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To: The Senate Committee on Health
From: Sen. Dan Feyen
Re: Senate Bill 957

Hello Chair and members of the committee, thank you for taking the time to hear testimony on SB 957.

The Children's Long-Term Support program (CLTS) provides services and support for children with significant physical, emotional, or developmental disabilities. The program itself covers support services, teaching and skills development, management and coordination, physical aids, and housing modifications and support services.

Previously, this program was funded through a mix of state-funded slots along with county-matched slots, and federal funding. Due to the varying degrees at which counties participated and a shortfall of GPR funding, there were long wait lists for services in CLTS. In the 2017-19 budget, there was a significant investment of state GPR dollars that hoped to end the wait lists for the program. There was also a maintenance-of-effort placed on counties that required them to continue the funding they had previously been contributing.

The issue is that not all counties were contributing towards the CLTS program. In fact, only 54 of the State's 72 counties are required to make any payments. The 54 counties that are contributing are putting forward $6.1 million annually, with five of these counties contributing more than half of that total.

This is unfair to the counties who had previously chosen to invest in the CLTS program. The current MOE is essentially punishing counties who chose to help eliminate their own waitlists, while rewarding counties that chose to do nothing.

SB 957 is a very simple bill which directs the Department of Health Services to eliminate the current funding methodology of the CLTS program and work with the counties to come up with a new funding methodology starting in 2025.

Lastly, there is an amendment to this bill, drafted in consultation with both DHS and the Counties Association, which moves the effective date to July, 2025 and codifies eligibility timelines to ensure eligible CLTS participants receive services within 90 days.

Thank you very much for holding a public hearing on this bill.

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MEMORANDUM

TO: Honorable Members of the Senate Committee on Health

FROM: Chelsea Shanks, WCA Government Affairs Associate

DATE: Wednesday, February 14, 2024

SUBJECT: Support for Senate Bill 957: Children's Long-Term Support Program MOE

The Children's Long-Term Support (CLTS) program provides services and supports to children with significant physical disabilities, developmental disabilities, or severe emotional disturbances. Counties determine eligibility based on functional screens, authorize services and provide case management. The program is operated under a Medicaid waiver.

Prior to 2017, the CLTS program was funded with a mix of state- funded "slots" and county-matched slots. Due to limited state GPR funding and counties varying in the extent they invested in locally- matched slots, there were wait lists for service and families receiving services could go back on a wait list if they moved to another county.

To make CLTS services consistently available, the 2017-19 state biennial budget made a significant state GPR investment in the CLTS program with the hope of eliminating the wait list for services. CLTS services are currently funded as part of the Medicaid budget and while the program is not an entitlement, the intent is to serve all eligible children.

To reduce the GPR impact of fully funding CLTS services, included in 2017 Wisconsin Act 59 was a provision requiring counties to maintain a specified level of local contribution for the CLTS program. The Department of Health Services (DHS) established a mechanism to continue the locally controlled funding contribution mechanism for the CLTS program, also known as a maintenance of effort (MOE). The county MOE plus state GPR is used as match for federal Medicaid funding.

The MOE amounts for each county was determined using the CY 2016 CLTS cost reconciliation process. DHS reserves the right, in consultation with counties, to adjust the MOE methodology in the future to meet changing program needs.

According to a DHS memo, the county MOE can come from the following sources:

- Children's Community Options Program (CCOP)
- Community Aids Basic County Allocation (BCA)
- County Tax Levy

The current county MOE amount is $6,105,940. There are currently 54 counties subject to the MOE requirements (see attached table). Of the 54 counties subject to the MOE, amounts range from $1,347 to over $1 million. Five counties contribute over 50 percent of the total MOE. The remaining 18 counties have no MOE requirement for the program.

The counties with the MOE requirement are counties that invested local funds in the CLTS program prior to CY 2017. These counties helped make CLTS services broadly available in their counties through locally-match slots, while other counties used only state-matched slots to avoid making a local contribution.

While the 2017 investment of GPR funds to eliminate the CLTS waitlist was greatly appreciated by counties, counties objected to the MOE provision included in the proposal. It is not fair that the counties that invested the most to promote the CLTS program prior to 2017 are penalized with an ongoing MOE contribution. The ongoing MOE contribution limits the ability of the affected counties to pay for services that are not covered by the CLTS waiver.

Elimination of the MOE requirement will result in the need for DHS to replace the MOE funds in the Medicaid budget. The legislation directs DHS to submit a plan to the Joint Committee on Finance.

The Wisconsin Counties Association respectfully requests your support of SB 957 and will be available should any questions arise. Thank you for your consideration.

County Waiver Agency	CY 2016 Reconciled BCA/Tax Levy Expenditures (nonfederal)	CY 2016 Reconciled CCOP Expenditures (nonfederal)	CY 2016 Reconciled Legacy COP Expenditures (nonfederal)	Annual MOE Requirement (nonfederal)
Agency: 1 - ADAMS CO DHHS	-	-	31,176	**31,176**
Agency: 2 - ASHLAND CO HSD	-	4,669	-	**4,669**
Agency: 3 - BARRON CO DSS	-	50,625	-	**50,625**
Agency: 4 - BAYFIELD CO DSS	-	-	-	**-**
Agency: 5 - BROWN CO HSD	-	160,203	-	**160,203**
Agency: 6 - BUFFALO CO HSD	-	4,750	-	**4,750**
Agency: 7 - BURNETT CO DSS	-	3,311	-	**3,311**
Agency: 8 - CALUMET CO HSD	102,119	134,487	-	**236,606**
Agency: 9 - CHIPPEWA CO HSD	28,728	38,845	-	**67,573**
Agency: 10 - CLARK CO CCS 51 BD	-	42,372	-	**42,372**
Agency: 11 - COLUMBIA CO HLTH & HUMAN	66,557	26,370	-	**92,927**
Agency: 12 - CRAWFORD CO HSD	-	6,459	-	**6,459**
Agency: 13 - DANE CO HSD	-	-	1,051,606	**1,051,606**
Agency: 14 - DODGE CO HSHD	-	3,430	-	**3,430**
Agency: 15 - DOOR CO DSS	-	-	-	**-**
Agency: 16 - DOUGLAS CO DHS	-	109,668	-	**109,668**
Agency: 17 - DUNN CO HSD	37,226	17,755	-	**54,981**
Agency: 18 - EAU CLAIRE CO HSD	222,275	137,695	-	**359,970**
Agency: 19 - FLORENCE CO HSD	-	-	-	**-**
Agency: 20 - FOND DU LAC CO 51 BD	-	202,966	-	**202,966**
Agency: 21 - FOREST ONEIDA VILAS 51 BD	-	32,146	21,645	**53,791**
Agency: 22 - GRANT CO DSS	-	-	-	**-**
Agency: 22 - UNIFIED COMMUNITY SERVICE	-	-	-	**-**
Agency: 23 - GREEN CO HSD	-	4,599	-	**4,599**

County Waiver Agency	CY 2016 Reconciled BCA/Tax Levy Expenditures (nonfederal)	CY 2016 Reconciled CCOP Expenditures (nonfederal)	CY 2016 Reconciled Legacy COP Expenditures (nonfederal)	Annual MOE Requirement (nonfederal)
Agency: 24 - GREEN LAKE CO HSD	-	-	-	-
Agency: 25 - IOWA CO DSS	-	-	-	-
Agency: 26 - IRON CO HSD	-	-	-	-
Agency: 27 - JACKSON CO HSD	-	18,775	-	**18,775**
Agency: 28 - JEFFERSON CO HSD	912	190,307	-	**191,219**
Agency: 29 - JUNEAU CO HSD	-	49,800	-	**49,800**
Agency: 30 - KENOSHA CO HSD	125,077	22,053	-	**147,130**
Agency: 31 - KEWAUNEE CO DSS	10,296	43,756	-	**54,052**
Agency: 32 - LA CROSSE CO HSD	54,063	449,308	-	**503,371**
Agency: 33 - LAFAYETTE CO HSD	-	-	-	-
Agency: 34 - NORTH CENTRAL HLTH CARE	-	15,174	-	**15,174**
Agency: 35 - LINCOLN CO DSS	-	-	-	-
Agency: 36 - MANITOWOC CO HSD	137,575	60,091	-	**197,666**
Agency: 37 - MARATHON CO DSS	-	149,493	-	**149,493**
Agency: 38 - MARINETTE CO HSD	-	1,710	-	**1,710**
Agency: 39 - MARQUETTE CO CONS AID	-	6,446	-	**6,446**
Agency: 40 - MILWAUKEE CO CONS AID	-	-	-	-
Agency: 41 - MONROE CO HSD	-	41,106	-	**41,106**
Agency: 42 - OCONTO CO DHS	-	33,990	-	**33,990**
Agency: 44 - OUTAGAMIE CO HSD	109,415	143,546	-	**252,961**
Agency: 45 - OZAUKEE CO DSS	40,979	35,777	-	**76,756**
Agency: 46 - PEPIN CO HSD	-	16,197	-	**16,197**
Agency: 47 - PIERCE CO HSD	-	10,293	-	**10,293**
Agency: 48 - POLK CO DSS	-	63,686	-	**63,686**
Agency: 49 - PORTAGE CO HSD	-	-	-	-
Agency: 50 - PRICE CO HSD	-	3,115	-	**3,115**
Agency: 51 - RACINE CO HSD	-	-	-	-
Agency: 52 - RICHLAND CO CONS AID	-	-	-	-

County Waiver Agency	CY 2016 Reconciled BCA/Tax Levy Expenditures (nonfederal)	CY 2016 Reconciled CCOP Expenditures (nonfederal)	CY 2016 Reconciled Legacy COP Expenditures (nonfederal)	Annual MOE Requirement (nonfederal)
Agency: 53 - ROCK CO HSD	19,657	119,050	305,534	**444,241**
Agency: 54 - RUSK CO DSS	-	4,004	-	**4,004**
Agency: 55 - ST CROIX CO HSD	-	62,323	-	**62,323**
Agency: 56 - SAUK CO HSD	14,583	40,845	-	**55,428**
Agency: 57 - SAWYER CTY HSD	18,362	17,358	-	**35,720**
Agency: 58 - SHAWANO CO DSS	-	3,206	-	**3,206**
Agency: 59 - SHEBOYGAN CO HSD	-	1,347	-	**1,347**
Agency: 60 - TAYLOR CO HSD	-	-	-	**-**
Agency: 61 - TREMPEALEAU CO DSS	-	44,197	-	**44,197**
Agency: 62 - VERNON CO HSD	-	-	-	**-**
Agency: 64 - WALWORTH CO HSD	-	1,747	-	**1,747**
Agency: 65 - WASHBURN CO DSS	7,955	96	-	**8,051**
Agency: 66 - WASHINGTON CO DSS	53,556	21,957	-	**75,513**
Agency: 67 - WAUKESHA CO HSD	-	55,952	-	**55,952**
Agency: 68 - WAUPACA CO HSD	-	99,087	-	**99,087**
Agency: 69 - WAUSHARA CO DSS	-	8,695	-	**8,695**
Agency: 70 - WINNEBAGO CO DHS	214,114	579,611	-	**793,725**
Agency: 71 - WOOD CO DSS	-	1,154	-	**1,154**
Agency: 72 - MENOMINEE CO HSD	-	-	-	**-**
Total:	**1,263,449**	**3,395,600**	**1,409,961**	**6,069,010**

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February 14, 2024

Senate Health Committee
Senator Cabral – Guevara, Chair

TESTIMONY – in person

Good afternoon Senators and members of the health committee – Thank you for the opportunity to speak today. My name is Danielle Tolzmann and I'm here as both a parent advocate and as Co-Director of Family Voices of Wisconsin.

I'd like to offer information in your consideration of AB 1056 / SB 957 regarding a change to the funding methodology to the Children's Long Term Support Waiver Program, or CLTS.

At Family Voices, I speak almost daily with parents about their experiences with this program. It's designed to serve children needing an institutional or hospital level of care, truly our state's most vulnerable.

The program is supported by the state and is staffed by the county. About 5 years ago the legislature added funds that effectively funded the program, and there was a great celebration by advocates.

However, the reality of families since that time is that the waiting room moved, but did not go away. Today, almost half of Wisconsin counties have enrollment delays longer than the established standard of 90 days (Source: CLTS Online Dashboard).

Looking at December data, there are 2,245 kids that have been found eligible for the program, but they aren't able to access it. Most often, that enrollment delay is due to the lack of staffing to serve these families.

The Maintenance of Effort formula as it stands today is not equal, but it needs to be acknowledged that families also experience inequity with this program, and they too deserve a solution. In some counties families can access CLTS immediately, and in others they continue to wait several months to years. In Marathon County, some families wait as long as 1,070 days. Over 3 years. Next door in Clark County, they wait about 30 days. For families in Eau Claire County the delay for enrollment is as long as 546 days. But again, in neighboring Dunn county, their longest enrollment delay is 69 days (CLTS online dashboard, 12/2023 data).

At the Assembly hearing, there was a suggestion that the workforce shortage is the reason for the backlog. I offer, that isn't the problem. Last year, I worked with a parent advocate from Eau Claire County. For more than two years she spoke regularly to her county board about the

excessive delay and the impact it had on her family. Eau Claire County did not act until they were essentially forced to do so. They received letters from the Department of Health services for years that they were deeply out of compliance with the 90 day standard, but they did not act until their hand was pushed to do so. Last summer they doubled their CLTS staff, adding 12 positions. Six months later, those positions have been filled and the enrollment delay there is shortening.

This is solvable, but **counties need to be motivated to act.**

DHS has an established standard of no more than 90 days between eligibility and enrollment, but ***simply having that expectation has been ineffective***. These counties need to have a clear incentive to bring on the staff to meet the need.

The demand for this program is growing. The numbers of kids both being served and waiting is higher today than it was a year ago, and even higher than it was the year before.

Now there is something the counties want. These 2,245 families want something too – they want to access the services and supports they are eligible for, to keep their children with special health care needs at home, instead of a long term health facility. And those placements cost so much more.

As it stands today, removing the MOE doesn't mean more kids get served or that the counties that are not doing their jobs well will do better. In the Assembly hearing, officials offered no assurance that the eliminated resources would be invested back into the program.

I offer a solution. By making the program sum-sufficient, it will then be on par with the adult-long term care counterpart, which will give the department what it needs to run the program.

In addition, I suggest that counties have their MOE changed to zero **but only after they bring their enrollment delay in line with the 90 day requirement the state already has**, and they must demonstrate this for a period of time. This way, counties get what they want, and families get what they *need*.

Without clear incentive (including legislation with impact), I do not expect anything to change and these families will continue to contact your offices with their desperation.

You've done your part. Please find that it's now upon the counties to do theirs.

Thank you for your consideration.

Danielle Tolzmann
Co-Director

Wisconsin BPDD
Wisconsin Board for People with Developmental Disabilities

February 14, 2024

Sen. Cabral-Guevara, Senate Committee on Health (Chair)
State Capital, Rm 323 S
Madison, WI 53707

Dear Sen. Cabral-Guevara and members of the committee:

The Wisconsin Board for People with Developmental Disabilities (BPDD) is concerned eliminating any required county contributions as proposed in SB 957/AB 1056 will not reduce the significant waiting lists for the Children's Long Term Care Support (CLTS) program that children with disabilities and special health care needs are currently experiencing.

Disability and advocates for children with special health care needs were not consulted about this bill. This bill is narrowly focused on eliminating the local share currently required of counties, but does nothing to improve families' realities. The bill would release counties from Maintenance of Effort (MOE) requirements but **offers no clear plan to mitigate the resulting $6M funding shortfall for CLTS, eliminate waitlists, or ensure that counties are enrolling and getting families access to services as quickly as possible.**

The CLTS program enables children with complex disabilities and medical conditions to live with their families and in their communities. CLTS eligible children need a level of care that without in-home support would require them to live in hospitals, nursing homes, or state institutions.

Wait lists are not benign, they cause active harm. They are bureaucratic barriers that prevent access to critical care and services that can change the trajectory of a developing child's life, and they cost families and the state dearly. When kids wait, they can't start needed therapies which can further developmental delays or prevent improvement. Home and vehicle modifications don't happen. Assistive technology, communications devices, specialized medical and therapeutic supplies, personal care and private duties nurses—the families whose children need this support need it right away. The ripple effect on families who are waiting is intense. Many leave the workforce to fill in care gaps.

According to the CLTS dashboard, as of December 2023 there are 2,245 eligible waiting to be enrolled in their counties' CLTS program. Some are waiting for years. In the worst performing county, families wait an average of 537 days before getting into the program. In four counties the average wait time is longer than a year, and in 22 the average wait ranges between 100 and 322 days. In the life of a rapidly developing child, months matter.

Because early intervention is so important, the Department of Health Services (DHS) currently has a 90-day enrollment standard for counties. Many counties are not meeting this standard. Only 38 counties—about half—are enrolling children into CLTS in 90 days or

Wisconsin BPDD
Wisconsin Board for People With Developmental Disabilities

less, and even in these counties there are individual children who wait longer—anywhere from 113 to 1070 days.

Eliminating MOE is unlikely to improve county performance. It will remove money from CLTS, with no assurance that the county will use those dollars to administer its local CLTS program. **Without requiring counties to improve enrollment efforts, the children who need the most support will continue to wait. This helps no one and harms everyone.**

The legislature has attempted to address the CLTS waiting list in recent sessions and state budgets. However, unlike the adult long term care Family Care and IRIS waivers, the CLTS waiver is funded as a sum certain rather than sum sufficient appropriation. In past budget cycles, the number of children on the waiting list and estimates of average cost have been used to calculate an appropriation amount.

These estimates are retrospective and continue to underestimate the number of children who are eligible for CLTS. **Disability advocates have consistently asked for the children's system to be funded sum sufficiently to ensure spending matches actual need and cost and to ensure eligible children have parity with adults in accessing supports.** We believe sum sufficient funding provides assurance to counties that eligible children can be covered and is essential to eliminating the waitlist.

We support additional functional screen evaluation and CLTS enrollment timeframe requirements, performance standards, and corrective actions that include reassignment of CLTS administration to ensure counties are not leaving families waiting.

BPDD is charged under the federal Developmental Disabilities Assistance and Bill of Rights Act with advocacy, capacity building, and systems change to improve self-determination, independence, productivity, and integration and inclusion in all facets of community life for people with developmental disabilities[1].

Thank you for your consideration,

Beth Swedeen

Beth Swedeen, Executive Director,
Wisconsin Board for People with Developmental Disabilities

[1] More about BPDD https://wi-bpdd.org/wp-content/uploads/2018/08/Legislative_Overview_BPDD.pdf .

State of Wisconsin
Department of Health Services
Tony Evers, Governor
Kirsten L. Johnson, Secretary

TO: Members of the Senate Committee on Health

FROM: HJ Waukau, Legislative Director

DATE: February 14, 2024

RE: SB 957 relating to: Funding methodology under the Children's Long-Term Support program

The Wisconsin Department of Health Services (DHS) would like to submit written testimony in support of Senate Bill 957 (SB 957), as amended by Senate Amendment 1, relating to revising funding methodologies for the Children's Long-Term Support (CLTS) program. SB 957 directs DHS and counties to collaborate to develop a revised funding methodology for the CLTS program and to not require any county contribution. It also requires DHS to submit a report to the legislature by June 2024. DHS appreciates collaboration with the bill authors in the development of Senate Amendment 1.

The CLTS program helps children with disabilities and their families. Examples of covered services include respite care, skills development, care management and coordination, housing support, and physical aids. To be eligible, a child must be under age 22; eligible for Medicaid; need a level of care that people get at a hospital, nursing home, or institution for people with developmental disabilities; and be able to get safe and required care at home or in the community. Once a child is found eligible, their county health and human services agency works to enroll them using the statewide budget. As of December 2023, there were 20,984 children enrolled.

CLTS is not explicitly treated as an entitlement program under Wisconsin statutes. For this reason, DHS historically administered the program with limited funds resulting in some counties using local county levy funds to enroll children. Beginning with 2017 Act 59 (2017-19 biennial budget), the state significantly increased funding for CLTS with the goal of eliminating the waiting list. DHS began fully funding county costs for children in CLTS as well as funding children off of the waitlist, who were not yet enrolled. Per legislative direction under Wis. Stat. 46.995, DHS also required counties that previously contributed county levy dollars to supplement state funding and/or fund waitlist children to make ongoing maintenance of effort (MOE) contributions. While the waitlist has been significantly reduced, children across the state continue to wait months to receive services.

As of December 2023, there were 2,245 eligible children still on the waitlist for the CLTS program. These children have waited an average of 112 days after referral to be enrolled. Wait times are as long as 537 days in Polk County and 444 days in Barron County.[1] SB 957 represents a critical opportunity to reduce the CLTS waitlist and help children and families receive supportive programming.

Senate Amendment 1 augments the ending of the county MOE requirement by including a timely enrollment and service provision requirement for counties to develop a child's individual service plan and authorize services within 90 days of referral. Such a provision is supported by participating families, advocates, and local partners. Senate Amendment 1 will provide program metrics, goals, and accountability for all counties in tandem with reduced cost obligations under the MOE. Many counties

[1] "Children's Long-Term Support: Enrollment Dashboard," Wisconsin Department of Health Services, https://www.dhs.wisconsin.gov/clts/enrollment-dashboard.htm.

already meet this standard or close to it, and it provides clarity and consistency for counties when administering other DHS-related regulations, such as the Birth to 3 program.

Senate Amendment 1 also makes two other changes to SB 957. First, the amendment modifies the original bill language regarding DHS/county collaboration to be in alignment with other relevant law language. Additionally, the effective date of the elimination of the MOE is not until July 1, 2025 so it will not have a budgetary impact in the current fiscal biennium.

DHS appreciates the collaboration with the bill authors in the development of Senate Amendment 1, and thanks the Committee for the opportunity to provide written testimony in support.