LONG TERM SUPPORT COMMITTEE MEETING TUESDAY, JANUARY 4, 2011--1:00 P.M.



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

AGENDA

- Call to Order and Welcome 1.
- 2. Approval of Agenda
- 3. Approval of Minutes of November 2, 2010 Meeting *
- 4. Citizen Participation
- 5. Financial/Statistical Information:

 - Human Services *
 Developmental Disabilities (will bring to meeting) А. В.
- 6. Old Business:
 - Increase in CBRF capitation percentage A.
 - B. Aging and Disability Resource Center Update
- 7. New Business:
 - Approval of Policy #614 Fiscal Agent procedures * Approval of Use of COP Funds While Institutionalized
- 8. Committee Member Comments
- 9. Next Meeting - March 1, 2011
- 10. Adjourn

In the event a committee member is unable to attend, please contact Jennifer Thompson (Rock County LTS) at 741-3684.

^{*} Denotes Attachment

Long Term Support Update

1) LTS Staff:

- *LTS Supervisor, Tom Hermans has retired effective 12/29/10. It is not anticipated LTS will fill this position with the anticipation of Managed Care coming to Rock County in 2012.
- *LTS-LTE intake position will be filled by Donna Hanson again in January 2011. This position was approved by the union through December 2011.
- *LTS-LTE assessment position will be filled by Lou Cheplak again in January 2011. This position was also approved by the union through December 2011.
- 2) LTS submitted its response to the Waiver review which occurred September 20-24. We have not heard from the State yet regarding our response.

3) Cases with Funding

Cases with I ununing	70.4.1	NT1	1	1	TT7 '4'
Program	Total	Number	Average		Waiting
	Individuals	Currently	Daily	CBRF %	List as of
	Served	Open	Census	as of	12/29/10
	11/30/10	12/29/10	2010	11/30/10	
COP Assessments	238	NA	NA	NA	NA
COP Plans	211	NA	NA	NA	NA
COP Services	173	138	110		44
COP-W –	124	99	106	39%	
CIP-II – 295 Slots	328	273	239	29%	24
NH Diversion	15	9	NA	NA	1
CRI	27	21	NA	NA	7
AFCSP	30	7	NA	NA	17
BCA/Tax Levy	73	25	NA	NA	47

5. Significant Proportion report

	Required	Actual
Mentally Ill	6.6%	22.9 %
Physically Disabled	6.6%	20.6 %
Elderly	57%	56.1 %

Key:9

<u>COP</u>= Community Options Program (100% State General Purpose Revenues)

<u>COP-W</u> = 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)

<u>CIP-II</u> = 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)

<u>CRI</u> = 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 10/27/10

01/01/10 - 11/30/10

Month:

LTS PURCHASED

Protective Payment/Guardianship Community Based Residential TOTAL LTS Supportive Home Care Home Delivered Meals Adaptive Equipment Housing Assistance Adult Family Home Respite

101,367	60,042	41,056	269
5,659	314	5,306	39
880	320	80	480
3,728	3,728	0	0
17,372	16,148	1,224	0
5,492	3,567	1,925	0
852	0	905	(20)
67,362	35,954	31,608	(200)
22	11	11	0
EXPENSES	ELDERLY	DISABLED	НЕАГТН
YTD	ADULT AND	PHYSICALLY MENTAL & SENSORY	H MENTAL

11000	30 878	12130
23,846 23,846	23	0
1,008 1,008		0
3,000 3,000	က်	0
275 275		0
0 11,639		11,639
5,784 5,784	5	0
5,935 7,435	3	1,500
ERLY EXPENSES	ELDERLY	DISABLED
AND YTD	ADULT AND	PHYSICALLY & SENSORY

	 							_
YTD	4,070	77,445	381	5,934	18,575	1,283	104,279	211,967
ADULT AND ELDERLY	4,070	77,445	381	5,934	18,575	1,283	90,950	198,638
PHYSICALLY & SENSORY DISABLED	0	0	0	0	0	0	13,329	13,329

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Community Based Residential Facility TOTAL Alzheimers Family Caregiver Supportive Home Care Home Delivered Meals Adaptive Equipment Adult Day Care Outreach Respite

Community Relocation Initiative (CRI)

Adult Family Home Home Delivered Meals Community Based Residential Facility Supportive Home Care Spec. Transportation Adaptive Equipment Adult Day Care TOTAL CRI

Nursing Home Diversion (NHD)

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

Community Options Program (COP)

Adult Day Care
Respite
Supportive Home Care
Housing/Energy Assistance
Specialized Transportation
Prevocational Services
Adaptive Equipment
Adult Family Home
Home Delivered Meals
Recreation/Alternative Activities
Protective Payment/Guardianship
Community Based Residential Facility
Counseling/Theraputic Resources
Suported Employment

146,629	141,874	4,755
122,746	122,746	0
2,939	0	2,939
1,623	1,238	385
19,321	17,890	1,431
EXPENSES	ELDERLY	DISABLED
YTD	ADULT AND	& SENSORY
		PHYSICALLY

	ALIH DISABLED ELDERLY EXPENSES	2,485 0 385 12,870	09 09 0	4,994 (329) 41,897 86,562	5,615 1,356 269 47,240	5,190 0 62 6,252	681 20,043 0 20,724	1,282 6,389 621 8,292	1,178 11,175 5,282 177,635	4,505 47 238 4,790	820 0 100 920	5,040 1,440 3,520 10,000	0,267 33,503 224,110 447,880	468 0 0 468	4,559 26,676 41,235	8,084 100,360 276,484 864,928
PHYSICALLY MENTAL & SENSORY	HEALTH	12,485	0	44,994	45,615	6,190	681	1,282	161,178	4,505	820	5,040	190,267	468	14,559	488,084

COP WAIVER

Adult Day Care
Respite Care
Supportive Home Care
Specialized Transportation
Daily Living Skills
Adaptive Equipment
Adult Family Homes
Home Delivered Meals
Community Based Residential
Counseling/Theraputic Resources
Financial Management Services
Skilled Nursing
TOTAL COP WAIVER

CIP-II

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

1,740,863	1,163,076	577,787
1,534	1,534	0
2,438	1,958	480
1,412	378	1,034
620,385	530,969	89,416
79,322	46,131	33,191
91,506	91,506	0
45,013	20,713	24,300
2,786	2,786	
13,289	12,558	731
804,910	393,784	411,126
14,393	602	13,684
63,875	60,050	3,825
YTD EXPENSES	ADULT AND ELDERLY	& SENSORY DISABLED
		PHYSICALLY

3,219,689	2,021,685	1,198,004
4,126	1,648	2,478
16,373	2,300	14,073
1,104,585	893,568	211,017
179,953	94,710	85,243
306,799	201,912	104,887
117,434	41,416	76,018
9,532	4,399	5,133
1,360,586	724,399	636,187
38,443	15,415	23,028
81,858	41,918	39,940
EXPENSES	ELDERLY	DISABLED

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SOIMIMARY		•	PHYSICALLY				
	ANNOAL	MENTAL	MENTAL & SENSORY	ADULT AND		YTD	
	BUDGET	HEALTH	DISABLED	ELDERLY	ALL TG'S	BUDGET	VARIANCE
BCA PURCHASED	135,000	269	41,056	60,042	101,367	123,750	22,383
TOTAL BCA/TAX LEVY	135,000	269	41,056	60,042	101,367	123,750	22,383
COP	949,273	488,084	100,360	276,484	864,928	870,167	5,239
COP CASE MANAGEMENT	44,100				7,803	40,425	32,622
COP PROVIDED ASSESS/PLANS	78,551				72,005	72,005	0
COP ADMINISTRATION	75,643				66,339	69,339	0
TOTAL COP	1,147,567	488,084	100,360	276,484	1,014,075	1,051,936	37,861
COP-WAIVER	2,225,823		277,787	1,163,076	1,740,863	2,040,338	299,475
COP-WAIVER CASE MANAGEMENT	499,968				336,750	458,304	121,554
COP-WAIVER ADMINISTRATION	190,805				145,764	174,905	29,141
TOTAL COP-WAIVER	2,916,596	0	577,787	1,163,076	2,223,377	2,673,546	450,169
II-dIO	4,076,508		1,198,004	2,021,685	3,219,689	3,736,799	517,110
CIP-II CASE MANAGEMENT	1,121,022				840,702	1,027,604	186,902
CIP-II ADMINISTRATION	363,827				289,079	333,508	44,429
TOTAL CIP-II	5,561,357	0	1,198,004	2,021,685	4,349,470	5,097,911	748,441
ALZHEIMER'S	58,040	0	13,139	39,848	52,987	53,203	216
ALZHEIMER'S CASE MANAGEMENT	14,140		0	0	12,962	12,962	(0)
GRAND TOTAL PURCHASED	9,832,700				177.		

ROCK COUNTY HUMAN SERVICES DEPARTMENT LONG TERM SUPPORT PROGRAM WAITING LISTS

December 27, 2010

Program	Jan	Feb	Mar			May	Jun	Jul	Aug	Sen	Oct	Nov	Dec	Avorsas
AFCSP2008	12	10	6	∞		4	3	8	=	13	13	151	71	Avelage
AFCSP2009	14	14	7	5		9	~		: =	2 2	1 5	6	10	01
AFCSP2010	19	10	<u>×</u>	18		01	2		7 7	7 -	\ .	07	<u>8</u> !	12
			2			[2]	01	4	41			Cl	17	17
BCA2008	36	38	42	42		13	1	5	1	7	Ş			
BCA2009	55	5.7	. ×	2 00		? ?	FÇ	7 4	‡ (ð (4 5	્ર :	55	44
RCA2010	3 9	5	20	מי ל		. .	ر د ر	55	75	20	25	52	51	54
201020	20	75	C	000		2	4/	48	49	46	45	48	47	49
COP2008	42	44	30	31		43	35	41	32	32	38	48	45	38
COP2009	46	47	46	50		51	55	52	99	99	70	2 02	7.1	57
COP2010	65	29	70	29		51	53	32	36	35	40	4	45	50
WAIVER2008	134	145	77	39		35	42	27	21	28	35	44	33	25
WAIVER2009	41	53	42	52		50	09	73	96	120	141	150	120	00
WAIVER2010	144	153	126	125	15	87	80	52	57	33	30	35	33	6
													70	00
TOTUNDUP2008	216	231	154	117		124	125	116	104	115	130	152	143	144
TOTUNDUP2009	151	167	150	163		161	172	182	211	244	27.2	291	259	200
TOTUNDUP2010 266	266	278	254	249		194	186	136	147	122	122	134	131	185
														33.

ROCK COUNTY HUMAN SERVICES DEPARTMENT DEPARTMENT MANUAL

SECTION:

600 LONG TERM SUPPORT

TITLE: FISCA

FISCAL AGENT PROCEDURES

NO: PP0614

Purpose of Policy

Establishment of Human Service Department policy to address provision of services to eligible Adult Community Service clients from Independent Contractors or other providers deemed to be an employee of one of our clients.

Statement of Policy

Rock County is establishing this policy to ensure that any client services provided from Long Term Support resources are provided through one of the Long Term Support contracted pool providers or through a contracted Fiscal Agent. Service funds will not be sent directly to a client or qualifying provider.

Procedure

When the RCHSD case manager is developing the Individual Service Plan (ISP) and determines that a service is needed but is not available through one of Rock County Long Term Support contracted pool providers or if client's preference is for a provider who is either deemed an independent contractor or would be deemed an employee of the client, the services must be arranged through the contracted Fiscal Agent. Examples would be a respite provider, chore service provider, or supportive home care provider.

The case manager will determine, with the client and provider, whether the provider is an independent contractor or would be an employee of the client. In the case of respite, if the service is provided in the provider's home, the provider may be considered an independent contractor; however, if the service is provided in the client's home, the provider may be an employee of the client.

- 1. Forms completion responsibility:
 - a. Any forms that the client would complete, the case manager will be responsible for obtaining.
 - b. Any forms that the independent contractor or employee would complete, the Fiscal Agent will be responsible for obtaining.
- 2. The RCHSD case manager will complete form LTS-31 "Updated/New Client Information" (temporary form number) and send it to the fiscal agent.
- 3. The RCDHS case manager will have the provider complete form HFS-64 "Background Information Disclosure". The RCDHS case manager will send the form to the fiscal agent.
- 4. The RCHSD case manager will complete the HUMAN SERVICES LONG TERM SUPPORT PAYMENT AUTHORIZATION FORM LTS-011, the same as for any other service, except the vendor name will be the Fiscal Agent with the actual name of the provider of services in parentheses after Fiscal Agent on the vendor line.

ROCK COUNTY HUMAN SERVICES DEPARTMENT DEPARTMENT MANUAL

- 5. If a provider is an employee, the client will decide if they want to use their social security number for their Federal Employee Identification Number (FEIN) or if they want to apply for a separate FEIN on SS-4 form. The case manager will facilitate this with the client.
- 6. The Fiscal Agent will obtain the W-9, W-4, I-9 Independent Contractor Disclaimer Form, and Release of Liability Form from Provider and/or client.
- 7. The provider of service will submit top portion of form LTS-32 (temporary form number) to RCHSD case manager who will complete the following:
 - Initial the Grand Total amount.
 - Sign the Case Manager Approval field.
 - Enter the date approved.
 - Return to the Fiscal Agent.
- 8. Twice a month (15th and end) the Fiscal Agent will pay out the accumulated invoices.
- 9. Twice a month the Fiscal Agent will submit a master invoice with copies of individual invoices to RCHSD. They master invoice will be matched against the LTS-011 payment authorization form.
- 10. The Fiscal Agent will file all taxes and will send the provider a Misc 1099 form or W-2 depending upon the circumstances.
- 11. Supportive Home Care (routine home care services)
 - a. The use of a Supportive Home Care worker paid through the Fiscal Agent may be done only after all attempts at using our contract providers have failed.
 - b. The Rock County Human Services Department will authorize wages of \$8.00/hour for an individual who currently does not have the required training. Those individuals not meeting the training requirements will be required to complete the required training, at their own expense, consistent with the standards applicable to Medicaid waiver funded Supportive Home Care and Non-institutional respite care found in Appendix N of the Medicaid Community Waivers Manual. The training must be completed within six months of their initial hire date. If the training requirement is not met, the worker will no longer be authorized for payment by the Department.
 - c. For individuals who already possess the necessary training credentials, and for those workers who obtain the necessary training within six months, the Rock County Human Services Department will authorize wages of \$8.50/hour.
 - d. Hours worked between 12:01 a.m. Saturday and 11:59 p.m. Sunday will include a shift differential of \$.50/hour

WRITTEN BY: LTS Mana

LTS Management Team, 1/28/03

REVISED:

8/21/03, 12/21/05, 9/27/07, 1/6/09, 12/29/10

REVIEWED:

Long Term Support Committee, 9/2/03, 1/3/06, 1/6/09, 1/4/11

APPROVED:

Executive Staff, 1/03; 9/9/03