



of Wisconsin Disability Organizations

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MEDICAID BUDGET PRIORITIES

- Continue the commitment to people with disabilities in the state's Medicaid program by preserving long-standing essential benefits in the state plan and exemptions to premiums and other new provisions for persons with a disability as determined by the Disability Determination Bureau or the Social Security Administration.
- Maintain Wisconsin's strong Medicaid program which is essential to the health and independence of people with disabilities. We recommend no changes to eligibility criteria, no reduction of hours of services and supports provided, along with assurances that reimbursement rates will not be decreased. The Medicaid budget should not be balanced in a way that harms individuals with disabilities.
- Reduce administrative costs by significantly improving and streamlining the prior authorization (PA) process. The following strategies to reduce cost should be considered:
 - Increase duration of service for therapies to the maximum allowable by administrative rule for eligible children (who meet level of care using the Wisconsin Functional Screen) who have a medically necessary (need) service that is being addressed.
 - Address PA concerns related to mental health services. The PA process for many non-institutional mental health services has become overly burdensome to providers and goes beyond what is needed to ensure the appropriateness and medical necessity of the services. Failing to provide timely and appropriate service authorization is not likely to save money if people fail to obtain necessary treatment and, as a result, use more costly services over time.
 - Reduce PA burden in Medical Assistance Personal Care.
 - Eliminate PA review for reimbursement when an individual has private insurance as the primary source of coverage and Medicaid is only providing payment for copays. Items have already been reviewed and approved by private insurers.
 - Remove prior authorization review from OIG and put it back in Medicaid-requesting approval to provide a service to which a person is entitled is not fraud.
 - Improve notices when PA requests are "modified" so that they clearly tell the recipient how the request was modified from what was requested by the provider. At present the notices are incomprehensible and tell the recipient to contact their provider if they want to learn the reasons for modification.
- Address access for children with SED (Significant Emotional Disturbance) in the children's long term services waiver. The SED criteria should be revisited for individuals with significant mental health issues. For

example, children who qualify as SED for services provided with mental health block grant money, have been denied eligibility when screened for the CLTS waiver. The interpretation of the SED criteria also varies across the state.

- Expand Medicaid to adults between 100% and 133% of the Federal Poverty Level. This is important for people with disabilities because of the broad ranges of health care and community services which are covered by Medicaid.
- Increase the Medical Assistance Personal Care rate to ensure providers' abilities to keep pace with rising operational costs, and to specifically provide direct care workers with competitive wages and benefits. Average reimbursement rates are now 15% below actual provider costs related to worker wages and benefits. The industry's last rate increase was 1.5% in 2008.
- Designate an Independent External Advocate to oversee quality control, receive and track consumer complaints and advocate for members in the provision of non-emergency medical transportation (NEMT) through MTM. Advocates continue to hear concerns about service quality and do not believe consumer complaints can be handled adequately when monitored internally. Independent oversight, quality assurance and advocacy are vital to ensuring safety, timeliness, and quality of these services.
- Improve access to dental care. People with disabilities in Wisconsin experience difficulties in obtaining regular dental care, resulting in many preventable extractions, a high incidence of periodontal disease, etc. One major cause is the low reimbursement rates for dental procedures in Medicaid, and the resulting small number of dentists willing to accept these rates. Wisconsin must develop an effective set of strategies to make real progress on this issue. Strategies to include:
 - Correcting the current inequity in the SSI Managed Care Program (dental care is included in SSIMC in some SE Wisconsin counties but not in the other SSI MC counties),
 - Expanding the availability of dental care at community health clinics, and
 - Increasing responsibility for Family Care managed care organizations to help enrollees find a dentist.
- Support changes to the MAPP program that provide the work incentives necessary to support people with disabilities who require access to Medicaid and long-term supports to support their employment. These changes include the way unearned income is counted, and the reduction of premium costs for many participants who have faced added barriers to employment because of extremely high MAPP premium costs.
- Designate an independent entity to oversee quality control and to receive and track consumer complaints in the provision of Durable Medical Supplies through J&B Supply to allay continued reports from MA recipients about difficulty with incontinence and other supplies funded by Medicaid.

Contact Survival Coalition Co-Chairs for additional information

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