

## DHS Updates for WCHSA Executive Board Meeting November 6, 2014

### ***Division of Mental Health and Substance Abuse (DMHSAS)***

*Community Recovery Services (CRS) Transition Plan* – The Department held a stakeholder call on November 4 to discuss transitioning the CRS program from a 1915(i) Home and Community Based Service to 1905 Rehabilitation Authority. Currently, Wisconsin Medicaid has authority in its State Plan for Community Support Program (CSP) under Section 1905. Wisconsin will propose to CMS a transition of the CRS program from the 1915(i) authority to 1905 authority. This would include amending the CSP State Plan language to account for all three programs (CSP, CCS, and CRS) under one comprehensive psychosocial rehabilitation benefit in the State Plan under Section 1905 authority that would include the continuum of services. With this proposal, the current State Administrative Rules and State Statutes for each program stay in place. The clients enrolled in CRS will still have access to the same benefits after this proposed change.

*Intoxicated Driver Program Supplemental / Emergency Funding* – The Department has published DMHSAS Numbered Memo 2014-09. This memo describes the procedure for counties to request Intoxicated Driver Supplemental / Emergency funding by **Friday, November 21, 2014**.

[http://www.dhs.wisconsin.gov/dsl\\_info/NumberedMemos/DMHSAS/CY2014/2014-09ActionMemo.pdf](http://www.dhs.wisconsin.gov/dsl_info/NumberedMemos/DMHSAS/CY2014/2014-09ActionMemo.pdf)

*Early Intervention For First Episode Psychosis Grant [RFP G-0346 DMHSAS-15]* – Journey Mental Health was awarded the grant for early intervention treatment for First Episode Psychosis (FEP) utilizing a Coordinated Services Care (CSC) model. The specific goals of the grant are as follows:

- Goal 1: Conduct community outreach and targeted program recruitment for persons aged 15-25 experiencing FEP.
- Goal 2: Assure adequate coverage of key roles by qualified providers.
- Goal 3: Provide programmatic oversight and management to ensure fidelity to the CSC model
- Goal 4: Develop a program for First Episode Psychosis (FEP) treatment that creates a positive clinical climate and maintains fidelity to the clinical concepts and core elements of Coordinated Specialty Care (CSC).

More information available here: <http://www.dhs.wisconsin.gov/rfp/INDEX.HTM>

*Crisis Intervention Team Training Grant [RFP G-0344 DMHSAS-15]* - NAMI-Wisconsin was awarded the CIT training grant. The specific goals of the grant are as follows:

- Increase the number of CIT-prepared law enforcement officers and CIP-prepared correctional officers in Wisconsin.
- Increase the number of trainers in Wisconsin—i.e., train-the-trainer—who are able to provide evidence-based CIT/CIP training.

More information available here: <http://www.dhs.wisconsin.gov/rfp/INDEX.HTM>

*Coordinated Services Team Mini Grants* – The Department is preparing a numbered memo inviting CST sites to apply for one-time grant funding (\$15,000 maximum per site) to enhance CST initiatives. Applications will be due **December 1, 2014**. Goals and activities must be met within a reasonable time, with a deadline of December 31, 2015.

*Children's Mental Health - Crisis Intervention, Stabilization, and Emergency Detention Services* – The workgroup of DCF/DHS/OCMH/WCHA representatives presented to the Secretaries preliminary recommendations to improve crisis stabilization services for children. The Secretaries supported the preliminary recommendations and encourage the parties to continue work on implementing the recommendations. Please see the attached recommendations.

### **Division of Long Term Care (DLTC)**

*DLTC Organizational Changes* – DLTC has made a number of organizational changes to better align our resources and set the stage for success as they implement the following initiatives:

- Integration of behavioral health with managed long-term care
- Integration of behavioral health into children's long-term support systems
- Dementia redesign
- IRIS reforms
- Improving children's long-term care services
- Expansion of the State Center's Intensive Treatment Program (ITP) capacity

Please see the attached organizational charts.

*Social Services Block Grant* - The Department has published DLTC Numbered Memo 2014-04. The memo defines eligibility categories for the 2015 Social Services Block Grant. County Departments of Social/Human Services must establish the following written policies:

- a. A list of social services which will be provided by the department;
- b. Eligibility for services (including assets and targeting, if such eligibility policies are used);
- c. A schedule of fees to be charged for social services; and
- d. Procedures to follow if a client wishes to request a fair hearing.

These policies must be kept on file and made available to the public.

[http://www.dhs.wisconsin.gov/dsl\\_info/NumberedMemos/DLTC/CY2014/NMemo2014\\_04.pdf](http://www.dhs.wisconsin.gov/dsl_info/NumberedMemos/DLTC/CY2014/NMemo2014_04.pdf)

*Autism Spectrum Disorder (ASD) Treatment* – CMS released an Information Bulletin to State Medicaid Agencies on July 7<sup>th</sup>, 2014 providing guidance on the treatment of children with ASD.

<http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-07-07-14.pdf>

The Bulletin signals to states that some treatment modalities for ASD may be approved as part of the 1905(a) regular Medicaid State Plan authority as opposed to a waiver authority – Wisconsin's current method. State agencies must determine what services are medically necessary and adhere to Early and Periodic Screening, Diagnostic and Treatment (EPSDT) obligations to provide medically necessary services to children from birth to age 21. Wisconsin will need to transfer coverage of at least some ASD treatment services from waiver to 1905 State Plan authority. DHS intends to comply with CMS guidance, but DHS will need to work with CMS to seek federal authority to change the way it covers ASD treatment, and this will take time. Until the new Medicaid benefit is created and the CLTS waiver is amended, the terms of the waiver remain intact.

*Tribal Waiver Application* - DHS is submitting an application to CMS to operate a Medicaid Home and Community-Based Services (HCBS) 1915 (c) waiver that will give Wisconsin Tribes an option to administer an HCBS program (a "Tribal Waiver"). This waiver will be an option for providing long-term supports through any of the eleven federally recognized Tribes in Wisconsin that choose to operate the Tribal Waiver. This will create an additional long-term support choice for eligible people in the areas where offered. The public comment period of 30 days begins on October 24, 2014 and concludes on November 24, 2014. [http://www.dhs.wisconsin.gov/ltc\\_cop/MFP/Comment.HTM](http://www.dhs.wisconsin.gov/ltc_cop/MFP/Comment.HTM) Comments may be submitted via email to: [DHSDLTCBFM@dhs.wisconsin.gov](mailto:DHSDLTCBFM@dhs.wisconsin.gov)

### **Division of Health Care Access and Accountability (DHCAA)**

*Regional Enrollment Networks* – In each consortium, a county has committed to taking a contract from DHS for a REN Coordinator position. Those contracts are currently being routed within the Department. Counties are at various places with recruiting staff or developing sub-contracts with local agencies. The specific expectations of the REN Coordinators are:

- Assess capacity and need in each county of the REN
- Organize stakeholders, host initial phone call/meeting
- Create REN Workplan
- Continuously encourage relationships, facilitate information sharing. Over communication.
- Maintain stakeholder contacts, send regular local communications
- Convene stakeholders on a regular basis to monitor goals and maintain measurement structure
- Coordinate enrollment events
- Serve as link/liaison between region and statewide steering committee/REN director
- Participate in Statewide network of REN coordinators – report successes and challenges on a regular basis.
- Ensure enrollment referral system is in place (CACs, agents, mobilizers)
- Report to DHS on bi-weekly basis throughout open enrollment. Report to DHS on monthly basis post open enrollment through June.
- Develop sustainability plans beyond June

*Foodshare Employment and Training (FSET) Contracts* – The contracts for phase II of the FSET Able-Bodied Adults Without Dependents (ABAWDs) administration have been delayed 3 months. The new start date will be April 1, 2015. All counties have accepted contract extensions for the first three months of 2015 to continue to operate the voluntary FSET program.

*WIMCR* – The deadline to certify 2013 reports was October 31, 2014. Some agencies have received one week extensions from the WIMCR consultant, PCG. Several counties have reported concerns with the new WIMCR tool. Most of the concerns were related to two issues 1) allocation of travel, training, and other WIMCR direct support costs, and 2) allocation of overhead between WIMCR and non-WIMCR programs. In addition, DHS has gotten feedback about the webtool functionality and certain thresholds that require users to enter an explanation. The Department is requesting that all agencies certify their WIMCR reports by November 7<sup>th</sup>. If an agency feels they have a better method for allocating costs than the tool they should send that information to PCG at [WIMCR@pcgus.com](mailto:WIMCR@pcgus.com).

**Children's Mental Health  
Crisis Intervention, Stabilization, and Emergency Detention Services  
DCF/DHS/OCMH/WCHSA Preliminary Recommendations  
Oct 17, 2014**

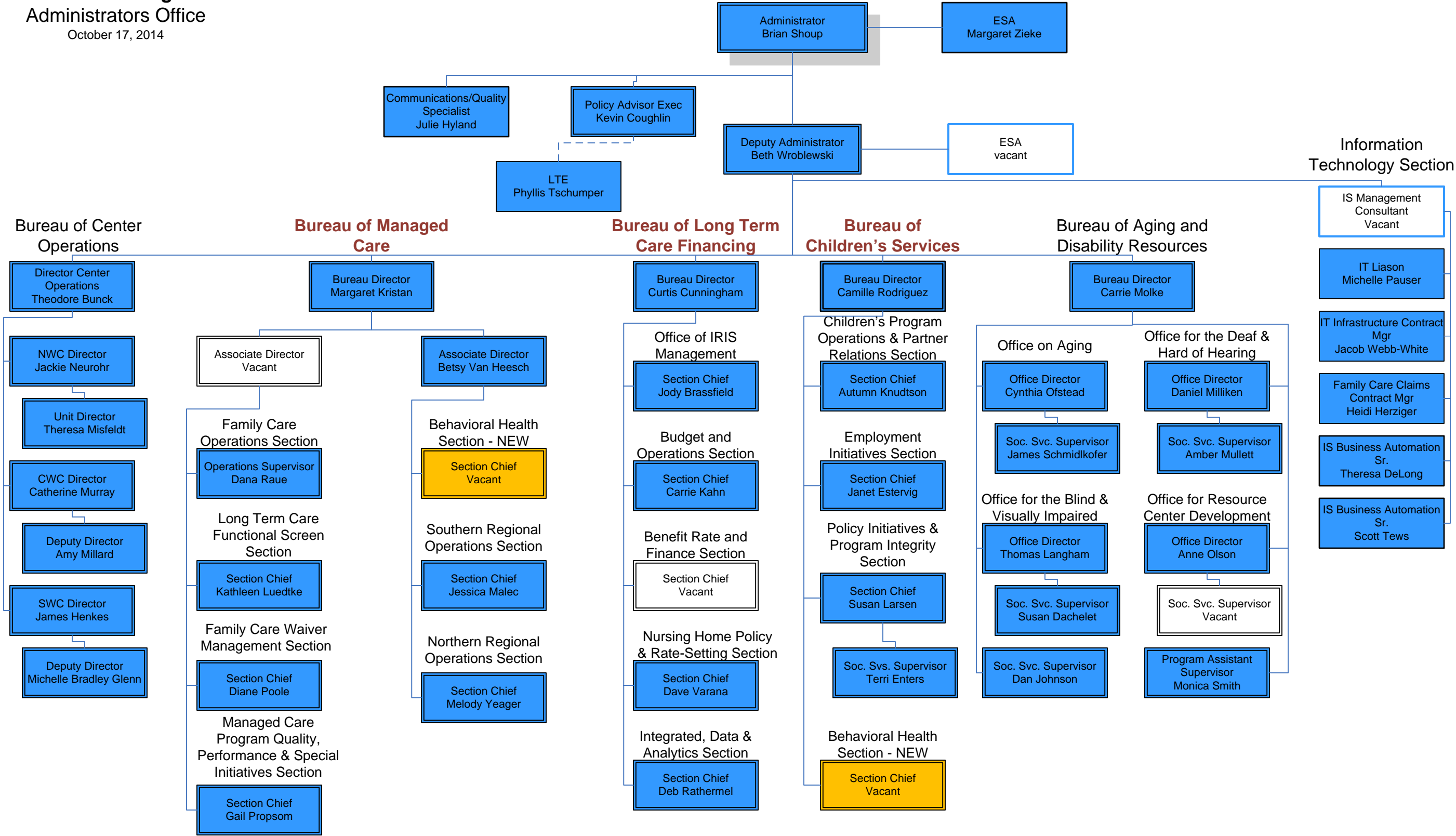
Shorter Term Goals/Objectives

1. Develop residential crisis stabilization services for children that would reflect progress made in the adult system (through the use of crisis stabilization sites established as CBRFs and AFHs), consider these options:
  - a. Expand DCF group home rules/regulations to allow residential facilities to be developed under a group home license that would provide crisis stabilization services
  - b. Using DHS 34 authority (mental health crisis admin rule), develop residential crisis stabilization services using one of the approved settings noted in the admin rule (use Chapter 51 versus Chapter 48 to address licensing and/or regulation)
  - c. Consider the shift staffed treatment foster home approach to residential crisis stabilization (operating in Ashland)
  - d. Counties may be willing to "pilot" residential approaches to determine effectiveness
2. Promote linkages between crisis services/crisis planning to Coordinated Service Teams and Comprehensive Community Services programming, assure crisis plans for children and families are accessible among service systems
  - a. Develop a crisis planning template designed for children and families that meets DHS 34 requirements (most templates are designed for adults)

Longer Term Goals/Objectives

3. Develop a training protocol on thorough youth crisis assessment and de-escalation services for counties and crisis intervention partners, such training should be made available to law enforcement (CIT) and school systems
4. Expand in home as a crisis stabilization site for hospital diversion funded by Medicaid (i.e. CCF-Wraparound capitated rate and/or FFS )
5. Further investigate RCCs as resource for crisis services
6. Research trends in children's diagnoses to determine differences in diagnostic practice from a historical perspective

DHS – Division of Long Term Care  
Administrators Office  
October 17, 2014



DHS – Division of Long Term Care  
Bureau of Managed Care

October 17, 2014

Bureau Director  
Margaret Kristan

Associate Director  
Vacant

Associate Director  
Betsy Van Heesch

Family Care  
Operations Sections

Operations Supervisor  
Dana Raue

PPA – Adv  
Hollister Chase

PPA – Adv  
Sharon Ryan

HSPC Senior  
Vacant

Admin Asst  
Vacant

Quality Assistant  
Susan Ullsperger

Communications  
Specialist  
Michael Wroblewski

Lead the annual procurement, certification & business plan process for FC MCOs.

Facilitate timely responses to CCTs & other stakeholder inquiries.

Provide project management to specific long term care initiatives.

Provide administrative support to managers & staff.

Long Term Care  
Functional Screen  
Section

Section Chief  
Kathleen Luedtke

HSPC - SR  
Lindsey Kreitzman

PPA - Adv  
Vacant

Cheryl Keating  
Nurse Consultant

Gina Thill  
Quality Consultant

Develop policy and procedure for adult functional eligibility.

Certify and provide biennial skills testing to functional screeners.

Perform annual quality review of functional screening by ADRCs, MCOs, and county screening agencies to assess completeness & accuracy of screens.

Provide program oversight of online eligibility application (FSIA).

Provide technical assistance & clinical consultation to certified screeners.

Family Care Waiver  
Management Section

Section Chief  
Diane Poole

PPA Adv  
Dana Philipp

PPA Adv  
Nate Vercauteren

PPA – Adv  
Vacant

PPA Adv  
Vacant

PPA Adv  
Glenn Silverberg

Responsible for policy and program analysis for the Family Care programs (FC, Partnership & PACE).

Manage DHS-MCO Family Care Contract (negotiation, compliance, interpretation, etc.)

Interface w/ CMS regarding the Family Care programs (waiver authorities, CMS approval of DHS-MCO contract, reporting, etc.).

Serve as subject matter experts for the Family Care Programs.

Manage Ombudsman Program RFP and contract for the Family Care Programs & IRIS

Managed Care Program  
Quality, Performance &  
Special Initiatives Section

Section Chief  
Gail Propsom

PPA Adv  
Vacant

PPA – Adv  
James Cooper

PPA - Adv  
Donna Siedschlag

Maura Klein  
MFP Demo Prj

Lynn Sabin  
MFP Demo Prj

Keri Schneider  
MFP Demo Prj

Kathy Rogers  
Program Specialist

Provide direction for overall quality management activities.

Complete data analysis & reporting to inform program quality oversight.

Manage the Money Follows the Person program.

Liaison with the tribes for DLTC.

Behavioral Health  
Section

Section Chief  
Vacant

Nurse Cns 2  
Sue Anne TeStrake

HSAC  
Vacant

MH/Substance Abuse  
Specialist  
Colleen Rinken

Create organizational presence to demonstrate DHS commitment to integrate BH into Family Care.

Develop and implement policies and strategies to reduce behavioral health-related institutional treatment and support safe and stable community placements.

Southern Regional  
Operations Section

Section Chief  
Jessica Malec

HSAC  
Jessica Gross  
Waukesha

PPA – Adv  
Cecilia Chathas

HSAC  
Kelly Conte-Neumann  
Waukesha

Nurse Cns 1  
Darlene Kindt  
Waukesha

PPA Adv  
Marge Pifer

Area Qlty Spec  
Ron Mazurkiewicz  
MKE

HSAC  
Vacant  
50/50 Wauk & MSN

Nurse Cns 1  
Judy Stych

Area Qlty Spec  
Amy Szalkowski

PPA Adv  
Kevin Lafky

HSAC  
Patrick Missall  
Waukesha

HSAC  
Erika Rupnow

Contractor  
Vacant

Oversee MCOs to ensure contract compliance & quality services to members.

Provide guidance to MCOs on capacity building.

Assess all reported instances of health & safety concerns & oversee resolution.

Oversee Legacy Waivers.

Oversees development of care management standards.

Develops & implements performance improvement strategies.

Northern Regional  
Operations Section

Section Chief  
Melody Yeager  
Rhinelanders

Quality Spec  
Glenn Lamping  
Westfield

HSAC  
Bob Mitchell  
Eau Claire

HSAC  
Pamela Steinmetz  
Chip Falls

HSAC  
Steve Sullivan  
Ashland

HSAC  
Grace Burkinshaw  
Danbury

State Filled

State Vacancy  
Approved to fill

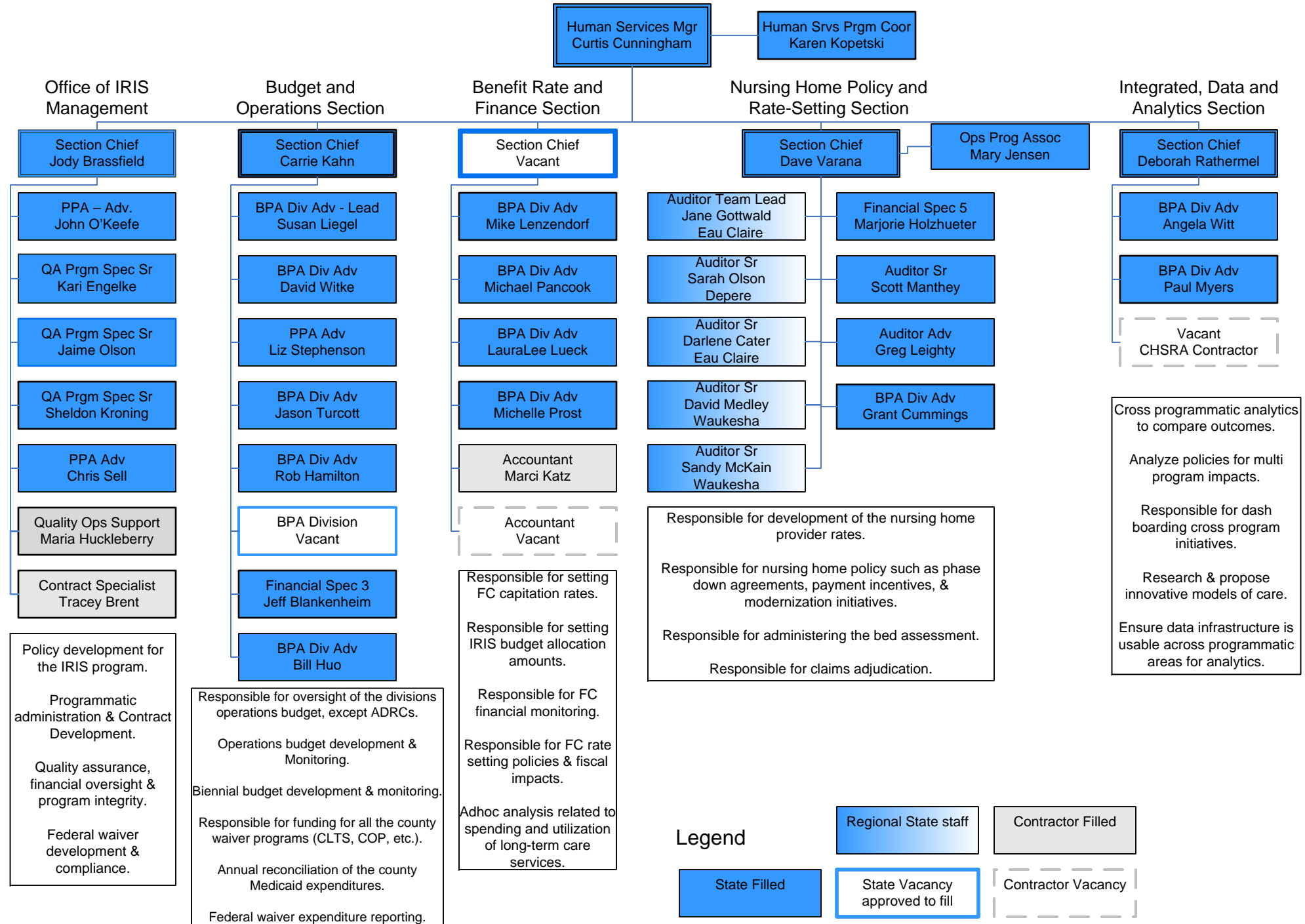
Regional State Staff

Regional Contractor

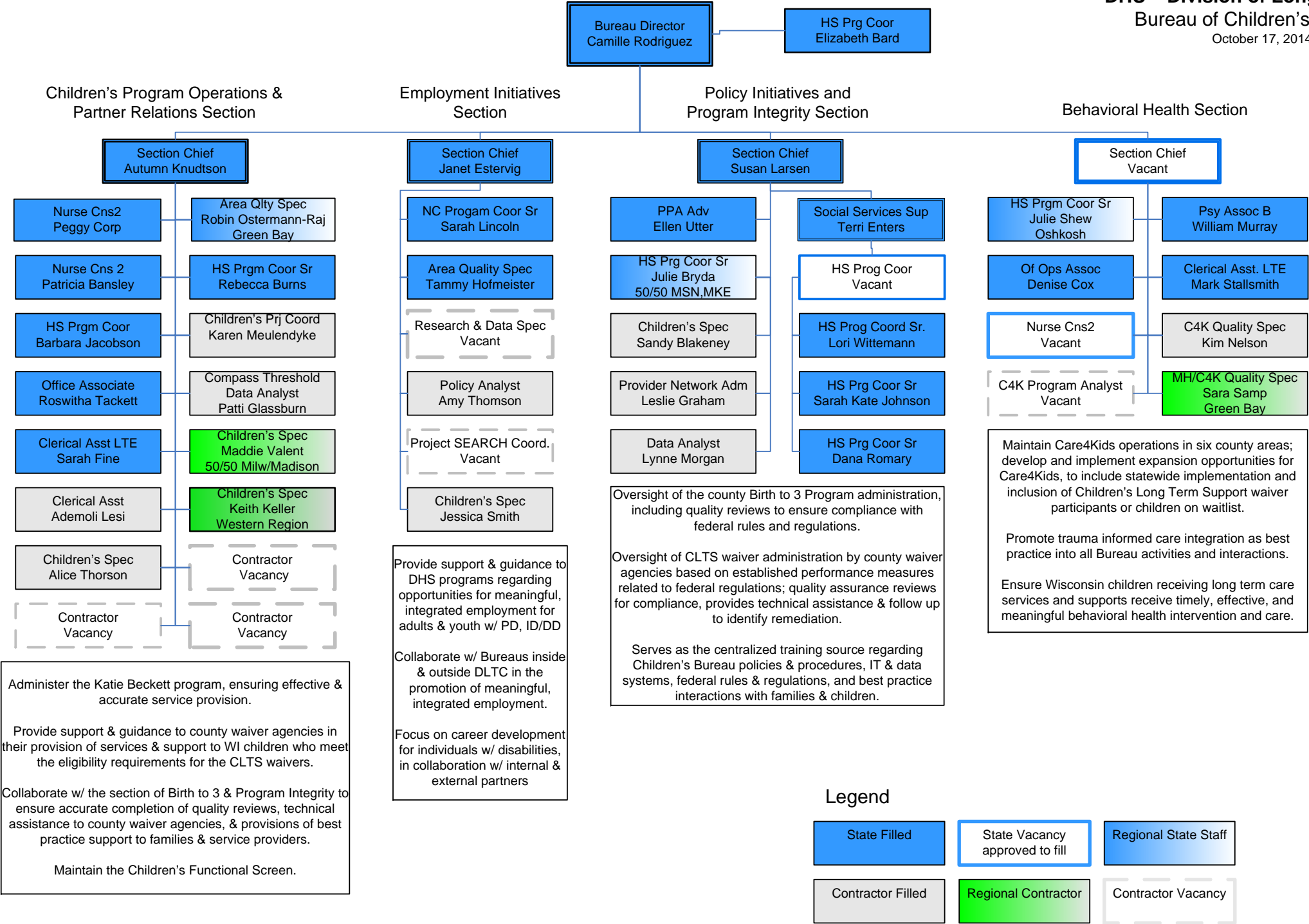
Contractor Filled

Contractor Vacancy

DHS – Division of Long Term Care  
**Bureau of Long Term Care Financing**  
 October 17, 2014









DHS – Division of Long Term Care  
Bureau of Aging and Disability Resources  
October 17, 2014

