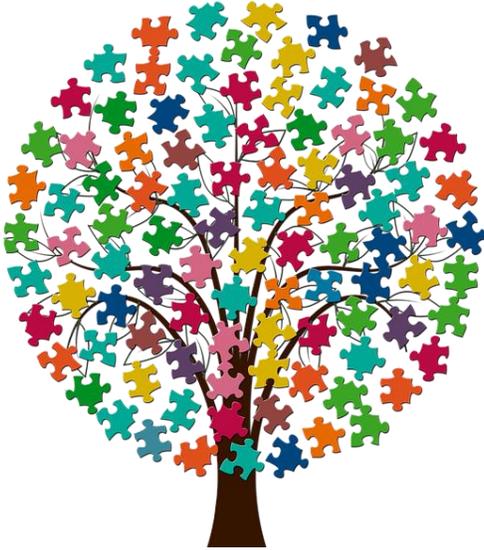


# Autism Treatment Assistance Program (ATAP)



State of Nevada  
Department of Health and Human Services Aging and Disability Services Division  
3416 Goni Road, Suite D - 132  
Carson City, Nevada 89706  
[adsdatap@adsd.nv.gov](mailto:adsdatap@adsd.nv.gov)

Developmental Specialist: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

DS Supervisor: \_\_\_\_\_



# Contents

Introduction .....	3
Service Coordination .....	4
Accessing Services:.....	5
Authorized Representative Requirements and Rights .....	7
Code of Conduct .....	9
Service Team Roles .....	10
Service Plan Overview .....	12
Financial Documents .....	13
ATAP Visits .....	14
<b>Initial Visit</b> .....	14
<b>Monthly Contact</b> .....	14
<b>Quarterly visit</b> .....	14
Example Quarterly Schedule: .....	15
<b>Annual</b> .....	15
<b>Closing</b> .....	15
Parent Training Expectations/Hours .....	17
<b>Parent Hours</b> .....	17
Probation Terms.....	18
FAQ's.....	20
Common ABA Terms.....	22
Autism Treatment Assistance Program Acknowledgement of Receipt of Parent Manual.....	26

# Introduction

Nevada's Autism Treatment Assistance Program (ATAP) was created to assist parents and caregivers with the expensive cost of providing Autism-specific treatments to their child with Autism Spectrum Disorder (ASD). ATAP is a statewide program that provides temporary assistance and funding to pay for evidenced-based treatment such as Applied Behavior Analysis (ABA) for children on the Autism Spectrum, who are under the age of 20 and are diagnosed as a person with Autism Spectrum Disorder by a physician, psychologist, child/adolescent psychiatrist, pediatric neurologist or other qualified professional. A diagnosis from a multidisciplinary team is acceptable when accompanied by an appropriate assessment report.

ATAP offers a variety of plan types for ongoing treatment development, supervision and a limited amount of weekly intervention hours based on a child's individual treatment plan, age, and family income. ATAP can also assist with co-pays and individual deductibles for therapy when the family cannot access their insurance due to the excessive cost of treatment. ATAP also offers a therapeutic plan that provides funding for Speech Therapy, Occupational Therapy and/or Physical Therapy when other resources do not provide coverage. ATAP is an assistance program and the monthly allotment is intended to help parents pay for treatment. It is understood that the funding provided by ATAP will not pay for all the recommended hours of treatment, however it is our hope that parents can help to fund additional hours of treatment. ATAP recognizes not all parents can afford to do so.

ATAP only funds treatments which have been proven by research to be evidence-based including Applied Behavioral Analysis (ABA), Verbal Behavioral (VB), and Pivotal Response (PRT) programs. ATAP **does not** cover services such as respite, medicines, supplements, private school placements, classroom paraprofessionals and treatments which are not evidence-based.

# Service Coordination

Nevada's Autism Treatment Assistance Program (ATAP) offers clients and their families service coordination. Service coordination involves supporting young adults and children in accessing the services that allow them to fulfill their goals in life.

Developmental Specialists will help each individual and their families in the development of a Care Plan based on the recommendations of the service provider of their choosing. The plan will identify specific goals and benchmarks that will be addressed during the treatment period. An annual planning meeting consists of all team members including parents, who will discuss and develop supports for programming goals. The Care Plan is reviewed quarterly and updated as needed.

Some of the services available include the following:

- Community resource coordination
- Linkage to providers within the ATAP network
- Mediation between the family and their chosen provider
- Develop and coordinate the implementation of client treatment activities and facilitate achievement of identified goals for the specific developmental and behavioral management needs of each client
- Oversee provider delivered services in residential living arrangements and provide case management services
- Complete face to face visits at home or school
- Monitor provision and quality of services
- Make referrals to other agencies

# Accessing Services:

ATAP is an assistance program and is the payer of last resort. Families must first access services through their private insurance. If they do not have private insurance or their private insurance does not cover ABA then they can access services through Nevada Medicaid. If they do not have Medicaid, Families will be qualified for ATAP assistance and will be placed on an a straight ATAP-funded plan type. (See *ATAP Service Plan Overview* for plan types/requirements).

## Sample Scenarios:

A. If your child has a primary insurance that covers ABA, they **must be** with a provider that is in-network with their insurance company and access services through their insurance. Your child will be placed on an Insurance Assistance Plan and ATAP will fund a maximum of \$500 per month, or up to \$6,000 per year to assist with copays and/or the individual deductible.

1. If your child has a primary insurance that covers ABA and is **NOT** with a provider that accepts their insurance, your child will need to switch to a provider that accepts their primary insurance.

a. If your child's insurance changes or obtains new insurance that their current provider accepts, the **provider** has 30 days to obtain authorization and begin accessing services through your child's insurance.

*\*\*If the provider fails to meet the 30-day deadline (stated above) your child will be placed on an Insurance Assistance Out-of-Network Plan and ATAP will fund a max of \$500 per month of direct services.*

b. If your child's insurance changes or you obtain new insurance that their current provider **DOES NOT** accept, the provider/family has 3 months to do one of the following:

1. Provider can obtain in-network status with your child's insurance company
2. Provider can obtain a single case agreement with your child's insurance company
3. Child must switch to a provider that accepts their insurance

*\*\*If the provider or family fails to meet the 3-month deadline (stated above) family will be placed on an Insurance Assistance Out-of-Network Plan and ATAP will fund a max of \$500 per of direct services.*

- B. If your child has a primary insurance that **DOES NOT** cover ABA but **has Medicaid**, your child must access services through Medicaid. Child **must be** with a Medicaid provider and ATAP will provide your child with service coordination if they qualify for this service (TCM Eligibility required).

*\*\*ATAP will not fund services if your child has Medicaid and is with a non-Medicaid provider. (i.e. ATAP's Insurance out-of-Network Plan does not apply to Medicaid Eligible children).*

- C. If your child has Medicaid through a Managed Care Organization (MCO), the Authorized Representative (AR) will need to contact the MCO and access services directly through their MCO. (i.e. Health Plan of Nevada (HPN), Silver Summit, Anthem Blue Cross/Blue Shield Solutions). Child will not qualify for ATAP Services.
- D. If your child has a primary insurance that **DOES NOT** cover ABA and they **DO NOT** have Medicaid, ATAP requires an annual denial letter from the child's insurance company and the child will be put on a straight ATAP-funded plan.

# Authorized Representative Requirements and Rights

\*\*Please read the following requirements. Failure to complete any of these requirements is subject to probation. Please review these requirements with your assigned Developmental Specialist.

## REQUIREMENTS

1. There should always be an Authorized Representative present during intervention over the age of 18, or 21 depending on provider's requirements.
2. The AR is required to complete parent hours. Parent hours vary depending on plan type.
3. AR is also required to meet plan type requirements written in the Family Plan; this includes being present during supervision or workshop.
4. Monthly contact with your Developmental Specialist is required.
5. Completion of Quarterly and Annual reviews are required.
6. The AR is required to advise their Developmental Specialist of any insurance or financial change within 30 days.
7. The AR is required to have a drug free work place for the provider and interventionist.
8. The AR is required to have a workable area; this includes a clean and safe area.
9. The AR is required to give a 24-hour notice to the Developmental Specialist, interventionist, BCBA, or consultant of any cancellations, unless it is an emergency.
10. If your child has Medicaid and is with a Non-Medicaid provider the AR is responsible for contacting Medicaid providers AND advising their Developmental Specialist of the waitlists they are on. Calling Medicaid providers should be continuous.

## RIGHTS

11. The right to individualized services without regard to race, color, creed, national origin, gender, or disability.
12. The right to be treated with consideration and full recognition of your dignity and individuality.
13. The right to have your privacy, dignity and religious and cultural beliefs respected.
14. The right to make informed decisions regarding your care and the opportunity to make suggestions, ask questions or notify the agency about concerns regarding the services received.
15. The right to have your wishes about your home environment and possessions be respected.
16. The right to confidential treatment of your personal, medical, and financial information.
17. The right to know the name and title of the person or persons responsible for coordinating, rendering, and supervising your services and the name and title of any employee of Aging and Disability Services with whom you come in contact.

18. The right at any time to submit a written complaint to Aging and Disability Services concerning the quality or scope of services provided.
19. The right of access to medical information which relates to your condition and treatment.
20. You have the right to be informed about any services, treatment, options and costs in a clear and open way.
21. You have the right to comment on the services provided and to have your concerns addressed.

# Code of Conduct

The Autism Treatment Assistance Program (ATAP) is very proud of the families which we have the privilege to work with. The services that each child receives through the ATAP program is through a partnership between the family, the service provider, and ATAP. As a partnership we are all aware of the importance of a good working relationship and all recognize the importance of these relationships to equip your children with the necessary services to address his/her needs. For these reasons we will continue to welcome and encourage parents and caregivers to participate fully in the program development of their child.

The purpose of this code of conduct is to provide expectations around the conduct of all Authorized Representatives, caregivers and services providers involved in services.

## **Expectations:**

- There will be no disruptive behavior which interferes or threatens to interfere with any of the participant's therapeutic services on the part of the parent or any other individual in the therapeutic setting.
- No inappropriate behavior during the therapeutic session, including:
  - Use of loud, suggestive, or offensive language.
  - Threatening in any way, a member of staff or service provider.
  - Damaging or destroying property.
  - Sending abusive or threatening communications such as emails, text messages, voicemails, phone calls or other written communications (including social media) to anyone within the service team.
  - The use of physical, verbal or written aggression towards another adult or child.
- The consumption or use of any legal or illegal drugs or alcohol in the presence of children or service provider.
- All persons responsible for the care of the child should be present, aware, and unimpaired during their child's session.

All State Employees and services providers are Mandated Reporters and are subjected to abiding by Nevada Revised Statute 432B.220 in reporting known or reasonable suspicion of abuse and/or neglect of children in their care. Should any of the above occur within the therapeutic sessions, necessary meetings, or any communication with ATAP staff your assigned, Developmental Specialist will follow ATAP probation policies (page16).

# Service Team Roles

The following information describes the role of each member of the service team.

## **Board Certified Behavior Analyst (BCBA) / Board Certified assistant Behavior Analyst (BCaBA) / Behavior Consultant:**

The role of the BCBA, BCaBA and/or Consultant is to provide case oversight and management of the treatment by supervising and consulting with the team based on the guidelines of ATAP's service plan overview. Below are some of the roles of the BCBA, BCaBA and/ or Consultant.

- BCBA, BCaBA and/ or Consultant must conduct regular meetings with treatment team to review the recipient's progress and make any necessary adjustments to programming as necessary for program progression (Workshop/ Supervision meeting).
- Provide parent training to the Authorized Representative or caregiver depending on plan type requirements per month. (See Care Plan for plan requirements).
- Provide feedback, additional education, and training to team as necessary.
- Provide training to the team on use of data sheets for daily treatment and goal tracking.
- Provide reports to treatment team, parents, and Developmental Specialist according to plan type requirements that demonstrate progress of goals according to data taken during sessions.
- Provide support to Authorized Representatives or Care givers during Individualized Education Plan (IEP) with prior approval from Developmental Specialist. **\*Availability based on funding**
- Abides by the ethical standards set forth by the Behavior Analyst Certification Board (BACB) for BCBA's, BCaBA's, and Behavior Consultants.

## **Registered Behavior Technician (RBT)**

The role of the RBT is to provide 1:1 ABA therapeutic services based on ATAP's plan requirements with the guidance of the BCBA, BCaBA and/or Consultant. Below are some of the roles of the RBT.

- Track client's progress on goals during sessions by taking data at the discretion of the BCBA, BCaBA and/or Consultant including current level of responding in all domain areas.
- Attend monthly workshops to gain additional training and monitor client's progress
- Ensures child's well-being and safety during sessions.
- Abides by the ethical standards set forth by the Behavior Analyst Certification Board (BACB) for RBTs.

### **Authorized Representative (AR) / Caregiver**

The role of the AR/Caregiver is to facilitate Applied Behavior Analysis (ABA) services as stated in the Care Plan developed by ATAP's Developmental Specialist. AR's will provide the treatment team with all supporting documentation (e.g., IEP, MDTs and financial documents) as requested by the service provider or Developmental Specialist when necessary for services. ARs will also:

- Ensure that services are occurring per the Care Plan.
- Will have positive open communication with the treatment team, including the service providers and Developmental Specialist.
- Will abide by all the requirements of ATAP and service providers when receiving services.
- Will provide a positive working environment for therapeutic services to occur.

### **Developmental Specialist**

The role of the ATAP Developmental Specialist is provide clients and families with service coordination, which includes the following responsibilities.

- Ensure quality of services provided by service provider.
- Ensure provider and Authorized Representative/Caregiver's compliance with Care Plan.
- Contact family monthly to monitor progress and address any concerns regarding services.
- Conduct quarterly/annual reviews to observe sessions, review progress and address any concerns regarding services with the Authorized Representative/Caregiver or Provider.
- Ensure that funds are allocated appropriately by reviewing 1:1 hours, supervision hours, parent hours, and insurance benefits (if applicable).
- Assist Authorized Representative/Caregivers in finding a provider and/or additional resources according to the needs of the client and/or family.

### **Place of Service**

Services must be provided in a natural setting (e.g., home and community-based settings, including clinics and school) based on the identification on proper location by treatment team. An Authorized Representative or Caregiver 18 years or older should be present during all therapy sessions (please refer to your child's provider regarding their service policy).

# Service Plan Overview



Ageing and Disability Services Division

ATAP is an assistance program and provides funding for a **maximum of 3 years**.

## Service Plan Overview

**Comprehensive Plan** - ATAP's comprehensive plan address skills across all developmental domains including: Language/Communication, Cognitive Development, Adaptive Behaviors, Social/Emotional Development, Play, and Fine and Gross Motor Development. Treatment is comprehensive and will typically include programs to address skills in each domain daily.

- For children age 9 and under.
- 25 hours of weekly treatment of Applied Behavior Analysis (ABA) required (18 hours 1:1 with a Registered Behavior Technician (RBT), 7 hours of hours of parent provided hours)
- 7 hours minimum of monthly supervision required by BCBA, BCABA or Behavior Consultant.
- 1 hour per month of Parent training conducted by a BCBA, BCABA or Behavior Consultant.
- Required progress demonstrated quarterly across a minimum of 4 domains
- Maximum term in plan type is **4 years**

**Targeted Behavior Plans**- Targeted behavior plans are narrow in scope and address a selected group of skills which impact the child and the family. Targeted Behavior Plans are written to address: Crisis Intervention/Behavior Management, Selected Behaviors, Transition, Social Skills, Speech Therapy, Occupational Therapy or Physical Therapy.

For children who enter the program under the age of 19 and after the age of 19.

**Extensive Plan** - Designed to address 3-10 specific skills or behaviors across all developmental domains.

- 15 hours of weekly treatment of Applied Behavior Analysis (ABA) required (8 hours 1:1 with a Registered Behavior Technician (RBT), 7 hours of parent provided hours)
- 3 hours minimum supervision required by BCBA, BCABA or Behavior Consultant.
- 1 hour of Parent training by BCBA, BCABA or Consultant.
- Required progress demonstrated quarterly toward plan goals.
- Max. term in plan type **2 years** with Comp start; **3 years** with Ext. start.

**Basic Plan** - Designed to address 1-3 specific skills or behaviors in the areas of Daily Living Skills, Crisis Intervention, and/or Communication.

- Provider defined levels of treatment/supervision (Supervision only or Supervisor/ 4 hours of 1:1 with a Registered Behavior Technician (RBT))
- 5 hours per week of parent participation required
- 2 hours minimum of required supervision by BCBA, BCABA or Behavior Consultant.
- Required progress demonstrated quarterly toward plan goals.
- Max term in plan type **1 year** with Comp start; **2 years** with Ext/Basic. start.

**Therapeutic Plan** - Therapy delivered by a Licensed Speech Language Therapist, an Occupational Therapist or a Physical Therapist who has experience in the treatment of Autism.

- One session per week
- Parent training/participation preferred
- Defined objectives required and require progress demonstrated quarterly on specific goals determined by provider.
- **No medical benefits** available for family to utilize.
- Max. term in plan type **3 years** if no other plan type was utilized during time with ATAP.

**Cost Sharing Plans**- Cost share plans utilize cost-sharing mechanisms to allow children access to evidence-based treatments and an increase in treatment hours.

- For persons **19 years old** and under:

**Insurance Assistance Plan**-For families that cannot access their insurance coverage due to excessive costs for services.

- Child must access the maximum benefit available through the insurance company before ATAP can start funding.
- ATAP will provide financial assistance with yearly deductible/co-payment for ABA Treatment
- 5 hours weekly of parental participation required
- Max. term in plan type is **8 years** if no other plan type was utilized during time with ATAP.

**Service Coordination Plan**-For Medicaid recipients who are TCN eligible.

- ATAP Developmental Specialist will provide families with linkage to other agency resources when needs directly affect the child and provide referrals when needed.
- **No MAX Term** for plan

**Social Skills Plan**- ATAP's social skills plan is overseen by a Licensed Psychologist, BCBA/ BCABA or a behavior consultant, a Licensed Speech Language Therapist, or an Occupational Therapist with background and experience teaching social skills to children with Autism.

- For persons aged **19 years old** and under
- One session per week (group or individual)
- Must include at least one group session a month to generalize skills taught in one-to-one environment and requires social participation with typical peers two times per month
- Utilizes a published curriculum with goals and outcome measures
- Defined objectives are required, and quarterly progress demonstrated toward plan goals
- Max term in plan type **2 years**, if no other plan type was utilized during time with ATAP.

**Transition Plan**- Developed when one or more of the following takes place: **REQUIRES PRIOR APPROVAL**

- Child has exhausted ATAP plan(s) and is ready to exit program
- A systematic decrease in supervision and/or treatment hours is necessary based on recommendations from BCBA, BCABA or Behavior Consultant.

\*Revised 7/1/2018

# Financial Documents

The Autism Treatment Assistance Program (ATAP) is an *assistance program* and is subject to funding limitations. ATAP recipients are subjected to state income guidelines and each child's funding is reviewed annually. During annual reviews the Developmental Specialist is required to collect financial documents. These documents are used to ensure your child's financial eligibility in the ATAP program and calculate if there will be a funding reduction. An ATAP funding reduction is based on a sliding income scale and can affect the maximum amount of funding your child can utilize in their plan year.

Your Developmental Specialist will utilize information taken from your household's previous year's tax return to establish the funding your child can receive. Information utilized includes dependents listed on the document, and the adjusted gross income reported averaged out to a monthly income. ATAP utilizes the Federal Poverty Level Index to establish the income caps on funding. If your child is subject to a funding reduction, out of pocket medical costs for your household can be utilized to adjust your gross monthly income to increase monthly funding when necessary. All out of pocket medical costs require a receipt of payment or valid medical statement submitted to your Developmental Specialist. If there is a funding reduction, monthly allotment must be a minimum of \$250 to qualify. Please refer to example table below for income requirements.

Funding reduction begins at 300% above the Federal Poverty Level

# In Family	Monthly Income Without Medical Expenses
1	\$ 3,035.00
2	\$ 4,115.00
3	\$ 5,195.00
4	\$ 6,275.00
5	\$ 7,355.00
6	\$ 8,435.00
7	\$ 9,515.00
8	\$ 10,595.00

**\* Federal Poverty Level is based on 2018 income requirements and is subject to change.**

# ATAP Visits

## Initial Visit

During the initial visit your Developmental Specialist (DS) will meet you at your home or your provider's clinic to introduce themselves. During this visit your DS will collect needed documents such as Individualized Education Plans (IEPs) or Multi-Disciplinary Team (MDTs) Assessment as well as financial documentation if necessary. Your DS will also bring three questionnaires (Home Situations, School Situations, and Caregiver Strain). The scores of these questionnaires will be collected at the initial and closing visits so ATAP can compare the answers and monitor your child's progress during their time with the ATAP program. If your child's most recent medical assessment or MDT does not include ATAP's required criterion scores or if the assessment was conducted 1 or more years prior, your DS will refer your child for an intake assessment.

## Monthly Contact

Monthly Contact is an important part of your child's ATAP services and is mandatory. Your Developmental Specialist will contact you via phone to monitor your child's therapeutic services, gather updates in your insurance or income, address any concerns or issues you may have, and link you to resources and upcoming community events. If you are unable to communicate with your DS immediately it is important that you follow up with them within 10 business days.

## Quarterly visit

Quarterly visits occur the month following the quarter being reviewed. During this visit your DS will review:

- Interventionist hours
- Supervision hours
- Parent hours
- Progress on your child's goals
- Provider progress report
- Programming, through observation
- Copies of the most recent Explanation of Benefits (EOBs), if appropriate for plan type

Your DS will also address any concerns that your child's team may have as well as any specific changes to ATAP policies that may affect your child's services.

## Example Quarterly Schedule:

Plan year: January 1, 2018 – December 31, 2018

- Quarter 1: January – March, reviewed in April
- Quarter 2: April – June, reviewed in July
- Quarter 3: July – September, reviewed in October
- Quarter 4: October – December, Annual Review in December

## Annual

During your Annual Review your Developmental Specialist will review the previous year for progress, parent participation, and to ensure that your child's provider is following ATAP requirements. During this visit your DS will require several documents from you including copies of:

- The previous year's tax return (first two pages)
- Current insurance card, Explanation of Benefits and ABA insurance denial letter (if applicable)
- Individualized Education Plan, Multi-Disciplinary Team Evaluations, and any other documents pertinent to their education.
- Any other documents necessary to determine treatment progression
- Medical expense receipts that coincide with the same tax year for the entire family (if applicable)

Your DS will also collect a progress report and updated proposal for services from your service provider. Your DS will utilize these documents to determine progress, amount of ATAP funding, and provider recommendations for your child's programming. Program length and funding is subject to change due to state policy, ATAP participant requirements, or plan length terms.

## Closing

Your Developmental Specialist must schedule a closing meeting with you to close your child's case. The following documents will be distributed to the Authorized Representative at the closing meeting and must be completed and returned to your Developmental Specialist no later than 30 business days after the meeting.

Documents include:

- ATAP Termination Notice or ATAP Closing Form
- Caregiver Strain questionnaire
- Home Situations questionnaire
- School Situations questionnaire
- Exit Assessment Referral
- Any updated IEPs, MDTs, and assessments

Failure to return these documents will not hinder your child from being closed with ATAP.

If you disagree with your child being closed with ATAP, you hold the right to request an administrative review to establish if closing is appropriate. If it is determined by administration that your child should not have been closed, they will be reopened with ATAP.

If you later find that your child requires ATAP assistance, you may reapply for ATAP services but are subjected to reapplication processes and the current waitlist.

# Parent Training Expectations/Hours

Parent participation, training and support is the foundation of successful and sustainable intervention. Parents will be required to actively participate in therapy sessions, learn therapeutic techniques, and to implement therapeutic techniques when staff is not in the home. Parents will meet regularly with staff and Clinical Supervisor based on plan type requirements. Parents will also be taught the fundamentals of Applied Behavior Analysis and play-based instruction, including the principles of reinforcement, prompting and fading, and appropriate skill teaching; observing, assessing and analyzing behavior, and developing appropriate preventative and reactive strategies to intervene with behavior excesses. Parents will be presented with specific interventions that will allow them to extend program techniques beyond therapy sessions.

## Parent Hours

As a part of the ATAP funding requirements parents are required to complete a certain number of parent hours per week depending on the plan type their child's plan type. These hours can be completed by parents running parent programs which are assigned by the BCBA, BCaBA or Consultant, and/or funding additional therapeutic services out of pocket. If parent hours are being counted as out of pocket therapeutic costs, ATAP requires receipts for proof of payment to be collected by the Developmental Specialist. All other parent hours will be kept track of through a parent data sheet provided to you by your service provider.

# Probation Terms

## **Terms and Conditions of Probation**

ATAP reserves the right to place clients on probation and your child will be at risk for termination from the program if the following actions occur:

- Failure to meet weekly treatment hour requirements
- Failure to meet quarterly progress requirements
- Failure to communicate with your Developmental Specialist on a monthly basis
- Failure to contact your Developmental Specialist within 10 days after their attempt for monthly contact
- A.R. non-participation or lack of attendance during training sessions
- Lack of data to support program progression
- Work environment is not appropriate to support program
- Reported domestic violence or altercations during treatment hours
- Frequent cancellations with your provider or with your Developmental Specialist
- Frequent cancellations made under 24 hours notice or without notice
- Failure to provide Annual or Quarterly documents within the required timeframe
  - Annual: Annual documents must be submitted to your Developmental Specialist by your Annual visit
  - Quarterly: Parent Data and EOBs are due at the time of your quarterly visit with your Developmental Specialist

## **Steps of probation**

- 1) Verbal Warning
- 2) Written warning with probationary terms
  - Developmental Specialist, Supervisor, and AR must establish agreed upon term to re-establish program in good-standing and for continuation of original plan. Probation period will be determined at the time when probation is administered.
- 3) If AR fails to meet probation requirements, plan could be revised to support a different plan type, or termination from the program will occur.

**If Termination occurs**

- Materials purchased by ATAP during your child's time with ATAP will remain your child's property. Any materials belonging to the provider must be returned upon termination of services.
- You are welcome to re-apply to the program. However, you will have to re-apply and re-submit your child's application and will be subjected to current ATAP requirements and the current waitlist.

# FAQs

## *What is the Autism Treatment Assistance Program?*

The Autism Treatment Assistance Program (ATAP) is a temporary assistance program for children diagnosed with Autism Spectrum Disorder to receive funding for evidenced based services such as Applied Behavior Analysis (ABA), Physical Therapy (PT), Occupation Therapy (OT) and Speech Therapy (ST).

## *My child has ATAP and another funding source, why can't ATAP pay instead?*

ATAP is the payer of last resort, and any other available funding such as Nevada Medicaid or Private/Employer Insurance benefits should be utilized prior to ATAP funding.

## *How does my child get materials?*

Your child's provider will complete a Materials Request Form which is then submitted for review to your Developmental Specialist for appropriateness of materials. Materials are for programming purposes only and are to assist your child in reaching their programming goals. **\*Materials are granted based upon availability of funding.**

## *How much does my child get for materials?*

Each child is allowed a maximum of \$500.00 throughout the lifetime of their ATAP programming and is a one-time amount. Developmental Specialists will track your child's ongoing materials budget. Any materials purchased using your child's materials funding are your child's property.

## *Do I need to be present during therapeutic sessions?*

For in home sessions, ATAP requires that a responsible adult be present during all sessions, supervision, or workshops. ATAP requires that they be at least eighteen years old. Some providers may require an individual over the age of twenty-one. For sessions that occur in an office or in-clinic, families are subject to provider policy on whether parent attendance is necessary. Authorized Representatives are required to attend all parent training sessions.

## *Why is my child's plan type changing?*

There could be several reasons:

1. All ATAP program participants are subject to plan term limits (as reviewed in the Service Plan Overview.) Following the maximum length of a plan type, each child is moved to the next plan progression.
2. Your child has begun to access through another funding source and is being changed to a plan type to better suit those needs. This includes Insurance Assistance Plans and Service Coordination Plans.
3. ATAP program participant has been unable to consistently meet the plan requirements listed in the Service Plan Overview and is moved to a plan type that best suits the current program participation levels.
4. At the recommendation of the BCBA, BCaBA and/or consultant.

## *How frequently do I need to talk to my Developmental Specialist?*

Monthly contact is an important and mandatory requirement of all ATAP plan types and can affect participant's funding. Contact with your DS is required monthly and within 10 business days of a missed communication attempt.

*Another participant did/received something, why can't my child receive the same?*

Decisions are made on a case-by-case basis based on participant needs, funding availability, and regular reviews conducted by Developmental Specialists. If your child has a need, please discuss this with your DS.

*Can my child participate in multiple types of programming?*

Each participant is limited to funding for one program or program type per plan year. This may be revisited if changes occur with service provider and/or funding source. Multiple providers cannot be utilized to provide same service.

*Can my provider's staff transport my child?*

No. ATAP does not allow program participants to be transported by any mode of transportation operated by a provider's staff.

*I have an issue or concern with my Developmental Specialist, what do I do?*

If you feel that your Developmental Specialist is not meeting your child's needs, has behaved inappropriately, or you do not agree with a decision made by them, you have the right to communicate with their supervisor. Please ask your DS for their supervisor's contact information.

# Common ABA Terms

**Acquisition Task** – A target that is in the process of being taught. This behavior is not yet a known skill.

**Antecedent** – Environmental events that occur before a behavior.

**Applied Behavioral Analysis (ABA)** - The attempt to solve behavior problems by providing antecedent and/or consequences that change behavior. Applied behavior analysis owes no affiliation with a particular intervention, rather it is a scientific problem-solving approach aimed at producing socially significant behavior change and improving quality of life for individuals, families and communities.

**Authorized Representative (AR)** - Parent or legal guardian.

**Autism Spectrum Disorder** - Autism Spectrum Disorder (ASD) and Autism are both general terms for a group of complex disorders of brain development. ASD is a spectrum disorder and includes Autism, PDD-NOS and Asperger's Syndrome. These disorders are characterized, in varying degrees, by difficulties in social interaction, verbal and nonverbal communication and repetitive behaviors.

**Baseline** - Refers to the pre-treatment phases prior to implementation of an intervention. In baseline, instructors should not prompt or consequence a behavior (i.e. do not reinforce or provide correction). The purpose of a baseline is to establish present rates of responding. Once a steady state has been obtained, it is appropriate to implement an intervention. Changes (or lack thereof) in the rate of behavior suggest to practitioners whether to remove or continue with a treatment method.

**Behavior Intervention Plan (BIP)** – A Behavior Intervention Plan is often developed after a Functional Behavior Assessment (FBA) or minimally descriptive assessments have been completed. Behavior Intervention Plans should have the target behaviors/challenges listed and defined. In addition, there should be preventative (antecedent management) measures noted as well as the consequences for 1) for responding when the individual has emitted the desired behavior and 2) for responding when the target behavior (or no response) occurs.

**Board Certified Assistant Behavior Analyst (BCaBA)** – This person is an assistant Board-Certified Behavior Analyst. A BCaBa must be supervised by a BCBA but can work with families supervising the RBTs working with their children.

**Board Certified Behavior Analyst (BCBA)** – A person who is trained to provide and supervise behavior analysis services.

**Co-Morbidity** – Having multiple diagnoses at the same time.

**Consequences** – Environmental events that occur after a behavior. These may be planned events or unplanned events that may have an impact on maintaining a particular behavior of concern. Consequences are not only "negative" in nature. In the field of ABA, the term consequence also includes "positive" responses to a behavior that occur after the behavior. For example, if a child is

promised that they can have dessert after dinner and they eat all of their dinner, "having access to dessert" is a consequence.

**Consultant** – Individual who is overseeing supervision of your child's services, makes program adjustments, completes parent training and staff training.

**Data** – Information collected throughout your child's programming based on their response and completion of tasks.

**Developmental Specialist** – There are Developmental Specialist (DS) located in Carson City, Reno, Elko, and Las Vegas. Their role is to provide general assistance to families in the assigned geographical area, or assigned caseload, in need of autism services, determine program eligibility and ongoing suitability for services, provide unbiased information to families to facilitate their independent decision-making, implement and enforce the policies of the program, gather written data to document the progress of each case evaluate assessments and reports to measure participant progress.

**Escape** – The term escape describes a relation between a performance and an aversive stimulus in which the performance terminates the aversive stimulus. There are four functions of behavior 1) attention 2) sensory/automatic 3) to access a tangible/edible item and 4) to escape a particular person, place or activity.

**Explanation of Benefits** - Each time an insurance company processes a claim submitted by you or your provider, they explain how they processed it in the form of an explanation of benefits (EOB). The EOB is not a bill. It simply explains how your benefits were applied to that particular claim. It includes the treatments that took place, the dates of service, the amount billed, the amount covered, the amount insurance paid, and any balance you are responsible for paying the provider. It also tells you how much has been credited toward any required deductible.

**Extinction** – The withholding of reinforcement for a previously reinforced behavior, resulting in the reduction of that behavior.

**Extinction burst** – The increase in frequency and/or intensity of behavior in the early stages of extinction.

**Generalization** – The spread of the effects of reinforcement (or other operations such as extinction or punishment) of one stimulus to other stimuli, which differ from the original, along one or more dimensions.

**Individual Education Plan (IEP)** - A legal document created by the school for children who require special education. IEP meetings occur annually with the school to revise and update the previous year's IEP.

**Intervention** – This is the plan of action or the strategy you will use to change a behavior. An example of an intervention is teaching a child to use a card to request help instead of engaging in tantrum behavior.

**Manding** – Making a verbal request for wanted or needed items.

**Multidisciplinary Team (MDT)** – AN Assessment done by the multidisciplinary team, usually involving the school psychologist, to assess the child's abilities and needs. The MDT decides in the child is eligible for Special Education. Reassessment occurs every 3 years.

**Care Plan** - The Care Plan is a written document, which identifies the family's service needs. The plan is based on an assessment of the family's needs, assessment of the child, and family's ability to contribute to the plan.

**Picture Exchange Communication System (PECS)** –A symbolic communication system for functionally non-verbal individuals.

**Prior Authorization (PA)** – Prior Authorization through Medicaid or insurance. This is a document completed by the provider to request approval for treatment services.

**Program** – A task that is developed by the BCBA to create an expected response or behavior.

**Prompt** – This form of assistance or cue given to help your child compete a task. There are several types of prompts: physical prompt, gestural prompt, position prompt, model prompt, verbal prompt, symbolic prompt, and visual prompt.

**Provider** – The agency used to provide your child's ABA therapy

**Registered Behavior Technician (RBT)** – A professional who practices ABA under the supervision of a BCBA or BCaBA. Primarily responsible for providing the direct 1:1 services with the child.

**Scripting** – When a child verbally engages in repeating phrases or scripts from movies and tv shows in a non-functional manner.

**Self-Contained Classroom** – A classroom with only special needs children. These classrooms tend to have a smaller teacher to student ratio.

**Self-injurious behavior (SIB)** - Self-injurious behaviors are actions that the child performs that result in physical injury to the child's own body. Typical forms of self-injurious behavior include: hitting oneself with hands or other body parts, head-banging, biting oneself, picking at skin or sores, scratching or rubbing oneself repeatedly.

**Self-stimulatory behavior (SSB)** – Also referred to as “Stimming”. These are self-initiated, repetitive movements (e.g. rocking, flapping, spinning, finger-flicking, and/or unusual manipulation of inanimate objects).

**Session** – The allotted time frame that 1:1 ABA services are conducted with an RBT, BCBA, BCaBa, and/or Consultant.

**Transition** – May refer to changes from one activity or setting to another such as from an early childhood program to school or from a preferred play activity to a work activity. Transitions are typically very difficult for a child with ASD.

**Trial** – A single instance of a program being targeted.

**Vineland Assessment** – Measures personal and social skills in four main domains of Communication, Daily Living Skills, Socialization, and Motor Skills

**Workshop** – Meeting between the BCBA/BCaBA/Consultant, RBT and parents where the consultant reviews the clients progress and makes any adjustments to the child's programing based on data.

**Page left intentionally blank for printing purposes**

# Autism Treatment Assistance Program

## Acknowledgement of Receipt of Parent Manual

I \_\_\_\_\_, Authorized Representative of \_\_\_\_\_  
have reviewed and understand the information provided to me in this Parent Manual. I agree to follow all ATAP requirements and policies as they have been explained to me in this document. I understand that these policies are subject to change and I will be notified by my assigned ATAP Developmental Specialist if changes are made.

\_\_\_\_\_  
Authorized Representative Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Developmental Specialist Signature