



*The Wisconsin Association of Family and Children's Agencies is a statewide association that represents over 50 child and family serving agencies and leaders in the field and advocates for the more than 250,000 individuals and families that they serve each year.*

## **Protect Access to Health & Mental Health Care to Protect Wisconsin's Families**

Protecting Medicaid is essential to protecting health and mental health care access for nearly 1 million people in Wisconsin -- health care they need for well-being and to realize their human potential.

- *1 in 6 Wisconsinites rely on BadgerCare, 80% of these individuals are in families with a worker<sup>1</sup>*
- *1 in 3 children in Wisconsin are covered by BadgerCare<sup>1</sup>*
- *1 in 5 Wisconsinites has a diagnosable mental health condition<sup>2</sup>*
- *Medicaid is the single largest payer in the US for mental health and substance use services<sup>3</sup>*
- *Opioid deaths in Wisconsin exceed the national rate - 11.1 opioid deaths per 100,000 people in Wisconsin (9.0 in US)<sup>4</sup>*
- *Increased opioid use is increasing the number of children in Wisconsin's foster care system<sup>4</sup>*
- *Numerous Wisconsin studies show that mental health treatment works<sup>5</sup>*

WAFCA is deeply concerned about the serious negative effects that block granting of Medicaid could have on health care access and the economy in Wisconsin. In particular, we are concerned that:

- the responsibility for most health care costs for one-third of Wisconsin's children;
- our state would bear the risk of increased costs of health care over time;
- our state would not be protected from increased costs due to changes in the economy or population growth;
- the investments our state has already made in health care efficiency would not be recognized; and
- that these factors are likely to lead to a reduced Medicaid allocation for Wisconsin which will lead to closure of mental health and health care organizations and significant job loss.

While a per capita cap system that has been proposed as a block grant variation may address fluctuations in the numbers of individuals on Medicaid, it is less likely to fairly address the differences between states' current achievements in developing community-based and managed care programs. These are areas in which Wisconsin is a leader and under a per capita cap system stands to lose more than other states.

We also note that [Gail Willensky](#), economist and Medicare & Medicaid Director under President George H.W. Bush, in a recent presentation to the Wisconsin Legislature emphasized that increasing wellness

and decreasing health care visits is the best way to reduce federal and state spending on Medicaid. We urge you to consider this advice as you consider appropriate policy changes to Medicaid.

### **What are Essential Features of a Medicaid Program that Protects Wisconsin and its Citizens?**

To protect Wisconsin and the health care of its citizens, we recommend that any change to the Medicaid system incorporate the following principles.

- Funding that:
  - Recognizes current Wisconsin Medicaid costs and covered populations and does not penalize WI for implementing a modified Medicaid expansion or for innovations and efficiencies in managed and community-based care
  - Increases federal participation when the numbers of eligible persons increase due to epidemics (e.g., opioid), the economy, or when new health care solutions emerge
  - Is indexed to health care inflation
  
- Policy that:
  - Requires states to pay providers at a level that will allow eligible persons to access services at the same rate as those with Medicare or commercial insurance;
  - Encourages payment for performance rather than the volume of services;
  - Improves oversight and auditing of Medicaid managed care and similarly contracted agencies;
  - Incentivizes a high-quality delivery system and supports competition that leads to quality care, not just provider options in each area of the state;
  - Reinforces the current public/private partnership that fosters private organizations' support of Medicaid; and
  - Reinforces and strengthens our existing community-based mental health system, including programs that provide wraparound-type care coordination to individuals living with chronic mental illness and addiction.

### **WAFCA as a Resource for You**

WAFCA is ready to answer your questions and explain what the impact of various proposals would be on Wisconsin's children and families. To arrange visits with programs in your district, contact [Linda Hall](#), our Executive Director.

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<sup>1</sup> Kaiser Family Foundation [State Health Facts](#), 2017.

<sup>2</sup> The Presidential WPA Program on Child Mental Health. *World Psychiatry*. Oct 2003, 2(3), 129-30.

<sup>3</sup> Behavioral Health in the Medicaid Program—People, Use, and Expenditures, p. 2, by Medicaid and CHIP Payment and Access Commission (MACPAC), a non-partisan legislative branch agency that provides policy and data analysis for Congress.

<sup>4</sup> [Who Suffers: The Impact of Wisconsin's Drug Epidemic on Children](#), December, 2016, by the Wisconsin Counties Association.

<sup>5</sup> United Way Fox Cities' *Providing Access to Healing for Students (PATH)* study by UW-Madison LaFollette School of Public Policy and Research on the Relationship between Mental Health and Academic Achievement. Prepared by Jeffrey L. Charvat, PhD, National Association of School Psychologists, Director of Research, June 2012.