



Survival Coalition

of Wisconsin Disability Organizations

P.O. Box 7222, Madison, Wisconsin 53707

2021-23 Budget Recommendations

The Survival Coalition of Wisconsin disability organizations is a cross-disability coalition of more than 20 state and local organizations and groups. For two decades, Survival has been focused on changing and improving policies and practices that support people with disabilities of all ages to be full participants in community life. Many people with disabilities access programs and services funded by the federal, state, or local governments to support them in maintaining their health, accessing education and employment, and participating in their communities. The following paper outlines priorities for people with disabilities in the 2021-2023 biennial budget.

Long-Term Care

- **Living in the community, not institutions.** Family Care and IRIS long-term care programs ensure people with disabilities can live and work in their communities and are not unnecessarily institutionalized. COVID-19 has demonstrated moving away from congregate living and service delivery will keep people safer and healthier. Investing in all the services and supports that keep people in their homes is essential to help individuals reach their full potential, and helps the state avoid costly increases in Medicaid paid to institutional settings.
- **Make some of the flexibilities tested under K waiver become permanent options within HCBS waiver programs.** Many Family Care, IRIS and CLTS participants benefit from virtual Telehealth, psychology and other specialty consults, Long Term Care Virtual Services, and virtual meetings with care teams. Family Care, IRIS, and CLTS waivers should be modified to allow participants to choose virtual or remote service delivery. The pandemic has demonstrated that internet connectivity and devices are essential to participate in remote service delivery options and to achieve many care plan goals. Technology access discussions should be incorporated into person-centered planning and prioritized when it is desired by the participant and improves quality of life and health outcomes.

- **Start the process to consolidate remaining Developmental Disability Centers.** Today, thanks to statewide availability of Family Care and IRIS, people with significant disabilities live in their communities. Just over 300 people live in Wisconsin's remaining state institutions for the developmentally disabled. We recommend starting the analysis to close Northern and Southern Centers and relocating residents to Central Wisconsin Center or the least restrictive setting.
- **Change Adult Protective Services statutes** so the same level of investigation is required for reports of abuse and neglect against people with disabilities. Currently reports must be investigated if the potential victim is an older adult, and they may be investigated if the potential victim is a person with a disability. The law should take abuse and neglect equally seriously for both groups. Ensure the **statewide abuse report hotline is expanded** and accessible to help adults with disabilities too.

Employment

- Direct DHS to develop a One-Time Provider Transformation Fund to support employment service providers in the state's long-term care system as they transition their business models to increase community employment. The need to support Wisconsin's provider network during the pandemic has never been greater, as are the needs for supports by people with disabilities. Providers would be selected through a competitive process and must meet sustainable, measurable outcomes that move people who have shown an interest in working in integrated employment into competitive-wage community jobs.
- Adopt a State as Model Employer initiative to intentionally hire within all facets of state government and eradicate modernize outdated practices, such as the State Use Contracts that prioritize purchasing from companies that employ workers with disabilities at sub-minimum wage.
- Wisconsin is one of the last states without its own ABLE program. Contract with another state to establish an ABLE program. All state agencies should collaborate to promote and integrate the use of ABLE accounts across all programs for all eligible people with disabilities, particularly working age adults as a means to earn and save more funds.

Education

- Increase special education categorical aid to bring the reimbursement rate from 30% to 40% with the ultimate goal of reaching 60% state funding for special education over the next several biennia.

- Expand categorical aid funding for school mental health staff to include all schools that provide pupil services. Increase categorical aid funding to \$30 million and expand to include school counselors, psychologists, and nurses as well as social workers. Support and incentivize school districts to redirect funding from school policing to pupil services staff. Increase community and school collaborative mental health grants from \$6.5 million to \$10 million annually.
- Increase the transition readiness grant from \$1.5 million to \$4.5 million annually to prepare students with disabilities for community employment and independence after high school.

Mental Health

- Complete expansion of the Opening Avenues to Reentry Success (OARS) program to make program available in every county and expand capacity in those counties that have the highest need, especially those counties impacted most severely by racial inequities in access to criminal justice reentry support services. OARS has been proven to be successful in reducing recidivism by supporting citizens with mental illness returning to the community through access to case management, housing, psychiatric treatment, medication, and other assistance.
- Assure that the mental health services that have been made available through telehealth during the pandemic continue to be permanently available under both Medicaid and private insurance. Provision of telehealth must be disability informed, provide access to disability related accommodations, and should be a choice.
- Develop capacity to serve individuals who are hard-of-hearing, deaf and deaf-blind and have mental illnesses and/or substance use disorders, by providing support for deaf and hard of hearing mental health professionals to access and earn clinical supervision hours to obtain licenses in Wisconsin. The COVID-19 pandemic and the increased reliance on telehealth has exacerbated the access challenges for deaf, deaf blind and hard of hearing individuals to access mental health services.

Children's Long-Term Care (CLTS)

- Permanently end the wait list for children with disabilities needing long-term supports and services by providing "sum sufficient" funding for all eligible children in the base Medicaid budget.
 - [\[1\]](#) Children are the only Medicaid eligible population waiting for services due to lack of funding. The CLTS benefit language should be consistent with the legislative and administrative commitment to adults with disabilities located at HS 10.36 Eligibility and entitlement.

- Provide funding and direct DHS to develop and implement a statewide ***Disability Resource Center for Children and Families***. DRCCFs will provide a central point of contact and include web-based resource information, and regional staff families can talk with to get help navigating complex systems. This will significantly help families who have children with disabilities and struggle daily to navigate complex systems of supports and services such as health care, long-term supports, education, community resources and Medicaid. DRCCFs will provide a central point of contact and include web-based resource information, and regional staff families can talk with to get help navigating complex systems including:
 - *Comprehensive Information and assistance* providing accurate, timely, and family-centered help from a trusted resource
 - *Family Navigators with lived experience* to provide culturally competent assistance
 - *Advocacy and benefits counseling* to assist with appeals and denials of eligibility or services (CLTS, CCOP, KB, CCS, Medicaid, SSI)
 - *Family Education* to provide system navigation information and skills in family-friendly language
 - *Seamless access to eligibility determination* for long-term supports, services, and Medicaid
 - *Aggressive Marketing and outreach* to promote access for families

Transportation

- Transportation to regional destinations. Local governments need incentives and funding to create robust regional transportation that can get people where they need to go on their schedule. For many people with disabilities and older adults, jobs, hospitals and clinics, businesses, service centers for county and state government agencies, and polling places are out of reach because transportation options stop at the city or county line. Create statutory language that incentivizes cities, towns, villages, and counties to create regional transportation networks. Support statutory authority that would provide local units of government, individually or collaboratively, the ability to raise revenue for transit, infrastructure, and other transportation needs.
- Public Transit is critical infrastructure. Public Transit is critical infrastructure for moving the workforce to jobs, and more public transit capacity--greater geographic reach, more routes, and more frequent service--is needed. Mass transit, paratransit, specialized transportation, and rural public transportation all need funding increases. The funding formula should be modernized to build in inflationary adjustments for increasing operating costs (such as fuel prices, routine fleet maintenance etc.). Permanent grant funding to assist with replacement or acquisition of new transit vehicles is needed.
- Know your non-drivers. Non-drivers are a large and diverse group--low-income workers, many older adults, people with disabilities, people under age 16, people with temporary or permanent medical conditions that interfere with driving, and many people who do not own or have access to a car. About 22% of Wisconsin residents age 5 and older (1.2M people) are estimated to be

non-drivers, and another 15% of households are estimated to live in car deficient households where there are more drivers than cars available. Projective modeling of the non-driver population in communities and outlying areas likely to access regional/community destinations can give local communities important information to inform regional/local planning, project, and local government decision making. Wisconsin's transportation investments and regional/local planning should be designed to serve the significant population of non-drivers. Measure what matters to non-drivers. Performance of transit programs should be evaluated on what matters to non-drivers—can they get where they need to go easily, and on their schedule. Non-driver centric performance measures should be standardized and applied across transit programs.

- Minimize unnecessary trips. For non-drivers, the logistics and time it takes to get transportation to complete everyday tasks is a huge burden. Require state agencies to review their policies and processes that require in-person interaction, assess whether in-person appearances are necessary, and develop alternative ways customers can complete necessary business or documentation remotely, such as by video meeting appointments, phone, or online processes.

Workforce

- Adopt the recommendations from the Governor's Task Force on Caregiving, which includes:
 - Reforming the way providers are paid within Wisconsin's long-term care system to reimburse them for actual costs of direct care, with a rate that reflects the dignity and importance of the work and that allows them to not only compete with other employers for qualified candidates in their communities but to pay workers a living wage.
 - Continue the Family Care Direct Care Workforce Fund, which provides bonuses to direct support professionals.
 - Implement a Statewide Direct Support Professional Training, creating a career ladder leading to a CNA certification and establishing.
 - Create a Public Assistance Earnings Disregard, which will allow direct support professionals to take on more hours without losing access to healthcare and other essential benefits.

Voting

- **Accessible Absentee Ballot.** Develop a screen reader accessible, Americans with Disabilities Act (ADA) compliant absentee ballot to allow equitable access to absentee voting for voters with blindness, vision, or other disabilities who do not have the ability to physically mark the ballot and rely on assistive technology to vote privately and independently. The ballot should be electronically sent to the voter, who can then complete the ballot using appropriate assistive technology, then electronically and securely submit the ballot to the municipal clerk.

- **Expand Access to Photo ID.** To increase options for Wisconsinites with disabilities who do not drive to obtain a State ID, Wisconsin should develop a plan to expand DMV hours, and establish mobile DMV offices or satellite locations. Satellite locations could include ADRCs or other venues already utilized by people with disabilities and older adults. Many Wisconsin residents who have a disability do not drive; do not have a driver's license and may not have other acceptable photo ID required to vote, or for other activities of daily living. While a free ID for voting can be obtained at Department of Motor Vehicle (DMV) offices, DMV hours are limited, especially in rural areas, and it may be difficult to get transportation to the DMV. Some DMV locations are not ADA accessible, creating an additional access barrier. DOT should develop a plan and provide oversight to ensure ADA accessibility of DMV locations.
- **Poll Worker Training.** To ensure poll workers understand voting regulations and voter rights, Wisconsin should require new poll workers to complete training on core competencies before serving. This requirement may be met by completing the Wisconsin Election Commission Chief Inspector training, or equivalent training developed by local clerks. The training topics should include voter rights, accessibility, and accommodations for voters with disabilities. In addition, poll workers should be required to attend a minimum of one training program annually thereafter. Completion of training should be tracked by the Wisconsin Election Commission.

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Investing in People with Disabilities