

Disability Rights Wisconsin asks Finance Committee to Act on New Information to Remove Changes to Family Care, IRIS and Local ADRCs

FOR IMMEDIATE RELEASE

May 25, 2015

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New information released late Friday by the non-partisan Legislative Fiscal Bureau should lead the legislature's budget committee to vote Wednesday to keep Wisconsin's extremely cost-effective long term long term care system in place. The Fiscal Bureau confirmed that between state fiscal years 2002 and 2011, with Family Care and IRIS, Medicaid spending on long-term care decreased by 10%. Additionally, in fiscal year 2012 taxpayers saved almost \$300 million on institutional care such as nursing homes, because more individuals were able to remain in their homes.

Changes to Family Care and IRIS in the Governor's Budget assume problems with these programs that don't exist," said Kit Kerschensteiner, Managing Attorney at Disability Rights Wisconsin. "Our current long term care system is ranked as one of the best in the nation. We should be looking at ways to enhance it, not dismantle it for no reason."

Disability Rights Wisconsin supports the alternative presented by the Legislative Fiscal Bureau's papers that removes all of the Governor's changes to Family Care and IRIS. The Legislative Fiscal Bureau pointed out a number of areas where it was not clear that proposed savings would actually occur or that the proposed changes would address any of the purported problems in the current system. "Our current system was developed with a significant amount of input from stakeholders, and the Fiscal Bureau specifically recognized this," said Lisa Pugh, Public Policy Director at Disability Rights Wisconsin. "This is not the time to exclude stakeholders from the process. We must listen to the Legislative Fiscal Bureau's warnings about the dangers of dismantling our current system with no contingency plan to address problems with an unknown new model."

Additional analysis was done on the proposed changes to the Aging and Disability Resource Centers (ADRCs). The Legislative Fiscal Bureau specifically found that the proposal's claims of inconsistencies across ADRCs were unsubstantiated. Shifting many of the services that local ADRCs provide to a statewide plan would run counter to the key benefit of ADRCs – knowledge of and connections to local resources. DRW supports those alternatives which would remove all proposed changes to the ADRCs from the budget.

Moving forward, Kerschensteiner said: "DRW welcomes the opportunity to work with the Legislature and Department of Health Services to create a transparent and inclusive process for looking at our current long-term care system and finding ideas and recommendations that could help Family Care and IRIS to continue to grow and improve."