

## 2025-2027 State Biennial Budget Priorities Talking Points

- **Increase funding to support paid and family caregivers.**
  - Increase funding to the Alzheimer's Family Caregiver Support Program, the State's family caregiver support program, so that counties have access to funds that provide them respite care, training, and supportive services.
  - Continue to fund minimum fee schedule to ensure reimbursement rates for caregiving services are adequately funded.
    1. The minimum fee schedule will establish minimum amounts managed care organizations (MCOs) must pay providers for certain adult long-term care services. According to DHS, the affected Medicaid programs include Family Care, Family Care Partnership, and Program of All-Inclusive Care for the Elderly (PACE), and these programs serve nearly 57,000 older adults and adults with disabilities. DHS estimates this funding and the creation of the minimum fee schedule, together, will provide a 15 percent rate increase for most supportive home care services and a 40.5 percent rate increase for most of the services provided at residential facilities, among other rate increases.
  - A paid family and medical leave program and expand eligibility for the state's current family and medical leave program. Offering paid family and medical leave encourages people looking for a job, to get a job; helps to address the direct caregiver crisis; and helps to support working family caregivers.
- **Increased funding for ADRCs and aging programs and services.**
  - **ADRCs:** Increase funding for Aging and Disability Resource Centers (ADRCs) by \$19.9 million in the 2025-2027 biennial state budget to continue to address the funding inequities between ADRCs and begin to address the population growth in Wisconsin.
    1. In 2023, the ADRC received **58,736** incoming calls for assistance. Through October 2024, the ADRC has received **64,302** incoming calls for assistance. Similarly, in 2023, the ADRC received **10,481** requests for options counseling, which is the only method for older adults and individuals with disabilities to access publicly funded long-term care. Through October 2024, the ADRC has received **10,024** requests for options counseling. The pace by which individuals contact the ADRC for assistance, access to aging programs and services, and options counseling continues to increase, meaning additional resources and staff are needed to meet this demand. Otherwise, wait times increase, phone calls can go unanswered, and individuals miss out on connection to lifesaving services.
  - **Aging programs and services:**

1. **Nutrition:** increase funding for home-delivered meals to support the growing need for seniors who are homebound and need nutritious meals. Funding to this program has been stagnant year-to-year forcing programs to increase suggested donation costs or implement wait lists. Milwaukee County recently increased the suggested donation costs to \$4 from \$3.
    1. The home-delivered meal program is successful in reducing malnutrition in participants. In 2023, prior to starting with the program, 85.5% of people scored 6 or higher on the nutrition screen (6 or higher indicates high risk of malnutrition). After three months on the program, only 72.1% of those same individuals were still scoring 6 or higher on the screen.
  2. **Evidence-based wellness:** invest \$450,000 over the biennium into the state's Healthy Aging Grants program to reduce falls, manage chronic conditions, and increase physical activity to reduce costs and improve wellness in older adults.
    1. There is no dedicated state funding for evidence-based wellness programs. Federal funding for this area has been stagnant and also the least funded title area of all older adult programming.
- **Increased funding for fixed route transit, specialized transportation, and the creation of a regional transit authority.**
    - Increase specialized transportation funding by 10%, approximately \$1.6 million/annually and incorporate annual inflationary increases for both programs to ensure future expansion and maintenance of services.
      1. This program connects older adults to crucial medical appointments. In 2023, we provided 19,543 rides to medical appointments and, through October 2024, 15,703 rides.
      2. There is no state funding allocated to non-medical rides for older adults and all other rides provided through our older adult transportation program are covered through federal funds, one-time use funds, and tax levy.
    - Fixed route transit: While the State of Wisconsin is MCTS' biggest budget source, those funds have become increasingly tenuous. Not only is there no mandated level of transit expenditure in the state budget, but transit was recently moved out of the state's Transportation fund and into its General Purpose Fund – where it competes for dollars with school aids, shared revenue, and Medicaid. The next largest funding source is the federal government, which provides funding for bus operations and special projects. Federal money is expected to diminish as pandemic relief funds come to an

end. The final two pieces of the MCTS budget are passenger fares and local (county) taxes. Of these, the county's share is the most widely variable, since it is based on the difference between decreasing estimated revenues and increasing estimated costs – a gap the county must then bridge.

1. Ask: return State transit funding back to the transportation fund and out of the General Purpose Fund so it does not compete against other important priorities and increase the allocation to that program so that fixed route transit can be improved.
- Regional Transit Authority: Regional Transit Authorities are organizations that oversee public transportation across a region. Southeastern Milwaukee is one of the few metros in the US that does not have one. Current state law bans the formation of RTAs.
    1. With an RTA, there is easier planning and coordination between local transit systems.
    2. There is improved collaboration between private and public entities, leading to less partisanship and more effective policy-making.
    3. Improved service as multiple transit systems can work together to leverage resources to share technology, best practices, customer service, etc.
    4. Better likelihood that dedicated funding for transit would happen.
  - **Medicaid expansion that provides health coverage for Wisconsinites at or below 138 percent of the Federal Poverty Level.**
    - 138% of the federal poverty level for one person is \$20,783 and for two people is \$28,207.
    - Full expansion would extend Medicaid coverage to around 90,000 Wisconsinites, an estimated 30,000 of whom are currently uninsured. The federal government would reimburse the state for a higher share of Medicaid costs, meaning that expansion would save taxpayers a significant amount money while expanding access to care.
    - Wisconsin is one of only 10 states that have not fully expanded Medicaid.
    - Milwaukee, Dane, and Brown counties account for one-third of Wisconsinites between 100% and 138% of the poverty level.