

Governor's Autism Council

MEETING MINUTES

Thursday, February 18, 2016
10:00 AM to 12:00PM
Department of Health Services
1 W. Wilson Street, Room 630
Madison, WI 53707

Council Members: Nissan Bar-Lev, Wendy Coomer, Vivian Hazell, Liesl Jordan, Pam Lano, Roberta Mayo (phone), Milana Millan (phone), Glen Sallows (phone)
DHS Staff: Rachel Currans-Henry, Dan Kiernan, Dan Kramarz, Bill Murray, Lisa Strawn
Public Attendees: Becky Burns, Eden Christman, Kirsten Cooper, Matt Doll, Stacie Ferg, Leslie LaLuzerne, Kristen Meyer, Janice Miles, Mike Miller, Jennifer Nicholson, Mel Roth, Julia Thoe, Jackie Vick, Tyler Kreuger, Katie Saint, Chris Wiebusch

The meeting commenced at 10:15 AM due to downtown congestion and parking delays.

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

There were no public comments.

3. Operational

Council members reviewed minutes from the meeting held on September 29, 2015. Roberta M. made a motion to approve the September 29^h 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 progress on the new behavioral treatment benefit under the ForwardHealth program that went into effect January 1, 2016. She shared an update on provider enrollment numbers and requests for prior authorization (PA) from providers, and reminded the Council that the goal of the Department continues to be one of open and consistent communication as this transition occurs over 2016. This includes communication with and between behavioral treatment providers, county waiver agencies, families, and the Department of Health Services.

Rachel C.-H. highlighted the PA work that has been accomplished to date, including individual provider technical assistance calls with the Office of the Inspector General PA staff and Children's Long Term Support waiver staff; trainings occurring this week and next for all providers to share technical assistance in the area of PA submission; and work with HP (Department contractor) on customer service issues. Additionally, a provider meeting being held later today will allow for additional conversation on policy-related issues.

Bill M. shared a brief status update from the CLTS waivers side of the transition, and provided a reminder on the transition schedule for all waiver-eligible children. At the same time as the Council meeting, other CLTS Waiver staff are holding a conference call with county waiver agencies on a number of topics, including the transition of treatment services and a reminder of the transition schedule.

Council members shared a number of comments at this point. General themes behind the comments were: (a) provider capacity and the impact on children already receiving treatment services; (b) travel-related issues for providers and the impact of the new benefit; (c) the emergence of new providers in Wisconsin; (d) other therapy and provider capacity issues, and (e) the role telemedicine/telehealth services might play if approved in Wisconsin.

DHS staff responded to each of these comments and focused on the fact that this new behavioral treatment benefit has only recently begun and that there will continue to be efforts to reach out to providers, encouraging enrollment and a sharing of ideas to promote quality service delivery systems.

5. Identifying Providers

This topic was initially suggested by Council members to address the aforementioned concerns related to provider capacities in certain areas of the state (e.g., northern and southwestern Wisconsin).

Several Council members who have been involved as providers for many years commented on the longstanding issues related to provider capacity and reminded the Council that this issue has been discussed many times. Limiting factors include: (a) a statewide shortage of direct service providers across a number of populations and related disciplines, such as certified nursing assistants, personal care workers, line therapists, etc.; (b) a general lack of young workers wishing to become involved in caregiving-related skilled trades, and (c) the longstanding conflict between school hours and provider staff who want to work daytime hours.

Pam L. asked the Council to consider the role high schools could potentially play in offering students volunteer opportunities that may later evolve into career interests. Vivian H. commented on efforts the agency she works for has been undertaking in this direction, providing free training to students relative to the services they provide and how they operate.

Nissan B.-L. mentioned that these ideas regarding the involvement of high school students represent something that schools should work collaboratively on with the Department of Public Instruction (DPI), specific to academic career planning and vocational opportunities. Rachel C.-H. recapped the Department's commitment to working through these challenges, and also suggested that representatives from both DPI and the Department of Workforce Development be invited to a future Council meeting to engage them on this topic.

6. Role of the Council

In previous meetings, the role of the Council as advisory to the Department of Health Services was addressed within the context of the current evolution of treatment services from a CLTS Waiver-funded service to a new benefit in the ForwardHealth program. With this change, the Council is also interested in how they might better serve individuals with autism spectrum disorder across the lifespan. Bill M. will send a link to the Council By-laws so that the Council can consider a revised mission statement, how this might impact the current by-laws, and recommendations to both the Governor's office as well as the Department for how they might envision their role going forward. This effort will be undertaken as a workgroup and the goal is to report back at the next meeting in May. Council members identified the following topics immediately: (a) lifespan issues related to autism, and (b) transition challenges [e.g., childhood to adulthood, high school to the workforce].

7. CLTS Waivers Renewal

Related to the last topic, while treatment services for children with autism have been an important focus of the Council's efforts since 2004, children with autism receive and will continue to be eligible for all other CLTS Waiver services. In this context, the Council was asked to develop a workgroup to make recommendations to the larger Council membership, and then draft a formal letter to DHS specific to recommendations they might have to better serve children with autism. This is a time-focused effort, as the Department and the Bureau of Children's Services (BCS) is currently working on the renewal of their federal waivers with the Centers for Medicare & Medicaid Services (CMS), and any desired changes are to be developed and submitted this year. BCS must have any recommendations from the Council by no later than the next Council meeting on May 12th.

Meeting Adjournment

The meeting adjourned at 11:55 AM.