

## Background on Autism Spectrum Disorder (ASD)

- **[What is Autism?]** Autism Spectrum Disorder (ASD) is a complex neurodevelopmental disorder associated with persistent deficits in social communication and social interaction and restricted, repetitive patterns of behavior, interests, or activities. These impairments vary by individual. Some children may rarely use words to communicate, while others may hold extensive conversations and use rich language. Some children may not like to be hugged or touched, while others seek out and enjoy physical touch.
- **[How prevalent is ASD?]** The Centers for Disease Control (CDC) currently estimates the prevalence of ASD at 1 in 59 children. This is up from an estimate of 1 in 166 in 2004, and from 1 in 68 just two years ago. ASD is diagnosed four times more often in males than in females. In 2017–18, the Michigan Department of Education estimated that there were over 20,000 children that met eligibility criteria as a student with ASD enrolled in Michigan schools.
- **[Is there a cure or effective treatment?]** There is currently no known cure for autism. However, the discipline of Applied Behavior Analysis (ABA) has proven extremely effective in treating the behaviors and deficits associated with autism and is currently the only autism treatment approved by both the U.S. Surgeon General and the American Psychological Association (APA).
- **[What is the impact of ASD?]** ASD reaches far beyond the individual. Left untreated, individuals with ASD are often institutionalized, at a lifetime cost estimated by The Harvard School of Public Health (2006) to be over \$3M. Other studies have identified a divorce rate of 90% in families with a child diagnosed with autism, as well as significant increases in costs for schools and other public services.

## Applied Behavior Analysis (ABA) – How it Works

- **[What is ABA?]** Applied Behavior Analysis provides individualized, data-driven, evidence-based therapy that is designed to achieve specific and measurable behavioral outcomes. “Evidence-based” means that ABA has passed rigorous scientific testing of its usefulness, quality, and effectiveness. The goal of ABA therapy is to increase desirable behaviors and reduce behaviors that interfere with an individual’s ability to learn, in order to improve overall quality of life.
- **[How Does ABA Work?]** Following diagnosis, an initial assessment is performed, leading to an individualized Treatment Plan. Treatment Plans are supervised by a Board Certified Behavior Analyst® (BCBA®), and include one-on-one direct therapy, social skills and/or other specific skills training, functional behavior assessment, and critical family training sessions to extend behavioral skills to other family members and caregivers. ABA is an intensive therapy that can require thirty (30) or more hours per week, over many months, in order to achieve lasting results.
- **[What is a BCBA®?]** A Board Certified Behavior Analyst® (BCBA®) holds a Masters’ Degree in Education, Psychology, or Behavior Analysis, has participated in over one thousand hours of supervised behavioral practicum training, and has passed the Behavior Analysis Certification Board’s® (BACB®) certification exam. Typically, a BCBA® will oversee the work of several behavioral technicians, who are trained to provide direct therapy services to one or more patients. There are nearly 1,000 BCBA® in the state of Michigan; it is estimated that 1,800 are needed to meet the needs of Michigan’s autism community, given the current prevalence rate.

## **The Michigan Autism Program / Autism Benefit**

- All states are mandated by the U.S. Centers for Medicare & Medicaid Services (CMS) to provide coverage of autism treatment under the Medicaid Early and Periodic Screening, Diagnostics, and Treatment benefit for individuals up to the age of 21.
- In 2013, the Michigan Department of Health & Human Services (MDHHS) established the Michigan Autism Program to provide Medicaid coverage of behavioral health treatment, including ABA, for individuals up to age 6 diagnosed with ASD. In 2016, this coverage was expanded beyond younger children to include all individuals up to the age of 21.
- As of 2019, the Autism benefit has served over 6,500 individuals throughout the state. However, there remain more than 1,000 still on waitlists for diagnosis and/or treatment, due to a shortage of professionals to provide diagnostic services, case management, and ABA treatment.

### **Issue: The Program Budget**

*Issue:* The Michigan Autism Budget has risen from \$9M in 2013 to \$200M+ in 2019. Will this trend continue? What can be done to manage costs?

#### *Talking Points:*

- The single largest contributor to increased costs was the federally-mandated expansion of services from children under age 6 to children up to age 21. This more than doubled the number of individuals eligible for service.
- ASD prevalence in Michigan in 2017 was 1 in 65, in line with the national average (1 in 59, according to the Center for Disease Control); the data does not indicate a problem with overdiagnosis within the Michigan Medicaid program.
- ABA Provider rates for the treatment of autism are consistent with commercial rates and with rates in other states. In Michigan, behavior technician rates have recently been reduced and capped while training and related compliance requirements continue to grow. This trend puts the Michigan ABA provider network at risk – ABA providers need consistent, predictable rates and service standards to be able to train for and deliver quality services.
- Michigan legislators should ensure that commercial providers are not violating the Mental Health Parity and Addiction Equity Act (MHPAEA), or otherwise denying or reducing coverage for ASD such that costs are shifted to the State Medicaid Program. For instance, some commercial plans in Michigan currently limit treatment to individuals under 18 years old, which means 18 to 21 year-olds are shifted to Medicaid. MHPAEA and section 1557 of the Patient Protection and Affordable Care Act (ACA) prohibit denying medically necessary treatment on the basis of age. Commercial providers should not be allowed to shift patients to Medicaid based on age.
- Autism Program cost savings can be achieved through standardizing of processes and compliance requirements across PIHPs/CMHs, from training requirements to audits, billing, contract terms, and other areas where inconsistencies and redundancies drive unnecessary cost.
- Multiple studies have clearly shown that early treatment of ASD can save millions of dollars over a single individual's lifetime (Cross et al, 2012); (Larsson E., 2012).

## **Issue: Potential for Overdiagnosis**

*Issue:* The perception that rising budget costs are a result of an overdiagnosis of autism.

*Talking Points:*

- ASD prevalence in Michigan in 2017 was 1 in 65, in line with the national average (1 in 59); the data does not indicate a problem with overdiagnosis within the Michigan Medicaid program.
- The current Autism Program includes firewalls that separate the initial diagnostic evaluation from the development of a plan of care, and from the delivery of ABA services.

## **Issue: Potential Fraud & Abuse (Recent Local & National Press)**

*Issue:* Recent bad press (locally) and stories from other states raise concerns of fraud, waste, abuse and/or poor-quality service within the Autism Program.

*Talking Points*

- The most effective method to minimize fraud and abuse is to ensure effective, standardized training throughout all phases of the Autism Program – from initial diagnosis and eligibility determination through case management, assessments, and individualized treatment programs.
- Michigan ABA Providers have established a 501(c)6 association, the Michigan Behavior Analysis Provider (MiBAP) Association to better define quality standards, to provide additional supports and training, and to develop evidence-based outcome data for Michigan recipients of Autism Program benefits. Learn more at <http://www.mibap.org>.