



Legislative Report

Early Intensive Developmental and Behavioral Intervention (EIDBI) provider shortage and progress

Disability Services Division

July 2021

For more information contact:

Minnesota Department of Human Services

Disability Services Division

P.O. Box 64967

St. Paul, MN 55164-0967

651-431-4300

651-431-4300 or 866-267-7655

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I. Executive summary

As a medical benefit delivered through the Department of Human Services, Early Intensive Developmental and Behavioral Intervention (EIDBI) provides medically necessary services for people under the age of 21 with autism spectrum disorder (ASD) and related conditions.

The EIDBI benefit is provided by qualified providers through Minnesota's public health care programs (MHCP). Therapy methods follow evidence-based behavioral and developmental approaches and respect the values, culture and preferences of the person and family.

This report updates the Legislature on the status of the provider shortage and includes information about:

- The history of the shortage
- The current status of the shortage
- Summary of what DHS has done to mitigate the provider shortage.

Minnesota and communities across the nation continue to experience a shortage of qualified health care providers. The provider shortage particularly affects rural areas. Health professional shortage areas (HPSAs) are geographic regions, populations and facilities with too few mental health providers and services as identified by the Minnesota Department of Health. MDH has identified several counties in Minnesota as HPSAs. For a list of those areas, see the MDH [Shortage designation webpage](#).

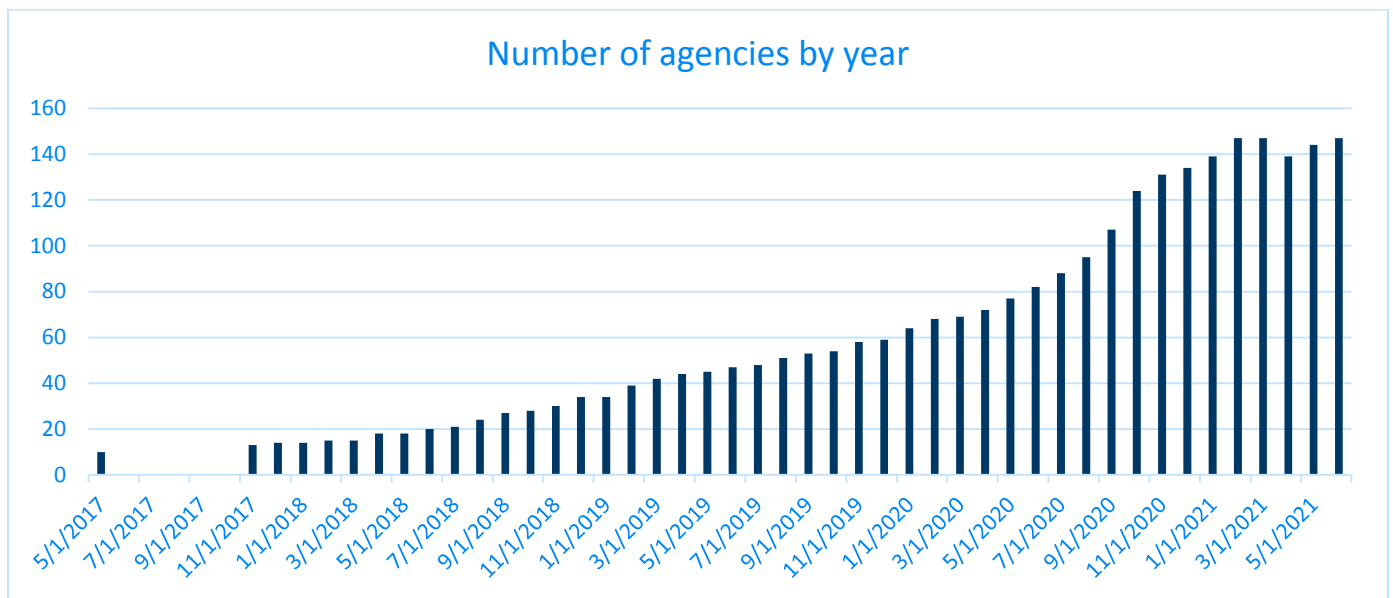
As a result of the COVID-19 pandemic, Gov. Tim Walz declared a state peacetime emergency and issued a stay-at-home order in March 2020. Many businesses and organizations began to follow safety protocols, closed their doors, increased tele-health services substantially or in other ways altered the way they provided services. EIDBI providers were among the essential workers who had to pivot and find ways to continue to provide medically necessary services. The pandemic resulted in increased stress and financial strain on many. Agencies were short-staffed when employees were exposed to or tested positive for COVID-19. The fear of infection or exposure, health concerns and lack of childcare caused other workers to leave their positions. Increased turnover caused additional strain and stress for current staff, as well as the children and families they worked with. The pandemic also had a disproportionate effect on Black, Indigenous and people of color, with more than 26 percent applying for unemployment insurance in March 2020, compared to only 15.4 percent of white workers according to "How COVID-19 could exacerbate inequalities in Minnesota's workforce," MinnPost, April 30, 2020.

As of June 2021, with the increased availability of vaccines, the state has lifted many restrictions. The impact of COVID-19, however, will be felt in the lives of Minnesotans and in the workforce for quite some time.

On March 2, 2015, then DHS Commissioner Lucinda Jesson declared a provider shortage for all levels of EIDBI providers which continues today. This declaration allowed DHS to propose variances in staff requirements to increase provider capacity. At that time, no children were receiving services because of the severe shortage of providers.

Today, with a combination of legislative changes, provider qualification variances allowed through the provider shortage declaration and targeted outreach and support, more than 2,000 children are receiving services. Updates and outreach efforts have increased the EIDBI providers in the state from 10 agencies in November 2017 to more than 140 agencies today. This increase has brought the number of individual providers in the workforce from fewer than 700 in 2017 to nearly 4,000 providers today.

Figure 1: Growth in number of agencies providing EIDBI services in Minnesota



A study from the [Minnesota Autism Developmental Disabilities Monitoring network](#) in Hennepin and Ramsey counties found approximately 1 in 44 or 2.3 percent of 8-year-old children were identified with ASD. That is higher than the national average of 1 in 54 children. Providers find it challenging to recruit and train a sufficient number of staff to serve the number of people who need services and supports. In 2020, there were more than 26,000 children younger than 21 with a diagnosis of autism who received services paid for by Medicaid.

The provider shortage prevents many people from receiving the treatment or care they need. Families who receive services are faced with long wait lists or are required to travel a great distance to access services and supports for their children. Although waiting lists have decreased considerably, a recent provider survey indicated families are still waiting three to six months to begin services because of the provider shortage. There remains a provider shortage for EIDBI providers at all levels.

Additional resources

Below are additional resources about the pandemic's effect on the Minnesota workforce:

- [Direct Support Workforce and COVID-19 National Report: Six-Month Follow-up](#), from a survey conducted by the Institute on Community Integration at the University of Minnesota in partnership with the National Alliance for Direct Support Professionals
- [August 2020 Update: COVID-19 and Minnesota's Economy](#), from the University of Minnesota Extension
- [Socio-Economic Impact of COVID-19 in Minnesota](#), from the Minnesota Department of Employment and Economic Development
- [COVID-19's Unequal Impacts on Minnesota Workers: A Race and Gender Lens](#), from the Center on Women, Gender, and Public Policy at the University of Minnesota's Humphrey School of Public Affairs.

II. Legislation

[Minn. Stat. §256B.0949, subd. 17\(c\)](#) requires the Department of Human Services to submit this annual report to the Minnesota Legislature:

The commissioner shall annually provide an update on the status of the provider shortage and exceptions granted to the chairs and ranking minority members of the senate and house of representatives committees with jurisdiction over health and human services. The commissioner shall not declare the shortage of EIDBI providers ended without direction from the legislature to declare it ended.

III. Background and current efforts

Providers find it a challenge to recruit and train a sufficient number of staff to serve the number of people who need treatment. Staff retention is also affected by reimbursement rates, lack of training to meet the demands of the position, burnout and competition from other employers. Students are often unaware of the wide range of career opportunities available in the human services field and the great need for providers to treat people with ASD and related conditions. There are often barriers to provider collaboration across disciplines, which can lead to conflict and burnout.

DHS worked with Wilder Research to complete a [literature review of provider shortage and retention concerns \(PDF\)](#). The review indicated that several factors have contributed to the shortage in autism service providers, including, but not limited to:

- High turnover because of burnout on the job
- Socio-demographic factors
- Workplace environment.

DHS declared a provider shortage in 2015 with no scheduled end date. The commissioner approved a waiver to allow the comprehensive multi-disciplinary evaluation (CMDE) provider and the qualified supervising professional (QSP) to be the same person during the shortage. Typically, it would be a conflict of interest for the same person to conduct the evaluation for the diagnosis and prepare the treatment plan. DHS will continue to work with stakeholders to draft criteria to identify where and when the provider shortage declaration may be lifted, and the conflict-of-interest provision reinstated. These criteria include, but are not limited to:

- Availability and competence of providers to address varying needs of children with ASD and related conditions. Considerations include:
 - Cultural and ethnic diversity
 - Experience with co-occurring conditions
 - Training across various behavioral and developmental therapy modalities
 - Working within scope of competency to perform diagnostic assessments and intervention services
 - Services for specific age groups.
- Reasonable travel distance
- Reasonable wait times.

Through work with the EIDBI advisory group, DHS has identified that the criteria above are appropriate and should remain the standard for ending the provider shortage declaration.

Provider qualifications and variances

EIDBI enrolls each provider's staff members separately based on their individual training and backgrounds. EIDBI provider enrollment levels determine the reimbursement rate from Medical Assistance.

There are six different enrollment types in EIDBI:

- [Comprehensive multi-disciplinary evaluation \(CMDE\) provider](#): determines medical necessity for the EIDBI Benefit by completing the CMDE evaluation
- [EIDBI provider agency](#): Agency that provides EIDBI-covered services
- [Qualified supervising professional](#): takes overall responsibility for EIDBI service delivery, including individual treatment planning, staff supervision, and individual treatment plan progress monitoring and treatment review for each person.
- [Level I](#): provides EIDBI-covered services. Visit the link to read more about qualifications, roles and responsibilities.
- [Level II](#): provides EIDBI-covered services. Visit the link to read more about qualifications, roles and responsibilities.
- [Level III](#): provides EIDBI-covered services. Visit the link to read more about qualifications, roles and responsibilities.

For more information about provider qualifications, roles and responsibilities, see the [Overview of EIDBI providers page in the EIDBI Benefit Policy Manual](#).

Using the provider shortage declaration, DHS has approved provider variances including:

- Allowing people enrolled in a master's degree program to enroll as Level I providers with additional supervision. The variance states that the provider must meet all of the following requirements:
 - Have completed or currently be enrolled in a master's degree program at an accredited college or university in one of the behavioral or child-development sciences or a related field (e.g., mental health, special education, social work, psychology, speech pathology, occupational therapy, etc.)
 - Be receiving observation and direction from a [qualified supervising professional \(QSP\)](#) at least once per month until meeting 2,000 hours of supervised clinical experience.
- Allowing people enrolled in a bachelor's degree program to enroll as Level II providers with additional supervision. The variance states that the provider must meet all of the following requirements:
 - Be enrolled in a bachelor's degree program at an accredited college or university in one of the behavioral or child development sciences or a related field (e.g., mental health,

special education, social work, psychology, speech pathology, occupational therapy, etc.)

- Receive observation and direction from a QSP or Level I provider at least twice per month until meeting 1,000 hours of supervised clinical experience (Note: The provider may include hours worked as a mental health behavioral aide, personal care assistant or EIDBI Level III provider as required hours of experience.)
- Allowing the CMDE provider and QSP to be the same person.

Figure 2: Growth in comprehensive multi-disciplinary evaluation, qualified supervising professional and clinical trainee providers

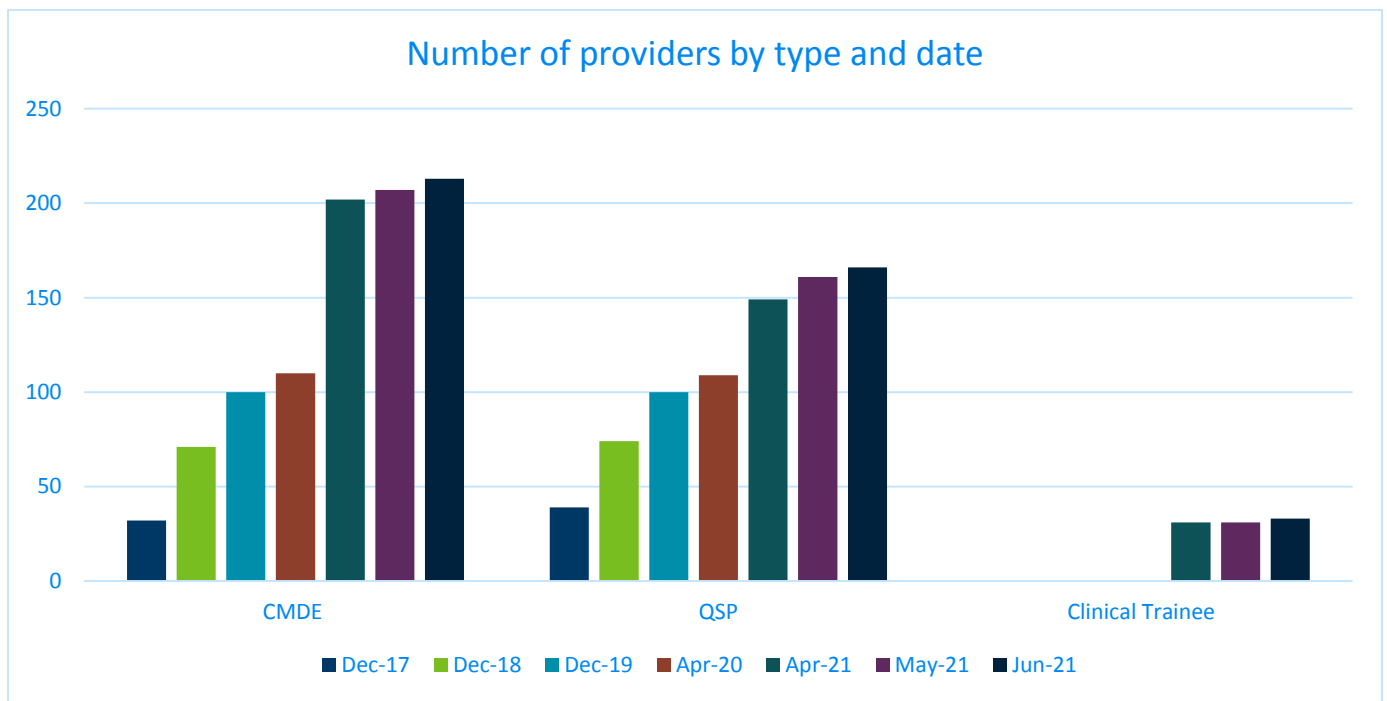
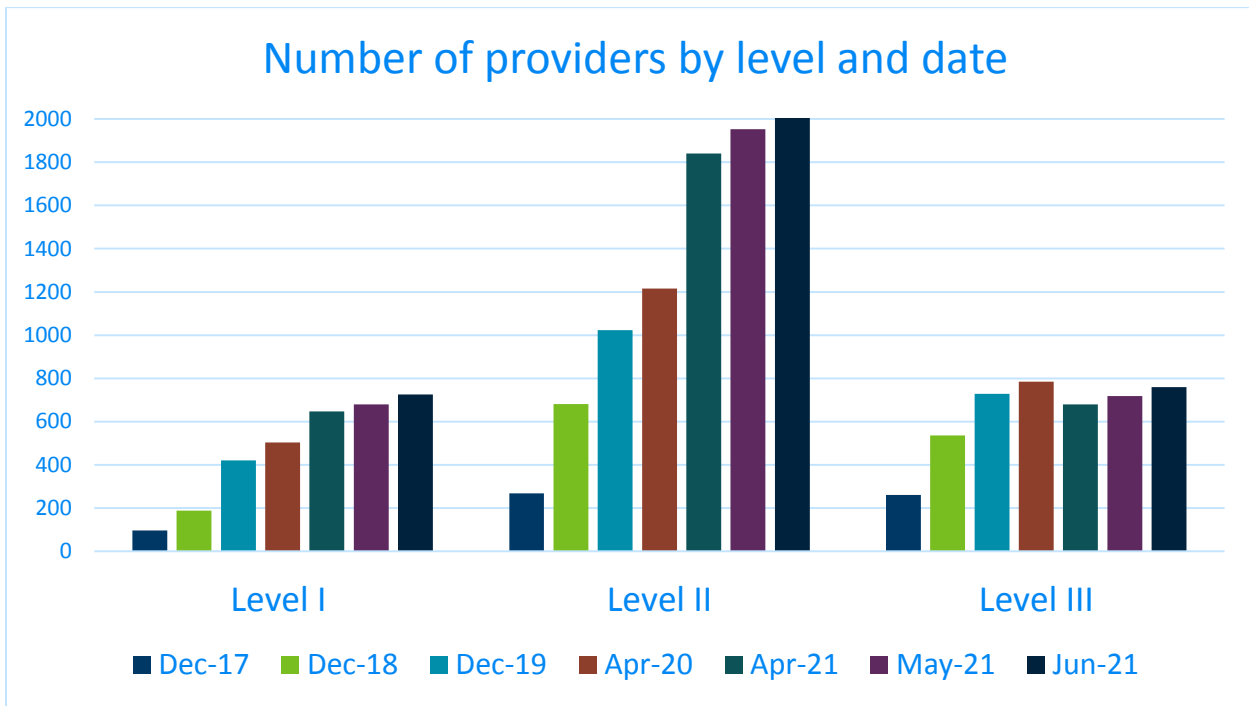


Figure 3: Growth in number of Level I, II and II EIDBI providers



IV. Progress

In an effort to address concerns about the provider shortage, DHS has collaborated with a variety of partners to implement strategies across the state to increase awareness and address the workforce shortage. These include:

- Increasing awareness of available jobs for those entering the job market through presentations and panel discussions at colleges and universities throughout Minnesota
- Connecting students in related majors, such as psychology, social work and education, with employers through job fairs, including virtual job fairs throughout the COVID 19 pandemic
- Created an EIDBI workforce shortage workgroup that meets bi-monthly to create marketing materials, presentations and promotions and to discuss the EIDBI provider shortage
- Working with the Legislature to decrease barriers for providers to become EIDBI qualified
- Hosting community meetings, including additional virtual meetings throughout the COVID-19 peacetime emergency, to raise awareness of the EIDBI Benefit and recruit additional providers
- Creating a Minnesota Autism Resource Portal [Facebook page](#) to promote job fairs and increase outreach efforts
- Joining a DHS workgroup to coordinate efforts and communications around the workforce shortage in the human services field
- Hosting a [webinar](#) with the director of diversity recruitment and retention at DHS to offer strategies for recruiting and retaining more diverse candidates to the workforce
- Adjusting policy to allow for the use of family caregiver training through telehealth without direct intervention when intervention cannot be provided because of the lack of access to providers
- Providing funding and grants for people, including those from underserved communities, to receive training and become certified as mental health professionals.

DHS maintains a [Building EIDBI provider capacity website](#) to update the public on the provider shortage and report on what DHS is doing to recruit and retain providers.

V. Conclusion

Although DHS and its partners have done considerable work to address the provider shortage, Minnesota continues to see a shortage among EIDBI providers. The provider shortage declaration should remain in effect at this time.

For more information about the autism-related resources and services available to families, providers and lead agencies, as well as relevant links and reports, visit the [Minnesota Autism Resource Portal](#) and [ASD resources](#) webpages.

If you have questions, [email the DHS ASD team](#).