

SHARE YOUR IDEAS to Improve Wisconsin's Adult Long-Term Care System



The Department of Health Services (DHS) is holding Town Hall meetings in Green Bay, La Crosse, Madison, Milwaukee, and Wausau to seek public input on its Long-Term Care proposals to create sustainability within Family Care, IRIS, PACE and Partnership.

Here are some message points and questions from the Survival Coalition of more than 40 disability groups in Wisconsin. You may find these useful if you plan to testify in person or submit your comments online. *If you do testify, your personal story is always the most important point to make.*

- Sustainability efforts should focus on both cost-efficiencies **and** quality improvements. None of the proposed efforts should reduce the quality of services and supports.
- Please define the term “natural supports” that is used throughout the Proposals. We are concerned that this will lead to over-reliance on unpaid family/friend caregivers. A current WI survey shows that 70% of all long-term care already is being supplied unpaid through family/friends.
- When determining “acuity,” (measure of a participant’s care needs) please include challenges regarding social/emotional, sensory and cognitive health, as well as physical conditions. These are important considerations for a participant that may require funding adjustments or specialized training.
- The sustainability efforts do not identify consolidation of the state’s two costly institutions (Southern and Central Wisconsin Centers), where costs run between \$650-\$850 per patient per day. Closing Southern Center and consolidating high-tech and specialized services at one state-run center would significantly increase savings without sacrificing quality. Other states have completely closed their state Developmental Disability Centers.
- The nursing home modernization proposal invests more funds in institutional settings. Instead, DHS should focus those resources on supporting people in their homes.
- The focus on improving supported, integrated employment in the sustainability plan is good. We agree employment rates of only 12% in the long-term care system are not good enough. The proposed pilot with the Division of Vocational Rehabilitation (DVR) should be much broader and should include outcome targets to increase employment rates. DHS also should work to increase the number of providers that have expertise in integrated employment strategies. DHS should emphasize employment more strongly throughout the long-term care system.
- Proposals to expand the responsibilities of Aging and Disability Resource Centers (ADRCs), which are already stretched, are not realistic. Consider contracting with other agencies to perform some tasks proposed for ADRCs or increasing funding where necessary.
- The functional screen was designed to determine eligibility for long-term care, not to assess what an individual’s needs or budget should be. The functional screen also is being used to set residential rates for MCOs. If it is not accurate, it can result in provider rates that are not high enough to support people’s needs. Develop additional tools that can more accurately determine needs and reasonable budgets.

- Please identify smaller IRIS regions for consultants, because current IRIS staff are located so far apart that they do not know local resources and spend costly time traveling instead of providing quality local services. IRIS staff who are more knowledgeable about local resources will be able to connect participants better with generic (and often more efficient) community resources.
- Do not include IRIS support brokers in individual budgets, which are an issue of equity with Family Care participants, who do not have their broker costs figured into their annual budget.
- The conversations care managers have with long-term care program participants are personal and should be focused on the person's outcomes, not the costs of each service or the size of the overall budget available. Although cost information is helpful to consumers so they make wise decisions with use of public funds, it should not be what drives a conversation or potentially forces someone to make a choice that is not appropriate for their life.

TOWN HALL DATES/LOCATIONS:

GREEN BAY	LA CROSSE	MADISON	MILWAUKEE	WAUSAU
Thursday, March 8 3 p.m. to 6 p.m. The Ray & Joan Kroc Corps Community Center 1315 Lime Kiln Road Multi-Purpose Room Green Bay, WI 54311	Friday, March 9 2 p.m. to 5 p.m. UW-La Crosse 1725 State Street Cartwright Center, Room 339 La Crosse, WI 54601 Free Parking: Lot C-2	Monday, March 12 2 p.m. to 5 p.m. Goodman Community Center 149 Waubesa Street Evjue Room D Madison, WI 53704	Tuesday, March 20 1 p.m. to 4 p.m. Milwaukee Center for Independence Conference Center 2020 West Wells St. Milwaukee, WI 53233	Friday, March 30 1 p.m. to 4 p.m. Northcentral Technical College Auditorium 1000 W. Campus Drive Wausau, WI 54401

Speakers will have up to five minutes to share their ideas at these town hall events. If you have questions about how to participate in these Town Hall events or need accommodations to participate, contact the Department of Health Services directly at 608-266-9622 (TTY 888-701-1250).

You may also share your ideas on-line at:

<http://4.selectsurvey.net/dhs/TakeSurvey.aspx?PageNumber=1&SurveyID=8I0K9IIM&Preview=true>

Read DHS full sustainability plan here: <http://www.dhs.wisconsin.gov/lcreform/>



www.survivalcoalitionwi.org

The Survival Coalition of Wisconsin Disability Organizations is a cross-disability coalition of more than 40 state and local organizations and groups. For more than 20 years, Survival has been focused on changing and improving policies and practices that support people with disabilities of all ages to be full participants in community life.