

# AUTISM AWARENESS MONTH

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## How Families Can MAXIMIZE INSURANCE COVERAGE for Autism Services

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Families of children diagnosed with Autism Spectrum Disorder (ASD) know how costly it can be to get services for their children. In addition to early intervention (birth to age three) and special education (school age) services, many families supplement therapies, or pay for therapies that may not be covered in schools. There have been many recent changes which will positively affect families in accessing services that their children with autism need.

### How the ACA is Helping Families

The Affordable Care Act (ACA) has done away with lifetime and annual caps on health insurance benefits for children. Also, children with “preexisting conditions” can no longer be denied coverage and plans can’t “drop” an enrollee because they have a health condition. In addition, plans must cover state-identified “Essential Health Benefits” (EHBs), which include “mental health and substance abuse disorders, including behavioral health treatment.” It is not always clear within state-specified EHBs what is meant by “behavioral health” and if it includes therapies for autism such as applied behavioral analysis, etc. However, it should be easier to get therapies such as speech, occupational, and physical therapy because another of the 10 EHBs is “Rehabilitative and habilitative services and devices”. Previously, insurance companies covered therapies to restore lost skills (rehabilitative) but denied habilitative services as “educational or developmental”. But the argument became how children would gain skills in the first place without therapy. For more information on EHBs see: <http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/ehb-2-20-2013.html>

### Autism Insurance Mandates in the States

Some states also have mandates for autism insurance coverage which may help families access services. However, there are limitations on some of these. In some states, it only applies to state health benefits plans. Other limitations are that it would not apply to a “self-funded” or “self-insured” plan because those plans are exempt from state regulation due to the Employee Retirement Income Security Act (ERISA.) For a current list of states that have autism insurance mandates, see <http://www.autismspeaks.org/advocacy/states>. Please note that in New Jersey, the insurance mandates covers not only children with autism spectrum disorders but also other developmental disabilities.

### Covering Biologically-Based Illness and Mental Health Parity

Another initiative is federal mental health parity (following the national law on biological illness), which means that insurers must cover biologically-based mental health conditions equally with the benefits they provide for physical conditions. Autism is listed in the DSM-V (Diagnostic and Statistical Manual of Mental Disorders.) In addition, some states established their own mental health parity laws. The federal law will not override state laws that are more generous.

### Private and Public Insurance Options

Families should know that their child may be eligible for both private and public insurance. Coordination of benefits means that Medicaid as the secondary insurance will usually cover what is left

over from the primary coverage on the private plan. Under the ACA, private insurance can continue up to age 26 (higher in some states.) In addition, families can get a form for a “disabled dependent” from their employer and continue indefinitely as long as they are employed. It is important to note that under the ACA, children with Medicaid can also apply for a Qualified Health Plan (QHP) on the Marketplace. However, the child will not be eligible for subsidies or tax credits, though the rest of the family is still eligible. The Catalyst Center has a Questions and Answers document on this topic found at <http://hdwg.org/catalyst/medicaid-and-marketplace>. For children, there is excellent coverage for autism services due to Early Periodic Screening Diagnostic and Treatment (EPSDT). For more information on EPSDT, please see <http://mchb.hrsa.gov/epsdt/overview.html>. Families can also apply for Supplemental Security Income for their child with autism. The Social Security Administration has a booklet “Benefits for Children with Disabilities” at

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05-10026.pdf. It is also important to note that if a child isn't eligible for either SSI and/or Medicaid because of their family income, they can reapply at age 18 because they are considered a “family of one” and parental income no longer counts. In using either public or private insurance, families should know they have the right to appeal any claims that were denied. Most families (two out of three families denied coverage for a service) do not do this, even though half of the time decisions are made in their favor upon reconsideration.

### Resources for Families of Children on the Autism Spectrum

For those costs not covered by insurance, families may be eligible for reimbursement in some states that have “catastrophic illness” funds. Families can check with their state Maternal/Child Health program found at <http://mchb.hrsa.gov/programs/titlevgrants/>.

Lastly, Autism NJ and the Statewide Parent Advocacy Network (NJ's federally

designated Parent Training and Information Center) have joined forces to do workshops on maximizing insurance coverage for children with autism. The booklet for families can be found at: <http://www.autismnj.org/document.doc?id=26>. Although specific to NJ autism law, much of the information in this document is generic and applies nationally such as definitions of self-funded plans, how families can determine which type of plan they have, and other national laws that affect coverage of services for children with autism. For more help on this issue, parents can contact their Family Voices/Family-to-Family Health Information Center found at <http://www.familyvoices.org/page?id=0052> •

#### ABOUT THE AUTHOR:

Lauren Agoratus, M.A. is the parent of a child with multiple disabilities who serves as the Coordinator for Family Voices-NJ and as the southern coordinator in her state's Family-to-Family Health Information Center, both housed at the Statewide Parent Advocacy Network (SPAN) at [www.spanadvocacy.org](http://www.spanadvocacy.org)

#### Resources

**HealthCare.gov**

[www.healthcare.gov](http://www.healthcare.gov)



**AUTISM SPEAKS**  
It's time to listen.

[www.autismspeaks.org/advocacy/states](http://www.autismspeaks.org/advocacy/states)

**CATALYST CENTER**

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WITH SPECIAL HEALTH CARE NEEDS

[www.hdwg.org/catalyst/medicaid-and-marketplace](http://www.hdwg.org/catalyst/medicaid-and-marketplace)

**CMS.gov**

Centers for Medicare & Medicaid Services

[www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/ehb-2-20-2013.html](http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/ehb-2-20-2013.html)

**FAMILY VOICES**

[www.familyvoices.org/page?id=0052](http://www.familyvoices.org/page?id=0052)