



Department of Health Services - State of Wisconsin Town Hall Results Provider (Family Care Program)

Phyllis

What could the Department of Health Services improve?

I have received referrals as a nurse provider from Community Care of Central WI for people who have Medicaid. Working with CCCW has been much more easier and efficient than working with the offices in Madison.

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

More efficiency and easier communications in Madison with providers of care service and people who are on Medicaid.

Elaine

What could the Department of Health Services improve?

Recently, I received information from the County that new applications for Family Care will be placed on a waiting list. What about the private pay resident who has been paying privately for CBRF services for years, and now has depleted his/her assets? Many of these residents have lived in the group home (CBRF) for years, paying privately and now are turning to Family Care. If the proposal should stand as is, these residents would need to leave the group and have as their only option, placement in a nursing home. I own a 20 bed CBRF. Twelve of the 20 residents are private pay. One 85 year old man has lived here since 2002. He has done the right thing- paying privately for his services, but is now at the end of his assets. His daughter called me frantically when she heard about the proposed change in application waiting periods. He will be forced into a nursing home, as he will be on the bottom of the waiting list for family care. His daughter stated that he will die if this happens. Please, provide a provision for grandfathering those residents who have paid privately in a CBRF and now consider the group home their home. There must be a way that these individuals can have services funded without having to enter a costly nursing home. It would be immoral to have it otherwise. Thank you

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

Yes, several. The first is in regard to the above comment. The nursing home daily rate is 2X that of a group home. It does not make sense to allow nursing home funding but not group home funding. It should actually be the other way around. Our group home services many of the same clients that the nursing home does- but for one half the cost. Many of the residents in the nursing home could actually be placed in a group home without any change in care or quality. This was and I thought still is the premise behind family care. The provision that would require private pay residents to leave the group home and be admitted to a nursing home when private assets are spent down at the group home is fiscally insane.

The second issue is with the double dipping currently being done at MPS. I have several friends working in MPS. They have pressure placed on them to increase the number of Medicaid eligible students who receive speech therapy, so that the therapy can be billed through T19. The school already receives special education funding from both the state and federal governments. How is this ok that they can also bill the Title 19 program? This is not a minor happening. My guess is millions are being spent on this double dipping scam.

Anonymous

What could the Department of Health Services improve?

Understanding End of Life Choices--- Save big dollars. There is a need to teach the public: understanding the end of life there is so much done for those who don't want it. CPR: given too often and to those who don't want it anyway. Basic meds and other forms of treatment to prevent the need to intervene in a crisis and having to give CPR and resuscitation. Promote Living Wills (Children's Hospital is a great example on the proper use of them for families) Different levels of Nursing. LPN basic level of skill, RN 2 yr program higher level, BSN 4 yr program: involves management skills Independent Care requires more monitoring and audits. A lot of the LPN's have a lack of work ethic and supervision, LPN's are currently regulated by State License only and need more supervision and accountability. Currently there is no form of reporting or auditing to correct the LPN's medical errors or mistakes. The lack of nurses causes the individuals/families that need them to be at the mercy of any independent LPN that is caring for them. Examples of LPN abuse: Parents are not allowed to see their child's binders of medical information, No documentation, Lack of education/work ethic/will to be able to take action for prevention, Child with feeding tube and a ventilator, i.e.: LPN let the child sit in the high chair for over 8 hours. The alert on the machine was sounding off a ½ prior before the case manager RN arrived and the LPN found it to be ok to turn off the alarm and did not try to correct the issue. The child was having trouble breathing and all that needed to be done was to have the tube of the ventilator adjusted. Administering medication without consulting a physician. i.e. a child was given a medication hours before it was supposed to and when the family called the LPN, she asked the family to spell it so that she could Google it and gave them direction. She never once consulted with the doctor to see what steps should be taken. Family's case manager have no say over the work or lack thereof of the LPN's that are hired independently. Most are not willing to work with the case manager and the family plan only doing what they see fit. Issues on LPN's: o Hours are not regulated o Documentation is not reviewed o They are not supervised by the physician or the case manager .Mandatory Reporting Process is abused by the teachers and school officials .Bullied by the school staff to force a report to be done. Difficulty between the flow process and reality. The trust of families, their lack of resources which prevent them to provide the right environment, medication, or support. Planned Parenthood Cutting this program is not an option. i.e. 11 year old girl pregnant and is from a family where the mother, grandmother and sister were pregnant at a young age. Education needs to continue regarding safe and smart sex. School setting in an open room with staff/students coming in and out is not an appropriate place to talk a 5th grader about her pregnancy School Nursing Program: Every school should have a nurse. Last year there were 4 MPS related deaths and 3 were asthma related. Schools have no space for proper treatment of the students. Lack of privacy and time to properly document each encounter. Principles currently have the final say (over the RN's) they are not medically qualified to base an appropriate decision and they have their own agendas to meet. School RN's are risking their licenses everyday just to do their jobs and keep up with the demand of service required by the students. Dental Access: Frustration in finding a dentist for the children. Case where a teen boy was suffering from a headache and didn't realize that he had an upper tooth abscess and it spread to his brain. Suffered from headaches and he passed away from it. There is a desperate need for dental services for the children. Prevention is important and schools have the captive audience waiting for them

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

Understanding End of Life Choices--- Save big dollars. There is a need to teach the public: understanding the end of life there is so much done for those who don't want it. CPR: given too often and to those who don't want it anyway. Basic meds and other forms of treatment to prevent the need to intervene in a crisis and having to give CPR and resuscitation. Promote Living Wills (Children's Hospital is a great example on the proper use of them for families) Different levels of Nursing. LPN basic level of skill, RN 2 yr program higher level, BSN 4 yr program: involves management skills Independent Care requires more monitoring and audits. A lot of the LPN's have a lack of work ethic and supervision, LPN's are currently regulated by State License only and need more supervision and accountability. Currently there is no form of reporting or auditing to correct the LPN's medical errors or mistakes. The lack of nurses causes the individuals/families that need them to be at the mercy of any independent LPN that is caring for them. Examples of LPN abuse: Parents are not allowed to see their child's binders of medical information, No documentation, Lack of education/work ethic/will to be able to take action for prevention, Child with feeding tube and a ventilator, i.e.: LPN let the child sit in the high chair for over 8 hours. The alert on the machine was sounding off a ½ prior before the case manager RN arrived and the LPN found it to be ok to turn off the alarm and did not try to correct the issue. The child was having trouble breathing and all that needed to be done was to have the tube of the ventilator adjusted. Administering medication without consulting a physician. i.e. a child was given a medication hours before it was supposed to and when the family called the LPN, she asked the family to spell it so that she could Google it and gave them direction. She never

once consulted with the doctor to see what steps should be taken. Family's case manager have no say over the work or lack there of the LPN's that are hired independently. Most are not willing to work with the case manager and the family plan only doing what they see fit. Issues on LPN's: Hours are not regulated. Documentation is not reviewed. They are not supervised by the physician or the case manager. Mandatory Reporting Process is abused by the teachers and school officials. Bullied by the school staff to force a report to be done. Difficulty between the flow process and reality. The trust of families, their lack of resources which prevent them to provide the right environment, medication, or support. Planned Parenthood Cutting this program is not an option. i.e. 11 year old girl pregnant and is from a family where the mother, grandmother and sister were pregnant at a young age. Education needs to continue regarding safe and smart sex. School setting in an open room with staff/students coming in and out is not an appropriate place to talk a 5th grader about her pregnancy. School Nursing Program: Every school should have a nurse. Last year there were 4 MPS related deaths and 3 were asthma related. Schools have no space for proper treatment of the students. Lack of privacy and time to properly document each encounter. Principles currently have the final say (over the RN's) they are not medically qualified to base an appropriate decision and they have their own agendas to meet. School RN's are risking their licenses everyday just to do their jobs and keep up with the demand of service required by the students. Dental Access: Frustration in finding a dentist for the children. Case where a teen boy was suffering from a headache and didn't realize that he had an upper tooth abscess and it spread to his brain. Suffered from headaches and he passed away from it. There is a desperate need for dental services for the children. Prevention is important and schools have the captive audience waiting for them

Steve

What could the Department of Health Services improve?

FAMILY CARE: Reduce the number of nurse care managers. This is frequently duplication with what agencies can provide and with the social work care manager; they do not do any real nursing, and many enrollees do not have complicated medical concerns. One director of nursing and one or two assistants, depending on how large the enrollment base is, would be sufficient to provide the nurse care management consultation. The caseloads for all care managers can be increased. Create single service care managers with very large caseloads-100 or more. When an enrollee gets all or almost all of their services from a single agency such as a CBRF, AFH, or nursing home or just gets home health, personal care, or workshop services, there is little case coordination needed since that is all provided by the agency serving the person. The CM needs to monitor for quality, participate in care planning, and review the services provided. Given this the caseload can be specialized for these types of enrollees and be significantly larger. Sub-capitated arrangements with contract agencies should be tried. Under this arrangement a provider would receive a capitated rate for X number and types of participants and would then have the flexibility to determine the best way to provide and pay for the services. The provider becomes much more of a partner in developing cost effective service strategies. Administrative costs of the MCOs should be defined and limited to a reasonable percentage. The costs of the MCOs keep increasing while provider contracts are reduced. In the long run, there will be many fewer providers and much less consumer choice. Reduce the number of MCOs. Are 11 really needed or would one per DHS region and Milwaukee be sufficient? This would help reduce overhead costs. Reconsider the franchise approach. One system for all MCOs for billing, monitoring and reporting costs, auditing, etc would be cost effective and make it easier for providers to work with multiple MCOs. MCOs need to work with providers and cover reasonable costs. If this does not occur, the number of quality providers will substantially decrease and costs would then have to go up. For some providers where direct care staff is making around \$8.00 per hour, there have been no raises for the last three years. DHS should consider completing the state for Family Care. This lowers the cost for the current waiver participants and would eliminate sooner the need to maintain the management of a number of HCB Waivers for adults. If funding is an issue, the waitlist could be addressed over a 4 or 5 year period except when more people could be added through attrition. Maintaining two adult LTC systems is very inefficient. Consideration should be given to privatizing the administration and management of Family Care and Partnership. Only a few contract managers would then be needed at the state. Just like EDS does claims for Medicaid because they specialize in this, an experienced managed care management agency could manage Family Care and Partnership. CBRFs should begin at 7. This would allow for AFHs up to six people and reduce costs without impacting quality. Reduce the regulatory burdens on CBRFs, relocation procedures, Personal Care, and the many other provided long-term care services that would help to decrease costs. A provider, state, consumer, and MCO taskforce could help to determine where this should occur. Better communication between CMs and provider agencies would help improve the program. Providers, participants, guardians, etc need to be very involved in care planning, functional screens, personal

care screens, etc. At times these items are performed without anyone involved who really knows the person. In order to capture all of the possible Medicare funding that may be available and use it to offset state Medicaid costs, a model that integrates long-term care and acute and primary care may need to be considered for all participants. It has long been documented that Family Care saves acute and primary funds more than long-term care funds. If this continues to be the case, then gaining more Medicare funds would even be more cost effective while reducing the overall usage and need for acute and primary care. IRIS: ADRCs need to be much better informed about IRIS and make sure all possible Family Care enrollees are fully informed about IRIS. Every ADRC should have at least one staff person who is intimately knowledgeable about IRIS on staff to help those interested in knowing more about and then possibly enrolling in IRIS. Quality monitoring of the ADRCs needs to occur around this. The functional screen process needs to be uniform. There appears to be inconsistency in functional screen outcome for similar participants. For IRIS to work effectively, the functional screen must be very accurate. IRIS enrollees or potential enrollees may need more help to get started or even on an ongoing basis than can be provided by the Independent Consultant (IC). Private support brokering services should be encouraged in these instances, which may make many potential participants/guardians much more comfortable with IRIS. The cost of the support broker service would come from the participants' IRIS budgets. Periodic review of all IRIS costs should be completed on a regular basis. Creative strategies should be used to reduce the need for higher cost services such as when 24 nursing is authorized but not needed, but a lesser service such as supportive home care or personal care cannot be authorized. There have been frequent comments made about the IRIS Fiscal Agency. A review of the cost effectiveness of this agency is needed. Possibly this service could be provided more efficiently and at less cost. Timeliness with changes can also be a problem. The IRIS program should develop ways for participants to contract with agencies for packages of services. The participant could still terminate the agency if they were not satisfied and go with a different provider. The state would need to help develop agencies that could do this. This package could also include service coordination. This may also give potential participants/guardians more comfort with the IRIS program. Only agencies that see the participant as a partner could be involved this way. Participants would be better served by a directory of potential provider agencies and by being able to speak directly to provider agencies. IC staff also needs more information about provider agencies. ADRCs: Some costs may be able to be reduced by reviewing the caseloads and the volume of inquiries to the ADRCs. Also a review of how the initial calls are processed, either by an I & A staff person or the receptionist, may lead to a method that would be the most efficient. As noted under IRIS, more knowledge by all ADRC staff about IRIS is needed and at least one staff person is needed who specializes in IRIS. The state should also consider providing more flexibility in the management of the ADRC. Combining ADRC management with the Aging program or another county agency program may help reduce costs. It is very positive that the remainder of the state is being funded for ADRC services. This will help to support more people choosing IRIS if done right.

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

None

Jennifer

What could the Department of Health Services improve?

IRIS -Self-directed care is heading in the wrong direction. For a few it may be helpful, although for many it is putting them in a tough position. Many are elderly, forgetful, and/or vulnerable. They are suffering from chronic health issues and in no position to direct their own care. Their workers may not show up or do a good job but they rely on them in order to remain in their own homes thus do not report them. Also, who do these independent workers report to? In a licensed home health agency, there are strict regulations and licensed nurses providing oversight. We are surveyed and held to high standards. It is concerning to see IRIS workers not following any infection control standards (glove use etc) or not having anyone to report skin breakdown and ulcers to. In the end, there are patients that may not be making the best decisions now in charge of directing their workers whom are unsupervised, unlicensed, and can easily take advantage of the clients. Also, for amounts of time authorized - IRIS or self directed PC is allowing a significant increase in personal care hours in comparison to what agencies were saying was reasonable and necessary. We are seeing workers out in the homes,

using such time to read papers, talk with clients, watch tv with them, bake cookies, etc. Yet another reason that a client will choose to protect the worker and their self-directed time. A client would much rather bake cookies than complete ROM exercises. FAMILY CARE -Adding RN and SW case managers plus supervisory/administration oversight via Family Care to the MA system is wasteful and just duplicating services already being provided. For our county, we are very small. We used to be able to walk across the hall, discuss a client, and solve a problem. Now we have to share all information with another case management team and wait for them to tell us if a service is reasonable and necessary. Physicians now have case managers calling and making requests in addition to providers. Overall, it has just made the process complex and has not provided any cost savings at all. Locally, our care management organization saw a budget shortfall and ironically turned that around the following year. How? By cutting services and equipment to it's members.

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

Return to traditional MA covered long term care services and eliminate family care. The level of administration and RN/SW case management is duplicating services county based, non-profit agencies were already providing. It is inefficient to have a whole other level of management.Strongly restrict the IRIS/self-directed option. Many are not appropriate to direct their own care and that is why they require assist in the first place. How can we pass along more responsibility to patients to direct their own care when the individual is asking/in need of help? Plus, through the prior authorization process, traditional MA services provided were limited. It seems that the nurse that authorizes self-directed is seeing a patient one time and making judgement on what the patient needs for services. That decision might be best left to someone that knows the patient for more than one hour and can follow up with the patient on an ongoing basis.

Andrew

What could the Department of Health Services improve?

(1) Fund services that give the most bang for the buck. (2) Pay enough so that mental health providers can afford to see patients who are covered by state programs and Medicaid in general. Medicaid and state programs pay about 25% of usual and customary rates, reducing my income to slightly more than minimum wage after expenses.

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

(1) Psychotherapy costs less than psychiatric medication long-term, AND is more effective, according to a large body of research.(2) Psychotherapy reduces other medical expenses, reduces medical and psychiatric hospitalizations, and improves people's ability to get jobs and stay employed.(3) Peer support is an effective service that reduces the amount of medical, psychological, and other treatment that people with serious mental illnesses need.

Christine

What could the Department of Health Services improve?

None

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

1)Eliminate system redundancies. 1/3 of family care recipients living in nursing homes, CBRF's, AFH's, & RCAC's. Regulations require case management services delivered by the provider in each of these settings. Case management services are also provided by MCO's. Providers and MCO's have an opportunity to work collaboratively. 2)Educate and enforce better ADRC financial screen utilizing all state and federal benefits including VA & long term care utilization. 3)Closer management of auto 30 day orders for disposable medical supplies and DME equipment. Medicaid definition of useful life needs to be revised or providers could be consulted before auto orders are placed. 4)There may be opportunities to centralize MCO functions (billing, contracting, document repository, etc) and realize cost savings.

Angela

What could the Department of Health Services improve?

Family Care becomes a huge waste of money once the member enters assisted living. The necessity for a team (RN,NP,SSC) to manage a members care becomes obsolete because of the support structure already inherent within the assisted living facility. Reconsider the necessity of the 20 bed limit for IRIS funding in a CBRF.

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

IRIS makes better cost savings sense because you only get what you need to pay for the care. Also, the caps proposed beginning June 2011 should not result in nursing home placement. Nursing home care costs the state \$6000-7000 per month. Assited living rates are \$2800-4000 per month.

Ann

What could the Department of Health Services improve?

Dollars used for multiple meetings & screenings as well as administrative staff positions would be better used on direct care services for persons with disabilities.

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

see above

Maria

What could the Department of Health Services improve?

None

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

Allowing Milwaukee County Department of Family Care (MCDFC) to serve as the sole Managed Care Organization in Milwaukee County is projected to save the State's Medicaid budget over \$600,000 in one year due to the difference in payment of admin costs to other MCO's. MCDFC offers a self-directed supports (SDS) option through Family Care through the Supportive Home Care Employment Services (SHCES) model. The model was created to allow members the freedom to hire preferred workers through the co-employment model of SDS. The self directed supports program has been able to save millions of dollars by contracting with SHCEs agencies for co-employment services.

WI Personal Services Association, Inc.

What could the Department of Health Services improve?

None

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

Paperless process with prior authorizations for Medicaid Personal Care. Medical Assistance Personal Care (MAPC) services are restricted to hands on cares only. Individuals with dementia, Alzheimer's or a developmental disability may not require hands on assistance but require supervision and verbal cueing. When using MAPC screening tool, this individual would not be authorized for personal care service hours due to minimal hands on cares, thus should this individual need supervision and support, they would likely go directly to more costly nursing home, residential facilities or institutional placements. MCO's should only use a registered nurse on the care team when there are chronic or unstable conditions needing their expertise.

Dan

What could the Department of Health Services improve?

None

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

Quality residential support services can save millions per year through serving individuals that were previously in institutions. Convene a task force of providers that have successfully transitioned individuals out of your institutions. They know what works and how to save money.

Mike

What could the Department of Health Services improve?

None

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

Admin and care mgmt expenses for MCO's are unnecessarily high and take away money from direct services. They should be capped at 15%. MCO's have employment specialists on staff who duplicate the work of the Division of Vocational Rehabilitation and Community Rehabilitation Programs like ASPIRO. These positions should be eliminated. Lastly, rescind the revised Prevocational Services definition developed by the DHS Office of Independence and Employment Pathways to Independence. These guidelines restrict consumers from making the informed choice to be employed at a Work Center and place time limits on consumers currently employed in these settings. People with disabilities are worthy of the dignity that comes with earning a regular paycheck regardless of the setting they work in. In developing policy options, we should be guided by the principle of self-determination and informed choice.

Rolf

What could the Department of Health Services improve?

None

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

Transfer people from waiver programs to family care, it could save 13 million over 3-5 years.

Cyndi

What could the Department of Health Services improve?

None

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

Our group offers a program Rest Assured which offers technology based monitoring through cameras, sensors, and virtual drop in visits adaptable to the needs of the edlerly and developmentally delayed in a home care setting. This could work well in rural areas where staffing is limited as well as working with higher functioning individuals who are able to remain in their homes with minimal cueing and support.

Mary

What could the Department of Health Services improve?

None

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

Family Care- eliminate the requirement that in MCO's a nurse must be assigned to each member, as members all have nurses and MD's in the community. Southern Centers budget could be decreased if community placements were used and if unused land and buildings were sold.

Ron

What could the Department of Health Services improve?

The Family Care delivery system. We are balancing the budget on the backs of providers.

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

1) Reduce the number of CMO's. 2)Limit the admin costs and case mgmt. costs to no more than 15%. 3)Support the Governor's budget increase for Medicaid. 4)Standardize salaries for CMO staff. 5) Revise procedures for the functional screen.

Vicki

What could the Department of Health Services improve?

In recent months we have had funding cuts from our MCO which has made it challenging to deliver quality services to meet the needs of those we currently serve. In addition, we have had to turn down referrals for people with high needs as we cannot adequately serve them with recent rate cuts. Funding cuts resulted in a reduction of our current staffing levels, wage cuts and loss of benefits. We fear that we will not be able to maintain our qualified staff. When employment opportunities become more available we anticipate losing staff thus deteriorating the quality of services to people with disabilities. We lost 20% of our Case Management staff to our MCO who offers better pay and benefits. The MCO continues to solicit our case management staff for open positions within the MCO. Our staff have talent, experience and longevity in working with our population which makes them a prime target for the MCOs. We cannot accept further cuts and at the same time compete with them for the best staff. Due to rate cuts, we are seeing group homes closing and residential support services in our area shrinking. We recommend that further rate cuts from MCO's cannot take place without the approval of DHS. It will cripple the service provider base and people will be left without adequate services. We propose that DHS make changes that will allow for more Family Care money to be spent on services for members and adequate reimbursement for providers rather than paying for duplicative and unnecessary administrative and care management services. Specifically: Cap administrative costs for MCOs at 15%. Eliminate the requirement that all DD members have a nurse care manager. We have not seen that this adds value to the member's outcomes. The nurses are restricted in what they actually do and often sit in meetings along with care managers which is more duplication. In addition, most DD members have routine medical care and follow-up from residential providers and/or family members. We have seen no proof that having a nurse on the team saves money or is beneficial to most members. Increase the caseload number for care managers (currently averaging 35). Our case managers at RCS carry higher caseloads and have daily interaction with members. Under the previous system, county case managers had higher caseloads than MCOs and spent more direct service time with the people on their caseloads. Reduce the wage and benefit packages for MCO staff which are significantly higher than those found in service providers who employ staff with equal or better education, experience and talent. Eliminate other duplicative services from MCOs such as behavior specialists and employment specialists. Eliminate the requirement for the proposed Prevocational Report. We are committed to moving people directly from school into Community Employment or from prevocational services to Community Employment. The report will create one more bureaucratic burden on service providers. In addition, it will create one more requirement for the care managers to review and follow up on. Instead, our staff need to spend time developing talents and natural supports for members to become more independent so they will succeed in Community Employment. Eliminate duplicative functions from multiple MCOs such as payment and information systems. Increase infrastructure for Iris. This needs to include outreach and training for families. It also needs to include a process for providers to be notified if a person makes changes to their plan, specifically, a reduction or elimination of services. Providers are not always notified by families that the plan is changed which results in services continuing to be provided and payments being denied. The elimination of waiting lists has been needed for thousands of people throughout Wisconsin. We cannot afford to regress to make people wait for needed services. We appreciate the funding that the Governor has directed to Medicaid Services and implore that DHS takes to heart the fact that the money has got to get to the people who need services.

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

None

Bev

What could the Department of Health Services improve?

None

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

1)FC-look at the huge amin cost of these organizations. They have the best everything (offices, salaries, equipment, etc). Turnover is tremendous. Every staffing chews up the time of 2 professionals doing same thing. RN's never do any RN work. If a participant is in a nursing home long term, disenroll them from FC. 2)High cost people-auto assign them to a case manager/med team who has the ability to give them options. 3)Acute care resources used frivolously-Need to create financial incentives/penalties for misuse. 4)Education-healthy diet, exercise, etc. 5)Couple MA benefits with real incentives to work. 6)Continue to pay for family planning. 7)Continue to pay for in-home services at a resonable rate. 8)Use system resources to track fraud and prosecute. 9)Use resources to prove which medical procedures are beneficial. 10)Pay for preventative dental care at more reasonable rates. 11)Create more incentives for counties to get their wards out of the state mental health institutes.

Community Alliance of Providers of WI

What could the Department of Health Services improve?

There are areas of Family Care that need improvement: 1)The lack of consistency and uniform processes among FC MCO's. 2)The balancing act of fiscal constraint, consumer choice, and quality care. 3)Program sustainability.

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

Standard residential & vocational rate setting based on needs and costs. Process to identify and adequately set rates for outlier members. Reasonable bed hold process to preserve members services when temporarily absent. Shared info systems. Regard the residential setting as a home and a care setting. Eliminate extraneous licensing regulations that have limited value added service benefit. Utilize technology as a supplement/replacement for certain types of staffing levels. Develop flexible licensing regulations. Engage providers. Provide adequate PMPM capitation rates. Develop a means to pay one time environmental modification costs in order to maintain high-cost members in community. Provide incentives to providers who invest in program expansion to guarantee adequate resources to meet member needs. Utilize a valid assessment tool for elig. determination. Establish best practices models of MCO management practices.

Carol

What could the Department of Health Services improve?

Retain Medicaid for low income people especially mother's, children. employee's without insurance, unemployed men. If the amount of support is reduced people will be ill and die to lack of access to care.

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

Over 10-15 years there could be very gradual reduction in government support. This should be contingent upon increase in employment especially in minority populations.

Rena

What could the Department of Health Services improve?

It is not needed to have a nurse and a social worker for each member. A nurse can do assessments and make social worker referrals as needed or vice versa. It is a waste to pay a social worker and a nurse to each member. The nurse does not do any hands on care for the member.

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

1)Reduce each member to have either a nurse or a social worker assigned. Make referrals as needed for specific needs. 2)Reduce requirements needed for members in SNFs or CBRFs where the care is already being provided and the plan of care developed. Why duplicate the work? 3)Evaluate how much money a member is allowed to have each month. Some members are coming out way ahead and this is no being monitored. They should have to apply more money toward their care if they are over a certain limit each month. They should not be allowed to buy un-needed gadgets to spend down their money. Who audits this? 4)Require families and POAs to be more involved with the members care - if they want to receive this benefit then they should have a commitment to be more involved in the day to day involvement with the member.

Darci

What could the Department of Health Services improve?

None

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

As a medicaid provider I called Forward Health and asked if our agency could not receive the paper form of the approved PAs or when there is any need for more information the paper form sent out. When an approved PA is sent there is cost of the paper, envelope and stamps. The rep at Forward Health told me that it was automated and they could not grant me my request, but they would put it in their suggestions box. Providers are allowed to download the information off of the Forward Health portal. If all paper PAs were stopped a lot of money could be saved.

Jeff

What could the Department of Health Services improve?

Concerned about family care, T-19, and vulnerable adults under ch. 54 & ch. 55. With family care frozen, I will be forced to put people in nursing homes, the most expensive setting. As an adult protective service worker, I has to find options, now the only option is nursing homes.

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

None

Kay

What could the Department of Health Services improve?

Would like you to consider lifting the caps on family care. There are so many people who have been waiting a long time for services with disabilities. Family care was supposed to help get some people off of waiting lists.

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

Self directed supports in family care is a wonderful option for individuals and could save money.

ARC of Greater Milwaukee

What could the Department of Health Services improve?

Better training for social workers and nurses. Place an emphasis on case management and social and medical assessments.

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

Keep family care.

Susan

What could the Department of Health Services improve?

Without BadgerCare adequately funded people will get sicker, costs will go up and children will die. School nurses see broken bones, abscesses, undiagnosed genetic disorders. People will still go to doctor no matter what, so without coverage, health care costs will go up.

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

None

Melinda

What could the Department of Health Services improve?

Do not discontinue allowing new enrollees in family care. On average the wait was 8 years, we can't go back to that system. If a person is at home waiting for services their condition may decline. This can cause family members to stop working to care for them which takes people out of the work place.

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

None

Stephanie Sue

What could the Department of Health Services improve?

Funding promised to family care. Quality and fiscal review of IRIS.

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

Reduce amount of resources in managed care office's. It is all Medicaid money which they are earning interest on. Share risk 50/50.

Mazen

What could the Department of Health Services improve?

Do not implement the transportation concept in the state. Work with DOT and ask how to implement programs. Get ideas from providers and not logisticare.

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

The new transportation concept will save the state 15%, current providers are willing to give 15% cost savings.

Debbi

What could the Department of Health Services improve?

Home care is better and cheaper than institutional care.

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

None

Pam

What could the Department of Health Services improve?

Utilization of the existing cost saving models like the affordable Residential Care Apartment Complex (RCAC). Concerned about the cap on family care because WHEDA will be reluctant to support the WI Affordable Assisted Living program.

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

Utilize RCAC's.

Sally

What could the Department of Health Services improve?

Prosecute employees & members when they commit fraud. Make sure DHS talks to licensure departments (draft scope of services in Community Residential Settings for ADF, CBRF, & RCAC's is wrong but Community Care is using it). Have open meetings and keep all players involved in upcoming changes. Create a community database for all providers to have access to on a state level and include IRIS enrollment, mandate that all providers check this database. Make sure that FC & IRIS is the payor of last resort. Maximize federal match dollars. Redefine and limit IRIS enrollment to only those that can truly self direct. Create a board of private family care providers to listen, review, & recommend savings & policies before DHS makes changes. Utilize LPN's in MCO's.

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

Coordinate all benefits between Medicaid services for recipients, child welfare, foster care, and day care, etc. Family Care has been proven to be cost effective. It appears that FC is being set up to fail so that everyone goes into IRIS without any accountability. Creation of a web based Medicare Consultant & Home Health/Hospice Agency Referral System for hospitals and CMO/IRIS. Creation of a web based Medicare Expert Consultant Services for FC & IRIS care managers. Do not stop enrollment in FC, IRIS is a duplication of FC without accountability, limit IRIS enrollment. Develop a 27/7 telemedicine call center.

Woodall-Thompson

What could the Department of Health Services improve?

Let providers do case management for people they are serving as required by Medicaid if they are the only unit providing long term support.

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

Reduce duplication in determination of eligibility by accepting DVR, SSDI assessments. Simplify and standardize report requirements and frequency

Tiffany

What could the Department of Health Services improve?

There is no money but we need to shift money around and share the responsibility.

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

Collect tax on business and professional services, surcharge on incomes, increase sales tax by \$.01, tax multistate and national businesses, increase WI beer tax.

Bethany

What could the Department of Health Services improve?

Keep medical assistance programs available for people even with the budget issues we are facing, people who are on them, need them!!

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

Screen people who are on these programs more. Make sure services are being used the way they should be.

David

What could the Department of Health Services improve?

Continue support of BAL's work on the Wisconsin Coalition for Collaborative Excellence in assisted living. Improved communication between Office of Family Care Implementation and the LTC provider community.

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

Improve ADRC screening process to best eliminate inappropriate divestiture and ensure appropriate coordination of other benefits like LTC insurance, VA time & attendance, HUD vouchers, etc. Eliminate care plan case management redundancy between provider and MCO. The providers care plan should be adequate.

Jill

What could the Department of Health Services improve?

Reduce costs by ending BadgerCare coverage at age 18.

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

The draft statewide income maintenance model is a \$33 million dollar cost savings from the current system.

Jeff

What could the Department of Health Services improve?

Consider the Healthy Job Initiative being introduced liked by Murtha & Moulton. Consider the effort of lower regulation of IRIS on quality of care and the potential for fraud.

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

Streamline the billing process and requirements for MA HMO payers. The requirements are inconsistent and at times require paper filing which is inefficient. Rural areas without internet have trouble verifying eligibility.

Nancy

What could the Department of Health Services improve?

Improve communication between DHS i.e. BQA, Family Care, Medicaid Personal Care. Improve communication between DHS and MCO; MCO and CMU. Improve communication & training at ADRC.

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

The family care MCO seems to be about making money versus spending dollars wisely. Eliminating layers of management at the MCO level would appear to provide substantial cost savings freeing those dollars to be used for the individuals that need care. Eliminate duplicated services. Align rates for all provider agencies. There appears to be no consistent rates for supportive home care between provider agencies. Self directed supports may be fine for some clients but for others it's a recipe for disaster. Often when a frail elderly person's family is told they have to be in charge of hiring, firing, scheduling, for their parent they will place that individual in a nursing home as the family does not have adequate time to undertake that degree of supervision. There is still need for agency involvement. By eliminating layers of management there may be a way to let the system work more efficiently.

Beth

What could the Department of Health Services improve?

Adult behaviors in adult family homes don't get captured in screening. Rate methodologies make it hard for providers to provide care and have quality workers. Set rates and fair rates are important. Mid contract rate decreases should not be allowed. Rate should not decrease because client is doing better.

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

None

Marsha

What could the Department of Health Services improve?

Keep hospice programs alive. It prevents patients from going to hospital and symptom management issues. Reduces nursing home admissions.

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

Hospice programs can save these programs (BadgerCare & Family Care) money because we keep patients at home and cover all the needs like meds, medical supplies, equipment, and visits from hospice team.

Pamperin

What could the Department of Health Services improve?

I have been an AFH care provider for over 5 years. I lost my client after her parents went with Iris when our county went to family care in July. My husband and I have a beautiful home with 2 openings for special needs adults. I am a full time provider. My question is, if it is less expensive for the state to place clients in AFHs instead of nursing homes why has my home been empty for so long? I would like for DHS to make sure that all people who would enjoy living in an AFH have a chance to do so.

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

None

Carolyn

What could the Department of Health Services improve?

Allow Registered Dietitians (RDs) to enroll as providers in Medicaid plans. I see many MA patients every day and there are hurdles to providing Medical Nutrition Therapy for conditions such as diabetes, heart disease, morbid obesity, etc. that are hindered by the current lack of credentialing as a provider.

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

Cover Medical Nutrition Therapy (MNT) provided by Registered Dietitians in all plans for all medical diagnoses. MNT has been repeatedly shown in studies to prevent the onset of diabetes and/or to delay the complications of such chronic conditions as diabetes, heart disease and kidney disease. I am writing a chapter on the Cost-Effectiveness of Medical Nutrition Therapy in Diabetes Care for the American Diabetes Association and can specifically cite many references documenting the \$ savings.

terri

What could the Department of Health Services improve?

Don't require seniors who are on the very successful and cost saving state pharamcy 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?

1. The State needs to support the CMU's when there is a smell of fraud. I have several members who I know are presenting fake illnesses to receive services...primarily supportive home care. I am not a private detective, and do not have time to spend proving the fraud this is obvious to me as a professional. The CMO has never been supportive.2. SHC by families - needs to be strongly looked at - again, fraud is happening. We are a good, attentive CMU - but MOST cases transferred to us from other CMUs have REDICULOUS amounts of SHC hours. IT IS EASIER TO SAY YES THAN TO SAY NO to request for DME, DMS and SHC....we work very hard to stick to our values and beliefs, but most CMU's do not.3. The resource center - a sieve. They do a terrible job screening. Their LTCFS are RARELY accurate. They need a complete overhaul...I'm serious. They are a chronic problem for us, and they need education on the FC program and LTCFS.THANK YOU FOR ASKING FOR SUGGESTIONS. I WILL ENCOURAGE MY PEERS TO ALSO THINK ABOUT WHAT COST SAVINGS COULD BE GOOD OPTIONS.

susan

What could the Department of Health Services improve?

Insist on drugs that cost a reasonable amount. It is a shame that Walmart can now get lower cost drugs than Medicare. The state could now acutally lower their drug costs by getting their perscriptions filled at Walmart. This is a shame. How a corporation can actually get more buying clout than a State tells me something has really gone amuck with the plan.

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

Shop at Walmart. And, sadly, I'm not really kidding about this. They have a \$4 perscription list. Ask them what's on it. Also, insulin (NPH and REG) is \$24.27 / vial there out of pocket with NO insurance, whereas, a vial filled anywhere else with Medicare, is now over \$30 anywhere else. This is crazy, but true.

Pamela

What could the Department of Health Services improve?

Reconsider the proposed caps for enrollment into the Family Care program in counties where this is currently an entitlement.

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

I am the co-owner of a company that manages senior housing properties including assisted living facilities. We started our company based on the belief that all seniors, regardless of income, are entitled to live in high-quality residential environments and to receive the services they need at a price they can afford. Our management team has been working in some form of senior housing or long term care for over 20 years each including independent senior housing, assisted living, dementia care and skilled nursing. We appreciate the opportunity to offer information about a cost saving model that already exists for seniors in Wisconsin. The Wisconsin Affordable Assisted Living program is a relatively new, innovative initiative that was created through the cooperation of the Wisconsin Housing and Economic Development Authority (WHEDA) and the Wisconsin Department of Health Services (DHS). This program combines housing through the low-income, tax credit rental housing program (also referred to as Section 42) and services that are either paid for by the resident or through the Family Care program. Section 42 senior apartments are built to Residential Care Apartment Complex (RCAC) standards and are certified and regulated through DHS. Seniors love this alternative because the rents are based on their income level and are affordable. They have their own apartment unit and services are delivered to them within their unit. We are one of a number of operators around this state that has embraced this model. We accept income-qualified residents who are enrolled in Family Care directly into our buildings. We also have residents who are paying for services out of their own funds. If our private-pay residents run out of funds and qualify for Family Care, they can remain in our community and not have to move out to a higher cost, skilled nursing facility in order to continue receiving the same services. Furthermore, we have established levels of care based on assessment by our Register Nurse of the staff time required to deliver the customized service plan for each resident. This way seniors and Family Care MCOs only pay for required services. This allows residents to move up and down the service continuum as their needs and healthcare situation changes. We do, in fact, reduce the level of care if we find that individuals have improved in their functionality and can do more for themselves. Family Care MCOs like this option because it is cost effective for them and seniors can afford to pay for their room and board costs themselves. Seniors and their families like it because it is residential, offers privacy and dignity and is affordable for them also. This creates a win-win situation for everyone! There are currently only a small number of these affordable RCAC models of assisted living operating in the state. However, a number are currently under construction or are under consideration for funding by WHEDA in the 2011 tax credit allocation round. We are concerned about the proposed cap on enrollment for the Family Care program starting in July of this year. As we understand it the only way new enrollees will be able to access the Family Care program will be when another enrollee leaves. For seniors this would mean that potential new members will be waiting for current member to die in order to gain access. We believe that it will cause seniors who cannot access the program to deteriorate in their homes and apartments without the services they need to maintain their independence and manage their healthcare situations. Seniors who need services and who qualify for Medicaid will end up going directly into a skilled nursing facility and will by-pass the lower cost assisted living alternatives. If Family Care caps enrollment -- then WHEDA will be reluctant to support this proven cost-effective model of care. DHS will also lose an option that seniors want and is cost-effective for them. As it stands now, the reimbursement rate by Family Care MCOs for skilled nursing is approximately twice the rate for those in assisted living facilities. By establishing caps, the costs for providing care to seniors will go up not down as they are directed into Medicaid-certified, skilled facilities. We urgently request that DHS NOT put a cap on enrollment for seniors in counties where Family Care is already an entitlement. This will only create waiting lists and force seniors into unwanted, higher-cost alternatives. The Affordable RCAC model already exists and is cost effective alternative for all stakeholders including seniors, their families, the Family Care MCOs, DHS and the state of Wisconsin.

Donna

What could the Department of Health Services improve?

Reimbursement rates for services needed for high needs developmental disability population or we will be pushed back into larger institutional sized residents.

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

The oversight from Madison (OFCE) has been more micro-management of the MCO's. Let the MCO's run their business rather than the OFCE taking more control. Too much centralization of dept staff, reduce staff at the dept. A centralized information system for all MCO's in Madison OFCE offices is not where the system should reside. MCO's could unify & share existing systems without dept purchase. Admin staff at MCO levels could be reduced if MCO's were structured across broader regions. Provide partnership in all regions as an additional option of choice so we can deliver more care management for those needing integrated primary care, reducing costs of Medicaid programs. More dual eligibility to bring in more federal dollars to the state.

Hansen

What could the Department of Health Services improve?

None

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

2 items that could save money for Family Care:1-CMU's should only serve Family Care members that live in their county. Out of county members should be transferred to a Family Care CMU in that county. This would save on mileage reimbursement and billable time. 2-Do all Family Care members under the age of 60 really need a nurse? I understand if the person has a medical condition like seizures or diabetes, but a healthy young 18 year old coming into the Family Care program really doesn't need a nurse checking up on him as well as a case manager. Those are my thoughts.

Jean

What could the Department of Health Services improve?

These programs should not be cut. They are vital to the health and well-being of WI citizens.

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

I believe more taxes should be raised from corporations and put toward human needs.

Jay

What could the Department of Health Services improve?

I purpose a more simplistic system of direct contracting with the state. The state DHS has in the past initiated direct contracts to individuals, small or large corporations. Removing the costly middle man (Family Care). Guarantee service to all in need, with focus on individual quality service.

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

None

Kitty

What could the Department of Health Services improve?

Simplify application process and remove barriers to application. Collaborate with consumers, providers, case managers and advocates.

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

Map & streamline enrollment processes to resolve inefficiencies. Involve public health nurses, they know what will be helpful and wasteful. Assure access to contraceptive methods. Invest in making the prenatal care coordination benefit available to all pregnant women on Medicaid. Reinstate provision of early periodic screening, diagnostic and treatment services by public health nurses.

Peg

What could the Department of Health Services improve?

Improve IRIS infrastructure, info is inconsistent to providers/consumers causing lag time potentially leading to decreased service delivery and decreased quality of life. Be sensitive to the other budget pressures that effect transition age youth and young adults with disabilities. Other budgets effecting these citizens are public special education and county related services.

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

None

What could the Department of Health Services improve?

Self direct but still have infrastructure of business.

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

Agency with choice may be an alternative to total SDS.

Mike

What could the Department of Health Services improve?

Stop the implementation of the transportation brokerage until the department, consumers, and the provider community can look at additional ways of containing cost.

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

None

Lori

What could the Department of Health Services improve?

Family Care MCOs do not have uniform contracting standards and lack common infrastructure to support program operations in an integral manner.

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

Standard residential and vocational rate setting methodologies beased on consumer needs and costs. Process to identify and adequetly set rates for outlier members whose needs don't fit the standard formula. A resonable bed hold process to preserve members residential services when they are temporarily absent. Shared info systems to provide economies of scale and uniform data collection and reporting.

Dave

What could the Department of Health Services improve?

Prior to increasing IRIS funded services, DHS needs to restructure Family Care so that MCO members receive needed services. Rescind the revised prevocational services definition. Revise procedures to ensure that ADRC's are the only entity that administer the LTC functional screen to reduce personnel costs at MCO's. Allow for larger caseload sizes in Family Care. Return IDT's to their full membership. Eliminate positions paid by MCO's previously funded by Pathways grant. Standardize salary and benefits at MCO's. Do not require MCO's to match the experience of the 5 pilot counties. Require all MCO's to maintain no more than 15% case mgmt & admin expenses.

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

None

Charlene

What could the Department of Health Services improve?

Expand ADRC's to cover remaining 15% of Wisconsin residents in 13 counties and 3 tribes.

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

Eliminate requirement of ADRC's to do pre-admission consultation (PAC). It is a waste of valuable staff time.

Robert

What could the Department of Health Services improve?

As providers, we feel state government in general is buffeting providers constantly with new regulations, standards and new initiatives while at the same time reducing our funding as expenses for food, health insurance and energy are rising. Case in point, reduction in support for pre-vocational employment and move to community employment. In the long run, this is a good thing, but currently pre-vocational services is being put under a microscope and undervalued and the costs associated with supported employment is high. Who will fund this in the short term until savings from increased employment for those with disabilities is realized? What about providers that invested in facilities that 3 years ago were supported by state staff. At the same time, residential facilities are taking huge cuts or re-organizing homes into larger facilities pushing our independently living movement back 15 years. As we take on new initiatives with additional work and expansion, we do this at a time when staffing has been reduced to save costs. How can less people do increased work and still support individuals properly? Residential providers can tell you about 15% cuts from MCOs and at the same time mandated staff training and regulations multiply to include sprinkling group homes.

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

The system is sucking up valuable staff time with rate setting negotiations. The MCOs drag out these rate setting meetings for months, wasting valuable time, causing great uncertainty as to what our revenue will be. And then some of us just cut our rates without a negotiation violating a basic tenet of the Family Care system that rates are agreed to by both parties, not summarily set. MCO salaries are of concern. I have had staff come to my agency claiming they were paid by the MCO almost 30% more than I was offering. Another provider told me that the staff that were moving over from her agency to an MCO for a similar position also received substantially increased compensation. I am not sure how the state monitors MCO costs. MCOs seem to be run by people with no background in managed care. They are not doing anything to raise the quality of service, reduce unnecessary institutionalization, reduce falls and other incidents that save money in the long run and improve care. They just seek rate cuts and shift responsibilities like transportation. The goal of Family Care was to find efficiencies and put care under management, we seem to be slipping into putting paperwork under management, but people.

Jennifer

What could the Department of Health Services improve?

Increase preventative nutrition counseling availability to young children and families. Most young children who are overweight become overweight as adults if it is not addressed early. Early nutrition education is an integral piece in attaining healthy habits early thus preventing diseases such as cancer, hypertension, diabetes and heart disease that are attributed to obesity.

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

Early intervention is the key to obesity treatment and prevention thus decreasing prevalence of cancer, hypertension, diabetes and heart disease which are complications of obesity.

Kimberly

What could the Department of Health Services improve?

I don't see any necessary changes

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

Make drug companies less powerful in this country! Drug companies and medical supply providers make such huge profits! I feel that all providers of health care must protest regarding the lobby power of drug companies. This will lower overall medical costs.

Gina

What could the Department of Health Services improve?

My agency provides services to older adult clients. In one program we serve the individuals who aren't eligible for Family care because they still have some limited assets. Once they run out of money we have always been able to enroll them in Family care and continue to serve them so that they can stay out of nursing homes. Without Family care these clients would end up in nursing homes. A major concern that I have is where will we be able to find enough nursing homes beds for the people who will not be able to enroll in Family care. In WI (Milwaukee) we have closed so many nursing homes as a result of Family Care allowing people to remain at home or in a least restrictive setting that it is now difficult to find nursing homes for our clients who take T-19.

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

A lot of money could be saved if the formula that is used to set up a budget for IRIS would change to include personal care received via T-19. Clients on IRIS are able to maximize T-19 services and get an IRIS budget on top. It is fraudulent because 30% of PCW in a home health care agency is allocated for Supportive home care, which is covered under IRIS.

To save money the IRIS funding should include cost of t-19 services that are covered under Family care and the budget should be capped at the same capitated rate. Another cost saving strategy would be to make sure that an outside agency/vendor assess clients for home health services (t-19) instead of the agency that gets paid to provide the care. This is counter intuitive. Obviously the assessment is going to maximize the hours because of the profit made on each hour of services provided goes to the agency doing the assessment. There is no checks or balances.

Sylvan

What could the Department of Health Services improve?

The Department should take a very cautious approach to expanding the IRIS program. It is not possible to assume that elderly and often infirm individuals have the capacity to self manage their care, knowing when medications might interfere with each other, knowing the right and correct amounts of food to eat and how important it is to communicate with loved ones to avoid isolation. The IRIS program's rule that family members can become care givers without going through proper training, be paid exorbitant amounts for providing care, with little or no verification that care is actually being provided, along with the elimination of the Department's former requirement that family members who provide care go through a licensed agency is a prescription for fraud, particularly since there are no unannounced visits to the home or apartment by state oversight staff. While self directed care may well be appropriate for those younger individuals who have the capacity to understand regulations, who have active and involved parents and who understand the various roles of local and private agencies, many older individuals who are poor, with limited schooling are not that sophisticated and often are preyed upon by their relatives. This is a special problem in the limited English speaking population. I have reviewed the application for IRIS and am astounded that anyone thinks that the forms can be understood by most of the elderly and many of the disabled clients who financially and physically qualify for Family care. The current system in Milwaukee County with Nurses and Case Managers visiting and talking with Family Care members on a regular basis, assign detailed questions about their health, and changes of their health, eating habits, sleep patterns, ability to get out of the home has worked extremely well and should not be replaced.

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

Yes, do not allow family members to be reimbursed (paid) for care to family members unless they are employed by a licensed home care or personal care agency and at rates that are consistent with what the agency pays its regular employees. If the IRIS program is to be expanded, contract with local non profit social service agencies to provide oversight and surprise visits

Mary

What could the Department of Health Services improve?

Adequately fund capitated rates for FamilyCare, IRIS. Decrease utilization of RNs to realistic, needed levels. Also too many social workers for population. A ration of 200:1 patients to workers used to work fine. MCOs are top-heavy.

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

None

Marianne

What could the Department of Health Services improve?

Expand reimbursement for Registered Dietitians to provide medical nutrition therapy.

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

Registered Dietitians can provide preventative nutrition care, allowing for cost savings.

John

What could the Department of Health Services improve?

Concerned about cuts to institutional settings.

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

More self direction, no wait list.

Amy

What could the Department of Health Services improve?

None

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

Too many services are offered that are not necessary under Badger Care. Her Mother refused services that she didn't need.

James

What could the Department of Health Services improve?

MCO's - why teams of 2?

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

Families should help pay for cost of care. Get assistance from the VA.

Jim

What could the Department of Health Services improve?

BC policy forces people to decline increased income due to ineffective (too abrupt) phase-out. New Veteran's Home in Chippewa falls may be ARRA funded, but it's not needed

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

None

Tonya

What could the Department of Health Services improve?

None

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

Freezing the waitlist will cause unnecessary nursing home placements that will cost more medicaid dollars than participation in Family Care or IRIS. Counties will not be able to provide services with the current budget reductions they are facing. The only other option will be institutions which increase costs.

Beth

What could the Department of Health Services improve?

None

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

Eliminate the care teams for all frail elder Family Care members who live in nursing homes and all assisted living facilities (RCACs, CBRFs, AFHs). They duplicate the work already done by facility staff. Elders in these settings who convert to Family Care are simply a change in payor -- no different than the nursing home experiences in a change from private pay to T-19. The care teams do not add value. An MCO should be able to validate the care they are paying for. Therefore, assign a MCO employee to each provider and complete a semi-annual visit to the facility to review their member's status. Private pay consumers and consumers who use LTC insurance to pay for their care rarely have outside case management unless they represent the interests of an out-of-state family member. Facilities are required to provide case management and care planning by regulation.

Edna

What could the Department of Health Services improve?

I feel having two CMO in Milwaukee County for the sake of competition is a waste of funding. Milwaukee County is fiscally responsible and can handle the elderly and developmentally disabled. In addition, it is confusing to consumers to having the two options. My recommendation is one CMO run by Milwaukee County.

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

The above would be cost saving.