DEPARTMENT OF HEALTH & HUMAN SERVICES
DISABILITIES SERVICES DIVISION

Milwaukee County

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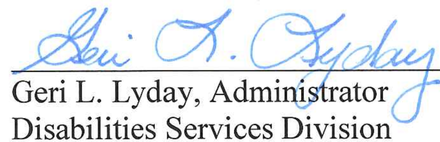
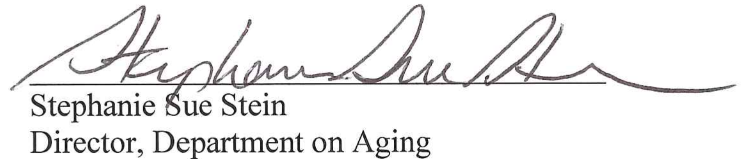
To: County Board Chairman Lee Holloway
From: Geri L Lyday, Administrator, Disabilities Services Division
Stephanie Sue Stein, Director, Department on Aging
Date: January 24, 2012
Subject: Review of DHS "Long Term Care Sustainability" proposed modifications to Family Care program

The Disabilities Services Division and the Department on Aging have reviewed the draft Long Term Care Sustainability proposals from the Wisconsin Department of Health Services (DHS). Our feedback comes from the perspective of our dual roles as operators of the Aging and the Disability Resource Centers and as advocates for people who comprise our target populations, a role required in our Wisconsin Aging and Disability Resource Center (ADRC) contracts.

Our responses are attached and include Attachment 1 from the Disabilities Services Division Disability Resource Center and Attachment 2 from the Department on Aging, Aging Resource Center.



Geri L. Lyday, Administrator
Disabilities Services Division



Stephanie Sue Stein
Director, Department on Aging

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Milwaukee County Disabilities Services Division comments regarding DHS "Long Term Care Sustainability" proposed modifications to Family Care program

The Disabilities Services Division reviewed DHS's draft Long Term Care Sustainability proposals. Our feedback comes from two perspectives. We considered the proposed modifications that directly relate to the role and responsibilities of resource centers. As part of our ADRC State contract-required role to provide advocacy on behalf of people with disabilities and systems advocacy "related to the long term care delivery system," we also offer feedback from that perspective.

Living Well at Home and in the Community

- The DRC does not receive sufficient funds in its State contract to hire the staff necessary to carry out the proposed additional responsibilities such as medication compliance, nursing home diversion (responding within 7 days of admission), falls prevention, chronic disease self-management, short-term community intervention and care transitions. Current staff would be unable to take on these additional responsibilities.
- The lack of safe, accessible and affordable housing is a huge problem in Milwaukee County. It is unrealistic to expect the DRC to "secure affordable housing" for individuals with disabilities who don't need residential care but are struggling to remain at home.
- We question whether automated in-home medication dispensing systems would work for individuals with cognitive disabilities without proper monitoring and assistance with preparation.

Youth in Transition

- DHS references the experience of Dane County in developing community employment opportunities for youth with disabilities after graduation from high school. Milwaukee County's employment environment is significantly different from Dane County's and this would need to be recognized through additional resources to address Milwaukee's challenges.
- The proposed modifications assume a lot about the support network of families if it is preferred that a youth remain with parents or family until he or she has community employment. Such family supports are not always the case in Milwaukee.
- The specific roles of the resource centers and the managed care organizations need to be clearly identified.
- The DRC would need additional resources, like the MIG Grant "Transitioning Services for Youth in the Disability Resource Center of Milwaukee Project" grant which is no-longer available but had provided critical resources for Youth in Transition programming, to have staff to serve as a "transition team" working with DVR,UWM, school districts, employment service agencies, parents and employers.
- MPS is a significant partner in Youth in Transition programming and they are clearly stretched to the limit fiscally. They have already cut collaborative programs such as the special Mobile Urgent Treatment Team (MUTT) for the Wraparound Milwaukee program for children with mental health needs.
- Working with the Children's Long-Term Care system to begin transitional planning and discussion of community employment is a good idea and the DRC has done this in select situations but would require additional staff to accomplish this more completely.

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Employment Supports

- The DRC supports the proposed modifications regarding assuring a continuum of employment supports in all Family Care programs.
- It is unclear who would complete the proposed Infrastructure Grant Funding activities. If these additional responsibilities were to be provided by resource centers then more funds would be needed.
- We support the funding of Work Incentive Specialists and hope that Milwaukee County is considered one of the 10 Family Care districts to be served by the Specialists. We question if 10 will be sufficient for the entire state.

Family Care Benefits

- Shifting from public supports to "natural supports" or families makes a huge assumption that an individual with disabilities has a family able and willing to provide supports, with resources, and not already burned-out from years of care.
- Using "natural supports" may be easier once a resource center is at entitlement and no longer has a wait list and can work with an individual and/or family sooner before families are desperate for service.
- The DRC is concerned about how the MCOs will implement the focus on natural supports. What will be in place to assure that individuals with disabilities and their families are not taken advantage of? Families should not be leveraged or feel "threatened" to provide support beyond their means. A family member should not have to unwillingly quit a job to provide care.
- The DRC is concerned about how these proposed modifications will be implemented and the timeline.
- The DRC strongly supports the proposed crisis intervention and stabilization modifications but notes that law enforcement should be included in the collaborations.

Family Care Administrative and Program Efficiencies

- Case management should be tailored to the needs of the individual who should have role in determining how much case management support he or she would need.
- The DRC agrees having more flexibility in using nurses to focus on those with more medical needs. We do not support not assigning and not evaluating a member's medical needs but support relaxing the inflexible requirement regarding the number of nurse visits.
- The frequency of oversight in facilities that consistently meet licensure standards should not be reduced. Licensure focuses on compliance with facility standards while the interdisciplinary team provides needed quality oversight as it relates to the individual.
- Increased competition by allowing additional MCOs increases the staff resources needed in resource centers because of increased enrollment and dis-enrollment counseling. The DRC knows this first-hand and has never received funding from DHS in recognition of the additional workload.
- The DRC is concerned that the proposed modifications significantly tip the balance in favor of a more cost-driven approach to delivery of services rather than need-driven.

IRIS and Self-Directed Supports

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- The DRC supports the proposed modifications for IRIS for the most part.
- Promoting use of technology to "move away from 24/7 one-to-one staffing" is very concerning for what it is saying for people who really need 24/7 supports.
- We assume that reference to including "an active guardian" in determining the amount of support an individual needs to self-direct does not mean that everyone has to have an appointed guardian.
- A tool to help assess if an individual can self-direct and what they are able to self-direct would be helpful.
- The DRC supports developing a "robust support broker system" since our experience has been that IRIS program staff is not always knowledgeable about local supports and services.

Residential Services

- The DRC is very concerned about the proposed modification which would require that options counseling be provided "to transition IRIS participants from restrictive to integrated settings in the community within 12 months of this change." The DRC would need additional resources to provide options counseling to these additional individuals.
- Acuity should not necessarily drive where an individual lives. Some individuals with significant disabilities can live in an apartment with appropriate supports. The residential setting should not be driven by an individual's physical condition but by their needs and abilities.
- Developing a continuum of more affordable, integrated, accessible and safe housing options in Milwaukee County should be the first sequential step in the proposed modifications related to residential services. Many individuals in Milwaukee are currently living in marginal situations which are unsafe, not accessible, and crowded.
- Independence for young adults graduating from high school should be encouraged and they should not be forced to live with their parents because of cost.

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Milwaukee County Department on Aging comments regarding DHS "Long Term Care Sustainability" proposed modifications to Family Care program

The following analysis is in response to the proposed efficiencies to Family Care concentrating on those that will especially affect Frail Elders.

They fall into three categories/papers:

1. Residential Options: There are lots of issues in this paper.

- The first is making a residential benefit open only to persons who meet some level of acuity.
- The level or meaning of acuity is not defined.
- Persons with Alzheimer's Disease or other dementias often do not have physical acuity. They are often in the most need of residential care.
- What happens to persons who have no family or natural support.
- What happens to persons living in abusive situations.
- The Department spent two years trying to get a uniform payment system for residential care and stopped due to the myriad of issues involved in such an undertaking.
- So who will set and how will they set an upper limit of payment.
- The scope of services will eliminate amenities- what does that mean?
- What happens when people chose to move to Assisted living and then use all of their money - will MCO's move them?
- Where - or will they be directed to move on their own?
- Health and Safety are the two reasons given for approving residential care - Those are very broad categories left to the vagaries of MCO's - why doesn't the screen decide that?
- Who is going to re educate the entire residential care industry and consumers?

2. Benefits

- Who is going to compile and keep up with the cost of all benefits available in service areas.
- Why should cost be discussed with consumers who really have clear need of care - is the onus of cost containment being shifted to the guilt of persons who need long term care services and are poor?
- Persons are to be counseled to use their own resources - What Resources? I don't know any Medicaid beneficiaries with resources.
- Families are not asked to supplement any other Medicaid services - including Nursing Home Care- why only Family care?

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3. Living Well at Home

This whole section assigns responsibilities and duties to ADRC's who ARE NOT funded to carry out these tasks. Such as:

- Deploy staff to Nursing homes and residential settings within 7 days of admission for the purpose of diversion--What staff?
- Deploy staff for short tern community intervention- What staff?
- Carry out coordination with hospitals- with what staff?
- Carry out evidence based prevention- when prevention is no longer funded.
- ADRC's are not constructed to carry out these duties and would need substantial funds to do so.

And finally - the assumption in the **Administrative** section that MCO competition holds down cost is blatantly untrue- when other MCOs entered Milwaukee County their capitation was and remains higher than Milwaukee County's.

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