



Public Comments

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) State Plan Amendment on Autism Spectrum Disorder Services

Many submissions on public comments were duplicative and are **highlighted in Yellow** below

1. No available resources available for children and families at Ft. Berthold (3 affiliated tribes)
State response: The autism services are available in-home, with providers traveling to the families to deliver services.
2. Travel 1-3 hours for services
State Response: Because ND is a rural state, some services will require travel either on the part of the parent or the provider.
3. Lack of available services
State Response: The state is constantly looking to build capacity and researching additional options for service delivery.
4. SPA would limit access to evidence-based treatment.
State Response: This is an ASD-specific state plan and thus an evaluation and diagnosis component must be present in order to effectively deliver appropriate treatments
5. Clarify that the requirement of a medical/physical evaluation is separate from the requirement to diagnose and treat ASD.
State Response: The medical/physical evaluation is separate and is necessary as the first step in identifying the need for further ASD screening and to rule out other possible Medical conditions.
6. EPSDT prohibits states from imposing limits on medically necessary treatment.
State Response: The treatment recommendation is in place not to impose limits, but rather to provide guidance to practitioners to ensure that therapies are delivered in a quantity that can be both productive and therapeutic.
7. 30 to 40 hours per week of treatment should be delivered.
State Response: The 30-40 of weekly interventions incorporates school, OT, PT, SLP, and other various interventions, INCLUDING the generalization of skills taught by the parents in the home setting.
8. Vineland II not comprehensive to determine level of support.
State Response: A point of reference is needed for providing guidance to practitioners to ensure that therapies are delivered in a quantity that can be both productive and therapeutic.
9. Doesn't feel that team evaluations are necessary for diagnosis; single qualified professional should be sufficient.
State Response: Best practices in diagnostics are being used to rule out other possible conditions, which is only possible with a group of professionals with diverse expertise.
10. Minimum 2 years' experience including autism specific training is an unnecessary requirement.

State Response: No prior experience could easily lead to misidentification of the disorder and thus possible inappropriate and ineffective treatment.

11. Delete all references to Attachment “A”.

State Response: This has been removed as per the guidance of CMS.

12. Delete reference to amount of caregiver participation. Clarify that caregiver participation is not a requirement to receive treatment.

State Response: Caregiver participation has been shown through extensive research to be absolutely essential to the generalization of skills and the effectiveness of the evidence-based practices.

13. Clarify that skills training is delivered directly to the child.

State Response: That is correct, however the training may also be taught to the parent or other caregiver in order to promote generalization of skills and to be effective across the lifespan.

14. Consider eliminating the requirement for the supervision to be one-to-one (team meetings).

State Response: Revision has been made to the state plan.

15. Remove CARS from screening to diagnostic tool

State Response: The CARS as a diagnostic tool does not meet reliability standards at this time.

16. Add ages and stages as a screening tool

State Response: As per CMS guidance, listed screening tools are being removed from the state plan.

17. Where does the referral go after screening? Who do screeners send it to?

State Response: The screening results would go to the child’s physician. The state would provide guidance when needed in connecting families with resources.

18. Will the EDT’s be collecting records for a comprehensive chart review?

State Response: Yes.

19. What does environmental assessment mean?

State Response: Assessments are to be completed or observations are to happen in the home environment whenever possible to get as much insight as possible for an accurate diagnosis.

a. Cost of additional time and travel is a concern

State Response: Due to ND’s rural nature, the state understands this concern and continues to look for additional providers and options. This will require collaboration in workforce development with other providers and agencies across the state.

20. Professionals providing clinical oversight should have two years’ of experience

State Response: This is an issue that is under consideration for policy.

21. Change physical therapy “aid” to “assistant” as aid requires high school graduation only.

State Response: The state will further review this request.

22. ADOS2 scores should not be relied upon solely. Denies use of clinical judgment.

State Response: Clinical judgement should be used in unison with the ADOS tool.

23. What will the reimbursement rates be for EDTs?

State Response: These rates are currently being formulated.

24. Travel is not addressed. If teams are required to assess in natural settings, travel should be reimbursed.

State Response: Due to ND's rural nature, the state understands this concern and continues to look for additional providers and options. This will require collaboration in workforce development with other providers and agencies across the state..

25. At least two EDT members need minimum of two years' experience including ASD specific training or clinical experience.

State Response: This is an issue that is under consideration for policy.

26. With the absence of case management, clarification regarding who is responsible for coordinating services is requested.

State Response: The BDPM will provide a leadership position in coordination of services because of their pivotal role in the development and ongoing monitoring of services identified in the care plan.

27. Registered behavior analyst is different from a registered applied behavior analyst.

State Response: The terminology used in the state of ND for this position is "Registered Behavior Analyst" as per the credentialing board.

28. Add a licensed OT, SLP or school psychologist to the list of qualified BDPM

State Response: This is a highly trained position requiring extensive program development and intervention knowledge; therefore the above listed professionals would not have appropriate training.

29. BDPM requires minimum two years' experience including ASD specific training (or direct work experience).

State Response: This is an issue that is under consideration for policy.

30. Reimbursement rates for BDPM must incorporate expense of travel and time. The hourly rate for BDPM averages a minimum of \$75 per hour.

State Response: Due to ND's rural nature, the state understands this concern and continues to look for additional providers and options. This will require collaboration in workforce development with other providers and agencies across the state.

31. Travel must be addressed; could be traveling in excess of 200 miles round trip.

State Response: Due to ND's rural nature, the state understands this concern and continues to look for additional providers and options. This will require collaboration in workforce development with other providers and agencies across the state.

32. Include the following bachelor's degrees under the SPA credentials: child development, communication disorders (including audiology and speech pathology), special education, elementary education, secondary education, social work, psychology, and occupational therapy.

State Response: Consideration will be given to this request

33. Consideration should be given for removing the following credentials from skills training: Consideration should be given to removing the following qualifying credentials for Skills Trainers: BCBA; BCBA-D; LPPC; LPC; Psychiatric Triage Therapist; Licensed Marriage and Family Therapist; Psychiatric Nurse Practitioner.

State Response: Due to the lack of professionals to meet the demand, the state is trying to incorporate as many highly trained professionals as possible for services delivery.

34. There should be an indicator that "equivalent degrees" or "other human services degrees" are acceptable at the discretion of DHS – Medical Services Division.

- State Response: The State has considered but will not be making a change.**
35. Reimbursement rates for Skills Trainers must include a travel differential expense.
State Response: Due to ND's rural nature, the state understands this concern and continues to look for additional providers and options. This will require collaboration in workforce development with other providers and agencies across the state.
36. Supervision of skills trainers be changed to a minimum of 20% to reflect BCBA guidelines.
State Response: State has considered but will not be making a change.
37. Interventions must be available to all individuals and not specific to an ASD diagnosis.
State Response: This is an ASD-specific state plan amendment
38. How will families receive access to the professionals?
State Response: Due to ND's rural nature, the state understands this concern and continues to look for additional providers and options. This will require collaboration in workforce development with other providers and agencies across the state.
39. How will parents receive this information?
State Response: The state autism services webpage and the state's autism services unit will be available for further provision of information and guidance.
40. Will behavioral therapy be accessible to all disabilities under EPSDT?
State Response: This is an ASD-specific state plan amendment
41. Who will be reviewing all behavioral therapy under EPSDT?
State Response: The autism services unit will review
42. Add case management
State Response: The BPDM will provide a leadership position in coordination of services because of their pivotal role in the development and ongoing monitoring of services identified in the care plan.
43. Educate on EPSDT.
State Response: This will be referred to the EPSDT administrator for further action.
44. Concern in shortage of providers across the state.
State Response: Due to ND's rural nature, the state understands this concern and continues to look for additional providers and options. This will require collaboration in workforce development with other providers and agencies across the state.
45. Challenges regarding ability to recruit qualified practitioners.
State Response: Due to ND's rural nature, the state understands this concern and continues to look for additional providers and options. This will require collaboration in workforce development with other providers and agencies across the state.
46. Encourage language to embrace family/professional partnerships and the use of a family-centered culturally competent and community-based system of care.
State Response: Caregiver participation has been shown through extensive research to be absolutely essential to the generalization of skills and the effectiveness of the evidence-based practices. The state completely agrees that the family, community, and culture are an integral part of the success of this program.
47. Qualified practitioners and supervisors should be better defined.
State Response: This is defined in the practitioner's scope of practice

48. Address teletherapy services.

State Response: This is an issue that is addressed in state policy

49. Qualified professionals should be required to do yearly continuing education credits in ASD and related issues.

State Response: Each qualified professional would need to follow the continuing education guidelines of their specific licensure board.

50. How will the state ensure that the most current instruments are able to be utilized?

State Response: The state will make every effort to utilize the best and most current instruments.

51. Add licensed neuropsychology, LMFT, and licensed LPCC to qualified practitioners under EDTs.

State Response: These individuals could be incorporated as additional team members if deemed necessary, but are not qualified to rule out medical conditions.

52. The ADIR (Autism Diagnostic Interview Revised) should be used by the EDT as it has higher reliability than the current DSM-V.

State Response: This comment was considered but no changes are being made to the state plan.

53. Add LMFT and LPCC for BPDm.

State Response: The state has considered this request and will not be expanding at this time.

54. Add behavioral health services and family caregiver education to the framework.

State Response: These can be addressed through other EPSDT avenues but is not specific to ASD.

55. Happy to see that EDTs can include primary care providers paired with SLP and OT or PT.

State Response: Thank you.

56. Environmental assessment needs to be in the form of a questionnaire as traveling to rural areas is very costly.

State Response: Assessments are to be completed or observations are to happen in the home environment whenever possible to get as much insight as possible for an accurate diagnosis. Due to ND's rural nature, the state understands this concern and continues to look for additional providers and options. This will require collaboration in workforce development with other providers and agencies across the state.

57. Social workers should be exempt as qualified practitioners under BPDm.

State Response: This is a highly trained position requiring extensive program development and intervention knowledge; therefore the above listed professionals would not have appropriate training.

58. Add AFLS under care plan tools.

State Response: This tool has been added.

59. Qualifications of skills trainers are very high and will severely limit the number available to provide skills training services.

State Response: Due to the lack of professionals to meet the demand, the state is trying to incorporate as many highly trained professionals as possible for services delivery. That said, competency and professionalism must also be maintained for the safety of the recipients.

60. BDPms and skills trainers must be from the same organization.

State Response: No change needed.

61. Unrealistic and unnecessary for the primary caregiver to be involved.

State Response: Caregiver participation has been shown through extensive research to be absolutely essential to the generalization of skills and the effectiveness of the evidence-based practices. The state feels that the incorporation of family, community, and culture are an integral part of the success of this program.

62. Our current rate for BDPM services is \$125 per hour.

State Response: Thank you for your comment.

63. If reimbursement rates are too low, providers will not be able to participate.

State Response: Thank you for your comment.

64. Will these services cover behavioral supports for individuals with Down's syndrome?

State Response: This is an ASD-specific state plan amendment

65. Who is going to review the diagnosis information at the state level and how will it be managed within the limitations in department staffing?

State Response: The department will accept the Evaluation and Diagnostic Team's qualified decisions regarding diagnosis.

66. The administrative burden to the state could be unmanageable given the amount of detail written into this state plan amendment.

State Response: Thank you for your comment.

67. There should be an indicator that equivalent degrees, or other human services degrees, are acceptable for skills training at the discretion of DHS.

State Response: Due to the lack of professionals to meet the demand, the state is trying to incorporate as many highly trained professionals as possible for services delivery.

68. Delete level of support determination

State Response: A point of reference is needed for providing guidance to practitioners to ensure that therapies are delivered in a quantity that can be both productive and therapeutic.

69. Delete mandatory requirement of a medical screening as a prerequisite state that a screening must be accomplished within 14 days of a request.

State Response: Medical screenings are required to rule out other diagnoses that may require alternate interventions. A 14 day timeline cannot be guaranteed.

70. The approved tools list should be removed from the State Plan amendment.

State Response: As per CMS guidance, listed screening tools are being removed from the state plan.

71. Delete the requirement for an EDT as a precondition for access to care.

State Response: Best practices in diagnostics are being used to rule out other possible conditions to ensure appropriate, accurate treatment.

72. Delete the two year experience requirement

State Response: This has been removed.

73. Delete the ADOS2 requirement and address in policy instead.

State Response: State considered but will not be making this change to the state plan.

74. Address SPA tools in policy.

State Response: Consideration will be given to this request.

75. SPA should provide that family and caregiver training are reimbursable services **but ensure that parental participation is not a condition for access to treatment.**
State Response: Family or caregiver can be trained as long as the training is for the direct purpose of helping the child. Caregiver participation has been shown through extensive research to be absolutely essential to the generalization of skills and the effectiveness of the evidence-based practices.
76. Language should be added that such licensed providers are qualified providers for (BDMP) therapies, within their scope of practice and competence based on knowledge, training and experience.
State Response: The state has considered but will not be amending the state plan.
77. Delete the requirement using evidence-based practices.
State Response: The ND legislature has made it clear through legislative intent that evidence-based practices are to be utilized to ensure success and safety of all participants.
78. ASD services framework training goals proposed edits: Change the language here to read, "ASD Preventative Services seek to develop, maintain or restore skills and functioning in all areas relating to a child's ASD diagnosis including..."
State Response: Changes have been made to the state plan.
79. **Delete the caregiver participation as it is a clear violation of EPSDT and MHPAEA.**
State Response: Caregiver participation has been shown through extensive research to be absolutely essential to the generalization of skills and the effectiveness of the evidence-based practices.
80. Address in policy rather than SPA the requirement of presence and availability of a caregiver.
State Response: Caregiver participation has been shown through extensive research to be absolutely essential to the generalization of skills and the effectiveness of the evidence-based practices.
81. Under supervision of skills trainers, add an additional paragraph stating a supervising qualified provider shall also provide additional supervision as may be needed based on applicable professional standards in individual case needs which may include data review, group training and instruction.
State Response: Changes have been made to the supervision requirements in the state plan.
82. Include a description of case management and supervisory activities.
State Response: The BPDM will provide a leadership position in coordination of services because of their pivotal role in the development and ongoing monitoring of services identified in the care plan.
83. **Add licensed neuropsychology, LMFT, and licensed LPCC to qualified practitioners under EDTs.**
State Response: These individuals could be incorporated as additional team members if deemed necessary, but are not qualified to rule out medical conditions.
84. **Add LMFT and LPCC for BPDM.**
State Response: The state has considered this request and will not be expanding at this time.