

FINANCING MODELS

LOCAL MODELS – BRAIDED FUNDING MODEL **SUPPORTED BY STATED STATUTE CHANGES**

(Created by Bruce Kamradt, used with permission)

Wisconsin– Integrated Services Program for Children (ISP)

Target Group - Child with severe emotional, behavioral, developmental or mental health disabilities causing functioning limitations at home, school, and in the community and requires services and supports from 2 or more agencies.

Financing Strategy: State allocation of general purpose revenue to counties in addition to Medicaid fee-for-service billing. Includes using EPSDT to authorize necessary services and funding participation from other child serving agencies

All participating organizations in the program sign an inter-agency agreement outlining the mission, values and principles of the initiative as well as expectations for partner organizations, including funding match

Entry Points: Any participating agency may refer to the designated local County Service Coordination Agency who is responsible to provide intake and service coordination. The Service Coordination Agency is designated in an inter-agency agreement by the local/county coordinating committee.

County Board appoints a coordinating committee and designates an administering agency to oversee the program. Coordinating committee composition is statutorily mandated and made up of child serving agencies, courts, education and parents.

Screening Process: Eligibility is determined through screening done by the service coordination agency (there may be more than one such agency)

Assessment: Child who is found eligible is assigned a service coordinator. Service Coordinator brings together all the evaluations and information and setup the coordinated service team (CST) meeting.

Coordinated Service Team: CST team meets to develop the care plan. It consist of representatives of child serving systems, providers, family, child and other representatives chosen by the family. Must be completed within 60 days of referral.

Coordinated Service Plan: Becomes Treatment Plan and consists of short and long term goals. Lists services needed and to be provided the child and family, identifies each agency's responsibility for providing a portion of the treatment, education and support services to be offered and identifies the available sources of funding and how funds will be allocated for the plan by each agency. The plan is also

submitted to the local juvenile court to be included under the dispositional order (s 48.345) (6m) or (938.34) (6m).

Each agency included in the implementation of the plan must identify a specific person responsible to implement their portion of the plan and attend CST team meetings.

Service Offered – Each agency contributes existing funding and services already offered within service array. They may create new services and supports as they deem necessary to meet individual needs of child/family

Review of Service Plan – CSTs must be held at least once every six months to review plan and make modifications as needed.

Termination of Services – Services under the coordinated service plan may be terminated by the agreement of all participants when the goals of the treatment and support plan have been met and the CST plan is no longer needed or by order of the court if services are provided under a court order