OFFICIAL MEETING MINUTES

Department *of*
DISABILITY & AGING

Date: Tuesday October 15, 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 July 29, 2025, at the 275 Stewarts Ferry Pike, Nashville, TN 37214. The next meeting will be at 10:00 a.m. on October 28, 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

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

OFFICIAL MEETING MINUTES

Department *of*
DISABILITY & AGING

CHAIRPERSON
Sarah Harvey

TYPE OF MEETING
TN Council on Autism Spectrum Disorder

MEMBERS PRESENT
Cynthia Johnson, Angela Crocker, Lana Woodward, Sarah Harvey, Elizabeth Ratliff, Jennifer Rose, Kimberly Black, Jaqueline Johnson, Tracy Verdun, Shiri Anderson for Dept. of Commerce & Insurance, Elizabeth Setty Reeve, Dr. Cooper Lloyd, Therese Sipes

MEMBERS ABSENT
Rick Fought, Lia Nichol, Robert Stoffle, Alison Gauld, Dirk Strider

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

STATE DEPARTMENT PARTICIPANT DESIGNEES PRESENT
Catherine Pippin, Kim Campbell

DDA STAFF PRESENT
Jenna Martin, Seth Wilson, Kimberlee Cantrell, Babs Tierno, Trey King, Kara Walden, Theresa Sloan, Andy Kidd, Cooper McCormick,

GUESTS FROM PUBLIC
Michelle Bagby, Janet Shouse, Tammy Vice, Laura Ford, Zachary Warren, Shannon Nehus, Sam Long, Jaylaan Parker, Brent Robinson, LeeAnn Finnegan

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WELCOME/OPENING REMARKS/INTRODUCTIONS, Sarah Harvey

TN Council on Autism Spectrum Disorder Chair, Sarah Harvey, called the meeting to order at 10:00 a.m. Central Time.

PUBLIC INTRODUCTIONS/ROLL CALL, Sarah Harvey

Jenna Martin provided Sarah Harvey with the members that present. Angela Crocker, the new Council member representing West Tennessee and Kim Campbell, the new designee from the Department of Children's Services introduced themselves to the Council.

APPROVAL OF MINUTES

A motion was made to approve the minutes as written from the April 29, 2025, meeting. The motion was approved. There was no discussion, and the motion passed, and the minutes were approved.

The Tennessee Autism and Developmental Disabilities Monitoring (ADDM) Network

Presented by Zachary Warren, Ph.D.

- Jaylin Parker, Project Coordinator
- ADDM Ascertainment and Autism Spectrum Disorder (ASD) Case Definition
    - Records that included various billing codes from the International Classification of Disease, Ninth Revision (ICD-9) or International Classification of Diseases, Tenth Revision (ICD-10) or special education eligibility codes were requested from health and education sources. Children ages 4 or 8 who had a parent or guardian who lived in one of the surveillance areas during 2022 were classified as having ASD or suspected ASD if they met the criteria below.
        - ASD case definition
            - Child has documentation of ever receiving:
                - A written ASD diagnosis by a qualified professional,

        - A special education classification of autism, OR
        - An ASD ICD code obtained from administrative or billing information.
    - Suspected ASD case definition
        - (4-year-old only)
            - Child does not meet criteria of full case definition but there is a qualified examiner's diagnostic statement that the child is suspected of having ASD.
  - ADDM Intellectual Disability Case Definition
    - Co-occurring intellectual disability was classified as:
        - Intelligence quotient (IQ) score ≤70 on child's most recent IQ test
        - Examiner's statement of intellectual disability on child's most recent IQ test
- Key Findings "At-A-Glance"
  - These findings are based on analysis of data collected from service, and special education records of 4-year-old and 8-year-old children who lived in one of 16 different areas throughout the United States in 2022.
    - ASD prevalence among children aged 8 years was 1 in 31 overall across ADDM Network sites.
    - As seen in previous years, ASD prevalence varied widely across sites and likely reflects differences in community identification practices.
    - ADDM Network data show that ASD is present among all groups of children, but certain children were more likely to be identified with ASD.
    - ADDM Network communities reported increases in early ASD identification over time. Overall, children with ASD born in 2018 were nearly 2 times as likely as children born in 2014 to be identified with ASD by 4 years of age.

- Audit medical and education records for 4- and 8-year-old children
- A set of codes is sent from the CDC to come up with identification of suspected Autism cases. Looking for medical codes, written descriptions, or a special education package.
- April 2024 new data came out with a new finding of 1:31of 8-year-olds have an Autism diagnosis. It is an estimate, and the numbers vary in range.
- Full range of estimates come to 1% in TX to over 5% in CA
- 4-year-olds have a ratio of 1:34 having an Autism diagnosis nationally. Across the United States and Tennessee. We are doing a better job of identifying more children earlier. Children are twice as likely to be identified at an early age.
- Girls vs. boys are 3:1.
- Also look for characteristics on racial and ethnic groups.
    - We used to think that more white children were being identified as having Autism.
- Tennessee's numbers do not differ dramatically in terms of SES or intellectual disability or early identification.
- Tennessee does slightly better nationally in terms of identifying people at earlier ages.
- There is a bit of a skew in terms of this which suggests that we might have about 50% of our population with intellectual disabilities. One of the reasons that happens is that we're oftentimes looking at cognitive data of really, really young children. What happens is we tend to see very low scores of those young children, and we see lots of gains over time. But if we are looking just at the first point and the first encounter, it is likely to be very low. It is an artifact of identifying more children.

  - Up until 9 years ago there was no one doing this work until we received a grant. Built on powerful relationships across the state to gain access to records.
  - The records for us to access are in eleven counties, about 75% of the kids of the kids we are looking at will have medical records.
  - We have 100% access to the Department of Education; they prepare the records and then we subpoenaed other sources.
  - We are also pulling TennCare administrative data. Tennessee seems high but may be an underestimate as we are not including a larger group. The CDC limits to only look at 25,000 kids. We added counties that were more likely to give us diversity, race and ethnicity.
- Questions:
  - Is there a factor of true increase?
    - Dr. Warren stated he does not have the answer to that from this method. There are true increases, but this study does not tell us the potential factor.
  - Cynthia Johnson asked why are 4- and 8-year-olds chosen?
    - Dr. Warren stated this age range was chosen by the Center for Disease Control & Prevention (CDC) twenty-two years ago. By 8 years of age a child would have had an encounter with a medical professional or the education system and there would be a record. Oftentimes, there would be a record, and it would not say Autism in it, but it would say “this child is showing some differences in terms of eye contact or interaction with peers or strong interests in certain things.” Clinicians would review the charts, and the school or doctor did not think that the child had Autism, but the factors are there.

- Cynthia asked why we are not tracking the first 18 months, which is optimistic from a clinical and medical standpoint? Why are we waiting for education?
    - Dr. Warren stated the records for younger children are harder to come by. They incorporated 4-year-olds because there has been a huge shift in terms of identification.
- Are we tracking those for a lifetime?
    - Dr. Warren stated, yes. Other states are looking at 16-year-olds and older age ranges. We have partnered with TennCare data and not just looking at our community but across the state and looking at ages 1-22 years to look at capacity.
- Cynthia asked about the hot spots in New Jersey and California. Do we have that in TN?
    - Dr. Warren stated when we did the statewide look, the numbers that are high are in lower populations. People with kids will move for services. We have not really seen any hot spots that have held up over the years. County variation is what we are looking at now. My hope is that we will be able to bring back county level information.
- Janet Shouse asked if Puerto Rico has a surveillance system?
    - They just started one and it is run by the Department of Health. One of the things the CDC did was to try and include more diverse communities. It is the first time around, so I do not have a lot of information.
- Sarah Havey asked what are the data sources?
    - Dr. Warren stated, we look at electronic medical records across all of Vanderbilt enterprise. The Department of Education gives us data on kids in 11 counties. We have 100% of data for kids in the public education system. We do

not have data for kids that are homeschooled. None of the data is about evaluating the children, as we are only looking at medical records.

- Sarah stated that years ago there were Strike Force Counties which were focused on multiple lines of federal fundings for those with more food insecurity in children. Is there any correlation between Strike Force Counties and the trends across the state and seeing the hot pockets of food insecurities and healthcare?
    - Thinking about all of these characteristics can impact families in terms of Socioeconomic Status (SES) limited access, structural systemic factors that can be powerful and detrimental things to communities. Communities that suffer from all of those things could impact healthy neurodevelopment. I Try to caution people from overinterpreting by making sure people realize this is a record methodology.
- Jennifer Rose asked how can we start capturing our adult population numbers?
    - Dr. Warren stated, we need to help them as they are hitting adult years. We have expanded to 16-year-olds. We are part of CP (cerebral palsy) monitoring.
    - Does it need to come from the CDC first?
        - Dr. Warren stated, yes. It provides me with access to the children's records.
- Cynthia asked what is the average lifespan of a person with autism?
    - Dr. Warren stated the mortality rate has increased surrounding intellectual development, not autism.
- Kimberly Black asked how is the data being used for future planning?

- Dr. Warren stated the prevalence of numbers drives a need and visibility for communities to come together. We do have partners that are looking at service areas.

- Dr. Cooper Lloyd asked about kids that are not in the Vanderbilt system. Have you thought about trying to access groups to fill in the gaps?
  - Dr. Warren stated it would be nice to hone the communities as it gets tricky with legalities. Hopefully, we will have a data driven response. I am interested in folding in people who are not currently in the data.
- Autism and Developmental Disabilities Monitoring (ADDM) Network | Autism Spectrum Disorder (ASD) | CDC

Statewide Updates

Presented by Seth Wilson

- Sunset Hearing for the TN Council on Autism Spectrum Disorder
  - The Autism Council under Tennessee Law is considered a governmental entity, which like all governmental entities are considered ever so often by the Geneal assembly for continuation. Every entity has a termination date, and that can be extended, that happens to departments, boards and this Council.
  - Termination date of the Council prior to this hearing was scheduled for June 2026. The year prior to that you have a hearing before the Government Operations Joint Evaluation committee, this is the General Education Health and Welfare, Jenna, Deputy Commissioner Andy Kidd and I were present to testify on behalf of the Council.
  - Seth presented an overview of the Council and the work of the Council during the hearing, the numbers from ADDAM were

included in the presentation as well as the things the Council has done and what our mission is.

- The Council was granted five years, this is considered a long amount of time to get extended. What happens next is the recommendation goes into the next General Assembly Session starting in January 2026 it will be part of a bill that says all of these governmental entities will terminate in 2031and they will vote on that. We will give the final presentation once that goes through. Seth stated he has never seen a situation where the recommendation for the Government operations Joint Committee has not been taken up, is it possible that could change, the time limit, it is. But they could decide to not continue on a Board or a Council or Department, and they did so that is good news, and we were happy to get that recommendation, that says a lot about the Council and how the General Assembly views the Council.
- Questions:
  - Janet asked if the meeting date was provided to the Council?
    - Seth stated that it was not, it is a public meeting, and it was on their agenda.
  - Sarah requested for future matters concerning the Council that notification be sent to the Council.
  - Sarah asked if they expressed questions or feedback?
    - They had the opportunity to. We were asked one question about how people find out about services and how the department serves the people.

- Council Orientation
  - Jenna discussed the layout of the Council and the opportunity for DDA to pull together an overview of the Council.
    - This could include the history of the Council, the expectations of the Council members

- The Council would be responsible for reviewing the content developed by DDA and providing feedback to ensure the material covers what is important to new Council members.
- The Council would vote on approval of the material prior to this being implemented.
- The Council voiced this would be helpful for Council members and the request was made to move forward with the development of onboarding/orientation for the Council.
- This will be developed and brought to the full Council at the next meeting and possibly to the committees prior to the quarterly meeting.

Federal Legislation Impact

Presented by Robbie Faulkner Executive Director with ARC of TN

- "Big Beautiful Bill"
  - Because we are not an expansion state, we will not be hit with the same cost impacts as other states. We will face more procedural barriers.
  - Tennessee will spend less on TennCare and Medicaid in the long run because there will be less enrollees. People will have to prove that they are not able bodied and cannot work.
  - Expecting a $7 billion reduction of Federal Medicaid dollars over the next 10 years.
    - Effects those who struggle to enroll or keep their coverage.
  - TennCare webinar
    - Over the next 10 years the federal government will save $122 billion just from undoing the eligibility and enrollment. This includes states that are expansion states, which Tennessee is not an expansion state.

- They do not expect specific programs to be impacted at all in Tennessee. They believe the issue will be that people will have a hard time enrolling or keeping their benefits.
- The Federal Nursing Home Staffing Standards have been abolished. 60% of people in nursing homes are on Medicaid. With these staffing standards being abolished, people will be less safe, possibly and the quality of care could suffer.

- National Conference of Executives (NCE) Summer Leadership Institute
  - The guest speaker, Doctor Cody Mullin, Clinical Professor at Purdue University and Associate Director for Rural and Migrant Health shared information with The Arc.
    - Rural hospitals
      - Funding that is set aside will not make a difference in rural hospitals.
      - There are two types of Medicare, the original Medicare and Medicare Advantage
        - Medicare Advantage is now run by insurance companies and is now a “for profit” group.
          - Hospitals are having conversations about not accepting Medicare Advantage because the reimbursement rates are lower, because they need to make a profit.
        - His fear is that with Medicaid, more rural hospitals will close due to the changes.
        - Will see longer wait times at urban hospitals
        - Emergency Room only facilities will be popping up in those places without hospitals.
        - He said it was important if people had Medicare, it was important they did not switch to Medicare advantage.

    - Dr. Oz was speaking before a committee and was extoling the virtues of Medicare Advantage and was saying it would be better for people if they were on Medicare advantage. Dr. Mullins said not to buy into that.
  - In Tennessee we are being told work requirements will not impact us because we are not an expansion state. So those people who are working and receiving Medicaid will not be impacted by work requirements. Our state could choose to impose work requirements but that is going to be decided on a state-by-state basis. If you are not an expansion state, you could impose work requirements.
  - Provider taxes will not have a significant effect on Tennessee as our provider's tax rate is high enough, we will not be impacted by those limits. Our tax is at the maximum.
  - Allows states to establish a 1915c Home and Community Based Waiver Services for people who do not need an institutional level of care, but it prevents states from increasing the wait times for those who do need institutional levels of care.
- Questions:
  - Sarah asked if Tennessee would have the option to choose work requirements? Who is the decision maker?
    - Robbie stated she believe Tennessee submitted for a waiver for work requirements and it did not go through. According to Tennessee Justice Center and The ARC, Tennessee proposed a waiver for work requirements. Our work requirements are harsher than what is on the current bill.
  - Sarah asked where do you go to find the announcement for public comment?
    - Robbie stated she is not sure. Dr. Lloyd stated that there are no plan in place for work requirements and states she is from

TennCare so if there ever were we would make sure that there is no public comment about it. For the expansion states, the work requirements will apply to the expansion population which is the adults without dependents, and we do not cover them.

- On October 15-16, 2025, The Arc Tennessee and other organizations around the state are partnering with the UT Law Enforcement Innovation Center to bring conferences to our region.
    - Effective Policing: Autism Response.
        - Church at West Franklin 700 Hwy 96, Franklin TN
        - A day and a half of key notes. Police officers and SROs will be present and will have breakout sessions.
        - There will be a panel with parents and their children.
        - There will be a conference in each grand region, and we are starting in Middle Tennessee. TN Start, VUMC Kennedy Center, and DDA are all a part of the Middle TN conference.
        - We have break-out sessions that need to be filled, so if you have any thoughts, I can send you the agenda that we have right now.
        - Contact Jeff Hundley at jeff.hundley@tennessee.edu for more information.
        - To register online: Law Enforcement Innovation Center - Realize Your Potential: Tennessee
    - Sarah stated that we have a committee that has been working on first responder efforts and have been working with Robert Stoffle.
    - Thereses Sipes described a situation that she recently heard of and would like to connect the family to this resource.
    - Kevin Krieb is on the Board of Directors for ARC of Tennessee. He trains at the Police Academy on autism. Kevin is passionate because his son who has autism is 6ft 3 and 300lbs and one of the people that would cause fear with police officers.

- Cynthia Johnson stated she has a 29-year-old daughter with autism. Cynthia helped start the Arc of Northwest Mississippi. A team was brought in from Boston to train Police officers and EMT's. She never thought it would be a service she would need to use, but her daughter had a meltdown a few weeks ago and she had to speak with the one of the five officers who responded to the restaurant where her daughter was upset. Cynthia was thankful for the trained officers who responded to the situation. A judge also does the training in the area.
- Robbie shared a story about her son traveling to Washinton DC. She said they traveled on an airplane, and all was well until a visit to Arlington National Cemetery. Her son did something behind her that alerted officers. Robbie discussed her fears while interacting with the officers during the incident. Her son struggles if you give him more than two commands.
- Robbie asked the Council what they think about the cards that identify people who have disabilities. She stated her fear is that there would be concerns when a person is reaching for that card.
- Jacqueline Johnson stated that the Department of Health created "blue cards" for vehicles and homes.
- Jennifer Rose stated regarding the cards or the stickers on the homes, it depends on where the identification card or sticker is. No matter how many ways we try to proactively label, in emergency situations emergency personnel may not take the time to read the labels or cards.
- Robbie stated that in addition to the training, we did some legislative work for law enforcement training. There will be more training added.
- New executive order Ending Crime and Disorder on American Streets
    - The article is called national disability groups condemn taking away civil liberties, there is a quote from the executive order that says "shifting homeless individuals into long term institutional settings with humane treatment with the appropriate use of civil

commitment will restore public health. So, looking at people who are homeless, if they exhibit mental illness, they can be involuntarily confined.

- Sarah asked where do we send families for solid factual information on how the impact is going to trickly down to them?
  - Robbie stated that The ARC would be happy to provide them with the information they have.
  - Dr. Lloyd stated that you can also contact her for questions and more information as the TennCare Representative.
- Robbie stated that the Tennessee Justice Center had a webinar about Supplemental Nutrition Assistance Program (SNAP) benefits which will impact people with disabilities.
  - $1 Trillion was slashed from the federal government's Medicaid budget which means an estimated $9 Billion (9%) decrease in federal funding to Tennessee over 10 years.
  - Policy Changes
    - Prohibits federal agencies implementing, administering, or enforcing the minimum staffing levels required by the Nursing Home Staffing Rule
    - Limits a state's ability to issue provider taxes to fund the Medicaid program
    - Stops implementation of the Eligibility and Enrollment Final Rule which was created to reduce barriers to Medicare Savings Program and streamline Medicaid enrollment
    - Changes which category of immigrants qualify for Medicaid or Children's Health Insurance Program (CHIP) (refugees, asylees, trafficking victims no longer qualify)
    - Reduces retroactive coverage period from 3 months to 2 months

- Limits how states can structure provider reimbursements and lowers the reimbursement amounts providers can receive
- States will be penalized with reduced funding for “improper payment” errors
- Allows states to establish 1915(c) Home and Community Based Service (HCBS) waivers for people who do not need an institutional level of care but prevents states from increasing wait times for those who need institutional levels of care
- Rural Health Funding program to provide $50 billion in grants to states between fiscal years 2026 and 2030, to be used for payments to rural health care providers and other purposes
- Extended work requirements through age 64
- Extends work requirements to parents of children 14-18, veterans, unhoused people, and former foster care youth ages 24 or younger
- Restricts asylees, refugees, victims of trafficking (all lawful immigrants) from qualifying for SNAP eligibility
- Freezes the cost of Thrifty Food Plan outside of inflation adjustment and keeps SNAP benefits stagnant
- Receipt of a Low-Income Home Energy Assistance Program (LIHEAP) fuel assistance payment will no longer automatically qualify households for a Standard Utility Allowance (SUA) for households without an elderly or disabled member
- Prohibits states from county internet costs in the Standard Utility Allowance (SUA)

- Eliminates SNAP Education Funding which provides nutrition education statewide
- Increases state's responsibility to pay SNAP administrative costs from 50% to 75%
- Shifts funding source for SNAP benefit from 100% federal to between 0 and 15% state based on Tennessee's payment error rates

▪ EVENTS | Tennessee Justice Center

Annual Report Discussion & Vote

Presented by Sarah Harvey

- The Council voted and agreed to do an annual report in 2024
- First two years of the Council there was a report. When the Council created the bylaws last July, it stated that the Council will consider doing an annual report and then voting on it after July 1st. It is the discretion of the Council. There is no statute or law that requires it. This is the first year with the bylaws in place and this can be considered for this Fiscal Year.
- In the past, the two that were conducted were distributed during Autism Awareness Month, in April.
- A decision needs to be made on whether we need to complete a 2025 report. It will be a calendar year report. Does the Council want to distribute a report?
- We need to decide if we need a calendar year 2025 report.
    - Dr. Lloyd-if we write a report, we want it to be unbiased. If TennCare were involved there would be potential bias in being the payer and provider for direct services. We abstain from the writing in other committees when writing the reports. We would be involved in reviewing the recommendations.
- Seth stated that this is something the Council members would have to write. The first two were mostly written by the Governor Appointed Council

members who are self-advocates or family members. It should not be completed by DDA and TennCare to write a report due to bias.

- Sarah stated that if we were to draft a report now, this is something that we would include in the content. It would be similar to prior reports and the same components such as statutes, goals, accomplishments, etc.
- If we are working from an April timeline and we got the report to DDA's Communications Department by the end of January but if we also want a printed version we may need to skim back even further.
- In order to move forward, we need a dedicated group of people who meet maybe every few weeks to get it to the finish line over the next few months.
- Questions:
    - Jennifer Rose stated it would be good, as it shows the public a way to hold us accountable and gives us something to present to the legislatures.
    - Cynthia Johnson motioned for a report. Motion seconded. Motion passed.
    - Sarah stated we would call together a Teams meeting. Jenna volunteered to set it up the meeting after confirmation on who would be participating in the meetings.
    - Cooper McCormick stated that a public meeting announcement will need to be made ahead of time in OpenLine to meet the Open Meetings Act.
    - Cooper stated that if it's an official meeting ad-hock meeting it needs to go into OpenLine.
    - Seth stated that parameters can be put on public participation. If you want restrictions, you can put it at the end of the meeting of how long the public has to respond.
    - Seth also stated that the statute says that this Council has to meet quarterly or whenever the Chair calls for it and that is how the committee meetings are designed. It is not specific on the amount of

time you need to provide notice but does say reasonable amount of time, but it is not specific on the number of days.
    - Kara Walden stated that if DDA is going to print it, it has to be outsourced to Department of General Services and depending on how many copies you need, it could take up to six weeks.
    - Seth stated that the final report does need to be voted on by the full Council
    - Jenna asked if the Council wanted to solidify dates now or send out a poll for everybody to vote on after the meeting. Asked Sarah to provide some dates that will work with her schedule to include in the poll.
    - Sarah stated that she can send it out after the meeting.

COMMITTEE UPDATES

ADVOCACY & COMMUNICATION, LANA WOODWARD, COMMITTEE CHAIR

Dual Diagnosis Toolkit (Vanderbilt Kennedy Center)

- Linda Brown is seeking medical providers experienced with dual diagnosis (MH + IDD) for a toolkit launching in August.

Legislative & Budget Updates

- Janet inquired about the House budget reconciliation and its impact on TennCare, DDA, and waiver services.
- Jenna shared that the Direct Support Professional (DSP) rate will increase to $15.68/hr. Janet asked if expenditure CAPS for families in waiver services would also increase.

Housing Advocacy

- Janet mentioned the Sycamore Institute's housing conference in September, where she will advocate for IDD representation.
- Rick discussed DDA's housing review with The Kelsey, and broader issues like healthcare access, employment, and transition planning for adults with Autism.

OFFICIAL MEETING MINUTES

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DISABILITY & AGING

First Responder & Autism Training

- **Lana** and **Robert Stoffle** discussed training programs including:
  - "Introduction to Autism" for police/fire
  - Self-advocate and family insight modules
  - Councils like the Special Needs Disaster Prevention Council

Elopement Prevention Tools

- Angel Sense: A school-eligible tracking device with safety features. Concerns raised about privacy and human rights in adult services.
- Project Lifesaver: Radio-frequency tracking bracelets used in multiple states.

School System Challenges

- Difficulty integrating tracking tech into schools due to administrative barriers.
- Plans to approach superintendents and distribute flyers before school starts.

Training & Outreach

- Council aims to compile a recommended training list, especially for rural areas.

TACP and **Tennessee Sheriffs' Association** websites host training info.

- The Arc's Criminal Justice Initiative trains police, EMTs, and even judges/lawyers.

Driving & Police Interaction

- Simulators exist to help Autistic individuals learn to drive and interact with police.
- Knoxville's Autism Breakthrough has one such simulator.

Community Events

- Linda proposed sponsoring a "fun day" for community engagement.
- Spooktacular Halloween booth used for outreach in East Tennessee.

EDUCATION & EARLY INTERVENTION, ELIZABETH RATLIFF, COMMITTEE CHAIR

Budget Resolution Bill

- Elizabeth is closely monitoring the budget bill and its implications.

- Therese Sipes asked about potential impacts on Tennessee Early Intervention Services (TEIS).
- Catherine Pippin reported no known changes affecting TEIS processes or referrals at this time.

Paraprofessional Wages

- Tennessee Commission on Children and Youth is working on budget recommendations; Therese emphasized the need for paraprofessional wages to reflect job responsibilities.
- A request has been made to increase TennCare coverage for paraprofessional services.
- Seth confirmed that the Governor's budget includes a wage increase for Direct Support Professionals (DSPs) to $15.68/hr.

Anniston Academy

- Lana Woodward announced the opening of Anniston Academy in Cookeville, a private school for children with Autism up to age 12.
- Elizabeth asked if they accept Katie Beckett funds.
- Heather Henderson (The Arc) will follow up with the academy for more information.

ABS Licensure

- Elizabeth referenced a three-year online pilot program for teacher licensure (ABS), but details are unclear.
- Jenna and Babs discussed whether it is the same program Kara Walden mentioned, though it has not launched yet.

Threats of Mass Destruction Legislation

- Metro Nashville Police Department (MNPD) School Safety Division reported 44 student arrests over 4 years: 12 in the last school year for threats of violence.
- Therese noted that Tennessee Advisory Commission on Intergovernmental Relations (TACIR) is studying the impact of felony charges for threats in K–12 schools.

- Concerns were raised about:
  - The young age of some students (as young as 6)
  - Lack of data on students with disabilities or IEPs
  - Mental health assessments now funded by the state instead of counties
- Kimberly asked if disability status could be tracked in state data.
- Elizabeth and Seth discussed whether the committee should bring a formal request to the full Council.
- Therese mentioned Georgetown's Center for Youth Justice Reform is interested in related studies.

HEALTHCARE COMMITTEE, JENNA MARTIN

Council Membership & Leadership

- Angela Crocker was introduced as the new West Tennessee Governor-appointed family member, replacing Tara Mohundro.
- Jennifer Rose volunteered and was approved to serve as a Committee Chair.

Legislative Updates

House Bill 711 / Senate Bill 706 – TennCare Network Reporting Reform Act

- Aimed to improve TennCare network reporting.
- Bill was taken off notice in the Insurance Committee but may return in future sessions with more support.

House Bill 372 / Senate Bill 342 – Tennessee Medicaid Modernization and Access Act

- Seeks to align TennCare reimbursement rates with Medicare or commercial rates, whichever is higher.
- Committee recommends amending the bill to include therapy services.

TennCare Redetermination & Disenrollment Concerns

- Families acting as Representative Payees have failed to submit redetermination documents, leading to disenrollment notices.
- Agencies continued services in good faith but now face financial risk due to potential non-reimbursement.

- Some providers took out loans to pay staff, raising concerns about provider shortages.
- Wait times for ECF Choices services were also flagged for further investigation.

Developmental Disabilities Planning and Policy Council (DDPPC)

- Linda Brown and Sheena are reviving a statewide resource guide for individuals with IDD and mental health diagnoses, including:
  - Healthcare providers
  - Peer support groups
  - Registration info
- Deadline: End of August; presentation planned for September National Advertising Division conference.
- Input requested from members with relevant provider experience.
- Contact: Linda Brown at *linda.d.brown.1@vumc.org* or *615-875-9578*.

Budget Resolution Bill Discussion

- Janet requested updates from TennCare and DDA on the bill's implications, including:
  - Provider taxes
  - DSP wage increases (from $15.37 to $15.68/hour)
  - Expenditure cap adjustments
- Dr. Lloyd and Seth noted that analysis is ongoing, and impacts are still unclear.
- Sarah emphasized the Council's role in advocating for families and asking critical questions.

ECF Choices Program

- Linda asked about the opening date for new slots.
- Janet confirmed that slots were funded and opened on July 1, 2025.

The Sycamore Institute

- Janet shared that the Sycamore Institute is hosting a Housing Policy Summit in September.

- Registration is $99. The organization focuses on budget and housing policy.

AGING AND ADULTHOOD, JENNA MARTIN

Housing & Community Integration

- The Kelsey is reviewing housing issues, pausing committee activity temporarily.
- Key focus areas identified:
  - Employment programs
  - Vocational training & job placement
  - Community integration
  - Financial planning
- The Kelsey (CA) and Our Place (Nashville) were highlighted as strong models.
- DDA is collaborating with The Kelsey and meeting with the new Community Housing Navigator to explore solutions for Tennessee.

Emergency Response & First Responder Training

- Rhode Island's Autism Project and Blue Envelope Program were cited as utilizing best practices.
- Efforts underway to:
  - Improve fire safety awareness for individuals with IDD.
  - Revive legislation to label licenses/plates for "special needs drivers."
  - Expand ambulance awareness and school-based outreach.
- National Alliance on Mental Illness (NAMI) provides scenario-based training for first responders; ~80% of departments have participated.
- Suggestion to centralize training resources online and promote Rhode Island's model.
- DDA's "hip pocket" trainings cover public service interactions and disability awareness.
- Advocacy & Communications group is leading law enforcement and health services training efforts.
- Suggestion to train senior center volunteers on disability communication.

Employer Education & Financial Planning

- Interest in creating Autism-friendly workplaces through employer training.
- Proposal to collaborate with the Department of Rehabilitation and financial advisors to support individuals with IDD.

Transition to Adulthood

- Adults with Autism face challenges accessing trained healthcare providers.
- Proposal to work with Tennessee medical schools to integrate Autism training into curricula.
- Pathfinder is receiving calls from parents of youth aging out of school, voicing the need for:
    - A transition roadmap
    - Financial planning
    - Adult day programs
    - Community engagement options
- A new resource guide tab is being developed by Pathfinder for IDD/Mental Health clinicians and peer groups (launching end of August).
- Request for clinician referrals to be included in the guide.

Legal Support for Families

- Discussion on conservatorships and power of attorney.
- Suggestion to partner with the Tennessee Bar Association.
- UT Law School offers annual conservatorship services for a reduced fee ($150).

Legal & Financial Planning

Conservatorships:

- Renewed every 5 years.
- Bar associations, young lawyers, and judges are key partners.
- UT Law School offers low-cost conservatorship services.
- Tennessee Center for Decision-Making is a resource for families.

Special Needs Trusts:

- Important for long-term financial planning.

- ABLE accounts and co-managed checking accounts help prevent disruptions in benefits like Social Security.

Advocacy Needs:

- Push for more board-certified specialists in underserved areas (Memphis, Knoxville, Nashville).
- Encourage Governor-level advocacy to address the shortage of Autism-trained professionals.

Educational & Provider Resources

- Vanderbilt Kennedy Center offers "Tip Sheets" to help providers interact with individuals with Autism.
- These should be distributed to medical schools and provider offices.

IDD Mental Health ECHO Project:

- Faced challenges with providers unwilling to accept Medicare/TennCare rates.
- Dr. Beth Malow is developing a case study-based chapter book to help families and providers understand the medical, psychological, and social challenges faced by adults with IDD and Mental Health needs.

Cultural Shift & Long-Term Care

- Emphasis on building a lifetime care model for individuals with Autism.
- Younger generations are more familiar with Autism, but systemic change is needed.
- Need to train providers with compassion and understanding, not just credentials.

PUBLIC COMMENT

- Jenna shared the updated website which includes the Patricia Edmiston first annual award description and recipient.
- The next announcement for the award recipient will be after the October meeting, the article will run every other week in November and December. The Council will be presented with nominations in January and the votes will

be collected in hopes to present the second award recipient in April at the Quarterly meeting.

- Janet made an announcement there is an effective policing-autism response training on October 15th and 16th, the partners are Finance & Administration, Disability & Aging, The Arc, The Jenkins Center and Vanderbilt Kennedy Center. The information was also provided by Robbie Faulkner earlier in the meeting and Janet shared the flyer for the training.
- Michelle Bagby is working on getting American Academy of Dentistry…Project Echo, Kramer Davis has a 6-part training webinar on their website.
- Lana Putnam County Cookeville-Aniston Academy has started enrolling and would like to see if they would like to do a presentation.

ADJOURNMENT/NEXT MEETING DATE

The date of the next meeting will be Tuesday October 28, 2025, 10:00 a.m. – 2:00 p.m. Central Time. The Council will meet in-person at the Department of Labor & Workforce, 220 French Landing Drive, Nashville, TN 37243 on the first floor, in the PEARL Room. An Outlook meeting invitation will be sent to Council members. This information will additionally be provided in the Public Meeting Notice for the October 28, 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