



TOO MANY QUESTIONS.

TOO LITTLE TIME TO PLAN WELL.

TOO MUCH AT STAKE.

PLEASE TAKE CHANGES TO LONG-TERM CARE OUT OF THE BUDGET.

- Can you **promise** me that my service plan will not change?
- Will the current providers continue to be assured contracts in the new system now that there will be no obligation by insurance companies to use them?
- What assurances will you put in place to avoid business closures?
- Can I keep all my same doctors and medical professionals?
- Will my employment and transportation supports remain the same?
- What is the timeline for conversion to the new system?
- If an HMO can take unlimited profits, then how does this affect funding available for my services or help the state save money?
- How is self-direction possible under a large HMO?
- Will I be able to continue to hire my own workers without interruptions?
- Will I be able to get the same medication covered or could the formulary change?
- Why replace a thriving, cost-saving, popular, unique IRIS program in favor of the unknown?
- Why weren't concerns brought forth before the budget process & why didn't anyone know about proposed changes?
- Why have so many resources gone into IRIS, ADRCs, and Family Care if the state planned to scrap this long-term care system? How does the state make up the money that it has already invested?
- As a tax payer I am worried about the job loss if these changes go through. How many more people will be on unemployment and need Medical Assistance if they lose their jobs?
- What if my neighbor who gives me rides to work doesn't want to work for an agency and provide supports to other people? Will he still be able to be paid to support me through a fiscal agent? Who will be the fiscal agents? Will there still be fiscal agents?
- Is there a way to slow this process down and take it out of the budget so that people using the program can be involved in making future changes?
- How will Durable Medical Equipment (DME) authorizations work in the future? Will I still be able to go to the same provider to fix my wheelchair?
- I spent **a lot** of time learning the IRIS computer system, how to complete required paperwork, and getting my support people set up with iLIFE. Do I have to do this **all over again**?
- I work for a mom-and-pop small business that has mostly IRIS participants; will I lose my job if IRIS is eliminated? What happens to the other people employed because of IRIS?
- What if I don't want to enroll in an HMO, do I still have to so I can get long-term care?
- If some of the ADRC services are contracted to one or more private entities, will I need to contact multiple different entities to get my questions answered & get assistance with my long term care needs?
- I thought we were getting away from bigger government. Doesn't having both OCI and DHS oversee long-term care make for a more complicated system and more bureaucratic red-tape?



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#MoreThanADiagnosis

- I saw a news program about a family who looked for services in Florida for their son who has autism. They had to call over 50 places and basically were advised “Don’t Move Here. The weather is nice but that is about it.” Is Florida really one of the models Wisconsin is using? Why? What safeguards will be in place so Wisconsin’s system doesn’t go south?
- The benefits specialist at the ADRC helped me understand Medicare Part D plans for my mom. Who would I go to in the future?
- The expansion of Family Care and IRIS is eliminating waiting lists; will there be more waiting lists if this new system comes in? Who will manage the waiting lists- counties, DHS, OCI or HMOs?
- The ADRC answered questions I had about managing my elderly parents’ resources to make them stretch further. Will these new private ADRCs help with that?
- I have a young son with autism; can he go on a waiting list now in case there are long ones in the future?
- How will a large HMO know what resources are in each community?
- ADRCs send workers to the IEP meetings when kids with disabilities are nearing graduation to help plan for the future, if they are privatized and no longer local will they still be able to help?
- Will the same list of services be available in the new system?
- What will be the process to request services on a plan? How will denials and appeals be handled?
- Who will audit the private insurance companies to be sure that they are doing right by people using Family Care? Will DHS have means to address participant concerns at all?
- I am a guardian of a friend with autism who has a history of self-injurious behavior, uses Family Care, and lives in an AFH. She had a restraint plan in place that DHS oversaw and helped us with a plan to phase it out. Who will oversee behavior plans in the future? OCI? DHS?
- Will I still be able to self-direct my full budget (including determining wages within a range) like I do now with IRIS?
- Right now if there is a safety concern about an adult we can call the local ADRC. Who will handle adult protective services in the future?
- Will there still be personalized outcomes in the future if these changes go through?
- I heard that there is already a program in Wisconsin called Partnership that “integrates care” that could be offered in more counties. Wouldn’t that be easier and less costly than starting over with HMOs?
- Will there be a budget based on a person-centered functional screen? Who will screen?
- Will this new plan serve the same target groups and have the same eligibility requirements?
- Is the Long-term Support Functional Screen going to be the tool used to determine functional eligibility? Is the algorithm going to be the same or will more people be screened out?
- What if an HMO refuses to serve a person with complex needs? Who does...the counties?
- How would it be possible to safely transition thousands of people to a whole new system in 2 years?
- I would like to know how it can be justified that my daughter’s personal care needs should be done by a stranger rather than her own mother? I was told if these changes go thru family members will not be paid to care for their disabled children. Is this true?
- Will my daughter still have employment supports so she can keep her job?
- I read that CEOs of big insurance companies earn millions of dollars per year. I earn \$10 per hour at a day program. Where will the profits come from if HMOs are running the show? How can I live on less?
- Why are they changing programs that work well, and why haven’t they just taken the whole idea out of the budget?

