Welcome

• Opening introductions
• Housekeeping
• Members’ principles to participate and visitor information
• Agenda review
Welcome, members!

Introductions of all members:

• Your name
• Your role on the EIDBI advisory group
• Why you wanted to join this group
Overview and reflection of EIDBI advisory group

Purpose:

• Provide input on the continuing development and implementation of the EIDBI benefit

Advisory group roles:

• Experts
• Parents
• Primary caregivers
• People with ASD and related conditions
Advisory group reflection

• What would you like to see continue with the advisory group?
• What are things that could be improved with the advisory group?
• What topics would you like to discuss in upcoming meetings?
• Are you willing to provide input and feedback electronically throughout the year? If not, how would you prefer to provide feedback?
Update on providers and people served

• 44 enrolled agencies
• 69 enrolled comprehensive multi-disciplinary evaluation (CMDE) providers
• 589 people received EIDBI services as of April 1, 2019
• To find an EIDBI provider, visit the MHCP Provider Directory and search for “CMDE” or “EIDBI”
Recipients of EIDBI services
Updates on EIDBI billing

Minnesota Health Care Programs (MHCP) provider news updates:

• Sign up to receive updates on DHS – MHCP provider new and updates

EIDBI policy changes:

• See the EIDBI Policy Manual
Updates on variances and modality submission

• Early Social Interaction (ESI) modality public comment ended

• Stakeholders submitted valuable questions and feedback

• Determined a change in EIDBI statue description of modalities is needed to increase clarity

• ESI is a developmental and behavioral-based modality that is already allowed under the current EIDBI statue and modalities, and it does not need to be specified

• DHS has been gathering feedback from stakeholders about potential changes to statute to assist with clarifying approved modalities in the future
Multicultural online training development:

• Stakeholder feedback

• Timeline update
Upcoming provider feedback meetings

Dates and times:

- July 23, 2019, 11 a.m. to 12:30 p.m.
  DHS Anderson Building or via webinar

- Oct. 15, 2019, 11 a.m. to 12:30 p.m.
  DHS Anderson Building or via webinar

Additional information and registration: [2019 EIDBI provider input and information sessions](http://example.com)
Outreach and parent/caregiver meetings

Outreach and meetings:

- March 2: Steps for Autism Walk, resource booth, spoke to over 100 families
- March 12: RTAFF parent meeting in Rochester, MN
- March 20: Parent/caregiver feedback meeting with WebEx option
- March 20: Provider meet-and-greet job fair at St. Cloud State University
- March 21: Minnesota Social Service Association (MSSA) conference presentation
- April 26: Autism Society of MN (AuSM) resource fair presentation and booth
- April 29: Mankato provider meet-and-greet job fair (rescheduled)
Wright County Resource Fair:

• Saturday, May 4, 2019

• 9 a.m. to 2:30 p.m.
Agenda

- Autism in Minnesota – data placemat content
- Preliminary analysis results
- State scan results
- Ongoing work/next steps
Autism in Minnesota
Clinical diagnoses

Autism Spectrum Disorders affect 1 in 42 8-year-old children in Minnesota.

By comparison, 1 in 59 8-year-old children have been identified to have ASD nationwide.

Clinical diagnoses

ASD totals by race

Note. Totals may not equal 100 due to rounding.
School diagnoses

Diagnoses of ASD have been on the rise.
19,386 youth aged 3-21 have been identified by schools to be on the autism spectrum in school year 2017-2018; this is 14% of the total student population.  

School diagnoses of ASD as percentage of total child population, 2017
Assessment and service provision

Of Minnesota youth diagnosed with autism\textsuperscript{a} . . .

\begin{itemize}
\item 88% Received services
\item 12% Did not receive services
\end{itemize}

\textsuperscript{a} Data from 10/1/2015 - 9/1/2018.
Assessment and service provision

Age at Assessment

ASD can be diagnosed as early as age 2.¹

Assessment and service provision

88% of youth aged 0-21 who received a diagnosis of ASD received related services.

Of the 9,048 youth who received services:

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health (MH) services</td>
<td>77%</td>
</tr>
<tr>
<td>4,791 received through waivers,* considered long term care services</td>
<td>55%</td>
</tr>
<tr>
<td>Children’s Therapeutic Services and Supports (CTSS) services</td>
<td>42%</td>
</tr>
<tr>
<td>3,257 received Personal Care Assistant (PCA) services</td>
<td>36%</td>
</tr>
<tr>
<td>230 received EIDBI services</td>
<td>3%</td>
</tr>
</tbody>
</table>

Less than 1% received: chemical dependency services, Intermediate Care Facility services, and Nursing Facility services.

*a Data from 10/1/2015 - 9/1/2018.
Questions for you

- Are these some of the right things to highlight when communicating about children in Minnesota with autism?
- What’s missing that you’d like to see?
- Who would it be helpful to share this with?
Initial Analysis Results
CMDE results: First assessment

Social communication tiers: First CMDE (N=284)

- 12% Mostly appropriate to age
- 67% Some abnormalities
- 19% Moderate abnormalities
- 3% Total lack of facial expressions, body language, and gestures
CMDE results: Changes

Social communication: Change (N=37)

- Declined: 11%
- No Change: 70%
- Improved: 19%
CMDE results: First assessment

Challenging behavior tiers: First CMDE (N=284)

- 17% Age appropriate behavioral challenges
- 55% Mild behavioral challenges
- 27% Moderate behavioral challenges
- 1% Severe behavioral challenges
CMDE results: Change

Challenging behavior: Change (N=37)

- Declined: 14%
- No Change: 76%
- Improved: 11%
CMDE results: First assessment

Parent/caregiver perception of child’s quality of life: First CMDE (N=284)

- Low to moderate impact, manageable: 26%
- Moderate to high impact, manageable: 49%
- High impact, but usually able to cope: 21%
- High impact, struggle to cope: 4%
CMDE results: Changes

Parent perception of child's quality of life: Change (N=37)

- 14% Declined
- 76% No Change
- 11% Improved
CMDE results: First assessment

Parent/Caregiver stress level: First CMDE (N=284)

- 5% Low to moderate, manageable
- 28% Moderate to high, manageable
- 46% High, but usually able to cope
- 22% High, struggle to cope
CMDE results: Changes

Parent/Caregiver stress level: Change (N=37)

- Declined 3 levels: 16%
- Declined 1 level: 60%
- No Change: 16%
- Improved 1 level: 5%
- Improved 2 levels: 3%
Questions for you

- Did anything surprise you?
- Is this a helpful way to display these results?
- Do you think analysis like this is helpful and informative?
- Who should we share this with?
State Scan Results
Research questions

- How are other states’ ASD benefit programs designed and implemented?
  - What types of treatments are allowed and at what intensity and duration?
  - Do other states allow for treatment in community and home settings, or just in clinical settings?
  - What types of providers are eligible to serve children under other states’ ASD benefit programs?
Research questions

- How do states measure progress for children who have been diagnosed with an ASD who are receiving treatment?
  - Do states use any forms/tools they developed and/or formal or standardized assessment tools to measure individual child progress?
  - What types of information are collected from providers and families?

- Are there any rigorous evaluations or research of other states’ ASD benefit programs overall?
Methodology

- Internet search to find policy specialists and department director contact information
  - All 50 states and DC
- Worked with DHS to design a survey to collect information about their state’s ASD benefit program
- 14 states completed the survey; Wilder followed up with 5 of these states requesting additional information
- Two of the states (Louisiana and Kentucky) specified that they do not have a specific autism benefit
KEY FINDING:
Most state benefits cover ABA treatment
Out of the 14 states who completed the survey...

<table>
<thead>
<tr>
<th>Count</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>states cover Applied Behavior Analysis (ABA)</td>
</tr>
<tr>
<td>3</td>
<td>states cover Early Start Denver Model (ESDM)</td>
</tr>
<tr>
<td>1</td>
<td>state listed DIR/Floortime as an approved treatment modality</td>
</tr>
<tr>
<td>0</td>
<td>states cover PLAY Project or Relationship Development Inventory therapies</td>
</tr>
<tr>
<td>9</td>
<td>states allow Both in-home and center-based treatment</td>
</tr>
<tr>
<td>6</td>
<td>states allow Treatment of other related conditions to autism</td>
</tr>
</tbody>
</table>
KEY FINDING:

Most states do not conduct evaluation of their ASD benefits
Do not conduct internal evaluation around CMS EPSDT-related ASD benefit programs.

12 out of 14 said they have not had an aggregated ASD benefit evaluation conducted for them.

Conduct this type of evaluation of their state administered programs

Iowa, Louisiana, Montana, and New Jersey used a variety of assessment tools to collect information and measure progress.

There is a dearth in the literature regarding evaluation of ASD benefits

CMS rule change in 2014 could be a factor.
KEY FINDING:

Most states are experiencing provider shortages
Out of the 14 states who completed the survey...

13 states are experiencing provider shortages

- 7 states have provider shortages in more than one area*
- 2 states reported a shortage of direct treatment staff
- 4 states reported shortages among licensed professionals only

Of note, Montana said they did not have a provider shortage because they do not have data to support this.

* Licensed professionals, supervisory staff, direct treatment staff, etc.
Questions for you

- Did anything surprise you?
- Are there other questions you have about other state’s benefits?
- Who should we share this with?
Questions?

Thank you!
Overview of 2020 legislation changes

• Proposed language review

• Highlights:
  • 2:1 code/intervention
  • Functional behavior assessment (FBA) code/service
  • Modality language change
Legislative language reflection

• Is there anything that needs clarification?

• What do you like?

• What are your concerns?

• What would strengthen or improve it?
Next advisory group meeting

• **When:** July 12, 2019, 10 a.m. to noon

• **Where:** Room CC14, Conference Center A, Minnesota Department of Education, 1500 Highway 36 W., Roseville

• Additional dates and meeting minutes can found at our [EIDBI Advisory DHS Webpage](#)
• **MHCP directory**: http://mhcpproviderdirectory.dhs.state.mn.us

• **EIDBI statue**: https://www.revisor.mn.gov/statutes/cite/256B.0949

• **Provider feedback meetings registration**: https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS-307985

• **EIDBI advisory group webpage**: https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/long-term-services-and-supports/eidbi/advisory-group.jsp
Comments / Questions?
Thank you!

EIDBI Team
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mn.gov/dhs/EIDBI