



IOWA AUTISM COUNCIL

Iowa Autism Council 2022 Priorities

Moving Iowa Forward

Summary of Accomplishments in 2021 and
Priorities and Recommendations for 2022

Iowa Autism Council

December 2021

To the Governor and Iowa Legislature:

The Iowa Autism Council (Council) was formed in 2008 through legislation (Iowa Code §256.35A) to act “in an advisory capacity to the state in developing and implementing a comprehensive, coordinated system to provide appropriate diagnostic, intervention, and support services for children with autism and to meet the unique needs of adults with autism.”

The Council is pleased to report that in 2021 Iowa continued to make strides in supporting individuals with autism spectrum disorder (ASD) through the following activities and legislative acts:

- The Regional Autism Assistance Program (RAP) continued to provide community-based clinical consultation, multidisciplinary care planning recommendations, and family to family support for Iowa children with autism and their families. They use standardized tools to identify children at risk for autism and help families find diagnostic services and community-based supports.
- The Autism Support Program (ASP) continued to provide funding for ABA services to individuals who would not otherwise have the needed funding to access these services.
- Work continued on the focus areas identified in the *Iowa Strategic Plan – 2016-2021: To Improve Services and Supports for Individuals with Autism Spectrum Disorder and their Families*. This strategic plan was formally adopted by the Council in 2015 and the Council has been monitoring statewide progress. The following activities demonstrate progress made on focus areas within the plan:
 - The Iowa Department of Education (IDOE) continued the Autism Navigator project utilizing the *Autism Navigator® for Early Intervention Providers* online professional development courses for Iowa’s Early ACCESS providers. The project is now entering year seven.
 - The Regional Autism Assistance Program (RAP) continued outreach efforts to share information with families and stakeholders about autism, RAP, Child Health Specialty Clinics, and the Center for Disease Control and Prevention’s (CDC) *Learn the Signs. Act Early.* program.
 - RAP continued to offer the *Autism Basics Webinar Series* twice per year. This 4-week webinar series of training sessions for parents of newly diagnosed children and providers features Kelly Pelzel, PhD, from the University of Iowa Health Care Department of Child and Adolescent Psychiatry, and is approved for foster parent continuing education credit.
 - RAP began offering Safety Care® for Families training in Spring of 2021 with instructor Marc Hines, from the University of Iowa Health Care Department of Psychiatry. Safety-Care is an evidenced-based approach to managing problem behavior and increasing desired skills. Trainings were held in Creston, Fort Dodge, and Des Moines with upcoming sessions in Clinton and Coralville.
 - In an effort to improve their services to individuals with autism, Iowa Vocational Rehabilitation Services partnered with Autism Speaks and Lee Container in Centerville, IA to create workforce inclusion. They have also created an Autism Advisory Team to help staff learn more about resources to better serve those with autism.
 - Telehealth continues to be allowed for services including Applied Behavior Analysis through the Governor’s emergency proclamations, and the Federal Declarations due to the pandemic. The telehealth parity law ensured that reimbursement for services provided virtually were reimbursed at the same rate as in person services.

While Iowa continues to make strides in improving the lives of individuals with ASD and their families, it is critical to continue to support initiatives that have allowed for these successes. Therefore, the Council recommends ongoing support to the following programs as priority needs for 2022:

1. Continued funding of the Autism Support Program and consideration of modifications to address unintended consequences of insurance reform and provide for flexibility in program benefit limits.
2. Continued funding for the Regional Autism Assistance Program to support families and strengthen early identification of ASD.
3. Continued support of the BCBA Education Grant to build provider capacity in Iowa.
4. Continuation of the flexibility granted during COVID for telehealth access to build on and increase statewide access to ABA treatment through telehealth models.
5. Continued support of the Legislative Priorities established by the Iowa Developmental Disabilities Council.

The Council also supports the following additional priority areas for 2022:

6. Development of a new five-year strategic plan: *To Improve Services and Supports for Individuals with Autism Spectrum Disorder and their Families*.
7. Consider options to address the labor shortage and retention for disability service providers.
8. Explore the gaps in adult services for individuals with ASD and consider innovative ways to expand services for adults.
9. Examine Iowa's current HCBS Waiver structure and consider options to increase flexibility and ensure individuals have access to the supports that best fit their needs.

For the Council,

Caleb Primrose
Co-Chairperson

Michelle Grant
Co-Chairperson

Iowa Autism Council

2022 Priorities and Recommendations

General

The purpose of the Iowa Autism Council (Council) is to act in an advisory capacity to the Governor and General Assembly to develop and implement a comprehensive, coordinated system of care to provide appropriate diagnostic, intervention, and support services for children with autism spectrum disorders (ASD) and to meet the unique needs of adults with ASD.

According to a 2020 report from the Center for Disease Control's Autism and Developmental Disabilities Monitoring (ADDM) Network, it is estimated that **1 in 54** 8-year-old children has a diagnosis of autism spectrum disorder (ASD). These findings indicate that there continue to be many individuals living with ASD who need services and support now and throughout their lifespan.

2022 Priorities and Recommendations

The State of Iowa has made progress in supporting Iowans with ASD throughout their lifespan. However, there is still more to be done to ensure all Iowans living with ASD have the opportunity to lead meaningful and successful lives in their community. The following are the 2022 priorities of the Iowa Autism Council:

1. Continued funding of the Autism Support Program and consideration of modifications to address unintended consequences of insurance reform by providing for flexibility in program benefit limits.

Applied Behavior Analysis (ABA) is a scientific approach to understanding and modifying behavior, which helps to understand how behavior works, how it is affected by the environment, and how learning takes place. The goal of ABA therapy is to establish and enhance socially important behaviors, such as academic, social, communication, and daily living skills; essentially, any skill that will enhance the independence and/or quality of life for the individual. The Autism Support Program (ASP) was created in 2014 and funds applied behavior analysis (ABA) services for children with ASD who are "determined ineligible for coverage of applied behavioral analysis services under the medical assistance program, Iowa Code § 514C.28, or private insurance coverage."

Since its inception through state fiscal year 2021, ASP has provided funding for 71 children. While this is a relatively small number of children statewide, parents report that the services their children receive have helped them make significant gains in communication and socialization that will positively impact the rest of their lives and enable them to become more independent and productive adults. In addition, the actual cost of services accessed by families through the Autism Support Program has been far less than originally estimated. Each eligible child may utilize up to \$72,000 in ASP funds over a 24-month period for ABA services. To date, the average total program cost per participant is about \$25,000 and the average length of time a child is enrolled in ASP is 12 months.

The Council recommends continued support for this valuable and cost-effective program, and asks the legislature to consider making a few modifications consistent with the program goals to fill current gaps in service availability:

- **Address unintended consequences of insurance reform.**

In 2017, the Iowa Legislature enacted Iowa Code §§225D.1, 225D. 2, and 514C.31 that required more group insurance carriers in Iowa to cover ABA for children with ASD, and many families previously without ABA insurance coverage have benefited from the expansion of coverage. There are, however, families who gained an ABA benefit only to learn that the out-of-pocket cost share they would have to pay is unaffordable. For these families, ABA services, while technically covered by their private insurance, are still out of their reach. ABA benefits that come with a high deductible or co-pay, push the out-of-pocket costs for an intensive service such as ABA beyond the typical family's ability to pay. In addition, the number of ABA providers are limited in Iowa, and some insurance companies do not have in-network providers who are geographically close enough to provide ABA, as it is a time-intensive service that may require sessions several times each week. If the family has to pay out-of-network rates to obtain the service, that further pushes up the costs to them.

For example, a family of four with a qualifying child on the autism spectrum, a family income of \$100,000, and no private insurance ABA benefit can receive assistance through the Autism Support Program and be responsible for paying a cost share equal to 10% of the cost of the ABA services. Typical costs of ABA services are in the range of \$3000 to \$4000 per month. That means the out-of-pocket cost to the family in this example would be \$300 to \$400 a month (10% of the total) during the duration of the ABA therapy. That's \$3600 to \$4800 a year. For many families, that cost is a difficult stretch, but one they can usually manage. For a family with more than one child diagnosed with ASD, these costs could be doubled, or more. Allowing flexibility to waive the cost share requirement for the second (or second and third) child in this rare circumstance would create more cost equity for such families.

If the same family has a private insurance benefit and therefore does not qualify for assistance through the Autism Support Program, their insurance plan may require them to pay a deductible of \$10,000 and then a 50% co-pay, meaning they would have to spend \$10,000 out of pocket before they receive any reimbursement from their private insurer and then continue to be responsible for half of the cost. Assuming their ABA costs were at the low end, or \$3000 per month (\$36,000 per year) they would have to cover \$23,000 of that cost each year while their insurer would pay only \$13,000. For families of four living on \$100,000, that \$23,000 price tag is out of reach and leaves them unable to access the ABA services their child needs. This is especially cost prohibitive for families with multiple children on the autism spectrum. Several families in this situation have applied for assistance through the autism support program during the last three years and had to be denied because, technically, they had private insurance coverage for ABA.

The Council recommends that legislators consider a flexible funding option for ASP eligibility that would allow ASP funds to be used to help "fill the gap" between the cost of ABA and the insurance benefit by reimbursing families for high co-pays and/or deductibles that are spent for ABA services. Specifically, the Council suggests that the eligibility standards for ASP be expanded to add individuals with private insurance coverage that has an ABA benefit requiring out-of-pocket costs if the family meets all other existing eligibility requirements for the program, including the 500% FPL ceiling. Once determined eligible for ASP, they would be able to apply for reimbursement of their out-of-pocket costs, less their

ASP cost share. If their out-of-pocket costs are less than the ASP cost-share (zero to 15%, depending on income), they would receive no ASP assistance. Such a modification would put these families with very limited insurance benefits on the same footing as families with no insurance benefit and require the same rate of cost participation to utilize the Autism Support Program.

- **Increase flexibility in program benefit limits.**

As previously noted, most children do not make use of the entire 24 months of services or the entire amount of funding available to them through the ASP program for a variety of reasons. This has meant that the program has been able to serve all applicants who have been determined eligible well within the fund allocated for the program, and has successfully operated at a considerably lower cost than initially estimated. At the same time, there are a few children who need to continue their ABA treatment beyond 24 months and have no other source of funding after their ASP eligibility has been exhausted. In these cases, the need goes unmet, even though ASP has funds available to continue to serve the child as well as serving new applicants.

When the original ASP legislation was passed, there were concerns that offering such a program would open the doors to unknown large numbers of families requesting ABA funding. That has not been the reality. Since the program began, it has served all eligible applicants at an annual cost of less than \$500,000 and without waiting lists. Allowing some flexibility in the program limits for the number of months and total funding available per child could fill in service gaps for a small number of children. No additional program funding would be needed, but legislation to allow ASP to make exceptions to the time and funding limitations when program funds are available would provide greater flexibility in meeting the needs of children with autism at a critical time in their development.

The Council supports actions to increase access to the Autism Support Program. These suggested modifications would require legislative action to change the eligibility criteria, as well as change the benefit limitations of the ASP program, or allow exceptions to be made to the benefit limitations by the program administrator. However, making these minor program changes would increase access to ABA services statewide and could be made without increasing the current level of state funding to ASP.

2. Continued funding for the Regional Autism Assistance Program to support families and strengthen early identification of ASD.

The Regional Autism Assistance Program (RAP) was created by the legislature to “coordinate educational, medical, and other human services for persons with autism, their parents, and providers of services to persons with autism” (Iowa Code §256.35). This program, coordinated by the Child Health Specialty Clinics (CHSC), Division of Child and Community Health, University of Iowa, has provided statewide services that include:

- Coordination of services, including diagnostic assessments and therapies
- Facilitation of family-to-family support
- Efforts for early identification of children at risk for ASD
- Assistance for families in accessing community-based services and supports
- Provision of technical assistance and training on evidence-based screening and assessment tools to medical home providers, Area Education Agencies, and other early intervention community providers

The services and supports the RAP program provides have been instrumental in meeting the goals of the *Iowa Strategic Plan – 2016 - 2021: To Improve Services and Supports for Individuals with Autism Spectrum Disorder and their Families*; and will continue to be instrumental in meeting the goals of the new strategic plan once developed.

The Council recommends the continued support of, and funding for, this vital program.

3. Continued support of the BCBA Education Grant to build provider capacity in Iowa.

The Board-Certified Behavior Analyst (BCBA) and Board-Certified Assistant Behavior Analyst (BCaBA) grant program was initiated to help address the shortage of Applied Behavior Analysis (ABA) providers in Iowa by assisting students in meeting the financial obligations associated with completing an educational program in applied behavior analysis to become a BCBA. This shortage of BCBA statewide continues to be a critical need.

The Behavior Analyst Grant Program, under the Iowa Department of Public Health (IDPH), provides grants to Iowa resident and nonresident applicants who have been accepted for admission or are attending a Board of Regents university, community college or an accredited private institution; are enrolled in a program to be eligible for board certification as a behavior analyst or assistant behavior analyst; and demonstrate financial need. The goal of this program is to expand the number of board-certified behavior analysts (BCBA) and board-certified assistant behavior analysts (BCaBA) available to provide applied behavior analysis and treatment to Iowans.

IDPH selects qualified applicants to receive education and training grants for tuition and fees associated with obtaining certification as a behavior analyst or assistant behavior analyst. Post education and certification, applicants have a two-year service obligation to work as a behavior analyst in Iowa if employed full-time or a four-year service obligation if employed part-time.

To date, the program has received a total appropriation of \$500,000; \$250,000 from fiscal year (SFY) 2016 and \$250,000 from SFY 2017. The department has released several requests for proposals (RFPs) since April 2019, with funds distributed in SFY 2019, SFY 2020, and SFY 2021. Currently, funds continue to be available for distribution in SFY 2022.

Iowa has two BCBA programs, Drake University's Master of Science in Applied Behavior Analysis program, and the University of Iowa's Graduate Certificate in Applied Behavior Analysis program. Both provide the training and credentials needed to serve children with ASD through ABA therapy. The availability of funding through the Behavior Analyst Grants Program makes those educational options more widely available to Iowans.

Increasing the number of BCBA practicing in Iowa will create more opportunities for families to access ABA services and the state should take any possible steps to ensure students can attend and complete BCBA programs and have an incentive to work in Iowa.

The Council recommends continued support of, and funding for, this program as one strategy to increase the behavioral health workforce and expand provider capacity in Iowa.

4. Continuation of the flexibility granted during the pandemic, and beyond, for telehealth access to build on and increase statewide access to ABA treatment through telehealth models.

The COVID-19 pandemic resulted in the severe reduction or closure of many service and healthcare agencies dedicated to providing services and care to individuals with autism and their families. As the pandemic has persisted, what was initially thought to be a temporary hiatus from important services and supports has become a permanent discontinuation for many families, halting gains and likely leading to regression of skills for some individuals.

Iowa has been a pioneer and international leader in research demonstrating the effectiveness and efficiency of telehealth-delivered services for individuals with autism and their families. However, until the pandemic occurred, the State of Iowa lagged behind most of the United States in terms of telehealth service options for individuals with autism. Fortunately for some Iowans, as the pandemic hit the opportunity to continue important services was realized through the use of telehealth. During COVID-19, telehealth has garnered tremendous support from governmental institutions, service providers and payers, and recipients of the services. For example, in response to the pandemic, enforcement of the Federal HIPAA laws and interstate practice rules and regulations were relaxed, resulting in greater access to healthcare services via video and telephone encounters. Additionally, insurance providers and the Centers for Medicare and Medicaid Services supported the use of telehealth during the crisis and have granted payment parity between telehealth and in-person services.

In addition to the continuity of services and decreased health risks, telehealth has offered both service providers and recipients many added benefits. While telehealth reduces costs and time associated with travel to and from appointments, it also allows families living in underserved or geographically distant regions in Iowa to access previously unavailable services. Numerous studies from the University of Iowa have demonstrated that such services can be delivered via telehealth with the same effectiveness as in-person services, but at a lower cost (Lindgren et al., 2016). Arguably the greatest benefit to a clinic-to-home telehealth model is the opportunity to provide services in the most natural context to the individual. Studies have repeatedly shown that generalization of treatment is greatest when it is provided in the most natural setting (i.e., the home) and caregiver knowledge and skills to manage behaviors are greatest when the caregiver is involved in treatment, which is often necessary in a clinic-to-home telehealth model.

Although everyone is hopeful that COVID-19 will subside at some point in the near future, providers and families who have benefited from telehealth may lose this option. Relaxation of the Federal laws and payor agreements to cover proven telehealth models will likely return to pre-pandemic status when COVID-19 subsides and currently, there are no state rules or regulations that ensure that telehealth may be delivered using the current clinic-to-home model.

Work has begun with the Department of Human Services and Iowa Medicaid to ensure that Iowans will continue to be able to access appropriate services through telehealth. Rules are currently being drafted to address documentation requirements and other logistics of the provision of these services through combined audio/video methods on an ongoing basis.

The Council supports these efforts to ensure that families in Iowa will continue to receive support and services via telehealth as well as through in-person encounters to increase access to services, especially in rural areas.

5. Support of the Legislative Priorities established by the Iowa Developmental Disabilities Council.

The Iowa Developmental Disabilities Council (DD Council) works to create change with and for persons with developmental disabilities so they can live, work, learn and play in the community of their choosing. The Council has engaged Iowans with disabilities, their families, providers and other advocates throughout the state in discussions about policy and funding that support independent living opportunities for Iowans with disabilities. These individuals and their families want to choose where they live and work, but those choices are too often limited by the inadequacy of available community-based options.

The Iowa DD Council is urging lawmakers to support policies that increase community options and services, while also building the capacity of the community to support all individuals with disabilities. The Iowa DD Council is in the process of determining and finalizing their 2022 legislative priorities, which are applicable to Iowans with ASD. The priorities are shaped through a process of feedback from their annual survey, stakeholder meetings, and approval at the January DD Council meeting.

The Council recommends and supports the Legislative Priorities established by the Iowa DD Council to ensure all children and adults in Iowa with developmental disabilities, which includes autism spectrum disorders, have access to high quality services and supports that promote a life in the community.

6. Development of a new five-year strategic plan: *To Improve Services and Supports for Individuals with Autism Spectrum Disorder and their Families.*

In November 2015, the Council adopted the *Iowa Strategic Plan – 2016 - 2021: To Improve Services and Supports for Individuals with Autism Spectrum Disorder and their Families* (see attachment). This document served to chart a course for Iowa to systematically and comprehensively improve its response to ASD and create opportunities for individuals with ASD to have meaningful and successful lives in their communities. The Council continues to see the benefit of such a strategic plan as the principal guide for developing and maintaining optimal services and supports for individuals with ASD and the families of those living with ASD. A task team through the Regional Autism Assistance Program intends to develop a new five-year strategic plan over the course of the 2022 calendar year.

The Council supports the development of a new strategic plan to continue to systematically move Iowa forward in maintaining optimal services and supports for individuals with ASD and the families of those living with ASD, empowering them to have meaningful and successful lives in their communities.

7. Consider options to address the labor shortage and retention for disability service providers.

Over the past year and a half, the workforce in Iowa, and across the nation, has been significantly impacted by the global pandemic, resulting in a labor shortage crisis. Private employers can raise prices as their costs increase and can raise wages when the labor market becomes tight. But, service providers who depend primarily on Medicaid to reimburse them for services do not have that ability; yet having sufficient numbers of qualified and trained staff available 24/7 is essential to their function. Providers of disability services must

be able to respond to these changes to ensure the health, safety, and quality of life of the individuals they serve.

An increase in the rate paid by Medicaid to support staff would help retain persons who are trained and wanting to serve those with ASD. It could also ease the costs of continually training new people as a result of frequent staff turnover who leave for higher paying jobs. Direct support workers need to be valued and respected for the work they do. Ensuring they can earn a living wage that is competitive with other jobs in their communities is one way to show that respect.

Iowa Medicaid's proposal for the use of American Rescue Plan (ARP) funds to implement activities that strengthen, expand, or enhance HCBS services emphasizes increased training and support for providers and direct support workers utilizing a variety of strategies, including:

- Enhancement of an online provider training platform in partnership with University of Iowa's Center for Disabilities and Development (CDD).
- Employee training and scholarships for providers, including additional educational opportunities and specific training certifications.
- Crisis response provider training targeted on providing HCBS, crisis, and BHIS (Behavioral Health Intervention Services) services for individuals with intellectual and developmental disabilities.
- Resources, training, and specialized services for parents and caregivers of individuals with intellectual and developmental disabilities.
- Improving the health information technology (IT) infrastructure to better monitor outcomes and continuity of care.
- Offering technology grants for HCBS providers to provide remote supervision and supports.
- Creation of a direct care registry to record names, experience, work hours, and credentials, including CDAC (Consumer Directed Attendant Care) and CCO (Consumer Choice Option).
- Provider payments for recruitment and retention and wage increases and incentive payments for direct support personnel.

The Council supports moving to implement as many of these strategies as possible. The Council also strongly recommends examining current rate structures for community-based services and taking steps to increase rates and tie the increase to direct support workers compensation.

8. Explore the gaps in adult services for individuals with ASD and consider innovative ways to expand services for adults.

When individuals with ASD age out of their educational setting and transition to adulthood, the support system they have known for years is often dramatically reduced. In the autism community, this is referred to as "falling off the cliff." Adults with ASD vary greatly in terms of intelligence and abilities, but nearly all experience some degree of impairment and require assistance to maintain a safe, productive, and fulfilling lifestyle.

Many Iowans with ASD are served by either the Intellectual Disability (ID) waiver or the Health and Disability (HD) waiver, which differ in services offered. Eligibility for services does not mean that service providers are available in the community in which a person lives. Others with ASD have never been recipients of social services or may have had their waiver terminated for being judged "no longer disabled" after making some progress during childhood. Regardless of status, adults with autism are at risk for:

- social isolation
- unemployment or underemployment
- lack of assistance in resolving workplace issues
- lack of transportation
- vulnerability in relationships if they do not have a guardian or conservator
- diminishing support as parents age and family members relocate

Treatments and therapies for children with autism are generally covered by Medicaid or private insurance, as well as through the educational system. However, once a young person with autism leaves high school, they often face a “cliff” in service provision. Those who also have an intellectual disability often continue to qualify for services; but many who function on a higher intellectual level struggle to get the supports they need to address social, communication, or behavioral needs that interfere with independent living, employment, and successful integration into their communities.

The need to develop innovative strategies to effectively provide services and supports to adults with autism is long overdue. Iowa needs to invest in determining what the key unmet needs are for adults with autism, and what supports and services adults with ASD need to enable independent living, meaningful employment, and successful integration into their communities.

The Council recommends a greater focus on the expansion and flexibility of services available statewide to adults on the ASD spectrum.

9. Examine waiver supports and consider increased flexibility.

The current waiver system in Iowa supports eligible individuals across 9 different waivers, which can be complex and difficult for families to navigate. Additionally, the supports offered to eligible individuals can vary across individual waivers, which leaves some individuals unable to access services that could improve quality of life. The Council suggests examining the current waiver structure to explore if increased flexibility would ensure eligible individuals are able to utilize the supports they need for living, working, and health management.

One option would be to combine Iowa’s seven HCBS Waivers into a single “super” waiver with eligibility categories that include all currently covered populations. In this model, once an individual is determined eligible, a service level (budgeted monthly amount) would be established through standardized assessments, and then the individual and their support team could pick from a menu of all services and customize their service package to best meet their own needs. This increased flexibility for individuals to determine what supports they need may increase quality of life and reduce complexity of the waiver program.

The Council suggests examining the current waiver structure to explore if increased flexibility would ensure eligible individuals are able to utilize appropriate supports for living, working, and health management.

Conclusion:

The State of Iowa continues to make progress toward improving the lives of individuals and families living with ASD. The accomplishments noted at the outset of this report are an example of how hard work, dedication, and compassion contribute to this progress. However, many individuals with ASD and their families still have unmet

needs, some of which have obvious solutions, and others which will require additional hard work, dedication, and compassion. The people of Iowa, including the Office of the Governor and the Iowa Legislature, should not be satisfied with the current status of services and supports in our state; therefore, we must work together to meet the unique needs of Iowans with ASD.

Reference:

Lindgren S., Wacker, D., Suess, A., Schieltz, K., Pelzel, K., Kopelman, T., Lee, J., Romani, P., and Waldron, D. Telehealth and autism: Treating challenging behavior at lower cost. *Pediatrics*. 2016; 137 (S2) e201528510.

Iowa Autism Council Members

2021 Voting Members

Name:

Andersen, Wendy
Grant, Michelle (*co-chairperson*)
Horton, Evelyn
Lenzmeier, Betsy
Mulligan, Cheryl
Nopoulos, Nicholas
O'Brien, Matthew
Primrose, Caleb (*co-chairperson*)
Stephenson, Blake
Zehr, Michael
Vacant
Vacant
Vacant

Position/Representation:

Family member of person with ASD
Family member of person with ASD
Residential Service Provider
Family member of person with ASD
Education Representative
Insurance Industry Representative
Service Provider
Person with ASD
Research
Family member of person with ASD
Family member/person with ASD
Family member/person with ASD
Mental Health Professional

2021 Ex-Officio Members

Name:

Boston, Angela
Buehler-Sapp, Beth
Elser, Carrie
Fanselow, Connie
Hertel, Erika
Kallestad, Bill
Keith, Andrea
Trotter, Wendy

Position/Representation:

Iowa Insurance Division
Iowa Department of Education
Board of Regents
Iowa Department of Human Services
Regional Autism Assistance Program/CHSC
Iowa Developmental Disabilities Council
Iowa Vocational Rehabilitation
Iowa Department of Education

Further findings are available with previous year's recommendations located at:

Iowa Department of Education website – www.educateiowa.gov
(located under the Iowa Autism Council)

You may also contact:

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