

MARCH 2015

ADULT LONG TERM CARE

ISSUE:

Survival Coalition advocates for a community-based support system that allows adults with disabilities to live inclusive lives in the community with individualized and appropriate services to meet their needs.

BACKGROUND:

Wisconsin's system of Long Term Supports helps people with disabilities and elderly residents maintain better health and independence through support/services in their own homes, and other community-based settings.

Family Care and IRIS currently serve nearly 55,000 older adults and individuals with developmental or physical disabilities, all of whom qualify for a nursing home level of care. These programs, unlike acute and primary health care, provide daily personal supports (such as help with bathing, dressing, and meal preparation), and transportation and support for work and community activities.

People in 57 of Wisconsin's 72 counties now have access to comprehensive supports through Family Care/IRIS, with an additional 7 counties transitioning into these programs. Thanks to Family Care/IRIS, reliance on costly nursing homes and other institutions has been dramatically reduced, and adult waiting lists for home-based support have been eliminated in Family Care/IRIS counties.

Even though Family Care/IRIS is not fully implemented statewide, the programs have generated tremendous savings to the Medicaid budget while improving health and the quality of people's lives. Annual Medicaid nursing home days dropped from 8.8 million in 2002 to 5.7 million in 2012, a 35% reduction saving taxpayers well over \$300 million/year. The number of older adults in WI nursing homes has decreased by 9,000 since the reforms were put in place. The portion of the overall

Medicaid budget spent on nursing homes dropped from 62% to 31% over the same period.

The Department of Health Services (DHS) oversees Wisconsin's Long Term Care programs including Family Care/IRIS, Aging and Disability Resource Centers (ADRCs), and several community-based Medicaid waiver programs. ADRCs, Managed Care Organizations, IRIS Consultant Agencies, and direct service provider businesses (including employment, residential, transportation, personal and home health care, etc.) all work to help people stay independent, gain more independence, and live in the community.

SURVIVAL RECOMMENDATIONS:

- Preserve and build upon the current cost-effective system. Remove the proposed changes to Family Care & ADRCs from the budget.
- Remove the proposal to eliminate IRIS from the proposed budget.
- Keep the types and levels of services that are included in Family Care/IRIS the same.
- Expand Family Care/IRIS statewide using the existing Family Care, IRIS, and ADRC models.
- Pursue integrated care through expansion of the existing Family Care Partnership program.
- Involve and engage all stakeholders through a transparent process if there are changes planned to long term care programs.
- Consolidate Wisconsin's two remaining Long Term Centers for the Developmentally Disabled.

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

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SUPPORTS FOR CHILDREN WITH SIGNIFICANT DISABILITIES

ISSUE:

About 3000 children and youth with significant disabilities and their families are waiting for essential supports, such as specialized equipment or home modifications. The wait for children ranges from 1 to 8 years depending on where a family lives.

BACKGROUND:

Children and youth with significant disabilities can have extraordinary needs that require unique supports so families and their children can fully participate and benefit from the typical community experiences that all children enjoy. Families who are well informed and have access to supports can play key roles in identifying and securing opportunities for their children and youth with disabilities.

Waiting for services means missed opportunities for: cognitive, physical and behavioral development, and learning skills for independence. An inability to meet less costly needs now can lead to expensive crises and higher future costs, in addition to significant stress for families.

SURVIVAL RECOMMENDATIONS:

- **Reduce wait lists** by 1000 children. Ensure that new funding is equitable to address the needs of all children, regardless of specific disability or diagnosis.
- The proposed **consolidation of Family Support and COP** into one program must reflect the values and philosophy of the current Family Support Program; keep the focus on supporting

the family, not just the child; and maintain the current flexibility and choice of supports to meet the needs of diverse families. Family Support funding must be earmarked for this purpose.

- **Provide short -term assistance** to waiting families. Some families say having a person who can help them navigate supports is their primary need. This assistance assures access to information on a broad range of school, community and private sources of supports and services.
- **Build on efficiencies** experienced in counties using a single point of entry for eligibility. COMPASS Wisconsin Threshold (now only available in 13 counties) has improved families' access to information and supports and has streamlined the eligibility process for families in need. Wisconsin should expand this efficient single-point-of-entry model statewide.
- **Reduce Medicaid administrative costs**, delays in service for children and stress for families by reducing the frequency of repetitive reviews for services deemed medically necessary.
- Direct DHS to work with stakeholders to **develop specific family outcome** measures and implement a family-based outcomes survey that will be used to improve supports to children and families.

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MENTAL HEALTH

ISSUE:

Mental illnesses are treatable and people do recover, even from serious mental disorders. But untreated and undertreated mental illnesses result in serious repercussions for individuals, families and society as a whole. In Wisconsin mental illness impacts the number of people who die by suicide each year, graduate from high school, and fill our prisons and jails. It results in more lost work days than many chronic health conditions, adds cost to the long-term care system, and when it co-occurs with other chronic health conditions significantly increases mortality. Wisconsin must continue to develop its community-based, recovery-oriented, trauma-informed system of care which integrates mental health, substance use and primary care to ensure early identification and intervention.

BACKGROUND:

2014 saw unprecedented activity in the expansion of mental health services and supports in Wisconsin. However, additional investment is needed to ensure that we can achieve these goals and adequately evaluate success. Wisconsin should also expand successful program models for reducing incarceration and improving community reentry for people with mental illness. Stigma and discrimination that leads individuals to avoid treatment and support must also be addressed.

RECOMMENDATIONS:

- Increase in certified mental health peer specialists and parent peer specialists resulting in employment of people with mental illness and improvement in our care system.
- Extend Individualized Placement and Support (IPS) employment training for individuals with mental illness beyond the one year in the last budget.
- Expand Opening Avenues to Reentry Success (OARS) to more regions of the state.
- Revise eligibility criteria for the Treatment Alternatives and Diversion Program (TAD) to allow it to also serve individuals with only mental illness.
- Fund evidence-based programs to reduce discrimination and stigma.
- Eliminate the requirement that parents of children with serious emotional disorders pay child support for out-of-home treatment.

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MEDICAID

ISSUE:

Adults and children with disabilities rely on Medicaid to pay for needed health and long-term care services. Medicaid access is vital to the health and well-being of individuals with disabilities and should not undergo funding cuts, changes in eligibility, or reductions of hours of services or supports provided. To address the shortage of providers, Medicaid reimbursement rates must be maintained or increased.

BACKGROUND:

Medicaid provides affordable, quality health coverage to individuals with disabilities. Many people with disabilities do not have access to private health insurance or cannot have all of their needs met through private insurance plans—this is especially true for people who rely on non-emergency medical transportation, home care services or need comprehensive mental health and substance abuse services. Medicaid helps people with disabilities see primary care doctors, receive personal care services, go to the dentist, see therapists and obtain other needed medical services and equipment. In Wisconsin, individuals with disabilities may access the Medicaid program in many different ways. Some people may use a specialized long-term care program such as Family Care or IRIS while others use a more general program like BadgerCare. There are also programs designed to help children with significant disabilities and working adults with disabilities gain access to Medicaid.

SURVIVAL RECOMMENDATIONS:

Ensure that Medicaid reimbursement rates adequately reflect the current costs of providing care. Many health care providers no longer accept Medicaid patients due to inadequate reimbursement rates.

Improve access to dental care. Support the Governor's proposal to create pilot programs to increase the MA reimbursement rate for dental care in Brown, Polk and Racine counties.

Expand Medicaid to adults between 100% and 133% of the Federal Poverty Level. Maintain current coverage for childless adults below 100% FPL and oppose the Governor's proposal to impose premiums and time-limited coverage on this population.

Oppose efforts to transition personal care determinations to a third-party vendor. It is estimated that this change will result in a \$19 million cut to personal care services over two years.

Support changes to the Medicaid Purchase Plan (MAPP) program that allows individuals with disabilities to work and save money while still maintaining Medicaid eligibility.

Increase the Medically Needy Maximum Monthly Income Limit for both individuals and couples. Currently, the Maximum Monthly Income limit is set at \$592.

Support efforts to implement the ABLE Act in Wisconsin, which allows people with disabilities to save money in tax-free accounts and use their savings to pay for qualified disability expenses.

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EDUCATING STUDENTS WITH DISABILITIES

More than 120,000 students have disabilities in Wisconsin – about 12% of students in our state. Research shows that, with supports, students with disabilities can learn and reach academic proficiency just like students without disabilities.

ISSUE:

Achievement of students with disabilities lags behind other groups. All schools must ensure that students with disabilities graduate ready for college and work, but 20 years of eroded funding has taken a toll. High expectations and quality education focus for students with disabilities will have a positive impact in other public benefit programs, as students with disabilities become competitively-employed adults.

BACKGROUND:

Investments in education should result in college and workforce readiness for students with disabilities; however, Department of Public Instruction data shows:

- Students with disabilities are 2.5 times less likely to be proficient in reading and math than their peers.
- More than 1/3 of students with cognitive or emotional and behavioral disabilities and nearly 1/4 of students with autism reported never being employed or enrolled in school/training one year after graduation.
- 92% of youth ages 18-21 who receive Medicaid-funded long-term care are not employed.

The state's share of special education funding has eroded from 44% to 26% over the last 20 years with no increase in 8 years.

RECOMMENDATIONS:

- Increase special education funding. Fund districts at the original state promise of 44%. Fully fund high cost students (those above \$30,000/year).
- Oppose voucher expansion including Special Needs Voucher proposals that do not ensure parent rights or quality education practices and drain funds from public schools.
- Address policies that keep students with disabilities out of certain schools (i.e. charter, voucher) and that significantly increase the special education population in public schools.
- Support Pay for Performance policies (the Rep. Rob Brooks Better Bottom Line bill) that give schools an incentive payment when they prove students are getting jobs or enrolled in school after graduation.

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EMPLOYMENT FOR PEOPLE WITH DISABILITIES

ISSUE:

Survival Coalition supports integrated employment at competitive wages as the first and preferred outcome of public programs for people with disabilities. Survival's position on employment is based on data showing that employment for people with disabilities improves health, social and economic benefits, and reduces reliance on public benefits, impacting the entire state.

BACKGROUND:

People with disabilities can and do work and contribute in their communities. Yet, the employment rate for people with disabilities in Wisconsin is less than a third of the general population. More than 80% of long-term care dollars that supports Wisconsin residents during the day go toward programs and facilities not integrated employment supports. Nothing in the proposed biennial budget supports a change in funding priority that could lead to higher employment rates for people with disabilities. Wisconsin can do better. Other states have seen employment rates for people with disabilities go up with the right public policies. Research has shown that it is more cost-effective and outcomes are better when public supports are provided in integrated settings.

RECOMMENDATIONS:

- Commit staff and funding to expand and improve employment service provider quality and capacity to help people with disabilities find and keep integrated employment.
- Change service provider payments to make sure integrated employment is rewarded.
- Require employment performance targets in state programs that support people with disabilities to show continuous improvement.
- Develop a business-to-business technical mentoring in which businesses wanting to hire people with disabilities can connect with more experienced businesses that are already doing it.
- Increase statewide funding for programs that result in improved integrated employment outcomes, such as corporate initiatives (e.g. Walgreens, Project SEARCH).
- Initiate a statewide effort within departments to hire people with disabilities in state government jobs.

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TRANSPORTATION BUDGET PRIORITIES

ISSUE:

Transportation is critical to maintaining the independence of people with disabilities. About half of transit use is for work related purposes. However, many do not drive or own a vehicle because of their disability and/or limited means. Transit lowers government costs by helping people with disabilities live independently and be employed. Without transit, family and caregivers may no longer be able to provide care when it is needed. Some people with disabilities need supports at all hours of the day.

When people with disabilities cannot access transportation or the transportation network does not get them where they need to go when they need to, people with disabilities are unable to work, get medical care, patronize businesses, go to church or visit family and friends.

BACKGROUND:

Survival Coalition urges policy makers to prioritize transportation programs that assist people with disabilities and their caregivers who would otherwise have few options. This includes transit aids and specialized transportation for people with disabilities and the elderly. We have seen reductions, inflation and demographic changes eat into the ability of transportation programs to serve their customers.

Transportation aids are vital to keeping people with disabilities independent and provide access to employment, healthcare, businesses and other important places in the community.

RECOMMENDATIONS:

The 2015 – 2017 budget should strongly support transit services, including specialized transportation.

- Preserve the state investment in local transit by increasing Transit Operating Aids as proposed by Wis-DOT.

- Restore \$2 Million to Transit Operating Aids.
- Create a Supplemental Transit Expansion program to provide for new routes for ridership, jobs and economic development.
- Increase funding for the *Specialized Transportation Assistance Program* (Sec. 85.21).
 - Support the Wis-DOT request for a 1% increase to this program.
 - Appropriate an additional \$5 Million to address long-term issues identified by the Governor's Transportation Finance and Policy Commission.
- Actively pursue coordination of funding streams. Counties have demonstrated that coordinating transportation programs can increase the rides within existing funding.
 - Allow braiding funding from programs such as Non-Emergency Medical Transportation and other programs.
 - Provide local governments with the ability to work with other jurisdictions in their region, to support transportation programs.
 - Fund mobility management programs.
- Preserve Transportation Alternatives funding for projects that help people with disabilities get around their communities easier and safer.
- Ensure that the Medical Transportation provides safe, efficient transportation for medical needs.
 - Consider NEMT recommendations of the Audit Committee,
 - Consult consumers and other stakeholders in development of the system, and
 - Provide independent advocacy for consumers who cannot get to their medical appointments.

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LONG-TERM CARE WORKFORCE

ISSUE:

Survival Coalition supports policies that strengthen the direct care workforce while maintaining quality, affordable care for individuals with disabilities.

BACKGROUND:

Many people with disabilities, as well as the elderly, rely on direct care workers, such as Certified Nursing Assistants, Personal Care Workers and Home Health Aides, to live independently and in the setting of their choice. Every day, direct care workers assist thousands of people with activities of daily living such as getting out of bed, eating, and bathing, among other important functions.

Unfortunately, people with disabilities struggle to find and retain quality direct care workers due to the high turnover rate within the profession, which is largely the result of low wages and a lack of benefits. The Medicaid Personal Care Rate, which is used to reimburse personal care agencies and pay the salaries of direct care workers, has only increased by \$0.24 over the last 10 years, which makes it difficult for agencies to increase wages and attract or retain employees. Some agencies report turnover rates as high as 67%. This direct care workforce crisis is becoming even more concerning as the demand for personal care workers is projected to increase by 26% between 2012 and 2022.

Wisconsin's booming demand for direct-care workers cannot be met without making these jobs more competitive and attractive to potential direct care workers, especially at a time when the state has set goals to offer more long-term supports and services options to elders, their families, and persons living with disabilities.

SURVIVAL RECOMMENDATIONS:

Increase Medicaid Personal Care (MAPC) reimbursement rates by 8% to specifically address direct-care worker salaries and benefits and provider costs associated with the Affordable Care Act's employer mandate.

Oppose efforts to transition personal care determinations to a third-party vendor. It is estimated that this change will result in a \$19 million cut to personal care services over two years. The transition to a third-party determination raises serious concerns regarding administrative costs and increased waiting time for individuals with disabilities who need these services to remain independent.

Increase investments in the community-based direct care workforce through the Department of Workforce Development's employment and training initiatives. Support continued investment in the Fast Forward Grant initiative.

Support legislative initiatives that address the growing workforce shortage in personal care.

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