

ALPTI Raising the Standards Conference 2019

Handouts for Session B Services and Supports

Wednesday May 29, 2019 1:00 pm to 4:00 pm

Session B.1 Helping Your Struggling Elementary Aged Reader; Leslie Mundt

Participants will gain an understanding of the six essential key skills needed to increase reading comprehension which include: decoding, fluency, vocabulary, sentence construction, background knowledge, and working memory.

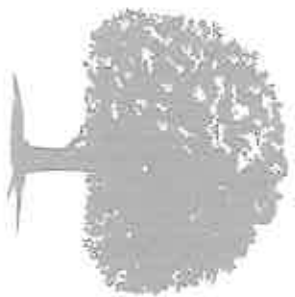
Participants will learn strategies to implement at home and increase these skills and improve struggling reader's comprehension.

Session B.2 ABA Treatment and State mandated Health Insurance Funding; Matthew Busick

Helping families access funding for ABA treatment per the AI state mandate for insurance coverage of such treatment

Session B.3 What's Health Got To Do With Education; Mattisa Moorer

We want families to understand our efforts at the Family to Family Health Information Center. We want them to have tools and resources needed to partner with their child's health care providers and, as they transition through various stages in school, they also make important healthcare transitions as well.



Growing Independence
Behavioral Services

The Learning Tree, Inc.

ABA Treatment and State-Mandated Health Insurance Funding

Matthew Busick

APEC Conference

May 29th, 2019








The Learning Tree is a nonprofit organization dedicated to providing educational, residential, clinic, and support services for children and adolescents with developmental disabilities, including autism.

Programs are designed to help children lead more fulfilling and rewarding lives.

- For over 35 years, quality programs have been providing services to children
- The Learning Tree serves more than 600 individuals from more than 30 counties across Alabama.

PROGRAMS:

-  **RESIDENTIAL** – Residential school services for 100+ children in Jacksonville, Birmingham, Tallassee, & Mobile
-  **LITTLE TREE PRESCHOOLS** – Inclusive preschool services for 130+ children in Anniston, Auburn, & Mobile
-  **CONSULTATION & OUTREACH** – Consultation & outreach services are coordinated with 75+ school districts
-  **WOODY’S SONG SCHOOL** – Private school services for 20+ students in Mobile
-  **GROWING INDEPENDENCE BEHAVIORAL SERVICES** – Outpatient clinics provide ABA services to 30+ children in Anniston, Birmingham, Montgomery & Mobile

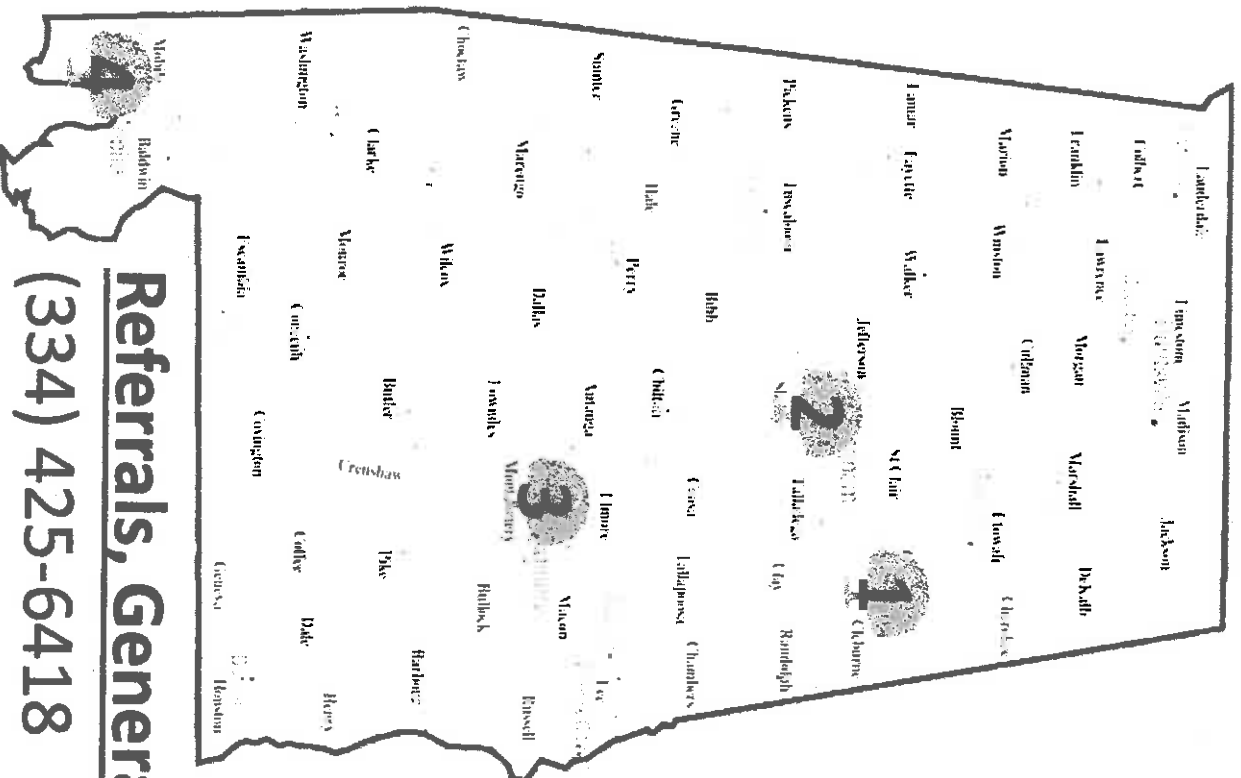
GIBS Clinics

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4. GIBS Mobile

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Referrals, General Info, & Benefits:

(334) 425-6418

GrowingIndependence@learning-tree.org

FRAMEWORK

- What is ABA?
- What is the AL Autism Mandate?
- What Health Plans are subject to the AL Mandate?
- What are the AL Mandate's Coverage Limitations?
- What are some common barriers to accessing insurance-funded ABA?
- What is the step-by-step process to access insurance-funded ABA?

What Is Applied Behavior Analysis? (ABA)

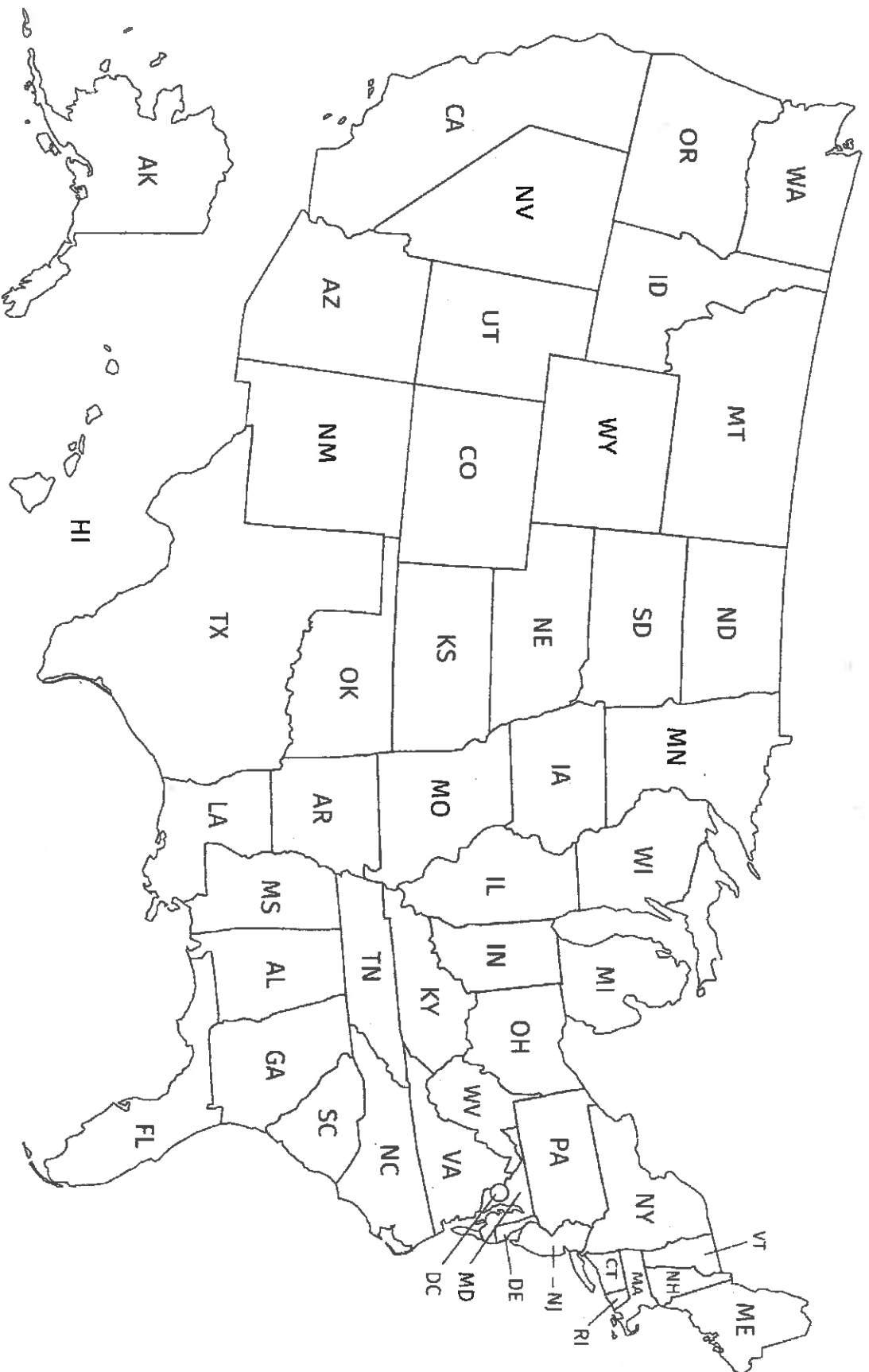
ABA aims to improve **socially important behaviors & skills** by using interventions that are based on **evidence-based** principles of **learning theory** and that have been experimentally-validated using reliable and objective **observational** measurement. ABA methods are intended to support individuals with Autism Spectrum Disorder (ASD) in many ways, including:

- To increase behaviors/skills (e.g. to increase on-task behavior, or social interactions) and to teach new skills (e.g., life skills, communication skills, or social skills);
- To maintain behaviors/skills (e.g., self control and self monitoring procedures to maintain and generalize job-related social skills);
- To generalize or to transfer behaviors/skills from one situation or response to another (e.g., from completing assignments in the resource room to performing as well in the mainstream classroom);
- To restrict or narrow conditions under which interfering behaviors occur (e.g., modifying the learning environment); and
- To reduce challenging behaviors (e.g., aggression, self-injury, repetitive behavior) that interfere with learning

AL Autism/ABA Mandate

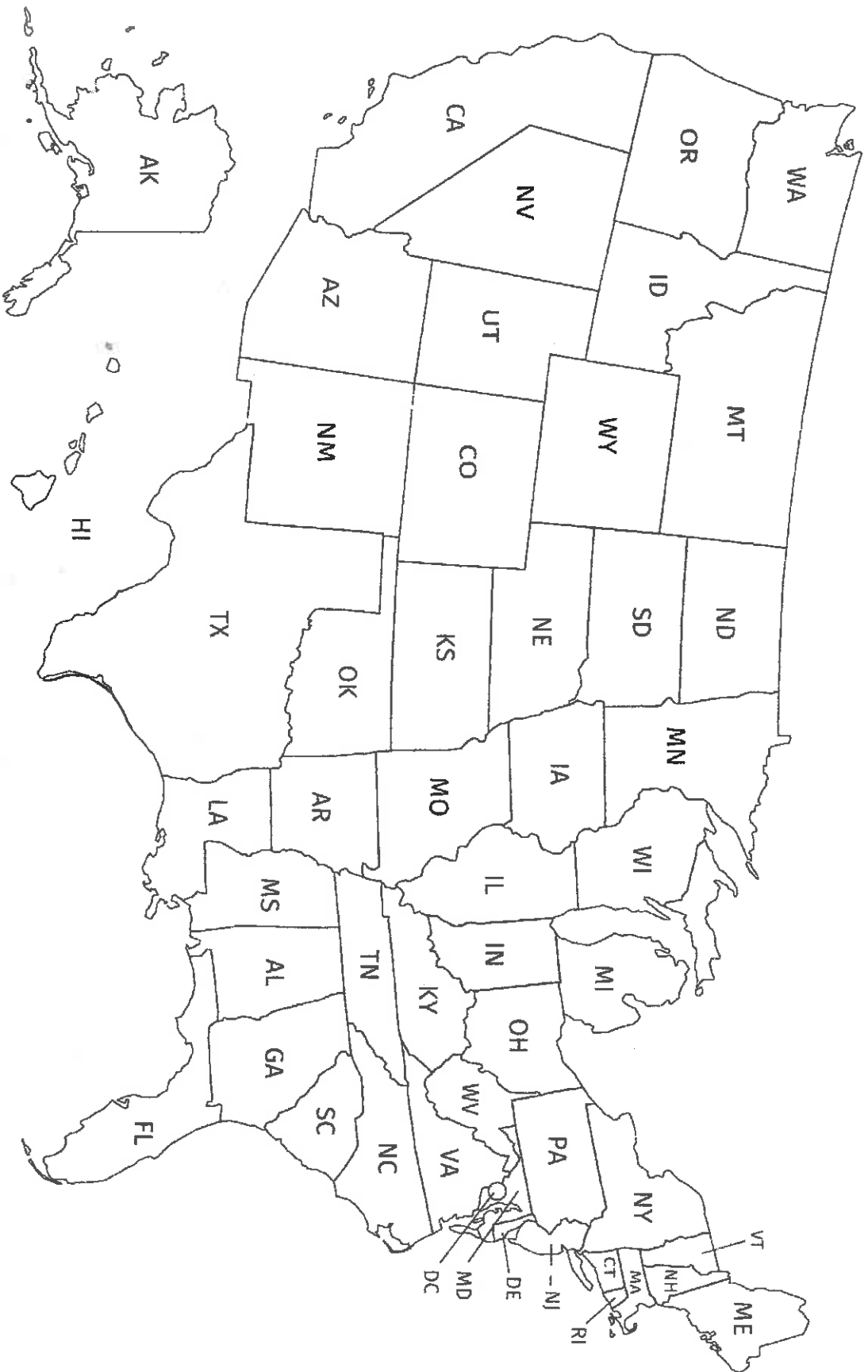
- House Bill 284
- On May 16, 2017 – Alabama became the 46th state to mandate by law meaningful health insurance coverage of ABA for the treatment of ASD
- Law was enacted January 1st, 2018:
 - ABA coverage for some health plans were delayed
- Established ABA as a *Licensed* Profession

2001



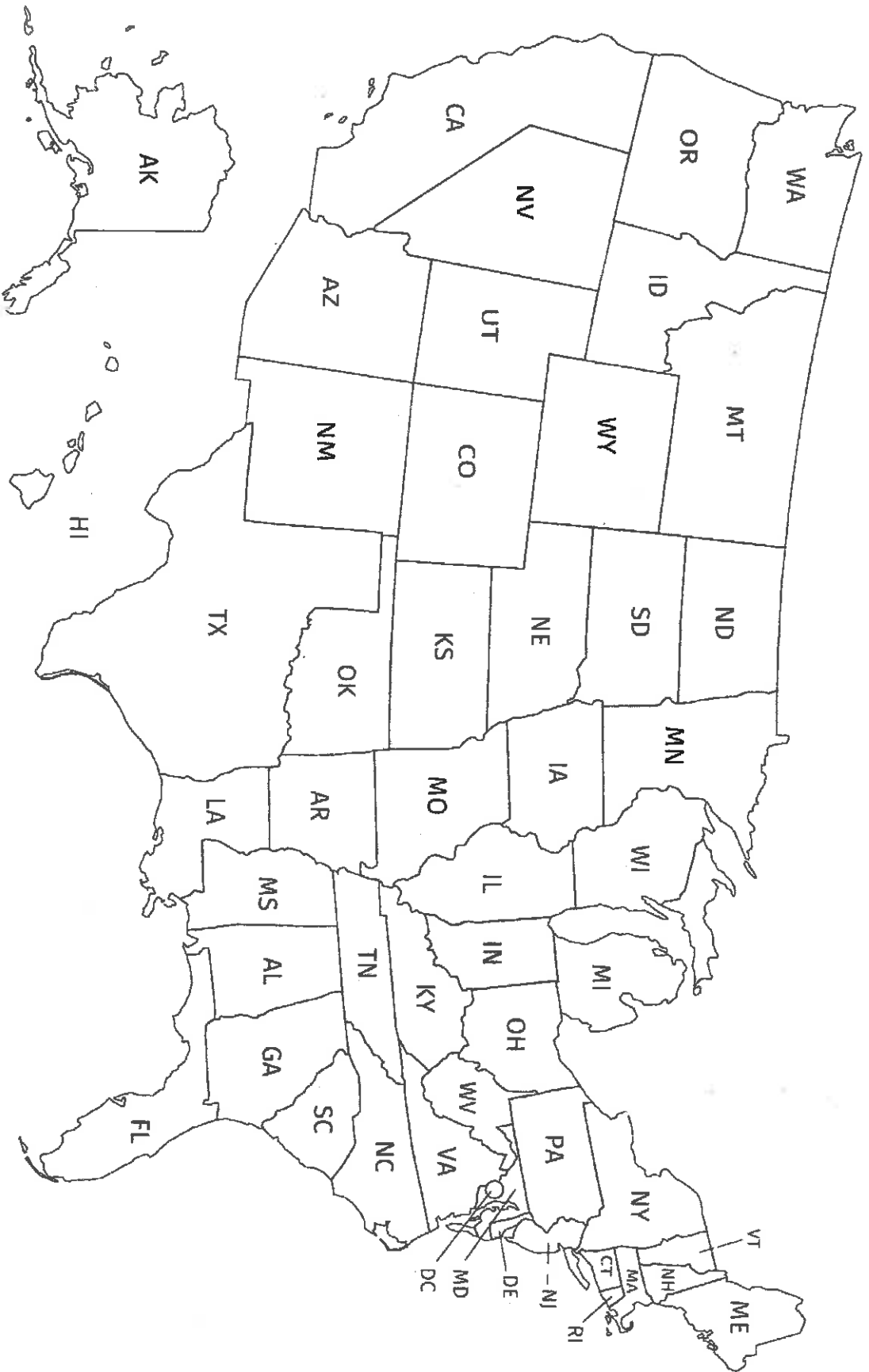
1 of 50 states = 2%

2002



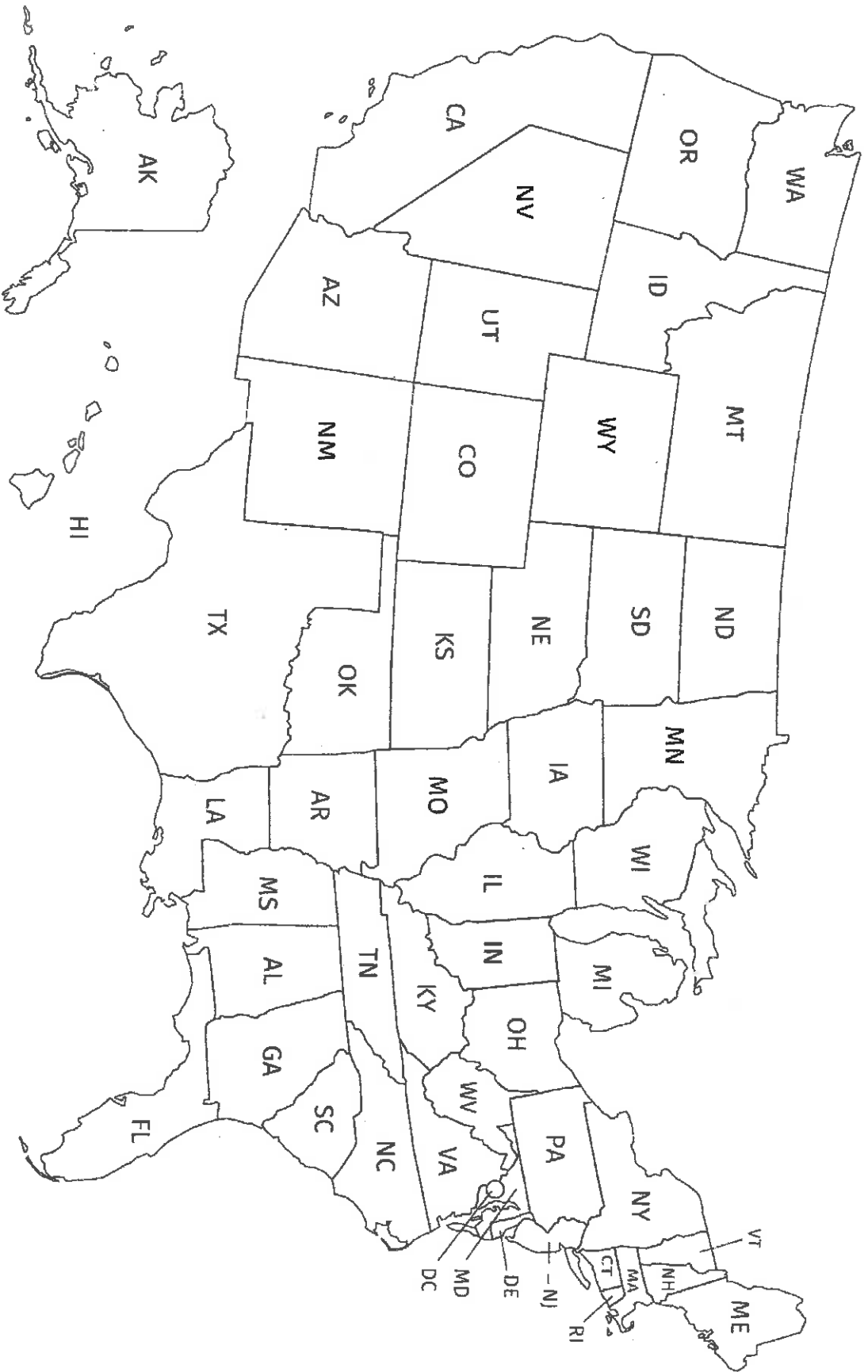
1 of 50 states = 2%

2003



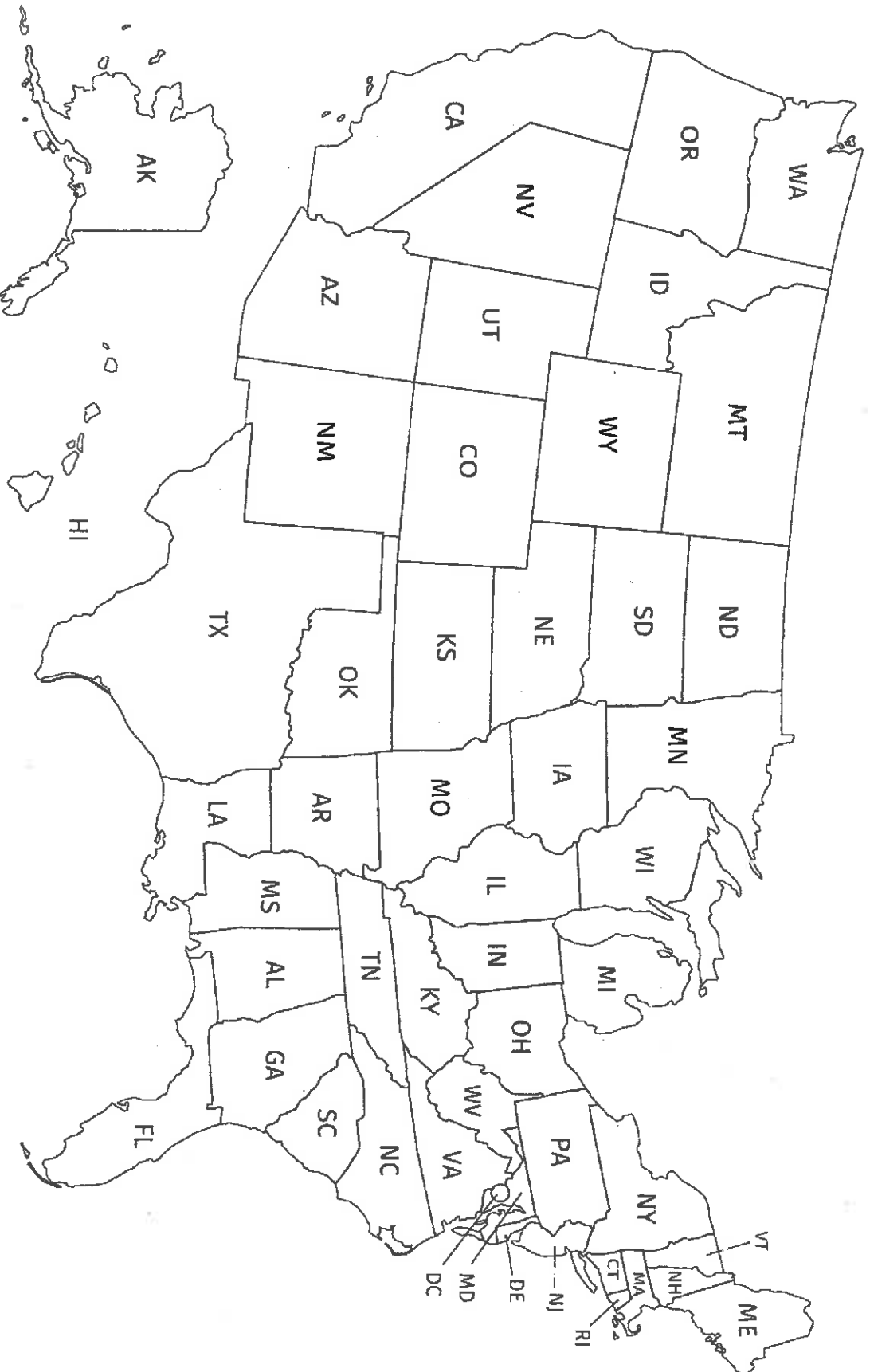
1 of 50 states = 2%

2004



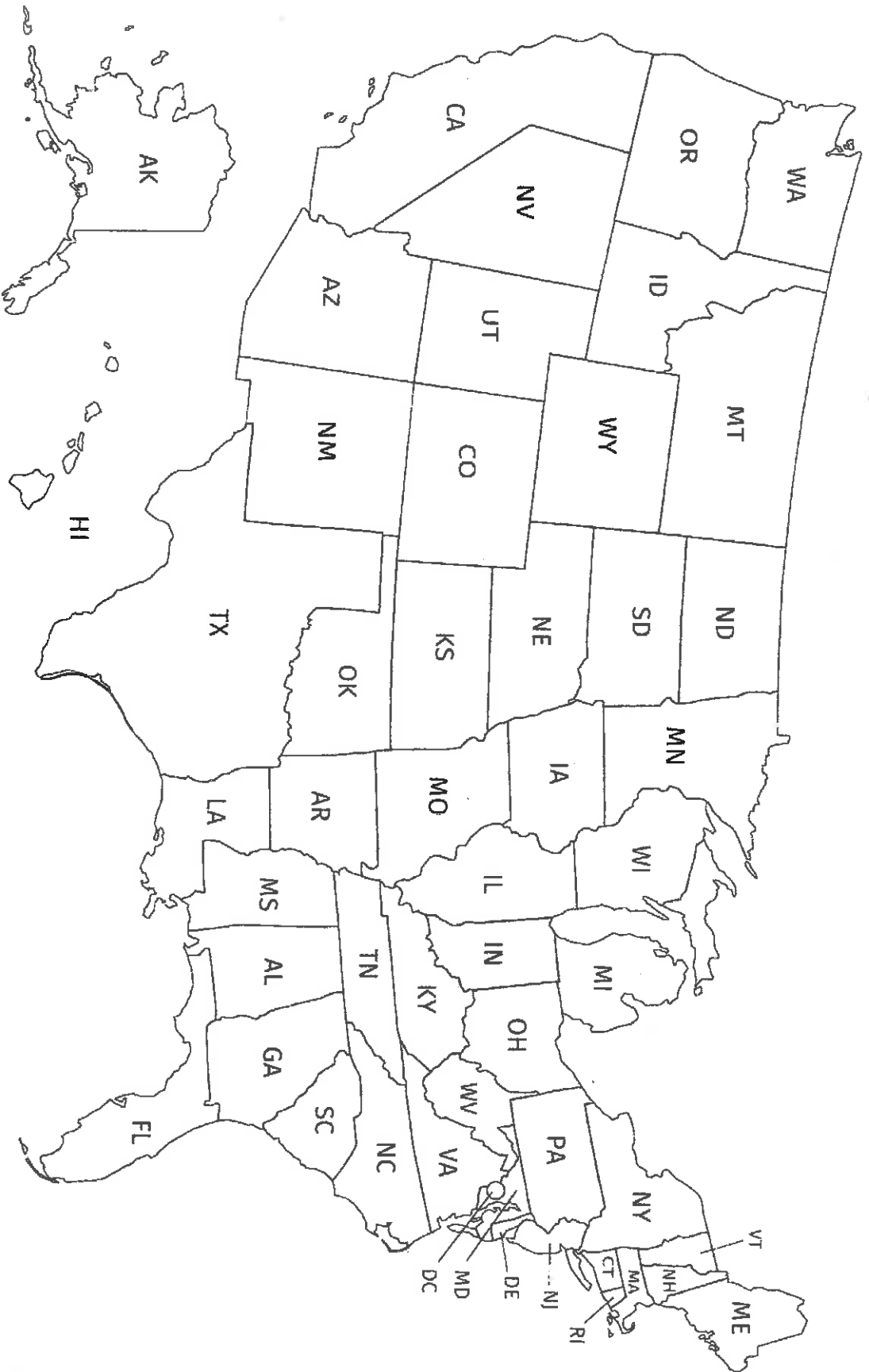
1 of 50 states = 2%

2005



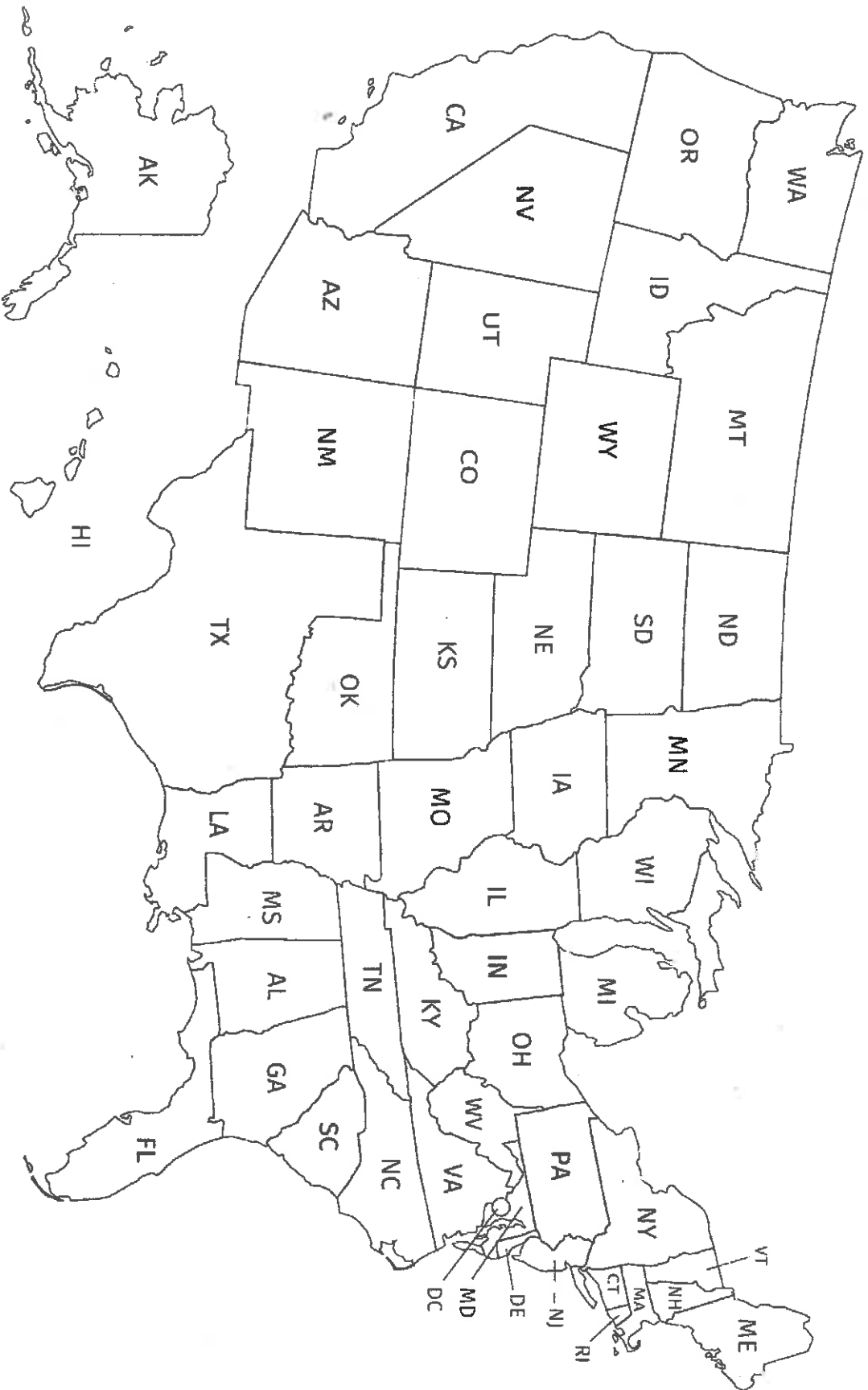
1 of 50 states = 2%

2006



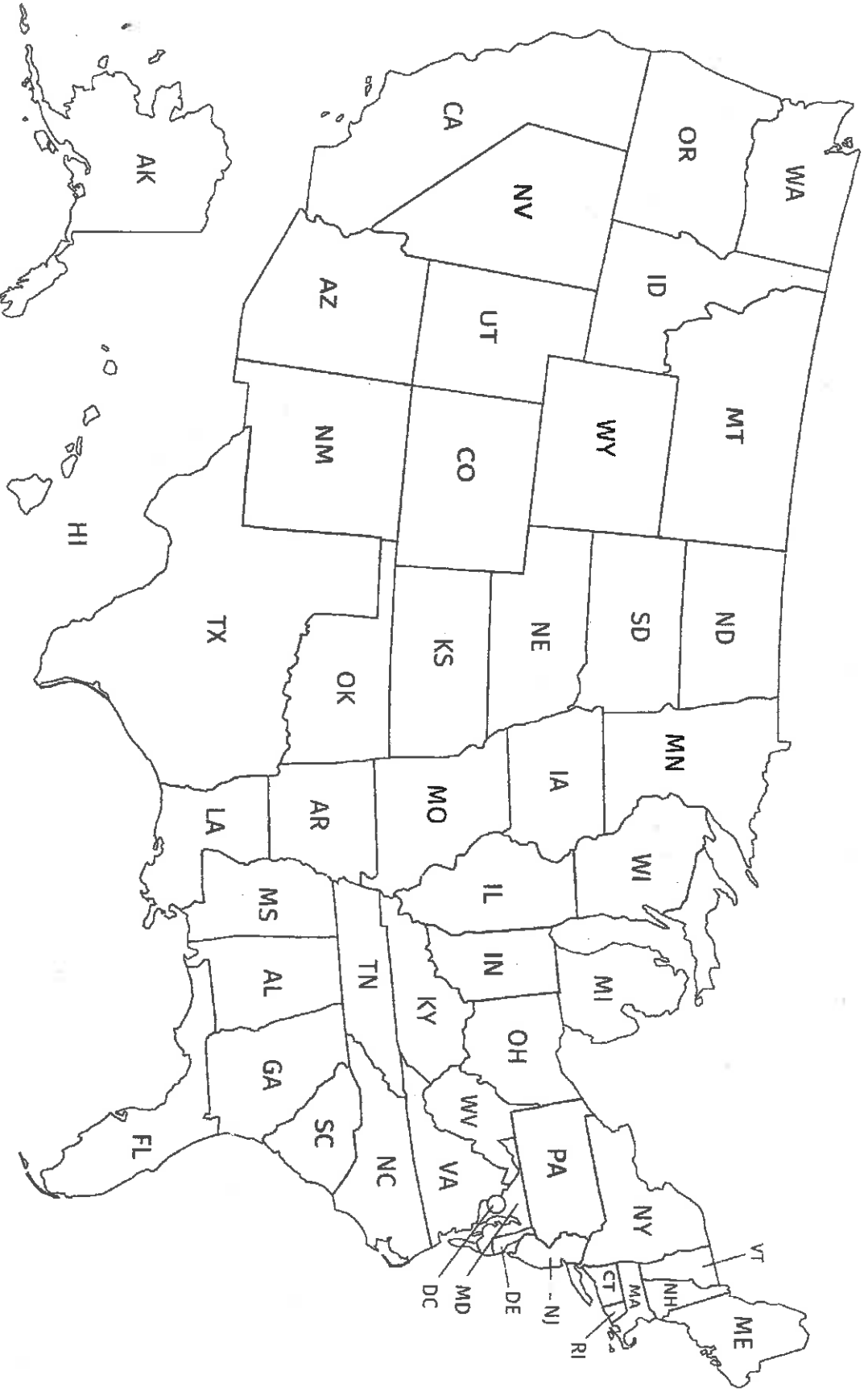
1 of 50 states = 2%

2008



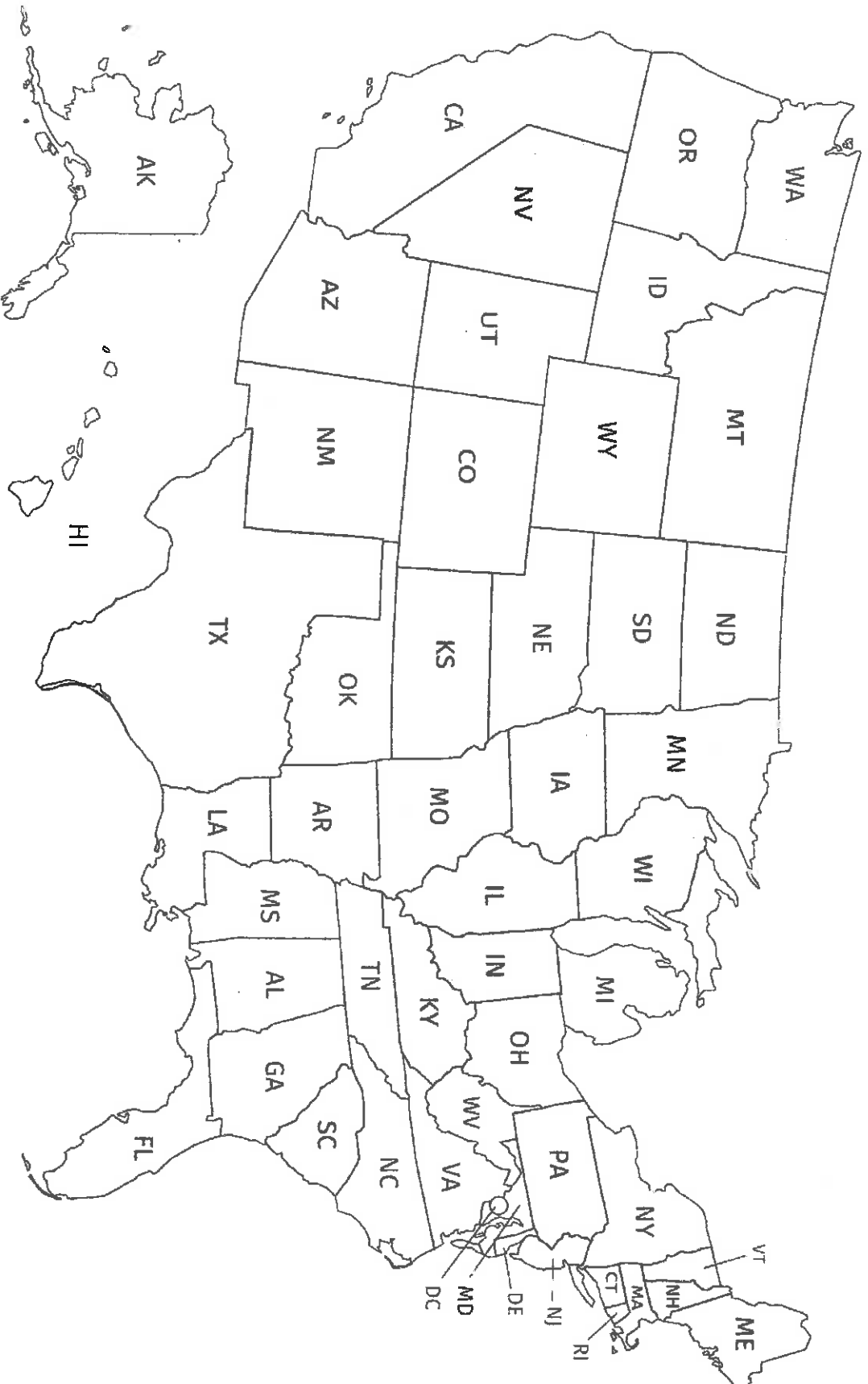
8 of 50 states = 16%

2009



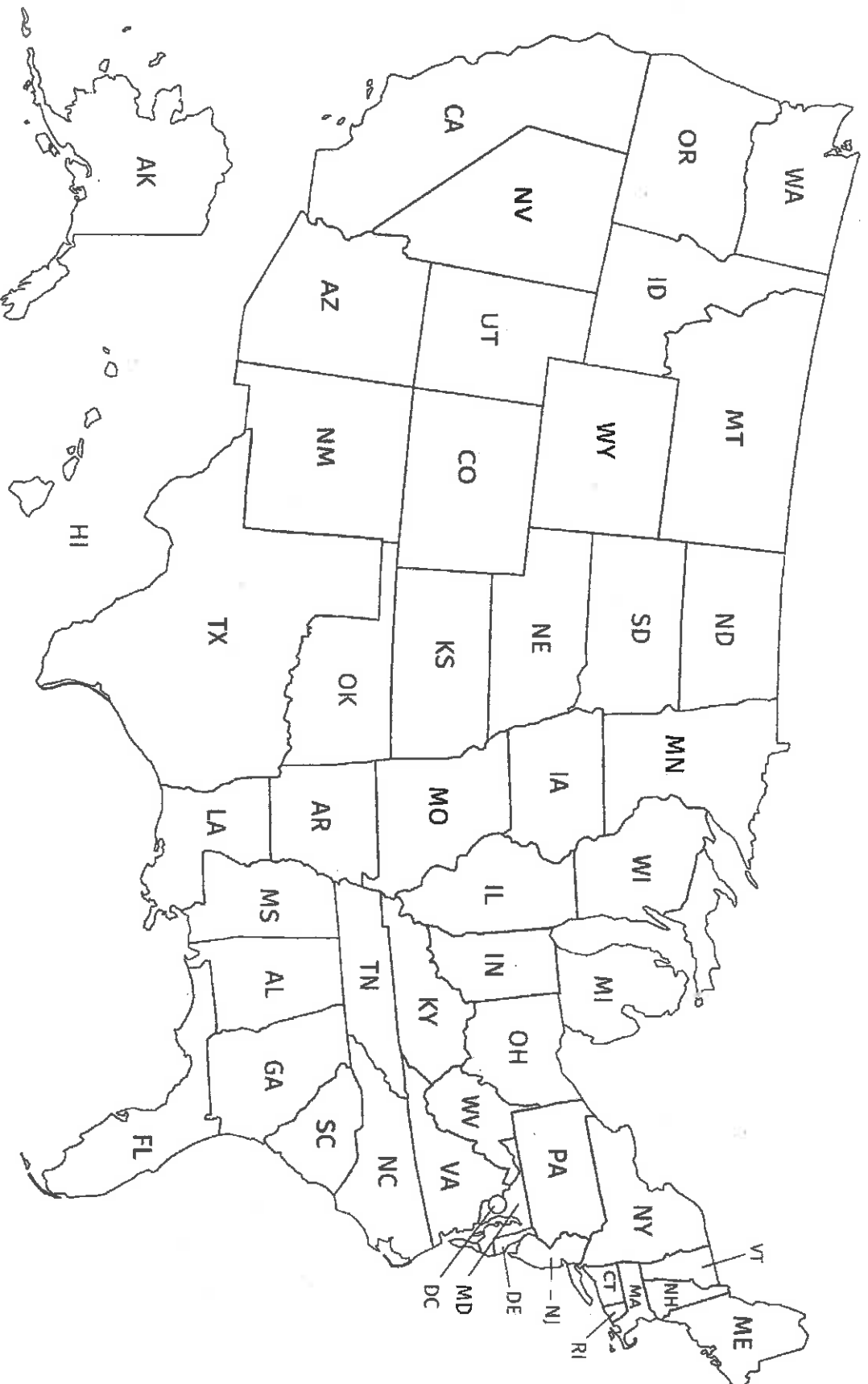
15 of 50 states = 30%

2010



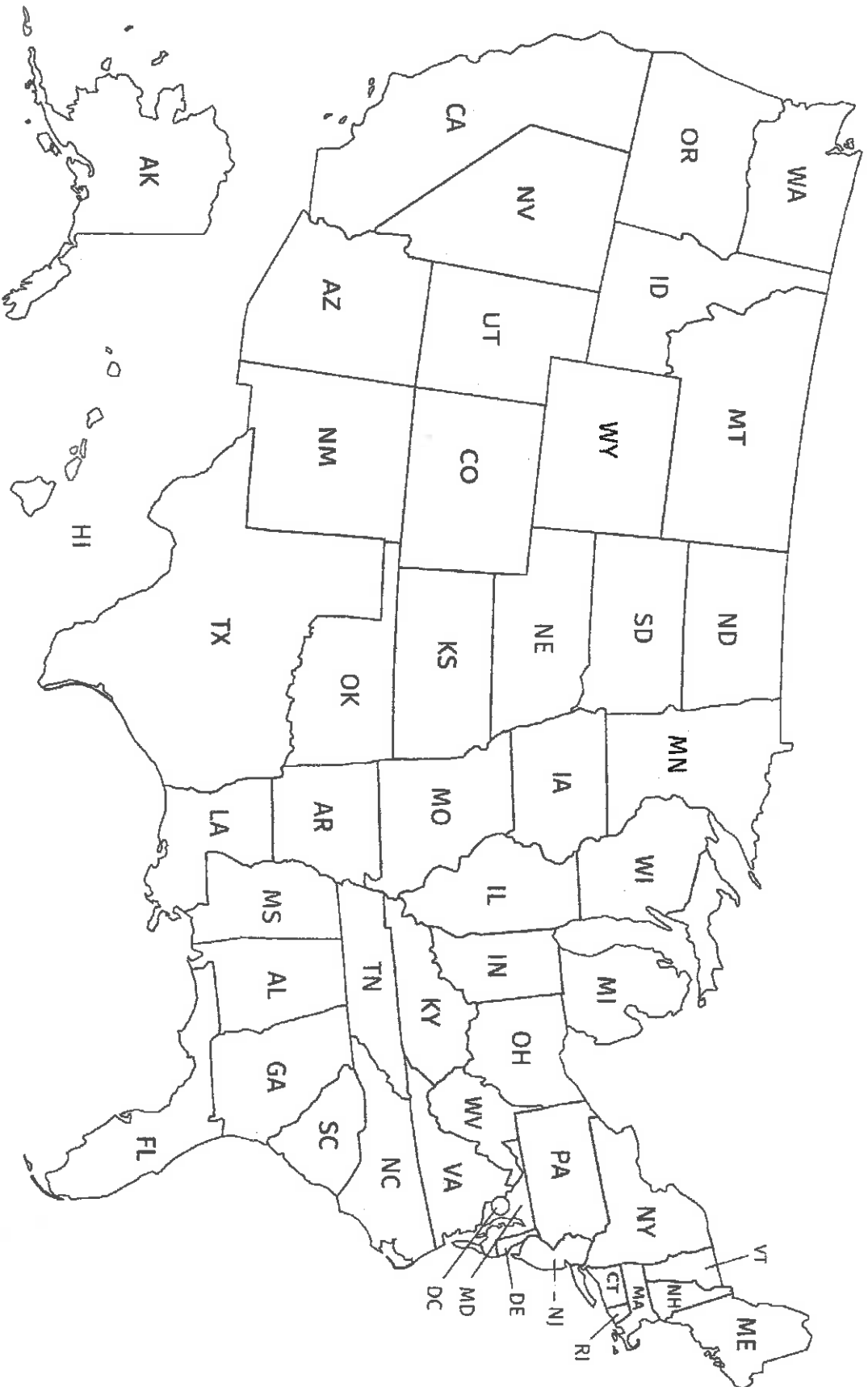
23 of 50 states = 46%

2011



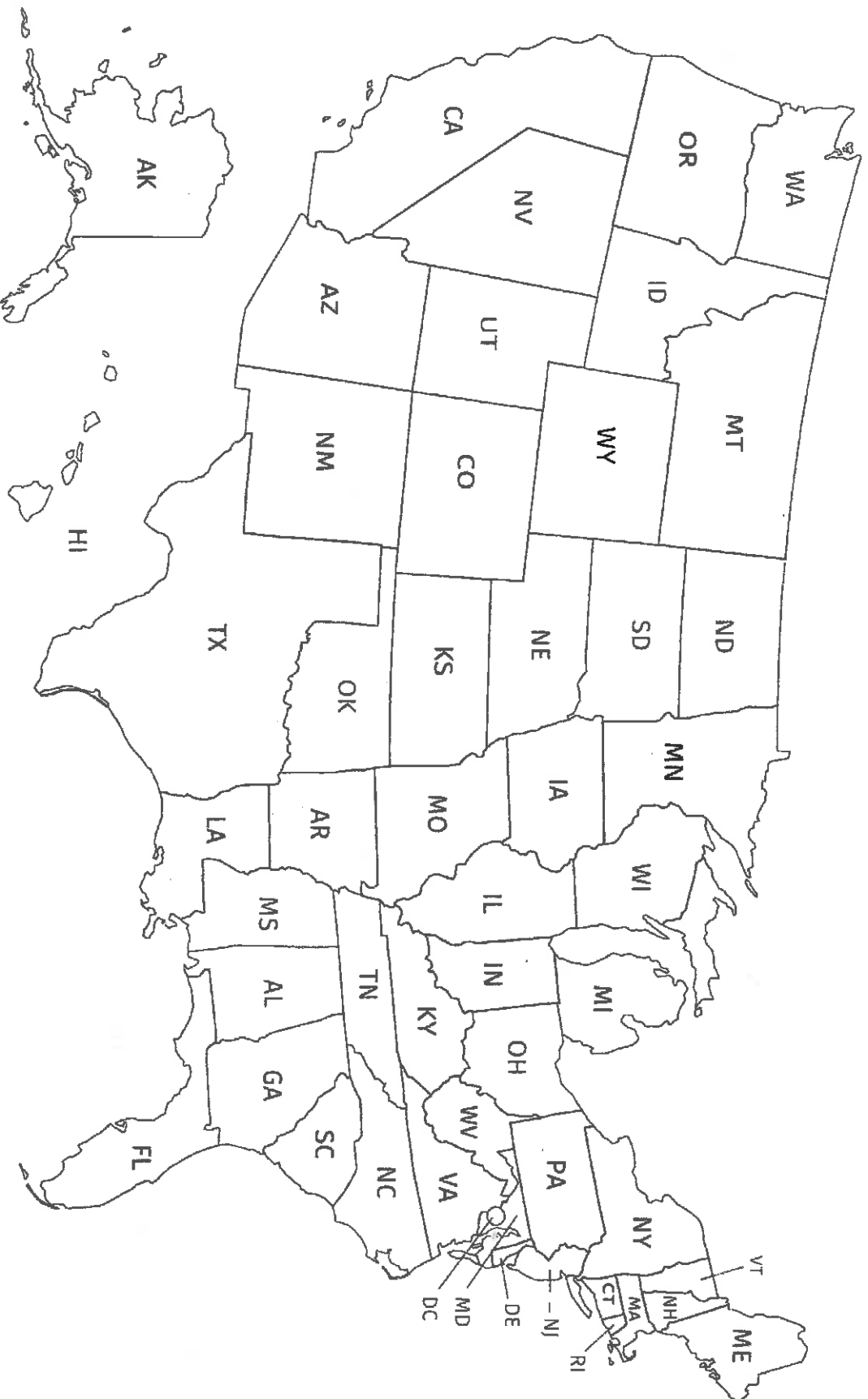
29 of 50 states = 58%

2012



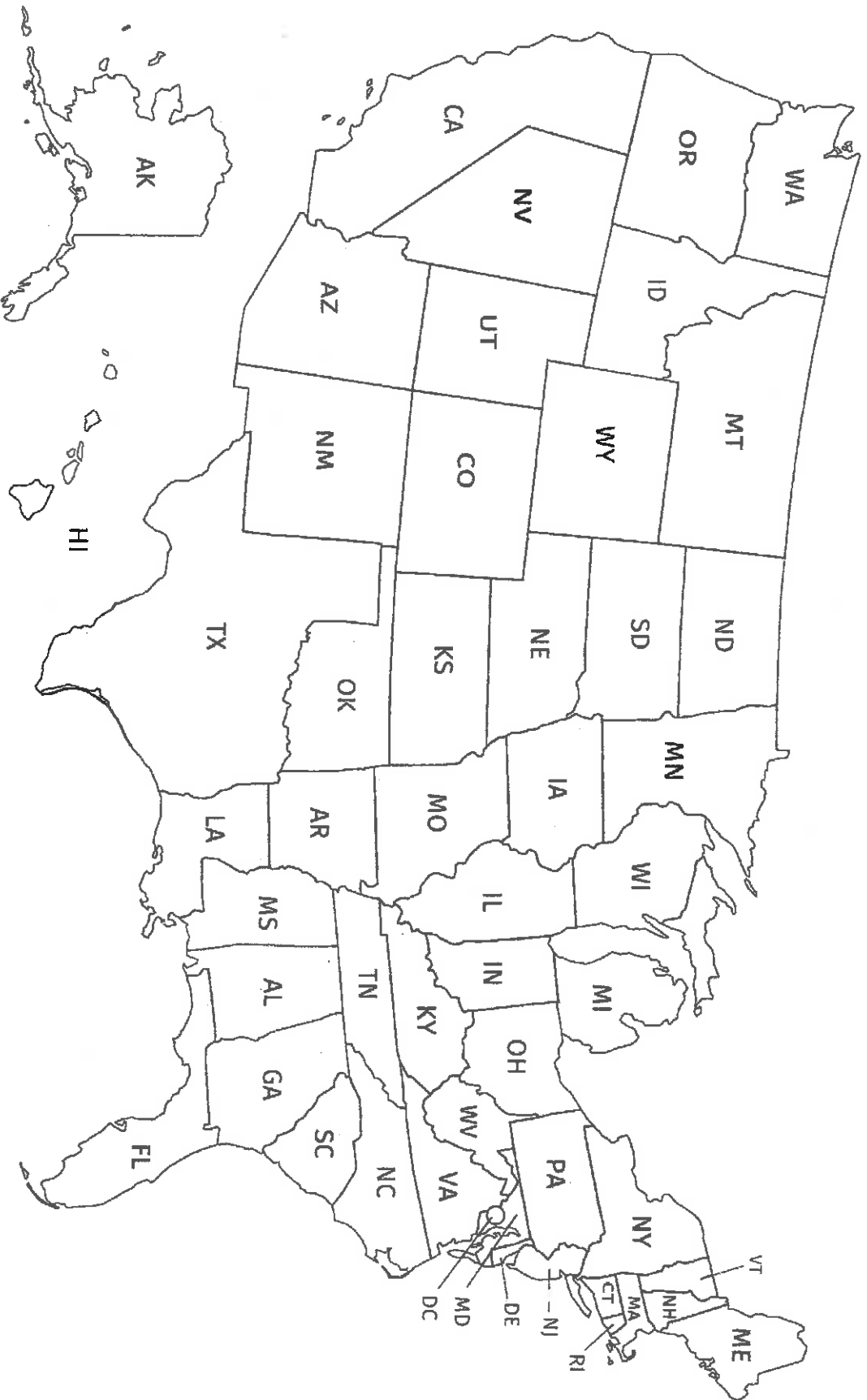
32 of 50 states = 64%

2013



34 of 50 states = 68%

2014



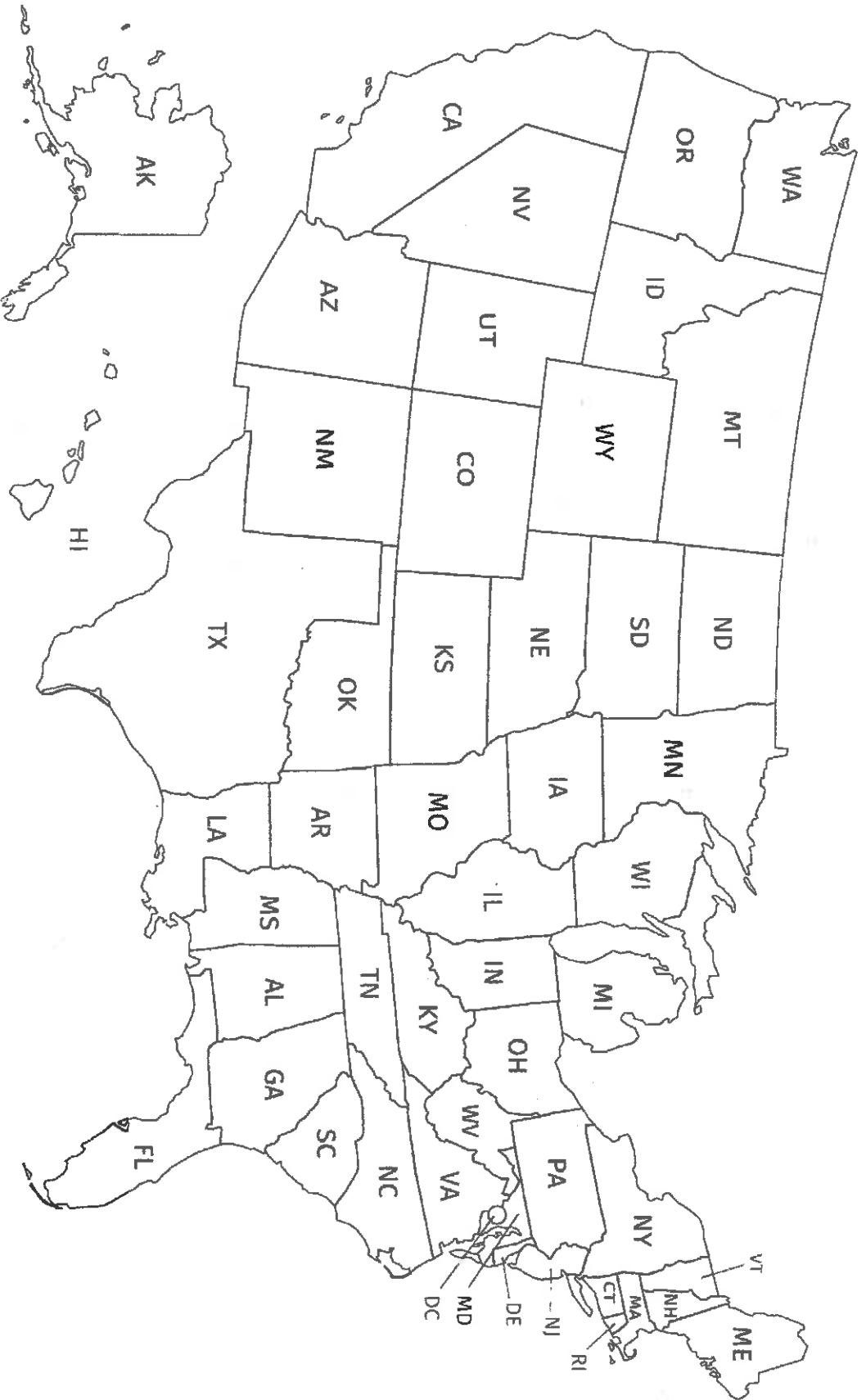
38 of 50 states = 76%

2015



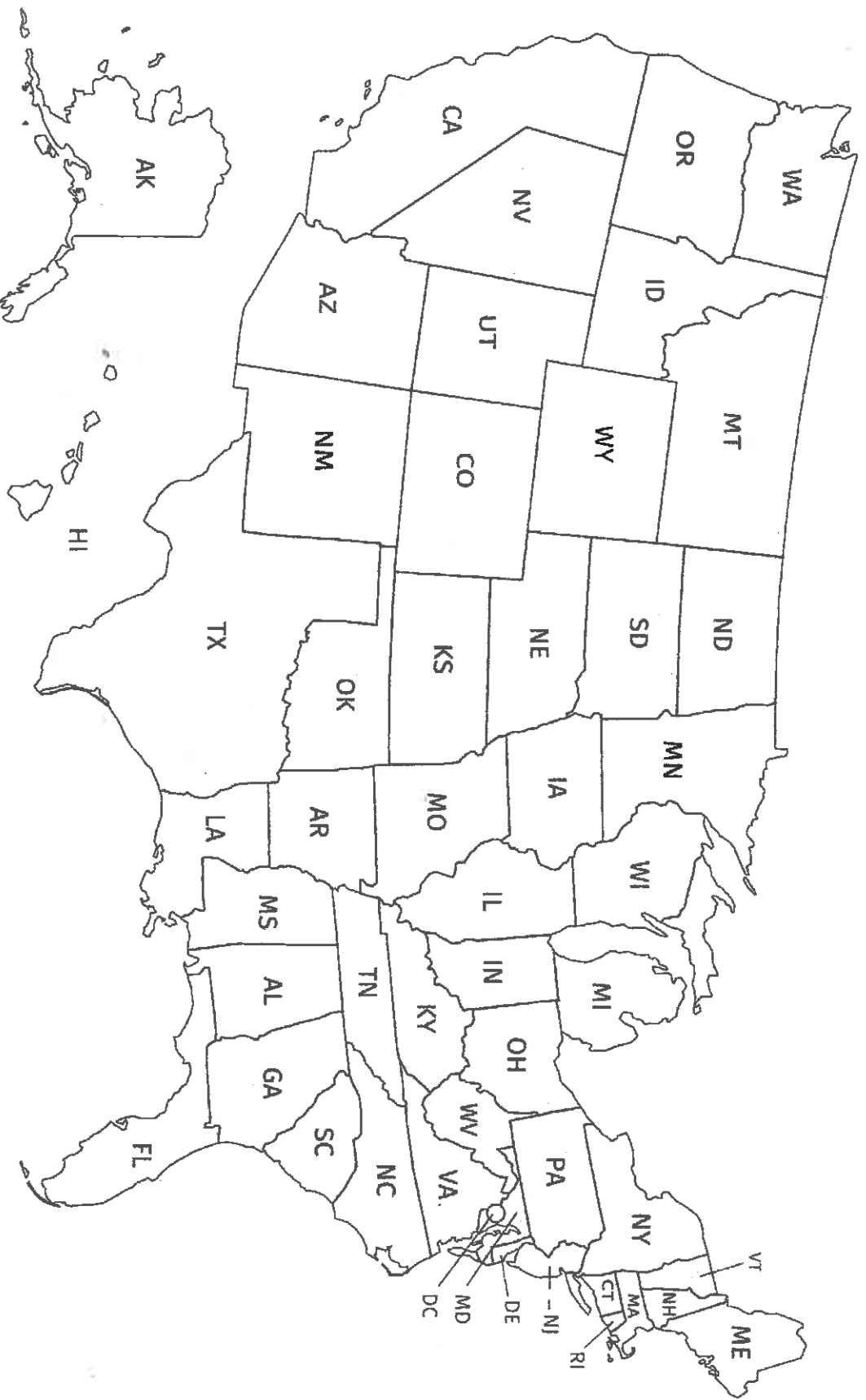
43 of 50 states = 86%

2017



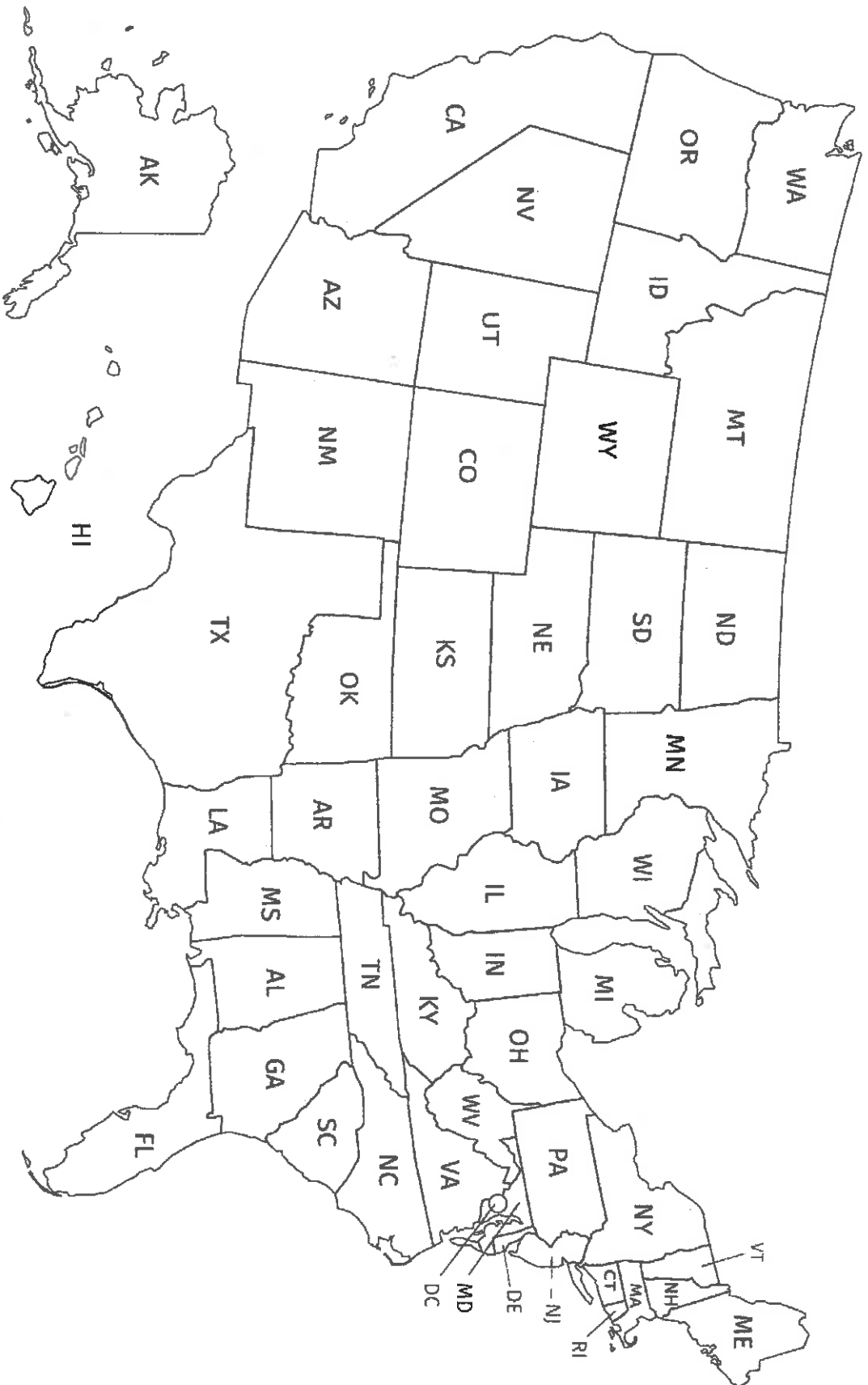
46 of 50 states = 92%

2018



48 of 50 states = 96%

2019



49 of 50 states = 98%

What Health Plans Are Mandated?

- **As of January 1st, 2018:**
 - Fully-Insured Large-Group Employer Plans
 - Fully-Insured = Insurance Company takes on all risk for administering the plan (e.g., BCBS-AL)
 - Large-Group = More than 50 employees are covered
 - State Employees' Health Insurance Plan
 - PEEHIP (aka Teachers' Plan)
- **As of October 2018:**
 - ALL Kids
- **As of January 1st, 2019:**
 - Local Government Health Insurance Plan
 - Medicaid

Common Health Plans with ABA Coverage that Are Not Subject to AL Mandate

- Tricare
- Federal Employee Plans (e.g., BCBS Federal Employee Program)
- Out-of-State Plans subject to other State Mandates
- Self-Funded Employer Plans
 - Company takes on all risk for administering the plan
 - Typically, very large national companies (e.g., brand-names)
 - They choose their own benefits and coverage

Self-Funded Plans with ABA Coverage

Johnson & Johnson

CVS



amazon

Comcast



verizon

CARMAX

Capital One

GEICO



American Airlines



Microsoft



Walmart



Coca-Cola



FINANCIAL

COSTCO WHOLESALE

Citi



Bank of America



MARSHALLS
HOTELS & RESORTS - SLOTTEN

Southwest



FedEx

State Farm



ebay



Enterprise

VISA

What Health Plans Are Not Mandated & Not Covered?

- Fully-Insured Small-Group Employer Plans
 - Fully-Insured = Insurance Company takes on all risk for administering the plan (e.g., BCBS-AL)
 - Small-Group = 50 or fewer employees are covered
- Individual Plans
 - E.g., Marketplace Plans

AL Mandate Coverage Limitations

- Age Cap
 - 18 years and younger
- Annual Dollar Caps:
 - Ages 0 – 9 = \$40,000/year
 - Ages 10 – 13 = \$30,000/year
 - Ages 14 – 18 = \$20,000/year
- Plans Subject to Dollar Caps:
 - State Employees' Plan
 - PEEHIP
 - Local Government Health Insurance Plan
 - Medicaid?
- Plans NOT Subject to Dollar Caps:
 - Large-Group Employer Plans
 - ALL Kids
 - Covered Plans Not Subject to AL Mandate (have their own rules & limitations)

Common Barriers

- Qualifying Diagnosis:
 - Diagnosis must be provided by a Licensed Psychologist or an MD
 - Special Education/School Evaluation is NOT a qualifying diagnosis
 - Early Intervention Evaluation is NOT a qualifying diagnosis
 - Diagnostic Evaluation must include assessments from multiple categories
 - E.g., BCBS-AL Requires:
 1. Autism-Specific Evaluation
 2. Adaptive Behavior Evaluation
 3. Cognitive Evaluation (e.g., IQ Test)
 4. Neurological Evaluation
 - Diagnosis must not be **“too old”** or may have to get re-diagnosed
 - E.g., BCBS-AL does not have a specific criteria, but reserves the right to request a re-diagnosis if original diagnosis is deemed too old

Common Barriers, cont.

- **ABA Referral from a Qualified Clinician:**
 - Either the Diagnosing Clinician or the child's PCP/Pediatrician must provide a written referral/prescription for ABA

- **Financial Barriers:**
 - Out-of-Pocket Expenses (e.g., copays)
 - Example:
 - \$25 daily copay X ~21 service days/month = \$525/month

- **Scheduling Barriers:**
 - Parent-Training
 - Expected to be a part of Treatment Plan

1st Steps – How Do I Get Started?

1. Does my child's plan include ABA Coverage?
 - Call us! We'll do a courtesy check for you!
 - IF YES – Move onto Step #2
 - IF NO – Call us! We may be able to help you with some other solutions!
2. Does my child have a **Qualifying** Diagnosis & ABA Referral?
 - Call us! We'll do a courtesy review of the diagnosis!
 - IF YES – Move onto Step #3
 - IF NO – Call us! We can provide you with a list of Qualified Diagnosticians in your area!
3. Contact ABA Providers in your area and ask:
 - (a) Do you accept my child's insurance plan?
 - (b) Are you accepting new patients and do you have availability?
 - Call us! We can give a list of all known ABA providers in your area!

Next Steps – Intake & Initial Assessment Request

4. Intake:

- Consultation
- Intake Packet
- Finances/Expected Out-of-Pocket Expenses

5. Initial Assessment Request:

- ABA Provider will submit Initial Assessment Request to Insurance along with supporting documentation (e.g., Diagnosis)
- Insurance will review request and supporting documentation and issue a decision:
 - A) Approve – Insurance will issue an **Initial Assessment Authorization**
 - B) Request for Additional Info. Most common reasons for this outcome are:
 - Not a Qualifying Diagnosis or Diagnosis is “too old” – may have to get re-diagnosed
 - Need additional supporting documentation

The Medical Model & Medical Necessity

- Medical Model requires a Medical Diagnosis
- Medical Diagnosis -- > Treatment
- ASD Diagnosis is based on its core symptoms (DSM-5 Criteria)
- What are the symptoms of ASD?
 1. Social Communication
 2. Social Interaction
 3. Behavior
- Medical-Necessity **MUST** 1st Be Established & Medically-Necessary Treatment for ASD **MUST** treat the symptoms of ASD:
 - Burden of Proof
 - Level & Intensity of Treatment
 - Treatment Goals

Next Steps – Initial Assessment

6. Initial Assessment:

- Determine Medical Necessity!!!
 - Assessment of ASD Core Deficits (symptoms) – Communication, Social Skills, & Behavior
 - Treatment Decisions (if & how much) should **NEVER** be pre-determined
 - ABA Provider should analyze results of Initial Assessment to determine if ABA Treatment is Medically-Necessary & Recommended Amount

7A. If ABA Provider determines that Treatment is Medically-Necessary:

- Provider & Parents need to agree on Treatment Amount
- Provider & Parents need to agree on Parent-Training Amount
- Provider prepares Initial Treatment Plan
- Before submitting Initial Treatment Request to Insurance:
 - Provider & Parent should review Treatment Plan and Parent must sign the Treatment Plan, agreeing to the recommended treatment
 - Referring Clinician (who provided ABA Referral) must review & sign the Treatment Plan, agreeing to the recommended treatment

7B. If ABA Provider determines that Treatment **NOT** Medically-Necessary OR Provider & Parent are unable to agree on Treatment Amount:

- Parent has right to seek out another ABA Provider for a 2nd Opinion

Next Steps – Initial Treatment Request

8. Initial Treatment Request:

- ABA Provider will submit Initial Treatment Request to Insurance along with finalized & signed Initial Treatment Plan
- Insurance will review request and supporting documentation and issue a decision:
 - A) Approve – Insurance agrees that recommended ABA Treatment is *Medically-Necessary* and will issue an *Initial Treatment Authorization*
 - Almost all Treatment Authorizations are issued in *6-month periods*
 - B) Revise & Resubmit – Most common reasons for this outcome are:
 - Treatment Plan missing key information or needs revisions
 - Medical-Necessity has not been sufficiently justified
 - Need additional supporting documentation
 - C) Denial – Insurance disagrees and determines that ABA Treatment is *NOT Medically-Necessary*
 - Parent has the right to appeal the denial. Provider may assist Parent with appeal.

Finally! – Begin Initial Treatment

9. Initial Treatment:

- Provider will implement ABA Treatment as directed by the Initial Treatment Plan
 - Adjustments and modifications should be made along the way to improve Treatment effectiveness (i.e., ongoing Individualized Treatment Planning)

10. Re-Assess for Medical Necessity:

- At the end of the Initial Treatment Period (usually 6 months), ABA Provider should re-assess for Medical-Necessity using the same or similar assessment methods used during the Initial Assessment
- A new Medical-Necessity determination must be made for each additional Treatment Period

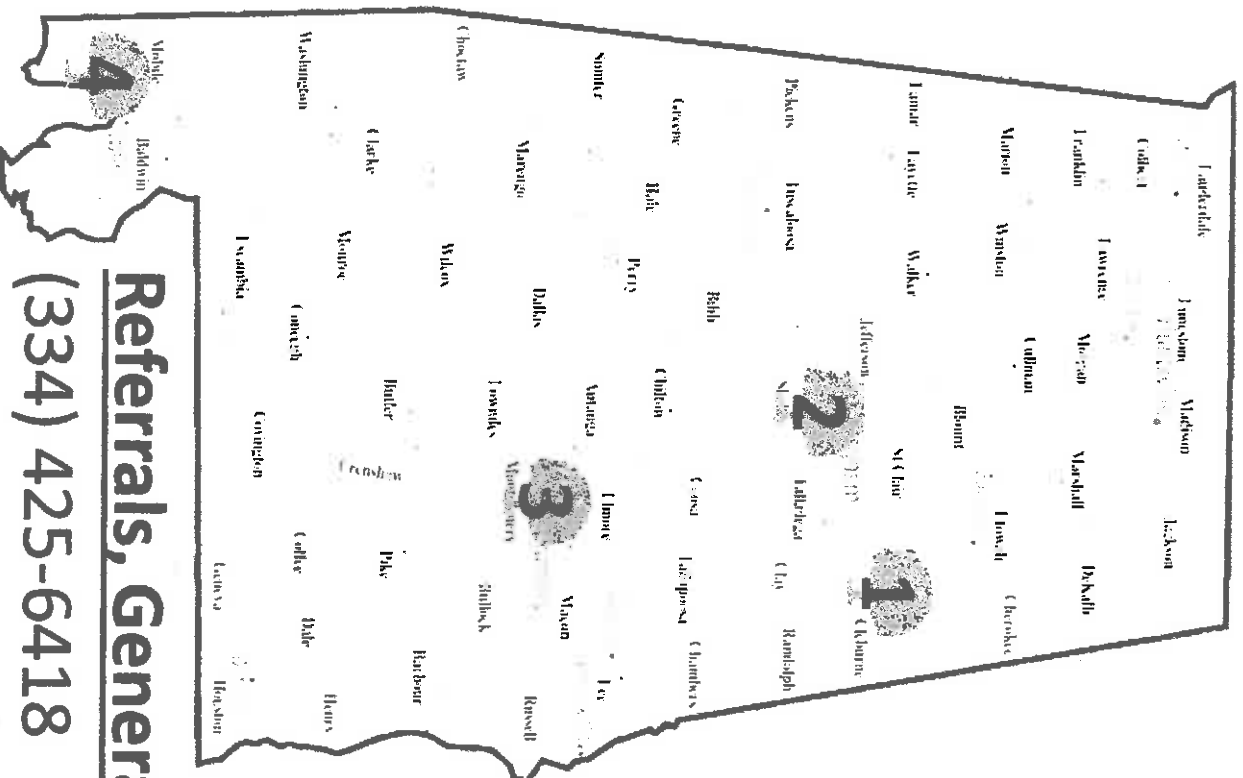
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Frequently Asked Question about Health Insurance Coverage for Autism in Alabama

Required health benefits are determined by plan type and whether the plan is regulated by State or Federal law.

For example, “fully insured” plans are state-regulated and required benefits are established by State law. Forty-six (46) states have enacted legislation that requires coverage for the diagnosis and treatment of autism, including Applied Behavior Analysis (ABA), in at least some fully insured markets (see FAQ #2).

“Self-funded” health benefit plans are not subject to State law. Minimum required benefits in “self-funded” plans are established by Federal law *i.e.*, ERISA. ERISA does not currently require coverage for ABA, however many self-funded health benefit plan administrators have voluntarily added this coverage in response to employee advocacy. For more information on autism coverage in self-funded health benefit plans, please see FAQ #3.

1. How can I determine which type of health plan I have?

If you receive your health benefits through your employer, the plan may be either fully insured or self-funded. Although there are exceptions, most large companies (*i.e.*, those that employ more than 200 employees) provide **self-funded** health benefit plans, and smaller companies (*e.g.*, those with 100 or fewer employees) provide **fully insured** plans. In order to be certain whether an **employer-sponsored** health benefit plan is fully insured or self-funded, please contact the health benefits director in your Human Resources Department.

An **individual policy** is a policy that is not purchased in connection with an employer but directly from an insurance company or agent. Individual health benefit plans are fully insured.

A **State Employee Health Benefit Plan** is one that is offered to state employees and is administered by a state agency. As with other employer-sponsored health benefit plans, State Employee Health Benefit plans may be fully insured or self-funded (see FAQ #4).

Military Health Care Programs (*e.g.*, TRICARE) are provided to military personnel, retirees and their dependents and are administered by the Department of Defense (see FAQ #5).

A **Federal Employees Health Benefits (FEHB) plan** is one that is offered to civilian federal employees and is administered by the U.S. Office of Personnel Management (see FAQ #6).

Medicaid and **CHIP** are health insurance programs that are jointly funded by states and the federal government. Eligibility for these programs are based on income but some states have chosen to extend coverage to other non-income-based groups such as individuals receiving home and community based services (see FAQ #7).

Frequently Asked Question about Health Insurance Coverage for Autism in Alabama

3. What can I do if my self-funded health benefit plan does not cover ABA or other medically necessary treatments for autism?

Please download the [Autism Speaks Self Funded Employer toolkit](#) for information on how you can advocate for the addition of meaningful coverage for autism in self-funded health benefit plans. Email advocacy@autismspeaks.org for further assistance.

4. Must State Employee Health Benefit Plans provide coverage for autism in Alabama?

Yes. — Effective 12/31/18 coverage for autism services is required in PEEHIP and SEIB plans the same as for large group plans

5. What coverage for autism must be provided under TRICARE?

TRICARE covers applied behavior analysis (ABA) for autism under the Comprehensive Autism Care Demonstration Project. While this demonstration project is scheduled to terminate 12/31/2018, advocacy efforts are underway to make the ABA benefit permanent.

6. What coverage for autism must be provided in Federal Employee Health Benefit Plans?

Effective 1/1/2017, all Federal Employee Health Benefit Plans administered by the Office of Personnel Management (OPM) [must provide coverage for ABA](#).

7. What coverage for autism must be provided in Medicaid Plans?

All medically necessary treatments needed to correct and ameliorate health conditions for Medicaid-eligible individuals under the age of 21 must be covered under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit of Medicaid. This includes coverage of medically necessary treatments for autism such as ABA. However, the adequacy of implementation of coverage for autism under EPSDT varies considerably from state to state. If you have questions about Medicaid coverage for autism in Alabama, please email advocacy@autismspeaks.org

