Clarification of Medicaid Coverage of Services to Children with Autism

Informational Bulletin
Overview
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Partnering with States to Achieve a High Performing Medicaid Program

Moving from a safety net program

To a full partner in the health care system

Ensuring better care, better health, lower costs
EPSDT and Services to Treat Autism Spectrum Disorders (ASD)

• The EPSDT benefit includes a comprehensive array of preventive, diagnostic, and treatment services for low-income infants, children and adolescents under age 21.

• States are required to arrange for and cover any service listed in section 1905(a) of the Act that is determined to be medically necessary to correct or ameliorate any physical or behavioral conditions.

• The EPSDT benefit is more robust than the Medicaid benefit package required for adults.
EPSDT and Services to Treat Autism Spectrum Disorders (ASD)

• All children, including children with ASD, must receive EPSDT screenings designed to identify health and developmental issues, including ASD, as early as possible.

• Good clinical practice requires ruling out any additional medical issues and not assuming that a behavioral manifestation is always attributable to the ASD.

• When a screening examination indicates the need for further evaluation of a child’s health, the child should be appropriately referred for diagnosis and treatment without delay.

• The goal of EPSDT is to assure that children get the health care they need, when they need it – the right care to the right child at the right time in the right setting.
Overview of EPSDT

• The EPSDT benefit is Medicaid’s comprehensive preventive child health program assures that health problems, including MH/SUD issues, are diagnosed and treated early.

• The EPSDT benefit, provides children with:
  
  • Periodic screening—including MH/SUD screening
  • If a provider determines that there may be a need for further assessment, a child/youth should be furnished additional diagnostic and/or treatment service.
Required Services

• Screening Services (well child)
  – Comprehensive health/developmental history
  – Comprehensive unclothed physical
  – Appropriate immunizations according to ACIP
  – Laboratory tests including blood lead assessment
  – Health education (anticipatory guidance)
Required Services

• Vision
  – Including eyeglasses

• Dental
  – Including relief of pain and infections, restoration of teeth and maintenance of dental health

• Hearing
  • Including hearing aids

• All other medically necessary, Medicaid coverable services (section 1905(a) of the Social Security Act)
Inter-periodic Screens

• What are they?
• Screenings outside of the regular periodic well child visits.
  – Suspected illness or condition (fever, toothache)
  – No prior authorization allowed
  – Any additional services must be provided
Medical Necessity

• Section 1905(r)(5)

• The State is the determiner of medical necessity.

• Provider recommendations/Rxs should be taken into consideration BUT . . . .

• Not everything a provider prescribes must be provided. State must make the determination that it is “medically” necessary and coverable under 1905(a).
Can Services Vary by State?

• Yes. Even under EPSDT not all services may be available in every State for every condition
• Experimental and/or Investigational Services
• Services or items not generally accepted as effective
• States must be able to support such decisions
• No arbitrary limitations on services
  – Item 4.b. must include language regarding the availability of additional medically necessary services.
  – Limitations included in other parts of plan must acknowledge differences for <21; or
  – Services not otherwise covered under plan can be noted in 4.b.
EPSDT and State Plan Amendments (SPAs)

• Age limitations are not approvable; e.g., early intervention services for children 0-3.
  – Must acknowledge that any of the services provided will also be available to older children.
EPSDT RESOURCES

- [http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-Periodic-Screening-Diagnosis-and-Treatment.html](http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-Periodic-Screening-Diagnosis-and-Treatment.html)
- [http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Dental-Care.html](http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Dental-Care.html)
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• Purpose: Provides information to State Medicaid Programs on approaches for providing services to eligible individuals with ASD.

• Includes:
  – State Plan Authorities
  – EPSDT Benefit Requirements
  – Implications for Existing Medicaid Programs
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• State Plan Authorities
  – Under the Medicaid state plan, services to address ASD may be covered under several different section 1905(a) benefit categories. Those categories include:
    – section 1905(a)(6) - services of other licensed practitioners;
    – section 1905(a)(13)(c) - preventive services; and
    – section 1905(a)(10) - therapy services.
• Under these section 1905(a) benefit categories all other state Medicaid plan requirements such state-wideness and comparability must also be met.
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- State Plan Authorities
  - Section 1905(a)(6) - services of other licensed practitioners;
  - section 1905(a)(13)(c) - preventive services; and
  - section 1905(a)(10) - therapy services.
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• Other Medicaid Authorities
  – Section 1915(i) state plan Home and Community-Based Services (HCBS) benefit. The benefit may be targeted to one or more specific populations including individuals with ASD and can provide services and supports above and beyond those included in section 1905(a).
  – Participants must meet state-defined criteria based on need and typically receive a combination of acute-care medical services (like dental services, skilled nursing services) and other long-term services such as respite care, supported employment, habilitative supports, and environmental modifications.
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• Section 1915 (c) of the Social Security Act
  – The section 1915(c) Home and Community-Based Services waiver program allows states to provide a combination of medical services and long-term services and supports. Services include but are not limited to adult day health services, habilitation (both day and residential), and respite care.

• Section 1115 Research and Demonstration Programs
  – Section 1115 of the Act provides the Secretary of the Department of Health and Human Services broad authority to authorize experimental, pilot, or demonstration programs that promote the objectives of the Medicaid program.
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• If you have questions please send them to AutismServicesQuestions@cms.hhs.gov.