

**ASD Task Force
August 31, 2011
Meeting Minutes**

Members present: Senator Joan Heckaman, Dr. Kenneth Fischer, Connie Lillejord, Kimberly Hruby, Teresa Larsen, Carolyn Fogarty, Nancy Ulrich-Crotty, Dr. Thomas Carver, Cathy Haarstad, Alison Dollar, JoAnne Hoesel.

Guests: Hilory Liccini, NDCPD, Dawn Wasinski, Brandi Bretbach, Kelli Ellenbaum, Vicki Peterson, Tina Bay, Jack Buhler, Jennifer Torres

Welcome and introductions were made. New member Connie Lillejord, Anne Carlson Center, Occupational Therapist was acknowledged.

Review and approval of the May 2011 meeting minutes and addendum were completed. No changes made.

Presentations by Medicaid, Blue Cross/Blue Shield/ Sanford Health

Medicaid

Karen Tescher from the DHS Medical Services Division presented information on Medicaid coverage for conditions on the autism spectrum. (Attachment) Highlights: ASD treated no differently than other conditions. Each case is unique and treated individually. Therapies have 30 visits, OT has 20 visits, PT has 15 visits, mental health services have 40 outpatient visits, EPSTD covers screening and diagnostic services, Prior authorization is needed for more visits. Attention was drawn to the Medical Services website where much information is available. There was mention of a form that can be submitted for consideration of new services. The correct name of the form is Technology/Procedure Assessment. It is an SFN form, number 905.

<http://www.nd.gov/eforms/Doc/sfn00905.pdf>

Dental incentives are still available for accessing dental work for individuals with disabilities. Providers get an enhanced reimbursement if extra time or challenging behaviors present. Generally used for individuals with developmental disabilities but questions for others should be submitted. Providers need to call Jodi Hulm at Medicaid.

Blue Cross/ Blue Shield

Dr, Kenneth Fischer, Blue Cross/Blue Shield, presented information on BCBS insurance coverage for conditions on the autism spectrum. (Attachment)

Highlights: Individuals with conditions on the ASD spectrum have access to the same comprehensive medical coverage as any other – there is no diagnostic exclusion for these conditions. BCBS first looks at benefit package of the individual. Parity means that no longer can insurance companies put artificial limits on conditions. The BCBS technology evaluation center is a federal AHRQ (*Agency for Healthcare Research and Quality*) site and they do analysis of available evidence for conditions. This center’s information is reviewed by BCBS when determining coverage. Every child needs to be viewed similarly and medical necessity criteria is applied in each situation. His goal is to be more transparent in BCBS policy.

Sanford Health

Dr. Michael P. Crandell, MD, Sanford Health, presented information on Sanford insurance coverage for conditions on the autism spectrum.

Highlights: 400 commercial members covered by Sanford Health Plan and 18,000 Sanford employees covered by their self-funded program. Employees are handled differently than in their commercial program. Commercial insurance – specifically exclude the treatment of ASD. It is a one line exclusion. Everyone is entitled to a diagnosis. They will cover whatever it takes to get a diagnosis but if Autism is diagnosed, they would not pay for the treatment. Behavioral and education therapies are not covered. They would cover speech and language services. If the person had ADD, depression or a physical disease, then they would cover those conditions. They cover only things that are medical and not things that are educational or not proven to be of benefit.

Sanford Self- Funded group – they don’t cover therapies that are considered primarily educational or training in nature. Intensive behavioral interventions would not be covered.

Senate Bill 2155 was mentioned and that in it, autism is considered a neurobiological medical disorder and questions were offered on how that bill’s definition might affect Sanford’s position on coverage. Sanford requires a preponderance of evidence, medical societies acceptance of this as the standard of care. They will cover not just

because research studies are published. They do not feel that a preponderance of evidence exists.

Health insurance companies pay for medical treatment. Most of the treatments for autism are educational or behavioral – not medical. There is a difference between paying for the behavioral treatment and the medicine for a behavioral disorder.

A stand-alone conditions on the ASD spectrum would not have coverage but conditions often associated with these conditions are covered.

Hard time convincing people that these are biological-based conditions. Treatment required is educational in nature – educating someone to ignore stimuli versus a medical treatment need.

Sanford's philosophy may need to change on whether this is a medical disorder in the future but not yet at this point.

Websites noted during meeting for task force member reference.

- Attention was drawn to the website for state legislatures which lists the ASD task forces. All states are facing challenges.
- Medical home for autism website is one that provides much information for parents.
<http://www.medicalhomeinfo.org/about/cocwd/autism.aspx>
- http://www.fvnd.org/bulletin_boardbig_tent
- (Unable to find the Red River Aspergers support network website that was mentioned)
- www.GRASP.org GRASP's mission is to improve the lives of adults and teens on the autism spectrum through community outreach, peer supports, education, and advocacy.

ND-Center for Persons with Disabilities – Minot State University-

Hilory Liccini

New director of the NDCPD. Many changes in the Center with staff changes. Great Plains Autism Treatment Program (GPAST)– successful statewide conference held in August. GPAST grant technically ends August 31st (today's meeting date) but a no cost extension has been applied. They are shifting from diagnosis clinics to training of others to do the clinics. Support Autism North Dakota (SAND) grant was funded. This grant was supported by

the task force and NDCPD will work with the task force. The 3 year grant totals \$835,000 for the three years. An electronic copy will be sent.

Questions are being raised about routine screening and does it do more harm than good from the American Academy of Pediatrics. "Are we ready for routine screening?" Website link to this article is is

<http://pediatrics.aappublications.org> under the search type in "autism screenings" -- the name of the article is; peds.2010-1881, *Pediatrics* 2011;128;e211; originally published online June 13, 2011; Mona Al-Qabandi, Jan Willem Gorter and Peter Rosenbaum

The link to the NDCPD autism newsletter is <http://www.NDCPD.org/alinks>

August 2nd Legislative interim hearing

The first meeting of the Legislative Human Service Interim Committee was held August 2nd and the ASD study was on the agenda. The Legislative Council provided a summary of past work tied to legislative connected activity. This document includes a summary of the task force's work plan. (Attached) The committee asked DPI and DHS to provide comments on the recommended approach to the study. Dr. Brent Askvig provided comments to the committee. Fundamentals of the ASD spectrum were provided by the agencies along with services provided by DHS and private providers along with information on the task force. DHS encouraged them to look at access issues and incentives of individuals to go into this field for a well-trained and sufficient workforce. DPI provided information on disability categories and federal issues tied with education. Task Force members were reminded that at each meeting there is an opportunity for public comment.

Comments were made on the need to address the appropriateness and current status of pre-service in many professional areas. What is the current college training scope and does it meet the current needs of the service environment.

ASD initial state plan review

Task Force reviewed the state initial plan.

Not enough well-trained people and controversy on what is well trained and what is considered appropriate treatment. Comments from the task force members are that this disorder can take many different paths and what

works for one does not work or is harmful to another. Identifying options for parents to consider is perhaps the best course of action versus directing exact course to take. Outside known harmful practices, there is too much unknown. Unfortunately we cannot simplify the reality of the current environment.

Professional endorsements in education are controversial as they can create a more difficult hiring environment, but to ignore the need for specialized training is not correct either.

Discussion on how education units define autism and how diagnosis differs in the educational and mental health services systems leads to frustration for parents.

Those who specifically work with individuals with autism spectrum disorders are overburdened and overwhelmed.

Education has discussed moving from a categorical to a non-categorical reporting system. The functioning of the child would guide the services and reporting is based on services instead of categories. More states are moving to non-categorical system.

There are new behavioral courses in the UND certification program. Dr. Kathlyn Quill has agreed to teach the courses. She is the author of Autism Pro and has penned a number of books.

There are different counting systems to track professionals who are certified, endorsed, etc.

Action step – review certification options from other states and methods of tracking people who have an elevated level of knowledge. Alison Dollar agreed to check on this and report for the next meeting and what is collected through DPI.

Autism Waiver - update

This waiver has thirteen active children being served. 30 slots are available per year. November 1st is the start of year two.

Region1-1

Region III--

Region 11-0

Region IV-3

Region V-1

Region VII-5

Region VI-3

Region VIII-0

Questions were asked on why more slots were not filled. Three children are waiting to be evaluated. DHS will check on whether a child who had a GPAST evaluation still needs to have an evaluation with the ASD waiver team. Some members of the two teams are the same people. Inconvenience and waste of resources were noted.

There is no behavioral intervention in the ASD waiver. There is intervention coordination which is the center focus of this waiver. The waiver was approved for three years. Amendments can be done within the waiver years. When an amendment issued, the entire waiver is open for review. Amendments are done cautiously.

Communication with the Medical Board might be a good method to spread the word about this waiver to physicians.

One idea was to consider changing the ages of the waiver, perhaps 4 through 6? Since Infant Development is available for those 0 -3, this may be limiting some applications. There are big decisions for parents to make on whether to enter the ASD waiver or stay in infant development and risk not being accepted into the traditional DD waiver.

The new staff for early intervention will start mid September. The Division has been tracking how the waiver needs to be adjusted.

Next meetings – The meetings are scheduled for 10:30 am to 3:30 PM

- A. November 2- PolyCom available in Minot, Grand Forks & Fargo
- B. February 15- PolyCom available in Minot, Grand Forks & Fargo
- C. May 16 –Bismarck (in person)

Public Comment – comments were taken from guests of the task force.

Comments provided an example of new teachers assigned the students with ASD and they are overwhelmed and some choose not to continue in this area due to a lack of support and training. There is a need for more teachers

not less in this area. Appreciation for the multiple perspectives represented on the task force. Suggested Tribal membership for the task force. Information will be forwarded to the Governor's office.

Comments provided on the experience of being misdiagnosed for a significant portion of life until the diagnosis of Aspergers was found. Aspergers is just a different way of thinking. If you have seen one person with Aspergers then you have seen one person with Aspergers.

Next meeting agenda items

- Continue reviewing the plan and identify action items.
- Continue working with NDCPD and the SAND grant.
- Update on ASD study in the Legislative interim committee
- DPI – review certification options from other states and methods of tracking people who have an elevated level of knowledge in ASD.