

**ARKANSAS LEGISLATIVE TASK FORCE ON AUTISM
MEETING
MARCH 16, 2012**

The Arkansas Legislative Task Force on Autism met Friday, March 16, 2012, at 1:30 p.m., in Room 130 at the State Capitol, Little Rock, Arkansas. Senator Mary Anne Salmon and Representative Uvalde Lindsey, presided.

Task Force members present were Senator Mary Anne Salmon, Representative Uvalde Lindsey, Ms. Leslie Henson-Kita, Ms. Marjorie Greenberg, Dr. Steve Kahler, Dr. Michael Martin, Dr. Tyra Reid, Dr. Charlie Green, Mr. Don Honey (sitting in for Mr. Jay Bradford), Ms. Dianna Varady, Ms. Karan Burnette, Mr. Eric Moxley, Dr. Loretta Cochran, Ms. Karen Massey, Ms. Maureen Bradshaw, Ms. Tonya Russell (ex-officio), and Ms. Martha Kay Asti.

Representative Lindsey opened the meeting. The minutes of the November 18, 2011, meeting were approved by acclamation.

Representative Lindsey reminded task force members to provide staff contact information regarding each task force member's major ERISA provider's information. Task Force Chairs will write letters requesting self-insured companies around the state to follow the state mandate to include autism in their health insurance plan.

Discussion of Special Education Mediation

Ms. Melanie Ewell, UALR Mediation Program, explained her handout, the Early Intervention and Special Education Mediation Projects. The mediation project is funded through a grant from the Arkansas Department of Education, Special Education. Ms. Ewell explained when parents and teachers disagree on the child's individualized educational plan (IEP), a mediator can be used as an open-minded, third party to help parents and teachers find a solution that is agreeable to all. Mediation is a free service to the parents that is voluntary and confidential. Mediation is scheduled after everyone has agreed to mediate. The people at a mediation include the mediator, parents/guardians, other persons with knowledge of the child, school personnel involved in the student's education, and someone with authority to make decisions for the school. The parties sign a contract agreeing the mediation is confidential. The mediator guides the meeting and helps parents and teachers identify and discuss the issues. If a partial or full agreement is reached, the mediator writes the agreement and all parties sign the agreement. The mediation project will follow-up in three months with all parties to see if everything is going well. If the parent has any concerns regarding unresolved IEP issues, the parent still has the right to a due process hearing relating to those issues.

Ms. Courtney Ford, Department of Education (DOE), explained the mediation process does not cover IDEA violations. If a parent files a complaint with the DOE against a school district for violating IDEA, the DOE is responsible to monitor the school district to make certain the school is complying to IDEA.

Ms. Tonya Russell, Director, Division of Child Care and Early Childhood Education, DHS, said she will disseminate the mediation information to the department's Early Care and Education providers and the department's resource and referral agencies across the state.

Ms. Martha Kay Asti, Associate Director of Special Education, Arkansas Department of Education, explained DOE is waiting on federal changes being made regarding how states monitor school districts' processing and compliance systems for students with disabilities. The federal government wants to maintain compliance and focus on successful outcomes by closing the achievement gap for students with disabilities and move away from "one size fits all" focused approach to a more balanced system looking at how students are being educated in addition to continuing efforts to protect their rights.

Ms. Maureen Bradshaw, Coordinator for the Behavior Consultants, Arkansas Department of Education, stated she is working on a five year grant proposal for staff development. Ms. Bradshaw said behavior consultants are receiving early intervention training from a BCBA that also includes autism and other developmental disabilities. Behavior consultants will be able to train teachers at co-ops and school districts around the state in an efficient and effective way. Training is tiered beginning with staff development on the first level to a higher level of intensive training in areas with a large autism population.

Update on Insurance Efforts regarding BACBs

Dr. Michael Martin, Arkansas Blue Cross and Blue Shield, explained Arkansas Blue Cross and Blue Shield sponsored a provider workshop for Board Certified Behavior Analysts (BCBA). The workshop was attended by over half of the BCBA's in the state and received positive feedback. Dr. Martin said Blue Cross reached out to BCBA's who did not attend the workshop to make certain they were aware of the information and can seek regional representation if they were unable to attend the workshop. The workshop covered the credentialing process and welcomed BCBA's input.

Mr. Dan Honey, Arkansas Insurance Department, stated the department has not received any negative feedback from parents regarding filing insurance claims for autism.

Discussion of Arkansas Health Care Payment Improvement Initiative

Dr. William Golden, Arkansas Medicaid Medical Director, DHS, explained how health providers in the state are working together to make health care more affordable while improving the quality of care. The initiative will change the current volume-driven, fee-for-service model to an episode-based bundled payment strategy. The goal is to align payment incentives with delivery of high quality, coordinated care for active management of existing conditions while retaining the actuarial risk of new conditions. Efforts are being made to eliminate duplicate tests, poor coordination between health care providers and unnecessary procedures. Dr. Golden said the DD workgroups selected several clinical areas of acute care such as developmental disabilities, ADHD, congestive heart failure, neonatal care, and hip and knee surgery, to begin redesigning opportunities to improve the quality of care, client experience, and cost efficiency of care provision.

Dr. Golden said workgroups are focusing on designing choices for care coordination for all patients including developmental disabled (DD) individuals while maintaining the patient's health status between office visits. The workgroup's goal is to improve health care quality and provide integration of medical and behavioral health care to better meet the needs of patients while avoiding ER visits and other unnecessary expenses to the state. Workgroups are focusing on patients with severe mood disorders, complex patients with complex diseases and frailties.

Dr. Charlie Green, DHS, Developmental Disability Services, explained the DD workgroups have identified opportunities to improve quality of care, client experience, and cost efficiency of care provision.

1. Ensure DD care provision is efficient and based on client needs.
2. Minimize resources and time not focused on delivering client care
3. Increase care coordination delivery by integrating medical and behavioral care, to reduce unnecessary medical and behavioral healthcare spending, and promote wellness activities.

Meeting adjourned at 3:25 p.m.