

beacon
health options

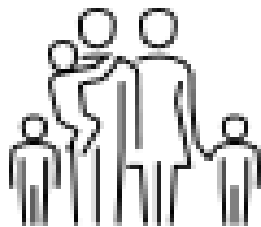
Autism Spectrum Disorder Services

Connecticut Behavioral Health
Partnership Oversight Council

May 9, 2018

CT BHP – At A Glance

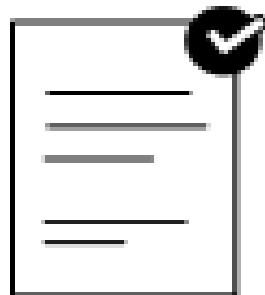
Covered Lives: **800,000+**



Contract Type:

Administrative Services Only

- Cost Plus
- Withholds and Performance Standards



Covered Services: Management of core services covered under Medicaid and grant-funded community services, including management of:

- **For Youth:** DCF residential care, intensive home-based services, PRTF, child state inpatient care, autism services
- **For Adults:** Outpatient, Inpatient, IOP/PHP, Detox

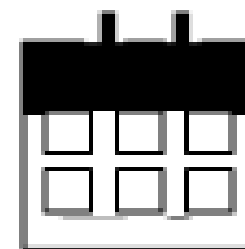


Features:

- Innovative analytic capacity with deep quality and reporting resources
- No claim payment
- Foreign Network that we "co-manage"

Year Started:

Effective 2006; renewed and expanded in April 2011, just extended through 2020



Geography:

Statewide



Beacon Health Options also provides Care Coordination and Peer Services for Medicaid recipients with ASD diagnosis

ASD Services Under Connecticut Plan

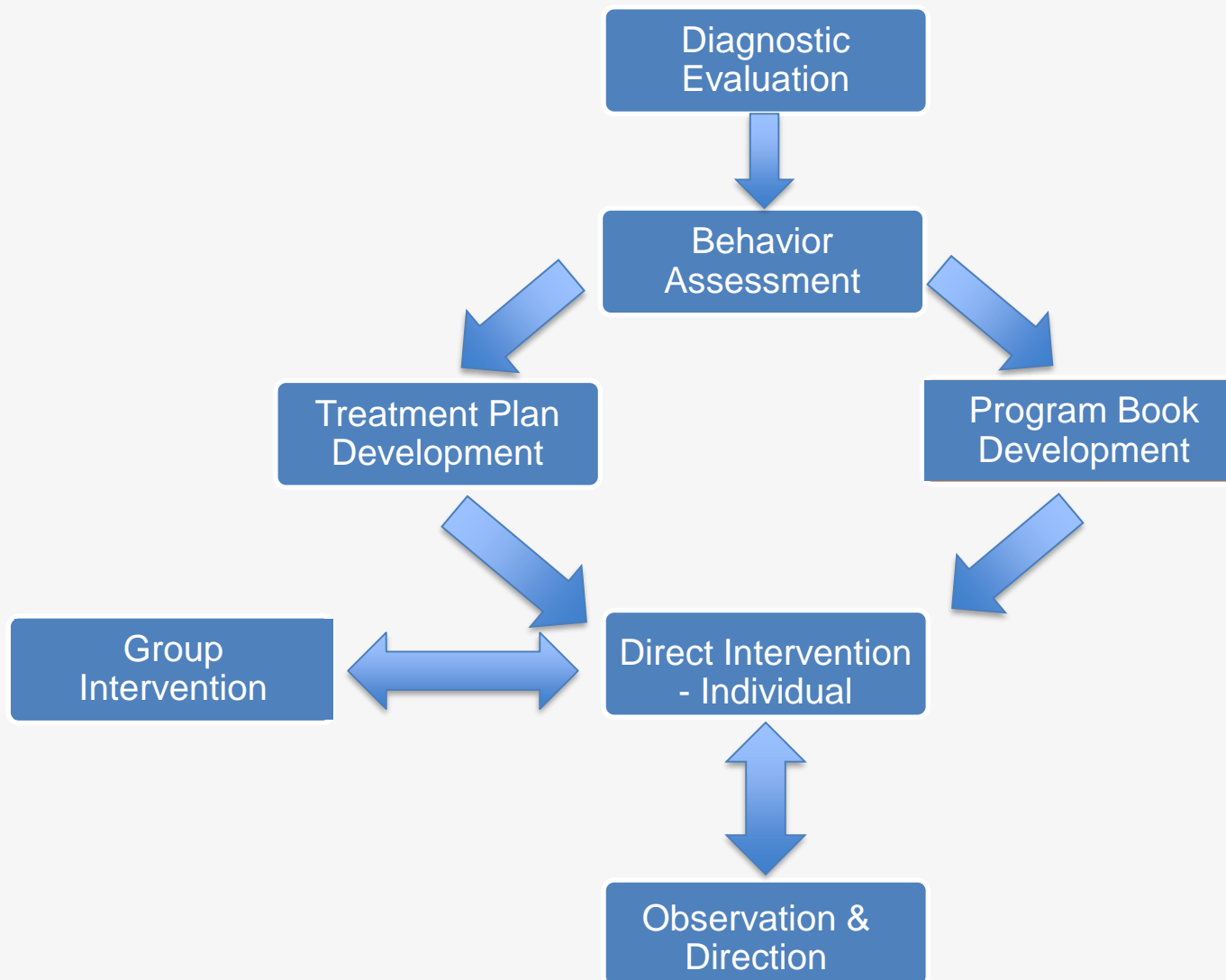
Behavioral Treatment Services (Medicaid State Plan Services performed by providers)	Peer Specialist and Care Coordinator services (Medicaid administrative services performed by the ASO)
Available to Medicaid-eligible children and youth under the age of 21 on HUSKY A, C, or D	Available to individuals 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	

AUTISM SPECTRUM DISORDER SERVICES

Progression of Services



Medicaid Covered ASD Services



Provider Qualifications Specific to Diagnostic Evaluations

- Providers must be one of the following:
 - Physician with a specialty in psychiatry or neurology
 - Physician with a sub-specialty in developmental pediatrics, developmental behavioral pediatrics
 - Physician with a specialty in pediatrics or appropriate specialty with training, expertise or experience in Autism Spectrum Disorder (ASD) or behavioral health
 - Psychologist
 - APRN with training, expertise or experience in ASD or behavioral health
 - Physician assistant with training, expertise or experience in ASD
 - Behavioral health or a licensed clinician (LPC, LCSW, LMFT)

What is the Diagnostic Evaluation?

- **Per Medicaid regulations section 17b-262-1056 :**
 - a neurodevelopmental review of cognitive, behavioral, emotional, adaptive, and social functioning
 - should use validated evaluation tools in order to diagnose and recommend general ASD treatment interventions
 - includes a comprehensive diagnostic evaluation including an evaluation report

What are Validated ASD Screening Tools and Assessments?

ASSESSMENT OF ASD

Table 1. Recommended Measures of a Core Assessment Battery for Autism Spectrum Disorders

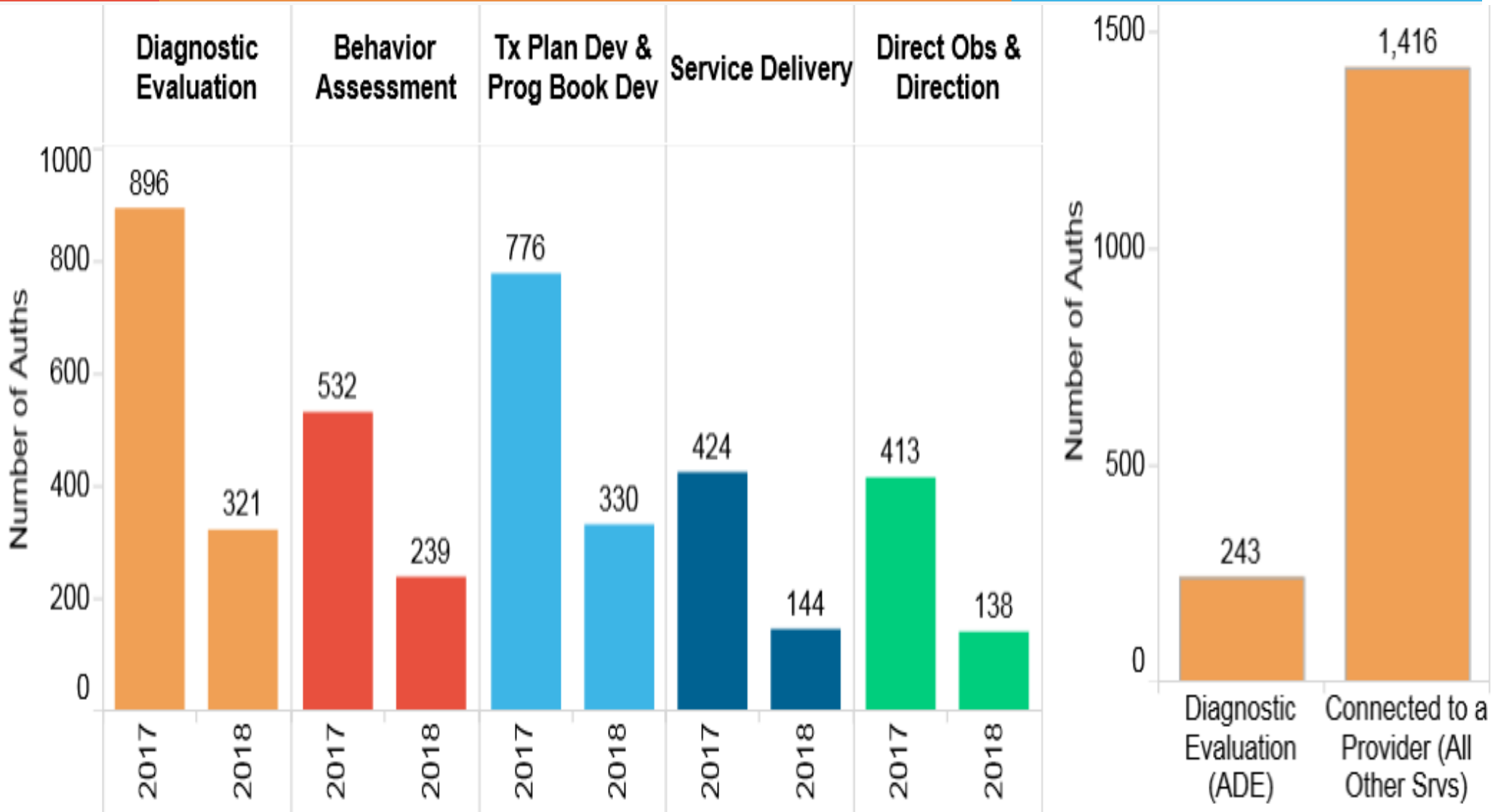
Measure	Format	Age Range ^a	Administration/ Completion Time	Training Needs ^b
Autism Diagnosis: Parent Report				
ADI-R	Interview	18 months to adult	1 to 2.5 hr	Intensive
SCQ	Questionnaire	4 years to adult	10 min	Minimal
PIA	Questionnaire	2 to 6 years	20 to 30 min	Minimal
PDDBI	Questionnaire	1 to 17 years	10 to 15 min	Minimal
Autism Diagnosis: Direct Observation				
ADOS	Direct Testing	2 years to adult	30 to 50 min	Intensive
CARS	Observation	2 years to adult	5 to 10 min	Moderate
Intelligence				
Mullen	Direct Testing	Birth to 68 months	15 to 60 min	Moderate
DAS	Direct Testing	2.5 to 17 years	25 to 65 min	Moderate
WISC-IV	Direct Testing	6 to 16 years	50 to 70 min	Moderate
Stanford-Binet 5	Direct Testing	2 to 85 years	45 to 75 min	Moderate
Leiter-Revised	Direct Testing	2 to 20 years	25 to 90 min	Moderate
Language				
CELF	Direct Testing	3 to 21 years	30 to 45 min	Moderate
PPVT	Direct Testing	2.5 to 90+ years	10 to 15 min	Moderate
EOWPVT	Direct Testing	2 to 18 years	10 to 15 min	Moderate
TLC	Direct Testing	5 to 18 years	< 60 min	Moderate
CCC	Questionnaire	5 to 17 years	10 to 15 min	Minimal
Adaptive Behavior				
Vineland	Interview	Birth to 18 years	20 to 60 min	Moderate

Note: ADI-R = Autism Diagnostic Interview-Revised; ADOS = Autism Diagnostic Observation Schedule; CARS = Childhood Autism Rating Scale; CCC = Children's Communication Checklist; CELF = Clinical Evaluation of Language Fundamentals; DAS = Differential Abilities Scale; EOWPVT = Expressive One Word Picture Vocabulary Test; PDDBI = Pervasive Developmental Disorders Behavior Inventory; PIA = Parent Interview for Autism; PPVT = Peabody Picture Vocabulary Test; SCQ = Social Communication Questionnaire; TLC = Test of Language Competence; WISC-IV = Wechsler Intelligence Scale for Children (4th ed.).

^aInclusive (e.g., 2 to 6 years = from 2 years 0 months through 6 years 11 months). ^bMinimal = little to no training required, but presumes familiarity with instrument; Moderate = presumes prior basic interviewing/cognitive assessment training; Intensive = additional specialized training, such as workshop attendance, suggested.

Ozonoff, S., Goodlin – Jones, B.L., & Solomon, M. (2005). Evidence-based assessment of autism spectrum disorders in children and adolescents. *Journal of Clinical Child and Adolescent Psychology*, vol 34, no 3, 523 - 540

Annual Authorizations and Open Authorizations By Service

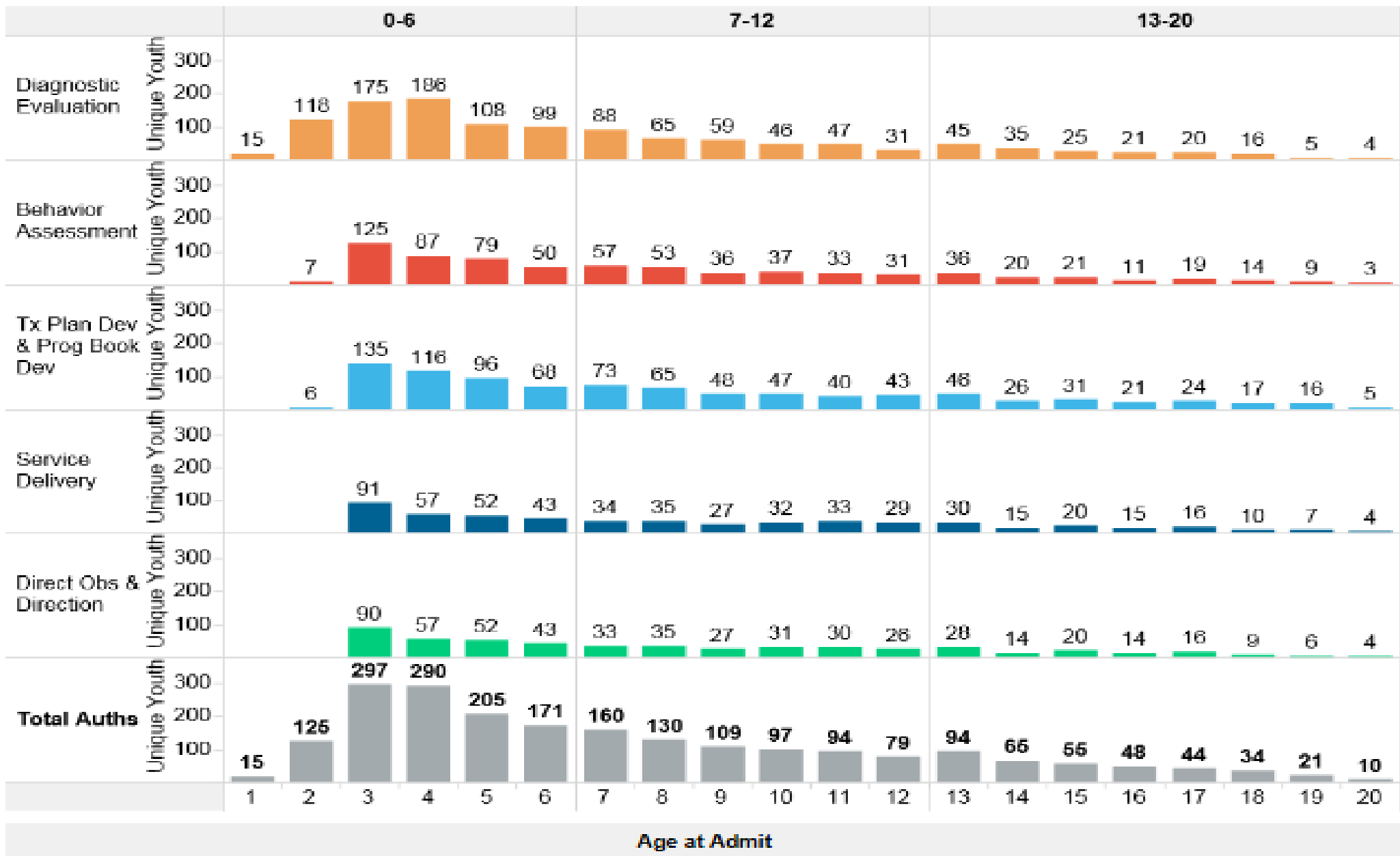


As of May 1, 2018

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

Monthly Admissions Report

Total Unique Youth Admitted to ASD Service Type by Age at Admit
2017 & 2018



Direct Observation and Direction

- All treatment intervention services must be supervised by the licensed clinician or BCBA overseeing the direct service delivery
- Direct observation and direction of staff providing the intervention services must be done one-to-one
- A minimum of one (1) hour of direct supervision is required for every ten (10) hours of treatment services and must include direct observation of the staff person providing services to the member. The licensed clinician/BCBA must be in the same location as the member and the BCaBA or technician and the observation must be to the member's benefit
- The total amount of Direct Observation and Direction is dependent upon the qualifications of the technician and each member's clinical need for direct observation and direction.
- Providers can request more than 10% observation and direction depending on the clinical acuity of the individual

Medicaid Youth (Ages 0 – 20) Autism Spectrum Disorder Services

Monthly Demographics Report

From 5/1/2015 through 4/30/2018 2,769 unique youth have obtained authorizations for ASD services.*	Of which 1,537 youth were ages 0-6 at admission.	Of which 840 youth were ages 7-12 at admission.	Of which 497 youth were ages 13-20 at admission.
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PROVIDERS

Provider Enrollment for Autism Spectrum Disorder Services

Monthly Provider Enrollment Report

203

individual providers have enrolled in Medicaid to provide ASD services.

85

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

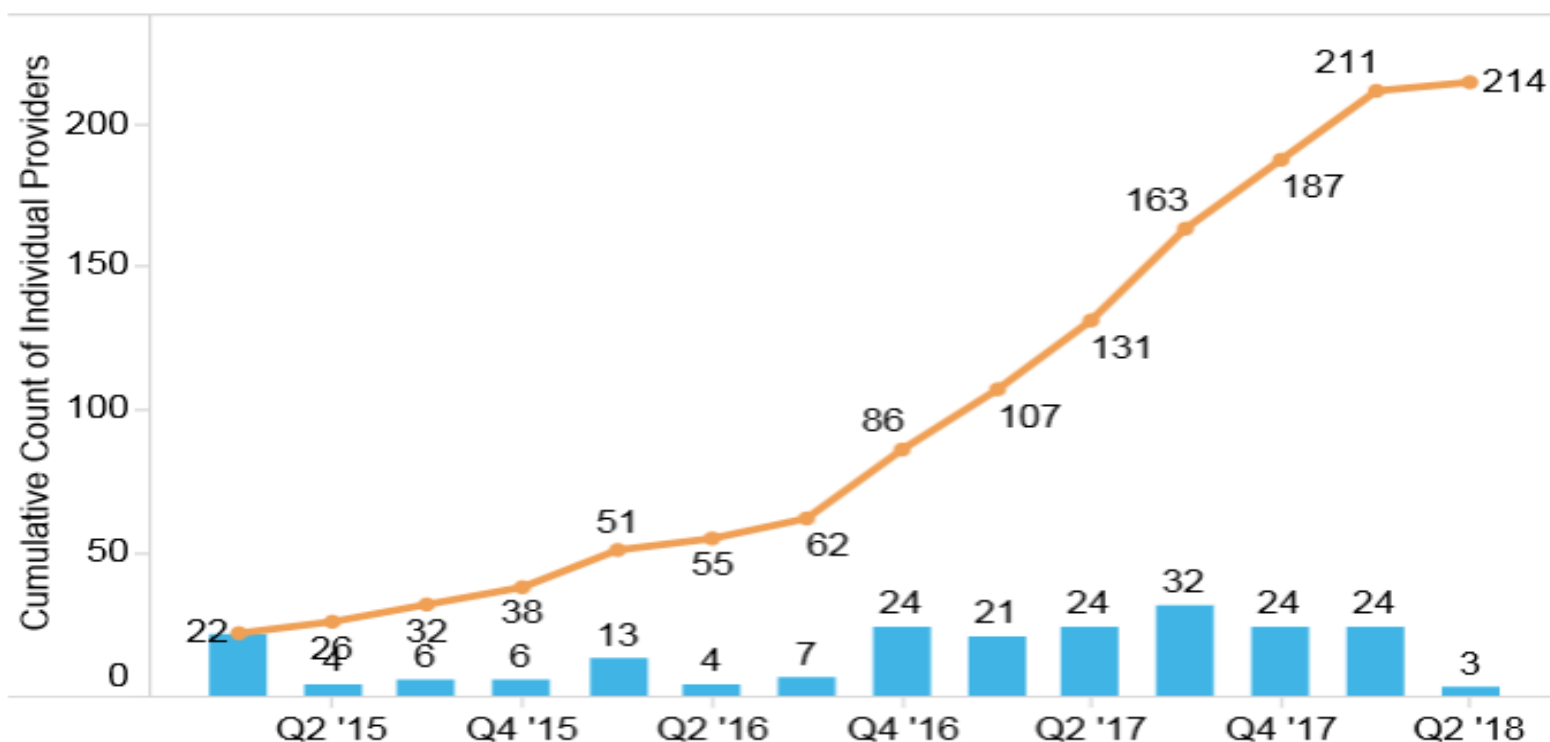
188

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



ASD STAFF

The ASD Team

- Director of ASD Services
- 1 BCBA, 2 LCSWs
- 4 Care Coordinators
- 3 Peer Specialists
- Dedicated Clinical Liaison

Peer Specialists & Care Coordinators

- Contact families within 24 hours of referral
- Home or community visits within 72 hours of initial contact
- Connect youth, families and adults with resources as needed
- Develop and maintain relationships with those agencies who provide community services
- Attend regional Community Collaboratives, DCF and DDS Meetings
- Develop and maintain a resource list and familiarity with appropriate services for potential member referrals

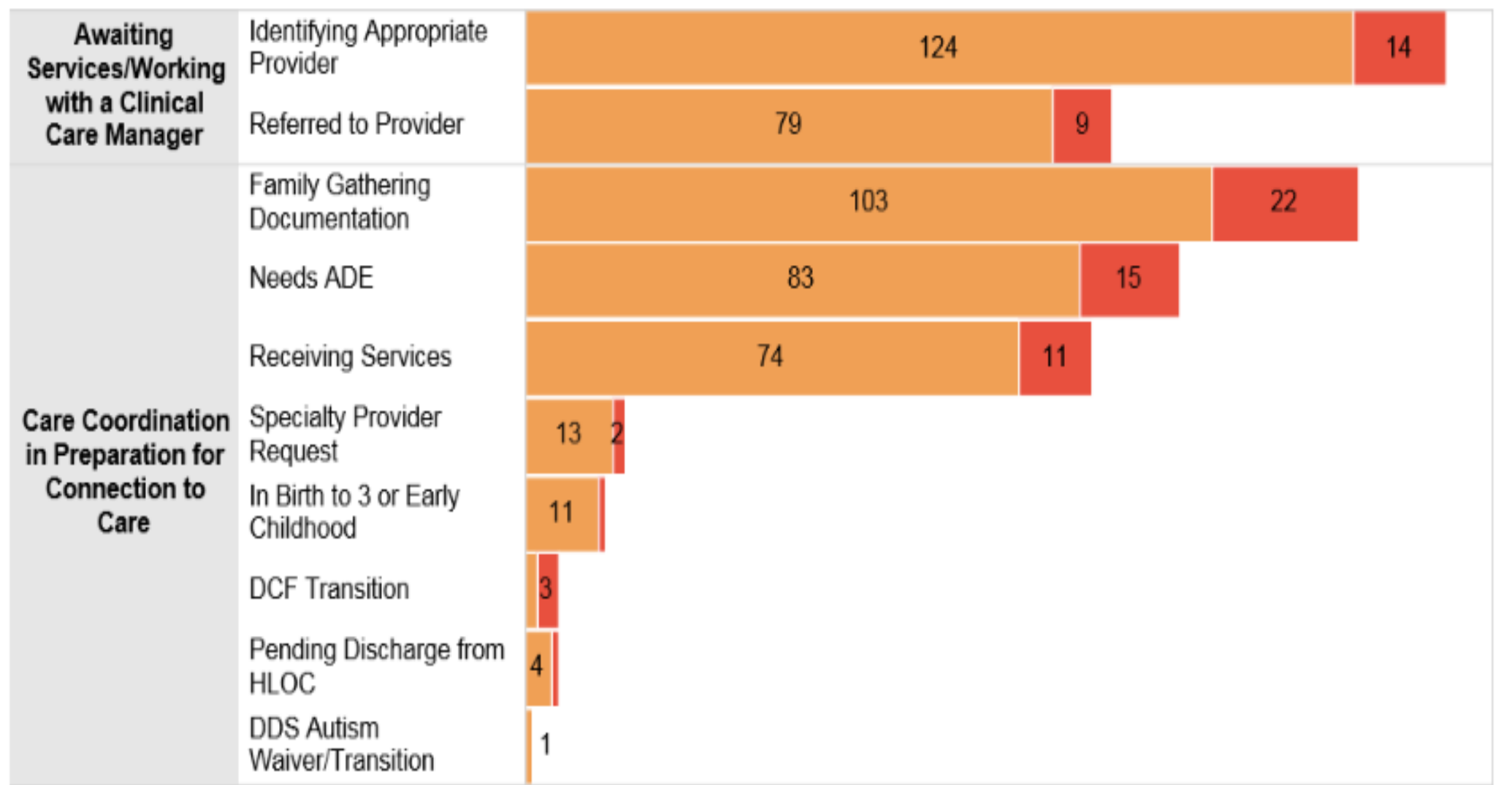
Medicaid Youth (Ages 0-20) Autism Spectrum Disorder Services

Monthly Peer/Care Coordination Report

Referral List Statuses as of: 4/9/2018

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

■ DCF ■ Non-DCF; Excludes Temp IDs



ASD SERVICE EXPENDITURES

ASD Service Expenditures Claims-Based Analysis

Total Claims Cost by Service Class per Year

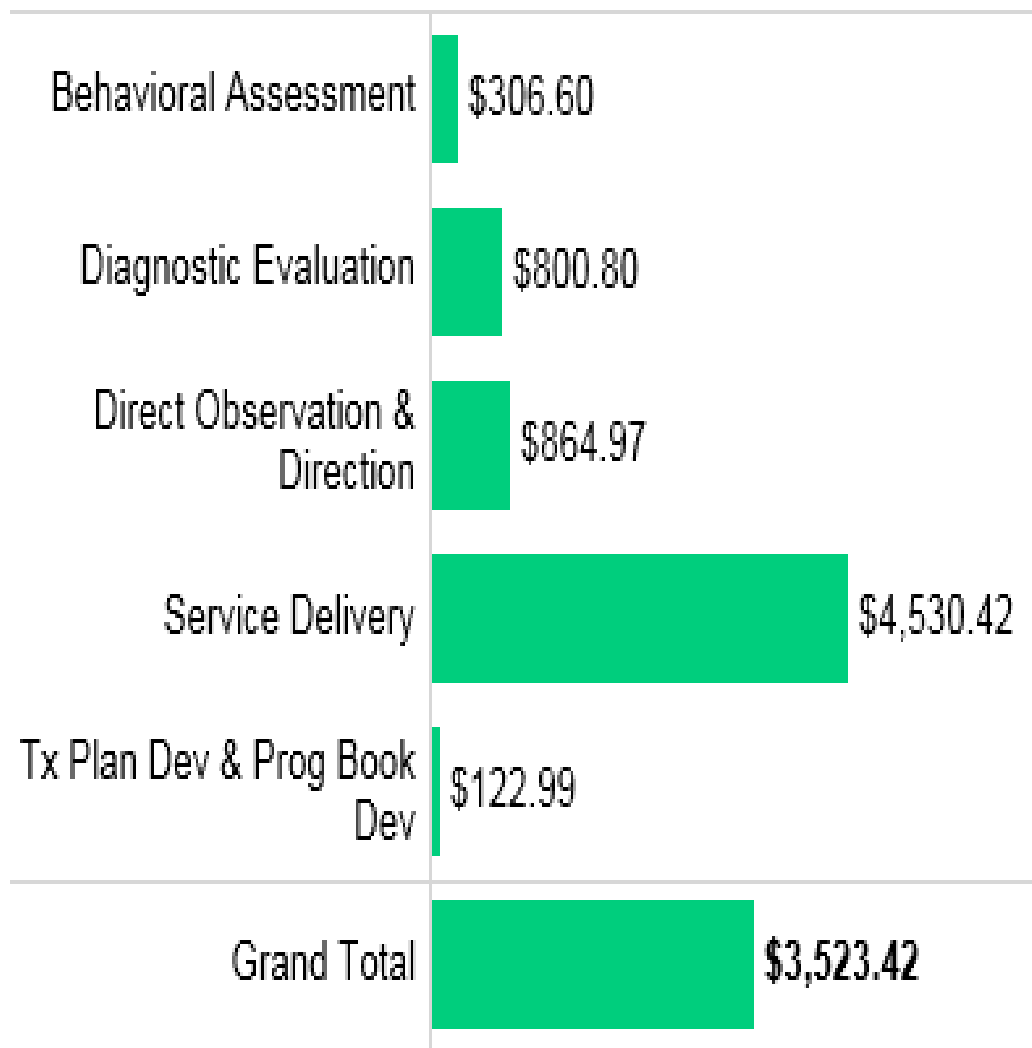
Service Class	2015	2016	2017	Total
Behavioral Assessment	\$25,707.62	\$37,553.60	\$64,284.84	\$127,546.06
Diagnostic Evaluation	\$11,829.38	\$149,403.38	\$232,759.78	\$393,992.54
Direct Observation & Direction	\$0.00	\$56,549.34	\$328,361.80	\$384,911.14
Service Delivery	\$159,119.30	\$1,042,246.36	\$2,309,713.19	\$3,511,078.85
Tx Plan Dev & Prog Book Dev	\$2,141.00	\$5,981.93	\$31,478.98	\$39,601.91
Total	\$198,797.30	\$1,291,734.61	\$2,966,598.59	\$4,457,130.50

Claims from 1/1/2015 – 12/31/2017

ASD Services Claims-Based Expenditures

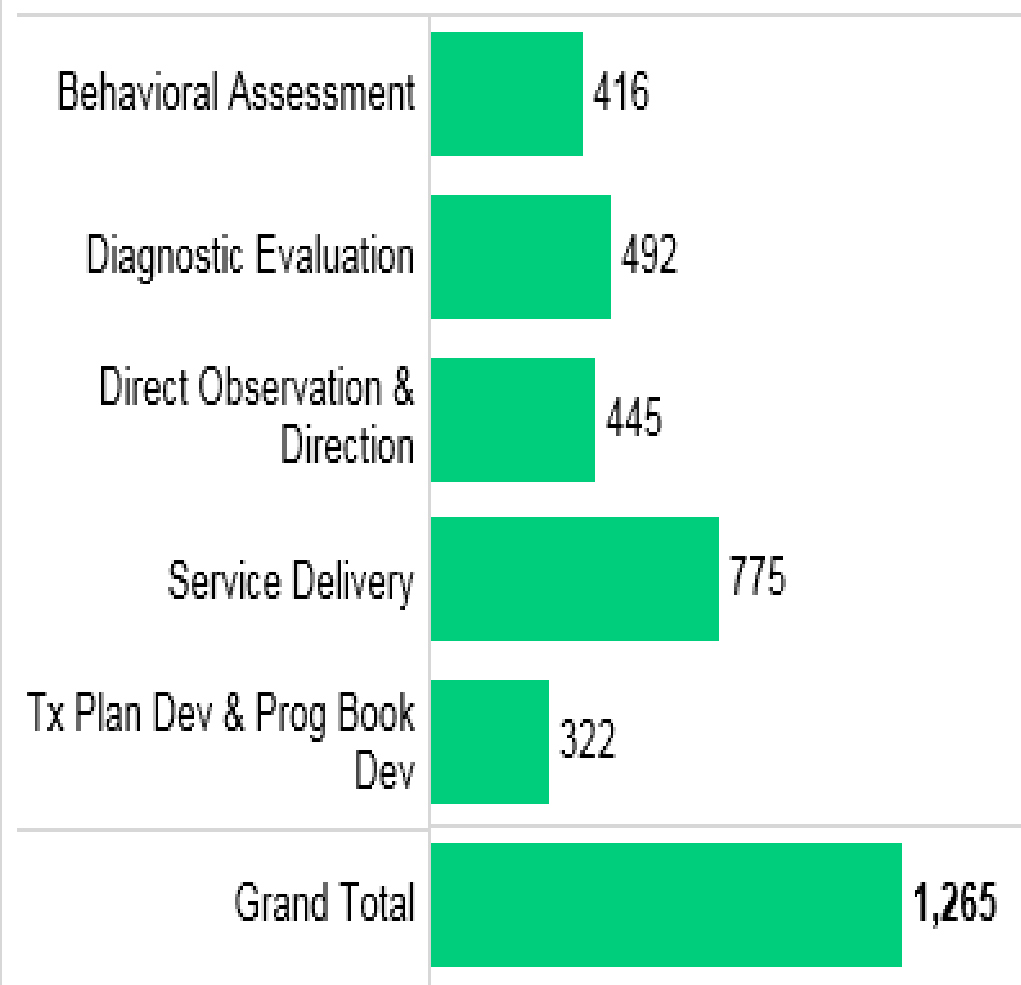
Average Expenditures per Member in 2015, 2016, 2017

Excludes Provider Specialty: School Corporation; Identified ASD



Total Unique Youth per Service Class in 2015, 2016, 2017

Excludes Provider Specialty: School Corporation; Identified ASD members only



How to Access Services

- **CT Behavioral Health Partnership:**
 - Phone: 1-877-552-8247 Fax: 1-855-901-2493
- **Websites:**
 - CT Behavioral Health Partnership: <http://www.ctbhp.com>
 - Department of Developmental Services: <http://www.ct.gov/dds>
 - Department of Social Services: <http://www.ct.gov/dss>
 - Department of Children & Families: <http://www.ct.gov/dcf>
 - Department of Mental Health & Addiction Services:
<http://www.ct.gov/dmhas>

Questions?