Medical Home and Early Identification Combined Meeting

Attendees: Carrie Arneson, Kim Liebhart, Christine Breunig, Wynne Cook, Meg Steimle, Carol Wesley, Laura Shank, Jackie Baldwin, Sarah Lutzke

Carrie Arneson and Kim Liebhart introduced and reviewed the CDC “Learn the Signs. Act Early.” campaign materials (with a focus on the primary care provider materials), Wisconsin developmental milestones brochure, ASD insert, and www.ActEarly.wisc.edu website. Carrie Arneson and Kim Liebhart requested feedback on how to engage primary care providers and the logistics of disseminating the materials to this audience. Several members of the Medical Home practice group discussed how they are currently distributing LTSAE materials (through Medical Home and CYSHCN Regional Centers).

Suggestions on how to engage physicians and/or disseminate through health sources:

- Already-existing contacts through the Medical Home grant (point person will be Kirsten Cooper for Medical Home hub of expertise, NE Regional Center CYSHCN)
- Conferences for local chapters of AAP and/or AFP
- Article in Wisconsin Medical Journal or other periodical for pediatricians or family physicians
- Newsletters for physicians
- Best training practices with CHW (Christine Breunig)
- Birthing Centers-NICU folders
- Early home visits with county-level public health departments (especially in rural areas)
- WIC offices
- GLITC Honoring Our Children Project

Considerations about the process of distributing the materials

- In general it may be difficult and inefficient to set up the materials in waiting rooms or exam rooms at individual clinics. It can be difficult to “get in” at clinics without a prior relationship with the staff. Nurse managers or clinic managers may be the best people to contact about how to disseminate the materials in specific clinics.
- Consider individuals without access to the Internet. It was noted that the brochure insert related to autism only has one phone number and the rest of the resources are websites.
- If physicians and clinics are targeted, include these materials in a large binder containing a wealth of resources.
- Consider PSA’s—newspaper, radio, and TV

New Action Steps:
- Carrie and Gail will meet to devise a plan for disseminating the LTSAE materials to physicians and through other health sources, incorporating the suggestions above.
- Carrie and Gail will engage members of the Medical Home as indicated for feedback

Christine Breunig presented information that the Early Identification Initiative would be continued through the WI Statewide Medical Home Initiative (WiSMHI) in 2011. Funds have
been identified to recruit 20 new primary care practices throughout the state. The goal is to have 4 practices from each of the 5 regions. A similar process to the 2010 EII will be used - with WiSMHI staff recruiting and identifying practices, arranging details and providing the materials. The Regional Centers and B-3 will participate in the trainings.
**Professional Development**

1. L. Lynn Stansberry-Brusnahan – University of St. Thomas
2. Kate Szidon – National Professional Development Center
3. Barb Kilp – Milwaukee Public Schools
4. Julie LaBarge – Bonduel Director of Special Education (Vitterbo)
5. Carrie Stoss – Parent Liaison NPDC Shawano School District – Autism Specialist in District

**Kate Szidon National Professional Development Center**

Foundations Course
- Ownership Waisman Platform
- Free online – Certificate provided
- Rolling admissions – you have to register
  - So you sign up and you may have to wait a little while to get in
- Texas A & M using module contents
- Coaching Model Manual – State teams

**Julie LaBarge**
- Did a report out on the continued work in her district on PMII

**Lynn Stansberry Brusnahan**
- UW-Milwaukee, LaCrosse, Whitewater, Cardinal Stritch, Alverno, Vitterbo has autism Courses

**Barb Kilp**
- Developing program at UW-Milwaukee
- Introductory session at MPS for 150 a year
- Started Introductory course this summer – Methods course this fall
- Have to take ABA course and a communication course
- 15 credits

**National Competencies**
- Discussed using the national competencies to develop course work and professional development

**Transition Ideas**
- University of Oregon - Kate shared information on their transition programming
- Youth Transition Program (YTP)
  - Partnership with Voc Rehab and school districts (Pooling of funds)
  - Grants given each year to schools
  - University contact person meets monthly with schools
- Outcomes: Paid work

Kate talked about the importance of having students attending their IEP meetings. She also talked about the ability to articulate their wants and needs.

**Julie & Cesa 8 coordinating job placements**
- Working with interest areas
Advocacy (What is the disability, articulate needs, disclosure)  
Program support teacher – ½ transition focus  
Using Opening Doors DPI guide  
Developed 2 Questionnaires – 1 very concrete (Language in the standardized assessments challenging and abstract – comprehension is difficult)  
Self directed IEPs

Carrie  
Talked about focusing and training on parents understanding what kids are interested and their strengths and building volunteer opportunities around that in the community and to help parents to help their children select courses around where the child is going

Barb  
½ day during high school  
MPS School to Work – students assessed and then placed  
Boston Store  
Hospitals  
Cafeteria  
Clerical sites

Group came to a consensus that we think that we should incorporate transition into professional development opportunities both at the university level and through in-service opportunities perhaps at the state and district level.

Human growth and development (sexuality) – Do we have the skills we need to teach this? We talked about Karen Dunn Buron and using a 5 is against the law. Another good resource is Teaching Children with Down Syndrome-Boundaries.
**Parent Supports and Policy**

Invited presenter: Julie Bryda, Manager of the Children’s Long Term Support Section
Attendees: Barb Katz, Jenny Stonemeier, Terry, Amy Masek, Emily Levine, Erin Miller, Brian Johnson, Jen Clark, Kelly Brodhagen, Joanne Juhnke, Trisha, Jenny, Eric Hartz, Meghan, Rhonda Greenlaw

**Medicaid Home Community Based Waiver**—Money from the Federal Government earmarked for institutional care (in-patient) that states apply for a waiver to use those funds to PREVENT inpatient setting.

Children’s Long Term Support (CLTS) has three waivers:
1. Physical Disabilities
2. Developmental Disabilities
3. Severe Emotional Disabilities

Wisconsin does NOT have an autism waiver. Autism is covered as a service under other waivers.

Wisconsin has the highest amount of funding ($42 million) for children with autism at 890 children along with 1447 children in the post-intensive phase. Two states a month are contacting WI to learn about our waiver program.

**Insurance Coverage**—Initial speculation at DHS was that families would leave the waiver to access services through their insurance. (Post-intensive is at $25k thru insurance, only $11k through the waiver.) Families are NOT vacating the waiver because they need help with the deductibles which can run up to $20k a year. Waiver CAN fund services for treatment while families are paying their deductible. In order for the waiver to fund services, the services must be implemented the way the waiver defines it. If the family accesses ALL of their insurance coverage, the waiver will kick in AFTER the insurance is exhausted.

Post-Intensive—Insurance funds treatment. Waiver funds recreation, respites, aides, treatment. Waiver cannot fund treatment while the family is paying the deductible because the insurance is paying for the treatment.

Children are able to access services faster because of insurance coverage. Every service covered under the waiver is listed in the waiver manual and on the website.

**How do children receive services in the community?**—Currently a variance process exists to provide services in the community especially in the last six months of the intensive treatment time. Provider needs to provide a goal and an outcome in the community.

**Waiver Reauthorization**—Governor’s Council on Autism and DHS are currently studying data in considering the reauthorization of the waiver and looking at how many variances are granted and taking that into consideration. Bill Murray, PhD, BCBA, at DHS is looking into center-based treatment.
Is the parent education program written into guidance that goes to providers? DHS holds quarterly provider meetings to talk with all the counties. The counties talk with families. Family involvement is a requirement of the county service.

Input into waiver renewal—
Guardian survey, families call, county staff call, record audits, autism council (parents and providers), analysis of children at risk of out of home placement.

Reminder—the waiver is always the funder of last resort. You must submit through medical first.

Timeline—Data was submitted two months ago. Fall of 2011 DHS will submit proposed renewal including possible change to services with implementation on January 1, 2012.

Governor’s Council on Autism—There are positions open. They are looking for parents of young children and parents who have been through the waiver system.

Ideas for next Parent Supports & Policy Practice Group
- RTI/PBIS Center-Pearman Model of Social Emotional Development
- Cognitive Disability (CD) educational criteria is changing. It will reflect the category change to Intellectual Disability.
CoP ASD/DD Practice Group on Youth Transition and
the CoT Practice Group on Health

Invited presenter: Ellie Hartman, PhD, BCBA-D is an Associate Scientist at UW-Stout Vocational Rehabilitation Institute let a seminar and discussion on Self-Managing Health for Youth on the Autism Spectrum.

A copy of the Powerpoint is available at www.waisman.wisc.edu/connections.

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Community Systems

Held an open topic discussion group on Transition Resources.