

The **Wisconsin Department of Health Services (DHS)** has a number of programs that serve children with emotional, behavioral, developmental and physical disabilities or delays through [Medicaid](#) or [IDEA](#) funding.

The [Birth to 3 Program](#) serves children under the age of three who have delays or disabilities and their families through therapies mainly provided in the home.

The [Children's Long-Term Support \(CLTS\) Waiver Program](#) is a Home and Community-Based Service Waiver that provides Medicaid funding for children who have significant developmental, physical, or emotional disabilities leading to substantial limitations in their daily activities.

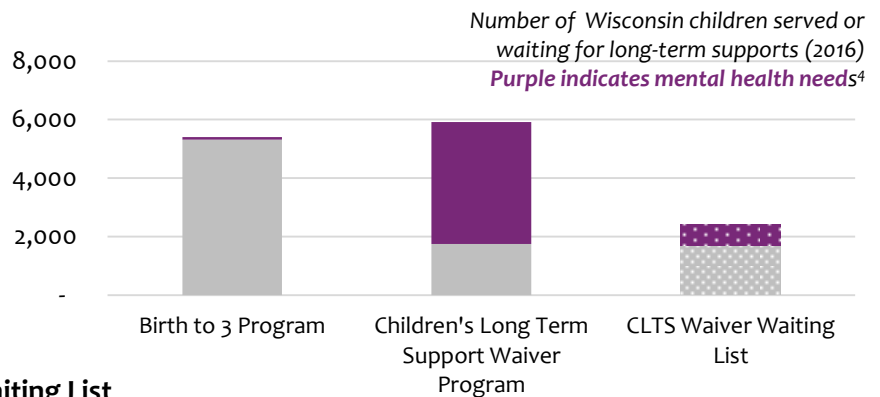
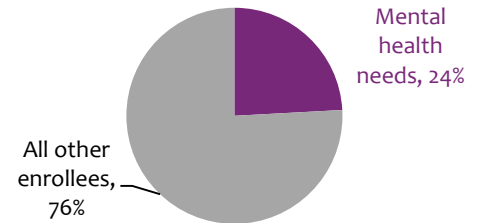
Other funding streams for supports and services for children with disabilities include the Children's Community Options Program (CCOP), and the [Katie Beckett Program](#).

Number of Children Served

In 2016, the Wisconsin long-term support programs served 24,247 children with disabilities, 5,854 of whom had a mental health diagnosis.

Children with mental health needs make up 1.4% of the Birth to 3 Program population, 70% of the CLTS population, and 30% of the current waiting list.³

1 in 4 Wisconsin children with a disability receiving long-term supports had mental health needs (2016)³



Children's Long-Term Support Waiver Program Waiting List

The CLTS Waiver Program waiting list held just over 2,600 children at the end of 2016, and about **30% of those children (751) have social, emotional, or mental health needs**. Some children receive supports while on the waiting list, though most (75%) do not. To support children with disabilities, an additional \$39.2 million will be put towards eliminating this waiting list in the 2017/19 budget.¹

Why is eliminating the CLTS waiver program waiting list important?

Families with children with disabilities are more likely to live in poverty, making it more difficult to provide the extra supports and services that their child needs. Nationally 48% of children with disabilities and 53% of children with mental health disabilities specifically, live in families under 200% of the federal poverty level, compared to only 42% of children without disabilities.²

Key Findings

- One in four Wisconsin children with a disability receiving long-term supports in 2016 had mental health needs.
- Fewer younger children (under three) with social emotional needs are served compared to older children with a disability served.
- Additional funding to the Children's Long-Term Support Waiver Program will support an additional three thousand children, about 30% of whom have a mental health diagnosis.
- The CLTS Waiver Program provides many services for children and families; respite care funded at \$8.7 million/year, is highly valued by parents.

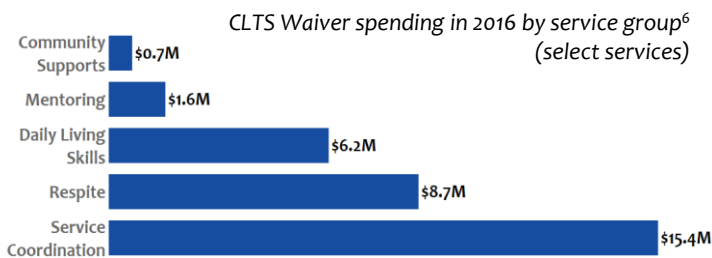
Definitions: The Wisconsin Department of Health Services, Division of Medicaid defines a child with "mental health needs" as a child who has a mental health diagnosis listed on his/her most recent [Children's Long Term Support Functional Screen](#). Other reports may use the term "Serious Emotional Disturbance" (SED) an eligibility category, to count the number of children in CLTS Waiver Program, CCOP, or the Birth to 3 Program. This report instead includes all children with mental health needs, though they may be eligible for long-term supports through a primary physical or developmental disability. Many children in these programs have dual diagnoses of physical, developmental, and/or social/emotional disabilities.

CLTS Waiver Program Spending

The CLTS Waiver Program provides Medicaid funding for a range of services based on the needs of the child and family.

In 2016, CLTS spent 8.7 million on respite for all children (not just those with mental health needs), 12% of the total spending in that year.

Other services that support social and emotional skills and a child's integration into the community [include community supports, mentoring, and daily living skills](#).⁶ This program also provides funding for [additional services \(not shown\)](#), including service coordination, the most frequently used support.



Family and Youth Experience⁸

Flexible funding available through CLTS provides families with supports to keep their children out of hospitals and institutions. Of particular importance is respite care, which allows families a break from caretaking and puts a trained caregiver in the home or other location of the family's choice.

Some families worry about losing long-term care eligibility. These programs have strict functional eligibility requirements and children may lose eligibility if their needs decrease.

Infants Under 3 Years Old with Delays or Disabilities⁵

In 2014, the Wisconsin Birth to 3 Program served around 5,760 children with delays or disabilities, which is 2.8% of the children under age three in Wisconsin. These programs primarily serve speech/language, developmental disabilities, and autism. Few children are identified as having emotional or behavioral disabilities (just under 1% of children served).

A guiding principle of the Birth to 3 Program is to support families who are viewed as the child's greatest resource. As such, the program tracks outcomes relating to family services and supports (below).

Percent of families reporting that the Birth to 3 Program helped in specific ways (program year 2015)⁵



Infants, Toddlers, and Children 3 to 5 Years Old with Delays or Disabilities⁷

Wisconsin's Department of Public Instruction has an [early childhood special education program \(IDEA Part B, 619\)](#) program that served 7.6% of children ages 3-5 in 2014. In this same year, 50.8% of infants and toddlers, and 79.1% of 3-5 year olds, substantially improved their social-emotional skills.

References

1. Walker, S. (2017). *Protecting Wisconsin's most vulnerable: Governor Walker's budget proposal eliminates children's long-term supports waiting list*. Retrieved 4/20/2017 from <https://walker.wi.gov/>. (In Press).
2. Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health. (2016). *National Survey of Children's Health* [Data query]. Retrieved 10/31/2017 from www.childhealthdata.org.
3. Wisconsin Department of Health Services. (2016). Number of Children Enrolled in Bureau of Children's Services Programs [Data file]. Received 7/25/2017 from Division of Medicaid. Data represents the number of children served at any point in 2016.
4. IBID. Data represents census as of October 1, 2016.
5. Wisconsin Department of Health Services. (2016). Part C and Part B 619 Data Display: Wisconsin, covering data from Federal Fiscal Year 2014. Retrieved 10/9/2017 from <https://osep.grads360.org/#communities/pdc/documents/11987>.
6. Wisconsin Department of Health Services. (2016). *Children's long term supports claims universe* [Data file]. Retrieved 10/10/2017. Analysis by OCMH. Data includes all claims for this analysis for all children receiving services in 2016. More information about allowable waiver services is available at <https://www.dhs.wisconsin.gov/waivermanual/index.htm>.
7. US Department of Education. (2016). Part C and Part B 619 Data Display: Wisconsin, Publication Year 2016 (revised).
8. Children's Mental Health Collective Impact Parent and Youth Partners. For more information visit <https://children.wi.gov>.