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*P.O. Box 7222, Madison, Wisconsin 53707*

June 3, 2019

Senator Alberta Darling  
Joint Committee on Finance Co-Chair  
Room 317 East, State Capitol  
Madison, WI 53707

Representative John Nygren  
Joint Committee on Finance Co-Chair  
Room 309 East, State Capitol  
Madison, WI 53708

Dear Senator Darling, Representative Nygren, and Joint Finance Committee members:

The Department of Health Services (DHS) oversees and operates many programs and services critical to people with intellectual and developmental disabilities, physical disabilities, mental health conditions, and aging adults.

Survival Coalition has reviewed the Legislative Fiscal Bureau budget papers for DHS and recommends the committee support the following alternatives:

### **IRIS direct care workforce increase**

- [Adopt an alternative motion that provides \\$6.4 million dollars over the biennium for IRIS participant to increase their direct care workers' wages](#)

*In the last biennial budget, the Wisconsin legislature included increases for the Family Care direct care portion of managed long-term care capitation rates. To achieve equity between Family Care and IRIS and to ensure that people who choose IRIS have the same funding support to recruit and retain high quality workers, there should be an equivalent IRIS Direct Care Funding Initiative coordinated by DHS and directed to participant's IRIS budgets to meet their direct care needs. The IRIS program, which supports approximately 18,000 people with disabilities and older adults.*

### **Family Care Direct Care Workforce Increase (LFB paper #368)**

- [Support alternative 3, double the proposed increase for the direct care portion of managed long-term care capitation rates.](#)

*Act 59 created a Family Care direct care workforce funding supplement that has proven successful in retaining direct care workers who provide a variety of community-based services, including: daily living skills training, respite services and supportive home care. Additional and sustainable direct care workforce supplemental funding would allow DHS to support other community-based workers that people with disabilities rely upon, including job coaches/employment support professionals who are also responsible for direct care.*

### **Medicaid Personal Care rate increase (LFB paper #370)**

- [Adopt an alternative motion that would increase the personal care services rate by 11%.](#)

*Personal care workers provide essential services to people with disabilities that help them stay in their homes and out of expensive Medicaid-funded institutions; unfortunately, low wages are one factor that make recruitment and retention of quality workers difficult. 100% of personal care agencies reported turning away older adults and people with disabilities in need of care during the past year. 60% of personal care providers surveyed say they are considering no longer providing Medicaid personal care.*

### Children's Long-Term Supports (LFB paper #371)

- Support LFB [Alternative A1, B1, C1, D1, and E2](#) requiring DHS to ensure that any child who is eligible, and applies, for the children's long-term support (CLTS) waiver program receives services under the CLTS waiver program and funding family support and disability resources.

*For families of children with disabilities finding accurate information and navigating through resources and programs can be time-consuming and a barrier to the best support and care for kids. Connecting families with available resources can prevent crisis and unintended costs, including out-of-home placements, hospitalizations or caregiver burnout.*

*More than 1000 Wisconsin children are on waiting lists for the Children's Long-Term Supports waiver program. Immediate access to waiver supports and services ensures that kids have the maximum amount of time to benefit from therapies and services that help develop physical functionality and daily living skills.*

### Dental Access Initiatives (LFB paper #365)

- Support [alternative A](#), increased reimbursement rates for Medical Assistance dental services that are provided to Medical Assistance recipients who have disabilities.

*Access to regular dental care is a big problem for people with disabilities. 29% of adults with disabilities have had at least one permanent tooth removed over the past year, 26% have not been to a dentist in the past year. Many can only visit a dentist when something is wrong or causing pain/other health impacts, and often they may have to wait weeks or months for an appointment even in these situations. Increases in Medicaid rates and funding specifically directed to dentists serving people with disabilities will help expand the pool of dentists available for Medicaid beneficiaries.*

### Crisis Intervention Services and Regional Crisis Stabilization Facility Grant Program (LFB Paper #362)

- [Crisis Intervention Services: support alternatives 1 or 2](#)

*Alternative 2 would have the greatest benefit as it would incentivize more counties to participate by having the state assume the nonfederal share of crisis intervention services, as has occurred with CCS.*

*While counties are required to have a crisis intervention system, many counties have limited resources and ability to respond to community members experiencing a mental health crisis. If the state assumes some or all of the nonfederal share of MA-funded crisis intervention services, counties will have the ability to fund more local resources, such as mobile crisis teams. Development of such resources will limit the role of law enforcement in responding to a mental health crisis and reduce reliance on more costly and traumatizing services.*

- [Regional Crisis Stabilization Facility Grant Program: support Alternative 1.](#)

*Wisconsin's current mental health crisis system is lacking local resources. In 2018, over 3,000 people experiencing a mental health crisis were transported from their community to Winnebago Mental Health Institute, far away from their support network and their mental health providers. This process is traumatizing for the person in crisis, costly, time consuming, and is a major drain on law enforcement resources. Establishing a network of regional crisis centers will provide an alternative to the current process, and will allow the person in crisis to be assessed and supported closer to home and to natural supports. Developing this regional capacity will result in better outcomes for those in crisis and reduce the time commitment for law enforcement to respond to psychiatric crises. Regional centers will ultimately reduce the need for people in crisis to be transported across the state to Winnebago Mental Health Institute, and will allow them to receive assistance closer to their community.*

## Physician and Behavioral Health Services (LFB Paper #363)

- [Rate increases for mental health, behavioral health, and psychiatric services provided by physicians and medical clinics: support Alternative B1](#)

*Increased Medicaid rates will increase access to these vital services which are key to recovery and independence. Some level of funding for reimbursement rate increases is urgently needed, given that most payments have not been increased since 2008. Reimbursement rates are an important component of a broader strategy to increase access to mental health services: 49 of Wisconsin's 72 counties are designed as mental health provider shortage areas.*

## Caregiver Crisis

Survival Coalition regrets the Joint Finance Committee's action last month that removed BadgerCare expansion proposal, which would have brought in an estimated \$1.6 billion of new federal funding for reinvestment in programs and services critical to people with disabilities and older adults.

While Survival Coalition supports various Medicaid rate increases that will result in a modest increase in worker wages, this is not sufficient to address Wisconsin's workforce crisis. Lack of benefits—including health insurance, paid sick and family leave, retirement, dependent care, commuter benefits etc.—career advancement opportunities, training, and support are all factors that impact the recruitment and retention of quality caregivers.

An estimated 30% of Wisconsin's paid caregiving workforce is already in BadgerCare, as are many family caregivers who reduced hours or left the workforce to take care of aging adults and people with disabilities.

Our analysis finds that increasing the amount a worker can earn to 138% of the Federal Poverty Level (FPL) would result in the 30% paid caregivers already in BadgerCare being able to work an additional 457 hours annually (or an extra shift per week) without losing their BadgerCare health insurance. Collectively, that translates into millions more hours of caregiving for Family Care and IRIS participants. An estimated 8,000 paid caregivers would be able to have BadgerCare health insurance, helping to increase direct care worker retention.

Survival Coalition recommends that BadgerCare expansion be reinserted into the budget as proposed.

Sincerely,

Survival Co-Chairs:

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