

Steve Sisolak  
Governor

Richard Whitley, MS  
Director



# DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH CARE FINANCING AND POLICY  
*Helping people. It's who we are and what we do.*



Suzanne Bierman,  
JD MPH  
Administrator

## MEMORANDUM

**DATE:** March 30, 2022

**TO:** Brenda Erdoes, Director, Legislative Counsel Bureau

**THROUGH:** Richard Whitley, MS, Director, Nevada Department of Health and Human Services  
Suzanne Bierman, Administrator, Division of Health Care Financing and Policy, Nevada Department of Health and Human Services

**FROM:** Sandie Ruybalid, Deputy Administrator, Fiscal Services, Division of Health Care Financing and Policy, Nevada Department of Health and Human Services  
Dr. Antonina Capurro, Deputy Administrator, Medical Programs, Division of Health Care Financing and Policy, Nevada Department of Health and Human Services  
Lori Follett, Social Services Program Specialist III, Behavioral Health, Division of Health Care Financing and Policy, Nevada Department of Health and Human Services

**RE:** **Senate Bill 96 (2021) Annual Data Report**

The Division of Health Care Financing and Policy (DHCFP) is responding to the Senate Bill (SB) 96 data request from the 81<sup>st</sup> Legislative session. SB96 requires the Director of DHHS to provide an annual report on the Treatment Services for Children with Autism with the responses noted below.

(1) The number of recipients of Medicaid who were newly diagnosed with an autism spectrum disorder during the immediately preceding year and the number of those recipients for whom assistance with care management was provided:

<b>Nevada Medicaid [Fee-for-Service (FFS) / Managed Care Organization (MCO)], July 1, 2020 – June 30, 2021</b>		
<b>Item 1: Newly Diagnosed Patients, with and without Targeted Case Management</b>	<b>MCO</b>	<b>FFS</b>
No Targeted Case Management	1,706	815
Case Management	38	54
<b>Total</b>	<b>1,114</b>	<b>869</b>

*\*Patients are considered newly diagnosed if their first claim with an Autism Spectrum Disorder (ASD) Diagnosis occurred in State Fiscal Year (SFY) 2021. If a patient was previously diagnosed with health insurance other than Medicaid, they may have been diagnosed prior to SFY 2021.*

*\*Patients are considered to be newly diagnosed with Targeted Case Management if their claim included an ASD Diagnosis and Current Procedural Terminology (CPT) Procedure Code T1017.*

### **Item 2: Count of Case Management Patients by FFS / MCO**

MCO	94
FFS	743
<b>Total</b>	<b>837</b>

(3) The number of recipients of Medicaid for whom the first claim for reimbursement for the services of a registered behavior technician was submitted during the immediately preceding year:

<b>Item 3: Count of Recipients with first Registered Behavioral Technician Claim by FFS / MCO</b>	
MCO	81
FFS	136
<b>Total</b>	<b>217</b>

(4) The number of assessments or evaluations by a behavior analyst that were reimbursed through Medicaid during the immediately preceding year:

<b>Item 4: Count of Behavior Analyst Assessments</b>	
MCO	320
FFS	662
<b>Total</b>	<b>982</b>

(5) The total number of claims for Applied Behavior Analysis (ABA) services provided to recipients of Medicaid made during the immediately preceding year:

<b>Item 5: Count of Applied Behavioral Analysis Claims</b>	
MCO	14,671
FFS	37,272
<b>Total</b>	<b>51,943</b>

(6) For the immediately preceding year, the average times that elapsed between claims for each step of the process that a recipient of Medicaid must undergo to receive treatment from a registered behavior technician, beginning with initial diagnosis with an autism spectrum disorder and, including, without limitation, comprehensive diagnosis with an autism spectrum disorder, evaluation and treatment by a behavior analyst and treatment by a registered behavior technician:

<b>Item 6: Average Time Elapsed Between Claims in Treatment Process (in Days)</b>	
MCO	157
FFS	174
<b>Total</b>	<b>177</b>

Note: Data staff started with initial diagnosis date and then calculated the average time between claims for SFY 2021 after initial diagnosis based on Provider Type 85, Applied Behavioral Analysis.

(7) The number of recipients of Medicaid receiving services through Medicaid managed care who were, at the end of the immediately preceding year, on a wait list for applied behavior analysis services:

During the 2020-2021 period, Nevada Medicaid had three managed care organizations – Health Plan of Nevada (HPN), Silver Summit Health Plan (SSHP), and Anthem.

- HPN reported that they do not maintain a waitlist for ABA Services.

- SSHP reported that they are not aware of any members on a waitlist.
- Anthem members that are available during the morning hours or early afternoon hours may not have a wait time at all. However, members that want evening hour appointments or appointments available outside of school hours may request to be placed on a waitlist for specific appointment times. Anthem provided their wait time estimates below:
  - 3-5 on waitlist during 2021
  - 0 on waitlist as of 12/31/2021

(8) An assessment of the adequacy of the network of each health maintenance organization or managed care organization that provides services to recipients of Medicaid under the State Plan for Medicaid for applied behavior analysis services, as compared to the applicable standard for network adequacy set forth in the contract between the health maintenance organization or managed care organization and the Division:

There is no provider network standard specific to ABA service providers. There is a general ratio for members to specialty providers and that is 1:1,500. The ABA providers fall within that based off the last report, available here:

[CaseloadData](#) (nv.gov). If members have trouble locating a service provider, then they can contact their managed care organization or the District Office for assistance. The District Office collects information on provider access calls and the issues are reviewed for potential network access issues.

<b>Table 2-4 – Summary of Ratio Analysis Results for Behavioral Health Providers</b>						
<b>Provider Category</b>	<b>Anthem</b>		<b>HPN</b>		<b>SSHP</b>	
	<b>Providers</b>	<b>Ratio</b>	<b>Providers</b>	<b>Ratio</b>	<b>Providers</b>	<b>Ratio</b>
<b>Behavioral Health Providers</b>						
Outpatient Mental Health Facilities	28	1:4,648	141	1:1,057	154	1:283
Behavior Analyst/Technician	493	1:264	654	1:228	224	1:194
Counselor	465	1:280	136	1:1,096	507	1:86
Substance Abuse Counselor	160	1:813	183	1:814	151	1:288
Marriage and Family Therapist	436	1:298	285	1:523	361	1:121
Psychologist	103	1:1,263	77	1:1,935	84	1:519
Pediatric Psychologist	5	1:21,043	27	1:4,627	8	1:3,115
Social Worker	606	1:215	339	1:440	745	1:58
Psychiatrist	126	1:1,033	297	1:502	165	1:264
Pediatric Psychiatrist	23	1:4,575	47	1:2,658	30	1:831
Substance Abuse Facilities/Clinics	4	1:32,533	20	1:7,450	34	1:1,281

(9) The number of behavior analysts and registered behavior technicians who are currently providing services to recipients of Medicaid who receive services through each health maintenance organization or managed care organization described in subparagraph

<b>Item 9/10: Providers Giving Services by Specialty and FFS/MCO</b>	<b>MCO</b>	<b>FFS</b>
310 Board Certified Behavioral Analyst	43	57
312 Licensed and Board-Certified Assistant Behavior Analyst	5	11
314 Registered Behavior Technician	33	43
885 ABA Group	7	3
311 Psychologist	2	1

(10) The number of behavior analysts and registered behavior technicians who provide services to recipients of Medicaid who do not receive services through managed care.

See chart in number 9.

*Recipient Counts are distinct; however, due to crossover across FFS/MCO, the total number of recipients by FFS/MCO may not represent a distinct total.*

*Data was gathered and the report was authored using the Nevada Medicaid Data Warehouse DDM Business Views. The DHCFP data warehouse is comprised of claims data submitted by over 35,000 Medicaid providers from within Nevada and across the country. While DHCFP staff conscientiously make every effort to validate these data through continuous provider education and the use of highly experienced audit staff, the Division relies heavily on providers to submit accurate and complete information on Medicaid patients. It should therefore be understood by the users of DHCFP reports on disease morbidity and patient health that the data source for these reports are based solely on patient claims data and may not be a complete and comprehensive health record.*

*This analysis is based on ASD patients (defined by diagnosis code F84.0) for patients under the age of 21. ABA is based on Billing and Performing Provider Type Code 85. Registered Behavioral Technicians are defined by Billing and Performing Provider Type Code 85 with Specialty Code 314. Behavior Assessments and Evaluations are based on CPT Procedure Codes 97151 and 97152. Targeted Case Management is defined by CPT Procedure Code T1017. Provider Enrollment Counts are obtained from DSS. Time between claims was calculated using STATA.*

*SFY 2021 (based on first date of service) is used in this analysis. Latest paid claims are used in this analysis. FFS and MCO claims for Nevada Medicaid and Nevada Check Up enrollees of all ages are included in this data.*

Data Source: Nevada Medicaid Data Warehouse DDM BV and DSS; Data Provided by SB 01/04/22