



~ Promoting Self-Determination in Wisconsin

Long-Term Care in the Wisconsin State Budget for 2015-2017: What's Next?

Today's Presenters

- Lisa Pugh, Public Policy Director – Disability Rights Wisconsin
 - Lynn Breedlove, Co-Chair, Wisconsin Long-Term Care Coalition
 - Deb Wisniewski, ICW Associate & Host
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Major Upheaval in LTC

In the 2015-2017 budget, Governor Walker and the legislature started a chain of events which will likely lead to major changes in Wisconsin's Long-Term Care (LTC) system.

A Mixed Bag

LTC advocates view many of the changes as setbacks, but there were also some positive features.

The Changes: Statewide Family Care

- The budget stated that Family Care will be statewide by January 2017, or a later date to be determined by the WI Dept. of Human Services (DHS).
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The Changes: An Integrated Model

DHS will submit a submit a proposal for a new Medicaid Waiver program that will:

- Combine both LTC and primary/acute health care in Family Care, and
 - Be administered by at least two Integrated Health Agencies (IHAs) in each region.
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The Changes: Integrated Health Agencies (IHAs)

IHAs will be similar to the existing managed care organizations (MCOs) which administer Family Care, but they will be required to coordinate health care as well as LTC services.

The Changes: Self-Direction

- The new Medicaid Waiver will include self-direction within the IHAs, as part of the “new” Family Care.
 - IRIS will no longer operate as a separate program.
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Positives in the Budget

- Making Family Care statewide will effectively eliminate waiting lists.
 - Integration of LTC and health care will result in some people getting better health care.
 - Self-direction is defined more clearly in state statute.
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Concerns: Family Care

- Some people don't want an integrated model and could lose their current doctor.
 - It is unlikely that all of the existing Family Care managed care organizations (MCOs) will survive.
 - Some of the new IHAs will probably be large health insurance companies.
 - The state has lifted the cap on profits for the new IHAs.
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Concerns: Self-Direction

- Putting self-direction into managed care could result in less control for participants who currently use IRIS.
 - The insurance companies interested in being IHAs have little or no experience in self-direction.
 - The state budget language describing self-direction left out some key elements of the current IRIS program.
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What Happens Next: Stakeholder Input

- The budget says that DHS must “consult with stakeholders, including representatives of long-term care” during the planning process.
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What Happens Next: Stakeholder Input

Eight town hall meetings took place in September and October 2015. Key Questions from DHS included:

- Enrollment Periods
 - Policy on Family Care/IRIS 2.0 Regions
 - Quality Outcomes and Measurements
 - Program Integration: integrating primary, acute, behavioral health and long-term care; incorporation of IRIS.
 - Aging Disability Resource Centers (ADRCs) and Sustainability
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What Happens Next: Stakeholder Input

Highlights of stakeholder comments:

- Concerns about profits before people
 - Ability of providers to survive
 - Inadequate rates
 - Support for self-direction and IHA understanding of LTSS
 - Community-based and Employment supports
 - Fear of losing control of their lives
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What Happens Next: New Regions

DHS will probably redefine the Family Care regions so, even if any of the existing MCOs survive, they will probably be serving different counties than they are now.

What Happens Next: Legislative Approval

DHS must submit a plan to the Joint Finance Committee by April 2016 and get committee approval before DHS can submit a new waiver proposal to the federal government (the Center for Medicare and Medicaid Services, or CMS).

What Happens Next: New Medicaid Waiver

- If the Joint Finance Committee approves DHS's plan, DHS will prepare a draft waiver proposal by July 1st, followed by 30 days for public review and comment.
 - All comments submitted to DHS are also sent to CMS by DHS.
 - DHS plans to submit the waiver proposal by Sept. 30, 2016.
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What Happens Next: DHS & CMS Negotiations

When a state submits a new, very different Medicaid Waiver, CMS naturally raises lots of questions. It could take several months or even up to a year to resolve them all.

**CMS could ultimately reject DHS's proposal if it doesn't fit CMS guidelines.*

What Happens Next: Going Statewide

- The budget allows DHS to implement Family Care in all the remaining counties by January 2017 or later.
 - No decisions have been made regarding which counties will start up sooner (“Family Care/IRIS 1.0”) and which will wait until after the new Waiver is approved (“Family Care 2.0”)
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What Can I Do?

- Written testimony is due to DHS by October 30, 2015. DHSFCWebmail@wisconsin.gov.
 - Support others to provide comments, particularly participants and their families.
 - Contact your state legislators. Ask them to monitor the process and let them know what's important to you. (Go to the “Find My Legislators” box on this website:
<http://legis.wisconsin.gov/>
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Questions?



Want More Info?

- Survival Coalition: <http://www.survivalcoalitionwi.org>
 - Self-Determination Network (InControl Wisconsin): <http://sdnetworkwi.org>
 - WI Long-Term Care Coalition: <http://www.wilongtermcarecoalition.org>
 - Facebook: Wisconsin Long-Term Care Coalition; Save IRIS.
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