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AGING AND DISABILITY SERVICES
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MINUTES

Name of Organization: Nevada Commission on Autism Spectrum Disorders

Date and Time of Meeting: April 24, 2018
12:00 p.m.

Carson City: Aging and Disability Service Division
3427 Goni Rd. #102
Carson City, NV 89706

1. **Call to Order/Roll Call**

Dr. Mario Gaspar de Alba called the meeting for the Nevada Commission on Autism Spectrum Disorders to order at 12:01 p.m.

Members Present: Robert Johnson, Samantha Jayme, Sarah Dean, Desiree & Brittany (Grant-a-Gift), Brook Adie, Rique Robb, Denal (parent), Jennifer Simpkins, Diane Thorkildson, Kori Ward, Jamie Hutchison, Gwynne Partos, Dr. Mario Gaspar de Alba, Tiffany Ellis

A quorum was declared.

2. **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)

Mr. Robert Johnson stated he is a BCBA in the Elko area and he has been working with ATAP for seven years. In the providers last call with ATAP, ATAP announced that they were falling short on their funds and things might be frozen for the month of June. Mr. Johnson is nervous for his small business and would like to get any input about this. Mr. Johnson is very thankful for the work that's been done by this committee.

Ms. Dean advised any parents or advocates on the call that the procedure for filing a dispute resolution with the state has changed a while ago, so it will look a little bit different. Ms. Dean will give the resource information for any issues to Ms. Ellis.

3. **Discussion on Subcommittee Meetings and Availability**

Dr. Gaspar de Alba is tabling this agenda item and may come back to it, because what is talked about in agenda item number four will probably have some impact.

4. **Make recommendations to Nevada Commission on Services for Persons with Disabilities (For Possible Action)**

As spoken about in the last meeting, Dr. Gaspar de Alba brought up the idea of joining with this Nevada Commission on Services for Persons with Disabilities. Dr. Gaspar de Alba met with Brian Patchett (chairman of CSPD) and he reiterated their interest to Autism. Mr. Patchett and Dr. Gaspar De Alba discussed creating an Autism subcommittee in the Nevada Commission on Services for Persons with Disabilities and having a certain number of seats held by members of the Autism Commission. Mr. Patchett has experience with doing this before and didn't think it will be a problem. Dr Gaspar de Alba continues to believe that joining with this Commission will be more effective and more impactful. Dr. Gaspar de Alba asked the Commission members for feedback and thoughts.

Ms. Partos stated that she's heard some concerns from families about losing sight of some of the unique needs of Autism. That's the only concern she's heard from parents/families.

Ms. Ward asked how many assigned seats were going to be assigned to the Autism Commission members?

Dr. Gaspar de Alba said they didn't talk numbers, but he has a feeling that it's three.

Ms. Dean asked if they would keep a Subcommittee?

Dr. Gaspar de Alba answered yes.

Dr. Gaspar de Alba mentioned that Mr. Patchett seems dedicated to including Autism in what they're doing because in the last couple of meetings they've had a lot of discussion of Autism related items specifically. Dr. Gaspar de Alba's opinion is that he feels like they will be more effective, and our voice will be heard.

Ms. Ward looked at CSPD's agenda and she advised that they look busy and she kind of likes the idea of being more involved with such an active group, but fears about them not understanding our needs like it was when she was there before. Ms. Ward advised that it was over ten years ago, so things have changed since then. So, Ms. Ward thinks she will feel more comfortable making a recommendation to follow this.

Ms. Partos' other concern is that if it doesn't work as hoped, it would be difficult to return or re-create this Commission.

Dr. Gaspar de Alba said he thinks it would be difficult to do, but to also think about we are as we stand, by executive order. Whether that will continue after change in Governor, who knows? Then the other thing will be to find a legislator to try to make us a permanent Commission. So, the same process would have to happen later if we decide that we're not getting our voice heard or getting swallowed up in this big Commission. We'd have to go through the same steps, because we cannot count on the executive order continuing. Dr. Gaspar de Alba thinks this is a good time for this change.

Ms. Partos and Ms. Dean agreed with Dr. Gaspar.

Another concern Ms. Partos has is Medicare rates. She asks if we would have a better shot of attacking those?

Dr. Gaspar de Alba thinks we have a louder voice on that and he believes that it's been on their last two agendas.

Dr. Gaspar de Alba would like to move forward and make a movement to join Nevada Commission on Services for Persons with Disabilities as a subcommittee and work for legislative action for formal combination with chairs on that Commission.

Ms. Ward made a motion to move forward and make a movement to join Nevada Commission on Services for Persons with Disabilities as a subcommittee and work for legislative action for formal combination with chairs on that Commission. Ms. Dean seconded the motion.

Ms. Partos is concerned with voting before she knows what the legislation is going to say, so she voted NO at this time.

The motion passed.

5. **Autism Treatment Assistance Program (ATAP) Presentation on Caseload and Progress on Ongoing Provider Changes**

Dr. Gaspar de Alba asked if Ms. Adie can address this so called "freeze" that he has been hearing about.

Ms. Adie has a presentation that has been uploaded to the website, which gives status on where we are with ATAP. She will go over this quickly, then answer any questions.

Ms. Adie went over ATAP's Monthly caseload for March (3/31/18).

- 52 new applicants
- 0 new children received services
- 174 active children (average age:9)
- 600 total children waiting (average age:7)

- Average wait time of 390 days

Ms. Adie advised that the format on the next few slides were modified a little bit. ATAP was reporting several months from when ATAP started and it became a lot of data and the graphs became difficult to read. ATAP has now narrowed it down by fiscal year and providing averages. The growth for fiscal year 2012, 2013, 2014, 2015 and 2016 changes. The blue line indicates the average of total persons on waitlist. The orange line is the average of total budgeted caseload. And the grey line is the total active cases. You can see that there's been a tremendous growth since 2012.

On average to date ATAP has had about 45 referrals every month. Ms. Adie reminds everyone that these are average since reporting by fiscal year.

Ms. Adie presented new cases per month and advised that there was a large spike 2014 and 2015 per increase in budget and then stabilized out after that.

Dr. Gaspar De Alba asked about fiscal year 2018, the last couple of months and why the decrease?

Ms. Adie advised that in February was about 6 or 7. The numbers have been small, but she didn't have the exact numbers in front of her. She stated that ATAP doesn't typically fund new children over November/December (the holidays), because it can be very challenging due to children out of school and families out of town. Also, some providers close for a period of time. So ATAP usually shows lower funding for those months anyway. Over the last few months ATAP hasn't been funding kids. ATAP's focus has been shifting children to the appropriate providers to get in network with whatever funding source they may have. Unfortunately, the shifting does not open spots for more children because coming to the end of the fiscal year, ATAP is looking at the budget and caseload has always been based on available funding.

Ms. Adie presented the next slide of 'Waiting Children by Age'. They've added two additional columns to this sheet. A Medicaid column and a Managed Care Organization (MCO), which are kids who have HPN, Anthem or Silver Summit. Children in this category typically live in Clark County or Washoe County. Children under a Comprehensive program are children that have no other primary funding source and they're children that start in this program before they turn eight or nine. Insurance Assistant kids are ones that have insurance as a primary they're accessing their insurance and ATAP is helping cover co-pays and deductibles. The other plans: Social Skills, Basic and Extensive are ones that are straight ATAP funded. The undetermined column is for all that are interested in services, but ATAP is still in the process of gathering more information to really identify what plan type they're in.

Next Ms. Adie shared information on the Active Children by age.

- 95 children in Comprehensive plan
- 194 have Primary Insurance that ATAP helps with co-payments and deductibles
- 295 Medicaid children
- 51 MCO children

Ms. Adie advised that several Medicaid children on this list, may also have a primary insurance and may fall under other columns.

Next slide, ATAP looked at both active and waitlist and split it up into North, Rural and South. Looking at the slide, majority of is in the South.

Next slide talks about wait time by area. Ms. Adie advised that you can see the wait average by location: North, Rural and South.

Ms. Adie discussed the insurance coverage availability. She mentioned that ATAP may be modifying it over time, but it talks about Medicaid, Medicaid as secondary, who has private insurance, under insured and uninsured.

Next is ATAP's Interventionist to RBT changes. Ms. Adie advised that ATAP's been tracking this since the RBT requirement was implemented. When starting, the Interventionists were much higher than the RBT's. ATAP has been working very close with the provider community to help grow this force and Ms. Adie believes it is reflective in this slide. The number of RBT's have grown from 137 to 445 and continues to grow even though this workforce has a very high rate of turnover. As mentioned in previous meetings, ATAP will give Interventionists 90 days to get RBT certification. Ms. Adie advised that going into the next fiscal year and start building our budget for the next biennium, ATAP will be really looking at this process to see how it's working and possibly making changes for the future. One thing that has been discussed for the future is if ATAP will allow Medicaid families to have the 90-day RBT window because services are being provided by someone who doesn't have the certifications that are required by Medicaid, so it's not a covered service. So ATAP is paying general fund dollars for. Ms. Adie stated that no decisions have been made, but she wanted to lay the foundation for possible changes that might be coming over the next year to three years. Ms. Adie wants to make it clear that when people hear that ATAP is paying for this 90-day certification period, ATAP does not pay for the 40 hours of the training course or any supervision that happens with the BCBA outside of the family's home. ATAP is reimbursing 1:1 hours that are already authorized per plan of service.

Ms. Adie reminded everyone that they are in the beginning stages of problem solving and no decisions have been made. She mentioned that ATAP had a meeting with the providers last week and talked about some of the struggles that ATAP is facing. ATAP is open for any ideas, comments, suggestions and collaborations to problem solve.

Ms. Ward is wondering why there is such a big gap between total paying out to total received on the next slide.

Ms. Adie explained that the gap from what is paid to providers to what is billed to Medicaid is partially due to the fact that ATAP is billing Medicaid for non-certified staff and not getting reimbursed for it. It's important for providers to obtain an NPI# for all new staff because an NPI is something that is needed to bill on behalf of an individual. A lot of times, ATAP is billing for all services with the understanding of not getting reimbursement because they're under that certification period. ATAP does this to have the claims data show what ATAP is paying for, what the need is and where the reimbursement is.

Because in the past, ATAP allowed the certification period to not have a time limit. Then changing it to a six-month time limit was put into place. Then in January, ATAP put in a 90-day time limit.

Ms. Adie stated that the gap from what is paid to providers to what is billed to Medicaid is showing a trend in reducing because ATAP has tightened the RBT certification timelines and have really improved the process to track, monitor, enroll and make sure people doing the services are set up for us to get the reimbursement. ATAP has been working very closely with Medicaid to make sure all the rules are being followed and doing what is supposed to be done correctly. Therefore, Ms. Adie believes this gap will get smaller.

Ms. Ward stated that since children haven't been picked up by ATAP in the Rural area, RBT's are now dropping out of the workforce because there's not enough work. Ms. Ward is afraid that they will lose the RBT's that they have been invested in.

Ms. Adie understands where Ms. Ward is coming from. Ms. Adie stated that ATAP has 600 children on the waitlist who have a combination of Medicaid, Managed Care and Private Insurance. There are plenty of children that need the services and the provider network has grown and continues to grow. With that being said, Ms. Adie strongly encourages providers to look at how they can become in network with the different insurance companies Medicaid and start billing independently without having ATAP. A lot of kids have different funding sources, and ATAP doesn't have to be the only avenue that they access them through.

Ms. Adie mentioned one thing happening on the ATAP side is that if a provider wants to start billing for some of the children that they're serving, ATAP will provide the Prior Authorization that has been approved and an example of the claim that has been paid on, so that providers know what is needed in each box to be successful and move forward. ATAP wants to work with providers to help them make sure that they're successful in billing and getting revenue. ATAP discussed this with providers last week. What ATAP will continue to do is provide case management to those families. Providers will bill for the ABA services as ATAP will be there to provide Case Management for those that need it. ATAP will not be dropping any of the families. They will still be there for families to help support and navigate the system.

Ms. Adie continued with her presentation. ATAP has a total of

- 346 active Medicaid children
- 9 children receiving Medicaid are receiving services with a Non-Medicaid provider
- To date there are 267 current Prior Authorizations submitted to Medicaid for 244 active children

Dr. Gaspar de Alba asked if Ms. Adie can speak on the "freeze" that he has heard about.

Ms. Adie advised that ATAP is in a place right now where they're getting a hold of the Medicaid revenue that's coming in and really making sure children are with providers that are in network with the primary funding sources they have. ATAP has children that don't have a provider, so this has been one of their main focus for the end of this fiscal year, along with making sure ATAP stays within the budget that has been approved by the legislature.

Ms. Robb added that she believes that the comment being addressed is what was talked about in the last provider meeting last week of potential options that ATAP is looking at, which Brook has addressed through her presentation today. One of which could potential be to have to either reduce or put a cap on services to stay within the legislatively approved budget. Ms. Robb advised that nothing has been determined as of right now. So, no freezes have been put on, other than not taking on new children from the waitlist. Ms. Robb stated as well that if there are any providers that have the ability to bill Medicaid directly, they absolutely can take some of the children off the waitlist.

6. **Medicaid Update**

Ms. Jamie Hutchison introduced herself as the new ABA Policy Specialist for Nevada Medicaid. She would like to open the line of communication and be available to all providers. Ms. Hutchison would like to give out her contact information: Direct phone number: 775-684-3782. She advised that her email is very long, so please call first and she will provide her email address over the phone.

Ms. Partos thanked Ms. Hutchison for giving out her information.

7. **Confirm Dates for Future Commission Meetings** (for possible Action)

The Committee decided their next meeting would be on July 19, 2018 at 12:00 p.m. Dr. Gaspar de Alba made a motion to accept the date and time of the next meeting. Ms. Ward seconded the motion. The motion passed.

8. **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. Adie advised that this is her last Commission meeting she will be attending. She has accepted a new position and her last day with ATAP is May 4th. If anyone needs anything, they can contact Samantha Jayme. Ms. Ellis can provide her contact to those who need it.

Dr. Gaspar de Alba congratulated Ms. Adie and thanked her for all her work.

9. **Adjournment**

Dr. Gaspar de Alba adjourned the meeting at 1:12 p.m.