



INTEGRATING FAMILY SERVICES
Autism Advisory Meeting
Meeting Minutes
03.15.2016

Attendees: Carolynn Hatin, Cheryle Bilodeau, Diane Bugbee, Robin Hood, Dana Robson, Rachel Boyers, Kathleen Fitzgerald, Lana Metayer, Anna Noonan, Kirsten Murphy, Barb Prine, Janet Hunt, Ashley Berliner, Phillip Eller, Chris Kane, Megan Mitchel, Matt Habedank, Pam McCarthy, Jim Calhoun, Steven Contompasis, Monica Ogelby, Laura Weaver, Kathy Worthmann, Karen Newman, Julie Smith, Danielle Howes & Claudia Pringles

Agenda Items	Discussion Points	Decisions/Actions
❖ IFS' role in Autism supports	<ul style="list-style-type: none"> ○ Who is lead on Autism support services at the state level? <ul style="list-style-type: none"> * IFS – Diane and Cheryle ○ The communication loop back to AHS central office is via Cheryle to Secretary Cohen. 	<ul style="list-style-type: none"> ➤ Cheryle will also send these meeting minutes and November's out to the group
❖ Data, Staffing & Legislature Updates – Ashley Berliner	<ul style="list-style-type: none"> ○ The ABA funding is now being managed at the Department of Vermont Health Access (DVHA). <ul style="list-style-type: none"> * A successful state plan amendment was approved to get Applied Behavior Analysis (ABS) services recognized as a covered state plan service (previously was only covered under waivers at DA's). <ul style="list-style-type: none"> ▪ With the new state plan amendment, children can be served through a non-DA with prior authorization. * The new rates are lower than what providers were being reimbursed under waivers. * Janet Hunt is the new Autism specialist hired to look at access to ABA services, rate reimbursement, etc. * Vermont legislatures are beginning to look at the funding allocated for ABA services. DVHA has spent a little over \$400,000 out of the few million that was allocated. This is well below the projected service rate. <ul style="list-style-type: none"> ▪ The legislature allocates a specific appropriation and DVHA sets the rates specific to an ABA methodology used. ▪ This spending is tracked and monitored by the legislature. * CPT codes are how these services are now being billed, which would result in varied rates depending on the provider providing and billing the services. <ul style="list-style-type: none"> ▪ The updated fee schedule (rate sheet) can be found on DVHA's website at http://dvha.vermont.gov/for-providers/applied-behavior-analysis-aba/ 	<ul style="list-style-type: none"> ➤ Cheryle will also send out the DVHA rate sheet for ABA services. ➤ DVHA and VT Legislators are very aware of the rate barriers due to the low reimbursement. More information to come as this is continually reviewed. ➤ Rates will continually be looked at as this really does relate to the issue of Payment Reform.

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	<ul style="list-style-type: none"> * Providers feedback is that the rates are not comparable to rates for other provided services that would cover their time spent working behind the scenes on client information (i.e. charting, service planning, communication with the family, etc.) <ul style="list-style-type: none"> ▪ There is no formal rate dispute/appeal process, but there are open public comments when the new rules/rates are introduced. * Ashley is thoroughly looking at access to services – specifically the lack of services being provided because of the low rates, and how this can be rectified. * NCSS’ Matt Habedank notes that they are serving closer to 50 kids with an ASD diagnosis. They are using IFS funds, as well as allocated ABA funds, to make this possible – but do still have a waitlist. * Are families still able to get funding through C-3 (a pilot project that started a new years ago)? <ul style="list-style-type: none"> ▪ No – the funding is now provided through DVHA. * How much of a problem is credentialing providers (provider capacity)? <ul style="list-style-type: none"> ▪ This is still a current problem, that is being looked at. * Are there providers outside of DA’s and SD Associates that have brought up issues with the rates? <ul style="list-style-type: none"> ▪ No – not since the rates were increased after public comment. ○ The plan is by 2020 to have IFS rolled out state wide. Several regions are planning to come on board for FY18 or possibly as early as Jan 1, 2017. 	
❖ Goal priorities for this workgroup	<ul style="list-style-type: none"> ○ Priority Area 1 <ul style="list-style-type: none"> * <i>Goal A:</i> <ul style="list-style-type: none"> ▪ Doing much better at infrastructure (i.e. EI, CIS, 211, CDC). Need to look at whose doing things well – replicate best practices. ▪ Access to education - some are not getting this because of the AOE regulations being so strict regarding adverse effects. ▪ Children get identified as needing services but don’t receive enough direct services. ▪ Crisis services. * <i>Goal B:</i> <ul style="list-style-type: none"> ▪ Equity of access and competency of providers (reimbursement is at the heart of this). ▪ Long wait lists to receive initial diagnosis. Services are not always available prior to diagnosis. Capacity driven. ▪ Services are not available when ASD is suspected. ▪ Needs to be family driven – transitions for families are very challenging. * <i>Goal C:</i> <ul style="list-style-type: none"> ▪ Make responsibilities clear and legible to families and the public. 	➤ See the attached 2009 Autism Plan Goals.

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	<ul style="list-style-type: none"> ▪ Create advocacy opportunities for parents and providers that are accessible. ▪ Strengthen and develop relationships across agencies, providers and parents. * <i>Goal F:</i> <ul style="list-style-type: none"> ▪ Advocate for revision of adverse effect definition. ▪ Adverse effect and least restrictive environment (revise the definition). * <i>New goal:</i> <ul style="list-style-type: none"> ▪ Autism services (ABA) are available outside of schools. ABA rates, rate structure, staff retention and capacity. ▪ Build a continuum of care for school-aged children/youth that is equitable across the state and is comprehensive and has adequately trained staff. ▪ Need research data to demonstrate cost savings across life span. ○ Priority Area 2 <ul style="list-style-type: none"> * <i>Goal B:</i> <ul style="list-style-type: none"> ▪ Critical for prevention – identify and intervene early equals better outcomes. Look at whose doing things well and replicate (make recommendations). These could be wrapped into IFS process (e.g. if there is a best practice for identifying/screening and service delivery, have that as part of IFS readiness. * <i>Goal D:</i> <ul style="list-style-type: none"> ▪ Needs to include parent training and peer-to-peer support. Parents need to know how to advocate. Parent education is crucial. ▪ Technology doesn't always help, parents need to be integrated into the services and treatment plans with the professionals and child. ▪ Is this actually happening? * <i>Goal H:</i> <ul style="list-style-type: none"> ▪ All children 6-21 receive adequate in home and community treatment and services in accordance with best practices and individualized to the needs of the child. In order for this, then we need reimbursement rates are sufficient to ensure adequate provider capacity to serve the needs of those - put in something about practitioners using evidence based practices. * <i>New goal:</i> <ul style="list-style-type: none"> ▪ Expand/improve crisis services to children/youth with ASD by educating crisis providers, develop ASD specific crisis options and capacity for screening and placement. ○ Priority Area 3 <ul style="list-style-type: none"> * <i>Goal B:</i> <ul style="list-style-type: none"> ▪ Expand capacity across state for services. 	

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	<ul style="list-style-type: none"> * <i>Goal B & E:</i> <ul style="list-style-type: none"> ▪ If you are doing B, you must have adequately trained staff. VT must provide adequate network of providers. It's the law. ▪ Staff turnover and staff shortage. * <i>Goal C & D:</i> <ul style="list-style-type: none"> ▪ If you are doing D, you are automatically doing C. D (still a gap in VT) – if resources were coordinated in more of a clearing house. need more coordination. Action wrap best practices into IFS readiness process. Not as much a resource problem as collaboration and coordination. * <i>Goal F:</i> <ul style="list-style-type: none"> ▪ Focus on “access to education”. Some children aren’t getting this because the AOE state rules regarding adverse effects are too strict. Change the rule. * <i>New goal:</i> <ul style="list-style-type: none"> ▪ Expand supports for transition age youth. ▪ Services outside the educational services will be available (ABA). ▪ Look at private insurance – hour caps based on age need to be discontinued. ○ Other/Misc. <ul style="list-style-type: none"> * Crisis capacity across the board regardless of disability (expand); preserve dignity. * Adverse effect and special education; academic and functional. * Gaps for transition aged youth to adulthood – there is still somewhat of a “cliff”. 	
❖ Other logistics	<ul style="list-style-type: none"> ○ The group would like to receive quarterly updates (via e-mail?) on ABA progress. ○ Autism Awareness Day at the State House will be on April 13th. ○ Meeting frequency – next month and then bi-monthly after that (?). 	<ul style="list-style-type: none"> ➤ Cheryle and Diane will distribute the Autism Awareness Day month when she receives it from Claudia. ➤ The meeting frequency will be discussed at the next meeting.