

Expanding Autism Case Management Services in Virginia: Research and Insights on Policies and Payer Coverage

Executive Summary

“It is vital that health plans not only provide a range of services, but educate beneficiaries and their families in order to ensure that they are matched to the right services. Offering a range of services not only improves beneficiary health outcomes and cost-efficiency but also is a necessary element of compliance with federal laws, such as the Affordable Care Act and Mental Health Parity and Addiction Equity Act, as well as state-level mandates. Careful case management and coordination can help to ensure that services are used appropriately and efficiently and can help beneficiaries determine which services are right for them.”¹

Key Insights and Summary Findings:

- Children and adults with ASD and their caregivers face significant barriers to services—case management can help overcome that challenge, connecting clients to community-based supports and providing continuity among providers.²
- When community-based care and other supportive and therapeutic services are efficiently coordinated, health plan members undoubtedly benefit, **but additional costs to payers is a barrier for private coverage for case management and other services.**
- Although case management in any setting focuses on person-centered care and improving services and outcomes for the patient/client, competing interests can emerge between stakeholder groups.
- Substantiating the benefits of autism case management is a challenge due to a lack of data or impact studies. Insurance coverage of these services is relatively new, and evaluating outcomes is a challenge in the absence of national quality standards or measures.
- Private insurance payers have little to no incentive to expand autism case management services because the financial benefit is unclear, and implementation is not as easily automated as medical care coordination. Rather, state-funded managed long-term services and supports (MLTSS) programs have been the innovators of these services.

Current Programs and Policies in Virginia and Beyond:

- Private payer involvement with the services required by individuals with special or supportive care needs has largely been through Medicaid managed care programs, specifically, managed long-term services and supports (MLTSS); the point of intervention is at the state level.
- In 2017, the Virginia Department of Medical Assistance Services (DMAS) selected six Managed Care Organizations (MCOs) to administer MLTSS programs, including care coordination, for Medicaid and dual eligible beneficiaries. The program is now called Commonwealth Coordinated Care Plus (CCC+):
 - Optima Health Community Care
 - Magellan Complete Care of Virginia
 - Anthem HealthKeepers Plus
 - Virginia Premier Elite Plus
 - Aetna Better Health of Virginia
 - United Healthcare Community Plan

- Several states have long-standing MLTSS programs and collaboratives that can serve as a resource and example for expansion in Virginia:
 - The State of Arizona is a leading innovator in policy and service delivery of Long-Term Services and Supports through the Arizona Health Care Cost Containment System (AHCCCS) and its Long-Term Care System (LTCS).
 - Wisconsin undertook MLTSS with the explicit goal of ending the waiting list, improving access and choice, increasing quality, and achieving cost efficiencies.
 - Formed in 2011, The California Collaborative for Long Term Services and Supports (CCLTSS) is a statewide coalition of aging and disability organizations that advances LTSS policy.

Selected Stakeholders of Autism Case Management Services Expansion in Virginia:

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| <ul style="list-style-type: none"> • Individuals with autism • Parents & caregivers • CA Human Services • State of Virginia/Taxpayers • Virginia Department of Medical Assistance Services (DMAS) • Colleges and universities • Legislators • Local government agencies • Schools • Advocacy organizations • Case Managers • Local CSBs • Centers for Independent Living | <ul style="list-style-type: none"> • Healthcare, therapeutic, and community service providers • Insurance companies managing MLTSS (CCC+) • Private insurers impacted by future mandates • Employers and individuals who pay health insurance premiums • Unite Virginia • Disability Law Center/Virginia Board for People with Disabilities • DBHDS • Institute for Exceptional Care (IEC) • Children’s Hospitals • The Arc of Virginia |
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Options and Next Steps:

- **Pursue a legislative strategy**—Network with stakeholder organizations to optimize existing momentum and political opportunity to advance policies. Engage with service providers, physicians, and others to support a collaborative legislative strategy and build knowledge around existing payer limitations and opportunities in autism service coverage.
- **Connect with payers**—Reach out to Virginia health plans who currently manage the MLTSS/CCC+ plans to learn more details and discuss potential resource sharing collaboration (standards of care, impact studies, provider lists, etc.).
- **Address lack of data**—Investigate and support research by engaging with an academic institution or foundation to potentially fund and implement outcomes and financial impact studies.

¹ “Private Health Coverage for Autism Services: A Guide for Plan Administrators.” Autistic Self Advocacy Network (ASAN), autisticadvocacy.org/wp-content/uploads/2017/03/Private-Health-Coverage-for-Autism-Services-A-Guide-for-Plan-Administrators.pdf.
² Vohra, Rini, et al. “Access to Services, Quality of Care, and Family Impact for Children with Autism, Other Developmental Disabilities, and Other Mental Health Conditions.” *Autism: The International Journal of Research and Practice*, U.S. National Library of Medicine, Oct. 2014, www.ncbi.nlm.nih.gov/pmc/articles/PMC4908578/.