Autism Commission

Sub-Committee for Workforce Development

January 9,2017–10:00am – 12:00pm

Advances offices: 51 Water Street   
Watertown, MA

Attendees: Pat Marshall, Katherine Johnson, Liz Martineau, Sue Houle, Carolyn Langer, Mike Maloney, Susan Senator, Dianne Lescinskas and Maryann Dezieck.

Pat Marshall, the co-chair, called the meeting to order and welcomed the members to the meeting of this Sub-Committee. Ms. Marshall 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. Carolyn Langer called in to the meeting, as she was stuck in traffic.

Minutes from last meeting in October were reviewed and there were some suggested changes to the minutes. Pat motioned to approve changes to the minutes and they were approved unanimously.

Pat Marshall suggested that we start with agenda item #4 since Jeff was not in attendance and while we waited for Carolyn to arrive. Liz reviewed the under 22 and over 22 cost analysis for individuals with ASD. (See handout). She separated the cost and discounted back to age zero. A one million lifetime net cost savings if you start at age 0. Liz said she is working on the parental stress category for both intensive and less intensive needs. Susan asked if we had a definition of moderate and severe needs. Is there language from the state that defines these terms? It was mentioned that the Omnibus Law may have captured the language. Susan, Dianne and Liz said they would look at what defines the need level and what language is currently being used. Liz reviewed ages 0-22 years old and 22-66 years old with some categories for those with more intensive needs (about 10% of the population). Some of the biggest components are the persons own loss of productivity taking care of a person with ASD; 5.7 million if not using best practice and 4.7 million if best practice is used. Caregivers are needed as part of the workforce and still trying to get these numbers. Mike asked if home or shared living costs were factored into the numbers in the report. He said that DDS is trying to increase the percentage of shared living. He said there is less money, in general, for post 22 years of age.

Carolyn talked about a report that will be released from the Franciscan Hospital in March. They have done research on the impact on families of raising children/adults with special needs. It may not be the detail needed but it is critical that the numbers are understood. The research was done with individuals with medical complexities but not all have autism.

The question was raised about the Housing and 14-22 sub-committees regarding shared living vs. group living. What work is being done in this area? Dianne will look back at minutes for these sub-committees.

Liz said she would update this group at our next meeting on parental stress data that may include divorce rate and data on the effects of other family members.

The discussion moved to agenda item #2 – Summary of the ACO model. Carolyn Langer handed out a PowerPoint (see attached) and summarized the MassHealth Payment and Care Delivery Reform.

Sue asked when the pilot will start and Carolyn responded that the pilot launched in December with 6 ACO’s and a full scale ACO will launch in about one year. Carolyn commented that the current fee for service is not sustainable. Mike asked if about ABA and MassHealth and this transition – Carolyn commented that it should be a seamless transition. Mike asked about the Autism Waiver for ages 0-9 and Carolyn commented that the waiver services will not be part of ACO but other MassHealth services will be part of ACO. Carolyn commented that they have not talked about the waiver programs just yet and it is a good point. The goal is to think about a care coordinator at the ACO. Susan said it is important to get the word out about this pilot. Carolyn said that there is a public website and she will send it out to this group. She also discussed that there were a series of public meetings and workgroups and some of the workgroups continue to meet and were formed through a procurement process. There are extensive stakeholders and the engagement process was robust. Mike Maloney commented on an UMass Medical Home that had an integrated team approach. A young man who participated came out of the home and his behaviors have decreased by 70%. Carolyn commented that she will continue to give updates on ACO’s.

Agenda items number 3 and 5 will be discussed at our next meeting when Jeff is present. We moved to agenda item #6.

**Behavioral Therapist Level Analysis**

Katherine presented the group with a salary comparison of occupations that require an associate’s degree and behavior therapists reimbursement rate (see handout). Katherine is using this analysis to discuss why not enough people have gone into this field and lack of financial incentives. The paraprofessionals and behavior therapist salaries with an associate’s degree can be competitive. Typically the behavior therapists bill for 25 hours but they put in a 40 hour work week which includes driving to appointments and paperwork. It is difficult to compare someone else in the medical field to this position. For example, an OT or PT is often billed out at the billable rate as long as their supervisor is in the building.

This is going to be a challenge as we seek to build the workforce. There is also a lot of turnover and they are seeing a lack of progress in this field. In the end, it is not a cost effective model and not sustainable for organizations.

Carolyn asked how we could address the cancellation rate of 20%. How do home health agencies handle cancellations? This is a challenging care delivery model and maybe telehealth could be effective. Katherine said that you can charge for the cancellation; they do for groups but not for individuals. Carolyn commented that we need to think about where the care is being delivered.

Carolyn asked how many cases really need to have ABA or would respite for families be the better option and more of what they are looking for? Liz asked what respite is for someone who has intensive needs. Carolyn said if you were given a global budget would you do? Would you consider telehealth or other ways to deliver the services? Katherine commented if you could do remote supervision you could change the billable hours to 32 per week. Carolyn said that global payment gives flexibility to spend on something like telehealth. She said it is still early in the ACO planning and a conversation should be started about global payments and ABA.

Mike said there are still long waitlists for families needing ABA services – in his organization it is over 100 individuals waiting. Carolyn said that this is a good time to approach the ACO’s with 6 being piloted and a full scale ACO in one year. This gives you one year to figure out the global payment. There should also be more consolidation of places that are providing ABA services.

Pat Marshall said that she is going to send out the priority list that was compiled from past minutes (see attached) and asked that people comment on any additions or changes to the priority list. Carolyn said that she will send it out as a google document so others can comment.

Mike said that there will be a UMass Provider Council Adult Service report coming out in March that he will share with the group.

Sue talked about the last full Commission meeting in December and that Senator L’Italien’s aide discussed two bills that are related to workforce development. It is important that we try to identify evidence based recommendations and practices that are known to be successful. The bills are S1180 and S671. We should discuss these at our next meeting and start to form our recommendations.

Katherine asked if there are incentives for PCP’s in the workforce and Carolyn responded that it is a challenge to get them interested and in terms of having them interested in working with the special needs population, they have Operation House Call right now.

It was mentioned that we should have Bob Baldor present at our February meeting. Mike and Carolyn both said that they would invite him once we have a date set. Pat Gentile will send out a doodle poll to set the date for the next meeting and we will meet in Framingham 1881 Worchester Road.

With there being no further discussion, the meeting was adjourned at 12:05 pm.