

Autism Treatment Assistance Program Parent Handbook



Aging and Disability Services Division

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Introduction

The Autism Treatment Assistance Program (ATAP) provides temporary support to children under age 20 with an Autism Spectrum Disorder (ASD). The ASD diagnosis must be from a qualified professional, such as a psychologist or neurologist.

ATAP assists with the treatment cost for ASD. The amount of assistance depends on the treatment plan and your household income. The program only funds treatments which have been proven by research to be evidence-based.

ATAP makes payments directly to providers. ATAP does not pay for services such as respite, medications, supplements, private school tuition, classroom aids, or transportation. This handbook provides information about your rights, responsibilities, and program benefits.

Benefits

Your ATAP Developmental Specialist will help you and your family develop goals for your child's care plan. The plan is based on recommendations from your service provider, your child's needs and skills, or behavior areas you would like to target.

The Developmental Specialist provides service coordination for all participants and their families. Service coordination involves supporting you and your child with accessing the services that will allow them to fulfill their goals in life.

Service coordination includes:

- Providing community resources.
- Connecting you to ATAP providers.
- Helping you talk to your provider.
- Tracking the progress of specific goals on your child's care plan.
- Helping you when you communicate with your provider.
- Working with you to make sure you receive your services effectively and appropriately.
- Providing referrals to other agencies as needed.

Benefits (as funding allows) of receiving ATAP services include:

- Service Coordination and Care Planning supported by your Developmental Specialist.
- Assistance with learning materials to support the goals on your child's care plan.
- Assistance with the cost of communication devices to support the goals on your child's care plan. Your Developmental Specialist will discuss this with you if your provider has recommended a communication device for your child.

Accessing Services

ATAP is an assistance program with limited funding and is the payor of last resort. To be eligible for ATAP services, there are income guidelines to receive ATAP funding. Families must access services through their insurance or Medicaid before ATAP can assist with the cost of services.

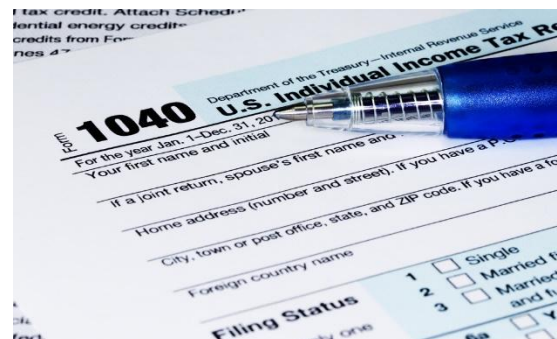
- You must choose a provider who accepts your child's insurance.
- If your child has dual coverage (e.g., private insurance and Medicaid), you must choose a provider who accepts both.
- If your current provider does not accept your insurance, you will be asked to find a provider who does. Your Developmental Specialist will help you with this switch if necessary. You will have three (3) months to switch before your funding may be affected.
- You must provide ATAP with a denial letter every year if your insurance does not cover ABA.
- You are encouraged to apply for Nevada Medicaid benefits if you do not have insurance or if your private insurance does not cover ABA. ATAP is available to help you apply for Nevada Medicaid.
- ATAP may provide temporary and limited services if you do not have any insurance and are applying for Medicaid. The amount that ATAP can fund will depend on your financial eligibility and appropriate plan type.
- If your annual income shows you qualify for less than \$250 ATAP funding per month, your family may not be eligible for the program. Your Developmental Specialist will discuss this with you if it applies to your child's plan type.

Funding Requirements

Your funding is reviewed every year. During annual reviews, your Developmental Specialist must collect financial documents. You must provide staff with these documents when requested. These documents are used to determine whether you are eligible for ATAP services and the amount of ATAP funding you can receive.

Financial documents can be:

- The most recent tax returns of you, your spouse, or anyone who lives in your house and gives money to support the household and is over the age of 18.
- Paystub information.
- You or your family's out-of-pocket medical receipts for the last year.



- Insurance information.

ATAP can use receipts or billing statements for your out-of-pocket medical costs to support your funding level.

Insurance Information

Your Developmental Specialist will ask you for your insurance Explanation of Benefits (EOB) every three (3) months when you have health insurance that pays for your services. ATAP reviews what the provider billed ATAP and compares that against what they billed your health insurance. ATAP does this to ensure the provider is maximizing your insurance benefits and invoicing ATAP correctly. Program staff will notify your provider to correct any invoice errors. If you don't provide EOB's, you might be financially responsible for your services.

Plan Types

Your child's plan type is decided by your household income, your insurance, and your provider's recommendations for therapy hours. Your Developmental Specialist will tell you what plan type you qualify for.

ATAP Visits and Reviews

ATAP provides services in your home. The first visit you have is called your **Initial Visit**. During this visit, your Developmental Specialist will review this parent handbook and answer any questions you may have. They will also collect any documents missing from your file. During the visit, the Developmental Specialist may refer your child for a new assessment to identify your child's current needs and skills or how they have changed over time. ATAP covers the cost of the assessment.

Every month, your ATAP Developmental Specialist will contact you over the phone. This is called your **Monthly Contact**.

- This monthly contact is required to provide ATAP information on your services and any changes to your insurance or income.
- This contact also helps ATAP answer any questions or concerns.

Your Developmental Specialist may give you information about new resources and upcoming community events. When your Developmental Specialist contacts you, it is important that you return their call within 10 business days if they can't reach you.

Every three (3) months you will have a **Quarterly Review** visit. You will have 3 quarterly reviews in year.

During this quarterly visit, your Developmental Specialist will review:

- Therapy hours
- Parent participation with treatment.
- Progress on your child's goals.
- Provider progress report.
- Copies of the most recent EOBs, if you have insurance.



Your Developmental Specialist will discuss your child's services and any concerns you may have. They will also review any changes to ATAP policies.

The last quarter of the year you will have an **Annual Review**. Your Annual Review is the last visit of the care plan year.

During this visit, the Developmental Specialist reviews your child's goals and progress made, parent participation, and the performance of your child's provider. Such as, is the provider following the care plan and meeting your child's needs?

Annual Reviews are also a time to complete the annual eligibility to confirm you are still eligible for ATAP services. The Developmental Specialist will collect copies of:

- Your financial documents.
- Current insurance or Medicaid ID card.
- A denial letter from your insurance company if they do not pay for ABA therapy.
- Annual assessment reports from the school or other service providers like the Individualized Education Plan (IEP) or Multidisciplinary Team report (MDT).
- Any other documents required to determine eligibility such as test results or goal reports.

A **Closing Visit** is a meeting scheduled with you when it's time to close your child's case. During this meeting the Developmental Specialist will provide you with a Notice of Decision explaining why the case has been closed and the official close date. Before this visit you will receive a referral for an exit assessment to show the progress your child has made. The assessment may also show you any current skills or needs they may have. This meeting is a time to identify resources you may need for the next part of you or your child's care.

Your Rights

You have the right to:

- Services that are individual to your child's needs and free from discrimination.
- Be treated with respect as a unique person.
- Have your religious and cultural beliefs respected.
- Ask questions about the program and services to make informed decisions.
- Have your wishes about your home and belongings be respected.
- Privacy and confidential treatment of your personal, medical, and financial information.
- The right to request your child's medical record.
- Know the names of your child's providers, ATAP staff and supervisors for ATAP services.
- You have the right to appeal if you disagree with the case closure.

Parent Participation

You have the responsibility to participate in ATAP services to include:

- Follow all the requirements of ATAP and service providers.
- Follow your child's written care plan.
- Attend scheduled meetings, ATAP services, provider therapy appointments, supervision or workshops.
- Participate in parent training sessions with your provider and practice the training learned in the sessions.
- Maintain open and positive communication with your provider and Developmental Specialist.
- Participate in ATAP reviews.
- Confirm with your Developmental Specialist and your provider if you need to cancel.
- Notify your Developmental Specialist if your provider cancels visits.
- Have a clean, drug-free, and safe space for the provider and Developmental Specialist to visit and provide services.



Reporting

You have the responsibility to report all changes to your Developmental Specialist within 30 calendar days. This includes changes to your:

- Finances, insurance, Medicaid or Medicare. All supporting paperwork (e.g., EOB or other financial documents) must be provided when requested by your Developmental Specialist.
- Personal information (e.g., address, phone number, name changes).
- Treatment needs for your child.
- Request to change your provider.

You should not:

- Request a provider to work more hours than allowed on your plan.
- Give services to a non-recipient, family, or household member(s).

All State Employees and service providers are Mandated Reporters. This means that they are required by law to report any known or reasonable suspicion of abuse and/or neglect of people in their care.

Provider Teams

Your child's care plan may have a different provider team. The team might include:

- **Board Certified Behavior Analyst (BCBA) or assistant Behavior Analyst (BCaBA):** This person will work with you to decide what goals you want to work on. The BCBA or BCaBA are trained to supervise your services. The BCBA or BCaBA are also trained to make changes to your goals if needed.
- **Consultant:** This person is in training as a BCBA or BCaBA. They may oversee your services, make recommendations for goal changes, and/or completes parent and staff training for the provider.
- **Registered Behavior Technician (RBT):** This person will work directly with you or your child on their ABA goals. This is one-on-one therapy treatment. They work under the BCBA/BCaBA and/or Consultant.
- **Occupational Therapist:** This person will work with you on sensory and everyday living skill goals.
- **Physical Therapist:** This person will work with you on your physical therapy goals.



- **Speech Pathologist or Speech Language Pathologist (SP/SLP):** This person will work on speech therapy goals.

Your provider will discuss with you their provider type and what they do. They will also share their specific requirements and policies to receive their services.

Place of Service

Therapy services by your provider may occur in an office, clinic, or in the child's natural environment (school, home, or community). You or a caregiver, that is 18 years or older, must be present during all therapy services.

Complaints

You have the right to file a complaint. You can complain if you:

- Disagree with any decision.
- Believe the plan is not achieving intended results.
- Are dissatisfied with the quality of your services provided.
- If you believe there is unfair treatment.

You can ask for a meeting with your Developmental Specialist and their supervisor to discuss your complaint. They will work with you to try and resolve it. The complaint may be escalated to the Program Manager if you are not satisfied with the resolution.

Common ABA Terms

Applied Behavioral Analysis (ABA): A therapy that is based on science. The therapy helps people learn how to change behavior through positive support.

Autism Spectrum Disorder: -General name for a group of complex disorders of brain development. ASD includes:

- Autism
- Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS)
- Asperger's Syndrome.



Care Plan: The Care Plan is a written document that talks about what helps or does not help with your child's services or care. The plan is based on an assessment of the child's and family's needs, and the family's ability to pay for services.

Developmental Specialist (DS): Your ATAP case worker. The DS assists you with services. They will provide you with resources for support for your family.

Explanation of Benefits (EOB): Is a document that is sent from your insurance company after you visit your health care provider. The EOB will show you how your insurance company paid the provider for the visit and what you may owe. This document is not a bill. The document is a way to inform you that your insurance benefits were used to pay for the health care services. It includes:

- Treatments received and dates of service.
- Amount billed, covered, and paid by insurance.
- Your balance to pay and how much has been added to your deductible.

Individualized Education Plan (IEP): A legal document created by the school for children who are eligible for special education, support, and services. The IEP is created by a team that includes the parent(s), child, and school professionals. IEPs can change over time.

Multidisciplinary Team (MDT): A group of qualified professionals to help assess your child's abilities and needs.

MDT Assessment: The assessment done with the MDT team to find out your child's abilities, healthcare (medical, developmental or behavioral) concerns and needs.

Provider: The agency or company used to provide your child's therapy services.



Important Contacts

My advocates are:

Name and Title:	_____	Phone Number:	_____
Name and Title:	_____	Phone Number:	_____
Name and Title:	_____	Phone Number:	_____
Name and Title:	_____	Phone Number:	_____
Name and Title:	_____	Phone Number:	_____

ADSD Contacts:

Name and Title:	_____	Phone Number:	_____
Name and Title:	_____	Phone Number:	_____
Name and Title:	_____	Phone Number:	_____
Name and Title:	_____	Phone Number:	_____
Name and Title:	_____	Phone Number:	_____