



January 25, 2019

Division of Medical Assistance and Health Services
Office of Legal & Regulatory Affairs
Attention: Margaret Rose
P.O. Box 712, Mail Code #26
Trenton, New Jersey 08625-0712

Re: EPSDT Autism Benefit

Dear Ms. Rose,

Autism New Jersey enthusiastically commends Governor Murphy's commitment to children with autism as evidenced by the first-time inclusion of \$25 million in state and federal dollars in the State FY 19 budget for the medically necessary treatment of autism under the Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. This investment will tangibly improve children's and families' lives and decrease the devastating personal and societal costs of autism for the 1 in 34 children affected by autism in New Jersey - 20,000 of whom are Medicaid beneficiaries.

On behalf of these children and their families, Autism New Jersey offers three (3) recommendations on the following topics: 1) evidence-based treatment, 2) provider qualifications, and 3) the process to access treatment.

1) Evidence-based Treatment

AGREEMENT: We firmly believe that children with autism deserve access to the best available treatments that have been tested through research and have the consensus of the scientific community (see references below). Decades of well-controlled research and parents across the state have repeatedly demonstrated that the abilities and quality of life of children with autism improve with Applied Behavior Analysis (ABA) and related services. The inclusion of ABA is a wise investment that will change children's lives and lower the long-term costs for families and the state.

CONCERN: Children's lives should not be gambled with nor should medically necessary treatment be delayed in favor of interventions that have not been proven effective by medical treatment standards. Without effective treatment, the symptoms of autism can worsen over time and cause greater harm.

2) Provider Qualifications

AGREEMENT: Autism New Jersey agrees with many of the provider qualifications included in the proposed plan and recommends that all medically necessary treatment is provided by professionals who are licensed in the State of New Jersey or certified by a nationally accredited credentialing body.

CONCERN: We are concerned with the wide variety of professionals who could provide “Behavior Support Services.”

First, many of the professionals included in the proposed SPA do not have “Behavior Support Services” or, as it is more formally known, “Applied Behavior Analysis,” in their scope of practice and are not qualified or competent to deliver such services. This decreases the likelihood that these services will ameliorate the symptoms of autism.

Second, the title, “Behavior Support Services,” does not conform to the professional literature on autism treatment or the American Medical Association’s Current Procedural Terminology (CPT) codes. CPT codes are the most widely accepted medical nomenclature for documenting medical services and procedures to streamline reporting and increase accuracy and efficiency. Thus, we recommend changing the name of this service to “Applied Behavior Analysis” to link it to the CPT codes for “Adaptive Behavior Services.” These codes essentially require a Board Certified Behavior Analyst (BCBA) or psychologist to deliver or supervise this medical service.

3) Process to Access Treatment

COMMENT: Given the urgent and tremendous unmet treatment needs of children with autism across the state, Autism New Jersey recommends that the administrative home for these services be able to facilitate timely and streamlined access to screening, assessment, treatment, and reimbursement with no improper limitations or delays such as age limits, Children’s System of Care (CSOC) developmental disability eligibility, CSOC Care Management Organization (CMO) eligibility, acute behavioral challenges, limitations in provider choice, etc.

As evidenced by regular conversations with Medicaid and Children’s System of Care (CSOC) officials since CMS issued its guidance on July 7, 2014, our August 2016 public comments that included CMS-approved language for a SPA, and our active participation in the stakeholder group, Autism New Jersey remains steadfast in our commitment to working with the Administration to maximize every dollar of this state and federal allocation to confer the greatest possible benefit to children with autism.

Thank you for your time and consideration.



Suzanne Buchanan, Psy.D., BCBA-D
Executive Director

References

American Academy of Pediatrics, Council on Children With Disabilities. (2007, reaffirmed 2014). [Clinical report: Management of children with autism spectrum disorders](#). *Pediatrics*, 120, 1162–1182.

Association for Science in Autism Treatment (ASAT) - [Learn More About Specific Treatments](#)

National Autism Center. (2015). [Findings and conclusions: National standards project, phase 2](#). Randolph, MA: Author.

Wisconsin Department of Health Services (DHS) [Treatment Intervention Advisory Committee](#).

Wong, C., Odom, S. L., Hume, K. Cox, A. W., Fettig, A., Kucharczyk, S., ... Schultz, T. R. (2014). [Evidence-based practices for children, youth, and young adults with Autism Spectrum Disorder](#). Chapel Hill: The University of North Carolina, Frank Porter Graham Child Development Institute, Autism Evidence-Based Practice Review Group.

Young, J., Corea, C., Kimani, J., & Mandell, D. (2010). [Autism Spectrum Disorders \(ASDs\) services. Final report on environmental scan](#). Columbia, MD: IMPAQ International, LLC.