

# Autism Spectrum Disorder: State Plan

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Child/Adolescent Quality Access  
Subcommittee

September 18, 2019



Chapter

# 01

## State Plan Services

# Where the ASD Team Started

The CT Behavioral Health Partnership (CTBHP) is a partnership among:

- Department of Social Services (DSS),
  - Department of Children and Families (DCF),
  - Department of Mental Health and Addiction Services (DMHAS)
  - Beacon Health Options is the Administrative Service Organization (ASO)
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- In addition, we worked closely with the Department of Developmental Services (DDS) specifically related to the delivery of ASD services

# Connecticut Plan to Cover ASD Services

<b>Behavioral Treatment Services (Medicaid State Plan Services performed by providers)</b>	<b>Peer Specialist and Care Coordinator services (Medicaid administrative services performed by the ASO)</b>
Available to Medicaid-eligible children and youth under the age of 21 on HUSKY A, C, or D	Available to individuals of any age with ASD and their families
Includes Diagnostic Evaluation, Behavior Assessment, Treatment Plan, Program Book and Direct Behavioral Services such as ABA	May be utilized to guide families through the process of accessing ASD services and other community services such as therapeutic recreation, social skills groups or other referrals
May not duplicate services through the school	

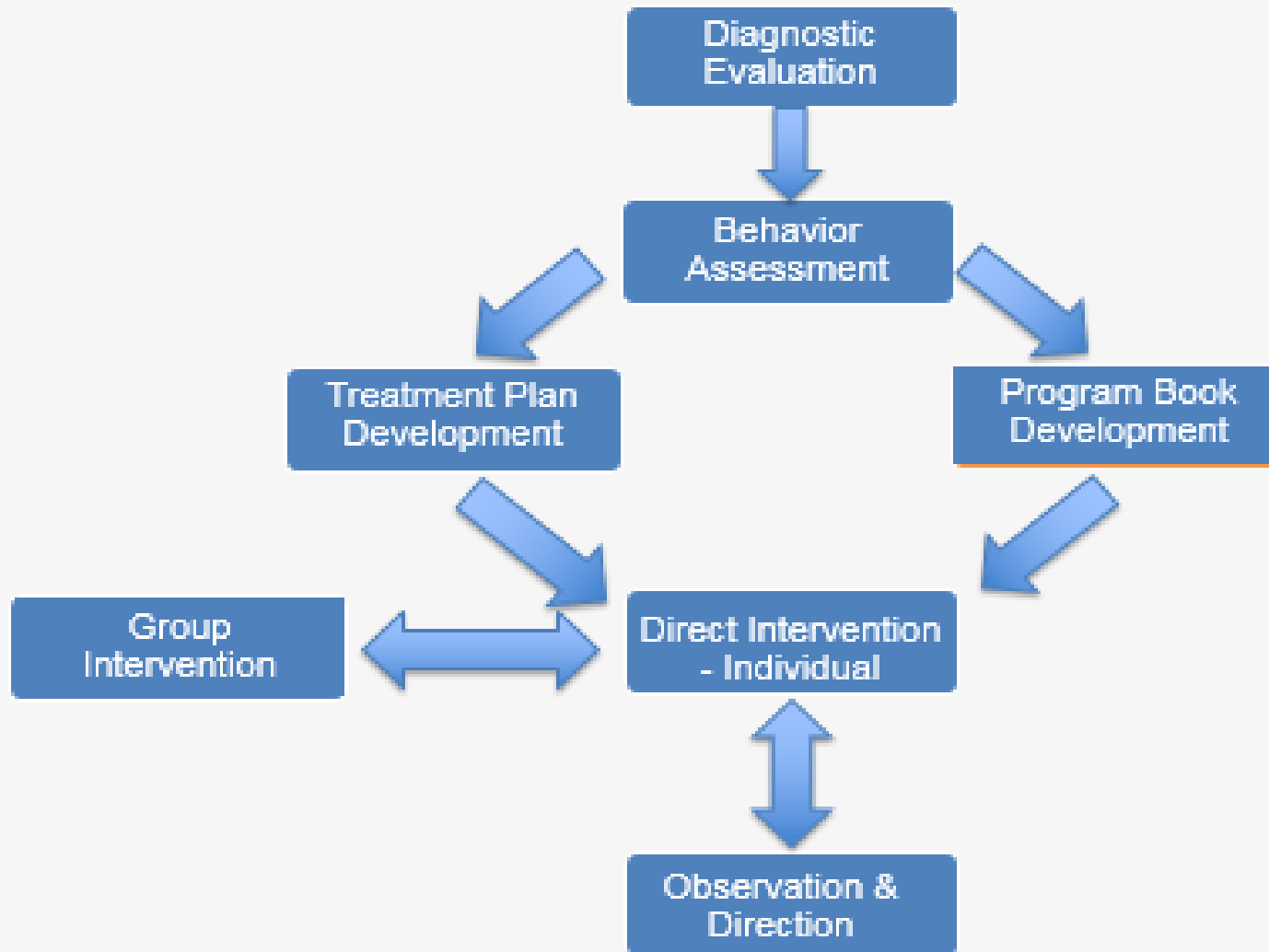
Chapter

# 02

## Medicaid Covered Autism Services

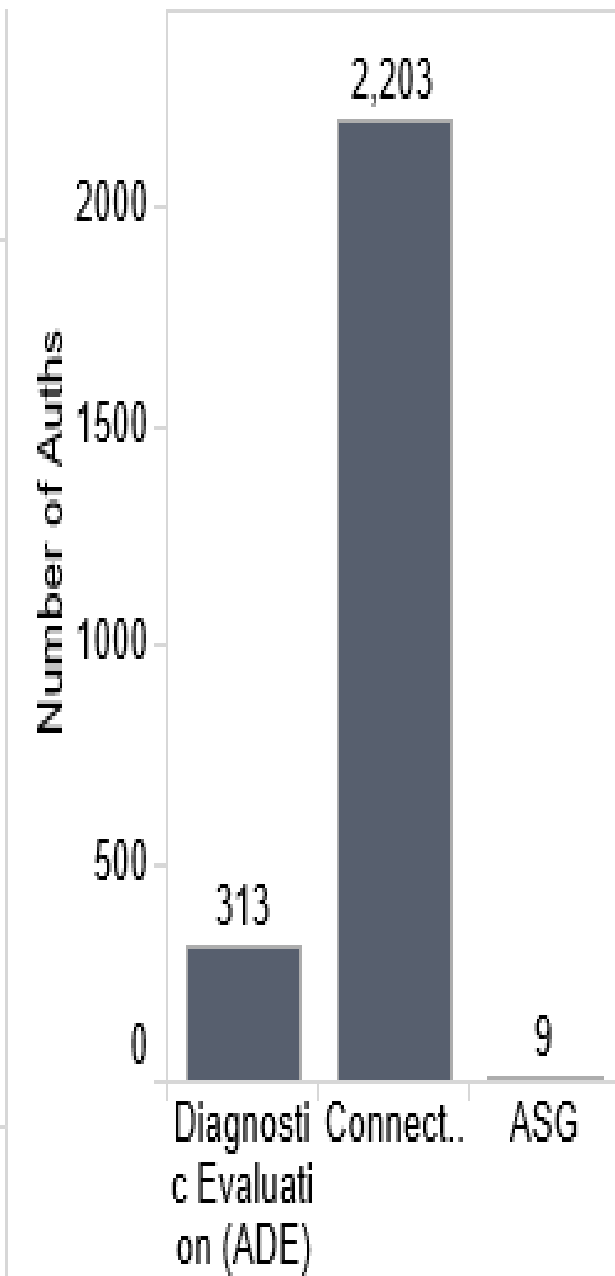
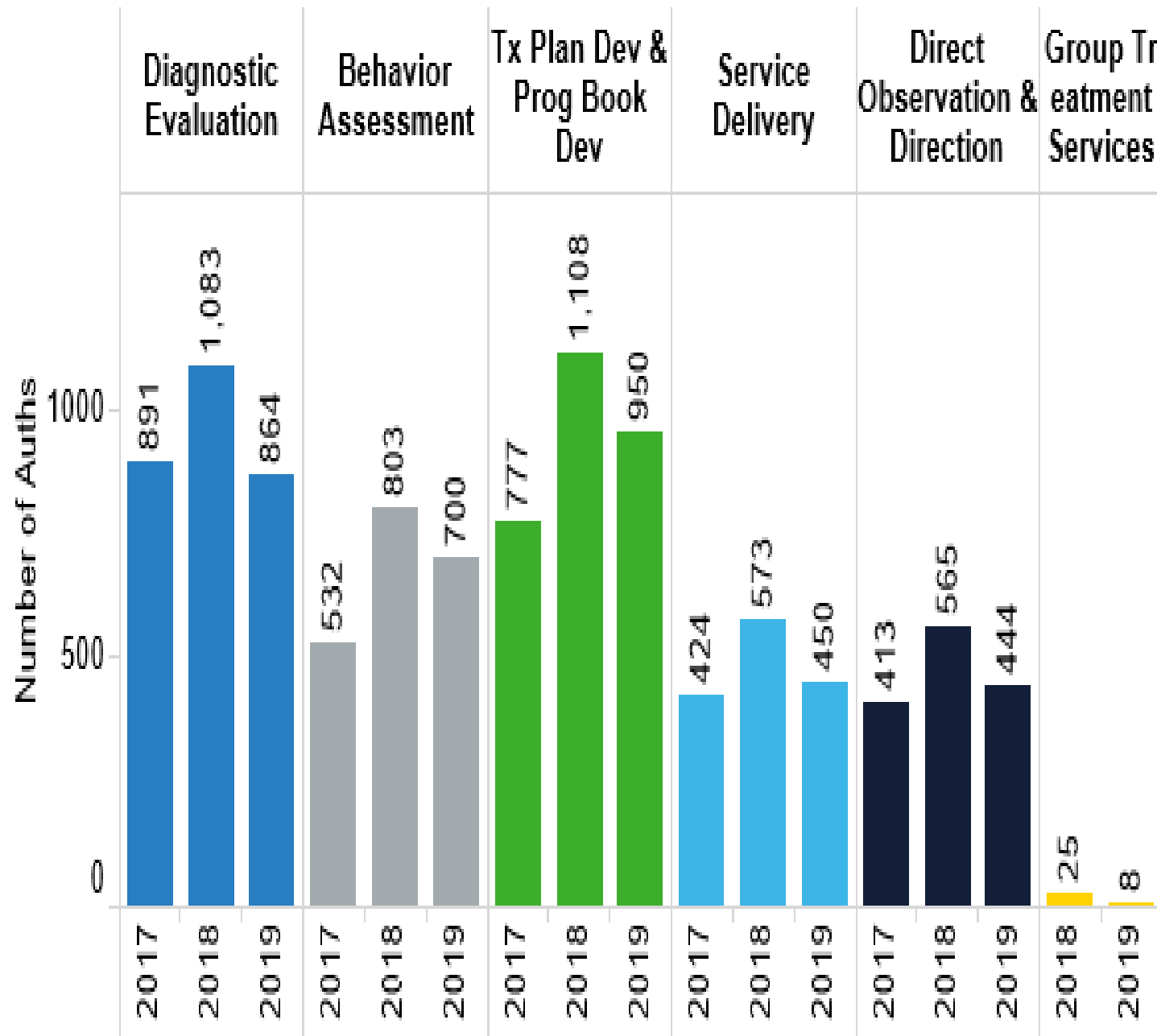
# Medicaid Covered Services

## Comprehensive Behavioral Treatment Services



# Annual (YTD) Admits/Authorizations for ASD Services by Service Class

# Open ASD Authorization by Service



# Medicaid Youth (Ages 0-20) Autism Spectrum Disorder Services

## Monthly Demographics Report

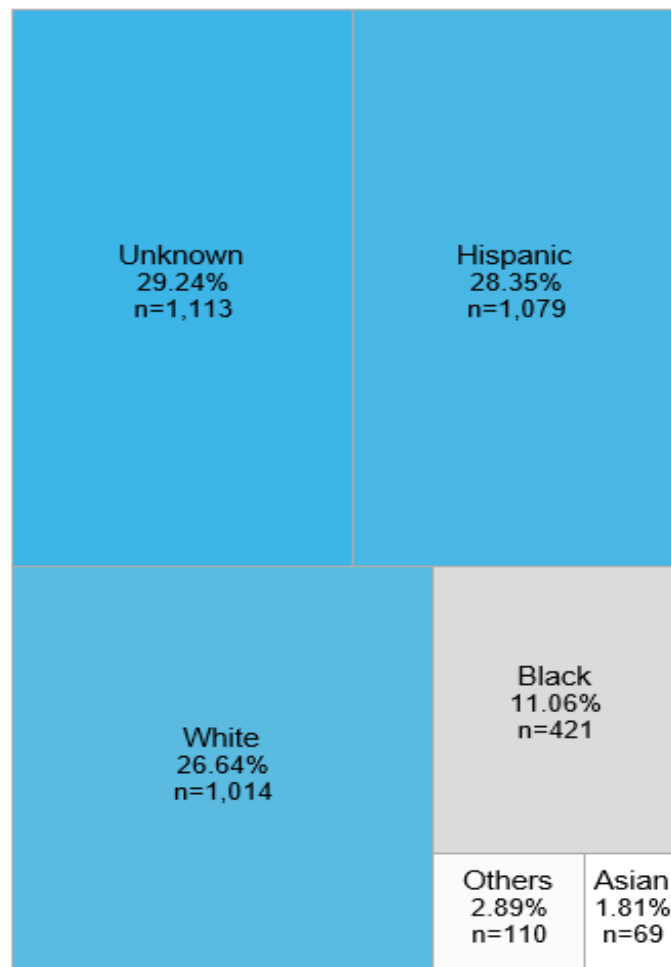
From 1/1/2017 through 8/30/2019  
**3,806 unique youth**  
 have obtained authorizations for ASD  
 services.\*

Of which  
**2,021 youth**  
 were ages 0-6 at  
 admission.

Of which  
**1,268 youth**  
 were ages 7-12 at  
 admission.

Of which  
**676 youth**  
 were ages 13-20 at  
 admission.

Total Unique Youth Authorized for ASD Services  
 by Race/Ethnicity



Total Unique Youth Authorized for Services by DCF Status and Region\*\*

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Unknown	Grand Total
DCF Voluntary	9	7	16	18	10	10		70
DCF CPS or Committed	19	63	53	111	117	76		439
Juvenile Justice		1			1			2
Non-DCF	414	639	406	776	646	556	20	3,434
Grand Total	433	698	455	873	749	614	20	3,806

As of September 1, 2019



Chapter

# 03

## Medicaid Qualified Providers

# Provider Enrollment for Autism Spectrum Disorder Services

## Monthly Provider Enrollment Report

**320**

individual providers have enrolled in Medicaid to provide ASD services.

**110**

unique practices (individuals or groups) have enrolled in Medicaid to provide ASD services.

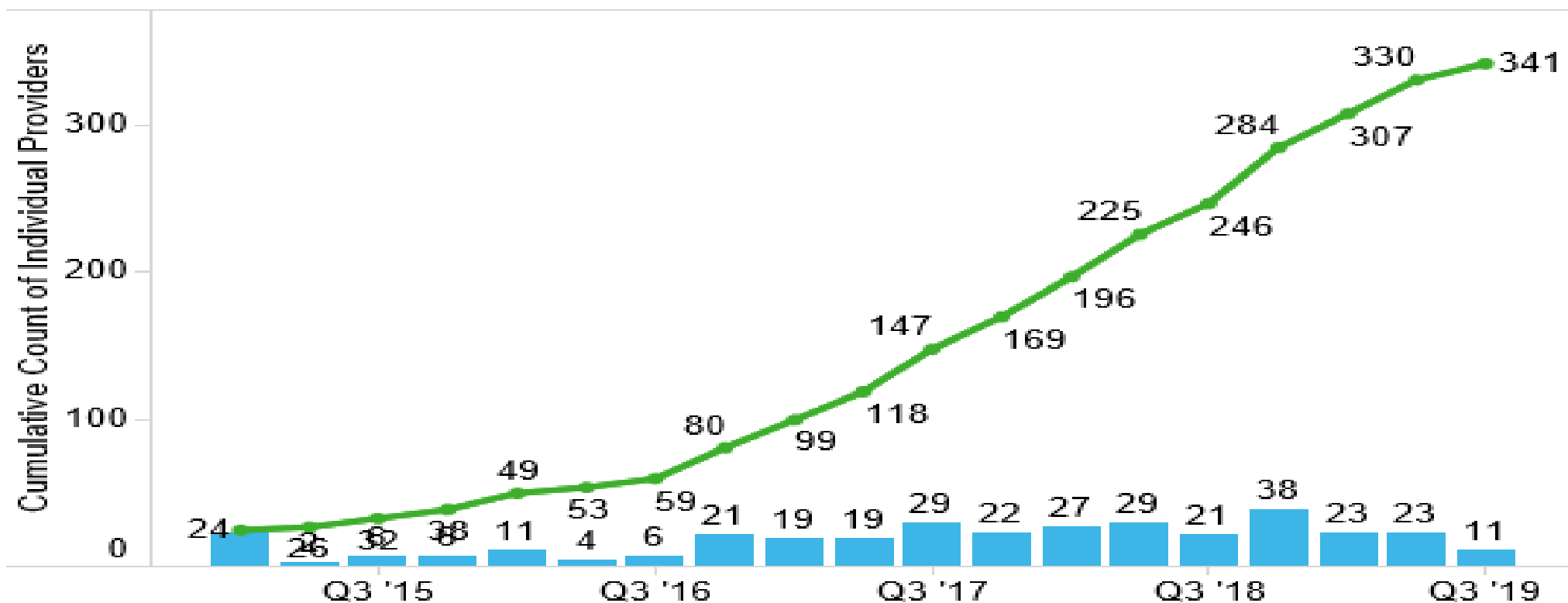
**313**

providers are able to provide ASD treatment services.

### Cumulative ASD Individual Provider Enrollment

Note: Providers may be a part of the same practice. If no individual is identified then the practice is counted as the individual.

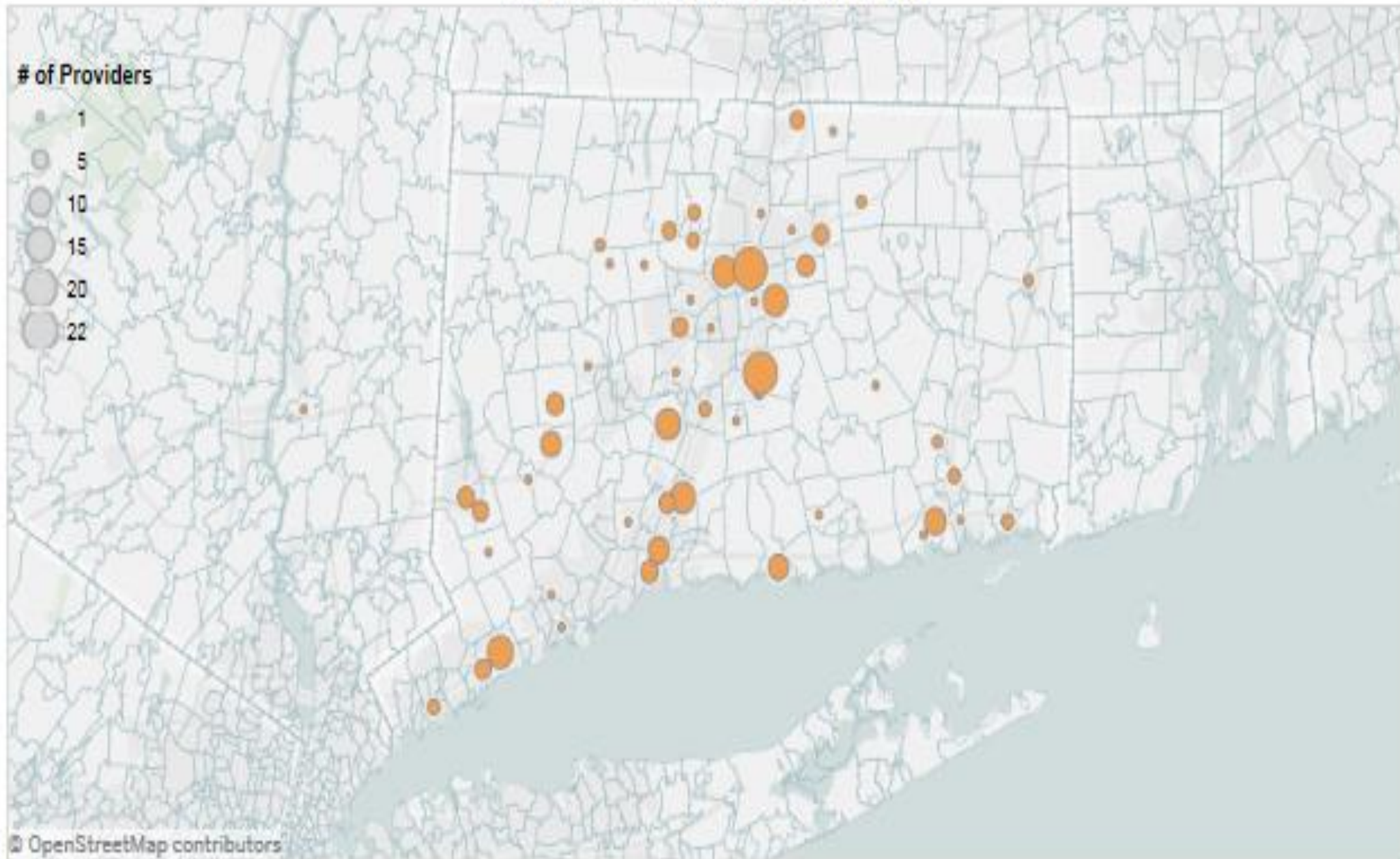
— Running Total ■ Quarterly Additions



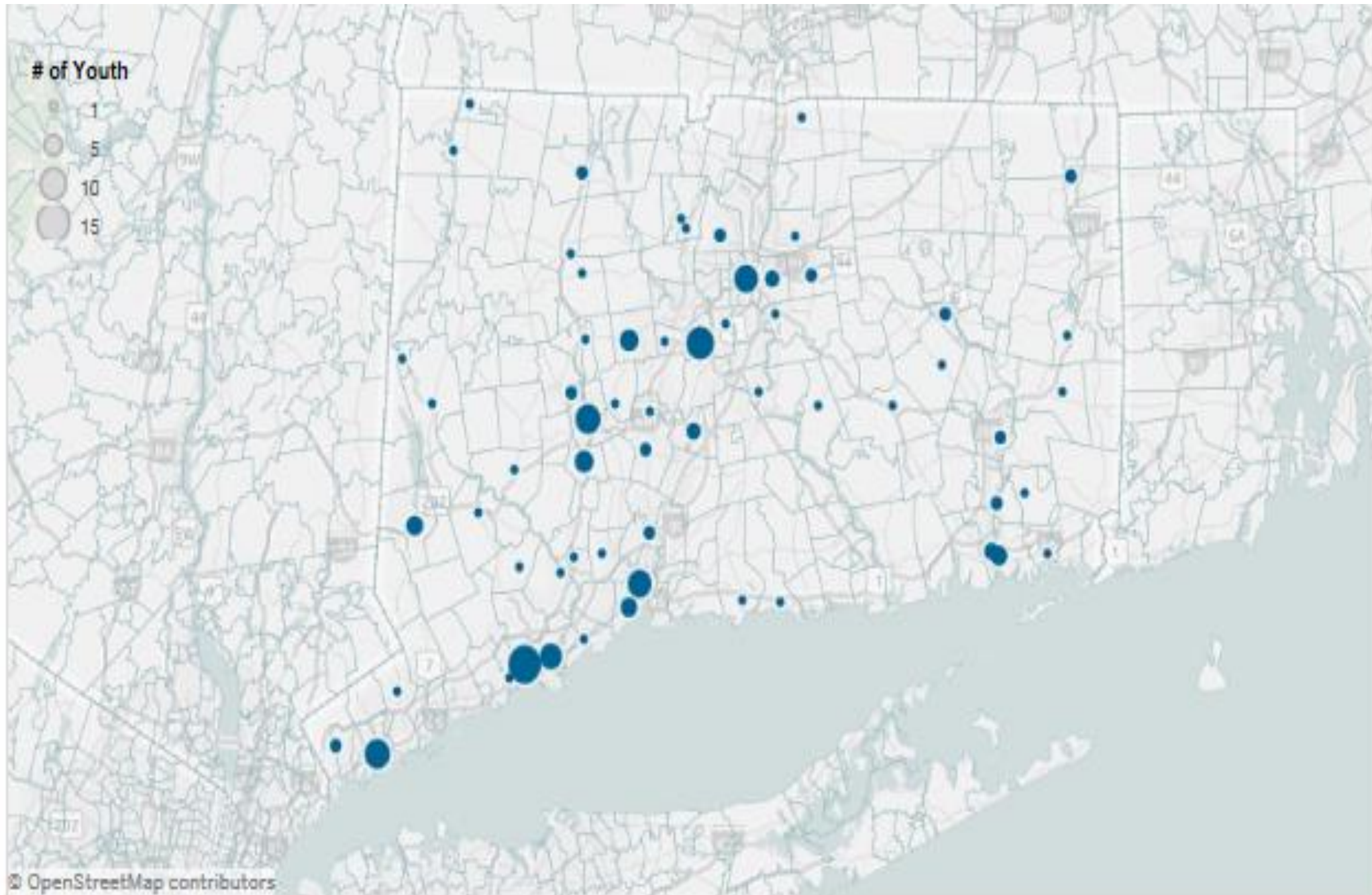
As of September 1, 2019

# Provider Locations: (based on billing location)

\*Total number of individual providers by town



# Locations of Youth Waiting for a Provider





# CTBHP/Autism Team: Our goals to support the provider network

Goals: Build provider access, diversity and quality

## Access:

- Provide statewide trainings for community-based clinicians and mobile crisis to teach treatment strategies and increase comfort level in treating individuals with high functioning ASD in the community
- Provide data on Medicaid enrollment and where the greatest needs are for ASD services so providers are data informed when making business/hiring decisions

## Diversity:

- Provide data to the provider network regarding the unique needs of Medicaid families along with cultural, racial and ethnic makeup of Medicaid members to support diversity in staffing

## Quality:

- Provider outreach upon enrollment
- Review of 100% of documentation sent for authorization
- Qualitative Chart reviews conducted by qualified staff with specific feedback given to providers
- Provider Learning Collaboratives
- Statewide training series in collaboration with CCSN BRISC program

# Provider Perspective: Access to Services

## Care Coordination Prior to Beacon Involvement:

- Families aren't always aware of their options for support within the home
  - ABA services
  - In-home counseling
- Other services providers aren't aware of the services available to families

## Limitations to accessing services include:

- Clinic settings:
  - Clinic settings allow for a controlled environment to teach skills and strategies – the presence of parents can influence this controlled environment
  - Since the parents or guardians have to present, members can only access services in a clinic setting with a parent or guardian present
- Camp settings

# Provider Perspective: Hiring, training and maintaining staff

## **Overall Shortage in Workforce Possibly Due To:**

### **Hiring Qualified Staff – Behavior Technicians**

- Must have at least an Associate's Degree or equivalent credits
  - There are many potential behavior therapists with years of experience, but no degree
    - Paraprofessionals in schools
    - Registered Behavior Technicians (RBTs)
    - Individuals pursuing a degree in Psychology, Education, and other related field degree
- Reimbursement rates
  - Compared to private insurance, the rates for children with HUSKY insurance are much lower
- Difficulty obtaining daytime cases
  - Many staff members want full-time hours, and it is difficult to offer this without daytime cases
    - Loss of capacity in the in-home workforce due to school based positions
- Family cancellations
  - Some families have many competing demands in their lives, that they cancel services
  - If there is no session, the behavior technician or overseeing clinician can't get paid

# Provider Perspective: Supporting Complex Individuals

## **Examples of the challenges:**

### **Continuity of Care:**

- Often times, the members are discharged with minimal collaboration from the hospital or facility and the provider
- Members are expected to go from an in-patient setting, to home
  - Needs to be an option in between

### **Supporting the Needs of Complex Individuals:**

- State Regulations do not support the authorization of 2:1 staffing in the home
- The families need to be able to access services that address their needs systemically
  - Complex behaviors are a stressor on the families, without support for the family unit, they are often unable to follow through with behavior plans
  - Individual and family therapy, respite, social opportunities
- Applied Behavior Analysis (ABA) services can address the behavior, however, there are often unmet mental health/environmental needs



Chapter

# 04

## Autism Services Staff

# Peer Specialists and Care Coordinators Tiered Approach

- **Tier 1: Family just looking to access ABA services**
  - Provide information on documentation needed, referrals and member information packet.
- **Tier 2: Family looking to access ABA services, resources and may require home visits**
  - Provide face-to-face meeting if desired by family.
- **Tier 3: Wrap Around Level of Support Needed**
  - Will include members with highest needs and complexities
  - Offer wrap around in addition to Autism specific resources
  - Facilitate gathering information and start the wrap around intake process to identify natural supports, family vision and bench marks to build a plan of care

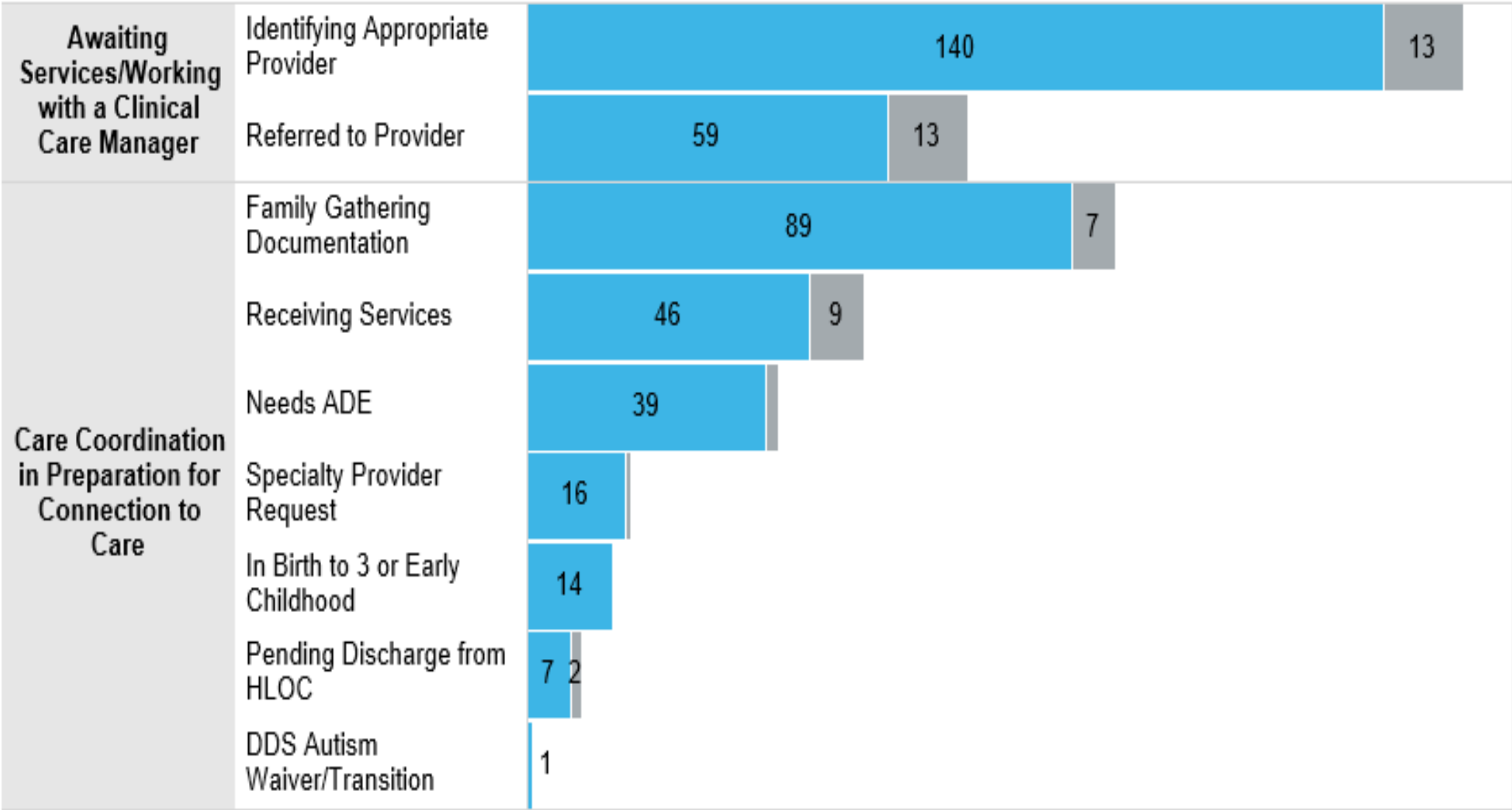
# Medicaid Youth (Ages 0-20) Autism Spectrum Disorder Services

## Monthly Peer/Care Coordination Report

Referral List Statuses as of: 8/12/2019

Ongoing Peer and Care-Coordination Activities: Total Count of Unique Youth by Connecting to Services Reason

■ DCF ■ Non-DCF; Excludes Temp IDs



Chapter

# 05

## Intensive Response Team

# Intensive Response Team: Vision

To enhance the system of care for members and families impacted by autism spectrum, intellectual disability or developmental disorders.

## IRT Goals

1. Decrease emergency department (ED), inpatient psychiatric hospitals and Psychiatric Residential Treatment Facility (PRTF) utilization and length of stay
2. Increase referral and connection to effective and appropriate levels of care, support and services
3. Provide a summary that identifies best practices in providing high quality treatment and recommendations for quality improvement

# Intensive Response Team: Referral Criteria

## **The child or young adult:**

- has been diagnosed with an Autism Spectrum Disorder, Intellectual Disability or Developmental Disability
- is at risk of overstay in the ED or delayed discharge from an inpatient setting
- is 26 years old or younger
- Includes Medicaid members, those insured by commercial insurance or uninsured
- has utilized multiple services that are unable to meet their needs; and
- presents to either Connecticut Children's Medical Center (CCMC), Yale Children's Hospital or Yale New Haven Hospital emergency departments and higher level of care facilities

# Intensive Response Team: Development

The Intensive Response Team brings together:

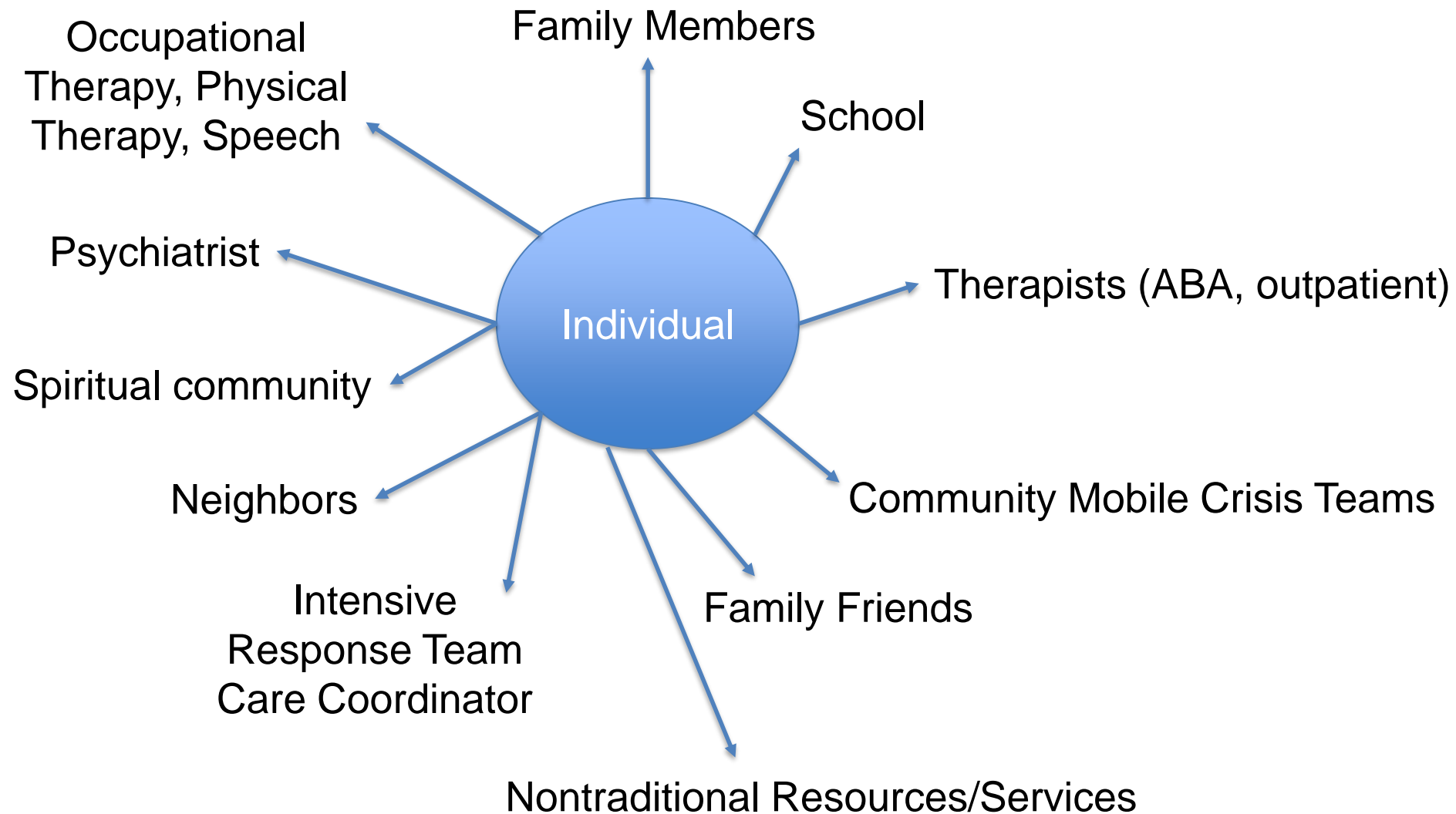
- the expertise of an ASD informed Care Coordinator/Peer Specialist
- the clinical coordination of an Intensive Care Manager; and
- the Family Focused methods of the Wraparound principles of care

# Intensive Response Team: Model of Care

- Adopt Wraparound principles for a specialty population to achieve a whole family approach to treatment and assist the family in developing a vision of care which includes assessing strengths and needs and building a team to support them in this journey
- Integrate the current Beacon Health Options Child ICM Model
- Provide assistance to the members and families in emergency department and inpatient settings
- Utilize a tiered approach to helping families access effective services and support



# Intensive Response Team: Support for Individual and Family



# Intensive Response Team: Implementation

- CCMC kick-off meeting held - 5/13
- Dedicated voicemail and email set up - 5/13
- Yale kick-off meeting held - 5/21
- CCMC Care Coordinator started - 5/28
- Created documentation system for non-Medicaid members - ongoing
- Recruiting for the Intensive Care Manager and Yale Care Coordinator positions – ongoing
- Started accepting referrals 6/3 and providing care coordination with Yale, CCMC and families

# Intensive Response Team: Connecticut Children's Utilization as of 9/9

- Connecticut Children's Rounds/ICM feed IRT referrals; IRT Care Coordinator dedicates 2 afternoons/week in the ED
  - 37 referrals from ED or The Center for Care Coordination
  - 21 were appropriate for the IRT Team
    - 2 successful discharges from IRT
    - 4 closed due to:
      - Caregiver not agreeing to program
      - No identified family to work with
      - Unable to contact (2)
  - 13 went to ASD Care Coordinator
  - 2 assigned to ICC due to primary psych diagnosis and needs
  - 2 closed due to member being placed in a GH following ED
  - 3 commercially insured only

# Intensive Response Team: Yale Utilization as of 9/9

- Yale SW make direct IRT referrals
  - 14 referrals from Yale facilities;
  - 9 stayed with IRT Team
    - 1 successful discharge
    - 6 closed due to:
      - Member admitting to a Group Home (2)
      - Unable to contact (2)
      - Inappropriate referral (individual not in ED)
      - Referred to CHN because of medical complexities
  - 3 went to ASD Care Coordinator
  - 2 assigned to ICC:
    - 1 referral from New Haven DCF, 1 from Yale IICAPS
  - 4 commercially insured only