September 18, 2023

Wisconsin Department of Health Services
1 West Wilson Street
Madison, WI 53703
Submitted via email: dhsltccomments@dhs.Wisconsin.gov

RE: FamilyCare waiver renewal comments

Dear Medicaid Oversight Team,

Thank you for the opportunity to provide feedback on the proposed Family Care waiver renewal for 2025. On behalf of DSPN, I am pleased to share comments from our members to inform decisions on the future of Family Care. We appreciate DHS hosting public forums and sharing information on your website. We share the goals of providing the best services and quality of life possible for our most vulnerable.

Building on my comments shared at the July 25th stakeholder meeting, DSPN members want to advance bold and actionable ideas for your review and consideration. We recognize many of our suggestions below fall under the guise of the contract to implement the waiver, and we welcome the opportunity for further discussions where our members can be available to provide their real-world experience and expertise with you.

Fundamentally, the I/DD population have unique needs distinct from frail elders. We wish to work with you in this renewal cycle and in the future, to explore the tools available to ensure people with complex needs have access to the full array of services in line with their person-centered plan, and the resources needed to have the highest quality of life. Given the announcement of the START initiative and scan findings, we hope the recommendations from the steering and supporting committees will be available for review and consideration in this waiver renewal.

**Eligibility**

Providers request the opportunity to be part of the functional screen to determine eligibility for services. As a critical component in the individual care plan, the addition of the provider into this conversation will allow for improved communication and relationship building from the beginning.

Additionally, we believe the existing Long-Term Care functional screen is not an adequate tool to capture both eligibility and acuity, and should not serve as a tool to help calculate reimbursement.

**Services**

We strongly encourage the formal addition of Community Supported Living to the services available under Family Care. Not only is CSL cost effective, but it is also aligned with the spirit and intent of the Home and Community Based Settings rule. Given how this model has been embraced, we can work together to make these services more widely available. This also presents the opportunity to review CSL Electronic Visit Verification requirements, and support any opportunity to reduce the administrative burden on providers.

We also request improving the program to codify member's rights to understand all services available. This will require more information and training for the Aging and Disability Resource Center staff. With recently appropriated funds in the 2023-25 budget, this would be a wise investment of these resources.

We also request improved communication and transparency from MCOs regarding decisions made to deny services. We request a requirement for provider staff and MCO care manager to meet once any decision has been made that changes the existing schedule of services.

Existing definitions of Competitive Integrated Employment do not allow for long term supports through Family Care for people who work at a provider owned entity. This practice is outdated and is also in conflict with the intent and spirit of the HCBS rules. Many providers look to diversify their revenue lines because of inadequate reimbursement. This can lead to providers opening or purchasing a business to meet the needs of the community and provide employment to people of all abilities. Unfortunately, those who work for a provider in these circumstances lack the support structure for success because a provider owned entity cannot be considered CIE. The current approach does not lead to more employment opportunities for people with disabilities and needs to be changed.

The need for counseling and therapeutic services that include mental health are growing. We request DHS support this important service through the addition of peer counseling as a service, and create a framework that integrates mental health into all aspects of Family Care.

We also support increasing access to oral health care needs for people with disabilities. To facilitate this, we request DHS and MCOs to contract with and promote access to mobile dental clinics, and traveling dental hygienists. This information should also be readily available at each ADRC.

Lastly, through our work with the Technology Coalition, we believe a solution to improve both access to and utilization of technology would be for DHS to look at creating new or updating current service definitions that more overtly call out Technology Strategies and Solutions. This could be done in a way that creates both better clarity and continues to support the current

flexibility in the waiver to allow for inclusion of emerging Technology through the duration of the waiver. ADRC and MCO staff also play a key role in promoting the use of technology, and should be part of ongoing training requirements. Using technology where appropriate can also provide some relief to our workforce.

**Quality**
Workforce quality is linked to turnover. As we continue to pursue a new reimbursement structure to pay competitive wages to hire and retain high quality staff, we also request that any required training be paid by Medicaid.

Additionally, MCOs should be required to work with provider organizations like DSPN, to improve participation and reporting in the WCCEAL program. We support the continuation of pay for performance for WCCEAL participating providers who meet performance benchmarks for high quality.

Lastly, quality requires resources. To improve quality in the program, we must address the continued disparity between the costs of delivering services and what providers are paid.

**Care Management/Member Safety**
We believe an ombudsman for providers would strengthen the program. Having a neutral resource to navigate and mediate sensitive situations will improve communication and member safety.

Additionally, staff turnover impacts care management and member safety. Relationship building with people served in the program is essential to a comprehensive understanding of their needs. We need all tools available to minimize disruptions in care and relationships need to be available.

Lastly, the economic impact of regulatory compliance for safety needs must be incorporated into provider payment. The proposed update to DHS 88 is a recent example, providers can no longer survive with unfunded mandates.

**Finance**
The funding methodology for Family Care must be based on actual costs to provide services and adequately address the complexity of member needs. Additionally, any methodology needs to be adjusted annually for inflation. We look forward to our continued work with DHS on establishing a sustainable rate structure for Family Care providers.

We again wish to express the long-term care functional screen is an eligibility tool and should not be used to calculate provider payment.

**Other**
While we appreciate the ongoing engagement with providers, there are many opportunities to improve transparency in the Family Care program. In addition to our previous suggestions, we request the new waiver and contract codify improved transparency practices such as creating new opportunities to hear from Family Care consumers, families, and guardians. We also recommend provider advisory committees and MCOs increase the frequency of meetings to quarterly.

We also offer these additional recommendations to strengthen the relationship between DHS and the broader provider community:

1. Develop an HCBS Compliance Review Team consisting of Providers and/or Provider Associations to work on improved processes that result in greater efficiency of compliance reviews.
2. Develop technical support and training for Providers AND Reviewers.
3. Develop a “How To” training including explicit examples of how to demonstrate HCBS rule compliance.
4. Allow Providers to change auditors when the auditor either demonstrates unprofessionalism, does not provide #2 or #3 above, or is unresponsive to questions.

All options need to be on the table to address the urgency of our workforce’s needs. We also request DHS review current policies that preclude people with disabilities from caring for people with disabilities.

We look forward to working with you on improving Family Care for generations to come.

Thank you again for your partnership and consideration.

Sincerely,

Lisa M. Davidson
CEO