

OPEN MEETING MINUTES

Name of Governmental Body: Governor’s Autism Council			Attending: Alejandra Glafira Apreza-King, Parent; Christina Krasovich, Parent; Katy Morgan-Davies, Parent; Margaret Fairbanks, Parent; Rebecca Thompson, Parent; Rose Cutting, Parent; Suzanne Juzwik, Parent; Daniel Parker, DPI; Paige Thao, Parent Excused: Absent: Daysi Jimenez, Parent; Kim Bruessel, Public; Robert Johnston, Parent; Vanesa Carmona-Lewis, Parent; Jennifer Maskel, Parent; Jonathan Konkel, BCPP State and Presenting Members: Deb Rathermel, BCS; Isabelle Leventhal, BCS; Sarah Ybarra, BCS; Nancy Bills, BCS; Zachary Bauer, BCS; Pam Lano, BBP; Julia Thoe, BBP; Rebecca Muenster, BCPP; Marjory Blaschko, BCPP; David Sorenson, BCS; Tiffany Schanno, BCS Fellow; Nicole Schneider, DMS AO Public Members: Katie Martinez
Date: 5/20/2026	Time Started: 10:06 AM	Time Ended: 11:35 AM	
Location: Virtual (Zoom)			Presiding Officer:

Minutes

Welcome

- Call to Order, Greetings, and Introduction
- Council Member Updates and Announcements
 - Welcome new member, Paige Thao

Public Comments

- None.

Updates from the Wisconsin Department of Health Services (DHS)

- **Bureau of Children’s Services (BCS) – Children’s Long-Term Support (CLTS) Program Waiver Renewal**
Update: Presentation by Zach Bauer
 - The new waiver needs to be approved by the end of 2026; it will be in effect from 2027-2031.
 - Overview of the 1915(c) waiver application contents
 - Three pillars for the waiver renewal: (1) Consistency in the CLTS experience; (2) Timely access and coordination of benefits; (3) Operational efficiency.
 - Input on the Waiver Renewal involved learning from program stakeholders about what can be improved and what is going well. Feedback came from family input sessions, waiver agency input sessions, provider forum, council meetings, Department of Children and Families (DCF), Department of Public Instruction (DPI), and the Waiver Renewal inbox.
 - Major themes of the input included clarity on what is covered, support for families, support for children with complex care needs, training for support and service coordinators (SSCs), assistance for families to better resolve issues.
 - Major updates include development of a statewide professional development (PD) system for SSCs, readiness

review for waiver agencies, creation of a CLTS ombuds, setting up a grievance system, redefining self-direction and a provider qualification record review.

- CLTS Program Service Package Changes
 - Each service was reviewed and revised for consistency and clarity to align services descriptions with purpose, meet federal requirements, decrease services overlap, add specificity, revise provider qualifications to facilitate a high-quality provider network.
 - Around half of services saw little to no changes, or minor changes in wording.
 - Services that have been revised from the current waiver include child care, day services, health and wellness, participant directed goods and services, specialized medical equipment, and specialized youth care.
 - Some services have been aligned with current operations while others have moved to a different category for better alignment. Some that have been moved include conferences and education for unpaid caregivers, counseling and therapeutic, in-home unpaid caregiver training, personal supports, and respite (camps).
 - Next Steps: Public comment period is underway with the draft of the waiver posted for review on the DHS website: www.dhs.wi.gov/clts/renewal.htm. Comments are due June 13, 2026.
- Discussion
 - Council members had concerns about the clarification of services wherein changes will occur.
 - Christina Krasovich recommended communication to clear up misunderstandings, so families don't feel like they have to file complaints.

Bureau of Clinical and Pharmacy Policy

- **Presented by Marjorie Blaschko and Rebecca Muenster**
 - Advancing interoperability and improving prior authorization (PA) processes: overview of final Centers for Medicare & Medicaid Services (CMS) rule (CMS-0057-F) defines API interface for patient, payer, provider and PA and improves PA interoperability by streamlining the process.
 - PA decision timeframes: 72 hours for urgent requests, 7 calendar days for standard.
 - Requires decisions be provided in plain language.
 - Requires Medicaid publish the PA metrics annually: [Yearly Prior Authorization Data Reports](#)..
 - This rule applies to Medicaid and Children's Health Insurance Program (CHIP) Managed Care Organizations (MCOs) and fee-for services (FFS) programs and aims for providers to receive clear guidance, so they understand when to use these processes.
 - For 2026, the PA process is to be streamlined through:
 - Adoption of electronic PA submission
 - Faster decision timeframes
 - Clearer decision explanations for members and providers
 - Reviewing PAs decision trees in real time
 - Removing PA requirements where appropriate
 - These updates will be implemented from July 2026 to January 2027.

Planned Updates to the Behavioral Treatment Benefit, presenter Julia Thoe

- Overview of the reasoning behind the updates.
- Updates focus on provider enrollment changes and billing system changes, to be completed in 2026 and 2027.
- Overview of current provider enrollment practice.
- DHS will implement two primary changes: (1) align enrollment criteria for board certified behavior analysts (BCBAs) with recent updates to the board's standards, and (2) create an agency enrollment structure that will allow families to find provider agencies using ForwardHealth's online tool. This structure will also align Wisconsin Medicaid more with commercial insurance practices.

- DHS is looking at how other states handle applied behavior analysis (ABA) agency enrollment. Options include national accreditation entities such as Behavioral Health Center of Excellence (BHCOE), Autism Commission on Quality (ACQ), Commission on Accreditation of Rehabilitation Facilities (CARF), and COA, licensure as a child care agency, and state certification.
- Wisconsin currently lacks a Division of Quality Assurance (DQA) certification for behavioral treatment for ABA providers, so state certification is not currently an option.
- Questions for the Division of Medicaid Services (DMS) to consider:
 - How can we know these are legitimate ABA agencies?
 - How can we ensure members will be safe while being served?
 - What responsibilities should ABA agencies have?
- Overview of demographic shift over the past decade in the served population originating as primarily in-home services now to center-based services.
- Overview of the current center-based treatment model, with most children receiving treatment being under 6.
- Question for stakeholders: What standards should we consider for agencies seeking to provide these services?
- **Discussion**
 - Margaret Fairbanks put a spotlight on transparency, saying ideally parents should be able to “drop in anytime.”
 - Suzanne Juzwik agreed with the necessity of transparency but said that healthcare organizations must consider privacy rights as well and a child should not be able to drop in while another child is in treatment.
 - Suzanne also suggested considering established national accreditation programs like the Council of Autism Service Providers (CASP) or ACQ, as a state-level system might take years to implement. She also said there needs to be a telehealth option included in the standards.
 - Pam Lano said that even if national accreditation aligns with best practices, families may experience difficulties reporting a problem at a facility without a state authority.
 - Rebecca Thompson suggested a tracking system that mirrors how Behavior Analysts are licensed under the Department of Safety & Professional Services (DSPS), and that state licensing could be made contingent on maintaining national certification.
 - Suzanne Juzwik and Pam Lano clarified that the Department of Safety & Professional Services (DSPS) only handles individual licensing and not overseeing agency services.
 - Rebecca Thompson said oversight more likely falls under DQA and cautioned against trying to fit ABA standards into standard childcare licenses.
 - Suzanne recommended some specific details that national standards might be missing, like facilities not billing therapy during naps and staff needing training on tasks like changing diapers, toileting, cleaning procedures, and food practices.
 - Pam Lano brought up that the state could be violating the trust of consumers, who assume Medicaid has vetted these providers. She recommended gathering feedback from parents not present at the council.
 - Christina Krasovich seconded that this could be a trust violation.
 - Margaret Fairbanks suggests reaching out to the broader community for feedback.
 - Pam Lano clarified that although the project is not at the formal public comment stage, they welcome any feedback.
 - Margaret Fairbanks brought up that families using the CLTS waiver and IRIS (Include, Respect, I Self-Direct) programs have been panicking due to rumors surrounding things being “wiped off the table.”
 - Isabelle Leventhal noted that messaging can often get misunderstood and recommended DHS take this back to discuss how to alleviate families’ fears and identify appropriate next steps for communicating.
 - Rebecca Thompson suggested that concerned parents connect with their local representatives to share their child’s story and ensure their voices are heard.
- **Approval of Meeting Minutes from February 11, 2026:** [February 11, 2026 Governor’s Autism Council Minutes](#)
 - MOTION TO APPROVE: Margaret Fairbanks; SECONDED: Alejandra Apreza-King

Wrap-Up

Next Meeting: August 19, 2026

- MOTION TO ADJOURN: Christina Krasovich; SECONDED: Rebecca Thompson at 11:35 AM.

Prepared by: Sarah Ybarra on 5/20/2026.

These minutes are in draft form. They will be presented for approval by the governmental body on: 8/19/2026