Pioneering Behavioral Health Treatment and Therapy – State Approaches to Providing ABA Coverage

The Clinical Perspective

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DISCLOSURES

I have no relevant financial relationships related to the content of this presentation.
THE CHALLENGE

• Increasing prevalence of ASD\(^1\)
  – 1 in 68 children, 1 in 42 males
  – Males 4.5 times more common than females

• Earlier diagnosis + More effective therapies should lead to better outcomes, long term cost savings\(^2\)
  – Average age of diagnosis steadily decreasing
  – Early Intensive Behavioral Interventions shown to achieve better outcomes than standard therapies

1. US Centers for Disease Control 2014
2. Young, Corea, et al 2010

COVERAGE

• Private insurance mandates to cover medically necessary autism therapies passed in most states since end of 2000s
  – 38 states + DC as of Sept 2015

• CMS advises states they must cover all medically necessary care for children 0-21 with ASD in July 2014
ABA Therapy

- 1987 – Lovaas publishes results of EIBI in preschoolers
  - 47% of children diagnosed with ASD mainstreamed at 6 y.o. without special services
- 1993 – Lovaas group follow-up study
  - Gains of best outcome group maintained over 6 years
- Several dozen subsequent studies
  - Confirm benefits of early intensive behavioral interventions vs. standard therapy on IQ, language, behavior, social and adaptive functioning

ELEMENTS OF SUCCESS

- Start young
  - ESDM implemented as young as 18 m.o.
  - Lovaas cohort at 3 y.o.
- Intensive
  - 20 hours per week in ESDM
  - 40 hours per week in Lovaas initial group
  - 25 hours per week recommended by NRC (2001)
- Year round
- Individual therapy
- Exposure to typically developing peers
AAP Guidelines

- Developmental Surveillance
  - All visits
- Developmental Screening
  - 9 mos, 18 mos, 24 or 30 mos
- Autism Specific Screening
  - 18 mos, 24 mos

AAP Guidelines

- If positive ASD screen or overabundance of parent/clinician/provider concern
  - Audiology evaluation
  - Early Intervention referral
  - ASD diagnostic evaluation
MCHAT-R/F

- Most widely used ASD screening tool
  - 2-step revision decreases unnecessary referrals
  - 47.5% with positive screen diagnosed with ASD
  - 94.6% with positive screen have delay or concern upon further evaluation
  - Cuts average age of ASD diagnosis by 2 years

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<th>Sensitivity</th>
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<td>DSM-V</td>
<td>0.63 – 0.96</td>
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<td>ADOS</td>
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<td>ADI-R</td>
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AUTISM SPECTRUM DISORDER
DSM-V 2013

Illinois Legislature Approves Bill Shielding Families From Any Changes Resulting From DSM-5

SPRINGFIELD (May 25, 2012)-- The Illinois Senate and House of Representatives gave final approval to a bill amending the state’s 2008 autism insurance reform law by assuring that any individual already diagnosed with an autism spectrum disorder would not lose benefits as a result of any changes adopted in the upcoming 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

Sponsored by Senate President John Cullerton (D-Chicago), the bill was in response to concerns that a large percentage of individuals, particularly those who are higher functioning or have Asperger syndrome, would be excluded from an autism diagnosis and thus lose benefits when the DSM-5 is published next year.

The bill, S-679, specifies that any individual with an autism diagnosis would remain eligible for coverage under the 2008 autism insurance law "even if subsequent changes to the diagnostic criteria are adopted by the American Psychiatric Association." The bill goes to Governor Pat Quinn.

THE PAYOFF

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THANK YOU

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