

AGING STRATEGIC ALIGNMENT PROJECT

State Profile for

WISCONSIN

Home- and Community-based Services for Older Adults and Adults with Physical Disabilities

Background

- Wisconsin's 60+ population was 1,031,904 in 2008 (18.3% of the state's total population), with 7.5% below the federal poverty level.¹
- The 60+ population is projected to be 1,570,261 in 2025 (25.8% of the state's total population).²
- About 22.5% of all households in 2007 had one or more persons age 65 years and over, and 35.2% of persons age 65 years and older had a disability.³
- Of the 829,287 Medicaid beneficiaries in the state in 2003, 13.5% were aged, 16.2% were blind and disabled, 24.0% were Dual Eligible, and 1.9% were HCBS waiver beneficiaries.⁴
- Medicaid expenditures for institutional long-term care were 53.9% of total long-term-care expenditures, compared to 46.1% for HCBS in fiscal year 2007.⁵

Note: Data do not include managed long-term-care expenditures.

Abbreviations

AAA	Area Agency on Aging
ADL	Activities of Daily Living
AoA	Administration on Aging
CMS	Centers for Medicare and Medicaid Services
HCBS	Home- and Community-based Services
IADL	Instrumental Activities of Daily Living
MRDD	Mental Retardation and Developmental Disabilities
OAA	Older Americans Act
PACE	Program of All-inclusive Care for the Elderly
SUA	State Unit on Aging

¹ Department of Health and Human Services, Administration on Aging. (2009). *AGing Integrated Database (AGID): American Community Survey (ACS) demographic data 2004-2007 and state-level population estimates data 2000-2008* [Data files]. Available from <http://198.136.163.234/default.asp>

² Department of Health and Human Services, Administration on Aging. (2009). *Aging statistics: Projected future growth of the Older population; By state: 2005-2030; Aged 60 and above* [Data files]. Available from http://www.aoa.gov/AoARoot/Aging_Statistics/future_growth/future_growth.aspx.

³ Reimbursement and Research Department, American Health Care Association. (2006, August 29). *The state long-term health care sector 2005: Characteristics, utilization, and government funding*. Washington, DC: Author.

⁴ U.S. Census Bureau, 2007 American Community Survey, United States and States. *Percent of households with one or more people 65 years and over (R1104) and Percent of people 65 years and over with a disability (R1803)*.

⁵ Burwell, B., Sredl, K., & Eiken. S. (2008, September 26). *Medicaid long term care expenditures FY 2007*. Eagan, MN: Thomson Reuters.

Government Structure to Manage HCBS

- **SUA:** Bureau of Aging and Disability Resources. www.dhs.wisconsin.gov/aging/
- **State Medicaid Agency:** Division of Healthcare Access and Accountability. www.dhs.wisconsin.gov/medicaid
- Wisconsin has a consolidated agency for long-term-care programs. The following agencies are consolidated and handle long-term care under the Department of Health Services: Division of Healthcare Access and Accountability and Division of Long Term Care, which is part of the Bureau of Aging and Disability Resources.
- Wisconsin's long-term-care programs are currently in the process of becoming a managed long-term-care system.
- The director of Wisconsin's SUA reports to the secretary of the Department of Health Services, who reports to the Governor.
- Wisconsin has six Area Agencies on Aging.

Single Point of Entry (SPE)/Aging and Disability Resource Center (ADRC)

- Wisconsin has an SPE that is not statewide but is in the process of expanding.
- SPEs have a physical (bricks and mortar) infrastructure; none of the SPEs operate under a virtual model.
- In addition to serving older adults, Wisconsin's SPEs serve adults with physical disabilities, persons with developmental disabilities, persons with mental illness, persons with Alzheimer's disease and related disorders, and veterans.
- Wisconsin's SPEs are almost entirely state-funded. They are staffed by information specialists who work mostly on the phone or through home visits, until the entry point becomes well-known in the community and people come in for information and assistance.
- Staff also specialize in assisting the elderly and adults with disabilities with accessing public benefits. The SPEs market evidence-based programs for health pro-

motion and disease prevention broadly in the community, and assist with long-term-care options and planning. Data show that 85% of persons using the SPEs do not enter the formal long-term-care system.

Assessment Process

Medicaid

- For Medicaid applicants, in determining functional eligibility for nursing home pre-admission, Wisconsin does not require an in-person assessment by someone other than nursing home staff.

Non-Medicaid

- For non-Medicaid applicants, Wisconsin does not require an in-person assessment by someone other than nursing home staff.

State Medicaid Plan

- Wisconsin provides HCBS through the state Medicaid plan. There is a functional eligibility screen that determines eligibility for services. The financial limits are \$580 per month in income and \$2,000 in assets, or receipt of Supplemental Security Income (SSI).
- Refer to Table 1 for specific services provided.
- **PACE:** Wisconsin has two PACE sites. It also has the Family Care Partnership Program, which is PACE-like and very effective in rural areas where transportation to a day center is problematic. The program offers all Medicaid services (and Medicare services for dual-eligibles) combined with HCBS under a managed care approach.

Medicaid Waivers

- Wisconsin has two waiver programs that provide HCBS to older adults and/or adults with physical disabilities. These are the Community Options Program Waiver and the Family Care/Family Care Partnership Program.
- **Community Options Program Waiver:** This waiver serves adults age 18 and older with physical disabilities, and those age 65 and older. The program also offers services for persons with Alzheimer's disease and

related conditions. There is a spend down component for persons with income above SSI and below \$1,911 per month, with a \$2,000 asset limit. Life insurance and burial funds can be retained. The program includes a cost-sharing feature based on a percentage of the applicant's income, and provides a personal allowance and other expenses. There is a consumer-directed component with a fiscal intermediary that allows family members to provide care.

- **Family Care/Family Care Partnerships:** This program serves those age 18 and older who have a developmental disability or a physical disability and are eligible for a Medicaid waiver. Some counties have collaborated so that this program serves multiple counties referred to as Family Care or Long Term Care Districts. There is a spend down component for persons with income above SSI and below \$1,911 per month, with a \$2,000 asset limit. Consumer-directed options are available under this program; participants can self-direct most services through the use of a fiscal agent. Case management is provided through an interdisciplinary team consisting of the consumer, social worker and nurse (other persons can be included at the request of the consumer).
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered under each program.

CMS-funded Programs and Grants

- Wisconsin has one CMS-funded grant that provides HCBS to older adults and/or adults with physical disabilities. This is Money Follows the Person.
- **Money Follows the Person:** This program operates in conjunction with other waiver programs in the state. It has a higher match rate, which applies to the waiver services for the first year. Participants have to be returning to the community from a nursing home. There is a spend down component for persons with income above SSI and below \$1,911 per month, with a \$2,000 asset limit. Consumer-directed options are available under this program; participants can self-direct most services through the use of a fiscal agent. Case management is provided through an interdisciplinary team consisting of the consumer, social worker and nurse

(other persons can be included at the request of the consumer).

- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

State-funded HCBS Programs

- Wisconsin has two state-funded programs that provide HCBS to older adults and/or adults with physical disabilities. These are: Alzheimer Family and Caregiver Program and Community Options Program.
- **Alzheimer Family and Caregiver Program:** This program is for adults who have Alzheimer's disease, dementia or a related condition. The asset limit for a family is \$40,000. The state funds are distributed on a formula basis, and the county boards select the agency to operate the program. A family can receive up to \$4,000 annually for respite and other support.
- **Community Options Program:** This program is for persons of all ages and is used as a "gap filler" for the Medicaid waiver program targeting persons at risk of spend down to Medicaid. Those who are eligible have income and assets equal to six months of private-pay nursing home care. The program is being phased out as counties move to managed care. In counties that have already moved to managed care, the program is only available to children, those with severe and persistent mental illness, and those with drug or alcohol addiction. The program also funds services that are not covered under the waiver program and serves persons who could not be served under the waiver, such as those with mental illness. Most persons in this program, however, are also in the waiver program.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

Locally Funded HCBS Programs

- Wisconsin uses local funds (beyond that required for Medicaid match) for HCBS for older adults and/or adults with physical disabilities. Municipal funds are commonly used for senior centers, but these revenue funds are drying up.

- All 72 counties and 11 tribal units are required to have aging units. The SUA allocates funds to the counties in relation to the population base. The AAAs serve as regional contract management offices and issue the notice of grant awards and contracts. The AAAs, counties and tribes are required to do a needs assessment for each planning cycle.

OAA-funded Programs and Grants

- Refer to Table 1 for services provided through Title III of the OAA.
- Wisconsin does not use cost-sharing mechanisms or sliding fee scales in the delivery of Title III services.
- Each aging unit is required to use 5% of its Title III funds for legal services.

Social Service Block Grants (SSBG) and Community Service Block Grants (CSBG) for HCBS

- Wisconsin uses SSBG and CSBG to provide HCBS for older adults and/or adults with physical disabilities.
- Funds are distributed to the counties using a formula to cover services such as transportation, chore services, and vocational services.

Consumer Direction

- Wisconsin offers consumer-directed options. The HCBS programs in the state that offer consumer direction are the Community Options Program Waiver, Money Follows the Person, Alzheimer Family and Caregiver Program, the state-funded Community Options Program, and the Family Care/Family Care Partnerships Program.
- Models of consumer direction available in the state include involvement in care planning, and choice of care providers and care setting. There are no cash or voucher options.

- Those permitted to provide services under consumer direction in Wisconsin are: provider agencies, adult children of the consumer, and other family members and friends.
- Spouses cannot provide services under consumer direction.
- Wisconsin uses the services of a fiscal intermediary in connection with consumer-directed services.

Managed Care

- Wisconsin has HCBS programs run by managed care plans.
- In counties that have moved to managed care, Family Care is the primary model under which HCBS becomes an entitlement. These counties no longer have waiver programs.
- Under Family Care all waiver and state plan HCBS services are managed. Under Family Care Partnership, all health care (including Medicare for dual-eligibles) and HCBS are managed. Both include self-directed care for some services.

Major Accomplishments and Initiatives

- The Family Care Partnership Program is making HCBS an entitlement. It builds on the Community Options Program, which is more than 30 years old and is a national model for self-directed care in the setting of choice.
- Over the next few years, managed care will be rolled out throughout the state. A new three-year plan has been formulated to modernize the Aging Network. It involves moving aging units into the SPEs and reducing the number of AAAs from six to three. The AAAs will then take on a more dynamic advocacy role.

Table 1: Types of Home- and Community-based Services Provided Under Wisconsin's Programs for Older Adults and Adults with Physical Disabilities

Types of Services	Program Type / Funding Source						
	Medicaid Waivers		CMS-funded Programs and Grants	State-funded Programs		State Medicaid Plan	OAA Title III
	Community Options Program Waiver	Family Care/ Family Care Partnerships		Alz Family and Caregiver Program	Community Options Program		
Adult Day Care / Adult Day Health	X	X	X		X		X
Assisted Living	X	X	X		X		
Caregiver Services / Respite / Education	X	X	X	X	X		
Case Management / Care Coordination	X	X	X	X	X		
Chore / Homemaking	X	X	X		X		X
Companion Services / Socialization Activities	X	X	X		X		
Employment		X					
Equipment / Supplies / Modifications / Assistive Technology	X	X	X		X		
Health Promotion Activities		X					
Home Health / Personal Care	X	X	X	X	X	X	X
Information / Assistance / Referral				X			X
Legal Assistance / Financial Advice							X
Medical / Dental / Medication Care						X	
Mental and Behavioral Health Services	X	X	X		X	X	
Nursing	X	X	X		X	X	
Nutrition / Meals	X	X	X	X	X		X
Personal Supports for Community Living / Transitioning	X	X	X		X		
Rehabilitation / Therapy	X	X	X		X	X	
Residential Services	X	X	X		X		
Transportation	X	X	X	X	X	X	X
Other/Unspecified HCBS	X				X		X

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Table 2: Selected HCBS Programs for Older Adults and Adults with Physical Disabilities in Wisconsin

Program Type / Funding Source	Program Name	Ages Served	Nursing Home Level of Care Required	Entity Responsible for Functional Assessment	Entity Responsible for Financial Assessment	Entity Responsible for Case Management	Waiting List (Number)	Consumer Direction Option
Medicaid Waivers	Community Options Program Waiver	18+	Yes	County	County	County	Yes	Yes
	Family Care/ Family Care Partnerships	18+	No	County; ADRC/ Single Entry Point	County	County/ Care Management Units, Private Organizations	No	Yes
CMS-funded Programs and Grants	Money Follows the Person	18+	Yes	County	County	County; Contracted case managers	No	Yes
State-funded Programs	Alzheimer Family and Caregiver Program	18+	No	County	County	County	Yes (Waiting list in many counties)	Yes
	Community Options Program	All ages	Yes	County	County	County	Yes (11,500)	Yes