

OPEN MEETING MINUTES

| | | | |
|--|-------------------------|-----------------------|---|
| Name of Governmental Body: Children's Long-Term Support (CLTS) Council | | | Attending: Liz Hecht, Chairperson; Patti Becker; Kelly Blaschko; Mitch Hagopian; Lisa Hanks; Pamela Hencke, Wendy Heyn; Marianne Novella; Cherie Purdy, Angela Radloff; Walt Schalick; Tracey Stanislawski; Lisa Stephan; Beth Swedeen; Elizabeth Williams Excused: Absent: Nissan Bar-Lev; Kerry Blondheim; Barbara Katz; Kristal Knudtson; Tammy Lewan; David McGinley; Katy Morgan-Davis; Sandra Tierney Public Attendees: Becky Burns, TotoChanthavixay, DanielleTolzmänn, Lisa Reindl, Julie Forrest DHS Staff: Deb Rathermel; Becky Granger; Sarah Kate Johnson; Dan Kramerz; Mary Schmierer; Gary Roth; Debbie Borquist-Conlon; Linda Hoepfner; Becky Burns; Laura Knott |
| Date: 7/13/2022 | Time Started: 9:00 a.m. | Time Ended: 2:30 p.m. | |
| Location: Zoom Conference Call | | | Presiding Officer: Liz Hecht, Chair |

Minutes

Operational: Approval of April 13, 2002, Meeting Minutes



APRIL 13 2022
DRAFT clts-minutes-

Motion to approve by Mitch Hagopian and seconded by Walt Schalick; motion passed unanimously.

Council Member Updates and Announcements

Beth Swedeen: Wisconsin Board for People with Developmental Disabilities (BPDD) is hosting four sessions on transition—moving out of parental home/housing, educate people on using existing resources when moving their son/daughter out.

BPDD have hired a .5 staff person in Milwaukee County to work on lead abatement, home visits and education, teaching use of lead kits, connecting to primary doctor

State Biannual Budget recommendations

Liz Hecht: Council members were sent via email 4 content areas for state biannual budget recommendations.

Liz Hecht has not received many comments so wants to review today. Here are the four content areas:

1. Permanently fund CLTS which would require a change in statute
2. Establish a Statewide Disability Resource Center for Children and Families
3. Address the workforce crisis
4. Medicaid Policy-Health Check Other (this does not require budget/fiscal support)

Council Feedback: Include/Add an ask for a creation of a Wisconsin Department of Health Services (DHS) work group

- CLTS Council members agree on these recommendations.

- Liz will forward them to DHS Secretary Timberlake, Division of Medicaid Services (DMS) Assistant Administrator Curtis Cunningham, and the Bureau of Children's Services (BCS) by the end of this week.

2021 Children's Community Options Program (CCOP) Utilization

CCOP is funded by state general revenue. CCOP allocation is divided among 72 counties and that funding is given directly to counties to operate as they determine according to state statute. CCOP is designed to be different and flexible allowing counties to use based on local needs.

CCOP manual/procedure guide: <https://www.dhs.wisconsin.gov/publications/p01780.pdf>

CCOP statute: <https://docs.legis.wisconsin.gov/statutes/statutes/46/272>

CCOP allocation is approximately 11 million dollars. Here is the breakdown of 2021 CCOP allocation:

1. CLTS Maintenance of Effort (MOE) Match (40% of CCOP allocation)

- Starting in 2017, counties are obligated by state statute to contribute local funds to CLTS
- Not all counties have an MOE
- Per statute, a county can pay their MOE using any of the following funds: BCA (basis county allocation), county tax levy, or CCOP allocation
- Here is the DHS MOE memo that gives additional understanding and breaks out each county's MOE [Microsoft Word - CWA MOE Numbered Memo CY21 revision 20210114.docx \(wisconsin.gov\)](#)

2. Straight CCOP services (37% of CCOP allocation)

“**Straight CCOP**” refers to CCOP services for children that either don't qualify for CLTS, are not open yet in CLTS, or only have a one-time need and don't want to enroll in CLTS, **or** the item or service being purchased by CCOP is not a CLTS/waiver allowable purchase but is allowable under CCOP.

- Most common uses for straight CCOP: dental and recreational items/services
- The Centers for Medicare & Medicaid Services (CMS) is very clear that CLTS/waiver funds cannot be used for things that are purely recreational. CLTS/waiver funds cannot pay for room and board either—but CCOP can pay, for example, for a hotel for a family to stay at during a conference.

*Remember if a county uses all or some of their CCOP allocation to fulfill their MOE, then they don't have the ability to use CCOP allocation for “straight CCOP” spending.

3. Unspent CCOP funds (20.3% of CCOP allocation)

- A portion of a county's unspent allocation can be put into a risk reserve for the county to use the following year (state statute sets that portion/percentage).
- The rest of a county's unspent allocation is used by BCS to fund high-cost items where needed.
- There has been unspent CCOP allocation for the past six years.

4. CCOP Admin (3.1% of CCOP allocation)

- Counties may be reimbursed up to 7% of their base CCOP service allocation for administration.

5. Assessment and planning (.8% of CCOP allocation)

- Statute requires that every child that utilizes CCOP has an assessment and plan
- If a child is enrolled in CLTS and CCOP is being used to purchase an item or service for them, then the CLTS assessment and plan can be used for the CCOP assessment and plan.
- **But** if a child is not open in CLTS, then there must be a stand-alone assessment and plan for CCOP.

- All children must meet functional eligibility (determined by the DHS functional screen) to access CLTS **and/or** CCOP program

Next steps for BCS on this topic:

- Grid showing CCOP usage by county will be sent to council members or shared at next meeting.
- BCS will try to gather more specific break out of how straight CCOP is spent.

Next steps for CLTS Council:

- Still fact-finding about CCOP to identify and make recommendations.
- Still need to better understand CCOP and identify the problem wanting to be solved.
- Would like additional info from Lisa Stephan about MOE impact on counties and CCOP

Annual 372 Report and Quality Improvement Strategies

Every year, CLTS must report on 24 quality measures to the federal government (CMS).

Each quality measures needs an 86% compliance rate.

In 2021, three measures did not meet that compliance rate:

- Services delivered (scope, frequency, duration etc.) as specified on ISP
- Timely reporting of incidents
- Initial functional screens completed within 45 days (81% compliance)

American Rescue Plan Act (ARPA)

No Wrong Door (NWD) Initiative Presentation, Debbie Borquist-Conlon

- Need to have diverse facilitators as we engage with community members on how to improve access
- Three areas that the No Wrong Door Advisory Council is very actively working on to improve access
 - Branding and marketing with Pigorsch media
 - Information and technology
 - Strengthening partnerships
 - A fourth component—child system of care collaborative will be dependent on additional funding
- DHS' Division of Care and Treatment Services, Division of Public Health, and Children and Youth with Special Health Care Needs (CYSHCN) working very closely with BCS on this initiative
- Have through March of 2025 to spend funds for this initiative
- There are plans to include an 800 number for families to call to connect with CYSHCN
- CLTS Council would like NWD staff to come back for additional time, questions, and specifics

Caregiver Workforce Presentation, Michelle Wegner

Email: Michelle.wegner@wisconsin.gov

- ARPA workforce initiative
- Using this funding to increase caregiver capacity in home and community-based settings specifically
- March webinars held
- IDD Surveys for workforce (currently this one is for adults, looking into one for children's caregivers)
 - 160 completed so far, survey will close end of this month
- Will be doing survey for aging population too, will launch in September

- Certificate program and marketing campaign—listening session last month with workforce and providers UW Green Bay, will incorporate that feedback into their curriculum development
- Pigorsch media working on the marketing campaign; able to gather 45 direct care workers are interested to sharing their stories to develop videos
- Deputy Secretary very involved; helped us kick off direct care worker webinar
- Will also include a job platform to connect workforce with employers—still deciding what that platform will look like—want ability to connect with peers, ongoing education etc. in addition to connection to employers
- Also moving forward with presentations to students/conferences/teachers to recruit paid caregivers

Community Grants, Taylor Prebel, Project Manager in Division Administrator's Office

[American Rescue Plan Act: Medicaid HCBS Grants Supporting Quality and Innovation | Wisconsin Department of Health Services](#)

- Currently the project is focusing on finalizing application process, scoring criteria for the grant applicants
- Communications to several councils, list serves, provider lists to advertise August webinars
- Grant portal will launch soon, applicants will have about one month to apply
- Grant available to entities that serve or support a Wisconsin home and community-based services (HCBS) program
- After first round, if money is left, there will be a second round probably open in early 2022
- Overall purpose to support to HCBS programs – up to the applicant to propose specific activities

Paying Parents as Providers:

Exploratory Discussion: Council exploring the idea of parents as paid providers of Medicaid and/or Medicaid Waiver Services.

Deb and Liz met with Sharon Lewis: a parent of a child with special needs and works for a national health consulting company, lives in a state that implements paying parents as a provider. Here are Liz's takeaways from that meeting:

- CMS has a very clear prohibition against using state Medicaid plan services to pay legally responsible persons (legally responsible persons includes parents of minor children and spouses) for care of the Medicaid member, some states have used Medicaid waiver programs to circumvent that and pay parents
 - Appendix K allows some payments to parents during COVID Public Health Emergency (PHE), but CMS guidance has not been very detailed or clear
- In states that are using waiver programs to pay parents as caregivers as part of permanent policy there are certain requirements on how that can be utilized. For example, some states require a prior authorization (PA) and assessment, some cap hours and/or define a period for paying parents, some require a review by a team.
- Unintended consequences of paying parents as providers:
 - Fundamental change in the relationship between parent and child—parent must follow funding source rules when they become a provider (discipline, restraint looks different)
 - Significant budget impact (increase)
 - How does self-determination come into play?
 - Limits the number of people interacting with the child
 - Families may not get a break because they are providers

What is the problem we are trying to solve and for whom?

Child care related issues:

- Parents of children with high/complex needs cannot work because of the highly individualized/specific caregiving demands; can be episodic in nature
 - Equity: not every family can afford this or income reducing (possibly poverty inducing) if they do quit jobs.
 - Explore benefit to employer or parent in this situation
- Difficulty finding caregivers who are skilled in caring for a child with special needs.
- Daycares don't have the staffing/financial capacity to provide additional supervision/direction to children with special needs. Finding one to one care is also limited.

Challenges to utilization of Medicaid in home health and personal care:

- Regulations restrict what in home caregivers can or will do.

Special Education/ Individuals with Disabilities Education Act (IDEA) related issues

- Not uncommon for children with disabilities to be placed on modified school schedules (sometimes formalized in an individualized education plan, or IEP, but sometimes not); parents being called to come get their child from school

Other thoughts on this issue from CLTS Council Members:

- Caution to paying parents as providers due to over reliance on family and friends to provide cares in the adult world instead of building up the non-family/friends workforce
- Is there an equity issue between children living with birth families vs. adoptive children? (Stipend available for adoption of special needs child)
- Families in crisis situations need to access such a benefit quickly

What would a benefit of paying parents as providers pay for?

- Is it personal supports? Is it paying for childcare?
- Must address issues for children with medically complexities and behavioral complexities.

CLTS per Deb Rathermel: estimated 200 CLTS families are utilizing parents as a provider benefit under appendix K

A Provider perspective: Paid providers/staff want consistency and dependable schedule but that can be hard to achieve when working with families (frequent cancellation and schedule changes); reimbursement too low for providing care for children with high behaviors needs.

CLTS Council Determination: No specific recommendation identified at this time; continue to gather info and identify the problem to solve.

Emerging Issues:

1. CLTS paid for a home evaluation/assessment for accessibility; A specific lift/sling was recommended. Medicaid Durable Medical Equipment provider not willing to submit the Prior Authorization to Medicaid due to the low-rate Medicaid pays for this item. Without a Medicaid, denial CLTS can't pay for the item.

Items this appears to be impacting: high low chairs, strollers, specialized wheelchairs, standers, lifts, specialized beds, over-the-counter prescription items

2. CLTS Council would like to understand the CLTS childcare benefit more.

Public Health Emergency Status Update, BCS/Linda Hoeppner:

- Updates on COVID PHE flexibilities in CLTS:
 - Federal Health emergency is still in effect.
 - We will receive a 60-day notice from the federal government when it is ending.
 - We expect the Federal Health Emergency to be renewed for another 90 days
 - Functional Screens remain paused and will not resume until after the Health Emergency ends.
 - Unwinding: transitioning from flexibilities back to permanent policy will start one month after the public health emergency ends; DHS is planning for this transition and announcements with more specific timelines will be shared via CLTS teleconferences, email messages, etc.

[COVID-19: Children's Long-Term Support \(CLTS\) Program Operations Questions and Answers | Wisconsin Department of Health Services](#)

START (Systemic, Therapeutic, Assessment, Resources, and Treatment) Report Update, BCS/Dan Kramerz:

- DHS Contracted with START Program from the University of New Hampshire to examine how well Wisconsin is addressing the needs of individuals with both developmental disabilities and crisis mental health needs and identify what can be improved.
- DHS received a preliminary report and are looking at it to come up with first steps towards improvement services—expect more info at further CLTS Council meetings.
- DHS will be holding a meeting on August 19, 2022, from 1-2:30 p.m., to review findings and next steps for those that participated in the survey.

BCS staff updates

Kelsey Vincent is the newly hired BCS Section Manager responsible for Access and Intake Section.

Sue Larsen retired on July 1, 2022 (her birthday); she was the section manager for the systems and audit compliance team. She had over 40 years of state service.

Rachel Lettner recently started as a new CLTS Program Specialist; she works with the western region of the state.

Medicaid Benefit coordination/ Health Check Other challenges:

Council discussion on experience trying to access Wisconsin Medicaid benefits through the Early Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, known in Wisconsin as Health Check Other (HCO)

The Division developed a resources website to help educate and support access to the HCO Benefit. This resource may have had limited impact

[p02413-0419.pdf \(wisconsin.gov\)](#)

[Wisconsin Medicaid Provider Type: 72, HealthCheck Providers - Toolkit](#)

Ongoing access challenges for HCO services:

- Liz Hecht: Has heard from 4-5 providers that work in complex care—pharmacies being unwilling or unable to submit PA (prior authorizations) for over-the-counter items.
- County/county waiver agency (CWA) feedback: Continued challenges with pharmacies as well as larger health systems discharging children without sending them with scripts or prior auths submitted.
- Continued reports that when the Medicaid Forward Health number is called, staff answering the phone do not know about HCOS benefit.

- Continued lack of community partner knowledge about HCOS.
- Families are often navigating/education providers especially pharmacies about HCOS and is this a role that they should have to play?
- Continued variability and understanding by support and service coordinators (SSCs) regarding HCOS and how to help families.

Dane County has had success with Medicaid Field Provider representatives helping pharmacies understand Health Check Other

Council Recommendations: Need for more DHS-based internal communication and coordination about HCO; perhaps a task force

Statewide consistency in CLTS:

Council Discussion on variation in program operations across the state. BCS shared an overview of key areas of operational support to assure consistency, while recognizing that decisions for each child and family will be different based on the unique needs of each participant.

Council Recommendation:

Resources to local programs

- In-person trainings
- Opportunities for communities of practice

More information targeted to families,

- Family-focused teleconferences.
- Targeted information in the All in For Kids Newsletters

[Children's Long-Term Support Program: Support and Services at a Glance \(wisconsin.gov\)](https://www.wisconsin.gov/childrens-support-program)

[Outreach at a Glance for Counties \(wisconsin.gov\)](https://www.wisconsin.gov/outreach)

CLTS Council 2022 Meeting Dates: October 12

Motion to Adjourn:

Motion to adjourn by Mitch Hagopian and seconded by Lisa Stephan; motion passed unanimously
The Council meeting adjourned at 2:27 p.m.

Prepared by: Mary Schmierer on 7/13/2022.