

EIDBI Advisory Group Meeting Minutes 7-14-17

Notified group of new ASD 101 training offered through autismcertificationcenter.org

- There is a 90-minute free introductory course, titled **Many Faces of Autism** that parents, teachers, community members and anyone who interacts with someone with autism spectrum disorder is encouraged to take.
- Level III EIDBI providers are required to take the training.
- If you are interested in a free subscription to the training courses, e-mail us at ASD.DHS@state.mn.us

Feedback on Duluth parent/ provider meetings:

- **Jay O'Neil observations (provider):** Provider shortage is very prevalent in the Duluth area and many providers are concerned about not having the qualified staff to conduct EIDBI services.
- **Josh Craig observations (parent):** Families expressed concern over having to move to Twin Cities to get services and supports. Challenged to find social skills groups and providers in that area.

Provider panel discussion:

Panel participants: Eric Larsson from Lovaas Institute, Jay O'Neil from Behavioral Dimensions and Vanessa Slivken from St. David's

Introductions:

- **Vanessa from St David's:**
 - In-home services, day treatment center, autism support services for ages 2-26 that will be a pilot project for EIDBI
 - Currently working on CMDE and ITP documents for a few EIDBI clients
- **Eric from Lovaas:** Intensive early intervention at Lovaas Institute Midwest
 - Would like to take on older children but challenged to train staff
 - Part of Autism Treatment Association of Minnesota (ATAM)
 - Serve 60 kids
 - Currently a CTSS provider and currently enrolled in EIDBI
- **Jay from Behavioral Dimensions:**
 - Early intervention home based services
 - Located in Alexandria, Little Falls, Pierz, Iron Range, St. Cloud, Duluth, Cambridge, East Bethel
 - Serve 80 families and employ 75 staff
 - Currently a CTSS provider and currently enrolled in EIDBI

Provider panel questions from DHS staff:

For those providers who are enrolled EIDBI providers, what are advantages of the EIDBI benefit for providers and families?

Vanessa at St. David's:

- PMAP and Medica are going away, so EIDBI is a good new choice.
- Ease of transition to new benefit. EIDBI services are similar to their current structure, e.g., individual, group, care coordination and family training
- "Day of Life" for child document requires family involvement
- St. David's will open services up to children on Medicaid now that the EIDBI benefit is funded through MA. A lot more families will have access to services.
- EIDBI staff at DHS have been very accessible.

Jay at Behavioral Dimensions:

- Financial rates under EIDBI are better than CTSS.
- Reimburse for training of staff under observation and direction
- Staff at DHS are timely in response to questions
- Related conditions will increase eligibility and allow providers to serve more children.

Eric at Lovaas:

- Hope to see EIDBI not place constraints that CTSS does (e.g., does not reimburse staff training, etc.).

What have been some of your main constraints in providing autism services generally and specifically related to the EIDBI benefit? (e.g., staff turnover as a global challenge)

All:

- Staff turnover
- Training staff: a challenge to be reimbursed under the current program.
- High cost of training and retaining staff
- Parents can tell if staff are feeling unable to handle a situation.
- IT issues (e.g., finding and funding billing software to enter claims into MN-ITS, etc.)

Vanessa at St David's:

- Length of time to get providers approved through enrollment
- 40-50 staff that need approval. Felt they followed directions but needed additional information, e.g., If a provider submits a lesser-known degree, then a transcript is required.
- Sent in provider enrollment documents in April and three months later, only 10 have been approved
- Comprehensive Multi-Disciplinary Evaluation (CMDE) and Individualized Treatment Plan (ITP): confusing for what they are asking for and how to interpret the forms. Time-consuming to complete. Quite a bit of overlap with documents
- Diagnostic Assessment and CMDE are the same and overlap.
- Form automatically deletes the "0" in the recipient's ID number.
- How many units requested. Hard to do the math to calculate over the six months
 - Denied because math is wrong
- Clinical trainee not able to do the CMDE yet.

- Access to required trainings is challenging. Some staff aren't available for the trainings.

Jay from Behavioral Dimensions:

- Audits are a concern. State and federal level
- Medica and commercial plans not recognizing certain billing codes
- Need to hire at the Level II wage level to retain staff
- Transition from CTSS to EIDBI is costly. Following both sets of rules for a while is costly.
- Serving children that are older is challenging. Tried in the past to serve them but it is difficult to find staff to work evenings and weekends and work with challenging behaviors

Eric at Lovaas:

- Older children present more challenges to work with and need more analysis from higher level and higher trained staff. In addition, their schedule being restricted because of school is challenging to work around for staff availability.
- EIDBI: immense requirements for credentialing staff. Even though providers may retroactively bill back to the start date of the provider, it is a risk they won't be approved and the provider will not be reimbursed for 2-3 months of services that provider may have already conducted.
- MN-IT's requires providers to type-in claims manually, which is challenging for a large number of kids and presents an audit risk due to data entry errors.
- Not aware of software that can actually bill and protects from audit risk. Costs of such a system can be prohibitive, e.g., \$100,000 cost for the system and \$200,000 to train staff on it.

What recommendations do you have to address constraints—generally and for EIDBI? Who needs to be involved in solution?

Vanessa:

- Revising forms to be more user-friendly
- Make trainings accessible and online for everyone
- Build in a grace period for provider approvals

Jay:

- Loosen qualifications for Level II providers. Pay at wage that will retain staff.
- Autism community must work together to create employment opportunities in the field.

Eric:

- Exceptions to micro-managing billing system (e.g., remove limits on services and providers, fund billing software, etc.)
- Evaluate what caps are necessary based on data collected.

Questions/ comments from members of the advisory group:

Kate:

- Had been on waiting list for two years to access services
- Staff turnover is so extreme and so difficult for the child and family to deal with

Jay:

- Had to hire a company on how to train and retain millennials

Kara:

- Is the provider shortage across all levels? Yes
- Are you targeting occupational therapy and speech as well? Yes

Vanessa:

- Need to recruit staff right out of grad school and employ/ supervise them until they receive licensure.

Jay:

- Have been targeting master's programs across all programs and colleges
- Informing students that the techniques and tools they acquire on the job are good for children in general and they can apply to their specific program.

Ayaan:

- This presentation gave a new perspective on struggles for providers
- Population is not invested in autism and not enough money put into recruitment, especially at high schools to become more invested.
- Use parents as providers who would potentially be retainable.

Fatima:

- Parents can dread vacations and taking time off because their child does so much better when in therapy

Steven:

- Requested wording on appeals notices that are sent to recipients upon a denial for their services