



Nevada Aging and Disability Services Division



Autism Treatment Assistance Program

A Community Based Self-Directed Program

ATAP, which began as a pilot in 2007, has had significant growth.

- ▶ Increases in the number of children served
- ▶ Development of plan types to ensure each individual child's needs are being met and cost-sharing is occurring
- ▶ Increases in treatment provider accountability and reporting
- ▶ Increases in parent training and involvement
- ▶ Progress measurement procedures

Even with these strides, cost-sharing needs to be expanded as well as funding for thorough and accurate analysis of program and child progress.

Authority

- ▶ In 2011, the Nevada Legislature established the Autism Treatment Assistance Program to provide and coordinate the provision of services to persons with Autism Spectrum Disorders (ASD). Pursuant to NRS 427A.872, the Aging and Disability Services Division created the ATAP program.

Funded

- ▶ In 2013, ATAP received \$11.7M over the biennium through general fund and tobacco settlement dollars.
- ▶ FY 14 slots = 307 children
- ▶ FY 15 slots = 572 children
- ▶ Children are added to the caseload monthly to grow towards the maximum slots noted above.

Mission

- Our purpose is to eliminate or decrease the level of life-long supports.
- Our priority is to improve child outcomes and support changes that make a significant difference to the family

Program Outline

- ▶ Created to **assist** parents and caregivers with the expensive cost of providing treatment to their child with Autism Spectrum Disorder (ASD).
- ▶ ATAP provides a monthly allotment to pay for on-going treatment development, supervision, parent training and a limited amount of weekly intervention hours based upon a child's individual treatment plan, age, and income.
- ▶ ATAP only funds treatment that has been proven by research to be evidence-based.

Community Based and Self Directed by Parent/Caregiver

- The Parent/Caregiver...
 - Established as the Employer of Record
 - Selects plan type
 - Selects provider and treatment team
 - Selects home-based or provider facility
 - Manages budget, tracks treatment hours and approves payments online
- Treatment delivered across environments

Eligibility

- ▶ Be under age 19;
- ▶ Reside in the State of Nevada;
- ▶ Be diagnosed as a person with a Autism Spectrum Disorder by a physician, psychologist, child/adolescent psychiatrist, pediatric neurologist or other qualified professional. A Special Education eligibility of Autism from a multidisciplinary team is acceptable when in the company of an appropriate assessment report.

Caregiver/Parent Involvement

- ATAP requires participation at levels, which support positive outcomes for the child and family.
- ATAP recognizes parent training is essential for success.
- At least one parent is required to attend and participate in monthly training & program overview.
- Parents are required to do or fund hours to support their child's treatment.
- Prior to exit, parents are required to demonstrate ability to promote desired behavior changes.

Provider Qualifications

- ▶ **Most plan types must be overseen by a Licensed Psychologist or a Board Certified Behavioral Analyst who has experience in the treatment of Autism, although the actual supervision may be provided by other professionals, at their direction.**
- ▶ **Weekly treatment hours are delivered by behavior interventionists who receive ongoing, intense training based on the individual child's needs.**

ATAP Service Plans

ATAP supports evidence-based treatment through a variety of service plans.

▶ Three types of plans

- *Comprehensive*
- *Targeted Behavior Plans, with subtypes*
- *Insurance Assistance/Collaboration*

- Designed to support transition through plan types
- **Maximum Consecutive Length in ATAP is 7 years**

Comprehensive Plans

- ▶ Addresses skills across all domains daily
- ▶ Must start by age 6
- ▶ A maximum of 4 years in plan type
- ▶ Must average 25 hours a week of treatment
- ▶ Direct supervision required at a MINIMUM of 4 hours monthly
 - ✓ Training for parents and interventionists
 - ✓ Direct observation with child and team
 - ✓ Bi-monthly progress reports
- ▶ Progress is evaluated to ensure treatment is effective
 - ✓ Progress must be demonstrated across at least four domains quarterly.
 - ✓ Percentage of Impact Targets mastered annually and mastery of Critical Impact Targets at the completion of year two to continue in plan type.

Targeted Behavior Plans

Narrow in scope and address a selected group of skills, which impact the child and the family

- ▶ **Addresses Parent/Caregiver Priorities**
 - *Crisis Intervention/Behavior Management*
 - *Selected Skills/Behaviors*
 - *Social Skills*
 - *Speech, Occupation or Physical Therapy*
 - *Transition*

Extensive Plans

- ▶ Addresses up to 10 plan targets a year
- ▶ A maximum of 2 years in plan type
- ▶ Must average 15 hours a week of treatment
- ▶ Direct supervision required at a MINIMUM of 3 hours monthly
 - ✓ Training for parents and interventionists
 - ✓ Direct observation with child and team
 - ✓ Quarterly progress reports
- ▶ Progress is evaluated to ensure treatment is effective
 - ✓ Progress must be demonstrated across at least 4 goals quarterly.
 - ✓ Percentage of ATAP Impact Targets mastered annually
 - ✓ Mastery of 2 hygiene routines, ability to transition without protest, Effective mode of communication at the completion of year one to continue in plan.

Basic Plans

- ▶ Addresses up to 3 plan targets (skills)
- ▶ Typically older children
- ▶ Maximum of 1 year and then exited from ATAP
- ▶ Provider & plan determine hours of treatment & supervision per month
- ▶ Clinic-based services or home-based options
- ▶ Direct supervision is required
 - ✓ Parent Training – only required last quarter
 - ✓ Direct observation with child & parent
 - ✓ Quarterly progress reports
- ▶ Progress is evaluated to ensure treatment is effective
 - ✓ Progress must be demonstrated quarterly

Therapeutic Plans

- ▶ Plans are written for 1 year at a time for a maximum of 2 years
- ▶ Supports up to 6 sessions per month
- ▶ Therapists are required to provide:
 - ✓ goals and objectives outlined for each month,
 - ✓ session notes with measurable data and
 - ✓ provide at least quarterly reports to demonstrate progress on the identified targets outlined in the Plan.
- ▶ Clinic-based services or home-based options
- ▶ ATAP recommends parent observe 25% of the sessions during the month and receive training to support generalization of skills to the home and community environment.

Social Skills Plans

- ▶ Maximum of one year
- ▶ For elementary, middle and high school age children.
- ▶ Monthly participation in social activities with typical peer(s) is required.
 - Child must be enrolled in a structured community/after school program by the 2nd quarter of plan.
- ▶ Requires the use of an approved curriculum with goals and outcome measures
- ▶ May include individual sessions and group sessions or group sessions only, but must include at least one group session a month
- ▶ ATAP recommends parent observe 25% of the sessions during the month and receive training to support generalization of skills to the home and community environment.

Transition Plans

- ▶ Written for a maximum of 1 year
- ▶ Outlines a systematic decrease in ABA treatment and supervision hours
 - Provider observations across settings to ensure acquired skills & behavior are maintained.
 - When exiting includes psychological evaluation to support exit & provide outcome assessment scores.
- ▶ **Last quarter is intended to only address increasing parent(s) capabilities**
- ▶ Address and define the transfer of information for receiving agency
 - Define levels of collaboration with receiving agency and proposed date of transfer

Insurance Assistance/Collaboration Plans

- ▶ **Designed to promote & utilize cost-sharing**
- ▶ Support families who need assistance in paying for co-pays or meeting their yearly deductible in order to access insurance coverage for ABA treatment.
- ▶ Plans may also address assistance when collaborating with another agency to allow the child access to research levels of treatment or to maintain child in the least restrictive environment by cost sharing.

Progress

- ▶ Safeguards have been put in place by ATAP to ensure **each child's treatment journey is guided by data-driven decisions to promote progress.**
 - Required Progress Reports
 - On-going Data Collection
 - Required specific amounts of treatment oversight
 - Mandated Reviews by Care Managers
 - Impact Data Targets assessed annually (64 targets/skills)
 - Online data system to track outcomes

Outcomes Measures

- ▶ At intake and at close scores are tracked on a select group of assessments:
 - Vineland Adaptive Behavior Scales (VABS–II)
 - I.Q.
 - Language assessment – Expressive/Receptive
 - PDD–Behavior Inventory
 - School Situation Questionnaire
 - Caregiver Strain Questionnaire
 - Home Situation Questionnaire
 - ATAP Impact Data Targets
 - Video

Annual Performance Indicators

Established to demonstrate the effects of treatment, outcomes and to support the continuation in current plan type.

Providers are required to access at intake and annually.

▶ **ATAP Impact Targets**

- Progress measured on 64 Targets/Behaviors/Skills
 - Eight considered Critical Targets
 - **Required performance**
 - 10% year 1, 25% year 2, 50% year 3

Critical Impact Targets

- ▶ Ability to demonstrate mastery at age appropriate levels on Critical Impact Targets is a priority.
 - Visually discriminate*
 - Generalized imitation skills*
 - Express wants and needs*
 - Follows two step instructions*
 - Ability to play appropriately with 5 toys*

 - Transition from preferred activity to non-preferred without protest
 - Uses an effective mode of communication
 - Independently completes two hygiene routines
 - Prioritize independent toileting
- *Parallel with Early Intervention Services skill set data requirement

Sample of Impact Targets

Tracked to forecast decreased level of care after exit.

- ▶ Aggression or self injurious behavior
- ▶ Ability to self-monitor own behavior
- ▶ Communicate personal Information
- ▶ 100% independent toileting
- ▶ Dresses independently
- ▶ Age-appropriate observational learning
- ▶ Spends time outside of school with friends
- ▶ Demonstrates on-task behavior for 30+ minutes

- ▶ % of time in regular education environment

Direct Service Cost Per Child Per Month

➤ Budgeted

❖ \$1329.00

- Treatment hours
- BCBA supervision
- Case Management
- Fiscal Management Agency

➤ Actual Spending for January 2014

❖ \$1495.49

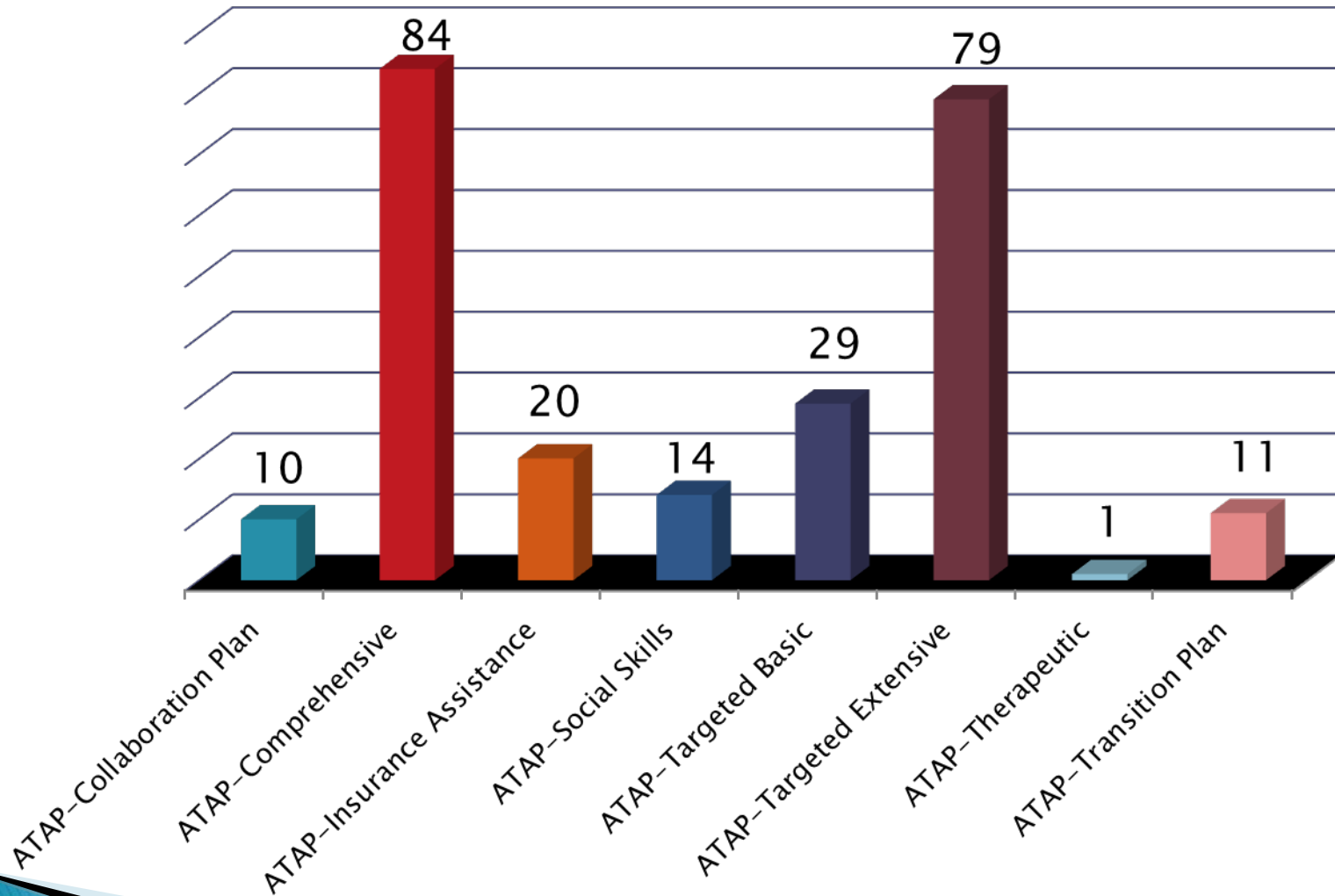
Active cost per plan type January 2014

Plan Allotment	Plan Type	Current Active	Plan Allotment Monthly Max
\$ 2,000.00	ATAP-Comprehensive	84	\$ 168,000.00
\$ 500.00	ATAP-Insurance Assistance	20	\$ 10,000.00
\$ 1,000.00	ATAP-Collaboration Plan	10	\$ 10,000.00
\$ 1,100.00	ATAP-Targeted Extensive	79	\$ 86,900.00
\$ 600.00	ATAP-Social Skills	14	\$ 8,400.00
\$ 700.00	ATAP-Targeted Basic	29	\$ 20,300.00
\$ 600.00	ATAP-Therapeutic	1	\$ 600.00
\$ 500.00	ATAP-Transition Plan	11	\$ 5,500.00
Current Total		248	\$ 309,700.00

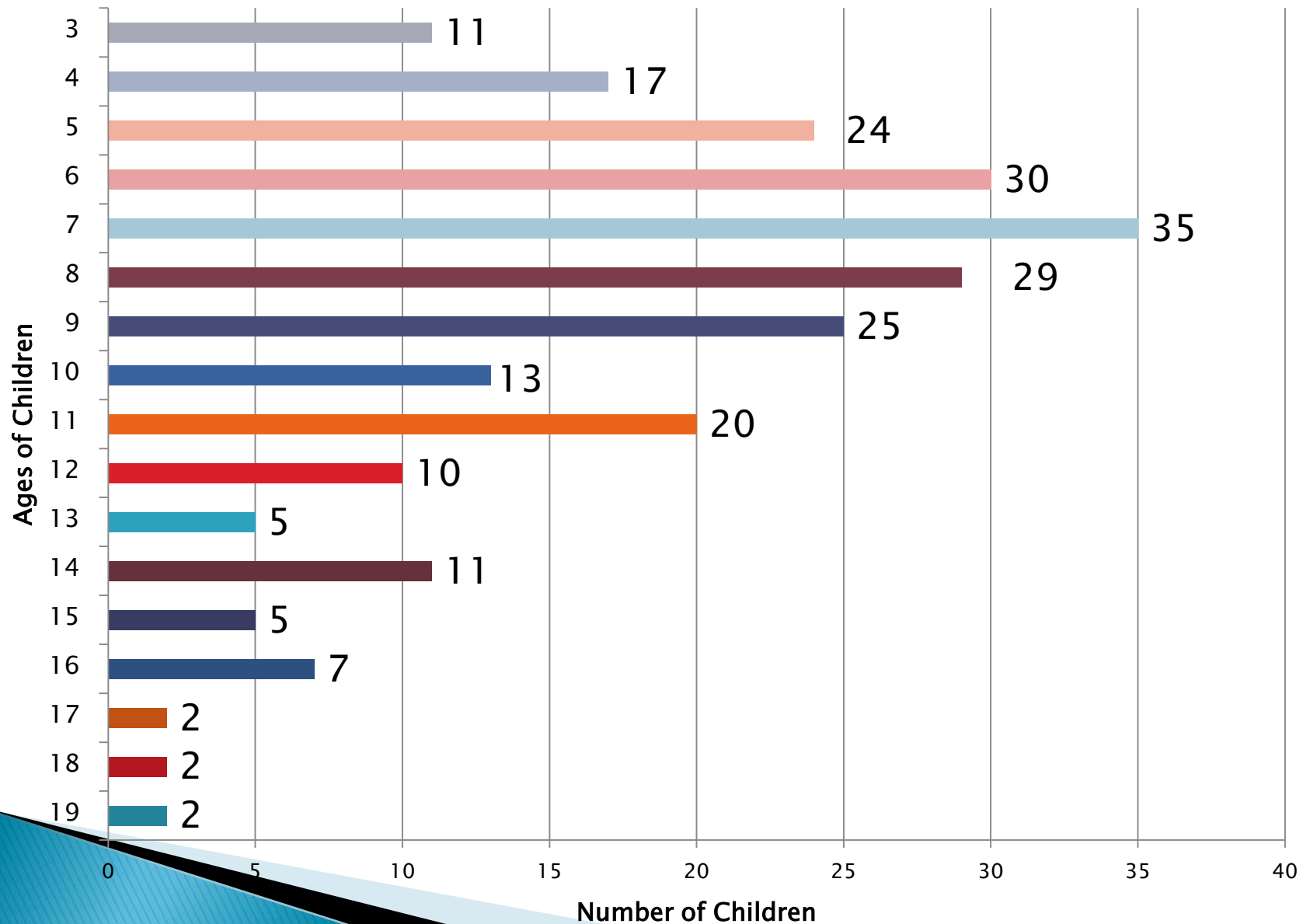
Caseload Statistics

The caseload statistics are a snapshot
through April 28, 2014

Active Children by plan type



Current Status ~ Active (248)



Wait Times



Longest number of days waiting



1822



Average days until placement



560

Future Direction

- ▶ Utilizing more pay sources to enable all children access to research levels of treatment.
 - Medicaid coverage for ABA in state plan
 - Removal of statutory limitation of \$36,000 cap per year on ABA Insurance Coverage to align with the Affordable Care Act.
- ▶ Now that child outcome measures are established and being collected, additional funds are needed to fully evaluate and analyze program outcomes and long-term child outcomes.

Aging and Disability Services Division

Autism Treatment Assistance Program (ATAP)

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