

# Family Care and Partnership

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Background Briefing  
Regional Long-Term Care  
Forums October – November  
2005



# Family Care

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- Began operation in 2000
- A “partially integrated” program
- Operates under a 1915 b/c waiver
- Includes three target groups:
  - Elders
  - Adults with physical disabilities
  - Adults with developmental disabilities



# Wisconsin Partnership Program

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- Began in 1996
- A fully integrated program
- Operates under an 1115/222 waiver
- Serves two target groups:
  - Elders
  - Adults w/ physical disabilities

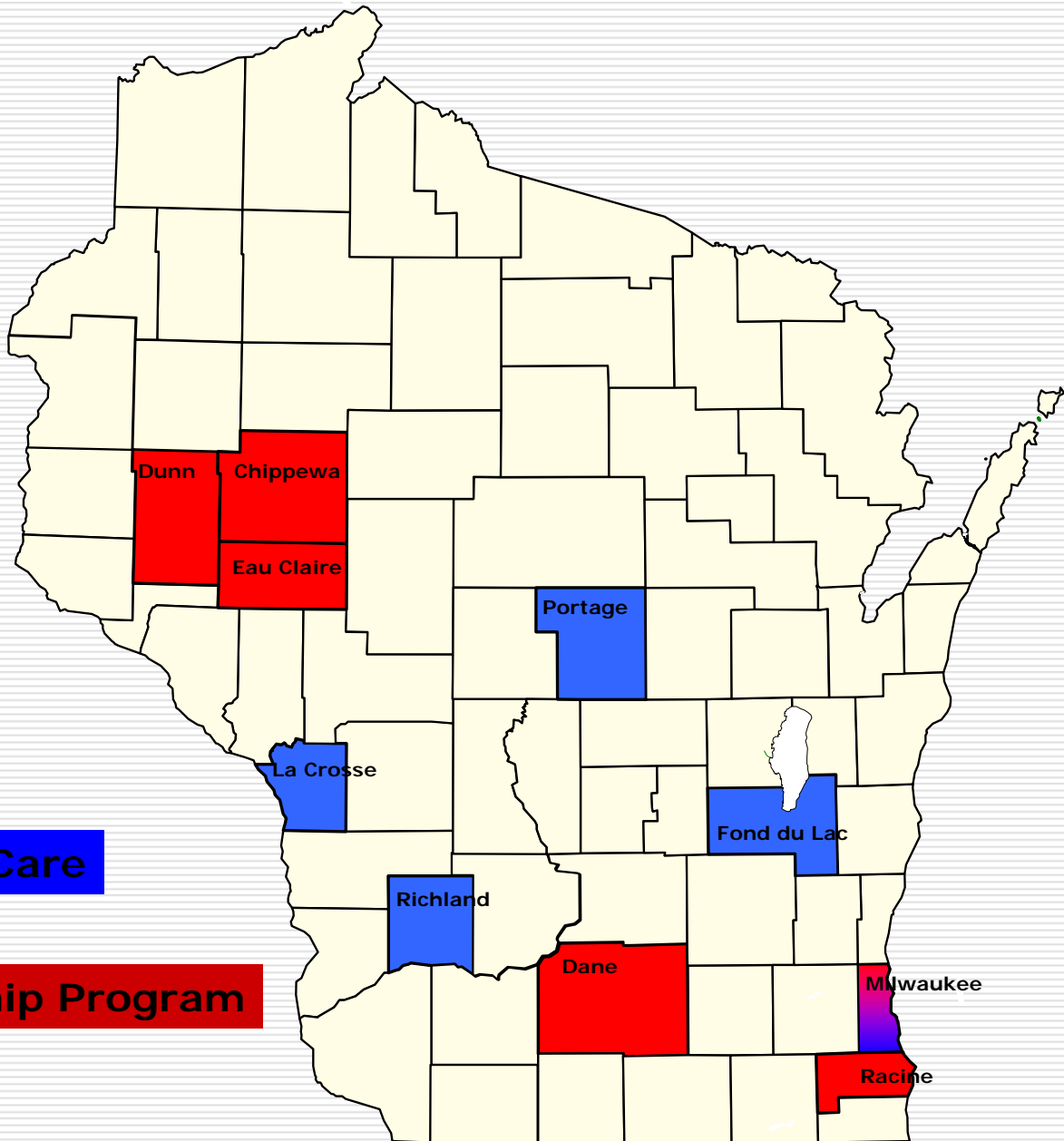


# Family Care / Partnership Similarities

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- Managed care programs
- Capitated rates
- Care Management Organizations (CMOs) assume financial risk
- Local agencies with annual contracts
- Long-term care in either community or nursing facility





**Family Care**

**Partnership Program**



# Family Care / Partnership Differences

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## Family Care:

- Counties
- Medicaid only
- Elders, adults w/ PD or DD
- Provides long-term care and coordinates primary & acute care

## Partnership:

- Private non-profits
- Medicaid & Medicare
- Elders, adults w/ PD
- Provides both long-term, primary & acute care



# Waiver services

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- Service coordination / care management
- Disposable medical supplies
- Supportive home care
- Residential care and housing
- Adult day or respite care
- Home-delivered meals
- Home modifications
- Transportation



# Long-term care - state plan services

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- Home health care
- Personal care
- Physical therapy
- Speech therapy
- Occupational therapy
- Durable medical equipment
- Nursing home
- Hospice



# Primary and acute care - state plan services

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- Physician services
- Hospital services
- Prescription drugs
- Dental care
- Podiatry
- Vision (including eye glasses)
- Mental health, drug, or alcohol services provided by physicians



# Managed Care Principles

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- Assume financial risk
- Provide all benefits needed
- Provide effective care management



# Care Management Team

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## Family Care

- Member
- Nurse
- Social Worker
- Others as needed

## Partnership

- Member
- Nurse Practitioner
- Nurse
- Social Worker
- Physician
- Others as needed



# Family Care / Partnership Rates

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Current Medicaid rates per member per month (PMPM):

Family Care: \$ 1,829 - \$ 2,321

Partnership: \$ 2,816 - \$ 4,442

Medicare rates for Partnership:

Part C: \$1,600

Part D: \$425



# Rate Setting Methodology

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- CMOs report the actual cost for each member by category of service
- The care needs of each member are captured on the LTC Functional Screen
- Cost drivers are identified and analyzed.



# Rate Setting Methodology

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Rates are set using:

- the cost experience of all CMOs
- any upward trend in Medicaid rates authorized in the budget
- utilization increases
- case mix of each CMO.

Administrative allowance of 6%



# Why do CMOs lose money?

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- Serving ineligible individuals
- Inadequate care planning and management
- Inadequate financial management



# Managed Care Contracts

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- Competitive procurement
- Certification
- Performance indicators
- Consumer protections
- Solvency requirements



# Program Results – Family Care

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Costs in comparison to fee-for-service counterparts:

- Lower overall long-term care costs  
\$722 PMPM lower outside Milwaukee  
\$565 PMPM lower for frail elders in Milw
- Lower total Medicaid spending  
\$452 lower PMPM outside Milwaukee  
\$55 lower PMPM for frail elders in Milw



# Program Results – Family Care

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Consumers' outcomes:

- increasing rates of outcomes over 5 years;
- better health and functioning than counterparts.



# Partnership Results

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Results for both costs and members:

- Improved access to dental care
- Reduced hospital admissions, lengths of stays, and days
- Reduced long-term nursing home stays



# Additional Information

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- Partnership Replication Manual
- Family Care Independent Assessment
- Contracts
- Certification requirements
- Actuary's Rate Setting Reports

Family Care:

<http://dhfs.wisconsin.gov/LTCare/INDEX.HTM>

Partnership:

<http://dhfs.wisconsin.gov/WIpartnership/index.htm>

