



Kewaunee County
Department of Human Services

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PROGRAM AREAS

Aging Services

Behavioral Health

Income Maintenance

Children & Families

*Developmental
Disabilities*

*Community Options
Program (COP)*

*RN Personal Care
Program*

**MEETING NOTICE
HUMAN SERVICES BOARD AGENDA**

Date: Wednesday June 10, 2015
Time: 9:00 a.m.
**Place: Health and Human Services Building
Conference Room**

- **Call to Order**
- **Approval of Agenda**
- **Approval of Minutes from May 13, 2015 Meeting**
- **Presentation of Wisconsin Shares Child Care Subsidy Performance Award to Kewaunee County Income Maintenance Staff**
- **2015-17 State Biennial Budget Updates**
- **Agency Updates**
- **Review of 2015 Expenses and Revenues and Comparisons to Prior Years**
- **Contract Approvals**
- **Approval of Vouchers**
- **Approval of Credit Card Vouchers**
- **Approval of Travel Vouchers**
- **Public Comments (five minutes per individual)**
- **Other Items as Authorized by Law**
- **Set Next Meeting Date and Time**
- **Adjourn**

**Wisconsin Shares Child Care Subsidy
Performance Awards
May 14, 2015
WCHSA Conference**

New performance standards for the Wisconsin Shares child care subsidy program were put in place in January 2013 following consultation between the Department of Children and Families and representatives from the Wisconsin County Human Services Association.

The four performance standards were developed to improve accuracy, and to ensure that our families receive a very high level of services by maintaining short phone call wait times and improving document processing for parents in need of child care services.

In 2014, twenty-nine counties met all four performance standards for the Wisconsin Shares program. In recognition of your hard work and this achievement, on May 14, 2015, the Department of Children and Families presented Certificates of Excellence to those 29 counties.

Congratulations!

Child Care Performance Award Winning Counties

Ashland Calumet Columbia Dunn Fond du Lac	Grant Green Lake Jefferson Juneau Kenosha	Kewaunee ✱ Lafayette Manitowoc Marinette Outagamie
Ozaukee Price Racine Richland Rusk	Sauk Shawano Taylor Walworth Washington	Waukesha Waupaca Wood WREA Consortium

Wisconsin Shares - Child Care Subsidy Program

Wisconsin's Child Care Subsidy program, Wisconsin Shares, helps families pay for child care. If the parent is eligible, child care can be subsidized for children under the age of 13 (up to 19 if special needs).

Eligibility Guidelines

Approved Activities For Wisconsin Shares Subsidy:

A parent, a foster parent, relative, or person acting in place of a parent, who is eligible for child care subsidy, must need child care to be able to participate in one of the following activities:

- Unsubsidized work
- High-school (if a teen parent under 20 years of age)
- W-2 placement
- Approved employment skills training while employed in unsubsidized work
- FoodShare Employment and Training (FSET) work search or work experience activities
- W-2 applicant participating in job search, training, or orientation activities

Income Eligibility Requirement:

To be initially eligible, the family's gross monthly income must be equal to or less than 185% FPL for the corresponding group size. Families may continue to be eligible up to 200% FPL. Foster parents, kinship relatives who receive a kinship care benefit for the child and have a court order for their placement, and subsidized guardians have different income eligibility requirements which can be found at this link:
<http://dcf.wisconsin.gov/childcare/wishares/pdf/fosterparentguide.pdf>

The 2015 FPL table for financial eligibility in the Wisconsin Shares child care subsidy program:

Group Size	Annual 185% FPL	Monthly 185% FPL	Annual 200% FPL	Monthly 200% FPL
2	\$29,472	\$2,456	\$31,860	\$2,655
3	\$37,164	\$3,097	\$40,176	\$3,348
4	\$44,868	\$3,739	\$48,504	\$4,042
5	\$52,560	\$4,380	\$56,820	\$4,735
6	\$60,252	\$5,021	\$65,136	\$5,428
7	\$67,956	\$5,663	\$73,464	\$6,122
8	\$75,648	\$6,304	\$81,780	\$6,815
9	\$83,340	\$6,945	\$90,096	\$7,508
10	\$91,044	\$7,587	\$98,424	\$8,202
Each Additional Person Add	\$7,692	\$641	\$8,316	\$693

Parental Choice of Child Care:

If the parent is eligible for child care financial assistance, child care providers chosen by parents must be regulated and participating in the YoungStar quality rating system.

Co-Payments:

The parent's share of the cost is determined on a sliding scale depending on the family's income, family's size, number of children in subsidized care, and the type of child care service chosen.

- The co-payment can be as low as 2% of the family gross income.
- The program is designed so that the system-deducted family co-payment should not exceed 12% of the gross income, if the parent chooses a provider with prices below maximum reimbursement limits. If the parent chooses a provider whose private-pay rates are above the county/tribal maximums, the parent is responsible for the difference between the provider price and the subsidy amount.

Updated April 17, 2015

2015-17 State Biennial Budget (from Wisconsin Counties Association website)

The Joint Committee on Finance (JCF) met on Wednesday (5/27) and Friday (5/29). Action was taken on the following items:

Family Care and IRIS

- **The JCF deleted all of the statutory changes recommended by the Governor.**
- **Retained savings amount of \$14,336,900.**
- **The JCF required DHS to submit a request to the federal Centers for Medicare and Medicaid Services (CMS) for changes to the state's current waiver under which Family Care and IRIS operates.**

- Request must provide for the expansion of Family Care statewide (8 counties).**
- If waiver approved, Family Care program must be available statewide by January 1, 2017 or a date determined by DHS (whichever is later).**
- No JCF approval needed for the expansion of Family Care.**
- DHS authority to eliminate the waiver programs after Family Care is available to all eligible residents in a county (CIP, COP).**

- **The waiver request must also include the following components:**

- Specify that MA-funded long-term care consumers receive both long-term care and acute care services, including Medicare-funded services to the extent allowable by CMS, from integrated health agencies (IHAs).**
- Increase the size of regions currently served by managed care entities, such that each region has sufficient population to allow for adequate risk management by IHAs.**
- Specify that there shall be no less than five regions.**
- Require multiple IHAs in all regions of the state.**
- Require IHAs to make available a consumer-directed option under the long-term care program.**
- Modify the state's long-term care programs, including allowing for audits of providers, in order to improve accountability in the provision of services.**
- Establish an open enrollment period for the state's long-term care programs that coincides with the open enrollment period for the Medicare program.**
- Require that rates paid to IHAs be set through an independent actuarial study.**
- The preservation of the current "any willing provider" requirement for long-term care providers for a minimum of three years after the implementation date of the program in each region.**

- **Direct DHS to consult with stakeholders, including representatives of consumers of long-term care and long-term care providers, and the public prior to developing its final waiver request.**
- **Require DHS to develop its final recommendations in accordance with the ten key principles determined by CMS to be essential elements of a strong managed long-term services and supports program.**

- **Require DHS to submit a summary of the proposed concept plan associated with the waiver request to the JCF for review and approval or disapproval without changes no later than April 1, 2016 prior to DHS submitting any proposed changes to the state's MA waiver agreements or a state plan amendment to CMS for approval.**
- **Require DHS to include in its 2017-19 biennial budget request any proposed statutory changes necessary to conform statutes to the approved waiver or state plan amendment.**
- **Specify that a long-term care district is permitted to operate a health maintenance organization.**
- **Specify that, in addition to the current statutory responsibilities, long-term care advisory committees are responsible for providing for review and assessment of the self-directed services option.**

ADRCs

- **The JCF deleted the Governor's recommendation to modify the statutory requirements of ADRCs.**
- **Deleted the Governor's recommendation to eliminate ADRC governing boards.**
- **Required DHS to evaluate the functional screen and options counseling for reliability and consistency among ADRCs, and to provide a report regarding these activities by January 1, 2017.**
- **Required DHS to assess which responsibilities of ADRC governing boards are duplicative with current DHS procedures, and to propose changes to the statutory requirements of these boards that remove duplication to the JCF no later than July 1, 2016.**
- **Deleted the Governor's recommendation to eliminate long-term care advisory committees.**

Integration of Income Maintenance Consortia and ADRCs

- **The JCF required DHS to study the integration of income maintenance consortia and aging and disability resource centers, and to present a report to the JCF no later than April 1, 2016 with recommendations regarding potential efficiencies that may be gained, if any, from the integration of these entities, as well as whether such a merger would be appropriate in light of the responsibilities of each entity.**

Children's COP

- **The Governor's budget:**
 - Effective July 1, 2016, creates a Children's Community Options Program (CCOP) by repealing the Family Support Program and consolidating funding currently budgeted for that program and funding that currently supports long-term care services for children under COP.**
 - Directs DHS to allocate funds to county or private, nonprofit agencies to provide long-term community support services to children who have a disability.**

- **Counties indicated concern with the proposal and indicated could withdraw opposition contingent on written agreement from DHS on the following items:**

- Counties have right of first refusal on contracts.**
- Service array available to children and families will not be reduced.**
- Documentation and reporting requirements remain unchanged.**
- Parental obligations remain the same.**
- Eligibility, as determined by the children's functional screen, is kept the same.**

- **The JCF adopted the Governor's recommendation with minor modifications.**

Dementia Care Specialists

- **The JCF adopted the Governor's recommendation to provide one-time funding of \$1,128,000 in FY 17 to fund 12 grants to support DCS positions at ADRCs.**

Children's Long-Term Care Services

- **The JCF adopted the Governor's recommendation to provide a 3% annual increase to the CLTS program and for autism services.**
- **The JCF also adopted the Governor's recommendation to direct excess funds from school-based services to reduce waitlists for children's long-term care services.**
- **Provided \$886,300 in FY 16 and \$912,900 in FY 17 to provide services to approximately 50 children on the CLTS and autism services waitlists.**



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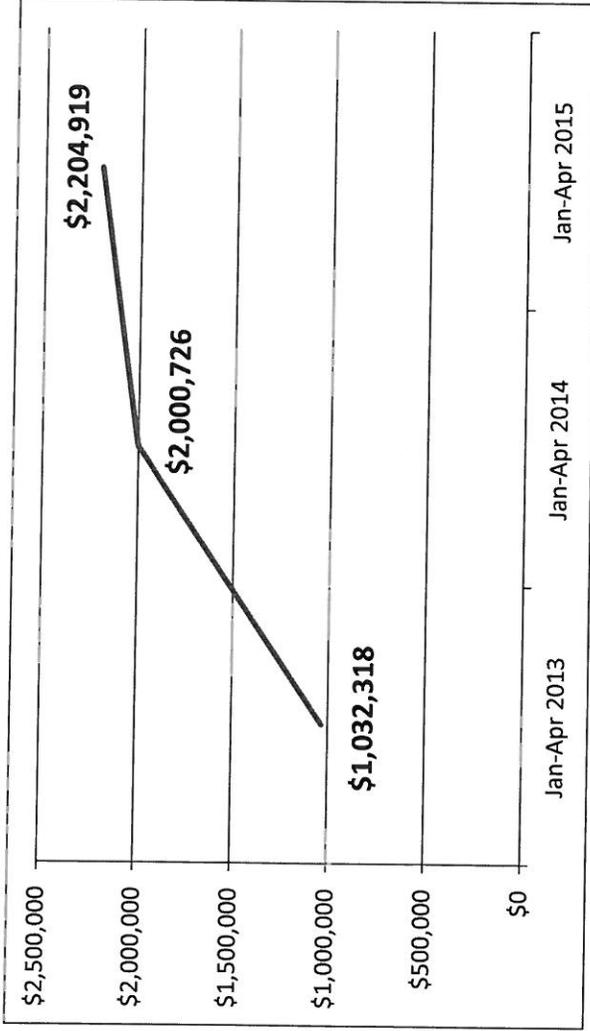
Providing
equal opportunity in
employment and services

Agency Updates – June 2015

Kewaunee County has transitioned to Family Care!

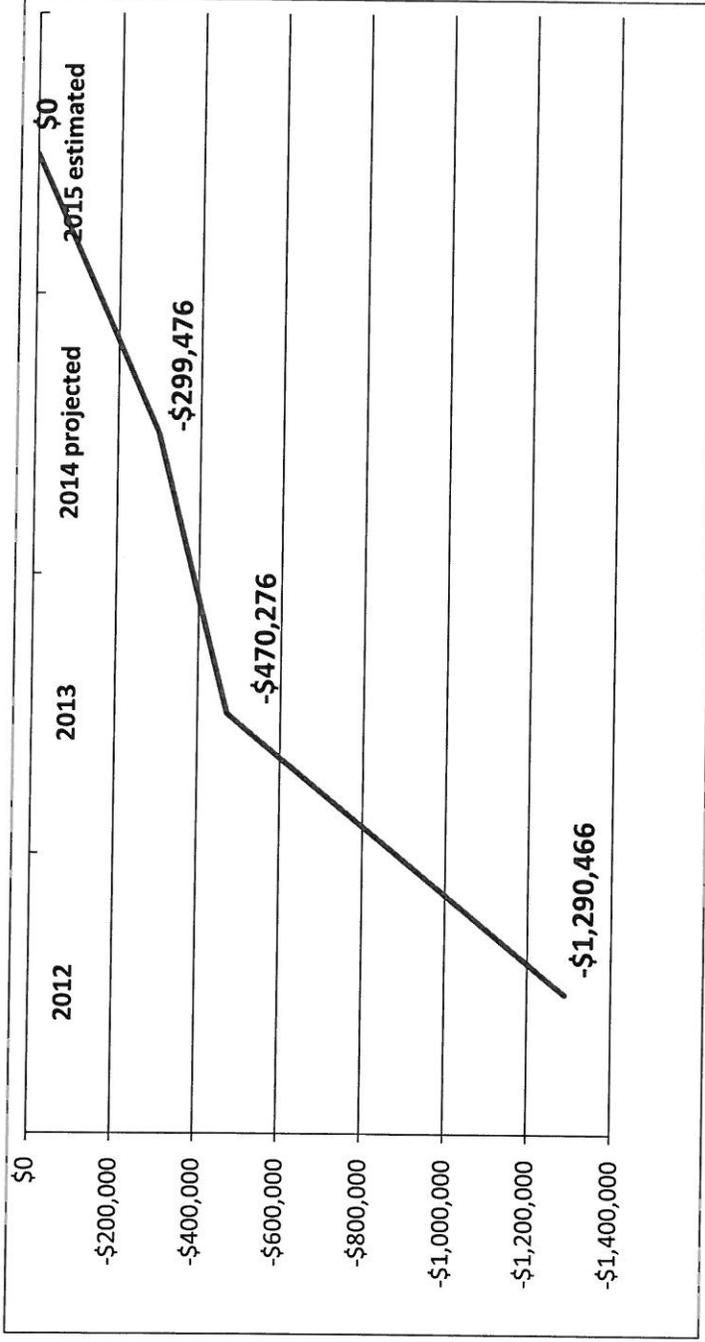
- Clear directive when I arrived here in July 2013 to bring Family Care to Kewaunee.
- We were able to be first in line for implementation so that our employees could be at the head of the line for jobs with the MCO's or IRIS. All employees who sought positions were hired.
- Applied Financial Impact Tool and validated our methodology with Langlade County. Our analysis indicated need for significant workforce reductions once we transitioned to Family Care from 2 Managers and 9 Staff (11) to 1 Manager and 3 Staff (4). Given our agency's financial situation (\$1.2 million deficit in 2012), reducing expenses by becoming a smaller agency was a cornerstone of our financial improvement plan.
- We took the opportunity to retain our best employees in our new, downsized structure; professionals who had a readiness and openness to change and who were detail-oriented and service-focused.
- Interview panels were created and selections were made by consensus.
- Three staff left in February and March for jobs with MCO's or IRIS including our Behavioral Health Manager. Another took extended leave. Everybody took on more work in our Long-Term Care and Behavioral Health Units. Greg will take on interim Behavioral Health Manager role for rest of year.
- With just two months to the Family Care "finish line", we acknowledged everyone's hard work in April with a \$25 gift card "on behalf of Kewaunee County and with sincere thanks from Greg, Bob, and Melissa".
- \$800 gift card expense amounted to less than 1% of the departed Behavioral Health Manager wages and fringes.
- Said our "good-byes" on Wed May 27 with potluck luncheon.
- RN Personal Care Program (MAPC) will wrap up in early July.
- The remaining 28 of our 206 consumers will transition on July 1. Human Services will utilize existing staff to provide case management and to help these remaining consumers transition to Family Care.
- Special acknowledgment to Cathy Ley and the ADRC of the Lakeshore for their hard work and effort. Kudos also to Melissa Annoye and the Long-Term Staff for successfully managing the day-to-day operational aspects of this huge and long-awaited project.

Jan-Apr 2013 \$1,032,318
Jan-Apr 2014 \$2,000,726
Jan-Apr 2015 \$2,204,919



Revenue Comparisons

2012 -\$1,290,466
 2013 -\$470,276
 2014 projected -\$299,476
 2015 estimated \$0



Deficit Comparison