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ADULT LONG-TERM CARE

STATEMENT

Survival Coalition advocates for a community-based support system that allows adults to live inclusive lives in the community with individualized and appropriate services to meet their needs.

BACKGROUND

Wisconsin's system of Long Term Supports helps people with disabilities and elderly residents maintain better health and independence through support/services in individual homes, and other community-based settings. Nursing homes and other institutional settings are a more costly way to provide care. The State, counties, managed care organizations, IRIS Consulting Agencies and direct care workers provide assistance for people with daily tasks—like dressing, bathing, meals, household chores and tasks, getting ready for work, transportation—and management of chronic health conditions. The Department of Health Services (DHS) oversees Wisconsin's Long Term Care programs including Family Care/IRIS, Aging and Disability Resource Centers, and several community-based Medicaid waiver programs.

RECOMMENDATIONS

- Increase integrated residential, day, and employment setting and service delivery options, ensuring at least one non-disability specific settings is always available in all areas of the state without wait lists.
- Ensure the federal Home and Community Based Settings (HCBS) rule is implemented with fidelity, and is applied consistently across all long-term care waivers and service categories.
- Work to implement a smooth transition to HCBS compliant settings and service delivery that results in quantifiable improvement in community based outcomes;
- Advocate for adequate DHS funding to support ongoing assessment, monitoring, and enforcement processes needed during and after the HCBS transition.
- Establish competitive, integrated employment as the first and preferred outcome of publicly funded long-term care employment supports.

- Require benchmarks/targets for competitive integrated employment outcomes in longterm care programs, reported annually. Ensure Family Care/IRIS expansion into seven Northeastern counties progresses as scheduled, is implemented with fidelity, and the transition from county service delivery system is smooth for participants.
- Develop an adequate capitated rate for Family Care, especially for serving people with complex needs who require more intensive and costly supports – a tiered rate structure may be needed.
- Provide targeted funding to implement the innovative competitive integrated employment for youth who are exiting public school in all Family Care/IRIS counties and the remaining legacy waiver counties (e.g. Dane County model).
- Expand Family Care/IRIS to the remaining eight counties in the state without it.
- Establish statewide data collection, including use of established quality of life measurements, across all long-term care programs to provide a more complete and accurate reflection of trends and issues in Wisconsin's long-term care system. Currently, DHS collects Wisconsin data from legacy counties and IRIS.
- Simplify administrative process and requirements in Wisconsin's IRIS program, and increase participant training.
- Ensure essential IRIS information is readily available in alternative formats for those who are not computer literate or do not have access to a computer.
- Ensure DHS has adequate funding to ensure effective oversight and quality management as multiple ICAs are certified.
- Expand the independent Ombudsman funding to cover IRIS participants age 60 and older
- Explore Wisconsin becoming a "Community First Choice Option" state, which would let the state provide home and community-based attendant services to Medicaid enrollees with disabilities under the State Plan.
- Include enhanced training and support for paid and unpaid caregivers.
- Consolidate Southern and Central Wisconsin's two remaining Centers for the Developmentally Disabled. 398 people remain institutionalized in these two facilities. The annual budget for these two facilities is more than \$110 M, and includes 1341 employees¹.

Contact Survival Coalition Co-Chairs for additional information

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¹ Legislative Fiscal Bureau Informational Paper 49, January 2013.