

## **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.

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