Wisconsin BPDD
Wisconsin Board for People with Developmental Disabilities

2017-2019 Biennial Budget Platform

Prioritize real jobs in the community for people with disabilities

People with disabilities want to work in real community jobs alongside others who do not have disabilities at minimum wage or higher, at the same wage anyone else would make for that job. Employment builds connections to others in the community, improves psychological well-being, increases income, reduces the impacts of poverty, and improves health. 60% of people with developmental disabilities said they want to work or work more in a Wisconsin survey of more than 500 people.

Ensure people spend their days included in the community, not in a Medicaid-funded facility

People with disabilities want to fully participate in their community. Day supports wrap around a person's community employment to further a person's interests, education, volunteering, fitness, and other goals and support age-appropriate activities in the community. Community day supports can be used to build natural support connections and enhance employment skills – leading to increased hours worked, new employment opportunities and higher wages.

Prioritize independent living with supports

People with disabilities want to choose who they live with (if anyone), who provides their supports, decide how they want their home to look and how they want to live in it, and maximize independence. Community Supported Living enables people with disabilities to live in their own home, not in a place owned or controlled by an exclusive service provider/agency. Supports/services are flexible to the needs of the individual and delivered in their own home.

Ensure people with disabilities can get where they need to go

Transportation is the number one concern identified by people with disabilities. People with disabilities are not able to get where they need to go on their schedule. A Wisconsin survey of more than 500 people with developmental disabilities finds a lack of transportation affects people with disabilities' ability to get to work (70%), impacts getting to medical appointments (66%), limits the ability to participate in their communities (86%), limits ability to shop and support local businesses (75%), and impacts people's ability to see their family (53%).

Connect families so they can solve problems while reducing service system involvement

Family Networks facilitate and connect families to do together what a single family cannot do alone. Well informed and supported families can solve challenges and provide direct support needs—transportation, community living, community integration, obtaining and maintaining community employment, changing

personal and home health care needs—that affect the quality of life and outcomes for people with disabilities. Connecting families to each other, provides support for the family as a whole, but ultimately benefit the individual with a disability.

Support the community based direct care workforce

People with disabilities rely on direct care worker assistance in order to remain independent, employed, and in the community. If the community-based workforce is insufficient, people with disabilities may be forced into institutional settings, which will dramatically increase the Medicaid budget.

Support people with I/DD and caregivers affected by Alzheimer's or dementia

More people with I/DD are living long enough to develop Alzheimer's disease and other dementias. Both family and professional caregivers need to be able to recognize changes and adjust their approaches accordingly. According to the national ARC, 75% of adults with I/DD live at home with their family. More than 900,000 of those families have caregivers who are age 60 or older. A separate and related challenge occurs when the caregiver is affected by Alzheimer's/Dementia and their ability to provide the needed level of care declines.

Prepare students with disabilities to succeed

Research clearly shows that 99% of students – including those with disabilities -- can learn grade-level content in the general education curriculum and achieve proficiency on grade level standards with the appropriate supports. Education is the foundation that prepares students with disabilities to become contributing members of their communities and a valuable asset to Wisconsin's skilled workforce.

Ensure children with disabilities receive services and are included in our communities

BPDD's vision is that every child with a disability grows into a person who is self-determined, participating and engaged in his or her community, employed in an integrated setting at a living wage, and maximizing their independence, including a reduced reliance on public benefit programs. Many Wisconsin children with disabilities are waiting to access the home and community based children' long term care waiver program.

Protect rights and access to polls for voters with disabilities

People with disabilities face a number of obstacles to voting including: inadequate accessibility of polling places, transportation to and from polling places, barriers to obtaining photo IDs, difficulties voting in-person; lack of information and varying early voting and absentee ballot processes, difficulty in reading or seeing the ballot and understanding how to vote or use voting equipment.

Keep people with I/DD in the community and out of mental health institutions

50% of long-term care participants with I/DD also have behavioral health conditions, and require specialized behavioral supports. Investment in individualized positive behavior supports can result in successful community living, employment and community participation for people with complex needs, while minimizing costly emergency detentions and institutional stays.

Close Wisconsin's remaining state Centers for the Developmentally Disabled and ICF-IDs

Family Care has successfully supported people with complex needs in their own homes and community, including people who have previously lived in state institutions. 11 states have closed all state operated centers for the developmentally disabled. It's time for Wisconsin to do the same.

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Prioritize real jobs in the community for people with disabilities

Fast facts:

- Integrated community employment supports are more cost effective[1]. Costs for integrated employment supports for individuals decrease over time, as individuals learn real world skills and gain support from co-workers, the need for paid service staff diminishes and may fade away entirely.

- In contrast, facility-based pre-vocational training services have high overhead and staffing levels, which translate into high fixed constant costs.

- People working in integrated community employment earn higher wages, resulting in more financial independence and the ability to be less reliant on Medicaid funded services[2].

- Research has shown that all people with disabilities who are employed are healthier. Employment can improve health by increasing social capital, psychological well-being, improving income, and reducing negative health impacts of economic hardship.[3].

- DHS's 2014 report on sustainability of Medicaid funded long term care programs stated that community integrated employment is more cost-effective than facility-based employment and that a shift to this type of employment is necessary for fiscal sustainability in state programs[4].

Employment proposals

- Define "*competitive integrated employment*" in the statutes using the definition in the federal Workforce Innovation Opportunity Act (WIOA),[5] and explicitly state that competitive integrated employment is the first and preferred outcome for all people with disabilities.

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[1] DHS' 2013 Long-Term Care report cites the cost of integrated employment support at $8.01 per hour worked, compared with a cost of $10.45 per hour worked in facility-based employment.

[2] According to DHS data, people in integrated employment earn more than three times more per hour than their facility based counterparts ($8.28 per hour versus $2.43 per hour).

[3] Hall, J.P., Kurth, N.K., & Hunt, S.L. (2013). Employment as a health determinant for working-age, dually-eligible people with disabilities. Disability and Health Journal, 6, 100-106; http://www.ncbi.nlm.nih.gov/pubmed/23507160

[4] https://www.dhs.wisconsin.gov/publications/p0/p00590.pdf

[5] Under WIOA, "competitive integrated employment" means work that is performed on a full-time or part-time basis (including self-employment) (A) for which an individual is compensated at a rate that –(I.) (aa) shall be not less than the higher of the rate specified in section 6 (a)(1) of the Fair Labor Standards Act of 1938 (29 U.S.C. 206 (a)(1) or the rate specified in the applicable state or local minimum wage law; and (bb) is not less than the customary rate paid by the employer for the same or similar work performed by other employees who are not individuals with disabilities, and who are similarly situated in similar occupations by the same employer and who have similar training, experience, and skills; or (II.) in the case of an individual who is self-employed, yields an income that is comparable to the income received by other individuals who are not individuals with disabilities, and who are self-employed in similar occupations or on similar tasks and who have similar training, experience, and skills; and (ii). is eligible for the level of benefits provided to other employees; (B.) that is at a location where the employee interacts with other persons who are not individuals with disabilities (not including supervisory personnel or individuals who are providing services to such employee) to the same extent that individuals who are not individuals with disabilities and who are in comparable positions interact with other persons; and (C.) that, as appropriate, present opportunities for advancement that are similar to those for other employees who are not individuals with disabilities and who have similar positions.

- Establish a pay for performance system that rewards community employment outcomes and fading or elimination of public employment supports[6].

- Establish a statewide policy priority requiring every transition age student with a developmental disability to exit high school with a community integrated job[7].

- Expand eligibility to compete for State Use program contracts to private sector businesses and businesses owned by people with disabilities, require State Use Contractors to pay employees at least minimum wage, ensure employees funded with State Use Contract dollars are being hired in community job settings.

- Invest in growing the number of quality community based employment providers that can help people with disabilities successfully obtain and maintain a community job.

- Promote and incentivize private sector hiring of workers with disabilities by investing in supports to expand the Partners With Business model statewide. This model is proven to save money and allows a typical co-worker to be paid with public funds (often time-limited) to help a person with a disability be successful on the job.

- Invest in the bi-partisan proposal from the Assembly Youth Workforce Readiness Committee to create a pilot program to provide trained job developers to school districts who can work with local businesses.

- Reform the Medicaid Assistance Purchase Plan (MAPP) work incentive program to ensure participants are achieving community jobs, strengthen work requirements and ensure that people who lose their jobs are put back on the path to employment rather than being automatically removed from MAPP, establish a fair premium structure that incentivizes participants to work to their full potential, and ensure savings workers have accumulated in Independence Accounts are retained after retirement.

[6] Service codes in long-term care can be changed to pay for hours an individual works, rather than hours of service provided. This incentivizes obtaining more hours of employment for a LTC participant, finding a good job match that minimizes the need for support, and rewards fading of job coaching over time because the agency is still paid for the hours a person works regardless of services delivered. This model has already been successfully implemented in Wisconsin by one Wisconsin MCO.

[7] Dane County has had this type of policy that over the past 30 years. Dane County has the leading integrated employment rate (75%) for people with developmental disabilities in long term care in the nation. Nearly every high school graduate with developmental disabilities in the last 5 years is in paid employment. Nearly 900 local employers have hired people with developmental disabilities. The employment provider network has expanded and focused almost exclusively on integrated jobs. People with disabilities working in community jobs pump more than $3.6 million in earnings back into local economy. Wages earned now nearly offset local costs of providing employment supports.

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Ensure people spend their days included in the community, not in a Medicaid-funded facility

Fast facts:

- Facility-based day service costs are fixed, high, continue into perpetuity, and are often segregated from the rest of the community.
- Connection to the community correlates with healthier living, improved mental status, and other important social determinants of health.
- Community Integrated Day Supports can wrap around a person's competitive integrated employment to create a meaningful day and week.
- Community integrated day supports can build natural support connections and enhance employment skills – leading to increased hours worked, new employment opportunities and higher wages.
- The Wisconsin managed care organization with the strongest emphasis on community building and community connecting has found this approach contributes to a greater use of natural supports and associated savings.

Day Service proposals

- Direct DHS to establish no less than 5 pilot programs in urban and rural areas of the state to establish integrated community day programs that will meet outcomes including independent living skills experience and training, opportunities to build relationships and natural supports; opportunities to explore and engage in activities/interests of the person like in adult education, volunteering, community activities, and recreation/leisure opportunities. Pilots should be directed develop and leverage non-governmental partners to expand the community options and opportunities available for people with I/DD.
- Require each pilot program to collect data elements to measure performance and outcomes[8] and biennially report their data and outcomes to DHS and to the legislature.
- Develop a rate structure that incentivizes individualized, community-based supports rather than congregant settings.

[8] Data elements include: How many and what types of community organizations or other partners does the pilot program have a relationship with; Hours of service delivered in each type of community organization or partner; Number and types of activities offered per month; Number of people participating in each type of activity; Number of people with I/DD in any small group; Number of people with I/DD doing individual activities; Ratio of staff to people with I/DD; Number of hours people with I/DD were engaged in activity without paid support there; How and who chose the activities and developed ideas for activities; Number of relationships individuals engaged in the community; Number of hours spent in the community and doing activities; Proportion of hours spend in activities designed for people without disabilities

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Prioritize community supported living

Fast facts:

- 65% of people live with a family caregiver; in 25% of cases, the caregiver is over 60 years old[9].
- Independent community supported living is the best practice and uses family and community resources to reduce bypass more expensive and restrictive Medicaid funded residential services.
- Community Supported Living can cost Medicaid 35% less than a CBRF placement[10].
- In Dane County, families have established community supported living residences that save Medicaid 70% compared to the cost of an adult family home placement.

Housing proposals

- Establish Community Supported Living[11] as the first and preferred option for Medicaid reimbursable residential supports.
- Allow use of administrative Medicaid funds to be used for housing-related activities like assisting with housing applications, developing a housing support plan, or providing tenant support services[12].
- Require MCOs to routinely check and match LTC recipients with available affordable housing and Section 811 rental housing vouchers.
- Require MCOs to work with families to develop a clear succession plan to ensure their children can live in community supported living and avoid potentially decades of high cost, restrictive residential placement.

[9] 2013 data. http://www.stateofthestates.org/documents/Wisconsin.pdf

10 Community Supported Living Within Family Care: Community Care of Central Wisconsin's Experience; Strenn, Norby and Harkins; October, 2013 paper published by the Wisconsin Board for People with Developmental Disabilities

[11] Community Supported Living is defined as a partnership between any person needing support to live in their own home and an entity providing individualized assistance.

[12] CMS encourages the use of Medicaid funds for these purposes. California, New York, and Tennessee -- are addressing the housing needs of dually eligible beneficiaries who use LTC. https://www.medicaid.gov/federal-policy-guidance/downloads/CIB-06-26-2015.pdf

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Ensure people with disabilities can get where they need to go

Fast Facts

- Community employment, staying healthy, and independently taking care of personal business depends on reliable and routine access to transportation.

- Barriers to transportation for people with disabilities include; limited transportation on weekends and evenings (64%), transportation options or routes not going where people need to go (62%), rides being cancelled or not arriving on time (34%), and lack of accessible transportation (26%).

- Other barriers to transportation include high fares or unaffordable rates, one-ride one-purpose programs that do not allow people to use the same ride to accomplish multiple tasks, fragmented transportation systems that fail to connect to each other (between towns, across county lines etc.).

- If rides don't come or are late, it can cause other disruptions in an individual's life. Increased costs can result when more transportation must be scheduled, appointments are missed, or jobs are lost because unreliable transportation makes commuting impossible.

Transportation proposals

- Increase funding for public transit systems and expand public transit options (routes, new systems).

- Explore Uber/Lyft and other shared-ride systems as acceptable Medicaid payees to expand ride options and numbers of vehicles available that can be accessed by people with disabilities.

- Pass shared-ride legislation that assures accessibility, requires background checks for drivers, Leaves opportunity to partner with or contract with private companies that already operate wheelchair accessible vans or encourage people who own accessible vans to sign up as drivers, prohibits charging people with disabilities additional fees or higher fares, prohibits discrimination against people with mobility equipment or who use service animals.

- Incentivize health care facilities to coordinate and schedule their own NEMT rides in conjunction with the medical and other treatment appointments they schedule.

- Implement "Pay for Performance" billing for all NEMT rides. BPDD recommends no payment be made if a ride does not show, and a sliding scale penalty be imposed that reduces payment the later the ride is, with no payment due if the ride results in a patient missing a scheduled appointment.

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Connect families so they can solve real challenges and reduce service system involvement

Fast Facts

- Family networking is one of three national standards for support to families. Dane county has been operating a Family Network program for 9 years; program data quantifies that the program is a success for families, people with disabilities, and the long term care system.
- Family Networks seek out cost effective community-based solutions and resources, personal resources, and unpaid supports, in lieu of more costly Medicaid funded services.
- Family Networks can increase community employment[13], independent living[14], and facilitate transportation[15].
- Family Networks can fill in the gaps caused by significant workforce shortages in rural and underserved areas with limited access to qualified service providers.
- Family Networks can plan and prepare for a time when family caregivers may no longer be able to provide the same level of care and succession of caregiving[16].

Family and Caregiver proposals

- Establish two 3-year pilot programs—one in Family Care and one in IRIS—that provides dedicated staffing, technical assistance, training and coaching, requires outcomes reporting, and recommendations to DHS on how to scale and replicate family networks in the long term care system.[17]

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[13] In one project, 85% of people with disabilities gained an average of 15 hours per week of employment, and reduced the support provided by Medicaid by 7000 hours per year. If these 11 individuals were not working part-time in the community, it would cost Medicaid $616,000 for 7000 hours in a sheltered workshop and $1,155,000 for 7000 hours of adult day services per year.

[14] One Family Network decided to focus on achieving independent living for their family members with disabilities. 20 individuals now live independently for 70% lower than if they were in an adult family home placement. If these 20 individuals were placed in Adult Family Homes the cost of supporting them would be $480,000 to $1,340,000 per year. Another group of five families is saving Medicaid 30% annually because they are sharing responsibility for hiring, training and scheduling shared staff and thus avoiding the overhead costs of a residential agency ($24 per hour residential agency versus $16 hour non-agency). In another example, Medicaid will save an estimated $27 million over the course of 9 individuals' lifespan because 9 families developed a clear succession plan to ensure their children can live in the community and avoid potentially decades of high cost, restrictive residential placement.

[15] Nine families assessed they collectively need more than 1500 rides per year for employment and community activities; by carpooling they have reduced the number of Medicaid rides by 150.

[16] When families transition caregiving to another family member or have ensured that their loved one can live and work independently in the community with supports, Medicaid may avoid residential and other costs that might have been incurred for decades.

[17] Data elements should include number of families receiving one on one conversation specifically about participating in a Family Network; Number of families expressing interest being connected to Family Networks; Number of families referred to dedicated Family Network staff; Number of family networks and number of families within each network; Types of Activities Family Networks are engaged in (e.g. connecting to other families, connecting to community activities, securing community employment, securing community independent living, supported decision making and self-direction, futures planning, transportation solutions etc.); Engagement of participants whose families are in Family Networks in community employment (hours, wages, employment supports used), community supported living, community engagement, quality of life measures, supported decision-making and self-direction as compared to participants whose families are not participating in Family Networks; The level of family engagement in networks and types of activities families are engaged in; issues identified by families including participation; quantify the participant's existing support system and how many/amount of services are being paid by family, other caregivers, other entities, services available from public or private funding sources.

- Develop an incentive structure within Family Care outside the capitated rate for continuous outcome improvement initiatives, and include replication of the Living Our Visions (LOV-Dane) model as an eligible continuous outcome improvement project.

- Create an incentive structure that rewards families for community integration efforts that result in reportable outcomes (specifically integrated employment, transportation to employment, community integrated living, community connections, etc.)

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Support the community based direct care workforce

Fast Facts

- Currently, the turnover rate in Wisconsin for personal care workers is 35-50% annually[18]. There are currently 3,000 additional positions that are unfilled, and by 2020 the number of workers needed is projected to increase by 36%.

- Reasons for the high turnover rate of personal care workers in provider agencies include: low wages, unpredictable and insufficient hours, geographical distance travelled to get to clients, isolating work environment that does not provide a team support structure, and inconsistency of clients especially as crises scheduling forces interaction with unfamiliar clients.

- An estimated 40% of the overall community workforce includes family members.

Community Workforce proposals

- Establish a statewide contract with a proven registry (MySupport) that enables long term care participants and available workers to find each other, hire and schedule workers, expand the available worker pool for workers not affiliated with a provider agency, and helps provider agencies to improve administrative efficiency[19].

- Reimburse workers for transportation costs associated with commuting to client homes.[20].

- Continue allowing IRIS participants to hire workers--including relatives and friends—who are not affiliated with provider agencies.

- Encourage MCOs to incorporate workers not affiliated with a provider agency--including willing family members--into their provider networks.

- Allow individuals who self-direct to pool their budgets to jointly hire staff and offer wage incentives.

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[18] There are currently about 90,000 personal care workers in Wisconsin; a 35% annual turnover rate equates to 31,500 positions that must be refilled every year.

[19] Applications have been developed that match participants and workers by via profile information (care needed, geography, availability), enable participants to self-direct and hire workers that fit their needs and personality, enable personal care agencies and workers to track hours to prevent incurring overtime expenses, and enable provider agencies and managed care organizations to reduce administrative overhead while tracking workflow and billable Medicaid expenses. My Support (http://www.mysupport.com/) is an example of a platform currently operating in California, New Jersey, Iowa, and preparing to launch in Delaware and Maryland. My Support can be used as an the CMS suggested open registry of workers for public use, and Medicaid administrative match can be used by states to implement the My Support system and pay for ongoing operating costs (CMS Guidance, Suggested Approaches for Strengthening and Stabilizing the Medicaid Home Care Workforce August, 2016, https://www.medicaid.gov/federal-policy-guidance/downloads/cib080316.pdf)

[20] These costs should at minimum include gas, millage, and public transit system fares. Currently, the workforce is only reimbursed for travel time and not mileage. Travel time reimbursement often does not cover the cost of gas and wear and tear on the vehicle.

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Support people with I/DD and caregivers affected by Alzheimer's or dementia

Fast Facts

- Certain developmental disabilities can indicate an increased likelihood of developing dementia symptoms and diseases; these symptoms may develop at younger ages.
- When Alzheimer's or dementia is present in a person with I/DD, it may not be recognized or treated, which can have profound consequences on an individual's life and care.
- People who experience both I/DD and Alzheimer's/Dementia are often blamed for being "difficult," and staff may apply punitive measures or removal from residential settings (sometimes resulting in institutionalization).
- Family caregivers of people with I/DD and Alzheimer's/Dementia may not recognize or separate behavior from symptoms of disease.
- Caregivers are aging and people with I/DD are living longer. Caregivers affected by Alzheimer's/dementia, may no longer be able to provide care, and other relatives may be unaware the situation becomes critical for one or both parties.

Alzheimer's/Dementia Proposals:

- Incorporate memory and mental health questions from the NTG Early Detection Screening for Dementia (NTGEDSD) for all individuals with I/DD and all individuals over age 65 in long term care programs.
- Require an annual caregiver assessment.[21]
- Require courts to revisit the terms of the guardianship every five years,[22] revise guardianship orders to reflect new skills/capacity of wards with I/DD, and evaluate guardian's capacity to continue to serve as the guardian.
- Explore using funds from the Older American Act to support younger people and people with I/DD who have Alzheimer's and Dementia.

[21] Caregiver assessments can identify when caregivers are feeling overwhelmed, need additional help because of their own physical health, identify when life circumstances have changed, and identify the person's true circle of support.
[22] Courts seldom revisit guardianship agreements once they have been granted. Many guardianships for people with I/DD remain in place without changes for decades. Legal guardian authority may have been granted decades before the onset of Alzheimer's/dementia symptoms in the guardian. It is not clear who and how it is determined that a guardian is no longer capable of fulfilling that role, and how the guardianship is modified or dissolved (assessment of whether a guardianship is needed, transferal to whom, and does the ward have a right to provide input).

Prepare students with disabilities to succeed

Fast Facts

- In the 2015-16 school year, Wisconsin had 104,775 students with disabilities[23]. Wisconsin has a significant achievement gap for students with disabilities

- In the 2014-15 school year, 8th graders with disabilities were only one-third as likely to be proficient in language arts as their peers; only one in 10 8th graders with disabilities were proficient in math.

- Poor educational preparation of students with disabilities translates into a lifetime of high unemployment (63%), lower wages (30% less than workers without disabilities), and reliance on public benefit programs.

- There is a strong correlation between general education inclusion/access to general education environments in high school and improvement in employment rates for students with I/DD[24]

Education proposals

- Support increase in state funding for special education services to 30% of costs, and full funding for high-cost students. Require the amount of per-pupil funding the state provides for educational services accompany the student, if a student changes schools during the school year.

- Require transition age students to have paid community employment work experience as a transition service.

- Require private schools that receive public funds to follow federal Individuals with Disabilities Education Act (IDEA) requirements, and require IDEA's definition of "disability" to be universally used for reporting and other purposes.

- Create a single system to collect standardized data on charter, choice, County Children with Disability Education Boards (CCDEBs), and public schools specifically requiring data collection to measure students' with disabilities progress.

- Fully fund the Better Bottom Line Transition Incentive Fund to reward schools that move more students into community employment at or above minimum wage or into post-secondary education.

[23] Ages 6-21. http://dpi.wi.gov/sped/data/child-count/10-01-15
[24] Benz, M. R., Lindstrom, L., & Yovanoff, P. (2000). Improving graduation and employment outcomes of students with disabilities: Predictive factors and student perspectives. Exceptional Children, 66, 509-541.

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Ensure children with disabilities receive services and are included in our communities

Fast Facts

- Approximately 36% of identified children with disabilities currently eligible for Children's Long-Term Supports (CLTS) are waiting for supports in Wisconsin.

- As of August 2014, 5,344 children were enrolled in CLTS program, and there were 2,389 kids on the waiting lists maintained by the county (including 1,403 kids with I/DD) as of August 2014.

Children's proposals

- End the waiting list for home and community based supports for children with disabilities.

- Invest in training for health care providers and pharmacies to understand how to submit claims to the EPSDT HealthCheck system.

Protect rights and access to polls for voters with disabilities

Fast Facts

- Americans with disabilities vote at a rate 5-15% below people without disabilities.
- People with disabilities face a number of obstacles to voting, including: inadequate accessibility of polling places, transportation to and from polling places, barriers to obtaining photo IDs, difficulties voting in-person; lack of information and varying early voting and absentee ballot processes, difficulty in reading or seeing the ballot and understanding how to vote or use voting equipment.
- People with disabilities will account for approximately one sixth of eligible voters in the 2016 election, totaling 34.6 million people in all[25] (roughly 17% of the electorate).
- In 2016, there will be 62.7 million eligible voters who either have a disability or have a household member with a disability, more than one-fourth of the total electorate[26].
- In 2012, 30 percent of people with disabilities reported difficulty in voting, compared with 8 percent of people without disabilities[27]

Voting access proposals

- Continue polling place accessibility audits to ensure voters with disabilities can access polls.
- Fully fund DOT to provide state IDs to all Wisconsin citizens that request one. Reject DOT's proposal to issue paper IDs that may only be used for voting purposes to save costs. Free photo IDs—as required by the law—should be durable and the same quality as all IDs available to all Wisconsin residents.
- Prevent guardianships from automatically stripping a person's right to vote and allow a process to have voting rights restored

[25] http://smlr.rutgers.edu/news/projecting-number-eligible-voters-disabilities-november-2016-elections-research-report
[26] http://smlr.rutgers.edu/news/projecting-number-eligible-voters-disabilities-november-2016-elections-research-report
[27] https://www.supportthevoter.gov/files/2013/08/Disability-and-Voting-White-Paper-for-Presidential-Commission-Schur.docx_.pdf

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Keep people with I/DD in the community and out of mental health institutions

Fast Facts

- When behavioral health needs are not effectively addressed, some individuals with I/DD may express themselves through challenging behaviors. This may lead to inappropriate and costly placements in mental health facilities.
- For 30 years, the UW-Waisman Center's Community TIES program has greatly enhanced Dane County's ability to decrease the need for costly stays in Wisconsin's mental health institutes.
- Community TIES provides positive behavioral support services, collaborates with local law enforcement and develops police safety plans that provide alternatives to hospitalizations, trains provider staff on positive behavioral supports, provides psychiatric consultation, and provides intensive crises response support.
- In 2015 Community TIES consultants provided active behavior support services 16% of the adult I/DD population served by Dane County (231 people).
- Every day these complex individuals are living in the community saves Medicaid 39-60%.

I/DD and behavioral health proposals

- Use the same reimbursement rate for institutional and Home and Community Based (HCBS) services[28].
- Establish one or more county pilot projects between Waisman Community TIES, an MCO, a county CLTS program, and county mental health department.
- Develop an incentive structure within Family Care outside the capitated rate for continuous outcome improvement initiatives, and include replication of the Community TIES model as an eligible continuous outcome improvement project.

[28] The average per capita cost of institutional services typically is considerably higher than that of HCBS. When a state establishes the same acuity-adjusted Per Member Per Month (PMPM) payment rate for institutional and HCBS services, MCOs have strong incentives to avoid institutional placements and to transition Nursing Facility and other institutional residents to HCBS settings. http://www.ncd.gov/publications/2013/20130315/,

Close Wisconsin's remaining state Centers for the Developmentally Disabled and ICF-IDs

- Family Care/IRIS have successfully supported people with complex needs in their own homes and community, including people who have previously lived in state institutions. Prevention and reduction of institutional placements is a primary source of the cost savings that the current system has generated.

- 11 states have closed all state operated centers for the developmentally disabled[29]

- 8 more states have scheduled the closure of 14 more state operated IDD facilities by 2020.[30]

- It costs Medicaid $185,235 annually per person living in ICF/IIDs, compared to $33,504 for those served in home and community based waivers (Family Care, IRIS)[31].

Institution Reforms

- Close the state's remaining facilities regulated as institutions (ICF-IDs), and transition residents into Home and Community Based Waiver programs (Family Care/IRIS).

- Ensure that a robust transition plan and adequate funding exists to facilitate successful relocation into the community.

- Expand access to the Adaptive Aids program and diagnostic capacity housed within Central Wisconsin Center to all state residents.

- Use the same reimbursement rate for institutional and Home and Community Based (HCBS) services[32].

[29] Alabama, Alaska, Hawaii, Indiana, Maine, Michigan, Minnesota, New Hampshire, New Mexico, Oregon, Vermont and the District of Columbia reported no open state IDD facilities with 16 or more residents in June 2013. *2016 In-Home and Residential Long-Term Supports and Services for Persons with Intellectual or Developmental Disabilities: Status and Trends through 2013* (Residential Information Systems Project, 2016).

[30] *2016 In-Home and Residential Long-Term Supports and Services for Persons with Intellectual or Developmental Disabilities: Status and Trends through 2013* (Residential Information Systems Project, 2016).

[31] *2016 In-Home and Residential Long-Term Supports and Services for Persons with Intellectual or Developmental Disabilities: Status and Trends through 2013* (Residential Information Systems Project, 2016).

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