



REHABILITATION FOR WISCONSIN, INC.
1302 Mendota Street, Suite 200, Madison, WI 53714-1024
Phone: 608/244-5310, Fax: 608/244-9097 www.rfw.org

Background:

Rehabilitation for Wisconsin (RFW) is a state-wide, nonprofit membership organization that addresses the employment, residential, and community support needs of people with disabilities and economic disadvantages. RFW provides services for more than 65,000 disabled citizens through the efforts of our 53 member organizations that employ over nearly 8,000 caregivers throughout Wisconsin.

Wisconsin has a proud history of providing services and training to people with disabilities. Providing those in need with the skills to integrate into society has been a successful partnership of the state and federal governments, service providers, businesses, local communities and the families of disabled citizens.

Wisconsin's 66 Work Centers are a great success story

- Over 65,000 disabled persons are served by work centers in various programs
- Work centers are located in every area of the state, meeting a real demand for products and services, as valued partners of businesses and industry.
- The State Use Program, which allows for work centers to compete to provide products and services to state agencies, is a model in the US and has grown to providing over \$14 million in annual product and service delivery.
- Workers with disabilities are productive employees because the prevocational programs also provide social interaction and opportunities to learn job skills.
- The economic development these centers provide is real.

Support for the Goals of Family Care

RFW supports the goals of Family Care, which is one of the most promising, innovative long term care programs in the United States. The elimination of waiting lists and the creation of an entitlement to community-based services are very ambitious goals that advocates and providers alike can support. As Family Care expands statewide, some RFW member organizations have experienced new opportunities to provide services and supports to people with disabilities and the aging. It is especially important to note that RFW believes that Family Care has been instrumental in offering integrated employment opportunities to people with disabilities who weren't able to move into community jobs in some counties around the state, in the past.

The additional comments in our testimony are intended to help improve the Family Care program so that it lives up to its promise.

Is There a Better Way to Assess Needs?

In a recent project funded by a federal systems change grant, the state of Minnesota contracted with HCBS Strategies to redesign the Department of Human Services' assessment system for qualifying people with disabilities and aging adults for Medicaid funded services. The new system, which Thomas Cook, RFW's Executive Director helped develop as the lead assessment professional on the project before he came to RFW, starts with a person-centered planning interview, which can help target funding towards what's most important to individuals needing supports and services, and includes in-depth questions designed to produce valid and reliable information. By contrast, one of the problems identified by the Disability Rights Wisconsin Family Care Ombudsmen program regarding eligibility for services has to do with the validity and reliability of the Functional Screen, which can produce very different results depending on the skill of the person administering the instrument. Improvements should be made in the assessment process to make sure that it addresses the service priorities for people with disabilities.

Lack of Stakeholder Input – Example: the Prevocational Services Issue

Recently, RFW has been advocating for changes in the prevocational services definition in the Family Care waiver. Although the Department claims otherwise, it was written behind closed doors and not shared with stakeholders until it was leaked in late August / early September by Managed Care Organizations (MCOs) who were doing what they thought they should be doing in helping prepare service providers for the change. When this information was forwarded to RFW by the community rehabilitation programs that would be affected by the change, we asked the Department about it and on September 25, we were told that the Department was not ready to make the change public, but reluctantly provided us with some information about it based on our request. This was after the new definition had already been submitted to the Centers for Medicare and Medicaid Services as a part of the Department's Family Care waiver renewal application.

RFW feels there is a need for greater openness and transparency in decision making in the Family Care program. The Department should be gathering stakeholder input before changes are enacted, not as an afterthought or in response to an outcry from stakeholders. RFW and its members have made suggestions for changes that we believe will improve the prevocational services definition, without sacrificing our mutual goal of integrated employment. Had we been asked for input when the definition was written, it would have saved everyone a lot of grief.

Another example of failure to get stakeholder input that would have been helpful to the Department concerns the residential rate methodology that the Department began working on with the MCOs last Spring, without seeking input from residential providers on the design of it. When they discovered this was happening, there was a great deal of concern expressed to the Department. Again, when stakeholders are included from the beginning, there is a much better chance of buy-in and acceptance of changes that need to be made.

Sustainability – Let’s Address the True Cost of Services

Over the past year, RFW has heard representatives of several Managed Care Organizations (MCOs) express concern about their financial viability, given the capitations (“Per Member Per Month” payments) they felt were inadequate for people already enrolled in Family Care and the funds they were given to cover their costs during expansion phases. Financial reports from the Department validated these concerns, by showing that the Family Care organizations had almost \$12 million in losses in 2008. The Department’s solution was to require the MCOs to submit business plans for becoming more cost effective and to encourage them to bring “care under management”. These are steps that can result in common sense changes to reduce costs. But, at some point, there is a bottom line that will be reached, below which we should not go, as it will result in reducing needed services to the most vulnerable populations. Service providers fear that instead of adjusting the capitation rate to cover the true cost of services, their rates will be cut, instead, and that service quality will suffer as a result.

Let’s Not Forget the Values of Community Support

Wisconsin is unlikely to be in a position to provide all things to all people, in the future, with competing demands for state funding. Therefore, as Family Care continues to expand, RFW believes that principles must be established for the core services and supports that will continue to be made available to the people with disabilities in most need of them over the long haul – especially over the next 10 – 20 years. This is the period during which the baby boomers will begin to need services, which will put even more demands on the long term care workforce available to meet the service needs of the disability community.

RFW is extremely concerned about what we heard from the Arc of Columbia County during our October 29 meeting in Portage with them, the Arc-Wisconsin Disability Association, Inc., and Northwoods, Inc. According to the report given by the Arc of Columbia County, Care Wisconsin, one of the Managed Care Organizations, told the Arc it would have to make a 50% cut in the funding for their CBRF program. That is going to mean there will be fewer direct support workers to provide services, not just lower administrative costs. Care Wisconsin also suggested that the Arc increase the size of their group homes above the previous 8-bed limit that had been established for CBRFs serving people with developmental disabilities. This sounds like a recipe for creating mini-institutions in the community.

We agree with Arc Wisconsin’s Executive Director, Jim Hoegemeier, who says that a “lack of adequate funding impacts every Family Care player --the managed care organizations, the providers and, **most importantly**, the Family Care members.” Carefully planning must be done to ensure that this program receives the funding it needs to meet its promises.