



Keeping it Simple & Sustainable at “The Kitchen Table”

What could be simpler than sitting down at your kitchen table with your IRIS consultant talking about your goals and dreams for yourself and those of your loved ones?

On a daily basis, people with disabilities, older adults, and their families invite people of their choosing into their homes to assist them with long-term care support. They sit down at their kitchen tables and talk about how things have been going, share a cup of coffee, and together discuss any needed changes to create a meaningful and healthy life. It is a simple, comfortable process where the person and their loved ones make decisions about their care.

The DHS Concept Paper will take the simple “kitchen table” conversation out of your homes and into corporate conference rooms by adding costly layers and unknown assessment tools. It makes significant changes without providing enough details.

1. The current budget process is based on a functional assessment of needs called “the functional screen”. The functional screen looks at areas like dressing, eating, budgeting, transportation, self-care, and medication management. Your budget amount is determined and then with the assistance of your IRIS consultant you develop a plan and how you will use your budget. Just like any household budget when something changes in your life you can move money around to meet your needs; you talk with your consultant and adjust your plan. It is your budget and you determine what support you need and when you need it. **The Concept Paper looks to undo your plan development process. This will increase administrative costs and eliminate the flexibility the current budget process allows.**
2. The Concept Paper also allows each IHA (Integrated Health Agency) to create their own assessment tool. Instead of everyone across the state having a common assessment there could be three different assessments in each region and up to nine different assessments statewide. This is an inconsistent way to ensure that all people across the state receive their needed services based on an “apples to apples” approach. The Concept Paper does not include any details about the requirements for these assessments. Since the IHAs control the funding, the fear is that they will create assessments that benefit their bottom line rather than your needs. Integrated health and long-term care supports for Wisconsin residents should be the same regardless of who is administering the care plan. **When you don’t use an apple to apples approach, people’s lives and their health and safety will be negatively impacted.**
3. In the Concept Paper, people who self-direct will be assigned a care management team who will have a say in determining your services and budget amount. This person or team will act much like a case manager and make decisions about your plan. IRIS participants already manage their own plans at no cost to the system. **People choose self-direction because they want full and meaningful lives, not just a set of services. Plans must be person-centered not profit-driven.**
4. The Concept Paper requires the IHA to accept any willing provider who agrees to the reimbursement rate for the first three years. This means after three years the IHA can determine who they want to provide your services and make you or your family member choose a different provider. It is unclear if this will include the services you self-direct, such as supportive home care, job coaching, or transportation. **The any willing provider provision should not be limited to three years, but should continue indefinitely. Self-direction at its core is about choosing who you want to provide your services.**

Self-Direction does not have to be complicated, keep it at the kitchen table.