

SUBJ: Comments on the Essential Health Benefits (EHB) Benchmark Plan Recommendation

The Autism Society of Colorado (ASC) is a statewide nonprofit organization whose mission is to improve the lives of all those affected by autism. ASC would like to provide the following comments on the recent recommendation to use Colorado's largest small group plan, Kaiser Ded/CO HMO1200D as the Benchmark Plan for the Colorado Health Benefits Exchange (COHBE).

ASC supports the Governor's Office, the COHBE and the Division of Insurance (DOI) in their proposed recommendation to use the small group Kaiser Permanente Plan. However, this Plan is missing key components for the treatment of autism, under the "treatment" section. Several components which are included in Colorado's mandate appear to be missing in the proposed Plan. The Therapies for the Treatment of Autism Spectrum Disorders section currently reads:

*For children under the age of 19, we cover the following therapies for the treatment of Autism Spectrum Disorders:*

- i. Outpatient physical, occupational and speech therapy in a Plan Medical Office when prescribed by a Plan Physician as Medically Necessary. See the "Summary Chart."*
- ii. Applied behavior analysis, including consultations, direct care, supervision, or treatment, or any combination thereof by autism services providers, up to the maximum benefit permitted by State law. See the "Summary Chart."*

Under CRS 10-16-104 (1.4), known as the Health Insurance Mandated Autism Treatment Act passed by the Colorado legislature in 2009, (XII) "Treatment for autism spectrum disorders" shall be for treatments that are medically necessary, appropriate, effective, or efficient. "Treatment for autism spectrum disorders" shall include the following:

*(A) Evaluation and assessment services;*

(not specifically included in the proposed Plan)

*(B) Behavior training and behavior management and applied behavior analysis, including but not limited to consultations, direct care, supervision, or treatment, or any combination thereof, for autism spectrum disorders provided by autism services providers;*

("Behavior training and behavior management" are not specifically included in the proposed Plan)

*(C) Habilitative or rehabilitative care, including, but not limited to, occupational therapy, physical therapy, or speech therapy, or any combination of those therapies. For a person who is also covered under subsection (1.7) of this section, the level of benefits for occupational therapy, physical therapy, or speech therapy shall exceed the limit of twenty visits for each therapy if such therapy is medically necessary to treat autism spectrum disorders under this subsection (1.4).*

("Habilitative or rehabilitative care, including, but not limited to," is not specifically included in the proposed Plan)

*(D) Pharmacy care and medication, if covered by the health benefit plan;*

(not specifically included in the proposed Plan)

*(E) Psychiatric care;*

(not specifically included in the proposed Plan)

*(F) Psychological care, including family counseling; and*

(not specifically included in the proposed Plan)

*(G) Therapeutic care.”*

(not specifically included in the proposed Plan)

These benefits are subject to general terms of the policy, but are otherwise unlimited (except for Applied Behavior Analysis or ABA which is currently limited in dollar amounts depending on age).

Under CRS 25.5.-6-804 (1), the following services are covered which are not included in the proposed Plan:

*(c) Psychological and psychiatric services;*

*(e) Behavioral therapy; (the proposed Plan is limited to only ABA)*

As is evident in the comparisons above, there are several omissions in the draft recommended Plan.

The proposed Plan also stipulates that services be provided “*in a Plan Medical Office*” rather than in an appropriate, efficient and effective manner based on the individual needs of the person with autism. People with autism spectrum disorders often have sensory problems, difficulties generalizing skills learned from one setting to another, and difficulty in unfamiliar social situations, such as a medical office, which would directly impact the ability of the practitioner to provide the most appropriate, efficient and effective intervention.

The Autism Society of Colorado strongly urges the Governor’s Office, COHBE and DOI to stand by their objectives and remember the importance of fully including state mandates in the recommended Benchmark Plan. Families affected by autism must have access to all of the benefits offered under the current state mandate.

As the issue relates to converting dollar limits on Colorado-mandated benefits, the Autism Society of Colorado would welcome a discourse on this issue. ASC continues to recommend a quantitative cap of 30-40 hours per week be applied as medically necessary, up to the amount as determined by a professional with experience and expertise in the treatment of autism and specifically qualified to assess levels of need.

Coverage of autism spectrum disorders is incredibly important to people with autism spectrum disorders, and directly or in-directly impacts all Coloradans. The needs and cost of supporting individuals with autism spectrum disorders do not go away or lessen without intervention. This means that the unmet needs of most of these individuals will likely increase costs in other, less

appropriate services systems, such as mental health, the criminal justice system, and/or hospital emergency rooms.

Thank you for your investment in the decision making process. On behalf of the community ASC represents, ASC appreciates the transparency with which this process has been conducted and the continued opportunity to give feedback and make recommendations.

Best Regards,



Kim Tenure, Policy Director

#### Organizations and Individuals in Support of This Recommendation

The Autism Society of Colorado

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