



ASD Committee Draft Recommendations

Tribal Consultation
January 20, 2016

Reaching across Arizona to provide comprehensive
quality health care for those in need

CMS Guidance July 2014

- States are required to cover all services under EPSDT as described in 1396d
- CMS does not mandate the specific services that must be covered but specifies that states have a full array of services to treat ASD

CMS FAQs Sept 2014

Q1: Has CMS mandated Applied Behavior Analysis (ABA) services for children under 21 with Autism Spectrum Disorder (ASD)?

A1: No. Applied Behavior Analysis (ABA) is one treatment modality for ASD. CMS is not endorsing or requiring any particular treatment modality for ASD. State Medicaid agencies are responsible for determining what services are medically necessary for eligible individuals.

CMS FAQs Sept 2014

Q2: When will CMS begin to assess state compliance with coverage requirements for children with Autism Spectrum Disorder (ASD)?

A2: There is no specific time frame for CMS review of state practices in this area...a state may need time to review its current program policies to determine if changes are needed to existing state regulations and/or policy to ensure compliance.

Arizona Center For Law in the Public Interest Letter to AHCCCS Oct 2014

- Requests that AHCCCS work with stakeholders to develop comprehensive plan to implement guidance from CMS
- Major concerns raised
 - Early identification of ASD
 - Treatment service availability/network capacity
 - System coordination of medically necessary services

AHCCCS Stakeholder Mtg February 2015

- Stakeholders: Parents, DBPs, other providers, and administrators
- Framework: start the dialogue necessary to implement the CMS Guidance in a way that works for AHCCCS and for the Stakeholder Community
- Presented current system barriers and possible solutions from each unique stakeholder perspective

ASD Advisory Committee: Charge

Articulate a series of recommendations to the State for strengthening the health care system's ability to respond to the needs of AHCCCS members with or at risk for ASD, including those with comorbid diagnoses.

ASD Advisory Committee: Workgroups

- Early Identification & Referrals
- Reducing System Complexity
- Evidence-Based Treatment
- Building Network Capacity
- Adults with ASD

ASD Advisory Committee: Emerging Recommendations



System Design

- Support for an **integrated** system of physical and behavioral care
- Choice is essential
 - Multiple health plans
- DDD should remain the MCO for individuals qualifying for ALTCS

Care Coordination

- Access to care coordinator at both the health plan and provider level

Assessing Current System

- Conduct comprehensive study of services currently available and gap analysis

Evidence-Based Treatment Matrix

- Create matrix of latest studies and classification of treatments
- Create a multidisciplinary committee to update matrix annually
- Design and implement consistent process for ongoing evaluation of whether a treatment results in improvement for the individual.

Utilize VBP strategies

- Outcomes should focus on process measures

Improve understanding of current system

- Create website describing all available services for families (state agency vs. nonprofits)
- Provider search option

Expand treatment availability

- DDD: Implement Hab Consultation and Training Service
- Eliminate distinction between hab and rehab
- Eliminate PA

Workforce Development

- Create ASD workforce development consortium

Track ASD Service Utilization

- Screening, evaluation, and treatment services