# Report to the Health and Human Services Interim Committee

# Medicaid Autism Waiver Report

Prepared by

Division of Medicaid and Health Financing

November 2016



The Medicaid Autism Waiver (the Waiver) has been in operation since October 1, 2012. The Waiver serves children ages 2 through 6 years of age. Since its implementation, the Waiver has provided services to over 400 children statewide. Nearly 22 percent of participating children live in counties outside of the Wasatch Front.

## CMS Policy Changes and Impact

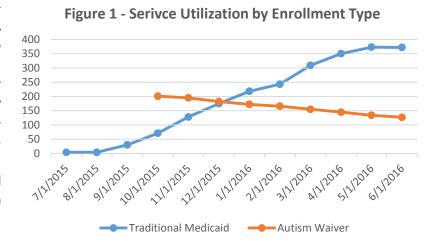
On July 7, 2014, the Centers for Medicare and Medicaid Services (CMS) issued an Informational Bulletin, Clarification of Medicaid Coverage of Services to Children with Autism. The Bulletin clarifies that for individuals under 21, autism spectrum disorder (ASD) -related services must be covered through the Early Periodic Screening, Diagnosis and Treatment (EPSDT) program.

Prior to this directive CMS allowed states to provide applied behavioral analysis (ABA) services as a home and community based services (HCBS) waiver benefit. With the new guidance, CMS no longer permits states to provide ABA services as a waiver benefit, with the understanding that the services must already be available through the EPSDT program. While a deadline for compliance with the guidance was not issued, CMS made clear that as HCBS waivers were scheduled for renewal, states would be required to remove ASD---related services from waivers serving individuals under 21.

Since ASD-related services would now be covered for all EPSDT-eligible clients, the Department evaluated whether it was necessary to continue operating the Waiver. An important consideration was that HCBS waiver eligibility requirements rely only on the child's income and assets whereas typical Medicaid eligibility requirements rely on the income and assets of the household. To ensure Medicaid eligibility was maintained for current Waiver participants, the Department determined to continue to operate the Waiver, with its existing eligibility criteria, until currently enrolled children age out of the program.

Effective October 1, 2015, the Waiver was amended to remove ABA services. The Waiver will continue to provide Respite Care, Financial Management Service and Case Management. The Department anticipates the vast majority of enrollees will age out of the program by the end of fiscal year 2018 with a few remaining until 2020. After all children age out of the program, the Department plans to sunset the Waiver.

In July 2015, the Department implemented the ASD-related services program for EPSDT-eligible individuals. This benefit opens ABA services to all EPSDT-eligible individuals who meet the ASD-related services requirements. These services are provided on a fee for services basis and must be prior authorized by the Department. All children who were participating in the Waiver were migrated to the ASD State Plan benefit in the fall of 2015. Figure 1 shows utilization of the ASD-Related Services EPSDT benefit during FY 2016 for both waiver enrollees, and traditional Medicaid enrollees.



As children disenroll from the Waiver the Department works with families to evaluate eligibility for other Medicaid programs and conduct transition planning as needed.

Table 1 - Demographics of Children Served			
	FY 2016	FY 2017*	
Age			
2-4 Years Old	55	18	
5-7 Years Old	208	124	
Gender		_	
Male	207	110	
Female	56	32	
Total Served	263	142	

<sup>\*</sup> FY 17 numbers are based on enrollment as of 7/1/2016

#### **Enrollment Process**

The Department used open enrollment periods to admit children into the Waiver. This process is defined in administrative rule *R414-509 Medicaid Autism Waiver Open Enrollment Process*. Use of an open enrollment process allowed the Department to fill openings without needing to maintain a waiting list for applicants who exceed the number of available openings.

To assure parity, the Department allocated available openings on a statewide basis using Utah population distribution information from the 2010 U.S. Census. For example, approximately 37 percent of the State's population resides in the Salt Lake County area; therefore, about 37 percent of available waiver openings were available to children residing in Salt Lake County.

Due to the CMS policy guidance issued in June of 2014, the Department will not hold any additional open enrollment periods, or enroll any new participants. The Department intends to serve all current participants until they age out of the program. CMS has approved the phase out plan described in the Waiver renewal document.

#### **Covered Services and Payment Rates and Waiver Expenditures**

After October 1, 2015, the Waiver included two services that were paid on a fee-for-service basis:

- 1) Respite Services Either Traditional Provider or Self-Administered by Family
- Financial Management Service Supportive Service to Complete Employer-Related Functions for Self-Administered Services

The waiver has one service that is provided as an administrative function:

3) Support Coordination Services – Service to Enroll Children, Educate Families about available Services, Develop Service Plans and Coordinate and Oversee the Child's Waiver Services.

### Respite Services – Provided through either a Traditional Provider or Self-Administered Services

Respite Services are available to give relief to the child's primary care givers. Respite services are limited to an average of 3 hours per week. The rate paid for this service was the same as the *Respite* rate offered in the Community Supports Waiver, \$11.48 per hour.

#### Financial Management Service

Financial Management Services is offered in support of the Self-Administered Services delivery option. Services rendered under this definition include those to facilitate the employment of respite service providers by the child's parent including:

- a) Provider qualification verification;
- b) Employer-related activities including federal, state, and local tax withholding/payments;
- c) Medicaid claims processing and reimbursement distribution, and
- d) Providing monthly accounting and expense reports to the consumer.

The rate paid for this service was the same as the *Financial Management Services* rate offered in the Community Supports Waiver, \$ 51.67 per month.

# **Support Coordination Services**

States have the discretion to determine whether Support Coordination (Commonly referred to as Case Management) will be provided as a direct waiver service or as an administrative function. Because the program was originally developed as a pilot program and because the Department wants to assure consistency in enrolling children, establishing service plans and assuring that providers completed required assessments prior to services beginning, the State offers Support Coordination as an administrative service. Support Coordination is provided by DSPD staff.

Table 2 - FY 2016 Program Expenditures				
	<b>General Fund</b>	<b>Federal Funds</b>	<b>Total Funds</b>	
Services				
Respite and Financial Management	\$352,956.33	\$842,054.97	\$1,195,011.30	
Support Coordination Services	\$110,730.90	\$110,730.90	\$221,461.79	
Administration	\$50,369.58	\$50,369.58	\$100,739.15	
Total Expenditures	\$514,056.80	\$1,003,155.44	\$1,517,212.24	

### **Outcome and Program Efficacy**

Legislative reports submitted from 2013 through 2015 included outcome data pertaining to the children enrolled in the Waiver. These reports showed a significant and on-going improvement for program participants in a number of areas, including meeting developmental and behavioral milestones and overcoming language and learning barriers.

Once the ABA services became mandatory for EPSDT eligible children, the Department stopped requiring the additional assessments that allowed comparisons to baseline proficiencies.

#### **Conclusion**

The Medicaid Autism Waiver has successfully provided services to over 400 children with ASD statewide. These services provide a substantial benefit to children with ASD and to their families. The Waiver has been a critical mechanism in order to implement the EPSDT benefit to Medicaid recipients as it allowed for opportunities to develop provider capacity as well as policies and procedures to manage services.