Autism Council Meeting
February 23, 2009
Final Minutes

Council Members: Nissan Bar-Lev, Teri Enters, Vivian Hazell, Rose Helms, Joan Ketterman, Milana Milan (by telephone), Glen Sallows, Pam Stoika, Brad Thompson, Michael Williams,

Facilitator: Kristine Freundlich

DHS Staff: Julie Bryda, Sandy Blakeney, Bill Murray, Katie Sepnieski, Beth Wroblewski

I. Public Comment: none

II. Welcome and Introductions

III. Approval of minutes-Council reviewed minutes from past two council meetings
   a. August 18, 2008 meeting minutes
      i. Nissan moved to accept minutes
      ii. Joan seconded motion
      iii. All in favor-minutes approved
   b. November 17, 2008 meeting minutes
      i. There was a question about a public comment/testimony about facilities being audited or inspected to ensure health and safety.
      ii. Kris had brought the issues to the attention of John Easterday, Division Administrator of the Division of Mental Health and Substance Abuse. This issue has also been discussed with several groups and the Children's Services Section has been asked to work jointly with the facility on specific cases.
      iii. The Department can ask John Easterday to speak to the Council about these issues.
      iv. Typo to the minutes, Sandy will make edit
      v. Vivian moved to accept minutes with correction
      vi. Nissan seconded motion
      vii. All in favor-minutes approved

IV. Management of slot releases for intensive treatment services-Julie/Sandy
   a. Children whose names have currently come to the top of the wait list have waited 11 months on the State wait list. If the slot release continues at 11 per week, this wait time will drop to approximately 8 months.
   b. By 2010, at the current rate of slot release, the wait list would be about half of the children currently on the list. There are approximately 28 new children added to the wait list each month, and about 44 children getting slots each month. By 2011 there may no wait list.

c. Since DHS increased the rate at which new slots were being released, there is concern that families may be waiting for a period of time after a slot is released in order for the provider to be able to start services.
d. An existing DHS policy that a child's services must be at an intensive level within 90 days of the slot being released has been temporarily suspended to address families' concerns that they will not be able to meet the requirement due to lack of available provider capacity Counties will work with the family and the providers to determine when the child will begin services.
e. Staffing issues with providers are difficult due to many variables:
    i. The hours may be condensed in the afternoon since the child is in school. Providers believe that most of the children receiving waiver services are of school age.
    ii. Line therapists may not be able to get training hours in towards working to be a senior therapist. The line therapists may not have the appropriate training needed causing the child and family to wait longer before services begin. This can occur with each new child who is starting services.
    iii. With the decrease in slots at the beginning of 2007, service providers could no longer keep their professional staff and it is difficult to now hire new professional staff.
f. There seems to be some confusion between counties and providers regarding when intensive treatment services start. The "workshop date" is typically considered the start date in terms of determining the 3-year timeline; however, if a child has received treatment at an intensive level prior to that date, the start date of the 3 years would be when the intensive treatment started.

V. State 2009-2011 Biennial Budget Discussion-Beth Wroblewski
a. Insurance Mandate to cover autism services was introduced as a bill instead of being a part of the budget. The bill would need to move forward and be initiated by January 1, 2010. The budget may not be passed by June 30th, 2009.
b. When funding for a program has been a part of the budget in a previous budget, it remains in the budget as a base re-estimate. The intensive in-home treatment program and ongoing services continue as a base re-estimate in the budget. The Department examined current trends and projected that 250 children would be on the waiting list by the next budget year and 350 by the second year of the budget. With autism insurance in place, the projection in 2010 would be 50 children on the wait list, and by 2011 the wait list could be eliminated.
c. Services for Children with Disabilities. The budget provides funding to create 1000 new state-funded CLTS Waiver slots phased in gradually over four years. Currently there are approximately 3500 children with disabilities (excluding children on the intensive waiting list) on county waiting lists. Children with autism would still benefit from these new

slots if they do not qualify for the intensive services but are still eligible for the CLTS Waivers. Part of this funding is from underspending in the last biennium. Counties were given funds in the last budget but many were unable to utilize the entire allocation they received

   i. Many counties had staff turnover due to FamilyCare rolling over into counties. Other counties lost staff and it took months to get new staff hired and trained.
   ii. Smaller counties are reviewing other options to use the allocations, such as contracting with Lutheran Social Services or finding another agency to administer the CLTS Waivers.
   iii. Gearing up to serve new children caused some counties to hire and train new staff or work with the limited number of staff currently operating the CLTS Waivers.

d. The Birth to 3 Program – The Governor's budget will expand opportunities for counties to claim federal Medicaid fee-for-service funding for services provided to children in the Birth to 3 Program.
   i. The changes will generate an estimated $2 million in federal revenues per year for counties.

e. The budget will also authorize DHS to seek a federal Medicaid Home and Community Based Waiver for children enrolled in Birth to 3.
   i. Many children in Birth to 3 are eligible for the CLTS Waivers; however, counties are unable to guarantee funding for the child into adulthood due to the Federal requirements that a child is entitled to services as long as he/she remains eligible.
   ii. DHS is considering the eligibility requirements which may be different from the current CLTS Waivers. About 1/3 of the children have delays that would benefit from the waiver. Possible deadline to have the waiver started would be January 2010.
   iii. There are several purposes of the Birth to 3 Waiver. It would allow for services such as special educator services and assistive technology devices. Children enrolled in the Birth to 3 Waiver would also have access to Medicaid card services. Many children have significant needs that the Birth to 3 Program does not cover, such as respite or supportive home care which could meet the needs of the family and child through the Waiver.
   iv. The child would be eligible for the Waiver until the age of 3 years.

f. As with all other grant programs, GPR funding for Birth to 3 will also be reduced by 1% ($68,800) in each year as a budget savings measure. All state agencies were subject to this provision.

g. The budget would expand the types of entities that can be qualified as personal care providers to reflect the fact that counties may discontinue being personal care providers after FamilyCare implementation.
   i. It could now be a certified provider that is not affiliated with a county. There could be a "grandfathering" of current providers.

h. FamilyCare continues to move forward. The current proposal would have 90% of the state be a part of FamilyCare by the end of the biennium. The

remaining 10% would start at the beginning of the next biennium. The initial waiting list for participants was to be rolled into FamilyCare within 2 years; the proposal would allow counties 3 years to have all people removed from the waiting list.

i. County administrative agencies did have a reduction in base community aids (BCA), which can serve multiple populations and programs. The BCA will be reduced by $9.5 million or 14% in CY 10 and $11.1 million or 16% in CY 11. This reduction is due primarily to reductions in federal IV-E child welfare revenue, resulting from stricter federal eligibility and reimbursement rules.
    i. Other reductions include Income Maintenance funding. The Department is looking at infrastructure for IT that could assist counties with this program.
    ii. Counties will need to provide the non-federal cost of children being placed in an institution. This could be difficult for counties that don't have the funding to create programs and services prior to a child needing an institutional placement.

j. Children's long-term support reform initiative is on hold. The Governor's proposed budget did not include funding for needed actuarial services. The Department will seek to determine if there is another funding source available.

k. State staff cuts are not currently being proposed, but staff vacancies may likely be frozen and the hiring process may be slowed down.

l. The Federal stimulus package is to assist for a short period of time; it is unable to commit to ongoing funding funds. Rather, the stimulus bill would offset revenues the State does not have. For this reason the money could not be used for new services or programs including additional funds for CLTS Waiver services including intensive services.

m. Federal education funding had an increase in about $12.3 billion for Part B in the stimulus package. Birth to 3 Part C is $500 million; Wisconsin's share is under $7 million.

n. Discussion at a Federal level for a National Autism Council-Senator Durban (IL) - for research-based early intervention and diagnostic issues for children with Autism. The Department could review what is in the stimulus package for mental health parity. This mental health parity bill could impact different insurance providers.

o. ASA (spell this out?) and Autism Speaks (?is this name correct?) are discussing what could be included at Federal level for an insurance bill.

p. www.recovery.wisconsin.gov is the website the Governor created to keep citizens informed of the stimulus package. The website does allow for public comment.

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VI. Insurance Bill Update-Nissan and Glen

a. The Senate Subcommittee held public hearings on February 9, 2009. Many people that testified, and the subcommittee had several questions. The bill passed out of the subcommittee.
b. The Senate bill is estimated to require a premium increase of $1.06/month per policy. The Assembly bill estimates it would be $3.00/month per policy.
c. The Assembly Subcommittee had many questions for providers regarding lobbyists and who is funding it. There were concerns regarding how much income a provider makes. Questions were asked about the $60,000/year, and the four years of service instead of three years of service under the current waiver.
d. Senator Peterson did introduce a bill for an additional $5.7 million on February 20, 2009 to eliminate the waiting list for children needing intensive in-home treatment services. Concerns with this bill were, that it could lead to capping services to three years and it is unsure if the services would continue to be funded. People testified that this would be a one-time fix to eliminate the current waiting list and additional funding would not be allocated to the program when new children are added to the list.
e. There was concern that small businesses would not be able to afford to offer insurance to workers.
f. Many parents and families testified about how their child's medical needs for symptoms related to their autism were not covered by insurance. The assembly did not ask any questions regarding this issue and how to cover the medical needs for the family. The families that spoke were very passionate about the issues.
g. Before the insurance bill is approved, there are many different issues to be addressed regarding who could be a provider, what services are appropriate, who pays the deductibles and co-pays, and lifetime caps. Senator Robson was concerned the bill would be filled with opposing issues making it difficult to pass.
h. Minnesota pays $104,000/year for autism services without many requirements.
i. Lifetime caps can accumulate quickly for children with autism. The Office of the Commissioner of Insurance (OCI) did agree this should be discussed and reviewed to see how many children this would effect.
j. The use of paraprofessionals was questioned as opposed to just professionals implementing the treatment program. The bill may cover specific qualified providers and evidence-based treatment that is the same as the Intensive In-Home Treatment services through the CLTS Waivers.
k. Children in an ongoing portion of the Waiver or children who would not benefit from Intensive In-Home Treatment could still benefit from treatment services such as speech therapy, occupational therapy, etc. through insurance.

l. There continue to be questions that will need to be answered:
    i. Who would be qualified to diagnosis a child with autism? Is it medically necessary? Would the requirements be the same as the CLTS Waivers? Can insurance companies deny a request from a family, doctor or therapist? How would the transition for children with insurance that are currently on the waiver occur?
    ii. There are some providers who may not meet the insurance qualifications. Would families be required to move to a provider who is covered under the insurance? At this time it is a Medicaid rule that insurance be used first before Waiver services.
    iii. Would HMO's work with current providers to cover the service? Families who have a current HMO would have to work within their network to find an appropriate provider. If families lose their insurance, the child could be placed on the wait list at the state level.
    iv. Will providers have administrative problems implementing the insurance mandate? Will there be so many "hoops" to jump through that providers will not be able meet the needs of a family in a timely manner?

m. The Department is working on a Frequently Ask Questions (FAQ) document to share with families, providers and county administrative agencies. The document will focus on what the insurance will do, what the federal and state rules are, and what the waiver funds.

n. The Department is working on creating a transition plan that will assist families with a smooth transition. Children who are currently on the waiver will remain on the waiver if they have services that are not covered by insurance. The Department will work with the county administrative agencies and each family to determine the appropriate transition plan.

VII. Updates and Information Sharing-DHS staff

a. Monthly Information WisLines/Regional Meetings/Trainings
    i. This information sharing will be with county administrative agencies to discuss ongoing CLTS Waiver issues. This is not exclusively related to autism services but instead will address all services and issues that relate to children with long-term support needs. When there are WisLines about autism services, providers and county agencies can participate. The WisLines do require prior registration in order to monitor attendance and participation. The information will also be recorded for those who are unable to participate.
    ii. The Department is working on a list of Intensive In-Home providers in order for them to participate.

b. Workgroup on billing definitions and billing form
    i. The group discussed the definitions for the billing of intensive treatment services. The group explained issues with counties and

concerns that needed to be addressed in order for there to be better clarification of the definitions.

c. Autism Team Map-Julie
    i. The Department has created an Autism Team in order to offer support to counties, families, and providers and ensure appropriate policy implementation. Bill Murray, Ed Miller, and Katie Sepnieski are assigned specific counties; however, policies, issues, and requests are reviewed by the team. The map of assigned counties was handed out to the Council.
d. Autism Trainings-Julie
    i. The trainings will be for providers and service coordinators. The intent will be to clarify all policies and issues. The Autism Team will be following trends to determine if trainings are needed on particular topics.

e. Data update-Sandy
    i. The data is from December 31, 2008. There were no children who were terminated from the CLTS Waivers for not meeting eligibility criteria to transition. Requests for an extension to continue beyond the three years is low. This could be due to the criteria that must be met.
    ii. The waiting period begins the date that all the criteria are met and the paperwork has been submitted to the Department. The waiver start date is the date the slot is released to the county. The three-year timeline for intensive is the first date of intensive services, regardless of the payor of those services.
f. Variance requests will be consistent, with one form that would be completed by a provider and submitted to county service coordinators. The draft form will be emailed to counties and providers for feedback.
g. Circles of Life announcement-handed out one page flyer.
    i. Keynote speakers: Julie and Katie Beckett
h. Waisman Update-handout
    i. Linda Tuchman sent a report for the National Professional Development Center on Autism Spectrum Disorders. There were three handouts.
        1. School districts update
        2. Model site update outline
        3. Brief overview of the mission and purpose of the NPDC on ASD.

VIII. Support committee election
a. The bylaws require an annual election of committee members. The same members (Nissan, Joan, Rose) can continue as committee members.

b. Joan has not found the committee to be an inconvenience since it is a phone meeting. The draft agenda is sent to the committee prior to the phone meeting which is quarterly and is about an hour in time.
c. The Department drafts a tentative agenda to send to the committee.
d. Glen nominated Nissan, Michael seconded.
e. Michael nominated Joan, Pam seconded.
f. Glen nominated Brad, Michael seconded.
g. A motion to accept the nomination from Pam
h. Michael seconded the motion
i. All in favor-Motion Passed.

IX. Meeting was adjourned at 2:40 pm.