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Informational Hearing
Committee on Aging and Long Term Care
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Milwaukee County Department on Aging is one of the original Family Care pilots
And the only Family Care CMO still operated as a part of County Government.

From 2000 when we began through today we have served 14,402 people aged 60
and over in Milwaukee County and today's census is 7,053.

On November 1st we celebrated the final promise of Family Care when we enrolled
our first members who are persons aged 18-59 in our Family Care- Care Management
Organization.

The Aging Resource Center of Milwaukee County serves over 4,000 persons a month
and our Disability Resource Center, which has just begun to operate, is enrolling almost
200 people a month in long term care programs.

We all remember the independent APS report to the legislature which proved that in the
five original Family Care pilot counties, member outcomes were better, member
satisfaction was better, and cost effectiveness was substantially better in Family Care
when contrasted with the past structures of LTC- The Medicaid waivers, Nursing Home
care- and care services such as personal care.

But I measure success by three other indicators.

The November evening in 2001 when the Resource Center director came to get me and
took me to witness row upon row of empty file cabinets that had contained 2,500 files of
persons on our waiting list. No one has ever waited since.

Being honored at a Thanksgiving celebration hosted by the Indian Council for the
Elderly.

It was stated that the elders no longer lived in fear of having to leave their homes for care
because we had brought Family Care to Milwaukee County.

And finally knowing personally two of my mothers best friends who having outlived savings and needing help are enrolled in Family Care and receiving the care they need to have the lives they chose- one in her own apartment and one in a skilled care facility.

The Legislature and the Governors who created and expanded Family Care should be proud of this great feat.

And the County Executive and the Board of Supervisors of Milwaukee County deserve great praise for helping us weather a very difficult fiscal situation – which we resolved – and now we flourish.

But I would like to offer some cautions and recommend continued legislative oversight and concern.

1. In the expansion of Family Care the tested County models were abandoned and regional entities took over Care Management operations.

As you have just heard there is concern about the fiscal viability of some of these operations

Please note that if they fail the County Human service LTC delivery system is gone. There is no public fall back.

A dilemma is now apparent- how far must the state go to ensure these entities do not fail-or discontinue contracts, and what is the plan to continue service if they do. I would suggest that you should know those answers.

2. Family Care needs to be viewed as a system, which helps people-one at a time -meet their personal desired outcomes. If it becomes viewed as a managed care business it will begin to act as an insurance- not a social service program.
3. Changes to the Medicaid fee for service system or nursing home reimbursement has consequences for family care operations- and often those changes are dismissed by the State as not affecting rates- even though they do. This situation could be mitigated by placing all long-term care programs and funding streams in one budget- as other states have done.

Finally some systems issues have become apparent as we move into our 10th year of operation

Older people who have worked raised families and saved for their needs- and the needs of their families are appalled and demeaned by the 2,000-asset limit imposed by Medicaid.

Other states have recognized that raising that limit helps people remain independent. They can afford to pay their property taxes, for home repair and rent increases etc. I would suggest that Wisconsin raise the Medicaid asset limit to 10,000, as did Massachusetts.

There needs to be statewide provider education and understanding about what Family Care can and cannot do. Our providers- have built businesses – some of them based on private pay assumptions, which are not going to work in public programs. Family Care affords all of us the opportunity to work together to design innovative new ways of serving our citizens.

Finally the state should be committed to keeping people out of the Medicaid system as long as possible. This means adequately funding resource centers so that options counseling and real options like a family care case manager are available to help determine ways to get help and remain solvent. That is the promise of the original Family Care model- but it was not included in the pilots.

Helping people help themselves as long as possible will delay or prevent the need for a full-blown public expenditure.

I am proud of this state and Milwaukee County for embarking on real long-term care reform. If we work together with all levels of government we can craft ways to better fund and operate this program so the hope of Family Care will provide comfort to the citizens of this state now and in the future.