

Wisconsin Council on Children with Long-Term Support Needs
Council Meeting

May 13, 2010
LaQuinta Hotel
10:00 a.m. – 3:00 p.m.
Madison, WI

Chairperson: Liz Hecht

Members Present: Barbara Katz, Julie Tukoske, Cheryl Berg, Lynn Green, Keith Keller, John Shaw, Sue Gilbertson, Saphronia Purnel, Dondieneita Fleary Simmons, Melanie Fralick, Pilar Guzman, Sally Mather, Lynn Breedlove, Sharon Fleischfresser, Susan Crowley, Fredi- Ellen Bove, Beth Wroblewski, Julie Bryda

Guests: Harold Carson, Joyce Binder, Charity Ellison

Staff Members: Theresa Walske, Katie Sepnieski, DHS

- I. Welcome and Introductions
 - a. Liz Hecht welcomed everyone to the council meeting.
 - b. Introduction of council members and guests.

- II. Department of Health Services (DHS) Update – Beth Wroblewski
 - a. Implementation of Children’s Long-Term Support (CLTS) Programs
 - i. The Department would like to do more partnering with counties and less administrative oversight of the long-term support programs. In order to accomplish this, DHS will create a workgroup including counties and state staff to review current processes and policies to determine what can be changed in order to improve the system. DHS is also planning to improve and streamline the use of technology.
 - ii. The DHS has begun initiating information technology systems; undertaking processes to improve how children will be at the center of the technology. The technology should link Birth to 3, Third Party Claims Administrator (TPA), and other long-term support systems.
 - a. TPA will be the new claims system which will reimburse counties for services provided to families.
 - b. DHS is working with LaCrosse, Dane, and Milwaukee Counties to pilot the new TPA system. Also Shawano and Waushara Counties are

partnering with DHS to provide information. The new system is a federal obligation. All counties will be transitioning to this process over the next year. The intent is for HSRS to retire.

- b. CLTS Summit – Julie Bryda
 - i. DHS will be sponsoring a Children’s Long-Term Support Summit in the Wisconsin Dells May 18 and 19. The focus will be how the Waivers work with children and families within the community.
 - a. Guest speakers will include Connie Lyle O’Brien and Pam Garman.
 - ii. DHS will be encouraging county service coordinators to develop family centered plans.
 - iii. The Council was encouraged that DHS will be presenting this information to county staff.
 - a. Members also suggested having families present at the next summit so county staff could hear their perspectives and ideas.
- c. Circles of Life Conference
 - i. The conference was a success this year.
 - ii. There were approximately 350 conference participants.
 - iii. The committee worked very hard to organize and create a positive conference that families would appreciate
 - iv. A priority for next year’s conference should be to target parents of younger children. The committee should consider sending a Save the Date earlier so families can plan.
 - v. Although scholarships were available the economy still may have deterred families from attending.

III. CompassWisconsin: Threshold-Sally Mather and Charity Eleson

- a. An update of CompassWisconsin: Threshold was provided as well as an overview of the CompassWisconsin: Threshold website.
 - a. The website link is www.comapsswisconsin.org
 - b. The Katie Beckett Request for Proposal (RFP) included the provision to initiate intake for children’s programs in one part of the state. The contract included reviewing where their capacity was greatest which was the SE region of the State. Racine and Walworth Counties agreed to participate in the pilot.
- c. DHS has a Memo of Understanding (MOU) with Racine and Walworth counties regarding the implementation of the Intake and Access for families applying for long-term support programs.
 - i. Threshold will replace county intake in order to make use of current resources and not duplicate work for families.

- ii. DHS is partnering with the Children and Youth with Special HealthCare Needs (CYSHCN) regional center at Children's Hospital in Milwaukee.
- iii. Materials were developed for families and for the intake workers to ensure consistent information is being shared.
 - a. There is plain language in the brochure and all information in will be provided in Spanish.
- iv. An ongoing evaluation of the project is being reviewed.
 - a. Families are surveyed about their experience with the application process

IV. Budget Discussion-Liz Hecht

- a. The last biennial budget was reviewed which provided funding to reduce waiting lists by 1000 children over the next four years. The unspent funds from the 2007-2009 budget was also used to serve new children.
- b. DHS is beginning to develop the 2011-2013 budget. The CLTS Council will need to provide funding recommendations to the Department. The Council would like to continue to focus on reducing waiting lists and continue to develop an Intake and Access Point by reviewing the work of Threshold.
- c. The Council will need to focus on different ways for additional funding and resources to be included in the next budget
 - i. Working with Wisconsin County Human Services Association (WCHSA) regarding the additional resources will increase the number of children being served in counties.
 - ii. The legislators will need additional information regarding why this funding is necessary.
 - a. Data-The Council will need data from DHS which provides information about the number of new children being served and the total number of children still waiting for services.
 - b. Compelling Stories - Families stories which focus on how the funding has assisted their family.
 - c. Symbol of Compass Could we have a gimmick like a compass keychain, package this in a way that has some potency.
 - iii. Currently there are capacity issue at the counties and state level with staff being able to utilize the funding quickly. However counties have done a great job of using the funding to serve more children even with the decrease in staff at the counties.
 - a. Counties are responsible for funding the planning and assessment piece to place the child on the wait list unless the child is on the list less than six months.

- b. Once a child is on the waiver there is a revenue source but the time to assess and put on the waitlist, the county does not receive funds.
- iv. Should DHS consider piloting uncoupling programs and services?
 - a. For example a child needs to go to therapy; Card will reimburse transportation to get to therapy, but not someone to stay home with siblings so that parent may go.
- v. Council members should contact Liz if they have further thoughts or ideas. She can be reached at 608-263-7148

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- V. Approval of the minutes
 - a. John Shaw motioned to approve minutes
 - b. Lynn Green seconded motion
 - c. All accepted minutes

- VI. Medicaid Rate Reform Update-Fredi-Ellen Bove, Deputy Division Administrator
 - a. 2009-2011 Budget required Medicaid savings of \$625 million. The Division of Health Access and Accountability started a collaborative process to identify savings and improve how services are provided. Stakeholders were asked to participate.
 - b. One cost savings implemented was a single source contract with J&B Medical Supply to provide incontinence supplies to Medicaid recipients.
 - i. There have been numerous concerns with the implementation of this supplier not having the appropriate supplies.
 - ii. Many MA receipts did not receive a letter from J&B Medical Supply until mid March and had difficulty trying to get the needed supplies. There are families that still have not gotten letters by J&B Medical Supply.
 - iii. MA receipts would like clarification on what products are provided and what families do when the products they need are not provided.
 - c. The Division of Healthcare Access and Accountability have created a website that provides information regarding this effort.
 - i. <http://dhs.wisconsin.gov/Medicaid/ratereform>

- VII. Federal HealthCare Reform Efforts-Fredi-Ellen Bove
 - a. Enhance federal matching funds for community based programs, through the money follows the person for individuals leaving a nursing home or ICF-MR. In 2009 there were eight children residing in ICF-MR.
 - b. Institutional funds –WI does not qualify for additional funds because more than 60% individuals are in community and no longer in institutions.

- c. Aging and Disability Resource Centers are expanding nationwide. \$10 million will be provide to states to encourage development; est. \$180,000 to Wisconsin
- d. Elder Justice Act – funding not approved yet
- e. CLASS Act Provision – new insurance program for people to participate in through premium contributions.
- f. No changes in eligibility criteria for children participating in long-term support Medicaid programs. The State will be able to capture enhanced FMAP for some children. The funding will not be able to be used to expand programs
- g. Insurance plans mandated to cover children up to age 26.
- h. Medicaid coverage for children in foster care to age 26.
- i. Additional information can be found at the website:
www.healthcarereform.wisconsin.gov

VIII. Updates from Department

- a. Katie Sepnieski is working with The Management Group (TMG) regarding plan approvals.
- b. A summer intern who will also work on plan approvals.

IX. Subcommittee for the 2011-2013 budget

- a. Committee volunteers are: Lynn Breedlove, Barb Katz, John Shaw and Liz Hecht.
- b. Committee to draft recommendation and then have a conference call.

X. Future agenda items

- a. CompassWisconsin activities update
- b. Continued Budget discussion