

Core Member Organizations

- Aging and Disability Professionals Association of Wisconsin (ADPAW)
- Alzheimer's Association SE Wisconsin Chapter
- Wisconsin Adult Day Services Association (WADSA)
- Wisconsin Association of Area Agencies on Aging (W4A)
- Wisconsin Association of Benefit Specialists (WABS)
- Wisconsin Association of Nutrition Directors (WAND)
- Wisconsin Association of Senior Centers (WASC)
- Wisconsin Institute for Healthy Aging (WIHA)

The Wisconsin Aging Advocacy Network is a collaborative group of individuals and associations working with and for Wisconsin's older adults to shape public policy to improve their quality of life.

WAAN State Issue Brief
July 2016

Adult Long-Term Care System

Supporting people in their own homes and communities

WAAN's Position: Expand Family Care, IRIS, and Family Care Partnership to enhance care coordination and improve member health while achieving cost savings. Leverage the strengths of Wisconsin's aging and disability resource centers (ADRCs) to prevent and delay the need for publicly-funded long-term care services.

Proposed Changes to the Long-Term Care System

Throughout the 2015-2017 state budget process, the executive branch and legislature expressed many concerns regarding escalating Medicaid (MA) costs and the sustainability of the state's long-term care (LTC) system. In response to these concerns, the 2015-2017 budget (Act 55) directed the state Department of Health Services (DHS) to expand the current Family Care program (MA managed care, long-term care) state-wide. DHS was also directed to request a waiver amendment from the Centers for Medicare and Medicaid Services (CMS) to transition the current adult LTC system to a new integrated model. The current system consists of 65 counties operating the Family Care program and the self-directed care program IRIS (Include, Respect, I Self-Direct), plus seven legacy waiver (Community Integration/Community Options programs) counties. The proposed integrated system calls for Wisconsin to have one MA managed care program where both long-term care and primary and acute care services are provided through integrated health agencies (IHAs) to long-term care consumers—who to the extent allowable by the U.S. Department of Health and Human Services agency—are eligible for both MA and Medicare.

For the past year, DHS has been designing the new care model which will expand Family Care statewide and transition the program “to an outcomes-based model that coordinates all of an individual's care needs.” The goals

Family Care &
IRIS serve
nearly 60,000
frail elders and
adults with
physical and/or
developmental
disabilities.

Questions and concerns remained regarding crucial design elements of the proposed program.

of the new system include producing better member outcomes (improved health and well-being) and slowing growth in the MA expense budget.

Status of the Proposed Changes

DHS conducted a number of public hearings last fall and again March 2016 to receive testimony from stakeholders. On March 31, DHS submitted a summary of their proposed long-term care system changes to the Joint Finance Committee (JFC) in their “Family Care/IRIS 2.0 Concept Paper.” In early April 2016, the Legislative Fiscal Bureau issued a memo outlining the options available to the JFC for responding to the concept paper. One option was “The committee could also defer action on the plan until additional information or clarification is provided.” While advocates agreed with DHS on a number of important aspects of the new program, questions and concerns remained. Consumers and advocacy groups encouraged members of the JFC to follow this recommendation and defer action on the plan.

A financial analysis of Family Care/IRIS 2.0—completed by DHS in April—revealed projected savings would come from reduced expenses in primary and acute health care for 20% of current program participants (those who are MA-eligible only). Significant savings have already been achieved through the combined efforts of DHS, ADRCs, MCOs, and the IRIS program over the last 16 years and the current LTC model would continue to result in cost-savings. Implementing the Family Care/IRIS 2.0 program was not expected to produce any further savings in LTC spending. In late May the state’s Legislative Fiscal Bureau released their review of DHS’s “Family Care/IRIS 2.0 Concept Paper” and reported “there is insufficient data at this time to assess savings that may have been realized in other states that implemented dual alignment demonstration projects...” They further reported that it is uncertain whether some of the current MCOs will be able to meet all of the necessary requirements to become an IHA and that “it is possible that none (of the MCOs) would successfully compete for the contracts.” Due to continued feedback and questions about the proposed plan, on June 9 DHS withdrew their concept plan approval request from the JFC.

What’s Next?

Options to achieve additional health and LTC savings and use integrated care to evaluate improved health outcomes exist within the current system. Sufficient funding to support the work of ADRCs and expansion of the Family Care and IRIS programs to the remaining seven counties—as well as further expansion of the Family Care Partnership program (an existing integrated health and long-term care program currently available in 14 counties) are options that can be undertaken without overhauling the statewide system. These options ensure continuity for supporting the health and well-being of the nearly 60,000 older adults and people with disabilities currently being served.



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