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Family Care Program Values

**CHOICE**—Give people better choices about the services and supports available to meet their needs.

**ACCESS**—Improve people’s access to services.

**QUALITY**—Improve the overall quality of the long-term care system by focusing on achieving people’s health and social outcomes.

**COST-EFFECTIVENESS**—Create a cost-effective long-term care system for the future.

IRIS Program Values

**INCLUDE**—Wisconsin frail elders, adults with physical disabilities, and adults with intellectual/developmental disabilities with long-term care needs who are Medicaid eligible are included and stay connected to their communities.

**RESPECT**—Participants choose their living setting, their relationships, their work, and their participation in the community.

**SELF-DIRECT**—IRIS is a self-directed long-term care option. The participant manages an individual service and support plan within an individual budget and the guidelines of allowable supports and services to meet his or her long-term care needs. The participant has the flexibility to design a cost-effective and personal plan.
**Introduction**

In 2015, approximately 67,734 frail elders and adults with physical, developmental, or intellectual disabilities received long-term care services from Wisconsin’s adult Medicaid long-term care programs at some point during the year. These programs are Family Care, Family Care Partnership (Partnership), PACE (Program of All-Inclusive Care for the Elderly), and IRIS (Include, Respect, I Self-Direct).

The Wisconsin Department of Health Services (DHS) began Family Care in 2000 to help improve its long-term care system. IRIS began in 2008 as an option for people who wanted to self-direct all their long-term care services. At the end of 2015, Family Care and IRIS were available in 64 of Wisconsin’s 72 counties. See appendix 2 for a map of long-term care programs in Wisconsin.

*Family Care, Partnership, and PACE*

DHS contracts with managed care organizations to operate Family Care, Partnership, and PACE. These are voluntary programs where eligible adults can choose to enroll and become members of a managed care organization. The organizations provide or coordinate cost-effective and flexible services tailored to each member’s needs.

DHS provides the managed care organizations with a monthly payment for each member. Each managed care organization uses these funds to provide and coordinate services for all of its members. One of the goals of Family Care is to provide the right service, in the right amount, at the right time, and in the right setting.

Care managers work with members to identify their needs, strengths, and preferences. Together, they identify the resources available and develop a care plan that may include help from family, friends, and neighbors. When this help is not available, the managed care organization will purchase necessary services.

Members may also choose to self-direct some of their long-term care by choosing who will provide their services or when to receive certain services. Members who self-direct their services still have access to their care teams for help.

Family Care managed care organizations do not provide primary health care services, such as regular medical checkups, or acute care, such as hospital stays. Members receive these services through Medicaid or Medicare. The Partnership and PACE programs cover all of the long-term care services in Family Care, plus primary and acute care, and prescription drugs. The difference between Partnership and PACE is that PACE is only for people age 55 or older who live in Milwaukee or Waukesha County.

*IRIS (Include, Respect, I Self-Direct)*

IRIS is a program in which participants self-direct their care plan and services within an individual budget. People who want to direct all of their long-term care services can choose to enroll in, and become an IRIS participant.
In IRIS, participants manage their own service and support plan, and work with an IRIS consultant to create a plan within an individual budget. The funds in the budget are used to pay for the cost of allowable long-term care supports, services, and goods. Participants are responsible for managing their long-term care supports within the established budget.

Participants may hire their own workers directly, or purchase goods and services from an agency. They choose the services necessary to meet their long-term care needs, decide whom they will hire to provide supports, or where to purchase those services. IRIS does not include any Medicaid ForwardHealth card services, including primary and acute care, prescriptions, or home health care. These services are available through Medicaid or Medicare.

IRIS fiscal employer agents handle bill paying and accounting. The participant hires workers directly, and the fiscal employer agent completes background checks on providers, processes timesheets, generates paychecks, and handles payroll taxes.

2015 Family Care Program Activities

Dementia Initiative Progress within Managed Care Organizations

In 2014, 10,122 Family Care, Partnership, and PACE members had a dementia diagnosis and the number of people with dementia continues to rise. As part of former Secretary Kitty Rhoades’ redesign of Wisconsin’s dementia care system, DHS worked with managed care organizations in 2015 to improve the way members with dementia receive care.

The dementia initiative is a priority for managed care organizations. Their improvement efforts include focusing on decreasing caregiver strain, screening and early detection of dementia, and behavioral support for members, teams, and providers.

Specific goals and accomplishments in 2015 included:

- **Goal: Increase the capability and capacity of managed care organizations in providing dementia care services.**
  Each managed care organization designated a dementia care lead to act as an internal resource to staff and to ensure that the organization was working toward improving dementia competency and capacity.
- **Goal: Address the issue of provider competency and capacity related to serving members with dementia and dementia-related behaviors.**
  - The managed care organizations increased support to providers through training, case consultation, and links to resources with the goal to ensure members receive dementia-specific care through qualified providers.
  - DHS and the University of Wisconsin-Oshkosh launched a series of trainings in 2015 related to dementia care for crisis responders, caregivers, health care providers, family and community members, and other professionals. Managed care organizations received $12,500 in coupons for the training series. The organizations then gave the coupons to providers and caregivers so they could access the online trainings free of charge.
Goal: Expand capacity for dementia screening and diagnosis.
DHS provided cognitive screen training to all of the managed care organizations, and organizations developed guidelines to ensure consistent practice and to make sure those at risk receive initial and ongoing screening and appropriate follow up.

Goal: Develop relationships with Alzheimer’s organizations, aging and disability resource center dementia care specialists, and the community.

- Managed care organizations participated in dementia-friendly communities by being a resource for memory cafes across the state.
- Managed care organizations collaborated with the Alzheimer’s Association, providers, and aging and disability resource centers to discuss dementia-related topics and issues.

For further information regarding the statewide dementia redesign initiative, visit https://www.dhs.wisconsin.gov/dementia/index.htm.

Family Care and IRIS Implementation in Northeast Wisconsin

In 2015, DHS worked closely with representatives from county human services departments, aging and disability resource centers, managed care organizations, and IRIS consultant agencies to implement Family Care and IRIS in seven counties in northeast Wisconsin.

DHS awarded contracts to two managed care organizations—Care Wisconsin and Lakeland Care District—to operate the Family Care program, and certified two IRIS consultant agencies—Connections and TMG—to support participants in self-direction.

**County Implementation Timeline**

<table>
<thead>
<tr>
<th>Implementation Date</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 1, 2015</td>
<td>Kewaunee and Oconto</td>
</tr>
<tr>
<td>July 1, 2015</td>
<td>Brown</td>
</tr>
<tr>
<td>August 1, 2015</td>
<td>Door</td>
</tr>
<tr>
<td>September 1, 2015</td>
<td>Shawano</td>
</tr>
<tr>
<td>October 1, 2015</td>
<td>Marinette</td>
</tr>
<tr>
<td>November 1, 2015</td>
<td>Menominee</td>
</tr>
</tbody>
</table>

Between June 1 and the end of 2015, over 2,800 participants transitioned from the home and community-based waiver programs in these counties to Family Care or IRIS. Further, approximately 140 individuals who had been waiting for services from the county waiver program were eligible to enroll and started receiving long-term care services through Family Care or IRIS. One advantage of the Family Care and IRIS programs is the elimination of waiting lists for services. Within 36 months of implementation, each county reaches entitlement, meaning all eligible adults will receive services without waiting.
Behavioral Health, Wellness, and Community Living

Behavioral health is very important for a person’s overall health and well-being, and his or her ability to live independently. DHS is committed to improving its long-term care system so that people with the most challenging support needs can have more stability in the community.

Family Care, Partnership, and PACE members with intellectual or developmental disabilities and complex behaviors present unique challenges for managed care organizations and provider networks. In 2015, DHS worked with these stakeholders to define areas of need and identify opportunities for collaboration.
Complex Behaviors Workgroup
The complex behaviors workgroup, formed in 2014, continued to meet in 2015 to create practice guidelines to improve care and lower the need for hospitalizations in a mental institution. Some of the topics the workgroup addressed were:

- Care and transition planning
- Restrictive measures
- Providing care for those with behaviors
- Training and capacity building

Each of the workgroups identified practice guidelines that may help improve the care people receive from caregivers. All of the guidelines the workgroups create will be compiled into a resource guide.

Crisis Stabilization Initiative
As Family Care expanded to additional counties, and existing counties experienced growth in the acuity of their enrolled residents, enhancing the structure for collaborative crisis planning was essential. DHS facilitated meetings for county crisis staff and managed care organizations. The meetings resulted in the development of guidelines and trainings to improve collaboration and planning for members who may be at risk of experiencing a crisis. In addition to clarifying roles and communication protocols, these meetings also furthered best practices related to proactive crisis stabilization and helped to promote positive relationships among all of the stakeholders.

The work accomplished in 2015 built momentum to improve the integration of behavioral health and best practice into the Family Care, Partnership, and PACE programs. The purpose of this work was, and continues to be, to improve quality of life; ensure safe and stable residences in the community; and reduce stays at institutions for mental disease, state centers, and intermediate care facilities for individuals with intellectual disabilities.

Performance Improvement Projects
In 2015, eight managed care organizations conducted nine performance improvement projects. DHS and the federal Centers for Medicare & Medicaid Services require managed care organizations to work on performance improvement projects every year. The organizations develop projects based on an assessment of member needs. Notable 2015 project activities included:

- Partnering by a second managed care organization with the Wisconsin Medical Society and its Honoring Choices initiative to promote end-of-life care planning.
- Achieving a reduction in the frequency of incidents related to behaviors through an enhanced interdisciplinary team consultation intervention.
- Increasing member satisfaction with participation in the member-centered planning process through a focused interdisciplinary team education intervention.
- Achieving sustained improvement in the number of female members with intellectual or developmental disabilities whose health care provider performed a Pap test.
- Achieving an increase in the number of members who pursued an outcome of integrated employment.
2015 IRIS Program Activities

The IRIS program enrollment grew by 1,444 participants during 2015. At the end of 2014, there were 11,524 participants, and by the close of 2015, enrollment reached 12,968 participants. At the close of 2015, there were 314 IRIS consultants supporting the 12,968 IRIS participants.

IRIS enrollment remained consistent between 2014 and 2015. Nearly 66% of people who joined IRIS were not previously enrolled in a long-term care program. Only 30% came from another long-term care program, such as Family Care, Community Integration Program, Community Options Program, or the children’s long-term support waiver (4%).

IRIS Self-Directed Personal Care Program

IRIS participants choosing to self-direct their personal care services continued to grow in 2015. The IRIS Self-Directed Personal Care program grew from 4,413 participants at the end of 2014, to 5,404 participants at the end of 2015.

Self-Directing Services/Employer Authority

IRIS participants exercise employer authority and serve as the employer of record. This is one of the cornerstones of the IRIS program. At the end of 2015, IRIS participants employed 15,243 people as their caregivers. Participant-hired workers provided supportive home care, respite, and IRIS self-directed personal care.

Wisconsin IRIS Self-Directed Information Technology System

DHS launched the Wisconsin IRIS Self-Directed Information Technology System on June 29, 2015. The system allows the participant record to stay consistent and whole regardless of the participant’s choice of IRIS consultant agency or fiscal employer agent. The information technology system has streamlined functionality, centralized communication, enhanced integrity of authorizations and encounter reporting, and improved overall data accuracy.

IRIS Quality Improvement Program

The IRIS program has a quality management team consisting of a team lead and four quality specialists. This team is responsible for building, implementing, and monitoring the IRIS program’s quality management systems and activities. These activities include systems to identify, monitor, and collect data regarding:

- Critical incident reporting
- Fraud allegation review and assessment
- Budget amendments and one-time expenses
- Notices of action and appeals
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- Restrictive measures
- Behavior support plans
- Compliance with federal and state standards and contract requirements

Other Key IRIS Accomplishments in 2015

- Renewed the IRIS 1915(c) Home and Community-Based Services Waiver application for an additional five years.
- Certified one additional IRIS consultant agency giving participants’ choice of consultant agencies in Marinette, Oconto, Menominee, Shawano, Brown, Kewaunee, Door, Milwaukee, Racine, and Kenosha counties.
- Continued to work toward certification of additional IRIS fiscal employer agents.
- Reviewed 372 participant records for compliance with Centers for Medicare & Medicaid Services assurances, best practices, and contract requirements.
- Continued work on a comprehensive IRIS policy manual and work instructions manual.
- Developed and implemented multiple participant education sheets creating greater transparency of participant responsibilities and IRIS policy.

Demographics and Service Highlights

Report note: Due to rounding, the sum of percentages may not equal 100%.

Enrollment by Program

- At the end of 2015, 58,994 people were enrolled in Family Care (FC), Family Care Partnership (FCP), PACE, and IRIS.
- Just under three-quarters (72%) of all enrollees were in Family Care. IRIS was the next largest program (22%), followed by Partnership (5%), then PACE (1%).

![Enrollment on 12/31/2015](chart.png)
Enrollment by Target Group

**Eligible Target Groups:** To enroll in Family Care, Partnership, PACE, or IRIS, people must have certain complex conditions and need for help with daily activities. Only people in the following target groups¹ are eligible to enroll:

- Frail elders, age 65 and older, who have serious and long-lasting physical health problems or dementia that significantly limits their ability to care for themselves.
- Adults with physical disabilities who have a physical condition that significantly limits their ability to care for themselves.
- Adults with developmental or intellectual disabilities who have the onset of developmental or intellectual disabilities before the age of 22, and may have cognitive functioning that limits their ability to care for themselves. The person must have limitations in at least three of the following areas: learning, use of language, self-direction, mobility, self-care (bathing, dressing, eating, toileting, or mobility), or the ability to live independently without help from another person.

In 2015:

- The largest group of enrollees (just under 40%) was individuals with a developmental or intellectual disability (DD/ID).
- A slightly smaller group of enrollees (36%) were individuals with a physical disability (PD).
- Just under one-fourth (24%) of all enrollees were frail elders (FE).

![Graph showing enrollment by target group]

**NOTE:** Due to ID mismatches in the data, the target group for seven Family Care members is not included in the total.

¹ Individuals are assigned to a target group based on the hierarchy used for financial reporting, which maintains the assignment to the developmental or physical disability target group regardless of the age of the person. The hierarchy for someone with multiple target groups is developmental disability, physical disability, and frail elderly. For example, a person who has both developmental and physical disabilities and is age 65 or older will be in the developmental disability target group.
Target Group by Program

- PACE had the highest percentage of frail elders (54%). This is due in part to PACE eligibility beginning at age 55. Family Care and Partnership had almost the same percentage of frail elders (27% and 26%, respectively), and IRIS had the smallest percentage of frail elders (12%).
- Partnership (57%) and IRIS (49%) had the highest proportion of people with physical disabilities. Family Care and IRIS had similar percentages of people with developmental or intellectual disabilities (42% and 38%, respectively).
Enrollment by Age

- In 2015, people in Family Care and IRIS were between 18 and 107 years old.
- Approximately 41% of the people were age 65 or older.

<table>
<thead>
<tr>
<th>Program</th>
<th>Median Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Care</td>
<td>64</td>
</tr>
<tr>
<td>Family Care Partnership</td>
<td>64</td>
</tr>
<tr>
<td>IRIS</td>
<td>52</td>
</tr>
<tr>
<td>PACE</td>
<td>78</td>
</tr>
</tbody>
</table>

Age by Program

- More than 24% of Family Care members were between the ages of 18 and 44 versus less than 13% of Partnership members.
- Nearly 60% of Partnership members were between the ages of 45 and 74, while less than 47% of Family Care members were in that age range.
- IRIS generally had younger enrollees than Family Care or Partnership. More IRIS participants were under the age of 35 (29%) than over the age of 65 (24%).
- PACE had a higher percentage of frail elders than any other program. Approximately 84% of PACE members were age 65 and older.
- The median age by program is shown in the table below.

The charts on the next page show the number of individuals in each age category by program.
Current Living Situation

All Programs

- In 2015, 66% of all members and participants lived at home.
- About 28% of members and participants lived in a residential setting, such as an adult family home, community-based residential facility, or residential care apartment complex.
- Of all enrollees, 86% said they were living in their preferred living situation.
- Just over 5% of people across all programs lived in an institutional setting.
- Only 29% of members in an institutional setting said it was their preferred setting.

![Current Living Situation Chart]

By Program

- Nearly all (over 97%) IRIS participants lived at home. Most Family Care, Partnership, and PACE members lived in a home setting as well.
- Family Care members were the most likely to live in a residential setting (37%).
- When people live in an institutional setting like a nursing home or an immediate care facility for individuals with intellectual disabilities, they can be enrolled in Family Care, Partnership, or PACE, but not IRIS.
- Partnership had the highest percentage of members who lived in institutional or other non-home, nonresidential settings (8.1%), followed by PACE (7.8%), and Family Care (6.9%).
Service Expenditures by Program

In calendar year 2015, total expenditures for services purchased for Family Care, Partnership, PACE, and IRIS were approximately $1.9 billion. The table below shows total expenditures by program.

<table>
<thead>
<tr>
<th>Program</th>
<th>Total Expenditure for Services (millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Care</td>
<td>$1,391</td>
</tr>
<tr>
<td>Partnership and PACE</td>
<td>$233</td>
</tr>
<tr>
<td>IRIS</td>
<td>$291</td>
</tr>
<tr>
<td>Total</td>
<td>$1,915</td>
</tr>
</tbody>
</table>

The services that accounted for the greatest proportion of spending for each program are shown below. The percentages do not include care management services.

<table>
<thead>
<tr>
<th>Family Care Services</th>
<th>Percentage of Total Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential Services</td>
<td>51%</td>
</tr>
<tr>
<td>Supportive Home Care/Personal Care</td>
<td>20%</td>
</tr>
<tr>
<td>Nursing Home and Intermediate Care Facilities</td>
<td>13%</td>
</tr>
<tr>
<td>Adult Day Activities</td>
<td>4%</td>
</tr>
<tr>
<td>Vocational Services</td>
<td>3%</td>
</tr>
<tr>
<td>Transportation</td>
<td>4%</td>
</tr>
<tr>
<td>Other</td>
<td>5%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Care management accounts for 13% of total service expenditures.*
### Partnership and PACE

<table>
<thead>
<tr>
<th>Long-Term Care Services</th>
<th>Percentage of Total Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential Services</td>
<td>19%</td>
</tr>
<tr>
<td>Nursing Home and Intermediate Care Facilities</td>
<td>12%</td>
</tr>
<tr>
<td>Supportive Home Care/Personal Care</td>
<td>10%</td>
</tr>
<tr>
<td>Transportation</td>
<td>4%</td>
</tr>
<tr>
<td>Adult Day Activities</td>
<td>3%</td>
</tr>
<tr>
<td>Medical Equipment and Supplies</td>
<td>2%</td>
</tr>
<tr>
<td>Other (LTC)</td>
<td>6%</td>
</tr>
</tbody>
</table>

### Primary and Acute Care Services

| Inpatient Hospital                                     | 14%                              |
| Medications (Pharmacy)                                 | 14%                              |
| Office or Outpatient Assessments                       | 4%                               |
| Other (Acute and Primary)                              | 12%                              |

Total 100%

Care Management accounts for 9% of total service expenditures.

### IRIS Services

<table>
<thead>
<tr>
<th>IRIS Services</th>
<th>Percentage of Total Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supportive Home and Home Health Care</td>
<td>53%</td>
</tr>
<tr>
<td>Self-Directed Personal Care*</td>
<td>25%</td>
</tr>
<tr>
<td>Residential Services</td>
<td>6%</td>
</tr>
<tr>
<td>Adult Day Activities</td>
<td>5%</td>
</tr>
<tr>
<td>Transportation</td>
<td>4%</td>
</tr>
<tr>
<td>Respite</td>
<td>4%</td>
</tr>
<tr>
<td>Other</td>
<td>4%</td>
</tr>
</tbody>
</table>

Total 100%

*IRIS Self-Directed Personal Care is a service available to IRIS participants who are eligible to self-direct their personal care. This service is provided under a 1915(j) Self-Directed Personal Assistance Services State Plan Amendment.

### Self-Directed Services by Program

Members of Family Care, Partnership, and PACE programs may choose to self-direct one or more of their long-term care services. Members choose the level they want to participate and the amount of support they need. The managed care organization continues to manage any service the member does not choose to self-direct. In IRIS, participants self-direct all of their long-term care services and schedule all of their providers. Regardless of the program, members and participants manage their services within an established budget. The following table indicates the level of self-direction in each program. For Family Care, Partnership, and PACE, self-direction is defined as self-directing at least one service during the year.
### Program

<table>
<thead>
<tr>
<th>Program</th>
<th>Percentage of Member Self-Directed Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Care*</td>
<td>17%</td>
</tr>
<tr>
<td>Family Care Partnership*</td>
<td>19%</td>
</tr>
<tr>
<td>PACE*</td>
<td>7%</td>
</tr>
<tr>
<td>IRIS</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Self-directed at least one service.

### 2015 Employment

DHS is committed to integrated employment outcomes for all people with disabilities and has prioritized its resources and activities to achieve this outcome. The DHS goal is to increase the integrated, community-based employment rate for youth and adults with disabilities.

Integrated employment at a competitive wage offers people economic security, as well as the respect and dignity associated with employment. The DHS efforts focused on increasing integrated employment, providing people with long-term care needs access to a full range of employment choices and outcomes, and giving people opportunities to participate fully in their community.

In October 2015, DHS collected the following data about working-age people (18-64 years of age) enrolled in Family Care, Partnership, PACE, and IRIS.

- **Family Care, Partnership, and PACE:**
  There were 25,101 working-age people (18-64) enrolled in Family Care, Partnership, and PACE. Of these people:
  - 7,762 people (31%) had employment in an integrated employment setting, a facility-based setting, or in a small group-supported employment setting.
  - 2,236 people were in integrated employment.
  - 4,942 people were in facility-based employment.
  - 346 people were in small group-supported employment.
  - 238 people worked in another type of setting, or an unknown setting.

- **IRIS:**
  There were 9,556 working-age people (18-64) enrolled in IRIS. Of these people:
  - 1,173 (12%) completed an employment assessment indicating they worked in an integrated employment setting, a facility-based setting, or in a group/enclave setting.
  - 512 people were in integrated employment.
  - 611 people were in facility-based employment.

---

2 Integrated Employment: Competitive employment in community businesses with coworkers who do not have disabilities. This includes supported employment.

3 Facility-Based Employment: Services that are provided in a facility to develop general, non-job-task-specific skills, which are designed to create a path to integrated employment. These services are expected to occur over a defined period of time with six-month progress reports.

4 Group/Enclave Employment: Paid work in small group settings (two to eight workers with disabilities) such as work crews or enclaves that occur in community businesses. Typically, the vocational provider (e.g., community rehabilitation facility/supported employment provider) pays the worker’s wages.
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- 62 people were in small group-supported employment.
- 12 people worked in more than one setting, such as in integrated employment in the morning, and a facility-based setting in the afternoon.

Program Results

Influenza and Pneumonia Vaccinations

Managed care organizations encourage members to receive appropriate vaccinations. This is because influenza and pneumonia can lead to health complications, hospitalization, and sometimes death. Managed care organizations monitor their members’ immunization status.

The following table shows the percentage of members who received an influenza or pneumonia vaccination during 2015.\(^5\)

<table>
<thead>
<tr>
<th>Program</th>
<th>Influenza</th>
<th>Pneumonia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Care</td>
<td>72%</td>
<td>87%</td>
</tr>
<tr>
<td>Partnership</td>
<td>76%</td>
<td>90%</td>
</tr>
<tr>
<td>PACE</td>
<td>93%</td>
<td>97%</td>
</tr>
</tbody>
</table>

Member Satisfaction Survey Results

Managed care organizations survey members each year to determine their level of satisfaction. The survey questions ask members to respond on a variety of topics. In 2015:

- 87% of Family Care members rated their supports and services as “Excellent” or “Very Good,” and 88% rated the help they received from their care team as “Excellent” or “Very Good.”
- 81% of Partnership members rated their supports and services as “Excellent” or “Very Good,” and 83% rated the help they received as “Excellent” or “Very Good.”
- 77% of PACE members rated their supports and services as “Excellent” or “Very Good,” and 76% rated the help they received as “Excellent” or “Very Good.”
- 89% of all respondents said their care plan includes “All” or “Most” of the things important to them.
- Nearly 70% of respondents across all programs indicated they would “Definitely” recommend their managed care organization to their friends and family, and an additional 26% would “Probably” recommend their organization.
- Over 50% rated their managed care organization as a “10” (on a scale of 0 to 10, with 10 being the best) and 84% rated their organization as an 8, 9, or 10. Less than 3% rated their managed care organization with a number less than “5.”

The survey asked members to respond to another set of questions with one of four choices: “Always,” “Usually,” “Sometimes,” and “Never.”

Combining “Always” and “Usually” responses, the top two scoring questions were:

- How often does your care team treat you with courtesy and respect? (96%)

\(^5\) Pneumococcal vaccination is only measured for members age 65 and over.
• How often does your care team listen carefully to you? (94%)

Combining “Always” and “Usually” responses, the two lowest scoring questions were:
• How often do you get the help you need from your care team? (86%)
• How often do the people who help you with your personal care treat you with courtesy and respect? (87%)
### Managed Care Organizations

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<td>LCD</td>
<td>Lakeland Care District</td>
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Family Care Member Stories

Tommy

Tommy’s road to the future started out a little rough during his younger years. Tommy was diagnosed with attention deficit hyperactivity disorder (ADHD) and had a hard time focusing in high school, which led to him dropping out. After dropping out of high school, he decided to go to Central Nine Career Center in Indiana to get certified in small engine repair.

In 2010, Tommy came to Wisconsin to visit his sister. Tommy enjoyed Wisconsin and wanted to make his home here as Wisconsin is a great place to enjoy his passions of fishing, hunting, hiking, biking, walking, and gardening. Tommy initially moved in with his sister and found employment, which allowed him to move out on his own.

In addition to Tommy’s ADHD, he also has an impulse control disorder, which eventually got him into trouble. After spending almost a year in jail, Tommy was released on probation. After he enrolled in Family Care in February 2014, Tommy was placed in an adult family home for a couple of years. His probation officer and guardian both felt that the program would be beneficial for him, but living in an adult family home was rough at first for Tommy. He was used to living on his own and having complete freedom, so it was hard living with other people even though Tommy knew this was the best option for him while he was on probation. The adult family home helped Tommy by developing a behavior support plan for him. Even though it was tough for Tommy, he knew he had to overcome his challenges if he wanted to reach his ultimate goal of living on his own again. Then one day Tommy had an awakening and knew now was the time to overcome his challenges. Tommy was diligent in following his conditions of probation and attending support groups. He did everything he could to prove he had what it took to live on his own. He helped with preparing meals, housekeeping, and growing and maintaining the garden at the adult family home.

Tommy decided he wanted to earn his high school diploma and enrolled in classes at Fox Valley Technical College in spring of 2014. In May 2016, Tommy enrolled in Lakeside Packing Plus’s prevocational services on a part-time basis with the help of his care team. Tommy had some difficulty at the beginning with accepting direction from supervisors and getting used to the piece-rate pay. Tommy was able to adjust to that, and even gained some extra responsibility there as a janitorial substitute. This was all great experience for Tommy, but he wanted more. He wanted to work out in the community and live on his own as soon as he was off probation. He gained many job skills while working at Lakeside Packaging Plus and that prepared him for working in the community. Tommy said the best thing he learned while at Lakeside Packaging Plus was patience, and he is working very hard at gaining more and more patience.
All of this led Tommy to apply for services from the Division of Vocational Rehabilitation with help from his care team. Tommy was assigned a job developer who was able to find him work experience in one of his areas of interest. He completed two shifts at a restaurant for the work experience and decided to fill out an application. The staff at the restaurant helped Tommy fill out the application and knew Tommy had what it took for this position and hired him on the spot. Tommy loves everything about his job and is assigned more responsibility weekly. He enjoys working with his coworkers and loves conversations with customers. His coworkers have been wonderful to Tommy, even picking him up for work on the days that the buses don’t operate.

Tommy is moving forward in the right direction and his goals are becoming reality. Tommy now lives in his own apartment and has secured employment in the community. Tommy’s success stems from his motivation to be more independent and the support of Tommy’s care team. Tommy receives supportive home care services once a week to assist him with grocery shopping, meal preparation, and miscellaneous chore tasks.

Tommy is very organized and methodical. He takes other people’s thoughts and schedules into consideration and is always willing to lend a hand to those in need. He is honest and up front about his past and knows what triggers to avoid so that he stays out of trouble. Now, Tommy is focusing on finishing his classes to get his diploma and further his education to get his small engine repair license. His long-term goal is to have his own automotive repair shop.

Steven’s story begins in 2015. He has a complex history of mental health challenges coupled with dementia. In May 2015, adult protective services became involved with Steven due to reports of his severe self-neglect and poor health. Adult protective services assisted in placing Steven at a community-based residential facility and enrolling in Family Care.

Steven reported he was happy living at the community-based residential facility and enjoyed having people around him as well as having the privacy of his own room.

During Steven’s stay at the facility, he improved his self-care habits, such as showering, shaving, eating, and getting adequate rest. In the spring of 2016, Steven indicated he would like to live in an independent apartment with supports to help him manage meal preparation, medication administration, home care, and other tasks.

Steven’s care team worked with him to identify where he would like to live and what supports he would need to be successful in the community. His care manager worked with the managed care organization’s community living specialists to assist with the logistics of moving Steven to the
community. Steven’s family expressed serious concerns about him moving to an apartment because they had witnessed how successful he had become with the support at the community-based residential facility. His family wanted to make sure Steven was safe and knew apartment living would be a big step for him. The care manager also discussed Steven’s move back to the community with his primary care physician and psychiatrist.

Steven has since relocated from the community-based residential facility to his own independent apartment. Steven reports he likes his new living situation and has made connections with his neighbors. His care team put in place support for assistance with meal preparation, medication administration reminders, home care, grocery shopping, laundry, and transportation. Steven said he is pleased with all services and his needs are being met. Steven has been able to manage his medications, make phone calls, and remember appointments.

He reports the first few nights living alone “scared me to death, but every day is easier. I just love the peace and quiet and nobody bothers me.” Steven has since thanked his team for believing in his ability to live alone. Steven continues to make friends in the building and he enjoys grilling outdoors with his neighbors most evenings. Steven reports he stopped in to visit the community-based residential facility recently. When he left, he stated that he was very glad he is no longer living in a residential facility. He reports, “I love it” at the new apartment. “It feels good to be responsible for my own life.”

Maria

As many parents do, Maria’s father and stepmother wanted to make sure their daughter with Down syndrome could continue to live safely and independently as she aged. To ensure that the pace was slow and compassionate, they worked with their family and her Family Care team over the course of a few years, eventually moving Maria from their home to her sister’s a few counties away.

It was August 2012 when Maria’s father first called her Family Care team and they set up a family meeting to discuss possible options for where she might live. Her parents were getting older, and though she had always lived at home, they wanted to plan for the future. The family wanted her to continue to live in a home as she always had, and find ways for her 10 siblings and five stepsiblings to be involved.

In the beginning, the family met without Maria, knowing that moving out of her parents’ home would cause her anxiety. The family thought about options, eventually deciding in early 2014 that Maria would move into her sister Chris’ home. To make the transition, she first stayed with her sister for a weekend at a time.
The family also worked with the care team to understand what additional supports and services they would need, such as assistance with personal care, medication management, meal preparation, supervision, and transportation. They worked with Maria’s care team to incorporate self-directed care into her care plan. They talked about what other goals Maria had related to recreational and vocational activities and researched local resources so that Maria would not only have a new place to live, but a new home where she belonged in every way.

**Fun But Louder**

Now, more than a year and half later, it’s feeling like home. Maria admits it’s different, but she is happy and doing well. One major difference is living with many more people than she did at her parents’ home. Her sister has six children and all the activity that comes with a family that size. When asked what that’s like, she says she was, “used to being at home with three,” and that, “now it’s a little louder.”

But she says it’s fun, too. There’s a lot of laughter in the house and it seems that one of her nephews always has a soccer or football game to watch. She also volunteers at a retirement home for nuns, holding their hands and sitting with them when they are sick. Chris says Maria sits with the nuns for hours and has been told she brings them great peace.

Maria is also active with the local Arc group, so that she can connect with others in the area. She had many friends around her parents’ home and it has been a little challenging to make new friends, but being active is helping her to meet more people. She also continues to see her old friends when she participates with her old Arc group and with Special Olympics, which Maria has participated in a number of times.

She also works at a local store two days a week stocking shelves and setting up displays. Maria’s care team began to explore vocational opportunities for her in the winter of 2014 and she completed a six-week work trial and had job coaching in 2015 as part of her Family Care plan. Following the work trial, the two supervisors moved to a store close to Chris’ house and offered Maria a job there. Having the store so close is a bonus, but the great part is having a job working with people who really understand Maria, Chris says.

The store has been supportive of offering Maria shifts during the week so her weekends are free. She now often visits her brothers, sisters, and parents then, which is something the family discussed before she moved. Seeing her siblings more often now is another advantage of the move. They often get together for family functions, weddings, vacations, birthdays, and other celebrations.

Reflecting back and thinking about it for others who may be going through the same process, Chris says, “It can be successful.” With the right support and a long-term outlook, today Maria has been able to continue to focus on the things she loves most: her job, her family and friends, and the place she calls home.
Jesse and Michelle

A guiding principle of the Family Care program is that everyone should be able to live as independently as possible, as long as they can. Jesse and Michelle’s Family Care team exemplified this value in 2015 when staff members helped Family Care members move into independent apartments.

The care team teamed up with a residential provider to develop the supported living program in Kenosha, Wisconsin. Once the framework was established, eight men were asked to take part in the initial phase of the program. The team paired the men together to have their needs and abilities complement each other.

The eight men began living independently and it was the first time many of the men had ever lived on their own. The members still receive support in managing medications, 24-hour emergency call service, money management, transportation, and daily services to check hygiene, apartment cleanliness, diet, and health.

To follow up on the program’s success, the care team opened a transition home. Staff recognized that there were several members who had the potential to live independently, but weren’t quite prepared, yet. The transition home allows individuals to develop the skills needed for independent apartment living by focusing on laundry, community transportation, meal planning, grocery shopping, meal preparation, and simple money skills.

“It has been good,” said Jesse, who is participating in the program. “I’ve been living in a group home since I was 18, way too long. Finally, I get to live on my own. I’m calmer, more collected. I’m happy.”

The transition home can house up to four people at a time, and the goal is to transition residents into the community within six months. Prospective members must sign an agreement stating they are working toward community living.

The year-old program continues to grow. Currently, nine men and two women are living in their own apartments.

Michelle is one of the two women participating in the independent living program. After several years of living in a group home, she decided to move out on her own without any support system to back her up.

“I didn’t do well,” she said. “It was hard to do anything by myself.”
Michelle’s issues stemmed from pain in her legs and back, and without a support system in place, she was forced to self-medicate. After moving from the group home, she also lost contact with her children.

After a year on her own and her lease about to come up, Michelle’s care manager told her about the independent living program in Kenosha, and in January 2015, she moved in. She’s back to receiving the support she needs to be successful and it’s turned her life around.

“I am doing a lot better. I like the supports I am getting,” she said. “I am getting to the appointments I need. My kids are visiting me now. I work and walk again. I can get up every morning and live my life. I love to cook for my kids.”

“I’m just much happier, it’s much better,” she added.

Michelle and Jesse are success stories, as are the others participating in the independent living program. Their care team has observed the participating members develop daily skills, but also improve socialization skills as they lead community-based lives.
IRIS Participant Stories

Haley

Twenty-three-year-old Haley describes herself as a craft fanatic, extrovert, and most importantly, a Wisconsin Badger. As a member of the 2015 UW-Madison graduating class, Haley is making plans and taking action to start her career.

“I have been raised to be very independent,” said Haley. “My family never treated me any differently than my other siblings.” Haley remains determined to not let her spinal muscular atrophy keep her from achieving her dreams and living her life to the fullest.

When Haley was accepted to UW-Madison to study textiles and apparel design, she knew she’d need flexible support that met the needs of a college-aged person. “We talked to agencies that said the latest I could go to bed was 10 p.m., and the earliest I could get up was 9 a.m.,” said Haley. “I knew that as a college student, that was just not going to work.”

When a friend recommended self-direction, Haley visited her aging and disability resource center and learned more about the differences between self-direction in IRIS and Family Care. She chose to pursue the full self-direction of IRIS. She chose an IRIS consultant agency from the agencies available in her area. “I emailed Jon [her IRIS consultant] with a list of requirements” said Haley. “In just two minutes, Jon and I had solved the world’s problems and I thought, ‘this is going to work!’”

Currently, Haley partners with Jon in her role as employer of her personal care workers—the people who provide the supports she needs to live a life that meets her expectations. “He really understands my lifestyle and how to help me live better,” said Haley. “He’s been great!”

In partnership with Jon, the IRIS consultant agency, and the IRIS program, Haley had a fulfilling college experience that has led her to new opportunities.

“The IRIS consultant agency and the IRIS program provide support, but still allow me to run my life the way I want to,” said Haley. “I’m very active and very outgoing so it was a freeing feeling to know that IRIS would provide me that independence.”

Haley, unlike some young graduates, is starting her next adventure employed as a product development coordinator with Kohl’s, and is looking forward to her new job and apartment.
“The apartment I found is incredible,” said Haley. “I’m going to be living downtown close to just about everything. I’m really excited.”

Haley will take this next big step without having to make drastic changes to her supports. She will continue to have access to the consultant agency and the IRIS program. She hopes to continue her relationship with Jon. “He’s been so reliable and really incredible,” said Haley. “I hope to continue to work with him after my move to Milwaukee.”

Henry
Growing up in a small town in northwest Wisconsin, 20-year-old Henry has been an important part of his close-knit, high school community. Henry has Down syndrome, and has had a fully inclusive school experience, sharing the same classroom experiences as students without disabilities.

“I felt that it was important that Henry had the opportunity to interact with the other kids,” said his mother, Janet. “Henry is extremely social and he loves his classmates.”

However, when school lets out for summer vacation, his family has struggled to offer the same socialization and structure for Henry.

“We live out in the country,” said Janet. “We can’t leave him alone all day by himself. There are unforeseen things that can happen and we want him to be safe.”

Henry is often independent, but Janet explained that he is still at risk. “He sees people from a different perspective—in such a positive light,” said Janet. “It’s the beauty of Down syndrome, but we don’t want a stranger to take advantage of that.”

Fortunately, Henry’s IRIS consultant, Nicole, has helped Henry direct his IRIS funds to not only get transportation, but to hire trusted direct support people to spend time with Henry during the summer. “They go for walks around town or they take him to the YMCA,” said Janet. “His favorite thing to do with them is [to] volunteer at the Bethesda Thrift Shop.”

Janet explained that if it weren’t for the IRIS program, Henry wouldn’t have had the same opportunities. “I’m so thankful we have IRIS—I don’t know what we’d do without that support,” said Janet. “One of us would have to quit our job or work nights so that someone could be with him.”
As a Project SEARCH participant, Henry is currently working toward graduating and finding employment. “Through Project SEARCH, Henry has been exposed to different jobs,” said Janet. “We’ve discovered that he really enjoys organizing and sorting things.” Project SEARCH is a collaboration with local businesses that enables young adults with disabilities to gain and maintain employment through training and career exploration. All participants must be eligible for services with the Wisconsin Division of Vocational Rehabilitation.

Henry, like many people, can find conversations in new relationships difficult. His Project SEARCH teacher has helped him find different ways to share his thoughts and goals with others at work.

“He loves to make PowerPoints, so when he’s having a hard time verbalizing things she asks him to put it in a PowerPoint,” said Janet. “He can’t always get the words out but he can put it down on paper—it’s amazing how his mind works that way!”

Janet and Henry are searching for a position after graduation that uses his skills and that he enjoys. “In the meantime, we want to keep him active and engaged in the community so that he can continue to grow,” said Janet. “I’m so thankful and relieved that we have support from Nicole and IRIS so that we can do that.”

Marty

My name is Marty and due to a near fatal auto accident in 2008, I am now living life as a wheelchair bound paraplegic woman. I knew I had a life changing experience, but I refused to let that define me. I wanted to stay in my own home, continue to be independent, and make my own decisions. The accident caused my body to need repair but not my mind. Knowing deep down that I could adjust to my new way of life, I realized I would need help with some of my activities of daily living.

Living in my own home means everything to me, and it provides me with the independence that I need. However, the area where I live is very, very rural, without any close neighbors, and stores are a great distance to get to. I love animals and adore my dogs and cat, as they are a type of therapy for me as well. Spending time outside during summer with family and my dogs means the world to me. I enjoy going to outdoor concerts, luncheons and spending time with friends, as well as reading, solving crossword puzzles, and spending time on the computer. Because of the IRIS program and my IRIS consultant, I am able to make my own decisions and manage my finances. Helping me stay independent and living at home involves the assistance of my wonderful caregiver, Melissa, with showering, making meals, cleaning my home, and transportation to shopping and doctor’s appointments.
My experience with IRIS has been the best experience I could have ever dreamed of. My IRIS consultant is diligent in staying in contact with me and returning my calls when I leave a message. I have the total support of everyone that I work with. Programs like these are needed for people with disabilities and the elderly who need assistance but still want to self-direct. I can only hope that every elder or person with a disability experiences the same kind of wonderful outcome that I have with this program.

Angela

My name is Angela and I have been in the IRIS program since December 2015. The IRIS program has brought me good people, good advice, and I am able to get the services I want instead of what others want for me. I have freedom of choice. I was able to choose my son, Calvin, to assist me in and outside of my home.

Thanks to the IRIS program, I am able to go out into the community more now than I was before. Before the IRIS program my life was drab. I stayed home all the time and there was no socialization with the outside. I now socialize and this lifts my spirits. Now I go to the gym, visit family and friends, go shopping, and I am looking forward to being on the advisory board of my IRIS consultant agency.

Due to the IRIS program, I inspired other women at the gym. I now have a group of women who meet to work out together and that still continue to work out when I’m not able to make it. When I come back to the gym, all of the ladies in my group want to know where I have been and what was I up to. This makes me feel happy [and] feel good that they are concerned. They miss me when I am not there and that makes me feel important. I feel good that I was able to inspire others to come out of their shell and be more active and social.

If not for the IRIS program I would be home, sad, lonely, and depressed. When I needed it the most, I was able to choose to have a lifeline so I could feel safe in and out of my home when I was alone. Self-direction is very important to me because it gives me a sense of security, freedom of choice, and I feel like I am more in control of my life because I have to be a responsible employer. My consultant is a wonderful person—if I have any questions or concerns, I can call her anytime and she will be more than welcome to answer any questions I have. For example, I had a problem with renewing my Medicaid and my IRIS consultant helped me get everything back in order. If this had not happened, I would have lost the program and I would have been back to a life of boredom and depression.
Nona

I chose IRIS because I want to make choices in my life. I would like people to respect me and let me make my own decisions. I want people to be truthful with me and to tell it like it is—like the doctor. If people are nice to me, I am nice to them, but I am a little afraid of opening up to others for fear of rejection. I know what rejection is because I felt it in school and other places throughout my life. At times, people talked to me as if I was stupid and this makes me feel disrespected. I want to live independently as long as I possibly can so that I can enjoy things the way I like them.

I am 77 years old and I live in northeast Wisconsin, but am originally from California. I did not have the opportunity to go to high school and got married at an early age. I married Merle, a veteran who was wounded in the Korean conflict. Due to his injuries, he suffered breakdowns and hospitalizations throughout his life and he died in 1990. We had six children, including two who live with schizophrenia, one who died as a teenager, another who passed away in his 30s, and one who is presently incarcerated. I worry a lot about my son in prison, so my IRIS provider helped me plan a visit last year and now that I know he is okay, I am not so worried and anxious. The losses that I have experienced in my life cause me to experience anxiety and depression, and I also have problems with my memory and pain from arthritis. No one has ever asked me to tell my story and it feels good to share it.

IRIS makes it possible for me to live in the community with the help I need. My IRIS provider helps manage my medication, get medical attention, get out of my house and into the community, and all around get where I need to go. I love the place I live because it is clean, neat, and comfortable. I live with my little poodle named Rosebud. I hired my worker, Wendy, using my IRIS budget. She not only helped me find this place, but she and her husband also helped me move here. She takes me shopping and out into the community, which makes me happy because I can get pretty lonely. My faith is very important to me, as I say prayers twice a day and attend church most Sundays, as people from the church pick me up so that I can be a greeter. I really enjoy going to church and visiting with all the people, even if it is only once per week. I would really love to sing in the choir and maybe one day I will.

Wendy and I also have a pretty darn good time and some good laughs, too. She has promised to take care of my beloved Rosebud if I was unable to care for her, and Wendy makes sure I am not alone on the holidays. Because of IRIS, I am able to stay positive and be independent so that I can continue to make my own decisions.
Princess

Princess began caring for others as a nursing assistant at age 17. It was a career she continued throughout her life, up until 1999 when she was diagnosed with multiple sclerosis and rheumatoid arthritis.

Six years ago, it became difficult for Princess to manage day-to-day tasks on her own so she enrolled in the IRIS program and began working with her IRIS consultant to develop a long-term care plan.

Family is one of the most important things to Princess. She spent 12 years caring for her mother. Through self-directing with IRIS, her children are able to do the same and Princess is able to receive care from someone she already knows and trusts. “In other programs, you don’t have a choice who you work with. In IRIS, you do.”

Caring for her mother taught Princess a great deal about at-home care. “I learned a lot from taking care of my mother; it helped me to know how to help myself.”

That knowledge has allowed Princess and her IRIS consultant, Alice, to set up her home so that it’s safe for Princess to move about without the fear of falling. As a result, Princess is able to stay in her home in Milwaukee instead of moving into a nursing home.

“It’s important to me to stay at home. That’s why I keep trying to do the best I can; I keep going.” Staying in her home and receiving care from her children means spending more time with her grandchildren. “I’ve got three grandchildren, one girl and two boys—they’re all doing great in school and I’m so proud of them.”

When Princess isn’t spending time with her grandchildren, socializing with neighbors, working on puzzles, or taking walks around her apartment complex, she enjoys making things with her hands.

Princess dreams of one day making pottery and things she could give to her grandchildren. It’s a goal she’s shared with her IRIS consultant. “I talk with my IRIS consultant often. I enjoy talking with Alice and I appreciate her very much.”

Without the support of Alice and the care from her children, Princess says she’s not sure she could manage it. “IRIS is a beautiful program, and my family, well, they keep me going.”
Appendices

Appendix 1: Glossary

Adult Family Home: A type of residential setting. One to two-bed adult family homes are places in which the operator provides care, treatment, support, or services above the level of room and board for up to two adults. Three to four-bed adult family homes are places where three to four adults who are not related to the operator reside and receive care, treatment, or services above the level of room and board, and may include up to seven hours of nursing care per resident per week.

Aging and Disability Resource Center: The first place to go with aging and disability questions. Aging and disability resource centers offer information and advice and help people apply for programs like Family Care and IRIS. To find an aging and disability resource center, visit www.dhs.wisconsin.gov/adrc.

Care Manager: Every Family Care member has a care manager. Care managers’ help members identify their goals and the long-term care services they need to work toward those goals. The care manager is part of the member’s team along with a nurse and others the member wants included. The care team authorizes, coordinates, and monitors the member’s services.

Community-Based Residential Facility: A type of residential setting where five or more unrelated people live together in a community setting. Residents receive care, supervision, support services, and up to three hours of nursing care per week, if needed.

Family Care: A Medicaid managed long-term care program for frail elders, adults with developmental or intellectual disabilities, and adults with physical disabilities.

Family Care Partnership: A Medicare and Medicaid program that provides long-term care services, plus acute and primary care and prescription drugs.

Fiscal Employer Agent: The agencies that handle bill paying and accounting for IRIS participants. The fiscal employer agent helps participants monitor their spending and they can also provide employer services on behalf of participants, including processing timesheets, generating paychecks and handling payroll taxes.

Institution/Institutional Setting: Includes nursing homes, state centers for people with intellectual disabilities, intermediate care facilities for individuals with intellectual disabilities, and institutions for mental disease.

IRIS (Include, Respect, I Self-Direct): Wisconsin’s self-directed supports program for older people and adults with disabilities. IRIS participants are in charge of their own support and service plan. They use a monthly budget to buy their long-term care services, supports, and goods. Participants decide who will provide their services and when and where they will be provided.
IRIS Consultant Agency: This agency helps IRIS participants navigate the IRIS program, identify long-term care outcomes and strategies to achieve those outcomes, identify resources in the community, and develop individual support and service plans. The consultant agency approves each participant’s support and service plan.

Long-Term Care: Services a person needs due to having infirmities of aging, a disability, or a chronic health condition. Long-term care services include help with bathing, dressing, eating, and going to work. Long-term care can be provided at home, in residential settings, and in institutional settings.

Long-Term Care Program: Family Care, Partnership, PACE, and IRIS are some of Wisconsin’s long-term care programs. Other long-term care programs in Wisconsin include the Community Options Program (COP) and the Community Integration Program (CIP).

Managed Care Organization: The organizations that operate Family Care, Partnership, and PACE. Managed care organizations must authorize services before the member receives care, and members must get their services from a network provider.

Medicaid: A health insurance program that provides coverage for lower-income people, families, the elderly, and people with disabilities. Medicaid is also known as “Medical Assistance,” “MA,” and “Title 19.” The federal and state governments fund Medicaid. To enroll in Family Care, Partnership, PACE, or IRIS, individuals must be eligible for Medicaid.

Medicare: The federal health insurance program for people age 65 or older, people with end-stage renal disease (permanent kidney failure requiring dialysis or kidney transplant), and some younger people with disabilities. Different parts of Medicare cover specific services. Partnership and PACE are Medicare and Medicaid programs.

Ombudsman: A person who investigates reported concerns and helps members and participants resolve issues.

PACE (Program of All-Inclusive Care for the Elderly): PACE is like Partnership, but is only available for people age 55 or older who live in Milwaukee or Waukesha County.

Residential Care Apartment Complex: Independent apartment units where five or more adults reside in their own living unit. Services include up to 28 hours per week of supportive care, personal care, and nursing services.

Self-Direction: A way for people to arrange, purchase, and direct their own long-term care services. People who self-direct have more control and responsibility over how, when, and where services are provided.
Appendix 2: Map of Long-Term Care Programs in Wisconsin

Long-Term Care Programs in Wisconsin
By County
December 2015

Legend:
- **Yellow**: Family Care, Partnership, PACE and IRIS
- **Red**: Family Care, Partnership and IRIS
- **Light Green**: Family Care and IRIS
- **Light Blue**: Partnership and other long-term care programs
- **White**: Other long-term care programs
Appendix 3: Examples of Services in Wisconsin’s Long-Term Care Programs

### Examples of Services in Wisconsin’s Long-term Care Programs

**Note:** The groups shown are a representative list of services only and are not fully inclusive.

<table>
<thead>
<tr>
<th>Medicaid Waiver Services</th>
<th>IRIS</th>
<th>Family Care</th>
<th>Partnership</th>
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</thead>
<tbody>
<tr>
<td>Supportive home care</td>
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<td>Home modifications</td>
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<td>Home-delivered meals</td>
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<td>Lifeline</td>
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<td>Assisted living</td>
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<td>Employment</td>
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</table>

| Medicaid Card Services                   |                                          |                                           |                                         |
| Home health                              | Accessed through Medicare or Medicaid card |                                           |                                         |
| Medical supplies                         |                                           | Accessed through Medicare or Medicaid card |                                         |
| Nursing home                             |                                           |                                           |                                         |
| Personal care                            |                                           |                                           |                                         |
| Mental health                            |                                           |                                           |                                         |
| Alcohol or other drug treatment          |                                           |                                           |                                         |

| Acute and Primary Medicare or Medicaid   |                                          |                                           |                                         |
| Emergency room visit                     | Accessed through Medicare or Medicaid card | Accessed through Medicare or Medicaid card |                                         |
| Hospitalization                          |                                           |                                           |                                         |
| Doctor visits                            |                                           |                                           |                                         |
| Lab tests                                |                                           |                                           |                                         |
| Prescription drugs                       |                                           |                                           |                                         |
| Dental care                              |                                           |                                           |                                         |
Appendix 4: Links for More Information

- Annual Reports:  
  [www.dhs.wisconsin.gov/familycare/reports/index.htm](http://www.dhs.wisconsin.gov/familycare/reports/index.htm)

- Family Care Website:  
  [www.dhs.wisconsin.gov/familycare](http://www.dhs.wisconsin.gov/familycare)

- Family Care Enrollment Data:  
  [www.dhs.wisconsin.gov/familycare/enrollmentdata.htm](http://www.dhs.wisconsin.gov/familycare/enrollmentdata.htm)

- External Quality Review Organization Reports:  
  [www.dhs.wisconsin.gov/familycare/statefedreqs/eqro.htm](http://www.dhs.wisconsin.gov/familycare/statefedreqs/eqro.htm)

- Family Care Contract:  
  [www.dhs.wisconsin.gov/familycare/mcos/contract.htm](http://www.dhs.wisconsin.gov/familycare/mcos/contract.htm)

- Directory of Managed Care Organizations:  

- Ombudsman programs for Family Care, Partnership, and PACE:  
  - Disability Rights Wisconsin (for people between the ages of 18 and 59):  
    [http://www.disabilityrightswi.org](http://www.disabilityrightswi.org)
  - Wisconsin Board on Aging and Long Term Care (for people age 60 or older):  
    [http://longtermcare.state.wi.us](http://longtermcare.state.wi.us)

- IRIS Website:  
  [www.dhs.wisconsin.gov/iris](http://www.dhs.wisconsin.gov/iris)

- IRIS Policy Manual:  
  [www.dhs.wisconsin.gov/publications/p0/p00708.pdf](http://www.dhs.wisconsin.gov/publications/p0/p00708.pdf)

- IRIS Work Instructions:  
  [www.dhs.wisconsin.gov/publications/p0/p00708a.pdf](http://www.dhs.wisconsin.gov/publications/p0/p00708a.pdf)

- Directory of Consultant Agencies and Fiscal Employer Agents:  
  [www.dhs.wisconsin.gov/iris/directory.htm](http://www.dhs.wisconsin.gov/iris/directory.htm)

- Ombudsman program for IRIS:  
  - Disability Rights Wisconsin (for people between the ages of 18 and 59):  
    [http://www.disabilityrightswi.org](http://www.disabilityrightswi.org)

- Aging and Disability Resource Center Website:  
  [www.dhs.wisconsin.gov/adrc](http://www.dhs.wisconsin.gov/adrc)