Governor's Autism Council

MEETING MINUTES

Tuesday, September 29, 2015
10:00 AM to 1:00PM
Crowne Plaza Hotel
Madison, WI 53704

Council Members:	Nissan Bar-Lev, Wendy Coomer, Vivian Hazell, Liesl Jordan, Pam Lano, Roberta Mayo, Milana Millan, Glen Sallows
DHS Staff:	Pam Appleby, Rachel Currans-Henry, Dan Kramarz, Bill Murray, Deb Rathermel, Lisa Strawn
Public Attendees:	Melissa Anderson, Nicole Berlowski, Kelly Blaschko, Katie Broderick Woody, Eden Christman, Kirsten Cooper, Danielle Deller, Matt Doll, Brian Garlock, Tamlynn Graupner, Kimberly Green, April Leanna, Angie Levin, Jill Lins, Michelle Merdler, Jessica Meyer, Kristen Meyer, Janice Miles, Mike Miller, Alisa Morrison, Molly Murphy, Jennifer Nicholson, Erin Olheiser, Tiffany Palmbach, Karl Pierick, Megan Puddy, Kim Ray, Mike Rubingh, Jill Rudman, Colleen Ryan, Ariel Schneider, Kim Schutt-Chardon, Dayna Schmitt, Don Sidlowski, Erricka Stark, Andrea Stecker, Julia Thoe, Jackie Vick, Dresden Warmunski, Chris Wiebusch, Krista Wilcox, Kimberly Wroblewski

The meeting commenced at 10:05 AM

1. **Welcome & Introductions**
   Bill M. welcomed members of the Autism Council, Department of Health Services (DHS) staff and members of the public.

2. **Public Testimony**
   Jackie V. with Partners in Excellence spoke briefly to inform the Council of the status of the autism treatment Medicaid benefit being created in Minnesota, and also thanked DHS staff for their efforts and outreach as they craft the Medicaid benefit in Wisconsin. In Minnesota, providers are not signing up in the expected numbers to deliver treatment due to several challenges, a primary one including that rendering providers must have a state Medicaid ID number.

3. **Operational**
   Council members reviewed minutes from the meeting held on August 12, 2015. Vivian H. made a motion to approve the August 12th meeting minutes; Nissan B.-L. seconded the motion; motion carries.

4. **Behavioral Treatment Benefit Update**
   Rachel C.-H. with DHS began the meeting by sharing that the plan for transitioning individuals from the CLTS Waiver's autism treatment benefit to the new Medicaid Card benefit will be discussed today and there is a need for Council input. Progress is being made on numerous fronts, including enrollment, prior authorization, claims processing, etc. DHS is working on the Medicaid State Plan Amendment (SPA) language, which is different than what policy language will look like. The SPA will be submitted soon to start negotiations with the federal Centers for Medicare and Medicaid Services (CMS).

   All details regarding the benefit will be announced in full later this year. DHS has been speaking to Wisconsin tribes, county waiver agencies, and other partners. There will be a series of six public meetings held at the end of October and early November to discuss the benefit and transition plans, as well as provider trainings in November and early 2016.

A. Comparison of CLTS Waivers and MA benefit

Pam A. with DHS shared a brief comparison of the current treatment benefit for children with autism under the Children's Long Term Support (CLTS) Waivers and the plan for the treatment benefit under the Medicaid Card. Key issues that were highlighted included:

- This transition is occurring due to direction given to states by CMS in 2014.
- Wisconsin's long history of treatment delivered under the CLTS Waivers and the implementation in 2009 of the mandate for private insurance coverage of treatment complicates this transition.
- Coordination of benefits across payees is an important part of this transition, as private insurance, Medicaid Fee for Service, and the CLTS Waivers (as examples) are all involved funding entities.
- As a Medicaid benefit there is a need to discuss eligibility requirements for treatment in a manner that is different than under the CLTS Waivers.
- Under the Medicaid Card system, treatment must be medically necessary. This is determined through the prior authorization (PA) process.
- The Medicaid Card benefit will provide both a Comprehensive level of treatment (higher hours with an emphasis on a variety of developmental goals for the child), and a Focused level of treatment (lower hours with an emphasis on challenging behaviors, delivered for a shorter amount of time).
- Providers will need to be enrolled in Medicaid. There will be an Update coming out next month regarding provider requirements, and training opportunities are also coming soon.

A number of questions were posed at this point, which were answered by a variety of DHS staff:

Q. *Will eligibility as determined by the CLTS Functional Screen still be required to access this new benefit? (Alisa Morrison, Center for Autism Treatment)*
A. For this Medicaid Card benefit no, but for the CLTS Waivers it will still be required.

Q. *Will there be a limit as to how many times a member may access the Focused level of intervention? (Nissan Bar-Lev, Autism Council)*
A. This is a PA process and measurable goals will be required. If there remains an additional need, the provider can opt to submit another PA.

Q. *Is there a limit to the number of hours for Focused treatment? (Tamlynn Sallows, Wisconsin Early Autism Project)*
A. In general the limits are 20 under the Focused model and 45 under the Comprehensive model.

Q. *How long will it take for a provider to enroll? (Milana Millan, Autism Council)*
A. Medicaid uses the National Provider Identifier (NPI) system developed through CMS, which providers obtain on their own. A Medicaid Identification number will be assigned to each provider, and the Department is working to ensure there are adequate staffing resources in place to meet the enrollment need in a timely manner.

Q. *Will there be some kind of timeline for providers to enroll their front line staff? (Mike Miller, Lund Van Dyke)*
A. DHS will work to ensure all staff can provide services in a timely way, but all providers are required to be enrolled before submitting PA requests and billing for services rendered.

Q. *Will Medicaid Identification numbers change as staff training and experience changes? (Jackie Vick, Partners in Excellence)*
A. Yes, as experience and training changes and providers wish to enroll at a different level of therapist training, they will be required to enroll again and if licensed, get a new NPI number.

B. The Prior Authorization Process

Pam L., Council member and Clinical Consultant to DHS shared a brief overview of the PA process.

- PA establishes the medical necessity of the service under DHS 101. Medical necessity requires a provider to demonstrate that the requested service is the most clinically beneficial and cost effective service for the member at this point in time.
- Criteria for PA have been developed and DHS has engaged a number of providers who are submitting PA requests through the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. Several dozen PA requests have already been submitted and many have been approved. Both DHS and providers who are already Medicaid enrolled are benefitting from this exchange of information.
- A PA Request Form for behavioral treatment is being created to let providers know what the Department requires in order to adjudicate a PA request.
- More guidance will be shared in the Benefit Update that will be released later this year and Call Center staff will be able to help providers when there are questions.
- The PA adjudication team is being developed and trained so as to ensure consistency in the PA review process. This will entail a multidisciplinary team that will review requests to ensure a comprehensive look at a member's needs.
- The system being developed allows DHS staff to look at PA "error areas" and then go out and provide specific training to help rectify these errors.
- The Department will be looking at a number of areas in the PA request process, including:
    - Diagnostic and medical evaluation
    - Previous treatment history
    - Standardized baseline testing
    - Composition of the behavioral treatment team
    - Plan of care for member and family
    - Copies of the school IEP or IFSP
    - Annual well child check
    - Progress summary, etc.

At this point a Council member (Nissan B.-L.) asked what happens if families and providers disagree with the provider assessment of progress being made? DHS staff responded by stating there is an appeal process through Medicaid for these situations.

C. Transition plan update

Deb R. provided an overview of the transition process that DHS is planning for children on the autism treatment wait list and those children already receiving treatment services via the CLTS Waivers, and what the transition will look like as they move into the new delivery system. Highlights included:

- The timelines associated with any one child's transition
- Medicaid eligibility categories
- Flexibility the CLTS Waivers team has with respect to helping ensure a smooth transition

The first group to transition will be the children on the autism treatment wait list, as these children typically are not receiving any treatment at all. County waiver agencies (including Lutheran Social Services and St. Francis Children's Center) will be managing the transition with DHS guidance and support. In October, DHS will be discussing the new Medicaid Card benefit and communicating with families of children on the wait list (through the county waiver agency). DHS will also be working with county waiver agencies to ensure all children are accounted for in this transition. Treatment providers will be able to start the PA process in November, with treatment starting when the benefit goes live in 2016, and children not yet enrolled in the CLTS Waivers will be placed on the county wait list for services.

The second group to transition will be those already receiving CLTS Waiver services and this process will start in May 2016. Treatment services will remain in the CLTS Waivers through 2016 to help ensure treatment is uninterrupted to the maximum extent possible, though safeguards are to be in place to ensure accurate billing from the proper funding source.

There will be multiple communications going out from DHS to the county waiver agencies and from the county waiver agencies to families. Additionally, DHS will be holding a number of statewide regional meetings for families and other interested parties to explain this new benefit and the transition process.

A number of questions were posed at this point, which were answered by a variety of DHS staff present at the meeting:

Q. *Will there be an end date for counties to place children on the state autism treatment wait list? (Kim Schutt-Chardon, Wisconsin Early Autism Project)*
A. Yes, there will be an end date for placement on the state autism treatment wait list, though the date is not yet decided.

Q. *A concern exists that this transition process places county waiver agencies completely in control and that they could not act in a timely manner with respect to the transition lists that will be generated. (Mike Miller, Lund Van Dyke)*
A. DHS will be working with county waiver agencies to help ensure adherence to the transition schedule.

Q. *Who do parents contact as of January 2016 if they want treatment services? (Glen Sallows, Wisconsin Early Autism Project).*
A. The county waiver agency will remain a resource, as well as a number of other informational options.

Deb R. reviewed Medicaid eligibility through both Katie Beckett and through Waiver Medicaid, and discussed some of the options and challenges that are presenting themselves as DHS works to ensure access to Medicaid for all eligible children.

Several other questions were asked at this point:

Q. *Are Aging and Disability Resource Centers receiving this information so that they can be a resource as well? (Vivian Hazell, Agnesian Beyond Boundaries of Autism)*
A. Yes they are, as well as other systems in the adult world.

Q. *There is a concern that DHS staff will be overwhelmed with PA requests come January 2016. (Wendy Coomer, Parent)*
A. DHS is hiring through our fiscal agent to address this, and it is anticipated adequate numbers of trained staff will be in place.

Q. *Will this benefit apply to BadgerCare HMOs? (Chris Wiebusch, Wiebusch & Nicholson Center for Autism)*
A. This delivery system requires providers to bill Fee For Service, regardless of whether a child is in a BadgerCare HMO.

As the meeting came to a close, Wendy C. asked about the role of the Autism Council as treatment services move from the CLTS Waivers to the Medicaid Card. There remains a need to discuss the scope of the Autism Council. Several relevant points were mentioned, primarily:

- What do the future goals of the Council look like, and what will be the mission?
- What does DHS need from the Council? What is the vision of the Governor's office for the Council?
- At this time, it is envisioned that 2016 will be a time for the Autism Council to also plan how it transitions.
- A Council subcommittee had previously looked at this. What are the recommendations?

Meeting Adjournment
The meeting adjourned at 1:02 PM.