



## 2017-2019 State Budget Summary for Aging Advocates

The Governor's budget:

- **Provides an additional \$100,000** (\$50,000 for each fiscal year) for Alzheimer's research at UW-Madison Alzheimer's Disease Research Center.

\*This funding will go to support much needed research into Alzheimer's disease and other dementias. See [Alzheimer's Statistics Wisconsin Fact Sheet - 2016](#) for more information on the impact of Alzheimer's and dementia in Wisconsin.

### Medicaid/Medical Assistance

- **Provides an increase in the nursing home provider rates by 2% in each fiscal year to support the direct care workforce and increased care needs of nursing home residents.**

\*This is a much needed rate increase that is tied to the complexity of residents' needs. Reimbursement to nursing homes will be higher for residents with increased behavioral or cognitive issues.

- **Provides a 2% increase per year for the Medicaid Personal Care program.**

\*This program provides personal care supports to help people who are low-income and on Medicaid with things like bathing, dressing, and help with meals. Personal care agencies indicate a 15% increase is needed to fund workers providing these in-home services and keep the agencies in business.

- **Makes various positive changes to the Medicaid program including:**

- **Increases the financial eligibility limit for medically-needy elderly, blind, or disabled (EBD) individuals to 100% of the federal poverty level (FPL).**

\*Using the 2017 FPL, increases the eligibility limit from \$591.67 (for both one- and two-person households) to \$1,005 for a one-person household and \$1,353 for a two-person household. The current income limit has been set at \$591.67 for some time and is not based on annual changes in the FPL. This is a very positive change that will help medically-needy older adults and people with disabilities with income below the FPL but above \$591.67 to receive much needed services, when in the past they have been ineligible.

- **Makes some changes to MAPP (Medical Assistance Purchase Plan—Medicaid for higher income earners) including all people will now pay at least a \$25 premium per month.**

\*Though some people currently do not have to pay any premium, others pay very high premiums. Under this proposal all participants would pay at least a \$25 premium per month and premiums would go up modestly, rather than the current premium schedule which goes from \$0 to \$800 in one step. Some people on MAPP currently have \$1,000 or \$1,250 per month premiums (which is unaffordable).

- **Makes some changes to the work requirement.**

\*Currently, people on MAPP are required to do at least 1 work hour per month. It can be in-kind—meaning not paid money but the person receives something in return doing the job (examples - babysitting for neighbors or grandkids in exchange for transportation to medical appointments or cleaning up at their condo complex in exchange for paying lessor condo dues). The MAPP work requirement is more rigorous under the budget proposal. It would require a person to do 4.5 hours of work per month, with tax-filing requirements, and the person would have to earn at least \$400/year net income (the value of in-kind compensation received must reach the IRS threshold for reportable earnings of \$33.33/month to be considered for the purposes of MAPP eligibility under the new proposal). There are concerns that more strenuous work requirements under MAPP could cause a significant percentage of participants to lose their MAPP eligibility.

### Transportation

- **Provides a 2% increase in each fiscal year (\$840,500 over both years) in the seniors and individuals with disabilities transportation aids 85.21.**

\*Transportation continues to be the top need expressed by older adults. Aging advocates are calling for a 3.75% in each year of the budget (\$527,288 and \$547,061 respectively) and annually thereafter to keep pace with growth in the aging population - [WAAN Specialized Transportation Issue Brief](#).

- **Provides an increase of \$297,000 for tribal transportation aids 85.215.**

\*This would increase funding by \$148,500/annually to the 11 federally recognized Wisconsin tribes (which doubles the current funding levels).

### Homestead Tax Credit

- **Modifies the Homestead Tax Credit for claims filed for tax year 2018 and thereafter by limiting the credit to those who are age 62 or older, individuals whose spouse is 62 or older, those with disabilities, and those who have earned income (all other claimants eligible under current laws would no longer be eligible after tax year 2017).**
- **Makes changes to the formula:**
  - **For claimants 62 or older or disabled, the credit would continue to be calculated the same as it has in the past; however non-disabled individuals under the age of 62 with earned income, will be eligible for a modified credit using a formula that provides a lower credit amount to those with earned income below \$7,300.**
  - **Beginning in tax year 2018, individuals who are 62 or older, whose spouse is 62 or older, or those who are disabled, two of the three formula factors - the maximum household income threshold amount and the maximum income threshold amount will be indexed each year to inflation.**

\*According to tax year 2014 data, 11,400 claimants received a Homestead Tax Credit that year, but did not have earned income (these individuals are not 62 or older or disabled). Under this budget proposal, such individuals would no longer be eligible for the credit. Under the proposal, annual indexing of parts of the tax credit formula factors would only apply to those who are 62 or older or disabled. Indexing would not occur for younger, non-disabled adults. Aging advocates have long fought for annually indexing of the Homestead tax credit **for all**, but do not support other program changes in eligibility or formulas - [WAAN Homestead Tax Credit Issue Brief](#).

## Board on Aging and Long-Term Care (BOALTC)

- Extends BOALTC's ability to monitor and make recommendations, as it currently does for COP, to the Family Care Program, the Family Care Partnership Program, and the Program of All-Inclusive Care for the Elderly. Also, **extends BOALTC's ability to provide advocacy services, as it does currently for potential or actual enrollees of the Family Care Program, to potential or actual enrollees of the Family Care Partnership Program and the Program of All-Inclusive Care for the Elderly and to potential or actual recipients of IRIS.**

\*Aging advocates strongly support the funding and positions provided in the Governor's budget for BOALTC to provide ombudsman and advocacy services to individuals age 60 and older who are enrolled in, or are potentially eligible to enroll in IRIS (Include, Respect, I Self-Direct), the state's Medicaid-funded, self-directed long-term care program. These individuals are the only population in the adult long-term care system that do not yet have access to these vital services.

## Aging advocates support adding the following items to the state budget (these were not included in the Governor's proposed budget):

### Dementia Care Specialists

- Wisconsin currently has 19 ADRC/tribal Dementia Care Specialist working in various areas of the state providing specialized education to ADRC staff, community providers and families; in-home consultation for individuals with dementia and their caregivers, volunteer development, and community coalition building. These positions are currently funded through Dec. 2017. **Ensure critical Dementia Care Specialist programs and services are consistently available by asking the Joint Finance Committee to add funding to the base allocation of Aging and Disability Resource Centers (ADRCs) to continue these services and to expand dementia care specialist services statewide - [WAAN Dementia Care Specialist Fact Sheet](#).**

### Healthy Aging Grants

- Wisconsin is home to many evidence-based (research-proven) programs that can improve health and prevent or delay disease and disability. These programs delay or prevent entirely the need for expensive long-term care. The programs address critical public health issues including falls, chronic conditions, diabetes, and caregiving. In the last budget, \$200,000 in one-time funding was put into the budget for healthy aging grant funding to ensure ongoing access to critical evidence-based health promotion programs. These funds were allocated to the Wisconsin Department of Health Services and later awarded to the Wisconsin Institute for Healthy Aging (WIHA) to maintain statewide program licenses; research, develop, and maintain the infrastructure for coordination of the programs; support county and tribal aging units, public health, and other local partners in developing and training leaders and recruiting participants; and provide data collection and analysis. These funds are set to end on June 30, 2017 and funding was NOT included in the Governor's proposed budget. **A \$600,000 annual state budget appropriation is being requested to support a statewide clearinghouse and support center on evidence-based health promotion programs and provide funding and program support to counties and tribes to expand local healthy aging programs - [WAAN Healthy Aging Grants Issue Brief](#).**