



of Wisconsin Disability Organizations

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July 15, 2011

Secretary Dennis Smith
Department of Health Services
1 West Wilson Street
Madison, WI 53703

Subject: Efficiencies and Cost-Savings in Wisconsin Medicaid

Dear Secretary Smith:

Thank you again for your commitment to soliciting public input from consumers, community partners and providers as the Department of Health Services collects ideas on efficiencies and cost-savings in Medicaid. We were pleased to participate in this process on behalf of the more than 40 statewide groups representing people with disabilities that are members of our statewide coalition.

You may recall that the Survival Coalition of Wisconsin Disability Organizations presented you with a paper, [*Recommendations for Efficiencies and Improved Outcomes in Wisconsin's Medicaid Programs*](#), as you began this process. We note that many of the ideas we shared with you in that document were also major themes referenced by others throughout the subsequent town hall meetings. We also note that the feedback solicited throughout this process sent a clear message that residents of Wisconsin are concerned about preserving Medicaid programs and highlighted how services have made a significant difference in their lives.

We have recently analyzed the compilation of feedback DHS has provided to the public on-line and would like to highlight the following suggestions and themes for your targeted consideration:

Family Care:

It is clear that a great deal of public input was focused on ways to not only reduce costs but improve overall consumer care and streamline program delivery in Family Care. Much like we suggested in our paper, many testimonials referenced the need to evaluate mandatory interdisciplinary team composition to identify potential cost efficiencies. In addition, we agree that efficiencies could be found in assessing the level of care management required in assisted living facilities. We augment the suggestions related to evaluating administrative costs in Family Care, IRIS and Partnership by conducting a thorough comparison of these costs versus administration in the COP and CIP programs.

Employment:

We note that many individuals expressed a desire to remove work disincentives, improve supported and integrated employment options, and increase knowledge of these options within IRIS and Family Care. The comments emphasized that not only do people with disabilities want to work and be productive members of society, they wish to do so in community-based jobs at no less than minimum wage.

IRIS:

As in Family Care, responders also asked for reductions in administrative costs in IRIS. Overall, people requested better information and assistance for IRIS enrollees and an increase in quality assurance. Specifically we believe the Department can realize efficiencies by addressing the concerns about consultant knowledge and skill level and by expediting the enrollment process.

Institutions:

Another major theme we noted in statewide input relates to the downsizing or rather “rightsizing” of institutions. Many suggested that the layers of bureaucracy at the remaining state DD centers are duplicative and costly, particularly in light of empty beds. We feel that in the face of the number of individuals waiting for community-based services in Wisconsin, it is fair and just to consider proper distribution of resources and it is time for DHS to facilitate an open conversation about facility consolidation and redistribution of savings to the community.

Streamlining Eligibility and Enrollment:

We note that streamlining eligibility and enrollment was a theme in comments across program areas. We agree that technological improvements can be made to improve efficiency, but not at the cost of losing in-person local access to well-trained individuals.

Functional Screen:

Several commenters suggested there were efficiencies to be found related to the application of the Functional Screen. Families of young children relayed that the screen is not attuned to the unique needs of families and others noted it is not being applied uniformly for adults. Many suggested that only ADRCS should conduct functional assessments for adults.

Prior Authorizations:

Commenters reiterated the idea that streamlining the prior authorization process could yield savings. We believe this is true for both adults and children as well as in the area of outpatient mental health services. Specifically for children, the Department can reduce duplication and administrative costs by identifying criteria for groups or conditions that would be subject to a modified PA process.

Mental Health

In the area of mental health, there was a clear message to increase coverage and access to Peer Specialists or other peer support to dramatically reduce the frequency and overall costs of emergency room visits and other less desirable options.

Prevention Strategies

Medical Nutrition Therapy emerged as a way to cut down on long-term costs for conditions such as diabetes and obesity. Another interesting idea was related to an increased investment in evidence-based fall prevention to reduce hospital admissions and long-term nursing home stays among the elderly and others.

Access to Information and Support:

The Survival Coalition believes when individuals and families are well-informed they are more efficient consumers. Specific suggestions related to improving information for families and providers about children’s services (including exploration of a family-to-family navigator) and better information on IRIS provided by ADRCs was a common theme related to improving outcomes.

Of course there were many other helpful comments and suggestions provided throughout DHS’ town hall and on-line solicitation process. The above themes represent many of the suggestions we hope DHS will seriously pursue. The Survival Coalition looks forward to a continued partnership with DHS as we work together to improve outcomes in Medicaid.

Sincerely,

Survival Coalition Co-Chairs

Lynn Breedlove, Disability Rights Wisconsin
Maureen Ryan, Wisconsin Coalition of Independent Living Centers, Inc.
Beth Swedeen, Wisconsin Board for People with Developmental Disabilities