



INSURANCE FUNDING FOR AUTISM IN CALIFORNIA

*California Autism Mandate and
Other Funding*



Please note!

The following material is for informational purposes ONLY and is not meant to be construed as legal advice. You must check with your insurance company or legal consultant for verification of specific benefits that may be available to you under your insurance plan.



California's Requirements for Covering Autism: How Far We've Come

- As recently as 1994, insurance companies in California were allowed to completely reject any claims submitted with a diagnosis of Autism.
- The reason? The opinion of the medical insurance establishment was that there was no treatment available from any type of provider which could produce a significant improvement- none.
- No coverage for any type of service or medication whether provided by an M.D., Speech Therapist, Occupational Therapist, anyone!
- Today, this is far from the truth, because there is verifiable proof that there are many types of medical and therapeutic treatments which can greatly improve the lives of children with Autism.



California's Requirements for Covering Autism: How Far We've Come

- **AB88 passes in July of 2000.** Requires coverage for Autism but still doesn't add any benefits for Behavioral Therapies.
- While AB88 (California State Assembly Bill 88) was a great step because it mandated that insurance companies pay for Autism/PDD the same as any other disease of the brain, it did NOT require that they cover any type of care/therapy that wasn't already covered in the plan.
- The result is that while they had to cover Speech therapy, Occupational therapy, drugs and most M.D. services, they still didn't have to cover Behavioral Therapies!



California: We Have a Mandate!!

- Governor Brown signed the California Autism Mandate on 10-9-2011.
- The California Autism Mandate is called **Senate Bill 946**, mandates coverage for ABA (Applied Behavioral Analysis) therapy and it took effect on 7-1-2012.



California ABA Coverage Mandate SB946 started 7-1-12

What Does SB 946 Do?

- It requires coverage to “develop or restore, to the maximum extent practicable, the functioning of an individual with pervasive developmental disorder or autism.”
- It went into effect for eligible plans on July 1, 2012.
- It requires reimbursement for services provided by a Board Certified Behavior Analyst as well as the paraprofessionals they supervise.
- It states that treatment must be recommended by a licensed doctor or licensed clinical psychologist.
- Individual, ObamaCare-Covered California plans must cover ABA as well. So....if your employer plan doesn't cover ABA you could enroll your child in one of these plans!!!



California ABA Coverage Mandate SB946 started 7-1-12

What Does SB 946 Do?

- It requires coverage for behavioral health treatment (Applied Behavioral Analysis) **which cannot be subject to any special dollar or age limits.**
- It requires health plans to develop and maintain a network of qualified providers, and make sure those providers are available to their members.
- It requires the Department of Managed Health Care (DMHC) and California Department of Insurance (CDI) to develop a task force to assist in creating the standards for the state licensure of Behavior Analysts.



California ABA Coverage Mandate SB946 started 7-1-12

Does SB 946 Affect My Plan and How Will I Know?

- If you have medical insurance regulated by the California Department of Managed Health Care (DMHC) or the California Department of Insurance (CDI)- including individual and small group plans- then your plan should have started providing coverage for ABA on July 1, 2012.
- SB 946 does not require the following plans to cover ABA therapy:
 - Medi-Cal/Medicare or Healthy Families plans
 - Self-funded employer sponsored health plans
- You could look in your Evidence of Coverage booklet or Summary Plan Description (the document that they have to give you that lists all of your benefits, info about filling claims, grievances, etc.).
- Contact your HR Department or benefit administrator and find out what type of health plan you have and ask who regulates it. If it's regulated by the DMHC or CDI, chances are good that you do have coverage NOW!



MEDICAID/MEDI-CAL STARTED COVERING ABA THERAPY ON 7-1-15

Medicaid in California is known as “Medi-Cal” and all Medi-Cal MCO plans cover ABA therapy

Medi-Cal benefits for ABA therapy are administered by Managed Care Organizations (MCOs). Individuals must enroll in an MCO plan before they can receive coverage for ABA therapy. The MCO plans in your area (Los Angeles County) are:

L.A. CARE HEALTH PLAN- you can select any of these carriers:

Anthem

Kaiser

Care 1st Health Plan

L.A. Care Health Plan

Health Net/MHN

Molina Health Care

**Fee-For-Service/Straight Medicaid coverage does NOT COVER
ABA!**



MEDICAID/MEDI-CAL STARTED COVERING ABA THERAPY ON 7-1-15

MEDICAID AS SECONDARY COVERAGE

- You can enroll in Medi-Cal as your secondary coverage if you qualify.
- You can qualify under income guidelines or if your child qualifies under Katie Beckett rules (meaning the child has a serious health condition and qualifies under SSD guidelines).
- You must choose an MCO plan that your ABA provider contracts with in order to bill copays, deductibles, co-insurance.



MEDICAID/MEDI-CAL BIG CHANGE COMING ON 7-1-18

- The CMS (Centers for Medicare and Medicaid Services) decided that Medi-cal plans must cover medically necessary behavioral therapy for all individuals under age 21, regardless of diagnosis.
- This means that conditions other than Autism will be covered for ABA therapy through Medi-Cal MCO plans.
- ADHD, OCD, Social Communication Disorder, Anxiety/ Social Anxiety Disorder and others may be covered if proper referral from an MD is issued.
- STAY TUNED!!



WHAT ARE CARRIERS REQUIRING?

INSURANCE CARRIERS & PROVIDER NETWORK ISSUES

Can they force you to change your current provider?

- Yes & NO.....If they have an adequate network of ABA providers they can say that you have to use one of their providers but be aware that MOST carriers in no way have a network of ABA providers extensive enough to require you to change from your current provider.
- Not if the provider choices they give you do not meet your needs. If they only give you a choice of 1 provider in a 50 mile radius that does not constitute a network.
- Not if you have to wait for services: If the provider they say you have to use cannot provide all the services you need within a few weeks at most, you should be able to continue with your current provider upon appeal to the carrier.



WHAT ARE CARRIERS REQUIRING?

INSURANCE CARRIERS & PROVIDER NETWORK ISSUES

Can they force you to change your current provider?

- Not if there are “Continuity of Care” issues: The term “Continuity of Care” in relation to your health care coverage means that your health care services cannot be interrupted by forcing you to switch from a provider, who you have been in treatment with, simply because your provider is not “in-network”. In other words, carriers must continue services and cannot make you change your provider if it is likely to negatively impact the current treatment. If a change to a new provider would interrupt treatment, the carrier should not be able to force you to change providers and should arrange for you to remain with your current provider until such time that the transfer would not cause set backs or adverse outcomes.



WHAT ARE CARRIERS REQUIRING?

WHAT ARE THEY ASKING FOR IN ORDER TO APPROVE ABA THERAPY?

Some (not all) carriers are VERY strict and may require:

- Diagnostic Evaluation Report from the Physician or Psychologist confirming the diagnosis of an Autism Spectrum Disorder which must include a standardized evaluation with an Autism Spectrum Disorder specific screening instrument.
- The Functional Behavioral Assessment (FBA)
- Standardized evaluation/testing of: speech/language/communication, cognitive abilities, and adaptive skills. This testing should be no more than 2 years old.
- Copy of the school IEP and/or the Regional Center IFSP
- Detailed Treatment Plan with measureable goals and how goals will be measured, with baseline levels, and replacement behaviors
- Progress Report (if already in treatment) that includes progress on all goals since inception of treatment.



WHAT ARE CARRIERS REQUIRING?

WHAT ARE THEY ASKING FOR IN ORDER TO APPROVE ABA THERAPY

Some carriers only require the following:

- Submission of the most recent diagnostic assessment showing the child has an ASD diagnosis.
- A written treatment plan from your provider that includes:
 - Measurable goals
 - Current symptomatology
 - Background of the client
 - Number of hours of service requested delineated by service level (i.e., BCBA and paraprofessional)



WHAT ARE CARRIERS REQUIRING?

WHAT SERVICES ARE THEY APPROVING?

Some carriers have been great but others have not!!

We have heard of service authorizations denied or reduced because:

- The carrier said the child doesn't require therapy because they did not have severe autism.
- The child could only get 6-8 hours of therapy per week because that's all the carrier would allow as a general rule.
- They would only provide ABA therapy if the child was shown to harm himself or others.
- Children not making enough progress- this may be an issue with communication via the progress report.



WHAT ARE CARRIERS REQUIRING?

WHAT SERVICES ARE THEY APPROVING?

Once the carrier has all the required information they should make a decision and respond within 5 business days.

None of the restrictions on the last page are allowed under SB946. If you are given information that doesn't comply with the requirements of SB946 you should contact the DMHC or CDI as soon as possible. They want to know what the carriers are doing!

See page 21 for contact info.



What's going on in the rest of the country?

There are only 4 states that still do NOT have an ABA mandate:

IDAHO

NORTH DAKOTA

WYOMING

TENNESSEE



Help With Insurance Copayments/ Out-of-Pocket Costs

- Medi-cal MCO plans can service as your secondary coverage if you have commercial insurance as your primary coverage.
- California residents have access to Regional Centers that may be able to assist with insurance copayments in certain situations.
- There are special grants that may be able to help- see page 23.



California Regional Center Funding

- Most, if not all, of the 21 Regional Centers in California are being instructed by the DDS to cover copayments. If you are a current Regional Center client, talk to your Case Manager ASAP about help with insurance costs. If you are not yet a Regional Center client, contact the North Los Angeles County Regional Center to make sure you understand what they can offer.
- If you have no coverage for ABA therapy under your plan or have Fee-For-Service Medi-Cal, the Regional Center may be able to fund ABA therapy.



Helpful Web-sites

HELP WITH INSURANCE ISSUES FROM CALIFORNIA REGULATORS

- The **Department of Managed Health Care (DMHC)** has established a new contact site to better assist in the implementation of the autism insurance mandate bill (SB 946). Questions about specific cases, issues, or problems related to SB 946 can be emailed to: SB946Questions@dmhc.ca.gov. This site is strictly focused on addressing case-specific inquiries. You can also call 1-888-466-2219.
- The **California Department of Insurance (CDI)**
Consumer Communication Bureau
300 South Spring Street South Tower
Los Angeles, Ca. 90013
1-800-927-HELP (4357)
Ask for the health insurance department and then explain that you need to talk discuss Autism therapy issues related to Senate Bill 946.



CARD – which insurance companies do we contract with?

CARD contracts with most major insurance companies.

We currently contract with:

- CIGNA
- TRICARE
- Anthem Blue Cross of California (Including Medicaid)
- Aetna
- ValueOptions (in certain California areas)
- Magellan (a mental health carve-out-carrier)....They handle Blue Shield of California Mental Health claims
- United Health Care/UBH/UHC/Optum Health
- Health Net/MHN
- Molina Health Care
- Care 1st Health Plan
- Holman Group



Helpful Web-sites

- Autism Health Insurance Project
<http://www.autismhealthinsurance.org/site>
- TACA-Talk About Curing Autism Now
<http://www.talkaboutcuringautism.org/resources/autism-insurance/insurance-coverage-for-biomedical-traditional-treatments.htm>
- United Health Care Children's Foundation -UHCCF
(a grant that can cover insurance co-payments for children up to age 16)
<http://www.uhccf.org/>
- Act Today!
(a grant that can help cover insurance copayments)
<http://www.act-today.org>



Thank you for listening!

Thank you for coming and please contact me if you have any questions:

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