

Governor's Autism Council

MEETING MINUTES

Thursday, February 19, 2015
11:30 AM to 2:45 PM
Department of Health Services
1 W. Wilson Street, Room B155
Madison, WI 53707

Council Members: Nissan Bar-Lev, Wendy Coomer, Vivian Hazell, Rose Helms, Liesl Jordan, Pam Lano, Milana Millan, Glen Sallows
DHS Staff: Pam Appleby, Rachel Currans-Henry, Bill Murray, Camille Rodriguez
Public Attendees: Roger Bass, Matthew Doll, Mike Klug, Eric Lund, Mike Miller, Erin Olheiser, Ariel Schneider, Kim Schutt-Chardon

The meeting commenced at 11:39 AM

1. Welcome and Introductions

Bill Murray, DHS staff to the Governor's Autism Council, welcomed members of the Council and Department of Health Services (DHS) staff. Attendees introduced themselves.

2. Public Testimony

Only one member of the public offered a comment. Roger Bass spoke briefly of the history that applied behavior analysis has played in improving behavioral outcomes in a variety of populations, and the qualifications behavior analysts bring to treatment. He encouraged the Council to recommend the inclusion of both ABA and behavior analysts in the conversion to Medicaid-funded autism treatment.

3. Operational

- Council members reviewed minutes from the meeting held on October 9, 2014.
- Vivian made a motion to approve the October 9th meeting minutes; Nissan seconded the motion; motion carries.

4. Scope of the Council

Wendy provided a brief update on the Council subcommittee's conversations with the Governor's office pertaining to the scope of the Council.

- The Governor's office is acting on a number of Councils and Boards, and currently there are no changes planned for the Autism Council.
- It will be important to ensure the work of the Council does not overlap with the work of other existing Councils.

5. Shortened school day bulletin from the Wisconsin Department of Public Instruction

Nissan provided an overview of a recent bulletin issued by the Department of Public Instruction specific to the issue of shortened school days. This relates to children with autism who receive treatment, and concerns that school hours and treatment hours often conflict and this places parents in difficult situations.

- Shortening a student's day raises issues regarding the provision of a free and appropriate public education (FAPE) under the Individuals with Disabilities Education Act (IDEA), as well as potential discrimination under 504 of the Rehabilitation Act. The Department of Public Instruction has developed the bulletin to address those questions and provide guidance in this area.
- Shortened school days may not be used to manage student behavior or as a means of discipline.
- IEP (Individualized Educational Program) teams may not shorten a student's school day solely to accommodate regularly scheduled non-school medical or therapeutic appointments.
- Nissan reminded Council members of the importance of collaboration between the provider and school staff. He similarly stressed the IEP team's responsibility to keep reviewing the need for shortened days once approved.
- After a number of questions arose surrounding this bulletin and the potential impact on children with autism, Nissan is going to speak with several local DPI staff to discuss this issue and how it impacts children at the local level. Bill will ask Daniel Parker and Marge Resan with DPI to come to the August Council meeting to discuss this.

6. Division of Health Care Access and Accountability

- Rachel C.-H. and Camille R. provided an update to the Council on Department actions surrounding the transition of autism treatment from the CLTS waivers to Medicaid.
- Camille briefly discussed Long Term Care redesign efforts, including the new Bureau of Children's Services (BCS) and the ongoing collaboration between BCS and the Bureau of Benefits Management (BBM) in the Division of Health Care Access and Accountability (DHCAA).
- Rachel C.-H. shared an update as to where this transition currently is and what the future holds.
 - Introduced Pam Lano in her consultation role with DHCAA.
 - DHCAA will be coming to the May and August Autism Council meetings with draft policies and looking for feedback from Council members.
 - There is a planned January 1, 2016 implementation for the new benefit.
 - DHCAA wants to ensure both eligibility and the benefit structure remain strong.
 - Guiding principles: (reviewed slide)
 - Providing medically necessary services using a prior authorization process.
 - Requiring funding of evidence-based treatments.
 - Shifting current "intensive and consultative" language used in the CLTS waivers to "comprehensive and focused," and coordinating waiver and state plan services.
 - Movement to Medicaid will eliminate the state wait list for autism treatment.
 - DHS will ensure we are meeting both state and federal requirements.
 - Eligibility issues
 - The current "Level of care" requirement in the CLTS waivers is unrelated to eligibility under a Medicaid card benefit.
 - Medicaid is a public insurance policy and has a number of eligibility requirements.
 - Vivian H. asked about income eligibility issues under Medicaid and potential changes. DHCAA/DHS plans no change in Medicaid eligibility requirements.
 - Medicaid is looking at the appropriate age ranges for treatment services and the evidence supporting these therapies at different ages.
 - Number of years of treatment is flexible.

- While reimbursement rates under the CLTS waiver are inclusive of treatment, travel and supervision hours, Medicaid uses individual provider reimbursement rates.
 - These are not yet determined.
 - To date, DHCAA has had a number of calls with insurers already managing this benefit under the 2009 Autism Insurance mandate, and has reviewed the details of the mandate.
 - There have been several meetings with providers, and DHS has been connecting at a national level with other states and learning what they are doing
 - At the present time:
 - Treatment continues now through CLTS waivers.
 - Providers can submit a prior authorization request for services.
 - Treatment model initial thoughts
 - Comprehensive versus focused treatment distinction (Pam)
 - Comprehensive = intensive, evidence with youngest kids
 - Focused = consultative behavioral intervention
 - PA process
 - Progress must be measurable.
 - Council members spoke of a desire to work with children in school settings.
 - Rachel C.-H. asked about the existence of front end screening tools for things such as Rett Syndrome or prenatal drug influence, to help determine if this type of service will be useful for these children.
 - Looking for experts on these issues.
 - People can submit suggestions in writing to the Department

7. DLTC/BCS Updates

- DLTC and BCS changes
 - Behavioral Health Integration Section coming together under the Bureau of Children's Services
- Autism Service data
 - Autism wait list for treatment is at 320 children
- The next Autism Council meeting is scheduled for May 28, 2015.

8. Meeting Adjournment

- The Council meeting adjourned at 2:40 PM