

March 1, 2023

Re: H.B. No. 6659 AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2025, AND MAKING APPROPRIATIONS THEREFORE. (Human Services Agencies)

Senator Osten, Representative Walker, Senator Berthel, Representative Nuccio, and distinguished members of the Appropriations Committee,

I write to you today on behalf of The Council of Autism Service Providers (CASP). 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 both private health insurance plans as well as through Medicaid. Timely access to medically necessary treatment, including applied behavior analysis, is critical for children with autism spectrum disorder (ASD).¹

The State of Connecticut took an important step in 2009 when it passed legislation requiring coverage of 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.

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

¹ 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.
46_dmhc_regs.pdf

with Autism.² EPSDT requires that these services be provided **without delay**. The previously referenced CMS bulletin³ 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 HUSKY 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 in the attachment, other states with similar costs of living have rates that are more in line with economic forces.

According to the most recent estimates from the Centers for Disease Control, 1 in every 44 children is diagnosed with an autism spectrum disorder. This means that 2% of Connecticut'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 a reasonable rate increase for autism service providers be included in the human services appropriations budget to better align those offered by neighboring states, and with those offered by commercial plans.

Thank you for your work in the past and moving forward to ensure that Connecticut

² ¹ Center for Medicaid and CHIP Services. Informationa 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>.

³ Ibid.

children with autism who are enrolled in Medicaid have access to life-changing, evidence-based care. Should you need additional information, please do not hesitate to contact me at jursitti@casproviders.org.

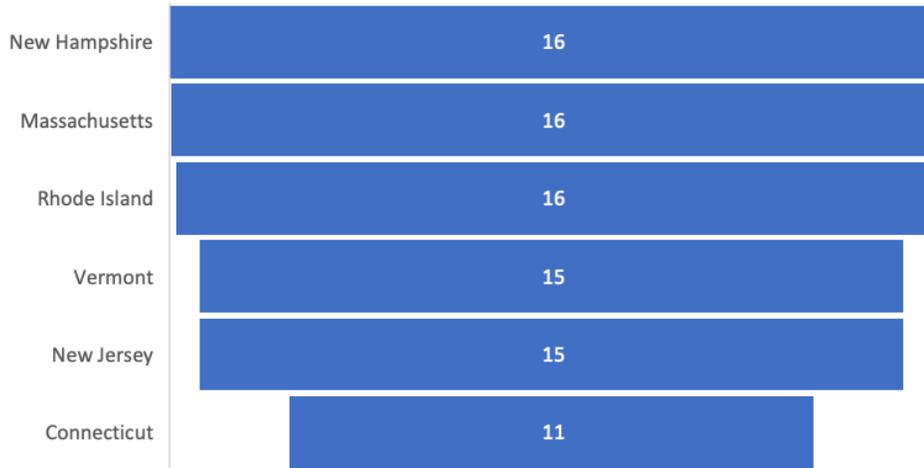
Respectfully,

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

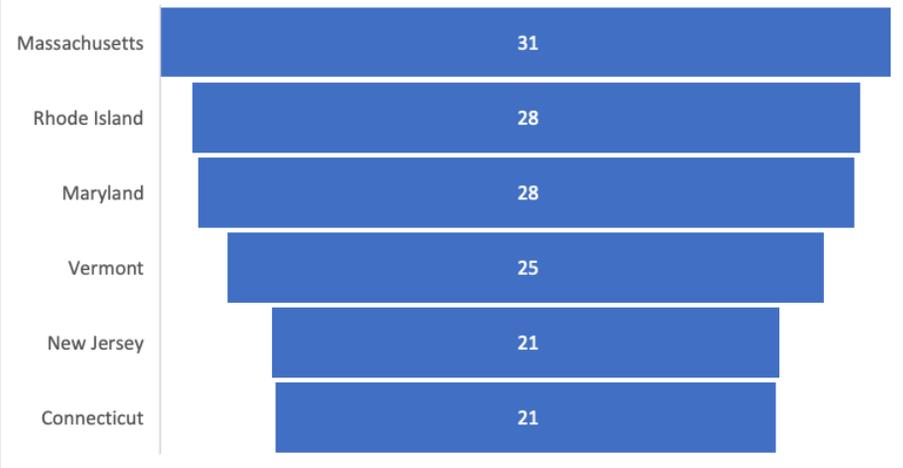
Judith Ursitti
Vice President of Government Affairs

RATE COMPARISON BY STATE FOR APPLIED BEHAVIOR ANALYSIS SERVICES COVERED UNDER EPSDT

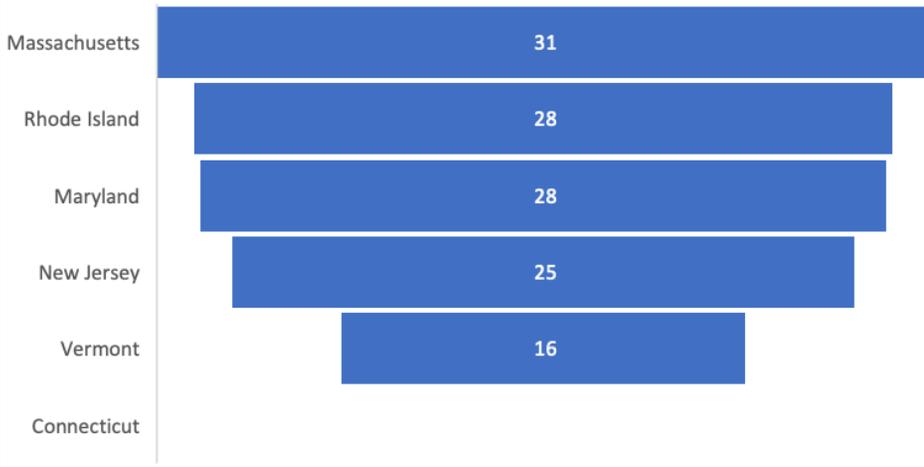
Direct Service (97153) per 15 minutes



Supervision (H0046) per 15 Minutes



Caregiver Training (97156) per 15 Minutes



Assessment Rates (H0031) per 15 Minutes

