

SENATE HEALTH & WELFARE COMMITTEE
Monday, February 1, 2016

ATTACHMENT 1

January 24, 2016

Dear Health and Welfare House Committee Members & Mr. Chairman Wood,

Re: Docket No. 16-0309-1501- School Based Medicaid Rule change proposal

Hello, my name is Misty-Dawn James and I live in Nampa, Idaho. Thank you for taking the time to listen to us today as you review the rule changes regarding school-based Medicaid. As an Idahoan, I appreciate knowing that you are all looking out for us. Your committee is our safety net, especially when we sometimes miss the public input announcements from the H & W. As a small business owner, former alternative education teacher, former PSR worker, and parent to a young-adult with Autism, I sometimes miss those invitations.

From my experience and multiple perspectives, I would like share a few concerns and ask a few questions while you are all reviewing the proposed rule changes.

1. H & W Public Input Invitation- I heard they posted the invitation for feedback in late fall of 2015 with short notice. From a parent and educator stand point, that is when the relevant stakeholders, whom these changes will impact the most, are busy with the start of the school year which often entails beginning-of-the-year IEP meetings, child-well checks, and annual reviews for providers. To improve the success rate of soliciting feedback in the future, is it possible to ask H & W if they would send the invitation out to the schools for the staff to share with parents at the IEP meetings? Or email the list of parents who have children on IEPs? They usually ask us for a copy of our children's IEP during the application process for DD and/or Children's Mental Health services.

2. Question on section 732.01 (f) pg. 122-

Occupational and Physical Therapists are critical to supporting student success for children with disabilities. State Certified Speech Therapists are equally important. Can we add them, please?

3. Suggestion for 733.01 (a) on pg. 124-

In my experience, my daughter's own physician expressed her discomfort in "prescribing" or "ordering" school services by signing that form every year. She was not familiar with the types of services available and never got any feedback or updates from the schools on my daughter's progress. As a professional, I understood her hesitation. There seems to be a lack of collaboration between the medical and school professionals on what their roles and who is responsible. As a former PSR worker and teacher who taught special education students, I saw the stress on the school resources to continuously provide services while waiting for those forms- sometimes up to 6 months later. While the community agency was required to stop services until that form was returned, signed by a doctor. It is illegal for schools to enforce that kind of policy.

So what if we found a compromise? Having a person at the IEP meeting who is clinically licensed, such as a School Psychologist, Master SLP, LCSW or Occupational Therapist that can objectively assess and prescribe the Medicaid school services necessary to appropriately support the student academic goals? Someone who is not under the direct supervision of the Site Principal.

As a former teacher, I would caution how you write this rule. We know the goal of every IEP meeting is to create a successful program to support that individual child's ability to learn. However, there are often competing points of view at the table as well. Parents want what is best, school administrators want what is practical, teachers want what is helpful, and physicians are not even there. Having another professional- who is licensed and objective- at that table will help to insure that the prescribed services are necessary, beneficial to the child, and responsibly appropriated. Allowing the IEP Team, with a licensed professional at the table will lessen the burden on the doctors and their staff, the schools and their budgets, as well as saving parents another appointment and/or paper to chase down. They do that a lot already, I promise.

4. A burning question on this topic that may appeal to your curiosity as well-

If Medicaid recipients receive quarterly statements about the extended services their child receives from providers in the community to decrease fraud or billing errors and improve transparency, why is it that parents are not provided the same information when schools bill Medicaid?

As a parent, there was a time or two that I called H & W to report a billing, after receiving a statement of the units billed for my daughter's case management. One time, I asked if I could get a copy of what the school was billing and I was told, "that is private information because it is billed from a public entity."

I have always been curious about that statement. It is important to have transparency, will all Medicaid billing. That way as parents, we can help our system in their goal to be transparent and efficient.

In closing, thank you again for taking your time to consider these items with such deep consideration.

Kindly,

Misty-Dawn James
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Regarding docket # 16-0309-1501

My name is Heather Irons. I am the mother of a 14-year-old autistic boy who requires services mandated by his IEP.

My son, JT, was diagnosed with autism in the second grade. From preschool through the time of his diagnosis, JT struggled greatly with learning. Once an IEP and an IEP team were in place, JT finally began to make progress academically. IEPs are not all about academics, though. JT has also required speech, occupational therapy, and social/behavioral supports. Without a knowledgeable IEP team who developed, and continues to develop, JT's plans and supports, his academic, social, and emotional growth would be even more negatively impacted.

The members of JT's IEP team work closely with me, JT, and each other to produce the best possible outcomes for JT. JT's physician does not know JT or his academic needs as intimately as JT's IEP team.

I request that you reject rule 733, section 01, "Physicians Orders," and ask the Department of Health and Welfare to include the phrase "or the IEP Team."

Thank you for your consideration.