

## Wisconsin Public Television Questions: We plan to cover these areas with you:

### ***What are the benefits of the current set-up with SeniorCare as a primary drug program for those who qualify and Medicare Part D as a back up?***

Senior Care Benefits: Senior care started in 2002 as an affordable, comprehensive prescription drug program for older adults 65+ who were low income. This program was created through strong grass roots advocacy, older adult input and bi-partisan support in the Wisconsin Legislature. It has been admired by many other states for many years.

- There are 85,000 Senior Care enrollees in Wisconsin
- There is no monthly premium and only a \$30 annual enrollment fee
- The level of coverage an individual has is based on their countable income in 4 different categories.
- Individuals qualify based on their countable income, not assets, and pay deductibles and co-payments. Once those are met-prescription are \$5 generic and \$15 brand name
- Everyone on Senior care benefit from:
  - One annual fee
  - No premium
  - A Senior Care discounted rate for medications
  - Easy annual enrollment that can occur at any month throughout the year
  - Widely accepted in almost all Wisconsin pharmacies
  - Consistent coverage
  - Consider credible coverage to avoid penalties imposed by not signing up in a Medicare Part D Plan

Challenge to require individuals to use Medicare Part D as primary and not back up:

- Much more complex application process
  - Must evaluate your needs and costs every year –in 2015 there are 28 standalone plans to review with different costs and coverage.
  - Can only enroll during a once a year open enrollment period 10/15-12/7
  - There is a monthly premium that ranges from \$15.70 for very low income individuals to \$130/month

- Extra help with these premium costs have income and asset limits
- Medications are restricted to a pharmacy network within the plan and can change if the plan or pharmacy decide to terminate their contract
- There are still coverage gaps

Wisconsin benefits because:

- Wisconsin's is able to pay for 60% of our Senior Care Program through Federal matching dollars and around 52.9 million in prescription drug rebates to our state. Only about 18.6% of costs come from General Purpose Revenue. Any savings from the state funds would also result in a loss of the matching dollars and rebate revenues.
- In 2011 a similar proposal faced the legislature and was voted down 15-1

***-What are estimated cost differences for those who need to change.***

The average monthly premium cost is around \$61/month for a Part D plan increasing out-of pocket costs by an average of \$731 per year for an individual.

***-What is your advice to Seniors who may be facing these changes? What should they do?***

***What will be the impact of eliminating governance boards from agencies like yours?***

- ADRC's are a one stop shop for people to come to get unbiased, neutral information around long term care programs and services-all of these programs have many complex criteria for eligibility and often require individuals to navigate very challenging doorways. Our neutrality is very critical for us to being a trusted source of information-we don't have a financial interest in the choices people make. Our services are delivered at no cost and intended to help people plan for their care so they can remain in the community and at home as long as possible.

- That trust is really important to us-Resource Centers connect people to resources and assist with benefit advocacy to delay the need for more expensive nursing home care-if people get their information from best marketing campaign they often spend more than they need to and find themselves buying services or making moves that are unnecessary.
- The state of Wisconsin has done several external quality reviews including a survey of the people we have served. The results have been what we have hoped-people come to us confused and frustrated by the multiple stops they have made before coming to us-They most appreciate having one place to start, being listened to, and having the information on programs and benefits that meet their individual needs. They are often surprised the power of good, accurate and unbiased information and how it helps them decide for themselves what is best.
- What has been important and unique about ADRC Governing Boards is that they have been required by statute to be comprised of members who represent the populations we serve: Persons with Intellectual Disabilities, Persons with physical disabilities and persons who are 60+. Our Board are also clearly prohibits anyone from serving who may have any financial interest or conflict of interest in programs and services that the ADRC determines eligibility for or profit driven organizations that might benefit from referrals from us.
- The concerns raised by advocates around the elimination of our governing board and the potential privatization of ADRC's is the loss of transparency and the loss of neutrality created by our board and structure-our core values and central responsibility.
- The ADRC board structure was a purposeful design-allows the individuals we serve to not just have a voice but decision making authority around our programs and services.
- Some of our boards responsibilities, according to statute are:
  - Determine structure, policy, procedures of our agencies

- Gather information about the adequacy of the long term care service system and identify gaps-assure we have opportunities for the public to come and speak about their concerns, the gaps and the services they value,
- Recommend strategies for building capacity and resources for serving our consumers
- Review the number and types of grievances and appeals around long term care
- Review and support interagency cooperative agreement and assure that access to needed public ltc programs works well for people.

These are responsibilities that are not taken lightly and represent the core principles of a resource center. Should ADRC's boards be removed and our services privatized or splintered, there is concern that we may be taking a step backward after fighting for so many years to have a more coordinated and streamlined system we have today.

- GOVERNING BOARD. REPEALS
- 46.283(6)(a)(a)
- 1. A resource center shall have a governing board that reflects the ethnic and economic diversity of the geographic area served by the resource center.
- 2. At least one-fourth of the members of the governing board shall be individuals who belong to a client group served by the resource center or their family members, guardians, or other advocates. The proportion of these board members who belong to each client group, or their family members, guardians, or advocates, shall be the same, respectively, as the proportion of individuals in this state who receive services under s. 46.2805 to 46.2895 and belong to each client group.
- 3. An individual who has a financial interest in, or serves on the governing board of, a care management organization or an organization that administers a program described under s. 46.2805 (1) (a) or (b) or a managed care program under s. 49.45 for individuals who are eligible to receive supplemental security income under 42 USC 1381 to 1383c, which serves any geographic area also served by a resource center, and the individual's family members, may not serve as members of the governing board of the resource center.
- (b) The governing board of a resource center shall do all of the following:
- 1. Determine the structure, policies, and procedures of, and oversee the operations of, the resource center. The operations of a resource center that is operated by a county are subject to the county's ordinances and budget.
- 2. Annually gather information from consumers and providers of long-term care services and other interested persons concerning the adequacy of long-term care services offered in the area served by the resource center. The board shall provide well-advertised opportunities for

persons to participate in the board's information gathering activities conducted under this subdivision.

- 3. Identify any gaps in services, living arrangements, and community resources needed by individuals belonging to the client groups served by the resource center, especially those with long-term care needs.
- 4. Report findings made under subds. 2. and 3. to the applicable regional long-term care advisory committee.
- 5. Recommend strategies for building local capacity to serve older persons and persons with physical or developmental disabilities, as appropriate, to local elected officials, the regional long-term care advisory committee, or the department.
- 6. Identify potential new sources of community resources and funding for needed services for individuals belonging to the client groups served by the resource center.
- 7. Appoint members to the regional long-term care advisory committee, as provided under s. 46.2825 (1).
- 8. Annually review interagency agreements between the resource center and care management organizations that provide services in the area served by the resource center and make recommendations, as appropriate, on the interaction between the resource center and the care management organizations to assure coordination between or among them and to assure access to and timeliness in provision of services by the resource center and the care management organizations.
- 9. Review the number and types of grievances and appeals concerning the long-term care system in the area served by the resource center, to determine if a need exists for system changes, and recommend system or other changes if appropriate.
- 10. If directed to do so by the county board, assume the duties of the county long-term community support planning committee as specified under s. 46.27 (4) for a county served by the resource center.



## Important Issues, cont.

### Aging & Disability Resource Centers (ADRCs)

#### PROPOSAL

Note: Budget proposal refers to ADRCs as "resource centers" throughout the document.

- Eliminate requirement for resource centers (ADRCs) to have governing boards
- Eliminate first right of refusal for counties to operate a resource center
- Allow Department of Health Services (DHS) to contract with a private entity for all or some of the services of resource centers. Would no longer be required to provide all services.
- Allow for these private entities to provide "services statewide or from within the entire geographic area prescribed by the department."

#### IMPACT

ADRCs -(resource centers) are a Wisconsin idea and proven success that is being replicated throughout the United States to meet the needs and reduce the expenses of the growing -aging baby boomer population.

As a non-biased, one-stop shop Resource Centers have made an impact in reaching seniors, adults with disabilities and their caregivers sooner - helping them to conserve

their personal resources to remain in their homes and delay or optimally prevent the need for expensive long-term care.

Resource centers provide efficient and cost effective service delivery, helping consumers maximize family and community support, encouraging donations, and extensively using volunteers to reduce program expense and taxpayer burden.

Resource centers are governed by the people they serve. Local governing boards provide a voice for consumers to shape services to meet the unique needs of their community.

Resource Centers reduce medical costs. They give people purpose, helping them to lead productive, independent lives.



Edith Barth had fallen many times and was using a cane and worried she would be a captive of a wheelchair and unable to remain in her home in the near future. Edith's life changed after participating in the Resource Center's **Stepping On** program. Evidenced based and facilitated by volunteers this 6 week class made Edith stronger and eliminated her need for the cane. She's now volunteering as a facilitator.

### Advocacy Group Resources:

Wisconsin Aging Advocacy Network (WAAN) [gwaar.com](http://gwaar.com)- [Senior Care Press Release](#) and [Memo to Legislators](#)  
[www.aarp.org/states/wi.html](http://www.aarp.org/states/wi.html): [AARP Article about the Governor's Budget Proposal](#)  
[www.survivalcoalitionwi.org](http://www.survivalcoalitionwi.org): [Survival Coalition of Wisconsin Disability Organizations Press Release](#)  
[www.disabilityrightswi.org](http://www.disabilityrightswi.org): [Disability Rights Wisconsin Press Release](#)

# Advocacy Needed - February 2015



The Governor's 2015-2017 Budget proposal includes a number of changes that will effect services to seniors and persons with disabilities. This paper is designed to outline the issues and their impact.

## Family Care - IRIS

### **PROPOSAL:**

The proposal includes:

- Elimination of the IRIS program
- Redesign of Family Care; moving program oversight from the Department of Health Services to the Office of the Commissioner of Insurance.
- Eliminate the Long Term Care Advisory Council
- Eliminate Regional Districts, instead contract with companies that will operate state-wide.
- Eliminate sealed competitive bid requirement.
- Reduce funding for personal care supports .

### **IMPACT:**

Family Care and IRIS (Include, Respect, I Self-Direct) are programs that have saved money by allowing older adults and persons with disabilities to receive needed services to remain living in their homes and communities and out of expensive long-term care facilities.

The IRIS program has allowed persons to manage their own budgets and services, including the ability to select who provides them with very intimate care such as bathing and dressing.

Persons in these programs rely on personal care supports to function daily. Reducing personal care funding will increase isolation and decrease the ability to work, and live a productive life. Family Care and IRIS are programs that have

emphasized person-centered, community based supports, giving individuals dignity, choice and the ability to live, work, and be part of the community. People prefer working with persons in their community, who know their community.

Changing oversight from a social model (Department of Health Services) to a business model (Office of the Commissioner of Insurance and eliminating the Long Term Care Advisory Council will reduce consumer and local input to the program and increase cost as contracts are awarded without competitive bid and switched from non-profit to for-profit entities.

## Senior Care

### **PROPOSAL:**

Reintroduces a plan rejected by the legislature in 2011 that would require participants in Senior Care to enroll in a federal Medicare Part D. The proposal would to cut the program by \$15 million over the next two years.

### **IMPACT:**

Senior Care provides very low income senior citizens with affordable prescription drug coverage. It requires only a \$30 annual fee and a \$5 or \$15 co-payment for each prescription with most drugs covered under the Medicaid formula.

Seniors who are already struggling financially would be required to do extensive research to find a Medicare Part D plan and pay on average \$702 per year in premiums plus out-of-pocket expenses.

State Budget would lose \$15 million in matching federal funds in addition to 100% of the program income.

**From:**  
**Sent:** Monday, February 23, 2015 10:42 AM  
**To:**  
**Subject:** FW: The Governor's proposed state budget and seniors

FYI

**Sent:** Friday, February 13, 2015 9:59 AM  
**To:** DL AGING Aging\_All  
**Subject:** The Governor's proposed state budget and seniors

Good morning,

I am sure you are hearing a great deal about the proposed state budget. I am writing to let you know of the provisions affecting seniors and persons with .

SENIOR CARE-The WI prescription drug program.

- All seniors will be forced to sign up for part D and then the state may supplement cost in some undefined way.
- Will cost seniors millions and lose millions of dollars in federal money and Drug Company rebates.
- 85,000 persons are enrolled.
- Please visit the Save Our Senior Care Facebook Page and spread the word.

FAMILY CARE, IRIS and ADRC's  
The Governor's budget would:

- Dissolve Family Care districts.
- Include Acute and Primary care in the benefit(Medicare and Medicaid).
- Contract only with entities that can operate state wide.
- Award contracts with no bids-F.C. is over a 3 Billion Dollar program.
- Abolish IRIS.
- Allow the state to contract with anyone for any and all functions of ADRC's.
- Abolish ADRC governing boards and long term care councils.
- Where COP CIP waivers still exist abolish them.
- Move the whole state into this new program by 2017.
- It is clear that the state intends to contract with for profit insurance companies. The State Department of Health Services will no longer have any oversight of Family Care.
- All oversight will be by the Commissioner of Insurance.
- In other words, there will really be a mandatory program where seniors will no longer be able to chose their doctors or other providers.

All of this was a shock and is being opposed by all Aging and Disability groups. I will keep you up to date on developments and actions. Remember:

- All citizens have a right to contact their state Senator and Representative as often as they like. Persons who are paid should do this on their own time.
- Seniors because they are volunteers can contact whomever they chose as often as they chose.
- All action alerts sent out by the department and our state partners can be shared with the public.

Thank you for your support and care for the seniors of Milwaukee County.  
Stephanie

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