

Montana Op-Ed Article
Medicaid Expansion of Autism Services
March 27, 2015

Montana is at a critical juncture in deciding how it chooses to serve children with an autism spectrum disorder under Medicaid. We are members of a Medicaid State Plan Autism Advisory Group who offer only our thoughts about the options and are not speaking on behalf of the whole group or necessarily our respective organizations.

Currently, the Centers for Disease Control (CDC) have an alarming estimate that one in 68 children are diagnosed with some form of autism today, described as a range of complex neurodevelopmental disorders ranging from mild to severe. Autism is a lifelong condition, and there is no “cure” or effective means to prevent it. We expect everyone knows some individual or family profoundly affected by living with autism.

Since 2009, Montana has offered a Medicaid Children’s Autism Waiver that provides comprehensive services for a limited number of children (currently, only 55 placements allowed statewide). However, the program has had a remarkable track-record of improving the skills and positive development of the children selected. Recognizing how the numbers of children diagnosed continue to grow and how this condition impacts families economically and personally, Governor Bullock’s budget for the 2017 biennium proposed to expand the services statewide for families eligible under Medicaid. The new proposal requested \$12.3 million the next two years, of which \$4.3 million would be state funds, the remaining are federal funds. State Plan Medicaid would serve eligible youth through age 20, following the federal child health criteria under Medicaid called Early Periodic Screening, Diagnosis and Treatment (EPSDT). These autism services would eventually replace the autism waiver services, scheduled to expire in December 2016.

Autism services clearly demonstrate they can increase the communication, coping, daily living and social skills in children. Successful treatment service methods include ABA (“applied behavioral analysis”) and other evidence-based modalities, as well as licensed clinical treatment such as speech, occupational and physical therapy. Also, early intervention can effectively reduce the need for future intensive services, and often result in less costly services throughout their lifetime.

The appropriation requested was generated by the Montana Department of Public Health and Human Services which estimates in Montana there are as many as 1200 who may be eligible. However, the department expects only about 30% would seek services in the age range over the next two years, roughly 300-450, at an average annual cost of \$17,000 per child. Also, recently the federal Centers for Medicare and Medicaid Services (CMS) has strongly encouraged states to expand their autism services under the Medicaid State Plan.

The Joint Human Services Appropriations Sub-Committee did move the proposal forward, though it cut the funding in half, as most members weren’t comfortable with the department’s estimates. Then, the

House Appropriations Committee, in its consideration of House Bill 2, which funds state government the next two years, took the allocation from \$6 million to \$4 million – one third of what was requested.

Those signing below are a range of individuals who know the profound influence intervention services can make in the life of a child and their family. We are advocates, clinicians, educators, parents and providers, residing in Billings, Great Falls, Helena, Miles City and Missoula.

We are convinced as the Senate begins consideration of House Bill 2 that the current funding will not be sufficient, and should be increased closer to the \$12 million originally proposed. We want to ensure there is adequate funding to serve eligible Montana children and families. Please join us in encouraging members of the Senate to increase the funding for autism services.

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