

CLTS Council  
August 12, 2010

Council Chairperson: Liz Hecht

Council Members: Keith Keller, Melanie Fralick, Sue Gilbertson, Lynn Green, Julie Turkoske, Sally Mather, John Shaw, Lynn Breedlove, Fredi Bove, Cheryl Berg, Beth Wroblewski, Saphronia Purnell, Pilar Guzman, Sharon Fleischfresser

DHS Staff: Julie Bryda, Theresa Walske, Katie Sepnieski

Guests: Joan Ketterman, Sheboygan County and WCHSA, Charity Eleson Luxvida LLC, Joyce Binder I-Care, Lynn Renner Family Voices

- I. Welcome and Introductions-Liz Hecht
  - a. Review of Agenda
  
- II. Medicaid Rate Reform-Fredi Bove, DHS
  - a. DHS initiative to find savings in the budget for \$200 million GPR savings in the Medicaid program.
    - i. The first version was meant to save over \$600 million GPR
    - ii. The second version should save approximately \$40 million GPR
  - b. The first initiative was to switch to one incontinence supplier. J&B was contracted to cover this service.
  - c. There have been some problems with the start-up of the contract. There continues to be some issues that are being addressed by DHS.
    - i. Theresa Walske is the contact for DLTC regarding this issue.
  - d. DHS continues to assess and monitor if there will continue to be a budget deficit after the initiatives have been fully implemented and the savings with the extension of the match rate for the Waiver programs
  - e. The Federal Government will extend Medicaid Waiver match rates.
    - i. The extension will be tiered down over the next year from 70% to 60%. This should bring in \$185 million to the State in savings.
  
- III. Council Recommendations for the Biennial Budget for 2011-2013
  - a. A subcommittee (John Shaw, Lynn Breedlove, Liz Hecht) met with Beth Wroblewski to discuss the recommendations from the Council
  - b. The subcommittee has drafted a recommendation which provides an overview of the Council's quality improvement efforts, this includes information about Compass Wisconsin.
  - c. The subcommittee has narrowed the focus from six points to four points.
    - i. Funding for Services

1. Continue to recommend continuing the commitment to end waiting lists for children by reducing waiting lists by 1000 children during the next biennium
- ii. Information, Short-term Assistance and Resource Access Services
  1. Provide equity and quality of family experience across the State by expanding Compass Wisconsin Threshold to serve 25% of children.
- iii. Coordinated Services and Supports
  1. Strengthen the capacity of DHS to provide training, technical assistance, quality assurance and oversight to counties implementing Compass.
- iv. Access to Health Care
  1. Provide an avenue to comprehensive medical coverage for children eligible for Medicaid whose needs can not be met by the benefit package provided by the benchmark plan.
    - a. Families are not able to access medication due to the type of plan they are enrolled in.
- d. Council Discussion regarding the budget recommendations
  - i. The complexity of the system can make it difficult for legislators and others to understand the programs that are involved with the initiatives.
    1. The CLTS Waivers have several different components
      - a. Intensive In-Home Services for children with Autism
      - b. Ongoing Services
      - c. Local and State-funded waiver services
    2. Families can also access Family Support, Birth to 3, Katie Beckett Program, and other long-term support services.
    3. Compass Wisconsin and Threshold are new terms that only describe one prong of the initiative which can make it difficult for others to understand.
      - a. It can be confusing regarding if these two terms are competing.
    4. A brief description of the different programs and what Compass Wisconsin is would be necessary because it could be considered duplicative services that are being provided in other arenas.
  - ii. Other groups need to understand why the Council has moved towards initiatives that may be different from how the adult system has changed with FamilyCare and Aging and Disability Resource Centers.
    1. The Council would like to expand Compass but it needs to be explained why it doesn't fit into the adult system.
  - iii. Council members believe the third point (Coordinated Services and Supports) should be written in more detail regarding the capacity

- issues at both DHS and County agencies. There needs to be more staff to administer and implement the multiple programs.
- iv. The second point (Information, Short-term Assistance and Resource Access Services) needs to continue to be evaluated and improved to determine if it should be expanded to more counties and families.
    1. DHS will need to review how to continue the funding through Administrative costs through the CLTS Waivers or if it will be a separate budget line item.
      - a. It is believed that this would need to be a separate budget item due to Federal Medicaid rules.
    - v. Additional funding may be necessary for the CYSHCN regional centers since the phone calls and emails will increase if this is expanded.
  - e. The Survival Coalition three co-chairs met with the Secretary to discuss the budget. The children's system was addressed regarding the need for an increase in infrastructure. DHS cannot ask for additional funding for new services or programs due to the budget deficit.
  - f. It is the charge of the CLTS Council to continue to make recommendations regarding budget initiatives. The Governor's transition team can add budget items.
  - g. The draft should include a cover letter/page that explains the initiatives and what the Compass Wisconsin and Threshold is and why it is a good idea as well as the history of how the Council has gotten to this point. It should explain how it could be cost effective.
    - i. Need to continue to explain why there is a difference between children and adult systems and how the needs are different.
    - ii. The Compass Wisconsin Threshold website provides information about all the programs and how this program came to be.
    - iii. There continues to be questions regarding the Aging and Disability Resource Centers including children. These questions will need to be addressed so others can understand the need for a family-centered program.
  - h. The draft will be updated and several committee members have offered to review the edited version.
    - i. Lynn Green, Sue Gilbertson, Sharon Fleischfresser, Melanie Fralick
    - ii. Liz Hecht will work with Lynn Breedlove and John Shaw to rewrite the draft. Liz will also share the draft with DHS in order to provide data.
  - i. John has made a motion to accept the draft budget recommendations to review and then forward to the Secretary's office
  - j. Saphoria seconded the motion
  - k. All approved

- IV. CompassWisconsin: Threshold-Sally Mather and Charity Eleson
  - a. All of the factsheets and application has been translated into Spanish. The CYSHCN regional center did the translation and then Pilar Guzman reviewed for clarity.
  - b. A quarterly report was provided to the Council which was reviewed. The report covers activity from April 19 through June 30, 2010.
    - i. Intake, Application and Eligibility
      - 1. Intake call, home visit, eligibility determination.
      - 2. Threshold does not complete an assessment since they do not develop service plans for any long-term support program.
    - ii. The report provides data and statistics regarding the number of families that have contacted Threshold to apply for long-term support programs.
    - iii. Families are responsible for scheduling the home visit but there will be follow-up by Threshold staff to determine why a home visit hasn't been scheduled.
    - iv. Families are taking advantage of applying for multiple programs, most families apply for two or more programs.
      - 1. CLTS Waivers, CLTS Waiver Intensive Services, Family Support Program, Katie Beckett Program, and the Community Options Program
    - v. Quality Assurance Data has been reviewed:
      - 1. Resource Specialist Referrals and Consultations
      - 2. Cycle Time for Application Completion
        - a. A standard of a two week turn around for when the application is submitted to BLTS will be added for the next report.
      - 3. Family Survey Results
        - a. There were 8 families willing to be interviewed, representing 57% of families completing the applications process through the home visit and the CLTS Functional Screen in the first quarter.
        - b. A call/interview is arranged with families that have agreed to do the survey. The interview takes about 15 to 20 minutes
      - 4. CLTS Functional Screen Results
  - c. Council members are interested providing additional ideas and ask questions:
    - i. The age of the child applying for the programs
    - ii. Is assistance provided to families if they have a difficult time completing the applications?
    - iii. Families that are applying for programs what are their next steps after eligibility is determined?
      - 1. Walworth County has a waiting list for services

2. Racine County does not have a waiting list for CLTS Waiver but does have one for Family Support
  - iv. Families may not quickly complete an application if there is a waiting list, there won't be a motivation to get done quickly.
  - v. Families do have the ability to apply for Katie Beckett Medicaid and then don't have to wait for this service.
  - vi. Could it be possible to schedule a home visit at the same time the application is being requested which can assist?
- V. Approval of the minutes
- a. Keith Keller had a change to the minutes
  - b. Lynn Green made a motion to approve minutes with the change
  - c. John Shaw seconded motion
  - d. All approved minutes

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- VI. Continued discussion of the CompassWisconsin:Threshold presentation
- a. The Resource Specialist is not being utilized as much as anticipated and feedback from the Council would be helpful.
    - i. Ask the family if they would like a phone call from the specialist instead of providing the phone number.
      1. Having someone call them that is not involved in the application process that can answer questions about how to help the child.
    - ii. Having the resource specialist follow up on the needs of the family to determine what is working or not and explain this to them so they would be more interested in providing information.
    - iii. Target those that have used the resource specialist to determine why they contacted her and if it was useful or not.
  - b. The interview/survey may be intimidating to answer questions to someone involved in the program. Younger families may not be sure how to advocate for their needs so the survey would not provide adequate data.
    - i. The survey could be a paper form or postcard that could be filled out and mailed back
    - ii. Families could have an option of filling out a survey or doing a phone interview
  - c. The consultant that is meeting with the family provides detailed information about the different programs that are available and what those programs can do for their child. The family may not have additional questions after the home visit.
  - d. Families could be reminded at different times after being placed on the waiting lists that there is a resource specialist available to them.
- VII. Public Comment

- a. Lynn Renner from Family Voices provided a hand-out regarding listening sessions that will be offered to the public regarding the J&B contract.

VIII. Future Agenda Items-All

- a. Self-directed supports and the impact on children.
  - i. DHS has an approved self-directed waiver (IRIS) for adults.
  - ii. There is an opportunity that the children's section could review this as a possibility. It would be an amendment to the state plan.
- b. Follow-up on the budget and CompassWisconsin Threshold

IX. CLTS Waivers Enrollment and Utilization of Funds-Beth Wroblewski

- a. The State is half-way through the biennium. The second year has started. In that time DHS has been working to use the funding that became available in the last two budgets.
- b. As of August 10, 2010 there are 4743 children participating in the CLTS Waivers.
- c. With counties using new funding since July of 2009, 807 new children have been enrolled into the CLTS Waivers.
  - i. This excludes new children participating in the autism portion of the CLTS Waivers.
  - ii. Funding being used is the new state allocated funds, Family Support, and local funds (tax levy, community aids, etc)
- d. As of the beginning of the second year of the budget the Children's Long-Term Support Waiver program is on target to serve 1000 new children using the funding that became available.
  - i. Children are transitioning into FamilyCare which frees up CLTS Waiver funds
  - ii. Children's daily costs are not as costly as predicted
- e. DHS data:
  - i. By the end of the biennial 936 new children will be served
  - ii. As of July 1, 2009 the state waiting list was 2861
  - iii. On average 35 new children per month are starting the CLTS Waiver as of July 2009.
  - iv. As of January 2010 90 new child per month are starting the CLTS Waivers
  - v. As of August 11, 2010 50% of the funding has been expended.
  - vi. DHS has projected that by the end of the biennium:
    - 1. 100% of the funding will be expended
    - 2. All counties will be using the resources
    - 3. County wait lists will be at approximately 1941
      - a. This includes the children over age 18 in non-FamilyCare counties
- f. There was an increase in the number of children served through Family Support in 2009 than in 2008
  - i. In 2009 there were 2854 children served
  - ii. In 2008 there were 2514 children served

- iii. The wait list was also reduced for Family Support funds
- g. Children may be waiting for Family Support but receiving CLTS Waiver services. The wait lists may have duplicative children due to the need for the type of funds they need.
- h. Children are no longer participating in the Community Integration Program (CIP) Waiver. These children were transitioned to the CLTS Waivers a few years ago.
- i. Counties may have concerns with serving more children because of the difficulty figuring out the long-term costs of the child.

X. Centers for Medicare and Medicaid Services (CMS) Waiver Renewal-Beth Wroblewski

- a. The CLTS Waiver is due for the five year renewal at the end of 2011.
- b. The Children's Services Section was required to submit evidence to CMS proving DHS is implementing the waivers as approved. The evidence that was submitted was:
  - i. The Family Survey
  - ii. The County Record Reviews
  - iii. The Human Services Reporting System data
- c. CMS is requiring DHS to submit data regarding the implementation of each CLTS Waiver.
- d. CLTS Waiver has six assurances of quality that are reported to CMS
  - i. Level of Care
  - ii. Service Planning
  - iii. Provider qualifications and choice
  - iv. Financial accountability
  - v. State Authority of the Waiver
  - vi. Health, Safety and Welfare
- e. The report to CMS can be shared at the next CLTS Council meeting

XI. DHS Updates

- a. The Legislative Fiscal Bureau is auditing the FamilyCare program. There were public hearings to discuss the program. There isn't an updated "Scope" document to share with the Council but there is information on the LFB website. <http://www.legis.state.wi.us/lfb>
- b. The Division of Public Health has completed its 2020 plan which includes people with disabilities. The plan focuses on access, data, physical activities, oral health and mental health.
- c. Third Party Administration (TPA) Implementation-Sue Larsen
  - i. CMS requires a statewide, standardized federally compliant claims and reporting system for provider services covered by Medicaid funding
  - ii. Current DHS processes:
    - 1. Funding counties through the Community Aids Reporting (CARS) for claims payments

- 2. Counties use Human Services Reporting Systems (HSRS) to track enrollment and claims per enrollee
    - 3. End of the year reconciliation
  - iii. Renewal of Wisconsin's Children's Long-Term Support Waivers and federal matching for funds depends upon compliance with the CMS requirements for standardized, statewide claims and data reporting process.
  - iv. Three large counties volunteered to participate in the TPA pilot
    - 1. Dane, LaCrosse, Milwaukee
  - v. Two additional counties volunteered to represent smaller counties
    - 1. Shawano and Waushara
  - vi. TPA claims implementation will begin statewide on a phased basis effective Spring 2011
    - 1. CMS requires all CLTS Waivers to subject to the new process by December 2011
  - vii. DHS and the pilot counties are determining how services and products will fit into the new coding system.
- d. CLTS Waiver Family Survey
  - i. A handout which provided a snapshot of the process and response rate of 30%.
  - ii. A more thorough report will be provided at the next CLTS Council meeting
  - iii. There is a national survey for children with special health care needs that could be used. The questions are validated. It would also allow for a comparison between States.
- e. Family Support Program Data
  - i. There has been an increase in the number of children served due to crisis needs.
  - ii. DHS is working with counties to match FSP to the Waiver in order to maximize funding.
  - iii. In 2009 there was a lapse of approximately \$300,000 of FSP funds.
    - 1. Counties are able to carryover 5% of unspent funds.
- f. Autism Insurance Mandate
  - i. The coordination of benefits between the insurance and the CLTS Waivers.
  - ii. The autism wait list has not decreased. Families continue to apply for the CLTS Waivers in order to meet the unmet service need until insurance will fund the service.

## XII. Waiver Simplification and Quality Assurance-Julie Bryda

- a. Counties were asked to participate in a discussion regarding how to simplify the process for the implementation of the CLTS Waivers.
  - i. Approximately 60 agencies were represented at three meetings across the State
- b. Some of the discussion from the meetings were:
  - i. Reduce the complexity between:

1. Funding sources
2. Waiver vs. Medicaid
- ii. Review if the Disability Determination is required
- iii. Review CLTS Waiver policies
  1. Restrictive Measures policy and application
  2. Critical Incident Reporting
  3. CIP policies that were adopted but should be reviewed to fit into the CLTS Waiver system
  4. Appendix J for the Room and Board for foster care
- iv. Quicker turn around time of the approval of applications in order to get families services immediately
- c. A final report will be sent out to the counties and council members
- d. Next Steps for simplification:
  - i. Develop a county workgroup to review the room and board rate
  - ii. DHS has identified issues that need to be addressed
  - iii. The implementation of the TPA
- e. The Children's Long-Term Support Summit focused on person-centered planning for county service coordinators
  - i. An October training by the DD Network will be on family-centered planning.
  - ii. County service coordinators did complete evaluations with feedback
    1. More technical assistance support
    2. More in-depth information regarding how to do family-centered planning