

**DEPARTMENT OF HEALTH SERVICES**

**Division of Medicaid Services**

**Treatment Intervention Advisory Committee**

**OPERATING PROCEDURES**

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Last Updated 6/4/2019

## DEPARTMENT OF HEALTH SERVICES

### Treatment Intervention Advisory Committee OPERATING PROCEDURES

#### Name

The name of this organization shall be the Treatment Intervention Advisory Committee.

#### Mission and Responsibilities

##### *Section 1. Mission and Scope*

The Treatment Intervention Advisory Committee (TIAC) was established in 2011 by the Division of Long Term Care to advise the Department of Health Services (DHS) on the efficacy of treatment interventions for children with Autism Spectrum Disorder and other developmental disabilities.

Under [Wis. Admin. Code § DHS 107.035](#), DHS is charged with determining whether a Medicaid-covered service (including services under home and community-based waiver programs) is experimental in nature. One means by which DHS makes these determinations is through the judgment of a [committee of experts](#) with demonstrated research proficiency that is established by DHS to perform health care services review.

TIAC works to advise DHS relative to the quantity and quality of evidence supporting therapies and related treatment interventions for individuals with autism and other developmental disabilities. Typically these interventions fall in the area of behavioral health though they may occasionally cross boundaries into other health areas.

Until 2017, the TIAC was managed by the former Bureau of Children's Services within the Division of Long Term Care. After the transition of the behavioral treatment (autism) benefit from the CLTS waiver to the Medicaid Card, staffing of the TIAC was transferred to the Bureau of Benefits Management within the Division of Medicaid Services.

##### *Section 2. Administration*

The Committee shall have access to a DHS staff member who serves as an administrative liaison between the Department and the Committee, and provides support such as:

- a. Developing meeting agendas
- b. Public posting of meeting notices
- c. Public posting of determinations on the TIAC website
- d. Developing summary memos for the Medicaid Administrator's Office
- e. Management of TIAC documents, including documents created by the Committee (such as the Review Process summary), determination memos, research articles and checklists completed in the course of conducting a review

## **Membership**

### *Section 1. Role & responsibilities*

Members serve on a volunteer basis. They are not paid for the service they provide. They may be reimbursed for mileage and parking expenses related to attendance at periodic committee meetings.

TIAC members serve in an advisory capacity. They review and assess the quantity and quality of research studies, document the level of evidence supporting specific therapies or interventions, and share their findings with the Department. They do not make decisions regarding funding.

TIAC members are expected to follow all procedures described in the Committee's current review process summary document when conducting their reviews.

### *Section 2. Composition*

At least a 3/4 majority shall be staff at Wisconsin universities and colleges who have demonstrated research expertise across various treatment areas and populations.

The Committee may include qualified and interested stakeholders, such as parents or advocates, who have the qualifications described in Section 4.

### *Section 3. Scope*

The Committee was originally formed to examine interventions for individuals with ASD and DD by selecting committee members with special expertise with these target populations.

The Department may, at its discretion, expand the scope of the Committee to involve other target populations or other types of interventions. Committee members must have demonstrated expertise in targeted area(s).

As needed, these procedures may be amended to create an organizational structure and guidelines for subcommittees to address different target populations.

#### *Section 4. Qualifications*

In order to complete the work requested by the Department, Committee members must possess the following knowledge, skills, and abilities:

- a. Experience and expertise related to individuals in the target population to be researched (e.g., individuals with autism spectrum disorder or developmental disabilities).
- b. Familiarity with and access to databases used to search for peer-reviewed research studies, such as PubMed, PsychINFO, ERIC, etc.
- c. Familiarity with quality indicators for well-controlled experimental research designs, including group, single-case, and alternating designs.
- d. Proficiency conducting, interpreting, and evaluating the appropriateness of a range of data analytic procedures, such as correlational analyses, ANOVAs, MANOVAs, Multiple Regression and other procedures relevant to research area.
- e. Ability to critically evaluate research, such as identifying limitations in the design of a research study or problems with interpretation of findings.
- f. Ability to summarize research findings in clear, organized, accessible language with references in APA format.

#### *Section 5. Appointment*

Appointments are made on a rolling basis, depending on Department need and size requirements described in Section 7. Appointment determinations are made by the Division of Medicaid Services.

#### *Section 6. Term of Membership*

Members serve at the pleasure of the Department. There is not a fixed term for committee members.

#### *Section 7. Number of Members*

The Committee shall be composed of a minimum of 5 members.

The Department, with input from the Committee Chairperson, will determine the number of committee members necessary to manage the number and frequency of review requests.

## *Section 8. Vacancies*

If the Committee includes fewer members than needed or desired to manage review requests, the Department will be responsible for efforts to seek and recruit new members. Current Committee members may be invited to assist with identifying and recruiting candidates.

New members may be considered for appointed to the TIAC through one of three mechanisms, based on the Department's needs:

- a. Application – Individuals who would like to serve on the TIAC can submit a letter of interest and Curriculum Vitae.
- b. Nomination – Individuals may be nominated by Committee members, professional associations, or other stakeholders. DHS will review nominations and contact all individuals who meet initial screening criteria to advise them of the nomination and request a Curriculum Vitae.
- c. Invitation – Through its own research, DHS may identify individuals who meet initial screening criteria and whose service is desired by the Department. These individuals will be contacted and invited to submit a Curriculum Vitae.

Materials from Applicants and Nominees will be reviewed by the Committee Chairperson and the Department, and may be reviewed by a TIAC subcommittee. The Committee may recommend new members to the Department based on its review. Final decisions will be made by the Department.

### **Chairperson**

#### *Section 1. Role & responsibilities*

The Treatment Intervention Advisory Committee (TIAC) Chairperson serves as a volunteer member of the committee, with a different set of responsibilities from other committee members. The Chairperson is responsible for:

1. Working with DHS staff liaison to create and approve meeting agendas
2. Facilitating review meetings 3 times per year
3. Assigning reviews to committee members

4. Finalizing recommendation memos by initialing them prior to publishing on TIAC website
5. Collaborating with DHS staff liaison to answer procedural questions and committee business
6. Assisting in orienting new committee members
7. Assisting in conducting inter-observer agreement assessments for new members and as needed for the entire committee
8. As needed, conducting reviews of research. However, note that the chairperson is not expected to complete review assignments as frequently as other committee members, and ideally will be excused from reviews while serving as chairperson.

### *Section 2. Qualifications*

In order to complete the work requested of the Committee Chairperson, the chair must have experience serving on the Committee. At least 2 years of experience (5-6 review cycles) prior to appointment as Chairperson is preferred.

### *Section 3. Appointment*

The Chairperson will be identified from current Committee membership. Potential Chairs may be invited or nominated, or may volunteer for service. Final decisions will be made by the Department. Appointment determinations are made by the Division of Medicaid Services.

### *Section 4. Term of Chairmanship*

The chairperson serves for a 2-year term. The chairperson may serve for multiple consecutive terms. There are no term limits.

If there are no Committee members who can commit to a 2-year term, the chairperson role may be filled on a rolling basis until a full-term chair is identified.

### *Section 5. Vacancies*

If the chairperson role is vacated, the Department shall actively recruit a new chairperson from among current committee membership. The Department shall share information about chairperson roles and responsibilities with all current committee members to solicit nominations or volunteers.

## **Conflict of Interest**

### *Section 1. Candidates*

The Department will assess possible conflicts of interest for any Committee applicants and invited candidates who are engaged in activities related to services that are reimbursed by any programs managed or overseen by the Wisconsin Department of Health Services. If the candidate's other activity constitutes a conflict of interest with Committee work, the Department will advise the candidate of limitations to be imposed, which may include a decision to not appoint the individual to the Committee.

### *Section 2. Committee Members*

Members of the Committee shall not use their position to obtain anything of value (e.g., money, property, favor, service, payment, loan or promise of future employment) for:

1. The member
2. The member's immediate family
3. An organization in which the member, or someone in the member's immediate family:
  - a. Is a director, officer, trustee, employee or paid consultant; or
  - b. Owns or controls an equity interest, voting rights, or outstanding indebtedness

If any of the above conditions exists, a Committee member shall disclose her/his interest and refrain from voting on the proposal.

Committee members should evaluate circumstances which give the appearance of a conflict of interest. In such situations, members should disclose the circumstances and refrain from voting.

## **Committee Meetings**

### *Section 1. Regular Meetings*

- a. Regular meetings of the Committee shall be 3 or 4 times per year, at regular intervals, depending on the needs and preferences of the Department and Committee members.
- b. Committee meetings may be canceled by the Department, in writing or by telephone, after contacting or being contacted by a majority of the Committee members.

- c. Sufficient notice shall be given to the public, using methods prescribed by the Wisconsin Open Meeting Laws.

### *Section 2. Quorum*

A quorum shall be a simple majority of the currently appointed Committee members. Members must participate as defined in Section 5 of this Article.

### *Section 3. Meeting Facilitation*

Meetings will be chaired by the chairperson. Meetings will utilize Roberts Rules of Order for actionable items, including call to order, motions and voting, and adjournment.

### *Section 4. Public Comment*

- a. Time will be set aside at the beginning of each Committee meeting for public comment. If there is no public comment, the meeting may commence.
- b. Individuals wishing to speak will be asked to register at least fifteen (15) minutes prior to the meeting. Speakers will be called in the order in which they registered. Speakers must register as either an individual or a group.
- c. Each speaker will have up to three (3) minutes for their comments, whether they are speaking as an individual or representing a group.
- d. Individuals wishing to comment who cannot attend the meeting in person may send written comments by e-mail or by U.S. mail to a designated DHS staff person. Written comments will be distributed at the meeting and will be included as part of the record.

### *Section 5. Participation and Voting*

- a. Any or all members may participate in a meeting of the Committee through the use of telephone or any other means of communication by which all participating members may simultaneously hear each other during the meeting, including assistive communication devices as needed.
- b. Voting by proxy is not permitted.
- c. Voting by e-mail is not permitted.
- d. Voting shall be accomplished via voice voting, with each member indicating "Yes," "No," or "Abstain." All votes are open; there will be no secret voting. The public record will include simply the number of "Yes," "No," or "Abstain" votes without including the names of who voted which way.
- e. Motions shall carry based on a simple majority vote.

- f. If a vote does not result in a simple majority, the split decision vote results will be reported to the Department.

### *Section 6. Agenda Development*

The Department will identify treatment interventions to be examined by the Committee. At each scheduled meeting, the Department will identify the interventions to be examined and reported on for the next meeting.

On occasion, based on Department needs and with adequate time for the Committee to conduct a thorough review, the Department may submit additional requests for review to the Committee.

### **Reporting**

Committee determinations will be reported to the public via publicly accessible website and to the Medicaid Administrator's Office via a summary memo following each meeting.

### **Amendments**

These operating procedures may be amended as needed. The Committee may develop and propose amendments to the Department. A two-thirds vote of the full Committee membership is necessary for the Committee to recommend amendments to the Department.

Final approval of proposed amendments is made at the Department's discretion.