

Change Item Title: Reform 2020: Intensive Services for Children with Autism Spectrum Disorder

Fiscal Impact (\$000s)	FY 2014	FY 2015	FY 2016	FY 2017
General Fund				
Expenditures	3,740	8,260	8,260	8,260
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	3,740	8,260	8,260	8,260

Recommendation:

The Governor recommends funding for an intensive intervention benefit for children with Autism Spectrum Disorder (ASD) who are on Medical Assistance. Covered services will seek to improve communication skills, increase capacity for social interactions, and reduce maladaptive behaviors for children with ASD at a critical time in their development. This proposal spends \$12 million in the 2014-15 biennium and \$16,520 million in the 2016-17 biennium. This proposal requires 2 FTEs: one for training and research and the other for the prior authorization and 6-month renewals. Approximately 440 children will be eligible for this new benefit set in fiscal year 2014. This number increases to 880 children per fiscal year beginning in fiscal year 2015.

Rationale/Background:

- Minnesota has a growing number of children with an Autism Spectrum Disorder (ASD) diagnosis.
- Medical Assistance currently offers some supports for children with autism but does not offer a comprehensive early intervention benefit set for children under the age of 18.
- The 2012 Legislature directed the department to examine services and housing for children with ASD through several workgroups and advisory councils.

Proposal:

- This proposal creates a high-quality, medically necessary, evidence-based therapeutic and behavior intervention treatment and associated services. Covered services will seek to improve a child’s communication skills, increase capacity for social interactions and reduce maladaptive behaviors for children with ASD at a critical time in their development
- This new benefit set will provide early intensive intervention to children with an autism spectrum disorder diagnosis. This benefit will provide coverage for the comprehensive, multi-disciplinary diagnostic assessment, ongoing progress evaluation and medically necessary treatment of autism spectrum disorder.
- Early intensive intervention benefit is defined as autism treatment options based in behavioral and developmental science, which may include modalities such as applied behavioral analysis, developmental treatment approaches, and naturalistic and parent training models.
- The comprehensive diagnosis must be based upon current accepted diagnostic criteria, including direct observations and parental/caregiver reports. The comprehensive diagnosis must reflect both medical and mental health input as provided by a licensed health care professional and a licensed mental health professional.
- Additional diagnostic assessments may be provided as needed by professionals who are licensed experts in the fields of medicine, speech and language, psychology, occupational therapy and physical therapy. Special education assessments may also be considered in the diagnostic assessment.
- Each child’s treatment plan must be family-centered, culturally sensitive and individualized based on the child’s needs and developmental status. The treatment plan must specify developmentally appropriate, functional, generalizable goals, treatment modality, intensity, and setting, Treatment must be overseen by a licensed health care or mental health professional with expertise and training in autism and child development.
- A child receiving this benefit must receive an independent progress evaluation by a licensed mental health professional at least every six months to determine if progress is being made toward achieving generalizable gains and meeting functional goals contained in the treatment plan.
- Lastly, the commissioner must develop the implementation details of the benefit including a model for coverage with evidence development, in consultation with stakeholders and consider recommendations from the Health Services Advisory Council, the Autism Spectrum Disorder Advisory Council, and the Interagency Task Force of Departments Health, Education, and Human Services. The discussions with these groups will

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also include developing models that will allow for coverage of the services, while providing the opportunity to develop evidence.

Performance Measures:

This proposal provides services for children with autism that support acquisition of skills for optimal participation in their family, schools, and community life and promote successful integration into adulthood, reducing the need for institutional placements or intensive long term services. Success will be measured by an increase in the percent of children with autism receiving the early intensive intervention benefit that show a reduced need for intensive intervention over time and demonstrate greater independence and functional participation in home, school, and community life, and by the time they reach 18 years are better prepared for adulthood.

Statutory Change: New section of statute (proposed coding is §256B.0949).

DHS Fiscal Detail for Budget Tracking

Net Impact by Fund (000's)			FY 2014	FY 2015	FY 14-15	FY 2016	FY 2017	FY 16-17
General Fund			3,740	8,260	12,000	8,260	8,260	16,520
HCAF								
Total All Funds			3,740	8,260	12,000	8,260	8,260	16,520
Budget Detail	BACT#	Description	FY 2014	FY 2015	FY 14-15	FY 2016	FY 2017	FY 16-17
GF	33	MA-ED	3,280	8,000	11,280	8,000	8,000	16,000
GF	11	Operations-MMIS	200	0	200	0	0	0
GF	14	CC Admin.	300	300	600	300	300	600
GF	13	HC Admin.	100	100	200	100	100	200
GF	Rev1	FFP @ 35%	(140)	(140)	(280)	(140)	(140)	(280)
Requested FTE's								
GF	14	CC Administration	1	1	1	1	1	1
GF	13	HC Administration	1	1	1	1	1	1