

Services for Older Adults, the Developmentally/Physically Disabled and Mentally Ill

- ***Prevention Funding:** Support initiatives that provide additional funds for primary prevention programs including delinquency, child abuse/neglect and elder/abuse neglect.
- **Birth to Three:** Support additional financial support from the state for this program. Support a modification of State Statutes to require health insurers to make third party payments to defray the cost of Birth to Three care for families that have private health insurance policies.
- **Community Support Program (CSP):** Continue program. Have additional state funding to help reduce county costs and serve those whom can benefit from the program.
- **RSVP Services:** Support increased funding for the RSVP Program
- **Seniorcare and BadgerCare:** Maintain Seniorcare and BadgerCare continuing programs.
- **Handicap Access:** Support "visit ability" legislation to allow handicap access devices in new homes or eliminate barriers in older homes.
- **Long Term Care Reform:** Plans developed by the state in the area of long term care need to protect quality and availability of services to consumers and maintain control by the county of programs or relieve the county of financial aid and/or legal obligations for the programs and participants if the county is not involved with these programs in the future. The required county contribution towards LTC should be equitably negotiated. Support adequate funding for the start-up and ongoing funding of ADRCs. Amend Chapter 55 to delineate state and county responsibilities.
- **Equitable Funding for Long Term Care:** Extend higher federal MA reimbursement rates under the federal stimulus package to current county-administered long term care MA waiver programs where county revenues comprise the non-federal match. Support freezing further county participation in Family Care until the State can fully fund county program start-up costs and find more equitable ways of funding Family Care without penalizing counties, such as Dane, for the substantial financial commitment and innovative approaches already taken to meet long term care needs of its residents."
- **Employment Services for Older Adults:** Extend the use of state and county funds to encourage the business community and technical colleges to create and support retraining and placement of older adults entering/re-entering employment, especially those lacking English proficiency.
- **Family Caregivers:** Provide financial support and tax credits to family caregivers.
- ****Dementia Patient Rights:** Oppose involuntary psychotropic drug administration in Chapters 51 and 55.
- **Comprehensive Community Services (CCS):** Support continued full funding of the state match.
- **InvestaCare (Long Term Care Investment Fund):** Support legislation to establish a long term care investment savings program for individuals 18 years and older to meet future long term care needs through financial contributions.
- **Family Care/IRIS:** Oppose changes that weaken the Family Care, and IRIS and Partnership programs, eliminate CIP/COP waivers, propose negative changes to the Family Support program/Medicaid Personal Care Services, and weaken or privatize Aging & Disability Resource Centers (ADRCs). Such changes will create dire consequences for people with developmental/physical disabilities, including children and their families and older adults in Dane County.
- **Mental Health and Drug Addiction Treatment:** Urge the state of Wisconsin to require increased insurance coverage and MA reimbursement rates in addition to adequate statewide funding for mental health services and drug addiction treatment programs.
- **Winnebago Mental Health Transfers:** Urge DHS to rescind its requirement to transfer detained mental health patients to Winnebago Mental Health Institute instead of Mendota.
- *****Non-Emergency Medical Transportation:** Currently Medical Transportation

Management Inc. (MTM) is contracted by the state of Wisconsin to provide rides for Medicaid eligible individuals to gain access to medical appointments. Contract provisions are skewed to reward MTM for denying rides instead of providing rides. Ongoing complaints about the quality of service suggest little accountability or oversight creating greater problems for the "transportation disadvantaged." Support entities or other actions that will hold MTM accountable, improve oversight of the program, ensure quality, consistent services, resolve complaints and provide incentives for giving not denying rides.

Per AAA Board Recs 6/4/18 ADD following language:

- Oppose decreases and support increases of quality programs and services affecting older adults in proportion to the population growth.
- Oppose the reduction of educational and licensure requirements for health care professionals.
- Oppose funding allocation and distribution methods that disadvantage Dane County.

* Danielle is curious whether you want to expand language regarding elder abuse. Attorney General Schimel had a taskforce on elder abuse that came out with recommendations.

**Danielle would like feedback on the Dementia Patient Rights provision: I have heard that Badger Prairie strongly advocates FOR the ability to use these meds in certain cases in order to successfully take care of and treat a resident. If BP cannot care for one of these residents, he/she may end up being discharged to Winnebago, which could be a lose-lose for everyone.

*** Danielle suggests generalizing language for the Non-Emergency Medical Transportation section to accommodate for changes in contracts. Going back to Logisticare.