

Public Hearing Summary and Department Response

Qualified Residential Treatment Programs

**DCF 61
CR 22-084**

A public hearing was held via Zoom on January 5, 2023. A comment was received from the Wisconsin County Human Services Association.

The following observed for information only:

Jeremy Kral, Director
Brown County HHS
Green Bay

Ashley Williams, Director
Burnett County HHS
Siren

Kathy Markeland, Executive Director
WI Assn of Family & Children's Agencies
Madison

Dana Dorn, Director
Milwaukee Academy
Milwaukee

Sarah Bradley, Admissions Coordinator and Case Manager
Beth Breske
Pamela Cotton
Lutheran Social Services

Kelli Kamholz, President/CEO
Positive Alternatives
Menomonie

Dereck Wolfgram, Chief Program Officer
Becky Doberstein
Norris Center

Carolyn Parkinson, Chief Administrative Officer
Lad Lake
Milwaukee and Dousman

Chad Meinholdt
Wisconsin Community Services
Milwaukee

Comment by John Tuohy, Executive Director, Wisconsin County Human Services Association

The Wisconsin County Human Services Association (WCHSA) believes that QRTP implementation in Wisconsin has not significantly improved the quality of residential care treatment services available for children with complex needs, even though some providers are charging higher rates for QRTP care. Wisconsin has done the minimum necessary to comply with the federal QRTP requirements for claiming Title IV-E revenue.

To achieve the federal goal that QRTPs offer a higher level of care, WCHSA recommends that additional direction be added to the following areas of the rule.

Aftercare: The rule should have more detailed requirements for the content of discharge plans and should require that providers offer options for aftercare. At a minimum, providers should be required to participate in post-discharge meetings with the county agency for 6 months.

Trauma informed care: The rule has a brief statement that QRTPs must use a trauma informed treatment model, but nothing specific as to what qualifies as trauma informed treatment. Residential care providers have incorporated trauma informed methods into their programs, but there is no statewide standard and the limited requirements in the DCF 61 make it difficult for state licensing staff to monitor trauma informed care expectations. The rule could include more detailed requirements for trauma informed care. Other states, such as Minnesota, have specified the elements of trauma informed care in more detail in their QRTP rules.

Family participation: The family involvement part of the rule could be strengthened to provide more specific direction about how families will be involved, particularly in the discharge plan.

WCHSA requests that the DCF 61 rule not be finalized at this time to allow the opportunity for county human service providers and residential care providers to work with DCF to develop additional provisions for the DCF 61 rule.

Department response

We would like to thank members of the public who provided comment during the January 5, 2023, hearing on the proposed rule DCF 61, relating to Qualified Residential Treatment Programs (QRTPs). Herein, is the department's response to public questions and comments.

The department determined the necessity to promulgate DCF 61 emergency and administrative rule, under the authority of 2021 Wisconsin Act 42, to mirror the requirements set forth by the [Family First Prevention Services Act \(2018\)](#) and to allow for flexible, local determination of necessary services and support to meet the best interests of children and families. This approach promulgates only the required elements established in federal rule for the certification of a licensed congregate care facility as a QRTP. By establishing a minimum floor of requirements, this rule allows for specifics to be determined by contract with the purchaser and provider of services to mutually agree on what's best for each child. The Department does not support including language in administrative rule that would otherwise be typically outlined in contract. The rule establishes general operational requirements in concert with federal law. The request to expand further than the federal requirements could result in additional operational costs and/or required services that ill-fit the needs of a specific child.

The department agrees that implementation of this rule must be supported through continued collaboration between county agencies, Wisconsin County Human Services Association, congregate care providers, and the Wisconsin Association of Family and Child Agencies. Together, these groups should determine best practice for trauma-informed treatment models, outline successful family participation models of practice, and determine the best course of services offered as part of the family-based aftercare planning. These expectations should then be incorporated into contractual agreements between purchasers and providers. Counties, not the Department, hold these contracts and should be empowered to specify their needs for the services they are purchasing.

Finally, as a state and child welfare community any lapse in the authority granted under the rule would directly affect funding available in child welfare. It is imperative the DCF 61 permanent rule gets promulgated in the spring 2023 legislative session, as there are Title IV-E claiming consequences upon promulgation. Since September 29, 2021, federal law only allows Wisconsin to claim Title IV-E reimbursement (following the first 14-days in care) for children who are placed in congregate care facilities by local agencies if the congregate care facility is certified as a QRTP. DCF 61 was promulgated to provide a process for establishment, certification, and operation of QRTPs in Wisconsin so that claiming under the new federal provisions would be possible. If DCF 61 were not in effect for a period of time, congregate care providers would not have the ability to become certified as a QRTP or to seek continuation of their certification, and Wisconsin's ability to claim Title IV-E on congregate placements would be affected.

Respectfully submitted,

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