

What does the proposed state budget mean for my long term care services?

On February 3, 2015, Governor Walker introduced his 2015-17 state budget. The proposed budget includes many changes to the long-term care system that will impact people with disabilities. Among the changes proposed, the Governor's budget completely redesigns Family Care as we know it, eliminates IRIS, and gives the Department of Health Services sweeping authority—the ability to make significant changes on what services might be available to people—and takes away local control of the long-term care programs that were designed by Wisconsin residents to reflect the needs in their communities.

1. What is happening with IRIS? Will I still be able to self-direct my services?

The proposed state budget eliminates the IRIS program. If the current budget proposal is signed into law, people will no longer be able to use IRIS.

People who want to self-direct their services will need to use the self-direction option in Family Care.

2. Is the self-directed services option in Family Care the same as IRIS?

No. The current self-direction option in Family Care does not allow participants to self-direct all their services, as they now can in IRIS. In IRIS, people can both choose to hire and train their own care providers, and they can purchase goods and services that make sense for them. It is not clear what the self-direction option in Family Care will look like if this proposal is passed.

3. Will my service options remain the same in Family Care and IRIS?

Under the current proposal, the IRIS program is eliminated. It appears that all IRIS participants would need to enroll in a new long-term care program to continue receiving services.

It is unclear if the current set of long-term care services currently available in Family Care and the non-Family Care counties (employment, transportation, home health, personal care, durable medical equipment, residential services, etc.) will remain the same. The Department of Health

Services may choose to change what services are offered and what level of services is provided to participants.

4. Will my current level of services remain the same?

It is unclear if the current levels of long-term care services (employment, transportation, home health, personal care, durable medical equipment, residential services, etc.) will remain the same. The Department of Health Services may make changes to Family Care that will impact the types and levels of services that people receive. This means that the Department could change the types of services that are currently available and/or set limits on the duration of services, the hours of services provided, cap the number of visits a participant may have with a given provider, etc.

5. Does this budget proposal add any services to Family Care?

Yes. Under the Governor's plan acute and primary care (medical-type) services, which are currently accessed through the Medicaid card, will be added to the Family Care benefit package if DHS receives federal approval.

It is unclear how the addition of these specific health care services will be balanced with the current Family Care long-term care services, which are designed to help people live and work in the community.

6. If my managed care organization goes away, what does that mean to me?

Currently, Wisconsin has eight managed care organizations (MCOs.) This budget makes it very possible that the current MCOs will go out of business. Wisconsin's original design for long-term care included regional Managed Care Organizations instead of a statewide system so counties and local providers could remain in close contact with the people they served and so that services would reflect the needs of the community. Regional MCOs employ thousands of people in local communities.

The Budget calls for the four regional MCOs to be dissolved in 2017, they are: Western Wisconsin Cares, Community Care Connections of Wisconsin, Lakeland Care District, and ContinuUs. These four MCOs will go out of business in 2017 if the budget is approved by the Legislature.

It is unclear if Milwaukee County could continue providing Family Care under the proposed budget. The remaining three MCOs would need to expand their business model to provide services statewide, unless this requirement is waived by DHS, meet any new requirements put in place by the Office of Commissioner of Insurance (OCI) and also be certified and approved by the Department of Health Services to provide Family Care.

If your current MCO goes out of business and you want to continue receiving long-term care services, you will need to select and enroll with one of the managed care options provided by the Department of Health Services. It is unclear how many (and what kind) of choices will be available to participants.

7. If our regional, Wisconsin-based Managed Care Organizations are gone, who will run Wisconsin's long-term care programs?

It is unknown, and will be up to the Department of Health Services to decide this.

The budget requires all MCOs to be regulated as insurers and be able to operate statewide, unless granted special permission by DHS. Potentially, this could mean the HMOs or other nationally-based insurance companies could be eligible to run Wisconsin's Medicaid-funded long-term care programs.

8. If I must change MCOS, will I be able to keep my primary care doctor and other current long-term care providers?

It is unclear. Because the new long-term care program may now include medical-type services, people may be required to switch doctors or other supports if the plans offered do not include all the providers they use today. Currently, Wisconsin-based regional MCOs have their own regional provider network. Once statewide entities begin providing Family Care, it is unclear which (and how many) providers will be part of their provider networks. Each statewide entity will likely have different providers in their network.

9. If I am unhappy with my new statewide MCO, can I switch?

Yes, but not whenever you want. A Family Care enrollee will only be allowed to change his or her MCO during a set open enrollment period (unless an allowable exception occurs). Moreover, enrollment in IRIS will no longer be an option as an alternative to your MCO.

It is unclear how often these open enrollment periods will be offered. It is also unclear how much time an enrollee will be given to choose a new MCO. It is uncertain what information will be provided to enrollees as they choose between MCOs.

10. I live in a county that is currently transitioning to Family Care. How does this budget impact me?

Currently, Brown, Door, Kewaunee, Marinette, Menominee, Oconto and Shawano counties are transitioning to Family Care and IRIS.

Lakeland Care District, one of the two MCOs that are providing Family Care in this region, is eliminated in 2017 under this budget proposal. The budget also eliminates the IRIS self-direction option that is being offered to enrollees in these counties. It is unclear how the

Department of Health Services plans to transition people in these seven counties from the current system to the new system proposed in the state budget.

Under the budget proposal, some Family Care members and all IRIS participants in this region would need to transition to a new statewide entity by 2017 to continue receiving long-term care services.

11. I live in a county that currently does not have Family Care. What does this budget mean for me?

Residents of Dane, Rock, Adams, Taylor, Florence, Forest, Oneida and Vilas counties currently receive long-term care services through the county. This budget ends the county-based long-term care program and requires these eight counties to transition to Family Care by January 1, 2017. People currently on county waiting lists will begin the process of moving into long-term care programs.

It is not clear how long these counties will have to transition to Family Care, or what the process will be for current participants and those on the waiting list to enroll in statewide Family Care.

12. I am a current participant in Family Care Partnership or PACE; does the budget change these programs?

The proposed budget makes the revised Family Care benefit available statewide. It is unclear if this impacts Family Care Partnership or PACE.

13. Will I still use my local Aging and Disability Resource Center to access services?

Aging and Disability Resource Centers were originally designed as “one-stop shops” to help people with disabilities and the elderly have easy access to information about programs and services.

Under the budget proposal ADRCs would no longer need to be offered in each county, and services could be provided regionally or even on a statewide basis. Private entities could begin offering services currently provided by ADRCs, such as the long-term care functional screen or benefits counseling. . It is unclear whether all services will continue to be offered by ADRCs.

In addition to these changes, ADRC governing boards would be eliminated. Governing boards, which included appointed people with disabilities and older adults are important decision making voices.

14. Are these proposed changes final?

No.

Right now these changes are part of the 2015-17 state budget as proposed by Governor Walker. The Legislature will vote on these changes in the coming months.

The Legislature could choose to approve these changes as they are currently written, modify them, or completely remove them from the state budget. The bill would then go to the Governor as his final approval is required.

If the budget is approved as it is written now, many of these changes will go into effect in 2017, and the Department of Health Services will need to get permission from the federal government to implement many of the changes.

15. If I have concerns about these proposed changes, who should I contact?

The best thing you can do right now is contact your state legislators and Governor's office to share your concerns and tell them why IRIS and Family Care are important programs for people with disabilities. You can find out who your legislator is by going to: <http://maps.legis.wisconsin.gov/> and entering your address in the text box in the upper right-hand corner. You can also reach your legislators by calling the Legislative Hotline, toll free. Call 1-800-362-9472.

Here are some ideas of what to say to legislators when calling:

- Hi, my name is _____
- I live in _____
- I am calling because I am very concerned about the proposed budget's plan to eliminate the IRIS program and make changes to Family Care.
- Family Care and IRIS are important to me because_____.
- (Tell them briefly how Family Care and IRIS have made a difference in your life.)
- You could say: I have questions and concerns and so do other people I know. I hope the Legislature won't move forward with these sweeping changes without addressing my concerns. Remember to be respectful.