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JOINT COMMITTEE ON FINANCE

MEMORANDUM

To: Members
Joint Committee on Finance

From: Senator Alberta Darling
Representative John Nygren

Date: July 1, 2016

Re: DHS Report JFC

Attached is a report on the Comprehensive Community Services (CCS) from the Department of Health Services.

This report is being provided for your information only. No action by the Committee is required. Please feel free to contact us if you have any questions.

Attachments

AD:JN:jm



State of Wisconsin
Department of Health Services

Scott Walker, Governor
Kitty Rhoades, Secretary

June 30, 2016

JUL 01 2016
St. Finance

Honorable Alberta Darling
Co-Chair
Joint Committee on Finance
Room 317 East
State Capitol
P.O. Box 7882
Madison, WI 53707-7882

Honorable John Nygren
Co-Chair
Joint Committee on Finance
Room 309 East
State Capitol
P.O. Box 8953
Madison, WI 53708

Dear Senator Darling and Representative Nygren:

At its May 2014 meeting, the Joint Committee on Finance directed the Department to submit to the Committee a report prepared by the Office of Inspector General on the status of the Comprehensive Community Services (CCS) Program no later than July 1, 2016. The report is enclosed.

Please contact me if you have any questions about the report.

Sincerely,

A handwritten signature in black ink, appearing to read "Thompson" or similar, written over a horizontal line.

Thomas J. Engels
Interim Secretary

Comprehensive Community Services Status Report

Office of the Inspector General
June 30, 2016



Wisconsin
Department of Health Services

Introduction

A provision in 2013 Wisconsin Act 20 allowed the Department of Health Services (DHS) to fund the nonfederal share of the Medicaid operating costs for Comprehensive Community Services (CCS) to counties or tribes that deliver the services on a regional basis. Prior to implementing and receiving funding for this initiative, DHS was required to submit to the Joint Committee on Finance a request to release the funds along with an implementation proposal. In May 2014, the Joint Committee on Finance approved the Department's request to begin implementation of the regional service model. At that time, the Committee also required the Department to submit to the Committee a report prepared by the Office of the Inspector General on the status of the CCS program no later than July 1, 2016.

Background

The CCS benefit is operated by a "county department or tribe to provide or arrange for the provision of psychosocial rehabilitation services."¹ Psychosocial rehabilitation services are defined as "medical and remedial services and supportive activities provided to or arranged for a consumer" by a CCS program and must be authorized by a mental health professional.² These services assist individuals with mental health disorders or substance-use disorders to achieve the individual's highest possible level of independent functioning, stability, and independence and to facilitate recovery.

Comprehensive Community Services are available to Medicaid or BadgerCare Plus members and was implemented in Wisconsin in 2005. All services provided under the CCS benefit are reimbursed on a fee-for-service basis. The number of individuals enrolled in CCS programs has grown yearly since 2009.

The 2013-2015 biennial budget provided funding to expand CCS statewide. This funding allowed the state to pay the non-federal share of Medicaid costs for counties that adopted a regional service delivery model, effective July 1, 2014. Counties are not required to adopt a regionalized approach. Counties that do not choose regionalization only receive the federal share – roughly 59 percent – of Medicaid costs. Prior to regionalization, there were 31 CCS certified counties. By January 2015, the Department of Health Services had certified 11 regions, and by April 2016 there were 23 certified regions covering 62 counties and one tribe. One county provides CCS in a non-regional model. When all 23 regions began serving clients, CCS was available to 95 percent of the state's population.

Utilization and Expenditure Trends

CCS expenditures have been growing, but growth has been more moderate than originally projected. In its May 2014 request to the Joint Committee on Finance, the Department prepared an estimate of CCS expenditures through FY 17. The estimate indicated that expenditures would total \$51,811,200 All Funds (\$21,517,200 GPR) in FY 16 and \$63,896,800 All Funds (\$26,536,300 GPR) in FY 17. According to data from the Medicaid Management Information

¹ DHS 36.03(4), Wisconsin Administrative Code

² DHS 36.03(22), Wisconsin Administrative Code

System (MMIS) prepared by Department staff, as of the end of May 2016, the Medicaid program had paid \$29,494,255 All Funds (\$11,980,491 GPR) for FY 16 dates of service.

Projected v. Actual Expenditures for Regional CCS Programs			
(In Millions)			
	FY 15	FY 16	FY 17
DHS Original Projection	\$25.4 AF (\$10.5 GPR)	\$51.8 AF (\$21.5 GPR)	\$63.9 AF (\$26.5 GPR)
Actuals (Date of Service)*	\$24.3 AF(\$9.95 GPR)	\$29.5 AF (\$11.9 GPR)	TBD
Difference	\$1.1 AF (\$0.55 GPR)	\$22.3 AF (\$9.6 GPR)	TBD

*FY 16 as of May 2016

The key factor behind the lower expenditure trend is slower than projected enrollment growth. The Department's initial estimate in 2014 had assumed that 4,230 consumers would be served by regional CCS programs in Calendar Year 2015, based on a pre-implementation survey of counties. At the end of the December 2015, only 3,182 consumers were enrolled in CCS regional programs, according to survey data from the Division of Mental Health and Substance Abuse Services.

Projected v. Actual Enrollment for Regional CCS Programs				
	CY 14	CY 15	CY 16	CY 17
DHS Original Projection	3,027	4,230	4,888	5,385
Actuals (December 31 st)	1,540	3,182	TBD	TBD

Seventeen of the 62 counties reported consumer counts higher than assumed in the original estimate, while the remaining counties were below estimates. The lower than projected totals may be due to some regions taking longer to obtain certification than originally planned. Counties whose enrollment exceeded the initial estimate tend to be those whose certifications were approved in the first six months that the regional benefit was available, from July 2014 through December 2014. Statewide, enrollment in regional programs has grown steadily since July 2014, and one could expect that it will eventually reach levels originally projected for 2017, but over a longer timeframe. See Appendix A for a county by county comparison of actual enrollment to what was assumed in the Department's original projection.

The other factor that partially offsets the lower than projected enrollment is the cost per participant. The Department's original estimate assumed costs per participant per month of \$890 All Funds in FY 15 and \$910 in FY 16. Actual monthly costs per participant for dates of service of January 2015 through October 2015 have equaled \$1,307 All Funds.

Projected v. Actual Cost Per Participant Per Month	
FY 15 Projected	\$890
FY 16 Projected	\$910
Actuals for 1/15 through 10/15 dates of service	\$1,307

Program Outcomes and Cost Effectiveness

The statewide CCS expansion and regional service model is in only the first 18 months of implementation, and therefore it is too soon to evaluate its effectiveness in terms of consumer outcomes or cost effectiveness. The Division of Mental Health and Substance Abuse Services prepares an annual CCS monitoring report which includes data on consumer service needs, demographics, discharge rates, and satisfaction, based on county and consumer surveys and data from mental health functional screens. The 2014 report, which is the most recent available and covers the first six months the regional benefit was in effect, is available at <https://www.dhs.wisconsin.gov/publications/p01224.pdf>. In the 2014 report, data from satisfaction surveys indicate that most participants were satisfied with CCS service, with a majority of adults reporting their experiences with CCS as person-centered and empowering. According to the report, approximately one in five consumers were discharged from the program in 2014, with 38 percent leaving because they had recovered to the extent CCS services were no longer needed, 20 percent withdrew from CCS, 20 percent moved, and 11 percent needed services beyond what CCS could offer.

In its February 2014 request to the Committee to proceed with implementation, the Department indicated the goal of CCS expansion was to enable people with mental illness to access evidence-based treatment services in the community to address their illness and achieve recovery. In turn, the Department expects this will lead to reduced utilization of Medicaid, county-funded, or private-pay crisis intervention, inpatient hospitalization, or other institutional care. The Department will be able to evaluate the effectiveness of the regional programs in achieving these goals after they have been fully operational for a certain number of years.

Appendix A
Actual v. Projected Enrollment
Regional Comprehensive Community Services

DHS Quarterly Report on Consumers in CCS	Actual Enrollment	Original DHS Projection
Region	December 31, 2015	CY 15 Enrollment
CCS of Clark & Trempealeau Counties	8	0
Clark County	4	0
Trempealeau County	4	0
Central Wisconsin Health Partnership (CWHP)	92	125
Adams County	27	40
Green Lake County	15	15
Juneau County	24	30
Waushara County	26	40
Dane County Human Services CCS	79	265
Green-Lafayette Regional CCS Programs	47	72
Green County	38	50
Lafayette County	9	22
Human Service Center (HSC)	42	57.9
Forest County	1	19.3
Oneida County	34	19.3
Vilas County	7	19.3
JRW Tri-County Region CCS	172	187
Jefferson County	79	105
Rock County	61	45
Walworth County	32	37
Kenosha-Racine Regional Consortium (KRRC)	283	355
Kenosha County	226	215
Racine County	57	140
Lac du Flambeau Tribe	11	0
Lakeshore Recovery Collaborative	240	205
Dodge County	45	40
Ozaukee County	14	30
Sheboygan County	99	75
Washington County	82	60
Lakeshore Recovery Consortium	84	90
Door County	13	30
Kewaunee County	35	30
Shawano County	36	30
Marinette/Oconto County CCS Consortium	36	117
Marinette County	36	105
Oconto County	0	12
Milwaukee County	200	245
New Horizons North CCS	81	40
Ashland County	54	20
Bayfield County	27	20
North Central Health Care (NCHC)	466	370
Langlade County	52	45
Lincoln County	68	45
Marathon County	346	280
Northeast Wisconsin Behavioral Health Consortium	421	630
Brown County	113	240
Calumet County	25	60
Manitowoc County	25	70
Outagamie County	156	140
Winnebago County	102	120

Appendix A
Actual v. Projected Enrollment
Regional Comprehensive Community Services

DHS Quarterly Report on Consumers in CCS	Actual Enrollment	Original DHS Projection
Region	December 31, 2015	CY 15 Enrollment
Portage-Wood Partnership	158	160
Portage County	50	50
Wood County	108	110
Strive CCS	24	32
Crawford County	13	14
Vernon County	11	18
Taylor/Iron County CCS	6	40
Iron County	0	20
Taylor County	6	20
Waukesha County	111	135
Western Region Integrated Care (WRIC)	291	360
La Crosse County	264	280
Jackson County	10	40
Monroe County	17	40
Western Region Recovery and Wellness Consortium	115	315
Barron County	18	65
Buffalo County	2	15
Chippewa County	37	61
Dunn County	17	28
Pepin County	5	20
Pierce County	20	44
Polk County	14	70
Rusk County	2	12
Wisconsin River CCS Collaboration	199	235
Columbia County	48	35
Richland County	49	85
Sauk County	102	115
DQA-Certified Counties Not in Regions	16	0
Fond du Lac County	16	0
Other Counties	0	194
Total Number of Consumers (Across All CCS's)	3,182	4,230