


FAMILY VOICES of Wisconsin
 608-845-9499
*Speaking on behalf of children with special
 health care needs*

Senator Judith Robson
 State Capitol rm 15S
 P.O. Box 7882
 Madison, WI 53707

February 28, 2002

Dear Senator Robson:

Thank you for your continuing efforts to provide opportunities for input on the Children's Long Term Support Redesign initiative. I would like to provide clarification concerning the intent of the Children's Committee regarding the language in SB 287. As committee chair, I am in full support of the restoration of the language with the following clarifications. The committee's intent is as follows:

Section 4, Line 7-11. The Committee's intent in this section is to provide access to Medicaid card services for children with very high medical costs, but who do not have functional limitations. These are children with, for example, cystic fibrosis, hemophilia, or an organ transplant. These are children who are able to function age appropriately when they have access to the drug routines that keep them relatively healthy. They typically do not need access to Medicaid waivers, CIP, COP or Family Support. Therefore, eligibility does not need to be expanded to include this group for these programs. Medicaid eligibility could be expanded in CHIP (Badgercare) to include children with high medical costs. CHIP would need to establish eligibility without regard to family income and define significant health care needs for this group of children. Children with severe disabilities are already eligible for Medicaid waivers, CIP, COP and Family Support therefore no expansion of Medicaid is needed.

The language can be modified as follows to reflect this intent:

Medicaid eligibility, without regard to income and assets, should be expanded to include children with high medical needs, but not function impairments.

The fiscal analysis assumes no federal match. Many states have used SCHIP specifically for this group of children and received the federal match. Why can't Wisconsin do the same?

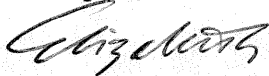
Section 4, line 11-13. The Committee's intent is to increase the coordination between the Medicaid card and waiver services so that a comprehensive plan can be written and approved that most effectively utilized Medicaid services and supports. This could be accomplished with a legislative directive that would require better coordination between Medicaid and the Home and Community-Based waivers. The service plan could become the authorizing document that would streamline Medicaid services for children also eligible for the waiver. Currently, a comprehensive plan can be undermined when Medicaid prior authorization does not allow certain components of a plan or requires reauthorization on a frequent (three-month) basis.

Section 5, line 15-18. The committee intent with transition is to provide not just transition services, but also something to transition to. Transition needs to coordinate with the adult service system, so that there is a plan once the transition is complete. The language will reflect this intent if changed to read: DHFS shall provide transition planning and coordination with other responsible agencies as youth transition to the adult service system.

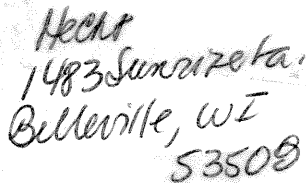
Section 6, line 22. Our expectation is that the waiver will be approved this summer so this should be changed to read as soon as possible after July 1, 2002.

Thank you for your leadership on the Legislative Committee on Developmental Disabilities and for considering these current changes in the language. Please call if I can be of any assistance.

With respect,



Elizabeth Hecht
Chair
Children's Committee
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cc:

Representative Kitty Rhoades
Children's Committee Members