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Agency of Human Services

M E M O R A N D U M

To: Rep. Martha Heath, House Appropriations Committee

From: Mark Larson, Commissioner, Department of Vermont Health Access

Cc: Doug Racine, Secretary, Agency of Human Services

Date: 2/12/2014

Re: Request for 2FTE related to services for early childhood disorders

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Background:
8 V.S.A. § 4088i. states: "A health insurance plan shall provide coverage for applied behavior analysis when the services are provided or supervised by a licensed provider who is working within the scope of his or her license or who is a nationally board-certified behavior analyst." DVHA has been working closely with AHS and DAIL to determine how best to implement this program requirement.

The 2 positions DVHA is asking for are to help them manage the expansion of ABA services to children with Autism and early developmental disabilities.

- 1FTE: a clinical staff person to review requests for services and to do utilization review with private providers.
- 1FTE: a health program administrator to support program monitoring and handle grievances and appeals.

Rationale:
According to one of the reports completed in 2011, 185 kids in Vermont under age 6, and 826 age 7-17 were diagnosed with Autism. These numbers do not include children with early developmental disabilities who would also benefit from this service. Another report says 40-66% of these children would likely seek services. Based on these reports, we estimate:

- a total of 1011 kids potentially have the Autism diagnosis, and
- If only 40% seek treatment, there are about 400 children eligible for ABA services.
    - Some of those children will get services via DA but we estimate about half, or 200* children will receive this service through DVHA, which will require PA.
    - *These numbers do not include eligible children with developmental disabilities.

A PA process is required because there are no best practice standards in existence to help inform service utilization expectations/allowances that could be programmed into the MMIS as edits or audits. Therefore, the services will need to be prior authorized to ensure proper service delivery. The process of PA for this population is intensive. The clinical review person would be responsible for:

1. PA review for at least 200 kids a year with 6 month reviews : approx. 10 a week.
2. Help to fine tune criteria and clinical expectations for covered services.
3. Work with IFS and the DA provider network to coordinate and collaborate on efforts.

4. Assuring enrolled providers meet qualifications and help to develop the provider network: this will require significant communication efforts because the service is so new.
5. Work with the Autism task force and Medicaid and Exchange advisory board (EPSDT subcommittee) to ensure needs are being met for the population.
6. Contribute as subject matter expert ~~to~~ in discussions with CMS about State Plan and other federal changes required to appropriately serve this population.

Appeals and grievances: Because this is a new service, and one that will be very much in demand, it is expected that there will be a disproportionate increase in grievances/appeals. This is based on the following factors:

- New service for vulnerable children
- Some families will need to transition out of Personal Care program into this service
- Still gaining clarity on provider availability
- Clinical criteria is new with few best practices
- Conflict of family expectations vs. evidence based practice

In addition to handling grievances and appeals, we will need this position to work with the other departments regarding appeals for children's services. This person will also need to coordinate with other departments to assist families to connect with other more appropriate services if the decision to deny services is up-held.

Currently, DVHA has one position that handles about 60 grievances and appeals a quarter. Given the current volume of appeals received by VDH for PCA services (30) per quarter and the expectation of additional scrutiny, testing and coordination of the new benefits, we believe 1 additional FTE would be needed to handle this portion of the workload.