

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

**Minutes**

December 12, 2006

LaQuinta Hotel

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

Madison, WI

Members: Liz Hecht, Beth Wroblewski, Keith Keller, Pam Garman, Barbara Katz, Sue Gilbertson, John Shaw, Carrie Pomije, Hugh Davis, Sally Mather, Sharon Fleischfresser, Deb McLeish, Julie Turkoske

Guests: Kate Surprise from Waushara County Human Services, Amy Whitehead from DHFS, Allison Briggina, Lend Student Intern, Dennis Rhodes from DHFS, Dan Johnson from DHFS, Pam Groeschl from DHFS, Kay Marceau from Wood County Human Services

Staff Member: Katie Sepnieski, DHFS

Approval of Minutes:

Pam Garman made the motion to pass the minutes from the September 19, 2006 Council meeting.

Barbara Katz 2<sup>nd</sup> motion.

Vote was unanimously passed.

Meeting began at 10:08.

- I. CLTS Council Budget Recommendations for Secretary Nelson
  - a. Liz Hecht provided a handout of the recommendations that will be discussed with Secretary Nelson.
  - b. It may be necessary to have statutory authority to amend the statute with the Family Care language but to use it for the children's system.
  - c. Currently there is statutory authority for Wisconsin to have the three CLTS Waivers.
  - d. The first point of the recommendations hand-out:
    - i. Refers to the 1915 b/c waiver, which is managed care. 1915c is the current waivers.
    - ii. The b waiver would be a new part of the waivers.
    - iii. CMS would have 90 days to respond but can stop the clock when there is a question or issue.
    - iv. It would need to be determined if there would be one or more CMOs at the local level.
    - v. There needs to be a choice. There is only one CMO and there is a fee for service so the choice is CMO or fee for service.

- vi. Statutory authority means –binding law to change/delete/add statutory language process through legislative action or budget authority.
  - 1. Sunset language-if the process does not happen quickly then new statutes need to be implemented.
- e. The second point of the recommendations hand-out
  - i. Ask for funding and articulate the language
  - ii. Five sites and technical assistance for staff, it is not specifically counties to pilot managed care for children.
  - iii. The 2<sup>nd</sup> year is the on-going expense. There would need to be support to ensure counties continue with funding, administrative support and infrastructure.
  - iv. If the pilot is not feasible there would be continued funding for the children receiving the services and the county would need to continue to serve those children
  - v. If there are issues with pilots, DHFS would work with the pilots instead of discontinuing the project
  - vi. Family Care currently has at least ten planning consortiums.
  - vii. The five sites could be counties or consortiums
  - viii. If it is sites is it enough money, if it is a county run system, it may not be enough money either.
  - ix. Remove the five sites in order for more flexibility and ensuring enough financial support.
- f. The third point on the recommendations handout:
  - i. Address current system and children on waiting lists. Flexibility and unmet or crisis needs. Approximately 3000 kids are on waiting lists with a need of \$10,000/year and state would need to fund \$4000 of the services.
  - ii. Reviewed Autism Council letter to the Secretary, the Autism Council wants to continue intensive services but do acknowledge the need to help children with all long-term support needs. The Autism Council asked for an additional 250 new slots.
  - iii. The budget recommendations would address two-thirds of the waiting lists.
  - iv. Counties would be able to work with one system (Family Care) instead of two separate systems.
- g. The fourth point on the recommendations handout
  - i. BadgerCare Plus.
    - 1. For children who do not meet the Level of Care required to receive long-term support services but having a higher cost for services.
    - 2. The program may have a possible buy-in or costshare.
    - 3. The program considers children with mental health issues.
    - 4. Families with insurance can utilize this program.
    - 5. The Council discussed having a subcommittee review BadgerCare Plus once it is released. Sharon Fleischfresser

or Amy Whitehead, Barbara Katz, Julie Turkoske, Liz Hecht, and possibly Carrie Pomije volunteered for the subcommittee.

- h. The fifth point of the recommendation handout.
  - i. Resource Centers for children in managed care.
    - 1. Possibility of an RFP for resource centers.

## II. Self-Directed Supports Presentation

- a. Pam Groeschl and Dan Johnson from the Department of Health and Family Services (DHFS) presented the final draft of the work completed by a cross-functional team. The members were primarily from the Department with other stakeholders participating.
- b. The process took 18 months to complete the work.
- c. In the report, the term participant also can mean child and family.
- d. Risk and liability was addressed by Workforce Development and the Fiscal staff.
- e. Cost-effectiveness and quality was addressed
- f. There were concerns regarding not having the term “family” in the concept paper but “self.”
- g. Next steps of the SDS team:
  - i. Council will review the concept paper
  - ii. Council will give feedback to team
  - iii. Have specific training components for children
  - iv. Add definition of Family Care to include children
- h. The Council created a subgroup to review the concept paper and give input to the SDS group.
  - i. Liz Hecht, Keith Keller, Pam Garman, Barb Katz, Julie Turkoske, Sue Gilbertson and John Shaw volunteered.

## III. Quality Structures in a Managed Care System

- a. Karen McKim from the Department of Health and Family Services presented how quality is incorporated into the managed care system.
- b. Council members presented several questions to Karen regarding how quality is monitored.
- c. The Managed Care Organization (MCO) uses the quality cycle. The MCO needs to create a good design prior to the program existing, then it is operationalized and the program implements the design. Quality management is needed to complete the cycle.
  - i. Discovery – Is the system working
  - ii. Remediation – If evidence falls short
  - iii. Improvement - What can be done better
- d. Outcomes-to get high quality outcomes there must be high quality input, processes and outputs. In the managed care system, there are three types of outcomes, clinical, functional, and personal experience.
- e. Trends are monitored for quality assurance and adjustments are made to the system in order to decrease critical incidents and increase quality.

- IV. Possible Agenda Items for 2007
  - a. The Council is interested in learning about other systems affecting children.
    - i. Children with mental health issues
      - 1. What is available to children in counties?
      - 2. Where are kids falling through the cracks?
      - 3. How do families access the system?
    - ii. Family Support and Waiver working together
      - 1. Family Support rules and regulations
    - iii. Functional Screen update
    - iv. Child Welfare System
    - v. Self-directed and self-determination distinction for families
  
- V. Council meeting was adjourned at 3:07 p.m.