

Wisconsin Council on Children's Long-Term Support Needs
Council Meeting

Final Minutes

March 20, 2007

LaQuinta Hotel

10:00 a.m. - 3:00 p.m.

Madison, WI

Members: Liz Hecht, John Shaw, Sue Gilbertson, Keith Keller, Melanie Fralick, Glenn Johnson, Julie Turkoske, Cheryl Berg, Carrie Pomije, Beth Wroblewski, Sharon Fleischfresser, Michelle Sturz, Hugh Davis

Guests: Julie Bryda, DHFS, Kay Marceau, Wood County Human Services and parent, Joyce Binder, I-Care

Staff Member: Katie Sepnieski, DHFS

Approval of Minutes:

John made a motion to approve minutes

Changes to minutes were made: Kate Surprise was from Waushara County not Waupaca County, Sue Gilbertson was a member of the Self-determination sub-committee, and Julie Turkoske attended the last meeting

Sue Gilbertson- 2nd motion.

Vote was unanimously passed.

Meeting began at 10:00.

- I. Beth Wroblewski from the DHFS presented the proposed division of the Department of Health and Family Services into two Departments, the Department of Public Health and the Department of Children and Family Services.
 - a. The DHFS current organizational chart was reviewed.
 - b. A new Department of Children and Family Services is proposed to include:
 - i. The new Department would combine child welfare, childcare regulation, WIC (Women, Infant and Children), and related nutrition programs, and Temporary Assistance to Needy Families (W-2).
 - ii. There would be a transfer of funding and positions from the current DHFS and DWD –Budget Neutral
 - c. The new Department of Health is proposed to include:
 - i. The Children's Long-Term Support section, including Birth to 3, Family Support, Katie Beckett and the Children's Waiver Programs.

- ii. All Adult Long-term supports, Medicaid, Children with Special Health Care needs and most public health services.
- d. The DHFS re-organization would include funding a new Division Administrator with the intent of reorganizing the Division of Disability and Elder Services into two divisions, The Division of Long-Term Supports and the Division of Mental Health and Substance Abuse Services.
- e. The council discussed the proposed division of Departments
 - i. The CLTS section would remain with the Department of Public Health to maintain standing within the long-term system and the Department that is the Medicaid administrator.
 - ii. Currently there are multiple departments serving children, Department of Public Instruction (DPI), Department of Health and Family Services (DHFS), and the Department of Corrections (DOC). Each Department has a different philosophy for serving children.
 - iii. LaCrosse County moved all children services into one section. With the State, moving into different directions the counties will need to work with different Departments and different rules.
 - iv. Another point made by council members was that the divisions within DHFS are already fragmented and access of services by families with children having long-term care needs can be difficult.
 - v. The possibility of aligning more programs for children into one agency would allow for better access to programs
 - vi. The council will draft a letter to the Secretary expressing the discussion from the full council.
 - vii. A subcommittee will be created including, Sharon Fleischfresser, Carrie Pomije, Hugh Davis, Keith Keller, and Glenn Johnson. Amy Whitehead will work with Sharon Fleischfresser.
 - 1. The subcommittee will create the letter through email and a Wisline will be set-up if necessary.

- II. Beth Wroblewski discussed the 2007-2009 biennium budget.
 - a. Beth informed the council of the process of the budget being approved by the legislature and signed by the Governor.
 - b. The Joint Committee on Finance holds public hearings through out the State. These public hearing are for the purpose of citizens to share input with legislators regarding the budget.
 - c. The budget has several child related proposals.
 - i. Birth to 3 Program funding becomes a continuing appropriation (Item 16).
 - ii. Fees collected by counties for county funded long-term supports remain with the county for local use (Item 17).
 - 1. The money collected from fees will go back to counties and for high-cost plans. The Department will continue to

collect data to determine how much will be collected each year.

- iii. Autism coverage by Private Insurance (Office of Insurance Comm. Item 2).
- iv. The Family Support Program 46.985(2)(f) proposal would establish criteria for priority of services that take into account:
 - 1. Urgency of need, statewide consistency, developmental impact on eligible children, and other factors.
- v. Medicaid base re-estimate for state funded waiver slots, including intensive in-home autism (Item 50).
 - 1. This assures continued services for children currently on the CLTS Waivers and will serve about 200 new children each year from the wait list for children with autism, Asperger's or Pervasive Developmental Disorder not otherwise specified (PDD-NOS).
 - 2. The budget proposal also requested continued funds for pilot and crisis slots.
- vi. BadgerCare Plus proposal provides access to affordable health care for all children.
 - 1. In addition to all children, expands eligibility to other new populations.
 - a. Youth (aged 18-21) aging out of foster care
 - b. Caretaker relatives up to 200% FPL
 - c. Parents with children in foster care up to 200% FPL
- vii. Family Care Expansion
 - 1. County Contributions: Budget assumes county contributes Community Aids and county spending on long-term care, based on CY05 DHFS data.
- viii. Managed Care Initiatives for Children
 - 1. \$250,000 for each year of the biennium for technical assistance and planning to managed care pilots for children's long-term supports (Item 14).
 - 2. The expectation is that the Department will seek to match these funds to public or private foundation funding.
 - a. Robert Wood Johnson Foundation
 - b. Center for Medicare and Medicaid Services (CMS)
 - c. Annie E. Casey Foundation
- ix. Other KidsFirst and Children/Family Items
 - 1. Quality care program to improve quality of childcare.
 - 2. Home visiting program for first-time parents: phased-in beginning of January 2009.
- x. Autism Council budget recommendations included:
 - 1. 250 new intensive slots per year in the biennium
 - 2. Additional funding to address waiting lists, including children with Autism Spectrum Disorders

3. The Council wrote a letter to Governor Doyle and Secretary Nelson with these recommendations.

- III. Liz Hecht drafted a letter to the new Secretary of the Department on behalf of the council. The council was provided a copy of the letter in order for additional input.
 - a. A suggestion from the council was to invite Secretary Hayden to attend a council meeting.
 - b. The council felt the letter was well written and should be delivered to the Secretary.
- IV. Julie Bryda, Children's Services Specialist from the DHFS presented an update on the Family Support Program.
 - a. Each county submitted data to the DHFS regarding the number of children served in 2006, the number of children on the wait list, and the length of time on the wait list.
 - b. The data will be resubmitted to counties to assure that the information is accurate.
 - i. This data will assist with informing legislatures on the need for additional funding for children with special needs.
 - c. Due to the number of children waiting for services, some counties are using Family Support funding for essential items and not enhancements.
 - d. Since counties are not required to use the maximum amount of \$3000 per child, some counties are choosing to serve more children by only providing services that are essential to the health and safety of the child.
 - e. Council members expressed concern regarding the different policies created by each county this can cause confusion by parents moving between counties. Items that are purchased in one county may not be purchased in another.
 - f. Some counties are matching the Family Support funds to CLTS Waivers for those children that meet the CLTS Waiver eligibility criteria in order to maximize the funds available to a family.
 - i. By matching the funds to the Waiver, counties are required to serve the child until the age of 22.
 - g. Counties are not required to have a crisis policy for families in need of one-time funding or have a crisis need however most counties do have a crisis policy. Eleven counties do not have crisis or one-time funding available.
 - h. Council members discussed that support and service coordinators should have training regarding what services are allowed to be funded by Family Support. However since counties implement the Family Support program, it would be difficult to generalize the entire program statewide.
- V. The FamilyCare Expansion discussion will be moved to the next meeting in order to have time to discuss this topic in detail.

- VI. The June 19th meeting will need to be rescheduled due to scheduling conflicts. Within the next two weeks, a new date and place will be confirmed and sent to all council members.

- VII. Possible agenda items for the next Council meeting:
 - a. Managed care pilots
 - b. Quality improvement work regarding a medical home
 - c. Care coordination with Family Care counties

- VIII. Meeting adjourned at 3:06 p.m.