**Autism Commission**

 Adult Subcommittee Meeting Minutes

October 23, 2019, 10:00 a.m. – 12:00 p.m.

Department of Developmental Services

500 Harrison Avenue, Boston, MA

Present: Christine Hubbard, Dianne Lescinskas, Lea Hill, Carolyn Kain, Janet George,

Joshua Greenberg, Maria Stefano, Beth Zwick, Karen Seck , Sheri Hannigan, Melissa Regan, Andrea Long, Jay O’Brien and Dania Jekel

Remote Access: Olga Yulikova

**Remote Participation - Review and Approval of Minutes**

Carolyn Kain stated that the meeting was subject to the Open Meeting Law and that the subcommittee members present would need to vote to approve the remote participation of some members because of their geographic location, whenever any members were utilizing video and/or teleconferencing. Remote access was approved unanimously by the subcommittee members present.

The minutes from the meeting on September 11, 2019 were reviewed and with a few minor changes, they were approved unanimously.

**Presentation about AANE’s LifeNet case management program** (for background information Google “AANE and LifeNet”)

Jay O’Brien, LifeNet Program Director, Melissa Regan, Clinical Case Manager and Andrea Long, Clinical Case Supervisor presented to this subcommittee the AANE LifeNet Case Management Program that was launched in 2019. LifeNet is a case management/independent living support service for adults with Asperger profiles (autism without ID). The goal is to give adults and family members peace of mind on how the adult will get the support needed to live on their own and who will support the adult child when the parent is no longer with them.

*Highlights from the presentation*

* “LifeNet”= support network, safety net as an adult navigates adulthood
* Using a team based approach with an array of professionals, supporting and meeting the needs of individuals
* There are 35 adults who are currently being supported in this program and virtually all members have co-occurring mental health needs
* LifeNet adults are between 21 and 86 years old – there is interest from younger adults (looking at them case by case)
* Individuals must be able to live independently with support and be willing and open to receiving support
* The initial feedback of this program is very positive – the program is highly individualized and accessible during and after hours
* The caseloads are sustainable and allows for flexibility in the program
* Facilitated peer activities counter social isolation
* LifeNet is a private pay model and offers 3 tiers of support and a one-time $500 intake fee
* The goal is to make this program more accessible to more families regardless of their financial means – there is also demand in other states for this program
* They are looking at other potential funding mechanisms that include: DDS Participant Directed Funds, DDS Agency with Choice, DMH, OneCare, MassHealth, and Private Insurers

*Q & A*

Subcommittee members were given the opportunity to ask questions and comment about LifeNet

* Most families are currently paying for this program. In some cases, the cost is split between the individual (if they are employed) and a family member. More than half of the participants are DDS eligible
* Members are billed quarterly and there is a 3% annual increase to help off-set staff salary – AANE wants to make sure quality staff will stay
* The Support Partner (SP) is an experienced direct support professional with a mix of professional and personal experience
* AANE has experience with individuals with an ASD profile – ID would be a different model and may require a higher touch – this program assesses functional skills as part of eligibility
* DDS does not cover the cost of this program due to policy, reimbursement rates are different (Chapter 257) – it was asked if the policy could be changed. This model does not fit with Self-Direction
* DDS offers coaching – it is 100% goal oriented and time limited – a master level coach works with the individual 1-2 hours per week on a specific goal until that goal is achieved
* LifeNet – a significant element is case management – support, companionship; in addition to goals
* DDS is expanding services to ASD only individuals (newly eligible) and all of the information on LifeNet is helpful
* This program doesn’t fit in the current programs or regulations of MassHealth
* A large component of parent anxiety is future planning – this program offers formal and informal future planning. There were comments on the cost to the state of not having support for future planning
* Comment on the role of the Autism Commission to identify unmet needs of ASD individuals
* Ms. Jekel discussed possible cost share with families
* We could look at the services currently being offered by DDS and what is needed – look at how to continue to support the individual later in life
* Any services added to MassHealth has to have a medical service with it and is tightly regulated
* ABA is now covered by MassHealth and private health insurance – LifeNet could be considered comparable to ABA for adults (ABA is medically necessary treatment)
* LifeNet could be a way to reduce the number of ER visits and remittance to post-operative procedures
* The mismanagement of chronic health conditions is the reason ASD has a 10 year less life expectancy (drowning and suicidal ideations)

Next Meeting

The co-chairs will find a meeting date and send an email to the subcommittee members.

With no further business to discuss, the meeting was adjourned.