



**Survival
Coalition**

of Wisconsin Disability Organizations

Keeping the Community Promise: Lifting the Cap on Long-Term Care in Wisconsin



May 2011

“Please think seriously about what the cap will mean to thousands of families just like mine. I pray you will find the right reasons for doing what you know is right.”

- Lynda Babino, Waupaca

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**Survival
Coalition**

of Wisconsin Disability Organizations

The Survival Coalition is comprised of over 40 statewide groups representing people with all disabilities and all ages, their family members, advocates, and providers of disability services. For over 20 years, Survival has been at the forefront of promoting cost effective, community-based services and supports for people with disabilities.

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Keeping the Community Promise: Lifting the Cap on Long-Term Care in Wisconsin

Wisconsin is at a crossroads in the journey to reform long term care. For decades we have made bipartisan progress in keeping our older adults and people with disabilities in their homes and out of costly institutions. As Governor Tommy Thompson predicted years ago, we have been leading the nation with our values and investment.

It was the evening of January 20, 1998 when then Governor Thompson proclaimed he was introducing a revolutionary new program called Family Care that would give families “security, peace of mind and hope for the future” – setting the standard for the nation.

Since that time Family Care and its sister community-based long-term care programs like IRIS, Partnership, legacy waivers and long-term care waivers for children have accomplished much of this original vision in the eyes of families. Before the legisla-

In 1998, Governor Thompson introduced Family Care, which he said would give families “security, peace of mind and hope for the future.”

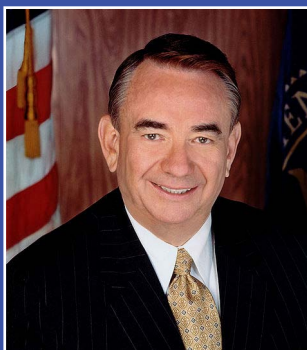
ture voted to establish a right to long-term care in the community, people languished on wait lists and many found their only option was to be forced into a nursing home. A recent review by the Legislative Audit Bureau confirms that the popular Family Care program has improved access to long-term care in the community and offers people with disabilities and older adults choices that meet their needs.

Even before 1998, bi-partisan Wisconsin legislatures made a commitment to community-based long-term care in a “Community Promise”, partly because care in the community had proven its cost-effectiveness.

Family Care alone has been carefully evaluated. Various external studies reveal consistently that the alternative to care in the community, a bed in a nursing home, costs significantly more and Wisconsin’s innovative models of managed care and self-direction have great potential.

Like Governor Thompson, Governor Walker had been a champion of community care. It was just August 2010 when soon-to-be Governor Scott Walker, while highlighting his own state Assembly vote for Family Care said, “If I did nothing else I wanted to make sure Milwaukee County expanded Family Care to people under the age of 60 with developmental and physical disabilities, so that they in turn could see that waiting list eliminated like we did for older adults in this community.”

We clearly can eliminate the waiting list and we have an opportunity in the 2011-2013 biennium.



Former Governor Thompson

1998 State of the State Address State Capitol January 20, 1998

Governor Thompson: “The greatest hope of our families is for a compassionate system of high quality choices so they can give their parents the very best care possible. Tonight, we unveil a revolutionary new program to meet the needs of our aging and ease the worries of their children. We call it Family Care...Family Care gives families security, peace of mind and hope for the future. It will set the standard for the nation.”

\$2,800 vs. \$4,000: The average cost of **Family Care** is \$2,800 per month, whereas the average cost of a **nursing home** is \$4,000 per month.

The 2011-2013 biennial budget now proposes to cap enrollment on all major long-term care programs, except nursing homes, even though the data shows the average cost of Family Care is \$2,800 per month versus the average nursing home cost of \$4,000 per month.

Older adults who have spent their personal retirement funds on private long-term care as their health and daily needs increase, now wonder if the **Community Promise** will hold true for them when they need it. Will they be able to stay in their homes?

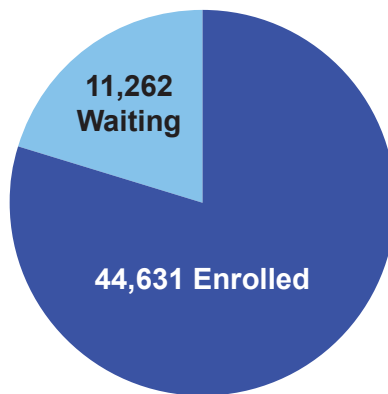
Families of young adults with disabilities leaving high school fear they will graduate to nothing.

Those who have waited with the hope of their name being called off a list in a year or a few months are now in limbo indefinitely.

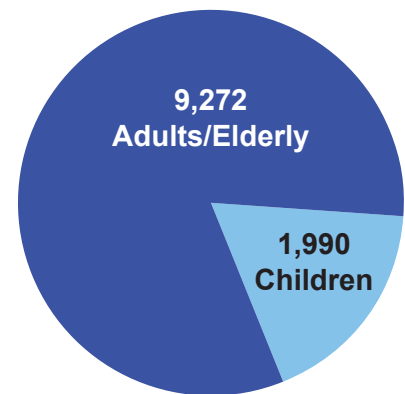
We can still keep the **Community Promise for Wisconsin.**

Long-Term Care in Wisconsin

Residents Eligible for Services



Residents Waiting for Services



Data from the Department of Health Services

This report serves to illustrate the value of the Community Promise, both in dollars and quality of life, and share the stories of the thousands of older adults, adults and children with disabilities who depend on our state's commitment to community-based long-term care.

A right to long-term care in the community is not only what is right for older adults and people with disabilities; it is right for the taxpayers of this state.

Keep the Community Promise.



Governor Walker

2010 Primary Election Victory Speech

Milwaukee

September 14, 2010

Candidate Scott Walker: "Before I took office, there was literally a waiting list of 3,000 older adults waiting for long-term care in our community. Today not one senior in our community is on a waiting list because we stood up and led the way. We can do it for the state as well."

Long-Term Care in Wisconsin

Number of People Served and Waiting for Services by County

County	Enrollments by Program, DHS early 2011 data				People Waiting for Services, most current DHS data			
	Family Care	Partnership/PACE	IRIS	CLTS	Adults/ Elderly Waiting	Children Waiting	Children's Average Wait Time	Total Waiting
Adams	NA	NA	NA	33	14	11	24 months	25
Ashland	164	NA	40	9	81 ¹	3	12 month	84
Barron	307	NA	67	48	153	24	8 month	177
Bayfield	103	NA	14	15	81 ²	0	0 months	81
Brown	NA	NA	NA	286	637	148	13 months	785
Buffalo	65	NA	34	18	280 ³	0	Not reported	280
Burnet	NA	NA	22	19	40	0	2 months	40
Calumet	182	2	17	94	52	0	0 months	52
Chippewa	214	415	26	98	0	12	11 months	12
Clark	213	NA	26	31	280 ⁴	8	3 months	288
Columbia	372	42	41	71	0	39	60 months	39
Crawford	161	NA	5	24	27	0	Not reported	27
Dane	NA	961	NA	452	314	62	19 months	376
Dodge	314	29	50	68	40	55	Not reported	95
Door	NA	NA	NA	26	74	10	5 months	84
Douglas	385	NA	50	33	112	12	36 months	124
Dunn	144	288	32	49	23	0	6 months	23
Eau Claire	350	984	109	148	27	28	0 months	55
Florence	NA	NA	NA	12	0	0	0 months	0
Fond du Lac	1,068	NA	46	83	NA	0	0 months	0
Forest	NA	NA	NA	9	5	56 ⁵	52 months	61
Grant	248	NA	32	27	218	1 ⁶	12 months	219
Green	293	NA	7	45	60	14	20 months	74
Green Lake	158	NA	7	13	41	11	9 months	52
Iowa	90	NA	13	17	55	1 ⁷	12 months	56
Iron	52	NA	9	10	2	0	0 months	2
Jackson	183	NA	9	24	416 ⁸	13	24 months	429
Jefferson	684	66	40	116	174	90	72 months	264
Juneau	146	NA	17	28	45	2	6 months	47
Kenosha	1,006	52	83	149	NA	2	12 months	2
Kewaunee	NA	NA	NA	58	3	0	0 months	3
La Crosse	1,922	NA	58	138	NA	58	36 months	58
Lafayette	68	NA	3	12	27	1	18 months	28
Langlade	119	NA	5	12	14	8	24 months	22
Lincoln	NA	NA	0	27	19	0	0 months	19
Manitowoc	571	NA	64	88	261	0	0 months	261
Marathon	975	NA	80	80	294	61	24 months	355
Marinette	NA	NA	NA	23	148	47	3 months	195
Marquette	134	NA	7	18	8	0	0 months	8
Menominee	NA	NA	NA	4	17	0	0 months	17
Milwaukee	8,728	1,174	1,093	635	2,817	478	27 months	3,295
Monroe	345	NA	20	31	416 ⁹	25	60 months	441
Oconto	NA	NA	NA	40	127	42	60 months	169
Oneida	NA	NA	NA	36	15	56 ¹⁰	52 months	71
Outagamie	604	48	66	132	378	21	12 months	399
Ozaukee	415	26	56	88	69	11	21 months	80
Pepin	46	NA	18	8	280 ¹¹	0	0 months	280
Pierce	172	15	34	73	48	17	24 months	65
Polk	169	NA	35	49	0	42	60 months	42

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Portage	955	NA	20	85	NA	42	36 months	42
Price	147	NA	15	26	34	0	6 months	34
Racine	1,098	123	80	118	NA	46	12 months	46
Richland	374	NA	19	28	NA	8	24 months	8
Rock	NA	NA	NA	172	157	69	63 months	226
Rusk	142	NA	19	27	106	14	36 months	120
Saint Croix	271	27	133	135	147	88	67 months	235
Sauk	344	58	29	69	107	21	24 months	128
Sawyer	123	NA	26	8	70	0	2 months	70
Shawano	NA	NA	NA	48	36	0	0 months	36
Sheboygan	812	NA	46	74	47	0	10 months	47
Taylor	NA	NA	NA	18	1	0	0 months	1
Trempealeau	267	NA	19	33	41	17	Not reported	58
Vernon	247	NA	19	22	416 ¹²	8	30 months	424
Vilas	NA	NA	NA	46	77	56 ¹³	52 months	133
Walworth	389	NA	97	75	167	0	120 months	167
Washburn	176	NA	21	12	56	7	8 months	63
Washington	604	23	20	84	173	19	12 months	192
Waukesha	1,479	70	144	314	173	177	20 months	350
Waupaca	266	43	25	60	177	1	12 months	178
Waushara	207	NA	17	13	51	0	0 months	51
Winnebago	859	NA	172	183	318	0	0 months	318
Wood	785	NA	36	49	177	9	6 months	186
Totals	31,541*	4,492	3,292	5,306	9,272	1,990	Total Waiting	11,262

Notes:

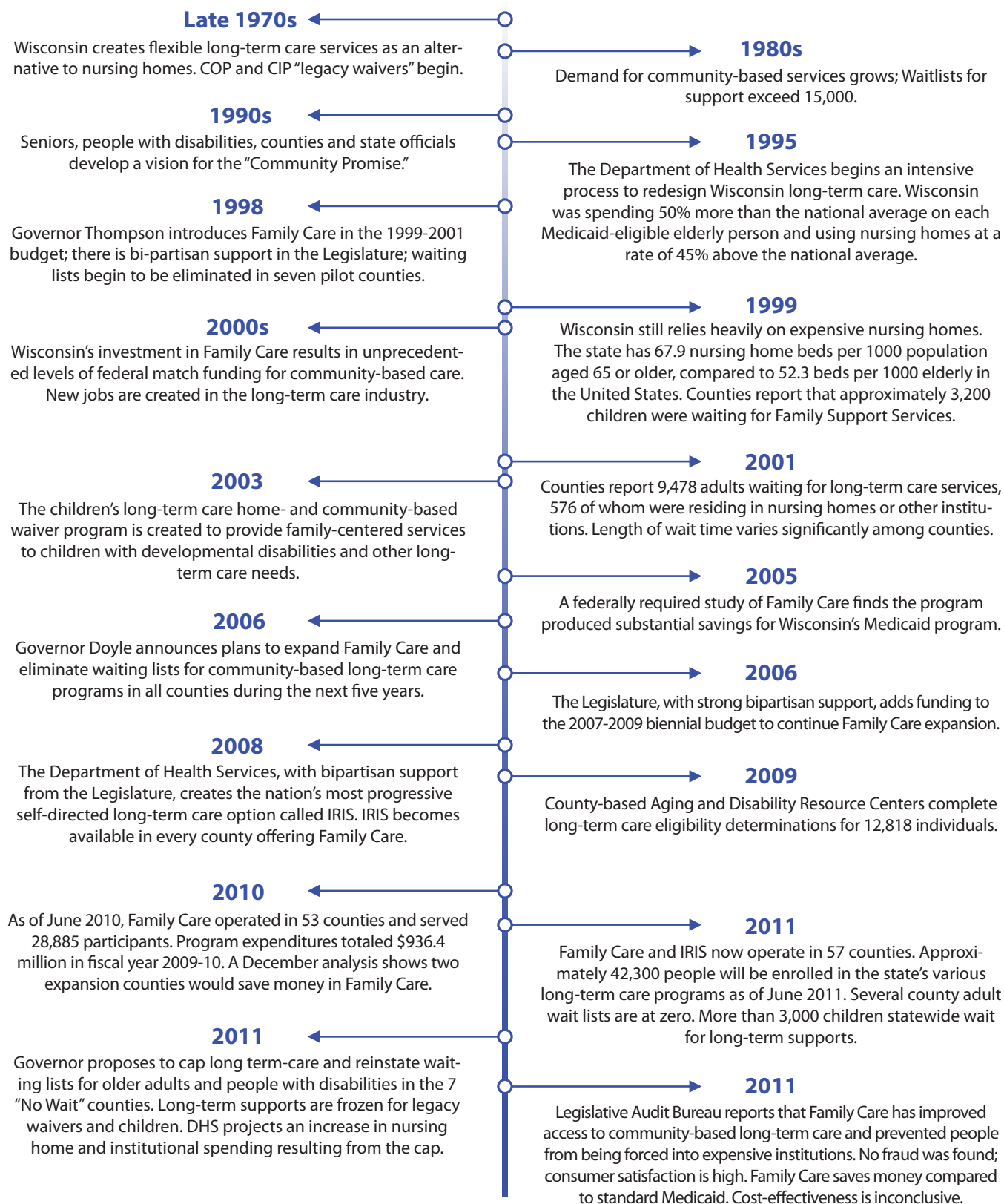
1. The Waitlist amount reflects a consolidation of the Ashland and Bayfield Counties Waitlists by DHS.
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5. The Waitlist amount reflects a consolidation of the Forest, Oneida, and Vilas Counties Waitlists by DHS.
6. The Waitlist amount reflects a consolidation of the Grant and Iowa Counties Waitlists by DHS.
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8. The Waitlist amount reflects a consolidation of the Jackson, Monroe, and Vernon Counties Waitlists by DHS.
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* The total number of individuals served by Family Care and Family Care Partnership/PACE reflects all individuals served by county in addition to individuals receiving services that live outside of county service areas. Individuals receiving services outside of the county are not reported in this chart, but are included in the overall Family Care Enrollment and Family Care Partnership/PACE Enrollment.

Descriptions of Wisconsin Long-Term Care Medical Assistance Programs:

- Family Care integrates home and community-based services, institutional care, Medicaid personal care, and home health. Family Care does not pay for acute/primary health care costs, e.g. hospital stays, ER visits, medications.
- Partnership and PACE integrate a person's long-term care services, health and medical services (acute/primary care), and prescription medications. All medical care is integrated into the benefits.
- IRIS (Include, Respect, I Self-Direct) is a self-directed, long-term care option for elderly people and adults with disabilities where resources are creatively used to help the individual achieve the life they want with the support they need.
- Children's Long-Term Support (CLTS) waivers provide children with a variety of individualized services including in-home intensive treatment services.
- Legacy waivers are community-based long-term care programs (including the Community Options Program - COP, and the Community Integration Program - CIP) that are available to eligible individuals in counties prior to full implementation of Family Care or IRIS.

History of Long-Term Care in WISCONSIN



Stories from Real Wisconsin People

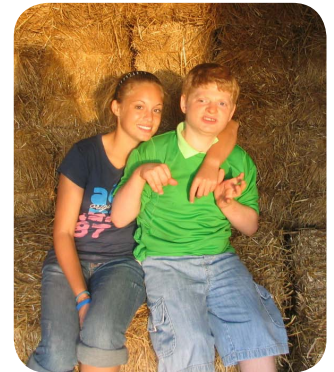


I am a substitute Sunday school teacher, I read to children at my local school, and I serve on community boards and speak at conferences as an advocate. I am also a person with a disability and I do have extensive medical needs. The people who help me through Family Care help me get dressed, make my meals and help me get into bed at night. I am grateful for this help. I have a full life! If you start putting caps on funding for people like me it is just going to lead to people getting sicker faster, going into nursing homes, which is not going to save the state a dime. I don't think I should be put into a nursing home when I am 44 years old. I live with that fear every day.

Tami Weber, River Falls

Stuart Rabin, who is 25, has significant developmental disabilities and he lives with his family in an apartment in our home. As he has a severe condition, he has challenging support, behavior and medical needs. We are delighted with his quality of life using the IRIS program. Over the past three years, he has gone from using a wheelchair and a ramp with an expensive lock system (\$20,000+) in our van to using a walker and a less expensive auto access chair in the van (\$6,577). This more functional and less expensive option is a direct result of the Medicaid supports and services we have been able to use flexibly under his IRIS plan. While Stuart has intensive care needs, we keep in mind that we are responsible for decisions in using his budget wisely. I have many ideas on how to make this program better and more cost-effective. Please preserve this program for Stuart and other people with disabilities.

Anne Rabin, Pleasant Prairie



For many years my sister was in a nursing home supported by the tax dollar - about two times more expensive than the residence she lives in now. She has her own apartment with 24 hour care through Family Care. For many other people with disabilities (like my sister), on waiting lists for Family Care, the only other alternatives are the much more expensive nursing homes. Without Family Care, my sister would be unable to work - and thus not be contributing at all to the private business sector because she would instead be in a nursing home. Lifting the proposed budget caps on Community Long-Term Care Services is actually just common sense.

Christopher A. Sigl, Hartford

I live in Mukwonago. I live in an adult family home. Before that I lived in a nursing home. It was really difficult to go into a place where you had to be institutionalized. What I mean by that is they schedule the way you think, the people you see, everything is the same order over and over and over again. It could have been called a prison. And I didn't deserve that. I am young I have things to do, people to see. I help out at ACAP. I am so free and I know this because I was in a place that was terrible and with all my heart I do not want to go back to that kind of thing. It would absolutely destroy me.

Laura Nicosia, Mukwonago

My son will be turning 18 this year. I adopted him at the age of 6 and for the last 11 years have lived with behaviors that many have said I should have given him back to the state because it was just too much. I love my son and would never even consider surrendering him back to the state, but I am living with fibromyalgia and chronic pain and his father is disabled. Both he and I will no longer be able to care for our son within our home... but he has the ability to live, with help, in the community as independent as possible. But because of this cap, he might not be able to get the services needed for him to live on his own.

Lynda Babino, Waupaca

Stories from Real Wisconsin People

My son Tyler is no different than most 13 year old boys except that he has Down syndrome and autism. He enjoys going to school, playing baseball, and serving mass. I am concerned that if Family Care, IRIS, or any other program is frozen, the waiting list will grow to the point that my son Tyler will have to wait years to be able to live his dreams. I am also a consultant in the IRIS program. I see first hand how individuals with the ability to self direct their supports and services are much happier with their life. Self direction allows these individuals to hold down jobs. In some cases real jobs, not just sub minimum wage jobs. With the money that they earn, they put some of that back into the economy. Tyler has dreams and I have dreams for Tyler.

Kevin and Tyler Fech, Cudahy



My son Stephen and I are just about to enter the world of adult services. Stephen will be turning 18 late in May 2011. I have been waiting for Family Care support so that I can return to full-time work. I take care of Stephen five days and five nights a week by myself and sometimes work on the weekend when my husband is home from his job out of state. He was one of many employees cut from Kohler two years ago and there are no jobs for him around here. Stephen needs someone with him to keep him safe and remind him to do the care that he can for himself. He needs assistance in preparing meals and taking his medication. If you cap long-term care and my son gets put onto a waiting list, he will be stuck sitting at home during the summers and after graduation. He will be stuck doing nothing and I will be needed at home 24/7. Isn't it more democratic to allow him to be as independent as possible and also to allow me to assist in our income?

Carla Scofield, Plymouth

My name is Laura Strebe. I live in my own apartment. IRIS pays for staff to help me with menu planning, grocery shopping, cleaning, and laundry. They make sure that I am doing things safely. IRIS pays for me to learn new skills and jobs. The money that I earn helps me pay my bills. I work at First English Church. The people there are very nice to me. IRIS helps me do all of these things. I am afraid that if I do not get support from IRIS that I would not be able to live by myself anymore. Some of my friends don't have any support at all and I am afraid that they will never be able to move out. Please don't cancel this program.

Laura Strebe, Appleton



The Family Care program allowed my family to keep our parents in our home for the duration of their lives. It was much more cost effective than nursing home care and enriched all of our lives. To think this program would not be available to help other seniors is very sad. Please work to reinstate and retain the Family Care program for all.

Maureen Creed, Milwaukee

My son, Andy is a 21-year-old adult who has an intellectual disability. While growing up, Andy was on and off waiting lists for support. When he was 18, we were relieved to hear the state had moved forward with a bi-partisan long-term support Medicaid Waiver. Now, with the support of the IRIS program, Andy has created his own business. He now sells his worm compost product at the Eau Claire Farmers Market. He loves working in his community. His life has meaning. I have always said it has been a dream that Andy would be included and be able to earn enough money to reduce his need for publicly funded supports. It is critical that there not be a funding cap placed on any long-term care programs.

Terri Larson-Baxter, Eau Claire

Wisconsin Council on Long Term Care

RESOLUTION In Support of Continuing Statewide Implementation of Family Care, IRIS, PACE and Partnership

Heather Bruemmer,
Chair

Beth Anderson

Karen Avery

Judy Braun

Lynn Breedlove

Teri Buros

Devon Christianson

Dana Cyra

Carol Eschner

Caroline Feller

Bob Kellerman

WHEREAS Family Care was initiated in 1999 by Governor Tommy Thompson to provide greater choices to long-term care consumers, and to provide more cost-effective long-term care services, and

WHEREAS an independent assessment by APS Healthcare in 2005 found that Family Care had a high consumer satisfaction rate, and saved the state's Medical Assistance program on average \$452 per person per month, and

WHEREAS Family Care and IRIS have been fully or partially implemented in all but 15 counties in Wisconsin, and

WHEREAS a Legislative Audit Bureau report indicates that Family Care "has improved access to long-term care by allowing participants to avoid institutional care, and in many instances, to remain in their own homes..." and that "the implementation of this large, complex program has generally proceeded as planned...", and

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WHEREAS the Council supports the Department of Health Services' commitment to address areas of concern identified in the Legislative Audit Bureau's Evaluation Report and the Family Care Financial Evaluation completed by APS Healthcare, and

WHEREAS the cap on long term care will result in cost-shifting in the form of increased nursing home admissions, hospitalizations, admissions to psychiatric facilities, admissions to correctional facilities, and Medicaid card costs, and

WHEREAS Family Care holds the promise of eliminating waiting lists, reducing institutional care, reducing other Medical Assistance costs, such as hospitalization and emergency care use, and

WHEREAS Family Care continues to be a cost-effective model for long-term care reform in Wisconsin and the Country,

THEREFORE BE IT RESOLVED that the Wisconsin Council on Long Term Care urges the Governor, the Department of Health Services, and the Legislature to lift the caps and continue statewide implementation of Family Care, IRIS, PACE and Partnership on its original schedule in the 2011-2013 state budget.

Adopted at the May 3, 2011, meeting of the Wisconsin Council on Long-Term Care in Madison, Wisconsin.

Statewide Support



Over 70 statewide and regional agencies have signed on in support of the May 3, 2011 resolution from the Wisconsin Council on Long-Term Care which urges the Governor, the Department of Health Services, and the Legislature to lift the caps and continue statewide implementation of Family Care, IRIS, PACE and Partnership on its original schedule in the 2011-2013 state budget. The following agencies support the resolution:



Statewide Agencies

AARP Wisconsin
Aging & Disability Professionals Association of Wisconsin
Autism Society of Wisconsin
Board on Aging and Long Term Care
Brain Injury Association of Wisconsin, Inc.
Coalition of Wisconsin Aging Groups
Disability Rights Wisconsin
Family Voices of Wisconsin
Greater Wisconsin Agency on Aging Resources, Inc.
Lutheran Social Services of Wisconsin and Upper Michigan, Inc.
Mental Health America of Wisconsin
People First Wisconsin
Wisconsin Alliance for Retired Americans
Wisconsin Association of Area Agencies on Aging
Wisconsin Association of Benefit Specialists

Wisconsin Association of Family & Children's Agencies
Wisconsin Board for People with Developmental Disabilities
Wisconsin Branch of the International Dyslexia Association
Wisconsin Coalition Against Domestic Violence
Wisconsin Coalition Against Sexual Assault
Wisconsin Coalition of Independent Living Centers, Inc.
Wisconsin Council on Children and Families
Wisconsin Council of the Blind & Visually Impaired
Wisconsin Council of Churches
Wisconsin Counties Association
Wisconsin County Human Services Association
Wisconsin FACETS
Wisconsin Family Care Association
Wisconsin Personal Services Association



Regional Agencies

Alzheimer's Association - Greater Wisconsin Chapter
Alzheimer's Association of Southeastern Wisconsin
Arc - Winnebago County Disability Association
ARC of Greater Milwaukee
Autism Society of Southeastern Wisconsin
Badger Association of the Blind and Visually Impaired
Bell Therapy, Inc.
Carefinders, Inc
Catholic Charities
Community Advocates
Easter Seals Southeast Wisconsin
Genesis Behavioral Services, Inc.
Geriatric Support/Pathway Care
Grand Avenue Club, Inc.
GT Independence
IndependenceFirst
Independent Living Resources, Inc.
Interfaith Older Adult Programs
Jewish Community Relations Council of the Milwaukee Jewish Federation
Jewish Family Services
JFS Housing, Inc.
La Causa, Inc.
Legacy Center, UA - Corporate Guardianship Services
Legal Aid Society of Milwaukee

Milwaukee County Disability Resource Center Oversight Committee
Milwaukee Mental Health Task Force
Midwest Community Services, Inc.
Milwaukee County Aging and Disability Resource Center Board
Milwaukee County Combined Community Services Board
Milwaukee County Commission on Aging
Milwaukee County Department of Family Care
Milwaukee Mental Health Task Force
NAMI Greater Milwaukee
North Country Independent living
Options for Independent Living
Project Access, Inc.
Society's Assets
St. Croix Valley Disability Coalition
Stowell Associates SelectStaff Inc.
The Arc of Racine County, Inc.
Transit Express
Transitional Living Services
United Cerebral Palsy of Southeastern Wisconsin
Wisconsin Community Services, Inc.
Wisconsin Latino Action Coalition
Wisconsin Upside Down
Women's Psychotherapy Centre of WI, LLC



2,122 and counting...

Over 2,100 Wisconsinites have signed the “Keep the Community Promise: Lift the Cap on Community Long-Term Care” petition.

The petition states:

The proposed state budget freezes for two years all major long-term care programs except nursing homes (which are more expensive than in-home care). This includes programs like Family Care, IRIS, Partnership, PACE, and the Children’s Waivers. Older adults and children and adults with disabilities will go without essential services unless this cap is lifted. The cap will not save money because it will lead to an increased use of expensive and preventable institutional care. Community services mean people with disabilities and seniors can stay in their homes and maintain their independence.

We, the undersigned, ask state legislators to lift the cap on community long-term care services because they are more cost effective than institutions and better for people. Keep the community promise: remember - there’s no place like home!

“My father, who is 84 years old, has been battling Alzheimer’s for 2 years. My mother is struggling with keeping him at home. We need [this] to be able to help our parents and other parents suffering from this disabling disease.

Ann Negovan, Madison

“I have been on the Family Care waiting list since 2002 and I was hoping to get services very soon. Now I am worried because the budget will not fund more people in Family Care.”

Nealy Rothe, Milwaukee

“Without long term supports, any family like ours would feel a significant impact on their quality of life. Long term care lets people live.”

Lauri Malnory, Eau Claire

“I am a mom of two special needs teens. Our son is supposed to be transitioning at the age of 18 so we need this cap lifted so he can receive his adult services. We depend on these services. We need them to continue getting the help they desperately need.”

Robin Davis, Wisconsin Rapids

“My mother received Family Care for three years. We gladly paid our share and knew she was living as independently as she could... without being in a nursing home. These services that are slated to be stopped will affect the quality of life for many residents already on waiting lists.”

Georgene Voutila, Milwaukee

Studies of Long-Term Care in Wisconsin

Wisconsin Family Care - Implementation Process Evaluation Report II Prepared for Wisconsin Legislative Audit Bureau by The Lewin Group; August 2001.

<http://legis.wisconsin.gov/LAB/reports/01-0FamilyCare.pdf>

"Our assessment of the CMO counties based on the fidelity measure suggests that the counties involved in the Family Care pilot are making good progress toward full implementation and stabilization."

"CMOs appear to have created the conditions necessary for achieving choice and facilitating consumer direction."

Wisconsin Family Care Implementation Process Evaluation Report III Prepared for Wisconsin Legislative Audit Bureau by The Lewin Group; November 2002.

<http://legis.wisconsin.gov/lab/reports/02-0FamilyCare.htm>

"Waiting lists for home and community-based waiver services have been eliminated in each of the five counties operating CMOs."

"CMO staff unanimously expressed a preference for Family Care over the old system."

Wisconsin Family Care Final Evaluation Report Prepared for Wisconsin Legislative Audit Bureau by The Lewin Group; June 2003; July 2003.

<http://legis.wisconsin.gov/lab/reports/03-0FamilyCare.pdf>

"Shows positive results beginning to emerge as the local CMOs adopt the management practices of managed care."

"Lewin found that expenditures were lower for community care services under Family Care than for nursing home care. When functional status was considered, average spending for long-term care services in the community was 74.3 percent of nursing home spending. However, if level of care was considered, the difference diminished as the level of care increased. At the intermediate level of care, average community costs were 53.6 percent of nursing home costs: \$1,128 per person per month in the community, compared to \$2,104 in a nursing home. At the skilled nursing level, average community costs were 75.4 percent of nursing home costs: \$1,913 per person per month in the community, compared to \$2,538 in a nursing home."

Family Care Independent Assessment: An Evaluation of Access, Quality and Cost Effectiveness For Calendar Year 2002 performed by APS Healthcare, Inc.; September 2003.

<http://www.dhs.wisconsin.gov/lcicare/Reports/IA.pdf>

"This report concludes that Family Care is fulfilling its objectives with regard to improving access and assuring quality in all five counties, and that Family Care is restraining long-term care costs and other Medicaid costs in four of the five counties."

Studies of Long-Term Care in Wisconsin

Family Care Independent Assessment: An Evaluation of Access, Quality and Cost Effectiveness for Calendar Year 2003 – 2004 performed by APS Healthcare, Inc.; November 2005.

<http://www.dhs.wisconsin.gov/lrcare/pdf/FCIndepAssmt2005.pdf>

<http://www.dhs.wisconsin.gov/lrcare/pdf/IACoverMemo.pdf>

"A study of the state's long-term care reform initiative, Family Care, has produced substantial savings for Wisconsin's Medicaid program. The initiative saves the Medicaid program \$452 per month for each individual receiving services when compared to other programs...The study compares long-term care costs in 2003 and 2004 for people in Family Care and those receiving the same services in other programs. Average monthly spending for Medicaid-funded services for Family Care members in Fond du Lac, La Crosse, Portage and Richland Counties was \$452 lower per person. Spending was \$55 lower per person for Milwaukee County."

Understanding Self-Directed Care in Wisconsin: A Comparison of IRIS and Family Care Programs Prepared for Division of Long Term Care Wisconsin Department of Health Services by La Follette School of Public Affairs; May 2010.

<http://legis.wisconsin.gov/LAB/reports/01-0FamilyCare.pdf>

"Findings indicate that for a program in the early stages of development, IRIS does an exceptional job of providing Self-Directed Care in Wisconsin."

Health Services: Family Care Expansion to Langlade and Lincoln Counties; Legislative Fiscal Bureau; December 2010.

http://legis.wisconsin.gov/lfb/Section1310/2010_12_14_DHS_Family%20Care_6.pdf

"The administration's proposal to begin offering the Family Care benefit in Langlade and Lincoln Counties is estimated to generate net GPR savings in 2010-11 (\$746,000), 2011-12 (\$547,200), and 2012-13 (\$71,200), compared to maintaining the current MA supported long-term care programs in those counties. The savings are due to estimated reductions in MA-funded costs for current long-term care services available in those counties, including the MA waiver programs, GPR-funded COP services, nursing home services, and MA card services that will be funded as part of the capitation payments DHS will make to the MCO."

An Evaluation - Family Care - Department of Health Services; Prepared by Legislative Audit Bureau; April 2011.

<http://legis.wisconsin.gov/lab/reports/11-5full.pdf>

"Family Care operated in 53 counties and had expenditures of \$936.4 million in FY 2009-10."

Analysis indicates that the program has improved access to long-term care, ensured thorough participant care planning, and provided participants with choices tailored to their individual needs. Consumer satisfaction is high. Family Care saves money compared to the standard Medical Assistance program. Cost-effectiveness is difficult to assess.