



Survival Coalition

of Wisconsin Disability Organizations

P.O. Box 7222, Madison, Wisconsin 53707

INTRODUCTION

People with disabilities in Wisconsin want to live, work, and contribute in their communities. For many in the disability community, Wisconsin's public programs are a critical piece to provide the supports so that they can have meaningful lives. The Survival Coalition of more than 30 disability organizations in Wisconsin has assembled the following summary of state department budget recommendations that can significantly improve the lives of people with disabilities and move many to more independence and less reliance on public supports over time.

MEDICAID BUDGET PRIORITIES

STATEMENT

Wisconsin's strong Medicaid program is essential to the health and independence of people with disabilities. Adults with a disability are more likely to: be low-income, have less access to health care, report higher health risk factors and chronic conditions. The Medicaid budget should not be balanced in a way that harms individuals with disabilities. People with disabilities rely on specific supports only available to them through Medicaid.

BACKGROUND

Medicaid provides affordable, quality health coverage to individuals with disabilities. Many people with disabilities do not have access to private health insurance or cannot have all of their needs met through private insurance plans—this is especially true for people who rely on non-emergency medical transportation, home care services or need comprehensive mental health and substance abuse services. Medicaid helps people with disabilities see primary care doctors, receive personal care services, go to the dentist, see therapists and obtain other needed medical services and equipment. In Wisconsin, adults and children with disabilities may access the Medicaid program in many different ways. Some people may use a specialized long-term care program such as Family Care or IRIS while others use a more general program like BadgerCare. There are also programs designed to help children with significant disabilities (e.g. Katie Beckett) and working adults with disabilities gain access to Medicaid (e.g. Medicaid Purchase Plan).

RECOMMENDATIONS

Prevent Unintended Costs

- Maintain current eligibility criteria, authorized services and supports, and do not reduce reimbursement rates. Invest in Independence

Invest in Independence

- Support changes to the Medicaid Purchase Plan (MAPP) program similar to those proposed in 2015 Assembly Bill 414. This includes updating MAPP eligibility and premium-setting methods to remove current law disincentives to work and better reflect the financial situation of people with disabilities.
- Promote ABLÉ accounts as an option for families and people with disabilities. Provide funding to set up a website and create educational and promotional materials so that Wisconsin families understand their options when it comes to investing in ABLÉ accounts.

Realize Cost-Savings

- Expand Medicaid to adults between 100% and 133% of the Federal Poverty Level. The Legislative Fiscal Bureau estimates that Medicaid expansion would cover an additional 83,000 adults and save the state more than \$1 billion over a six-year period.
- Continue to invest in initiatives that promote health and healthcare value, such as the dental care reimbursement rate pilot program created in the 2015-17 state budget. Enact policy priorities outlined by the Wisconsin State Health Innovation Plan (SHIP), such as improving connections between clinic and community/social resources and expanding the integration of primary care and behavioral health. Specific initiatives outlined by the SHIP include screening and referral for community services across a variety of entry points, including clinics, hospitals and emergency rooms; support for Community Care Teams that coordinate care across a variety of clinical and social settings; and embedding behavioral health consultants into primary care clinics.
- Use the Community First Choice Option to increase access to home and community based attendant services, such as personal care. The Community First Choice Option increases the Federal matching percentage by 6% for money spent on these types of services in participating states.
- Improve access to Medicaid allowable services subject to prior authorization by reducing repetitive administrative review, increasing the number of visits, providing a timely response to requests and streamlining the prior authorization (PA) process.

LONG-TERM CARE BUDGET PRIORITIES

STATEMENT

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

BACKGROUND

Wisconsin's system of Long Term Services and 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, Self-Direction (IRIS) Consulting Agencies and direct care workers provide assistance for people with daily living 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, and Aging and Disability Resource Centers.

RECOMMENDATIONS

Long Term Care System

- Require DHS accountability to the legislature long-term care system outcomes in integrated employment, community supported living, and other quality of life measures.
- Direct DHS to establish consistent benchmarks and outcome goals across Long Term Service categories.
- Provide DHS with adequate funding, staffing, and systems development for effective oversight of Medicaid long term care spending and contractor performance, data collection and analysis, and quality management review of benchmarks and outcomes across all services.
- Ensure DHS has adequate funding to ensure effective oversight and quality management for LTC programs and services.
- Require cyclical review of data and outcomes collaboratively with DHS, MCOs, ICAs, and advocates to identify gaps, and opportunities to develop innovative approaches to improve outcomes.
- Require stakeholder involvement before proposing changes to LTC system design or specific long term care programs, and continue stakeholder engagement throughout any change or transition process.
- Require DHS hire an external contractor to conduct a statewide independent assessment of current provider network capacity, projection of needed capacity. In many parts of the state, there are an insufficient number of quality service providers>

the Legislature should explore and invest in ways to increase network and quality provider capacity, and retain quality providers.

Home Community Based Setting (HCBS) rule compliance

- 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.
- Increase integrated residential, day, and employment setting and service delivery options, ensuring at least one non-disability specific setting is always available in all areas of the state without wait lists.
- Provide DHS with adequate funding to support ongoing assessment, remediation, and enforcement processes needed during and after the Home and Community Based Services (HCBS) rule transition.
- Provide adequate DHS funding to support ongoing assessment, monitoring, and enforcement processes needed during and after the HCBS transition.

Family Care and IRIS

- Modify the current state statute to ensure an independent external Ombudsman Program covers all Family Care/IRIS participants and provides adequate funding that reflects the increased number of people and services covered by the Ombudsman program. Included in DHS agency budget **(Proposed in DHS agency budget)**
- Maintain separate self-directed (IRIS) program that is independent of an Managed Care Organization
- Develop an adequate Family Care capitated rate that accurately reflects all LTC services, especially for serving people with complex needs who require more intensive and costly supports
- Develop an incentive structure outside the capitated rate and seed funding for continuous outcome improvement initiatives. MCOs/ICAs should be encouraged to innovate cost effective service delivery solutions that improve outcomes for people with disabilities, measure outcomes of innovation projects, and provide DHS with feedback on approaches to pilot and evolve service delivery.
- Continue to emphasize community connections and collaboration. The current homegrown regional model of service delivery allows MCOs to respond to the unique needs of people in the communities they serve and develop a provider network that meets these needs. MCOs' ability to utilize the unique support services available locally enhances members' connection to their community and the cost-effectiveness of Family Care.

Institutions

- Close the state's remaining facilities regulated as institutions (ICF-IDs), and transition residents into Home and Community Based Waiver programs (Family Care/IRIS) within the first full contract period after statewide Family Care implementation.
- Expand access to the Adaptive Aids program and diagnostic capacity housed within Central Wisconsin Center to all state residents.
- Develop alternatives to Intensive Treatment Plan beds housed in Southern Center for people with Developmental Disabilities experiencing mental health crises.

Workforce Crises

- Take steps to address the direct care workforce crisis: create a worker registry, analyze the reimbursement rate, provide training and support to workers, develop tiered rate structures.
- Reinvest savings from the Medicaid program and the independent assessment for personal care to increase the MAPC reimbursement rate.
- Support MCOs, ICAs, FEAs and other stakeholders' to partner with providers to identify shared recruitment and retention strategies that demonstrate the value of the direct care workforce.
- Encourage collaboration between DHS and DWD to develop training and education opportunities identified by stakeholder groups that will strengthen the direct care workforce and recruit quality workers to the field by offering a career pathway.
- Monitor the Independent Assessment implementation and reinvest any savings into the personal care program.

SUPPORTING CHILDREN WITH DISABILITIES AND THEIR FAMILIES BUDGET PRIORITIES

STATEMENT

Families who have a child with significant disabilities are more likely to live in poverty and experience financial hardship and stress than other families. Yet in Wisconsin, over 1 in 3 eligible children and families are waiting for services that help them live at home and be part of their communities.

Almost 2200 children and youth with significant disabilities and their families are waiting for essential supports 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. 36% of children eligible for long-term supports are waiting, compared with less than 3% 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 today can lead to expensive crises and higher future costs, in addition to significant stress for families affecting their ability to work and provide support.

RECOMMENDATIONS

- End wait lists for children and families by maintaining 2016 funding levels in the Children's waivers. WI can finally end the waiting list for eligible children with critical needs. Current funding should not be diverted to other parts of the DHS of the Medicaid budget.
- Provide short term assistance to families who are currently waiting. Families say having a person who can help them navigate services and supports is their primary need. This assistance helps families access information on a broad range of school, community and private sources of supports and services reducing need for long-term supports.
- Provide statewide access to a single point of entry to long-term support programs for children (COMPASS Wisconsin Threshold available in 13 counties) and build on administrative efficiencies experienced in counties using Threshold. This SPE should include staff with expertise working with children with disabilities and their families, an infrastructure for family access to information, multiple systems navigation support, eligibility determination and program enrollment.
- Evaluate the CLTS programs impact on families and work with stakeholders to develop specific family outcomes measures and implement a family experience survey. The survey would: a) identify operational, administrative and services challenges experienced by families that limit their ability to support their child's access and inclusion in their community and; b) be part of a continuous quality improvement process for children with significant disabilities.

POLICY RECOMMENDATIONS

- Develop and implement an effective, timely and robust infrastructure to access EPSDT (HealthCheck) before January 2017. This includes DHS Medicaid developing the guidance and tools for providers; provider education; service coordinator education

and; family education on the use of the benefit. Families must be held harmless in the transition of waiver services to EPSDT. Families must not lose a needed service or access to a service until it is accessible and a provider identified through EPSDT.

- 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.
- Monitor the transition of autism treatment services from CLTS waivers to Medicaid state plan services and assure a positive impact on families who have children with autism as these services are transitioned from CLTS to Medicaid.
- 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.
- Refocus the CLTS system and interactions on supporting and assisting families to acquire skills, knowledge and supports to successfully meet the needs of their children and support their inclusion and participation in community life. Families with these supports can more effectively maintain their advocacy, caregiving, and economic contribution and security while pursuing a positive future for their child.
- Improve access to helpful people, supports and service for families who interact with CLTS. Refocus role of front-line CLTS staff on relationships, creative problem solving that facilitates inclusion of the child and family in their home and community and support to families rather than burdensome paperwork and regulatory processes for counties.
- 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.
- Evaluate the readiness and competencies of CLTS service coordinators to identify community opportunities and resources to maximize their child's participation, inclusion and preparation for the future and assist families to plan for, navigate and access supports and services identified in the ISP, including those services from other funding sources such as schools and Medicaid.
- Support a state and county infrastructure and needed staff to improve and use the skills needed to support families and children. With this support families are better able to leverage non-disability resources, reducing the need for state-funded long-term supports. This support includes educating, supporting and empowering families.

EDUCATION BUDGET PRIORITIES

STATEMENT

Survival Coalition supports high expectations for all students with disabilities. This means students must be fully included in the general education curriculum and classroom, learning alongside their peers without disabilities. An investment in public education for every child should result in a competitive wage community job or enrollment in postsecondary education after high school along with the skills to live in the community independently with necessary supports.

BACKGROUND

Wisconsin schools support more than 120,000 students with disabilities, approximately 14% of the student population. Unfortunately academic performance of students with disabilities lags significantly behind their peers. In the 2014-15 school year, 8th graders with disabilities were only one-third as likely to be proficient in language arts as their peers; only 1 in 10 8th graders with disabilities were proficient in math. Youth with disabilities who leave school unprepared for adult life are more likely to end up living in poverty and are more reliant on public benefits over their lifetime. Data shows that 22% of Wisconsin youth with disabilities indicate they are not engaged in any activity one year out of school.

Invest in Students with Disabilities

- Increase state special education categorical aid funding to keep pace with local costs. Fund to at least 44% of costs - up from 26%, addressing a decade-long funding freeze.

Require Quality Improvement and Accountability

- Adopt recommendations from the “Seclusion & Restraint in Wisconsin Public School Districts 2013-2014: Miles to Go” report including state level data collection and investment in training on evidence-based crisis intervention practices, particularly in schools and districts with problematic data.
- Direct DPI to develop an internal special education quality improvement plan to address achievement gaps for students with disabilities. Direct DPI to set benchmarks for targeted areas (i.e. academic, disciplinary, least restrictive environment and college/workforce readiness indicators). Annually report progress to the legislature.
- Ensure a uniform definition of disability across all school settings (i.e. public, choice, charter) in the school accountability system. Use federal IDEA definition of disability.
- Develop alternatives to classroom removal and out of school suspensions. Invest in training for schools about best practice methods to achieve change.

- Ensure inclusion of all students with disabilities and schools (including students who attend state funded) County Children with Disabilities Education Boards (CCDEBs) in the statewide accountability system.

Focus on Youth Outcomes

- Require that DPI develop a clear transition policy for students with disabilities over age 14 stating that the preferred outcome of publicly funded education supports is to help the child become gainfully employed in an integrated workplace at or above the minimum wage.
- Support Representative Kulp and Representative Shankland’s Job Developer Proposal to invest in specialized job developers to make school to business connections that secure employment for youth with disabilities. Currently [Assembly Bill 943](#). Request \$1,500,000 GPR in FY17.
- Increase investment in DPI’s new youth transition incentive payment program developed, with support by Representative Rob Brooks, in the last biennial budget. Add \$5.8M in Fiscal Year 2018 to create a youth transition incentive payment (\$1,000/student) to reward schools statewide that demonstrate that students with disabilities had secured jobs or were enrolled in postsecondary education or training one year out of school. (Last year the legislature added only \$100,000 to this fund.)
- Invest in statewide focused technical assistance and monitoring to ensure compliance with federal WIOA law that prohibits schools from contracting with subminimum wage providers. Provide capacity-building funds to districts in need of significant improvement in order to comply.

Support Families to Advocate for Results

- Require that DPI keep a call log database of parent complaints to the special education team to identify trends and concerns across districts.
- Invest in and make families aware of the Wisconsin Special Education Mediation System (WSEMS) to resolve conflict with districts and encourage earlier use of our dispute resolution options.
- Support an expansion of Wisconsin’s Family Medical Leave Act to support leave time for parents to attend IEP and other educational meetings for their child with a disability that typically only occur during school hours. (At least 10 states have laws addressing the need of parents to take leave for educational purposes for limited hours. <http://www.ncsl.org/research/labor-and-employment/state-family-and-medical-leave-laws.aspx#school>)

Support Students with Mental Health Needs to Succeed

- Increase funding for PBIS (Positive Behavioral Interventions and Supports), so more schools can be trained at all three tiers of intervention.

- Create Medicaid reimbursement for consultation and collaboration so clinicians can collaborate with families and schools.
- Fund competitive grants to provide funding for schools to create collaboration amongst schools, families and providers locally, so they can best serve the needs of their students with mental health challenges.

EMPLOYMENT BUDGET PRIORITIES

STATEMENT

Survival Coalition supports competitive, integrated employment as the 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 the 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, and reduced overall reliance on public benefits that impact all of society. Specifically paid employment is significantly related to lowered per person per month Medicaid expenditures.

BACKGROUND

People with disabilities can and do work and contribute in their communities. Nationally, 7 out of 10 people with disabilities report wanting to work or work more hours per week. Yet, a People First Wisconsin survey of self-advocates showed that nearly half say they do not have enough or the right supports to be successful on the job. The employment rate of working-age adults in Family Care/IRIS is less than 10% even though these programs are designed to offer employment supports that currently go unutilized. In contrast in Dane County where there has been a focus on securing employment for long-term care participants, the employment rate is 75% with annual earnings of individuals with disabilities estimated at nearly \$4 million.

RECOMMENDATIONS

Invest in Youth as Workers

- DWD: Ensure that the Department's goal of providing high school students with school- and work-based instruction to equip students with occupational skills includes natural proportions of students with disabilities, including students with the most significant disabilities.
- DPI: Support Representative Kulp and Representative Shankland's Job Developer proposal to invest in specialized job developers to make school-to-business connections that secure employment for youth with disabilities. (Currently Assembly Bill 943.) Request \$1,500,000 GPR in FY18.

- DPI: Increase investment in DPI's new youth transition incentive payment program developed with support by Rep. Rob Brooks in the last biennium. Add \$5.8 million in Fiscal Year 2018 to create a youth transition incentive payment (\$1,000/student) to reward schools statewide that demonstrate high rates of students in employment or post-secondary education a year after high school. (Last year the Legislature added only \$100,000 to this fund).
- DHS: Provide funds and technical assistance to support the expansion of Partners with Business models of support that enhance the wages of a co-worker at a business to provide ongoing job coaching to a colleague with a disability.
- DWD and DOA: Reform the outdated State Use program that prohibits private businesses that employ or want to employ more individuals with disabilities from bidding on state contracts.
- DHS: Support the development of a Health Care Assistant credential that would allow people with disabilities and others to get the training they need to more easily enter the health care workforce. (\$50,000 for technical college and other pilot training)

Use Public Funds to Pay for Outcomes and Performance

- DHS: Promote qualified providers by requiring training to be certified as a "preferred provider" through a quality checklist that includes track record of performance-based outcomes.
- DHS: Provide clarity to Managed Care Organizations, IRIS Consulting Agencies and other providers of LTSS on utilization of waiver services that support employment, including ways to pay for performance to incentivize employment outcomes rather than paying solely for hours of service provided.
- DWD and DHS: Require employment performance targets in state programs that support people with disabilities to show improved and sustained employment rates for people with disabilities over time with a focus on employment that is self-sustaining (reduction in need for public benefits) for the individual.
- DWD and DHS: Provide "pay for performance" incentives for employment and other long-term services for providers that meet or exceed employment rate targets.
- DHS: Restructure service provider payment systems to assure that integrated employment is incentivized as a preferred outcome and use of segregated (low wage) employment is reduced.

- DHS: Focus on expenditure data collection to support shift of funds toward the highest return on investment services in long-term care. Specifically, track expenses for integrated employment compared with all other day services.

Focus on Return on Investment

- DPI, DWD, DHS: Require state agencies to report annually to the Legislature on progress toward improving employment outcomes for people with disabilities.
- DHS AND DWD: Initiate a long-term commitment of staff and funding to 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, and including developing new service providers where existing quality or capacity is lacking.
- Focus on expenditure data collection to support shift of funds toward the highest return on investment services in long-term care. Specifically, track expenses for integrated employment compared with all other day services.
- DHS: Based on Dane County success, provide pilot funding for community facilitators to connect people using long-term care to opportunities in their community. Focus on building relationships and natural supports to strengthen pre-vocational skills that can lead to higher employment, earnings and connections in community settings.
- DHS: Ensure that transportation is included in employment supports so LTC participants can get to and from their jobs.

MENTAL HEALTH BUDGET PRIORITIES

STATEMENT

Mental health is crucial to so much of life and ill health can result in serious repercussions for individuals, families and society as a whole. One in 5 Wisconsinites experience diagnosable symptoms in a year and more than 230,000 adults have a psychiatric disability, also called "serious mental illness."

- In Wisconsin over 700 people die by suicide each year – 60% of them had a depressed mood but only 52% of those who died had received mental health treatment at some point.
- Children with mental health conditions are less likely to graduate from high school than youth with other disabilities.

- These conditions tax criminal justice systems – 30% of men in prisons and upwards of 60% of those in county jails have diagnosable conditions.
- Over 50% of individuals in the long-term care system need services to address mental health or substance use conditions in addition to services for their other disabilities, with associated much higher care costs.
- Conditions cause more days of work loss and work impairment than many other chronic conditions such as diabetes, asthma, and arthritis.
- Mental Health conditions often co-occur with other chronic health conditions, resulting in more sickness and death.
- Adults living with psychiatric disability die on average 25 years earlier than other Americans.

However, people do recover – even from the most serious conditions – when treatment and services are available.

BACKGROUND

The Governor and Legislature made significant investments in mental health in the 2013-2105 biennium. However, children and adults in Wisconsin still face many barriers to accessing community services and supports that promote recovery; far more work needs to be done to increase access and quality. It is a smart investment to fund a continuum of services including psycho social rehabilitation, housing, benefits counseling, and employment supports, because these help people maintain their independence and limit reliance on more costly and traumatizing crisis and inpatient services. This includes program models which support employment, peer-run respite services, reducing incarceration and improving the reintegration back to the community of adults and juveniles who are incarcerated. In addition, the Legislature has yet to significantly address the prejudice, discrimination and isolation that prevents recovery.

RECOMMENDATIONS

Community Services and Integration

- Enhance the effectiveness of the Individualized Placement and Support (IPS) employment training programs by funding technical assistance and support to the counties running these programs. Increase the responsiveness of IPS programs to the employment training needs of individuals moving to work under the Medical Assistance Purchase Program (MAPP).
- Promote community services by limiting the subsidy for a nursing home "Institution for Mental Disease" (IMD) for residents staying longer than 90 days and allow DHS to use funds from the appropriation under Wis. Stat. 20.435(5)(be) to pay for:
 - Individual evaluations, community readiness assessments and community service recommendations.

- Reimbursements to counties for transition costs when discharging residents to more integrated setting in their home county.
- Fund two Housing First pilots; one in South East Wisconsin and one in a less populated area of the state to encourage capacity-building of affordable, accessible housing for low-income individuals, many of whom are people with mental illness.
- Create a state funded program to ensure access to mental health and substance use services in the language of Deaf Wisconsinites and which includes a statewide mental health coordinator, peer specialist program and clinical training and supervision.

Improve the Criminal Justice System's Response.

- Expand Opening Avenues to Reentry Success (OARS) to additional regions of the state. OARS has been an effective means of reintegrating inmates needing services back into the community and reducing recidivism.
- Revise eligibility criteria for the Treatment Alternatives and Diversion Program (TAD) to allow it to serve individuals with only a mental health condition.
- Fund a grant program to encourage counties to create programming specific to diverting youth from detention through the provision of intensive supports for youth with mental health issues that are adjudicated delinquent and would otherwise be placed in detention.

Reduce Prejudice and Discrimination Which Prevents Recovery

- Enact statutory language similar to that introduced in the last legislative session which allows the establishment of peer-run respites in neighborhoods. Peer Run Respites are a key part of Wisconsin's effort to improve community-based mental health services.
- Provide support to allow current suicide prevention efforts to continue, particularly efforts targeting high-risk populations. This would include funding for training and technical assistance to local coalitions, Zero Suicide quality improvement initiative, and the Hopeline texting pre-crisis service.

Improve Services for Children

- Reduce disparate treatment of parents of children with serious emotional conditions by eliminating the requirement that they pay child support for out of home treatment.
- Increase opportunities for paid in-home respite for families who have a child with a serious emotional condition.

- Limit the use of seclusion and restraint in all child-serving agencies.
- Require the Department of Health Services, to the extent permitted by the federal Center for Medicaid Services, to allow a mental health professional who is providing mental health treatment and services to a child to receive reimbursement under Medicaid for consultation and collaboration with that child's school team in order to provide more effective, integrated treatment plan.

TRANSPORTATION BUDGET PRIORITIES

STATEMENT

Transportation is critical to maintaining the independence of people with disabilities. Many people with disabilities do not drive or own a vehicle because of their disability and/or limited income. Access to transportation is consistently the top concern for people with disabilities in Wisconsin. When people with disabilities cannot access transportation or the transportation network does not get them where they need to go when they need to, they are unable to work, spend money at local businesses, attend worship, or visit family and friends.

BACKGROUND

The number of people with disabilities in Wisconsin increased by over 13% from 2009 to 2014. Adding older Wisconsinites (over 65) who rely on many of the same transportation programs, this part of our population increased by over 15% from 2009 to 2014. Both numbers are expected to increase over the next decades as baby boomers age. This trend limits the ability of transportation programs to meet needs with existing funding.

The increased transportation need has coincided with reduced funding over the past decade. These cuts in Aids – 10% at the depth of the recession – resulted in reduced routes and/or increased fares. This reduced access isolates many people with disabilities and denies them independence and access to employment, education, healthcare, small businesses, schools, churches and other community resources. As noted by the U.S. Dept. of Transportation, "Transit ridership is on the rise, and people with disabilities make up one of the groups most reliant on transit."

Transit is important for both people with disabilities and their family and care providers. Family and caregivers frequently use transit to get to locations where they provide care. 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 governmental costs by helping people with disabilities live independently and be employed. Transit uses less than 5% of the total transportation fund. Research shows benefits of \$8.35 per dollar invested in human service transportation programs like these.

This small investment does so much for Wisconsin's economy and quality of life. It also allows transportation-limited people to provide care for people with disabilities.

There are over 80 transit systems throughout the state, however, only 53% of the state's population is served by transit. In rural areas, people with disabilities rely upon other human services transportation programs. Counties and providers need help to meet the demand.

Counties and municipalities run many transportation programs. As a result, transportation often stops at the jurisdictional lines. These barriers sometimes prevent people with disabilities from accessing jobs, workers and services in nearby communities.

Dozens of programs provide transportation for people with disabilities and/or older residents for human services purposes. Mobility Managers create efficiencies through coordination of services in some areas. More efficiencies could be created by coordinating these human services transportation programs at the state level.

The Legislature's Audit of one of these programs, DHS' Non-Emergency Medical Transportation program, identified serious service issues. The program measures success by the number of complaints about performance rather than whether people get to their health appointments. No improvement in performance is likely without measuring performance.

RECOMMENDATIONS

Survival Coalition encourages policy makers to prioritize transportation programs that assist people with disabilities and their care providers. The 2017–19 budget should strongly support transportation services that provide access for people with disabilities to their communities.

Invest in Innovation and Independence

- Preserve the state investment in local transit by restoring Transit Operating Aids through a \$18.8 M increase. Research shows a net return on investment for transit increases which could be improved through innovation to provide more options in both urban and rural areas.
 - **WisDOT did not request new funds for transit aids but proposed changing the way aids are appropriated, giving transit agencies more flexibility in timing expenses.**
- Increase funding for the Specialized Transportation Assistance Program for older adults and people with disabilities (Sec. 85.21 by 965,400; Sec. 85.22 by \$132,000). The Department of Transportation's proposal is a start to addressing the need. However, the commitment to community living for older residents and people with disabilities will require a greater investment.
 - **WisDOT proposed a \$148.5 K increase for Tribal Elderly Transportation.**
 - **WisDOT proposed increases in the 85.21 program of \$278.3 K in 2017 and \$562.2 K in 2018.**

Increase Efficiency

- Actively pursue coordination at state, regional, and local levels, using all available funding to do so. At the state level, we can provide transportation more efficiently by creating a state coordinating committee to reduce barriers to coordinating transportation funding if the committee includes DOT, DHS and other agencies providing services and/or controlling transportation policies. We can promote regional and local coordination through increasing funding for mobility management. Gov. Walker's Transportation Finance and Policy Commission recommended \$2.5 million annually.
 - **Not addressed in departmental budget proposals - funds for coordination and mobility management can come from existing appropriations.**
- Reform the non-emergency medical transportation (NEMT) brokerage to ensure that members get transportation to appointments as eligible. DHS must assure quality for the service. Quality assurance requires that the system measure and manage performance rather than just *complaints about performance*. DHS may consider changing other aspects of the program, e.g. paying the brokerage for successful trips (rather than per capita), independent oversight and independent advocacy for members. DHS could assure quality directly or through an independent agency to receive and track consumer complaints and advocate for members contracted independently from the provision of NEMT. However, the best results would come

from measuring the rate at which members requesting NEMT actually get to their health appointments and providing consequences for failed rides.

- DHS requested an additional \$2.2 M as part of its Medicaid Base Reestimate for the brokerage, which is on the first of two possible 1-year contract extensions.
- People with disabilities who do not drive now require official IDs to vote. All IDs issued by the state should be free and of the same quality as other official IDs, regardless of disability. The state must appropriate sufficient funding for this purpose.
 - WisDOT proposed to issue “Voting Purposes Only,” IDs on card stock as a cost-saving measure in its budget request.

LONG-TERM CARE WORKFORCE BUDGET PRIORITIES

STATEMENT

The state of Wisconsin is in a Workforce Crisis. Direct-Care Workers, otherwise referred to as Personal Care Aides, Home Health Aides, Nursing Aides, Orderlies, Attendants, Therapy Aides, Job Coaches, Peer Mentors and Respite Workers are the backbone of Wisconsin’s Long Term Care system. Wisconsin’s Direct Care workforce is essential to the health and independence of people with disabilities and the elderly. This workforce network is also essential to meeting the promise of access to services through the statewide expansion of Family Care and IRIS. Unfortunately, due to low wages and inadequate provider rates the industry is experiencing record turn-over with some agencies experiencing turnover rates of 67 %.¹ An estimated 10,600 direct caregivers may have left for jobs outside of health care in the past year.² 4 of 5 personal caregivers took jobs outside of health care left for better pay, better benefits and/or better hours.² Providers and consumers statewide are reporting great difficulty in recruiting and retaining quality direct care workers. The inability to attract and retain direct care workers has resulted in many long term care recipients going without essential care compromising their ability to live in the community.

BACKGROUND

Wisconsin’s direct-care workforce today totals nearly 90,000 workers and is larger than any other occupational grouping in the state. By the year 2022 the need for personal care workers is projected to increase 26.4 %.³ In the next 30 years, the ratio of Wisconsin’s residence age 65 and older to the entire state population will grow from 1 in 7 to 1 in 4.⁴

Long Term Care recipients responding to a Survival Coalition 2015 survey indicated that 86% have a hard time finding personal care workers. In the same survey, 35% of consumers who did not have access to a direct care worker reported going without assistance.⁵

Professional Healthcare Institute (PHI) and other nationally recognized workforce experts report at least 40 % 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 to the state of providing these benefits in 2009 was upwards of \$180 million.⁶

The current funding available in the long-term care industry make it fiscally impossible for service providers to provide training, competitive wages, and benefits to this workforce. Wisconsin's State Medicaid reimbursement rate for personal care services has only increased by \$0.24 over the past 14 years, and there have been no rate increases since July 1, 2008. The impact of prolonged insufficient rates has resulted in at least 8 Wisconsin personal care agencies closing within the last year, and 31% of agencies responding to a Wisconsin Personal Services Association (WPSA) 2016 survey said they are currently considering closing or downsizing.⁷

RECOMMENDATIONS

Invest in Efficiency and Reduce Costs

- **Take Steps to Address the Direct Care Workforce Crisis.** We request that the Department and Legislature address the direct care workforce crisis in the next state budget so that people who rely on the direct care workforce to remain independent can continue to do so. If community-based providers cannot hire and retain quality staff, people with disabilities and older adults may be forced to more restrictive and expensive support options. Strategies to address the crisis recommended by the Centers for Medicare and Medicaid include: Establishing an open registry of workers for public use; supporting home care worker training and development; analyzing the relationship between wage sufficiency, workforce health, and access to care; developing tiered rate structures that provide enhanced reimbursement for services rendered by workers who are able to serve beneficiaries with more complex needs or have other advanced skills.
- **Re-invest the Medicaid Surplus.** Wisconsin's Medicaid budget will end the 2015-17 biennium with a projected \$260 million surplus. The state should use the surplus to address the direct care workforce crisis. Increasing the Medicaid personal care reimbursement rate by \$2.50 would cost \$26 million GPR per year. This increase would bring reimbursement rates in line with provider costs and allow agencies to increase direct care worker wages. This would also alleviate public assistance costs—it is estimated that 40% of the current direct care workforce is utilizing various forms of public assistance, increasing the wages of direct care workers will result in decreasing workforce utilization of public assistance. A wage increase will attract a more qualified workforce to meet the state's future needs and provide adequate care to recipients.
- **Family Care and IRIS statewide expansion must include quality measures to determine network adequacy to support the current and future growth of workforce needs.** Measures must highlight unmet care needs that are created by the workforce shortage and that contribute to reduced health and safety and increased costs. Support MCOs, ICAs, FEAs and other stakeholders to partner with providers to identify shared recruitment and retention strategies that demonstrate the value of the direct care workforce. Encourage collaboration between DHS and DWD to forward investment in training and education opportunities identified by stakeholder groups that will continuously develop a quality direct care workforce and recruit quality workers to the field by offering a career pathway. Effective training is linked to retention thus promoting greater job satisfaction and reducing turnover costs that many agencies experience. Specific training opportunities include accessing resources available through apprenticeship, Fast Forward Grants, and Health Care Assistance Training.

- Reduce unintended care costs by minimizing delays in accessing crucial personal care services. To prevent disruption of services and to promote timely communication we recommend that providers and consumers continue to be included in transition planning prior to implementation of the personal care independent assessment. Ensure that Independent Personal Care Assessments include quality measures to identify and minimize delays to further ensure quality and favorable consumer experience we also recommend that an independent quality audit be conducted at least every two (2) years. Processes must be established to promote communication and appeals between the independent assessment agency, personal care agencies, and consumers. Delays in accessing necessary services could further compromise the health and safety of consumers. Any savings realized by the Independent Assessment should be re-invested into the personal care program to provide training and to sustain adequate wages for direct care workers.

-
- 1 Wisconsin Personal Services Association 2015 membership survey.
 - 2 Wisconsin Health Care Association / Wisconsin Center for Assisted Living 2016 Workforce Report at <http://www.whcawical.org/files/2016/04/Workforce-Report-2016.pdf>
 - 3 Wisconsin Department of Workforce Development, Office of Economic Advisory's, Wisconsin Long Term Occupational Employment Projects, 2013-2022, August 2014
 - 4 Wisconsin Department of Administration, Demographic Services Center, Wisconsin's Future Population, Projections for the State, Its Counties and Municipalities, 2010 – 2040, December, 2013
 - 5 Survival Coalition 2015 survey results.
 - 6 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>
 - 7 Wisconsin Personal Services Association 2016 membership survey.

To learn more about these changes visit the Survival Coalition website:
www.survivalcoalitionwi.org or link to the FAQ: Long-Term Care State Budget Outcomes:
http://www.survivalcoalitionwi.org/wp-content/uploads/2015/07/SurvivalCoalition_FAQ_LTCStateBudgetOutcomes_071315.pdf

FOR ADDITIONAL INFORMATION CONTACT SURVIVAL COALITION CO-CHAIRS:

Maureen Ryan, 608-444-3842; moryan@charter.net

Beth Swedeen, 608-266-1166; Beth.Swedeen@wisconsin.gov

Kit Kerschensteiner, 608-267-0214; Kitk@drwi.org

Visit the Survival web site at: www.survivalcoalitionwi.org

***Real Lives, Real Work, Real Smart,
Wisconsin Investing in People with Disabilities***