

QUESTIONS AND ANSWERS ABOUT SERVING CHILDREN AND ADOLESCENTS WITH DEVELOPMENTAL DISABILITIES AND BEHAVIOR CHALLENGES AT THE CENTER FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES.

Background

Eligibility and Purpose of the State Centers Intensive Treatment Programs

Intensive Treatment Programs (ITPs) are located at each of the three State Centers. These programs are called Northern Wisconsin Center EXCEL, Central Wisconsin Center Short Term Assessment Program (STAP), and the Southern Wisconsin Center Intensive Treatment Program.

Individuals eligible for Intensive Treatment Program (ITP) services are children and adults with mental retardation (IQ < 70-75 *and* needs to acquire skills for personal independence) who meet the diagnostic eligibility criteria for residential services consistent with the requirements of the Developmental Disabilities Medicaid Waiver and:

1. Whose preadmission assessment has identified active treatment needs which cannot be adequately met elsewhere due to significant maladaptive and inappropriate behaviors which are due to social, psychological, psychiatric, and medical factors and;
2. Whose preadmission assessment has identified active treatment needs that can be met at an ITP and;
3. Whose need for active treatment can be best met by decreasing the frequency of those behaviors which are interfering with other active treatment needs and simultaneously increasing those skills necessary to achieve functioning with as much self determination and independence as possible, and preventing the loss or regression of functioning and;
4. Consistent with the ICFMR standards, individuals who need a program of active treatment that includes aggressive, consistent implementation of a program of specialized and generic training, treatment, and health services and;
5. Whose needs include acquiring the skills essential for privacy and independence and includes, but is not limited to: toilet training, personal hygiene, dental hygiene, self feeding, bathing, dressing, grooming, communication of basic needs, self-medication, use of medical devices and money management and;
6. Whose needs for medical services and supports can be adequately met by the ITP.

ITP services are not for individuals who are able to function with little supervision or in the absence of a program of continuous active treatment or for persons who are generally able to independently take care of most of their personal care needs, and effectively and appropriately make known to others their basic needs and wants.

ITP services are not intended for emergency detentions under Chapter 51.

Note: Specific admission decisions will consider gender, age, compatibility, and the availability of necessary programs and services based on the preadmission assessment.

For specific admission criteria please refer to DDES Information memo 2007-01 and DDES Numbered Memo Series 2007-06 which can be found at http://dhfs.wisconsin.gov/dsl_info

How to Initiate the Admission of a Child to an ITP:

Referrals may be made to the following:

CWC

Joe Stoffels, STAP Coordinator
608-301-9244
Theresa Wright, STAP Social Worker
608-301-9233

NWC

Rebecca Graham, EXCEL Unit Director
715-723-5542 extension 5100
Admissions Coordinator
715-723-5542 extension 5115

SWC

Southern Wisconsin Center ITP is not currently admitting children who require educational services. Admission questions for SWC ITP can be directed to:

Jennifer Nora, ITP Admissions Coordinator
262 878-2411

Admissions will occur after a determination is made by a preadmission assessment that the individual's needs could be met at an ITP and the individual meets the criteria for admission.

Each admission to a Center ITP is for the purpose of helping the individual attain increased personal independence and to successfully transition to his/her own community. In order to accomplish this, transition planning starts at the time of admission. The programmatic, habilitative, and clinical emphasis at the ITP includes consideration of where each individual will live, work, recreate, go to school, and receive health care in the future. The typical length of stay is 30 to 90 days. A mutually agreed upon discharge date is determined for the preadmission agreement. The preadmission agreement must be signed by the county and the Center prior to admission.

ITP admissions are scheduled admissions and are not emergency detentions. The total bed capacity for children between NWC Excel and CWC STAP is 20 beds. Every effort is made for timely admission scheduling. When a clinically appropriate

bed is available, an admission is scheduled within 10 days of the admission decision. When a bed is not immediately available, a tentative admission date is set based on the next available bed compatible with the persons needs. The order of future admission dates can change based on the concept that those with the most acute needs are admitted first. The order of admissions is not organized on a "first come-first served" list.

1. What is the purpose of the three Intensive Treatment Programs?

Each admission to a Center ITP is for the purpose of helping an individual with a developmental/intellectual disability gain increased personal independence and to support community living by successfully transitioning/supporting an individual into a more independent living environment.

This is accomplished by a combination of assessments, treatment, and recommendations to facilitate successful community living. For a person admitted to an ITP, assessments, interventions, and treatments focus on ways to decrease the frequency of those behaviors which are interfering with other active treatment needs and simultaneously increasing those skills necessary to achieve functioning with as much self determination and independence as possible.

2. What is the difference between the three ITP programs?

The NWC EXCEL program has 20 adult beds and 10 children's beds. The CWC STAP program has 10 children's beds (5 males/5 females) and the potential for advanced medical assessments in conjunction with the University of Wisconsin Hospital and Clinics. The SWC ITP has 13 adult beds and is projected to increase to 30 beds in 2008. All three programs provide psychological and psychiatric supports for individuals with developmental/intellectual disabilities. It is the current practice that CWC STAP admits children under age 12, NWC admits children over age 12, and SWC is currently not admitting children.

3. How long do individuals stay at an ITP?

All ITP admissions start with a 28-day plan. The typical length of stay is 30-90 days. Admission agreements start with a 28-day plan in accordance with ICF/MR standards. Additional days must be mutually agreed to by the county, the parent/guardian, and the ITP.

Prior to admission, the discharge date is mutually agreed to by both the county and the Center ITP. Extensions beyond 90 days are mutually agreed upon between the county and the ITP. When there is such agreement, a request to waiver the 10% ITP surcharge is sent to the Bureau Chief. Stays beyond 90 days which are not mutually agreed to will be subject to a cumulative 10% surcharge in addition to the non-federal share charged to the county.

4. Will waiver funding be made available to counties to provide funding for the Center ITPs instead of admissions to WMHI?

Please see DDES Numbered Memo 2007-06 Realignment of Program Mission for Mental Health Institutes and Centers for the Developmentally Disabled at <http://dhfs.wisconsin.gov> which states in part:

DHFS will fund the non-federal share of costs for any child or adolescent under the age of 22 who are receiving active treatment and voluntarily transfer from SMIC or TLC to a DD center between April 1, 2007 and December 31, 2007.

DHFS will waive the 10% surcharge to counties for those children who were transferred from SMIC/TLC during calendar year 2007.

Beginning in calendar year 2008, DHFS will impose the appropriate ITP costs and surcharges for former and future SMIC and TLC clients admitted to the ITP.

Note: Any ITP stay that on January 1, 2008 has exceeded 90 days (starting from 10/3/07) is subject to the ITP 10% surcharge unless there is an approved waiver request mutually agreed upon between the county and the ITP team.

5. Are stays at a Center ITP covered by insurance? In what cases? How does the county arrange for pre-authorization to minimize the cost of placement?

Occasionally, private insurances have paid in the past. This would be an issue for counties to check and proceed with specific insurance carriers pre-authorization procedures. During pre-admission, Center business office can verify payment rate and procedure information with specific insurance provider.

6. Can an admission to an ITP be for the purpose of a temporary living arrangement while county officials or others search for a new residential placement?

No. Admissions to ITPs are not for the primary purpose of providing temporary living arrangements pending the development of a new residential placement.

7. What is a preadmission agreement?

A preadmission agreement is required *prior* to final approval of the admission. A preadmission agreement is agreed to and signed by officials from the referring county, the parent/guardian and the Center ITP. The preadmission agreement includes the purpose of the admission, the costs, an explanation of the county's share of those costs, the possibility of a surcharge when the stay exceeds the mutually agreed upon discharge date, and the plan to return the individual to his/her own home county.

8. What is a preadmission assessment?

A preadmission assessment is required prior to final approval of the admission. A preadmission assessment determines the individual's eligibility for admission to a Center ITP and specific eligibility for ICF/MR level of care. This is *required* under the ICF/MR standards. A preadmission assessment would normally include reviewing the results of psychological testing and an assessment of the individual's level of personal independence. The preadmission assessment is conducted by the ITP team. By December 1, 2007, a Standardized Pre-Admission Assessment form will be available for all three admission teams.

9. Do the Center ITPs require a Children's Long Term Support Functional Screen for admission?

A child must meet a DD Level of Care consistent with the requirements of the CLTS Developmental Disabilities Waiver. Please see DDE Memo 2007-06 Realignment of

Program Mission for Mental Health Institutes and Centers for the Developmentally Disabled at http://dhfs.wisconsin.gov/dsl_info.

10. Is someone whose needs are primarily “psychiatric” eligible for an ITP?

The specific admission criteria are at http://dhfs.wisconsin.gov/dsl_info.

To summarize, the individual must have mental retardation as determined by psychological testing and have an assessed need to acquire skills leading to personal independence. Individuals who are diagnosed with mental retardation and have skills to function independently but are not currently functioning independently due to a mental/behavioral disorder are not eligible.

The individual who does not have skills for personal independence and has mental retardation (measured intelligence is less than 75 on a standardized test) is eligible for the preadmission assessment.

11. Would Winnebago Mental Health Institute (WMHI) be responsible to treat client/children if the counties refuse to arrange for discharge and placement at another facility?

As with all patients under its care, when WMHI discharges an individual it has an obligation to ensure there is an appropriate discharge arrangement, placement, or court order. WMHI works closely with patients, guardians, advocates, and counties to arrange appropriate discharge plans and placements for all patients. WMHI will not compromise the treatment of any patient, but will work assertively with those legally charged with, or having responsibility for, the patient's care, treatment, and discharge planning to obtain the appropriate placement.

12. Can a child under a CHIPS order or Section 51.20 involuntary commitment be admitted to a Center ITP based on a parent’s application for admission?

A child may not be placed in a Center ITP under the authority of a ch. 48 CHIPS order or, unless the Department consents, under the authority of a ch. 51 involuntary commitment order. However, a child who is subject to an existing ch. 48 or 51 court order may be admitted to a Center ITP based on an application for admission under Wis.Stat. § 51.13. That statute allows a parent of a child under 14 to apply for admission of the child to an inpatient facility for treatment or services for mental illness or developmental disabilities. In the case of a child 14 or older, the parent may apply for admission on the child’s behalf if the child will not or cannot consent to admission. (It is assumed that most children who would meet level of care for admission to an ICF/MR would not be competent to apply for admission.) In either event, the Center ITP may admit a child based on an application for admission under § 51.13 only if the Center Director determines that the child is in need of psychiatric services or services for developmental disability, that Center offers inpatient therapy or treatment that is appropriate for the child’s needs, and that inpatient care in the facility is the least restrictive therapy or treatment consistent with the child’s needs. If the Director makes this determination and the child is admitted, the Director is required to file a petition for review within 3 days of the admission by the Circuit Court for the county in which the Center is located.

13. How does Chapter 55 apply to a child and admission to a Center ITP?

Wis.Stat. ch. 55 authorizes protective placement of adults and children 14 or older who are alleged to be developmentally disabled (is an individual with a developmental or intellectual disability*). Centers are among the facilities in which a person who is protectively placed under ch. 55 may be placed, but if the Court is considering placement in a Center it must seek input from the Department as to whether the placement would be appropriate for the individual's needs and whether it would be consistent with the purposes of the Center. Protective placements under ch. 55 are typically for long term care, since reviews of the appropriateness of placements under ch. 55 are only done annually. For that reason, the Department disfavors protective placements into their short-term ITPs.

*Note: Unfortunately statutory and legal language is not always "people first" language. Inserted "people first" language is in parenthesis but is not part of any cited statute..

14. If a child is unwilling to be admitted to a DD Center based on a parent's application for admission, what are the county's options?

A child under 14 may be admitted under Wis.Stat. § 51.13 without a court order based solely on a parent's application for admission. Based on a recent change in the law, a parent also may apply for admission for a child 14 or older even if the child does not join in the application. However, in either instance the child may be admitted only if the Center Director determines that the child is in need of psychiatric services (and is an individual with a developmental/intellectual disability in need of active treatment**) or services for (an individual with a**)developmental disability, that Center offers inpatient therapy or treatment that is appropriate for the child's needs, that inpatient care in the facility is the least restrictive therapy or treatment consistent with the child's needs, and the admission must be reviewed by the Court. If a child is 14 or older, the child may also be admitted under a protective placement order ch. 55. It is expectation of the ITP that the individual is eligible for ICF/MR level of care, and county and parent/guardian have both agreed to this admission.

**Note: For clarification, people first language is inserted in parenthesis. The language in parenthesis is not part of Wis.Stat.51.13

15. Are ITP services appropriate for emergency detentions under Chapter 51?

No. ITP services are not intended for emergency detentions under Chapter 51. For this reason, the Department will oppose the placement into Center ITPs of any individual is subject to an emergency detention under Chapter 51 for the 72 hour Probable Cause Hearing and the 14 day Order of Detention. The legal responsibility for the Institutes has not changed and there is no change for emergency detentions to county based crisis services under HFS 34. It is possible that ITPs could be part of a voluntary agreement for an eligible individual (as determined by the preadmission assessment) that is included in the 90 day settlement incorporated into the final commitment hearing results.

16. If a child has an emergency detention to an Institute and after 72 hours the child remains a threat to self or others, will NWC and CWC accept the child under a Chapter 51 Mental Health Commitment?

No, this person would remain at an Institute until the Institute treatment team, the ITP team, parent/guardian, and appropriate county officials can collectively meet and determine what

the most appropriate plan would be. A planned transfer to an ITP is one example of the outcome of such a plan.

17. How will educational services be provided for the children at the Centers?

The Centers provide a variety of educational services, including nonacademic and extra curricular services and activities to all children admitted to the Center ITPs unless they have previously graduated from high school. Individualized needs will be provided by certified teachers and other professionals as indicated in the IEP. At this time, Southern Center does not admit children who are in need of educational services.

18. To what extent should WMHI and the Center ITP be included in crisis planning?

It is highly recommended that each individual at risk of admission to an Institute has a crisis plan in place developed by the county. These plans would include community crisis supports under HFS 34. The Center ITP teams are available to participate in this planning upon request.

19. How can the Centers assist in reducing the use of an emergency detention to one of the Institutes?

Timely referrals to an ITP, crisis prevention plans, including early intervention and contacting center assessment staff at first indication of client deterioration, is vital to prevent emergency detentions and facilitate admission in a planful manner.

20. Could a re-admission occur quickly within a short period of time after discharge as opposed to doing an emergency detention on the person?

If a re-admission is consistent with the discharge plan, including a mutually agreed upon crisis plan, admission could happen quickly if an appropriate bed is available.

21. What happens when a child elopes from a Center? Will the local police respond to help return the child to the Center?

All three Centers have comprehensive search plans for elopements. Local law enforcement assists when necessary.

22. How is safety maintained in the workshop and living units among patients with mixed gender and age? How is the use of materials/tools by children in the workshop monitored?

All three ITPs are organized and staffed to provide enhanced supervision that is appropriate to individual needs. Gender and age are two of many criteria used to determine appropriate living environment and day services. Other examples may include physical development, intellectual functioning, and compatibility.

23. Do males and females reside in the same living units?

No. Males and females do not share bedrooms or bedroom areas in the ITPs. Programs, day services, educational services, and recreational activities are organized by individual needs.

24. Do the Centers have the ability to provide a locked unit for a child that is an elopement risk while maintaining the rights of the others on the unit?

Yes, the Centers have the ability to provide a locked unit if this is the least restrictive means of providing a program of active treatment and assuring the child's safety. In order to ensure safety in the least restrictive environment, each ITP has the resources needed to develop an appropriate plan that promotes and protects the rights of all individuals.

25. Do children and adults reside in the same living units?

All individuals are assessed by the treatment team to determine appropriate peer groups. This could mean that school-aged young adults and adults would be the most compatible peer group in any given apartment. Individuals often have private bedrooms. This determination is based on individual needs.

26. Who is responsible for providing transportation between Centers and Institutes?

It is the county of responsibility's duty to transport the individual from the Institutes to the Centers. Individuals are transported back to the community by Center staff.

27. How is an IEP developed at the ITPs?

As determined by the DHFS special education policy, within 30 days the IEP team evaluates the child's eligibility, develops and implements an individualized education program, and determines that the special education placement is the least restrictive environment. The IEP team includes parents, special education teachers who can interpret instructional implications of assessments, a Center representative who is knowledgeable about the general curriculum and authorized to commit resources, county representatives who are knowledgeable about the child and placement options, the student when appropriate, and other agencies involved in the provision of transition services. Parents and/or county staff who are unable to attend due to the distance are encouraged to attend via speakerphone or video conference. At age 14, if appropriate, and annually thereafter a statement of transition services needs is included to prepare the child for a successful transition to his/her goals for life after school. Educational services are implemented immediately upon student admission based on initial assessment information and are provided in accordance with the existing IEP. The Center schools coordinate with Lori Witteman, DHFS liaison to DPI.

28. RE: Coordination of the Long Term Functional Screen with DD level of care and ITP admission eligibility

The answer to this question is not fully available as of the date of this Info Memo. At this time eligibility for services determined by the Long Term Functional Screen does not automatically result in eligibility for Center ITP services. A preadmission assessment as described in question #8 is required to determine eligibility. Additional review of this question is underway.