

SURVIVAL COALITION 2025-2027 BUDGET PRIORITIES

LONG TERM CARE BUDGET RECOMMENDATIONS

- Commission a legislative audit of HCBS providers, LTC facility providers, rehabilitation, acute care facilities, and related health care businesses to assess:
 - Provider network capacity for private pay and Medicaid participants, including metrics on the volume of assumed care provided by unpaid caregivers, number of providers taking new Medicaid participants, and the amount of time spent waiting to start authorized services.
 - Transparency, including who owns the setting or service, what their profit margins are, and spending breakdowns for staff salaries, building maintenance and administration.
 - For services and settings owned by multi-state companies, information about their performance in other states, including rights violations, critical incidents, fines, corrective action plans, or other sanctions, contractual relationships, and direct service staff turnover.
 - For services and settings that have multiple locations in the state, recommendations on improving the scorecard to differentiate performance for individual settings.
- Create collaborative health insurance fund and standardized health plan for care workers so all care workers serving Medicaid participants have the same quality health care coverage no matter where they live and work in the state.
- Establish a dedicated fund to pay care workers living wages that can be adjusted for inflation and reflect competitive salaries for workers with similar health care skills and duties across settings (HCBS, SNF, hospitals).
- Split the personal care, home health care, and direct service agency rates into an administrative portion and worker salary portion so the legislature can make direct investments in these functions.
- Ensure salaries for Private duty nursing are equitable across CLTS, Family Care, and IRIS. Incentivize UW System Nursing Programs to equally promote private duty nursing pathway to students and DWD to promote private duty nursing to nurses re-entering the workforce or nurses who are interested in transitioning out of traditional health care settings.
- To implement new federal requirements, appropriate \$1M per year for a training program on ableism and ageism for all medical professionals to address Medical Discrimination, and training for health care workers on working with patients experiencing Intellectual and Developmental Disabilities, cognitive changes, and co-occurring conditions.
- Include CARE Act statutory language to involve unpaid caregivers in hospital discharge planning and train them to provide the complex medical care patients of all ages need at home after they have been discharged from the hospital, and require hospitals leverage recent changes to the federal physician fee schedule rule to bill for unpaid caregiver training to help facilitate successful hospital discharge.

- Increase position authority and funding for the Board on Aging and Long Term Care (BOALTC) Ombudsman program to monitor the health and safety of older adults living in long-term care and to investigate complaints related to care and treatment.
- Increase base funding for respite in Wisconsin State Budget by \$200,000 annually.
- Increase funding by \$1M annually and increase position authority by 11 for DHS's Division of Quality Assurance to investigate and respond to safety complaints, including complaints involving 1-2 bed Adult Family Homes.
- Allocate \$2M annually to the Bureau of Assisted Living to fund 32 positions to improve investigative capacity of the Division of Medicaid Services.
- Create a plan to reduce the number of state-run institutions from three to one and end long term residential services offered by Central Wisconsin Center and Southern Wisconsin Center so that those funds can be reinvested into home and community-based services.
- Invest in care infrastructure in the community instead of Capitol Budget expenditures that increase institutional capacity at DD Centers.
- To continue to address the funding inequities between ADRCs and begin to address the population growth in Wisconsin, increase funding by \$20M per year for Aging and Disability Resource Centers, and establish a incident reporting process for ADRCs to report and track family/consumer complaints about services or settings.
- Expand the Department of Justice Elder Abuse Hotline to include people with disabilities age 18-59 and increase biennial funding to \$500K annually.
- Ensure parity in rates between children's and adult long-term care programs.

CHILDREN'S LONG TERM SUPPORTS BUDGET RECOMMENDATIONS

- **Development of a Children's Programs Ombudsman**
 - Families continue to have challenges navigating critical systems or report having mixed experiences with county programs. When this happens, options for solutions are extremely limited.
 - *This is the last piece of the proposed Disability Resource Center for Children and Families (DRCCF) request (2023 -25) that was not resolved by the creation of Wisconsin Wayfinder.*
- **Medicaid Rate Study for Children's Services**
 - With rates being consistently less than private insurers, new providers are not incentivized to serve Medicaid families. Some have stopped providing service entirely, publicly pointing to low rates as the reason, and others have stopped accepting new Medicaid patients. A comprehensive study of Medicaid rates for children's services is needed to identify areas where perceived low rates are leading to service deserts in rural areas and contribute to the

inability of families to access services needed to support their children at home, statewide. The study must include comparisons with private insurance rates. Findings should be publicly available and distributed to decision makers.

Here are three examples of the impact of continued low Medicaid rates:

- Dental care: Families continue to have great difficulty accessing children's specialized dental care. There are few providers offering the service under Medicaid and for those that are, many are no longer accepting new patients. Often families give up seeking preventive services, contributing to an increase in demand for preventable emergency dental care.
- Private Duty Nursing (PDN): PDN's serve medically fragile children at home. Children's Hospitals report having to drop policies requiring these services to be established prior to discharge, not because they aren't needed, but because the service cannot be found. Rural areas are especially troubled by this. Many families report they are unable to find this care because the pay rates are much lower than for nursing home care, in addition to the requirement of a Prior Authorization Liaison (PAL) involving many hours of uncompensated time by an RN each month. These challenges lead to single parents leaving employment and becoming dependent upon other social programs, or for two-parent households, one parent leaves the workplace completely.
- Autism treatment providers: More applied behavioral analysis providers have ended serving children with Medicaid this year, pointing to consistently low rates as the reason. When started early, this evidence based therapy greatly improves long term outcomes for children. Low rates are locking children out of this important care, which creates obstacles to an independent and Self-Determined life.

EMPLOYMENT BUDGET RECOMMENDATIONS

- Direct DWD and DHS to expand remote employment opportunities by:
 - Assuring access to telephones, and computer equipment, as well as data plans for people with disabilities to pursue remote opportunities;
 - Creating access to needed training and support for necessary telephone or computer skills to conduct work remotely; and
 - Supporting business plan development for at home or virtual work.
- Direct DWD to establish a grant opportunity for employment service providers to:
 - Increase wages and benefits to workers providing vocational supports and services.
 - Support efforts to recruit and retain employees including people of color, tribal members, people with disabilities and people in rural and urban areas.
 - Offset increased travel and other costs affected by fuel and other cost increases.
- Direct DWD and DHS to create a transportation initiative that focuses on challenges workers with disabilities face when trying to get to employment locations.

- Collaborate with Wisconsin DOT to reduce barriers to individuals with disabilities to obtain drivers' licenses through things such as; plain language, adapted and accessible driver's education materials and instruction, and funding drivers' education as an employment readiness skill.
- Direct DOA to adopt a State as Model Employer initiative to intentionally hire within all facets of state government and modernize outdated practices, such as State Use Contracts that prioritize purchasing from companies that employ workers with disabilities at sub-minimum wage.
- Include \$250,000 to the Department of Financial Institutions to educate people with disabilities and their families regarding the use of ABLE accounts in Wisconsin, coordinating with the financial benefits counselors, ADRCs, schools and long-term care programs.
- Direct DWD to create a Worker Training Grant program (Fast Forward) accessible to Home and Community Based employers by eliminating 50% cash or in-kind employer match and starting wage restrictions.

TRANSPORTATION BUDGET RECOMMENDATIONS

Create capacity for regional non-driver mobility

- Create a formula based on projected number of non-drivers and use a shared revenue mechanism to distribute funds specifically to improve regional mobility (and transportation capacity) for non-drivers with the following statutory expectations: non-drivers are central part of the planning process, funds are used to conduct regional transportation planning, make improvements to physical and mobile infrastructure, increase non-driver transportation capacity, build greater regional transportation linkages, and mobility management capacity.

Sustain existing investments in non-driver mobility

- Urban Mass Transit Operating Assistance (85.20) – 4% increase (\$6M annually), distributed so each of the 5 tiers receives a 4% increase.
- Paratransit Aids (85.205) – 20% increase. (\$687,520 annually).
- County Elderly and Disabled Transportation Assistance Program (85.21) – 10% increase. (\$1.6M annually)
- Tribal Elderly Transportation Assistance Program (85.215) – 20% increase. (\$43,560 annually)
- Specialized Transportation Program, includes purchase of Human Service Vehicles, operating budgets, Mobility Managers, coordination and non-vehicle capital (85.22) – 20% increase. (\$220,580)

SPECIAL EDUCATION BUDGET RECOMMENDATIONS

- Increase reimbursement for special education services in Wisconsin public schools to 90%.
- Require private schools to meet the same standards required of public schools under IDEA, including a complaint and enforcement mechanism and robust data collection.
- Increase funding for transition service grants by \$5M annually.
- Increase funding for school based mental health services to \$118M annually

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