



# **SURVIVAL COALITION**

*of Wisconsin Disability Organizations*

April 10, 2007

To: Joint Finance Committee Members

From: Lynn Breedlove, Executive Director, Disability Rights Wisconsin &  
Co-chair, Survival Coalition  
Jennifer Ondrejka, Executive Director, Wisconsin Council on  
Developmental Disabilities & Co-chair, Survival Coalition  
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Survival Coalition  
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Subject: **Children with Disabilities – The Forgotten Population in Long Term Support**

## **The Issue**

Except for one segment of the population (children with autism), the state of Wisconsin has largely ignored the long term support (LTS) needs of children with disabilities for the last ten years. In stark contrast to the Family Care program, which has received \$65 million of new GPR funding since 2001 to provide LTC services for adults, the Family Support Program and the Children's Medicaid Waiver program combined have only received \$2.3 million of new GPR funding over the same period. During these same years, waiting lists for long term support for children with disabilities have grown from 2700 to 3500. Now there are actually more children on waiting lists than the number of children receiving services.

This extreme age inequity in LTC funding over multiple biennial budgets has had a cruel impact on an increasing number of children with disabilities and their families. This is a generation of families who kept their children at home rather than placing them in an institution, resulting in a great savings for the state and taxpayers. But being on a waiting list for years with no prediction of when services will be available sends a contradictory and disheartening message to families: "We want you to keep your child at home and not consider an expensive out-of-home placement, but we won't provide any in-home support to help you do that."

Gov. Doyle's 2007-09 Budget will not reverse this pattern. As a result of more children with autism transitioning from "intensive" to "ongoing" services, that program will be able to serve an estimated 400 new children in the next biennium. And there is \$250,000/year of planning and technical assistance funding to enable a few counties to try managed care approaches for services to children with disabilities. We are very appreciative of the governor's and the legislature's commitment to children with autism, and we have supported the increases in funding for that population. But ironically the Governor's budget contains no new service dollars for the Family Support Program, the Children's Medicaid Waiver or the new managed care pilots. Family Care,

on the other hand, is slated to receive \$29.2 million of new GPR funding in the Governor’s budget.

**The Facts**

- Although most children with disabilities have a disability other than autism (e.g. cognitive disabilities, cerebral palsy, Down Syndrome, spina bifida, brain injuries, epilepsy, severe emotional disabilities, muscular dystrophy, and metabolic disorders),the majority of LTS resources has gone to this group of children.
- There are 3500 children with disabilities (other than autism) on waiting lists for LTS services in Wisconsin, which include home modifications, respite care, special equipment, in-home care, and assistance with challenging behaviors.
- Many children and families wait 3-5 years for services, and some up to 10 years
- “Early intervention” is just as important for other children with disabilities as it is for children with autism – waiting lists inevitably result in missed opportunities for cognitive, physical and behavioral development, and for learning skills for independence.
- Children’s LTS services on average cost less (approximately \$10,000/year state and federal funds) than LTC services for adults (approximately \$26,616/year state and federal funds).
- Waiting for services means an inability to meet less costly needs now, creating more costly needs in the future.

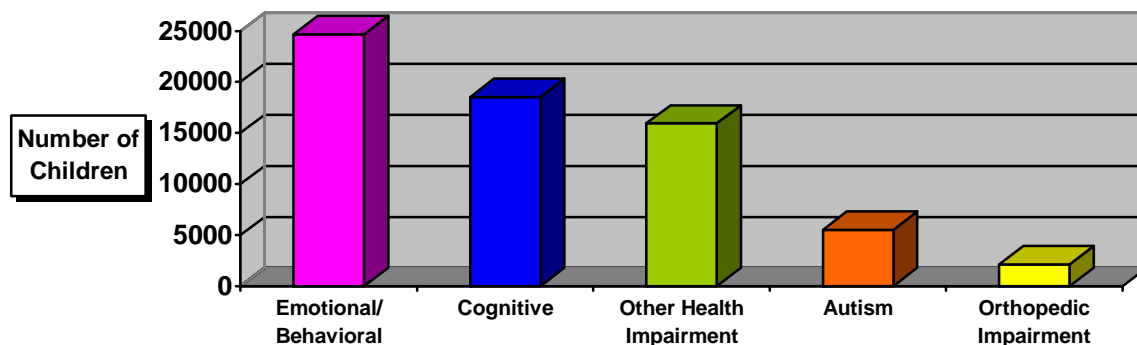
**Our Proposal**

We recommend that the legislature begin funding to address waiting lists for children in Year 1 of the biennium. DHFS would have the discretion to use funding to: begin piloting Medicaid managed care; address waiting lists for the Family Support program; and fund new slots for the Children’s Medicaid Waiver program. \$10 million in GPR would provide services to 2000 new children over the biennium.

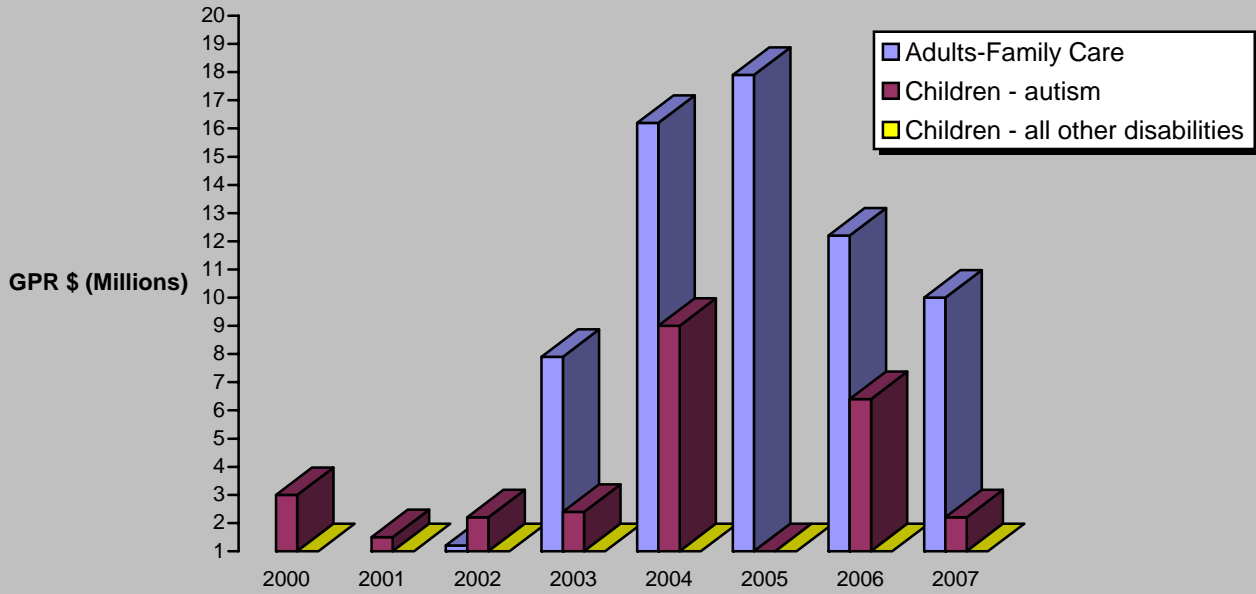
	Yr 1 (9months)	Yr 2 (12 months)	Total for biennium GPR
1000 new children	3.0 mil	4.0 mil	
1000 additional new children		3.0 mil	
Total GPR	3.0	7.0	10.0mil

(Assumptions: 2000 new children would come into the program at different times during each year; average amount currently needed to serve this group AF=\$10,000/year; state share =\$4,000/child/year.)

**Children with Various Disabilities in Wisconsin**



### New GPR Funding Each Year for Adults, Children with Autism, and All Other Children with Disabilities



### Children with Disabilities: Waiting Lists vs. Children Served

