MEETING MINUTES
of the
AUTISM COUNCIL

Date: August 20, 2007

Location: Madison, Wisconsin

Members Present: Nissan Bar-Lev, Terri Enters, Vivian Hazell, Rose Helms, Joan Ketterman, Milana Millan, Pam Stoika, Michael Williams

Members Absent: Paula Petit, Paul Reuteman, Glen Sallows

Department Staff: Sandy Blakeney, Jacqueline Moss, Beth Wroblewski

Facilitator: Kris Freundlich

The meeting was called to order at 10:10 a.m. with introductions of Council members present and public guests.

PUBLIC COMMENT
There was no Public Comment.

APPROVAL OF MINUTES
The Council reviewed the draft of the May 21, 2007 Meeting Minutes.

Motion (Nissan Bar-Lev): That the Autism Council approve the May 21, 2007 minutes.
Seconded: Terri Enters
The motion was Approved by unanimous voice vote.

OTHER MODELS OF TREATMENT
Requests are coming from both parents and providers to expand the allowable treatment modalities. As a result Council members had requested that this be a future agenda item. At the request of the Council, Beth W. shared information from a variety of sources regarding various interventions. She also presented information on the definitions of intensive in-home treatment as submitted with the recent waiver renewal and as approved by the Centers for Medicare and Medicaid Services (CMS). CMS required the use of the term 'Congenital Development Disorders' rather than 'Autism Spectrum Disorders.' Federal Medicaid laws and regulations do not permit payment for any services considered experimental in nature; however, they will permit the use of intervention modalities that have demonstrated measurable effectiveness and

which are not aversive in nature. Other states have approved treatment approaches beyond that currently permitted under the Children's Medicaid Waivers in Wisconsin.

Some of these alternative treatment models would be less costly to the waiver program than the currently approved intensive treatment. These approaches also permit more flexibility in the amount of formal services delivered to the child to be beneficial. One model, for example would cost $24,000 as opposed to $41,000 a year for the current treatment. The Department plans to approve 200 new children each year in the biennium from the waiting list. However, the expectation is that the wait list will continue to grow. The wait time currently exceeds one year for waiver-funded intensive treatment services to begin.

There was discussion on the rationale for flexibility under the waiver and even the feasibility of distance services and technologies, especially for rural areas. Council members discussed strategies to soften the framework for intensive treatment without opening the door to any and all variants. Another possibility was to permit greater treatment flexibility within a newly defined framework. For changes to be permitted under the waiver, DHFS would need to amend the waiver application and negotiate approval with CMS. Other states' programs may provide insight regarding how different approaches work and the approval process they had with CMS.

Task: With Council members present, subgroups of three were formed to discuss-

1. Should we expand options?
2. To what?
3. Should we create a working committee (calling in experts as needed)?

The overall consensus of the subgroups was that expanding options should be explored based on the reality of the lengthening wait list, to give families options, and to embrace the Governor's directive to offer families choices. Choices would need to be evidence-based and consider equitability.

Motion (Viv Hazell): That the Council will identify a sub-committee to review existing alternative models and to create a framework by which the Council can discuss and evaluate those models. The Council will hold a special meeting to formally consider other models of treatment for the Council to make a recommendation to DHFS.

Seconded: Pam Stoika

The motion was Approved by unanimous voice vote.

The Council agreed that the sub-committee would meet prior to the special meeting in order to plan the meeting framework and approaches, and discuss how to handle special questions / issues such as equitability, in order to have an effective Council meeting resulting in good recommendations for the DHFS Secretary. Sub-committee volunteers: Terri Enters, Viv Hazell, Milana Millan, Pam Stoika, and Mike Williams.

TRANSITIONS

Transition planning needs to be considered when a child starts services and be actively worked on at least six months before the transition date. The group reviewed the draft Transition Checklist and discussed the intended audience for this tool. Beth W. proposed that the tool have a family focus but that it also indicate when and where providers and coordinators fit into the process.

Motion (Joan Ketterman): That the Council approve content of the draft Transition Checklist with families as the primary audience and with the understanding it will be edited to clarify roles and will be sent to the Council for final review.

Seconded: Milana Millan

The motion was Approved by unanimous voice vote.

UPDATED POLICY

Review of Permissible Community Treatment Options: Beth handed out a document on the policy regarding intensive in-home treatment services occurring outside of the home setting. This issue came up as some providers had inappropriately billed some group outings as intensive treatment when they did not meet the individual, face-to-face treatment standards. Waiver staff provided clarification and follow up to ensure that interpretation is consistent between counties.

Suggestion: E-mail clarification, conference call educating counties for uniformity.

AUTISM TREATMENT CORE TRAINING (FORMERLY "AUTISM 101")

Viv Hazell presented an overview of the status of this project. The name of this training needs to be changed to more accurately reflect its purpose, which is to provide line workers with a timely and consistent solid core of information on autism program basics in modules (e.g. regulations, confidentiality, billing and federal requirements, ethics/boundaries, seclusion/isolation/restraint, etc.). The intent is to have this training be statewide and it needs to be noted that there is no available funding to implement this effort.

Next Steps: Beth will contact Linda Tuchman of the Waisman Center to discuss curriculum development and possible linkage with their existing grant. The Council or DHFS may want to approach the UW and / or the Autism Society of Wisconsin, as well as providers, to solicit input on curriculum development. The current subcommittee will work on refining and editing the table of contents.

REPORTS AND UPDATES

Beth W. updated the Council on Department changes: Karen Timberlake is the new DHFS Deputy Secretary, the former Division of Disability and Elder Services is now split into the Division of Long Term Care and the new Division of Mental Health and Substance Abuse Services.

Sandy Blakeney provided updates on website design and focus. The site may include information for families on things they can do for assistance while on the wait list for intensive services.

Kris F. handed out information from the DHFS budget director on the status of insurance legislation (still in budget conference committee).

Beth discussed the provider billing form. The new form will be accepted beginning August 1, 2007 and must be used by counties and providers starting no later than September 1, 2007.

Sandy B. provided the Council with a report on CLTS data over the past calendar year showing wait-list numbers as well as numbers of children approved or denied for waiver services, transitioning from intensive to ongoing services, or discontinued from the waiver program with a breakdown of termination reasons.

Beth W. clarified for the Council that every child placed on the wait list for intensive services is automatically enrolled in Medicaid while waiting, if they do not already have Medicaid coverage. Counties have a document they share with families discussing how families might benefit from the Medicaid coverage while waiting for waiver services to start. There was also discussion that some children and their families may benefit from early intervention services through the Birth to 3 Program. There was discussion on how DHFS could provide information to other organization newsletters.

Viv Hazell may be attending a Core Competency training being held in Ohio and will share that information with the rest of the Council.

Rose Helms informed the Council of an upcoming respite conference on October 3, 2007.

The meeting was adjourned at 2:10 p.m.

Remaining 2007 Meeting Schedule
October 11, 2007 (Special Meeting of the Council)
November 19, 2007

Minutes Respectfully Submitted by
Jacqueline Moss
November 19, 2007