

Children's Long-Term Support (CLTS) Council
Meeting Minutes
Wednesday, November 11, 2015
10:00 AM – 3:00 PM
Crowne Plaza
4402 East Washington Avenue
Madison, WI 53704

Council Members Present: Liz Hecht (Chairperson), Jonelle Brom, Charity Eleson, Melanie Fralick (via phone), Lynn Green, Dan Idzikowski, Darsell Johns (via phone), Barbara Katz, Jo Pelishek, John Shaw

Council Members Absent: Nissan Bar-Lev, Cheryl Berg, Sharon Fleischfresser, Pilar Guzman, Kirsten Menningen, Jeff Muse, Walt Schalick, Melissa Stolz

DHS Council Staff: Janet Estervig, Sue Larsen, Carrie Kahn, Deb Rathermel, Alyssa Zirk

Public Attendees: Mike Klug

The meeting commenced at 10:12 AM.

1. Welcome and Introductions – Liz Hecht, Chairperson

- Council members and Department of Health Services (DHS) staff introduced themselves. The Council discussed conducting a final recruitment for new members through email. The Council would like to recruit members from Medicaid, the Department of Public Instruction, and parents of children.

2. Public Testimony

- Mike Klug introduced himself. He is involved with the Long-Term Care Advisory Council and works for the Milwaukee Center for Independence.

3. Children's Community Program (CCOP) Implementation Planning – Liz Hecht, Chairperson

- DHS has scheduled two CCOP workgroup meetings and will schedule one more in the month of November. DHS is gathering stakeholder input to write the program guidelines. DHS is open to the Council's input and would like discuss how the Council can be helpful moving forward. DHS will continue to collaborate with the workgroup after the meeting series ends.
- Should the current name of the program be changed?
 - Statutorily the name has to stay the same, but it could be possible to change it programmatically.
 - Having one program name will help alleviate family confusion. As long as there are services in place, families are not concerned about the name. Trying to change the name now would create confusion.
- The merger of Family Support (FSP) and the Community Options Program (COP) into one program offers an opportunity to consider how more children might be served. What is the guidance on using CCOP as match to the CLTS Waiver?
 - In 2012, 30 percent of FSP funding was used as match. The message from the CCOP workgroup is that a larger portion of FSP dollars are used for match and a smaller portion are used for one-time and ongoing services. This message contradicts the 2012 percentage.
 - The CCOP funding needs to be flexible; when the funding is used as CLTS Waiver match, it is subject to all the waiver rules.
 - There is value in using match to draw down additional federal dollars; CCOP funding is not "new" funding, as it is pulled from previous FSP and COP program funding.
 - Using the funding as match is important because it maximizes the CLTS Waiver funding, but it

- agreed that the new CCOP should use the flexibility and philosophy of FSP.
- Previously, the Council received the impression that DHS encouraged FSP dollars to be used as match. There needs to be clarity in the expectations as counties use CCOP as match to CLTS Waiver Program. There is concern about consistency of service delivery from county to county.
- It is recommended that DHS provide training to counties to help them maximize their allocation to meet families' specific needs.
- When DHS writes the CCOP guidelines they should consider writing a statement that it is preferential to use the funding first to meet the individual needs of families and second as match.
- Many counties have already made their budget for 2016. Counties may not be able to make all of the necessary changes for 2016. In 2017 should some of the allocation specifically go towards match and some go for other services?
- DHS is exploring maintaining the same authority for the programs in 2016 as in 2015. 2016 would be a transition year and the new guidelines would be effective in 2017.
- Ideally counties would have a system where they look for available funds to meet families' needs based on a good assessment.
- The Council recommends that counties assess a family's needs first before deciding what type of funding source to use.
- The Council recommends that CCOP is used for both match and as one-time/ongoing flexible funds.
- The Council discussed short-term service coordination to families on the CLTS Wait List. The Council has made recommendations regarding this in the past. During the CCOP workgroup counties expressed concerns about meeting children's needs while they are on the wait list. Some county waiver agencies already do this.
 - It is critical for someone to work with the family to identify needs and then to find resources where families can meet those needs. This pertains to the CLTS Waiver, FSP, Medicaid, and other organizations outside of government that families can use.
 - Service coordination should not be a predefined menu. Children should also go through an assessment process before service coordination is issued.
 - The Council recommends that counties have a portion of their allocation devoted specifically to short term service coordination for children placed on the CLTS Wait List.
 - Smaller counties will have concerns about being compensated for providing service.
 - If DHS is going to require counties use a specific portion of their allocation for short term service coordination, then DHS will need to allocate funding to provide this service. Without this there will be significant county push back.
 - Recommendation that counties use the funds for short term service coordination, but to not tell counties that they have to use a specific amount of funding on this.
 - Can some type of service coordination be incorporated into the original assessment?
 - Currently there is not a uniform assessment required upon determining eligibility. The CCOP workgroup discussed having a full assessment for a child coming to the top of the wait list.
 - The statute applies to children who are enrolled in CCOP and not necessarily children who are placed on the CLTS Wait Lists. Targeted case management can be used for children placed on the CLTS Wait List. The Council recommends that DHS offer training to counties on the requirements for using targeted case management.
 - To summarize, the council would like each family to go through an assessment process whether the child is being placed on the CLTS Wait List or is being enrolled in CCOP. There should also be service coordination available to help families gain access to all types of supports and to make referrals to different types of services.
- Currently FSP has a \$3,000 annual cap per family; COP does not have a cap and the new CCOP statute also does not have a cap. What is the council's recommendation regarding an annual cap on

the amount of funding for an individual family?

- One member relayed when trying to get a wheelchair for her son through the insurance prior authorization process, the insurance company said they should use FSP. FSP is the payer of last resort, so the insurance company should have paid for the wheelchair. If there is no cap will families see more instances such as this example?
- The other perspective is that there are occasions where a county will keep funds 'reserved' until the end of the year because the family is supposed to use their full allocation by the end of the year. This results in counties having extra funds that they cannot use in time. What is the legality of a cap if the statute does not name it?
- From personal experience working with FSP, if families are allocated \$3,000 then they will spend \$3,000. When families are asked what their service needs are rather than telling them they have a specific amount of money, they will spend less. The council does not want to incentivize spending up to a cap. CCOP should keep the language of classic COP.
- There will be less administrative burden on counties if the cap is taken away.
- The council does not recommend a cap, but there should be clear guidance that this funding be a payer of last resort whenever feasible. There should be an expectation that service coordinators will make sure families receive appropriate services for which they are eligible.

4. Division of Long Term Care (DLTC)/Bureau of Children's Services (BCS) Updates – Deborah RATHERMEL, Interim Director, Bureau of Children's Services

- Children's Redesign Planning
 - All programs that BCS administers are part of the redesign.
 - Birth to 3 Program
 - The goal is to establish long term funding mechanisms. Each year it is getting difficult to sustain funding to meet the needs of all children. Birth to 3 has no wait list and the quality of care is working well in this program. The Birth to 3 team is putting forward a work plan that they will use in 2016 to identify strategies to make funding more sustainable.
 - CLTS Waiver Program
 - CLTS Waiver Renewal - The CLTS Waiver renewal will be written by July 2016, so DHS can provide a 30-day public comment period before submission to CMS.
 - There are currently 2,500 children placed on county CLTS Wait Lists (almost 30 percent of all CLTS Waiver eligible children).
 - The program's goal is to reduce and eliminate wait lists.
 - Strategies include:
 - Supporting waiver agencies with viable and sustainable funding models.
 - CMS has directed DHS to have statewide service rate setting methodology.
 - CLTS Waiver Program renewal is an opportunity to explore variables that are a factor in the program sustainability.
 - Transitioning the autism treatment benefit to the Medicaid card. Children receiving autism treatment services have some of the most expensive costs. DHS does not currently know how many children will transition completely to the Medicaid card and how many will remain enrolled in the CLTS Waiver Program.
 - Children's Community Options Program
 - Blending two programs into one is an opportunity to use this funding to serve more children in the future.
 - Katie Beckett Program
 - Determining the Katie Beckett Program eligibility is a labor intensive, manual process. It currently takes 4-6 months to determine eligibility. DHS is looking to shorten that timeframe.
 - Youth in Transition
 - There will be concentrated attention on how children transition from children's service

- programs to adult services.
- Behavioral Health
 - How can we reduce the number of children in institutions and hospitals?
 - The behavioral health team will also look at medication utilization among children. DHS is looking to support waiver agencies and other agencies that coordinate care so they can assess medication experiences.

5. National Core Indicators Update- Janet Estervig, Chief, Employment Initiatives Section

- National Core Indicators (NCI) is a survey targeting people with developmental disabilities that was issued to Wisconsin families. 38 states are involved in the NCI survey process.
- There are three categories of NCI surveys:
 1. Parents of adult children who live in the home. DHS issued 3,525 surveys and received 410 back (12 percent response rate).
 2. Parents of adult children who live outside the home. DHS issued 2,870 surveys and received 523 back (18 percent response rate).
 3. Parents of minor children. DHS issued 4,450 surveys and received 1,144 back (24 percent response rate).
- The Council has discussed for some time what would be good outcomes for families. Moving forward, what is the flexibility of including additional state questions to the NCI survey?
 - The state can add up to 10 extra questions.
 - DHS committed to hiring two full-time staff to conduct NCI interviews.
- DHS is open to suggestions for future survey timelines, for example would it make sense to conduct surveys every year versus every other year?
- NCI used to just be for IRIS and the Adult Legacy Waivers; going forward Family Care will also be included.
- More information can be found on the NCI website: <http://www.nationalcoreindicators.org/>

6. Discussion of Waiver Budget Allocation after Behavioral Treatment moves to Medicaid – Carrie Kahn, Chief, Bureau of Long Term Care Finance, Budget and Operations Section

- 2016 is transition year for the waiver agency autism allocations. County contract autism allocations are posted on the DHS website. Allocation methodology for 2016 has not changed, and DHS will not adjust any allocation for the autism transition during 2016.
- Discussions regarding 2017 allocation are in progress.
- The goal of fiscal staff is to find the greatest amount of flexibility to keep commitments to current children and to identify as much funding as possible to serve children on the CLTS Wait List.
- The Council would like to make recommendations for the biennial budget at a future meeting and would like CLTS to maintain as much budget authority as possible.
- The 2015 CLTS Waiver Program allocation is currently \$72-74 million. (Federal and State)
 - CLTS – Other: \$28 million
 - CLTS Autism: \$46 million
- The Council would like to issue a recommendation to the Secretary that after the autism treatment is transitioned to the Medicaid card, the current funding stays in the CLTS Waiver Program.
 - Charity will draft language and send it to Liz. Liz will forward it on to Secretary Rhodes.

7. CLTS Waiver Data Report – Susan Larsen, Chief, Policy Initiatives & Program Integrity Section

- A report displaying the number of children currently enrolled in the CLTS Waiver Program and the number of children included on the CLTS Wait List was distributed.

8. CLTS Council Meeting Wrap-Up and Adjournment

- The 2016 CLTS Council schedule will be discussed by DHS and issued to the Council members.
- August 2015 meeting minutes approved.
- The meeting was adjourned at 3:10 PM.