Autism Commission

Health Care Sub-Committee Meeting Minutes

December 8, 2023, 8:30 a.m. – 9:30 a.m.

Via Zoom

Present: Carolyn Kain, Amy Weinstock (chair), Mi-Haita James (chair), Dianne Lescinskas, Lenny Rappaport, Christine Hubbard, Maura Sullivan, Shari Krauss, Jean Frasier and Ann Neumeyer

Ms. Kain started the meeting by discussing the change in administration and the upcoming Autism Commission meeting. She introduced Ms. James who comes from the broader behavior health community and understands the work.

Ms. James took the time to introduce herself, she is working for MassHealth as the Director of Youth and Family Services and she gave her background and the work being done on the Behavioral Health Road Map, which is now completed – she is working on other initiatives at MassHealth and this work done here, is personal to her and she is passionate about it.

Ms. Weinstock reminded the membership of the charge by the statute and that the priorities of the Healthcare Subcommittee haven’t changed much but will be reviewed today and discussed how to move forward. This subcommittee will meet quarterly and will flush out the priorities and update them for the next Autism Committee Report.

***Discussion of Priorities***

#3 **Expand Training of Healthcare Professionals**

* Families are now being served by mobile crisis units – a lot of work has been done in this space since COVID.
* There is a training program for mobile crisis under CBHC umbrella.
* MassHealth and UMass found a pathway for ECHO supports for those teams – this is beneficial to clinicians and is training staff.
* Youth with ASD are ED Boarding longer – there is a need for trained staff.
* During COVID, McPAP was developed, and clinicians were able to get trained within the model.
* This priority has made progress and that will be updated for the annual report – it will remain a priority.
* The hospital training bill is still needed for standards of care – it is noted as a need.

#2 **MassHealth and ABA over 21**

* MassHealth has this on their radar.
* The Autism Commission Report has data included on the # of individuals receiving ABA.
* The bill is looking to expand coverage.
* MassHealth is in touch with RFT getting a better sense of how ABA would help Dayhab’s – they are looking at ABA specific to Dayhab’s – the concerns are all cost related.
* Could we get a cost estimate on ABA for individuals 18-21?
* The cost of ABA has gone up substantially since the Autism Omnibus Law and the cost declines as individuals age to 18-21
* Majority of kids (young adults) with high equity are receiving ABA throughout their lifespan.
* For some individuals, they will lose progress without ABA after age 21 and it could cost the state more to deal with escalating behaviors.
* DDS has jumped in with family support funds to help with ABA.

#1 **Early Diagnosis**

* Continued long wait lists – confusion with insurance in what is required to diagnosis ASD.
* John Strauss oversees McPAP program and there could be access to funds to assist with diagnosis – it is evolving now – started as a pilot program in Central MA and targets kids aging out of EI that are receiving ABA but not yet diagnosed – poised to work with pediatricians and are training on CARS.
* Work to assist a team of trained clinicians to help with complex cases to move from the waitlist.
* Autism Insurance still seeing rejections of authorization when there is adequate diagnosis – some are pure mistakes.
* BMC receives steady referrals – at least 20 per day at the clinic and there are not enough providers to meet the need – BMC has participated in ECHO for pediatric training – they have a one-year fellowship to join and learn about ASD and developmental pediatrics to then become an expert in their local setting.
* There was a published article on necessity of ADOS – a lot of insurance companies holding people to do ADOS – barrier for people trying to get services.

***Other topics of discussion***

* Not enough people going to medical school to be a developmental pediatrician – it is not a lucrative field – crisis on a national level – also true for child psychiatry.
* ABA waitlists are 2+ years for non-English speaking individuals.
* As a commission, can we do something to highlight the crisis in accessing diagnosis – put together a white paper with data – there is a new administration and new opportunity – explain the barriers with a few bullets – pull together the initiatives and highlight best practices – centralize all efforts and what is also happening nationally.

**Next Meeting**

The co-chairs will reach out to subcommittee members for more agenda items and updates. One suggestion was oral health for a topic at the next meeting.

**March 8th** will be the next meeting.

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