

2 **RESOLUTION: Oppose Governor Walker’s 2015-2017 Budget Proposal to Dismantle**
3 **Wisconsin’s Current Long-Term Care System, Aging and Disability**
4 **Resource Center (ADRC), Family Care Program, and IRIS Program, and**
5 **Resume Previous Joint Efforts of all Stakeholders to Continually Pursue**
6 **New Opportunities to Improve the Long-Term Care System**

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8 **TO THE WINNEBAGO COUNTY BOARD OF SUPERVISORS:**

9 **WHEREAS**, Governor Walker’s 2015-2017 Budget proposal would dismantle Wisconsin’s nationally-admired
10 Long-Term Care (LTC) system currently serving nearly 55,000 older adults and individuals with disabilities, and
11 substantially reduce legislative oversight of the LTC system; and

12 **WHEREAS**, the Governor’s Budget proposal would eliminate IRIS; radically change Family Care and replace
13 all eight (8) existing regional, homegrown LTC Managed Care Organizations (MCOs) with statewide for-profit health
14 insurance companies providing both health care and LTC services using a no-bid process; and give authority to the
15 Department of Health Services (DHS) to eliminate county-run Aging and Disability Resource Centers (ADRCs) by
16 contracting out all or many of their functions; and

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

20 **WHEREAS**, the current LTC system was the outgrowth of four (4) years of intensive LTC reform planning
21 involving LTC consumers and families, aging and disability advocates, providers, and county and state officials,
22 resulting in strong bi-partisan support for an LTC-only version of Family Care, which now enjoys very high customer
23 satisfaction ratings; and

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

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

31 **WHEREAS**, the IRIS Program, which began in 2008, provides a non-managed care, free-market alternative
32 for people who want to self-direct all of their services and this popular unique and flexible program has grown rapidly
33 to its current enrollment of 11,500 individuals; and

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

36 **WHEREAS**, the SeniorCare Program continues to be extremely successful at meeting the needs of very low-
37 income older adults in Wisconsin. The proposed changes would significantly increase the out-of-pocket costs for
38 very low-income seniors. The average cost for a Part D plan in Wisconsin is \$61/month, and requiring SeniorCare
39 enrollees to first purchase Part D insurance would increase their total out-of-pocket costs by an average of
40 \$732/year; and

