Dear Director Taylor, Ms. Leonard, and Ms. Lux-Kleman:

I write to you today on behalf of The Council of Autism Service Providers (CASP) regarding the current cost survey (Survey) of Applied Behavior Analysis providers conducted by OMPP.

CASP is a non-profit association of organizations committed to providing evidence-based care to individuals with autism. CASP represents the autism provider community to the nation at large, including government, payers, and the general public. We provide information and education and promote standards that enhance quality of care. Our member organizations employ more than 500 Board Certified Behavior Analysts who serve more than 6,000 people with autism in Indiana.

Of particular interest to our members is the coverage of evidence-based care in private health insurance plans and through Medicaid. Timely access to medically necessary treatment, including applied behavior analysis, is critical for children with autism spectrum disorder (ASD).¹

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We appreciate the ongoing efforts of Indiana’s Office of Medicaid Policy and Planning (OMPP) to efficiently and effectively administer Medicaid programs as required pursuant to Medicaid’s Early Periodic, Screening, Diagnostic and Treatment (EPSDT) mandate and CMS’ Informational Bulletin on Clarification of Medicaid Coverage of Services to Children with Autism.

It is important to note that EPSDT requires that medically necessary services be provided without delay. The previously referenced CMS bulletin states:

*EPSDT also requires medically necessary diagnostic and treatment services. When a screening examination indicates the need for further evaluation of a child’s health, the child should be appropriately referred for diagnosis and treatment without delay. Ultimately, the goal of EPSDT is to assure that children get the health care they need, when they need it – the right care to the right child at the right time in the right setting.*

We are concerned that the Survey and the interpretation and implementation of its results could result in policies that could perpetuate delays in treating autism spectrum disorder as required under EPSDT.

Specifically:

- **Our Indiana member organizations currently have extensive wait lists for Medicaid services.** This critical data point should be considered as part of the cost analysis and benefit implementation.

- **The financial information requested goes beyond what is reasonable and necessary.** The administrative burden and the privacy concerns related to this request will stunt participation in the Survey, causing the Survey’s results to be incorrect. Relevant data specific to the cost of the delivery of the service, as well as a comparison to rates provided in other states, would offer a more streamlined, accurate data set.

- **Rapid implementation of the new rate (i.e., less than 90 days) could result in a catastrophic exodus of network providers, leaving autistic children without the care they need, which is required under EPSDT.**

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3 Ibid.
Thank you for your work in the past and moving forward to ensure that Indiana children with autism who are enrolled in Medicaid have access to life-changing, evidence-based care. We welcome the opportunity to collaborate and promote best practice in the provision of applied behavior analysis. Please do not hesitate to contact me at jursitti@casproviders.org.

Respectfully,

Judith Ursitti
Vice President of Government Affairs