



Autism Spectrum Disorder Services



Autism Spectrum Disorder Services, CT

Background

The CT Behavioral Health Partnership was formed in 2005 between the Department of Social Services (DSS), the Department of Children and Families (DCF) and ValueOptions (VO), under the direction of the Behavioral Health Oversight Council, with the following stated goals:

- To plan and implement an integrated public behavioral health service system,
- To provide enhanced access to and coordination of a more complete and effective system of community-based behavioral health services and supports,
- To maximize federal financial participation, and finally,
- To improve member outcomes while preventing unnecessary institutional care.

Background

Upon joining the expanded Partnership in 2011, the Department of Mental Health and Addictions Services (DMHAS) wanted to assure that the above goals were met within a robust recovery framework and with an expanded membership for adults.

Background

- We are pleased to be working closely with the Department of Developmental Services (DDS) as well, delivering this new Medicaid benefit.
- The publication of the July 2014 CMS Bulletin allows States the opportunity cover behavioral treatment services for Medicaid beneficiaries with ASD.
- Prior to that families relied on the DDS waiver program,
 DCF flex funds, and other sources to access
 behavioral treatment services.

Connecticut Plan for ASD Services

- Two main components
 - Behavioral services such as Applied Behavior Analysis
 - Available to children and youth under the age of 21
 - May not overlap with or take the place of services available through the school
- Peer and Care Coordinator services
 - Available to individuals of any age who have ASD and their families
 - May be utilized to help guide families through accessing Autism services
 - May be utilized to gain access to other community services such as therapeutic recreation, social skills groups, or other referrals

ASD Services Team

- The Team consists of:
 - One Program Director
 - 3 Care Managers
 - 4 Peer Specialists
 - 4 Care Coordinators
 - One Customer Service staff member
- Phone system offers early option to be directed to a member of the team.
- Dedicated fax securely sends information and documents directly to the team.

Who Is Eligible?

- An Autism Spectrum Disorder (ASD) Diagnosis
 - Pervasive Developmental Disorder, NOS
 - Asperger's Syndrome
 - Autism
- Members should be in the care of a Physician (PCP)
 /Pediatrician who supports the ASD diagnosis
- Husky A, C, and D members under the age of 21 with an ASD diagnosis are eligible for ASD evaluation, behavior assessment and treatment services

Who Is Eligible?

- Individuals of any age with an ASD diagnosis can access Peer and Care Coordinator services
 - May be utilized to help families access ASD services
 - May be utilized to access community services, social skills groups, or other referrals

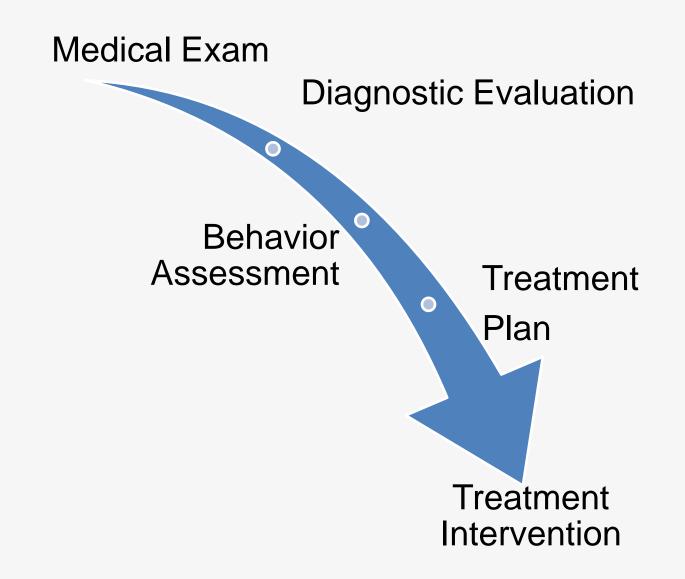
What Is Covered?

- Diagnostic Evaluation
- Behavior Assessment
- Treatment Plan
- Direct Intervention

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Progression to Autism Treatment Services



Medical Exam Prior to ASD Services

- Each request will be assessed to see that:
 - The youth is under the care of a primary care provider (PCP) who
 has evaluated the member (incl. hearing, vision, etc.) and had the
 opportunity to identify co-occurring diagnoses and rule-out
 competing medical diagnoses.
 - The PCP supports the diagnosis of ASD with, for example a validated screening tool.
- May be completed by physician, advanced practice nurse (APRN), or physician assistant (PA).

Diagnostic Evaluation

- The diagnostic evaluation will consist of review of the medical, behavioral, and school history and should include the use of validated evaluation tools such as the ADI-R or the ADOS.
- May be performed by psychiatrists, neurologists, developmental pediatricians, pediatricians, psychologists, or APRNs, PAs or social workers with training and experience in ASD.
- Previous evaluations less than one year old are acceptable if provider has appropriate experience.

Behavior Assessment

- Behavior assessments will include information from the member's regular settings including observations and reports from home, school and the community.
- Behavior assessments are expected to use validated assessment tools such as the VB MAPP, ABLLS, or a functional behavior assessment (FBA).
- Behavior assessments need to address member's current functioning, strengths and weaknesses.
- Assessments need to have been completed within six months to access requested services.

Treatment Plan

- Most often, the person who completed the Behavior Assessment will complete the Treatment Plan.
- The Treatment Plan must include:
 - Measurable goals of treatment
 - Expected outcomes of treatment
 - Specific description of type, frequency, and duration of treatment
 - Amount and type of caregiver involvement
 - caregiver involvement 50% of the time
- Treatment Plan must be current; within 120 days of requested services.

Provider Qualifications

- For both the Behavioral Assessment and the Treatment Plan:
 - Needs to be completed by a BCBA or licensed practitioner within the Medicaid network.

Direct Intervention

- Initial authorizations
 - Will be used to determine the effectiveness of the treatment plan
- The first continued authorization may extend for 6 months.
- Subsequent reviews will require evidence of progress toward treatment goals.
- After a year of service, continued reviews will include an updated treatment plan to address goals met, benefit of future goals, and may include the most recent Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP).

Peer and Care Coordinator Roles

- Will include home visits.
- Will involve connecting youth, families and adults with resources in the communities.
- Will involve interacting with agencies to develop and maintain relationships with those who provide community services.
- Will involve maintaining our resource list and developing familiarity with services to find appropriate services for our members.

Provider Network

- ValueOptions has also been working hard to develop a provider network list.
- As this is a new service that Medicaid is offering the overall provider system will continue to grow:
 - Providers are joining the Medicaid network.
 - Providers are determining the services they will be offering from the diagnostic assessment to direct intervention.
 - ValueOptions is identifying and outreaching to providers to develop the network and facilitate referrals.

How to Access Services

- CT Behavioral Health Partnership
- Phone: 1-877-552-8247 Fax: 1-855-901-2493
- Websites:
- CT Behavioral Health Partnership: www.ctbhp.com
- Department of Developmental Services: http://www.ct.gov/dds
- Department of Social Services: http://www.ct.gov/dss
- Department of Children & Families: http://www.ct.gov/dcf

Thank you