2018 WORK PLAN - ACS

1. Plan for and manage transitions in funding and programs.

#	Initiative Area	Current Status (Where are we now?)	Chosen Target (Where do we want to be?)	Tactics to Close the Gap (How do we get there?)	Measures of Success (How will we know we're there?)	Lead Staff Responsible (Who? By When?)
1.a.	Aging and Disabilities Resource Center (ADRC) – Family Care Model Transition	The ADRC has been transitioning consumers from the Legacy Waiver Program into Family Care, Partnership and IRIS since October of 2017.	The ADRC will have completed the transition of the Legacy Waiver consumers into the Family Care, Partnership or IRIS programs by May 1, 2018.	• ADRC staff will continue to contact customers assigned to them for transition. • ADRC staff will work with Case Managers/Social Workers/Brokers to help reach customers who are not responding to the ADRC's attempts to contact them. • Certified letters will be sent to those who continue to not respond. • Regular meetings will be held with County and State staff for planning.	The ADRC will have completed the transition of the Legacy Waiver consumers into the Family Care, Partnership or IRIS program by May 1, 2018.	Jennifer Fischer, Joe Purcell, Lynn Riley, Bill Huisheere, and Deb Solis June 2018
1.b.	Aging and Disabilities Resource Center (ADRC) – Family Care Transition Waitlist	The ADRC will be responsible for managing the waitlist for the Family Care Model starting on 2/1/18 which has moved from HSRS into the PPS system.	The ADRC will follow the enrollment plan and enroll customers into the Family Care Model following the numbers established in the enrollment plan with the State of Wisconsin.	• ADRC Management will manage the waitlist in the PPS system. • Management will be trained by ORCD staff on PPS in early 2018. • Cases will be assigned to I and A staff to open during 2018 to meet the desired number of customers that we can remove from the waitlist and open into the new programs.	The ADRC will meet the enrollment numbers by Target Group set out in the transition plan.	Jennifer Fischer, Joe Purcell, Lynn Riley, Bill Huisheere, and Deb Solis December 2018
1.c.	Long-Term Support – Sunset County Administered MA Waiver Services for adults with physical disabilities and frail elders to Family Care/IRIS	• Currently there are approximately 650 frail elders and adults with physical disabilities who will be enrolling in Family Care / IRIS between 2/1/18 and 5/1/18. • There is increased strain on the existing POS and Long Term Support Unit Case Management capacity due to case management attrition in anticipation of the Waivers sunsetting.	Consumers successfully transition to Family Care/IRIS.	• Aging/LTC Manager will fully communicate all aspects of the Family Care transition process to POS agencies and make them aware of any circumstances that may prohibit a consumer from enrolling on their planned start date. • Monitor enrollment procedures to minimize the risk of barriers to planned enrollment start dates. • Interns receiving a stipend and Limited-Term Employees will be used to support the wind-down of case management activities and to help ensure clients' needs are responded to in a timely manner. • Aging/LTC Manager will work with LTS Supervisor to monitor LTS consumer census and determine timing of re-assignment of duties for current LTS Unit case managers.	• Consumers enroll based on their chosen start date without any eligibility issues. • POS agencies and LTS Unit are aware of when their consumers will transition. • Case documentation is promptly shared with Family Care / IRIS so as to seamlessly begin supporting transitioning individuals. • All LTS Unit staff will be re-assigned to new duties by June 2018	Beth Freeman and LeeAnn Grimm June 2018

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1.d.	Long-Term Support – Management of SHC Program funding that will continue beyond sunset of MA Waivers	• POS agencies provide SHC chore and personal care services to both MA Waiver and Non-Waiver eligible consumers. Services are intended to help consumers stay in their homes as long as possible.	• Ensure non-waiver eligible consumers continue to receive SHC chore and/or personal care services post Family Care transition. • POS agencies will know for whom SHC services will stop due to Family Care enrollment and those for whom it will continue through 2018.	• POS agencies will be informed by case management agencies and accounting when payment for MA Waiver funded consumers will end. • Aging/LTC Manager will provide a list to POS agencies reflecting the non-waiver funded consumers who remain eligible for services	• Payment and SHC services to MA Waiver eligible consumers will end the last day of waiver eligibility. • Non-waiver eligible consumers will not have any disruption in their services. • POS agencies are made aware of the funding that supports the different consumers to whom they are providing SHC services.	Beth Freeman June 2018
1.e.	Intellectual / Developmental Disabilities – Successfully sunset CIP 1 waivers for I/DD adults	Dane County supports approximately 1,450 I/DD adults as of 1-1-2018	• All current I/DD CIP waiver participants are enrolled in a Managed Care Organization or IRIS Consulting Agency on or before 5-1-2018. • Maintain the 90% integrated employment rate for 2018 waiver eligible high school grads.	• Work closely with ADRC, support broker agencies, IRIS Consulting Agencies and Managed Care Organizations to maintain waiver eligibility, transfer files and provide consultation and follow-up as needed. • Provide vocational futures planning and customized employment consultation to all 2018 grads to increase the likelihood of vocational continuity.	• All current I/DD waiver participants desiring continued services will have enrolled in a Family Care, Partnership or IRIS on or before 5-1-2018. • 90% or more young adults leaving high school will experience at least 12-15 hrs./week of integrated employment at minimum wage or better.	Monica Bear, Angela Radloff, Doug Hunt, and Eric Miller June 2018
1.f.	Intellectual / Developmental Disabilities – Eliminate current Children's Long Term Support Waiver (CLTS) wait list	Currently 423 CLTS eligible children are awaiting services.	423 new children will be enrolled in CLTS waiver by 12-31-2018.	• Increase case management capacity by reassigning duties to current County social work staff being displaced by the sun-setting of adult waivers and County's transition to Family Care/IRIS. • Increase case management capacity by expanding current contract of I/DD POS case management providers. • Follow enrollment plan County submitted to WI-DHS to begin systematically meeting and enrolling children on CLTS waiver beginning 2-1-2018. • Begin provider network development, expansion and certification 2-1-2018 to ensure adequate service array for new enrollees with particular emphasis on youth pre-employment activities.	• County will have reassigned duties of 4-5 social workers on or before 7-1-2018 to work with CLTS participants and their families. • County will have referred remainder of children to POS case management providers, increasing their contract to reflect the increased population served. • County will have enrolled all children on 1-1-2018 wait list onto CLTS on or before 12-31-2018. • County Program Specialist will begin outreach to providers to identify a minimum of one provider willing to provide pre-employment services to 16-18 year olds.	Monica Bear, Angela Radloff, and Doug Hunt December 2018

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1.g.	Transportation – Implement a group transportation system to transport Dane County Family Care and IRIS members who live in the Madison, Middleton and Monona area to Adult Day Centers in the Madison, Middleton, and Monona area.	The DCDHS Partnership Access to Catholic Charities Program (PACC) provides group rides for Care Wisconsin members, who live in the Madison, Middleton and Monona area, traveling to Catholic Charities Adult Day Center.	Contract and provide group transportation for Family Care and IRIS members from multiple Managed Care Organizations (MCO) and IRIS Consulting Agencies (ICA) who live in the Madison, Middleton and Monona area, and are traveling to various Adult Day Centers within the Madison, Middleton and Monona area.	• Reach out to MCOs and ICAs to establish group transportation contracts. • Determine which members are eligible for group transportation. • Determine the Adult Day Centers in the Madison, Middleton and Monona area to which members require transportation. • Coordinate efficient transportation routes with area transportation providers to and from the Adult Day Centers. • Using the Dane County bid process, select proficient transportation providers to transport Family Care members to various Adult Day Centers.	• The County will contract with two or more MCOs/ICAs to provide group transportation to members who live in the Madison, Middleton and Monona area traveling to various Adult Day Centers in the same area. • Transportation providers will be selected to transport Family Care members to Adult Day Centers within the Madison, Middleton and Monona areas through a formal Dane County bid process.	Jane Betzig December 2018

4. Assess and implement evidence-based service delivery models.

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4.a.	Aging and Disabilities Resource Center (ADRC) – Dementia Care Specialist (DCS)– Virtual Dementia Tour (VDT)	The DCS for Dane County was certified along with one I and A Specialist to guide people through the Virtual Dementia Tour. This tour will help people understand how a person with dementia experiences the everyday world.	By the end of 2018, the DCS will have taken all ADRC staff, four police departments, and four support groups through the Virtual Dementia Tour.	DCS will run Virtual Dementia Tour days at the ADRC and staff will sign up for time slots to complete the tour. DCS will also travel with the VDT to four different support groups and four police stations.	The VDT will be offered at different locations around Dane County. The tour will be offered to as many support groups and police departments as are interested.	Joy Schmidt, Ellen Derge, Jennifer Fischer December 2018

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4.b.	Behavioral Health – Integrate Mental Health, Substance Use, and Alternative Sanction Services into one system of care	• Mental health, substance use, and alternative sanction are all separately managed areas and are lodged in both the CYF and ACS Divisions. • POS providers have been engaged and helped create a vision/values statement. • A Behavioral Health Manager was hired.	One system of care, Behavioral Health, collaborating for recovery that incorporates services for mental health, substance use, and alternative sanctions.	• Explore known evidence based practices used by systems that have previously integrated. • Organize services into service areas for integrated mental health and substance use services and align budget accordingly. • Institute a management structure that oversees integrated service areas. • Incorporate integrated care expectations in POS contracts and RFPs. • Engage POS providers to provide input into the development of program expectations and outcome measurements. • Hire a consultant to analyze the service systems, including both private and public payers.	• POS Providers will have input into the integration and development of a Behavioral Health system of care. • County's contracts and budget will reflect integration of mental health and substance use services. • Integrated management will be in place. • Care expectations and outcomes will be specified in contracts.	Carrie Simon and Mary Grabot, Debra Natzke, and Jennifer Hendrickson December 2018

5. Assess and enhance the Department's service outcomes.

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5.a.	Adult Protective Services – Assessment and preparation of a case for guardianship of a vulnerable adult	Typically individuals who have been assessed by their medical doctor and community case manager to be incompetent wait up to four months before a social worker is assigned.	Adult Protective Services will be able to assign guardianship community referrals within one month of receipt of the medical examination report on an individual.	Two additional staff will be joining the Adult Guardianship Program, increasing capacity.	Adult Protective Services will have no waiting list for community referrals for guardianship.	Shari Gray-Dorn, and Adult Guardianship Program staff. December 2018

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5.b.	Adult Protective Services – Reports of Elders and Adults at Risk	• Elder Abuse and Neglect (EAN) and Adults at Risk (AAR) reports are handled by different staff. Adults at Risk include adults age 18-59. Elders at Risk include adults 60 and older.
		• Currently there are three EAN investigators and two AAR investigators.
			• EAN / AAR Staff will be available to respond to intake calls for anyone age 18 and older who is reported to be at risk.
			• EAN / AAR Staff will have the skills and resources to respond appropriately to at risk reports for persons 18 years and older.
				• EAN / AAR Staff will receive cross-training in the areas that typically come in as at risk reports for elders and younger adults:
				  • Financial Abuse
				  • Self Neglect
				  • Dementia
				  • AODA issues
				  • Mental Health issues
				• Efforts will be made whenever possible to best match EAN/AAR staff skills to the situation.
				• January 2018 – Staff will have shared intake meetings during which both EAN and AAR intake calls are reviewed providing an opportunity to learn about the types of calls coming.
					• EAN/AAR will become more skilled in investigations across the adult life span.
					• Referrals will no longer be solely assigned to EAN or AAR staff based on the age of the report subject, allowing for greater flexibility in meeting the needs of all adults at risk.
						Beth Freeman, Shari Gray-Dorn and LeeAnn Grimm
						
						December 2018

5.c.	Behavioral Health – Optimize Crisis Unit services	• County oversees decisions and activity of the crisis program. County has twice a week consults with the JMHC Crisis Unit to review inpatient activity. • Inpatient budget is always over spent. There are questionable returns and Emergency Detentions to Mendota/Winnebago Mental Health Institute (M/WMHI). • Clients in Trempeleau County Health Care Center and Clearview are not prioritized for release, thus adding to the inpatient costs.	• Manage the crisis program contract versus the day to day activities. • IMD discharge planning is completed using a variety of discharge options, while communicating proactively and accurately with stakeholders. • Outcome measures are in place that affects contract performance in this area.	• Crisis will be mobile 24/7. • Crisis will take proactive steps to prevent hospitalizations. • Crisis, Corporation Counsel, and County will meet quarterly to review service delivery and provide training opportunities for each other. • Increase the number of Crisis staff who partner with law enforcement. • County and Crisis identify appropriate outcome measurements.	• Outcome measures will be in place for the Crisis Unit at JMHC. • Crisis will take the initiative in directing the care for those at M/WMHI. • Fewer commitment dismissals and returns to more restrictive settings. • Individuals will be discharged from IMDs into a variety of settings that meet individuals' needs.	Mary Grabot and Carrie Simon December 2018

6. Improve alternatives to inpatient care for children and adults.

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6.a.	Comprehensive Community Service (CCS) – Continue to enhance the infrastructure to better meet the needs of the program	• The CCS Module is not fully developed which makes workflow more challenging. At this time some progress has been made on automating billing processes, but this is not complete. • Reimbursement has been accurate, within 1% error. Reports have been added, however will be further enhanced once more billing information is in the CCS Module. Significant progress in automating billing has been made. • Reports have been added to allow providers to track revenue cycle. • Over 675 consumers are enrolled in CCS. Twenty agencies are providing service facilitation. • Quality of progress notes and recovery plans is extremely variable and sometimes substandard. • Assessment and Recovery plan re-training has been completed. • Added 21 agencies and 228 POS staff in 2017. Have over 500 POS staff in the program. • There is no Quality Assurance staff to oversee plans and other documentation. • Intake staff increased to eight, necessitating a supervisor to focus on the Intake staff and function.	• A user friendly IT system that allows providers easy access, confidentiality, ability to complete workflow and accurate billing for CCS services provided. • Ensure ongoing availability of sufficient service facilitation capacity to meet demand. • Quality Assurance to be a specific task that is completed on all files. • Improved quality of documentation.	• Weekly collaboration with IT to track progress to meet goals. • Provider re-training. • Ongoing IT development and staff training in module functionality. • Develop the Eligibility (Intake/Discharge), Assessment, Desktop, and scanning capabilities in the CCS Module. • Add billing information into the module. • Marketing to bring in more service providers and expand network. • Complete billing automation. • Add QA staff, Intake Supervisor, 3 Intake Workers, and more clerical assistance.	• Further development of the module to include accurate reimbursement and reports, and complete billing automation. • Advanced training on recovery plan development and increased number of intake workers to meet demand. • Assessment, Desktop and Eligibility are launched within the module. • Complete eligibility and Business Rules.	Julie Meister and Mary Grabot December 2018

8. Diversify and maximize revenue streams.

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8.a.	Behavioral Health – Ensure that appropriate funding streams are used for contracted service units and that POS providers earn budgeted contingent revenues.	• Many programs are under a contingent earning basis in 2018. • Revenue targets are adjusted annually in an effort to have reasonable, accurate budgetary targets.	Revenues are maximized, risk to County is minimized, and POS Providers have incentives for increasing earned revenues.	• Ensure that budgets and contracts have reasonable and accurate revenue targets • County to closely monitor service units and revenues and make adjustments as needed. • Unit and revenue data is shared with POS agencies. • Payments are based on revenues earned. • Improved methods of securing client consent to bill insurance for inpatient care. • County will look at alternate methods of payment for services.	• Programs are producing service units as contracted and earning budgeted third party revenue. • Inpatient costs fall within budget and collections are maximized.	Mary Grabot and Carrie and DCDHS fiscal and management staff December 2018

11. Improve IT support for the Department to effectively manage its programs.

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11.a.	Adult Protective Services – Intake Documentation	• APS uses an Excel workbook to track all intake calls and the outcome of those calls. • The workbook has over 10,000 lines of data and can only be used by one person at any given time. It is at risk of crashing due to its size. • The format of the workbook does not allow for accessible data collection and analysis.	• Development of a database specific to APS which will allow for more secure collection of data related to Helpline Intake calls. • Collection of data beyond what is reported on the current Intake Workbook which will allow for further analysis and quantification of the work being done by APS staff.	• Work Group meetings with IT staff to discuss needs of APS, current system and goals for new database.	• Creation of an APS Database that will allow for efficient, secure and timely reporting of APS related work.	Beth Freeman, Shari Gray-Dorn and LeeAnn Grimm and IT Staff. December 2018
11.b.	Transportation – Implement and enhance the Mobility Manager Software Application.	DCDHS Transportation staff manually records and manipulates ride data to complete required state and federal funding reports and to measure ride efficiency and cost effectiveness. This system is cumbersome due to multi-ride factors that need to be collected and compared. A new Mobility Manager Software Application will be launched and tested in 2018.	The Mobility Manager Application using customized cloud based software will track and organize ride data for the Call Center and other Transportation programs accurately and efficiently.	• Finalize a secure cloud-based environment for hosting a DCDHS Mobility Manager application to track and process calls, client information, transportation services and run reports. • Finalize the DCDHS contract to operate and fund the Mobility Manager application. • Go-live with the Mobility Manager application to operate the Call Center. • Monitor and correct software bugs and glitches. • Add necessary software enhancements to manage at least two additional transportation programs.	The DCDHS Transportation Call Center and two additional Transportation Programs are managed proficiently using a customized – Mobility Manager Application.	Jane Betzig and IT staff December 2018