Minutes
of the
Autism Council

DATE:	August 21, 2006
LOCATION:	Madison, Wisconsin
MEMBERS PRESENT:	Nissan Bar-Lev, Heather Boyd, Terri Enters, Rose Helms, Joan Ketterman, Milana Millan, Paula Petit, Glen Sallows, Pam Stoika, Michael Williams
ABSENT:	Vivian Hazell, Paul Reutman
FACILITATOR:	Kris Freundlich
STAFF PRESENT:	Beth Wroblewski, Katie Sepnieski
GUESTS:	Lori Wendt, Special Education Intern, Peggy Helm-Quest, Parent, Jochebed Jayasooria, WEAP Intern

The meeting came to order at 10:15 AM

PUBLIC COMMENTS:
Peggy Helm-Quest, a parent of an 11-year-old child with autism, regarding the use of restraints in schools, made the following comments:

- The Children's Health Act does not require accreditation for schools or other child care settings related to restraining children.
  - Peggy is concerned that staff are not trained appropriately and do not have adequate education on behavioral supports that could be utilized.
- Peggy is concerned with the trauma her son has endured due to the restraints being inappropriately used.
- Peggy shared her personal research on the regulations, guidelines, and reporting related to restraining a child.
- Currently six States (Maryland, Colorado, Connecticut, Massachusetts, Illinois, and Texas) are proposing legislation regarding restraints in schools.
- Peggy encouraged the DHFS continue work regarding limitations on the use of restraints and hopes the policies could apply to children in all settings.

A discussion followed Peggy's comments:

- Nissan noted that it is important for schools to have behavioral plans in place, to use time-outs and isolation as alternatives to restraints and that parents can file an IDEA

complaint, if they have concerns, which would require schools to correct an IEP to meet the needs of the child and parents.

- The Department of Public Instruction (DPI) has procedures for restraints. The DPI has implemented guidelines of best practice but these are not policy. Nissan previously sent out the link for the: Guidelines for the Appropriate Use of Seclusion and Physical Restraint in Special Education Programs. The weblink is: http://dpi.wi.gov/sped/doc/secrestrgd.doc
- Peggy was thanked for her comments and the facilitator noted that the topic of restraints was later on the agenda.

APPROVAL OF MINUTES:
The Council reviewed the draft of the May 18, 2006 Meeting Minutes. A few minor edits were requested.

Motion (Nissan Bar-Lev): That the Autism Council approve the May 18, 2006 minutes with the corrections made.

Seconded: Glen Sallows

The motion was Approved by unanimous voice vote.

EXCEPTIONS POLICY WORKGROUP REPORT:
Currently, the workgroup is focusing on the following topics:

- Reviewing the exceptions policy to define substantial progress by using norm-referenced testing to identify progress in closing the developmental gap for children with ASD.
  - Providers are using different tools and completing assessments at different times depending on the policies of the providers.
  - Providers could use monthly progress notes and complete a statistical analysis using a standard deviation to show progress, then use the data so formal assessments would not need to be completed as often.
- Consider developing a list of tools to be sued to find substantial progress.
- Assessing a child's gains and getting the family involved for supporting the child during transitions, since a very small number of children would be granted an exception for substantial improvements.

Next Steps: The Workgroup plans to meet again and discuss tools.

STAFF SUFFICIENCY WORKGROUP:
The Council reviewed and discussed recommendations from the Governor's Task Force Report.

1st recommendation of the workgroup:

- Create a workgroup in order to draft a curriculum or a set of guidelines for providers.
- Review of core competencies of staff providing Autism treatment services.
- Share best practices of providers in addressing staff sufficiency.

The Council requested that this workgroup:

- Determine consistent information that would be included in a core curriculum.

- Consider both basic ASD information as well as core skills needed to implement applied behavioral interventions.
- Consider how such a curriculum could improve statewide consistency in quality services.
- Consider creating a regional model of a core competency checklist and have all people coming into homes meet the requirements of the checklist.

Motion (Nissan Bar-Lev): The Autism Council accepts the creation of a workgroup to include outside participation to develop a curriculum focusing on Autism 101 and Core Competencies.

Seconded: Milana Millan

The motion was Approved by unanimous voice vote.

The 2nd recommendation of the workgroup, that DHFS needs to examine provider reimbursement rates and make specific rate recommendation with the goal of retaining a quality provider pool that delivers high quality and effective treatment, was beyond the scope of the Council.

Motion (Glen Sallows): The Council should no longer recommend that DHFS collect information regarding the rate structure.

Seconded: Joan Ketterman

The motion was Approved by unanimous voice vote.

PRESENTATION OF THE FUNCTIONAL SCREEN

The Council reviewed the functional screen so that all the members would understand the process a screener must complete to become certified, and the assessment used when completing a screen.

The website http://dhfs.wisconsin.gov/LTCare/FunctionalScreen/ offers answers to the questions and concerns that families may have regarding the functional screen.

Beth presented:

- Three federal Target Groups for the Level of Care (LOC)
  - Severe Emotional Disabilities, Physical Disabilities, Developmental Disabilities/Mental Retardation
- How a child meets the Level of Care
  - A child with an Autism Spectrum Disorder may meet either a DD level of care or a SED level of care depending on learning or cognitive impairment.
- Financial Eligibility also needs to be determined for a child receiving any waiver services. The Economic Support staff at the county level completes the financial eligibility process.
- The Deficit Reduction Act (DRA) has implemented new criteria in determining citizenship for anyone receiving MA and/or Waiver services.
  - The citizenship and identity requirements are more stringent, and the service coordinator will be required to have the proper documentation on file.

- The Functional Screen is currently undergoing changes to the behavioral page. Screeners are being trained on the changes.
- The qualification and training of screeners is addressed on the DHFS website. (http://dhfs.wisconsin.gov/LTCare/FunctionalScreen/)
- It is also possible to pull data from the functional screen in order to monitor screener errors and as part of the DHFS quality assurance process.

Beth completed a functional screen of a case study to show the Council how eligibility is determined.

- The Diagnosis Page
  - All three Autism Spectrum Disorder diagnoses are pulled out as separate diagnoses.
  - A mental health diagnosis needs to be current and verified by medical records.
  - The web-based page also assists screeners on the appropriate boxes to check.
- The Mental Health Page
  - In the Children's Waivers, a child is determined to have an emotional disability, not a mental health disorder.
  - The screener needs to determine the expected length of time the emotional disability will last.
    - If the screener is unsure, they should check "yes."
  - The screener needs to determine not if the child requires services, even if they have not yet received needed services.
  - If the child receives (or needs) in-home services, the screener checks mental health services and requires 3 or more hours/week.
- Behaviors Page
  - Adjudicated delinquent on this page is to avoid cost shifting from the juvenile justice system to the Family Support Program.
  - Changes are being made to this page.
  - Lack of Behavioral Controls, screener needs to determine if:
    - Child is unable to control behaviors in a number of different settings (school, community, home)
  - School issues
    - The interventions need to be documented and the school needs to have or is in the process of creating a behavioral plan or IEP.
- Activities of Daily Living Skills Page
  - This page requires the screener to ask more in-depth questions.
    - Terri has a set of specific questions that she and the other screeners she works with use when completing this page.
  - The questions for the ADLs page are age-specific and based on the date of birth entered on the first page of the screen.
- Instrumental Activities of Daily Living Skills Page
  - The screeners need to be trained on appropriate testing.
    - The testing needs to be formalized (standardized testing)
  - The screener asks the parents questions that they are able to answer or the screener is able to observe.

- Work and School Page
  - The employment status and after high school questions do not determine eligibility.
- Health Related Services Page
  - Describes medical treatment of therapies the child receives.
- Functional Disability Page
  - This page is currently in testing. The Functional Disability Indicator (FDI) contains "disability logic" to indicate that an applicant appears to meet functional criteria for Social Security Administration (SSA) disability. This will streamline the determination process in the future.
- Functional Eligibility Page
  - Child meets eligibility if they have a developmental disability or emotional disability/mental health.
    - If the child meets multiple target groups, then the county needs to determine which target group the child is most relevant to the child's needs.
  - A child can receive interim MA while on the waiting list if the child is found functionally and financially eligible for Home and Community Based Waiver Services.
  - Parents can receive a full report related to the screener's response to each question on the functional screen.
    - In the future, the report will provide all questions answered or unanswered.
- The child can move to a different target group due to improvements in certain cohorts but still meets eligibility for other cohorts
- There is a Clinical Instruction link for each page, and there is a hyperlink for specific skills.

RESTRAINTS, ISOLATION AND SECLUSION PRESENTATION

At the request of the Council, Pam Groeschl, Children's Services Specialist from the DHFS, discussed policy development to limit and regulate the use of restraints, isolation and seclusion. Pam is working with Paul White from the Waisman Center to draft proposed policies and procedures. Other points:

- Pam is facilitating listening sessions with providers and county staff in the different regions who work with children with severe emotional disabilities or substantial behavior challenges.
- The guidelines will focus on positive behavior management.
- DHFS currently has a restraint application that providers and counties must complete when using a restraint on a child. The form is DDE 2608 and can be found on the web at: http://dhfs.wisconsin.gov/forms/DDES/DDE2608.pdf
- The Bureau of Community Health and Substance Abuse Services has teamed with the Bureau of Long-Term Support to review all restrictive measure applications from the counties. It is required that three people review the application. The application needs to be time limited.
  - A plan can be approved for a maximum of one year.
  - To date, no plan has been approved for more than 90 days.

- The guidelines are compatible with Federal Center for Medicare and Medicaid Services (CMS) standards.
- A cross-sectional committee has been created to work on one set of definitions and the policy/protocol that will be implemented in order to have better oversight.

Motion Paula Petit: The Council strongly advises DHFS to regulate the use of restraints, isolation, and seclusion by defining when restraints, isolation, and seclusion can be used, by whom, and at what age.

Seconded Motion: Joan Ketterman

The motion was Approved by 8 voice votes, with 1 voice vote in opposition.

DHFS UPDATES:

1. The Clinician Confirmation of Diagnosis of Autism, Asperger's Disorder, or Pervasive Developmental Disorder, Not Otherwise Specified (NOS) Form for proper clinical diagnosis verification was reviewed. The form is for children who are diagnosed with Autism, Pervasive Developmental Disorder-not otherwise specified, and Asperger's Syndrome. If comprehensive documentation of an ASD diagnosis is sent with the paperwork, the form is not required.
2. DHFS is in the process of creating certified diagnostic teams for confirming early autism diagnoses.
    a. The teams will review testing and documentation for determining an Autism Spectrum Disorder.
    b. Certified teams cannot review their own diagnoses.
    c. In the first year there will be a 10% sample.
    d. July 1, 2006 was the effective date to begin the review.
    e. At this time, if a child is found to not have a diagnosis, the child will not be removed from the CLTS Waiver.
3. New Autism Council appointment
    a. DHFS has requested more information from applicants but not all materials have been sent back in.
    b. Potential appointees who have children at the intensive level are being helped through the process.
    c. The goal is to have one or two new members by the next meeting.
4. The 2005 data is complete and is attached to the minutes.
5. The Transition Workgroup is reviewing several policies and making recommendations:
    a. When a child is transitioning to ongoing services (the final 6 months of the intensive phase), it would be helpful if more than 25% of the treatment could occur outside of the home.
    b. School staff and families work with both DPI and DHFS for best practices for a child to receive appropriate services.
    c. The workgroup will develop a parent-friendly document about transition to on-going services for families and service coordinators.
6. CLTS Waiver Renewal in process
    a. The CLTS Waivers expire November 18, 2006. The current CLTS Waivers were for an initial three years. The renewal will be for five years.

b. The CLTS Waivers renewal will include the recommendations from the Autism Council allowing providers with a PhD with board certification in ABA therapy to be Lead Therapists
c. The CLTS Waivers renewal is also negotiating with CMS to pay parents of minor children to provide specific services in very limited circumstances.
    i. DHFS will need to write policies and operationalize this addition.

At future meetings, Council members will begin to discuss services for children at the intensive level and the ongoing, children starting waiver services, and the mediation system.

The meeting was adjourned at 3:15 p.m.

Respectfully Submitted by
Katie Sepnieski
November 20, 2006