

OPEN MEETING MINUTES

Name of Governmental Body: Governor's Autism Council			Attending: Council Members: Christina Krasovich, Parent Katy Morgan-Davies, Parent Kevin Scholz, Parent Kim Bruessel, Public Margaret Fairbanks, Parent Rebecca Thompson, Provider Robert Johnston, Parent Rose Cutting, Parent Vanesa Carmona-Lewis, Parent Jennifer Maskel, Parent Member excused: Alejandra Flafira Apreza-King Daysi Jimenez Suzanne Juzwik State Staff Participants Sowmya Adibhatla, DPH, BCD Nancy Bills, DMS, BCS Katie Dill, DMS, BCS Isabelle Leventhal, DMS, BCS Tip Pom, DMS, BCS Deb Rathermel, DMS, BCS Stephanie Schauer, DPH, BCD Mary Schlaak-Sperry, DMS, BCS David Sorenson, DMS, BCS Julia Thoe, DMS, BBP Molly Tull, DMS, BCS
Date: 5/21/2025	Time Started: 10:05 am	Time Ended: 11:57 am	
Location: Zoom Meeting			Presiding Officer: Deb Rathermel, Bureau of Children's Services, Wisconsin Department of Health Services

Minutes

Welcome and Introductions

Public Comments

Any public comments are taken at this time, **three-minute maximum** per presenter/organization.

Note: If no comments, we will move forward with the agenda.

Operational

- Approval of the meeting minutes from November 7, 2024
 Link: [November 7, 2024, Governor's Autism Council Minutes](#)

- **MOTION TO APPROVE:** Christina Krasovich; **APPROVED:** Robert Johnston
- Wisconsin Medicaid Update
 - Deb RATHERMEL shared anticipated impacts of Federal changes to Medicaid programming relevant to the Autism community.
 - Weekend before last, a budget bill went to House but was sent back to house
 - Currently in committee again
 - Vanesa: What is the budget this year for Medicaid?
 - There is a state and a federal budget for Medicaid. In Wisconsin, Medicaid benefits are a 60/40 federal/state match(60% from federal government and 40% from state's GPR). We need budget passed by federal and state governments for Medicaid to function fully.
 - Proposed changes at the federal level to Supplemental Nutritional Assistance Program (SNAP) it might have implications to state budgets.
 - Vanesa: Is there going to be any increase in state programs to compensate for the federal cuts?
 - Deb: State agencies submitted budgets to governor with requests funding. Specific to children's programs, DHS did request funding for things like Wisconsin Wayfinder and making Children's Long-Term Support (CLTS) an entitlement program.
 - Vanesa: Could Autism Council help connect different organizations to request that state legislature continue funding?
 - Yes, council members are encourage to connect with their lawmakers and share their input.
 - Margaret: Is there a rough idea of timeline? How quickly this may roll out OR how long it will take to feel this impact?
 - The federal budget needs to pass by October 1, or have a continued resolution to stay operating, at the state level our budget year goes into effect July 1

Updates from the Wisconsin Department of Health Services (DHS)

- Bureau of Benefits Policy – Julia Thoe
 - Behavioral treatment benefit update
 - DMS Behavioral Treatment program partners meeting May 22
 - Used 2023 Medicaid reimbursed claims data to describe:
 - How many hours of treatment did Medicaid reimburse?
 - Comprehensive treatment (early intervention): 1,277,160 hours
 - Focused treatment (narrow scope of goals): 176,184 hours
 - Other: 145,665 hours
 - Billing data basics: 97153, 97155, 97156 are most basic billing codes in behavioral treatment
 - Direct treatment (97153): 1,248,389
 - Protocol modification (97155): 278,335
 - Family treatment guidance (97156): 27,613
 - Who received these services?
 - Comprehensive services
 - 2,538
 - 83% aged 0-5
 - 16%6-10
 - 4% >18
 - 73% male
 - Focused services
 - Members live all over the state, but providers tend to be in specific locations.
 - Most benefits provided in clinics or professional offices, some in natural environments
 - Steady rise of services being provided in offices
 - Behavioral treatment is one of many supports that Wisconsin members can access

Presentations/ Council Orientation

- Immunizations and autism spectrum disorder (ASD) – Stephanie Shauer and Sowmya Adibhatla
 - There has been uptick in measles in US – luckily it hasn't affected Wisconsin yet, but immunizations are down
 - Would like to dispel myths and address concerns
 - What are concerns the Autism Council is seeing around immunizations?
 - The need for more education that there is no connection between MMR vaccine and Autism. Outdated information continues to be an issue.
 - Request for newer studies to be shared in order to provide families with the most up-to-date scientific literature.
 - Concern about influencers needing to be debunked and creating branding/messages that is memorable and highly shareable.
 - Local organizations that could help, but we need a unified message. Especially on social media, which seems to be reaching young people more.
 - Influencers may have more of an impact than messaging from a government agency. Consider celebrities/athletes/teams to partner with.
 - Parents could be the ones used in the campaign as well.
 - DPH using healthcare providers in communities and happy to work with parents, too. The message means more from someone trusted.
 - Another resource that could be helpful is information that debunks or gives context to “scary” comments being made such as the autism registry.
 - 3 main autism organizations: Autism United WI, Autism Society of Greater WI, Autism Society of South Central WI. Each has a resource directory
 - Will share email for more ideas. This is just the start of the conversation.
 - What resources would be helpful?
 - Sowmya: Shared resources that might be useful
 - Funding from CDC allows us to share information and do outreach for vaccines

- Functional Screen (FS) Presentation – Mary Schlaak Sperry and Katie Dill
 - CLTS FS is the automated eligibility tool for CLTS, Children’s Community Options Program (CCOP), Katie Beckett (KB) Medicaid, Comprehensive Community Services (CCS), Community Recovery Services (CRS)
 - Captures needs of child from birth-21 years of age across developmental, behavioral, health, and daily living skills.
 - Based on needs, eligibility is calculated initially to determine institutional level of care required in the home and community.
 - FS Team roles:
 - Provide clinical and technical direction and oversight of functional eligibility requirements for consistent, quality statewide determinations for children’s programmatic access.
 - Oversee quality monitoring of the functional screen efficacy and accuracy in eligibility determination.
 - Update and develop tools and resources as needed.
 - Update CLTS FS and clinical instructions
 - Revise certified screener training
 - Consult with children’s screeners via email and telephone
 - Review not functionally eligible (NFE) screens initially and at appeal
 - Develop added resources for screeners
 - Outreach with other bureaus, divisions, and program partners
 - Children’s Long-Term FS and ASD
 - ASDs are listed as diagnoses on the CLTS FS.
 - Asperger’s syndrome is still listed for kids who were diagnosed when it was still being used
 - ASD services are specified.
 - Both behaviors and needs in activities of daily living and independent activities of daily living can be captured on the screen.
 - ASD is coded to determine eligibility via the developmental disabilities and mental health target groups.

- Children's Long-Term Support (CLTS) Provider Enrollment Update – Tip Pom

- County waiver agencies (CWAs), participants, and families have access to the statewide Children's Long-Term Support (CLTS) Provider Directory, which displays willing and qualified providers meeting the service provider qualifications, as set forth in the CLTS Waiver Manual.
- The Wisconsin Department of Health Services (DHS) qualifies, enrolls, and places providers on public CLTS Provider Directory
- Providers must:
 - Meet all qualifying criteria for the service they are providing based on criteria listed in the CLTS Waiver Manual.
 - Agree to all terms and sign the Medicaid (MA) Provider Agreement.
 - All providers who are classified as a caregiver must pass background check requirements.
- The support and service coordinator (SSC) is an essential link for the CLTS participant to create and implement a comprehensive individual service plan (ISP).
- Participants work in partnership with their support and service coordinator through Deciding Together to identify goals and outcomes on the ISP.
- Together, families and SSCs explore qualified CLTS providers and families then choose the provider among all options.
- What information about providers is important for families to know when choosing the best option?
 - Scheduling and availability
 - Ratings
- What information would be helpful to include on the CLTS Provider Directory?
 - Use layman's terms and a glossary would help.
- How can CWAs and SSCs best empower families in this process?
 - Links to WiscWay
- What types of information are important for CWAs to share with providers when initiating services?
 - Clarifying services provided and the importance of fit.
 - DHS looking for where there's the biggest mismatch between families and counties to make things fit and get them the right provider for the services their kids need.
 - Importance of plain language and reviews that can't be falsely manipulated to build trust.
 - Just knowing that other parents have worked with a provider might be good enough for some.
 - A lot of people don't know if they're eligible, and the one-year turnaround for billing can trip some parents up.
 - Listing when people first became CLTS provider.
 - List percentage of people from CLTS (and other programs, like IRIS) have been served by provider.

Council Member Updates and Discussion

Isabelle: New invitations will be coming for rest of 2025 council meetings.

- Council Member updates and emerging topics
 - Becky: Asked Julia if there any way to look at what number of members served have primary vs. secondary Medicaid paying for their services? More services being presented in centers and WEAP is always looking for where there's a good spot to set up new locations. There are more places to get services since 2016, but this conversation could still be had.
 - Katy: Parents navigating summer don't always know how to get through season. Often look for providers for entire summer. Are there specifically autism-based summer camps? Are there any other ABA clinics left in the state?
 - Chris: There are some listed in the directory. There are some in her area.
 - Becky: I've heard good things about Camp Pow Wow.
 - Bob: Posted link in chat: https://autismsouthcentral.org/resource-directory/wpbdp_category/summer-camps/. Many school districts do provide summer services, too. There are tip sheets for language to use when discussing these with the district.
 - Katy: Some people with the Asperger's diagnosis want to keep it separate. On a state level, where do these conversations about diagnoses happen? This can help kids understand their own diagnosis and where they fit in.
 - Chris: Asperger's stopped being useful as a diagnosis because of the overlap of symptoms.

- Becky: The APA decides on the DSM and it seems like a bit of a pendulum swing. Now people on different parts of the spectrum feel like the diagnosis might be too broad to fit them and they are being left behind in understanding ASD.
- Margaret: It does seem to always be changing, even at each presentation.

Adjourn**MOTION TO ADJOURN: 11:57 am**