



KANSAS

FREQUENTLY ASKED QUESTIONS ABOUT THE AUTISM INSURANCE REFORM LAW

1. Generally speaking, what does the Kansas law do?

The law requires coverage of diagnosis and treatment of autism spectrum disorder for children under the age of 19 who are covered in the Kansas State Employee Health Plan (SEHP.) However, the coverage is limited by an annual cap of \$36,000 for children up to 7 years old, and an annual cap of \$27,000 for children aged 7-19.

Private employer-based plans and individual plans are not currently covered by the law. However, after the State health plan provides coverage for a year, State officials will submit a report to the legislature with data on the coverage and a recommendation whether or not to continue the mandated coverage for autism spectrum disorder under the State health benefits program. After the report has been submitted, the legislature may consider a bill that would also cover private insurance policies.

2. When did the law requiring insurance companies to cover services for children with autism spectrum disorder go into effect?

Coverage for services with autism spectrum providers must be provided by the Kansas State Employee Health Plan beginning January 1, 2011.

3. Will my employer-provided health insurance be required to cover my child's autism services?

Only the State employee health plan is required to cover autism services. If you work for a private employer, your employer-provided insurance will not be required to cover your child's autism services.

4. I work for a small company with only 10 employees, and I get my insurance through my company. Will my company's policy provide coverage for autism?

No, the law requires only the State employee health plan to provide coverage for autism.

5. Will my child be covered under the mandate if I buy my health insurance through the individual market instead of through my employer?

No, the law covers only the State employee health plan.

6. I am a state employee or retiree and my family is insured by the State Employee Health Plan. Is my child's coverage included in the mandate?

Yes, the Kansas State Employee Health Plan is required to cover services for diagnosis and treatment of autism spectrum disorder. Covered services include diagnostic evaluation, applied behavioral analysis and treatment "prescribed or ordered by a licensed physician, licensed psychologist or licensed specialist clinical social worker." Approved treatments must be "recognized by peer reviewed literature as providing medical benefit to the patient based upon the patient's particular autism spectrum disorder." However, the coverage is limited by an annual cap of \$36,000 for children up to 7 years old, and an annual cap of \$27,000 for children aged 7-19.

7. Are there limits on what our private insurance is going to be required to cover?

Private insurance is not covered by this law. Once the State employee health plan completes one year of autism spectrum disorder services coverage, the legislature may pass a bill covering private insurance; however, that would not go into effect until January 1, 2013 at the earliest.

8. How will the law be enforced? To whom can I complain if my insurance company doesn't pay?

If coverage for your services is denied, you may file a complaint or appeal with member services at csc@bcbsks.com, or you can call in a complaint at 1-800-332-0307.

<https://www.khpa.ks.gov/sehp/download/BenDescr2009/2009BCBSPlanARev020109.pdf>. You may also contact an attorney to inquire if legal action is appropriate.

9. What coverage is mandated by law?

The Kansas State Employee Health Plan is required to cover diagnosis and treatment of autism spectrum disorders. Diagnosis means any medically necessary assessment, evaluation or test to determine whether an individual has autism spectrum disorder. Treatment services must be provided in a manner determined in consultation with the autism services provider and patient, and must have been recognized by peer-reviewed literature as provided medical benefit to the patient based upon the patient's particular autism spectrum disorder. The plan is required to cover only up to \$36,000 annually for children under 7 years of age, and up to

\$27,000 for children ages 7-19. The plan may require cost-sharing, but it may not be any higher than for physical illness.

Providers must be licensed, trained and qualified to provide such services, or service must be provided by an autism specialist or an intensive individual service provider. Autism specialists must meet certain standards, including a Master's Degree in human services or education, or board certification for behavior analysis. An intensive individual service provider also must meet specific standards, including having a BA in human services or education, and maintaining the standards for their license or certification. For more details on requirements for providers see: http://www.sehbp.org/system/resources/BAhbBIsHOgZmljoyMDExLzAxLzlwL0F1dGlbUJlJpZGVyNEJlbnRlc2NyaXB0aW9uUmV2MDExODExLnBkZg/AutismBenRide_r4BenDescriptionRev011811.pdf.

10. Is applied behavior analysis (ABA) covered? Does the law say who must supervise my child's ABA therapy program? Must the insurer cover the line therapists?

Yes, applied behavior analysis is covered when required by a licensed physician, licensed psychologist or licensed specialist clinical social worker. Providers must be licensed, trained and qualified to provide such services, or service must be provided by an autism specialist or an intensive individual service provider.

An Intensive Individual Service Provider is a person who has at least a bachelors degree in human services or education, and maintains all standards, certifications, and licenses required for their specific license or certification. Other requirements for the Intensive Individual Service Provider include:

- Completion of the state-approved curriculum and passed the test with a score of at least 80%
- Completion of 1,000 hours of supervised experience working with a child with an autism spectrum disorder
- Passed a background check with the Kansas Bureau of Investigation, Adult Protective Services, Child Protective Services, or the Kansas Department of Health and Environment, or the Kansas Nurse Aide Registry, and the Motor Vehicle screen
- Adherence to DBHS/CSS training and professional development requirements
- Designation as a Kansas Medical Assistance Program Enrolled Provider for intensive individual supports
- Working under the direction and supervision of an autism specialist

Thus, a line therapist who works under the requirements outlined above would be covered.

11. Will all of the autism spectrum diagnosis be covered?

Yes, Autistic Disorder, Asperger's syndrome and Pervasive Developmental Disorder not Otherwise Specified as defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM) are all covered by the law.

12. Does autism spectrum disorder have to be the primary diagnosis for the child in order to qualify for coverage?

No, autism spectrum disorder does not have to be the primary diagnosis for the child in order to qualify for coverage.

13. Who determines what services are medically necessary for my child?

While not stated plainly in the law, coverage is initiated only when a licensed physician, licensed psychologist, or a licensed specialist clinical social worker decides that the services covered by the law are required for a patient. Insurers are obligated to review services and may determine what is medically necessary using their own criteria.

14. Will an insurance company be able to question my child's existing autism diagnosis?

There is nothing in the law that prohibits an insurer from questioning an existing diagnosis. However, under the new federal healthcare reform law (the Patient Protection and Affordable Care Act) an insurer may not deny coverage because of a pre-existing condition (PPACA §1201 & §10103(e).) Additionally, if your insurance plan is covered by the law, it is required to cover any diagnostic evaluations or assessments that the individual is required to take.

15. Will insurance companies be able to deny services if my child is not making "sufficient" progress or has reached a plateau in his/her progress?

Insurers are obligated to review the services provided and deny any claim for services "based upon medical necessity or a determination that the covered individual has reached the maximum medical improvement for the covered individual's autism spectrum disorder."