

September 13, 2023

Judy Mohr Peterson, Ph.D.
Medicaid Director,
Administrator for Med-QUEST

Re: Adequate Provider Rates for Applied Behavior Analysis Services

Dear Dr. Peterson,

I write to you today on behalf of The Council of Autism Service Providers (CASP) and our member organizations in Hawaii. CASP is a non-profit association of organizations committed to providing evidence-based care to individuals with autism. CASP represents the autism provider community to the nation at large, including government, payers, and the general public. We provide information and education and promote standards that enhance quality of care.

Of particular interest to our members is the coverage of evidence-based care in private health insurance plans and through Medicaid.

The State of Hawaii took an important step in 2015, when it passed legislation requiring coverage of medically necessary care for autism spectrum disorder (ASD). Since then, individuals diagnosed with ASD have had access to meaningful interventions, reducing their need for special education services, improving their quality of life, and opening doors for further education and employment.

This coverage includes children under the age of 21 who are enrolled in MedQUEST, assuring access to medically necessary care pursuant to Medicaid's Early Periodic, Screening, Diagnostic and Treatment (EPSDT) mandate and CMS' Informational Bulletin on Clarification of Medicaid Coverage of Services to Children with Autism.¹

¹ Center for Medicaid and CHIP Services. Informational Bulletin, Clarification of Medicaid Coverage of Services to Children with Autism, July 7, 2014 (hereinafter "CMS Informational Bulletin"), available at <http://www.medicare.gov/Federal-Policy-Guidance/Downloads/CIB-07-07-14.pdf>.

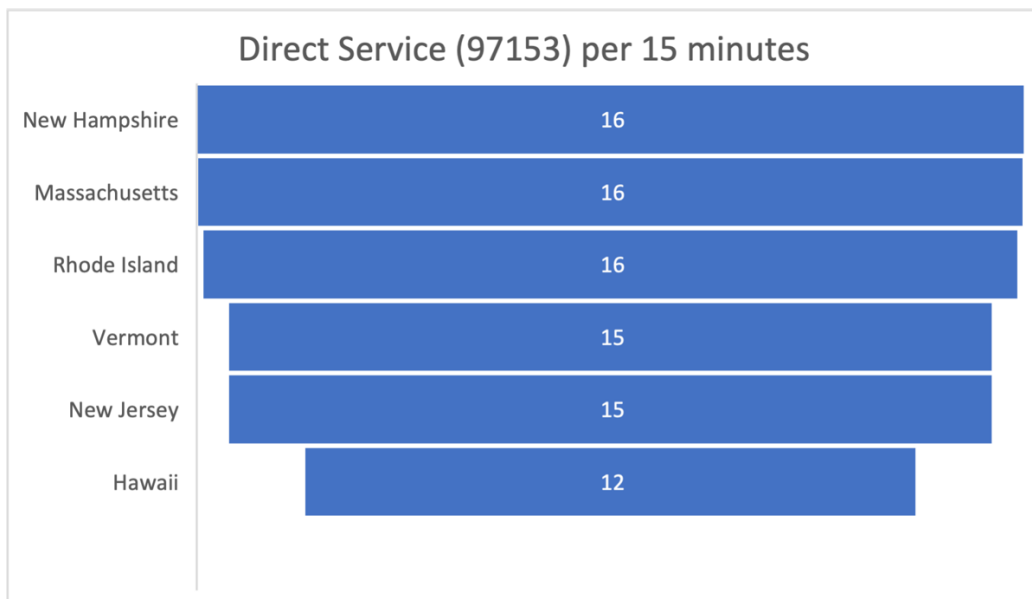
EPSDT requires that these services be provided **without delay**. The previously referenced CMS bulletin² states:

*EPSDT also requires medically necessary diagnostic and treatment services. When a screening examination indicates the need for further evaluation of a child's health, the child should be appropriately referred for diagnosis and treatment **without delay**. Ultimately, the goal of EPSDT is to assure that children get the health care they need, when they need it – the right care to the right child at the right time in the right setting.*

The role of states is to make sure all covered services are available as well as to assure that families of enrolled children, including children with ASD, are aware of and have access to a broad range of services to meet the individual child's needs.

Ensuring an adequate network is established by offering appropriate rates is critical. The existing MedQUEST rates have not been adjusted since 2015, even though the cost of providing these services has skyrocketed. This has caused our member organizations to maintain wait lists for children who are in dire need of services and is in direct contradiction to the requirements of EPSDT.

Additionally, as indicated below, other states with similar costs of living have rates that are more in line with economic forces:



² Ibid.

According to the most recent estimates from the Centers for Disease Control, 1 in every 36 children is diagnosed with autism spectrum disorder. This means that 2% of Hawaii's children who are on Medicaid have an autism spectrum disorder, and to date, many are unable to access the most basic, evidence-based treatments for their diagnosis. Because of this, we respectfully request that you pass work to ensure that necessary steps are taken to establish adequate rates for autism service providers.

Thank you for your leadership and effort to ensure that Hawaii's autistic children who are enrolled in Medicaid have access to life-changing, evidence-based care.

Respectfully,

A handwritten signature in blue ink that reads "Judith Ursitti". The signature is written in a cursive, flowing style.

Judith Ursitti
Vice President of Government Affairs