

# ASD Advisory Committee Meeting

Revised through Committee Discussion  
June 19, 2015

# Agenda

- “Flash” Introductions: Name, Affiliation
- Agreement on Group Norms
- Committee’s Charge and Objectives
- Discussion and Agreement: Observation by or participation of non-committee members
- Discussion and Agreement: Principles to guide the work
- Discussion and Agreement: Key issues and questions to be addressed
- Workgroups: Topics, Charges & Composition

# Acronyms

AHCCCS: Arizona Health Care Cost Containment System

ALTCS: Arizona Long Term Care System (part of AHCCCS)

ASD: Autism Spectrum Disorder

AzEIP: Arizona Early Intervention program (part of DES)

CRS: Children's Rehabilitative Services (part of AHCCCS)

DBHS: Division of Behavioral Health Services, Arizona Dept. of Health Services

DDD: Dept. of Developmental Disabilities (Part of DES)

DES: Dept. of Economic Security

DIR®: Developmental, Individual, Relationship-based Model (Floortime®)

DSM-5: Diagnostic and Statistical Manual of Mental Health Disorders, 5<sup>th</sup> edition

EPSDT: Early and Periodic Screening, Diagnostic and Treatment

HAB-M: Habilitation Masters

IDEA: Individuals with Disabilities Education Act

IFSP: Individual Family Service Plan

M-CHAT R/F: Modified Checklist for Autism in Toddlers, Revised and Follow-up Interview

OT: Occupational Therapy

PCP: Primary Care Provider

RBHA: Regional Behavioral Health Authority (part of AHDS DBHS)

# Group Norms

- Help create an environment that allows all to speak freely and without concern:
  - Listen with an open mind and a collaborative mindset.
  - Speak concisely and respectfully.
  - One person speaks at a time, as called upon by the facilitator.
- The full Committee focuses on the overall goals—details and tactics will be handled by Work Groups.
- Stay focused on the topic at hand and self-monitor to avoid tangents.
- When expressing agreement with other speakers, don't use up time repeating what has been said.
- Work towards consensus on recommendations.

# State of Arizona Intentions

- Break down silos in health care.
- Drive value-based purchasing efforts that reward quality over quantity.
- Bring together behavioral health and physical health.
- Reduce burdens on families of children with special health care needs in the CRS program.
- Coordinate care for people with behavioral health needs that interface with the justice system.
- Align care for dual-eligible members.

# Charge to Committee

- Articulate a series of recommendations to the State for strengthening the health care system's ability to respond to the needs of AHCCCS members with or at risk for ASD, including those with comorbid diagnoses.
  - Focus on individuals with varying levels of needs across the spectrum, including those who are able to live on their own and those who may require institutional levels of care.
  - Address early identification of ASD and the development of person-centered care plans.

# Objectives

- Develop recommendations through facilitated monthly Committee meetings and Work Group activities from June through December 2015.
- Keep process transparent: Post all meeting agendas, materials, notes, and updates on web site—  
<http://www.azahcccs.gov/shared/ASD.aspx>
- Present recommendations to Christina Corieri, Policy Advisor for Health and Human Services, Office of the Governor, in January 2016.

# ASD Committee Members

## Providers

- Karla Birkholz, MD, Arizona Academy of Physicians, Honor Health
- Robin K. Blitz, MD, FAAP, Barrow Neurological Institute at Phoenix Children's Hospital
- Bryan Davey, PhD, BCBA-D, Highland Behavioral - HOPE Group
- Danny Kessler, MD, FAAP, Southwest Human Development
- Jared Perkins, MPA, Children's Clinics and Autism Society of Southern Arizona
- Terrence Matteo, PhD, Clinical Child Psychologist
- Daniel Openden, PhD, BCBA-D, Southwest Autism Research & Resource Center (SAARC)
- Sandra Price, JD, PhD, Arizona Chapter American Academy of Pediatrics
- Sydney Rice, MD, MS, University of Arizona
- Brian van Meerten, MEd, BCBA, LBA, Behavioral Consultation Services of Northern Arizona, LLC (BCSNA)
- Ginger Ward, MAEd, Southwest Human Development

## Family Member Advocates

- Albert Acuña, Autism Society of Southern Arizona - Santa Cruz
- Diedra Freedman, JD, Arizona Autism Coalition
- Erika Johnson, Autism Society of Southern Arizona
- Cynthia Macluskie, Autism Society of Greater Phoenix
- Jon Meyers, The Arc of Arizona
- Joyce Millard Hoie, MPA, Raising Special Kids
- Ann Monahan, Arizona Autism Coalition

# ASD Committee Members

## Health Plans/RBHAs

- Renee Bartos, MD, MPH, FAAP, Mercy Care Plan
- Don Fowls, MD, Mercy Maricopa Integrated Care (RBHA)
- Mary Jo Gregory, FACHE, RN, Health Choice Integrated Care (RBHA)
- Leslie Paulus, MD, UnitedHealthcare
- Terry Stevens, MA, LPC, Cenpatico Integrated Care (RBHA)

## State Agencies

- Paul Gladys, MBA, ADHS/DBHS Representative
- Sara Salek, MD, AHCCCS Representative
- Theresa Courtney, MD, DES/ALTCS DDD Representative
- Karie Taylor, MA, DES/AzEIP Representative

# Non-Committee Members

Committee members reached the following consensus:

- Colleagues within the organizations represented on the Committee may observe in full Committee meetings and participate in discussions.
- Committee members may designate others in their organization to serve as alternates if the Committee member is unable to attend a full Committee meeting.
- Work Groups may invite others to participate, keeping in mind the goal of balanced representation by providers, family member advocates, health plans/RBHAs, and state agencies.
- Attorneys who are not members of the Committee may be called upon for expertise for specific issues, but, in the interest of supporting open conversations, will not be allowed to observe meetings.

# Principles to Guide the Work

Committee members reached consensus that the following principles will guide the work of the full Committee and Work Groups:

- Work toward action items in a strength-based, positive way.
- Keep recommendations as simple as possible.
- Include members at risk for ASD as well as those with a diagnosis.
- Keep discussions and recommendations:
  - Person- and family-focused
  - Culturally sensitive and competent
  - Evidence-based
  - Data-informed
  - Informed by best practice
  - Cognizant of network sufficiency considerations
  - Focused on building capacity
  - Cognizant of AHCCCS merging physical and behavioral health.
- Ensure compliance with the Medicaid EPSDT requirements.
- Focus on optimizing outcomes (when possible, measurable outcomes).
- Seek innovative, system-level change with optimism, recognizing that Arizona's Medicaid waiver allows flexibility and that barriers and systems can be changed.
- Work toward collaboration among all entities and stakeholders, including other provider networks.
- Each Work Group is tasked with incorporating outcomes measures in their recommendations.

# Let's Not Start at Square One



## Key Questions and Issues

# 1. Early Identification & Referrals for Diagnosis

- How can delays be reduced in obtaining initial referrals for quality evaluations?
- How can we move toward the goal of diagnosis and intervention before 2 years of age?
  - Average in AZ is 4 years, 10 months

## Key Questions and Issues

# 2. Reducing System Complexity

- In order to recommend changes, what details do we need to know about the complexity of the current systems that provide ASD evaluations and services?
- What systems-level changes are needed to simplify the multiple entities with conflicting and overlapping responsibilities?
- How can problems with age-related transitions (e.g., age 3, pre-school to school, age 18, age 21) be eliminated?
- How can EPSDT, behavioral health, physical health, and psychosocial issues be addressed in a coordinated way?
- How can treatment planning and benefits be coordinated?

## Key Questions and Issues

### 3. Evidence-Based Treatment

- What are the evidence-based treatment modalities for ASD?
  - Age range
  - Individual needs of the child, keeping in mind that ASD is a continuum
- What innovative approaches (within CMS guidelines) can we recommend?
- How can we ensure that performance is measured?

## Key Questions and Issues

### 4. Building Network Capacity

- How can the shortage of well-trained, qualified professionals who can diagnose autism be addressed?
- How can the categories of qualified professionals whose diagnoses are accepted (for DDD eligibility and reimbursement by all payors) be increased?
- How can the network of treatment providers be increased throughout the state?
- How can the administrative burden on providers be reduced?
- What roles can technology play?
- What assets currently exist?

## Key Questions and Issues

### 5. Adults with ASD

- Address the needs of adults with ASD ages 18-21 and over 21.
- Address social and quality of life issues, including collaboration with other agencies and providers regarding housing and employment.

# Dates & Times

Full Committee will meet Wednesday afternoons, 3:00-5:00 p.m.

- July 8 (2<sup>nd</sup> Wednesday)
- August 12 (2<sup>nd</sup> Wednesday)
- September 9 (2<sup>nd</sup> Wednesday)
- October 28 (4<sup>th</sup> Wednesday)
- November 18 (3<sup>rd</sup> Wednesday)
- December 16 (3<sup>rd</sup> Wednesday)

# Work Groups

- Work Group Topics:
  1. Early Identification & Referrals for Diagnosis
  2. Reducing System Complexity
  3. Evidence-Based Treatment
  4. Building Network Capacity
  5. Adults with ASD
- Work Group composition to be determined.
- Sharon Flanagan-Hyde will facilitate each Work Group.
- Each group will develop a statement of its charge and goals.
- Meeting times to be determined by each group - some work will be done via teleconference, e-mails, etc.

# Ongoing Communication

All meeting agendas, materials, notes, and updates for the full Committee and Work Groups will be posted at:

<http://www.azahcccs.gov/shared/ASD.aspx>

Sharon Flanagan-Hyde, facilitator, can be reached at  
[sharon@flanagan-hyde.com](mailto:sharon@flanagan-hyde.com)