

**LONG TERM SUPPORT COMMITTEE MEETING
TUESDAY, SEPTEMBER 4, 2012 -- 1:00 P.M.**



**ROCK COUNTY JOB CENTER
1900 CENTER AVENUE
ROOM D/E
JANESVILLE, WI 53546**

AGENDA

1. Call to Order and Welcome
2. Approval of Agenda
3. Approval of Minutes of July 3, 2012 Meeting*
4. Citizen Participation
5. Financial/Statistical Information:
 - A. Human Services*
 - a. LTS Updates & Budget Status
 - b. CLTS Waiver Program
 - B. Developmental Disabilities*
6. Old Business:
 - A. Elder Abuse / Adults at Risk
 - B. ADRC Update
 - C. Cost Share Policy - updated
7. New Business
 - A. Approval of use of COP funds while Institutionalized
8. Committee Member Comments
9. Next Meeting dates –
November 6, 2012
January 1, 2013 – HOLIDAY, no meeting or reschedule?
March 5, 2013
10. Adjourn

* Denotes Attachment

Committee Members unable to attend, please contact Jennifer Thompson (Rock County LTS) at 741-3684



TO: Members of the Rock County Long Term Support Committee
FROM: John Hanewall, Director
Rock County Developmental Disabilities Board
DATE: August 22, 2012
RE: June 2012 COP Expenditures

The following are the COP expenditures and data as of June 2012:

CIP 1A/COP Match 2012 Budget		CIP 1B/COP Match 2012 Budget		COP 2012 Budget Amount
\$107,700	+	\$730,667	=	\$838,367

CIP 1A/COP Match as of June 2012: \$39,583
Number of Consumers being served in CIP 1A/COP: 3

CIP 1B/COP Match as of June 2012: \$312,027
Number of Consumers being served in CIP 1B/COP: 40

Waiting List:

Currently, there are **282** consumers on the COP waiting list. This reflects a decrease of 1 consumer from June 21, 2012.

Prepared by: Joanne Jones-Financial Supervisor
Rock County DD Board

Long Term Support Update

1) LTS Staff:

-LTS has hired one of two positions: Jessica Pierce will be starting in LTS on 9/17/12. She comes to Rock County with a background in case management in a Family Care County; therefore she is already familiar eligibility, services, and case management.

-We will be interviewing for one more LTS case manager position.

2) Cases with Funding

Program	Total Individuals Served 2012	Number Currently Open 8/28/12	Average Daily Census 7/2012	CBRF % as of 4/30/12	Waiting List as of 8/28/12
COP Assessments	205	NA	NA	NA	NA
COP Plans	164	NA	NA	NA	NA
COP Services	138	101	104	57.1%	43
COP-W	148	125	133	34.3%	117
CIP-II	327	283	272	35.9%	
NH Diversion	8	6	NA	NA	NA
CRI	3	3	NA	NA	3
AFCSP	24	7	NA	NA	10
BCA/Tax Levy	44	22	NA	NA	43

4) Significant Proportion report (7/31/12):

	<u>Required</u>	<u>Actual</u>
Mentally Ill	6.6%	7 %
Physically Disabled	6.6%	34 %
Elderly	57%	59 %

Key:

COP= Community Options Program (100% State General Purpose Revenues)

COP-W = Community Options Program – Waiver (Medical Assistance Waiver program using State GPR to draw down Federal Revenues, unlimited slots as long as you have State or local match)

CIP-II = Community Integration Program (Medical Assistance Waiver program using State GPR to draw down Federal Revenues)

NHD = Nursing Home Diversion Program (Medical Assistance Waiver program using State GPR to draw down Federal Revenues- specifically for those in imminent risk of moving to an institution.)

CRI = Community Relocation Initiative (Medical Assistance Waiver program using State GPR to draw down Federal Revenues- specifically to move individuals out of nursing homes.)

AFCSP= Alzheimer's Family Caregiver Support Program (100% State Revenues, local annual cap of \$2,000 per person)

BCA/Tax Levy = Basic County Allocation and Tax Levy to designate services that are eligible for limited BCA and interchangeable with tax levy used for match and overmatch.

Prepared by Jennifer Thompson 8/28/12

ROCK COUNTY HUMAN SERVICES DEPARTMENT
LONG TERM SUPPORT BUDGET STATUS REPORT

01/01/12 - 7/31/12

LTS PURCHASED

	PHYSICALLY & SENSORY DISABLED	ADULT AND ELDERLY	YTD EXPENSES
Supportive Home Care	16,049	17,425	33,474
Housing/Energy Assistance	0	448	448
Adaptive Equipment	1,112	636	1,748
Adult Family Home	1,844	9,320	11,164
Court Services	0	800	800
Home Delivered Meals	746	1,232	1,978
Community Based Residential		6,221	6,221
TOTAL LTS	19,751	36,082	55,833

Alzheimers Family Caregiver

	PHYSICALLY & SENSORY DISABLED	ADULT AND ELDERLY	YTD EXPENSES
Adult Day Care	0	8,550	8,550
Respite	0	2,978	2,978
Supportive Home Care	6,419	0	6,419
Spec. Transportation	0	1,122	1,122
Outreach	0	807	807
Community Based Residential Facility	0	20,000	20,000
TOTAL Alzheimers Family Caregiver	6,419	33,457	39,876

Community Relocation Initiative (CRI)

	PHYSICALLY & SENSORY DISABLED	ADULT AND ELDERLY	YTD EXPENSES
Adult Family Home	0	2,373	2,373
Home Delivered Meals	290	0	290
TOTAL CRI	290	2,373	2,663

Nursing Home Diversion (NHD)

Respite
 Supportive Home Care
 Adaptive Equipment
 Home Delivered Meals
 Community Based Residential Facility
TOTAL NHD

PHYSICALLY & SENSORY DISABLED	ADULT AND ELDERLY	YTD EXPENSES
0	7,052	7,052
1,751	6,238	7,989
442	845	1,287
1,881	972	2,853
0	6,243	6,243
4,074	21,350	25,424

Community Options Program (COP)

Adult Day Care
 Respite Care
 Supportive Home Care
 Housing/Energy Assistance
 Specialized Transportation
 Prevocational Services
 Adaptive Equipment
 Adult Family Home
 Home Delivered Meals
 Recreation/Alternative Activities
 Community Based Residential Facility
 Counseling/Therapeutic Resources
 Supported Employment
TOTAL COP

MENTAL HEALTH	PHYSICALLY & SENSORY DISABLED	ADULT AND ELDERLY	YTD EXPENSES
9,190	0	0	9,190
231	0	0	231
17,368	294	652	18,314
19,031	803	340	20,174
5,461	175	0	5,636
577	8,673	0	9,250
437	0	21	458
116,959	537	2,279	119,775
2,713	164	20	2,897
516	50	0	566
244,052	14,276	102,327	360,655
315	0	0	315
8,301	12,826	0	21,127
425,151	37,798	105,639	568,588

COP WAIVER

Adult Day Care
Respite Care
Supportive Home Care
Specialized Transportation
Adaptive Equipment
Adult Family Homes
Home Delivered Meals
Community Based Residential
Counseling/Therapeutic Resources
Financial Management Services
TOTAL COP WAIVER

PHYSICALLY & SENSORY DISABLED	ADULT AND ELDERLY	YTD EXPENSES
7,984	32,310	40,294
7,233	2,250	9,483
337,503	244,525	582,028
1,588	5,277	6,865
44,601	9,750	54,351
16,380	67,991	84,371
32,532	34,127	66,659
15,989	507,948	523,937
740	0	740
300	1,529	1,829
464,850	905,707	1,370,557

CIP-II

Adult Day Care
Respite
Supportive Home Care
Specialized Transportation
Adaptive Equipment
Adult Family Home
Home Delivered Meals
Community Based Residential Facility
Counseling/therapeutic Resource
Financial Management Services
Day Center Services
TOTAL CIP-II

PHYSICALLY & SENSORY DISABLED	ADULT AND ELDERLY	YTD EXPENSES
28,993	27,563	56,556
17,744	18,636	36,380
463,131	472,555	935,686
6,792	2,656	9,448
57,048	64,665	121,713
63,285	147,633	210,918
69,101	93,675	162,776
156,192	874,499	1,030,691
6,139	1,480	7,619
1,868	723	2,591
4,127	0	4,127
874,420	1,704,085	2,578,505

SUMMARY

	ANNUAL BUDGET	MENTAL & PHYSICALLY HEALTH DISABLED	ADULT AND ELDERLY	ALL TGS	YTD BUDGET	VARIANCE
BCA PURCHASED	135,000	19,751	36,082	55,833	78,750	22,917
TOTAL BCA/TAX LEVY	135,000	19,751	36,082	55,833	78,750	22,917
COP	985,925	425,151	105,639	568,588	575,123	6,535
COP CASE MANAGEMENT	8,991			640	5,245	4,605
COP PROVIDED ASSES/PLANS	77,765			45,363	45,363	(0)
COP ADMINISTRATION	74,886			43,684	43,684	(1)
TOTAL COP	1,147,567	425,151	105,639	658,275	669,414	11,139
COP-WAIVER	2,287,970	464,850	905,707	1,370,557	1,334,649	(35,908)
COP-WAIVER CASE MANAGEMENT	428,571			291,264	250,000	(41,264)
COP-WAIVER ADMINISTRATION	204,471			116,773	119,275	2,502
TOTAL COP-WAIVER	2,921,012	464,850	905,707	1,778,594	1,703,924	(74,670)
CIP-II	4,729,390	874,420	1,704,085	2,578,505	2,758,811	180,306
CIP-II CASE MANAGEMENT	992,340			628,582	578,865	(49,717)
CIP-II ADMINISTRATION	430,668			225,351	251,223	25,872
TOTAL CIP-II	6,152,398	874,420	1,704,085	3,432,438	3,588,899	156,461
ALZHEIMER'S	58,040	0	33,457	39,936	33,857	(6,079)
ALZHEIMER'S CASE MANAGEMENT	14,140	0	0	3,535	8,248	4,713
GRAND TOTAL PURCHASED	10,428,157					

**ROCK COUNTY HUMAN SERVICES DEPARTMENT
LONG TERM SUPPORT PROGRAM WAITING LISTS**

August 27, 2012

Program	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
AFCSP2010	19	19	18	18	19	18	14	14	15	15	15	17	17
AFCSP2011	18	18	14	12	9	8	9	9	8	10	12	12	12
AFCSP2012	13	12	13	10	11	9	9	10					11
BCA2010	50	52	51	50	50	47	48	49	46	45	48	47	49
BCA 2011	47	46	45	44	45	46	46	46	43	42	40	42	44
BCA 2012	43	42	43	41	41	42	42	43					42
COP2010	65	67	70	67	51	53	32	36	35	40	44	45	50
COP2011	39	36	35	33	33	31	33	41	40	41	46	47	38
COP2012	41	40	45	44	45	48	51	46					45
WAIVER2010	144	153	126	125	87	80	52	57	33	30	35	32	80
WAIVER2011	30	29	28	29	26	25	23	17	17	27	22	26	25
WAIVER2012	37	34	57	77	123	144	128	122					90
TOTUNDUP2010	266	278	254	249	194	186	136	147	122	122	134	131	185
TOTUNDUP2011	123	121	117	112	113	106	108	112	108	117	118	124	115
TOTUNDUP2012	131	125	154	71	203	226	221	212					168

cc: Jennifer Thompson
Steve Hare
Jennifer Anselmi
LTS Committee

**ROCK COUNTY HUMAN SERVICES DEPARTMENT
POLICY AND PROCEDURE MANUAL**

SECTION: 600 LONG TERM SUPPORT
SUBJECT:
TITLE: Cost Share Cases

POLICY/PROCEDURE NO. 601

1) Whenever a Long Term Support case involves a "Cost Share," and the client's portion of the cost share is being paid to one of their contract providers, the following must be completed:

- If the cost share is being sent directly to the Supportive Home Care agency, complete the Supportive Home Care Agreement by indicating:

The complete package of services being provided by the provider agency.

The complete work schedule of the package of services. Also indicate in this section the total dollar amount of the client's cost share. This statement will give documentation in writing to the client, the provider, as well as for our own files of the client's dollar obligation.

- Complete the Rock County Human Services Department Payment Authorization (LTS-011) by indicating the dollar amount—less the cost share.

• Send an email to the supervisor indicating the client name, the amount of cost share, and when it will begin.

2) When the Department is going to be billing the client directly, the worker needs to complete the Human Services LTS Cost Share Billing Authorization (LTS-030).

- Indicate whether this authorization is an initial submission, a change or stop billing. Complete the name, address, effective date and amount of the monthly cost share. Check the appropriate program box and sign.
- When completed, send to the LTS account clerk and a copy to the LTS Division Manager. Accounting will bill the client the month after the month of service.
- Send an email to the supervisor indicating the client name, the amount of cost share, and when it will begin.

At a minimum, every three months monitor and document in the participants file that monthly cost share payments have been paid. If the client misses a payment one month, the worker must have a conversation with the client explaining the cost share payment requirement as well as discussing their ability to pay—as there may be medical/medial changes. The cost share must be paid in full the following month; if not, the worker must initiate closing Waiver services. The client can request a "payment plan" to catch up, however this must be approved by the supervisor and the cost share must be paid in full by the end of that calendar year.

In cases when the client's services are terminated and the client is requesting services at a later date, the prior cost share owed to the county must be paid in full first. Then, if eligible, the client will go on the wait list or be served if there is no wait list.

APPROVED: 11/16/93
REVISED: 12/12/02, 6/09/08, 6/13/12
Approved by Executive Staff on November 16, 1993
LTS Committee approval: 07/1/08,
Hsdpp\section 600\pp0601 (12-02) cost share cases

ROCK COUNTY HUMAN SERVICES INDIVIDUAL SERVICE PLAN – MEDICAID WAIVERS

1 Waiver Program <input type="checkbox"/> CIP II <input type="checkbox"/> COP-W <input type="checkbox"/> COP <input type="checkbox"/> CRI <input type="checkbox"/> NH DIV <input type="checkbox"/> BCA		1a Plan Type (Check ALL That Apply) <input type="checkbox"/> New <input type="checkbox"/> Six Month Review <input type="checkbox"/> Annual Recertification <input type="checkbox"/> Update		2 Medicaid ID Number	
3 Individual's Name 4 Address (street)			4a City, State		4b Zip Code
5 Mailing Address (if Different)		6 Telephone		7 E-Mail	
10 Cost Share Amount		11 Level of Care		12 Parental Fee (if Applicable)	
17 Prior Living Arrangement- HRSR Code		18 Prior Living Arrangement-Name/Type		19 Current Living Arrangement- HRSR Code	
21 Waiver Agency Rock County Human Services-LTS		22 Agency Telephone No. 608-741-3500		23 Support & Service Coordinator/Care Manager (SSC/CM) 24 SSC/CM Telephone No./Ext. 608-741-	
25 Mailing Address (Agency) 1900 Center Ave		City Janesville		26 Mailing Address (SSC/CM) 1900 Center Avenue Janesville, WI 53546	
27 E-mail Address (Agency) None		28 E-mail Address (SSC/CM)		29 Name -- Parent(s) or Guardian	
32 Mailing Address (Street/PO Box)		30 Telephone No. (Home)		31 Telephone No. (Work)	
36 E-mail Address		33 City		34 State 35 Zip	
IN CASE OF EMERGENCY, NOTIFY:		37 Telephone No. (Cell)		39 Telephone No. (Home)	
38 Name		40 Telephone No. (Work)		41 Address	
42 City		43 State 44 Zip		45 Relationship	

- I have been informed that I have a choice between an ICF-MR or nursing home (dependent on waiver type) and community services through a Medicaid Home and Community Waiver Program.
- I have been informed of and understand my choices in the waiver programs, including approval or rejection of the services and providers listed on this service plan.
- I have been informed of and understand my rights and responsibilities in the Medicaid Home and Community Waiver Programs.
- I was informed verbally and in writing of my rights and responsibilities.
- By my signature below I indicate I have chosen to accept community services through a Medicaid Home and Community Waiver Program.

SIGNATURE - Participant	Date Signed	SIGNATURE - Support and Service Coordinator/Care Manager	Date Signed
SIGNATURE - Guardian/Authorized Representative/Parent	Date Signed	SIGNATURE - Guardian/Authorized Representative/Parent	Date Signed
SIGNATURE - Witness	Date Signed	SIGNATURE - Witness	Date Signed

Distribution: DHFS, County Care Manager/Support and Service Coordinator, Individual, Authorized Representative