

# **Nevada Department of Health and Human Services**

February 20, 2007

## **Division of Health Care Financing and Policy Medicaid Services for People with Autism**

When any person is eligible for Medicaid, the full spectrum of Medicaid State Plan services are available - a wide array of services provided based on medical necessity. For example, the Medicaid State Plan provides services such as speech therapy, occupational therapy, and physical therapy, when medically necessary with some limitations. Many individuals with a diagnosis of autism or the autism spectrum disorders who may be Medicaid eligible often access these and other services. Medicaid providers trained in these specialties may be serving people with autism; however, these professional specialties are not limited to people with autism and are not provided to the individual because they have autism but because they have a medical need for the specific service.

In addition to accessing Medicaid State Plan services, a person with autism may meet eligibility requirements for a Section 1915(c) Home and Community Based Waiver. Waiver services augment services available under the Medicaid State Plan. There are a number of people enrolled in the Mental Retardation and Related Conditions (MR/RC) Waiver with a diagnosis of autism. In order for any person to meet eligibility requirements of the MR/RC Waiver, the person must:

- a. Have mental retardation or a related condition with supporting documentation, manifested prior to the age of 22;
- b. Meet and maintain a level of care for admission into an intermediate care facility for persons with mental retardation or related conditions (ICF/MR);
- c. Demonstrate a continued need for a waiver service to prevent placement in an ICF/MR;
- d. Meet the financial eligibility requirement and be Medicaid eligible in each month in which services are provided.

Requirement (b) above often proves to be the stumbling block for many people with autism - while the person clearly demonstrates needs related to the autism spectrum disorder, he or she may not meet the federally mandated institutional level of care criteria necessary to obtain waiver services.

Waiver services available to all participants with specific service needs in the current MR/RC Waiver are: day habilitation services; prevocational services; educational services; supported employment services; habilitative residential supports and services; family support arrangements; supported living arrangements; provider program coordination; and counseling services. Specific services frequently sought by families of people with autism, such as Applied Behavioral Analysis (ABA), are not currently available as Medicaid waiver services.

At a national level, unique, medically necessary services for people with autism have historically been funded through a 1915(c) Home and Community Based Waiver. Previous biennial requests have recommended expansion of the MR/RC Waiver to add waiver slot availability, services such as ABA, and funding. These requests have not been funded.

New opportunities have recently presented through the Deficit Reduction Act of 2005 (DRA), Section 6086 [SSA 1915(i)], which established a new optional Medicaid state plan benefit that allows states to cover home and community-based, long-term care services (HCBS) for Medicaid beneficiaries with disabilities or chronic conditions, starting in January 2007. Prior to the enactment of the DRA, states were generally required to apply for, receive, and regularly renew a Section 1915(c) home and community based waiver to cover these services. DHCFP has begun a dialogue with the Centers for Medicare & Medicaid Services to discuss the possibility of meeting the needs of people with autism under a 1915(i) submittal.

It should be noted, however, that the 1915(i) option is limited to 150% of the Federal Poverty Level (FPL). This eligibility cap would limit families who could qualify for these services, but might assist adults with autism spectrum disorders to access services to maintain community functioning. Nevada Medicaid does not currently have an eligibility group for people up to the 150% FPL. Should the State choose to apply to CMS to add autism services to section 1915(i) of the SSA and to increase eligibility to 150% the Division of Health Care Financing and Policy (DHCFP) and the Division of Welfare and Supportive Services would experience fiscal impacts.

It is important to note that 1915(i) has specific stipulations that apply to all state plan benefits. States are not allowed to target a population under state plan, including 1915(i), except for the chronically mentally ill. States must specify whether there will be a waiting list for any and all services under 1915(i). This waiting list would apply to all services covered under 1915(i). States must also project the number of unduplicated individuals that will be served annually for all services covered by 1915(i). States may limit the number of individuals served each year; however, this limitation would apply to all individuals served for all services covered by 1915(i). 1915(i) has specific criteria that must be met by any individual covered by a 1915(i) service and specific conflict of interest standards related to the professional conducting the assessment and annual re-assessment.

DHCFP is in the process of submitting a state plan amendment to utilize the 1915(i) option to extend existing coverage for the following services: Adult Day Health Care, Comprehensive Outpatient Rehabilitation, Treatment Homes, Partial Hospitalization and Intensive Outpatient Programs. If the State's intent is to add a service(s) under the 1915(i) state plan option, it is imperative that at minimum the above requirements are adhered to and the potential cause and effect for all services Medicaid hopes to retain under this option are understood.