

Children's Long-Term Support (CLTS) Council Meeting Minutes

August 12, 2015

10:00 AM – 3:00 PM

Crowne Plaza

Madison, WI 53178

Council Members Present: Liz Hecht, Chairperson, Nissan Bar-Lev, Charity Eleson, Dan Idzakowski, Barbara Katz, Melanie Fralick (phone), Sharon Fleischfresser, Kendra Pass, Jo Pelishek, Angela Radloff, Walt Schalick, John Shaw, Julie Turkoske,

DHS Staff: Pam Appleby, Julie Bryda, Rachel Currans-Henry Bill Hanna, Julie Hyland, Robin Joseph, Dan Kramarz, **DHS Council Staff:** Deb Rathermel, Alyssa Zirk, Autumn Knudtson

Public Attendees: Becky Burns, Eden Christman, Kirsten Cooper, Matt Doll, Todd Eiden, Stacie Ferg, Tamlynn Graupner, Bonnie Gremore, Mitch Hagopian, Tyler Krueger, Traci Leinewebe, Angie Levin, Jill Lins, Kristen Meyer, Janice Miles, Mike Miller, Erin Olheiser, Tiffany Palmbach, Ariel Schneider, Kim Schutt-Chardon, Erricka Stark, Andrea Stecker, Jackie Vick, Krista Wilcox

The meeting commenced at 10:04 AM

1. Welcome and Introductions

- Liz Hecht, Chairperson of the Children's Long-Term Support (CLTS) Council, welcomed members of the Autism Council, the CLTS Council, Department of Health Services (DHS) staff, and members of the public. All attendees introduced themselves. The first half of this meeting was combined with the CLTS Council meeting.

2. Public Testimony

- There was only one comment offered, by Milana Millan, who is a member of the Governor's Autism Council. Milana stated that with the transition of behavioral treatment services from the CLTS Waiver Program to the ForwardHealth card, rural areas of the state may experience a significant impact due to a current lack of providers. With an expected growth in the population of Medicaid-eligible individuals accessing these services, provider capacity might be further stretched, at least in the short term. Milana asked DHS staff to consider this as they develop payment structures and how reimbursement policies can influence provider decisions to serve members.

3. Autism Spectrum Disorder (ASD): Treatment Updates

- Liz H. introduced Bill Hanna, Assistant Deputy Secretary at DHS. Bill delivered a presentation regarding the current status of the development of the behavioral treatment benefit being created under Medicaid. Important points made by Bill in this presentation:
 - Wisconsin's changes will increase the availability of behavioral treatment available through ForwardHealth (Medicaid card services).
 - In the future, behavioral treatment will be funded by Medicaid as a regular ForwardHealth benefit, like a physician service or a well-child screening, instead of through the CLTS Waiver Program.
 - Providers will be required to submit a prior authorization (PA) request to ForwardHealth and receive approval in order to be reimbursed for behavioral treatment.
 - The CLTS Waivers will continue to provide an array of supports and services, including case management, to meet children's assessed needs.
 - Medicaid and BadgerCare Plus eligibility is not changing.
 - Eligibility criteria for the CLTS Waivers are not changing.
 - The ForwardHealth behavioral treatment benefit will include two different types of treatment: comprehensive and focused.

- Comprehensive treatment encompasses high-intensity, early-intervention treatment approaches designed to address multiple aspects of development and behaviors in young children.
 - Focused treatment encompasses fewer hours of treatment and is dedicated to addressing specific behaviors or developmental deficits.
 - ForwardHealth has modeled this benefit after current evidence-based comprehensive treatment modalities, including Applied Behavior Analysis and the Early Start Denver Model.
 - Providers should enroll in Medicaid as a behavioral treatment provider this fall.
 - A *ForwardHealth Update* will be published 30 days prior to when enrollment is available and will contain detailed provider enrollment information.
 - Providers treating members under the CLTS Waivers are not automatically enrolled in Medicaid and must take action to enroll in Medicaid.
 - Prior authorization requests for children on the state autism treatment waiting list will be given priority to ensure that they can begin receiving treatment as soon as possible (since they are currently not receiving any treatment).
 - Providers should submit PA requests to ForwardHealth in early 2016.
 - A ForwardHealth Update providing detailed behavioral treatment benefit plan information, including the PA process, claims submission, reimbursement rates, and member eligibility will be published this fall.
 - New PA forms and form instructions will be published in coordination with the Update and will be available on the ForwardHealth Portal.
 - At a future date, tentatively scheduled for fall 2016, providers will no longer be able to provide behavioral treatment under the CLTS Waivers.
 - After the cutoff date, members must have an approved PA from ForwardHealth to receive behavioral treatment.
 - ForwardHealth will communicate the cutoff date in a future transition plan for counties, providers, and members/families/caretakers.
 - Members receiving treatment through the CLTS Waivers will continue to do so until the cutover date is determined.
 - County case managers will meet with families/guardians to discuss resources and next steps regarding their specific situation in late 2015 and early 2016.
 - DHS will communicate the details of this transition in the near future.
 - DHS plans on a 6-month transition period to cutover services from the CLTS Waivers to ForwardHealth.
- Following the presentation, several CLTS and Autism Council members asked questions which were answered by a variety of DHS staff present at the meeting:
 - Q. Who will be doing the PA reviews? (Dan Idzikowski, Disability Rights Wisconsin)
 - A. State Medicaid staff and contractors.
 - Q. What are the PA timelines? (John Shaw, Board for People with Developmental Disabilities)
 - A. Since children on the DHS Autism Wait List for CLTS Waiver-funded treatment are currently not receiving treatment, they will go through the process first. A detailed transition plan for the rest of the children currently receiving waiver-funded treatment is being developed.
 - Q. What involvement have families played thus far in helping create the new benefit? (Barb Katz, Family Voices).

- A. There have been and continue to be opportunities to participate, both through the CLTS Council meetings and the Autism Council meetings, as well as regional meetings that will be held in the fall.
- Q. There are historical concerns with the PA process and the CLTS Council has made suggestions in the past. Are there any comments on this? (Liz Hecht, CLTS Council Chair)
- A. The Department is always happy to meet with providers to look at the PA process.
- Q. What will the PA process for autism treatment services look like in terms of timelines? (Jodi Pelishek, Parent)
- A. It will depend on the benefit, comprehensive or focused, with timelines structured around 6 or 12 month approvals.
- Q. Are there plans for a FAQ document, as this would be helpful for families who appreciate case management. (Angela Radloff, Dane County).
- A. The Department is working on a FAQ document.
- Q. Does the Department have any thoughts on the impact of the creation of this new benefit on provider capacity statewide? (Walt Schalick, Central Wisconsin Center and UW Hospital).
- A. DHS continues to look at this and will be encouraging all eligible providers to consider enrolling in Medicaid.
- Q. How is the Department developing their PA standards, and who determines what is necessary for a child? (Glen Sallows, Wisconsin Early Autism Project)
- A. DHS is developing their PA standards, in part, through discussions with private insurers and providers. Medical necessity criteria are used as in all other Medicaid services, and evidence-based treatment standards are applied uniformly in the PA process.
- Q. Have there been any considerations to streamlining the PA process? (John Shaw, BPDD)
- A. The Department continues to explore ways to improve this process.
- Q. Has DHS considered dropping the requirement of having a disability determination completed before placing a child on the current state autism treatment wait list? (Melanie Fralick, Human Service Center)
- A. This has been discussed already within the Department and we are considering this.
- Q. Can children who are currently not receiving treatment through the CLTS Waivers access treatment through the Early Periodic Screening Diagnosis and Treatment (EPSDT) benefit now? (Dan Idzikowski, DRW)
- A. Yes, though the Department continues to work on the evolution of policies related to this new benefit.

4. Budget presentation

- Andrew Forsaith (Office of Policy Initiatives and Budget) gave a brief overview to the two Councils on DHS budget priorities for the 2015-2017 budget cycle.

Lunch

5. Recap of Morning Presentation

- Council members and DHS staff reintroduced themselves. Deb Rathermel is the new interim Bureau Director of the Bureau of Children's Services. The council then discussed adding new members and the purpose of the council and what that means to DHS.

6. Summary of CLTS recommendations in the 2015-2017 Budget

Council members made recommendations to DHS regarding certain items in the budget.

- Charity Eleson recommended that once autism funding transitions to a Medicaid card service then the left over funding should be kept in the Children's Waiver Program.
- John Shaw recommended that DHS should review the Adult Legacy Waiver counties as well as the Family Care counties regarding the Community Options Program (COP). Legacy Waiver counties spend COP money on more children than Family Care counties.

7. A brief update on the LTC elements that passed in the 2015-2017 Budget

- DHS staff distributed the Home and Community-Based Services (HCBS) Waiver Settings final rule FAQ. The Centers for Medicaid and Medicare Services (CMS) has issued new regulations for waiver provider settings. The new requirements state that services must be integrated into the community. All states must review their service settings and assess whether the provider settings meet the requirements of the rule. The list of settings is currently under review by DHS. Level 5 exceptional foster care providers will be on the list. Deb gave a high level overview of how DHS plans to meet the new rule.
- The Family Support Program and the COP program will be merged into the Children's Community Options Program (CCOP). DHS is looking for input from Council members on this new program.

8. Operational

- Liz H. enquired about the new Division of Medicaid that will be created by merging the Division of Health Care Access and Accountability and the Division of Long-Term Care. DHS is going to appoint consultants to help with the merger. All items in the budget pertaining to Long-Term care will stay under the direction of Long-Term care.
- Charity E. requested the annual amount allocated for Autism Treatment Services.
- The council approved meeting minutes from May 13, 2015.

Meeting Adjournment

The meeting was adjourned at 3:01 PM.