

Quality Community Supports & Institutions

QUALITY COMMUNITY SUPPORTS

DRW supports a quality long-term care system that values self-determination and community integration for individuals.

***Why:** People with disabilities should have access to the same quality of life and opportunity, with necessary supports, as their neighbors without disabilities. The Department of Health Services must ensure compliance with the new federal Home and Community Based settings rule that ensures quality integration. Community supports are a stronger investment: the current average Medicaid cost to serve a member in Family Care is \$3,340 per member, per month compared to \$22,964/month in the state centers for persons with developmental disabilities.*

Key Principles:

- Wisconsin must ensure that capitated rates for Family Care Managed Care Organizations and budget availability under IRIS provides fiscal sustainability. Rates must be adequate to encourage the development of a high quality long term care workforce and network for community integrated employment, safe, accessible and affordable housing, reliable transportation, and community integrated day services available to all participants regardless of county of residence.
- DRW supports the continued expansion of a free standing, fully self-directed, long term support program that allows participants full budget and employer authority, including choice of fiscal employer agents and consultants.
- Proposal: DRW supports Wisconsin’s continuing commitment to extend full access, without waiting lists, to high quality Home and Community Based Services that allow individuals to maintain a full life in the community. Focus on prevention of entrance to and moving individuals out of costly, restrictive settings. (Decreased Medicaid expenditures on institutional settings).
- Proposal: Fund a regional pilot to establish a Crisis Response “Safe House” for adults with intellectual and developmental disabilities (IDD), modeled after the Dane County Safe House. Safe Houses/crisis homes provide a therapeutic and safe short-term, out-of-home placement for individuals with IDD who experience challenges with their community placement, and include consultation and guidance for community caregivers. In the absence of this therapeutic setting, people with IDD in crisis are too often placed in mental health facilities that are more costly and ill-equipped clinically, and do not have the expertise to address underlying concerns that led to the crisis.
- Proposal: Provide time-limited technical assistance funding to support DHS’s work to ensure that publicly funded Wisconsin providers are compliant with new federal rules requiring person-centered, community integrated, home and community based services in non-isolating settings and to help providers transition to a compliant model. (\$250,000 one-time funding).

(more)

INSTITUTIONS AND OLMSTEAD ENFORCEMENT

DRW works to ensure people with disabilities are able to live in the community in the least restrictive setting with appropriate supports to meet their needs.

***Why:** Wisconsin is under an integration mandate for people with disabilities upheld by federal law. Not complying with this mandate puts the state at significant risk. Building on the Supreme Court's interpretation in *Olmstead v. LC of the Americans with Disabilities Act (ADA)* and its promise that people with disabilities will be integrated into the community, DRW seeks to end reliance on overly restrictive models of care. Wisconsin has the responsibility to ensure that people with disabilities, including those with the most complex or difficult needs, are able to live in the least restrictive setting possible. Taxpayers currently pay more than \$100 million per year for just 373 people to live in the state centers for people with developmental disabilities.*

- Proposal: DRW supports a shift in focus for use of funds at remaining state institutions. Specifically, Southern and Central Centers for Persons with Developmental Disabilities should be transitioned to intensive short-term treatment and respite programs while ending the practice of admitting people for long-term stays. The state must ensure quality supports and transitions for residents who choose to move to community settings. (Reallocation of funds).
- Proposal: DRW supports an independent audit/evaluation of the state's developmental disability centers to investigate the length of stays for persons admitted for short-term evaluation or treatment. (\$50,000 one-time cost).