

State of Wisconsin  
Department of Health Services

Scott Walker, Governor  
Linda Seemeyer, Secretary

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September 21, 2017

The Honorable Lisa Subeck  
State Representative  
418 North, State Capitol  
Madison, WI 53708

Dear Representative Subeck:

Thank you for your letter of September 15, 2017 and for your participation in our August 24<sup>th</sup> meeting. I think it was helpful for all of the interested parties to discuss the issues.

We continue to have serious concerns about providers attending enrollment sessions in Dane County. Allowing persons who stand to gain or lose financially an opportunity to influence a member's choice of care model would seem to be the very definition of a "conflict of interest." The fundamental belief of the home and community based programs is for individuals to have the control to make their own choices. Therefore, those choices should be made by the individual and should not be influenced by the providers.

However, we also understand that "support brokers" in Dane County have a unique and in many cases, long-standing relationship with the persons with disability they serve. We have heard that many waiver members would be uncomfortable making the decision to choose Family Care or IRIS without their trusted support broker present.

The Centers for Medicaid Services (CMS) have also expressed concerns about the potential for conflict of interest, but have stated that the final decision is up to the State of Wisconsin Department of Health Services. We have spoken to our legal counsel and consulted with the various staff members involved in the Dane County Family Care transition and reached the following compromise position.

Members may bring family members, friends, and guardians to the ADRC enrollment session – this is the current practice. Because of the uniqueness of the Dane County model, we are willing to allow support brokers to attend the enrollment session at the request of the member. Other providers will not be allowed to attend. We will ask the support brokers to sign a conflict of interest disclosure form which will be acknowledged and co-signed by the member or their legal representative.

This practice will be unique to Dane County and will end when the current Community Options Program (COP) and Community Integration Program (CIP) waiver members are enrolled in Family Care, IRIS, or Partnership.

The Honorable Lisa Subeck

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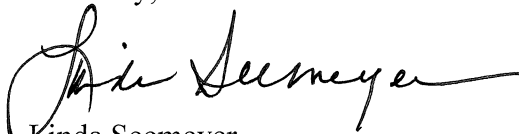
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We appreciate the conversations with various Dane County advocates and providers. I know we all seek the same long term goals – a smooth transition for Dane County consumers and the continued provision of services which will allow them to lead happy and healthy lives within the community.

We will be responding to your request to have copies of correspondence between DHS and CMS on this issue in a separate letter.

Thank you for your input.

Sincerely,

A handwritten signature in black ink, appearing to read "Linda Seemeyer", with a long horizontal flourish extending to the right.

Linda Seemeyer

Secretary

Enclosure:

Request for Dane County Support Broker to Attend Enrollment Counseling Session form

cc/enc.: Diane Welsh  
Attorney at Law

Melissa Mulliken  
Advocacy Consultant  
Developmental Disabilities Coalition of Dane County, Inc.

**REQUEST FOR DANE COUNTY SUPPORT BROKER  
TO ATTEND ENROLLMENT COUNSELING SESSION**

Service providers are not allowed to attend enrollment counseling in Wisconsin’s Medicaid long-term care system. There has been a request, based upon the historical model used in Dane County where members may rely on support brokers to assist in managing services, to allow support brokers to attend enrollment-counseling sessions when the member requests the support broker’s attendance. Therefore, the Wisconsin Department of Health Services will allow support brokers in Dane County to attend a member’s enrollment counseling session only during the transition for waiver enrollees from the legacy waiver programs to the Family Care, IRIS or Partnership programs if the member requests that the support broker attend and the support broker discloses any conflict of interest.

**Support Broker Attestation:** Please enter your name, initial next to the statement that applies, sign and date: Failure to accurately complete or abide by this attestation may negatively impact the support broker’s ability to provide paid services in the Family Care, IRIS or Partnership programs in the future.

I, \_\_\_\_\_, am a support broker in the current Dane County CIP and/or COP program.  
Name

My future employment or financial relationship with Family Care, IRIS or Family Care Partnership is as follows:

\_\_\_\_\_ I will not work or provide paid services for the Family Care, IRIS or Family Care Partnership program.

\_\_\_\_\_ I plan to seek employment in or to provide paid services for the Family Care, IRIS or Family Care Partnership programs in Dane County, but do not currently have any arrangement to do so.

\_\_\_\_\_ I have a contract or the agency I currently work for has a contract, to provide services in the Family Care, IRIS or Family Care Partnership program. The provider agency I expect to work for is \_\_\_\_\_.  
(Name of Managed Care Organization, IRIS Consultant Agency or Fiscal Employer Agency)

I will not try to influence the CIP/COP participant in his/her decision making process during the enrollment counseling session or at any other time.

If the Aging and Disability Resource Center (ADRC) staff person believes that my involvement in the enrollment counselling session interferes with the participant’s ability to make a free and knowing choice, I may be asked to leave the session, and I agree to voluntarily comply.

<b>SIGNATURE</b> – Support Broker	Date Signed
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**Member Attestation:**

I, \_\_\_\_\_, have read and understand the above statement and recognize that the support broker may have a financial interest in which program I choose. I request that \_\_\_\_\_ (Name of Support Broker) attend the enrollment counseling session knowing he/she may have a conflict of interest but still choose to allow him or her to participate. I recognize that if I feel any undue influence I can at any point ask the support broker to leave the counseling session. I also recognize I can call the ADRC at any time to discuss my concerns or change my enrollment choice.

<b>SIGNATURE</b> – Member	Date Signed
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<b>SIGNATURE</b> – Guardian/Representative (if applicable)	Date Signed
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