



Wisconsin Personal Services Association, Inc.

69 North 28th Street - Suite 28 Superior, WI 54880

September 23, 2015

To: Wisconsin Department of Health Services

From: Wisconsin Personal Services Association (WPSA)

RE Testimony regarding Family Care, IRIS and Long Term Care

The Wisconsin Personal Services Association (WPSA) is a statewide coalition of personal care/supportive home care providers and others interested in community-based long-term care services. Our members include independent living centers, counties, state-certified personal care agencies, private pay home care, private duty nurses, adult family homes, assisted living facilities, managed care organizations, IRIS agencies, insurance companies, consumers, families and guardians, and others committed to our mission. Our mission is “to build a diverse community of providers and partners committed to excellence in community-based personal and supportive services through education, advocacy and collaboration.” WPSA has educated, advocated, and united agencies and individuals in all Wisconsin counties for over 25 years to provide quality personal/supportive home care services to over 10,000 consumers and as many, if not more, direct care workers.

WPSA has many years of experience with Family Care/IRIS and most other long term care programs, including Partnership, Medical Assistance Personal Care, and SSI Managed Care. We thank you for the opportunity to provide input on the future of Family Care and IRIS.

WPSA strongly believes that the following list of priority concerns needs to be addressed as DHS develops the new Family Care and IRIS waiver:

- **Address the Workforce Crisis:** Careful and thoughtful consideration needs to be given to the direct care workforce crisis currently impacting almost all providers of long-term care services. Over 93% of WPSA members surveyed say it is difficult to fill job openings for personal care workers. 50% have had to lay off staff or reduce hours within the last year. Some WPSA businesses have experienced as high as a 67% direct care worker turnover rate. And yet the demand for personal care services is set to increase dramatically. According to the Department of Health Services (DHS), by 2040, 24% of Wisconsin’s population will be over 65 years old. Our new long-term care system must address this crisis in order to ensure that people with disabilities and the elderly can continue receiving services in their own homes and communities.
- **Adequate Provider Rates:** The Medicaid Personal Care Rate (MAPC) rate has only increased by \$0.24 over the past 10 years, and there have been no rate increases since July 1, 2008. Many providers worry that they cannot afford to keep their doors open,

leaving thousands of jobs unfilled and thousands of vulnerable individuals without the assistance they need to remain in their own homes. WPSA is aware of at least five personal care agencies that have closed their doors during 2015 alone due to inadequate rates. This not only results in a loss of Wisconsin jobs but also individuals losing access to trusted providers working in their community. The new long-term care system must provide predictability in rate-setting and ensure that providers are paid a reasonable rate. The MAPC rate needs to be increased, and the state needs to ensure that IHAs do not cut rates in the new system. Current rates must serve as the “floor” of the new system to ensure that Wisconsin long-term care providers can continue providing services through Family Care and IRIS 2.0. In addition, safeguards need to be put in place to guarantee that IHAs pay providers in a timely manner. Claims should be paid within 30 days.

- **Involve Providers in Network Development:** Personal Care Providers must be part of all network development efforts statewide, ensuring consumers’ choice of providers and quality of care. The “any willing provider” provision must be present in our new system.
- **Standardized Documentation Requirements:** Paperwork requirements for providers should be standardized. WPSA is concerned about potential increased costs resulting from additional and inconsistent administrative processes created by the IHAs that will require significant staff time. We are concerned the new system will result in new costs relating to intake/authorizations, billing and other service documentation requirements. There have been few, if any, provider reimbursement rate increases, which makes it difficult to pay employees adequate wages and benefits. Personal Care businesses struggle to stay in business due to rising business costs such as rent, insurance, and utilities that strain our already tight budgets.
- **A Regional System Works Best:** WPSA recommends keeping at least five Family Care regions. Providing services on a regional basis creates a “community-like” atmosphere and ensures that long-term care providers and IHAs are responsive to local needs. It also leads to good relationships and better communication between IHAs, providers and consumers. Our long-term care system works best when it reflects local input and vision.
- **Keep Care Consumer-Focused:** The new system must be centered on the principles of consumer-centered services, consumer choice and quality. There must be education and excellent communication between the consumer and providers. Providers and IHAs are important factors in the success of an integrated long-term care system, but the focus of the system must be the consumer. Wisconsin’s long-term care system must continually ask consumers: “Are you getting the care that you need?” Consumers must be given the

opportunity to appeal care decisions and report grievances, this should include a strong, independent Ombudsman program.

- **Face-to-Face Assessments:** Any assessments for personal care or other services must be conducted face-to-face unless it is an emergency situation. Care planning and design must also be done face-to-face.
- **Set Training Standards:** Comprehensive training requirements must be in place in the new system. There are many excellent training programs in Wisconsin for all persons involved in long-term care, including disability sensitivity training, Alzheimer's and Dementia training, WPSA's Direct Care Competency Modules I and II for all direct care workers, behavioral health training, and many others. Family Care/IRIS and all long-term care programs should have training requirements and robust educational offerings to ensure the long-term care system provides consumers with quality caregivers (paid or unpaid).
- **Keep ADRCs:** Aging and Disability Resource Centers (ADRCs) are the backbone of our long-term care system; their funding, operating model and services should not be modified in any way. ADRCs provide valuable information to consumers on private services as well as Wisconsin's long-term care system. They provide programs and information on Falls Prevention, Alzheimer's/Dementia Training and Assistance, Chronic Disease Management, Prevention of Hospital Admissions and Readmissions, funding and options counseling, information and referral and a wealth of other services.
- **Re-invest Any Profits:** Any profits generated by the IHAs for delivery of long-term care services should be put back into the long-term care system, including the provider network, to increase provider reimbursement rates and address the workforce crisis.
- **Continue Self-Direction:** Provide options in self-directed care for agencies to contract with IHAs to offer consumer choice.
- **Ongoing Stakeholder Involvement:** Create a Stakeholder Committee made up of consumers, providers, advocates and other relevant parties to assist DHS in evaluating the long-term care system. The Stakeholder Committee should have the opportunity to provide ongoing input on the long-term care re-design process, this means keeping stakeholders engaged beyond the waiver development process. Stakeholders must be able to provide input on the performance of the IHAs and any challenges related to the rollout of the new system.

- **Diverse Quality Measures:** Measure quality of Family Care and IRIS 2.0 based upon consumer satisfaction (performed by an outside vendor). Other quality indicators that DHS should monitor are provider satisfaction, if consumers have a choice of providers/diverse provider network, prevention of hospitalizations and readmissions, and efficient/effective services.

Thank you for the opportunity to provide input on the long-term care re-design process. WPSA stands ready to provide additional input and guidance as you develop the Family Care and IRIS 2.0 waiver.

For further information or questions, please contact:

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