Date: Tuesday April 29, 2025

# Subject: TN Council on Autism Spectrum Disorder

Dear Members,

Please find attached a summary of the TN Council on Autism Spectrum Disorder meeting held on April 29, 2025, at the PEARL Room, 220 French Landing Drive, Nashville, TN 37243. The next meeting will be at 10:00 a.m. on July 29, 2025. An Outlook calendar invitation will be sent to your e-mail for the meeting, which is planned to be held in-person in Nashville. If you have any questions, please call me at 615-626-1579.

Sincerely,



Jenna Martin

DDA Director of Developmental Disability Services

Statewide Family Support Coordinator

Cc: TN Council of Autism Spectrum Disorder Council Members

Brad Turner, DDA Commissioner

Theresa Sloan, DDA Assistant Commissioner and General Counsel

Seth Wilson, DDA Senior Associate Counsel

**CHAIRPERSON**

Sarah Harvey

**TYPE OF MEETING**

TN Council on Autism Spectrum Disorder

**MEMBERS PRESENT**

Tara Mohundro, Lana Woodward, Elizabeth Ratliff, Lia Nichol, Robert Stoffle, Jennifer Rose, Kimberly Black, Jaqueline Johnson, Elizabeth Setty Reeve, Dr. Cooper Lloyd, Dirk Strider, Therese Sipes

**MEMBERS ABSENT**

Cynthia Johnson, Rick Fought, Alison Gauld, Tracy Verdun, Toby Compton, Sarah Harvey

**QUORUM**

There was a quorum of members present for the TN Council on Autism Spectrum Disorder.

**STATE DEPARTMENT PARTICIPANT DESIGNEES PRESENT**  
Catherine Pippin

**DDA STAFF PRESENT**

Jenna Martin, Seth Wilson, Kimberlee Cantrell, Babs Tierno, Trey King, Theresa Sloan

**GUESTS FROM PUBLIC**

Michelle Bagby, Janet Strouse, Anita Teague

**WELCOME/OPENING REMARKS/INTRODUCTIONS, Jenna Martin**

TN Council on Autism Spectrum Disorder Council Liaison, Jenna Martin, called the meeting to order at 10:00 a.m. Central Time.

**PUBLIC INTRODUCTIONS/ROLL CALL, Jenna Martin**

Jenna Martin asked the Council Members and DDA Staff to introduce themselves.

**APPROVAL OF MINUTES**

A motion was made to approve the minutes as written from the January 28, 2025, meeting. The motion was approved. There was no discussion, and the motion passed, and the minutes were approved.

**TN Strong Families and Homes**

Presented by Babs Tierno and Trey King

* As part of Governor Lee’s TN Strong Families initiative, DDA is partnering with DCS to provide support to children in state custody who have intellectual and developmental disabilities.
* DDA has developed a tiered approach that includes direct care services, support for foster families and home and community-based services for children with complex needs.
* Tiers
  + Tier 1
    - Direct care for children who are in the state’s children’s hospitals awaiting foster placement. DDA started supporting children in its state-operated homes in March 2023. These homes are intended to be a short-term placement to stabilize a child’s community based medical care before moving to a foster home.
    - DDA offers short-term placement to children in DCS custody with acute medical needs who are awaiting long-term placement. Often, these are children who are currently placed in children’s hospitals and emergency rooms.
    - DDA provides this care in its former state-operated community homes in Davidson, Shelby, and Greene counties.
    - Children are able to receive needed nursing and clinical therapies while living in a home and engaging with their communities.
    - TN Strong Homes have the capacity to serve 12 children (4 per home).
    - 35-37 homes across the state
    - Provides support in community-based setting.
    - Children are in hospitals or medical facilities with higher acuity medical needs.
    - Each home remains full, and each home is four bedrooms.
    - TN Strong is designed to be short-term and reunite the child back to the family.
    - If unable to return home, we try to find an adoptive home or foster placement within a 90 to180 day timeframe
    - The homes are staffed 24/7, they have roll in showers, a nurse, home manager, and two support staff.
    - We push for in person school setting but those who cannot be out of bed at home, school is provided.
  + Tier 2
    - Addresses need to stabilize placement for foster children with intellectual and developmental disabilities in state custody and offset the out-of-pocket costs associated with the care and treatment of children with IDD.
    - Supports foster families in offsetting the financial costs associated with high medical and behavioral needs
    - Provides critical supports to help care for children with IDD and sustain stable placements.
    - Uses the Healthcare Reimbursement Account (HRA) model, where a family can use a card to buy medically necessary items to care for children or be reimbursed
    - Provides funding for up to $20,000 per child per calendar year
    - Families are supported to use this program with an Independent Support Coordinator.
    - Subsidize and enhance monetary value for foster families.
    - Kids in DCS custody or enrolled in TEIS qualify
    - Modified hybrid program designed to give families $20,000 in costs.
    - Over 1200 enrolled in the program.
    - According to DCS, the number of children stay in foster placement 25-35% of the time. Placement stability rate is 87%.
  + Tier 3
    - DDA is working to enhance the provider network to support children with IDD and co-occurring behavioral needs including efforts to provide high levels of medical and behavioral programming as well as therapeutic respite support.
    - Launch of grant funding for Respite Ministries
      * Awarded nearly $750,000 of grant funding to 35 faith-based communities and community nonprofits aimed at creating and expanding respite ministries.
      * This funding gives organizations the ability to create a respite plan tailored to their community’s needs.
    - Network Development efforts in collaboration with our partners at DCS.
    - Working with network development and DCS to bring in more RTC or psychiatric facilities.
    - Trying to recruit companies specifically one out of South Carolina.

Would like to have respite homes. Although, not currently available in Tennessee.

* TN Strong Homes-Staffing
  + TN Strong Homes have comprehensive staffing in each home including:
    - Medical Director
    - RN/LPN
    - Respiratory Therapist
    - Occupational Therapist
    - Speech and Language Pathologist
    - Nutrition and Dieticians
    - Physical Therapist
    - Behavior Analyst
    - Home Manager
    - Direct Support Staff
    - Recreational Therapy Staff as warranted
    - Seating and Positioning Staff as warranted
    - Licensed Professional Counselor (LPC-MHSP, Trauma Therapy) as warranted
* TN Strong Homes-A Day in the Life
  + Youth receive 24-hour supervision for safety, including constant one-on-one monitoring by trained staff during waking hours.
  + Staff are equipped to provide immediate responses to any needs or incidents that arise.
  + Youth have access to necessary therapeutic, habilitative, and medical services to aid their development and stability at home.
  + Regular activities focus on building skills, promoting physical health, enhancing language and cognitive abilities, and encouraging socialization and community development.
  + Education is prioritized in public schools, with home-bound services provided only when necessary; a hybrid approach supports reintegration into full-time routines as youth stabilize.
* TN Strong Homes-Eligibility
  + All referrals for TN Strong Homes will come from DCS Network Development. Reach out to your Regional Nurse to get started referring a child.
  + Children must have a diagnosis of an intellectual or developmental disability with extensive or specialized medical care that require ongoing supportive care but no longer require impatient hospitalization.
  + Children must be in state custody at time of referral.
  + If you have questions about a specific child’s eligibility, or to make a referral, email [DDA.TN.Strong.Families@tn.gov](mailto:DDA.TN.Strong.Families@tn.gov)
* TN Strong Families HRA-Eligibility
  + All referrals for TN Strong Families will come from DCS Case Managers
  + Case Managers will identify and provide referrals to DDA of children who are qualified.
  + Children must have a diagnosis of an intellectual and developmental disability. Some common diagnosis include autism, down syndrome, cerebral palsy, fetal alcohol syndrome, etc.
  + Child must be in a traditional foster home.
  + Any child enrolled in TEIS is eligible.
  + To get referral link or if you have questions about a specific child’s eligibility, email [DDA.TN.Strong.Families@tn.gov](mailto:DDA.TN.Strong.Families@tn.gov)
  + Foster Parents, GALs, CASAs, or TEIS Service Coordinators who believe a child they are working with is eligible for the program should do one of these:
    - Email [DDA.TN.Strong.Families@tn.gov](mailto:DDA.TN.Strong.Families@tn.gov) with the child’s name and DOB as well as the DCS Case Manager’s name and email address.
  + Any child enrolled in TEIS that is enrolled in TN Strong Families HRA will have an eligibility redetermination one month prior to their third and sixth birthday to remain in the program.
* What is a Healthcare Reimbursement Account
  + A Healthcare Reimbursement Account (also known as “HRA”) is an account where families can either use a debit card to pay for qualified expenses or be reimbursed for expenses.
  + This is similar to a Flexible Spending Account or Health Savings Account that many people use.
  + TN Strong Families will provide up to $20,000 annually in HRA expenditures.
  + The HRA pays for qualified medical expenses, as outlined by the IRS.
  + The HRA vendor will issue each family a card that can be used at many medical establishments to pay up front for expenses.
  + If an establishment does not accept the debit card, families can submit documentation for reimbursement.
* What kinds of items or therapies are covered?
  + Any therapy, item, or activity the child’s medical providers believe is medically necessary to treat or assist the child in making progress toward one or more of their developmental goals would be covered with a LOMN from the provider.
  + Decisions about individual children’s unique needs will occur between the medical provider, the foster parent, the Independent Support Coordinator, and Inspira.
* Some common uses for funds:
  + Respite
  + Mileage Reimbursement to/from therapies/medical appointments
  + Sensory Regulation Items
  + Educational Toys
  + Developmental Toys
  + Communication Devices
  + Feeding Therapy Items
  + All expenses must be medically necessary and specific to the child’s disability/development goals and not for routine care.
* TN Strong Families-Care Coordination
  + DDA’s contracted Independent Support Coordinators (ISCs) will provide care coordination specific to the program.
  + Independent Support Coordinators provide support coordination in the DDA Home and Community Bases Waiver Programs to adults as well as to children with intellectual and developmental disabilities in TN Strong Families and Katie Beckett Part B Waiver.
  + ISCs have experience in developing support plans in a person-centered manner to support people in living the lives they envision for themselves.
  + ISCs connect people to service and support providers and provide advocacy for people.
* HRA Program-ISC Responsibilities
  + Intake and Enrollment into the program
  + Meeting with the family to develop support plan and set up HRA services
  + Educating families about HRA benefit and collecting signatures
  + Contact the family monthly by phone or other method as requested by foster parent
  + Meet face to face every six months or at any time upon foster family request
  + Make contact with DCS Case Worker at least quarterly to review service goals are aligned
  + Work with family to resolve any issues with HRA claims
  + Identify any needed services and supports to support the child’s health and wellbeing
* DCS Case Worker Responsibilities
  + Identify children and foster families who are eligible for the HRA benefit
  + Send referral information to DDA including demographic information for the child and foster parent, and DCS case worker contact for each child.
  + Provide documentation supporting IDD diagnosis or request additional clinical or medical assessments within 30 days
  + Work with ISC to collect additional documentation or assessments when necessary
  + Interface with ISC at least quarterly or more as needed to ensure alignment in service goals and review the status or services and supports paid for through the HRA account.
  + Notify ISC when there is a disruption in the foster placement so HRA benefit can be terminated or transferred to new foster family.
* TEIS Service Coordinator Responsibilities
  + Provide a copy of the IFSP to the ISC to document eligibility-your child’s ISC will reach out to you in the DCS Case Manager has not already provided this during the referral.
  + Identify any needed services and items to support the child’s health and wellbeing that can be covered under the HRA
  + Encourage the Foster Parent to utilize HRA funds to maximize gains toward developmental milestones
  + Refer the Foster Parent to the ISC for HRA related issues like claims reimbursement
  + Alert the ISC when the child discharges from TEIS
* Foster Disruptions and Transitions
  + The HRA benefit follows the child
  + If there is a disruption in the foster placement, the ISC will work with the foster family to identify unpaid reimbursements and work with the HRA vendor and family to get claims submitted.
  + Foster family will have 90 days to submit outstanding claims
  + Disruption: If the child is placed with a new foster family, the ISC will work with family to set up the HRA account.
  + Funding will be renewed at the start of the calendar year
* Reunification
  + Children in the Strong Families HRA will have continued HRA eligibility during the Trail Home Visit. The Foster Parent is encouraged but not obligated to provide the reunification parent access to the funds during this time to support permanency outcomes for the child. Once the child exits custody, the card will be terminated.
* Adoption
  + Children in the Strong Families HRA will have continued HRA eligibility after adoption for one year. The ISC will continue to work with the family and enroll them in a modified version of the program.
* Contact Information

[DDA.TN.Strong.Families@tn.gov](mailto:DDA.TN.Strong.Families@tn.gov)

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**Questions:**

* + Janet Shouse stated that there are a couple of facilities that serve the population.
    - Trey stated that one is Norris Academy. Bills Place is another facility that sources through DCS in Memphis. 150-180 bed unit. Only for DCS or custodial children. TN Strong Families is trying to bring in others. Trust Point may take some children.
  + Janet Shouse asked who to contact.
    - Trey stated that he would look into it. Theresa Sloan stated to ask Dr. Bruce Davis.
  + Anita Teague stated that as a TEIS provider her agency also does Strong Families, Family Support, and MAPs. Especially with TEIS and autism family centers there is an increase of parents losing custody but not being placed in state custody but being placed with families that are not equipped. The families are not eligible for Strong Families because they are not in state custody. Is there talk of being able to provide support for those families at least monetary?
    - Trey stated that there is a way for kinship opportunities that can register to be foster parents. They can work through DCS and receive the monetary benefit.
  + Anita Teague stated that most are grandparents and great grandparents and is out of their knowledge or understanding.
  + Catherine Pippin stated that the Knowledge of Care program is funded by DCS. The kinship piece they get reimbursed.
  + Homes are in Greenville, Nashville, Arlington
  + Dirk Strider asked that for the one-on-one monitoring is that for behavior or the default staffing pattern.
    - Trey stated default is one-two
  + Trey stated that they work with DCS to let them know the progress of the child. Once the maximum is met, let DCS know that it’s time for transition. Training is provided to whoever is taking care of the child for outpatient treatment.
  + Anita Teague asked of the data of the number of children that are staying in hospitals is available.
    - Trey stated that DCS may be tracking it. DDA works with Vanderbilt, Le Bonheur, East TN Hospital, and Johnson City. All the kids have to have a pediatrician and within 24 hours of discharge, they have to have an initial appointment.
  + Babs stated that the funding is to ramp up what items therapy is needed for the child.
  + Dirk asked if an iPad would be covered by the program, then who has ownership of the iPad?
    - Babs stated that every dollar and item is designated to the children. It would move with the child if the child’s placement changed.
  + Janet asked that once the child goes back to their family does the $20,000 disappear and the family take on the costs.
    - Babs stated that if the child has TennCare the child would not be eligible for Katie Beckett.
  + Tara asked what is the percentage of children that have reentered the program?
    - Babs stated that has not happened yet.
  + Jacqueline asked how many children are you serving each year?
    - Babs that that there are1,000 slots. The child has to meet the Intellectual Disability (ID) or Developmental Disability (DD) requirement.
  + Jacqueline Johnson asked if there is an age restriction?
    - Babs stated birth through 18.
  + Dirk Strider asked what Trey would do different?
    - Trey stated that he wants to do more.
  + Anita Teague stated that in the Family Support Program each county is allotted so much money and if they do not use all the money the remaining funds go to those on the waiting list. If the DCS family does not use the full amount, can it open up more slots?
    - Trey stated that we are looking at different ways to open more slots. But do not know until after 90-day period. The way the budget cycle is we cannot go past the year.
    - Babs stated that it is a revolving door. The department cannot predict how the cycle is going to work.
  + Do the funds roll over?
    - Trey stated that no, one must use them or lose them.
  + If there is a disruption in placement and the child goes to someone that is not eligible to the funds, do the funds go to the new placement?
    - Babs stated that no, they are disenrolled due to ineligible placement.
  + Jennifer asked if there a way that we can help in local communities to help get information out to family members and foster care homes that are in need?
    - Babs stated that we do not take referrals from foster families. The referral must come from the DCS case manager.
  + Jennifer asked if there is a way as Council members that we can reach out to DCS case managers to help those families that are eligible.
    - Babs stated maybe, but not sure how to do it successfully.
  + Jennifer asked with the respite care, are the funds being tracked and verified or are do they just receive reimbursement.
    - Babs stated that every claim must have documentation. Respite has a form where they sign that they received the service, and it is submitted with the claim.
  + Janet asked how are families finding respite providers?
    - Babs stated that she thinks they are using each other. There is a minimum requirement for those in respite care. Foster families use Facebook groups to help each other out.
  + Therese Sipes asked if you could go back to the faith-based communities. Is it required for overnight respite?
    - Trey stated no it is not required.
    - Therese asked if they are required to meet the same respite requirements?
    - Trey stated that yes. The idea is to get congregations to build around the families in the area.
  + Janet asked if because of the turnover with the DCS caseworkers, there are some that are not aware of the program.
    - Trey stated that they went and met with the DCS leadership across the state. Went through word of mouth to foster families to reach out to their case managers.
  + Jacqueline suggested to work with the Department of Health as they work with foster care, DCS, TEIS and work to be the bridge to refer the family to the program. Possibly do a training with the statewide team.
  + Robert asked if they have any literature?
    - Babs stated that all of the information is on the website.
  + Janet asked if they have talked to the Healthcare Disparities group?
    - Babs stated that no and would like an email referral.

**Building the Capacity of Direct Support Professionals**

Presented by Jeremy Norden-Paul

* Learning Objectives
  + Examine the partnership between the Department of Disability and Aging and TRIAD to respond to feedback provided in the report.
  + Discuss the summary of feedback provided across the state from key collaborators about training to support individuals with complex behavior needs.
  + Recognize objectives of the upcoming trainings and how to engage with the work.
* Context & Background
  + DDA and TRIAD are partnering for a multi-year initiative to ensure adults with complex behavior needs have access to a robust, well-trained network of community providers.
    - Year 1 (2024)
      * Community-informed evaluation and report surrounding needs
    - Year 2 (2025)
      * Develop a multi-teared, competency-based training and certification program for providers
      * Pilot implementation initial Direct Support Professionals (DSP) and
      * Create a House/Residential Manager and agency administrator training
* Year 1: Community Evaluation
  + TRIAD conducted eight, focus-groups with 33 people across Tennessee including
    - Direct Support Professionals (DSPs)
    - Agency administrators
    - Caregivers
  + TRIAD also conducted a state-wide survey. Respondents included
    - 184 DSPs
    - 133 administrative and leadership agency members
* Emerging Themes
  + When asked about influences on safety, similar themes emerge across all interviewed groups, including:
    - Staff retention (e.g., turnover, burnout)
    - Care delivery (e.g., quality of care)
    - Unique service requests
    - Daily operations (e.g., documentation, internal communication)
    - Systemic influences on safety such as policies (e.g., external state and program policies)
    - Training (e.g., organization-level training provided)
    - Characteristics of person supported (e.g., complexity of diagnosis or behavior)
    - Staff variables (e.g., level of experience, socioeconomic factors)
* Take Away Points
  + Current training falls short to prepare DSPs for safety challenges that arise serving persons with complex behavioral needs.
  + There is a consensus among DSPs that the existing training opportunities lack practical strategies to support people with complex behavior.
  + Lack of communication between DSPs and other staff regarding person supported needs, impacts DSPs ability to support individuals in their care.
  + Low wages exacerbate frequent staff turnover which can lead to staff burnout and disruption of care.
  + Funding limitations (e.g., reimbursement rates for higher levels of care) impact the quality of services available.
  + State-level policy issues were highlighted, suggesting that the discussion of persons supported, and staff safety cannot be separated from the policies under which each agency operates.
* Current Year’s Focus
  + Creating a curriculum for DSPs that provides practical, evidence-based practices to support people with complex, behavioral needs.
* Next Steps
  + Create and pilot a knowledge-building training for DSPs
  + Create a complementary training and technical assistance for residential/house managers and agency administrators.
  + Create an advisory council of DSPs, residential managers, and agency administrators.
  + Pilot individual behavioral consultation and planning for person supported who have complex behavioral needs.
* Curriculum Topics
  + How do I support a person with complex behavioral needs?
  + How do I use Trauma-Informed Practices as a Direct Support Professional?
  + How do I build rapport with a person supported?
  + How do I prevent dangerous behavior?
  + How do I deescalate dangerous behavior?
  + How do I ask for help with person supported?
* Direct Support Professional Training
  + Asynchronous modules to include
    - Quick tip videos,
    - Practical strategies,
    - Relevant case studies, and
    - Opportunities for practice
  + Year 3 curriculum topics were selected from Year 1 focus groups
* Agency Training and Technical Assistance
  + Training on similar concepts to DSP with a focus on how to support the organization’s systems and continue training and support to direct care staff.
  + Roll-out planned for October 2025 across all three grand regions.
    - To include materials for organizations to provide continuing education to DSPs and housing and residential managers.
* Agency Technical Assistance and Training
  + Month 1-3
    - 2-Day In-Person Training
      * 2 full-day trainings with a focus on agency administrators supporting DSPs
    - Agency Consultation
      * Up to 3 hours of individual agency consultation
  + Month 4-6
    - Agency Consultation
      * Up to 6 hours of individual agency consultation with a TRIAD Team Member
    - Monthly CoPs (agency focus)
      * Monthly webinars with cohort agencies focused on a problem of practice
  + Month 7-12
    - Monthly CoPs (individual-consult focused)
      * 6 month, individual-consult focused monthly CoPs.
      * Topics to include
        + Framework for behavior
        + Basics of Behavior Support Plans
        + Trauma and Mental Health
        + Physical Health
        + IDD and Dementia
* Advisory Council
  + Creating a council of professionals, families, and advocates to provide ongoing feedback about training and technical assistance.
  + More information to come in the summer/fall of 2025!
* Individual Consultation
  + Small pilot with agencies to provide coaching and consultation for individuals with complex behavioral needs.
  + Upcoming year’s focus is on the effectiveness and feasibility of this support.
  + Goal to expand this support in future years
* Opportunities for Collaboration
  + Participate in Year 3 cohorts
    - Cohorts will occur in East, Middle, and West Tennessee
  + Participate and review initial DSP Curriculum
  + Connect and provide feedback or ideas for DSP support!

Questions:

* Janet Shouse asked how will the individuals be identified?
  + Jeremy stated that once we have identified the agencies that want to participate in the pilot, we will then work with them to identify the people that want to work with. We have to develop a process.
* Janet asked if there is a financial incentive to DSPs?
  + Jeremy stated that his hope is yes, but we cannot speak for providers. The hope is to figure out ways to enhance DSP skills and capacity.
    - When agencies become certified and put staff through training, we would have a higher reimbursement rate for providers to help offset the cost.
    - Once they are skilled the hope is to provide incentives for higher outcomes. We know that it takes time, effort, and skill to do a good job, and it can be difficult at our current reimbursement structure from the state side. Flexibility to improve waiver amendments.
* Lana Woodward asked if there are there plans to extend this to the Circle of Support setting as part of the referral process. Can this be made available to Independent Support Coordinators?
  + Jeremy stated that it led us to developing enabling technology navigator geared towards support coordination role.
* Janet Shouse asked that one of the things that led to the growth of enabling technology and the providers willingness to be certified is at the enabling technology conference. Can we have a complex care conference to highlight the folks that are doing a good job and new research and highlight what is going right in the state?
  + Jeremy stated that he would like to take that idea back to TRIAD.
* Jennifer asked what accountability measures are set to ensure the agencies and DSPs are getting the proper training?
  + Jeremy stated that there are going to be competency-based training. I will take this question back to Brooke.

**TEIS and the Extended Option**

Presented by Carly Carlton

* Tennessee Early Intervention System currently provides therapy and services to children in Tennessee from birth until the start of the school year following their child’s 5th birthday.
* Early Intervention in Tennessee
  + In Tennessee, early intervention is provided through the Department of Disability and Aging.
  + Early intervention services are available to infants and young children who show a developmental delay OR have a disability.
  + TEIS work with a team of early intervention professionals and a network of providers in communities across the state.
  + Early intervention providers focus on learning strategies carried out by the parent in the home.
* TEIS Point of Entry Offices
  + TEIS is a statewide program
  + There are 9 Point of Entry Offices:
    - Northwest-Martin
    - Southwest - Jackson
    - Memphis Delta - Memphis
    - Upper Cumberland - Cookeville
    - Greater Nashville - Nashville
    - South Central - Murfreesboro
    - First TN - Johnson City
    - East - Knoxville
    - Southeast – Chattanooga
* Who is Eligible?
  + Early intervention services are available to all children who need it across the state.
  + A child must demonstrate one or more of the following criteria to be eligible for services:
    - Diagnosis of one or more specific conditions likely to result in a developmental delay. Diagnosis list: TEIS Eligibility Information (tn.gov)
    - 25% delay in two developmental areas: motor, communication, cognition, social, and adaptive OR
    - 40% delay in one developmental area
    - It is OK to make a referral if you are not sure if the child has a delay or disability. Children are evaluated by an Eligibility Evaluation Agency. We will also review medical records.
    - TEIS is available whether the child has Medicaid and/or private insurance.
* Making a Referral
  + Anyone can submit a referral
  + Ways to submit a referral
    - Online: Tennessee Early Intervention System (TEIS) (tn.gov)
    - Contact the Statewide Referral team:
      * [DD.TEIS\_Referrals@tn.gov](mailto:DD.TEIS_Referrals@tn.gov)
      * Phone: (800) 852-7157
    - Download the MyTN app
* Referral Information
  + Child’s first and last name
  + Parent(s) name
  + Parent’s contact information
  + Child’s date of birth
  + Reason(s) for referral
  + Referral source
* What’s Next?
  + TEIS Statewide Referral Team receives and processes the referral
  + If not already provided, TEIS will contact the pediatrician to request medical records to support eligibility. Records should include current health and developmental information as well as documentation of diagnosed conditions.
  + TEIS contracts with Eligibility Evaluation Agencies in each region of the state to conduct an evaluation to help determine eligibility
  + The Eligibility Evaluation Agency will contact the family to set up the child’s eligibility evaluation, usually within 7 days.
  + TEIS has 45 calendar days to complete eligibility.
  + If a child is eligible for TEIS:
    - The family will be assigned a TEIS Service Coordinator
    - The TEIS Service Coordinator will schedule a meeting with the family to develop a plan to include services and supports specific to the child and family.
    - This plan is called an Individualized Family Support Plan (IFSP).
  + IFSP: Individualized Family Support Plan
    - An IFSP is a written plan for providing early intervention supports and services to eligible children and their families.
    - The IFSP focuses on the child and family within their daily routines.
    - The child’s IFSP Team will answer questions so the family can decide which services might be best for their child.
      * The IFSP Team includes:
        + Parents,
        + TEIS Service Coordinator,
        + Providers such as the child’s Early Interventionist or other therapists,
        + And anyone else the family would like to invite to participate in the meetings
* TEIS Services
  + Depending on the child’s needs, TEIS offers:
    - Service Coordination
    - Evaluation
    - Assessment
    - Developmental Therapy
    - Speech Therapy
    - Physical Therapy
    - Occupational Therapy
    - Assistive Technology
    - Hearing/Vision Services
    - Psychological Evaluations
  + Services are provided a **no cost** to families.
* Service Coordination
  + All families are assigned a TEIS Service Coordinator
  + The TEIS Service Coordinator works with the family to:
    - Arrange therapy and other services
    - Set goals for their child and update those goals as they change
    - Answer questions or concerns
    - Provide other resources, such as helping the family connect with groups (parent or disability-specific groups)
    - Meet with families regularly
    - Plan for services after a child turns 3
* Cost of Services
  + Services are provided at no cost to families
  + The program is supported through state and federal funds, Medicaid, and private insurance
  + If services are recommended, the TEIS Service Coordinator will discuss consent to access the child’s insurance with the family
* Options After a Child Turns 3
  + Before a child turns 3, TEIS will assist families in planning for transition. The Service Coordinator will support them through this process.
  + The local school district will evaluate the child for eligibility for special education services in the local school district.
  + If a child is not eligible for school district special education services, the child will exit early intervention services. The Service Coordinator will provide the family with resources within their community and additional options.
* What are a Family’s Choices?
  + If the child is eligible for school district special education services, families will have the following options:
    - TEIS Extended Option
    - Special education services in the local school district
    - Choose to end all services
* TEIS Extended Option
  + Children who are eligible for school district special education services can continue with TEIS services up to the start of the school year following the child’s 5th birthday.
  + These services would continue to be provided through the IFSP
  + All services the child receives through TEIS may continue
  + Families can choose to transition to the school district at any time during the TEIS Extended Option
* School District Special Education Services
  + Children eligible for school district special education services can choose to transition the child to special education services through the local school district when their child turns 3.
  + These services are provided through an Individualized Education Program (IEP).
  + Once a child transitions from TEIS to the local school districts, they cannot return to TEIS.
* TEIS Today
  + In Fiscal Year 2024, TEIS saw another record-breaking number of referrals
  + 23,455 referrals were submitted
  + 52% of children referred were eligible in 2024
  + 20,475 children served in FY24
    - An increase of 2,485 children from last year
  + 3,227 children are currently enrolled in the TEIS Extended Option
  + 5,946 children have accepted the TEIS Extended Option since it began
  + 55% of Part B eligible families have chosen the TEIS Extended Option
  + 79% of TEIS children evaluated for Part B eligibility were eligible.
* Stay Connected
  + TEIS website: Tennessee Early Intervention System (TEIS) (tn.gov)
  + Subscribe to our newsletter:
    - <https://signup.e2ma.net/signup/1925804/1918334>

**Questions:**

* Dirk Strider asked that with the current state of politics, do you think that referrals will decrease?
  + Carly stated that they will try to address the concerns as they come up.
* Jennifer Rose asked if they are working to add more providers for Occupational Therapy especially in East TN Region? Do you have a contracted provider that will do in-home services?
  + Carly stated that they put a lot of focused effort expanding services across the state. Added a lot of providers and work with TennCare as far as rates and a vendor referral.
* Janet Shouse asked if they could track families that turn down evaluations?
  + Carly stated that they do not have to have a diagnosis to receive services. It would show a delay in the area the child is delayed in.
* Janet Shouse asked if TEIS facilitates a medical diagnosis.
  + Carly stated correct
* Anita Teague stated that the rural south-central counties that TEIS has been doing a good job in having an open provider contract process. We are seeing our therapy providers stop providing services. TEIS is doing all they can to get people to be providers.

**Patricia Edmiston Award Announcement**

Jenna introduced Dr. Beth Malow via Teams and provided a summary of the nomination submitted regarding Dr. Malow and her accomplishments. Dr. Malow was voted on by this Council to be the first recipient of the Patricia Edmiston Award in Advocacy and Leadership. Dr. Malow joined via Microsoft Teams from her new residence in Vermont.

**COMMITTEE UPDATES**

**ADVOCACY & COMMUNICATION, LANA WOODWARD, COMMITTEE CHAIR**

* Gather trainings for first responders regarding autism awareness to provide a list of good contacts
* A statewide training may be available out of East Tennessee
* Bluebird Autism training is open nationwide
* Telecommunicator programs out of Chattanooga to be more proactive to responding to emergencies.
* Robert Stoffle suggested to go to [www.seviercountysheriff.com](http://www.seviercountysheriff.com), community resources, special needs registry, fill out the form and uploaded to the Sheriff’s department. Knox County has the Bring Me Home Program. Angel Sense is free for one year to children with Autism.
* Robert asked if there is any way to send it out the school systems?
* Seth suggested to reach out to Council member Alison Gauld.

**EDUCATION & EARLY INTERVENTION, ELIZABETH RATLIFF, COMMITTEE CHAIR**

* **Mass violence Bill Updates- current status**
  + HB1273/SB0591
    - Criminal Offenses - As introduced, creates the Class E felony of recklessly, by any means of communication, threatening to commit an act of mass violence on the property of a childcare agency, preschool, or religious institution; creates the Class B misdemeanor of failing to report a threat to commit an act of mass violence on the property of a childcare agency, preschool, or religious institution. - Amends TCA Title 39. This bill was assigned to subcommittee Criminal Justice Subcommittee 2/12/2025. Recommended for passage, refer to Senate Calendar Committee 2/25/2025.
  + HB1314/SB1296
    - Criminal Offenses - As introduced, creates the criminal offense of threatening to commit an act of mass violence; creates the criminal offense of posting on a publicly accessible website the telephone number or home address of an individual with the intent to cause harm or a threat of harm to the individual or a member of the individual's family or household. - Amends TCA Title 39, Chapter 13, Part 8 and Title 39, Chapter 17, Part 3. This bill was placed on regular calendar for 4/14/25, placed on Senate Finance, Ways, and Means Committee calendar for 4/15/25.
* **TEACHER TRAINING**

Training for teachers, Applied Behavior Services (ABS) Licensure Category discussion. Kara Walden, Executive Assistant to Deputy Commissioner Andy Kidd, updated the committee on the status. DDA Commissioner Turner is on board with this type of program. The proposal is a three-year pilot program which is in the works with Trevecca. The hope is for the Department of Education (DOE) to add an endorsement after the three-year trial period.

The meeting at the end of April will cover all budget line items. Teachers are able to take these courses online so anyone across the state can participate.

It will take a year to develop the curriculum. Collaboration with the DDA Enabling Technology team, Tennessee Early Intervention Services (TEIS), Early Interventionist from Department of Education (DOE). Kara asked for recommendations on anyone else in the team should bring in and noted Trevecca has been extremely open to bringing others to the table. There are three pathways for the trainings, pre-K-2, 3-5 and 6-12.

The trainings are focused on General Education Teachers without Special Education background. This is a six-month program made up of four programs. Teachers have the flexibility to move at their own pace.

* **HB 0789**

Lottery, Scholarships and Programs - As introduced, removes the requirement that a student with a documented intellectual disability be admitted to, and enrolled in, an eligible postsecondary institution in an eligible postsecondary program no later than 16 months after completing high school in order to be eligible to receive a Tennessee STEP UP scholarship. - Amends TCA Title 8, Chapter 50, Part 1; Title 49, Chapter 7 and Title 49, Chapter 4. This bill was deferred in Higher Education Subcommittee to the first calendar of 2026. This committee would like to see this bill move forward to give the Intellectual/Developmental Disability Population an opportunity to utilize the scholarship options and not be disqualified due to age.

* **Dissolvement of Dept. of Education/IDEA Program**

This committee has questions about the potential dissolvement of the Department of Education. There are questions regarding the IDEA Program going under the Office of Civil rights. These decisions will directly influence this Committee and all work that the Committee does.

Last year the discussion of the state rejecting Federal Funds was a large topic of discussion in this group which ended up not being passed. Our State as a whole feels they can do so much better educating our kids. The committee discussed the need to educate our Legislators on things to include in Tennessee Law such as IDEA which are safeguards for children with Individual Education Plans (IEP’s) and 504s.

**HEALTHCARE COMMITTEE, TARA MOHUNDRO, COMMITTEE CHAIR**

* **House Bill 711/Senate Bill 706- TENNCARE NETWORKING REFORM ACT**

TennCare - As introduced, enacts the "TennCare Network Reporting Reform Act." - Amends TCA Title 71. This Bill was taken off notice for calendar in Insurance Committee. This committee hopes with more time for legislation to review the bill and more families to get on board with this bill, it will be reconsidered in future legislative sessions.

* **House Bill 372/Senate Bill 342 TENNESSEE MEDICAID MODERNIST ACCESS ACT**

TennCare - As introduced, enacts the "Tennessee Medicaid Modernization and Access Act of 2025," which aligns TennCare’ s current Medicaid reimbursement rates for obstetrics/gynecology, primary care, outpatient mental health, and substance use disorder treatment with the Medicare fee schedule or average commercial rates, whichever is higher. - Amends TCA Title 63; Title 68 and Title 71. On 4/9/25, this bill was placed on subcommittee calendar Finance, Ways, and Means Subcommittee for 4/14/25. This committee recommends requests to amend this bill to include additional services such as therapies should this bill pass.

* **REDETERMINATION/DISENROLLMENT**

The committee discussed a recent scenario where people who have families serving as their Representative Payee have failed to submit required documentation for TennCare Redeterminations. While agencies have continued to provide services for these people, they have been told in the last three weeks to submit a transition plan in order to disenroll them from the 1915C Waiver. Agencies have been in the appeal process for as long as October 2023. The concern agencies have is the Continuity of Care was provided with good faith they would be reimbursed for those services. There is an additional concern about some of the providers who continued care, took out loans to pay staff for the services provided and now may not be reimbursed. This could potentially contribute to an already known issue of provider shortage if agencies are not able to recover the funds. Another concern noted was the wait time people experience while waiting on services to begin for the Employment & Community First Choices (ECF) program. Further investigation on this subject will occur as follow up to this meeting.

* **Tennessee Early Intervention Services (TEIS) PART C APPLICATION**

How does this impact the application considering this is under the Department of Education? Our state is currently helping children up to five. Catherine stated it has been submitted and was submitted timely. At this point TEIS has not been told to reroute the application elsewhere. DDA Leadership has stated business is as usual until we are told something different. While we see and hear changes at the Federal level, we are continuing to submit our required information to the Federal Government until we are told otherwise.

* **DISABILITY SCORECARD**

Comptroller’s Office of Research and Accountability (OREA) report was a request by Chairman Mark White. The [report](https://comptroller.tn.gov/content/dam/cot/orea/advanced-search/2025/IRSnapshot.pdf) is out, in summary the state does not know the use of informal removals because this information is not tracked. The state does know this issue is widespread and breaks the law. The bill writes itself; school should report all formal and informal removals. Once the information is completed, the Committee is curios where the information is routed. There is also question about who is overseeing the recommendations in the report are actually being followed. The thought is it might be the Local Education Agency (LEA) who has the oversight.

**AGING AND ADULTHOOD, RICK FOUGHT, COMMITTEE CHAIR**

* **THE KELSEY SURVEY**

Lana discussed [The Kelsey](https://thekelsey.org/about/), an agency conducting a survey to collect information about the lack of affordable housing and barriers families are facing when trying to secure housing.

* **TN HOUSING CONFERENCE REMINDER**

[TN Housing Conference](https://thda.org/tnhc) April 22-23rd at the Music City Center in Nashville.

* **Smokey Mountain Project Search**

Jennifer Jeffers discussed the Smokey Mountain project search and her experience working with the interns at the [Wilderness at the Smokies](https://www.wildernessatthesmokies.com/specials-packages/?gad_source=1&gclid=CjwKCAjw--K_BhB5EiwAuwYoyvVA9vMGVEhrsfKuJJzqA7nfGfcDyQoKmCftA94lxPncXiBvV1BGxBoCKWAQAvD_BwE) indoor/outdoor waterpark. The park has a highly successful training program that hires individuals with Intellectual & Developmental Disabilities.

**PUBLIC COMMENT**

* **MASS VIOLENCE BILL**

Janet Shouse brought up her concerns with this bill and suggested the committee consider contacting their lawmakers in regard to the bill that was passed last year which allows people to be charged with a Felony if they make threats of mass violence, regardless of if there is intent behind the threat. Janet provided an example of a young man with autism who was recently charged with a Felony even though his school resource Officer (SRO) noted that there was no intent behind the threat. This bill is in the process of being amended to include other groups such as churches, daycares and other public places.

* Janet Shouse also opined if the President’s budget passes, several programs for individuals with developmental disabilities may be dissolved.

**ADJOURNMENT/NEXT MEETING DATE**

The date of the next meeting will be Tuesday July 29, 2025, 10:00 a.m. – 1:30 p.m. Central Time. The Council will meet in-person at the DDA Middle Tennessee Regional Office, 275 Stewarts Ferry Pike, Nashville TN, Debra K. Payne Conference Room, Basement, One Cannon Way Building. An Outlook meeting invitation will be sent to Council members. This information will additionally be provided in the Public Meeting Notice for the July 29, 2025, meeting.

Respectfully submitted,

Jenna Martin, DDA Director of Developmental Disability Services

Liaison to the TN Council on Autism Spectrum Disorder

DDA Office of General Counsel