



*Nevada Aging and Disability Services Division*



## Autism Treatment Assistance Program

EXHIBIT J Health Care  
Document consists of 33 pages.  
Entire exhibit provided.  
Meeting Date 5-07-14

# Mission

Our purpose is to decrease or eliminate 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

- ▶ 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 provides a monthly allotment to pay for on-going treatment development, supervision, 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.

# 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.

# 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 diagnosis from a multidisciplinary team is acceptable when in company of an appropriate assessment report.

# ATAP Service Plans

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

- ▶ Three types of plans
  - *Comprehensive*
  - *Targeted Behavior Plans*
    - *Extensive*
    - *Basic*
    - *Therapeutic*
    - *Social Skills*
    - *Transition*
  - *Insurance Assistance/Collaboration*

# 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.

# 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 and mastery of Critical Impact Targets 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 which include at least:
    - Number of targets on acquisition
    - Progress on skills/targets
    - Number of mastered targets for the reporting period if applicable
- ▶ 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

- ▶ Addresses 3 or less skills/behaviors
- ▶ 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 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 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
  - Requiring specific amounts of monthly treatment oversight
  - Mandated Reviews by Care Managers
  - Impact Data Targets assessed annually (64 targets)
  - Online data system to outcomes

# Critical Impact Targets

- ▶ Ability to demonstrate mastery 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\*
    - \*Parallel with Early Intervention's recent regulation requirements for skill set data
  - Transition from preferred activity to non-preferred without protest
  - Uses an effective mode of communication
  - Independently completes two hygiene routines
    - Prioritize independent toileting

# Outcomes Measures

- ▶ During intake, at annual reviews and at closing, all children's scores are tracked on a select group of assessments:
  - Vineland
  - I.Q. (cognitive ability)
  - Language assessment – Expressive/Receptive
  - PDD–Behavior Inventory
  - School Situation Questionnaire
  - Caregiver Strain Questionnaire
  - ATAP Impact Data Targets
  - Video



# Caregiver/Parent Involvement

- ▶ ATAP requires parent participation, which supports positive outcomes for the child and family.
- ▶ ATAP recognizes parent training is essential for success.
- ▶ At least one authorized representative 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 plan indicated skills.

# Provider Qualifications

- ▶ All programs must be supervised 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 completed by a behavior interventionist who receives ongoing, intense training based on the individual child's needs.

# Monthly Supervision Rates

- ▶ Tier 1 (\$1,000) – at least 6 hours of direct supervision with the child, parent, and their team; required monthly progress reports.
- ▶ Tier 2 (\$700) – at least 4 hours of direct supervision with the child, parent, and their team; required bi-monthly progress reports.
- ▶ Tier 3 (\$500) – at least 3 hours of direct supervision with the child, parent, and their team; required quarterly progress reports.

# Maximum Rates

- ▶ **Social Skills**

- \$80/hr individual
- \$40/hr group

- ▶ **Physical Therapy/Speech Therapy/Occupational Therapy**

- \$100/hr not to exceed \$600/month

- ▶ **Diagnostic Testing**

- Formal Evaluation-\$1500
- Provider Baseline-\$2500

- ▶ **Basic Supplies**

- \$500

# Direct Service Cost Per Child Per Month

- ▶ Budgeted
  - \$1329.00
    - Interventionist
    - BCBA
    - Case Management
    - PPL
- ▶ Actual Spending for January
  - \$1495.49

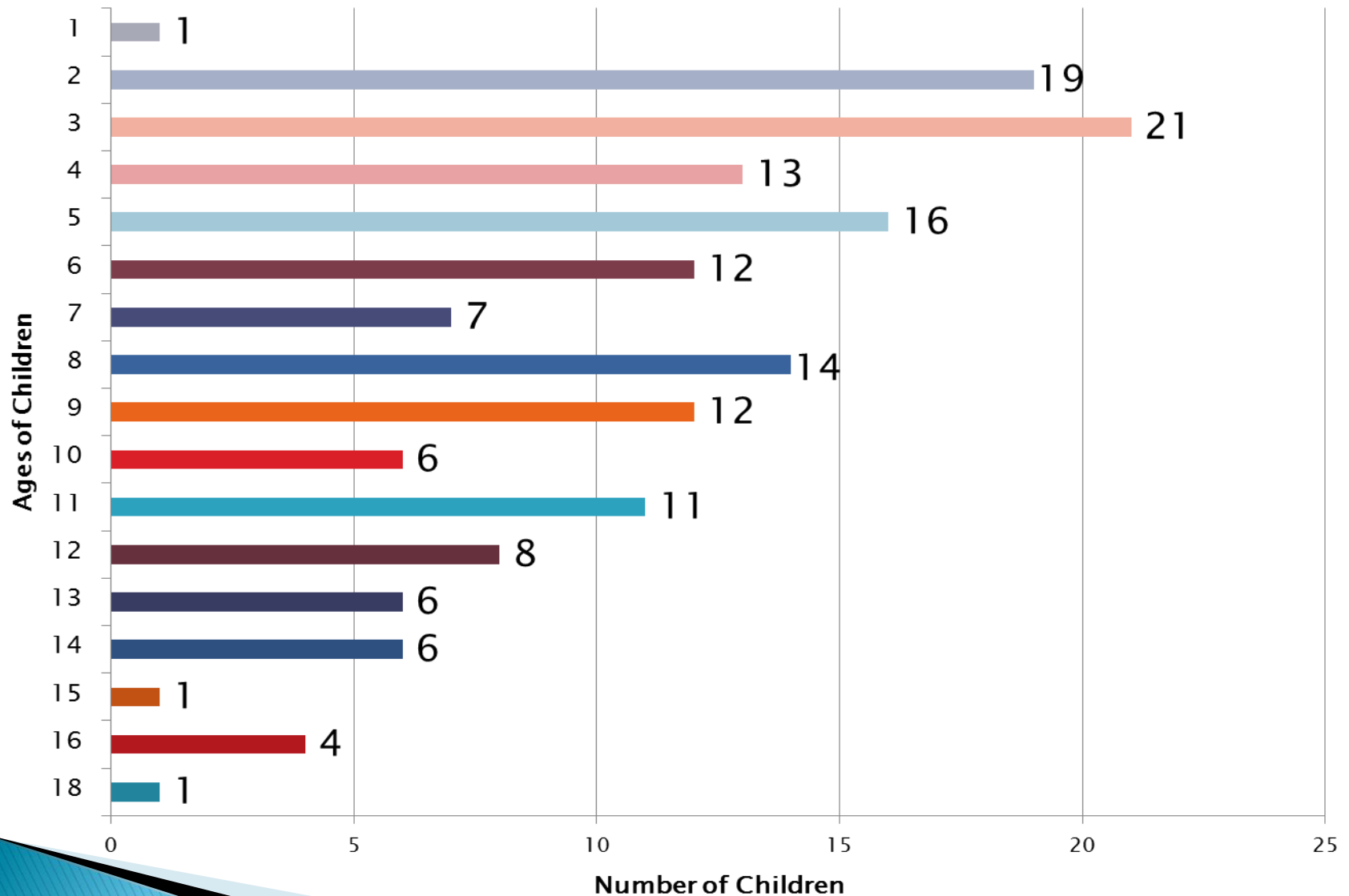
# Active Cost Per Plan Type

Plan Allotment	Plan Type	Current Active	Total 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

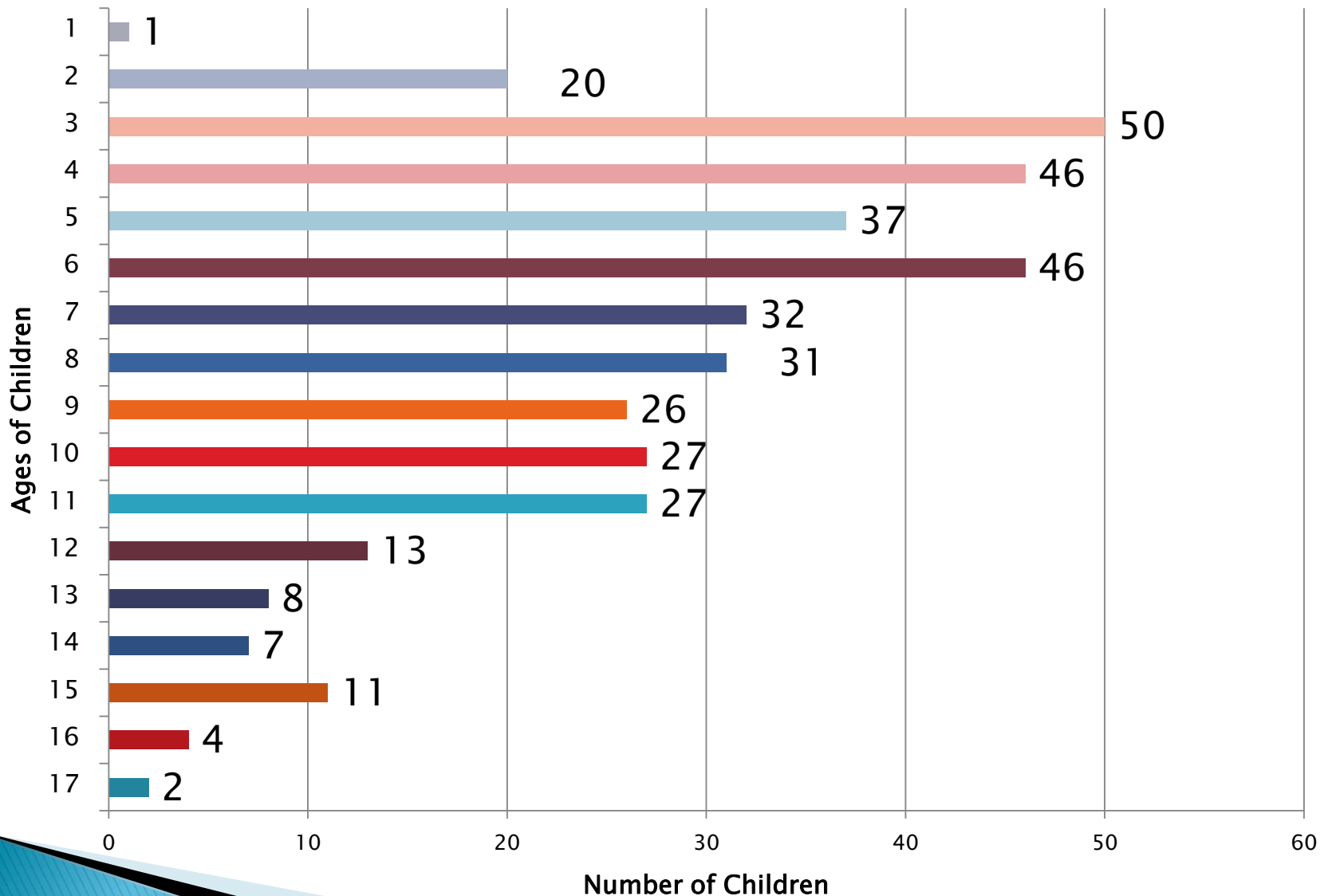
The caseload statistics are a snapshot  
through April 28, 2014

# Current Status ~ Referral (158)

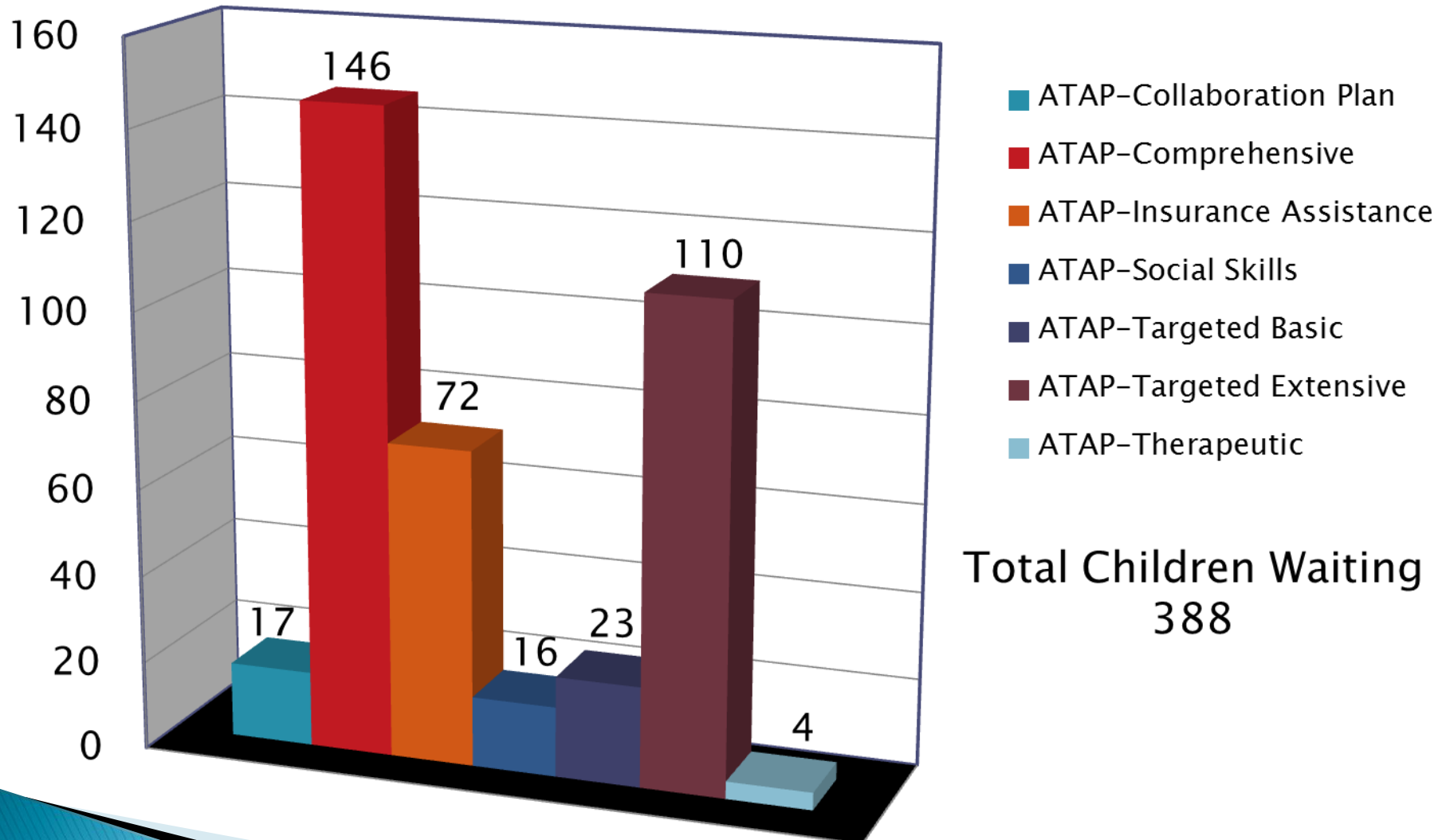




# Current Status ~ Waiting (388)



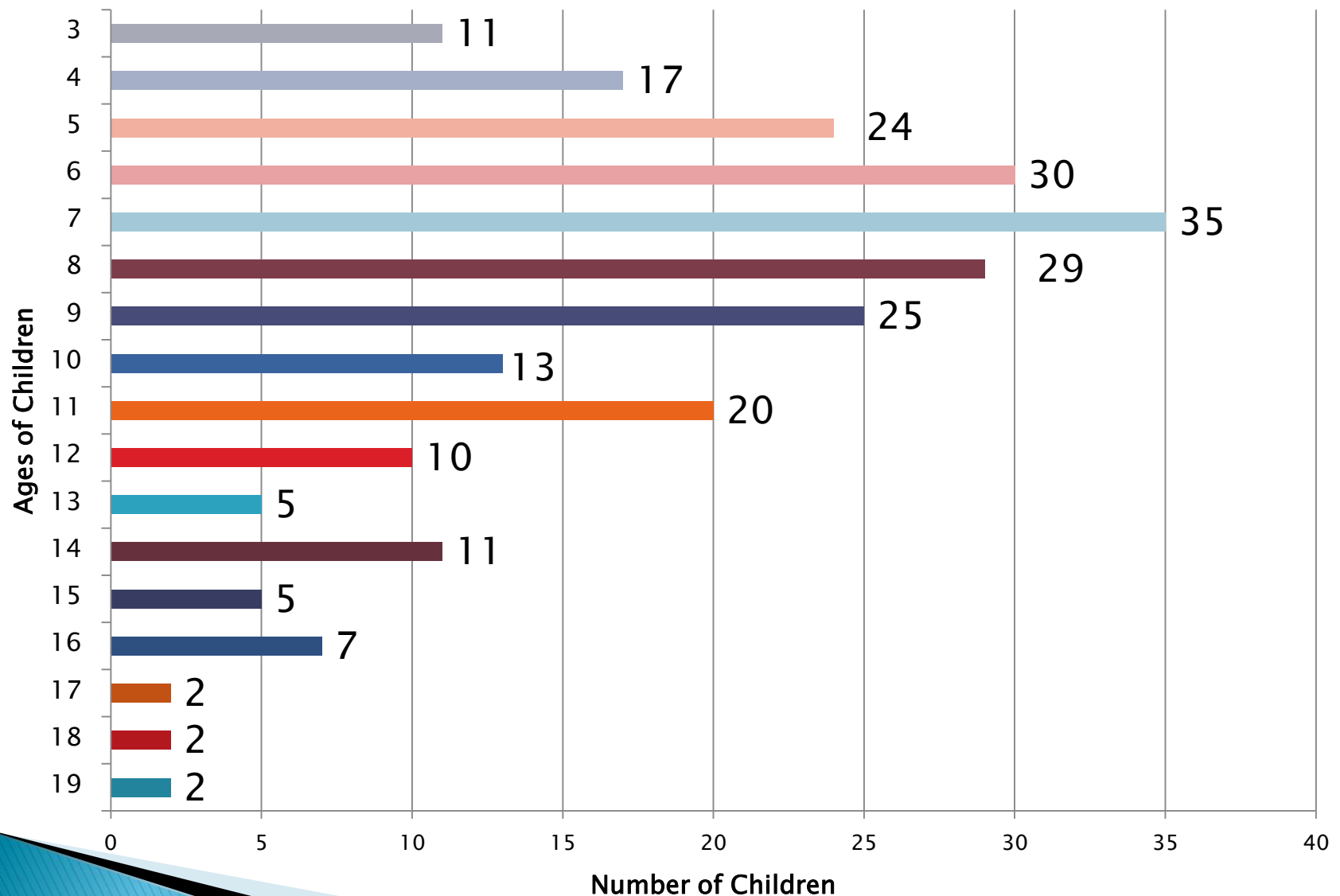
# Wait List



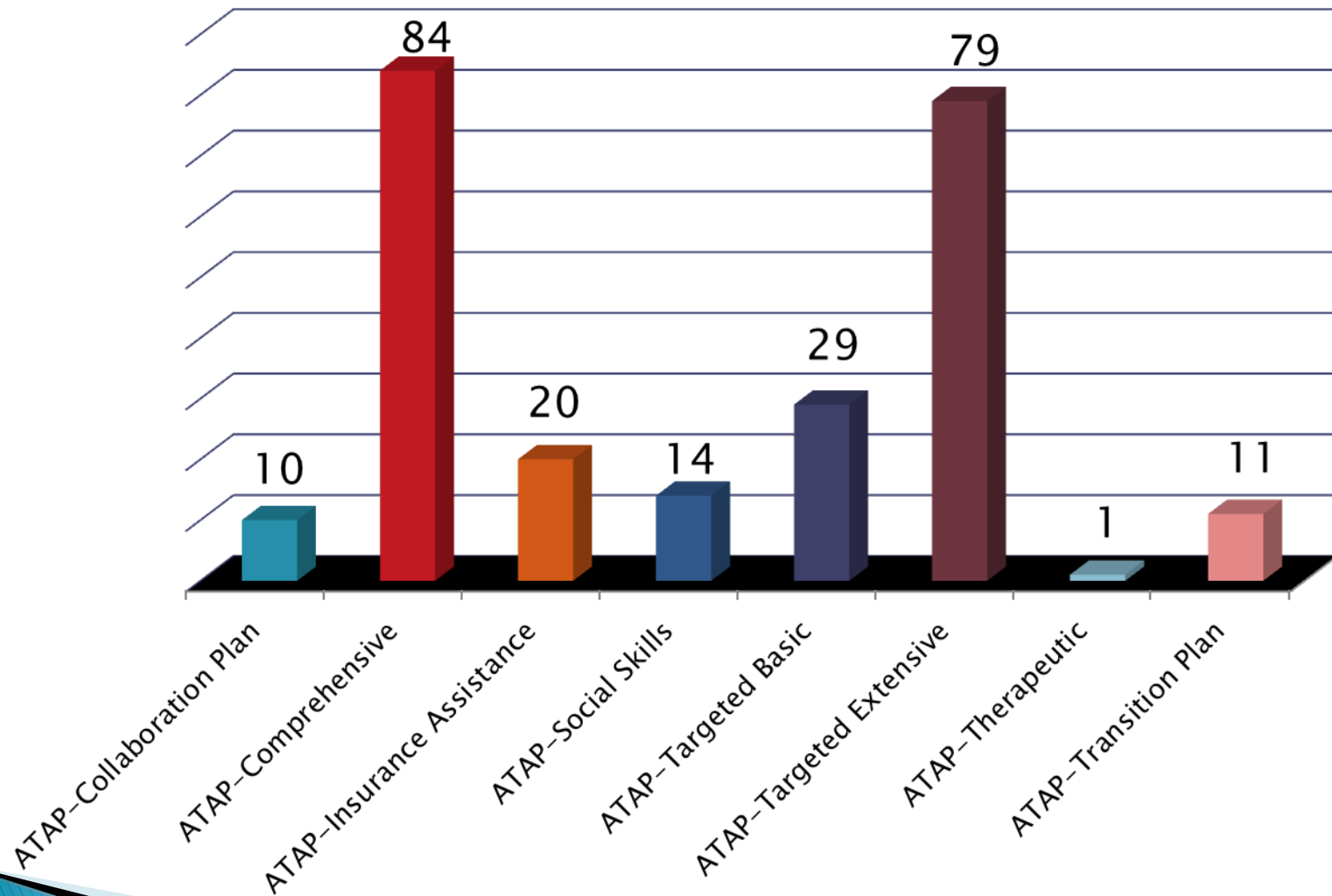
# Wait Times

- ▶ Longest number of days waiting
  - 1822
- ▶ Average days until placement
  - 560
- ▶ Wait times are calculated based on newly funded children for a particular month.

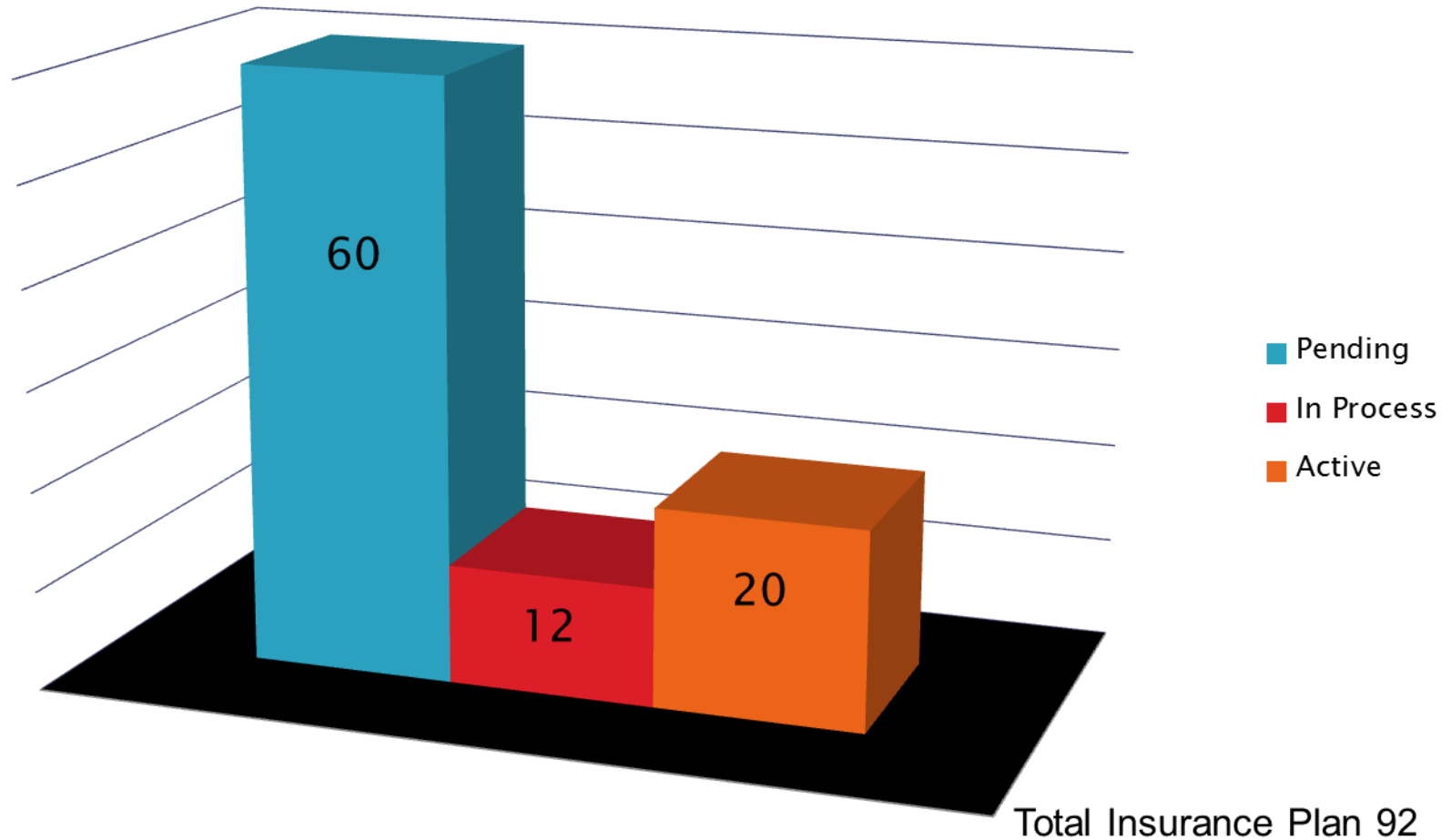
# Current Status ~ Active (248)



# Active Children by plan type



# Insurance Assistance Plan



# Insurance Coverage

- ▶ This information is based on one fiscal quarter
  - Average amount of weekly hours
    - 8
  - Maximum amount of hours
    - 16
  - Minimum amount of hours
    - 1

# Active and Waiting ~ Medicaid

- ▶ Active children with Medicaid
  - 105 children
- ▶ Waitlist children with Medicaid
  - 101 children



Questions?