

## What is the Children's Redesign? Support For Children And Families!

**Background:** The Children's Long Term Support Redesign is a set of comprehensive changes in the system of support for children with severe disabilities and their families at the state and county levels. The complexity of our current system makes it difficult for families to obtain the services they need as well as county human service agencies and providers to administer the programs.

Discussions starting in 1997 resulted in a proposal developed by families, advocates for children, providers and state agency staff that addresses the system changes needed in order to achieve the best outcomes for children and youth under the age of 22. These changes reinforce the partnership between families and the service system and acknowledge that the best outcomes occur when families are valued as full partners in decision-making about how to best support their child. The recommendations are as follows:

*Access* to long-term support services is complicated and inconsistent throughout the state. An improved system will include a single source of information for families, functional eligibility criteria that are uniformly applied, and a timely response to child and family needs. Eligibility for services will be based on a child's functional need rather than diagnosis.

*Choice* of services is often limited by what agencies traditionally offer, versus what families need. An improved system will include a broader definition of services and supports, give families more control in designing their services, and have greater respect for the choices made by families.

*Coordination* of services is a critical, but often overlooked element of an efficient and responsive system. An improved system will actively link with families and their team to plan and coordinate services. It will also employ capable service coordinators who are empowered to meet family needs, and assist in the planning and coordination of resources across systems.

*Quality* assurance and technical assistance will be an ongoing component of an improved system. There will be a defined process and outcome measures to assure appropriate practices. Families will be integrated into all aspects of the improved system as staff members, system designers, and evaluators, as well as trainers and technical advisors.

*Financing* of services is highly fragmented and often inadequate. An improved system will maximize and expand resources, coordinate funding across systems, and apply family cost-sharing policies that are simple and fair.

To get more information about a County's participation in Children's Redesign, call the county Human Services Department, Family Support Program.

To read the complete set of recommendations go to: <http://dhfs.wisconsin.gov/LTCare/OtherLinks/Childrens/children-gen.htm>

**How is Children's Redesign Being Implemented?** The Wisconsin Legislature directed the DHFS to move forward with the Children's Redesign in 2001. The Legislature allocated \$1.3 million to enroll 90 children in new Home and Community-Based Services waivers designed for children and families in 2004. In addition, they moved \$26.5 million from Medicaid "card" services to the waivers to continue funding intensive in-home therapy and other supports for children with autism. Governor Doyle included a request for \$450,000 GPR (\$1.1 million with federal match) in the 05-07 biennial budget, which would serve approximately 80 children in waivers.

- Three new waivers are available for children with cognitive and developmental disabilities, mental illness and physical disabilities. Children enrolled in a waiver can use Medicaid funds more flexibly than “regular” card services. Interested counties are being sought that will pilot a comprehensive redesign of their children’s programs starting in Fall 2004. In addition, these waivers will be available statewide for any county choosing to offer them in Winter 2004.
- A new “one stop shop” screening process has been created and is being used by Wisconsin counties as of May 1, 2005. The new screen can be used to establish eligibility for a variety of programs such as Family Support, Katie Becket, the Children’s waivers and others. The use of this screening tool will help get families to the programs that will help support their child without the family having to find and apply for each one separately.
- Comprehensive information and assistance is available through the network of five Regional Centers for Children with Special Health Care Needs. Families can call an 800 number anywhere in the state and talk with a person who can help answer questions and problem-solve with a family.
- Changes in the Medicaid prior authorization process for therapies will allow longer approval times, up to 6 months, for prior authorization requests for continuing therapy that meets all criteria of departmental review and standards of medical necessity. Discussions continue with Medicaid to reduce barriers to accessing services caused by prior authorization practices.

**Why Are Children’s Support Needs Unique from Adults?** The long-term support needs of children with disabilities under the age of 18 are not addressed in the DHFS Family Care program because children with disabilities and their families need a fundamentally different approach to eligibility, service coordination and service delivery. The Children’s Committee recommended a different system for children for the following reasons:

- Children will be more likely to thrive in a family-centered system of support that acknowledges the central role of parents as planners and managers of all needed services;
- Children needs and development change rapidly;
- Staff are needed with expertise regarding children and their families;
- Children participate in multiple programs and different funding streams than adults;
- Families are concerned about their child’s needs being met in a managed care model as a result of previous experiences with managed care;
- Concerns about cost shifting between various systems including schools and private insurance;
- Lack of data regarding the cost of children's services.