

# The Michigan Autism Council



## AUTISM COUNCIL MEETING MINUTES

Friday, October 23, 2020

9:00 am – 11:30 am

<b>COUNCIL MEMBERS PRESENT</b>	<b>ORGANIZATION, REPRESENTATION</b>
Farah Hanley, Chairperson	MDHHS, Financial Operations Administration
Diane Heinzelman, Chairperson Elect	MDHHS Appointed Position
Colleen Allen	Autism Alliance of Michigan, Non-Profit Organization serving those with ASD
Martin Baum	Parent, ASD Community
Brian DeBano	Michigan Department of Licensing and Regulatory Affairs
Krista Boe	Autism Centers of Michigan, Certified Behavior Analysts
Mary Chaliman	MDHHS, Child Welfare
Jacob Daar	Northern Michigan University, State Universities
Dana Lasenby	Oakland Community Health Network, Pre-Paid Inpatient Health Plans/Community Mental Health Service Programs
Rebecca McIntyre	Michigan Department of Education
George Mellos, MD	Michigan Department of Health & Human Services
Amy Miilu	Michigan Department of Insurance and Financial Services
Jenny Piatt	Michigan Rehabilitation Services, Employment Services
Kent Rehmann	Summit Pointe, Recipient Rights
Neelkamal Soares, MD	Western Michigan University Homer Stryker MD School of Medicine, Health Care Providers
Frank Vaca	Self-Advocate, ASD Community
<b>COUNCIL MEMBERS EXCUSED</b>	<b>ORGANIZATION, REPRESENTATION</b>
Amy Matthews, Vice-Chair	Grand Valley State University, State-funded Initiatives
Lauren Ringle, Secretary	Public Schools of Petoskey, Intermediate School Districts and Local Schools
<b>MDHHS STAFF PRESENT</b>	<b>MDHHS REPRESENTATION</b>
Lisa Grost	Behavioral Health and Developmental Disabilities Administration / Policy and Planning Administration
Belinda Hawks	Behavioral Health and Developmental Disabilities Administration
Mary Luchies	State Hospital Administration
Jon Villasurda	Behavioral Health and Developmental Disabilities Administration
<b>GUESTS PRESENT</b>	<b>ORGANIZATION</b>
Don Bailey	Parent
Heather Eckner	Autism Alliance of Michigan; and MI-LEND Trainee
Lesley Hendershot	HOPE Center, Beaumont
Kristen Hjelmstad	Easter Seals
Alexes Jackson	MI-LEND Trainee, University of Michigan
Jennifer Jager	Autism Alliance of Michigan

Jenny Johnson	Michigan State University
Joanne Lofton	Autism Alliance of Michigan
Jennifer Maikell	MI-LEND Trainee, Wayne State University
Gabby Naula-Quintero	Early Autism Center
Julie Pratt	Comprehensive Speech and Therapy Center
Abby Railing	MORC, Inc.
Lily Slavin	Central Michigan University
Jennifer Swanson	ABA Pathways
Madeline Tousley	Merakey Education and Autism Center
Chaunta Tsegaye	Autism Alliance of Michigan
Emma Tryson	Autism Alliance of Michigan

**CALL TO ORDER**

The Autism Council meeting was called to order by Farah Hanley at 9:05 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**

Farah Hanley called for a **MOTION** to approve the August minutes. Rebecca McIntyre made a **MOTION** to approve the August minutes. Dana Lasenby **SECONDED** the motion. The **MOTION** carried.

**PUBLIC COMMENT**

No public comment.

**MDHHS UPDATES**

MDHHS Financial Operations Administration-Budget and Legislation: Farah Hanley reported the FY21 budget included several youth priorities including maternal and infant health, child welfare, lead exposure remediation; as well as \$2 increase in direct care wages. The Medicaid Autism Services budget included \$271M and additional autism services boilerplate was reviewed.

Colleen Allen inquired if MDHHS will be doing Autism trainings per boilerplate, and Farah Hanley responded yes.

State Hospital Administration: Dr. George Mellos reported Hawthorn Center and Caro Center are delivering behaviorally informed treatment, and Kalamazoo Psychiatric Hospital will also add it within eight months. Consultation is being received by Matthew Siegel, MD. This treatment is to meet the needs of the patients with IDD, and there has been an increase in patients with IDD in the state hospitals. Emergency departments are experiencing a large volume of patients who need inpatient treatment and the State Hospital Administration will be working closely with Behavioral Health and Developmental Disabilities Administration on getting patients back to the community. The development Michigan Psychiatric Residential Treatment Facilities will also be a goal within 2021.

Behavioral Health and Developmental Disabilities Administration (BHDDA): Jon Villasurda reported there is an expansion of Health Homes in Michigan and Michigan was awarded a SAMHSA grant to increase Certified Community Behavioral Health Clinics with the goal of two in 2021. Jon Villasurda also provided education on Medicaid Specialty Behavioral Health Delivery System, COVID-19 Response: Specialty Behavioral Health Supports and Services (MSA Bulletin 20-58) and Michigan Crisis Access Line. Council

inquiries included when Behavioral Health Supports and School Guidance would be released due to the long period of time awaiting it and Re-Evaluation Policy Change. Belinda Hawks reported the Behavioral Health Supports and School Guidance will be released next week. No date was given on the Re-Evaluation Policy Change recommended in April 2020.

**New Buisness**

Education Guidance with E-Learning: Rebecca McIntyre shared Michigan Department of Education has not needed to release additional guidance. The Department has been providing webinars on the guidance. Many individuals with disabilities are struggling to wear masks in school settings which has been challenging. Dr. Neel Soares reported physicians are receiving several requests to write notes to support students for attendance with schools. There was a discussion including educational supports and behavioral supports from health care continuing to compliment the needs of the students.

Autism Council Secretary Position: Frank Vaca motioned to support Lauren Ringle as Secretary and Rebecca McIntyre seconded the motion.

Autism Council Vice Chair Position: Krista Boe motioned to support Amy Matthews as Vice Chair and Martin Baum seconded the motion.

Autism Council Chair Position: Farah Hanley has completed one year as chairperson. Dr. Mellos and Council members thanked her for being a great leader in this role. MDHHS has appointed Diane Heinzelman to the Autism Council chairperson role.

Autism Council 2020 Annual Report: Farah Hanley reported the Autism Council is charged with completing an annual report based on the progress of the Autism State Plan. Members were asked to send their contributions to Amy Matthews and Lisa Grost by Friday, November 6, 2020.

**Member Updates**

Jenny Piatt reported State Vocational Rehabilitation received the state and federal match to continue services for FY2021. October is National Disabilities Work Month and there have been several employers who are becoming more interested in hiring individuals who may need additional supports. The Michigan Hidden Talent Workshop will be October 29<sup>th</sup> and Temple Grandin will be presenting.

Member updates and resources emailed are listed after action items.

Farah Hanley adjourned the meeting at 11:20 a.m. The next Autism Council meeting will be on ***December 11, 2020.***

**ACTION ITEMS**

<b>WHO</b>	<b>Will do WHAT</b>	<b>By WHEN</b>
Kevin Bauer	Share White Paper on School Services Program and Telemedicine	10/01/20
Colleen Allen	Press Release for the AAoM Navigator’s Website	10/15/20
All Members	Send annual report items to Amy Matthews and Lisa Grost	11/06/20
BHDDA	Release Services and School Guidance	10/30/20
Lisa Grost, Amy Matthews, Stacie Rulison and Colleen Allen	Update the Autism Website	TBD

## Autism Council Resources and Reports October 2020

### Krista Boe

- BHCOE is an ANSI-Accredited Standard Developer
- ANSI-Accredited Standards Developers offer processes that meet requirements for:
  - openness
  - balance
  - lack of dominance
  - due process
  - consensus
- OMB Circular A-119, provides guidance to federal agencies on the implementation of consensus standards to help increase the efficiency of doing business.
- BHCOE has developed two standards that are in progress of obtaining ANSI Approval:
  - ANSI/BHCOE Standard 101: Standard for the Documentation of Clinical Records for Applied Behavior Analysis Services
    - Finalized 2nd round of public commentary
    - Commission has voted to adopt the standard, the final draft will be released before this year's end
  - ANSI/BHCOE Standard 201: Standards for Effective Applied Behavior Analysis Organizations
    - The first round of public commentary has just finished, and the ANSI meetings begin this week (10/22)
- All commission meetings are open to the public and can be found [here](#)
- Commission Members represent multiple stakeholder groups and can be found [here](#)
- BHCOE encourages payers to adopt ANSI/BHCOE Standard 101 to create ease of documentation requirements across payors and state lines.

### Michigan Behavior Analysis Providers (MiBAP) update:

#### ABA During Traditional School Hours

Long before COVID-19, there has been ongoing confusion regarding the delivery of ABA services to students during traditional school hours. With the advent of COVID-19, thousands of autism-diagnosed and/or special education students have been forced (or choose) to attend school from home – very often without the necessary technology or other supports available to them in a school setting. MiBAP has worked with MDHHS and other stakeholders to help issue guidance regarding the scheduling of ABA during school hours. Our position statement can be found here: <http://mibap.org/aba-services-during-school-hours/>

#### ABA Advocacy

MiBAP continues to advocate on a variety of ABA-related issues, to include crisis management and restraint legislation, ongoing ABA network stabilization funding, Direct Care Worker (DCW) premium pay extensions, and a Milliman actuarial study commissioned by MDHHS on the cost buildup for ABA billing rates.

#### Educational Webinar Series

MiBAP has announced the launch of an Educational Webinar Series, focused on the business of ABA. After polling our membership, planned classes include Clinical Operations (Balancing Quality & Financial Viability), Finance 101, HR 101, Advocacy 101, ABA Staff Recruiting, and others. The first webinar is scheduled for mid-November.

#### Q3 Newsletter

Find more details on recent MiBAP activities and subscribe to our newsletter here: <http://mibap.org/news-and-events/mibap-newsletter/>

**Michigan Stay Well Resources Lines and Behavioral Health Guides:**  
[https://www.michigan.gov/coronavirus/0,9753,7-406-98178\\_99557---,00.html](https://www.michigan.gov/coronavirus/0,9753,7-406-98178_99557---,00.html)



October 20, 2020

Dear Members,

Today, on the CMS all-state call, Melissa Harris, the Acting Director of the Disabled and Elderly Health Programs Group (DEHPG) within CMCS, provided a synopsis of Medicaid services that states may elect to provide to students during periods of remote learning.

Ms. Harris noted that the partnership between Medicaid and Education is critically important to ensure that children receive necessary Medicaid services in addition to those services provided under IDEA. Melissa noted that this is complicated in typical times and is more so during the pandemic. Melissa further indicated that there is a prohibition within 1915(c) of the Social Security Act– and therefore applicable to 1915(i) – related to habilitative services that may duplicate services available through IDEA. **Regardless of that prohibition of the duplication, there are numerous other services within HCBS that are distinct from habilitation that can be provided to eligible children during periods of learning.** Of course, EPSDT services (all those enumerated in 1905(a) of the Social Security Act) should be available to children when they are medically necessary – even if those same services are not made available to adults. One of the key EPSDT services during periods of learning – inside or outside of school - is personal assistance. These services should be offered to children in school or in their own homes. Outside of EPSDT, there are services through HCBS authorities (aside from habilitation).

In addition to the services states should make available through the EPSDT benefits, states may during the PHE, submit an Appendix K or a SPA to temporarily add, augment, or change the services available to children during the period that education is being provided through remote schooling. CMS is available to assist states both to ensure EPSDT obligations are met and to enable HCBS to minimize gaps for children during periods of learning. Within HCBS states may contemplate the use of services, other than habilitation, to address certain needs during virtual learning. These could include services such as personal care, homemaker, home health aide, respite etc. provided under HCBS. CMS notes that they will, of course, engage with states regarding EPSDT compliance obligations, but CMS also

recognizes that the current circumstances are not the norm and states may need to employ additional strategies to ensure necessary services for children.

CMS recognizes this time sensitivity and has committed to work with states to ensure timely response. CMS notes that the details of the current service landscape within the state will inform necessary adjustments to services or providers. States offering HCBS through 1115 demonstrations or the 1915(k) Community First Choice state plan option should contact CMS for specific technical assistance related to their state-specific service array. For NASDDDS members for whom this is an issue, NASDDDS is available to provide assistance. Of course, it is important to engage with your partners in both the State Medicaid Agency and the Department of Education to ensure a full picture of services and system obligations. We are curating state policies on these issues and would welcome submissions from any states (and will gladly share those we have collected).

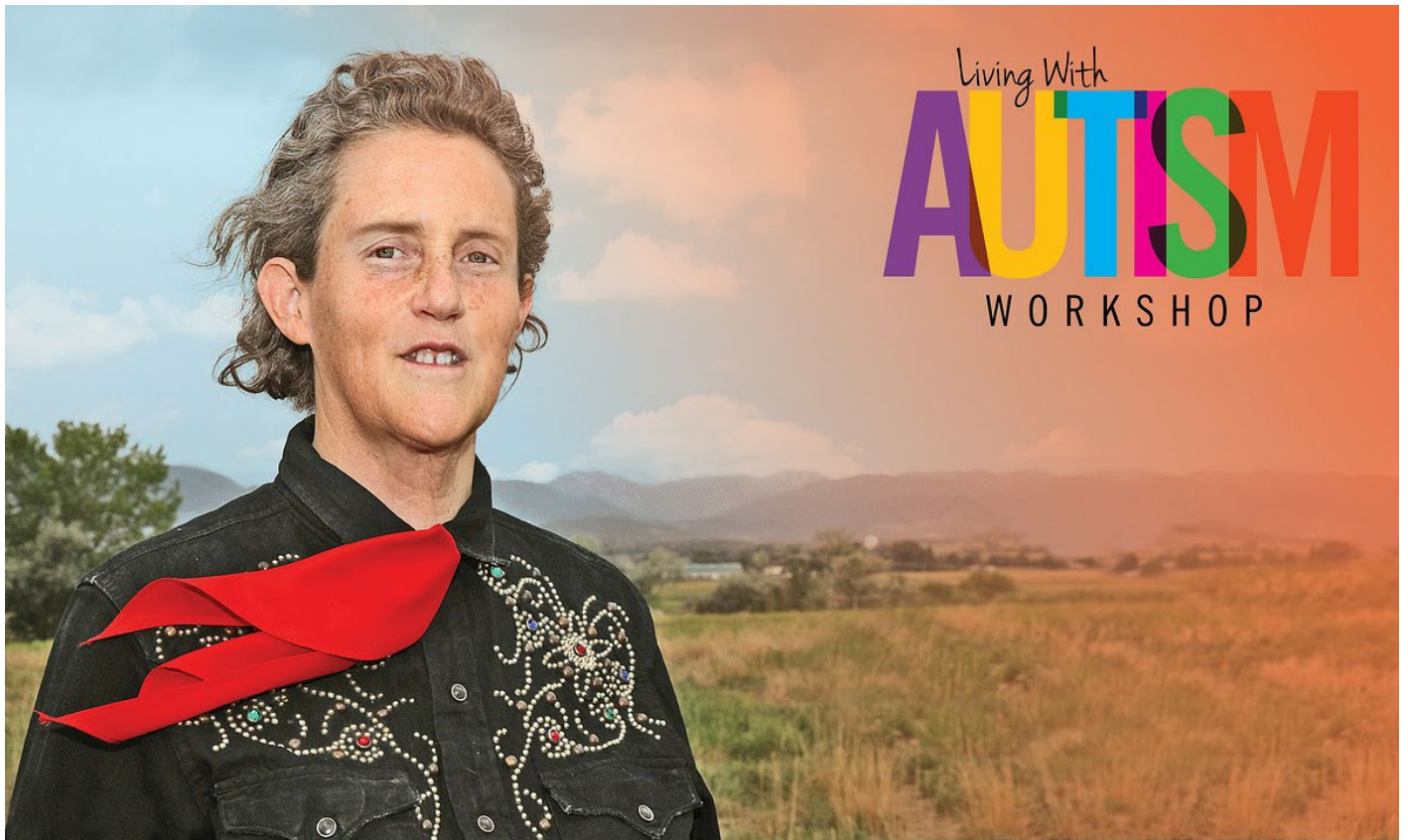
**HP Spectrum Success Program:** <https://www8.hp.com/us/en/hp-information/about-hp/diversity/spectrum-success.html>

**Metro Parent:**



# Full Access to Hours of Expert Autism Advice is at Your Fingertips

Our virtual [Living With Autism Workshop](#) runs Oct. 26-30 — and just \$25 unlocks every single moment (regardless of how many sessions you actually attend!).



Advice from local autism pros. Forums with fellow parents and professionals. A Q&A with Temple Grandin. Metro Parent's Living With Autism Workshop is [packing in 24 sessions of resources](#). And it's now virtual, which means you can attend in the safety of your home, on your own time, for just \$25.

But that's not all. This year, we're *really* unlocking the floodgates. No matter what sessions you register for, regardless of how many you attend, at the end, you get access to [absolutely everything](#) that happens Oct. 26-30. That includes:

- Essential insight from autism icon [Temple Grandin](#)
- COVID-specific parenting advice

- Inspiration from national expert Barry M. Prizant
- Tips on toilet training, picky eaters and screen time
- Perspective on getting in tune with feelings from Chloe Rothschild
- Help managing relationships, navigating IEPs and transitioning to adulthood
- ... and much more!

Our 13th annual event is more accessible and flexible than ever, but time is running out. Don't miss this [exclusive full WEEK](#) of virtual events running 8:30 a.m.-noon Oct. 26-30, sponsored by Metro Parent and Henry Ford Health System!

P.S. Know some who parents or works with children with autism? Please share this email with them.

**Michigan Department of Insurance and Financial Services (DIFS):** DIFS has received a few inquiries regarding ASD benefits and telehealth during the pandemic. It appears only one consumer filed a complaint. The complaint was resolved due to the insurer approving telehealth services.

**Michigan Department of Licensing and Regulatory Affairs (LARA):** Since the emergency started in Mid-March, we have issued 16 Assistant Behavior Analyst Licenses and 150 full BA licenses. Current total number of licensees are 93 Assistants BAs and 1198 full BAs. 62% of licenses are issued in less than 3 weeks for this profession. Initial review is done in about 4 days after the application is submitted.

**Michigan Department of Health and Human Service Child Welfare:**

- [Child Welfare System Recommendations Press Release.pdf](#)



## Press Release

**FOR IMMEDIATE RELEASE:** July 16, 2020



**CONTACT:** Bob Wheaton, 517-241-2112, [wheatonb@michigan.gov](mailto:wheatonb@michigan.gov)

## **Michigan moves forward with ongoing reform of child welfare system to improve safety, well-being of youth**

### ***MDHHS issues rules to restrict restraint of youth in facilities, releases recommendations from national experts to improve oversight***

LANSING, Mich. – The Michigan Department of Health and Human Services (MDHHS) is stepping up its ongoing efforts to reform the state’s child welfare system by introducing new measures that better protect the safety and well-being of youth in foster care.

MDHHS today announced emergency rules for restricting dangerous restraints of children in child-caring institutions while the department works toward its goal of barring restraints from facilities that serve youth in the state’s foster care system. Gov. Gretchen Whitmer concurred in MDHHS Director Robert Gordon’s finding of an emergency regarding current restraint procedures.

“Protecting our most vulnerable populations, whether it’s during a global pandemic or not, is a top priority for me,” said Gov. Whitmer. “Stepping up our efforts to protect kids in foster care will help us ensure all children in our state are treated with humanity and respect. I will continue to work closely with Director Gordon and everyone else who wants to ensure Michigan kids have the care and support they need in foster care.”

In addition to the new rules, the department released recommendations from national experts – received at MDHHS’S request – that are aimed at ending the use of large-scale institutional care for children. The department’s actions follow the May 1 death of a 16-year-old child after he was wrongly and improperly physically restrained by staff at Lakeside for Children, a child caring institution in Kalamazoo.

“Restricting restraints is an important step, but the ultimate goal is to reform the system so young people get the care they deserve,” Gordon said. “The best way to improve is to learn from best practices around the country, and so I am grateful to our national partners for sharing their advice. We are listening with care.”

JooYeun Chang, executive director of MDHHS’s Children’s Services Agency, said there is no time to waste in continuing [reform of the child welfare system that is already underway](#).

“Over the last year, MDHHS has expanded its prevention efforts to reduce the need for placing children in foster care,” Chang said. “Children should be raised by families. When foster care is absolutely necessary to keep kids safe, we have worked to place more children in family-like settings rather than in residential facilities. If we must place children in child-caring institutions, it should be for therapeutic purposes to meet the child’s individual needs, and it should be for a limited amount of time. Using restraints is not a therapeutic or caring way to address behavioral issues. It’s been overused, and it can be dangerous. That is why our goal is to eliminate this practice and put restrictions in place until we can do so.”

The rules immediately prohibit child-caring institutions licensed by the state from using particularly dangerous prone restraints – which involve placing children face-down while they are being restrained – and any other restraint that restricts breathing. The rules limit the duration of restraints and circumstances when restraints can be used, and requires timely notification to families and to MDHHS when any restraint is used.

Recommendations released today are from three nationally renowned child welfare organizations, led by the Annie E. Casey Foundation in partnership with Casey Family Programs and the Building Bridges Initiative.

Among the recommendations to improve oversight of the safety and quality of child caring institutions that serve children who are in foster care are:

- Eliminating the use of coercive restraints in child-caring facilities, replacing the practice with interventions that follow national best practices and are therapeutic – meaning that they will help children recover from trauma they have experienced. Recommendations also call for removing seclusion as an intervention for addressing behavior problems.
- Engaging youth and families in conversations about how to improve child-caring institutions.
- Improving MDHHS oversight of the facilities through its licensing and contract processes.
- Improving the reporting and management of data.

The report also says that MDHHS should limit the frequency of and lengths of stay in residential placements. “Today there are 876 children in residential settings – an 18 percent decrease from this time last year,” Chang said. “I am happy that we have made progress, but we must do better for our children and our families.”

Another area of concern MDHHS is working to address is the overrepresentation of children of color in child-caring institutions.

“National data show that teenagers of color are much more likely than other children to be placed in institutions and group settings when they enter foster care,” said Sandra Gasca-Gonzalez, vice president for the Annie E. Casey Foundation’s Center for Systems Innovation. “It is time to walk away from outdated child welfare practices that force children and young people to grow up in facilities. Systems must move with urgency to embrace safe, equitable, family-focused approaches so young people thrive.”

MDHHS has already terminated its contracts with Lakeside and suspended Lakeside’s license while going through the legal process of revoking its license. The Lakeside youth who died was restrained by staff for 12 minutes for throwing food. Video shows staff members laying across the child’s upper torso during the restraint.

The [MDHHS emergency rules](#) and [the recommendations from national experts](#) can be found on the department’s website. Please note that the recommendations may not be posted on the website until later today.

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- [Child Welfare System Recommendations Press Release.pdf](#)
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