

**Division of Long Term Care
Treatment Intervention Advisory Committee (TIAC)**

April 29, 2016
10:00 AM to 12:00 PM
Department of Health Services (DHS)
1 W. Wilson Street, Room B155
Madison, WI 53707

MEETING MINUTES

Committee Members: Jennifer Asmus (via telephone), Roger Bass, Julie LaBerge, Tia Schultz (via telephone), Shannon Stuart (acting Chairperson), Amy Van Hecke (via telephone)

DHS Staff: Pam Lano (DHS observer), Rebecca McAtee (Bureau of Benefits Management, DHCAA), Bill Murray

Members of the Public: Shirley Avercamp, Peg Johnson

The meeting commenced at 10:02 A.M.

1. Welcome

Bill Murray, DHS staff to the committee, welcomed both members of the committee and members of the public. All committee members, public attendees and DHS staff introduced themselves.

2. Role of the TIAC

Rebecca McAtee with the Bureau of Benefits Management in the Division of Health Care Access and Accountability spoke to the TIAC and shared a brief update regarding the new behavioral treatment benefit. Rebecca shared that the Bureau and Division would like the work of the TIAC to continue, as the information they have shared with DHS over the past five years has been helpful and can only continue to benefit the general public and the state Medicaid (ForwardHealth) program.

Rebecca also shared that the Division of Long Term Care and the Division of Health Care Access and Accountability will be merging into one Division in the near future and that she or others in the Division would like to come back again in the future to talk with the committee.

3. Public Testimony

Peg Johnson, a MNRI (Masgutova Neurosensorimotor Reflex Integration) Core Specialist shared that MNRI started 11 years ago with Dr. Svetlana Masgutova and that therapy occurs for 6 hours a day. They see great growth with children and understand that research is a necessary component to demonstrate the efficacy of a therapy.

Sally Avercamp, a Publications Specialist and Editor for the Svetlana Masgutova Educational Institute, also spoke as both a parent and in her MNRI role. Dr. Masgutova wants to show the evidence behind the therapy she created but has concerns about the evidence criteria being asked for and does not know how to meet them. Bill Murray with DHS shared that the criteria are available in both the reviews and on the website, and that the review of MNRI being shared today will highlight strengths and deficits of the existing research, which should provide some guidance on where to focus improvements.

4. Operational

The committee reviewed minutes from the meeting held on January 29, 2016. Roger B. made a motion to approve the January 29, 2016 meeting minutes; Julie L. seconded the motion; all approved and the motion carries.

5. Treatment Reviews

No new therapy reviews were requested for this quarter.

6. Treatment Updates

- **Auditory Integration Training (Re-review)**
 - Jenny A. provided an update on auditory integration training (AIT), which has previously been reviewed as a level 5 therapy with an identified potential for harm.
 - The similarities to other listening-related therapies and overlap in the literature was noted.
 - No new research was identified.
 - Roger B. made a motion to retain a level 5 rating for AIT with the potential for harm. Amy V.H. seconded the motion; motion carried.

- **Integrated Listening Systems (Re-review)**
 - Roger B. shared an overview of Integrated Listening Systems, which has some of the same theoretical underpinnings as auditory integration training and other listening-related therapies.
 - ILS appears to be both a marketing entity and an educational system, promoting programs that include classical music that has been acoustically modified to provide enhanced or filtered signals in certain frequencies that are believed to be correlated to specific brain functions.
 - Multiple concerns with the research designs were noted. A lack of control groups, fidelity issues, and the prevalence of case studies are amongst the concerns.
 - A 2011 Cochrane review found 6 experimental studies.
 - Amy V.H made a motion that ILS be given a Level 4 efficacy rating due to the research reviews. Julie L. seconded the motion; motion carries.

- **Listening Therapy/Therapeutic Listening (Re-review)**
 - Roger B. gave an updated review of listening therapy, also known as therapeutic listening.
 - LT/TL is a form of AIT, though practitioners try to differentiate themselves.
 - Third party reports are common in this literature, as is a lack of control groups and treatment fidelity.
 - Julie L. made a motion to retain a level 5 rating with the potential for harm, Shannon S. seconded the motion and the motion carried.

- **Art Therapy (Re-review)**
 - Shannon S. shared an update of the review of art therapy, and also shared a summary of previous reviews.
 - No new studies were identified, and problems exist with concurrent treatments and little empirical research. It was noted some new research is promising with respect to trauma and cancer patients.
 - Roger B. made a motion that art therapy remain a Level 4 therapy, Tia S. seconded the motion and the motion carried.

- **Connector Rx (Re-review)**
 - Julie L. provided the committee with a review of the efficacy of Connector Rx, a therapy “device” available for online purchase that involves the parent and child with autism being attached to each other by a connected pair of belts, which purportedly enhances the relationship between the child and connected caregivers and enhances the child's social learning during daily activities.
 - The reviewers could not locate any peer-reviewed studies of this therapy method.
 - Shannon S. made a motion to retain a Level 5 efficacy rating for Connector Rx; Amy V.H. seconded the motion; motion carries.

- **Dance/Movement Therapy (Re-review)**
 - Julie L. reviewed the research related to dance/movement therapy, the “psychotherapeutic use of movement and dance to support intellectual, emotional, and motor functions of the body.”
 - No new research was identified, no strong identification of the qualifications of people who are dance/movement therapists.
 - Roger B. made a motion to maintain dance/movement therapy as a Level 4 therapy. Jenny A. seconded the motion and the motion carries.

- **Masgutova Neurosensorymotor Reflex Integration (Re-review)**
 - Roger B. reviewed Masgutova Neurosensorymotor Reflex Integration (MNRI). New information was shared with the committee by MNRI staff.
 - In this current review, some findings regarding the reviewed literature include:
 - Correlations between MNRI and clinically significant behaviors are missing;
 - The methodology within studies is not described in sufficient detail to replicate;
 - Physiological measures often have error bands that suggest questionably small differences (sometimes even overlapping, thus indicating statistical insignificance) and data analyses that do not take confidence intervals into account.
 - MNRI rests on theoretically tenuous assumptions reflected in the treatment procedures.
 - Roger B. made a motion that MNRI be assigned a level 4 efficacy rating, Shannon S. seconded the motion and the motion carried.

- **Rapid Prompting Method (Re-review)**
 - Amy V.H. updated the committee on the review of the rapid prompting method (RPM). This is a parent developed intervention that facilitates communication through prompts to draw attention to tasks and minimize interfering behaviors.
 - There have been no identified new studies related to this approach.
 - Shannon S. made a motion to maintain a level 4 rating for RPM, Julie L. seconded the motion and the motion carried.

- **Social Communication, Emotional Regulation, & Transactional Support (Re-review)**
 - Amy V.H. gave an updated review of SCERTS, a comprehensive intervention model incorporating a number of approaches. SCERTS started as a home-based approach but is now primarily used in schools.
 - No new research studies related to this therapy were identified this review period.
 - Amy V.H. made a motion to maintain a level 4 efficacy rating, Roger B. seconded the motion and the motion carried.

- **Vision Therapy (Re-review)**

- Tia S. gave an updated review of vision therapy. There has been no new research identified regarding vision therapy specific to children with ASD and/or other developmental disabilities.
- Roger B. made a motion to maintain a level 4 efficacy rating, Julie L. seconded the motion and the motion carried.
- *Note: the interplay between medical and behavioral outcomes specific to this therapy was discussed, knowing that Medicaid pays for this when provided by a qualified optometrist, and the efficacy rating is not relevant to vision therapy in that context.*

7. Proposed New Treatments for next meeting

No new treatments have been requested for review by the committee.

8. Updated Reviews for next meeting

- Auditory Verbal Therapy will be reviewed by Jenny A. and Lana C.-K.
- Brain Beats will be reviewed by Tia S. and Shannon S.
- DIR/Floortime will be reviewed by Shannon S. and Amy V.H.
- Early Start Denver Model will be reviewed by Lana C.-K. and Julie L.
- Hyperbaric Oxygen Therapy will be reviewed by Roger B. and Jenny A.
- Learning Rx will be reviewed by Shannon S. and Tia S.
- Me Moves will be reviewed by Tia S. and Roger B.
- Multisystemic Therapy will be reviewed by Jenny A. and Amy V.H.
- Music Therapy will be reviewed by Amy V.H. and Julie L.
- National Association of Child Development Model will be reviewed by Julie L. and Jenny A.
- Relationship Development Intervention will be reviewed by Roger B. and Lana C.-K.
- Theraplay will be reviewed by Amy V.H. and Shannon S.

9. Meeting Adjournment

Roger B. made a motion to adjourn the meeting; Amy V.H. seconded the motion; motion carries. The meeting adjourned at 11:28 A.M.