



of Wisconsin Disability Organizations

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## **Governor's Action Initiates Unknown, Sweeping Changes to Long Term Care System**

### *People with Disabilities prepared for years of advocacy with DHS, CMS, Legislature*

Yesterday Governor Walker signed into law a budget that will replace Wisconsin's current long term care system with a new and untested model. The Governor vetoed out an important change made by the Joint Finance Committee: the veto gives DHS the authority to determine managed care regions with no minimum regions required, much like the Governor's original proposal. This may open the door again for creating one statewide area or few regions, and set the stage for out-of-state for-profit insurance companies.

Other changes JFC made to the Governor's original proposal budget in the final budget include:

- creating an opportunity for current Wisconsin regional MCOs to continue in the new system, preserving existing providers for at least three years,
- inserting requirements for the Department of Health Services (DHS) to report back to JFC (in September and December of 2015),
- requiring DHS to submit a concept proposal to JFC (April 2016), and
- requiring DHS to conduct at least two public hearings on DHS's proposed revisions to the federal Family Care Waiver—which defines what services are covered and how the program works.

This budget includes elements of the Governor's original proposal that eliminates the separate IRIS program and folds self-direction under the umbrella of managed care, clears the way for out-of-state for-profit entities to provide Medicaid-funded health and long-term care, does not put provisions into statute to cap administrative costs and profits for MCOs, and directs DHS to apply for a new Family Care waiver while remaining silent on whether the new system will provide the same types of services at the same levels as it does today.

The budget also expands the current Family Care/IRIS program into the eight remaining counties still waiting for the program; these counties would then transition to the unknown new system that will be developed as directed by this budget.

Any changes to Family Care and the new self-direction program that the budget folds under the umbrella of managed care must be approved by the Federal Centers for Medicare and Medicaid Services (CMS). Wisconsin long term care participants and advocates know they must continue to weigh in on all forthcoming processes at both the state and federal level, and are committed to doing so.

“Decisions made about long term care carry forward well beyond the end of this state budget process,” said Maureen Ryan, Survival Coalition Co-Chair. “The details of this proposal—yet unknown—will have permanent consequences for individuals’ community supports and possibly continued independence”.

Since the introduction of the Governor’s budget in February, people with disabilities, their families, and advocates have raised many questions and concerns about the Governor’s proposed changes to Family Care, IRIS, ADRCs, and the overall long-term care system.

“People want to know whether the amount of personal care they receive will remain intact,” said Beth Swedeen, Survival Co-Chair. “They want to know if they can hire or fire the people coming into their homes to provide care. They want to know if they will be stranded in their homes because of limited access to transportation, and whether employment supports will help them get and keep a job in the community.”

Other states that have implemented similar proposals have experienced unintended consequences that have resulted in added hardships for older adults, people with disabilities, and their families that Wisconsin can and should avoid.

“Wisconsin successfully and cost effectively supports people with complex needs in the community. Our values have been focused on what’s best for the individual, not what’s best for a private entity’s bottom line,” said Kit Kerschensteiner, Survival Co-Chair. “People with disabilities have legitimate concerns over who will be making decisions about what care and the amount of care they receive, and real fears that if they are deemed too costly they could be diverted from the community and into institutional settings.”

Substantive concerns and unanswered questions that Survival Coalition continues to hear from all corners of the state include:

- Will my service plan remain the same?
- Will my services levels remain the same?
- Will I still be able to make my own decisions about how my budget is spent and who I can hire?
- Will I be able to hire family members?
- Will everyone who is eligible for long-term care still be able to choose the self-directed equivalent?
- Will I still be able to self-direct, regardless of my level of disability, in the new system?
- Will a for profit insurance company have an incentive to only serve low cost individuals in the community? Will I be told I can’t be supported in the community and have to go into an institution?
- With no cap on profits or administrative costs, am I more valuable to the company if I receive fewer services? Will I get the services I need or the least amount acceptable?
- Will I have a say in how my life looks like in five years under a new system?
- Will I be able to keep my current Family Care MCO and my doctors?
- Will I be required to use the Family Care professional team for decisions and choices that I am allowed to make?

No one in the disability community was aware of the Governor’s long term care proposal prior to the February introduction of the budget. Survival Coalition urges its members to contact their legislators with their concerns and questions.

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