

**Governor's Budget 2015-2017
ADPAW & GWAAR**

Summary of Proposed Changes Related to Aging (& Disability) Programs

Aging and Disability Resource Centers (ADRCs)

1. Eliminates the current structure that gives counties first right of refusal to operate the ADRC and opens the door for the state to contract with other entities to operate the ADRC (county, non-profit, for-profit, etc.)
2. Allows the state the flexibility to contract with single or multiple entities to operate ADRCs in regions or statewide.
3. Eliminates long-term care districts as eligible ADRC operators (currently ADRC of the Northwoods is the only ADRC in the state organized as a LTC district).
4. Allows the state the flexibility to contract with multiple entities to provide ADRC services.
5. Eliminates ADRC governing boards and regional advisory committees.
6. Allows the state Department of Health Services (DHS) to contract with a resource center or a private entity for some or all of the services—anticipates bidding out the administration of the Family Care functional screen via a statewide contract.
7. Funding remains the same (no increase or decrease).

Family Care/IRIS

1. Expands Family Care statewide by January 1, 2017.
2. Allows DHS the ability to choose whether managed care organizations (MCOs) include both acute and primary care along with the current long-term care. This integrated model of acute and chronic care combined with long-term care—similar to the Partnership model—could result in a “medical” model of care and loss of individuals’ choice of health care providers.
3. Eliminates the IRIS (“Include, Respect, I Self-Direct”) program as an alternative to the Family Care program for those who wish to fully self-direct their long-term services and supports, but provides all enrollees a “self-directed services option” in Family Care within guidelines established by the department.
4. Eliminates long-term care districts as eligible MCO entities (currently 4 MCOs are LTC districts).
5. Moves some of the administrative functions and oversight of Family Care and MCOs from DHS to the Office of the Commissioner of Insurance (OCI). Regulates CMOs as insurance entities under OCI.
6. The state is not required to solicit proposals for CMO contracts under a competitive sealed proposal process.

SeniorCare

1. Requires adults aged 65 and older needing prescription drug coverage to apply for, and if qualified, enroll in a Medicare Part D plan versus just automatically enrolling in SeniorCare (Wisconsin’s prescription drug program). Uses SeniorCare as a wrap-around program only.
2. Reduces state funding by over \$15 million in the biennium.

Long-Term Care Ombudsman Program

Recommends providing expenditure and position authority for a lead ombudsman specialist and two ombudsman specialists to provide services and assistance to residents of long-term care facilities and consumers of home and community-based services.

Dementia Care Specialists

Recommends providing funding to support the costs of dementia care specialists in selected aging and disability resource centers across the state. (FY 17 allocation.)

State Office Reorganization

Recommends merging the Division of Health Care Access and Accountability and the Division of Long-Term Care into a new Division of Medicaid Services. The Bureau of Aging and Disability Resources (BADR) resides in the Division of Long-Term Care. BADR administers Wisconsin county aging units. Moving aging services and ADRCs under a “Division of Medicaid Services” is contrary to Older Americans Act criteria that is based solely on age (age 60+) and ADRCs, which predominately (75%) serve individuals NOT financially eligible for Medicaid Services.

MA Personal Care Services

Requires an *independent* assessment for all prescribed fee-for-service personal care to ensure “the right amount of care is provided at the right time and in the right settings” and to reduce fraud and abuse in the Medicaid program. The budget reflects a \$19 million savings. Advocates feel this could result in a reduction of authorized hours of service and consumers needing to get by with less care.

Medicaid Reform and Savings Initiatives

- **Funeral and Cemetery Aid Program**

Reforms the Funeral and Cemetery Aid program by requiring individuals with life insurance policies to be included in Estate Recovery and reducing reimbursements for decedents who own life insurance policies with a face value of over \$3,000.

- **Countable Assets**

When determining or redetermining an individual’s financial eligibility for an MA long-term care program, or any other MA program that counts assets for determining or redetermining financial eligibility, DHS must include as a countable asset a promissory note for which the individual or his or her spouse provided the goods, money loaned, or services rendered, that is entered into or purchased on or after the effective date of the 2015-17 budget act, that is negotiable, assignable, and enforceable, and that does not contain any terms making the note unmarketable.

Medicaid for Childless Adults

1. Seeks a waiver from the federal government to impose monthly premiums, as well as premiums for “risky” behaviors for childless adults enrolled in Medicaid.
2. Requires childless adults to have a health risk assessment and to be screened for drug use to receive benefits.
3. Calls for limiting enrollment to no longer than 48 months.

MA Pilots – Brown, Polk, and Racine Counties

Makes additional changes to the MA program, including:

1. Requiring DHS to increase the MA reimbursement rate in Brown, Polk, and Racine Counties to providers of pediatric dental care and adult emergency dental services, if DHS receives any necessary federal approval for the increased rate.
2. Allocating moneys for the fiscal biennium for DHS to make supplemental payments to certain hospitals that have a disproportionate share of low-income patients and setting specifications for those payments.

3. Directing that the state share of payments for health care services provided in a school to children who are eligible for MA in excess of a certain amount be deposited in the MA trust fund and expended for reducing waiting lists for children's long-term care services and other children's services.

Elderly and Disabled Transportation Aids – s.85.21

1. Increases funding by \$438,000 (1%) for elderly and disabled aids to local governments and nonprofit organizations.
2. Renames the program "Seniors and Individuals with Disabilities Specialized Transportation Aids."

Transit Funding

Funds Mass Transit Operating Aids at current levels.

Pharmacy and Non-Emergency Medical Transportation Benefit Reforms

Recommends adjusting funding to reflect moving pharmacy and transportation benefits into provider contracts. The budget proposal seeks elimination of the current non-emergency medical transportation (NEMT) brokerage system and places responsibility for transportation (and pharmacy needs) with providers (physicians?, clinics?, CMOs?, other?). The budget proposal indicates a \$692,800 savings in 2016 and \$1.5 million in savings in 2017.

