OPEN MEETING MINUTES

Name of Governmental Body: Governor's Autism Council			Attending: Rebecca Thompson, Provider; Rose Cutting, Parent; Paige Thao, Parent; Robert Johnston, Parent; Vanesa Carmona-Lewis, Parent Excused: Margaret Fairbanks, Parent Absent: Alejandra Glafira Apreza-King, Parent; Christina Krasovich, Parent; Daysi Jimenez, Parent; Katy Morgan-Davies, Parent; Kim Bruessel, Public; Jennifer Maskel, Parent; Suzanne Juzwik, Parent; Daniel Parker, DPI State and Presenting Members: Deb Rathermel, BCS; Isabelle Leventhal, BCS; Sarah Ybarra, BCS; Nancy Bills, BCS; Zach Bauer, BCS; Julia Thoe, BBP; David Sorenson, BCS; Tiffany Schanno, BCS; Kelsey Vincent, BCS; Emily Brach, BCS Public Members:
Date: 8/19/2026	Time Started: 10:05 AM	Time Ended: 10:59 AM	
Location: Virtual (Zoom)			Presiding Officer:

Minutes

Welcome

- Call to Order, Greetings, and Introductions
- Council Member Updates and Announcements

Public Comments

- None.

Operational

- **Meeting Minutes from May 20, 2026:** May 20, 2026 Governor's Autism Council Minutes
  - *Not approved due to lack of quorum.*

Updates from the Wisconsin Department of Health Services (DHS)

- **Federal Medicaid Work Requirements, presenter Isabelle Leventhal**
  - Overview of work requirements going into effect for new applicants Jan. 1, 2027, and for current members March 1, 2027.
  - Who is subject to the requirement?
    - BadgerCare Plus adults who fall under at least one of the following categories: are not pregnant, are ages 19-64, and have no dependent children under 19. This is around 200,000 individuals of the BadgerCare Plus population.
    - Individuals who are younger than 19, over 64, or adults with coverage other than BadgerCare Plus do not fall under this requirement.
    - The following individuals are exempt if they: have a disability determination from the SSA, are a caregiver of a dependent child under 14 or a disabled individual, or have a serious medical condition.

Community Engagement Requirements, Bureau of Children's Services (BCS)

- **Child Find Activities, presenter Emily Brach**
  - Child Find is a legal requirement under the Individuals with Disabilities Education Act (IDEA) Part C, which requires the state to identify, locate, and evaluate all children ages birth to three years old who may have a disability or developmental delay.
  - Target Population: all children ages birth to 3 who may be eligible for early intervention services, including children with developmental delays or a physical/cognitive condition with high probability of delay.
  - Child Find activities are ongoing and continuous across communities.
  - Reaching Underrepresented Populations: federal child find regulations require the state to seek children experiencing homelessness, residing on or off reservations, or who have been exposed to substance use.
  - System Components for Activities: all efforts must be coordinated statewide for timely intervention services. The components include the following:
    - Public awareness – having programs in place to refer children from public and primary referral sources like pediatricians.
    - Referral procedures – having a system in place so referrals are made as soon as possible, preferably within seven days of an identified delay.
    - Coordination among communities statewide.
    - Evaluation and screening procedures, including systems to evaluate children to determine eligibility.
    - Transition Planning – continuity of care and services, including assessments and services to assist in transition from Birth to 3 to school based services before they turn three years old.
  - State and Local Agency Responsibilities: the state must designate a lead agency to ensure a system for identifying and referring children exists.
  - Local programs also have responsibility to engage in child find activities.
  - First 1,000 days Child Find materials are available for professionals to aid in conversations with families and there are also materials aimed at family audiences available.
  - Who can make a referral? Anyone can make a referral. Medicaid enrolled providers are required to refer a child within two days of identifying a potential delay or disability. Parental consent is not needed to make a referral.
  - Child Find Indicators:
    - Indicators 5 and 6: Child Find (Birth to 1 and Birth to 3)
      - Indicator 5 refers to the percent of infants ages birth to 1 with individualized family service plans (IFSPs) and compares this data to the national average.
      - Indicator 6 refers to the percent of infants and toddlers ages birth to 3 with IFSPs and compares to national average.
    - Wisconsin is above the national average for Indicator 6 and above the target goal for Indicator 5.
  - Takeaways: (1) Child find activities are required, (2) State and local agencies have responsibilities, and (3) Anyone can make a referral for a child.

Bureau of Benefits Policy, Behavioral Treatment Agency Enrollment Update, presenter Julia Thoe

BBP has determined behavioral treatment agency Medicaid enrollment criteria, as well as Medicaid policy criteria for center-based services. BBP aims for these policies to be put in place in January 2027 and are planning a high level of support for providers through these changes.

Children's Long-Term Support Waiver Renewal Update, presenter Zach Bauer

- BCS submitted the CLTS waiver for approval July 24, 2026. The final version contained revisions based on public comment.
- The Centers for Medicare & Medicaid Services (CMS) will review the waiver for approval later this year.

- The new waiver will take effect Jan. 1, 2027.
- The public comment period occurred from May 14 to June 13 and included input from parents, families, and county waiver agencies (CWAs).
- Comments included overall support for CLTS Program, for renewing the program, for creation of the CLTS Program ombuds, and for creation of a supervision service for individuals aged out of childcare.
- **Changes to the qaiver:**
  - DHS added language to clarify respite camps can be used on days when school is not in session.
  - Assistive technology – DHS revised the service to clarify that they will cover training for service dogs.
  - Home modifications – added fences and repairs to the list of coverable items; this aligns the waiver with CLTS Program manual
  - Mentoring was added as a self-directable service.
  - Specialized medical and therapeutic supplies – clarified that this service can cover over-the-counter (OTC) medications, will be further revised with operational guidance about when this is allowed.
  - Transition Plan: DHS requested extended transitions for child care, counseling and therapeutic services, day services, participant-directed goods and services, and services losing self-directed employer authority.
  - CLTS Program Ombuds: Added a description to provide clear language about the purpose and role of the ombuds.
  - Revision of language for prohibiting the use of fully enclosed bed
  - DHS will be adding a new rate tier for in-home unpaid caregiver training specific to provider with bachelor's or master's degree.
  - DHS also received public comments requesting changes to the waiver that they chose not to pursue.
- **Implementation Topics:**
  - Comments asking for additional details around waiver changes will be answered in program resources that will be created during the implementation process.
  - These comments included request for the following:
    - Clarity around changes for specialized medical and therapeutic supplies.
    - Health and wellness clarifications
    - Specialized youth care clarifications
    - Some public comments were out of scope of the waiver included the following:
      - Changes to rates for CLTS Programservices.
      - Improving the claims systems or provider registry to be easier to use.
      - Improving training for participant-hired workers.
      - Increasing access to rural providers.
- **Next Phase of the CLTS Waiver Implementation**
  - Gathering information about participants affected by waiver changes to prepare families, providers, and CWAs for changes.
  - Resources will be provided to all stakeholders and will include teleconferences from August 26. 2026 to June 2027. DHS will also issue operational guidance on implementing waiver changes.
  - Family communications will include updates to the participant handbook in early 2027 with information on the changes, as well as updates in the All in for Kids newsletter. DHS will generate a list of affected participants for services like childcare or participant directed goods and services.
  - Other waiver related implementations will occur throughout 2027: CLTS ombuds, grievance system, readiness review, and professional development for support and service coordinators (SSCs).
  - DHS will send out resources and updates for when these program changes will go into effect.

Wrap-Up

Next Meeting: November 18, 2026

MOTION TO ADJOURN: Rose Cutting; SECONDED: Robert Johnston at 10:58 AM.

Prepared by: Sarah Ybarra on 8/19/2026.

These minutes are in draft form. They will be presented for approval by the governmental body on: 11/18/2026