



# The Wisconsin Long-Term Care Coalition

## Keep Our Care at Home

March 5, 2016

### Family Care and IRIS 2.0 Draft Concept Paper Talking Points

The Department of Health Services (DHS) released their draft concept paper for Family Care and IRIS 2.0 on March 2. The WI Long-Term Care Coalition is pleased the concept paper includes several important recommendations made by the Stakeholder's Blueprint for Long Term Care Redesign. The Coalition notes, however, DHS' concept plan does not provide enough detail in some areas to clearly demonstrate how the new program will work once it is operationalized. Stakeholders continue to have unanswered questions and concerns about the new redesign model. Changes to Wisconsin's long-term care system could significantly impact the lives of people with disabilities and frail older adults, caregivers, community businesses, local MCOs and ADRCs, and communities. The details of the redesign really matter to these stakeholders. The WI Long-Term Care Coalition hopes DHS will provide the requested detail and respond to stakeholders' questions in the final concept paper sent to the Joint Finance Committee for a vote.

The Wisconsin Long Term Care Coalition recommends the following changes to the draft concept plan:

**Keep Stakeholders Involved:** The draft concept paper does not include ongoing opportunities for stakeholder involvement. The Family Care and IRIS 2.0 waiver should be developed in collaboration with participants, family members, advocates, providers and Managed Care Organizations. DHS should create a permanent long term care stakeholder advisory committee, so that advocates, consumers, caregivers, family members, providers, and other community organizations involved in the long term care system can provide ongoing feedback on Family Care and IRIS 2.0. In addition, IHAs should be required to include consumers on their governing boards.

**Maintain Current Eligibility:** DHS stated in a press release issued February 25 that "there will be no changes to eligibility for long-term care services." This statement is not included in the draft concept paper. The Wisconsin Long Term Care Coalition asks DHS to update the concept paper to reflect that eligibility will remain the same in Family Care and IRIS 2.0. Currently, the draft concept paper does not include a commitment to serving individuals with complex needs in the community. Family Care and IRIS 2.0 must continue the emphasis on facility and institutional downsizing.

**Let Participants Keep Their Providers:** The draft concept paper keeps the "any willing provider" provision in place for at least three years. This provision should be a permanent part of our long term care system. If the "any willing provider" provision goes away after three years, IHAs will be able to remove current providers from their networks.

**Keep a Path for the Homegrown MCOs:** The draft concept paper says that DHS will continue using Family Care MCOs to provide Partnership in 14 counties. It does not make the same commitment for MCOs that only offer Family Care, and some of the requirements in the concept paper will make it difficult for Wisconsin MCOs to compete.

**Keep Care Local—Make More Regions:** DHS recommends three service regions. The Joint Finance (JFC) Committee recommended that DHS use at least five regions. DHS should follow JFC's recommendation and create more regions so that IHAs can be responsive to local needs and maintain community connections. Creating more regions will result in less disruption to our current system and allow current Wisconsin MCOs to compete in the new system.

**Keep All ADRC Services and Keep them Local:** The draft concept plan says that ADRCs will continue to have a prominent role in Family Care and IRIS 2.0, but it doesn't say that ADRCs will continue to provide all of their current services and continue to be operated as they are now.

**Protect Taxpayer Dollars:** The draft concept paper includes references to pay-for-performance, but it does not cap IHA profits or administrative costs. Family Care and IRIS 2.0 should protect taxpayer dollars by capping profits and administrative costs, and requiring IHA surpluses to remain in Wisconsin and be re-invested into the long term care system.

**Safeguard Self-Direction:** The concept paper introduces a new method of setting individual self-direction budgets, which is very different from the current practice. DHS should be true to the Legislature's intent to make the self-direction option in the new program identical to IRIS. The significant change to the budget setting process does not guarantee that people who choose to self-direct will have access to the IRIS model they have now, and it must be changed. Family Care and IRIS 2.0 should build on the current IRIS budget-setting process. It is also unclear how the care team will work for individuals who self-direct. Will the care team be able to override a participant's choices? In addition, participants should be given the chance to self-direct behavioral health services.

**Include All Behavioral Health Services:** Certified Peer Specialists are not included in the list of behavioral health benefits that will be available in Family Care and IRIS 2.0. This is an important and evidence-based service that should be included in the new system.

**Promote Coordination between IHAs and County Mental Health Services:** As Family Care and IRIS 2.0 incorporate behavioral health services into the Family Care benefit package, steps must be taken to encourage strong coordination and collaboration between IHAs and counties, given the unique role counties play in providing behavioral health services, including crisis services. The concept paper should address the need for IHAs to ensure access to county administered behavioral health services, including contracting with counties to provide Community Support Program (CSP), Comprehensive Community Services (CCS), and Community Recovery Services (CRS). The concept paper should note the need to address key coordination issues, such as how the "county share" will be incorporated in the capitation rate, the need for IHAs and counties to work together to authorize county services, and how the new regional structure will work with the CCS regions. Given that Wisconsin counties have statutorily defined responsibilities for providing crisis care, the concept paper should affirm the need for IHAs and counties to work together to ensure member centered crisis services. The cost for crisis services should be shared by the IHA to ensure there is a strong financial incentive to provide ongoing high quality community supports which will reduce the need for crisis services.

**Person Centered Planning:** The care plan and delivery system must be person-centered. The concept paper says that “each member will have a care team that is unique to the individual to develop a care plan that is custom tailored to the individual.” Care teams should include people chosen by the participant, meet with the participant face-to-face, and be responsive to the goals and desires of the participant.

**Address the Workforce Crisis:** Wisconsin is currently experiencing a direct care workforce shortage. People are unable to find direct care workers to meet their needs, which means that many Wisconsinites are going without assistance. The concept paper should include recommendations to address the workforce crisis so that everyone will have access to the services they need to remain living independently in their own homes and communities.

**Strong Performance Standards in Contracts:** The concept paper includes several important recommendations about quality measures. However, it is not clear how this quality information will be used to improve services. Will IHAs with a repeated poor performance on the IHA scorecard be disqualified from the program? Will consumers and advocates be able to discuss the quality measures with DHS and suggest improvements? Will IHAs sanctioned by the federal government be allowed to participate in the program? DHS should provide more detail on how they will use quality data and what will happen if an IHA does not live up to Wisconsin’s quality standards.

**Take the Time to Get it Right:** The concept paper does not include many details about how Wisconsin will transition from Family Care and IRIS 1.0 to Family Care and IRIS 2.0. The rollout should take place slowly. A gradual rollout will allow DHS to develop best practices, respond to challenges and minimize member disruption. Members should be notified well in advance that the program is changing and given information about what types of decisions they will need to make before entering Family Care and IRIS 2.0.

**Independent Ombudsman:** The concept paper says that all participants will have access to ombudsman services, but it does not say if the ombudsman will be independent. Who will provide ombudsman services in Family Care and IRIS 2.0? How many ombudsmen will there be? Wisconsin should continue the commitment to its nationally recognized independent ombudsman program for all actual or potential recipients of the family care benefit and the self-directed services option or to their families or guardians and the provision of all advocacy services as outlined under current law.

*Long-term stakeholders can provide comments to DHS at public hearings held on March 7 in Eau Claire (9:00 - 11:30 a.m., Florian Gardens Conference Center, 2340 Lorch Avenue, Eau Claire, WI 54701) and Madison (4:30 - 7:00 p.m., Alliant Energy Center Exhibition Hall, 1919 Alliant Energy Center Way, Madison, WI 53713), or submit written comments to DHS ([DHSFCWebmail@dhs.wisconsin.gov](mailto:DHSFCWebmail@dhs.wisconsin.gov)) until March 7. This is the public’s only chance to provide feedback on the draft concept paper before it is submitted to the Joint Finance Committee for a vote.*