

# Medicaid and Medicaid-funded Long-term Care

■ Medicaid provides services and supports that people with disabilities rely on—such as **personal care, school therapies, prescription drugs, transportation, job coaching and employment services, and mental health and substance use disorder services**—that are not available or are not available at the level needed on the private insurance market.

**Medicaid funds health and long-term care services provided under the Forward Health Card and 20 Wisconsin Medicaid programs—including BadgerCare, MAPP, Family Care, IRIS, Children’s Long-Term Support program, etc.**

**50%**

**50%** of people with disabilities in Wisconsin rely on Medicaid.

**70%**

The vast majority of Medicaid funding—**70%**—is spent on people with disabilities and older adults.



■ Wisconsin Medicaid waiver programs (Family Care/IRIS) keep people with disabilities and older adults in the community, and out of costly facilities like nursing homes.

**26%**

Overall, care in the community is **26%** less expensive than nursing home care

■ Family Care/IRIS have successfully supported people with complex needs in their own homes and community, including people who have previously lived in state institutions (ICF/IDs)<sup>1</sup>.

# Recommendations



Create a Medicaid waiver for “pre-Medicaid” individuals. Wisconsin could use its waiver authority to grant access to a limited package of Home and Community Based setting (HCBS) services for low income older adults, family caregivers, and people with disabilities who are financially eligible for Medicaid and need supports to remain independent in their homes, but do not yet meet the nursing home level of care required by Family Care/IRIS.

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Create a DHS appropriation line for continuous outcome improvement initiatives for the improvement of employment, transportation, and community living outcomes for people with disabilities, and analysis of innovation project outcomes within Family Care/ IRIS.

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Facilitate successful transition of the remaining residents of state facilities regulated as institutions (ICF-IDs) into Family Care/IRIS, maintain funding and expand access to the Adaptive Aids program and diagnostic capacity housed within Central Wisconsin Center to all state residents.

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Direct DHS to provide a central point of contact for families of children with disabilities for information, assistance, and eligibility determination for the Children’s Long-Term Support (CLTS) waiver and Medicaid card services, and navigators to help families access resources already available in their health, community, and school system.

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Provide adequate funding to ensure that all counties have the capacity to enroll all children eligible for the Children’s Long Term Support (CLTS) waiver program.

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<sup>1</sup> Wisconsin spends an average of almost \$180,000 per year for each person living in a state-run institution compared to \$33,000 per year for each person receiving Home and Community Based waiver services (Family Care or IRIS). <https://risp.umn.edu/sites/risp.umn.edu/files/2018-03/Wisconsin-RISP-2016.pdf>