Autism Transition
Ages 14–22

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A Resource for Consumers, Providers, Employers, and Educators on Issues Related to Medical Insurance for Autism Treatment

- Information and technical assistance by phone/e-mail
- Assistance with issues related to accessing coverage for treatment, including MassHealth questions and issues.
- Access to documents including Legislation, FAQ’s, Agency Bulletins, etc.
- Webinars and Trainings on Insurance Laws and Related Topics
• aka “ERISA plans”
• includes UNSUBSIDIZED Health Connector Plans aka “QHP’s”
• MassHealth plans, including
  • MassHealth Standard
  • MassHealth CommonHealth
• Medicare
What is ARICA

- ARICA (An Act Relative to Insurance Coverage for Autism), is a law enacted in 2010 requiring private insurance to cover medically necessary treatment for autism.
- Provides coverage for habilitative and rehabilitative care, including, but not limited to, Applied Behavior Analysis (ABA) therapy.
- Provides coverage for Pharmacy, Psychiatric, Psychological, and Therapeutic Care.
- No Age Limits, Visit Limitations, or Dollar Caps.
Coverage Under ARICA

Not subject to ARICA, but may include benefits

Subject to ARICA

Not subject to ARICA, but covers many of the same benefits. ABA is only covered until age 21.
Frequently Asked Questions

- Can my child receive MassHealth and also have private insurance? If so, which plan will be primary?  
  Yes, *Private insurance is primary.*

- Does ARICA cover autism treatments for adults?  
  Yes

- Can I purchase a policy from the Health Connector that will provide access to ARICA benefits for my child?  
  Yes, *but it has to be an UNSUBSIDIZED plan* – called a QHP.
MassHealth

- Several different types of MassHealth
- Eligibility and type is determined by several factors, including:
  - Income
  - Age
  - Special Circumstances (including having a disability)
  - Citizenship or Immigration Status
- Must be a Massachusetts resident
People with Disabilities

- Are usually eligible for MassHealth regardless of income.
- May be charged a premium for MassHealth if income is above certain levels.
- Are eligible for MassHealth even if they have other insurance.
- Two most common types of MassHealth for people with autism are:
  - MassHealth Standard
  - MassHealth CommonHealth
MassHealth Premium Assistance

- Premium Assistance is a program within MassHealth, and is available for people who are covered under Standard or CommonHealth.

- For people with Employer Sponsored Insurance and MassHealth, Premium Assistance may reimburse the cost of the Employer’s insurance.

- Policies have to meet certain requirements.

- Premium Assistance can be an extremely helpful benefit for families of children with autism.
Frequently Asked Questions

- Is MassHealth free for people with disabilities? *No, there may be a premium based on a person’s income.*
- Does MassHealth cover ABA the same way ARICA does? *Yes, except MassHealth only covers ABA until age 21, ARICA has no age limit.*
- Does a person have to have MassHealth to get ABA co-pays covered under ARICA? *Yes.*
If my child has MassHealth, do I have to maintain them on my private insurance? Yes, MassHealth is always the “payer of last resort.”

Does MassHealth coverage expire? No, but MassHealth periodically redetermines eligibility. It is critical to respond to requests for updated information, etc. or else MassHealth coverage will be terminated.
Elements of Transition

- Self– Advocacy
- Developing Independent Living Skills
- Planning for Transition
- Legal Matters to Consider
- Community Living
- Employment and Other Options
- Postsecondary Educational Opportunities
- Housing and Residential Supports
- Health
- Technology
- *Insurance*
Accessing ABA (Applied Behavior Analysis) for Transition Age Youth with Autism

- **Who is eligible?**
  - A person must have a diagnosis of autism.

- **How does someone access coverage?**
  - A clinician (usually a developmental pediatrician, neurologist, psychologist), recommends ABA. The family then locates an ABA provider through their primary insurance (commercial or Medicaid plan). Contact your health plan to obtain a list of in-network ABA providers.
Accessing ABA for Transition Age Youth with Autism

- How do I know what benefits are available in my health plan?
- Ask your insurance provider or employer’s Human Resources representative for help. Obtain a copy of your health plan statement of benefits, which gives details on your plan’s specific benefits. Employees with self-funded plans can obtain a “Summary Plan Description” (usually by written or phone request). Coverage is subject to an insurer’s specific “medical necessity” criteria.
Questions to ask include:

- What documents are required to demonstrate an autism diagnosis?
- How does my policy define autism and the services provided?
- What treatments are covered?
- What types of providers are covered by my policy?
Accessing ABA for Transition Age Youth with Autism

- What are my out-of-pocket expenses for each visit?
- Are there visit limits or dollar caps in my policy?
- What are my total out-of-pocket expenses and deductible per calendar year?
- Are my child's current providers considered “in-network”?
- What is the process for appealing a denial?
- How long will it take to get started with ABA services?
Changes to Massachusetts Fully Funded Health Plans
July, 1, 2019
“Insured health plans must include benefits on a non-discriminatory basis for the diagnosis and treatment of child–adolescent mental health disorders which substantially interfere with or substantially limit the functioning and social interactions of the child or adolescent; . . . ”

https://www.mass.gov/files/documents/2018/12/14/BULLETIN%202018-07%20%28Child-Adolescent%29_0.pdf
Services Covered (continued)

- Therapeutic mentoring services
- Mobile crisis intervention
- Intensive care coordination
- Community–based acute treatment (CBAT)
- Intensive community–based acute treatment (ICBAT)
Services Covered

- In–home behavioral services
  - Behavior management monitoring
  - Behavior management therapy
- Family support and training
- In–home therapy
  - Therapeutic clinical intervention
  - Ongoing therapeutic training and support
Frequently Asked Questions

What types of policies are included?

*Private, fully-funded plans. Self-funded plans (including GIC Plans), are federally regulated and not required to adopt this coverage.*

Is MassHealth included?

*MassHealth is not subject to this requirement. But MassHealth already covers very similar services through the Children’s Behavioral Health Initiative (CBHI)*
Who can refer a child for services?

A “child’s primary care provider, primary pediatrician, or a licensed mental health professional” can refer a child for services.

Is a specific diagnosis (or diagnoses) required for a child to be eligible?

No.
Are there age limits?

Yes. Services are covered through age 18 (up until the individual’s 19th birthday)

Are there other limits?

No. Coverage “should be based solely on medical necessity criteria rather than any arbitrary number of days or number of visits”

When does this go into effect?

Coverage starts July 1, 2019, but implementation will be based on each policy’s specific renewal date. Note: Family Support and Training and Therapeutic Mentoring do not go into effect until July 1, 2020.
Frequently Asked Questions (Continued)

Where can services take place?

Carriers are expected to develop networks of providers to deliver services. Based on a carrier’s network services can “take place in the least restrictive clinically appropriate setting”, including clinic, home, and community settings.
Are educational services affected?

No. Note: Tuition-based programs that offer educational, vocational, recreational, or personal development activities, such as a therapeutic school, camp, or wilderness program are not required to be covered. But the health plan must provide coverage for medically necessary covered services provided while the individual is in the program, subject to the terms of the member’s evidence of coverage and network requirements, and so long as the medically necessary covered services are billed separately.
Keeping a Dependent on a Parent’s Policy

- Under the ACA, children can remain under a parent’s policy until age 26.
- Disabled dependents can usually remain on a parent’s policy after age 26.
  - Parents need to apply to their employer for this coverage – advised to do so well before dependent turns 26.
  - After a dependent turns 26 they are not able to be added back to a parent’s policy, regardless of disability.
Frequently Asked Questions

- Does this just apply to people with ASD? – No, it applies to all disabilities

- If my child has a job that provides insurance, can I put them back on my policy if they lose their job? – Not if they are over 26

- My child is older than 26 – what are my options? – Check with your employer.
Case Study – PF, age 18

- School determined PF would benefit for in-home ABA to reduce self-injurious behavior and improve communication skills.
- Family finds an ABA provider who will service a young adult (BCBA had previously been employed by the district before starting his own agency)
- Agency seeks authorization from insurer
Case Study – PF, age 18

- Insurer denies authorization, citing PF’s age, stating, “ABA is not scientifically proven as an effective treatment in adults and young adults”.
- Provider and family appeal – providing multiple scholarly articles that prove the clinical effectiveness of ABA with adults and young adults.
- Insurer denies again.
- Provider and family file for an external appeal.
- External reviewer finds in favor of the family.
- Services begin
Provider submits for second authorization
Insurer denies authorization, stating PF has had years of ABA in school and therefore, will not make effective progress.
Provider and family file an appeal – additional data is submitted to show effective progress
Appeal is denied
Family retains Health care attorney
Attorney files external appeal
External reviewer finds in favor of the family (again!)
Case Study – PF, now age 19

- Provider submits for fourth authorization
- Insurer approves, but for reduced hours, citing the need to transition service to mom
- Provider files partial denial appeal
- Peer to peer review is scheduled
- Reviewer for insurer denies appeal
- Family retains same attorney (pro bono)
- Second internal appeal is filed and subsequently denied
- External appeal is filed and family wins AGAIN.
Case Study – PF, age 19

- Family files a formal complaint with the Massachusetts Division of Insurance and with the health plan.
- Mom testifies at a Division of Insurance hearing in November 2018 to the egregious actions of the behavioral health provider, which resulted in continuous interruption of ABA services for her son.
Case Study – PF, age 20

Final Action: Family switches insurers.
Massachusetts Association of Health Plans is alerted of this action. The DOI contacts the insurer and requests a formal inquiry with regard to discriminatory practices against young adults and adults with autism.
Case is ongoing
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