

Governor's Autism Council

MEETING MINUTES

Thursday, August 12, 2015
10:00 AM to 3:00 PM
Department of Health Services
1 W. Wilson Street, Room 751
Madison, WI 53707

Council Members: Nissan Bar-Lev, Wendy Coomer, Vivian Hazell, Rose Helms, Pam Lano, Roberta Mayo, Milana Millan, Glen Sallows
DHS Staff: Pam Appleby, Julie Bryda, Rachel Currans-Henry, Bill Hanna, Julie Hyland, Robin Joseph, Dan Kiernan, Dan Kramarz, Bill Murray, Deb Rathermel
Public Attendees: Becky Burns, Eden Christman, Kirsten Cooper, Matt Doll, Todd Eiden, Stacie Ferg, Tamlynn Graupner, Bonnie Gremore, Mitch Hagopian, Tyler Krueger, Traci Leinewebe, Angie Levin, Jill Lins, Kristen Meyer, Janice Miles, Mike Miller, Erin Olheiser, Tiffany Palmbach, Ariel Schneider, Kim Schutt-Chardon, Erricka Stark, Andrea Stecker, Jackie Vick, Krista Wilcox

The meeting commenced at 10:04 AM

1. Welcome and Introductions

Liz Hecht, Chairperson of the Children's Long Term Support (CLTS) Council, welcomed members of the Autism Council, the CLTS Council, Department of Health Services (DHS) staff, and members of the public. All attendees introduced themselves. The first half of this meeting was combined with the CLTS Council meeting.

2. Public Testimony

There was only one comment offered, by Milana Millan, who is a member of the Autism Council. Milana stated that with the transition of behavioral treatment services from the CLTS Waivers to the Medicaid Card, rural areas of the state may experience a significant impact due to a current lack of providers. With an expected growth in the population of Medicaid-eligible individuals accessing these services, provider capacity might be further stretched, at least in the short term. Milana asked DHS staff to consider this as they develop payment structures and how reimbursement policies can influence provider decisions to serve members.

3. Autism Spectrum Disorder (ASD): Treatment Updates

Liz H. introduced Bill Hanna, Assistant Deputy Secretary at DHS. Bill delivered a presentation regarding the current status of the development of the behavioral treatment benefit being created under Medicaid. Important points made by Bill in this presentation and which build upon previous information released in earlier Autism Council meetings follow:

- Wisconsin's changes will increase the availability of behavioral treatment available through ForwardHealth (Medicaid Card services).
- In the future, behavioral treatment will be funded by Medicaid as a regular ForwardHealth benefit, like a physician service or a well-child screening, instead of through the CLTS Waivers.
- Providers will be required to submit a prior authorization (PA) request to ForwardHealth and receive approval in order to be reimbursed for behavioral treatment.
- The CLTS Waivers will continue to provide an array of supports and services, including case management, to meet children's assessed needs.
- Medicaid and BadgerCare Plus eligibility is not changing.
- Eligibility criteria for the CLTS Waivers are not changing.

- The ForwardHealth behavioral treatment benefit will include two different types of treatment: comprehensive and focused.
 - Comprehensive treatment encompasses high-intensity, early-intervention treatment approaches designed to address multiple aspects of development and behaviors in young children.
 - Focused treatment encompasses fewer hours of treatment and is dedicated to addressing specific behaviors or developmental deficits.
- ForwardHealth has modeled this benefit after current evidence-based comprehensive treatment modalities, including Applied Behavior Analysis and the Early Start Denver Model.
- Providers should enroll in Medicaid as a behavioral treatment provider this fall.
 - A *ForwardHealth Update* will be published 30 days prior to when enrollment is available and will contain detailed provider enrollment information.
 - Providers treating members under the CLTS Waivers are not automatically enrolled in Medicaid and must take action to enroll in Medicaid.
- Prior authorization requests for children on the state autism treatment waiting list will be given priority to ensure that they can begin receiving treatment as soon as possible (since they are currently not receiving any treatment).
- Providers should submit PA requests to ForwardHealth in early 2016.
 - A *ForwardHealth Update* providing detailed behavioral treatment benefit plan information, including the PA process, claims submission, reimbursement rates, and member eligibility will be published this fall.
 - New PA forms and form instructions will be published in coordination with the *Update* and will be available on the ForwardHealth Portal.
- At a future date, tentatively scheduled for fall 2016, providers will no longer be able to provide behavioral treatment under the CLTS Waivers.
- After the cutoff date, members must have an approved PA from ForwardHealth to receive behavioral treatment.
- ForwardHealth will communicate the cutoff date in a future transition plan for counties, providers, and members/families/caretakers.
- Members receiving treatment through the CLTS Waivers will continue to do so until the cutover date is determined.
- County case managers will meet with families/guardians to discuss resources and next steps regarding their specific situation in late 2015 and early 2016.
- DHS will communicate the details of this transition in the near future.
- DHS plans on a 6-month transition period to cutover services from the CLTS Waivers to ForwardHealth.

Following the presentation, several CLTS and Autism Council members asked questions, which were answered by a variety of DHS staff present at the meeting:

Q. Who will be doing the PA reviews? (Dan Idzikowski, Disability Rights WI)

A. State Medicaid staff and contractors.

Q. What are the PA timelines? (John Shaw, Board for People with Developmental Disabilities)

A. Since children on the state autism wait list for CLTS Waiver-funded treatment are currently not receiving treatment, they will go through the process first. A detailed transition plan for the rest of the children currently receiving waiver-funded treatment is being developed.

Q. What involvement have families played thus far in helping create the new benefit? (Barb Katz, Family Voices).

A. There have been and continue to be opportunities to participate, both through the CLTS Council meetings and the Autism Council meetings, as well as regional meetings that will be held in the fall.

Q. There are historical concerns with the PA process and the CLTS Council has made suggestions in the past. Are there any comments on this? (Liz Hecht, Council Chair)

- A. The Department is always happy to meet with providers to look at the PA process.
- Q. What will the PA process for autism treatment services look like in terms of timelines? (Jodi Pelishek, Parent)
- A. It will depend on the benefit, comprehensive or focused, with timelines structured around 6 or 12 month approvals.
- Q. Are there plans for a FAQ document, as this would be helpful for families who appreciate case management. (Angela Radloff, Dane County).
- A. The Department is working on a FAQ document.
- Q. Does the Department have any thoughts on the impact of the creation of this new benefit on provider capacity statewide? (Walt Schalick, Central Wisconsin Center and UW Hospital).
- A. DHS continues to look at this and will be encouraging all eligible providers to consider enrolling in Medicaid.
- Q. How is the Department developing their PA standards, and who determines what is necessary for a child? (Glen Sallows, Wisconsin Early Autism Project)
- A. DHS is developing their PA standards, in part, through discussions with private insurers and providers. Medical necessity criteria are used as in all other Medicaid services, and evidence-based treatment standards are applied uniformly in the PA process.
- Q. Have there been any considerations to streamlining the PA process? (John Shaw, BPDD)
- A. The Department continues to explore ways to improve this process.
- Q. Has DHS considered dropping the requirement of having a disability determination completed before placing a child on the current state autism treatment wait list? (Melanie Fralick, Human Service Center)
- A. This has been discussed already within the Department and we are considering this.
- Q. Can children who are currently not receiving treatment through the CLTS Waivers access treatment through the Early Periodic Screening Diagnosis and Treatment (EPSDT) benefit now? (Dan Idzikowski, DRW)
- A. Yes, though the Department continues to work on the evolution of policies related to this new benefit.

4. Budget presentation

Andrew Forsaith (Office of Policy Initiatives and Budget) gave a brief overview to the two Councils on DHS budget priorities for the 2015-2017 budget cycle.

Lunch

5. Operational

- Council members reviewed minutes from the meeting held on July 7, 2015.
- Vivian H. made a motion to approve the July 7th meeting minutes; Wendy C. seconded the motion; motion carries.

6. Autism Spectrum Disorder: Transition Discussion

(At this time, the two Councils separated for different discussions)

Rachel Currans-Henry recapped what has happened since the last meeting of the Autism Council in July:

- Ongoing development of the comprehensive and focused treatment models.

- Working on operationalizing the new benefit, the PA process, the work flow process, and looking at national code sets and billing.
- The Department will have 2 major policy updates: i) How to enroll as a provider and the PA process this fall, and ii) The comprehensive and focused treatment benefit update later in the fall or winter.
- The Department continues to hope for a 2016 start date and wants to avoid any confusion during the holidays.
- The Department is hesitant to release an exact date as the infrastructure is not yet fully in place. The transition process is complicated and we require approval from CMS as we consider how to coordinate the two benefits.

A number of Council members and public attendees had comments at this point. Highlights included:

- It is important DHS share information soon with providers as staffing and hiring requirements will need to be considered.
- There is a concern over the capacity of diagnostic staff, particularly since this is already a concern.
- The focused treatment benefit is designed to target specific behavioral issues.
- Under Medicaid, ongoing involvement in treatment is contingent on progress and the level of certainty (i.e., 3 years of treatment) that was present in the CLTS Waivers is not present under the Medicaid Card benefit.
- The Medicaid Card benefit will allow children to move in and out of treatment based on the needs of the child, and it will be necessary for the provider to justify the PA request.
- The rate structure is currently in development.
- The behavioral treatment benefits being designed are not restricted by diagnosis, but are limited to what the relevant research supports.
- Medicaid will fund evidence-based treatments, based on national reviews and the work of the Treatment Intervention Advisory Committee (TIAC). Medicaid will not fund experimental treatment.

The Council and members of the public were thanked for their participation, and everyone was reminded the next meeting will be on Tuesday, September 29th from 10 AM to 1 PM.

Meeting Adjournment

The meeting adjourned at 3:01 PM