



July 31, 2023

Curtis J. Cunningham  
Assistant Administrator for Benefits and Service Delivery  
Division of Medicaid Services  
Wisconsin Department of Health Services

Re: Family Care Waiver Renewal Input

Dear Administrator Cunningham:

When managed care organizations (MCOs) first started in Milwaukee County, the goal was to provide person-centered, individualized long-term care that addressed a person's unique needs. Because these organizations have been locally owned and operated, they understand the consumer population and can tailor care and services to what was most needed and used. The waivers should support all opportunities to ensure that services remain person-centered.

#### Caregivers

Feedback from Milwaukee County residents indicates that caregiver availability is one of the biggest concerns when enrolled in a long-term care program. Constant turnover means that consumers are spending valuable time retraining caregivers on the help they need, and this can lead to gaps in coverage. When a long-term caregiver leaves and a back-up caregiver is assigned, it is not uncommon for the back-up caregiver to be no-show. There is also a significant difference in skill level between nursing home care and personal home care and many do not feel that the services offered by personal caregivers are sufficient.

Although waivers cannot address rates paid to caregivers, the caregiver staffing crisis and resulting impact on consumers is the top concern that consumers report and should be addressed by the waivers. With the transition of MCOs from local organizations to national insurance companies, there is concern that it will be even more difficult for MCOs to develop localized solutions and supports to address the caregiver crisis. Quality of care, including caregiver to patient ratios, continues to be a top priority during the waiver process and should be addressed in whatever capacity possible. It is important that the caregiver crisis is not worsened through the development of the waivers.

#### Transportation

Transportation should be an individual service covered offered through the waiver as opposed to bundling transportation and residential care. Transportation is a distinct benefit that should be adequately supported and funded. Participants need a choice in transportation services and an opportunity to ensure that their transportation needs are fully met. Milwaukee County older adults rely on transportation services at higher rates than other communities to access medical services, visit with family and friends, and accomplish routine tasks. Bundling transportation and residential care means that, if their residential care service alters or stops their transportation service, consumers are stuck with limited or no other options for affordable, accessible transportation. Providing transportation as its own benefit allows consumers to shop around for



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a service that best supports their needs and means they can change services if needed without impacting their housing and care.

Transportation helps combat social isolation and loneliness. Many consumers report feeling isolated in their homes, with the only opportunities to leave for appointments and treatment. Transportation helps people leave their homes so they can get out into their communities and connected with the activities that they love.

### Oversight

In the development of the waivers, oversight of care should be prioritized. There should be venues to voice concerns and processes to resolve those concerns. Oftentimes, local Aging and Disability Resource Centers (ADRCs) are the recipients of incoming disputes, problems, and complaints related to long-term care because consumers are connected to one of long-term care programs through the ADRC in the first place. However, once long-term care is established, ADRCs are not involved in managing care. Although ADRCs try to funnel any incoming calls related to long-term issues as best as possible to the Ombudsman Program or member rights specialists within MCOs, it is not an effective method to resolve problems that need immediate attention. ADRCs also cannot tell if feedback that is passed on is ever acted upon or resolved. Consumers can find the process of expressing concerns confusing and misleading. A service that can be improved via the waiver process is a way for consumers to interact directly with their provider about concerns, as well as infrastructure within long-term care organizations to independently mediate disputes.

### Choice

Individuals in need of long-term services and supports (and their families and caregivers) need comprehensive and unbiased information to help them make informed decisions regarding how and from whom they wish to receive their long-term care services. Consumers should be able to choose the care that best supports them. Waivers should encourage true neutrality for model choice and competition. With choices for long-term care already limited, it is critical that consumers feel they are empowered with enough knowledge to know about the options available to them which will fit their lifestyle and needs best so that they can make the choice that best supports them. This should include additional information currently unavailable on the MCO scorecards, as well as information regarding managed care organizations (MCOs) and other providers who have been determined by the Department of Health Services (DHS) or the Centers for Medicare and Medicaid Service (CMS) to be deficient or out-of-compliance in one or more areas of their service provision.

The waivers should also allow for flexibility and choice in providers. Many consumers worry that their preferred provider will not be covered once they are within a long-term organization. Ensuring that organizations work with consumers to understand coverages, service providers, and the management of their care before they sign up for a plan should be prioritized during the waiver renewal.

### Cultural Competency

Long-term care organizations should be equipped to provide care for all consumers and outreach to communities in a culturally competent manner. Because of ethnic and cultural



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barriers, some older adults cannot access needed services and can suffer physically and mentally as a result. Waivers should ensure that long-term care organizations are actively reaching out to potential consumers who may not interact with the traditional healthcare system, have staff who speak different languages, can offer services that are specific to the populations they intend to serve, and can otherwise be flexible to meet the needs of all people. In crafting the waivers, insight should be proactively sought from a diverse cross-section of communities through a variety of methods. Given that some communities do not have access to resources, like stable internet connections, in-person listening sessions, paper surveys, or other non-virtual methods of seeking feedback on the waivers should be included in subsequent sessions. The waivers should also include the requirement that MCO staff and HCBS providers to receive cultural competency training and require providers to deliver services in a culturally appropriate manner (including culturally relevant activities and delivery of culturally appropriate meals.

Thank you for the opportunity to provide input on the next five-year Family Care Waiver renewal. We look forward to continuing to work with you to further improve Wisconsin's Family Care program and long-term care system.

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