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Contact: Beth Swedeen, (608) 266-1166; beth.swedeen@wisconsin.gov

Joint Finance Vote Does Not Reflect WI Long-Term Care Participant Input

Madison, WI – The Wisconsin Board for People with Developmental Disabilities is hearing from dismayed long-term care participants today, after significant changes to Wisconsin’s Family Care/IRIS programs that would begin in 2017 and that did not include participant and advocate input were passed in a 12-4 vote by the Joint Committee on Finance Wednesday night.

While the motion pulls the original proposed long-term care changes from the budget, there are still significant changes that create a path for private, for-profit insurance to enter the long-term care arena in Wisconsin and that fold the existing IRIS program into managed care. Highlights of the motion include:

- Require Department of Health Services (DHS) submit a request to the federal government to changes in the state’s current waiver for Family Care/IRIS.
- Expand Family Care/IRIS statewide by January 1, 2017.
- Increase the size of regions currently served by Managed Care Organizations (MCOs) so there are no less than 5 regions.
- Require multiple “Integrated Health Agencies” (IHAs) in each region.
- Allow Integrated Health Agencies to be for-profit insurance companies.
- Lift the profit limits on all entities providing Family Care.
- Require IHAs’ to have a consumer-directed option that allows developing plans and allows people to select their own providers, thus folding the existing IRIS program into managed care oversight.
- Direct DHS to consult with stakeholders before final waiver request development, with no details on who those stakeholders would be or how they would be consulted.
- Retain Aging and Disability Resource Centers (ADRCs) and require DHS to evaluate the functional screen and options counseling reliability and consistency across ADRCs and require DHS to study ADRC governing boards and provide a report on proposed changes to the requirements of boards to remove duplication.

“Since the state budget proposal came out in February, the Wisconsin disability and aging communities have been clear and consistent that our existing program works, attains positive health and safety outcomes for participants, and has driven down costs,” said Beth Swedeen, BPDD Executive Director.

“The proposed changes are being met with dismay by long-term care participants today who truly thought their voices would be heard on this issue.”

Swedeen said disability and aging stakeholders offered multiple recommendations that could achieve long-term sustainability in long-term care using the existing Family Care/IRIS model and building on its strengths.

Swedeen said disability advocates and grassroots groups continue to want to work with DHS and the Legislature to establish the actual cost-drivers in long-term care and create long-term solutions that can simultaneously improve outcomes and contain costs.

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