



Nevada Commission On Autism Spectrum Disorders

Addressing issues across the lifespan

Nevada's History of Autism Commitment

Highlights

- ▶ In 1997, Clark County School District began funding ABA home programs.
- ▶ In 2002, Nevada Provider Rates Task Force Strategic Plan includes findings for Services for Individuals with Autism
- ▶ In 2004, Nevada Early Childhood Autism Task Force develops recommendations for Early Intervention Services.
- ▶ In 2007, AB 629 passed, creating Nevada Autism Task Force and appropriating \$2M in general funds for Autism Services. Funding supports pilot to serve children across the spectrum.
- ▶ In 2008, Nevada Autism Task Force delivers Action Plan for Nevada's Legislators and Policymakers with 146 recommendations, 11 for immediate action. Governor establishes Nevada Commission on ASD.
- ▶ In 2009, Legislature approved additional \$3.2 million for autism services, bringing the total to \$5.2 million. Continues funding for autism self-directed programs for a total of 121 children.
 - AB162 passed, Nevada becomes the 11th state to enact *autism* insurance reform on May 29, 2009. Applies to small and large group health plans, and State worker Health Plan, governed by state law. Individual plans will have to offer an optional rider for autism coverage. To read the bill and view its complete history go to:
<http://www.leg.state.nv.us/75th2009/reports/history.cfm?ID=345>
 - AB359 passed, The bill requires all children being evaluated at Nevada Early Intervention or its community partners for services be screened for Autism according to the American Pediatrics Association recommendations. Requires Nevada Early Intervention to notify parents immediately if their child is found to be at risk of autism and refer child for a diagnosis and treatment. Requires the staff, who serve children with Autism within the Nevada Early Intervention or its contractors to provide parents with accurate information on autism and evidence-based treatments. Lays out a foundation of skills paraprofessionals should acquire to work with students with autism. Requires school district staff to refer to the 2008 Autism Task Force document when designing programs for students with autism. You can read the bill and its history by going to:
<http://www.leg.state.nv.us/75th2009/reports/history.cfm?ID=709> .

- ▶ In 2011, AB 345 passed establishing Autism Treatment Assistance Program (ATAP) as primary treatment program – funds transferred from MHDS self-directed autism program.
 - ▶ FY 12 ATAP slots = 134
 - ▶ FY 13 ATAP slots = 137
 - ▶ 174 additional children served through MHDS program
 - ▶ AB316 passed, requires a statewide standard for measuring outcomes and assessing and evaluating persons with autism spectrum disorders through the age of 21 years for the purposes of receiving services. Requires the Division to designate, as part of the statewide standard, a protocol for determining whether a person is a person with autism spectrum disorder. Requires the Division to collect certain information relating to persons with autism spectrum disorders and to document the services provided to and the progress of those persons. **Surveillance Improvements** - Requires the Department of Education, the Health Division and the Department of Employment, Training and Rehabilitation to report to the Aging and Disability Services Division information relating to persons with autism spectrum disorders. You can read the bill and its history by going to: <http://legiscan.com/NV/text/AB316/2011>

- ▶ In 2013, Autism Treatment Assistance Program received \$11.7M over the biennium through general fund and tobacco settlement dollars
 - ▶ FY 14 slots = 307
 - ▶ FY 15 slots = 572

- ▶ June 2014, Interim Finance Committee funded \$113,000 to support Nevada Commission on Autism Spectrum Disorders and the Development of 5-year Strategic Plan to address the needs of Individuals with ASD across the Lifespan. Work begins on the plan July 2014, with the goal of completion of December 2014.
 - ▶ In June 2014, The Legislative Committee on Health Care voted to support the following and address during the 2015 Legislative Session:

Draft a Letter to the DHHS encouraging the Department to:

1. Develop mechanisms to provide readily available access to the Modified Checklist for Autism in Toddler screenings that assess risk for autism spectrum disorder in rural Nevada and a mobile diagnostic clinic for those who have red flags identified by the screenings. In rural Nevada, accessing a diagnostic evaluation is a significant barrier to treatment.
2. Allow Autism Treatment Assistance Program (ATAP) funds to be used to support diagnostic clinics across rural Nevada, if it is determined to be feasible and appropriate. (Recommendation Nos. 18a and 18b proposed by Korri Ward, B.S., Founder and President, Northern Nevada Autism Network)

c. Encourage coordination between ATAP, Nevada Early Intervention Services, and rural school districts with the intent of promoting autism diagnoses, treatment, and helping coordinate providers and services to increase access to treatment and services in rural communities.

d. Require Nevada Medicaid to cover Applied Behavior Analysis (ABA) services as soon as possible by:

- i. Seeking clarification from Centers for Medicare and Medicaid Services regarding whether ABA can be included in the Nevada Medicaid State Plan via a plan amendment;
- ii. Preparing and submitting such an amendment;
- iii. Initiating the process of certifying providers of ABA services and establishing rates;
- iv. Providing ABA services to Early Periodic Screening Diagnosis, and Treatment children;
- v. Making the necessary request to shift available funding during this biennium to cover these services; and
- vi. Developing a budget for the next biennium that includes sufficient funding for Medicaid coverage of ABA and to eliminate the ATAP waiting list.

Revise the following provisions of NRS related to autism services and insurance coverage:

1. Remove the requirement that autism behavior interventionists be certified by the Board of Psychological Examiners. Instead, autism behavior interventionists will continue to work under the supervision of a licensed and Board Certified Behavior Analyst or a Board Certified Assistant Behavior Analyst but without their own certification. *Until 2017, at which time the National Registered Behavior Technician (RBT) will be required.*
2. Remove the requirement that an autism behavior interventionist be certified as a condition to insurance coverage for autism spectrum disorders. *Until 2017, at which time the National Registered Behavior Technician (RBT) will be required.*
3. Remove the statutory limitation of \$36,000 per year for applied behavior analysis treatment for consistency with the Affordable Care Act.