



# Spotlight on the Autism Insurance Benefit

Presented by the  
MAASE Autism Community of Practice  
December 11, 2013

# Main Attraction

## Individualized Family Service Plan and Individualized Education Program Considerations for Students with ASD Receiving Insurance-based Treatment/Intervention

A Guidance Document Created by:  
MAASE Autism Spectrum Disorder  
Community of Practice



December 2013



# "Starring Cast Members"

- Education
- Autism Insurance Benefit
  - Private Insurance
  - Medicaid and MIChild
  - NOTE: Autism Insurance Benefit must *supplement*, NOT *supplant* IDEA obligations



# Special Education

- Birth to graduation with regular diploma or other appropriate transition exit, not to exceed age 26
- Based upon comprehensive evaluation with eligibility determined as defined in MARSE
- Component of IFSP for MARSE eligible infants and toddlers
- Component of IEP for MARSE eligible students



# Private Insurance

- State Regulated Insurance
  - Mandatory coverage (reimbursed by State) for eligible 0-18 year olds
  - Based on medical diagnosis of ASD
  - Parent initiates eligibility determination process by contacting insurance company's behavioral health representative
- Self-Funded Insurance
  - Voluntary coverage



# Medicaid and MIChild

- Coverage: 18 months – 6<sup>th</sup> birthday
- Eligibility for ABA intervention a 4-step process
  - ASD diagnosis by child mental health professional (CMHP) via CMH
  - Independent evaluation by CMHP applying needs-based criteria for ABA
  - Independent assessment for ABA intensity
  - Medicaid agency makes final ABA service determination



# Individualized Family Service Plan

- ISD/LEA no longer sole “Early On” player
- For children eligible for Medicaid or MIChild and MDCH approved for ABA intervention services
  - CMH is Early On service provider/payor
  - ABA intervention services is early intervention service (“special instruction”)



# Transition from IFSP to IEP

- Considerations
  - Is child who receives AIB services Part C-only eligible?
  - What is the parent's vision for the child post-Part C?
    - Add special education (MARSE/Part B eligibility)
    - Continue with AIB services, but no special education
  - Develop Part C Transition Plan that supports parent vision for child





# IEP Considerations

- IEP “wrinkles” -- Requests that...
  - district formulate reduced day IEP/program to allow AIB to be provided during school day
  - list AIB services in the IEP
  - allow provision of AIB services in the school setting
  - staff implement AIB-related protocols in the classroom
  - ABA therapist “observe” in the classroom
  - non-AIB ABA be added as an IEP service

# Script Writers and Crew

Possible Interfaces for Collaboration

	Early On (Part C only)	Special Education	Private Insurance	Medicaid and MICHild	Considerations for Collaboration Amongst Partners
Screening	<ul style="list-style-type: none"> <li>With parent consent, may screen to see whether the child is suspected of having a disability</li> </ul>	<ul style="list-style-type: none"> <li>Not addressed, except as general education tool for determining teaching strategies</li> </ul>		<ul style="list-style-type: none"> <li>M-CHAT, SCQ</li> </ul>	<ul style="list-style-type: none"> <li>Use of common screening tools by physicians and agency partners</li> </ul>
Referral	<ul style="list-style-type: none"> <li>Hospital, physician, parent, child care/early learning programs, LEAs and schools, public health facilities, other public/social service agencies, other clinics and health care providers, child welfare systems agency/ staff, child protective service, and foster care, homeless/domestic violence shelters</li> </ul>	<ul style="list-style-type: none"> <li>Parent, School personnel,</li> </ul>	<ul style="list-style-type: none"> <li>Parent</li> </ul>	<ul style="list-style-type: none"> <li>Primary care physician, parent</li> </ul>	<ul style="list-style-type: none"> <li>Educate parents and agency partners of potential service options and referral processes</li> </ul>
Required Evaluation Participants	<ul style="list-style-type: none"> <li>A multidisciplinary evaluation; no specific disciplines identified. May be performed by one person if qualified in more than 1 appropriate discipline.</li> </ul>	<ul style="list-style-type: none"> <li>Multidisciplinary evaluation team: psychologist, social worker, speech and language therapist</li> </ul>	<ul style="list-style-type: none"> <li>Licensed physician or licensed psychologist</li> </ul>	<ul style="list-style-type: none"> <li>Child mental health professional (CMHP)</li> </ul>	<ul style="list-style-type: none"> <li>Shared professional development</li> <li>Reduction of redundant assessment</li> </ul>
Evaluation Tools	<ul style="list-style-type: none"> <li>Medical records for diagnosis of established condition with high probability of developmental delay</li> <li>Developmental delay = evaluation instrument, child history/info on strengths/needs from parent interview, and other sources, identification of child's level of function in cognitive, physical, communication, social/emotional and adaptive development, record review</li> <li>Informed clinical opinion</li> </ul>	<ul style="list-style-type: none"> <li>No specific tools mandated</li> <li>Evaluation team selects tools based upon evaluation plan</li> <li>May or may not include the Autism Diagnostic Observation Schedule (ADOS-2) or Autism Diagnostic Interview-Revised (ADI-R)</li> </ul>	<ul style="list-style-type: none"> <li>Must include an "autism diagnostic observation schedule" (e.g., ADOS-2) approved by the insurance commissioner</li> </ul>	<ul style="list-style-type: none"> <li>Must include ADOS-2</li> <li>Developmental family history interview (e.g., ADI-R) completed by clinician with advanced training in ADI-R administration</li> </ul>	<ul style="list-style-type: none"> <li>Shared professional development</li> <li>Reduction of redundant assessment</li> </ul>
Eligibility: Determination of Impairment/ Diagnosis	<ul style="list-style-type: none"> <li>Established condition (diagnosed, physical or mental condition with high probability of result in developmental delay), or</li> <li>Developmental delay of 20% or more in 1 or more developmental domains or score of one standard deviation below mean</li> </ul>	<ul style="list-style-type: none"> <li>Michigan Mandatory Special Education ASD criteria</li> <li>IEP team determination</li> </ul>	<ul style="list-style-type: none"> <li>DSM-5</li> <li>ADOS-2 administered by licensed physician or licensed psychologist</li> </ul>	<ul style="list-style-type: none"> <li>DSM-5</li> <li>Diagnosis of ASD must be validated by physician/fully licensed psychologist if ADOS-2 not administered by same</li> </ul>	<ul style="list-style-type: none"> <li>Shared professional development so service providers can clarify to parents that variations in agency eligibility determination/diagnosis processes can lead to different outcomes</li> </ul>
Eligibility for Services	<ul style="list-style-type: none"> <li>With the exception of service coordination, Early On is not an independent source of services</li> <li>The IFSP team will identify child and family outcomes, and needed early intervention services. Eligibility for each early intervention service is established by the agency from which the service will be obtained.</li> </ul>	<ul style="list-style-type: none"> <li>An adverse impact exists to the extent that special education program and/or services is necessary</li> </ul>	<ul style="list-style-type: none"> <li>Must be determined to be medically necessary</li> </ul>	<ul style="list-style-type: none"> <li>Independent CMHP <b>evaluation</b> applies needs-based criteria to determine ABA service eligibility</li> <li>Independent licensed psychologist <b>assesses</b> cognitive and adaptive behavior to determine ABA service intensity</li> <li>Medicaid agency makes final determination of ABA services</li> </ul>	<ul style="list-style-type: none"> <li>Shared professional development so service providers can clarify to parents that variations in agency eligibility determination/ diagnosis processes can lead to different outcomes</li> </ul>
Plan for Service	<ul style="list-style-type: none"> <li>The IFSP Team develops an individualized plan identifying present levels of performance, needs, measurable outcomes, and early intervention services to support skill development</li> <li>Based on peer-reviewed research to the extent possible (available)</li> </ul>	<ul style="list-style-type: none"> <li>IFSP Team or IEP Team develops an individualized plan identifying present levels of performance, needs, goals, and programs and services to support skill development</li> <li>Based on peer-reviewed research to the extent possible</li> </ul>	<ul style="list-style-type: none"> <li>Treatment plan developed by a board certified or licensed provider when prescribed or ordered by a licensed physician or licensed psychologist</li> <li>Behavioral health treatment means evidence-based counseling/treatment programs</li> </ul>	<ul style="list-style-type: none"> <li>Person-centered Planning process results in an Individual Plan of Service (IPOS)</li> <li>"Established treatments"</li> </ul>	<ul style="list-style-type: none"> <li>Create opportunity to develop IFSPs in collaborative fashion</li> <li>Treatment plan and IPOS should supplement and not supplant IEP services</li> </ul>
Service Provision	<ul style="list-style-type: none"> <li>Pursuant to the IFSP</li> </ul>	<ul style="list-style-type: none"> <li>Pursuant to IEP</li> </ul>	<ul style="list-style-type: none"> <li>Pursuant to treatment plan</li> </ul>	<ul style="list-style-type: none"> <li>Pursuant to IPOS which must comply with MSA 13-09 for children 18 months-6 years of age</li> </ul>	<ul style="list-style-type: none"> <li>Capitalize on opportunity for service providers to collaborate per developed plans</li> <li>Scheduling of services to supplement IEP services versus supplanting of services</li> </ul>



## Closing Credits

- Glossary
- MAASE Wiki
- Hyperlinked Document



# Epilogue

- Feedback/Comment via Zoomerang survey