Insurance Coverage for Autism in Virginia

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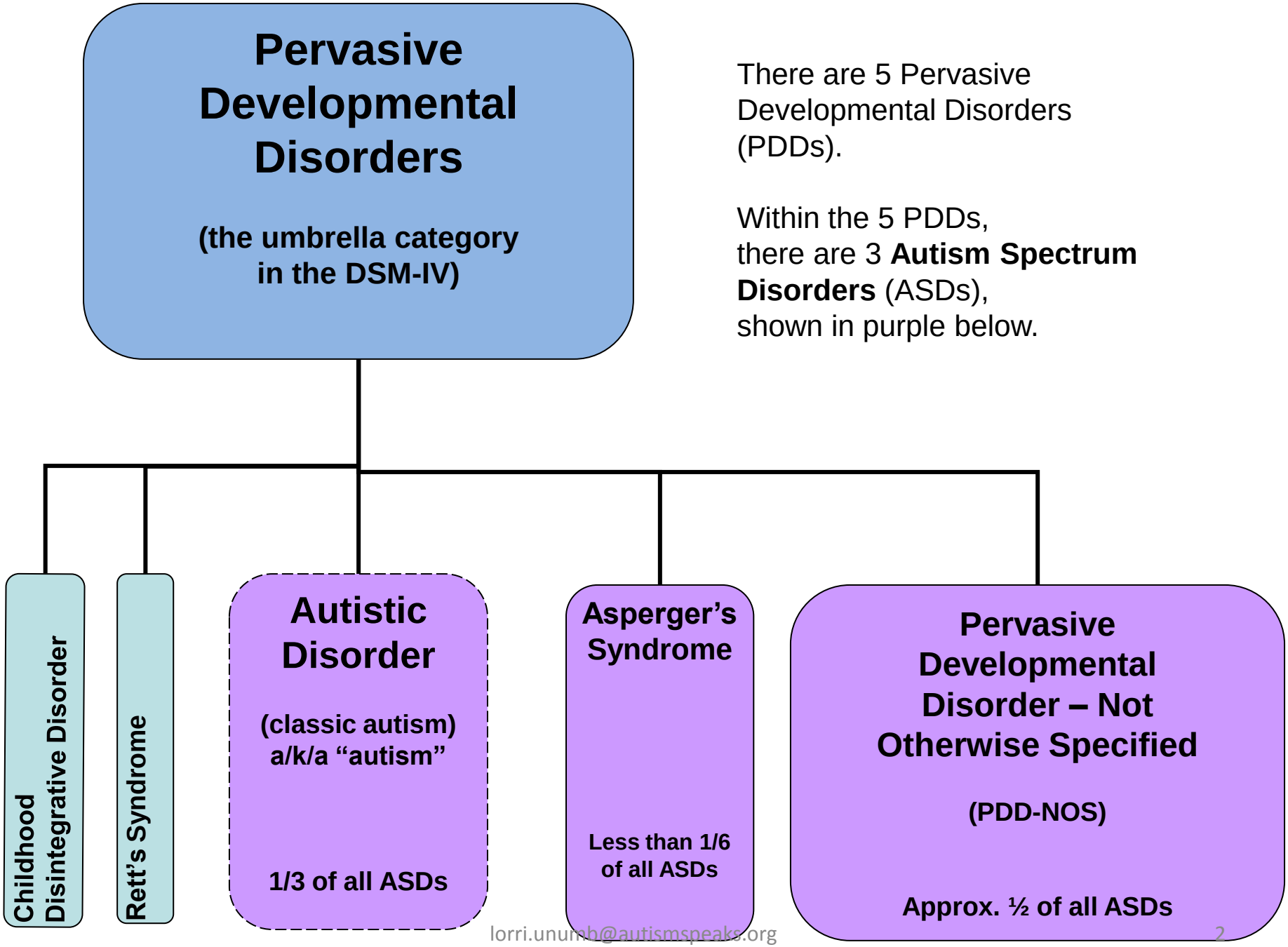

Pervasive Developmental Disorders
(the umbrella category in the DSM-IV)
There are 5 Pervasive Developmental Disorders (PDDs).
Within the 5 PDDs, there are 3 Autism Spectrum Disorders (ASDs), shown in purple below.
Childhood Disintegrative Disorder
Rett's Syndrome
Autistic Disorder
(classic autism) a/k/a "autism"
1/3 of all ASDs
Asperger's Syndrome
Less than 1/6 of all ASDs
Pervasive Developmental Disorder – Not Otherwise Specified
(PDD-NOS)
Approx. ½ of all ASDs

Autism Spectrum Disorder

- Curable? No
- Treatable? Yes

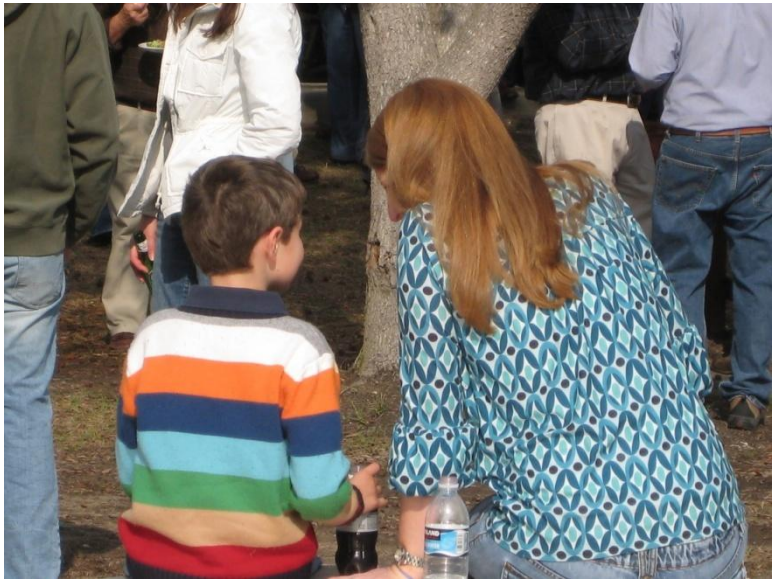
- Impaired Communication
- Impaired Social Interaction
- Repetitive or Stereotyped Patterns of Behavior
- Narrow Range of Interests

- Four times more common in boys than girls
- Average age of diagnosis: 5-1/2

Applied Behavior Analysis (ABA Therapy)

- One-on-one therapy based on principles of repetition, reinforcement, and extinction.

- When an environment supports a set of behaviors, they increase. When an environment does not support behaviors, they tend to extinguish and fade away.



ABA Therapy Is Not Experimental

- "Thirty years of research demonstrated the efficacy of applied behavioral methods in reducing inappropriate behavior and in increasing communication, learning, and appropriate social behavior."

  Report of the Surgeon General of the United States, 1999

- "ABA therapy is not experimental or investigational in nature."

  McHenry v. PacificSource Health Plans (D. Oregon, Jan. 5, 2010)

- "The effectiveness of ABA-based intervention in ASDs has been well documented through 5 decades of research . . . . Children who receive early intensive behavioral treatment have been shown to make substantial, sustained gains in IQ, language, academic performance, and adaptive behavior as well as some measures of social behavior, and their outcomes have been significantly better than those of children in control groups."

  American Academy of Pediatrics

Applied Behavior Analysis: Sample Therapy Structure

- Consultant
  - Highly educated and trained
  - Board certified
  - Evaluates, designs, trains
  - 3-6 hours per month

- Mid-level supervisor (lead therapist)
  - Highly educated and trained
  - May be board certified
  - Updates programming; trains; oversees
  - 6 hours per week

- Line therapists
  - Trained & supervised by above
  - Provide 40 hours per week of direct therapy, usually in 3-hour shifts

Applied Behavior Analysis: Cost of a Sample Therapy Program

- Consultant
  - 3-6 hours per month
  - $100-$150/hour
  - 6 hours x $150 = $900/month
  - $900 x 12 months = **$10,800**

- Mid-level supervisor (lead therapist)
  - 6 hours per week
  - $30-$60/hour
  - 6 hours x $60 = $360/week
  - $360/week x 52 weeks = **$18,720**

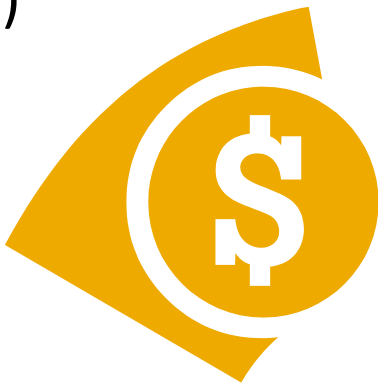
- Line therapists
  - 40 hours per week
  - $10 - $30/hour
  - 40 hours x $20 = $800/week
  - $800/week x 52 weeks = **$41,600**

- $10,800 + $18,720 + $41,600 = **$71,120**

Societal Costs of Autism

- Harvard School of Public Health (Ganz, 2006)
- $3.2 million per person over lifetime
  - Includes direct and indirect costs, such as lost productivity

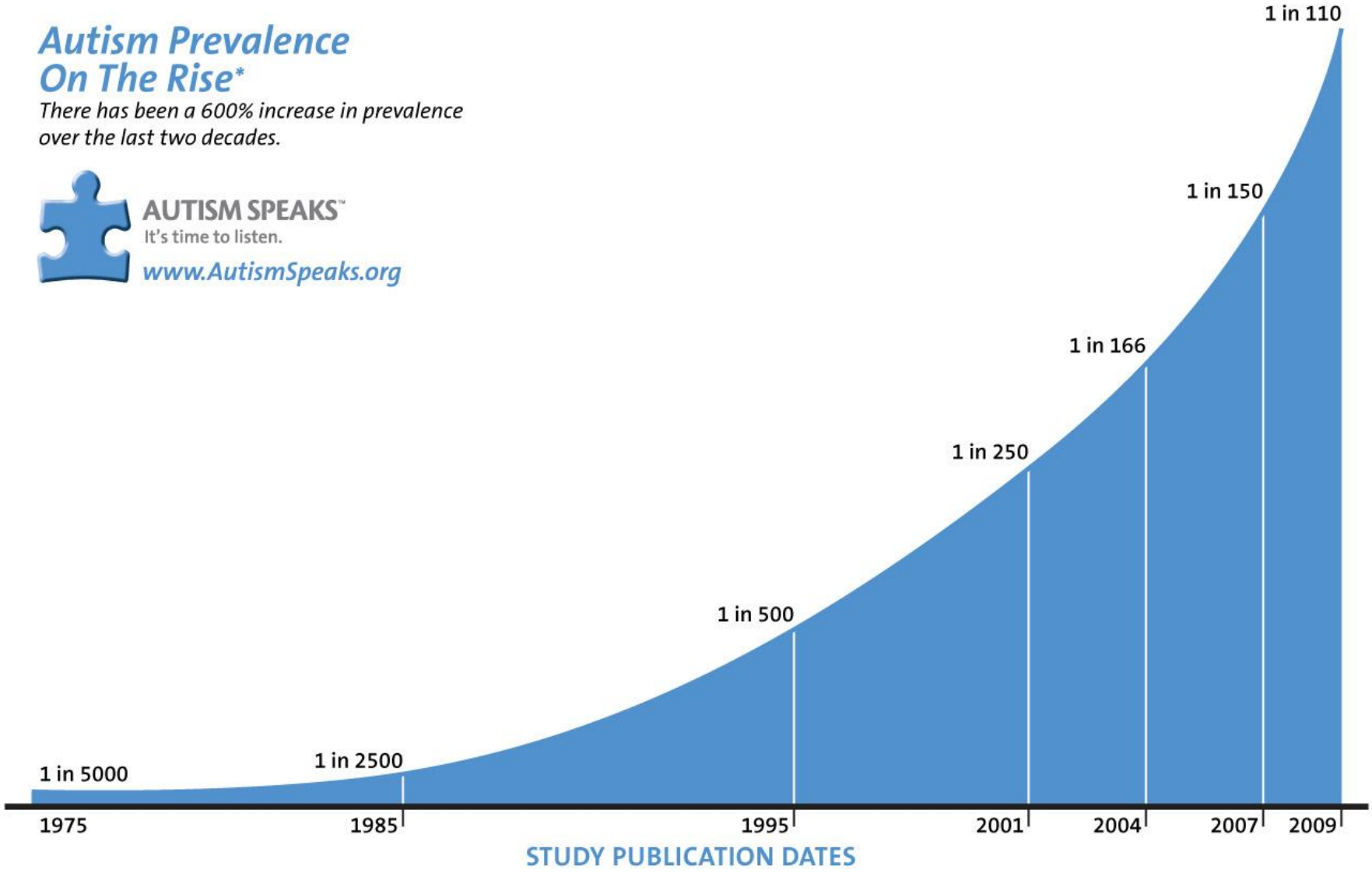
- Pennsylvania (Green, Jacobson & Mulick, 1998)
- Over $1 million per person



Autism Prevalence On The Rise*

There has been a 600% increase in prevalence over the last two decades.

AUTISM SPEAKS™
It's time to listen.
www.AutismSpeaks.org



*Recent research has indicated that changes in diagnostic practices may account for at least 25% of the increase in prevalence over time, however much of the increase is still unaccounted for and may be influenced by environmental factors.

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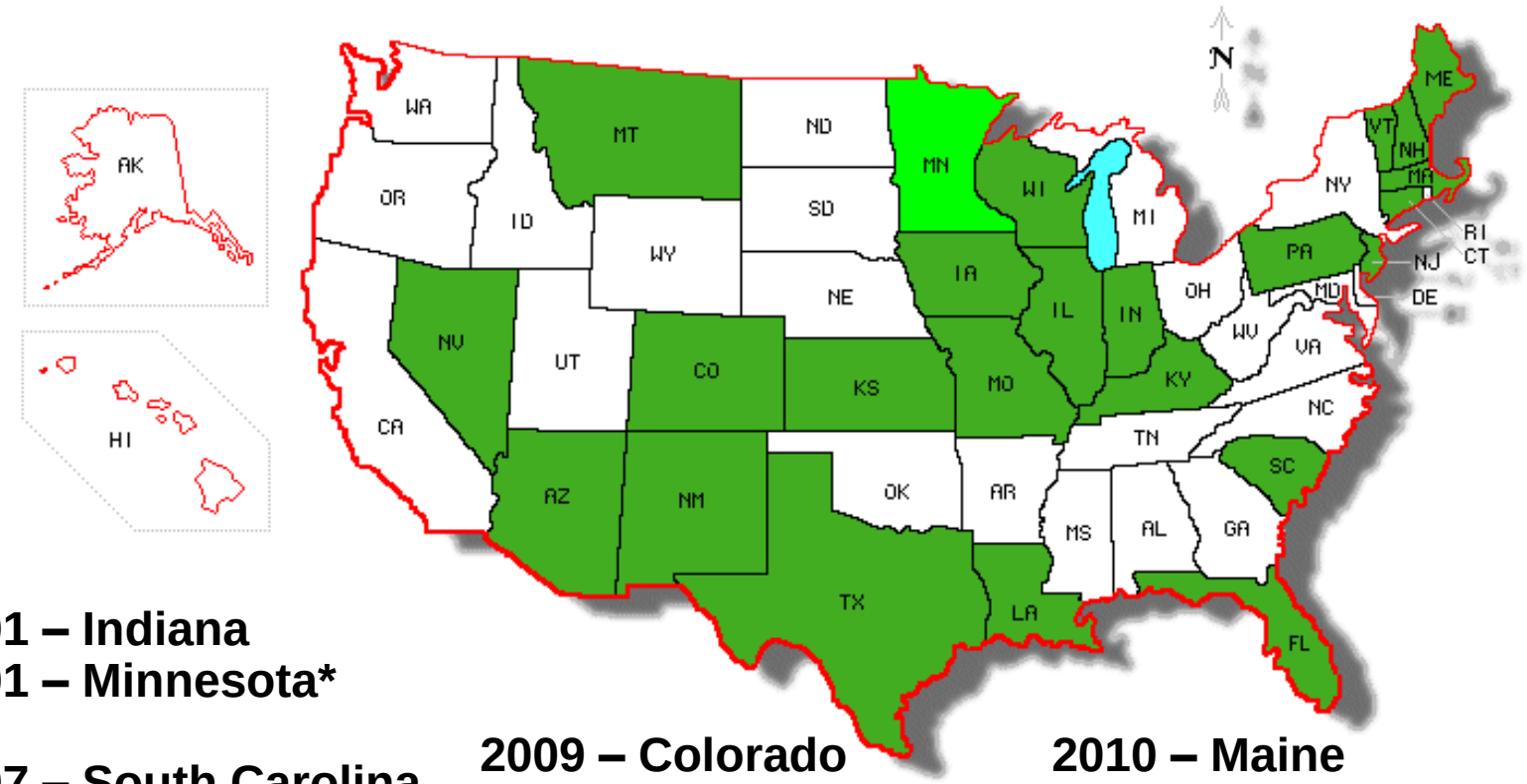
States with Autism Insurance Reform



2001 – Indiana
2001 – Minnesota*

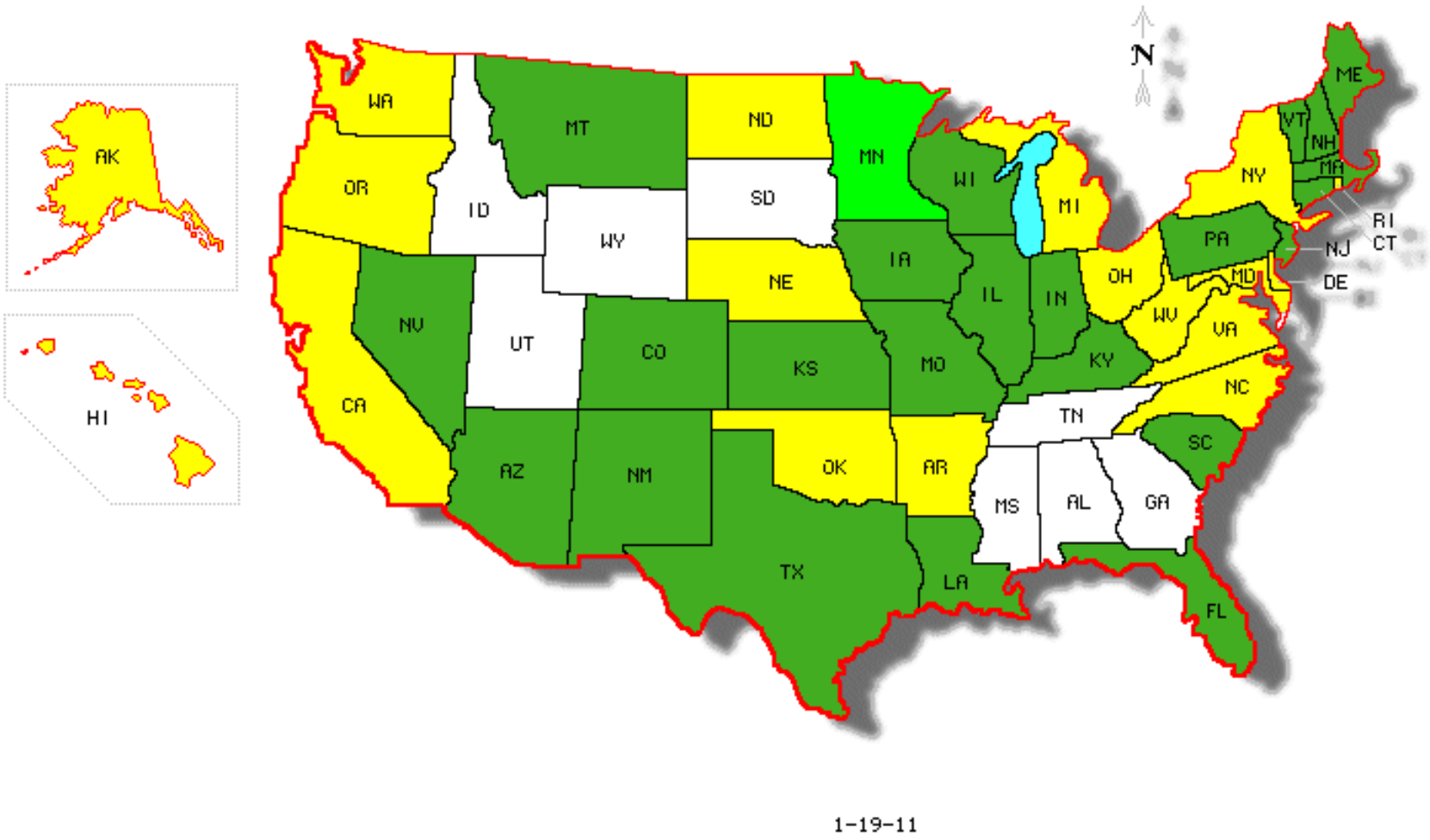
2007 – South Carolina
2007 – Texas

2008 – Arizona
2008 – Florida
2008 – Louisiana
2008 – Pennsylvania
2008 -- Illinois

2009 – Colorado
2009 – Nevada
2009 – Connecticut 19-11
2009 – Wisconsin
2009 – Montana
2009 – New Jersey
2009 – New Mexico

2010 – Maine
2010 – Kentucky
2010 -- Kansas
2010 -- Iowa
2010 -- Vermont
2010 – Missouri
2010 – New Hampshire
2010 -- Massachusetts

+ States with Bills Pending



Comparison of Autism Benefits

State	Annual Cap	Age Cap
Indiana	None	None
Minnesota**	None	None
South Carolina	$50,000 - ABA	16
Texas	None	11
Pennsylvania	$36,000	21
Montana	$50,000/$20,000 at 10	18
Arizona	$50,000/$25,000 at 9	17
Missouri	$40,000	18
New Hampshire	$36,000/$27,000 at 13	21
Kansas*	$36,000/$27.000 at 7	19
Massachusetts	None	None
Vermont	None	6, or 1st grade***
Iowa*	$36,000	21

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Behavioral Therapy Benefits for Autism

Major Group

Student Guide

South Carolina

APS HEALTHCARE
Healthy Together

State of South Carolina
State Health Plan Autism Spectrum Disorder Benefit

Effective with the 2009 Plan Year, the State Health Plan began covering Applied Behavior Analysis (ABA) for children diagnosed with an Autism Spectrum Disorder. The Employee Insurance Program (EIP) asked APS Healthcare to develop guidelines for administering the new benefit. Just like other services covered by APS for behavioral health diagnoses, the new Autism Spectrum Disorder (ASD) benefit services must be pre-authorized as medically necessary by APS, and providers must be contracted with APS as in-network providers. Only ABA providers fully certified by the Behavior Analyst Certification Board will be part of the network and be able to file claims for ABA services. All reimbursements for ABA services will be made by APS directly to ABA providers.

Board Certified Behavior Analysts (BCBA's) contracted with APS must provide direct supervision to their staff, including Board Certified Associate Behavior Analysts and/or any non-certified ABA therapists. Direct supervision includes the observation and oversight of the delivery of "hands on" ABA therapy by behavioral therapy staff.

The new benefit became effective on **January 1, 2009.** Following is a summary of requirements for coverage under the new benefit:

Eligibility Requirements:

1) Member must be covered by the State Health Plan and under sixteen (16) years of age with no pre-existing condition exclusions.
2) Member must be diagnosed by age eight (8) with Autistic Disorder, Asperger's Disorder or Pervasive Developmental Disorder Not Otherwise Specified by a Physician or Certified Registered Nurse Practitioner.
3) Diagnosis by age 8 must be confirmed by the following diagnosis-specific tests/screening tools:
   a. Autistic Disorder using one of the following:
      1. Checklist for Autism in Toddlers (CHAT); or
      2. Modified Checklist for Autism in Toddlers (M-CHAT); or
      3. Screening Tool for Autism in Two-Year Olds (STAT); or
      4. Social Communication Questionnaire (SCQ) (recommended for children four-years of age or older)
   b. Asperger's Syndrome using one of the following (recommended for school-age children):
      1. Autism Spectrum Screening Questionnaire (ASSQ); or
      2. Childhood Asperger Syndrome Test (CAST); or
      3. Krug Asperger's Disorder Index (KADI).
   c. Pervasive Development Disorder, NOS using the following:
      1. One of the previously mentioned tools to rule out Autism and Asperger's; and
      2. DSM-IV Diagnostic Criteria/Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS).

4) Member must be evaluated by an appropriate diagnostician to rule out the following as a sole explanation for symptoms of Autism Spectrum Disorder:
   a. Neurological Disorder (must be by an MD),
   b. Lead Poisoning (must be by an MD),
   c. Primary Speech Disorder, and
   d. Primary Hearing Disorder.

5) Member must be evaluated by a licensed Psychologist within the last 6 months for current validation of the ASD Diagnosis, using:
   a. Autism Diagnostic Observation Schedule (ADOS); or
   b. Autism Diagnostic Interview (ADI-R); or
   c. Childhood Autism Rating Scale (CARS); or
   d. A DSM-IV Diagnostic Criteria which validates one of the three ASD diagnoses.

Excerpt from 2009 Report of Council of Affordable Health Insurance: "Health Insurance Mandates in the States"

BENEFITS:	Est. Cost	#
Alcoholism	1-3%	45
Autism	<1%	23
Contraceptives	1-3%	29
In Vitro Fert.	3-5%	15
Prescriptions	5-10%	3

Actual Claims Data
BCBS of Minnesota (2007)

- Dates
  - In effect 2001
- Population
  - State has population of 5.3M
  - BCBS has 2100 members with ASD
- Terms
  - No dollar cap
  - No age cap

- Cost
  - Total claims = $12M
  - 315 of the 2100 members accounted for $9.7M of the $12M cost
- Premium impact PMPM (per member per month)
  - $0.83 commercial mrkt
  - $0.79 public programs
- Average annual cost for behavioral health treatment = $30,000

South Carolina State Employee Plan

APS HEALTHCARE
Healthy Together

- Dates
  - Statute passed in 2007
  - Applicable to state health plan as of 1-1-09
- Population
  - State has 4.5 M
  - State health plan has 350-390,000 members
- Terms
  - $50,000 cap on ABA
  - To age 16

- Projected Cost

  Original: $18.9 million

  Revised: $9 million
- Actual cost

  2009: $856,371

  PMPM - 20 cents

  2010: $2,042,392

  PMPM - 44 cents

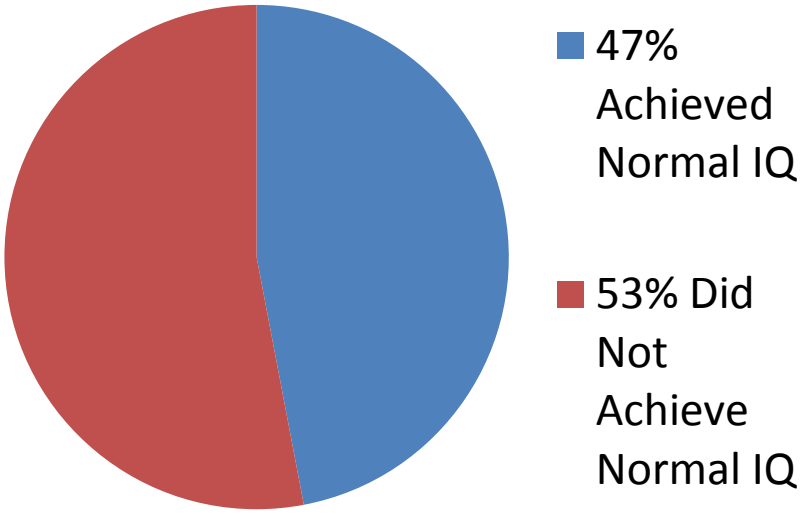
  PEPM – 75 cents

  (228,048 employees/subscribers; 79 kids accessing coverage)

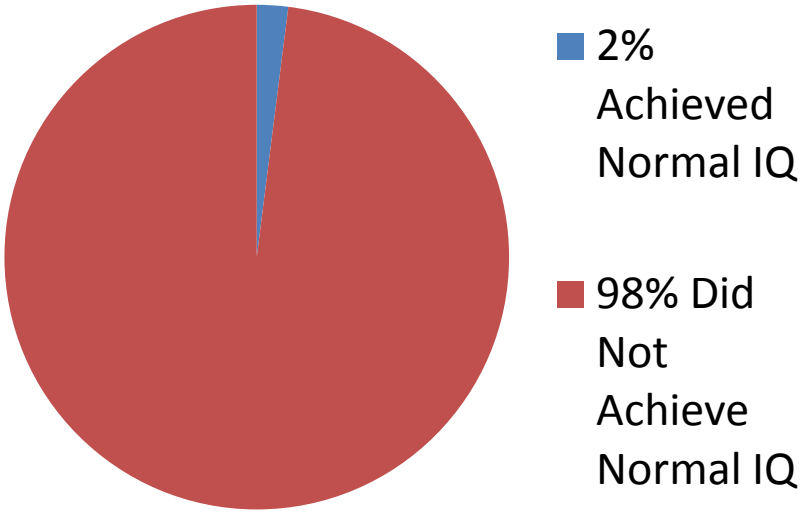
Savings to the State: Special Education

Outcome of 1987 UCLA Study on Efficacy of ABA

ABA Group

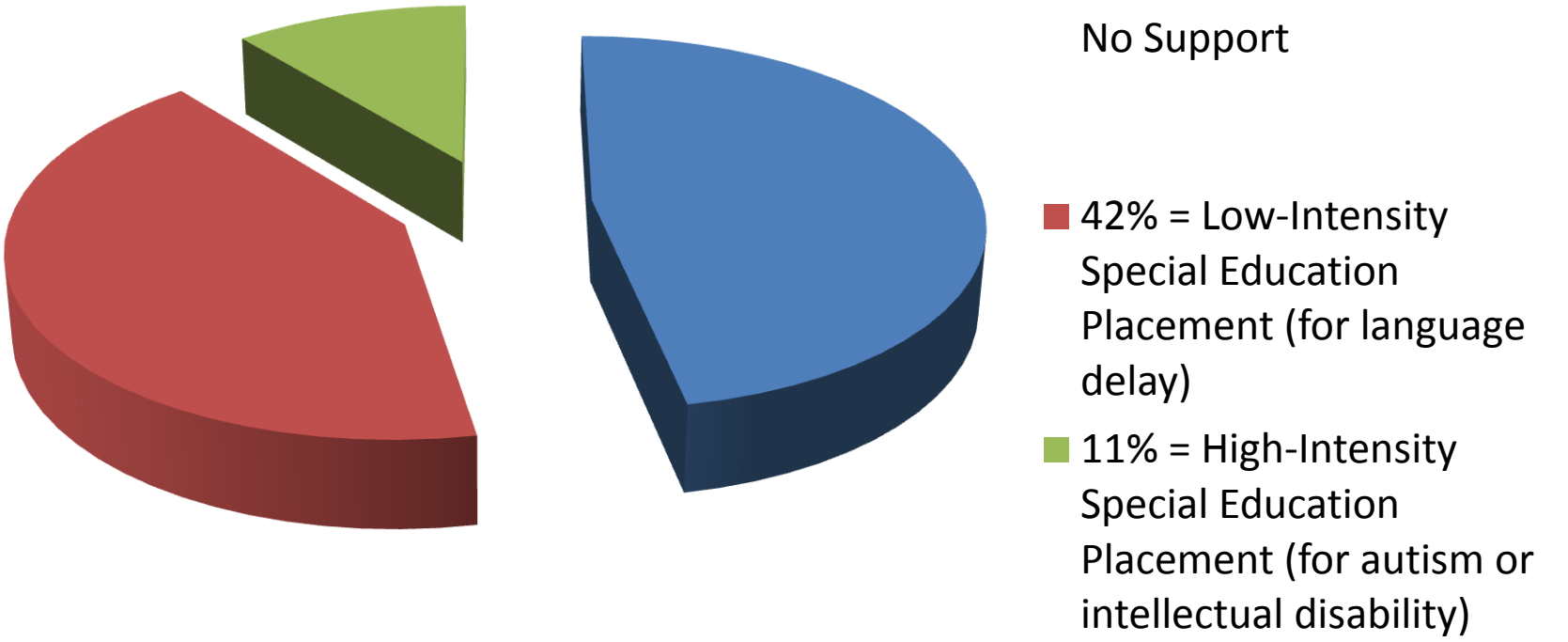


Other Intervention (Control) Group



Outcome of 1987 UCLA Study

Educational Placements for Group That Received ABA



Savings to the State: Special Education

"A study published in a national journal found that Pennsylvania could save an average of $187,000 to $203,000 on each child who received three years of EIBI relative to one who received special education services until age 22. The Pennsylvania study also suggested that cost savings would likely continue to accrue after children exit the school system. The study found that the state could save from $656,000 to $1.1 million per child if expenditures up to age 55 are included.

Another study published in a national journal found that Texas could save an average of $208,500 in education costs for each student who received three years of EIBI relative to a student who received 18 years of special education from ages four to 22. Applied to the estimated 10,000 children with ASDs in Texas, it was estimated that the state could save almost $2.1 billion by implementing intensive treatment programs."

Source: 2009 Report of the Joint Legislative Audit and Review Commission to the Governor and General Assembly of Virginia (JLARC Report)

"Educational in Nature"?

- False choice
- What does "educational in nature" mean?
- *Schools provide?*
- *Schools would provide if adequate resources?*
  - No obligation under IDEA or state law to <u>treat</u> medical condition
    - Schools are required to accommodate the disabling condition, not remedy it.
- Is speech therapy "educational in nature"? AAP report.
- *Provided by school personnel?*
- Academic goals
- ASD is diagnosed by a doctor, not a principal
- Argument du jour
  - Rejected in 23 states
  - Rejected in federal court

"Educational in Nature"?

- *McHenry v. PacificSource Health Plans (D. Oregon, Jan. 5, 2010)*
- "While ABA therapy may have beneficial effects on an autistic child's social and academic skills, its defining characteristic is application of techniques to modify behavior in every area of an autistic child's life. In this regard, a sports analogy is instructive. While participation in sports can benefit a student's academic and social skills, no one would classify sports as academic or social skills training.
- Similarly, the incidental benefits in these areas resulting from ABA therapy, while real, do not dictate that it be classified as either academic or social skills training.
- . . . While aimed at improving social and academic functioning, it does this by specifically addressing behavioral deficits possessed by autistic children that interfere with every area of their life, not by educating kids on social norms or teaching study skills or other tools specific to academic success."

Impact of Federal Health Care Reform

- 2009 Amendments by Rep. Doyle (Pa.) & Sen. Menendez (NJ)
- Changed "**Mental health and substance use disorder services**", one of ten required benefits, to "**Mental health and substance use disorder services*, including behavioral health treatments***".
- Applies to plans issued through Exchanges as well as small group and individual plans.
- N/A to existing coverage, large groups, self-funded
- Starts in 2014.
- http://www.autismvotes.org/site/apps/nlnet/content2.aspx?c=frKNI3PCImE&b=3930723&ct=7522291

The Essential Benefits Package

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care

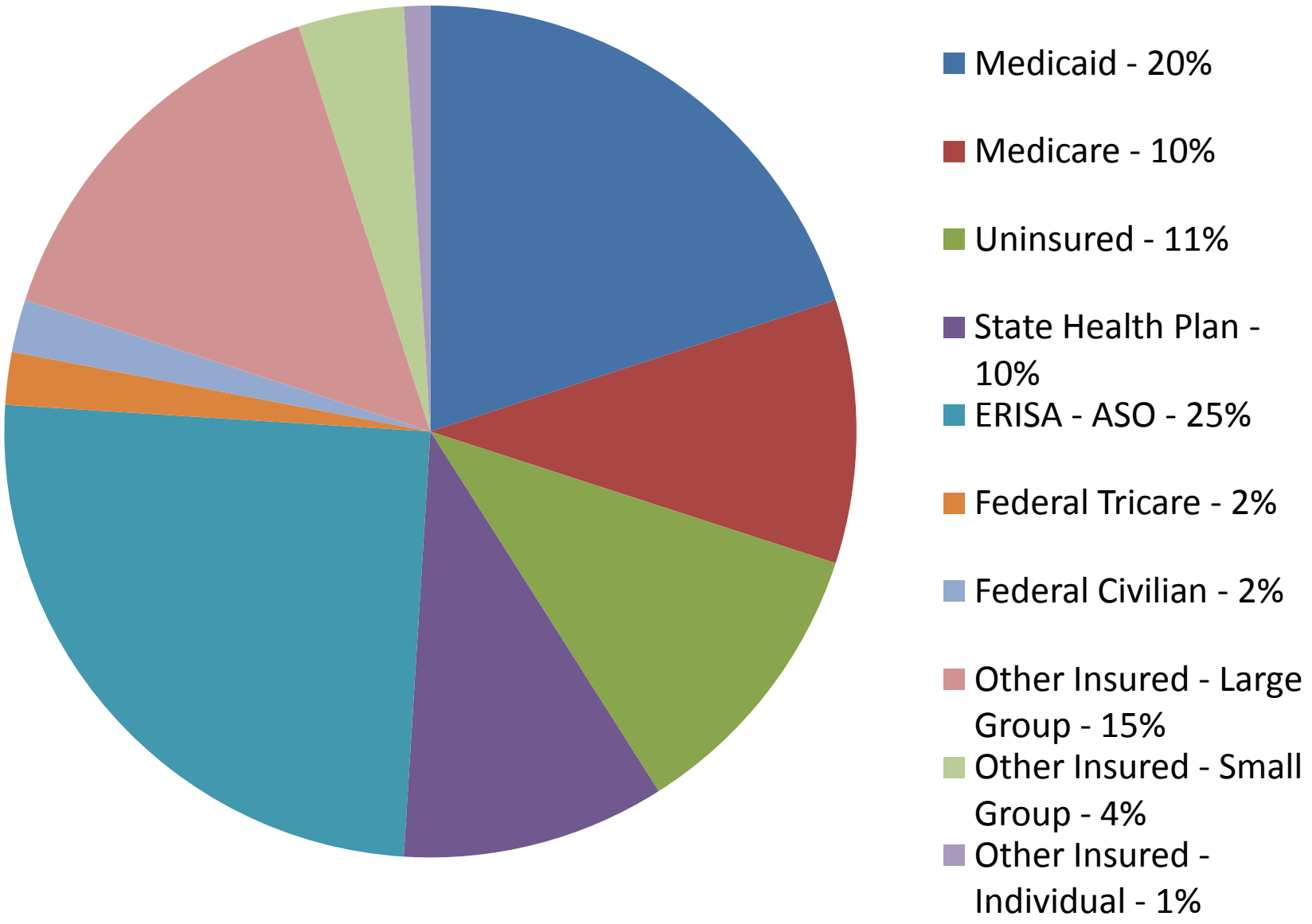
Impact of Federal Mental Health Parity Law

2008 Wellstone-Domenici Act prohibits:

- Quantitative Treatment Limitations
- Non-Quantitative Treatment Limitations

- Applies to large group fully-funded and self-funded policies.

Sources of Health Care Coverage



Self-Funded ERISA Plans

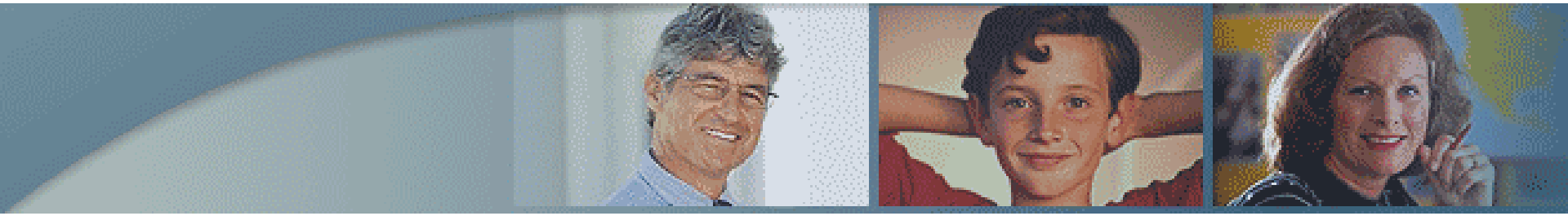
- "Overall, self-funded plans voluntarily cover 86% of the cost of mandated services."
- 2008 Report of Maryland Health Care Commission

Self-Funded ERISA Plans That Cover Autism Treatments

- Microsoft
- Home Depot
- Intel
- Arnold & Porter
- Halliburton
- Eli Lilly
- Deloitte
- Ohio State University
- Time Warner
- Blackbaud
- Lahey Clinic
- Partners Healthcare
- Wells Fargo
- Lexington Medical Center
- University of Minnesota
- Progressive Group
- Greenville Hospital System
- Symantec
- DTE Energy
- Cerner
- State Street Financial
- Children's Mercy
- EMC
- Yahoo
- Sisters of Mercy
- Princeton University
- And many more . . .

Provider Credentials

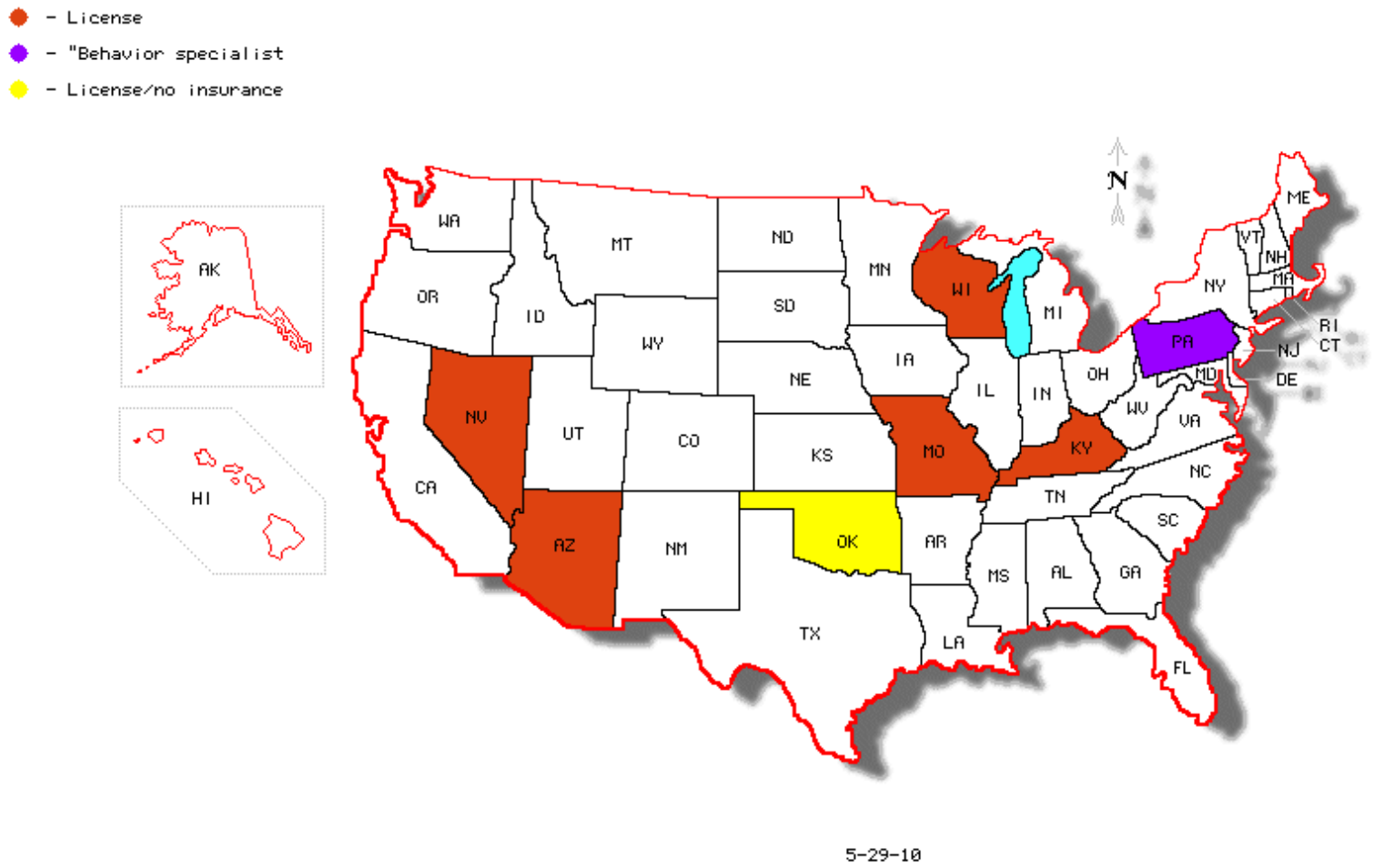
www.BACB.com



The Behavior Analyst Certification Board, Inc.® (BACB®) is a nonprofit corporation established as a result of credentialing needs identified by behavior analysts, state governments, and consumers of behavior analysis services.

The BACB's mission is to develop, promote, and implement a voluntary international certification program for behavior analyst practitioners. The BACB credentials Board Certified Behavior Analyst® BCBA®) and Board Certified Assistant Behavior Analyst® (BCaBA®).

Insurance States that License Behavior Analysts



Neurology

January 2007 Issue

***Table 3** Summary of evidence: Incidence and prevalence of 12 neurologic disorders*

Disorder	Class of evidence	Range of ages included (y)	Median estimates: Annual incidence Rate/ 100,000	Annual incidence No.*	Prevalence Rate/ 1,000	Prevalence No.*	Rate ratio, M/F†	Age(s), y, of peak incidence
Autism spectrum disorders	I, II	2–15	—	—	5.8	500,000‡	4.2	—
Cerebral palsy	I, II	3–13	—	—	2.4	207,000‡	1.3	—
Tourette syndrome	II	7–17	—	—	3.5§	301,000	4.8	—
Migraine	I, II	12–65	—	—	121	35,461,000	0.4	—
Epilepsy	I, II	All	48	142,000	7.1	2,098,000	1	<1, ≥80
Multiple sclerosis	I	All	4.2	12,000	0.9	266,000	0.5	30
Traumatic brain injury	I	All	101	298,000	—	—	2.1	20, ≥80
Spinal cord injury	I,II	All	4.5	13,000	—	—	4.2	20
ALS	I, II	All	1.6	5,000	0.04	12,000	1.3	≥60
Stroke	I, II	All	183	541,000	10	2,956,000	1.1	≥80
		≥65	1,093	401,000	—	—	—	
Alzheimer disease	I,II	≥65	1,275	468,000	67	2,459,000	0.5	≥80
Parkinson disease	I,II	≥65	160	59,000	9.5	349,000	1.8	≥70

* Estimated number of cases in United States in 2005, rounded to nearest 1,000.
† Ratio of rates among males to rates among females.
‡ Estimated number of cases among children younger than 21 years of age only.
§ Data inadequate for firm estimate.

Why Our Job Is Not Done

- May 27, 2010 at 5:08pm
- Subject: thanks
- I just wanted to say thank you for accomplishing what many people would not have attempted. I live in Charleston, SC. My husbands insurance is self funded so we are having to give up custody of our autistic 2 year old to my parents because their insurance is better. ABA is really helping and there is nothing I wouldn't do for him. You are inspirational to me and a hero. God bless you.

"[N]o disability claims more parental time and energy than autism."

New York Times, 12/20/04