

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

Final Minutes
March 11, 2008
LaQuinta Hotel
10:00 a.m. – 3:00 p.m.
Madison WI

Chairperson: Liz Hecht

Members Present: Amy Whitehead, John Shaw, Keith Keller, Julie Turkoske, Cheryl Berg, Sue Gilbertson, Jodi Pelishek, Barb Katz, Sally Mather, Beth Wroblewski, Fredi Bove, Pilar Guzman

DHFS Staff Member: Katie Sepnieski

Guests Present: Diane Waller, DHFS, Kenneth Taylor, DHFS, Julie Bryda, DHFS

- I. Welcome and Introductions – Liz Hecht
 - a. Members introduced themselves
 - b. Liz discussed the addition of Diane Waller to the agenda in the morning to discuss the transition of the Department of Health and Family Services into two separate Departments.
- II. Discussion of the planning process for the separation of the DHFS into two distinct agencies – Diane Waller
 - a. Diane presented a power point presentation. She began with a history of the work of the Division of Children and Family over the last decade.
 - i. Increased access to healthcare through BadgerCare Plus
 - ii. Made college more affordable for all hard working students through the Wisconsin Covenant Program
 - iii. Made child care more affordable because of the child care tax deduction for families
 - iv. Gave 250,000 workers a deserved pay raise because of an increase to the minimum wage
 - v. Increased the foster care rates twice
 - vi. Created the Foster Care and Adoption Resource Center
 - vii. Increased funding for the child support program
 - viii. Expanded 4k options
 - ix. Increased access to school breakfast programs
 - b. Governor Doyle introduced into the 2007-2009 biennial budget the new Department of Children and Family. The new Department will include:
 - i. Child Welfare Services
 - ii. Foster Care and Adoption
 - iii. Domestic Violence

- iv. Child care regulation and licensing
- v. Division of Workforce Development (DWD)
- vi. Wisconsin Works (W-2)/Temporary Assistance to Needy Families (TANF)
- vii. Child Support
- viii. Wisconsin Shares
- c. Restructure, Retool, and & Reprioritize
 - i. Develop and implement integrated program approaches to strengthen Wisconsin families
 - ii. Streamline government
 - iii. Greater emphasis on performance and outcomes
 - iv. Improve quality and consistency of service for children across Wisconsin
 - v. Identify new strategies to engage consumers and the public in our work
- d. Transition Team
 - i. How can an organizational structure best produce the Department's goals?
 - ii. Create overall DCF policy agenda
 - iii. Gather internal and external input from DCF
 - iv. Hiring key management positions
 - v. Developing the DCF communication approach
 - vi. Creating internet and intranet sites for new Department
- e. The CLTS Council input is valued and the new Department staff would like to discuss concerns, issues, and future incentives.
 - i. dcf@wisconsin.gov is the email account to provide more input
 - ii. Early childhood programs cut across Departments and will need to be a part of the new Department.
 - iii. A challenge of the new Department for the families with children with disabilities may be having many different workers to "answer to." How will it be well coordinated?
 - iv. BadgerCare Plus- families that are facing multiple stressors and need support from multiple systems, how can it be easy for the family to move through the systems?
 - 1. BadgerCare Plus is a great program, and it is very commendable for the Department to have created it.
 - v. At the family level we need to be parent and child centered which is difficult at a macro level. The disabilities funding is for children to remain in the community. CPS gets into issues of poverty, parenting, and housing. There is a cost-shifting within the current structure and the long-term support systems are not there to alleviate poverty and may be a challenge.
 - vi. W-2 and long-term support programs coordination is difficult in some of the larger counties since there is a split in agencies.

1. Families with children with disabilities that are older have no after school programs or daycare. At a local level it is hard to get an exemption.
 2. Finding a provider that will keep a child with a disability that is older or with challenging needs.
 3. Daycare providers discretely discriminate against families with children with disabilities.
- vii. Children are left home alone after schools and there is nowhere to go. Also during the school breaks (holidays, in-services, snow days, summer break) it is difficult for families to find care for their older children. There is no room to leave children home without supervision.
- viii. Children and families are within every Department, division and section. How can we make an already complex system easy to navigate for these families?
1. There is a need for all Departments to stay involved with connecting children and families to appropriate service.
 2. Secretary Bicha will be working on maintaining communication across all Departments.
 - a. A presence in the community needs to occur. There are a lot of families in Milwaukee that have not been connected to any type of services. There is not an office in the community and families can not go to where the Human Services agency is. This is also an issue in rural areas because families are unaware of the services available and accessibility.
 3. Virtual resource center-have information at one location for all types of families. This would be a first step for families to learn about programs. Also having an internet site with all the information.
 4. Coordination across programs is imperative. Educating the different workers about the different programs so they can connect families to the appropriate programs.
 5. Literacy level is very important for families to understand the materials. Also having translated materials for different cultures. However not all families that speak a different language can read materials. They do not know how to make connections or who to connect for services.
 6. Competing policies and procedures between divisions.
 - a. Treatment foster care for children that have medical needs and behavioral challenges. These children's had been in institutions and are now being placed in the community making it difficult for all the parties involved.

7. Having the funding to follow through to assist the family prior to the family being in crisis or being remove from the home can be a cost-savings.

III. Background Information for CLTS Redesign Next Steps power point presentation – Beth

- a. Reviewed the work the Council has done within the last few years:
 - i. Foundations Paper
 1. Does it need to be re-worked or do we need to look ahead to system change?
- b. Progress on Key Issues
 - i. The three new CLTS Waivers
 1. Statewide use of waivers
 - a. New funding to all counties for all three target groups
 - ii. Consistency of eligibility for all children in the separate programs
 1. Functional Screen
 2. Unification of programs
 - iii. Outcome based services to assist families in determining what they need to support their child
- c. The value of a single entry point. There is data and research which supports the value of assisting children and families with a single point.
 - i. The Aging and Disability Resource Centers (ADRCs), Children and Youth with Special HealthCare Needs Regional Centers, Pilot Counties.
- d. Medicaid fee for service is still in a separate silo and is not included in any of the current programs
- e. What are the challenges that remain?
 - i. Every family's needs are unique
 1. actual needs for support
 2. availability of social supports
 3. availability of \$ resources
 4. availability of suitable service providers
 5. expectations for child and family
 6. expectations of service system
 7. extent of caring responsibility
 8. poverty
 9. extent of family involvement with legal/protective services
 10. variability between counties and local resources
 - ii. There continues to be issues within the system:
 1. funding and rationing what is currently there
 2. eligibility is based on functional needs
 3. cross-system coordination is highly desired but requires extraordinary political will on a large scale

- a. There are different criteria that needs to be met for the different programs (Departments, counties, services)
 - 4. unmet need is more complicated than just wait list statistics
 - a. number of families on waiting lists might be the best method available to measure unmet need, but it can also distort the analysis of the problem and possible solutions
- iii. Current Trends at the different levels of Government
 - 1. Maximize federal financial participation by using state and local dollars to match federal dollars
 - 2. Administer long-term support funding through “managed care models”
 - 3. Control of resources from fee-for-service programs to a system charged with understanding child and family needs
 - 4. The implementation of Family Care for adults who are elderly or have disabilities, has increased regionalization of services and decreased county involvement and capacity to manage human services for these populations.
 - 5. Waiting lists for children’s services continue to grow
- iv. Developing a managed care model for children’s long-term support
 - 1. What structure for managed long-term care offers the families of eligible children the greatest degree of control, individualization and effective support?
 - a. Adopting this strategy does not mean abandoning the larger goal of comprehensive systems change.
 - b. Comprehensive change will require better mechanisms for coordination at both individual and systems levels
 - c. System change will require more resources and better mechanisms to provide supports than we currently have.
 - d. Focus on how to make the best possible contribution to improving the overall system.
- v. Limitations within the current system
 - 1. The State currently lacks knowledge and experience in applying managed care to the more complex situation of families of minor children.
 - 2. Children with long-term support needs are cared for almost entirely by their parents, with help from public schools and private health insurance
 - 3. The cost of long-term support services is generally modest.
 - 4. There is little excess money, given limited use of institutional settings, to serve the thousands of families currently on waiting lists.
- vi. What can be done now within the current system?

1. DHFS has the ability to get started developing and demonstrating alternative managed care approaches for children right away, using existing funds and authorities.
 2. Within existing funding and state and county entities, DHFS may be able to organize demonstration projects in up to three counties, serving up to 100 participating families.
 3. Merge most existing funding
 4. Move money, or initially, funding equal to the value of specific MA card services to the more flexible CLTS waiver benefit.
 5. Merging the funding would allow the system to make more rational allocation decisions, would provide more flexibility and choice to families, and would reduce complexity and high transaction costs.
- vii. What can be done now by DHFS with families?
1. Create partnerships with willing families.
 2. Families agree to limits on access to some MA card services.
 3. Families would agree to use waiver funds, rather than fee-for-service programs, to purchase the services needed.
 4. This agreement could be revoked by the family, if it created undue hardship.
 5. Manage funding through individualized budgets.
 6. Families would have a plan for using the funding that meets certain requirements and that conforms to certain prohibitions.
- viii. Opportunities
1. This initiative offers Wisconsin an opportunity to learn more about and to advance the agenda of the Children's Long-Term Support Committee and this 1998 Foundations paper.
 2. We need to move the concepts of the Foundations forward.
 3. This is consistent with CLTS Council resolutions.
 4. This initiative needs a name that captures its essence and purpose.
- ix. Discussion/Questions
1. Would outcomes continue to be discussed in determining services?
 - a. Outcomes are useful in determining what the family needs. This system would continue to address the needs of the family within the budget offered to the family.
 2. How would counties be determined for this initiative?
 - a. At this point there has not been a decision. However it is important to be creative in

determining the counties that may be interested and would want to move forward. Also counties could receive additional funds for this program.

3. How would families be chosen for this initiative?
 - a. It would be difficult to determine this and the Council can make recommendations. It may not need to be a family currently on the waiting list since it would allow a new family to use funding.
4. Did the adult system have to implement an initiative before the legislature went forward with FamilyCare?
 - a. PACE and Partnership were two programs that were demonstrations within the adult system. There would need to be authority from CMS to do a demonstration.
 - b. National foundations did assist WI in moving forward with FamilyCare by offering technical assistance and research.
 - c. FamilyCare received money for pilot programs.
5. What is the responsibility of the CLTS Council in moving forward with this initiative? Is it already moving forward?
 - a. The DHFS will not move forward with this initiative without CLTS Council assistance and input. The CLTS Council will need to be a key player in moving this forward.
 - i. Scheduling Wislines to keep the Council in the loop.
6. If there could be a savings in the juvenile justice system by offering services through this initiative?
 - a. In the long run this could be an outcome, but it may not be within the scope of this project. The DHFS needs to assure that we are working with all children with long-term support needs, instead of narrowing the group of children. Also staff capacity is an issue and keeping the project manageable.
7. Would there be a model that would include the medical piece with the community piece in order to streamline services for children and families?
 - a. Without the formal waiver authority this would not be considered for this initial piece. Children with more complex needs could use all the funding. The DHFS would be considering this in the future but needs to look at a broader concept at this point.
8. When would an RFP be sent out?

- a. An RFP may not be required. The DHFS would consider this for the pilot counties and discussing it with counties that are already doing all the waivers.
- 9. What would happen to the families after the project is over?
 - a. Children would remain on the waiver if they remain eligible. Families would be supported and have a base of services through the waiver.
- 10. The Council believes this is a good initiative that needs to move forward within the budget constraints.
- 11. The Council is excited about the opportunity to move the children's redesign forward. However without all members at the meeting it seems like a huge initiative to move forward without input from everyone.
- 12. Counties may not be willing to take on the initiative with less staff and not sure how this would work. Counties would need to rely on the state for technical assistance and guidance.

IV. Approval of Minutes

- a. John Shaw made a motion to approve the minutes
- b. Sue Gilbertson 2nd the motion
- c. Motion passed unanimously

V. Need to add a section to the website for formula recommendations.

VI. Next Steps and Potential Concepts from the Council – Sally Mather, facilitator
What critical concepts around a managed care approach do we want to test and evaluate?

- a. Access-What strategies work best to communicate and engage families around understanding and participating in a managed care system?
 - i. Strategies to get into specific communities: What is the best way to engage minority families?
 - ii. Does the family's first experience with the county impact the family's future contact with the county?
 - iii. Impact of the partnership approach experiences. What approaches did counties use?
 - iv. Assess families initial reaction to the interaction with the county and how did it make the family feel?
 - v. Experience of the eligibility process for families
 - vi. How did the family respond to barriers?
 - vii. Shared risk and shared responsibility that helps family have a partnered relationship with the county. There is a shift from entitlement to a partnership in how to manage the resources together.
- b. Choices-What were the outcomes of having certain MA card covered services become part of the family's budgeted rate?

- i. How did families feel about having this responsibility?
 - ii. What type of help did families get to help them create their individualized budget
 - iii. Did families feel they were able to access different/more useful services in the new project compared to previously?
 - iv. Did provider capacity issues affect choice?
 - v. What experience did counties have in creating contracts and following their responsibility to assure that provider requirements were met?
 - 1. Did existing contracting requirements result in limited provider choices?
 - vi. With greater flexibility what was the experience for community inclusion by the family, community, programs, and agencies?
 - 1. Did families really make substantially different choices or did they blend choices?
 - vii. Consider a pre and post survey for families to determine what worked and what didn't?
 - viii. How quickly did families get services or equipment since they did not need to go through prior authorization (PA)?
 - 1. What was the impact of limited PA process on access, cost, quality, and types and delivery of services?
 - ix. What oversight was used regarding what could be purchased by a family? What was "allowable"?
- c. Coordination-How "good" at paperwork does a family or case manager/service coordinator have to be in order to develop and manage the individual budget?
- i. Did access to services improve with this project?
 - ii. When you have more flexibility do you need more oversight by the county?
 - iii. Were services less fragmented?
 - iv. Did families feel they were listened to more than in other times by service coordinators?
 - v. How quickly could the system respond to a family needing more assistance?
 - vi. How did the other systems (school, community, providers) respond to the change?
 - vii. Were other resources leveraged more effectively?
 - viii. What training and support did families and counties need to implement this project effectively?
 - ix. What skill sets did the service coordinator and family need to work effectively and efficiently on behalf of the child using his model?
 - x. What was the impact on the entire family?
- d. Financing-What processes/methods for allocating limited funded resources seem to be the most fair and efficient and produce the most satisfaction?
- i. Does more or less control of your own budget result in less money spent – both expenses prevented and money saved?

- ii. School-based supports will still be billed to MA, how to address this if carved out to individual budget?
 - iii. How does private insurance figure into the daily rate (maintain but still account for it)?
 - iv. How is payment going to be made to providers?
 - v. How does the money flow and service get paid for, what worked and what did not?
 - vi. How can it be determined if there was a savings in other systems?
 - vii. What fiscal structures/issues are needed or would help make this work?
- e. Quality-What components/factors are essential to establish or maintain within county or multi-county abilities/structure to effectively administer a managed care approach for families/children with LTS needs?
 - i. Pre and post test family satisfaction for child and entire family (survey for waiver)?
 - ii. How did this affect the family's confidence and abilities in supporting the family and child?
 - iii. Did this effect preventative activity of the family?
 - iv. Did this assist families' transition into FamilyCare?
 - v. Did this approach even the playing field as to what each family received that mattered to them?
 - vi. Did the services provided keep the family intact? Are we successful in keeping the family together?
 - vii. Is there a grievance process? Does the grievance process work, how were challenges resolved? Were the grievances measured to determine satisfaction of the project? Do grievances reflect any quality of services, both formal and informal? (Include appeal process)
- f. Parking Lot
 - i. Interest forum or letter of interest. The DHFS would send out a concept paper to counties regarding this project. Counties would be invited to attend a meeting to discuss the project. Counties would have the ability to ask questions, State what they could or could not do, etc. The DHFS would then determine what counties could actually implement this type of project. The diversity of counties would also be taken into consideration.

VII. Develop Budget Proposal Concepts Paper-Beth Wroblewski

- a. The Council will need to offer more details for any recommendations to DHFS for the next budget. The Council has addressed many issues during the meeting which could evolve into a more detailed concept.
- b. Giving the project a name would give it momentum. It would be a good marketing strategy for counties, stakeholders, and families to learn about.
 - i. It is a project that gives support to families but it would be difficult to call it Family Support, since there is already the Family Support Program.

- c. The concept of waiting lists was addressed in the past with the legislature.
 - i. Inequity of services was addressed
- d. The concept of a single entry point was not integrated into a complete concept which also includes managed care.
 - i. It is important to assure that families and children are not wrapped into the adult system. The needs of families are significantly different than the individuals enrolled in FamilyCare.
- e. It may be important to change the focus from a cost savings due to children in institutions to maintaining children in the community.
 - i. When FamilyCare was developed an evaluation was completed to determine if there would be a cost-savings between community programs (Waivers vs. Managed Care)
- f. Would the Council be asking for pilot money or something else? Could it be pilot money and additional money to assist with the current system?
- g. The Long-term requests have been “it’s the right thing to do.” Now it needs to be the fiscal impact on families, communities, counties, etc.
 - i. Data on what would happen if money was given to counties and families early before families are in crisis would be beneficial.
 - ii. Data on parents not in the workforce because they are home with their child with a disability.
 - iii. Out of home placement data was not beneficial due to the families that are on the verge of having their child removed but it has not occurred.
 - 1. Some research was done in California (UCLA) regarding the cost savings in preventative work.
- h. Initiatives in other states?
 - i. Liz may have a contact to follow up on what other states are doing.
- i. A request for a subcommittee on developing a project name and the concepts that should be considered in the project.
 - i. Barb Katz, Sue Gilbertson, Julie Turkoske, Liz Hecht, Melanie Fralick, Pilar Guzman, and possible other members.
 - ii. Scheduling meetings by having a Wisline to discuss with the entire Council prior to the next meeting on June 10th.
- j. Are there concepts the legislature has already learned to build on what needs to be done? Can the Children’s section be on a separate track beside FamilyCare but not inclusive of it?
- k. Reforming the system moved FamilyCare forward.

VIII. Memos discussion-

- a. The Waiver Allocation Memo had been disseminated to council members prior to the meeting.
- b. The Family Support memo which is the implementation of the statute 46.48 for crisis and urgency of need for families is currently going through the process at the Department to get published.

- IX. Public Hearing Notice-Katie Sepnieski
 - a. The Parental Payment Liability (formerly the parental fee system) is in the process of becoming an Administrative Rule. Part of the process is to hold public hearings around the state in order to provide stakeholders the opportunity to offer comments, issues, suggestions, etc. The hearings will be held on March 26th from 3:00-6:00 p.m., in LaCrosse, Stevens Point, Madison, Menasha, and Waukesha. The public can submit comments via email, mail, or phone messages at any time to the Department.

- X. Vacant Positions.
 - a. There are currently two vacant CLTS Council positions. The positions are for a parent representative and a county representative. Katie will be sending the application letter to all Council members to share.

- XI. Next meeting will be June 10, 2008.