

Children's Long-Term Support (CLTS) Council
Meeting Minutes
Wednesday, January 13, 2016
10:00 AM – 3:00 PM
Crowne Plaza
4402 East Washington Avenue
Madison, WI 53704

Council Members Present: Liz Hecht (Chairperson), Charity Eleson, Nissan Bar-Lev, Sharon Fleischfresser (phone), Melanie Fralick (Phone), Dan Idzikowski, Barbara Katz, Kirstern Menningen, Jodi Pelishek, Walt Schalick, John Shaw, Joanne Juhnke

Council Members Absent: Cheryl Berg, Jonelle Brom, Lynne Green, Pilar Guzman, Darsell Johns, Jeff Muse, Melissa Stoltz

DHS Council Staff: Deb Rathermel, Alyssa Zirk, Kim Pertzborn

Public Attendees: None

The meeting commenced at 10:08 AM.

1. Welcome and Introductions – Liz Hecht, Chairperson

Council members and Department of Health Services (DHS) staff introduced themselves and went over the agenda.

2. Public Testimony

- There was no public comment

3. Children's Redesign Planning, Bureau of Children's Services (BCS) – Deb Rathermel, Interim Director, Bureau of Children's Services

- There are seven areas that will be covered in a Children's Redesign project
 - Birth to 3 Program
 - Children's Long Term Support Waiver
 - Waiver Renewal is in 2017
 - In 2016 BCS will be rewriting the CLTS Waiver application.
 - Other initiatives include the elimination of wait lists, the Autism Treatment Transition, and program fidelity. The state is responsible for the running of the program, but contracts with county waiver agencies; the state is looking to establish standards for operation in every county.
 - DHS asked the council how they would like to be involved in the Waiver Renewal process. The council would like to gain input from families about their experiences. A large survey was done in 2010. This data could be used to determine family experiences. The Council also suggested sending out a survey. A survey may be hard to accomplish given DHS's limited resources in the next 3 months. DHS would be able to do a series of meetings with community stakeholders. Family Voices would be interested in partnering with DHS to organize these meetings. The Council executive committee will meet to come up with questions for these meetings.
 - DHS will be combining all three Waivers (DD, SED, PD) into one.
 - The Centers for Medicare and Medicaid Services (CMS) have issued a directive for Home and Community Based Settings (HCBS). Settings that are not inclusive in the community will no longer be Waiver allowable. Categories of children's services

include child care settings specific to children over the age of 9, and congregate settings. Respite is excluded.

- CMS has also required conflict free case management.
- The last CMS directive is mandated statewide rate setting. The Council would like to know if there can be different rates in urban vs rural settings. This will be possible for some services.
- Next steps: the executive committee will develop questions for listening sessions and bring them back to the next council meeting.
- The time frame for the waiver renewal is as follows. DHS is drafting a concept paper to be finished at the end of February. The regional listening sessions would take place between March and May. The April council meeting will have CLTS lead staff at it to gain input from council. After the Waiver is written it goes out to the public for 30 days for a comment period.
- Katie Becket Program
 - DHS is looking to streamline the application process. It currently is a labor intensive and lengthy process.
- Behavioral Health Function
 - This section within BCS was created to assist the Bureau to meet behavioral health needs of the children served through BCS programs. This section will focus on deinstitutionalization of children with long term support needs, compliance cases technical assistance (restrictive measures, care for kids) and SED children who are part of the Waiver.
- Transition preparedness and employment outcomes
- Children's Community Options Program
- Information and data systems projects
- The Children's Redesign is a priority of Secretary Rhoades

4. Behavioral Treatment Transition Update Regarding Providers- Pam Lano, Division of Health Care Access and Accountability

- All waiver agencies have put their children on their transition plan. Waiver agencies made individual decisions for where children should fall on the schedule for the transition. This schedule determines when providers will submit Prior Authorizations (PAs). After a PA is approved the waiver agency will assess the child and make a thoughtful decision with the family to determine the child's needs.
- Online resources include:
 - <https://www.dhs.wisconsin.gov/clts/waiver/autism/index.htm>
 - [https://www.forwardhealth.wi.gov/WIPortal/Tab/42/icscontent/html/btb/Behavioral Treatment Benefit.htm.spage](https://www.forwardhealth.wi.gov/WIPortal/Tab/42/icscontent/html/btb/Behavioral_Treatment_Benefit.htm.spage)
- On the date of the CLTS council 91 professionals have enrolled as Medicaid providers.
- DHS found that 25 of 55 providers' currently providing behavioral treatment have enrolled. DHS has reached out to all providers who have not yet enrolled.
- Families are finding it difficult to locate providers using the search function on the Forward Health portal. The agency name will be in the mailing address. Families can search by county and see what providers are in their county. Certain providers will serve multiple counties surrounding their mailing address.
- The PA review team is a comprehensive group of individuals. Every person on the team has had experience treating people.
- Currently the review process turnaround is 10 days.
- DHS is trying to reduce as much hardship as possible.
- DHS is tracking children who are transitioning from the autism wait list and children who are

transitioning and are on the Waiver.

5. Children's Community Options Program (CCOP) Implementation- Role of Service Coordinator

- Kim Pertzborn was introduced. She will be writing the CCOP guidelines. The plan is to use the Family Support guide as framework, updating it to become the new CCOP guide.
- The statute (46.272) does not say what an assessment entails; it only states that there needs to be an assessment completed as part of the child's plan.
- Family Support did not have service coordination included; this is a new addition in CCOP.
- The role of the service coordinator is to engage in a discussion with the family about what their needs are around support and access to information. The service coordinator would have a holistic mind set. Families need support and help in order to effectively engage. Conversations should be outcomes driven and not service driven. A plan should be generated which identifies support needs across the spectrum. This includes what type of information the family may need, who they can connect with, what community supports they can use, and what supports and services can be used through CCOP. The vision for a service coordinator to have a comprehensive discussion. For example, if the family is having trouble navigating Medicaid or school the service coordinator would see that as a part of their job to help the family navigate these systems.
- The council was concerned about most of the CCOP allocation being used for service coordination therefore not leaving funding for services. A possible solution to this would be for counties to use targeted case management.
- The council discussed the types of services and the types of children that would receive pure CCOP funding. For example, straight CCOP would be used for intermittent needs.
- Short term service coordination could be a way to save funding. The council suggested piloting short term service coordination in several counties to see if it would be useful to the entire state. The council recommends that short term service coordination be an option for families.

6. CLTS Council Meeting Wrap-Up and Adjournment

- The next council meeting will take place on April 13, 2016 at La Quinta Inn & Suites in Madison.
- November meeting minutes approved.
- The meeting was adjourned at 2:59PM.