

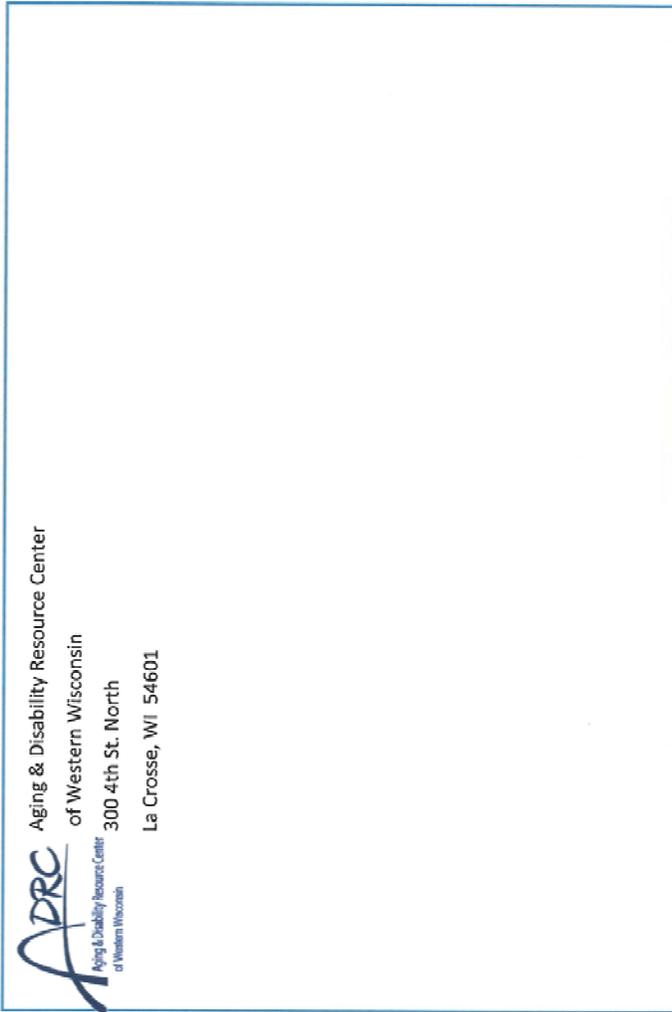
Human Services Director's Report
To the Health & Human Services Board
 October 2016

Activity	Program/ Section	Brief Description	Contact Person	Attach- ment
Vendor Increases for 2017 Contracts	Administration	Per policy and vendor contract language, vendors in 2017 will receive a .2% rate increase as determined by the Consumer Price Index-Urban data source tables from U. S. Department of Labor. This does not apply to services/goods purchased at retail rates, MA rates, or rates set for certain services by the State. Vendors can request a variance to this, but need to provide justification and budget information supporting their request.	Dean Ruppert 785-6108 druppert@lacrossecounty.org	No
Fiscal Manager	Administration	Shelly Boldt has been appointed the new fiscal manager for the Human Services Department. Shelly has several years of experience as the Human Services fiscal analyst, and has been serving as the Human Services interim fiscal manager. Shelly has done an outstanding job these past months in her key role related to developing the Human Services 2017 Budget Request. We welcome Shelly to her new position!	Jason Witt 785-6095 jwitt@lacrossecounty.org	No
County Leadership Feedback Committee	Administration	The County Administrator and Personnel Director are forming a county wide committee that will replace, what for Human Services was known as the Labor Management Committee. Human Services has requested for 13 staff to be on this committee which primarily will be line level employees. As meetings are held throughout the year, updates will be provided on topics that impact all employees with the expectation that committee members provide input at the meetings and bring back information to share with all Human Service employees.	Dean Ruppert 785-6108 druppert@lacrossecounty.org	No
PS Program On-Site Review	Family & Children's Section	<p>The Post-reunification Services (PS) program through the Department of Children & Families (DCF) continues to provide the necessary resources to enable families to successfully reunify. Between June 1, 2016 and August 31, 2016 we successfully reunified 20 children and youth that were all eligible and enrolled in the PS program. During that period we had 70 children/youth that were eligible to be enrolled in the program; however, for 50 of those children reunification was not possible due to unresolved safety and treatment issues for their parents.</p> <p>In September, we participated in a site visit and evaluation of the PS program. A principal researcher from The Children and Family Research Center with the School of Social Work at the University of Illinois and a Federal program monitor conducted focus groups and feedback sessions with Family and Children's Section leadership and staff. This is the second site visit we were selected to participate in during the past four years of PS program participation. The researcher appreciated our participation and indicated they gathered valuable information that may help shape the remaining two years of the program here in Wisconsin.</p>	Tracy Puent 785-6083 tpuent@lacrossecounty.org Nancy Pohlman 785-6060 npohlman@lacrossecounty.org	No

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Foster Care Recruitment	Family & Children's Section	On September 29, 2016 the Permanency Resource Unit participated in the Oktoberfest Torch Light Parade as a recruitment effort. The theme of our entry in the parade was "La Crosse County Foster Care; Become an Everyday Hero!" Invitations to participate in the parade were sent out to current foster parents, youth, and county workers and together approximately 30 people walked in the parade. A bright banner was held that stated "La Crosse County Foster Care" followed by a brightly lit van and many children and adults dressed in glow sticks handing out candy. It was an exciting night and 500 cards were distributed among the crowd encouraging people to consider becoming foster parents for La Crosse County.	Tracy Puent 785-6083 tpuent@lacrossecounty.org Lila Barlow 785-5539 lbarlow@lacrossecounty.org	No
Western Region Integrated Care (WRIC) <i>Pilot Project Update</i>	Integrated Support & Recovery Services	Pilot Project: Implement shared services approach for a core set of mental health/substance abuse services across partner counties by the end of 2016. Updates: <ul style="list-style-type: none"> • 13 Core Benefit services are operating within the consortium. • 11 Core Benefit services are approved for implementation on 1-1-17. • 3 Core Benefit services slated for implementation on 1-1-17 are still being designed. 	Matt Strittmater 785-6156 mstrittmater@lacrossecounty.org	No
Suicide Prevention Summit	Integrated Support & Recovery Services	Wisconsin's suicide rate is higher than the national average, and our region's suicide rate is higher than the state average. La Crosse County was one of the agencies that helped sponsor the September 21 st Suicide Prevention Summit in La Crosse. Over 200 individuals from across the region/state gathered to enhance skills and strategies to decrease the number of individuals who end their lives via suicide.	Matt Strittmater 785-6156 mstrittmater@lacrossecounty.org	No
	Integrated Support & Recovery Services	The State of Wisconsin was slated to utilize Medical Assistance to cover Residential Substance Abuse Treatment as early as July of 2016, but details have not yet been negotiated with the Federal Government. Integrated Support & Recovery Services and Gundersen Health System are exploring whether or not joint advocacy could help expedite the process as local need remains high.	Matt Strittmater 785-6156 mstrittmater@lacrossecounty.org	No
New Workload Model	Economic Support	The Department of Health Services (DHS) will be hiring a consultant to assist DHS and Consortia to develop a new workload model for Income Maintenance. The workload model that exists was developed prior to consortia being formed, as well as the regional Call Centers. In developing a new workload model, the group will be looking at time studies to determine how much time is involved to perform the various income maintenance functions. The IM workload model has been a tool used in the past to determine funding for income maintenance work.	Lorie Graff 785-6061 lgraff@lacrossecounty.org	No
Prevention	Aging & Disability Resource Center/Aging	On October 18, the Aging & Disability Resource Center (ADRC) will host an Aging In Place event named "Thriving at Home" at the Radisson. Attached is the conference brochure. Conference flyers with more information on speakers will be ready soon for distribution.	Jane Jackson 785-6043 jjackson@lacrossecounty.org	Yes

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Funding	Aging & Disability Resource Center/Aging	On Wednesday, September 28, Congress passed a short-term (10 week) funding bill to keep the federal government funded through December 9, 2016. The end of the federal fiscal year was September 30, 2016, so this short term “continuing resolution” was needed to allow federally funded programs, such as our Older Americans Act (OAA) funded services, to continue functioning/receiving funding until a final FY 2017 budget is completed. This continuing resolution funds our OAA services and other aging programs at FY 2016 levels minus 0.5% in order to keep the funding below the budget cap established for FY 2017 in last year’s bipartisan Budget Agreement. After the November election, the House and Senate are expected to restart talks on a final FY 2017 federal budget.	Audra Martine 785-6172 amartine@lacrossecounty.org	No
Services	Aging & Disability Resource Center/Aging	Our section continues process improvement initiatives in the areas of Transportation Services, Nutrition Services, Caregiver Services and Adult Protective Services. The teamwork and research being done is helping our teams learn about options, regulations, program costs, and to be creative in planning. We’re having a good year of collaboration.	Audra Martine 785-6172 amartine@lacrossecounty.org	No
Innovation	Aging & Disability Resource Center/Aging	The Statewide Aging Conference was held in Wisconsin Dells from September 21-23. Audra Martine attended many sessions on nutrition service options and business acumen/ practices within the Aging Network.	Audra Martine 785-6172 amartine@lacrossecounty.org	No
Planning	Aging & Disability Resource Center/Aging	<p>Our regional Aging and Disability Resource Center (ADRC) of Western Wisconsin serves Jackson, La Crosse, Monroe and Vernon Counties. As each county is exploring its current and preferred options for ADRC/Aging service integration we are, as a group, meeting frequently to understand the impact and planning needs for our ADRC region. The aging-related changes, coupled with significant changes in ADRC contract requirements, have caused us to reassess the costs and benefits to La Crosse County of both delivering these services regionally and our existing regional model.</p> <p>Currently, the ADRC is under one contract, held by La Crosse, to provide ADRC services to the four county area in a consistent manner as outlined in the contract. Aging services are funded by contracts between Greater Wisconsin Agency on Aging Resources (GWAAR) and each individual county. Each of our four counties has its own Aging Unit, which functions based on their county’s service needs, whether they choose to directly provide services versus contracting for services, methods of marketing, etc. When an Aging Unit and ADRC integrate, they take the name “Aging and Disability Resource Center” and are required to use a unified marketing approach, location, website, etc.</p> <p>The need to be planful as we make key decisions about the future of services and partnerships in this area is important as it affects greatly how the public accesses/finds services and needed assistance. There are two meetings happening in October with the Directors from our partner counties (mid-month and end of month) where these issues will be discussed. We will keep the Health & Human Services Board up to date as discussions continue.</p>	Audra Martine 785-6172 amartine@lacrossecounty.org	No

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Business Development - Acumen	Aging & Disability Resource Center	The two attachments provide information on the model being suggested by our primary funder of Aging services, GWAAR, to create sustainability for the future of our programs. This model would create new revenue opportunities through either Wisconsin Institute for Healthy Aging (WIHA) or directly through GWAAR caused by their marketing of our services (such as prevention educational sessions, our meal programs and our transportation program) to groups beyond our current scope at a price higher than our true cost to provide the service. The local committees and boards will get more information as this initiative develops.	Audra Martine 785-6172 amartine@lacrossecounty.org	Yes
Service - Transportation	Aging & Disability Resource Center/Aging	As Wisconsin's next budget is crafted, it is important for legislators and the Governor to receive input on community needs and priorities. There have been many requests for increased funding to maintain our public roads. The need to sustain/grow our public transportation system is equally as important as we face a significant increase in the aging population, some of whom will not continue to drive independently. A website www.justfixitwi.com has been created to receive comments from the public regarding Wisconsin's transportation needs. If you have comments to share about access to and the need for public transportation services or other transportation related needs, please consider providing your feedback. If you'd like to learn more about our area's transportation needs, you can also visit the site and click on the map to read examples submitted of how transportation challenges affect individuals in our community.	Audra Martine 785-6172 amartine@lacrossecounty.org	No
Long Term Care System	Aging & Disability Resource Center	Attached is a handout from the Long Term Care Coalition that contains information regarding Wisconsin's current service system. This data and the talking points may be valuable in discussions/responding to questions about the current system.	Audra Martine 785-6172 amartine@lacrossecounty.org	Yes
Staffing Changes	Justice Support Services	Staffing changes in the Justice Support Services (JSS) Section include Mandy Bisek appointed as the interim JSS Manager, Phil Stegemann appointed as the interim Juvenile Justice Supervisor, and Bridget Todd-Robbins was hired as System of Care Administrator and started on August 29, 2016.	Mandy Bisek 785-6216 mbisek@lacrossecounty.org	No
CORE Academy	Justice Support Services	Community Option for Re-Engagement (CORE) Academy is currently at capacity with 8 youth placed in the program. Four of these clients are La Crosse County residents and four are out-of-county residents. This not only brings in revenue for out of county placements, but also a cost savings from high cost placement for our La Crosse clients. David Steinberg recently marketed the program at the Wisconsin Juvenile Court Intake Association (WJCIA) Conference and has had numerous inquiries from other counties in potential placements, resulting in a potential wait list for the program.	Mandy Bisek 785-6216 mbisek@lacrossecounty.org	No
Evidence Based Decision Making Initiative	Justice Support Services	Wisconsin was once again chosen to enter Phase VI of the Evidence Based Decision Making (EBDM) initiative through the National Institute of Corrections (NIC). La Crosse is one of eight sites that will benefit from this continued technical assistance from NIC.	Mandy Bisek 785-6216 mbisek@lacrossecounty.org	No
Academy Court	Justice Support Services	A grant application for Academy Court has been submitted for OWI Treatment Court. This holds La Crosse County up as a standard court if approved and would allow for stipends and conference fees up to approximately \$4000 to be available to assist other courts in best practices.	Mandy Bisek 785-6216 mbisek@lacrossecounty.org	No



ADRC
Aging & Disability Resource Center
of Western Wisconsin
300 4th St. North
La Crosse, WI 54601



2016 Aging in Place Conference
“Thriving at Home”



Tuesday, October 18th
9:30 am - 3:00 pm
Radisson Hotel Ballroom B
200 Harborview Plaza
La Crosse, WI



9:30 am Registration & Discover Community Resources
Continental Breakfast

10:00 - 10:30 "Community Programs & Resources"
Audra Martine, Director/Manager - ADRC of Western WI

10:30 - 10:45 Break

10:45 - 12:00 "Home For A Lifetime"
Monica Sommerfeldt-Lewis, Certified Aging in Place Specialist

12:00 - 1:00 Buffet Lunch

1:00 - 2:00 "Thriving At Home"
Mary Pierce, Author, Speaker & Humorist

2:00 - 2:15 Break— Snacks & Refreshments

2:15 - 3:00 "Managing Stress—Powerful Tools for Caregivers"
Amy Brezinka, ADRC Dementia Crisis Program/Caregiver Coach

Menu

Roasted Tomato Bisque with Parmesan Crumbles and Basil
Chopped Salad of Romaine, Frisee, Radicchio, Apple, Cranberries, Low Fat
Yogurt with Low Fat Sherry Walnut Vinaigrette
Grilled Marinated Vegetables with Mozzarella, and Extra Virgin Olive Oil
Grilled Chicken with Rosemary Chardonnay Sauce and Garlic, Thyme, Roasted
Red Potatoes
Stuffed Pork Loin with Spinach, Gouda, and Panetta with Balsamic Reduction
Chocolate Cheese Cake with Raspberries, and Mango Coulis



Thanks to our
Sponsors!



2016 Aging in Place Conference "Thriving At Home"

Tuesday, October 18th

Who Should Come?

Anyone growing older - Anyone who wants to age at home -
Family Caregivers

Registration Required (continental breakfast & buffet lunch included)
\$20 Seniors or Family Caregivers
\$25 Professionals
\$10 Students

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____

E-mail: _____

Special needs: _____

Please register by Thursday, October 13th

Make check payable to: ADRC

Mail check and registration form to:

Aging & Disability Resource Center

Attn: Sue

300 4th Street North

La Crosse, WI 54601

Or call the ADRC to register at 785-5700; ask for Kelly or Sue.

Business Development for Health Promotion Programs Frequently Asked Questions by County/Tribal Aging Units (AUs) and ADRCs September 2016

- 1. Why is the Wisconsin Institute for Healthy Aging (WIHA) pursuing business development for health promotion programs?**
 - a. WIHA's mission is the same as the Wisconsin Aging Network: to meet the growing needs of the rapidly-increasing numbers of older adults throughout Wisconsin who want to remain independent, age in place and stay healthy.
 - b. However, the Older Americans Act and federal, state and other grants that fund aging network activities are woefully inadequate to meet the growing needs and numbers of older adults in our communities. WIHA and the county/tribal Aging Units/ADRCs simply can't fulfill our mission at current funding levels.
 - c. With more funding, not tied to specific grants, we can provide more health promotion programs for more older adults, since this is the group most affected by falls and multiple on-going health problems, making them most at risk for increased emergency room visits, hospital stays and long-term care.
 - d. We are more than aging services providers: we provide health care. WIHA and our aging network partners provide evidence-based health promotion programs (e.g. chronic disease self-management, falls prevention, and caregiving) that are *preventive* health care services, scientifically proven to help older adults remain independent, age in place in their own homes, and stay healthy. Thus, we should be paid for our services just like other health care providers.
 - e. Funding for health care is in Medicare and Medicaid, and with private insurance companies, not the Older Americans Act. Medicare and Medicaid budgets increased over 89.6% in the last 12 years to the current annual amount of over \$992 Billion. During the same 12 years, funding for the Older Americans Act increased by only 6.4% to a total of \$1.92 billion.

- 2. How does business development fit within current health care trends?**
 - a. The Affordable Care Act has completely changed incentives. Both health insurers (Medicare, Medicaid, private insurance companies) and health care providers (hospitals, clinics, physicians) are no longer paid more for more services. Rather, health care organizations are now paid for quality and positive outcomes – better care and better health. They do better financially when their patients have better health outcomes.
 - b. There is growing understanding that the majority of factors driving health outcomes – 80% in fact – is based in the community: individual behaviors (e.g., diet, exercise, social engagement, adherence to medication), socio-economic factors and the physical environment. Care in the doctor's office accounts for only 20% of health care. We in the aging network, with our health promotion programs and other services, impact the 80%.
 - c. Health care organizations now have significant incentives to partner with community-based programs that help individuals manage their chronic conditions, prevent falls and provide support to remain independent at home. They recognize that our programs and services will improve health outcomes and reduce costs.

3. **Will County/Tribal Aging Units and ADRCs maintain their long-standing relationships with local hospitals, clinics and insurers, related to health promotion programs and other AU/ADRC services as we pursue business relationships?**
 - a. Absolutely. By better defining the value of evidence-based health promotion programs and services in improving quality and cost outcomes, WIHA and the Wisconsin Aging Network will build credibility with health care organizations as equal partners.
 - b. We will in fact deepen our partnerships as we also work with health care providers in approaching health care insurers to partner on pilot initiatives.

4. **What is the position of national and state agencies about the aging network pursuing business development?**
 - a. Public and private national agencies, including the federal Administration for Community Living/Administration on Aging (ACL/AoA), the National Association of Area Agencies on Aging (n4a) and the National Council on Aging (NCOA) all recognize that business development is a critical strategy for the aging network to secure adequate funds to pursue our mission and for sustainability. This has been demonstrated through speeches given by former ACL Administrator Kathy Greenlee, where she has referred to development of business acumen as “a matter of life and death” for the aging network, ACL/AoA’s funding of two Learning Collaboratives on Business Acumen and ACL’s provision of staff to serve as experts and technical support.
 - b. The National Association of Area Agencies on Aging received a multi-million-dollar grant from the John A. Hartford Foundation to create a technical assistance resource center to support Area Agencies on Aging (AAAs), e.g., Greater Wisconsin Agency on Aging Resources Inc. (GWAAR), Dane County Agency on Aging, and Milwaukee County Department on Aging in business development.
 - c. Staff of the Wisconsin Bureau of Aging and Disability Resources have participated as guests in WIHA’s Learning Collaborative. BADR’s leadership regularly meets with AAA and WIHA leadership to discuss business development plans for the Aging Network and BADR is pursuing ACL/AoA guidance on concerns about the implications of new CMS managed care rules for AU/ADRC business development efforts.

5. **What has WIHA been doing to pursue business development for health promotion programs?**
 - a. We formed the WIHA advisory group, called the “Wisconsin Health Promotion Business Network.” It includes WIHA staff and board and representatives from DPH’s Bureau of Aging and Disability Resources, the three AAAs and several county Aging Units/ADRCs.
 - b. We applied for and were selected for participation in ACL’s second “Business Acumen Learning Collaborative” and we are receiving technical assistance and learning “best practices” from other aging network organizations involved in the collaborative.
 - c. We hired an experienced professional who focuses exclusively on business development.
 - d. We are conducting market research to identify health care entities for which our health promotion programs can help meet their quality and cost outcomes.
 - e. We developed a general Value Proposition that is customized for each health care entity, recognizing the specific needs and describing how WIHA’s health promotion programs can address those needs.
 - f. We are meeting with health insurance plans and health care systems to discuss partnering to develop pilot initiatives for health promotion programs.
 - g. We are preparing and submitting proposals to health insurance plans for pilot initiatives for one or more health promotion programs in a selected service region.
 - h. We created a flow chart and narrative description on “How Shared-Benefit Partnerships Could Work,” to accompany in-person discussions with Wisconsin Aging Network partners.

- i. We are meeting individually and in group settings with key staff in county and tribal Aging Units and/or ADRCs and the three AAAs to provide an overview of business development and share the flow chart and narrative description.
- j. We are regularly briefing leadership from the Division of Public Health's BADR.

6. How does business development actually work?

Step 1: WIHA conducts market research and analysis to identify a health care organization (e.g. Medicare Advantage Plan insurer) with health care ratings and quality or cost measures that would benefit from our health promotion programs. WIHA approaches the organization and begins discussions about a health promotion pilot initiative.

Step 2: WIHA then meets with the county/tribal AU/ADRC and determines its interest in providing any contracted workshops as part of the pilot. The AU/ADRC may be interested in providing all, some or none of the contracted workshops. It has first choice, and the right to make its decision whether to participate with each contract.

Step 3: WIHA negotiates a contract with the health care insurer to provide the workshop(s) and any additional services such as centralized recruitment of participants, engagement strategies and special data collection.

Step 4: WIHA enters into an MOU/agreement with the AU/ADRC to conduct the health promotion workshop and share the revenue. The revenue "split" will depend on the split of responsibilities and deliverables, which may be different for each project.

- The MOU notes that other than requiring fulfillment of the stated responsibilities and deliverables and subject to the non-supplanting provision, WIHA places no restrictions on use of the fee by the AU/ADRC.

- WIHA includes a "non-supplanting" clause in the MOU intended to clarify that WIHA payment cannot supplant or reduce other funding in the AU/ADRC budgets.

Step 5: Either WIHA or the health care organization conducts the outreach, recruitment and registration of participants for the workshops.

Step 6: The AU/ADRC performs the agreed responsibilities, such as conducting the workshop(s), collecting standard data and attendance information, entering data into Older Americans Act reporting and sending data to WIHA.

Step 7: After the workshop, WIHA and the health care organization exchange data about the participants and outcomes.

Step 8: The health care entity pays WIHA the agreed-upon contract amount. WIHA pays the Aging Unit/ADRC the amount agreed in the MOU/agreement.

Step 9: WIHA, in collaboration with the AU/ADRC and the health care entity, evaluates the health promotion pilot initiative for successes, improvements and future potential.

7. What are WIHA's responsibilities for business development?

- a. Keep AUs/ADRCs informed of business exploration and development in each respective county.
- b. Conduct market research and provide negotiation, administrative and support services to the business development process, acting as the firewall between the health care organization and the AUs/ADRCs.
- c. Offer the AUs/ADRCs "first choice" to deliver contracted workshops in their counties, so they can determine their capacity and interest each time.
- d. Organize more frequent Leader Trainings, making them more convenient and affordable, for example by advancing payments to AUs/ADRCs to enable participation.
- e. Provide support to Leaders and assist with quality assurance.
- f. Develop MOUs/agreements with the AUs/ADRCs that share revenue, recognizing the staff time, materials, supplies and other costs to the AUs/ADRCs in delivering the workshops.

8. What are WIHA's next steps in business development for health promotion programs?

- a. Continue to meet with Aging Network Partners around the state, with timing based on specific opportunities for [health promotion pilot initiatives](#).
- b. Provide any support needed to Aging Network Partners to educate local county boards, community leaders and other stakeholders regarding [health promotion pilot initiatives](#).
- c. Continue to develop business relationships with health care organizations, always informing and engaging county AUs/ADRCs in potential pilots based on their interest and capacity.
- d. Secure contracts with health care organizations and working with Aging Network Partners to fulfill those contracts – all to provide more health promotion programs to more people in need while creating a new source of funding for long-term sustainability.

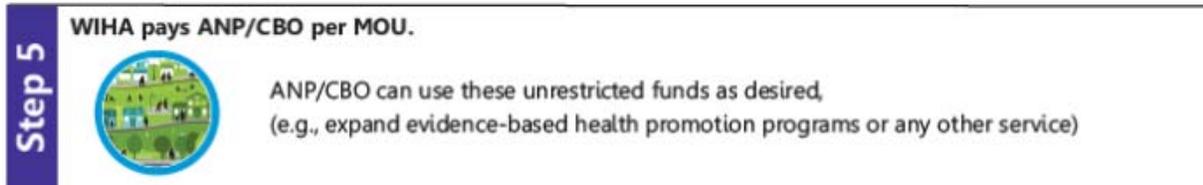
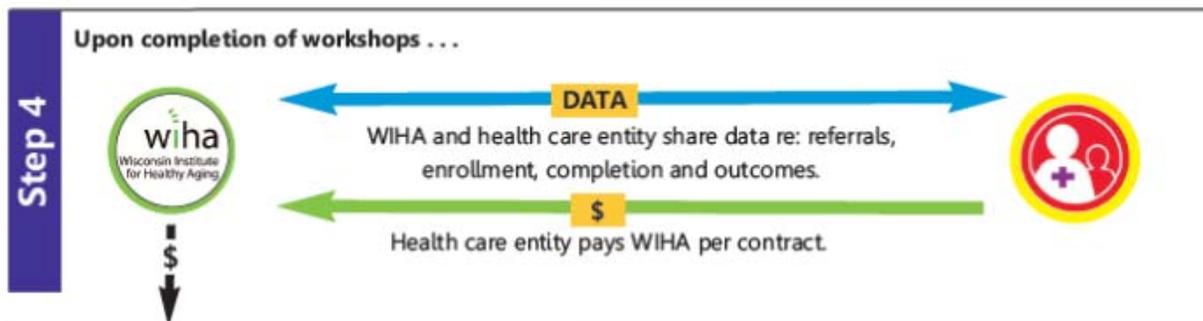
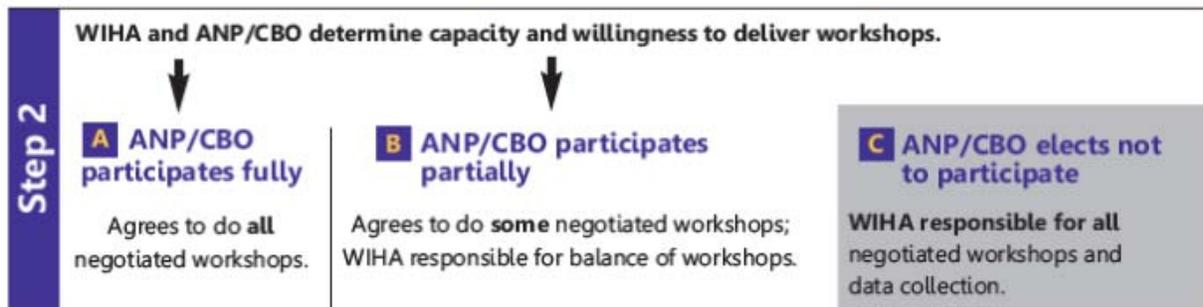
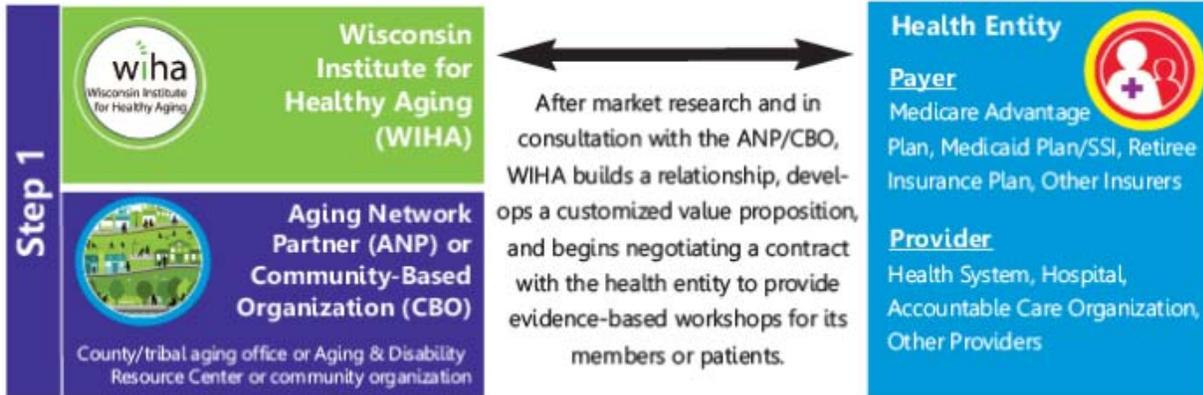
More Questions? Please Contact Us!

WIHA Business Development Director Kristin Jeffries: Kristin.jeffries@wihealthvaging.org 608-243-5694

WIHA Executive Director Betsy Abramson, Betsy.Abramson@wihealthvaging.org 608-243-5691

These FAQs were developed with input from the Wisconsin Health Promotion Business Network, including the Greater Wisconsin Agency on Aging Resources (GWAAR).

How WIHA's Shared-Benefit Business Partnerships Work





Wisconsin's Adult Long Term Care (LTC) System

People with disabilities and older adults often need help with basic daily tasks, like bathing and getting dressed, making meals, and transportation to get to work and medical appointments. Long-term care supports make it possible for people with disabilities and chronic conditions to live in their own homes, work, maintain their health, and be part of the community. Living, working, learning, and socializing in the community are directly correlated to better health, improved quality of life, and lower costs.

Without community-based long-term care supports, many people with disabilities and older adults are isolated and end up in costly institutional care – such as nursing homes –and use more high-cost emergency room care.

Most Long-term Care Services are Privately Funded

Aging and Disability Resource Centers (ADRCs) are the “front door” to Wisconsin’s long-term care system. ADRCs provide reliable and objective information about a broad range of programs and services—including both privately and publicly funded long-term care programs.

For many people, working with the ADRC helps prevent them from reaching a crisis stage where publicly funded long-term care is needed.

While some ADRC consumers may enter publicly funded long-term care, 80% do not. This strong emphasis on prevention means that most Wisconsinites use their own resources to pay for long-term care supports.



“Family Care gives me the freedom to live in the community and peace of mind that my care needs are continually being met,” —Ginger, Family Care



“Having IRIS gives Albert a structure in life...Albert is home and in the community happy and healthy due to family support through IRIS.”—Albert’s Mother Delores , IRIS



“It is good to be independent again...Partnership Program has been a real blessing.” — Robert, Family Care Partnership

“The Family Care program is the cost-effective solution to ensure that Wisconsin’s elderly and residents with severe disabilities receive needed care and quality supports” —2013 DHS Report on Long Term Care Expansion

Wisconsin’s publicly funded Adult Long-term Care System

Wisconsin’s nationally-recognized long-term care system keeps people in their own homes and out of costly institutional settings, which saves taxpayers money.

Family Care, IRIS, Family Care Partnership and PACE are Wisconsin’s publicly funded long-term care programs serving 60,000 low income people with physical or developmental disabilities and older adults. To qualify for these programs, individuals must meet strict financial criteria and require assistance with activities of daily living.

Family Care, a managed long-term care program, and IRIS, a self-directed long-term care program, are currently available in 65 counties. In July 2016 the state announced plans to expand Family Care/IRIS statewide by 2018—this will end waiting lists for long-term care services and reduce Medicaid costs by \$6.5 million in the next state budget. Family Care Partnership and PACE, which provide both long-term care and medical care to enrollees, are available in 14 and two counties, respectively.

Wisconsin’s Adult Long-term Care System is Cost-Effective

- The percentage of the state’s Medicaid budget spent on long-term care dropped from 53% in 2002 to 43% in 2011.
- Family Care/IRIS save Wisconsin taxpayers \$300 million per year compared to the programs they replace.
- Overall Medicaid costs of long-term care recipients increased, on average, by a modest 0.3% per year from 2010 to 2015. Nationally, health care costs increased by an average of 3% per year inflation.

Family Care/IRIS **cost**

15% less than the programs they replace

Medicaid **Nursing**

Home Days

Dropped by 35% as

Family Care/IRIS expanded,

saving taxpayers

millions

Wisconsin’s LTC System is

Ranked 8th

in the Nation

By AARP and the

SCAN Foundation

Wisconsin Long Term Care Coalition supports expansion of Partnership, completing the statewide expansion of Family Care and IRIS, and leveraging the strengths of ADRCs to prevent or delay the need for publicly funded long-term care