



AUTISM STATE PROFILES 2015 EXECUTIVE SUMMARY

Autism Task Forces, Standing Committees, State Offices, and Collaboratives

A majority of states (48 Task Forces in 36 states) now have active or have had Autism Task Forces to develop a strategy to meet the needs of the growing number of individuals with autism spectrum disorders and to formulate answers to questions, such as:

- What types of services would best serve children and adults with autism?
- What type of health insurance coverage should be made available to individuals with autism? And would this raise the cost of health insurance?
- What type of training is required for instructors and emergency medical services personnel?
- Should a registry be maintained to provide an accurate state census of individuals with autism?
- In what ways can the diagnostic, assessment, intervention and education methods or approaches be improved?
- What type of transitional services should be offered?

Some states have Standing Committees on Autism Spectrum Disorder that direct state policy, develop legislation and services, follow up on legislative Task Force recommendations, plus do training, outreach and develop new programs. Some of these are also mandated by state legislation and report back to the legislature. There are such committees in 27 states – Alaska, Alabama, Arizona, Colorado, Connecticut, Delaware, Iowa, Indiana, Kansas, Kentucky, Massachusetts, Michigan, Minnesota, Missouri, Mississippi, New Hampshire, New Jersey, Nevada, North Dakota, Ohio, Oregon, Rhode Island, Tennessee, Texas, Virginia, Washington, and Wisconsin are active.

Some states have set up specific state offices or bureaus to address autism issues. These offices range from a single individual to a complete office or division. Their job is to coordinate the efforts of the various state agencies, administer grants targeted to autism services, provide training or share best practices. There are 14 state agencies in thirteen states: Alaska, Connecticut, Delaware, Massachusetts, Missouri, New Jersey, Nevada, Pennsylvania, Rhode Island, South Carolina, Texas, Utah, and Wisconsin. In three states there are designated positions identified as focusing on autism specifically: Colorado, New Jersey, and Tennessee.

Finally, there are non-state agencies that receive designated state funds to offer service, training or information/advocacy on a statewide basis. There are such collaborative networks in 20 states: Alaska, Connecticut, Florida, Iowa, Illinois, Indiana, Kentucky, Louisiana, Maryland, Michigan, Montana, North Carolina, Nebraska, New York, Ohio, Oklahoma, Oregon, South Carolina, Virginia, and West Virginia.

Health Insurance Coverage for Autism Spectrum Disorders

Legislation that requires health insurance coverage for the diagnosis, treatment, and intervention of autism spectrum disorders has been a growing trend in states for the past eight years. As of December 1, 2015, 43 states and the District of Columbia have laws that require insurance coverage of autism services including Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, Virginia, West Virginia, and Wisconsin. Washington state is providing insurance coverage via a lawsuit and

follow-up regulations. Georgia, Hawaii, Mississippi, North Carolina, and South Dakota had previously had no legislative coverage and added coverage via legislation in their 2015 sessions.

The insurance coverage offered may be limited in various state-specific ways including by age of diagnosis (diagnosis by age 5, age 9, etc.), age receiving services (e.g. services limited to those under age 21, age 26) by, dollar amount or hours of services per year (e.g. services capped at \$36,000 per year*), type of services (e.g. evidence-based services, Applied Behavioral Analysis, medically necessary services), types of policies covered (e.g. group, individual, state employee plans). This significantly limits the number of persons eligible for the service and therefor limits the costs to the state or the insurer.

States may also have limited coverage for autism services under mental health parity legislation or other laws either in addition to or in lieu of the insurance mandate. These states include Alabama, Arkansas, California, Colorado, Connecticut, Georgia, Illinois, Maine, Maryland, Massachusetts, Minnesota, Montana, Nebraska, New Jersey, New York, North Carolina, North Dakota, Oregon, Tennessee, Utah, Virginia, and Washington state.

ACA and Essential Health Benefits in State Exchanges

Under the Accountable Care Act (ACA), services are being provided through state or federal insurance exchanges. The ACA requires that all exchanges include essential health benefits defined by the statute to be in ten different categories. If there was a state autism insurance mandate in a particular state, the hope was that would lead to autism services inclusion in the essential health benefits package. Depending on the limitations of the mandates, there are two categories where autism services may be provided: rehabilitative and habilitative services or behavioral health. Thirty-one states mandate some form of autism services in their exchange. The states which do not offer any autism services in their exchange because they: 1) have no autism mandate; 2) did not have a mandate at the time they chose their benchmark plan; or 3) the policies covered by the autism insurance mandate are not the same ones chosen for the benchmark plans e.g. benchmark in an individual plan and mandate covers only group plans : Alabama, Florida, Georgia, Hawaii, Idaho, Kansas, Minnesota, Mississippi, Nebraska, North Carolina, North Dakota, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Utah, Virginia and Wyoming. States that have an autism insurance mandate that has been adopted into the benchmark plan and thereby included in the insurance exchange in the state are: Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Illinois, Indiana, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Missouri, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, Tennessee, Texas, Vermont, Washington, West Virginia, and Wisconsin. In Ohio, although there is no legislative state insurance mandate, the state has chosen to include autism services in the exchange. Iowa and Oregon have some ambiguity of whether the state mandate will, in fact, transfer to the exchange.

Medicaid Coverage of Autism Services under EPSDT

In July 2014, the Centers for Medicaid and Medicare Services (CMS) issued guidance, followed by a September 2014 FAQ clarifying Medicaid coverage of services to children with autism. The Guidance reinforced that all children in Medicaid, including children with autism, must receive the Early Periodic Screening Diagnosis and Treatment (EPSDT) benefit. State Medicaid agencies are responsible for determining what services are medically necessary for eligible individual birth through age 21, including individuals with autism, and cannot deny those services based solely on an autism diagnosis or type of autism service, such as ABA. States are not mandated to provide particular services, but must offer autism services under the EPSDT benefit. In 2015, several states passed legislation or otherwise adopted regulations and provided additional funding to provide autism services via the Medicaid EPSDT benefit, as opposed to solely through waiver services. These states include: California, Connecticut, Massachusetts, Nevada, Utah, and Wisconsin. Some states such as Florida, Louisiana and Washington are providing the services under court orders as a result of lawsuits.

Home and Community Based Services (HCBS) Waiver Specific for Autism Spectrum Disorders

Some states provide additional services specific to autism spectrum disorders via an HCBS waiver specific for autism spectrum disorders. Fourteen states currently offer a waiver specific to autism services (although they may be limited by age to adults or children in a particular state): Arkansas, Colorado, Connecticut, Kansas, Maine, Maryland, Massachusetts, Missouri, Montana, Nebraska, North Dakota, Pennsylvania, South Carolina, and Utah.

Other state waivers may include provision of services for individuals (adults and/or children) with autism. Usually this is found in a waiver targeted to individuals with intellectual or developmental disabilities, including autism, or in a comprehensive waiver.

Licensure of Behavior Analysts

A new trend in autism legislation is the creation of state licensure for behavior analysts, assistant behavior analysts and behavior analyst technicians either through independent licensing boards or under the authority of existing licensing boards (psychology for instance). Currently twenty-two states require some form of licensure: Alabama, Alaska, Arizona, Hawaii, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Mississippi, Missouri, Nevada, New York, North Dakota, Oklahoma, Oregon, Rhode Island, Tennessee, Utah, Virginia, Washington, and Wisconsin. Ohio requires certification and in Indiana it is illegal to claim to be a certified Behavior Analyst if that is not the case. In 2015, California, Florida, Illinois, Minnesota, Texas, and Vermont all had bills to establish licensure introduced but not passed in the 2015 legislative cycle.

** The Accountable Care Act prohibits dollar caps on services. In most states these dollar caps are being transformed into hourly or service caps.*