



Kentucky's voice for at-risk children and families

Discussion on the Proposed CHILD Waiver:

Feedback from Children's Alliance
Member Agencies

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Promising Elements in the CHILD Waiver Proposal

- Targets youth with Serious Emotional Disturbance (SED), Intellectual and Developmental Disabilities (IDD), and/or Autism Spectrum Disorder (ASD), acknowledging the unique intensity of services required
- Emphasis on community-based care
- Could offer a stabilizing option for youth with high needs
- Focus on the needs of high intensity children, regardless of their custody arrangement



Decline in In-Home Behavioral Health Services

Despite high need, in-home service claims and spending for children 18 and under dropped significantly from SFY2020 to SFY2024 across 10 commonly used service codes

Procedure Description	Place Of Service (POS)	POS Description	Total claims SFY2020	Dollars Paid SFY2020	Total claims SFY2024	Dollars Paid SFY2024
PSYCH DIAGNOSTIC EVALUATION	12	Home	1538	\$117,805.68	1298	\$127,758.90
PSYTX W PT 30 MINUTES	12	Home	2752	\$108,935.98	2612	\$109,407.86
PSYTX W PT 45 MINUTES	12	Home	2147	\$108,435.16	2118	\$126,295.24
PSYTX W PT 60 MINUTES	12	Home	35198	\$3,135,993.58	27889	\$2,514,722.98
FAMILY PSYTX W/O PT 50 MIN	12	Home	2537	\$157,652.65	1343	\$95,828.56
FAMILY PSYTX W/PT 50 MIN	12	Home	3040	\$208,226.09	3927	\$358,400.30
CONSULTATION WITH FAMILY	12	Home	2863	\$154,435.24	4226	\$257,860.85
MH HEALTH ASSESS BY NON-MD	12	Home	968	\$69,730.22	655	\$51,497.43
COMP COMM SUPP SVC, 15 MIN	12	Home	7589	\$710,284.09	12033	\$1,444,693.92
TARGETED CASE MGMT PER MONTH	12	Home	31851	\$18,764,435.58	14150	\$7,255,424.89
		Total	90483	23,535,934.27	70251	12,341,890.93
					-20,232	-11,194,043.34

Data from the Kentucky Department for Medicaid Services (DMS)



Children's Alliance Questions/Concerns

- No coverage for individual/family therapy or intensive in-home services, despite high demand
- Transportation needs go unaddressed
- Clinical Therapeutic Supports (CTS) is limited to only 50 youth statewide, focuses on crisis care and can only be provided by a licensed independent provider
- CTS capped at 160 units/year (less than an hour/week) without requiring an exception, despite average use being 800 units
- Room & Board: Who pays if youth isn't in foster care?
- Youth in State's custody already have multiple case managers (DCBS, PCC, SKY, Targeted Case Management), yet this Waiver gives priority to children in state's custody
- With thousands of people on waiver waiting lists in Kentucky, why are we limiting this Waiver to only 100 children?



PCC Provider Perspective on Waiver Needs for ASD/IDD/SED Youth

- History: Our Community-Based Group Home began in 2014 with WellCare and DCBS to serve autistic youth and those with moderate to severe ID/DD and high support needs.
- Concerns from our experience as a Residential Provider and BHSO serving youth with ASD:
 - Unmet Need: ~9,000 individuals wait for Michelle P. Waiver, half are children. Many are outside foster care.
 - Room & board costs are high due to safety retrofits and upkeep.
 - High-risk behaviors demand intensive training and support; current model underemphasizes clinical needs.
 - Length of Stay (LOS) is 350 days; our median length of stay is around 3 years (with a number of youth aging out of our program and LOS over 7 years).
 - Provider shortage – both residential and community based supports – who will provide these very specialized services?
 - Youth need CTS, CLS, Respite, and Case Management to return home.
 - Shortage of qualified residential and community-based providers.
 - Continued challenges in workforce development to meet the current need



Thank you. For additional information:

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