Survival Coalition
of Wisconsin Disability Organizations

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Survival Coalition Ideas for the DHS Town Hall Meetings – Possible Efficiencies and Improved Outcomes in Wisconsin's Medicaid Programs

The Wisconsin Department of Health Services (DHS) is convening a series of Town Hall meetings around the state in March and April to receive public input on how to reduce Medicaid spending by $500 million in the 2011-2013 biennium.

It is very important that Secretary Smith hear from many people with disabilities and families about ideas which could either a) reduce Medicaid spending without hurting recipients, or b) improve consumer outcomes without increasing spending. DHS is already considering:

> *Increased co-pays and deductibles; greater use of managed care, particularly for high needs individuals; expansion of self-directed services; a comprehensive review of the Family Care program; revising retroactive eligibility and grace period policies.*

If you have reactions (pro or con) to these ideas, you could include that in your comments at the Town Hall meeting. The Survival Coalition has solicited many ideas for improved efficiencies and outcomes from its member organizations. These have been submitted to Secretary Smith already. You can access this document at http://www.disabilityrightswi.org/archives/1307 . The information provided below includes some highlights from the larger document. If you agree with any of these ideas, you could mention them in your comments at the Town Hall meeting, ideally with your own personal story.

Highlights of Survival Coalition Ideas

1. Increase Integrated Employment Services in Long Term Care

Increase the proportion of spending in Family Care, Partnership and IRIS on employment services which focus on integrated employment experiences and reduce spending on sheltered employment. Savings would be achieved because supported employment costs less than sheltered work on average, and will simultaneously improve outcomes regarding community integration and wages.

2. Increase Utilization of Self-Directed Supports in Long Term Care (LTC)

Explore the increased use of Self-Directed Supports (SDS) in Family Care and IRIS. Self-directed supports could simultaneously improve outcomes and produce cost efficiencies. However, DHS needs to continue efforts to improve the way these programs are operated. Various Survival Coalition members are willing to partner with DHS on this initiative and commit resources to improving the service quality and outcomes in self-directed programs.

3. Reduce the use of Institutions

- Close/downsize Southern Wisconsin Center
- Strengthen incentives for closing/downsizing county and private ICF/MRs

Potential savings are reflected in the comparison of rates in institutional and community-based care. The average cost of care in an ICF-MR is approximately $198 per day. The daily rate at Southern Wisconsin Center is $634/day. The Family Care daily rate is approximately $100 per day (people moving out of DD Centers have Family Care plans generally costing between $300 - $500/day).

4. Improve Integrated Care Coordination

DHS data shows that 12-15% of Family Care participants have fifteen or more diagnoses. Care coordination has been well documented as a cost effective strategy to identify the most appropriate resources to fit identified needs and achieve optimum health and quality of life outcomes.

5. Improve the Prior Authorization Process

a.) A previous legislative audit of Prior Authorization (PA) found that PA was used disproportionally with children and leads to long delays, interruption in services and unwillingness of providers to participate in Medicaid. That audit also showed that 97% of requests were eventually approved. Recommendation: Once medical necessity for a requested service has been met and a PA approved, only an annual review is necessary.

b.) PA used for outpatient mental health services is also a concern. Mental health providers also experience excessive requirements for resubmission to ensure appropriateness of care. Providers, consumers and advocates are working with DHS staff to explore this further. Recommendation: DHS should accelerate this process.

6. Allow Direct Purchase of Durable Medical Supplies and Equipment (DMS/DME)

Many times purchasing DMS/DME through Medicaid is characterized by excessive administrative overhead, delays in obtaining equipment or supplies, and high costs. Recommendation: Medicaid recipients should be allowed to purchase some DME and DMS supplies from local providers or through the internet when these items can be purchased less expensively than through a certified Medicaid provider.

7. Re-Examine the Medicaid Hotline

Many consumers have reported on the lack of assistance, poor customer service, and inaccurate information received through the Medicaid Hotline. This service should be improved.

8. Provide Alternatives to Existing Inpatient Mental Health and Emergency Department Services

a.) Experience with the Milwaukee Crisis Resource Center (CRC) which is a recovery oriented alternative to the emergency room and hospitalization shows tangible savings. Milwaukee County and advocates are supportive of opening a second CRC on the north side of Milwaukee.

b.) Consumer run respite centers are safe houses where people learn new skills for managing emotional crises. Peer-run respite costs about $250/day, which is much less than in-patient care. Wisconsin should pilot this model to gather data on its cost effectiveness.

9. Increase the use of Certified Peer Specialists
Peer specialists are people with mental illnesses who use their personal recovery experience as a unique tool to aid others. They facilitate self-direction and goal-setting, assist in identifying resources for consumers and both present and model recovery concepts. The PeerLINK Project in Wisconsin found a 46% reduction in hospitalizations when certified peer specialists worked with people who had a history of inpatient hospitalization. Recommendation: DHS should fund additional training to support people in their effort to become certified peer specialists.

10. Increase the use of Wraparound Services for Youth and Parent Peer Specialists
Wraparound services, also known as "coordinated service teams" or "integrated service projects", ensure coordination of services through multiple systems (e.g. mental health, child welfare, juvenile justice, schools) for youth who have serious emotional disturbances and their families. Use of parent peer specialists also provides support from someone who has "been there."

11. Expand Consumer Run Recovery Centers
DHS should expand the number of funded Consumer Run Recovery Centers as an alternative to traditional mental health services. Currently only 12 centers exist in Wisconsin. Last year they:

- Provided 2,390 mental health consumers/survivors direct Peer Support services
- Provided Peer Support through non-crisis telephone calls (warmline) to 8,444 callers
- Provided 24,803 hours of direct Peer Support services to WI consumers/survivors
- Utilized 375 consumer/survivor volunteers, who volunteered 26,549 hours

12. Oppose any Reduction of Important Private Insurance Mandates (e.g. mental health parity; autism services, hearing aid and cochlear implant coverage)
By taking healthy people out of the risk pool for these mandates, the cost of insurance will become too high and unaffordable. Eventually private insurance coverage for many services could be eliminated and people in need of these services will require public supports.

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- To see a full list of Ideas on Efficiencies and Improved Outcomes in WI Medicaid: http://www.disabilityrightswi.org/archives/1307