Autism Council Meeting
February 22, 2010
Draft Minutes

Council Members: Nissan Bar-Lev, Terri Enters, Rose Helms, Milana Millan, Pam Stoika, Michael Williams

Facilitator: Kristine Freundlich

DHS Staff: Julie Bryda, Bill Murray, Katie Sepnieski

I. Public Comment- No comments

II. Introductions of Council Members

III. Insurance Mandate-Julie Bryda
   a. DHS has been collaborating with the Office of the Commissioner of Insurance (OCI), county administrative agencies, and CLTS Waiver providers of treatment services in an effort to coordinate insurance benefits with Waiver funding.
   b. The insurance mandate provides coverage up to a maximum of $50,000 for intensive services. Insurance may meet the maximum benefit before the end of the policy year which means the child may not be able to continue treatment services funded by insurance. If the child is on the CLTS Waivers, funding will continue through the waivers and there should not be an interruption in services.
   c. A child that is participating in the CLTS Waiver is required to follow the rules and policies of the Medicaid Home and Community Based Waiver program in order to maintain eligibility. Children while enrolled in the CLTS Waivers for the intensive treatment services will have the hours funding by insurance count towards the hours needed to transition to ongoing CLTS Waiver services.
   d. OCI is considering the possibility that Speech and Occupational Therapy may be considered as part of the intensive treatment funding which may impact the funding available for intensive treatment.
   e. Providers are negotiating rates with insurers which may include all of the other costs involved with operating an intensive treatment program (travel, staffing, administrative, billing, etc.)
   f. The FAQ document that was developed by DHS and located on the DHS website has been sent to county administrative agencies and the Autism Council via email. http://dhs.wisconsin.gov/bdds/clts/index.htm
      i. Copies of the FAQ may be placed at the Autism Society of Wisconsin (ASW) conference and the Circles of Life Conference in order for it to be distributed to groups that do not have access to the internet.

g. DHS is developing meetings with providers and county administrative agencies to discuss the insurance mandate and the coordination of benefits.

IV. Insurance Mandate with OCI

a. Eileen Mallow and Jennifer Stegall from OCI joined the meeting to discuss the Administrative Rule.
b. OCI is reviewing the emergency rule to determine if speech and occupational therapists should be included in the intensive treatment services maximum funding of $50,000. There is no statutory requirement that there is a coordination of services within the treatment being provided.
c. OCI is also reviewing if Board Certified Behavior Analysts (BCBAs) should be included as qualified providers. There is a bill circulating for the inclusion of BCBA's in the rule.
d. The emergency rule will be extended to June 30, 2010. As of February 28, 2010 the emergency rule is void. Public comments can continue to be submitted to OCI regarding the rule.
e. At this time the providers have had issues receiving payment from insurers in a timely manner; this can mean providers are not receiving payment for several months. County agencies can not pay for this service since insurance has not denied the service. OCI is working with insurers to understand the Administrative Rule and the intent of the treatment services.
f. 1-800-236-8517 is the complaint number for OCI if there are issues with insurers. OCI encourages families, providers, and any other entities to contact them if there are concerns, questions, or complaints. This will assist in making any necessary changes with insurers.
g. OCI does have quarterly meetings with stakeholders to discuss the issues and coordination of treatment services. OCI and DHS meet monthly to discuss the complaint issues that continue to arise.
h. With the roll-out not all families are receiving the coverage yet. It can take up to a year for insurance to cover the service which began on November 1, 2009.

V. Evidence-Based Practice Workgroup-Bill Murray, DHS

a. Bill is beginning to develop a document that will outline what EBP is in order for families to understand what these terms mean.
b. DHS would like to work with Council members to review the document in order to ensure the information is accurate and families understand what is allowable as an EBP treatment.
    i. Volunteers for the committee: Pam Stoika, Milana Millan. Other members that are not at the meeting will be invited to participate.
    ii. The entire Council can review the information but a smaller group could finalize the document. The goal is to have something completed by the beginning of summer.

VI. Treatment Models Discussion-Bill Murray

a. DHS is interested in learning about the different treatments that are occurring within the State of Wisconsin. DHS is willing to invite different groups to present regarding the different models being provided to families.
    i. Behavioral treatments through intensive in-home therapy
    ii. Biomedical treatment
    iii. Research Based interventions
b. The Council wants to ensure that the groups that present understand the parameters of the presentations. Groups will need to recognize that the Council will not be approving or denying treatments but are interested in learning what treatments are being implemented and if the treatments have independent peer-reviewed evidence.
c. It will be important to provide standardized questions for each group in order for them to understand the intent of the presentation. The presentations need a maximum time limit.

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VII. Approval of November 16th, 2009 Council minutes.

a. There were two questions regarding the outcome of two projects that were discussed at the last meeting.
    i. Peggy Helm-Quest from the Division of Public Health (DPH) spoke at the last Council meeting regarding the issue of needing information from Department of Public Instruction (DPI) in order to apply for a Federal grant. Since the last meeting, DPI has agreed to release specific information to DPH to assist with the Federal grant but may not be able to release all the child's specific information that is needed.
    ii. Rethink Autism continues to be used with a few families through out the State. This is being monitored by DHS to determine if families are benefiting from the program. DHS is also in contact with Rethink Autism to determine if this program can be increased in Wisconsin to meet the intensive in-home treatment needs.
b. Milana made a motion to accept the minutes, Nissan 2nd motion. All in favor, minutes passed with a few spelling errors fixed.

VIII. Updates-DHS Staff

a. The CLTS Waiver is being renewed in 2011 and in anticipation the DHS is working on providing evidence to the Centers for Medicare and Medicaid Services (CMS). The evidence is due at the end of February to CMS.
b. DHS has scheduled four provider meetings around the State in May. The purpose of the meetings is to work with providers regarding the CLTS Waiver renewal and the intensive in-home treatment services, the

insurance mandate, and other issues that providers, county administrative agencies, and DHS continue to work on.

c. Gubernatorial election will be occurring in November which could impact the Autism Council. DHS is working to fill the vacant Council positions prior to the election.

IX. Autism Committee functioning and effectiveness-Discussion

a. Key historical points from the Council
    i. The Council has worked to develop many thoughtful outcomes to serve children with Autism in the State of Wisconsin. The Council is advisory to the Department and having multiple voices and opinions is imperative to positive outcomes.
    ii. The Council has bylaws in which it is required to follow. The Council has addressed many of the directives from Governor Doyle.
    iii. The Autism Council members were sent a list of questions regarding their thoughts and ideas of how to operationalize the purpose of the Council, what the future holds, and what needs to continue to occur in order to meet the needs of the members, the Department, and the children and families served.
        1. All Council members responded to the questions; outlining their thoughts about the Council.
    iv. DHS respects the role and opinions of the Council members.
    v. The role of the Council members is to review information between meetings in order to be prepared for the meeting. DHS is committed to sharing information between meetings regarding issues that are occurring.

b. Support Committee role is to assist DHS in creating the agenda and receiving input from the Council to formalize the agenda.
    i. Brad Thompson is currently unavailable to serve on the committee, Terri Enters has volunteered to fill-in until he returns. All Council members approved this appointment.
    ii. Nissan has agreed to stay on the Committee.
    iii. Joan Ketterman will be contacted to determine if she will remain on the committee and Council.

c. The Council has done some work such as developing training; Autism 101, which was training for line therapists to meet their 30 hour minimum training hours.
    i. DHS has worked with Lakeland College which has developed two-day training for line therapists. It is uncertain how many people have taken this course. Providers have developed their own training to meet their needs. IDS has a web-based competency training, with materials provided.
    ii. Work force capacity is an overall issue for all providers. Retention is also difficult due to the type of service that is being provided. It can then take some time to hire new staff and get them trained.

d. The Council would be interested in spending time reviewing what is available to families in the ongoing phase of the CLTS Waivers. They are also interested to get the data on the children turning 18.
e. Members are interested in being on committees and developing policies, documents, and other imperative information and providing feedback.
f. It would be helpful for collaboration between the Department of Public Instruction and the Department of Health Services to best meet the treatment needs of children in both the school and home settings.
    i. The Director of Special Education, Division for Learning Support Equity and Advocacy at DPI may be able to assist in the collaboration of programming in the school and CLTS Waiver.
g. The ongoing phase needs to be addressed by the Council in order to meet the needs of the children that are growing up within the program. The ongoing phase could focus more on the developmental stages of their children. What issues are families dealing with, where are the struggles, and how can the Council support families?
h. DHS will continue to work in collaboration with the Autism Council to meet the needs of children and families.
    i. DHS can provide data regarding how many children have been in the program for the last 6 years, left the program, started the program, etc.

X. The Council adjourned at 2:58 p.m.