



March 7, 2016

Department of Health Services
Secretary Kitty Rhoades
Family Care and IRIS 2.0
P.O. Box 7851, Room 550
Madison, WI 53707-7851

Dear Secretary Rhoades:

Thank you for this opportunity to provide feedback on the Department's draft Concept Plan for Family Care/IRIS 2.0.

Wisconsin's long-term care system is of great interest and importance to older adults, those who provide care for older adults, and aging advocates. What is prioritized in the long-term care system and how the services are delivered greatly affect how well or how poorly older adults are able to maintain their independence and remain living in the community. In addition, the design of the system determines how successful it is in helping people to prevent or delay their need for publicly funded long-term care. 2015 Wisconsin Act 55 calls for the development of a new care model and directs the Department to make extensive changes to the system including the addition of primary, acute, and behavior health services to existing long-term care service coordination. This new, integrated model of managed care further magnifies the potential impact this system can have on individuals and their families. This places a tremendous responsibility on all of us to get this redesign right.

GWAAR and the Wisconsin Aging Advocacy Network (WAAN) are pleased the draft Concept Plan includes a number of recommendations made by older adults, aging advocates and other stakeholders. There are, however, some areas in the Concept Plan where questions or concerns remain and/or additional detail is needed to provide clarity. Our comments, questions and recommendations are provided in the following testimony in accordance with the sections outlined in the Concept Plan. As you prepare the final Concept Plan for submission to the Joint Finance Committee, we hope you will make every effort to address the questions identified, clarify areas where additional details are needed and incorporate the recommendations offered.

According to CMS, successful programs have developed a structure for regularly engaging stakeholders. We remain committed to working with the Department on this important redesign and look forward to opportunities for continued stakeholder involvement throughout the design, implementation and ongoing monitoring of the new integrated managed care system.

Sincerely,

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Executive Summary

Aging advocates are pleased the new proposed system retains a commitment to continuing to serve all eligible adults in the three target populations - adults with physical disabilities, adults with developmental disabilities and frail elders. Also supported are the decisions to include a continuum of self-direction options, selection of IHAs through a competitive Request for Proposal process, the use of ADRCs to provide unbiased enrollment counseling, continuous open enrollment, and retaining the right of individuals dually-eligible for Medicare and Medicaid to obtain their Medicare benefits from through fee-for-service Medicare or a managed Medicare program.

Recommendation: The current Family Care program consists of seven Managed Care Organizations (MCOs), not including those specific only to the Partnership/PACE program, serving 13 Geographic Service Regions. The proposal to reduce the number of regions to three in Family Care/IRIS 2.0 creates concerns. *These concerns will be discussed in the Regions section of the document.*

Introduction

The proposal to eliminate waiting lists and make Family Care/IRIS 2.0 available in all 72 counties is strongly supported.

Recommendation: The Concept Plan states, “All eligible adults with disabilities and frail elders will have access to better-coordinated primary, acute, and behavioral health services, in addition to long-term care services.” No further detail is provided regarding how “eligibility” will be defined or if any changes in eligibility criteria are proposed. In the Feb. 25, 2016 news release issued by DHS, it was clearly stated, **“there will be no changes in eligibility for long-term care services.”** *To eliminate any confusion and make clear that eligibility in Family Care/IRIS 2.0 will remain the same as it is in the current versions of the programs, this statement should be included in the final Concept Plan.*

Public and Stakeholder Engagement

Aging advocates agree, 2015 Act 55 provisions related to Family Care/IRIS 2.0 are significant and important. As such, advocates have participated in all opportunities to provide input on redesign activities via public hearings, submission of testimony, attendance at presentations and meetings with Department staff.

Recommendation: The draft concept paper provides an overview of past stakeholder engagement efforts and identifies two public hearings on the Concept Plan scheduled for March 7, 2016. Other than referencing a formal public comment period on the formal waiver and/or state plan authority documents prior to submission to CMS, there are no ongoing opportunities for future stakeholder involvement identified in the Concept Plan. *To ensure the regular engagement of stakeholders throughout the development, implementation and*

*continuous monitoring/oversight phases of the program, ongoing opportunities for stakeholder involvement should be identified in the final Concept Plan, including the **establishment of a formal long-term care stakeholder advisory group that includes cross-disability representatives** of the long term care community (participants/members and family members/caregivers), long term care providers, and community-based organizations supporting those using long-term services and supports, and advocates/ advocacy organizations. The new system should also ensure ADRCs and IHAs will be required to maintain long-term care consumers on their governing boards.*

Guiding Principles

Aging advocates are very pleased, the right to live independently, with dignity and respect and key principles/values such as personal-choice, self-determination, person-centered planning, and cultural competence will all be maintained in the new system. Advocates support keeping the range of long-term care benefits unchanged, the appeal and grievance rights preserved, and access to ombudsman services and independent/unbiased enrollment counseling. Advocates further support the development of strong contractual obligations for vendors and DHS' role in maintaining rigorous oversight to assure contract compliance and program quality.

Recommendations:

- 1.) While the focus on natural supports and connections to family, friends and the community are vitally important, enrollment in the program signifies individual needs are often higher than that which can be met solely by natural supports. Benefits provided to participants must be designed to enhance the support provided by family and friends. *In recognition of Wisconsin's current direct care workforce shortage and to ensure the goals of the program can be met, the Concept Plan should include both recommendations for supporting and addressing the needs of natural supports, as well as for addressing the workforce shortage.*
- 2.) *Wisconsin currently has a nationally recognized "independent" ombudsman program model. Aging advocates recommend this model be continued in the new integrated care program and the draft Concept Paper be revised to reflect this commitment.*
- 3.) *Though stated elsewhere in the draft Concept Plan, it should be made clear in the final Concept Plan (in this section) that independent and unbiased enrollment counseling will be available to all program participants through the ADRCs.*
- 4.) *In addition to transparency and access to contracts, policies and procedures; it is recommended to also address transparency and access to outcomes measures, data reporting and other results that will enable individuals to make informed choices regarding IHA selection and program enrollment.*

Program Design

Aging advocates appreciate individuals will be able to choose how much self-direction they wish to engage in. Also appreciated, is the specific identification of transportation, supportive home care and home-delivered meals in the list of services IHAs will be required to provide. The Department's plan to require IHAs to offer care teams unique to the individual and care plans specifically tailored to individuals is supported; as a one-size, fits all approach will not be successful. Lastly, advocates are pleased individuals dually-eligible for Medicare and Medicaid will be able to choose how they wish to receive their benefits (through fee-for-service or any Medicare Advantage Plan).

Recommendations: It is unclear whether or not individuals who are not dually-eligible for Medicare and Medicaid will be able to keep their doctors. This is especially concerning for individuals needing to see specific specialists who may not be part of an IHA's network. This could also be of greater concern in areas where the availability of certain types of provider specialists are limited. *In the final Concept Plan, it is recommended to include circumstances under which individuals/non-duals will be able to access specific services or specialists outside the IHA network?*

Member Self-Direction of Long-Term Care Services

Aging advocates support the continuation of maximum flexibility regarding self-direction of long-term care services, as well as increased flexibility to change the number and type of services they direct. Further clarification is needed regarding the Department's inclusion of the statement, "Family Care/IRIS 2.0 will allow members to self-direct long-term care services in an environment where all care is coordinated," in the draft Concept Plan.

Recommendations:

- 1.) In the Feb. 22, 2016 news release issued by DHS stated, "Members will continue to have budget authority and full employer authority." Full employment authority is not mentioned in the draft concept plan. *To clarify the Department's intent, the continuation of both full budget and full employer authority should be included in the final Concept Plan.*
- 2.) The draft Concept Paper indicates, "Members will not be required to return to the ADRC if they want to begin to self-direct services or stop self-directing services." *The final Concept Plan should clarify that while not required to return to the ADRC under these circumstances, members/participants will retain the right to consult with an ADRC at any time regarding IHA selection and managed care and self-direction options.*

Family Care Partnership

Aging advocates support the draft Concept Plan proposal to continue Family Care Partnership in the 14 counties where it is currently available. Continuation of this program ensures continuity

for members currently enrolled and the availability of Family Care Partnership offers individuals residing in these counties an additional choice. Advocates also support the Department's efforts to work with CMS to further explore possible expansion of the program to additional areas.

Integrated Health Agencies

Aging advocates support the presence of multiple IHAs in each region to ensure eligible individuals will have choice among IHAs and to support program stability should an IHA fail to meet contract obligations or voluntarily terminate its contract. Advocates support an RFP process to select IHAs and the use of a readiness assessment/review to ensure each IHA is prepared to serve its members.

Recommendations:

- 1.) Include language in the final Concept Plan outlining a process for ongoing assessments of network adequacy and staffing levels in response to changes in enrollment numbers, provider capacity, provider shortages, etc.
- 2.) Clarify the IHA's role in member enrollment and functional screen as it pertains to IHA readiness.

Family Care/IRIS 2.0 Regions

Aging advocates are pleased IHAs will be required to serve all counties within a given region, there will be multiple IHAs in each region, a mix of urban and rural areas will be included in each region, efforts to minimize disruption in the transition by combining current Family Care regions and the transition of the remaining seven non-Family Care counties to Family Care/IRIS 2.0.

Recommendations: As with Family Care Partnership, advocates support maintaining continuity for members currently enrolled and minimizing disruption. Wisconsin's current Family Care/Family Care Partnership and BadgerCare Plus programs divide the state into far more than three regions. *Advocates recommend creating more than three regions which will reduce the level of disruption to current members and the system as a whole, will allow IHAs to develop needed relationships with the communities they operate in and to be more responsive to local needs, and will allow current MCOs to compete in the new system.*

Continuous Open Enrollment

Aging advocates are very pleased the draft Concept Paper calls for continuous open enrollment and makes clear at any time, an individual may make Family Care/IRIS 2.0 enrollment decisions.

Aging and Disability Resource Centers (ADRCs)

The draft Concept Plan's identification of ADRCs having an integral role in the long-term care system is much appreciated by aging advocates. The Concept Plan acknowledges ADRCs' role in not only serving those in need of publicly funded long-term services and supports, but also their role in helping people to plan for their future, maximize their personal resources, prevent the need for expensive care, and help to prevent or delay the need to access services through publicly funded programs.

Recommendation: The draft Concept Plan specifically identifies several current roles that ADRCs will maintain in the new system. The Concept Plan does not list all of the roles/responsibilities outlined in the 2016 ADRC Contract, raising questions and concerns regarding the future of other important functions such as benefits counseling, counseling to caregivers, transitional services, short-term service coordination, and others. Advocates and stakeholders continue to express the key to the success of the ADRC is their "local" presence and knowledge of and relationship with the community. *Advocates recommend the final Concept Plan indicate ADRCs will continue to provide all of their current services and continue to operate locally, as they are now. Further specificity is also needed regarding the ADRCs' role in serving as a resource for members even after they have enrolled in the program.*

Payment to IHAs

Aging advocates support the use of actuarially sound rates, use of the rate structure to incentivize high-quality, cost-effective service, aligning reimbursement with member-care outcomes, and requiring IHAs to report detailed encounter data. Most importantly, advocates support DHS' encouragement of IHAs to invest in home and community-based long-term care services.

Recommendations:

- 1.) Detailed reporting data is critical not only to the Department to address utilization, quality and cost, but is also important to the consumer. *The final Concept Paper should include what data will be available to support consumers in their decision-making process.*
- 2.) *To further support the long-term sustainability of the program, the final Concept Paper should include placing limits on IHA administrative costs and capping profits. Further, IHAs should be required to keep surplus revenue in Wisconsin to be reinvested in the long-term care system.*

Quality Measures

DHS' use of HEDIS and NCI, reporting of institutional admissions and relocations, use of independent evaluations to assess consumer feedback, IHA and MCO scorecards available to

the public, access to ombudsman services for all members, and DHS oversight and fiscal monitoring of IHAs are all supported by aging advocates.

Recommendation: *The final Concept Plan should provide a clear picture of how these quality measures will be used to improve services and what the consequences will be for IHAs with repeated poor performance.*

Contracting With Any Willing and Qualified Provider

Aging advocates support DHS' inclusion of the requirement of IHAs to contract with "any willing and qualified provider" for a minimum of three years.

Advocates are concerned by the inclusion of "The IHA must allow any provider of long-term care services to serve as a contracted provider if: The facility or organizations meets all guidelines established by the IHA related to quality of care, utilization, and *other criteria applicable to facilities or organizations under contract for the same care, services and supplies.* Experiences with the statewide broker for non-emergency transportation services have caused advocates to question what these guidelines might entail and if they give the IHA leeway to reduce the number of providers in any given service area.

Recommendations:

1.) *Further specificity is needed in the final Concept Plan to define what type of "other guidelines" IHAs would be permitted to establish and further assurances need to be provided to ensure these guidelines don't undermine the any willing/qualified provider language.*

2.) *Additional details would also be helpful to describe what process DHS will use to ensure provider capacity before considering ending the any willing/qualified provider requirement.*

Considerations for Tribes and Tribal Members

Aging advocates greatly appreciate the inclusion of considerations for tribes and tribal members. Advocates support the DHS requirement under Family Care/IRIS 2.0 tribes can continue to be service providers under contract with IHAs. Further, advocates applaud DHS' commitment to working with Tribal Nations and CMS to develop a tribally operated waiver.

Next Steps

Recommendations: Missing from the implementation timeline is the development of the IHA contract, establishment of ongoing opportunities for stakeholder involvement (e.g. establishment of a formal long-term care stakeholder advisory group), and details related to the transition to the new program. *The final Concept Plan should contain additional details regarding the contract development process and timeline. It should also include the role of stakeholders and advocates in the ongoing development, implementation and review of the new*

system. Finally the Concept Plan should include specific steps that will be taken to ensure a smooth transition from original Family Care and IRIS to Family Care/IRIS 2.0 including a gradual roll-out process, piloting of the new system, and methods of communication with current members.