

**OPEN MEETING MINUTES**

Name of Governmental Body: State Council on Alcohol and Other Drug Abuse Planning and Funding Committee			Attending: See member attendance below. DHS attendance: Alison Elisius, Julia Thoe, Paige Rusch, Matthew DeLaBruere, Pam Lano, Hannah Stephens, Matthew D'Orazio. Other: Hannah Huffman
Date: 10/15/2025	Time Started: 9:04 a.m.	Time Ended: 12:02 p.m.	
Location: Meeting held via Microsoft Teams			Presiding Officer: Beth Collier and Jill Gamez

**Minutes**

Members in attendance: 4 out of 7 committee members must be present for quorum.			
X	Beth Collier (Co-chair)		Michelle Devine Giese (excused)
X	Jill Gamez (Co-chair)	X	Linda Van Tol
	Kevin Florek (excused)	X	Rachel Stankowski
X	Sheila Weix		

**1. Call to order and roll call**

B. Collier called the meeting to order at 9:04 a.m.

**2. Review and approve August 20, 2025, meeting minutes**

J. Gamez moved to approve the minutes.

L. Von Tol seconded the motion.

Motion carried unanimously; minutes approved.

**3. Public comment (limited to three minutes per person)**

No public comment was made.

**4. Guest speakers from Division of Medicaid Services (DMS) on Comprehensive Community Services (CCS) program**

Pam Lano, Section Manager for Behavioral Health Policy, DMS, and Julia Thoe, subject matter expert for CCS, DMS, attended the meeting and responded to the committee's questions regarding the CCS program.

Question: Is Medicaid (MA) thinking about introducing the residential level of care into the service array for CCS for all licensed residential facilities?

Answer: Residential substance use disorder (RSUD) can be covered in non-IMD facilities. Reference: Topic #22997.

Question(s): Regarding the 1115 Medicaid waiver, is it true you can't be in CCS and another level of care under DHS 75? If CCS programs are contracting with RSUD, can services continue? If CCS programs are not contracting with RSUD, should services be suspended until discharge?

Answer: CCS service planning and service facilitation are allowed while in RSUD. There is an update from the concurrent services project: medication management. This update is anticipated to publish before the end of the year looking at concurrent services and what services can go together. When that update publishes, one change that will happen in the RSUD CCS overlap space is that MA will also allow medication management from the CCS array to occur when a member is in RSUD.

Question: Clients in opioid treatment programs (OTPs) can't receive CCS. Is there a way that MA can provide guidance on their list of covered and non-covered services? DHS 36 doesn't state OTPs can't participate. Pushback comes from counties and tribal nations.

Answer: Topic #17137 – SUD treatment is an allowable service. Discussion occurred around the question to have OTP services included and reimbursed as a CCS service. Narcotic treatment services are noncovered (topic #17157). OTPs provide SUD treatment, and are not permitted, every other SUD treatment facility is permitted to join a CCS program. In conclusion, more research is needed including reviewing the federal regulatory guidance and the state plan agreement.

Question: Is there a way to identify if a client is enrolled in CCS in the MA portal when a provider checks benefit eligibility? For example, when an individual schedules services with a provider and does not disclose they are in CCS, the provider starts providing services and then later learns the client is in CCS, so the provider can't bill for psychotherapy.

Answer: The MA portal does not have this functionality.

Question: If you are in CCS, you can't be in another MA benefit except for psychiatry and medical?

Answer: The only services restricted are outpatient psychotherapy and adult mental health day treatment. References: DHS 107.13(7)(b)1 and Topic #17137.

Question: Are there any upcoming changes or planned reviews happening with CCS?

Answer: No changes are currently planned.

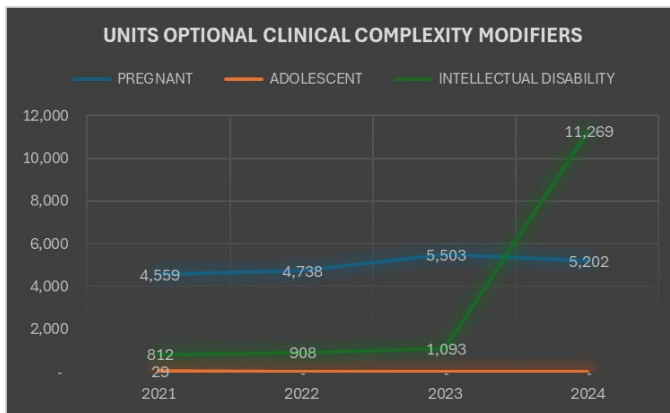
Guest Julia Thoe left the meeting after the discussion concluded.

## **5. Guest speakers from DMS on budget neutrality**

Matthew D'Orazio and Paige Rusch from the Bureau of Fiscal Accountability and Management, DMS, provided a presentation titled, "1115 RSUD Budget Neutrality and Rate Setting" using a PowerPoint slide deck authored by Hannah Stephens, Matt DeLaBruere, Matt D'Orazio, and Paige Rusch from DMS.

More specifically, the presentation answered the following questions from the committee:

- Information about who is being served each demonstration year (DY):
  - Are more MA members being served? Yes, unique members served has increased from 2,730 in 2021 to 4,552 in 2024 (66.7% increase).
  - Are there more MA providers? Yes, facilities providing RSUD services has increased from 33 in 2021 to 49 in 2024 (48.5% increase).
  - Are MA members staying longer? Yes, the average units of service (per diem) per unique member have increased from 37 in 2021 to 41 in 2024 (10.5% increase).
  - Breakdown of high versus low intensity services. High intensity units of service (per diem) have increased from 32,709 units in 2021 and 50,530 units in 2024 (54.5% increase). Low intensity units of service (per diem) have increased from 66,781 in 2021 to 132,686 to 2024 (98.7% increase).
- Information about utilization rates (see Figure 1: Units Optional Clinical Complexity Modifiers):
  - Utilization rate for pregnant/postpartum: how many days/units are being paid out with the modifier "HD" for pregnant/postpartum and how is that additional benefit working for postpartum? Units of service (per diem) with optional "HD" modifier for pregnant have increased from 4,559 in 2021 to 5,202 in 2024 (14.1% increase).
  - Utilization rate for adolescents: modifier "HA" is for individuals under age 18. Units of service (per diem) with the optional "HA" modifier for adolescent was 29 in 2021. No claims had the "HA" modifier after that year.
  - Utilization rate for intellectual or developmental disability (IDD): the "HI" modifier may be used when a member has a documented intellectual or developmental disability that requires the clinician to significantly adapt the treatment approach to accommodate the member's comprehension and communication limitations. Units of service with the optional "HI" modifier for IDD have increased from 812.25 units in 2021 to 11,269 units in 2024 (1287.4% increase). Just over 85% of the claims in 2024 with the "HI" modifier were provided in two facilities.
  - Figure 1: Units Optional Clinical Complexity Modifiers



- In terms of a rate increase, recognizing that budget neutrality is part of the demonstration waiver (1115 waiver), what does this mean for providers? A rate increase is included in the 2025-2027 biennial budget as a percentage increase, DMS will be monitoring how that impacts budget neutrality coupled with all the factors that also influence budget neutrality. Using the 3% increase for DY13 (2026), the projected PMPM (Per-Member Per-Month) is \$3,556.86, which is still below the budget neutrality limit.
- Clarification on the calculation and meaning of the projected PMPM number: PMPM (Per-Member Per-Month) monthly cost of each member per eligibility group. This is calculated by the total cost of the eligibility group divided by the total number of members.
- RSUD budget neutrality limit: the budget neutrality test for the RSUD population is based on the Medicaid Institution for Mental Diseases (IMD) total costs with an acuity factor applied for this population, and a Centers for Medicare and Medicaid Services (CMS) calculated growth rate. The budget neutrality test for DY12 (2025) – DY16 (2029) is below:

MEG	Trend Rate	DY12	DY13	DY14	DY15	DY16
SUD	5.10%	\$4,274.05	\$4,492.12	\$4,721.32	\$4,962.21	\$5,215.39

Guests from DMS left the meeting at 10:35 a.m.

**6. Review committee workplan**

Committee members updated the workplan as listed:

- Objective A, Task 1, no reports for review, status update is ongoing.
- Objective A, Task 2, block grant application was submitted to SAMHSA September 1, 2025.
- Objective A, Task 3, Department of Administration to provide information on Recovery Voucher Program at November 2025 committee meeting. DHS, Substance Use Section, to provide information on state opioid response funding at December council meeting.
- Objective A, Task 4, Office of the Secretary to provide information on opioid settlement funds at November 2025 committee meeting.
- Objective B, Task 2, met with Bureau of Rate Setting and Division of Medicaid Services regarding budget neutrality and opioid treatment programs on October 15, 2025.
- Objective B, Task 3, Medicare stopped all telehealth to patients on October 1, 2025, because there is no funding for it, the Intervention and Treatment Committee was made aware of this October 14, 2025.
- Objective B, Task 4, Comprehensive Community Services subject matter experts from Division of Medicaid Services attended October 15, 2025, committee meeting.
- Objective B, Task 5, interpretation services for residential treatment, committee met with Division of Medicaid Services October 15, 2025.

**7. Committee member updates on how services may be impacted by environmental changes**

Committee members discussed updates regarding the impacts observed and potential changes anticipated at the provider level. Impacts discussed included:

- 1,100 to 1,200 Health and Human Services employees laid off on Friday.
- Unable to pull data for grant applications from federal websites.
- Programs and benefits on how they will be administered and by whom.

- Cost shifts to the counties. For example, documentation verification used to be an 80/20 split (80% federal, 20% state or county). Now it's reversed (20% federal, 80% state or county). Counties are asking the state legislature to pick up the cost shift, so they don't have to raise county taxes to make up for those funds.

## **8. Wisconsin Department of Health Services (DHS) updates provided by substance use planner with the Bureau of Prevention Treatment and Recovery**

A. Elisius, substance use planner, BPTR, shared the following information:

- [Wisconsin Mental Health and Substance Use Needs Assessment 2025](#)
- Gov Delivery Division of Public Health Information Update on Overdose Data to Action in States Insights
- DHS administrative rule projects: [Administrative Rules | Wisconsin Department of Health Services](#)
- [Crisis Services: A Safe Place for Help | Wisconsin Department of Health Services](#)
- Funding for the block grants has not yet been approved; this has been communicated to grantees with contracts ending September 30
- Staff changes include Jessie Andrews in the role of assistant administrator, replacing Holly Audley who is retiring November 21
- 2026 Emerging Leaders Program [applications](#) are due November 7
- [Drug Take Back Day](#) is October 25
- Link to DHS [Funding Opportunities](#)

## **9. Agenda topics for November 19, 2025, committee meeting**

Committee members identified the following agenda topics:

- [Recovery.com](#) platform demonstration provided by RehabPath.
- Guest speaker from Department of Administration on Recovery Voucher Program.
- Update on opioid settlement funds from the Office of the Secretary.

## **10. Adjournment**

S. Weix moved to adjourn the meeting.

L. Von Tol seconded the motion to adjourn.

Motion carried; meeting adjourned at 12:02 p.m.

Prepared by: Alison Elisius on 10/15/2025.

Council reviewed and approved these minutes at its meeting on: 11/19/2025