

**Division of Long Term Care  
Treatment Intervention Advisory Committee (TIAC)  
Autism and Other Developmental Disabilities**

**MEETING MINUTES**

February 08, 2013  
10:00 AM to 3:00 PM  
Department of Health Services (DHS)  
1 W. Wilson Street, Room B139  
Madison, WI 53707

**Committee Members Present:** Jennifer Asmus, Michael Axelrod, Roger Bass, Maribeth Gettinger, Lana Collet-Klingenberg

**Committee Members Absent:** Linda Tuchman-Ginsberg, Christine Peterson

**DHS Staff Present:** Julie Bryda, Sue Larsen, Meghan Mitchell, Bill Murray

**Members of the Public**

No members of the public were present.

**Welcome**

TIAC committee members were welcomed by DHS staff and the agenda for the day was reviewed.

**Approval of the Meeting Minutes**

The minutes of the July 27, 2012, TIAC meeting were reviewed. Jenny made a motion to approve the minutes, Maribeth seconded the motion and the motion carried.

**Review of the TIAC's Role and Review Protocol**

TIAC Charge: The Department's initial charge to the committee and the previous literature reviews have been focused on autism-related treatment issues as well as other child developmental disabilities (as noted in the TIAC Mission statement), all within the context of s. Wis. Admin Code, DHS 107.035.

The DHS Office of Legal Counsel and the Division of Health Care Access and Accountability may be interested in expanding the focus of this committee for additional Medicaid program evaluations. Thus, the TIAC may be asked by the Department to consider reviewing research on whether the treatment is effective or ineffective for multiple disability populations. Relative to this, the committee discussed the following points:

- Some research clearly details what types of treatments are effective for different populations, whereas other research is not specific to any particular disability.

- Changing this focus would require a re-evaluation of previous determinations (updating flow chart and additional documentation) and discussion on how published manuals are potentially affected by target disability group.
- The dependent variable of the study could be indirectly related to a diagnosis but the sample in the research did not contain individuals with the specific diagnosis.
- It could be helpful to identify the generality of a treatment. Determining the scope and parameters of the treatment would be helpful in determining effectiveness for target groups.
- The Division of Long Term Care Administration has confirmed that any TIAC determinations are advisory to DHS, and must be reviewed and approved by the Department before being implemented.

#### Supporting Documentation for TIAC determinations

- Memo re-wording: Lana will create a template document with wording suggestions and send this to committee members.
- The committee will create one large document with specific headings, including: synopsis, literature review, checklist, and determination. The memo should also clearly explain the therapy and what it entails.
- Yearly reviews of treatments should include the date of prior review “Originally prepared, date,” “Review date, date.” Checklist may need to be updated and the website should contain the most current document.
- Literature reviews should also remain separate of the memo. A consistent format for literature reviews is necessary for dissemination of information.
- The checklist and research are interconnected; therefore, it would be helpful to have these documents mapped together. Suggested options include: 1) numbering citations in the reference list and using those numbers to coincide with checklist criteria; 2) using a table with checklist criteria on the left side of the page and publications horizontally on the top. This way a consumer can easily identify the publications and quality of them.
- Roger and Lana will work on how to connect the literature review to the checklist. Roger will reformat the grid for multisystemic therapy and Lana will focus on reworking the narrative for the checklist document. Committee members should adopt Roger’s evaluation grid when working on treatments. It was noted that it is important to consider stakeholders and families when determining literature review formats.

#### **DHS Updates**

The Department provided technical assistance to county waiver agencies on a variety of Children’s Long Term Support (CLTS) waiver topics last fall, including Wisconsin Administrative Code DHS 107 and the TIAC. Although county waiver agency case managers have direct contact with the families, the CLTS team is primarily responsible for developing CLTS waiver policies and procedures and for monitoring county and provider requirements.

#### **Treatment Efficacy Reviews**

Vision Therapy: Jenny and Christine have contacted the associated organization to gather additional information for this treatment.

Early Start Denver Model (ESDM): Linda and Lana reviewed the existing literature which includes three group studies, two single subject studies, and one case study. This research used younger children, although some providers are adopting this therapy for older age groups.

- Checklist: This therapy meets some of the criteria to be a level one; meets all of the criteria for level two. Sally Rogers (developed this therapy) has been involved in every evaluation of this therapy. The research is disability specific (for children with autism).
- Vote: Lana made a motion to vote on the efficacy of this therapy, with a recommendation that a level two determination be made. Jenny seconded the motion and the committee supported this.

Social Communication, Emotional Regulation, Transactional Support (SCERTS): This therapy is a package of three independent therapies, and relies on the empirical support for individual therapies, which are combined into the SCERTS model.

- Checklist: The TIAC evaluates evidence regarding the effectiveness of an entire treatment, and because this information is lacking SCERTS would be classified as a level 5. One authoritative body determined there is insufficient evidence. One descriptive article states this treatment does not provide any published studies validating SCERTS.
- Vote: Lana made a motion to vote on the efficacy of this therapy, with a recommendation that a level five determination be made. Jenny seconded the motion and the committee supported this.

Rapid Prompting: This review will be moved to the May TIAC meeting, and Lana will follow up with Chris.

Art Therapy: There was one research article evaluating art therapy for children with muscular dystrophy. This was a case study that lacked important information. However, there are many publications for outcomes that are not directly related to Muscular Dystrophy.

- Two published reviews (2000 and 2010) showed varying degrees of support on the effectiveness, and most of the published research failed to meet efficacy standards. These issues included treatment integrity, identification of dependent variables, small sample sizes, and lack of inter-rater reliability.
- Limitations make it difficult to identify this treatment as an effective form for all children, especially children with Muscular Dystrophy.
- Vote: Mike made a motion to vote on the efficacy of this therapy, with a recommendation that a level four determination be made. Jenny seconded the motion and the committee supported this.

Relationship Development Intervention (RDI) Update: Controlled research for RDI is still needed. Also, assessment procedures and the interpretation of those were still inconsistent. Thomas Zane's 2010 critique still stands and there was no additional information that finds support for this therapy.

- Vote: Marybeth made a motion to vote on the efficacy of this therapy, with a recommendation that a level four determination continue. Lana seconded the motion and the committee supported this.

Multisystemic therapy (MST): Seventeen studies evaluated this therapy for all children, in addition to 11 studies that excluded autism. Only one study involved a sample of children with autism. Generally the sample includes the severe emotional disturbance (SED) population. There is an ongoing pilot study of children with autism, and the grant's funding ended in 2011.

Marybeth will review this publication (i.e., grant prospectus).

- Many authoritative bodies have recognized the treatment. The design and delivery of MST has core principles, although it does not have a published manual. The principles were open to interpretation and could be interpreted liberally.
- At least two research studies showed MST to be effective. A follow up study was completed 21.9 years following intervention and showed decreased recidivism rates for the sample.
- Randomized controls and published procedures exist in the literature. This treatment is used with various populations but not children with autism.
- Vote: Lana made a motion to vote on the efficacy of this therapy, with a recommendation that a level two determination be made for children with SED and a level five for children with autism (Marybeth will evaluate the effects of this therapy for children with autism for the next committee meeting). Jenny seconded the motion and the committee supported this.

General Discussion/Questions regarding efficacy:

What is the Department's stance when a therapy is not found to be effective as an aggregate treatment although the individual components of the therapy are proven effective? If providers are willing to submit treatment components separately, might treatment and potentially reimbursement then occur? This could be occurring in ABA treatments and other therapy models. Each discipline has various researching standards that do not lend themselves well to the scientific rigor that is demonstrated in other disciplines. This committee may be interested in providing guidance to the researchers on how to improve their research standards.

### **Proposed Treatment Review for May Meeting**

Committee members will review the following treatments:

- Treatment and Education of Autistic and related Communication-Handicapped Children (TEACCH)
- Equine-Assisted Psychotherapy
- Developmental, Individual Difference, Relationship-based model (DIR/Floortime)
- Sensory Integration

### **Meeting adjournment**

Lana Collet-Klingenberg made a motion to close the meeting. Roger Bass seconded the motion. All approved. The meeting was adjourned at 12:54 PM.