



Julie Burish, Brookfield, 262-784-9627, [jaburish29@gmail.com](mailto:jaburish29@gmail.com)  
Jason Endres, Eau Claire, 715-579-2637, [jason54701@gmail.com](mailto:jason54701@gmail.com)  
Nancy Gapinski, Glendale, 414-335-8219, [Nancy.Gapinski@gmail.com](mailto:Nancy.Gapinski@gmail.com)  
Marion Holmberg, Waukesha, 262-527-4375, [marionholmberg@hotmail.com](mailto:marionholmberg@hotmail.com)

April 19, 2016

**To:** Co-Chairs, Senator Alberta Darling and Representative John Nygren, and Members, Joint Committee on Finance

**From:** Save IRIS

**Subject:** DHS Family Care/ IRIS 2.0 Concept Paper

On March 31, 2016, DHS submitted their “Family Care/IRIS 2.0 Concept Paper” to you that outlines their plan for the Home and Community Based Waiver that will replace the current long term care systems in Wisconsin with an integrated model. Although there are some positive aspects of this paper, which are listed at the end of this memo, there are several areas of concern that fundamentally impact self-direction as it currently exists in IRIS.

**Our concerns regarding the DHS Concept Paper:**

1. More details are needed explaining DHS’s rationale for having each IHA use their own unique and different budget methodology. We believe that all IHAs should be required to use the same budget determination tool for participants choosing self-direction. Using different methods to assess needs and set budgets will create significant confusion for participants and the potential for IHAs to develop methodologies that will favor low cost participants over high cost participants. We suggest that during the transition period the current methodology continue to be used. Wisconsin has one of the largest, longest operating and successful self-direction programs in the nation and DHS has determined that with the most recent updates, the current tool is actuarially sound. We feel that is the best tool available to determine budgets and should be used as the starting point on which to build a better more accurate methodology. Keep what’s working, ensure consistency, and innovate to improve.
2. Throughout the past year legislators and DHS have assured us many times that IRIS would remain the same in the new plan. The Concept Paper explains a process and order for developing self-directed plans that is completely different and fundamentally changes self-direction as it is in IRIS. DHS should provide details that specifically illustrate how this will work in the new plan, as well as the role a participant’s IHA “care team” will have in determining the budget and services. In the current IRIS plan it is only after the budget is calculated that the participant, in collaboration with their self-direction consultant, begins building a plan and choosing services. We worry that the process outlined in the Concept Paper looks more like partial self-direction under Family Care than what participants experience with full self-direction in IRIS. ([See attached side-by-side comparison chart of Self-Direction in Family Care and IRIS](#)).
3. The Paper includes wording that can limit the “Any Willing Provider” provision to 3 years. For self-direction to work, as it currently does in IRIS we ask that this provision be eliminated, so that participants maintain their ability to choose any provider as long as they agree to the IHA’s reimbursement rates.

*“Save IRIS, Wisconsin’s Self Direction Advocates” is a non-partisan association of IRIS participants and their allies dedicated to promoting self-direction in Wisconsin.*



[www.saveiris.org](http://www.saveiris.org)



Julie Burish, Brookfield, 262-784-9627, [jaburish29@gmail.com](mailto:jaburish29@gmail.com)  
Jason Endres, Eau Claire, 715-579-2637, [jason54701@gmail.com](mailto:jason54701@gmail.com)  
Nancy Gapinski, Glendale, 414-335-8219, [Nancy.Gapinski@gmail.com](mailto:Nancy.Gapinski@gmail.com)  
Marion Holmberg, Waukesha, 262-527-4375, [marionholmberg@hotmail.com](mailto:marionholmberg@hotmail.com)

**Rationale for maintaining the current methodology for assessing a participant's functional needs and budget:**

**Consistency:** Participants must be assured that the same level of services/budget will be consistent among all IHA's. If they know that there is an opportunity to get a different (better) result from a different IHA there will be a significant incentive for participants to change IHA's often. Likewise, this could result in an incentive for IHAs to pursue low cost participants while discouraging those with complex or high cost needs. These factors have the potential to cause many undesired outcomes for both the participant and the IHA. We predict that the incentive for members to change IHAs will drive IHAs to advocate for eliminating the continuous open enrollment provision and will significantly reduce choice.

**Continuity:** Participants currently have providers and plans that are effective and meet their home and community based care needs. Moving forward, and especially during the transition phase, all efforts need to be made to ensure that participants do not experience unnecessary stress and upheaval in their lives. Maintaining the "any willing provider" provision indefinitely is very important to ensuring continuity and choice of providers. There are enough challenges maintaining an adequate work-force without having smaller providers worrying that they will be forced out of business and employees worrying that they will lose their jobs.

**Collaboration:** We believe that by using the current budget methodology and plan development order as a starting point in 2.0 that ongoing collaboration with IHAs and stakeholders will drive innovation, increase positive outcomes, reduce costs and increase the overall sustainability of the plan.

**Positive Aspects of the Concept Paper:** DHS included in the Paper several positive aspects that we support that include: Stakeholder involvement in developing the waiver, quarterly public hearings in each region, requirement that all IHAs have ongoing consumer advisory councils, continuous open enrollment, assurances that eligibility will remain the same and independent Ombudsman for all services.

In closing, we believe that there is just not enough detail in the Concept Paper. 60,000 people in Wisconsin depend on LTC services to maintain their health and safety and to remain in their homes rather than costly nursing homes. We suggest that approval of the Concept Paper by JFC be deferred until these and many other details are added and/or clarified.

*"Save IRIS, Wisconsin's Self Direction Advocates" is a non-partisan association of IRIS participants and their allies dedicated to promoting self-direction in Wisconsin.*



[www.saveiris.org](http://www.saveiris.org)