

The purpose of the workshop is to:

1. Introduce Centers for Medicare and Medicaid Services (CMS) guidance on services for children with Autism Spectrum Disorder (ASD) under Early and Periodic Screening, Diagnostic and Treatment (EPSDT) coverage authority, and
2. Develop the medical coverage policies, provider qualifications, and reimbursement for ABA for Nevada Medicaid and Nevada Check Up.

Where are services being delivered?		What qualifies an individual for services?
<ul style="list-style-type: none"> • Home/natural setting • Community • Schools • Residential Treatment Facilities • Outpatient Hospital 		<ul style="list-style-type: none"> • Medical diagnosis • Medical necessity • Behavior deficit/excess <ul style="list-style-type: none"> ○ Self injury ○ Aggression ○ Wandering ○ Challenging behavior • Prior Authorization <ul style="list-style-type: none"> ○ Diagnostic report to include # of assessment hours, assessment, treatment plan, goals and domains.
What services are provided?		Assessments used?
<ul style="list-style-type: none"> • Assessment • Evaluation/reevaluation • Treatment intervention plan w/measurable objective goals • Targeted goals, data driven • Functional communication training • Self monitoring skills • Adaptive living skills • Cognitive skills • Speech, Occupational, Physical Therapy • Durable Medical Equipment (DME) • Speech Generating Device (SGD) 	<ul style="list-style-type: none"> • Verbal skills • Language skills • Peer Play • Social skills • Pre vocational skills • Vocational skills • Parent training • Family education • Family counseling • Case management 	<ul style="list-style-type: none"> • Functional assessment • Direct Observation • Social skills interview • Vineland • Assessment of basic language and learning skills (ABLIS) • Verbal Behavior Milestones Assessment and Placement Program (VB –MAPP) • IQ • Adaptive Behavior Measure • Mullen Scales of Early Learning • SKILLS assessment • Standardized vs. non standardized

Provider Qualifications- Who is currently providing services	Items to consider with provider qualifications
<ul style="list-style-type: none"> • Board Certified Behavior Analyst (BCBA) • Board Certified Assistant Behavior Analyst (BCaBA) • Licensed Behavior Analyst (LBA) • Licensed Assistant Behavior Analyst (LABA) • Certified Autism Behavior Interventionist (CABI) • Licensed Psychologist w/specialty in behavior training • Autism Treatment Assistant Program (ATAP) behavior interventionist • Registered Behavior Technician (RBT) • School Psychologist • Behavior mentors (school setting) • Fellows • Practicum or internship • Parent or direct family (non reimbursed) • Neurologist 	<ul style="list-style-type: none"> • 100 interventionists in NV for 1 on 1 care • Supervision ratios • Capacity • Quality • Behavior Analyst Certification Board (BACB) National Standards <div data-bbox="1003 467 1871 508" style="border: 1px solid black; text-align: center; padding: 2px;">Billing Codes</div> <ul style="list-style-type: none"> • Prefer 15 minute units • CPT Category III codes <ul style="list-style-type: none"> ○ Absent codes (stakeholders to send information on what codes they would like to see) ○ No price support • Using existing codes hard to gain Utilization management data • Reimbursement rates should be sufficient to attract providers
Ages and Levels of Care	Public Comment
<ul style="list-style-type: none"> • Three years and under - 25 to 30 hours a week • Three years and over - 30 to 40 hours a week • ABA should be based on the individual and should not have hours associated to age • Individuals can exhibit different behaviors at different stages (e.g., with increased age aggressive behavior is more likely, skills are lacking to mainstream environment) • Less access has existed for older children or for later diagnosis which would require more hours of care • 16-22 focus on transition • Transition from Katie Beckett program • Hours of ABA services is outside of the parent training hours • Hours of ABA services is outside of services received in school 	<ul style="list-style-type: none"> • Request for clear and concise policy language for medical necessity • Request for timeframe to develop and implement policy to move quickly (December 31st) • Request for additional workshops with a longer meeting time • Transition plan to consider continuity of care • Transition plan for children in ATAP • Request to consider following ATAP provider qualifications • Telehealth

Next Steps

- Add a page for stakeholders to DHCFP website for ABA services
- Establish billing codes (new vs. existing)
- Develop Policy
- Develop & submit State Plan Amendment
- Modify and test the billing system
- Develop a transition plan for children receiving services that would be Medicaid eligible
- Request budget authority
- Train providers on billing
- Implement new service

Note: This is not an exhaustive list and not be to be considered policy. This document is for soliciting of stakeholder feedback.