




Health Insurance Coverage for Biomedical & Traditional ASD Treatments

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www.tacanow.org
helping families with autism.

Agenda


- Insurance Pays for What?
- Insurance for Beginners
- How to Start Working with Your Insurance Company
- Billing Codes That Work
- Supplements & Prescriptions
- Appealing an Insurance Claim Denials
- What is ERISA (Employee Retirement Income Security Act)?
- Health Savings Accounts
- Tax Strategies for Parent of Children with Special Needs
- Autism Insurance Legislation
- State Medicaid
- Autism Insurance Resources
- Definitions Relating to Insurance
- Supporting Research for Treatments of Autism
- Lab Tests with Cost and Codes (CPT)
- Common Co-Morbid Disorder Diagnosis Codes



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Time constraints


- Because we only have an hour here today, everything we cover and MUCH MORE can be found on the TACA website for free at <http://www.tacanow.org/family-resources/insurance-coverage-on-a-budget/>
- We're just going to hit the highlights of topics because this is a HUGE subject and we could be here all day!



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Who I am

- Holly Bortfeld
- Single mom of 2 ASD teens
- My daughter is almost 18, has Aspergers
- My son is almost 16, has Autism
- I have 2 jobs (one full-time and one part-time)
- Homeschooler
- Been doing biomed and diet since 1998
- TACA's National Parent Support Manager, Lead Author and Live Chat Manager



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Things That Can Be Covered by Health Insurance

- Autism Diagnosis
- Baseline testing
- Early Intervention
- Therapies like ABA, PT, OT, Speech
- Doctor's visits
- Medications
- Consumable supplies (diapers, etc)
- Durable Medical Supplies (communication devices, etc)
- Dietician or nutritionist
- Lab tests



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Why do I have to learn this?

- Because treatment alone can cost up to \$3 Million over a lifetime. Do you have \$3 Million in cash? If not, keep listening.
- Why don't autism specialists take insurance?
 - ✓ The short answer is "because they can get by without it" but there are some real limits to insurance and in this climate of hostility against doctors who actually recover ASD kids from a supposedly genetic, untreatable, psychiatric disorder, not having insurance companies paying into files is a plus.
- Won't the schools provide my kid everything?
 - ✓ Not even close and rarely without a fight. Schools only provide educationally-relevant services. They have nothing to do with medically necessary treatments.




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Some terms you need to know

- **CPT (Code of Procedural Terminology)**
 - ✓ CPT is the code used to describe what treatment is being provided (i.e., 92507 is "speech therapy").
- **ICD9 (International Statistical Classification of Diseases and Related Health Problems)**
 - ✓ ICD9 is the code used to give the diagnosis (i.e., 299 is the ICD9 for autism), assigned by the doctor or therapist.
- **In-Network vs. Out-of-Network**
 - ✓ If your doctor or therapist accepts your insurance and bills your insurance company directly with merely (maybe) a co-pay from you at your visit, this is an IN-NETWORK provider. If they don't, then they are an OUT-OF-NETWORK provider.
- **Explanation of Benefits (EOB)**
 - ✓ The EOB is a document sent to you every single time someone bills your insurance company for a treatment or visit. It tells you who is billing, for what service, on which date, cost of service, how much the insurance company paid or didn't, and if you owe the provider anything more after the insurance company paid their portion. Don't throw these away, ever.
- **Superbill**
 - ✓ This is the paper that says what services were provided, when, to whom, by whom, and contains the appropriate billing (CPT) and diagnosis (ICD9) codes your insurance company will need to process payment. This is the receipt you leave the doctor's office with at every visit. Usually these are only provided by physicians, and not by therapists. Therapists typically only provide a bill/receipt for their services.
- **Rehabilitative vs. Habilitative**
 - ✓ Insurance companies often will only pay for one or the other. Rehabilitative means to restore to former use and habilitative means to teach a new skill. The purpose of this is that if you had a skill and lost it (i.e., regressed) then it's more likely they will pay for it than if your child never had the skill to begin with.


A full glossary of insurance terms is on the TACA website.



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What if I Don't Have Any Insurance?

- If you qualify financially, you can get SSI and Medicaid in your state that will provide medical coverage for you and/or your children.
- Some states disregard your income when your child has a disability – aka Medicaid Waiver.
- If you don't qualify for Medicaid, all states also have a Children's Insurance Program which is an affordable option for most but, like an HMO, is limited in what it provides.
- There are also Health Savings Accounts.
- This presentation is for those with private health insurance only.
- **I will be presenting on Government programs tomorrow at 10am.**



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What is a Certificate of Coverage?

- Before you can ask anyone anything about what your insurance can cover, you NEED to know this.
 - The Certificate of Coverage describes the Benefit Options and other features under the Plan in great detail.
 - Here is a good example of a Certificate of Coverage: <http://www.marylandhealthinsuranceplan.state.md.us/mhip/attachments/CertificateOfCoverage.pdf>
 - You can obtain this through your company's HR department, the insurance company itself (usually on their website) or ask them directly.
 - The Summary Plan Description is only an overview and may even conflict with the Certificate of Coverage so you will need to review the actual Certificate of Coverage handbook.



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What is ERISA?

- ERISA is the abbreviation for the Employee Retirement Income Security Act.
- Let's say you live in a state with a parity law – like California's AB88. Wahoo! Right? Not so fast. Here is the glitch – The law only pertains to SOME insurance companies. The insurance plans that are self-funded, are exempt! Ouch.
- How do you know if your company's insurance plan is self-funded? Ask the HR department or call the insurance company and ask. If the plan is self-funded, your company chooses what they will and won't cover and it's not subject to state laws so you have to go about certain things differently and it can be much more limited and harder to fight. If the plan isn't self-funded, it is subject to state laws like autism coverage. You need to know this answer FIRST.
- **YOU NEED TO KNOW THIS!** If you live in North Carolina but your insurance policy is funded and written out of Colorado, whose law governs your insurance? Colorado. The state where the insurance policy is funded and written is key. The front page of your policy usually states where it's written and funded.



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What NOT to do is just as important, maybe more, than what to do.

- **"Autism is UNTREATABLE"**
- Many parents have told us that their insurance companies view autism as untreatable but they consider autism as untreatable so they don't have to cover anything related to it. Proper billing is the key to coverage.
- Almost any treatment billed to the insurance company with a diagnosis (ICD9) code of 299.0, 299.1, 299.8 or 299.9 will either be denied or limited by insurance plans. Therefore it is CRUCIAL that you submit bills that charge for the symptoms you are actually treating, not autism. For example, the AAP admits that approximately 70% of ASD kids have gastrointestinal disorders but you cannot submit a bill to the insurance company for treatment of Gastroenteritis (ICD9 558) under ICD9 code 299, autism. You must submit it under 558. Our approach is built on that principal – bill for the symptoms/conditions you are actually treating.
- Bottom Line: Treating co-morbid illnesses/issues that often "come with" autism is extremely important. Do not trust when medical symptoms of a treatable issue are explained as autism. Seek medical assistance for each child's unique needs.



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You cannot un-ring a bell

- Be very aware and careful of what you sign and what it allows people or companies access to.
- For instance, if you do not tell your insurance company that your child has a diagnosis of autism (and I recommend that you do NOT), but you do tell the school, make VERY sure that you do NOT sign anything at either the school or the doctor/therapist's office (that gives them the right to communicate or bill your insurance because they will bill under autism and I've seen many children lose coverage when this happens).
- HIPAA releases should be carefully considered and limited to one year OR LESS and only certain documents necessary for the service to be completed, rather than your child's entire history.
- You have the right to only submit the necessary documents, rather than the provider/school sending away for a whole file. You also have the right to redact any information you want kept out of the file for any reason.



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Billing Codes that work

- We have compiled a list of tried and true codes for everything from ABA to phone consults. The full list is on the TACA website.
- **HBOT (CPT 99183)** – Toxic encephalopathy 349.82 ICD9; Static encephalopathy 348.3; and 348.5 Cerebral edema.
- **MB12** – ICD-9 is 281.1, ICD-10 is D51.0, D53.9, D51.9
- **ABA** – CPTs 90808, 96152, 90806 and ICD-9s: 742.9, 315.9, 348.30
- **QT** – 97530, 97110, 97140 CPT. ICD-9s: 781.3 Hypotonia; 783.42 Gross Motor Delay; 784.69 Apraxia.



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Supplements

- Make sure your insurance plan doesn't exclude vitamins and supplements before you start.
- If your child has a diagnosis of a disorder/disease that is shown to be treated with a particular vitamin (that has an NDC#) and that vitamin is in your mixture, you should be able to get it covered.
- If your child has an allergy to an ingredient in the standard OTC vitamin mixture, you might be able to get it covered.
- NDC (National Drug Code): <http://www.fda.gov/Drugs/DevelopmentApprovalProcess/UCMO70829>



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Prescriptions

- Some insurers cover generic over non-generic at a higher rate of reimbursement and some will EXCLUDE the non-generic. You can ABSOLUTELY appeal a rejection of a non-generic if your doctor writes a letter of necessity and states why the non-generic is mandatory. Even with Medicaid!
- There are a lot of great compounding pharmacies that serve the autism community, but you need to find out if your insurance-covered compounding pharmacy will make it before you pay out of pocket just because your doctor recommends a particular pharmacy.
- Have your local pediatrician rewrite the autism-specialist's prescriptions so your insurance (and Medicaid) will cover them.



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Scenarios to Appeal

- **Example 1**
- Your child has autism. Your child also gets sick, a lot. You take him to the doctor, again, to see what they can do to get him healthier. The doctor orders blood work that shows your child has a very weak immune system and multiple food allergies. The doctor refers you to an immunologist but codes the superbill with 299.0 (autism). The insurance company denies the specialist visit and all treatment because autism in (in their eyes) untreatable. This is an example of denial due to improper coding.
- **Solution:** Call the doctor back and ask that the superbill be recoded to reflect WHY he needs the immunologist – due to immune deficiencies and allergies and REMOVE all reference to autism, as it's not relevant to this case. This is one of the quickest routes to medical denials you will find. Make sure you never leave the doctor's office with a superbill that says "autism" unless you are treating with psychotropic drugs. Those are the only approved "treatments" for autism according to the insurance industry.



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Scenarios to Appeal

- **Example 2**
- Your child has autism. Your child also lost the ability to speak when he regressed into autism. Your doctor writes a script for Speech therapy. Your insurance company says they don't cover speech for autism. Period.
- **Solution:** Why did your child stop speaking? Did he (like most kids I know) have recurrent ear infections? If so, bill it under that. Does he have verbal apraxia? If so, bill it under that, and so on.



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Scenarios to Appeal

- **Example 3**
- Your child has autism and your insurance company tells you they cover 60 visits a year of speech therapy. Your pediatrician and speech therapist recommend therapy 5 days a week (intense therapy while the child is very young will likely reap bigger dividends long term) but that would mean 260 visits in the year, not 60.
- **Solution:** Appeal! Ask your insurance company what their appeal procedure is and if there are any special forms they want you to use. Get your doctor to write a letter of medical necessity for the extra therapy sessions. Ask the speech therapist to write a letter of medical necessity for the extra therapy sessions. Write a cover letter that explains why you need it, and don't be afraid to pull at their heartstrings! You are passionate about your child getting better, let it show!



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Scenarios to Appeal

- **Example 4**
- All of the in-network providers reject you – they aren't taking new patients, don't treat pediatrics, won't treat a child with autism or if the insurance company doesn't have anyone contracted to provide a particular therapy.
- **Solution:** Appeal! You can appeal for them to let you go to an out-of-network provider – but they must reimburse you at in-network rates and maximums. They can create a contract-for-one if need be.
- **Example 5**
- The insurance company tells you that your school should provide it so go to them.
- **Solution:** This is illegal. Appeal. A letter of medical necessity should do the job.



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Health Savings Accounts (HSA)

- A Health Savings Account (HSA) is an alternative to traditional health insurance: it's a savings product that offers a different way for consumers to pay for their health care. HSAs enable you to pay for current health expenses and save for future qualified medical and retiree health expenses on a tax-free basis.
- You must be covered by a High Deductible Health Plan (HDHP) to be able to take advantage of HSAs. An HDHP generally costs less than what traditional health care coverage costs, so the money that you save on insurance can therefore be put into the Health Savings Account.
- You own and control the money in your HSA. Decisions on how to spend the money are made by you without relying on a third party or a health insurer. You will also decide what types of investments to make with the money in the account in order to make it grow.
- An HSA is not something you purchase: it's a savings account into which you can deposit money on a pre-tax basis. The only product you purchase with an HSA is a High Deductible Health Plan, an inexpensive plan that will cover you should your medical expenses exceed the funds you have in your HSA.
- You can use the money in the account to pay for any "qualified medical expense" permitted under federal tax law. This includes most medical care and services, dental, vision care, and also includes over-the-counter drugs such as aspirin. A partial list of what is allowed is provided in IRS Pub 502.
- Consumers can sign up for HSAs with banks, credit unions, insurance companies and other approved companies. Your employer may also set up a plan for employees as well.



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Write it off!

- Did you know that much of the money you are paying out of pocket for your child's treatment is tax-deductible?
- Medical Expense Deductions can include GFCFSF diet foods, any doctors costs, supplements, co-pays, homeschooling, tutoring, therapies, evaluations, exercise, transportation, diapers, therapeutic equipment (this can include A LOT!), camps and structured activities like sports, home improvements, conferences, legal expenses, respite and much more.
- <http://www.tacanow.org/family-resources/tax-strategies-for-parents-of-kids-with-special-needs/>



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State Insurance Laws

Once you know whether your insurance is self-funded or and where the plan is written out of (so you know which state's laws govern it), then you will need to know that state's law on autism coverage and insurance. This is a dynamic list so this may be out of date by the time you see this slide.

- Caveat: not all laws are created equal. Many are bad, even when giving coverage.
- **Arizona:** Effective June 30, 2009. Covers therapy costing as much as \$50,000 per year up to age 9, \$25,000 per year up to age 16.
- **Colorado:** Effective July 1, 2010. Covers ABA birth to age nine at \$34,000 a year, then \$12,000 a year until age 19.
- **Connecticut:** Effective January 1, 2010. Covers ABA and assessments under the age of 15.
- **Florida:** Effective April 2009. Covers \$36,000 per year, \$200,000 lifetime up to age 18.
- **Illinois:** Effective December 2008. Covers up to \$36,000 per year of treatment until age 21, plus Early Intervention.
- **Indiana:** Already in effect



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State Insurance Laws (cont.)

- **Louisiana:** Effective January 1, 2009. Covers \$36,000 per year up to age 17.
- **Minnesota:** Already in effect
- **Montana:** Effective Jan. 1, 2010. Covers diagnostics and treatments up to \$50,000 per year from birth to 8, \$36,000 a year from age 9-18.
- **Nevada:** Effective January 1, 2011. Covers ABA up to \$36,000 a year, until age 18, or if still in school, until 21.
- **New Jersey:** Effective February 9, 2010. Covers screening and therapies up to \$36,000 per year.
- **New Mexico:** Effective June 19, 2009. Covers diagnostics and treatment until age 22, with numerous limits and caps.
- **Pennsylvania:** Effective July 1, 2009. Covers \$36,000 per year up to age 21, no lifetime cap.
- **South Carolina:** Effective July 1, 2008. Covers \$50,000 per year up to age 16.
- **Texas:** Effective January 2010. Covers treatment until age 10.
- **Wisconsin:** Effective November 1, 2009. Covers \$50,000 for 4 years, then \$25,000 annually.
- http://healthgroups.yahoo.com/group/Autism_Insurance_Legislation/



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Medicaid/Medwaiver

- This is a very important piece of the puzzle. Medicaid can pick up what your insurance company doesn't pay, including co-pays. Also, if your HMO has strict limits to the number of visits, Medicaid would kick in and pay after those visits have been exhausted, if you are using a Medicaid provider.
- Most states have Medicaid (income-dependant) or Medwaiver (not income-dependant) plans available to children with ASD, although many have waiting lists.
- The most important reason to understand and acquire Medicaid coverage for your child is this: if you have typical health insurance and Medicaid coverage for your child and you get a prescription written by a Medicaid provider for Speech therapy, for example, and that speech therapist accepts your insurance and Medicaid, but your insurance refuses to cover the therapy, Medicaid will pay for it ALL. ALL OF IT.
- **Want to learn more about Medicaid and other Governmental programs? Come watch my presentation Sunday morning at 10am.**



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Insurance Resources

- Department of Insurance and State Laws <http://www.consumeraction.gov/insurance.shtml>
- How to Fight a Health Insurance Denial, by Brie Cadman <http://www.divinecaroline.com/22291/43737>
- Autism Insurance Information Group List http://healthgroups.yahoo.com/group/autism_insurance_information/
For parents and practitioners to learn about coding and insurance problems.
- Blessed with Autism <http://www.blessedwithautism.com/>
Christina Peck runs a (fee-based) business that helps parents with insurance coding.
- The next two sites are state-specific but have good resources in their archives.
 - ✓ California's Autism Insurance Project (for CA help, fee-based) <http://www.autismhealthinsurance.org>
 - ✓ Washington Autism Advocacy <http://www.washingtonautismadvocacy.org/>



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The Rest

The rest of the Autism Insurance booklet on the TACA site is too detailed for inclusion here. Please see our site at www.tacanow.org

- Definitions Relating to Insurance
- Supporting Research for Treatments of Autism
- Lab Tests with Cost and Codes (CPT)
- Common Co-Morbid Disorder Diagnosis Codes



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What I do

- My kids have both primary insurance (Cigna) and state Medicaid.
- We use a DAN! Doctor in Tampa. I pay out of pocket for the office visit and then submit those bills to Cigna for out-of-network reimbursement. They pay 60% back. I write the cost of the insurance, hotel, airfare and remaining 40% off on my taxes.
- The DAN! Doctor orders tests and writes prescriptions for medications. I do not allow him to use specialty "boutique" labs except for the one test Labcorp/Quest cannot do (UTM for chelation). He completes lab order forms for each child. Labcorp will accept the testing orders from him, even though he doesn't take insurance so we get those pulled after we return home and we list both the DAN! and the regular ped to get results.
- The prescriptions for medications, however, need to be rewritten by our regular pediatrician who takes Medicaid so that anything Cigna won't cover, the Medicaid will, including deductibles and co-pays.



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Biomed on A Budget©

- A lot of people ask, "Why are biomedical treatments so expensive?" We are at an exciting time in medicine for autism as we are learning more every day about this disorder and its co-existing conditions. Sadly, science is much slower than we would like and insurance coverage is even slower. This means that there are no approved "treatments" for autism, nor are treatments for autism related issues easily covered by insurance; unfortunately, this is similar with most other disorders.
- This is a very frustrating situation. Parents have been working in many states to get autism parity legislation for health care coverage but we hope the following will help parents control the costs of treating their children biomedically.



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Biomed on A Budget - Learn

1. **Educate yourself. Learn how to research treatments and determine if the chances are good that your child will respond to them.**
 - Read books, websites and use the medical libraries at your local hospitals (these are often open to the public for free). Read about treatments, lab tests, and information you wish to discuss prior to your doctor appointments. Use the appointment time to discuss the treatments and review what you know. Come to the appointment with an agenda and stick to it! Try not to use this time to educate yourself from the beginning about a treatment concept as time is money.
 - Get a TACA Mentor to help guide you before you go!
 - ✓ <http://www.tacanow.org/about-taca/parent-mentor-program/>



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Biomed on A Budget - Organize

2. **Know your child. Keep copies of all medical records. Learn what the external signs of conditions look like in your child so you can report and treat them properly.**
 - Create a profile for your child through his/her test results and responses to treatments. Learn what it means if your child has poop that floats or what that ammonia urine smell means so you can report it accurately to the doctor and treat it in a timely manner. Keep a journal when trying new treatments of any kind. Keep copies of every lab test, doctors appointment, from therapists, from school IEPs, etc. Scan them all to CD for safekeeping and ease of records tracking. If you haven't kept old records already, go back to all past practitioners and get record copies before they are destroyed.



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Biomed on A Budget - Insure

3. Use your insurance for all doctors and labs possible. Code treatments for the actual disease, not the autism umbrella.

- Unfortunately, not all doctors accept insurance, especially in autism. If you need a doctor who takes insurance, vote with your money and only use them. Explain to the doctor that you need to use insurance-covered labs whenever possible, not the boutique/specialty labs unless there is a really good reason and then they need to limit those to fit your budget. If the doctor is not willing to work with you on this, you might need to consider finding a physician who can help you help your child without bankrupting you.



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Biomed on A Budget - Backup

4. Use your state's Medicaid or waiver programs to cover what the insurance company doesn't.

- Medicaid programs usually will not cover any autism "specialists," tests or treatments, but they will generally pick up co-pays for visits and prescriptions and lab tests performed at hospitals. Bill your primary insurance first, and use the Medicaid payer as a last resort. Remember, Medicaid is state-specific so you can only use it in your state or in a neighboring state if your state has a reciprocal agreement with the other state. You can get a copy of what the state covers from your caseworker or from each state's Medicaid website.



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Biomed on A Budget - Compound

5. Find out if your insurance will cover compounded vitamins and supplements. Start with trial-sized bottles of vitamins first to see if your child will tolerate them before you spend a lot of money.

- Some insurance companies will cover vitamins and supplements if you have them compounded into liquids or powders to fit a prescription from a physician. Some of the better supplement companies offer samples or trial sizes of their products, which you can purchase to see if your child can tolerate them before purchasing the larger bottles.



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Biomed on A Budget – Get Cooking

6. Cook your own special diet foods. Cook from scratch, or like people used to cook before stuff came in boxes.

- Do you remember seeing your grandma cook dinner when you came to visit? There were no boxes. Just real, whole foods. Cook a meat, a vegetable, and a starch per meal. It's much cheaper than anything pre-made or partially already prepared. Cook in large batches and freeze anything leftover for those nights when you really aren't in the mood to cook. Buying special flours in large quantities and making your own mixes is considerably cheaper than buying premixed mixes too. I make my own mixes for muffins, cookies, breads, etc. I do this every few months, and they are quick and easy and tailored to my child's tastes and allergies.
- There are hundreds of free recipes on the TACA website and we publish a new recipe every day on the TACA Facebook page, with pictures!
<http://www.facebook.com/pages/Talk-About-Curing-Autism/112714484666>



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Biomed on A Budget – Go Slow

7. Never start more than one treatment, of any kind, within a 2-3 week period.

- If there is a problem, you need to know what is causing it. By trying one treatment at a time, you'll know exactly if that one new treatment is causing the problem rather than stopping everything and starting all over again if there are too many treatments to track responses/reactions in your child.
- Starting with a new doctor can be overwhelming enough, and trying to deal with possibly twenty new supplements or treatments all at once doesn't help either! If you try to start them all at once and if you child reacted badly to even one of the vitamins, you won't have any idea which one vitamin/supplement was the problem. This will cost you a lot of time and money. You will have to stop EVERYTHING and restart them one by one and keep a journal of your child's reaction to each. You don't want to overburden your child either. Think smart, think long term, and go slowly.



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Biomed on A Budget – Rewrite

8. Get your local insurance-covered pediatrician to rewrite the DAN! doctor scripts so that your insurance will cover them.

- If you must use a specialty doctor that isn't on your insurance plan, or a specialty lab, find out if your insurance covered physician is willing to rewrite the prescriptions so that your insurance will cover the tests and/or treatments. Make sure that copies of all tests go to both physicians and that you keep both updated on any treatments and reactions. See #3 above about coding.



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Biomed on A Budget – Run

9. Don't keep wasting time and money on any doctor or treatment if you are not seeing results.

- Just because a doctor says, "Ninety percent of my kids do well with this," doesn't mean your child will be one of that 90%. If you feel like your child is doing poorly with a treatment, don't be afraid to tell your doctor you want to discontinue the treatment. Remember, they work for your child, and if your child is not improving on that treatment, pull them off. If the doctor refuses, then it might be time to find another physician.
- Not all resources/doctors are perfect in their bedside manner, treatment protocol, and/or experience. That is why it is sincerely recommended you read about managing professionals and the parent bill of rights.
- Get parent feedback - ask WHY they like a resource. Find families with kids "like" yours experiencing success. Join your local TACA Yahooogroup or TACA-USA at <http://health.groups.yahoo.com/group/taca-usa/>



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Biomed on A Budget – Work it!

10. Find creative ways to pay for your biomedical program – bake sales, bartering, grants, family gifts, etc. and write it all off on your taxes.

- There are many creative ways to fund your biomedical program. For foundation grants, search google.com for "foundation and autism", or "foundation and treatment". Bake sales, car washes, pancake breakfasts, and spaghetti dinners usually generate a nice amount. Asking that all family birthday, anniversary, Christmas, and other presents be in the form of payment to your doctor, or cash for like purposes, works too! If you have a skill that the doctor needs (cleaning the office, filing, etc.), you might be able to barter services with them. Look into medical and health savings accounts too. If all that fails, pull your 401K or savings. Don't forget that most of this is tax deductible too so check with your tax advisor.
- See grants at <http://www.tacanow.org/family-resources/autism-grants/>



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Close

- NOW IT IS YOUR TIME!
- Questions & Answers



- Contact me:
- www.tacanow.org
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