

Conclusion

Group-based treatment for ASD has the potential to provide cost savings to Medicaid and private insurance. It has demonstrated a strong evidence-base for outcomes in the areas of communication and social interaction, both of which can support adolescents and adults with ASD as they enter the workforce or post-high school education. Currently, the payer determines which treatments the individual is eligible to receive rather than clinical need determining which treatment an individual receives. This creates inequity and prevents access to appropriate, medically necessary services for individuals with ASD.



Recommendation

1. Insurance providers, including Medicaid, should cover group-based treatment services for ASD given the strong evidence in support of these programs.

References

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ISSUE BRIEF 2018 Making the Case for Evidence-Based Group Treatment for Autism Spectrum Disorder



This issue brief makes the case for the coverage of group-based treatment for autism spectrum disorder (ASD) by third-party payers. This brief presents data from an evidence-based social skills group delivered at the Waisman Center Autism Treatment Programs, *in partnership with UW Health*, and makes recommendations for the future coverage of ASD group-based treatment.

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Issue Statement

The need for continued intervention for social skills development is critical to support individuals with autism spectrum disorder (ASD) in achieving and maintaining meaningful employment, relationships, and community involvement. Only 25-30% of adults with ASD are employed. A recent study of adults with ASD noted that virtually all adults with ASD identified in childhood require ongoing assistance to maintain their community involvement.¹ Evidence-based group treatment, such as the Program for the Education and Enrichment of Relational Skills (PEERS), is an effective way to teach and facilitate the development and refinement of these skills.² Yet, in Wisconsin, these group treatment modalities for ASD are not covered by the Medicaid Behavioral Treatment benefit.

Background

Autism spectrum disorder (ASD) is a developmental disability in which individuals face difficulty in the areas of social interaction and communication. Challenges in these areas can impact an individual in several ways including how they interact with their family, friends, and other community members. The symptoms of ASD are present throughout an individual's lifetime and the support they receive from their family, providers, and their community will influence their future success and well-being. Studies have shown that providing cost-effective and evidence-based treatment leads to positive outcomes as individuals enter secondary education and the workforce.³

Background, continued

Comprehensive level autism treatment services (>25 hours/week) provide positive outcomes for children with ASD. Individual treatment services for ASD have become more accessible to families through a Wisconsin state mandate that requires third-party payers, including Medicaid, to ensure coverage of treatment of ASD that is deemed **medically necessary**, which includes ABA therapy. However, group based treatment for ASD is not currently covered under the Behavioral Treatment benefit. We argue that group-based treatment for ASD meets the definition of medical necessity and therefore should be a covered benefit.

Wisconsin Medicaid defines medically necessary as - “Services or supplies that: are proper and needed for the diagnosis or treatment of your medical condition, are provided for the diagnosis, direct care, and treatment of your medical condition, meet the standards of good medical practice in the local area, and aren’t mainly for the convenience of you or your doctor.” (<https://www.cms.gov/apps/glossary/default.asp?Letter=M&Language=English>)

In 2014, 1 in 71 Wisconsin children aged 8-years met diagnostic criteria for ASD. Nationally, the prevalence rate of ASD rose 150% between 2000 and 2014.⁴ As ASD is a life-long condition and these children will soon become adults, ensuring all children and adolescents receive evidence-based, effective treatment is paramount to maximizing outcomes. If third party payers, including Medicaid, do not cover the treatment, then many individuals with ASD will go without the treatment they need resulting in a cost to the individual, family, and society.

The principles and strategies of ABA have been shown to be effective in treating individuals with ASD in both individual and group treatment models. Evidence for group treatment modalities for ASD have demonstrated effectiveness across the lifespan helping individuals reach their goals and improve social outcomes and community involvement.⁵⁻⁷ The evidence-based program, PEERS, is effective in improving social motivation, cooperation, and assertiveness.⁷ In adulthood, social opportunities have been identified as a need for young adults with ASD and can improve overall quality of life.¹ Group-based social skills training is not only effective for maintaining meaningful relationships for people with ASD, it can also support their involvement in the community and workforce.

Despite the mandate and proven effectiveness of group-based treatment, coverage for group-based treatment for ASD in the state of Wisconsin has been difficult to obtain

through insurance and poses a barrier to accessing this type of treatment for individuals with ASD. The Wisconsin Medicaid Behavioral Treatment benefit for ASD specifically lists group treatment as an exclusion without one-on-one support for participants.⁸ In contrast, group-based treatment for mental health conditions (non-ASD) is adequately covered by third-party payers, including Wisconsin Medicaid, and has demonstrated effectiveness as a treatment modality.

Furthermore, group treatment as a service is cost-effective for third-party payers (\$112.53/hour for multi-family group treatment versus \$132.60/hour for individual treatment). Although **Current Procedural Terminology (CPT)** codes were developed for group treatment of ASD through the American Medical Association, they are not covered by Wisconsin Medicaid (see table). Group-based social skills treatment could offer a valuable option for youth with ASD who no longer require a comprehensive level of service.

Example Scenario: Joey was diagnosed with autism spectrum disorder when he was 3 years old. He received comprehensive level (>20 hours per week) autism treatment services in the form of Applied Behavior Analysis (ABA) therapy from the age of 3 until the age of 6. He then transitioned to focused (<20 hours per week) autism treatment services from the age of 6 until 10 through a local autism treatment provider. Participation in ABA therapy greatly improved Joey’s ability to communicate, play, and interact with the world around him.

Joey, who is now 17 years old, is preparing for the transition from high school to the work force and is working with his school team to determine the next steps for his future. Now that Joey is an adolescent, he has continued to struggle with social relationships in his community. He is not comfortable making phone calls, asking for contact information, or having a back and forth conversation which has made his attempts at employment challenging. Joey and his parents are interested in short-term treatment that will help Joey develop these skills so he can be successful as he searches for educational or employment opportunities after high school.

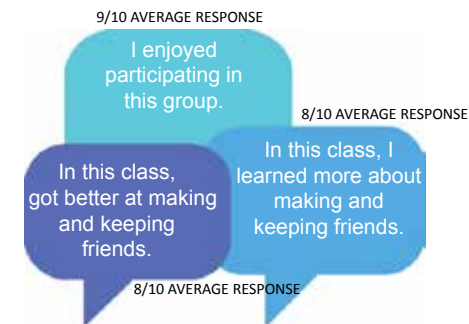
Through her own research Joey’s mother discovers the PEERS program and feels like it would be the perfect fit for Joey’s needs. She knows he will benefit from being in a group with his peers without the one-on-one service he received from his traditional comprehensive ABA treatment. She also likes that there is a parent component of the group where she can learn strategies to help Joey become more independent in his community and continue to support Joey long after the PEERS program has ended.

Joey’s mother calls the local provider offering the PEERS program. She learns that because Joey’s insurance coverage is through WI Medicaid, he will not be able to participate in the program. Joey’s mother is devastated because she knows that Joey will greatly benefit from this program and it is clinically indicated for his future success.

Local Evaluation of Group-Based Treatment/PEERS

Recently, the PEERS treatment group was provided to two groups of adolescents with ASD at the Waisman Center Autism Treatment Programs, in partnership with UW Health. Data were collected pre- and post-treatment as part of a quality improvement project. A total of 12 adolescents with ASD participated in the group sessions. Social skills knowledge was measured using Test of Adolescent Social Skills Knowledge (TASSK); Social conflict was measured using the Quality of Socialization Questionnaire - Adolescent (QSQ-A); ASD symptoms were measured using the Social Responsiveness Scale, Second Edition (SRS-2)

Upon completion of the PEERS program, teens were asked to complete an exit survey to provide feedback on their experiences in the program. They provided responses to the following statements on a scale of 0 (strongly disagree) to 10 (strongly agree).



The table below describes mental health and behavioral treatment CPT codes and whether they are covered by WI Medicaid and for whom

CPT Code	What is it?	WI Reimbursement Rate	Covered through Medicaid?
90849	Group psychotherapy	\$112.53/hour	Yes, when provided by a mental health provider. Not covered when service is provided by behavior analysts
0364T-0365T	Behavior Treatment-Individual	\$132.60/hour	Yes, when provided by licensed professional (mental health or behavioral)
0366T-0367T	Group Behavioral Treatment	--	No
0372T	Adaptive Behavior Treatment, Social Skills Group	--	No

Current Procedural Terminology (CPT) codes were first published in 1966 and are developed, maintained, and copyrighted by the American Medical Association (AMA). CPT codes are used by insurers to help determine the amount of reimbursement that a practitioner will receive for services provided.

After participating in the 14-week, evidence-based PEERS program:

Teens and their parents reported that teens organized, on average, two social gatherings more during the last month of the group than they did prior to group intervention.

Based on our findings, the PEERS curriculum impacted participants in the following positive ways:

- Decrease in autism symptoms by 8 %
- Increase in social knowledge by 47 %
- Increase in number of social activities
- Decrease in social conflict by 69 %

