

Joint Committee on Finance 2019-2021 Budget Motion Request

Family Care Direct Care Funding – Paper # 368

Support:

ALTERNATIVE 3. Increase funding in the bill by \$14,763,800 (\$6,000,000 GPR and \$8,763,800 FED) in 2019-20 and \$14,906,200 (\$6,000,000 GPR and \$8,906,200 FED) in 2020-21 to double the funding that would be provided in the bill.

Summary:

- Long Term Care program (Family Care/IRIS, etc.) recipients continue to report difficulty in finding direct care workers. Many consumers are forced to be without assistance. A recent Survival Coalition survey revealed that 85% of long-term care recipients don't have enough workers to work all of their shifts. 60% also report that they get sick more often when they don't have enough workers.
- A 2018 survey of long-term care providers found that: more than 50% of providers indicated they were unable to compete with other employers; 54% had no applicants for vacant caregiver positions; 83% indicated that there were no qualified applicants for caregiver openings.
- There is a significant wage disparity between people working as trained personal caregivers and unskilled entry-level workers taking jobs at gas stations, big-box stores, and fast food restaurants: providers reported a median hourly starting wage for personal caregivers of \$10.75 compared to \$12.00 for local, non-health care employers seeking unskilled, entry-level workers.
- Act 59 created a Family Care direct care workforce funding supplement that has proven successful in retaining direct care workers who provide a variety of community-based services, including: daily living skills training, respite services and supportive home care.
- 41% of participating providers believe the Family Care direct care workforce funds have had a significant positive impact on their ability to recruit and retain workers and another 44% believe the funds have had some positive impact. 63% of participating providers reported that they could point to one or more instances in which the funding had a direct impact on their ability to recruit and retain direct care staff.
- Additional and sustainable direct care workforce supplemental funding would allow DHS to support other community-based workers that people with disabilities rely upon, including job coaches/employment support professionals who are also responsible for direct care.

Supporters:

The Arc Wisconsin
The Arc Dane County
The Arc of Dunn County
The Arc Fond du Lac
The Arc Greater Columbia County
Richland County Arc
The Arc of Southwestern Wisconsin
Waupaca County Arc

Joint Committee on Finance 2019-2021 Budget Motion Request

IRIS Direct Care Funding – No paper developed

Support:

Provide Equitable Funding for increased wages for direct care workers supporting participants in the long-term care program IRIS. **\$6.4 million over the biennium.**

Summary:

- In the last biennial budget, the Wisconsin legislature included \$60.8 million to fund increases for the Family Care direct care portion of managed long-term care capitation rates. This increase only applied only to a subset of workers in Family Care. A similar recognition of the need to correct for the increasing costs of labor and difficulty in recruiting and retaining direct care workers was not recognized in the IRIS program which supports approximately 22,000 people.
- Individual IRIS participant budgets are calculated using a formula similar to the Family Care capitation rate, derived from average service cost estimates. To achieve equity between Family Care and IRIS and to ensure that people who choose IRIS have the same funding support to recruit and retain high quality workers, there should be an equivalent IRIS Direct Care Funding Initiative coordinated by DHS and directed to participant's IRIS budgets to meet their direct care needs.
- The current budget bill recommends an increase for direct care worker wages in Family Care of \$29 million. The budget does not include a similar provision for IRIS (I Respect I Self-Direct) even though participants in the IRIS program also face caregiver shortages due to low wages. Currently, Family Care has 76, 953 participants and IRIS has 22,519 participants. IRIS participants comprise 22% of all people accessing long term care in Wisconsin. The budget should include an equitable amount of funding for the IRIS program to be able to increase direct care workers wages. An equitable investment would be \$6.4 million dollars.
- DHS established a process in Family Care for managed care organizations and providers to request additional direct care workforce funds. DHS should be directed to establish a similar mechanism to disperse workforce funds through IRIS. Currently under Family Care, the managed care organizations can provide funding for wage increases, retention and/or longevity bonuses, performance bonuses, employee paid time off, staff referral bonuses, or sign on bonuses to direct care workers, or that part of the funding was used to pay for employer payroll tax increases that resulted from the increased payments to direct care workers. IRIS participants should be able to offer similar incentives to their direct care workers.

Fiscal Impact: \$6.4 million dollars over the biennium

Supporters:

The Arc Wisconsin
The Arc Dane County
The Arc of Dunn County
The Arc Greater Columbia County
Richland County Arc
The Arc of Southwestern Wisconsin

**Joint Committee on Finance
2019-2021 Budget Motion Request**

Personal Care Reimbursement Rate – Paper #370

Support:

Adopt an Alternative Motion to Increase the Medicaid personal care rate by 11%

Summary:

- 84% of the personal care agencies surveyed in 2018 downsized in the past year; one out of two agencies are considering no longer providing MA personal care services. 83% of agencies surveyed found it difficult to fill job openings and one out of three agencies were experiencing turnover rates above 50%.
- Survival Coalition survey results indicate that 85% of long-term care recipients do not have enough direct care workers to work all their shifts. 43% of those surveyed noted that they could not find a worker seven or more times a month. Approximately 20% of the people surveyed said they were considering moving out of their apartment or other community living arrangement due to their difficulties receiving needed direct care services.
- 24 counties currently have five or fewer Medicaid-certified personal care agencies.
- 60% of personal care providers surveyed say they are considering no longer providing Medicaid personal care.
- 100% of personal care agencies reported turning away older adults and people with disabilities in need of care during the past year.

Supporters:

(See also stakeholder sign on letter from the Wisconsin Personal Services Association)

The Arc Wisconsin
The Arc Dane County
The Arc of Dunn County
The Arc Greater Columbia County
The Arc Green County
Richland County Arc
The Arc of Southwestern Wisconsin

Joint Committee on Finance 2019-2021 Budget Motion Request

Children's Paper #371

Support: **ALTERNATIVES**

A. Intake, Application, and Screening 1. Approve the Governor's recommendation to provide \$1,604,200 (\$444,700 GPR and \$1,159,500 FED) in 2019-20 and \$1,523,000 (\$416,500 GPR and \$1,106,500 FED) in 2020-21 to fund intake, application and screening costs. Reduce funding in the bill for MA benefits by these amounts and increase funding for MA contracts cost by corresponding amounts.

B. Children's Services Navigators 1. Approve the Governor's recommendation to provide \$264,400 (\$132,200 GPR and \$132,200 FED) in 2019-20 and \$497,800 (\$249,000 GPR and \$248,800 FED) in 2020-21. Reduce funding in the bill for MA benefits by these amounts and increase funding for MA contracts cost by corresponding amounts.

C. Children's Resource Specialists 1. Approve the Governor's recommendation to provide \$115,900 (\$58,000 GPR and \$57,900 FED) in 2019-20 and \$219,300 (\$109,600 GPR and \$109,700 FED) in 2020-21. Reduce funding in the bill for MA benefits by these amounts and increase funding for MA contracts cost by corresponding amounts.

Support: **End the Waiting list**

- Require DHS to ensure that any child who is eligible, and applies, for the children's long-term support (CLTS) waiver program receives services under the CLTS waiver program. As of February 28, 2019, 8,963 children were enrolled in the program, and 1,047 children were on a statewide waiting list for services.

Statement of Intent:

Improve access to Children's long-term supports and other available resources for eligible children with significant disabilities and their families.

1. Improve and streamline statewide access to a "no wrong door" for family support and disability resources including information, navigation, benefits counseling and advocacy services.
2. Provide a statewide "single point of entry" for eligibility and enrollment in children's long-term support programs including Katie Beckett, the Children's waiver and Children's Community Options Program.
3. Update budget language to secure ongoing funding for all eligible children in the CLTS program.

Summary:

- In 2018 the Department of Health Services hosted series of statewide forums as part of its Children's Long-Term Support Waiver rate-setting effort. During these meetings families reported not being connected to or even aware of available supports in their region. Forums highlighted significant inequity in levels of support for families from county to county, with Milwaukee County families receiving considerably lower levels of services than families in other counties.
- In 2018 DHS conducted the Program Access and Benchmark Project to approximate the number of children in Wisconsin who are potentially eligible for programs administered by the Bureau of Children's Long-Term Support Services (BCLTSS) in the Division of Medicaid Services. They concluded that 56,000 children have a disability that could result in the need for long-term supports. Currently only 14,400 children with significant disabilities are current receiving supports through DHS programs (e.g. Children's long-term support waivers, Katie Beckett program of the Children's Community Options Program.)
- DHS concludes that not all potentially eligible families need or want publicly funded services and therefore would not choose to enroll. However, connecting families to information and available community resources can prevent crisis and unintended costs, including out-of-home placements, hospitalizations or caregiver burnout.

Children's Paper #371 Continued.

- The state-appointed Children's Long-Term Support Council voted in July 2018 to support the development of No Wrong Door-Family Support and Disability Resources to provide equity with the adult ADRC system which connects families with resources and information. Many families who have children with disabilities indicate it is to find help. When families have access to the right information, training, and navigation assistance, their success increases. Supporting families to maximize use of existing "generic" community, health and school-based supports can reduce or even eliminate reliance on formal disability services.
- Streamlining the children's system through a Single-Point of Entry eligibility process will ensure more equitable statewide access to supports. Families across the state report varied experiences with finding and participating in the eligibility determination process for child specific long-term supports. This has created disparities in access based solely on where a family lives rather than need or severity of disability. A single point of entry process has been piloted with CompassWisconsin for the past 10 years and with the Katie Beckett program since inception. Using the lessons learned, the current proposal is to combine these two processes into one and provide statewide to increase efficiency and insure equitable access statewide.
- In the 2017-2019 budget the Wisconsin legislature and Governor approved funding to serve 2600 children waiting for access to long-term supports and services. Since then an additional 1069 children have been identified as needing support. The long-term solution to ending the wait is to change the budget language to fund all eligible children.

Supporters:

The Arc Wisconsin
The Arc Dane County
The Arc of Dunn County
The Arc Greater Columbia County
The Arc Green County
Richland County Arc
The Arc of Southwestern Wisconsin

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Dental Access Initiatives – Paper #365

Support:

- **ALTERNATIVES A.** Dental Access Incentive Payment 1. Adopt the Governor's recommendation to create a dental access incentive payment program beginning January 1, 2020, but reduce funding in bill by \$14,048,800 (-\$5,760,000 GPR and -\$8,288,800 FED in 2019-20 to reflect a reestimate of cost of the program based on six months of operation in that year, rather than 12 months. The total funding estimate would be \$14,048,800 (\$5,760,000 GPR and -\$8,288,800 FED) in 2019-20 and \$30,335,500 (\$12,437,600 GPR and \$17,897,900 FED) in 2020-21.
- Increase reimbursement rates for dental providers that meet quality of care standards, as established by the Department, and that meet one of the following qualifications: (a) for a non-profit or public provider, 50 percent or more of the individuals served by the provider lack dental insurance or are enrolled in MA; or (b) for a for-profit provider, five percent or more of the individuals served by the provider are enrolled in MA.

Support:

- **DENTAL SERVICES UNDER MEDICAL ASSISTANCE.** During the 2019-21 fiscal biennium, the department of health services shall allocate a total of \$2,000,000 in the 2019-20 fiscal year and \$3,000,000 in the 2020-21 fiscal year from all funding sources to increase reimbursement rates for dental services that are covered under the Medical Assistance program under subch. IV of ch. 49 and that are provided to recipients of Medical Assistance who have disabilities

Summary:

- According to DHS' FFS access report a substantial share of dentists in the state do not participate in MA. Just 37% of licensed dentists in the state are enrolled providers, and 47% are active in the program.
- People with disabilities in Wisconsin have great challenges obtaining regular dental care, resulting in many preventable extractions, high rates of periodontal disease, and other poor health outcomes related to inadequate dental care.
- Access to dental care is challenging for people with disabilities and others enrolled in Medicaid. More than 1 million Wisconsinites get dental care through Medicaid but only 37% of the state's dentists accept Medicaid.
- State data 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.
- 1.2 million people live in areas –mostly rural--with dentist shortages. The federal government reports shortages in 64 of our 72 counties.
- Adults with a disability are less likely to visit the dentist for a cleaning, check-up, or exam than people without disabilities (47% and 76%, respectively).
- People with disabilities are more likely to visit the dentist when something was wrong or causing pain (29% and 12%, respectively), as compared to adults without a disability.

Supporters:

The Arc Wisconsin
The Arc Dane County
The Arc Dodge County
The Lincoln County Arc
The Arc of Racine County
Richland County Arc
The Waupaca County Arc

The Arc of Dunn County
The Arc Eau Claire
The Arc-Green County