

# An Updated National Review of Medicaid HCBS for Individuals with Autism Spectrum Disorder

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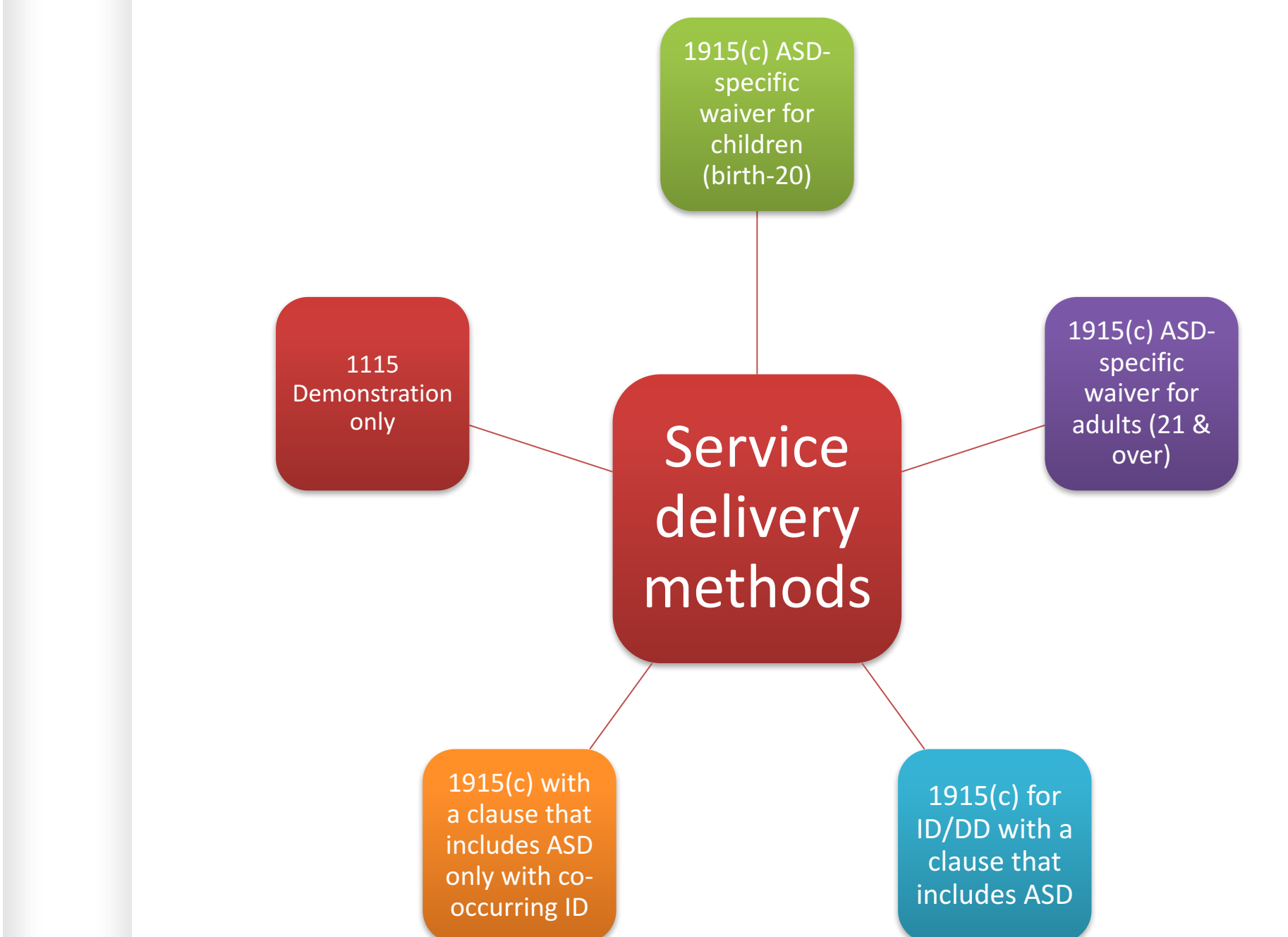


## Purpose of this Review

This review examined ways states provide Medicaid home and community based services (HCBS) to people with autism spectrum disorder (ASD). This study replicated methods used by Hall-Lande, Hewitt & Moseley (2011). Since the last review, several issues may change the ASD policy landscape:

- DSM-5 ASD diagnostic criteria changed
- CMS Final Rule (CMS-2249-F/CMS-2296-F) intended to maximize community living and provide additional pathways for long-term service and supports programs, including 1915(i) State Plan HCBS and 1915(k) Community First Choice options
- Medicaid Early Periodic Screening, Diagnostic, and Treatment services (EPSDT) clarified as vehicle to provide early intervention services for children and youth with ASD (ages birth to 21). States create their own methods of delivering EPSDT, and services included.

All of these above factors were expected impact demand for and delivery of HCBS for individuals with ASD.



## Methodology

This review was conducted in October 2015-February 2016, by two trained reviewers to collect and cross-check all data. These data are a snapshot of policy during data collection.

Search 1915(c) and 1115 Demonstrations on [www.medicaid.gov](http://www.medicaid.gov) including approved, pending, & terminated waivers

Specified target groups (appendix B-1 (a) and (b)) and states' definition of developmental disability, and the ages in which services are provided were checked

Follow up calls and emails made to state personnel if waivers were (1) expired, or (2) eligibility criteria unclear

## Policy changes in delivery of services since 2009-10 review

### Added related clause

Hawaii, Kansas, Kentucky, Louisiana, Michigan, Minnesota, Nebraska, New Jersey, Ohio, Virginia

### Discontinued related clause

Arizona, District of Columbia, Maine, Maryland, Massachusetts, Montana, Pennsylvania, Rhode Island, South Carolina, Vermont

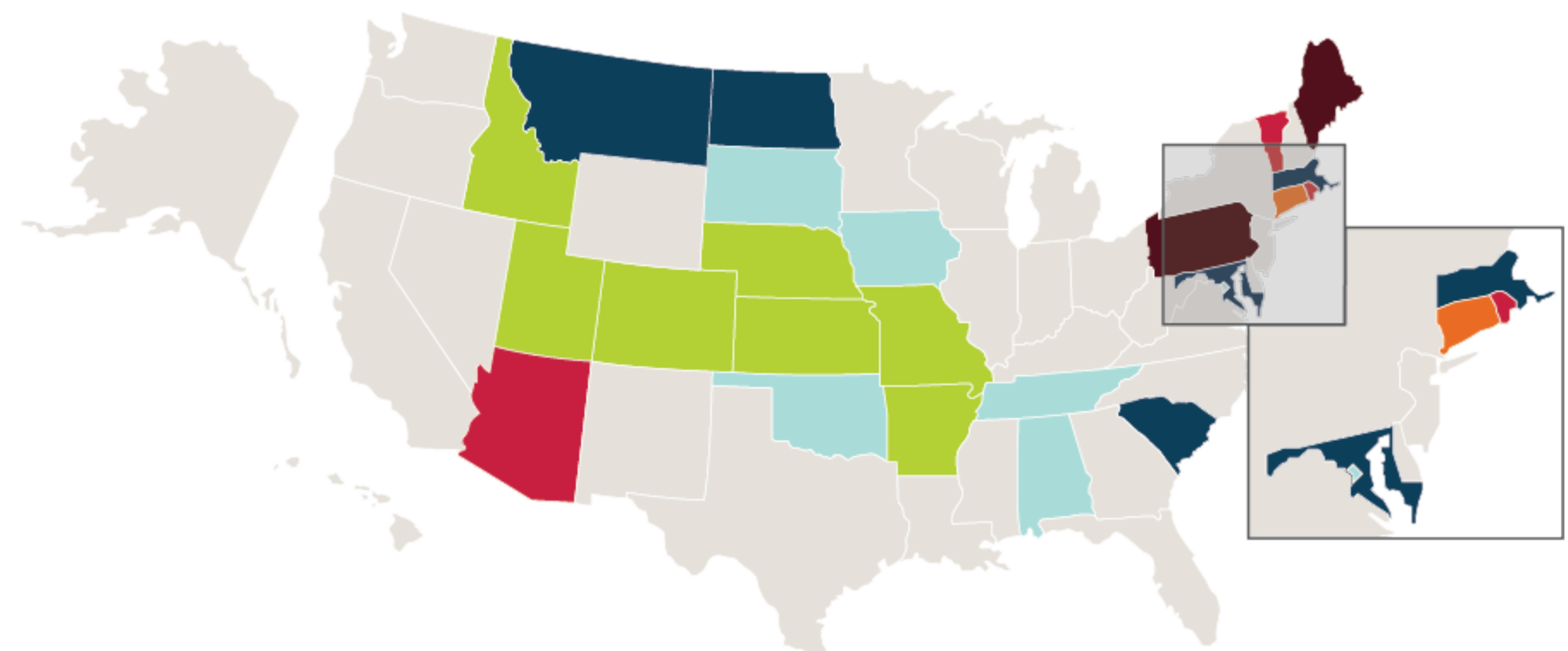
### Added ASD-Specific

Arkansas, Connecticut, Idaho, Maine, North Dakota, Utah

### Discontinued ASD-specific

Indiana, New York, Wisconsin

## Methods of delivering HCBS to people with ASD in 2015-16



- 1115 Demonstration only
- 1915(c) Waiver with a related clause for people with ASD only with co-occurring ID
- 1915(c) waiver with a related clause that includes people with ASD
- ASD-specific children's waiver only
- ASD-specific adult's waiver only
- 1915(c) waiver with a related clause and ASD-specific children's waiver
- ASD-specific waiver for children and adults

## Conclusions

- Gaps in HCBS are evident in and across states for people with ASD.
- EPSDT is intended to ensure services are available to children, but no nationwide policy is implemented to ensure HCBS to adults with ASD. Phasing out of 1915(c) ASD-specific children's waivers may be likely.
- 1915(c) waivers requiring co-occurring ID may not address needs of all people with ASD.
- CMS transition plans may further diversify ways that states deliver HCBS to people with ASD. Future reviews should take these methods into account.
- Advocacy efforts in states appear to matter due to variability in service delivery methods.

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