Massachusetts Autism Commission

Adult Subcommittee

April 24, 2024

*Via Zoom*

**Participants**

Co- Chairs: Christine Hubbard and Kathy Sanders, Dianne Lescinskas, Danielle Sheehan, Cynthia Berkowitz, Josh Greenberg, Beth Zwick, Maria Stefano, Brenda Dater, Carol Gracia

**Meeting Minutes** – Dianne Lescinskas

**Guest** – Amy Weinstock and Helen Golding

**Welcome and Approval of Meeting Minutes from November**

Ms. Hubbard welcomed the members and asked that they introduce themselves. Ms. Hubbard made a motion to approve the meeting minutes from November, Dr. Sanders seconded the motion and with no objections, the minutes were approved.

Ms. Weinstock discussed an upcoming meeting, sponsored by McPAP – ASD Diagnostic Summit – May 9th in Waltham.

**Discussion on White Paper – Medicare and Other Health Insurance Considerations for Adults**

Ms. Weinstock and Ms. Golding joined the meeting to talk about the White Paper – Autism and Medicare. This subcommittee shared a recommendation in the 2023 Autism Commission Report on working collaboratively with state agencies on issues surrounding aging with ASD and Medicare. Today is a discussion on the White Paper and how the system can be more responsive to those in need.

* The Insurance Resource Center, over the years, has been hearing stories of issues with Medicare – they recognized the need to look into the problem and look at solutions.
* Highlighting the need for systems change
* The slide presentation gave an overview of the Insurance resource Center.
* Under the ACA, children can remain under a parent’s policy until age 26.
* Disabled dependents can usually remain on a parent’s policy after age 26.
* Parents need to apply to their employer for this coverage – advised to do so well before dependent turns 26.
* **After a dependent turns 26 they are not able to be added back to a parent’s policy,** regardless of disability.
* Currently, private insurance plans are the only plans that continue coverage for ABA into adulthood.
* For adults with ASD who need insurance-funded ABA, it can only be accessed through private insurance.
* It can be very difficult, or sometimes impossible, for an adult with Medicare and MassHealth to access private insurance other than through a parent’s policy.
* In most states, Medicaid eligibility is automatic when you apply for SSI. (But not CT or NH)
* Individuals are still (and usually should) remain on Private Insurance.
* In Massachusetts, MassHealth needs to be notified of private insurance.
* If DAC was previously covered by MassHealth, that coverage continues – referred to as “dual eligible”.
* Disabled adults may also have coverage under parent’s private health insurance .
* Medicare usually becomes primary insurance.
* MassHealth always pays last.
* Refer to IRC Fact Sheet for additional details, (will be poste on Autism Commission website)
* Disruption in accessing insurance coverage for Behavioral Health treatments after obtaining Medicare.
* Medicare does not explicitly cover the service.
* Medicare is a “defined benefit” insurance.
* Medicare does not accept provider type used for service.
* Medicare is unable to provide the denial required for other insurance to pay the claim.
* An example of a person not being able to submit to Medicare: Carlos receives Applied Behavioral Analysis therapy, provided by a Board-Certified Behavior Analyst and covered by his parent’s employer-sponsored private insurance, without age limitation. After going on Medicare, Carlos’s private insurer refused to pay for ABA without a denial from the primary insurer, Medicare.
* There is no Medicare billing code for ABA (it’s not a covered service).
* BCBAs are not eligible to be Medicare providers.
* Bottom line: The provider couldn’t submit a bill to Medicare and receive a denial.
* Next steps: Obtain a better understanding of Medicare coverage of behavioral health/mental health services.
* In general, with respect to autism in particular.
* Identify obstacles to coverage of behavioral health services for dual eligible autistic adults.
* Create a foundation for “next steps” to overcome these obstacles.
* Identify various potential fixes.
* State vs. federal (e.g., lifting MassHealth age cap on autism treatments vs. reforming Medicare coverage)
* General vs. specific (e.g., requiring Parity under Medicare vs. adding autism treatment codes to Medicare/expanding provider eligibility)
* Address administrative barriers.

This white paper has created a lot of interest both locally and nationally. The links to the white paper and slide presentation will be uploaded to the Autism Commissions website.

With no further business to discuss there was a motion to end the meeting by Dr. Sanders and seconded by Ms. Berkowitz. The meeting was adjourned.