

Autism Treatment Services State Plan Amendment

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Overview

- Background
- Comprehensive and Diagnostic Evaluation
 - Referral
 - Eligibility
- Treatment Service Components
 - Treatment Plan
 - Implementation Guidance
 - Intensive Treatment
- Treatment Levels
 - Low Intensity
 - High Intensity
- Redeterminations

Background

- In July 2014, CMS issued a mandate that autism treatment services must be covered under Medicaid state plan for individuals under age 21
- The 2015 Montana Legislature granted DPHHS \$4 million over a two year time period as an appropriation for autism state plan services
- The State Medicaid Director tasked the Developmental Disabilities Program with developing the state plan

Background

- The proposed Autism Treatment Services State Plan Amendment (SPA) was submitted to CMS in December
- The Administrative Rule was submitted to Office of Legal Affairs in December
- A Request for Proposal (RFP) for an independent eligibility and utilization contractor closed in March

Comprehensive and Diagnostic Evaluations

- Evaluations conducted by an independent eligibility and utilization contractor
- Evaluation team consists of:
 - Child/adolescent psychiatrist or pediatrician
 - BCBA, psychologist, licensed clinical professional counselor (LCPC) or licensed clinical social worker (LCSW)
 - At least two of the following professionals: speech therapist, occupational therapist, and/or physical therapist
- Independent diagnosis and recommendations in which evaluation team members do not engage in the delivery of services, with the exception of the child/adolescent psychiatrist or pediatrician

Comprehensive and Diagnostic Evaluations: Referral

- An individual with a diagnosis of Autism Spectrum Disorder (ASD) by a physician or psychiatrist may be referred by a physician, psychiatrist or other licensed practitioner to the eligibility and utilization contractor for comprehensive evaluation
- A child who does not yet have a diagnosis of ASD may be referred by a physician or psychiatrist to the eligibility and utilization contractor for a diagnostic and comprehensive evaluation

Comprehensive and Diagnostic Evaluations

- Comprehensive Evaluation
 - An assessment of the degree of severity of ASD core features
 - Social interaction
 - Developing and maintaining relationships
 - Nonverbal/Social Communication
 - Restrictive and repetitive behaviors
 - Collection of information from others, such as family members, child care providers, medical professionals, therapists, licensed school personnel and/or mental health professionals
 - Collection of medical information from a physician, physician assistant or advanced practice registered nurse (APRN)

Comprehensive and Diagnostic Evaluations

- Comprehensive Evaluation
 - A Vineland-II Survey Interview adaptive assessment for individuals over the age of 3
 - A Temperament and Atypical Behavior Scale (TABS) assessment for individuals under the age of 3
 - Assessment of caregiver/parent training needed
 - Identification and integration of current Medicaid and non-Medicaid services the individual is receiving
 - Identification and referral to other needed Medicaid and/or publicly funded services
- Diagnostic Evaluation
 - Includes all of the components of the comprehensive evaluation
 - An Autism Diagnostic Observation Schedule (ADOS) assessment

Comprehensive and Diagnostic Evaluations: Eligibility

- Individual must be a Medicaid member between the ages of 0 to 21
- Comprehensive evaluation results in a recommendation for ASD or related condition treatment
- Medical Necessity Criteria
 - Treatment is recommended to prevent the progression of disability and promote physical and mental health
 - Documentation of behaviors that persist in frequency, intensity, and duration across environments
 - Presents a health or safety risk to self or others; and
 - Has clinically significant impairment in social or other functional participation in the home or community such that typical family and community activities are regularly disrupted or unmanageable

Comprehensive and Diagnostic Evaluations: Eligibility

- Family Engagement
 - A member whose guardian does not agree to participate as provided for in the treatment plan is not eligible for ASD services
 - A member whose guardian fails to participate in the delivery of services as provided in the treatment plan will be ineligible to continue receiving ASD services
 - A member's guardian or an adult authorized in writing by the guardian must be present and responsible for the member at all times while receiving ASD services

Comprehensive and Diagnostic Evaluations: Eligibility

- Medical Necessity Criteria for additional service component of Intensive Treatment
 - For members age 3 or older, the following criteria are applicable:
 - Score a 70 or less in one or more domains, excluding the Motor domain, on the Vineland-II Survey Interview form, and an Adaptive Behavior Composite of 70 or less; or
 - Score an 85 or less in two out of three domains, excluding the Motor domain, on the Vineland-II Survey Interview form, with a Maladaptive Behavior Index v-Scale score of between 21-24
 - For member under the age of 3, the following criteria are applicable:
 - Score a 70 or less in one or more domains, excluding the Motor domain, on the Vineland-II Survey Interview form and an Adaptive Behavior Composite of 70 or less; or
 - Score an 85 or less in two out of three domains, excluding the Motor domain, on the Vineland-II, with a Temperament and Atypical Behavior Scale (TABS) Temperament and Regulation Index (TRI) score of 8 or greater

Comprehensive and Diagnostic Evaluations: Eligibility

- Medical Necessity Criteria for additional service component of Intensive Treatment
 - The comprehensive evaluation contractor has certified that core functional deficits will improve with intensive treatment
 - The necessary level of guardian training, support, and involvement in treatment is identified in the treatment plan to ensure skills transfer to the guardian

Comprehensive and Diagnostic Evaluations

- Once eligibility has been established, the member can start services with an enrolled Medicaid provider of choice
- Provider must obtain service authorization number from the eligibility and utilization contractor

Treatment Service Components

- Treatment Plan
 - Board Certified Behavior Analyst (BCBA)
 - Intermediate Professional
 - Board Certified Assistant Behavior Analyst (BCaBA)
 - Family Support Specialist with an Autism Endorsement (FSS-AE)
 - Student enrolled in an accredited BCBA graduate level program
- Implementation Guidance
 - BCBA
 - BCaBA
 - FSS-AE
 - BCBA graduate student
- Intensive Treatment
 - Registered Behavior Technician (RBT)

Treatment Service Components

- All services must be billed by each BCBA responsible for the service
 - Services delivered directly by the BCBA
 - Services delivered by the intermediate professionals and RBTs under the supervision of the BCBA

Service Components: Treatment Plan

- Developed by a BCBA or intermediate professional meeting the qualifications and working under the supervision of a BCBA
- Based on evidence-based practices with
 - developmentally appropriate functional goals,
 - treatment outcomes,
 - methods of implementation,
 - data collection process, and
 - treatment modality, intensity, frequency, duration and setting(s)
- The plan must be reviewed and signed by parent/legal guardian
- Updated every 6 months

Service Components: Implementation Guidance

- The BCBA or intermediate professional who wrote the treatment plan educates and coaches the guardian in implementing the treatment plan
- Services are delivered in the home or other community setting where the member typically spends his/her day
- Implementation guidance may not be provided in a clinical setting
- Limited to 35 hours every 6 months

Service Components: Intensive Treatment

- Additional eligibility requirements
- Services are delivered by an RBT working under the supervision and direction of a BCBA
- Services are delivered face-to-face while implementing the treatment plan including developmental and behavioral techniques, data collection to measure progress, and generalization of acquired skills
- Services are delivered in the home or other community setting where the member typically spends his/her day
- Intensive treatment may not be provided in a clinical setting
- Limited to 20 hours per week

Treatment Levels

- Low Intensity
 - Treatment Plan
 - Developed by BCBA or intermediate professional
 - Implementation Guidance
 - Provided by BCBA or intermediate professional who wrote the treatment plan
- High Intensity
 - Treatment Plan
 - Developed by BCBA
 - Implementation Guidance
 - Provided by the BCBA who wrote the treatment plan
 - Intensive Treatment
 - Provided by RBT under the supervision of BCBA who wrote the treatment plan

Redeterminations

- Completed every 6 months by the eligibility and utilization contractor
- Based on documentation submitted by the BCBA
- Documentation needs to indicate an increase in skill acquisition or generalization
- If there is not an indication of progress, a new provider or treatment modality may be chosen for an additional 6 months
- If there is no documented progress after 1 year of service, the member is discharged from services
- Members must continue to meet medical necessity criteria to continue to receive services

Summary

- Referred to the eligibility and utilization contractor for comprehensive or diagnostic evaluation
- Eligibility determined by the contractor using the medical necessity criteria
- If criteria is met for low intensity track, a treatment plan and implementation guidance are authorized
- If criteria is met for high intensity track, intensive treatment is authorized in addition to a treatment plan and implementation guidance
- Redeterminations are completed every 6 months by the evaluation and utilization contractor
- Ensures member is making progress and continues to meet medical necessity criteria

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Questions

