Children's Long Term Support (CLTS) Council Meeting
Draft Minutes
September 19, 2011
10:00 AM to 3:00 PM

Council Chairperson: Liz Hecht

Council Members: Cheryl Berg, Hugh Davis, Sharon Fleischfresser, Barb Katz, Keith Keller, Melanie Fralick, Jo Pelishek, Katie Sepnieski, John Shaw, Julie Turkoske, Linda Van Ness

DHS Staff: Beth Wroblewski, Sue Larsen, Julie Bryda, Tracey Brent, Jill Kelly

Guest: DHS Secretary Dennis Smith, Donna Winnick (Dane County, for Lynn Green), Charity Eleson (Luxvida LLC)

I. Welcome & Introductions – Liz Hecht

A. Review of Agenda

IV. Medicaid Efficiencies – DHS Secretary Dennis Smith

The Department is facing the challenge of a budget deficit, specifically in the Medicaid budget. Medicaid efficiencies need to be thoroughly evaluated. Individuals look to Medicaid to fill in the fiscal gaps where other programs are under funded. Medicaid has now surpassed Medicare in the number of participants, making Medicaid the largest single insurer in the states, Wisconsin being no exception.

The Department will be rolling out specific proposals which the public will be able to view and give feedback. The goal is for the public to view these proposals before they are submitted to CMS for final approval. The Department looks to repair the system in any way before resorting to transformational change to the system as a whole.

Current policies will be in focus for reform, as only 5% of participants account for 58% of funding. Ideally, individuals that can pay should. There needs to be an organized system of care and coordinated services. Many costs are avoidable, and poor quality of healthcare is the most expensive kind. For example, 25% of hospitalizations are avoidable. Cutting providers is not the answer, as the need is growing. Optional benefits are important and should be an option.

Most children who are on Medicaid will be so for their lifetime. Families are the best people to decide what services are needed for their children, as each child is different and has different needs. What works for one family, may not work for another.

The Department also plans to lift the Family Care caps as soon as possible. However, before this can occur it needs to be sustainable as it will only continue to grow. The goal for the program is to get it on a sound fiscal path where solutions are long lasting.

III. Questions & Discussion – Secretary Smith

Coordinated health care would mean integrated healthcare systems which should be taken advantage of. Finding a primary care physician who will be the center of an overall team will be the goal. The primary care physician will coordinate the knowledge of his patients. Medical homes will also be in the proposal. Overall, the role of the primary care physician will be elevated.

Working with parents and supporting them is part of the model. Training parents to teach their children with a disability is one of the important goals that need to be met. Working with families is at the heart of success and input is welcomed for future developmental proposals.

Proposals will be released on the web informing the public of potential changes. There may be listening sessions on more focused areas as well as video conferencing. Comments on these changes are welcomed immediately and ample time will be given before changes are submitted to CMS.

Measuring outcomes is both important and useful, and a shift from volume to value needs to take place. Care extenders need to expand their roles by broadening their repertoire. Demand is being driven up while supply is not increasing. Capacity is of major concern.

IV. Recommendations to Secretary

The Council has the following recommendations to DHS Secretary Smith:

1. More support for families and better access to service coordinators who can act as a “navigator” for families.
2. Expanding self-directed programs to children.
3. Increase in preparation of employment for young adults.
4. Outreach efforts of expertise in facilities to families and the community.
5. Better coordination with special needs adoption.
6. Amendments to the prior authorization process, making it more efficient and effective.

V. Youth in Transition Issues – Liz Hecht

There continues to be a number of issues related to assisting youth in transition to be independent and receive supports for employment. Some of them noted at the Council meeting were:

1. Approximately 20% of youth in transition are in restrictive/exclusive employment situations

2. At this time families do not have an opportunity for a "trial run" of a supportive home living arrangement.
3. Transportation continues to be an ongoing issue, especially across county lines.
4. Lack of resources for youth with mild disabilities.
5. Lack of options for youth with mental health issues transitioning to adult services.
6. Providers for personal care hours are seemingly inflexible.
7. Lack of coordinated service efforts, forcing families to be responsible for much or all of the service coordination.

Lunch

VI. Youth in Transition – Grant Initiatives – Liz Hecht

Youth Employment Services (YES) Investment as been proven to be a huge success in Dane County. YES has and continues to help high school graduates with disabilities continue employment as young adults. This success has been built between schools, the Department of Vocational Rehabilitation and Dane County's Long-Term Support programs.

A poll was taken, and the Council supports this proposal.

VII. Bureau of Long-Term Support Updates – Sue Larsen

a. CLTS Waiver Renewal

BLTS has submitted CLTS Waivers renewal applications to Centers for Medicare and Medicaid Services (CMS) on August 20, 2011. Three new proposed services and new performance measures were included in the submission. The three new waiver services include:

- Mentoring
- Community Integration Services
- Autism Treatment Services

b. IT Projects/Enhancements

The Children's Services Section has utilized Birth to 3 American Recovery and Reinvestment Act (ARRA) funding to enhance existing technology and develop new systems. The Department is working on the following system enhancements:

- Children's Wait List System: will allow county waiver agencies to modify and view their own wait lists, as well as view a child's placement on the statewide wait list.
- Critical Incident Reporting System: web-based system that will allow counties to electronically report and track every step of an incident instead of submitting a paper report.
- Wisconsin Provider Index Registry Index: web-based system for providers to register and maintain their records; is a sub-system of HP's ForwardService Medicaid Card Provider Registry.

- Children's Services Website Redesign: which will allow easier navigation and offer additional information to families and counties.

c. Family Support Guidelines
The current Family Support manual has not been updated since 1996. A draft of proposed updates is being developed and is almost complete.

VIII. Wrap-Up

a. Council Membership
The CLTS Council website will be updated with the current application letters, so that potential new members may apply. Parents with younger children, Tribal Agency representatives, members of FACETS, and the Department of Workforce Development's Division of Vocational Rehabilitation are encouraged to apply.

b. Keith Keller made a motion to approve the minutes. John Shaw seconded the motion. All approved.

c. The next CLTS Council meeting will be rescheduled as there is a BLTS training conflict for the next scheduled meeting on November 15, 2011

IX. Adjourned 3:02 PM