Wisconsin Council on Children's Long-Term Supports

2015-2017 Budget and Policy Recommendations

APPROPRIATIONS

1. **Funding for Services**. Approximately 1 in 3 (2404/5101=32%) identified children with disabilities currently eligible for Children's Long-Term Supports (CLTS) are included on wait lists due to insufficient resources; insufficient resources include both funding and and county support and service coordinators. The wait time for services for children ranges from 1 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 have made a commitment to end waiting lists for adults with long-term support needs. We believe this should happen for children with disabilities and their families as well. The Wisconsin Legislature started to address the 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. Furthermore, continuing inequality of access between children with different diagnosis regardless of need persists. Any new funding should reduce the inequity between children with different disabilities. This is best accomplished by eliminating waiting lists which will assure that families have the best match to needed supports rather than having to choose the only open door.

   <u>Recommendation</u>: Renew the commitment to end wait 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 and service coordination,** to families and children eligible for long-term support, but on a wait list. Families can accomplish a great deal with adequate support and information. Many families have identified access to a person who can help them navigate services and supports as their primary need. Short term assistance could result in cost savings by: reducing ER visits; maximizing access to current resources such as school, Medicaid and private insurance; increasing access to "generic" non-disability community resources. Access to short term service coordination 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 an approved Disability Determination for SSI. Consider using current Medicaid authority, such as, EPSDT (HealthCheck), targeted case management, 1937 State Plan Amendment, or Section 2703, to match GPR for this service.

   <u>Recommendation</u>: 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. Information from the survey on the need for quality improvement can inform training and technical assistance efforts. 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 will increase use of a variety of resources outside the CLTS system and assure the best match of services to family needs.

   <u>Recommendation:</u> As an evaluation strategy for the CLTS programs, undertake a process to develop outcome measures identified by the CLTS Council, counties and families and implement a periodic evaluation process to obtain information from families about the effectiveness of supports and services. Use this information to guide quality improvement efforts.

DHS POLICY and PRACTICE

Efficiencies and cost savings can be realized using the following strategies:

4. **Expand Compass Wisconsin-Threshold** statewide to improve access to information supports and eligibility determination by building on proven efficiencies experienced in counties participating in the Compass pilot. Compass Wisconsin-Threshold which is the single point of contact for eligibility determination for a variety of state programs supporting children with disabilities has been proven to reduce duplication and increase efficiencies for counties using this single point of entry. Compass is currently available in only 13 counties.

5. **Invest in a comprehensive information technology system** that maximizes opportunities to increase efficiencies for counties, providers and DHS, by simplifying and reducing data entry redundancies for enrolling children into the CLTS Waivers Program, authorizing CLTS Waiver services to approved providers, streamlines the third party administration (TPA) claims payment to providers and reimbursement to counties, provides “real time” tracking and accounting to counties, consolidates county and state data collection tracking and streamlines the Department’s ability to comply with federal

reporting requirements. County capacity and efficiency varies across the state with some counties able to manage CLTS funding and reporting while others do not. This can result in unspent funds with families waiting and an inability to know real time expenditures. It is believed that an IT system will bring about significant efficiencies that could increase county support and service coordinators' availability to serve families. Similarly, this is needed to maximize efficiencies through Compass-Threshold.

6. **Reduce cost shifting from Medicaid state plan services to CLTS-waivers and administrative costs for Medicaid prior authorization** by for example: eliminating prior authorization on copays and deductibles for services approved by private insurance; increasing duration of service for therapies to the maximum allowable by administrative rule for children who meet level of care using the WI CLTS 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 reviewed 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 loss of providers willing to bill Medicaid. Medicaid is using this same level of review for Medicaid reimbursement for copays and deductible for services already approved by private insurance.

7. **Improve statewide access and availability to quality** providers needed to support children and families. Review policies and practices of the CLTS waiver Program to remove barriers and disincentives to expanding provider networks. Develop specific strategies and incentives to; for example, increase the pool of respite providers in rural areas of Wisconsin, providers willing to accept Wisconsin Medicaid in "border" counties and the ability for families to purchase services directly using a Medicaid debit card by eliminating the middle man for certain services such as incontinent supplies and NEMT.

8. **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.

9. **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]).