

Family Care Changes Pulled From Budget

May 14, 2015

Joint Finance Committee Leadership Rejects Governor's Family Care Changes

The Republican leadership of the Joint Finance Committee announced today the Governor's proposed changes to the Family Care and IRIS programs will be pulled from the State budget bill.

The leadership's press release is provide below.

LeadingAge Wisconsin will provide updates on this issue as more information becomes available.

FOR IMMEDIATE RELEASE May 14, 2015

Rep. Dean Knudson, Member, Joint Finance Committee (608) 266-1526
Senator Leah Vukmir, Member, Joint Finance Committee (608) 266-2512
Rep. John Nygren, Co-Chair, Joint Finance Committee (608) 266-2343
Senator Alberta Darling, Co-Chair, Joint Finance Committee (608) 266-5830

JFC REPUBLICANS PROTECT LONG TERM CARE

Remove Governor's Proposed Changes, Preserve Self-Directed Care

MADISON—Today, Republican leaders on the Joint Finance Committee (JFC) announced the rejection of Governor Walker's proposed long term care changes, while pursuing limited reforms with strong legislative oversight. Rep. Dean Knudson (R-Hudson) and Sen. Leah Vukmir (R-Wauwatosa) unveiled the changes alongside JFC Co-chairs Rep. John Nygren (R-Marinette) and Sen. Alberta Darling (R-River Hills).

In removing the Governor's changes to FamilyCare and IRIS, the legislators proposed giving the Department of Health Services (DHS) limited authority to negotiate with the Federal Government on potential changes to FamilyCare to integrate long term and medical care, with the following requirements:

- Require public and stakeholder input before any changes are made.
- Require robust self-directed care with budget authority, to be defined in statute.
- Require a regional model with multiple Integrated Health Agencies (IHA) per region.

- Require an independent actuarial study to set rates.
- Require the acceptance of “any willing provider” for a multi-year transition.
- Preserve ADRC services.
- Require final approval of any waiver application by the Joint Finance Committee before submission to the Federal Government.

This plan requires public input, includes a self-directed option, and gives patients choice between competing providers. Integration of care provides better care for customers and doctors, as well as a better value for taxpayers.

http://www.thewheelerreport.com/wheeler_docs/files/0514nygren.pdf

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