requirements for Physician Assistants and Nurse Practitioners. As one of the biggest barriers to care in Nevada right now is provider recruitment and retention, having a freestanding children’s hospital would attract top specialists and researchers and increase opportunities for fellowships in Nevada - a strategy known to retain providers in other states. The current healthcare landscape in Nevada lacks cohesion, which has left a significant and unsustainable gap in pediatric care for all children.
- More coverage for parent training so if the child is not yet in treatment, at least the parents can get started on learning how best to work with their child

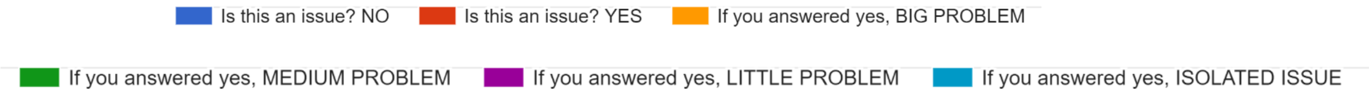
- staffing turnover
- Transitioning
- Housing
- CCSD lack of support.
- Lack of services for individuals (especially adolescents and adults) with severe behavioral needs.
- Daily Living Skills
- Parent education and training
- More supports within the school district/classroom setting
- Adaptive daily living skills
- Consistent funding
- ABA should be medically necessary for ADL skills (adaptive), vocational skills, community skills, and even behavioral support in academic settings
- Reduction in waitlists
- Basic Resource Misinformation
- Groups and organizations focused on leisure skills and activities.
- Timeline for determining eligibility
- CCSD does not allow for collaboration with ABA providers. They have a links program in which staff are supposedly trained, but the company that provides that training ONLY provides classroom training and is not even allowed in the district to ensure the training is implemented properly; Highly undertrained and unprepared staff are working with special needs in this district. It is dangerous
- Information about the community services and we need more community services.
- Affordable, accessible, safe housing
- Years long waitlists for diagnoses + Medicaid does not accept diagnoses from non-Medicaid providers
- Training for staff
- More providers for quality OT and Speech.
- Supplies like diapers, wipes and sensory toys are expensive; Gas price in order to travel to different services is very overwhelming
- Being codependent
- Other outside services offerred in addition to ABA so that the individual is well-rounded and is receiving all the treatment that they need in order to be successful and independent
- Insurance: Private insurances deny contracting providers and/or offering contracts with low rates

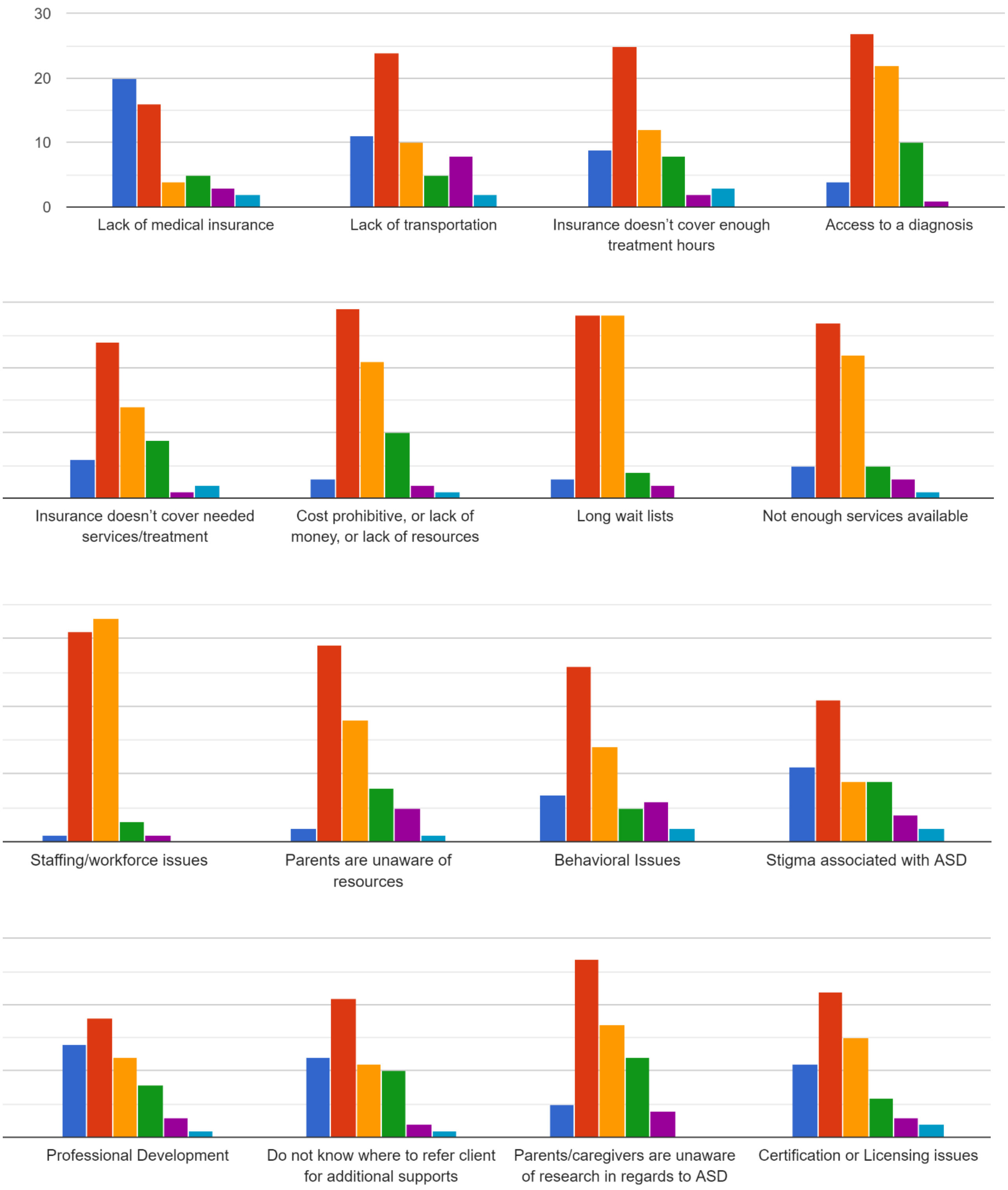
- Funding and programming for teens and adults. There is just nowhere to send learners when they transition, especially if they have significant needs for ongoing learning to continue skill development.
- Better respite options for their young children
- Working with school districts to be consistent for the child, training for staff.
- Some school districts and charter schools not wanting to work with outside services
- Education for Parents
- Accommodations in the schools (similar to jobs)
- parental training
- Not enough neuropsychological providers to combat the long wait lists that families are experiencing when trying to get their children and young adults diagnosed with Autism.
- There needs to be better coordination between various types of therapy so parents are not run ragged trying to get ABA, PT, OT, Speech and other therapies such as feeding therapy. A lot of kids with ASD have a limit palate and its problematic.
- communication barriers
- Ongoing therapies and other supportive services
- State agencies have high turnover and need better communication and information on securing services for families. Also, it is hard to find providers for ABA as you must be certified through the state to begin services, but that requires being employed first. The Nevada State Board licensing does not make sense. Paying high fees for licensing for a board that I am not sure does for our state.
- Training for behavior analysts. More and more behavior analysts are getting their degrees in online programs in which standards are low.
- More access to respite care and other supplemental service providers (speech, OT, etc.)
- Awareness of safety
- Lack of available professionals to provide services
- Requiring support for ABA in a school. CCSD should allow ABA providers as many other states do.
- Being able to access all services they need for as long as they need without limitations through insurance
- Support for the Hispanic Community
- Ways for individuals to connect with each other.
- Inclusion for our autistic 3 year olds

- The Department of Pubic Service (DPS) operates within an antequated system. We are required to background check Registered Behavior Techinicians (RBTs) who provide the bulk of ABA Therapy. However the workforce is new and growing, and it can take 8 weeks + to get the background check results back. DPS has promised to move to an electronic system since 2023 but that has not happened. Currenlty, they have hired an outside mailing service adding and additional 7-10 prior to the board receiving results; NRS 641D states that the board must RECEIVE proof that fingerprints have been submitted and a waiver allowing the board to see the results. The law does NOT state that the licensure board has to wait for the results prior to issuing a license. If the licensure or registration (in the case of RBTs) board could issue issue licenses and registrations while the background check piece is processing that would eliminate the issue.
- A Boys and Girls Club that takes kids with special needs and has appropriately trained staff. We need a facility to help teach recreational skills and sports to people with Autism.
- Employment opportunities
- High-needs individuals have limited to no options for adequate care in state
- Resources for staff
- Copays for ABA are too high with some insurances to make it feasible for families to access the medically necessary recommended hours (one client needs 5 days per week of services but the family cannot afford $175 in copays per week)
- Long wait time with application to services

Barriers to Service

Respondents were asked to rate, among a list of issues, those they believed were barriers to services. The following chart indicates the range in severity to Barriers to Service they believe prevents their clients or families from accessing services, treatments and/or supports.




30
20
10
0
Lack of medical insurance
Lack of transportation
Insurance doesn’t cover enough treatment hours
Access to a diagnosis
Insurance doesn’t cover needed services/treatment
Cost prohibitive, or lack of money, or lack of resources
Long wait lists
Not enough services available
Staffing/workforce issues
Parents are unaware of resources
Behavioral Issues
Stigma associated with ASD
Professional Development
Do not know where to refer client for additional supports
Parents/caregivers are unaware of research in regards to ASD
Certification or Licensing issues

Education

Respondents were asked how they educate the families and clients they serve on evidence-based treatment and research.

Based on the responses, the top three ways providers educate families and clients about evidence-based treatment and research are:

1. **Parent Training Sessions**:
    - Providers frequently conduct structured training sessions for parents, where they discuss evidence-based practices, review research related to their child's needs and provide practical guidance. These sessions can be individual or group-based and often include ongoing support.
2. **Resource Provision**:
    - Many providers offer curated resources such as handouts, newsletters, websites, and lists of trusted organizations (e.g., CDC, NIH) that families can reference. This includes distributing written materials during initial consultations or having them available in waiting areas.
3. **Direct Communication and Individualized Support**:
    - Educators engage families in direct conversations about treatment options, using language that is accessible and relatable. This personalized approach helps to clarify evidence-based methods and allows for tailored discussions that align with the family's specific context and questions.

These methods emphasize the importance of communication, education, and resource availability in supporting families and clients in understanding and accessing effective treatments.

Direct responses:

- Personal experience with other kids/ families
- During parent trainings
- Resource list on display in lobby. Individually provide relevant information to families
- We do this in a variety of ways, both initially and ongoing, beginning with the informational call when they first inquire about services. We discuss it with them directly as well as provide written information (e.g., in our parent handbook, in our parenting program workbook, etc).

- We talk to them about it
- I can only use what the school district allows me to use, which is very little.
- Reach out to adjunct agencies for education and provide parent training.
- We use brigance
- Website; newsletter; updates; trainings; PowerPoints; videos; single page bulletins
- Using data and progress reports
- I educate them through concierge case management at the Collaboration Center Foundation.
- It's part of weekly parent training,
- n/a
- Via family training 1:1
- Referrals to services, sharing information and connecting like families.
- Our health advocate only provides information from trusted, medically accurate sources such as CDC, NIH, and national organizations specializing in Autism.
- Create a parent training based on evidence.
- This occurs on a family-by-family basis. We try to present the research supporting our services in terms understandable to non-practitioners.
- Through family treatment guidance sessions and inviting families into sessions.
- Parent training and discussion, emailing resources.
- Through required parent training
- We don't endorse any particular treatment, but we offer them a variety of choices and, iff applicable, share our experiences with the treatment.
- Provide resources
- Textbooks from my master’s program, research articles I find myself. Sit down with parents and discuss different approaches
- We maintain a list of resources for our families
- Provide research
- Connect them with resources who can educate them
- We do the Parent Guide, once a month for 14 years
- Individual conversations
- I don’t very well, because I don’t know enough myself.
- I give them access to various websites and we conduct parent training at the frequency allowed for by the funding source (usually 1 hour a month).
- Families are resistant to treatment and choose to not seek treatment or support groups. Parents are overwhelmed.
- Regular caregiver meetings and formalized training

- We don’t.
- During intake and parent trainings research pertaining to their child' specific needs is reviewed.
- provide resources and review during parent consult

Priorities

Respondents were asked what they think Nevada’s priorities should be if we are going to achieve the greatest outcomes for individuals with ASD and their families.

Based on the responses, the top three priorities for Nevada to achieve the greatest outcomes for individuals with ASD and their families are:

1. **Workforce Development**:
    - There is a pressing need to grow the workforce, including the recruitment and training of more qualified professionals, such as RBTs and neuropsychologists. This includes improving the certification process to reduce delays and increase the number of providers available to deliver necessary services.
2. **Access to Timely Diagnosis and Early Intervention**:
    - Enhancing access to diagnostic services is critical. Early diagnosis allows for timely intervention, which can significantly improve outcomes for young children. This includes reducing wait times for evaluations and ensuring that families are aware of and can access services as soon as a diagnosis is suspected.
3. **Improving Insurance Coverage and Funding**:
    - There is a need for better insurance coverage and funding for necessary services. This includes advocating for policies that ensure insurance adequately covers a range of treatments and supports, making services affordable for families, and securing funding for respite care and community support programs.

These priorities aim to address systemic barriers while promoting a comprehensive approach to support individuals with ASD throughout their lives.

Direct responses:

- Transitioning into adulthood
- Growing the field in the state of Nevada

- Diagnosing: There is not enough providers like Neuropsychologists who could diagnose children at risk for ASD
- Workforce development.
- Better services for adolescents and adults - living, work, transition
- Community support and where to find it.
- Help them assimilate into mainstream society
- Access to services in rural remote areas
- Education
- Prioritizing service needs for Level 1 ASD clients
- RBGT training
- Better health outcomes, for insurance to cover more treatment hours, better funding for services and programs, more respite funding and providers, and so many more!
- Insurance company payments
- communication
- Finical help paying for quality Childcare Program tuition
- Ease of information sharing - a one-stop shop to get all the information needed from time of diagnosis (or suspected diagnosis); a website that families can access with all providers in the area, state support services, research from local medical centers/universities
- Employ individuals who are familiar with autism and how the system works. Restructure and organize the current system, but first, determine what needs to be corrected using the correct individuals who understand autism, insurance, and the services that autistic individuals require.
- Minimizing the role of insurance companies in making treatment decisions.
- Diagnosis availability
- Early access to screening and services, providing consistent services, parent education.
- Insurance to cover services adequately (cost and intensity of hours)
- Early diagnosis!
- Safety and behavior reduction (behaviors of concern)
- The state needs to develop an RBT workforce
- Requiring support for ABA in a school. CCSD should allow ABA providers as many other states do.
- Diagnosis, investigate needs (this survey) that they have already done, without favorable results

- Inclusion for young children with ASD, so they have positive peer models.
- Increasing access to diagnosis
- Loan forgiveness for experts to move to rural areas.
- Insurance coverage!
- Reevaluate what the state deems medically necessary / ensure all documentation is clear, consistent and not open for interpretation
- Trained staff and teachers in positions to serve ASD students
- Enacting "any willing provider" laws
- get rid of the RBT state licensure it has done nothing but cause delay in providing services
- Codependency
- Not allowing the certification process be so tedious/difficult as this detours a lot of people from wanting to work in the field out here specifically
- Support providers obtaining insurance contracts with acceptable reimbursement rates
- Resources and services for teens and adults; especially support in developing job skills and entering the workforce.
- Stronger regulation of health plans delivering benefit
- Helping students within the school district with programs that worksand and training for the paras that work with ASD students.
- Prejudice against people with ASD
- transition services
- Resources
- Service availability
- parent training
- Enough RBTs to deliver treatments
- early intervention
- Timely diagnosis
- Community events... Support groups
- Insurance not covering needed services
- Determined how the money is allocated to support services.
- Systematic efforts to increase supports for adolescents and adults, especially those with challenging behaviors.
- High quality services
- Providing services and supports into adulthood realistically through a taper down model where appropriate to maintain behavioral changes and skills.
- Allowing ABA service providers into our school districts (specifically CCSD)
- Make the diagnostic and treatment processes affordable.
- Language development
- Medicaid reimbursements must be high enough to attract qualified staff.
- ABA should be medically necessary for ADL skills (adaptive), vocational skills, community skills, and even behavioral support in academic settings

- Communication, information
- Parenting support and respite care
- update the DPS processing systems
- Teacher training specific to community-based services.
- Early intervention and education - parents need to know what supports are out there
- Increase access to diagnostic services
- Behavioral support, lack of ABA resources to work between home and school
- Mandate that CCSD allows RBT's to accompany students with ASD into the classrooms to manage the behaviors enabling teachers to actually deliver an education to each student.
- Consistency
- Support provider organizations who are providing trainings to interested candidates to become providers. Our company provides paid trainings to candidates to become RBTs and provides free supervision for requested Fieldwork hours (1500-2000 hours) for candidates to become BCBAs - this is a huge expanse for the company.
- Early diagnosis and enrollment in services. There are huge waits (recently we are hearing over 9 months) for diagnostic evaluations. This prevents young children from accessing services as early as possible when research shows they can produce the most significant positive outcomes. There is huge progress that can be made in the course of 9 months for a 2 or 3 year old that could mean the difference between entering school on time with minimal supports versus requiring significant support ongoing, but insurance won't pay before the diagnosis. We also encounter clients who were diagnosed, but referred to the school system for early intervention rather than ABA services and then only receive ABA once they encounter significant challenges in school.
- Respite services for parents of young children
- Medical care
- colloboration with school dsitricts and other related providers
- Childcare/preschool
- Insurance coverage and/or funding
- affordable stimuli/materials and resources, physical and digital
- Lack of early diagnosis and treatment
- transportation
- Parent education around and for ABA
- Difficulties for young people getting accommodations in school or employment
- Oversight of agencies. Quality assurance checks.
- Transportation to services
- Increase support for students within the school system to facilitate education and outcomes from schooling. Providing alternatives to the education system for some individuals where appropriate to target prioritized behavioral changes.
- Reconsider the RBT registration process, possibly allowing a grace period to obtain background check results, and not preventing staff to work during that time.
- Increase the workforce to accommodate the growing population living with autism.
- Adaptive living skills

- It takes too long for a person to become an RBT; including the time it takes to register with the NV ABA board.
- They need more neuropsychologists who can provide comprehensive diagnostic assessment for diagnosing autism
- The largest generation that began with the rising numbers of autism cases is coming, they are already at the door and the system is facing cases of adults with autism, such as the guardianship process.
- More research and evidence based practice
- Focus on workforce development so everyone can receive treatment.
- Support for adults living with ASD - housing, independent living services, recreation, arts, music, etc.
- Current licensure process for staff severely delays access to care
- Resources for families
- More funding for respite care for caretakers

Recommendations

Respondents were asked to provide any specific recommendations for improving the outcomes of individuals with ASD in Nevada. The top three recommendations from the responses are:

1. **Streamline the RBT Certification Process**: Simplifying and reducing the hurdles in the RBT registration and licensure process is crucial. Many individuals are deterred from entering the field due to the lengthy and complicated requirements, which include double certification. Making the process more efficient would help attract and retain qualified professionals.
2. **Increase Collaboration with Schools**: School districts, particularly CCSD, should be more open to collaborating with ABA providers. Allowing properly trained and licensed providers into schools can significantly enhance support for students with ASD and address the lack of adequately prepared staff.
3. **Enhance Funding and Resources for Rural and Adult Services**: There is a need for increased funding for services in rural areas and for adult transition services. Supporting programs that assist individuals with complex behavioral challenges will provide a more comprehensive support system for both children and adults with ASD.

These recommendations focus on addressing workforce development, enhancing educational support, and improving access to services, which are critical for achieving better outcomes for individuals with ASD and their families.

Direct responses:

- N/A
- Not allowing the certification process be so tedious/difficult as this detours a lot of people from wanting to work in the field out here specifically. This will help allow us to grow the field in our state as I will never forget hearing an individual during one of the meetings that was held by the Nevada Board state during the commenting time that "He wants to work in the field but it had been so difficult to get licensed and the process took

such a long time that he wants to work in the field but does not want to fight to work in the field" Also during some of my interviews with people who have to get licensed and do the entire process turn down the job due to them not being able to wait that long to get licensed due to them needing to make a living and pay bills so it detours from our field growing at times because of all the hurdles that are thrown their way just to work in the field. I went through this as well transitioning from California to Nevada and it was VERY difficult coming from a state where your employees don't need to have their RBT to work in the field and can train and work right away where compared to out here where you do and all the obstacles they had to go through just to get certified due to not only having to go through the BACB but also through the NV Board and them not understanding as to why being certified through the BACB wasn't sufficient enough and have to do things twice especially if you were obtaining your BCBA.
- CCSD should be open for collaboration with ABA providers to support the individual child
- Support higher quality ABA companies while building increased access.
- funding for rural remote services, adult transition services for complex cases including aggressive behaviors, additional resources besides ABA for children and adults with complex or highly aggressive behavioral challenges. Less barriers to getting RBTs certified regarding fingerprinting issues.
- Helping established preschools start programs for ASD children
- mid-sized ABA services providers need to improve their management practices
- Please bring back Special needs SLOTS programs to help fund extra staff and supplies for our programs...
- Our RBT registration/licensure process is a large barrier that is preventing adequate workforce development to meet the demand of ABA services. It is also a costly and time consuming process. The number of "denials" for RBT registrations are less than 1% of the total registrations issued per year. Our school districts (specifically CCSD in southern Nevada) are a huge barrier for providing support in the school setting to individuals with ASD. They do not allow properly trained and licensed providers into their schools to help support children with behavioral needs and they are not equipped with staff that are properly trained or prepared to support or service these students. Insurance caps and limitations (hours and funding) violates the mental health parity act and does not allow some children/consumers to receive their medically necessary ABA services.
- Access to more 1:1 ratio in schools. Alternative school programs for students with ASD
- The two takeaways are: 1) we don’t have enough RBTs 2) Medicaid reimbursements are not high enough to attract the RBTs that do exist. 3) the time it takes to register with the NV ABA board discourages a lot of people from becoming RBTs.
- Requiring double certification for RBT's is absurd. RBT certification through the BACB should be sufficient rather than also having a Nevada RBT certification process. It delays access to care significantly and staff quit before these processes are completed. We already have a labor shortage so we need to make this process easier.
- A lot to support, to say. My name is Olivia Espinoza, I am the founder of Azulblue United by Autism. Serving the community for more than 10 years, trying to put Nevada on the

map, as a good state to live in, but I see that we are getting worse, when you like I am at your service, if you want to know about the Hispanic community and its needs, because 95% of our families are Hispanic. THANK YOU

- Parents need to know what good treatment looks like and what to expect from good treatment so that they can choose a provider that is effective. The parents need to understand what the best treatment entails and what their short-term outcomes can be with good treatment. I feel like they are mislead and the child is not able to make gains due to inadequate treatment.
- For our older population - refund JDT services / allow other provider types to target these areas

	Autism Commission Members
Korri Ward (Chair)	Parent of a child with ASD who resides in a county with a population of <100,000.
Corey Nguyen (Chair)	Member who is a behavior analyst.
Anna Marie-Binder	Representative of the public at large.
Amy Walch	Parent of a person with an ASD who is over 12 years of age.
Amy Coyne	Representative of school districts in this State (Clark County).
Nicole Muhoberac	Parent of a child with autism who is under 5 years of age.
Linda Tran	Representative of school districts in this State (Washoe County).