Date: November 14, 2019

To: DCF/DMCPS Administrator
DCF Area Administrators
The Bureau of Regional Operations
Child Placing Agency Directors
Child Welfare Agency Directors
County Departments of Community Programs Directors
County Department of Human Services Directors
County Departments of Social Services Directors
Group Home Providers
Tribal Social Service/Indian Child Welfare Directors
Private Child Placing Agencies
Residential Care Center Providers
Shelter Care Providers
Tribal Chairpersons
County Department of Human Services Directors
County Department of Social Services Directors
County Department of Community Programs Directors
Long-Term Support Supervisors and Leads

From: Curtis Cunningham, Assistant Administrator, Division of Medicaid Services
Wendy Henderson, Administrator, Division of Safety and Permanence

Child Protective Services and Children’s Long-Term Support Waiver Program Collaboration

This memo is intended to recognize the shared responsibility of both Child Protective Services (CPS) and Children’s Long-Term Support (CLTS) Waiver program in serving and protecting children with disabilities and their families. Families are best served when both systems collaborate and coordinate services and supports. Each system brings professional expertise, unique knowledge of the child and family’s needs, and access to resources. Combined, these systems can strengthen the ability to assure for the health and safety of the child, improve child and family connection and integration in their communities, open up access to additional supports and services, and help to achieve permanency and stability.

Children with disabilities are at higher risk of experiencing child abuse and neglect than their peers. The Department of Children and Families (DCF), Division of Safety and Permanence (DSP), and the Department of Health Services (DHS), Division of Medicaid Services (DMS), are committed to meeting the needs of this vulnerable population of children with disabilities who are simultaneously open with CPS and enrolled in CLTS.
BACKGROUND

Children and youth with disabilities comprise a large portion of the child welfare system. More than one-third of children in the Wisconsin child welfare system have been identified as having a disability. Children and youth with disabilities are also more likely to experience repeated involvements with the child welfare system and to experience out-of-home placements. Collaboration across CPS and CLTS systems improves the ability to conduct investigations of abuse and/or neglect allegations; to provide comprehensive, coordinated, and wrap-around service planning; and to ensure ongoing assistance to mitigate new or continued safety concerns. (Source: Report on Children with Disabilities Served by the Child Welfare System.)

AUTHORITY TO SHARE INFORMATION

Coordination between CPS and CLTS provides a more comprehensive and seamless service delivery system. Throughout the duration of family involvement, continuous communication between these systems benefits assessment, planning, and the health and safety of children.

Statutory and policy guidelines exist that directly authorize sharing of information. Child protective services agencies have the ability to share reports and records regarding a child or an expectant mother with appropriate staff of an agency social services department, as well as with professional employees of a county department who are working with the child or expectant mother, including county clinical and/or mental health services, developmental disabilities, and alcoholism and other drug abuse services, if those professionals are under contract with, or the supervision of, the county department (Wis. Stat. § 48.981(7)(a) 2 and 5). However, it is best practice to be transparent and to obtain the family’s consent prior to sharing information between the two systems when possible.

Per CMS federally approved 1915c HCBS waiver, all CLTS support and service coordinators are mandated reporters for child abuse and neglect, and as part of the county, human, and social community service infrastructure, must issue referrals to county child protection and child welfare services. CLTS waiver staff must report allegations of child abuse and/or child neglect to the local child protective services agency and to the Department of Health Services. CLTS Waiver programs are required to comply with incident reporting protocol. This includes seeking final determinations of allegations of child abuse and child neglect from CPS assessments.

In some cases, CLTS waiver staff may fall into one of the categories of mandated reporters enumerated in Wis. Stat. § 48.981(2). In those cases, pursuant to Wis. Stat. § 48.981(3)(c) 6., an agency social services department must inform the reporter what action, if any, was taken to protect the health and welfare of the child or unborn child who is the subject of the report within 60 days after receiving the report.

In other cases when CLTS waiver staff report allegations of child abuse and/or child neglect, child welfare workers may share the outcome of the child welfare assessment with CLTS waiver staff under the authority provided by law if they fall within the provisions set forth in Wis. Stat. § 48.981(7)(a) 2 or 5, as specified above.

COORDINATION AND COLLABORATION

Children with disabilities in the child welfare system and their families possess unique strengths and resiliencies, and face challenges that can add complexity when navigating systems of care. CPS and CLTS Waiver programs bring similar yet distinctly different areas of expertise. Coordinated and comprehensive services and supports can improve effectiveness of prevention and intervention efforts, reduce re-referrals to CPS, and increase access to resources for children who have a disability. Consistent collaboration between each system will build shared knowledge and understanding of the other systems.
Key aspects to mitigate risk to a child’s health and safety are that each system:

- Identify and address conditions that indicate heightened vulnerability.
- Jointly ensure the health and safety of children through information sharing and collaborative comprehensive case management.
- Collectively support the goal of safely keeping children in their homes and communities and supporting children’s well-being and health.

**CLTS**

CLTS support and service coordinators are a key source of information about the child and family, helpful to performing effective child welfare assessments and comprehensive case plans. Information to share includes:

- How a child’s disability impacts their vulnerabilities.
- How to communicate best with a child and/or family member.
- Parental strengths, challenges, and overall capacities.
- Family functioning.

CLTS staff can further assist child welfare workers in safety planning and case planning by locating additional resources, and planning for future needs and supports.

**CPS**

Child welfare workers are a key source of information to ensure that all health and safety issues are known and being addressed. Information to share includes:

- Incidents of reported child abuse and/or child neglect.
- Factors that help keep a child safe.
- Factors that contribute to risk of future incidents.
- CPS interventions and/or outcomes.

As CLTS staff serves the family during or after CPS involvement, the information learned through the CPS assessment can assist CLTS staff in their assessment process, creating individualized service plans, and identifying ongoing supports and services needed.

CLTS and CPS have a shared responsibility to meet the needs of children with disabilities who are involved in both systems. DHS and DCF support ongoing collaboration between these programs at a local county level to meet the needs of vulnerable children.

**ADDITIONAL REFERENCES**


**CENTRAL OFFICE CONTACT:**

Cross-systems Information Coordinator
Division of Safety and Permanence
Bureau of Safety and Well-Being
(608) 422-6958

CWAs are encouraged to direct any questions to their DHS TA lead.

**MEMO WEB SITE:**

https://dcf.wisconsin.gov/cwportal/policy