Scott Walker
Governor

Kitty Rhodes
Secretary

State of Wisconsin

DIVISION OF MENTAL HEALTH & SUBSTANCE ABUSE SERVICES

1 WEST WILSON STREET
PO BOX 7851
MADISON WI 53707-7851

Telephone: 608-266-2000
FAX: 608-266-2579
TTY: 888-241-9432
dhs.wisconsin.gov

Handout 1

Comprehensive Community Services (CCS) Advisory Committee Meeting Summary September 4, 2013

Committee Members: Paula Buege, Kathi Cauley, Jill Chaffee, Kim Eithun-Harshner, Shel Gross, Ron Keisler, Kristi King-Nelson, Alyce Knowlton-Jablonski, Barb Larsen-Herber, Bill Orth, , Shannon Robinson, Toni Simonson, Luann Simpson, Scott Strong
Via phone: Gail Chapman, Mike Lappen, Phil Robinson, Christin Skolnik, Larry Winter

DMHSAS Staff: Joyce Allen, Faith Boersma, Kenya Bright, Patrick Cork, Sarah Coyle, Linda Harris, Cheryl Lofton, Sola Millard, Sarah Norberg **DHCAA**: Peg Algar, Dave Stepien **DQA:** Mark Hale, Cindy Lindgren **OAPM:** Grace Cudney **OPIB:** Caroline Ellerkamp

Welcome and Introductions: Impetus for Advisory Committee & Meeting

Linda Harris, Division of Mental Health and Substance Abuse Services (DMHSAS) Administrator, welcomed the group and the committee introduced themselves. Linda Harris discussed the CCS expansion details and timeline:

- By no later than March 1st, DMHSAS needs to have a report ready to present to the Joint Finance Committee.
- Division of Quality Assurance (DQA) and Division of Health Care Access and Accountability (DHCAA) are working with DMHSAS on the initiative.
- DMHSAS is charged by the Governor to expand the CCS program in the state and access to the program.
- Linda Harris and Patrick Cork, DMHSAS Deputy Administrator, have been meeting with counties to obtain input into the draft definitions of regional service delivery systems.

Discussion of Draft Committee Ground Rules

Kenya Bright, DMHSAS, introduced the draft ground rules document. Luann Simpson requested the committee receive the materials several days ahead of time so all materials can be reviewed.

Overview of CCS Expansion Process to Date and Moving Forward

Patrick Cork discussed CCS and the expansion initiative:

- CCS is designed to serve children through elders.
- CCS is a psychosocial rehabilitation service and is designed to be more intensive than outpatient services and less intensive than Community Support Programs (CSP).

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- Only counties and tribes can service to administer CCS.
- The CCS service array varies in the state; counties and tribes offer services from a broad service array.
- CCS includes a rate setting and cost reconciliation functions.
- The intent of DMHSAS is for CCS to be offered statewide.
- Counties and tribes applying for CCS need to have a regional approach to providing CCS services. DMHSAS believes this approach will help expand CCS and increase efficiencies by counties sharing services and expenses.
- In the past, CCS counties and tribes provided the non-federal share. Many counties chose not to offer CCS because of the expense. In the proposed design, the state will pay the non federal share of the Medicaid cost for CCS.
- The CCS administrative rule did not change. DMHSAS included language in the budget about the regional approach but the scope of services will remain the same.
- DHS is not changing the DQA certification process.

Goals and Tasks of Committee Meetings

Kenya Bright introduced the draft charter document and discussed the committee's charge, role, membership, and meeting goals. There will be four meetings; one each month. The first meeting will discuss the CCS expansion efforts and draft regional models; the October meeting will focus on increased access and quality assurance; the November meeting will discuss outcome measures; and the December meeting will focus on the Medicaid reimbursement structure.

Introduction of Documents

Kenya Bright explained the layout of the committee members' binders and the CCS document resources.

Presentation of Draft Definition of Region Document and Discussion
Handout 2: Proposed Regional Service Models

Joyce Allen, Bureau of Prevention, Treatment, and Recovery (BPTR) Director, discussed the five CCS regional models proposed.

1. Population-based Model: County exceeds 350,000 people
    - Milwaukee, Dane, and Waukesha would qualify
2. Shared Services Model: Two or more Counties with existing CCS certification
    - Maintain individual certification
    - Create efficiency: share staff, supervision, training, billing, quality assurance, etc
    - Must have an efficient level of shared services
3. Multi-county Services Model: One or more counties with CCS certification(s) partner with one or more counties without a CCS certification(s)
    - Single CCS certification: county or tribe identified as entity for certification
    - Counties do not need to be contiguous
4. Existing Regional Model: Regional departments of community programs (three in WI) and/or Regional Departments of Human Services
    - Two or more counties join as a legal entity to provide a number of programs, including CCS

5. Tribal Nations Model: Sovereign Tribal Nations
    - Tribe can offer CCS as a tribal provider or collaborate with one or more counties/tribes
    - Tribe maintains the CCS certification

The committee members discussed whether counties that are non-contiguous should be allowed to join together. Scott Strong suggested there should be flexibility with the counties' approach. Guidelines should be provided but allow for flexibility.
The majority of members were in agreement that non-contiguous counties should be allowed to provide a regional approach if they can develop a quality plan. There was some concern about staff needing to travel long distances in this approach. Some members suggested there is new technology (i.e., videoconferencing) which can help support this approach.
Ron Kiesler asked if counties need to submit their Intent to Provide letter all at once or if one county gets certified, then others counties can join later. Patrick Cork responded that counties would need to decide before submitting the letter which counties will join together.

Luann Simpson stated she wanted to ensure there is representation from each county providing a CCS regional approach on the CCS coordination committee.
The committee discussed proposed efficiencies with the regional approach. Patrick Cork stated that counties with more infrastructure would share more resources and should see more efficiency. The group liked the flexibility of having the counties determine which efficiencies they would strive for depending on their size.
The group discussed desired outcomes from the regional approach to CCS. There was discussion regarding access and increased numbers.
Patrick Cork stated that for some counties consumers may not increase but access to services could. Gail Chapman responded that by sharing services, counties could shift resources to increase the numbers served.
There was discussion about the potential for more people to transition from CSP to CCS and this would result in fewer people in CSPs because there is another level of services that is more appropriate. Kenya Bright responded that we do not want to expand CCS at the expense at CSP and the group will discuss this more next month.

Presentation of Draft Intent to Provide CCS on a Regional Basis Document and Discussion

Patrick Cork introduced the draft Intent to Provide CCS document. There will be a two-tiered approach to providing CCS on regional basis. In the first document, counties/tribes will provide information about their regional design, the projected number of participants to be served per year, implementation timeline, etc. This information will be included in DMHSAS's report to the Joint Finance Committee. DMHSAS expects many counties will need to become certified to provide CCS, which would be the second step in the process.
Kathi Cauley asked who would review the submissions and how would counties appeal the decision. Linda Harris responded that a group of staff in DMHSAS will review the submissions. The process for appeals will be provided in the Info Action Memo that DMHSAS will draft regarding submission of the Intent to Provide CCS on a Regional Basis document.
Bill Orth suggested that counties who provide CCS using the Shared Services Model should update their certification with Division of Quality Assurance (DQA) should their service change significantly.
The group discussed how long counties can project numbers and cost into the future for CCS. Kathi Cauley stated it would be based on the model counties/tribes are currently using.

The committee discussed the Division's workload on this initiative. Linda Harris stated there are no new positions in DMHSAS, DQA, or DHCAA to support the initiative. The divisions have discussed how to manage the workload. The expectation is not all counties/tribes will be ready to implement CCS starting July 1; some counties will apply sooner than others.

Wrap-up and Next Meeting

Handout 4: Timeline for CCS Implementation

Kenya Bright discussed the timeline and plan for the next meeting.

Next meeting is October 11, 2013 at 1 W Wilson, Madison in Room B370 10am to noon.

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