



Early Intensive Developmental and Behavioral Intervention (EIDBI)  
Advisory Group Meeting  
May 2019

[ASD.DHS@state.mn.us](mailto:ASD.DHS@state.mn.us)

- Opening introductions
- Housekeeping
- Members' principles to participate and visitor information
- Agenda review

## Introductions of all members:

- Your name
- Your role on the EIDBI advisory group
- Why you wanted to join this group

# Overview and reflection of EIDBI advisory group

## Purpose:

- Provide input on the continuing development and implementation of the EIDBI benefit

## Advisory group roles:

- Experts
- Parents
- Primary caregivers
- People with ASD and related conditions

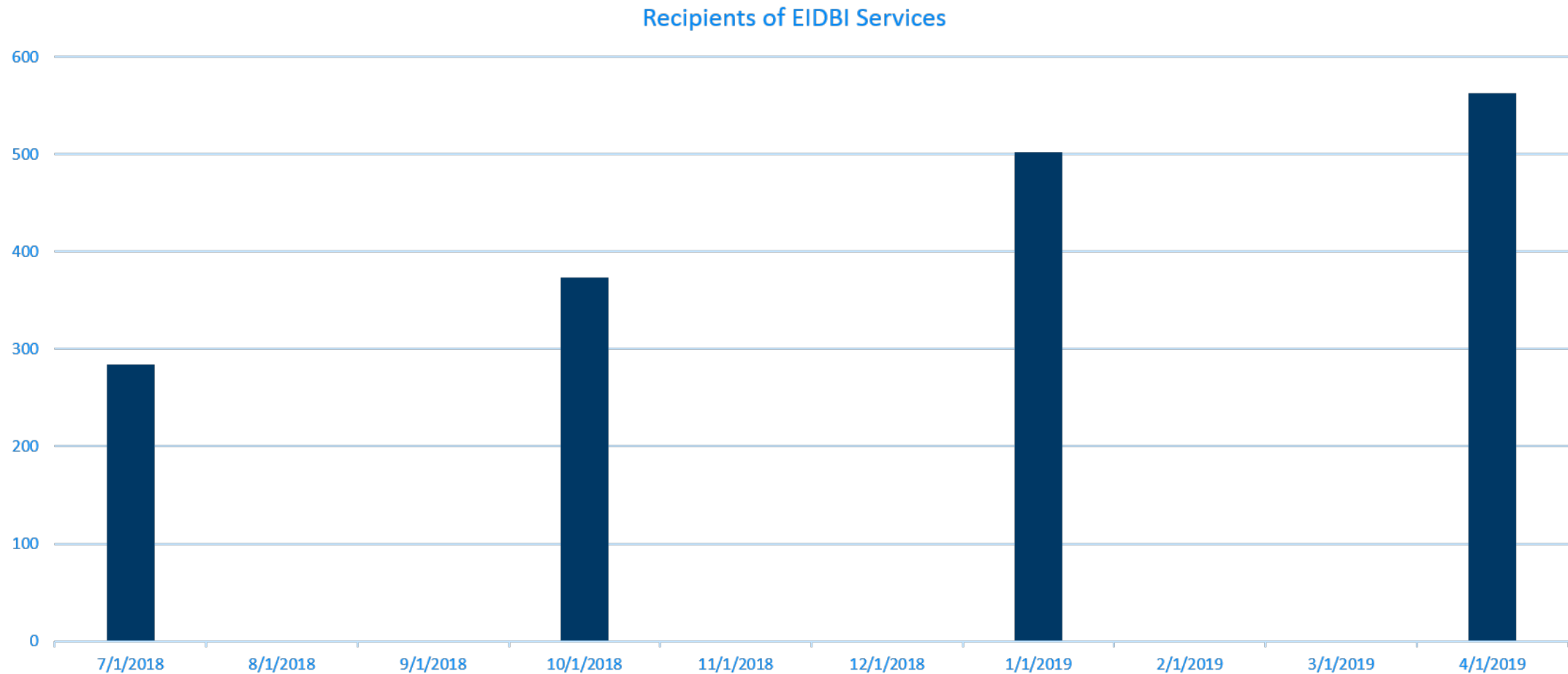
# Advisory group reflection

- What would you like to see continue with the advisory group?
- What are things that could be improved with the advisory group?
- What topics would you like to discuss in upcoming meetings?
- Are you willing to provide input and feedback electronically throughout the year? If not, how would you prefer to provide feedback?

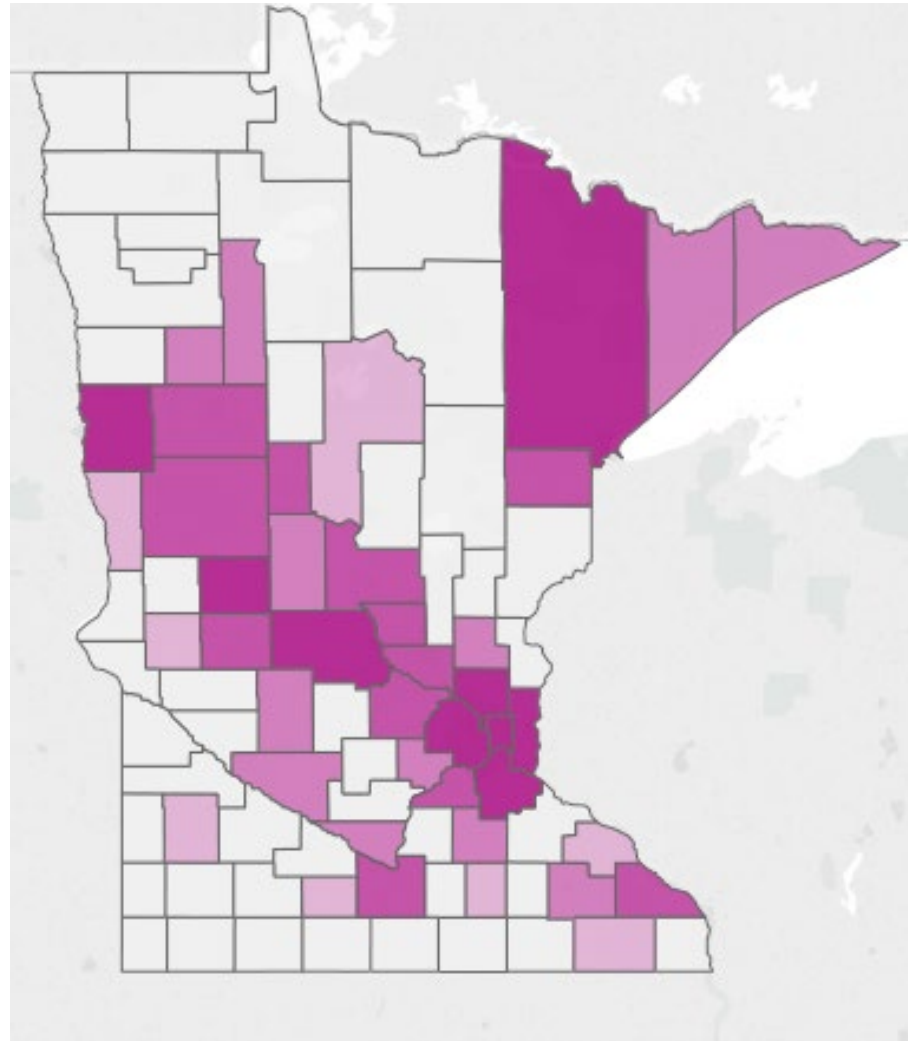
# Update on providers and people served

- 44 enrolled agencies
- 69 enrolled comprehensive multi-disciplinary evaluation (CMDE) providers
- 589 people received EIDBI services as of April 1, 2019
- To find an EIDBI provider, visit the [MHCP Provider Directory](#) and search for “CMDE” or “EIDBI”

# Recipients of EIDBI services



# EIDBI heat map





## Minnesota Health Care Programs (MHCP) provider news updates:

- Sign up to receive updates on [DHS – MHCP provider new and updates](#)

## EIDBI policy changes:

- See the [EIDBI Policy Manual](#)

# Updates on variances and modality submission

- Early Social Interaction (ESI) modality public comment ended
- Stakeholders submitted valuable questions and feedback
- Determined a change in EIDBI statute description of modalities is needed to increase clarity
- ESI is a developmental and behavioral-based modality that is already allowed under the [current EIDBI statute](#) and modalities, and it does not need to be specified
- DHS has been gathering feedback from stakeholders about potential changes to statute to assist with clarifying approved modalities in the future

## Multicultural online training development:

- Stakeholder feedback
- Timeline update

# Upcoming provider feedback meetings

## Dates and times:

- July 23, 2019, 11 a.m. to 12:30 p.m.  
DHS Anderson Building or via webinar
- Oct. 15, 2019, 11 a.m. to 12:30 p.m.  
DHS Anderson Building or via webinar

Additional information and registration: [2019 EIDBI provider input and information sessions](#)

# Outreach and parent/caregiver meetings

## Outreach and meetings:

- March 2: Steps for Autism Walk, resource booth, spoke to over 100 families
- March 12: RTAFF parent meeting in Rochester, MN
- March 20: Parent/caregiver feedback meeting with WebEx option
- March 20: Provider meet-and-greet job fair at St. Cloud State University
- March 21: Minnesota Social Service Association (MSSA) conference presentation
- April 26: Autism Society of MN (AuSM) resource fair presentation and booth
- April 29: Mankato provider meet-and-greet job fair (rescheduled)

## Wright County Resource Fair:

- Saturday, May 4, 2019
- 9 a.m. to 2:30 p.m.

# EIDBI Advisory Group Update

Wilder Research

May 2019

# Agenda

- Autism in Minnesota – data placemat content
- Preliminary analysis results
- State scan results
- Ongoing work/next steps





# Autism in Minnesota

# Clinical diagnoses



By comparison, **1 in 59**  
8-year-old children have been  
identified to have ASD nationwide.<sup>1</sup>

**Autism Spectrum Disorders affect**

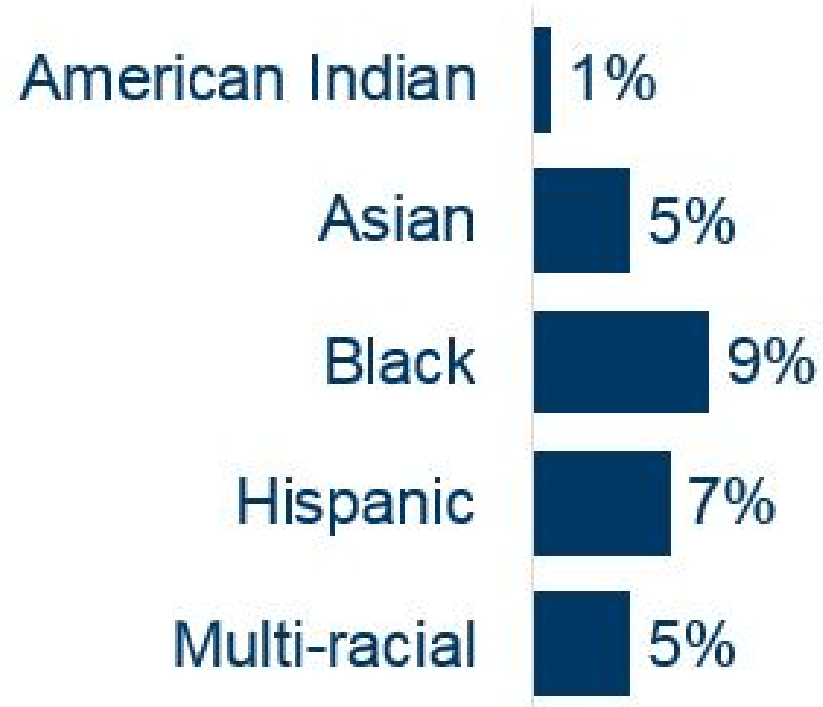
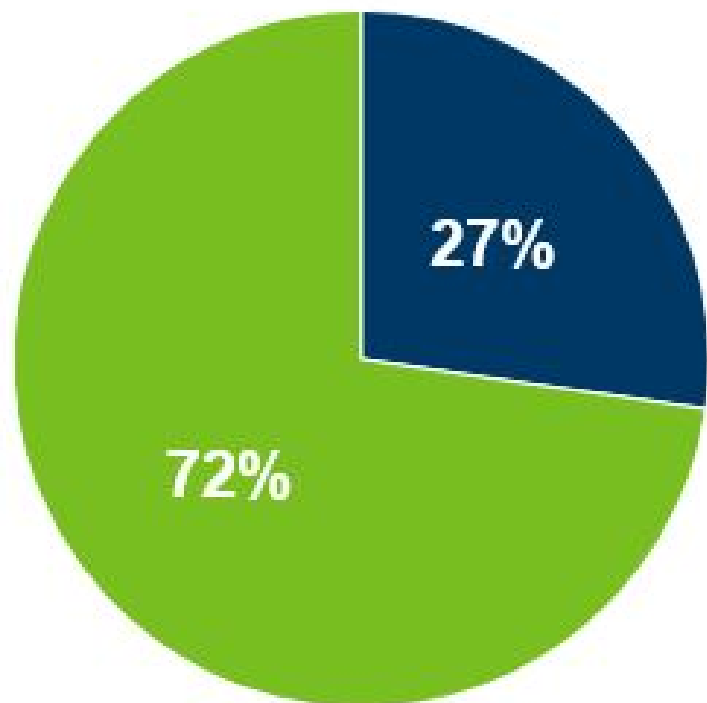
**1 in 42**

8-year-old children  
in Minnesota<sup>1</sup>

1. "Key Findings." (2018). Minnesota Autism Developmental Disabilities Monitoring Network. Accessed at: <https://addm.umn.edu/key-findings>

# Clinical diagnoses

## ASD totals by race

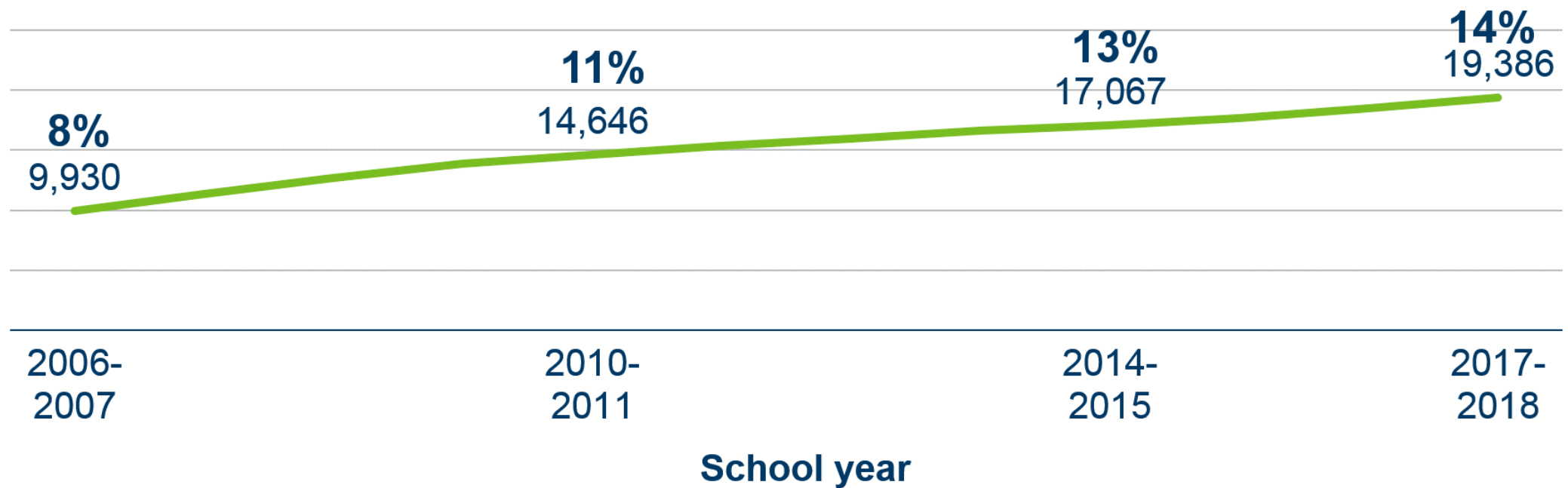


**Note.** Totals may not equal 100 due to rounding.

# School diagnoses

## Diagnoses of ASD have been on the rise.

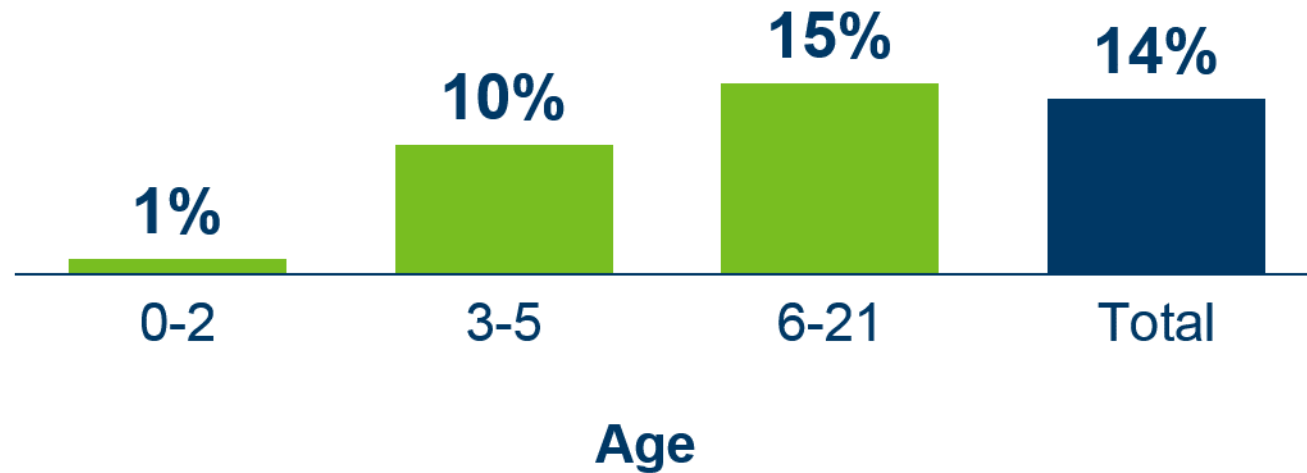
19,386 youth aged 3-21 have been identified by schools to be on the autism spectrum in school year 2017-2018; this is 14% of the total student population: <sup>3</sup>



3. Minnesota Department of Education records. (2018). Saint Paul, MN. Retrieved from <https://education.mn.gov/MDE/Data/>.

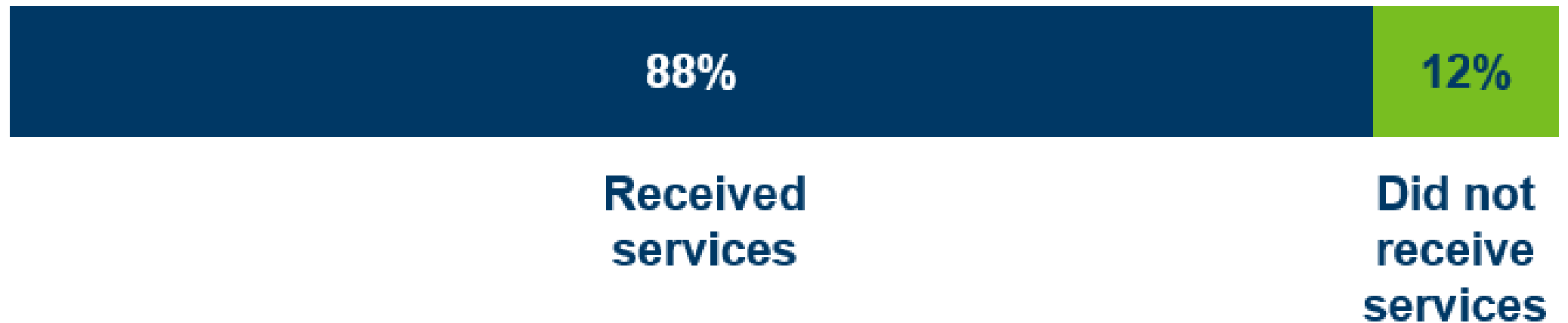
# School diagnoses

**School diagnoses of ASD as percentage of total child population, 2017**



# Assessment and service provision

Of Minnesota youth diagnosed with autism<sup>a</sup> . . .

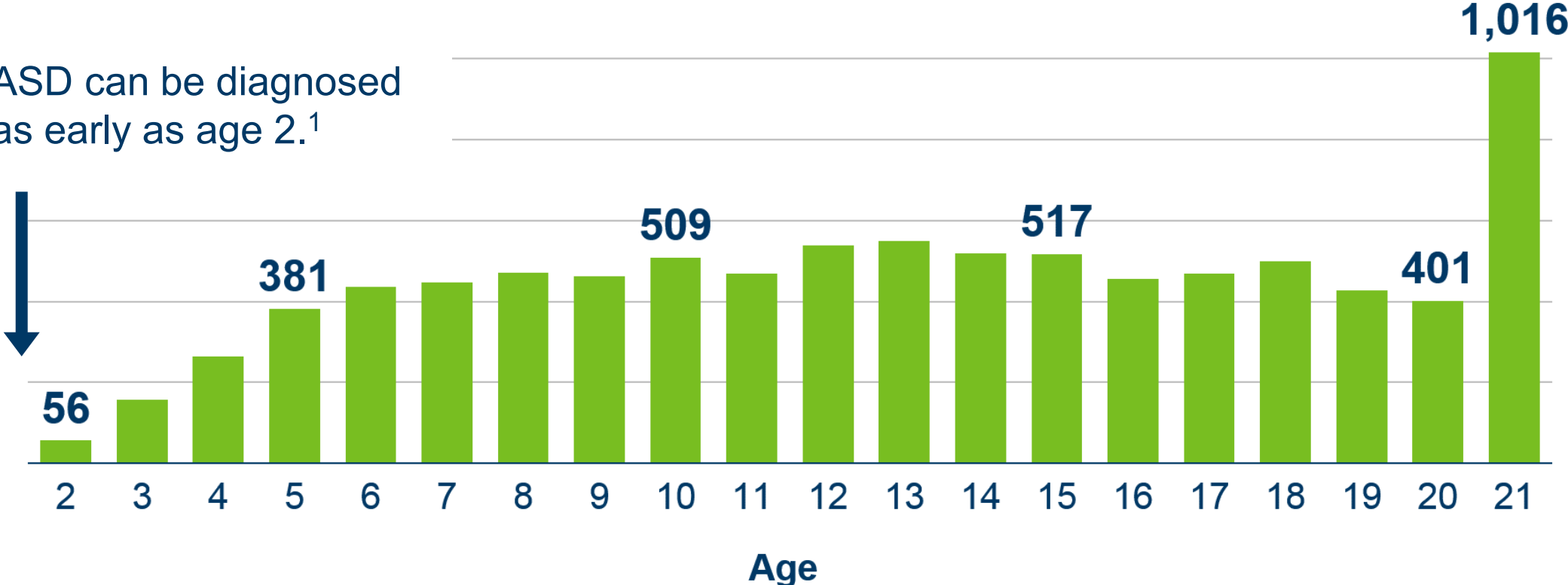


<sup>a</sup> Data from 10/1/2015 - 9/1/2018.

# Assessment and service provision

## Age at Assessment

ASD can be diagnosed as early as age 2.<sup>1</sup>

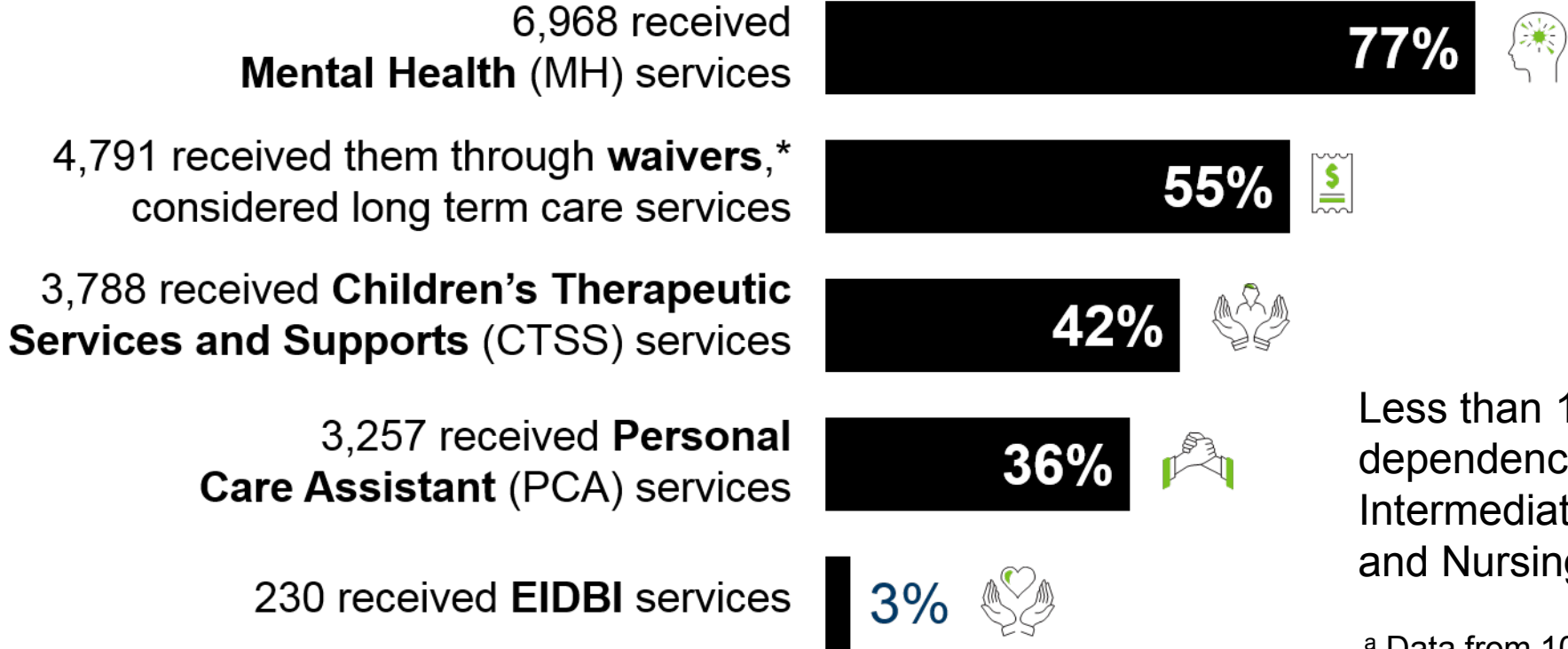


1. "Key Findings." (2018). Minnesota Autism Developmental Disabilities Monitoring Network. Accessed at: <https://addm.umn.edu/key-findings>

# Assessment and service provision

**88% of youth** aged 0-21 who received a diagnosis of ASD received related services.

**Of the 9,048 youth who received services:<sup>a</sup>**



Less than 1% received: chemical dependency services, Intermediate Care Facility services, and Nursing Facility services.

<sup>a</sup> Data from 10/1/2015 - 9/1/2018.



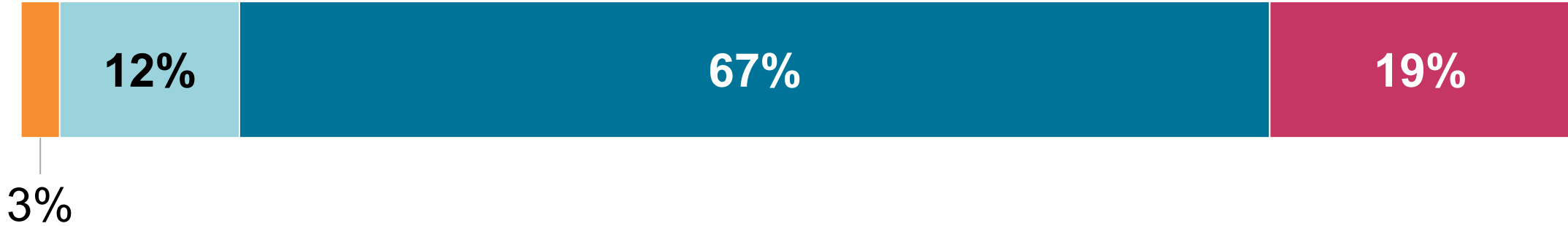
# Questions for you

- Are these some of the right things to highlight when communicating about children in Minnesota with autism?
- What's missing that you'd like to see?
- Who would it be helpful to share this with?

# Initial Analysis Results

# CMDE results: First assessment

Social communication tiers: First CMDE (N=284)



- Mostly appropriate to age
- Some abnormalities
- Moderate abnormalities
- Total lack of facial expressions, body language, and gestures

# CMDE results: Changes

Social communication: Change (N=37)



- Declined
- No Change
- Improved

# CMDE results: First assessment

Challenging behavior tiers: First CMDE (N=284)

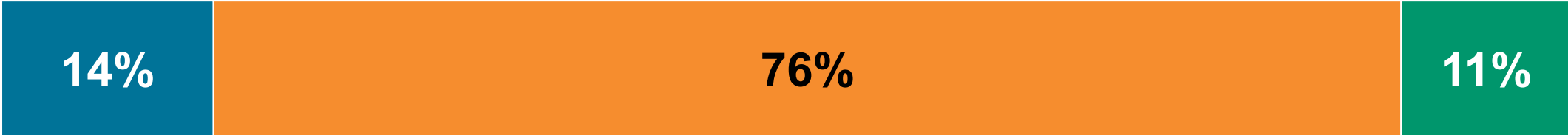


1%

- Age appropriate behavioral challenges
- Mild behavioral challenges
- Moderate behavioral challenges
- Severe behavioral challenges

# CMDE results: Change

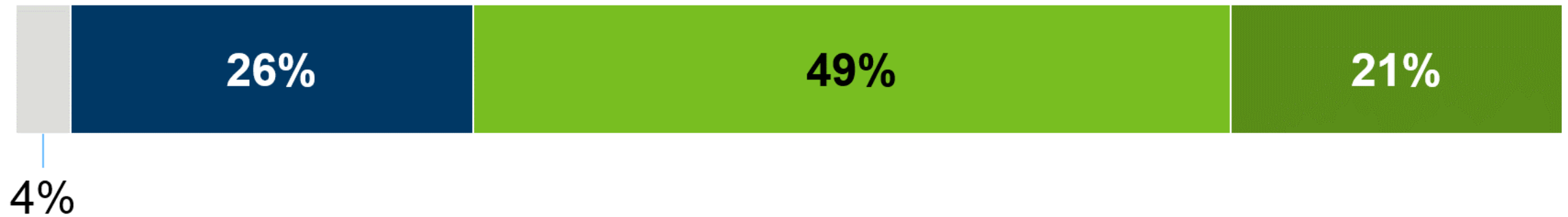
Challenging behavior: Change (N=37)



- Declined
- No Change
- Improved

# CMDE results: First assessment

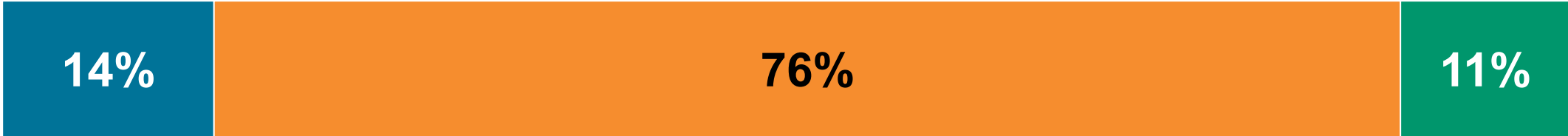
Parent/caregiver perception of child's quality of life: First CMDE (N=284)



- Low to moderate impact, manageable
- Moderate to high impact, manageable
- High impact, but usually able to cope
- High impact, struggle to cope

# CMDE results: Changes

Parent perception of child's quality of life: Change (N=37)



- Declined
- No Change
- Improved



# CMDE results: First assessment

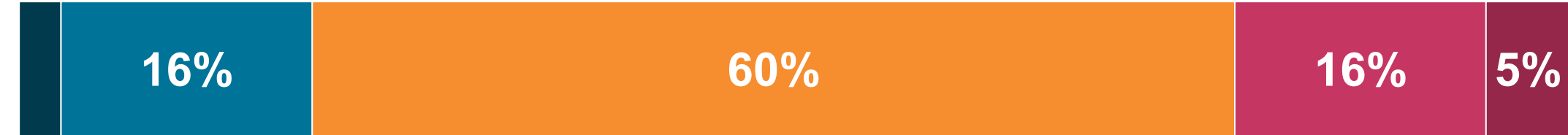
Parent/Caregiver stress level: First CMDE (N=284)



- Low to moderate, manageable
- Moderate to high, manageable
- High, but usually able to cope
- High, struggle to cope

# CMDE results: Changes

Parent/Caregiver stress level: Change (N=37)



3%

- Declined 3 levels
- Declined 1 level
- No Change
- Improved 1 level
- Improved 2 levels

# Questions for you

- Did anything surprise you?
- Is this a helpful way to display these results?
- Do you think analysis like this is helpful and informative?
- Who should we share this with?

# State Scan Results

# Research questions

- **How are other states' ASD benefit programs designed and implemented?**
  - What types of treatments are allowed and at what intensity and duration?
  - Do other states allow for treatment in community and home settings, or just in clinical settings?
  - What types of providers are eligible to serve children under other states' ASD benefit programs?

# Research questions

- **How do states measure progress for children who have been diagnosed with an ASD who are receiving treatment?**
  - Do states use any forms/tools they developed and/or formal or standardized assessment tools to measure individual child progress?
  - What types of information are collected from providers and families?
- **Are there any rigorous evaluations or research of other states' ASD benefit programs overall?**

# Methodology

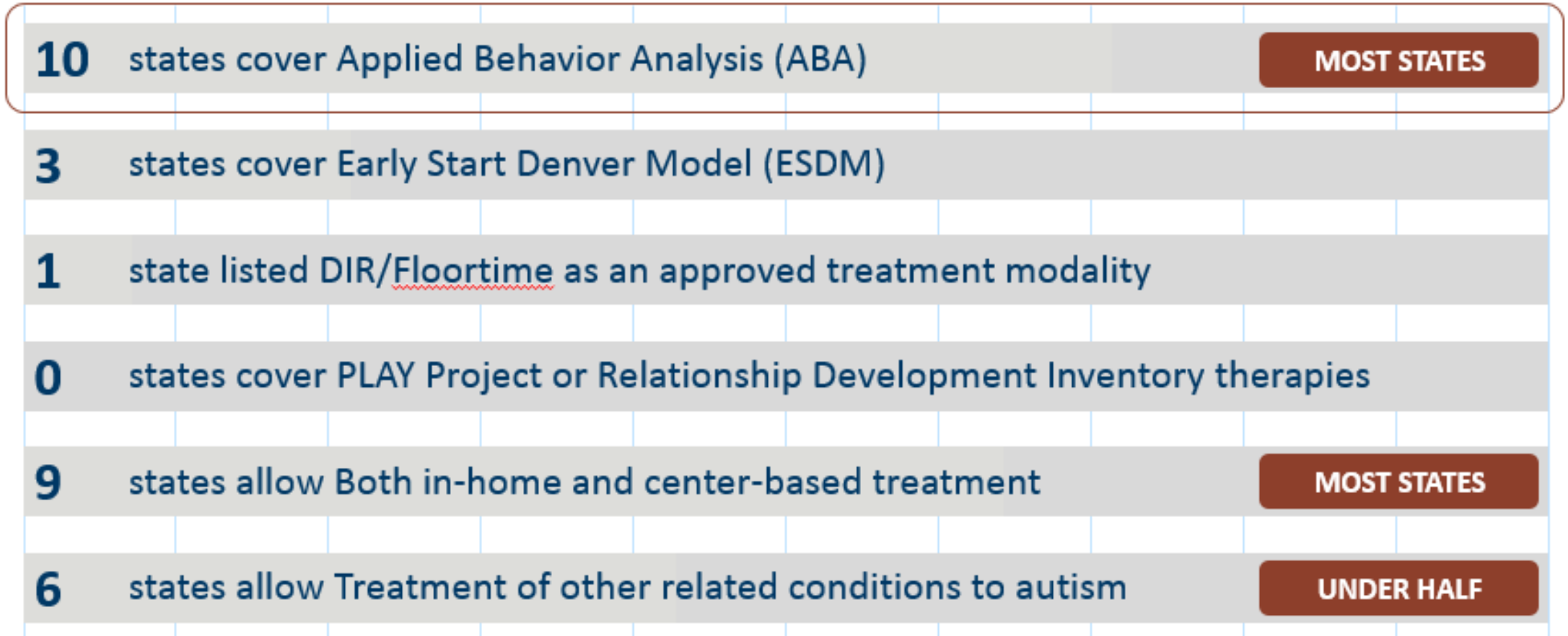
- Internet search to find policy specialists and department director contact information
  - All 50 states and DC
- Worked with DHS to design a survey to collect information about their state's ASD benefit program
- **14 states completed the survey**; Wilder followed up with 5 of these states requesting additional information
- Two of the states (Louisiana and Kentucky) specified that they do not have a specific autism benefit

KEY FINDING:

**Most state benefits cover ABA treatment**



## Out of the 14 states who completed the survey...



KEY FINDING:

**Most states do not conduct  
evaluation of their ASD benefits**

**10** states

**Do not conduct internal evaluation**  
around CMS EPSDT-related  
ASD benefit programs.

12 out of 14 said  
**they have not had**  
an aggregated ASD benefit  
evaluation conducted for them

**4** states

**Conduct this type  
of evaluation**  
of their state administered  
programs

Iowa, Louisiana, Montana, and  
New Jersey used  
**a variety of assessment tools** to  
collect information and measure  
progress



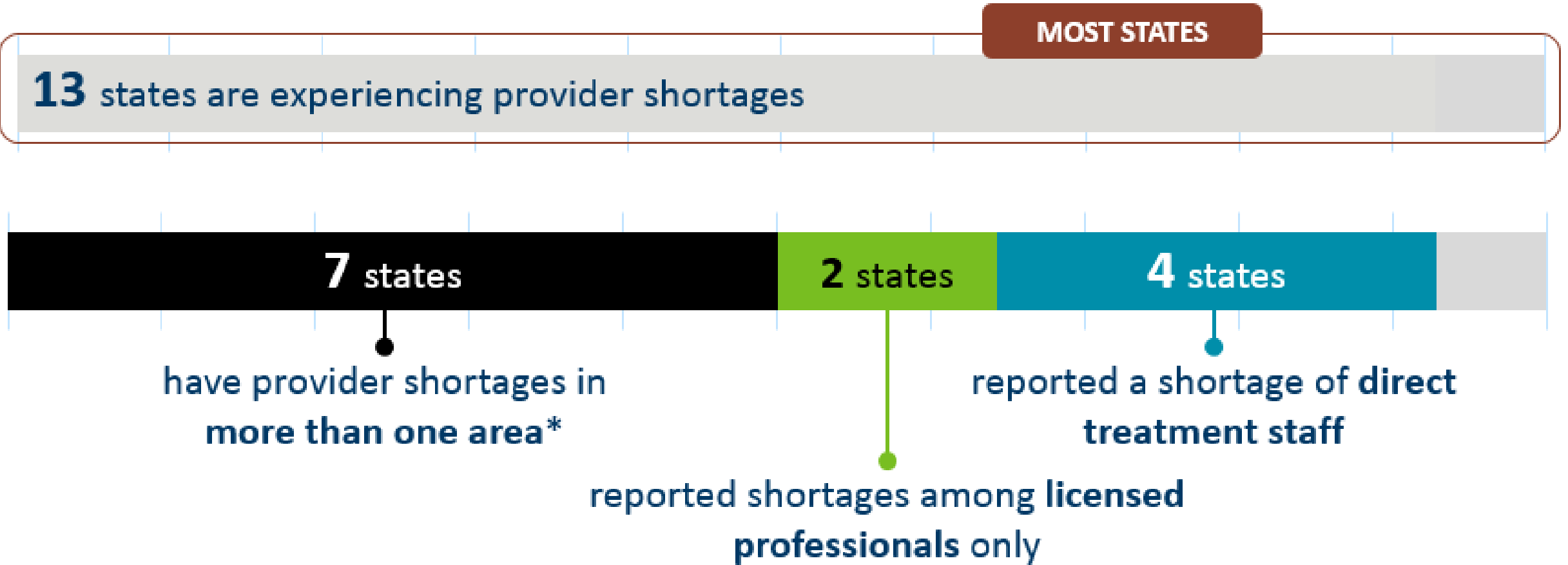
**There is a dearth  
in the literature**  
regarding evaluation  
of ASD benefits

CMS rule change in  
2014 could be a factor

KEY FINDING:

**Most states are experiencing  
provider shortages**

## Out of the 14 states who completed the survey...



Of note, Montana said they did not have a provider shortage because they do not have data to support this.

\* Licensed professionals, supervisory staff, direct treatment staff, etc.

# Questions for you

- Did anything surprise you?
- Are there other questions you have about other state's benefits?
- Who should we share this with?



# Questions?

Thank you!

# Overview of 2020 legislation changes

- Proposed language review
- Highlights:
  - 2:1 code/intervention
  - Functional behavior assessment (FBA) code/service
  - Modality language change



# Legislative language reflection

- Is there anything that needs clarification?
- What do you like?
- What are your concerns?
- What would strengthen or improve it?

# Next advisory group meeting

- **When:** July 12, 2019, 10 a.m. to noon
- **Where:** Room CC14, Conference Center A, Minnesota Department of Education, 1500 Highway 36 W., Roseville
- Additional dates and meeting minutes can found at our [EIDBI Advisory DHS Webpage](#)

# Hyperlinks in full form

- MHCP directory: <http://mhcpproviderdirectory.dhs.state.mn.us>
- EIDBI statue: <https://www.revisor.mn.gov/statutes/cite/256B.0949>
- Provider feedback meetings registration:  
[https://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMI  
C\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocNa  
me=DHS-307985](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMI<br/>C_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocNa<br/>me=DHS-307985)
- EIDBI advisory group webpage: [https://mn.gov/dhs/partners-and-  
providers/news-initiatives-reports-workgroups/long-term-services-  
and-supports/eidbi/advisory-group.jsp](https://mn.gov/dhs/partners-and-<br/>providers/news-initiatives-reports-workgroups/long-term-services-<br/>and-supports/eidbi/advisory-group.jsp)



Comments / Questions?

# Thank you!

EIDBI Team

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[mn.gov/dhs/EIDBI](https://mn.gov/dhs/EIDBI)