



VIA EMAIL

TO: Governor Tony Evers  
Secretary Andrea Palm, Wisconsin Department of Health Services

FROM: Linda A. Hall, Executive Director

DATE: January 17, 2019

RE: Ideas for increasing access to health services and growing the behavioral health workforce

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The Wisconsin Association of Family & Children's Agencies (WAFCA) was pleased to see the issuance of Executive Order #3 last week regarding the Healthy Communities Initiative. WAFCA supports efforts to expand health care coverage and access across the state. As a statewide association of agencies providing counseling, mental health and substance use treatment and other supportive services for children and families, we believe that there are many opportunities to change policies and practices to improve the quality and availability of behavioral health services. Some of our recommendations below may be achieved internally and others may require legislative action. Some of these recommendations are relatively modest, however, small changes can make a big difference:

**MA payment for substance use disorder treatment.** Current Medicaid policy requires qualified treatment trainees (masters level clinicians who are working toward their 3,000 hours of supervised practice) and fully licensed mental health practitioners to obtain an additional credential from DSPS in order to be MA certified for substance use treatment. 2017 WI Act 262 establishes that licensed mental health professionals may provide substance use treatment within their scope of practice. There is no additional credential required under the law. This Medicaid policy is restricting access to services at a time when we are experiencing an addiction crisis in the state.

RECOMMENDATION: Direct MA to immediately follow 2017 WI Act 262 and certify qualified treatment trainees and fully licensed mental health practitioners for substance use treatment services provided within their scope of practice.

**CLTS rates.** This month DHS is implementing new statewide CLTS rates. During the comment period this past fall, WAFCA encouraged the Department to reconsider the rates proposed for daily living skills training, mentoring and respite. Mentoring and daily living skills training are often incorporated into the person-centered plan for children served by CLTS. These individualized services are key to advancing independent functioning and contribute to the successful stabilization of children in the community

Our survey of members indicated that the proposed hourly rate for these supportive services were up to 40% less than the average current rate paid by counties for this service. In the last biennial budget, there was an initiative to "fully fund" the waitlist in CLTS and an additional \$23 million was allocated for this purpose. However, while more children may now be admitted to the program, they may not be able to obtain certain beneficial services, because service providers are unable to sustain their operations on insufficient reimbursement rates.

RECOMMENDATION: Increase the reimbursement rates for CLTS daily living skills training and mentoring to appropriately reimburse providers for this service and ensure that children have access to these community-based supports that prevent out-of-home care placement.

**Continue the MA student consultation code.** The 2017-19 biennial budget included new coverage for mental health clinical consultations for students. With the new code clinicians are able to bill for the time they work with school staff to coordinate care and more effectively integrate what happens in treatment and in the classroom. School-based mental health services are continuing to grow across the state and the funding of MA consultation serves as a critical building block to building effective and sustainable programs.

RECOMMENDATION: Support removal of the sunset placed on the mental health clinical consultation code and continue funding this supportive service that enhances the effectiveness of treatment offered in a school setting and contributes to improved school climate and improved achievement for students.

**Accreditation recognition.** Since 2009 Department of Health Services' rules have required DHS to waive portions of the outpatient mental health clinic recertification review for agencies that are accredited and meet or exceed state mandated standards. DHS has yet to waive any of the recertification process for accredited clinics. For clinics, implementation of this policy would eliminate duplicative reviews, create an incentive to become accredited, and increase practice standards. Accepting accreditation as an alternative to state inspection of mental health clinics is a practice that has been adopted by more than twelve states. Accrediting bodies are willing to add Wisconsin specific review items to their accreditation review protocol to address any reservations DHS may have regarding the sufficiency of the review. DHS would continue to have the authority to conduct a review when there is reason to believe that a full review is necessary.

RECOMMENDATION: Require the DHS Division of Quality Assurance to recognize national accreditation when renewing clinic licenses. Recognizing accreditation will incentivize agencies to become accredited which will result in higher operating standards than required under statutes and will decrease DHS monitoring costs.

Thank you for your time and consideration. We look forward to working with you and your new team to advance the health and well being of all our Wisconsin communities.

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**WAFCA** is a member association that works to improve the lives of families and children in Wisconsin.

Our member agencies provide a wide array of prevention and supportive services such as foster care, in-home support, counseling, and mental health treatment. WAFCA represents over 50 child and family serving agencies and leaders in the field and advocates for the more than 250,000 individuals and families that they serve each year.