

**LONG TERM SUPPORT COMMITTEE MEETING  
TUESDAY, NOVEMBER 6, 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 Chairperson Terry Fell
2. Approval of Agenda
3. Approval of Minutes of July 3, 2012 Meeting\*  
(& review notes of Sept. 4, 2012 meeting)
4. Citizen Participation
5. Financial/Statistical Information:
  - A. Human Services\*
    - a. LTS Updates & Budget Status Jennifer Thompson
    - b. CLTS Waiver Program Angela Bouton or Kelly Fearn
  - B. Developmental Disabilities\* John Hanewall or Joanne Jones
6. Old Business:
  - A. Elder Abuse / Adults at Risk Michelle Muth
  - B. ADRC Update-Letter of Support Jennifer Thompson
  - C. Cost Share Policy – updated \* Jennifer Thompson
7. New Business
  - A. Approval of use of COP funds while Institutionalized Jennifer Thompson
  - B. Attendance at LTS Planning Committee Meeting Jennifer Thompson
8. Committee Member Comments
9. Next Meeting dates –  
January 1, 2013 – HOLIDAY, no meeting/Discussion?  
March 5, 2013

\* Denotes Attachment

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

Long Term Support Update

1) LTS Staff:

-LTS has hired the second of two positions: Mary Kate Tomczak began in LTS on 10/1/12. She comes to Rock County with a background in Developmental Disabilities.

-LTS has had another retirement of Rita Leyes, the Adult Family Home (AFH) Coordinator. Her AFH responsibilities will be fulfilled by Jennifer Anselmi, until the position is filled.

2) Senior Fair

LTS participated in the Senior Fairs in Beloit and Janesville in October. In addition to pens, jar openers, magnetic clips, envelope openers we also had drawings for \$20 gift cards. Winners were called and the gift cards were mailed or picked up by the winners.

3)

4) Cases with Funding

Program	Total Individuals Served 2012	Number Currently Open 10/30/12	Average Daily Census 8/2012	CBRF % as of 10/2/12	Waiting List as of 10/30/12
COP Assessments	271	NA	NA	NA	NA
COP Plans	204	NA	NA	NA	NA
COP Services	156	112	103	56.1%	48
COP-W	147	119	128	33.5%	119
CIP-II	332	270	282	36.1%	
NH Diversion	11	9	NA	NA	NA
CRI	5	5	NA	NA	3
AFCSP	24	8	NA	NA	15
BCA/Tax Levy	45	21	NA	NA	40

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

	<u>Required</u>	<u>Actual</u>
Mentally Ill	6.6%	Unavailable
Physically Disabled	6.6%	Unavailable
Elderly	57%	Unavailable

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 10/30/12

ROCK COUNTY HUMAN SERVICES DEPARTMENT  
LONG TERM SUPPORT BUDGET STATUS REPORT

01/01/12 - 9/30/12

LTS PURCHASED

	PHYSICALLY & SENSORY DISABLED	ADULT AND ELDERLY	YTD EXPENSES
Supportive Home Care	20,202	21,433	41,635
Housing/Energy Assistance	0	448	448
Adaptive Equipment	1,401	757	2,158
Adult Family Home	2,371	12,256	14,627
Court Services	0	800	800
Home Delivered Meals	959	1,232	2,191
Financial Management Services	0	37	37
Community Based Residential		6,221	6,221
<b>TOTAL LTS</b>	<b>24,933</b>	<b>43,184</b>	<b>68,117</b>

Alzheimers Family Caregiver

	PHYSICALLY & SENSORY DISABLED	ADULT AND ELDERLY	YTD EXPENSES
Adult Day Care	0	10,310	10,310
Respite	0	3,311	3,311
Supportive Home Care	7,839	0	7,839
Spec. Transportation	0	1,122	1,122
Outreach	0	2,330	2,330
Community Based Residential Facility	0	20,000	20,000
<b>TOTAL Alzheimers Family Caregiver</b>	<b>7,839</b>	<b>37,073</b>	<b>44,912</b>

Community Relocation Initiative (CRI)

	PHYSICALLY & SENSORY DISABLED	ADULT AND ELDERLY	YTD EXPENSES
Specialized Transportation	50	0	50
Adult Family Home	0	5,096	5,096
Home Delivered Meals	869	0	869
Community Based Residential Facility	0	1,636	1,636
<b>TOTAL CRI</b>	<b>919</b>	<b>6,732</b>	<b>5,965</b>

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
2,085	6,861	8,946
442	895	1,337
1,881	2,042	3,923
305	23,460	23,765
<b>4,713</b>	<b>40,310</b>	<b>45,023</b>

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  
 Day Center Services  
 Supported Employment  
**TOTAL COP**

MENTAL HEALTH	PHYSICALLY & SENSORY DISABLED	ADULT AND ELDERLY	YTD EXPENSES
12,800	0	0	12,800
231	128	1,005	1,364
22,014	626	716	23,356
24,857	1,288	510	26,655
7,109	375	0	7,484
577	13,343	0	13,920
517	0	42	559
151,254	665	3,443	155,362
3,449	164	27	3,640
596	90	0	686
310,903	17,243	128,406	456,552
315	0	0	315
0	535	0	535
9,703	16,582	0	26,285
<b>544,325</b>	<b>51,039</b>	<b>134,149</b>	<b>729,513</b>

**COP WAIVER**

	PHYSICALLY & SENSORY DISABLED	ADULT AND ELDERLY	YTD EXPENSES
Adult Day Care	11,029	42,665	53,694
Respite Care	8,616	5,130	13,746
Supportive Home Care	418,009	327,627	745,636
Specialized Transportation	2,032	6,791	8,823
Adaptive Equipment	49,108	12,953	62,061
Adult Family Homes	25,314	88,589	113,903
Home Delivered Meals	39,575	42,789	82,364
Community Based Residential	40,785	640,492	681,277
Counseling/Therapeutic Resources	960	0	960
Financial Management Services	480	2,093	2,573
<b>TOTAL COP WAIVER</b>	<b>595,908</b>	<b>1,169,129</b>	<b>1,765,037</b>

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**

**CIP-II**

	PHYSICALLY & SENSORY DISABLED	ADULT AND ELDERLY	YTD EXPENSES
Adult Day Care	36,253	34,715	70,968
Respite	19,005	24,831	43,836
Supportive Home Care	597,007	612,692	1,209,699
Specialized Transportation	7,963	3,405	11,368
Adaptive Equipment	92,454	75,264	167,718
Adult Family Home	81,749	193,405	275,154
Home Delivered Meals	86,399	117,446	203,845
Community Based Residential Facility	224,024	1,100,996	1,325,020
Counseling/therapeutic Resource	10,522	1,975	12,497
Financial Management Services	2,598	910	3,508
Day Center Services	5,590	0	5,590
<b>TOTAL CIP-II</b>	<b>1,163,564</b>	<b>2,165,639</b>	<b>3,329,203</b>

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**

SUMMARY

	ANNUAL BUDGET	MENTAL HEALTH	PHYSICALLY & SENSORY DISABLED	ADULT AND ELDERLY	ALL TG'S	YTD BUDGET	VARIANCE
BCA PURCHASED	135,000		24,933	43,184	68,117	101,250	33,133
<b>TOTAL BCA/TAX LEVY</b>	<b>135,000</b>	<b>0</b>	<b>24,933</b>	<b>43,184</b>	<b>68,117</b>	<b>101,250</b>	<b>33,133</b>
COP	985,925	544,325	51,039	134,149	729,513	739,444	9,931
COP CASE MANAGEMENT	8,991				766	6,743	5,977
COP PROVIDED ASSESS/PLANS	77,765				58,324	58,324	(0)
COP ADMINISTRATION	74,886				56,165	56,165	(1)
<b>TOTAL COP</b>	<b>1,147,567</b>	<b>544,325</b>	<b>51,039</b>	<b>134,149</b>	<b>844,768</b>	<b>860,675</b>	<b>15,907</b>
COP-WAIVER	2,287,970		595,908	1,169,129	1,765,037	1,715,978	(49,060)
COP-WAIVER CASE MANAGEMENT	428,571				363,359	321,428	(41,931)
COP-WAIVER ADMINISTRATION	204,471				150,011	153,353	3,342
<b>TOTAL COP-WAIVER</b>	<b>2,921,012</b>	<b>0</b>	<b>595,908</b>	<b>1,169,129</b>	<b>2,278,407</b>	<b>2,190,759</b>	<b>(87,648)</b>
CIP-II	4,729,390		1,163,564	2,165,639	3,329,203	3,547,043	217,840
CIP-II CASE MANAGEMENT	992,340				788,848	744,255	(44,593)
CIP-II ADMINISTRATION	430,668				289,515	323,001	33,486
<b>TOTAL CIP-II</b>	<b>6,152,398</b>	<b>0</b>	<b>1,163,564</b>	<b>2,165,639</b>	<b>4,407,566</b>	<b>4,614,299</b>	<b>206,733</b>
ALZHEIMER'S	58,040	0	7,839	37,073	44,972	43,530	(1,442)
ALZHEIMER'S CASE MANAGEMENT	14,140		0	0	10,605	10,605	0
<b>GRAND TOTAL PURCHASED</b>	<b>10,428,157</b>						

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

October 29, 2012

Program	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
AFCSP2010	19	18	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	13	15	15	12	12
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	39	39	40	42	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	47	48	46	47	46
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	123	122	22	26	97
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	214	216	118	124	177

cc: Jennifer Thompson  
Steve Hare  
Jennifer Anselmi  
LTS Committee

ROCK COUNTY, WISCONSIN



Developmental Disabilities Board  
P.O. Box 2133  
Janesville, WI 53547-2133  
(608)757-5050  
Fax (608)758-8482

TO: Members of the Rock County Long Term Support Committee  
FROM: John Hanewall, Director  
Rock County Developmental Disabilities Board  
DATE: October 29, 2012  
RE: August 2012 COP Expenditures

The following are the COP expenditures and data as of August 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 August 2012: \$50,446  
Number of Consumers being served in CIP 1A/COP: 3

CIP 1B/COP Match as of August 2012: \$416,807  
Number of Consumers being served in CIP 1B/COP: 40

**Waiting List:**

Currently, there are **282** consumers on the COP waiting list. This reflects no change in the number of consumers from August 22, 2012.

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



**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 to be served. There is no waitlist.~~ (added)

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"/> CRJ <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		4a City, State		4b Zip Code	
5 Mailing Address (If Different)		7 E-Mail		8 Service Plan Development Date	
10 Cost Share Amount		11 Level of Care		12 Parental Fee (if Applicable)	
13 Personal Discretionary Funds Available		14 Reserved		15 Start Up/One-Time Cost - Total	
16 Waiver Cost/Day Total		17 Prior Living Arrangement-Name/Type HSRs Code		18 Current Living Arrangement-Name/Type HSRs Code	
19 Current Living Arrangement-Name/Type HSRs Code		20 Current Living Arrangement-Name/Type		21 Waiver Agency <b>Rock County Human Services-LTS</b>	
22 Agency Telephone No. <b>608-741-3500</b>		23 Support & Service Coordinator/Care Manager (SSC/CM)		24 SSC/CM Telephone No./Ext. <b>608-741-</b>	
25 Mailing Address (Agency) <b>1900 Center Ave</b>		26 Mailing Address (SSC/CM) <b>1900 Center Avenue Janesville, WI 53546</b>		27 E-mail Address (Agency) None	
28 E-mail Address (SSC/CM)		29 Name – Parent(s) or Guardian		30 Telephone No. (Home)	
31 Telephone No. (Work)		32 Mailing Address (Street/PO Box)		33 City	
34 State		35 Zip		36 E-mail Address	
37 Telephone No. (Cell)		38 Name		39 Telephone No. (Home)	
40 Telephone No. (Work)		41 Address		42 City	
43 State		44 Zip		45 Relationship	

**IN CASE OF EMERGENCY, NOTIFY:**

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.

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

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