

November 14, 2023

Texas Health and Human Services Commission
Attention: Provider Finance, Mail Code H-400
4601 W Guadalupe St.
Austin, Texas 78751
PFDAcuteCare@hhs.texas.gov

Re: Proposed Medicaid Payment Rates for Medicaid Biennial Calendar Fee Reviews – Autism Services

Dear Members of the Health and Human Services Commission:

I write to you today on behalf of The Council of Autism Service Providers (CASP) regarding the proposed Medicaid payment rates for Medicaid biennial calendar fee reviews specific to autism services.

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 the quality of care. We are also home to the clinical practice guidelines for applied behavior analysis, "[Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers \(2nd ed.\)](#)"¹ (Practice Guidelines).

Of particular interest to our members is the coverage of evidence-based care in private health insurance plans and through Medicaid. Timely access to medically necessary treatment, including applied behavior analysis, is critical for children with autism spectrum disorder (ASD).²

The State of Texas took an essential step over a decade ago when it passed legislation requiring state-regulated health plans to cover medically necessary care for 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. In addition, the number of qualified providers has

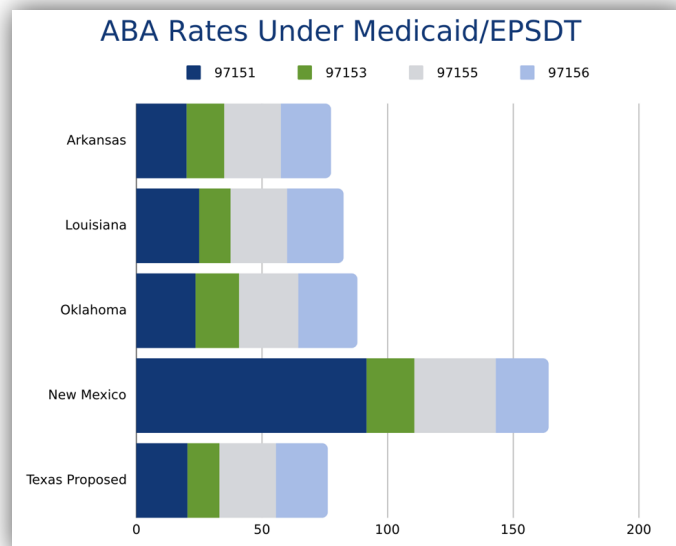
¹ Council of Autism Service Providers. 2020. *Applied Behavior Analysis Treatment of Autism Spectrum Disorders: Practice Guidelines for Healthcare Funders and managers (2nd ed.)* <https://casproviders.org/asd-guidelines/>.

² The American Academy of Pediatrics has long-recognized that immediate intervention is critical in the treatment of autism. *Pediatrics*, Vol. 120, No. 5, Management of Children with Autism Spectrum Disorders (2007), p. 1163.
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dramatically multiplied statewide, creating jobs in Texas communities and providing life-changing care.

Legislation providing for coverage of Medicaid-enrolled children diagnosed with autism was passed during the 86th legislative session, ensuring access to medically necessary care under 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.³ Before that time, the providers of applied behavior analysis achieved passage and implementation of licensure for Board Certified Behavior Analysts in Texas.

As the implementation of the provision of medically necessary care to Texas’ Medicaid-enrolled children moves forward, we appreciate the Health and Human Services Commission’s (HHSC’s) work in engaging stakeholders in scheduling a rate hearing on November 14, 2023. We understand from many of our Texas members that the proposed rates fall well below those of neighboring states and are inadequate to build a sufficient network of providers.



HHSC must set sustainable rates for providers to deliver services that are accessible and meaningful to the families they serve across the state.

Additionally, EPSDT requires that these services be provided **without delay**. The previously referenced CMS bulletin⁴ states:

³ 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.medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-07-07-14.pdf>.

⁴ Ibid.

*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.*

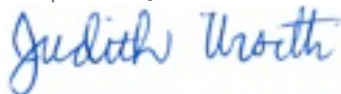
The existing rates have exacerbated the wait times for autistic children attempting to access medically necessary care. According to the most recent estimates from the Centers for Disease Control (CDC), 1 in every 36 children is diagnosed with autism spectrum disorder. This means that 1.5% of Texas children who are on Medicaid have an autism spectrum disorder and, to date, are unable to access the most basic, evidence-based treatments for their diagnosis.

Additionally, the CDC found in a 2023 study⁵ that 26.7% of autistic children are profoundly affected. Without the services mandated under EPSDT, their futures are dire, as are those of their caregivers and the state agencies who will eventually be tasked with funding their support as adults.

We respectfully request that the Texas Health and Human Services Commission (HHSC) work with providers to ensure adequate rates are set.

Thank you for your work in the past and for moving forward to ensure that Texas children with autism who are enrolled in Medicaid have access to life-changing, evidence-based care.

Respectfully,



Judith Ursitti
Vice President of Community Affairs

⁵ Hughes MM, Shaw KA, DiRienzo M, et al. The Prevalence and Characteristics of Children With Profound Autism, 15 Sites, United States, 2000-2016. Public Health Reports. 2023;138(6):971-980. doi:10.1177/00333549231163551