

## Draft

### The Senate Select Committee on Autism & Related Disorders Informational Hearing (April 13, 2010)

#### Preliminary Autism Taskforce Recommendations Related to the **Health Insurance Coverage by Private Health Plans** for Individuals with Autism Spectrum Disorders (ASD)

##### **Overarching Problems & Challenges:**

##### 1. Barriers in the Grievance and Appeals Process:

Consumers may face prolonged delays in navigating and completing the grievance and appeals process that is currently administered and overseen by the Department of Managed Health Care (DMHC.) Therefore, the Statewide Coordinating Council of Autism Taskforces recommends exploring the following:

- a. Requiring DMHC to provide guidelines and regulations that clarify the covered benefits and services that private health plans must provide for individuals with ASD as currently mandated by California's existing mental health parity law
- b. Requiring that all grievances and appeals that are appropriately submitted to DMHC must be resolved within 30 days
- c. Developing policy recommendations that would require DMHC to review its current monitoring system to ensure that this process is providing adequate oversight of ASD benefits and coverage by private health plans to ensure that private health plans are in full compliance with all existing laws and regulations.

##### 2. Coordination of Medically Necessary Services with Regional Centers Programs:

Although recent trailer-bill language has directed that regional center consumers must initially obtain medically necessary services from their private health plans, there has been no systematic and statewide approach to implement these regulations. Therefore, the Statewide Coordinating Council of Autism Taskforces recommends exploring the following:

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- a. Developing policies that intake information by regional centers should include appropriate information with regards to private insurance coverage
- b. Requiring DMHC to provide resources and technical assistance to the regional centers in order to accomplish the following:
  - i. Consumers with private insurance have an appropriate understanding of the services and benefits that are covered by their healthcare policy
  - ii. Consumers with private insurance have an appropriate understanding on accessing their covered benefits
  - iii. Consumers with private insurance have an appropriate understanding on the grievance and appeals process that can be implemented in cases where programs and services have been denied by their private health plan

### 3. Clarification of Medically Necessary Services for Individuals with ASD:

Private health plans may deny reimbursement for certain interventions for ASD on the basis that they are not medically necessary and do not need to be provided under the existing mental health parity law. Therefore, the Statewide Coordinating Council of Autism Taskforces recommends exploring the following:

- a. Requiring that DMHC establish guidelines and regulations, as well as appropriate oversight, to ensure that private health plans are providing healthcare services for ASD that are consistent with community medical standards that ASD is a medical brain-based disorder.
- b. Establishing standards and certification process for qualified professionals who have attained appropriate education, training, and expertise in applied behavioral analysis and other forms of intervention therapy for ASD.
- c. Requiring that DMHC establish guidelines and a monitoring process to ensure that private health plans have contracted and provide access to an appropriate network of healthcare providers for the evaluation and treatment of ASD.