The Wisconsin Long-Term Care Coalition

Keep Our Care at Home

July, 2016

Recommendations to Improve Quality and Sustainability of Family Care, IRIS and Partnership Programs in the 2017-19 Budget while Containing Costs

Wisconsin currently operates highly successful and popular adult long-term care (LTC) programs (Family Care, IRIS and Partnership). The Legislative Fiscal Bureau found that overall Medicaid costs of LTC enrollees increased only 0.3%/year from 2010 to 2015. The portion of Wisconsin's Medicaid budget spent on LTC dropped by 10% for 2002 to 2011. We can continue to improve our LTC system without disrupting the lives of enrollees or the current cost-effective models of service. The ideas listed below are largely derived from the *Stakeholders' Blueprint for Long Term Care Redesign*. We believe that, if implemented, they will improve sustainability, continue to save LTC costs, generate new savings in health care, and improve outcomes for enrollees.

1. Achieve additional savings by expanding the current models of Family Care and IRIS to all 72 counties in 2017

-According to DHS, the current LTC system already saves Wisconsin taxpayers approximately $400 million per year compared to the previous county-based legacy waivers/ fee for service system

-DHS has projected that this would achieve additional savings

-This would also eliminate all waiting lists for adult LTC services in Wisconsin and prevent people moving into costly institutions because they can't obtain in-home services

2. Expand the Family Care Partnership program beyond the current 14 counties to increase access to integrated care

-DHS and the legislature have expressed interest in an integrated (LTC and health care) model; Wisconsin already has one in the Partnership program

-We support making the Partnership option available to people in every county

3. Explore various ways to contain health costs of people in the LTC system

-We now know that Family Care and IRIS have already generated substantial savings in the cost of LTC services - - the real future savings opportunities are in primary and acute care

-We recommend that DHS initiate an in-depth study of all the cost drivers in primary and acute care (for LTC enrollees and others) in Wisconsin's Medicaid program and focus on those with the greatest potential for cost savings

-Several ideas for health care savings for LTC enrollees have been suggested by stakeholders; now is the time to start analyzing the pros and cons of each one

-Offer a managed care option for health care coordination which IRIS participants could enroll in while continuing to be enrolled in IRIS

4. Leverage the strengths of Wisconsin's proven effective model of ADRCs

-ADRCs have a track record of preventing and delaying reliance on publicly-funded LTC services

-Increased funding is necessary to address the increased demand for ADRC services since current ADRC funding levels were set, and ensure that all ADRC functions are available on a timely basis to people who need them

5. Expand provider capacity to remedy lack of service access and choice

-The current lack of appropriate services in many areas results in excessive transportation costs (to get to another county where the service is available) and unnecessary hospitalization/health care costs (when a person cannot get a service which is crucial to his/her health or safety)

-We recommend that a) DHS analyze current gaps in various service categories in every region of the state, and b) DHS and MCOs team up to develop strategies to fill the gaps

6. Ensure that real self-direction is available to everyone in the LTC system who wants it

-Adopt the IRIS Advisory Committee recommendations to eliminate unnecessary red tape in the IRIS program that hampers budget and employer authority

-Strengthen the self-directed support option inside Family Care

7. Increase accountability for providing quality services

-DHS should strengthen requirements for MCOs and providers to serve people in the "most integrated setting" (in keeping with recent federal Medicaid rules changes)

-Increase accountability in current areas of deficiency, e.g. lack of effective support for obtaining community employment, inadequate provision of mental health services

8. Restructure funding to reward quality service delivery

-Review funding levels for Family Care, IRIS, and Partnership to ensure that there is sufficient funding/person to provide quality services that meet the person's goals and comply with federal rules

-Prioritize funding for supports that keep people in their own homes, increase self-sufficiency/community employment, and enable participation in community life

-Institute "pay for performance" measures

9. Increase the availability of high-quality behavioral health services for Family Care, IRIS and Partnership enrollees to reduce utilization of costly institutional care

-Take the steps necessary to strengthen the partnership between MCOs and county mental health systems

-Ensure that community-based crisis services are readily available to anyone who needs it

-Improve the level and quality of services available to people with complex needs (e.g. people with a dual diagnosis of developmental disability and mental illness/challenging behaviors)

10. Address the LTC Workforce Crisis to keep enrollees safe and healthy at home, reduce costly hospitalizations, and prevent acute health and safety crises

-There is a substantial (and growing) number of people in the LTC system who cannot obtain the services authorized in their service plans because of worker shortages - - this is a *de facto* denial of service, it puts enrollees at risk, and it increases the use of costly institutional settings

-Analyze and address the causes of the current high turnover rates among direct care staff

-DHS, MCOs and providers can team up to develop new initiatives to address the crisis

11. Increase cultural competence in all LTC programs

-Track relevant data to ascertain whether and how the experience of various sub-populations varies in the LTC system

-Require MCOs and ICAs (IRIS Consultant Agencies) to maintain a diverse staff and provide cultural competency training to all staff

-Increase accountability for cultural competence and language access in DHS-MCO and DHS-ICA contracts

12. Strengthen ongoing Stakeholder Input

-Create a sense of shared ownership and responsibility between government and enrollees

-Create overlapping membership between the DHS LTC Advisory Council and the IRIS Advisory Committee, and broaden the role of the LTC Advisory Council to oversee overall quality in the LTC system

-Create the "Consumer Advisory Councils" and "quarterly listening sessions" in each region as proposed by DHS in the DHS Concept Paper

-Explore other opportunities to ensure stakeholder involvement in guiding and evaluating the LTC system

13. Strengthen effective prevention programs that reduce hospital and institution utilization

-Wisconsin is currently missing opportunities to prevent, delay and reduce the need for LTC services, including costly institutional care, because evidence-based prevention programs are only available in some counties

-Provide sufficient statewide funding to ensure that evidence-based prevention programs that have proven effective in preventing hospitalization and nursing home admissions, and saving Medicaid funding, are available in <u>every county</u> (vs. the current "hit and miss" access that is dependent on local funding availability)

14. Continue the process of requiring approval of the Joint Finance Committee (JFC) before DHS makes major proposals to the federal government regarding Adult LTC Medicaid Waiver Programs

-Require a formal vote of JFC before DHS can eliminate or make major changes in an existing Adult LTC Medicaid Waiver Program, or create a new Adult Medicaid Waiver Program

-This would not require JFC approval for minor changes to an existing Adult LTC Medicaid Waiver program

-This will ensure an open and transparent culture of dialogue between DHS, stakeholders, and the legislature as a permanent feature of Wisconsin's' LTC system

-With so much at stake in the lives of 60,000 enrollees and their families when there is upheaval in the system, this is an appropriate form of legislative oversight