OPEN MEETING MINUTES

Name of Governmental Body: State Council on Alcohol and Other Drug Abuse Planning & Funding Committee			Attending: Committee Members: Kevin Florek, Sheila Weix, Beth Collier, Christine Ullstrup, Linda Van Tol, Jill Gamez, Rachel Stankowski, Michelle Devine-Giese Guests: Hannah Huffman DHS Staff: Danielle Graham-Heine, Alison Elisius
Date: 4/16/2025	Time Started: 9:32 a.m.	Time Ended: 12:28 p.m.	
Location: Meeting held via Microsoft Teams			Presiding Officer: Beth Collier, Christine Ullstrup

Minutes

1. Call to Order and Roll Call

C. Ullstrup called the meeting to order at 9:36 a.m.

2. Vote on New Member

In accordance with SCAODA bylaws, the SCAODA Council Chair, K. Florek, with the support of the Planning and Funding Committee Co-chairs, B. Collier, and C. Ullstrup, have added a new member, R. Stankowski, to the Planning and Funding Committee, effective April 16, 2025.

3. Review February 19, 2025, Meeting Minutes

J. Gamez moved to approve the minutes.

L. Van Tol seconded the motion.

Motion carried unanimously; minutes approved.

4. Public Comment

C. Ullstrup states there is a new provider for the substance use platform contract. A. Elisius shared in chat RehabPath is new provider and Recovery.com is the home of the platform created by RehabPath.

S. Weix asks if the proprietary information shared with ATLAS will be shared with the new provider RehabPath. Committee members request more information on this contract with new provider RehabPath. A. Elisius will reach out to contract administrator.

5. Discussion on CCS with Danielle Graham-Heine, DHS

Danielle Graham-Heine, Integrated Services (IS) Unit Supervisor, Bureau of Prevention Treatment and Recovery, discusses Comprehensive Community Services (CCS) program with committee members.

D. Graham-Heine shares overview and updates of CCS program. Program information can be found here: Wisconsin Department of Health Services CCS Program. CCS provides mental health and substance use services to children and adults, across the lifespan. Tribal nations and counties are certified under DHS 36 and they set up contracts with agencies to provide services.

DHS 36 was rolled out in 2004 when the benefit was introduced. From 2004-2013, right before regionalization happened, there were a total of 31 counties providing CCS services. The 2013-2015 biennial budget under Act 20 allowed for DHS to increase funding to CCS programs. This is where you will often hear “regionalization” and “100% reimbursement”. Regionalization is where counties and tribal nations could come together to

regionalize and receive 100% fee for service. Regionalization increased counties providing CCS services from 31 counties to 70 counties.

- **Enrollment Numbers**: The program has grown drastically from 6,000 individuals enrolled in CCS in 2016 to 16,583 individuals in 2023.
- **13 different service arrays:** CCS services must meet medical necessity and that is per Medicaid. Certified tribal nations and counties determine how to move forward with providing those services by setting up contracts with providers. See service arrays: "Online Handbook Display"
- **Peer Support:** An individual providing peer support must be certified as a peer specialist/parent peer specialist. Coming soon, DHS 72 states recovery coaches will be considered peer support. A recovery coach will then fit under the peer support service array. Certified programs can use recovery coaches.
- **CCS programs should not have a waitlist:** Programs may need to enroll a person in crisis or inpatient services to connect them to care as they should not be waitlisted.

J. Gamez suggests DHS put out guidance to counties that states if this service provider is DHS 75 certified then it is reasonable to assume these requirements are met. As a treatment provider, J. Gamez sees a lot of requirements coming from the county about required staff documents, trainings, etc. What is driving these burdensome requests is what the county is requesting. Guidance from the state could alleviate this burden.

The committee asks if there are residential CCS providers that are not excluded because of IMD? D. Graham-Heine states CCS programs can contract for this service. Certified tribal nations and counties determine what contracts they have for what service. If it's more than 16 beds, then it is completely different.

C. Ullstrup has a question about the 1115 Medicaid waiver. C. Ullstrup asks, "You can't be in CCS and another level of care under DHS 75? If CCS programs are contracting with RSUD, then services can continue? If CCS programs are not contracting with RSUD, then services should be suspended until discharge?" D. Graham-Heine defers these questions as they are on the Medicaid side of things and MA can speak to this.

The committee asks why OTPs can't participate in CCS. D. Graham-Heine suggests if you are an OTP interested in providing CCS services, you should reach out to county and tribal nations to have this conversation. B. Collier responds that their OTP clients can't receive CCS. S. Weix validates that OTPs are stigmatized and excluded. The committee asks if there is a way that Medicaid can provide guidance in their list of covered and non-covered services. DHS 36 doesn't state OTPs can't participate. D. Graham-Heine will take this suggestion back to MA.

The committee asks if there is consideration when there is an opportunity to edit the admin code that governs CCS to provide some concessions to providers that are already licensed by the state of Wisconsin, so it is not so difficult to contract with providers. D. Graham-Heine states DHS is aware of the challenges. DHS 36 sets the stage and what comes after with counties and tribal nations comes from them. For instance, we know background checks are included in DHS 36. S. Weix comments that it's not the caregiver background checks that is the problem as that is required under DHS 75 but rather the additional training requirements that is the burden. D. Graham-Heine says the link for providers has a resource for guidance around trainings in DHS 36. If a provider meets those requirements, then it is important to have those conversations with those programs. For example, we have this provider that has these trainings, can there be exceptions to the rule especially for licensed providers.

The committee asks what is the current DHS definition of "psychotherapy" within the context of CCS as there is no definition within DHS 36. D. Graham-Heine shares link in chat: DHS 36.14 which shares criteria for determining the need for psychosocial rehabilitation services. Medicaid provides language here: Link

J. Gamez asks if there is a way to identify if a client is enrolled in CCS in the MA portal when they check benefit eligibility? One thing they come across as a provider, is when an individual schedules services with them and does not disclose they are in CCS. The provider starts providing services and then later they find out the client is in CCS, so they can't bill for psychotherapy. D. Graham-Heine refers to MA for this question.

B. Collier is running into problems with enrolling clients into hub and spoke. This has been ongoing. S. Weix may have a contact to help with this and will follow up with B. Collier.

J. Gamez asks if the state gives counties guidelines on what appropriate rates are. D. Graham-Heine replies that the counties and tribal nations determine and set the rates with the provider and agency. The department, Medicaid primarily, doesn't get involved with the contracts or rate setting. If a county says a rate is outside what is acceptable, that is the counties determination.

C. Ullstrup asks, "If you are in CCS, you really can't be in another MA benefit except for psychiatry and medical?" D. Graham-Heine answers, "Psychiatry states that this would be one area you could use the card to submit claims. When you are thinking of CCS they are treating the entire person. They should determine how to support this individual and wrap around services to help this individual. All the services the person needs should be provided by CCS."

J. Gamez seeks clarification that the conversation about the differentiation between SUD and psychotherapy is a Medicaid question. D. Graham-Heine responds that they continue to have conversations with MA about what can be covered. DCTS would be working with MA advocating on the behalf of providers feedback received from provider workgroups.

S. Weix asks D. Graham-Heine if there are any upcoming changes or planned reviews happening with CCS. D. Graham-Heine responds that she is not aware of anything.

Committee members debrief the discussion about CCS. J. Gamez asks committee members, "Do we ask someone from MA to come and ask questions that were deferred to MA?" Committee members request A. Elisius to send the questions to P. Lano, MA, and to provide context that the committee asked these questions to the CCS subject matter expert and these questions were deferred back to MA.

6. Review Bureau of Rate Setting responses to committee questions

B. Collier shares map in chat. POGS Program Guide March 2024. RSPs are page 6-7.

Committee sent questions to the Bureau of Rate Setting (BRS) to learn how to influence a rate change, specifically the residential rate. C. Ullstrup states there is more to learn about residential rate setting and asks, "What are the numbers wrapped in that regarding budget neutrality?" S. Weix comments it is important to note the turnover time for the money going out is quit long. Example: hub and spoke.

C. Ullstrup wants data on what Medicaid is costing and wants to know how much is being paid out in residential benefit for most recent year of reporting. The committee requests A. Elisius to respond to B. Watson (BRS), "Thank you for all your responses, here are some additions to what we are interested in, the committee would like to learn more about residential, how they set rate to begin with, and learn more about budget neutrality." B. Collier adds, "Has there been any looking at coverage within rate setting for take home medication within an OTP?"

The committee discusses what to send to BRS as follows:

- Information regarding residential treatment bed and budget neutrality.
    - The committee would like to get a better idea if this is BRS or MA and what is this looking like?
    - How many dollars have been spent on residential MA benefit?
    - What is the budget neutrality?
    - What is the limit? For example: they must maintain *this* before we can ask for an *increase*.
    - It will be helpful to learn the history on how they set this residential benefit rate.
- OTPs
    - The committee would like to ask BRS why they don't include take homes as part of the rates?
    - OTPs don't get paid for medications that go home. For example: For a patient who gets 2 weeks of take homes, OTPs do not get paid for those 13 days. B. Collier states they do not get paid for the nurses putting together the take home or the cost and set up of medications for 13 days.
    - Almost every other state across the country gets paid for take homes or it is bundled payment.
    - B. Collier would like to start this conversation about looking to set a rate if a patient comes into clinic and gets take home. Start thinking about perhaps this is something they should cover as this is work that is being done and should be looked at for reimbursement.

7. Check in on current state of affairs based on environmental changes

C. Ullstrup states Meta House has had problem others have had with federal grants and getting into reimbursable payment system. They can get into system to draw down on grants, but it is more complicated. Now, they need to put in an explanation/justification for the drawing down of funds. In response to this, they talk about treating substance use/women's treatment. These grants are all on FFY, so they must be renewed Oct 1. Meta House doesn't know how this will impact state grants like TANF and URW.

S. Weix adds an additional concern is how the whole DEI interpretation affects everything. J. Gamez interprets providing services to women may be looked at as violating civil rights because it's targeted to women. To pull back DEI, the funds are not going to be used to serve priority populations. Will you have to reapply because of language previously used? C. Ullstrup states Meta House had to revise their website.

M. Devine-Giese states they haven't had impact from federal changes as they don't have a lot of federal grants, but they have been struggling with recovery program and getting reimbursed since the contract started Sept 1. M. Devine-Giese said services for this program will be stopped as it is not possible to take money out of cash flow to cover these costs. M. Devine-Giese shared positive news regarding their capital project and last night they received approval by town board of directors to move to 70 beds. They are close to breaking ground.

L. Van Tol is waiting to see what happens with MA and trying to form some contingency plans. Watching anti-human trafficking program funds and may need to cut back. Looking into URW. Fundraising to diversify portfolio.

WI is still requiring DEI like workgroups and CLAS. Focus on strategic planning; remove marginalized, barriers, and gender specific language.

K. Florek shares ARPA dollars funded program was cancelled in La Crosse, lost a lot of money and staff. Also lost some funding through crisis stabilization grants. Detox is losing a lot of money. Residential is strangely empty right now but they don't take MA.

R. Stankowski is caught up in continuing resolution drama because they have funding through congress as a FQHC. FQHC talking about potentially having to close doors. NOA usually goes through next June but this year it ends in November. Several federal grants being coached on language changes such as you can't say harm reduction and must use risk reduction. This is to align with DHS priorities. Partners are losing patient navigators and community health workers.

B. Collier, as a for profit, can't get access to federal grants. Just watching MA. Watching SAMHSA re-organization, who still has jobs etc.

J. Gamez has no federal grants and 3 areas of concern: block grant dollars, MA, and state opioid response (SOR). HOPE3 grant and Capital Projects are state funds. Capital project building construction should be complete in July. Fundraising for furnishings to put chairs and couches in. If this goes well, will start to accept clients into treatment in September.

8. Review of Planning and Funding Committee workplan

The committee did not have time to review the workplan.

9. Department of Health Services (DHS) Updates

A. Elisius shared the following opportunities:

- Vital Strategies: Expanding Access to Harm Reduction and Overdose Prevention Services Across Wisconsin Counties, Municipalities and Native Nations: Opioid Settlement Fund Matching Request for Proposals.
- The Division of Care and Treatment Services is seeking applications to support the implementation of Family Centered Treatment, an evidence-based model of care designed for families with children who are at risk of out-of-home placement.
- The Division of Care and Treatment Services is conducting a short survey to learn more about parent peer support in Wisconsin, specifically parent peer support in crisis services. It will take approximately 10 minutes to complete. The deadline to participate is June 9, 2025.

A. Elisius shared upcoming Division of Care and Treatment Services (DCTS) events and trainings:

- May 6-8, 2025: Opioids, Stimulants, and Trauma Summit (Wisconsin Dells/Virtual). Registration is still open for the 2025 Opioids, Stimulants, and Trauma Summit. Join this event in person in Wisconsin Dells (Kalahari Resort) or virtually May 6-8.
- July 16-17, 2025: Harm Reduction Conference (Wisconsin Dells/Virtual). Agenda is Live for the 2025 Wisconsin Harm Reduction Conference and Registration is Open.
- September 10-11, 2025: Wisconsin Substance Use Prevention Conference (Wisconsin Dells/Virtual). Information on the agenda and the registration fee is expected to be posted no later than June 2025.

A. Elisius shared earlier this week, Governor Evers announced Wisconsin is joining a new lawsuit challenging the more than $225 million cuts in federal funding the state expected to receive to help support mental and

behavioral health services, prevent and respond to substance misuse and the opioid epidemic, bolster local public health, and strengthen local emergency medical services. His Statement is Available Here: Press Release: Gov. Evers Releases Statement Regarding New Lawsuit Suing Trump Administration for Recklessly Gutting Over $225 Million in Federal Funding from Health Services in Wisconsin.

A. Elisius shared information on the state budget listening sessions and DHS budget one-pagers. Members of the legislature's Joint Committee on Finance are seeking public input through four listening sessions before they act on Governor Evers' proposed 2025-2027 state budget. The dates and locations for the listening sessions are as follows:

- April 2: Kaukauna High School
- April 4: Wisconsin State Fair Park Expo Center, West Allis
- April 28: Hayward High School
- April 29: Northcentral Technical College, Wausau

All the listening sessions will run from 10 a.m. to 5 p.m. See more information on the listening sessions. The listening sessions are in person only events. People unable to attend a listening session can share testimony through the Joint Committee on Finance's online feedback form.

DHS has created a set of one-pagers to help you educate yourself and others about the initiatives included in the governor's budget.

- Protecting Public Health: Protecting Public Health: Governor Evers' 2025-27 Budget
- Making Health Care Accessible and Affordable: Making Health Care More Accessible and Affordable: Governor Evers' 2025-27 Budget
- Promoting Mental Health: Promoting Mental Health: Governor Evers' 2025-27 Budget
- Investing in Long-Term Care: Investing in Long-Term Care: Governor Evers' 2025-27 Budget

C. Ullstrup resigns from SCAODA Council effective April 30, 2025. C. Ullstrup is vacating as a citizen member provider. B. Collier will apply to her seat for council. B. Collier is looking for a co-chair for this committee. S. Weix thanks C. Ullstrup for her decades of work on the council. S. Weix shares a book by Michael Lewis, "Who is Government? The Untold Story of Public Service." As we talk about potential impacts of chaos and destruction, we take a look at value.

10. Agenda for May

The following agenda items were noted by committee members:

- Learn more about RehabPath contract by meeting with contract administrator
- Discuss BRS questions with B. Watson
- Meet with MA regarding CCS questions
- Debrief OST Summit
- Review committee workplan
- Check in on current state of affairs based on environment changes

11. Adjournment

L. Van Tol moved to adjourn the meeting.

S. Weix seconded the motion to adjourn.
Motion carried; meeting adjourned at 12:28 p.m.

Prepared by: Alison Elisius on 4/16/2025.

Council reviewed and approved these minutes at its meeting on: 5/21/2025