State of Connecticut

Department of Social Services
Department of Developmental Services



# Proposed Coverage for Autism Spectrum Disorder Services Under Medicaid

**AUTISM ADVISORY COUNCIL**

**OCTOBER 22, 2014**

# Agenda



- Goals of Covering Autism Treatment Services
- Background/How We Got Here
- Review of Proposed Plan and Recommendations
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# Goals of Covering ASD Services



- Services should be based on a comprehensive diagnostic evaluation that is individualized and holistic in order to identify the most appropriate treatment / interventions
- Evaluations and assessments should inform a plan of care that specifically identifies treatment / interventions uniquely tailored to each individual and a means to measure progress
- Medicaid-covered services must effectively coordinate with and complement other sources of support
- Services are provided by qualified, experienced providers
- Efficacy of the services must be evaluated and, as necessary, adjusted or modified, to best meet the needs of the individual and ensure high quality services

# Background Information



- Nationally, 1 in 68 children has Autism Spectrum Disorder (ASD)
- There is no known cure for ASD
- Early screening, identification, and treatment are critical – the earlier the better
- National research reports have been updated in 2014, identifying several evidence-based practices for children with ASD

# Background/How We Got Here



- On July 7, 2014, the federal Centers for Medicare and Medicaid Services (CMS) issued an Informational Bulletin clarifying that state Medicaid programs must cover a full menu of services for individuals under 21 with autism spectrum disorder (ASD) under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit if they are medically necessary

- Bulletin is posted online at: http://www.medicaid.gov/ Federal-Policy-Guidance/Downloads/CIB-07-07-14.pdf

# Background/How We Got Here



- August 29, 2014 – Governor Malloy directed the Departments of Social Services (DSS) and Developmental Services (DDS) to develop a plan to implement CMS' bulletin and to share initial recommendations with the Autism Advisory Council on how to implement the CMS guidance

- Other state agencies involved in the development of the plan: Departments of Children and Families, Mental Health & Addiction Services, Education, and Office of Policy Management

# Medicaid Coverage



DSS and DDS explored:

- The two potential ways to cover autism services under the Medicaid State Plan
  - Other Licensed Practitioner Services
  - Preventive Services
- Ways to cover other (non-State Plan) autism services
  - Home and Community-Based Services 1915(i) Amendment
  - Home and Community-Based Services 1915(c) Waiver
  - Research and Demonstration 1115 Waiver

# Medicaid State Plan Authorities



- Other Licensed Practitioner
  - Must directly link licensed practitioner to service
  - Focuses more on provider than on the service
- Preventive Services
  - Focuses more on the service than on the provider
  - Must be recommended by a licensed practitioner
  - Unlicensed provider, such as Board-Certified Behavior Analysts (BCBAs) can be directly reimbursed in this category
  - Ability to group different provider types (physicians, non-physicians) into one category of ASD service providers for data collection, reporting, and quality monitoring purposes

# Medicaid Coverage Recommendation



**Recommendation #1:**

**Utilize the Preventive Services benefit category to cover autism treatment services**

The Preventive Services authority is flexible, allows non-licensed practitioners in independent practice to provide treatment, and enables the Medicaid program to group all ASD providers into one category

# Medicaid State Plan



- In order to cover new or different Medicaid services, DSS must submit a State Plan Amendment (SPA) to CMS
- The state plan is the contract between the state and CMS that describes the Medicaid program
- After the SPA is approved, CMS is expected to reimburse the state 50% for these services under the Medicaid program

# Required Components of the State Plan Amendment



A State Plan Amendment under the Preventive Services benefit category must have the following:

- Service Description - what is the state paying for?
- Target Population – who needs the service?
- Provider Types/Qualifications – who is providing the service and what do they need to be qualified to perform the service?
- Limitations – what are the specific limits on the amount, scope or duration of the service?
- Reimbursement/Rates – how much is the state paying for the service?
- Effective Date – when does the service start?

# Service Description Recommendation



**Recommendation #2**

**Cover ASD services that are medically necessary based on an individualized comprehensive diagnostic evaluation, behavior assessment, and individualized plan of care**

# Target Population



- CMS clarified that the Medicaid program must provide medically necessary ASD services to members under age 21
- The vast majority of the evidence-based ASD interventions are designed for children
- There is limited literature on effective interventions for adults

# Target Population Recommendation



**Recommendation #3**

**The target population for immediate action are Medicaid members under the age of 21 with an autism spectrum disorder diagnosis and for whom these services are medically necessary**

Based on the CMS guidance and because the EPSDT requirements apply only for members under the age of 21, and the literature on evidence-based practices focuses on children

# Provider Types and Qualification



- Providing high quality and properly coordinated services is critical
- Unqualified or inexperienced professionals may do harm to members and their families
- Many licensed or board certified professionals have limited expertise in working with children with ASD
- DDS and DSS are committed to ensuring that the provider network is qualified; federal Medicaid rules also require the program to ensure high quality services

# Provider Types and Qualifications, Cont.



- Autism Advisory Council has a credentialing committee that reviews interventions and sets standards for providers
- DDS credentials qualified ASD providers based on the recommendations of the credentialing committee
- In order to be reimbursed for these services, all providers must be an ASD qualified provider

# Qualified Provider Recommendations



## Recommendation #4

- Utilize existing licensed providers who are qualified to provide ASD services
- Enroll new providers who are qualified to provide ASD services
- Require all ASD providers to complete the DDS credentialing process

# Medicaid Provider Qualifications



Providers must have all of these qualifications:

- Specified licensed professional working within his/her scope of practice or a Board Certified Behavior Analyst and experienced in ASD services
- 18 hours of continued education specific to ASD services within the last three years
- 1 year of documented supervision by a licensed professional with ASD experience
- 2 years of full-time work experience with ASD

# Additional Provider Qualifications



- Many ASD interventions are provided by non-licensed/non-certified individuals working directly under the supervision of an enrolled Medicaid provider
- Non-licensed/non-certified professionals will not enroll in Medicaid, but may provide the intervention services under the supervision of a qualified licensed practitioner or BCBA
- Non-licensed/non-certified staff must have:
  - a Bachelor's degree in a related field;
  - at least two years of experience working with children with ASD; and
  - at least 18 hours of continued education specific to ASD services in the last three years

# Service Authorization



- All services must be recommended by a licensed practitioner working within his/her scope of practice
- All requests for services from an enrolled Medicaid provider must be sent to the Medicaid behavioral health Administrative Services Organization (ASO)
- The ASO will review the request to determine if it is medically necessary
- Providers must submit enough information for the ASO to be able to decide if the service is medically necessary, including documentation of evaluation, assessment, plan of care, and necessary clinical information

# Service Authorization, Continued



- If the service is medically necessary, the ASO will initially authorize up to forty-five (45) days of service
- At the 45 day review, providers must submit appropriate baseline data and, if sufficient, services will be authorized for up to six (6) months
- Ongoing authorization requests must include the updated plan of care and documentation explaining how the treatment has met and will continue to meet the goals in the plan of care

# Evaluations and Assessments



- A medical/physical evaluation conducted by a medical professional within the last 12 months is a required component of the authorization request
- A comprehensive diagnostic evaluation conducted by a licensed and qualified practitioner that confirms or determines a diagnosis of ASD is a required component of the authorization request
- A behavior assessment conducted by a licensed and qualified practitioner or a qualified BCBA that informs the plan of care is a required component of the authorization request

# Family/Guardian/Caregiver Participation



- A critical component of most evidence-based ASD services is the direct participation of a family member, guardian or caregiver in the treatment of the child
- Consistent positive response and intervention techniques from the family member to the child increase the effectiveness of the ASD treatment / intervention
- The plan of care must include specific details on the frequency of participation of a family member and must document the family member's participation in the medical record

# Provider Reimbursement



- DSS and DDS are working collaboratively to develop a fee schedule to reimburse providers for the following new services:
  - Comprehensive Diagnostic Evaluations
  - Behavior Assessments – a comprehensive autism assessment that may take up to 10 hours to complete
  - Plan of Care – one hour to translate the identified needs on the assessment to the plan of care
  - Treatment/Intervention Services
- General Medical and Behavioral Evaluations – already covered under Medicaid

# Provider Reimbursement, Continued



- DSS will update and/or create fee schedule(s) with new ASD evaluation, assessment and treatment procedure codes and rates
- Only those providers that are enrolled in Medicaid may use the new procedure codes
- There is no existing enrollment process for BCBAs because Medicaid has not previously enrolled them
- DSS is starting to design and then build the provider enrollment process for qualified BCBAs

# Care Coordination/Family Navigator



- Care Coordination and/or Family Navigator services will be available for **both** children and adults with ASD
- Care Coordination will be available to ensure that all community and health care providers involved with the member are communicating effectively
- Family Navigator services will be available to assist members and their families in accessing services
- Peer Specialists will be a component of the care coordination and family navigator service
- Care Coordination staff will have the ability to do home visits as necessary

# Peer Specialists



- In other areas of health care (mental health, substance abuse), individuals with lived experience are playing a role in helping individuals access health care services and sustaining treatment involvement
- Peers can be young adults or adults with first hand experience with a health care condition or disorder or a family member (e.g., parent) with unique experience with the service system

# Care Coordination/Family Navigator



- At least initially, care coordination staff, family navigators, and peers will be employed or subcontracted through the behavioral health ASO
- Specialized training will be required for all staff
- All staff will be supervised by a licensed professional at the ASO

# Pre-Implementation Plan



- Prior to implementation of authorization procedures in January 2015 under the State Plan Amendment, any request for authorization by an enrolled Medicaid provider for ASD services for a member under the age of 21 will be reviewed as an EPSDT Special Services request
- If the service request is recommended by a licensed practitioner and found to be coverable under EPSDT and medically necessary, with necessary supporting documentation, including the plan of care and treatment provider enrollment, Medicaid will pay for the service

# Implementation Plan



- Implement ASD evaluation, assessments, and treatment interventions with an effective date of **January 1, 2015**
- Initially, the provider network may be limited because this is a new Medicaid service
- As new providers enroll into the Medicaid network, access to services will improve

# Implementation Plan, Continued



- November/December 2014: Add new codes to applicable fee schedule(s) with an effective date of **January 1, 2015**
- End of December 2014: Complete review and recommendations of ASD Medicaid Plan by Autism Advisory Council
- December 2014 and ongoing: Post the list of enrolled providers on DSS, DDS, and ASO websites
- January-February 2015: Initiate Care Coordination/Family Navigator service at ASO

# Service Access Points



- Parents and/or caregivers may access services on behalf of a child in several ways:
  - Pediatrician or primary care practitioner
  - Enrolled Medicaid provider who conducts comprehensive diagnostic evaluation
  - If a comprehensive diagnostic evaluation has been completed in the last 12 months, the parent may contact an enrolled Medicaid provider for treatment intervention services
  - Care coordination/family navigator service at the ASO
  - All enrolled Medicaid ASD evaluation and treatment providers will be posted on the DSS, DDS, and ASO websites and made available through other means

# Member Access – Unknown Diagnosis



- If a parent thinks that his/her child has autism and the child has not seen a primary care practitioner in the last 12 months – schedule an appointment with the primary care practitioner immediately
- Primary care practitioner services are already covered by Medicaid
- The primary care practitioner will conduct an autism screening to help determine if the child has autism
- If the primary care practitioner determines that the child has autism or may have autism, a referral for a comprehensive diagnostic evaluation should be made

# Member Access – Positive Screening



- If a child has tested positive on an ASD validated screening tool conducted by a licensed practitioner, but is not yet engaged in services, the child should be referred to an enrolled Medicaid provider to conduct a comprehensive diagnostic evaluation
- The comprehensive diagnostic evaluation will determine the diagnosis and make specific treatment recommendations
- After the completion of a comprehensive diagnostic evaluation, a behavior assessment must be completed

# Member Access – Known Diagnosis



- If a child has been diagnosed with ASD by a licensed and qualified practitioner in the last 12 months, the child should be referred to an enrolled Medicaid provider for a behavior assessment and treatment intervention services
- The behavior assessment will inform the plan of care and determine the most appropriate treatment interventions

# Next Steps for Advisory Council



- Review DSS/DDS proposal in greater detail
- Provide feedback/input to the Departments on the various components of the proposal and the recommendations
- DSS and DDS request the completion of the Advisory Council's review and recommendations by December 15, 2014

# Questions?