

# Wisconsin Council on Children's Long-Term Support

## 2007-09 Biennial Budget Recommendations December 19, 2006

1. We recommend that DHFS seek the needed federal authority to pilot the feasibility of using managed care to meet the objectives for systems change in the provision of long-term support for children with long-term support needs.
2. We recommend that DHFS seek sufficient funding to allow technical assistance, planning, and start up of pilot managed long-term support programs serving at least 25% of eligible children in Wisconsin in single county or multi county configurations with each service area large enough to benefit from managed care.

	Yr 1	Yr 2	Total for biennium
Planning for 2-5 sites	\$300,000	\$150,000	
Technical Assistance	\$25,000	\$25,000	
Total	\$325,000	\$175,000	\$500,000

3. We recommend that DHFS seek funding to address waiting lists for children needing access to long-term supports for use beginning in Year 1 of the biennium. DHFS would have the discretion to use funding to: begin piloting Medicaid managed care in Yr 2 of the biennium; address waiting lists for the Family Support program; respond to other unmet needs with priority for those with the most substantial wait, need or in crisis. A total of 2000 new children would be served over the biennium.

	Yr 1 (9months)	Yr 2 (12 months)	Total for biennium GPR
1000 children	3.0 mil	4.0 mil	
1000 children		3.0 mil	
Total GPR	3.0	7.0	10.0mil

Assumptions: 2000 new children would come into the program at different times during the year; approximately 3500 eligible children waiting (exclusive of children with autism waiting for intensive in-home services - Autism Council requesting 500 new slots for biennium); average amount currently needed to serve this group AF=\$10,000/yr; state share =\$4,000/child/year.

4. Modify the proposed Badger Care Plus expansion to include children with significant medical costs who have inadequate insurance or are at risk of losing private coverage due to policy limits and those children and youth who have a disability (meet SSI criteria), but do not meet the level of care for Katie Beckett or the CLTS waivers. This group is at high risk for poor health outcomes, and eventual high cost to the public sector without expanded coverage. Examples include children with spina bifida, mild cerebral palsy, cancer, organ transplants, and hemophilia. We recommend coverage by Medicaid continue until age 25.

5. We recommend that DHFS seek sufficient funding to pilot and support fully operational Resource Centers serving at least 25% of children (with long-term support needs or multi-system involvement) and their families by the end of the biennium. We recommend a RFP process that reflects recommendations from the *Foundations Report* to test a combination of approaches from the options listed below in order to generate data on the best approach to pursue in the future. The Resource Centers would provide information, assistance, advocacy and access to formal systems of support for children with developmental, physical, emotional and mental health needs.

**Options or combination of options for consideration**

<b>OPTION</b>	<b>Strength</b>	<b>Weakness</b>
Issue an RFP that clearly describes qualities needed to serve children and families.	<ul style="list-style-type: none"> <li>• This would allow for competition and the greatest variety of applicants and proposals</li> <li>• Encourage creativity</li> <li>• Responsive to local or regional factors</li> <li>• Can specify required relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Risks inconsistency statewide and confusion by families about where to go</li> <li>• Variable county presence</li> </ul>
Specify limited applicant types i.e. Regional CYSHCN Centers, ADRC's, non profit	<ul style="list-style-type: none"> <li>• Can limit to agencies with established role in I&amp;R</li> <li>• Knowledge of system for children with disabilities</li> <li>• Require demonstrated knowledge related to children and family centered practices</li> </ul>	<ul style="list-style-type: none"> <li>• Risks inconsistency statewide and confusion by families about where to go</li> <li>• Variable county presence</li> </ul>
Include children in ADRC's	<ul style="list-style-type: none"> <li>• Established role in I&amp;R</li> <li>• County presence</li> <li>• Knowledge of disability system</li> <li>• Seamless entry to adult system</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of expertise on children's system</li> <li>• Individual orientation rather than family</li> <li>• Not all ADRC's have interest in expanded scope</li> <li>• May have limited commitment and capacity to serve small numbers</li> </ul>