



Legislative Fiscal Bureau

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Joint Committee on Finance

Paper #432

Children's Long-Term Support Program (DHS -- Medical Assistance -- Long-Term Care)

[LFB 2009-11 Budget Summary: Page 365, #6]

CURRENT LAW

Children's Long-Term Support Program. As part of the state's medical assistance (MA) program, the Department of Health Services (DHS) administers a program that provides services to children with long-term care needs. This program, the children's long-term support (CLTS) program, is authorized under a waiver of federal MA law. The goal of this program is to improve access to services, choice, coordination of care, quality, and financing of long-term care services for children with physical, sensory, and developmental disabilities and severe emotional disturbance.

Most children who receive services under the CLTS program are eligible for MA under a provision of federal law that permits states to extend MA coverage to disabled children under the age of 18 who: (a) would be eligible for MA if they were in a hospital, nursing facility, or intermediate care facility for the mentally retarded (ICF-MR); (b) require a level of care typically provided in a hospital, skilled nursing facility, or ICF-MR; (c) can appropriately receive care outside of a facility; and (d) can receive care outside of an institution that costs no more than the estimated cost of institutional care.

In order to be eligible to participate in the CLTS waiver program, children must meet both functional and financial eligibility criteria. The functional criteria require a child to have a severe physical, emotional or mental impairment which is diagnosed medically, behaviorally or psychologically and which is characterized by the need for individually planned and coordinated care, treatment, vocational rehabilitation or other services, and which has resulted, or is likely to result in, a substantial functional limitation in at least two of the five following functions of daily living: (a) learning; (b) mobility; (c) receptive and expressive language skills; (d) self-direction; and (e) self-care.

The financial eligibility criteria require that, in 2009, the child's income not exceed \$2,022 per month and countable assets not exceed \$2,000. Children with greater income and/or assets may become eligible for MA by "spending down" to the CLTS income and asset criteria. Although the income of the parents of the child is not considered for determining eligibility for MA, families may be required to contribute to the cost of services based on annual income and family size. Fees are assessed for families with income equal to or greater than 330% of the federal poverty level (FPL), beginning at one percent of the service plan costs and increasing up to a maximum of 41% of service costs for families with incomes over 1,580% of FPL. Attachment 1 lists the current parental payment fee schedule and estimated annual parental fees.

The services provided under the CLTS waiver are similar to those available under other MA home and community-based waiver programs. Attachment 2 provides a list of the services currently available to children enrolled in the CLTS program. Children may continue receiving services under the CLTS waiver program until they reach the age of 22 in counties where Family Care is not available and until the age of 18 in counties where the Family Care benefit is available. In addition to the services listed on the attachment ("waiver services"), children who participate in the CLTS waiver program are eligible for medical services to which all MA recipients are entitled ("card services").

Base funding to support CLTS waiver services is approximately \$7.5 million (all funds).

Respite Care Grant Program. Currently, DHS is required to fund grants that support the administration of life-span respite care projects. DHS is budgeted \$225,000 GPR annually to provide to the Respite Care Association of Wisconsin to support the development of respite care programs statewide. The Respite Care Association of Wisconsin distributes a portion of these funds to five nonprofit organizations throughout the state for the purpose of establishing pilot projects to further expand systems and infrastructure that promote greater access to respite care services throughout the state.

GOVERNOR

Provide \$1,633,300 (\$50,000 GPR, \$783,300 FED, and \$800,000 PR) in 2009-10 and \$1,540,600 (\$50,000 GPR and \$1,490,600 FED) in 2010-11 to: (a) fund additional waiver slots under the CLTS waiver program (\$225,000 GPR, \$733,300 FED, and \$800,000 PR in 2009-10 and \$225,000 GPR and \$1,440,600 FED in 2010-11); (b) fund one-time costs to create oversight procedures and develop actuarial reimbursement rates for county contracts (\$50,000 GPR and \$50,000 FED annually); and (c) repeal the respite care grant program and delete base funding for the program (-\$225,000 GPR annually).

DISCUSSION POINTS

1. The amount of funding available to support services under each of the MA long-term care waiver programs, including the CLTS waiver program, is established as a sum certain amount as part of the biennial budget. DHS allocates budgeted funds to counties to support services

available under the waiver programs. Since MA recipients are not entitled to these services, counties may place eligible individuals on waiting lists if their funding allocations are insufficient to fully support all individuals who are potentially eligible for these services. Further, if the actual costs a county incurs to provide services to families participating in the CLTS waiver program exceeds the funding DHS allocates to a county to support these services, the county is responsible for funding the difference.

2. As of April 1, 2009, there were approximately 3,765 children receiving services under the CLTS waiver program. Of these children, 772 were receiving intensive, in-home autism treatment services, 1,291 were receiving ongoing autism treatment services, and 1,702 were receiving non-autism related long-term care services. There were an additional 3,422 children on waiting lists for services, including 274 waiting for intensive, in-home treatment services and 3,148 waiting for long-term care services.

The bill would provide additional funding to support waiver services for non-autistic children who are currently on waiting lists for these services. According to DHS, in 2007, the average time spent on the waiting list for CLTS services was three years, although some counties reported waits as long as 10 years. Attachment 3 includes information on the number of children who are currently on county waiting lists for CLTS services.

3. The administration's intent is to use all available funding sources, including funding that is available on a one-time basis, to maximize the number of children that could be served in the 2009-11 biennium. These one-time sources include: (a) \$2.3 million GPR budgeted in the 2007-09 budget act that has not been expended, which DHS will encumber to make available for use in the 2009-11 biennium; and (b) approximately \$800,000 in parental fee revenue that DHS has collected but has not yet expended for program services. Under the bill, it is estimated that approximately \$37,900 in 2009-10 and \$108,000 in 2010-11 would be generated from the families of new enrollees, which would be used to help offset the costs of services provided to new enrollees through the CLTS program.

4. To minimize the additional GPR costs of this expansion, the bill would repeal the respite care grant program and reallocate base funding to partially support the costs of the expansion. DHS argues that the respite care program was originally intended to assist the state in developing an adequate respite care infrastructure and to promote system change in the provision of respite care services to individuals in Wisconsin. The Department argues that these funds have not been used for their intended purpose and thus should be reallocated to support the expansion of the CLTS waiver program.

5. Currently, the Respite Care Association of Wisconsin (RCAW) is the sole recipient of the \$225,000 annual funding provided through the state respite care grant program. RCAW retains approximately \$100,000 of these funds, which are used to provide the following services: (a) information and referral; (b) technical assistance to respite care programs throughout the state; (c) training for respite care providers; and (d) program development and grant administration in collaboration with Children's Trust Fund of Wisconsin.

6. The remaining \$125,000 is distributed by RCAW to five nonprofit organizations operating throughout the state, with each program receiving \$25,000. Table 1 shows the five organizations currently receiving these funds and the region of the state each organization currently serves. RCAW indicates that each program is required by contract to devote at least \$5,000 of these funds to directly support respite care services. Advocates of the lifespan respite care program indicate that each of the programs currently devote 100 percent of the funding provided by RCAW to directly support the provision of respite care services to individuals that do not otherwise qualify for these services through the state's MA programs. In addition, these programs have been able to use funding provided through the state grant program to leverage additional sources of revenue, including private donations, local fundraising, and foundation grants. RCAW indicates that approximately \$136,900 was used to purchase respite care services, which served approximately 300 to 400 families in 2007-08.

TABLE 1

Annual Grants Distributed by RCAW

<u>Organization</u>	<u>Region</u>	<u>Funding</u>
United Cerebral Palsy of WCW	Western	\$25,000
Creative Care Options	Northeastern	25,000
New Horizons	Northern	25,000
United Cerebral Palsy SEW	Southeastern	25,000
Lifespan Respite Care Network of Dodge County	Southern	<u>25,000</u>
Total		\$125,000

7. The bill would provide \$100,000 (\$50,000 GPR and \$50,000 FED) annually to: (a) provide technical assistance to counties to implement new state-funded slots; (b) develop an actuarial rate setting methodology for reimbursing counties; and (c) explore various models for implementing the CLTS waiver program, including a managed care model. These expenditures are considered MA administrative costs, which are eligible for a 50 percent federal match

8. Based on a review of the funding available to support the services in the 2009-11 biennium, funding in the bill should be increased by \$1,546,600 (\$1,454,100 FED and \$92,500 PR) in 2009-10 and by \$4,508,400 (\$4,245,200 FED and \$263,200 PR) in 2010-11 to meet the Governor's intent. This adjustment would budget available MA matching funds, as well as anticipated parental fee revenue that would be collected in the 2009-11 biennium, to support program costs.

9. DHS allocates the funding budgeted for each county on a calendar year basis. Allocations are based on the number of slots designated for a county and the daily budgeted rate (currently \$48.42 per day). Although there is variation in daily costs for individual recipients, counties will be fully reimbursed for higher cost individuals as long as the average cost for all state supported recipients does not exceed the budgeted rate. If a county's average costs for state

supported slots exceed the budgeted rate, counties may claim the federal match on those excess costs, but must use local funds (tax levy, community aids, and funds allocated under the community options program) to support the non-federal share of those costs.

10. In 2008-09, DHS budgeted funding for the CLTS program based on approximately 430 state-supported slots. Counties can use the total available funding to serve as many individuals as possible, regardless of the number of slots allocated. Attachment 3 to this paper includes a summary, by county, of the funding DHS allocated to counties for calendar year 2009.

11. Under the Governor's proposal, 1,000 new CLTS waiver slots would be phased in over a four-year period. The funding amounts in the bill are based on the assumption that approximately 936 new slots will be created in the 2009-11 biennium, which would be phased in at a rate of approximately 39 slots per month. DHS has indicated that it will work with the Children's Long-Term Support Council to identify the best method for distributing the new waiver slots to counties. All remaining slots (64) would likely be funded in the 2011-13 biennium.

12. Some counties are able to provide services to more individuals than the number of slots DHS allocates to them, since some children require fewer services than others. It is not known how many additional children would be served by providing funding for additional waiver slots. However, at a minimum, an additional 936 children currently on the statewide waiting list would be served in the 2009-11 biennium under the Governor's proposal.

13. Table 2 summarizes the growth in program costs, by source, under the administration's proposed expansion, for fiscal years 2009-10 through 2012-13. Given the potential for variability in anticipated enrollment increases phased-in by DHS, projections beyond the current budgeting biennium (2009-11) should not be considered precise.

TABLE 2

**Projected Cost of Program Expansion, By Fund Source
Fiscal Years 2009-10 through 2012-13**

<u>Fund</u>	<u>2009-10</u>	<u>2010-11</u>	<u>2011-12</u>	<u>2012-13</u>
GPR	-\$12,400	\$14,900	\$4,416,600	\$4,425,800
PR	692,500	463,200	364,000	364,000
FED	<u>2,157,800</u>	<u>5,714,200</u>	<u>7,276,400</u>	<u>7,291,600</u>
Total	\$2,837,900	\$6,192,300	\$12,057,000	\$12,081,400
GPR Cost to Continue in the 2011-13 Biennium			\$4,176,700	\$4,185,900

The table shows that, due primarily to the Governor's proposal to use one-time funding to support the program expansion in the 2009-11 biennium, it is estimated that an additional \$8.4 million GPR would be required in the 2011-13 biennial budget to support the Governor's proposed

phase in of these slots. Consequently, this item would increase the general fund structural deficit by approximately this amount.

14. As part of the federal American Recovery and Reinvestment Act of 2009 (ARRA) all states are eligible to receive a temporary increase in the federal medical assistance percentage (FMAP). Under the ARRA, all states' FMAP rates are increased by 6.2 percentage points for the period October 1, 2008 through December 31, 2010. In addition, the ARRA provides that a state can qualify for an additional "unemployment-related FMAP increase" if, during the October 1, 2008 through December 31, 2010 period, the increase in the state's unemployment rate exceeds thresholds established in the ARRA. Using the anticipated blended enhanced FMAP, the Governor's budget bill assumes the use of additional federal matching funds of \$506,700 in 2009-10 and \$717,600 in 2010-11 to fund the cost of expanding the CLTS waiver program. These amounts are reflected in the net cost shown in Table 1.

15. All appropriations that fund MA benefits, including the CLTS program, are biennial appropriations. Generally, any unused funds remaining in the appropriation at the end of the biennium lapse to the general fund. As a result, if the Committee chooses not to use the entire \$2.3 million in unspent funds from the 2007-09 biennium to fund the expansion of the CLTS waiver program, any unused portion would generate additional general fund savings in the 2009-11 biennium.

16. Several options are available to the Committee. The Committee could choose to adopt the Governor's recommendation to increase funding for expansion of the CLTS waiver program (Alternative 1). Doing so would also eliminate funding for the respite care grant program. However, if the Committee wishes to approve expansion of the CLTS waiver program, but does not want to eliminate the respite care grant program, it could adopt the Governor's proposed expansion (as reestimated), but also restore funding for the respite care program (Alternative 3).

17. Alternatively, if the Committee wishes to approve expansion of the CLTS waiver program, but determines that the proposed phase-in schedule proposed by the administration is too aggressive (since it would require an additional \$8.4 million GPR, above the base, to sustain in the 2011-13 biennium), the Committee could modify the bill proposal to incorporate a slower implementation schedule over the 2009-11 biennium. While the Committee may still choose to use one-time funding sources, adopting this alternative would result in a smaller cost-to-continue adjustment for the 2011-13 biennium. Each of the alternatives would generate surplus GPR funds associated with the \$2.3 million carryover from the 2007-09 biennium that DHS would be able to use to offset the cost of other general MA benefits. Alternative 2 provides several alternative implementation schedules and the associated funding requirements available to the Committee.

The following table identifies the additional funding that would be required to maintain each of the alternative implementation schedules. Each alternative assumes continued expansion of the CLTS program in the 2011-13 biennium.

TABLE 3**Projected Cost-to-Continue Under Alternative Implementation Schedules**

No. of Slots	2011-12				2012-13			
	<u>GPR</u>	<u>FED</u>	<u>PR</u>	<u>Total</u>	<u>GPR</u>	<u>FED</u>	<u>PR</u>	<u>Total</u>
250	\$1,349,900	\$2,223,900	\$111,300	\$3,685,100	\$2,072,700	\$3,414,900	\$170,800	\$5,658,400
400	2,159,800	3,558,300	178,000	5,896,100	3,095,100	5,099,300	255,100	8,449,500
500	2,834,700	4,670,300	233,700	7,738,700	3,947,100	6,502,900	325,300	10,775,300

18. Finally, due to concerns over the use of one-time funds to support ongoing program costs, the Committee could delete the Governor's recommendations and lapse the carryover balance of \$2.3 million to the general fund (Alternative 4). In addition, the Committee may also choose to use the available unexpended parental fee income of \$800,000 to temporarily offset the costs of current benefits provided through the CLTS program. This would result in additional GPR savings of \$800,000 in the 2009-11 biennium (Alternative 5).

ALTERNATIVES

1. Modify the Governor's recommendations by increasing funding in the bill by \$1,546,600 (\$1,454,100 FED and \$92,500 PR) in 2009-10 and by \$4,508,400 (\$4,245,200 FED and \$263,200 PR) in 2010-11 to reflect reestimates of funding that would be available to support the Governor's proposal.

ALT 1	Change to Bill Funding
FED	\$5,699,300
PR	355,700
Total	\$6,055,000

2. Modify the Governor's proposed expansion of the CLTS waiver program, by adopting one of the following implementation schedules of new CLTS waiver slots.

Change to Bill

No. of Slots	2009-10				2010-11			
	<u>GPR</u>	<u>FED</u>	<u>PR</u>	<u>Total</u>	<u>GPR</u>	<u>FED</u>	<u>PR</u>	<u>Total</u>
a. 250	-\$816,600	-\$180,000	\$23,700	-\$972,900	-\$225,000	\$24,600	\$67,500	-\$132,900
b. 400	-691,600	151,900	37,900	-501,800	-225,000	903,700	108,000	786,700
c. 500	-587,500	428,600	49,800	-109,100	-225,000	1,636,300	141,700	1,553,000

3. Adopt Alternative 1 or 2a, 2b, or 2c. In addition, restore the respite care grant program (\$250,000 GPR annually). (The funding amount in the box is in addition to the other selected alternative.)

ALT 3	Change to Bill Funding
GPR	\$500,000

4. Delete provision. Reduce funding by \$1,633,300 (-\$50,000 GPR, -\$783,300 FED and -\$800,000 PR) in 2009-10 and by \$1,540,600 (-\$50,000 GPR and -\$1,490,600 FED) in 2010-11. In addition, reduce MA benefits funding by \$2,300,000 GPR in 2009-10 to reflect the availability of carryover funds to support general MA benefits costs in that year. This alternative would restore base funding for the respite care grant program.

ALT 4	Change to Bill Funding
GPR	-\$2,400,000
FED	- 2,273,900
PR	<u>- 800,000</u>
Total	-\$5,473,900

5. Delete provision. Reduce funding by \$1,633,300 (-\$50,000 GPR, -\$783,300 FED and -\$800,000 PR) in 2009-10 and by \$1,540,600 (-\$50,000 GPR and -\$1,490,600 FED) in 2010-11. In addition: (a) reduce MA benefits funding by \$2,300,000 GPR in 2009-10 to reflect the availability of carryover funds to support general MA benefits costs in that year; and (b) reduce MA benefits funding associated with the CLTS program by \$800,000 GPR in 2009-10 and replace it with cumulative unspent parental fee income to support the program (\$800,000 PR in 2009-10). This alternative would restore base funding for the respite care grant program.

ALT 5	Change to Bill Funding
GPR	-\$3,200,000
FED	<u>- 2,273,900</u>
Total	-\$5,473,900

6. Delete provision. Reduce funding by \$1,633,300 (-\$50,000 GPR, -\$783,300 FED and -\$800,000 PR) in 2009-10 and by \$1,540,600 (-\$50,000 GPR and -\$1,490,600 FED) in 2010-11. In addition: (a) reduce MA benefits funding by \$2,300,000 GPR in 2009-10 to reflect the availability of carryover funds to support general MA benefits costs in that year; and (b) reduce MA benefits funding associated with the CLTS program by \$800,000 GPR in 2009-10 and replace it with cumulative unspent parental fee income to support the program. (\$800,000 PR in 2009-10); and (c) repeal the respite care grant program and delete base funding for the program (-\$250,000 GPR annually).

ALT 6	Change to Bill Funding
GPR	-\$3,700,000
FED	<u>- 2,273,900</u>
Total	-\$5,973,900

Prepared by: Cory Kaufman
Attachments

ATTACHMENT 1

Parental Payment Fee Schedule and Estimated Annual Parental Fees

<u>Adjusted Gross Income (% of FPL)*</u>	<u>Percentage of Service Plan Cost</u>	<u>Estimated Annual Parental Fee</u>
330% to <355%	1.0%	\$191
355% to < 380%	1.8	344
380% to < 405%	2.6	498
405% to < 430%	3.4	651
430% to < 455%	4.2	804
455% to < 480%	5.0	957
480% to < 505%	5.8	1,110
505% to < 530%	6.6	1,263
530% to < 555%	7.4	1,416
555% to < 580%	8.2	1,569
580% to < 605%	9.0	1,722
605% to < 630%	9.8	1,875
630% to < 655%	10.6	2,029
655% to < 680%	11.4	2,182
680% to < 705%	12.2	2,335
705% to < 730%	13.0	2,488
730% to < 755%	13.8	2,641
755% to < 780%	14.6	2,794
780% to < 805%	15.4	2,947
805% to < 830%	16.2	3,100
830% to < 855%	17.0	3,253
855% to < 880%	17.8	3,406
880% to < 905%	18.6	3,559
905% to < 930%	19.4	3,713
930% to < 955%	20.2	3,866
955% to < 980%	21.0	4,019
1005% to < 1030%	22.6	4,325
1030% to < 1055%	23.4	4,478
1055% to < 1080%	24.2	4,631
1080% to < 1105%	25.0	4,784
1105% to < 1130%	25.8	4,937
1130% to < 1155%	26.6	5,090
1155% to < 1180%	27.4	5,244
1180% to < 1205%	28.2	5,397
1205% to < 1230%	29.0	5,550

ATTACHMENT 1 (continued)

Parental Payment Fee Schedule and Estimated Annual Parental Fees

<u>Adjusted Gross Income (% of FPL)*</u>	<u>Percentage of Service Plan Cost</u>	<u>Estimated Annual Parental Fee</u>
1230% to < 1255%	29.8%	\$5,703
1255% to < 1280%	30.6	5,856
1280% to < 1305%	31.4	6,009
1305% to < 1330%	32.2	6,162
1330% to < 1355%	33.0	6,315
1355% to < 1380%	33.8	6,468
1380% to < 1405%	34.6	6,621
1405% to < 1430%	35.4	6,774
1430% to < 1455%	36.2	6,928
1455% to < 1480%	37.0	7,081
1480% to < 1505%	37.8	7,234
1505% to < 1530%	38.6	7,387
1530% to < 1555%	39.4	7,540
1555% to < 1580%	40.2	7,693
1580% and Greater	41.0	7,846

ATTACHMENT 2

Home and Community-Based Waiver Services Available Under the CLTS Program

Adaptive aids include devices, controls or appliances which enable individuals to increase their ability to perform activities of daily living independently.

Care management includes the planning and coordination of an individual's program plan, along with advocacy and defense services, outreach, and referral.

Children's foster care includes supplementary intensive supports and supervision services to address exceptional emotional or behavioral needs, or physical or personal care needs (including personal care provision beyond those age activities expected for a child, skilled tasks, monitoring of complex medical needs, and comprehensive behavioral intervention plans).

Communication aids/interpreter services are devices or services to assist individuals with hearing, speech or vision.

Consumer and family directed supports are designed to assist children and their families to build, strengthen, and maintain informal networks of community supports. Specific supports may include adaptive and communication aids, consumer education, counseling, daily living skills training, day services, foster care, home modification, respite care, supportive home care, and supported employment.

Consumer training and education help a person develop self-advocacy skills, exercise civil rights, and acquire skills needed to exercise control and responsibility over other support services.

Counseling and therapeutic services provide treatment oriented services for a personal, social, behavioral, mental or alcohol or drug abuse disorder.

Daily living skills training include services intended to improve a client's or caretaker's ability to perform routine daily living tasks and utilize community resources.

Day services include activities to enhance social development.

Financial management services include the services of a fiscal intermediary for those receiving consumer-directed services to ensure that appropriate compensation is paid to providers of services, and provision of assistance managing personal funds for those unable to manage their money themselves.

Home modifications include changes to ensure accessibility and safety of the individual's home (such as ramps, lofts, door widening and other physical alterations).

Housing counseling provides assistance in acquiring housing in the community, where ownership or rental of housing is separate from service provision.

Housing start up provides assistance in establishing housing arrangements in the community after relocation from an institution, including security deposits, furnishings, and household equipment.

ATTACHMENT 2 (continued)

Home and Community-Based Waiver Services Available Under the CLTS Program

Intensive in-home autism services are one-on-one behavioral modification therapy services for children **with** autism disorder, Asperger's disorder, or pervasive developmental disorder.

Nursing services are medically necessary skilled nursing services that cannot be provided safely and effectively without the skills of an advance practice nurse, a registered nurse or a licensed practical nurse under the supervision of a registered nurse. Nursing services may include, but are not limited to, periodic assessments of a participant's medical condition and monitoring when the evaluation requires a skilled nurse and the monitoring of a participant with a history of non-compliance with medical needs. Nursing services that are covered as an MA card service are not eligible under the waiver program.

Personal emergency response systems (PERS) are community-based electronic communications devices activated by the consumer in the event of a physical, emotional or environmental emergency.

Respite care services provide temporary relief to the primary caregiver.

Supported employment services include individualized assessments, job development and placement, on-the-job training, performance monitoring, and related support and training to enhance employment.

ATTACHMENT 3

Current CLTS Funding and Number of Children on Waiting Lists, By County (Calendar Year 2009)

<u>County</u>	<u>GPR</u>	<u>FED</u>	<u>Total</u>	<u>Wait List</u>
Adams	\$13,425	\$20,082	\$33,507	22
Ashland	20,527	30,703	51,230	35
Barron	25,003	37,397	62,400	67
Bayfield	13,425	20,082	33,507	2
Brown	124,716	186,530	311,246	106
Buffalo	20,527	30,703	51,230	2
Burnett	20,527	30,703	51,230	3
Calumet	22,377	33,468	55,845	0
Chippewa	22,377	33,468	55,845	0
Clark	17,901	26,775	44,676	23
Columbia	29,479	44,090	73,569	80
Crawford	13,425	20,082	33,507	3
Dane	89,509	133,871	223,380	127
Dodge	41,057	61,405	102,462	93
Door	13,425	20,082	33,507	24
Douglas	25,003	37,397	62,400	47
Dunn	17,901	26,775	44,676	17
Eau Claire	33,955	50,783	84,738	59
Florence	13,425	20,082	33,507	0
Fond du Lac	102,502	153,304	255,806	5
Forest-Oneida-Vilas	87,363	130,663	218,026	55
Grant-Iowa	13,426	20,081	33,507	0
Grant	8,950	13,388	22,338	6
Green	25,003	37,397	62,400	12
Green Lake	20,527	30,703	51,230	26
Iowa	8,950	13,388	22,338	7
Iron	13,425	20,082	33,507	1
Jackson	13,425	20,082	33,507	53
Jefferson	33,955	50,783	84,738	73
Juneau	13,425	20,082	33,507	3
Kenosha	40,278	60,243	100,521	10
Kewaunee	13,425	20,082	33,507	0
La Crosse	221,822	331,763	553,585	99
Lafayette	13,425	20,082	33,507	4
Langlade	8,950	13,388	22,338	0

ATTACHMENT 3 (continued)

**Current CLTS Funding and Number of Children on Waiting Lists, By County
(Calendar Year 2009)**

<u>County</u>	<u>GPR</u>	<u>FED</u>	<u>Total</u>	<u>Wait List</u>
Lincoln 51.437 Board	17,901	26,775	44,676	0
Lincoln-Langlade-Marathon	4,475	6,694	11,169	0
Manitowoc	\$33,955	\$50,783	\$84,738	9
Marathon	35,803	53,549	89,352	72
Marinette	17,901	26,775	44,676	45
Marquette	13,425	20,082	33,507	10
Menominee	13,425	20,082	33,507	0
Milwaukee	382,325	571,817	954,142	784
Monroe	17,901	26,775	44,676	52
Oconto	17,901	26,775	44,676	57
Outagamie	51,855	77,558	129,413	59
Ozaukee	41,056	61,403	102,459	45
Pepin	13,425	20,082	33,507	4
Pierce	32,104	48,017	80,121	46
Polk	17,901	26,775	44,676	48
Portage	29,479	44,089	73,568	16
Price	27,629	41,324	68,953	5
Racine	49,230	73,629	122,859	0
Richland	135,612	202,827	338,439	20
Rock	40,278	60,243	100,521	84
Rusk	13,425	20,082	33,507	23
St. Croix	55,260	82,647	137,907	105
Sauk	22,377	33,468	55,845	34
Sawyer	13,425	20,082	33,507	8
Shawano	25,003	37,396	62,399	4
Sheboygan	45,532	68,098	113,630	27
Taylor	13,425	20,082	33,507	3
Trempealeau	17,901	26,775	44,676	24
Vernon	17,901	26,775	44,676	19
Walworth	33,955	50,783	84,738	108
Washburn	13,425	20,082	33,507	20
Washington	35,803	53,549	89,352	4
Waukesha	94,761	141,725	236,486	266
Waupaca	36,580	54,710	91,290	41
Waushara	13,425	20,082	33,507	13
Winnebago	54,482	81,485	135,967	5
Wood	<u>79,187</u>	<u>118,435</u>	<u>197,622</u>	<u>60</u>
Totals	\$2,796,283	\$4,182,299	\$6,978,582	3,184