



AUTISM COUNCIL MEETING MINUTES
Friday, April 28, 2023
9:00 am – 10:30 am
[Recorded Meeting Link](#)

COUNCIL MEMBERS PRESENT	ORGANIZATION, REPRESENTATION
Amy Matthews	Grand Valley State University, State-funded Initiatives
Brian Debano	Department of Licensing and Regulatory Affairs
Colleen Allen	Autism Alliance of Michigan, Non-Profit Organization serving those with ASD
Dana Lasenby	Oakland Community Health Network, Pre-Paid Inpatient Health Plans/Community Mental Health Service Programs
Emily DeLaGarza	Michigan Department of Insurance & Financial Services
Frank Vaca	Self-Advocate, ASD Community
Jacob Daar	Northern Michigan University, State Universities
Jeanette Scheid	MDHHS Children’s Services Administration
Jenny Piatt	Michigan Rehabilitation Services, Employment Services
Lauren Ringle	Intermediate School Districts and Local Schools
Martin Baum	Parent, ASD Community
Rebecca McIntyre	Michigan Department of Education
Krista Boe	Acorn Health, Certified Behavior Analysts
Neelkamal Soares	Western Michigan University Homer Stryker MD School of Medicine, Health Care Providers
COUNCIL MEMBERS EXCUSED	ORGANIZATION, REPRESENTATION
Raymie Postema	Michigan Department of Health & Human Services, Recipient Rights
MDHHS STAFF PRESENT	MDHHS REPRESENTATION
Marina Wyrzykowski	Legislative Affairs
Heather Glidden	Bureau of Children’s Service Coordinated Health Policy & Supports
Erika Dianis	Bureau of Children’s Service Coordinated Health Policy & Supports
Kristen Jordan	MDHHS
Phil Kurdunowicz	Bureau of Children’s Service Coordinated Health Policy & Supports

Ali Cosgrove	Bureau of Children's Service Coordinated Health Policy & Supports
Sara Salamey	Bureau of Children's Service Coordinated Health Policy & Supports
GUESTS PRESENT	ORGANIZATION
Allison	Guest
Ashley Shayter	Autism Alliance of Michigan
Barb Groom	Mid-State Health Network
Brianna Elsasser	Mid-State Health Network
Brittany Pietsch	Northcare Network
Candice Lake	Wedgwood
Clorisa Adleman	Guest
Darci Stevens	Guest
Drew Murray	MI Health Council
Emily C	Guest
Erin Nicole Augustyniak	WMICH
Janet Marra	MCCMH
Jennifer Ardley	DWMHA
Jennifer Van Cleve	Oakland CHN
Jeremy Franklin	SWMBH
Jessica Kietur	Total Spectrum Care
Justin Persoon	Lakeshore Regional Entity
Kat Nadine Knepp	WMICH
Katie Oswald	Guest
Lisa Gutierrez	WMICH
Lillith Reuter-Yuill	Comprehensive Speech and Therapy Center
Marilyn Kubek	Creating Brighter Futures
Megan Noll	Lighthouse ABA
Nicole Osgood	HCHS
Pamela Ross	Futures Health
Rachel Barnhart	DWIHN
Rachel Browder	DWIHN

Shannon Jackson	Region 10 PIHP
Stewart Mills	ISRE
Tammy McCrory	Black Leadership Advisory Council
Taylor Baker	Ebb and Flow ABA

CALL TO ORDER

The Autism Council meeting was called to order by Lauren Ringle at 9:06 am. A quorum was present for the meeting.

ROLL CALL

A roll call of Council members, MDHHS staff, and guests was completed.

APPROVAL OF PREVIOUS MINUTES

Lauren Ringle called for a **MOTION** to approve the February minutes. Rebecca McIntyre made a **MOTION** to approve the February minutes. Jeanette Scheid **SECONDED** the motion. The **MOTION** carried.

PUBLIC COMMENT

No public comment.

Michigan Department of Health and Human Services (MDHHS) UPDATES

Financial Operations Administration-MDHHS Budget: No financial updates at this time.

Legislative Update: Marina Wyrzykowski reported on quite a few bills being referred to committee. The detailed document on each bill is attached at the end of this document. There was discussion around House Bill 4389 and its potential conflict with the Individuals with Disabilities Education Act. This bill would allow additional days for students to be absent due to mental health reasons. There were concerns on how this would be tracked with the schools and if any additional context would be added.

Bureau of Children’s Service Coordinated Health Policy & Supports (BCCHPS)

Bureau of Children’s Coordination Health Policy & Supports: Lindsay McLaughlin reported that we are continuing to expand the bureau and are bringing on new staff as work continues to develop.

IDD & ASD Services Section:

Erika Dianis introduced a new member of the MDHHS IDD & ASD Services Section; Heather Glidden has joined the team as a department analyst and brings a wealth of knowledge and experience that will positively impact the section.

Medicaid Policy: Phil Kurdunowicz reported that over the last 2 years there have been some gaps on how the department handles certain Medicaid policy on how it relates to reimbursements, clinical guidelines and how service utilization is handled. Mary Luchies and her section are working closely with Phil Kurdunowicz to review these items within the Medicaid policy and the state plan to help implement improvements. For the June meeting Phil and Mary can review any changes with council.

Provider Qualification Update: Phil Kurdunowicz reported that there have been some questions regarding which providers are allowed under the Medicaid policy to help evaluate and treat an individual with autism. The department’s goal is to help gather some clarification to guide the CMH and PIHP organizations with these tasks. More information will be presented in June.

Emergency Department Admittance Data: Phil Kurdunowicz reported on the challenges with gathering data as it relates to ED visits. Dr. Soares previously reached out to Phil with assistance in gathering this survey information.

School Based Services: In partnership with council, Dr. Mary Luchies and Lisa Collins are working to develop a workgroup to help serve the needs of the local CMH's.

Old Business

- Action Items from the February Meeting were reviewed and completed prior to this meeting.

New Business

- Lauren Ringle discussed the transition of council chair for June from her to Amy Matthews and Jacob Daar as vice-chair. Lauren has brought up the autism council state plan and is asking that council review it to help keep the council on track with purpose of our roles on council. She also discussed the resources that were discussed in the February meeting, being mindful of items that have already been created. Amy Matthews pointed out that state surveys tend to provide a lot of insight for council to focus on for future meetings. It is important to discuss planning to review the recommendations from the State Plan in upcoming meetings and the focus on strategic planning efforts.
- Dr. Soares brought up the need to have position descriptions for council members especially as we have vacancies on council to understand what is expected and what are the rules around filling these vacancies. It was also mentioned if there is any consideration on geographical locations when appointing new members.

Member Updates

- Due to time please email any member updates unless they can be held until the June meeting.

Action Items			
<i>Status (Open) (Complete)</i>	<i>Description</i>	<i>Owner</i>	<i>Target Date</i>
	Colleen to share the ABA Bill with Council	Colleen Allen	5/15/2023
	Continue to review resources already developed for any changes, updates, or access issues.	All Council Members	6/22/2023
	Council to review the ASD State Plan	All Council Members	6/22/2023
	Look into creating a general description of council member responsibilities and a "job description" for different roles within the council board and a more detailed document on designating new appointments to the board. MDHHS and Council to tag team – create a template or questionnaire to help guide council.	Lauren/Amy Jacob/Sara/Ali	6/22/2023
	Lindsay/Ali/Sara to get clarification on application status and governor's office. Is there a geographical concern as well?	Lindsay/Sara/Ali	6/22/2023

Adjourn

Lauren Ringle adjourned the meeting at 10:33 am. The next Autism Council meeting will take place on June 23, 2023, in Lansing.

Autism Council Legislative Update

New:

[House Bill 4213](#) (Morse) – *Provides definition of distant site for telemedicine visit* – DHHS/LARA co-lead agencies, referred to House Health Policy Committee

[House Bill 4320](#) / [Senate Bill 204](#) (MacDonell / Klinefelt) – *Provides for penalties for coercing a vulnerable adult into providing sexually explicit visual material* – MSP/AG co-lead agencies, referred to House Families, Children & Seniors Committee and Senate Civil Rights, Judiciary & Public Safety Committee

[Senate Bill 227](#) (Lauwers) – *Modifies emergency safety intervention in a children's therapeutic group home* – DHHS/LARA co-lead agencies, referred to Senate Health Policy Committee

[House Bill 4387](#) (MacDonell) – *Provides sentencing guidelines for crime of coercing vulnerable adult into providing sexually explicit visual material* – AG/Legal co-lead agencies, referred to House Criminal Justice Committee

[House Bill 4389](#) (Arbit) – *Allows certain number of excused mental health days from school* – MDE lead agency, referred to House Education Committee

[House Resolution 70](#) (Wozniak) – *A resolution to declare April 2023 as Autism Acceptance Month in the state of Michigan* – Adopted via voice vote on 4/12/23

Updates: N/A

An Act

HOUSE BILL 22-1260

BY REPRESENTATIVE(S) Froelich, Bennett, Boesenecker, Caraveo, Cutter, Duran, Exum, Herod, Hooton, Jodeh, Kipp, Lindsay, Lontine, Michaelson Jenet, Mullica, Ortiz, Pico, Ricks, Titone, Valdez A., Young; also SENATOR(S) Simpson and Fields, Buckner, Coram, Danielson, Donovan, Ginal, Gonzales, Holbert, Kolker, Lee, Liston, Moreno, Pettersen, Priola, Rankin, Rodriguez, Scott, Sonnenberg, Winter, Fenberg.

CONCERNING ENSURING STUDENTS HAVE REASONABLE ACCESS TO MEDICALLY NECESSARY SERVICES IN SCHOOLS.

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. Legislative declaration. (1) The general assembly finds and declares that:

(a) Colorado has a strong recent history of passing legislation that has significantly improved access to medically necessary behavioral health treatments for children, resulting in great strides in service access across many settings. Unfortunately, access to medically necessary services in the school setting has lagged.

(b) Applied behavioral analysis (ABA) is one critical example of a

medically necessary service that, when prescribed by a physician or other qualified health-care provider, may need to be delivered within a school setting for children with an autism spectrum disorder (ASD) diagnosis. ASD is a global developmental disorder typically involving difficulty in acquiring and generalizing functional skills across environments. Generally accepted standards of care for this population require that ABA therapy is provided across settings, including schools, in accordance with a child's clinical needs. It is in the interest of the child, the child's family, and the state that a child who is diagnosed with ASD receive proper care and treatment in order to have the opportunity to be a fully functioning individual in society.

(c) The Colorado health insurance mandate to cover ASD requires state-regulated health insurance plans to cover all specified medically necessary treatment for ASD, including treatment in school settings;

(d) Pursuant to 42 U.S.C. sec. 1396 and sec. 1396d (r)(5), Colorado's medicaid program is required to cover all medically necessary treatment, whether or not included in the current medicaid state plan, to correct or ameliorate defects, illnesses, or conditions in medicaid-eligible children under twenty-one years of age, including treatment in school settings;

(e) The lack of access to medically necessary services in schools has detrimental effects on the children who are unable to achieve maximum long-term functioning, as well as significant social costs, including lost productivity and increased costs of care. Over the course of a child's lifetime, inadequate access to treatment during the child's school-aged years may result in millions of dollars of therapies and supports needed later in life, as well as lost economic and employment opportunities over time.

(f) While schools provide special education and related services, many children have unmet medical needs in their school setting. These needs can be met by allowing access to services funded by third parties. Funding for medically necessary services for these children is appropriate and available through medicaid's early and periodic screening, diagnostic, and treatment program or through a family's private health insurance plan, thereby placing no greater financial burden on the state's public schools.

(g) Currently, access to medically necessary services in the school

setting is too often restricted, causing damage to Colorado children and the state, which bears the cost when medically necessary services are not provided. No family should have to choose between a child attending public school or receiving access to medically necessary services. Ensuring that children have access to these services will also improve the efficacy of their treatment and their integration into the community, as well as reduce long-term costs to the state.

SECTION 2. In Colorado Revised Statutes, **add** 22-20-121 as follows:

22-20-121. Medically necessary treatment in school setting - policy - report - definitions. (1) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES:

(a) "MEDICALLY NECESSARY TREATMENT" MEANS TREATMENT RECOMMENDED OR ORDERED BY A COLORADO LICENSED HEALTH-CARE PROVIDER ACTING WITHIN THE SCOPE OF THE HEALTH-CARE PROVIDER'S LICENSE.

(b) "PRIVATE HEALTH-CARE SPECIALIST" MEANS A HEALTH-CARE PROVIDER WHO IS LICENSED, CERTIFIED, OR OTHERWISE AUTHORIZED TO PROVIDE HEALTH-CARE SERVICES IN COLORADO, INCLUDING PEDIATRIC BEHAVIORAL HEALTH TREATMENT PROVIDERS PURSUANT TO THE STATE MEDICAL ASSISTANCE PROGRAM, ARTICLES 4, 5, AND 6 OF TITLE 25.5, AND AUTISM SERVICES PROVIDERS WHO PROVIDE TREATMENT PURSUANT TO SECTION 10-16-104 (1.4).

(2) (a) NO LATER THAN JULY 1, 2023, EACH ADMINISTRATIVE UNIT SHALL ADOPT A POLICY THAT ADDRESSES HOW A STUDENT WHO HAS A PRESCRIPTION FROM A QUALIFIED HEALTH-CARE PROVIDER FOR MEDICALLY NECESSARY TREATMENT RECEIVES SUCH TREATMENT IN THE SCHOOL SETTING AS REQUIRED BY APPLICABLE FEDERAL AND STATE LAWS, INCLUDING SECTION 504 OF THE FEDERAL "REHABILITATION ACT OF 1973", 29 U.S.C. SEC. 794, AS AMENDED, AND TITLE II OF THE FEDERAL "AMERICANS WITH DISABILITIES ACT OF 1990".

(b) THE POLICY DEVELOPED PURSUANT TO SUBSECTION (2)(a) OF THIS SECTION MUST:

(I) INCLUDE A NOTICE TO THE PARENT OR LEGAL GUARDIAN OF THE STUDENT THAT SECTION 504 OF THE FEDERAL "REHABILITATION ACT OF 1973", 29 U.S.C. SEC. 794, AS AMENDED, AND TITLE II OF THE FEDERAL "AMERICANS WITH DISABILITIES ACT OF 1990" PROVIDE RIGHTS AND PROTECTIONS TO STUDENTS TO ACCESS MEDICALLY NECESSARY TREATMENT REQUIRED BY THE STUDENT TO HAVE MEANINGFUL ACCESS TO THE BENEFITS OF A PUBLIC EDUCATION, OR TO ATTEND SCHOOL WITHOUT RISKS TO THE STUDENT'S HEALTH OR SAFETY DUE TO THE STUDENT'S DISABLING MEDICAL CONDITION;

(II) ADDRESS THE PROCESS IN WHICH A PRIVATE HEALTH-CARE SPECIALIST MAY OBSERVE THE STUDENT IN THE SCHOOL SETTING, COLLABORATE WITH INSTRUCTIONAL PERSONNEL IN THE SCHOOL SETTING, AND PROVIDE MEDICALLY NECESSARY TREATMENT IN THE SCHOOL SETTING AS REQUIRED BY SECTION 504 OF THE FEDERAL "REHABILITATION ACT OF 1973", 29 U.S.C. SEC. 794, AS AMENDED, AND TITLE II OF THE FEDERAL "AMERICANS WITH DISABILITIES ACT OF 1990"; AND

(III) PROVIDE NOTICE OF A STUDENT'S RIGHT TO APPEAL THE DECISION OF AN ADMINISTRATIVE UNIT CONCERNING ACCESS TO MEDICALLY NECESSARY TREATMENT IN THE SCHOOL SETTING.

(3) EACH ADMINISTRATIVE UNIT SHALL MAKE THE POLICY DEVELOPED PURSUANT TO SUBSECTION (2) OF THIS SECTION PUBLICLY AVAILABLE ON THE ADMINISTRATIVE UNIT'S WEBSITE AND AVAILABLE TO THE PARENT OR LEGAL GUARDIAN OF THE STUDENT, UPON REQUEST.

(4) (a) BEGINNING JULY 1, 2024, AND EACH JULY 1 THEREAFTER, EACH ADMINISTRATIVE UNIT SHALL COMPILE AND PROVIDE TO THE DEPARTMENT OF EDUCATION THE TOTAL NUMBER OF REQUESTS FOR ACCESS TO A STUDENT BY A PRIVATE HEALTH-CARE SPECIALIST PURSUANT TO THIS SECTION AND WHETHER THE ACCESS WAS AUTHORIZED OR DENIED.

(b) BEGINNING JANUARY 2025, AND EACH JANUARY THEREAFTER, THE DEPARTMENT OF EDUCATION SHALL MAKE THE INFORMATION REPORTED PURSUANT TO SUBSECTION (4)(a) OF THIS SECTION AVAILABLE ON THE DEPARTMENT'S WEBSITE AND REPORT THE INFORMATION TO THE HOUSE OF REPRESENTATIVES EDUCATION COMMITTEE AND THE SENATE EDUCATION COMMITTEE, OR THEIR SUCCESSOR COMMITTEES, AS PART OF THE "STATE MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT

(SMART) GOVERNMENT ACT" PRESENTATION REQUIRED BY PART 2 OF ARTICLE 7 OF TITLE 2.

SECTION 3. Act subject to petition - effective date. This act takes effect at 12:01 a.m. on the day following the expiration of the ninety-day period after final adjournment of the general assembly; except that, if a referendum petition is filed pursuant to section 1 (3) of article V of the state constitution against this act or an item, section, or part of this act within such period, then the act, item, section, or part will not take effect unless approved by the people at the general election to be held in

November 2022 and, in such case, will take effect on the date of the official declaration of the vote thereon by the governor.

Alec Garnett
SPEAKER OF THE HOUSE
OF REPRESENTATIVES

Steve Fenberg
PRESIDENT OF
THE SENATE

Robin Jones
CHIEF CLERK OF THE HOUSE
OF REPRESENTATIVES

Cindi L. Markwell
SECRETARY OF
THE SENATE

APPROVED _____
(Date and Time)

Jared S. Polis
GOVERNOR OF THE STATE OF COLORADO

DRAFT 1

A bill to amend 1976 PA 451, entitled
"The revised school code,"
(MCL 380.1 to 380.1852) by adding section 1178b.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 Sec. 1178b. (1) Subject to subsection (2), by not later than
2 July 1, 2023, the board of a school district or intermediate school
3 district or board of directors of a public school academy shall
4 develop or adopt a policy that addresses how a pupil who is
5 enrolled in the school district, intermediate school district, or
6 public school academy and who has a prescription from a qualified
7 health care provider [Should this term be "private health care



1 specialist", instead, given that the defined term below is "private
 2 health care specialist"?] for medically necessary treatment
 3 receives the treatment when the pupil is in a school setting in
 4 compliance with other applicable state laws and federal laws,
 5 including, but not limited to, the specified federal statutes.

6 (2) The policy described in subsection (1) must, at a minimum,
 7 include at least all of the following criteria:

8 (a) Include a requirement that the parent or legal guardian of
 9 each pupil enrolled in the school district, intermediate school
 10 district, or public school academy receive a notice that states
 11 that the specified federal statutes provide rights and protections
 12 to pupils to access medically necessary treatment required by the
 13 pupil for the pupil to have meaningful access to the benefits of a
 14 public education or to attend school without risks to the pupil's
 15 health or safety due to the pupil's disabling medical condition.

16 (b) Address the process in which a private health care
 17 specialist may do any of the following as required under the
 18 specified federal statutes:

19 (i) Observe the pupil in the school setting.

20 (ii) Collaborate with instructional personnel in the school
 21 setting.

22 (iii) Provide medically necessary treatment in the school
 23 setting.

24 (c) Include a requirement that the parent or legal guardian of
 25 each pupil enrolled in the school district, intermediate school
 26 district, or public school academy receive a notice informing the
 27 parent or legal guardian of any right under state or federal law to
 28 appeal the decision of the board concerning access to medically
 29 necessary treatment in the school setting.

1 (3) The board of a school district or intermediate school
2 district or board of directors of a public school academy shall
3 make the policy described in subsection (1) publicly available on
4 its website and shall, upon request, make it available to each
5 parent or legal guardian of a pupil who is enrolled in the school
6 district, intermediate school district, or public school academy.

7 (4) By not later than July 1, 2024, and by not later than July
8 1 each year thereafter, the board of a school district or
9 intermediate school district or board of directors of a public
10 school academy shall compile and provide to the department the
11 total number of requests for access to a pupil by a private health
12 care specialist resulting from a policy described in subsection (1)
13 and whether or not the request was authorized or denied.

14 (5) By not later than January 1, 2025, and by not later than
15 January 1 each year thereafter, the department shall make the
16 information it receives under subsection (4) available on its
17 website and shall report the information to the house and senate
18 standing committees on education.

19 (6) As used in this section:

20 (a) "Medically necessary treatment" means treatment
21 recommended or ordered by a private health care specialist.

22 (b) "Private health care specialist" means [an individual
23 licensed, registered, or otherwise authorized under article 15 of
24 the public health code, MCL 333.1101 to 333.25211, and acting
25 within the scope of that license, registration, or authorization?].

26 (c) "Specified federal statutes" means the following
27 provisions of federal law:

28 (i) Section 504 of title V of the rehabilitation act of 1973,
29 29 USC 794.



1 (ii) The Americans with disabilities act of 1990, Public Law
2 101-336.

