



**HHSC: Texas Autism
Council, December 8th,
2020**



The [Texas Autism Council](#) advises and makes recommendations to state agencies and the state Legislature to ensure that the needs of persons of all ages with autism and other pervasive developmental disorders and their families are addressed and that all available resources are coordinated to meet those needs.

Members include:

Melinda Bird, M.Ed., BCBA Big Spring Donna Dempsey Fort Worth Wesley H. Dotson, Ph.D. Lubbock Daniel Durany Haltom City Ann Hart Austin Jennifer Hines Texas Workforce Commission Pamela Rollins, Ph.D. Dallas John Roppolo San Marcos	Byron Ross, Ph.D. Houston Stephanie Sokolosky, Ph.D., BCBA-D, LPA, LSSP Harlingen Leisa M. Stewart, BSW, LBSW Beaumont Tonya Taylor Breckenridge Hsuying C. Ward, Ph.D. Rancho Viejo Dana Williamson Texas Health and Human Services Commission Ivy Zwicker San Antonio
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1. Call to order, welcome and opening remarks. HHSC convened the final meeting of the Texas Autism Council. A quorum was not established.

2. Approval of the October 6, minutes. The minutes were not approved due to absence of a quorum.

3. Update on implementation of the Medicaid Autism Services benefit – Health and Human Services Commission (HHSC). Dr. Van Ramshorst made the presentation. Rider 32 directed IBI Services including ABA in the home and clinical settings employing health professionals, family members and others. Appropriated funds may be used for the benefit, but no additional funding was provided.

Accomplished so far:

- Medical benefit policy has been developed using public input
- Draft medical policy has been posted and 68 comments were submitted
- Comments have been analyzed
- Draft MCO contract language has been developed
- State plan and waiver amendment has been drafted

- Enrollment system has been updated for LBA (Licensed behavioral analysis)
- Systems for prior authorization and non-risk payment approaches have been developed
- Letter to LBB seeking to approve rates for the new benefit
- Developed a non-risk payment process

Still needed to be done:

- 6-8 months to implement the benefit
- Public rate hearing
- Finalization of the rates
- Additional public notices issued
- MCO time for onboarding staff
- Updates to the procedure manual

An example of no-risk payment approach is when the capitation rate is replaced with a type of fee-for-service payment to the MCO based on what they pay to the provider. This is used for higher cost services when no history of cost is available.

LBB would approve the rates but is it not tied to the legislative session. Right now the process is to work with the LBB to approve the proposed fiscal impact including the rates to providers.

HHSC stated that all of this is still in flux. There are zero dollars allocated to this in the LAR. Rider 32 has been struck from the LAR. This raised some concern with the Council. HHSC is still moving forward with the benefit as required by Rider 32 (Rider 32 will still govern actions through September 1, 2021).

A request was made for the approved rate for the autism benefit. There will be a formal rate hearing. A question was asked if the rate is not enough. HHSC stated that the benefit will be included as a benefit and as such it is an entitlement and would go into the supplemental need. We looked across states to develop an appropriate rate. The rate implementation will be monitored.

4. Update on incorporating autism-specific roles and responsibilities into other HHSC advisory committees. Kym Oltrogge, Attorney, Policy Section Legal Services Division. This is a status report of where we are on the transition.

Event	Date
Proposed rule published in Tex. Reg.	Sept. 18, 2020
Adopted rule filed with SOS	Nov. 18, 2020
Tex. Reg. issue date	Dec. 4, 2020
Effective date	20 days after filing with SOS—Dec. 8, 2020

Sign up for email updates on committee vacancies at: [Leadership | Texas Health and Human Services](#). The Policy Council on Children and Families and other councils may take up the slack for Autism Services. People should apply for openings when they become available.

5. Updates regarding vocational and employment benefits for adults living with Autism Spectrum Disorder. Jennifer Heinze made the presentation. She spoke about her son's social anxiety. He took medication and developed a power point that was not presented to the group. The power of work is amazing. Work gives a social outlet and a sense of purpose. It has a treatment component. Children can move forward with vocational support.

Question/Answers/Comments

How have things changed since the credentialing of counselors? If someone comes into rehabilitation, they have a very high success rate. They are serving more people with Autism than ever before. Employers want to target Autism through awareness efforts.

How do we access your information? Contact someone from the Autism team.

There have been students graduating who need counselor support as well.

What advice would you would give to parents who have younger children to make them a successful adult? The speaker advised taking it one step at a time. Understand that when they are 14 or 15, this is very different than what they will be like when they are in their 20s. Don't be afraid to ask for help.

6. Public Comment.

There were written comments received which are summarized below:

- Funding for CAP has been reduced in anticipation of the Autism Benefit being added to Medicaid.
- July 7, 2014, CMS requirement has not been implemented as required.
- HHSC is seeking rates for seven codes.
- Reimbursement rates are inconsistent with other rates paid by HHSC for related services in other programs.
- HHSC utilization rate appears high and HHSC's estimate does not take into account the shortage of services.
- We ask that HHSC re-look at the rate proposals.
- There will be cost offsets not included in the calculation.

Oral Comment.

Christa Stevens, Autism Speaks, stated that they encourage HHSC to move forward with the Medicaid Autism benefit. They have concerns about the ABA provider rate. HHSC is poised to create an inaccessible benefit. Eighty-eight percent of ABA providers will not be able to provide services under these rates. Texas has a shortage in providers.

Ronnie Thallman, Texas Association for Behavioral Analysis, stated that they look forward to a rate hearing that will provide a sustainable rate. They have key issues:

- Set sufficient rates
- Shortage of behavioral analysts
- Credentialing can take six months; they request expedited credentialing
- Telehealth should continue after COVID-19

A comment was made about the value of advocates to join this organization.

Susan Murphree, Disability Rights Texas, stated their support for the other comments that have been heard related to rates and access to care. A hearing must be scheduled. Their focus is on access to care. The provider base has to be built up. The benefit is an entitlement and has to be made available during children's developmental years. They also support the continuation of telehealth.

7. Council review of action items

- Terminology document to be developed
- Connect Dr. Ward and Ross with contacts for rehabilitation employment

8. Adjourn. There being no further business, the meeting was adjourned.

This summary contains supplemental information from third-party sources where that information provides clarity to the issues being discussed. Not every comment or statement from the speakers in these summaries is an exact transcription. For the purpose of brevity, their statements are often paraphrased. These documents should not be viewed as a word-for-word account of every meeting or hearing, but a summary. Every effort has been made to ensure the accuracy of these summaries. The information contained in this publication is the property of the organization and is considered confidential and may contain proprietary information. It is meant solely for the intended recipient. Access to this published information by anyone else is unauthorized unless the organization grants permission. If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted in reliance on this is prohibited. The views expressed in this publication are, unless otherwise stated, those of the author and not those of the organization or its management.
