Behavioral Health Partnership Oversight Council

Child/Adolescent Quality, Access & Policy Committee

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Co-Chairs: Steve Girelli & Jeff Vanderploeg
Meeting Summary
Wednesday, May 19, 2021
2:00 – 4:00 p.m.

Next Committee Meeting Date: Wednesday, June 16, 2021 at 2:00 PM via Zoom

Attendees: *Dr. Steve Girelli (Co-Chair), Dr. Jeff Vanderploeg (Co-Chair), Dr. Lois Berkowitz (DCF), Stephanie Bozak, Carrie, Melissa Deasy, Marshall Demorest, Kaitlyn Ferner, Tammy Freeberg, Andrea Goetz (Beacon), Brenetta Henry, Beth Klink, Mickey Kramer (OCA), Jen Krom (Beacon), Tanja Larsen, Valerie Lilley (OCA), Keri Lloyd (DSS), Maureen O'Neill Davis, Donyale Pina (DCF),Dr. Sandrine Pirard (Beacon), Eric Schwartz, Antonio Thomas, Rod Winstead (DSS), Valerie Wyzykowski, and one other on the phone*

Introductions

Co-Chair Jeff Vanderploeg, Ph.D., opened the meeting at 2:02. He invited Brenetta Henry, Co-Chair of CFAC, to introduce CFAC's new consumer representative to the CAQAP. Brenetta introduced Antonio Thomas, a young adult with autism spectrum disorder who has been involved with service delivery since infancy. Antonio, who was joined by his brother Marshall Demarest, was welcomed by all. Jeff then asked all participants to introduce themselves through the Zoom chat function.

Comments and Discussion from the April 2021 Meeting

There was no additional discussion.

Services for Youth with Developmental Disabilities and Autism

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Jen Krom, Director of Autism Services Division, Beacon Health Options, presented on the services available to people with autism under Medicaid funding.

Medicaid services for Autism Spectrum Disorder (ASD) are available to all Medicaid-eligible individuals under 21 on Husky A, C, or D. Services may not duplicate those already offered through school, at school or during school hours. There is a full range of services available statewide from qualified providers. All require prior authorization from Beacon based on diagnosis and clinical need. There are several Medicaid-covered behavioral treatment services available, as reflected in Slide 4 of the PowerPoint. All begin with a diagnostic evaluation.

Diagnostic evaluations must be performed by an MD, APRN, or other Licensed Independent Practitioner (LIP). Based on that diagnosis a Functional Behavior Assessment is conducted to inform development of either a Treatment Plan that outlines service types, volumes, and settings or a Program Book that provides a comprehensive volume of information and services related to ASD. Either may include direct intervention on an individual basis and for some recipients additional group intervention. While the vast majority of services are provided individually, group interventions for up to eight individuals may be included in the service package. Group members need not all be funded under Medicaid: Mixed payor source groups are permissible. There has been a marked increase in utilization of most ASD services in the past three years with the single exception being group treatment services. Provision of group services is challenging both because reimbursement for group interventions is low and because conducting groups of up to eight individuals with ASD can be very difficult. There was a notable spike in overall utilization by three to four-year-olds during the pandemic.

Access to services is prioritized based on need. As regards the demographics of recipients (See Slide 8), ethic/racial demographics of service recipients are roughly comparable to rates of diagnosis by race/ethnicity. That said, spoken language does create a barrier to services for some eligible youth. The vast majority of service recipients, roughly 92% are not DCF-involved.

During the pandemic, there was a significant increase in provider enrollment (See Slide 9) of both individuals (530) and unique practices (147). The advent of virtual service delivery both increased provider enrollment and improved access to services. There exists still, however, an inadequacy in the number of providers along the Rhode Island border.

In addition to providing authorization for clinical ASD Medicaid-funded services, Beacon provides Care Coordination and Peer Specialists available to Medicaid-eligible individuals regardless of Husky benefit package or age. Care Coordinators and Peer Specialists are regionally assigned (two Care Coordinators are dedicated to supporting individuals presenting to the Emergency Departments (EDs)) and may guide families through the process of accessing Medicaid-funded ASD services, as well as other community-based services. This assistance may include helping individuals transitioning to adult services. ASD Peer Specialists and Care Coordinators utilize a tiered approach to match their engagement to what the family needs and wants (See summary on Slide 13).

COVID-19 presented significant challenges to those seeking ASD services. For example, the Autism Diagnostic Observation Schedule (ADOS), used to establish the ASD diagnosis, was not designed or normed for virtual administration, so there was a long delay in the ability to establish diagnosis. For those individuals already diagnosed, many services were available through telemedicine. Feedback from families about their preference for telemedicine versus in-person services has been pretty evenly split. Those in-person services that were provided applied an array of structural practices to minimize COVID risk (e.g., Behavioral Technicians visiting only one home). Another challenge has been that the most frequently requested service, respite, has been severely limited during the pandemic.

Individuals with ASD who have trauma have particularly high needs, as oftentimes do others in the family. Beacon often helps these families access Voluntary Services through DCF.

A concern was raised about families not getting adequate referrals to higher levels of care (i.e., PRTF and inpatient) due to utilization of these services consuming capacity. The pandemic has exacerbated this dilemma. Inadequate inpatient services along the Rhode Island border are especially problematic. With regard to ED utilization, Beacon's Intensive Care Managers work closely with EDs on discharge and placement planning, though the lack of capacity makes this very challenging. A suggestion was made that the state increase PRTF and inpatient bed capacity, as well as respite beds. Emergency Mobile Psychiatric Services (EMPS) is also a resource for families, including those with ASD issues, as staff are trained to respond to ASD needs.

A question was raised about whether Beacon monitors service quality and outcomes. Since 2016, Beacon has had a Board-Certified Behavior Analyst (BCBA) dedicated to qualifying BCBA providers for inclusion in the plan. Beacon also reviews service delivery against the Level of Care (LOC) Guidelines and reviews documentation of efficacy with its providers. Medicaid member complaints result in an immediate family-provider meeting. Also, 10 clients per provider are evaluated for all providers annually, including all service documentation.

Consumer Family Advisory Council (CFAC) Update

Antonio indicated that Bill Halsey and Rod Winstead (DSS) met with CFAC to share information about and seek feedback on virtual service delivery.

He provided a save-the-date for the ICAN conference which will he held on September 23. Additional information will be shared at the next BHPOC meeting.

Finally, presentations to CFAC are being scheduled for the Operations and Diversity, Equity, and Inclusion Committees of the BHPOC.

Other Business, Announcements, and Adjournment

Co-Chair Jeff Vanderploeg thanked everyone for their presentations and participation. There being no other business, the meeting was adjourned at 3:25 p.m. The next meeting of the CAQAP will be on Wednesday, June 16 from 2:00 – 4:00 PM, via Zoom.

Next Meeting: Wednesday, June 16, 2021, 2:00 – 4:00 PM, via ZOOM