**Human Services Board Agenda**
**Jefferson County**
**Jefferson County Workforce Development Center, 874 Collins Road, Room 103**
**Jefferson, WI 53549**

**Date: Tuesday, April 12, 2016 Time: 8:30 a.m.**

**Committee Members:**

**Mode, Jim (Chair)**
**Jones, Dick (Vice Chair)**
**Kutz, Russell**
**Tietz, Augie**
**McKenzie, John (Secretary)**
**Crouse, Cynthia**
**Schultz, Jim**

1. Call to Order
2. Roll Call (Establish a Quorum)
3. Certification of Compliance with the Open Meetings Law
4. Approval of the April 12, 2016 Agenda
5. Citizen Comments (Members of the Public who wish to address the Board on specific agenda items must register their request at this time.)
6. Approval of March 8, 2016 Board Minutes
7. Communications
8. Review of February, 2016 Financial Statement
9. Discuss and approve March, 2016 Vouchers
10. Division Updates: Child and Family Division, Behavioral Health, Administration, Economic Support, and Aging & Disability Resource Center
11. Discussion and possible action on New Professional Service Contracts – Music Therapy Services
12. Discussion and possible action on approving policy requiring Criminal Background Checks on private providers under the Alzheimer's Family Caregiver and National Family Caregiver Support Programs
13. Update on ECHO, the Electronic Health Records System
14. Update on Family Care 2.0
15. Discussion and possible action on approving of bills from 2015 for Mia Williams, owner of Whitney Lodge
16. Discussion on changes to Children's Waiver services for Autism in 2017
17. Director's Report
    a) Employee Appreciation Luncheon – April 13
    b) Report on Leadership Class
18. Discuss updates from Wisconsin County Human Services Association.
19. Discuss potential agenda items for May board meeting.
20. Adjourn

Next Scheduled Meetings: Tuesday, May 10, 2016 at 8:30 a.m.
Tuesday, June 14, 2016 at 4:00 p.m.

***A Quorum of any Jefferson County Committee, Board, Commission or other body, including the Jefferson County board of Supervisors, may be present at this meeting.***

***Special Needs Request*** - Individuals requiring special accommodations for attendance at the meeting should contact the County Administrator 24 hours prior to the meeting at 920-674-7101 so appropriate arrangements can be made.

# JEFFERSON COUNTY HUMAN SERVICES
## Board Minutes
## March 8, 2016

**Board Members Present:** Jim Mode, Russell Kutz, Augie Tietz, Jim Schultz, and John McKenzie

**Absent:** Richard Jones and Cynthia Crouse.

**Others Present:** Director Kathi Cauley; Aging & Disability Resource Division Manager Sue Torum; Economic Support Manager Jill Johnson; Administrative Services Manager Joan Daniel; Office Manager Donna Hollinger; Maintenance Supervisor Ryan Mundt; and County Administrator Ben Wehmeier.

**1. CALL TO ORDER**
Mr. Mode called the meeting to order at 8:30 a.m.

**2. ROLL CALL/ESTABLISHMENT OF QUORUM**
Jones and Crouse absent/Quorum established.

**3. CERTIFICATION OF COMPLIANCE WITH THE OPEN MEETINGS LAW**
Ms. Cauley certified that we are in compliance.

**4. REVIEW OF THE MARCH 8, 2016 AGENDA**
No changes

**5. CITIZEN COMMENTS**
No comments

**6. APPROVAL OF THE FEBRUARY 9, 2016 BOARD MINUTES**
Mr. Tietz made a motion to approve the February 9, 2016 board minutes.
Mr. Kutz seconded.
Motion passed unanimously.

**7. COMMUNICATIONS**
No Communications

**8. REVIEW OF FINAL DECEMBER, 2015 FINANCIAL STATEMENT**
Ms. Daniel reviewed the final December 2015 financial statement (attached) and reported that there is a positive fund balance of $1,208,814, which includes an operating surplus balance of $532,981 and a reserve of $675,832.74. She also presented reports showing Commitment/Inpatient, Detox and Alternate Care statistics (attached).

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**9. DISCUSSION AND POSSIBLE ACTION APPROVING UPDATED CARRY OVER REQUEST**

Ms. Cauley presented the list of final non-lapsing and carryover of fund balances. (attached)
Mr. McKenzie made a motion to approve the carryover request as presented in the amount of $992,258.98.
Mr. Schultz seconded.
Motion passed unanimously.

**10. REVIEW AND APPROVE FEBRUARY, 2016 VOUCHERS**

Ms. Daniel reviewed the summary sheet of vouchers totaling $553,597.83 (attached).
Mr. Schultz made a motion to approve the February 2016 vouchers totaling $553,597.83.
Mr. Tietz seconded.
Motion passed unanimously.

**11. DIVISION UPDATES: CHILD & FAMILY RESOURCES, BEHAVIORAL HEALTH, ADMINISTRATION, ECONOMIC SUPPORT, AND AGING & DISABILITY RESOURCE CENTER**

***Child & Family Resources:***

Mr. Mundt reported on the following items from the Maintenance Area

- An update on Capital projects
- An update on Carryover projects
- Goals to lower costs of utilities per square footage
- Explore the possibility of using a solar-powered system. Sustainable Engineering will be doing a site assessment on April 6.

Ms. Cauley reported for Mr. Ruehlow on the following items:

- The Children's Long term Support waiting list is down to 36 children
- Two children returned home from the CCI setting so a total of four have gone home in the last two months. We had one youth go from home into the CCI setting. We have 76 in out-of-home placement and last year we had 94.
- We filled the CPS position.
- The Wellness Recovery Action Plan group is at the Watertown Middle School with many children attending. It has been quite successful.
- We presented a thank you plaque to Spacesaver for their Christmas donations.
- All Key Outcome Indicators are on track.

***Behavioral Health:***

Ms. Cauley reported on the following items:

- Our 2016 **Key Outcome Indicators** for February were as follows:
  - **EMH:** We had 83 emergency detention assessments, which is down from last year. We diverted 80%. The crisis calls are up. Last year we had 1388 through February and this year we are at 1603. Last year we had 47 suicide calls through February and this year we are at 49.
  - **CCS:** *Our goal is that 72% of treatment plan goals will be met* and we are 98%!
- Currently appointments for the therapists and Dr Haggart are two months out. This is very concerning, so we are looking at private providers.
- We began the NIATx project with Washington County and Winnebago Mental Health Institute. A meeting is scheduled with them in April.

- ECHO, the new electronic health records system, is operational in the clinic area but we recently found that it is extremely slow and very time consuming. We will be asking for a refund on our annual maintenance agreement and will continue to monitor this problem.
- We have not yet heard back from the OIG regarding the six CCS charts that were audited last November. We have 30 days to respond after they inform us of their findings. The report is due to the legislature on June 1.

***Administration:***

Ms. Daniel reported on the following items:

- We are reconciling various reports and will be sending them into the state.
- We sent the state all of our year-end PPS information timely.
- 2016 is a transition year for the Autism program and in 2017 it will become ours. There are about 55 children with Lutheran Social Services (LSS) now, and the state would like to know what our costs will be. We will be discussing this transition with LSS. The state has not discussed the money following the child. We will need to contract with LSS or hire a new position to accommodate this change.
- We finalized our 2015 general ledger.

***Economic Support:***

Ms. Johnson reported on the following items:

- Our 2015 **Key Outcome Indicators** for February were as follows:
    - *We have 30 days to get 100% of all applications processed.* We had 540 applications and processed 98.70% of them timely. Last week we hit 100%!
    - *The Consortium Call Center must answer calls timely within 95% of the time.* The Center was at 91.60%.
- Last week our staff met with staff from Child Support to discuss updates and new processes. It worked out well and we identified a gap in services. We will meet again every six months.
- Last Fall we sent out surveys on health literacy and subsequently received health literacy material about basic health insurance information. These will be available to the public. (attached)
- We are now doing a drug-screening questionnaire for parents who are not paying child support. We need to fill out a report every week and then forward it to the Governor's office.
- Staff attend a Consortium training every other week.
- Beginning in June, the Consortium is organizing so that customers calling the Call Center for application or review interviews will be handled immediately. We are reorganizing staff in order to accommodate this new process. We have been having roundtable discussions to understand what works and what doesn't.

***ADRC:***

Ms. Torum reported on the following items:

- The interviews for the Adult Protective Services position are nearly completed. There were several well qualified candidates, and an employment offer is expected shortly. This position will be filled on 4/11.

- The Jefferson County Dementia Friendly training is next week and the kickoff event is at 1:00 p.m. on Wednesday, March 16th. Everyone was encouraged to attend.
- The Family Care/IRIS 2.0 Concept Paper by the Department of Health Services has been released. The new model will serve the same target groups, and allows people to decide on various self-directed care options which will be decided upon prior to enrollment. The plan is to have three Family Care/IRIS 2.0 regions with three IHA's serving in each. This is more restrictive than what Joint Finance recommended (5) and will be challenged. The plan contains the following language regarding ADRC's:
- ADRC's will continue to have an integral role in the long-term care system. ADRCs serve as a single point of entry into long-term care services and programs. ADRC's help people obtain information, evaluate their options, and make informed decisions about the programs, services, and supports that can best meet their needs. ADRC's help people plan for their future, maximize their personal resources, prevent the need for expensive care, and help to prevent or delay the need to access services through publicly funded programs. All of this helps to ensure a sustainable long-term care system. ADRCs will continue to have a prominent role in Family Care/IRIS 2.0. ADRC's will:
    - Perform the initial functional eligibility screen.
    - Provide unbiased enrollment counseling.
    - Inform people of their appeal rights.
    - Assist individuals in choosing an IHA or MCO.
    - Assist individuals in determining if they want to self-direct long-term care services.
    - Assist with processing enrollment.
    - Serve as a resource for members even after they have enrolled in a program.
- The ADRC's KOI is to see that 100% of home visit requests are met within 7 days unless the customer requests otherwise. During the month of February, 34 of the 35 home visits were conducted within 7 days of consumer's request. One consumer's daughter requested a later time due to being out of state. This is an extremely important quality indicator. Dr. Amy Flowers of Analytical Insight recently completed a survey with over 4,000 ADRC customers statewide. The results revealed that customers were highly satisfied with ADRC services and the timeliness of home visits was a key quality indicator.
- The 2016 contract requires ADRC's to submit a compliance plan and develop a business plan. The business plan template that has been provided will calculate line item costs per person/per service. Overall the compliance plan shows that we are meeting contract requirements. There are a couple areas where we may have a corrective action to take. One of those areas is signage. We are required to use the blue logo on a white background and many marketing items have this in black on white, some easily fixed, others not so much.
- The Home Delivered Meal Program's KOI was not met in February; there were 6 new meal requests, 4 were met, 2 were not due to the fact that they both lived outside of our current delivery areas in Jefferson and Sullivan. The goal is to provide meals to 85% of those qualifying. We were at 67% in February.
- The Transportation Program's KOI is to meet qualifying ride requests 100% of the time. In February, all qualifying ride requests were met. There were 377 one-way trips; 22 round trips scheduled and then canceled; three individuals were denied because they were not elderly or disabled, one was denied because they were eligible for this service through

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MTM. The Veteran's Van provided 82 one-way trips. There were 10 cancellations and four were due to the weather.

**12. DISCUSSION AND ACTION ON NEW PROFESSIONAL CONTRACTS**

There were no new contracts.

**13. DISCUSSION AND POSSIBLE ACTION APPROVING INTERCOUNTY GOVERNMENT AGREEMENT FOR ADULT PLACEMENTS**

Ms. Cauley reported that we would like one intercounty agreement that requires counties to alert us when someone is being placed in our county. This agreement requires a crisis plan that the county of residence needs to fill out providing us with vital information about the individual's history and needs.

Mr. Tietz made a motion to approve the intercounty government agreement for adult placements.

Mr. McKenzie seconded.

Motion passed unanimously.

**14. DISCUSSION AND POSSIBLE ACTION ON FILLING ONE VACANCY FOR THE NUTRITION PROJECT COUNCIL AND ONE VACANCY FOR THE ADRC ADVISORY COMMITTEE**

Ms. Torum reported that she would like to recommend Roxy Granzow to the Nutrition Project Council. The individuals interested on the ADRC Advisory Committee declined.

Mr. McKenzie made a motion to approve Roxy Granzow onto the Nutrition Project Council and to send it on to the county board for approval.

Mr. Kutz seconded.

Motion passed unanimously.

**15. DISCUSSION AND POSSIBLE ACTION APPROVING THE CREATION OF ONE FULL TIME BENEFIT SPECIALIST**

Ms. Cauley reported that the ADRC has three part time positions consisting of one ADRC Specialist I, one Disability Benefit Specialist and one Elder Benefit Specialist. Staff are leaving to take full time positions, so we would like to combine these three positions into one full time position with the title of Elder/Disability Benefit Specialist. This request will be sent to the Human Resource Committee and then the County Board for approval.

Mr. Kutz made a motion to combine the three part time positions and create one full time benefit specialist.

Mr. McKenzie seconded.

Motion passed unanimously.

**16. DISCUSS ALZHEIMER'S FAMILY CAREGIVER SUPPORT PROGRAM AND NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM PAYMENTS AND THE BACKGROUND CHECK ISSUE**

Ms. Torum reported that these two programs have funds available to hire someone to come into the home to provide caregivers respite as needed. At the present time, neither program requires that criminal background checks are done on these respite providers, however new state policy states that if we are aware that the person has a history of violence of sexual abuse we are prohibited from providing the family with AFCSP or NFCSP funds. We have been in contact with Corporate Counsel and it was suggested that we adopt a policy requiring anyone who wants to hire a private provider using these funds, to have a criminal

background check run on them first. This will be done through this department and the nominal cost will be covered by the program the person is on. Ms. Torum will bring the policy next month.

**17. UPDATE ON MARSH COUNTRY HEALTHCARE COMMISSION**

Ms. Cauley reported we were not expecting a charge from Marsh Country Healthcare this year and therefore didn't include it in our budget. After she and Mr. Mode attended the meeting, they and found out that there will be a charge to us of $24,000. This will come from the Hospital line item in the budget.

**18. DIRECTOR'S REPORT**

- We are awaiting the Governor's signature to approve having branch offices in schools for mental health outpatient clinics without special certifications.
- We are having the employee appreciation luncheon on April 13.
- A representative from the Department of Health Services came to meet with us about our work with behavioral health services and family care.
- I am asked to serve on many committees. I will continue to serve on the committees for Evidence Based Practice for Re-entry and Crisis Stabilization Services for Youth.
- A reminder that Ms. Torum will be retiring in May.

**19. DISCUSS UPDATES FROM WISCONSIN COUNTY HUMAN SERVICES ASSOCIATION**

Ms. Cauley reported on the following items:

- The WCHSA Spring Conference will be from May 10 - 12, which begins on the same day as our board meeting.
- WHCSA is working on their legislative platform.

**20. DISCUSS POTENTIAL AGENDA ITEMS FOR APRIL BOARD MEETING**

- The criminal background check policy
- Maintenance updates
- NIATx project
- ECHO update

**21. ADJOURN**

Mr. Tietz made a motion to adjourn the meeting.
Mr. Kutz seconded.
Motion passed unanimously.
Meeting adjourned at 10:10 a.m.

Respectfully submitted by Donna Hollinger

**NEXT BOARD MEETING**

Tuesday, April 12, 2016 at 8:30 a.m.
Workforce Development Center, Room 103
874 Collins Road, Jefferson, WI 53549

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# Financial Statement Summary
# February, 2016

A positive fund balance of $5,119 excluding any prepaid reserves that may be adjusted for at year end. This is early in the year and I am sure things will change.

## Summary of variances:

**Revenue:** Overall Revenues are unfavorable by $1,102,348 from budget.
**Expenditures:** Favorable by $1,107,287 primarily due to underspent of waiver of $291,919 and salary & fringes $401,556 and hospitals $192,638.

**Major Classifications impacting the Balance**

- **Salary under budget by $296,554:** Some of the expenses show up later in the year based on anniversary dates of employees such as step increases. In addition, the budget is allocated based on 1/12 each month where salary is based on pay periods. So when you have a 3 pay periods in a month this will absorb some of this variance.

- **Fringes under budget by $105,002:** When there is a 3 week pay period in the month there is no health insurance payment for the 3rd pay period.

- **Children Alternate Care over budget by $250,679:** This budget includes Alternate Care, Child Caring Institutions, Detentions, and Correctional Facilities as well as Shelter Care. For the month of February we spent $189,391.11. The Non-lapsing funds are reflected in the 2016 alternate care budget.

- **Children's Waiver under budget by $291,919:** For 2016 we anticipate earning all of the contracts since projecting the current CLTS children waiver to receive services for the full year. I don't believe providers have submitted all of their claims to WPS at this time yet for January-February Service.

- **Hospital/Detox projection is under budget by $167,940 (Net basis):**

| | Budget | Actual | Projection |
|---|---|---|---|
| **Revenue** | **545,333** | **38,733** | **520,635** |
| **Expenditures** | **1,491,186** | **81,903** | **1,298,548** |
| **Net** | **945,853** | **43,170** | **777,913** |

**Month of February net from Winnebago/Mendota is a charge of 34,504.43.**

- **Operating Costs are projected to be under budget by $379.466. Supplies and Services under budget by $156,212. Birth to 3 costs under budget by 71,969**
- **Other Contracted over budget by $55,395.**
- **Community Care under budget $119,225.**

**BEHAVIOR HEALTH DIVISION:** This is favorable by $215,409. The projected balance for hospitalizations for January - December amounts to $777,913 on a net basis.

- In February, we received a charge, for Winnebago/Mendota bill of $34,500.43.

**CHILDREN & FAMILY DIVISION:** The actual balance for Children & Family Division is to be over budget by $13,272.

Placements for February amounted to $189,391.11

**ECONOMIC SUPPORT DIVISION:** The Economic Support is projected to be unfavorable by $17,345.

**AGING & ADRC DIVISION:** The projected balance for Aging & ADRC Division is unfavorable by $77,755.

**ADMINISTRATIVE DIVISION:** The administrative division is projected favorable by $102,099

Books are unaudited at this time. This is early in the year so best guess at this time.

# JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT
## STATEMENT OF REVENUES & EXPENDITURES
### Projection based on February- 2016 Financial Statement

| | Y-T-D @ Ledgers | Adjust -ments | Y-T-D Projection | Prior Y-T-D Projection | Prorated Budget | Year End Projection | 2015 Budget | Year End Variance |
|---|---|---|---|---|---|---|---|---|
| **SUMMARY** | | | | | | | | |
| Federal/State Operating Revenues | 289,264 | 1,720,540 | 2,009,803 | 5,177,214 | 2,346,401 | 13,028,668 | 14,131,016 | (1,102,348) |
| County Funding for Operations (tax levy & transfer in) | 1,683,617 | 0 | 1,683,617 | 3,459,220 | 1,437,710 | 8,626,261 | 8,626,261 | 0 |
| less: Prepaid Expense Transfer | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Resources Available | 1,972,880 | 1,720,540 | 3,693,420 | 8,636,434 | 3,784,111 | 21,654,929 | 22,757,277 | (1,102,348) |
| Total Adjusted Expenditures | 3,251,571 | 164,183 | 3,415,754 | 8,767,730 | 3,852,837 | 22,394,581 | 23,501,868 | 1,107,287 |
| OPERATING SURPLUS (DEFICIT) | (1,278,690) | 1,556,357 | 277,666 | (131,296) | (68,726) | (739,653) | (744,591) | 4,939 |
| Balance Forward from 2013-Balance Sheet Operating Reserve | 744,772 | | 744,772 | 484,187 | | 744,772 | 744,772 | 0 |
| **NET SURPLUS (DEFICIT)** | **(533,918)** | **1,556,357** | **1,022,438** | 352,891 | **(68,726)** | **5,119** | **181** | (4,939) |
| **REVENUES** | | | | | | | | |
| **STATE & FEDERAL FUNDING** | | | | | | | | |
| MH & AODA Basic County Allocation | 70,421 | 255,554 | 325,975 | 823,215 | 325,975 | 1,955,848 | 1,955,848 | 0 |
| Children's Basic County Allocation | 0 | 149,200 | 149,200 | 361,872 | 145,497 | 895,200 | 872,979 | 22,221 |
| Family Care County Contribution | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Children's L/T Support Waivers | 72,329 | 0 | 72,329 | 232,498 | 160,000 | 911,712 | 960,000 | (48,288) |
| Behavioral Health Programs | 39,722 | 90 | 39,812 | 98,764 | 42,406 | 180,963 | 254,435 | (73,472) |
| Community Options Program | 36,353 | 0 | 36,353 | 63,381 | 25,353 | 152,115 | 152,115 | 0 |
| Aging & Disability Res Center | (30,197) | 172,769 | 142,572 | 332,355 | 166,039 | 920,562 | 996,236 | (75,674) |
| Aging/Transportation Programs | 55,179 | 49,377 | 104,556 | 279,388 | 108,574 | 633,291 | 651,441 | (18,150) |
| Project YES! | 0 | 38,083 | 38,083 | 0 | 54,719 | 228,496 | 328,314 | (99,818) |
| Youth Aids | (50,067) | 154,223 | 104,156 | 256,504 | 123,616 | 624,939 | 741,698 | (116,760) |
| IV-E TPR | 0 | 6,098 | 6,098 | 15,982 | 10,027 | 36,589 | 60,163 | (23,574) |
| Family Support Program | 0 | 0 | 0 | 27,643 | 11,057 | 0 | 66,343 | (66,343) |
| Children & Families | 0 | 11,975 | 11,975 | 28,952 | 14,278 | 78,957 | 85,665 | (6,708) |
| ARRA Birth to Three | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| I.M. & W-2 Programs | 0 | 225,810 | 225,810 | 568,024 | 250,742 | 1,341,355 | 1,504,450 | (163,095) |
| Client Assistance Payments | 23,912 | 26,245 | 50,157 | 96,593 | 48,086 | 300,940 | 288,514 | 12,426 |
| Early Intervention | 27,594 | 0 | 27,594 | 68,985 | 27,594 | 165,564 | 165,564 | 0 |
| **Total State & Federal Funding** | **245,246** | **1,089,424** | **1,334,670** | 3,254,156 | **1,513,961** | **8,426,531** | **9,083,765** | **(657,234)** |
| **COLLECTIONS & OTHER REVENUE** | | | | | | | | |
| Provided Services | (36,658) | 510,832 | 474,174 | 763,981 | 525,427 | 2,845,046 | 3,155,600 | (310,554) |
| Child Alternate Care | 5,961 | 0 | 5,961 | 49,287 | 23,302 | 35,766 | 139,814 | (104,048) |
| Adult Alternate Care | 39,462 | 0 | 39,462 | 75,552 | 39,044 | 236,772 | 234,262 | 2,510 |
| Children's L/T Support | (18,447) | 91,265 | 72,817 | 413,222 | 101,729 | 628,905 | 610,371 | 18,534 |
| 1915i Program | 0 | 16,781 | 16,781 | 20,587 | 16,781 | 100,688 | 100,688 | (0) |
| Donations | 3,837 | 0 | 3,837 | 27,601 | 13,091 | 77,469 | 78,544 | (1,075) |

| | Y-T-D @ Ledgers | Adjust -ments | Y-T-D Projection | Prior Y-T-D Projection | Prorated Budget | Year End Projection | 2015 Budget | Year End Variance |
|---|---|---|---|---|---|---|---|---|
| Cost Reimbursements | 5,351 | 12,238 | 17,589 | 47,916 | 19,165 | 104,915 | 164,559 | (59,644) |
| Other Revenues | 44,511 | 0 | 44,511 | 524,912 | 93,902 | 572,575 | 563,413 | 9,162 |
| **Total Collections & Other** | **44,018** | **631,116** | **675,133** | **1,923,058** | **832,440** | **4,602,137** | **5,047,251** | **(445,114)** |
| **TOTAL REVENUES** | **289,264** | **1,720,540** | **2,009,803** | 5,177,214 | **2,346,401** | **13,028,668** | **14,131,016** | **(1,102,348)** |
| **EXPENDITURES** | | | | | | | | |
| **WAGES** | | | | | | | | |
| Behavioral Health | 226,857 | 0 | 226,857 | 586,534 | 204,775 | 1,361,143 | 1,228,647 | 132,496 |
| Children's & Families | 292,164 | 0 | 292,164 | 790,338 | 298,174 | 1,752,983 | 1,781,838 | (28,855) |
| Community Support | 121,052 | 0 | 121,052 | 360,517 | 135,454 | 725,163 | 812,725 | (87,562) |
| Comp Comm Services | 85,471 | 0 | 85,471 | 189,995 | 103,089 | 512,829 | 621,339 | (108,510) |
| Economic Support | 174,554 | 0 | 174,554 | 508,718 | 181,985 | 1,047,325 | 1,091,907 | (44,582) |
| Aging & Disability Res Center | 75,090 | 0 | 75,090 | 206,140 | 82,855 | 450,543 | 497,131 | (46,588) |
| Aging/Transportation Programs | 73,872 | 0 | 73,872 | 202,603 | 75,785 | 443,234 | 454,710 | (11,476) |
| Childrens L/T Support | 26,474 | 0 | 26,474 | 55,972 | 26,883 | 158,842 | 161,297 | (2,455) |
| Early Intervention | 48,875 | 0 | 48,875 | 139,620 | 50,761 | 293,248 | 304,568 | (11,320) |
| Management/Overhead | 143,035 | 60,000 | 203,035 | 382,389 | 207,513 | 1,219,278 | 1,245,079 | (25,801) |
| Lueder Haus | 40,986 | 0 | 40,986 | 124,388 | 50,260 | 245,913 | 301,560 | (55,647) |
| Safe & Stable Families | 36,057 | 0 | 36,057 | 100,194 | 37,100 | 216,344 | 222,597 | (6,253) |
| Supported Emplymt | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total Wages** | **1,344,488** | **60,000** | **1,404,488** | **3,647,408** | **1,454,633** | 8,426,844 | **8,723,398** | **(296,554)** |
| **FRINGE BENEFITS** | | | | | | | | |
| Social Security | 96,110 | 0 | 96,110 | 229,103 | 101,694 | 576,657 | 657,635 | (80,978) |
| Retirement | 85,032 | 0 | 85,032 | 208,147 | 93,109 | 510,194 | 558,656 | (48,462) |
| Health Insurance | 426,869 | 0 | 426,869 | 906,050 | 422,350 | 2,561,214 | 2,534,097 | 27,117 |
| Other Fringe Benefits | 32,501 | 0 | 32,501 | 1,203 | 9,114 | 52,003 | 54,682 | (2,679) |
| **Total Fringe Benefits** | **640,511** | **0** | **640,511** | 1,344,503 | **626,267** | **3,700,068** | **3,805,070** | **(105,002)** |
| **OPERATING COSTS** | | | | | | | | |
| Staff Training | 12,669 | 0 | 12,669 | 18,547 | 13,101 | 70,635 | 79,606 | (8,971) |
| Space Costs | 29,407 | 0 | 29,407 | 102,059 | 33,313 | 185,192 | 199,878 | (14,686) |
| Supplies & Services | 153,395 | 0 | 153,395 | 531,416 | 192,238 | 1,000,217 | 1,156,429 | (156,212) |
| Program Expenses | 19,137 | 0 | 19,137 | 35,892 | 29,695 | 114,825 | 178,167 | (63,342) |
| Employee Travel | 22,161 | 0 | 22,161 | 69,942 | 29,215 | 132,965 | 175,292 | (42,328) |
| Staff Psychiatrists & Nurse | 65,863 | 0 | 65,863 | 179,292 | 73,618 | 395,179 | 441,705 | (46,526) |
| Birth to 3 Program Costs | 29,005 | 0 | 29,005 | 135,985 | 41,000 | 174,031 | 246,000 | (71,969) |
| Busy Bees Preschool | 399 | 0 | 399 | 808 | 279 | 2,396 | 1,675 | 721 |
| ARRA Birth to Three | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Opp. Inc. Payroll Services | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other Operating Costs | 9,054 | 0 | 9,054 | 1,827 | 7,115 | 75,092 | 42,687 | 32,404 |
| Year End Allocations | (4,503) | 0 | (4,503) | (11,601) | (3,076) | (27,016) | (18,458) | (8,558) |
| Capital Outlay | 59,298 | 0 | 59,298 | 135,341 | 94,327 | 565,962 | 565,962 | 0 |
| **Total Operating Costs** | **395,886** | **0** | **395,886** | **1,199,509** | **510,824** | **2,689,477** | **3,068,943** | **(379,466)** |
| **BOARD MEMBERS** | | | | | | | | |
| Per Diems | 770 | 0 | 770 | 2,585 | 1,167 | 4,620 | 7,000 | (2,380) |
| Travel | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | Y-T-D @ Ledgers | Adjust -ments | Y-T-D Projection | Prior Y-T-D Projection | Prorated Budget | Year End Projection | 2015 Budget | Year End Variance |
|---|---|---|---|---|---|---|---|---|
| Training | 0 | 0 | 0 | 1,158 | 125 | 0 | 750 | (750) |
| Aging Committee | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total Board Members** | **770** | **0** | **770** | **3,743** | **1,292** | **4,620** | **7,750** | **(3,130)** |
| **CLIENT ASSISTANCE** | | | | | | | | |
| W-2 Benefit Payments | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 0 |
| Funeral & Burial | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 0 |
| Medical Asst. Transportation | 0 | 0 | 0 | 0 | 0 | **0** | 0 | 0 |
| Energy Assistance | 25,824 | 0 | 25,824 | 62,138 | 23,586 | **154,944** | 141,514 | 13,430 |
| Kinship & Other Client Assistance | 14,471 | 0 | 14,471 | 43,835 | 14,172 | **86,824** | 85,032 | 1,792 |
| **Total Client Assistance** | **40,295** | **0** | **40,295** | **105,972** | **37,758** | **241,769** | **226,546** | **15,223** |
| **MEDICAL ASSISTANCE WAIVERS** | | | | | | | | |
| Childrens LTS | 95,034 | 0 | 95,034 | 63,749 | 199,014 | 1,239,941 | 1,531,860 | (291,919) |
| **Total Medical Assistance Waivers** | **95,034** | **0** | **95,034** | **63,749** | **199,014** | **1,239,941** | **1,531,860** | **(291,919)** |
| **COMMUNITY CARE** | | | | | | | | |
| Supportive Home Care | 9,055 | 0 | 9,055 | 29,749 | 4,647 | 54,330 | 27,883 | 26,447 |
| Guardianship Services | 2,204 | 0 | 2,204 | 14,372 | 5,350 | 13,224 | 32,100 | (18,876) |
| People Ag. Domestic Abuse | 10,000 | 0 | 10,000 | 25,000 | 10,000 | 60,000 | 60,000 | 0 |
| Family Support | 0 | 0 | 0 | 11,564 | 0 | 0 | 0 | 0 |
| Transportation Services | 5,112 | 0 | 5,112 | 19,943 | 8,249 | 30,670 | 49,491 | (18,821) |
| Opp. Inc. Delinquency Programs | 9,533 | (6,864) | 2,669 | 57,198 | 5,245 | 16,015 | 31,467 | (15,452) |
| Opp. Inc. Independent Living | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other Community Care | 34,327 | 6,864 | 41,190 | 151,041 | 67,456 | 247,143 | 404,735 | (157,592) |
| Elderly Nutrition - Congregate | 9,101 | 0 | 9,101 | 29,130 | 7,292 | 54,608 | 43,749 | 10,859 |
| Elderly Nutrition - Home Delivered | 15,298 | 0 | 15,298 | 44,159 | 11,964 | 91,789 | 71,781 | 20,008 |
| Elderly Nutrition - Other Costs | 2,509 | 0 | 2,509 | 5,621 | 3,583 | 15,054 | 21,500 | (6,446) |
| **Total Community Care** | **97,139** | **0** | **97,139** | **387,777** | **123,784** | **582,833** | **742,706** | **(159,873)** |
| **CHILD ALTERNATE CARE** | | | | | | | | |
| Foster Care & Treatment Foster | 138,262 | 0 | 138,262 | 296,724 | 186,783 | 829,574 | 1,120,695 | (291,121) |
| Intensive Comm Prog | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Group Home & Placing Agency | 119,785 | 0 | 119,785 | 392,740 | 122,026 | 718,712 | 732,158 | (13,446) |
| L.S.S. Child Welfare | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Child Caring Institutions | 115,902 | 0 | 115,902 | 39,419 | 28,180 | 695,413 | 169,077 | 526,336 |
| Detention Centers | 1,975 | 0 | 1,975 | 6,710 | 6,333 | 48,850 | 38,000 | 10,850 |
| Correctional Facilities | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Shelter & Other Care | 3,760 | 0 | 3,760 | 175 | 10,788 | 82,785 | 64,725 | 18,060 |
| **Total Child Alternate Care** | **379,685** | **0** | **379,685** | **735,768** | **354,109** | **2,375,334** | **2,124,655** | **250,679** |
| **HOSPITALS** | | | | | | | | |
| Detoxification Services | 30,795 | 0 | 30,795 | 11,745 | 25,000 | 184,770 | 150,000 | 34,770 |
| Mental Health Institutes | 51,108 | 0 | 51,108 | 462,231 | 223,531 | 1,113,777 | 1,341,186 | (227,409) |
| Other Inpatient Care | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total Hospitals** | **81,903** | **0** | **81,903** | **473,976** | **248,531** | **1,298,548** | **1,491,186** | **(192,638)** |

| | Y-T-D @ Ledgers | Adjust -ments | Y-T-D Projection | Prior Y-T-D Projection | Prorated Budget | Year End Projection | 2015 Budget | Year End Variance |
|---|---|---|---|---|---|---|---|---|
| **OTHER CONTRACTED** | | | | | | | | |
| Adult Alternate Care (Non-MAW) | 47,493 | 0 | 47,493 | 150,094 | 41,458 | 284,959 | 248,745 | 36,214 |
| Family Care County Contribution | 0 | 104,183 | 104,183 | 260,457 | 104,183 | 625,097 | 625,097 | 0 |
| AODA Halfway Houses | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1915i Program | 69,947 | 0 | 69,947 | 88,478 | 39,395 | 419,681 | 236,372 | 183,309 |
| IV-E TPR | 15,636 | 0 | 15,636 | 48,355 | 25,000 | 93,819 | 150,000 | (56,181) |
| Emergency Mental Health | 0 | 0 | 0 | 8,892 | 1,667 | 0 | 10,000 | (10,000) |
| Work/Day Programs | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ancillary Medical Costs | 27,071 | 0 | 27,071 | 114,948 | 38,753 | 162,425 | 232,518 | (70,093) |
| Miscellaneous Services | 15,714 | 0 | 15,714 | 134,099 | 46,170 | 249,168 | 277,022 | (27,854) |
| Prior Year Costs | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Clearview Commission | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total Other Contracted** | **175,861** | **104,183** | **280,044** | 805,324 | **296,626** | **1,835,149** | **1,779,754** | **55,395** |
| **TOTAL EXPENDITURES** | **3,251,571** | **164,183** | **3,415,754** | **8,767,730** | **3,852,837** | **22,394,581** | **23,501,868** | **(1,107,287)** |

# JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT State of Program
## Projection based on February 2016 Revenue & Expenditures Financial Statement

**Summary Sheet** () Unfavorable

| | Program | Annual Projection Revenue | Annual Projection Expenditure | Tax Levy | Budget Revenue | Budget Expenditure | Budget Tax Levy | Variance |
|---|---|---|---|---|---|---|---|---|
| **Behavior Health** | | | | | | | | |
| 5000 | BASIC ALLOCATION | 3,370,697 | 4,114,671 | 743,973 | 3,391,211 | 4,510,839 | 1,119,628 | 375,655 |
| 5003 | LUEDER HAUS | 110,000 | 471,810 | 361,810 | 112,000 | 526,205 | 414,205 | 52,395 |
| 5007 | EMERGENCY MENTAL HEALTH | 75,000 | 828,357 | 753,357 | 75,000 | 809,433 | 734,433 | (18,924) |
| 5011 | MENTAL HEALTH BLOCK | 26,128 | 61,958 | 35,830 | 26,128 | 26,142 | 14 | (35,816) |
| 5025 | COMMUNITY SUPPORT PROGRAM | 518,654 | 1,418,202 | 899,547 | 749,288 | 1,512,787 | 763,499 | (136,048) |
| 5027 | COMP COMM SERVICE | 1,240,650 | 1,051,537 | (189,113) | 1,326,054 | 1,281,251 | (44,803) | 144,310 |
| 5031 | AODA BLOCK GRANT | 109,299 | 93,871 | (15,428) | 109,299 | 121,501 | 12,202 | 27,630 |
| 5043 | CERTIFIED MENTAL HEALTH | 40,236 | | (40,236) | 40,236 | | (40,236) | 0 |
| 5044 | EMERGENCY MENTAL HEALTH | 0 | 0 | 0 | 10,000 | 10,000 | 0 | 0 |
| 5063 | 1915i PROGRAM | 100,688 | 422,321 | 321,633 | 100,688 | 236,372 | 135,684 | (185,949) |
| 5090 | YOUTH EMPOWERMENT SOLUTIONS | 228,496 | 227,089 | (1,406) | 328,314 | 319,065 | (9,249) | (7,843) |
| **Total** | **Behavior Health** | **5,819,848** | **8,689,816** | **2,869,968** | **6,268,218** | **9,353,595** | **3,085,377** | **215,409** |
| **Children & Families** | | | | | | | | |
| 5001 | CHILDREN'S BASIC ALLOCATION | 1,059,057 | 2,752,651 | 1,693,594 | 1,117,171 | 3,145,191 | 2,028,020 | 334,425 |
| 5002 | KINSHIP CARE | 85,995 | 85,995 | 0 | 84,877 | 84,877 | 0 | 0 |
| 5005 | YOUTH AIDS | 644,137 | 1,953,781 | 1,309,645 | 785,139 | 1,440,651 | 655,512 | (654,133) |
| 5006 | YOUTH AIDS STATE CHARGES | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5008 | YOUTH INDEPENDENT LIVING | 23,871 | 52,417 | 28,546 | 23,963 | 24,287 | 324 | (28,222) |
| 5009 | YA EARLY & INTENSIVE INT | 31,652 | 144,029 | 112,377 | 43,979 | 171,977 | 127,998 | 15,621 |
| 5010 | COMM OPTIONS PROG | 152,115 | 196 | (151,919) | 152,115 | 0 | (152,115) | (196) |
| 5018 | FAMILY SUPPORT | 0 | 0 | 0 | 66,343 | 0 | (66,343) | (66,343) |
| 5020 | DOMESTIC ABUSE | | 60,000 | 60,000 | | 60,000 | 60,000 | 0 |
| 5021 | SAFE & STABLE FAMILIES | 90,536 | 398,753 | 308,217 | 90,586 | 415,530 | 324,944 | 16,727 |
| 5036 | SACWIS | 0 | 0 | 0 | 3,000 | 10,000 | 7,000 | 7,000 |
| 5040 | CHILDRENS LTS WAIV-DD | 1,540,617 | 1,530,742 | (9,875) | 1,570,371 | 1,840,770 | 270,399 | 280,274 |
| 5041 | CHILDRENS LTS WAIV-MH | 0 | 1,064 | 1,064 | 0 | 0 | 0 | (1,064) |
| 5042 | CHILDRENS LTS WAIV-PD | 0 | 172 | 172 | 0 | 0 | 0 | (172) |
| 5068 | FOSTER PARENT TRAINING | 0 | 569 | 569 | 2,000 | 8,348 | 6,348 | 5,779 |
| 5070 | IV-E TPR | 36,589 | 93,819 | 57,230 | 60,163 | 150,000 | 89,837 | 32,607 |
| 5080 | YOUTH DELINQUENCY INTAKE | 0 | 739,209 | 739,209 | 0 | 747,101 | 747,101 | 7,892 |
| 5175 | EARLY INTERVENTION | 186,704 | 652,022 | 465,318 | 205,564 | 728,993 | 523,429 | 58,111 |
| 5105 | KINSHIP ASSESSMENTS | 0 | 1,830 | 1,830 | 6,916 | 9,289 | 2,373 | 543 |
| 5120 | Coordinated Services Team | 60,000 | 87,348 | 27,348 | 62,123 | 86,179 | 24,056 | (3,292) |
| 5188 | BUSY BEES PRESCHOOL | 3,540 | 65,198 | 61,658 | 6,500 | 52,701 | 46,201 | (15,457) |

# JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT State of Program
## Projection based on February 2016 Revenue & Expenditures Financial Statement

**Summary Sheet**

() Unfavorable

| | Program | Annual Projection Revenue | Annual Projection Expenditure | Tax Levy | Budget Revenue | Budget Expenditure | Budget Tax Levy | Variance |
|---|---|---|---|---|---|---|---|---|
| 5189 | INCREDIBLE YEARS | 300 | 19,143 | 18,843 | 0 | 15,472 | 15,472 | (3,371) |
| | | | | 0 | | | 0 | 0 |
| **Total** | **Children & Families** | **3,915,113** | **8,638,941** | **4,723,827** | **4,280,810** | **8,991,365** | **4,710,555** | **(13,272)** |
| **Economic Support Division** | | | | | | | | |
| 5051 | INCOME MAINTENANCE | 1,377,355 | 1,996,031 | 618,676 | 1,397,187 | 1,975,057 | 577,870 | (40,806) |
| 5053 | CHILD DAY CARE ADMIN | 0 | 0 | 0 | 132,027 | 155,488 | 23,461 | 23,461 |
| 5055 | W-2 PROGRAM | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5057 | ENERGY PROGRAM | 154,944 | 154,944 | 0 | 141,514 | 141,514 | 0 | 0 |
| 5071 | CHILDREN FIRST | 0 | 0 | 0 | 4,800 | 0 | (4,800) | (4,800) |
| 5073 | FSET | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5074 | W-2 DAYCARE | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5100 | CLIENT ASSISTANCE | 4,800 | 0 | (4,800) | 0 | 0 | 0 | 4,800 |
| **Total** | **Economic Support Division** | **1,537,100** | **2,150,975** | **613,876** | **1,675,528** | **2,272,059** | **596,531** | **(17,345)** |
| **Aging Division & ADRC** | | | | | | | | |
| 5012 | ALZHEIMERS FAM SUPP | 31,247 | 55,020 | 23,773 | 19,009 | 19,009 | 0 | (23,773) |
| 5048 | AGING/DISABIL RESOURCE | 920,562 | 812,228 | (108,333) | 996,236 | 863,118 | (133,118) | (24,785) |
| 5075 | GUARDIANSHIP PROGRAM | 0 | 13,224 | 13,224 | 0 | 32,100 | 32,100 | 18,876 |
| 5076 | STATE BENEFIT SERVICES | 28,212 | 130,209 | 101,997 | 45,882 | 129,099 | 83,217 | (18,780) |
| 5077 | ADULT PROTECTIVE SERVICES | 56,827 | 108,055 | 51,228 | 56,827 | 103,113 | 46,286 | (4,942) |
| 5078 | NSIP | 9,042 | 27,960 | 18,918 | 19,998 | 21,028 | 1,030 | (17,888) |
| 5151 | TRANSPORTATION | 208,239 | 218,490 | 10,252 | 222,969 | 248,490 | 25,521 | 15,269 |
| 5152 | IN-HOME SERVICE III-D | 4,263 | 4,739 | 476 | 4,263 | 7,000 | 2,737 | 2,261 |
| 5154 | SITE MEALS | 144,470 | 155,014 | 10,544 | 144,293 | 154,317 | 10,024 | (520) |
| 5155 | DELIVERED MEALS | 133,956 | 156,861 | 22,905 | 131,267 | 148,698 | 17,431 | (5,474) |
| 5157 | SCSP | 7,986 | 0 | (7,986) | 7,986 | 8,874 | 888 | 8,874 |
| 5158 | ELDER ABUSE | 25,025 | 119,744 | 94,719 | 25,025 | 104,102 | 79,077 | (15,642) |
| 5159 | III-B SUPPORTIVE SERVICE | 65,173 | 71,917 | 6,744 | 65,213 | 75,330 | 10,117 | 3,373 |
| 5163 | TITLE III-E | 28,431 | 47,971 | 19,540 | 28,582 | 33,517 | 4,935 | (14,605) |
| | | | | 0 | | | 0 | 0 |
| **Total** | **Aging & ADRC Center** | **1,663,433** | **1,921,433** | **258,000** | **1,767,550** | **1,947,795** | **180,245** | **(77,755)** |

# JEFFERSON COUNTY HUMAN SERVICES DEPARTMENT State of Program
## Projection based on February 2016 Revenue & Expenditures Financial Statement

**Summary Sheet**

() Unfavorable

| | Program | Annual Projection Revenue | Annual Projection Expenditure | Tax Levy | Budget Revenue | Budget Expenditure | Budget Tax Levy | Variance |
|---|---|---|---|---|---|---|---|---|
| **Administrative Services Division** | | | | | | | | |
| 5187 | UNFUNDED SERVICES | 8,375 | 829 | (7,546) | 0 | 49,726 | 49,726 | 57,272 |
| 5190 | Management | | 360,957 | 360,957 | | 749,868 | 749,868 | 388,911 |
| 5190 | Management Cleared | | | 0 | | (748,124) | (748,124) | (748,124) |
| 5195 | Vehicle Escrow Account | 0 | 54,942 | 54,942 | 0 | 54,942 | 54,942 | (0) |
| 5200 | Overhead & Tax Levy | 8,711,060 | 10,727 | (8,700,333) | 8,765,171 | 264,680 | (8,500,491) | 199,842 |
| 5200 | Overhead Cleared | | 0 | 0 | | 0 | 0 | 0 |
| 5210 | CAPITAL OUTLAY | | 565,962 | 565,962 | | 565,962 | 565,962 | 0 |
| | Balance Sheet Non Lapsing Funds | 744,772 | | (744,772) | 744,772 | | (744,772) | 0 |
| Total | **Administrative Services Division** | **9,464,206** | **993,416** | **(8,470,790)** | **9,509,943** | **937,054** | **(8,572,889)** | **(102,099)** |
| **GRAND Total** | | **22,399,701** | **22,394,581** | **(5,119)** | **23,502,049** | **23,501,868** | **(181)** | **4,939** |
| Net Balance | | | | | | | | |

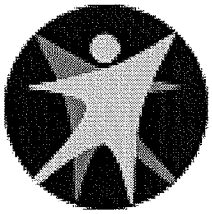
Note: Variance includes Non-Lapsing from Balance Sheet

Item #11

# 2016 Provider Contracts (4/05/2016)

| Contract Number | Provider | Service | Target | 2014 | | | 2015 | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 16-275 | Healing Harmonies, LLC | Music Therapy | Child | | per | month | 67.83 | per | session | #DIV/0! | 2,500 |

Item # 14



WISCONSIN DEPARTMENT
*of* HEALTH SERVICES

# Family Care/IRIS 2.0 Frequently Asked Questions

## 1. Why are we doing this?

- Wisconsin's population is aging rapidly; the number of Wisconsinites over 65 will double by 2035.
- People with disabilities are living longer, fuller lives in the community.
- The population covered by Family Care (elderly and disabled) make up 20% of Medicaid enrollment but 40% of the Medicaid budget.
- Acute and primary (health care) costs in this population grew 10 times faster than their overall Medicaid costs from 2010 through 2015.
- These reforms will protect Family Care for the people who depend on it today and preserve it for future generations.

## 2. What has DHS done so far in this process?

- 10 public hearings attended by more than 1,100 people.
- Met with councils, boards, committees, and stakeholders that advise DHS on these programs.
- Collected testimony from more than 750 people.
- Met with current managed care organizations that provide Family Care services and potential integrated health agencies that may wish to provide services under Family Care/IRIS 2.0.
- Created a dedicated Family Care/IRIS 2.0 web page.
- Developed the Family Care/IRIS 2.0 Concept Paper (PDF, 625 KB) .

## 3. How many people will this impact?

- Family Care and IRIS currently serve more than 55,000 Wisconsinites across 62 counties.
- Family Care/IRIS 2.0 will serve all 72 counties and more than 60,000 Wisconsinites.

## 4. What are IHAs?

- IHAs stand for Integrated Health Agencies.
- IHAs will replace the current Family Care Managed Care Organizations (MCOs, also referred to as Care Management Organizations or CMOs).

## 5. How are IHAs different from MCOs

- IHAs are different from MCOs because they must be licensed as insurance companies by the Office of the Commissioner of Insurance (OCI), in the same way other insurers are, in order to operate.
- Licensed insurers must abide by all applicable insurance laws and have more rigorous risk reserve and capital requirements than MCOs were required to have.
- Current Family Care MCOs will be allowed to compete as IHAs in Family Care/IRIS 2.0 if they meet all necessary requirements to become IHAs.
- Today, MCOs only provide long term care services (i.e. assistance bathing, preparing meals, getting around). IHAs will care for the whole person, providing both long term care services and all health care services (i.e. doctor visits, hospital visits, surgeries, etc), which are sometimes referred to as acute and primary care.

## 6. How will IHAs be funded?

- IHAs will be paid a monthly amount for each person they cover.
- This is sometimes called a monthly capitation payment. This is the same way we pay health maintenance organizations (HMOs) that provide coverage under Badger Care Plus and managed care organizations (MCOs) that provide coverage under Family Care.
- DHS will use an actuary to analyze program costs for prior years to develop an annual capitation rate based on past program costs.
    - These rates will incentivize high-quality, cost-effective care through pay-for-performance contract requirements, which align payments with care outcomes.

## 7. Will capitation rates be more/less for providing care to members who choose to self-direct?

DHS intends to have one capitation rate for IHAs under Family Care/IRIS 2.0, regardless of whether members self-direct.

## 8. What will turning this benefit over to private insurance companies do to my services or my constituents' services?

- This is not what is happening.
- This will continue to be a benefit provided by the State of Wisconsin.The Department of Health Services (DHS) will remain as the entity that administers the benefit. DHS will continue to set all standards and benefits. DHS will require anyone who wishes to be an IHA to adhere to these requirements before being certified to provide services.
- Once an IHA is certified to meet all the standards required by DHS, it must continue to offer all benefits required by DHS in order to maintain its certification to provide services under Family Care/IRIS 2.0.

- All members will continue to have access to independent, external ombudsman services to provide counseling and assistance with complaints.
- All members will retain the right to appeal decisions made by IHAs.
- Additionally, all IHAs will be periodically reviewed to ensure they continue to offer:
    - An adequate provider network across all counties in their zone to ensure every beneficiary has access to care.
    - Adequate staffing levels and training, including 24/7 on-call support.

## 9. What is Family Care Partnership? Will Partnership end when Family Care/IRIS 2.0 begins?

- Some individuals who are either over the age of 65 or disabled and also below 100% of the federal poverty level qualify for both Medicaid and Medicare. Sometimes this group is referred to as "dually eligible."
- These individuals would be eligible for their long term care services (help eating, bathing assistance getting around, etc.) under Medicaid and their health care services (doctor visits, prescriptions, surgery, etc) under Medicare.
- Rather than receive these services separately, members eligible for these services in 14 counties may currently choose to receive them through the Family Care Partnership Program.
- In Partnership, a managed care organization manages both the long term care and health care benefits for members, in a similar manner to how Family Care/IRIS 2.0 will combine these benefits.
- Family Care Partnership will continue to be offered in the 14 counties is currently is offered in.
- Additionally, DHS will work to expand Partnership in the remaining counties.
- Individuals in these counties may enroll in Family Care/IRIS 2.0 or the Partnership. If they choose Partnership, they must enroll in an MCO's Fully Integrated Dual Eligible Special Needs Plan for their Medicare benefits.

## 10. When can we see a map showing where IHA zones will be?

- DHS is still under the process of developing potential procurement and rate setting zones.
- DHS intends to create the zones in a way that does not disrupt the local provider networks that have already been established for long term care services.
    - This will help ensure Family Care/IRIS 2.0 members have access to reliable, established service providers while we transition to Family Care/IRIS 2.0 and continuing on thereafter.

## 11. Why are there only three zones? What happens if I am I grouped into zone X and I want to see a provider in zone Y?

- In Family Care 2.0, members will be able to pick from a choice of 3 IHAs, regardless of where they live in Wisconsin.
- In order to allow for members to choose from 3 IHAs, DHS applied an actuarial analysis to determine the regional population that would be sufficient to support three IHAs per zone.
- Based on this analysis, the state's population divides into three zones to ensure that each contains a large enough member pool to spread out financial risk and remain solvent.
- These three zones exist only as an administrative function; IHAs will be allowed to and encouraged to contract with providers both inside and outside of their zone. This will allow for 2.0 members to choose from providers in counties outside of their zone (for instance, if they live on the border of their zone or wish to see a doctor or other provider in another zone).

## 12. How will enrollment work? Why is it continuous?

- There will be continuous open enrollment, allowing individuals to make enrollment decisions at any time.
- Continuous open enrollment was chosen for several reasons:
    - Our data shows that only a small number of enrollees choose to switch programs.
    - The ability to make changes at any time gives IHAs an incentive to retain members.
    - It decreases administrative complexities that come with open enrollment periods.

## 13. What are ADRCs? How will they operate under Family Care/IRIS 2.0?

- Aging and Disability Resource Centers (ADRCs) serve as a single point of entry into long-term care services and programs, whether you are eligible for Family Care or just looking for assistance or advice for someone who is aging or has a disability.
- They help people become informed, evaluate different options, and make informed decisions about the services that best meet their needs.
- With Family Care/IRIS 2.0, ADRCs will:
    - Perform the initial functional eligibility screen (which determines if someone is eligible for Family Care/IRIS 2.0) and provide enrollment counseling
    - Assist individuals in choosing an IHA (or MCO, if Partnership is available) as well as the amount of services they wish to self-direct, if any
    - Assist with enrollment processing
    - Serve as an information resource after enrollment

## 14. How will we track quality?

Quality will be tracked three main ways:

- **Consumer outcomes**: reporting of health care performance measures, outcomes of services, institutional admissions and relocations, and potentially preventable medical services.
- **Consumer satisfaction**: monitoring of appeals and grievances, scorecards, and access to ombudsman services.
- **Contract compliance**: DHS oversight of IHAs, annual quality reviews by an external organization, statutory requirements for licensed insurers, required reporting to DHS of serious incidents and members changing IHAs and programs, audits, ongoing fiscal oversight, and an accreditation incentive program.

## 15. Will my local providers be able to provide services?

Yes.

- Any provider who wishes to provide services must contract with one or more IHAs.
- For at least the first three years, IHAs are required to contract with any willing long term care provider that meets its long term care service requirements.
- DHS will assess the need to extend the "any willing and qualified provider" requirement beyond the initial three years after Family Care/IRIS 2.0 has been fully implemented in all zones for two years.

## 16. What are next steps?

The next steps in the implementation process are:

- 2015 Act 55 requires an up or down vote by the Joint Committee on Finance(JFC) on the concept paper.
- Development of formal waiver and/or state plan authority documents to submit to the Centers for Medicare & Medicaid Services (CMS)
- Release of Request for Proposal (RFP) for IHAs
- IHA selection and DHS readiness review
- Implementation and transition

## 17. Can you provide a overview of the waiver/state plan amendment process?

- Once the Joint Committee on Finance (JFC) approves of the concept plan, DHS will begin writing the waiver and any necessary state plan amendments for federal approval from the Centers for Medicare and Medicaid Services (CMS).
- DHS will post the proposed waiver to our website to allow for a 60 day public comment period, as well as an additional 30 days for tribal members.
- After the public comment period, and any necessary changes are made, DHS will submit the proposed waiver to CMS.
- CMS will then submit questions about the waiver back to DHS.
- DHS will respond to CMS questions.
- This back-and-forth process will continue until CMS approves the waiver.

## 18. Will current Family Care/IRIS members have to dis-enroll and re-enroll with ADRCs? Will ADRCs have the capacity of do this all at once? Or will it be a staggered process?

- Yes. ADRCs will have to engage all current Family Care members to make them aware of the new IHAs that are available enroll in. This will be done over time in a gradual fashion; it will not be like flipping a switch.
- If someone is unhappy with the IHA they choose, they may switch to another IHA at any time.

## 19. I don't see anything about prescription drug coverage in the concept plan. Will IHAs cover prescription drugs?

- Members will continue to have access to Wisconsin's Medicaid prescription drug benefit. With the implementation of Family Care/IRIS 2.0 members will access prescription drug benefits the same way they do today.
- IHAs will not be responsible for providing/paying for prescription drugs.

## Additional Frequently Asked Questions Related to Long-Term Care

Below are additional frequently asked questions that are not directly related to Family Care/IRIS 2.0, but that many individuals have heard are required by Family Care/IRIS 2.0; however, these items are **not** related to Family Care/IRIS 2.0

### 20. Why are care providers in 2.0 only allowed to work 40 hours per week?

- This change is being made in the current IRIS program. This is not related to Family are/IRIS 2.0
- DHS is enforcing a 40 hour health and safety assurance policy, in order to ensure IRIS participants receive high quality, safe, and effective care.
- View the DHS web page related to this topic for more information.

### 21. Why are guardians no longer allowed to be paid caregivers under Family Care/IRIS 2.0?

This policy is not being implemented at this time. Discussion on this potential policy change stemmed from interpretation of a federal CMS rule. Please view the DHS web page related to this topic for more information.

### 22. I am hearing from work centers/sheltered workshops, that under Family Care/IRIS 2.0, DHS will no longer allow for reimbursement of prevocational services?

- This is not the case. Family Care/IRIS 2.0 will have no impact on the settings in which services funded by the federal Home and Community Based Services waiver are allowed.
- Both Family Care and IRIS cover the full compendium of employment-related services. This will not change in Family Care/IRIS 2.0.
- Wisconsin is working to develop a system that meets CMS requirements and the needs of our residents to continue to offer our most vulnerable residents a choice of settings for employment.

Item # 16

Scott Walker
Governor

Kitty Rhoades
Secretary

**State of Wisconsin**
Department of Health Services

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Date: December 14, 2015

To: County Department of Human Service Directors
County Department of Social Services Directors
County Department of Community Program Directors
Long-Term Support Supervisors and Leads

From: Deborah Rathermel, Interim Director
Bureau of Children's Services

Subject: January 2016 Children's Community Options Program Information

**Background**

Effective January 1, 2016, the Family Support Program funding is merging with the portion of Community Options Program allocated to children to form the Children's Community Options Program (COP). The statutory authority and program requirements for Children's COP are established in 2015 Act 55 § 46.272.

The Bureau of Children's Services (BCS) has been working in collaboration with a stakeholder group over the past several months to identify the operational and systems changes that will need to occur in conjunction with this merger. The purpose of this communication is to highlight the key differences that will begin in January 2016, including instructions, timelines, and further transitional tasks.

**Overview**

In keeping with the intent of this initiative, which was to simplify oversight of multiple program requirements and eliminate administrative redundancies, while increasing the flexibility for county agencies' use of this General Purpose Revenue (GPR), we have strived to make the merger as seamless as possible. The information below should assist your agency in operationalizing the necessary updates.

**Eligibility**

If a child is eligible for either the Family Support Program (FSP) or Community Options Program, they are eligible for Children's COP. The Children's Long-Term Support Functional Screen (CLTS FS) establishes eligibility for BCS long-term support programs. The screen currently does not list the Children's Community Options Program. We expect to update the

CLTS FS during 2016, but in the meantime, when seeking to establish eligibility for Children's COP, either FSP or COP eligibility is adequate for determining Children's COP eligibility.

**Advisory Committee**

Each county agency is to have an advisory committee to assist in the development of the program plan and to monitor the program. County agencies may establish an advisory committee or appoint an existing committee as the children's community options advisory committee. Whether using a new or established committee, the composition of the committee membership must include the members outlined in 2015 Act 55 § 46.272(4) (a) (1-3).

In 2016, no county agencies will be required to continue a Family Support committee and only counties with 2016 adult COP allocations will need to continue operating a COP committee. Counties may choose to repurpose members of either of these committees or create new advisory committees for Children's COP.

County agencies should determine their Children's COP advisory committee composition in the first quarter of 2016, with plans to have the initial advisory meeting in the second quarter of 2016.

**Annual Program Plan**

The requirements for the Children's COP program plan are outlined in section 46.272(4) (b) of the statute. The program plan is to be developed in cooperation with the advisory committee.

County agencies will need to develop their Children's COP program plan in 2016 with the advisory committee. The Department will extend each county's existing Family Support Plan until the newly developed Children's COP program plan is prepared in 2016, which shall be no later than September 30, 2016.

To effectuate the extension of your 2015 Family Support Program Plan into 2016 to serve as the Children's COP Program Plan during this program transition, please submit an email to alyssa.zirk@wisconsin.gov by January 15, 2016, with the subject line "2016 Children's COP Plan- (County Name)", requesting an extension of your 2015 Family Support Plan, and include the identified lead agency within the county that will administer the program and a contact person within that agency.

**Children's Community Options Program Services**

The Children's COP statutes identify a few costs that cannot be paid with the Children's COP funding. This includes no use of funds for room and board, § 46.272(10)(a) (2), and the funds may not be used to purchase land or construct buildings, § 46.272 (13)(b)(4).

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The child must also be eligible, as established by a current CLTS FS, and reside in an eligible setting; specific limits are noted in the statute for any child in a nursing home or seeking funding while residing in a residential setting of more than five beds.

Beyond these stated limitations in the statute, the 2016 county Children's COP allocations may be used to fund supports and services that have been allowable under the Family Support Program.

**Administrative Rate**

County agencies can claim a 7 percent Children's COP administrative rate. A variance of up to 10 percent can be granted in instances where it is justified.

**Service Coordination**

Similar to the Community Options Program and CLTS Waiver Program, service and support coordination is an allowable service cost in Children's COP. This change allows county agencies to bill for the cost of service coordination as a service expenditure and will not be an allowable administrative cost.

The Department of Health Services is developing a Children's COP Guide based on the existing Family Support Program Guide, which will include additional specificity related to service coordination. As denoted in § 46.272(10) (b) 1-3; *Services; Care Management Requirements*, the service coordination standards will be phased in based on a reasonable schedule after department consultation with specific representatives.

Until the finalization of these standards, county agencies may claim incurred service coordination costs for eligible Children's COP beginning January 2016. The allowable service coordination rate will be your approved 2016 CLTS Waiver service coordination rate.

**Current Individual Service Plans (ISP)**

Counties will not be required to create new ISPs for children who were receiving services funded under FSP or COP in 2015 that will be paid with the merged allocation in 2016. Notwithstanding the service cost restrictions noted above, supports and services allowable in 2015 will not be disallowed in 2016 under the combined funding.

When the children's ISP is updated in 2016, we do ask that the county change the authorization to reflect the Children's COP.

**Reporting and Coding Instructions**

County agencies using Children's COP funding as a local funding match for CLTS Waivers will use funding source "CC" on the corresponding authorizations and claims submitted to the CLTS Third Party Administrator (TPA). To prevent undue administrative burden, existing calendar

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Year (CY) 2016 authorizations that use the previous local match funding sources for Family Support, "FS," and [original] COP, "CP" will not need to be immediately changed; however, the TPA will cease to treat FS and CP codes as valid funding sources beginning in CY2017. Accordingly, county agencies will be expected to use the funding source code "CC" on any new Children's COP authorizations and to update any existing 2016 FS and CP authorizations to CC for use of Children's COP as CLTS match at their earliest convenience.

County agencies reporting Children's COP expenses that are NOT waiver match (100% general purpose revenue (GPR)) will use the Long Term Support (LTS) module within the Human Services Reporting System (HSRS). The county agencies will use the LTS code 7 (field 26) with a fund source code of "cc" (field 27).

Effective January 1, 2016, for CY2016 expenses, county agencies will no longer use the Family Support module to report expenses for services to children when the funds are used as straight GPR. (Reporting requirement for CY2015 expenses for children has not changed.)

HSRS code changes may not be in place until the first quarter of CY2016. County agencies should hold CY2016 expense reporting until the system changes for the Children's COP are in place. When these HSRS changes are implemented, county agencies will be expected to report Children's COP expenses on a monthly basis. Further detail will be shared when the module is updated.

Please contact the Bureau of Children's Services if you have outstanding questions.

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