

Upcoming Changes in Dane County DD System

Brief overview (Feb. 2017)

Dane DD System now - Demographics

- 1439 adults served; 97% use SDS (self-directed services)
- 91 support brokers and 6 county case managers
- 64% live outside of parents' home (56% in own home, 5% in 1-2 person adult family homes, 3% in 3-4 person adult family homes, less than 1% in group homes)
- 68% receive supported employment; 3% have micro-enterprises; 14% spend the day in sheltered workshop or day activity center

Major Strengths of the current Dane DD system

- Administered by a county government with elected officials, positive values, and strong track record
- Strong commitment to helping people make community connections
- Unique approach to self-direction, involving independent support brokers
- High reliance on supported living principles and models
- Highest employment rate in the U.S. for people with developmental disabilities
- Strong family networks & array of complementary “public services”
- Unique transportation partnership with the City of Madison

ADRCs (Aging and Disability Resource Centers)

- Dane already has one, providing information on aging and disability resources and conducting functional screens for eligibility
- In 2017 and 2018, the Dane ADRC will continue to conduct functional screens; will calculate individual IRIS budgets; and provide options counseling both for people transitioning from the current Dane system to the new system and for new people entering the system

Choice #1: Family Care (managed care)

- Administered by MCOs (non-profit and profit-making managed care organizations), serving multiple counties
- MCO receives a “capitated rate” (Medicaid \$) for each person it serves (similar to the way HMOs are funded), based on the state’s projections of average cost for all the MCO’s clients (“capitated” does not mean a cap)
- Serves adults with developmental disabilities, adults with physical disabilities, and frail elders (all referred to by MCOs as “members”)
- Current wait lists will be eliminated within 3 years; no wait lists after that

MCOs (managed care organizations)

- Manage and deliver Family Care services in multiple counties
- Combine services currently available from Dane County with Medicaid personal care in one combined package
- Rely on care managers and interdisciplinary teams (including nurses and social workers)
- Set up a “provider network” (which usually includes all existing providers at the outset when they start up in a new county)
- Individual service plans based on desired outcomes
- Offer a self-directed services option (mostly used to self direct one service)

Wisconsin Long Term Care Outcomes - 1

- I decide where and with whom I live
- I make decisions regarding my supports and services
- I decide how I spend my day
- I have relationships with family and friends I care about
- I do things that are important to me
- I am involved in my community

Wisconsin Long Term Care Outcomes - 2

- My life is stable
- I am respected and treated fairly
- I have privacy
- I have the best possible health
- I feel safe
- I have free from abuse and neglect

Choice #2: IRIS (*Include, Respect, I self-direct*)

- Largest Medicaid Self-Direction program in the U.S. (14,000+ participants); not managed care
- Has some similarities to the Dane system (and some differences, i.e. support brokers are different from IRIS Consultants)
- Administered by WI Dept. of Health Services (DHS), through contracts with ICAs (IRIS Consultant Agencies) and FEAs (Fiscal Employment Agencies)

How does IRIS work?

- Each person receives an Individual IRIS Budget, calculated by the ADRC using the functional screen (if the budget is too low it can be challenged)
- Individual IRIS Plan developed and approved with the assistance of an IRIS Consultant employed by the ICA
- Ongoing support provided by the IRIS Consultant
- Individuals purchase services from provider agencies and others (with help from the Fiscal Employment Agency)
- Separate agency provides self-directed personal care
- Individuals have “budget authority” and “employer authority”

TIMELINE

Dane County Transition to Family Care and IRIS

(as of Feb., 2017)

Early 2017

- WI DHS issues Request for Proposal for MCOs to operate in Dane County
- The last round of annual functional screens before the transition begins and continues throughout the year

Mid 2017

- WI DHS selects 2-3 ICAs and 2-3 MCOs to operate in Dane County
- Consumers & families get notice of timeline to choose Family Care or IRIS by X date

Mid-Late
2017

- Dane ADRC begins providing options counseling to consumers and families, which continues into 2018
- MCOs define provider networks for 2018 (likely the same providers Dane County contracted with)

Late 2017

- Consumers and families decide whether to enroll in Family Care or IRIS
- People choosing FC select an MCO; people choosing IRIS select an ICA
- People choosing IRIS get initial IRIS budget and begin working with IRIS Consultant to develop IRIS plan

2018

- People who choose FC likely keep Dane individual plan for most/all of 2018

Early 2018

- MCOs set provider rates for 2018 (if not before); likely the same as Dane County rates

Mid 2018

- All people previously served in Dane County DD system should be transitioned to Family Care or IRIS; new people should gradually start coming off the waiting list and beginning to get services (if not before)

Late 2018

- MCOs do in-depth reviews of individual plans (and make revisions in some cases)
- MCOs set provider rates for 2019 (possible rate changes?)