



Survival Coalition

of Wisconsin Disability Organizations

P.O. Box 7222, Madison, Wisconsin 53707

TO: Governor-Elect Evers' Transition Team

FROM: Survival Coalition of 30 Statewide Disability Organizations

RE: Recommendations for Immediate Action and the Biennial Budget

IMMEDIATE ACTION ITEMS:

- Create a Governor's Task Force on Caregiving that analyzes and provides policy recommendations to improve recruitment, training, ongoing support, and retention of paid and unpaid caregivers supporting older adults and people with disabilities in their homes across their lifespans. Survival Coalition has specific recommendations to address the caregiving crises in the Workforce section below.
- Work with stakeholders including families and individuals with disabilities to improve Medicaid prior authorization for children. Require intensive training of reviewers. The current Medicaid prior authorization process is inefficient and creates barriers to access to services for which children are eligible. This results in interruptions in service, missed developmental opportunities, cost shifting to waivers, increased administrative costs, burdensome administrative process, suppression of access to needed services for children, and loss of providers willing to bill Medicaid.
- Changes to the Medicaid Purchase Plan (MAPP) were approved in the last biennial budget, but DHS has not yet implemented them because the needed staff support was not included in the approved budget. In this same legislation the Medicaid "medically needy" income limit was updated for the first time in over 30 years (see Act 59 - SECTION 933.49.47 (4) (c) 1) . Implementation of this rate should move forward for immediate implementation and not be held back due to staff shortages related to the MAPP changes. The revised limit will more accurately reflect the true basic cost of living for individuals in 2018, so that spend-down is a realistic option. Many individuals only become eligible for MA through a spend-down, and the current income limits established in 1986 are extremely dated and inadequate.

- Initiate a meaningful audit of special education quality and outcomes, including the preparation of students with disabilities for college and the workforce. Ensure audit reach to parents, with a focus on underserved communities.
- Require an immediate analysis of regional and racial inequities in the Division of Vocational Rehabilitation (DVR) system (as identified in a 2015 legislative audit) and demand corrective action.

BIENNIAL BUDGET ITEMS:

Transportation

- Increase the Wisconsin Employment Transportation Assistance Program (WETAP) appropriation to expand the funding available to help low income people commute to work. The Commute to Careers initiative correctly focused on transportation barriers as a major workforce development challenge, and correctly directed a subset of funds to focus on commuter solutions for people with disabilities. The WETAP program offers an existing mechanism to continue the focus on meeting workforce and employer needs. \$1.8M appropriations each year of the biennium.
- Increase the investment in specialized and public transit to meet operating and capital improvement needs and create state-funded continuing appropriation lines for coordinating, operating, improving, and developing public transportation options. Request a 10% increase each year of the biennium for specialized and public transit as well as 18M in continuing appropriations to restore previous cuts to transit funding.

Workforce

- Address direct care workforce shortages by increasing direct care worker wages to \$15 per hour.
- Increase Medicaid reimbursement rate to providers to reflect this wage increase.
- Create a Medicaid Buy-In waiver program for direct care workers and unpaid caregivers. (Model after the MAPP program <https://docs.legis.wisconsin.gov/document/statutes/49.472> .) This approach helps Wisconsin address the growing workforce crisis by enhancing the benefit package available to workers, allowing workers to earn and save more in exchange for paying a premium, and enabling workers to contribute more hours to Wisconsin's caregiving needs.

Employment

- Direct DHS to develop a One-Time Provider Transformation Fund to support employment service providers in the state's long-term care system. Providers would be selected through a competitive process and must meet sustainable, measurable outcomes that

move people who have shown an interest in working in integrated employment into competitive-wage community jobs. The Fund could operate similarly to the 2017-2019 Biennial budget direct care and services fund increase. Develop a Competitive grant fund: \$6.75 million for up to 30 providers.

- Direct DHS to implement a tiered rate system across long-term care programs that takes into consideration a person's individual employment support needs, differentiates between unique services and prioritizes competitive integrated employment. Rates must reflect transportation costs.
- Update the State Use Contract statute (Wis. Stat. 16.752) to remove the requirement that eligible state use contract participants must hold 14c licenses. Seek recommendations on how to open the program to private sector employers who meet certain high standards of employment of workers with disabilities, as well as businesses owned by someone with a disability.

Mental Health

- Provide funding for training and technical assistance to community-based programs for the purpose of implementing Individualized Placement and Support (IPS) (<http://docs.legis.wisconsin.gov/document/statutes/46.545>), a supported employment program for people with mental illnesses. Currently only 22 counties have implemented IPS. Increase IPS staff to a total of 5 to fully cover the state and expand into other counties.
- Direct DHS to develop capacity to serve Wisconsinites who are hard-of-hearing, deaf and deaf-blind and have mental illnesses and/or substance use disorders. DHS should create a state funded program to ensure access to mental health and substance use services in the language of Deaf Wisconsinites which should include a statewide mental health coordinator, peer specialist program, and clinical training and supervision.
- Develop a study committee or task force to address worker shortages in the mental health field. Limited access to community based mental health treatment and supports has resulted in people with mental illness being placed in costly out of home and institutional settings or confined in jails or prisons. 49 of Wisconsin's 72 counties are designated as "mental health professional shortage areas". A Study Committee should consider a range of options including utilize higher salaries, loan forgiveness and other strategies to address this workforce crisis.

Children's Long-Term Supports

- Direct DHS to expand funding for the Children's Long Term Supports program to include the 1388 eligible children and any additional newly-eligible children, in order to equal the state's commitment to fully fund services to adults who qualify for MA-funded long-term

care programs. Children with disabilities eligible for long-term supports through the Children's Waiver are currently the only Medicaid eligible population subject to a wait list due to lack of funding. (This funding was included in the prior administration's DHS agency request.)

- Direct DHS to plan and fund 12 Family Support and Disability Resource Centers (FSDRCs) to support families and children with disabilities, co-located with ADRCs and providing families of children with disabilities with a central point of contact for:
 - eligibility determination for Wisconsin long-term supports and services for children;
 - accurate and comprehensive information, assistance and benefits counseling;
 - navigators to help families access resources already available in their health, community and school systems;
 - family-to-family connections and;
 - advocacy skills training.

Long Term Care and Access to Community Services

- Create an appropriation line for continuous outcome improvement initiatives in Family Care and IRIS that improve employment, transportation, and community living outcomes for people with disabilities, and provide analysis of innovation project outcomes.

Medicaid

- Wisconsin policymakers should prioritize the need to develop and expand programs and policies to relieve homelessness and promote *Housing First*. Housing First connects individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. *A Hand and a Home*, just released by the Interagency Council on Homelessness is a promising blueprint to advance Housing First. Wisconsin should continue to pursue a 1115 Medicaid waiver to allow for billing of Medicaid for supportive services related to housing.
- Increase provider rates and other strategies to address significant dental health inequities for people with disabilities. Data provided by the Wisconsin State Health Plan, Healthiest Wisconsin 2020, indicates that 29% of adults with disabilities reported having at least one permanent tooth removed over the past year, and 26% said they had not visited a dentist within the past year. Adults with a disability are also less likely to visit the dentist for a cleaning, check-up, or exam than people without disabilities (47% and 76%, respectively).

The Survival Coalition proposes several strategies for improvement:

- Correcting the current inequity in the SSI Managed Care Program (dental care is included in SSIMC in some southeast Wisconsin counties but not in the other SSI MC counties)

- Expanding the availability of specially trained dental care at community health clinics
- Increasing the number of dentists and facilitates that accommodate sedation dentistry
- Increasing responsibility for Family Care managed care organizations to help enrollees find a dentist
- Improving the Medicaid reimbursement rates for dental care

Education

- Increase state special education categorical aid funding to keep pace with local costs. Support an additional \$600 million in special education categorical aid. Fund 60% of costs up from 26%, addressing a decade-long funding freeze by the 2nd year of the biennium.
- Even out the reimbursement rate for the special needs scholarship program to more closely match the reimbursement rate for students with disabilities in public schools.
- Support students with mental health needs and youth outcomes in transition by including recommendations in the proposed DPI budget.

Voting:

- Support amending statutory language to clearly require polling place accommodations for voters who are not able to orally state their name and address due to disability or medical condition. The requirement for voters to speak their name and address has been applied in a manner that does not accommodate voters who cannot speak due to disability, including deaf voters.
- Add a list of early voting locations and hours for each municipality to the MyVote website, under the oversight of the Wisconsin Election Commission. Early voting helps to improve access for voters with disabilities as it expands the timeline for voting and for securing transportation.

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