



of Wisconsin Disability Organizations

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2015 ADVOCACY PRIORITIES



The Survival Coalition of more than 30 Wisconsin Disability Organizations is committed to creating a society in which people with disabilities of all ages receive the services and supports needed throughout their life span, and people with disabilities can choose to live their lives as they wish and be full participants in community life.

The Survival Coalition works to effect change through impacts on policies, programs, and practices that advance integrated, individualized, community-based supports and services and contribute to the full participation of people with disabilities in their communities.

This document outlines Survival Coalition's priorities for the upcoming biennial budget period, and was prepared by current Survival issue teams. If you have questions, please contact Survival Coalition Co-Chairs.



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ADULT LONG-TERM CARE

STATEMENT

Survival Coalition advocates for a community-based support system that allows adults to live inclusive lives in the community with individualized and appropriate services to meet their needs.

BACKGROUND

Wisconsin's system of Long Term Supports helps people with disabilities and elderly residents maintain better health and independence through support/services in individual homes, and other community-based settings. Nursing homes and other institutional settings are a more costly way to provide care. The State, counties, managed care organizations, IRIS Consulting Agencies and direct care workers provide assistance for people with daily tasks—like dressing, bathing, meals, household chores and tasks, getting ready for work, transportation—and management of chronic health conditions. The Department of Health Services (DHS) oversees Wisconsin's Long Term Care programs including Family Care/IRIS, Aging and Disability Resource Centers, and several community-based Medicaid waiver programs.

RECOMMENDATIONS

- Increase integrated residential, day, and employment setting and service delivery options, ensuring at least one non-disability specific settings is always available in all areas of the state without wait lists.
- Ensure the federal Home and Community Based Settings (HCBS) rule is implemented with fidelity, and is applied consistently across all long-term care waivers and service categories.
- Work to implement a smooth transition to HCBS compliant settings and service delivery that results in quantifiable improvement in community based outcomes;
- Advocate for adequate DHS funding to support ongoing assessment, monitoring, and enforcement processes needed during and after the HCBS transition.
- Establish competitive, integrated employment as the first and preferred outcome of publicly funded long-term care employment supports.

- Require benchmarks/targets for competitive integrated employment outcomes in long-term care programs, reported annually. Ensure Family Care/IRIS expansion into seven Northeastern counties progresses as scheduled, is implemented with fidelity, and the transition from county service delivery system is smooth for participants.
- Develop an adequate capitated rate for Family Care, especially for serving people with complex needs who require more intensive and costly supports – a tiered rate structure may be needed.
- Provide targeted funding to implement the innovative competitive integrated employment for youth who are exiting public school in all Family Care/IRIS counties and the remaining legacy waiver counties (e.g. Dane County model).
- Expand Family Care/IRIS to the remaining eight counties in the state without it.
- Establish statewide data collection, including use of established quality of life measurements, across all long-term care programs to provide a more complete and accurate reflection of trends and issues in Wisconsin’s long-term care system. Currently, DHS collects Wisconsin data from legacy counties and IRIS.
- Simplify administrative process and requirements in Wisconsin’s IRIS program, and increase participant training.
- Ensure essential IRIS information is readily available in alternative formats for those who are not computer literate or do not have access to a computer.
- Ensure DHS has adequate funding to ensure effective oversight and quality management as multiple ICAs are certified.
- Expand the independent Ombudsman funding to cover IRIS participants age 60 and older.
- Explore Wisconsin becoming a “Community First Choice Option” state, which would let the state provide home and community-based attendant services to Medicaid enrollees with disabilities under the State Plan.
- Include enhanced training and support for paid and unpaid caregivers.
- Consolidate Southern and Central Wisconsin’s two remaining Centers for the Developmentally Disabled. 398 people remain institutionalized in these two facilities. The annual budget for these two facilities is more than \$110 M, and includes 1341 employees¹.

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¹ Legislative Fiscal Bureau Informational Paper 49, January 2013.



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SUPPORTING CHILDREN WITH DISABILITIES AND THEIR FAMILIES

STATEMENT

Almost 2800 children and youth with significant disabilities and their families are waiting for essential support and services such as specialized equipment or home modifications. The wait time for children ranges from 1 to 8 years depending on where a family lives. Over one third, (37%) of children eligible for long-term supports are waiting, compared with less than 6% of adults eligible for long-term care (Family Care and IRIS).

BACKGROUND

Children and youth with significant disabilities can have extraordinary needs that require unique supports so families and their children can fully participate and benefit from the typical community experiences that all children enjoy. Families who are well informed and have access to supports can play key roles in identifying and securing opportunities for their children and youth with disabilities.

Waiting for services means missed opportunities for: cognitive, physical and behavioral development, and learning skills for independence. An inability to meet less costly needs now can lead to expensive crises and higher future costs, in addition to significant stress for families affecting their ability to work and provide support.

BUDGET RECOMMENDATIONS

- Reduce Wait Lists by 1000 Children. Ensure that new funding is equitable to address the needs of all children, regardless of specific disability or diagnosis.
- Provide short term assistance to families who are waiting. Families say having a person who can help them navigate services and supports is their primary need. This assistance assures families access to information on a broad range of school, community and private sources of supports and services.
- Expand COMPASS Wisconsin Threshold statewide (now only available in 13 counties) and build on efficiencies experienced in counties using this single point of entry for eligibility. Threshold has improved families' access to information and supports and has streamlined the eligibility process for families in need.

- Improve the Medicaid prior authorization process and reduce Medicaid administrative costs and stress for families by reducing the frequency of repetitive reviews for services deemed medically necessary; increase the duration of Medicaid funded services for children who meet eligibility for long-term supports.
- Evaluate the CLTS programs and direct DHS to work with stakeholders to develop specific family outcomes measures and implement a family-based outcomes survey. The survey would: a) identify gaps in family knowledge and gaps in the types of services currently needed by and provided to families; b) be part of a continuous quality improvement process for children with significant disabilities.

POLICY RECOMMENDATIONS

- Develop a clear process for access and approval of Health Check Other Services (EPSDT) for children who are Medicaid eligible.
- Assure a positive impact on families who have children with autism participating in treatment services as these services are transitioned from CLTS waivers to Medicaid state plan services.
- Direct DHS to report on seclusion and restraint in child-serving agencies and CLTS waivers.
- Direct DHS to report on out-of-home placements for children, both those that are and are not court ordered.
- Assure any new funding is equitable based on disability and geography for all families and children who are eligible and want assistance.
- Improve access to helpful people, supports and service for families who interact with CLTS. Refocus role of front-line CLTS staff on relationships and support to families rather than burdensome paperwork and regulatory processes for counties.
- Align CLTS home and community-based services with the new home and community-based settings rule (that prohibits HCBS funding in isolating settings).
- Improve coordination with other key players in a child and family's life, including DVR and schools to support community-based employment outcomes and "shut the front door" to placement in segregated employment facilities.
- Maximize the best possible outcomes for children and their families who access public supports. Educate, support and empower families.
- Improve efficiency and reduce duplication of effort in DHS to increase county capacity and focus on direct support to families and creative problem-solving that facilitates inclusion of the child and family in their home and community.

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MEDICAID

STATEMENT

Wisconsin's strong Medicaid program is essential to the health and independence of people with disabilities. Adults and children with disabilities rely on Medicaid to pay for needed health and long-term care services such as acute health care; personal care that helps individuals bathe, dress, and eat; therapies; mental health services; and durable medical equipment. These services are vital to the health and well-being of individuals with disabilities and should not undergo funding cuts, changes in eligibility, or reduction of hours of services or supports provided. To address the shortage of providers, reimbursement rates must be maintained. The Medicaid budget should not be balanced in a way that harms individuals with disabilities.

BACKGROUND

Medicaid provides affordable, quality health coverage to individuals with disabilities, including people who are working or who want to work.

In Wisconsin, individuals with disabilities access the Medicaid program through EBD Medicaid, which provides traditional Medicaid services to individuals with disabilities, the elderly and the blind, or through a long-term care program such as Family Care or IRIS. EBD Medicaid provides access to SSI Managed Care, the Medicaid Purchase Plan, primary care and clinical services, inpatient and outpatient hospital services, personal care, dental care and all other Medicaid card services.

Many individuals with disabilities or other chronic conditions do not have access to employer-sponsored insurance or require additional benefits that are not covered by private insurance plans. Research shows that individuals with disabilities are more likely to report not seeking medical care due to its cost than the general population and are at a higher risk of developing secondary conditions, such as obesity, depression and pain.² Medicaid access, therefore, is critical to the health and well-being of people with disabilities. Moreover, both Wisconsin's EBD Medicaid and its various long-term care programs provide pathways to meaningful, integrated employment for people with disabilities who want to work.

² Centers for Disease Control and Prevention. "Disability and Health." Atlanta, GA. Available at: <http://www.cdc.gov/ncbddd/disabilityandhealth/index.html>

RECOMMENDATIONS

- Reduce administrative costs by significantly improving and streamlining the prior authorization (PA) process.
- Address access for children with Significant Emotional Disturbance (SED) in the children's long term services (CLTS) waiver. The SED criteria should be revisited for individuals with significant mental health issues. For example, children who qualify as SED for services provided with mental health block grant money, have been denied eligibility when screened for the CLTS waiver. The interpretation of the SED criteria also varies across the state.
- Expand Medicaid to adults between 100% and 133% of the Federal Poverty Level.
- Increase the Medically Needy Maximum Monthly Income Limit for both individuals and couples. Currently, the Maximum Monthly Income limit is set at \$592.
- Ensure that the Medicaid fee-for-service schedule adequately reflects the current costs of providing care. Many health care providers no longer accept Medicaid patients due to inadequate reimbursement rates.
- 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, and other reduced health outcomes. One major cause is the low reimbursement rates for dental procedures in Medicaid, and the resulting small number of dentists willing to accept these rates.
- Support changes to the Medicaid Purchase Plan (MAPP) program that allows individuals with disabilities to work and save money while still maintaining Medicaid eligibility. These changes include the way unearned income is counted, and the reduction of premium costs for many participants who have faced added barriers to employment because of extremely high MAPP premium costs.
- Designate 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 to allay continued reports from MA recipients about difficulty with incontinence and other supplies funded by Medicaid.

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MENTAL HEALTH

STATEMENT

Mental illnesses are treatable and people do recover, even from serious mental disorders. But untreated mental illnesses result in serious repercussions for individuals, families and society as a whole. In Wisconsin over 700 people die by suicide each year; studies suggest 60-90% of these individuals have a mental illness. Children with serious emotional disturbances are less likely to graduate from high school than youth with other disabilities. 30% of individuals in prisons and upwards of 60% of those in county jails have mental disorders. Over 50% of individuals in the long-term care system have mental illnesses in addition to other disabilities and the costs associated with the care of these individuals is much higher. Mental illness causes more days of work loss and work impairment than many other chronic conditions such as diabetes, asthma, and arthritis. And when mental illness co-occurs with these other chronic health conditions it significantly increases the morbidity and mortality associated with these conditions. Wisconsin needs to continue to develop its community-based, recovery-oriented, trauma-informed system of care and integrate mental health treatment with substance use and primary care interventions to ensure earliest identification and intervention.

BACKGROUND

The 2013-2015 legislative session saw unprecedented activity in support of the expansion of mental health services and supports in Wisconsin. Both the Governor's budget and the recommendations from the Speaker's Task Force on Mental Health provided new funding for community-based services and supports for adults and children with mental disorders; together about \$22 million were allocated. However, additional investments are needed to make sure that these initiatives can achieve their goals and that we are able to adequately evaluate their success. Wisconsin also should be expanding successful program models for reducing incarceration of individuals with mental illnesses and improving the reintegration back to the community of those who are incarcerated. In addition, the Legislature has yet to address the stigma and discrimination that often results in individuals failing to seek treatment and support.

RECOMMENDATIONS

Sustain important investments made in the 2013-2015 state budget.

- Strengthen the workforce of certified mental health peer specialists and parent peer specialists in order to both increase the employment of people with mental illness and to improve our system of care for children and adults with mental and emotional disorders. Comprehensive Community Services and Coordinated Service Teams, both of which the Legislature expanded in the last biennium, rely on peer specialist providers.
- Increase support for the newly-created Office of Children's Mental Health. The initial budget for this Office funded basic staffing but did not include funds for the initiatives the Office will need to pursue to meet its mission.
- Extend Individualized Placement and Support (IPS) employment training services for individuals with mental illness beyond the single year provided in the last budget.

Improve the criminal justice system's response to individuals with mental illnesses.

- Expand Opening Avenues to Reentry Success (OARS) to additional regions of the state. OARS has been an effective means of reintegrating inmates with mental illness back into the community and reducing recidivism.
- Expand the Disabled Offender Economic Support (DOES) program to ensure that inmates with mental health needs obtain prompt access to health services upon release.
- Revise eligibility criteria for the Treatment Alternatives and Diversion Program (TAD) to allow it to serve individuals with a mental illness in the absence of a co-occurring substance use disorder.
- Expand programming to support parents for youth re-entry, utilizing parent peer specialists to work with families of incarcerated youth to prepare and support them in reintegrating their children into their homes and communities.

Reduce the stigma associated with mental illnesses through evidence-based practices and reduce discrimination against individuals living with mental disorders and their families.

- Fund evidence-based programs that reduce stigma, as recommended by the Speaker's Task Force on Mental Health but not yet enacted by the legislature.
- Reduce disparate treatment of parents of children with serious emotional disorders by eliminating the requirement that they pay child support for out of home treatment.

Improve services for children with serious emotional disorders and their families.

- Increase opportunities for paid in-home respite for families who have a child with a serious emotional disorder.
- Limit the use of seclusion and restraint in all child-serving agencies.

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EDUCATION

STATEMENT

Wisconsin students with disabilities, perhaps more than their peers without disabilities, depend on a high quality education to lead them to a successful job, career and life. Unfortunately, while people with disabilities represent 9% of Wisconsin's workforce their employment rate is less than a third the rate of others. Overall, 27% of Wisconsin's citizens with disabilities live in poverty. Wisconsin's education investment must lead to something better. Schools must ensure that students have access to high quality teachers and instruction with accountability to postsecondary results that ultimately lead to competitive employment in the community and access to postsecondary education. Wisconsin must continue to invest in and promote quality education practices in environments that preserve parents' rights to question quality and in systems that are held accountable at the highest levels.

BACKGROUND

According to the Department of Public Instruction (DPI) 2012-2013 Data:

- Only 13% of 6th graders and 14% of 10th graders with disabilities were proficient in reading.
- Less than one-third of 3rd graders with disabilities were proficient in math. For 10th graders, math proficiency is at only 14%.
- More than a third of students with disabilities do not spend at least 80% of their day in the general education classroom where core content is being taught with peers without disabilities.
- Of students who left high school one year ago, 58% reported never attending any further education or training and 27% reported never being employed within a year of leaving their secondary placement.

The state's share of special education funding has eroded significantly during the past 20 years from 44% to the current 26% of actual costs. Local districts struggle to fill the gap to ensure students with disabilities are educated appropriately.

RECOMMENDATIONS

Adequate Funding

- Increase state special education categorical aid funding to keep pace with local costs. Fund to at least 44% of costs - to restore two decades of eroded funding.
- Increase the high cost fund (students above \$30,000 annually) to meet 100% of a district's costs.

Quality Education Options

- Oppose expansion of voucher programs of any type that do not protect essential Individuals with Disabilities Education Act rights of students with disabilities and their families.
- Eliminate discriminatory open enrollment provisions to provide options to families of children with disabilities.
- Invest in and make families aware of the Wisconsin Special Education Mediation System (WSEMS) to resolve conflict with districts to address special education quality issues.
- Ensure a uniform definition of disability across all school settings in the school accountability system. Use federal IDEA definition of disability; disaggregate all performance measure data by disability category.
- Ensure inclusion of all students with disabilities and schools (including students who attend state-funded County Children with Disabilities Education Boards) in the statewide accountability system.

Continuous Improvement

- Strengthen Wisconsin's seclusion and restraint law and ensure effective implementation statewide.
- Fully implement recommendations from the 2014 DPI Discipline Task Force and develop alternatives to classroom removal and out of school suspensions and expulsions. Specifically address elimination of Zero Tolerance policies, attention to other push-out/exclusionary practices, improvement of Positive Behavioral Interventions and Supports (PBIS).
- Develop a fund to target resources and technical assistance to districts that are not keeping pace with Annual Measurable Outcome (AMO) targets for students with disabilities to address their significant achievement gaps.
- Ensure that schools have the training and support to identify student mental health needs early and coordinate with community resources to address needs.

Accountability to College and Career Outcomes

- Pay for Performance to schools and require specific accountability to improve post-secondary outcomes for students with disabilities by offering per-student payments to schools whose students achieve postsecondary education or competitive employment one year post school.
- Provide targeted funding for specialized job developers to establish business relationships between schools and the private sector to meet local workforce needs.
- Ensure quality implementation of Academic Career Plans statewide to address the unique needs of students with disabilities.

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EMPLOYMENT

STATEMENT

Survival Coalition supports integrated employment at competitive wages as the first and preferred outcome of public programs for people with disabilities. We believe everyone can work in integrated jobs at minimum wage or higher with the right job fit and right supports. Survival's support of integrated employment is based on data showing that employment for people with disabilities results in improved health, social and economic benefits for people with disabilities, and reduced reliance on public benefits that impact the entire state.

ISSUE

People with disabilities can and do work and contribute in their communities. Survival Coalition thanks the Governor's office and Legislature for the \$14 million additional commitment to Division of Vocational Rehabilitation. Survival also appreciates the Governor's commitment to training workers with disabilities, which he announced during his State of the State speech in January 2014. Yet, the employment rate for people with disabilities in Wisconsin is less than a third of the general population. Within Wisconsin's long-term care programs, only 8% of Family Care participants and 5% of IRIS participants have competitive-wage jobs. People with disabilities who do work make 30% less than the general work force, and 27% live in poverty.

Wisconsin can do better. Nationwide, public programs that support people with disabilities spend less than 2% on integrated employment supports. Other states have found that employment rates for people with disabilities can go up with the right public policies. Research has shown that it is more cost-effective and outcomes are better when public supports are provided in integrated settings.

RECOMMENDATIONS

- Initiate a long-term commitment of staff and funding to expand and improve employment service provider quality and capacity to help people with disabilities achieve integrated employment outcomes. This should include service provider training, certification and quality assurance monitoring across state agencies that purchase these services. This includes developing new service providers where existing quality or capacity is lacking.

- Restructure service provider payment systems to assure that integrated employment is rewarded as an outcome and segregated employment is discouraged.
- Require employment performance targets in state programs that support people with disabilities to show continuous improvement.
- Require state agencies to report annually to the Legislature on progress toward improving employment outcomes for people with disabilities.
- Develop a business-to-business technical assistance system in which businesses wanting to hire people with disabilities can connect with more experienced businesses that are already benefitting from hiring people with disabilities.
- Increase statewide funding for programs that result in improved integrated employment outcomes, such as corporate initiatives (e.g. Walgreens, Project SEARCH), Customized Employment and Individualized Placement and Support for people with mental health disabilities.
- Change state use contracting laws to ensure Wisconsin is a model employer by requiring all workers on state contracts to earn minimum wage or higher, and to allow small businesses owned by people with disabilities to participate in state use contracting programs.
- Initiate a statewide effort within departments to hire people with disabilities in state government jobs. Policy initiatives could include offering provisional appointments, having alternative examination and/or interview processes, instituting trial work periods, and including people with disabilities on special appointment lists.
- Ensure that work incentives benefits counseling is provided to all participants in long-term care.
- Require informed choice in long-term care to include actual short-term work experiences and discussion with other long-term care participants who are employment.
- Direct DHS to use data it collects on expenses for integrated employment services compared with all other services as a basis for shifting funds toward higher investments in integrated employment supports.

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LONG TERM CARE WORKFORCE

STATEMENT

The direct care workforce will face serious challenges over the next decade with demand for direct care workers set to increase dramatically while the field continues to struggle with worker shortages and high turnover rates. Survival Coalition supports policies that strengthen the direct care workforce while maintaining quality, affordable care for individuals with disabilities.

BACKGROUND

In its *Olmstead* decision, the U.S. Supreme Court ruled that individuals with disabilities have a right to live in the community. Many people with disabilities, as well as the elderly, rely on direct care workers, such as Certified Nursing Assistants, Personal Care Workers and Home Health Aides, to live independently and in the setting of their choice. Every day, direct care workers assist hundreds of thousands of people with activities of daily living such as getting out of bed, eating, and bathing, among other important functions.

The direct care workforce now constitutes the largest occupational grouping in the state, totaling nearly 90,000 workers. 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.

However, people with disabilities struggle to find and retain quality direct care workers due to the high turnover rate within the profession, which is largely the result of low wages and a lack of benefits. 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. Many direct care workers must work more than one job just to make ends meet or eventually leave the profession for better-paying jobs.

Direct Care Provider Agencies are currently reimbursed by the state through Medicaid at a rate of \$16.08 per hour, which makes it nearly impossible for them to provide adequate wages to their workers and meet the other costs of doing business in the state. Current Medicaid

reimbursement rates are, on average, 15% below actual provider costs related to worker wages and benefits. The Medicaid Personal Care reimbursement rate has only increased by \$0.24 over the past 10 years, and there have been no rate increases since July 1, 2008. These issues will be compounded when the Affordable Care Act's employer mandate goes into effect in 2015.

Wisconsin's booming demand for direct-care workers cannot be met without making these jobs more competitive and attractive to potential direct care 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 Medicaid Personal Care (MAPC) reimbursement rates to specifically address direct-care worker salaries and benefits and provider costs associated with the Affordable Care Act's employer mandate.
- Increase investments in the community-based direct care workforce through the Department of Workforce Development's employment and training initiatives. Examples being: fiscal support of education and training opportunities meant to increase the professionalism of the workforce, and increased representation of the direct 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 direct care workforce. This should include attention to efforts related to the impact of Affordable Health Care Act on the workforce as well as public awareness initiatives to promote "caregiving as a career."

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TRANSPORTATION

STATEMENT

Transportation is critical to maintaining the independence of people with disabilities. Everything they do begins and ends with transportation. However, many do not drive or own a vehicle because of their disability and/or limited income. When people with disabilities cannot access transportation or the transportation network does not get them where they need to go when they need to, people with disabilities are unable to work, patronize businesses, go to church or visit family and friends.

Without transit, family and 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. Nearly half of transit use is for work related purposes.

Funding transit is a smart investment. It lowers government costs by helping people with disabilities live independently and be employed. It also allows transportation-limited people to provide care for people with disabilities.

BACKGROUND

Survival Coalition urges policy makers to prioritize transportation programs that assist people with disabilities and their caregivers who would otherwise have few options. This includes transit operating aids as well as specialized transportation for people with disabilities and the elderly. Over the past decade, we have seen reductions in transit services. These aids are vital to keeping people with disabilities independent and provide access to employment, education, healthcare, small businesses and large retailers, and other important places in the community (libraries, schools, churches, civic buildings, and community events). 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. Cutbacks have 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.

RECOMENDATIONS

The 2015 – 2017 budget should strongly support transit services, including specialized transportation. These services are key to independence and life in the community for people with disabilities.

- Keep transit in the segregated transportation fund to ensure that these funds are protected and not in competition with education, Medicaid, and other programs. The small investment in transit does so much for Wisconsin's economy and quality of life.
- Preserve the state investment in local transit by increasing Transit Operating Aids as proposed by the Department of Transportation. We support the proposal to restore \$2 Million to Transit Operating Aids cut in 2011. We also support the Department's proposal for a Supplemental Transit Expansion program. This proposal would allow the Department to fund new transit routes to increase statewide ridership, access to jobs and economic development.
- Increase funding for the *Specialized Transportation Assistance Program for older adults and people with disabilities* (Sec. 85.21). We support the Department's request for an inflationary increase to these programs. The Legislature should appropriate an additional \$5 Million to address the rapidly increasing population of older Wisconsinites and people with disabilities.
- Support development of Regional Transit Authorities as a way to increase efficiencies, improve regional connectivity, provide local communities the flexibility and tools to improve their systems and create a robust transportation network, and position Wisconsin to take advantage of federal funds for capital investment.
- 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 to use various funding streams more efficiently. Funds for human services transportation come from federal and state programs administered by several state departments. Counties have demonstrated that coordinating these programs can increase the rides within existing funding.
- Ensure Wisconsin's ability to enhance coordination through increased funding for mobility management programs.
- Use federal Transportation Alternatives Program (TAP) funding for projects that help people with disabilities get around their communities easier and safer.

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