

**Children's Long-Term Support (CLTS) Council Meeting Minutes**  
**Wednesday, June 26, 2013**  
**10:00 AM – 3:00 PM**  
**La Quinta Inn and Suites**  
**5217 East Terrace Hotel**  
**Madison, WI 53178**

**Council Members Present:**

Liz Hecht (Chairperson), Cheryl Berg, Charity Eleson, Lynn Green, Barb Katz, Jodi Pelishek, Walt Schalick, Julie Turkoske, Katie Sepnieski, John Shaw

**Council Members Absent:**

Shirin Cabraal, Hugh Davis, Melanie Fralick, Sue Gilbertson, Kirsten Menningen, Jeff Muse, Melissa Stolz

**DHS Council Staff:**

Sue Larsen, Meghan Mitchell, William Murray, Gail Propsom, Beth Wroblewski

**Guests:** Lana Collet-Klingenberg, Ph.D., Associate Professor, University of Wisconsin-Whitewater, Shani Gray, MD, University of Wisconsin

**I. Welcome and Introductions - Liz Hecht**

- Review of agenda
- Introduction of Council members

**II. Division of Long Term Care (DLTC) Updates - Beth Wroblewski, Deputy Administrator**

• **Department Appointments**

- Brian Shoup was appointed as the new DLTC Administrator on May 20, 2013; prior to joining the Department of Health Services (DHS), he was the Director of Brown County Human Services Department and has a background in delivering mental health and substance abuse services to youth and adults.
- The appointment of Kitty Rhoades as the DHS Secretary was confirmed by the State Senate in April 2013. Secretary Rhoades is focused on several DLTC priorities that affect Children's Services Section programs, including:
  - Youth in Transition issues, including improvements for youth and adults with disabilities living in the community while working for competitive wages.
  - Working with Superintendent Tony Evers to ensure the Department of Public Instruction's Academic Career Plan (ACP) meets youth with special education needs.
    - Involved with Let's Get to Work and PROMISE grant activities; PROMISE grant is a study to compare how children on Supplemental Security Income (SSI) and their family members are impacted by interventions; grant is a multi-departmental effort by DHS, DPI and Department of Workforce Development (DWD)/Division of Vocational Rehabilitation (DVR), targeted to children age 14- 18 years old who are SSI recipients.
    - Barb K. stated Family Voices is very interested in the PROMISE grant and involvement in disability transition services, as well as the importance of including family members when training for children transitioning to adult

services and employment; she is concerned information will be missed if family education is limited to training only from the schools; DHS and DVR also need to be included in these training efforts.

- Liz relayed the Waisman Center developed a curriculum on behalf of the DHS that focused on training families on Youth in Transition issues, and saw substantial increases in family involvement and collaboration.
- Julie T. stated she is concerned some children with complex disabilities will fall through the system when the Department's focus is that all children can work. Previous interventions have not worked for her child and some children have little or no options.
- Beth relayed continuum of services to children with disabilities should not close the door to other potential services. Variety of supportive employment opportunities available that focus on what a child can do – need to assess and consider all the possibilities and the potential richness of the experience.
- Walt noted disability literature indicates whether or not the person has an understanding about the task they are performing, the importance is making the connection with the community and feeling valued and respected as a contributing individual, no matter at what level.
- o The Division is planning to add a Community Supportive Living (CSL) service to all the Home and Community Based Services (HCBS) Waivers.
  - CSL will establish bundled service package to individuals 18 years and over who are living / renting in their own home. Currently, the waivers breaks out each of the skills (daily living skills, supportive employment, and transportation); this change will allow service claiming at a bundled level.
  - New service will be added to the CIP and COP Waivers, as part of the legacy waiver renewal process due to the Centers for Medicare and Medicaid Services (CMS) on September 30, 2013.
  - CSL service will then be added as amendment to CLTS Waivers, IRIS, and Family Care.
- **Goals and improvements not related to the CLTS Waivers include:**
  - o IRIS infrastructure and technological advances which allow for information and data sharing for participants, providers, and the Department; the data will increase the integrity of the IRIS Program.
    - New certification process will be implemented for IRIS consultants and fiscal agents by end of 2013. Fiscal agent service is very specific; however, the IRIS consultant agency will have robust requirements while ensuring statewide coverage.
    - IRIS participants and workers can use payroll portal for submission of timesheets with timely payment.
    - IRIS currently permits unregulated residential settings, as self-direction is not possible in unregulated settings. John S. noted there are substantial regional differences within Wisconsin regarding the options available for participants choosing self-direction.

- **Governor Walker’s 2013-2015 Biennial Budget**
  - No state budget initiatives impacting the Children’s Services programs; but the Department is evaluating further Family Care expansion; have made substantial progress in validating the cost effectiveness of the program.
- **Federal Sequestration Impact on Budget:**
  - Birth to 3 Program has 5 percent reduction of federal funds due to sequestration by the U.S. Department of Education.
    - DHS has closely evaluated the program costs and sequestration fund reduction, and was able to apply the reduction so it will not affect the Birth to 3 county agency’s service delivery.
  - Most of the DLTC programs affected by the federal sequestration are funded through the Older American Act, and are covered under sections within the Bureau of Aging and Disabilities Resources. During this current calendar year, the Department has been able to ensure counties are not affected by the sequestration cuts.
  - The longer the Federal Government applies the sequestration cuts, the more difficult it is to buffer the effects.

### **III. Treatment Intervention Advisory Committee - Lana Collet- Klingenberg, Ph.D.**

- Dr. Collet-Klingenberg provided an overview of DLTC’s Treatment Intervention Advisory Committee (TIAC), including:
  - TIAC’s mission is to review independent research supporting non-medical treatments to determine evidenced based treatment, as per DHS 107.035, thus, ensure participants are free from aversive treatments, health and safety is not jeopardized, and resources used most effectively.
  - TIAC determines proven and effective treatments for individuals with autism and other developmental disabilities.
  - There are two categories of interventions for individuals with ASD and other developmental disabilities:
    - Focused Intervention, involving individual practices or strategies
    - Comprehensive Treatment Models (CTM) packages of combined practices or strategies
  - TIAC uses multi-step, multi-person process, utilizing current research supplied by treatment providers and findings of nationally authoritative bodies. TIAC completes the following:
    - Considers and reviews only research that has evaluated the efficacy of implementing the comprehensive treatment as a package; anecdotal/personal testimonies are not considered sufficient evidence.
    - Reports advisory determination to DHS, including level of evidence, supporting documentation, description of proposed treatment, synopsis review, and bibliography.
  - TIAC does not have a role in making DHS treatment funding decisions.
  - TIAC members take their role very seriously and have created a very thorough review and evaluation process
- Follow-up Council questions and discussion:
  - Do low incidence conditions pose a problem in the TIAC’s review, as there may be insufficient independent research to come to a conclusion regarding the evidence-

- based practice? Lack of evidence by independent researchers may or may not mean that the treatment is effective for some children?
- Walt thanked the Department for creating the TIAC, which provides an important function and increased focus in reviewing scientific evidenced-based data for non-medical treatments, and to consider whether there is the potential for harm in determining funding for a treatment. Almost all of the CLTS Waiver treatments are low incidence in nature, and there is no current incentive to do this type of research at the national level; however, DHS should continue in making the TIAC's process very transparent, so other entities can also model their policies using this process.
  - Gail relayed there is also needs to focus on the development of the Individualized Care Plan (ISP) and for case managers to properly assess the child's need, when determining appropriate services. What is the anticipated outcome of the service?

#### **IV. CLTS Council Updates – Liz Hecht**

- **Approval of May 8, 2013 CLTS Council Meeting Minutes**
  - Liz Hecht asked that the minutes be corrected for the first bullet of the State Budget Updates/Council Recommendations to reflect, “Focus of adding \$6.7 million to reduce Children’s waiting list by serving 1000 new children.”
  - Lynn Green made a motion to approve the minutes, as corrected; John S. seconded the motion; motion carries.
- **Wingspread Data Points – Strategic Planning**
  - The Wingspread Report and data is currently being reviewed at a national level.
  - Nancy Thaler, Executive Director of the National Association of State Directors for Developmental Disability Services (NASDDDS), is using this report as a strategy to shift the system in how families are supported.
  - The National Community of Practice for Supporting Families with Individuals with Intellectual and Developmental Disabilities is currently helping five states develop systems of support for families throughout the lifespan.
  - Liz suggested the Council do additional work and thinking on effective strategies for implementing support for families, and then invite Nancy to a future CLTS Council meeting (perhaps via Skype) to discuss various strategies, such as those being covered under the Community of Practices.
  - Several Council members agreed this would be a very productive approach; Barb suggested it would be helpful for BLTS leadership to review and compile thoughts in preparation for this Wingspread Report discussion.
- **CLTS Council Charge Discussion**
  - Liz indicated that the Council’s Vision/Mission Statements had been created several years ago, and it would be helpful for Beth, Gail and Sue to be in attendance during the discussion regarding the Council’s charge.
  - Barb suggested a CLTS Council sub-committee review the charge to help determine where the Council is heading; Julie T. agreed that reviewing the current charge and potential outcomes would be a helpful exercise.
  - John indicated that it might be helpful to develop a survey for families who are receiving services. Many changes have occurred over the past years since the Council has been in place; he remembered holding small group sessions across Wisconsin and receiving input on the various focus areas.

- Katie relayed there are several vacancies on the Council, and that it would be helpful for new members to hear the historical voice of the Council and the overall charge and mission.
- **Survival Coalition: Medicaid Prior Authorization Work Group**
  - Liz indicated the Survival Coalition Medicaid Prior Authorization Workgroup has met several times, and are working to obtain better prior authorization (PA) data.
  - Families and providers have shared their frustration in the increased number of PAs that are denied or delayed; several providers have relayed they will no longer serve Medicaid card participants.
  - The workgroup has drafted six questions for the Division of Health Care Access and Accountability (DHCAA) and the Office of Inspector General (OIG) to better address the PA issues.
  - When Barb Evans and Liz Scudder from the Office of Inspector General (OIG) met with the Council last fall, they indicating 98 percent of the PAs are approved.
  - Katie suggested adding a question on how much time has elapsed from the time the PA was first submitted to the time it was approved by OIG.
  - Liz indicated their next step was for the work group to contact Alan White (OIG), Brett Davis (DHCAA), and Secretary Rhoades and Deputy Secretary Moore, to discuss how to address these issues
  - Charity recommended an effective strategy might also include contacting the Legislative Fiscal Bureau to conduct a review on the level of funding that is spent in prior authorization fraud activity.
  - Walt stated the current Medicaid OIG PA process, which has resulted in increased denials and delays, is having an impact on hospitals and other Medicaid providers.
  - Liz agreed to make edits to the draft list of questions regarding the Medicaid PA concerns.
  - Walt made a motion to submit the revised questions to the Secretary's Office; John S. seconded the motion, the motion carries.

## V. **Children's Services Section Updates, Sue Larsen, Chief**

- **CompassWisconsin Threshold (CWT) Quarterly Report**
  - Sue asked Charity to assist with an overview of the CWT quarterly report, which includes tracking of intake and application activities, scheduled home visits, and programs applied for (over the life of the project, children have applied for 2,022 programs or 2.4 programs per child).
  - Quality assurance data is also tracked, including time frames for application, from the time the parent calls to the issuance of the eligibility determination letter; family satisfaction survey scores are also tracked (28 percent of families have completed the survey).
- **Revised Family Support Program (FSP) Guide Status**
  - FSP Guide is still being reviewed by the CLTS Council sub-committee to address today's current concerns (last FSP Guide update occurred in 1998).
  - Once approval is obtained from the DLTC Administration, the revised FSP Guide will be issued, and a training plan will be developed.
- **Proposed Children's Services Section Quarterly Data Report**

- Sue shared a draft of the proposed Children’s Services Section (CSS) quarterly program data report (Birth to 3 Program, CLTS Waivers, Family Support Program, Katie Beckett Program).
- The proposed report will include data on program enrollment, disenrollment, wait lists, fair hearings, and CLTS Functional Screens activity.
- The report will be issued on a quarterly basis and shared with the CLTS Council and other stakeholders; issuance of the report is targeted for Fall 2013
- Sue asked the Council for their input for any added data elements; the Council recommended adding program referrals to the report.
- **Proposed Children’s Program IT system enhancements**
  - Several IT system enhancements are under development, including:
    - Children’s Wait List system
    - Incident Reporting system
    - Wisconsin Provider Index
- CSS staff are conducting strategic planning activities with the Bureau of Information and Technology Services (BITS) to develop a web-based enterprise system solution for all programs, designed with the needs of both county and DHS in mind, reduce need for duplicative data entry, increase accuracy and quality, improve trending capability and federal reporting capacity
- Medicaid service updates – shared the following ForwardHealth Update Memos:
  - *New Monthly Maximum Quantity Limit and Coverage Criteria for Incontinence Supplies*
  - *New Non-Emergency Medical Transportation Manager for Medicaid and BadgerCare Plus Members*

**VI. Potential Discussion Topics for Next Council Meeting**

- Council’s Charge
- Wingspread Discussion
- Revised Family Support Program Guide Update
- CLTS Functional Screen Overview

**VII. CLTS Council Meeting Adjournment**

- The Council meeting was adjourned at 3:15 pm