Below are questions from the online audience since we were unable to get to all of them so speakers have answered them through this document.

**Question for Ann Reynolds:**  
Is whole exome sequencing standard of care? How much does it cost? Which patients need it with/without microarray?

**Answer:**  
I don't believe that it is currently standard of care. The interpretation is still quite complex. To is very exciting technology and may be very helpful in the future.

**Question for Ann Reynolds:**  
Are you familiar with studies that are taking place regarding SSRI exposure in utero? It seems there are differing opinions particularly given the fact that it is also dangerous for babies to be exposed to high levels of cortisol in utero. Do you have thoughts regarding this? Professionally, I am seeing a lot of speech/language delays, motor delays and a higher level of ASD in children whose mothers were taking an SSRI while pregnant.

**Answer:**  
That is a great question. I think that we still need more information. As you say, it is a very complex issue. We need more prospective data.

**Question for Ann Reynolds:**  
If in the DSM 5 ADHD may be able to be diagnosed along with ASD, may that then open up the ability for mental health providers like the community mental health centers to provide more behavioral services?

**Answer:**  
I hope so.

**Question for John Miles:**  
Is that really 25 minute session increments? or should it be 15 minutes session increments?

**Answer:**  
The basis used by the actuary to convert from dollars to units was in 25 minute increments. This does not mean that an insurance carrier will base its rates on 25 minute increments. They could use 15 minute increments or something else. This would need to be clarified during the rulemaking process.

**Question for John Miles:**  
Are the 25-minute session increments considered full sessions? In other words, does each 25 minute session count as one session?

**Answer:**  
The basis used by the actuary to convert from dollars to units was in 25 minute increments. This does not mean that an insurance carrier will base its rates on 25 minute increments. They could use 15 minute increments or something else. This would need to be clarified during the rulemaking process.
**Question for John Miles:**
If providers run into pushback from insurance companies, who is the go to person and phone number?

**Answer:**
Division of Insurance, click on Complaints

**Question for John Miles:**
Question about HIMAT coverage. Does it look like more citizens will be covered by HIMAT? (Like Medicaid and self insured)

**Answer:**
More could be covered because more Coloradans will have access to insurance plans that are issued in Colorado due to reasons such as removal of pre-existing condition exclusions or the insurance exchange. HIMAT does not apply to Medicaid or self-insured plans). The exception is that the self-insured plans could voluntarily choose to follow HIMAT but they are not required.