



**HHSC: Texas Autism  
Council, July 27<sup>th</sup>, 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 appear below.

<p><b>Melinda Bird, M.Ed., BCBA</b> Big Spring</p> <p><b>Donna Dempsey</b> Fort Worth</p> <p><b>Wesley H. Dotson, Ph.D.</b> Lubbock</p> <p><b>Daniel Durany</b> Haltom City</p> <p><b>Ann Hart</b> Austin</p> <p><b>Jennifer Hines</b> Texas Workforce Commission</p> <p><b>Pamela Rollins, Ph.D.</b> Dallas</p> <p><b>John Roppolo</b> San Marcos</p>	<p><b>Byron Ross, Ph.D.</b> Houston</p> <p><b>Stephanie Sokolosky, Ph.D., BCBA-D, LPA, LSSP</b> Harlingen</p> <p><b>Leisa M. Stewart, BSW, LBSW</b> Beaumont</p> <p><b>Tonya Taylor</b> Breckenridge</p> <p><b>Hsuying C. Ward, Ph.D.</b> Rancho Viejo</p> <p><b>Dana Williamson</b> Texas Health and Human Services Commission</p> <p><b>Ivy Zwicker</b> San Antonio</p>
--	---

**Welcome, call to order, logistics and opening remarks.** The meeting was called to order by Wes Dotson, Chair. Dr. Dotson stated this would be his last meeting, as he is moving to the University of Missouri. A quorum was established.

**Adoption of the December 3, 2019, meeting minutes.** The minutes were adopted as written.

**Implementation of the Medicaid Autism Services benefit.**

*As background, the following was presented by HHSC previously. Today's agenda item follows this section.*

<p><b>Rider Direction: 32. Intensive Behavioral Intervention.</b> Contingent on the Health and Human Services Commission (HHSC) adding intensive behavioral intervention (IBI) as a Medicaid benefit for persons under age 20 with a diagnosis of Autism Spectrum Disorder, HHSC may expend funds appropriated above in Strategy A.1.5, Children, to reimburse for provision of IBI services.</p> <p><b>86. Autism Program Provisions.</b> Out of funds appropriated above in Strategy D.1.6, Autism Program:</p>
---

- a. Expenditures for Applied Behavioral Analysis (ABA) treatment services shall be only for children enrolled in the focused program; and
- b. Health and Human Services Commission shall provide support to the Texas Autism Council and the Texas Autism Research and Resource Center.

**Autism Services Policy:** Incorporation of Applied Behavioral Analysis (ABA) including Intensive Behavioral Intervention (IBI) into existing service packages for:

- Children & Youth (Birth through age 20)
- With a diagnosis of Autism Spectrum Disorder (ASD)
- Service to be delivered in:
  - Home
  - Community
  - Clinic Settings

The policy focuses on utilization of an interdisciplinary model of care including individual & legal guardian. Also including, but not limited to, the following disciplines:

- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Outpatient Behavioral Health Services

The Implementation Plan includes:

**A New Medicaid Benefit**

- Establish payment rate
- Public rate hearing (not yet scheduled)
- Seek approval from Centers for Medicare & Medicaid Services (CMS), as needed

**Draft Policy for Public Comment**

- Was posted in September 2019, responses to comments forthcoming
- Ensure sign up for GovDelivery in order to be notified about policy implementation

Implementation goal: Spring 2020

HHSC plans on engaging external and internal stakeholders throughout the implementation process. Stakeholders include:

- Parents/Caregivers/Legal Guardians
- Provider groups
- Children's advocacy organizations
- Other interested parties

**HHSC Web Information:** The HHS Children's Autism Program provides focused ABA services through local community agencies and organizations.

Focused ABA treatment is targeted to address a few specific outcomes instead of all developmental needs of the child. It is particularly useful when children have challenging behaviors and when improvements in social and adaptive skills are sought. Focused ABA treatment is used to target specific behaviors. The treatment might be to:

- Minimize a challenging behavior; or
- Maximize a social or adaptive skill in a specific area.

A trained therapist provides treatment on the specific behavior. The level and intensity of treatment should be driven by the child's needs. Since the therapist is focusing on specifically defined behavior, the treatment period is shorter. The treatment through the HHS Children's Autism Program is limited to 180 hours within a 12-month period. The length of treatments received is limited to a maximum of 720 hours during the child's lifetime.

Participation in parent training is a required part of the service. Attendance for the child and the parents must be maintained at 85 percent of scheduled treatment.

#### **Who is Eligible for Services?**

A child is eligible for treatment through the Autism Program if the child:

- Has a documented diagnosis on the autism spectrum made by a qualified professional.
- Is 3 to 15 years old (services end on the child's 16th birthday).
- Is a Texas resident.

#### **How to Find Services and Apply?**

All services are provided by contractors located in communities around the state. Please call the [contractor closest to your area](#) to access services and complete the enrollment process.

HHSC stated that the draft policy has been posted and there was a record-breaking number of responses (555 responses). This is the first time the benefit has been implemented and the input is highly valued. There is currently not a timeline for final implementation.

Services will be provided through licensed individuals. There will be a certification for technicians and this could occur through one of three certification entities nationwide.

A Spring 2020 implementation is anticipated.

**UPDATE:** HHSC is assessing the implementation timeline in light of COVID-19 activities.

There are two more meetings of the Council. It is unclear how the dissolution of the Council will interact with the new timeline. In the COVID-19 Budget reductions, programs have to be cut and Autism Services is a program being considered for reduction.



There used to be the Texas Autism Research and Resource Center (TARRC). Communication for families has to be as clear as possible.

A comment was made that the Texas Autism Society should be included in information-sharing.

Schools are desperate for help and this is a terrible time for cuts.

### **Public Comment.**

**Written Public Comment.** Submitted in advance and addressing the following issues:

- The delay in implementing the Autism mandate means 80,000 children go unserved
- Credentialing delays are being done to limit access to the benefit
- Children with private insurance have had access to services but the pandemic is causing access issues for Medicaid children, including ABA. The recommendation is to implement the services.
- One communication stated that they support the expansion of the service and sought clarification on issues:
  - Concurrent billing on 97155 and 97153 and what that means
  - 97155 procedure code usage
- Concerns were voiced on the draft policy issues and on credentialing
  - Remote technology
  - Parent and caregiver involvement in ABA and parity issues
  - Treatment planning and subjective criterion for medical necessity
  - Authorized periods of three months, Section 31 doubles the administrative burden on providers. Six months is more appropriate.
  - Primary language requirement necessitates translators being made available.
  - Registered Behavior Technicians is not a requirement in private insurance. An alternative was proposed (BCAT).
  - Steps should be taken to ensure MCOs comply with recommended practices.
  - Treatment hour restrictions and “moderate” treatment. Arbitrary limits should not be implemented.

### **Oral Comments:**

**Summer Adami, Blue Spring Pediatrics,** addressed the need for expedited credentialing; telehealth services are successful and should be employed after the pandemic; reimbursement rates should be sufficient to address the shortage of clinicians.

**Susan Murphree, Disability Rights Texas,** stated that her written comments were not read into the record. Her issues included:

- The short comment on status is problematic.

- Rate issues and keeping things moving forward.
- ABA is a requirement under EPSDT.
- Make a motion on a resolution on the delay of the benefit.

**Jeffrey Dillon,<sup>1</sup> Texas Association for Behavioral Analysis Public Policy Group,** commented on medically necessary services and the need for those to be implemented. Telehealth has to be included in the proposed policies. Credentialing should be expedited. The rates must be adequate/sufficient or the goal of providing the service will not be accomplished.

**Recommendations for the FY 2022-2023 Health and Human Services Commission (HHSC) legislative appropriations requests.** The Chair stated their goal should be to develop four or five bullet points to address the legislative need. The Chair suggested the following topics:

- Medicaid rollout should be prioritized to include better communications, adequate rates, telehealth, credentialing
- Sustaining children’s autism program
- Maintain an awareness of adults with Autism including transition services
- Updating TARRC for ASD information for families
- Being aware of the entire family unit during this time

**Medicaid rollout comments:**

- A line item in the LAR has to be a part of this
- If there are no providers within 100 miles (underserved areas) then make expedited credentialing available
- Adequate rates to encourage providers to enroll
- Improve communication to stakeholders regarding the implementation of the benefit and improve dissemination

**Children’s Autism Program in addition to the Medicaid benefit and continued after the Medicaid rollout.**

- Recommend that the LAR protect the resources of the Children’s Autism Program
- Mention the success of the program

**Maintain the awareness of Adults with autism including transition services**

- Concerned with the dissolution of the counsel, adults could lose their voice and there should be designated seats on other counsels for adults with Autism
- Add something about preparation/transition for higher education/employment

<sup>1</sup> Spelling uncertain.

**Revitalize and update TARRC to update ASD information for families to include state services and life transitions**

- Full-time employee
- Step-by-step guidance to address state services and inquiries by constituents

**Stress on family unit physical and mental health in conjunction with the decline in community services and supports**

- Training and support for state employees who come into contact with stressed families
- Connect it to telehealth interventions
- Autism awareness for criminal justice and first responders
- Accessing resources and supports

**Edited Recommendations Appear Below**

Working assumption: Create a specific line item of funding for each of these recommendations—protect each one so one doesn't lose if the other gains.¶

1. → Accelerate and prioritize roll-out, implementation, and revision of the Medicaid benefit as mandated by legislation¶
  - a. → Improve communication to all autism stakeholders about the implementation of the Medicaid benefit—to include creating a mailing list (electronically or otherwise) of organizations serving families and professionals to make more efficient timely dissemination of information possible¶
  - b. → Aggressively pursue expedited credentialing of ABA providers; especially in underserved or critical need areas (e.g., 30-day turnaround, group credentialing). A necessary and vital step is a reasonable and sustainable hourly rate that will incentivize provider willingness to enroll.¶
  - c. → Support telehealth in funding, policy, and practice¶
2. → Because of the flexibility and excellence of the Children's Autism Program and because there are a large number of families who will require a payer of last resort who cannot qualify for other programs, we recommend that the LAR protect and increase resources for the Children's Autism Program. These resources are to be continued even after Medicaid program implementation.¶

3. → Maintain and grow services for adults with ASD in the state. Explicitly target increasing the number of high-quality transition programs to prepare current students for adulthood, including higher education and employment. ¶
4. → Revitalize and update TARRC to ensure a central multi-lingual repository of updated and current ASD information for families and professionals, ¶
  - a. → Include step-by-step guidance, using plain language, on navigating state services and life transitions, including academic and educational supports and functional life skills. ¶
  - b. → Provide funding to create training for HHSC and other state providers who will come into contact with families in stress and crisis. This can include: training in recognizing signs of stress and trauma, training in telehealth interventions, and training to increase awareness of and how to access available resources and supports (both state programs and local community groups) ¶
  - c. → Include funding for a full-time professional staff member to maintain the resource and respond to inquiries ¶
  - d. → Include funding to continue and maintain the TARRC research-based conference ¶
5. → Increase the number and visibility of family support services available through HHSC. ¶

Specifically targeting stress and trauma

**MOTION:** *Approve the above recommendations as revised - prevailed.*

**Stakeholder input on autism-related issues after December 31, 2020.** Tabled for the next meeting.

**Council review of action items and planning for next meeting.** Two more council meetings will have to be scheduled.

**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 Texas Insight 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 Texas Insight 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 Texas Insight or its management.*

---