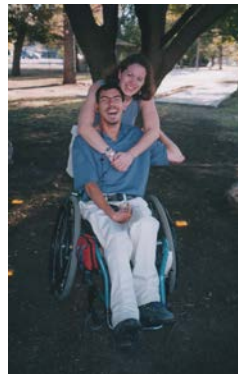




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Real Lives. Real Work. Real Smart. Wisconsin Investing in People with Disabilities



SURVIVAL COALITION 2013-2015 BIENNIAL BUDGET PRIORITIES



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CHILDREN AND ADULT LONG-TERM SUPPORTS AND SERVICES BUDGET PRIORITIES

STATEMENT

People with disabilities want to live, work and contribute to their families and communities. We appreciate current efforts by the Department of Health Services (DHS) to support children living with their families and to emphasize living options that do not restrict adults with disabilities to congregate settings. Survival Coalition supports options within our long-term support system for children and adults that continue efforts to live inclusive lives in the community with individualized and appropriate supports and services.

BACKGROUND

Survival Coalition remains supportive of Family Care expansion statewide and looks forward to continuing our work with DHS to ensure that every individual with a disability enrolled in long-term care receives supports and services in the community. To ensure individualized supports, long-term care programs other supports need to be sustainable with adequate rates to support people with the most complex needs. Survival Coalition still has serious concerns that the current managed care system's capitated rate is a disincentive to serve people with challenging behaviors and other high levels of need. Since 2007, Wisconsin has received Money Follows the Person federal funds to provide additional assistance to individuals relocating to the community. As of today, the state has not provided clarity on the importance of utilizing the funds, nor has it adequately utilized this resource to relocate individuals into the community.

While DHS, the Governor, and the Legislature have focused significant resources and commitment to ending wait lists and building a sustainable system of long-term supports for adults, no such commitment has been made to children with disabilities and their families. This continuing disparity between children and adults needs to be addressed in the current biennium.

ADULT LONG-TERM SUPPORT RECOMMENDATIONS

- End wait lists for community-based long-term support and services by expanding and fully funding Family Care/ / PACE/ Partnership/ IRIS statewide. Currently those on wait lists have access to costly institutional services, but no access to supports to live in their community.
- Consolidate Southern and Central Centers and relocate residents to the community with adequate services and supports.
- Adequately fund transportation services in managed care programs. The practice of including transportation services in the rate for residential providers without an increase to cover these costs has

led to reductions in transportation services for many consumers, and put at risk their ability to maintain independence and community integration.

- Address reimbursement rates to support people to move out of institutions. Provide enhanced funding and regional staff for nursing facility relocation purposes, especially for people with complex needs. The state should put in place the enhanced relocation rate that was in place until 2010. Where possible, utilize Money Follows the Person funding in year one for relocation and follow-up and in year two to utilize the enhanced relocation rate.
- Ensure services adequately reflect needs and costs of services for members within the system to continue to live in the community.
- Strengthen infrastructure for those individuals and their families who have chosen self-direction through the IRIS option. The large numbers of people who have chosen IRIS far exceeds estimates and has led to an under-funded infrastructure. Streamline and provide localized resources through a re-design of the IRIS model, which will increase quality of service delivery and reduce administrative costs to IRIS.
- Work with advocates and IRIS participants on ways to reduce administrative costs.
- Invest in a proactive training program for IRIS consultants and all participants choosing to self-direct.

CHILDREN'S LONG-TERM SUPPORT RECOMMENDATIONS:

- Add an additional \$5 million in GPR in the next biennium to reduce wait lists for home and community based supports for children with significant disabilities by 1,000. The wait time for services for children is 2 to 8 years. Nearly half (45%) of children eligible for long-term supports are waiting, compared to 19% (1 in 5) of eligible adults.
- Provide short-term service coordination to 20% (600) of families whose children are on the long-term support wait list. Many families have identified access to a person who can help them navigate services and supports as their primary need. Short-term assistance would: reduce ER visits; maximize access to current resources such as school, Medicaid and private insurance; coordinate benefits; access inclusive community resources. Consider using current Medicaid authority, such as targeted case management or 1937 state plan amendment, to match GPR for this service. \$900,000 GPR matched to federal Medicaid would provide short-term assistance to 600 families in the next biennium.
- Develop family outcomes measures to implement a family-based outcomes survey for the purpose of: a) identifying current gaps in knowledge, information and family-centered support provided to families and children with long-term support needs and b) implementing a continuous quality improvement process.

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EDUCATION BUDGET PRIORITIES

STATEMENT

Wisconsin must invest in ensuring that all students, including those with disabilities, are college and workforce ready by taking targeted steps to reduce achievement gaps, restore essential funding, and establish a more equitable funding formula. Cuts to public education disproportionately impact students with disabilities.

BACKGROUND

Wisconsin's public school funding formula and local revenue limits have had long-term negative impacts on local schools, and drastic cuts in the last biennium significantly impacted all students, including those with disabilities.

- Approximately 119,262¹ or 13.7% of all students in Wisconsin schools receive special education services.
- The Wisconsin four-year graduation rate for students with disabilities is just 65% compared to 89% in the overall student population.
- Recent Wisconsin test scores show students with disabilities across all grades have shown no progress in reading since 2005 and actually dropped in reading scores in five of seven tested grades.
- Less than half of Wisconsin's students with disabilities (46.7%) are reading at the proficient level and less than half (45.4%) are proficient in math: much lower percentages than any other subgroup measured.
- Youth with significant disabilities who rely on publicly funded adult systems are not being appropriately supported to pursue integrated, competitive wage employment which has the effect of reducing reliance on public supports.²

Lagging test scores and graduation rates demonstrate that children with disabilities are being shortchanged, and their parents are forced to fight with cash-strapped school districts to get a Free and Appropriate Public Education. Adequate funding of our public schools will provide students with disabilities the public education they have a right to, and school districts will be able to provide services without cutting into their general education budgets. In addition, a commitment to eliminating the barriers that prevent youth with disabilities from finding competitive wage employment will help us begin to tackle unacceptable poverty rates.

¹ Wisconsin Department of Public Instruction; 2011 Fall Enrollment;
<http://data.dpi.state.wi.us/data/GroupEnroll.aspx?OrgLevel=st&GraphFile=GROUPS&S4orALL=1&SRegion=1&SCounty=47&SAthleticConf=45&SCESA=05&Qquad=demographics.aspx&Group=Disability>

² Imazeki, J. & Rschovsky, A. (2006). Does no child left behind place a fiscal burden on states? Evidence from Texas. *Education Finance and Policy*, 1, 217-246.

RECOMMENDATIONS

- Reform our state funding formula to provide adequate and equitable funding to enable all children to be college and workforce ready by the time they graduate.
- Restore overall public education funding in the 2013-2015 biennium to previous levels, including a fair increase in special education categorical aid funding to raise the state reimbursement rate to 30%. Actively advocate for increases in federal funding reimbursement. Maintain the reimbursement rate for student with disabilities with high costs.
- Convene a Special Study Committee to examine the changes that must be made to improve outcomes and reduce achievement gaps for all students, including those with disabilities, and initiate legislation to address these concerns. Representation on the Special Study Committee must include individuals with disabilities and advocates.
- Direct DPI to invest resources and develop specific guidance in pre-service, professional development and materials creation that ensures that students with disabilities have access to the state's new college and career ready (common core) standards and new assessments. Professional development also must specifically address use of assessment data to improve performance.
- Save funds by ensuring that all new curricular materials procured with state funds (to align with the common core principles?) are compatible with Universal Design for Learning (UDL) principles so all students can access materials without need for costly post-market modifications or additional professional development/technology.
- Increase funding for other specific professional development/training in which data show Wisconsin schools need improvement, including youth transition/career development; seclusion/restraint; anti-bullying; and staff preparation for outcomes of kindergarten reading screenings.
- Eliminate \$4 million GPR/year spent on County Children with Disabilities Education Boards (CCDEB) and the segregated schools they support and redirect funds to special education categorical aids.
- Prevent future expansion of existing parental choice (voucher) programs until issues of disability discrimination and full access for children with disabilities are resolved to the satisfaction of the US Dept. of Justice and disability advocates. This includes any expansion of the Milwaukee Parental Choice Program, the Racine Parental Choice Program, and any other locations contemplated for potential geographic expansion.
- Do not consider development of a separate Special Needs Voucher/Scholarship program unless all 6 key criteria (agreed to by leading disability advocacy groups) to prevent fraud and to protect children's rights are met.

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HEALTH CARE AND MEDICAID BUDGET PRIORITIES

STATEMENT

Insufficient insurance coverage and limited access to affordable, quality health care prevents many people with disabilities from obtaining the care they need. When individuals go without care, they often are unable to work, wait too long to see a doctor, and subsequently utilize expensive emergency room services. Medicaid is a lifeline for many people with disabilities who require assistance with daily living activities and may have significant medical needs. Medicaid is overwhelmingly the largest funding source of acute health care for people with disabilities who do not have access to employer-based or other private coverage. Wisconsin must preserve its Medicaid supports and increase access to quality, affordable health care for its most vulnerable citizens.

Survival Coalition opposes reductions to the current Medicaid program. If federal changes are implemented, they should not automatically be used as an excuse for Wisconsin to cut eligibility, benefits, and provider payments. **Consumer and stakeholder input are essential prior to any significant change in Wisconsin's Medicaid program.**

BACKGROUND

Wisconsin has been a leader in progressive health care policy and coverage of its residents. These policies and investments have traditionally had broad bi-partisan support. Access to affordable quality health care allows people with disabilities and their families to work and have active lives because they can manage their illnesses and conditions without going into financial distress.

Children with special health care needs and all people with disabilities face challenges in health care coverage and quality which include universality and continuity; access; adequacy and affordability.³ Approximately one of every seven children under 18 years of age in Wisconsin has a special health care need.⁴ The 2009-10 National Survey of Children with Special Health Care Needs shows that nearly a quarter of Wisconsin families with a child with a special health care need have a condition which causes a family member to cut back or stop working. In addition, nearly a fifth report trouble accessing care, as measured by experiencing an unmet need for specific health care services. Many adults with disabilities do not seek work or enter the workforce because they need the guaranteed health insurance that the state's Medicaid program provides. **We need consistent protections against denial of coverage for pre-existing conditions for adults in Wisconsin.**

³ Farrell, K.; Hess, C.; Justice, D.; National Academy for State Health Policy for The Catalyst Center; The Affordable Care Act and Children with Special Health Care Needs: An Analysis and Steps for State Policymakers; January 2011.
<http://www.nashp.org/sites/default/files/aca.children.special.hcneeds.PDF>

⁴ "Wisconsin Report from the 2009/10 National Survey of Children with Special Health Care Needs." NS-CSHCN 2009/10. Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved from www.childhealthdata.org

Numerous empirical studies show that shifting the burden of costs onto individuals by raising premiums and copays causes people with disabilities to either drop coverage or not obtain needed care or medicines for chronic conditions.⁵, The burden of cost-sharing clearly falls disproportionately on beneficiaries in poor health.⁶

Following the Supreme Court's ruling to uphold the Affordable Care Act, it is critical that Wisconsin take steps to implement ACA provisions. **Survival Coalition believes it is critical for people with disabilities to be at the table as Wisconsin's health care exchange and benefits package is defined and developed to ensure that the products and process will work for everyone.** A properly designed system will not only ensure health and reduce costs, but enable people with disabilities to obtain and retain employment.

HEALTH CARE REFORM RECOMMENDATIONS

- Start work as soon as possible to develop an exchange that is specific to the needs of Wisconsin residents and reflects the views and needs of local stakeholders. Disability advocates stand ready to work with representatives of the federal government if the State chooses not to move forward.
- Convene a health care advisory committee, with adequate consumer representation – including people with disabilities and families, to obtain input on essential health benefits - including habilitative services; development of exchanges; outreach to consumers.
- Immediately codify the following provisions of the Affordable Care Act: 1) the disallowance of pre-existing exclusions and coverage rescissions; guaranteed issue of coverage and renewal, 2) the prohibition of excessively long waiting periods before insurance becomes effective, 3) the elimination of annual and lifetime limits on essential health benefits.
- Focus on expanding Medicaid to the population that remains uninsured below 133% of poverty. The commitment of 100% federal funding for this expansion for the first 3 years along with the eventual phase down of 90% in 2020 is a good deal for Wisconsin. This funding match will relieve pressure on the Medicaid budget – particularly as Wisconsin loses Disproportionate Share Hospital funding in 2014. (In FY 2011 Wisconsin was allocated \$94,633,503⁷)
- Actively compete for grants which will be made available through the Affordable Care Act – particularly those which establish preventative health programs and include training that can be focused on special populations, including individuals with disabilities.
- Preserve existing insurance mandates as essential benefits going forward (e.g. coverage for cochlear implants, autism treatment, mental health/AODA parity.) These benefits were agreed to with bi-partisan support and are important to the health of people with disabilities.
- Develop incentives to specifically promote the coordination of care across health and community systems, which may include Medical Home models. Ensure strong stakeholder involvement of consumers and families into the development of Medical Home models.

⁵ Artiga, S., O'Malley, M. Increasing Premiums and Cost Sharing in Medicaid and SCHIP: Recent State Experiences. Kaiser Commission on Medicaid and the Uninsured. 2005.

⁶ Stuart B, Zacker C., Who Bears the Burden of Medicaid Drug Co-payment Policies? 18 HEALTH AFF. (online ed., March/April 1999), <http://content.healthaffairs.org/content/18/2/201.long>.

⁷ Kaiser Health News. Federal Medicaid Disproportionate Share Hospital (DSH) Allotments, FY 2011. <http://www.statehealthfacts.org/comparemaptable.jsp?ind=185&cat=4&sub=47&rgnhl=51>

MEDICAID RECOMMENDATIONS

- Maintain at least current GPR investment levels in Medicaid.
- Continue the commitment to people with disabilities in the state's Medicaid program by preserving long-standing essential benefits in the state plan and exemptions to premiums and other new provisions for persons with a disability as determined by the Disability Determination Bureau or the Social Security Administration.
- Cease efforts to shift of more than 200,000 people covered by the BadgerCare Plus Standard plan into an Alternative Benchmark plan and study and address unintended consequences for certain people with disabilities who will not be able to maintain employment with a compromised level of coverage. This punitive measure seems unnecessary when compared to the limited estimated cost-savings and the potentially significant burden of uncompensated care on taxpayers.
- Fully fund the BadgerCare Core Plan – allocating enough state GPR to match all of the federal DSH (disproportionate share hospitals) money that Wisconsin should be using to serve eligible individuals in Core. Often people with chronic disabling conditions, who may not meet the SSA level of disability determinations, manage their conditions through their access to affordable health coverage which thereby allows them to continue employment. Wisconsin should, at a minimum, move people off the waiting list, and serve up to 48,000 individuals, which is the CMS approved enrollment cap for BadgerCare Core.
- Support an increase by Wisconsin Medicaid in rates (up to the Medicare rate) paid to primary care physicians, including pediatricians, serving Medicaid patients. (Under the Affordable Care Act, CMS will pay 100% of the cost of any increase for two years.)
- Reduce administrative costs by significantly improving and streamlining the prior authorization (PA) process. The following strategies to reduce cost should be considered:
 - Increase duration of service for therapies to the maximum allowable by administrative rule for eligible children (who meet level of care using the Wisconsin Functional Screen) who have a medically necessary (need) service that is being addressed.
 - Address PA concerns related to mental health services. The PA process for many non-institutional mental health services has become overly burdensome to providers and goes beyond what is needed to ensure the appropriateness and medical necessity of the services. Failing to provide timely and appropriate service authorization is not likely to save money if people fail to obtain necessary treatment and, as a result, use more costly services over time.
 - Reduce PA burden in Medical Assistance Personal Care.
 - Eliminate PA review for reimbursement when an individual has private insurance as the primary source of coverage and Medicaid is only providing payment for copays. Items have already been reviewed and approved by private insurers.
- Make a statutory change in BadgerCare to provide comprehensive medical coverage for children eligible for Medicaid whose needs cannot be met by the benchmark plan. Often children with complex conditions (e.g. Cystic Fibrosis, transplant recipients, epilepsy) remain relatively healthy when they have access to necessary medications and care. If Wisconsin makes this simple fix and creates access to more comprehensive medical care, this small group of children will not deteriorate and then require and utilize

far more expensive long term supports.

- Improve access to dental care. People with disabilities in Wisconsin experience difficulties in obtaining regular dental care, resulting in many preventable extractions, a high incidence of periodontal disease, etc. One of the major causes of this problem is the relatively low reimbursement rates for dental procedures in Medicaid, and the resulting small number of dentists willing to accept these rates. We believe it is time for the Executive Branch and the legislature to finally develop an effective set of strategies to make real progress on this issue. These strategies should include:
 - correcting the current inequity in the SSI Managed Care Program (dental care is included in SSIMC in some SE Wisconsin counties but not in the other SSIMC counties),
 - expanding the availability of dental care at community health clinics, and
 - increasing responsibility for Family Care Managed Care Organizations to help enrollees find a dentist.”
- Designate an independent entity to oversee quality control and to receive and track consumer complaints in the provision of non-emergency medical transportation (NEMT) through LogistiCare. As DHS expands the role of contractor LogistiCare, advocates continue to hear concerns about service quality and do not believe consumer complaints can be handled adequately when monitored internally by LogistiCare. Independent oversight and quality assurance are vital to ensuring safety, timeliness, and quality of these services.
- Families and consumers continue to report difficulty with incontinence and other supplies funded through Medicaid. We recommend the designation of an independent entity to oversee quality control and to receive and track consumer complaints in the provision of Durable Medical Supplies through J&B Supply.
- We recommend no changes to eligibility criteria, no reduction of hours of services and supports provided, along with assurances that reimbursement rates will not be decreased. The Medicaid budget should not be balanced in a way that harms individuals with disabilities.

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MENTAL HEALTH BUDGET PRIORITIES

STATEMENT

Wisconsin's mental health system, like public and private mental health systems nationally, has been undervalued and under-resourced. While there has been considerable development of evidence-based and best practices in the mental health field, funding has lagged behind and only a small percentage of adults and youth who could benefit from services are receiving them. In the meantime, many individuals with mental disorders experience extremely negative outcomes that have significant personal and societal costs, such as poorer overall health, incarceration, homelessness, and suicide.

STRENGTHEN THE PUBLIC MENTAL HEALTH SYSTEM

BACKGROUND

Community-based treatment services for adults and children with mental and substance use disorders are highly dependent upon county dollars and the mental health block grant, which have limited and fluctuating funding. The Mental Health/Substance Abuse Infrastructure Study (MHIS) found that 30% of the dollars funding the public mental health system come from county tax levy and an additional 20% from the basic county allocation. Compare this to 11%/9% for developmental disability services and 8%/5% for physical disability services and it is easy to see that the burden for mental health services lies heavily on the counties. As a result the study found a lack of equitable access to services across counties. In 2010 the county contribution to state Medicaid match for mental health services exceeded the State contribution even when all services, including inpatient hospital, were included.

RECOMMENDATIONS

- The State pays the state share of Medicaid match (approximately \$3.5m) for Comprehensive Community Services (CCS) because this has the broadest potential impact; CCS can serve adults and kids and can serve consumers with different levels of service need. This will provide an equitable "floor" on service availability across Wisconsin.
- Provide \$1.5m for coordinated service team (CST) expansion and technical assistance. While CCS can help fund services, CST dollars support the organization of services in counties and tribes by funding local

project coordinators. CST funding has been a catalyst to developing the children's mental health services system and reduces spending for out of home care.

SUPPORT THE DEVELOPMENT OF PEER DELIVERED SERVICES AND TRAUMA-INFORMED CARE

BACKGROUND

There is a consensus in the field that most consumers of mental health services are trauma survivors and that their trauma experiences help shape their responses to outreach and services. Trauma-informed care (TIC) is a practice that has been transforming our approach to working with people with mental illness by using methods designed to mitigate the role of trauma in the lives of children and adults with mental illness. TIC is being promoted by Wisconsin's First Lady but current state staff is unable to meet all training requests. Peer-delivered services are one form of TIC that is often effective and preferred by consumers of mental health services. Given the current weaknesses in the public mental health system, such programs are also a cost effective way to support development of the mental health infrastructure. The use of Certified Mental Health Peer Specialists (CPSs) has proven to be one of the most effective strategies for achieving and maintaining recovery. CPSs provide consumers with emotional support, understanding, empathetic listening, and hope for a better future. They serve as a role model that recovery is possible for all. They are also cost effective: a pilot study by Optum Health and Grassroots Empowerment Project found a 46% reduction in inpatient hospital admissions when CPSs were assigned to individuals with histories of inpatient admissions. Wisconsin has trained over 170 CPSs and there is increasing demand for their services. Similarly, studies have found that peer-run respite can achieve outcomes on a par with professional crisis services at a lower cost.

RECOMMENDATIONS

- Provide \$80,000/yr. to support the training, certification process and ongoing support for peer specialists and \$60,000 to support development of parent peer specialist certification.
- Provide \$350,000 to pilot the use of peer respite to prevent crises and provide an alternative to crisis or emergency services.
- Create additional capacity at the state level to support a culture shift towards TIC through increased training and technical assistance. Work with the TIC Advisory Committee and the Recovery Implementation Task Force to identify the best methods for enhancing this capacity.

Improve Treatment and Reintegration for People with Mental Illnesses in the Corrections System

BACKGROUND

Thirty percent of prison inmates have mental health disorders; a third of these have serious mental illnesses. While the Department of Corrections has made numerous changes to better address the needs of inmates with mental health disorders there is a need for continued progress. The best solution is to improve community based treatment options so that individuals do not come into contact with the criminal justice

system to begin with. When people are incarcerated they need access to qualified treatment professionals; however, currently the Dept. of Corrections is unable to recruit adequate numbers of mental health staff due to the low pay scale. The experience with the Becky Young program has demonstrated that effective reintegration strategies can reduce recidivism; this program needs to be expanded.

- Increase the pay scale of psychologists employed by the Department of Corrections to a level that will enable DOC to fill their vacant positions and retain current staff.

Increase funding to expand the Becky Young Appropriation/Reentry Initiative programs statewide, including Opening Avenues to Reentry Success (OARS) and the Disabled Offenders Economic Security Project (DOES)

The Wisconsin Public Mental Health and Substance Abuse Infrastructure Study, Prepared for the Wisconsin Department of Health Services by The Management Group, Inc., Dec. 18, 2009; http://www.tmg-wis.com/mhsa_overview.asp

Based on CY2010 data; personal communication from Daniel Zimmerman, DHS/DMHSAS

National Center for Trauma Informed Care; <http://www.samhsa.gov/nctic/>

Peer Support Services Help Reduce Hospitalizations, Curb Costs; Mental Health Weekly March 21, 2010

SAMHSA's Resource Center to Promote Acceptance, Dignity and Social Inclusion Associated with Mental Health (ADS Center); Peer Respite Services: Transforming Crisis to Wellness.

<http://promoteacceptance.samhsa.gov/teleconferences/archive/training/teleconference08042011.aspx>

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EMPLOYMENT BUDGET PRIORITIES

STATEMENT

Survival Coalition supports integrated employment at competitive wages as a priority goal and presumed outcome for working-age adults with disabilities. We assume that everyone can work in integrated employment with the right job match and supports. We also recognize the proven health, social and economic benefits of employment, affecting not only the person with a disability but their family, their place of business, their community and the economy.

BACKGROUND

People with disabilities do not want to live in poverty and want to be valued, contributing members of their community, just like everyone else. They recognize that responsibility and contribution are key parts of self-determination and equality in our society. Yet, currently, only 9% of working-age participants in the IRIS waiver and 14% of working-age participants in Family Care are employed and earning competitive wages.

Research has shown that it is more cost-effective to provide integrated employment services than providing employment preparation services in segregated settings. Studies have found that segregated employees receive services for nearly twice as long as those in integrated employment, while those in integrated employment had fewer overall costs and generated more than twice the income each month compared with those in segregated employment.

RECOMMENDATIONS

In order to support expanded use of integrated employment services and reduce the long-term costs of employment for individuals in the long-term care system in Wisconsin, Survival Coalition proposes the following budget items:

- Full match funding for the Vocational Rehabilitation program with the requirement that DVR set targets for increasing supported employment expenditures and outcomes statewide and in each of its Workforce Development areas.
- Require DPI to establish and monitor Indicator 14 outcome targets statewide and by school district.
- Require DVR and DHS to jointly conduct a county by county needs assessment to review the capacity and quality of supported employment services statewide and to set aside sufficient funds (at least \$500,000 each) to improve existing programs or establish new ones where needed.

- Require DVR and DHS to partner with appropriate organizations to continue funding the Pathways Employment Resource Center (PERC) at \$50,000 each annually to assure that all supported employment provider staff possess the knowledge and skills to meet national standards and provide effective supported employment services. National best practice curricula have been developed and training in these practices should be maintained to assure quality employment service capacity statewide.
- Require DHS to review expenditures for integrated versus segregated employment services by county and managed care organization and use this data as a basis for shifting dollar resources toward integrated employment for all new program entries and at least 5% annually of individuals currently in segregated services.
- Direct DHS to continue technical assistance to Community Rehabilitation Programs that are committed to significantly expanding their focus on integrated employment and their ability to successfully transition individuals in prevocational employment preparation services to integrated competitive employment.
- Require DHS and DWD to collaborate and provide funding to maintain the current network of work incentive benefit specialists statewide due to the loss of federal WIPA funding.
- Direct DHS to invest in technical assistance to MCO's and IRIS to implement best practice contracting and funding strategies to reward quality job coaching and other long-term supports for members participating in integrated employment.

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TRANSPORTATION BUDGET PRIORITIES

STATEMENT

Transit and paratransit services are critical to maintaining the independence of people with disabilities as many do not drive or own a vehicle because of their disability and/or limited income. When transportation is cut, people with disabilities are unable to work or get out in their community. In addition, 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. Funding transit is a smart investment because it lowers government costs by helping people with disabilities live independently and be employed. Nearly half of transit use is for work related purposes.

BACKGROUND

Survival Coalition urges policy makers to prioritize transit operating aids to help preserve public transportation. Over the past decade, we have seen harmful reductions in transit services, as local government struggles to maintain essential services with declining resources and increasing fuel costs. For example, in southeastern Wisconsin, transit services have been cut over 20% over the past ten years and fares have increased to some of the highest in the country. The resulting cutbacks have already taken a heavy toll on the ability of people with disabilities to work and be contributing members of the community, and also made it very difficult for the caregivers they rely on to get to work. In addition, reductions in transit aids have resulted in significant reduction of paratransit services and increases in fees. The 2013 – 2015 budget should strongly support these services as they are key to independence and life in the community for people with disabilities.

RECOMENDATIONS

- Keep transit in the segregated transportation fund to ensure that these funds are protected and not in competition with education, Medicaid, and other programs. Transit uses less than 5% of the total Transportation Fund. This small investment does so much for Wisconsin's economy and quality of life.
- Preserve the state investment in local transit and restore the 10% cut in Transit Operating Aids made during the 2011-2013 budget. Transit systems are struggling to maintain essential services with declining resources and increasing fuel costs. Restoring these funds will help preserve local transit services which

are vital to keeping people with disabilities independent and provide access to employment, education, healthcare, and other important services.

- Maintain the \$5 million allocation for the biennium designated for paratransit services. These funds have been essential to helping local governments maintain paratransit services for people with disabilities and older adults.
- Increase funding for the *Specialized Transportation Assistance Program for older adults and people with disabilities*, by \$5 million, over the biennium. The impact of rapidly rising fuel costs has exacerbated access problems and resulted in service reductions. An increase is urgently needed to maintain access to vital transportation services.
- Support development of Regional Transit Authorities as a way to increase efficiencies, improve regional connectivity, and provide local communities the flexibility and tools to save their systems from decline and improve regional connectivity and efficiency. RTAs are needed to obtain federal funds for capital investment. Wisconsin loses out on countless opportunities if we do not utilize federal funds.
- Provide local governments with the ability to support transit in a sustainable way, and to designate a dedicated funding source for transit.
- Actively pursue coordination at local, regional, state level and utilize all funding options to do so, i.e. United We Ride grant from 2009.
- Ensure Wisconsin's ability to enhance coordination through increased funding for mobility management programs.

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HOUSING BUDGET PRIORITIES

STATEMENT

All persons with and without disabilities have the right to integrated, affordable, healthy and accessible housing.

RECOMMENDATIONS

HOMESTEAD TAX CREDIT: This tax credit is available to low-income homeowners and renters. For the first time, in the 2009-2011 budget, the Homestead Tax Credit was adjusted to allow for inflation indexing, which means that the value of the tax would follow the effects of inflation. In March 2011, Governor Walker proposed, and the state legislature passed, a freeze on the Homestead Tax Credit as well as removing the inflation index. This has the effect of a tax increase on low-income families. This also means that the value of the tax credit will decline over time with inflation. The Homestead Tax Credit should be indexed to inflation again so that the assistance it provides low-income households does not decline.

EARNED INCOME TAX CREDIT (EITC): The 2011-2013 budget reduced the EITC budget by \$56.2 million over the two years by changing some of the provisions, which reduces the amount eligible households and families would be able to receive, with a possible cut of as much as \$518 for a family with three or more children. Funding for EITC should be restored so that some or all of the provisions can be rolled back. Families should not be faced with a choice between paying the rent or feeding their children.

(Information on the tax credits are from <http://www.taxcreditsforworkingfamilies.org/state/wisconsin/>)

NURSING HOME TRANSITIONS: We applaud the ongoing efforts of the Department of Health Services to promote more integrated community living options. Those efforts include partnering with WHEDA on utilizing Section 811 Supportive Housing for Persons with Disabilities funding and reaching out to Public Housing Authorities for assistance with relocating individuals into the community. We also strongly recommend working toward accessing vouchers for the person, not by site.

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LONG TERM CARE WORKFORCE BUDGET PRIORITIES

STATEMENT

Direct-Care Workers, otherwise referred to as Personal Care Aides; Home Health Aides, Nursing Aides, Orderlies and Attendants, are the backbone of the community long term care system. This workforce now constitutes the largest occupational grouping in the state. Totalling nearly 90,000, the number of direct-care workers exceeds the state's core manufacturing employment (metal and plastic workers and machinists), RNs and LPNs, and teachers from kindergarten through high school.

In addition, direct-care workers have assumed a pivotal role in Wisconsin's health care workforce, accounting for nearly a third of the state's health care workforce and far outnumbering doctors, nurses, and other health care occupations. A strong long term care workforce aligns with the overall sustainability initiatives currently being pursued by the Department of Health Services.

BACKGROUND

Wisconsin's direct-care workforce today totals nearly 90,000 workers and is larger than any other occupational grouping in the state. Furthermore, Home Health Aides and Personal Care Aides are projected to be the fastest and third fastest-growing occupations in the state through 2018, increasing by 38 percent and 34 percent, respectively. In contrast, jobs overall in the state of Wisconsin are expected to increase by 3 percent over the same period.

Professional Healthcare Institute (PHI) and other nationally recognized workforce experts report at least 40 percent of direct-care workers in Wisconsin and surrounding states rely on some form of public assistance such as food stamps or Medicaid. The estimated fiscal cost of providing these benefits in 2009 was upwards of \$180 million. The current funding available in the long term care industry make it fiscally impossible for service providers to provide employer sponsored health care to this workforce. Thus many workers are relying on Badger Care and other publicly funded programs. Further cuts to these programs will impact the direct care workforce twice over and presumably devastating ways.

At the same time, poor job quality—more than four in ten direct-care workers rely on public assistance as a result of low wages and part-time hours—hampers recruitment and retention for this workforce.

Wisconsin's booming demand for direct-care workers cannot be met without making these jobs more competitive so that they attract enough qualified 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.

Careful injection of public and private investment can help re-shape the structure and quality of these vital occupations so that they can reflect the importance of this work and these jobs to Wisconsin families and communities.

Notation: Information in this paper was generated using the PHI State Facts: Wisconsin's Direct-Care Workforce fact sheet, issued by PHI in December 2011. More information is available at <http://phinational.org/policy/states/wisconsin>

RECOMMENDATIONS

- Increase long term care reimbursement to specifically address direct-care worker salaries and benefits. Current reimbursement rates are on average 15% below actual provider costs related to worker wages and benefits. The industry's last reimbursement rate increase was 1.5% in 2008.
- Increase investments in the community based direct care worker through Department of Workforce Development employment and training initiatives. Examples being: fiscal support of education and training opportunities to increase the professionalism of the workforce, and increased representation of long term care workforce on councils or in other venues in which policy decisions are made.
- Support efforts to enhance the recruitment, retention and access to a competent long term care workforce to all employers, including self-directing employers. This should include attention to efforts related to the impact of Affordable Health Care Act on the workforce.

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VOTING BUDGET PRIORITIES

STATEMENT

All eligible voters with disabilities have the right to equal access to the polls and to vote free of barriers. Barriers to the polls for individuals with disabilities should be eliminated so that eligible voters with disabilities vote at least in equal proportion to eligible voters without disabilities.

BACKGROUND

Voters with disabilities vote at a rate of around 15 percent below that of the general voting population. This statistic is correlated to the variety of barriers that voters with disabilities face at the polls.

The Government Accountability Board has taken a leadership role in addressing many of these barriers, including the goal to conduct accessibility surveys of every polling site in Wisconsin and ensure compliance with accessibility requirements on election days. Federal funding for states to address the unique access issues for voters with disabilities is no longer available. Such grants were established under the Help America Vote Act of 2002. The State of Wisconsin has utilized these funds wisely and has significantly increased access to the polls for voters with disabilities, but their work is far from over. Accessible voting machines, necessary for voters with disabilities to vote privately and independently are in need of maintenance, repair or replacement. Continued funding is vital to the long-term goal of equal access to the electoral process for voters with the disabilities. Because voting is a fundamental right, and the integrity of our democracy rests on the ability for those who are eligible to vote to exercise their right to vote, ensuring this access through surveys, education for voters and municipal clerks and other projects by funding both a position and projects is necessary.

Transportation is one of the top barriers to participation in the community for people with disabilities. If the photo ID law goes into effect, it will be difficult for voters with disabilities to get to the Department of Motor Vehicles to get their State-issued ID in order to vote. This is particularly true for voters who rely on paratransit companies. The cost to get to the nearest DMV may cost over 50 dollars one way. A fund should be established to help cover these costs so that voters with transportation and income barriers can obtain the proper identification to get there Voter ID.

RECOMMENDATIONS

- Funding for a full-time permanent position at the Government Accountability Board (GAB) to address accessibility, education and other barriers to voting for people with disabilities.

- Funding for special projects for the GAB related to access to the polls, education, transportation and other barriers that voters with disabilities face in gaining equal access to the electoral process.
- Funding for the GAB to assist municipalities in the programming, upgrade, repair or replacement of failing accessible voting machines.
- Funding to the GAB to assist voters with transportation reimbursement to get to the Department of Motor Vehicles to obtain a photo ID should the photo ID requirement go into effect.

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