
Family Care Consumer Corps Training

Part 1



What is Family Care?

- Access to information and services through Aging and Disability Resource Centers
- Choice among providers of services
- A way to assure that services are high quality
- A way of doing business efficiently and in a cost effective way



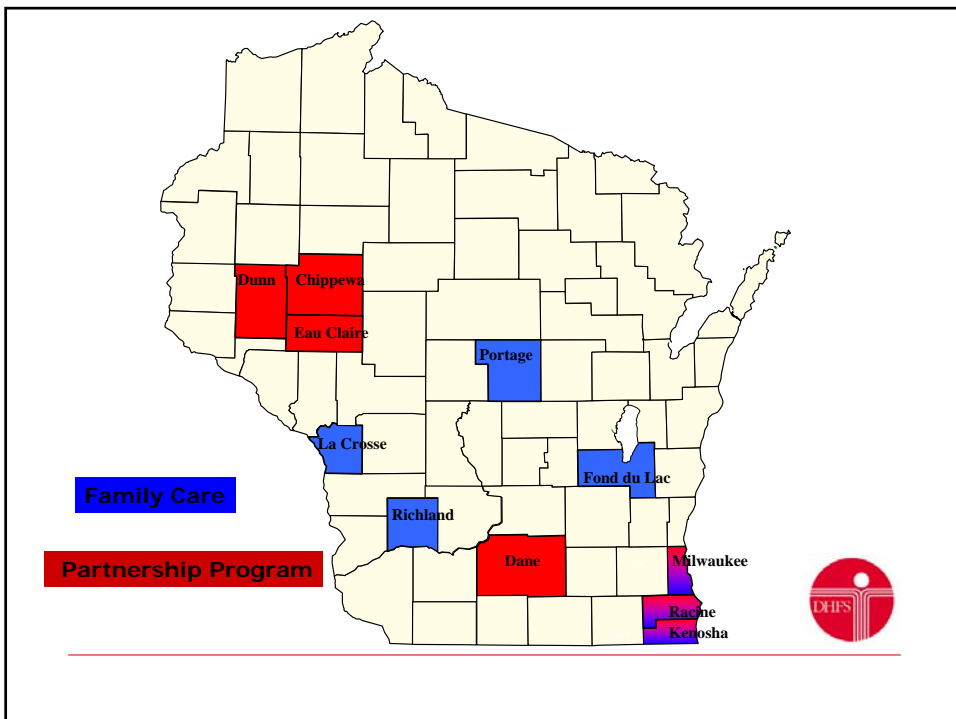
Who benefits from Family Care?

- Adults with physical and developmental disabilities
- Elderly people
- People with disabilities and people who are elderly who also have mental health, alcohol or drug abuse problems



Which Counties Have Family Care?

- Richland
 - La Crosse
 - Fond du Lac
 - Milwaukee
 - Portage
 - Racine
 - Kenosha
- See the map in your training binder.



Family Care: 2 Parts of Program

- ADRC = Aging and Disability Resource Center
- CMO = Care Management Organization



Role of an ADRC

- A place or a phone number staffed by real people
- One-stop location to get information about how you can get help when you have a disability or are elderly and frail
- A place to apply for services like Medicaid



Practical Goals of ADRCs

- Reach all consumers, regardless of their condition or their income
- Help people postpone their need for services or avoid the need for services altogether
- Help people make smart decisions about when, how and how much help they need and how to use their own money wisely
- Connect people who are at risk because their needs are urgent and connect them to services
- Be everybody's "one-stop shop" for long-term care

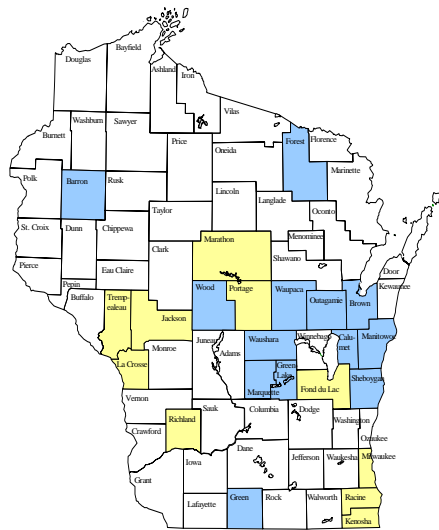


Services at an ADRC

- Outreach and Marketing (Where are we?)
- Prevention Activities (Staying as healthy as you can)
- Information and Assistance (Help that is available)
- LTC Options Counseling (Making the best choices)
- Elderly and Disability Benefit Counseling (Applying for or keeping your public benefits)
- Short-Term Care Management (Help now)
- Emergency Referral (Medical or other emergencies)
- Functional Eligibility (What do I need?)
- Financial Eligibility (Finding out if you can get Medicaid)
- APS/Elder Abuse Prevention (Immediate help if you or others are in danger or are vulnerable)



Aging & Disability Resource Centers



Role of Care Management Organizations (CMOs)

- To support elders and people with disabilities to get the **care and results** they want in a way that manages money wisely.



Practical Goals of CMOs

- Help consumers determine the results they want
- Include consumers in decision-making and creating a plan for services that is focused around the member, not the bureaucracy
- Provide services to the consumer, either with staff from the CMO or staff the CMO hires to help the consumer
- Coordinate with other services the consumer needs, like medical care or hospitalization
- Make sure that quality services are provided at all times



The Family Care Benefit: Provided by CMOs

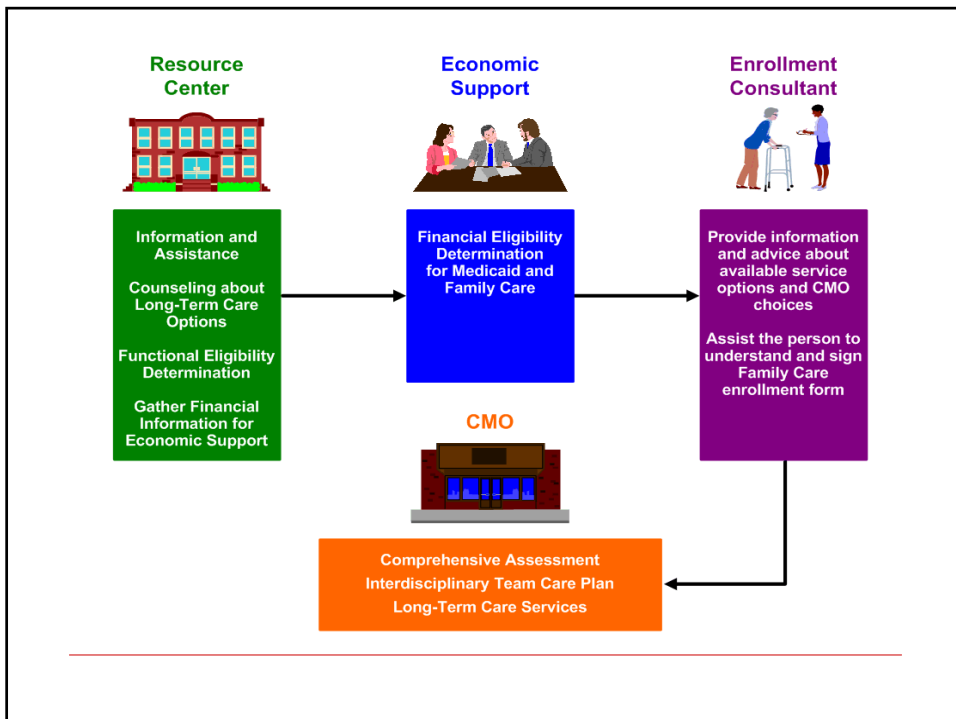
- Adaptive aids, communication aids, medical supplies, home modifications
- Home health, therapies, nursing, personal care, supportive home care
- Residential services, nursing home care
- Transportation, daily living skills training, supportive employment
- Nutrition Services, including home delivered meals
- Emergency response system services
- Respite care, adult day care, day services
- Case management



Where are the Family Care CMOs?

- Fond du Lac.....990 members
 - La Crosse.....1,759 members
 - Milwaukee.....6,179 members
 - Portage.....921 members
 - Richland.....359 members
 - Community Care, Inc... 681 members
- Total.....10,889

Membership is as of May 1, 2007



What Consumers Should Expect from Family Care -1

- ADRC workers who can come to your home
- Counseling about your options that is ongoing, not just a one-time event
- To not be handed off from one worker to another or asked the same questions repeatedly
- Clear explanations of every phase of your involvement with the program
- Unbiased information and advice about options and services



What Consumers Should Expect from Family Care -2

- Help to understand what it means to be “enrolled” in a “managed care program”
- Nurses, social workers and other professionals on a team to help you develop your plan of care
- Your team talking to your doctors and hospitals to make sure your care plan makes sense and is up-to-date
- A care plan approved by your care team, not an accountant in a business office
- A care plan that is unique to you– not anyone else
- Choice between providers of your services – even if a new provider has to be found by the program



What Consumers Should Expect from Family Care -3

- Close attention paid to find out what “outcomes” you want in your life and services that will help you get there
- Services that meet your needs and help you stay well, but also prevent other disabilities or illnesses
- Care plans that can change any time your needs change
- Advance notice of any change in your care plan and a chance to appeal before your services change
- Respect and attention to the things you value: family, home, financial means, control over your life, well-being, being accepted for who you are, sense of accomplishment, friends



Family Care: It is about Your Outcomes (Anything you are trying to achieve)

- People are treated fairly
- People have the best possible health
- People have privacy
- People are safe
- People have personal dignity and respect
- People choose their services
- People are satisfied with services
- People choose their daily routine
- People achieve their employment goals
- People choose where and with whom they live
- People participate in the life of a community
- People remain connected to friends and family
- People are free from abuse and neglect
- People are free from disruptions and feel secure



Part 2



Practical Goals for Reform

- Give people choices about where they live and the care they receive
- Streamline the system – simplify access and funding structure
- Prepare for the aging of the “baby boom”
- Promote wellness – prevent need for expensive care
- Promote individual planning and responsibility for future needs
- Control and better manage public costs



Why Managed LTC?

Current System

- ❑ Uncoordinated fee-for-service care, with no safeguards against gaps & overlaps
- ❑ Immediate entitlement to nursing home care; wait list for community care
- ❑ In NH, certain services regardless of need; in waiver, a limited benefit package.

Family Care

- ❑ Managed care, with focus on responsibility for quality and cost.
- ❑ Immediate entitlement to long-term care suitable for individual needs
- ❑ Single, expanded, flexible benefit package



Why Managed LTC?

Current System

- ❑ Waiver care management has social work expertise.
- ❑ Waiver assessment limited to need for waiver services
- ❑ Medical care rarely coordinated with waiver services.
- ❑ LTC 'card services' not coordinated with waiver services.

Family Care

- ❑ Interdisciplinary care management: social work and nursing
- ❑ Comprehensive assessment and care planning
- ❑ Mandatory contacts with medical providers.
- ❑ Control, responsibility for all services under one local agency.



Independent Evaluations of Family Care Program

- ❑ October 2005 report describes Family Care achievements in 2003 and 2004, the fourth and fifth years of the program's operation.
- ❑ <http://dhfs.wisconsin.gov/LTCare/pdf/FCIndepAssmt2005.pdf>



Program Results – Family Care

Costs in comparison to people in the waivers:

- Medicaid spending was \$452 lower for each member for each month, not including Milwaukee County, and
- \$55 lower for each frail elderly member in Milwaukee County



Program Results – Family Care

Consumers' outcomes:

- number of personal outcomes that are met is increasing
- better health and functioning than people not in Family Care



Planning for Family Care Expansion

- 10 Planning Grants – 100,000 - \$250,000
- Planning groups include public agencies (counties) and private agencies
- Planning started in February 2006 and will end in late 2007 or early 2008
- Each group is planning for ADRC and CMO at its own pace

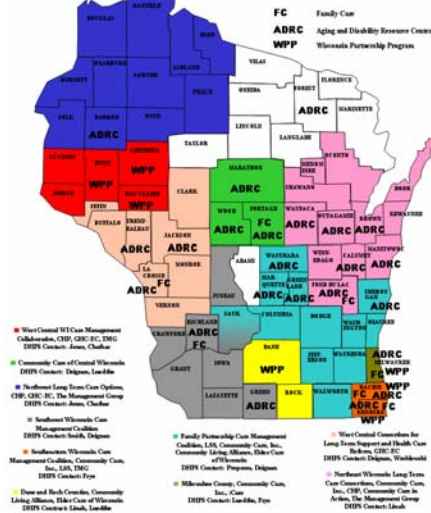


Planning for Family Care Expansion

- Some groups are planning for more than one program in the area
- All groups must have stakeholders, including consumers, involved in their planning activities
- Contact information for each group, including websites, is in your training binder



Planning Grants May 2007



Guidelines for Planning Groups - 1

- DHFS will purchase results, not services or processes.
- Build programs that allow consumers and care managers flexibility to respond to individuals' needs, preferences, and resources.
- Enable individuals to live in the most integrated setting suited to their needs and preferences.
- Reduce reliance on institutional and residential care.
- Include and support informal caregivers.

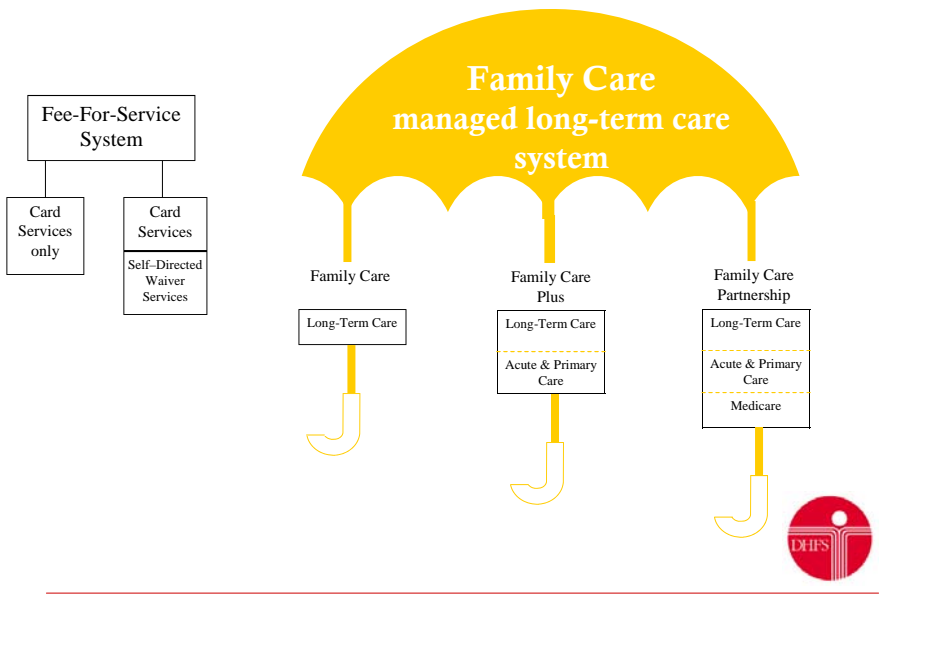


Guidelines for Planning Groups - 2

- Service delivery and costs will be managed though flexible, integrated, individualized managed care benefit system
- Program models include Family Care, Family Care Plus and Family Care Partnership
- Financing will include capitated risk-based financing models with potential for innovative pay-for-performance models



Choices for people with long-term care needs



Guidelines for Planning Groups - 3

- State will contract with a reasonable, but limited, number of care management organizations (CMOs)
- Multiple care management organizations may serve a single geographic area
- CMOs must have sufficient provider networks, good financial managers, and adequate money held in reserve



Guidelines for Planning Groups - 4

- CMO service areas will be multi-county, serving enough members to be cost-effective
- Multi-county ADRCs are encouraged
- CMOs will be either private organizations, public-private partnerships, or multi-county groups
- CMOs will be paid by the State based on rates set by an independent actuary



Guidelines for Planning Groups - 5

- Existing Community Options Program (COP) and Community Integration Program (CIP) participants will be transitioned to the new model
- Recipients of Medicaid card service long-term care (home health or personal care) benefits and nursing home care will also be transitioned to the new model
- Costs to counties that contribute tax dollars to LTC will not increase and people on waiting lists will be enrolled over a 24 month period



Guidelines for Planning Groups - 6

- CMOs must coordinate or integrate long-term care services with primary and acute medical care for consumers within the care management model
- The minimum degree of integration will be the inclusion of a nurse to coordinate health care, such as within the Family Care model
- Prevention and wellness strategies are required



Information Opportunities

Managed Care Expansion Website

<http://dhfs.wisconsin.gov/ManagedLTC>

Managed Care Expansion LTC Listserv

<http://dhfs.wisconsin.gov/ManagedLTC/grantees/listserv.htm>

Critical Components of Managed
Care Briefings Webcast at:

<http://dhfs.wisconsin.gov/ManagedLTC/grantees/webcasts>

