



ASD Committee Preview

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

History of Arizona Medicaid

- Last state to participate in Medicaid
- Joined in 1982 as the only mandatory managed care program in the country
- Added Arizona Long Term Care System (ALTCS) in 1989

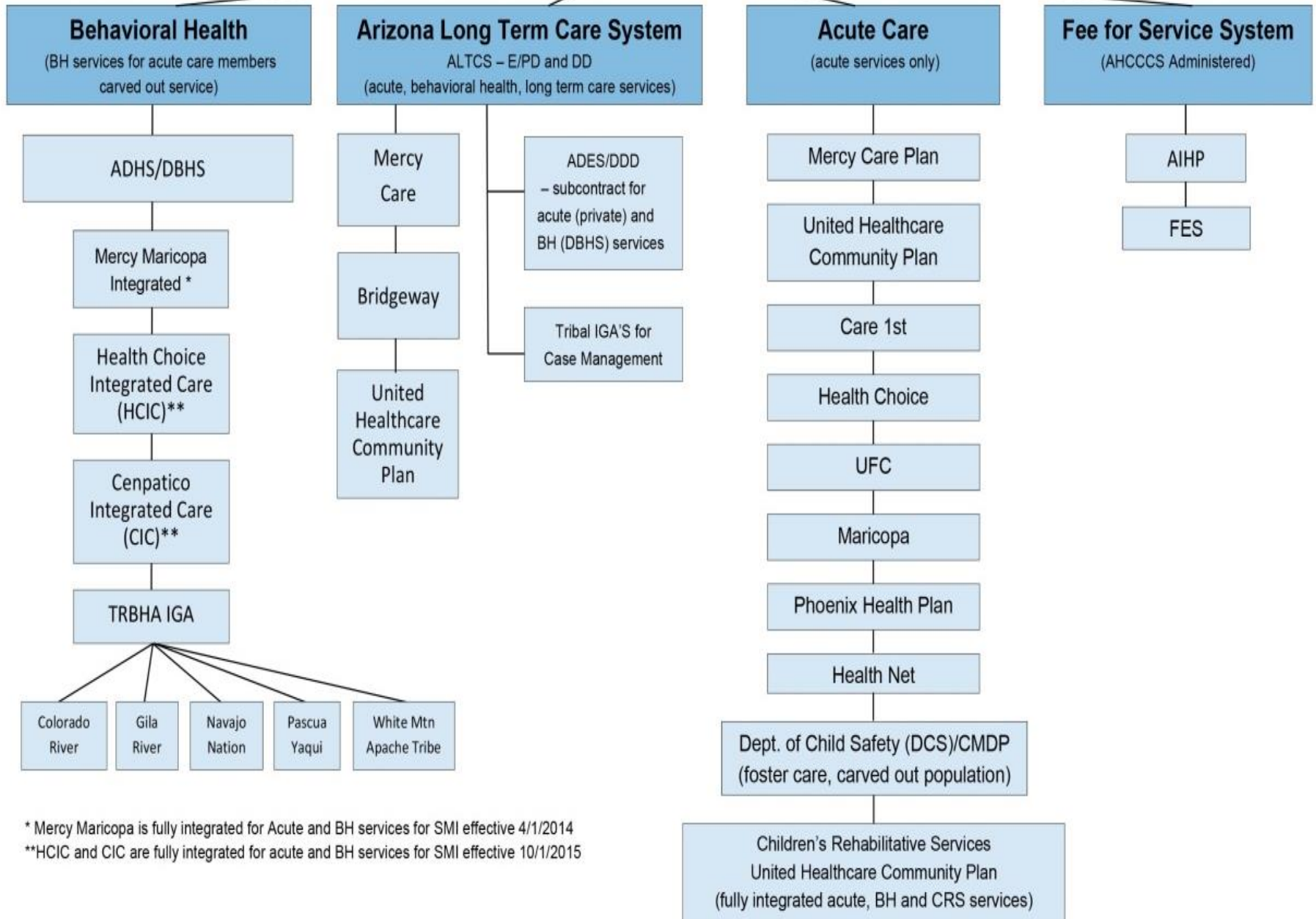
AHCCCS Goals

- Break down silos in health care
- Drive value-based purchasing efforts that reward quality over quantity
- Bring together behavioral health and physical health
- Reduce burdens on families of children with special health care needs in the CRS program
- Coordinate care for people with behavioral health needs that interface with the justice system
- Align care for dual-eligible members

Medicaid Service Delivery System for Members with ASD



AHCCCS



* Mercy Maricopa is fully integrated for Acute and BH services for SMI effective 4/1/2014

**HCIC and CIC are fully integrated for acute and BH services for SMI effective 10/1/2015

2014 AHCCCS ASD Prevalence

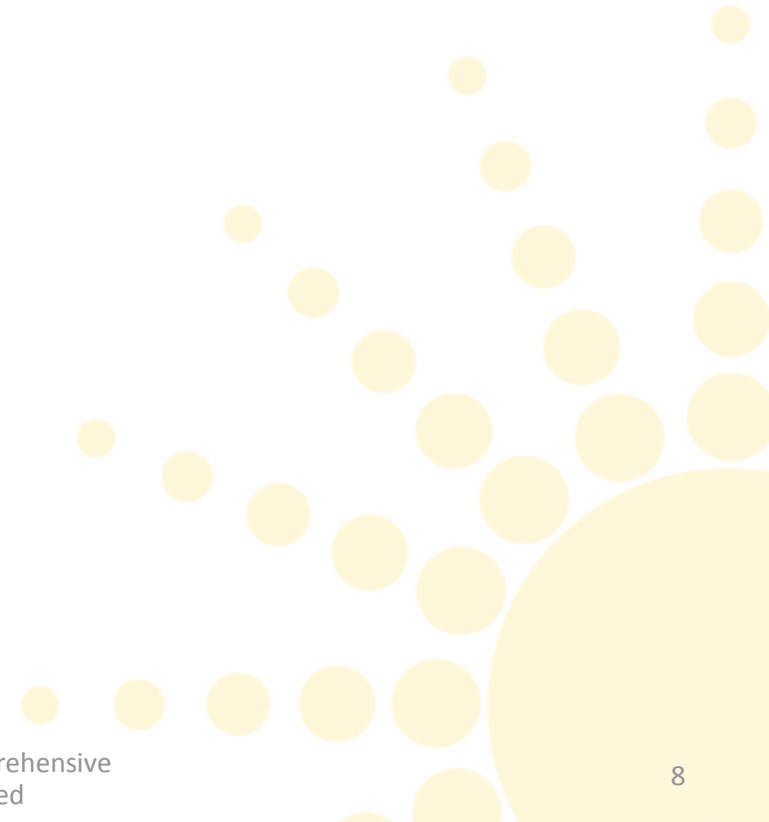
- Age 0-20 ~1.3%
 - ASD Aged 0-20 Distinct Member Count: 10,097
 - 2014 AHCCCS Member Enrollment 0-20 Years Old on 12/1/2014: 762,110

Federal Guidance: ASD



Addressing service delivery needs for children with ASD

- CMS Guidance July 2014
- CMS FAQs Sept 2014



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.

States may also want to confer with the stakeholder community for public input on the benefit design of autism services for children.

Arizona Stakeholder Feedback



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

Governor's Office ASD Advisory Committee



ASD Advisory Committee: Charge

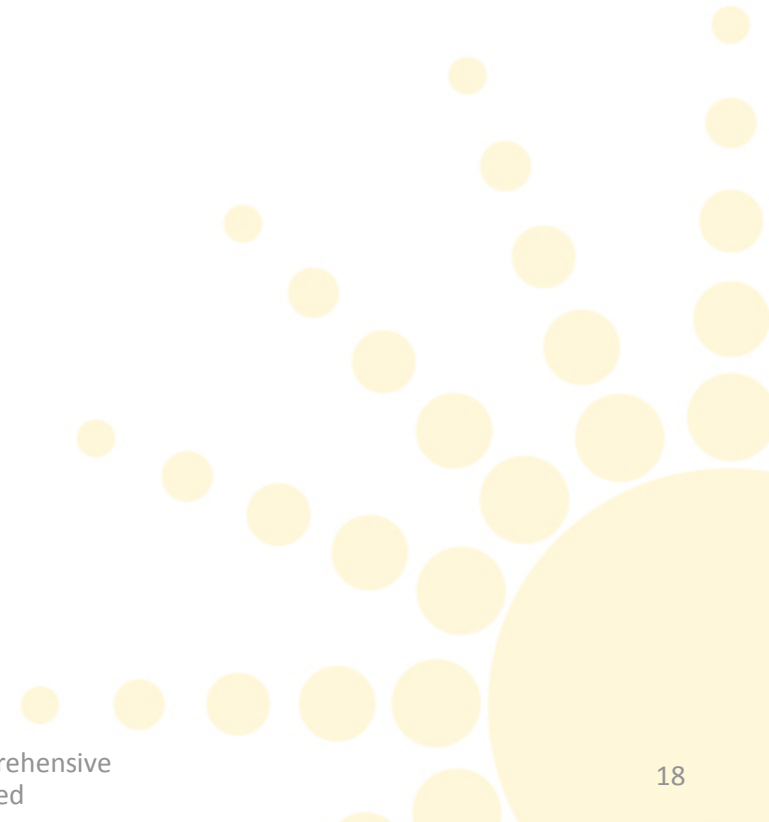
Articulate a series of recommendations to the State for strengthening the health care system's ability to respond to the needs of AHCCCS members with or at risk for ASD, including those with comorbid diagnoses.

ASD Advisory Committee: Charge

- Focus on individuals with varying levels of needs across the spectrum, including those who are able to live on their own and those who may require institutional levels of care
- Address early identification of ASD and the development of person-centered care plans.

ASD Advisory Committee: Membership

- Parents
- DBPs/other providers
- Other state agencies
- Health plans and RBHAs



ASD Advisory Committee: Workgroups

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

ASD Advisory Committee: Emerging Recommendations



Integration and Choice

- Support for an **integrated** system of physical and behavioral care, where the whole health of the child or adult is considered
- In an integrated system, **choice** is essential
 - Range of services and providers needed to meet the needs of each individual.
 - Integration does not mean “one size fits all.”

Evidence-Based Practice Definition

- Evidence-based practice means a decision making process that integrates the best available scientifically rigorous research, clinical expertise, and the individual's characteristics.
- Evidence-based practice is an **approach to treatment** rather than a specific treatment.

Care Coordination

- Given the complexity of service needs, co-morbidities, and multiple providers, consistent care coordination is essential.
- Care coordination supports the delivery of a range of therapies and interventions, depending on the needs of the individual.

Coordination Questions

- Which agency would serve as the “home” for integrated services and coordinate:
 - Screening, assessment, diagnosis and treatment
 - Interdisciplinary ASD treatment and ongoing evaluation of effectiveness of services
 - Medical
 - Behavioral health
 - Long term care
 - Coordination with DOE and other state agencies

Early Screening & Diagnosis: PCP Areas for Improvement

- What to do with screening results
- Barriers: referrals for diagnosis and treatment

DDD Eligibility

- Expand the types of providers from whom DDD will accept an ASD diagnosis
- PAS (Pre-Admission Screening) tool evaluation

Evidence-Based Treatment

- Use matrix of latest studies and classification of treatments (evidence-based/established, emerging/empirical support)
- Create a committee of multidisciplinary licensed professionals and a few family members to update matrix annually.
- Improve communication to families about all services available to them.
- Design and implement consistent process for ongoing evaluation of whether a treatment results in improvement for the individual.

Technology

Greater use of technology to:

- Train pediatricians, dentists, and other providers about treating individuals with ASD (MMIC is doing online training)
- Support diagnosis and treatment (SAARC is working on this)
- Integrate data for each individual with ASD, leveraging the state's Health Information System

Key Issues for Adults with ASD

- People are safe, healthy, happy, and living to full potential through:
 - Member-directed services
 - Coordinated, integrated physical & behavioral health care
 - Residence options
 - Employment options
 - Social connections
 - Community awareness
 - Supportive services

Meeting Materials

Committee and workgroup materials available at:

<http://www.azahcccs.gov/shared/ASD.aspx>