

Wisconsin Medicaid Scorecard on Serving Children with Disabilities and/or Delays 2016-2018

Division of Medicaid Services



WISCONSIN DEPARTMENT
of **HEALTH SERVICES**

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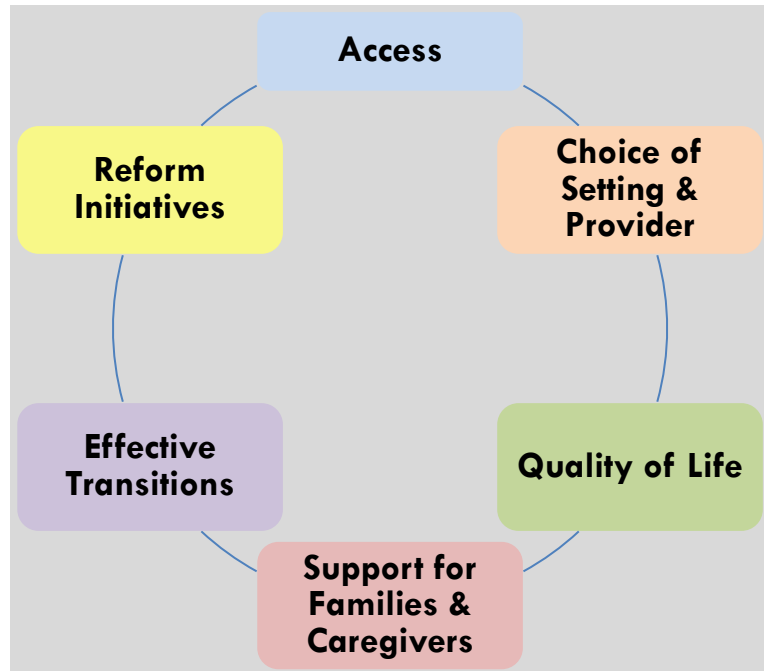
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Introduction

The purpose of this scorecard is twofold: (1) to provide policymakers and stakeholders with metrics that show transparency in the programs offered to children with disabilities in Wisconsin; and (2) to guide policies that promote the wellbeing of Wisconsin's children with disabilities and/or delays. In particular, the scorecard examines metrics in the following six domains:

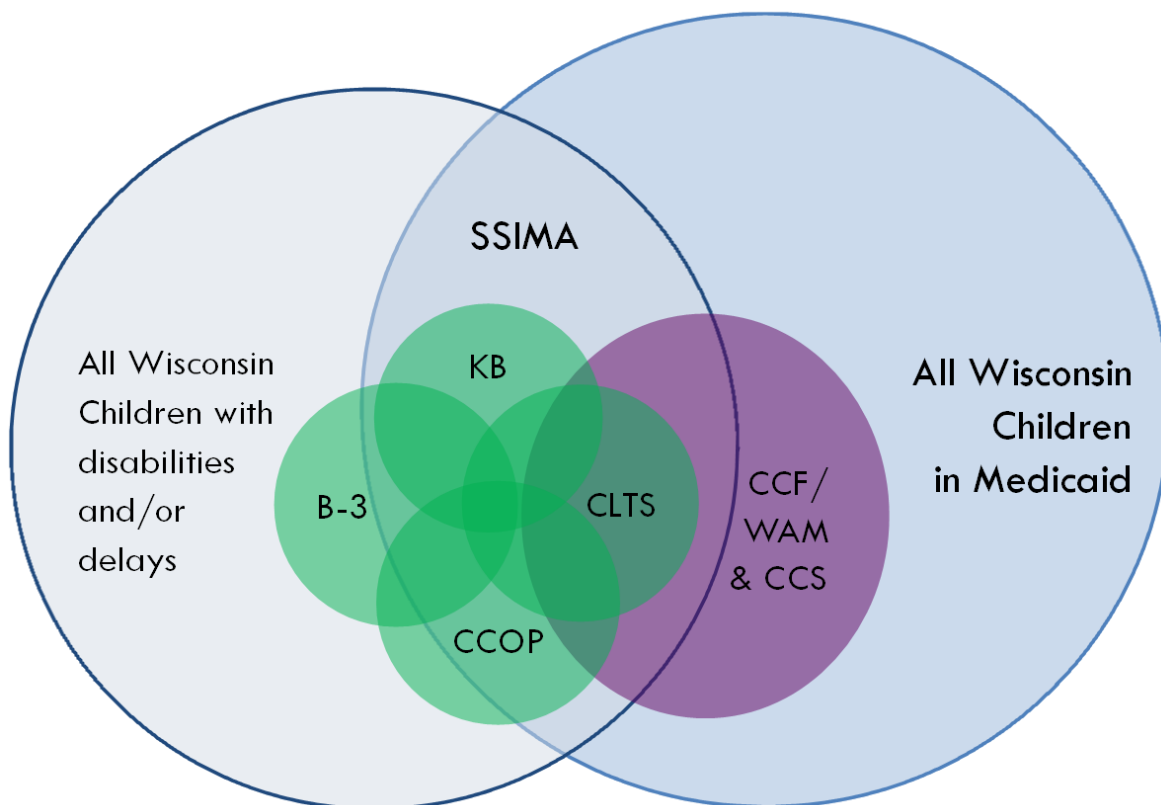
- **Access:** Are families of children with disabilities and/or delays gaining timely access to services?
- **Choice of setting and provider:** Do children and families have choice in the setting and provider from which they are receiving services?
- **Quality of life:** Do Medicaid and related programs and services for children with disabilities and/or delays help children to reach their full potential with respect to quality of life?
- **Support for families and caregivers:** Do families of children with disabilities and/or delays feel adequately supported through programs for children with disabilities and/or delays?
- **Effective transitions:** Are children and families able to smoothly transition in and out of programs?
- **Reform initiatives:** To what extent are various reform initiatives improving services for children with disabilities and/or delays?



While these six domains mirror those of the Adult Long-Term Care Scorecard, it should be noted that the metrics across these two scorecards are not comparable, in part because national standardized benchmarks do not yet exist for children's services. It is hoped that this scorecard can promote and facilitate a national dialogue to develop metrics for children's services in order to allow stakeholders to track and compare meaningful benchmarks with the unified goal of furthering children's health and wellbeing.

The term "children with disabilities and/or delays" encompasses a very broad and diverse population of children. For this reason, some of the scorecard metrics—particularly those that are program-specific—examine only a subset of children in Wisconsin with disabilities and/or delays. In particular, the Bureau of Children's Services oversees the following four programs: Katie

Beckett Program (KBP), Birth to 3 Program (B-3), Children’s Long-Term Support Waiver Program (CLTS), and the Children’s Community Options Program (CCOP). Other programs beyond the Bureau of Children’s Services, such as Comprehensive Community Services (CCS) or Wraparound Milwaukee (WAM), however, also target children with behavioral needs. Moreover, some children are not enrolled in such programs, but rather have Medicaid coverage by meeting disability-related eligibility criteria, such as enrollment in Supplemental Security Income Medical Assistance (SSIMA) through the Social Security Administration. The Venn diagram below illustrates the overlap across these programs and Medicaid (note that the sizes of the circles below do not accurately depict the relative sizes of each of the populations):



Each of the metrics and the population of interest are summarized in the following pages. The remainder of the report provides a short one-page description of each metric.

In line with the Department of Health Services’ goal of continuous improvement, this scorecard will be updated annually to observe trends in metrics over time. For instance, of note in the 2016-2018 scorecard is the elimination of the Children’s Long-Term Support Waiver Program Waitlist, and its significant impact across multiple measures shared in this document. Future scorecards may include changes to existing metrics that reflect measurement improvements, as well as new metrics that align with the latest Bureau of Children’s Services program initiatives.

Summary of Scorecard Metrics

Please refer to the List of Acronyms on the following page.

Domain	Metric	Definition	Children's Programs	2016	2017	2018
Access	1.1 Share of Children with Disabilities who are Screened	Of children with disabilities in Wisconsin, what proportion "find the door" to services by receiving a Functional Screen?	Estimated Wisconsin children with disabilities	19.8%	22.0% *	23.5% *
	1.2 Share of Children Under Three with Delays who are Referred	Of the children under three years old who have disabilities and/or delays, what percent is referred to the B-3 Program?	Estimated Wisconsin children under 3 years old with disabilities and/or delays	23.9%	25.9% *	27.2% *
	1.3 Share of Eligible Population who are Enrolled	Of the children who are screened to be eligible for services, what percent enroll in KBP, B-3, CLTS Waiver, and/or CCOP programs?	CLTS Waiver, B-3, KBP, CCOP	87.9%	86.5%	91.8% *
	1.4 Days on Waiver Waitlist	What is the average number of days that CLTS waiver-eligible children spend on the waitlist?	CLTS Waiver	998.3 days	835.7 days *	164.4 days *
Choice of Setting and Provider	2.1 Care Need Qualifying for Waiver Services	Of the Medicaid population who require institutional level of care services, what proportion receives waiver services?	CLTS Waiver (and waitlist), IMDs, FFS Medicaid institution residents, RCCs	66.7%	64.8% *	73.7% *
Quality of Life	3.1 Youth Interested in Employment	What percent of youth 14 years old and over show affirmative interest in employment?	All children 14+ with a CLTS Functional Screen	27.0%	30.4% *	36.8% *
	3.2 Employment in Integrated Setting	What percent of youth 16 years old and over are employed in integrated settings?	CLTS Waiver	8.4%	8.7%	8.2%
	3.3 Participation in Activities Among Birth to 3 Program Children	What proportion of children participates in social, recreational, or religious activities?	B-3	80.1%	80.0%	78.1%
Support for Families and Caregivers	4.1 Respite Utilization	What percent of the CLTS population utilizes respite services?	CLTS Waiver	60.7%	63.4% *	47.2% *
	4.2 Fulfillment of Caregivers of Birth to 3 Program Members	What proportion of parents/guardians is able to take care of their own needs and do things they enjoy?	B-3	81.6%	80.1% *	76.4%
Effective Transitions	5.1 Transition Preparedness to Adult Programs	What proportion of youth enrolled in CLTS Waiver, KBP, or CCOP is screened for adult long-term care programs?	CLTS Waiver, KBP, CCOP	36.5%	37.6%	32.5% *
	5.2 Transition Preparedness from Birth to 3 Program	What proportion of families knows what options are available when the child leaves the Birth to 3 Program?	B-3	78.5%	73.2% *	72.8%
Reform Initiatives	6.1 Out-of-Home Care Utilization	Of children in CLTS Waiver, B-3, KBP, or CCOP, what proportion is placed into OHC?	CLTS Waiver, B-3, KBP, CCOP	3.2%	3.5%	3.1% *
	6.2 Inpatient Behavioral Health Utilization	What percent of children with disabilities and/or mental health needs utilizes inpatient behavioral health?	All Medicaid and BCS children with disability- and behavioral health-related enrollment: CLTS Waiver, B-3, KBP, CCOP, SSIMA, CCF, WAM, CCS, CRS	1.8%	2.7% *	2.5% *

*Change from previous year is statistically significant ($\alpha = 0.05$).

List of Acronyms

B-3	Birth to 3 Program
BCS	Bureau of Children's Services
CCF	Children Come First
CCOP	Children's Community Options Program
CCS	Comprehensive Community Services
CLTS	Children's Long-Term Support
CRS	Community Recovery Services
FFS	Fee For Service
ICF	Intermediate Care Facility
IMD	Institution for Mental Disease
KBP	Katie Beckett Program
OHC	Out-of-Home Care
RCC	Residential Care Center
SSIMA	Supplemental Security Income Medical Assistance
WAM	Wraparound Milwaukee



1.1 Share of Children with Disabilities who are Screened

Metric Description

The purpose of the metric is to examine access to the Children’s Long-Term Support Waiver Program, Children’s Community Options Program, and Katie Beckett Program by observing how many parents and primary caregivers of children with disabilities are seeking to receive or continue services. It does so by starting with the broadest possible population of children with disabilities at the statewide level, and then measuring the proportion of these children who complete a Children’s Long-Term Support Functional Screen, hereafter referred to as the Functional Screen. The Functional Screen is the first step to receiving services, as it determines eligibility for the Children’s Long-Term Support Waiver Program, Children’s Community Options Program, and Katie Beckett Program . It is also repeated annually or with a change in condition.

The denominator uses the American Community Survey estimation of children (0-17 years old) with disabilities in Wisconsin, which is updated annually by the United States Census Bureau. While this number offers only an estimate, it provides the most comprehensive and accurate estimation based on representative statewide data. The numerator counts the number of children who have completed any screens through the Functional Screen, which determines eligibility for the Children’s Long-Term Support Waiver Program, Children’s Community Options Program, and Katie Beckett Program. Since these programs strive to connect as many children with disabilities to appropriate services, the target direction for this metric is upwards.

Results

The number of children who completed Functional Screens increased significantly both from 2016 to 2017, and 2017 to 2018.

DOMAIN

ACCESS

PURPOSE

Of children with disabilities in Wisconsin, what proportion “find the door” to services by receiving a Functional Screen?

POPULATION

Estimated Wisconsin children with disabilities

NUMERATOR

Number of children who have completed the Functional Screen

DENOMINATOR

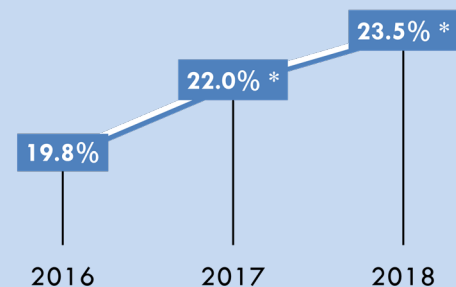
Estimated number of children (0-17 year olds) with disabilities in Wisconsin according to the American Community Survey

TARGET DIRECTION



RESULTS

2016	$\frac{10,968}{55,604}$	19.8%
2017 *	$\frac{11,586}{52,573}$	22.0%
2018 *	$\frac{12,037}{51,197}$	23.5%



*Significant difference compared to the previous year (p-value <0.05)



1.1 Share of Children with Disabilities who are Screened (Continued)

From 2016-2017, the percent of children with completed Function Screens increased from 19.8% (10,968/55,604) to 22.0% (11,586/52,573), and from 2017-2018 the percent increased from 22.0% to 23.5% (12,037/51,197), meaning that more children are finding the first step towards receiving services via the Children's Long-Term Support Waiver Program, Children's Community Options Program, and Katie Beckett Program.



1.2 Share of Children Under 3 with Delays who are Referred

Metric Description

The Birth to 3 Program offers services to children with disabilities and/or delays who are under 3 years old. Much like the previous measure (1.1), this metric examines the proportion of Wisconsin’s statewide (families of) children with delays and/or disabilities who successfully “find the door” through a referral to the Birth to 3 Program. By doing so, this metric examines access to the Birth to 3 Program at the statewide level.

To calculate the number of children potentially eligible for the Birth to 3 Program, the American Community Survey estimate for the number of Wisconsin children under 3 years old is multiplied by a factor of 28% (and rounded up to the nearest integer). Approximately 28% of all children under 3 years old are estimated to have disabilities and/or delays.^{1,2} The numerator is the number of children who are referred to the Birth to 3 Program. Since the purpose of this metric is to quantify access to the Birth to 3 Program, an increase in this metric represents a favorable result.

Results

Since 2016, there has been a significant increase each year in the number of children with delays and/or disabilities who were referred to the Birth to 3 Program. The percent rose from 23.9% in 2016 to 25.9% in 2017, and further to 27.2% in 2018.

¹ Rosenberg, Robinson, Shaw and Ellison (2013). “Part C Early Intervention for Infants and Toddlers: Percentage Eligible Versus Served.” *Pediatrics*, Volume 131(1).

² Rosenberg, Ellison, Fast, Robinson and Lazar (2013). “Computing Theoretical Rates of Part C Eligibility Based on Developmental Delays.” *Maternal & Child Health Journal*, Volume 17(2), 384-390.

DOMAIN

ACCESS

PURPOSE

Of the children under 3 years old who have disabilities and/or delays, what percentage is referred to the Birth to 3 Program?

POPULATION

Estimated Wisconsin children under three years old with disabilities and/or delays

NUMERATOR

Number of children who are referred to the Birth to 3 Program

DENOMINATOR

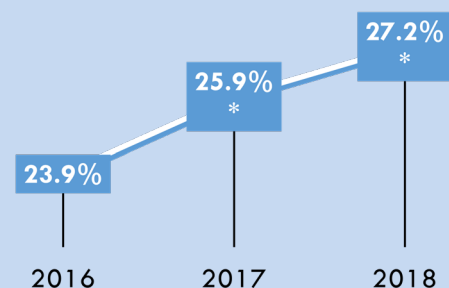
Number of children under 3 years old with delays and/or disabilities according to the American Community Survey

TARGET DIRECTION



RESULTS

2016	<u>13,339</u> 55,871	23.9%
2017 *	<u>14,391</u> 55,474	25.9%
2018 *	<u>15,060</u> 55,468	27.2%



*Significant difference compared to the previous year (p-value <0.05)



1.3 Share of Eligible Population who are Enrolled

Metric Description

Of the children who are determined to be functionally eligible for the Children’s Long-Term Support Waiver Program, Birth to 3 Program, Children’s Community Options Program, and/or Katie Beckett Program, not all of them enroll into these programs. This can occur for several reasons, including not meeting financial eligibility criteria, families choosing not to enroll, or being placed on the waitlist for Children’s Long-Term Support Waiver Program enrollment, due to insufficient funding resources for services. This metric uses the population of all children who have completed Functional Screens as well as those who have completed the Birth to 3 evaluation, and were then determined to be functionally eligible for the Children’s Long-Term Support Waiver Program, Birth to 3 Program, Children’s Community Options Program, and/or Katie Beckett Program. Of these children, those enrolled in these four programs are included in the numerator.

Results

The proportion of eligible children who enroll in the Children’s Long-Term Support Waiver Program, Birth to 3 Program, Children’s Community Options Program, and/or Katie Beckett Program significantly increased from 85.8% (or 10,985/12,811) in 2016 to 86.5% (or 11,420/13,207) in 2017. This trend continued with an increase to 91.8% (or 14,150/15,409) in 2018. The increase over these three years represents a favorable change, as the target direction for this metric is upwards.

DOMAIN
ACCESS

PURPOSE

Of the children who are screened to be eligible for services, what percent enroll in the Children’s Long-Term Support Waiver Program, Birth to 3 Program, Children’s Community Options Program, and/or Katie Beckett Program?

POPULATION

All children who have been screened and determined to have functional eligibility for the Children’s Long-Term Support Waiver Program, Birth to 3 Program, Children’s Community Options Program, and/or Katie Beckett Program.

NUMERATOR

Children who are enrolled in the Children’s Long-Term Support Waiver Program, Birth to 3 Program, Children’s Community Options Program, and/or Katie Beckett Program at any point during the year.

DENOMINATOR

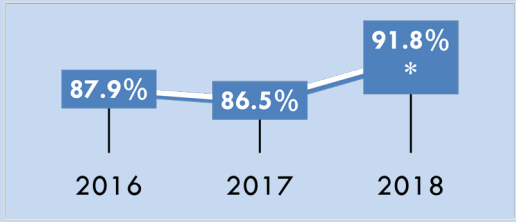
All children eligible for Children’s Long-Term Support Waiver Program, Birth to 3 Program, Children’s Community Options Program, and/or Katie Beckett Program.

TARGET DIRECTION



RESULTS

2016	$\frac{11,255}{12,801}$	807.9%
2017	$\frac{11,420}{13,207}$	86.5%
2018 *	$\frac{14,150}{15,409}$	91.8%



*Significant difference compared to the previous year (p-value <0.05)



1.4 Days on Waiver Waitlist

Metric Description

The Children's Long-Term Support Waiver Program provides key services to children who require long-term services and supports. The purpose of this metric is to calculate the average number of days that children eligible for the Children's Long-Term Support Waiver Program spend on the waitlist prior to accessing these services. The denominator is the number of children who are eligible for the Children's Long-Term Support Waiver Program who exit the waitlist and enroll into the Children's Long-Term Support Waiver Program during the calendar year. The numerator is the total number of days these children spent on the waitlist. This tells us how long children who have enrolled ultimately waited.

With the planned elimination of the Children's Long-Term Support Waiver Program Waitlist, it is likely that the total number of days spent on the waitlist—along with the number of children on the waitlist—will decrease significantly from year to year. A decrease in the numerator that outpaces that of the denominator will represent a favorable outcome, as it will indicate that children on average are accessing Children's Long-Term Support Waiver Program services sooner.

Results

Between 2016 and 2017 alone, the average number of days spent on the Children's Long-Term Support Waiver Program Waitlist decreased from 998.3 days to 835.7 days, or 16.2%. The average number of days decreased even more drastically in 2018, as the average dropped to 164.4 days (80.3% change). This decrease is positive, as the Department of Health Services continues to eliminate the Children's Long-Term Support Waiver Program Waitlist.

DOMAIN

ACCESS

PURPOSE

What is the average number of days that children eligible for the Children's Long-Term Support Waiver Program spend on the waitlist?

POPULATION

Children who exit the the Children's Long-Term Support Waiver Program Waitlist and enroll into the Children's Long-Term Support Waiver Program

NUMERATOR

Total number of days spent on the waitlist among all children who are eligible for the Children's Long-Term Support Waiver Program who exit the waitlist and enroll into the program

DENOMINATOR

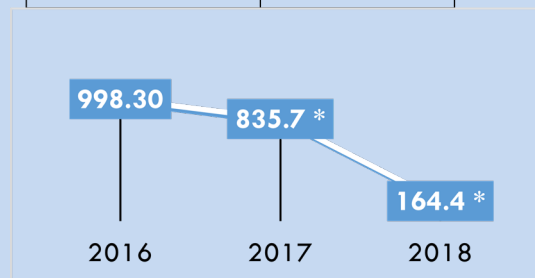
Number of children who exit the waitlist and enroll into the Children's Long-Term Support Waiver Program

TARGET DIRECTION



RESULTS

2016	998.3 days
2017 *	835.7 days
2018 *	164.4 days



*Significant difference compared to the previous year (p-value <0.05)



2.1 Care Need Qualifying for Waiver Services

Metric Description

Some children with disabilities are determined to qualify for institutional level of care services, which means they were found functionally eligible for the Children’s Long-Term Support Waiver Program or are cared for in an institution. The purpose of this metric is to calculate the extent to which these children receive services through the Children’s Long-Term Support Waiver Program. The metric includes children who receive care in:

- (1) Medicaid-paid institutional facilities (nursing homes, Intermediate Care Facilities/State Centers, and Institutes for Mental Disease)
- (2) Select out-of-home care placements (group homes, shelter care, and Residential Care Centers)
- (3) The Children’s Long-Term Support Waiver Program
- (4) The Children’s Long-Term Support Waiver Program Waitlist

Since some children receive services through more than one of the above programs or settings during the year, the denominator is the average number of children who are enrolled in any of these settings. The numerator is the average number of children enrolled in the Children’s Long-Term Support Waiver Program. The proportion shows on average how many children who required institutional level of care received that care through the Children’s Long-Term Support Waiver Program. A relative increase in the numerator (Children’s Long-Term Support Waiver Program enrollment) over the denominator represents the favorable direction.

Results

Between 2016 and 2017, the statewide results decreased significantly from 66.7% (5,893/8,828) to 64.8% (5,931/9,156). Much of this change can be

DOMAIN

CHOICE OF SETTING AND PROVIDER

PURPOSE

Of the Medicaid population who require institutional level of care services, what proportion receives waiver services?

POPULATION

Wisconsin children who received care in all Medicaid-paid institutional facilities, group homes, shelter care, Residential Care Centers, Children’s Long-Term Support Waiver Program, and/or were on the Children’s Long-Term Support Waiver Program Waitlist.

NUMERATOR

Average enrollment in Children’s Long-Term Support Waiver Program.

DENOMINATOR

Average enrollment (=days /365) of Children’s Long-Term Support Waiver Program, all Medicaid-paid institutional facilities (nursing homes, Intermediate Care Facilities/State Centers, and Institutes for Mental Disease), group homes, shelter care, Residential Care Centers, and Children’s Long-Term Support Waiver Program Waitlist.

TARGET DIRECTION



RESULTS

2016	$\frac{5,893}{8,828}$	66.7%
2017 *	$\frac{5,931}{9,156}$	64.8%
2018 *	$\frac{7,633}{9,993}$	73.7%



*Significant difference compared to the previous year (p-value <0.05)



Care Need Qualifying for Waiver Services (Continued)

attributed to the initiative to eliminate the Children's Long-Term Support Waiver Program Waitlist, more so than to the increased use of institutions. More children were on the waitlist in 2016, as the effort to eliminate the waitlist began in 2017.

However, in 2018, the statewide results significantly increased to 73.7% (7,633/9,993). Additional analysis shows that this change can be attributed to the elimination of the waitlist, as more children are served through the Children's Long-Term Support Waiver Program.

3.1 Youth Interested in Employment

Metric Description

All children—including those with varying abilities—should engage in and thrive in all aspects of life. Employment improves quality of life in multiple ways. Of all youth 14 years old and over who receive Functional Screens during a calendar year, those who show affirmative interest in employment are included in the numerator. Affirmative interest means that in their Functional Screen, the youth was either employed or interested in employment.

It should be noted that the Functional Screen clinical instructions were revised mid-2018 to clarify the Employment Interest item, along with training to ensure that all youth 14 years old and over are asked the relevant question(s).

Results

Since 2016, the percentage of youth interested in employment has been significantly increasing. In 2017, the percent of youth interested in employment increased by 3.4% from the previous year, and in 2018, significantly increased by an additional 6.3%. While the direction of change represents a favorable outcome, the overall percentages are low. A potential contributing factor is the significant number of missing responses from 14- and 15-year-olds. It is possible that ongoing training for those who oversee the Functional Screen can help increase the number of youth who respond to this question.



DOMAIN

QUALITY OF LIFE

PURPOSE

What percentage of youth 14 years old and over show affirmative interest in employment?

POPULATION

Wisconsin youth (14 years old and over) who received functional screens

NUMERATOR

Number of youths (14 years old and over) who show affirmative interest in employment

DENOMINATOR

Number of youth (14 years old and over) who have completed a Functional Screen during the calendar year

TARGET DIRECTION



RESULTS

2016	$\frac{888}{3,294}$	27.0 %
2017 *	$\frac{1,066}{3,512}$	30.4 %
2018 *	$\frac{1,500}{4,082}$	36.7%



*Significant difference compared to the previous year (p-value <0.05)

3.2 Employment in Integrated Setting

Metric Description

An important way in which youth with disabilities can increase their support network, participate in stimulating and exciting activities, and facilitate their transition into adulthood is through employment in integrated settings. The population of this metric includes all Children’s Long-Term Support Waiver Program youth 16 years old and over who have completed the Functional Screen during the calendar year. Of these youth, those who are employed in an integrated setting are included in the numerator. Since the favorable outcome for this metric is to increase the proportion of Children’s Long-Term Support Waiver Program youth who are employed in integrated settings, the target direction is upwards. Of note is the fact that this metric is restricted to only those youth who have completed a Functional Screen during the year, because the Functional Screen serves as the data source for this metric.

Results

Since 2016, the proportion of Children’s Long-Term Support Waiver Program youth who were employed in integrated settings has remained relatively static between 8.2% and 8.7%. Wisconsin’s numbers are low compared to national rates of employment for this age group. The Bureau of Labor Statistics (BLS) reports 17.4% of 16-19 year olds with disabilities are employed nationally.¹ It should be noted that the BLS definition of disability also includes mild and moderate disabilities that would not meet the institutional level of care requirement for CLTS waiver enrollment; the reported discrepancy with Wisconsin data is partially explained by the difference in the BLS survey population. Additionally, in Wisconsin, 56.5% of 16-19 year olds with no diagnosed disabilities are employed.¹

¹ Bureau of Labor Statistics



DOMAIN

QUALITY OF LIFE

PURPOSE

What percentage of youth 16 years old and over is employed in integrated settings?

POPULATION

Youth who both completed a Functional Screen and were enrolled in the Children’s Long-Term Support Waiver Program

NUMERATOR

Number of youth who are employed in an integrated setting

DENOMINATOR

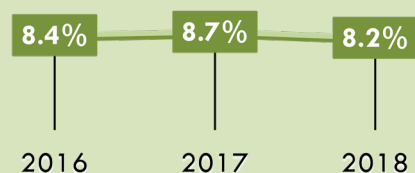
Number of youth 16 years old and over enrolled in the Children’s Long-Term Support Waiver Program who have completed a Functional Screen during the calendar year

TARGET DIRECTION



RESULTS

2016	$\frac{88}{1,046}$	8.4%
2017	$\frac{92}{1,062}$	8.7%
2018	$\frac{94}{1,151}$	8.2%



3.3 Participation in Activities Among Birth to 3 Program Children

Metric Description

Similar to the previous measure (3.2), this metric aims to gauge the quality of life for younger children. Based on survey responses from parents/guardians of children enrolled in the Birth to 3 Program, this metric calculates the proportion of Birth to 3 Program children who participates in desired social, recreational, or religious activities.

With respect to the measurement, the denominator is restricted to only those who respond to the survey. It should be noted that in 2017, the survey delivery method changed, which reduced survey response rates. The target direction for this metric is upwards.

Results

The relative proportion of Birth to 3 Program children who participated in desired social, recreational, and/or religious activities did not change significantly between 2016 and 2017 from 80.1% (or 685/855) to 80.0% (or 341/426), or between 2017 and 2018 from 80.0% to 78.1% (278/356).



DOMAIN

QUALITY OF LIFE

PURPOSE

What proportion of children participates in social, recreational, or religious activities?

POPULATION

Birth to 3 Program children

NUMERATOR

Number of survey respondents who answered that they participate in desired social, recreational, and/or religious activities

DENOMINATOR

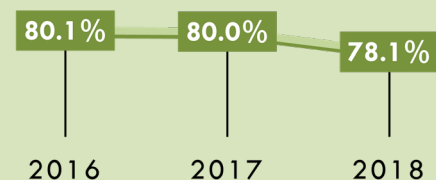
Number of survey respondents

TARGET DIRECTION



RESULTS

2016	$\frac{685}{855}$	80.1%
2017	$\frac{341}{426}$	80.0%
2018	$\frac{278}{356}$	78.1%



4.1 Respite Utilization

Metric Description

Respite care represents one of the key services provided by the Children’s Long-Term Support Waiver Program. Respite care services maintain and strengthen the child’s natural supports by easing the daily stress and care demands for their family or primary caregiver on a short-term basis. For this reason, the target direction of this metric is upwards, or to see more families leveraging respite care services funded by the Children’s Long-Term Support Waiver Program.

The denominator includes all children enrolled in the Children’s Long-Term Support Waiver Program for at least three months of the calendar year. Among these children, those who receive respite care during the year are included in the numerator.

Results

Since 2016, there have been changes to respite service definitions and codes, which may impact the results for this measure. From 2016 to 2017, the percentage of Children’s Long-Term Support Waiver Program children and families who utilize respite care services significantly increased by 2.3% from 60.7% to 63.4%. The percentage significantly decreased by 16.2% to 47.2% in 2018. The figures from 2017 and 2018 show that while the denominator increased by almost 3,000, the numerator only increased by about 300 individuals. In other words, the elimination of the Children’s Long-Term Support Waiver Program Waitlist has resulted in a drastic surge in program enrollment (i.e., the denominator), but this change was not accompanied with a similar increase in the uptake of respite care services (i.e., numerator).



DOMAIN

SUPPORT OF FAMILIES AND CAREGIVERS

PURPOSE

What percentage of the Children’s Long-Term Support Waiver Program population utilizes respite services?

POPULATION

Children’s Long-Term Support Waiver Program population

NUMERATOR

Number of children enrolled in the Children’s Long-Term Support Waiver Program for at least 3 months who receive respite care

DENOMINATOR

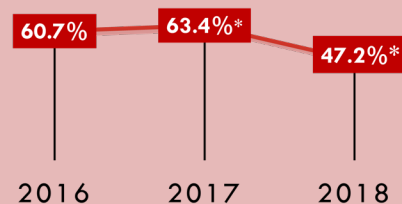
Number of children enrolled in the Children’s Long-Term Support Waiver Program for at least 3 months during the calendar year

TARGET DIRECTION



RESULTS

2016	$\frac{4,013}{6,613}$	60.7%
2017 *	$\frac{4,145}{6,541}$	63.4%
2018 *	$\frac{4,475}{9,488}$	47.2%



*Significant difference compared to the previous year (p-value <0.05)



4.2 Fulfillment of Caregivers of Birth to 3 Program

Metric Description

Recognizing that caretakers have substantial responsibilities, the annual survey issued to families of Birth to 3 Program children asks whether the families and caregivers are “able to take care of their own needs and do things they enjoy.” The ideal outcome would be for all families of Birth to 3 Program children to respond affirmatively to the question, meaning that the target direction is upwards.

Of the survey respondents, the metric includes those who answer that they are able to take care of their own needs and do things they enjoy in the numerator. As in measure 3.3, changes to the survey delivery method in 2017 decreased the denominator of the metric.

Results

Since 2016, the number of caretakers who responded that they are able to take care of their own needs and do things they enjoy has decreased. In 2017, the number significantly decreased from 81.6% (694/851) in 2016 to 80.1% (319/423). In 2018, the number decreased further to 76.4% (272/356).

DOMAIN

SUPPORT OF FAMILIES AND CAREGIVERS

PURPOSE

What proportion of parents/guardians is able to take care of their own needs and do things they enjoy?

POPULATION

Birth to 3 Program children

NUMERATOR

Number of survey respondents who answered that they are able to take care of their own needs and do things they enjoy

DENOMINATOR

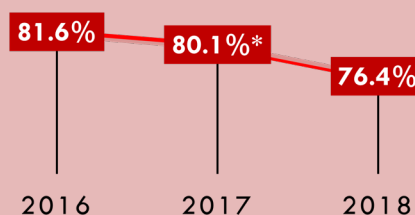
Number of survey respondents

TARGET DIRECTION



RESULTS

2016	$\frac{694}{851}$	81.6%
2017 *	$\frac{319}{423}$	80.1%
2018	$\frac{272}{356}$	76.4%



*Significant difference compared to the previous year (p-value <0.05)



5.1 Transition Preparedness to Adult Programs

Metric Description

An important function of the Department of Health Services is to help children and families transition between programs as children’s needs and eligibility change. The purpose of this metric is to determine the proportion of eligible children who complete the first step of transitioning to adult programs by completing either an adult Long-Term Care Functional Screen or mental health screen. Since the goal is to ensure that all children and adults receive the services they need, the target direction is up.

The denominator includes all children 17.5 years old and up who are enrolled in at least one of the following programs during the calendar year: Children’s Long-Term Support Waiver Program, Children’s Community Options Program, and Katie Beckett Program. The numerator includes only these children who completed either an adult Long-Term Care Functional Screen or mental health screen, each of which determines eligibility for different programs.

Results

Between 2016 and 2017, the percent of enrollees in Children’s Long-Term Support Waiver Program, Children’s Community Options Program, and Katie Beckett Program who completed an adult Long-Term Care Functional Screen or mental health screen remained relatively static, increasing only slightly from 36.5% (501/1,373) to 37.6% (556/1,480). However, in 2018, this percent significantly decreased to 32.5% (521/1,602). While the numerator is similar to 2016 and 2017, the denominator increased substantially.

DOMAIN

EFFECTIVE TRANSITIONS

PURPOSE

What proportion of youth enrolled in Children’s Long-Term Support Waiver Program, Children’s Community Options Program, and/or Katie Beckett Program is screened for adult long-term care programs?

POPULATION

Youth enrolled in Children’s Long-Term Support Waiver Program, Children’s Community Options Program, and/or Katie Beckett Program.

NUMERATOR

Number of youth who completed either an adult Long-Term Care Functional Screen or mental health screen.

DENOMINATOR

Children’s Long-Term Support Waiver Program, Children’s Community Options Program, and Katie Beckett Program enrollees (at some point during the calendar year) with a designated target group at 17.5 years old and up.

TARGET DIRECTION



RESULTS

2016	$\frac{501}{1,373}$	36.5%
2017	$\frac{556}{1,480}$	37.6%
2018 *	$\frac{521}{1,602}$	32.5%



*Significant difference compared to the previous year (p-value <0.05)

5.2 Transition Preparedness From Birth to 3 Program

Metric Description

The Birth to 3 Program offers services to only children under the age of 3. As a result, children who continue to require services upon turning 3 years old must transition out of the program. They may transition to services provided by school districts and/or other Bureau of Children’s Services programs, or their prior delays may have progressed to their typically developing peers so that they are not eligible for or in need of other programs. Since an effective transition could look different for different children, this measure looks at families’ knowledge about their options. One survey question asked to families of Birth to 3 Program children is whether they know the options available to them when the child leaves the Birth to 3 Program. Since an affirmative response represents the first step towards an effective transition out of the Birth to 3 Program, the target direction for this metric is up.

Much like the other metrics based on survey questions, the denominator of this measure is the number of survey respondents for the Birth to 3 Program. The response rate decreased in 2017 due to a change in the survey delivery method. The numerator is the number of affirmative responses to knowing the available options when the child leaves the Birth to 3 Program.

Results

The results of this measure significantly changed from 78.5% (or 672/856) in 2016 to 73.2% (325/444) in 2017. The 2018 results were very similar to those in 2017, but the overall response rate for the survey decreased.



DOMAIN

EFFECTIVE TRANSITIONS

PURPOSE

What proportion of families knows what options are available when the child leaves the Birth to 3 Program?

POPULATION

Families of Birth to 3 Program children

NUMERATOR

Number of families who responded affirmatively that they know the options available to them when the child leaves the Birth to 3 Program

DENOMINATOR

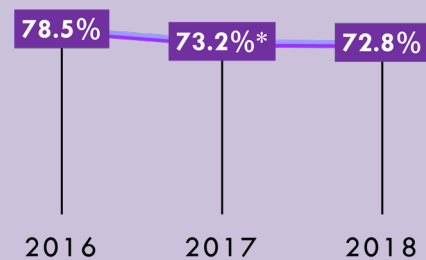
Number of survey respondents

TARGET DIRECTION



RESULTS

2016	$\frac{672}{856}$	78.5%
2017 *	$\frac{325}{444}$	73.2%
2018	$\frac{259}{356}$	72.8%



*Significant difference compared to the previous year (p-value <0.05)



6.1 Out-of-Home Care Utilization

Metric Description

The overlap of children with disabilities and children removed from their homes highlights both the vulnerability of children with disabilities and the importance of cross-agency coordination between multiple state and local agencies to best serve these children. Out-of-home care includes foster and kinship care, group homes, residential care centers, and shelter care. Many factors influence out-of-home placements. For some children, effective long term supports can help avoid certain kinds of out-of-home care placement, while for others, placement into out-of-home care may be unrelated to disability or service needs. The purpose of this metric is to bring these children to the forefront of policy discussions. The target direction of this metric is downwards, with fewer children being placed out of their homes.

The denominator of this metric includes all children enrolled in Children’s Long-Term Support Waiver Program, Birth to 3 Program, Children’s Community Options Program, and/or Katie Beckett Program. Of these children, the numerator counts the number of children who are in out-of-home care at any point during the year.

Results

In 2016, the proportion of children enrolled in the Children’s Long-Term Support Waiver Program, Birth to 3 Program, Children’s Community Options Program, and/or the Katie Beckett Program who were in out-of-home care at any point during the year was 3.2% (624/19,546). This percentage increased slightly to 3.5% (702/20,319) in 2017. In 2018, the percentage decreased to 3.1% (764/24,653), primarily driven by an increase in the number enrolled in the Children’s Long-Term Support Waiver Program due to the elimination of the waitlist.

DOMAIN

REFORM INITIATIVES

PURPOSE

Of children enrolled in Children’s Long-Term Support Waiver Program, Birth to 3 Program, Children’s Community Options Program, and/or Katie Beckett Program, what proportion is placed into out-of-home care?

POPULATION

Children enrolled in Children’s Long-Term Support Waiver Program, Birth to 3 Program, Children’s Community Options Program, and/or Katie Beckett Program.

NUMERATOR

Number of children who are in out-of-home care.

DENOMINATOR

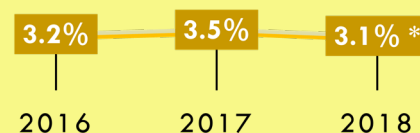
Number of children enrolled in Children’s Long-Term Support Waiver Program, Birth to 3 Program, Children’s Community Options Program, and/or Katie Beckett Program (at some point during the calendar year).

TARGET DIRECTION



RESULTS

2016	$\frac{624}{19,546}$	3.2%
2017	$\frac{702}{20,319}$	3.5%
2018 *	$\frac{764}{24,653}$	3.1%



*Significant difference compared to the previous year (p-value <0.05)



6.2 Inpatient Behavioral Health Utilization

Metric Description

Behavioral health and mental wellbeing play a considerable role in children’s overall health and quality of life. The goal of many programs that target children’s behavioral and mental health is to intervene and promote positive change before it escalates to inpatient behavioral health utilization. The purpose of this metric is to measure the proportion of children with disabilities and/or mental health needs who are enrolled in Medicaid and Bureau of Children’s Services programs and had inpatient behavioral health stays during the calendar year; as a result, the target direction is down.

The denominator includes all children with disability and mental health-related enrollment in Medicaid and Bureau of Children’s Services programs: Children’s Long-Term Support Waiver Program, Birth to 3 Program, Children’s Community Options Program, Katie Beckett Program, Supplemental Security Income Medical Assistance, Children Come First, Wraparound Milwaukee, Comprehensive Community Services, and/or Community Recovery Services. The numerator includes these children who had inpatient behavioral health stays during the course of the year. Note that stays for children who are covered by private insurance may be missing from this metric.

Results

While the overall percentages are small, meaning that only a small subset of Medicaid children with disability- and/or mental health-related enrollment claim inpatient behavioral health stays, the percentage significantly increased from 1.8% (875/50,079) in 2016 to 2.7% (1,387/50,786) in 2017. However, in 2018, this trend reversed and the percent significantly decreased to 2.5%.

DOMAIN

REFORM INITIATIVES

PURPOSE

What percentage of children with disabilities and/or mental health needs utilizes inpatient behavioral health?

POPULATION

All children with disabilities and/or mental health needs enrolled in Medicaid and Bureau of Children’s Services programs.

NUMERATOR

Number of children who use inpatient behavioral health paid by Medicaid or reported in other Department of Health Services data.

DENOMINATOR

Number of children enrolled in Children’s Long-Term Support Waiver Program, Birth to 3 Program, Children’s Community Options Program, and/or Katie Beckett Program, Supplemental Security Income Medical Assistance, Children Come First, Wraparound Milwaukee, Comprehensive Community Services, and/or Community Recovery Services.

TARGET DIRECTION



RESULTS

2016	$\frac{875}{50,079}$	1.8%
2017 *	$\frac{1,387}{50,786}$	2.7%
2018 *	$\frac{1,278}{51,960}$	2.5%



*Significant difference compared to the previous year (p-value <0.05)

Appendix A: Overlapping Enrollment

In many instances, children with disabilities are enrolled in multiple programs through which they receive relevant disability-related services. For example, a child may be enrolled in both the Katie Beckett Program and the Children's Long-Term Support Waiver Program: for program-level breakout purposes, do we count this child as enrolled in Katie Beckett Program, Children's Long-Term Support Waiver Program, or both? Before proceeding, it should be noted that determining business rules for population hierarchy does not affect the numbers shown in this report; rather, they concern only program-level breakout data that may be displayed in supplemental visualizations. The following business rules determine the population hierarchy for children with overlapping enrollment:

- All programs specific to the Bureau of Children's Services: Children's Long-Term Support Waiver Program, Birth to 3 Program, and Children's Community Options Program (overlapping enrollment between Children's Long-Term Support Waiver Program and Birth to 3 Program is captured as a distinct enrollment profile, and an indicator is used to capture if either group had overlapping Children's Community Options Program enrollment.)
- Katie Beckett Program and Supplemental Security Income Medical Assistance
- Mental Health Programs and Services: Children Come First, Wraparound Milwaukee, Comprehensive Community Services, Community Recovery Services (overlapping enrollment of mental health programs with Children's Long-Term Support Waiver Program is also captured via an indicator.)