



November 28, 2017

Senator Vicki Schmidt, Chair  
Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and  
KanCare Oversight  
Room 346-S Statehouse  
Kansas State Capitol  
300 SW 10th St  
Topeka, Kansas 66612

Dear Senator Schmidt and Members of the Committee,

My name is Mike Wasmer and I am the parent of a child with autism and a resident of Olathe. I am also the director of state government affairs for Autism Speaks. Thank you for the opportunity to share my concerns regarding the implementation of coverage for the treatment of autism through KanCare.

As an advocate and a parent of a child with autism, I recognize and have witnessed first hand the benefit of applied behavior analysis (ABA) for the treatment of autism. When I first met many of you, it was during the course of efforts to require coverage for medically necessary treatments of autism, including ABA, in state employee health benefit plans and private health insurance in Kansas. At that time, my daughter with autism was in elementary school. She is now a freshman at the University of Iowa and is excelling as a math major pursuing a minor in Spanish. Much of her success can be attributed to receiving ABA soon after being diagnosed.

Kansas became the 18th state to require coverage for ABA in at least some state regulated health benefit plans in 2010. This coverage was expanded to most fully insured health benefit plans in Kansas in 2014. Currently, 46 states require coverage for ABA for the treatment of autism.

Under the Early Periodic Screening Diagnostic and Treatment (EPSDT) benefit of Medicaid, Medicaid-eligible children must be provided medically necessary treatment to correct or ameliorate illnesses or conditions until they turn 21. In a letter to state Medicaid directors in 2014, CMS clarified that this obligation includes coverage for the treatment of autism and cited ABA as an example of a medically necessary treatment for many children affected by this disorder. Kansas amended its Medicaid State Plan to include coverage for ABA, which was approved by CMS in January of 2017.

In my role at Autism Speaks, I have assisted with implementation of the ABA benefit under both private health insurance and EPSDT across the country. The next several speakers are going to share examples of significant roadblocks to effective delivery of ABA through KanCare. Many of the issues that will be raised effectively limit provider capacity and are arguably violations of EPSDT and/or federal mental health parity law.

For example, inefficiencies in the credentialing process for ABA providers often delay access to care by 3 months or longer. Additionally, KanCare's requirements for para-level providers of ABA are far in excess of what is required by the Behavior Analyst Certification Board (BACB) — which serves as the international credentialing body for providers of behavior analysis. Other concerns are related to soft caps on coverage for both direct and supervisory ABA services. These caps are frequently being implemented as hard caps which is a clear violation of EPSDT.

Finally, inefficiencies with medical coding and inappropriate denials lead to overly burdensome administrative effort which is not reimbursable. I urge the committee to thoughtfully consider the comments and recommendations of these parents and providers.

I greatly appreciate your attention to this issue and would be happy to stand for questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. Wasmer', with a long horizontal flourish extending to the right.

Michael L. Wasmer, DVM, DACVIM  
Director, State Government Affairs  
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