

Tuesday Plenary Session

Update from Michigan Department of Community Health

Jane Turner, MD

517-355-2145 Jane.Turner@chm.msu.edu

Objective:

Identify effective methods for the practical application of concepts related to improving the delivery of services for persons with developmental disabilities at the level of the state.

Notes:


Update from the Michigan Department of Community Health

Autism Spectrum Disorders and other Developmental Disabilities
April 2014



Jane Turner, MD, FAAP

- Professor, Pediatrics and Human Development, Michigan State University
- Assistant Medical Director, Office of Medical Affairs, Michigan Department of Community Health
 - Chief Medical Consultant for Children's Special Health Care Services
- Member of the Governor's Autism Council
 - Co-chair of Early Identification Subcommittee



Autism Spectrum Disorder Facts

- Autism spectrum disorders (ASD) are neurological disorders, characterized by social impairments, communication difficulties, and restricted, repetitive, and stereotyped patterns of behavior.
- Autism Spectrum Disorders occur in all racial, ethnic, and socioeconomic groups.
 - They are under diagnosed in many ethnic groups



Autism Spectrum Disorder Facts

- Centers for Disease Control and Prevention estimates 1:68 children are affected with autism.
- Autism is more common among boys (4:1 male:female)
- More children will be diagnosed with Autism Spectrum Disorder than AIDS, diabetes, and cancer combined this year.



Autism Spectrum Disorder Facts

- Autism costs the nation around \$137 billion per year, a figure expected to increase over the next decade.
- An average lifetime cost of \$1.4 million for a person affected by autism without an intellectual disability.
- 40% of children with autism are not verbal.



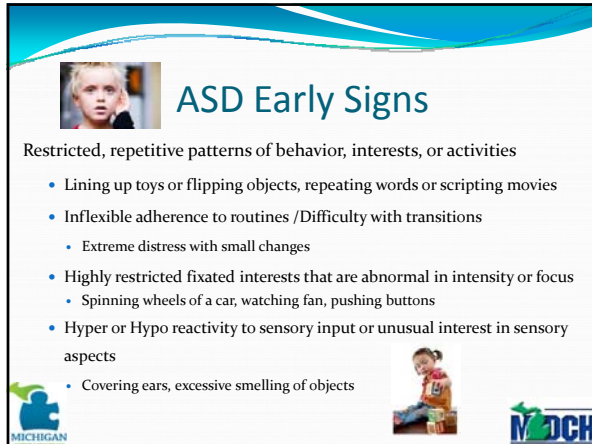
ASD Early Signs

Learn the Signs. Act Early.

Deficits in social communication and social interaction

- Child does not:
 - Babble or coo by 12 months
 - Use gestures or any words by 12 months
 - Any loss of speech, babbling or social skills at any age
 - Respond to his/her name
 - Make eye contact
 - Point at something of interest
 - Interacts with peers and/or caregiver







ASD Early Signs

Restricted, repetitive patterns of behavior, interests, or activities

- Lining up toys or flipping objects, repeating words or scripting movies
- Inflexible adherence to routines /Difficulty with transitions
 - Extreme distress with small changes
- Highly restricted fixated interests that are abnormal in intensity or focus
 - Spinning wheels of a car, watching fan, pushing buttons
- Hyper or Hypo reactivity to sensory input or unusual interest in sensory aspects
 - Covering ears, excessive smelling of objects

MICHIGAN 

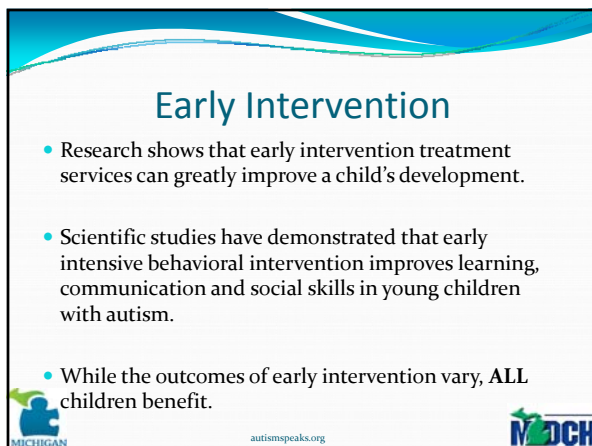


Signs of autism in young children

- Video by Rebecca Landa of Kennedy-Krieger Institute


<http://www.kennedykrieger.org/patient-care/patient-care-centers/center-autism-and-related-disorders/outreach-training/early-signs-of-autism-video-tutorial>

MICHIGAN 






Early Intervention

- Research shows that early intervention treatment services can greatly improve a child's development.
- Scientific studies have demonstrated that early intensive behavioral intervention improves learning, communication and social skills in young children with autism.
- While the outcomes of early intervention vary, **ALL** children benefit.

MICHIGAN autismspeaks.org 

Why Early Intervention?

- Develop needed skills
- Reduce chances of problems down the road behaviorally
- Brain is developing at a rapid pace we want to capitalize on this!



Early Intervention: ABA




Applied Behavior Analysis

- The science of analyzing and improving socially significant human behavior.





Applied Behavior Analysis

- Applied Behavior Analysis (ABA) services for ASD
 - Focuses on increasing language acquisition, communication, peer interactions and social skills, responding to group instruction, academic/cognitive skills, following typical classroom routines, play skills, self-help and daily living skills, learning in and from the natural environment, and reducing inappropriate behavior(s).



Applied Behavior Analysis



- Applied Behavior Analysis
 - It is supervised by a Board Certified Behavior Analyst (BCBA)
 - Behavioral technicians/tutors work for the BCBA to deliver the intense treatment.
 - Family members and friends can participate in the treatment sessions.
 - It is provided in clinics, community centers, and homes.



ABA works!



- I see the results in my patients
- Teachers see results
- Parents see results

- We are learning more and more about how brain development – formation and trimming of synapses – is affected by interactions with the environment.
- Early intervention not only helps the child learn adaptive behaviors, it shapes the developing brain.



Programs in Michigan 2 years ago

- It was very challenging to obtain insurance approval for services to assist children and adolescents with autism.
- There were parents reporting they did not want to have the diagnosis “autism” for their child because it may mean not receiving services siblings could obtain.
- Physicians struggled with recommendations for treatment because of the lack of insurance benefits and resources to assist families.
- Applied Behavior Analysis was an unknown service and/or not an option for many families.



Autism Insurance Reform

- April 2012 the Michigan legislature passed a mandatory benefit for children and youth with ASD
- Insurance companies to be reimbursed by the state and money was set aside for this purpose (\$15 million per year).
- Benefit for children and youth to age 18 years.





Autism Insurance Reform

- Treatment must be evidenced based and includes the following care as determined by a licensed physician or a licensed psychologist:
 - Behavioral health treatment (applied behavior analysis)
 - Therapeutic care (speech therapy, occupational therapy)
 - Pharmacy care
 - Psychiatric care
 - Psychological care



Not so simple....

- Self funded programs are exempt from the mandate
 - Many large employers (GM, the state, major universities, health systems.....) are self funded.
- Self funded insurance will be reimbursed from the Autism Fund.
- A number of self funded insurances are adopting an autism benefit – but the benefit can be more limited than stipulated by the legislative mandate.



Self-Funded Insurance

- For assistance to adopt autism benefit recommend to companies:
 - Audra Parson at parsonsa@michigan.gov or 517/241-2343
 - www.michigan.gov/autismfund



Spring 2013: Medicaid

Prior to April 2013 and the Medicaid/MiChild Autism Benefit

- Children received primarily occupation and speech therapy.
- Applied behavior analysis therapy was not an option



MDCH-Autism Program






- Medicaid/MiChild Autism Benefit launched April 1, 2013.
- Families now have access to Applied Behavior Analysis (ABA) Services for children.
- Added Board Certified Behavior Analysts to the network of qualified providers.



Medicaid/MiChild Autism Benefit

- Target group
 - Children ages 18 months through 5 years.
 - MUST have a diagnosis of autism spectrum disorder (ASD).
 - Have the developmental capacity to clinically participate in the available interventions covered by the benefit.

Medicaid/MiChild Autism Benefit

- Diagnostic Evaluation
 - ADOS-2 (Autism Diagnostic Observation Schedule)
 - Structured Interview
 - ADI-R (Autism Diagnostic Interview-Revised)
- Independent Assessments
 - Vineland Adaptive Behavior Scales-Second Edition
 - Cognitive Assessment-Testing is required during the first quarter of service if not done initially
 - Mullens, Wechsler (III or IV), Differential Ability Scales II
 - Behavior Outcome measurement tool
 - VB-MAPP or ABLLS




Medicaid/MiChild Autism Benefit

- Additional services may also be available after qualifying for the autism benefit.
 - Speech therapy, occupational therapy, etc.
 - Local community mental health agency will assist with giving qualified options.

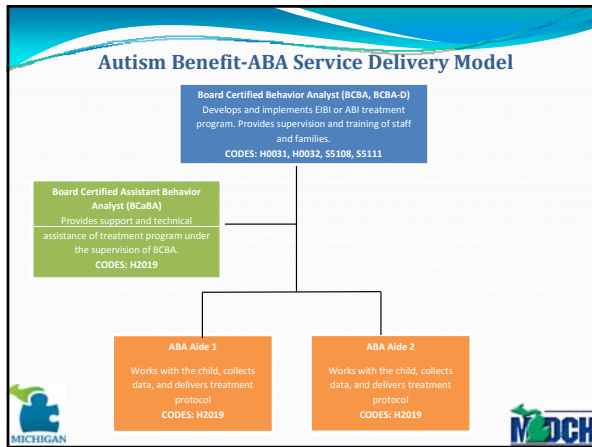



Medicaid/MiChild Autism Benefit

- If the child is six years of age or older, still recommend follow up for diagnosis and services.









Medicaid Services Beyond Age 6 For Children with Autism

Community Living Supports (CLS)

- Provides support to a beneficiary and the family in the care of their child, while facilitating the child's independence and integration into the community.
 - This service provides skill development related to activities of daily living, such as bathing, eating, dressing, personal hygiene, household chores and safety skills; and skill development to achieve or maintain mobility, communication, socialization and relationship-building skills, and participation in leisure and community activities.
- These supports may serve to reinforce skills or lessons taught in school, therapy, or other settings. Community Living Supports are used to increase or maintain personal self-sufficiency, facilitating an individual's achievement of his goals of community inclusion and participation, independence or productivity.
- The supports may be provided in the participant's residence or in community settings (including, but not limited to, libraries, city pools, camps, etc.).

Medicaid Services Beyond Age 6 For Children with Autism

Family Support and Training



- The training and counseling goals, content, frequency and duration of the training must be identified in the beneficiary's individual plan of service, along with the beneficiary's goal(s) that are being facilitated by this service.

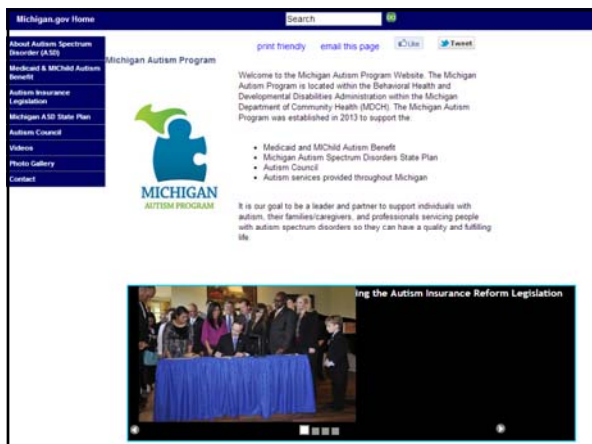




Medicaid Services

- Other Medicaid Services for individuals eligible with developmental disabilities delivered through the community mental health system:
- Under the B and B3 waiver services (not exhaustive)
 - Assessments, Behavioral Management Review, Family Therapy, Health Services, Home-Based Services, Medication Administration/Review, OT, PT, Speech, Targeted Case Management, Treatment Planning, etc.
 - Additional (b-3) Services include Assistive Technology, Community Living Supports, Enhanced Pharmacy, Crisis Care, Family Support & Training, Respite, Skill-Building, Support Coordination, Supported Employment, etc.



Michigan Successes




- Board Certified Behavior Analysts (BCBA)
 - 73% increase from April 2012 (118) to March 2014 (205)
 - 168% increase in BCBA's working in the Medicaid and private sector with children with ASD from April 2012 (38) to March 2014 (102).
 - Michigan has the 13th most BCBA in the United States
- New Behavior Analysis Programs in Michigan
 - Central Michigan, Michigan State, Oakland, Wayne State added programs for BCBA's.
 - Central Michigan and Wayne County Community College added programs for ABA techs/tutors/aid.




Mental Health and Wellness Commission 2013 Report

Ensure that public school “educational services and supports” are a priority in the next phase of implementation of the Autism Spectrum Disorder State Plan by working with the leadership of the Autism Council, the Department of Community Health and the Department of Education.

<http://www.michigan.gov/mentalhealth>




Mental Health and Wellness Commission 2013 Report

Adopt a statewide policy, either through legislation and/or executive order, on employment that honors the choices and goals of the individual and includes a variety of appropriate options to achieve those goals. It is also recommended that the State of Michigan be a leader in adopting these employment practices within state government.

<http://www.michigan.gov/mentalhealth>




Autism Council

- Appointed by the Governor summer 2012
- 12 members representing
 - State departments of Community Health, Education , Human Services
 - Universities and provider community
 - Families and individuals with ASD
- Charged to over see the implementation of the Michigan Autism State Plan



Michigan Autism Spectrum Disorders State Plan

- The Michigan Autism Spectrum Disorders (ASD) State Plan was released in March 2013.
- 150 Committee Members are comprised of advocates, universities, government agencies, professionals and families.



Autism Council Committees



- Standing committees
 - Early Identification/Early Intervention Subcommittee
 - Adult Services Subcommittee
 - Education Subcommittee
- Ad Hoc Committees
 - Insurance Committee
 - Crisis Management Committee

<http://michigan.gov/autism> click on Autism Council



Great Start & School Districts

- Early Childhood Program Inventory
http://www.michigan.gov/documents/mde/2_Appendix_1_-_Program_Inventory_-_FINAL_422081_7.PDF
- Early On – assist children with developmental delays through age 3.
- Encourage sharing diagnosis, behaviors, needs and other services with school district staff.
- Promote having all needs and coordination addressed in students Individualized Education Plan (IEP).





Challenges

- Improve **early** identification for early intervention
 - Learn the Signs/Act Early
 - Screening and surveillance
- Improve coordination across systems
 - Education
 - Mental Health
 - Medical
 - Human Services
 - Community services





Challenges

- Build systems of care
 - State
 - Local
 - Around each child/youth/individual and family
- Increase the number of qualified professionals
 - Diagnosis
 - Treatment
- Adopt policies that ensure quality without creating barriers to access





Challenges

- As we respond to the growing number of individuals with ASD diagnosis, we must address the needs of those with DD who do **not** have an ASD.
- Create systems of care and services for individuals across the life span.
- Improve employment opportunities
 - Prepare the individual
 - Prepare the work environment



Conclusion

- More and more children are being diagnosed with Autism Spectrum Disorders.
- Early identification is critical for early intervention.
- Michigan has made great progress in the recent years in addressing the needs of children with ASD.
- There is MUCH WORK yet to be done to address the needs of children, youth, individuals, families with ASD and other developmental disabilities.



Acknowledgements

I thank Lisa Grost and the staff of the MDCH Autism Program for help with this presentation and for all the work they do for children/youth and families in Michigan who are touched by Autism Spectrum Disorder.

I also thank my colleagues on the Autism Council for all the work they do to improve the lives of individuals with Autism Spectrum Disorders and their families.

