



**Survival  
Coalition**

of Wisconsin Disability Organizations

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# **Finding the Balance: Meeting the Needs of All People with Disabilities**

## **Survival Coalition Priorities; 2009-2011 Biennial Budget**

### **Finding the Balance**

The State of Wisconsin has invested a considerable amount of time, energy and funding to improve the long-term care system for adults with physical and developmental disabilities and the frail elderly. Survival Coalition has supported this effort. At the same time, as we noted in our *Summary Report on Disability Issues* in the last legislative session, the State has provided less support to children's long-term support and virtually none to the public mental health system. Survival Coalition believes that this is unacceptable and that in the coming biennium the State needs to create a more balanced approach to meeting the needs of all its citizens with disabilities.

Survival Coalition's budget priorities for the 2009-2011 budget identify initiatives that will move the State towards a more balanced approach to strengthening the systems serving all people with disabilities in Wisconsin. Additionally, we identify the related infrastructure needs that allow adults with disabilities to live successfully in their communities and children with disabilities to succeed in school and beyond.

# Balancing the Systems

## Long-Term Care

Survival Coalition has supported Family Care for its promise to eliminate waiting lists for persons with physical and developmental disabilities. But while we have seen these reductions in waiting lists come to pass we remain concerned about the fact that consumer choice, the other promise of Family Care, has not fared as well. Survival Coalition continues to work with the Department of Health Services to understand why there has actually been an increased reliance on congregate housing and sheltered employment in some Family Care managed care organizations and to address problems in consumer informing about options related to long-term care services. Survival Coalition also reminds legislators that they need to address funding issues for long-term care services in those counties that have not entered into Family Care because funding constraints are resulting in increased use of congregate living and sheltered work in these areas as well.

- Expand ADRCs and Family Care statewide by 2011 if counties, consumers and advocates in each non-Family Care region can reach consensus on a plan and a timeline for Family Care implementation and if concerns about consumer choice (access to non-congregate housing, supported employment, etc) can be addressed in current Family Care counties.
- Revise the funding formula and increase the funding for ADRCs to take into account factors that influence the disparity in demand and cost to provide services across counties (e.g., the percent of the county's population living below the poverty line, the distances traveled in rural counties).
- Increase funding for ADRCs to provide enrollment counseling for people who have already transitioned from COP/CIP to Family Care, Partnership or IRIS, or new people who will make the transition in the future.
- Review the Family Care capitation rates and modify the model for developing rates to ensure that funding is sufficient to allow the MCOs to provide the housing, employment and support options preferred by consumers.
- In the Family Care Ombudsman (FCO) program (for enrollees under age 60), restore the staffing ratio to no less than 1.0 FTE Ombudsman to 2500 enrollees (the ratio set by the legislature for the 2007-09 biennium), not the 1.0 FTE to 3500 enrollees in the DHS 2009-2011 budget proposal. Add IRIS participants to the population eligible for assistance in FCO.
- Provide 5% rate increases for non Family Care LTC Programs, e.g. COP, CIP, Medicaid Personal Care.
- Open up enrollment to the Nursing Home Diversion Program in all non Family Care counties with no cap on the number of new participants (in light of past operations of the program which saved substantial taxpayer dollars).

# Balancing the Systems

## Children's Long Term Support Issues

Our system of long term supports for children with disabilities continues to be plagued with disparities and inconsistency between counties. Disparities exist as well between families who have access to comprehensive services and information, and those who are in desperate need but lack access either because they do not have information, or are on a waiting list for services. The Children's Redesign, a DHS initiative started in 1998, is ready to move ahead with comprehensive change in the way Wisconsin provides supports for children and families using a three prong approach to building an integrated system for children and youth with long-term support needs and their families:

- New Information, Short-term Assistance and Resource Access Services that provide a quality, family-centered service that helps families navigate a confusing and complex array of supports and services and maximize existing community resources and long term supports (\$1.5 million GPR for the biennium to serve half the state).
- New funding that allows a timely and flexible response to meet needs to serve 900 additional children/families over the biennium (\$3.8 million GPR for the biennium).
- Demonstrate a new managed care model for coordinating services and supports for individual families and consolidated funding at the systems level that ensures the most cost effective use of essential long term resources and funding (\$900,000 GPR for the biennium).



# Balancing the Systems

## The Mental Health System

While the State has invested considerable effort and funds to support long-term care reform the public mental health system continues to struggle. In fact, by carving out long-term care dollars from the human service budgets, Family Care contributes to the erosion of a viable human service system for other people. Mental health advocates have documented a decrease in access to mental health services for both adults and children as well as identifying waiting lists for various publicly funded mental health services. The State continues to treat mental health and substance abuse services inequitably. This needs to stop.

- Have the State pick up a share of the county match for comprehensive community services, community support programs, crisis services, targeted case management, and in-home treatment for adults with a plan to move to full state match over a period of 2-3 biennia.
- The State should eliminate the Wisconsin Medicaid Cost Reporting program (WIMCR) and return to the Community Services Deficit Reduction Benefit (CSDRB) so that counties instead of the state receive the federal funds for the services with a requirement that counties reinvest the funds into services to expand access.
  - ◊ The state developed CSDRB so that counties could draw down the federal share of the difference between the Medicaid reimbursement rate for certain county-provided services and the actual cost for the county to provide that service (many, but not all, of these services were mental health services).
  - ◊ In the 2003-2005 biennial budget the counties agreed to allow the state to keep these funds for one biennium only and the program was renamed.
  - ◊ The State did not end WIMCR after the one biennium.
  - ◊ This change will allow counties to address the infrastructure challenges posed by Family Care .
- Pursue a 1915(i) Medicaid state plan amendment to fund mental health services. This program permits states to offer certain home and community-based services to eligible persons as an optional benefit under the State Medicaid Plan while allowing the state to limit the total number of slots. Provide funds for the state share of this benefit.
- Develop and fund a pilot re-entry program for persons with mental illness leaving state prisons or Wisconsin Resource Center, based on the Conditional Release Program. The cost would depend upon the size of the pilot program.
- Increase funding for children's coordinated service teams in order to phase in funding to counties and tribes that do not currently have coordinated service teams and provide funds for training and technical assistance and peer advocacy.

# Shoring Up the Supports

## Special Education

Kids with disabilities, like all kids, spend the largest share of their waking hours at school. Yet school districts are struggling on a daily basis to comply with their obligations to provide a free appropriate public education (FAPE) to children with disabilities with insufficient state and federal aid, which is compounded by revenue caps. Survival Coalition believes that Wisconsin needs to reform its system of school finance by removing revenue caps and adopting an adequacy based formula for funding public education. Given the lack of political will we have seen for this type of reform we recommend the following items, many of which would not be necessary were true funding reform initiated.

- Seek an additional \$45 million in Special Education Categorical Aids in the first year and an additional \$55 million in the second year of the biennium to slightly increase the 28.8% reimbursement rate.
- \$7.4 million in the first year and \$10 million in the second years of the biennium in order to fully fund the Special Education High-Cost Students program.
- A 1% increase in the reimbursement rate (from .6 to .7) and the same funding as in the current biennium to expand 4 year old kindergarten programs into new districts in order to provide inclusive opportunities to young children with disabilities.
- \$500,000 in the biennial budget for training programs on the school seclusion and restraint guidelines as well as data collection on the usage of seclusion and restraint in Wisconsin schools.
- \$500,000 to assess the training needs of teachers in behavior management, inclusion, dyslexia and other reading disorders and other areas pertinent to the educational needs of children with disabilities in the first year of the biennium. \$5 million in order to implement training programs that are suggested as a result of the assessment.
- \$23.5 million in the first year of the biennium, and \$26 million in the second year of the biennium to create a new Response to Intervention categorical aid program in order for Wisconsin schools to adequately implement federal and state RTI directives. This is equivalent to the loss of federal IDEA funding which was spent on children with disabilities.

# Shoring Up the Supports

## Community Living

People with disabilities, particularly people with severe disabilities, cannot live independently in the community without accessible and affordable housing and transportation services. Housing and transportation play a major role in determining how independent, productive, and integrated older adults and people with disabilities can be. Access to employment, education, and health care are all affected by the availability of transportation for people with different mobility needs.

## Transportation

- The State's investment in the Specialized Transportation Assistance Program (85.21) for the elderly and disabled is only a fraction of what is needed. Counties are forced to divert funds from other equally critical human services to make up the difference. The impact of rapidly rising fuel costs has exacerbated access problems and consumed the modest 2% increase that the state provided to counties in the last budget. An increase in the State's investment by \$6 million in the next two years would improve access to vital transportation services.

## Housing

- Increase the real estate transfer fee to fund a state housing trust fund. The state housing trust fund should be dedicated to increasing the availability of affordable, accessible, integrated and safe housing.
- Pass legislation to address recent local interpretations that limit the ability of organizations that provide housing to extremely low income people with disabilities to be tax exempt. Specifically, clarify Section 70.11 to define maintenance broadly enough to encompass the following: repair and maintenance of the property, capital replacements, insurance premiums, project management, debt retirement, project-related reserves, general administrative expenses, resident services, utilities, financing costs, preservation expenses, and similar project-related expenses.

# Shoring Up the Supports

## Health Care Reform

Access to health care services is of greater importance to people with disabilities than to those in the general population, both to address their disability related needs and their general health care, which can be compromised as a result of the disabling condition. Children who don't have access to needed services are going to be less successful in school and in developing into productive citizens. And yet gaps in both public and private health care continue to negatively impact people with disabilities and their families.

- Require insurance coverage for hearing aids and cochlear implants for children who are deaf or hard of hearing.
- Require insurance coverage for autism treatment services.
- Build on federal mental health/substance abuse parity language by addressing inequities in small business coverage requirements.
- Improve access to dental care. For many years, people with disabilities in Wisconsin have experienced difficulties in obtaining regular dental care, resulting in many preventable extractions, a high incidence of periodontal disease, etc. One of the major causes of this problem is the relatively low reimbursement rates for dental procedures in Medicaid, and the resulting small number of dentists willing to accept these rates. We believe it is time for the Executive Branch and the legislature to finally develop an effective set of strategies to make real progress on this issue. These strategies should include:
  - ◇ correcting the current inequity in the SSI Managed Care Program (dental care is included in SSIMC in some SE Wisconsin counties but not in the other SSIMC counties),
  - ◇ expansion of the availability of dental care at community health clinics, and
  - ◇ increased responsibility for Family Care Managed Care Organizations to help enrollees find a dentist.
- The Department of Health Services should make refinements in Badger Care Plus to make the program more effective for people with disabilities. Many of these changes are administrative, such as clarifying the rules related to access to employer-sponsored health insurance and changes related to determining the protective filing date for purposes of enrollment. However, some change might have cost implications that require Legislative approval. These might include refunding the enrollment fee for persons ultimately found ineligible for Badger Choice or improving the mental health benefit.
- Support efforts for major health care reform that meet the criteria developed by Survival Coalition.

## SURVIVAL COALITION OF WISCONSIN DISABILITY ORGANIZATIONS

**Our Vision :** The Survival Coalition of 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 can choose to live their lives as they wish and be full participants in community life.

**Guiding Principles:** Survival Coalition is a cross-disability coalition which works in partnership with local organizations, coalitions, consumers, advocates, and families throughout the state and makes intensive efforts to ensure that our priorities promote and advance the wishes of people with disabilities and their families. The Coalition will promote policies, programs, and practices that advance integrated, individualized, community-based supports and services.

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## Member Organizations

AARP- Wisconsin ■ Arc Dane County ■ Arc-Wisconsin Disability Association ■ Autism Society of Southeastern Wisconsin ■ Autism Society of Wisconsin ■ Brain Injury Association of Wisconsin ■ Coalition of Wisconsin Aging Groups ■ Community Alliance Providers of WI (CAPOW) ■ Developmental Disabilities Coalition of Dane County ■ Direct Care Alliance ■ Disability Rights Wisconsin ■ Employment Resources Inc. ■ Epilepsy Foundation, South Central Wisconsin ■ Family Voices ■ Grassroots Empowerment Project ■ Hearthstone ■ Independence First ■ Independent Living Council of Wisconsin ■ Learning Disabilities Association of Wisconsin ■ Mental Health America of Wisconsin ■ Milwaukee Center for Independence ■ NAMI Wisconsin, Inc. ■ National Multiple Sclerosis Society, Wisconsin Chapter ■ Options for Independent Living ■ People First Wisconsin, Inc. ■ Rehabilitation for Wisconsin, Inc. ■ Residential Services Association of Wisconsin ■ Service Employees International Union Local 150 ■ Society's Assets, Wisconsin. ■ The Steinhauer Group ■ United Cerebral Palsy of West Central Wisconsin ■ Waisman Center ■ Wisconsin ADAPT ■ Wisconsin Board for People with Developmental Disabilities ■ Wisconsin Coalition for Independent Living Centers ■ Wisconsin Council on Children and Families ■ Wisconsin Council on Physical Disabilities ■ Wisconsin FACETS ■ Wisconsin Occupational Therapy Association