Massachusetts Autism Commission

Meeting Minutes

May 16, 2024 2:00 p.m.– 3:30 p.m.

Via Zoom

**Autism Commission Members Present**: Undersecretary Mary McGeown, Michelle Harris (DDS), Carolyn Kain (EHS), Jane Ryder (DDS), Elizabeth Morse (DDS), Robert McCarthy for Sen. Joan Lovely (SEN), Lee Robinson (EHS), Kathy Sanders (DMH), Toni Wolf (MRC), Jen Chebator (DCF ), Christine Hubbard, Iraida Alvarez (DESE), Amy Kershaw (EEC) Bronia Clifton (DHCD), Emily White (DPH), Sacha Stadhard (EOL), Jo Ann Simons, Michele Brait, Heidi Gold (EOE), Karen Wylie (ELD), Brenda Dater, Laurie Anastopoulos, Ann Neumeyer, and Amy Weinstock

**Guests:** Elizabeth Sandblom (DDS), Chris Peltier (DDS), Kelly English, Julie Welch, Dan Girard, and Arelis Latorellis (EOHHS)

**Meeting Minutes**: Dianne Lescinskas (EHS)

**Welcome and Approval of the Minutes from February 15, 2024**

Undersecretary Mary McGeown called the meeting to order and welcomed the members to the meeting.

Ms. Kain reviewed the agenda for the meeting and then asked for a motion to approve the meeting minutes from the Autism Commission meeting on February 15, 2024. Ms. Simon made a motion to approve the minutes and Ms. Weinstock seconded the motion. Ms. Kain asked if there were any questions or comments on the minutes and seeing none, a roll call was done with members Iraida Alverez, Robert McCarthy, Jen Chebator, Amy Kershaw, Brenda Dater and Ann Neumeyer abstaining from the vote – all other members approved the meeting minutes. The minutes from February 15, 2024, were approved.

**Presentation by MSPCC and Feedback or Commission Members on Service Landscape**

Undersecretary McGeown introduced Kelly English and Julie Welch from the Children’s Mental Health Campaign – they collaborate with other Mental Health organizations and work statewide on Behavioral Health issues. This is a new project that will be shared with commission members, a one-year planning grant looking at the rise in numbers of people with co-occurring ASD and mental health. Ms. Kain and Ms. Weinstock are also working on this project.

***Youth at the Crossroads: The complexity of ASD and mental health in Massachusetts***

* Goal of meeting is to educate Commission members on the purpose and goals of the grant.
* Review high-level service landscape map – identify if/how the Commission’s work may support the goals.
* How to identify programs/practices that already exist in MA that are working well, require more investment or replication for more impact.
* How to leverage Medicaid – leverage resources for a coordinated approach to families and youth
* Looking at Family Journey Map – identify opportunities for early intervention, assist in advocacy efforts – hearing from families.
* Looking at Stat Profiles to identify strategies, structures, or practices to adapt in MA to improve service system.
* Obtain a high-level overview of service landscape – use stakeholders to identify what exists.
* Policy Accelerator Workshop – bringing together families, advocates, policy makers, academics etc.
* Population of focus – youth under 22 with level 1 or 2 ASD who also has behavioral health challenges which may have let to mobile crisis evaluations, emergency department visits, CBAT, YCCS, acute inpatient psychiatric admissions or and out of home placement by another child serving agency – these youth are the ones that often “fall between the cracks” of our service systems, because it is not designed well to support youth with co-occurring conditions.
* Service Landscape – slide showing what is currently known as services for ASD/Mental Health - statewide.

***Comments***

* Using a small sample of 8-10 families – asked PAL to select the families and meeting next week to ask “how” they will be selected and making sure they represent the geography of the commonwealth.
* If others know of any best practices or other interventions, please send them – interested in talking to other states who do this work.
* DDS/DESE is a great “hidden gem” program.
* DDS is doing a collaborative project with DMH (ARPA project) – traditional wrap community services – Children’s Autism Managers from Children’s Autism Waiver
* DPH – have wonderful services but often families don’t know how to navigate them – Ms. White will help connect Ms. English with the services- they will add DPH to the service landscape.
* It was asked if the Commission could receive updates on this work. Ms. Kain and Ms. Weinstock are on the Advisory Group and will update and share information.
* Goal is to help families navigate and find resources – shouldn’t be so complicated.

**Update by MassHealth on Non-dedicated Devices**

***Presentation – Overview: Tablet (iPad) Initiative***

The General Law – Part 1, Title XVII, Chapter 118E, Section 10H was reviewed – the division shall cover medically necessary treatments for persons younger than 21 years old who are receiving medical coverage under this chapter and ho are diagnosed with an autism spectrum disorder….

* The goal is to improve access of non-dedicated devices (tablets for qualified MassHealth members to satisfy legislation language in 2017)
* Some of the challenges – DMEPOS Program – managing and setting up tablets without IT support.
* Purchase and delivery efficiency of approved devices.
* Speech Language Pathologist – SLP familiarity and role within the prior authorization process
* Clinics having limited equipment to perform evaluations and data driven trials with members.
* Updates: ARPA funding – established speech Language Pathology pilot clinics, expanding across MCE plans for access to tablets, established Rutters Technology IT contract – they will provide tech support, imaging, and delivery of devices to members and clinics.
* Next Step: develop a RFA to expand statewide coverage, set up 6 new SLP pilot clinics locations. Lexington, Foxboro, and Cape Cod Spaulding – Proven ABA and Reliant will open 4 clinics.

***Comments***

* ARPA funds ($500,000) helped to establish the pilot clinics.
* collaborated with all the MassHealth plans to create a pathway for individuals to get devices.
* working with Rutters on technology – they are creating member profiles on devices and ship to the individual – they will also support family/individual with trouble shooting.
* Members should never have a gap in services – once they get approved, it is their device.
* Question on allowing individuals over 21 to have the device – it is pursuant under the Autism Omnibus Law and structured this way under legislation.
* Question if you must be a patient at one of the clinics to get the device – they can go to the clinic for the evaluation and become a patient of that clinic.
* Still need to think through the school system and access.
* Working on a landing page for the program and how to get information out to families – the Autism Commission will add it to their website.

**Discussion on Diagnosis of Autism**

This discussion is a follow up to the Autism Summit that Ms. Weinstock hosted and discussed the lengthy waitlist for individuals to get an ASD diagnosis. The purpose of the summit was to bring together initiatives across the state to expedite diagnosis. We know that the sooner you can get a diagnosis and intervention, it can predict the outcome. Ms. Kain reviewed the Autism Omnibus Law (chapter 226; section 25) and the Arica Law (section 2; chapter 175) and asked if this commission would want to address this issue of allowing other professionals to evaluate and diagnose with the legislation.

* How can we expand professionals, so they are able to diagnosis ASD?
* Lurie Center has great initiatives for diagnosing – Childrens and BMC as well.
* McPAP is developing a centralized place for diagnosing.
* New Bedford School District trained all school psychologists in ADOS.
* Would like to expand the capacity of pediatricians to diagnosis.
* Barriers to diagnosis’ is a priority recommendation of the Health Care Subcommittee
* The Lurie Center has information and a free webinar on “What to Do When you are Diagnosed with ASD” – the Autism Commission will add the resource to their website.
* Do we want to look at the language in the Autism Omnibus Law and add as a recommendation for Autism Commission – not just specific language but qualifications to diagnosis?
* School psychologists need to do the 3-year re-evaluation – include ASD on the list and then bring to a pediatrician.
* Look at the 71B addressing the 7 areas of need of ASD – it says identify, not diagnose.
* The Birth – Fourteen Subcommittee could take a deeper look at this issue.
* AANE is also thinking about the adults who cannot get a formal diagnosis.
* Expand beyond medical professionals – look at social worker.
* Difficulty for older adults to get a diagnosis – school records don’t exist – no formal diagnosis – finding a clinician for this group is difficult.

**DDS Budget Update on Services for Individuals with ASD**

The Governor released the budget in January and the House came out last week – House is in conference – both branches will come out with a compromise. The budget will be out on July 1st.

* Children’s Autism Waiver supported by the House.
* FY25 budget – the Children’s Waiver is growing by 75 slots each year – another 75 families coming in October.
* ASD only for FY24 increased to 61 million – statewide growth in each eligibility category – significant increase of numbers entering services.
* Turning 22 growth because of ASD only entering services
* Autism Support Centers – the budget will support the centers.
* 18% increase on Adult ASD
* Increasing rates for providers supporting ASD
* Overall budget for ASD is very positive.
* DDS will continue to talk to families/individuals/providers on how best to serve ASD.

With no further business to discuss, Commissioner Ryder made a motion to end the meeting. Ms. Kershaw moved the motion to end the meeting and Dr. Sanders seconded the motion. With all members in agreement, the motion to dismiss the meeting was passed.