



DISABILITY RIGHTS CENTER - NH

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Requesting Medicaid Coverage for Autism Services under EPSDT

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The Centers for Medicare & Medicaid Services (CMS) recently provided guidance related to Medicaid coverage for beneficiaries with Autism Spectrum Disorder (ASD). CMS makes clear that medically necessary autism treatment for Medicaid eligible children must be covered in accordance with the **Early and Periodic Screening, Diagnosis and Treatment (EPSDT)** provisions of the Medicaid Act.

What is EPSDT?

EPSDT is Medicaid's mandatory comprehensive health program for children under the age of 21. EPSDT requires states to cover medical services when necessary "to correct or ameliorate" any physical or behavioral conditions. Unlike the adult Medicaid program, EPSDT requires coverage of all medically necessary services that could be covered under federal Medicaid law. States are not required to pay for services that are not medically necessary. States like New Hampshire that contract with managed care organizations (MCO) to provide health insurance for Medicaid recipients must also ensure that MCOs comply with EPSDT's coverage requirements.

Does Medicaid cover ABA?

Intensive **Applied Behavioral Analysis (ABA)** is an evidence-based treatment associated with positive outcomes for children with ASD. New Hampshire law mandates *privately* funded group health insurance plans to cover ABA for individuals up to age 21 who have been diagnosed with Pervasive Developmental Disorder and Autism. While ABA is not included in New Hampshire's Medicaid State Plan, CMS's recent guidance on ASD specifically references ABA, speech and language therapy, occupational therapy, and physical therapy as Medicaid-coverable treatments for children with ASD and makes clear that medically necessary autism treatment must be covered in accordance with the EPSDT provisions of the Medicaid Act.

CMS identifies several Medicaid benefit categories that may be used to cover autism treatment under EPSDT (preventive services, services of other licensed practitioners and therapy services). CMS's guidance confirms that ABA must be covered by Medicaid under EPSDT when medically necessary to correct or ameliorate a particular individual's ASD and no alternative treatment is appropriate or available for that individual.

How do I access coverage for ABA when medically necessary for my child?

To access coverage for ABA for a child, families and providers must first request prior authorization from the appropriate state contractor, MCO, or MCO contractor. Because ABA is not currently in New Hampshire's State Medicaid Plan, the request for prior authorization must be submitted according to the EPSDT provisions and detail the medical necessity of the therapy for the particular child. For Medicaid beneficiaries under the age of 21, New Hampshire defines "medically necessary" as "*reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent the worsening of conditions that endanger life, cause pain, result in illness or infirmity, threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and no other equally effective course of treatment is available or suitable for the EPSDT recipient requesting a medically necessary service.*"

The EPSDT request for prior authorization should be as specific as possible (e.g. 30 hours a week of ABA) and reference EPSDT and the standard for coverage described above. Additionally, the request should include any applicable diagnostic evaluations, a letter of medical necessity from the child's treating doctor, and any other documentation supporting the medical necessity of the requested service at the requested level.

If the child has Fee-for-Service Medicaid (i.e. the child's Medicaid is administered by the New Hampshire Department of Health and Human Services), the EPSDT request for prior authorization must be submitted through KEPRO, the State's contractor for Medicaid utilization management.¹ Before submitting the EPSDT request for prior authorization, families and providers should review He-W 546, New Hampshire's EPSDT rule.² In particular, Section 546.06 of the rule provides detailed instructions about what must be included in an EPSDT request for prior authorization based on medical necessity.

There is a different process for EPSDT requests for prior authorization when the child has Medicaid through one of the State's two MCOs, Well Sense or New Hampshire Healthy Families. Well Sense contracts with Beacon Health Strategies, LLC, to manage behavioral health services and New Hampshire Healthy Families contracts with Cenpatico to manage behavioral health and specialty therapy services.³ The EPSDT request for prior authorization based on medical necessity for coverage of ABA must be submitted through either Beacon or Cenpatico.

Can I appeal a denial or limited authorization of ABA?

Despite the strong federal EPSDT provisions to protect children's health, state Medicaid programs (including state-contracted MCOs and MCO subcontractors) do not always comply with the law. Medicaid agencies may attempt to provide limited authorization or

¹ See <https://nhmedicaid.kepro.com/> for more information.

² He-W 546 can be found at: http://www.gencourt.state.nh.us/rules/state_agencies/he-w500.html.

³ See <http://beaconhealthstrategies.com/> and <http://www.cenpatico.com/> for more information on the MCO subcontractors.

deny access to particular healthcare services for children and youth. Medicaid recipients have a right to appeal any denials, limited authorizations, or termination of treatment that they believe is medically necessary. Appeals may be filed with the New Hampshire Department of Health and Human Services' Administrative Appeals Unit (AAU). For more information on appeals to the AAU see "*Fair Hearing Rights Under Medicaid*," <http://www.drcnh.org/medicaidhearings.htm>.

If the service coverage dispute is with a MCO or MCO contractor, you must first follow the MCO's appeal process. If you are not satisfied with the result of the MCO appeal, you may request a fair hearing before an impartial hearing officer at the AAU. For more information on MCO appeals, see "*Know Your Rights: New Hampshire Medicaid Managed Care Health Plans - Your Right to Appeal or File a Grievance*," available at www.drcnh.org/MMCappealsgrievances.html.

If you have specific questions or concerns regarding Medicaid coverage for autism services, feel free to contact the Disability Rights Center – NH at 1-800-834-1721 to schedule an appointment with one of our intake attorneys.