



**Milwaukee County Commission on Aging**  
**2023 Public Policy Positions and List of Priorities**

**Priorities for 2023**

**Overall:** Ensure that older adults in Milwaukee County can live healthy lives, fully engage in their community, and achieve health equity.

**Federal**

- 1) Increase Funding for Older Americans Act Programs and Local Government services that support older adults.
- 2) Provide Increased Funding for Subsidized and Supportive Housing for Older Adults.
- 3) Improve Access to Community Life for Older Adults through Age Friendly Infrastructure, Transportation, and Long Term Supports and Services.
- 4) Expand Medicare to include hearing, vision, and dental benefits and expand Medicare's authority to negotiate pricing for prescription drugs.
- 5) Ensure sufficient funding for the Social Security Administration to address applications and resolve complaints on a timely basis for Social Security, Social Security Disability, and Supplemental Security Income.

**State**

- 1) Adopt Medicaid Expansion under the ACA to provide Medicaid health coverage for all Wisconsinites at or below 138% of the Federal Poverty Level.
- 2) Advance the Fair Deal Initiative and increase State Revenue Sharing.
- 3) Increase Funding for Aging and Disability Resource Centers and Affiliated Programs to address current capacity and rebalance formula allocation to correct historical inequities.
- 4) Support initiatives that increase transportation access for older adults, including Specialized Transportation, public transit, and regional transit coordination.
- 5) Provide resources to fully fund and support Adult Protective Services.



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- 6) Increase funding to support Home and Community Based paid caregivers as well as family caregivers to address the caregiver workforce shortage.
- 7) Provide additional funding through WHEDA to support the construction of new affordable housing for older adults and index the Homestead Tax Credit to inflation.
- 8) Advance racial equity by funding preventative health programs, particularly programs that address chronic health and behavioral health conditions disproportionately affecting older adults of color.
- 9) Oppose the acquisition of Medicaid waiver funded Home and Community Based Services non-profit Managed Care Organizations by for profit insurance companies.
- 10) Advance racial and health equity by advocating for a change in the distribution formulas for Older Americans Act funding and other state funding that do not account for differences in life expectancy and the incidence of chronic health conditions between racial and ethnic subpopulations.
- 11) Protect voting rights and encourage measures designed to grant full access to the polls for all Wisconsin citizens, particularly older adults and people with disabilities.
- 12) Eliminate the Wisconsin state income tax on Social Security benefits.
- 13) Spend the Wisconsin state budget surplus on Older Adult programs.

### **Local**

- 1) Preserve Milwaukee County Levy Funding Maintenance of Effort for Older Adult Services and Supports.
- 2) Support improvements or enhancements to Milwaukee County Senior Centers and Senior Center Programming in accord with the recommendations of the Commission on Aging Select Committee on Senior Centers.
- 3) Increase Funding and Coordination of Mental Health Services for Older Adults.
- 4) Support funding for transit and paratransit to ensure access to services, supports, employment, and recreation for older adults.

## Federal Policy Positions

### **Older Americans Act (OAA)**

**Background:** OAA programs have demonstrated an ability to provide high quality services in the areas of special concern to older adults: social supports, senior center programming, nutrition, transportation, caregiver support, wellness, community engagement, long term care, employment, elder abuse prevention, and advocacy. OAA programs leverage state, local, and private dollars and volunteers to help seniors age in place and avoid unnecessary residential treatment. Funding for the OAA has not kept pace with inflation or population growth and current levels are insufficient to meet growing needs.

**Position:** Increase funding in future appropriations under each Title of the Older American Act to match levels with prior ARPA additions. Support mandatory funding for Aging and Disability Resource Centers.

**Status:** The final FFY 2022 bill was a major blow to OAA advocates as we face an ever-growing aging population and demand for access to services and programs, following a harrowing and enduring pandemic. Despite attempts by the House of Representatives to raise OAA appropriation levels in FFY 2023, it is highly unlikely that levels will increase more than modestly. Nonetheless, the Milwaukee County AAA continues to invest its OAA ARPA appropriations to address continuing needs during the pandemic, racial equity in contracting, and new program initiatives such as the financial navigator and Dine Out programs. In order to sustain these investments, we ask Congress to renew these appropriations at the following levels:

IIIB Supportive Services – \$797,148,000  
IIIC1 Congregate Meals – \$762,050,000  
IIIC2 Home Delivered Meals – \$410,355,000  
IIID Preventative Health – \$50,000,000  
IIIE Family Caregiver Support – \$387,872,000  
VII Ombuds/Elder Abuse – \$40,000,000  
II ADRCs – \$23,457,000  
SHIP Medicare Counseling – \$80,000,000

### **Affordable Housing & Eviction Prevention**

**Background:** When conducting Milwaukee County’s 2021 Aging Needs Survey, almost all respondents indicated that it is important to live independently as they age, with 87.7% saying “Extremely” or “Very.” Yet, the ability to “age in place” is threatened by a lack of affordability, lack of accessibility and lack of appropriate options. In Wisconsin, 13% of all households spend more than half of their income on housing costs, with many older adults living on a fixed income. For older homeowners, the housing stock itself tends to be older and less compliant with ADA standards for accessibility. Wisconsin has the tenth highest effective property tax rate in the nation, with Milwaukee leading among Wisconsin counties at 2.66%. For older Wisconsin renters 65+, 43% have an annual income of less than \$35,000, putting affordable rental housing out of reach. While Wisconsin’s population is aging more quickly than the nation, the availability of affordable housing for very low-income seniors has declined – 2.5% of the nation’s seniors 65 and older live here, yet Wisconsin hosts less than 1% of the available HUD Section 202 senior supportive rental housing units.

**Position:** Provide at least \$185M in federal funding for new Section 202 supportive housing construction, home repair programs, and housing vouchers for low-income older adults. Continue the Emergency Rental Assistance Program, or convert it to make available additional portable HUD Section 8 housing vouchers.

**Status:** Since 1991, HUD has provided capital advances to finance the development of supportive rental housing for very low-income elders under the Section 202 Program. Capital Advance funds bear no interest and repayment is not required provided the housing remains available for occupancy by Very-Low-Income Elderly Persons for at least 40 years. From 2012 to 2020, no federal funds were appropriated for new Section 202 units. In 2022 HUD made available \$185M of new Section 202 funds. HUD has also increased funding for home repair and modification programs under the HOME program, including funding to prevent falls. Finally, during the pandemic, the U.S. Department of Treasury’s Emergency Rental Assistance (ERA) program provided billions of dollars in relief to renters to prevent evictions.

### **Age Friendly Infrastructure, Transportation, and Long Term Supports and Services**

**Background:** As Milwaukee County’s population continues age, so does its public infrastructure. Moreover, much of that infrastructure is still not fully accessible. At the same time, Wisconsin’s transportation system is antiquated with most investment made expanding freeways and almost none expanding access or upgrading public transportation. As residents age, we become more reliant upon and are more likely to utilize public programs, facilities, and transportation. Increasing access to these public assets is critical for enabling older adults to live an engaged life in their communities.

**Position:** Improve Access to Community Life for older adults through age-friendly infrastructure, public transit, and Long Term Supports and Services. Rebalance funding priorities to connect people to jobs services, and public facilities and prioritize projects that will improve those connections. Update the volunteer driver reimbursement rate and ensure that there is no tax penalty for volunteer drivers.

**Status:** The addition of “the Hop” and the TransitNEXT project will increase the frequency and efficiency of existing bus routes. The Infrastructure Investment and Jobs Act (IIJA), now governs all federal transportation policy and funding through 2026. This Act authorizes \$109 billion to fund public transit projects through grant programs but failed to make transformational changes to transit or disability access policy. It did include funding for Complete Streets projects and provides funding to create greater access to broadband Internet service. The Inflation Reduction Act contains \$3 billion for Neighborhood Access and Equity Grants, which help mitigate the danger of overbuilt arterial roadways, especially in underserved areas. These grants also help fund anti-displacement efforts in economically disadvantaged communities impacted by redesign projects. Transit funding is entirely absent in the Inflation Reduction Act.

### **Medicare**

**Background:** Medicare is the primary option for persons 65 and older to receive health care insurance. Medicare does not cover long term care, or provide dental, vision, or hearing benefits. Medicare is more cost-effective than any private insurance. Recently, numerous federal reports have indicated that Medicare Advantage plans provided by private insurance companies have provided fewer benefits at greater cost than traditional Medicare.

**Position:** Support legislation that would:

- Expand Medicare’s ability to negotiate prescription drug prices with pharmaceutical companies;
- Require drug companies to provide rebates to Medicare on prescription drugs for low-income seniors;
- Add a Catastrophic Out-of-Pocket Limit for traditional Medicare.
- Require payment parity between traditional Medicare and the Medicare Advantage program, with savings in MA plans reinvested into the Medicare program to the benefit of all enrollees.
- Add comprehensive vision, hearing, and dental benefits to Medicare.

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- Increase long term care coverage through Medicare.
- Make permanent allowances for telehealth and create quality control measures.
- Include and require funding of measures that address non-medical social determinants of health.
- Simplify Medicare Part B enrollment and add Medigap enrollment protections.

Oppose any effort to cut program benefits, change the program to a voucher-style program, or to phase out the program for older adults. Existing efforts to provide non-biased, person-centered Medicare counseling in the form the State Health Insurance Assistance Programs (SHIPs) should be greatly expanded.

**Status:** The Affordable Care Act improved many Medicare benefits including closing the Medicare Part D donut hole. The Inflation Reduction Act gives Medicare historic new powers to negotiate prices for certain drugs and punish pharmaceutical companies that don't play by the rules, but the class of drugs subject to negotiation is limited. While Medicare expansion was proposed by the Biden administration in the Build Back Better Bill, none of these changes advanced into law. The 2023 changes to Medicare in the Inflation Reduction Act limits out-of-pocket drug costs, caps insulin copays, and makes vaccines accessible.

### Medicaid

**Background:** Medicaid is a shared federal/state program that funds medical care and long-term care for low-income residents. Older adults may receive assistance through Medicaid for Medicare premiums and out of pocket costs. Medicaid may also cover costs that Medicare may not cover or partially covers, such as nursing home care, personal care, Non-Emergency Medical Transportation and Home and Community-Based Services. These programs include Family Care, IRIS, PACE, and Partnership long term care. Research indicates these programs provide valuable benefits at a lower cost than Medicaid funded nursing home placements. While non-medical risk factors in the physical environment and individual behaviors account for 80 percent of the factors that influence overall health, almost no funding is provided to address social determinants of health.

**Position:** Oppose block grants, per-capita caps, decreased Medicaid funding or benefit cuts. Increase dual eligible benefits, expand long-term care coverage, and increase payment rates to community based long term care providers, particularly caregivers. Allow coverage of non-medical social determinants of health. Make permanent the boost to federal matching funding for Medicaid HCBS.

**Status:** CMS recently proposed rules that will ease enrollment into Medicaid, remove some barriers to maintaining coverage, and extend automatic enrollment in some Medicare Savings Programs and prescription drug assistance programs. As long as the Public Health Emergency is extended, continuous enrollment will be allowed. However, when the PHE ends, current enrollees will need to provide proof of eligibility and many may lose coverage. CMS is considering some state waivers for certain social determinants of health.

### Social Security

**Background:** Social Security is a federal program providing economic security after retirement or disability to an individual earner and their spouse. Social Security and Disability Insurance benefits are based upon an individual's lifetime earnings. Most workers pay a percentage of their wages into this fund. Social Security taxes aren't enough to fully fund payments—the balance comes out of the Old Age and Survivors Insurance (OASI) Trust Fund, which holds surpluses from years past. Supplemental Security Income pays a base amount to elder adults in poverty and persons with disabilities out of general revenue. Forty percent of Wisconsin's



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seniors would live below the poverty level without Social Security, yet Social Security still delivers a lower standard of living for the beneficiaries who rely upon it most since it typically replaces only about 40% of a beneficiary's pre-retirement income.

**Position:** Protect and maintain the current structure of Social Security. Oppose efforts that would decrease Social Security or SSI benefits or privatize fund investment. Support legislation that would increase the payroll tax cap and make the CPI-E the applicable Index for computing OASDI benefits to provide solvency. Provide sufficient additional funding to the Social Security Administration to improve customer service, expand local office hours, and adjudicate disability applications in a timely manner by increasing funding to SSA by \$1.4B.

**Status:** Social Security payments will grow by 8.7% in 2023, the largest Social Security cost-of-living adjustment in 40 years. Earnings subject to the Social Security tax will climb to \$160,200. Local Social Security Administration offices have reopened for limited in-person assistance since being closed during the pandemic. SSA has faced years of underfunding and is currently operating with approximately 4,000 fewer employees since prior to the pandemic — a 7% drop, during a period when millions of baby boomers have retired and signed up for Social Security benefits. The number of beneficiaries increased 21% between 2010 and 2021.

### **RAISE Family Caregivers Act & Supporting Grandparents Raising Grandchildren Act**

**Background:** The Recognize, Assist, Include, Support, and Engage Family Caregivers Act of 2017 (RAISE) requires ACL to develop, maintain and update an integrated national strategy to recognize and support family caregivers. More than 2,500,000 grandparents in the United States are the primary caretaker of their grandchildren, and numbers are increasing. Providing full-time care to grandchildren may decrease grandparents' ability to address their own physical and mental health needs and personal well-being. Grandparents would benefit from better coordination, information, and resources to support them in their caregiving responsibilities. The law brings together relevant federal agencies with family caregivers; older adults and persons with disabilities; providers of health and long-term services and supports; employers; state and local officials; and others to recommend a national caregiving support strategy.

**Position:** Support implementation of the RAISE Family Caregivers Act and the National Family Caregiving Advisory Council final report and recommendations.

**Status:** In September the 2022 National Strategy to Support Family Caregivers was delivered to Congress. The Strategy includes nearly 350 actions the federal government will take to support family caregivers in the coming year and more than 150 actions that can be adopted at other levels of government and across the private sector to begin to build a system that ensures family caregivers – who provide the overwhelming majority of long-term care in the United States– have the resources they need to maintain their own health, well-being, and financial security while providing crucial support for others. The strategy was developed jointly by the advisory councils established by the Recognize, Assist, Include, Support, and Engage (RAISE) Family Caregivers Act and the Supporting Grandparents Raising Grandchildren (SGRG) Act, with extensive input from family caregivers, the people they support and other stakeholders.



## State Policy Positions

### Adopt Medicaid Expansion under the ACA

**Background:** The Affordable Care Act incentivized states to expand Medicaid coverage to residents up to 138% of the Federal Poverty Level by promising a 90% federal funding match for Medicaid payments for the expansion population. Wisconsin usually receives 60% federal match, but during the pandemic, the percentage was increased to 90%. Wisconsin remains one of only 12 states that did not accept Medicaid expansion. Instead, Wisconsin has a waiver to cover all adults up to 100% of the FPL with BadgerCare. Under ARPA, newly expanding states would also receive a 5 percent bump in the federal funding match for their traditional Medicaid programs for two years. Because the traditional Medicaid population is significantly larger than the expansion population, the funding bump is projected to cover a state's 10 percent match for expansion enrollees and then some over those two years. Accepting the expansion would cover 29,500 additional adults and provide more than a billion dollars in federal Medicaid funding. While a majority of Medicaid enrollees in Wisconsin are children and non-elderly adults, the elderly and people with disabilities account for most of the expenditures in the program, including under the Medicaid waiver long-term care programs.

**Position:** Adopt Medicaid expansion under the ACA to provide Medicaid health coverage for all Wisconsinites at or below 138% of the Federal Poverty Level.

**Status:** Governor Evers proposed Medicaid Expansion under the ACA in both the 2020-21 and 2022-23 state budgets, but expansion was rejected by the state legislature. The Governor will again propose Medicaid expansion in the 2024-25 Executive Budget.

### Fair Deal

**Background.** In 2019, the County established a workgroup to research disparities in revenue sharing from state government that disadvantaged Milwaukee County. The Chair of the Commission on Aging was a member of this workgroup. The County Board passed a resolution to regain the local ability to raise revenues and adjust formulas for intergovernmental transfers that provide a fairer share to Milwaukee County. These include:

- State shared revenue such as Community Aids, Youth Aids, have been flat for more than a decade. Require shared revenue sources to grow by inflation each year, without offset by other revenues.
- Milwaukee County should receive full reimbursement of the cost to patrol state highways.
- 80% of court fees go to the state. Make it a 50/50 split with counties.
- Milwaukee County bears MOE costs for long-term care. Ask the State to accept Medicaid expansion to decrease State match percentage to 10% and increase overall Medicaid funding.
- Youth Justice facility expansion should include sufficient ongoing operational funding for quality programming and not just capital funding to build a new facility.
- Grant Milwaukee County local control to generate new revenue through an increase in the sales tax and reduce the current reliance on property taxes through a binding referendum process.

**Status.** Bills introduced in 2019 (AB 521) allowing Milwaukee County to impose an additional 1% sales tax on goods and services sold in the County upon approval of a referendum by local residents did not advance out of committee. No changes have been made to increase the state shared revenue formulas. The 2021-23 Executive Budget proposed a .5% County and .5% municipal sales tax across the state and a modest increase in the state shared revenue formula. The JCF stripped these provisions out of the 2021-23 budget.

**Position.** Urge increased shared revenue funding from the state of Wisconsin to Milwaukee County to return to 2009 levels and index for inflation. Increase local control over sales tax to ensure adequate support for senior programs, parks, and transportation. Include the ADRC & EBS funding disparities in the Fair Deal initiative. Advocate for the adoption of a sales tax referendum and support such a referendum if the state provides authority. Urge the County Board to earmark additional revenues for the maintenance and improvement of Milwaukee County parks, facilities, and senior centers.

### **Aging and Disability Resource Center Reinvestment**

**Background:** Milwaukee County established one of the first Aging Resource Centers in the nation. Most Resource Center funding is derived from state general purpose revenue (GPR) with some matching federal Medicaid funds. This state GPR funding formula did not consider the disproportionate number of people living in poverty in Milwaukee County. The Wisconsin Department of Health Services established an advisory group to review the state GPR allocation method for ADRCs and to determine how much additional funding is needed to fully support ADRCs statewide. This group released its recommendation in October 2020 for an additional \$27.4 million in GPR to fully fund ADRCs statewide. Under its proposed revision to the ADRC allocation methodology, along with the proposed funding increase, Milwaukee County's estimated allocation would more than double to \$13,252,608 to support its core ADRC functions.

**Position:** Increase funding to Aging and Disability Resource Centers (ADRCs) by \$27.4 million to equalize historical funding disparities and fully fund required contracted services for a growing customer base, provide for a more equitable distribution of funding across the state to include poverty, health equity variables, and enrollment in HCBS services. Provide an additional \$25 million to add critical services to all ADRC operations: Including fully funding, expanding services statewide, and reallocating funding based upon health equity variables: Dementia Care Specialists; Elderly Benefit Specialists; Caregiver Support and Programs; Health Promotion; Care Transition Services; Aging and Disability Resources for Tribes; Aging and Disability Resource Support Systems.

**Status:** The Governor's proposed 2021-23 state budget did not include an ADRC core funding increase. Only Dementia Care and caregiver support were provided with additional resources.

### **Transportation Access**

**Background:** Nearly 40% of older adults in Milwaukee County do not have access to a vehicle. As the population continues to age, this percentage is likely to climb. In order to realize the promise of the Older Americans Act to support a healthy, engaged life, older adults must have access to available transportation options – including reliable public transit and paratransit systems. The Milwaukee County AAA funds an Older Adults Transportation system (OATS), a nonprofit volunteer driver program, and several specific senior center transportation services. As light rail or subways do not exist in Milwaukee County, MCTS provides transit bus and paratransit services (TransitPlus). More than 70% of Transit Plus' riders are older adults. With few exceptions, these public transit options stop at the county border or within 5 miles of the border, limiting regional access. Wisconsin's Specialized Transportation Assistance Program (85.21) fund transportation services for older adults and people with disabilities. Older adults also desire livable neighborhoods with accessible non-motorized paths.



**Position:** Support a 20% increase in transit and specialized transportation funding to counties and tribes and ongoing increases of at least 3.5% to account for the growth over the past five years and accelerating growth in the future. Restore annual transit funding base amounts and provide increases that support the preservation, improvement and expansion of transit service. Support incentivizing coordination among local and state-level transportation systems, including the reconvening of the InterAgency Council on Transportation Coordination. Establish an independent advocate for the MA Non-Emergency Medical Transportation program. Create a dedicated transportation funding source within Home and Community-Based Services (HCBS) Medicaid waiver programs for older adults and adults with disabilities. Support legislation to clarify the insurance requirements of volunteer drivers and ensure protections under the Good Samaritan Law. Support the increase of the federal charitable driving mileage reimbursement rate from .14c to current IRS business rate.

**Status:** In the 2021-23 Budget, general transit aids, paratransit, and specialized transit increased by 2.5% in each year of the biennium, as well as provided \$10M in Transit Capital Assistance grants in 2022-23. The restrictions on regional transit authorities and the Complete Streets initiative remain and the issues of volunteer drivers, interagency collaboration, and NEMT advocates remain unresolved.

### **Adult Protective Services and Elder Abuse**

**Background:** In 2020, Elder Abuse Services merged with Adult Protective Services. State funding for APS was significantly affected by the emergence of the FamilyCare LTC system, as Counties were required to provide Maintenance of Effort for Long Term Care and had previously utilized portions of that funding to support APS. Moreover, while the population of individuals with disabilities and adult residents age 60+ will continue to increase significantly in the next decade, state GPR funding for the county based Adult Protective Services system has remained flat since 2006.

Referrals for Elder Abuse increased 84% in 2021 (the last full reportable year), while the number of APS incidents for adults with disabilities rose 38%. Milwaukee County has experienced a 20% increase in calls regarding abuse and neglect in skilled nursing and assisted living facilities due to staffing shortages and closures and it is very difficult to find alternative placements for individuals in crisis.

**Position:** Increase Wisconsin GPR allocation to counties for Adult Protective Services from \$7 million to \$10 million in the 2023-24 biennial budget.

### **Family Caregiver Supports**

**Background:** Wisconsin continues to face a caregiver workforce crisis. Direct-care workers include personal care, home health, therapy, and nursing aides, attendants, peer mentors and respite workers. Due to low wages, lack of benefits, and inadequate Medicaid reimbursement rates, the industry is experiencing record turn-over. The inability to attract and retain direct care workers has resulted in long-term care recipients going without essential care compromising their health, safety, and their ability to live in the community. At the same time, nonpaid family caregivers face increased pressure to fill in the gaps, and to support aging family members who do not qualify for publicly funded caregiver services. Family caregivers are often forced to choose between caregiving and employment responsibilities and have few options for adequate respite.

**Position:** Strengthen support for family caregivers by 1) supporting reinvestment in Aging and Disability Resource Centers; 2) passing the CARE Act; 2) creating a tax credit for family members spending personal

resources to care for a loved one; 3) expand family leave policies to all employers of ten or more; and 4) increase funding, expand eligibility, and raise funding caps to \$11,000 per household for respite grants so more family caregivers can have access to respite opportunities and assistance to help pay for respite services. Support implementation of recommendations of the Governor’s Caregiver Task Force Final Report.

**Status:** The Governor’s Caregiver Task Force issued a final report in 2020 with a broad set of recommendations that were included in the Governor’s 2021-23 Executive Budget. The 2021-23 budget provided for an 11.5 percent increase to nursing home rates in each year of the biennium, but did not contain any provisions to assist family caregivers. The CARE Act was introduced, but did not pass the legislature, and no Caregiver Tax Credit was approved.

### **Medicaid Home and Community Based Long Term Care (Family Care/IRIS/Partnership/PACE)**

**Background:** Wisconsin provides a system of managed long-term care and LTC/acute services through a series of Medicaid waivers. Wisconsin has eliminated waiting lists for adult long-term care services and rationed funding through a capitated rate structure by contract to regional MCO’s, ICA’s, and PACE centers. MCOs contract with providers for supportive services, while ICAs support members to self-direct their care plans. ADRC’s administer functional and financial eligibility screens and provide benefits counseling. FamilyCare and IRIS operate statewide, serving individuals with developmental disabilities, individuals with physical disabilities and older adults with nursing home level of care needs while PACE serves frail elders with both acute and long term care needs and is only available in 3 counties, including Milwaukee County.

**Position:** Support the continuation of Wisconsin’s innovative long-term care system and provide adequate funding to deliver the high-quality services promised under the plan benefits. Oppose acquisition of Family Care Managed Care Organizations by for-profit insurance companies. Support benefit expansion and equity of access to meet mental health, transportation, and housing services. Family Care, IRIS, and CLTS waivers should be modified to allow participants to choose virtual or remote service delivery.

**Status:** In 2019, the Centers for Medicare & Medicaid Services approved Wisconsin’s 1915(b) and 1915(c) waiver application renewals, effective to December 31, 2024. During the COVID-19 PHE, services under these programs were expanded to allow virtual service delivery on a temporary basis. Proposals have been made by private for-profit insurance companies to acquire two of the four Family Care Managed Care Organizations.

### **Affordable Housing**

**Background:** Older adults overwhelmingly want to remain in their homes and communities, but major barriers persist such as unaffordability, inaccessibility, discrimination, and the lack of appropriate options, including available quality supportive housing that is affordable. The burden of housing affordability, as well as housing insecurity, has grown among homeowners and renters alike. Aging in the community within quality housing leads to better health outcomes, life satisfaction, and social engagement. A variety of state funds and state tax credit support the development of affordable housing in Wisconsin, particularly through the Wisconsin Housing and Economic Development Administration (WHEDA).

**Position:** Double the qualifying household income limit to \$40,000 for the WHEDA property tax deferral loan program that provides loans to qualifying homeowners 65 years of age or older or a qualified veteran to pay up to \$3,525 for property taxes. Such loans are recovered upon the sale of the property.

- Establish a forgivable matching loan fund for low-income older homeowners to add assistive technology, home energy conservation measures, or accessibility modifications in urban areas modeled upon the United States Rural Development Section 504 Home Repair program.
- Create a “Wisconsin Restorative Housing Program” to revitalize, preserve, stabilize, and increase homeownership for Wisconsinites of color through direct grants to homeowners for down payment/closing cost assistance, mortgage assistance, and home improvement assistance.
- Create and provide \$600,000 to fund a Housing Navigation Program to provide support to property owners and tenants by addressing housing responsibilities, reducing conflict, and avoiding unnecessary evictions, and to connect older adults with housing options that meet their needs.
- Create and provide \$2 million/annually to create a program to provide small grants to landlords to bring affordable housing units into compliance with ADA/US Access Board standards.
- Index the Homestead tax credit to inflation.
- Increase the state Housing Tax Credit Program limit from \$42 million/year to \$100 million/year to promote affordable housing development. An increase in state tax credits, paired with federal low-income housing tax credits, is projected to lead to the creation of approximately 1,000 additional affordable housing units per year. Set aside at least 17% of funding for the development of housing reserved for older adults.
- Increase Homelessness Prevention Program funding by \$1 million/year to provide the additional funding needed to make grants or loans to people or families of low or moderate income to defray housing costs (with priority given to individuals/families who are homeless) and maintain momentum in eviction prevention.
- Pursuant to 2019 Wisconsin Act 76, require the Department of Health Services to submit a Medicaid state plan amendment to allow Wisconsin Medicaid to pay for housing supports for Medicaid/BadgerCare Plus members.

### **Healthy Aging Grants**

**Background:** Older Americans Act Title III-D funds programs support healthy lifestyles and promote healthy behaviors. Evidence-based disease prevention and health promotion programs reduce the need for more costly medical interventions, improve health, and prevent or delay the need for long-term care. State grant funding has periodically supplemented these efforts and supported a statewide Wisconsin Healthy Aging center. Wisconsin has the nation's highest rate of deadly falls among the elderly, according to a 2019 report by the Centers for Disease Control and Prevention. Some 1,365 residents 65 or older died from falls in 2016, giving the state a rate more than double the national average. Deaths from falls in Wisconsin outnumber deaths from breast and prostate cancer combined and resulted in about 129,000 emergency room visits and nearly 16,000 hospitalizations in 2017. Medical charges for falls, paid mostly by the taxpayer-supported Medicare and Medicaid programs, exceeded \$1 billion.

**Position:** Provide a \$500,000 budget appropriation each year for healthy aging grants to counties/tribes, and other community-based organizations for a Falls Reduction programming and to support a statewide clearinghouse and support center.

**Status:** No funding was allocated in the 2021-22 budget for Healthy Aging grants.

### **Older American Act (OAA) programs**

**Background:** The Wisconsin Department of Health Services supplements OAA programs and services through a funding formula that allocates GPR dollars to counties. Every ten years new census data requires the state to change the funding formula. FY2019 state allotments are calculated using 2017 estimates of the population aged 60 and older. The “% Age 60+” is the state’s relative share of the 60+ population, which functions as its population-based formula factor used to determine state allotments under OAA Titles III and Title VII.

**Position:** Support a funding formula which accounts for health equity variables in addition to aging population.

**Status:** Census 2020 data is being compiled and will form the basis for new federal allocations to states. Wisconsin DHS has proposed a new distribution formula for OAA programs which has now been approved by US ACL in accompaniment with the Wisconsin State Aging Plan. This distribution formula disproportionately favors small rural counties which are almost entirely populated by Whites, while disadvantaging counties that have a larger Black population. The formula also does not take into account disparities in life expectancy.

### **Protection of Voting Rights**

**Background:** Voting is arguably the most fundamental right of citizens in a democracy. Several federal laws protect the voting rights of older Americans and require accessible polling places including the Voting Accessibility for the Elderly and Handicapped Act of 1984, the National Voter Registration Act of 1993, and the Help America Vote Act of 2002. During the past decade, Wisconsin passed several laws adding new verification requirements for voter registration and voting, restricted the times and locations for voting, and changed the state entity responsible for overseeing elections. These provisions have increased the burden on elderly persons who wish to exercise their right to vote. Most recently, courts have upheld challenges to measures that made voting easier -- restricting the use of drop boxes, requiring voters to personally deliver early ballots to the municipal clerk’s office for all but those who have a disability, and eliminating the authority of local election officials to make known corrections to the address of witnesses on absentee ballot envelopes.

**Position:** Uphold voting rights and oppose any rules or legislation that makes it more difficult for older adults to register to vote or exercise their right to vote. Expand access to the polls, including expanding early voting locations, conveniently located and secure ballot drop boxes, and easy access to request, complete and return an absentee ballot. Maintain the waiver of the photo ID requirements and the self-defined definition for indefinitely confined voters. Support an affidavit process to facilitate voting for those who cannot produce the required documents needed to obtain a photo ID. Increase utilization of Special Voting Deputies for eligible voters who are homebound, in institutional care, or lack access to online services. Enforce accessibility laws at polling locations, including curbside voting and accessible voting machines. Oppose any further measures that restrict the right to vote or make it more difficult for residents to do so.

**Status:** The 2020 elections, held during the COVID-19 pandemic, saw record turnout and greatly increased use of absentee ballots and early voting. The 2022 elections also saw high turnout once again, despite the fact that the legislature had supported a series of measures to restrict absentee voting, particularly for indefinitely confined and early voters, including the removal of voting drop boxes, voter ID requirements, and notifications required for those in residential care facilities, many of which were resolved by the courts.



**Eliminate the Wisconsin state income tax on Social Security benefits.** (Moeser, Griffith)

**Spend the Wisconsin state budget surplus on Older Adult programs.** (Moeser, Jackson)



## Local Policy Positions

### Preserve Milwaukee County Levy Funding

**Background.** Most funding for the Milwaukee County Area Agency on Aging is allocated through the federal and state governments for particular programming under the Older Americans Act, Wisconsin Elders Act, Elder Justice Act, and Medicaid. Each year a small portion of county tax levy is allocated to Aging Services by the County Board of Supervisors. Over the past decade, as Milwaukee County’s structural deficit has worsened, the amount of county levy allocated to all county services has decreased. Aging Services uses county tax levy primarily to fund all programming and maintenance at the five Milwaukee County owned senior centers and to supplement elder abuse intervention activities and nutrition programming.

**Status.** In 2021, the Milwaukee County Department on Aging merged into the Milwaukee County Department of Health and Human Services. The 2021 County Budget allocated \$1.2 million to the Division on Aging within DHHS, a decrease of \$276,367 from 2020, but this cut was restored by the County Board. In 2022 and 2023, Aging services received County tax levy in the following amounts to support Aging Services:

	2022	2023
Nutrition Programs	\$143,725	\$440,180
Social Support Programs	\$188,787	\$332,944
County-owned Senior Centers	\$942,867	\$941,727
TOTAL	\$1,275,379	\$1,383,183

Facilities Management also receives approximately \$400,000 in tax levy to maintain and pay for utilities costs within the Milwaukee County owned senior centers.

**Position.** Preserve Milwaukee County Levy Funding Maintenance of Effort for Older Adult Services and Supports. Advocate that the Area Agency on Aging, now within the Department of Health and Human Services be shielded from further reductions in county levy funding and that the County continue to provide a minimal floor of \$1.27M per year in operational funding, \$400K per year in maintenance and sufficient annual capital expenditures to maintain the buildings in operable condition as long as they are utilized as senior centers.

### Support improvements or enhancements to Milwaukee County Senior Centers and Senior Center Programming in accord with the recommendations of the Select Committee on Senior Centers.

**Background.** The Older Americans Act, Section 306(a) provides that each AAA area plan shall “provide for, where appropriate, the establishment, maintenance, or construction of multipurpose senior centers and entering into agreements with providers of multipurpose senior centers” and “designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers as such focal point.” Milwaukee County owns and operates five multipurpose senior centers: Clinton Rose, Kelly, McGovern Park, Washington Park, and Wilson Park. These centers are geographically diverse, although all but Kelly are located in the City of Milwaukee. Other communities and private entities own and operate senior centers, including many that serve as senior congregate dining sites.

**Status.** Over the past decade, participation at Milwaukee County’s multipurpose senior centers has declined. Infrastructure at the Centers has deteriorated and the County deferred maintenance and capital improvements necessary to ensure the long-term structural integrity and accessibility of these centers. County capital needs



greatly exceed available revenue. In 2017, MCDA and the Milwaukee County facilities team completed a baseline assessment of the programs occurring in the Centers and the buildings' infrastructure. In 2018, MCDA commissioned a study by the Wisconsin Policy Forum to review strategies in other jurisdictions that could be implemented to improve social programming that is fiscally sustainable. In 2019 MCDA completed a community engagement process to gain resident's feedback on senior center programming, facilities, partnerships, and financing that could leverage the value of the centers for the next generation which resulted in the *Envisioning the Future: Senior Centers 2020* report. In 2020 the Commission on Aging established a Select Committee on Senior Centers to study, prioritize, and advance recommendations for the future of senior centers and senior center programming in Milwaukee County, utilizing the above-mentioned reports as guidance. This Committee has released a new vision and set of attributes for senior centers, developed specific goals for senior centers within the 2022-24 Area Aging Plan, and will provide a final report with recommendations to the full Commission on Aging in early 2023.

**Position.** Support the continued operation of multipurpose senior centers and advocate for the County Board to allocate sufficient resources to create/maintain/operate a diverse system of multipurpose senior centers that meet the needs of Milwaukee's growing aging population and assist it in achieving the objectives of the area plan and as a focal point for service delivery by MCDA in accordance with the recommendations and plan advanced by the Milwaukee County Commission on Aging Select Committee on Senior Centers.

### **Increase Funding and Coordination of Mental Health Services for Older Adults**

**Background:** Few mental health services in Milwaukee County have been developed with older adults in mind. Older adults have particular mental health challenges as we age. Older adults were particularly affected by COVID-19 and experienced increased isolation and loneliness. Wisconsinites aged 75+ have the second highest suicide rate of any age cohort.

**Status.** Most public mental health services are now delivered through Behavior Health Services within DHHS. BHS has undergone a complete restructuring, contracting acute mental health care to UHS a private hospital system which plans to open a specialized geriatric unit, redesigning crisis services, and building a new Mental Health Emergency Center in partnership with four of the major healthcare systems and under the management of Advocate Aurora. The AAA continues funds one small grant to Jewish Family Services for counseling of older adults. In addition, Milwaukee County funds one Dementia Care Specialist through levy funds.

**Position:** Coordinate the delivery of mental health services to older adults by increased collaboration between the Area Agency on Aging and DHHS Behavioral Health Services. Advocate for increased funding for mental health preventative and treatment resources specific to the aging population. Maintain sufficient funding to support at least two and ideally three Dementia Care Specialists. Advocate for the addition of geriatric mental health specialists at the UHS hospital, MHEC, and BHS mobile crisis teams.

### **Transportation**

**Background.** Accessible, affordable, and available transportation is necessary for older adults to engage in healthy lives in the community. Public funding emphasizes road building, particularly interstate expressway construction, over maintenance, local roads, and public transportation options that assist local residents. Funding for the Milwaukee County Transit System has not kept up with increasing system costs and the decline in ridership. The MCTS system now faces a \$30 million structural deficit. Paratransit and the AAA Older Adult

Transportation Service (OATS) provide complimentary public transportation to older adults with disabilities and specialized transportation services to non-driver older adults. These systems are funded with Wis. Stat. 85.21 funds, and for OATS – OAA Title IIIB and BCA funds. The AAA also funds a Volunteer Driver program to help address transportation gaps, as well as few non-profit senior centers with transportation. Regional transportation is limited and coordination between counties is highly restricted and remains a source of frustration by County residents utilizing public transportation.

**Status.** Milwaukee County has redesigned transit routes to increase frequency and speed along key corridors – adding Bus Rapid Transit lines through its MCTS NEXT process. Even with a modest increase in state funding, MCTS has proposed cutting additional routes because it does not have sufficient revenue to continue to maintain this system and its workforce. AAA now contracts with First Transit for its OATS Service with rides to senior meal sites, grocery shopping, and medical appointments. The cost of the OATS program has jumped dramatically in 2022 due to increased fuel and driver costs and the AAA has negotiated a contract with only a small increase, which will likely mean a reduction in the rides available in 2023-24. However, the AAA also secured a federal 5310 grant to fully fund its Transportation Coordinator as well as purchase 8 vehicles which will significantly lower depreciation costs with the OATS vendor. The Indian Council for the Elderly and the United Community Center also receive OAA funding for transportation. Milwaukee County still has not established a Transportation Coordinating Council.

**Position.** Advocate for the establishment of an Interagency Council on Transportation Coordination at both the state and local level. Advocate for coordinated services for older adults, and for continued subsidization of the Milwaukee County Transit system for low-income seniors and people with disabilities. Advocate for transit routes that serve Milwaukee County Senior Centers, meal sites, shopping, and health centers that seniors wish to access. Maintain the portion of WI 85.21 funding allocated to the OATS program.