

Governor's Autism Council

MEETING MINUTES

Thursday, May 28, 2015
10:00 AM to 1:00 PM
Department of Health Services
1 W. Wilson Street, Room 751
Madison, WI 53707

Council Members: Nissan Bar-Lev, Wendy Coomer, Vivian Hazell, Liesl Jordan, Pam Lano, Roberta Mayo, Glen Sallows
DHS Staff: Pam Appleby, Rachel Currans-Henry, Robin Joseph, Dan Kiernan, Bill Murray, Camille Rodriguez
Public Attendees: Nicole Berlowski, Becky Burns, Kirsten Cooper, Matthew Doll, Dan Kramarz, Lesley Laluzerne, Angie Levin, Eric Lund, Kristen Meyer, Mike Miller, Alisa Morrison, Erin Olheiser, Megan Puddy, Ariel Schneider, Chan Stroman, Melissa Suter, Jackie Vick

The meeting commenced at 10:04 AM

1. Welcome and Introductions

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

2. Public Testimony

Only one member of the public offered a comment. Matt Doll spoke briefly of the potential for telehealth options to assist families and providers as Medicaid develops their autism treatment benefit. Dr. Doll is willing to be involved in additional conversations if there is an interest, and he thanked the Department for their thoughtfulness in considering various options for quality treatment services.

3. Operational

- Council members reviewed minutes from the meeting held on February 19, 2015.
- Nissan made a motion to approve the February 19th meeting minutes; Pam seconded the motion; motion carries.

4. Division of Health Care Access and Accountability

Rachel C.-H. provided a brief update to the Council on where the Division of Health Care Access and Accountability (DHCAA) is with respect to the creation of the new autism treatment benefit being developed. The goal of this Council meeting is to solicit feedback in three key areas:

- Provider certification
- Treatment and school hours
- A framework for assessing progress

Rachel C.-H. shared a summary of the meeting from February, letting the Council know there is a new website that allows members of the public to get up-to-date information on the new benefit, as well as sign up for an email listserv. This website is located at: <https://www.dhs.wisconsin.gov/clts/waiver/autism/updates.htm>

The following points were also shared:

- The benefit is currently being designed, with a target date for implementation tentatively set for January 1, 2016.
- There is an intention to have both member and provider meetings before that time.

- The Department continues to value the role of case management and is exploring what this means within the context of this new Medicaid benefit.
- The Department envisions a transition of waiver treatment services to Medicaid over the fall.
- The intent is to issue a provider update on how to enroll and what to do in order to bill for services.
- The benefit plan will be submitted to the Centers for Medicare and Medicaid Services in the fall.

Vivian H. expressed concerns over placing children on state waiting lists for a waiver treatment benefit that may likely not be in existence by the time the children come off the list. The Department is aware of this and internal discussions are already occurring, with a goal of working to ensure families and children are not impacted by this transition. The Department wants to be sure that when families hear “no more wait list” they are not interpreting this as “no benefit,” as autism treatment will remain available.

Pam L. also reviewed the new benefit categories being developed under Medicaid for autism treatment, these being Comprehensive and Focused treatment.

Rachel explained that the benefit is being structured as a fee-for-service benefit, whereby providers bill the state directly for services rendered. This payment structure will be in place for a year or so as reimbursement rates are examined. DHCAA is looking at case management and the role this plays in autism treatment, and is also looking at the role the Treatment Intervention Advisory Committee plays in assisting DLTC make decisions about those treatment services that have evidence to support them.

Provider certification

Dan Kiernan with DHCAA provided the Council with an overview of the certification requirements currently being considered under the Medicaid benefit.

- A. Comprehensive treatment: a 3-tiered treatment model utilizing paraprofessionals, mid-level senior supervisors, and a licensed treatment supervisor. All three levels will be required to enroll as Medicaid providers and get a provider ID number. Only the licensed supervising provider will be both a billing and rendering provider, while mid-level senior supervisors and paraprofessionals will be rendering providers only. All provider levels must have a clean criminal background check.
 - a. Paraprofessionals:
 - i. Must be 18 years old, a high school graduate or GED equivalent, and have 40 hours of training or be in possession of a Registered Behavior Technician (RBT) certification from the Behavior Analyst Certification Board.
 - b. Mid-level Senior Supervisors:
 - i. Board Certified Assistant Behavior Analyst (BCaBA) or a master’s degree in psychology, counseling, marriage and family therapy, social work, or a closely related field with 400 hours of documented training and supervised experience delivering a Wisconsin-approved comprehensive treatment model, or;
 - ii. Bachelor’s degree with 2000 hours of documented training and supervised experience delivering a Wisconsin-approved comprehensive treatment model.
 - c. Licensed Supervisors: Must be state-licensed and possess external certification. Also must have 4000 hours of experience as a supervisor of less experienced clinicians delivering the approved treatment model for the target population.
 - i. To supervise the provision of Applied Behavior Analysis (ABA) treatment: Wisconsin-licensed behavior analyst (this licensure requires certification as a Board Certified Behavior Analyst from the Behavior Analysis Certification Board).
 - ii. To supervise the provision of Early Start Denver Model (ESDM) treatment: Wisconsin-licensed psychiatrist, psychologist, behavior analyst, clinical social worker, professional counselor, or marriage and family therapist with ESDM certificate from UC-Davis.
 - iii. To supervise the provision of another Wisconsin approved evidence-based comprehensive treatment model: Wisconsin-licensed psychiatrist, psychologist, behavior

analyst, clinical social worker, professional counselor, or marriage and family therapist with formal certification in the delivery of the evidence-based therapy model.

B. Focused treatment: a 1 or 2-tiered model

- a. Licensed Supervising Level: Wisconsin-licensed psychiatrist, psychologist, behavior analyst, clinical social worker, professional counselor, or marriage and family therapist acting within their scope of practice with 2000 hours of supervised experience in a Wisconsin-approved focused treatment model.
- b. Focused Treatment Provider:
 - i. Board Certified Assistant Behavior Analyst (BCaBA) or a master's degree in psychology, counseling, marriage and family therapy, social work, or a closely related field with 400 hours of documented training and supervised experience delivering a Wisconsin-approved focused treatment model, or;
 - ii. Bachelor's degree with 2000 hours of documented training and supervised experience delivering a Wisconsin-approved focused treatment model

Treatment and school hours

- Discussion occurred surrounding the inherent difficulties faced by families who have children in school and who also desire an intensive (i.e., comprehensive) level of treatment.
- Nissan B.-L. reviewed the recent Department of Public Instruction (DPI) bulletin regarding shortened school days (http://sped.dpi.wi.gov/sped_bul14-03) and shared that the ability of school systems to work with children with autism has grown in recent years due to a large amount of training.
- A discussion ensued regarding this long standing conflict between treatment hours and school hours, and the need to approach this from a common-sense perspective given the needs of children and families.
- Rachel C.-H. suggested DHS meet with DPI staff to talk about this and develop recommendations to be shared at one of the Autism Council meetings this summer, and Nissan B.-L. agreed this is a good strategy, noting that a major concern from DPI is the length of time involved in intensive-level treatment and the impact this can have on school absences.

Framework for assessing progress

- Pam L. started off the conversation and commented on the difficulties expressed throughout many years of Council meetings on the topic of “adequate progress” for children in autism treatment. She noted there have been more tools coming out in recent years to help clinicians and others understand and make decisions surrounding progress.
- One clear benefit of monitoring progress is to ensure we are working to help families understand the progress their children make, as this benefits not only the child but also whole family in regards to decisions about what options to pursue as time goes on.
- The goal of treatment at the comprehensive level is to close the developmental gap. Doing this requires a multi-indicator perspective and DHS needs to continue to work on operationalizing this.
- Prior authorization (PA) requests will require measures of progress.
- A number of comments were made, including the value of building behavioral data points and line graphs into the PA process, utilizing standard measures such as IQ scores and the Vineland Adaptive Behavior Scales, and results of progress as measured on scales like the Assessment of Basic Language and Learning Skills (ABLLS) and the Verbal Behavior Milestones Assessment & Placement Program (VB-MAPP).
- A number of people also commented on the role providers must assume in ensuring family members know how to implement treatment protocols, and how the ability of family members to do so can be measured.

5. Meeting Adjournment

- Pam L. made a motion to adjourn, Nissan B.-L. seconded and the motion carried. The meeting adjourned at 1:00 PM