FACT SHEET

What is Family Care?

Family Care is a Wisconsin long-term care program that serves people with disabilities and frail elders who are both financially and functionally (level of need) eligible for state-funded care. People receive supports including help with bathing, dressing, meals, medication management, transportation, employment supports and more. The Family Care program is funded with state and federal monies and was designed to provide cost-effective care to support people’s independence and quality of life. Family Care is proven to keep people out of costly institutional settings like nursing homes. Family Care is unique nationally and is considered a model for other states. Family Care has eliminated waiting lists in 57 Counties. Seven Northeast counties were just beginning Family Care/IRIS enrollment in 2015. Only 8 Wisconsin counties do not yet have access to Family Care and IRIS.

Family Care has two major organizational components: Aging and Disability Resource Centers (ADRCs), located in every county (or region); Managed Care Organizations (MCOs), that manage and deliver the Family Care benefit. MCOs ensure that every Family Care participant has an interdisciplinary team to help them manage their individual plan of supports.

There are 41,000 people currently using Family Care statewide:

- 40% are people with developmental disabilities (like autism, Down syndrome, cerebral palsy, etc.)
- 32% are people with physical disabilities
- 27% are frail elders

What is IRIS?

People with disabilities and frail elders may choose between either Family Care and IRIS in most counties, and like Family Care, they must be both financially and functionally (level of need) eligible to use the IRIS Program. IRIS offers the same types of daily supports as Family Care, but people are able to self-direct their own long-term care budgets and have more flexibility in hiring their own workers and making certain individualized purchases, within their pre-determined budget amount and with the help of an IRIS consultant. IRIS stands for: Include, Respect, I Self-Direct. IRIS is proven to keep people out of costly institutional care. IRIS is the nation’s largest self-directed program built upon free-market principles.

There are about 11,500 people using the IRIS program statewide:

- 48% are people with physical disabilities
- 40% are people with developmental disabilities
- 12% are frail elders
Managed Care Organizations in Northeast Wisconsin:
There are eight managed care organizations operating Family Care throughout Wisconsin. Lakeland Care District, Community Care, Inc. Care Wisconsin, Community Care Connections of Wisconsin and ContinuUS do business in the Northeast region of the state; all but Care Wisconsin would be completely dissolved in the current state budget proposal. All local residents receiving services through Lakeland, Community Care or ContinuUS would be required to switch long-term care providers by January 2017. Managed Care organizations statewide employ more than 3000 people.

Status of Seven Northeast Counties:
In November 2014 the state legislature voted to bring Family Care and IRIS to seven Northeast Counties including Brown, Door, Kewaunee, Shawano, Marinette, Menominee, and Oconto following five years of planning by local officials. Four-thousand area residents were expected to qualify for the programs and more than 1,000 had been waiting years for basic supports. The state spent more than $1.2 million on planning grants for the Northeast region.

Although the state recently initiated enrollment for Family Care and IRIS programs in these seven counties, the state budget proposal which eliminates IRIS and significantly changes how Family Care is delivered has put the enrollment process and related hiring for managed care organizations in the northeast region in question.

The long-term managed care organizations Care Wisconsin First, Inc. and Lakeland Care District of Fond du Lac were awarded contracts to begin enrollment in these counties.

Aging and Disability Resource Centers:
ADRCs are the front door to Family Care, IRIS and an array of other long-term care services and serve as “one-stop-shop”, of unbiased source of community-based information and assistance to older adults, people with disabilities and their families. Consumers of ADRCs routinely report satisfaction with the services they receive. This feature of Family Care has been replicated nationally. The budget proposal would allow the state to contract with private entities for all or a part of ADRC services and would eliminate local input and oversight. In 2012 ADRCs statewide had 422,052 contacts with individuals seeking assistance.

Nine ADRCs cover counties in the Northeast Region and handle thousands of contacts from local residents annually. Contact data listed is from 2012 report unless otherwise noted.

- ADRC of Brown Co. – 16,703 contacts (27,859 contacts in 2014)
- ADRC of the Lakeshore (Kewaunee and Manitowoc Cos.) – 3,815 contacts
- ADRC of Door Co. (no contact information available)
- ADRC of Wolf River Region (Menominee, Oconto, and Shawano Cos., Stockbridge Munsee tribe) – 6,693 contacts
- ADRC of Marinette Co. – 1,563 contacts
- ADRC of Calumet, Outagamie and Waupaca Cos.– 24,956 contacts (Calumet 2,653 in 2014; Outagamie 10,081 in 2014)
- ADRC of Winnebago Co. – 12,420 contacts
- ADRC of Sheboygan Co. – 12,465 contacts
- ADRC of Fond du Lac Co. – 7,048 contacts

“I continue to support providing care for seniors and disabled individuals who are truly in need. It is my belief that DHS will implement the expansion of this long-term care program in a fiscally responsible manner,” said Rep. John Nygren, R-Marinette, Co-Chair Legislative Joint Committee on Finance.

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