

AHCCCS ASD Advisory Committee
July 11, 2018 Meeting Notes

Notes compiled by Sharon Flanagan-Hyde, Facilitator—sharon@flanagan-hyde.com

Participants

1. Aaron Blocher-Rubin, PhD, BCBA/LBA, Chief Executive Officer, Arizona Autism United
2. Ann Monahan, Board President, Arizona Autism Coalition; Vice President, State and Governmental Affairs, HOPE Group, LLC
3. Bohdan Hrecznyj, MD, Children's Medical Administrator, Health Choice Integrated Care (HCIC), RBHA
4. Brian Kociszewski, Behavioral Health Program Manager, Arizona Health Care Cost Containment System (AHCCCS)
5. Bryan Davey, PhD, BCBA-D, CEO, Touchstone Health Services
6. Carey Beranek, MS, LBA, BCBA, Clinical Director, Behavior Consultation Services, Arizona Autism United
7. Cynthia Macluskie, Vice President, Board of Directors, Autism Society of Greater Phoenix
8. Diana Davis-Wilson, DBH, BCBA, LBA, Arizona Association for Behavior Analysis (AZABA)
9. Diedra Freedman, JD, Board Secretary/Treasurer, Arizona Autism Coalition
10. Ginger Ward, MAEd, Chief Executive Officer, Southwest Human Development
11. Janna Murrell, Assistant Executive Director, Raising Special Kids
12. Jared Perkins, MPA, Director of Operations, Children's Clinics; Vice President, Autism Society of Southern Arizona
13. Jennifer Drown, Insurance Billing and Coding Supervisor, HOPE Group
14. Jenifer Werntz, MBA, Chief Operations Officer, Arizona Autism United
15. Joanna Kowalik, MD, Chief Medical Officer, Arizona Department of Economic Security/Division of Developmental Disabilities (DES/DDD)
16. Jon Meyers, Executive Director, The Arc of Arizona
17. Jonathan Mueller, Managing Director, Ascend Behavior Partners
18. Kari Price, Executive Project Manager, Division of Health Care Management (DHCM), Arizona Health Care Cost Containment System (AHCCCS)
19. Karla Birkholz, MD, Arizona Academy of Family Physicians
20. Kellie Bynum, Program Director, Southwest Autism Center of Excellence (SACE), Southwest Behavioral & Health Services
21. Kelly Lalan, Health Choice Integrated Care (HCIC), RBHA
22. Lauren Prole, Clinical Project Manager, Arizona Health Care Cost Containment System (AHCCCS)
23. Leslie Paulus, MD, PhD, FACP, Medical Director, UnitedHealthcare Community Plan
24. Lindsey Zieder, Children's Special Projects Lead, Mercy Care

25. Lisa Kunz, Autism and Low Incidence Specialist, Professional Learning and Sustainability, Arizona Department of Education (ADE)
26. Maureen Casey, CEO/Assistant Director, Division of Developmental Disabilities (DDD), Arizona Department of Economic Security (DES)
27. Michelle Katona, Chief Program Officer, First Things First
28. Paulina Tiffany, Outreach Director, Arizona Autism United
29. Rachel McIntosh, Senior Clinical Manager and Community School Director, Southwest Autism Research & Resource Center (SARRC)
30. Ron Copeland, Senior Director of Program Development, Cenpatico Integrated Care (CIC), RBHA
31. Sandra Stein, MD, Child & Adolescent Psychiatry, Banner-University Medical Center
32. Sara Salek, MD, Chief Medical Officer, Arizona Health Care Cost Containment System (AHCCCS)
33. Sherri Wince, ALTCS Administrator, Arizona Department of Economic Security/Division of Developmental Disabilities (DES/DDD)
34. Steven Sheets, MC, LPC, Senior Vice President, Southwest Behavioral & Health Services
35. Terry Matteo, PhD, Clinical Child Psychologist, Southwest Autism Center of Excellence (SACE), Southwest Behavioral & Health Services; Southwest Human Development; Private Practice
36. Thomas M. Ball, MD, MPH, Banner-University Medical Center
37. Tina Martin, Assistant Director, Services for Children with Disabilities, Southwest Human Development

Presentation—Autism: Diagnosis to Special Education Eligibility

Lisa Kunz, Autism and Low Incidence Specialist, Professional Learning and Sustainability, Arizona Department of Education (ADE)

PowerPoint slides are included with the e-mail distribution of these notes.

- Opportunities for school and medical communities to support one another and reduce the frustration experienced by families.
- Important to understand the difference between medical diagnosis and educational eligibility.
- Need to follow a clearly defined process to get an IEP (Individualized Education Program).
- Educators should reach through the family to the medical providers and vice versa. This can help avoid unnecessary repetition of testing.
- On the education side, the evaluation process must be followed in a systematic order and a specific timeline, using Individuals with Disabilities Education Act (IDEA) procedures for determining eligibility.
- Eligibility for an IEP requires the need for specially designed instruction. To receive special education in schools, a child who is impacted by social, communication, and behavioral challenges as defined in the law is evaluated by a team of professionals who know the child. This team, which includes the parents, then determines if the child requires specialized instruction to benefit from the school experience. The child may be

eligible to receive special education services under the educational disability category of autism if the disability is found to impact his or her performance and access to the general education curriculum.

- Many diagnoses don't need specially designed instruction for the child to be successful in school.
- If a child is determined to not have IDEA eligibility, a different team may consider a 504 Plan, which ensures that a child who has a disability identified under the law and is attending an elementary or secondary educational institution receives accommodations that will ensure access to the learning environment and academic success.
- Because Arizona is a local control state, ADE can't require school districts to use specific forms, curriculum, evaluations, instruments, or materials. ADE offers all of these.
- Response to a question about accountability: In a dispute resolution, a judge sets the finding and accountability is through the court. ADE looks at paperwork compliance. The State has enforcement policies and can tell districts to follow the law, but can't tell them how to follow the law.
- In Arizona, funding doesn't recognize autism until a child is 5 years old. This varies among states. Speech delays or developmental delays generate funds before age 5, but autism does not.
- Lisa is willing to answer questions and talk to groups: Lisa.kunz@azed.gov

AHCCCS Complete Care Transition

PowerPoint slides are included with the e-mail distribution of these notes.

Kari Price, Executive Project Manager, Division of Health Care Management (DHCM), AHCCCS

- In response to a question: DD CRS children are staying in UnitedHealthcare Community Plan. DDD ALTCS members who become eligible for CRS between now and Nov. 1, 2019, will be in United. DES will be holding the contract with United.
- In response to a question about the prospective member list: The list won't go out to plans until after the July 2018 member choice period.
- Projected membership transition numbers on Slide 4 are people who are in an exiting plan. All letters went out to these members at the end of June.
- If people did not receive a letter, they should contact AHCCCS: 1 (855) HEA-PLUS (1-855-432-7587). Calls are answered Monday through Friday 8 a.m. – 5 p.m.
- The numbers on Slide 4 include CRS members, because UnitedHealthcare Community Plan CRS is considered an exiting plan.
- As of July 10, less than 1% of members in exiting plans had utilized the portal or called in to choose a plan.
- Suggestion: Put information on Facebook in addition to AHCCCS web site.
- Heavy utilizers of RBHAs (in 2017, 42,000 people statewide) have a one-time opportunity to opt into an RBHA-affiliated ACC plan.
- Names of plans are changing to the name of the affiliated plan that gets an ACC contract. The RBHA names will change to match the ACC plans (yellow boxes on Slide 7). Letters will go out in August to RBHA members.

- FAQ on web site:
<https://www.azahcccs.gov/AHCCCS/Initiatives/AHCCCSCompleteCare/faq.html>
- New on web site—provider FAQs.
- In response to a question about accountability: AHCCCS is asking health plans to make sure, especially for CRS children, that specialists are actually in the network. Requiring plans to contract with 80% of the 100 most-used specialists.
- In response to a comment that specialty providers are having difficulty getting in networks with plans: Please reach out with details to Lauren Prole at AHCCCS (Lauren.Prole@azahcccs.gov). She will send info to Kari Price and AHCCCS will assist in getting plans to respond. A provider will be able to continue seeing a patient for 6 months after the change. AHCCCS is working on a one-pager for providers.
- In response to concern about integrated care coordination that CRS children now receive through one plan: We know processes will be different at each ACC plan, but are putting in place requirements. We have a Medical Management Work Group to keep things in place for CRS members.
- Concern raised regarding dual eligible members: The Medicare Annual Election Period (AEP) is October 15-December 7, but the ACC choice period is July. Suggestion: AHCCCS should give dually eligible members the chance to change their Medicaid plan. This would allow the member to align with the dual Medicare Advantage Plan they pick. The dual Medicare Advantage Plans vary between companies and by year. Since Medicare is the primary coverage and the added benefits of the plans can be very different, it would make sense to allow the member to change their Medicaid plan to match their choice.
- Clarify the information needed by Advisory Committee members and address at October meeting: Design and navigation of AHCCCS process to qualify, register, and credential providers, and encouraging health plans to streamline contracting for qualified providers.

Q & A: ASD Diagnosis Issues

Sara Salek, Chief Medical Officer, AHCCCS

- Effect of AHCCCS Complete Care on private practice psychologists developing agreements with medical plans: AHCCCS encourages this. Only requirements: registered with AHCCCS Medicaid program and meet minimum requirements, i.e., be licensed in Arizona through the Arizona Board of Psychologist Examiners.
- Terry Matteo (psychologist) will share information with the Arizona Autism Diagnostic Network (AADN) about the process for registering with AHCCCS.
- Concern was raised about the loss of a number of diagnosticians who are no longer practicing—how do we link families to the diagnosticians who are available? Especially important as children approach age 6 and need re-evaluation before the 6th birthday.
- Prior to 10/1/18, families can utilize the RBHAs' lists of diagnosticians. Question about accuracy of list. Sara Salek will check to see if lists are accurate. Janna Murrell (Raising Special Kids) said the lists are being used and are helping families. However, families need education about what the process looks like to gain access to a comprehensive evaluation.

- DDD is committed to helping families have the necessary information in a timely manner before the 6th birthday, and is doing a Kaizen event to look at problems.
- DDD also wants to make sure families understand the documents that are necessary by specific dates. This should be standardized throughout the state.
- DDD has revised the rule and opened up who can diagnose autism.
- Comment: Choice is an issue; some families do not want to see a psychiatrist because they are not interested in medication. Response: Educate families that the purpose of a visit to a psychiatrist is evaluation, not medication management.
- Comment: Psychologists and psychiatrists take different approaches to diagnosis. *Information about the Arizona Autism Diagnosis Network (AADN) shared by Terry Matteo is included with the e-mail distribution of these notes.*
- Comment: Important to encourage psychologists to register with AHCCCS. Given long waiting lists, DDD should make sure families have enough time before the 6th birthday to schedule an evaluation.
- Suggestion: Would help if DDD could provide families with the form from the original determination.
- It is essential that diagnosticians have training and skills to understand the parents' status when communicating an ASD diagnosis. Recent incident in Arizona—mother committed suicide; father said she couldn't cope with her child's recent diagnosis. There is a need to assess why this mother, and others, fell through the cracks. Janna Murrell (Raising Special Kids) emphasized the importance of connecting a parent with another parent to meet them where they are. Shared lived experience is part of giving wraparound services, helping parents become more resilient and feeling less isolated and hopeless.

Update: Habilitation Consultation Services

Ann Monahan, Board President, Arizona Autism Coalition; Vice President, State and Governmental Affairs, H.O.P.E. Group, LLC

Maureen Casey, CEO/Assistant Director, Division of Developmental Disabilities (DDD), Arizona Department of Economic Security (DES)

Joanna Kowalik, MD, Chief Medical Officer, DES/DDD

Sherri Wince, ALTCS Administrator, DES/DDD

Providers and DDD have been meeting because providers had not been getting paid since January 2018. Some of the problems, once understood, have been resolved, e.g., if a decimal point was used, the claim was rejected. There were also issues about the number of units allowed, and DDD is working with AHCCCS on this. As of 7/11/18, a system update was completed on the number of units allowed for different codes. One of the issues is the difference between T codes and H codes: T indicates a treatment code and H a parent training code.

Question: Will Habilitation Consultation be continued when DDD implements integration on 10/1/19? Answer: There will be a solicitation meeting on July 23 for providers and members/families. Information available at

<https://procure.az.gov/bso/external/bidDetail.sdo?bidId=ADES19-00008322&parentUrl=activeBids>

Question: Does everyone agree on the nature of Habilitation Consultation services?

Answer: DDD released proposed policies for public comment. DDD provides a comprehensive approach for children 5 and under, and behavioral assessment and focused, time-limited services for children over age 6.

Suggestion: A FAQ would be helpful. The specs are clear, but because agencies staff differently, there is confusion.

Changes to Silver Alert System through SB 1162

Jon Meyers, Executive Director, The Arc of Arizona

Text of SB 1162 and a brochure provided with the e-mail distribution of these notes.

- Amended Silver Alert System to include developmental disability for all ages.
- Used existing infrastructure.
- Multiple organizations are collaborating to issue a press release and outreach materials.
- People need to notify law enforcement quickly when someone is missing. Anecdotes indicate that families often delay calling 911 because they are embarrassed.
- If interested in being part of the process and adding your organization to the press release, please contact Jon Meyers (jon@arcarizona.org) or Cynthia Macluskie (cynthia.marksmom@cox.net).
- Lisa Kunz offered to distribute information through ADE.

Update: BE SAFE Train the Trainer Event in August

Cynthia Macluskie, Vice President, Board of Directors, Autism Society of Greater Phoenix

Brochure provided with the e-mail distribution of these notes.

- Brochure answers some of the questions heard through past BE SAFE programs.
- BE SAFE certification will be offered August 17-18, with training on Friday and the interactive screening on Saturday. Goal is to have at least 100 people trained in the program in Arizona. Law enforcement is very supportive; they can see the power of the training.
- Only 17 signups so far, and there is room for 50, so please spread the word.
- Cynthia will be teaching the program all over the state. Sponsors are needed.

COB/TPL Work Group

Sara Salek, MD, Chief Medical Officer, AHCCCS

Work Group wrapped up. Some of the issues are “low-hanging fruit” and others are long-term system changes.

- Coding complexity related to TPL/COB associated with CPT and HCPCS codes will be partially resolved when new CPT codes are released on August 31.
- A system-level challenge is the difference between private insurance, which reimburses for a two-tiered model and does not have a code for bachelor’s level ABA clinicians, and the three-tiered model that most agencies use and for which DDD reimburses: technician level, mid-level, and BCBA level.
- The interpretation of “pay and chase” for EPSDT is another system-level challenge. CMS is clear on their definition. To expand “pay and chase” to all EPSDT services, Arizona

would need to make a policy decision, conduct a fiscal analysis, and propose a rule change.

- AHCCCS sees the fiscal benefit of incentivizing families to maintain private insurance (which families are not required to do when they are eligible for Medicaid). It benefits all parties to make COB easier and for AHCCCS to waive copays and deductibles.
- After the meeting, Diedra Freedman shared the following explanation of an AHCCCS registered provider's legal and contractual billing obligation not to bill AHCCCS members for AHCCCS covered supports and services.

<https://www.avvo.com/legal-guides/ugc/it-is-generally-lawful-for-a-healthcare-provider-to-bill-an-ahcccs-enrollee>

All AHCCCS registered healthcare providers must sign a Provider Participation Agreement (“PPA”) with AHCCCS which, among other things, requires as a condition of its participation in the program that they to adhere to various federal and state laws and regulations. For example, Paragraph 6 of the standard PPA states: 6. The Provider shall comply with all federal, State and local laws, rules, regulations, standards and executive orders governing performance of duties under this Agreement, without limitation to those designated within this Agreement. Likewise, Paragraph 15 states: 15. The Provider shall not bill, nor attempt to collect payment directly or through a collection agency from a person claiming to be AHCCCS eligible without first receiving verification from AHCCCS that the person was ineligible for AHCCCS on the date of service, or that services provided were not AHCCCS covered services. The Provider agrees to abide by Arizona Administrative Code R9-22-702 prohibiting the Provider from charging, collecting, or attempting to collect payment from an AHCCCS eligible person. Consistent with this contract provision, Ariz. Admin. Code § R9-22-702 states that an “AHCCCS registered provider shall not . . . [c]harge, submit a claim to, or demand or collect payment from a person claiming to be an eligible person.” In fact, pursuing a bill against an AHCCCS enrollee can trigger civil penalties of “three times the amount of the billing” and is expressly prohibited by ARS § 36-2903.01(L). When this occurs, it is appropriate to report the unlawful billing to the AHCCCS Office of Inspector General for further action, since the OIG considers such billing practices by AHCCCS providers to be “fraudulent.” Indeed, this entire scheme is an outgrowth of federal regulations, 42 C.F.R. § 447.15, which prohibits billing AHCCCS enrollees.

- AHCCCS is developing policy language to reduce duplication of assessments if medical necessity has been established through the private insurance prior authorization process.

Crisis Response Work Group

Sara Salek, MD, Chief Medical Officer, AHCCCS

Work Group recommendations provided with the e-mail distribution of these notes.

- The Work Group made 10 recommendations. The overall goal is to intervene earlier and prevent a crisis from occurring.
- Advisory Committee members are asked to review the Work Group's recommendations. We will start with this topic at the October meeting.

- Suicide prevention article on NPR: <https://www.npr.org/sections/health-shots/2018/07/11/628029412/a-simple-emergency-room-intervention-can-help-cut-future-suicide-risk>

Announcements and Future Agenda Topics

Please send future agenda topics to Sharon Flanagan-Hyde, sharon@flanagan-hyde.com.

Future Meeting Dates

All ASD Advisory Committee meetings are from 3:00-5:00 pm at AHCCCS.

- Wednesday, October 10, 2018
- Wednesday, January 9, 2019
- Wednesday, April 10, 2019



ASD ADVISORY COMMITTEE MEETING

Wednesday, July 11, 2018 3:00 pm - 5:00 pm
 801 E. Jefferson St., Phoenix, Arizona Room-4th Floor

AGENDA

WebEx Meeting Link—
<https://azgov.webex.com/azgov/j.php?MTID=mfb8bc2a19ef5f168732704f6b2acea15>

Access Code: 800 046 131 Meeting Password: Arizona

Join by phone: 1-240-454-0879

Time	Topic	Presenter
3:00 pm	Welcome and introductions	Sharon Flanagan-Hyde, Facilitator
3:10 pm	Presentation: Autism: Diagnosis to Special Education Eligibility	Lisa Kunz, Autism and Low Incidence Specialist, Professional Learning and Sustainability, Arizona Department of Education
3:30 pm	Update on AHCCCS Complete Care transition and Q & A on: <ul style="list-style-type: none"> • Member movement • Design and navigation of AHCCCS process to qualify, register, and credential providers, and encouraging health plans to streamline contracting for qualified providers • Dual eligibility qualifying event definition and enrollment calendar 	Kari Price, Executive Project Manager, Division of Health Care Management (DHCM), AHCCCS
3:50 pm	Q & A: ASD Diagnosis Issues <ul style="list-style-type: none"> • Effect of AHCCCS Complete Care –private practice psychologists developing agreements with medical plans • Impact of shortage of diagnostician shortage at PCH and decrease in number of developmental pediatricians in AZ 	Sara Salek, Chief Medical Officer, AHCCCS
4:10 pm	Update: Habilitation consultation services	Ann Monahan, Board President, Arizona Autism Coalition; Vice President, State and Governmental Affairs, H.O.P.E. Group, LLC DDD Representative
4:20 pm	Changes to Silver Alert System through SB 1162	Jon Meyers, Executive Director, The Arc of Arizona
4:25 pm	Update: BE SAFE Train the Trainer event in August	Cynthia Macluskie, Vice President, Board of Directors, Autism Society of Greater Phoenix
4:30 pm	Update and discussion about next steps: COB/TPL Work Group	Sara Salek

Time	Topic	Presenter
4:40 pm	Update and discussion about next steps: Crisis Response Work Group	Sara Salek
4:50 pm	Announcements and Future Agenda Topics	Sharon Flanagan-Hyde
5:00 pm	Adjourn	

Future Meeting Dates

All meeting are from 3:00-5:00 pm at AHCCCS

- Wednesday, October 10, 2018
- Wednesday, January 9, 2019
- Wednesday, April 10, 2019

AHCCCS Complete Care (ACC)



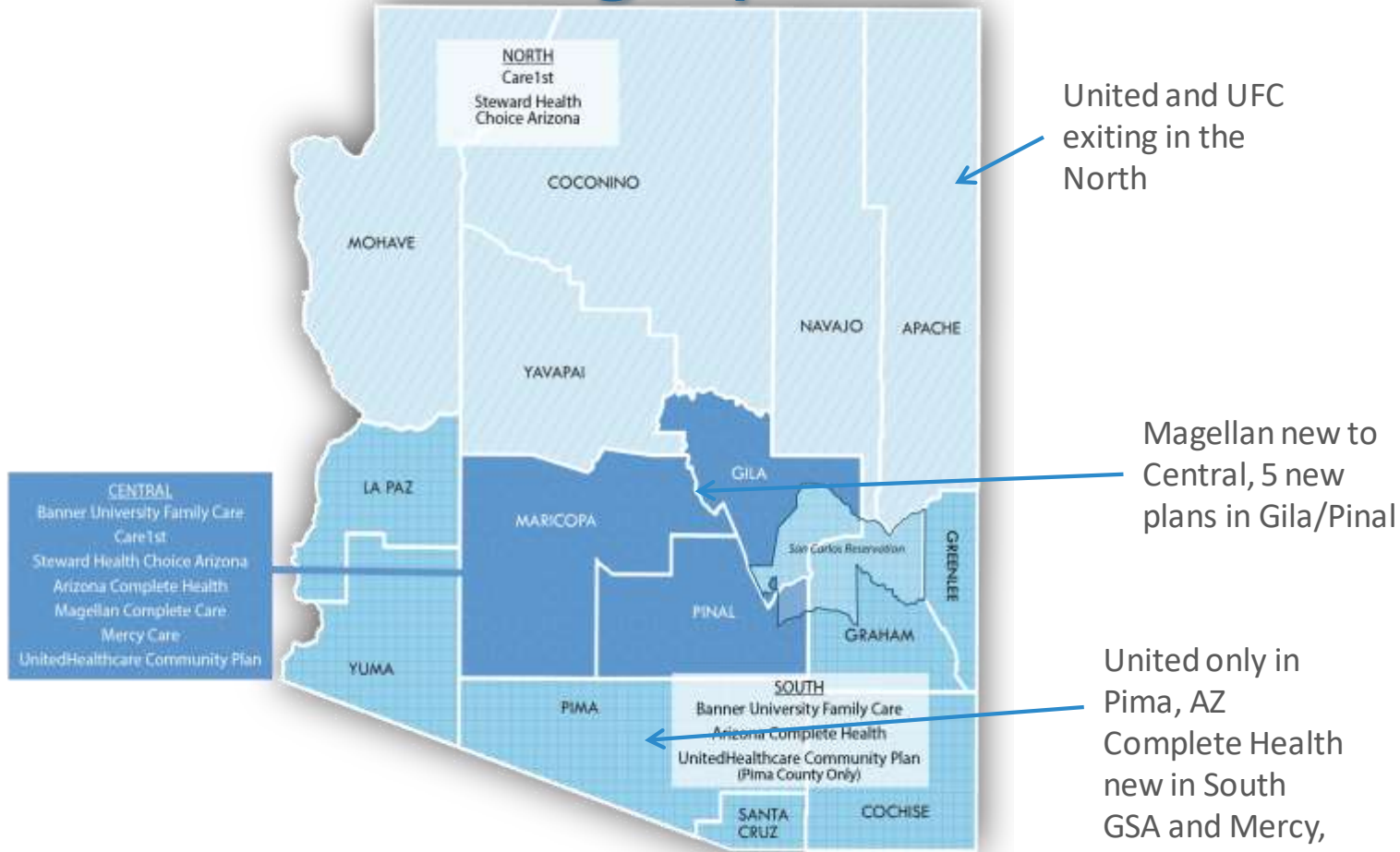
Who Is Affected and When?

- Affects most adults and children on AHCCCS
- Members enrolled in Children's Rehabilitative Services (CRS)

It does not affect:

- Members on ALTCS (EPD and DES/DD);
- Adult members with a serious mental illness (SMI); and
- Most foster care children in CMDP

ACC Plan Geographic Service Areas



Note: Zip codes 85542, 85192, 85550 representing San Carlos Tribal area are included in the South GSA.

Projected Membership Transition

GSA	Estimated Members
Central	10,400
South	199,575
North	83,445
Total	293,420

Based on February 2018 enrollment.
Pima county projection – 105,200

Special one time choice for members being served by the RBHA

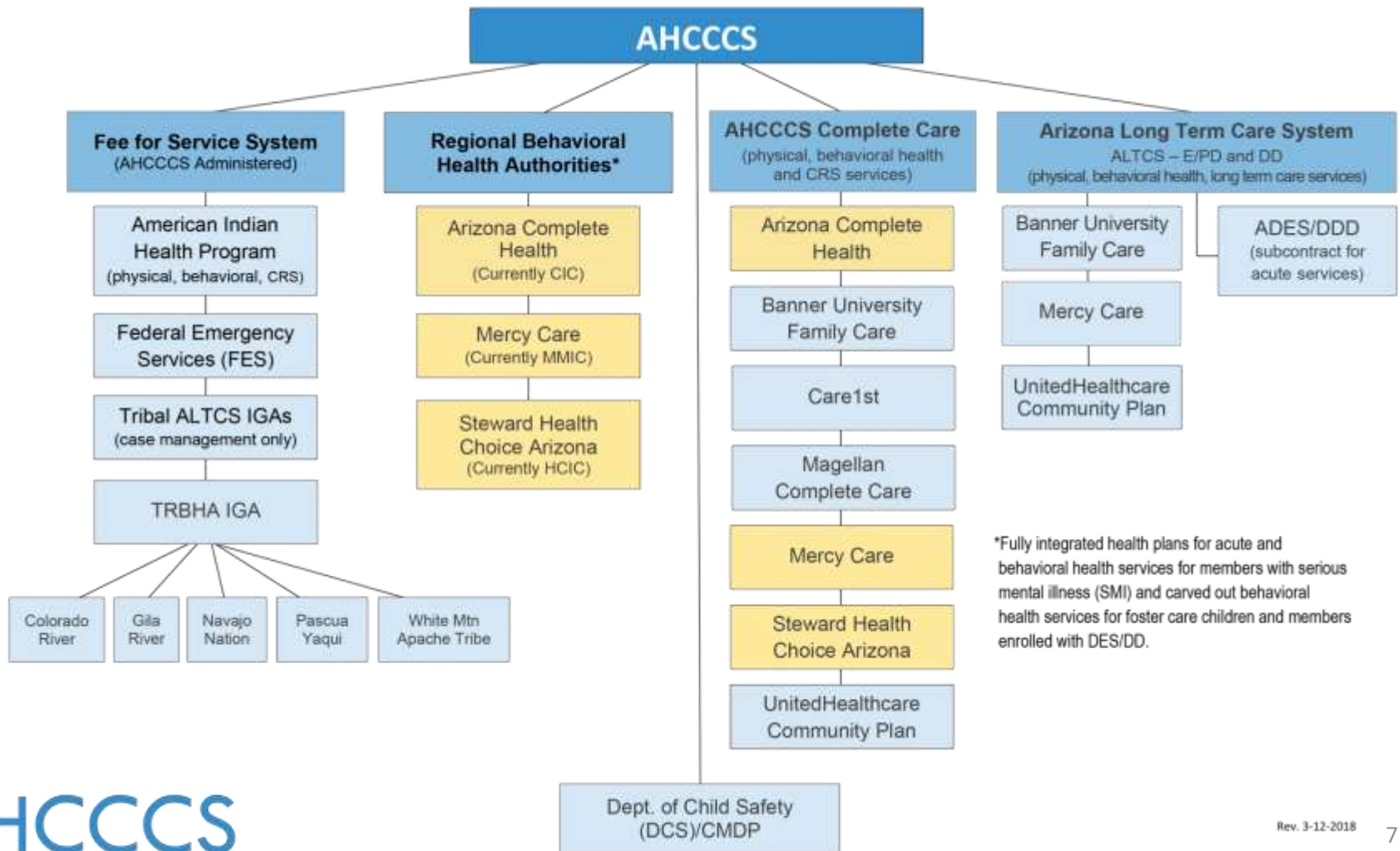
- Certain members previously receiving services with a RBHA will have a one time choice for 10/1/18 to elect to stay with the “RBHA-affiliated” ACC Contractor
 - Members given this choice must:
 - not already be enrolled in a RBHA-affiliated Plan that will be an ACC Plan; or
 - not already be getting choice of all ACC Plans (including RBHA-affiliated ACC Plan) due to current enrollment in exiting plan

RBHA/TRBHA and Crisis Services



- RBHA GSAs remain the same
- No ACC and T/RBHA enrollment
- The Crisis system responsibilities will remain with the RBHA (in their respective GSA areas)

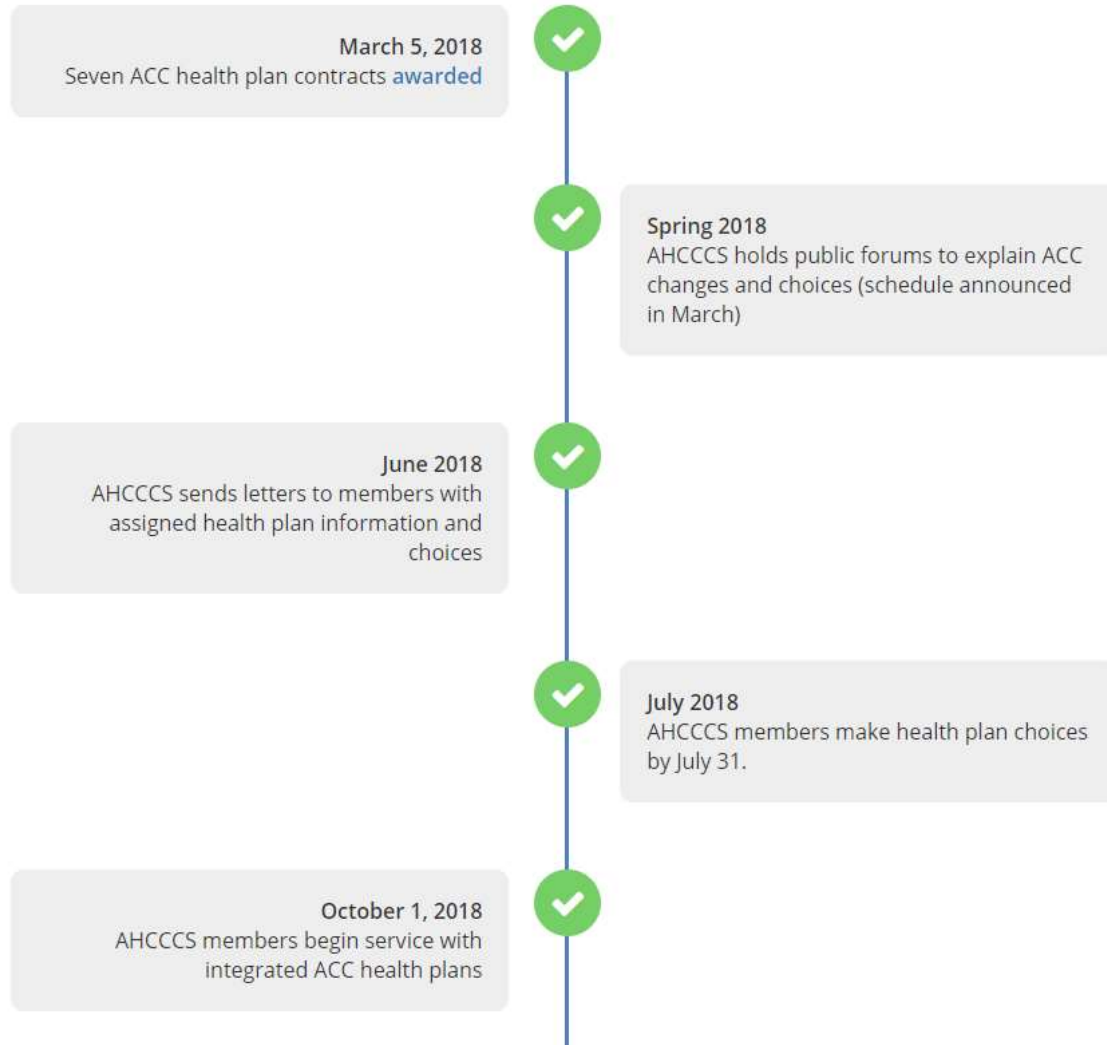
Care Delivery System as of Oct. 1, 2018



*Fully integrated health plans for acute and behavioral health services for members with serious mental illness (SMI) and carved out behavioral health services for foster care children and members enrolled with DES/DD.

AHCCCS Complete Care Timeline

What Happens Next?





▼ About Us

▲ Initiatives

Home

AHCCCS Complete Care

Care Coordination & Integration



Targeted Investments

Payment Modernization



Health Information Technology

Private Sector Partners

Electronic Visit Verification

Public Notices

Program Planning

Healthcare Advocacy

Committees & Workgroups

Transparency

Frequently Asked Questions

Q: Will covered services change?

Q: Will CRS members have to change health plans?

Q: What are the geographic service areas (GSA) to be served by ACC Plans?

Q: What are the available ACC Plans in each geographic service area (GSA)?

Q: Will my foster child's coverage with Comprehensive Medical Dental Program (CMDP) change?

Q: If my child is enrolled in AIHP, how will she/he receive CRS services?

Q: What will happen to members with CRS qualifying conditions that are being served through DES/DDD?

Q: How will CRS members who are determined to have a serious mental illness (SMI) and who are not enrolled with DES/DDD receive services?

Q: Will I be assigned to an ACC health plan or will I have choice of ACC Plan?

Q: How will CRS conditions be determined and will members still have a CRS designation?

Q: How will the plan ensure that members with CRS Special Health Care Needs get the comprehensive care they need?

Q: Can members and families continue to access Multi-Specialty Interdisciplinary Clinics (MSICs)?

Q: Can my child continue to receive services from current providers?

Q: Will anything change at age 21 for a member with a CRS designation?

Q: Will there be any changes to how other insurance coverage is handled?

Q: Will covered services change?

A: Members will still have access to the same array of covered services with ACC Plans (and other plans as noted) as they do under a single statewide health plan.

Q: Will CRS members have to change health plans?

A: Currently most members with CRS conditions are enrolled with a single statewide health plan for all or a portion of their services. Effective October 1, 2018, CRS members receiving fully integrated services from the current AHCCCS Statewide CRS health plan (UnitedHealth Care Community Plan) will be enrolled with and have choice of AHCCCS Complete Care (ACC) plans for all services including CRS, other non-CRS physical health services, and all covered behavioral health services. The ACC plan will be responsible for providing all medically necessary covered services for persons with CRS qualifying conditions.

New Provider Questions

- Q1: [When will the ACC Plans get the data of their membership and how will providers know which plan their members are assigned?](#)
- Q2: [How will open service authorizations be transitioned?](#)
- Q3: [Have there been provider forums?](#)
- Q4: [Will ACC Plans continue to hold provider forums and participation like the RBHAs do?](#)
- Q5: [Will behavioral health providers contract with all ACC Plans?](#)
- Q6: [Will all ACC Plan have to offer the same behavioral health and CRS covered services now offered to members through the RBHAs and UnitedHealthcare Community Plan CRS?](#)
- Q7: [What will be included in the letters that go out to members?](#)
- Q8: [What is being done to share market provider rates versus AHCCCS fee for service rates?](#)
- Q9: [How will member assignment to ACC Plans work?](#)
- Q10: [If I need to contact an ACC Plan in my area to explore contracting, who do I contact?](#)
- Q11: [For behavioral health providers, what will be done with demographics and how those are reported by behavioral health providers?](#)
- Q12: [What is happening with grant and housing money?](#)
- Q13: [Will ACC Plans be responsible for continuing Justice System Collaboration that the RBHAs were required to do?](#)
- Q14: [Who is responsible for payment of Court Ordered Evaluation \(COE\) and Court Ordered Treatment \(COT\)?](#)
- Q15: [What changes may be coming to ACC due to changes with the AHCCCS waiver?](#)
- Q16: [How will a provider know that a member is designated to have a Children's Rehabilitative Services designation?](#)
- Q17: [Will there be changes to the AHCCCS Covered Behavioral Health Services Guide?](#)

Readiness/Transition Work

- Readiness Assessment Tool
 - Assess all areas of contractual requirements
- ACC Plan Meetings and Presentations
- AHCCCS and ACC Plan IT System
- Contract/Policy
- Focus on Member Transition
- Medical Management Workgroup

Questions?



Autism: Diagnosis to Special Education Eligibility



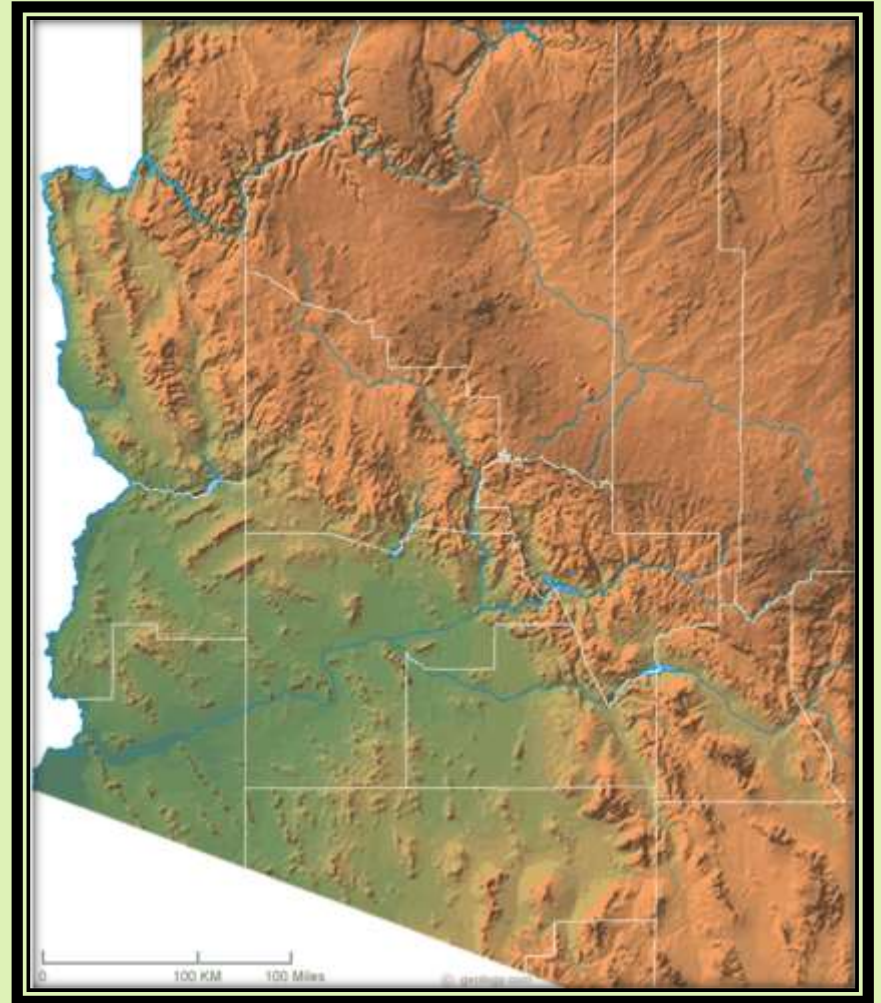
Lisa Kunz
Autism & Low Incidence Disability Specialist
Arizona Department of Education



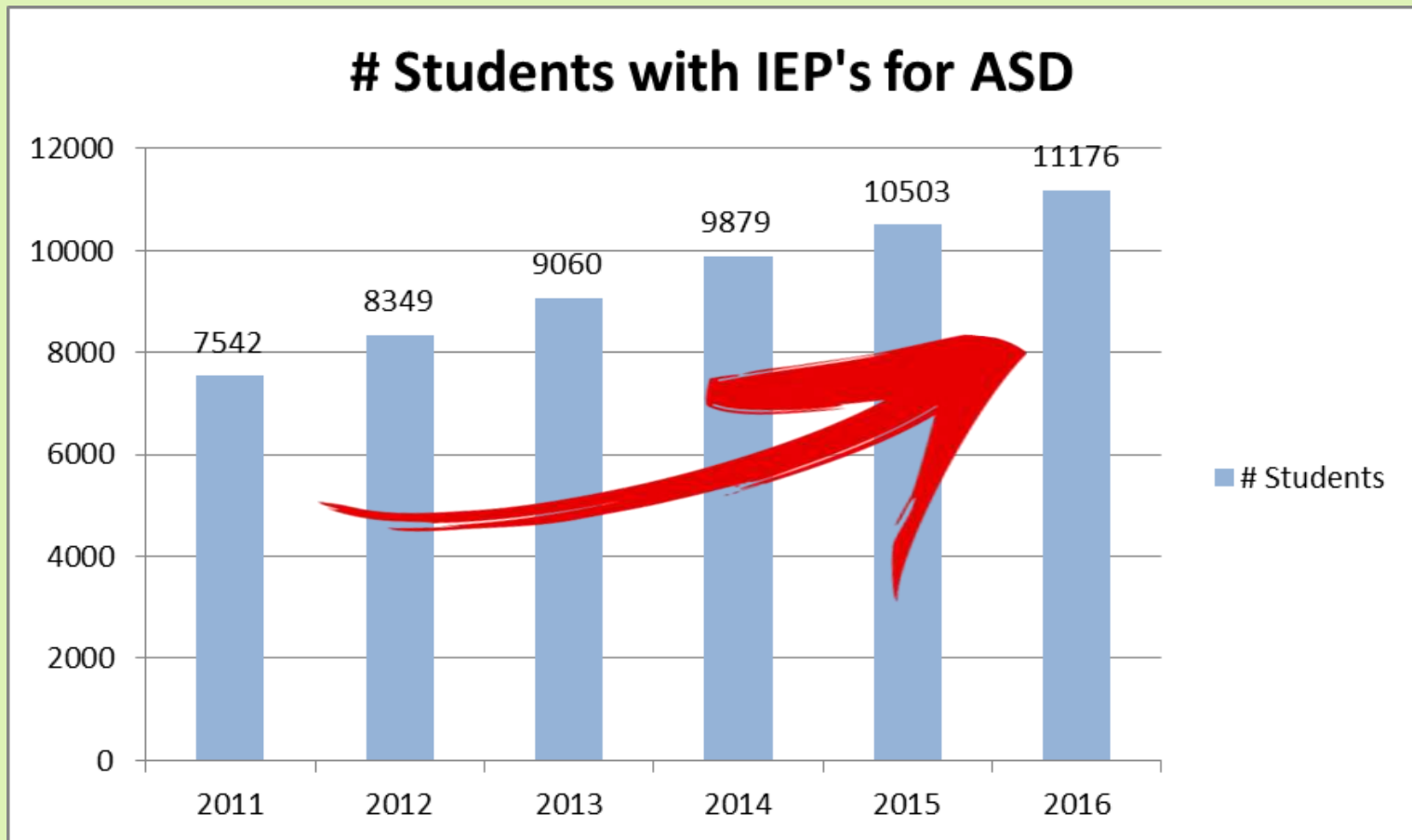
Arizona Educational Demographics

Arizona is a huge state with currently more than **10,000** children with **Autism** with IEP's.

Incidence is now:
1:59 acc. to CDC



Growing at an Average Rate of 8% Per Year



Medical and Educational Paths

Memorial Hospital
100 W. Main, Hometown, USA PH: 922-222-2222

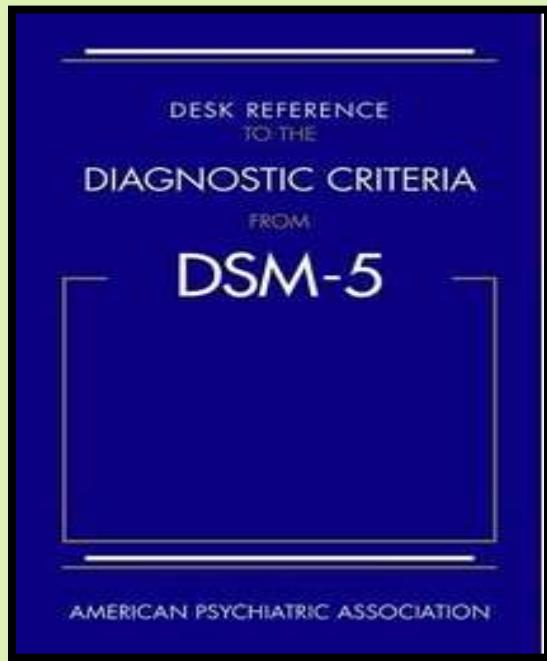
Name _____ Date _____
Address _____ DOB/Age _____
GIVE FULL DIRECTIONS FOR USE

Refills 0-1-2-3-4-5 _____
Signature of prescriber _____
Name (Printed) _____



Medical	Educational
Definition/Criteria: DSM V	Definition: ARS 15-766
Who: Psychiatrists, Licensed Psychologists, Development Pediatrics, and Child Neurologists	Who: Team of Educational Professionals that includes the parents (Teachers, Speech Clinician, Occupational Therapist, Psychologist, Behavior Specialist)
Screening: MCHAT, ASQ, CSBS, PEDS, STAT Diagnostic: ADI-R, ADOS, CARS, GARS, DSM-5	Screening: 45 day screening Diagnostic: ADOS, Behavior Rating Scales, Communication, Academic, Social-Emotional, Motor, Cognitive assessments

Comparison: DSM-V and IDEA



Contributions to a System of Support

How Physicians Contribute:

- Physicians (pediatrician, neurologist, psychiatrist, or clinical psychologist) evaluate patients who demonstrate communication, social and behavioral difficulties.
- Physicians follow the American Psychiatric Association's Diagnostic and Statistical Manual to determine the presence of autism.



How Teachers Contribute:

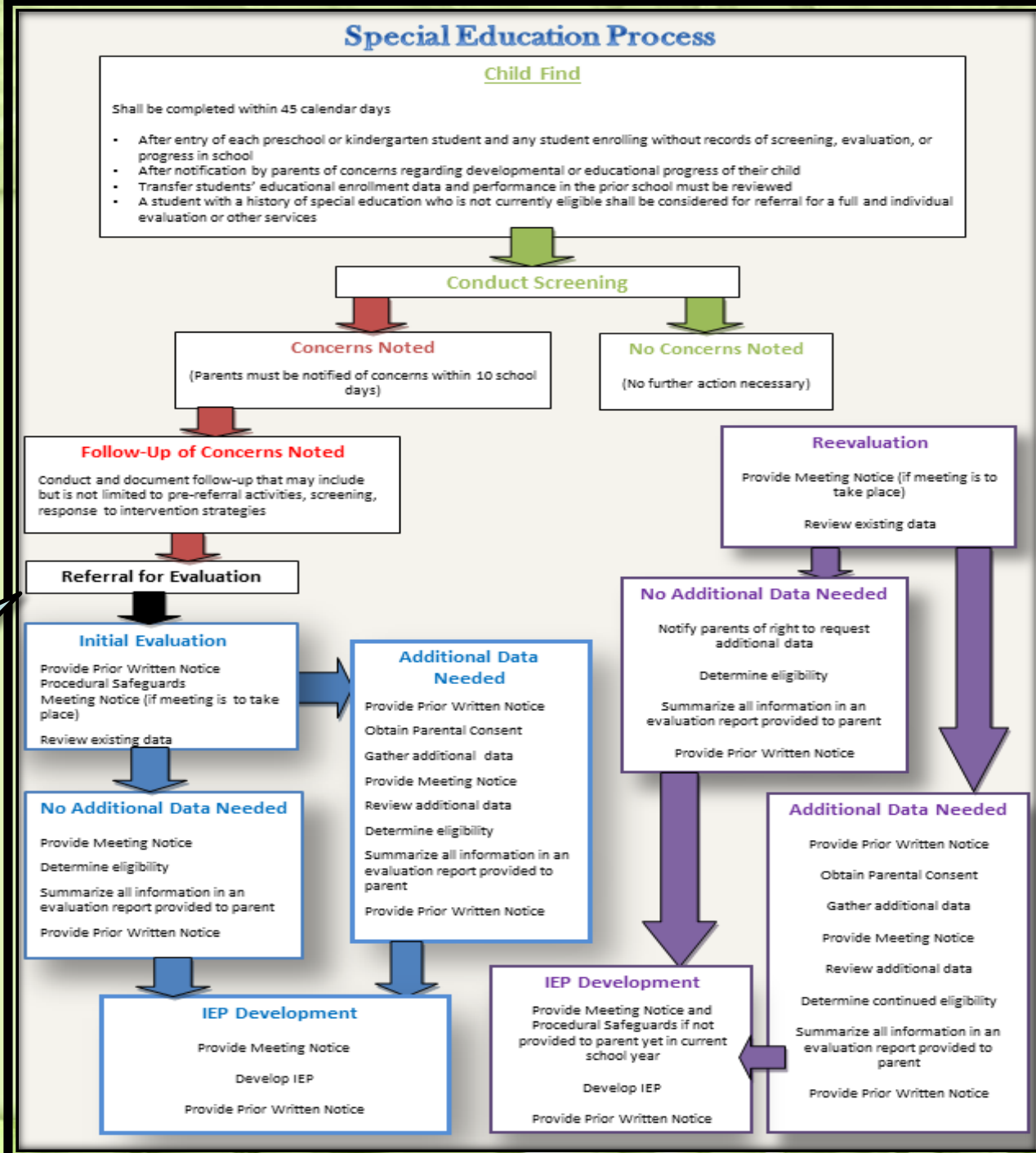
- Teachers bring the physician's diagnosis to the evaluation team. (A diagnosis does not automatically establish eligibility for special education.)
- Teachers must follow the Individuals with Disabilities Education Act (IDEA) procedures for determining eligibility.



Evaluation Process



Possible point of entry



Educational Eligibility **Must** Include:

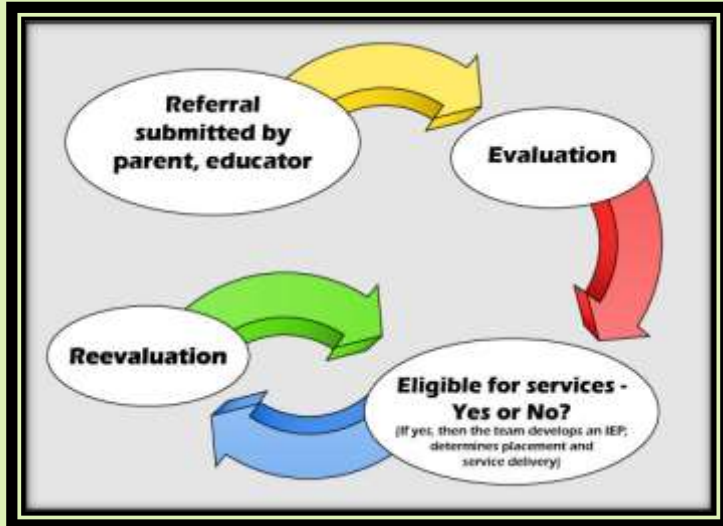
Autism Educational Eligibility =

Developmental Disability **X** Significant
Impact (to Communication **X** Social
Interaction **X** Educational Performance)

* **All** must be present or **no** eligibility

Eligibility Document Example

ARS 15-761



<https://cms.azed.gov/home/GetDocumentFile?id=54e4df2a1130c00334ab9aa5>

Child with Autism (A)
Determination of Eligibility

Name of Student _____

Date of Eligibility Decision _____

Name of Public Education Agency _____

The determination of eligibility for special education is based on an evaluation pursuant to the IDEA '04, A.R.S. §15-766, and the following requirements:

- The student has a developmental disability that significantly affects verbal and nonverbal communication, social interaction, and adversely affects performance in the educational environment. Characteristics of autism include irregularities and impairments in communication, engagement in repetitive activities and stereotypical movements, resistance to environmental change or changes in daily routines, and unusual responses to sensory experiences. Autism does not include children with emotional disabilities as defined in A.R.S. §15.761.
- The student was evaluated in all areas related to the suspected disability.

Team decision regarding the presence of a disability:

- The student **does** meet the criteria as a child with autism.

Team decision regarding the need for special education services:

- The student **does not** need special education services.
- The student **does** need special education services.

Note: A student shall not be determined to be a child with a disability if the determinant factor is lack of appropriate instruction in reading (including the essential components of reading instruction), lack of appropriate instruction in math, or limited English proficiency.

- Parent has been provided with notice regarding this decision that meets the prior written notice requirement under the IDEA '04.

Preschool Special Education
3-5 year olds

K-12 Special Education
6-22 year olds

RED, CDA,
Evaluation Report,
Eligibility, IEP

RED, Assessed in all
areas, Evaluation
Report, Eligibility, IEP

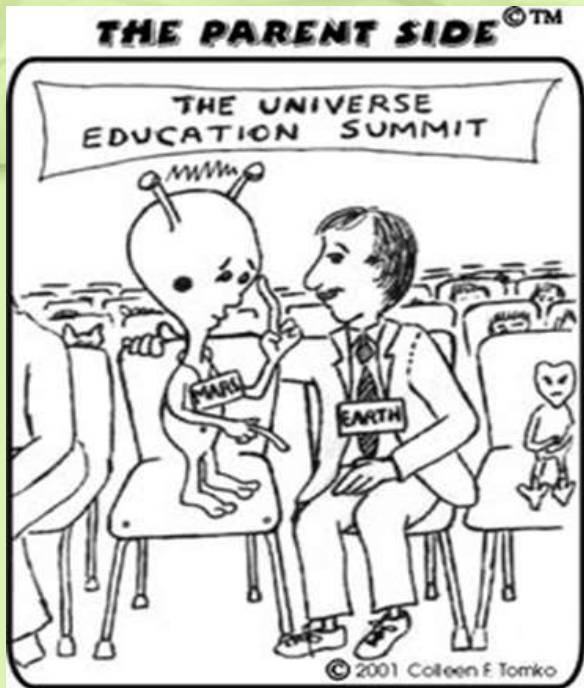
**Federal and
State Funding**

**No specific funding,
but districts must
provide required
supports**

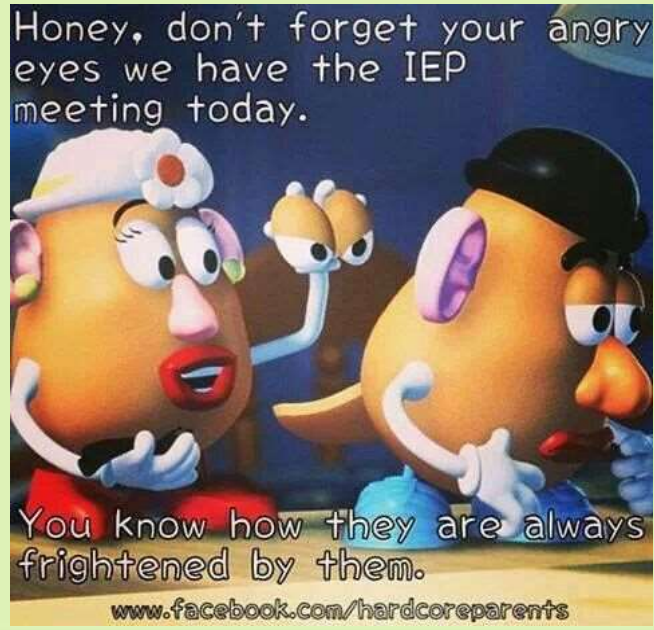
Parent requests evaluation,
Review existing data...
If no IDEA eligibility, a
different team may consider a
504 Plan

504 Plan:
3-22 year olds





Let me get this straight... You label certain kids and take them away from the rest of the kids and call that special? Then you group those kids in the separate placements by their labels and call that individualized? What planet are you from?



An IEP includes...

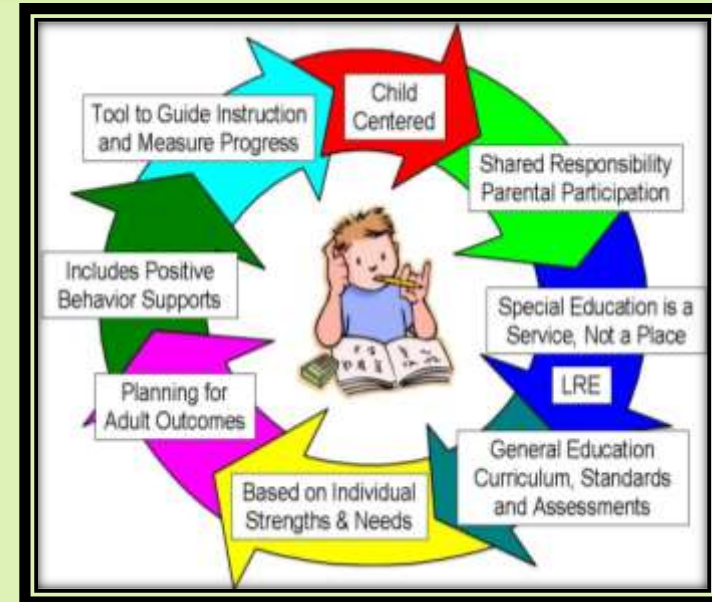


A student's present level...
leads to goals which...
leads to services which...
leads to identification of the
environment (LRE) in which
services will be delivered.

Present level of Achievement & Performance (PLAAFP)

A student's present level...

- * Academic
- * Functional
- * Behavioral/Social
- * Data based
- * How the disability affects involvement and progress in the general curriculum.



Annual Measurable Goals

Include academic and functional goals that meet the student's needs... that result from the student's disability... to enable them to be involved and make progress in the general curriculum.



Services & LRE

Least Specialized & Separate

- General Education
- General Education with Co-Teaching (Specially Designed Instruction)
- General Education with Specially Designed Instruction
- General Education and Special Education
- Special Education and General Education
- Special Education
- Special Day School
- Homebound or Hospital Instruction
- Residential School

Most Specialized & Separate



Each PEA must ensure that each student is provided this opportunity to the maximum extent appropriate

Specially Designed Instruction (SDI)

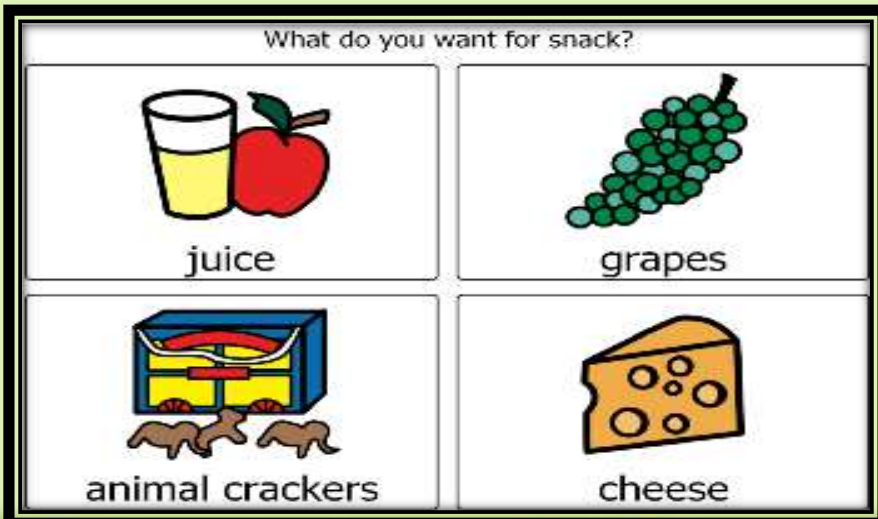
Means adapting, as appropriate to the needs of an eligible child, the content, methodology, or delivery of instruction:

- 1) to address the child's unique needs resulting from the disability; and
- 2) ensuring the child's access to the general curriculum so that the child can meet the educational standards that apply to all children within the jurisdiction of the public agency.

[34 CFR 300.39](#) (b)(3)

Considerations: Communication

- Create and use Visual Supports
 - Individual visual schedule
 - Visuals to support activities/curriculum
 - Visuals for directions
 - Visuals for beginnings and endings
 - Visuals for classroom and outside rules
 - Visuals for behavior support



Considerations: Sensory

- Assess needs and have sensory breaks throughout the day
- Incorporate proprioception activities into the day
 - swings, monkey bars, chair/desk push-ups, heavy lifting
- Provide something to bite, crunch, suck, chew, or blow
- Consider the lighting, temperature, smells, and sounds
- Provide fidget toys, weighted vests, blankets, lap pads
- Limit of distractions



Considerations: Social

- Include activities to teach and support social/emotional skills
 - Social stories and social scripts
 - Peer support and buddy systems
- Social skill development should be a priority
- Social skills need to be taught, likely not to happen naturally
- Allow student choices to support activities during structured and unstructured times



Considerations: Instruction

- Develop and use visual supports and completed models
- Directions and classroom instruction in strategic groups
- Use interests/strengths to structure curriculum/free-time
- Supports as needed with a plan to fade
- Structure and consistency are key
- Make the specific learning areas visually obvious



How is Autism being supported?

Unless you're using evidence-based procedures, I can't hear a word you're saying.



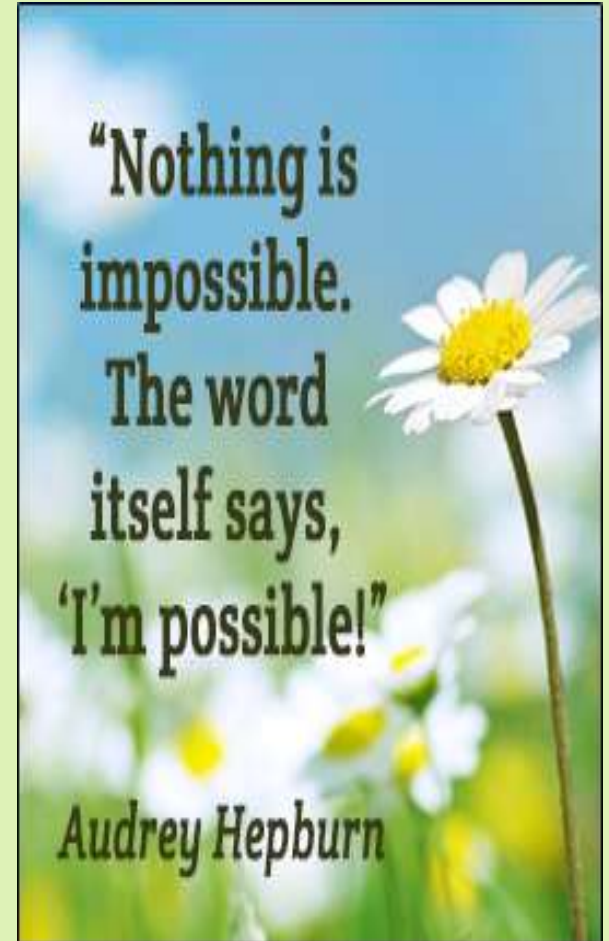
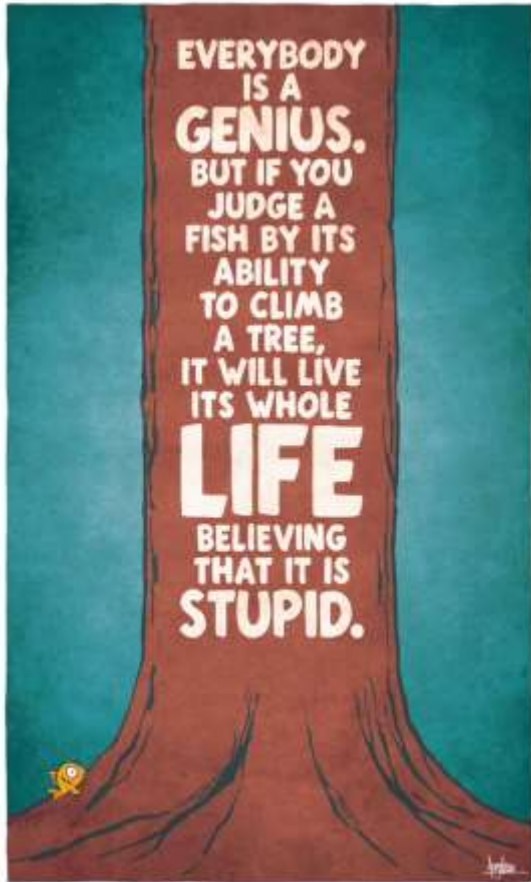
your  cards
someecards.com

Arizona State Autism Project (AzSAP)

- **Why:**
 - Research guides us:
 - Effective practices for students
 - Effective staff development
- **How:**
 - Empower school districts:
 - Implementation and training sites throughout the state/district
 - Practical solutions for teachers
 - District level coaches for sustainability
- **What:**
 - Focus on positive outcomes for: Students, Staff and Parents

- ## **Evidence-Based Practices...**
- Principles of ABA
 - Task Analysis
 - Discrete Trial Training
 - Reinforcement Systems
 - Peer Mediated Instruction
 - Schedules
 - Visual Supports
 - Aug Communication
 - Self-Management
 - Modeling/Imitation
 - Pivotal Response Training

Thank you



Lisa Kunz
Lisa.kunz@azed.gov