



of Wisconsin Disability Organizations

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FAMILY CARE, IRIS & AGING AND DISABILITY RESOURCE CENTERS

Family Care is the Medicaid managed care program that is the primary source of long term care for low-income elders and adults with physical or developmental disabilities in Wisconsin. Aging and Disability Resource Centers (ADRCs) are the one-stop source of information, referral, benefits counseling and eligibility determination for anyone in Wisconsin with questions about long term care.

Family Care has made substantial progress toward long term care reform in Wisconsin. Aging and disability organizations, Managed Care Organizations (MCOs), providers, and consumers continue to believe in the original values and vision of Family Care: cost effectiveness, living and working in the most integrated setting, consumer choice, an outcome-based approach to quality, and a right to service without waiting. However, the Survival Coalition is also aware that Family Care has often fallen short of this vision.

By the end of the 2009-2011 biennium, Family Care and IRIS, a waiver program which allows for self-direction of services, will have begun in 57 counties, with a projected 42,000 members. Waiting lists for essential long term care services are much lower now than they would be without Family Care.

Besides providing essential services to such a large number of people, Family Care has also created a large number of new jobs in Wisconsin.

ADRCs are now operational in 57 counties. In 2009, they completed eligibility determinations for 12,818 individuals entering the long term care system. They have also provided benefits counseling, information and referral, and other assistance to a much larger number of people (308,523 contacts in 2009).

Quality Assurance in Family Care is based on member outcomes, which most stakeholders agree is a superior model to past approaches. However, the Department of Health Services does not yet have a fully implemented system for measuring member outcomes.

It is expected that the Legislative Audit Bureau's review of Family Care will include important recommendations to strengthen Family Care. MCOs, providers, and advocates welcome the opportunity to work with the Department of Health Services on these improvements.

GOVERNOR'S BUDGET REQUEST:

- Freeze expansion of Family Care, Family Care Partnership, and IRIS to additional counties.
- Freeze enrollment of the three programs at current levels in each county.
- Continue expansion of ADRCs statewide.

RECOMMENDATIONS:

- Complete expansion of Family Care & ADRC statewide by June, 2013.
- Complete the elimination of waiting lists in the counties that have recently begun Family Care.
- Review the recommendations from the Legislative Audit Bureau and revise the 2011-13 budget proposal accordingly.
- Exempt Family Care from any spending cuts until the Legislative Audit Bureau reports on the adequacy of current funding levels.

Lead contact: Lynn Breedlove, lynnb@drwi.org

For more information, visit the Wisconsin Board for People with Developmental Disabilities' DAWN web site at: <http://www.dawninfo.org/advocacy/budget.cfm>

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MEDICAID DEFICIT

Home and community supports can save money and offer greater choice for people with disabilities. There are ways to improve cost-effectiveness and improve outcomes in Medicaid without cutting services.

Wisconsin's Medicaid Program is very complex; it includes programs that could collapse if they are cut further and it also includes many opportunities for savings. Some cuts in eligibility are prohibited by federal rules. Some reimbursement rates are already below the actual cost of the service; further cuts in some rates could lead to a complete loss of Medicaid providers in that service category in a region.

As the legislature and Walker administration approach the challenge of dealing with the Medicaid program, it is very important to continue the open dialogue with consumer advocates, providers, managed care organizations, etc. This serves two important purposes: a) it expands the array of savings ideas for the administration to choose from; and b) it provides the administration an "early warning" system to know in advance which savings ideas or cuts will result in the most strident opposition before making a final decision.

In recent years, DHS has been able to find \$600 million in Medicaid savings without having to resort to across-the-board cuts. Wisconsin's success in this area has received national attention. Much of the credit for this is due to the Medicaid Rate Reform process. This process has been open and transparent and has greatly benefited from the creative ideas and feedback of a wide variety of stakeholders, e.g. hospitals, managed care organizations, physicians and advocates.

GOVERNOR'S BUDGET REQUEST:

- Reduce Medicaid funding by \$500 million over the biennium.
- End the Medicaid Rate Reform process and replace with a series of Town Hall meetings.

RECOMMENDATIONS:

- Continue to implement an open and transparent process to find major savings without having to seriously undermine service access or quality.
- Expand the "provider assessment" beyond hospitals and nursing homes to generate more federal match dollars. Over 40 states are using provider assessments.
- Reduce use of institutional care. Wisconsin continues to maintain a higher institutional and in-patient capacity than many other states. This includes state and county-run institutions as well as private facilities.
- Increase emphasis on integrated employment, which costs less to provide than sheltered employment and produces better outcomes (community integration and higher wages.)
- Increase emphasis on self-determination, which has lower administrative costs than managed care.

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EDUCATION

Students with disabilities are general education students first and rely on the overall quality of the education system. Many children with disabilities require extra support in school in order to learn and succeed.

Except for the last year which provided additional federal recovery act dollars, state and federal support for special education has steadily dropped for more than 10 years.

School districts are struggling to provide quality inclusive educational supports to students with disabilities due to insufficient aid and the additional challenges from revenue caps which are intended to hold down property taxes.

The Department of Public Instruction has introduced the “Fair Funding for Our Future” finance plan which is the only idea on the table to create essential funding reform for our schools. The plan would maintain revenue caps with certain modifications; establish \$3000 minimum state aid per pupil; add 20% for every child in poverty; and maintain special education categorical aid reimbursement levels.

In addition to appropriate funding levels, students with disabilities need targeted investments in early interventions, positive behavioral supports, and early work experiences for youth.

GOVERNOR’S BUDGET REQUEST:

The Governor’s proposed budget makes significant cuts to education.

- Flat funding of special education categorical aids amounts to a cut in the reimbursement to local school districts for special education services from the current 27.9% to 24.5% by the end of the biennium.
- \$800 million cut in general school aids. These cuts will make it extremely challenging for school districts to come up with the necessary funds to pay for the special education services not reimbursed by the state or federal government. Inclusion will

be less possible as regular education classes become larger.

- Reduce the revenue cap by 5.5%, restricting the ability of local school boards to raise funds to meet their school budgetary obligations.
- Increase funding for school choice, charter, and private school voucher programs by \$40 million, including raising the income limits on the private school voucher program, which does not serve children with disabilities.

RECOMMENDATIONS:

- Support the Department of Public Instruction’s school finance reform proposal.
- Maintain Special Education Categorical Aid at current reimbursement levels.
- Reject the Governor’s proposed massive cuts to general school aids.
- Reject the Governor’s proposed 5.5% cut to revenue caps.
- Reject the additional \$40 million which the Governor proposes for school choice, charter and voucher schools which do not serve children with disabilities.

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CHILDREN'S LONG TERM SUPPORTS

Children with significant disabilities can have extraordinary needs that require supports and services that go beyond a family's capacity to meet. Families benefit from long-term supports that are well coordinated with other systems that support children, flexible to meet unique family needs, and timely to prevent crisis situations. Unfortunately, for many families, the lack of access to information, supports and services compromise their quality of life making it difficult and sometimes impossible for them to care for their children, maintain jobs, and keep their family intact.

COMPASSWisconsin, previously called the Children's Redesign, is Wisconsin's long term support system for children with disabilities birth-21. COMPASS provides an infrastructure to coordinate multiple programs including Katie Beckett, Family Support and the Children's waivers. COMPASS provides a continuum of supports based on family needs and preferences including information and support, connection to resources, access to services, service coordination, and funding.

COMPASSWisconsin was created and endorsed by families, providers, advocates, counties and the Department of Health Services to improve our system of long term supports for children. Many of the tools needed to build and fully implement coordinated supports for families and children with significant disabilities have already been developed, piloted and are being utilized across the state in a piecemeal fashion. The next step in developing an effective children's long term support system is integrating these successful elements within a coordinated framework that maximizes resources.

The improvements will:

- Reduce waiting lists
- Improve cost effectiveness
- Prevent crises that result in more costly services
- Reduce duplication
- Consolidate and streamline eligibility
- Connect families to community resources

The rollout of Family Care has had a major impact on county capacity to serve children with disabilities and increased the need for training and technical assistance to counties.

GOVERNOR'S BUDGET REQUEST:

Fully fund children added to the long term support waivers in the 2009-11 biennium.

RECOMMENDATIONS:

- Make supporting families and children with disabilities a priority in the next biennium. Expand (beyond Racine & Walworth Co.) the single point of contact for eligibility for long term supports for children to serve 25% of children in the state.
- Continue the commitment to end waiting lists (3,000) for children by funding an additional 1,000 children during the biennium.
- Preserve the full range of Medicaid services essential to supporting children with disabilities.
- Increase the capacity of the Department of Health Services staff to provide technical assistance and quality assurance to all Wisconsin counties.

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MENTAL HEALTH

Mental health (MH) issues infiltrate many areas touched by the state budget. The following are a few key goals the State should pursue:

- Develop a more recovery-oriented mental health system incorporating consumer-run services and peer support.
- Move more people with mental illness from institutional settings to community-based care.
- Ensure more equitable access to services across the State.

A barrier to the development of a better public mental health system is the requirement for county match for Medicaid mental health services along with flat funding of Community Aids and the lack of availability of waivers for this population. This has led to very significant county use of property tax funds for mental health services and inequities in services across counties.

GOVERNOR'S BUDGET REQUEST:

- Reduce shared revenue to counties by \$36.5 million starting in calendar year 2012.
- Reduce youth aids by 10%.
- Reduce school funding by a net loss of \$1.7 billion.

RECOMMENDATIONS:

- Closely review estimates of potential reductions in shared revenue and youth aids versus savings from new employee contributions to ensure that the ability of counties to provide needed human services is not undermined.
- Closely review the experiences in other states as well as Wisconsin with privatization of income maintenance services to ensure that it will not result in unacceptable delays in people receiving benefits with resulting increased costs to counties.
- Oppose cuts to schools since reductions in overall school funding could reduce services to youth with disabilities.

- Increase state funding to the Medicaid program.
- Continue funding in the Dept. of Corrections for Becky Young fund and women's mental health treatment.
- Implement national standards for treatment of inmates and increase options for jail diversion.
- Closely review potential changes to Medicaid eligibility, services co-pays and other program features.
- Increase use of evidence-based consumer-operated services, such as crisis respite services and peer specialists.
- Implement pilot projects focusing on shared services across counties, identified core services and integration of mental health and primary care.
- Expand wraparound programs for children with serious emotional disturbances to all counties and tribes.

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EMPLOYMENT

Survival Coalition supports integrated employment as the presumed outcome for people with disabilities. We believe that everyone can and should work in integrated jobs. Supporting this goal is cost-effective for Medicaid. It costs less per hour worked than alternative services and can reduce Medicaid costs by enhancing health, independent living skills, and the availability of natural supports.

Only about 27% of Wisconsin citizens with disabilities are working, this includes people who work part time or work in facility-based employment specifically for individuals with disabilities. Only 13% of working age people with disabilities in Family Care are in integrated employment.

RECOMMENDATIONS:

- DHS and DWD ensure that all Long Term Care organizations, DVR staff and service providers are working together for better employment outcomes.
- Make sure that all individuals with disabilities who want to work have information about assistance available to overcome barriers to employment.
- Continue funding and technical assistance to work centers that are committed to facilitating on-going transitions to integrated employment.
- Make sure that everyone understands and implements the interagency agreement between the Department of Public Instruction, Division of Vocational Rehabilitation and the Department of Health Services so that planning for employment after school can begin by age 14.
- Make sure that people understand work incentives so that they realize that they can get a good job without losing vital services that they need to live in the community.

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TRANSPORTATION

Accessible and affordable transportation services play a major role in determining how independent, productive, and integrated older adults and people with disabilities can be in their community.

People with disabilities, particularly people with severe disabilities, cannot live independently in the community without transportation services. Access to employment, education, and health care are all affected by the availability of transportation for people with different mobility needs.

The State's investment in the Specialized Transportation Assistance Program (85.21) for older adults and people with disabilities, however, is only a fraction of what is needed. Counties are forced to divert funds from other equally critical human services to make up the difference. Access to transportation services remains limited.

Wisconsin's 2011-13 biennial budget includes the implementation of a state-wide transportation manager (or Transportation Broker) for Medicaid funded transportation services. As implementation proceeds, advocates need to make sure that the Broker is not able to reduce services by making it more difficult to schedule rides. There is also concern that the Broker may have a negative impact on the Volunteer Driver Programs, which provide significant numbers of long-distance rides at a very low cost to the Medicaid program in rural areas.

GOVERNOR'S BUDGET REQUEST:

- Increase funding for road building by \$350 million.
- Reduce general transportation assistance to local governments by 10%.
- Shifts the funding for public transportation systems from the segregated funds to the general funds, where transportation will have to compete with other programs.
- Level funding for 85.21 - Specialized Transportation.

RECOMMENDATIONS:

- Increase the State's investment in 85.21 funding by \$5 million in the next two years which would improve access to vital transportation services.
- Provide easy access to scheduling rides and maintain current level of service delivery.
- Ensure Volunteer Driver Programs are not negatively impacted.
- Include and fund transportation for community activities in Family Care, IRIS and Partnership Program members' plans

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