



of Wisconsin Disability Organizations

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MARCH 2013

ADULT LONG TERM CARE

ISSUE:

Survival Coalition supports an adult long-term care system that allows eligible individuals to live inclusive lives in the community with individualized and appropriate supports and services. Survival recognizes that ending wait lists for needed supports is equitable and cost-effective, reducing dependence on costly emergency and nursing home care.

BACKGROUND:

Survival Coalition supports Family Care expansion statewide and seeks to continue working with the Department of Health Services (DHS) to ensure that every individual with a disability eligible for long-term care receives supports and services in the community. To ensure individualized supports, long-term care programs need to be sustainable with adequate rates to support people with the most complex needs. Survival Coalition has concerns that the current managed care system's capitated rate is a disincentive to serve people with challenging behaviors and other complex needs. Since 2007, Wisconsin has received Money Follows the Person federal funds to support individuals relocating to the community. As of today, the state has not fully utilized this resource.

SURVIVAL RECOMMENDATIONS:

- End wait lists for community-based long-term support and services by expanding and fully funding Family Care / IRIS statewide. Currently, the more than 2,500 eligible individuals on wait lists have access to costly institutional services, but no access to many necessary supports to live in their community. **Not included in governor's budget proposal.**
- Consolidate Southern and Central Centers and relocate residents to the community with adequate services and supports, maximizing resources to directly support individuals instead of maintaining

costly facilities with high administrative costs. **Not included in governor's budget proposal.**

- Address reimbursement rates to support people in moving out of institutions. Provide enhanced funding and regional staff for nursing facility relocation, especially for people with complex needs, putting in place the enhanced relocation rate that was used until 2010. Where possible, use Money Follows the Person funding in year one for relocation and follow-up and in year two to utilize the enhanced relocation rate. **Not included in governor's budget proposal.**
- Ensure services adequately reflect needs and costs of services for members within the system to continue to live in the community.
- Strengthen infrastructure for those individuals and their families who have chosen self-direction through the IRIS option. The large numbers of people who have chosen IRIS far exceeds estimates and has led to an under-funded infrastructure. Streamline and provide localized resources through a re-design of the IRIS model, increasing service quality and reducing administrative costs.
- Work with advocates and IRIS participants on ways to reduce administrative costs.
- Invest in training that educates about and emphasizes self-direction and employment option for IRIS participants.

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**Real Lives, Real Work, Real Smart, Wisconsin
Investing in People with Disabilities**

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CHILDREN'S LONG TERM SUPPORT

ISSUE:

There are approximately 3000 children and youth with significant disabilities and their families waiting for essential support and services. The wait time for services for children ranges from 1 to 8 years depending on where a family lives. Over one third, 37% of children eligible for long-term supports are waiting, compared to 6% of eligible adults. Waiting for services means: missed opportunities for cognitive, physical and behavioral development, and for learning skills for independence; an inability to meet less costly needs now, creating more costly needs in the future; basic unmet needs; and significant stress for families affecting their ability to provide a lifetime of support.

BACKGROUND:

Children and youth with significant disabilities can have extraordinary needs that require unique supports and services. Families often provide medical, behavioral, financial, and other daily supports beyond what most families provide. When families are well informed and have access to supports, they play a key role in identifying and securing opportunities for their children and youth with disabilities to participate in meaningful ways within their community and ensuring access to self-determined lives. Unfortunately, for many families, the lack of access to information supports and services compromise their quality of life making it difficult and sometimes impossible for them to care for their children, maintain jobs, pay for health insurance and keep their family intact.

Many families have identified access to a person who can help them navigate services and supports as their primary need. Short-term assistance would: reduce ER visits; maximize access to current resources such as school, Medicaid and private insurance; coordinate benefits; access inclusive community resources. Children and families benefit

from long-term supports that are well coordinated with other systems that support children, flexible to meet unique family needs, and timely to prevent crisis situations.

SURVIVAL RECOMMENDATIONS:

- \$5.4 million in GPR will reduce the waiting list for children with significant disabilities by 1,000. **Not included in governor's budget proposal.**
- \$1.3 million in GPR will provide access to short-term service coordination for 600 families whose children are eligible, but waiting for long-term supports. **Not included in governor's budget proposal.**

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SPECIAL EDUCATION SERVICES

Wisconsin and federal law guarantee children with disabilities a free and appropriate public education. Often these children, however, do not receive the supports and services they need.

ISSUE:

Wisconsin must invest in ensuring that all students, including those with disabilities, are college and workforce ready by taking targeted steps to reduce achievement gaps, restore essential funding, and establish a more equitable funding formula.

Cuts to public education disproportionately impact students with disabilities. Proposals to use public money to send students with disabilities to private schools do not offer protections for students.

BACKGROUND:

Over the last two decades, the state's share of special education funding – which provides for therapies, assistive technology, specialized instruction and other classroom accommodations – has dropped from 44% to 26%. Adding to the funding crisis are reading and math scores for students with disabilities that have never been lower. Fall 2011 Wisconsin Knowledge and Concepts Examination (WKCE) scores show students with disabilities at just 22% proficient in math and 14% proficient in reading.

The good news is that Wisconsin is now in a new era of education accountability with higher standards for the performance of all students, including those with disabilities. New federal requirements mean nearly double the number of students with disabilities in Wisconsin are now being included in the state's accountability system. More people will be paying attention to how students with disabilities are doing in school.

SURVIVAL RECOMMENDATIONS:

- Increase state reimbursement for state special education aid from 26% to 30%, a cost of \$66,039,900 in Fiscal Year 2014 and \$86,484,000 in Fiscal Year 2015.
The Governor's budget currently has no increases in special education funding.
- Increase the state's commitment for high-cost special education to 55%, a total increase of \$1.5 million in the biennium. **The Governor's budget currently has no increases in high-cost special education funding.**
- **Take out of the budget the Governor's proposal to fund a separate Special Needs Voucher/Scholarship program** that drains funds from public schools and gives them to private schools that have no accountability. Private schools are not required to follow an IEP, provide specialized services or supports, or even hire trained teachers. To address parent requests for more education options, pursue first an equitable solution to discriminatory open enrollment practices.

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EMPLOYMENT FIRST

Survival Coalition supports integrated employment as the default outcome for people with disabilities. We assume that everyone can work in integrated jobs at the same variety of community businesses as anyone.

ISSUE:

Employment is a necessary activity for all adults, including people with developmental disabilities, to be able to live in the community. Wisconsin is lagging behind other states in terms of the number of people with disabilities engaged in Integrated Employment (IE) and the wages earned by workers with disabilities. A 2011 national report showed that Wisconsin ranked 23rd out of 40 states reporting the percentage on individuals with developmental disabilities participating in integrated employment. A growing number of organizations are signing on to the Wisconsin Employment First initiative.

SURVIVAL RECOMMENDATIONS:

The State of Wisconsin will adopt an “Employment First” policy across all state agencies and the organizations they fund. This means that community employment at minimum wage or higher is the preferred outcome of publicly funded services provided to citizens with disabilities.

- State agencies will set targets to improve integrated employment outcomes and allocate the resources necessary to achieve these targets for individuals with significant disabilities.
- State agencies will continue to develop and provide training to employment service providers and others on “evidence-based” practices of employment supports.
- Make sure that all individuals with disabilities who want to work have information about their rights and assistance available to overcome

barriers to employment. This includes information about employment services and assistance with disability benefit issues.

- We will continue to develop and expand Employment First marketing and training for individuals with disabilities, their families, businesses, educators, service providers and the general public so that the positive message of integrated employment is shared statewide.
- Strengthen integrated employment in Family Care by providing funding to managed care organizations to hire 1.0 employment specialists for every 1,000 working-age adults in the program.

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HOUSING

Individuals and their families deserve integrated, affordable and accessible housing.

ISSUE:

The lack of accessible housing in our state has reached crisis levels for people with disabilities. Prioritizing and addressing the expansion of integrated, affordable, accessible housing will largely depend on the actions of Governor Walker and the state legislature.

BACKGROUND:

HOMESTEAD TAX CREDIT:

This tax credit is available to low-income homeowners and renters. In the 2009-2011 budget, the Homestead Tax Credit was adjusted to allow for inflation indexing, which means that the value of the tax would follow the effects of inflation. In March 2011, Governor Walker proposed, and the state legislature passed, a freeze on the Homestead Tax Credit and removed the inflation index. This has the effect of a tax increase on low-income homeowners. This also means that the value of the tax credit will decline over time with inflation.

EARNED INCOME TAX CREDIT (EITC):

The 2011-2013 budget reduced the EITC budget by \$56.2 million over the two years by changing some of the provisions, which reduces the amount eligible households would be able to receive, with a possible cut of as much as \$518 for a family with three or more children.

NURSING HOME TRANSITIONS:

We applaud the ongoing efforts of the Department of Health Services to promote more integrated community living options. Those efforts include partnering with WHEDA on using Section 811 Supportive Housing for Persons with Disabilities funding and reaching out to Public Housing Authorities for assistance with relocating individuals into the community.

SURVIVAL RECOMMENDATIONS:

- The Homestead Tax Credit should be indexed to inflation again so the assistance it provides low-income households does not decline. **Not included in governor's budget proposal.**
- Funding for EITC should be restored. Families should not be faced with a choice between paying their rent or feeding their children. **Full restoration of the funding for EITC is included in the governor's budget proposal.**
- We strongly recommend working toward accessing housing vouchers for individuals, not based on the site.

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LONG TERM CARE WORKFORCE

ISSUE:

A strong direct care workforce is necessary to support the sustainability of long term care. Low wages and challenging working conditions increase the risk that the need for the direct care providers will outweigh the available workforce.

BACKGROUND:

- Wisconsin direct care workforce totals nearly 90,000 workers and is larger than any other occupational group in the state. Wisconsin Office of Economic Advisors projects demand for nearly 30,000 new direct care workers from 2008 to 2018, with two-thirds due to new growth and an additional one-third due to replacement needs.
- Direct care provision is projected to be the second (Home Health Aides - 38%) and third (Personal Care Aides - 34%) fastest growing segments of the job market in Wisconsin. In contrast, overall job growth in the state of Wisconsin is expected to be 3%.
- Increased demand for personal care and home health services will outpace the supply of available direct care workers unless new people can be recruited to the field of direct care services.
- Direct Care Workforce does not receive competitive wages and benefits, and wages have not increased over time. This makes recruitment and retention increasingly challenging.
 - 43% of the current direct care workforce qualify for and receive some form of public assistance through FoodShare, Badger Care, Medical Assistance, or other public assistance programs.

SURVIVAL RECOMMENDATIONS:

- Increase long-term care rates to specifically address direct care worker wages. Cost savings would be realized by reducing the burden on public assistance programs that many workers currently rely on. **Not included in the governor's budget proposal.**
- Enhance reimbursement rates to provide benefits and training of this workforce. Quality of services would be improved by training. Consistency of services would be improved by retention of workers. **Not included in the governor's budget proposal.**
- Develop and enforce the requirement of uniform training standards across the state to ensure a well qualified direct care workforce. **The budget provides roughly \$130 million for workforce development funds to address high demand fields. Some of those funds should be targeted at strengthening the qualified direct care workforce.**

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MEDICAID SERVICES

ISSUE:

Wisconsin can draw down \$675 million in additional federal funds each year for six years as a result of the Affordable Care Act (ACA). These funds fill gaps in Medicaid coverage. Adults with incomes below 133% of the federal poverty level who do not have dependent children would be eligible for Medicaid under the ACA. Many adults with disabilities do not meet the disability eligibility standard for Medicaid but would qualify as low-income. Under ACA, the federal government will reimburse 100% of the cost until 2017 with rates then declining to 90% in 2020.

This would save millions in state tax dollars because individuals currently without health coverage often receive uncompensated care from hospitals and physicians. The Wisconsin Hospital Association endorses the eligibility expansion in part to balance the \$1.1 billion in uncompensated care incurred in 2012 plus a projected \$2.6 billion in reimbursement cuts to hospitals through 2019.

If Wisconsin agrees to the expanded eligibility and draws down more federal funds, it can stop the expansion without penalty at any time. If it decides expansion is not cost-effective, it can drop out.

Wisconsin can also adopt changes in the Medicaid program to further save funds. Streamlining the prior authorization process for therapies for children with disabilities would better serve children and their families while reducing administrative costs.

BACKGROUND:

Adults and children with disabilities rely on Medicaid to pay for needed health and long-term care services such as acute health care; personal care that helps individuals bathe, dress, and eat; therapies; and durable medical equipment.

These services are vital to the health and well-being of individuals with disabilities and should not undergo funding cuts or changes in eligibility.

Low-income adults with disabilities who are not eligible for Supplemental Security Income (SSI) and

who do not have dependent children and need the full range of Medicaid services face huge obstacles. A DHHS report estimated that 24% of individuals eligible for services if the state accepts the additional federal funds have a mental illness or substance abuse concern. Costs of uncompensated care provided by hospitals are shifted to other consumers.

SURVIVAL RECOMMENDATIONS:

- Maintain current eligibility standards and services provided by Medicaid. **Budget proposes lowering badgercare income eligibility at 100% of federal poverty level (fpl).**
- Expand Wisconsin Medicaid to cover adults with incomes below 133% of the fpl who do not have dependent children by accepting federal Medicaid funds. **Not included in governor's budget proposal. Federal waiver with limited benefit package for adults without dependent children up to 100% fpl.**
- Actively enroll individuals with mental illness or substance abuse who are currently untreated.
- Reduce administrative costs by streamlining the prior authorization process:
 - Increase duration of therapy authorizations for children who have medically necessary and on-going service needs.
 - Improve the prior authorization process for community mental health treatment services.
 - Eliminate prior authorization review when Medicaid is only paying for co-pays. **Not included in governor's budget proposal.**

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MENTAL HEALTH

Equitable access to mental health services

ISSUE:

Community- based services and peer support can save money and offer greater choice for people with mental illnesses.

BACKGROUND:

Mental health (MH) issues cross many areas touched by the state budget and policy: schools, corrections, long-term care and, of course, the public mental health system. As a result, the mental health agenda is complex.

- We need to ensure more equitable access to mental health services across the State. A key policy issue that serves as a barrier to the development of a better public mental health system is the requirement for county match for Medicaid mental health services. Along with the decreases in Community Aids and the lack of availability of waivers for this population, this has led to very significant county use of property tax funds for mental health services and inequities in services across counties.
- We need to improve services and supports to young people with mental illness. Half of all cases of mental illness begin by age 14.
- We need to develop a more recovery-oriented mental health system incorporating more options for consumer-run services and peer support.
- We need to better address mental health issues in correctional settings where 31% of inmates have a mental illness requiring treatment. This includes ensuring an adequate supply of qualified treatment providers within the correction systems, providing services upon release to reduce recidivism and replicating evidence based diversion programs.

SURVIVAL RECOMMENDATIONS:

- Provide \$10.2 m. to pay the “state share” of Medicaid for the Comprehensive Community Services benefit so that this effective community-based service can be available to individuals statewide. **Included in governor’s budget proposal.**
- Provide \$3.7m to ensure availability of coordinated service teams for children with serious emotional disturbances in all counties/tribes. **Included in governor’s budget proposal.**
- Provide \$1.3m. to develop and pilot peer run respite services, a cost effective alternative to costly emergency room and inpatient hospital care. **Included in governor’s budget proposal.**

Additionally we support the following:

- Ensure that Wisconsin prisons implement the national standards for mental health treatment of inmates and increase options for jail diversion for this population. **Not included in governor’s budget proposal.**

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TRANSPORTATION

ISSUE:

Accessible and affordable transportation services play a major role in determining how independent and productive people with disabilities and older adults can be in their community.

BACKGROUND:

People with disabilities and older adults rely on public and specialized transportation to get to work, go to school, access health care, participate in the community, and receive care in their homes. Many people with disabilities do not drive or own a vehicle because of their disability and/or limited income. As a result, transit, paratransit, and specialized transportation services are vital to people with disabilities maintaining their independence.

Funding transit is a smart investment because it lowers government costs by helping people with disabilities live independently and get to work. Nearly half of transit use is for employment-related purposes.

Survival Coalition recognizes the state's investment in Specialized Transportation Assistance (85.21). However, it is only a fraction of what is needed. The impact of rapidly rising fuel costs has worsened access problems and resulted in service reductions. An increase is urgently needed to maintain access. With new census data, many counties face reduction in 85.21 funding, which amount to a \$678,000 cut for transportation services across the state. As a first step towards increased funding, add back the \$678,000 to continue these programs' funding at their current levels for counties whose funding will decrease in the 2013-2015 budget.

Survival applauds the work of Wisconsin's Commission on Transportation Finance and Policy and supports their recommendations to keep transit in the segregated transportation fund, restore the 10% cut to transit operating aids, and allow for the

creation of Regional Transit Authorities with the ability to raise revenue to support transit services.

SURVIVAL RECOMMENDATIONS:

- Preserve Wisconsin's investment in transit and restore the 10% cut in Transit Operating Aids made during the last budget. **Not included in Governor's budget proposal.**
- Keep transit in the segregated transportation fund to ensure that transit does not have to compete for funding with Medicaid, Education, and other services. **Governor's budget moves transit to the general fund starting the second year of the budget.**
- Support the creation of Regional Transit Authorities to provide local governments with more options for sustaining transit. **Not included in Governor's budget proposal.**
- Increase funding for Specialized Transportation Assistance (85.21) by \$678,000 to keep counties at least at their 2012 levels. **Not included in Governor's budget proposal.**
- Add an additional \$5M in 85.21 funds over the biennium to maintain access to vital transportation services. **Not included in Governor's budget proposal.**

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