

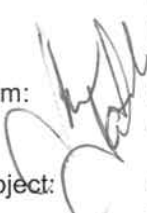
STATE OF WISCONSIN
 Department of Health and Family Services
 Division of Disability and Elder Services

DDES Info Memo Series 2006-18
 Date: October 12, 2006, 2006
 Index Title: Clarification of Timeframes
 for Discharge Dates for State Center
 Intensive Treatment Programs

Supersedes DDES Info Memo 2005-08

To: Listserv

For: Area Administrators/Human Services Area Coordinators
 County Department of Community Program Directors
 County Departments of Developmental Disabilities Services Directors
 County Departments of Human Services Directors
 County Departments of Social Services Directors
 Section Chiefs/Licensing Chiefs
 County Tribal Chairpersons/Human Services Facilitators
 County DD and LTC Coordinators
 DD Center Directors

From:  Sinikka Santala
 Administrator

Subject: Clarification of Timeframes for Surcharge Discharge Date for State Center Intensive
 Treatment Programs

Background

As of January 1, 2006, DHFS began billing counties the progressive surcharge for all individuals served in the ITP programs who remain past their mutually agreed upon discharge date.

Wisconsin continues to be at the forefront of national efforts to provide people with developmental disabilities opportunities to live in the community, rather than institutional settings. Occasionally, some individuals may require short-term, intensive psychiatric, psychological, and/or behavioral supports in order to remain healthy and safe in the community. Such supports are provided by Wisconsin's Intensive Treatment Programs (ITPs) operated at the State Centers for People with Developmental Disabilities.

Individuals eligible for Intensive Treatment Program (ITP) services are children and adults with a diagnosis of mental retardation* and who are currently eligible for services funded under the Medicaid Waiver, and meet all of the following criteria:

1. Whose preadmission assessment has identified active treatment needs that cannot be adequately met in a more integrated setting due to significant maladaptive and inappropriate behavior which are due to a combination of social, psychological, psychiatric, and medical factors;
2. Whose need for active treatment can be best met by decreasing the frequency of those behaviors that 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;

* Mental retardation is a disability characterized by significant limitations in both intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills. This disability originates before age 18.

3. Consistent with the ICF/MR 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;
4. Whose needs include acquiring the skills essential for privacy and independence, including but 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
5. 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 can effectively and appropriately make known to others their basic needs and wants.

Under s. 51.437(4rm)(c)2m of the Wisconsin Statutes, county departments of developmental disabilities services are responsible for the non-federal share of costs for services provided to Medicaid-eligible individuals in the ITP programs.

The 2003-05 State budget act (2003 WI Act 33) modified the ITP program's authorizing legislation in the following ways:

- Admission to the ITP programs can only occur if the Department of Health and Family Services (DHFS) determines that a licensed bed and other necessary resources are available, and only if DHFS and the county of residence agree on a maximum discharge date for the individual.
- A progressive surcharge was established under which counties can be assessed an additional 10% of the county ITP charge during the first six months after the maximum discharge date. The surcharge increases by 10% during each six-month period thereafter.

Clarification of Timeframes for Discharge Dates

In order to determine a mutually agreed upon (anticipated) discharge date, the county, guardian, and ITP team may need to assess the individual to determine the scope of psychiatric and psychological needs and/or related services that would be provided at the ITP. Active treatment and assessment results are the basis of determining the purpose of the admission and the agreed upon discharge date. Typically assessments are part of the preadmission process. When the admission is determined to be more urgent and there is mutual agreement that the individual meets the ITP admission criteria, this assessment must be concluded within two weeks of the day of admission and a discharge date established by that time. The length of the admission is a maximum of 28 days to complete the treatment/intervention process. All discharge dates will be set at 28 days or less from the day of admission.

The discharge date set at admission may be adjusted by mutual agreement when clinical and habilitative needs dictate the course of treatment. Under these circumstances, a discharge date may be set at up to 90 days from the original date of admission.

ITP admissions are short term and all assessments and treatments must be completed within 90 days. In rare instances, with clinical justification, a limited further extension of the discharge date may be requested from the Division Administrator or designee. In no case will an extension be granted that leads to long-term care at a State Center for People with Developmental Disabilities.

As always, thank you for all you do for persons with disabilities in Wisconsin.

CENTRAL OFFICE CONTACT:

Michael Hughes, Budget and Policy Manager
DDES Office of Operations
P.O.Box 7850
Madison, WI 53707-7850
(608) 267-2254, hughemr@dhfs.state.wi.us

MEMO WEB SITE: http://dhfs.wisconsin.gov/dsl_info/

cc: Disability Rights/Wisconsin