Wisconsin Council on Children's Long-Term Support Needs
Council Meeting

Approved Minutes
Thursday, May 18, 2006
Comfort Inn and Suites
10:00 a.m. – 3:00 p.m.
Madison, WI

Members Present: Liz Hecht, Chair – Members: Sharon Fleischfresser, Melanie Fralick, Pam Garman, Barbara Katz, Keith Keller, Sally Mather, Marge Pifer, John Shaw, Julie Turkoske, Beth Wroblewski, Michelle Sturz

Guests: Katie Sepnieski, DHFS/DDES, Joyce Binder - I Care, Amy Whitehead – Children with Special Health Care Needs Regional Centers, Martha Kraetsch, DHFS/DHCF

Staff: Kristina Stuart, DHFS

Minutes for March 21, 2006 – Council Approved
Minutes for April 27, 2006 – Council Subcommittee Approved Minutes

I. Opening Comments, Announcements

- Add link to Council on Long-Term Care Reform to Council website
- Update on Council on Long-Term Care Reform - Liz asked for thoughts on county/interest and capacity at this meeting
- Idea to set up discussions with the Wisconsin County Human Services Association about options for children's long-term support redesign
- Liz Hecht disseminated ADRC information about the availability of disability benefit specialists
- Sharon Fleischfresser and Amy Whitehead shared more information on Children with Special Health Care Needs Program
- Barb Katz shared information from the Association of Maternal and Child Health practioners; staff from DPH and DDES will work with Barb to review this material
- Liz Hecht shared information on the Long-Term Care Consortiums, and opportunities for input for CLTS Council members. How could parents of transition age kids become members of this group? Noted that there may be under-representation of consumers in this effort.

II. Update from April 27, 2006 subcommittee meeting

- Overview of the day based on draft minutes
- 1915(c) – Current status system – difficult to get additional funding
- Family Directed Services – possible in any system

- Cash and Counseling – Service Coordination is not emphasized, but did allow paying parents of minor children. The discount rate is off-putting, as well as other startup services. Cash and counseling makes sense when you have a less comprehensive service system than our Medicaid program. Olmstead Committee decided not to recommend Cash and Counseling resources. The addition of personal care is better for states that do not have a Medicaid program as rich as we are. Money is siphoned away from family to infrastructure pieces (fiscal agent, educating family on how to use options), etc.
- 1915 b/c review – looked at Family Care and Partnership models for pulling in managed care services into.
    - Both models pulled in the values that the Children's Committee is interested in purporting.
    - Question: are case ratios smaller in Partnership? Yes: It's all about the Nurse Practioner in Partnership.
    - Cost savings may be in medical side; will it be there for people with developmental disabilities?

III. Data Review

- Review of DHFS data related to implementing system change
    - Complexities of data – see 4/27/06 subcommittee meeting minutes for details on reasons that card costs increase for waiver clients
- Conclusions from the data: Children are on the waiver still cost more than children who are not. It will take a long time to expand CLTS if we continue to use waiver slots and Fee-for-Service model as currently done, as there are not significant savings.
- DHFS budget is assuming a 7.5% savings for children if proceeding with a managed care model. Can be savings in home health and personal care, DME/DMS etc. if pulled into managed care model.
- What happens to county funds and local funds in a new managed care system?
- What about the children participating through school systems? Can we capture that information? A: Difficult to address through current data systems; UW Milwaukee is implementing a grant project to assist with DPI systems. Could we look at School-Based Services Data? Could help us to look at a costing out broadly at the state level.
- Private insurance data is also missing
- Case Study Review – Interesting perspective of many different situations: To reduce the problems with prior authorization would be an enormous difficulty solved for families. Complexity between prior authorization and Waiver system continues.

PUBLIC COMMENT: Interested in School-Based Services discussion for Family Care, Joyce Binder

IV. Managed Care Nuts and Bolts

- See handout: National Conference of State Legistlature overview

- **Discussion about Case Studies**
  - Need better fiscal data to have some ability to compare what changed when the child moved from FFS and waitlist to waiver.
  - Assure that these examples are not used out of the appropriate context.
  - Not a public document – intended to provide a snapshot of what happens for children on the waiver and the cause of variable results.

- **Discussion of Managed Care Concepts**
  - **Capitated Rate** - Payment of a set amount, rather than a rate for each individual service delivered. This is a specific amount paid, typically on a monthly basis.
  - **Per member per month (PMPM)** – Term used for the capitated rate as paid to a managed care organization.
  - **Carved out** – services that are not included within the services to be managed, and therefore not included in the rate set.
  - **Rate setting** The process utilized to establish the amount that will be paid PMPM. This must have an actuarially sound basis.
  - **Risk reserve** – An amount set aside to meet unexpected high costs. This is a required component.
  - Quality is the process by which the Care Management Organization is measured for effectiveness and this balances any purely profit motive which may exist.

- **Discussion of a Shift in Position of the CLTS Council**
  - Noted that the original position of the Children's Redesign Committee that children would remain outside of Family Care was based upon multiple factors about the unique needs of children as well as concerns about managed care. The unique needs and concerns remain and will need to be addressed within a Managed Care model. However, many of the managed care concerns were based upon experience with private HMOs which did not have a rate setting method for children with long-term support needs. Must not lose site of the concerns that still remain with managed care as we would move forward with this concept.

- **Concern about the Family Support Program** – maintain a portion of this funding flexible to meet the needs of the following groups:
  - Children whose families have chosen not to enroll in managed care or who have opted to disenroll;
  - Children and families whose needs are not a Medicaid allowable expense; and
  - Children with substantial limitations, but who do not meet Medicaid eligibility requirements (both functional and financial).

- **Medical Home**
  - Consideration of a fully integrated model more fully addressing the needs of all children with long-term support needs.

V. Discussion of Children's Long-Term Support Services System

See attachment: Possible Services to Include in a Managed Care System