

Title: Advocating for Access: Improving Statewide Access to Behavioral Health Support Services for Children with Neurodevelopmental Disorders and Disabilities including, Autism Spectrum Disorder

Introduction

This policy aims to improve access in California for behavioral support services for children with neurodevelopmental disorders and disabilities, such as autism spectrum disorder (ASD) and ADHD. The goal is to improve the care that is provided to these patients. Higher quality care is available in other states and is reflected by standardization of the definition for “medical necessity”, increased insurance coverage for child’s assessment and diagnosis, and therefore greater access to a variety of treatments (including behavioral health support services) that are medically necessary, and evidence-based.

Background/Executive Summary

The estimated prevalence of children with ASD has increased markedly in the U.S. over the past decade, with 1.2 million children aged 3-17 having been diagnosed with ASD by 2016. Despite the rising prevalence, there is little access to behavioral health care services to this vulnerable population. Compared to children without ASD, children with diagnosed ASD are more likely to have received a psychiatric diagnosis of ADHD, oppositional defiant disorder/conduct disorder, anxiety, depression, or other serious mental illness.

Of those diagnosed with ASD, serious issues in access to care have been reported, including that over a quarter of children with ASD haven’t received behavioral health care or medication treatment, and that caregivers of children with ASD are at increased odds of reporting difficulty using health services for their child as well as worse access to care compared to caregivers of children with other developmental disabilities.

A recent study conducted in 2020 revealed a shortage of behavioral healthcare services for children with ASD at mental health treatment facilities throughout the U.S. The study identified a shortage of such services, with less than half (43%) of the survey facilities reportedly providing behavioral health care services for children with ASD. It is also concerning that only 12.7% of facilities reported having a provider specialized in providing care for ASD and 4.3% had a specialized treatment for children with ASD.

Studies have indicated that there are substantial differences in the availability of ASD treatment resources at both state and county levels. The large differences are likely due to the barriers set by insurance providers due to unstandardized definitions of medically necessary therapy services, distribution of the healthcare workforce, especially individuals with training in interventions for children with ASD, state-specific policies related to ASD, generosity of reimbursement for ASD services and broader sociodemographic factors.

Due to the barriers stated above, we propose that insurance providers to standardize the definition of medical necessity needed to support authorization of therapy services, improve access to such services through increased coordination between primary and specialty providers, coverage for telemedicine through Medicare Services, and increase availability to these providers through expansion of the loan forgiveness program.

Problem Statement

Given that most behavioral health facilities do not have services for children with neurodevelopmental disorders and disabilities, policymakers and insurance providers need to consider changing the way treatment is provided to this vulnerable population. In addition, individuals with neurodevelopmental disorders require chronic management throughout their lifespan. Services include behavioral, speech-language, occupational, and physical therapies to treat a range of behavioral, language, sensory, and adaptive deficits intrinsic to the disorder. Health care costs

for children with neurodevelopmental disorders can be substantial and insurance has excluded or provided minimal coverage for the treatment of ASD. Behavioral health services to treat children with ASD may be delivered for as many as 40 hours per week (or more) for several years. The intensity of services often recommended for behavioral therapies typically far exceeds the level that traditionally most policies covered for mental health services.

Policy Recommendations

- Eliminate the existing statutory obstacles and require health insurance coverage for all forms of medically necessary, evidence-based behavioral health therapy, without arbitrary limits or denials, for Californians with ASD.
- Standardize the definition of “medical necessity” for children with neurodevelopmental disorders and disabilities, including ASD, to align with the Medi-Cal definition and ensure equal care to all children.
- Improve access by eliminating differences between behavioral health and medical/surgical benefits.
- Increase the network adequacy of effective services, and the number of qualified providers for children with mental health needs.
- Increase support for coordination between primary care and specialty providers to improve timely access and client outcomes.
- Provide coverage for telemedicine behavioral services through Medicare Services to increase affordability and access to services.
- Expand training and education including loan forgiveness programs for providers, such as ABA therapists, who specialize in providing services for children with ASD.

Implementation Considerations

Implementation of these policy changes will require funding from the state government, federal government, and medical insurance companies to address standardization of medical care through redefining “medical necessity”, additional training, and additional funding needed to increase providers available to this population. Insurance providers should be responsible for the authorization and implementation of said authorization to decrease barriers for equal care. As the quality of care improves and more people with ASD receive care, further research regarding best practices and clinical outcomes is needed.

Summary

The state of California should deliver behavioral health services efficiently and consistently across all counties statewide to children with neurodevelopmental disorders and disabilities, including ASD, that have comorbidities that require behavioral health services. Children with neurodevelopmental disorders should not be denied coverage for physician and psychologist prescribed evidence-based behavioral health services and should be able to be offered more than one form of behavioral health support. Moreover, insurance providers should be required to standardize the definition of “medical necessity”, authorize, and implement authorization to provide standardized care for this entire population.

References

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