

# EIDBI Advisory Group meeting minutes

## Minnesota Department of Human Services

July 12, 2019

### Updates

#### Enrollment and billing updates

- 48 enrolled EIDBI agencies and 75 CMDE providers.
- 652 children served as of July 1, 2019
- Online portal for enrollment is scheduled to launch July 23. Providers are currently testing.
- Billing codes have been programmed into the system and claims are paying correctly.

#### Policy updates

- State plan amendment was approved to allow for observation and direction to a same level provider (i.e., Level I to Level I or Level II to a Level II provider).
- Background study legislation did not pass this year. We will attempt again next year. This would align EIDBI providers with 245C background study requirements.
- See the EIDBI policy manual for updates.
- Now allow the CMDE and ITP to be signed on the same day. CMDE/ QSP provider may also sign after parent/ guardian.
- New forms, PDF's will be coming based on feedback. DHS is considering removing the week in the life form, if you have additional comments regarding the form changes please email the ASD inbox.

#### Training Updates

- EIDBI 101 for [providers](#) and for [families](#) have both launched and are available on Trainlink.

#### Upcoming meetings, events, outreach and trainings

- Provider meeting coming up from 11 a.m. to 12:30 p.m. July 23 at the Elmer Andersen Human Services Building

#### Provider panel discussion

##### Brooke Anderson: Fraser supervisor of Applied Behavior Analysis program

- Has been an EIDBI provider for one year
- 14 children served in Coon Rapids
- 14-15 additional children being added at the Eden Prairie location
- Looking to expand into Dakota County and add additional site locations
- EIDBI Benefit has been great for bringing together common language.
- Things have gone well in the transition.
- EIDBI team is really helpful to answer questions.
- Most difficult thing was to enter the electronic forms and then again to the EHR record.
- Could improve efficiency of documentation.

#### Jay O'Neill: Behavioral Dimensions, CEO and co-owner

- Has been an enrolled EIDBI provider for three years
- Transitioning one family at a time from CTSS to EIDBI
- 17 different counties in Minnesota
- 18 children being served in EIDBI
- Created comparison of CTSS and EIDBI
  - Highlighted advantages on chart
- Advantages for EIDBI is the reimbursement rate tied to their education and experience and the reimbursement rate is higher than CTSS
- Another advantage is the funding for training and supervision of staff. CTSS has limited funding for this.
- Adding the ability for observation and direction to be billed with same level staff will also benefit the ability to retain staff.
- Speed and access to services is longer in EIDBI than CTSS. So their plan is to start the kids on CTSS and then move to EIDBI. More time consuming and more labor intensive.
- Billing is tied to each staff member rather than pay under the supervisor like CTSS, which can delay the process. Had to hire additional billing person.
- Challenging to coordinate billing with EHR systems.
- Some pre-paid health plans have been more challenging to get kids approved.
- DHS staff is listening to providers to make changes that allow the benefit to be implemented.

#### Vanessa Slivken: St. David's, comprehensive multidisciplinary evaluation (CMDE) provider and qualified supervising professional (QSP)

- Enrolled March 2017
- Three clients in EIDBI
- Hennepin, Carver and Dakota counties
- Enrollment for EIDBI is much more accessible than CTSS.
- Funding for training is easier.
- Documentation requirements for EIDBI is more flexible.
- Support from EIDBI team and training that is provided
- Individual provider enrollment has taken long
- Billing codes were a barrier and a huge learning curve for staff.
- Feeling like they had to repeat documentation like a CMDE when a diagnostic assessment was already completed.
- Removal of billing for the first 30 minutes and additional 30 minutes
- Launch of enrollment online portal
- No more electronic forms will be a great change.

#### Julie Wicker: Accend Services: QSP and CMDE provider

- Serving St. Louis county
- Been enrolled for a year and a half
- EIDBI team responding quickly and helping to answer questions
- System wise and getting children started has been smooth.
- Enrollment can take a long time.
- The shift in thinking for staff has been an adjustment.
- Unsure if you can be doing CTSS and EIDBI at the same time.
- Provider qualifications change really helped. Signature change helped. Observation and direction change also helped. Don't necessarily understand the encounter rate for independent treatment plan.

## Questions

- How do we get the schools and EIDBI providers to work together more?
- What do the actual providers do on a daily basis?
  - Providers complete assessments, determine the condition and then determine if EIDBI is appropriate. Fraser uses verbal communication curriculum and focuses on that first and primarily.
- How do you collaborate with an occupational therapist?
  - Fraser has speech and OT on site at their locations. People receive those services throughout their day. Things they should practice are included in the treatment plan.
  - Use the coordinated care conference to collaborate with OT or other professionals.
- Will there be a removal of the restriction for EIDBI services to be billed on the same day as the coordinated care conference?
  - Currently it can only be billed with the ITP development.
  - Will consider submitting a request to CMS to remove this limit but we are currently working to remove the limits on the psychotherapy codes.

## Education and collaboration with community supports, Erin Farrell

- Schools have local control so MDE does not have the ability to tell all schools how they should operate.
- Comment: Would like to see data on total student population and not just the special education population. Erin will bring that at a later meeting.
- Question: Is that typical to see a low percentage in the program at age 2?
  - Birth to 3 families are often told to wait on the autism label and given the developmental delay (DD) label. The focus is just to start services and not as focused on the label.
  - The DD gives the impression that it is just a delay and the child will catch up. Then the parents aren't given additional resources and supports.
  - In the development delay language, it does specify that ASD should not be included under DD.
  - Many families from immigrant populations are sometimes misinformed or afraid to be given the ASD label.
  - Rural families also seem to not be given the ASD label potentially due to limited services outside of the school district available.
- Positive behavior intervention supports (PBIS) in schools:
  - Tier 1, universal supports for all kids. Tier 2, small group, more specialized support. Tier 3, individualized supports for those kids that need more intensive supports.
  - Common vision and values for all PBIS schools. Common language is used to drive those goals.
  - 690 schools implementing PBIS
  - Communication critical to working together with schools. Use give and get chart to visualize what each person is working on and what he or she is bringing to the table.
  - Review policies ahead of time with the school.
  - Make it clear what your role is and why you are asking to go into the school. Whether it is to collect data, observe, etc.
  - Be respectful. Be clear and determine a contact person.
  - Highlight the mutual benefit for the school and providers.
  - All there for the benefit of the child. Team may not always agree on the best methods but they are all there for the same goal.
  - Use success stories to make your point.
  - Work with the teachers' and students' schedules. Recognize the changes in routines.
  - Be aware of confidentiality and release of information. Work with the family before you go into the classroom.
  - Start with suggestions and why it would be effective but understand they may not take it.

Next advisory group meeting:

- Oct. 4, 2019, Room CC-14, Conference Center A, Minnesota Department of Education, 1500 Highway 36 W., Roseville

To contact DHS, please email us at [ASD.DHS@state.mn.us](mailto:ASD.DHS@state.mn.us)