



## OVERVIEW

### 2001-2003 Budget Proposal for Disability Services from the Survival Coalition of Wisconsin

For more information contact: Lynn Breedlove at 608-267-0214; lynnb@w-c-a.org or Michael Blumenfeld at 608-257-1888; blumk@aol.com

*The following are Wisconsin budget recommendations developed by the Wisconsin Survival Coalition, a statewide group of individuals and organizations who are concerned about the community inclusion and availability of quality services for people with disabilities.*

#### **Waiting List Initiative**

- Eliminate waiting lists for persons with developmental disabilities and persons with brain injuries - \$6 million General Purpose Revenue (GPR) in Yr. 1 and \$32 million GPR in Yr. 2 for Community Integration Program (CIP) IB and Brain Injury Waiver
- Eliminate waiting lists for persons with physical disabilities - \$2 million GPR in Yr. 1 and \$6 million GPR in Yr. 2 for COP-Waiver
- Eliminate waiting lists for the Family Support Program - \$2.5 million GPR in Yr. 1 & \$5 million GPR in Yr. 2
- Increase funding for the Birth to 3 program - \$2 million GPR in Yr. 1 and \$2 million GPR in Yr. 2
- Eliminate waiting lists for Medicaid Community Support Programs for adults with mental illness - \$450,000 GPR in Yr. 1 and \$1.5 million GPR in Yr. 2

#### **Community Services Crisis**

- Provide \$30 million GPR in Year 1 and \$60 million in Year 2 to increase wages for community service workers by 30%

#### **"Families are Worth It" Children and Families Package**

- Begin piloting Children's Long Term Support (LTC) Redesign (serve 20% of the state's eligible children) - \$1.3 million GPR in Year 1 and \$3.3 million GPR in Year 2
- Increase funding for the Family Support Program and the Birth to 3 Program \*
- Add 7 more projects to the Lifespan Respite Initiative - \$225,000 each year
- Increase funding for Special Education

#### **State Institutions**

- Increase the Community Integration Program (CIP) IA rate to \$300/day to support State Center residents to return to their communities, and \$160/day for people who previously moved to the community
- Close two State Centers within five years

#### **Family Care**

- Funding for the Alternative Model
- Funding for the Family Care Independent Advocacy System

#### **Mental Health Package**

- Increase funding for Mental Health/Substance Abuse demonstration project counties, and fund independent advocacy component, evaluation and planning
- Medicaid Community Support Program (CSP) funding to end waiting lists\*
- Funding for Medicaid Comprehensive Community Service benefit
- Increase funding for wraparound services for children with severe emotional disabilities
- Comprehensive Mental Health/Substance Abuse Parity legislation
- Increase funding for consumer and family support

#### **Cross Disability Programs**

- Division of Vocational Rehabilitation (DVR) funding and reforms
- Specialized transportation funding
- Assistive Technology Initiative
- Prescription drug benefit for people with disabilities

*\* Also part of the Waiting List Initiative*

## ***The Survival Coalition***

The Survival Coalition is the statewide coalition of disability organizations. Survival monitors the progress of state agency and legislative proposals that affect people with disabilities and educates legislators about the needs of people with disabilities.

Survival also sponsors the biennial Disability Awareness Day rally at the State Capitol. The "People Can't Wait" rally on April 25, 2001 will focus on the waiting lists for community services for both people with disabilities and the elderly.

### ***Leadership***

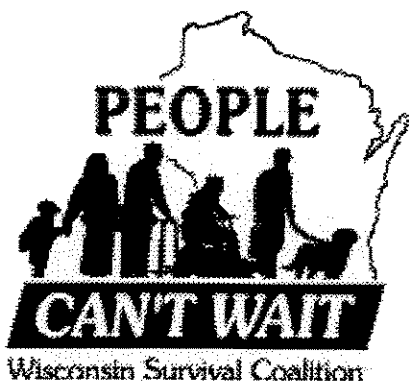
Michael Blumenfeld, Co-Chair  
16 N. Carroll Street, Suite 800  
Madison, WI 53703-2726  
(608) 257-1888  
blumk@aol.com

Lynn Breedlove, Co-Chair  
Wisconsin Coalition for Advocacy  
16 N. Carroll Street, Suite 400  
Madison, WI 53703  
(608) 267-0214  
lynnb@w-c-a.org

For further information visit  
[www.wcdd.org](http://www.wcdd.org) and click on  
"DAWN", the Disability Advocates  
Wisconsin Network website.

## ***Survival Coalition Participants***

- Access to Independence
- ARC Milwaukee
- The Arc-Wisconsin Disability Association
- The Arc-Dane County
- Autism Society of Wisconsin
- Autism Society of SE WI
- Board on Aging and Long Term Care
- Brain Injury Association of WI
- Brotoloc Health Care
- Citizen Advocacy
- Coalition of Wisconsin Aging Groups
- Community Alliance of Providers of Wisconsin, Inc. (CAPOW)
- Community Living Alliance
- Council for the Deaf and Hard of Hearing
- Council on Blindness
- Easter Seals of Wisconsin
- EBTIDE
- Epilepsy Foundation of South Central Wisconsin
- Family Assistance Center for Education, Training and Support (FACETS)
- Great Rivers Independent Living Services
- Independence First
- KindCare, Inc
- Kuality Kare
- Learning Disabilities Association of Wisconsin-Dane County
- Lutheran Social Services
- Mental Health Association in Milwaukee County/Office of Public Policy
- National Alliance for the Mentally Ill - Wisconsin (NAMI)
- Options for Independent Living
- Parent Education Project (PEP) of Wisconsin
- Prader-Willi Association
- Rehabilitation For Wisconsin, Inc. (RFW)
- Society's Assets
- Spinal Cord Injury Association Madison Area Chapter
- State Independent Living Council
- United Cerebral Palsy (UCP) of WI
- UCP of Southeastern WI
- Wisconsin ADAPT
- Wisconsin Alcohol, Drugs & Disability Association (WADDA)
- Wisconsin Association of the Deaf
- Wisconsin Association of Family & Children's Agencies
- Wisconsin Association of Residential Facilities (WARF)
- Wisconsin Client Assistance Program
- Wisconsin Coalition for Advocacy
- Wisconsin Coalition of Independent Living Centers (WCILC)
- Wisconsin Council on Children and Families (WCCF)
- Wisconsin Council on Developmental Disabilities (WCDD)
- Wisconsin Council for People with Physical Disabilities
- Wisconsin Family Ties
- Wisconsin Occupational Therapy Association (WOTA)
- Wisconsin Personal Services Alternatives (WPSA)



## GOVERNOR'S BUDGET

### 2001-2003 Survival Coalition Proposal for Disability Services vs. Governor's Budget Recommendations

Budget information prepared by Gerry Born, ARC-Wisconsin Disability Association, (608) 251-9272; arcwger@itis.com

#### *The Waiting List Initiative*

**Proposal:** Eliminate waiting lists for persons with developmental disabilities and persons with brain injuries - \$6 million GPR in Yr. 1 and \$32 million GPR in Yr. 2 for CIP/IB and Brain Injury Waiver

**Budget:** \$0 for Waiting List and All Community Care

**Proposal:** Eliminate waiting lists for persons with physical disabilities - \$2 million GPR in Yr. 1 and \$6 million GPR in Yr. 2. for COP-Waiver

**Proposal:** Eliminate waiting lists for the Family Support Program - \$2.5 million GPR in Year 1 & \$5 million GPR in Year 2

**Budget:** \$0 for Family Support

**Proposal:** Increase funding for the Birth to 3 program - \$2 million GPR in Yr. 1 and \$2 million GPR in Yr. 2

**Budget:** \$0 for Birth to Three

**Proposal:** Eliminate waiting lists for Medicaid Community Support Programs for adults with mental illness - \$450,000 GPR in Yr. 1 and \$1.5 million GPR in Yr. 2

**Budget:** \$928,000 Federal funds each year for Prevention, Early Intervention and Recovery Services

#### *Crisis in Community Services*

**Proposal:** Provide \$30 million GPR in Year 1 and \$60 million in Year 2 to increase wages for community service workers by 30%.

**Budget:** \$0 Rate Increases

#### *"Families are Worth It" Children and Families Package*

**Proposal:** Begin piloting Children's LTC Redesign (serve 20% of the state's eligible children) - \$1.3 million GPR in Year 1 and \$3.3 million GPR in Year 2.

**Budget:** Language to apply for authorizing waivers, but no funds

**Proposal:** Increase funding for the Family Support Program and the Birth to Three Program\*

**Budget:** \$0

**Proposal:** Add 7 more projects to the Lifespan Respite Initiative (@\$225,000 each year)

**Proposal:** Increase funding for Special Education

**Budget:** Additional \$10 million yr. 1 and additional \$15 million yr. 2 GPR, which still represents a decline in the state special education reimbursement rate from 35.7% to 33.2%.

**State Institutions**

**Proposal:** Increase the CIP IA rate to \$300/day for new placements, and \$160/day for people who previously moved to the community. Close two State Centers within five years.

New CIP IA placement rate increase to \$200 first year and \$225 in year 2. Thirty placements per year are expected to be made.

**Family Care**

**Proposal:** Funding for the Alternative Model

**Budget:** No additional pilots; reduce non-MA enrollments by 50%; reduce resource center inflation by \$577,251; eliminate LTC Council, external advocacy and start up funding for new sites totalling a reduction of \$699,765. Total changes from DHFS request equal a reduction of 22,697,078. Total increase for the biennium is \$10,841,811

**Mental Health Package**

**Proposal:** Increase funding for Mental Health/Substance Abuse demonstration project counties, and fund independent advocacy component, evaluation and planning

**Budget:** \$160,000 FED for Pilots year 1, \$928,000 FED for other services each year

**Proposal:** Medicaid CSP funding to end waiting lists (which violate Medicaid law)\*

**Proposal:** Funding for Comprehensive Community Service benefit

**Proposal:** Increase funding for wraparound services for children with severe emotional disabilities

**Proposal:** Comprehensive Mental Health/Substance Abuse Parity Insurance

**Proposal:** Increase funding for consumer and family support

**Cross Disability Programs**

**Proposal:** DVR funding and reforms

**Budget:** \$1 million per year

**Proposal:** Specialized transportation funding

**Budget:** 3% increase year 1 and 3.4 increase year 2. \$225,800 year 1 and \$483,500 year 2.

**Proposal:** Assistive Technology Initiative:

**Budget:** \$0

**Additional Items in Governor's Budget**

- \$115,000,000 for nursing home increases in Year 1 and \$157,160,800 in Year 2 through the Intergovernmental Transfer Program
- 5% increase each year for noninstitutional providers through IGT including home health, personal care, durable medical equipment, mental health, and therapies.
- 60 CIP1B slots for Year 1 and 686 CIP1I slots for Year 1 in Nursing Home Bed Closing Relocations

\* Also part of the Waiting List Initiative



## WAITING LIST INITIATIVE

### 2001-2003 Budget Priorities from the Coalition for Ending the Waiting List in Wisconsin

For more information contact: The Arc-Wisconsin at: 1-877-272-8400 or 608-251-9272 or [www.wcdd.org/dawn/waiting\\_list.cfm](http://www.wcdd.org/dawn/waiting_list.cfm)

*Across Wisconsin thousands of people with disabilities and family members are struggling because they receive inadequate or no services to assist them to live and work in the community. At times this has forced people into an institution or to struggle to live in the community. Others rely on family members and may be at home without supports or daytime services. Groups are forming across the state to address the waiting list and work force crises and bring them to the attention of policy makers and legislators.*

#### **Problems:**

**5000 adults with developmental disabilities are waiting for critical services.**

- 2300 people need a place to live;
- 2700 people are waiting for support to get a job or participate in their community during the day;
- Average waiting period is 4 years.

**2200 people with physical disabilities are waiting for support to live in the community through COP.**

**2400 families are waiting for Family Support services.**

- An additional 550 families are underserved within Family Support;
- Another 3000 families are estimated to be eligible but have not applied for services.

**Birth to 3 services are guaranteed in Wisconsin but underfunded.**

- Last two state biennial budgets increased funding by 0%;

- Counties have been forced to provide fewer services or have had to increase county funding that was no longer available to fund people on waiting lists.

**Chronic underfunding of Personal Care, CIP and COP has created a crisis in the current support system for people with disabilities.**

- Lack of staff to provide supports as a result of inadequate wages and benefits;
- 106 Personal Care agencies stopped providing MA funded personal care over the past 3 years;
- Many individuals are currently receiving inadequate services, which at times puts them in serious jeopardy.

#### **Solutions:**

Preliminary analysis suggests an increase in \$55 Million on an annual basis eliminates the known disability waiting list and begins to address workforce and labor market issues.

- **\$40 Million** in state funds for DD Waivers will generate a total of \$100 Million with matching Federal funds to eliminate the adult Developmental Disabilities waiting list and increase wages and benefits to support workers;

- **\$8 Million** in state funds for COP will generate a total of \$20 Million with Federal match to address the physical disabilities waiting list and increase wages to support workers;

- **\$5 Million** in state funds are needed to eliminate the Family Support Program waiting list;

- **\$2 Million** in state funds are needed for the Birth to 3 Program for increased costs.

*Other states' initiatives have created additional funding for developmental disability services .....*

**End the waiting list game and build a future for people with disabilities!**

***The following funding has been recently allocated for waiting lists in other states:***

Arkansas	\$ 4,000,000	California	210,000,000
Connecticut	23,000,000	Florida	336,000,000
Georgia	2,000,000	Hawaii	12,000,000
Indiana	9,500,000	Louisiana	27,000,000
Maryland	36,400,000	Mass.	23,600,000
Minnesota	9,880,000	Nevada	10,450,000
New Hampshire	6,000,000	New Jersey	127,200,000
New York	230,000,000	No. Carolina	42,000,000
Ohio	4,000,000	Pennsylvania	400,000,000
Virginia	44,000,000	Utah	6,500,000

***Where is Wisconsin? Why isn't it on this list?***

Department of Health and Family Services, the Governor, and Legislators need to help eliminate the waiting list and service problems.

**Will you help to solve these problems?**

**Fix it in the 2001-03 Budget!**



## COMMUNITY SERVICE CRISIS

### 2001-2003 Budget Proposal from Wisconsin Service Providers

For more information contact: Bob Stuva (RFW, Inc.) at 608-244-5310; [bstuva@rfw.org](mailto:bstuva@rfw.org) or Chris Sarbacker (CAPOW) at 608-259-1345; [sarbccis@execpc.com](mailto:sarbccis@execpc.com)

*Approximately \$120,000,000 in new state and federal funding is needed to assure a safe and adequate community-based, person-centered long-term care support system for citizens with developmental and/or physical disabilities. Service providers face significant worker shortages due to low wages and struggle to survive under pressure of rising insurance premiums, energy costs and other program expenses. Many organizations are reducing services to persons already served, when waiting lists for community-based services are growing.*

The long term care system for Wisconsin citizens with disabilities is evolving into a person-centered delivery system and places more responsibility for determining the supports needed to live and work in communities of their choice, directly on the person requesting service. It is essential that consumers have adequate public funding to secure the services they need.

#### **Some History:**

Over the last half-century, the public goals for services for persons with disabilities has gradually changed from institutionalization to integration in local communities of choice. In the late 1950's and into the 1960's, service delivery goals began to change from institutional maintenance and removal from the community to large group homes, special education, and sheltered employment. By the late 70's a more integrated form of service delivery included individual living arrangements, job training, and assistance with daily living. By the early 1990's the concept of consumerism began to evolve and persons with disabilities sought more control over

the decisions impacting their lives. The 1990's might best be defined as a period of time in which the old paradigm of service delivery was cast away and a new person-centered, community-based service delivery system was put into place. For the first time individuals with disabilities had some control over their own destiny.

As these changes occurred, so did the service provider network. Services evolved from group training and education and limited employment opportunities into a network of individualized support services. Services include residential support to live in small group homes with one or two other persons, independent living, supported living, vocational training, job placement and supported employment. Social business enterprises provide employment opportunities and an array of other needed services to assist an individual to live and work in his/her local community.

**Despite significant changes and associated increases in the cost of providing more individualized services, governmental funding has remained stagnant.** While the

late 1980's and the 1990's saw a great increase in the cost for services, the State of Wisconsin limited increases in state/federal funding for these services to under two percent per year and shifted funding from state to federal dollars. In many communities that meant no increase for private nonprofit service providers after state and local government addressed their administrative costs.

**After almost a decade of neglect, the system of community-based services is facing a financial crisis.**

No matter who provides services or how they are provided, a system of fair and appropriate public funding must be available for any community-based service delivery model to be successful.

Recent surveys completed by a network of Wisconsin community-based service providers assisting persons with disabilities began to detail the present service delivery crisis facing the State of Wisconsin. A job market survey reveals that wages paid by community-based service providers are not competitive.

Compared to the general labor mar-

ket, entry level community-based service workers' wages ranged from 7% to 17% less than other business' entry level wages drawing workers from the same labor pool. When compared to entry-level wages paid by state and county government for jobs identical in nature to those performed by employees of community-based service providers, wages received by community-based service workers ranged from 24% to 55% lower than similar public employment opportunities. The survey clearly indicates that entry level wages paid to persons supporting individuals with disabilities can not even compete with the fast food industry. Society appears to better reward food-service workers than those caring for person with disabilities. This inequity is the result of many years of neglect by state government.

Rehabilitation For Wisconsin, Inc., a statewide association of community-based rehabilitation programs collectively serving over 6,000 individuals with disabilities, completed a survey to determine the adequacy of rate payments from counties where they provide servic-

es. Thirty-four organizations from across Wisconsin responded to the three questions below.

**1. What is the total dollar amount of all county contracts for any and all services that a county/counties purchase from your organization for the year 2000?**

**RESPONSE: \$41,861,183.00**

(Actual Contract Amount)

**2. What is your estimate of the actual costs of those services for the year 2000?**

**RESPONSE: \$48,250,539.00**

(15% above Actual Contracted Amount)

**3. Because of concerns about being competitive due to skyrocketing wages, health insurance costs, and other expenses, how many dollars would your organization need to be competitive for the year 2001 providing the same type and volume of service?**

**RESPONSE: \$54,346,392.00**

(30% above Actual Contract Amount)

Data from the responding organizations shows that public funding must increase by 30% to assure a safe and effective community-based service delivery system for person with disabilities. That increase provides for competitive wages and benefits and help with the increased cost of energy, insurance and other overhead expenses.

When the 30% is applied to all state/county funding for all services for persons with developmental and/or physical disabilities, the enormous size of the problem is obvious. An additional \$120,000,000 is needed annually to maintain a strong community-based service delivery network for persons with developmental and physical disabilities. It should be noted that approximately 50% of the \$120,000,000 could be obtained from matching federal sources, leaving approximately \$60,000,000 needed from increased state support. **To adequately provide for a community-based service delivery system the increase outlined on the chart at the bottom of this page would be necessary on an annual basis.**

	Wisconsin GPR	Matching Federal Funds	Total
<b>Annual Increase Needed To Sustain Services To Persons With Developmental Disabilities</b>	\$54,000,000	\$51,000,000	\$105,000,000
<b>Annual Increase Needed To Sustain Services To Persons With Physical Disabilities</b>	\$ 6,000,000	\$ 9,000,000	\$ 15,000,000
<b>Annual Funding Increase Needed To Sustain Quality Service To Persons with Disabilities</b>	\$60,000,000	\$60,000,000	\$120,000,000
<b><i>To provide for a phase in of the increased funding, the 2002-2003 Biennial Budget Request should include:</i></b>			
<b>First Year of Biennium</b>	\$30,000,000	\$30,000,000	\$ 60,000,000
<b>Second Year of Biennium</b>	\$60,000,000	\$60,000,000	\$120,000,000
<b>Total for 2002-2003 Biennium</b>	\$90,000,000	\$90,000,000	\$180,000,000





## SPECIAL EDUCATION

### 2001-2003 Budget Proposals from the Quality Education Coalition

For more information contact:  
Jeff Spitzer-Resnick at 608-267-0214; spitznick@w-c-a.org

*The Quality Education Coalition (QEC), is Wisconsin's only statewide coalition of parents and advocates which promotes quality special education services throughout Wisconsin. QEC is acutely aware of the dire situation which children with disabilities face in their struggle to receive a free appropriate public education (FAPE) in Wisconsin schools as guaranteed them under both Wisconsin and federal law. QEC proposes the following five point plan in order to begin to stem the tide of eroding quality of special education for thousands of Wisconsin children.*

#### **General Special Education Aid**

In the 1999-2001 biennium, faced with the worst crisis in Wisconsin's history of special education funding, the legislature and governor passed a budget with the first increase in special education categorical aids in 6 years. While that increase was a big accomplishment, it essentially only continued state funding of local special education costs at a 35% reimbursement rate. Thus, the crisis remains.

Although the Governor's budget includes increases, the state's commitment to special education would decline to 33%. This is unacceptable.

**QEC supports sufficient state funding of special education categorical aids to reimburse local special education costs at a rate of 50%.**

#### **"High Cost Children"**

The State of Wisconsin has never reimbursed local school districts at a higher rate when they have children whose special education costs are extraordinary.

**QEC supports state funding of children in special education whose costs exceed three times the**

state average per pupil expenditure at a rate of 90% of the excess costs over three times the state average in both years of the biennium. In addition, QEC supports a one time revenue cap exemption for the unreimbursed school district expenses for these children.

#### **Alternative Education Programs**

Alternative education programs, while not limited to children with disabilities, often serve as additional valuable resources to these children.

**QEC supports a \$5 million increase in alternative education program funding in the first year of the biennium, and a \$10 million increase in alternative education program funding in the second year of the biennium.**

#### **Integrated Services Programs**

The Department of Health and Family Services (DHFS) currently funds 28 county pilot Integrated Services Programs (ISPs), also known as wraparound programs, which are intended to provide coordinated multi-agency programming to children with severe emotional

disabilities. It is well documented that these programs have helped children stay in school and out of institutions.

**QEC supports creating pilot programs in all counties at an additional cost of \$3.2 million plus \$800,000 for state staff to administer the program.**

#### **Medical Assistance School Based Services (MA-SBS)**

In 1997, Wisconsin's Medical Assistance (MA) program was modified to allow school districts to bill the MA program for certain special education costs.

Unfortunately, school districts do not receive the entire federal cost sharing reimbursement (slightly less than 60% of the total cost). Instead, the State of Wisconsin applies the federal share to general revenues and not school services, despite the fact that the local school districts must pay the entire state matching portion.

**QEC supports modifying the MA-SBS reimbursement formula such that local school districts receive 100% of the federal cost sharing reimbursement.**



## MENTAL HEALTH

### 2001-2003 Proposal for the Mental Health Budget Package

For more information contact:  
Shel Gross at 608-250-4368; shelgross@tds.net

*The mental health budget package was developed collaboratively by representatives from consumer, family and advocacy groups with input from county human services personnel. The Governor's Council on Mental Health endorsed this proposal and forwarded it to the Governor for inclusion in his biennial budget. Several of the items are derived from the recommendations of the Governor's Blue Ribbon Commission on Mental Health (BRC).*

#### **Consumer and Family Support**

Using Mental Health Block Grant (MHBG) funds the Department of Health and Family Services (DHFS) supports a variety of activities that increase the availability of consumer-operated services throughout the state and provide information, education, advocacy and support to families of persons with mental illness. This package requests that these funds be more than doubled by adding \$250,000 in FY02 and \$500,000 in FY03 so that DHFS can use them to contract for additional consumer and family support activities that meet the goals and outcomes established by the BRC.

The package also requests \$24,000 each year to increase the Bureau of Community Mental Health (BCMH) consumer relations coordinator position to full time. This position has been responsible for providing a crucial mental health consumer perspective within DHFS, helping to involve other consumers in planning efforts and providing technical assistance and support to consumers throughout the state. However, the need in this area well exceeds the resources of a part-time (.6 FTE) position.

#### **Wraparound/Integrated Services for Children and Adolescents with Serious Emotional Disturbance (SED)**

Up to this point, the DHFS has provided funds from the MHBG in seed money to over 20 counties to develop these systems of care. These projects have been successful in reducing inpatient hospital stays (resulting in savings to the Medicaid program) and in juvenile justice placements. This package requests using new Mental Health Block Grant funds and additional GPR to significantly expand services for children with SED. The package also requests 1.5 FTE staff persons in the BCMH to implement and monitor these projects beginning in Jan. 2002. At least .5 FTE would be a parent of a child with a serious emotional disturbance who would assist in giving families voice, access, and ownership at the policy and planning level in keeping with the philosophy of wrap-around systems of care.

#### **Medical Assistance Program**

**Community Support Program (CSP) Funding:** CSPs have been a cornerstone of the adult mental health system and have demonstrably reduced inpatient hospital utilization. Currently counties pay the state share (about 40%) of the cost of this benefit. This package requests that the State pay the state share of Medicaid CSP. This is necessary because a significant number of individuals are on formal or informal waiting lists for this service in violation of Medicaid regulations.

#### **Funding for Comprehensive Community Service:**

Comprehensive Community Service (CCS) is a Medical Assistance benefit that was adopted by the Legislature in the last Biennium. It provides a flexible wraparound approach for adults and children and a level of service that is between traditional outpatient care and the more intense level of service provided by CSP. It is a recovery oriented service that furthers the goal of the Governor's Blue Ribbon Commission on Mental Health. It also requires the

counties to pay the "state share" of the Medical Assistance Benefit. This package calls for the state to pay the "state share".

### ***Mental Health/AODA Managed Care Demonstration Projects***

The managed care demonstrations embody the most comprehensive attempt to implement the recommendations of the BRC. As such, they hold great promise for consumers throughout the state in creating a more consumer and family directed and recovery-oriented system of care. However, the DHFS has not allocated the basic level of funding that has been found, through the Family Care initiative, to be necessary to develop these new managed care systems. This budget package seeks to address this in a variety of ways.

**Demonstration Site Planning and Development Funds:** The package requests \$125,000 per site in each year of the biennium to achieve funding comparable to the Family Care CMOs. This money will be utilized to develop information system capabilities that will ensure that the State gets the type of comprehensive and accurate information required to evaluate and further develop this initiative. Sites will also use these funds to support network development, formulate quality improvement processes, make internal organizational changes to support taking on the additional requirements of a managed care contract, and involve consumers and family members in their planning process.

**Independent Advocacy:** We strongly support the restoration of Family Care Independent Advocacy and request that it be expanded and include persons in the demonstration projects. This would require one

full time position beginning Jan. 2002 with an additional position added in FY03 to meet the expected need (one FTE per 1000 enrollees).

**DHFS Planning and Development:** This package requests one staff person to provide technical assistance and monitoring for the demonstration sites beginning in Jan. 2002. This project is staffed considerably below the level of Family Care.

**Evaluation:** We are requesting \$100,000 in FY02 and \$200,000 in FY03 to contract with an independent entity to conduct consumer outcome surveys and other activities to support project evaluation. We anticipate the Legislature will require a comprehensive evaluation prior to approving expansion of managed care to other counties.

### ***Comprehensive Mental Health/Substance Abuse Parity***

We are requesting the Legislature pass legislation that would require insurers to provide coverage for mental health and alcohol/drug abuse treatment that is no more restrictive than coverage for other disorders. This would apply to annual and lifetime dollar limits, visit limits, co-payments and deductibles. The fiscal estimate for state employee health insurance accompanying last year's bill was a premium increase of one-tenth of one percent. This bill would cover treatment for all mental health and substance abuse diagnoses.



## FAMILIES ARE WORTH IT

### 2001-2003 Proposal for the Children with Disabilities and their Families Budget Package

For more information contact:  
Liz Hecht at 608-263-7148; hecht@waisman.wisc.edu

*Waiting lists for services for children with disabilities and their families have grown dramatically in recent years. The children's system is also too complex and hard to navigate, with too many rules and too little flexibility. Certain services are available in some counties but not others, and service coordination is available for only a fraction of the families who need it. Medicaid prior authorization decisions are too far removed from the person, involve too much red tape, and are often unfair. Parents do not have enough say in the planning process for their families.*

#### **Family Support Program & Birth to Three Services**

To serve all families on current Family Support Program waiting lists:

- Provide \$2.5 million in new GPR funds in Year 1 of the biennium -- to begin phasing in families on waiting lists
- Provide \$5 million in new GPR funds in Year 2 of the biennium -- to complete the phase-in (2500 families at \$2,000/year = \$5 million per year)

#### **Increase funding for the Birth to Three program:**

- Provide \$2 million GPR in Year 1 and \$2 million GPR in Year 2 -- to reduce delays in receiving Birth to Three services

#### **Lifespan Respite Initiatives**

- Provide an increase of \$225,000 in each year to add 7 respite projects to the existing 5 projects

#### **Increase Funding for Special Education**

- Increase Special Education Categorical Aids to reimburse 50% of local special education costs
- Implement DPI's proposal for high cost children in Year 1 of the biennium (rather than Year 2 as DPI proposes): for students whose costs exceed three times the state average expenditure/student, the state will cover 90% of the excess costs (above the three times the average level)
- Expand on DPI's proposal for alternative education program funding: provide \$5 million in Year 1 and \$10 million in Year 2
- Expand Integrated Services Programs (also known as wrap-around programs) for children with severe emotional disabilities to all counties: \$3.2 million for services and \$800,000 for state staff to administer the program in each year
- Modify the Medicaid school based services formula so school districts receive 100% of the federal cost-sharing reimbursement

#### **Changing the System - Getting Children's Long Term Care Redesign Started**

##### **What Needs to be Fixed - It's Not Just Funding:**

- the system is too complex and hard to navigate,
- some services are available in one county but not in another county,
- too many rules and little flexibility in the way services are provided,
- service coordination is only available for a fraction of the families who need it,
- Medicaid prior authorization decisions are too far removed from the person, involve too much red tape, and are often unfair,
- it's hard to get clear and accurate information about services,
- parents don't have enough say in the planning process for their families,
- some families need a higher level of services than can be attained through any of the programs, and
- adult services are a higher priority than children's services in Family Care counties.

**Changing the System means changing State Law:**

- to authorize new flexible 1915C Medicaid Waiver (to access more federal funds for children's services)
- to authorize 4-8 pilot counties in 2001-02 serving 20% of the eligible children in Wisconsin
- to establish a right to service for children with significant long term care needs
- to provide an assurance of continuity of service (i.e. families currently receiving services will not lose them)
- to allow children and families to convert from CIP1A, CIP 1B, COP-W to the new waiver in the pilot counties (if they want to)

**We also need "a new way of doing business" in the Children's Long Term Care System**

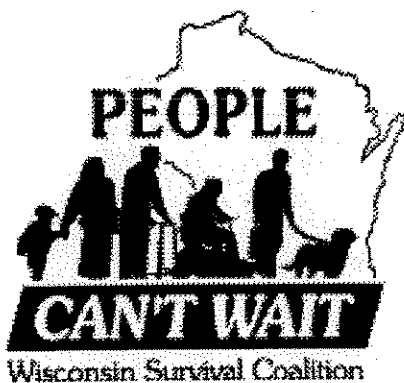
- families will be partners with the system (including in Medicaid prior authorization decisions)
- service coordination for all children/families who need it
- outcome based services
- information and assistance readily available

***Funding in 2001-2003 for Children's Long Term Care Redesign:***

- Additional GPR (state general purpose revenue) funds above and beyond a fully-funded Family Support Program (see above) to implement Children's Long Term Care Redesign in 4-8 pilot counties.

**Year 1:** \$900,000 GPR for services  
\$390,000 for state and county planning/administration

**Year 2:** \$2.7 million GPR for services  
\$620,000 for state and county planning/administration



## STATE INSTITUTIONS

### 2001-2003 Proposal for the State Centers for the Developmentally Disabled

Moving Toward a Single, Community-Based System for All

For more information contact:  
Lisa Mills at 414-483-2546; [lmills@peoplefirstwi.org](mailto:lmills@peoplefirstwi.org)

*Just 844 people with developmental disabilities now live in the three State Centers for People with Developmental Disabilities. This population continues to decrease every year, as the community service system that Wisconsin has developed repeatedly demonstrates the capacity to support these individuals to live in ordinary communities, close to other citizens and with opportunities for a multitude of life experiences that were otherwise denied as the result of living in the State Centers.*

Over 35,000 people with developmental disabilities now receive supports through this community-based system. Yet Wisconsin continues to maintain the State Centers as a separate institutional system that now costs \$30 million more than what it would cost to provide comparable support in the community for the 844 Center residents. The only way to reduce this significant waste of precious tax dollars is to close the State Centers.

The state's Department of Health and Family Services has acknowledged that Center resident's support needs could be met in the community, and that only a handful of residents would require a rate equal to or higher than the \$400 average daily rate currently being paid to the Centers for residents'

care. When funds are available to adequately support a person in the community, Wisconsin law and the *Olmstead* Supreme Court decision require people to be placed in the community. Ten other states, including Minnesota, have closed their State Centers and strengthened their community systems.

For financial, legal, programmatic and humanitarian reasons, the time has come for the state of Wisconsin to move from a dual service system, with a costly institutional bias, to a single, community-based system. The state should invest the savings achieved from this transition to strengthen the community system for all persons with developmental disabilities.

#### **Legislative Initiatives:**

- Close Northern Wisconsin Center and Southern Wisconsin Center within five years.
- Provide sufficient funding for quality support in the community by increasing the CIP 1A rate beginning July 1, 2001, to \$300 per day. Continue to increase the rate over the next budget periods as needed to ensure the efficient transfer of Center residents to supported community settings.
- Retain the savings achieved from Center closings to strengthen the community-based developmental disabilities service system.
- As each Center is closed, residents should move to the community settings that meet their support needs and not simply be transferred to a remaining State Center or other institutional setting.
- Increase the CIP 1-A rate for people currently living in the community to \$160 / day.



## ASSISTIVE TECHNOLOGY

### 2001 - 2003 Budget Proposal for Independent Living Assistive Technology

For more information contact:  
Maureen Ryan at 608-251-9151; mryan@gdinet.com

*Through the WisTech Program, Wisconsin has built a successful infrastructure for the provision of providing quality cost effective assistive technology services. Without new resources, this important infrastructure will wither on the vine. Funds are needed to retain AT staff that are crucial to the successful provision of technology by DVR, Department of Workforce Development (DWD) One-Stop Shops, the Pathways Initiative, the Work Incentives Act (WIAA) initiatives, and the Family Care initiative.*

#### **Purpose**

The purpose of the Independent Living Assistive Technology Proposal is to provide resources and technical assistance regarding assistive technology to persons of all disabilities and all ages in the state of Wisconsin.

#### **History**

In 1990, the National Technology Act provided funding to all 50 states to develop a central resource in each state for the dissemination of assistive technology/adaptive equipment information. In 1992, Wisconsin obtained a \$640,000 annual grant extended to 10 years, to create the WisTech Program located at the Division of Vocational Rehabilitation (DVR). The idea of WisTech was that subcontracting to each of the eight Independent Living Centers (ILCs), Wisconsin Coalition for Advocacy (WCA), and Agrability provides Wisconsin with regional "technology" experts.

The WisTech program met the need of DVR, schools and local businesses to have a centralized resource for assistive technology/adaptive equipment information. The project was,

and is, a perfect fit for Independent Living Centers, as technology/adaptive equipment is available and needed by persons of all disabilities and of all ages. Not only did WisTech fund ILC staff, but also, over the past 9 years it has helped each of the ILC's build an inventory of approximately \$35,000 of assistive technology/adaptive equipment. Since 1994, WisTech has also funded WCA's Assistive Technology Advocacy Program, and WCA has worked with the ILCs and other AT partners to identify and remove funding barriers.

#### **Benefits**

- Technology/adaptive equipment specialists save money for DVR, Medicaid, insurance, etc. By getting good information and test trials, scarce resources are maximized as individuals obtain appropriate equipment that works for them, rather than unsuitable equipment that doesn't get used.
- Technology/Adaptive Equipment allows individuals to be employed and less dependent upon paid help or institutional care.
- New state initiatives, such as

Pathways and Family Care, are dependent on technology to help individuals to be independent and minimize care and support of others.

- The Agrability resource allows for the specialized expertise needed to assist farmers with disabilities to continue their chosen career.
- The systemic efforts of WCA create a long term cost effective solution related to technology in schools, human services, and the business community.

#### **Cost Effectiveness**

When looking at cost-effectiveness of assistive technology for Activities of Daily Living (ADLs), you are really asking the question, "How does this item reduce the need for human assistance?" The equation, in dollars and cents, becomes people time vs. the price of the technology. Human assistance, be it a van driver or personal care assistant, is an ongoing expense for the duration of the person's disability. Equipment is a one-time purchase (with replacement as things wear out). But the equation goes far beyond this. As a person with a disability develops the awareness that their environment is

handicapped, or has barriers, not themselves as a person, they start to realize how other barriers can be overcome. This may lead to increased independence, not just for daily living, but in other areas, like employment. Once a person, business, and community can see that environments can be modified to fit individuals needs that allow them to be productive citizens - the sky's the limit!

Grab bars, lift systems, and motorized wheelchairs are examples of assistive technology which can help reduce the need for personal care assistance. An average grab bar costs about \$20 and can be reused time and time again. Personal Care Assistance (PCA) care costs about \$15.50/hour and has to be continually used for assistance in transferring.

A lift system can vary in price, but starts around \$5000 for a basic system. It is a high tech item used in assisting people to transfer independently or semi-independently. The price of a track lift system equates to about the same cost as 277 hours of personal care assistance. Say a person uses the track lift system for 10 years. The cost of the track system over 10 years would be cost effective if it reduced the need for PCA care by a little more than 30 minutes a week. Usually the savings in time will be much greater than this, allowing family members or the individual with a disability to transfer themselves. It also helps prevent back injuries among PCA workers and can help prevent potential injuries to the consumer during a transfer. Apply the same math to having someone being pushed in a manual wheelchair vs. using an electric wheelchair. The savings can be immense.

**The proposal we are suggesting is**

<b>General Purpose Revenue (GPR) funding of:</b>	<b>\$800,000</b>
1. Independent Living Centers: (ILCs) for the eight Wisconsin ILC's (\$60,000 ea.)	\$480,000
2. Wisconsin Coalition for Advocacy (WCA)	\$120,000
3. Office for Persons with Physical Disabilities (OPPD)	\$60,000
4. Agrability	\$60,000
5. Wheelchair Recycling Program	\$80,000

**ILC's**

The \$60,000 to each ILC would be used to maintain a full time Assistive Technology/Adaptive Equipment Specialist and funds for the ILC's to maintain the Assistive Device/Equipment Loan Closet. The Assistive Technology Specialist would provide information, resources and assessments for person's assistive technology needs. This would be based on the existing and latest information and products available. The Assistive Technology Specialist would maintain the equipment loan closet for test trials.

**WCA**

The \$120,000 would allow WCA to maintain two positions to provide statewide systemic advocacy on assistive technology issues. The position would focus on assessing systemic barriers to the provision of technology in school systems, human service programs, businesses, and public and private insurance programs. WCA staff will develop education, training, technical assistance, and advocacy services to overcome the barriers.

**OPPD**

The \$60,000 to OPPD would provide the office a staff to administer the state funding, develop statewide reporting mechanisms, contract performance evaluation, training and additional resource development. Specifically, in the area of resource development, the staff would work with assistive technology/adaptive equipment vendors to obtain equipment to maintain and update the trial equipment.

**AGRABILITY**

Provide Easter Seals Society of Wisconsin with \$60,000 to staff their unique program of providing persons with disabilities in the agricultural industry, living in the state of Wisconsin, with specialized assistance regarding adaptations/modifications to continue their chosen profession.

**WHEELCHAIR RECYCLING PROGRAM**

The \$80,000 will fund a staff person to provide recycled medical equipment directly to consumers and programs in need and for equipment parts, maintenance and distribution costs.





## TRANSPORTATION

### 2001 - 2003 Budget Proposal to Support Accessible Transportation for People with Disabilities

For more information contact:  
Michael Blumenfeld at 608-257-1888; blumk@aol.com

*Accessible transportation is essential if people with disabilities, particularly people with severe disabilities, are to live independently in the community. This transportation access includes the removal of physical, structural, communication and environmental barriers. While the accessibility of public transportation has increased considerably in the last decade, numerous barriers remain. People with disabilities are far from being able to assume that the transportation they need will be accessible and usable by them.*

If Wisconsin is to become serious about removing barriers to employment for people with disabilities, creativity in transportation patterns and funding will need to be encouraged. It is important to remember that not all employment occurs during the hours of 8:00 a.m. and 5:00 p.m., and alternative programs need to be implemented.

The Elderly and Disabled Transportation Program (85.21), created in 1978, assists counties with the delivery of services to improve and promote transportation for older adults and people with disabilities. At its inception, 85.21 funds were intended to meet a variety of travel needs including medical, nutrition, grocery, employment, social and personal trips. In practice, 85.21 has come to be used primarily for medical and nutrition trips. Even though the program states that a variety of trip purposes should be provided, the funds available each year cannot keep pace with the demand experienced in Wisconsin's counties.

The proposed increase in funding for the Elderly and Disabled

Transportation Program is \$225,800 in 2001-02 and \$483,500 in 2002-03 - only a fraction of what is needed.

To make up the difference, counties are forced to use other funding sources, such as the Community Options Program (COP) and Medical Assistance (MA). If sufficient 85.21 funding were provided, COP and MA could be better utilized to provide the support services for which those funds are intended and very much needed.

Due to a lack of funding, a number of necessary transportation services are not being provided. Despite the fact that many counties have volunteer driver programs that enhance services and diligently stretch transportation dollars, the majority of counties are unable to provide services in the evening and on weekends. Many of the counties are unable to provide eligible persons with transportation to work, for personal needs or for general service, nor are they able to replace vehicles when necessary.

In addition, persons with disabilities and the elderly in many coun-

ties are experiencing long waits for transportation services and caps on the number of trips that they can take each month. Transportation programs do little outreach or advertising because they cannot serve the existing need, and eligible participants do not request services because they know that they will be denied.

#### ***We support:***

- Increasing funding of the 85.21 program by at least \$7.5 million each calendar year (\$11.25 million over the 2001-2003 biennium) to allow people with disabilities access to transportation for employment and medical reasons, in addition to social and personal trips.



## GOVERNOR'S BUDGET

### 2001-2003 Governor's Budget Recommendations vs. Survival Coalition Proposal for Disability Services

Budget information prepared by Gerry Born, ARC-Wisconsin Disability Association, (608) 251-9272; arcwger@itis.com

<p><b><i>The Waiting List Initiative</i></b></p> <p><b>Proposal:</b> Eliminate waiting lists for persons with developmental disabilities and persons with brain injuries - \$6 million GPR in Yr. 1 and \$32 million GPR in Yr. 2 for CIP IB and Brain Injury Waiver</p> <p><b>Proposal:</b> Eliminate waiting lists for persons with physical disabilities - \$2 million GPR in Yr. 1 and \$6 million GPR in Yr. 2. for COP-Waiver</p> <p><b>Proposal:</b> Eliminate waiting lists for the Family Support Program - \$2.5 million GPR in Year 1 &amp; \$5 million GPR in Year 2</p> <p><b>Proposal:</b> Increase funding for the Birth to 3 program - \$2 million GPR in Yr. 1 and \$2 million GPR in Yr. 2</p> <p><b>Proposal:</b> Eliminate waiting lists for Medicaid Community Support Programs for adults with mental illness - \$450,000 GPR in Yr. 1 and \$1.5 million GPR in Yr. 2</p>	<p><b>Budget:</b> \$0 for Waiting List and All Community Care</p> <p><b>Budget:</b> \$0 for Family Support</p> <p><b>Budget:</b> \$0 for Birth to Three</p> <p><b>Budget:</b> \$928,000 Federal funds each year for Prevention, Early Intervention and Recovery Services</p>
<p><b><i>Crisis in Community Services</i></b></p> <p><b>Proposal:</b> Provide \$30 million GPR in Year 1 and \$60 million in Year 2 to increase wages for community service workers by 30%.</p>	<p><b>Budget:</b> \$0 Rate Increases</p>
<p><b><i>"Families are Worth It" Children and Families Package</i></b></p> <p><b>Proposal:</b> Begin piloting Children's LTC Redesign (serve 20% of the state's eligible children) - \$1.3 million GPR in Year 1 and \$3.3 million GPR in Year 2.</p> <p><b>Proposal:</b> Increase funding for the Family Support Program and the Birth to Three Program*</p> <p><b>Proposal:</b> Add 7 more projects to the Lifespan Respite Initiative (@\$225,000 each year)</p> <p><b>Proposal:</b> Increase funding for Special Education</p>	<p><b>Budget:</b> Language to apply for authorizing waivers, but no funds</p> <p><b>Budget:</b> \$0</p> <p><b>Budget:</b> Additional \$10 million yr. 1 and additional \$15 million yr. 2 GPR, which still represents a decline in the state special education reimbursement rate from 35.7% to 33.2%.</p>

**Support for Inclusion of All Recommendations of the Legislative Council Dental Access in the State Budget Bill**

**Presented By: Dr Michael Donohoo  
Washington High School, Milw, WI  
April 20, 2001**

With the future in mind, the Wisconsin Dental Association and our 2,800 member dentists commissioned researchers in Connecticut to look into the dental workforce supply and the demand for dental care through the year 2010 so we can see whether or not Wisconsin has a sufficient number of dental workforce members to meet the demands for dental care in the future. The report done by the Connecticut researchers reveals some troubling data – the most important being that in another 10 years we'll have anywhere from 200-400 fewer dentists in Wisconsin and a much greater demand for dental care. The bottom line is that the number of retiring dentists will continue to increase at a much, much faster pace than the number of newly licensed dentists and the famous babyboomer generation will continue to demand dental care at a much greater rate than did their parents and grandparents.

The Wisconsin Dental Association is greatly concerned about the results of this futuristic study, especially when those results are combined with the more anecdotal evidence that a dental workforce shortage may already be affecting the ability of the Wisconsin Medicaid/BadgerCare population to access dental care. We (members of the practicing dental community) are here to ask for inclusion of the Legislative Council Study Committee's proposals on Dental Access into the state's 2001-03 state budget bill. All of the provisions in both the fiscal and non-fiscal bills of the Special Study Committee on Dental Access are very important if the state is serious about securing the "dental infrastructure" needed so that the citizens of Wisconsin can obtain the oral health care that they require – both now and in the future.

Since the Joint Finance Committee is particularly intoned to the financial impact of specific proposals, I'll try to highlight the key fiscal provisions of the study committee's proposals include:

- Increasing Medicaid reimbursement rates for dental procedures to the 75<sup>th</sup> percentile of the most recent ADA fee survey for this region of the country. (This is estimated to cost a total of \$20 million in Wisconsin's General Purpose Revenue (GPR) over the next two years). As dentists become busier in their offices, the dental shortage will be realized – first and foremost - by those who are covered under the state's low reimbursement program; increasing the rates of the state's programs will help provide dental access to more people who are covered by the state's Medicaid/BadgerCare care programs.
- Increasing the capitated number of Wisconsin resident students that can attend Marquette University School of Dentistry from the current number of 25 per class to 40 per class (the average class size being about 75). Data clearly indicates that Wisconsin residents stay in Wisconsin to practice dentistry after graduating from Marquette at a rate of about 75% whereas the non-resident students stay in Wisconsin after graduation at a rate of about only 7%.
- Authorizes \$1.6 million each year to help support community dental clinics that serve the poorest of our citizens. These clinics need state funds to help supplement the very real costs of caring for those who are either on the state's underfunded Medicaid/BadgerCare programs or who are completely without insurance and have no resources to pay for care out of pocket.
- Authorizes MA reimbursement for topical fluoride varnishes for very young children in a private dental office or by other health care professionals who see very young children as part of an EPSDT health check.
- Provides funding for grants to communities which choose to set up community water fluoridation.
- Provides state funds for employment at DHFS of a dental health professional in each of the five health regions of the state.

The WDA also supports all the items approved by the Legislative Council Study Committee on Dental Access and we urge your support for them as well. To end my comments I just want to say that we all know that access to dental care is an issue that this state will eventually be forced to address and as the case with all problems in life, the sooner the state addresses this problem, the less costly it will be. We'll have to face this issue head on – whether it's this year or next year or ten years from now. The U.S. Surgeon General has stated that "oral health care is a key to overall health" so every year that the state ignores this growing problem, sends a message to not only the dental profession but also to the dental patients that the state just doesn't believe that oral health care is worth proper funding.

There is no doubt in my mind that the policies and fiscal decisions made by this committee can greatly impact the delivery and availability of dental care in Wisconsin's future. I encourage you to support all of the proposals put forth by the Legislative Study Committee on Dental Access so that more citizens in Wisconsin will have a better chance of accessing dental care in our state. Thank you for your attention and I'd be happy to answer any questions you may have at this time.