



## MEDICAID BUDGET PRIORITIES

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### 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, and 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 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 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 (i.e. Katie Beckett) and working adults with disabilities gain access to Medicaid (e.g. Medicaid Purchase Plan).

### RECOMMENDATIONS

- Increase reimbursement rates of all Medicaid home and community-based providers, including Medicaid personal care services, private duty nurses, mental health and substance abuse providers;
- Change DHS policy interpretation to allow funding for Medical Assistance Personal Care (MAPC) to be provided to individuals with disabilities in community settings, not just within the confine of their homes. The change will allow more people with disabilities to pursue work and volunteering in the community and will provide more flexibility to families with young children with significant disabilities who may otherwise be homebound. DHS recently eliminated the settings restriction for home health services, which will allow people with disabilities to receive these needed supports anywhere— not just in their homes. Rules and funding policies should be consistent for people who receive MAPC to ensure equal access to community.

- Improve access to Medicaid allowable services that are 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 (reduced administrative costs);
- Prioritize development of a culturally competent and adequate network of providers for all Medicaid programs, including SSI Managed Care and BadgerCare;
- Expand Medicaid to adults between 100% and 133% of the Federal Poverty Level;
- Fund at least 3 DHS positions for implementation for MAPP changes created by the 2017-19 state budget;
- Address lack of dental care accessibility for people with disabilities, including increase in dental care provider reimbursement rates and incentives for more providers to accept Medicaid;
- Maintain current eligibility criteria, authorized services and supports, and do not reduce reimbursement rates;
- Fund pilot programs that address the social determinants of health for Medicaid enrollees with a particular emphasis on access to housing.

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