



An Overview of Wisconsin's Family Care Program

In the mid-1990s, a broad consensus developed on the need to redesign Wisconsin's long-term care system, prompted by concerns with the cost and complexity of the long-term care system, inequities in availability, and by projections of an aging population's growing demand for long-term care. Over the next few years, consumers, advocates, providers, state and local officials, and others collaborated to design a new approach to the provision of long-term care in Wisconsin.

This new approach, named "Family Care," was designed to provide cost-effective, comprehensive and flexible long-term care that will foster consumers' independence and quality of life, while recognizing the need for interdependence and support. Family Care was partially based on experience in developing the Partnership Program, which integrates all health and long-term care services into one inclusive benefit. A description of the key differences between Family Care and Family Care Partnership is available at <http://dhs.wisconsin.gov/ltcare/Generalinfo/differences.htm>.

Family Care, authorized by the Governor and Legislature in 1998, serves people with physical disabilities, people with developmental disabilities and frail elders, with the specific goals of:

- Giving people better choices about where they live and what kinds of services and supports they get to meet their needs.
- Improving access to services.
- Improving quality through a focus on health and social outcomes.
- Creating a cost-effective system for the future.

Family Care has two major organizational components:

1. Aging and disability resource centers (ADRCs), designed to be a single entry point where older people and people with disabilities and their families can get information and advice about a wide range of resources available to them in their local communities. For more information about aging and disability resource centers, visit the ADRC website (<http://dhs.wisconsin.gov/LTCare/adrc>).
2. Managed care organizations (MCOs), which manage and deliver the new Family Care benefit, which combines funding and services from a variety of existing programs into one flexible long-term care benefit, tailored to each individual's needs, circumstances and preferences.

As of April 1, 2011, Family Care is available in 57 counties in Wisconsin. A map showing the locations of Family Care and Partnership Program service areas is available at <http://dhs.wisconsin.gov/ltcare/generalinfo/where.htm>. In addition, several other counties provide resource-center only services.

Overview of Managed Care Organizations (MCOs) and the Flexible Family Care Benefit

Family Care improves the cost-effective coordination of long-term care services by creating a single flexible benefit that includes a large number of health and long-term care services that otherwise would be available through separate programs. A member of a MCO has access to a large number of specific health services offered by Medicaid, as well as the long-term care services in the Home and Community-Based Waivers and the very flexible state-funded Community Options Program. In order to assure access to services, MCOs develop and manage a comprehensive network of long-term care services and support, either through contracts with providers, or by direct service provision by MCO employees. MCOs are responsible for assuring and continually improving the quality of care and services consumers receive. MCOs receive a monthly per person payment to manage and purchase care for their members, who may be living in their own homes, group living situations, or nursing facilities. Some highlights of the Family Care benefit package are:

- **People Receive Services Where They Live.** MCO members receive Family Care services where they live, which may be in their own home or supported apartment, or in alternative residential settings such as Residential Care Apartment Complexes, Community-Based Residential Facilities, Adult Family Homes, Nursing Homes, or Intermediate Care Facilities for people with developmental disabilities.
- **People Receive Interdisciplinary Case Management.** Each member has support from an interdisciplinary team that consists of, at a minimum, a social worker/care manager and a Registered Nurse. Other professionals, as appropriate, also participate as members of the interdisciplinary team. The interdisciplinary team conducts a comprehensive assessment of the member's needs, abilities, preferences and values with the consumer and his or her representative, if any. The assessment looks at areas such as: activities of daily living, physical health, nutrition, autonomy and self-determination, communication, and mental health and cognition.
- **People Participate in Determining the Services They Receive.** Members or their authorized representatives take an active role with the interdisciplinary team in developing their care plans. MCOs provide support and information to assure members are making informed decisions about their needs and the services they receive. Members may also participate in the Self-Directed Supports component of Family Care, in which they have increased control over their long-term care budgets and providers.
- **People Receive Family Care Services that Include:**
 - **Long-Term Care Services** that have traditionally been part of the Medicaid Waiver programs or the Community Options Program. These include services such as adult day care, home modifications, home delivered meals and supportive home care.
 - **Health Care Services** that help people achieve their long-term care outcomes. These services include home health, skilled nursing, mental health services, and occupational, physical and speech therapy. For Medicaid recipients, health care services not included in Family Care are available through the Medicaid fee-for-service program.

- **People Receive Help Coordinating Their Primary Health Care.** In addition to assuring that people get the health and long-term care services in the Family Care benefit package, the MCO interdisciplinary teams also help members coordinate all their health care, including, if needed, helping members get to and communicate with their physicians and helping them manage their treatments and medications.
- **People Receive Services to Help Achieve Their Employment Objectives.** Services such as daily living skills training, day treatment, pre-vocational services and supported employment are included in the Family Care benefit package. Other Family Care services such as transportation and personal care also help people meet their employment goals.
- **People Receive the Services that Best Achieve Their Outcomes.** The MCO is not restricted to providing only the specific services listed in the Family Care benefit package. The MCO interdisciplinary care management team and the member may decide that other services, treatments or supports are more likely to help the member achieve his or her outcomes, and the MCO would then authorize those services in the member's care plan.

For a complete list of the services that must be offered by MCOs, refer to the description of the long-term care benefit package in the Health and Community Supports Contract, which is available on our web site at <http://dhs.wisconsin.gov/ltcare/Generalinfo/Benpackage.htm>.

MCO Enrollment by Target Group

MCO enrollment by target group is available on our website at <http://dhs.wisconsin.gov/ltcare/Generalinfo/EnrollmentData.htm>.

Quality and Cost-Effectiveness of MCO Services

An independent assessment* (completed in late 2005) found that Family Care produced substantial savings for Wisconsin's Medicaid program. The study compared Medicaid-funded long-term care costs in 2003 and 2004 for people in Family Care to costs for similar people who received long-term care in other programs. Average monthly costs for the Family Care members were \$452 lower per person. Spending was \$55 lower per person for Milwaukee County.

Analyses of the reasons for the cost savings found that, among other reasons, Family Care favorably affects its members' health and abilities to function, so that over time they have less need for services than their counterparts in the comparison group. While Family Care members had more frequent physician office visits for primary care, expenditures for non-primary care office visits decreased among Family Care members. It appears that more-frequent primary care physician visits provide opportunities to increase prevention and early intervention health care services, which in turn reduce the need for more acute and costly services among members of Family Care.

* DHS contracted with APS Healthcare, Inc. to perform the independent assessment, which is a federal requirement for operating the program. More information is available at <http://dhs.wisconsin.gov/ltcare/Reports>.

Implementing Statewide Reform

In his February 2006 State of the State speech, Governor Doyle announced plans to expand Family Care statewide and eliminate waiting lists for community-based long-term care programs during the next five years. While Wisconsin has been a national leader in offering community-based alternatives to nursing home care, about 11,500 people are on waitlists for community care statewide.

Starting January 2007, the Family Care program expanded to Kenosha and Racine Counties as the first step in this statewide expansion. Family Care and Family Care Partnership continue to expand across Wisconsin. A list of anticipated implementation dates, by county is available at <http://dhs.wisconsin.gov/managedltc/generalinfo/pdf/startdates.pdf>.

As of June 1, 2009, Family Care is available to nearly 60 percent of Wisconsin residents that qualify for publically funded long-term care. Thirty-two ADRCs are operational, serving 55 counties and 1 Tribe, accounting for over 70 percent of the state's population.

For more information about expanding Family Care statewide, refer to the Managed Long-Term Care Expansion website (<http://dhs.wisconsin.gov/managedltc>).