Autism Commission

Health Care Sub-Committee Meeting Minutes

October 23, 2018, 10:00a.m. –12:00p.m.

Lurie Center – One Maguire Road, Lexington, MA

Present: Carolyn Kain, Amy Weinstock (chair), Laura Conrad (chair), Dianne Lescinskas, Christine Hubbard, Maura Sullivan, Julie O’Brien, Shari King, and Ann Neumeyer

Remote access: Carolyn Langer, Leonard Rappaport, Robert Azeez, Matt Selig, Oanh Bou and Kate Ginnis

Carolyn Kain stated that the meeting was subject to the Open Meeting Law and that the Sub-Committee 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 tele-conferencing. Remote access was approved unanimously by the members present.

**Introduction and Review of Meeting Minutes of August 21, 2018**

Ms. Conrad and Ms. Weinstock, chairs of this subcommittee, welcomed members to the meeting and each member introduced themselves.

The first meeting of this subcommittee was spent discussing recommendations and prioritizing the top three recommendations. There were several recommendations that the Health Care Subcommittee thought would be more in alignment with the Adult Subcommittee. They were moved to the adult subcommittee and will continue to be discussed at their meetings.

The subcommittee reviewed the minutes from the last meeting and Ms. Kain moved to approve the minutes. The minutes were approved unanimously.

**Discussion of Committee Recommendations Submitted to the Autism Commission and Follow-Up**

This subcommittee submitted three (3) recommendations to the Autism Commission on September 27, 2018, for consideration in the annual report. As a follow up from the Autism Commission meeting, this subcommittee will review the proposed recommendations from the Healthcare Subcommittee and establish if there is a financial implication with the individual recommendations. Secretary Sudders charged all subcommittees of the Autism Commission to meet and investigate if there is a cost associated with any of the proposed recommendations.

*Recommendation #1*

*Extend MassHealth coverage of medically necessary treatments for persons over the age of 21 who are diagnosed with ASD by a licensed physician or a licensed psychologist, said coverage shall include but not limited to, applied behavior analysis supervised by a licensed applied behavior analyst.*

* The concern is that individuals don’t stop needing this service upon reaching age 21
* MassHealth gathered data on the number of individuals ages 18-21 receiving ABA services. The numbers are small
* Should there be an age cap on this recommendation – possibly up to age 25?
* Discussion on a pilot program with a certain group to look at the cost of this recommendation
* MassHealth would prefer an age limit or pilot initiative to get a better handle on the cost
* There is no federal reimbursement for ABA for individuals over age 21
* Since the Omnibus Law, MassHealth has spent over 90 million on ABA services – this does not include Early Intervention

Ms. Kain, Ms. Weinstock and Ms. Langer will work on the additional language of this recommendation to include either a pilot program or an age limit for ABA services.

***Recommendation #2***

*Expand training on ASD and appropriate strategies for assisting individuals with ASD for health care providers, including hospital emergency room personnel and residents.*

* Mass General did a hospital wide training and recently a security guard from the hospital contacted the Autism Commission’s office to seek out guidance on additional training
* Training needs to be ongoing and not a onetime initiative
* DDS/DMH interagency agreement involves training videos (produced at BMC) that have been developed – they are completed and DDS purchased the videos – they are developing a strategy for distribution. Ms. Kain reviewed the videos and found some of the modules to be better than others
* BMC collaborated with psychiatry to develop the videos and they are on the BMC website and accessible to all
* Ms. Weinstock will link the training videos to the Autism Insurance Resource Center website
* The BMC videos are comprised of 8-10 modules and they are 7-15 minutes long
* MassHealth is able to provide some technical assistance if proven to be helpful – a resource list of what exists for supports
* Mass. Association of Health Plans take on different priorities – could be helpful
* Beth Zwick has done an environmental scan for the Lurie Marks Foundation– members to follow up on that information
* MCPAP for ASD was discussed – they have a website and monthly webinars and web based trainings. This subcommittee discussed having an increased awareness of this resource and to look at expanding for ASD

How does a budget come into play for this recommendation – it would be worthwhile to explore the cost of the MCPAP model for ASD. The funding for MCPAP comes from DMH and the legislature.

Carolyn Langer discussed the ACO model and to look at who is doing it well – share the quality measures on ACO’s – she discussed circulating and sharing the information for the next meeting – Kate Ginnis said that the information will not tell us if any are doing it well but maybe it will tell us if individuals are not going to the ER.

Ms. King discussed Nurse Practitioners and the issues around diagnosing – this would require a statutory change. A nurse practitioner can do a provisional diagnosis but it still needs to be signed off by a physician. This would not be something that MassHealth would easily change – it would require a change to the state plan with CMS. Shari asked if language could be added to include expanding the ability for a faster diagnosis.

*Laura, Shari, Julie, Ann, Robert and Chris will look at this recommendation and reach out to Beth Zwick on the Environmental Scan and reach out to Mass. Association of Health Plans. Laura, Jean and Lenny will look at MCPAP and will come up with an action plan.*

This subcommittee suggested adding additional bullets on the proposed recommendations:

*Under Recommendation #2*

* Look at expanding the coordination of training for adult primary care providers and/or expanding the universe of available trainings for healthcare providers.
* The expansion of MCPAP (there may be a fellow from the LEND program interested doing the research on this expansion)

***Recommendation #3***

*Expand Mental Health emergency and treatment services to specifically address the needs of children and adults on the spectrum.*

* Kate Ginnis discussed the White Paper being developed through Children’s Hospital focused on urgent care and the intersection of mental health and ASD – this paper could be useful and she asked Ms. Weinstock to help her think through the issues that would relate to this recommendation and how the White Paper could be helpful
* DMH requirements is one aspect – the services that would be needed are not in line with what the individual may require (as once you are eligible you need to require a service that DMH provides)– there may be a need to develop some type of infrastructure to meet the needs of individuals with co-occurring ASD and mental health issues – we need to think systematically on the co-occurring needs
* Current mental health providers may not have the skill set to work with the co-occurring needs – it is a challenge for them
* ACO’s could help to push providers on working with individuals with co-occurring needs and to better support individuals with ASD and mental health issues
* More community based resources are needed and they should be more intensive– many come for treatment to places like the Lurie Center but require more than what they can offer
* Would it be helpful to look at the lifetime cost of what is needed to raise a child with ASD?
* It was asked if we should have a subgroup of this committee to work on this specific recommendation
* Ms. Sullivan discussed the dental training at UMass Medical and that it is underused – the ARC is trying to get the word out of this training- dental issues are a big reason why ASD individuals go to the emergency room
* Ms. King discussed a paper that is being worked on looking at systematic practice and care in the healthcare setting - the data is collected within the hospital but can be generalized to other settings – the most important piece is the feedback of care from parents that will be included in this paper
* ESP and MCI are the first line of people who screen and decide if the individual needs hospital level care

This subcommittee suggested follow up to include:

* Put forward the recommendations in the White Paper (Kate Ginnis) being developed by Children’s.– all of the subcommittee members could be part of a focus group - looking at the individuals from ESP and MCI.

**General Discussion**

Dan Rosen had discussed having a “clearing house” of resources – many doctors don’t know where or who to refer patients. He was also looking at the diagnostic tools as he discussed the current evaluations for diagnosing doesn’t always target the needs of the “newly eligible”. Ms. Kain said they would need to follow up with Dan Rosen for more specific information, as Mr. Rosen had acknowledged that an appropriate evaluation may not exist.

There were conversations on the effort that was put forth for a self-advocate to join this subcommittee. Shari King will reach out to Mike Myers as he has expressed interest in training.

An email will be sent to this subcommittee with the date of the next meeting.

With no further business to discuss the meeting was adjourned.