



Who are the people impacted by this issue?

74,000 Wisconsinites are in one of Wisconsin's home and community-based long-term care programs (Family Care, IRIS, PACE, Partnership) which serve people with physical disabilities, people with intellectual and developmental disabilities, and older adults.

These programs keep people with disabilities and older adults living and working in their communities. In-home supports and services are cost effective. On average, supporting people to stay in their own homes is significantly less expensive than nursing homes and other Medicaid-funded institutional settings. In its 2013 report on Family Care, the Department of Health Services reported to the legislature that "the greater availability of services under entitlement delay the need for more intensive and expensive services" and "Cost savings result from ensuring that services are delivered in the right amount, at the right time, and in the right setting."

Home and Community Based Services are important to local economies and bring businesses and jobs into communities for a diverse set of professionals including nurses, home health care, direct care, rehabilitative and habilitative therapists, specialized therapists, vocational, day service and transportation, and many other important professions. Many family caregivers rely on the supports their loved ones receive in Family Care and IRIS to keep them in the workforce.

Aging and Disability Resource Centers (ADRCs) also play an important role in the HCBS long-term care system by providing unbiased options counseling and access to information, resources and supports that help caregivers continue to support their loved ones in homes and communities for as long as they are able. These services are available to everyone, not just those who qualify for publicly supported long-term care. By connecting people with services early, they often delay the time people need to access Medicaid-funded services.

Why is Home and Community Based LTC important?

People who live in and are connected to their communities are more independent, healthier, and safer. Most people are choosing to remain in their own homes as long as possible; state programs that help people stay where they want to be is good public policy. Working age people with disabilities and older adults who can remain independent with support on daily tasks are best served by home and community-based services and not nursing home or institutional care. The COVID-19 crisis has demonstrated the significant risks to both people with disabilities and older adults in congregate settings.



HOME AND COMMUNITY BASED LONG-TERM CARE

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%.

What are major concerns related to Home and Community Based LTC?

Many people in Family Care and IRIS rely on direct care workers to provide in-home supports— like dressing, bathing, meals, household chores and tasks, getting ready for work, transportation and management of chronic health conditions—to remain employed, independent, and contributing members of their communities. Despite the critical nature of direct care positions, low wages and few benefits result in high worker turnover rates.

A lack of available home and community based direct care workers may force people to receive less care, go without the care they need, or unnecessarily force people into nursing homes at great expense to the state and individuals' independence. Many family caregivers are providing significant resources and personal labor to fill in the caregiving gaps the best they can, but this is not sustainable. About 75% of adults with I/DD live at home, with parents and, later in life, their siblings. More than a quarter live with a caregiver over age 60, and a disproportionate share of caregiving is placed on black American and American Indian families.

How has Home and Community Based LTC been impacted by the COVID-19 pandemic?

COVID-19 is particularly dangerous to people with disabilities, older adults, and people with certain underlying conditions. Community based services that do not rely on settings that concentrate high-risk individuals in the same space offer a safer approach; research supports that people with greater levels of community engagement are safer.

People who live in or receive services in group homes, day service or prevocational facilities, nursing homes or assisted living facilities and other group settings are at extreme risk. The COVID-19 pandemic has underscored that movement towards independent living, community based-employment, use of virtual services, and use of remote technology and monitoring can be used to achieve greater safety and independence for participants and cost-savings for the state.

