

2025-2027 BUDGET: CHILDREN'S ISSUE PRIORITIES

Revised 8.28.2024

Children's Long-Term Support (CLTS) Program

Currently, CLTS has a fixed dollar amount in the budget, the last long-term support program in the state with this limitation. Making the program sum sufficient (enough to serve everyone eligible) will create parity with adult long-term care program language.

Children are the only Medicaid eligible population that may have a delay to access services. The Department of Health Services has launched a new initiative to improve county enrollment delays, making the assurance of needed funding to waiver agencies even more important. Sum sufficient status will support county agencies in their efforts to eliminate enrollment backlogs, assures eligible families can access these critical supports, and that waiver agencies will be reimbursed their expenses in doing this work without fear of exhausting a fixed state budget.

Ask: Sum-sufficiency of the Children's Long-Term Support (CLTS) program

Children's Program Ombudsman

Families continue to report having mixed experiences with critical children's programs. When this happens, steps for solutions are extremely limited. The known options are to submit an appeal (which is a process many find difficult or overly labor intensive so they never file) or they might contact a program supervisor (who do not always return their call). *These are the only two solutions offered to families.* Leaving small differences to fester creates an environment that often negatively affects the relationship between the program and participants, a space where meaningful connection is critical to positive outcomes. Having an impartial resource for solutions will lead to fewer challenges between families and agencies, including less staff time demand upon counties to handle these calls, fewer appeals, and overall improved relationships.

Adult long term care programs and Non-Emergency Medical Transportation (NEMT) programs have similar enrollment numbers (25,000), and they both have an ombudsman. It's time for families and children to have similar guidance to resolving differences.

This is the last piece of the proposed Disability Resource Center for Children and Families (DRCCF) request (2023 -25) that was not resolved by the creation of Wisconsin Wayfinder.

Ask: Development of a children's ombudsman

Medicaid rate creating barriers to access

With rates being consistently less than private insurers, new providers are not incentivized to serve Medicaid families. Some have stopped providing services entirely, publicly pointing to low rates as the reason, and others have stopped accepting new Medicaid patients. A comprehensive study of Medicaid rates for children's services is needed to identify areas where perceived low rates are leading to service deserts in rural areas and frequently contribute to the inability of families to access services needed to support their children at home, statewide. The study should include comparisons with private insurance rates. Findings should be publicly available and distributed to decision makers.

Here are two examples of the impact of continued low Medicaid rates:

Dental care: Families continue to have great difficulty accessing children's specialized dental care. There are few providers offering the service under Medicaid and for those that are, many are no longer accepting new patients. Often families give up seeking preventive services, contributing to an increase in demand for preventable emergency dental care.

Private Duty Nursing (PDN): PDN's serve medically fragile children at home. Children's hospitals report having to drop policies requiring these services to be established prior to discharge, not because they aren't needed, but because the service cannot be found. Rural areas are especially troubled by this. Many families have shared they are unable to find this care because the pay rates are much lower than for nursing home care, in addition to the requirement of a Prior Authorization Liaison (PAL) involving many hours of uncompensated time by an RN each month. These challenges lead to single parents leaving employment becoming dependent upon other social programs, or for two-parent households, one parent leaves the workplace completely.

Ask: Medicaid rate review for common children's services

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