

2016 State Autism Profiles KANSAS

DEMOGRAPHICS

In 2000, 706 or 1.11% of children ages 3-21 who received special education services in Kansas have autism. In 2014-2015, 3,838 or 5.50 % of children with disabilities ages 3-21 who received special education services have autism.

Table 1-1: IDEA Part B - Children with Autism in Kansas for 2000-2001 and 2014-2015
(Child Count by Age Group)

	2000-2001	2014-2015
Age 3-5	87	416
Age 6-21	619	3,422
Age 3-21	706	3,838

Source: Reported by the State of Kansas in accordance with Section 618 of IDEA to U.S. Department of Education, Office of Special Education Programs

Table 1-2: IDEA Part B - Children with Disabilities in Kansas for 2000-2001 and 2014-2015
(Child Count by Age Group)

	2000-2001	2014-2015
Age 3-5	7,894	11,570
Age 6-11	26,301	29,584
Age 12-17	25,327	25,971
Age 18-21	2732	2,720
Age 6-21	54,360	58,275
Age 3-21	62,254	69,845

Source: Reported by the State of Kansas in accordance with Section 618 of IDEA to U.S. Department of Education, Office of Special Education Programs

STATE TASK FORCE

There is currently no active state autism task force in Kansas.

Kansas Autism Task Force

On May 11, 2007, Gov. Kathleen Sebelius signed into law S.B. 138, which created a task force to study and evaluate the needs of individuals with autism, such as benefits, financial assistance, and the availability or accessibility of services. The Kansas Autism Task Force reports to the Legislative Education Planning Committee, and is required to prepare a preliminary report by November 15, 2007 and a final report on November 15, 2008. The task force is comprised of 24 members, including legislative members, parents, health care providers, educators, and other professionals with an interest in autism spectrum disorders. The preliminary report includes goals, challenges and proposed recommendations, including expanding the number of children served under the autism waiver and a health insurance mandate for autism. Legislation was introduced in 2009 to re-establish the task force. The legislation was referred to the Health and Human Services Committee but no further action was taken.

<http://www.kansas.gov/government/legislative/bills/2008/138.pdf>

STATE INSURANCE COVERAGE

Upon request by the Kansas Autism Task Force, the Legislative Education Planning Committee introduced S.B. 12 on January 13, 2009 requiring health insurance coverage for the treatment of autism spectrum disorders as prescribed in a treatment plan determined by a health care provider. S.B. 12 originally provided treatment including habilitative or rehabilitative care, pharmacy care, psychiatric or psychological care, and therapeutic care. For group plans with 50 or more employees, applied behavior analysis (ABA) was covered to a maximum of \$75,000 per year through age 21. Group plans with less than 50 employees had the option to exclude coverage for ABA. The bill was re-referred to the Financial Institutions and Insurance Committee on February 18, 2009. On March 5, 2009, the House Committee on

2016 State Autism Profiles KANSAS

Federal and State Affairs introduced a similar bill, HB 2367, or “Kate’s Law.” The 2009 legislative session ended without passage of “Kate’s law.”

On March 16, 2010, a compromise bill was introduced as H.B. 2160. Because Kansas law requires that any health insurance mandate first apply only to state employees in the state employee health plan for at least one year in order to assess cost and utilization of the service, the insurance coverage for autism services first was a “pilot project.” The benefits of H.B. 2160 apply only to members of the Kansas State Employees Health Plan (SEHP) who are less than 19 years of age. Covered services include diagnostic evaluation, applied behavior analysis (ABA) and any treatment “prescribed or ordered by a licensed physician, licensed psychologist or licensed specialist clinical social worker.” Approved treatments must be “recognized by peer reviewed literature as providing medical benefit to the patient based upon the patient’s particular autism spectrum disorder.” The annual benefit cap for children up to age 7 is \$36,000 and for children at least 7 years old and up to age 19, the annual cap is \$27,000. The law also required the state employees’ health care commissioner to submit a report to the legislature that included information on the impact of the mandated coverage for autism spectrum disorder on the state health care benefits program, data on the utilization of coverage and the cost of providing such coverage, and recommendations for whether such coverage should continue. H.B. 2160 passed the full Senate and House, and on April 19, 2010 Governor Parkinson signed the bill into law. After being deemed successful, it was made permanent for state employees.

[Kan. Stat. Ann. § 75-6524 \(2010 Kan. Sess. Laws, Chap. 120; H.B. 2160 of 2010; Supplemental Note\)](#)

In 2014, H.B. 2744 was enacted by the legislature and signed by Governor Brownback requiring all large group individual and group health insurance policies issued on or after January 1, 2015 to provide coverage for the diagnosis and treatment of autism spectrum disorder. In addition, all “grandfathered” individual and group health insurance policies issued on or after January 1, 2016 must provide coverage for the diagnosis and treatment of autism spectrum disorder. The new law does not change any of the required coverage age limits and services for state employees under the previous law. Under the new law, coverage must include diagnosis, applied behavior analysis (ABA) and other services prescribed or ordered by a licensed physician, licensed psychologist or licensed clinical social worker (e.g. ST, OT, PT). ABA services can be up to 25 hours/week for 4 years from the later of the date of diagnosis or Jan 1, 2015 for an individual diagnosed before age 5; then 10 hours/week until age 12. There is no cap on other services. There is a limit of 1,300 hours per calendar year for children between birth and five years of age and a limit of 520 hours per calendar year for children less than twelve years of age.

Kan. Stat. Ann. 75-6524; Kan State. Ann. 40-2, 103 and 40-10C09 (as created by H.B. 2744, 2014)

<https://legiscan.com/KS/bill/HB2744/2013>

In 2015, the legislature amended the 2014 law to increase the number of employees in a “large employer” from at least 51 to at least 101 employees. H.B. 2352 also changed the limit on the number of employees of a “small employer” from a limit of 50 to a limit of 100 employees.

http://www.kslegislature.org/li/b2015_16/measures/hb2352/

ESSENTIAL HEALTH BENEFITS

When Kansas chose their benchmark plan, the current autism insurance mandate applied only to state employees, and thus was outside the prevue of the Affordable Care Act exchange. The benchmark plan currently in place in Kansas does not offer any autism services or applied behavioral analysis (ABA) in the EHB package. The exchange is being run by the federal government.

(Blue Cross and Blue Shield of Kansas; Comprehensive Major Medical-Blue Choice)

2016 State Autism Profiles KANSAS

MEDICAID

Kansas Home and Community-Based Services Waiver: KS Autism

This waiver, implemented on January 1, 2011, provides intensive individual supports, respite, consultative clinical and therapeutic services (an autism specialist), family adjustment counseling, interpersonal communication therapy, and parent support and training (peer-to-peer) for individuals 0-5 years with autism. In order to be eligible, the child must be diagnosed by a medical doctor or Ph.D. licensed psychologist using an approved autism screening tool (e.g., CARS, GARS, ADOS, ADI, ASDS) and evaluated for a Level of Care Determination to assess functional eligibility. Services are provided for three years and may be extended for one year if deemed medically necessary by approval of the review team. This waiver was set to expire on December 31, 2015.

Kansas applied for an extension of the waiver and has been directed by CMS to move 3 services – Consultative Clinical and Therapeutic Services (Autism Specialist), Intensive Individual Supports, and Interpersonal Communication Therapy – to its Medicaid State Plan Amendment to be covered under traditional Medicaid. As of September 16, 2016, Kansas and CMS were working to achieve this change. Respite Care, Family Adjustment Counseling and Parent Support and Training will continue to be part of the waiver.

[https://kdads.ks.gov/commissions/home-community-based-services-\(hcbs\)/program-list/autism](https://kdads.ks.gov/commissions/home-community-based-services-(hcbs)/program-list/autism)

Kansas Home and Community-Based Services Waiver: KS I/DD

This waiver, implemented on July 1, 2009, provides day supports, overnight respite care, a personal assistant, residential supports, supported employment, FMS, assistive services, family-individual supports, medical alert rental, sleep cycle support, specialized medical care, supportive home care, and wellness monitoring for individuals ages five and older with autism, intellectual and developmental disabilities. This waiver expired on June 30, 2019.

[https://kdads.ks.gov/commissions/home-community-based-services-\(hcbs\)](https://kdads.ks.gov/commissions/home-community-based-services-(hcbs))

EDUCATION PROGRAMS AND ACTIVITIES

TASN Autism and Tertiary Behavior Support

The mission of TASN Autism and Tertiary Behavior Supports (ATBS) is to support Kansas school districts in building local capacity to serve students with diverse learning needs through results based professional development training and technical assistance. ATBS is part of the Kansas Technical Assistance Systems Network and supports local school districts by providing services to students with autism and other neurologic disabilities. Support services include training, resource referral, consultation, and technical assistance to school personnel and students with autism.

<http://www.ksdetasn.org/>

Licensure of Behavior Analysts

As part of H.B. 2744, passed in 2014, the legislature established a licensing requirement for all providers of ABA services, effective July 1, 2016. The Behavioral Sciences Regulatory Board will license all providers of ABA, establish rules and regulations and monitor license holders.

http://www.kslegislature.org/li_2014/b2013_14/measures/documents/hb2744_enrolled.pdf

<http://ksbsrb.ks.gov/>

During the 2016 legislative session, H.B. 2690 was introduced to amend the behavioral analysis licensure act to further define the license, requirements, fees, powers, duties and functions of the behavioral sciences regulatory board. It was referred to the Committee on Insurance and Financial Institutions, where a hearing was held on March 7, 2016. It died in Committee June 1, 2016.

http://kslegislature.org/li/b2015_16/measures/hb2690/

2016 State Autism Profiles KANSAS

ADMINISTRATIVE AGENCIES AND COURTS

A committee of the Kansas Department of Health & Environment voted in June 2012 to maintain and continue autism insurance benefits under the State Employee Health Plan through 2013. This made it impossible for Kansas to eliminate autism insurance coverage, while also setting the stage for more families to gain wider coverage in 2013.

STATE LEGISLATIVE CALENDAR

The Kansas State Legislature meets in Regular Session annually on the second Monday in January. The 2016 session convened on January 11, 2016 and adjourned on May 2, 2016. The 2017 session is expected to convene on January 9, 2017 and to adjourn in May of that same year.

<http://www.kslegislature.org/li/>

Sponsors of Autism Legislation

Sen. Julia Lynn (R-Olathe) District 9

Rep. Jene Vickrey (R-Louisburg) District 6

Sen. Anthony Hensley (D-Topeka) District 19