



# Autism Services Overview

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[www.tcdd.gov](http://www.tcdd.gov)



# TCDD Grants for Services for People with Developmental Disabilities, including ASD

## EXAMPLES OF CURRENT PROJECTS IN EMPLOYMENT

- ▶ Project CASE (Connections for Academic Success and Employment)
- ▶ Project SEARCH
- ▶ Project HIRE (Helping Individuals Reach Employment)
  
- ▶ For a full list of TCDD grant projects with descriptions, go to:  
<http://tcdd.texas.gov/projects/grant-awards-grantees/>



# Overview

- Challenges of Providing Autism Services
  - Initiatives That Will Change the Shape of Services
    - Increased Funding for ABA Services
    - State Plan Amendment
  - Resources
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# Autism Services: The Big Picture

- ▶ Should be available to all who need them, but with the exception of the DARS Autism Program, are not generally funded by state or federal government as “Autism Services.”
- ▶ Those who need them are not all the same and their needs are not the same.
- ▶ Early assessment and intervention are critical but needs change with age and over time.
- ▶ Available services should be sufficient to ensure that individual needs are met on an ongoing basis.
- ▶ Certain physical and mental disorders, and trauma, also occur in people with autism and cause behaviors that are often misunderstood as “autistic behaviors.”
- ▶ People with autism are protected by the same laws and have the same rights as other people with developmental disabilities.



# Statewide Planning for Autism Services in Texas is Challenging

- ▶ Understanding of ASD is evolving.
- ▶ The existing patchwork of services does not meet the known demand.
- ▶ Until the transfer of DARS to the Texas Workforce Commission in September of this year, the only state program exclusively serving people with ASD has been the DARS Autism Program, which provides applied behavioral analysis to children.



# Issue: Increasing Prevalence Will Affect Future of Services

- ▶ Evidence-based and other theories are put forward to explain why there seems to be more ASD now than ever.
- ▶ Some of the increase is attributed to
  - ▶ improved methods of assessment
  - ▶ changes in diagnostic guidelines
  - ▶ greater public and professional awareness, so more consultation
- ▶ Some of the increase has mistakenly been linked to factors that have **not** been demonstrated to be causal, such as vaccines.
- ▶ The website for the Centers for Disease Control has an excellent section on autism, including data and statistics.



# Issue: No medications treat the core features of ASD.

- ▶ Core features of ASD, as established in DSM-V, are
  - ▶ Impaired social interaction and communication
  - ▶ Repetitive behavior and restricted interests
- ▶ Only two pharmacologicals are FDA-approved for **symptoms** that are associated with autism (as well as many other disorders)
  - ▶ Risperidone—for irritability
  - ▶ Aripiprazole—for irritability
- ▶ The use of other psychoactive medications to treat behavioral symptoms of individuals with ASD are “off label” because the evidence base for their use has not been demonstrated through research.



# Issue: Symptoms Misunderstood as ASD “Behaviors” May Mask Other Problems

- ▶ Variations in behavior are often misunderstood as behavioral issues/problems
  - ▶ Symptoms of physical illness and pain
  - ▶ Symptoms of psychiatric disorders
  - ▶ Normal responses to trauma
- ▶ Practical significance? When a person’s behavior becomes markedly different from usual–
  - ▶ get it checked out physically (e.g., earache? toothache? other acute pain? evidence of physical or emotional trauma?) before assuming it is behavior that is symptomatic of ASD, especially if expressive communication deficits are present
  - ▶ get an assessment of whether there is an underlying mental disorder (e.g., 65% of people with Asperger’s syndrome also have anxiety and depression, compared with 18% of the general population)



# 84<sup>th</sup> Texas Legislature Appropriations

- ▶ Department of Assistive and Protective Services (DARS)--\$14.4 million  
Expansion of the numbers served using applied behavior analysis (ABA) by the 84<sup>th</sup> Texas Legislature to 1,970 children (as compared to 295 in 2014)
- ▶ Texas Higher Education Coordinating Board (THECB)--\$9.5+ million for
  - ▶ training parents, teachers, and paraprofessionals,
  - ▶ research, development, and evaluation of innovative treatment models
  - ▶ administrative support



# 84<sup>th</sup> Texas Legislature Consideration of State Licensing of BCBA's

- ▶ Licensure in Texas would enable BCBA's to easily bill Medicaid and to bill for work done by people that BCBA's supervise.

Proponents: Licensure will increase the numbers of BCBA's in Texas and discourage those who are unqualified from practicing unapproved methods.

Opponents: Qualifications for licensure do not require the same levels of training, experience, and supervision as similar professions.

- ▶ The bill did not pass but is likely to be reintroduced in the 85<sup>th</sup> Texas Legislative Session that convenes January 10, 2017.



# July 2014 Centers for Medicare and Medicaid Services (CMS) Directive

CMS stated that ABA services could be made available but that they are not the only evidence-based services that should be available. States must make all covered services available to meet each individual's needs:

- ▶ Covered services under the Social Security Act
- ▶ ESPDT services
  - ▶ Physician services
  - ▶ Private duty nursing
  - ▶ Personal care services
  - ▶ Home health
  - ▶ Medical equipment and supplies
  - ▶ Rehabilitative services
- ▶ Vision, hearing, and dental services
- ▶ Speech, occupational, and physical therapy services



# September 2014 CMS Medicaid and CHIP FAQs: Services to Address Autism

*Q1: Has CMS mandated Applied Behavior Analysis (ABA) services for children under 21 with Autism Spectrum Disorder (ASD)?*

A1: No. Applied Behavior Analysis (ABA) is one treatment modality for ASD. CMS is not endorsing or requiring any particular treatment modality for ASD. State Medicaid agencies are responsible for determining what services are medically necessary for eligible individuals.

States are expected to adhere to long-standing EPSDT obligations for individuals from birth to age 21, including providing medically necessary services available for the treatment of ASD.



# July 2015 US Department of Education Dear Colleague Letter

- ▶ Office of Special Education Programs (OSEP) received reports that a growing number of children with ASD may not be receiving needed speech and language services
- ▶ Some IDEA programs may be including applied behavior analysis (ABA) therapists exclusively without including, or considering input from, speech language pathologists and other professionals who provide different types of specific therapies that may be appropriate for children with ASD when identifying IDEA services for children with ASD.



# Is a Medicaid State Plan amendment necessary?

*Q3: Do states need to submit a Medicaid state plan amendment (SPA) to offer benefits to individuals with Autism Spectrum Disorder (ASD)?*

A3: In order to have services reimbursed under the Federal Medicaid program, a service must meet the definition of a coverable service under section 1905(a) of the Social Security Act.

**Treatment for ASD is not specifically referenced as a section 1905(a) service.**

However, some treatment modalities, or components of such treatment modalities, are within the scope of the federal Medicaid program under the following service categories: section 1905(a)(6) Other Licensed Practitioner (OLP), section 1905(a)(13) Preventive Services, and section 1905(a)(11) Therapies.

States may provide services to address ASD under each of these benefit categories. States will need to determine what, if any, steps are needed to implement this policy clarification. In keeping with the role of the Medicaid state plan as a comprehensive written statement of the nature and scope of services available under the state's Medicaid program, **a SPA is strongly encouraged to articulate the state's menu of services for ASD treatment.**



# Texas State Plan Amendment

- ▶ In 2015 Texas Medicaid officials began working on a state plan amendment to make services like those available to children enrolled in EPSDT available on a statewide basis to adults as well.
- ▶ The plan would be inclusive and broad enough to respond to the needs of children with autism transitioning to adulthood and requiring different services at that time and later.
- ▶ A state plan amendment will greatly increase the numbers of Texans with ASD who can access services that meet their individual needs.



# Resources

- ▶ Autism: Caring for Children with Autism Spectrum Disorders—A Resource Toolkit for Clinicians, American Academy of Pediatrics (first 3 chapters free to download)  
[www.aap.org/autism](http://www.aap.org/autism)
- ▶ Centers for Disease Control  
<http://www.cdc.gov/ncbddd/autism/index.html>
- ▶ National Institute of Mental Health  
<http://www.nimh.nih.gov/>
- ▶ Eunice Kennedy Shriver National Institute of Child Health and Human Development  
<https://www.nichd.nih.gov/Pages/index.aspx>
- ▶ Texas Autism Research and Resource Center (TARRC)  
<http://www.dars.state.tx.us/tarrc/index.html>
- ▶ HHS Autism Information (federal)  
<http://www.hhs.gov/programs/topic-sites/autism/index.html#>