

Governor's Task Force on Autism
June 25, 2004
Meeting Minutes

Attendees: Linda Carmody, Kathy Draves, Rose Helms, Kevin Klatt, Diane Konkel, Deb Mandarino, Heather Marena, Paula Petit, Cynthia Thomas

Facilitator: Karen Timberlake

Staff: Donna Wong, Diane Welsh

Key Issues: Recommendations for activities included in service time under the in-home intensive component of the program, identify problems and recommend solutions for building a qualified workforce of in-home intensive service treatment providers and line staff.

Recommendations for activities included in service time under the in-home intensive component of the program: The task force continued identifying solutions and recommendations to problems identified at the last meeting.

Travel

- Flexibility in treatment approaches/requirements to reduce need for travel.
- Take rural issues into consideration – need for travel.
- Set limits for travel reimbursement.
- Do not reimburse commuting distance.
- Consider scheduling/incentives/fairness when examining these solutions.
- Enforce DHFS direction to counties.
- DHFS Ombudsman for county case management issues - including travel.
- Access to information for parents, providers and case managers.

Staff Training

- Apply for training grants.
- 30 hour initial training.
- New approaches to ongoing training such as cross provider training.
- Team meetings.
 - Ensure consistent approaches.
 - Child does not have to be present.
- First 15 hours.
 - Reimbursed by waiver, grant, other.
 - Not credited against child's hours.
- Next 15 hours
 - Credited against child's hours.

Team Meetings

- Use time to train in new approaches.

- Parent have option to attend with child.

Line Staff

- Joint training of staff across providers.
- University system to offer basic training course, course work and on-campus internship – parent funded subsidy.
- Provider network/collaborative.

Parents

- Agreement between all providers to require parental involvement so parents do not simply switch providers to avoid involvement.
- Parent training with a goal of parental independence.
- Senior staff - train parent.
- Parent - train line staff (emotional involvement of parent potential problem).
- Sequence of trainings for parents on new topics.
- Set parent goals.
- Senior and parent negotiate on what to train parent.
- Parent do programming so senior staff can have more face to face time with child.

The task force identified problems and solutions associated with collateral contact.

Problems associated with collateral contacts

- Confusion over policy of billing for collateral contact.
- How to handle time spent developing programming for child.
- Memo from HFS not broadly distributed and doesn't answer all questions.
- Collateral contact takes away from face to face time.
- Any billing starts the 3-year clock.
- Reimbursement at 100% for 90% service is a disincentive to provide 100%.
- Provider penalty for dropping below 90%.

Solutions to problems associated with collateral contact

- Allowance for start-up time to develop and assemble team.
- Provider reimbursed for this time.
- Count intensive by hours rather than by years.
- 3-year clock starts when at least 20 hours per week of services have been provided.
- Option for parents to pay for collateral contact time.
- Consistent clean information from DHFS to case managers - to providers.

Identify problems with building a qualified workforce of in-home intensive service treatment providers. The task force brainstormed problems with building a qualified workforce of lead, senior and line-staff.

- Rates cut.

- Annual audits by each county increase provider administrative costs.
- Staff turnover and training.
- Program changes confusing.
- Rate does not recognize labor market differences around the state.
- Some providers can not make it without other sources of income.
- Blended rate not working in reality.
- Blended rate not practical to attract new providers into the market.
- State does not recognize certified behaviorist in Wisconsin so certified behavioral analysts do not move to Wisconsin.
- Providers concerned about contemptuous attitudes from case managers.
- Different from other MA providers in that no private insurance.
- Perception that providers make too much money.

Preparation for Next Meeting: DHFS was asked to provide information on the following items:

1. Breakdown of total dollars and percentage of total dollars that the program reimbursed providers for travel since inception of the waiver program.
2. Waiver requirements regarding case management. Why DHFS decided case management was the best way to meet those requirements.
3. Clarification on reimbursement - if providers provide less than 90% of plan, will they be penalized?
4. Can parents pay for travel and collateral contact time?
5. How much do other Medicaid providers get reimbursed?
6. Average number of hours per month prescribed by a psychologist prior to July 1, 2003.
7. History of how the blended rate was established. Are lead staff, senior, line staff getting what was estimated?
8. How many providers have moved in and out of the program since the waiver was established? How many children have been affected?

Materials will be forwarded to Donna. Donna will e-mail materials for the next meeting 1 ½ weeks in advance.

Next Meeting: The next meeting of the Governor's Task Force on Autism will be held Friday, July 16 from 12:00 – 4:00 p.m. in the St. Croix conference room, ground floor, DOA, 101 East Wilson Street.

Agenda Items for the Next Meeting:

- Identify options for providing case management to participants in waiver programs.
- Discuss the newly developed exceptions policy.
- Make recommendations for ensuring adequate state coverage by in-home intensive treatment providers.

- Identify problems and make recommendations for building a qualified workforce of in-home intensive service line-staff.