

June 15, 2021

FOR IMMEDIATE RELEASE

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JFC to act on DHS budget: agency oversees critical investments in disability services and supports

As the Joint Finance Committee considers its budget motion to set and direct spending for the Department of Health Services (DHS), Survival Coalition asks the committee to include the following disability priorities:

Critical disability priorities to add to the state budget

- **Ensure all Direct Service Professionals (DSP) workers are compensated equally across long term care programs.** When the legislature provided funding to increase worker wage, the budget motion language was restricted to Family Care and nursing homes, which inadvertently left out workers who serve people in IRIS and children in CLTS. DSP workers across all programs should be compensated equally and those funds should be distributed to support workers and participants regardless of the program they are in. Modify budget motion language to include all long-term care programs—Family care, IRIS, CLTS—and direct the Department to work with CMS to implement the legislature’s intent to achieve parity across programs. (Paper #337, Direct Care Worker funding)
- Fund development of **free online training to family and volunteer guardians** about the role, responsibilities, and other important features of Wisconsin’s guardianship law before they are appointed. (\$125,000 per year).
- **Ensure reports of abuse and neglect against people with disabilities are investigated in the same manner as reports against older adults** and increase funding (\$1.9 M) for Adult Protective Services. This will allow APS to fully investigate all reports of abuse and neglect for people with disabilities age 18-59.
- **An annual investment of \$27.4 million (GPR) to fully fund ADRC base contract funding** (Alternative A.2. in Paper #361 would only increase base funding by \$3 million in the biennium).

Fiscal Bureau alternatives that support disability priorities

- **Family Caregiver relief: Support LFB Paper #361 Alternative A.1.**
Provide targeted family caregiver relief and save the state funds over time. Many caregivers say they call our ADRCs now only when they are at a crisis point and need to place their loved one in an expensive Medicaid funded facility. Delaying entry into a nursing home can save up to \$6,079 per month/per person. Evidence tells us tailored family caregiver relief, resources and respite can extend a caregiver’s ability to continue as a caregiver. This alternative will prevent duplication of funds by designating a caregiver coordinator, ensure that more people know

about caregiver supports that are available and allow ADRCs to provide caregiver support to those caring for someone under age 59.

- **Ensure all eligible children who apply receive services under the CLTS waiver program: Support Paper #346, Alternative A.1.**

More than 1000 children with disabilities and their families remain on the waiting list for CLTS. The current appropriation type would continue to result in a waiting list if more children require services than the number of funded slots available. Change the appropriation from sum certain to sum sufficient to guarantee all kids who need support get the care they need.

- **Help all babies and toddlers exposed to lead: Support LFB Paper #361 Alternative B1.**

The Birth to 3 program is the first place many families go when their child is experiencing a developmental delay. Unfortunately, many children are exposed to lead either through water flowing through lead pipes or lead paint chips, but not all of them have high enough levels of lead poisoning to qualify for early intervention programs. There is no safe level of lead, and it is a 100% preventable cause of intellectual and developmental disabilities. This option expands eligibility to cover young children exposed to 5 mg of lead.

- **Increase direct care workforce funding: Support LFB Paper #337 Alternative A3**

People with disabilities rely on quality Direct Service Professionals (DSPs) to live and work independently. Low wages have consistently been identified as a reason these essential workers leave caregiving positions and the caregiving field. The Caregiver Crisis continues to wreak havoc on many individual's lives disrupting their ability and sometimes their family member's ability to stay in the workforce themselves. Wage increases for workers are one needed step to make caregiving a stable professional career path. (See suggested modification to the Alternative above to ensure equity for all workers).

- **Personal Care reimbursement: Support LFB Paper #338 Alternative A3**

People with disabilities rely on quality personal care workers to help with daily living and personal cares like toileting, bathing, and eating. Low wages have consistently been identified as a reason these essential workers leave caregiving positions and the caregiving field. Wage increases for workers are one needed step to make caregiving a stable professional career path.

- **Improve access to dental care for Medicaid patients: Support Paper #344 Alternative B1.**

Too few accessible and sedation dentistry locations and too few dentists taking Medicaid patients means many people with disabilities have no access to routine preventative care and experience long delays even when there is a dental emergency. Low Medicaid reimbursement rates for dental services have long been identified as a reason many dentists do not accept Medicaid patients. A significant rate increase is warranted.

- **Expand/equalize critical ADRC services across the state.** (in addition to family caregiver supports referenced in Paper #361 Alternative A.1.):

- Provide \$534,000 in the biennium to support Aging and Disability Resource Specialists in Tribes (Alternative B.1. in Paper #361),
- Provide \$434,000 in the biennium to support Tribal Disability Benefit Specialists (Alternative C.1. in Paper #361),

- Provide \$3 million to fund 18 Dementia Care Specialists (DCSs) in ADRCs and 7 tribal DCS positions (Alternative D.1. in Paper #361), and
- Provide an annual investment of \$2.3 million to fully fund EBS services statewide (the last state funding increase for this program was in 1997.)
- **Support increased reimbursement for mental health and child adolescent day service: Support Paper #341, Alternative A1 and Alternative B1**

Mental health services for individuals experiencing mental illness or emotional disturbance have become more and more scarce over the past decades. Raising the reimbursement rate is necessary to attract a sufficient number of providers so that we meet the threshold number of providers required to ensure that outpatient mental health care is available.

The reimbursement rate for child-adolescent day services has not been increased since 2008. Day treatment services enable children and youth to remain living at home while they receive intense hospital-like services. However, due to the low reimbursement rate there are not many such programs available for children receiving their mental health care through Medicaid.

- **Regional Crisis Response System Grants: Support Paper #370 Alternative A1**
There must be an investment in infrastructure that is tailored to meet the needs of the county or region it will operate in. A regional approach will also enable individuals that do end up requiring inpatient services to remain closer to home and more connected to their community providers, families and friends so that the inpatient stay is less disruptive and traumatic.
- **Community Based Behavioral Health Systems Grants: Support Paper #371, Provide state funding for items 1, 2, 6, 13, and 14.**
Additional state investment is warranted for Behavioral Health Law Enforcement Collaboration Grants (item 1), County Crisis Call Center (item 2), Peer Run Respite (item 6), Deaf, Hard of Hearing and Blind-Deaf Behavioral Health Service (item 13), Child Psychiatry Consultation Program (item 14).
- **Forensic Assertive Community Treatment: Support Paper #377 Alternative A1**
Currently, the state is at risk of depriving justice-involved individuals of their constitutional rights to a prompt evaluation and treatment of their mental condition due to sheer lack of capacity.

Survival Coalition is comprised of more than 30 statewide disability organizations, and has members with expertise in disability law, research and best practices, and providing direct services for people with disabilities.