

Vision

Persons with developmental disabilities
live fully and safely as active
and **independent**
members of their community.

Mission

TCRC provides person and family centered
planning, services and support for
individuals with developmental disabilities
to maximize **opportunities**
and **choices** for living, working, learning
and recreating within their **community**.

San Luis Obispo County

Atascadero

7305 Morro Road, Suite 101
Atascadero, CA 93422

805.461.7402 *phone*

805.461.9479 *fax*

San Luis Obispo

3450 Broad Street, Suite 111
San Luis Obispo, CA 93401

800.456.4153 *toll free*

805.543.2833 *phone*

805.543.8725 *fax*

Santa Barbara County

Santa Barbara

520 East Montecito Street
Santa Barbara, CA 93103

800.322.6994 *toll free*

805.962.7881 *phone*

805.884.7229 *fax*

Santa Maria

1234 Fairway Drive
Santa Maria, CA 93455

800.266.9071 *toll free*

805.922.4640 *phone*

805.922.4350 *fax*

Ventura County

Oxnard

2401 Gonzales Rd., Ste. 100
Oxnard, CA 93036

800.664.3177 *toll free*

805.485.3177 *phone*

805.988.9521 *fax*

Simi Valley

1900 E. Los Angeles Ave.
Simi Valley, CA 93065

800.517.2524 *toll free*

805.522.8030 *phone*

805.522.8142 *fax*

Accessing Your Private Insurance Cov- erage For Autism Services

Parents and Children with Autism



**Tri-Counties
Regional Center**

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Accessing Plan Benefits For Medically Necessary Autism Treatments

When working with your health plan:

- Utilize the protections of AB 88, the Mental Health Parity Act.
- Use the referral process when accessing benefits of a Health Maintenance (HMO) plan.
- Request pre-authorization of services from a provider in a plan's Preferred Provider Organization (PPO) network.
- Promptly appeal through the Plan's process if denied HMO or PPO plan benefits.
- Learn about the CA Independent Medical Review process (IMR).



Learn more at: www.healthhelp.ca.gov
or www.insurance.ca.gov,
enter "Independent Medical Review" in search field

CA Law Regarding Insurance Coverage For Autism

AB 88, The Mental Health Parity Act, applies to most health care service plans, including HMO, PPO and Point-of-Service Plans.

Learn more at: <http://www.dol.gov/ebsa/newsroom/fsmhparity.html>

Locating Sources and Tracking Progress

Tri-Counties Regional Center assists families in identifying and accessing available payment sources. You may be eligible for services provided by public

schools, Medi-Cal, In-Home Supportive Services as well as private resources such as individual trusts and health insurance plans. The Lanterman act requires that other payment sources be used first. However, if unable to access these sources, TCRC may pay for services.

Throughout this process it is important to keep the Regional Center informed of your progress. Keep your Service Coordinator informed and maintain a detailed log of all requests, appeals and people you contact.

Tips For Working With Your Health Plan

The California Mental Health Parity Act, AB88, requires insurance plans to provide services for autism spectrum disorders. Review your insurance plan carefully for benefits.

These tips may also help in navigating the process:

- Identify specialty providers in your area
- Use the Plan's process to request services
- Learn about the appeal process
- If your claim is denied, inform your Service Coordinator
- Request an Independent Medical Review (IMR) with your HMO or PPO
- Use the appeal process

For additional information visit
www.insurancehelpforautism.com

A Health Plan must meet your needs. If your health plan does not have the specialist you need, they must contract with a qualified provider.

California Department of Insurance
1-800-927-4357
www.insurance.ca.gov

PPO Plans

Preferred Provider Organization (PPO) plans will not require a referral to a specialist. However, you may need to request that a provider join the network. Review the Provider Directory if you do not have a specific provider in mind. If the plan has an in network provider, it is usually more affordable to use them.

Request your health plan to "pre-authorize the services" (tell you in advance whether the health plan will be paying for the services).

If you cannot obtain pre-authorization and decide to self pay for the services; request an Independent Medical Review after the services have been provided.

HMO Plans

Health Maintenance Organization (HMO) benefit plans require a referral to a specialist in the Plan's network from the assigned Primary Care Physician. If there is no qualified specialist, request that the plan add the provider and speak with the provider about applying to the Plan. This may be a lengthy process taking from six months to a year.

Follow the requirements of the Health Plans to complete an appeal; Health Plans must provide a decision within 30 days of receiving an appeal. Please track the process to secure these services. The regional center may ask for this information.

For more information, call

California Department of Managed Health Care
HMO Help Center
1-888-HMO-2219
1-877-688-9891 TDD
www.hmohelp.ca.gov



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