
LONG TERM CARE PROGRAM VALUES

Wisconsin's long term support programs are driven by a consumer-based values framework defined by the acronym RESPECT, which is described below. The values of RESPECT suggest that community services be centered on the program participant—a person with a history, a unique personality, and individual preferences. The values of RESPECT stand for:

- **RELATIONSHIPS** – *Relationships between participants, care managers, and providers are based on caring, respect, continuity over time, and a sense of partnership.*

People who work in long-term support programs care about the people who apply for and receive services. A respectful human relationship with the program participant is part of the job responsibilities of all the staff, including the receptionist who answers the phone, the care manager who helps determine eligibility and develop service plans, the in-home worker who provides personal care, and everyone else who works with the participant. Planning and managing services can be approached as a partnership between the participant and the care manager, each helping to solve problems related to the participant's disability.

Continuity of relationships is also important. Long-term relationships should be sought between care managers and program participants and between service providers and participants.

- **EMPOWERMENT TO MAKE CHOICES** – *Individual choice is the foundation of ethical long-term support services.*

People have preferences about how they live everyday life, where they live (whether alone or with someone), and how they spend their time. Long-term support services that are truly individualized help people express their preferences and personal values, and, to the extent possible, meet those preferences. Programs of quality empower and enable participants to determine what services they receive, how the services are provided, and who provides them. Care managers can be consultants for participant choice and ensure that participants have the information and time they need to make meaningful decisions about long-term services.

Wisconsin's philosophy of respect for choice recognizes the dignity of individual risk-taking to maintain a measure of independence and the right to experience one's preferred level of safety from physical harm, environmental hazards, and exploitation.

- **SERVICES TO MEET INDIVIDUAL NEEDS** – *People want prompt and easy access to services that are tailored to their individual circumstances.*

A frail elderly person or a person with a disability ought to get needed services easily without red tape, confusing or difficult experiences, or delays. Planning services around individuals requires variety, flexibility, and creativity. Many different types of services are required in a community to meet differing needs and preferences. Good services promote people's optimum health, security, and functioning. Stability of services is also important. People should be able to feel secure that their services are guaranteed by the system and will be provided without interruption or unplanned changes.

- **PHYSICAL AND MENTAL HEALTH** – *Services are intended to help people achieve their best level of health and functioning.*

People come to need long-term support services because they have difficult health problems. These problems must be addressed directly to help people optimize their quality of life. Excellent health care and rehabilitative services are a fundamental part of the long-term support program. These include services to maintain wellness and prevent illness and injury, as well as services to treat illness, injury, pain, and disability.

Care plans that work well for participants integrate and coordinate all the health care and social supports needed by the individual. Health and social service professionals need to function as a team to meet needs comprehensively.

- **ENHANCEMENT OF PARTICIPANT REPUTATION** – *In every way possible, long-term support services maintain and enhance each participant's sense of self-worth and the community's recognition of his or her value.*

Participants are perceived and treated with respect and as persons of value. Service design and delivery reflect each individual's past, present, and future strengths and characteristics.

Care managers and providers do not treat adults as children or any participant as an objectified "case." Services are managed and provided in a way that respects the personal privacy of participants and ensures care is provided with as little intrusion as possible. Information about the participant and his or her services is kept confidential.

- **COMMUNITY AND FAMILY PARTICIPATION** - *Participants are supported to maintain and develop friendships and to participate in their families and community.*

Services are designed to help people maintain the relationships and roles that are already part of their lives. Services are also offered to help people develop new relationships and activities, if that is their desire. Services enable people to actively contribute to their communities, both for their own satisfaction and the good of their communities. Respect is also given to an individual's expressed need for privacy and non-participation; social interaction is not forced on the participant.

- **TOOLS FOR INDEPENDENCE** - *People are supported to achieve maximum self-sufficiency and independence.*

People generally want opportunities to take care of themselves as much as they are able. Because of disabilities or health problems, people may need support to carry out many everyday tasks. Tools that would enable people to do these tasks by themselves should take precedence over other types of assistance when possible and preferred by the individual.

To learn more about the RESPECT values and the guiding principles behind the Community Options Program and adult Medicaid Waiver programs, care managers should view the Long-Term Support Orientation binder. A copy of this binder was sent to each county waiver agency in 2005. Review of the Long Term Support Orientation materials is required for all new care managers or supervisors within 6 months of hire for those who work in the long-term support unit.

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WAIVERS AND OUTCOMES

The term “outcomes” is used in a variety of situations and often describes the objectives of a particular agency, research, or system. For purposes of the waiver program, it is important to understand the definition of an outcome for person-centered planning in Wisconsin’s long-term care programs.

For the waiver program, outcomes can be defined as simply as what a person wants to accomplish in his/her life, what is important to him/her, and what does he/she want his/her life to be like. Outcomes are individualized to the person’s situation. A person’s desired outcome will depend on his or her own values, lifestyle and preferences.

Getting to know the individual is crucial in determining outcomes. It is about understanding who people are, their situation, and their preferences. It is about learning what their life has been like, what their current priorities are, and what goals this person has for him or herself. The assessment process will help the care manager form a picture or idea of what is important to the person, or what the person would like changed in his/her life.

Once a person’s outcomes are stated/defined, a person-centered plan can be developed that addresses not only the person’s basic needs or health and safety issues, but also addresses the person’s quality of life. By understanding what the person’s stated outcomes are, the care manager will be able to develop a comprehensive support system utilizing both formal and informal supports.

The benefits of understanding a person’s outcomes are clear. Care managers will be helping the person get what they really need by having their preferences and choices honored. Care managers may be in a position to assist a person in achieving a stated goal. In any case, in most cases, a person’s quality of life will improve because what really matters to the person is being addressed and supported.

LONG TERM CARE PROGRAMS

In counties that have not yet implemented Family Care, long-term care funding for persons who are elderly or have a physical disability is comprised mainly of monies from Community Aids, the Community Options Program (COP), Medicaid card services, and two Medicaid waiver programs: the Community Option Program - Waiver (COP-W) and the Community Integration Program II (CIP II).

- The Community Option Program was developed in 1981 by the state of Wisconsin as an alternative to nursing home care. It provides long-term support to people in their homes and communities.
- The Medicaid waiver programs were created by the federal government. Through these programs, Medicaid dollars are used to serve people in their home communities instead of in institutions. The six non-Family Care Medicaid waiver programs are described in the chart printed in this Waiver Basics workbook.
- The waiver programs serve people who meet the level of care standards for nursing home admission and would be eligible for Medicaid-funded nursing home care. To be eligible for the COP-W/CIP II program, an applicant must:
 - 1) Fit the target group.
 - 2) Have an eligible nursing home level of care.
 - 3) Live in a waiver-allowable setting.
 - 4) Meet both the financial and non-financial criteria for Medicaid eligibility.
 - 5) Have a need for waiver program services.
- In order to access the waiver program, the state must ensure services meet federal standards and requirements. The state must also verify that the cost of care does not exceed that of institutional placement on a statewide (average) basis.

Medicaid fee-for-service (“card”) services should always be used before waiver funds. If the Medicaid card will not fund an item or service, then waiver funding can be pursued. If a desired service is not waiver allowable, then COP or other funding can be used.

MEDICAID WAIVERS OTHER THAN FAMILY CARE

TYPE OF WAIVER	DESCRIPTION OF WAIVER AND TARGET POPULATION	DESCRIPTION OF FUNDING
CIP IA	Developed to provide community services to persons with developmental disabilities who are relocated from state developmental disability centers .	Counties can earn what is spent in Medicaid dollars up to the allowable rate. They can also claim federal reimbursement above the state rate.
CIP IB	Developed to provide community services to persons with developmental disabilities who are relocated or diverted from nursing homes and Intermediate Care Facilities for Mental Retardation .	Counties can earn what is spent in Medicaid dollars up to the allowable rate. They can also claim federal reimbursement above the state rate.
CIP II	Developed to provide community services to the frail elderly and persons with physical disabilities after a nursing home bed is closed .	Counties can earn what is spent in Medicaid dollars up to the allowable rate. They can also claim federal reimbursement above the state rate.
COP-W	Developed to provide community services to the frail elderly and persons with physical disabilities at risk of entering a nursing home .	Counties are given an allocation to match the federal portion of Medicaid dollars. Counties can earn more federal dollars if there are additional dollars (e.g. COP, county levy) to match.
BIW	Developed to provide community services to persons with brain injuries who are relocated or diverted from units or facilities designated for brain injury rehabilitation by the Wisconsin Medicaid program. For more information contact your local CIS representative.	Counties can earn what is spent in Medicaid dollars up to the allowable rate.
CLTS	Developed to provide community services to serve children up to the age of 22 and their families who have a developmental disability; physical disability; and those who have a severe emotional disturbance .	Counties can earn what is spent in Medicaid dollars up to the allowable rate. They can also claim federal reimbursement above the state rate.

WAIVER MANDATE

The use of waiver program dollars was mandated in Wisconsin in order to capture more federal money and serve more people. This means waiver program funds must be pursued before COP funds can be used.

The mandate requires an effective date of eligibility for the waiver program be established within ten days of a participant receiving COP-funded services. This implies that the care manager must do the following within ten days of starting COP-funded services:

- Complete a Long Term Care Functional Screen.
- Discuss a possible plan of services with the participant.
- Make a referral to the income maintenance worker for Medicaid application.

- Up to 90 days of general COP service funding is allowable for potentially eligible waiver applicants as long as an application for a waiver effective date has been completed within 10 days.
- It is important to establish the waiver effective date of eligibility as early as possible because waiver funds can potentially repay expenses initially paid by COP funds or general purpose revenue.

MEDICAID WAIVERS MANUAL

The Medicaid Waivers Manual describes the federal standards and requirements that must be met in order to receive federal funding. The Medicaid Waivers Manual is available to county waiver agencies by accessing the following web site:

<http://dhs.wisconsin.gov/waivermanual/index.htm>

Past issues of *Waiver News*, *Waiver Wise*, and the COP Informational Bulletins (particularly those specific to the waiver programs) are also excellent sources of information.

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