



## Department of Health Services - State of Wisconsin Town Hall Results Advocate (Long-Term Care Programs)

### Survival Coalition

#### What could the Department of Health Services improve?

LONG TERM CARE: A. Increase integrated employment services in Long Term Care B. Reduce administrative costs in Family Care, IRIS and Partnership C. Increase utilization of self-directed supports in Long Term Care D. Implement the recommendations of the Wisconsin Council on Children with Long Term Support Needs to streamline services E. Implement a standardized set of performance and outcome indicators for LTC services to improve outcomes and generate cost efficiencies F. Reduce the use of institutions G. Strengthen partnerships with the Dept of Public Instruction and improve accountability and supports for appropriate transition programs ACUTE & PRIMARY CARE: A. Improve integrated care coordination B. Take advantage of savings in health care reform C. Explore arrangements with federally qualified health centers D. Study cost-benefits of referring WI Veterans to federally funded VA benefits E. Explore expanded access to private insurance benefits F. Explore the capacity of private health plans to continue coverage past childhood G. Improve continuity of care and access to eligible benefits for released inmates H. Explore strategies to keep Medicaid recipients from going on and off the program I. Improve the prior authorization process J. Allow direct purchase of durable medical supplies and equipment K. Re-examine the Medicaid hotline L. Keep the door open for consideration of provider assessments COMMUNITY BASED MENTAL HEALTH SERVICES: A. Provide alternatives to existing inpatient and emergency department services B. Increase the use of certified peer specialists C. Increase the use of wraparound services for youth and parent peer specialists D. Expand consumer run recovery centers E. Implement county system changes

#### Do you have any cost savings suggestions for the Department of Health Services?

None

### Diann

#### What could the Department of Health Services improve?

Get going on setting up the insurance exchange needed for when the Affordable Care Act takes effect. Set up the exchange so it is fair to people with mental illness and addiction issues.

#### Do you have any cost savings suggestions for the Department of Health Services?

When setting up the insurance exchange change the financial incentives for hospitals and doctors so that the new health care system will result in cost savings.

**Amy**

**What could the Department of Health Services improve?**

If the asset and income limits could be higher for eligibility of Medicaid programs, so that consumers wouldn't need to be impoverished before they become eligible for benefits, consumers would have more options to staying in their homes or apartments and prevent institutional medicaid.

**Do you have any cost savings suggestions for the Department of Health Services?**

It is much more cost efficient to provide MA Personal Cares to someone still living in the community than to provide LTC MA. By the time someone is down to MA income and asset limits, they encounter waiting lists for services so they have little choice but to go to a nursing home and apply for LTC MA. Being proactive rather than reactive with benefits could be a huge cost savings.

**Jane**

**What could the Department of Health Services improve?**

Need to continue with IRIS program funding to maintain daily care needs and support for those with physical and cognitive disabilities. Without IRIS funded transportation there would be no access to the community. Prior authorization, covered goods, accessible communications/benefits for durable medical equipment are lacking for the needs of the consumer. Medicaid equipment coverage is extremely minimal. With the financial support from the federal government WI has a chance to make good choices and ensure that citizens have the supports they need to make a life in the community.

**Do you have any cost savings suggestions for the Department of Health Services?**

None

**Underwood**

**What could the Department of Health Services improve?**

Eliminate the position of Director of Center of Bureau Operations and return those duties to the facility directors who previously did them. Resident populations are decreasing. Reduce, not increase, administrative layers accordingly.

**Do you have any cost savings suggestions for the Department of Health Services?**

Reduce layers of bureaucracy for administration for State Centers for the DD. Both SWC and CWC have a facility director plus deputy director who report to the director of the bureau of center operations who reports to the division of long term care who reports to DHS Secretary Smith. What does the bureau of center operations do that could not be done by each facility director & deputy director? As the centers have been downsized, CWC and SWC will have an average daily population of less than 450 residents, the layers of bureaucracy have actually INCREASED, ultimately driving up the daily rate fueling calls for the closure of these facilities.

**Kathy**

**What could the Department of Health Services improve?**

All around communication, staff is not knowledgeable on available resources.

**Do you have any cost savings suggestions for the Department of Health Services?**

None

**Wes**

**What could the Department of Health Services improve?**

Cutting funds to programs like IRIS for people with disabilities is no the place to find cost saving ideas.

**Do you have any cost savings suggestions for the Department of Health Services?**

Boosting the state sales tax by just 1% would bring \$860 million dollars per year in revenue. This method of sharing would be fair to all income levels. We need to create a revenue to solve our budget crisis not cut services from people who need them the most.

**Kim**

**What could the Department of Health Services improve?**

Improve efforts to diagnose and treat Alzheimer's disease and related disorders sooner. Improve integrated care coordination. Study cost benefits of referring WI veterens to federally funded VA benefits. Provide alternatives to existing inpatient and emergency department services. Consider the unintended costs of freezing family care.

**Do you have any cost savings suggestions for the Department of Health Services?**

None

**Terri**

**What could the Department of Health Services improve?**

Inefficiencies of the contracted fiscal agent services that people with disabilites and family members have to deal with on a daily basis.

**Do you have any cost savings suggestions for the Department of Health Services?**

Allowing funding for family and consumers to mentor each other, organize, and share info about new strategies, cost effectiveness, employment, networking, training, etc. WI DHS PATHways to Independence. Microboards are cost effective way to cut down the cost fo middle person bureaucracies.

**Ronald**

**What could the Department of Health Services improve?**

In 2008 my son joined family care program due to a traumatic brain injury. I retired from the State early to care for my son. Family Care with MCO's involved is more of a business model of health care not a consumer model. The primary goal is no longer the welfare of my son but cost control.

**Do you have any cost savings suggestions for the Department of Health Services?**

None

**Thomas**

**What could the Department of Health Services improve?**

Against all cuts to poor and tax cuts to the rich.

**Do you have any cost savings suggestions for the Department of Health Services?**

None

**Tom**

**What could the Department of Health Services improve?**

Diagnos and effectively treat alzheimers sooner. As alzheimers numbers increase, public health issues arise. Early diagnosis helps detect other illnesses that share the same symptoms. Need improved care coordination. The unintended cost of freezing family care is going to be huge. If people are forced into nursing homes you are doubling the cost. Also, MA beds will be taken up and they are already difficult to find.

**Do you have any cost savings suggestions for the Department of Health Services?**

None

**Dorothy**

**What could the Department of Health Services improve?**

Inner city people need ins, can't afford to go to private doctors. What do you expect people to do when you cut their ins?

**Do you have any cost savings suggestions for the Department of Health Services?**

None

**peter**

**What could the Department of Health Services improve?**

Financially support job coaches and senior care workers more appropriately to coincide with this economy

**Do you have any cost savings suggestions for the Department of Health Services?**

decrease the amount paid to the political representatives and cut back on travel expenses for these individuals

**fern**

**What could the Department of Health Services improve?**

Stop with the plan to take away programs that keep people in their homes. As a daughter of aged parents the cost for nursing homes is crazy compared to what staff to assist the elderly in their homes but so much has been cut that both my parents and mother-in-law did have to go to the nursing home. The young people come out of a great education system to nothing with the wait list for community services. After sitting at home for 5 to 6 years they have lost so much they learned at school this is a waste to everyone.

**Do you have any cost savings suggestions for the Department of Health Services?**

With the family care we are paying too much money to the case manager and the whole large administrative team for what they do for the person.

**Joanne**

**What could the Department of Health Services improve?**

Don't require seniors who are on the very successful and cost saving state pharmacy assistance program called SeniorCare to also have a Part D plan. This will hurt many seniors who can not afford Medicare Part D in addition to all their other expenses.

**Do you have any cost savings suggestions for the Department of Health Services?**

SeniorCare has been very successful due to the fact that they run the program very much like the VA runs their drug program, by making deals with the drug companies in the form of rebates and etc. Consider making changes in Medicare Part D in order to drive down the prices of drugs by again running the program more like the Veterans Administration does. Medicare Part D currently has too many choices for seniors. The majority of my seniors do not have computers and thus are unable to pick the most cost saving plan for themselves.

**Julie**

**What could the Department of Health Services improve?**

None

**Do you have any cost savings suggestions for the Department of Health Services?**

Decrease spousal impoverishment asset limits. Stop all divestments and trust. County community spouse IRA accounts as an available asset. Eliminate FC non-nursing home eligibility. Allow us to put liens on homes for consumers in alternate care. Eliminate lodging and meal expenses as a MA billable. Reduce nursing home personal allowance to \$30/month. Restructure alternate care rent expense .

**Carol**

**What could the Department of Health Services improve?**

Not all BadgerCare recipients are free loaders and not wanting to work. For example daughter is single mother going to school and needs the coverage for her son. There is no broadband access in rural areas, and seniors can't use computers so who will help them? Concerned about waiting list when programs are capped. You will either be serving people on the front end (programs) or back end (ER visits).

**Do you have any cost savings suggestions for the Department of Health Services?**

Must let Family Care programs run their course to balance the cost and see the benefits.

**Henze**

**What could the Department of Health Services improve?**

Get rid of the contract with J&B Medical Supplies that's currently in Michigan. Move it some where local!

**Do you have any cost savings suggestions for the Department of Health Services?**

Get rid of the J&B Medical Supplies contract that's in Michigan and move it locally. The company does not have good customer service and wastes lots and lots of depends on Medicaid's dime. They are always sending out too many depends and never want to reduce the number being sent. They have a no return policy and say to just throw out the depends that didn't fit a client. MA dollars going to waste.

**Becky**

**What could the Department of Health Services improve?**

Waitlist for Family Care & IRIS is devastating for families. Continue with implementation of family care and IRIS. Centralized IM - poor, untimely service.

**Do you have any cost savings suggestions for the Department of Health Services?**

For years studies consistently show community services are more cost effective than institutional/nursing home care.

**Shawn**

**What could the Department of Health Services improve?**

Quality of IRIS workforce is lower. Invest in workforce, pay workers well. WI Quality Home Care Authority set up training structures that the budget repair bill abolished.

**Do you have any cost savings suggestions for the Department of Health Services?**

People should have the right to move from long term care to IRIS to save money.

**Arica**

**What could the Department of Health Services improve?**

Staff appropriately and have better response time - as an advocate for an agency, I waited 1 1/2 hrs for a foodshare question. Plus, be able to meet deadlines, with better communication to consumers.

**Do you have any cost savings suggestions for the Department of Health Services?**

None

**Rebecca**

**What could the Department of Health Services improve?**

The training requirements for care workers in adult family homes serving individuals with developmental disabilities. The individuals with the highest level of care needs are being placed into adult family homes that currently have the lowest required training. AFHs were originally broken off from CBRFs to serve those with lower, and thus less costly, needs. This is no longer the case. The vast majority of AFHs are serving individuals with developmental disabilities. Who in their right mind would agree to have their loved one who requires intensive skilled nursing care placed into an adult family home where the care giver is not required to have training for the first 6 months of employment and after that only a mere 15 hours of training. This is why the AFHs are so cheap and the Department prefers them for the population with developmental disabilities.

**Do you have any cost savings suggestions for the Department of Health Services?**

Consolidate the State Centers for the DD onto 1 campus at Central Center which has the availability of UW Hospital and Clinics. While it appears that the goal of DHS has been and continues to be to close/end long term care at all 3 campuses, the reality is that community (geographically defined) services are not adequate for those with the most severe disabilities. Individuals with the most medically complex issues or self-abusive or aggressive behaviors moved to community settings have a higher chance of isolation and non-involvement outside of their home. Plus the guardians do not want isolated community services for their family member / ward. There will be challenges to combining campuses but there are a significant number of licensed, unused beds at Central Center. Eliminating multiple administrations will be cost effective. Let's at least talk about it.

## **Emily**

### **What could the Department of Health Services improve?**

It is understandable that we have a budget deficit. We also have 85,000+ on the waitlist for BadgerCare Core and a general waitlist for FamilyCare. This represents a huge number in Wisconsin's population that are hurting and, overall, spending more money to get the emergency care that they need.

### **Do you have any cost savings suggestions for the Department of Health Services?**

Overall, health insurance and case management services help people stay out of emergency care systems and institutionalized settings. At a meeting of enrollment services providers in Milwaukee, Medicaid Director Brett Davis stated that he would like to work toward getting people out of ERs and into Primary Care. He stated that ERs were the most expensive cost to the State. I agree with this statement. Working the budget in order to provide insurance for Primary Care and preventative care through Family Care will, overall, save money for the State.

## **Ramirez**

### **What could the Department of Health Services improve?**

Require consumers who enter programs to remain in the program for at least 6 months. I've had many consumers inform me they are disenrolling from 1 program to go to another because the other program pays more money. Many consumers jump from program to program to determine who is going to pay their caregiver more money. Perfect example, people who enroll in Family Care only to be informed that their caregiver is not going to get 40+ hours of employment only to inform me that they are going to enroll in IRIS because there is no oversight and can pay their caregiver as much as they want.

### **Do you have any cost savings suggestions for the Department of Health Services?**

Big ticket items should be property of the county such as scooters and when a recipient passes away Milwaukee county should take possession and resell this item.

## **Tracy**

### **What could the Department of Health Services improve?**

A real cost savings would be to stop trying to push community based care for the most profoundly retarded residence of state Centers for the Developmentally disabled. There is no proof that putting them in a community setting saves money-- unless you don't give them the quality care they are currently getting in long term care at Intermediate Care Facilities like Southern Wisconsin and Central Wisconsin Center. Stop wasting valuable resources and realize you have a cost effective, highly trained and high quality care-- benchmark facilities that could be a role model for quality care that others vendors and that other states could learn from.

### **Do you have any cost savings suggestions for the Department of Health Services?**

Utilize the best nurses and caregivers in one or two facilities for the most profoundly retarded, and neediest clients instead of farming them to costlier group homes with poor quality of care at a high price.

**Anna**

**What could the Department of Health Services improve?**

Preserve funds for Medicaid recipients (level of service). Decrease pre-authorizations, paperwork necessary to receive aid. Do not allow governor's appointed person to have unilateral decision making.

**Do you have any cost savings suggestions for the Department of Health Services?**

Utilize a yearly pre-authorization process vs. continued paperwork & pre-authorization. Continue to have private insurance companies cover services rather than shift to taxpayer in Wisconsin.

**Herb**

**What could the Department of Health Services improve?**

Gradually become a self directed system bypassing the middleman like HMO's. Raise the eligibility for Badgercare. Authorize the purchase of gloves (barrier for ventilator patients). Allow frail and disabled to make money without jeopardizing their Medicaid eligibility.

**Do you have any cost savings suggestions for the Department of Health Services?**

Do not pay bonuses to MCO's for doing a good job. Do not allow non-citizens to be put on Medicaid. Delete earned income credit for taking care of disabled family member at home. Do not allow for elective surgeries.

**Marge**

**What could the Department of Health Services improve?**

We are experiencing a 3% decrease to our budget in a group home setting. The needs of the people I serve have increased. There are no options for more help. Our salaries for care staff income are \$9-\$10/hr. Medicare & Medicaid cuts only give us more back breaking hard work.

**Do you have any cost savings suggestions for the Department of Health Services?**

Recycle unused unwrapped medications. There is a huge amount of waste. Why do we need teams of 2 with MCO? We already have a nurse on our staff. CHP is a slow middle man. As a program manager I could easily get the services in line for my residents. We did this before CHP took over.

**Ronald**

**What could the Department of Health Services improve?**

Any change that will restrict access to face to face eligibility services, require additional travel and expense, or require use of telephone or computer technology will adversely affect individuals that seek to apply for MA.

**Do you have any cost savings suggestions for the Department of Health Services?**

Create 7 administrative regions statewide. Counties within these regions would be contractors for income maintenance services in the specified region.

**Ruth**

**What could the Department of Health Services improve?**

Establish consumer to consumer & parent to parent supports at the local level (at least regional). Strengthen the relationship between DHS & DPI. Adequately fund long term care, end waiting lists. Allow the programs to refine & stabilize. Emphasis on integrated care for acute & primary care.

**Do you have any cost savings suggestions for the Department of Health Services?**

Streamline system & lower admin costs. Family/consumer self direction - make this meaningful within the CMO's & IRIS. Streamline & coordinate audit oversight of Family Care/IRIS. Reduce use of institutions, money should follow long term care in community. Keep people in their own homes as much as possible for the individual and family. Eliminate prior authorization process.

**Mel**

**What could the Department of Health Services improve?**

Don't cut county mental health, human services, education or any other programs. the biennial budget will decimate those programs, resulting in untold misery and more people being put in jail and dying early.

**Do you have any cost savings suggestions for the Department of Health Services?**

Yes. Collect the more than 1 billion in taxes now owed by various Wisconsin Corporations; raise the state tax rate on incomes over \$200,000 and corporations, sufficient to cover the shortfall. DO NOT CUT human services, education etc.

**Tim**

**What could the Department of Health Services improve?**

Centralizing may not actually be cost-effective. Budget document language seems contradictory, and without a specific timetable, could create "a woodwork effect". Short-term savings by cutting folks might mean that by the time people are eligible, they are expensive. This may also be a Civil Rights violation to the extent that it will cut transit by eliminating authority of regional transit authorities.

**Do you have any cost savings suggestions for the Department of Health Services?**

None

**Jeff**

**What could the Department of Health Services improve?**

Expand program to include everyone so businesses do not have to provide ins. State ins only, no private health care.

**Do you have any cost savings suggestions for the Department of Health Services?**

More preventative care.