



# ASD Advisory Committee

April 7, 2021



## Welcome to the ASD Advisory Committee

While you are waiting TEST YOUR AUDIO.  
LISTEN FOR MUSIC.

You were automatically muted upon entry.  
Please only join by phone or computer.

Please use the chat feature for questions or raise your hand.

Thank you.

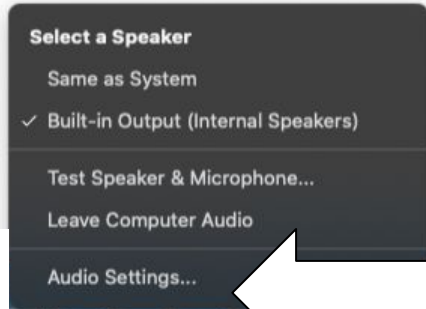


# Zoom Webinar Controls

Navigating your bar on the bottom...

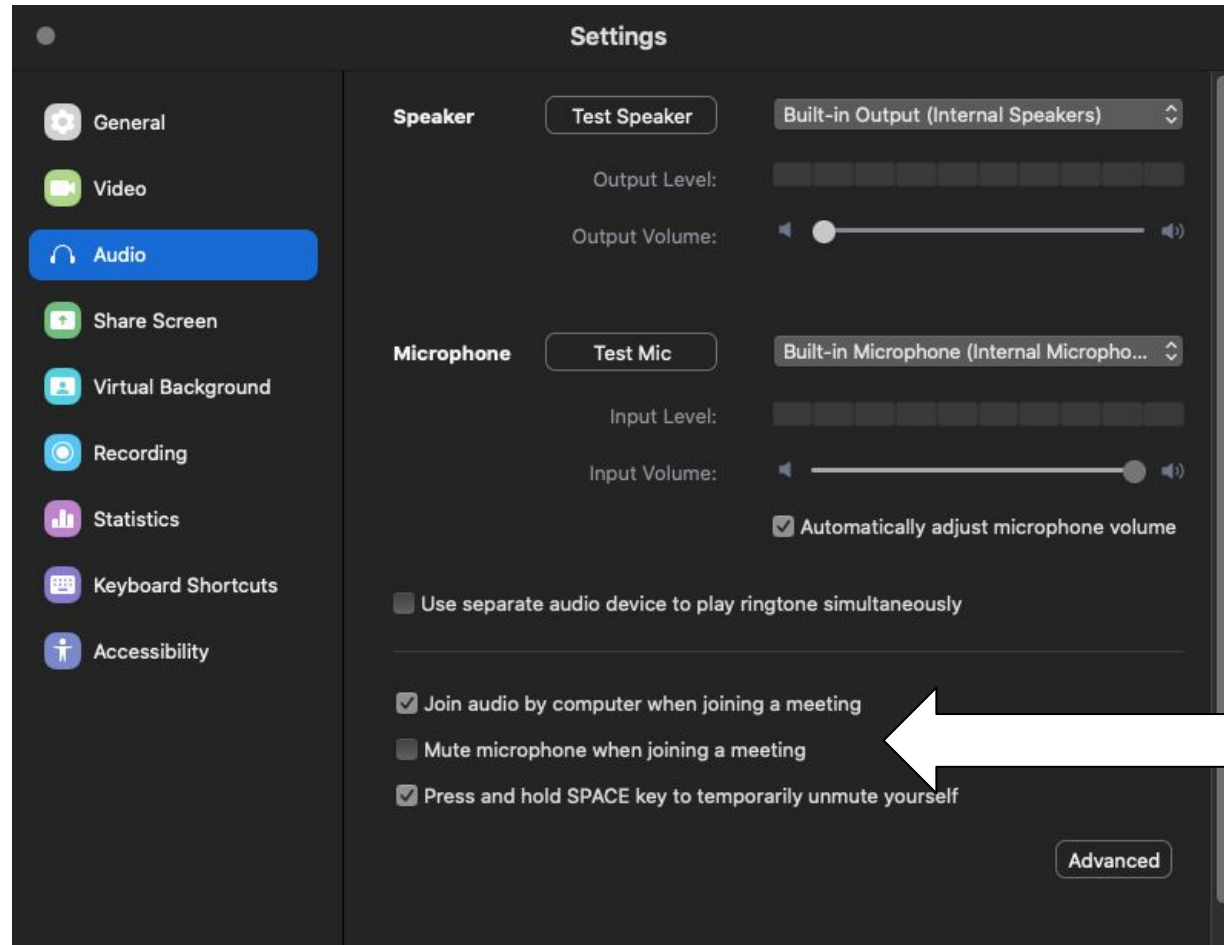


- **Windows:** You can also use the **Alt+Y** keyboard shortcut to raise or lower your hand.
- **Mac:** You can also use the **Option+Y** keyboard shortcut to raise or lower your hand.



Audio Settings ^

# Audio Settings



# ASD Advisory Committee

## Agenda

- Welcome, Introductions and Guidelines for Today's Meeting: Barbara Brent
- ASD Advisory Committee Report Addendum: Summary of Accomplishments to Date: Dr. Megan Woods & Rohno Geppert
- ASD Data Review: Will Buckley
- OIFA Listening Session: Findings and Recommendations: Steven Leibensperger & Leah Gibbs
- DDD Update: Zane Ramadan
- Scottsdale Physician Group (SPG) Overview: Dr. David Bank & Michelle Puopolo
- Additional Issues, Announcement, and Future Agenda Topics: Barbara Brent

# ASD Advisory Committee Report Addendum: Summary of Accomplishments to Date

Megan Woods, DBH, LBA, BCBA

AHCCCS System of Care Administrator

Rohno Geppert BA, MPA, LISAC

AHCCCS Special Projects Advisor

# ASD Advisory Committee Report Addendum

Updates included in major topic areas:

- Early Identification and Referrals
- Reducing System Complexity
- Evidence Based Treatment
- Building Network Capacity
- Adults with ASD

# ASD Advisory Committee Report Addendum

## Early Identification and Referrals

- Highlights projects that have decreased average age of diagnosis
- Outlines policy and contract requirements to bolster services aimed at early identification



# ASD Advisory Committee Report Addendum

## Reducing System Complexity

- Reviews integration efforts over the last several years, including DDD's integrated contracts
- Includes information on system improvements to access specialists
- Reviews monitoring activities and oversight of system from AHCCCS' level

# ASD Advisory Committee Report Addendum

## Evidence Based Treatment

- Includes information on updates of original Evidence Based Practice (EBP) tool since original report
- Includes policy/contract updates for provision of EBP
- Includes information on monitoring of services provided

# ASD Advisory Committee Report Addendum

## Building Network Capacity

- Highlights investments and incentives that have contributed toward increasing network capacity
- Includes information on trainings and resources available to improve upon providers' level of expertise for serving individuals with ASD
- Reviews use of technology to increase access and service provision

# ASD Advisory Committee Report Addendum

## Adults with ASD

- Reviews implementation of HCBS rules to improve outcomes
- Includes information on policy and contract requirements for service planning

# ASD Advisory Committee Report Addendum

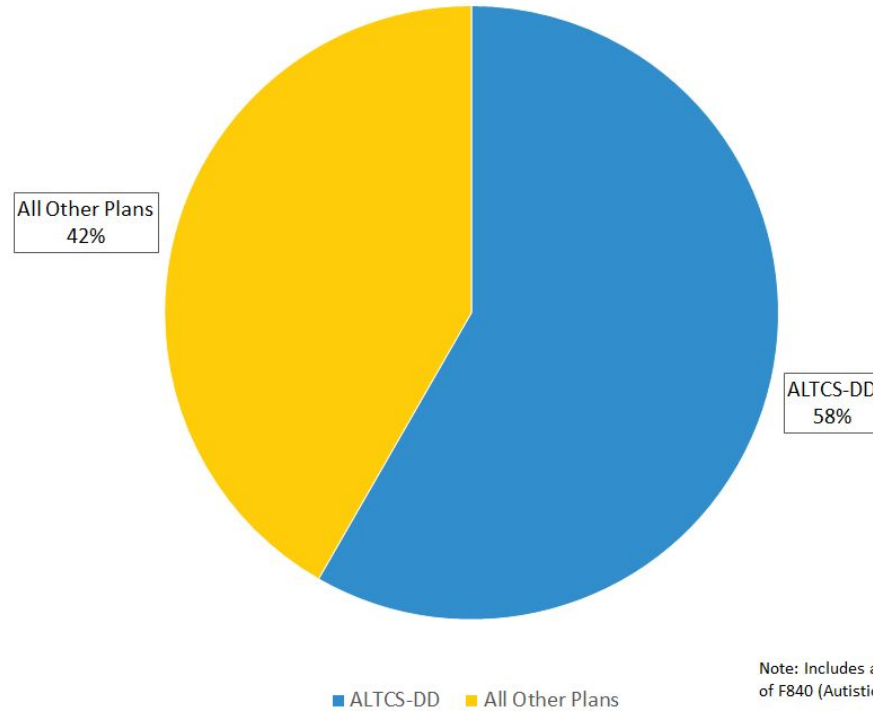
- Committee has draft of report to review and make recommendations for additional information and projects to include in final report
- Send feedback to [Rohn.Geppert@azahcccs.gov](mailto:Rohn.Geppert@azahcccs.gov) by May 7, 2021

# ASD Data Review

Will Buckley

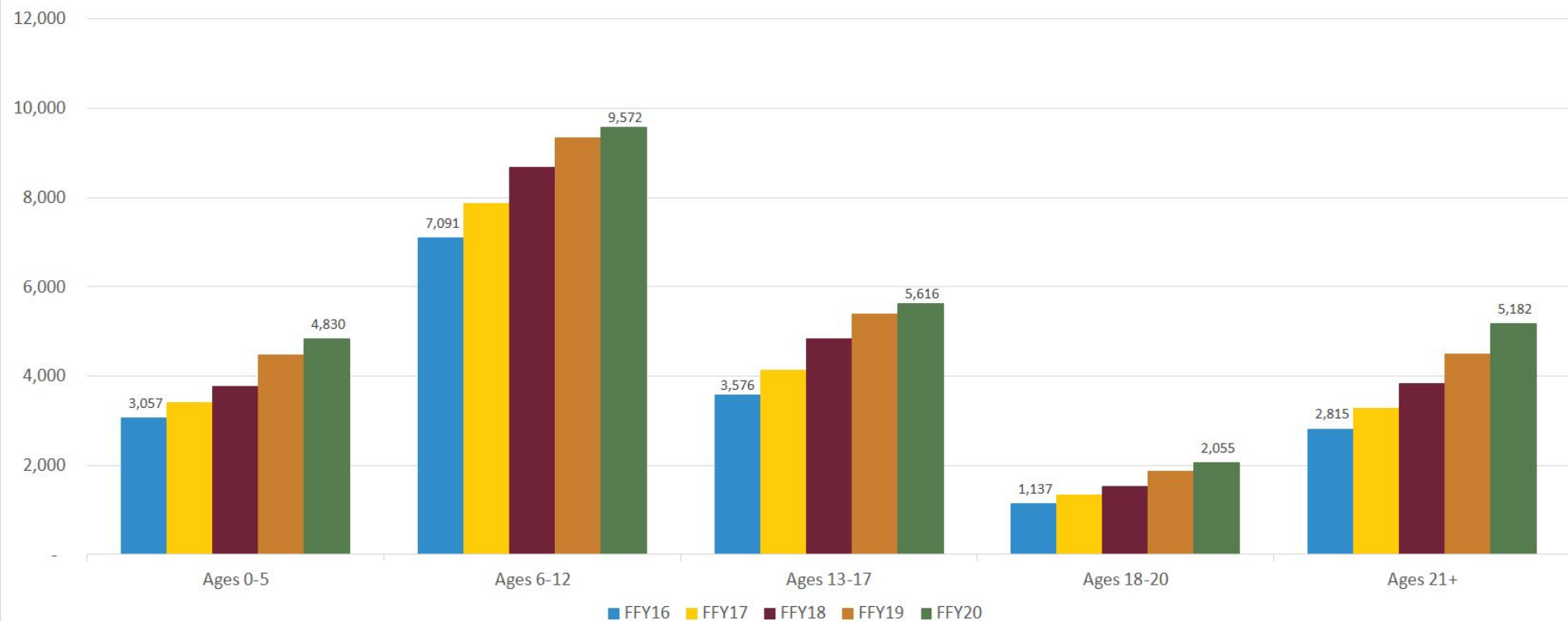
AHCCCS Office of Data Analytics Manager

Distribution of ASD Population By Enrolled Health Plan  
FFY 2016-2020



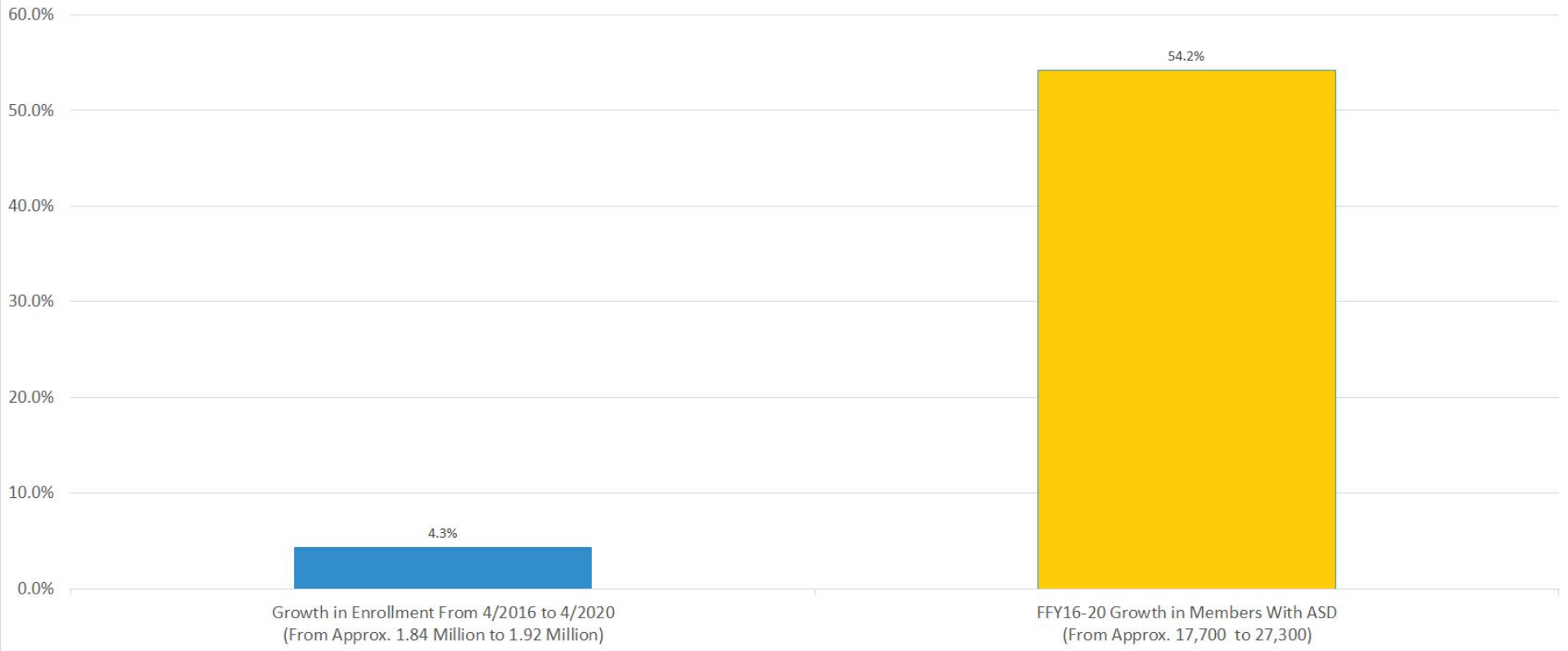
Note: Includes all members with at least one claim/encounter that lists a diagnosis code of F840 (Autistic Disorder) during the date of service range 10/1/2015 - 09/30/2020.

ASD Population By Age Range  
FFY 2016-2020  
(# of Members for FFY16 and FFY20 Displayed Respectively)

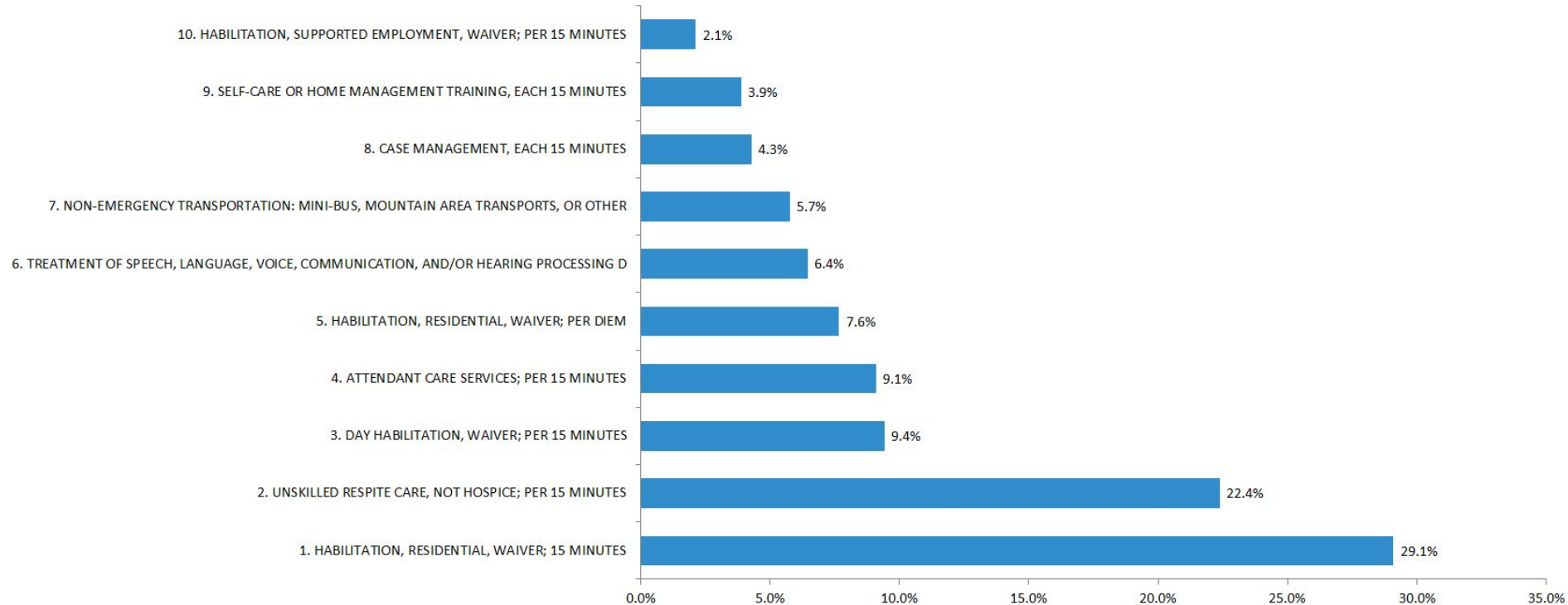




Growth in AHCCCS Enrollment Relative to Growth in Number of Members With ASD Diagnosis  
(Enrollment Growth From 4/2016 to 4/2020, Mid-Year FFY16 and FFY20 Respectively)



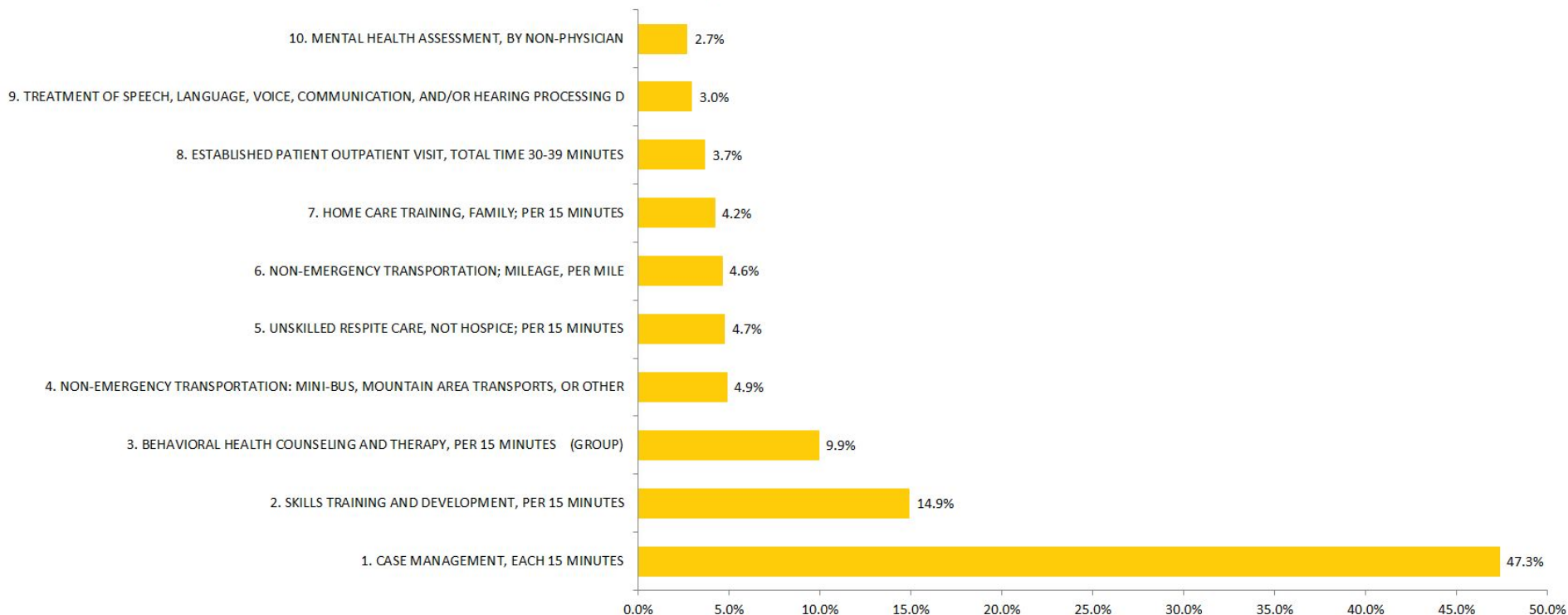
## Distribution of Ten Most Common Services Rendered for ALTCS-DD Members With ASD Diagnosis FFY 2016-2020



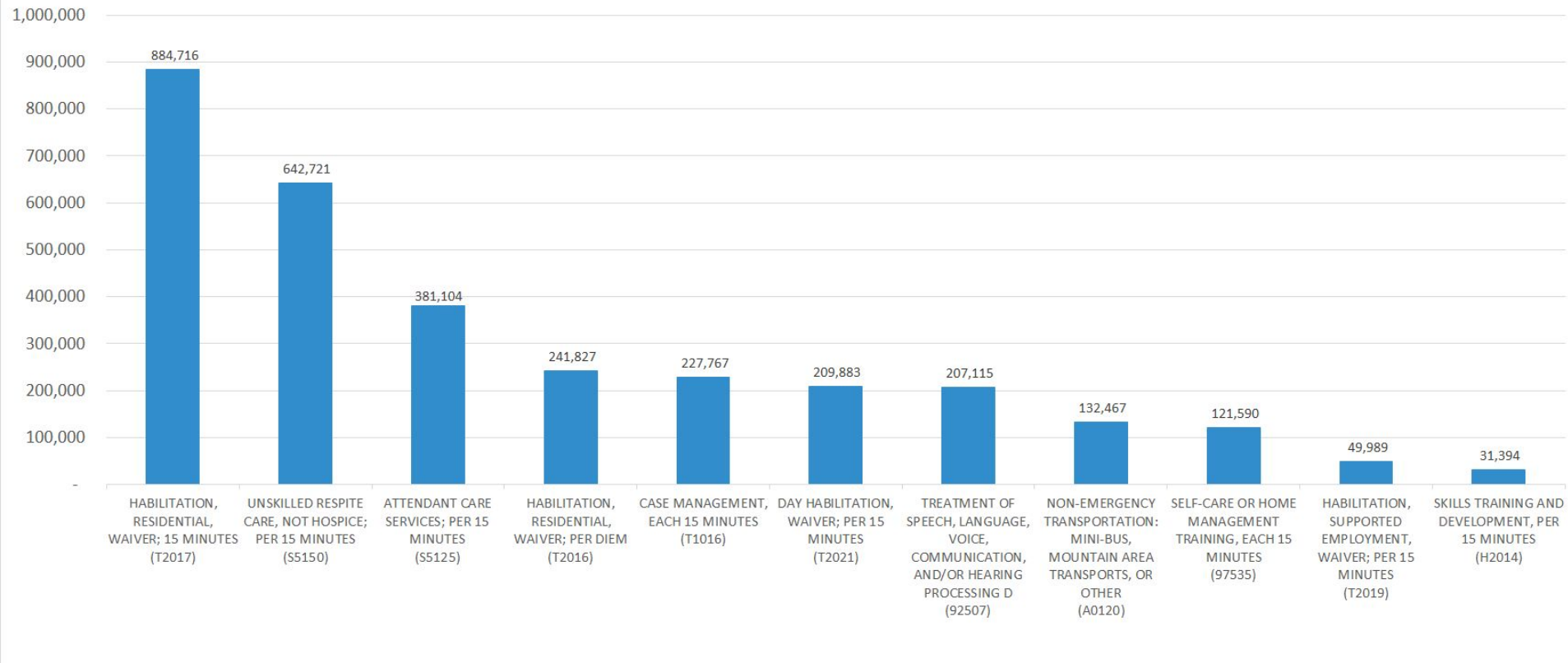
## Distribution of Ten Most Common Services Rendered for Members With ASD Diagnosis

FFY 2016-2020

(All Members With ASD Diagnosis Except ALTCS-DD - See Prior Graph)



Most Common Services For Members With ASD in FFY20  
(Count of CRNs, All Claims/Encounters, All Health Plans)



# OIFA Listening Session: Findings and Recommendations

Steven Leibensperger

AHCCCS Foster Care Community Liaison

Leah Gibbs

DDD Community Outreach Manager



**Leah Gibbs**

DDD Office of Individual and Family  
Affairs (OIFA) Administrator

[lgibbs@azdes.gov](mailto:lgibbs@azdes.gov)



**Steve Leibensperger**

AHCCCS Office of Individual and  
Family Affairs (OIFA) FCCL

[steven.leibensperger@azahcccs.gov](mailto:steven.leibensperger@azahcccs.gov)

# We asked the participants...

*“What is and is not working well with DDD Health Plans and DDD Services supporting members diagnosed with ASD?”*

- 39 Individual Responses to “What is and is not going well”
- 25 suggestions for improvement

# Priority #1 Training

- 15 responses fell into this priority (training)

General consensus from participants is that more training is needed globally

- Behavioral/Physical health providers,
- Case Workers,
- DDD Support Coordinators,
- Law Enforcement,
- Members & Families,
- etc.



# Priority #2 Connecting Peers

## 4 Reponse Suggestions - Connecting with Peer Support for Transition Age Youth and Adults

- Peer Socialization Support Groups
- Engage in social connection and friendship development

# Additional Recommendations

1. Cross collaboration between all systems that touch the members life
  - a. DDD and behavioral health agencies
  - b. Justice and Juvenile Justice
  - c. School Systems
  - d. CRS
  - e. Primary Care Physicians w/Dental
  - f. Peer and Family Run Organizations (PFROs)
  - g. Vocational Rehabilitation
  
2. The First Place Transition Program (living placement)
  - a. Expansion of coverage/payment beyond habilitation

## WHAT IS WORKING WELL

- Mercy Care Plan behavioral health services are amazing
- OIFA Offices are great
- DDD Identification Medallion Program
- United Healthcare Healthy Food Program
- Happy with DDD Support Coordinator
- Flexibilities gifted to members and families during the PHE

## WHAT IS NOT WORKING WELL

- Providers not knowledgeable about ASD and DDD
- Ineffective communication with members with ASD
- Lack of non-ABA services, supports and therapeutic options for children, youth and young adults
- Lack of youth-guided community-based specialized agencies
- Lack of accountability when a Support Coordinator provides inaccurate information
- CFT is not supportive with complex children, youth and families
- Difficult to navigate and learn information
- Isolation during Public Health Emergency

# Participant-Stated Top Priorities

1. Training:
  - Behavioral Health and Physical Health Providers
  - DDD Staff
  - Members
  - Family Members
  - Resources
  - First Responders
2. Services for Adults should include Virtual Peer Support for Adults Diagnosed with ASD
3. Clinics host regular Provider Orientation Nights for members, families and vendor agencies and proceed from a goal of advocacy for the member and not maintenance
4. Coordination between all departments (DDD, Providers, Clinics and Justice System)

# Questions?

# DDD Update

Zane Ramadan

Assistant Director

Department of Economic Security

Division of Developmental Disabilities

# A Model for Patient Centric Virtual Care for Children: Scottsdale Physician Group (SPG)

## Overview

David E. Bank MD MBA

Medical Director, Pediatric Telehealth Programs

Michelle Puopolo

Executive Director, Pediatric Complex Care Program



# ***A MODEL FOR PATIENT CENTRIC VIRTUAL CARE FOR CHILDREN***

**DAVID E BANK MD MBA**

**MEDICAL DIRECTOR, PEDIATRIC PROGRAMS**

**SCOTTSDALE PHYSICIAN GROUP'S VIRTUAL CARE**

**Michelle Puopolo**

**Executive Director, Complex Care**

**Scottsdale Physician Group's Virtual Care**

# David E Bank MD MBA

- Medical Director of Multiple High Volume Pediatric Emergency Departments
- Physician in Chief at Phoenix Children's Hospital – 2006-2012
- Vice Chair of Clinical Affairs within the Department of Pediatrics
  - Columbia University, NYC
  - Dell Medical School, Austin, Texas
  - Texas Children's Hospital, Houston, Texas

# Michelle Puopolo

- Founder and Executive Director, *Beyond* Autism, 2014-present
- United States Army Veteran, graduate of nursing program
- Founder of Exceptional Yogis, yoga for children with special needs
- Mom to Nicholas, a child with complex medical needs

# *HEALTH CARE*

*PEOPLE WANT HEALTH.....NOT MORE CARE*

# *HEALTH INCLUDES*

*CAPABILITY*

*COMFORT*

*CALM*



# *CAPABILITY*



# *COMFORT*



*CALM*





## *Why do so many patients end up in the ER?*

---



- Poor access to medical and behavioral health care
- Poor coordination of care
- Poor understanding of treatment plans
- Poor real-time communication with providers

*Does the creation of a medical home in  
a pediatric office solve this issue?*

*Can a medical home in a pediatric office  
truly meet and have expertise in the  
unique needs of children with multiple  
medical conditions ?*

*Does a medical home belong in a  
pediatric office?*

*Or*

*Should a medical home be in the  
patient's real home?*

# SPGVC Virtual Care

- *With pediatric trained technicians and state of the art telehealth equipment TRAVELING TO the family's home, our providers can do vital sign measurements, a full physical exam to help meet the anticipatory and immediate needs of all children.*
- *Ex. 8 yr. old with hx of asthma and 3 days of cough and fever*



# SPGVC Virtual Care

## Services also offered include:

Medication Administration/Device teaching  
COVID testing/Blood Draws/Radiology/Ultrasounds/EKG/Strep testing  
Remote Patient monitoring (RPM)

Care coordination with the PCPs, specialists and health plans  
Prescription Refills  
School and Sports Physicals

# SPGVC Pediatric Complex Care

- *Our mission is to establish a partnership with the family to help advocate for their child's timely **routine** and **urgent** medical care, especially when access to primary and subspecialty care can be a challenge.*
- *SPGVC is NOT a substitute for a PCP or a subspecialty consultant.*
  - *We are a wrap around service to help caregivers meet the challenges of raising a child with unique medical and behavioral needs.*
- *We want to be a familiar face for the family that they can lean on for guidance and support when they are not in front of their designated providers .*

# SPGVC Pediatric Complex Care

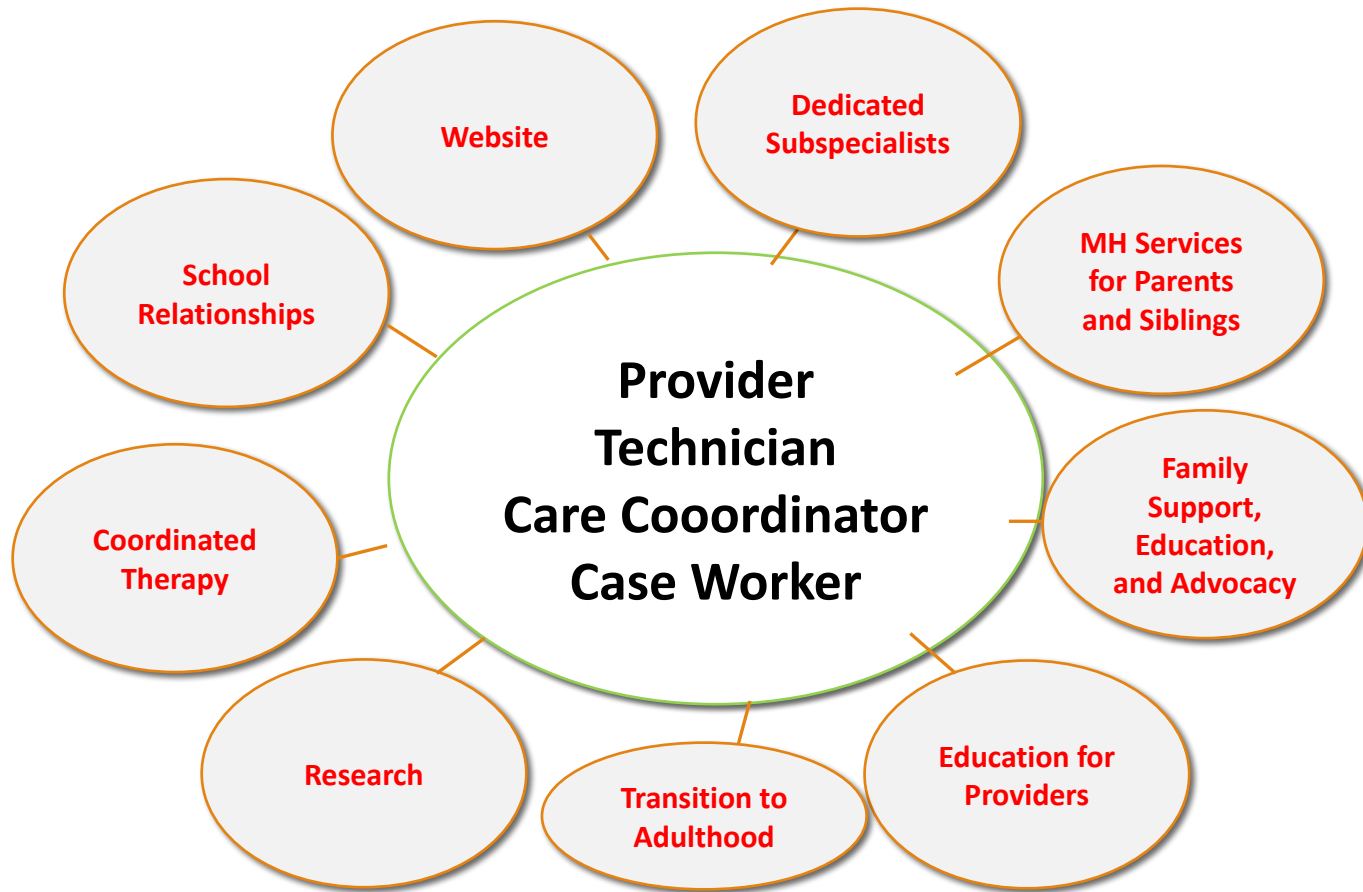
**Our objectives are to ensure:**

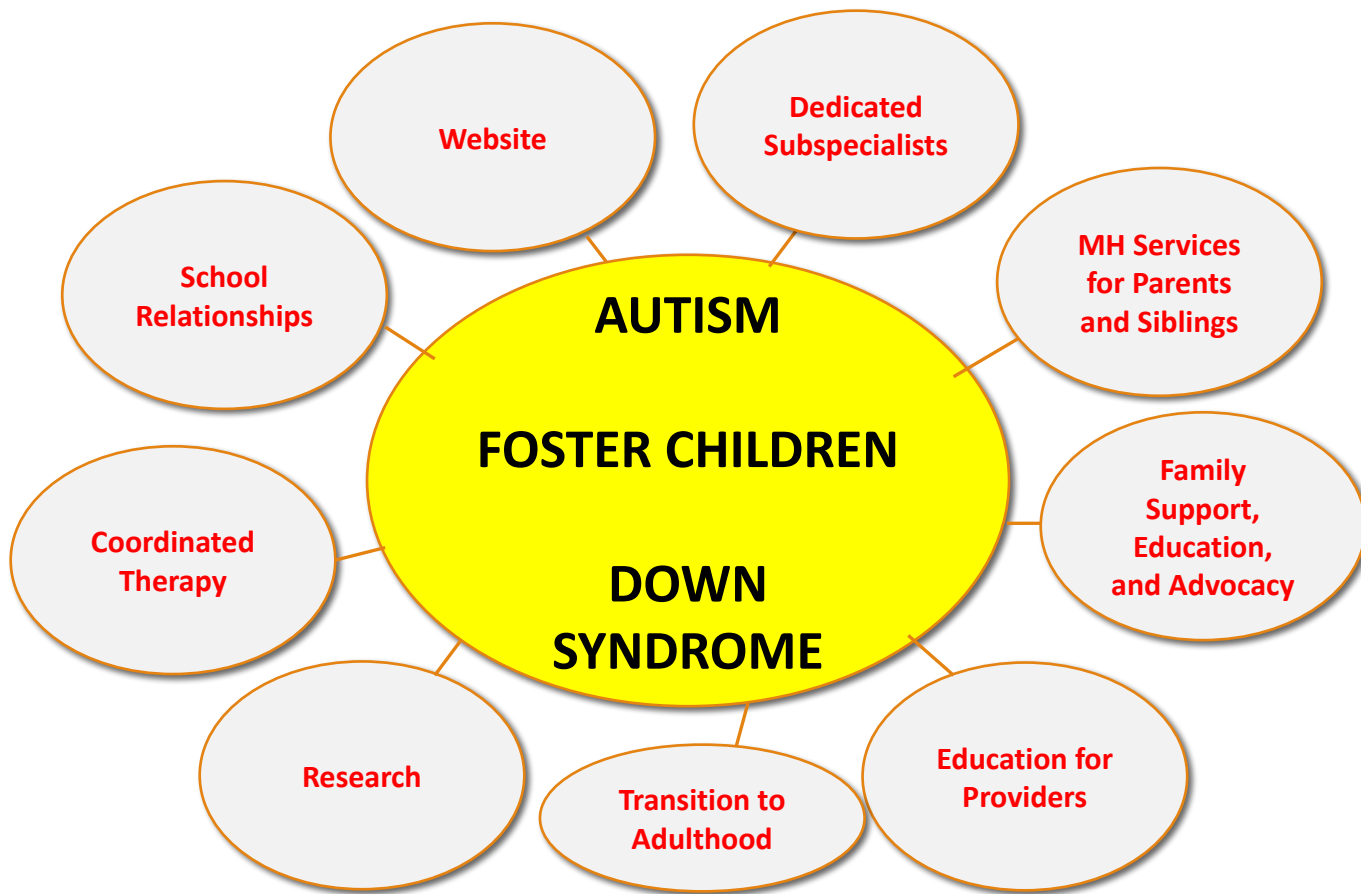
- *The patient and family understand their chronic disease and their care plan as prescribed by their PCP or specialist,*
- *The family **has** the medications they need and knows how to use them,*
- *The family is **NOT** missing any subtle components to care that may interfere with wellness (medication interactions, device malfunctions, or mental health issues),*
- *All social and behavioral deterrents that may interfere with health are recognized and addressed*



# SPGVC Pediatric Complex Care

- *SPGVC believes in the development of programs **built around medical and developmental conditions** where resources, expertise and advocacy are unique for the condition but similar for the families.*
- *SPGVC believes we should make all attempts to keep families in the comfort of their own home when possible.*
- *Expertise in care arises from education and de-identified consultation with medical advisors in Developmental Pediatrics, Gastroenterology, Neurology, Cardiology and Pulmonology from all over the country.*





# SPGVC Pediatric Complex Care - Autism

*Patients living with Autism Spectrum Disorder:*

Our goal is to collaborate with our families to make it a positive experience for your child.

Assessing the child's needs in the comfort of their own home, surrounded by familiarity, may reduce the anxiety of both the child and the family— leading to a proper exam to determine next steps.

# **SPGVC Pediatric Complex Care - Autism**

Our highly trained technicians have received additional education on many of the challenges children living with autism face, including sensory, communication and behavioral.

During the intake process, parents and caregivers will be given the opportunity to complete a form that will ensure our techs are informed on your child's unique needs.

# **SPGVC Virtual Care**

[www.spgpcc.com](http://www.spgpcc.com)

[www.ViziKidz.com](http://www.ViziKidz.com)

# Additional Issues, Announcements, and Future Agenda Topics

Barbara Brent  
Committee Facilitator

# Survey

Please complete the survey -

<https://www.surveymonkey.com/r/ASDCommittee>



# 2021 Meeting Schedule:

July 7th, Oct 6th

AHCCCS ASD web page:  
<https://www.azahcccs.gov/shared/asd.html>