

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

Tuesday September 18, 2006

LaQuinta Hotel

10:00 a.m. - 3:00 p.m.

Madison, WI

Members: Liz Hecht, Sally Mather, Sue Gilbertson, Pat Patterson, Glenn Johnson, Pam Garman, Keith Keller, Barbara Katz, Michelle Urban, Sharon Fleischfresser, Julie Turkoske, Deanna Yost, Lynn Breedlove, Deb McLeish, Hugh Davis, Beth Wroblewski

Guests: Amy Whitehead from DHFS, Diana Adamski from DHFS

Staff Member: Katie Sepnieski, DHFS

Approval of Minutes:

Sue Gilbertson made the motion to pass the minutes from the August 4, 2006 Council meeting.

Beth Wroblewski noted the correct spelling for Julie Strenn.

Glenn Johnson 2<sup>nd</sup> motion with the correct spelling change.

Vote was unanimously passed.

Meeting began at 10:05

- I. A review and discussion of the ACCESS small work group at the August 4, 2006 meeting regarding services in a children's managed care system was continued. The discussion focused on coordination of services.
  - a. Team Design Outcomes- a group process should be used to determine the needs of the child, then move to service planning.
  - b. Teams should include:
    - i. Entity that provides the funding
    - ii. Parents
    - iii. Child
    - iv. Other interested parties
    - v. Advocate, external and internal ombudsmen
  - c. Issues regarding coordination of services
    - i. Transitioning from one entity to another. Families may need to repeat child's history more than one time.
    - ii. Training of service coordinators and parents needs to be ongoing to assure quality services are provided.
    - iii. The person with the funding authority needs to be available when the service coordinator and the family disagree about the necessity of the service.

- iv. Thinking outside the box, and using different terminology (i.e., outcomes vs. wants and needs.)
- d. Council members expressed interest in hearing a presentation from a Family Care Model county.
  - i. The Family Care Model has not fully developed an autonomous model for families (allowing families to be in charge of own case.)
- e. Council members expressed interest in hearing a presentation from Wraparound Milwaukee or Dane County.
  - i. Wraparound is family driven and strength-based. Processes have been developed and may meet families needs better than a family care system.

## II. The CLTS Waiver Family Survey

- a. Diana Adamski, from the DHFS, Children's Services Section presented the final draft of the CLTS Waiver family survey.
- b. The survey was a collaborative effort between DHFS and the Waisman Center, the CLTS Council, and University of Wisconsin-Madison. Paul Shattuck from the Waisman center assisted with developing the questions and format.
- c. The DHFS was considering contracting with the UW-Survey center to implement the survey to all CLTS Waiver participants.
- d. In October, pilot counties will contact several families to participate in the survey. The families will be asked to complete the survey and then debrief with a Children's Services Specialist from DHFS.
  - i. The survey will be reviewed after the pilot county families have given their feedback and possible changes will be made.
- e. The family survey will be mailed out to approximately 2300 families currently receiving services through the CLTS Waiver.
- f. Council members reviewed the draft family survey and gave feedback to Diana Adamski.
  - i. It was pointed out by a member that the questions have been designed to meet national survey aggregate information.
  - ii. The council will email Diana Adamski if they are interested in participating in the initial survey.

## III. Diana Adamski discussed the outcomes requirements for the Individual Service Plan beginning January 2007.

- a. The web-based training was released the beginning of September 2006. To access and register for this training please go to the following website: <http://mynursingce.son.wisc.edu/index.pl?id=460363>
- b. The CLTS outcomes have different outcomes than the adults.
- c. The outcomes adapted to see if children have quality services and Bureau of Long-Term values.

## IV. Recommendations to the Secretary and Budget Discussion

- a. Liz Hecht reviewed the letter and recommendations submitted to Secretary Nelson on September 6, 2006.

- b. After the budget is submitted to the Governor there continues to be a dialogue between the Governor's office, Department of Administration (DOA), and Department of Health and Family Services.
- c. Members had concerns that the letter from the Council does not have specific data for a budget proposal.
- d. The Council would like to consider meeting with several Departments and groups to discuss in more detail the recommendations to Secretary Nelson.
  - i. Secretary's office, the Department of Administration, key legislators that work closely to the Governor, and the Governor's office.
  - ii. Lynn Breedlove offered to help facilitate meetings with different groups.
- e. The letter submitted with the budget from Secretary Nelson to Governor Doyle had two points regarding children with long-term support needs. The budget and the letter can be found at: <http://dhfs.wisconsin.gov/aboutDHFS/index.htm>.
- f. Secretary Nelson is interested in meeting with Liz Hecht and a delegation from the CLTS Council.
  - i. The Council should create a subcommittee quickly to create recommendations with clear next steps to implement a managed care system for children with special health care needs.
- g. The Council had suggestions and questions regarding the recommendations.
  - i. Self-directed options and more flexibility over their child's budget and the providers should be highlighted.
  - ii. Are entities going to allow families to hire own staff?
- h. The subcommittee that is formed will make recommendations from the draft that Liz passed out at the meeting. Volunteers for the committee were Liz Hecht, Sue Gilbertson, Barb Katz, Lynn Breedlove, Beth Wroblewski, and John Shaw, who was not present but was listed as a potential subcommittee member.
  - i. The Council agreed to allow the subcommittee to make recommendations to the Secretary without bringing the changes back to the entire Council to approve.
- i. The Council wants to continue to be an active entity in monitoring quality in a managed care system.
  - i. Consider a quality improvement advisory board.
  - ii. Have a sanctioned watchdog.

V. Quality in Managed Care Discussion

- a. The current managed care system has specific contracts with counties.
  - i. The reporting of critical incidents is monitored closely.
  - ii. The duties of providers and counties are clearly defined.
  - iii. The services that are provided are clearly defined.
- b. Member outcome surveys are utilized to assure quality and the health and safety of clients.

- c. The federal funding for managed care entities require:
  - i. An external quality review organization (EQRO).
    - 1. Currently it is Metastar for the adult system.
  - ii. The EQRO must be separate from the managed care entity and the State Medicaid Agency, which in Wisconsin is DHFS.
  - iii. An internal quality structure (discovery method, report, mediate, and repair) must be implemented.
  - iv. The managed care entity has a goal of quality services because it helps with costs.
  - v. CMS reviews quality requirements
    - 1. This is currently occurring in the CLTS Waiver program and is required in a managed care organization.
  - vi. External advocacy outside the managed care entity.
  - vii. Targeted review with families and counties regarding concerns or issues that arose.
  - viii. Through quality reviews of surveys, mediation, and critical incident reporting trends can be monitored, outcomes can be reviewed and the data can be evaluated allowing for a remediation of any trends.
- d. Confidentiality needs to be reviewed to assure it is not a barrier to accessing services.
- e. Outcomes for quality assist in guiding a contract for a managed care entity.
- f. Family Care uses a crosswalk of outcomes, the EQUATE documents, and other tools to monitor quality.
- g. Quality tools should be used to invest in systems change.
  - i. Funding agencies, providers and family caregivers need to be involved in quality change.

## VI. Updates

- a. 2007-2009 Biennium DHFS Budget.
  - i. BadgerCare Plus - possibility of providing a benefit to children that do not meet an institutional level of care or financial eligibility for the CLTS Waivers.
  - ii. An increase in rate to foster parents.
  - iii. Different funding streams for child welfare and CLTS.
- b. CLTS Waiver Five Year Renewal was submitted to the Center for Medicare and Medicaid (CMS) for review and approval.
  - i. Will continue with the three waivers (PD, DD, SED).
  - ii. Will be asking to pay parents for very specific services.
    - 1. This will need to be operationalized before it is implemented.

The meeting was adjourned at 3:00 p.m.