Overview of HIMAT
Health Insurance Mandated Autism Treatment In Colorado

A state law (CRS 10-16-104 (1.4)) requires certain types of private group health insurance policies to cover treatment for Autism Spectrum Disorders (ASD).

This Overview is a summary and does not address all of the provisions of HIMAT. This Overview is not legal advice and should be used as a general guide only. Please see below regarding where you can find additional information, including the text of the law.

**WHO is affected?**

Children from birth through 18 years of age who have certain types of private group health insurance policies will be eligible to use their private health insurance to cover certain treatments for ASD.

- If a private health insurance card is marked with “CO-DI”, in most circumstances, the group health benefit plan is required to comply with HIMAT.
- In addition, the following general guidelines should be helpful. An insured should also call the administrator of his/her plan and may choose to obtain legal advice to determine his/her rights and the exceptions or details regarding this general information.
- Health Benefit Plans that Must Comply with HIMAT (this list is not exhaustive):
  - Colorado Group Insurance Policies
  - Insured Employment Retirement Income Security Act (ERISA) Plans that purchase Colorado Group Insurance Policies
  - Colorado State Employee Plans
- Health Benefit Plans that May Not Have to Comply with HIMAT (this list is not exhaustive):
  - Self-funded ERISA Plans
  - Group Insurance Policies issued to companies headquartered in another state, even if employees reside in Colorado
  - Individual Plans and Self-funded Church Plans

**WHAT is covered?**

The following treatments, *if medically necessary*, are required to be covered under HIMAT. It is important to note that some plans may choose to cover treatments in addition to the treatments that fit within these categories. These benefits are *subject to the general terms of the policy* (co-pays, deductibles, caps, etc.), but are otherwise unlimited (except for Applied Behavior Analysis (ABA)).

- Evaluation and Assessment Behavior Services (including Diagnosis)
- Behavior Training, Behavior Management and ABA if the services are provided by an Autism Services Provider (ABA benefits may be limited to certain annual dollar amounts)
- Habilitative or Rehabilitative Care, including Occupational Therapy (OT), Speech Therapy (ST) and Physical Therapy (PT)
- Therapeutic Care, including OT, ST, PT and ABA, if the services are provided by a speech language pathologist, registered occupational therapist, licensed physical therapist or Autism Services Provider
- Psychological Care, including Family Counseling
- Pharmacy Care and Medication, if covered by the health benefit plan
- Psychiatric Care
WHAT is covered? (continued)

Some treatments are required to be provided by certain service providers. It is important to note that some plans may choose to cover treatment by providers who do not meet these requirements. An Autism Services Provider is a person who provides direct services and is licensed, certified or registered by the applicable state licensing board or by a nationally-recognized organization and fits into one of the following categories.

- Provider A (Doctorate/License/Experience):
  - has a doctorate with a specialty in psychiatry, medicine or clinical psychology,
  - is actively licensed by the state board of medical examiners, and
  - has one year of direct experience in behavioral therapies that are consistent with best practice and research on effectiveness for people with ASD.

- Provider B (Doctorate/Experience):
  - has a doctorate in one of the behavioral or health sciences and
  - has completed one year of experience in behavioral therapies that are consistent with best practice and research on effectiveness for people with ASD.

- Provider C (Master's/BCBA):
  - has a master's degree or higher in behavioral sciences and
  - is nationally certified as a Board Certified Behavior Analyst (BCBA) or certified by a similar nationally-recognized organization.

- Provider D (Master's/Related/Experience):
  - has a master's degree or higher in one of the behavior or health sciences,
  - is credentialed as a physical therapist, occupational therapist, or speech therapist, and
  - has completed one year of direct supervised experience in behavioral therapies that are consistent with best practice and research on effectiveness for people with ASD.

- Provider E (Baccalaureate/BCaBA):
  - has a baccalaureate degree or higher in behavioral sciences and
  - is nationally certified as a Board Certified Associate Behavior Analyst (BCaBA) or certified by a similar nationally-recognized organization.

HOW to utilize benefits?

The treatment must be prescribed or ordered by a licensed physician or licensed psychologist. Each health benefit plan will have different authorization and documentation requirements.

WHERE to get additional information?

- Text of HIMAT and additional information – www.autismcolorado.org
- Information regarding HIMAT and Early Intervention for children under 3 years of age – www.eicolorado.org
- Information regarding HIMAT and Medicaid, including Medicaid Waivers - www.colorado.gov/hcpf
- Information regarding the Colorado Division of Insurance - www.dora.state.co.us/insurance, and regarding Pre-Authorization and Grievances Procedures - www.dora.state.co.us/insurance/consumer/2009%20docs/consWhenInsurerSaysNo062009.pdf
- Assistance locating Providers – www.cocapmembers.org

The Autism Society of Colorado would like to thank the Colorado Department of Human Services / Division for Developmental Disabilities, the Colorado Department of Health Care Policy and Financing, and the Colorado Department of Regulatory Agencies / Division of Insurance for their assistance in the development of this pamphlet.