



Survival Coalition

of Wisconsin Disability Organizations

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September 16, 2011

Department of Health Services
Bureau of Long-Term Supports
Children Services Section
c/o Susan Larsen
1 W. Wilson St.
Madison, WI 53707-7851

Re: Proposed Revisions in Autism Treatment via the CLTS Waivers

Dear Ms. Larsen:

Thank you for the opportunity to comment on the proposed revisions to the administration of autism treatment in the Children's Long-Term Support (CLTS) Waivers. We agree with DHS and the Autism Council that it is timely to make refinements in the program. As the largest statewide disability coalition, we are pleased to respond to this notice with both support and recommendations.

Support:

1. We generally support the creation of a new level of service with treatment at the 10-20 hour a week level. We believe this will give families and providers helpful flexibility to best respond to the needs of children and families. See below for some related concerns.
2. We support the increased accountability for providers to demonstrate that children are making progress as a consequence of treatment.
3. We strongly support reinforcement of family involvement in treatment as this can help families grow in their confidence in supporting their child and enhance the beneficial impact of treatment.
4. We are pleased that the Department has recognized the need for flexibility to extend the location of autism treatment beyond the home to include integrated center-based programs and other inclusive community locations. This change will provide effective supports to children in their natural environments, in the variety of places where young children typically spend their days. We specifically support the revision from the earlier memo which did not use the terms "integrated" or "inclusive". We encourage further defining of these terms to be clear that the Department's intention is not to allow providers to create segregated "centers"

Concerns:

1. As mentioned, the creation of a new service level which allows for fewer hours (10-20) of weekly treatment offers flexibility for families, however we would like the Department to verify the evidence-base for this level of service as effective treatment for children with autism. In times of scarce resources, and acknowledging the original intent of the exclusivity of this treatment investment for children with autism based upon research, we would like to ensure the evidence for this policy change. As you know, many Wisconsin children with significant needs but without an autism diagnosis continue to wait for services such as behavioral supports, respite and adaptive aids.

2. It is not clear whether the Department will require some level of in-home treatment for every child in addition to what may now be provided in an integrated or inclusive community setting. Given our concerns about the possibility of providers establishing treatment centers, it will be important to clarify that a provider cannot require families to bring their child to the “center” in order to receive services. Parents must have the opportunity for informed choice about a range of location options for treatment.

3. If schools are considered among inclusive community settings where services can be provided, it is important to note that treatment in schools should not replace school services. More emphasis should be put on use of transitional services and technical assistance. We encourage DHS to continue to work with the Department of Public Instruction (DPI) on guidance which will ensure that autism services can be provided in all school environments and that local school policies do not continue as a barrier for families.

Additional Questions

Changes in Weekly Treatment Hours

Now that weekly intensive treatment hours are increased and involve treatment alone (as opposed to the previous bundling with travel and staffing hours), will providers be expected to absorb travel and staffing costs?

Tier 2

There is less information about Tier 2 services – is staffing and travel “unbundled” for this service level as well? How will these hours be counted specifically in terms of a treatment hour or a respite service hour? How will the costs of adaptive aids be calculated in this tier and how are aids defined?

Waiting List Changes

Do two tiers of service mean that the Department will now manage two wait lists instead of one? It will be important for DHS to communicate to families about how these list(s) will be managed and prioritized. How do these wait lists coincide with children without an autism diagnosis who also need access to services that include behavioral supports, consultation, respite and adaptive aids?

Family Involvement

As stated earlier, we agree that family involvement in the provision of these services is extremely important. How will “family involvement” be defined and specifically what will count to meet the 25% threshold?

Transfer of Cost to the Private Insurance Benefit

What is the Department's intention in making any changes related to shifting some costs to private insurance services? The purpose of the insurance benefit was to make it possible for more children to access intensive and non-intensive services because of the waiting lists for limited slots. We understand some families have not moved from the waiver to private insurance because of costs related to co-pays and deductibles. Has the Department completed a cost analysis of a shift from use of waiver services to private insurance utilization?

Thank you again for the opportunity to comment on this important step in the process of providing effective treatment to children with autism in Wisconsin. Please do not hesitate to contact us.

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