



Behavioral Health Partnership Oversight Council

Child/Adolescent Quality, Access & Policy Committee

Legislative Office Building Room 3000, Hartford, CT 06106
(860) 240-0346 Info Line (860) 240-8329 FAX (860) 240-5306
www.cga.ct.gov/ph/BHPOC

Co-Chairs: Steve Girelli & Jeff Vanderploeg
Meeting Summary
Wednesday, September 18, 2019
2:00 – 4:00 p.m.

Next Committee Meeting Date: Wednesday, October 16, 2019 at 2:00 PM at Beacon Health Options in the Litchfield Room- Suite 3D, Third (3rd) Floor in Rocky Hill, CT

Attendees: *Dr. Steve Girelli (Co-Chair), Dr. Jeff Vanderploeg (Co-Chair), Dr. Lois Berkowitz (DCF), Maria Brereton, Dr. Alana Embriano, Tammy Freeberg, Beth Garrigan (Beacon), Brenetta Henry, Erin Joudrey, Bill Kania (Beacon), Beth Klink, Mickey Kramer (OCA), Jennifer Krom (Beacon), Amy Lavoie, Valerie Lilley, Kelly Phenix, Donyale Pina (DSS), Trude Piscitelli, Tara Scrivano, Erika Sharillo (Beacon), Dr. Stephney Springer (DCF), and Valerie Wyzykowski (OHA) By telephone: Annie Calamari, Melissa Daisy, Kathy Schiessl, and Jessica Nelson*

Comments and Discussion from the June Meeting

Co-Chair Jeff Vanderploeg convened the meeting at 2:03 PM and introductions were made. Co-Chair Steve Girelli asked if there were any follow-up questions or comments to the last CAQAP meeting in July 2019. Hearing none, he introduced the presenters for the Update on Autism Spectrum Disorder (ASD) services.

Update on Autism Spectrum Disorder Services- Jennifer Krom (Beacon), Amy Lavoie, (A Piece of the Puzzle), Dr. Alana Embriano, Director of Psychological Services (Clifford Beers), and Trude Piscitelli (Clifford Beers)



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9ASDw provider slide:

Autism Spectrum Disorder: State Plan

- Beacon makes Autism Spectrum Disorder (ASD) services available to all Medicaid members, across all Medicaid state plans, including Peer Specialist and Care Coordination services, and linkage to additional community-based service providers. Many of these services are in-home.
- Other behavioral health treatment services for children with ASD are reimbursed by Medicaid.

- The process requires that a medical evaluation be done within the previous year to rule-out a medical etiology and begins with a diagnostic evaluation to determine eligibility. Then, a behavioral assessment and other services are provided by a community ASD provider that is qualified by Beacon as part of their ASD care network.
- The assessment process may result in a recommendation for anywhere from 4 to 50 hours per week of care. The regulations for their services require that a caregiver be present for 100% of the services and involved in 50% of the services that are delivered, to enhance family's capacity to address their child's needs.
- A treatment plan and a "program book" can be developed to catalogue the variety of services and supports that contribute to the child's care.
- Group interventions may also be authorized for some members, though not all children receive this service. Groups may include Medicaid members as well as individuals covered by other payers. Groups can include up to 8 individuals.
- DDS (and DCF) services for intellectual disabilities (ID) or development disabilities (DD) may also supplement (but not be replaced by) Beacon's services for ASD.
- Attendees asked whether African-American and West Indian members were accessing the services in sufficient numbers to address their needs. The presenter indicated that racial identity data are missing for just under one-third of members receiving ASD services due to self-report of "other" or "decline to indicate"; however, care coordinators work with diverse families and communities to educate them on the availability of ASD services.
- An attendee asked whether families that refuse ASD services may be at risk for allegations of medical neglect. The presenter did not believe this was the case, and a DCF representative indicated that DCF has a racial justice focus that helps to monitor and reduce disproportionality in the child welfare system.
- Providers must be qualified/certified according to criteria established by Beacon. Currently, 320 providers (110 unique practices) have enrolled with Medicaid to provide ASD services.
- An attendee asked if Behavior Techs are also qualified/certified by Beacon. The presenter indicated this was not the case. This attendee also relayed anecdotal reports and concerns that the hours that are authorized may reflect hours *available* as opposed to hours that are *needed*.
- Many ASD Behavioral Techs are paid on a per diem basis, and are only paid when clients show up, which makes it difficult for providers to retain these staff members.
- The presenter reported that the Medicaid rates for direct service delivery are still lower than commercial payers, although their rates for diagnostic evaluation tend to be higher.
- Beacon offers training, support, and quality improvement to the ASD provider network.
- Beacon is also working on building a network of outpatient providers that can serve youth with ASD that are higher functioning and can benefit from outpatient treatment.
- Intensive Response Teams (IRT) were developed through the Autism Feasibility Study Workgroup and funding, and are intended to address needs of children with ASD, ID, or DD who are at risk of high emergency department (ED) utilization and ED overstay. This initiative started in Spring 2019 and is primarily serving youth presenting to CT Children's Medical Center and Yale New Haven Hospital EDs.

Provider Perspective

Amy Lavoie, A Piece of the Puzzle

- The requirement for parent participation in all services can be a limitation to providers ensuring that families consistently access ASD services.
- Providers may be able to work more effectively in a clinic-based setting for some children with complex or high acuity conditions, because of the presence of a more controlled environment.
- Hiring and retaining qualified Behavior Techs is a significant challenge because of state requirements around educational background, competition for hiring these individuals among providers (including public schools), low reimbursement rates for direct services, and no payment to per diem Techs in the event of no-shows.
- Continuity of care and the lack of an intermediate level of care (e.g., between inpatient and home-based care) are additional challenges.

Provider Perspective

Alana Embiano, Clifford Beers Clinic

- They began their ASD services out of a recognized need and gap in their community, and are currently serving youth and adults (most clients are between 5 and 17 years old) using an integrated care model for children with ASD, Intellectual Disability (ID), and/or Developmental Disabilities (DD).
- They provide diagnostic evaluation; outpatient (individual, family, group) treatment; psychiatric evaluation and medication management; care coordination; office- and home-based applied behavioral analysis (ABA); and also have consulting staff that include a nutritionist, a consulting pediatric primary care physician, a neuropsychologist, and a speech therapist.
- Stigma associated with mental health concerns and issues of implicit and explicit racial bias contribute to the difficulty some families have engaging in ASD services.
- Lack of awareness among schools and families about signs and symptoms of ASD may lead to under-identification (e.g., many of the evaluations they conduct are for older youth that have had concerns for a number of years, but did not request an ASD evaluation).
- Workforce challenges include a shortage of people trained in the Autism Diagnostic Observation System (A-DOS), and the fact that individuals with experience and qualifications to treat ASD can make a lot more money in private practice. They also noted a need to match the culture and racial/ethnic makeup of their workforce with that of their client population.
- Reimbursement is driven by a medical model, yet Clifford Beers is a behavioral health clinic, which creates some challenges in ensuring sufficient reimbursement.
- Several families have significant needs but may not meet all criteria and can't access services.
- They also believe that Black and Latino youth may not be accessing services at levels that address the prevalence of ASD in this community.
- An attendee noted that many families are concerned about the needs of siblings of youth with ASD. Clifford Beers offers sibling services to address this need.
- Providers noted that there are very long wait lists for the diagnostic evaluation at some of the larger clinics, but the waits tend to be shorter at private providers.

- An attendee asked what would be needed in an intermediate level of care for youth stepping down from inpatient. Presenters identified that a specialized intensive outpatient or extended day treatment model for children with ASD would be very helpful. Presenters also indicated that many providers are very hesitant to work with families with ASD, ID, and DD and tend to see it very differently than traditional behavioral health services.

Update from Consumers and Families, CFAC, and Joint

Workgroup- Brenetta Henry

Brenetta Henry reported that the 5th Annual iCAN conference will be held on Sept. 26 at the Artist's Collective at 1200 Albany Ave. in Hartford. Registration is still open, breakfast and lunch will be served. The agenda and planning has been led completely by consumers. Attendees noted that past conferences have been fantastic and encouraged others to attend.

New Business, Announcements, and Adjournment

Hearing no new business or concerns, Co-Chair Steve Girelli thanked all of the presenters and providers for their participation and announced that the next meeting will be on November 16, 2019 in the Litchfield Room (Suite 3D). He adjourned the meeting at 3:41 PM.

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