



STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
AGING AND DISABILITY SERVICES DIVISION

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**MINUTES**

Name of Organization: Nevada Commission on Autism Spectrum Disorders

Date and Time of Meeting: May 23, 2016  
1:00 p.m.

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

Las Vegas: DCFS (Department of Child and Family Services)  
6171 W. Charleston Blvd.  
Bldg. 8, Room B  
Las Vegas, NV 89146

\*Please note, some of the agenda items were taken out of order.

I. Call to Order/Roll Call

Dr. Mario Gaspar de Alba called the meeting for the Commission on Autism Spectrum Disorders to order at 1:02 p.m.

Members Present: Mario Gaspar de Alba, Gwynne Partos, Sarah Dean, Julie Ostrovsky, Korri Ward

Guests: Jan Crandy, Linda Anderson, Shannon Crozier, Lori Follett, Brian Evans, Tiffany Lewis, Lori Follett, Shannon Sprout, Renee Portnell, Ryan O'Donnell, Denise Robinson, Marc Tedoff, Robert Johnson, Stephanie Christianson, Michelle Scott-Lewing, Sarah Summers

Staff Present: Carol Reitz, Megan Wickland, Julie Kotchevar, Brook Adie, Samantha Jaime

A quorum was declared.

II. Public Comment (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item)

Ms. Jan Crandy read the following recommendations into the record that were written by Jon Sasser from the May 18<sup>th</sup> Legislative Committee meeting:

“Recommendations for provisions of ABA services to children with Autism

“ATAP

That the parent’s current ability to hire their own interventionists with the assistance of a fiscal agent be retained

- That ATAP continue to allow payment to interventionists working under the supervision of a BCBA, without requiring an RBT credential, until at least such time as there is a sufficient RBT workforce
- That the transfer of Medicaid eligible children to Medicaid providers for individual children be delayed until there is a Medicaid provider ready, willing and able to seamlessly accept and treat the child.
- That ATAP should continue to ramp up its efforts to serve children as a Medicaid provider, utilizing the children's current interventionists as much as is practicable.”

“MEDICAID

- Increase the RBT rate to the \$43.88, adopted by Tri Care without waiting to analyze claims data
- Nevada Medicaid should explore with CMS the adoption of the approach taken by ATAP to allow payment for services provided by interventionist under the supervision of an BCBA up to six months while obtaining the RBT credential.
- Support the efforts to grow our BCBA and BCaBA workforce through our higher education system and encourage DETR to include the BCaBA and RBT in their programs.”

Ms. Crandy told the Commission that she hoped that they would endorse the suggestions on Agenda 8 and Agenda 10.

Mr. Ryan O’Donnell told the Commission that changes to the workforce innovations opportunity act set the stage for being able to offer pre-employment training services through the Department of Vocation and Rehabilitation. HSI (High Sierra Industries) is working on trying to set that up through the Washoe County School District to provide those services which includes self-advocacy. He added there are some changes to the model for services for people on the waiver as well. They are currently organizing a group around self-advocacy for people with disabilities that are on the waiver. He invited anyone that has any vested interest to meet on June 9<sup>th</sup> to discuss the proposed changes regarding Managed Care.

II. Approval of Minutes from May 9, 2016.

Ms. Ostrovsky made a motion to pass the minutes as written for the May 9, 2016 meeting; Ms. Dean seconded the motion. The motion passed.

### III. Presentation/Training on Open Meeting Laws with Possible Discussion from the Committee

Ms. Linda Anderson introduced herself as the deputy attorney general. She gave an overview of Open Meeting Laws to the Commission.

She recommended giving an assignment to a person. They can talk to as many people as they want to as long as they don't talk to a quorum of people.

### IV. Update on Caseload and Changes to Autism Treatment Assistance Program (ATAP)

Ms. Brook Adie presented ATAP's handout to the Commission which included its goals. She told the Commission of the services that includes evidence-based therapies under the umbrella of ABA therapy.

Ms. Adie informed the Commission of the eligibility requirements for ATAP. She also gave the history of ATAP services which began in 2009. In March 2016, the caseload is currently 648 active children. To put it in perspective, ATAP used to spend \$1.5 million per year and now spends \$1 million per month.

Dr. Gaspar de Alba asked Ms. Adie if there was a projection made of how many children would be on the waitlist. Ms. Adie told Dr. Gaspar de Alba that she will find that number out.

Ms. Ostrovsky asked Ms. Adie if the projection to serve 836 kids number included children on Medicaid. Ms. Adie told the Commission that ATAP's budget includes revenue from Medicaid so that they will be able to serve Medicaid children. ATAP is a Medicaid provider and has hired five BCBAs and additional RBTs as staff.

Ms. Ostrovsky asked Ms. Adie what the percentages were for Medicaid eligible children. Ms. Adie told the Commission that about 55% of the ATAP caseload are Medicaid eligible.

Ms. Adie informed the Commission on the upcoming changes. She told the Commission in order for ATAP to keep up with the standards set by the BACB and those required by Medicaid and private insurance, ATP must require all staff providing the one-on-one therapy to become an RBT. They are increasing the rates for this service to match the newly approved Medicaid rates and making adjustments to service plans to ensure there is not a decrease in services.

Ms. Ostrovsky asked if the new rates were for everyone across the board. Ms. Adie said it will increase from \$25 to \$31.31. She added that they pay an additional fee to the fiscal agent.

Dr. Gaspar de Alba asked whether the reimbursement rates covered the supervision. Ms. Adie said there were two types of supervision for RBTs: administrative and therapeutic. The administrative costs of supervision were part of the \$31.31 reimbursement rate. The therapeutic rates are paid at the rates of both the BCBA and RBT during a workshop.

Dr. Gaspar de Alba asked about the reimbursement of supervision of an RBT outside of the home. Ms. Adie responded that ATAP only reimburses for services done in the home with the child directly. She added that some of the costs of trainings are inherent in the costs of the RBT reimbursement rates since RBTs are making \$12 to \$15 per hour for the time they're working with family.

Ms. Adie informed the Commission that ATAP will implement the six-month timeline for RBT certification. Providers were notified of the policy change in January 2016. ATAP is currently the only funding source that allows interventionists to work with families for six months until they become an RBT.

Ms. Ostrovsky asked why ATAP is implementing the six-month policy. Ms. Adie said that ATAP does not want to provide substandard services since that is the standard that has been set by insurance companies and Medicaid. Ms. Adie added that families that want to purchase additional hours can negotiate with the provider for the services.

Ms. Ward asked if ATAP has worked with DETR or Nevada Works to provide scholarships in order to grow the workforce. Ms. Adie said the subcommittees can help grow the workforce and she can speak to administration as well.

Dr. Crozier informed the Commission that UNLV has had conversations with DETR and not something ATAP can take a role in. Individual programs need to establish a relationship with DETR in order to get approval.

Dr. Gaspar de Alba suggested the Commission and ATAP can work together to have DETR help grow the workforce. Ms. Ward said they can provide scholarships that will cover the training and certification. There was continued discussion on scholarships and how DETR works.

Dr. Gaspar de Alba asked Dr. Crozier to draft a letter to DETR to approve RBTs as one of their programs. It was decided that DETR would be invited to the next meeting to discuss how they can grow the workforce.

Ms. Ostrovsky asked if there are enough RBTs to serve children that are on Medicaid. Ms. Adie said interventionists have six months to get their RBT

credential and the numbers continue to grow. ATAP is working with the families to ensure the services are continuing during transition.

Ms. Adie told the Commission that ATAP plans to transition away from the self-directed model to the agency model within the next year. Providers have indicated that they need to employ the RBTs to feel comfortable tying them to their license. This will occur by June 30, 2017. There will not be any new self-directed model plans started after July 1<sup>st</sup>.

Ms. Adie informed the Commission that a post-doc psychology fellow is used for assessments of each child starting with ATAP and upon exited. The children are given a cognitive, language and adaptive. She also told the Commission that they are working with UNR to create an autism learning center for families on the waitlist to have access to resources.

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

Ms. Megan Wickland presented the data to the Commission which included 2146 screeners that were completed through the month of April. There were 125 children who received a diagnosis this fiscal year. The average age at time of diagnosis was 33 months.

VII. Update on Medicaid Policy and Claims Data for ABA Therapy

Ms. Shannon Sprout gave the presentation to the Commission on ABA services covered by Medicaid. She cautioned the Commission that they really don't know the accurate information since they had to use the Department of Education number which was those that had an educational diagnosis and may not have a medical diagnosis. They are still gathering enough data as to who is accessing the services.

Ms. Crandy asked about the providers having to get an original diagnosis. Ms. Sprout said there is a certification form that has to be completed. If a provider is not available to sign the certification form, Medicaid will accept the backup document that states the provider is no longer available to sign the form. She added they have been walking each provider through the process.

Ms. Crandy asked if Medicaid will accept the original ADOS report and a signature from the pediatrician verifying the information. Ms. Sprout said that they have been accepting that documentation and have been working with the providers since it is an active process and are continuing to work through the issues.

Dr. Gaspar de Alba asked if they can include a clinical diagnosis checkbox on the verification form based on the DSM-5 criteria. Ms. Sprout said they will take it under consideration.

Ms. Sprout informed the Commission that the question that kept coming up by CMS was whether the RBTs were tied to a higher level licensed professional under their direction and supervision.

Ms. Sprout told the Commission that the question that keeps coming up is whether there are enough RBTs and BCBA's in the state of Nevada to serve the Medicaid children. She said there are not enough RBTs and BCBA's to serve the ASD population. As of this date there are 71 licensed BCBA's and 291 RBTs in the state of Nevada. There are 64 RBTs and 20 group BCBA's enrolled with Medicaid currently.

Ms. Crandy asked how long the process was to become a Medicaid provider. Ms. Sprout explained that there are two processes which includes the Fee for Service and Managed Care which are run concurrently. The Fee for Service takes about two weeks and Managed Care may take about six months depending on their network adequacy.

Ms. Partos asked if there is specific ratio of supervision of direct treatment. Ms. Sprout said it differs for each child depending on the treatment plan. She added that if you have more than one RBT working with a child during a workshop, they are all billable. Telehealth is also billable.

Ms. Sprout discussed the Tricare rates. She told the Commission the Medicaid rates well exceeds the national average for the BCBA.

Ms. Crandy asked about the interventionists that work for one family. Ms. Adie replied that all interventionists need to become RBTs. That is the standard of care that will be provided with state funds. The workforce needs to be grown. Ms. Sprout suggested starting with the RBTs that are working on their master's degree to get them to become licensed BCaBAs in order to have additional supervision.

Ms. Ostrovsky asked why there are not more RBTs and why are they setting a time limit. Ms. Sprout said it is a national problem. She added it took Louisiana eighteen months to grow their providers to reach their estimated spend. She said they are continuing to evaluate all the data and solutions available including looking at provisional licensures of providers to work in Nevada.

Ms. Dean said she is concerned on how to keep the RBTs employed and find that many people.

VIII. Discuss and Make Recommendations to the Medicaid ABA (Applied Behavior Analysis) Provider Rates (For Possible Action)

Ms. Tiffany Lewis introduced herself as the manager for reimbursement analysis and development for Medicaid. She told the Commission that the Upper Payment Limit dictates that by federal law, they are not able to pay an aggregate more than CMS would pay for the same service.

Ms. Sprout told the Commission that they are constantly evaluating how they can build the capacity and looking at models that other states are implementing.

Dr. Gaspar de Alba asked Ms. Lewis if Nevada was at the Upper Payment Limit and when that information would be available. Ms. Lewis said they would need a year's data before they are able to determine where they were.

Ms. Ostrovsky suggested to the Commission that they have a meeting within the next two weeks to make a formal recommendation.

IX. Discuss Evidence-Based Behavior Therapy Options Available to Families Disorders

Dr. Shannon Crozier informed the Commission that evidence-based behavior therapy is a treatment or strategy of instruction that has been supported by ample research of good quality. She presented the handout that was provided that included different Websites that presented the evidence-based practices that have been established.

Ms. Partos asked Dr. Crozier if language training production is part of speech and language therapy which Dr. Crozier acknowledged. Dr. Crozier told the Commission that cognitive behavioral intervention packages are usually administered by a psychologist.

Ms. Crandy asked if a BCBA uses emerging evidence treatments that are listed whether it is considered evidence based. Dr. Crozier said it is not considered evidence based. She said science has shown that the more eclectic a program, the less effective it is.

Ms. Ward asked Dr. Crozier what the recommended practices would be for adults with autism. Dr. Crozier said all sorts of problems start to occur because of lack of services. She said whatever worked when they were younger will continue to work as an adult; although problem behaviors are only going to get worse if alternatives are not taught and supported.

X. Update and Make Recommendations on Presentation Concerning ABA Services Discussed by Legislative Committee on Health Care

This agenda item was tabled.

XI. Review and Discuss the New Subcommittees

This agenda item was tabled.

V. 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. Comments will be limited to three minutes per person. Persons making comment will be asked to begin by stating their name for the record and to spell their last name and provide secretary with written comments.)

There was no public comment.

VI. Adjournment

Dr. Mario de Alba adjourned the meeting at 4:20 p.m.

DRAFT