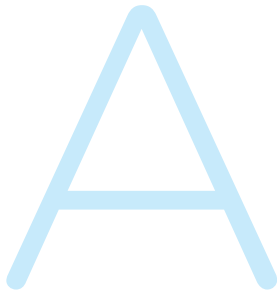


# Appendices



# Appendix A

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**AUTISM WORKING GROUP DISCUSSION - JULY 31, 2014**

# Autism Working Group Discussion

July 31, 2014, Baton Rouge Area Foundation Offices

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## **EXECUTIVE SUMMARY**

At a summit held at the Baton Rouge Area Foundation on July 31, 2014, 36 concerned community members and BRAF staff members shared their thoughts and experiences on autism services in the Baton Rouge area. Several themes repeated themselves throughout the day: consolidation of information and coordination of services is deficient and important to providing appropriate care. Funding for existing and future resources is limited, clinical providers are stretched thin and will only be strained further in the future. Transitional programs for adults with autism are limited, and families lack effective resources to provide opportunities and support for their children. Additional interviews with individuals and service providers need to be done and a robust community assessment will be compiled by SSA consultants.

## **MINUTES**

A meeting to discuss autism was convened on July 31, 2014 in the Falk Conference Room at the Baton Rouge Area Foundation's office. Community members in attendance were Rabbi Barry Weinstein, Bill Silva, Bobby Welch, Cheryl Knight, Chris Meyer, Christel Slaughter, Elissa McKenzie, Errin Flynn, Frank Simoneaux, Gwen Hamilton, Jamie Tindle, Jan Ross, Dr. Scott Meche, Jennifer Winstead, John Paul Funes, Lauren Perry, Linda Spain, Mark Thomas, Mary Terrell Joseph, Melissa Juneau, Raymond Jetson, Robert and Conway Pettit, Sara Elizabeth Monsour, Shelley Hendrix, Steve Whitlow, Teresa Wilson, Victor Sachse, and Walter and Mary Ann Monsour. Foundation staff members in attendance were John Spain, Amber Cefalu, Beverly Moore, Lauren Crapanzano, Lois Smyth, and Mukul Verma.

### **I. WELCOME**

John Spain welcomed everyone to the meeting and thanked them for their participation in the discussion. He thanked the Pennington Family Foundation and Lori Bertman who have provided both leadership and funding for various autism projects in the community and explained that Lori could not be at today's meeting because she was conducting a staff strategic planning session out of town. John also acknowledged the leadership of Matt and Sherri McKay, Walter and Mary Ann Monsour, Jennifer Eplett Reilly, Stephen and Colleen Waguespack. Melissa Juneau, Shelley Hendrix and Linda Spain for their support and encouragement in starting this project.

John shared with the group details of the early research and more than two dozen interviews done by the foundation in preparing for this workshop. He introduced Dr. Christel Slaughter with SSA Consultants who would lead the discussion. All participants introduced themselves and shared why they were in attendance at the meeting.

### **II. AUTISM SERVICES STRENGTHS**

Participants were asked to discuss existing strengths in the services provided to individuals with autism in the Capital region.

Several participants noted the increased awareness of autism. This awareness has led to increased diagnosis and earlier intervention, greater willingness from families to discuss their diagnosis and seek help, better services, and a better quality of life for those affected.

Participants noted that local Baton Rouge therapists are well trained and qualified to provide care. Most occupational therapists, physical therapists, and speech providers are knowledgeable and work to keep the family as part of the team. Participants stated that maintaining professional training and early intervention is key to continuing to provide adequate provider support to families.

Legislation in Louisiana has expanded insurance coverage for certain therapies like Applied Behavioral Analysis (ABA). Through legislation sponsored by Representative Franklin Foil, Louisiana is expanding the opportunity for families to get impactful therapy early on. This legislation went into effect last year.

Several state, local, and private programs were discussed.

- DHH's EarlySteps program has begun screening all children for autism who are enrolled in the program and who are 18 months or older. Increased resources and parental interest have improved this service.
- The Pediatric Residency program at Our Lady of the Lake has partnered with The Emerge Center to send residents to the center. This opportunity allows medical residents to observe and learn about kids with autism so they are exposed to a multi-disciplinary approach to treatment during their training. Participants echoed the importance of this practice since a family's first conversation is often with a pediatrician. Partnerships with the medical community, universities, and service providers are critical for appropriate care.
- Then Center for Autism and Related Disorders (CARD) provides ABA therapy for children who have aged out of The Emerge Center. CARD offers many programs depending on a student's needs such as shadowing at school, play groups, group therapy, and visiting the home to help with homework. The center works with children six days per week, and insurance covers the care.
- Participants noted the state has created various scholarship and school choice programs that allow funding to follow the students. These programs may provide additional educational and treatment options for children with autism.

Given the limited number of clinical providers, participants discussed the potential to use Allied Health professional training programs that already exist at LSU, McNeese, and Nicholls to continue to train qualified care providers.

Participants noted the strong, family-oriented culture in Baton Rouge which encourages a team-based, family-centered approach and improves care. Additionally, the group noted the generous community we live in which enables organizations to operate because of donor funding. Finally, participants noted that multiple organizations have made autism a priority, as evidenced by the number of organizations represented at the meeting.

### III. EXISTING AUTISM SERVICES

Participants were asked to discuss existing autism services in our area and what each organization offers.

Abilities Pediatric Therapy Services offers speech and language support from early childhood through early adulthood. They practice a multidisciplinary mode of operations.

EarlySteps provides care from three months of age until the child is three years old, unless the child has limitations in two or more areas. Therapists with EarlySteps come to the home or daycare to work with the child. DHH recently increased the eligibility requirements and switched to a cost participation model. Participants noted that some pediatricians refer to outpatient clinics first rather than EarlySteps. Medicaid

funding now covers intervention for kids with an autism diagnosis, even if the child does not meet all the requirements for EarlySteps.

The McKay Center at the Dunham School provides academic support for over 200 of their 800 students. The center was created to serve siblings of students already enrolled at Dunham. Now, the McKay center has grown to serve any families who need their services. The Center has 23 students on the autism spectrum receiving direct care. Inclusion is intrinsic to the Dunham program and opportunities for mainstreaming with other Dunham students are frequent. The center is fee based for pre-K through 12<sup>th</sup> grade and has been in operation for six years.

Access to Better Communication (ABC) is an organization with speech language pathologists geared towards enhancing social skills development. The group works with upper elementary and high school students and is a private provider.

St. Lillian's Academy is a private, Christian school focused on helping children with developmental disabilities. Each student has a multidisciplinary team: speech therapist, physical therapist, occupational therapist, and special education teacher. The school has a strong connection with St. Luke's Episcopal School including a buddy program and weekly chapel. St. Lillian's is primarily for children ages 5-13, but has an early intervention program for children ages 3-5. Their oldest class will not age out of the program; instead, the school will expand as their children age. There are about 20 students enrolled full time. Additionally, an outpatient occupational and physical therapy clinic runs on site.

Behavioral Intervention Group (BIG) offers ABA and neurotherapy for children up to 8 years of age. They are privately funded and do not accept Medicaid.

The Chesney Center is a private speech and occupational therapy clinic that works with children of any age, but does not accept Medicaid.

The Emerge Center offers services beginning with early intervention through age eight. The center offers services that include: feeding interventions, language, speech, ABA therapy, and social workers who work with families. Emerge is starting a transitional kindergarten class this year and recently piloted Bloom – a multidisciplinary program with 11 kids. The center does accept Medicaid and Bayou Health plans. Last year Emerge touched 584 kids in services, provided 25,000 hours of therapy, assisted 48 kids under the age of 5, performed 15,000 hours of ABA therapy, and assessed 141 Early Steps clients. The center is a privately funded 501c3.

The East Baton Rouge Parish School system provides special education programs to children in the parish, many of whose parents cannot afford, do not know about, or cannot get to the private schools. The school system serves children ages 3-21 in 35 different classes. Each class has 4-5 children. The program is very integrated and attempts to mainstream the children into regular classrooms.

The McMains Center is a multidisciplinary assessment and treatment center.

The state's School Choice Program provides families with additional financial resources to select the best school for special needs students. The funding can be applied to qualifying schools in any one of the 7 largest parishes in Louisiana. To date more than 400 students have been enrolled in the program. The state's Student Tuition Organization Program also allows private donors to fund scholarships.

Hope Academy accepts children with all disabilities pre-K through 12<sup>th</sup> grade. The school serves approximately 170 students and tries to mainstream their students. While they receive state scholarships,

their funding is not sufficient. The goal is to create a comprehensive program serving all the needs of their students.

## IV. AUTISM SERVICES GAPS AND FUTURE OPPORTUNITIES

John Spain suggested several potential avenues for future research including training for care providers, educational opportunities for students with autism, coordination of services, independent living as an adult, the financial burden on families, and best practices around the country.

Participants were then asked to discuss where they see gaps in services in our area.

The educational barrier of getting money to schools and becoming a focused charter school was discussed.

Participants noted the expense of ABA therapy and limited access to qualified therapists, regardless of socio-economic status. The shortage of professional therapy and service providers was noted. Participants suggested supplementing ABA therapists with Allied Health professionals and trained parents to allow resources to go further. Additionally, participants discussed the challenge in getting an accurate diagnosis due to a patchwork of providers.

Autism is a long-term issue with gaps in services from infancy to adulthood. The complicated nature of the issue was discussed in the context of each child needing a unique approach to care. Autism is challenging on families, and the strain was qualified by noting that over 80% of marriages end in divorce after a diagnosis.

Capital Area Human Services District was asked to elaborate on its “single point of entry” services. CAHSD is a regional entity of DHH that operates independently. Individuals with developmental disability get an eligibility determination from CAHSD to allow children to obtain a New Opportunities Waiver. There is a nine year waiting list for the waiver. In the interim, families can receive funding from the Flexible Family Fund (\$258 a month) after a 2-3 year waiting list. Personal caretakers can come to the home to help with hygiene and communication skills for children on the waiting lists. EarlySteps refers children to CAHSD just before the child turns three years old. CAHSD can provide funding and referrals to non-governmental programs.

Participants discussed the lack of a single leader for the effort in autism stating that no one entity owns the problem.

The gap in services and access between those in poverty and those who can afford private services was discussed. Access and funding is a challenge for those living in poverty. Additionally, those who are self-employed experience their own issues in getting appropriate insurance coverage for ABA therapy.

Participants discussed the lack of transition programs for children leaving high school. Programs such as 3L Place in Boston were discussed as potential best practices programs.

The Emerge Center participates in managed care and Bayou Health insurance coverage. Reimbursement is capped by visit and they experience challenges keeping the continuity of treatment within the managed care system.

The “No Wrong Door” legislation by Willie Mount was discussed as a model to coordinate services at the government level without turning people away. The program has not been instituted and revenues need to be maximized at the state level to see results.

Participants discussed the confusion and difficulties frequently experienced getting care through existing entities. One parent was told by CAHSD they require an IEP to get a child on the waiting list. However, since the child was enrolled in a private education institution, the EBR school system took two years to issue the IAP. The parent was required to resubmit an IEP every year to remain on the waiting list with CAHSD.

Personal care attendants were discussed as an underfunded resource for families. Long-term savings could be realized with effective use of this resource to prevent a child needing more serious care as they aged. Early Periodic Screening Diagnosis and Treatment (EPSDT) was discussed as a non-Waiver Medicaid option for personal care attendants.

Families Helping Families reaches 7,000 people via email and provides support, information, resources, workshops, and seminars. The organization is funded by the state through the Office of Public Health and fundraisers.

Participants discussed a lack of extracurricular and summer programs for children with autism that are comparable to activities their siblings participate in. A few entities remarked that these opportunities do exist but are not well publicized.

Several participants noted the need for a one-stop website, phone line, and/or center where participants can receive information about all services and programs offered in the area. The United Way Initiative “Help me Grow” was brought up and preliminary discussion suggested that the endeavor is still in the planning stages.

Bill Silva and Jennifer Winstead discussed future research opportunities through the Pennington Biomedical Research Center. Dr. Redmond at the Center is researching prenatal nutrition and the effect on the development of diseases. It was also suggested that the impact of ABA training and research studies might become a part of Pennington’s clinical trials program. Through population science efforts and partnerships with DHH, Pennington has the ability to effectively evaluate the implementation of any autism efforts pursued. John Spain remarked that BRAF will is currently conducting a master plan for the health district and said we would explore how these issues might be included in that work.

## V. NEXT STEPS

Participants agreed that minutes from the meeting should be distributed and an additional meeting held at the appropriate time. Additionally, if anyone knew someone or an organization had been left out of the conversation to please let us know so they can be included in the future. All participants were encouraged to contact the Foundation or Christel Slaughter with any additional thoughts resulting from the meeting. She indicated that a follow-up survey would be sent for additional feedback.

One participant described what the next steps could look like:

- Complete an exhaustive defined demographic survey to determine the breakdown by age of all developmentally disabled individuals and their needs by age group, and scope of problem;
- Open a Spectrum Center via a public-private partnership that serves as a 24/7 one stop shop;
- Establish a development component to the center that raises private dollars and targets public dollars



One consistency noted among all services gaps in autism care is the current lack of funding. Participants urged finding a way to compel the state to fund autism in a comparable way to other states. Additionally, it was noted that not including other developmental disabilities could fragment funding.

BRAF agreed to complete an analysis of autism in the Baton Rouge area and follow up with all participants and interested parties.

## VI. DREAMING BIG

Participants in the discussion were asked to describe what would be a miracle solution for our children with autism. Below are the results of these ideas. Central themes included coordinating services and organizations, centralizing information for families, improving access and quantity of education and support services, increasing mainstream opportunities for children, and developing a roadmap for transitioning autistic children to adulthood.

### Activities for our Children

1. Provide summer programs and camps for children with special needs over the age of 12
2. Include individuals with and without disabilities in our schools, churches, workplaces, universities, retail merchants, and all communities

### Best Practices

1. Research how other states handle the financial component of education and caring for children with special needs
  - a. Many pour funding into education no matter public or private school (see Oklahoma)
2. Research best practice guidelines for interventions

### Coordination of Services

1. Create a 24/7, 365 phone number for parents of children with autism to receive support and counsel (similar to “t-phone” for suicide prevention)
2. Create a resource center for families with special needs to plan a program to follow including support for families
3. Coordinate all assets (and needed assets) into an integrated network that establishes a pathway from childhood to adult life
4. Provide better information on how to navigate through the system to maximize services
5. Coordinate benefits for both private and public services
6. Create a portal that serves as a single point of entry for a wide range of families impacted by a loved one with a diagnoses
7. Host semi-annual regional summit for service providers to encourage coordination and awareness of emerging practices
8. Create a resource center with advisors to help navigate how to get appropriate services
9. Follow up with this core group to encourage collaboration
10. Establish “Spectrum Center” – public/private clearing house and referral center to direct to services (assessment and then referral)
11. Centralize information services – all referrals from doctor, parents, friends, teachers, etc.. should be funneled to this program
12. Integrate an assessment center
  - a. Pediatrics, neurologists, child psychologists, child psychiatrists, speech/language pathologists, occupational therapists, social workers, physical therapists
  - b. Provide accurate assessment/diagnosis for a constellation of conditions and prescribe multi-faceted plan of therapies across ages and wide ranges of severity of functioning
13. Connect healthcare and education in public school programs
  - a. Public education should direct all families to critical healthcare resources with any kind of disabilities and refer to Families Helping Families
14. Locate providers centrally in one physical location to decrease the “scramble for services”
15. Establish an umbrella organization to coordinate services

16. Refer children early or at parents' concern
17. Support Families Helping Families to be able to intake all families

## Education

1. Address education needs and gaps either privately or publicly
2. Address the gap for higher functioning children's educational needs
3. Establish a network of independent schools to provide special education
4. Consolidate educational and therapeutic resources: too many small for-profit schools drawing from same source of private funding
5. Economize funding of independent schools rather than small batches of funding for individual efforts at small private schools
6. Provide educational opportunities that have high expectations of the child and necessary resources for the child to succeed
7. Integrate a school for teenage children that provides social and extracurricular activities and offers a well-rounded experience which mimics a typical child's experience
8. Create a real solution - no band-aids on public education

## Family Support

1. Connect parents of children with autism to each other via one point of contact
2. Provide a resource for parents to get education on available services and how to navigate "the system"
3. Address the gap that exists for families with resources. Those that do not qualify for Medicaid spend every last dollar on services
4. Provide accessible programs to help understand insurance options for people who need private insurance
5. Create a list of concerned clergy and social workers available gratis to offer "ecumenical" interracial support to families in need

## Funding

1. Advocate for services and dollars to state
2. Establish a development branch of single point of entry service center that raises money from both public and private sources
3. Increase funding for New Opportunities Waiver slots
4. Coordinate funding for services, both public and private, that will enable "middle class" families that have needs but do not qualify for need-based services

## Independent Living as an Adult

1. Create a program for post-high school individuals to transition into the community and allow people to live as independently as possible
2. Create adult transitional services:
  - a. Employment/volunteer options for adults with developmental disabilities
  - b. Entrepreneurial opportunities for adults
  - c. Successful vocational and life skills training programs
3. Provide educational training for older children/young adults that could provide job training and employment opportunities to promote independence
4. Create a continuity plan from birth to adulthood for parents
5. Develop a stabilization unit for this population → clogging up local ERs/EDs and lengthy stays at local hospitals

## Proper Planning

1. Identify all available assets and needed assets
2. Support BRAF to lead funding the efforts to identify all assets, needed assets, and coordination of assets
3. Conduct a broad-based survey to determine
  - a. Number of kids through adults with current needs
  - b. Level of need at each age level
  - c. Corresponding available resources
4. Conduct research on employing technology services that could be delivered at the home
5. Support one entity in identifying
  - a. Community needs
  - b. National (local) models as best practices
  - c. Money to follow the child to services available
6. Address diversity of income, cultural/ethnic heritage, metropolitan/rural, family literacy

## Services and Service Providers

1. Provide services for individuals on the low end of the autism spectrum
2. Expand programs for children over six
3. Develop quality provider capacity for all areas
4. Provide best practice diagnostic evaluations for lifespan
5. Provide high quality therapy services especially in public sector for low income children
6. Provide education or training for specialized service provider on job training not just classroom – “train the trainee”
7. Increase provider acceptance of Medicaid
8. Provide unconditional care (regardless of child’s behavior or abilities)

## State Services

1. Offer more help with the provision of Personal Care Assistance, both for people waiting for a Children’s Choice waiver and those with Children’s Choice until they obtain a New Opportunities Waiver
2. Provide quality services once a waiver is received so that funding is not wasted
3. Provide autism services for families that qualify for Medicaid

## VII. APPENDIX

### **Best Practices Places to Visit/Research**

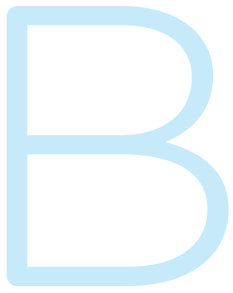
Throughout the discussion, several sites around the country were mentioned as potential site visits or resources for information moving forward in the Baton Rouge autism discussion. These entities are listed below.

Denver Continuation Program

3L Place in Chicago

California Mind Institute at UC Davis

Center of Excellence for Education in Texas



# Appendix B

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**AUTISM PARENT GROUP DISCUSSION - SEPTEMBER 9, 2014**

# Autism Parent Group Discussion

September 9, 2014, The Emerge Center

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## **EXECUTIVE SUMMARY**

At a summit held at the Emerge Center on September 9, 2014, concerned parents, community members, and Baton Rouge Area Foundation staff members shared their thoughts and experiences on autism services in the Baton Rouge area. Several themes repeated themselves throughout the day: families are strained financially and emotionally when they receive an autism diagnosis. The consolidation of information and coordination of services is deficient and important to providing appropriate care. Educational opportunities are limited and often inadequate and transitional, vocational programs for adults with autism are non-existent. Additional interviews with individuals and service providers need to be done and a robust community assessment will be underwritten by the Baton Rouge Area Foundation, Pennington Family Foundation, and Huey and Angelina Wilson Foundation.

## **MINUTES**

A meeting to discuss autism with parents and grandparents of children with autism was convened on September 9, 2014 in the conference room at the Emerge Center. Community members in attendance were Kathleen Bachman, Janet Beckwith, Karen Di Benedetto, Marci and Charles Blaize, Tiffany Brumfield, Allison Cascio, Allison Citron, Penni Cedotal, Bambi Guilbeau, Chantelle Harris, Ashley Havard, Tirany Howard, Melissa Juneau, Lorien Kuo, Cyd LaPour, Cherell Lewis, Kate McLean, Rachel Ayn Pickens, Jan Ross, Linda Spain, Linda Stone, Theresa Tekkal, Ruth Thornhill, Jamie Tindle, Lisa Washington, Teresa Wilson, Alaina Wright. Foundation staff members in attendance were John Spain, Beverly Moore, and Lauren Crapanzano.

### **I. WELCOME**

Melissa Juneau welcomed everyone to the meeting and particularly thanked the parents in attendance for taking time out of their day to share their stories. She thanked the following community leaders for their help in organizing this event and commitment to improving autism care in Baton Rouge: Linda Stone from Hope Academy, Jan Wilson from the Wilson Foundation, Jamie Tindle and Teresa Wilson from Families Helping Families, and Rachel Ayn Pickens from the Pennington Family Foundation. She introduced John Spain with the Baton Rouge Area Foundation who would lead the discussion. John seconded Melissa's appreciation of the parent's time and thanked all of the organizations that made the meeting possible. John introduced the two BRAF staff members who will be working on this project with him: Beverly Moore, Director of Civic Leadership Initiatives and Lauren Crapanzano, Project Manager. John spoke of the partnership between BRAF, the Pennington Family Foundation and the Huey and Angelina Wilson Foundation on this project and the importance of having a unified front in this movement. He noted that both The Pennington Foundation and the Wilson Foundation have done tremendous work in the autism space before BRAF took the project on.

John shared with the group details of the early research and more than two dozen interviews done by the Foundation in preparing for this project. He opened up the floor to the parents to share their experiences in Baton Rouge with a child with autism.

### **II. DISCUSSION**

The first person to speak was a grandmother to an 8 year old grandson. She stated that John Spain had aptly summarized her family's experience with gaps in services and the community's needs. She felt that Louisiana deserves better and should not be at the bottom of every list.



Another mother with a 15 year old son stated that there are not gaps in services, there are wide chasms and gorges. Her son has been mainstreamed into public school in a gifted art and academics program, but tried several different schooling options before finding this program that has for the most part been great for her son. She stated that no one in the East Baton Rouge parish school system is certified to teach children with autism. She described the extensive waiting lists, financial burden, and family stress she has experienced. Throughout her family's experience, information on programs and support was hard to come by.

A mother of a nine year old son described her experience with programming. She has been at Emerge since her son was three after a developmental psychologist referred her. While Emerge has been a great resource for her family, she does not know what they will do when he ages out this year. She is aware of Hope Academy and the McKay Center at Dunham, but cannot afford the tuition. Her visits to public schools have left her disappointed in the inability of the schools to adapt to her child's needs. She described an ideal model where a charter school specific to autism was available for her child.

One mother described the immense need for educational training programs in the field of autism. In encouraging such programs, more therapy providers, physicians, and support personnel would be available to parents. In her experience, pediatricians were not able to give her a diagnosis and she continued pushing until she was able to find the right doctor. She moved from Lafayette to Baton Rouge because of the stronger network of providers and more numerous qualified, individual therapists.

A woman with a 10 year old with Asperger's lauded Families Helping Families for their support navigating the system. Her son has been to several schools and struggled with the change that happens when he is mainstreamed. Now he is at Hope Academy and seems to like it and be doing well. She and her daughter struggle to find normalcy and she reminded the group of the strain on every member of the family.

Next, several participants shared the struggles of finding a qualified baby sitter. Such a person must be adequately trained to work with a child with autism and demonstrate the ability to work with each parent's child. Respite Care workers received through NOW Waivers have demonstrated varying levels of commitment and are overworked themselves which makes it difficult for families to work with them. Parents want the ability to do simple things together like grocery shop or go to dinner without worrying about their child at home. Siblings are often called upon to act as a second or third set of hands for their brothers and sisters on the autism spectrum.

Another mother described the challenge of finding appropriate care in Baton Rouge which forced her to move to Houston with her son with Pervasive Developmental Disorder. While she lived with him there he received therapy and education from Including Kids. Her husband commuted back and forth from Slidell to spend weekends with them in Houston. Seeing little improvement, they moved back to Louisiana. Now, after her husband passed away she is a single parent navigating the system. Her son is at Hope Academy and has been pleased with care. She sees a void in BCBA therapists who are reimbursable through insurance. She would love her son have the ability to attend after school programs with BCBA therapists or summer programs like other children. After waiting over 8 years for a NOW Waiver, she was told she did not qualify because of her income.

One mother struggles to fund her children's care. She had 3 children diagnosed with autism, and one passed away from a stroke at a young age. Now, she is struggling to provide proper care for her other children and must choose which child has the greatest needs. Families Helping Families has helped her find appropriate schools, but the costs to finance appropriate care and education is too much.

A mother of a young girl who has autism and is deaf said that she wants her child to be able to receive public education for free and in an appropriate, accommodated manner. Children with autism should be

mainstreamed as much as possible, not just for the children's benefit but also the teachers. She participated in the [Developmental Disabilities Council's Partners in Policy Making](#) and encouraged other parents to apply to participate in the next class. The next application deadline is September 30.

Another mother of a 20 year old boy with autism described the roller coaster they experienced. They received a proper diagnosis at age 3 and she hired a consultant from the New Jersey Institute to provide him with 3 years of 40 hours/week of ABA therapy. She taught herself how to provide proper care and stopped working to support her son. They hired shadows in schools and switched schools 5 times before finding Hope Academy. Now, after hard work from the family and better educational opportunities, her son is a social butterfly who plays sports and has blossomed, but she doesn't know what the next steps for her child will be after Hope Academy.

A mother of a young child with autism discussed the difficulties in getting initial services. Her child was put on a 6 month waiting list for an official diagnosis, 1.5 year waiting list following the diagnosis to get an evaluation, and then more waiting lists to actually get services. To bypass this system, she took her child to a physician in Mississippi to get the necessary diagnosis. Her dedication to her child has helped him learn and grow academically, but his temper often impedes social interactions. Her daily struggles include balancing a successful career and caring for her child, ensuring that he does not run away from home, and dealing with judgmental people assuming she is a bad parent.

One mother discussed her fear that her child will get in trouble with law enforcement who are not trained to recognize autism versus a drug or alcohol problem. A child with autism will respond differently than an officer expects which could trigger law enforcement to assume the child is guilty of a crime.

Several mothers discussed the lack of opportunities in vocational and transitional training for their children. While many acknowledged that their children are not destined for Harvard, they are capable of a vocation and some level of independence. With a proper transitional program that begins when the child is a young teenager, more productive futures for children with autism can be attained.

Related, parents discussed that children with autism need to be taught academic skills differently than children without autism. The Hope School, for example, has a Kid's Café that reinforces life skills by replicating a real restaurant. Another mother described her child learning to read in school and the importance of distinguishing between a child's ability to memorize versus read for a teacher. Because children with autism learn and respond differently, their education must be tailored to their needs.

A mother of a 12 year old with autism described her successes in navigating the public school system with help from Families Helping Families. She traveled back and forth to New Orleans for doctor's visits initially. Now, he is in an East Feliciana Parish public school where he has a shadow all day and receives ABA therapy at school. After getting help from Families Helping Families in navigating the IEP system, she now helps other families do the same.

Several families reiterated the importance of early intervention and the sharing of information. If a family gets in with the right provider, they are appropriately referred to additional services as needed. However, if not, families get stuck bouncing around the system until they find what works for them. Parents of other children with autism are often the resource in the area.

A mother of a 21 year old daughter described the struggles once your child reaches adulthood. Until she aged out of child support, the daughter could not qualify to get disability support because of this income. Now, her daughter is on her own with little support and resources.

One mother of a 17 year old who can be aggressive struggled with what was appropriate care for him. She brought him to Pinecrest Developmental Center at 15 where his providers did not know how to properly care for him which resulted in a near fatal incident. She wants to see biomedical research focused on medications, aggression, and comorbidities. No one in Baton Rouge is equipped to deal with children who have severe autism nor are aggressive toward themselves or others.

Finally, one mother ended the discussion saying that she was grateful for everything that had been shared. Her child is young and she appreciated hearing all of the challenges and even opportunities these other families had experienced.

### **III. NEXT STEPS**

Participants agreed that minutes from the meeting should be distributed. John Spain told participants that in coordination with the Pennington Family Foundation and the Huey and Angelina Wilson Foundation, BRAF would put together a scope of work and begin looking into the successes and gaps in autism services in Baton Rouge. He acknowledged that this project would not result in an overnight fix, but that providing a real solution would take years of work and dedication.

## IV. APPENDIX

### **Best Practices Places to Visit/Research**

Throughout the discussion, several sites around the country were mentioned as potential site visits or resources for information moving forward in the Baton Rouge autism discussion. These entities are listed below.

[Rafael Academy](#)

[The May Institute](#)

[Palm Springs Charter School](#)

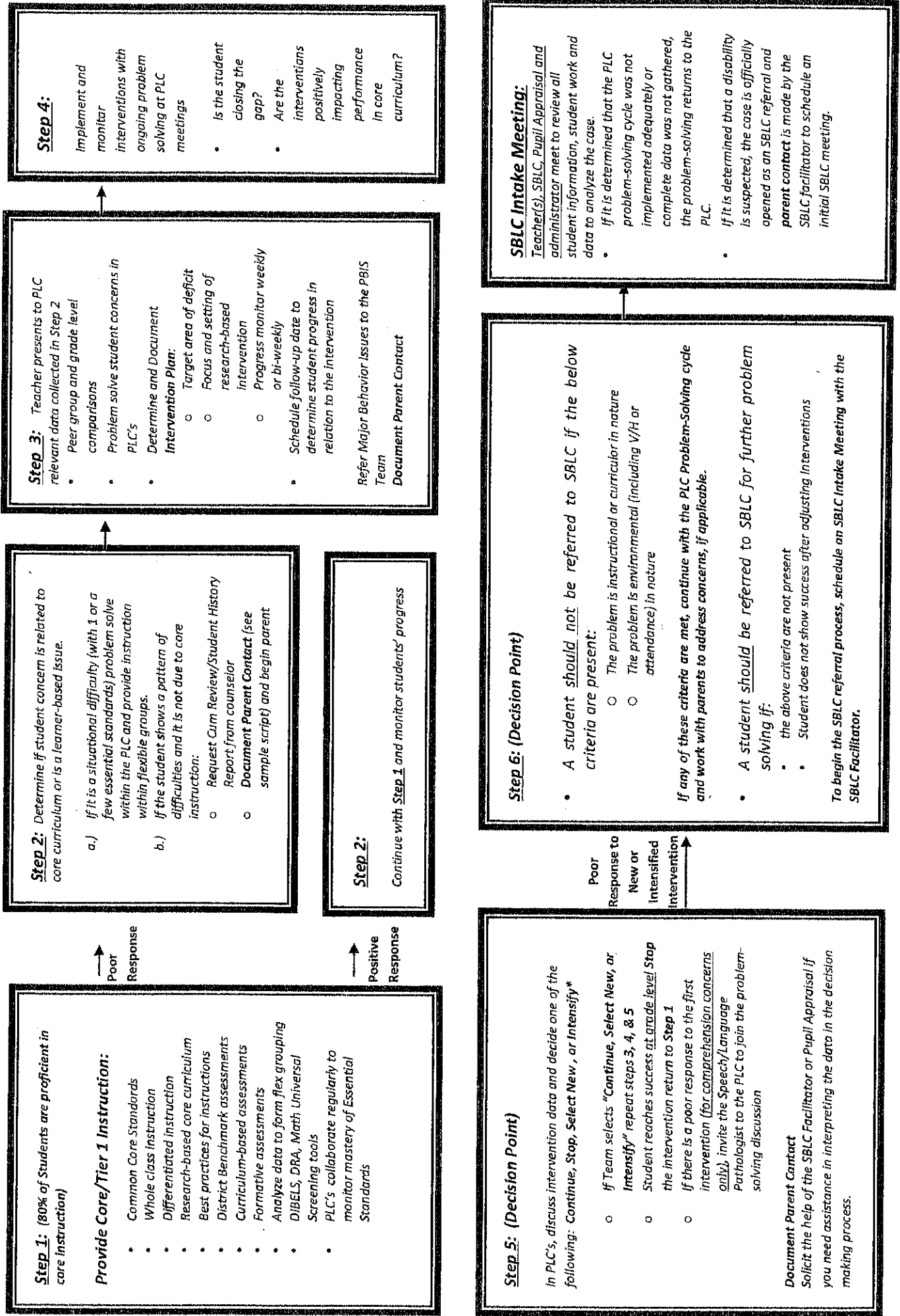


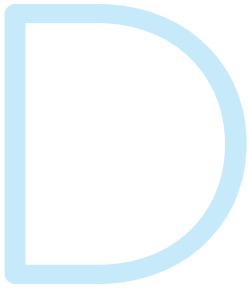
# Appendix C

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## **ASCENSION PARISH SCHOOL BOARD PROFESSIONAL LEARNING COMMUNITY PROBLEM-SOLVING FLOW CHART**

# APSB PLC Problem-Solving Flow Chart





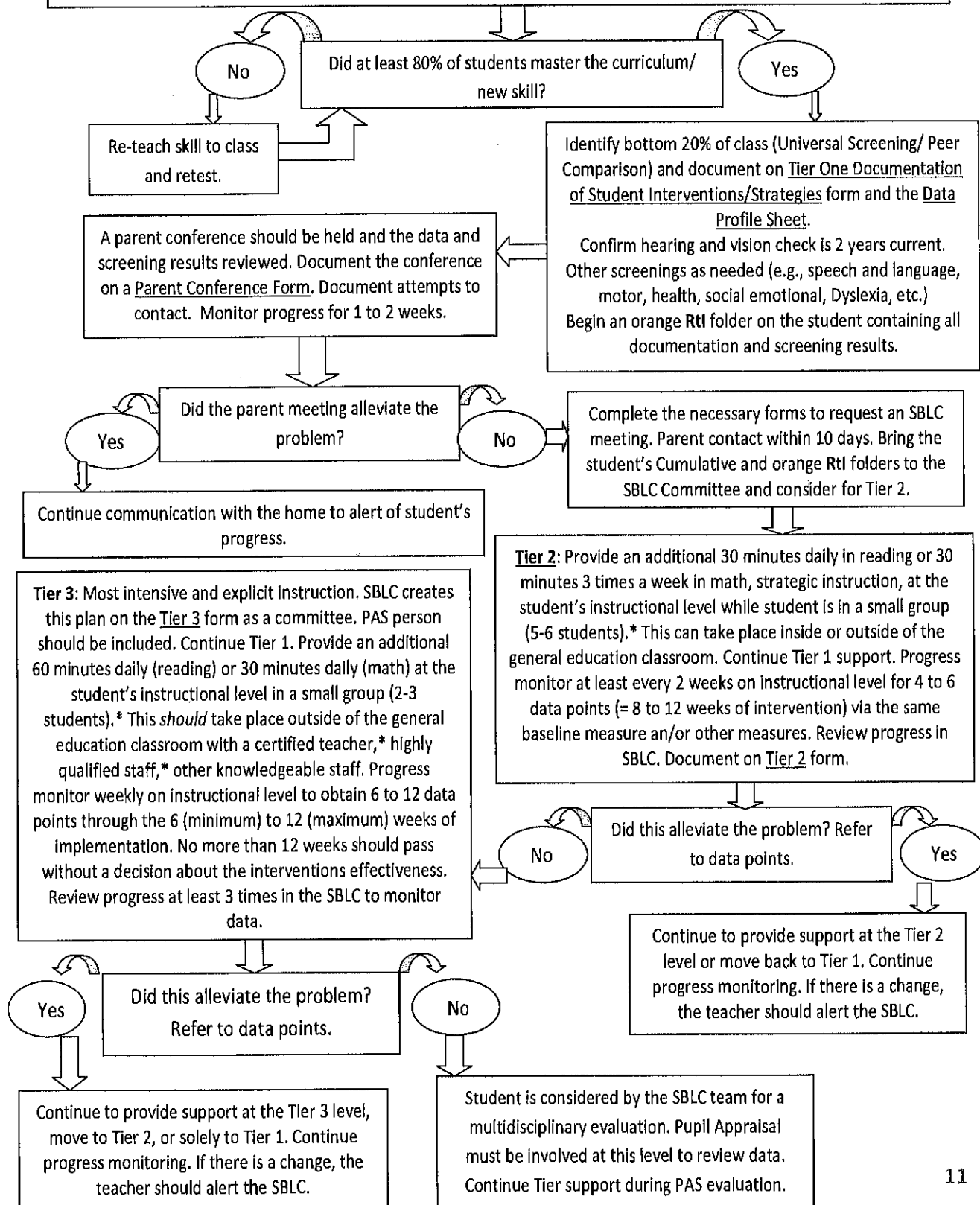
# Appendix D

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**EAST BATON ROUGE PARISH PUBLIC SCHOOL SYSTEM  
KEY PRE-APPRAISAL INTERVENTION DOCUMENTS**

# Response To Intervention: Academic/Elementary

**Tier 1:** General education and enrichment. Provide high-quality instruction for all students with a research-based comprehensive reading and math program. Obtain Benchmark data at least 3 times a year. Monitor for approximately one grading period. Look for failing grades and low benchmark scores.





# Response to Intervention: Behavior

**Tier 1:** School-Wide PBIS. PBIS committee to establish school-wide expectations for all students with reinforcers and consequences. The PBIS committee reviews the school-wide discipline report to determine effectiveness of the Tier 1 level supports.

Did at least 80% of students succeed on the school's PBIS plan?

No

Re-teach or re-examine the PBIS expectations to the class/school and rescreen.

Yes

20% of students need more support. If a student has 5 behavior write ups on the Classroom Minor Behavior Tracking Form (= 1 ODR), complete the Data Profile Sheets, meet with guardian, and document on the Parent Conference Form.  
Begin an orange **Rtl** folder containing all student documentation and screening results. Keep the orange **Rtl** folder in the cumulative folder/ yellow ESS folder if available.

Did meeting with the parent alleviate the problem?

Yes

Continue communication with home to alert of student's progress.

No

**Tier 2:** 20% of students may need more specific behavior supports. Your school's PBIS committee should outline Tier 2 interventions available at your school. Also, continue Tier 1 support.

The Universal Behavior Screener can be used as a baseline. Other measures to obtain baselines such as other rating scales, and observational data are welcome.

Complete a Tier 2 BSP within 10 days. Select a Tier 2 intervention that targets your hypothesis (i.e., what is the function of the behavior?).

Implement the Behavior Support Plan (BSP). Examples: small-group/school-based counseling, parent training, classroom management (specific classroom expectations), check-in/checkout, mentoring, self-monitoring, community resources, etc.

Progress monitor every two weeks for 4 to 6 data points (= 8 to 12 weeks of intervention) via the Universal Behavior Screener and the other selected measure (used to obtain other baselines) if available. Continue using the Classroom Minor Behavior Tracking Form.

If the student continues to have difficulty or reaches 2-6 ODRs (documented on the Classroom Minor Behavior Tracking Forms), complete the necessary forms to request an SBLC meeting. Parent contact with 10 days. Bring the student's cumulative folder and **Rtl** folder to the SBLC committee for consideration of referral to Tier 2.

Did this alleviate the problem? Refer to progress monitoring data.

Yes

Continue to provide support at the Tier 2 level or fade the behavior plan and return the student solely to Tier 1. Progress monitor. If there is a change in behavior, the teacher should alert the SBLC.

No

**Tier 3:** 5% of students may need intensive and systematic behavior support. Continue Tier 1. Complete a Tier 3 Comprehensive FBA/BSP with the SBLC (make sure to invite your Pupil Appraisal Staff and/or Behavior Interventionist, and parent). Define the behavior and make sure you have a baseline. Implement the BSP (i.e., individual counseling, social-skills training, teach the behavior, teaming, etc.). PAS may conduct observations of student.

Progress monitoring should be based on the frequency of the behavior (daily vs. weekly). The Universal Behavior Scale may be used to progress monitor weekly. SBLC should meet at least 3 times to track data. Continue to use the Classroom Minor Behavior Tracking Form. At least 6 to 12 data points should be obtained through the 6 (minimum) to 12 (maximum) weeks of implementation. No more than 12 weeks should pass without a decision about the BSP's effectiveness.

Did this alleviate the problem? Refer to progress monitoring data.

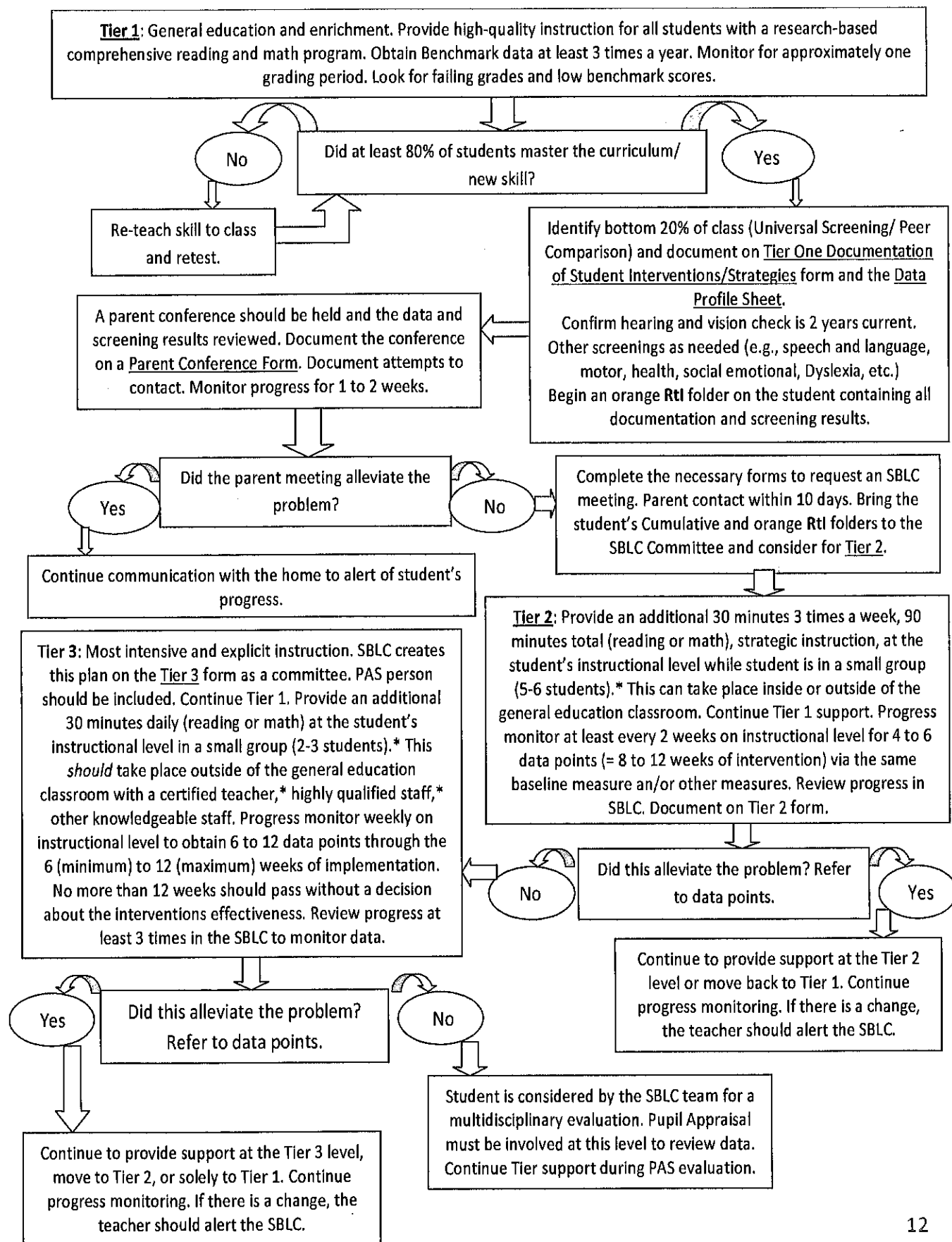
Yes

Continue to provide support at the Tier 3 level or fade the behavior plan and return the student to Tiers 2 and/or 1. Progress monitor. Teacher alerts SBLC to change.

No

Student is considered by the SBLC team for a multidisciplinary evaluation. Pupil Appraisal must be involved at this level to review data. Continue Tier support during PAS evaluation.

# Response to Intervention: Academic/Middle and High Schools



Student: \_\_\_\_\_ Subject Area: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

**Tier One Documentation of Student Interventions/Strategies**

Alternative strategies and interventions for improvement of the student's academic skill have been implemented and the student has not made progress. Documentation of student performance must be provided.

Strategies/Interventions	Results	Dates (To/From)

Interventions for Tier One may include:

- Explicit and systematic small group instruction within the regular classroom
- Instruction has been provided using a different teaching strategy.
- Instruction has been provided using a different response mechanism.
- Student has been provided with additional practice activities.
- Student has been provided with immediate and specific feedback.

Student: Noah I. Cue Subject Area: Reading/ Lang. Arts Grade: 2nd Date: August 11<sup>th</sup>, 2010

**Tier One Documentation of Student Interventions/Strategies**

Alternative strategies and interventions for improvement of the student's academic skill have been implemented and the student has not made progress. Documentation of student performance must be provided.

Strategies/Interventions	Results	Dates (To/From)
Utilize the Treasures Reading Series to deliver instruction on the LA Language Arts Curriculum.	Series Placement Test administered August 11 <sup>th</sup> yielded beginning first grade levels in all areas of reading.	August 11 <sup>th</sup> , 2010 – ongoing.
Some of the research-based strategies used include: Guided Reading, Skills Review and Practice, Paired Reading, Error Word Drill and flexible grouping.	DIBELS Oral Reading Fluency (9-10-10) Fall Benchmark Score of 25 cwpm falls below the expected beginning of the year score of 55 cwpm for a 2 <sup>nd</sup> grader. The class average on DIBELS was 50 cwpm.	
Use the Computer Literacy Lessons from beginning 1 <sup>st</sup> grade.		
		13

Student: \_\_\_\_\_ Subject Area: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

### Tier Two Documentation of Student Interventions/Strategies

Alternative strategies and interventions for improvement of the student's academic skill have been implemented and the student has not made progress. Documentation of student performance must be provided.

Strategies/Interventions	Results	Dates (To/From)

Interventions for Tier Two may include:

- Explicit and systematic small group instruction in our outside of the regular classroom.
- Supplemental instruction has been provided using a different teaching strategy.
- Student has been provided with additional practice activities.
- Instruction has been provided targeting specific areas of weakness.

Student: Noah I. Cue Subject Area: Reading / Lang. Arts Grade: 2<sup>nd</sup> Date: 10-15-10  
11-09-10

### Tier Two Documentation of Student Interventions/Strategies

Alternative strategies and interventions for improvement of the student's academic skill have been implemented and the student has not made progress. Documentation of student performance must be provided.

Strategies/Interventions	Results	Dates (To/From)
Teacher provided small group (1-5) instruction using Triumphs supplemental curriculum 2-3 times a week for 30 minutes each time.	DIBELS Oral Reading Fluency Scores measured every other week: (25 cwpm is baseline, target is 50).	10-15-10 - Present
	10-15-10 – 25 cwpm (new baseline)	
A peer tutor worked with Noah via flash cards containing 10 unknown words 2 times a week for 15 minutes to target words in this week's story.	10-26-10 – 24 cwpm 11-12-10 – 26 cwpm 11-26-10 – 27 cwpm 12-03-10 – 26 cwpm	
Teacher provided small-group instruction using Language! 3 times a week for 30 minutes per time outside the regular classroom setting.		Added on 11-9-10 SBLC meeting.
		14

## Tier 2 Data Chart: Progress Monitor Every 2 Weeks

Student Name: \_\_\_\_\_

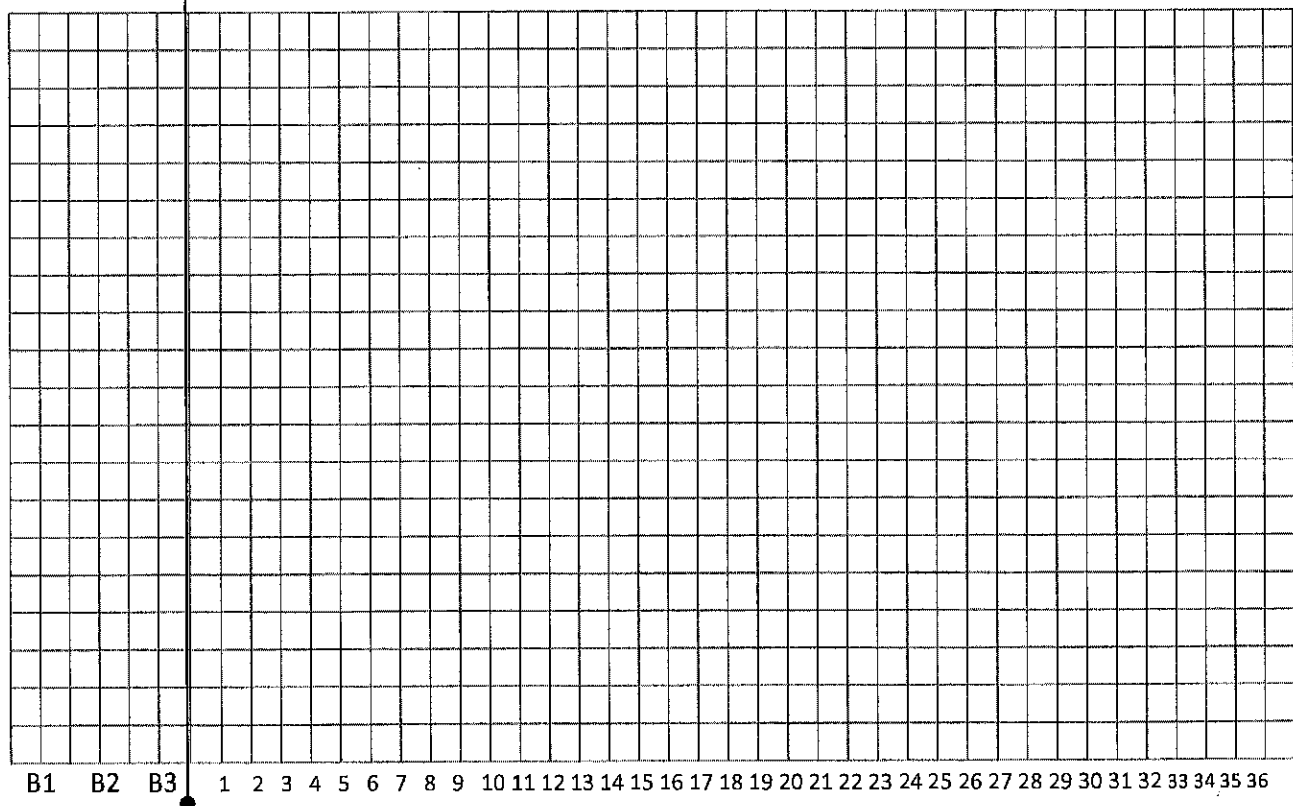
School: \_\_\_\_\_ Grade: \_\_\_\_\_

What is the intervention?

☐ Reading  
☐ Math  
☐ Behavior  
☐ Writing  
☐ Other

[illegible]

Baseline      ●      Intervention



Dependent Variable: \_\_\_\_\_ Put numbers in the blanks on the left of the graph to indicate if it is percentage 10, 20, 30, or words correct per minute (WCPM): 10, 20, 30, 40, etc. Baselines can include scores from the beginning of Tier one and end of it (which would be the new baseline for Tier 2).

### INSTRUCTIONAL INTERVENTION DOCUMENTATION SHEET FOR TIER THREE

INSTRUCTIONS: Refer to the LDOE Reading, Writing and Math Instructional Intervention Supplements for appropriate Informal assessment and strategies.

Student:		Teacher:		School Year:	
School ID #:					
<b>GENERAL INFORMATION:</b>	School:	Tier Three Referral Date:			
	Grade:	Intervention Start Date:			
	Subject:	First Intervention Review Date:		Sufficient Progress?	Yes <input type="checkbox"/> No <input type="checkbox"/>
				If no, an additional interventions is warranted.	
		Second Intervention Review Date:		Sufficient Progress?	Yes <input type="checkbox"/> No <input type="checkbox"/>
				If no, an additional interventions is warranted.	
		Final Determination Date:			

\*An Instructional intervention is a series of planned activities that are different from those activities normally occurring in the child's regular education program.

What is the referring problem? (To be stated in specific and measurable terms.)		
What data supports the existence of the problem? (Baseline data)		
What is the goal to resolve this problem? (To be stated in specific and measurable terms.)		
Describe the intervention to be attempted (Please complete all information as noted.)		
List specific objectives(s) of this intervention.	Describe the activities for each objective(s) involved.	List the specific evaluation criteria to be utilized. Document weekly data points, dates, and progress.

### INSTRUCTIONAL INTERVENTION DOCUMENTATION SHEET FOR TIER THREE

Student: Noah I. Cue		Teacher: Miss Bee Haven		School Year: 2010-2011	
School ID #: 00001					
<b>GENERAL INFORMATION:</b>	School: USA Elem.	Tier Three Referral Date: 12-10-10			
	Grade: 2 <sup>nd</sup>	Intervention Start Date: 12-10-10			
	Subject: Reading/Language	First Intervention Review Date: 12-21-10		Sufficient Progress?	Yes <input type="checkbox"/> x No <input type="checkbox"/>
				If no, an additional intervention is warranted.	
		Second Intervention Review Date: 1-14-11		Sufficient Progress?	Yes <input type="checkbox"/> x No <input type="checkbox"/>
				If no, an additional intervention is warranted.	
		Final Determination Date: 1-28-11			

\*An instructional intervention is a series of planned activities that are different from those activities normally occurring in the child's regular education program.

What is the referring problem? (To be stated in specific and measurable terms.)		
Noah is unable to read fluently at a rate commensurate with his peers. The average student in his class reads 68 cwpm while he reads at 26 cwpm. Despite Tier II interventions and support, he has earned failing grades in reading class (1 <sup>st</sup> 6 weeks – 68).		
What data supports the existence of the problem? (Baseline data)		
Most recent reading probe of 26 cwpm on 12-03-10.		
What is the goal to resolve this problem? (To be stated in specific and measurable terms.)		
Noah will gain 2 words per minute each week which is the typical growth rate for a second grader. This should improve his reading fluency to 50 cwpm in 12 weeks. If successful, can take additional weeks to reach an overall goal of 60 correct words per minute.		
Describe the intervention to be attempted (Please complete all information as noted.)		
List specific objectives(s) of this intervention.	Describe the activities for each objective(s) involved.	List the specific evaluation criteria to be utilized. Document data points, dates, and progress.
Noah will increase his fluency rate by at least 2 cwpm per week. By the end of the Tier III intervention period, he will read at least 50 cwpm.	12-10-10 Noah will be placed in <i>Headsprout Early Reading</i> intervention program (computer directed). 5 times per week for 60 minutes per session under the direction of Ms. Imp Lement. <i>Headsprout</i> includes 40 lessons which provide instruction in phonemic awareness, letter-sound decoding, irregular words, vocabulary, connected text, and comprehension. This program generates multiple reports to monitor progress to be reviewed weekly.	Noah will earn a DIBELS ORF score of at least 50 cwpm at the end of the intervention process.

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	<p>12-21-10 – first review meeting.  <i>Headsprout Early Reading</i> intervention program will be increased to 30 minute sessions 5 times a week in order to improve Noah's reading skills as measured by ORF probes.</p> <p>1-14-11 – second review meeting.  Teacher will begin Paired Reading 3 times a week for 10 minutes each session in addition to the <i>Headsprout Early Reading</i> intervention program.</p> <p>1-28-11 - third review meeting.  Noah achieved a growth of 1.3 cwpm each week rather than the targeted 2.0 cwpm growth.</p> <p>Noah's rate of improvement is slower than his peer classmates who achieved an average growth rate of 2.0 cwpm yielding an average of 82 cwpm.</p>	<p>12-21-10 – DIBELS ORF probe = 30 cwpm. (ORF probes indicate an increase of 6 cwpm compared to goal of 8 cwpm.)</p> <p>12-28-2010 – Off for winter break.</p> <p>1-7-2011 – DIBELS ORF probe = 33cwpm</p> <p>1-12-10 – DIBELS ORF = 42 cwpm. (ORF probes indicated an increase of 10 cwpm compared to goal of 12 cwpm.)</p> <p>1-21-11- DIBELS ORF probe = 42 cwpm.</p> <p>1-27-10 – DIBELS ORF = 48 cwpm.</p> <p>The evaluation criteria for the intervention; Noah was to achieve DIBELS ORF score of about 50 cwpm by the end of the intervention process.</p>
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# Tier 3 Data Chart: Progress Monitor Every Week

Student Name: \_\_\_\_\_

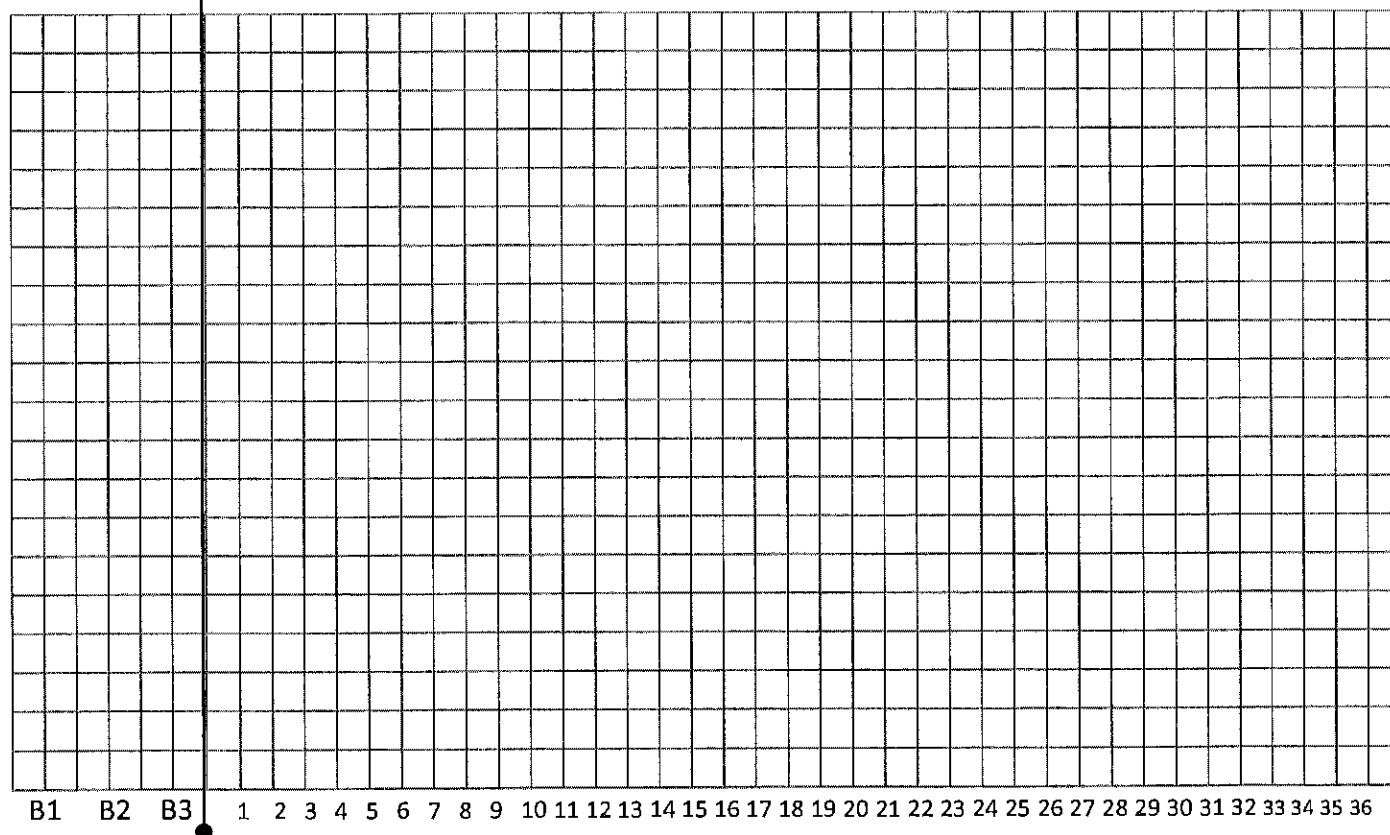
School: \_\_\_\_\_ Grade: \_\_\_\_\_

What is the intervention? \_\_\_\_\_

☐ Reading  
☐ Math  
☐ Behavior  
☐ Writing  
☐ Other  
 \_\_\_\_\_

DAY#	DATE	DATA	DAY#	DATE	DATA	DAY#	DATE	DATA

Baseline ● Intervention



Dependent Variable: \_\_\_\_\_ Put numbers in the blanks on the left of the graph to indicate if it is percentage 10, 20, 30, or words correct per minute (WCPM): 10, 20, 30, 40, etc. Baselines can include scores from the beginning of Tier one, Tier 2 (beginning), and Tier 2 (ending, which would be the new baseline for Tier 3) if measuring the same thing.



E

# Appendix E

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**ABA ENROLLMENT FORM FOR LEAs**

# EPSDT Health Services

## CHECKLIST OF FORMS TO BE SUBMITTED

The following checklist shows all documents that must be submitted to the Molina Medicaid Solutions Provider Enrollment Unit in order to enroll in the Louisiana Medicaid Program as an EPSDT Health Services provider:

Completed	Document Name
<input type="checkbox"/> *	1. Completed Entity/Business Louisiana Medicaid PE-50 Provider Enrollment Form.
<input type="checkbox"/> *	2. Completed PE-50 Addendum – Provider Agreement Form (two pages).
<input type="checkbox"/> *	3. Completed Medicaid Direct Deposit (EFT) Authorization Agreement Form.
<input type="checkbox"/> *	4. Louisiana Medicaid Ownership Disclosure Information Forms for Entity/Business. <b>(Only the Disclosure of Ownership portion of this enrollment packet can be done by choosing Option 1.)</b>  <b>Option 1</b> (preferred): Provider Ownership Enrollment Web Application. Go to <a href="http://www.lamedicaid.com">www.lamedicaid.com</a> and click on the Provider Enrollment link on the left sidebar. After entering ownership information online, the user is prompted to print the Summary Report; the authorized agent must sign page 3 of the Summary Report and include both pages 2 and 3 with the other documents in this checklist. <b>-or-</b> <b>Option 2</b> (not recommended): If you choose not to use the Provider Ownership Enrollment web application, then submit the hardcopy Louisiana Medicaid Ownership Disclosure Information Forms for Entity/Business.
<input type="checkbox"/> *	5. <b>(If submitting claims electronically)</b> Completed Provider's Election to Employ Electronic Data Interchange of Claims for Processing in the Louisiana Medical Assistance Program (EDI Contract) Form and Power of Attorney Form (if applicable).
<input type="checkbox"/>	6. Copy of voided check or letter from the bank on bank letterhead verifying the account and routing number for the account to which you wish to have your funds electronically deposited <b>(deposit slips are not accepted)</b> .
<input type="checkbox"/>	7. Copy of a pre-printed document received from the IRS showing both the employer identification number (EIN) and the official name as recorded on IRS records <b>(W-9 forms are not accepted)</b> .
<input type="checkbox"/>	8. To report "Specialty" for this provider type on Section A of the PE-50 in the Basic Enrollment Packet, please use Code 44 (Public Health).
<input type="checkbox"/> **	9. <b>Only For Charter Schools:</b> Completed Declaration of Charter School Status Form.
<input type="checkbox"/> **	10. Completed PE-50 EPSDT Health Services For Children With Disabilities Provider Enrollment Supplement Agreement
<input type="checkbox"/> **	11. <b>Completed PE-50 EPSDT Provider Supplement Agreement B.</b>
<input type="checkbox"/> **	12. Completed PE-50 EPSDT Provider Supplement Agreement C - School Board/Charter School Certification of Understanding <b>(if applicable)</b>
<input type="checkbox"/>	13. Printout of online medical license verification from the governing license board for each therapist identified in the list specified in item 13 above. This verification must contain the license number, the effective date of issuance, and the current status of the license.
<input type="checkbox"/> **	14. <b>Completed Individual Therapist Form.</b>
<input type="checkbox"/>	15. Copy of the Early Intervention license from the Department of Social Services for providers serving the 0 to 3 year old population
<input type="checkbox"/>	16. <b>Only for Parish School Board/Charter Schools:</b> Completed Amendment to the Provider Agreement Between DHH-BHSF and the appropriate Parish School Board/Charter School (4 pages).

\* Forms are included in the Basic Enrollment Packet

\*\* Forms are included here

**PLEASE USE THIS CHECKLIST TO ENSURE THAT ALL REQUIRED ITEMS ARE SUBMITTED WITH YOUR APPLICATION FOR ENROLLMENT. FORMS MUST BE SUBMITTED AS ORIGINALS WITH ORIGINAL SIGNATURES (NO STAMPED SIGNATURES OR INITIALS) – DO NOT SUBMIT COPIES OF THE ATTACHED FORMS.**

Please submit all required documentation to:  
**Molina Medicaid Solutions Provider Enrollment Unit**  
**PO Box 80159**  
**Baton Rouge, LA 70898-0159**

# PE-50 EPSDT HEALTH SERVICES FOR CHILDREN WITH DISABILITIES PROVIDER ENROLLMENT SUPPLEMENT AGREEMENT

In order to facilitate your enrollment as an EPSDT Health Services provider in Medicaid of Louisiana, you must provide the information that is requested below.

Name of Provider: \_\_\_\_\_

Medicaid Provider Number: \_\_\_\_\_

Address (Mailing and Street): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address and Telephone Number if Other Sites (if applicable): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check the EPSDT health service(s) you wish to provide, list any restrictions related to the age or the number of children, geographical areas, or other factors, or enter "none." Attach documentation of applicable licensing and certification for staff providing these services.

SERVICE	RESTRICTIONS
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_____ Audiologic Evaluation	
_____ Speech and Language Evaluation	
_____ Speech, Language or Hearing Therapy	
_____ Occupational Therapy Evaluation	
_____ Occupational Therapy	
_____ Physical Therapy Evaluation	
_____ Physical Therapy	
_____ Behavioral Health Services	
_____ Applied Behavior Analyst	

The Agreement, made by and between Medicaid of Louisiana and \_\_\_\_\_ (Provider), sets forth the terms of participation in Early Periodic Screening and Diagnostic Treatment (EPSDT) health services to children with disabilities. The parties, intending to be legally bound, agree as follows.

1. The provider agrees to adhere to all general enrollment conditions of Medicaid of Louisiana.
2. The provider agrees to comply with all applicable program requirements for services, timeliness standards, and reasonable standards of medical and other health professional practices set forth in the EPSDT Health Services Provider Manual.
3. The provider agrees to maintain sufficient staff, facilities, equipment, and supplies to provide the agreed upon services and notify Medicaid of Louisiana promptly, in writing, whenever he/she is not longer able to provide the services.
4. The provider agrees to ensure that recipients are allowed to choose providers freely.
5. The provider agrees to establish procedures through which eligible recipients and families may present grievances which may arise from EPSDT services provided under this agreement.
6. The provider agrees that the submission by or on behalf of the provider of any claim shall be certification that the specific services for which the payment is claimed were provided to the person identified as the recipient.
7. The provider agrees to keep records necessary to disclose the extent of EPSDT services provided to recipient for five years from the date of payment, to provide this information, as requested, to Medicaid of Louisiana or its authorized representative, and to cooperate with on-site reviews, and other monitoring and training activities.
8. The provider agrees to use Medicaid funds received for these services solely for the provision and/or enhancement of health services to children. These Medicaid funds may be used for the direct provision of these services and to defray the administrative cost of providing these services.
9. The provider agrees to submit claims within 1 year of the date of service and to submit these claims electronically.
10. The provider agrees to participate in KIDMED recipient outreach activities, including identifying and informing recipients of the benefits of preventive care, and how to access KIDMED screening services.
11. The provider agrees to provide age appropriate KIDMED medical, vision, and hearing screening services to Medicaid recipients under the age of 21 who are receiving EPSDT health services reimbursed by Medicaid or to contact KIDMED immediately to arrange for these screening services.

12. The provider agrees to refer any suspected child abuse, neglect, and/or sexual abuse of recipients under the age of 21 promptly to the Office of Community Services in the parish where the recipient resides.
13. Medicaid of Louisiana agrees to reimburse the provider for EPSDT health services covered by Medicaid in accordance with applicable regulations and the schedule of maximum Medicaid fees for these services.
14. The effective date of this agreement shall be the date on which it is signed by Medicaid of Louisiana unless otherwise stated.
15. This agreement may be terminated by either party upon 30 days after the receipt of a written notice by the other party.

I certify that the information provided on this form is true to the best of my knowledge.

\_\_\_\_\_  
Provider-Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medicaid Director or Designee

\_\_\_\_\_  
Date

## Individual Therapist Form (Applied Behavior Analyst)

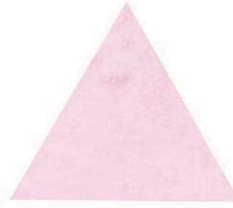
Please Print Name of EPSDT Health Services:

**List all individuals that are providing the therapy services identified on the PE-50 EPSDT Health Services for Children with Disabilities Provider Enrollment Supplement Agreement form (i.e., Audiology, Speech and Language, Occupational Therapy, Physical Therapy, Behavioral Health Services and/or Applied Behavior Analyst. Attach a copy of a current license for each.**

Therapist Name	Therapist Specialty	Therapist License Number

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Authorized Representative Date of Signature

Print Name of Authorized Representative \_\_\_\_\_  
Revised 10/2014



SSA CONSULTANTS