

**LONG TERM SUPPORT COMMITTEE MEETING  
TUESDAY, MAY 4, 2010--1:00 P.M.**



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

**AGENDA**

1. Call to Order and Welcome
2. Approval of Agenda
3. Approval of Minutes of March 2, 2010 Meeting \*
4. Citizen Participation
5. Financial/Statistical Information:
  - A. Human Services \*
  - B. Developmental Disabilities \*
  - C.
6. Old Business:
  - A. LTC Reform Update
  - B.
7. New Business:
  - A. Updates on 2009 COP High Cost Projects
  - B. Approval for COP High Cost Requests \*
  - C.
8. Committee Member Comments
9. Next Meeting – July 6, 2010
10. Adjourn

\* Denotes Attachment

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



Long Term Support Update

- 1) LTS currently has one vacancy and will have another mid-May due to the retirement of Kathy Brose. We have submitted a request to fill one of the vacancies.
- 2) LTS is anticipating the 2009 TMG review (State contracted agency who reviews COP and Waiver files for technical compliance and interviews clients on the program for service satisfaction.)
- 3) Cases with Funding

Program	Total Individuals Served 3/31/10	Number Currently Open 4/26/10	Average Daily Census 2010	CBRF %	Waiting List as of 4/26/10
COP Assessments	59	NA	NA	NA	NA
COP Plans	56	NA	NA	NA	NA
COP Services	101	99	94		67
COP-W --	121	110	112	35%	
CIP-II -- 295 Slots	252	236	228	33%	112
NH Diversion	15	13	NA	NA	NA
CRI	12	11	NA	NA	9
AFCSP	25	21	NA	NA	18
BCA/Tax Levy	31	28	NA	NA	50

3. Significant Proportion report

	Required	Actual
Mentally Ill	6.6%	19.5 %
Physically Disabled	6.6%	21.6 %
Elderly	57%	58.9 %

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 4/26/10



ROCK COUNTY HUMAN SERVICES DEPARTMENT  
 LONG TERM SUPPORT BUDGET STATUS REPORT

01/01/10 - 2/28/10

**LTS PURCHASED**

Respite  
 Supportive Home Care  
 Interpreter Services/Adaptive Equipment  
 Adult Family Home  
 Home Delivered Meals  
 Protective Payment/Guardianship  
 Community Based Residential  
**TOTAL LTS**

	PHYSICALLY & SENSORY DISABLED	ADULT AND ELDERLY	YTD EXPENSES
	0	11	11
	6,608	7,843	14,451
	206	747	953
	1,224	4,404	5,628
		971	971
		0	0
	170	0	170
<b>0</b>	<b>8,208</b>	<b>13,976</b>	<b>22,184</b>

**Alzheimers Family Caregiver**

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

	PHYSICALLY & SENSORY DISABLED	ADULT AND ELDERLY	YTD EXPENSES
	660	3,020	3,680
		2,268	2,268
	4,232	75	4,232
			75
		0	0
	0	512	512
		25,846	25,846
	<b>4,892</b>	<b>31,721</b>	<b>36,613</b>

**Community Relocation Initiative (CRI)**

Adult Day Care  
 Supportive Home Care  
 Spec. Transportation  
 Interpreter Services/Adapt Srv  
 Adult Family Home  
 Home Delivered Meals  
 Community Based Residential Facility  
**TOTAL CRI**

PHYSICALLY & SENSORY DISABLED	ADULT AND ELDERLY	YTD EXPENSES
	1,050	1,050
2,299	14,778	17,077
	39	39
233	2,677	2,910
3,060	7,238	10,298
298	1,065	1,363
9,258	37,215	46,473
<b>15,148</b>	<b>64,062</b>	<b>79,210</b>

**Nursing Home Diversion (NHD)**

Supportive Home Care  
 Interpreter Services/Adapt Srv  
 Home Delivered Meals  
 Community Based Residential Facility  
**TOTAL NHD**

PHYSICALLY & SENSORY DISABLED	ADULT AND ELDERLY	YTD EXPENSES
602	9,619	10,221
272	139	411
338	0	338
0	41,799	41,799
<b>1,212</b>	<b>51,557</b>	<b>52,769</b>

**Community Options Program (COP)**

Adult Day Care  
 Respite  
 Supportive Home Care  
 Housing/Energy Assistance  
 Specialized Transportation  
 Prevocational Services  
 Interpreter Services/Adaptive Equipment  
 Adult Family Home  
 Home Delivered Meals  
 Recreation/Alternative Activities  
 Protective Payment/Guardianship  
 Community Based Residential Facility  
 Supported Employment  
**TOTAL COP**

MENTAL & SENSORY HEALTH	PHYSICALLY & SENSORY DISABLED	ADULT AND ELDERLY	YTD EXPENSES
2,640			2,640
	60	0	60
21,420	(321)	8,213	29,312
8,441	0	269	8,710
1,044			1,044
552	5,935		6,487
98	0	246	344
35,158	7,127	1,063	43,348
869	31	12	912
0		100	100
1,440	240	960	2,640
55,189	8,672	56,477	120,338
3,086	6,111		9,197
<b>129,937</b>	<b>27,855</b>	<b>67,340</b>	<b>225,132</b>

**COP WAIVER**

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

PHYSICALLY & SENSORY DISABLED	ADULT AND ELDERLY	YTD EXPENSES
1,875	18,835	20,710
3,102	230	3,332
93,616	99,560	193,176
0	2,959	2,959
0	311	311
5,150	5,960	11,110
	23,826	23,826
7,531	13,941	21,472
33,449	146,591	180,040
334	42	376
0	477	477
0	378	378
<b>145,057</b>	<b>313,110</b>	<b>458,167</b>

**CIP-II**

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

PHYSICALLY & SENSORY DISABLED	ADULT AND ELDERLY	YTD EXPENSES
12,159	9,635	21,794
4,655	1,350	6,005
145,656	172,953	318,609
1,711	636	2,347
12,155	7,613	19,768
26,661	49,760	76,421
21,717	26,308	48,025
49,047	210,539	259,586
3,929	650	4,579
462	402	864
<b>278,152</b>	<b>479,846</b>	<b>757,998</b>

SUMMARY

	ANNUAL BUDGET	PHYSICALLY			ADULT AND ELDERLY	ALL TG'S	YTD BUDGET	VARIANCE
		MENTAL HEALTH	ADULT AND ELDERLY	PHYSICALLY DISABLED				
BCA PURCHASED	135,000	0	8,208	13,976	22,184	33,750	11,566	
<b>TOTAL BCA/TAX LEVY</b>	<b>135,000</b>	<b>0</b>	<b>8,208</b>	<b>13,976</b>	<b>22,184</b>	<b>33,750</b>	<b>11,566</b>	
COP	949,273	129,937	27,855	67,340	225,132	237,318	12,186	
COP CASE MANAGEMENT	44,100				1,360	11,025	9,665	
COP PROVIDED ASSES/PLANS	78,551				13,092	19,638	6,546	
COP ADMINISTRATION	75,643				12,607	18,911	6,304	
<b>TOTAL COP</b>	<b>1,147,567</b>	<b>129,937</b>	<b>27,855</b>	<b>67,340</b>	<b>252,191</b>	<b>286,892</b>	<b>34,701</b>	
COP-WAIVER	2,225,823		145,057	313,110	458,167	556,456	98,289	
COP-WAIVER CASE MANAGEMENT	499,968				100,918	124,992	24,074	
COP-WAIVER ADMINISTRATION	190,805				39,505	47,701	8,196	
<b>TOTAL COP-WAIVER</b>	<b>2,916,596</b>	<b>0</b>	<b>145,057</b>	<b>313,110</b>	<b>598,590</b>	<b>729,149</b>	<b>130,559</b>	
CIP-II	4,076,508		278,152	479,846	757,998	1,019,127	261,129	
CIP-II CASE MANAGEMENT	1,121,022				229,729	280,256	50,527	
CIP-II ADMINISTRATION	363,827				73,367	90,957	17,590	
<b>TOTAL CIP-II</b>	<b>5,561,357</b>	<b>0</b>	<b>278,152</b>	<b>479,846</b>	<b>1,061,094</b>	<b>1,390,339</b>	<b>329,245</b>	
ALZHEIMER'S	58,040	0	4,892	31,721	36,613	14,510	(22,103)	
ALZHEIMER'S CASE MANAGEMENT	14,140		0	0	0	3,535	3,535	
<b>GRAND TOTAL PURCHASED</b>	<b>9,832,700</b>							



TO: Members of the Rock County Long Term Support Committee

FROM: LuAnn Kane, Director  
 Rock County Developmental Disabilities Board

DATE: April 26, 2010

RE: February 2010 COP Expenditures

The following are the COP expenditures and data as of February 2010:

CIP 1A/COP Match 2010 Budget	CIP 1B/COP Match 2010 Budget	COP 2010 Budget Only	COP 2010 Budget Amount
\$66,429 +	\$763,938 +	\$8,000 =	\$838,367

CIP 1A/COP Match as of February 2010: \$9,661  
 Number of Consumers being served in CIP 1A/COP: 3

CIP 1B/COP Match as of February 2010: \$87,107  
 Number of Consumers being served in CIP 1B/COP: 40

COP Assessments Amount as of February 2010: \$0  
 Number of Consumers receiving COP Assessments: 0

**Waiting List:**

Currently, there are **337** consumers on the COP waiting list. This reflects no change in the number of consumers from February 28, 2010.

Prepared by: Joanne Jones-Financial Office Manager  
 Rock County DD Board



### COP EXCEPTIONAL EXPENSE REQUEST

Completion of this form is voluntary. County agencies can use this form to request COP Exceptional Expense funding.

Name – Participant	Date of Request 3/25/2010
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Current Funding Source  
 COP-W    CIP II    BIW    CIP IA    CIP IB    COP    CLTS DD    CLTS PD    CLTS SED

**Do not use this form for CIP IB ICF-MR relocation requests—  
those costs need to be included in the rate submitted on the plan**

Name – Agency and Care Manager  
Rock County LTS/ Nancy Brikowski

Item(s) and/or Service(s) to be purchased (must be over \$1000 total)  
Queen size adjustable bed with firm flip-free mattress.

Total Amount Requested  
**\$1,707.00**

Please describe how this request meets the following priority: very expensive one-time need or completely unexpected happening or emergency, including an explanation of why these costs were not part of the original support plan.  
is diagnosed with Multiple sclerosis, paraplegia, and arthritis in her back. Her back pain, and physical abilities have gotten significantly worse since she came on the waiver program in 2000. is confined to her bed. She is lying down on her back or side all the time. has no leg function, so she needs assistance with changing positions. With adjustable bed she could move herself for comfort and to avoid skin break down.

A hospital bed would not work for She needs to be rolled over in the bed in order to change clothes. A hospital bed is too narrow to do this. She is also married, and prefers to sleep with her spouse. She has resisted having a hospital bed as she wants to keep things as normal as possible.

This one-time expense will benefit medically, and improve her quality of life.

Please describe efforts to obtain Medicaid approval or other funding to address this need  
Medicare, and Medicaid do not cover a large bed. There is no funding code for one.

Request Approved by LTS Planning Committee 3/25/10	<input type="checkbox"/> Requested item (ramps, home modifications) has been approved by TMG, CIS, or CSS (if applicable)
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Attach additional sheets if necessary. Where applicable, attach detailed estimates by vendors, Medicaid denials, and appeals.

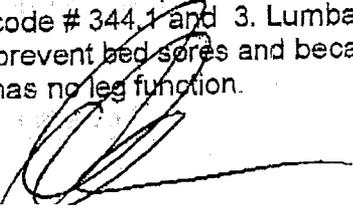
**DEAN MEDICAL CENTER**  
**RIVERVIEW CLINIC - NEUROLOGY**  
580 N Washington St  
Janesville, WI 53548  
608-755-3522

3/24/2010

Re:

To Whom It May Concern:

My patient is cared for in her home. She needs a specific bed : queen size, Balanced Living S-Cape adjustable unit from Verlo with wireless remote. It should be flip free designed firm mattress-queen. Her diagnosis is 1. Multiple sclerosis code #340 2. Paraplegia code # 344.1 and 3. Lumbago code # 724.2 needs frequent position changes to prevent bed sores and because of back pain.. She is unable to move herself in bed. She has no leg function.



Sincerely  
Department of Neurology

**COP EXCEPTIONAL EXPENSE REQUEST COVER SHEET – January 2008**

Participant's Name:

Date: 3/15/10

**Current Funding Source:**

COP-W

CIP IA

CLTS DD

CIP II **X**

CIP IB

CLTS PD

BIW

COP

CLTS SED

\*Do not use this form for CIP 1B ICF-MR relocation requests. These costs need to be included in the rate submitted on the plan.

**Agency and Care Manager:** Dryw Anderson 608-741-3553

**Item(s) and/or Services to be Purchased (must be over \$1000 total cost per request):**

Construct a 6' X 7' platform at stoop level so the existing aluminum ramp can be moved to allow for exit onto existing driveway which will reduce the distance for ambulation to transport and would eliminate one small step that leads to the public sidewalk which would allow for true wheelchair accessibility.

**Total Amount Requested: \$1525.00**

**Please describe how this request meets one of these priorities:**

- a. very expensive one-time need or completely unexpected happenings or emergencies, including an explanation of why these costs were not part of the original support plan
- b. help with start-up costs for people moving from nursing homes or institutions, if they need to set up a household

Construct a 6' X 7' platform at stoop level to attach existing aluminum ramp

is a 55 year old female that suffers from obesity and severe lymphedema. The lymphedema has caused severe swelling in her lower extremities; this accompanied with obesity has made ambulation very difficult for Ms. , she uses a walker to aid with ambulation.. Due to recent health problem has been forced to use her wheelchair much more often.

The current ramp runs straight from the stoop exiting near the public sidewalk where there is a small step that Ms. had in the past been able to manage. The proposal is to build the platform so the ramp can be turned so it will now exit onto the driveway which is flat, which will allow for easier access via wheelchair as Ms. health has deteriorated recently and is now using her wheelchair more often with assistance from her daughter.

If you have any additional questions I can be reached at 608-741-3553

Thank you,

Dryw Anderson, LTS

**Please describe efforts to obtain Medicaid approval or other funding to address this need:**

Item is not a Medicaid covered expense.

Date request was approved by LTS Planning Committee: 3/16/10

Requested item (ramps, home mods) has been approved by TMG, CIS, or CSS (if applicable):

YES

NO

Attach additional sheets if necessary. Where applicable, attach detailed estimates by vendors, Medicaid denials and appeals.

### COP EXCEPTIONAL EXPENSE REQUEST

Completion of this form is voluntary. County agencies can use this form to request COP Exceptional Expense funding.

Name - Participant	Date of Request 3/30/2010
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Current Funding Source  
 COP-W  CIP II  BIW  CIP IA  CIP IB  COP  CLTS DD  CLTS PD  CLTS SED

**Do not use this form for CIP IB ICF-MR relocation requests—  
those costs need to be included in the rate submitted on the plan**

Name - Agency and Care Manager  
Rock County HSD - Long Term Support Program Cyndy Garcia, case manager

Item(s) and/or Service(s) to be purchased (must be over \$1000 total)

1. Removal/replacement of water-damaged sub floor in mobile home \$1118.00
2. Remove and replace front entry door \$1145.00
3. Reconstruct opening for door \$370.00
4. Install underlayment and linoleum \$2,790.00

Total Amount Requested  
**\$5,423.00**

Please describe how this request meets the following priority: very expensive one-time need or completely unexpected happening or emergency, including an explanation of why these costs were not part of the original support plan.

purchased the mobile home in 2005. over the last two years, water damage has occurred because of an ill-fitted entry door along one side of the mobile home. The water damage has created "soft spots" and several holes in the flooring, making wheelchair maneuvering and ambulation with a cane much less safe for him. was not aware that the entry door was not made for a mobile home when he bought the home, or that the ill-fitting door could cause such extensive damage. Recently, the daybed in the frontroom caused another hole in the flooring, so he had a neighbor check out the flooring underneath the bed and along the doorway. When he pointed the areas out to me during a home visit, I discussed the problem with my supervisor. I then contacted Kettle Moraine Mobil Home Services to come out to the trailer and discuss repairs/provide an estimate.

Please describe efforts to obtain Medicaid approval or other funding to address this need  
I pursued grants for Mobile Home owners through the state of Wisconsin; currently no funding is available. COP and MA Waiver funds through this agency currently have a waiting list.

Date Request Approved by LTS Planning Committee 3/31/10 - Anna Marie Johnson Verbal approval	<input type="checkbox"/> Requested item (ramps, home modifications) has been approved by TMG, CIS, or CSS (if applicable)
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Attach additional sheets if necessary. Where applicable, attach detailed estimates by vendors, Medicaid denials, and appeals.