



Wisconsin's Adult Long Term Care (LTC) System

People with disabilities and older adults often need help with basic daily tasks, like bathing and getting dressed, making meals, and transportation to get to work and medical appointments. Long-term care supports make it possible for people with disabilities and chronic conditions to live in their own homes, work, maintain their health, and be part of the community. Living, working, learning, and socializing in the community are directly correlated to better health, improved quality of life, and lower costs.

Without community-based long-term care supports, many people with disabilities and older adults are isolated and end up in costly institutional care – such as nursing homes –and use more high-cost emergency room care.

Most Long-term Care Services are Privately Funded

Aging and Disability Resource Centers (ADRCs) are the “front door” to Wisconsin’s long-term care system. ADRCs provide reliable and objective information about a broad range of programs and services—including both privately and publicly funded long-term care programs.

For many people, working with the ADRC helps prevent them from reaching a crisis stage where publicly funded long-term care is needed.

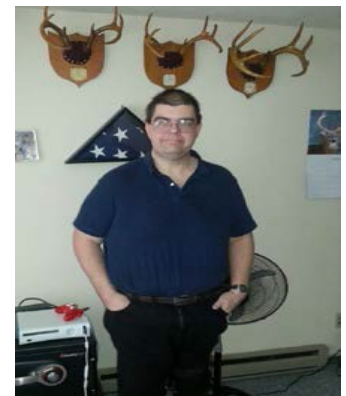
While some ADRC consumers may enter publicly funded long-term care, 80% do not. This strong emphasis on prevention means that most Wisconsinites use their own resources to pay for long-term care supports.



“Family Care gives me the freedom to live in the community and peace of mind that my care needs are continually being met,” —Ginger, Family Care



“Having IRIS gives Albert a structure in life...Albert is home and in the community happy and healthy due to family support through IRIS.” —Albert’s Mother Delores , IRIS



“It is good to be independent again...Partnership Program has been a real blessing.” — Robert, Family Care Partnership

“The Family Care program is the cost-effective solution to ensure that Wisconsin’s elderly and residents with severe disabilities receive needed care and quality supports” —2013 DHS Report on Long Term Care Expansion

Wisconsin’s publicly funded Adult Long-term Care System

Wisconsin’s nationally-recognized long-term care system keeps people in their own homes and out of costly institutional settings, which saves taxpayers money.

Family Care, IRIS, Family Care Partnership and PACE are Wisconsin’s publicly funded long-term care programs serving 60,000 low income people with physical or developmental disabilities and older adults. To qualify for these programs, individuals must meet strict financial criteria and require assistance with activities of daily living.

Family Care, a managed long-term care program, and IRIS, a self-directed long-term care program, are currently available in 65 counties. In July 2016 the state announced plans to expand Family Care/IRIS statewide by 2018—this will end waiting lists for long-term care services and reduce Medicaid costs by \$6.5 million in the next state budget. Family Care Partnership and PACE, which provide both long-term care and medical care to enrollees, are available in 14 and two counties, respectively.

Wisconsin’s Adult Long-term Care System is Cost-Effective

- The percentage of the state’s Medicaid budget spent on long-term care dropped from 53% in 2002 to 43% in 2011.
- Family Care/IRIS save Wisconsin taxpayers \$300 million per year compared to the programs they replace.
- Overall Medicaid costs of long-term care recipients increased, on average, by a modest 0.3% per year from 2010 to 2015. Nationally, health care costs increased by an average of 3% per year inflation.

Family Care/IRIS **cost**

15% less than the programs they replace

Medicaid **Nursing**

Home Days

Dropped by 35% as

Family Care/IRIS expanded,

saving taxpayers

millions

Wisconsin’s LTC System is

Ranked 8th

in the Nation

By AARP and the

SCAN Foundation

Wisconsin Long Term Care Coalition supports expansion of Partnership, completing the statewide expansion of Family Care and IRIS, and leveraging the strengths of ADRCs to prevent or delay the need for publicly funded long-term care