



Supporting Autism Initiatives in Michigan...

Recent Developments in the Care and Support of Individuals with ASDs; Autism Legislation, the Medicaid Autism Benefit, the MI Autism Council, and the Autism State Plan

Presented by: Autism Alliance of Michigan (AAOM)

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MAASE Workshop Agenda



- Introductions
- Objectives
- The Autism Alliance of Michigan (AAoM)
- The Legislative Process: Getting a Bill Passed
- Autism Bills: Overview and Specifics
- Medicaid/MI Child Coverage
- Obstacles and Solutions
- MI Autism Council: Purpose and Structure
- MI ASD State Plan: Overview and Focus Areas
- Wrap-Up

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MAASE Workshop Objectives

- Participants will be able to describe 3-5 services covered under the new autism legislation and Medicaid autism benefit
- Participants will be able to describe the purpose of the MI Autism Council
- Participants will be able to describe at least 3-5 focus areas of the newly released MI ASD State Plan

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AAoM: Who We Are...



The Autism Alliance of Michigan

Leading unprecedented collaboration in Michigan...

- Why We Started
- Who We Are
- Strategic Initiatives
 - Service Delivery Model for Insurance
 - Autism Safety Initiative
 - Autism Navigator

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Autism Insurance in Michigan: The Beginnings...



The Legislative Process: Getting a Bill Passed

- Goal: Every child in MI has access to evidence-based treatment
- The original bill and what was included
- Legislature negotiations
- The final bill
- Extensive bi-partisan support
- Effective Date: October 15, 2012
 - Insurers maintain self-declared open enrollment periods

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Autism Insurance in Michigan: Overview



The Michigan Autism Insurance Bills

- Senate Bills (SB) 414/415
- Includes all insurers covered under state regulated laws
- Does NOT include ERISA (self-insured, federally regulated) companies (larger companies) overrides state mandates—but access created through separate fund-appropriation
- Does NOT include Medicaid eligible children—but access created through separate fund-appropriation
- Is limited to services for children MEDICALLY diagnosed with an ASD (classic autism, PDD-NOS, Asperger's)
- Does not cover co-pays or deductibles
- SB981: Established a \$15M Appropriation fund for reimbursement to state-regulated and self-funded insurance companies from State of Michigan

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Autism Insurance in Michigan: ERISA

- What is a Self Insured Company/ERISA??
- OH NO....I'm actually not covered???
- How to determine if the insurance is state or federally regulated
- Probably the greatest disappointment and misunderstood reality for families and providers!!

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Autism Insurance in Michigan: ERISA



Self-Insured/ERISA Employers & Getting Coverage

- Federally regulated by Employment Retirement Income Security Act (ERISA) of 1974
- Senate Bill 981 (\$15M appropriation) covers ERISA employers choosing to self-adopt
- For a large company or government entity, there is a chance your health plan is self-insured and not governed by state law
- Up to 75% of employers in MI are self funded
- The employer pays employee benefits from the employer's own pocket and assumes the risks
- Self-funded employers often hire third-party administrators (TPA's) to keep track of premiums, claims, and related paperwork
- If the employee is in a self-insured plan, ERISA preempts most state insurance regulation, including benefit mandates (Loretta Umeki, Autism Speaks)

Families can go to <http://sites.google.com/site/aaomincollaborative/state-regulated-and-self-funded-insurance> to download documents to take to their employer!

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Autism Insurance in Michigan: General Coverage



What is Covered by Insurance Legislation

- Medical Diagnostic Testing (ADOS, Other)
- Covers Applied Behavior Analysis (ABA), Speech and Occupational Therapies, Psychiatric and Psychological Care, Physical Therapy
- Annual Dollar Limits/Caps
 - \$50,000 (ages birth to 6)
 - \$40,000 (ages 7-12)
 - \$30,000 (ages 13-18)
- What the caps mean
 - All inclusive of therapies listed above

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Autism Insurance in Michigan: Diagnostic Providers



- 10 **Qualifications (minimum) according to LAW:**
 - Licensed Psychologist or Physician
 - Documentation of a standardized test like the Autism Diagnostic Observation Schedule (ADOS), Social Communication Questionnaire (SCQ), etc.
- Qualification according to INSURERS:**
 - Autism Assessment Centers of Excellence (AACEs): Multidisciplinary diagnostic centers required to access **ABA benefit**. Currently reevaluating this process
 - Not EVERY insurer follows same process
- MI Best Practice Guidelines:**
 - Endorsed by MI Autism Council
 - Being used by some insurers

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Autism Insurance in MI: Opening Doors

- 11 Parents are frequently confused about how to access services across different systems
- Providers/Evaluators Differ
- Diagnostic/Eligibility Criteria Differ
 - Educational
 - Medical/Clinical
 - Community Mental Health

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Autism Insurance in Michigan: Diagnosis



What Families Need to Know: Diagnosis

- Families need to confirm with their insurer that all diagnostic/provider criteria are met and nothing more is needed
- Does the child have a medical diagnosis of Autism Spectrum Disorder?
 - The diagnostic code for autism is 299.0
- Does parent have a report or some type of documentation of the diagnosis by a licensed physician or psychologist?
- How long ago was that evaluation conducted?
 - If less than 3 years ago and a standardized test was used, the child should be ready to start therapy
 - Re-diagnosis is required every 3 years (may be shorter process)



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Autism Insurance in Michigan: Diagnosis



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What Families Need to Know: Diagnosis

- ☐ What if the child has had a medical evaluation within the past 3 years?
 - Families need to check with the insurer; they will likely require re-evaluation
 - Inquire if the doctor or psychologist used a standardized tool (example: ADOS)
 - Families may want to schedule an evaluation NOW, with a center or individual physician or psychologist that can administer the ADOS and is approved by your insurance company

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Autism Insurance in Michigan: Treatment Providers



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Must be in Insurance Network

- Speech Therapy: Licensed and Certified CCC-SLP
- Occupational Therapy: Licensed and Certified OTR/OTRL
- Psychological Care: LLP working under LP
- Physical Therapist: Licensed
- ABA Therapy: Board Certified Behavior Analyst or Licensed Psychologist meeting very specific qualifications as an ABA provider
- Most insurers are only processing claims from BCBA's

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Autism Insurance in Michigan: Treatment Coverage



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- ☐ Most parents have never heard of or do not understand Applied Behavior Analysis (ABA)
- ☐ Need to be educated about the benefits of this therapy
 - ☐ Behavior management
 - ☐ Skill development
 - ☐ Not Play Project, DIR, RDI
 - ☐ Data-driven decision making for modifying behavior
 - ☐ Goal is generalization and maintenance of skills
 - ☐ ABA Therapy Programs can vary depending on child's needs.

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Autism Insurance in Michigan: Treatment Coverage



Speech & Language Therapy for the Child with ASD

- Therapies are provided by a certified speech/language pathologist (look for Certificate of Clinical Competence "CCC" after the name) and address any type of communication deficits such as:
 - Receptive and/or expressive language (understanding and talking)
 - Social language skills (such as greetings or conversational turn taking)
 - How an individual communicates with others for a variety of reasons, in a variety of settings

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Autism Insurance in Michigan: Treatment Coverage



Occupational Therapy for the Child with ASD

- Occupational Therapy for Children with ASD may address sensory integration problems or weaknesses/limitations in fine motor skills
- Parents should look for the Occupational Therapist Registered "OTR" after the clinician's name to be certain they are certified in the field of Occupational Therapy
 - Sensory Integration (SI) : The therapist plans treatment activities which introduce and eventually desensitize a child to problematic sensory stimulations. Over time, the child develops more appropriate responses to and tolerance for different textures, sounds, tastes and smells, and other sensory stimuli
 - Fine motor therapy
 - Therapist utilizes various treatment activities to improve, strengthen, range of motion, and flexibility across targeted muscle groups; end goal of OT therapies is to improve functioning in daily living activities, such as using utensils, tying shoes, or handwriting

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Autism Insurance in Michigan: Treatment Coverage



Important Information about Therapies

- Only evidence based therapies will be covered
- Evidence-Based Practice Defined:
 - Maintains strength in research, based on sound theory and empirical data, and assures replication of research demonstrating effectiveness of treatments via peer reviews and consistencies across studies
 - Clinical support and usefulness
 - Works for families
- Number of expert panels, task forces, and reports reviewing research agree on the following points (ASAT):
 - Behavioral and educational interventions currently main treatments
 - Applied Behavior Analysis (ABA) has received most extensive research, supporting its effectiveness
 - Medications also may be effective for challenging behaviors, when appropriate
 - Majority of research conducted focusing on young children; additional research is needed for older children and adults with ASD

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Autism Insurance in Michigan: Treatment Coverage



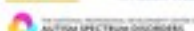
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About Evidence Based Therapies

Organizations currently leading EBP research in Autism Interventions (NSP, NPOC, NAC)

- **National Autism Center (NAC) National Standards Project (NSP), 2010:** evaluated over 770 peer-reviewed studies in treatment efficacy for ASD
 - Behavioral-based interventions identified as primary EBP (see download at www.nac.uci.edu/autism/autismresearch/autismnationalproj)
- **National Professional Development Center (NPDC):** Multi-university center promoting use of EBP's in treating ASD's including UC Davis Medical School MIND Institute, University of North Carolina at Chapel Hill, and the Waisman Center at University of Wisconsin at Madison
 - Alignment of EBP agreement between NSP and NPDC
 - Behavioral-based interventions identified as primary EBP
- **Association for Science in Autism Treatment (ASAT):** Purpose is to share objective, accurate, and scientifically sound ASD treatment information.
 - Provides extensive information on treatments available, EBP definition and summaries, prevalence information, and being an informed consumer
- **SACB Guidelines for Health Plan Coverage:** For ABA for Autism Spectrum Disorder
 - Free download at www.hhs.gov/ohr

* ASP used by Insurers to determine what is EBP
Note that NSP and NPDC overlap in findings significantly,
representing greater reliability of data.



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Autism Insurance in Michigan: Treatment Coverage



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Important Information about Therapies

Alternative and non-conventional therapies **WILL NOT** be covered as they are not considered evidence based:

- Special Diets
- Supplements
- Chelation
- Hyperbaric Oxygen Chambers
- Listening Therapies
- Recreational Therapies
- Other Treatments Needing Additional Scientific Research

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Medicaid Autism Benefit



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Medicaid/MI Child Coverage

- Not covered by the autism bills, but approved in state budget at \$21M for year 1, effective April 1, 2013
- Covers children under 6 years old (with plan to increase age range in the future)
- Administered through Community Mental Health (CMH) agencies, including MI Child
- Covers ABA therapy only; previous services should be maintained under current provisions

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Medicaid Autism Benefit



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Medicaid/MI Child Coverage

□ To access services:

1. Families need to contact local CMH for to begin process
2. If failed screening, will be referred for eligibility determination
 - Autism Diagnostic Observation Screening (ADOS), interview, and other testing will be performed
3. If eligible, determination will be made as to level of service:
 - Early Intensive Behavioral Intervention (EIBI): 10-20 hours/week
 - Applied Behavior Intervention (ABI): 5-15 hours/week

□ CMH agencies are being trained in ABA services

□ Multi-disciplinary approach (coordinating other services)

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Treatment Implementation Challenges



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Important Information about Therapies

- MI does not have enough therapists to service all the children with autism who need therapy
- It will take time for our state to "ramp up"
- Other states have required 3-5 years for supply to meet demand
- This will be very frustrating for families and providers. AAoM is aggressively working with our partners to increase access as quickly as possible

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Implementation Challenges and Solutions



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□ Self-Funding Companies Adopting Coverage

- Solution: Parents should send the self-funded packet of information to human resource or benefits department for educating company how to self-adapt, and being fully reimbursed for coverage [download materials at <https://www.google.com/site/aaomichigan/state-regulated-and-self-funded-insurance>. The attachments at the bottom of the page can be sent or taken to the employer. Documents provide statistics, and how and why to self-adapt the coverage.

□ Getting timely diagnosis (diagnosis is gateway to treatment)

- Solution: Parents should place their child on a wait list at a designated center. If parents have insurer concerns, they need to escalate the concern through the insurer process; get information on denials or access issues in writing; report to Department of Insurance and Finance (DIF) if you cannot get resolved

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Implementation Challenges and Solutions

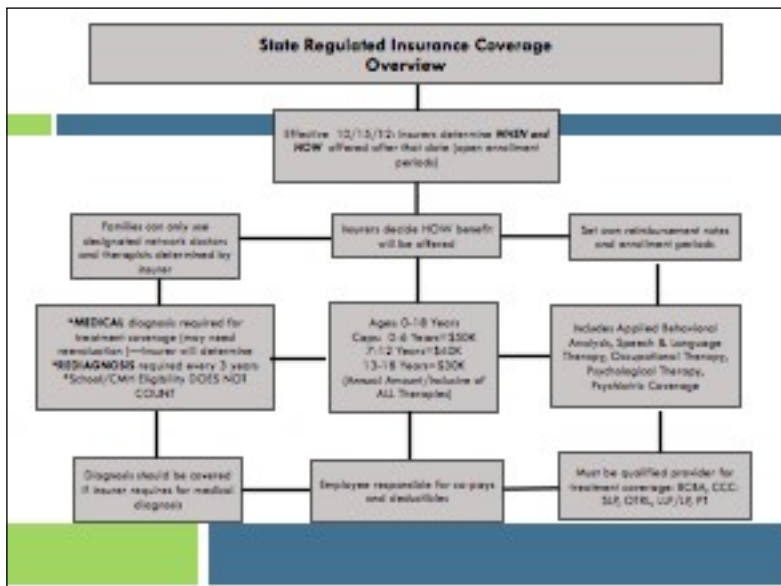
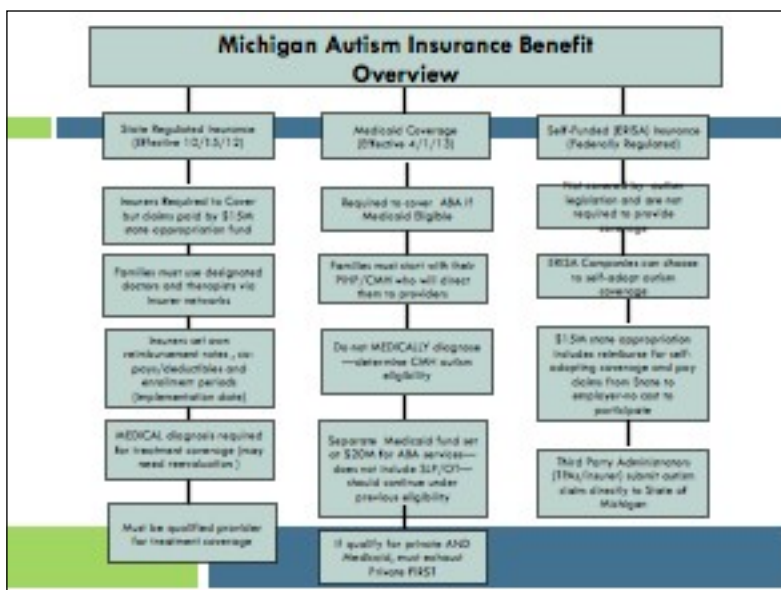


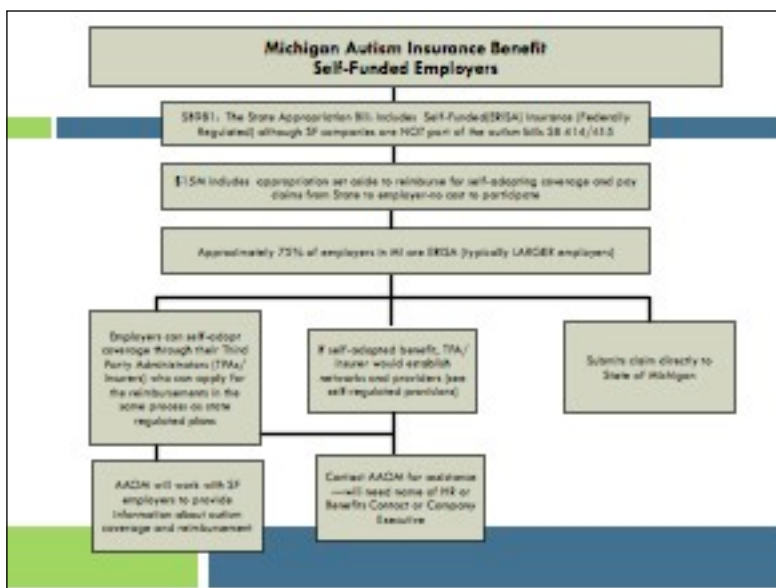
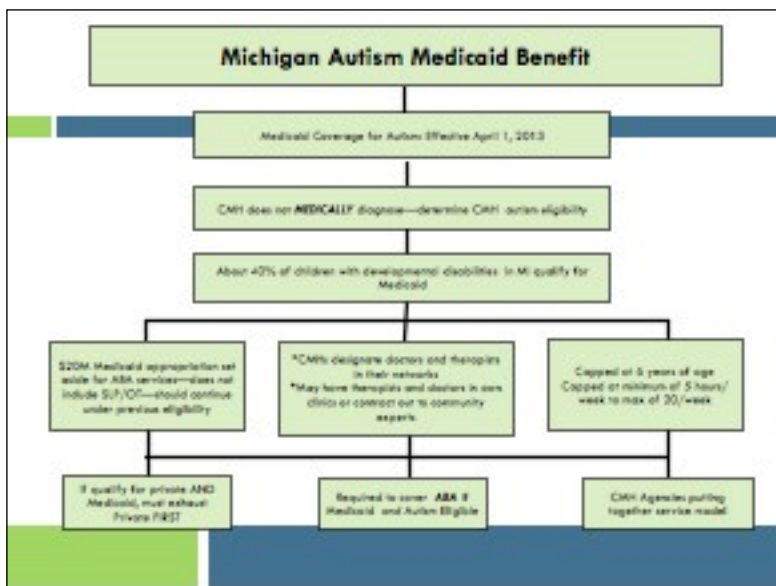
□ Finding qualified therapists: Will be in short supply for 1-2 years

□ Solutions:

- Recruiting and training more BCBA's in the state; credentialing of front line therapists in the future
- Parent training models; more use of college students
- Web-based training tools
- Tele-health Options
- AAoM's Insurance Portal for list of qualified autism providers (SLPs, OTs, and BCBA's) <https://sites.google.com/site/aaominscollaborative/>

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Michigan Milestones: MI Autism Council

- Purpose
 - "Will advise and assist in the development of a statewide comprehensive, coordinated, multidisciplinary, interagency system; and provide implementation, monitoring, and updating of the MI ASD State Plan to ensure that the key recommendations in the document become reality for individuals with ASDs and their families throughout Michigan"

Michigan Milestones: MI Autism Council

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- Current Members and Representation
- Chair (non-profit): C. Allen
- Vice Chair (statewide initiatives): A. Matthews
- Secretary (parent): S. Rulison
- Member (ISD): Michael Calne
- Member (CMH Provider): R. Sheehan
- Member (Clinical/Medical Provider): J. Turner
- Member (person with ASD): A. Ianni
- Member (DCH): E. Krisely
- Member (DHS): M. Challman
- Member (DOE): J. Winkleman
- Member (DIF): R. Fossitt

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Michigan Milestones: MI Autism Council

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- Council Structure
 - Council Members
 - Subcommittees/Focus Areas
 - Chair and Co-Chairs of Subcommittees
 - Workgroups
 - Workgroup Leads
 - See Attached

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Michigan Milestones: MI ASD State Plan



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- Two-year, birth through lifespan project commissioned through DCH
- Development committee representative of CMH, DHS (DDI), MDE, parents, universities, educators, private providers, physicians, advocacy groups; Advisory committee comprised of professionals, parents, scholars, researchers, providers, educators, CMH, DHS, throughout Michigan.
- One of few states without a state plan—will align us for more federal grants; gaps and recommendations were identified.
- Goal is to integrate public/private systems for highest quality and consistent service delivery to individuals with ASD.
- Released to the Public March 18, 2013



Michigan Milestones: Adoption of the ASD State Plan

- Covers Lifespan
- System Change
- Specific Recommendations for Improved Care/Management in 7 focus areas

Michigan ASD State Plan



- **Focus Areas**
- Infrastructure: System and Service Coordination
- Family Engagement and Involvement
- Early Identification and Intervention Services
- Educational Supports and Services
- Adult Supports and Services
- Physical, Mental, and Behavioral Health Care
- Training and Professional Development

Michigan ASD State Plan



Key Recommendations

- Autism Council
- State Autism Center for Resources and Information
- Service Coordination and Statewide Infrastructure
- Regional Collaborative Sites/Regional Partnerships
- Early Screening, Evaluation, and Intervention for Young Children With ASD
- Best Practice and Service Navigation Guidelines
- Crisis Intervention
- Training and Professional Development
- University Collaboration and Coordination
- Data system
- State Plan Review and Update

MI ASD State Plan: Education

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1. All educational staff, including paraprofessionals, should be provided with quality professional development, mentorship, and ongoing consultation on best practices for educating and supporting individuals with ASD. Because implementation is the goal of training, certain critical factors associated with implementation should be incorporated into training practices such as multidisciplinary, team based, intensive training with follow-up coaching and support. Team members should receive training in critical content areas, including ASD, systems variables (e.g., teaming process), and EBP. Because education in general education settings is critical, it is also important to provide training in Individualized Education Program (IEP) development and implementation, accommodations/modifications, grading practices, and peer supports. Best practice recommends that each school building serving students with ASD should have a trained team in place, including one professional staff member who has dedicated time to serve as an ASD coach.

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MI ASD State Plan: Education

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2. School professionals should be encouraged to use a systematic assessment process or tool regularly to measure whether EBP are being implemented within their school buildings (e.g., Universal Supports Assessment and Planning Tool).
3. Knowledge of EBP should be included in the competency criteria for professionals and paraprofessionals who work with students with ASD.
4. Given that peer mediated interventions are an evidence based practice with significant, broad impact, school systems should be encouraged to develop a peer support program at the elementary and secondary level for students with ASD. A key component of these programs includes identification of a building-level peer support coordinator who receives additional training in order to ensure effective implementation of the program.

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MI ASD State Plan: Education

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5. Best practice guidelines for the implementation of evidence-based practices in the school setting should be created in order to specify the practices and systems that are most effective for students with ASD.
6. Multidisciplinary evaluation team (MET) members (psychologists, school social workers, speech/language pathologists) should have access to ASD eligibility determination training to improve the consistency of evaluation practices across districts. One example is the START Project's Centralized Evaluation Team training. Eligibility determination for children with Asperger Syndrome and highly verbal students with ASD may need to be a particular focus of training, given that pragmatic language impairments are common in these individuals despite adequate vocabulary, syntax, and grammar.
7. Medical professionals should be encouraged to participate in multidisciplinary evaluations when making an ASD diagnosis.

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MI ASD State Plan: Education

8. Transition planning should begin earlier, with an emphasis on key skills such as independence, interpersonal interactions, self-management and self-advocacy. A discovery process should be used to identify the student's strengths, skills and talents to prepare the student for successful employment. A range of options should be available to students including college, vocational/technical school, supported employment, and customized employment that will allow them to become active, contributing members of their community.

9. Educators need access to an online resource center that allows them to easily access local, regional, and national information and resources to increase their knowledge and improve their ability to implement practices deemed effective for students with ASD. Once educators can access more resources, they can help link families and local agencies to relevant information.

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Priorities of the Autism Council

- Developing Council and Subcommittee structure
- Efforts underway in several focus areas
- Strong momentum around two focus areas
 - Early Intervention
 - Adult Services (Transition)

AAoM Parent & Provider Workshop



Available Resources

- AAoM Insurance Collaborative Portal: has information for parents, insurers, providers, employers, universities, workshops, handouts from presentations: <https://sites.google.com/site/aaominscollaborative/home>
 - Today's Power Point (on Portal under Calendar and Events/Parents Informational Webinars)
- AAoM Website: www.autismallianceofmichigan.org
- AAoM Resources:
 - Colleen Allen: colleen.allen@aaomi.org
 - Stacie Rulison: stacie.rulison@aaomi.org
 - Mary Sharp: mary.sharp@aaomi.org



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Resources for Parents



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American Academy of Pediatrics (AAP), http://www.aap.org/organization/pressroom/qa/qa_search

American Psychiatric Association, DSM-5 Development

www.dsm5.org/7/qaandfaq/qaandfaq.aspx?qaandfaqid=1

Association for Science in Autism Treatment (ASAT): www.asatonline.org

Behavior Analyst Certification Board (BACB) (Health Plan Guidelines on site): www.bacbacb.com

Centers for Disease Control and Prevention, Autism Spectrum Disorders, DSM-IV Diagnostic Criteria:

www.cdc.gov/ncbddd/autism/dsmivcriteria.html

Cooper, Heron, & Heward (2007). Cooper, J., Heron, T., & Heward, W. (2007). Applied behavior analysis (2nd Ed.). Upper Saddle River, NJ: Pearson Education Inc.

Educating Children with Autism, National Research Council (2001). Online:

<http://www.nationalacademies.org/ncpe/news/newsitem.asp?RecordID=10017>

Lovaas, O. I. (1987). Behavioral treatment and normal educational and intellectual functioning in young autistic children. *Journal of Consulting and Clinical Psychology*, 5, 3-9.

Missouri Autism Guidelines Initiative, <http://www.autismguidelines.org/links/mi.aspx>

Modified Checklist

National Standards Project (2010). National Autism Center. www.nationalautismcenter.org/about/nationalstdp

National Professional Development Center on Autism Spectrum Disorders. <http://www.npdc.org/npdc/>

Prelock, P.A. (2006). Working with families and teams to address the needs of children with MRDD.

Perspectives in Language, Learning, and Education 13(3), 7-11.

Statewide Autism Resources and Training (START). <http://www.gsu.edu/autismcenter/>