

# Utah Health Status Update: *Autism Services for Medicaid Recipients*

November 2015

In July 2014, the Centers for Medicare and Medicaid Services (CMS), the federal agency that oversees state Medicaid programs, provided an informational bulletin to Medicaid agencies across the nation. The bulletin informed state Medicaid agencies that they must begin providing autism spectrum disorder (ASD)-related services to children under age 21 through the general Medicaid benefit. This is a significant change from previous CMS guidance.

Since October of 2012, Utah has operated a waiver program, the Medicaid Autism Waiver. This program was originally funded as a

pilot project during the 2012 legislative session to provide treatment for approximately 250 children, ages two through six, who had been clinically-diagnosed with ASD. The program provided intensive individual support for children with ASD, as well as respite care for families.

Now with CMS guidance, ASD-related services are not limited to children enrolled in the Medicaid Autism Waiver. As of July 1, 2015, ASD-related services are now available under the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program, which offers comprehensive and preventive health care services for individuals under age 21 who are enrolled in Traditional Medicaid (also known in Utah as the Child Health Evaluation and Care or CHEC program).

With the updated ASD policy, ASD related services may include diagnostic assessments and evaluations; therapies such as physical therapy, occupational, or speech therapy; and services that are rooted in principles of applied behavior analysis (ABA). ABA was the primary service offered in the Medicaid Autism Waiver and the progress of children receiving services through the Waiver has been very positive.

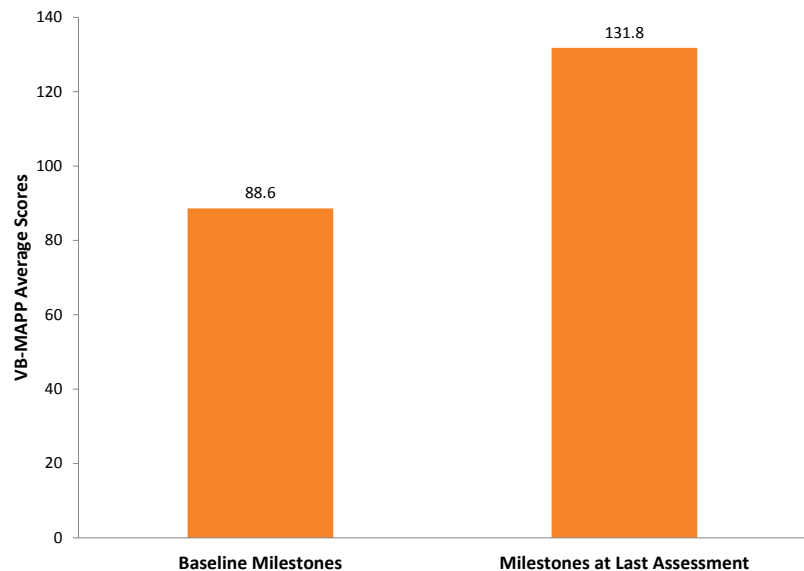
ABA involves teaching skills that facilitate development by breaking the skills into smaller parts and working on one sub-skill at a time until mastery is achieved. The Medicaid Autism Waiver participants were evaluated using the *Verbal Behavior Milestones Assessment and Placement Program* (VB-MAPP). Figure 1 illustrates the progress of the children's mastery of skills over time. Examples of acquired skills measured include

## KEY FINDINGS

- In July 2014, the Centers for Medicare and Medicaid Services (CMS) informed state agencies that they must begin providing autism spectrum disorder (ASD)-related services to children under age 21 through the general Medicaid benefit.
- With the updated ASD policy, ASD related services may include diagnostic assessments and evaluations; therapies such as physical therapy, occupational, or speech therapy; and services that are rooted in principles of applied behavior analysis (ABA).
- An assessment of children already receiving services through the Medicaid Autism Waiver illustrates the progress of the children's mastery of skills over time (Figure 1).
- Evaluations from parents were also positive and showed the acquisition of new skills for participants in the Medicaid Autism Waiver.
- Utah children enrolled in Medicaid with an ASD diagnosis will now have access to ASD-related services that have been proven effective by the original pilot program, helping to give children with ASD the best chance to reach their full potential.

## Acquisition of New Skills: VB-MAPP (Verbal Behavior Milestones Assessment and Placement Program) Assessment Results

Figure 1. Baseline milestones and milestones at last assessment scores from the VB-MAPP Assessment



independent play, listening and responding, naming objects, interverbal, repeating words, reading written words, etc.

The *Vineland-II Parent/Caregiver Rating Form* (Vineland-II) was used by parents to report their child's progress as they observe it. The Department evaluated questions across four main areas: communication, daily living skills, socialization, and motor skills.

The outcome results, as shown in Table 1, from standardized evaluation tools were positive and showed the acquisition of new skills for participants in the Medicaid Autism Waiver. Now that these services are available to all children enrolled in Medicaid with an ASD diagnosis, the services and treatments—proven effective by the original pilot program—will help give children with ASD the best chance to reach their full potential.

Visit <http://health.utah.gov/ltc/asd/> for information about ASD related services for children enrolled in Medicaid. For more information about who is eligible for Medicaid and how to apply, visit [www.medicaid.utah.gov](http://www.medicaid.utah.gov).

For more data on autism in Utah, see our previously released articles:

- Autism Rates and Screening Practices in Children (Breaking News, June 2015) [http://health.utah.gov/oph/publications/hsu/1506\\_ACA.pdf#BN](http://health.utah.gov/oph/publications/hsu/1506_ACA.pdf#BN)
- Changes in Rates of Children with Autism Spectrum Disorders 2002-2010 (January 2013) [http://health.utah.gov/oph/publications/hsu/1301\\_Autism.pdf](http://health.utah.gov/oph/publications/hsu/1301_Autism.pdf)

For additional information about this topic, contact Stacie Downs, Utah Department of Health, (801) 538-6578, email: [sdowns@utah.gov](mailto:sdowns@utah.gov); or the Office of Public Health Assessment, Utah Department of Health, (801) 538-9191, email: [chdata@utah.gov](mailto:chdata@utah.gov).

## Parental Observations - Vineland Assessment Results

Table 1. Baseline and latest assessment scores with percentage change from the Vineland Assessment (parental observations)

Major Skill Areas	Baseline	At Last Assessment	Percentage Change
Communication	63.6	90.2	41.8%
Daily Living Skills	44.8	64.2	43.3%
Socialization	53.2	74.1	39.3%
Motor Skills	91.0	110.6	21.5%

### UDOH ANNOUNCEMENT:

#### MyBenefits for Medicaid Members

Utah Medicaid has created a new website called 'MyBenefits.' This website allows Medicaid members to view their Medicaid coverage and health plan information online. The website also displays enrollment information for the Children's Health Insurance Program (CHIP), Primary Care Network (PCN), UPP, and other Medicaid waiver program enrollees. Visit [www.mybenefits.utah.gov](http://www.mybenefits.utah.gov) for more information!

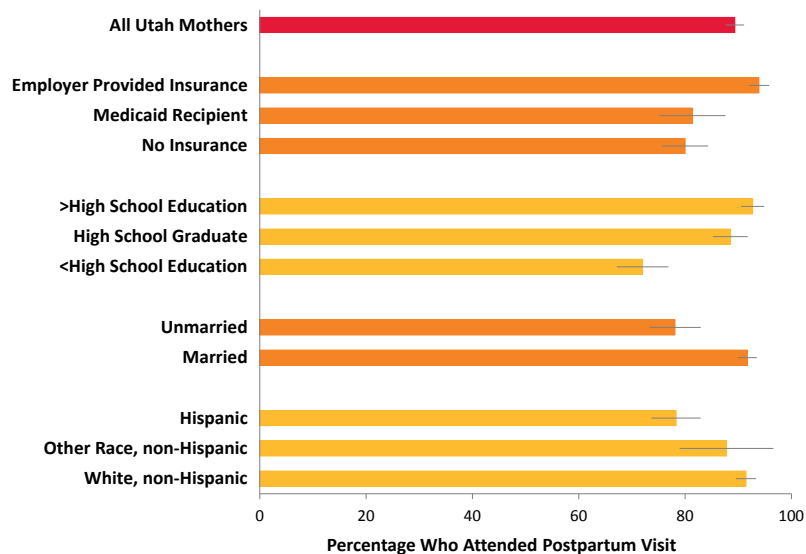
## Breaking News, November 2015

### Postpartum Visits

The American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG) recommend that women who give birth visit a healthcare provider for postpartum care 4–6 weeks after delivery.<sup>1</sup> Timely postpartum care is a critical component of successful health outcomes as well as an indicator for preconception health in the general population. Postpartum visits provide important opportunities for discussing birth spacing, contraception, and health between births.

To assess the rate at which women attend a postpartum visit after giving birth, the Utah Pregnancy Risk Assessment Monitoring System (PRAMS) asks new mothers “Since your new baby was born, have you had a postpartum checkup for yourself?” The accompanying figure shows the percentage of women who attended a postpartum visit by demographic group. The data show that overall, 89.4% of Utah mothers who recently gave birth, reported attending a postpartum visit. However, there were differences seen among demographic groups. Women who had Medicaid or no health insurance, had less than a high school education, were unmarried, or Hispanic, were significantly less likely to report attending a postpartum visit. Understanding who is at risk for not attending a postpartum visit allows for targeted efforts in improving compliance.

**Mothers Attending Postpartum Visit, Utah, 2012**



Source: Utah Pregnancy Risk Assessment Monitoring System (PRAMS)

Recommendations for topics to be included in the postpartum visits include assessment of contraceptive use, postpartum depression screening, intimate partner violence screening, immunization updates, postpartum glucose check for women with gestational diabetes, and a physical exam.

1. American Academy of Pediatrics, American College of Obstetricians and Gynecologists. Guidelines for Perinatal Care, 7th ed. Washington DC: American College of Obstetricians and Gynecologists; 2012.

## Community Health Indicators Spotlight, November 2015

### Utah's Hemp Extract Registration Card

In 2014, the Utah Legislature passed the Hemp Extract Registration Act which granted authority to the Utah Department of Health Office of Vital Records and Statistics (OVRs) to issue hemp extract registration cards. With a hemp extract registration card, Utah residents being treated for intractable epilepsy may possess hemp extract for the purpose of treatment.

Since July 2014, OVRs has issued 109 cards; patients under the age of 18 account for 64% of the cards. Hemp extract registration cards expire one year from the date of issuance. As of October 9, 2015, 13 patients had renewed their cards. In the renewal application, a patient's neurologist must include a description of the hemp extract's effect on the patient's seizure control and a list of any adverse effects or other effects that may be attributed to the use of hemp extract. Optional information requested in renewal applications include:

- frequency of seizure before and after the hemp extract use,
- name of supplier of the extract and product description, and
- dosage, frequency, and duration of use.

To ask questions about the hemp extract registration card, please contact OVRs at [hempregistry@utah.gov](mailto:hempregistry@utah.gov) or 801-538-6264.

### Number of Hemp Extract Registration Cards Issued by Month, Utah, July 2014–October 2015

Month/Year	Number
<b>2014</b>	
July	10
August	9
September	5
October	10
November	8
December	5
<b>2015</b>	
January	5
February	9
March	8
April	5
May	6
June	6
July	9
August	3
September	7
October	4

# Monthly Health Indicators Report

(Data Through September 2015)

Monthly Report of Notifiable Diseases, September 2015	Current Month # Cases	Current Month # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
Campylobacteriosis ( <i>Campylobacter</i> )	32	49	334	397	0.8
Shiga toxin-producing <i>Escherichia coli</i> ( <i>E. coli</i> )	3	9	70	83	0.8
Hepatitis A (infectious hepatitis)	1	1	6	7	0.9
Hepatitis B, acute infections (serum hepatitis)	1	0	8	7	1.1
Meningococcal Disease	0	0	1	4	0.2
Pertussis (Whooping Cough)	5	72	350	747	0.5
Salmonellosis ( <i>Salmonella</i> )	59	33	364	260	1.4
Shigellosis ( <i>Shigella</i> )	1	6	27	30	0.9
Varicella (Chickenpox)	7	27	125	224	0.6
West Nile (Human cases)	4	2	8	4	2.1

Quarterly Report of Notifiable Diseases, 3rd Qtr 2015	Current Quarter # Cases	Current Quarter # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
HIV/AIDS†	35	23	91	80	1.1
Chlamydia	2,195	1,885	6,409	5,548	1.2
Gonorrhea	413	198	1,089	491	2.2
Syphilis	19	13	42	38	1.1
Tuberculosis	15	7	28	24	1.2

Medicaid Expenditures (in Millions) for the Month of September 2015	Current Month	Expected/Budgeted for Month	Fiscal YTD	Budgeted Fiscal YTD	Variance - over (under) budget
Capitated Mental Health	\$ 13.1	\$ 12.2	\$ 44.2	\$ 45.8	\$ (1.6)
Inpatient Hospital	\$ 12.0	\$ 13.5	\$ 24.8	\$ 27.1	\$ (2.2)
Outpatient Hospital	\$ 2.9	\$ 4.5	\$ 8.3	\$ 12.4	\$ (4.2)
Long Term Care	\$ 13.2	\$ 13.0	\$ 42.5	\$ 45.6	\$ (3.1)
Pharmacy	\$ 9.1	\$ 9.0	\$ 28.6	\$ 29.1	\$ (0.4)
Physician/Osteo Services	\$ 3.4	\$ 4.9	\$ 8.5	\$ 12.2	\$ (3.7)
TOTAL MEDICAID	\$ 194.3	\$ 194.3	\$ 617.5	\$ 623.9	\$ (6.4)

Program Enrollment for the Month of September 2015	Current Month	Previous Month	% Change* From Previous Month	1 Year Ago	% Change* From 1 Year Ago
Medicaid	289,983	289,866	+0.0%	275,766	+5.2%
PCN (Primary Care Network)	12,460	12,217	+2.0%	19,829	-37.2%
CHIP (Children's Health Ins. Plan)	16,441	16,286	+1.0%	15,640	+5.1%

Health Care System Measures	Annual Visits			Annual Charges	
	Number of Events	Rate per 100 Population	% Change* From Previous Year	Total Charges in Millions	% Change* From Previous Year
Overall Hospitalizations (2013)	279,393	9.0%	-2.8%	\$ 6,513.8	+5.9%
Non-maternity Hospitalizations (2013)	177,191	5.6%	-2.5%	\$ 5,554.8	+6.6%
Emergency Department Encounters (2013)	683,415	22.3%	-1.5%	\$ 1,555.4	+7.1%
Outpatient Surgery (2013)	404,303	13.1%	+7.3%	\$ 2,167.9	+11.5%

Annual Community Health Measures	Current Data Year	Number Affected	Percent/Rate	% Change* From Previous Year	State Rank§ (1 is best)
Obesity (Adults 18+)	2014	524,000	25.7%	+6.5%	8 (2014)
Cigarette Smoking (Adults 18+)	2014	197,800	9.7%	-6.1%	1 (2014)
Influenza Immunization (Adults 65+)	2014	171,300	58.0%	+1.0%	36 (2014)
Health Insurance Coverage (Uninsured)	2013	336,500	11.6%	-12.1%	n/a
Motor Vehicle Traffic Crash Injury Deaths	2014	234	8.0 / 100,000	+20.2%	9 (2013)
Poisoning Deaths	2014	641	21.8 / 100,000	+0.4%	47 (2013)
Suicide Deaths	2014	555	18.9 / 100,000	-4.0%	49 (2013)
Diabetes Prevalence (Adults 18+)	2014	144,800	7.1%	-0.1%	8 (2014)
Poor Mental Health (Adults 18+)	2014	324,200	15.9%	-3.0%	19 (2014)
Coronary Heart Disease Deaths	2014	1,574	53.5 / 100,000	+2.5%	1 (2013)
All Cancer Deaths	2014	3,033	103.1 / 100,000	+1.0%	1 (2013)
Stroke Deaths	2014	854	29.0 / 100,000	+1.4%	18 (2013)
Births to Adolescents (Ages 15-17)	2014	537	7.9 / 1,000	-8.8%	11 (2013)
Early Prenatal Care	2014	39,005	76.2%	-0.2%	n/a
Infant Mortality	2014	251	4.9 / 1,000	-4.7%	9 (2012)
Childhood Immunization (4:3:1:3:3:1)	2014	36,700	74.6%	n/a#	24 (2014)

† Diagnosed HIV infections, regardless of AIDS diagnosis.

\* Relative percent change. Percent change could be due to random variation.

§ State rank based on age-adjusted rates where applicable.

# In 2014, NIS analysis for the complete 4:3:1:3:3:1 series was updated to provide a more accurate assessment of Haemophilus influenzae type B vaccination. Due to this change, the 2014 results for 4:3:1:3:3:1 coverage are not comparable to prior years.

Notes: Data for notifiable diseases are preliminary and subject to change upon the completion of ongoing disease investigations. Active surveillance has ended for influenza until the the 2015-2016 season.