



WAITING IN WISCONSIN

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A bulletin about the disability waiting list in Wisconsin written by Gerry Born

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DHFS PROPOSES LONG-TERM CARE REFORM WAIVER

In an attempt to repackage and shore up the possibility that Wisconsin can obtain approval for its request for additional federal Medicaid funding using the Intergovernmental Transfer (IGT) process, the Department of Health and Family Services (DHFS) is working with the federal Medicaid officials to request approval for a demonstration waiver (1115 waiver). This waiver proposes a major reform in long-term care services in Wisconsin. The IGT proposal also changes from one asking for funds from past program years to asking for enhanced funding going forward, prospective, for future years to help make the long-term reform plan a reality. This proposal includes items in the Governor's budget as well as additional activities to radically change the long-term care system in Wisconsin. The core of the proposal is to enhance community care and reduce numbers and funding for institutions. In fact the success of the plan is based on this since it assures the federal government that a reduction in institution spending will pay for the increased community services in conjunction with aggressive expansion of managed care initiatives.

Specific aspects of the proposal include the following:

- Requests \$461 million in additional funds from federal Medicaid for 2003-05;
- As proposed in the Governor's Budget, add 1676 new community waiver slots to address waiting lists, increase rates for CIP II and CIB 1B, expands Family Care to Kenosha and eventually to other counties;
- Reduces the number of institution beds by completing existing phase-down agreements involving 499 beds plus a goal of 600 additional nursing home beds, 650 ICF/MR beds (DD institution beds outside the DD Centers), 155 beds at Northern Center, and provides additional funds for relocating people from 540 beds.

The major thrust of the initiative is to keep the Medicaid program intact during this time of difficult budgets in Wisconsin with essentially no decline in rates, eligibility for Medicaid services, and range of services funded. The big thrust, however, is to use the waiver to reform the long-term care system in Wisconsin, moving it from such an institution dominated system to much more community based.

While there is little debate about the merits of the goals in the plan, advocates and community providers do have some concerns. These include the following:

- What impact does the five year overall Medicaid funding cap have on services over time? What happens if Wisconsin is not meeting this goal in terms of future funding?

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- Specific aspects of the plan need additional clarification such as no involvement of children, maintenance of effort requirements, mental health funding, and the method of estimating costs over the five years;
- The current plan addresses less than 20% of the DD waiting list. How is the rest of the waiting list addressed in future years?
- What structure and process will be used to keep advocates and providers involved as negotiations continue with federal Medicaid officials?
- Is there capacity in the community human service system to provide the needed community care especially if workforce issues are not fully addressed, other related funding is reduced such as Shared Revenues, and the nature of the county service system remains unclear?
- The DD Council and other organizations have submitted detailed questions to DHFS, and most groups would like more details and have their specific questions answered before fully backing this plan.

From the meetings that have been held so far, it is clear community care advocates and community providers are excited about the goals of the plan even with the questions that have been raised. While some may be cautious about the plan until more information on the specifics of the plan is available, most are willing to work with the Department of Health and Family Services, the Governor, and the Legislature to make this plan work. This bulletin will keep its readers updated on the progress of the plan.

JOINT FINANCE COMMITTEE REWORKING THE BUDGET

The Legislature's Joint Finance Committee has begun its review of the Governor's Budget. It is unclear what the outcome of this process will be. There is potential for very good things to come out of the budget and at the same time, it could be a complete disaster. If the long-term care reform plan is adopted with the increased community care funding, Shared Revenues for local communities including counties is not reduced any further, and other cuts are not made in human services and Medicaid funding, many good things will come from the budget including reduced numbers on waiting lists. At the same time, if the \$500 million transfer from the Transportation Fund and the \$200 million transfer from the Patient Compensation Fund are rejected by the Committee and these are made up through budget cuts, there could be significant problems. In this instance counties could have core funds reduced that in many counties are used for human services, Medicaid could have a \$400 million or more shortfall and subsequently be significantly reduced, and other program funding could also be cut. The devastating effect this would have on services for people with disabilities is almost indescribable.

A GREAT RALLY—EFFORTS NEED TO CONTINUE

More than 3,000 people packed the Capitol on April 23, 2003 for a great rally for services for people with disabilities and the staff that assists them. Since the Finance Committee had its meeting room door shut so as not to hear the rally, it is hard to predict its impact on the Committee and all the Legislators. Yet two legislators and the Governor participated formally in the rally. The People Can't Wait coalitions will need to stay in touch with their legislators as the budget process continues to attempt to assure a positive outcome as outlined above.

Each month this bulletin will keep readers updated on the budget, decisions being made, and what advocates can do to assist. Stay tuned.

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