



of Wisconsin Disability Organizations

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1. Now that the budget has been signed into law, what does that mean for Family Care and IRIS?

There will be changes to the way Family Care and IRIS operate. These changes will unfold over the course of the next two years. The shift to the new long term care system will happen after the federal Centers for Medicare and Medicaid Services (CMS) approves a waiver--which will contain details on the kinds and levels of services offered and how the new program will run.

In the new long term care system, IRIS will be eliminated as a separate program, and some type of self-direction will be folded into managed care. Both Family Care and the new self-direction option will begin providing medical care in addition to long-term care services. It is not clear if other changes will be made to the Family Care and self-direction benefit packages. Family Care and the new self-direction option will be provided by new entities called Integrated Health Agencies (IHAs). It is unclear what an IHA is, but it is likely that this change would allow national, for-profit insurance companies to run Family Care and the new self-direction option. There will be a set open enrollment period every year when people will be allowed to enroll in Family Care/self-direction and pick their IHA.

For the eight counties currently operating Legacy waiver programs (CIP, COP) they will transition to the current Family Care/IRIS programs by January 2017. When the new long term care system is authorized, those counties will transition to the new system.

2. Will I see any changes to my services or programs right away?

If you are currently in Family Care or IRIS, you should not experience any immediate change to your services. The budget directs the Department of Health Services (DHS) to develop a plan to change the long term care system between now and April 1, 2016. Once DHS releases their plan, it must be approved by the Legislature's Joint Finance Committee (JFC) and the federal government (CMS) before any changes can take effect. If either JFC or CMS says "no" to the new plan, it cannot go forward until there is agreement. Public input is required on DHS's plan, and it will be important for long term care participants and their families to tell both the state and federal agencies what they want long term care to look like in the future.

The budget also expands the current Family Care/IRIS program into the eight remaining counties--Dane, Rock, Adams, Taylor, Florence, Forest, Oneida and Vilas counties--still operating the county Legacy waiver programs (CIP, COP) by January 2017. Residents in these counties in long term care or on waiting lists for long term care services will transition from their county program to current Family Care/IRIS and may experience some changes in services. There will be time allotted after this initial date to continue to enroll eligible individuals into Family Care. Residents in these counties will then transition to the new Family Care system that will be developed as directed by this budget.

3. Is IRIS going away?

Yes, however not immediately. This budget eliminates IRIS as a separate program and folds self-direction under the umbrella of managed care when the new long term care system is authorized. Some type of a self-directed option will

be available through the new Integrated Health Agencies (IHAs) along with Family Care. Many questions on how a self-directed option will operate under managed care remain unanswered. However, JFC did specify that a new self-direction option should look similar to the current IRIS program, and the DHS Secretary has publically stated that the self-directed program will “remain similar to what it is now”. What self-direction will look like in the new long term care system will depend on the waiver DHS develops and proposals IHA submit to do business in Wisconsin.

The Joint Finance Committee (JFC) has stated its intent to have the new self-direction option under the IHA function like current IRIS, the final budget does not ensure that the self-directed services option will continue to operate like the current IRIS program. A recent [Legislative Fiscal Bureau memo](#) outlined four core elements of the current IRIS program that the JFC did not specify as requirements (eligibility to participate in IRIS, whether support as currently provided by ICAs would continue, whether IHAs would be required to inform participants of self-directed option, and whether the presence of family/caregivers could reduce individual budget allocations).

4. Will I be able to keep my MCO?

It is not clear. All current MCOs will be given the chance to operate as IHAs, but the Department of Health Services will make changes to the current MCO Geographic Service Regions. People could end up with different MCOs as a result of DHS changing the current MCO boundaries.

The Department of Health Services has also indicated that they would like to limit the number of IHAs, so there will likely be a reduction in the current number of MCOs. Companies that are not currently providing long term care services in Wisconsin—including national, for-profit insurance—could be an IHA and compete to run Family Care and the new self-direction option.

5. What is an IHA?

It is not clear. Integrated Health Agencies (IHAs) will provide Family Care, a self-direction option and medical services such as primary care and more serious medical care like hospitalization. The current MCOs could operate as IHAs or new companies—such as national insurance companies—could begin providing services.

6. Will I be able to keep my current doctors and other providers?

It is unclear. The current “any willing provider” provision, which makes it difficult for MCOs to restrict their provider networks, will continue to be in place for at least three years. After that, it is unclear if the provision will continue or not. If it does not, the new IHAs would be allowed to contract with only those providers they choose, which may result in a smaller number of providers providing services and some providers not being included in the new network. If this happens, it is very likely that people will lose access to their current doctors and providers.

7. Does the budget make changes to Aging and Disability Resource Centers (ADRCs)?

Many of the proposed changes to ADRCs in the Governor’s original proposal, which would have resulted in immediate changes to what services ADRCs provide, are removed from this budget. However, there is some language in the budget indicating that functional screening and potentially enrollment counseling could be performed by entities other than ADRCs.

However, the Joint Finance Committee requires DHS to evaluate the functional screen and options counseling for reliability and consistency among ADRCs and report back to the legislature; requires DHS to assess ADRC governing board responsibilities and propose statutory changes to remove duplications; and requires DHS to study the integration

of income maintenance consortia and ADRCs and report back to JFC. These actions could result in future changes to ADRCs.

8. Will the public have a chance to weigh in on what the new long term care system looks like?

The Joint Finance Committee (JFC) required DHS to have two public hearings on their new waiver that will change the long term care system. People will be able to send in comments during the public comment period on that proposal. JFC will also have to have a “yes” or “no” vote in April 2016 on whether to approve DHS’s plan for the new long term care system. If JFC approves, DHS would ask permission from federal CMS to make changes. If JFC votes no on DHS’s plan, DHS would have to make changes to its plan.

JFC also required DHS to involve stakeholders, however it is unknown what the stakeholder process will be, how much feedback will be solicited and reflected in the DHS’s final plan and who will be invited to participate in the stakeholder process.

Key disability stakeholders—including people with disabilities, family members, support agency representatives, and advocates—should be fully engaged in designing, implementing, and monitoring the outcomes and effectiveness any change to Wisconsin’s long term care system. It will be important for participants and advocates to ensure they have a way to tell the department what they want and need, and for everyone to stay involved throughout this process.

9. What can I do now?

Continued engagement and dialogue with your legislator. Ask specific questions about how the new system will work, what the stakeholder process will be and how you can be involved, and how will stakeholder involvement shape the plan DHS puts together are all important topics to continue to discuss and question. The 2015-2017 budget process is over, but your legislator represents their constituents year round.

In the coming months, there will be opportunities to direct comments and concerns to CMS, the federal agency that determines what changes Wisconsin can make to its long-term care programs, and to directly interact with DHS. Participants and their families will need to engage in public comment opportunities to have their concerns and questions considered.