

# AAA Committee Recommendation Report

## Report to the AAA Board

Report prepared by: Cheryl Batterman, AAA Manager  
batterman.cheryl@countyofdane.com 261-9789

Date: 4 May 2015

From:  Access Committee  Legislative/Advocacy Committee  Nutrition/Wellness Committee

The Committee is forwarding the following motions to the AAA Board.

### History/Related Actions

During a discussion at the 4/22/15 Legislative/Advocacy Committee Meeting (re: State Budget Advocacy Efforts), the minutes reflect:

#### Motion 1

*Batterman asked the Committee to review the Wisconsin Long-Term Care Coalition Resolution distributed last month by Olson. The original intent was to obtain support from the Committee to forward to the AAA Board for final approval. Frazier distributed a copy of a letter from July 2010 stating the AAA Board supported Family Care. He believes the Wisconsin Long-Term Care Coalition Resolution is consistent with the AAA Board position.*

*FRAZIER moved, OLSON seconded, to forward the Wisconsin Long-Term Care Coalition Resolution to the AAA Board for endorsement. The motion carried by the following vote:*

Ayes: KAUD, OLSON, THOMPSON, VAN ROOY, WALDER, and FRAZIER  
No: KUSUDA  
Abstain: PIKE and GUNDERMANN

#### Motion 2

*Batterman reported Dane County Supervisor Jenni Dye introduced at the last Board of Supervisors' meeting Resolution-022: Opposing State Changes to Essential Health and Human Services Programs. It was referred to the Executive Committee for consideration.*

*OLSON moved, KUSUDA seconded, to recommend the AAA Board support Resolution 22. The motion carried by the following vote:*

Ayes: KAUD, KUSUDA, OLSON, THOMPSON, VAN ROOY, WALDER, and FRAZIER  
Abstain: GUNDERMANN

### Financial/Budget/Other Resource Implications (if any)

None

### Recommendation

To approve the two motions as forwarded from the Legislative/Advocacy Committee.

### Attachments

AAA Board Letter dated 7/12/10  
Dane County 2015 RES-022  
WI Long-Term Care Coalition Resolution



## Area Agency on Aging of Dane County

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### Board Members

Ashok Bhargava, Chair  
Barbara McKinney, Vice-Chair  
Elaine DeSmidt, Secretary

Patrick Downing  
Bert Doyle  
Denise Duranczyk  
Gerald Jensen

Esther Olson  
Tom Stoebig  
Diane Walder  
Judith Wilson

July 12, 2010

Kathleen Falk  
County Executive  
City County Building, Room 421  
210 Martin Luther King Jr. Blvd.  
Madison, WI 53703

Dear County Executive Falk,

On July 7, 2010, the Area Agency on Aging (AAA) Board voted to support the implementation of Family Care for the Elderly in Dane County. The Board recommends the following action:

- 1.) To immediately begin negotiations with the State Department of Health Services to establish an Aging and Disability Resource Center (ADRC) and implement Family Care in Dane County.
- 2.) To create a county plan that maintains the existing system and funding of the focal point providers and other providers of senior services and ties this existing system to the ADRC to provide comprehensive coverage for all seniors.

While we have heard and understand the concerns regarding insufficient funding and reduced levels of service, we believe that thoughtful and creative planning on the part of the County can produce a fiscally responsible provider system that will not only maintain current levels of service, but will also address increased future needs across the entire county.

Incorporating the existing focal point providers and other aging network providers into the ADRC will afford 30 years of experience to the system. It will provide a local and easy access route for the folks in need of services. Experience has shown that community based care is cost effective and better serves the community as a whole.

There is no reason that Dane County's ADRC must mirror the structure of other counties' Aging and Disability Resource Centers. By continuing the funding of the existing provider network, while incorporating it into the ADRC system, Dane County can become a "model" service provider, establishing a stronger, more comprehensive service network.

The sooner Family Care starts, the sooner the Family Care entitlement begins, which is very important to seniors. The sooner Family Care starts, the sooner the ADRC funding begins. ADRC's are key to older adults regardless of their financial status.

Members of the AAA Board will be happy to meet and discuss this issue with you. Please contact me with possible dates and times.

Sincerely,

Ashok Bhargava  
Chair  
Area Agency on Aging Board

CC: Lynn Green, Department of Human Services Director  
Shelia Stubbs, Chair Health & Human Needs Committee  
County Board of Supervisors

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**2015 RES-022**

**OPPOSING STATE CHANGES TO ESSENTIAL HEALTH AND HUMAN SERVICES PROGRAMS**

Dane County pioneered the concept of self-directed supports in Wisconsin over 20 years ago in its services for people with developmental disabilities, and believes all its citizens who rely on publically funded long term care services should have access to quality services and the ability to make individual choices about those services.

Dane County believes that local control in providing services to people with developmental disabilities, seniors and people with physical disabilities as well as service administration and delivery in Aging and Disability Resource Centers (ADRC's), and preserving local jobs is essential for the citizens of Dane County. Additionally, the Family Support Program has effectively supported children with disabilities and their families.

Dane County has succeeded in providing quality services for people with developmental disabilities that surpass national standards using a system built on local, flexible services and using existing Medicaid waivers (CIP and COP).

Medicaid Personal Services are essential to individuals' health, work and participation in their community as part of their long term care service.

Changes to the Family Care and IRIS programs, the precipitous elimination of the CIP and COP waivers, changes as proposed to the Family Support Program, to Medicaid Personal Care services, and to the current ADRC model in the Governor's proposed budget would have dire consequences for people with developmental disabilities, children with disabilities and their families, people with physical disabilities, and older adults in Dane County.

**NOW, THEREFORE BE IT RESOLVED** that the Dane County Board of Supervisors opposes changes to the Family Care and IRIS programs, the precipitous elimination of the CIP and COP waivers, changes as proposed to the Family Support Program, to Medicaid Personal Care services, and to the current ADRC model contained in the Governor's proposed budget.

**BE IT FINALLY RESOLVED** that copies of this resolution be sent to Governor Scott Walker, members of the Joint Finance Committee of the Wisconsin Legislature, and to the members of the Dane County legislative delegation.



## The Wisconsin Long-Term Care Coalition

# Keep Our Care at Home

### RESOLUTION

Retain Wisconsin's Current Long-Term Care System — Family Care, IRIS, Partnership, and Aging & Disability Resource Centers — and make it available in all counties

WHEREAS Governor Walker's 2015-2017 budget proposal would dismantle Wisconsin's nationally admired long-term care (LTC) system currently serving nearly 55,000 older adults and individuals with disabilities, and substantially reduce legislative oversight of the LTC system;

WHEREAS the governor's budget would eliminate IRIS; radically change Family Care and replace all 8 existing regional, homegrown LTC managed care organizations (MCOs) with statewide for-profit health insurance companies providing both health care and LTC services (using a no-bid process); and give authority to the Department of Health Services (DHS) to eliminate county-run Aging & Disability Resource Centers (ADRCs) by contracting out many of their functions;

WHEREAS this massive upheaval was initiated with no input from people receiving LTC services or their families, aging or disability advocates, local officials, MCOs, ADRCs, provider agencies, the State Long Term Care Advisory Council, or legislators;

WHEREAS the current LTC system was the outgrowth of four years of intensive LTC reform planning involving LTC consumers and families, aging and disability advocates, providers, counties and state officials, resulting in strong bi-partisan support for a LTC-only version of Family Care which now enjoys very high customer satisfaction ratings;

WHEREAS the hoped-for reforms have actually been produced by the current system: reducing nursing home utilization, "bending the curve" on Medicaid spending, reducing the portion of Medicaid spent on LTC, and creating locally-based ADRCs to provide prevention and one-stop information on LTC for all citizens;

WHEREAS the current system of Family Care, IRIS, Partnership, and ADRCs has created huge savings for taxpayers while maintaining quality: reducing the Medicaid portion of the budget from 53% in 2002 to 43% in 2011, reducing the nursing home population by 11,000 people, keeping administrative costs for Family Care down to 4.2%, and limiting MCO surpluses to 2%;



WHEREAS the IRIS program was started in 2008 to provide a non-managed care, free market alternative for people who want to self direct all of their services and this popular, unique and flexible program has grown rapidly to its current enrollment of 11,500 people;

WHEREAS ADRCs have become a nationally recognized model and one of the most important roles of county government to meet a variety of needs and reduce the costs of a growing LTC population;

WHEREAS all of the projected \$14 million in savings in state and federal funds in the 2015-2017 budget are the result of current expansion of the existing LTC system into 7 northeast counties and there are no projected additional savings resulting from the governor's proposed changes in LTC;

**THEREFORE BE IT RESOLVED** by the undersigned organizations that Wisconsin should retain its existing successful and cost-effective models of Family Care, IRIS, Partnership and ADRCs, and the current level of legislative oversight; should make those models available in all counties to eliminate waiting lists, sustain quality, and achieve further savings; and should resume previous joint efforts of all stakeholders to continually pursue new opportunities to improve the LTC system.

The **Wisconsin Long-Term Care Coalition** is made up of aging and disability advocates, managed care organizations, Aging & Disability Resource Centers, county government, and long-term care providers.

March 2015