

REPORT TO THE TWENTY-FIFTH LEGISLATURE

STATE OF HAWAI'I

2009

PURSUANT TO ACT 221, H.B. 2727, H.D. 2, S.D. 1, C.D.1
HAWAI'I STATE LEGISLATURE, 2008
RELATING TO HEALTH INSURANCE

PREPARED BY:
STATE OF HAWAI'I
DEPARTMENT OF HEALTH
HEALTH RESOURCES ADMINISTRATION
FAMILY HEALTH SERVICES DIVISION
CHILDREN WITH SPECIAL HEALTH NEEDS BRANCH

DECEMBER 2008

Executive Summary

Act 221 (H.B. 2727, H.D. 2, S.D. 1, C.D. 1) of the Hawai'i State Legislature, 2008, established the Autism Spectrum Disorders (ASD) Benefits and Coverage Task Force to 1) discuss and seek input on the problems faced by parents of children with autism; 2) discuss and seek input on what can be done to ensure that proper health benefits and services including applied behavioral analysis techniques are provided through public and private resources to address the special needs of children with autism; 3) review health insurance coverage plans that cover ASD in other states; and 4) develop a plan of services that health insurers should be asked to consider covering.

Three Task Force meetings were held between October and December 2008. The Task Force reviewed and discussed the needs of children/youth with ASD and their families, coordination of public and private resources, health insurance coverage for ASD by other states and by TRICARE Military Health Plan, and other related information.

Task Force recommendations include the following:

1. *Health insurance:* Coverage for children with ASD should include the following:
 - All ASD categories: autistic disorder, pervasive disintegrative disorder not otherwise specified, Asperger's disorder, childhood disintegrative disorder, and Rett's disorder
 - Age: birth through age 20 years (under age 21 years), with no preclusion for adult dependent children with disabilities who are not capable of self-support
 - Maximum benefit: \$50,000 per year
 - Treatment of ASD shall be identified in a treatment plan and shall include the medically necessary pharmacy care, psychiatric care, psychological care, rehabilitative and habilitative care, and therapeutic care. Care coordination would be performed to integrate these services
 - Services: habilitative and rehabilitative care; therapeutic care (occupational, physical, and speech therapy); psychiatric care; psychological care; professional, counseling, and guidance services and treatment programs; respite care; and screening for ASD by primary care providers.
2. *Medical home:*
 - Strategies should be developed to improve the coordination of primary, specialty, therapy, behavioral, and other health services for children/youth with ASD.
 - A comprehensive ASD specialty center ("one-stop") should be available.
 - The number of ASD specialists in Hawai'i should be increased, through ways such as an incentive program or establishing a higher education training program for behavior analysts.
3. *Community-based services:*
 - Strategies should be developed to increase the coordination of medical, education, and social services for children/youth with ASD.
 - Information and training resources for ASD for professionals and families should be made available.
4. *Family support:*
 - Families of children/youth with ASD statewide should have access to a parental support and information network.

Narrative Report

Act 221

Act 221 (H.B. 2727, H.D. 2, S.D. 1, C.D. 1) of the Hawai'i State Legislature, 2008, established the Autism Spectrum Disorders (ASD) Benefits and Coverage Task Force to 1) discuss and seek input on the problems faced by parents of children with autism; 2) discuss and seek input on what can be done to ensure that proper health benefits and services are provided through public and private resources to address the special needs of children with autism, including applied behavioral analysis techniques; 3) research health insurance coverage plans that cover ASD in other states; and 4) develop a plan of services that health insurers should be mandated to cover.

Task Force Members

As specified by Act 221, the Task Force consists of nine members as follows:

- Member of the House of Representatives appointed by the Speaker of the House of Representatives
- Member of the Senate appointed by the President of the Senate
- Superintendent of Education or designee
- Director of Human Services or designee
- Director of Health or designee
- Insurance Commissioner or designee
- Three members appointed by the governor from a list submitted by the Speaker of the House of Representatives and President of the Senate, with each member representing a different organization that represents children with ASD.

The Task Force member list is in Attachment A.

Task Force Meetings

Three meetings were held between October-December 2008. Meetings were convened by the Department of Health (DOH)/Children with Special Health Needs Branch (CSHNB). Co-Facilitators, Leolinda Parlin and Dr. Jeffrey Okamoto, and interisland travel for a Task Force member were funded through the Hilopa'a Project – State Implementation Grant for Integrated Community Systems for Children with Special Health Care Needs (CSHCN). The Hilopa'a Project is a three-year grant to the DOH/CSHNB funded by the U.S. Health Resources and Services Administration/Maternal and Child Health Bureau.

The October 20, 2008 meeting included presentation and/or discussion of:

- Purpose of Task Force
- Hawai'i Autism Consensus Statement
- Needs assessment and data review for children/youth with ASD in Hawai'i
- ASD services covered by health insurance in other states and by TRICARE Extended Care Health Option (ECHO) which is a supplement to the TRICARE military health program.

The November 3, 2008 meeting included presentation and/or discussion on:

- Laws on health insurance for ASD in other states
- Information on home and community-based waivers in other states, State programs providing services for children/youth with ASD, data on number of children with ASD in Hawai‘i, and Hawai‘i data on children with ASD from the National Survey of CSHCN
- Recommendation for a plan of services for health insurance coverage for ASD.

The December 4, 2008 meeting included discussion on:

- Recommendation for a plan of services for health insurance coverage for ASD
- Coordination of ASD services provided by entitlement programs and health insurance
- Needs of children/youth with ASD, and ensuring proper health benefits and services through public and private resources.

Information for Task Force Consideration

The CSHNB Chief and Co-Facilitator Leolinda Parlin researched information and prepared materials to meet Task Force purposes and to respond to requests for information from Task Force members. As needed, written materials were revised to include additional information and comments from Task Force members and interested public participants. The Task Force considered this information in developing recommendations related to medical home, family support, community-based services, and insurance coverage. The informational materials are described below.

Hawai‘i Autism Consensus Statement (Attachment B)

The Hawai‘i Autism Consensus Statement, initiated by an ASD grant proposal in June 2008, has been signed by over 200 families and representatives of state/community agencies and organizations serving children and youth with ASD and their families.

Hawai‘i Data on Children/Youth with ASD (Attachment C)

Data shows that the DOH/Early Intervention Section and the Department of Education (DOE) serve approximately 1,440 children/youth with ASD, ages 0-21 years.

The National Survey of CSHCN, 2005-2006, provides national and state-specific information. Data comparing Hawai‘i vs. U.S. CSHCN with autism showed a significant difference in that fewer Hawai‘i families (43.2%) felt that community-based service systems were organized so that families can use them easily, compared with other U.S. mainland families (72.5%). Data comparing Hawai‘i CSHCN with and without ASD showed statistically significant differences in the following areas:

- Families partner in decision-making at all levels and are satisfied with the services they receive (24.0% CSHCN with ASD vs. 60.9% CSHCN without ASD).
- CSHCN receive coordinated, ongoing, comprehensive care within a medical home* (18.2% CSHCN with autism vs. 46.7% CSHCN without autism).

* The American Academy of Pediatrics describes the medical home as a model of delivering primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective care. <http://www.medicalhomeinfo.org/>

- Community-based service systems are organized so families can use them easily (43.2% CSHCN with autism vs. 91.1% CSHCN without autism).
- Youth with special health care needs receive the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence (0% CSHCN with autism vs. 40.4% CSHCN without autism).

Needs Assessment (Attachment D)

Needs were identified in the areas of medical home, family support, community-based services, and insurance coverage:

Medical home:

- Lack of ASD screening
- Insufficient knowledge of services and programs
- Less effective care coordination and referrals than other CSHCN
- Lack of tools (e.g., algorithm, checklist, quick guide) on services and resources
- Insufficient number of ASD providers in Hawai‘i

Community-based services:

- Lack of organization in community-based service systems
- Lack of navigation tools
- Children/youth and families are challenged to articulate needs.
- Lack of coordination across programs
- Lack of program coordination with the Medical Home
- Concerns exist related to receiving appropriate services in the school, home, and community settings

Family support:

- Family-professional partnership is a major area that needs improvement.
- Lack of a statewide resource to support newly diagnosed families in navigating the system
- Lack of a statewide centralized clearinghouse on ASD information and referral
- Lack of family training, statewide, on ongoing basis

Insurance:

- Children/youth with ASD are more likely to be underinsured.

ASD Services Covered by Health Insurance in Other States and by TRICARE ECHO
(Attachment E)

ASD services are covered by insurance laws in at least 23 other states and by the TRICARE ECHO which includes an Enhanced Autism Services Demonstration. Nine state laws (AZ, CT, FL, KY, LA, MD, PA, SC, TX) which mandate coverage with specific benefits for autism and TRICARE ECHO benefits were examined for: ASD definition, age, maximum benefit (\$), treatment and treatment plan, habilitative and rehabilitative care, therapeutic care (occupational, physical, and speech therapy), psychiatric care, psychological care, pharmacy care, applied behavioral analysis (ABA), respite care, screening for ASD, and ASD services for individuals with developmental delay or disability.

Services Provided by State Programs for Children and Youth with ASD (Attachment F)

State programs for children/youth with ASD include: DOE/Special Education under Part B of the Individuals with Disabilities Education Act (IDEA), DOH/Early Intervention under Part C of IDEA, DOH/Developmentally Disabled/Mentally Retarded (DD/MR) Home and Community-Based Medicaid Waiver, and Department of Human Services/Vocational Rehabilitation. Programs have different age and eligibility requirements, and provide different services.

States with ASD Insurance Coverage and Medicaid Waivers (Attachment G)

States with ASD insurance coverage and Medicaid waivers include AZ, CT, FL, KY, LA, MD, PA, SC, TN, and TX. For each waiver, information includes the waiver authority, effective date, number of participants, anticipated cost, whether waiver is statewide, level of care, eligible ages, and services.

Prepaid Health Plan Guidelines and Coverage Summaries (Attachment H)

Information includes the definition of “mental illness” for which a developmental disability does not in and of itself constitute a mental disorder; the only exclusion to reimbursement for entitlement services is for substance abuse benefits; and employer-paid plan limitations include non-coverage when the government directly or indirectly pays, non-coverage due to existence of legal obligation, non-coverage due to developmental delay, and that rehabilitation services are only for restorative care.

Intensive Behavioral Therapy for Autism – Definitions and Board Certification (Attachment I)

Information includes intensive behavior therapy and related definitions from other states, and Behavior Analyst Certification Board (BACB) requirements.

Provider Credentialing Continuum (Attachment J)

The continuum of provider credentialing includes non-credentialed providers, traditional licensure and state-defined credential, state-defined licensure, health plan defined credential, state licensure, and traditional provider certification.

Task Force Recommendations

Based on various considerations, the Task Force developed recommendations in the areas of health insurance coverage, medical home, community-based services, and family support (see Attachments D and K). These recommendations are:

Autism Spectrum Disorders Benefits and Coverage Task Force Recommendations	
Health Insurance	
<i>ASD definition</i>	Include all disorders: <ul style="list-style-type: none">▪ Autistic disorder▪ Pervasive disintegrative disorder, not otherwise specified▪ Asperger’s disorder▪ Childhood disintegrative disorder▪ Rett’s disorder

**Autism Spectrum Disorders Benefits and Coverage Task Force
Recommendations**

<i>Age</i>	<p>Birth through age 20 years (under age 21 years)</p> <p>ASD services are not precluded for a dependent child with disabilities age 21 years or older who is not capable of self-support, if this child is covered by the health plan.</p>
<i>Maximum benefit</i>	\$50,000 per year
<i>Treatment</i>	<p>“Treatment of ASD” means care prescribed, provided, or ordered for an individual diagnosed with an ASD by a physician, psychologist, or other qualified profession who determines the care to be medically necessary.</p> <p>Treatment of ASD shall be identified in a treatment plan and shall include the medically necessary pharmacy care, psychiatric care, psychological care, rehabilitative and habilitative care, and therapeutic care. Care coordination would be performed to integrate these services. Treatment plan elements include, but are not limited to, a diagnosis; proposed treatment by type, frequency, and duration of treatment; the anticipated outcomes stated as goals; the frequency by which the treatment plan will be updated; and the treating medical doctor’s signature.</p>
<i>Habilitative and rehabilitative care</i>	Habilitative and rehabilitative care, which means professional, counseling, and guidance services and treatment programs, including therapeutic care and applied behavioral analysis that are necessary to develop, maintain, and restore, to the maximum extent possible, the functioning of the individual
<i>Therapeutic care</i>	Therapeutic care, which means services provided by licensed or certified occupational therapists, physical therapists, or speech therapists
<i>Psychiatric care</i>	Psychiatric care, which means direct or consultative services by a licensed psychiatrist
<i>Psychological care</i>	Psychological care, which means direct or consultative services by a licensed psychologist
<i>Professional, counseling, and guidance services and treatment programs</i>	<p>Professional, counseling, and guidance services and treatment programs, including applied behavior analysis (ABA) and other structured behavioral programs. The term ABA means the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relations between environment and behavior.</p> <p>Primary oversight of the behavioral treatment plan for ASD shall be provided by:</p> <ul style="list-style-type: none"> ▪ Licensed physician ▪ Licensed psychologist ▪ Master’s degree or Ph.D. in behavioral analysis ▪ Board Certified Behavior Analyst (BCBA) certified by the Behavior Analyst Certification Board (BACB)

Autism Spectrum Disorders Benefits and Coverage Task Force Recommendations	
<i>Respite care</i>	Respite care up to 16 hours per month, if it is needed and included in the treatment plan
<i>Screening for ASD by primary care providers</i>	Screening for autism by primary care providers for children ages 18, 24, and 36 months
Medical Home	
<i>ASD screening</i>	Education/training should be provided for primary care providers on ASD screening and follow-up.
<i>Knowledge of services and programs</i>	Education/training should be provided to primary care providers and other providers on the management of ASD and their role in integrating and coordinating care for ASD.
<i>Effective care coordination, service, and referrals</i>	Strategies should be developed to improve the coordination of primary, specialty, therapy, behavioral, and other health services for children/youth with ASD. An ASD specialty center (“one-stop”) should be available to provide comprehensive services, including diagnosis, intervention/treatment, referrals, and resource information.
<i>Tools on services and resources</i>	An algorithm, checklist, quick guide, and other tools for screening and referrals/resources should be developed to assist families and providers. Grant or other funding should be pursued to develop such tools and provide training on the tools.
<i>Availability of ASD providers</i>	The number of ASD specialists in Hawai‘i should be increased through ways such as an incentive program or establishing a higher education training program for behavior analysts.
Community-Based Services	
<i>Coordination across programs, and between programs and the medical home</i>	Strategies should be developed to increase the coordination of medical, education, and social services for children/youth with ASD. Information and training on services and resources for ASD for professionals and families should be available. A group should be convened (or an existing initiative should be expanded) to address a more coordinated integrated system for the continuum of neurodevelopmental/psychiatric care for children and youth with special health care needs, including those with ASD.
Family support	
<i>Statewide resource to provide family support, information and referral, and family training</i>	Families of children/youth with ASD statewide should have access to a parent support and information network. There should be increased education and public awareness statewide on available family support resources for families of children/youth with ASD.

ATTACHMENTS

- A. Task Force Members**
- B. Hawai'i Autism Consensus Statement**
- C. Hawai'i Data on Children and Youth with ASD**
- D. Needs Assessment and Recommendations**
- E. ASD Services Covered by Health Insurance in Other States and by TRICARE**
- F. Services Provided by State Programs for Children and Youth with ASD**
- G. States with ASD Insurance Coverage and Medicaid Waivers**
- H. Prepaid Health Plan Guidelines and Coverage Summaries**
- I. Intensive Behavioral Therapy for Autism – Definitions and Board Certification**
- J. Provider Credentialing Continuum**
- K. Recommendations for a Plan of ASD Services for Health Insurance Coverage**

Attachment A

Autism Spectrum Disorders Benefits and Coverage Task Force Members

Name	Address
Insurance Commissioner	
Lloyd Lim, Health Branch Administrator <i>(Alternate Thomas Pico, JD)</i>	Department of Commerce and Consumer Affairs Insurance Division P. O. Box 3614 Honolulu, Hawaii 96811-3614
Department of Education	
Marilyn Jakeway, Educational Specialist - Autism	Department of Education Special Education Section 641 18 th Avenue, V-102 Honolulu, Hawaii 96816
Department of Health	
David F. Fray, D.D.S., Chief <i>(Alternate Susan Narwicz-Sherwood, Ph.D.)</i>	Department of Health Developmental Disabilities Division P. O. Box 3378 Honolulu, Hawaii 96801
Department of Human Services	
Elaine Andrade, R.N., M.B.A. EPSDT Coordinator	Department of Human Services MedQUEST Division 601 Kamokila Boulevard, Suite 508B Kapolei, Hawaii 96709-190
House of Representatives – State Legislature	
Representative John Mizuno	State Capitol 415 South Beretania Street, Rm. 436 Honolulu, Hawaii 96813
Senate – State Legislature	
Senator David Ige	State Capitol 415 South Beretania Street, Rm. 215 Honolulu, Hawaii 96813
Three Community Members Appointed by the Governor	
Julianne A. Y. King	Island of Oahu*
Daniel W. Ulrich, M.D.	Central Oahu Family Guidance Center 860 Fourth Street, 2 nd Floor Pearl City, Hawaii 96782
Susan B. Wood	Island of Hawaii*

**Home addresses are not included*

Attachment B

Hawai'i Autism Consensus Statement

June 2008

1. Children with suspected Autism Spectrum Disorder (ASD) are referred to Early Intervention by 2 years of age.
2. Medical homes are trained in ASD screening and implement early and continuous screening protocols into their practice.
3. Health insurance companies recognize the importance of screening and provide adequate payment to health care providers.
4. Child, youth, and family needs are articulated and integrated across programs and settings.
5. Integrated service planning successfully transition across programs starting at diagnosis through adulthood.
6. Services across the systems of health care, education, and community based services are seamless and coordinated.
7. Intervention teams serving children and youth with ASD and their families have protocols to maximize knowledge about the service system and have access to evidence based best practices.
8. Navigational tools are developed to assist families and their professional partners in navigating the system of care in support of children and youth with ASD.
9. Resource and research information about ASD is accessible and available in the primary languages spoken in our state.
10. Parent to parent support in various mediums is available to all families, across the spectrum, across the state.

This Statement was signed by over 200 families and representatives of state/community agencies and organizations serving children and youth with ASD and their families. It started with an ASD grant proposal to improve services for children and youth with ASD and other developmental disabilities.

Attachment C

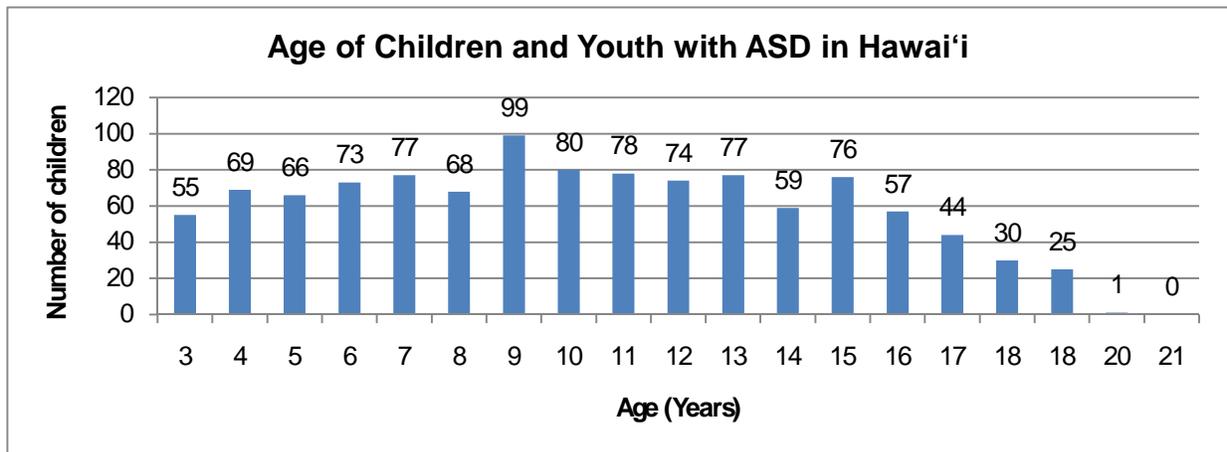
Hawai'i Data on Children and Youth With Autism Spectrum Disorders (ASD)

Estimated Number of Children and Youth with ASD in Hawai'i

Age (years)	# Children & Youth	Race/ethnicity				
		American Indian/ Alaska Native	Asian/ Pacific Islander	Black (not Hispanic)	White (not Hispanic)	Hispanic
0-3	132	-	-	-	-	-
3-5	190*	0 (0%)	116 (61.0%)	9 (4.7%)	53 (27.9%)	12 (6.3%)
6-21	918*	8 (0.9%)	613 (66.8%)	22 (2.4%)	244 (26.6%)	31 (3.4%)
Total	1,240**	-	-	-	-	-

* Number of children in the "Autism" disability category.

** The total number is higher. An estimated 200 children in the "Multiple Disabilities" category have ASD.



Data sources:

- Early Intervention Section (EIS), Hawai'i State Department of Health. Data for children age 0-3 years with autism receiving early intervention services under Part C of the Individuals with Disabilities Education Act (IDEA). The total estimated number of children with ASD receiving services is 132 children; of these, 101 were newly diagnosed in FY2008 (with 93 receiving Intensive Behavioral Support [IBS] services), and 31 children continued to receive IBS services that began in FY2007. The main reasons that a child newly diagnosed in FY 2008 may not receive IBS are that the child will soon age out of EIS services or will be moving to the mainland or other country; these children receive "modified services" (e.g., a few hours a week) instead of the typical 10-15 hours per week.
- Hawai'i State Department of Education. Data for children and youth ages 3-21 years with autism receiving special education and related services under Part B of IDEA. Data for Fall 2007 (December 1 count) reported to the U.S. Department of Education, Office of Special Education Programs.
http://doe.k12.hi.us/reports/specialeducation/idea_part_b_data_reports/index.htm
http://www.ideadata.org/arc_toc9.asp#partbCC

Children and Youth with Autism – Hawai‘i vs. U.S. Data

*Data from the National Survey of Children with Special Health Care Needs
2005-2006*

OUTCOME <i>For Children with Special Health Care Needs (CSHCN)</i>	Hawai‘i				U.S.			
	% CSHCN N=750	% CSHCN with Autism N=32	% CSHCN without Autism N=718		% CSHCN N=39,506	% CSHCN with Autism N=2,091	% CSHCN without Autism N=37,415	
	A	B	C		D	E	F	
Outcome #1: Families partner in decision-making at all levels and are satisfied with the services they receive.	59.4%	24.0%	60.9%	*	57.7%	38.1%	58.8%	**
Doctors usually or always made the family feel like a partner.	87.9%	65.2%	89.0%	*	87.8%	80.4%	88.2%	**
Family is very satisfied with services received	62.2%	26.1%	64.0%	*	60.1%	40.3%	61.3%	**
Outcome#2: CSHCN receive coordinated, ongoing, comprehensive care within a medical home.	45.2%	18.2%	46.7%	*	47.5%	26.7%	48.7%	**
Child has a usual source of care	91.9%	92.7%	92.2%		93.1%	93.4%	93.1%	
Child has a usual source for sick care	93.2%	93.0%	93.4%		94.4%	94.5%	94.4%	
Child has a usual source for preventive care	97.7%	95.1%	97.9%		97.3%	97.2%	97.3%	
Child has a personal doctor or nurse	94.0%	88.1%	94.3%		93.7%	94.3%	93.6%	
Child has no problems obtaining referrals when needed	78.6%	36.3%+	81.7%	*	79.1%	69.4%+	79.9%	**
Child receives effective care coordination	60.9%	23.4%	62.9%	*	59.4%	36.8%	61.0%	**
Family is very satisfied with doctors' communication with each other	61.5%	24.6%	64.1%	*	52.3%	42.9%	53.7%	**
Family is very satisfied with doctors' communication with other programs	51.4%	44.1%	50.8%		64.0%	46.1%	65.5%	**
Family usually or always gets sufficient help coordinating care, if needed	76.0%#	65.2%	76.6%^		67.8%#	44.9%	69.8%^	**
Child receives family-centered care	64.4%	46.7%	65.7%		66.1%	51.3%	67.0%	**
Doctors usually or always spend enough time	77.5%	61.3%	78.6%		79.0%	70.2%	79.5%	**
Doctors usually or always listen carefully	88.9%	72.8%	89.6%		88.9%	82.6%	89.3%	**
Doctors are usually or always sensitive to values and customs	90.8%	88.8%	91.2%		89.1%	83.5%	89.5%	
Doctors usually or always provide needed information	82.4%	63.5%	83.1%		83.3%	67.1%	84.3%	**
Doctors usually or always make the family feel like a partner	87.9%	65.2%	89.0%	*	87.8%	80.4%	88.2%	**

OUTCOME <i>For Children with Special Health Care Needs (CSHCN)</i>	Hawai'i				U.S.			
	% CSHCN N=750	% CSHCN with Autism N=32	% CSHCN without Autism N=718		% CSHCN N=39,506	% CSHCN with Autism N=2,091	% CSHCN without Autism N=37,415	
	A	B	C		D	E	F	
Outcome #3: Families of CSHCN have adequate private and/or public insurance to pay for the services they need.	73.5%#	55.9%	74.7%^		62.2%#	47.8%	63.1%^	**
Child has public or private insurance at time of interview	99.1%#	100.0%+	99.0%^	*	96.6%#	96.6%+	96.6%^	
Child has no gaps in coverage during year before the interview	96.7%#	100.0%+	96.5%^	*	91.4%#	91.4%+	91.4%^	
Insurance usually or always meets the child's needs	91.0%#	66.2%	92.5%^	*	87.5%#	73.6%	88.2%^	**
Costs not covered by insurance are usually or always reasonable	79.8%#	65.1%	80.6%^		72.0%#	59.3%	72.8%^	**
Insurance usually or always permits child to see needed providers	94.4%#	69.8%	95.5%^		90.9%#	78.0%	91.6%^	**
Outcome #4: Children are screened early and continuously for special health care needs.	69.7%#	69.9%	69.7%^		64.0%#	64.3%	64.0%^	
Child has received routine preventive medical care in the past year	79.5%	77.8%	79.7%		77.1%	78.8%	77.0%	
Child has received routine preventive dental care in the past year	86.6%#	89.9%	86.4%^		78.7%#	76.8%	78.8%^	
Outcome #5: Community-based service systems are organized so families can use them easily. Child's family has experienced no difficulties using services	88.8%	43.2%+	91.1%	*	89.3%	72.5%+	90.3%	**
Outcome #6: Youth with special health care needs receive the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.	39.4%	0%	40.4%	*	41.4%	21.2%	42.5%	**
Child receives anticipatory guidance in the transition to adulthood	36.9%	35.2%	36.6%		38.4%	29.0%	38.9%	**
Doctors have discussed shift to adult provider, if necessary.	36.1%	35.4%	36.5%		42.1%	27.4%	43.1%	
Doctors have discussed future health care needs, if necessary.	62.4%	35.2%	63.1%		62.7%	51.7%	63.3%	**
Doctors have discussed future insurance needs, if necessary.	46.9%#	76.3%+	45.4%^		34.2% #	30.7%+	34.4%^	
Child has usually or always been encouraged to take responsibility for his or her health care needs	79.6%	18.3%	82.2%	*	78.3%	47.5%	79.8%	**

Statistically significant differences are based on the 95% confidence intervals:

- * Significant difference between Hawai'i CSHCN with and without autism. (*Column B vs. C*)
- ** Significant difference between U.S. CSHCN with and without autism. (*Column E vs. F*)
- # Significant difference between Hawai'i and U.S. CSHCN. (*Column A vs. D*)
- + Significant difference between Hawai'i and U.S. CSHCN with autism. (*Column B vs. E*)
- ^ Significant difference between Hawai'i and U.S. CSHCN without autism. (*Column C vs. F*)

Data Source:

National Survey of CSHCN 2005-2006. Hawai'i and U.S. data were analyzed by the Department of Health/Children with Special Health Needs Branch, July 2008.

Survey Information:

- The National Survey of CSHCN, 2005-2006, was sponsored by the Maternal and Child Health Bureau of the U.S. Department of Health and Human Services. Sampling and telephone interviews were directed by the National Center for Health Statistics of the Centers for Disease Control and Prevention.
- Period of data collection: April 2005 - February 2007
- Sample size: 750 CSHCN per State and DC, plus 5,000 children without special needs from across the U.S.
- Sampling Frame: Children under age 18 years
- For this survey, CSHCN are defined as "those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally."
- The outcome indicators and method of analysis were established by the Maternal and Child Health Bureau. Only children who met all applicable indicators were counted as achieving the outcome. Similarly, only children who met all applicable sub-indicators were counted as achieving the indicator.
- Websites for more information on the survey:
<http://cshcndata.org/Content/Default.aspx>
http://www.cdc.gov/nchs/about/major/slait/nschcn_05_06.htm

Attachment D Autism Spectrum Disorders Benefits and Coverage Task Force



Needs Assessment & Recommendations

December 4, 2008

1 Medical Home

Medical Home Needs Assessment	What Does That Look Like?	ASD Task Force Recommendations
1.1 Adequate access to the Medical Home	<ul style="list-style-type: none"> ▪ Most children with ASD in Hawai‘i have a primary care provider (PCP). However, PCPs may not be comfortable with the management of ASD. PCPs also need to understand and navigate the system of services. ▪ The number of PCPs available is not an issue. 	
1.2 Lack of ASD screening	<ul style="list-style-type: none"> ▪ Screening is needed for the early identification of needs. ▪ The M-CHAT screen for ASD takes about 5 minutes and can quickly be done in physician offices. A scoring tool is available to assist scoring. ▪ American Academy of Pediatrics recommends screening for ASD. However, PCPs may not receive compensation for ASD screening. ▪ <i>Public comment:</i> Some families have difficulty finding a doctor to diagnose ASD for their child. ▪ <i>Public comment:</i> Most physicians in Hawai‘i are unable to accurately diagnose ASD, unable to recognize the signs, or are reluctant to alarm parents. MDs should be given guidelines regarding the identification of ASD at an early age or refer to Early Intervention programs or psychologists/psychiatrists for early identification and services. 	Education/training should be provided for PCPs on ASD screening and follow-up.
1.3 Insufficient knowledge of services and programs	<ul style="list-style-type: none"> ▪ PCPs (and some specialists) may not have had the training regarding the management of ASD, including developing a treatment plan (including OT, PT, speech therapy, behavior interventions, etc.). ▪ PCPs need more information on ASD resources. ▪ PCPs may not be clear on their role in care provided through other public and private sector programs. 	Education/training should be provided to PCPs and other providers on the management of ASD and their role in integrating and coordinating care for ASD.
1.4 Less effective care coordination and	<ul style="list-style-type: none"> ▪ Effective care coordination includes medical, education, and social services; primary and specialty care services; and state and community services. 	Strategies should be developed to improve the coordination of

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<p>referrals than other children with special health care needs (CSHCN)</p>	<ul style="list-style-type: none"> ▪ The number of specialists and service providers in Hawai‘i is insufficient. Accessing services is more difficult on Neighbor Islands, compared with Oahu. ▪ The system is fragmented, for example, with DOH and DOE having different eligibility and service requirements. ▪ Children with ASD should have access to care in the same way as other for other mental health, neurologic, or neurodevelopmental conditions (such as cerebral palsy or seizures). ▪ It is difficult to get referrals or services such as OT, PT, speech therapy, or ABA through private providers because insurance may not cover those services. However, these services may be available through DOH or DOE. ▪ There is no central “one-stop” resource for ASD in Hawai‘i. Some families take their children to mainland specialty centers where there are teams of providers for medical/psychiatric, counseling, resource information, and navigating services. ▪ Getting specialists to the state can be difficult. ▪ There are resources within the state, but they need to be brought together. ▪ An interdisciplinary center for comprehensive assessments and appropriate treatment is needed. Many mainland clinics are university-based. Suggestions for a “one stop” resource include: Autism Treatment Network; Kapiolani Medical Center pediatric specialty clinic; MCH LEND (Maternal and Child Health Leadership Education in Neurodevelopmental and Related Disorders Program) at the University of Hawai‘i (UH); UH School of Medicine, including psychiatry, social work, or speech therapy, with central and community clinics. ▪ <i>Public comment:</i> There needs to be a comprehensive approach. ▪ <i>Public comment:</i> Typically, when diagnosed with a disease or disability, the physician sends the child to a specialist, who then provides a treatment plan, and bills go through insurance. With autism, no such protocol exists. Even finding a doctor to properly diagnose ASD is difficult. 	<p>primary, specialty, therapy, behavioral, and other health services for children/youth with ASD.</p> <p>An ASD specialty center (“one-stop”) should be available to provide comprehensive services, including diagnosis, intervention/treatment, referrals, and resource information.</p>
<p>1.5 Lack of tools (e.g., algorithm, checklist, quick guide) on services and</p>	<ul style="list-style-type: none"> ▪ There is no algorithm. The initial algorithm for follow-up of concerns is referral to DOH/Early Intervention Services for children age 0-3 years, and to DOE for children over age 3 years. The algorithm should include the progression of services as children grow older. 	<p>An algorithm and other tools for screening and referrals/resources should be developed to assist families and providers. Grant or</p>

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resources	<ul style="list-style-type: none"> ▪ An algorithm or care map could assist families and providers in understanding and navigating the system of services. 	other funding should be pursued to develop such tools and provide training on the tools.
1.6 Lack of ASD providers	<ul style="list-style-type: none"> ▪ The number of specialists for ASD treatment, including communication, behavior, and psychiatric services is not sufficient in Hawai'i. ▪ There is no university/college program available in Hawai'i to prepare specialists to be certified by the Behavior Analyst Certification Board (BACB). ▪ As of 5/8/07, there were 12 BACB Board Certified Analysts and 3 BACB Board Certified Associate Analysts in Hawai'i. (From: Department of Defense Report and Plan on Services to Military Dependent Children with Autism, July 2007. http://www.tricare.mil/mybenefit/Download/Forms/DoD_Report_Autism_.doc/DoD_Report_Autism_.doc) 	The number of ASD specialists in Hawai'i should be increased through ways such as an incentive program or establishing a higher education training program for behavior analysts.

2 Community Based Services

Community Based Services Needs	What Does That Look Like?	ASD Task Force Recommendations
2.1 Lack of organization in community-based service systems	<ul style="list-style-type: none"> ▪ Community-based services are non-institutional services, such as school, early intervention services, DOH services, specialists, family support groups, etc. ▪ The majority of families do not have adequate support in getting services. ▪ Services need to be more integrated. 	
2.2 Lack of navigation tools 2.3 Children/youth and families are challenged to articulate needs	<ul style="list-style-type: none"> ▪ Transparency is needed regarding available services. Everyone needs to know the available services, including screening, assessment, and treatment. Guidelines or a "roadmap" is needed. ▪ Better communication is needed so that families are aware of services. ▪ Providers/agencies need to assist families in deciphering needs and better navigating the system of services. 	
2.4 Lack of coordination across program 2.5 Lack of program coordination with the Medical Home	<ul style="list-style-type: none"> ▪ DOH Early Intervention and DOE coordinate the transition of children age 0-3 years to DOE services. ▪ The transition of youth from high school to other settings or services is not well organized. There is no requirement for other agencies to be involved. In addition, as required by the Individuals with Disabilities Education Act, 	Strategies should be developed to increase the coordination of medical, education, and social services for children/youth with ASD.

Community Based Services Needs	What Does That Look Like?	ASD Task Force Recommendations
	<p>family consent is needed to involve other agencies.</p> <ul style="list-style-type: none"> ▪ DOE and DOH have different eligibility requirements for services for students with ASD. ▪ Health and education need to be better coordinated. Health providers have difficulty coordinating their services with a child’s other services. The system of services is fragmented, there is duplication, and coordinating care is difficult. ▪ There should be coordination of ASD services provided by entitlement programs (i.e., DOH, Developmental Disabilities, Early Intervention) and health insurance. Services in the school setting are based on the Individualized Education Plan (IEP) and should be considered separately from those in the home. Family and school/community providers need to have the same behavioral approaches for school, home, and other settings. ▪ Families sometimes coordinate the care for their children. ▪ An “integrated treatment plan” is needed. Interagency coordination is needed. ▪ All service providers should be invited to the IEP. ▪ Who/how will care be coordinated when a child has multiple providers? Options to address the issue of improving coordinated care include establishing another Task Force or a group, or mini-grant that is part of the Mental Health Transformation or other initiative. ▪ Consider payment to health providers to coordinate services as an approach to increase their coordination of services. ▪ <i>Public comment:</i> Typically, when diagnosed with a disease or disability, the physician sends the child to a specialist, who then provides a treatment plan, and bills go through insurance. With autism, no such protocol exists. Even finding a doctor to properly diagnose ASD is trying, and the specialists are paid out-of-pocket. 	<p>Information and training on services and resources for ASD for professionals and families should be available.</p> <p>A group should be convened (or an existing initiative should be expanded) to address a more coordinated integrated system for the continuum of neurodevelopmental/psychiatric care for children/youth with special health care needs, including those with ASD.</p>
2.6 Concerns exist related to receiving appropriate services in the school, home, and community settings.	<ul style="list-style-type: none"> ▪ Families need a broad range of services. Education during the school day or school year is one component, but there are other parts to a child’s life. Other issues include behavior, social-emotional, and sensory issues. ▪ The IEP process is complex. ▪ The number of DOE due processes for children with ASD is disproportionate compared with other eligibility categories. 	

Community Based Services Needs	What Does That Look Like?	ASD Task Force Recommendations
	<ul style="list-style-type: none"> ▪ DOE provides OT, PT, and speech therapy to support a child's receiving free appropriate public education. However, families also need help at home and in the community. ▪ Children with ASD may have difficulty adjusting to new providers (such as from staff turnover). ▪ Families need help in the home and community. This could help to lessen long-term problems, including out-of-home placements. 	

3 Family Support

Family Support Needs	What Does That Look Like?	ASD Task Force Recommendations
3.1 Family-professional partnership is a major area that needs improvement.	<ul style="list-style-type: none"> ▪ Family support is a major area for improvement. Partnerships need to improve. ▪ PCPs want to do well, but they may not have the training, protocols, or knowledge of assessment and referrals. So families are not satisfied. ▪ It may not be reasonable to expect PCPs to be autism experts. However, PCPs do have the role of referral and linkage to services. ▪ <i>Public comment:</i> Parents feel frustration, general anxiety, isolation. 	
3.2 Lack of a statewide resource to support newly diagnosed families in navigating the system	<ul style="list-style-type: none"> ▪ There are not many support groups statewide in all locations, especially on the Neighbor Islands. ▪ Technology may be a way to link isolated communities. ▪ There is no centralized resource on ASD information. Families now get information from various sources. 	Families of children/youth with ASD statewide should have access to a parent support and information network.
3.3 Lack of a statewide centralized clearinghouse on ASD information and referral	<ul style="list-style-type: none"> ▪ The central "one stop" resource could include information on family support groups and materials in other languages. ▪ <i>Pubic comment:</i> A one-stop shop or clearinghouse could be a partnership of state and other agencies. 	There should be increased education and public awareness statewide on available family support resources for families of children/youth with ASD.
3.4 Lack of family training, statewide, on ongoing basis		

4 Insurance Coverage

Insurance Coverage Needs	What Does That Look Like?	ASD Task Force Recommendations
4.1 Children/youth with ASD are more likely to be underinsured	<ul style="list-style-type: none"> ▪ Most families do have insurance coverage. ▪ Insurance does not cover needed services such as OT, PT, and speech therapy. Sometimes developmental delay is given as a reason for not covering the service. ▪ Insurance does not cover other needed services such ABA, family support, and recreational therapy. ▪ Some services may be covered under a mental health benefit. ▪ Some children may not get appropriate referrals because of the lack of understanding of ASD. ▪ Services for children with ASD and their families can help to decrease long term problems, including out-of-home placement. ▪ <i>Public comment:</i> There is a lack of insurance to cover the diagnosis and treatment for the 1 in 150 children diagnosed with autism. ▪ <i>Public comment:</i> A comprehensive approach is needed, included behavioral therapy, for children with ASD to function socially. ▪ <i>Public comment:</i> Insurance doesn't cover hyperbaric therapy. 	<p><i>See recommendations on the plan of services for insurance coverage.</i></p>

Autism Spectrum Disorders Benefits and Coverage Task



Attachment E Force



ASD Services Covered

By Health Insurance in Other States and by TRICARE

November 3, 2008

General

Information on Laws in Other States	Additional Information & Notes
<p>At least 23 states have laws that address autism.</p> <p>14 state laws include autism without identifying specific benefits for autism:</p> <ul style="list-style-type: none"> ▪ CA, IL, IA, KS, ME, MT, NH, NJ, VA: Coverage for autism as a mental illness, with coverage similar to that for other sickness or illness ▪ CO: Coverage for autism similar to that for other sickness or illness (other than mental illness) ▪ GA, TN: Coverage for autism similar to that for neurological disorders ▪ IN: Coverage for the treatment of PDD; limited to treatment that is prescribed by the insured's treating physician in accordance with a treatment plan ▪ NY: No exclusion of coverage for diagnosis and treatment of medical conditions otherwise covered by the policy solely because the treatment is provided to diagnose or treat ASD <p>9 state laws (AZ, CT, FL, KY, LA, MD, PA, SC, TX) mandate coverage with specific benefits for autism. <i>Information on these state laws is provided on the following pages.</i></p> <p>☞ ☞ ☞ TRICARE Military Health Plan: Services for children with autism are available through the Autism Services Demonstration and Extended Care Health Option (ECHO).</p>	<ul style="list-style-type: none"> ▪ Different ways to describe ASD: <ul style="list-style-type: none"> ○ Biomedical ○ Mental health ○ Neurologic ○ Neurodevelopmental

Information on Laws in Other States	Additional Information & Notes

ASD Definition

Information on Laws in Other States	Additional Information & Comments
<p>AZ, FL, SC: ASD–autistic disorder, Asperger’s syndrome, Pervasive Developmental Disability (PDD) not otherwise specified</p> <p>CT: ASD</p> <p>KY: Autism</p> <p>LA, PA: ASD–any of the PDD, including autistic disorder, Asperger’s syndrome, PDD not otherwise specified</p> <p>MD: Autism or ASD</p> <p>TX: ASD–autism, Asperger’s syndrome, PDD not otherwise specified</p> <p>⌘ ⌘ ⌘</p> <p>TRICARE Military Health Plan: Autistic disorder, Asperger’s disorder, PDD not otherwise specified, childhood disintegrative disorder</p> <p><i>Not specified above:</i> - Rett syndrome</p>	<ul style="list-style-type: none"> ▪ ASD represents 3 of the pervasive developmental disorders (PDD) defined in DSM and DSM-IV-TR: autistic disorder, Asperger syndrome, and PDD-not otherwise specified. Although Rett syndrome and childhood disintegrative disorder are included in the DSM-IV-TR listing, they are not considered ASD.¹

Age

Information on Laws in Other States	Additional Information & Notes
<p>AZ: Up to age 16 years</p> <p>FL: Under age 18 years; age 18 years or older in high school diagnosed as having developmental disability at age 8 years or younger</p> <p>KY: Age 2 through 21 years</p> <p>LA: Under age 17 years</p> <p>MD: Under age 19 years</p> <p>PA: Under age 21 years</p> <p>SC: Under age 16 years (must be diagnosed with ASD at age 8 or younger)</p> <p>TX: Over age 2 years, under age 6 years. If enrollee becomes age 6 years or older and continues to need treatment, coverage of treatment is not precluded.</p> <p>CT: Not specified</p> <p>☞ ☞ ☞</p>	<ul style="list-style-type: none"> ▪ Most children with ASD remain within the spectrum as adults and continue to experience problems with independent living, employment, social relationships, and mental health.² ▪ ASD does not end at age 21 years. ▪ <i>Public comment:</i> Youth do not stop progressing with age. ▪ <i>Public comment:</i> There should be no limit for age. ▪ <i>Public comment:</i> Early intervention is of utmost importance when child is very young. As children grow, the services needed change, such as how to function in the community, i.e., job skills, basic community skills (e.g., writing checks, holding bank account, going to store, driving a car, riding bus, etc.). ▪ <i>Public comment:</i> There has been more recent diagnosis of adults with ASD, as their primary caregivers pass away.
<p>TRICARE Military Health Plan: Age 18 months and older</p>	

Maximum Benefit (\$)

Information on Laws in Other States	Additional Information & Notes
<p>AZ: \$50,000/year for <u>behavioral therapy</u> up to age 9 years; \$25,000/year for <u>behavioral therapy</u> for age 9-16 years</p> <p>FL: \$36,000 per year Total lifetime maximum \$200,000</p> <p>KY: \$500/month (=\$6,000/year)</p> <p>LA: \$36,000/year Total lifetime maximum \$144,000 Coverage not subject to limits on the number of visits to autism service provider</p> <p>PA: \$36,000 per year No limit on number of visits to autism service provider for treatment of ASD</p> <p>SC: \$50,000/year for <u>behavioral therapy</u></p> <p>CT, MD, TX: Not specified</p>	<ul style="list-style-type: none"> ▪ Hawai'i insurers are not allowed to pre-select, i.e., exclude individuals with pre-existing conditions. ▪ If the insured pool is large, exceed several thousand, then costs "balance out". ▪ <i>Public comment:</i> Since each child has his own way of expressing autism, any limits on \$ benefits could hinder the child's healing and progress. ▪ <i>Public comment:</i> Limits are mostly based on insurance, not based on family needs.
<p>☞ ☞ ☞</p> <p>TRICARE Military Health Plan:</p> <ul style="list-style-type: none"> ▪ Maximum Government cost-share of the total cost of benefits through both the Autism Services Demonstration and Extended Care Health Option (ECHO) program is \$2,500 per month (=\$30,000 per year). ▪ Monthly cost share depends on pay grade. Range from \$25 to \$250 per month (=\$300 to \$3,000 per year) 	

Treatment

Treatment plan

Who prescribes, orders, or provides treatment

Information on Laws in Other States	Additional Information & Notes
<p>AZ: Coverage for treatment cannot be excluded or denied based solely on diagnosis of ASD. "Treatment" includes diagnosis, assessment, and services.</p> <p>CT: Treatment includes OT, PT, and speech therapy.</p> <p>FL: Treatment through OT, PT, speech therapy, ABA. Limited to treatment prescribed by treating physician in accordance with a <u>treatment plan</u>. <i>Treatment plan includes: diagnosis; proposed treatment by type, frequency, duration; anticipated outcomes and goals; frequency for updating treatment plan; signature of treating physician.</i></p> <p>KY: Treatment includes therapeutic, respite, rehabilitative care.</p> <p>LA: Treatment includes care prescribed, provided, or ordered by a licensed physician or psychologist who supervises care. Treatment includes: habilitative or rehabilitative, pharmacy, psychiatric, psychological, and therapeutic care.</p> <p>MD: Habilitative services. May be done through a managed care system, which is a method to review/preauthorize <u>treatment plan</u> developed by a health care practitioner.</p> <p>PA: Treatment of ASD. <u>Treatment plan</u> includes medically necessary pharmacy, psychiatric, psychological, rehabilitative, and therapeutic care. Treatment plan is developed by licensed physician or psychologist pursuant to comprehensive evaluation/reevaluation consistent with recommendations of American Academy of Pediatrics. Treatment is prescribed, ordered, or provided by a licensed physician, physician assistant, psychologist, clinical social work, or nurse practitioner.</p> <p>SC: Treatment prescribed by treating medical doctor according to a <u>treatment plan</u>. <i>Treatment plan includes: diagnosis; proposed treatment by type, frequency and duration; anticipated outcomes/goals; frequency for updating treatment plan; signature of treating physician.</i></p> <p>TX: All generally recognized services prescribed by primary care physician in <u>treatment plan</u> recommended by that physician. Services include: evaluation and assessment services; ABA; behavior training/management; speech therapy; OT; PT; medications or nutritional supplements. Treatment providers are health care practitioner: licensed, certified, or registered by appropriate state agency; have professional credential recognized by appropriate U.S. agency; or certified as TRICARE provider.</p> <p style="text-align: center;"><i>(Continued)</i></p>	<ul style="list-style-type: none"> ▪ Medical home guidelines include: Medical home collaborates with behavioral and/or mental health professionals and specialists to develop a treatment plan for children with ASD and participates in management when appropriate.³ ▪ Some Hawai‘i health plans⁴ may require: <ul style="list-style-type: none"> ○ Care and services are coordinated by a health plan physician. ○ Care is provided or arranged by personal care physician who coordinates and monitors care from specialists. ○ All covered treatment, services, and supplies must be ordered by a recognized and approved provider. ▪ A treatment plan is a roadmap, provides accountability, and is adjusted to need. It includes who is responsible, defines services, identifies providers who are qualified and have the expertise, and can assure implementation of effective and appropriate interventions. ▪ <i>Public comment:</i> Treatment plan is a MUST. It gives a concrete roadmap for primary care provider and parents. It defines responsibilities of everyone involved. ▪ <i>Public comment:</i> Treatment plan usually should be determined with psychologist/psychiatrist or other professional who is experienced in diagnosing autism and recommending appropriate treatment plan regarding ABA and other related services.

Information on Laws in Other States	Additional Information & Notes
<p>☞ ☞ ☞</p> <p>TRICARE Military Health Plan:</p> <ul style="list-style-type: none"> ▪ Autism Services Demonstration: Covers Educational Interventions of ASD services, based on <u>Behavior Plan</u>. ▪ Extended Care Health Option (ECHO): <ul style="list-style-type: none"> ○ Medical and rehabilitative services ○ Training to use assistive technology devices ○ Special education ○ Institutional care when a residential environment is required ○ Transportation under certain circumstances ○ Assistive services, such as those from a qualified interpreter or translator ○ Durable equipment, including adaptation and maintenance ○ Expanded in-home medical services ○ Respite care services 	

Rehabilitative & Habilitative Care

Information on Laws in Other States	Additional Information & Comments
<p>FL: Coverage may not be denied on the basis that provided services are habilitative in nature.</p> <p>KY: Rehabilitative care</p> <p>LA: Habilitative and rehabilitative care (which means professional, counseling, and guidance services and treatment programs, including ABA, that are necessary to develop, maintain, and restore, to the maximum extent possible, functioning of individual)</p> <p>MD: Habilitative services (services, including OT, PT, and speech therapy, for the treatment of a child with a congenital or genetic birth defect to enhance the child's ability to function)</p> <p>PA: Rehabilitative care (professional services/ treatment programs, including ABA provided by an autism service provider to produce socially significant improvements in human behavior or to prevent loss of attained skill or function)</p> <p>AZ, CT, SC, TX: Not specified</p> <p>☞ ☞ ☞ TRICARE Military Health Plan: Extended Care Health Option (ECHO) includes rehabilitative services.</p>	<ul style="list-style-type: none"> ▪ Habilitative care develops and maintains skills for individuals who did not have the skills at the beginning. ▪ Rehabilitative care restores function for individuals who had the skills but lost the skills such as by illness or injury. ▪ OT, PT, and speech therapy currently provided by Hawai'i health plans are primarily for the purpose of rehabilitation (<i>see "Therapeutic care" on following page</i>). ▪ Individuals with ASD may both gain and lose skills, so both habilitation and rehabilitation services are needed. ▪ For individuals with developmental disabilities, services are usually habilitative. ▪ <i>Public comment:</i> DOE services at school are usually directed toward education. Additional services (based on MD/PsyD/other assessor) should be provided at home to allow greater generalization of skills to home, community, etc. ▪ <i>Public comment:</i> Insurance will not cover speech therapy unless child was speaking and then lost speech due to injury. ▪ <i>Public comment:</i> Insurance covers speech therapy, but not for children with developmental learning disabilities or developmental delays.

Therapeutic Care (OT, PT, Speech Therapy)

Provider for OT, PT, speech therapy

Information on Laws in Other States	Additional Information & Notes
<p>CT, FL, MD, TX: Occupational therapy (OT), physical therapy (PT), and speech therapy</p> <p>KY: Therapeutic care</p> <p>LA, PA: Therapeutic care (services provided by licensed or certified occupational therapist, physical therapist, speech therapist/ speech language pathologist)</p> <p>AZ, SC: Not specified</p> <p>☞ ☞ ☞</p> <p>TRICARE Military Health Plan:</p> <ul style="list-style-type: none"> ▪ Basic program covers OT, PT, and speech therapy. ▪ Children with ASD may receive OT, PT, and speech therapy from public or Department of Defense Educational Activity schools to the extent that is educationally necessary. ▪ Additional OT, PT, and speech therapy may be provided by the TRICARE basic program when additional therapy is educationally necessary. 	<ul style="list-style-type: none"> ▪ Occupational therapists, physical therapists, and speech language pathologists may be part of the team of child health specialists who diagnose and manage children with ASD. <ul style="list-style-type: none"> ○ OT – adjusting tasks and conditions that meet needs and abilities; sensory integration^{2,5} ○ PT – building motor control and to improve posture and balance⁵ ○ Speech therapy – improving ability/skills for speech, language, communication⁵ ▪ Some Hawai‘i health plans⁴ may require: <ul style="list-style-type: none"> ○ Therapy is ordered by a physician under an individual treatment plan. ○ Therapy is necessary to sufficiently <u>restore</u> neurological and/or musculoskeletal function that was lost or impaired due to illness or injury. ○ Therapy is short-term and condition is subject to significant, measurable improvement in physical function. ○ Speech therapy is not for developmental learning disabilities or developmental delay. ▪ <i>Public comment:</i> Insurance covers speech therapy, but not for children with developmental learning disabilities or developmental delays.

Psychiatric Care

Provider for psychiatric care

Information on Laws in Other States	Additional Information & Notes
<p>LA: Psychiatric care (direct or consultative services provided by a licensed physician)</p> <p>PA: Psychiatric care (direct or consultative services provided by a licensed physician who specializes in psychiatry)</p> <p>AZ, CT, FL, KY, MD, SC, TX: Not specified</p>	<ul style="list-style-type: none"> ▪ Psychiatrists are part of the team of child health specialists who diagnose and manage children with ASD. ▪ Psychiatric care may be needed for maladaptive behaviors including aggression, self-injurious behaviors, sleep disturbance, mood lability, irritability, anxiety, hyperactivity, inattention, destructive behavior, or other disruptive behaviors. Co-morbid disorders may include major depression, bipolar disorder, or anxiety disorder.² ▪ Autism is a component of DOH/Child and Adolescent Mental Health Division training. ▪ Psychiatrists have different levels of expertise. Most are able to do reasonable assessments. They may not be as familiar with behavioral plans. ▪ Psychiatrists may prescribe psychopharmacologic medications, including those approved by the Food and Drug Administration (FDA) to treat behaviors associated with autism in children. ▪ Some Hawai‘i health plans⁴: <ul style="list-style-type: none"> ○ May cover psychiatric care under “Physician Services” ○ May or may not include psychiatric care under behavioral health (mental health) services, if autism is considered a developmental disability; developmental disabilities do not in and of themselves constitute a mental disorder

Psychological Care

Provider for psychological care

Information on Laws in Other States	Additional Information & Notes
<p>LA, PA: Psychological care (direct or consultative services provided by licensed psychologist)</p> <p>AZ, CT, FL, KY, MD, SC, TX: Not specified</p>	<ul style="list-style-type: none"> ▪ Psychologists are part of the team of child health specialists who diagnose and manage children with ASD. ▪ Psychologists can provide assessment and diagnosis of autism and consultative services for behavior therapy, for example, how to work with the child. ▪ For some Hawai‘i health plans⁴: Psychological care may or may not be included under behavioral health (mental health) services if autism is considered a developmental disability; developmental disabilities do not in and of themselves constitute a mental disorder. ▪ Family counseling may be needed in order for a child’s services to be effective. The divorce rate is high for families of children with ASD.

Pharmacy Care

Provider for pharmacy care

Information on Laws in Other States	Additional Information & Notes
<p>LA: Pharmacy care (medications prescribed by licensed physician)</p> <p>PA: Pharmacy care (medications prescribed by and any assessment and evaluation or test prescribed or ordered by a licensed physician, physician assistant, or nurse practitioner to determine need or effectiveness of medication)</p> <p>TX: Medications and nutrition supplements used to address the symptoms of ASD</p> <p>AZ, CT, FL, KY, MD, SC: Not specified</p>	<ul style="list-style-type: none"> ▪ Psychotropic medications may be needed when symptoms interfere with learning/ academic progress, socialization, health/safety, or quality of life; the response to behavioral interventions and environmental modifications is suboptimal; or research shows that behavioral symptoms or coexisting psychiatric diagnoses are amenable to intervention. Outcomes and adverse effects need to be monitored.² ▪ For some children/youth with ASD, medications and dietary interventions are critical to maximize potential. ▪ Whether a family with insurance in Hawai‘i has drug benefits depends on the health plan, whether employee has enrolled in a separate prescription drug plan, drug formulary, etc. ▪ <i>Public comment:</i> Should supplemental medications (e.g., vitamins, antioxidants, minerals, etc.) which are over-the-counter be covered? Supplements aid in healing along with ABA and related services.

Applied Behavior Analysis (ABA)/Early Intensive Behavioral Intervention

Provider for ABA

Information on Laws in Other States	Additional Information & Notes
<p>AZ: Behavior therapy services that include ABA. Insurer cannot exclude or deny coverage for medically necessary behavior therapy services. To be eligible for coverage, behavioral therapy services shall be provided or supervised by a licensed or certified provider.</p> <p>FL: ABA provided by certified behavior analyst or licensed psychologist. <i>Certification for behavior analysts:</i> (1) Agency may establish a certification process for behavior analysts. Procedures include criteria for scope of practice, qualifications for certification including training and testing, continuing education, and standards of performance. (2) Agency shall recognize the certification of behavior analysts awarded by a nonprofit corporation that adheres to the national standards of boards that determine professional credentials and whose mission is to meet professional credentialing needs identified by behavior analysts, state governments, and consumers of behavior analysis services.</p> <p>LA: Provider of ABA shall be certified as a behavioral analyst by the Behavioral Analyst Certification Board (BACB) or shall provide documented evidence of equivalent education, professional training, and supervised experience in ABA.</p> <p>PA: State Board of Medicine sets regulations providing for the licensure or certification of behavior specialists. Requirements include: Master's or higher degree from a board-approved, accredited college or university; experience involving functional behavior assessments; direct clinical experience with individuals with ASD; and completed relevant training.</p> <p>TX: Coverage for ABA, behavior training and behavior management</p> <p>CT, KY, MD, SC: Not specified</p> <p>☺ ☺ ☺</p> <p>TRICARE Military Health Plan: In the absence of state licensing or regulation of ABA providers, TRICARE requires that ABA providers be certified by BACB.</p>	<ul style="list-style-type: none"> ▪ The effectiveness of ABA-based intervention in ASDs has been well documented, with children making substantial, sustained gains in IQ, language, academic performance, and adaptive behavior as well as some measures of social behavior.² ▪ “All appropriate ABA interventions are directed by a professional with advanced formal training in behavioral analysis.... These professionals have either met the educational, experiential, and examination performance standards of the Behavior Analyst Certification Board and are board-certified behavioral analysts or can document that they have equivalent training and experience.”⁶ ▪ Behavior Analyst Certification Board (BACB)⁷: has 2 levels: <ul style="list-style-type: none"> ○ Board Certified Behavior Analysts – Masters Degree, graduate-level coursework, experience, examination ○ Board Certified Associate Behavior Analysts – Bachelors Degree, specific coursework, experience, examination ▪ As of 5/8/07, there were 12 BACB Board Certified Analysts and 3 BACB Board Certified Associate Analysts in Hawai‘i.⁸ ▪ Insurance benefits for behavioral therapy may vary by age since children have the greatest gain in the younger age. ▪ <i>Public comment:</i> In addition to ABA in school, children need ABA services at home to be able to generalize these skills in environments other than school. ▪ <i>Pubic comment:</i> Behavior therapy is important to functioning socially.

Respite Care

Information on Laws in Other States	Additional Information & Notes
<p>KY: Coverage for respite care</p> <p>AZ, CT, FL, LA, MD, PA, SC, TX: Not specified</p> <p>🔗 🔗 🔗</p> <p>TRICARE Military Health Plan: Extended Care Health Option (ECHO) includes in-home respite care (not specific for ASD):</p> <ul style="list-style-type: none"> ▪ TRICARE ECHO Respite care: 16 hours per month when receiving other authorized ECHO benefits. This is short-term care of the beneficiary to allow the primary caregivers the opportunity for rest and time with other family members. ▪ TRICARE ECHO Home Health Respite care: Up to 40 hours per week (8 hours per day, 5 days per week) for those who qualify. This is for care of seriously ill, homebound beneficiaries who require frequent interventions during the time the primary caregivers would normally be sleeping. 	<ul style="list-style-type: none"> ▪ Families who have a child with autism often experience ongoing stress. Respite provides temporary relief; allows family to engage in daily activities which can decrease feelings of isolation; improves the family's ability to cope with daily responsibilities; maintains the family's stability during crisis situations.⁹ ▪ Respite helps families. However, families have difficulty finding respite providers who are able to work with their child. ▪ <i>Public comment:</i> The ability of a parent or siblings to temporarily detach from the intensive ongoing therapy for their child is crucial for family unity, understanding, and tolerance.

Screening for ASD

Information on Laws in Other States	Additional Information & Notes
<p>FL: Coverage for well-baby and well-child screening for diagnosing the presence of ASD</p> <p>AZ, CT, KY, LA, MD, PA, SC, TX: Not specified</p>	<ul style="list-style-type: none"> ▪ American Academy of Pediatrics recommends administration of a standardized autism-specific screening tool when concerns are raised by and at ages 18 and 24 months.¹ If initial screening indicates an ASD, the medical home should: <ol style="list-style-type: none"> 1. Provide parental education 2. Refer for: <ul style="list-style-type: none"> ○ Comprehensive evaluation with a team of child specialists which may include: pediatric sub-specialists (neurologist, developmental pediatrician, psychiatrist), child psychologist, speech-language pathologist, pediatric occupational therapist, and social workers ○ Early intervention program or special education ○ Audiology evaluation 3. Schedule follow-up visit ▪ American Academy of Pediatrics-Hawai‘i Chapter recommends specific screening for ASD at ages 18, 24, and 36 months.¹⁰ ▪ ASD screening tools have high validity and sensitivity. ▪ <i>Public comment:</i> Most physicians in Hawai‘i are unable to accurately diagnose ASD, unable to recognize the signs, or are reluctant to alarm parents. MDs should be given guidelines regarding the identification of ASD at an early age or refer to Early Intervention programs or psychologists/psychiatrists for early identification and services.

ASD Services for Individuals with Developmental Delays or Disability

Information on Laws in Other States	Additional Information & Notes
<p>FL: An insurer may not deny or refuse to issue coverage for medically necessary services, refuse to contract with, or refuse to renew or reissue or otherwise terminate or restrict coverage for an individual because the individual is diagnosed as having a developmental disability.</p> <p>MD: No requirement to reimburse for habilitative services delivered through early intervention or school services</p> <p>PA: No required coverage by insurers of any service based solely on its inclusion in an Individualized Education Program (IEP). Treatment of ASD may be coordinated with any service in an IEP. Coverage for treatment of ASD is not contingent upon coordination with an IEP.</p> <p>AZ, CT, KY, LA, SC, TX: Not specified</p>	<ul style="list-style-type: none"> ▪ Some health plans in Hawai‘i do not cover treatment of developmental delay or services related to developmental delay that are available through government programs or agencies. ▪ <i>Public comment:</i> There is a need to modify insurance coverage to include developmental delays and ASD. All disabilities should be considered equally.

Other Considerations

Information on Laws in Other States	Additional Information & Notes
	<p>Additional considerations for insurance coverage:</p> <ul style="list-style-type: none"> ▪ Interdisciplinary team assessment ▪ Family therapy ▪ Recreational therapy ▪ <i>Public comment:</i> Hyperbaric therapy

Acronyms

ABA	Applied behavior analysis
ASD	Autism Spectrum Disorders
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)
DSM-IV-TR	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR)
OT	Occupational therapy
PDD	Pervasive developmental disorder
PDD-NOS	Pervasive developmental disorder – not otherwise specified
PT	Physical therapy

REFERENCES

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- ¹ Johnson CP, Myers SM; American Academy of Pediatrics, Council on Children with Disabilities. Identification and Evaluation of Children with Autism Spectrum Disorders. *Pediatrics* 2007;120:1183-1215. <http://pediatrics.aappublications.org/cgi/content/full/120/5/1183>
- ² Myers SM; American Academy of Pediatrics, Council on Children with Disabilities. Management of Children with Autism Spectrum Disorders. *Pediatrics* 2007;1162-1182. <http://pediatrics.aappublications.org/cgi/content/full/120/5/1162>
- ³ Waisman Center, University Center for Excellence in Developmental Disabilities, University of Wisconsin–Madison. Medical Home Services for Autism Spectrum Disorders, 2008. <http://www.waisman.wisc.edu/nmhai/>
- ⁴ Hawai‘i Employer-Union Trust Fund health plans for State employees. http://www.eutf.hawaii.gov/OE_2007/carrier_links_OE2007.htm
- ⁵ National Institute of Child Health and Human Development (NICHD), National Institutes of Health. Autism Overview: What We Know. http://www.nichd.nih.gov/publications/pubs/upload/autism_overview_2005.pdf#page=5
- ⁶ Foxx RM. Applied Behavior Analysis Treatment of Autism: The State of the Art. *Child and Adolescent Psychiatric Clinics of North America* 2008;17:821-834.
- ⁷ Behavior Analyst Certification Board, <http://www.bacb.com/>
- ⁸ Department of Defense Report and Plan on Services to Military Dependent Children with Autism, July 2007. http://www.tricare.mil/mybenefit/Download/Forms/DoD_Report_Autism_.doc/DoD_Report_Autism_.doc
- ⁹ ARCH National Resource Center for Respite and Crisis Care Services. Factsheet Number 2 – Respite for Children with Disabilities and Chronic or Terminal Illness (<http://www.archrespite.org/archfs02.htm>). Factsheet Number 9 – Respite Care for Children with Autism (<http://www.archrespite.org/archFS9.htm>).
- ¹⁰ American Academy of Pediatrics-Hawai‘i Chapter. Position Paper – Developmental Surveillance and Screening in the Medical Home, 2/9/07, http://www.hawaiiap.org/pdfs/DevelopmentalScreeningPP_09FEB2007.pdf

**Websites for State Laws
On Health Insurance Coverage for Autism Spectrum Disorders**

ARIZONA (AZ): Arizona Revised Statutes §20-826.04, §20-1057.11, §20-1402.03
<http://www.azleg.gov/ArizonaRevisedStatutes.asp?Title=20>

CALIFORNIA (CA): California Insurance Code §10144.5
<http://www.leginfo.ca.gov/cgi-bin/displaycode?section=ins&group=10001-11000&file=10140-10145.4>

COLORADO (CO): Colorado Revised Statutes §10-16-104.5
http://www.state.co.us/gov_dir/leg_dir/olls/colorado_revised_statutes.htm

CONNECTICUT (CT): Public Health Act No. 08-132 (signed by Governor 6/5/08)
<http://www.cga.ct.gov/2008/ACT/PA/2008PA-00132-R00HB-05696-PA.htm>

FLORIDA (FL): Florida Statutes §627.6686, §641.31098,
(§393.17 - *certification of behavior analysts*)
<http://www.leg.state.fl.us/statutes/>

GEORGIA (GA): Georgia Code §33-24-59.10
<http://www.lexis-nexis.com/hottopics/gacode/default.asp>

ILLINOIS (IL): Illinois Insurance Code 215 ILCS 5/370c
<http://www.ilga.gov/legislation/ilcs/ilcs4.asp?DocName=021500050HArt%2E+XX&ActID=1249&ChapterAct=215%26nbsp%3BILCS%26nbsp%3B5%2F&ChapterID=22&ChapterName=INSURANCE&SectionID=52237&SeqStart=93800000&SeqEnd=105400000&ActName=Illinois+Insurance+Code%2E>

INDIANA (IN): Indiana Code §27-8-14.2
<http://www.in.gov/legislative/ic/code/title27/ar8/ch14.2.html>

IOWA (IA): Iowa Code §514C.22
<http://search.legis.state.ia.us/NXT/gateway.dll/IowaState/ISLRoot/acts.htm?f=templates&fn=default.htm>

KANSAS (KS): Kansas Statutes §40-2,105a
<http://www.kslegislature.org/legsrv-statutes/getStatuteFile.do?number=/40-2,105a.html>

KENTUCKY (KY): Kentucky Revised Statutes §304.17A-143
<http://www.lrc.ky.gov/KRS/304-17A/143.PDF>

LOUISIANA (LA): Louisiana Revised Statutes §22:1050
<http://www.legis.state.la.us/lss/lss.asp?doc=507890>

MAINE (ME): Maine Revised Statutes Title 24-A, §2749-C
<http://janus.state.me.us/legis/statutes/24-A/title24-Asec2749-C.html>

MARYLAND (MD): Maryland Code §15-835

<http://www.michie.com/maryland/lpext.dll?f=templates&fn=main-h.htm&2.0>

MONTANA (MT): Montana Code §33-22-706

<http://data.opi.state.mt.us/bills/mca/33/22/33-22-706.htm>

NEW HAMPSHIRE (NH): New Hampshire Revised Statutes §417-E:1

<http://www.gencourt.state.nh.us/rsa/html/XXXVII/417-E/417-E-1.htm>

NEW JERSEY (NJ): New Jersey Revised Statutes §17:48-6v

http://lis.njleg.state.nj.us/cgi-bin/om_isapi.dll?clientID=42274658&Depth=2&depth=2&expandheadings=on&headingswithhits=on&hitsperheading=on&infobase=statutes.nfo&record={6951}&softpage=Doc_Frame_PG42

NEW YORK (NY): New York Insurance Law §3221(l)(17), 3216(i)(25), 4303(ee)

<http://public.leginfo.state.ny.us/menugetf.cgi?COMMONQUERY=LAWS>

PENNSYLVANIA (PA): Act 62 (signed by Governor 7/9/08)

<http://www.legis.state.pa.us/CFDOCS/Legis/PN/Public/btCheck.cfm?txtType=PDF&sessYr=2007&sessInd=0&billBody=H&billTyp=B&billNbr=1150&pn=4133>

SOUTH CAROLINA (SC): South Carolina Code §38-71-280

<http://www.scstatehouse.net/CODE/t38c071.htm>

TENNESSEE (TN): Tennessee Code §56-7-2367

<http://www.michie.com/tennessee/lpext.dll?f=templates&fn=main-h.htm&cp=>

TEXAS (TX): Texas Insurance Code §1355.015

<http://tlo2.tlc.state.tx.us/statutes/docs/IN/content/htm/in.008.00.001355.00.htm#1355.015.00>

VIRGINIA (VA): Virginia Code §38.2-3412.01

<http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+38.2-3412.1C01>



TRICARE Military Health Plan (Autism Services Demonstration, Extend Care Health Option [ECHO])

<http://www.tricare.mil/mybenefit/ProfileFilter.do;jsessionid=JGpbQQD7kfPGbGdYg8bhF5tDTsddJ1JtJNj1Zqllly0KhSxr32LT6!-690906190?puri=%2Fhome%2Foverview%2FSpecialPrograms%2FAutismServicesDemonstration>

Attachment F

Autism Spectrum Disorders Benefits and Coverage Task Force



Services Provided by State Programs for Children and Youth with ASD

NOVEMBER 3, 2008

Eligibility Criteria	
<p>Early Intervention Services (IDEA Part C)</p>	<p>Age: Birth - Three</p> <p>Developmental delay means any delay in one or more of the following areas of development: cognitive development; physical development (including vision and hearing); communication development; social or emotional development; and adaptive development as determined by a multidisciplinary team utilizing a multidisciplinary evaluation.</p>
<p>Special Education (IDEA Part B)</p>	<p>Age: Three - Twenty</p> <p>A student shall be eligible under the category of autism if the student has a developmental disability significantly affecting verbal and nonverbal communication and social interaction, generally evident before age three, that adversely affects the student's educational performance. The student may have one or more of the following other characteristics often associated with autism:</p> <ul style="list-style-type: none"> (1) Engagement in repetitive activities and stereotyped movements; (2) Resistance to environmental change or change in daily routines. <p>A student who manifests the characteristics of "autism" after age three may be diagnosed as having "autism" if the criteria in subsection (a) are satisfied.</p>
<p>DD/MR Home and Community Based Medicaid Waiver</p>	<p>Ages: All</p> <p>Status: Medicaid Eligible and ICF level of care</p> <p>Developmental Disability is attributable to a mental or physical impairment or combination of mental and physical impairments;</p> <ul style="list-style-type: none"> Is manifested before age twenty-two; Is likely to continue indefinitely; <p>Results in substantial functional limitations in three or more areas of major life activities: self-care, receptive and expressive language, learning, self-direction, capacity for independent living, economic sufficiency; and</p> <p>Reflects the need for a combination and sequence of special interdisciplinary or generic care, treatment, or other services, which are life long, or of extended duration and individually planned and coordinated.</p>
<p>Vocational Rehabilitation</p>	<p>A determination by qualified personnel that the applicant's physical or mental impairment constitutes or results in a substantial impediment to employment for the applicant.</p> <p>A determination by a qualified Vocational Rehabilitation Counselor employed by the division that the applicant requires VR services to prepare for, secure, retain, or regain employment consistent with the applicant's unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.</p> <p>A presumption, in accordance with paragraph (B)(2), that the applicant can benefit in terms of an employment outcome from the provision of VR services.</p>

Services and Strategies				
PROGRAM	Early Intervention Services	Special Education	DD/MR HCBS Medicaid Waiver	Vocational Rehabilitation
1:1 Intervention Strategies				
Applied Behavioral Analysis	√	√	√	
Floor Time	√	√	√	
PECS - Picture Exchange Communication Systems	√	√	√	
Pivotal Response Treatment	√	√	√	
Positive Behavior Support	√	√	√	
Skills Training	√	√		
TEACCH	√	√	√	
Acupuncture				
Adjustment Therapy				√
Animal Therapy				
Art Therapy				
Assistive Technology	√	√	√	√
Auditory training				
Aversives				
Biomedical Treatments				
Care Coordination	√	√	√	√
Diagnosis	√	√	√	
Education	√	√		√
Employment			√	√
Facilitated Communication		√		
Therapeutic Housing			√	
Hyperbaric Oxygen Therapy				
Hypnosis				
Job Coaching			√	√
Music Therapy				
Occupational Therapy	√	√	√	
Personal Assistance/Habilitation			√	
Physical Therapy	√	√	√	
Respite	√		√	
Sensory Integration	√	√	√	
Screening	√			
Social Stories	√	√	√	
Specialized Diets				
Speech Therapy	√	√	√	
Transportation		√	√	
Visual Therapy				

Attachment G

Autism Spectrum Disorders Benefits and Coverage Task Force



States with ASD Insurance Coverage and Medicaid Waivers

NOVEMBER 3, 2008

Waiver Summary

Medicaid Waiver Type	AZ	CT	FL	KY	LA	MD	PA	SC	TN	TX
Autism Waiver						✓	✓			
DD/MR Waiver		✓	✓	✓	✓		✓	✓	✓	✓
Independence Plus Waiver					✓	✓			✓	
State Plan Integration	✓									

Arizona

Program	Waiver Authority	Effective Date	Max # of participants	Anticipated Cost	Statewide	Level of Care	Age
Arizona Long Term Care System (ALTCS)	1115	7/1/2008	Not available	Not available	Yes	Nursing Facility (NF), or Intermediate Care Facility for the Mentally Retarded (ICF-MR) >6 yr old: mental retardation, cerebral palsy, seizure disorder or autism, and have significant functional impairment <6 yr old: diagnosis of developmental delay or the risk for developmental disability	all

Services for individuals with autism are incorporated into the state Medicaid long term care program. A separate health plan is contracted to provide services. These services are not a separate home and community based waiver, but are included in the Medicaid Managed Care state plan service array.

Connecticut

Program	Waiver Authority	Effective Date	Max # of participants	Anticipated Cost	Statewide	Level of Care	Age
Comprehensive Supports Waiver	1915(c)	10/2/2008 Orig 2005	5,100	Not available Cap \$15,000 p/y	yes	ICF/MR (mental retardation)	DD: >18 MR:>3
Provides adult day health, community training homes/community living arrangements, group day supports, live-in caregiver, respite, supported employment, independent support brokers, adult companion, assisted living, clinical behavioral support, environmental mods, health care coordination, individual goods and services, individualized day supports, individualized home supports, interpreter, nutrition, PERS, personal support, specialized medical equipment and supplies, transportation, vehicle mods							

Florida

Program	Waiver Authority	Effective Date	Max # of participants	Anticipated Cost	Statewide	Level of Care	Age
FL Family and Support Living (Tier 4)	1915(c)	10/1/2008 Orig. 1995	6,196	\$ 32,004,958	no	ICF/DD (developmental disabilities) Autism, DD, MR	3 and older
Provides adult day training, respite, support coordination, supported employment, transportation, behavior analysis, behavior assistant, environmental accessibility adaptations, in-home support, PERS, specialized medical equipment and supplies, supported living coaching							

Kentucky

Program	Waiver Authority	Effective Date	Max # of participants	Anticipated Cost	Statewide	Level of Care	Age
KY Supports for Community Living (SCL)	1915(c)	8/3/2010 Orig. 1997	Not available	Not available	yes	ICF/MR/DD	Not available

Program	Waiver Authority	Effective Date	Max # of participants	Anticipated Cost	Statewide	Level of Care	Age
To provide support coordination, respite, habilitation (community habil, supported emplymt), spec med equipmt and supplies, PERS, community living supports, behavior support, wellness monitoring, psychological services, residential support & ext'd physical & occupational therapy & speech, hearing & language							
Michelle P Waiver	1915(c)	10/1/2008	3,000	Not available	yes	ICF/MR/DD On waitlist for SCL Have urgent needs	Not available
To provide case management, homemaker, personal care, adult day health care, adult day training, supported employment, respite, attendant care, environmental and minor home adaptations, behavioral supports, community living, supports, occupational, therapy. physical therapy, speech therapy							

Louisiana

Program	Waiver Authority	Effective Date	Max # of participants	Anticipated Cost	Statewide	Level of Care	Age
Children's Choice	1915(c)	2/21/2004	Not available	Not available Cap \$15,000 p/y	yes	ICF/DD	0-18
To provide case management, respite care (center-based), environmental access adaptations, family training, family support, crisis support and diapers							
Louisiana Supports Waiver	1915(c)	5/20/2007	Not available	Not available	yes	MR/DD Autism	3 and older
To provide day hab, habilitation, prevoc, respite, support coordination, supported employment, PERS							
New Opportunities	1915(c)		Not available	Not available	yes	ICF MR/DD	3 and older
Individualized and family support service-day-night, center-based respite, community integration and development, environmental accessibilities adaptations, specialized medical equipment and supplies as an extended state plan service; supported living, substitute family care, day habilitation and transportation for day habilitation, supported employment and transportation for supported employment; employment related training, professional services, personal emergency response system, skilled nursing services; and one-time transitional							

Program	Waiver Authority	Effective Date	Max # of participants	Anticipated Cost	Statewide	Level of Care	Age
services.							

Maryland

Program	Waiver Authority	Effective Date	Max # of participants	Anticipated Cost	Statewide	Level of Care	Age
MD Waiver for Children with ASD	1915(c)	7/1/2001	900	Not available	yes	Autism ICF MR level of care	1-end of school yr of 21 b-day
To provide respite, residential habilitation-regular and intensive, day habilitation, therapeutic integration, supported employment, respite, family training and environ access adaptations							
MD New Directions Independence Plus	1915(c)	7/1/2008	300	\$11,986,160	no	DD MR	No age limit
Provides community supported living arrangements, expanded day hab-supported employment, expanded day hab-employment discovery and customization, live-in caregiver, medical day care, resource coordination, respite, traditional day hab, support brokerage, assistive technology and adaptive equipment, behavioral supports, environmental accessibility adaptation, expanded day hab-community learning, family/individual support, transition, transportation							

Pennsylvania

Program	Waiver Authority	Effective Date	Max # of participants	Anticipated Cost	Statewide	Level of Care	Age
PA Autism	1915(c)	7/1/2008	200	\$11,487,564	no	Meets criteria for Autism ICF/ORC (other related conditions) ICF/MR (mental retardation)	21 and older
Provides day hab, residential hab, respite, supported employment, supports coordination, therapies, assistive technology, behavioral specialist services, community inclusion, community transition, environmental mods, family counseling, family training, job assessment/finding, nutritional consultation, temporary crisis, transitional work for individuals w/autism.							

Services Provided by State Programs

Program	Waiver Authority	Effective Date	Max # of participants	Anticipated Cost	Statewide	Level of Care	Age
PA Person/Family Directed Support	1915(c)	7/1/2009 (renewal) Orig. 1999	10,000	\$141,686,445	no	ICF/MR (mental retardation)	3 and older

Provides education support, home and community hab, homemaker/chore, licensed day hab, prevocational, respite, supported employment-job finding/support, supports coordination, unlicensed residential hab, nursing, therapy, supports broker, assistive technology, behavioral support, companion, home accessibility adaptations, home finding, specialized supplies, transitional work, transportation, vehicle accessibility adaptations for individual w/MR.

South Carolina

Program	Waiver Authority	Effective Date	Max # of participants	Anticipated Cost	Statewide	Level of Care	Age
SC Mental Retardation/ Related Disabilities	1915(c)	10/1/1994	Not available	Not available	yes	ICF/MR Mental retardation or a related disability (Autism)	Not available

To provide personal care, respite, adult day health, habilitation (residential, day, prevoc and supported employment), environ mods, special medical equip & supplies, assistive tech., adult companion, psychological services, nursing services, private vehicle mods., behavior supports, PT, OT, prescribed drugs, SHL, audiology, adult dental and adult vision services

Tennessee

Program	Waiver Authority	Effective Date	Max # of participants	Anticipated Cost	Statewide	Level of Care	Age
Statewide	1918(c)	6/1/2006	6,997	\$736,445,607	yes	ICF/MR	Not available

Services Provided by State Programs

Program	Waiver Authority	Effective Date	Max # of participants	Anticipated Cost	Statewide	Level of Care	Age
Mental Retardation Waiver Program						MR with DD	
Adult dental services, behavioral respite services, behavior services, day services, environmental accessibility modifications, family model residential support, individual transportation services, medical residential services, nursing services, nutrition services, occupational therapy services, orientation and mobility training, personal assistance, personal emergency response systems, physical therapy services, residential habilitation, respite, specialized medical equipment (supplies, & assistive technology), speech, language, & hearing services, support coordination, supported living, transitional case management, vehicle accessibility modifications							
TN HCBS MR (Arlington County)	1915(c)	7/1/2000	Not available	Not available	no	ICF/MR Mental retardation or a related disability (Autism)	Not available
To provide case management (support coordination), respite, residential habilitation, environ access adaptations, transportation, spec med equip & supplies, PERS, PT, OT, SHL, nursing services, dental services vision services, behavior, day services, family model residential support, medical residential services, nutrition services, orientation and mobility training, personal assistance, self-determination training and consumer education, supported living and vehicle access modifications							
Self Determination Waiver	1915(c)	1/15/2005	1,181	\$46,656,783		ICF/MR On Waitlist Have urgent needs	Children and adults
Adult dental services, behavioral respite services, behavior services, day services respite, environmental accessibility modifications, financial administration, individual transportation services, nutrition services, nursing services, occupational therapy services, orientation and mobility training, personal assistance, personal emergency response systems, physical therapy services, respite, specialized medical equipment (supplies, & assistive technology), speech, language, & hearing services, vehicle accessibility modifications							

Texas

Program	Waiver Authority	Effective Date	Max # of participants	Anticipated Cost	Statewide	Level of Care	Age
Texas Home &	1915(c)	9/1/1993	Not	Not available	Not	ICF/MR	Not available

Program	Waiver Authority	Effective Date	Max # of participants	Anticipated Cost	Statewide	Level of Care	Age
Community Based Services			available		available	MR, DD	
To provide case management, respite day habilitation, supported employment, environmental access and adaptations, skilled nursing, special medical equipment and supplies, support home living, foster and/or companion care, supervised living, residential support, counseling and therapies, and dental treatment							
TX - Community Living Assistance and Support Services (CLAS S) Program	1915(c)	9/1/1994	Not available	Not available	no	ICF/MR/RC	No age limit
To provide case management, respite, habilitation (residential, prevoc & supported employment), environ access adaptations, spec med equip & supplies, PT, OT, SHL, prescribed drugs, psychological services, transition assistance, support family services, adult foster care, therapeutic horseback riding, auditory integration/enhancement, aquatic therapy, massage therapy, recreational therapy, music therapy, hippo-therapy, hydrotherapy and nutritional services							

Attachment H

Autism Spectrum Disorders Benefits and Coverage Task Force



Prepaid Health Plan Guidelines and Coverage Summaries

NOVEMBER 3, 2008

HRS Limitations

§431M-1 Definitions. "Mental illness" means a syndrome of clinically significant psychological, biological, or behavioral abnormalities that result in personal distress or suffering, impairment of capacity for functioning, or both. For the purposes of this chapter, the terms "mental disorder" and "mental illness" shall be used interchangeably and shall include the definitions identified in the most recent publications of the Diagnostic and Statistical Manual of the American Psychiatric Association or International Classification of Disease. Epilepsy, senility, mental retardation, or other developmental disabilities and addiction to or abuse of intoxicating substances do not in and of themselves constitute a mental disorder.

HRS Flexibility

The only exclusion related to entitlement services described in the HRS relates to substance abuse benefits. HRS §393-7(c)(6)(D) "Prepaid health plans shall not be required to make reimbursements for care furnished by government agencies and available at no cost to a patient, or for which no charge would have been made if there were no health plan coverage."

Summary of Sample Employer Paid Plan Limitation

	Non Covered when gov't directly or indirectly pays	Non Covered due to Existence of Legal Obligation	Non Covered due to Dev. Delay	Rehab services for restorative care only
HMA EUTF– PPO	✓	✓	✓	✓
HMAA EPO two - Small Bus.	?	?	?	✓
HMAA Option Plus 1	?	?	?	✓
HMAA Option Plus 2 - PPP	?	?	?	✓
HMSA Federal Plan - HMO	✓	✓		✓
HMSA EUTF – HMO	✓	✓	✓	✓
HMSA EUTF – PPP	✓	✓	✓	✓
Kaiser EUTF – HMO - Basic Plan	✓	✓	✓	✓
Kaiser EUTF – HMO – Comp. Plan	✓	✓	✓	✓
Kaiser Federal Plan – HMO	✓	✓	✓	✓
Summerlin Easy Hawaii – Comp. - PPO Plan	?	✓	✓	?
Summerlin Easy Hawaii - PPO Plan	?	✓	✓	?
UHA 2000 - PPP	✓	✓	✓	✓
UHA 3000 - PPP	✓	✓	✓	✓
UHA 600 – PPP	✓	✓	✓	✓

- ✓ Documentation found of exclusion in member benefits handbook, clinical guidelines, or program information
- ? Exclusion not found in materials reviewed, does not signify absence of a policy

Attachment I

Autism Spectrum Disorders Benefits and Coverage Task Force



Intensive Behavioral Therapy for Autism Spectrum Disorders (ASD) Definitions and Board Certification

December 4, 2008

Intensive Behavioral Therapy and Related Definitions from Other States

<i>Term</i>	<i>Definition</i>
Applied behavioral analysis (ABA)	<p>LOUISIANA (similar definitions for FLORIDA and PENNSYLVANIA): ABA means the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior (<i>or to prevent loss of attained skill or function</i>)*, including (<i>but not limited to</i>)** the use of direct observation, measurement, and functional analysis of the relations between environment and behavior.</p> <p style="padding-left: 40px;">* <i>Additional phrase in Florida definition.</i></p> <p style="padding-left: 40px;">** <i>Additional phrase in Pennsylvania definition.</i></p> <p>TEXAS: Listed but not defined.</p> <p>TRICARE: ABA means the design, implementation, and evaluation of systematic environmental changes to produce socially significant change in human behavior through skill acquisition and the reduction of problematic behavior. ABA includes direct observation and measurement of behavior and the identification of functional relations between behavior and the environment. Contextual factors; establishing operations, antecedent stimuli, positive reinforcers, and other consequences are used to produce the desired behavior change.</p>
Behavior training and management	<p>TEXAS: Listed but not defined.</p>
Behavioral therapy	<p>ARIZONA: "Behavioral therapy" means interactive therapies derived from evidence based research, including applied behavior analysis, which includes discrete trial training, pivotal response training, intensive intervention programs and early intensive behavioral intervention.</p> <p>SOUTH CAROLINA: Listed but not defined.</p>
Educational Interventions for Autism Spectrum Disorders (EIA)	<p>TRICARE: "Educational Interventions for Autism Spectrum Disorders (EIA)" means: With regard to interventions for ASD, the American Academy of Pediatrics (AAP) recently defined education as the fostering of acquisition of skills and knowledge to assist a child to develop independence and personal</p>

<i>Term</i>	<i>Definition</i>
	responsibility; it encompasses not only academic learning but also socialization, adaptive skills, communication, amelioration of interfering behaviors, and generalization of abilities across multiple environments. EIA consists of individualized behavioral interventions employed to systematically increase adaptive behaviors and to modify maladaptive or inappropriate behaviors and are most often used on a one-to-one basis. These interventions are intended to: help young children with ASD achieve independent, full inclusion in a primary general education setting; produce measurable outcomes that diminish behaviors that interfere with the development and use of language and appropriate social interaction skills or broaden an otherwise severely restricted range of interests; and increase the child's ability to participate in other therapies and environments.

Certification by the Behavior Analyst Certification Board (*BACB*)

BOARD CERTIFIED BEHAVIOR ANALYST (BCBA) (*simplified description*)

Degree: Minimum of a bachelor's and a master's degree from U.S. or Canadian institution of higher education accredited by a regional, state, provincial or national accrediting body.

Training and Experience:

Option 1: COURSEWORK

- Coursework: 225 classroom hours of graduate level instruction: ethical considerations (15 hours); definition & characteristics and principles, processes & concepts (45 hours); behavioral assessment and selecting intervention outcomes & strategies (35 hours); experimental evaluation of interventions (20 hours); measurement of behavior and displaying & interpreting behavioral data (20 hours); behavioral change procedures and systems support (45 hours); discretionary (45 hours).
- Experience (*old standards*), for experience completed by July 1, 2007: Mentored Experience (18 months), or Supervised Experience (9 months), or combination.
- Experience (*new standards*), for experience after July 1, 2006: Supervised Independent Fieldwork (1500 hours); Practicum (1000 hours); Intensive Practicum (750 hours). Practicum in a BACB-approved university experience.

Option 2: COLLEGE TEACHING

- College Teaching: One academic-year, full-time faculty at a college or university – teaches classes on basic principles of behavior, single-subject research methods, applications of basic principles of behavior in applied settings, and ethical issues; conducts/publishes research in behavior analysis.
- Experience – same as for Option 1.

Option 3: DOCTORATE / BCBA REVIEW

- Doctorate Degree: Degree conferred at least ten (10) years prior to applying. Field must be behavior analysis, psychology, education or other related field.
- BCBA Review: 10 years post-doctoral experience in behavior analysis.

Examination: Behavior Analyst Certification Examination.

BOARD CERTIFIED ASSOCIATE BEHAVIOR ANALYST (BCABA) (simplified description)

Degree: Minimum of bachelor's degree from U.S. or Canadian institution of higher education accredited by a regional, state, provincial or national accrediting body.

Training and Experience:

- Coursework: 135 classroom hours of instruction: ethical considerations (10 hours); definition & characteristics and principles, processes & concepts (40 hours); behavioral assessment and selecting intervention outcomes & strategies (25 hours); experimental evaluation of interventions, & measurement of behavior and displaying & interpreting behavioral data (20 hours); behavioral change procedures and systems support (40 hours).
- Experience (*old standards*), if completed by July 1, 2007: 12 months of Mentored Experience, or 6 months of Supervised Experience, or combination.
- Experience (*new standards*), after July 1, 2006: Supervised Independent Fieldwork – 1000 hours; Practicum – 670 hours; Intensive Practicum – 500 hours. Practicum in a BACB-approved university experience.

Examination: Associate Behavior Analyst Certification Examination

REFERENCES:

ARIZONA (AZ): Arizona Revised Statutes §20-826.04, §20-1057.11, §20-1402.03
<http://www.azleg.gov/ArizonaRevisedStatutes.asp?Title=20>

FLORIDA (FL): Florida Statutes §627.6686, §641.31098, (§393.17 - *certification of behavior analysts*)
<http://www.leg.state.fl.us/statutes/>

LOUISIANA (LA): Louisiana Revised Statutes §22:1050
<http://www.legis.state.la.us/lss/lss.asp?doc=507890>

PENNSYLVANIA (PA): Act 62 (signed by Governor 7/9/08)
<http://www.legis.state.pa.us/CFDOCS/Legis/PN/Public/btCheck.cfm?txtType=PDF&sessYr=2007&sessInd=0&billBody=H&billTyp=B&billNbr=1150&pn=4133>

TRICARE AUTISM SERVICES DEMONSTRATION:

Definitions: <http://www.tricare.mil/mybenefit/Glossary.do>

TRICARE Operations Manual 6010.56-M, February 1, 2008: Chapter 18 Section 9 – Dept. of Defense (DoD)

Enhanced Access to Autism Services Demonstration (C-2, 5/15/08):

<http://www.tricare.mil/contracting/healthcare/t3manuals/change2/published%20paper%20change/TO08c-2COComposite.pdf>

BEHAVIOR ANALYST CERTIFICATION BOARD:

<http://www.bacb.com/>

Attachment J

Autism Spectrum Disorders Benefits and Coverage Task Force



Provider Credentialing Continuum

DECEMBER 4, 2008

Least Regulated

Most Regulated

Non-credentialed Providers	Traditional Licensure and State Defined Credential	State Defined Licensure	Health Plan Defined Credential	State Licensure	Traditional Provider Certification
<ul style="list-style-type: none"> Limited to "therapeutic respite" Expenses reimbursed directly to the parent for DSW "therapeutic respite services" 	<ul style="list-style-type: none"> National Established Credential, or State Medicaid Credentialed, or State Certified DSW can only work for BCBA Agencies Grandfather existing providers serving children 	<ul style="list-style-type: none"> State will license BCBA Board Certified or BCBA - like DSW can only work for licensed Agencies 	<ul style="list-style-type: none"> Plans determine provider eligibility criteria DSW can only work for Provider Agencies 	<ul style="list-style-type: none"> Everyone must be BCBA Board Certified Psychologists must be BCBA Board Certified DSW can only work for BCBA Agencies 3 tiers of professionals 	<ul style="list-style-type: none"> Licensed mental health providers only Plan development and parent training covered ABA not covered DSW not covered
Kentucky	Pennsylvania	Florida*	South Carolina, TriCare ECHO	Arizona	Texas, Florida, Tennessee
<ul style="list-style-type: none"> \$500 	<ul style="list-style-type: none"> \$36,000 	<ul style="list-style-type: none"> \$36,000 	<ul style="list-style-type: none"> \$50,000 SC \$2,500 a month (ECHO) 	<ul style="list-style-type: none"> \$25,000-50,000 	<ul style="list-style-type: none"> \$36,000 FL

*moving towards this direction

DSW: Direct support worker – unlicensed para-professional

Attachment K

Autism Spectrum Disorders Benefits and Coverage Task Force



Plan of Services for Health Insurance Coverage

December 4, 2008

Service	Considerations	ASD Task Force Recommendations
Plan exclusions	<ul style="list-style-type: none"> ▪ Government benefit ▪ Other legal responsibility ▪ Developmental delay ▪ Habilitative care <p>Government programs are funded generally because services cannot be obtained from the private sector. Insurance is not expected to pay for all services. Problem of cost of services; to cover services, insurance premiums or taxes may need to be increased.</p> <p>If government benefit is inadequate, insurance services may be considered supplemental. Families may use services for after school care, which is not provided by DOE.</p> <p>The exclusions of developmental delay and habilitative care are specific to Hawai'i health plans (coverage may be mandated by law).</p>	
ASD definition (eligibility)	<p>DSM IV-TR (similar to ICD-9-CM)</p> <ul style="list-style-type: none"> 299.00 Autistic Disorder 299.80 Pervasive Developmental Disorder, Not Otherwise Specified 299.80 Asperger's Disorder 299.10 Childhood Disintegrative Disorder 299.80 Rett's Disorder 	<p>Include all disorders:</p> <ul style="list-style-type: none"> ▪ Autistic disorder ▪ Pervasive disintegrative disorder, not otherwise specified ▪ Asperger's disorder ▪ Childhood disintegrative disorder ▪ Rett's disorder
Age (eligibility)	<p>Options:</p> <ul style="list-style-type: none"> ▪ Young children ▪ Children ▪ Adults – individuals continue to need services, even after youth reach age 21 years ▪ All ages ▪ Different plan of service by age group ▪ Continue (don't preclude) for adult children who meet the definition of disability <p>Because children with ASD grow to be adults with ASD, services should continue into adulthood.</p>	<p>Birth through age 20 years (under age 21 years)</p> <p>ASD services are not precluded for a dependent child with disabilities age 21 years or older who is not capable of self-support, if this child is covered by the health plan.</p>

Service	Considerations	ASD Task Force Recommendations
	<p>However, there are no data on adults with ASD. If adults are included, there are concerns of increased cost for insurance and lack of available providers.</p>	
<p>Maximum benefit (\$)</p>	<ul style="list-style-type: none"> ▪ The highest maximum benefit in other state laws is \$50,000 per year. ▪ Some Hawai‘i families pay more than \$50,000 per year. ▪ Autism Speaks recommends \$36,000-\$50,000 per year, depending on state’s cost of living. ▪ Is a maximum benefit (cap) necessary? Most states have a maximum benefit. Including it helps the legislature in estimating the increased cost for insurance. ▪ If there is a federal law mandating insurance coverage for ASD, it may pre-empt state law. However, whether a federal bill passes or how long it will take for implementation is unknown. Therefore, Hawai‘i should proceed with its efforts regarding legislation. ▪ EPSDT services for ASD may supplement DOE service, but do not replace DOE services. 	<p>\$50,000 per year</p>
<p>Lifetime maximum benefit</p>	<ul style="list-style-type: none"> ▪ Concern: Some health plans have a lifetime maximum benefit. Use of ASD services will reduce the remaining benefit \$ for an individual’s other or future health conditions. ▪ It would be unusual for a law to specify that the insurance cost for a specific condition is not included in the lifetime maximum benefit. ▪ Whether there is a lifetime maximum benefit is up to a health plan. Some health plans do not have a lifetime maximum benefit. ▪ Individuals/families who reach the lifetime maximum benefit with one insurance plan could consider switching to another health insurance plan. 	<p>Do not include</p>
<p>Treatment and Treatment Plan</p>	<ul style="list-style-type: none"> ▪ HRS 431M (Mental Health and Alcohol and Drug Abuse Treatment Insurance Benefits) includes a “prescribe treatment plan” for treatment of alcohol or drug dependence. ▪ Treatment and treatment plan definition in Pennsylvania law ▪ Treatment plan components in South Carolina law ▪ Practice Act by discipline may or may not encompass the entire service array. Question of who can appropriately prescribe – for example, 	<p>“Treatment of ASD” means care prescribed, provided, or ordered for an individual diagnosed with an ASD by a physician, psychologist, or other qualified profession who determines the care to be medically necessary.</p>

Service	Considerations	ASD Task Force Recommendations
	<p>while a nurse practitioner may prescribe physical therapy, a physical therapist may not be able to accept this prescription.</p> <ul style="list-style-type: none"> ▪ Concern raised in Hawaii Association of Health Plan (HAHP) testimony on SB2532 – Relating to Health Insurance, for the Senate Committee on Health hearing on 2/8/08: “As we understand the bill, treatment ‘prescribed, provided, or ordered for an individual diagnosed with an ASD by a licensed physician, licensed psychologist, or certified registered nurse practitioner if the care is determined to be medically necessary’ will be mandated to be covered by health plans. As an example, this could mean that a DOE psychologist not credential or contracted to any HAHP member organization can order any health plan to treat ASD until age 21....” ▪ Consider language in the proposed federal bill “Autism Treatment Acceleration Act of 2008” for the description of “treatment”. 	<p>Treatment of ASD shall be identified in a treatment plan and shall include the medically necessary pharmacy care, psychiatric care, psychological care, rehabilitative and habilitative care, and therapeutic care. Care coordination would be performed to integrate these services. Treatment plan elements include, but are not limited to, a diagnosis; proposed treatment by type, frequency and duration of treatment; the anticipated outcomes stated as goals; the frequency by which the treatment plan will be updated; and the treating medical doctor’s signature.</p>
<p>Habilitative Care/ Rehabilitative Care</p>	<ul style="list-style-type: none"> ▪ Resource availability ▪ Definition in Louisiana law 	<p>Habilitative and rehabilitative care, which means professional, counseling, and guidance services and treatment programs, including therapeutic care and applied behavioral analysis, that are necessary to develop, maintain, and restore, to the maximum extent possible, the functioning of the individual</p>
<p>Occupational, Physical, and Speech Therapy</p>	<ul style="list-style-type: none"> ▪ Resource availability ▪ Definition in Louisiana law 	<p>Therapeutic care, which means services provided by licensed or certified occupational therapists, physical therapists, or speech therapists</p>
<p>Psychiatric Care</p>	<ul style="list-style-type: none"> ▪ Resource availability ▪ Definition in Louisiana law 	<p>Psychiatric care, which means direct or</p>

Service	Considerations	ASD Task Force Recommendations
		consultative services by a licensed psychiatrist
Psychological Care	<ul style="list-style-type: none"> ▪ Resource availability ▪ Definition in Louisiana law 	Psychological care, which means direct or consultative services by a licensed psychologist
Pharmacy Care	<ul style="list-style-type: none"> ▪ Services could only be mandated for drug riders provided by employers. Employers who do not offer a drug rider will not be required to provide this benefit. ▪ Medications are usually covered by insurance when prescribed by a physician, if medically necessary. Insurance does not cover homeopathic medicines. ▪ Some families do not have drug riders. Costs for medications may be high. ▪ There is may be disagreement among professionals (e.g., provider vs. health plan medical director) regarding what is considered “medically necessary”. 	<i>(No recommendation made)</i>
Professional, counseling, and guidance services and treatment programs	<ul style="list-style-type: none"> ▪ ABA is an implementation strategy to a “service”. ▪ Consider language in the proposed federal bill “Autism Treatment Acceleration Act of 2008” for the description of “treatment”. http://www.autismvotes.org/atf/cf/%7B2A179B73-96E2-44C3-8816-1B1C0BE5334B%7D/Obama%20federal%20autism%20reform.pdf ▪ Helpful to have oversight of behavioral plan. This may be several hours per week or about 5 hours per month. Licensed person should write the plan – e.g., licensed psychologist, or BACB certified individual. ▪ Providers need to be certified to be consistent with insurance standard of Hawai‘i licensed or certified providers. How will this be done for the supervisor and non-professional person (e.g., “skills trainer”) who provide ABA services to a child/youth with ASD? ▪ National certification, such as by the Behavior Analyst Certification Board (BACB) ▪ State Certification – will impact the state credentialing body. ▪ For ABA supervision, consider temporary certification for 3-5 years, and then require supervision by licensed psychologist or behavior analyst certified by BACB. Insufficient number of BACB certified individuals in Hawai‘i. 	<p>Professional, counseling, and guidance services and treatment programs, including applied behavior analysis (ABA) and other structured behavioral programs. The term ABA means the design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relations between environment and behavior.</p> <p>Primary oversight of the behavioral treatment plan for ASD shall be provided by:</p>

Service	Considerations	ASD Task Force Recommendations
	<ul style="list-style-type: none"> ▪ For temporary certification, consider wording in Pennsylvania law, and add Master’s level with 3 years experience. ▪ Each child with ASD is unique. Families need options to address their child’s needs and the flexibility to make choices for their child. Besides ABA, other behavioral therapies may be needed. ▪ Per the Department of Commerce and Consumer Affairs: <ul style="list-style-type: none"> ○ Regulation of a new profession (e.g., Board Certified Behavior Analyst [BCBA] or Board Certified Associate Behavior Analyst [BCABA]) requires introduction of a legislative bill, concurrent resolution, Auditor’s “sunrise” study of the proposed bill, and subsequent passage of the legislative bill. Note that per HRS §26H-2, “The regulation and licensing of professions and vocations shall be undertaken only where reasonably necessary to protect the health, safety, or welfare of consumers of the services; the purpose of regulation shall be the protection of the public welfare and not that of the regulated profession or vocation;...” ○ An existing board cannot “temporarily certify” BCBA’s or BCABA’s without legislative authority. A sunrise study would also be necessary. Designation of an existing board for “temporary certification” also requires agreement by the professional group under the existing board. ○ New regulation for a profession means additional government services so that new positions and funding must be secured along with passage of laws. ▪ See handout “Intensive Behavioral Therapy for Autism – Definitions and Board Certification”. Information includes intensive behavior therapy and related definitions from other states, and Behavior Analyst Certification Board (BACB) requirements. ▪ See handout on “Provider Credentialing Continuum”. Information includes the continuum of provider credentialing: non-credentialed providers, traditional licensure and state-defined credential, state-defined licensure, health plan defined credential, state licensure, and traditional provider certification. 	<ul style="list-style-type: none"> ▪ Licensed physician ▪ Licensed psychologist ▪ Master’s degree or Ph.D. in behavioral analysis ▪ Board Certified Behavior Analyst (BCBA) certified by the Behavior Analyst Certification Board (BACB)

Service	Considerations	ASD Task Force Recommendations
	<ul style="list-style-type: none"> ▪ Payment of the Direct Support Worker (DSW) (e.g., skills trainer) will be up to the health plan. The provider providing oversight to the behavioral treatment plan may be responsible for DSW services and payment to the DSW. ▪ It is necessary to keep the qualification standard high. While initially the number of providers may not be sufficient, it may improve with available training or additional providers from other states. 	
Respite care	<ul style="list-style-type: none"> ▪ May be included as part of treatment plan ▪ May be medically recommended ▪ TRICARE Military Health Plan – ECHO respite allows 16 hours per month. ▪ Issue – provider qualifications for insurance payment 	Respite care up to 16 hours per month, if it is needed and included in the treatment plan
Screening for ASD by primary care providers	<ul style="list-style-type: none"> ▪ American Academy of Pediatrics (AAP) recommends administration of a standardized autism-specific screening tool. ▪ AAP-Hawai‘i Chapter recommends specific screening for ASD at ages 18, 24, and 36 months. ▪ ASD screening tools have high validity and sensitivity. ▪ Recommended tool is Modified Checklist for Autism in Toddlers (M-CHAT). 	Screening for autism by primary care providers for children ages 18, 24, and 36 months
Family Therapy	<ul style="list-style-type: none"> ▪ Marital and family issues are prevalent, and family therapy is needed for families of children/youth with ASD. ▪ The need for family therapy may be met under the parents’ health insurance plan. 	Do not include
Recreational Therapy	<ul style="list-style-type: none"> ▪ This is a needed service for children/youth with ASD. ▪ It may be included as part of behavioral therapy, and specified within the treatment plan. It is not necessary to include this as a separate service. 	Do not include
Hyperbaric Oxygen Therapy	<ul style="list-style-type: none"> ▪ This is not a standard of care. It is being researched and is under investigation 	Do not include