

HEALTH & LONG-TERM CARE

OPPORTUNITIES

Protect and strengthen health coverage for people who are blind or visually impaired. People with vision-related disabilities, whether purchasing their own health insurance or accessing Medicaid, are vulnerable to changes in these systems. Those who are income-limited, suffer from a traumatic eye injury or disease, require surgery or medication, or have other health conditions are especially impacted.

BUDGET ITEMS

- Address the health care access issues that have arisen at the DHS Office of the Blind and Visually Impaired (OBVI). OBVI staff instruct individuals with low vision on techniques and technologies for use in daily living (home management, personal care, Orientation & Mobility, and communications). Several changes are needed to ensure that the state can effectively serve the growing number of Wisconsinites with significantly changing vision.
 - o OBVI requires sufficient federal and state funding. We support an increase in Wisconsin GPR dollars to address salary discrepancies between Rehabilitation Specialists, which has impacted recruitment and retention.



- o Restore the Rehabilitation Specialist Assistant (RSA) positions within OBVI to reduce the workloads of Rehabilitation Specialists.
- o Hire additional Rehabilitation Specialists for each region. Under the current program, there is currently only one Rehabilitation Specialist per region and some Rehabilitation Specialists serve up to 10 counties. Each Rehabilitation Specialist can only conduct 6-9 visits per week. Expanding the number of Rehabilitation Specialists per region would increase access to vision services.

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o Lift the cap on the number of hours Rehabilitation Specialists can use drivers. Some of the current Rehabilitation Specialists employed by DHS are blind or visually impaired and require drivers to help them carry out their professional duties. DHS has limited the hours Rehab Specialists with visual impairments can use drivers to 20 hours. There are serious negative consequences for both the driver and Rehabilitation Specialist if these hours are exceeded. The hour limit also requires the Rehabilitation Specialist to make hard decision about the number of clients they see as the further away the client is, the fewer clients can be served under the 20 hour cap. This disproportionately impacts rural clients. Additionally, it adds a burden to the workloads of employees with disabilities.

- Expand the types of certified professionals who can bill Medicaid for vision services. Currently, Medicaid will pay for vision rehabilitation if the services are performed by a licensed occupational therapist (OT). Other highly qualified vision rehabilitation specialists, such as a certified low vision therapist, certified orientation and mobility specialist, certified vision rehabilitation specialist or a certified assistive technology trainer cannot be reimbursed by Medicaid. While the services of an OT are billable, there are few OTs with the proper training

in low vision. Vulnerable Wisconsin residents, ranging from infants to elders, would be better able to receive the necessary training and skills to reduce injuries and live a healthier quality of life. Additionally, agencies like the Department of Vocational Rehabilitation would also be able to better utilize their funding for direct job training, rather than needing to fund support services like orientation and mobility and vision rehabilitation.

Over 100,000 Wisconsinites have a life-shaping visual impairment.

In the next 15 to 20 years, this number is expected to double.