

Senator Darling Joint Finance Committee Co-Chair State Capitol, Room 317 East Madison, WI 53707

Representative Nygren Joint Finance Committee Co-Chair State Capitol, Room 309 East Madison, WI 53708

Dear Sen. Darling, Rep. Nygren, and members of the Joint Finance Committee;

On behalf of the Collaboration to Promote Self-Determination (CPSD), we write to urge you proceed with caution in putting Wisconsin's large long-term care population into an untested model that cannot guarantee results.

CPSD is a national, family-driven and consumer-led advocacy network of 22 national organizations. We focus on high-impact public policy and systems reform to improve the employment and socio-economic outcomes of citizens with intellectual and developmental disabilities promoting the effective transition of students with developmental disabilities into adulthood by preparing them to obtain optimal outcomes in education, employment, economic advancement, and independent living.

We have a great interest in the creation and implementation of effective state managed care systems that can adequately support people with developmental disabilities with high quality services while offering more predictable costs. We understand the importance of creating systems of support that can achieve cost savings and ensure the long-term sustainability of Medicaid programs and have seen nationally how this can be done by improving health outcomes and eliminating inefficiencies, without reducing the quality or availability of care.

For years, our organizations have pointed to Wisconsin's long-term services and supports system for people with intellectual and developmental disabilities (I/DD) as a model of innovative, cost-effective and well-implemented managed care. Wisconsin's system by all accounts is working and stands out as producing strong outcomes while containing costs.

We understand that Wisconsin is proposing to consolidate systems of acute health and long-term services into a statewide system, eliminating its well-established programs. Such a significant change in the provision of long-term supports to the population of individuals with I/DD has presented challenges in the few states that have attempted it in the past. It is important to note that research on the outcomes of Medicaid managed care for individuals with disabilities, particularly individuals with

intellectual and developmental disabilities, is very limited, with data and evidence of cost savings or quality improvements as yet inconclusive.

After examining Wisconsin's long-term care budget proposal, we note several provisions that have caused significant challenges for other states—including cost increases, declines in quality and poorer outcomes for Medicaid participants with I/DD, lack of accountability, and obstacles to transitioning away from institutional care towards more cost-effective, higher quality home and community based services.

We are particularly concerned by the following aspects of the State's proposal:

- Lack of limits on number of MCOs that can conduct business in the state.
- Lack of requirements for demonstrated expertise in providing long-term supports to the developmental disability population.
- Absence of statutorily defined limitations on profits and administrative costs.
- Absence of any willing provider requirements.
- Exclusion of residents in costly institutional settings from the Managed Care system.
- Limits on full self-direction.
- No required outcomes and public reporting for the developmental disability population.

Based on our collective experience in other states and at the federal level, we believe that such dramatic policy changes may result in unintended consequences. As the Wisconsin Legislature continues its work on the state budget, we urge full exploration of possible unintended consequences, careful analysis of existing practices and outcomes, and collaborative stakeholder involvement any in systemic changes.

Sincerely,

Association of People Supporting Employment First

Autism Self-Advocacy Network

National Coalition for Mental Health Recovery\*

National Disability Institute

National Disability Rights Network

**National Down Syndrome Congress** 

National Down Syndrome Society

National Organization of Nurses with Disabilities\*

National Organization on Disability

Not Dead Yet\*

**TASH** 

<sup>\*</sup>not an official member of CPSD