

# Autism Treatment Assistance Program

Brook Adie, MS, LSW

Department of Health and Human Services  
Aging and Disability Services Division

## Goal

- To ensure children with Autism Spectrum Disorder (ASD) have access to evidence-based therapies whether they have private insurance, Medicaid, or are uninsured.
- 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.

## Services

- Covered services include program training; development and supervision; daily intervention hours; and essential tools, supplies or equipment.
- ATAP only funds treatments which have been proven by research to be evidence-based falling under the broad umbrella of Applied Behavioral Analysis (ABA) therapy.
- ATAP also provides insurance assistance to families who have insurance, but cannot access it because of high deductibles or co-pays.

## Eligibility

- Children up to 19 years of age.
- ASD determination or medical diagnosis.
- Income evaluation to determine family co-pay.
  - Co-pay based on income with exclusions for medical expenses.
- ATAP serves children with private insurance, with Medicaid, and those who are uninsured or under-insured.
  - Not all insurance is subject to the mandate.

## History

- In 2009, AB 162 created the Autism Taskforce with funding to develop a pilot program.
- In 2011, AB 316 formalized the pilot into the Autism Treatment Assistance Program which was created to assist parents and caregivers with the expensive cost of providing Autism-specific treatments to their child with ASD.
- By 2013, ATAP was serving 154 children, with a waitlist of 320. Children on the wait list were waiting up to 1800 days for services.
- At that time, Autism therapy was not covered under Medicaid and only through private insurance to a limited degree.

## History Cont'd

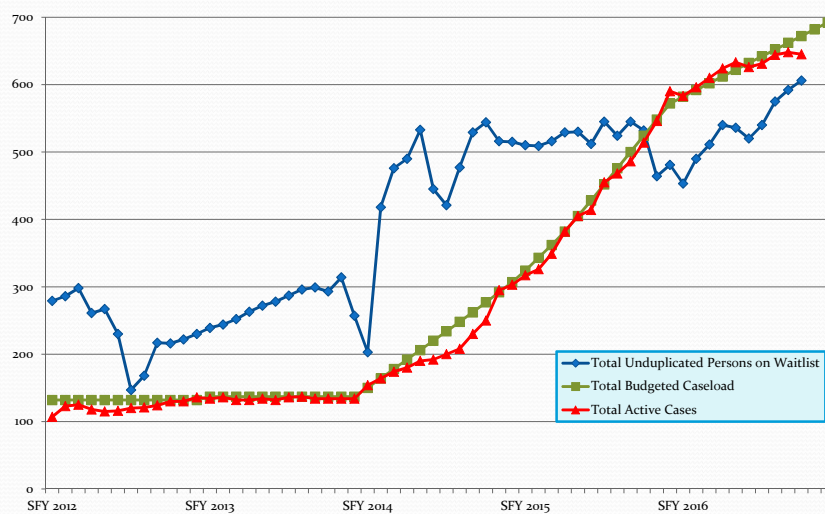
- In FY2014, the caseload for ATAP was significantly increased and by the end of FY15 ATAP was serving 589 children, with 480 on the waitlist, waiting an average of 203 days.
- In 2015, the caseload for ATAP was increased and included Medicaid funding. In March of FY16 ATAP was serving 648 kids, with 592 waiting an average of 263 days.
- By the end of FY17 ATAP is projected to serve 836 kids.

## ATAP

### • March 2016 Caseload

- 55 new applications
- 10 new children received services
- 648 active children, average age: 8
- 592 total children waiting, average age: 7
- Average wait time: 263 days

## ATAP Caseload Growth





## Upcoming Changes

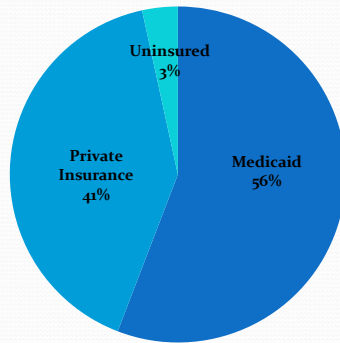
- In 2015, AB6 defined: “Autism behavior interventionist” as a person who is registered as a Registered Behavior Technician (RBT) or an equivalent credential by the Behavior Analyst Certification Board, Inc. (BACB), or its successor organization, and provides behavioral therapy under the supervision of: (1) A licensed psychologist; (2) A licensed behavior analyst; or (3) A licensed assistant behavior analyst.

## Upcoming Changes Cont'd

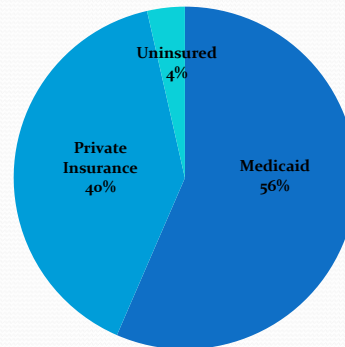
- Medicaid adopted the licensing requirement set forth in the bill.
- Private Insurance already had required the use of licensed or certified staff.
- In order for ATAP to keep up with the standards set by the BACB and those required by Medicaid and Private Insurance, ATAP must require all staff providing the one on one therapy to become a RBT.
- ATAP is increasing rates for this service to match the newly approved Medicaid rate and making adjustments to individual service plans to ensure that there is not a decrease in services.

## Coverage Type

Active



Waiting



## Changes to Start July 1, 2016

- ATAP will implement a 6 month timeline for RBT certification.
  - After July 1<sup>st</sup>, each employee will have 6 months from their date of hire to become a RBT.
  - ATAP will allow the employee to work with ATAP during this 6 month period.
  - If after 6 months the employee does not obtain their RBT, they can no longer work with ATAP families.
  - Providers were notified of the policy change in January 2016.
- ATAP will increase the reimbursement rate for RBT's from a maximum of \$25 per hour to match the Medicaid rate of \$31.31 per hour.

## Workforce

- Board Certified Behavior Analysts (BCBA) develop the treatment that is implemented with the child and family.
  - BCBA requires a Master's degree and certification by the Behavior Analyst Certification Board.
  - A Bachelor's degree level (BCaBA) can work under the supervision of the BCBA.
- One model for therapy uses a BCBA to train paraprofessionals to implement the plan. The paraprofessional is a Registered Behavior Technician (RBT).
  - 18 years of age, high school diploma or equivalent, complete 40 hours of training, pass two exams, and complete a criminal background check.
  - Must be tied to the license/certificate of a BCBA or a BCaBA.

## Workforce Cont'd

- Self-Directed Model of ABA
  - Parents operate as the employer of record through a fiscal agent to employ interventionists.
  - ATAP pays for all of the costs (payroll, worker's compensation, and all taxes/withholdings).
  - Average rate of pay (before administrative and employment costs) are typically \$12-15/hour.
- Licensing changes require the BCBA to tie the RBT to their license and providers have indicated that they need to employ that person to feel comfortable tying them to their license.
- New rates assume the employment costs are factored into the cost of the RBT (\$31.31/hour).
- ATAP plans to transition away from this Self-Directed model to the Agency model within the next year.



## Workforce Development

- 50 ATAP Providers
  - 35 Active Provider Agencies (Agencies may contain more than one BCBA).
  - 9 Active Provider Agencies are enrolled with Medicaid.
  - 15 Provider Agencies are currently in process to become an ATAP provider.
  - Not all providers use RBT's as part of their therapy model.
- UNLV Collaboration
  - ADSD sponsors a post-doc Psychological fellow for assessments.
  - ATAP purchased 500 licenses for Online RBT training to be distributed to staff working with ATAP families free of charge.
  - Currently working on a collaboration with School of Medicine.
- UNR Collaboration
  - Autism learning center being built to provide free training and information to families.

## Things to Remember...

- ATAP will not stop services to families currently receiving ATAP funding.
- ATAP will work with families to ensure a smooth transition to a Medicaid provider if their current provider does not accept Medicaid.
- ATAP will coordinate services with the family's current provider and new provider to reduce gaps in services.
- Provider changes occur often during the course of treatment (e.g. staff turnover or family choice).



## Contact Information

- Web address:  
<http://adسد.nv.gov/Programs/Autism/ATAP/ATAP/>
- Intake Coordinator:
  - (775) 687-4210 (English)
  - (775) 687-2497 (Spanish)
- Email: [adsdatap@adسد.nv.gov](mailto:adsdatap@adسد.nv.gov)
- Program Manager: Brook Adie
- Intake Coordinator: Erika Garcia
- Provider Coordinator: Rocio De la OPena

