

Overview of Family Care

Presentation at the
Tribal-County-State
Relations Seminar
Focusing on Family Care
August 1, 2007



Why Reform Long-Term Care in WI?

- 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

Program Results – Family Care

Cost in comparison to people in 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

Consumer’s outcomes:

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

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

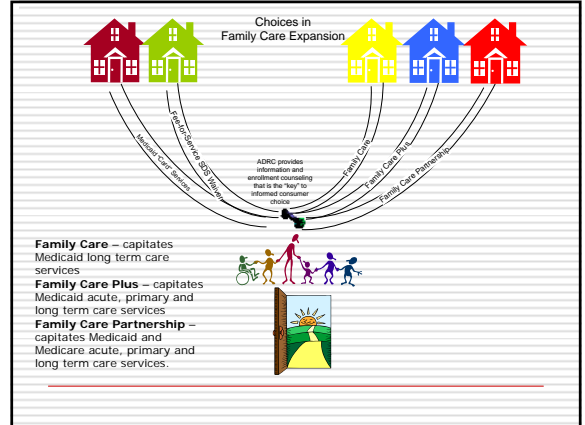
- Waiver care management has social work expertise.
- Waiver assessment limited to need for waiver services
- Medical care rarely coordinated with waiver services.
- LTC ‘card services’ not coordinated with waiver services.

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.

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

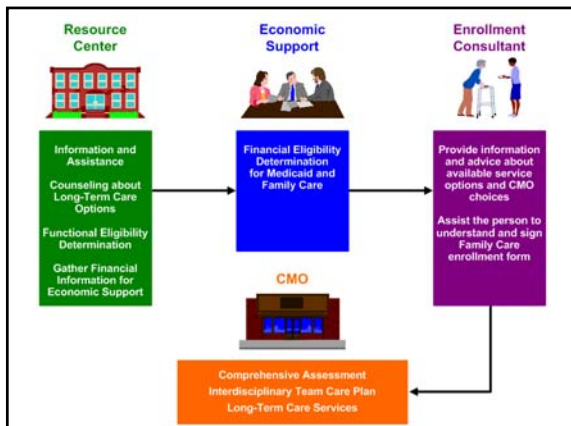


Self Directed Supports Waiver

- Gives people a choice outside of a managed care environment
- Required by CMS
- Department plans to submit application in September 2007
- Participants will self direct a budget based on the Long Term Care Functional Screen
- Current CIP/COP waiver services will be included
- In addition, the person can access Medicaid card services
- The participant must agree to self direct all waiver services
- Assistance is available from the independent consultant agency and the fiscal services agency

Family Care: 2 Parts of Program

- ADRC = Aging and Disability Resource Center
- MCO = Managed Care Organization



Core Services of the Aging and Disability Resource Center Organization

Information and Assistance	Financial and Functional Eligibility	Elderly and Disability Benefit Counseling
Long-Term Care Options Counseling	Emergency Referrals	Outreach and Marketing
Short-Term Care Management	Adult Protective Services/Elder Abuse	Health, Promotion, Prevention, Early Intervention

Role of Managed Care Organizations (MCOs)

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

- MCO service areas will be multi-county, serving sufficient numbers of members to allow for cost-effective management of services and risks
 - MCOs are either private organizations, public-private partnerships or multi-county consortia
 - Reimbursement will be based on capitated, actuarially sound rates
 - MCOs must coordinate or integrate long term care services with acute and primary care
 - MCOs must have a provider network that meets members' needs and gives them provider choices
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Practical Goals of MCOs

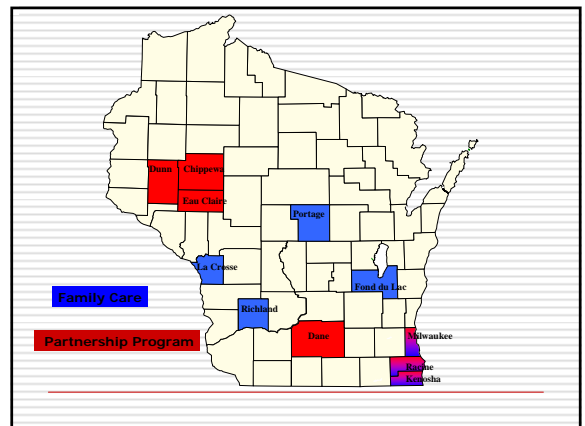
- Help consumers determine the results they want
 - Include consumers in decision-making and creating a plan for services that is focused around the member, not the bureaucracy
 - Provide services to the consumer, either with staff from the MCO or staff the MCO hires to help the consumer
 - Coordinate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

- 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
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Which Counties Have Family Care?

- Richland
 - La Crosse
 - Fond du Lac
 - Milwaukee
 - Portage
 - Racine
 - Kenosha
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Unique Position of Tribes (cont.)

- Future of Tribal waiver agencies needs to be addressed via consultation process
 - Since 100% FMAP can save state funds, the use of this "freed-up-funding" needs to be addressed.
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ADRC Expansion – Questions from Tribes

- How will Tribes participate in/benefit from ADRC development?
 - How will Tribal ADRC needs be funded?
 - These, and other questions will be addressed via joint consultation process.
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Tribes in Managed Care Environment

Opportunities that Tribes may consider:

- Tribal aging, disability and health services as providers of culturally competent services in MCO provider network
 - Tribal case management agencies as specialty care management providers for Tribal members in MCO provider network
 - Other opportunities?
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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>
