



Lessons from California

Implementing Treatment for Children with Autism in Medicaid December 2015

THE ISSUE:

In July, 2014, the Centers for Medicare and Medicaid Services (CMS) declared that Medicaid must cover evidence-based treatments for children with autism spectrum disorder (ASD). In its [guidance](#), CMS explained that states are obligated to cover these services for children under 21 in their regular Medicaid programs, and cannot limit services to capped waiver programs. After CMS released its guidance, California moved quickly to cover Behavioral Health Treatment (BHT) for children with ASD in Medi-Cal, [starting September 15, 2014](#). However, as the state implemented a BHT benefit in Medi-Cal for the first time, the state's proposed implementation, starting in February, 2016, included several limitations on services that would unduly burden consumers' access to medically necessary BHT services.

BHT encompasses a variety of intensive behavioral interventions that can treat the symptoms associated with ASD. Applied Behavioral Analysis (ABA) therapy is a common treatment modality for children with ASD. ABA therapy is an [intensive behavioral intervention program](#) based on a one-on-one teaching.

ADDITIONAL RESOURCES

- [NHeLP's Issue Brief on State's Implementation of the CMS Guidance](#)
- [NHeLP's factsheet on CMS Guidance on EPSDT Services for Children with ASD](#)

STRATEGY AND ACTIONS:

As California prepared to transition hundreds of thousands of children with ASD to Medi-Cal in early November, 2015, consumer advocates, including NHeLP, [raised serious concerns](#) about the speed with which the transition was moving. Yet California continued to move ahead with the transition, and issued draft guidance concerning the transition and the implementation of the new benefit.

The Health Consumer Alliance, of which NHeLP is a member, [wrote](#) to the state noting that several of California's proposed criteria for the benefit violated the Medicaid Act's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) protections, which require states to provide a broad range of services to children enrolled in Medicaid. EPSDT requires coverage of all Medicaid services that are necessary to "correct or ameliorate" a physical or mental condition of Medicaid beneficiaries under age 21. In response to the comments of the Health Consumer Alliance and other stakeholders, California made significant changes to improve the [final guidance](#) that it published earlier this month. For example, the state eliminated a provision of the draft guidance that would have illegally capped the number of BHT hours beneficiaries can receive. Additional hours can be especially important to older children with particularly challenging behaviors—such as extreme wandering or violence toward self or others—who sometimes require a two-to-one provider-to-patient ratio, necessitating additional hours. In response our comments, the state also removed a provision of the draft guidance that would have only covered BHT services at school for observational purposes. Treatment in a school setting is often medically necessary as a central part of the treatment plan to ensure that children with ASD learn to generalize skills and behaviors across environments. This effort highlights the important role of state advocates in monitoring the rollout of ASD services in their state.

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