

ARKANSAS LEGISLATIVE TASK FORCE ON AUTISM
MEETING MINUTES
JULY 19, 2013

The Arkansas Legislative Task Force on Autism met Friday, July 19, 2013, at 1:00 p.m., in Room 130 of the State Capitol, Little Rock, Arkansas. Senator Uvalde Lindsey, Senate Co-Chair, and Representative Mary Broadaway, presided.

Task Force members present were Senator Uvalde Lindsey, Representative Mary Broadaway, Representative Randy Alexander, Martha Kay Asti, Karan Burnette, Dr. Loretta Cochran, Dr. Charles Green, Glenda Higgs, Natalie Ibanez, Dr. Michael Martin, Karen Massey, Kay Michael, Eric Moxley, Dr. Tyra Reid, and Linda Rogers.

Senator Lindsey called the meeting to order. The minutes from the June 21, 2013, Autism meeting were approved by acclamation.

Update on the Home and Community Based Waiver

Ms. Anna Makogonova, Assistant Director, Developmental Disabilities Services (DDS), Department of Human Services (DHS), gave a PowerPoint presentation on the Home and Community First Choice Option (CFCO). Ms. Makogonova explained CFCO offers a broad range of community-based services to individuals with developmental disabilities who qualify for Medicaid services. She said CFCO does not have a dollar cap or a waiting list. CFCO allows states to receive a six percent increase in federal matching funds for providing community-based attendant services and support to Medicaid recipients. CFCO provides states the ability to waive annual recertification of institutional level of care requirement for individuals whose condition is determined to not improve due to the severity of a chronic condition or the degree of impairment. Under CFCO, individuals have more control over how they want to receive services. CFCO's Person-Centered Care Plan allows a participant to choose the setting in which the participant desires to reside.

DDS offers two models of CFCO service delivery: Traditional Agency-Provider Model and Participant Directed Model.

Under the Agency-Provider Model:

- The enrolled Medicaid provider provides CFC services and supports
- Use their employees or arranges provision of services under the direction of the individual receiving the services
- Provider of CFC services and supports must meet state defined provider qualifications

Participant maintains the ability to have a significant role in:

- Selection and dismissal of the providers of their choice
- Delivery of the specific care
- Identifying the services and supports in their person-centered service plan

Under the Participant Directed Model:

- Participant recruits, hires or selects attendant care provider
- Specifies attendant's provider qualifications, duties, and schedule
- Supervises, trains, manages, evaluates, and dismisses attendant
- Determines the amount paid for a service, support, or item, in accordance with state and federal compensations requirements
- Reviews and approves provider payment requests

Dr. Charlie Green, Director, DDS, DHS, explained the CFCO assessment process. He said individuals must be unable to care for themselves at home or need a nursing home or other institutional setting. The individual must participate in CFCO assessment to determine level of need and prove they qualify for CFCO services before age 22. Periodic assessments provide valuable information regarding quality care planning as each individual's level of needs may change. CFCO assessments are conducted by an independent third party and qualified developmental disability professionals. Projected timeline to eliminate the current Community Based Waiver waiting list is July 2014. Dr. Green said transportation is included in the DDS individual care plans for Medicaid recipients.

The Use of Restraints and Seclusion in Arkansas Public Schools

Ms. Kimberly Parker, Family Support Advocate, Special Child NWA, expressed concerns with public schools policies and guidelines regarding the use of restraints and seclusion. Ms. Parker's handout (D-1), *An Act to Prevent and Reduce the Use of Restraint and Seclusion in Schools, and Keep Each Student Safe*, is draft legislation promoting the right of all students to be treated with dignity including children with the most complex behavioral needs. Ms. Parker stated she is not opposed to schools using restraints and seclusions as a last resort. She is concerned classroom teachers are being injured because they are not adequately trained on how to properly use restraints. Ms. Parker suggested school teachers and staff receive additional support and training and identify plans and strategies that will help reduce the use of these methods. Ms. Parker said currently Arkansas does not have a law that governs restraints. Ms. Parker's handout (#1) "Restraints and Seclusion of Students", addresses concern with "How Can We Protect Children and Teachers from Further Harm?" We need a regulation that:

- Defines restraints, seclusion and transport
- Limits use to risk of physical harm to self or other
- Requires data collection and reporting
- Requires parental notification and involvement
- Emphasizes prevention and promotes safety

Ms. Laura Parish, parent of an autistic child, described the trauma and injuries her child received from being improperly restrained at his school. She said the school never notified her on the day they used restraints that caused bruising on her son's arms and back. Ms. Parish said her son has never exhibited behavior at home where using restraints was necessary. She quit her job and is currently homeschooling her son because she feels the school is unable to provide a safe learning environment.

Mr. Khris Shinn, Behavior and Consulting Certified Instructor, Above All Else, Inc., said he and his wife are parents of two autistic children. Mr. Shinn's program offers parents and school

teachers prevention and de-escalation techniques as learning tools to reduce aversive behavior in children with autism and other developmental disabilities. Mr. Shinn said his goal is to teach parents and school teachers how to successfully minimize escalations by recognizing the child's triggers. Once the child's triggers are discovered, parents and school teachers will know which physical techniques are most successful in minimizing and eliminating the need to use restraints. Mr. Shinn's program is a comprehensive four-day, twenty-two hour training program. Parents and teachers receive a certificate once they have successfully completed the program.

Dr. Shannon Koeneman Edwards, Mercy Hospital, Northwest Arkansas, parent of an autistic child, explained issues she's encountered placing her child in public school and issues with her case worker.

Ms. Martha Kay Asti, Arkansas Department of Education (DOE), explained DOE has created a committee to review the state's Restraint and Seclusion guidelines to make certain policies are consistent with the federal policy on the Use of Restraint and Seclusion in Schools document. She said there is not a systematic way of collecting information regarding which schools use restraints and seclusion. Ms. Asti said DOE is willing to help develop legislation on governing restraints and seclusion in Arkansas public schools. The committee is in the process of making any changes that are necessary to the state's guidance document to make certain it is consistent with federal standards. Once the guidance document is edited, DOE will email a copy to staff.

Dr. Courtney Salas-Ford, Legal Counsel, Department of Education Special Education, explained the DOE committee is collecting data on how other states implement restraints and seclusion. DOE's guidance document should be completed by August 2013.

Mr. Mike Feehan, BLR attorney, explained the Arkansas Legislative Task Force on Autism statute specifies who can be a voting member of the Task Force. Mr. Feehan said the Task Force can have an unlimited number of individuals as advisory members of the Task Force at the discretion of the Task Force Chairs. The Task Force Co-Chairs can ask task force members to vote on whom they wish to add as an advisory member to the Task Force. Mr. Feehan said advisory members cannot vote. Mr. Feehan said the Task Force's only authority is to gather information and report that information to the General Assembly for legislative action.

Meeting adjourned at 3:40 p.m.