Council on Children with Long-Term Support Needs
2013-2015 Budget Recommendations

Funding

1. **Funding for Services**. Recent data from DHS indicates that approximately 43,000 adults with disabilities and elderly people are currently enrolled in Family Care, Partnership and IRIS. Approximately 19% (1 in 5) are on wait lists for those programs. In contrast, approximately 45% (1 in 2) of identified children with disabilities currently eligible for Children's Long-Term Supports are on wait lists. The wait time for services for children ranges from 2 to 8 years. This can have a devastating impact on families and children and reflects a consistently low priority given to children with LTS needs over many years. DHS and the legislature has made a commitment to end waiting list for adults with long-term support needs, we believe this should happen for children with disabilities and their families as well. The WI Legislature started to address waiting list for children in 2007-09 and 2009-11 with budget initiatives of $4.9 M GPR each biennium, but made no such commitment in 2011-13.

   Recommendation: Renew the commitment to end waiting lists for children with significant disabilities by serving by 1000 new children during the next biennium. $5M GPR in the next biennium would reduce waiting lists by 1000 children.

2. **Provide access to short term assistance, service coordination,** to families and children eligible for long-term support, but on a waiting list. Many families have identified access to a person who can help them navigate services and supports as their primary need. Short term assistance could: reduce ER visits; maximize access to current resources such as school, Medicaid and private insurance; coordinate benefits; access non disability community resources. Access to short term assistance maximizes the use of "generic" community and natural supports. Eligible children and families would include those who meet a level of care as determined by the CLTS functional screen or have a Disability Determination for SSI. Consider using current Medicaid authority, such as, EPSDT, targeted case management, 1937 state plan amendment, or Section 2703, to match GPR for this service.

   Recommendation: Provide short term service coordination to 20% of families whose children are on the long-term support waiting list. $0.9M GPR matched to federal Medicaid would provide short-term assistance to 600 families on waiting lists in the next biennium.

3. **Develop family outcomes measures and implement a family-based outcomes survey** for the purpose of: a) identifying current gaps in knowledge, information and family-centered support provided to families and children with long-term support needs and b) implementing a continuous quality improvement process. The current system supporting children with disabilities has experienced a myriad of changes in staff and resources with the rollout of Family Care and other system changes. Current DHS training efforts by necessity have focused on adherence to complex rules governing funding and reporting. This focus has led to a more limited understanding and approach to supporting families and children with disabilities, particularly by new staff and contract agencies. We recommend implementation of training focused on the values and intent of programs supporting families; a creative problem-solving approach that utilizes a broad array of community options and opportunities to meet family needs; and knowledge of the full array of supports available to families and how to access them.

We support a focused effort on training and technical assistance to families, counties and subcontracted agencies in order to implement the CLTS Waivers based on the Compass values and vision. Improving the quality of information and support provided to families participating in CLTS through a training initiative focused on: a) increasing the knowledge and skills, of service coordinators to support families, including a focus on cultural competency and diversity, b) developing easily accessible programmatic information for families.

Recommendation: Implement a family outcomes survey using a tool such as the Core Indictors Family Survey and use the resulting information to inform training objectives and delivery both for families and providers

4. **Reduce administrative costs** for Medicaid prior authorization by increasing duration of service for therapies to the maximum allowable by administrative rule for children who meet level of care using the WI functional screen and have a medically necessary need that is being addressed. Prior authorization is being used as a cost containment strategy rather than the intended purpose to provide the right amount of service at the right time. Currently approval times for therapies for children who have a medically necessary need for services are review as often as every 6 weeks. This results in interruptions in service, missed developmental opportunities, cost shifting to waivers, increased administrative costs, burdensome administrative process, suppression of access to needed services for children, and lose of providers willing to bill Medicaid. Medicaid is using this same level of review for Medicaid reimbursement for copays and deductable for services already approved by private insurance. Administration of PA for children with long-term needs within an office whose mission is prevention of fraud and abuse creates an oversight mechanism inappropriate to the services requested and the potential for fraud and abuse for this population.

   Recommendation: Reduce the frequency of review to the minimum allowable by statue and increase the duration of service for children who meet eligibility for LTS using the WI functional screen once medical necessity has been establish.

POLICY

5. **Provide a seamless transition** for youth exiting high school and transitioning into Family Care/IRIS/Partnership in order to maintain access to employment and vocational opportunities developed through participation in IDEA. Include in this transition planning and funding those family supports needed for families to maintain employment and access to private health insurance while their young adult is living at home.

6. **Revise the statute for the Family Support Program** to allow unspent funding from one year to be used in the following year for children with long-term support needs rather than be returned to GPR (similar to the statutory language in place for the Community Options Program [COP]). **Previously recommended, 11/2012 Council meeting.**