

Public funding of treatment services & supports  
For children & youths with Autism Spectrum Disorders

A presentation of the PA Health Law Project

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Primary sources of public funding for treatment services and supports for children & youth:

- Early Intervention
- Special Education (IDEA)
- Medicaid (Medical Assistance)
  - Physical Health
  - Behavioral Health
- Waivers

This presentation will focus on Medicaid & Waivers

Medicaid (Medical Assistance)

What does it cover?

Wide variety of medical & remedial services for persons under 21  
under “EPSDT”

§1905(r)(5) of the Social Security Act (42 USC §1396d(r)(5)) requires state to provide coverage to persons under 21 of all services allowed under federal Medicaid law, including services that are optional for adults.

Does not include habilitation (learning of new, basic living skills)

Delivery systems divided into physical health and behavioral health systems

Physical health services include:

- Physician services (including developmental pediatricians & pediatric neurologists)
- Speech/language therapy (including PECS)
- Durable medical equipment including assistive & augmentative communication devices for use outside school
- Occupational therapy- but a component- socialization skills- may be behavioral
- Physical therapy
- Prescription drugs
  - includes medications prescribed by psychiatrists
- Personal care

Personal care

Includes: assistance with eating, bathing, dressing, toileting, transferring, maintaining continence, personal hygiene, light housework, laundry, meal preparation, transportation, grocery shopping, using the telephone, medication management, and money management. “Personal care services may be required because a cognitive impairment prevents an individual from knowing when or how to carry out the task.” “In such cases, personal assistance may include cuing along with supervision to ensure that the individual performs the task properly.” (CMS “State Medicaid Manual” §4480)

Personal care may be “family directed”- Family can choose and direct personal care aide without having to go through home health agency. Use “Financial Management Service” for payroll & taxes.

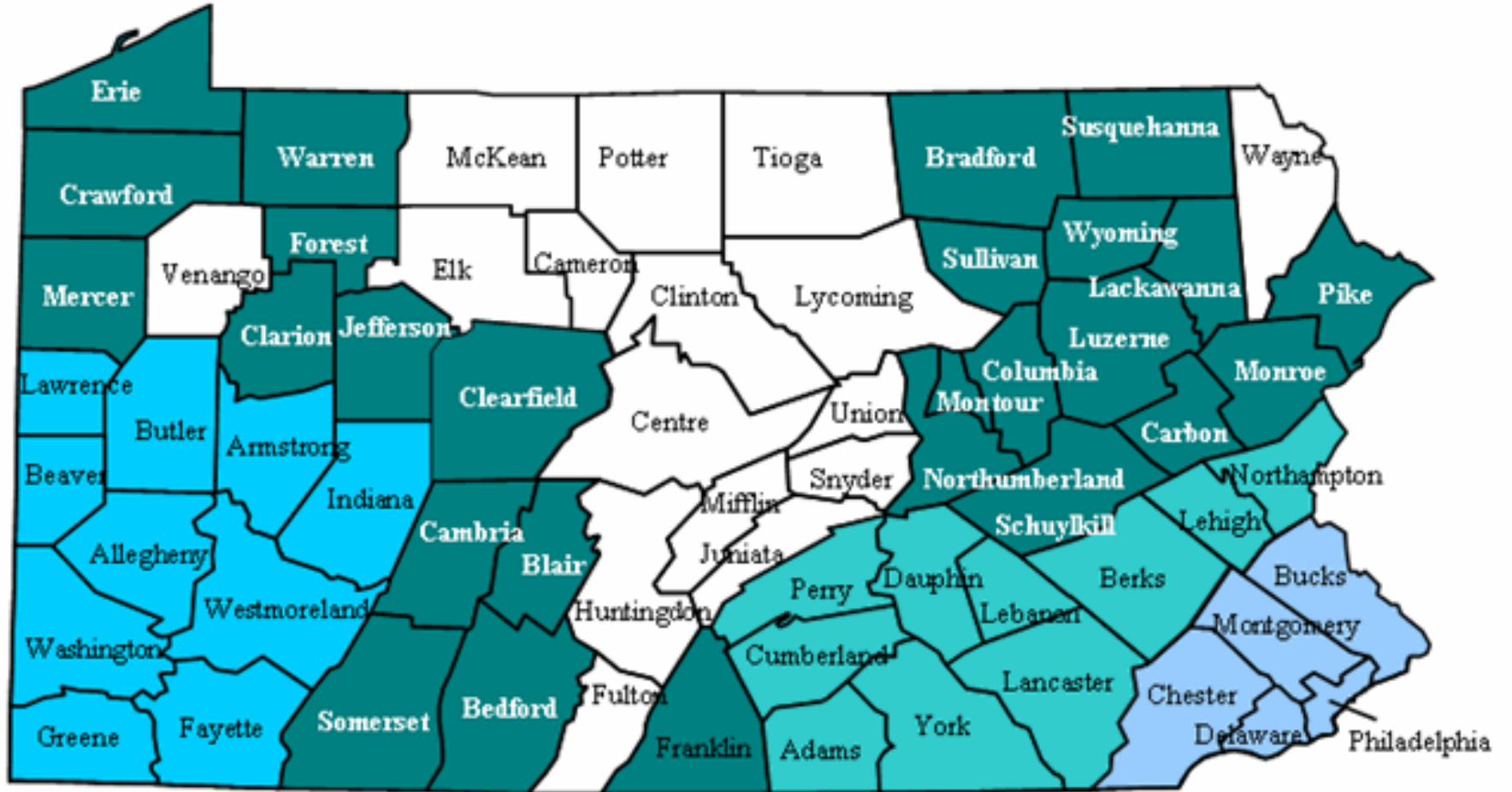
Physical health services are administered in many counties by certain HMOs under contract to DPW. See map, next slide. For list of Medical Assistance HMOs by county, go to:

<http://www.dpw.state.pa.us/omap/hcmc/omaphcmcmapi.asp>

In 42 primarily rural counties, services may be administered by “Access Plus” in which every child is signed up with a primary care physician who coordinates care and makes referrals. For more information, go to <http://www.accessplus.org/>.

In many of those 42 counties, families have a choice of a Medical Assistance HMO or Access Plus. See map, next slide.

<http://www.dpw.state.pa.us/PartnersProviders/MedicalAssistance/ManagedCare/ManagedCareMap/>



ACCESS Plus      ACCESS Plus and Voluntary Managed Care

HealthChoices Southwest      HealthChoices Lehigh/Capital      HealthChoices Southeast

Behavioral health services:

Behavioral Health Rehabilitation Service (“BHRS”- wraparound)

Done at home, at school or in the community

Usually one on one but doesn’t have to be

Used to fund staffing for Applied Behavioral Analysis (“ABA”) programs although not all BHRS programs use ABA.

While authorizations usually for only 4 months, physician or psychologist can request 12 month authorization for BHRS for child with ASD. MA Bulletin 07-05-01 (6/24/05)

Other models emerging-

shared staff (TSS),

TSS aides (often using college students)

Group Occupational Therapy for socialization

Residential Treatment Facilities (“RTF”)

Requires recommendation by psychiatrist (not psychologist)

For kids who cannot be served in less restrictive settings

Behavioral health services administration

Medical Assistance funded behavioral health services administered by Behavioral Health Managed Care Organizations (“BH MCOs”)- CBH (Philadelphia only); CCBH; CBHNP; Magellan; Value

Only 1 BH MCO for each county- family cannot choose

BH MCO makes authorization decisions regarding certain behavioral health services, such as wraparound (“BHRS”)

Must use provider in the BH MCO's network unless BH MCO agrees to use a "non-par" provider

Children who are also covered under their parent's policy and have a portion of that premium paid by Medical Assistance ("HIP") have their coverage administered directly by the state

Who can qualify for Medicaid?

Children with disabilities who qualify for SSI

SSI is a program administered by Social Security that provides a monthly cash benefit and Medical Assistance. For SSI, income & assets of the custodial parent(s) is counted along with the income & assets of the child.

Children with disabilities who do not qualify for SSI

"PH95" category

There are 3 main eligibility criteria for SSI :

1) Assets-

For children and adolescents under 18, certain assets in their own name and certain assets in their custodial parent(s) name are considered in determining eligibility. Assets that are considered include money in any bank accounts, stocks, bonds, money markets, life insurance if it has a cash surrender value, real estate that is not the child's home, cars (if more than one), and boats. In a one parent household, the parent and child together cannot have more than \$4000 in countable assets, of which no more than \$2000 can be in the child's name. In a two parent household, the parents and child together cannot have more than \$5000 in countable assets, of which no more than \$2000 can be in the child's name. Assets that are exempt (don't count towards the eligibility limit) include the home the child lives in, furnishings, one car.

## 2) Income-

For children under 18, income of the custodial parent(s) is counted as well as any income in the child's name. However, if the child is out of the parent's home for more than a month, parental income is no longer counted (until the child returns home). For persons 18 and older, parental income is not counted. However, income of a spouse, if any, is counted. Although there is a specific monthly income limit, it is impossible to tell just from the limit whether the individual's income is above or below the limit because all or portions of certain types of income are not counted. Furthermore, the rules about how much income of a parent or spouse is counted is very complicated. To get a reasonable idea whether you or your child meet the income and asset limits, go to <http://best.ssa.gov/>. If you do not have access to the internet, you can call Social Security at 1-800-772-1213. Ask the representative to have someone call you back to do a income & assets phone screening for SSI. For more detail about the various rules regarding financial eligibility for SSI, go to [http://www.ssa.gov/OP\\_Home/handbook/handbook.21/handbook-toc21.html](http://www.ssa.gov/OP_Home/handbook/handbook.21/handbook-toc21.html).

## 3) Disability-

The individual must meet Social Security's disability criteria (or be 65 or older). Having a particular diagnosis does not, by itself, meet those criteria. For children and adolescents under 18, their condition must "meet or equal" certain criteria known as the "listings of impairments". These "listings" are divided by the bodily system affected. The listings can be found at <http://www.ssa.gov/disability/professionals/bluebook/ChildhoodListings.htm>. The Listing for "Autistic Disorder and Other Pervasive Developmental Disorders" is found at listing 112.10.

Other disability category of Medicaid for children- PH95- PA only.

For children under 18. Must meet Social Security childhood disability criteria but determination made by DPW- not SSA.

Parental income does not count. Social Security benefits in the child's name do not count. Court ordered child support does not count. Child must meet SSI disability criteria.

Assets- either child's or parents'- do not count. However, income derived from assets (e.g. dividends or interest) in child's name may count.

At age 18, must apply for SSI in order to keep Medical Assistance.

### Home and Community Based Service Waivers

“Waivers” are a special form of Medicaid through which the state gets federal Medicaid matching funds to help pay for various home and community based services for persons with disabilities and older adults which could not be covered under regular Medicaid.

Services that are often covered under waivers that cannot be covered under regular Medicaid include:

Habilitation, respite, employment supports and home modifications

Eligibility for waivers: specific disability, institutional level of care, income, assets, open slot (not an entitlement)

PA has an Autism Waiver but persons under age 21 are not eligible for it.

Several persons age 18+ with ASD are being served in the “OBRA” waiver but that waiver is now closed to new enrollees

Only waivers available to children & adolescents between age of 3 and 18 are 2 waivers for persons with intellectual disabilities- the Consolidated waiver and the Person/Family Directed Service waiver (“PFDS”). Their disability requirement is an IQ of 70 or less and significant limitations in adaptive functioning in at least two of the following skill areas: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety. Developmental scales may be used for people who do not or

cannot participate in testing. However, higher functioning individuals on the Autism Spectrum, particularly those with Aspergers, may not meet the IQ requirement and so would not qualify for one of these waivers.

**Level of care requirements:** In addition to being financially eligible and having a certain type of disability, the individual must also meet a “level of care” test. The legal rationale for waivers is that they provide services to prevent institutionalization. To qualify under the level of care test, an assessment must be done to show that the individual’s need for service is great enough to require the level of care provided in an institution. The type of institution against which the individual’s need for service is measured depends on the waiver. The institutional level of care for the 2 intellectual disability waivers is Intermediate Care Facility/Mental Retardation “ICF/MR”.

**Financial eligibility:** Persons who are already on Medicaid (including those on SSI), meet the financial eligibility requirements. In PA, persons not already on Medical Assistance meet the financial requirements for any of the waivers if they have countable income less than \$2022 in 2010 (this amount goes up each year & is 3x the federal SSI payment amount + \$20. Parental income is not counted nor are assets for individuals under 21.

**Slots:** Unlike regular Medicaid, not everyone who meets the eligibility criteria can get into a waiver. Waivers have a limited number of slots. If all the slots are filled, the person goes on a waiting list. There are currently over 18,000 persons in PA waiting for a slot in either of the two intellectual disabilities waivers.

**Cost caps:** Also unlike regular Medicaid, the PFDS waiver has an annual cap on the cost of services that will be covered. That cap is \$26,000 a year.

Service plans: Also unlike regular Medical Assistance, the services that will be covered for an individual is determined in advance through an Individual Service Plan (“ISP”). This is the same basic concept as the IEP except that the school district is not necessarily involved. The ISP is developed by the individual’s supports coordinator, the individual and his/her parent(s). The draft ISP is submitted to the county MH/MR for authorization. Denials of services requested in the draft ISP can be appealed through DPW’s Bureau of Hearings & Appeals.