



Who are the people impacted by this issue?

74,000 Wisconsinites with disabilities and older adults use one of Wisconsin's Medicaid home and community-based long-term care programs (Family Care, IRIS, PACE, Partnership) to live and work in their communities.

ADRCs help people who meet the functional screen and financial eligibility requirements for home and community based long-term care understand and enroll in Family Care, IRIS, PACE, or Partnership programs.

Aging and Disability Resource Centers (ADRCs) provide unbiased options counseling to all Wisconsinites, and work to caregivers support their loved ones at home for as long as they are able. Often ADRCs can help families find solutions that delay costly Medicaid-funded nursing home care.

Why is Home and Community Based Long-Term Care Important?

- People who live in and are connected to their communities are more independent, healthier, and safer.
- People want to remain in their own homes, not nursing homes or other institutions. State programs that help people stay where they want to live is good public policy.
- Home and Community Based Long Term Care meets people where they are and helps them gain or regain skills and reach employment and independent living goals.
- Help with daily living tasks and personal care means Family Care and IRIS participants can remain independent longer. Working-age people with disabilities should not be living in nursing homes, and many older adults can stay out of nursing homes with the right help at home.
- Supporting people in their homes saves taxpayer dollars. Home and Community Based Long Term Care is much less expensive than Medicaid-funded institutions and helps people stay where they would rather live.
- Home and Community Based Services are important to local economies and bring businesses and jobs into communities for professionals including nurses, home health care, direct care, rehabilitative and habilitative therapists, specialized therapists, vocational, day service and transportation, and more.
- Many [family caregivers](#) rely on the supports their loved ones receive in Family Care and IRIS to so they can continue to work outside the home.

How are supports for Home and Community Based LTC funded?

Family Care and IRIS are Medicaid waiver programs. The federal government contributes about 60% of the actual cost of services, the state contributes about 40%.



HOME AND COMMUNITY BASED LONG-TERM CARE

What are today's big concerns about Home and Community Based LTC?

- The Direct Care workforce crisis is threatening the ability for many Family Care and IRIS participants to remain at home. People are on the brink of being forced into expensive Medicaid-funded nursing homes and other institutional settings. Those places also have a workforce crisis.
- People in Family Care and IRIS often rely on direct care workers for critical care needs like toileting, bathing, getting out of bed, dressing, help with chronic health conditions, medication management, meals, and household chores and tasks.
- Direct Care work is the basic building blocks of a person's day. Without enough skilled workers, people cannot remain employed, independent, and contributing to their communities.
- Low wages and few benefits mean workers leave positions. Provider agencies are constantly battling high turnover rates. Some are restricting the number of clients they serve because they cannot reliably fill shifts.
- Family Care and IRIS participants many authorized hours of care in care plans are not being provided because there are no workers to hire, or workers miss shifts. Some people are going without care if there are no family members to step in.
- [Many family caregivers are leaving the workforce and devoting huge parts of their day to cover care gaps](#) when workers are late, miss shifts, or there is no one to hire. Many families were already providing unpaid care as part of the care plan. This is not sustainable.
- The COVID-19 pandemic and ongoing DSP workforce crisis has under-scored the need for the service system to evolve away from congregate settings which need constant staffing.
- The system should incentivize lower touch options like community supported/independent living, community based-employment, use of virtual services, and use of remote technology and monitoring for participants. These strategies can result in greater safety and independent for participants as well as cost-savings for the state.

