REPORT TO THE JOINT LEGISLATIVE AUDIT COMMITTEE ON FAMILY CARE
AUGUST 31, 2012

DETAILED COST ANALYSIS OF FAMILY CARE

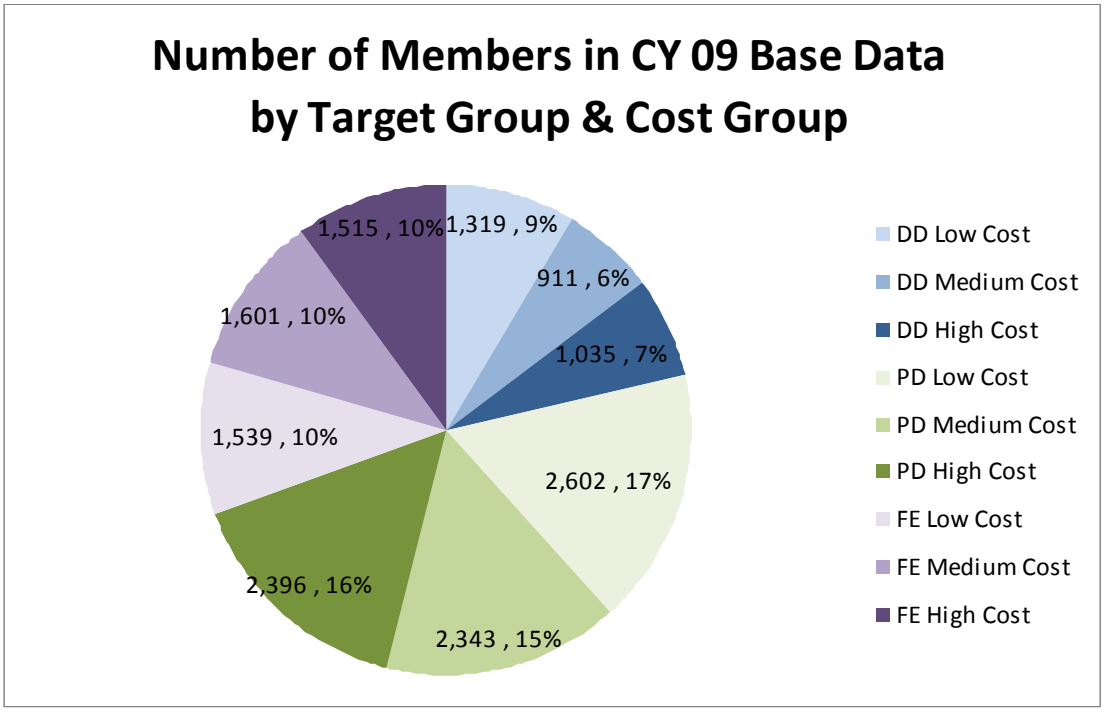
SUMMARY OF THE DATA

- The data tables below have been assembled to describe the service utilization and costs associated with several different cohorts of Family Care enrollees.
- The tables were assembled by analyzing Family Care experience from CY 2009, cost information that was used to establish the CY 2011 capitation rates for the program.
- Those base data, by design, contain what is considered to be "benchmark" information from: (i) the original five pilot counties; and (ii) the initial program expansion to Kenosha and Racine Counties.
- Data are not included from the other expansion counties or MCOs for two reasons. First, the time line associated with this project required that the actuaries leverage data that were already available. Second, those costs are still in a transition period from the higher cost legacy waiver system to the lower cost managed care environment.
- As such, the charts below reflect what a fully managed system will look like after a transition period (of 3-5 years), during which the Department expects savings of 15%, on average, to be achieved by each the Family Care MCOs. It is important to note that these savings vary widely, depending upon the county/region of the state, and the structure of the service delivery that had been operating under the legacy waiver system.

ORGANIZATION OF THE DATA

- For purposes of understanding various subgroups, the data below have been stratified by target group: Frail Elder (FE), Physical Disability (PD), and Developmental Disability (DD).
- Further, because the Legislative Audit Bureau has identified high cost enrollees, and the funding thereof, to be a central issue for the Department to address, three different cost cohorts have been assembled within each target group.
- The cost groups were developed by the Department's actuarial firm, after inspection of the cost distribution associated with each target group, and are defined as follows:

Cost Group – Based on PMPM			
	Low	Mid	High
Developmental Disability	$0 - 2,000	$2,000 - $4,700	$4,700 +
Physical Disability	$0 - 1,200	$1,200 - $2,600	$2,600 +
Frail Elderly	$0 - 1,500	$1,500 - $2,800	$2,800 +



This pie chart shows the distribution of the 15,261 individuals included in the CY 2009 base data across the nine cohorts used in this analysis.

- The cost data are displayed below as a series of nine distinct service arrays for each of these cohorts.
- Additional service array data are presented to address two other cohorts of interest:
  (1) Users of residential and/or institutional services, versus non-users; and
  (2) Members with different counts of service types, in addition to care management.
- There are dozens of services that fall within the Family Care benefit package, a combination of what were formerly: (i) state plan services; and (ii) waivered services.
- For purposes of this presentation, a specific grouping of services under broad categories is used.

  This includes the following broad service categories:
  - Adaptive Equipment
  - Adult Day Activities
  - Case Management
  - Habilitation/Health
  - Home Care
  - Home Health Care
  - Housing
  - Institutional Care
  - Residential Care
  - Respite Care
  - Transportation
  - Vocational

- Coding practices at the local level affect the presentation of care costs and service utilization. For example, respite care is often billed, paid, and subsequently coded by the MCOs under a Supportive Home Care category, which would appear within these data tables within the broader Home Care category.

DETAILED COST ANALYSIS OF FAMILY CARE

- To provide a point of departure for reviewing the nine individual cost cohorts, the following table displays the target group-specific cost averages for the entire set of CY 2009 base data (i.e., PMPM costs across both the pilot MCOs *and* the initial Family Care expansion to Kenosha and Racine Counties, by type of service).

Service Category	Grand Total DD	Grand Total PD	Grand Total Elderly
Enrolled Months	35,995	70,966	43,194
Family Care Services			
Adaptive Equipment	$ 54	$ 89	$ 58
Adult Day Activities	$ 272	$ 34	$ 45
Case Management	$ 372	$ 357	$ 313
Habilitation / Health	$ 20	$ 32	$ 12
Home Care	$ 365	$ 599	$ 454
Home Health Care	$ 44	$ 91	$ 45
Housing	$ 1	$ 2	$ 1
Institutional	$ 159	$ 439	$ 612
Residential Care	$ 1,702	$ 465	$ 721
Respite Care	$ 53	$ 6	$ 6
Transportation	$ 150	$ 52	$ 40
Vocational	$ 256	$ 5	$ 1
Total Family Care Services	$ 3,450	$ 2,172	$ 2,309
Room and Board			
Room and Board - Collections	$ (291)	$ (112)	$ (199)
Room and Board - Costs	$ 305	$ 109	$ 202
Total Room and Board	$ 14	$ (3)	$ 2
Grand Total	$ 3,464	$ 2,168	$ 2,312
Composite PMPM		$ 2,520	

- Importantly, these target group definitions are *not* age-based. If an individual is elderly and also has a disability, then the person retains a disability status because the cost profile does not necessarily change with the target group administrative classification (i.e., age group).
- Service costs and utilization vary by target group, but residential care, home care, and care management are among the top five service categories for each target group.
- The following pages examine the cost cohorts by target group (DD, then PD, then FE).
- Those data are followed by a comparison of the services that are used by persons in residential and/or institutional settings, relative to those who are not living in substitute care.
- The final two pages show the distribution of members by the number of services they are receiving (in addition to care management), and the service arrays associated with low-, medium, and high-users of the care management service.

DEVELOPMENTAL DISABILITY TARGET GROUP
COST GROUPS & PROPORTION OF MEMBER MONTHS IN WHICH A SERVICE WAS USED

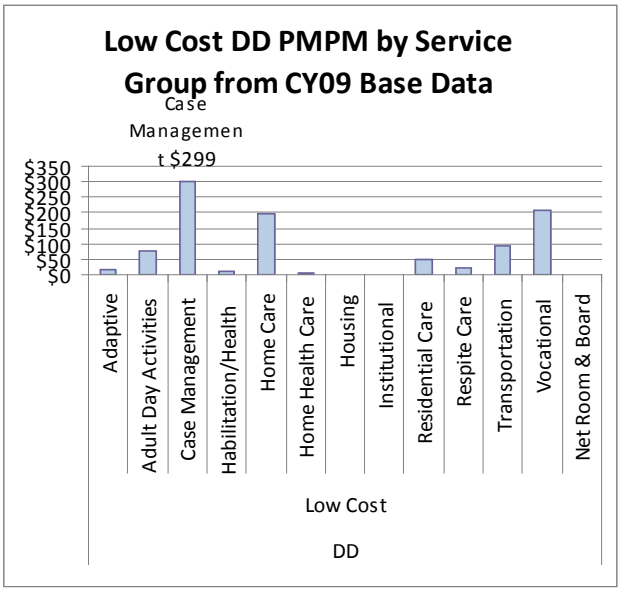
NOTE: CHARTS ASSOCIATED WITH THE DEVELOPMENTAL DISABILITY DATA APPEAR ON THE NEXT PAGE

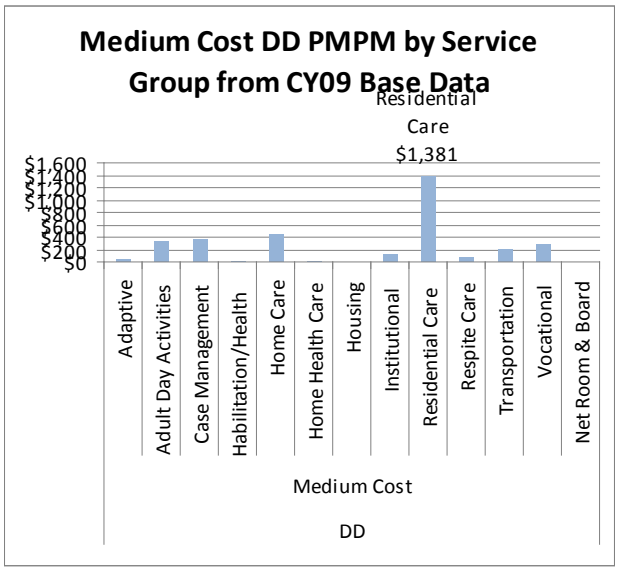
- Low cost group
  - PMPM service costs: The highest is $299 for case management, with about $200 PMPM for each of home care & vocational as well.
  - Service use: Services with the highest percentages of member months in which the services were used, other than care management, are transportation, vocational, & home care.

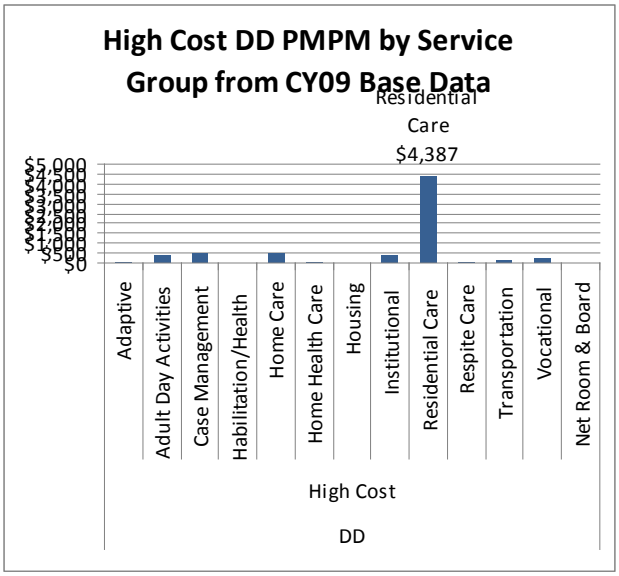
- Medium cost group
  - PMPM service costs: The highest is $1,381 for residential, with about $400 PMPM for home care, and care management, vocational, adult day activities, and transportation all coming in between $200-$400 PMPM.
  - Service use: Residential and transportation are used in over 60% of member months, and adult day activities, vocational, home care, and adaptive equipment are all in the 30-50% range.

- High cost group
  - PMPM service costs: The highest by far is residential at $4,387 PMPM; case management, adult day activities, home care, and institutional are all between $400-$500 PMPM.
  - Service use: Over 80% of member months have residential service utilization; adult day activities, adaptive equipment, and transportation are used in about 40-50% of member months.

- Comparison/Summary: The major cost difference between these cohorts is in residential costs. The primary cost center for persons in the low cost group are case management, home care, and vocational services, while costs for residential services increase in the medium cost group and are significantly higher for the high cost group. Service use mirrors this pattern, with primarily home care, vocational, and transportation used by lower cost members, increasing residential utilization within the medium cost group (in addition to other services), and the greatest residential service utilization among high cost members.


Low Cost DD PMPM by Service Group from CY09 Base Data
Case Management $299
$350
$300
$250
$200
$150
$100
$50
$0
Adaptive
Adult Day Activities
Case Management
Habilitation/Health
Home Care
Home Health Care
Housing
Institutional
Residential Care
Respite Care
Transportation
Vocational
Net Room & Board
Low Cost
DD


Medium Cost DD PMPM by Service Group from CY09 Base Data
Residential Care $1,381
$1,600
$1,400
$1,200
$1,000
$800
$600
$400
$200
$0
Adaptive
Adult Day Activities
Case Management
Habilitation/Health
Home Care
Home Health Care
Housing
Institutional
Residential Care
Respite Care
Transportation
Vocational
Net Room & Board
Medium Cost
DD


High Cost DD PMPM by Service Group from CY09 Base Data
Residential Care $4,387
$5,000
$4,500
$4,000
$3,500
$3,000
$2,500
$2,000
$1,500
$1,000
$500
$0
Adaptive
Adult Day Activities
Case Management
Habilitation/Health
Home Care
Home Health Care
Housing
Institutional
Residential Care
Respite Care
Transportation
Vocational
Net Room & Board
High Cost
DD

PHYSICAL DISABILITY TARGET GROUP
COST GROUPS & PROPORTION OF MEMBER MONTHS IN WHICH A SERVICE WAS USED

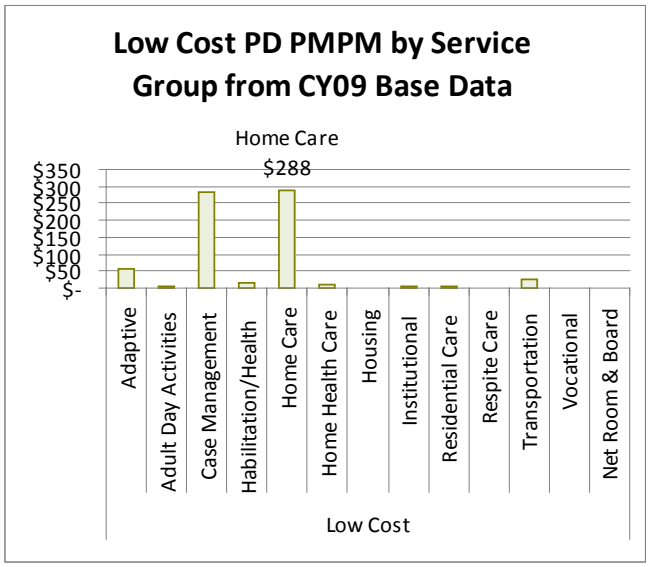
NOTE: CHARTS ASSOCIATED WITH THE PHYSICAL DISABILITY DATA APPEAR ON THE NEXT PAGE

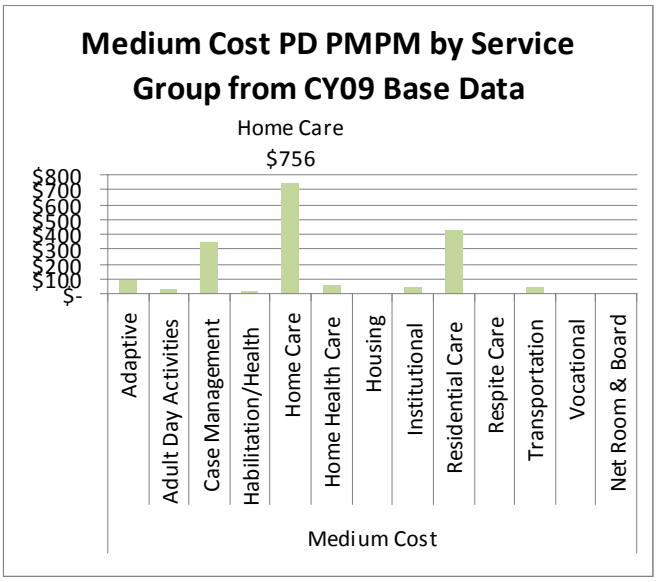
- Low cost group
  - PMPM service costs: The highest is home care at $288, closely followed by case management; all other PMPM service costs are <$100.
  - Service use: About 70% of member months have home care utilization; adaptive equipment is at nearly 60%, and transportation around 30%.

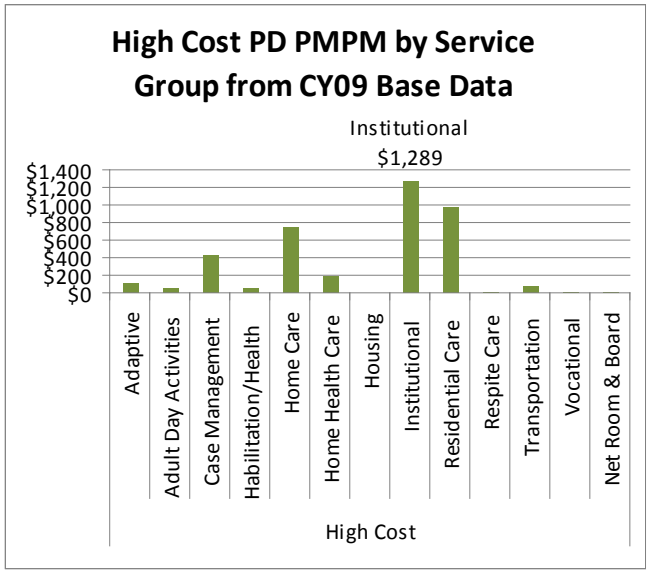
- Medium cost group
  - PMPM service costs: The highest is home care here too, with a higher PMPM of about $756. The residential PMPM is around $400, and case management is between $300 and $400.
  - Service use: About 70% of member months have home care utilization; adaptive equipment is between 60-70%, transportation between 30-40%, and residential care just over 20%.

- High cost group
  - PMPM service costs: The highest is institutional services at $1,289, with the residential PMPM following closely at just under $1,000.
  - Service use: About 30% of member months have institutional service use, and 30-40% have residential; adaptive equipment is just over 50%, and transportation around 40%. Home care use is lower than in other PD cost groups- it is used in about 40% of member months here.

- Comparison/Summary: The major cost differences between groups here are in home care versus residential or institutional services. The main cost and main service used for low cost members is home care; home care costs increase in the medium group and some of those members also have residential costs; and among high cost members, institutional and residential services are the most expensive.


Low Cost PD PMPM by Service Group from CY09 Base Data
Home Care
$288
$350
$300
$250
$200
$150
$100
$50
$-
Adaptive
Adult Day Activities
Case Management
Habilitation/Health
Home Care
Home Health Care
Housing
Institutional
Residential Care
Respite Care
Transportation
Vocational
Net Room & Board
Low Cost


Medium Cost PD PMPM by Service Group from CY09 Base Data
Home Care
$756
$800
$700
$600
$500
$400
$300
$200
$100
$-
Adaptive
Adult Day Activities
Case Management
Habilitation/Health
Home Care
Home Health Care
Housing
Institutional
Residential Care
Respite Care
Transportation
Vocational
Net Room & Board
Medium Cost


High Cost PD PMPM by Service Group from CY09 Base Data
Institutional
$1,289
$1,400
$1,200
$1,000
$800
$600
$400
$200
$0
Adaptive
Adult Day Activities
Case Management
Habilitation/Health
Home Care
Home Health Care
Housing
Institutional
Residential Care
Respite Care
Transportation
Vocational
Net Room & Board
High Cost

FRAIL ELDERLY TARGET GROUP
COST GROUPS & PROPORTION OF MEMBER MONTHS IN WHICH A SERVICE WAS USED

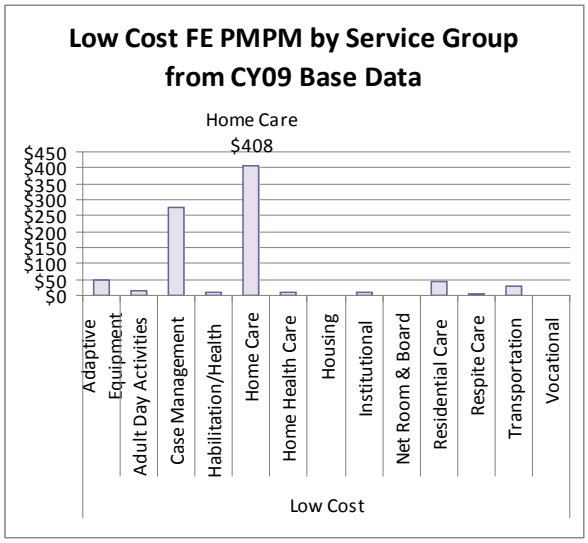
NOTE: CHARTS ASSOCIATED WITH THE FRAIL ELDERLY DATA APPEAR ON THE NEXT PAGE

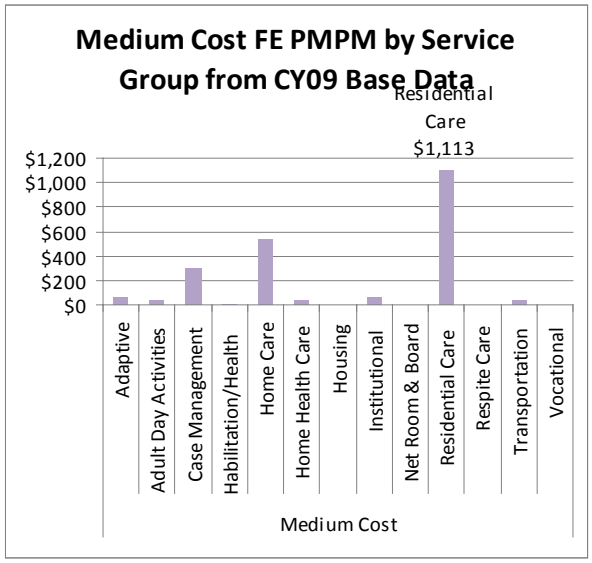
- Low cost group
  - PMPM service costs: The highest is home care at $408, followed by case management at $275; all other services are <$100 PMPM.
  - Service use: Home care is used in nearly 80% of member months, and adaptive equipment in about 60%; transportation is used in nearly 30% of member months.

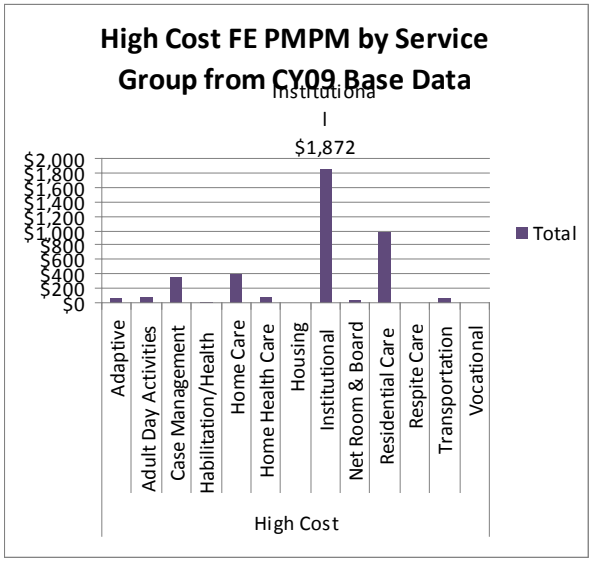
- Medium cost group
  - PMPM service costs: The highest is residential care at $1,113, followed by home care around $500; case management is around $300 PMPM, and other services are <$100 PMPM.
  - Service use: Residential is used in 50-60% of member months, and home care in 40-50%; transportation is used in 20-30% of member months.

- High cost group
  - PMPM service costs: The highest is institutional at $1,872, followed by residential at just under $1,000. Home care is just over $400 PMPM, and case management just under. Other services are still <$100 PMPM.
  - Service use: Residential is used in just over 40% of member months, and institutional just under 40%; adaptive equipment is also used in just over 40% of member months. Transportation is used in about 30% of member months, and home care in about 20%.

- Comparison/Summary: The major cost differences between groups here are also home care versus residential or institutional services. The main cost and main service used for low cost members is home care; for medium cost members it is residential; and for high cost members it is institutional with high costs remaining for residential as well. Service use also follows this pattern, with home care the most-used service in the low cost group, residential in the medium cost group, and both residential and institutional among the more used services for the high cost group.


Low Cost FE PMPM by Service Group from CY09 Base Data
Home Care
$408
$450
$400
$350
$300
$250
$200
$150
$100
$50
$0
Adaptive
Equipment
Adult Day Activities
Case Management
Habilitation/Health
Home Care
Home Health Care
Housing
Institutional
Net Room & Board
Residential Care
Respite Care
Transportation
Vocational
Low Cost


Medium Cost FE PMPM by Service Group from CY09 Base Data
Residential Care
$1,113
$1,200
$1,000
$800
$600
$400
$200
$0
Adaptive
Adult Day Activities
Case Management
Habilitation/Health
Home Care
Home Health Care
Housing
Institutional
Net Room & Board
Residential Care
Respite Care
Transportation
Vocational
Medium Cost

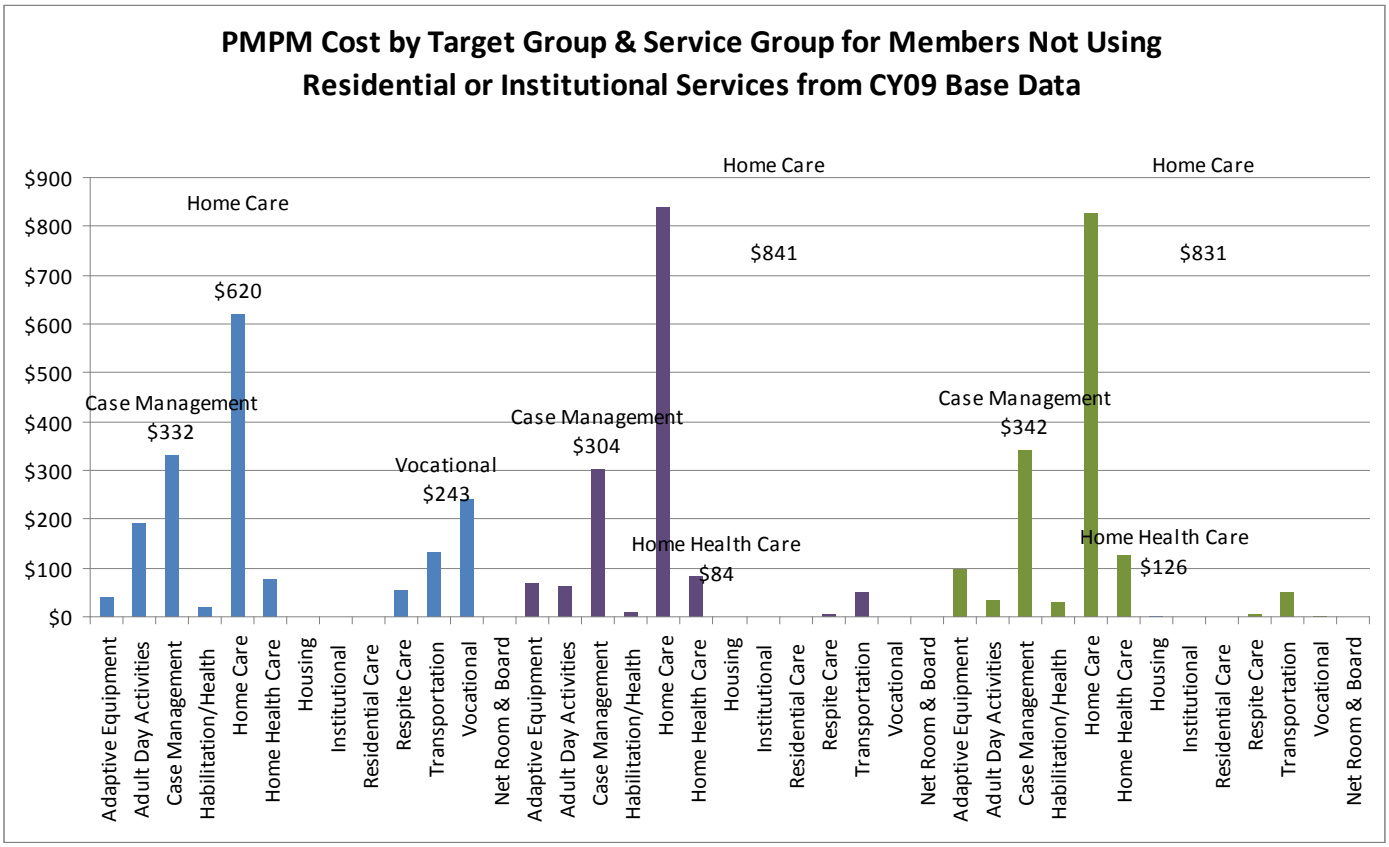

High Cost FE PMPM by Service Group from CY09 Base Data
Institutional
$1,872
$2,000
$1,800
$1,600
$1,400
$1,200
$1,000
$800
$600
$400
$200
$0
Total
Adaptive
Adult Day Activities
Case Management
Habilitation/Health
Home Care
Home Health Care
Housing
Institutional
Net Room & Board
Residential Care
Respite Care
Transportation
Vocational
High Cost

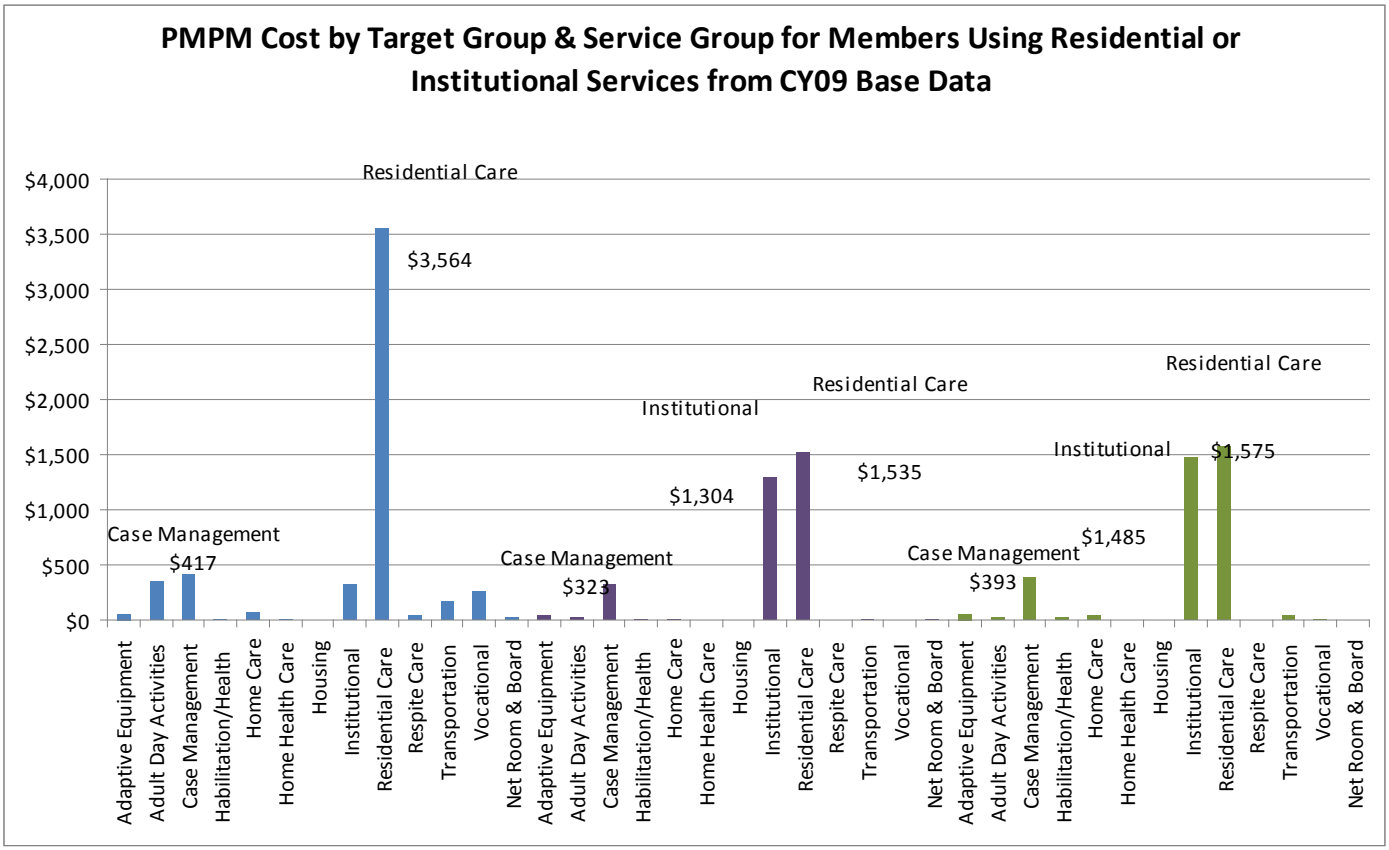
RESIDENTIAL & INSTITUTIONAL COHORTS' SERVICE COSTS/UTILIZATION

NOTE: CHARTS RELATED TO RESIDENTIAL AND INSTITUTIONAL DATA APPEAR ON THE NEXT PAGE

- PMPM Service Costs for Members *not* using Residential or Institutional Services
  - DD: Main cost is home care at $620 PMPM. Case management is $332 PMPM, and vocational follows at $243 PMPM.
  - FE: Main cost is home care at $841 PMPM. Case management is $304 PMPM, followed by home health care at $84 PMPM.
  - PD: Main cost is home care at $831 PMPM. Case management is $342 PMPM, followed by home health care at $126 PMPM.
  - Comparison: All three target groups have the highest PMPM service costs for home care among those who do not use residential or institutional services. For FE & PD members, these costs are in the $800-$850 PMPM range, with small PMPM costs for other services, the next highest after case management being home health care. For DD members, the home care PMPM is somewhat lower at $620 PMPM, but there are higher PMPM for a number of other services, including vocational, adult day activities, & transportation. Each group has case management costs in the $300-$350 PMPM range.

- PMPM Service Costs for Members using Residential or Institutional Services
  - DD: Highest cost by far is residential at $3,564. Case management is $417 PMPM, and the next highest PMPMs are adult day activities, institutional, and vocational services.
  - FE: Main PMPM costs are split between residential at $1,535 and institutional at $1,304. Case management is $323 PMPM, and PMPM costs for other services are fairly low.
  - PD: Main PMPM costs are split between residential at $1,575 PMPM and institutional at $1,485 PMPM. Case management is $393 PMPM, and PMPM costs for other services are also fairly low.
  - Comparison: Among members using residential or institutional services, DD members' PMPM costs are primarily residential while FE & PD costs are split between residential & institutional. DD members also have greater PMPMs for other services like vocational and adult day activities as compared to other target groups.


PMPM Cost by Target Group & Service Group for Members Not Using Residential or Institutional Services from CY09 Base Data
$900
$800
$700
$600
$500
$400
$300
$200
$100
$0
Case Management $332
Home Care $620
Vocational $243
Case Management $304
Home Care $841
Home Health Care $84
Case Management $342
Home Care $831
Home Health Care $126
Adaptive Equipment
Adult Day Activities
Case Management
Habilitation/Health
Home Care
Home Health Care
Housing
Institutional
Residential Care
Respite Care
Transportation
Vocational
Net Room & Board


PMPM Cost by Target Group & Service Group for Members Using Residential or Institutional Services from CY09 Base Data
$4,000
$3,500
$3,000
$2,500
$2,000
$1,500
$1,000
$500
$0
Case Management $417
Residential Care $3,564
Case Management $323
Institutional $1,304
Residential Care $1,535
Case Management $393
Institutional $1,485
Residential Care $1,575
Adaptive Equipment
Adult Day Activities
Case Management
Habilitation/Health
Home Care
Home Health Care
Housing
Institutional
Residential Care
Respite Care
Transportation
Vocational
Net Room & Board

DETAILED COST ANALYSIS OF FAMILY CARE

NUMBER OF SERVICES USED (I.E., SERVICES UNDER MANAGEMENT)

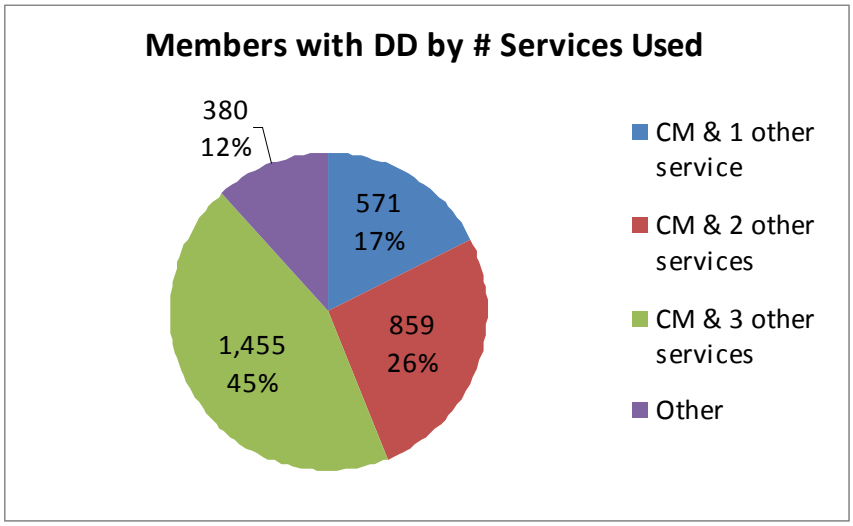
NOTE: CHARTS RELATED TO SERVICES USED APPEAR ON THE NEXT TWO PAGES

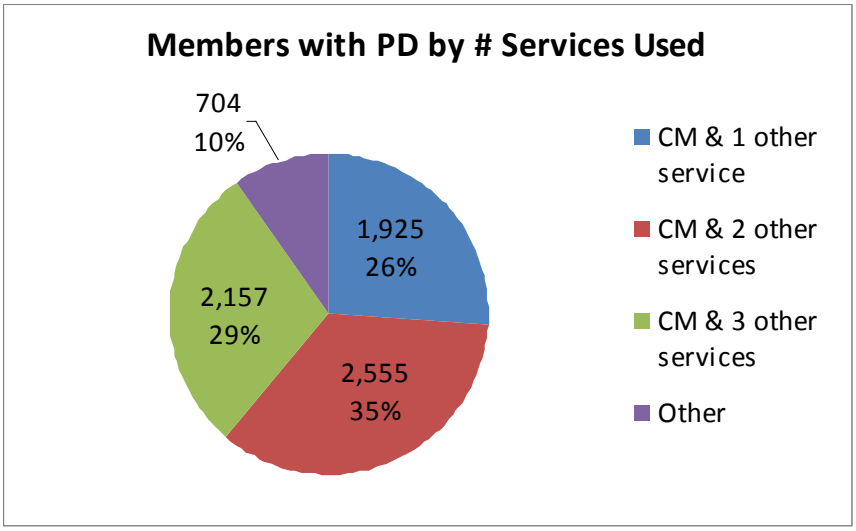
- Number of Services Used by Target Group
  - DD
    - Largest group is care management plus three other services at 45%
    - 26% used care management and two other services, 17% used care management and one other service, and 9% used only care management.
  - PD
    - Largest group is care management plus two other services at 35
    - 29% used care management and three other services, 26% used care management plus one other service, and 8% used only care management
  - FE:
    - Largest group here is care management plus two others services at 36%
    - 33% used care management and only one other service, 22% used care management and three other services, and 7% used only care management.

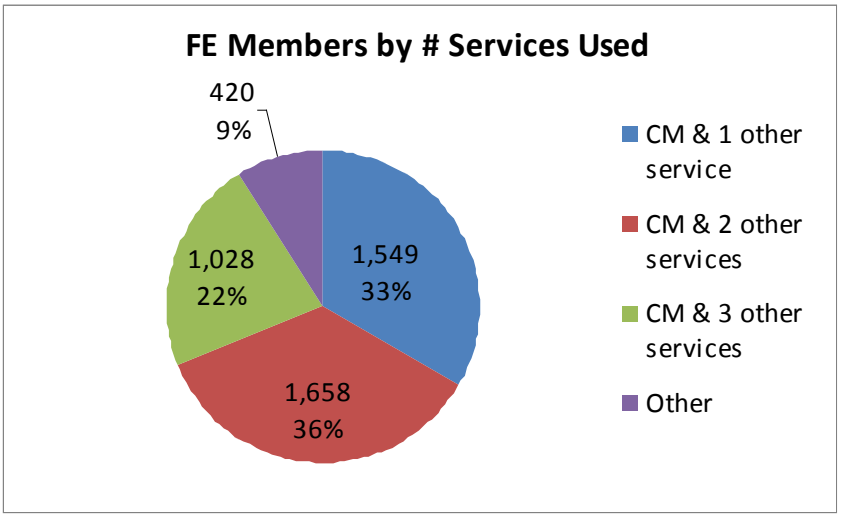
  - Comparison: In all target groups, most members use care management plus one, two, or three other services; less than 10% used either only care management, or more than three other services. More DD members used care management and three other services than any other target group at 45%. The FE target group had more members using care management and only one other service than any other target group at 33%, but still had the plurality of its members in the care management plus two services group (36%).

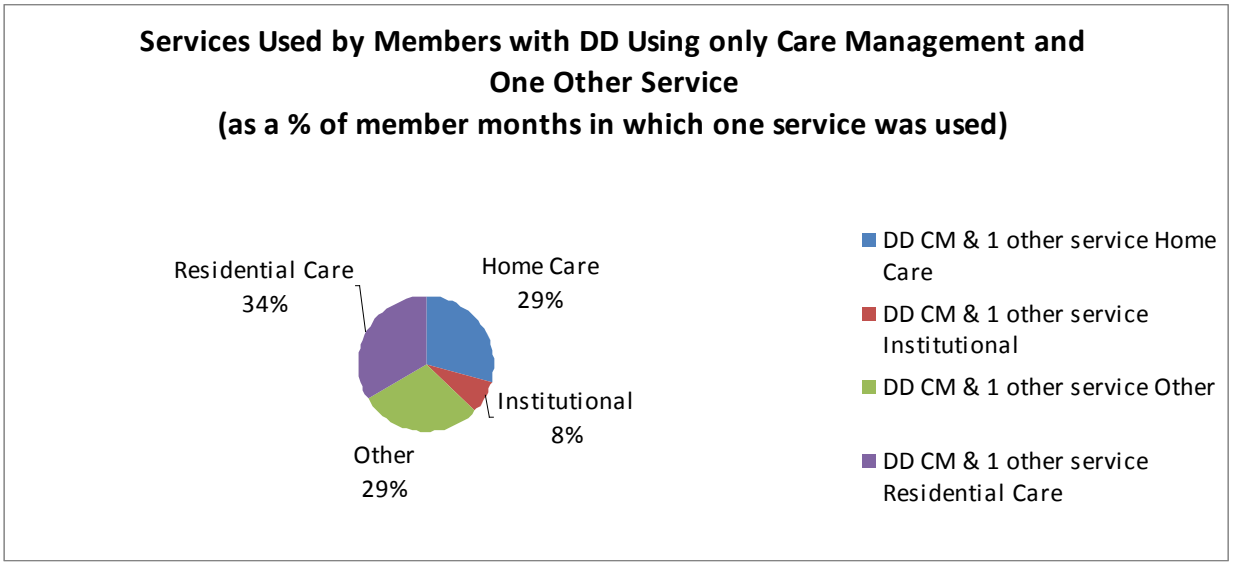
- Services used by members using only care management and one service:
  - Most commonly used "other services" in each target group were residential, institutional, or home care.
  - For DD, the highest percentage of those using only one other service used residential care at 34% of member months in the group
  - For PD, the highest percentage of those using only one other service used home care at 39% of PD member months in the group.
  - For FE, the highest percentage of those using only one other service used residential care at 35% of member months in the group.

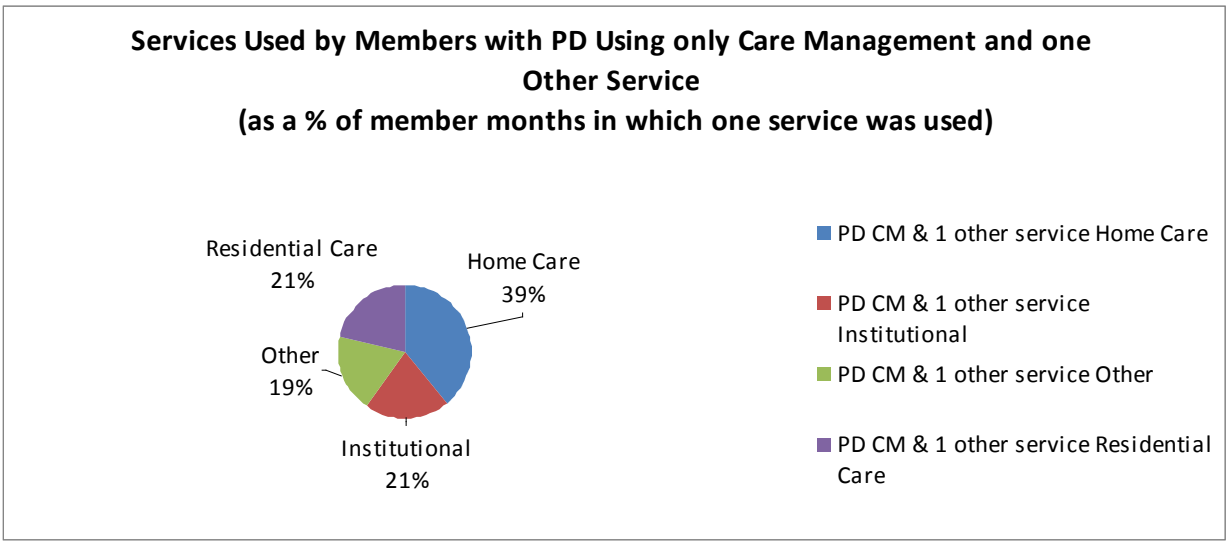
- Care management costs for members using only care management:
  - DD members with only care management had a PMPM of $333.
  - PD members with only care management had a PMPM of $346.
  - FE members with only care management had a PMPM of $356.

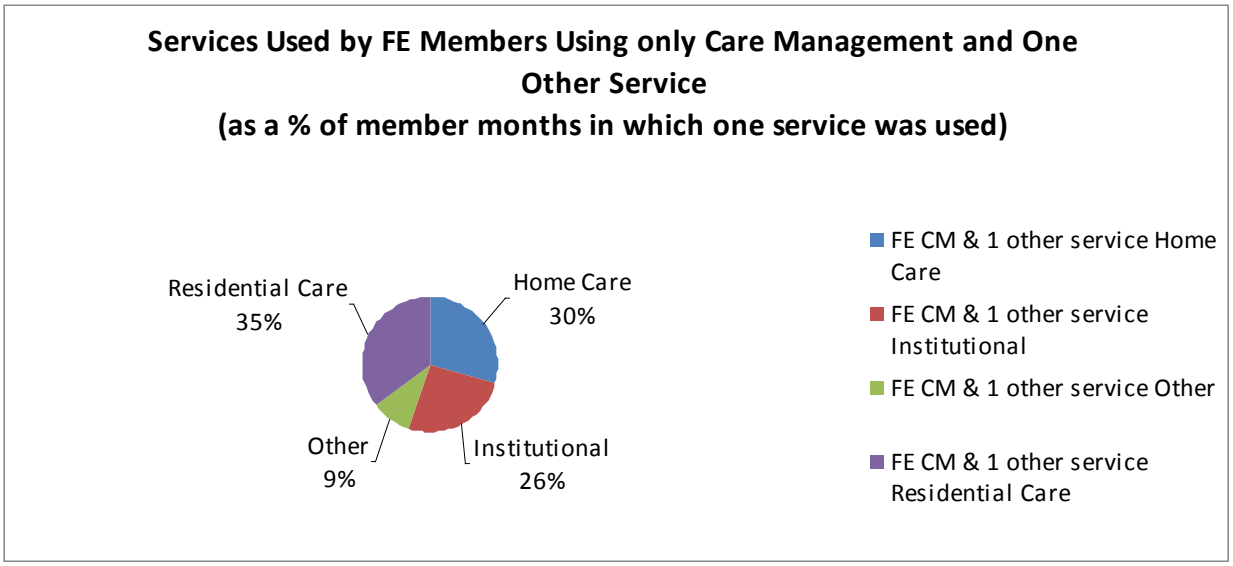

Members with DD by # Services Used
380
12%
571
17%
859
26%
1,455
45%
CM & 1 other service
CM & 2 other services
CM & 3 other services
Other


Members with PD by # Services Used
704
10%
1,925
26%
2,157
29%
2,555
35%
CM & 1 other service
CM & 2 other services
CM & 3 other services
Other


FE Members by # Services Used
420
9%
1,549
33%
1,028
22%
1,658
36%
CM & 1 other service
CM & 2 other services
CM & 3 other services
Other


Services Used by Members with DD Using only Care Management and One Other Service
(as a % of member months in which one service was used)
Residential Care 34%
Home Care 29%
Institutional 8%
Other 29%
DD CM & 1 other service Home Care
DD CM & 1 other service Institutional
DD CM & 1 other service Other
DD CM & 1 other service Residential Care


Services Used by Members with PD Using only Care Management and one Other Service
(as a % of member months in which one service was used)
Residential Care 21%
Home Care 39%
Other 19%
Institutional 21%
PD CM & 1 other service Home Care
PD CM & 1 other service Institutional
PD CM & 1 other service Other
PD CM & 1 other service Residential Care


Services Used by FE Members Using only Care Management and One Other Service
(as a % of member months in which one service was used)
Residential Care 35%
Home Care 30%
Other 9%
Institutional 26%
FE CM & 1 other service Home Care
FE CM & 1 other service Institutional
FE CM & 1 other service Other
FE CM & 1 other service Residential Care

REPORT TO THE JOINT LEGISLATIVE AUDIT COMMITTEE ON FAMILY CARE
AUGUST 31, 2012

COST-EFFECTIVENESS ANALYSIS OF LONG TERM CARE (LTC) PROGRAMS

DATA SET #1: ENROLLMENT AND COST SUMMARIES, BY PROGRAM

- This set of four tables displays cost information by:
  - Program (Family Care, IRIS, Legacy Waivers, which include the Community Integration Program (CIP) & Community Options Program (COP)
  - LTC service region (color coded to correspond to the DLTC map)
  - Number of counties in the region
  - Proportion of statewide coverage in a given region
  - Number of member months
  - Total cost of serving the membership (i.e., primary, acute, and waiver)and the average costs for each program
  - Target group-specific presentations of the data are also included as additional exhibits.

- Aggregate totals for CY 2010 across all of the programs, statewide, are as follows:
  - Participants (12/10): 40,049
  - Member months: 455,601
  - Total Cost: $1,530,457,316
  - Average Cost: $3,359 PMPM

- Based on actual costs (i.e., costs that have not been adjusted for the acuity of the membership), the data generally display Family Care as the lowest cost program, the legacy waivers as the moderate cost program, and IRIS as the highest cost program.

- This low-to-high cost ordering holds at the total program level and for both disability groups.

- The frail elderly population displays a different pattern. For this target group, the membership in the county-administered, legacy waiver program has the lowest cost, IRIS is the moderate cost program, and Family Care is the higher cost program.

- An important difference between the program structures is that Family Care serves persons who are residents in nursing homes or ICFs-MR. The Family Care cost data therefore contain significant institutional expenditures ($92+ million, 0r 8.6% of the total), whereas the other two programs do not have institutional residents within their purview or institutional costs in their program's data.

- The same data have also been risk adjusted. A summary table is included in this set.

- The same relationships appear in the risk adjusted data as in the non-risk adjusted data. In general, the cost differences are lower when the costs are risk adjusted.

Cost-Effectiveness Analysis of LTC Programs
Data Set #1

Family Care Program				
Participants as of Dec. 2010	Proportion of Statewide Coverage	CY10 Member Months	Total Costs	Average Cost
3,687	11.8%	31,371	$ 99,994,129	$ 3,187.43
3,323	10.6%	37,103	$ 107,488,561	$ 2,897.04
8,761	28.0%	96,226	$ 279,974,674	$ 2,909.56
2,751	8.8%	30,531	$ 96,274,659	$ 3,153.39
1,799	5.8%	18,392	$ 53,848,353	$ 2,927.88
2,136	6.8%	24,267	$ 84,020,817	$ 3,462.37
5,677	18.2%	64,145	$ 223,325,129	$ 3,481.57
1,202	3.8%	12,341	$ 52,233,011	$ 4,232.52
1,920	6.1%	21,478	$ 73,481,462	$ 3,421.17
n/a	n/a	n/a	n/a	n/a
n/a	n/a	n/a	n/a	n/a
31,256	100.0%	335,853	$ 1,070,640,796	$ 3,187.82

IRIS Program				
Participants as of Dec. 2010	Proportion of Statewide Coverage	CY10 Member Months	Total Costs	Average Cost
341	11.6%	2,279	$ 10,116,556	$ 4,439.45
177	6.0%	1,559	$ 5,670,597	$ 3,638.37
938	31.9%	7,498	$ 28,321,664	$ 3,777.43
129	4.4%	1,062	$ 4,353,954	$ 4,099.71
120	4.1%	877	$ 4,014,589	$ 4,575.31
144	4.9%	1,036	$ 4,232,314	$ 4,085.46
485	16.5%	4,190	$ 21,234,157	$ 5,067.25
332	11.3%	3,061	$ 12,270,749	$ 4,008.97
269	9.1%	2,192	$ 8,588,108	$ 3,918.42
5	0.2%	52	$ 180,770	$ 3,480.01
3	0.1%	24	$ 129,434	$ 5,415.33
2,943	100.0%	23,829	$ 99,112,891	$ 4,159.30

Waiver / FFS Program				
Participants as of Dec. 2010	Proportion of Statewide Coverage	CY10 Member Months	Total Costs	Average Cost
2,422	41.4%	39,972	$ 143,060,989	$ 3,579.03
14	0.2%	184	$ 534,586	$ 2,905.36
19	0.3%	7,637	$ 33,747,434	$ 4,418.94
375	6.4%	4,495	$ 13,091,297	$ 2,912.41
12	0.2%	1,163	$ 3,477,350	$ 2,989.98
11	0.2%	154	$ 417,445	$ 2,710.68
21	0.4%	476	$ 1,243,057	$ 2,611.46
7	0.1%	99	$ 574,251	$ 5,800.51
20	0.3%	240	$ 553,405	$ 2,305.85
2,116	36.2%	31,529	$ 136,978,935	$ 4,344.54
833	14.2%	9,969	$ 27,024,881	$ 2,710.89
5,850	100.0%	95,918	$ 360,703,628	$ 3,760.54

d to the State Map of Family Care Regions found in Appendix 1 of this document.

Enrollment and Cost Summary by Program

Developmental Disability Population

	Family Care Program					
Region	# of Counties	Participants as of Dec. 2010	Proportion of Statewide Coverage	CY10 Member Months	Total Costs	Average Cost
Pink	13	1786	13.5%	15,383	$ 59,492,363	$ 3,867.51
Tan	8	1356	10.3%	15,959	$ 55,931,980	$ 3,504.65
Olive	1	2140	16.2%	19,341	$ 83,312,159	$ 4,307.54
Green	5	1216	9.2%	14,243	$ 50,908,789	$ 3,574.30
Gray	8	823	6.2%	8,863	$ 26,696,415	$ 3,012.25
Orange	2	1043	7.9%	12,382	$ 50,403,367	$ 4,070.63
Teal	11	3168	24.0%	36,631	$ 145,226,981	$ 3,964.59
Red	5	753	5.7%	8,778	$ 40,724,084	$ 4,639.12
Blue	11	902	6.8%	10,387	$ 39,867,672	$ 3,838.07
Yellow	2	n/a	n/a	n/a	n/a	n/a
White	7	n/a	n/a	n/a	n/a	n/a
Total	72	13,187	100.0%	141,968	$ 552,563,810	$ 3,892.18

	IRIS Program					
Region	# of Counties	Participants as of Dec. 2010	Proportion of Statewide Coverage	CY10 Member Months	Total Costs	Average Cost
Pink	13	211	14.7%	1,418	$ 7,029,736	$ 4,957.60
Tan	8	100	7.0%	884	$ 4,153,142	$ 4,696.61
Olive	1	258	18.0%	1,809	$ 8,895,427	$ 4,916.13
Green	5	71	5.0%	620	$ 3,565,694	$ 5,747.26
Gray	8	68	4.8%	520	$ 2,468,216	$ 4,744.97
Orange	2	77	5.4%	526	$ 2,724,305	$ 5,181.61
Teal	11	299	20.9%	2,574	$ 14,077,955	$ 5,470.23
Red	5	191	13.3%	1,795	$ 9,484,456	$ 5,282.46
Blue	11	150	10.5%	1,288	$ 6,526,533	$ 5,067.92
Yellow	2	3	0.2%	33	$ 157,213	$ 4,767.59
White	7	3	0.2%	24	$ 129,434	$ 5,415.33
Total	72	1,431	100.0%	11,492	$ 59,212,111	$ 5,152.57

	Waiver / FFS Program					
Region	# of Counties	Participants as of Dec. 2010	Proportion of Statewide Coverage	CY10 Member Months	Total Costs	Average Cost
Pink	13	1,305	38.7%	21,350	$ 93,291,309	$ 4,369.62
Tan	8	2	0.1%	35	$ 124,441	$ 3,555.46
Olive	1	7	0.2%	5,773	$ 25,092,264	$ 4,346.49
Green	5	190	5.6%	2,269	$ 8,877,005	$ 3,912.30
Gray	8		0.0%	554	$ 1,514,814	$ 2,734.32
Orange	2	2	0.1%	26	$ 86,358	$ 3,321.47
Teal	11		0.0%	126	$ 354,291	$ 2,811.83
Red	5		0.0%	6	$ 16,452	$ 2,741.99
Blue	11	2	0.1%	31	$ 71,913	$ 2,319.77
Yellow	2	1,565	46.5%	19,315	$ 99,147,723	$ 5,133.20
White	7	295	8.8%	3,510	$ 14,537,361	$ 4,141.70
Total	72	3,368	100.0%	52,995	$ 243,113,933	$ 4,587.49

Note: The colors referenced correspond to the State Map of Family Care Regions found in Appendix 1 of this document.

Enrollment and Cost Summary by Program

Physical Disability Population

	Family Care Program					
Region	# of Counties	Participants as of Dec. 2010	Proportion of Statewide Coverage	CY10 Member Months	Total Costs	Average Cost
Pink	13	907	9.0%	7,335	$ 20,404,597	$ 2,781.93
Tan	8	1118	11.1%	11,893	$ 29,815,564	$ 2,506.99
Olive	1	4501	44.5%	52,286	$ 139,028,686	$ 2,659.02
Green	5	627	6.2%	6,171	$ 18,663,313	$ 3,024.20
Gray	8	493	4.9%	4,500	$ 13,800,273	$ 3,066.52
Orange	2	628	6.2%	7,069	$ 21,355,652	$ 3,020.90
Teal	11	1090	10.8%	11,625	$ 37,416,562	$ 3,218.53
Red	5	274	2.7%	1,958	$ 6,807,359	$ 3,477.04
Blue	11	467	4.6%	4,886	$ 17,710,706	$ 3,625.08
Yellow	2	n/a	n/a	n/a	n/a	n/a
White	7	n/a	n/a	n/a	n/a	n/a
Total	72	10,105	100.0%	107,723	$ 305,002,711	$ 2,831.36

	IRIS Program					
Region	# of Counties	Participants as of Dec. 2010	Proportion of Statewide Coverage	CY10 Member Months	Total Costs	Average Cost
Pink	13	85	8.5%	556	$ 2,374,777	$ 4,267.82
Tan	8	44	4.4%	337	$ 993,520	$ 2,949.40
Olive	1	434	43.6%	3,521	$ 13,043,431	$ 3,704.96
Green	5	42	4.2%	323	$ 591,451	$ 1,828.81
Gray	8	32	3.2%	262	$ 1,376,092	$ 5,255.67
Orange	2	55	5.5%	415	$ 1,383,762	$ 3,338.05
Teal	11	133	13.4%	1,176	$ 6,216,116	$ 5,284.78
Red	5	96	9.6%	866	$ 2,036,596	$ 2,352.25
Blue	11	73	7.3%	594	$ 1,593,359	$ 2,681.61
Yellow	2	1	0.1%	6	$ 10,319	$ 1,705.84
White	7	-	0.0%	-	$ -	$ -
Total	72	995	100.0%	8,056	$ 29,619,422	$ 3,676.75

	Waiver / FFS Program					
Region	# of Counties	Participants as of Dec. 2010	Proportion of Statewide Coverage	CY10 Member Months	Total Costs	Average Cost
Pink	13	495	34.7%	8,055	$ 25,924,879	$ 3,218.48
Tan	8	10	0.7%	125	$ 349,415	$ 2,795.32
Olive	1	12	0.8%	1,863	$ 8,651,978	$ 4,644.11
Green	5	80	5.6%	932	$ 2,051,861	$ 2,201.57
Gray	8	11	0.8%	417	$ 1,434,894	$ 3,440.99
Orange	2	9	0.6%	128	$ 331,087	$ 2,586.61
Teal	11	21	1.5%	316	$ 810,732	$ 2,565.61
Red	5	6	0.4%	81	$ 486,438	$ 6,005.41
Blue	11	18	1.3%	203	$ 471,434	$ 2,322.33
Yellow	2	551	38.6%	6,599	$ 24,720,987	$ 3,746.17
White	7	213	14.9%	2,508	$ 6,520,111	$ 2,599.73
Total	72	1,426	100.0%	21,227	$ 71,753,816	$ 3,380.31

Note: The colors referenced correspond to the State Map of Family Care Regions found in Appendix 1 of this document.

Enrollment and Cost Summary by Program

Frail Elderly Population

	Family Care Program					
Region	# of Counties	Participants as of Dec. 2010	Proportion of Statewide Coverage	CY10 Member Months	Total Costs	Average Cost
Pink	13	994	12.5%	8,654	$ 20,097,169	$ 2,322.28
Tan	8	849	10.7%	9,251	$ 21,741,017	$ 2,350.25
Olive	1	2120	26.6%	24,599	$ 57,633,829	$ 2,342.92
Green	5	908	11.4%	10,116	$ 26,702,558	$ 2,639.59
Gray	8	483	6.1%	5,029	$ 13,351,665	$ 2,655.12
Orange	2	465	5.8%	4,815	$ 12,261,799	$ 2,546.40
Teal	11	1419	17.8%	15,889	$ 40,681,585	$ 2,560.42
Red	5	175	2.2%	1,605	$ 4,701,568	$ 2,929.95
Blue	11	551	6.9%	6,205	$ 15,903,085	$ 2,562.78
Yellow	2	n/a	n/a	n/a	n/a	n/a
White	7	n/a	n/a	n/a	n/a	n/a
Total	72	7,964	100.0%	86,163	$ 213,074,275	$ 2,472.93

	IRIS Program					
Region	# of Counties	Participants as of Dec. 2010	Proportion of Statewide Coverage	CY10 Member Months	Total Costs	Average Cost
Pink	13	45	8.7%	304	$ 712,043	$ 2,339.38
Tan	8	33	6.4%	337	$ 523,935	$ 1,552.80
Olive	1	246	47.6%	2,168	$ 6,382,806	$ 2,944.60
Green	5	16	3.1%	118	$ 196,810	$ 1,665.18
Gray	8	20	3.9%	95	$ 170,282	$ 1,784.15
Orange	2	12	2.3%	96	$ 124,247	$ 1,299.13
Teal	11	53	10.3%	441	$ 940,086	$ 2,133.26
Red	5	45	8.7%	400	$ 749,697	$ 1,876.35
Blue	11	46	8.9%	310	$ 468,216	$ 1,511.68
Yellow	2	1	0.2%	13	$ 13,238	$ 1,024.54
White	7	-	0.0%	-	$ -	$ -
Total	72	517	100.0%	4,282	$ 10,281,359	$ 2,401.31

	Waiver / FFS Program					
Region	# of Counties	Participants as of Dec. 2010	Proportion of Statewide Coverage	CY10 Member Months	Total Costs	Average Cost
Pink	13	622	58.9%	10,567	$ 23,844,800	$ 2,256.53
Tan	8	2	0.2%	24	$ 60,729	$ 2,530.38
Olive	1		0.0%	1	$ 3,191	$ 3,190.99
Green	5	105	9.9%	1,294	$ 2,162,431	$ 1,671.12
Gray	8	1	0.1%	192	$ 527,642	$ 2,748.14
Orange	2		0.0%	-	$ -	$ -
Teal	11		0.0%	34	$ 78,034	$ 2,295.12
Red	5	1	0.1%	12	$ 71,361	$ 5,946.74
Blue	11		0.0%	6	$ 10,059	$ 1,676.44
Yellow	2		0.0%	5,615	$ 13,110,225	$ 2,334.86
White	7	325	30.8%	3,951	$ 5,967,408	$ 1,510.35
Total	72	1,056	100.0%	21,696	$ 45,835,880	$ 2,112.64

Note: The colors referenced correspond to the State Map of Family Care Regions found in Appendix 1 of this document.

Enrollment and Cost Summary by Program

Risk Adjusted Rates by Program

	Average Cost		
Region	DD	PD	FE
Family Care Program	$ 3,892.18	$ 2,831.36	$ 2,472.93
IRIS Program	$ 5,152.57	$ 3,676.75	$ 2,401.31
Waiver / FFS Program	$ 4,587.49	$ 3,380.31	$ 2,112.64

	Risk-Adjusted Average Cost		
Region	DD	PD	FE
Family Care Program	$ 3,892.18	$ 2,831.36	$ 2,472.93
IRIS Program	$ 4,538.93	$ 3,459.71	$ 2,406.69
Waiver / FFS Program	$ 4,537.30	$ 3,404.77	$ 2,325.31

DATA SET #2: ACTUAL EXPERIENCE BY PROGRAM, SERVICE, AND REGION

- This set of tables displays the same cost data as were displayed in Set #1, by program and by service line.

- Detailed exhibits by program, service region, and service line are also included, so that MCOs / legacy waiver counties / Individual Consultants can be compared.

- Total costs are displayed for each program in two major subsets:
    1. Those costs covered within the program, and
    2. Those costs that were covered by the Medicaid State Plan, or "the card."

- Some of the major cost differences that appear across programs are related to benefit package differences, or program design differences.

- For example, Home Care covered under the State Plan is a significant cost center for IRIS and the Legacy Waiver programs but is covered by the Family Care program.

- Program costs for Family Care were roughly $2,905 PMPM, while program costs for IRIS enrollees were $2,375 PMPM, and program costs for the legacy waivers were $2,620 PMPM.

- "Carve out" costs for Family Care enrollees were $280 PMPM, while State Plan service costs for IRIS enrollees were $1,785 and $1,140 for enrollees in the legacy waivers.

CY 2010 Per Member Per Month Costs

Summary of 2010 Actual Experience, by Program and Service

	FAMILY CARE			IRIS			LEGACY WAIVER		
		Grand Total			Grand Total			Grand Total	
	DD	PD	FE	DD	PD	FE	DD	PD	FE
Exposure Months	141,968	107,723	86,163	11,492	8,056	4,282	52,995	21,227	21,696
State Encounter Plan Services									
Adaptive Equipment	49.32	101.44	58.45	47.41	40.96	8.39	19.10	42.86	29.55
Adult Day Activities	342.82	39.55	30.41	295.60	17.77	24.55	37.94	39.29	15.86
Case Management	342.47	404.12	341.99	20.37	0.86	-	252.90	254.48	260.14
Habilitation / Health	28.51	55.19	15.07	50.71	10.69	1.27	20.28	19.99	5.23
Home Care	348.19	565.27	360.80	1,903.01	943.19	827.40	599.40	675.70	364.06
Home Health Care	103.22	145.02	48.38	158.12	185.37	91.71	3.76	19.78	7.62
Housing	1.10	0.97	0.27	1.55	-	0.03	1,037.95	14.77	11.15
Institutional	81.00	377.51	464.37	-	-	-			
Other	-	0.01	-	152.19	68.03	13.84			
Residential Care	1,866.86	594.58	948.10	120.49	1.56	17.63	1,079.10	552.43	807.88
Respite Care	36.29	7.79	7.11	215.08	15.73	11.87	26.83	8.36	4.71
Transportation	125.26	61.42	32.69	162.11	45.60	28.49	168.81	26.68	8.59
Vocational	292.54	10.68	1.18	160.55	0.69	-	227.50	15.66	0.08
Total State Encounter Plan Services	3,617.57	2,363.54	2,308.80	3,287.19	1,330.44	1,025.18	3,473.57	1,669.99	1,514.86
Room and Board									
Room and Board - Collections	(292.93)	(127.90)	(263.81)	-	-	-			
Room and Board - Costs	323.18	137.37	303.32	319.79	-	12.82	(2.63)	(16.76)	(26.23)
Total Room and Board	30.25	9.46	39.52	319.79	-	12.82			
Encounter Total	3,647.83	2,373.00	2,348.31	3,606.98	1,330.44	1,038.00	3,470.94	1,653.23	1,488.63
Composite Encounter PMPM		2,905.55			2,375.77			2,620.29	
	DD	PD	FE	DD	PD	FE	DD	PD	FE
State FFS Plan Services									
Inpatient	56.07	169.44	38.23	127.06	191.09	82.59	42.55	230.04	39.76
Nursing Home	16.91	13.61	24.88	14.26	35.32	99.19	41.93	101.81	167.31
Dental	8.51	9.53	5.67	8.35	10.42	8.11	6.94	7.39	3.58
Drug	90.59	108.77	9.77	170.84	142.34	13.04	85.29	153.84	18.87
Outpatient	25.58	67.50	16.32	43.17	94.02	24.39	25.29	86.66	23.96
Home Care				993.81	1,621.51	1,038.86	810.86	841.37	268.38
Other	46.70	89.50	29.75	188.10	251.61	97.13	103.69	305.97	102.14
FFS Total	244.36	458.36	124.62	1,545.59	2,346.30	1,363.31	1,116.55	1,727.08	624.01
Composite FFS PMPM		282.28			1,783.54			1,140.25	
Total Encounter + FFS PMPM		3,187.82			4,159.30			3,760.54	

Note: Details about the services that are within a Program's benefit package are detailed in Appendix 2 of this document.

DATA SET #3: HIGH COST PARTICIPANT COST ANALYSIS IN FAMILY CARE

- These tables expand on the analysis provided in the Legislative Audit Bureau's (LAB) report, providing additional information about these Family Care enrollees.

- In their report, the LAB made the following observations:
    - "The number of developmentally disabled participants with higher-cost needs has increased significantly since June, 2006."
    - "In FY 009-10, high-cost participants represented 16.9 percent of MCOs' caseloads."
    - "Individuals with developmental disabilities represented 74.2% of high-cost Family Care participants in FY 2009-10."

- The LAB studied roughly 5,254 enrollees, and LAB staff shared this list of enrollees with DHS. It was provided to the Department's actuarial firm to support this analysis.

- These tables show the number of high cost enrollees in Family Care, the proportion within each target group and "originating group" that are high cost, and the cost difference between the various sub-groups.

- The five pilot counties generally had fewer higher cost enrollees, as a proportion of total enrollment, than did the legacy waiver counties into which the program expanded. 71% of the program's high cost enrollment had very recently been served in the legacy waiver programs.

- This relationship held for both of the disabled cohorts, and for the program as a whole. Likely due to the inclusion of the institutional service within Family Care, the pilot counties had a greater proportion of high cost frail elders (4.5% compared to 3.4%) than did the counties into which the program expanded.

- High cost persons that had been previously served in the five pilot counties had total services costs that were 14.9% lower than high cost individuals who had recently been served in the legacy waiver programs. The cost difference between the low cost groups was 2%.

- The key LTC service areas in which the cost differences appear are:
    - Residential (both disabled groups)
    - Institutional (all target groups)
    - Adult day activities (all target groups)
    - Home care & home health (all target groups)

- The primary and acute care service areas where the cost differences appear are:
    - Inpatient hospital (all target groups)
    - Pharmacy (both disabled groups)
    - Outpatient clinic (all target groups)

Family Care - High Cost Participant Cost Analysis

Percentage of High-Cost Individuals			
Target Group	Pilot	Legacy	Total
Developmental Disability	26.6%	35.0%	33.0%
Physical Disability	7.1%	13.6%	9.0%
Frail Elderly	4.5%	3.4%	4.0%
Total	10.0%	23.4%	16.8%

High-Cost Enrollees: PMPM Difference			
Target Group	Pilot	Legacy	Total
Developmental Disability	$6,846.38	$7,308.58	-6.3%
Physical Disability	$5,863.23	$7,789.33	-24.7%
Frail Elderly	$4,825.33	$5,413.28	-10.9%
Total	$6,214.38	$7,301.81	-14.9%

Non-High-Cost Enrollees: PMPM Difference			
Target Group	Pilot	Legacy	Total
Developmental Disability	$2,138.52	$2,166.30	-1.3%
Physical Disability	$2,265.49	$2,510.84	-9.8%
Frail Elderly	$2,278.03	$2,342.66	-2.8%
Total	$2,250.10	$2,296.50	-2.0%

Family Care - High Cost Participants

Summary of FY09 and FY10 Claim and Eligibility Data

	High Cost			Non-High Cost			% Difference		
	DD	PD	FE	DD	PD	FE	DD	PD	FE
Exposure Months	65,583	16,486	5,601	133,151	165,860	134,574			
State Encounter Plan Services									
Adaptive Equipment	95.54	194.56	92.06	27.05	87.41	56.09		123%	64%
Adult Day Activities	551.11	115.08	96.14	196.41	27.72	33.39	181%		
Case Management	435.11	552.16	465.61	336.98	381.65	332.09	29%	45%	40%
Habilitation / Health	61.71	121.94	40.69	15.42	32.58	13.10			
Home Care	579.09	1,230.63	954.08	283.19	541.44	373.51	104%	127%	155%
Home Health Care	240.16	672.46	212.56	37.62	75.34	42.91		793%	
Housing	2.71	1.13	0.88	0.22	1.78	0.48			
Institutional	168.23	1,232.54	1,878.44	40.94	296.34	414.34		316%	353%
Other	-	-	-	-	0.00	-			
Residential Care	4,119.04	1,572.86	905.70	533.86	414.79	837.27	672%	279%	8%
Respite Care	39.21	33.92	12.41	41.74	5.54	6.05			
Transportation	126.17	101.17	70.47	128.51	50.89	33.70	-2%	99%	
Vocational	289.63	38.57	12.69	324.83	6.86	1.11	-11%		
Total State Encounter Plan Services	6,707.71	5,867.03	4,741.71	1,966.78	1,922.34	2,144.06	241%	205%	121%
Room and Board									
Room and Board - Collections	(519.43)	(198.84)	(162.14)	(174.72)	(113.99)	(244.88)	197%	74%	-34%
Room and Board - Costs	681.67	274.34	297.27	188.23	119.41	283.28	262%	130%	5%
Total Room and Board	162.24	75.49	135.13	13.51	5.42	38.40			
Encounter Total	6,869.95	5,942.53	4,876.84	1,980.28	1,927.76	2,182.46	247%	208%	123%
Composite Encounter PMPM		6,568.23			2,022.94				
	DD	PD	FE	DD	PD	FE	DD	PD	FE
State FFS Plan Services									
Inpatient	65.86	258.35	49.74	34.93	118.90	35.37	89%	117%	41%
Nursing Home	32.79	23.12	37.78	3.15	8.68	18.15			108%
Dental	9.73	10.61	7.13	7.63	8.76	5.55			
Drug	142.45	178.47	13.31	63.68	93.84	12.94	124%	90%	3%
Outpatient	20.50	67.23	14.51	13.89	43.07	10.98	48%	56%	32%
Other	76.95	239.25	44.52	55.36	133.54	40.99	39%	79%	9%
FFS Total	348.26	777.03	166.99	178.65	406.79	124.00	95%	91%	35%
Composite FFS PMPM		417.31			248.96				
Total Encounter + FFS PMPM		6,985.54			2,271.90				

Note: Details about the services that are within a Program's benefit package are detailed in Appendix 2 of this document.

DATA SET #4: INDIVIDUALS WITH MENTAL HEALTH NEEDS IN FAMILY CARE

- The policy issues of whether, and how, Family Care serves persons with mental illness, and the broader question of how the long-term care system and mental health system interface with one another, are long-standing ones.

- This table displays the Family Care program information for two subgroups, persons who have an identified mental health diagnosis (as reflected on the LTC functional screen) and those who do not:
    - MH diagnosis: 12.4% of enrolled months
    - No MH diagnosis: 87.6% of enrolled months

- An alternative way of analyzing this issue is to review the level of mental health need identified on the LTC functional screen. This measure shows a much higher level of need:
    - MH need: 51.2% of enrolled months
    - No MH need: 48.8% of enrolled months

- The cost data in this table are based on the first definition above (i.e., presence of a mental health diagnosis).

- The cost data show significant differences between the two cohorts:

    1. The long-tem care costs are 16% greater for persons with a mental health diagnosis. There is a similar pattern across target groups.

        - Care management, institutional services, and residential services are the areas showing the largest differences.

    2. The state plan service costs are 143% greater for persons with a mental health diagnosis. This difference is much stronger for the developmentally disabled target group.

        - Pharmacy and inpatient costs are the biggest drivers, although all categories show some differences.

- The total costs are 26% greater for persons with a mental health diagnosis.

Using Functional Screen Data, Family Care Members Identified as Individuals Diagnosed with Mental Illness

Summary of FY09 and FY10 Claim and Eligibility Data

	Mental Illness			Non-Mental Illness			% Difference		
	DD	PD	FE	DD	PD	FE	DD	PD	FE
Exposure Months	23,482	29,910	11,378	175,253	152,436	128,797			
State Encounter Plan Services									
Adaptive Equipment	26.82	70.70	47.68	52.71	102.28	58.40	-49%	-31%	-18%
Adult Day Activities	235.97	39.97	51.27	323.84	34.77	34.54	-27%		
Case Management	459.48	466.41	386.25	357.29	383.46	333.11	29%	22%	16%
Habilitation / Health	42.12	74.26	36.12	29.17	34.07	12.27			
Home Care	408.57	393.19	232.90	377.12	645.06	411.17	8%	-39%	-43%
Home Health Care	73.46	63.58	45.80	108.61	142.23	50.04	-32%	-55%	-8%
Housing	7.45	2.86	0.91	0.18	1.49	0.46			
Institutional	187.72	414.66	550.77	68.91	374.37	465.95	172%	11%	18%
Other	-	-	-	-	0.00	-			
Residential Care	2,306.44	869.11	1,250.97	1,638.01	450.89	803.70	41%	93%	56%
Respite Care	26.92	7.91	9.27	42.78	8.14	6.05			
Transportation	97.71	64.78	39.06	131.76	53.60	34.82	-26%	21%	
Vocational	241.62	12.92	4.75	322.81	9.10	1.30	-25%		
Total State Encounter Plan Services	4,114.28	2,480.35	2,655.76	3,453.20	2,239.46	2,211.81	19%	11%	20%
Room and Board									
Room and Board - Collections	(367.87)	(200.51)	(341.21)	(277.84)	(106.19)	(232.77)	32%	89%	47%
Room and Board - Costs	450.21	231.60	404.45	337.78	114.15	273.18	33%	103%	48%
Total Room and Board	82.34	31.10	63.24	59.94	7.96	40.41	37%		
Encounter Total	4,196.62	2,511.44	2,719.00	3,513.14	2,247.42	2,252.22	19%	12%	21%
Composite Encounter PMPM		3,158.85			2,734.71				
	DD	PD	FE	DD	PD	FE	DD	PD	FE
State FFS Plan Services									
Inpatient	120.30	182.23	63.64	35.06	121.56	33.50	243%	50%	90%
Nursing Home	54.09	13.21	21.46	7.42	9.35	18.71			15%
Dental	14.74	13.81	9.22	7.46	7.97	5.30			
Drug	242.68	225.32	20.77	69.18	77.19	12.27	251%	192%	69%
Outpatient	35.88	55.01	12.36	13.42	43.34	11.02	167%	27%	12%
Other	118.55	215.86	60.73	54.97	128.82	39.40	116%	68%	54%
FFS Total	586.24	705.44	188.18	187.51	388.23	120.20	213%	82%	57%
Composite FFS PMPM		571.36			235.55				
Total Encounter + FFS PMPM		3,730.21			2,970.25				

Note: Details about the services that are within a Program's benefit package are detailed in Appendix 2 of this document.

DATA SET #5: IRIS DATA BY ENROLLMENT DATE

- The IRIS program has an Individual Budget Allocation (IBA) method that was substantially changed in July 2010.

- This action was taken based on concerns that the original IBA method was resulting in excessive budgets, coupled with enrollees' spending that was quite close to the budget allocation amount.

- The adjustment to the IBA method resulted in the identification of two separate and distinct "groups" within the program, the Pre-July 2010 Group (with higher IBA amounts) and the Post-July 2010 Group (with IBA amounts better aligned with Family Care program benchmarks).

- Due to the timing of this change, in 2010 most of the current program enrollees were a part of the Pre-July 2010 Group.

- The attached table displays IRIS cost data in the aggregate and by the two groups. The data are from CY 2010, in which 95% of the member months were in the Pre-July 2010 Group. (With low enrollment, the Post- July 2010 Group cost data may not yet be stable.)

- The long-term care costs (i.e., those covered by IRIS) are substantially different across the two groups, with the Post-July 2010 Group's costs roughly 25% lower.

- The costs of the state plan services are roughly 5% higher for the Post-July 2010 Group.

- The overall cost is roughly 10% lower for Post-July 2010 Group than for the Pre-July 2010 Group.

- These cost differences are largely driven by the IRIS program costs associated with the developmentally disabled target group. The total costs for the other two target groups are somewhat higher for the Post-July 2010 Group.

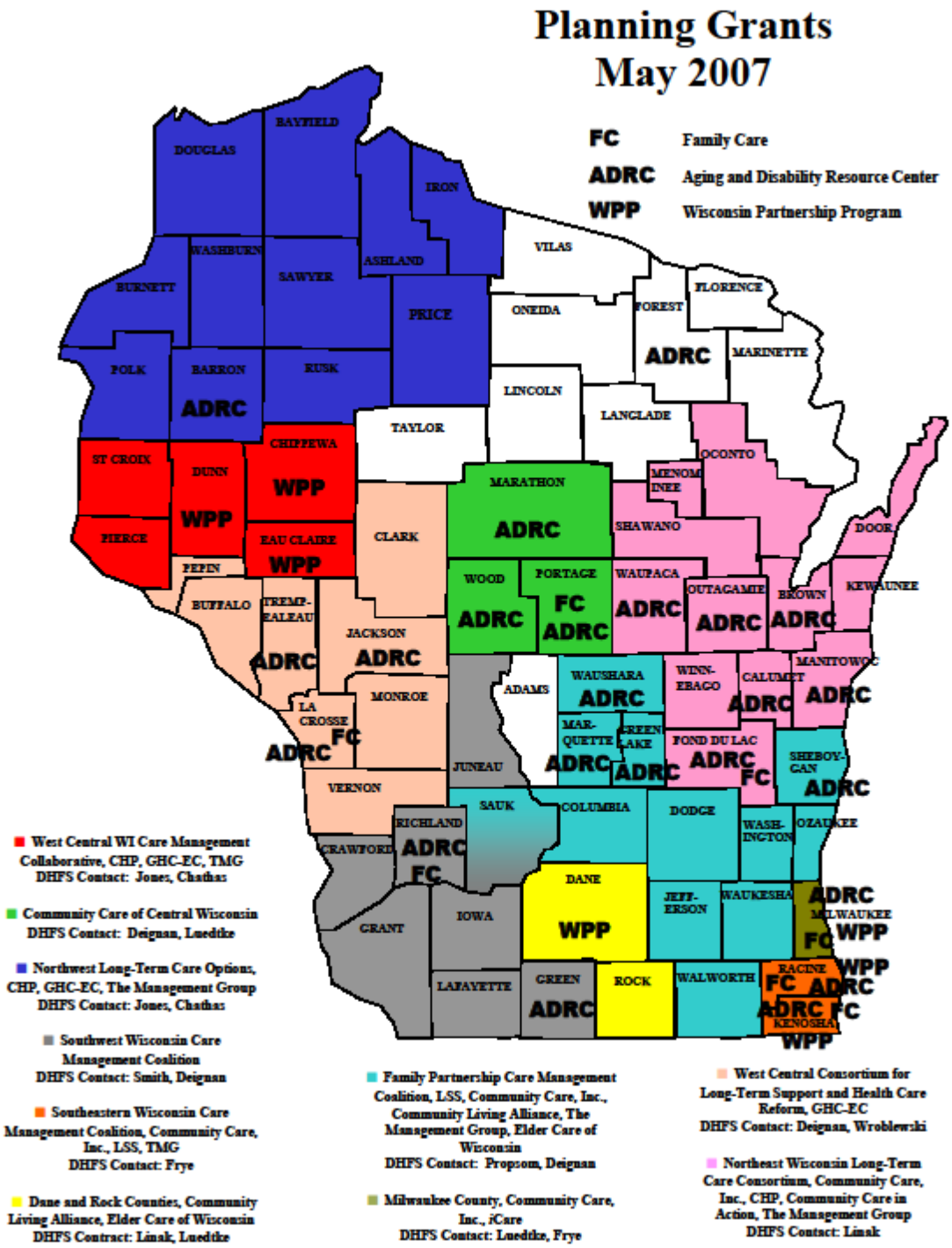
CY10 IRIS Per Member Per Month Costs

Summary of 2010 Actual Experience by IRIS Group

	All IRIS Participants			Pre-July 2010 Group			Post-July-2010 Group		
		Grand Total			Grand Total			Grand Total	
	DD	PD	FE	DD	PD	FE	DD	PD	FE
Exposure Months	11,492	8,056	4,282	11,015	7,567	3,977	477	489	305
State Encounter Plan Services									
Adaptive Equipment	47.41	40.96	8.39	46.27	42.88	8.33	73.85	11.24	9.14
Adult Day Activities	295.60	17.77	24.55	293.94	18.33	24.03	334.02	9.02	31.39
Case Management	20.37	0.86	-	19.70	0.92	-	35.96	-	-
Habilitation / Health	50.71	10.69	1.27	50.76	11.09	1.17	49.38	4.63	2.53
Home Care	1,903.01	943.19	827.40	1,921.72	942.69	835.22	1,470.98	950.83	725.37
Home Health Care	158.12	185.37	91.71	162.50	191.76	93.19	57.17	86.46	72.33
Housing	1.55	-	0.03	1.40	-	0.03	5.17	-	-
Institutional	-	-	-	-	-	-	-	-	-
Other	152.19	68.03	13.84	153.67	69.84	13.64	117.93	40.14	16.46
Residential Care	120.49	1.56	17.63	116.58	0.79	14.13	210.77	13.36	63.33
Respite Care	215.08	15.73	11.87	218.77	16.08	10.72	129.98	10.36	26.87
Transportation	162.11	45.60	28.49	162.47	46.69	26.41	153.83	28.66	55.65
Vocational	160.55	0.69	-	161.97	0.74	-	127.63	-	-
Total State Encounter Plan Services	3,287.19	1,330.44	1,025.18	3,309.73	1,341.79	1,026.88	2,766.68	1,154.71	1,003.06
Room and Board									
Room and Board - Collections	-	-	-	-	-	-	-	-	-
Room and Board - Costs	319.79	-	12.82	322.58	-	12.45	255.17	-	17.58
Total Room and Board	319.79	-	12.82	322.58	-	12.45	255.17	-	17.58
Encounter Total	3,606.98	1,330.44	1,038.00	3,632.32	1,341.79	1,039.33	3,021.85	1,154.71	1,020.64
Composite Encounter PMPM		2,375.77			2,406.88			1,823.44	
	DD	PD	FE	DD	PD	FE	DD	PD	FE
State FFS Plan Services									
Inpatient	127.06	191.09	82.59	127.33	153.69	78.43	120.85	769.99	136.87
Nursing Home	14.26	35.32	99.19	14.01	22.17	53.75	20.11	238.93	691.82
Dental	8.35	10.42	8.11	8.27	10.63	8.38	10.09	7.04	4.56
Drug	170.84	142.34	13.04	168.20	137.87	12.10	231.74	211.46	25.35
Outpatient	43.17	94.02	24.39	42.82	89.18	24.91	51.18	168.88	17.62
Home Care	993.81	1,621.51	1,038.86	1,002.78	1,671.78	1,068.45	786.67	843.34	652.83
Other	188.10	251.61	97.13	187.87	238.46	96.00	193.60	455.22	111.96
FFS Total	1,545.59	2,346.30	1,363.31	1,551.28	2,323.79	1,342.02	1,414.24	2,694.87	1,641.01
Composite FFS PMPM		1,783.54			1,773.52			1,961.27	
Total Encounter + FFS PMPM		4,159.30			4,180.40			3,784.71	

Note: Details about the services that are within a Program's benefit package are detailed in Appendix 2 of this document.

Appendix 1 – Planning Grants



Appendix 2 - Explanation of Benefit Packages

← Family Care Partnership, & PACE (Program of All Inclusive Care for the Elderly) →			
IRIS ↓		Medicaid Card Services - Acute/Primary	Medicare Card Services
← Family Care →			
Home and Community-Based Waiver Services/IRIS Services Medicaid Card Services - LTC services			
Adaptive Aids (general and vehicle) Adult Day Care Care/Case Management (including Assessment and Case Planning) Communication Aids/Interpreter Services Community Support Program (not included in IRIS) Consumer Education and Training Counseling and Therapeutic Resources Daily Living Skills Training Day Services/Treatment Home Modifications Housing Counseling Meals: home delivered Personal Emergency Response System Services Prevocational Services Relocation Services Residential Services: Certified Residential Care Apartment Complex (RCAC) Community-Based Residential Facility (CBRF) Adult Family Home Respite Care (for care givers and members in non-institutional and institutional settings) Supported Employment Supportive Home Care Vocational Futures Planning **Additional IRIS Specific Benefits** Customized Goods and Services Support Broker	Alcohol and Other Drug Abuse Day Treatment Services (in all settings) Durable Medical Equipment, except for hearing aids and prosthetics (in all settings) Home Health Medical Supplies Mental Health Day Treatment Services (in all settings) Mental Health Services, except those provided by a physician or on an inpatient basis Nursing Facility (all stays including Intermediate Care Facility for People with Mental Retardation (ICF/MR) and Institution for Mental Disease) Nursing Services (including respiratory care, intermittent and private duty nursing) and Nursing Services Occupational Therapy (in all settings except for inpatient hospital) Personal Care Physical Therapy (in all settings except for inpatient hospital) Specialized Medical Supplies Speech and Language Pathology Services (in all settings except for inpatient hospital) Transportation: Select Medicaid covered (i.e., Medicaid covered Transportation Services except Ambulance and transportation by common carrier) and non-Medicaid covered.	Physician services Laboratory and x-ray services Inpatient hospital Outpatient hospital services EPSDT (under 21) Family planning services and supplies Federally-qualified health center services Rural health clinic services Nurse midwife services Certified nurse practitioner services Medical care or remedial care furnished by licensed practitioners under state law Prescribed drugs Diagnostic, screening, preventive and rehabilitation services Clinic services Primary care case management services Dental services, dentures Physical therapy and related services Prosthetic devices, eyeglasses TB –related services Other specific medical and remedial care Inpatient mental health Chiropractic services Podiatry services Outpatient mental health Outpatient substance abuse Outpatient surgery Ambulance services Emergency care Urgent care Diagnostic services Outpatient prescription drugs Hearing services Vision services	Medicare Part A (Hospital) Medicare Part B (Medical) Medicare Part D (Prescription Drugs) Ambulance services Ambulatory surgical centers Anesthesia Blood Bone mass measurement Durable medical equipment, supplies and prosthetics Cardiac rehab Chiropractic services Diabetes supplies Diagnostic tests, x-rays and lab services Physician services Emergency and urgent care services Home health care in certain situations Hospice care Inpatient hospital care Inpatient mental health care Outpatient mental health care Outpatient hospital services, including outpatient surgery Limited skilled nursing facility care Physical/speech/occupational therapy Podiatry services Prescription drugs, including drugs under Medicare Part A, Part B, and Part D **Partnership has a small drug co-pay, PACE has no co-pay** Certain preventive tests Certain dental, hearing and vision services Respite care Substance abuse treatment (outpatient)

REPORT TO THE JOINT LEGISLATIVE AUDIT COMMITTEE ON FAMILY CARE
AUGUST 31, 2012

PROFILE OF PEOPLE WAITING FOR LONG TERM CARE PROGRAMS

OVERVIEW OF THE SURVEY AND SUPPLEMENTAL DATA

- The Department completed a two-part analysis of people waiting for publicly-funded long term care programs in November 2011.

- The data used in the analysis was based on a survey of 300 people on the wait list, selected randomly, who were interviewed in October of 2011.

- The survey was complemented by a review of indicators from the adult long term care functional screen to further profile the needs of people on the wait list for assistance with activities of daily living and other long term care supports and services.

- The functional screen is the automated tool used to determine whether an individual is functionally eligible for long term care programs.

- For both the survey and the supplemental profile, the population from which was the sample was drawn represented 90% of the people on the waiting list in counties where Wisconsin's long term care reformed programs, Family Care, IRIS, PACE and Partnership are available.

- The results of the survey show that:

  - 81% of individuals live in their own home, apartment, or a relative's home
  - Most individuals want to stay where the currently reside once they enroll in a long term care program.
  - The top three services requested by those on the wait list include:
    - Laundry or chore services
    - Personal care services (bathing, dressing, eating, toileting, grooming, etc.)
    - Transportation services

Waiting for Long-Term Care Programs

Office for Resource Center Development
WI Department of Health Services

Analytic Insight Customer Survey
Survey Date: October 8-11, 2011

Q1. Are you on a waiting list for long term care programs?

		%/Frequency	Cumulative Percent
Valid	**1 Yes**	**68.2 % (n=180)**	68.2
	2 No	**31.8 % (n=84)**	100.0
	Total	**100% (n=264)**	
	3 Don't know	12% (n=36)	
Total		300	

- One third of survey participants said that they were not on the waiting list.

(Note: This result could be due to a variety of reasons. People can be confused about the term 'long-term care programs', may have cognitive disabilities that prevent their ability to recall, or a family member may have been a survey respondent.)

Q2. How long have you been waiting?

	%/Frequency	**Cumulative Percent**
1 6 months or less	**50.9% (n=84)**	50.9
2 More than 6 months to 1 year	**23.6% (n=39)**	74.5
3 More than 1 year to 3 years	**16.4% (n=27)**	90.9
4 More than 3 to 7 years	**3.0% (n=5)**	93.9
5 More than 7 to 10 years	**1.2% (n=2)**	95.2
6 More than 10 years	**4.8% (n=8)**	100.0
Total	**100.0% (n=168)**	
7 Don't know	15	

- Half (50.9%) have been waiting 6 months or less.
- 75% have been waiting for one year or less.

Length of wait, by client group

Client Group	**% waiting less than 6 months**	**% waiting 6 months-one year**
Elderly	**64.6%** (n=53)	**14.6%** (n=12)
Physical Disability	**49.5%** (n=49)	**24.2%** (n=24)
Developmental Disability	**43.1%** (n=22)	**23.5%** (n=12)
Alzheimer's disease	**75%** (n=15)	**15%** (n=3)
Mental Illness	**53.7%** (n=22)	**26.8%** (n=11)
AODA	**25%** (n=1)	**50%** (n=2)
Other	**33.3%** (n=5)	**26.7%** (n=4)
Chronic Disease	**41.75%** (n=5)	**33.3%** (n=4)
Total	**50%** (n=82)	**23.9%** (n=39)

- 80% of participants who are elderly have been waiting for one year or less.
- 90% of people with Alzheimer's Disease have been waiting less than one year.
- 1/3 (33%) of people with developmental disabilities have been waiting *more* than 1 year.

**Note: Sample includes people on the waiting list in counties where IRIS and Family Care are available.*

WHAT PEOPLE ARE WAITING FOR

Types of Help

- The **top three** things people are waiting for are: **personal care** services, help with instrumental activities of daily living (IADLs) such as **laundry and chore services** and **transportation**.

Q3. What kind of help are you waiting for *(open ended)*?

		%/Frequency
$Q3[a]	1 Personal care services (bathing, dressing, eating, toileting, grooming)	**27.9% (n=46)**
	2 Equipment (wheel chairs, communication devices, etc.)	2.4% (n=4)
	3 Laundry or chore services	**30.3% (n=50)**
	4 Transportation	**17.6% (n=29)**
	5 Employment	6.7% (n=11)
	6 Help with managing behaviors	.6% (n=1)
	7 Nursing services	4.2% (n=7)
	8 Managing a health condition or chronic disease	3.6% (n=6)
	9 Nursing home	1.2% (n=2)
	10 Assisted living	11.5% (n=19)
	11 Mental health services	1.8% (n=3)
	13 Financial assistance	13.3% (n=22)
	14 Other	12.7% (n=21)
Total		133.9% (n=221)

Top Three Types of Help Customers are Waiting For, *by client group*

Comparison of Customer Survey Responses to ADRC Director Survey Responses

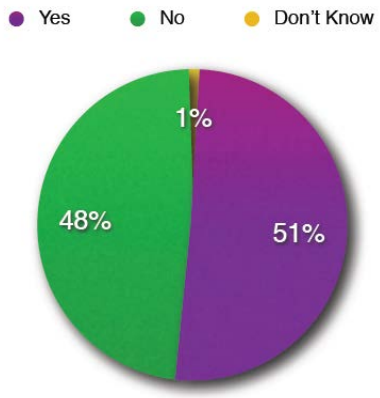
Client Group	**Top 3 : Customer Response** (open ended)	**Top 3 : ADRC Response** (multiple choice) *Note: "Financial Assistance" was not an option*
Elderly	1. IADLs/laundry and chore services 2. Personal care services 3. Financial Assistance *(Note: Assisted Living is 4th)*	1. Help with IADLs 2. Assisted Living 3. Personal care services
Physical Disability	1. IADLs/laundry and chore 2. Personal care services 3. Transportation	1. Personal care services 2. Laundry and chore (IADL) 3. Transportation
Developmental Disability	1. Transportation 2-3. Employment & Financial Assistance (tied)	1. Employment 2. Help with IADLs 3. Transportation
Alzheimer's disease	1-2. Assisted Living & Financial Assistance (tied) 3. IADLs and Personal care (tied)	1. Assisted Living 2. Help with IADLs 3. Personal care services

HOW PEOPLE MANAGE WHILE THEY WAIT

About half (51%) of the individuals on the waitlist indicate that they are getting help right now. Another 48% indicate that they are not getting any help.

Q.4 Are you (they) getting any help right now?

	%/Frequency	Cumulative Percent
1 Yes	51.0% (n=153)	51.0
2 No	47.7% (n=143)	98.7
3 Don't know	1.3% (n=4)	100.0
Total	100.0 (n=300)	

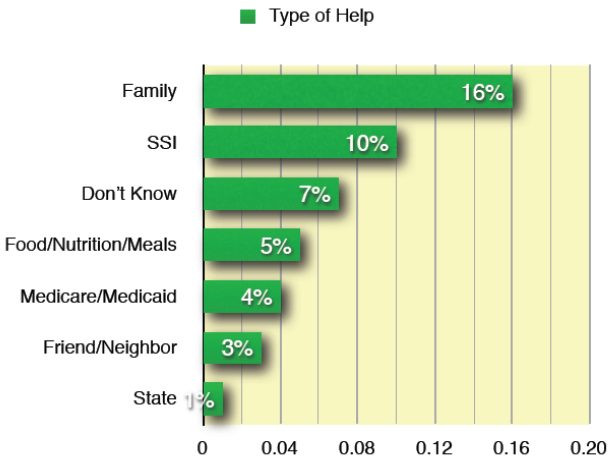


- Those who are getting some help now, indicate that this help is mostly from **family, friends or neighbors** (18.3%) and other **programs** such as SSI, Medicare, Medicaid and programs that help support food, nutrition and meals (19%).

- Those who are least likely to say that they are getting help right now are those who are **60 or older** (53% said they were not getting help) and those with a **chronic disease** (57% said they were not getting help right now).

Q5a. Are you (they) getting any help right now? If yes, what kind of help are you (they) getting?

Comment	Number	Percent of Responses
Family	24	15.7%
SSI	15	9.8%
Don't Know	11	7.2%
Food Nutrition or Meals	7	4.6%
Medicare or Medicaid	6	3.9%
Friend or neighbor	4	2.6%
State	1	0.7%



Unduplicated customer responses *(Are you getting any help right now, if yes, what kind of help are you getting?):*

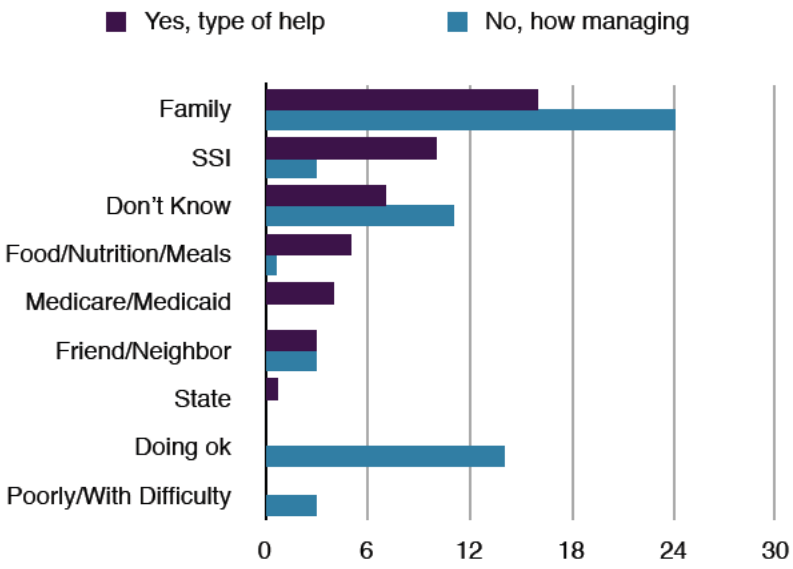
- Mother helps her
- Sister helping out
- My daughter
- Neighbor helps out
- My roommates are helping me out right now.
- My husband is living with me.
- Family is helping
- Grandson is helping
- My granddaughter moved in with me so she could take care of me.
- Help from parents
- Family and friends are helping, in nursing home now, hope to be out in a month.
- My ex-wife is helping me out.
- A friend is helping me get around.
- Home help twice a week
- I am getting home care services.
- Meals on Wheels
- Chores, shopping, and transportation, cooking, cleaning
- Helping me shower and house keeping
- Building a ramp and health care and lawn maintenance
- Getting help with personal care. Getting help to go to daycare.
- Help with my prescriptions and help with my food
- With people bathing me of some sort
- Cleaning lady comes and cleans once a month
- Got help from a grant to help purchase a sink
- Feed me and I'm living with them
- Medication, bathing, house keeping
- They help me get a bath. They serve my food. They clean my room.
- Visiting nurses. 6 hours a week from personal care services
- Nursing; aids, bathing and respite
- Personal care
- Take care of hygiene
- Constant supervisor, personal care
- Dental, physical therapy, I go to the doctor every so often
- Physical therapy, helping me showers, occupational therapy, and house keeping.
- Health care and special equipment they need
- I'm still going to the hospital, doctors, etc.
- Medical and medication
- VA pension they tell me that I should have someone coming in to help me. All my stuff from the VA.
- Just Food Stamps
- Katie Becket child care
- County, social worker
- Paying for her housing assistance
- Respite
- Senior preferred insurance
- Speech therapy, special ed, life skills, employment training
- Help finding a place and job
- Help with a driving instructor and an opportunity for a job
- Hiring outside help
- Mental help
- Assisted Living
- Nursing home
- I live in a facility with elderly people. I go eat in the dining room and my kids help me.

Q5b. Are you (they) getting any help right now? If no, how are you (they) managing?

Comment	Number	Percent of Responses
Family	37	24.18%
Doing okay	22	14.38%
Don't Know	17	11.11%
Poorly or with difficulty	5	3.27%
SSI	4	2.61%
Friend or neighbor	4	2.61%
Food Nutrition or Meals	1	0.65%

- One quarter of the participants who indicate that they are NOT receiving help right now, say that they are 'managing' with the help of family.
- Another 14% say that they are 'doing okay'.

- Regardless of whether a customer feels that they are getting help right now or not, there are similarities in the types of help people receive while they are waiting.
- 1/3 of the people on the list (Q7) indicated that they asked to be put on the list because they need help in the future (not now). This could be one explanation for why 14% said that they are 'doing ok'.



Unduplicated customer responses *(Are you (they) getting any help right now? If no, how are you (they) managing?)*

- With help from his daughter which is me and I am his caregiver.
- Son helps
- We take care of everything for him.
- The Ms. helped me get some stuff.
- My husband and I are working together and getting by.
- My grandkids and daughter
- My daughters are helping me. They come and give me baths and bring me food that I have to warm up.
- My children do what they can.
- Lots of family help
- Living with family
- Living with brother
- Lives at caregiver's house

- If am able to drive I do and if not, my boyfriend or someone else does.
- I, his mom, help him.
- I take care of my husband.
- I live with my daughter. We live together. I manage myself.
- I have a friend that comes once a month and helps with things that needs to be done or else I don't get help.
- I am managing through family and friend support and I have given up driving. I also have fuel assistance.
- I am getting help from my wife.
- I am doing what I can to take care of him.
- His mom is taking care of him.
- With a great deal of difficulty
- Very hard. My son takes care of me. No medical care, nothing.
- Very carefully
- Terrible and you got to pay for your doctor and your medicine and it is terrible.
- Social security barely pays bills, have difficulties with necessity.
- Poorly and she is very young
- Not very well, I would like my apartment to be a little cleaner. I had a lady who did some light cleaning and my daughter does some shopping for me.
- Not good, he needs help. He just sits at the garden.
- I can walk and everything. My right arm hurts so bad I can't use it. The pain pills don't help.
- I live in a dirty house.
- I don't manage really good because I just got over a bout of bacterial infection and I am having spinal problems. I can't walk very good.
- I am not managing. I cannot go to the doctor.
- Very well with a little help.
- He's doing good, having a good time. Every two or three months he has a downward spiral.
- Getting along slowly but surely.
- Do what I can do. Got to be careful.
- Local medicine clinic for insulin
- I have a cane and a walker. Tries not to use in the house.
- I am living on my savings account and that is gone.
- I am getting help from the VA, that is medical mostly.
- Girl in building helps me.
- They are taking care of themselves.
- The best I can. I live in a group home.
- On your own right now.
- By myself.

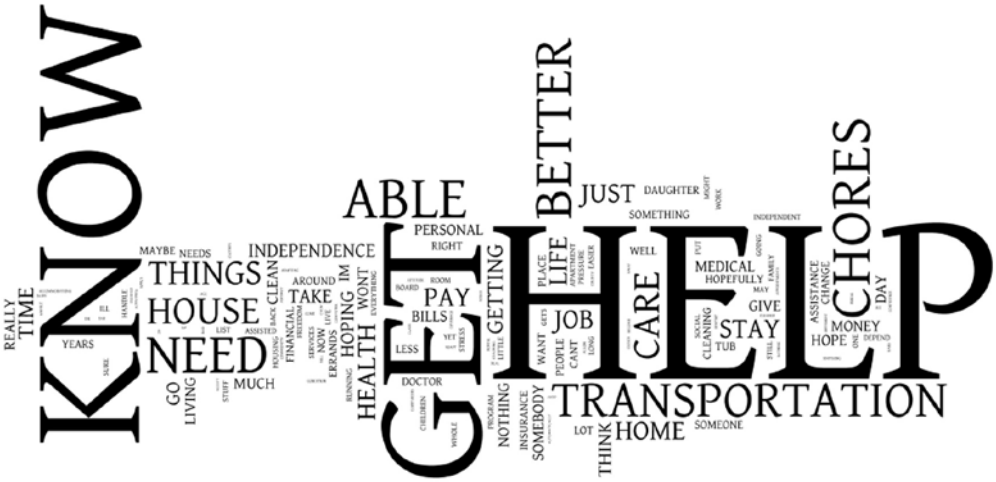
Q6. What do you think will change when you are able to get into a program that you are waiting for?

	%/Frequency
Don't Know	40.0% (n=40)
Transportation	12.0% (n=12)
Chores	11.0% (n=11)
Family	11.0% (n=11)
Health	7.0% (n=7)
Stay in home longer	7.0% (n=7)
Doctor or medical care	5.0% (n=5)
Way of life or attitude	4.0% (n=4)
Food Nutrition or Meals	2.0% (n=2)

Customer Responses (what do you think will change)?

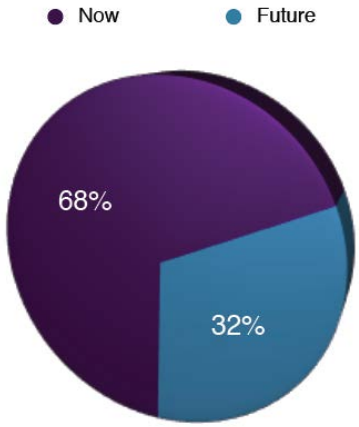
- A lot of things. The way of life, period.
- At least he will be there for life. He has been in Wisconsin for 29 years.
- Everything. I will be able to get groceries and shower myself.
- I know things would get better and I would not have to wait for people to help me and it will be on my own time.
- Meet goals for the future.
- My quality of life.
- Something better
- Assistance for housing and living accommodations
- Financial to stay at home
- Hopefully will be able to stay in my home longer, for a few more years anyway
- It will make it easier, it helps me to stay in my own home
- Move closer to family
- She need different living place. Personal care, transportation
- Assisted living to help with chores
- Well I think that I can get a lot better care. I could get better hygiene because I can't do it myself. And right now I can't even get out and about to do my errands so they would help me with that.
- Just so I can get some help getting dressed in the morning and help me get my house cleaned up
- Better health
- Help his condition. Getting insulin.
- Help to get medicine and ease pain.
- Hopefully my health gets better
- Medical and all kinds of stuff, all my medical and all my needs should change when I get into a place of my own.
- My house will be cleaner and I will feel better about myself.
- Somebody help me get in and out of the tub, cleaning up and general help
- I really need help with the stuff around the house
- Get the home more organized. Still in boxes and need help.
- Chores done, help doing personal things
- Help with chores 'til I can walk again.
- Help with my house cleaning and hoping to get an oven.
- I might get somebody to come in once a week to clean. I have no one.
- More free time as far as things go for my grandma, she needs someone with her all the time
- Get out a little bit more and take a computer class.
- I need help with her so I can go back to work
- I think he will get a job. Have a social life. That would give us a break.
- He would be able to do day services that he needs
- It'll help her get out of the house and be able to do something's. She is the only one in the house during the day.
- Manage on my own, and get an apartment, get transportation to get out more often
- He will be able to get more hands on care than I can give him. We are hoping he will be more social being around people his age.
- Helping her out with the little things
- It would be wonderful and put a bar to help me get out of the bath tub.
- Hopefully I'll be able to deal with day to day activities much better.
- Hoping I will get clothes I need, etc.
- I think that when her mother can stay home, she will be able to teach her important skills needed for survival.
- I am hoping I don't have to waste my whole paycheck for other people to drive me
- I need someone to give me transportation to the store and the pharmacy and all I have right now is transportation to the doctor.
- They will have more independence and be able to permit us to get away and to take better care of her.
- That I could depend on myself, not my children

- More help, information, and open doors for me. Allow more independence for me.
- I hope he gets more independence.
- I hope to get around and do things for myself
- I want to be on my own.
- Might become independent.
- More independence
- More self sufficient
- She wants to be independent and live on her own
- I won't be so stressed
- It will take the load off of him.
- More freedom and get back to a normal life
- Mental health and it will be so much better for you overall.
- Take a lot of pressure off of me
- She could get more help and it wouldn't be hard on her.
- Maybe it will help her with job training, confidence, transportation, housing, more independence
- Release the pressure of my daughter
- My children won't have to do so much.
- My daughter will have more freedom to have a life.
- Not sure. Do not think well; had a stroke
- Nurse that can give her pills and food
- Pay for my medication, shots and blood pressure bills. If not, I'll just stop and die.
- They could help me get the grab bars
- They have a job and job coaching
- They will help me get employment, help find an apartment



Q7. Did you [they] ask to be put on the list because you [they] need help now, or because you [they] need help in the future?

Response	%/Frequency	Cumulative Percent
1 Need help now	68.4% (n=119)	68.4
2 Need help in the future	31.6% (n=55)	100.0
Total	100% (n=174)	

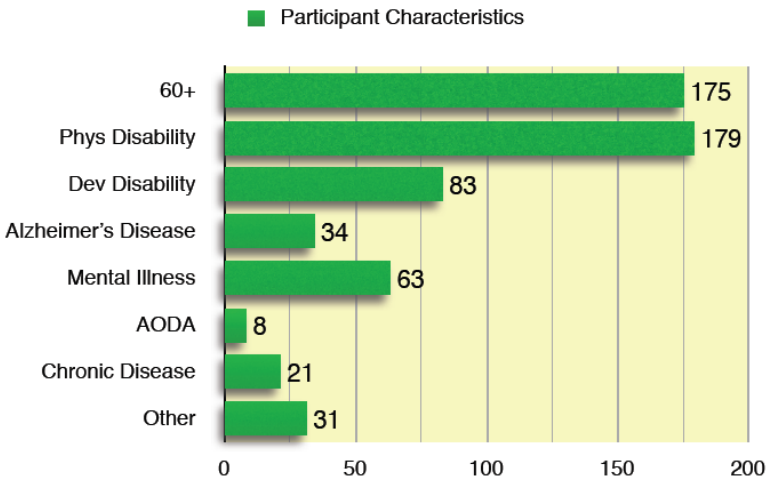


- One in three elderly (33%), people with a mental illness (32.5%) and with a chronic disase (38.5%) are on the waiting list and indicate that they need help later.

Q8. Survey Participant Characteristics

Which of the following apply? Are you… *(read list, note all that apply)*

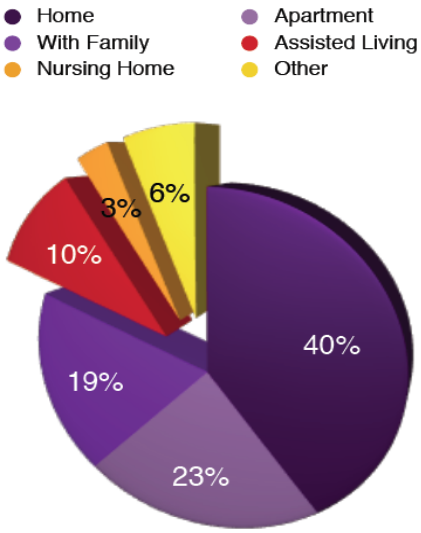
		% of cases
$Q8[a]	1 60 years of age or older	59.3% (n=175)
	2 (You/they) have a physical disability	60.7% (n=179)
	3 A developmental disability	28.1% (n=83)
	4 Alzheimer's disease or other dementia	11.5% (n=34)
	5 A mental illness (Other than Alzheimer's or dementia)	21.4% (n=63)
	6 A concern regarding alcohol or other drug dependency, or	2.7% (n=8)
	7 Some other disability or concern	10.5% (n=31)
	9 Chronic Disease	7.1% (n=21)
Total		201.4% (n=594)



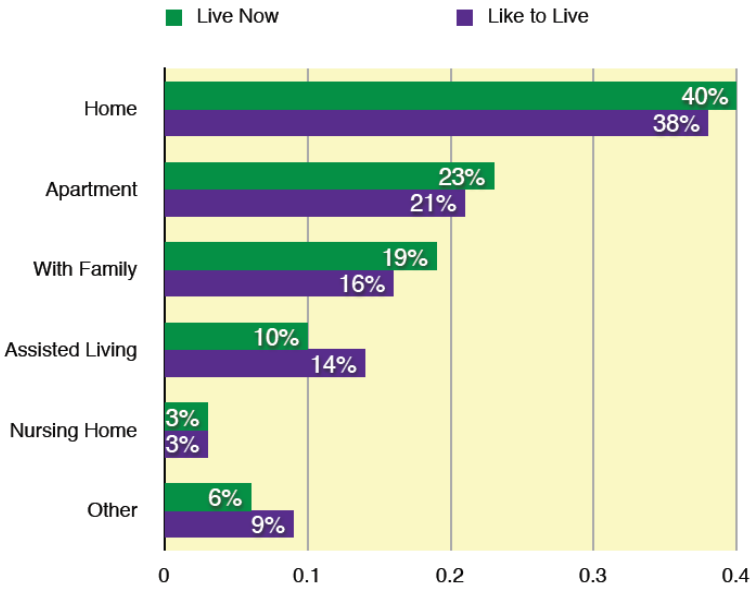
LIVING ARRANGEMENT

Q9. What type of housing are you [they] living in right now?

- 81% of participants currently reside in their own home, apartment, or with family.
- 13% live in an assisted living or nursing facility.



Q10. When you [they] are able to receive services, where would you [they] like to live?



**Note: The "Other" category includes responses such as "the same place I am in now", "in town", "a better neighborhood".*

Profile of People Waiting for Long-Term Care Programs

In November, 2011, an analysis of individuals waiting for publicly funded long-term care programs was conducted. Data derives from the long-term care functional screen; the automated tool used to determine whether an individual is functionally eligible for long term care programs. 4205 individuals were included in the sample (which represents 90% of the people on the waiting list in counties where IRIS and Family Care are available).

Ages of waitlist people	# People	% of People
17-25	446	10.6%
6-45	278	6.6%
46-65	864	20.5%
66-75	525	12.5%
76-85	980	23.3%
86-95	991	23.6%
96+	121	2.9%
Total	4,205	100.0%

- **Two-thirds of the people waiting are over age 65.**
- **More than one quarter of the people waiting are over age 85.**
- **121 people are 96 years of age or older.**

Hierarchical **Target Group***	# People	% of People
Developmentally Disabled	728	17.3%
Elderly	2,226	52.9%
No Target Group / NA**	21	0.5%
Physically Disabled	1,230	29.3%
Total	4,205	100.0%

*People with developmental disabilities who also meet another target group are included in the DD category.

- **One out of two are frail elders**
- **One out of three have a physical disability**
- **One out of five have a developmental disability**

Length of time on waitlist	# People	% of People
Less than 6 months	2,053	48.8%
6-12 months	1,037	24.7%
Between 1 year & 2 years	847	20.1%
More than 2 years	268	6.4%
Total	4,205	100.0%

- **Consistent with the customer survey, half (48.8%) have been waiting 6 months or less.**
- **75% have been waiting for one year or less.**

Activities of Daily Living (ADL)

Activities of daily living include day-to-day tasks such as bathing, dressing, eating, mobility, toileting, and transferring.

- Forty percent (40%) of people waiting require assistance with **three or more** activities of daily living. People who are elderly or who have a physical disability are most likely to require assistance with three or more activities.

- About one quarter (24%) do not require any assistance.

	% with no ADL Needs	% with 3-6 ADL Needs
People with Developmental Disabilities	37.4%	26.6%
Frail Elderly People	21.6%	40.3%
People with Physical Disabilities	21.7%	46.3%
Aggregate	24.3%	39.6%

The following chart shows the percentage of people that require assistance with the specified ADL. The most common activities that people require assistance with are bathing (67%), dressing (49%), and mobility (31%).

	Developmental Disability	Frail Elders	Physical Disability	Aggregate
Bathing	56%	69%	68%	**66.5%**
Dressing	40%	49%	53%	**49%**
Eating	21%	20%	20%	**20%**
Mobility	9%	34%	39%	**31%**
Toileting	23%	30%	30%	**29%**
Transferring	7%	28%	38%	**27%**

Instrumental Activities of Daily Living (IADLs)

Instrumental activities of daily living include tasks such as meal preparation, medication management, money management, laundry/chore services, transportation, and access to or use of the telephone.

- Eighty-eight percent (88%) of people waiting require assistance with **three or more** instrumental activities of daily living. People who are elderly or who have a developmental disability are most likely to require assistance with three or more activities.
- **Almost every person** waiting for long-term care programs require assistance with at least one instrumental activity of daily living.

	% with no IADL Needs	% with 3-6 IADL Needs
People with Developmental Disabilities	0.0%	91.5%
Frail Elderly People	0.4%	90%
People with Physical Disabilities	0.6%	80.6%
Aggregate	0.4%	87.5%

The following chart shows the percentage of people that require assistance with the specified IADL. The most common IADLs that people require assistance with are laundry and chores (93%), meal preparation (89%), and transportation (80%).

	Developmental Disability	Frail Elders	Physical Disability	Aggregate
Meal Preparation	84%	92%	86%	**89%**
Medication Management*	82%	77%	63%	**73%**
Money Management	96%	74%	53%	**72%**
Laundry/Chore	83%	95%	94%	**93%**
Transportation**	89%	83%	70%	**80%**

** Indicates percentage of people who require assistance among those that take medications*
***Indicates the percentage of people that do not drive a vehicle at all.*

Limitations of People Waiting

The most typical person on the waitlist is an elderly person between 76 and 95 years of age who has been on a waitlist less than six months.

Developmental Disabilities: ***Top Three ADLs and IADLs***

1. Bathing (56%)
2. Dresssing (40%)
3. Toileting (23%)
4. Money Management (96%)
5. Transportation (89%)
6. Meal Preparation (84%)

Elderly: ***Top Three ADLs and IADLs***

1. Bathing (69%)
2. Dressing (49%)
3. Mobility (34%)
4. Laundry/Chore (95%)
5. Meal Preparation (92%)
6. Transportation (83%)

Physical Disabilities: ***Top ADLs and IADLs***

1. Bathing (68%)
2. Dressing (53%)
3. Mobility (39%)
4. Laundry/Chore (94%)
5. Meal Preparation (86%)
6. Transportation (70%)

REPORT TO THE JOINT LEGISLATIVE AUDIT COMMITTEE ON FAMILY CARE
AUGUST 31, 2012

HISTORICAL DATA ON LTC EXPENDITURES AND ENROLLMENT

OVERVIEW OF HISTORICAL DATA

- This section provides data on Medicaid expenditures and enrollment in long term care (LTC) programs in the past decade.

- The graphs highlight key indicators and trends in the data both compared to overall Medicaid spending across the LTC programs.

- The data and graphs show that:

  - Medicaid expenditures on LTC programs have declined as a proportion of overall Medicaid expenditures in the last decade, falling from 53% in SFY 02 to 43% in SFY 11, and the average growth rate in LTC spending was also more moderate than overall Medicaid spending during this time.

  - Since SFY 02, LTC spending for institutions, such as nursing homes and ICFs, have declined from 62% of the budget to 31%, while spending for Family Care and community services has grown from 38% to 69% of LTC expenditures.

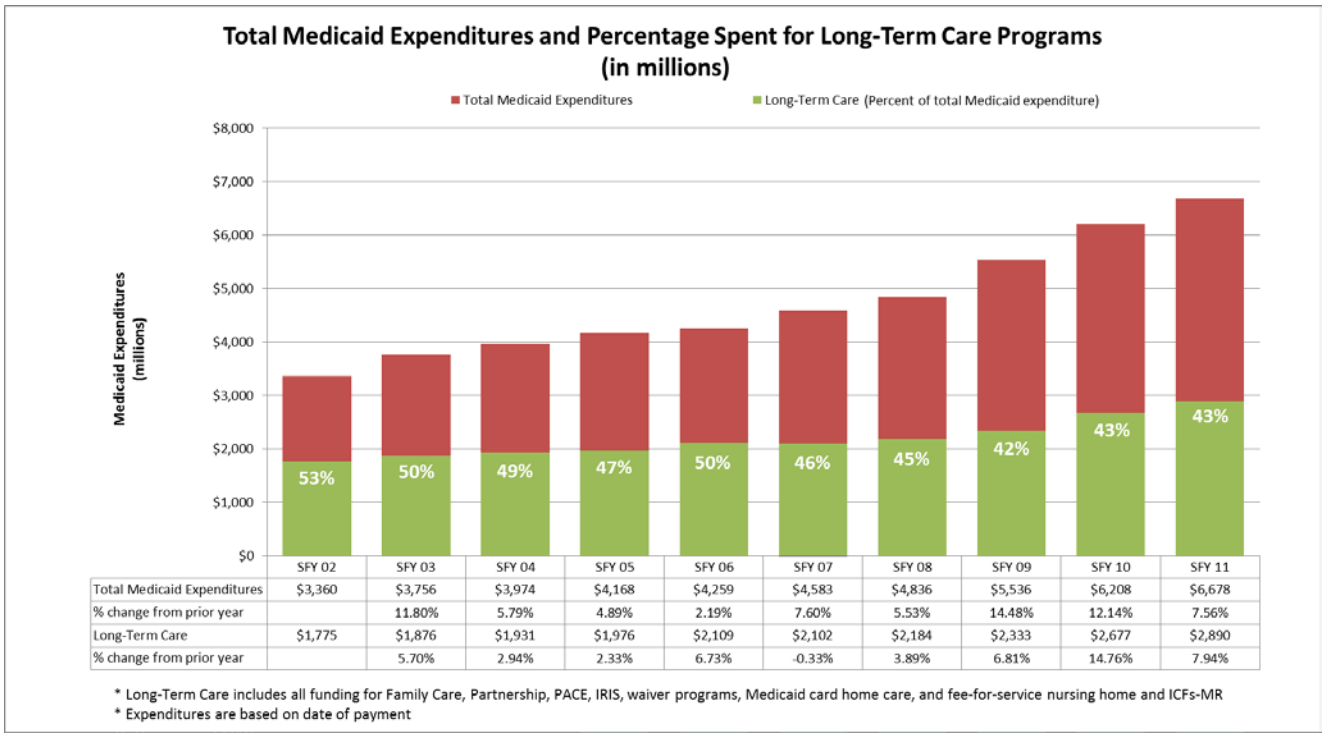
  - After the significant increase in enrollment with expansion in 2010, Family Care PMPM costs have fallen in the past two years.

  - While the people eligible for LTC programs has increased somewhat since SFY 04, enrollment has been driven by enrolling people in Family Care and IRIS who were previously on the wait list.

  - Over the last decade, expenditures for Medicaid LTC programs have transitioned from primarily fee-for-service payments for institutional services, such as nursing homes, to managed care programs that enable people to live in their own homes and community-based settings.

  - The majority of individuals enrolled in a LTC program reside in a community-based setting or their own homes. A key to ensuring cost-effectiveness and fiscal sustainability is to strengthen supports to ensure that people are safely cared for in their own homes as long as possible.

Graph 1



	SFY 02	SFY 03	SFY 04	SFY 05	SFY 06	SFY 07	SFY 08	SFY 09	SFY 10	SFY 11
Total Medicaid Expenditures	$3,360	$3,756	$3,974	$4,168	$4,259	$4,583	$4,836	$5,536	$6,208	$6,678
% change from prior year		11.80%	5.79%	4.89%	2.19%	7.60%	5.53%	14.48%	12.14%	7.56%
Long-Term Care	$1,775	$1,876	$1,931	$1,976	$2,109	$2,102	$2,184	$2,333	$2,677	$2,890
% change from prior year		5.70%	2.94%	2.33%	6.73%	-0.33%	3.89%	6.81%	14.76%	7.94%

* Long-Term Care includes all funding for Family Care, Partnership, PACE, IRIS, waiver programs, Medicaid card home care, and fee-for-service nursing home and ICFs-MR
* Expenditures are based on date of payment

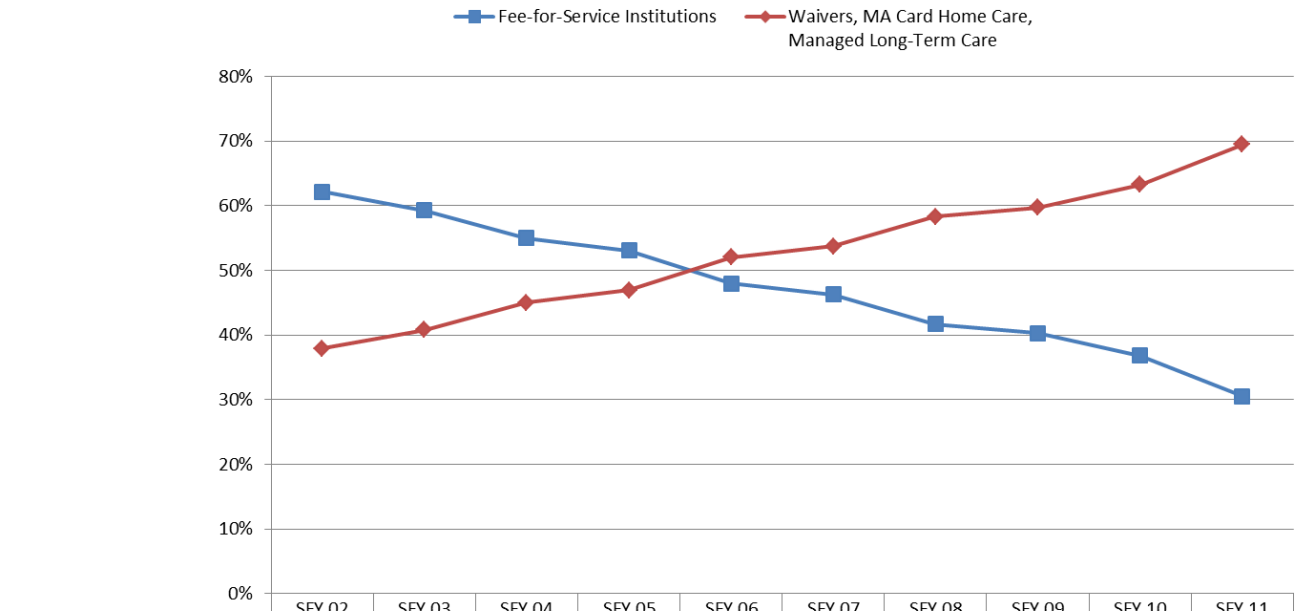
SUMMARY OF THE DATA

- Medicaid expenditures on long-term care programs have declined as a proportion of overall Medicaid expenditues over the last decade.

- While overall Medicaid expenditures nearly doubled between State Fiscal Years 2002 and 2011, expenditures on long-term care programs grew by less than two-thirds.

- As a result, long-term care program expenditures, which constituted the majority of Medicaid expenditures in SFY 2002, made up 43 percent of Medicaid expenditures in SFY 2011.

Graph 2



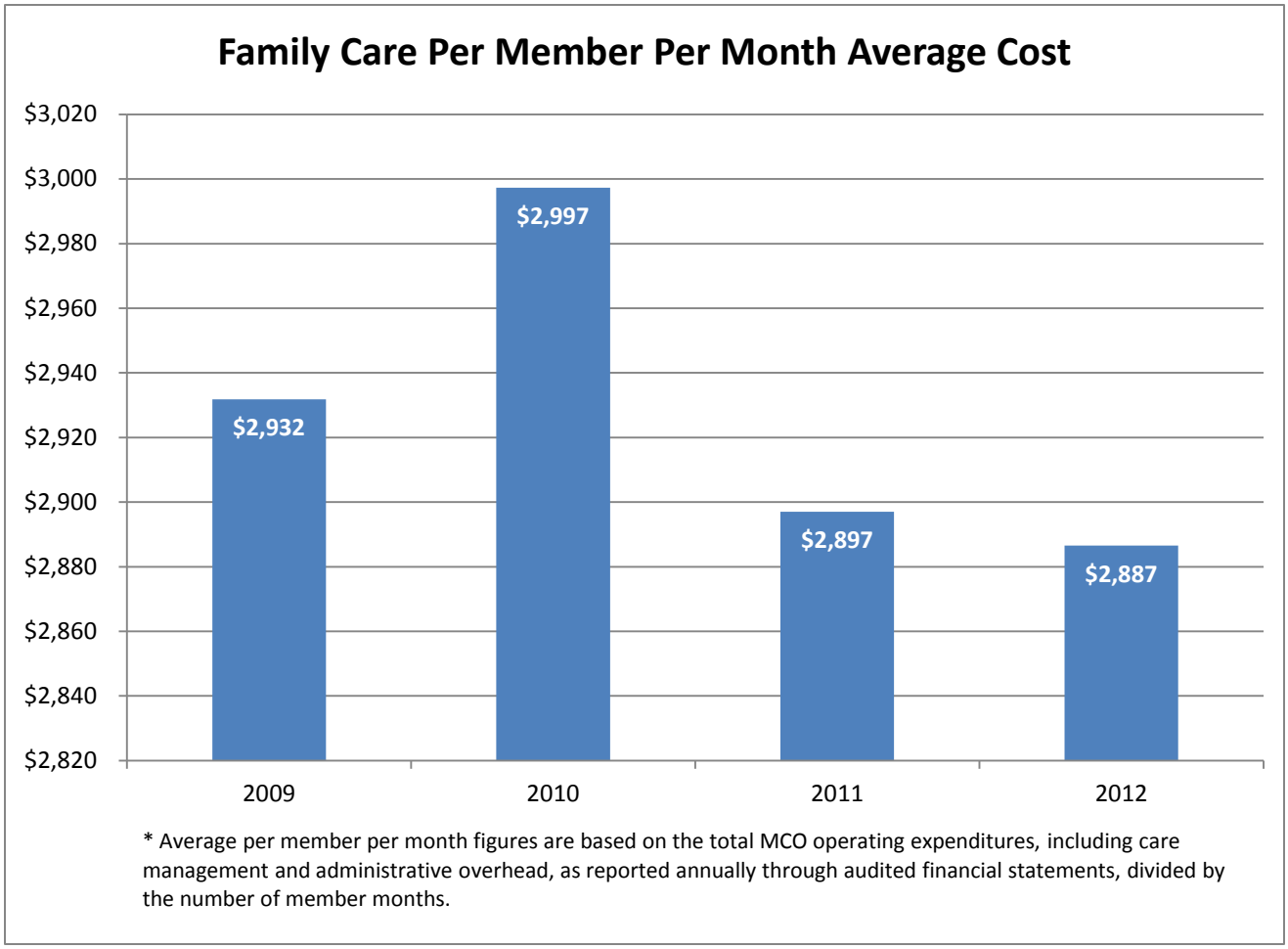
	SFY 02	SFY 03	SFY 04	SFY 05	SFY 06	SFY 07	SFY 08	SFY 09	SFY 10	SFY 11
Fee-for-Service Institutions	62%	59%	55%	53%	48%	46%	42%	40%	37%	31%
Waivers, MA Card Home Care, Managed Long-Term Care	38%	41%	45%	47%	52%	54%	58%	60%	63%	69%

* Managed long-term care expenditures include services in both community and institutional settings and acute and primary care services in PACE/Partnership programs
* Expenditures are based on date of payment

SUMMARY OF THE DATA

- Since SFY 02, LTC spending for institutions, such as nursing homes and ICFs, have declined from 62% of the budget to 31%, while spending for Family Care and community services has grown from 38% to 69% of LTC expenditures.

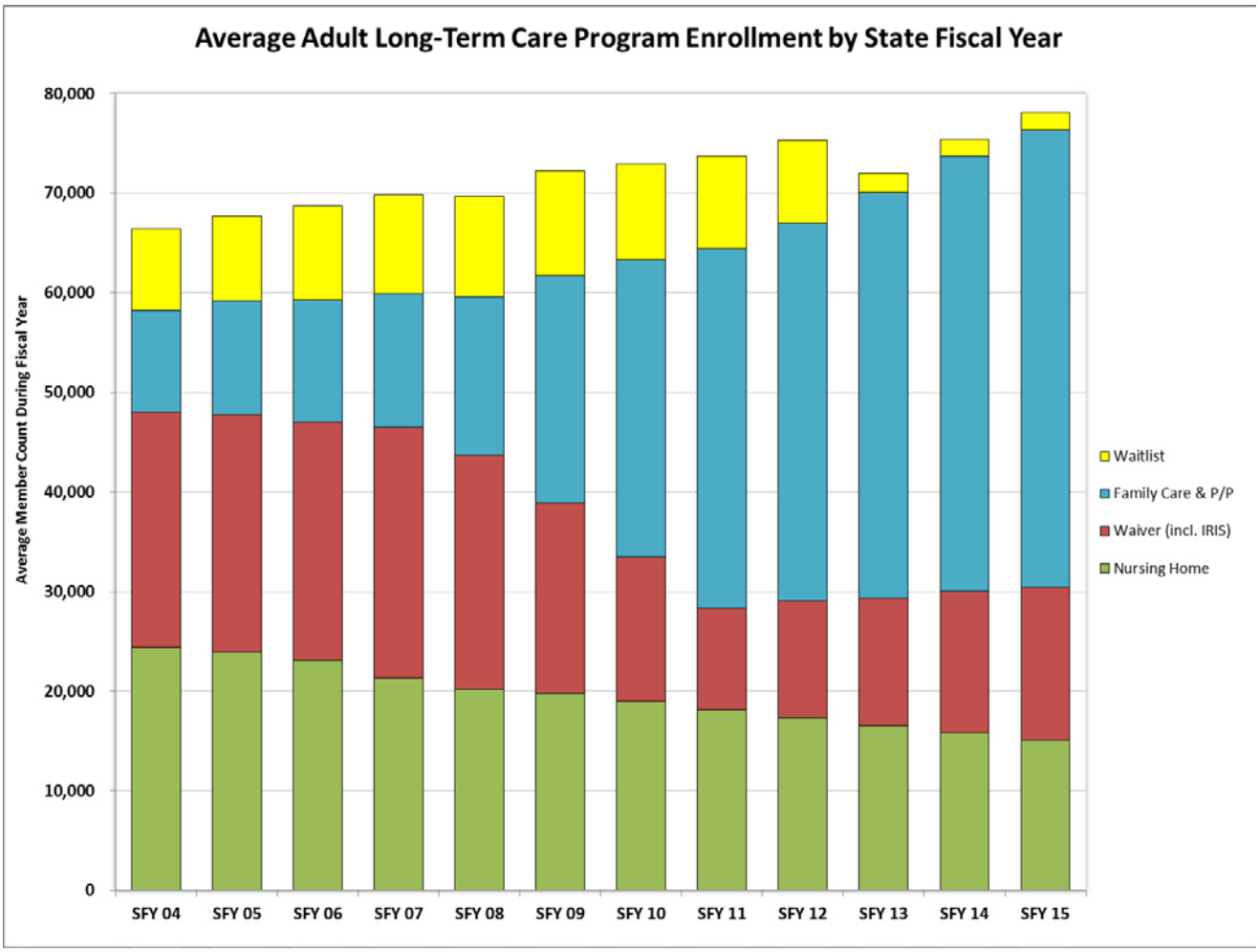
Graph 3



SUMMARY OF THE DATA

- After the significant increase in enrollment with expansion in 2010, Family Care PMPM costs have fallen in the past two years.

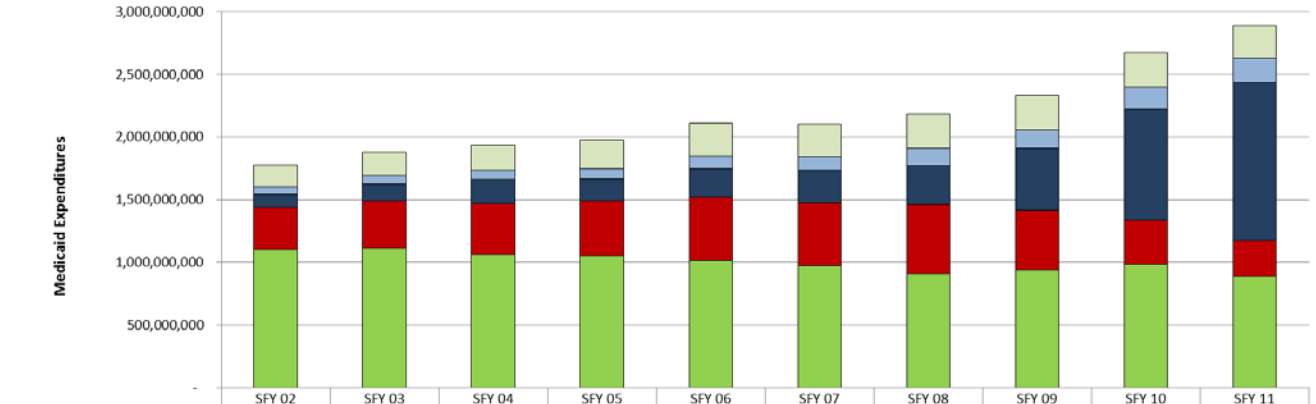
Graph 4



SUMMARY OF THE DATA

- While the people eligible for LTC programs has increased somewhat since SFY 04, enrollment has been driven by enrolling people in Family Care and IRIS who were previously on the wait list.

Graph 5



	SFY 02	SFY 03	SFY 04	SFY 05	SFY 06	SFY 07	SFY 08	SFY 09	SFY 10	SFY 11
MA Card Home Care	172,000,000	183,000,000	193,000,000	226,000,000	261,000,000	261,000,000	275,000,000	273,000,000	275,000,000	260,000,000
PACE/Partnership	58,000,000	65,000,000	78,000,000	82,000,000	100,000,000	107,000,000	137,000,000	146,000,000	173,000,000	194,000,000
Family Care	104,000,000	136,000,000	193,000,000	174,000,000	230,000,000	261,000,000	308,000,000	499,000,000	894,000,000	1,267,000,000
Waivers (Legacy, Children, IRIS)	338,000,000	381,000,000	406,000,000	445,000,000	507,000,000	500,000,000	553,000,000	475,000,000	351,000,000	286,000,000
Fee-for-service Institutions (NH, ICFs-MR, State Centers)	1,103,000,000	1,111,000,000	1,062,000,000	1,049,000,000	1,012,000,000	973,000,000	911,000,000	940,000,000	984,000,000	883,000,000

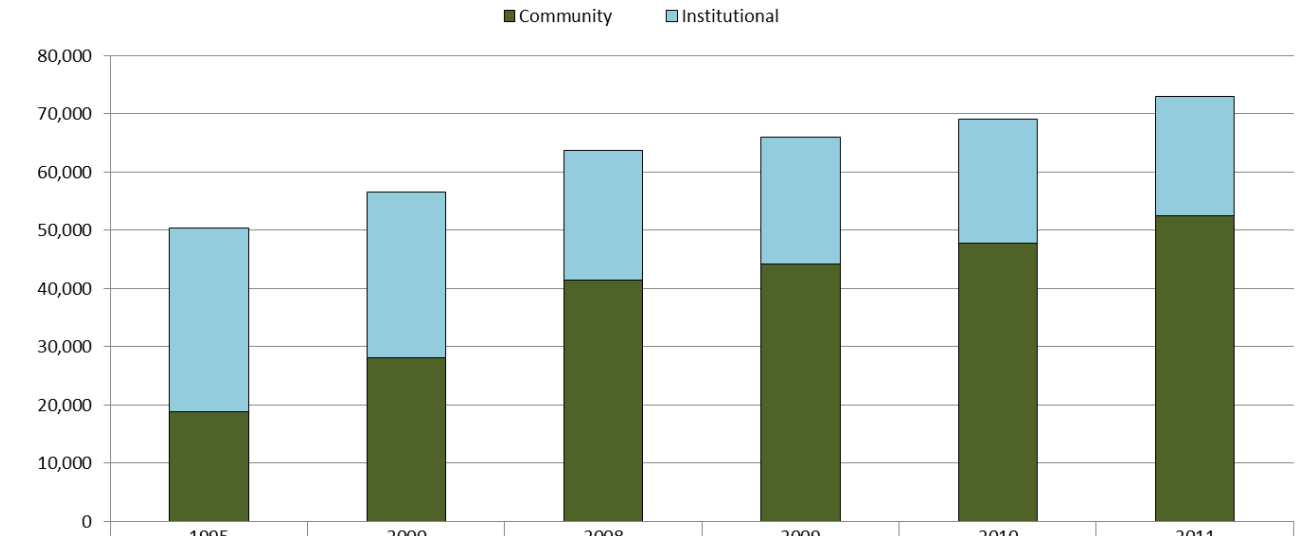
* Family Care expenditures include services in both community and institutional settings
* PACE/Partnerhship expenditures include acute and primary services and services in both community and institutional settings
* Expenditures are based on date of payment

SUMMARY OF THE DATA

- Over the last decade, expenditures for Medicaid long-term care programs have transitioned from primarily fee-for-service payments for institutional services, such as nursing homes, to managed care programs that enable members to live in their own homes and community-based settings.

- While Family Care members may reside in an institution, the overwhelming majority live in community settings or their own homes.

Graph 6



	1995	2000	2008	2009	2010	2011
Institutional	31,437	28,403	22,413	21,694	21,210	20,626
Pct of MA	62%	50%	35%	33%	31%	28%
Community	18,907	28,119	41,386	44,292	47,865	52,444
Pct of MA	38%	50%	65%	67%	69%	72%

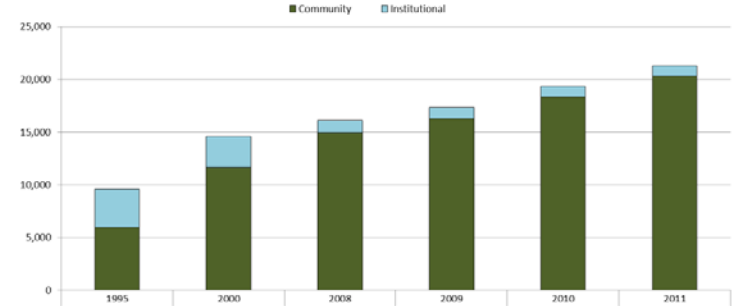
* Institutional population includes Managed Long-Term care members residing in a nursing home or ICF-MR.

SUMMARY OF THE DATA

- The majority of individuals enrolled in a Medicaid long-term care program reside in a community-based setting or their own homes.
- Prior to 2000, the majority of Medicaid members receiving long-term care lived in a nursing home or ICF-MR.
- Since that time, a growing number and proportion of individuals have received services in a home or community-based setting.
- In December 2011, fewer than 30% of individuals receiving long-term care services resided in an institution funded either through Medicaid fee-for-service or managed long-term care.

Publicly-Funded Long-Term Care Population
Adults with a Developmental Disability
1995, 2000, 2008-11

(end of year counts)

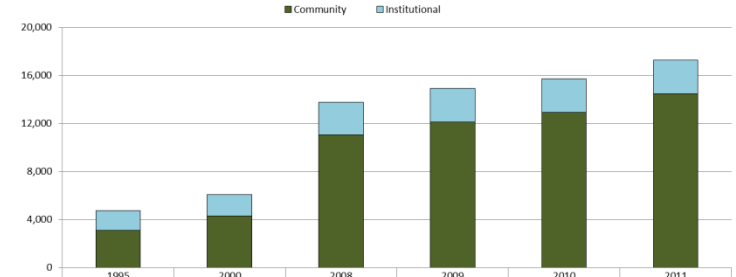


	1995	2000	2008	2009	2010	2011
Institutional	3,670	2,936	1,147	1,037	1,005	946
Pct of Pop	38%	20%	7%	6%	5%	4%
Community	5,942	11,680	14,984	16,286	18,336	20,350
Pct of Pop	62%	80%	93%	94%	95%	96%

* Institutional population includes managed long-term care members residing in a nursing home or ICF-MR.

Publicly-Funded Long-Term Care Population
Adults with a Physical Disability
1995, 2000, 2008-11

(end of year counts)

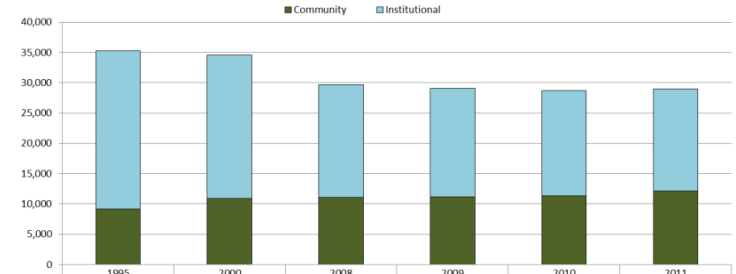


	1995	2000	2008	2009	2010	2011
Institutional	1,666	1,776	2,722	2,789	2,769	2,785
Pct of Pop	35%	29%	20%	19%	18%	16%
Community	3,080	4,277	11,060	12,129	12,934	14,469
Pct of Pop	65%	71%	80%	81%	82%	84%

* Institutional population includes managed long-term care members residing in a nursing home or ICF-MR.
* Fee-for-service institutional and legacy waiver programs use a age-adjusted target group that is not use in managed long-term care and IRIS programs. As a result , older individuals with an existing diagnosis of physically disabled who are served in fee-for-service or a legacy waiver program will not be included in these counts.

Publicly-Funded Long-Term Care Population
Frail Elderly
1995, 2000, 2008-11

(end of year counts)



	1995	2000	2008	2009	2010	2011
Institutional	26,101	23,691	18,544	17,868	17,436	16,895
Pct of Pop	74%	68%	63%	62%	61%	58%
Community	9,121	10,896	11,120	11,153	11,318	12,091
Pct of Pop	26%	32%	37%	38%	39%	42%

* Institutional population includes managed long-term care members residing in a nursing home or ICF-MR.
* Fee-for-service institutional and legacy waiver programs use a age-adjusted target group that is not use in managed long-term care and IRIS programs. As a result , older individuals with an existing diagnosis of physically disabled who are served in Family Care, PACE, Partnership, or IRIS programs will not be included in these counts.

Table 1
Long Term Care Spending as a Proportion of Medicaid Expenditures
(State Fiscal Year 2002 – 2010)

	SFY 2002	SFY 2003	SFY 2004	SFY 2005	SFY 2006	SFY 2007	SFY 2008	SFY 2009	SFY 2010	SFY 2011
Total MA	$ 3,359,566,889	$ 3,755,979,037	$ 3,973,580,016	$4,167,792,670	$4,259,117,753	$4,582,708,312	$4,836,027,252	$5,536,293,381	$6,208,239,462	$ 6,677,502,121
LTC Spending	$ 1,775,241,957	$ 1,876,349,834	$ 1,931,437,948	$1,976,409,350	$2,109,469,647	$2,102,430,379	$2,184,123,778	$2,332,897,927	$2,677,210,875	$ 2,889,891,134
Fee-for-service Institutions (NH, ICFs-MR, State Centers)	*$ 1,102,848,552*	*$ 1,111,387,020*	*$ 1,061,692,522*	*$1,049,089,623*	*$1,011,722,664*	*$ 973,273,620*	*$ 911,060,876*	*$ 940,286,091*	*$ 984,190,869*	*$ 882,659,229*
MA Card Home Care	*$ 172,462,986*	*$ 182,735,554*	*$ 193,055,201*	*$ 226,425,900*	*$ 261,279,592*	*$ 261,370,897*	*$ 275,083,100*	*$ 273,273,860*	*$ 275,096,443*	*$ 259,953,133*
Waivers (CIP, COP, BIW, Children, IRIS, MFP)	*$ 337,909,491*	*$ 381,037,298*	*$ 405,869,535*	*$ 444,783,049*	*$ 506,521,870*	*$ 500,217,463*	*$ 552,911,853*	*$ 474,617,896*	*$ 350,501,701*	*$ 285,798,043*
Family Care	*$ 104,212,479*	*$ 135,924,596*	*$ 192,916,770*	*$ 173,711,795*	*$ 230,091,573*	*$ 260,538,308*	*$ 307,651,323*	*$ 498,687,110*	*$ 894,270,222*	*$ 1,267,176,236*
PACE/Partnership	*$ 57,808,449*	*$ 65,265,367*	*$ 77,903,921*	*$ 82,398,983*	*$ 99,853,948*	*$ 107,030,091*	*$ 137,416,626*	*$ 146,032,970*	*$ 173,151,640*	*$ 194,304,493*
LTC Spending as a proportion of MA spending	53%	50%	49%	47%	50%	46%	45%	42%	43%	43%
Fee-for-service Institutions (NH, ICFs-MR, State Centers)	*33%*	*30%*	*27%*	*25%*	*24%*	*21%*	*19%*	*17%*	*16%*	*13%*
MA Card Home Care	*5%*	*5%*	*5%*	*5%*	*6%*	*6%*	*6%*	*5%*	*4%*	*4%*
Waivers (CIP, COP, BIW, Children, IRIS, MFP)	*10%*	*10%*	*10%*	*11%*	*12%*	*11%*	*11%*	*9%*	*6%*	*4%*
Family Care	*3%*	*4%*	*5%*	*4%*	*5%*	*6%*	*6%*	*9%*	*14%*	*19%*
PACE/Partnership	*2%*	*2%*	*2%*	*2%*	*2%*	*2%*	*3%*	*3%*	*3%*	*3%*
LTC Spending by Area										
Fee-for-Service Institutions	*62%*	*59%*	*55%*	*53%*	*48%*	*46%*	*42%*	*40%*	*37%*	*31%*
Waivers, MA Card Home Care, Managed Long-term Care	*38%*	*41%*	*45%*	*47%*	*52%*	*54%*	*58%*	*60%*	*63%*	*69%*

Table 2
Enrollment in Long Term Care Programs

	1995	2000	2008	2009	2010	2011
Community						
Frail Elderly	9,121	10,896	11,120	11,153	11,318	12,091
Physical Disability	3,080	4,277	11,060	12,129	12,934	14,469
Developmental Disablility	5,942	11,680	14,984	16,286	18,336	20,350
Total - Community	18,142	26,853	37,164	38,568	42,588	46,910
Percent of Total	36%	49%	64%	66%	69%	71%
Institutional						
Frail Elderly	26,101	23,694	18,544	17,868	17,436	16,895
Physical Disability	1,666	1,776	2,722	2,789	2,769	2,785
Developmental Disability	3,670	2,936	1,147	1,037	1,005	946
Total - Institutional	31,437	28,403	22,413	21,694	21,210	20,626
Percent of Total	64%	51%	36%	34%	31%	29%
Total	48,579	55,445	62,566	64,682	67,698	71,247