

**Governor's Birth to 3 Program Interagency Coordinating Council (ICC)  
MEETING MINUTES**

**Friday, April 25, 2014  
9:00 AM to 12:00 PM  
Madison Marriot West  
1313 John Q Hammons Drive  
Middleton, WI 53562**

**Council Members:** Laurice Lincoln (vice chair), Carol Anthony, Dr. Simone DeVore, Terri Enters, Sharon Fleischfresser, Jenny Giles, Kristine Nadolski, Julie Walsh, Carla Witkowski, Terri Wixom

**Council Members Absent:** William Barreau, Cindy Flauger

**DHS Staff:** Sue Larsen, Dana Romary, Lori Wittemann

**Parent Workgroup Members:** Emilie Braunel, Kate Desannoy, Teresa DeYoung, Jen Kelly, Nate Loniello, Shelly Loniello, Sara Tortomasi, Sara Van Deurzen

**Public Attendance:** Michelle Davies, Melissa Velez

The meeting commenced at 9:10 AM.

**1. Welcome and Introductions**

- Laurice Lincoln, vice chair, welcomed Council members, members of the public and workgroup members. Attendees introduced themselves.
- Parent Participation Workgroup members were invited to share their connection to the Birth to 3 Program and comment on the April 24 training that occurred at the Circles of Life Conference.

**2. Public Testimony**

- Michelle D. commented on her excitement of all the parents attending the ICC meeting.

**3. Operational**

- Council members reviewed the agenda and made the following changes: moved the Children's Services Section (CSS) Updates to the end; and within Birth to 3 Program Updates replaced 2013 Parent Survey Results with Maintenance of Effort (MOE) Proposal. Council members accepted the updated agenda.
- The Council reviewed minutes from the meeting held on February 19, 2014.
  - Julie W. made a motion to approve and accept the February 19, 2014, meeting minutes; Terri W. seconded the motion; motion carries.
- Steering Committee Membership
  - Terri W. nominated Carla W. to become a member of the Steering Committee; Sharon F. seconded the nomination; Carla W. accepted the nomination.

- 2014 ICC scheduled meeting dates are August 20 and November 19 at DHS, Room B370. Meeting participation will also be available via phone and Adobe Connect.

#### **4. Workgroup Activity Reports**

- Parent Participation Workgroup
  - Workgroup members attending training on April 24. Council members expressed excitement to have parents' perspective.
- Quality Assurance Workgroup
  - Workgroup members read the charge; goal is to close the disparity gap in services across the state. First meeting to be scheduled soon. Contact Laurice L. or Lori W. if interested in joining the workgroup.
  - Members discussed Results Driven Accountability (RDA): focus on results including change in staff at state and county level, and data system that now allows county Birth to 3 Programs to monitor their data entry.
    - Sara V. volunteered to assist with data system process.
- Fiscal Workgroup
  - Workgroup has not met. Terri E. is part of an eight-state fiscal cohort to discuss fiscal environment for the Birth to 3 Program; will share ideas with the workgroup.

#### **5. Birth to 3 Program Updates – Terri Enters, Part C Coordinator**

- State System Improvement Plan (SSIP)
  - Federal government identified that although compliance indicators are in place and states are showing compliance, there is not an increase in positive outcomes for children throughout the education process (birth to age 21). Federal government initiated RDA to show positive difference in outcomes for children, and is developing SSIP as states begin the process.
  - Federal liaison has offered on-site technical assistance; DHS and DPI will receive this support together.
  - Data analysis is being conducted as the first step in the SSIP process.
    - Child outcome data indicates that WI Birth to 3 Program has not focused on this indicator in the past several years.
    - Child outcome (CO) stakeholders focus group will meet in June; includes four technical assistance groups: The Center for IDEA Early Childhood Data Systems (DaSy), Early Childhood Outcomes Center (ECO) and North Central Regional Resource Center (NCRCC). Goal is to achieve a strategic plan to improve CO process; plan will be shared with ICC for input.
  - Office of Special Education Programs (OSEP) will ask for annual updates on child outcome progress; federal government has not announced the reporting method.
  - Regional meetings with county Birth to 3 Programs will be utilized to learn how programs are showing outcomes for children participating in the Birth to 3 Program.
  - Theory of Action is due in fall and will be brought to the next ICC meeting; is an IF—Then statement (what will WI Birth to 3 Program do to increase outcomes for children).
  - The SSIP is a five year plan; evaluation and progress report due to OSEP each year.

- Infant, Toddler & Family (ITF) Medicaid Waiver Implementation Workgroup
  - Revised federal Medicaid Home and Community-Based Services Waiver regulations were issued by the Centers for Medicare and Medicaid Services (CMS) March 2014; the ITF Waiver is subject to the new requirements; in addition when DHS submits the first HCBS Waiver renewal or amendment, all HCBS waivers are subject to the new requirements and review by CMS.
  - ITF Waiver will support the Birth to 3 Program evidence-based practices already being provided via the Individualized Family Service Plan (IFSP); new Birth to 3 services are not added.
  - DHS has submitted a revised ITF Waiver application and is receiving technical assistance from CMS, and awaiting their approval.
  - Implementation Workgroup is working to prepare counties for the waiver. Kathy Boisvert and Keith Keller are facilitating; using Implementation Science to guide the work.
    - Goal: To support county staff in working within the different systems; to make seamless for families and counties to participate in both the Birth to 3 Program and the ITF Medicaid Waiver.
    - Sub workgroups are facilitated by Birth to 3 Program RESource staff; 18 counties are involved.
      - Each group has a set of questions to answer; will meet in June to develop a document with questions the counties will pose to help them guide their planning/implementation of the ITF Medicaid Waiver.
    - ICC members requested information regarding Implementation Science.
- Reconciliation and Maintenance of Effort (MOE) Proposal
  - WI receives a federal grant of approximately \$7 million and the State matches \$6 million; this is distributed to the counties. Counties are required to add additional funding to the Birth to 3 Program.
    - Private and public parental cost share (PCS) are additional funding sources.
    - WI relies heavily on county partners to fund the program; they contribute approximately half or more of funding needed.
  - DHS must monitor fiscally the dollars spent to cover the costs of early intervention. The State must contribute as much or more than the federal funding and keep at or above the same level from year to year.
    - WI uses the reconciliation process to complete this monitoring process.
    - MOE is the amount of local county funding the county contributed to the implementation of the Birth to 3 Program. Current practice includes counting two funding sources for MOE: county funds and county community aids.
      - In 2008, there was a set amount counties needed to meet for MOE. In 2008, the federal government clarified the MOE is not to be a set amount, but based upon actually spending.
      - If MOE not met, the State “takes back” part of the initial allocation.
    - A review of this process was completed and a proposal submitted in which DHS modified the definition of “local county funds.”

- Local county funds are proposed to be expanded to include Medicaid (MA), private insurance, PCS and any other resources of revenue.
- These funding sources are often unknown due to changes in coverage; funding sources are already reported to the State in the reconciliation process.
- An example in this new proposal: If an increase in Medicaid funding occurs, the county may contribute less county funds or community aids.
- Two exceptions to the MOE are able to be requested: change in child count or significant one-time capital investments.

## **6. Other topics discussed**

- Screenings
  - Carla W. shared the process the Bureau of Indian Affairs (BIA) uses, with limited staff, to train students on the Ages and Stages tool to screen children; community effort to find and refer children to the Birth to 3 Program.
  - Several initiatives provide training to conducting screenings, such as Project Launch. High risk children such as foster care children need to be screened regularly.
  - An increase in children served affects county contribution as all children need to be served. If children are not determined eligible, screened children have no funding to cover these costs.

## **7. Children’s Services Section Updates – Sue Larsen, Chief**

- Children’s Long-Term Support (CLTS) Waivers
  - DHS is focusing on the coordination of funding and services with the expansion of the Comprehensive Community Services (CCS) Program, administered through the Division of Mental Health and Substance Abuse Services (DMHSAS). County human/social service agencies are able to access expanded funding without local match, if the services are delivered in regional approach.
  - As the CCS Program is a Medicaid state plan service, the CCS program must be used first for eligible services for children who are dually eligible for both the CCS Program and CLTS Waivers.
  - CCS Program regional expansion is targeted to begin in July 2014.
  - During the Spring 2014 CLTS Regional Meetings, several counties discussed the regional approach to providing services not only for the CCS Program, but also for CLTS Waivers and the Birth to 3 Program; smaller counties with limited number of children to serve and few staff service coordinator resources, may choose to provide services in this manner. If several counties choose to combine and deliver services with a regional approach, all county agencies are still required to meet their program requirements. It is recommended that county agencies consult with their corporation counsel and Area Administration.

## **8. ICC Council Meeting Adjournment**

- Jenny G. made motion to adjourn the meeting; Carla W. seconded the motion; motion carries.
- Meeting was adjourned at 12:00 PM.