

Supporting IDEA Entitlements
and ABA Autism Insurance Benefits
for “Dually” Eligible Students with
Autism Spectrum Disorder:

A Cross-Stakeholder Framework

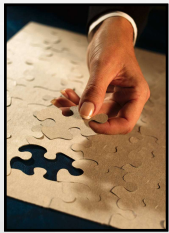
MAASE ASD CoP
February 14, 2018

Part One

Introduction

MAASE ASD
Community of Practice

- Established in 2013
- Administrators and other professionals committed to the implementation and continuous improvement of quality education programs and services for students with Autism Spectrum Disorders



<http://maase.pbworks.com/w/page/69975744/Autism%20Community%20of%20Practice>

MAASE ASD CoP Resources

- Education-Based Evaluations for ASDTM (2015)
 - Report templates, examples and checklists
 - ASD evaluation flowchart
- “Individualized Family Service Plan and Individualized Education Program Considerations for Students with ASD Receiving Autism Insurance Benefits” (2013, updated 2017)
 - <http://maase.pbworks.com/w/page/9881701/FrontPage>
- Note: This presentation and all related documents are located on the [MAASE ASD CoP Wiki site](#)

2013 IFSP/IEP Guidance Document

- Interaction between the following special education entitlements and private and public autism insurance benefits posed questions of implementation and collaboration:
 - Individuals with Disabilities Education Act (IDEA) Part B and Part C, Michigan Mandatory Special Education Act and implementing rules
 - State and federal legal requirements for infants, toddlers, and children with disabilities
 - 2012 Michigan ASD Insurance Reform
 - 2013 Michigan Medicaid Autism Benefit Coverage

Implementation & Collaboration Issues

- IDEA Part C eligible infants and toddlers with disabilities birth-through 2 entitled to early intervention services (EIS)
- IDEA Part B eligible students with disabilities ages 3-21 entitled to a free appropriate public education (FAPE) in the least restrictive environment to meet unique needs to progress in the same curriculum as all students
- Certain children eligible for EIS or FAPE, and also Autism Insurance Benefits

Implementation & Collaboration Issues

- This “dual eligibility” triggered questions for schools and third party ABA providers as to:
 - How to comply with federal and state obligations for FAPE and EIS, and also afford eligible children with autism insurance benefits, i.e., behavioral health treatment, including ABA, to **supplement** FAPE/EIS, and **not supplant**?
 - How to collaborate with one another (e.g., child find, referrals, sharing evaluation data)
- The 2013 edition addressed these issues with
 - FAQ's
 - comparison chart describing educational and private/public autism insurance based protocols for child find, referrals and evaluation



Why the 2017 Edition?

- Benefit of more field experience
- Medicaid coverage expanded from birth-6 to birth-21 (January 2016)
- The 2013 comparison chart ended with eligibility, and did not cover actual implementation of services, i.e.,
 - Early Intervention Services
 - Special Education
 - Michigan ASD behavioral health treatment (ABA) Insurance Benefits
 - Medicaid School-Based Health Services



Comparison Charts 2nd Edition Updates

Updated Medicaid Section (p. 13)

ASD Intervention: Possible Interfaces for Collaboration			
Early On (Part C Only) (IDEA) – 34	IDEA/Michigan Mandatory Special Education Act (IDEA) – 34	Private Insurance Autism Benefits	Medicaid (Behavioral Health Treatment/ABA)
<ul style="list-style-type: none"> A federal law that provides early intervention services for eligible infants and toddlers birth-age 2 on the basis of either: <ul style="list-style-type: none"> a diagnosed established condition, or an assessed developmental delay in 1 or more of 5 areas: cognitive 	<ul style="list-style-type: none"> Michigan Mandatory Special Education Act entitles a “student with a disability” ages 3-21 who has not graduated with a regular high school diploma to receive special education programs and services 	<ul style="list-style-type: none"> Michigan Autism Insurance Benefit <ul style="list-style-type: none"> Mandatory for state-regulated insurance Voluntary for federally-regulated self-funded (ERISA) insurance 	<ul style="list-style-type: none"> Reimbursement of ABA services for children with ASD under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit EPSDT provides comprehensive and preventative health care

Addition of Service Provision (p. 15)

ASD Intervention: Service Provision			
Interagency Services	Educational Services	Private Insurance	Behavioral Health Services
Early On (Part C Only) (IDEA) – 34 Use by children 3-21 <ul style="list-style-type: none"> A federal law that provides early intervention services for eligible infants and toddlers birth-age 2 on the basis of either: <ul style="list-style-type: none"> a diagnosed established condition, or an assessed developmental delay in 1 or more of 5 areas: cognitive 	Michigan Mandatory Special Education Act (IDEA) – 34 Use by children 3-21 <ul style="list-style-type: none"> Michigan Mandatory Special Education Act entitles a “student with a disability” ages 3-21 who has not graduated with a regular high school diploma to receive special education programs and services 	Private Insurance Autism Benefits <ul style="list-style-type: none"> Michigan Autism Insurance Benefit <ul style="list-style-type: none"> Mandatory for state-regulated insurance Voluntary for federally-regulated self-funded (ERISA) insurance 	Medicaid (Behavioral Health Treatment/ABA) <ul style="list-style-type: none"> Reimbursement of ABA services for children with ASD under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit EPSDT provides comprehensive and preventative health care



Today's Objectives

- Identify how the 2017 Guidance Document can be used to
 - Increase cross-stakeholder
 - understanding of the dually eligible child's right to both IDEA entitlements and ASD behavioral health treatment (ABA) insurance benefits
 - understanding that ASD behavioral health treatment (ABA) insurance benefits should supplement, not supplant, IDEA entitlements
 - collaboration to maximize the combined intensity and efficacy of IDEA services and insurance-based services by
 - Identifying and reducing barriers to collaboration
 - Identifying and maximizing points of common interest
 - Identify how the IFSP and the IEP interface with principles of behavior and techniques derived from the science of ABA

Part Two

The Child with ASD:

- Per IDEA
- Per AIB Process

Section One

Educational Services

The Child's Right to an Education

- All States, including Michigan, provide that resident students receive an education, based on a curriculum of study intended to support career/college readiness.
- In Michigan compulsory education begins at age 6. Parents have a number of options to provide this education:
 - enrollment in public schools
 - district of residence
 - school of choice
 - charter school, including cyber schools
 - enrollment in non-public schools
 - parent instruction via
 - registered home school
 - home education program
 - shared time with core instruction in non-public school (including registered home school) and non-core instruction in public school



Additional Entitlements for Infants & Toddlers with Disabilities: IDEA Part C

- **IDEA Part C:** Under this interagency approach, eligible infants and toddlers birth through 2 receive Early Intervention Services (versus a free appropriate public education or "FAPE" under IDEA Part B).
 - Based on
 - a developmental delay in one or more of five areas, or
 - an established condition associated with high risk of developmental delay, even if child not presently demonstrating
 - Laid out in Individualized Family Service Plan (IFSP), which may contain
 - "special education and related services" if the infant/toddler meets eligibility criteria for one of the 13 disability categories covered by the Michigan Administrative Rules for Special Education and adverse impact on age appropriate activities requires special education
 - services provided by other public or private agencies to infants and toddlers, including behavioral health treatment (ABA) afforded by Autism Insurance benefits



Additional Educational Entitlements for Children with Disabilities: IDEA Part B

- IEP and FAPE
 - Eligible pre-school students with disabilities ages 3-5
 - Eligible public school students with disabilities
 - Parents must consent to initial IEP offer of FAPE in writing in order for student to begin receiving special education, but may revoke consent in writing at any time.
- FAPE = Special education = specially designed instruction
 - IDEA regulation 300.39(b)(3) defines specially designed instruction as "**adapting, as appropriate to the needs of an eligible child, the content, methodology or delivery of instruction** –
 - 1) to address the child's unique needs resulting from the disability
 - 2) to ensure the child's access to the general curriculum so that the child can meet the educational standards that apply to all children within the jurisdiction of the public agency



FAPE

- Meaning of "FAPE" has been interpreted by the US Supreme Court in two landmark cases
 - Board of Education of Hendrick-Hudson Central School District v. Rowley, 458 U.S. 176 (1982): "Reasonably calculated to enable the child to achieve educational benefits."
 - Endrew F. v. Douglas County School District Re-1, 137 S. Ct. 988 (2017): "Reasonably calculated to enable a child to make progress appropriate in light of the child's circumstances." Plus, "[E]very child should have the chance to meet challenging objectives."
- USDOE has recently released two technical assistance documents on how IEP Teams should operationalize FAPE.
 - See 11-16-15 [Dear Colleague Letter \(Attachment A\)](#), and 12-7-17 [Q&A on Endrew \(Attachment B\)](#)

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Section Two

Autism Insurance Benefits (AIB)

Primary Purpose of
Autism Insurance Benefits Legislation

- Obtain insurance coverage for ABA for children with ASD
 - Increased parity for physical and mental health insurance coverage
 - Recognition of ABA coverage if "medically" necessary
- Approaches to making this transition
 - Reimburse mandated coverage for state-regulated insurance
 - Incentivize through reimbursement if coverage offered by federally regulated self-funded (ERISA) insurance

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Basic Structure of Autism Insurance Benefits Legislation

- Implementation structure for AIB
 - Licensed physician/licensed psychologist
 - Performs assessment for ASD, including ADOS
 - Makes diagnosis of ASD based on assessment and criteria in Diagnostic and Statistical Manual published by the American Psychiatric Association
 - Prescribes medically necessary "behavioral health treatment"
 - Defined as evidence-based counseling and treatment programs, including ABA
 - Treatment plan with specific treatment goals and objectives developed and provided/supervised by board certified or licensed provider with appropriate credentials



Operationalizing ABA AIB

- Private Insurance
 - "Treatment plan"
- Public Insurance
 - Person centered planning process results in an "Individual Plan of Service (IPOS)" that includes a Behavioral Plan of Care (e.g., ABA treatment plan)
 - See sample IPOS with identified ABA services and supports (**Attachment D**)



Operationalizing ABA AIB

- Medicaid Provider Manual Requirements
 - Coordination with school and/or early intervention program critical to
 - coordinate treatment
 - prevent duplication of services
 - Coordination examples include phone calls, written communication logs, participation in team meetings (IEP/IFSP and IPOS meetings)
 - BHT services may reinforce, but are not intended to supplant services provided in school, therapy, or other settings



What does “supplement/non-supplant mean” and why important?

- Definition has two components
 - Timewise = cumulative; not overlapping or “borrowing” from school time
 - Content = not duplicative
- Assures that eligible child receives **both**
 - the IDEA entitlement to FAPE which focuses on progress in educational performance, **plus**
 - AIB of behavioral health treatment plan



Supplement/Non-Supplant References

- Medicaid Provider Manual language
 - “[BHT services] may serve to reinforce skills or lessons taught in school, therapy, or other settings, but are not intended to supplant services provided in schools or other settings, or to be provided when the child would typically be in school but for the parent’s/guardian’s choice to home-school their child. Each child’s Individual Plan of Service (IPOS) must document that these services do not include special education and related services defined in the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) that are available to the child through a local education agency.”




Supplement/Non-Supplant References

- The Behavior Analyst Certification Board (BACB) document, “*ABA Treatment of ASD Practice Guidelines for Healthcare Funders and Managers (Second Edition 2014)*” includes the following statement:
 - “[C]overage of ABA treatment for ASD healthcare funders and managers should not supplant responsibilities of educational and governmental entities.”



Operationalizing ABA AIB

- IPOS Case Managers are KEY in supporting individuals/families
 - Linking to, coordinating with, follow-up of, advocacy with, and/or monitoring of Specialty Services and Supports and other community services/supports.
 - Brokering providers of services/supports
 - Assistance with access to entitlements
 - Coordination with other service providers
 - See MDHHS form for Case Managers for documenting coordination of BHT/ABA rendered services with public school/educational services (**Attachment E**)




Section Three

IDEA and AIB “ABA” Interfaces


The Interface between IEP and BHT (ABA) Services

- The IEP may naturally incorporate some of the same principles of behavior and evidence based interventions as an ABA treatment plan. (**Attachment F**)
 - Example: Principles of behavior (e.g., reinforcement, antecedent stimulus) and evidence based interventions (e.g., modeling, schedules, self-management)
- However, the IEP and ABA treatment plan have different scopes, standards, and responsibilities to provide services and supports
- **IEP/FAPE Plan:** Special education (specially designed instruction adapting the content, methodology, or delivery of instruction) related services, supplementary aids and services, and program modifications and supports, to support access to and progress in the general curriculum so that the child can meet the educational standards applicable to all students. (**Attachment G**)
 - Implemented by general/special education/related service personnel, paraprofessionals
- **IPOS/ABA Treatment Plan:** Focus to correct or ameliorate any physical or behavioral conditions and to develop, maintain, or restore, to the maximum extent practicable, the functioning of an individual
 - Implemented by BCBA or other appropriately licensed and certified professional



The Interface between IEP and BHT (ABA) Services (cont'd)


- Some things to remember when crafting the IEP
 - It's an educational plan, not an insurance treatment plan
 - Instructional methodology is generally left to discretion of implementing staff, and not put in IEP
 - BUT, the IEP Team would expressly include methodology, (e.g., discrete trial training, PECS, social stories, etc.) in the IEP if that specific methodology is deemed necessary to provide FAPE to the child in question
 - If this is the case, any ASD insurance-based ABA services would be "on top of" this IEP-based service




Part Three

Collaboration and Coordination

Today's Big Ideas



- Collaboration among providers of services across settings operating under different rules results in significant and meaningful change on behalf of the student and their family
- Busting barriers to collaboration requires:
 - Understanding differences/similarities in services, and
 - Intentional reaching out (communication) to other providers





Bust the *Planning* Barriers!

- Release of information
- Names and contact information
- Assessments: ADOS or MET
- Plans:
 - IFSP or IEP
 - IPOS
 - ABA Treatment plan
- Progress reports
- Meeting dates/invitations





Bust the *Ownership* Barrier

- The parents
- The ABA provider
- The CMH worker
- The teacher
- The paraprofessional


Multiple Uses of “ABA” Acronym

- **Science of behavior**
 - Study of behavior concerned with applying techniques based on principles of learning to change behavior of social significance
- **Practice of ABA**
 - New licensure law enacted December 2016; effective April 3, 2017
 - Defines ABA Practice and ABA Service
 - Establishes licensure requirement for BCBA and BCaBA
 - Outlines training requirements for Behavior Technicians
- **Treatment/Therapy/Service**




Probe Questions

- You sometimes hear statements to the effect that BCBAs “do ABA” with the implication that ABA is BCBA turf. This view may also be shared by school personnel.
 - Take a look at Attachment F
 - If you are a BCBA, what is the most significant ABA implementation interface that you see with the IEP process/content?
 - If you are an IEPT member or IEP implementer, what is the most significant IEP interface that you see with ABA science, practice, and service parameters?
- What implications do you see for enhanced collaboration with parents and other providers?





Bust the *Access to the Child* Barrier

- After School
- Weekend
- School vacations
- Within the vocational work environment
- Great Start Readiness Program
- In-home ABA therapy
- Private preschool
- Licensed child care
- Library Read Aloud program
- Developmental Kindergarten





Bust the *Parent Bystander* Barrier

- Insurance company may speak for and make decisions
- School staff
- ABA Providers including behavior technicians
- Extended family members
- Advocates or friends
- Case managers

Bust the *Data* Barrier




- Speak up about the data you have collected and use graphs for discussion of your analysis
 - Teach parent to speak to the data
 - Share progress reports regularly to provide a picture of the whole scope of intervention or treatment
- When data across environments does not indicate similar extent of change... ask questions
 - When data across environments indicates anticipated growth...celebrate
 - Engage in data dialogue with parent before making decisions

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Location of Service (p. 17)


	Interagency Services <i>Early On® (Part C Only)</i> (Birth – 37 *up to child's 3 rd birthday	Educational Services <i>Michigan Mandatory Special Education Act (MMAE) (3-21)</i> <i>IDEA (3-21)</i>	Medicaid (School Based Services)	Private Insurance	Behavioral Health Services <i>Medicaid (Behavioral Health Treatment/DBA)</i>
Location of Service	<ul style="list-style-type: none"> • Natural Environment – Settings that are natural or typical for a same-aged infant or toddler without a disability may include the home or community settings. EIS for infants and toddlers with a disability are provided to the maximum extent appropriate in the child's natural environment. 34 CFR 303.26 	<ul style="list-style-type: none"> • Least Restrictive Environment – To the maximum extent appropriate, children with disabilities are to be educated with non-disabled children – Removal from the regular education environment occurs only if education in regular classes, with the use of supplementary aids and services, cannot be achieved satisfactorily • LRE requires a continuum of alternative placements, including instruction in regular classes, special classes, home, hospitals, institutions, and other settings 	<ul style="list-style-type: none"> • (See Least Restrictive Environment discussion under IDEA/Michigan Mandatory column to left) 	<ul style="list-style-type: none"> • Clinics, centers, and home 	<ul style="list-style-type: none"> • Designed to be delivered primarily in the home and in other community settings

Probe Question



- While looking at page 17 of the MAASE document can you identify ways to collaborate with other providers when services are provided in different environments?

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More Barrier Busters!

- **Communication**
 - Keep consolidated *Release of Information* form current
 - Provide joint trainings on evidence-based practices
 - Arrange for home visits and school visits to inform providers of contexts
 - Invite other providers to meetings of mutual benefit
- **Intervention**
 - Share goals among different providers
 - Design common tools for progress monitoring across environments
 - Coordinate the exchange and discussion of progress data

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Parting Thoughts

- **GET INFORMED**
 - Read the Document
 - [IFSP and IEP Considerations for Students with ASD Receiving Insurance-based Treatment/Intervention](#)
 - Discuss document content with colleagues (including service agency partners)
- **STAY INFORMED**
 - MAASE ASD CoP will continue to focus on quality programming for individuals with ASD
 - MAASE CoP ASD Wiki ([MAASE ASD CoP WIKI site](#))
MAASE.org/wiki
 - START Leadership
- **FEEDBACK LOOP**
 - Complete Feedback Form

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