AIR-P Presents:
What’s Medicaid got to do with it?
National Research and State Innovation to Improve Health Outcomes

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This project is supported by the health resources and services administration (HRSA) of the U.S. Department of health and human services (HHS) under the autism intervention research network on physical health (AIR-P) grant, UT2MC39440. The information, content and/or conclusions are those of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
Health Insurance Coverage in the US

**Private health insurance**
- Through an employer
- ACA Marketplace (direct-purchase)
- 216 million Americans

**Medicaid + Children’s Health Insurance Program (CHIP)**
- Federal – state partnership
- State administered within federal requirements
- 73 million Americans

**No health insurance or out of pocket**
- 28 million Americans

**Medicare**
- Entitlement at age 65 or with certain health conditions
- Federally administered
- 60 million Americans

**Tricare/Veterans Administration**
- 12 million
What is Medicaid Called in My State?

California - Medi-Cal

Oklahoma - SoonerCare

Massachusetts - MassHealth

Maine - MaineCare

Delaware - DMAP (Delaware Medical Assistance Program)

Tennessee - TennCare
Medicaid Eligibility
(Disability, Poverty, or Other)

**Disability**
- Eligible due to a diagnosis or disorder
- Level of care requirements

**Poverty**
- Income requirements
- Default, even if other categories are met

**Other**
- State-specific or locally based programs
- Pregnancy
- Medical conditions
Who is Covered by Medicaid in the US?

Enrollment and Spending in Medicaid

Medicaid enrollment:
- Aged: 8%
- Blind and disabled: 12%
- Children: 43%
- Adults: 37%

Medicaid spending:
- Aged: 14%
- Blind and disabled: 32%
- Children: 20%
- Adults: 34%

Source: Spending and enrollment estimates for FY2018 form the Congressional Budget Office’s May 2019 Medicaid baseline. Figures may not sum to 100 percent due to rounding.
Autism Grows Up: Medicaid’s Role in Serving Adults on the Spectrum

Whitney Schott, Ph.D., Kate Verstreate, M.P.H., Sha Tao, M.P.H., Lindsay Shea, Ph.D.


*Source: Authors’ analysis of Medicaid Analytic eXtract data.
What does Medicaid Cover?

**Mandatory Benefits**

- Inpatient hospital services
- Outpatient hospital services
- EPSDT: Early and Periodic Screening, Diagnostic, and Treatment Services
- Nursing Facility Services
- Home health services
- Physician services
- Rural health clinic services
- Federally qualified health center services
- Laboratory and X-ray services
- Family planning services
- Nurse Midwife services
- Certified Pediatric and Family Nurse Practitioner services
- Freestanding Birth Center services (when licensed or otherwise recognized by the state)
- Transportation to medical care
- Tobacco cessation counseling for pregnant women

**Optional Benefits**

- Prescription Drugs
- Clinic services
- Physical therapy
- Occupational therapy
- Speech, hearing and language disorder services
- Respiratory care services
- Other diagnostic, screening, preventive and rehabilitative services
- Podiatry services
- Optometry services
- Dental Services
- Dentures
- Prosthetics
- Eyeglasses
- Chiropractic services
- Other practitioner services
- Private duty nursing services
- Personal Care
- Hospice
- Case management
- Services for Individuals Age 65 or Older in an Institution for Mental Disease (IMD)
- Services in an intermediate care facility for Individuals with Intellectual Disability
- State Plan Home and Community Based Services- 1915(i)
- Self-Directed Personal Assistance Services- 1915(j)
- Community First Choice Option- 1915(k)
- TB Related Services
- Inpatient psychiatric services for individuals under age 21
What does Medicaid Cover?

In 2016, Medicaid spent $94 billion on home and community-based services.

Note: LTSS is long-term services and supports. HCBS is home- and community-based services.

Home and Community-Based Services

Home and Community-Based Services (HCBS) are Medicaid services that people get in the community. People use home and community-based services instead of going into institutions.

Some examples of home and community-based services are:

- Job coaching
- Someone to help you get dressed, take a shower, or eat
- Transportation to a job or an appointment
- Help around the house with things like cooking and cleaning
- Someone who helps you go places in your community, like the library, school, or the gym

States get to decide how they run home and community-based services in their state Medicaid programs. Home and community-based services work differently in different states. States mostly give people home and community-based services through Medicaid Waivers.
States’ use of Medicaid to meet the needs of autistic individuals

*Health Serv Res.* 2021;56:1:207–1214.

**Figure 2.** States that made Medicaid 1915(c) waiver changes from 2004 to 2015, by waiver eligibility type. Numbers at the left indicate the number of states in each designated category at baseline in 2004; numbers to the right indicate the number of states in each category in 2015. ASD, autism spectrum disorder; ID, intellectual disability.
FIGURE 3  Changes in ASD-related 1915(c) waivers by state, 2004 to 2015. ASD, autism spectrum disorder; ID, intellectual disability. Arizona, Vermont, and Rhode Island did not have any waivers during the study period.
To use Medicaid services, you must be enrolled by meeting specific eligibility criteria:

**Poverty requirements**
- ACA eligibility at or below 133% Federal Poverty Level (or $16,971 for a single person)

**Disability**
- Diagnosis criteria
- ‘Level of functioning’ criteria

**Foster Care**

**Pregnancy**
More than 1 in 4 autistic youth lost Medicaid eligibility during the transition into adulthood.

About 1 in 3 re-enrolled in Medicaid.

People with certain characteristics were more likely to disenroll, or lose access, such as being Black or Latinx.
Figure 1 Unadjusted and Adjusted Annual Probability of Disenrollment Among Transition-Age Youth on the Autism Spectrum, With ID, and Both Who Were Enrolled in Medicaid During 2008-2012

Note. Adjusted model was adjusted for age group, sex, race, calendar year, comorbidities (categorical), eligibility group in the prior month, insurance type in the prior month, and state. ASD = autism spectrum disorder; ID = intellectual disability.
Figure 1: Medicaid HCBS waiver waiting list enrollment, 2002-2017.

NOTES: Percent change is calculated using unrounded totals. *Beginning in 2016, totals include Section 1916 (c) and Section 1115 HCBS waiver waiting lists except that CA and NY did not report enrollment for Section 1115 waiting lists; prior years include only Section 1915 (c) waiver waiting lists.
SOURCE: Kaiser Family Foundation Medicaid FY 2002-2017 HCBS program surveys.
Figure 2
Medicaid HCBS waiver waiting list enrollment, by target population, 2017.

Total waiting list enrollees = 707,000

NOTES: Numbers may not sum to totals due to rounding. Data include Section 1915 (c) and Section 1115 HCBS waiver waiting lists except that CA and NY did not report Section 1115 waiting list enrollment, and AL reports its Section 1915 (c) IDD waiting list as "unknown." Other Populations include children who are medically fragile or technology dependent, people with HIV/AIDS, people with mental health needs, and people with traumatic brain or spinal cord injuries. SOURCE: Kaiser Family Foundation Medicaid FY 2017 HCBS program survey conducted in 2018.
Service Use and Unmet Needs Among Adults with Autism Awaiting Home- and Community-Based Medicaid Services

Autistic adults in need of long-term services and supports spend months on waiting lists before receiving such services through Medicaid. Data from a state-wide survey of adults and their caregivers on a waiting list for autism waivers suggest that the majority have unmet needs for functional skills services (63.6%), employment or vocation services (62.1%), and mental and behavioral health services (52.8%). Almost a third require case management services (28.3%). Predictors of greater service need are African American race and the number of physical and behavioral health diagnoses. Predictors of greater service receipt were employment status, housing type, and school enrollment; there was lower service receipt for African American race, Hispanic ethnicity, over age 21 years, and college completion.
Panel A: Odds Ratios of ASD Diagnosis, Logistic Regressions of Comorbidities (Reference: non-ASD)

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<th>Physical Health Conditions</th>
<th>Lower odds</th>
<th>Higher odds</th>
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<td>Constipation</td>
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<td>Disorders of peripheral nervous system</td>
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<td>Epilepsy and recurrent seizures</td>
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<tr>
<td>Down syndrome</td>
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<td>Nutrition conditions</td>
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<td>Gout</td>
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<td>Other disorders of CNS</td>
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<td>Migraines</td>
<td></td>
<td>Parkinson disease and spectrum</td>
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<td>Osteoarthritis</td>
<td></td>
<td>Pituitary gland and hypothalamic control</td>
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<tr>
<td>Stroke</td>
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<td>Symptom concerning nutrition metabolism</td>
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</thead>
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Co-occurring conditions and racial-ethnic disparities: Medicaid enrolled adults on the autism spectrum

Autism Research. 2021;1-16.

Physical Health Conditions:
- Any hospitalized CVD
- Asthma
- Cancer
- Diabetes
- Diarrhea
- Diseases of rectum and anus
- Dyslipidemia
- Gallbladder disorders
- Genetic disorders
- GERD
- Headache
- Hematology anemia
- Hepatic disease
- Hypertension
- Low vision and blindness
- Migraines
- Nutrition conditions
- Obesity
- Organic sleep apnea
- Osteoporosis
- Pubertal and genital disorders
- Stroke
- Symptom concerning nutrition...
- Thyroid disease
- Vitamin deficiency

Odds Ratio/Confidence Interval

Asian/Pacific Islander
Black
Hispanic/Latino
Prescription Drug Use and Polypharmacy Among Medicaid-Enrolled Adults with Autism: A Retrospective Cross-Sectional Analysis

Key Points

About half of adults with autism spectrum disorders (ASD) use six or more classes of prescription drugs in a year. Almost 20% of adults with ASD use three or more classes of psychotropic drugs within a period of 90 days.

In addition to common use of psychotropics such as antipsychotics, antidepressants, and anxiolytics, many adults with ASD also use other medical treatments including dermatologic agents, antihyperlipidemics, gastrointestinal agents, antiparkinsonian agents, and immunologies.

There is a glaring need to build strong evidence for pharmacological interventions used by individuals with ASD, especially adults. More clinical trials including adults with ASD would help healthcare providers design optimum treatment regimens for their patients.
COVID-19 risk: Adult Medicaid beneficiaries with autism, intellectual disability, and mental health conditions

**Figure 1.** Medicaid beneficiaries on the autism spectrum, Medicaid beneficiaries with ID, and percent Medicaid beneficiaries with any mental health condition, by county, 2008–2012.
PA’s Office of Developmental Programs (ODP)

- Bureau of Community Supports (BCS)
  - Consolidated Waiver
  - Person/Family Directed Support (PFDS) Waiver
  - Community Living Waiver
- Bureau of Supports for Autism & Special Populations (BSASP)
  - Adult Autism Waiver (AAW)
  - Adult Community Autism Program (ACAP)
ODP-Wide Initiatives

- Training providers around supporting the prevention of the **Fatal Four**
- Using **Health Risk Screening Tool (HRST)** within Residential Services to identify medical risks and promote mitigation
- Nursing staff involved in incident reviews and on-sight inspections to provide **quality oversight** of services around medical needs.
- Contracts with **Health Care Quality Units (HCQUs)** to provide education and consultation re: medical and physical health needs
Adult Community Autism Program (ACAP):
The Adult Community Autism Program (ACAP) is a managed care program for individuals over the age of 21 available in four counties in Pennsylvania (Chester, Cumberland, Dauphin, and Lancaster). Managed care means that ACAP pays for physical health services and home and community-based services. Participants in ACAP can get the following services:

- All Physician Services
- Assistive technology
- Career Planning
- Community Support
- Community Transition Services
- Day Habilitation
- Family Support
- Homemaker/chore services
- Medical supplies and durable medical equipment
- Non-medical transportation
- Personal assistance services
- Physical, occupational, vision and mobility, and speech therapies (group and individual)
- Residential Habilitation
- Respite
- Specialized Skill Development
- Supported employment
- Supports coordination

There is no maximum amount (also known as a cap) of services that a participant can get in ACAP.
A Unique Focus on HCBS and Physical Health

• ACAP is the participant’s health insurance
• One provider oversees both HCBS and physical health services
  • Assists with scheduling and maintaining medical appointments
  • Has a network of providers to provide services (those that are not directly provided through the ACAP provider)
• Strong coordination for holistic supports
  • In house Director of Health Services
  • Medical practitioners can assist in identifying needed supports and services and set goals to be implemented by the HCBS team
  • Community services assist in maintaining a healthy lifestyle including using ABA techniques through Behavioral Support Service
Adult Autism Waiver (AAW):
The Adult Autism Waiver (AAW) is a Medicaid waiver that is available statewide in Pennsylvania for individuals over the age of 21. Participants in AAW can get the following services:

- Assistive Technology
- Career Planning
  - Job Finding
  - Vocational Assessment
- Community Transition Services
- Day Habilitation
- Family Support
- Home Modifications
- Nutritional Consultation
- Residential Habilitation
- Respite
- Specialized Skill Development
  - Community Support
  - Systematic Skill Building
  - Behavioral Specialist Services
- Supported Employment
  - Extended Employment Supports
  - Intensive Job Coaching
- Therapies (Speech, Language, and Counseling)
- Small group employment
- Vehicle Modification
- Transportation

There is no maximum amount (also known as a cap) of services that a participant can get in AAW.
Services to Bolster Physical Health

- **Systematic Skill Building**: assess needs and design plans to teach skills
- **Behavioral Support Services**: assess needs and design plans to address behaviors interfering with optimal functioning
- **Community Support**: implementation of plans to build skills and address behaviors interfering with optimal functioning

**Typical Physical Health Goals & Support**

- Medication Management
- Health Condition Management
- Nutritional Consultation
- Managing and Attending Medical Appointments
- Exercise
Resources


Feedback Survey:

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Thank you for attending!
A link to view the recording will be emailed to all registrants.
We hope to see you next month!

Tuesday, January 18, 2022
4:00 p.m. - 5:00 p.m. ET
AIR-P Presents: Bolstering Autistic College Students' Mental Health and Wellness

This webinar will:
- Relay findings from a qualitative research study on how autistic college students make sense of their mental health and wellness
- Offer recommendations to colleges on how to support autistic college students as they navigate taking care of their mental health

Register: