

MINUTES

KANSAS AUTISM TASK FORCE

October 25, 2007
Room 313-S—Statehouse

Members Present

Dr. Bill Craig, Chairperson
Ms. Sarah Bommarito
Dr. Kathy Ellerbeck
Mr. Jarrod Forbes
Ms. Denise Grasso
Ms. Louise Heinz
Dr. Linda Heitzman-Powell
Ms. Linda Kenny, *ex officio*
Ms. Tracy Lee
Mr. Jim Leiker, *ex officio*
Senator Julia Lynn
Dr. Dee McKee
Representative Judy Morrison
Dr. Matt Reese
Ms. Colleen Riley, *ex officio*
Dr. Michael Wasmer
Dr. Jane Wegner
Ms. Jeannie Zortman (present by telephone)
Margaret Zillinger (representing Secretary Donald Jordan, *ex officio*)

Members Absent

Senator Donald Betts
Ms. Yeyette Houfek
Dr. Martin Maldonado
Representative Melody McCray-Miller
Ms. Nan Perrin

Staff Present

Sharon Wenger, Kansas Legislative Research Department
Martha Dorsey, Kansas Legislative Research Department
Ken Wilke, Revisor of Statutes Office
Renaë Jefferies, Revisor of Statutes Office
Nobuko Folmsbee, Revisor of Statutes Office
Rose Marie Glatt, Committee Assistant

Conferees

Jarrold Forbes, United Healthcare
Dr. Robinson-Beale, Medical Director, United Behavioral Health
Brad Smoot, Lobbyist for BCBS of Kansas
Dr. Ralph Weber, Medical Director, BCBS of Kansas
Bruce Witt, Government Affairs, Preferred Health

Morning Session

The meeting was called to order at 9:30 a.m. by Bill Craig, Chairman, who welcomed the Task Force back for the third meeting of the Kansas Autism Task Force. It was noted that Margaret Zillinger was representing Secretary Don Jordan.

After a review of the September 20, 2007 minutes, Senator Julia Lynn made a motion to approve the minutes, seconded by Louis Heitzman-Powell. The motion carried (Attachment 1).

Chairman Craig said the morning agenda provided a forum in which the members would hear from insurance industry representatives. He invited Dr. Michael Wasmer to make introductory remarks.

Dr. Wasmer explained the goal of the meeting was to initiate dialogue with health insurance representatives regarding coverage for autism services in Kansas, and to provide representatives the opportunity to address concerns identified by the Insurance Subcommittee regarding coverage for autism services. Although questions had been previously provided to industry representatives, due to the complexity of the topic, it was determined that insurance representatives would field verbal questions in a more informal format (Attachment 2).

Jarrold Forbes, United Healthcare, introduced Bruce Witt, Government Affairs, Preferred Health, and Brad Smoot, Blue Cross Blue Shield (BCBS) lobbyist. He said that Dr. Robinson-Beale, Medical Director for United Behavioral Health, would be available via telephone.

Brad Smoot introduced Dr. Ralph Weber, Medical Director for BCBS of Kansas, as well as David McGill, BCBS, LCSW, and Sunee Mickle, Government Affairs Director, BCBS, both of whom were in attendance.

Mr. Smoot explained two charts that clarified what is and is not covered by BCBS (Attachment 3).

- What is Health Insurance? He explained a variety of Insurance categories, covered by BCBS, that were used from birth to death: Prenatal & Birth; Acute Episodic Care; Chronic Disease Management; Life Support; Emergency; Health Education; Pain Relief and Management; and Life Extension. He also described the services that were not covered under insurance, *i.e.*, Life Activities, Safety, Infertility, Self-Esteem, Quality of Life, Communication, Productivity, Life Enhancement, Full Potential, and Independent Living.
- Where To Draw the Line? He reviewed BCBS coverage relating to Hospitalization, Emergency room, Maternity benefits, Physician visits, Mental health with Provider and Benefit mandates. He explained expanded coverage for Pharmacy,

Dental, Vision, Cognitive Services, Health Clubs, Nutrition Training and Aroma Therapy, with pending and other possible mandates.

Dr. Weber provided a brief career history and his current responsibilities at BCBS. He distributed a chart: *Summary of Claims with Diagnosis of Autistic Disorders – August 2006 through July 2007* (Attachment 4). He said that BCBS of Kansas currently covers approximately 320,000 individuals.

At this time, Task Force members were invited to ask specific questions, during which time Dr. Weber made several points:

- Insurance payments are based upon the provision of "medically necessary care," which is determined based upon reliable studies. This does not include "experimental or investigational" procedures.
- Some reasons for denial of claims can include contract exclusions or services provided by individuals or entities that are not determined to be eligible providers.
- Most of the needs of autistic individuals are being covered by BCBS of Kansas.
- Regarding provider qualifications, Dr. Weber said that the member contract defines who is qualified and those qualified are determined by the credentialing organization, such as the Board of Healing Arts and the Behavioral Health Board. Dr. Weber said the BCBS did not get involved in credentialing providers.
- Dr. Weber said that BCBS of Kansas has a very extensive appeals process. The company consults specialists to make determinations such as the definition of cognitive therapy.
- When asked why BCBS of Kansas covered speech therapy for only 90 days, Dr. Weber said that a review of claims indicated that 90 days included the majority of claims.
- In explaining how to get a practice, procedure, or intervention to be no longer considered "experimental," Dr. Weber said it was an extensive process, literature is reviewed, and information on such an item is published across the BCBS association; there is a behavioral health liaison committee within the BCBS system looking at such items.

Jarrold Forbes said the differences in coverage between insurance companies occur for many conditions, not just autism.

Dr. Robinson-Beale joined the Task Force via phone. She explained that moving from experimental to medically acceptable practices involved reviewing randomized trials and studies with individuals in multiple locations.

She also discussed that there is great variability in cost per unit of intensive behavioral therapy and that some standardization of the codes is needed. Next year, she is chairing the intensive behavioral therapy trade group for her type of company, and autism is the topic of discussion. It is their intent to work with consumer advocacy groups as well as major researchers to formulate a forum, in which they can discuss the issues. She asked that Jarrold Forbes, United Healthcare, send contact information to her pursuant to next year's forum.

Dr. Robinson-Beale said that an autism mandate had been in place in Indiana from two or three years; and an area in Minnesota also had a mandate which might yield fiscal information. She said there would be great variability in costs based on the severity level of individuals. Dr. Wasmer requested that if data was available from insurance providers that it be forwarded to the Insurance Subcommittee.

Dr. McKee asked if there is any benefit in the Kansas Healthwave program that benefits children with needs but who have no private insurance. Brad Smoot, lobbyist for BCBS, agreed to get back with that information.

Dr. Wasmer asked what, actuarially, would an autism mandate cost? In response, Mr. Smoot replied that cost could not be determined until it is known what services would be covered. Dr. Wasmer asked if an autism mandate moves forward, what services would be eliminated in their stead? Mr. Smoot replied that autism is one part of a larger puzzle and that the Kansas Health Policy Authority (KHPA) is reviewing this and autism is one of many important issues.

Afternoon Session

Dr. Wasmer made concluding remarks regarding the insurance discussions. He said there was no date set for the next Insurance Subcommittee meeting; however, scheduling would be done soon. He described an existing case that had gone through an extensive appeals process over insurance coverage. He said there is an overwhelming false perception that autistic children do not get better, and the public must be made aware that early intervention has direct and indirect consequences and can save significant money in the long run.

Dr. Craig said there were several important issues to address. While they must always work on multiple fronts and move toward having interventions such as Applied Behavior Analysis (ABA) moved out of the experimental realm, perhaps the Insurance Subcommittee could look at the issue of providers' qualifications, as they can still be used as a barrier to service if you cannot get the people who can do the work approved by the insurance companies. After a discussion on the pros and cons of autism mandate legislation, Dr. Craig said the Insurance Subcommittee needs to make a recommendation at the November meeting if it wants to pursue legislation this Session.

Insurance Subcommittee

Dr. Wasmer presented the report from the October 5 Insurance Subcommittee meeting ([Attachment 5](#)). The Task Force heard from Amy Campbell and Dr. Ira Stamm, members of the Mental Health Parity (MHP) Task Force, who said the MHP Task Force identified multiple barriers to true mental health parity:

- The absence of Kansas Administrative Regulations governing the Mental Health Parity Act allows insurers to “arbitrarily curtail the benefits guaranteed under the law.”
- Inconsistent utilization review appears focused on economics, rather than outcome variables;
- A lack of confidentiality in reporting requirements;

- Discriminatory limits of coverage, as well as higher co-payments for mental illness; and
- Relevant valid and reliable utilization review data for mental disorders are inaccessible.

SB 380, from the 2007 Session, proposes changes to address some of these issues.

The Subcommittee heard about the Microsoft and Home Depot insurance policies. Both are self-insured plans that provide excellent coverage for autism. There was a review of the report of California Legislative Blue Ribbon Commission on Autism with regard to health insurance.

Best Practices Subcommittee

Dr. Linda Heitzman-Powell presented a report from the October 9 Best Practices Subcommittee meeting ([Attachment 6](#)). In addition to the regular Subcommittee members it was noted that education was represented by invited guests: Phoebe Rinkel and Peggy Miksch. Diane Rosell of the Office of the Revisor of Statutes also attended.

Dr. Heitzman-Powell noted that the Subcommittee report contained previous meeting discussions and actions, as well as information from the October meeting. Following a brief background on previous activities, she said they discussed specific disciplines for the literature review. Dianne Rosell developed a grid system that listed a wide range of articles by: title, author, organization/publication, type of article, year of publication, state/country of origin, and type of copy available. It was noted that they currently have 93 articles to review ([Attachment 7](#)). She suggested that the Task Force members review the list and send comments or questions to the Subcommittee. Reviews will be done by Subcommittee members with expertise in related fields. Members are to send Sharon Wenger, of Legislative Research, a list of their areas of expertise.

Dr. Heitzman-Powell called attention to a sample form that had been developed to objectively score articles based on specific criteria and guidelines. The intent is that the system will enable them to assign quantitative value to the research, and determine which level of evidence it demonstrates. She said at the November 7 meeting, each member and invited guest will be assigned three articles for review and will have feedback on the grid system and its utility for conducting the work.

The Subcommittee proposed its recommendations provide the basis for:

- Development of a “tool box” that includes evidence-based practices;
- Development and dissemination of information to child care centers, doctors' offices, and other facilities that work with children and families; and
- Early diagnostic screening tools to be distributed to all Kansas physicians .

The Subcommittee questioned how the review process and guidelines would translate into practice. They recommended:

- Trained personnel are needed to implement best practices;
- All Kansas professionals become responsible for implementing recommendations;

- Best practices be applied across the life span; and
- Collaboration and wrap-around services improve.

She explained the National Standards Project ([Attachment 8](#)). It is a primary initiative of the National Autism Center and addresses the lack of universally accepted, evidence-based, treatment approaches for autism. The Kansas Best Practices Subcommittee has mirrored several of their processes; however the final report from the National Standards Project will not be completed for some time. She noted that the contact for information regarding the National Standards Project is Suzanne Wilczynski, whose contact information may be found on the national autism website.

Discussion followed on what should be done next to ensure that the guidelines developed by the Task Force are enacted. The Subcommittee recommended that perhaps legislation is needed to improve the lives of children with autism and their families.

Professionals and Paraprofessionals Subcommittee

Matt Reese presented the report of the October 10, 2007, Professionals and Paraprofessionals Subcommittee meeting ([Attachment 9](#)). The Subcommittee made the following recommendations.

- Scholarships should be offered for ABA providers to serve children with autism in rural areas.
- Legislation should be developed to provide scholarships for other Allied Health Providers to serve rural area children with autism.
- Incentives should be offered to attract qualified providers of autism services in needed areas of the state.
- Trained providers of services for children with autism should have certification and data collected on where the high-need areas are located. The state should look at a bonus system to encourage providers to become certified and work in high-need areas.
- The state should set up a certification system in autism that involves course work in assessment and treatment and practicum experiences. Similar certification should be established in the Medicaid Waiver for masters, bachelors, and respite providers. Community developmental disability organizations (CDDOs) should conduct a survey to determine how many certified providers are in their areas.
- On-line and practicum experiences should be developed in areas that do not have an adequate number of certified providers. CDDOs and educators should have access to on-line and practicum experiences.
- Autism updates should be provided in existing state conferences (Early Childhood, Interhab). Updates are necessary to maintain certification.
- Autism screening should be part of the Kan-Be-Healthy and Tiny K programs.
- Certified autism diagnostic teams should be available throughout the state. These teams should have consistent methods of practices. Providers should have

autism credentialing. Medical providers should be linked to these teams either on-site or through interactive TV.

Discussion followed, regarding the Master/Teacher program at Manhattan and wrap-around services.

Margaret Zillinger gave an update on the development of the autism program. She is working with Kansas University and applications will be available the end of December. She explained that there will be applications for parents available on the website, with enrollment dates from January 2 through January 11. The applications will be entered in a database, and the computer will select 25 candidates for the program. At that time, parents will be asked for more detailed information from which providers will review and assess clients' eligibility. If someone is denied, the computer will randomly select another candidate.

Accessing Education Resources/Funding

Dr. Dee McKee presented reports on the September 11 and October 16 Education and Funding Subcommittee meetings (Attachment 10).

At the September meeting, they heard four presentations:

- Legislative Post Audit – Joe Lawhon, LPA staff, presented a summary of a recent audit report entitled *Children's Programs: Reviewing Whether They Are Coordinated to Avoid Duplication and Maximize the Use of Resources*;
- Kansas Department of Health and Environment (KDHE) – Doug Bowman, Coordinator, Kansas Coordinating Council of Early Childhood Developmental Services, presented information on funding issues related to the Tiny K program;
- Kansas Department of Education – Patty Gray, Department staff, provided information about special education funding and related issues; and
- Kansas Department of Social and Rehabilitation Services (SRS) – Rick Shults, SRS staff, provided information related to the new Home and Community-Based Services Autism Waiver and Medicaid.

The Subcommittee requested additional information from the above three agencies. They expressed interest in hearing additional presentations from:

- Children's Cabinet, including Smart Start and the Pre-K Pilot;
- Families Together and Keys for Networking; and
- Entities that provide research funding available in the state for autism-related research, *i.e.*, groups within the state university system, Kansas Health Foundation, and private foundations, such as the Capper Foundation.

The Subcommittee recommended that the Task Force include a section on mapping the services provided, or make a request for a study to accomplish this mapping. They specified the information they would like included in that mapping. They also requested that copies of the LPA

report be made available to the full Task Force.

At the October meeting five presentations were heard:

- Joan Johnson, Coordinator of Special Education at Shawnee Mission School District, explained a variety of programs for students with autism attending school in the district. She said they had a wide range of individuals who provide appropriate services. Staff must be trained and supported to meet the unique needs of students with autism.
- Lesli Girard, Topeka Parent Center Coordinator, Families Together, Inc., said there are parent training and information centers in Wichita, Topeka, Garden City, and Kansas City that provide literature, videos, workshops, and miscellaneous information to parents of children with autism. Programs include Education Advocate Program, Child Advocate Program, and Parent-to-Parent of Kansas.
- A Keys for Networking (Keys) presenter indicated Keys' purpose was to get and keep children away from out-of-home placements. The parents learn of Keys through community mental health centers, educators, and the Kansas Health Solutions Member Handbook. Keys works with parents, providing them needed services and specific programs.
- Helen Miller, Kansas Association of Speech Language Pathologists, expressed support for early intervention. Funding is needed for early childhood programs and training paraprofessionals.
- Shirley Goldsberry, Southwest Kansas Area Special Education Cooperative, said the teacher shortage is particularly acute in the area of autism specialists. Due to the distance the healthcare provider must travel, they spend hours on the road. There is not an adequate medical community in western Kansas, making training and follow up difficult. There are currently three long-term substitute teachers enrolled in tuition incentive programs.

Dr. Craig said at the November meeting the Task Force will finalize its preliminary report. The next meeting of the Task Force is November 13, 2007. The meeting was adjourned at 3:30 p.m.

Prepared by Rose Marie Glatt
Edited by Sharon Wenger

Approved by Task Force on:

November 13, 2007
(Date)