



CHILDREN'S HEALTH COVERAGE COALITION

FORMERLY THE CHIP COALITION

Children's Health Coverage Coalition

Friday, February 18th, 2021

11:00 A.M. – 1:00 P.M.

Meeting Location: Zoom Meeting

Meeting Chair: Christina Hoppe, Children's Hospital Association of Texas

CHCC Agenda

11:00 A.M. - 11:05 A.M.

Introductions

11:05 A.M. - 11:20 A.M.

Texas Health Steps Check-Up Rates

- Shannon Stewart - HHSC
-

11:20 A.M. - 11:25 A.M.

1115 Waiver Update

- Christina Hoppe - CHAT
-

11:25 A.M. - 11:45 A.M.

Interim Charges Update

- Christina Hoppe - CHAT
-

11:45 A.M. - 11:55 A.M.

Build Back Better Update

- Adrienne Lloyd - CDF
-

11:55 A.M. - 12:15 P.M.

Child Psychiatry Access Network Update

- Dr. Laurel Williams - CPAN
-

12:15 P.M. - 12:25 P.M.

Rider 29 Update

- Helen Kent Davis - TMA
-

12:25 P.M. - 12:30 P.M.

CMS Connecting Kids to Coverage HEALTHY KIDS 2022 Outreach and Enrollment Cooperative Agreements Grant

- Helen Kent Davis - TMA



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- <https://www.cms.gov/newsroom/press-releases/cms-commits-over-49-million-reduce-uninsured-rate-among-children-and-boost-medicaid-enrollment-among>

12:30 P.M. – 12:50 P.M.

Launch of the Autism Therapy Benefit for Texas Children with Medicaid

- Christa Stevens – Autism Speaks
- <https://www.autismspeaks.org/advocacy-news/new-texas-aba-medicaid-benefit-takes-effect-february-1>
- <https://desaulnier.house.gov/media-center/press-releases/representatives-desaulnier-davis-and-huffman-introduce-bipartisan>



CHILDREN'S HEALTH COVERAGE COALITION

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February CHCC Meeting

Friday, February 18, 2021

11:00 A.M. - 1:00 P.M.

On Video Conference Line:

Clayton Travis
Shannon Stewart
Brittany McAllister
Adriana Kholer
Adrienne Lloyd
Allison McHorse
Ana Stelter
Ashley McCool
Betsy Coats
Christa Stevens
Christina Hoppe
Daniela De Luna
Diana Forester
Graciela Camarena
Helen Kent Davis
Karla Martinez
Kristin Giroux
Leela Rice
Meghan Young
Michelle Tijerina
Monica
Preston Poole
Santiago Garcia
Stacey Pogue
Tania Lopez

Meeting Chair: Christina Hoppe - THA

Meeting Scribe: Myles Anderson - ETX



CHILDREN'S HEALTH COVERAGE COALITION

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I. Texas Health Steps Check-Up Rates

Betsy Coats: Are we seeing patients come back in for immunizations and check-ups after their remote visits?

Shannon Stewart: We don't have data on that yet, however, this may contribute to individuals getting used to remote delivery. We will be looking at that closely.

Clayton Travis: Virtual Well Visits haven't seen a huge uptick. All the data that you're sharing about low rates, but this is data from pre-pandemic correct?

Shannon Stewart: Yes

Clayton Travis: As far as more initiatives I do love the idea about sending out more information to providers such as OB/GYNs.

Shannon Stewart: Thanks for that suggestion

Clayton Travis: Immunizations in the Vaccine for Children Program have increased over the beginning of the pandemic.

Adriana Kohler: One recommendation I'd offer is the use of centering pregnancy. There's about 6+ practices that do so. The well-child check ups are done at the same time. It is an intense support program, however, Medicaid could consider a pediatric incentive benefit.

Meghan Young: I would love that letter of support.

Betsy Coats: Does HHSC do PSA's about refocusing on in-person visits/check-ups.

Shannon Stewart: I know that there is information about Texas Health Steps, however, I don't think that there is anything specific regarding coming back in.

Meghan Young: We can reach out to our communications department about getting something



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Clayton Travis: We would appreciate HHSC getting the legislature to provide funding for MCO's or Maximus.

Meghan Young: Are there any barriers that y'all are hearing about parents not being able to get in?

Betsy Coats: Things such as transportation, etc. But, I do think that getting back into the office is a barrier and the inability for parents to bring in extra kids.

II. 1115 Waiver Update

Christina Hoppe: The biggest thing that is happening is that we are waiting for a decision to come out of the courts. There was hope that the judge would make a ruling before the New Year, so now it's about timing. Until that happens, the rules are that everyone is still supposed to happen as though the waiver is in place.

III. Interim Charges Update

Christina: The speakers didn't really have a target date about the charges. I've heard that the charges may be very general.

Adriana: For the senate HHSC committee that Interim charges proposals are due on February 25th

IV. Build Back Better Update

Adrienne Lloyd: The coverage gap federal fix is still on the table, and we can expect to have an enrollment campaign later this year. BBB can't move until Senator LuHahn returns. We are expecting a very slimmed down version than what we saw in December. Mansion is focused on having permanent or long-term provisions. My message for y'all is to keep putting pressure on members. If you have any stories about people in the coverage gap that will be helpful as well

V. Child Psychiatry Access Network Update

[See Slides]

VI. Rider 29 Update



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Helen: Lawmakers included a Rider-29 that will provide HHSC to do a study. HHSC has begun to put together its methodology to see if this will achieve cost-savings in terms of as well.

VII. CMS Connecting Kids Coverage HEALTHY KIDS 2022

Helen: CMS has issued grant funding to improve outreach and education to children and families to get more kids covered.

Karla Martinez: It's a great opportunity. CDF is a current recipient of the grant.

[Link to Grant:

<https://www.insurekidsnow.gov/campaign-information/outreach-enrollment-grants/index.html>]

VIII. Launch of the Autism Therapy Benefit for Texas Children with Medicaid

[See Slides]



CPAN
Child Psychiatry
Access Network



TCHATT
Texas Child Health Access
Through Telemedicine

A Call to Action: Children's Mental Health is Key to Overall Health

Laurel L. Williams, DO

Medical Director, COSH

Professor

Child Psychiatry Training Director

Baylor College of Medicine

*Leverage health-related institutions of higher education
to improve mental health care for children and adolescents*

I have no financial conflicts of interests.

I want to thank Dr. Nhung Tran for her contributions to this presentation. Dr. Tran is our Texas CPAN Pediatric Consultant.

I would also like to thank Luanne Southern, the Executive Director of the TCMHCC.



Texas Child Mental Health Care Consortium

Vision: All Texas children and adolescents will have the best mental health outcomes possible.

SB 11- 86th Legislature

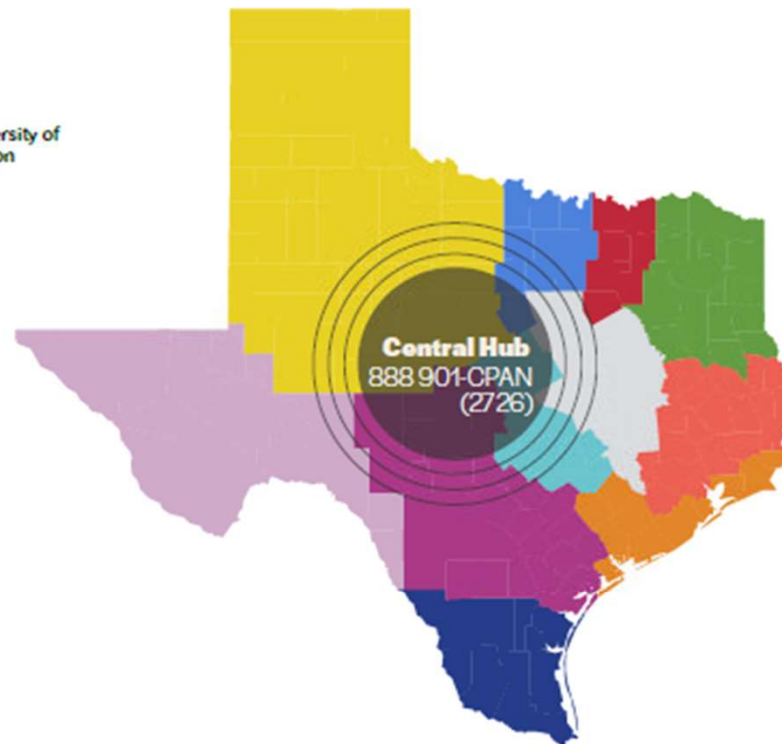
leverage health-related institutions of higher education to improve mental health care for children and adolescents

Initiatives:

- **Child Psychiatry Access Network**
- **Texas Child Health Access Through Telemedicine**
- **Community Psychiatry Workforce Expansion**
- **Child and Adolescent Psychiatry Fellowship**
- **Research**

Child Psychiatry Access Network (CPAN)

- Texas A&M University System Health Science Center
- Baylor College of Medicine | The University of Texas Health Science Center at Houston
- Dell Medical School at The University of Texas at Austin
- The University of Texas Southwestern Medical Center
- Texas Tech University Health Sciences Center at El Paso
- Texas Tech University Health Sciences Center
- The University of Texas Health Science Center at Tyler
- University of North Texas Health Science Center
- The University of Texas Medical Branch at Galveston
- The University of Texas Rio Grande Valley School of Medicine
- The University of Texas Health Science Center at San Antonio



Texas Child Access Through Telemedicine (TCHATT)



Direct telepsychiatry or counseling to students at schools

Educational and training materials for school staff

State-wide data management system

Community Psychiatry Workforce Expansion

- Supported faculty must treat children and adolescents
 - faculty will serve as academic medical director for LMHAs
 - will supervise additional residents trained within LMHA
- Selection of LMHAs
 - Surveyed Texas LMHAs
 - 31 of 40 willing to participate
 - Seventeen LMHA or community mental health providers selected
- Beginning in July 2020
 - Twenty additional psychiatry resident FTEs (which will consist of multiple residents per FTE) a year will rotate through these LMHAs as part of training program
 - 12.25 academic faculty FTEs will be embedded into LMHAs

Child and Adolescent Psychiatry Fellowships

- 19 new fellowship positions available
- 4 new child and adolescent training programs
- Full funding for two-year fellowships to sponsoring institutions at beginning of fellow's training experience.
- Expansion is aggressive -- some positions may not fill.

tcmhcc

Texas Child Mental Health Care Consortium

ABOUT INITIATIVES MEETINGS RESOURCES

⚠ Texas COVID-19 Mental Health Support Line (833) 986-1919 | Mental Health Resources for Families

Texas Child Mental Health Care Consortium (TCMHCC)

All Texas children and adolescents will have the best mental health outcomes possible.

(888) 901-CPAN (2726)

Primary care providers can access the Child Psychiatry Access Network (CPAN) for assistance with behavioral health care for their child and adolescent patients.

The Texas Child Mental Health Care Consortium (TCMHCC) is dedicated to enhancing the state's ability to address the mental health care needs of its children and adolescents through collaboration with health-related institutions of higher education.

Pediatrician and
PCP Support

School-Based
Support

Workforce
Development

Research

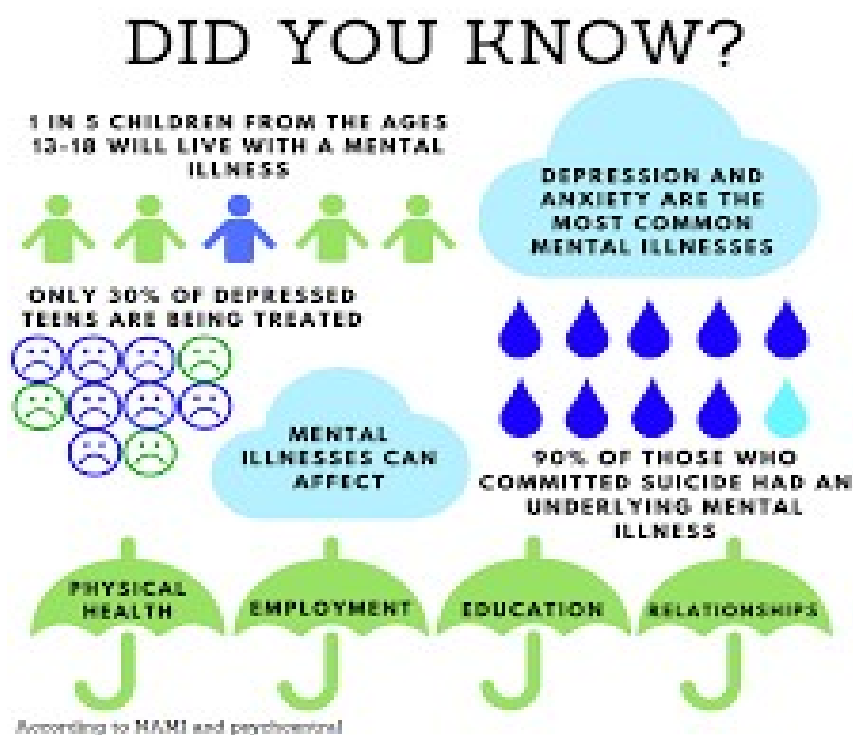
<https://www.utsystem.edu/pophealth/tcmhcc/>

Outline for CPAN and TCHAT Discussion

- 1. Discuss Percentage of Youth with mental health disorders**
- 2. Review allocation of child psychiatrists in Texas**
- 3. Review AAP Recommendations for Pediatrician Management of mild to moderate mental health disorders**
- 4. Review Data Regarding Statewide Collaborative Care Models**
- 5. Describe Texas Child Psychiatry Access Network (CPAN)**
- 6. Describe Texas Child Health Access Thru Telemedicine (TCHAT)**



Percentage of Youth with Mental Health Disorders



Suicide Among Youth and Young Adults: What Pediatricians Should Know

Suicide is the 2nd leading cause of death among US youth and young adults, ages 15-24



Honors 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th, National Medal of Science, Research, National Center for Health Statistics, 2015.

Teen Suicide Rates Differ by Gender

17.9

*Rate per 100,000 youth ages 15-19, 2017



Young Men

5.4



Young Women

©2018 National Center for Injury Prevention and Control, NIOSH. All rights reserved. For more information, please visit <https://www.cdc.gov/niosh/ncipc/>



NIHCM
FOUNDATION



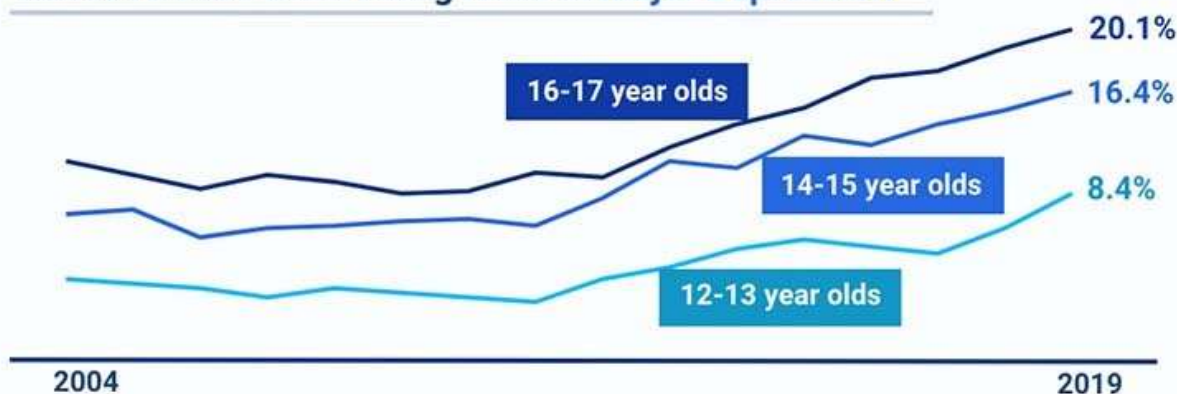
75% of all mental illnesses develop by age 24

Before the pandemic, up to **1 in 5** children had a diagnosed mental health disorder



Common mental illnesses among young people are
anxiety & depression

Recent trends show rising rates of **Major Depression**



Increase in depression
for children
aged 12-17 between
2004 & 2019

Impact of the pandemic on children's mental health

The pandemic has created a perfect storm of stressors for children and youth and experts warn that it may negatively impact mental health

Stressors:

- Uncertainty
- Social isolation
- School closures
- Familial challenges & economic instability
- Losing a family member to COVID-19

Barriers to Care:

- Lack of internet or technology limiting telehealth access
- Fewer mental health screenings due to school closures & delayed pediatric care

The share of mental health-related ED visits among all pediatric visits increased between mid-March and October 2020 compared to the same period in 2019



24%
among children aged
5–11 years



31%
among adolescents
aged 12–17 years

Allocation of Child Psychiatrists in Texas

Practicing Child and Adolescent Psychiatrists

Select a state for county population and workforce data

Texas

* Hover for Data Source

Number of Children < 18

7,272,795

Total CAPs

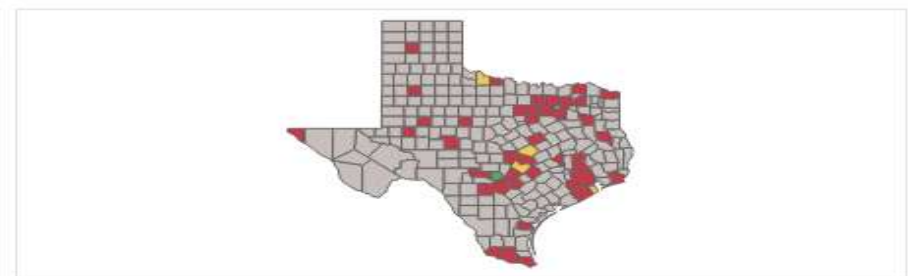
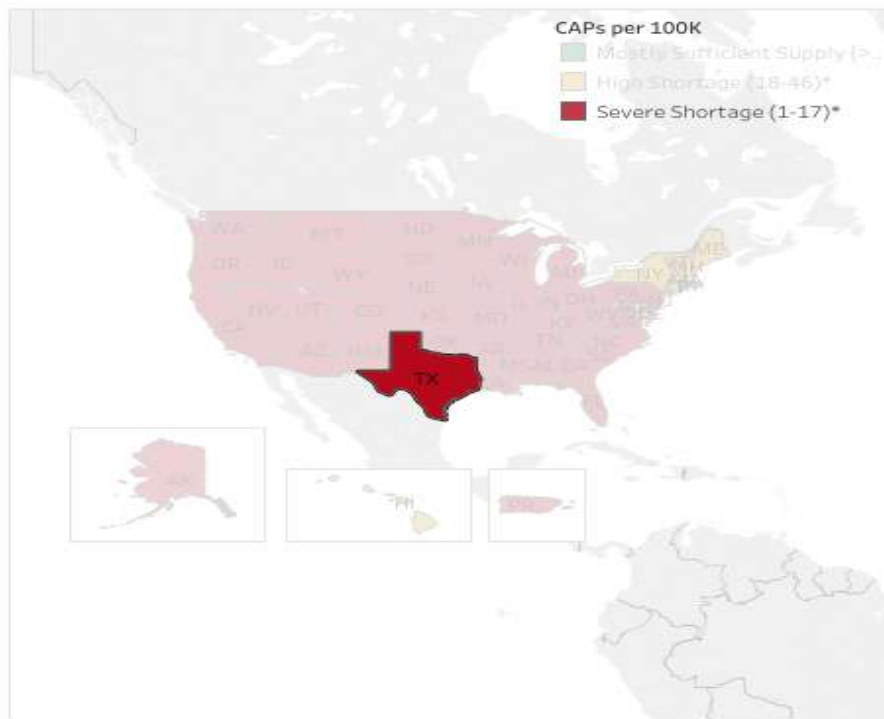
646

Number of CAPs/100K

9

Avg. CAP Age

49



Legend for CAPs

- Mostly Sufficient Supply (≥ 47)
- High Shortage (18-46)*
- Severe Shortage (1-17)*
- No CAPs

County	Pop. < 18	Number of ..
Anderson County	11,191	0
Andrews County	5,309	0
Angelina County	22,915	0
Aransas County	4,575	0
Archer County	1,952	0
Armstrong County	433	0
Atascosa County	13,401	0

https://www.aacap.org/aacap/Advocacy/Federal_and_State_Initiatives/Workforce_Maps/Home.aspx



To save the day, we will need...

1. Task shifting
 - Promotion of mental wellness
 - Early identification (screening)
 - First-line care
 - Targeted brief interventions, counseling for problems
2. Collaborative care

Primary providers to the rescue

Wissow, *et al*, 2016



- **Clinical skills**

- Primary prevention
- Secondary prevention
- Assessment
- Treatment

- **Practice enhancement**

- Establish collaborative and consultative relationships (within practice, virtually, or off-site)
- Build practice team culture around a shared commitment to embrace mental health care as integral to the practice
- Establish systems within the practice (and network) to support mental health services

AAP Mental Health Competencies

AAP, 2019





- Burden of mental disorders is great
- Mental, physical health problems are interwoven
- Treatment gap for mental disorders is enormous
- Primary care settings for mental health services enhance access
- Delivering mental health services in primary care settings reduces stigma and discrimination
- Treating common mental disorders in PC settings is cost-effective
- Majority of people with mental disorders treated in collaborative primary care have good outcomes

Why MH care in primary care?

WHO 2008



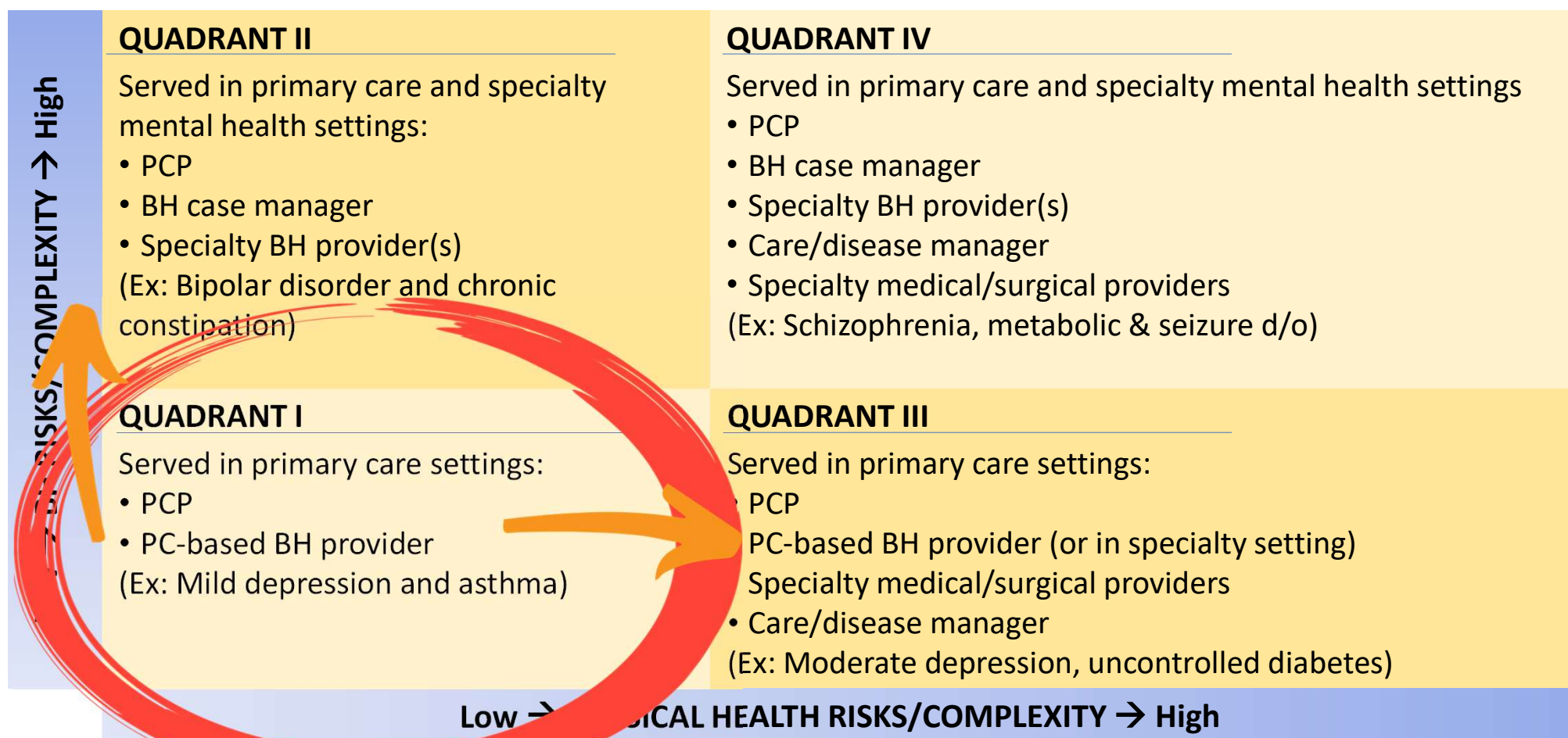


- Lack of mental health training
- Insufficient time
- Lack of knowledge about mental health resources
- Lack of evidence-based treatments for “problems”
- Poor referral feedback from MH clinicians
- Inadequate reimbursement
- Psychosocial risks/stressors (SDoH, ACEs)
- Mental illness versus wellness
- Mental health attitudes, stigma

Barriers (kryptonite)

Wissow, *et al*, 2016





Integration based on needs

Collins, 2010; Gerrity, 2016; Mauer, 2006

Child Psychiatry Access Network (CPAN)

1. Massachusetts has the longest standing state program in the country (>17 years)
2. <https://www.mcpap.com/>
3. Several studies indicate that MCPAP is well received by PCPs and Families
4. T-CPAN is closely modeled after the MCPAP program

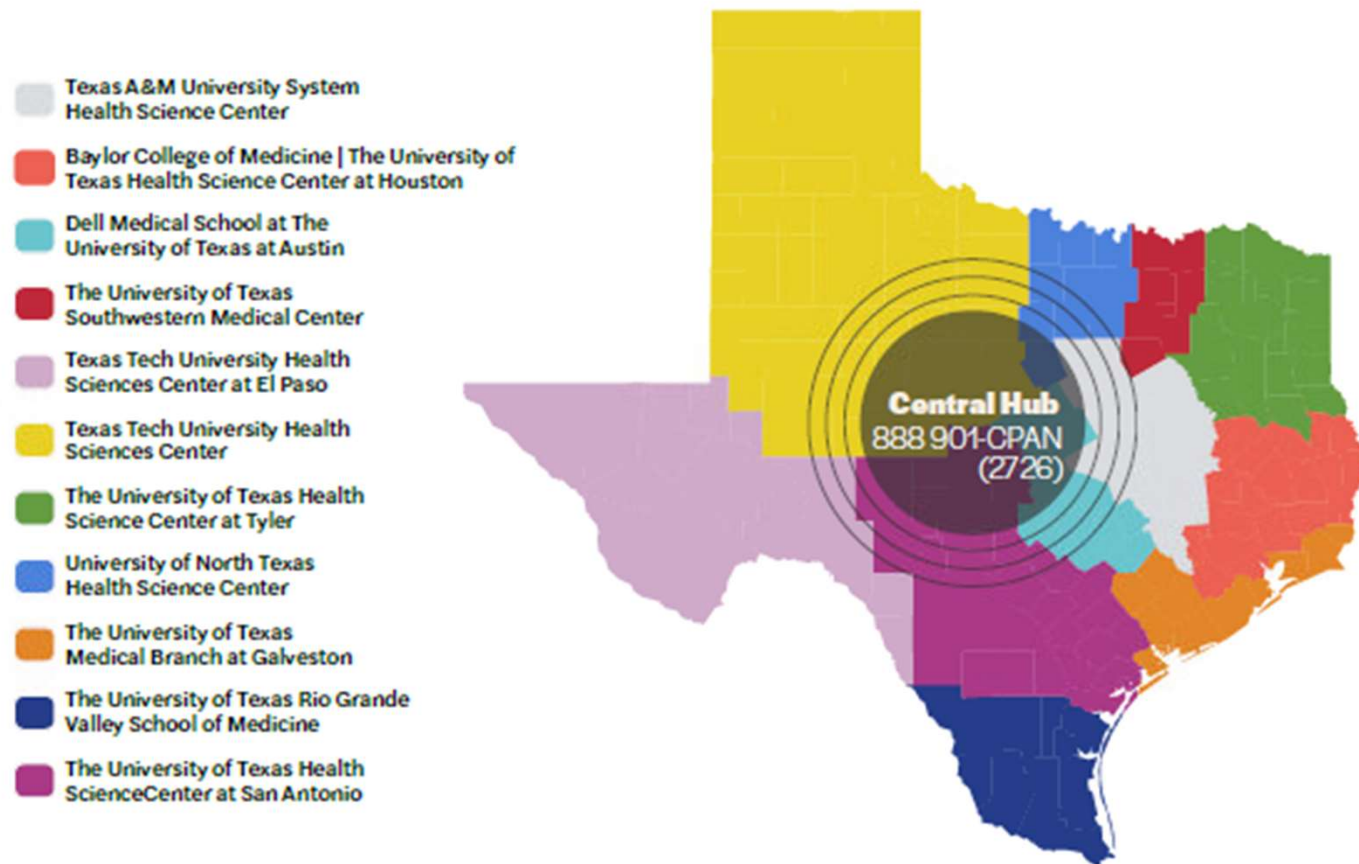


Let's Explore 2 Articles

1. Primary Care Providers' Use of a Child Psychiatry Telephone Support System. Academic Pediatrics Vol. 18 (3) April 2018 V. Cleave, J., Holifield, C., Perrin, J.
2. Impact of Child Psychiatry Access Programs on Mental Health Care in Pediatric Primary Care: Measuring the Parent Experience. Psychiatric Services 71:1 January 2020 Carma, S., Knee, A., Sarvet, B.
3. *Enhanced ability to deliver mental health consistent with family preferences*
4. *PCP applied knowledge gained in previous calls to subsequent patients*
5. *Engagement through other learning processes can help increase PCP utilization of the service*
6. *High rates of parent satisfaction with PCP who utilize the service*
7. *Further strengthened PCP relationship with families*



Child Psychiatry Access Network (CPAN)



Child Psychiatry Access Network (CPAN)

- All PCP in Texas (Pediatricians, Family Docs, PA, NPs) will be invited to enroll
- No Cost to PCPs or Patients
- CPAN Enrollment for PCPs (Ability to do group practice enrollments)
 - Name
 - Phone number, email, fax
 - Clinic Location
 - To protect patient confidentiality our team cross checks(repeat calls on the same patient)



Child Psychiatry Access Network (CPAN)

- Enrollment can be done BEFORE you call OR with the first call
- Each Regional CPAN Hub will offer additional educational activities outside of “the Call”
 1. ECHO Team Based Learning
 2. Webinars
 3. Best Practices Algorithms
- T-CPAN website is under construction but will be similar in scope to the MCPAP



Toll FREE 1 (888) 901-CPAN



Child Psychiatry Access Network (CPAN)

CPAN is 3 SERVICES in 1 Team, 1 Phone Call

1. Resource and Referral Assistance
2. Behavioral Planning for Youth in the care of the PCP
3. Educational Psychiatric Consultation in Real Time with a Child and Adolescent Psychiatrist



Toll FREE 1 (888) 901-CPAN



Child Psychiatry Access Network (CPAN)

1. Monday-Friday 8:00 a.m. to 5:00 p.m.
2. Phone call answered within 5 minutes or less
3. Call Triage to determine which of the 3 routes the PCP is needing
 - **Some elements of PHI will be asked- needed often for assistance with referrals in particular**
 - PCP can decline to provide
 - Use of Clinic MRN without other elements is a SECURE method and allows for the CPAN team to locate patient again, if needed.
4. Resources and Referral Assistance can help close the loop on locating mental health services in your area
5. Real time behavioral planning
6. Return call from CAP within 30 minutes to consult on:
 1. Assessment
 2. Diagnosis
 3. Treatment Planning including Medications, Labs, Therapies



Child Psychiatry Access Network (CPAN)

NOW OPEN YOUR PHONE

(I know weird I am telling you to get on your phone!)

Join us now on

FACEBOOK

Name: Texas Child Psychiatric Access Network (CPAN)

Username: @TexasCPAN

Link: <https://www.facebook.com/TexasCPAN/>

LinkedIn

<https://www.linkedin.com/groups/12460439/>

WATCH A 3 Minute Version of this TALK!

<https://youtu.be/DIPgAhkY8dk>



Texas Child Health Access Thru Telemedicine (TCHATT)

1. Where are kids during the day?
2. Where are parents during the day?
3. During a Pandemic Does anything still make sense?
4. Urban vs. Rural: Needs Assessment
5. Remember the information about mental health and providers?

TCHATT can be part of the TEXAS Solution to:

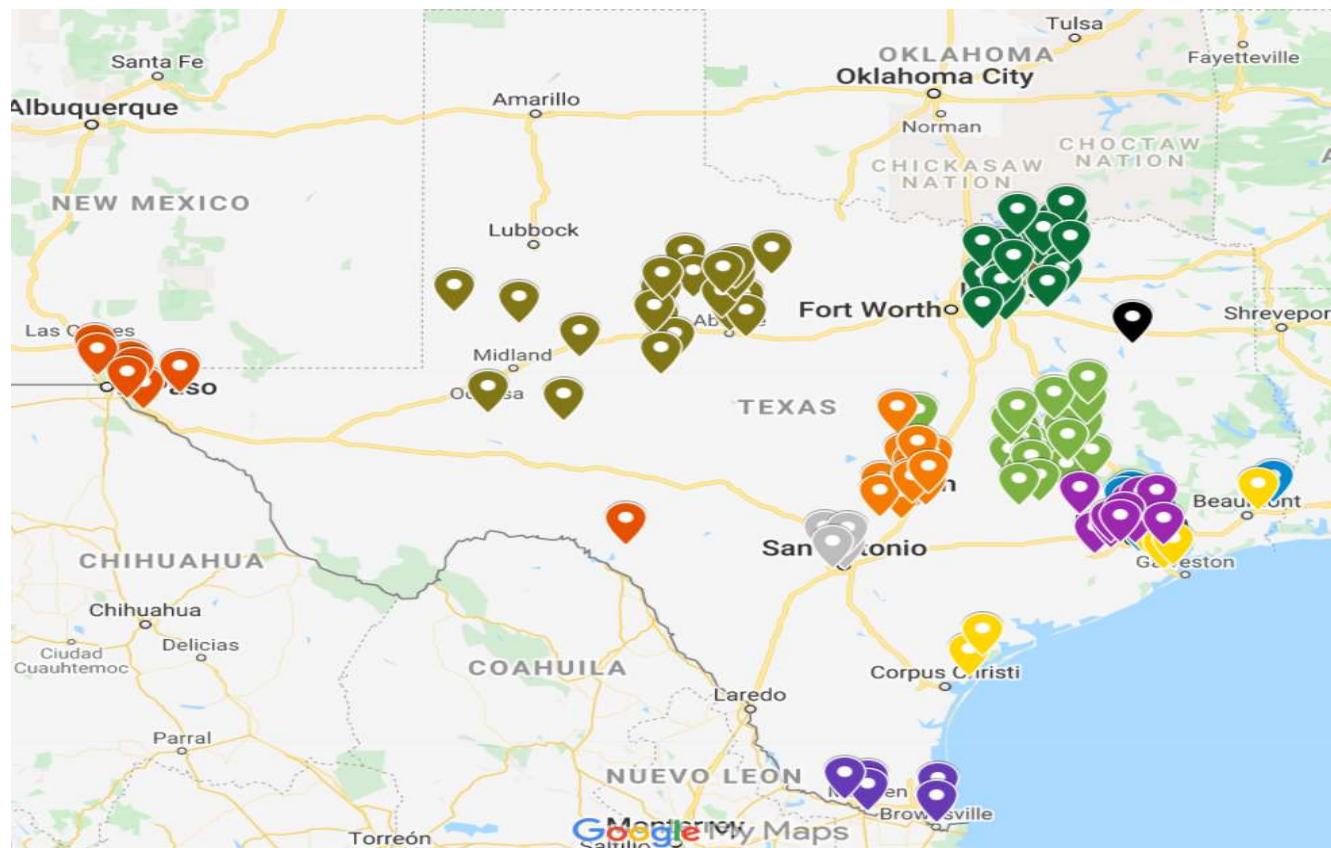
1. Timely
2. Evidenced Informed
3. Patient Centered
4. Partnership with PCPs, Schools And local Care Teams

MENTAL HEALTH ASSESSMENTS and Short Term Care



<https://tcmhcc.utsystem.edu/tchatt/>

Consortium Map



Texas Child Health Access Thru Telemedicine (TCHATT)

1. Currently TCHATT is engaged with
 1. 96 ISD
 2. To Date 335 Referrals and rising fast
2. Each HRI is partnering with the Regional TEA ESC to prioritize the next wave of ISD collaborations- specific target rural campuses
3. HRI teams consist of: Psychologists, LCSW/LPC, Child Psychiatrists
4. State-wide using a patient platform for engagement and data collection: Trayt (English and Spanish Versions)
5. Each youth will receive an assessment by the HRI team and then up to four visits dependent on the outcome of the assessment
6. Teams will plan to engage family PCP at initiation of services
7. Aftercare planning will work to locate services that may include CPAN, LMHAs, School resources, and other Local Care Providers- NO DUPLICATION OR SERVICES!

COORDINATE and COLLABORATE





TCHAT
Texas Child Health Access
Through Telemedicine

Thank you!

Toll FREE 1 (888) 901-CPAN
Questions?



autism speaks®

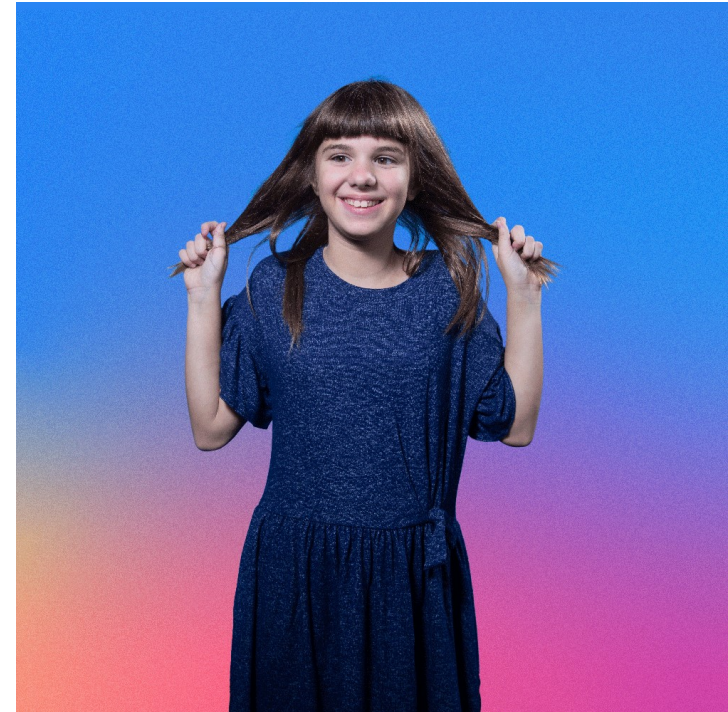
Introduction of Autism Services Policy for Children with ASD served by Texas Medicaid

February 18, 2022

Presented by: Christa Stevens

Our mission

Autism Speaks is dedicated to promoting solutions, across the spectrum and throughout the life span, for the needs of individuals with autism and their families. We do this through advocacy and support; increasing understanding and acceptance of people with autism; and advancing research into causes and better interventions for autism spectrum disorder and related conditions.



Mission objectives

Through partnerships and collaboration, we are committed to:

- Increasing global understanding and acceptance of people with autism
- Being a catalyst for life-enhancing research breakthroughs
- Increasing early childhood screening and timely interventions
- Improving the transition to adulthood
- Ensuring access to reliable information and services throughout the life span



What is autism spectrum disorder (ASD)?

- **There is no one type of autism, but many.**
- Autism, or autism spectrum disorder (ASD), refers to a broad range of conditions characterized by **challenges with social skills, repetitive behaviors, speech and nonverbal communication.**
- Autism has been included in the Diagnostic and Statistical Manual of Mental Disorders since the third edition, 1980.
- According to the CDC, autism affects an estimated 1 in 44 children in the United States today.

Mission objectives

Through partnerships and collaboration, we are committed to:

- Increasing global understanding and acceptance of people with autism
- Being a catalyst for life-enhancing research breakthroughs
- Increasing early childhood screening and **timely interventions**
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- Ensuring access to reliable information and services throughout the life span



How are the deficits and symptoms of autism treated?

There are many types of treatments available.

These treatments generally can be broken down into the following categories, although some treatments involve more than one approach:

- Developmental
- Behavioral
- Educational
- Social-Relational
- Pharmacological
- Psychological
- Complementary and Alternative



What are most common evidence-based treatments for ASD in children?

- Speech therapy
 - Occupational therapy
 - Physical therapy
- } Developmental approaches
- **Behavioral therapy**
 - Focus is on changing behaviors by understanding what happens before & after the behavior
 - Behavioral approaches have the most evidence for treating symptoms of ASD
 - Have become widely accepted among educators & healthcare professionals
 - **A notable behavioral treatment for people with ASD is called Applied Behavior Analysis (ABA)**
 - ABA encourages desired behaviors and discourages undesired behaviors to improve a variety of skills. Progress is tracked and measured.
 - An introduction to an ABA program: <https://tinyurl.com/2ajdjwex>

HHSC Release of Autism Services Benefits Effective February 1, 2022

Last updated on 7/30/2021

Note: Texas Medicaid managed care organizations (MCOs) must follow all aspects of the Applied Behavior Analysis (ABA) services policy as outlined in this draft notice. MCOs must provide all medically necessary, Medicaid-covered services to eligible clients. Providers should contact the client's specific MCO for details.

Effective for dates of service on or after February 1, 2022, Autism Services, to include Applied Behavior Analysis (ABA) evaluation and treatment, will be a benefit of the Texas Health Steps-Comprehensive Care Program (THSteps-CCP) for Texas Medicaid recipients who are 20 years of age and younger and who meet the criteria outlined in the Autism Services benefit description. Texas Health and Human Services Commission (HHSC) is releasing a draft of the Medicaid Autism Services benefit to providers.

The new Medicaid Autism Services benefit includes coverage of medically necessary ABA services for individuals with Autism Spectrum Disorder (ASD) and provides for coordination of the service array in interdisciplinary team meetings. The draft of the Medicaid Autism Services benefit includes the following topics:

- Applied Behavior Analysis (ABA) as a new benefit
- Requirements for prior authorization for ABA evaluation and treatment
- Clinical documentation requirements
- Licensed Behavior Analyst (LBA) as a new provider type and descriptions of Licensed assistant Behavior Analysts (LaBAs) and Behavior Technicians (BTs) who may work under supervision of an LBA. **Note:** LaBAs and BTs may not enroll in Medicaid.
- Requirements for interdisciplinary team meetings
- Prior authorization, billing, and reimbursement for procedure codes 97151, 97153, 97154, 97155, 97156, 97158, and 99366
- Medicaid Autism Services will be delivered in managed care as well as in fee-for-service.



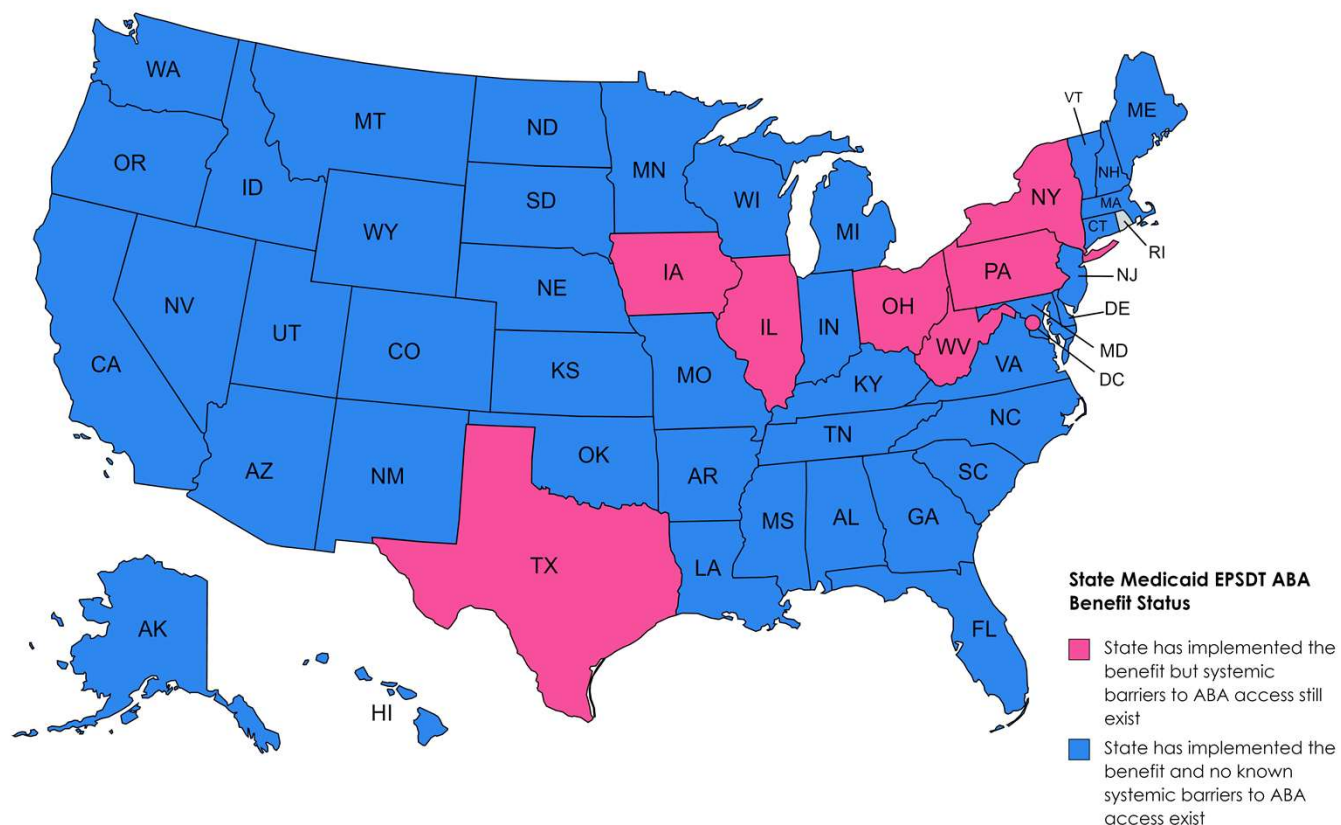
Autism Services for Texas Medicaid under EPSDT

These services may include one or more of the following but are not limited to:

- **Applied behavior analysis (ABA)**
- Case management/care coordination (with parent permission)
- Early Childhood Intervention (ECI)
- Nutrition, when provided by a Licensed Dietitian
- Occupational therapy (OT)
- Outpatient behavioral health services
- Physician services, including medication management
- Physical therapy (PT)
- Speech-language pathology (SLP; also called speech therapy, ST)



State Medicaid EPSDT ABA Benefit Status





Champion for Texas Children



Ryan Van Ramshorst, MD
Chief Medical Director for Texas
Medicaid & CHIP Services,
Dept. of Health & Human Services



Autism Services for Texas Medicaid under EPSDT

- Beginning February 1, 2022, Autism Services, to include ABA evaluation & treatment, became a benefit for Texas Medicaid recipients who are **20 years of age and younger** and who meet the criteria outlined in the Autism Services benefit description.
 - **Requires diagnosis of ASD within the last 3 years. Diagnosis must include "severity level."**
- Includes coverage of medically necessary ABA services for individuals with ASD and provides for coordination of the service array in interdisciplinary team meetings.
 - **Prior authorization is required.**
- Licensed Behavior Analyst (LBA) providers began enrolling as Medicaid providers in July 2021. **There are currently approximately 160 enrolled providers in the state.**
- Currently, CHIP enrollees are not eligible for ABA benefit. Medicaid Buy-In enrollees are.



ABA services

- ABA therapy can be delivered in child's home, a clinic, or in the community.
- Approved telehealth options provide flexibility which improves access.

Telehealth can be used for:

- Care coordination
 - Parent participation
 - ABA therapy
- Participation by the parent(s)/caregiver(s) is expected, & reauthorizations for ABA services will consider their involvement & ability to reinforce behavior changes over time & across settings.
 - Exceptions may be considered on a case-by- case basis.
 - "Ideally treatment is to be delivered in primary language used at home or the primary language of the child."
 - Translation/interpretation services **must be offered** if providers are not able to deliver the treatment in the child's primary language. MCO should coordinate this.



ABA services

- Treatment goals can include [skill acquisition](#) and/or [reduction of challenging behaviors](#).
- "Treatment objectives will vary per child, & frequency/duration should be based upon the functional goals of treatment, specific needs of the child, response to treatment, & availability of appropriately trained and certified ABA staff."
- Access to providers is going to be an issue into the foreseeable future.
 - [It's important that lack of available providers gets documented through MCOs and state Ombudsman's office.](#)

Our vision

A world where all people with autism can reach their full potential.



Christa Stevens, MAT, JD
Director, State Government Affairs
Autism Speaks
christa.stevens@autismspeaks.org
214-218-7848

