

What is Family Care Partnership?

Family Care Partnership, also known as Partnership is an innovative program that provides a full range of long-term care, health and medical services, and prescription drugs to enable you to live as independently as possible.

Long-term care is any service or support that you may need as a result of a disability, getting older, or having a chronic illness that limits the ability to do the things that you need to do throughout the course of your day. This includes things such as bathing, getting dressed, making meals, going to work, paying bills, and much more. There are a variety of services and supports available in Partnership that can help people do these things independently or with the support of someone else.

Partnership also covers your health and medical services, which includes the services of a physician, nurse practitioner, physician assistant, or other qualified medical professional. Health promotion, disease prevention, health maintenance, and patient education are also provided. In addition, Medicaid and Medicare drug services are all provided by the Family Care Partnership organization. Members do not need to have a separate Medicare Part D drug plan.

By coordinating your long-term care, health, medical care, and prescription drugs all together, this program is convenient and efficient for its participants.

How Does Partnership Work?

People Receive Interdisciplinary Care Management.

Sometimes people don't know exactly what they need, what's available, or where to go to get the care and services they need. Coordinating your own health, medical and long-term care services can be overwhelming. When you participate in a Partnership program, you receive the support of a care team that is trained to provide care management for both health and medical conditions, in addition to your long-term care needs.

You are an active participant on the care team that also includes, at a minimum, a Partnership doctor, a nurse practitioner, a care manager and a registered nurse. You can choose to include a family member or loved one on your team. Sometimes people also choose other professionals to participate as team members as well. In Partnership, this team is called an "interdisciplinary team." The interdisciplinary team plans, delivers, and oversees your care across all settings, from your home to the hospital.

People Participate in Determining the Services They Receive.

The first step in planning Partnership services is for you to discuss with your team the kind of life you want to live, whether you want to live where you live now or in a different place, and what kind of support you need to live the kind of life you want. This step is called the assessment.

The services that you will receive are then outlined in a “Care Plan.” Team members support you in developing your plan by providing the information you need to make informed choices about the care you receive. Your care plan will help you move toward the personal outcomes that you want for your life and that your team identified in the assessment.

People Choose Service Providers from a Comprehensive Network.

Participants of Partnership select their long-term care and health care providers from a “provider network.” Managed Care Organizations or MCOs (which are the agencies that provide the Partnership benefit to people) are required to have providers for all the services covered by the program and have enough to give members a choice about how they receive their services.

In addition to selecting your long-term care providers through the provider network, in Partnership, you also select your physician from a network. Having physicians in a network ensures that your health care and long-term care services are coordinated in the way that the program is designed. You will have the opportunity to remain with your physician if he or she is in the MCO’s provider network. If your physician is not part of the provider network, the Partnership program could contact your physician about joining.

If you join a Partnership program, medication coverage is also integrated into the benefit. Members of Partnership receive their prescription medications at Partnership pharmacies. Medicare enrollees no longer need a separate Medicare Part D drug plan.

People Receive the Services They Need Through One Benefit.

Sorting through multiple government funding programs to discover what you’re eligible for and what’s covered (or not) can be confusing and exhausting. The good news is that Partnership pays for your long-term care, health and medical services and prescription drugs that would otherwise be available through various Medicare and Medicaid programs. This includes pharmacy services so that participants can receive their prescription and some over-the-counter medications conveniently. Dental services are also included in the Partnership benefit package. **Please note:** to be eligible for Partnership, you must be enrolled in every part of Medicare that you are eligible for.

People Receive Services that Best Achieve the Results They Desire.

The success of the Partnership Program is best measured by the real-life results or the outcomes you get from the services you receive. “Quality of Life Outcomes” in Partnership represent what is important to you in your life.

The following statements are the “Quality of Life Outcomes” that the Partnership program strives for. When you participate in the program, YOU define what these outcome statements mean to you and your life. Helping you achieve your personal outcomes is the goal of Partnership:

- I decide where and with whom I live.
- I make decisions regarding my supports and services.
- I decide how I spend my day.
- I have relationships with family and friends.
- I work or do other things that are important to me.
- I am involved in my community.
- My life is stable.
- I am respected and treated fairly.
- I have privacy.
- I have the best possible health.
- I feel safe.
- I am free from abuse and neglect.