

**Testimony
Human Services Committee
Department of Human Services
Representative Alon Wieland, Chairman
April 17, 2012**

Chairman Wieland and members of the Human Services Committee, I am JoAnne Hoesel, Director of the Division of Mental Health and Substance Abuse Services, for the Department of Human Services. I am here today to discuss the additional costs of implementing autism spectrum disorder (ASD) services as a core service of the Department of Human Services and the potential of implementing a sliding fee scale for payment of services.

Implementation Costs

According to the Centers for Disease Control and Prevention, there is no single best treatment for all children with ASDs. ASD services can take many forms and can be delivered using various methods and intensities. In North Dakota as in other states, due to this complex condition, multiple local, state, and federal programs touch the lives of affected individuals.

There are many different types of treatments identified specific to ASDs. The therapies can generally be broken down in the following categories:

1. Behavioral and Communication approaches

Examples are: Applied Behavioral Analysis (ABA), Discrete Trial Training, Pivotal Response Training, Verbal Behavioral Intervention, Occupational Therapy, Speech Therapy, and Sensory Integration.

2. Dietary Approaches

Some dietary approaches have been developed by reliable therapists. But many do not have the scientific support needed for widespread recommendation.

3. Medication

There is no medication that can cure ASDs or even treat the main symptoms. But there are medications that can assist some people with related symptoms.

4. Complementary and Alternative Medicine

These types of treatment are very controversial. Current research indicates that as many as a third of parents have tried this type of treatment and up to 10 percent may be using a potentially dangerous treatment.

Unfortunately, there are no federal guidelines that provide firm direction on approved treatments so many states have implemented their own protocols to provide guidance on endorsed ASD treatment direction across systems.

The 2011, "Report on State Services to Individuals with Autism Spectrum Disorders (ASD) Centers for Medicare & Medicaid Services (CMS) ASD Services Project" (<http://www.cms.gov/apps/files/9-State-Report.pdf>) reports different state approaches to this issue. The ND ASD task force status PowerPoint report provides items for your consideration in the areas of infrastructure, training, treatment, and funding.

The following are typically covered services targeted to persons with ASD, as reported by nine states for all funding sources:

- Screening
- Diagnostic Assessment
- Functional Assessment
- Information and Referrals
- Early Intervention (Autism)
- Behavioral Support
- Applied Behavior Analysis
- In-Home Care
- Skill Training/Acquisition
- Parent Training and Education
- Respite Care
- Case Management
- Service Coordination
- Supportive Housing
- Supported Employment
- Self-Directed Services
- Other Specialized Services

Until decisions are made and direction provided as to the scope, intensity, and focus of the services, it is not possible to provide you cost projections.

Sliding Fee Scale

It would be possible to implement a sliding fee scale for payment of the identified services. A sliding fee scale is used at the Department's regional human service centers, and could serve as an approach to apply to any added ASD services.

I am available to answer your questions.