

Long-Term Care in Motion: 2009 Annual Report of Wisconsin's Long-Term Care Programs



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Executive Summary

Welcome to the 2009 annual report on Wisconsin's Medicaid-funded long-term care programs for adults. These programs, administered by the Wisconsin Department of Health Services' Division of Long Term Care, are:

- Family Care,
- Family Care Partnership,
- Program of All Inclusive Care for Elderly (PACE), and
- Include, Respect, I Self-Direct (IRIS).

The managed-care programs (Family Care, Family Care Partnership and PACE)—provide care management, Medicaid-funded in-home and residential long-term care services and some additional Medicaid-funded health care services to adults with physical or developmental disabilities and to frail elders. The Family Care Partnership and the PACE programs also provide Medicaid-funded acute and primary health care plus Medicare services for their members who are dually eligible for Medicaid and Medicare. The IRIS program provides Medicaid-funded community-based long-term care services, known as the Home and Community-Based Waiver services, to participants. The participants also have access to MA State Plan Services. This is the first year with data on all four programs.

Through these programs, the majority of frail elderly and adults with developmental and/or physical disabilities have chosen to stay in their own homes or other community-based settings, rather than entering nursing homes prematurely or at all. Family Care, Family Care Partnership and IRIS are programs that were developed in Wisconsin to provide consumers with choice and access while allowing the consumer to maintain independence and enjoy a high quality of life. Family Care and IRIS are being expanded to serve the entire state, and Family Care Partnership will exist where there is an organization certified to provide that program. PACE is a Medicaid state plan service that is available in Milwaukee and Waukesha Counties. There are currently no plans to expand PACE outside the most populous southeast Wisconsin area.

A comparison of the information in this annual report for 2009 with the previous year's report shows many differences—in the number of people served, the proportion in each target group, the types of health conditions individuals live with, and most other characteristics of the individuals served. The main reason for most of these changes is the rapid expansion of the programs. 2009 also was the first complete year for the IRIS program. IRIS began enrolling participants in July 2008.

In 2009, 23 additional counties offered the Family Care and IRIS programs and enrolled more than 9,000 new consumers. Many people who had been on waitlists in these areas are now able to receive community-based long-term care where they live and to select services and supports that best fits their needs.

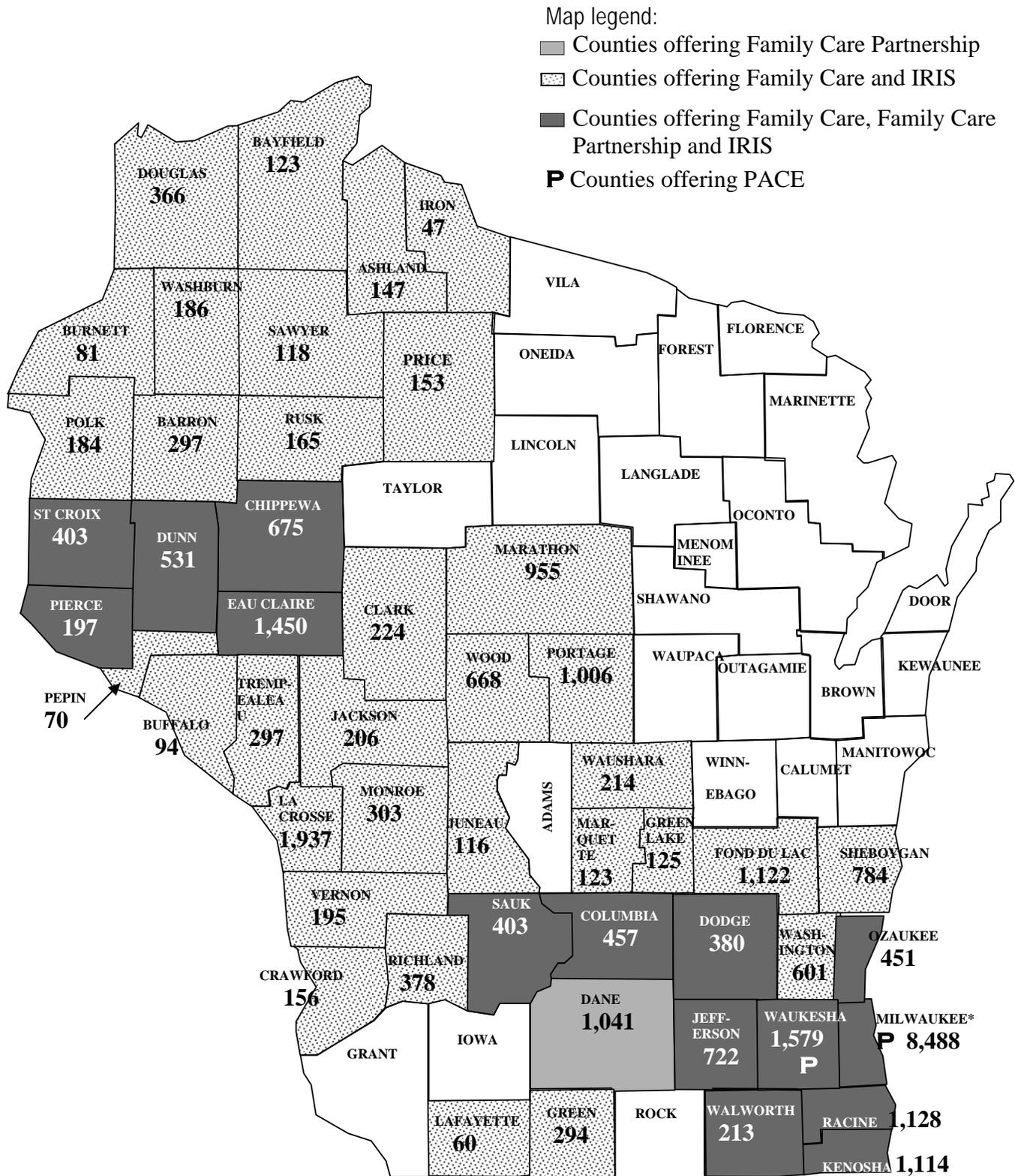
Rapid expansion also brought challenges as MCO organizations expanded rapidly and needed to provide high quality and cost-effective care to new target groups and a greatly expanded enrollment; providers experienced the change from operating in a fee-for-service to a managed care model; and state program management began transitioning staff and operations from the fee-for-service home and community-based waivers to a system that is predominantly managed long-term care. All parts of the system will need to work hard and collaboratively to continue to improve choice, access, quality and cost-effectiveness and to eliminate waitlists for publicly funded long-term care.

This report describes how these programs are providing long-term care options and services to Wisconsin's frail elders and individuals with developmental or physical disabilities. The report will present data

on all the programs, whenever possible. Data specific to either IRIS or the managed long-term care programs will be clearly labeled. You will also find success stories and quotations from the member satisfaction survey. We welcome your feedback and comments.

Figure 1: Long-Term Care Service Areas, 2009

including enrollment numbers as of 12/31/09 for all programs available in county



History

Long-Term Care Options in Wisconsin

For many years, the State of Wisconsin has offered innovative long-term care programs that give frail elders and adults with developmental or physical disabilities choices about how they receive services and where they live. Most individuals have chosen to stay in their own homes or other community-based settings, rather than entering nursing homes prematurely or at all.

The current community-based long-term care system, which began in the early 1980s, included the Community Options Program (COP), the Community Integration Program (CIP) and the Brain Injury Waiver program, operated by county long-term support and community program agencies. These programs had limited funding which resulted in placing people on waitlists, some for five or more years. Eventually, these waiting lists grew and in 2006, more than 11,000 people were on waiting lists for long-term care in their own homes or other non-nursing home settings.

In the mid 1990s, the State began exploring other innovative ways to stretch scarce resources in order to provide long-term care to more eligible Wisconsin residents in need of services. The first new program was the Family Care Partnership program, previously called the Wisconsin Partnership Program. This program opened in five pilot counties starting in 1995 and served frail elders and adults with physical disabilities. The State contracted with private, non-profit community organizations to offer Partnership members acute and primary health care and long-term care. Partnership's service and benefit package covered all Medicaid, Home and Community-Based Waiver and Medicare services.

However, access, choice and quality in the home and community-based services were not consistent from county to county, for either elders or adults with disabilities. Entitlement to nursing facility care and long waiting lists for community care kept many eligible people in nursing facilities or living independently with inadequate care.

To improve access and information, the Long-Term Care Redesign Task Force in 1998 proposed the creation of Aging and Disability Resource Centers (ADRCs) to inform individuals seeking long-term care about their options and to help them get enrolled in those programs they chose.

The Task Force also proposed the creation of the Family Care program, and in 2000 the State entered into managed care contracts with five pilot counties to offer managed long-term care for a package of services that included the long-term care portion of the Medicaid State Plan (card) services and the Medicaid Home and Community-Based Waiver services that were part of the COP and CIP programs. An independent evaluation of the Family Care program, published in late 2005, found that Family Care, a managed care approach with an interdisciplinary team, helped people stay independent longer in their communities and also achieved significant cost savings compared to the fee-for-service Medicaid program.

In 2007 with the encouragement of consumers, advocates, counties, providers and other supporters, Governor Jim Doyle and the Wisconsin Legislature decided it was time to take the next step in launching Statewide Long-Term Care Reform—expansion of managed long-term care beyond the pilot counties to the whole state. The purpose of reform was to use the savings from the more-integrated managed long-term care program to make services available for all eligible people who needed services and to provide care where the person lives.

The newest addition to the set of options for Wisconsin's long-term care consumer is a self-directed supports program known as IRIS (Include, Respect, I Self-Direct), created in 2008. Planning for IRIS began in 2007 in response to consumer demand and a request by the Federal Centers for Medicare and Medicaid Services (CMS) to provide fee-for-service alternative in addition to managed care or fee-for-service nursing home placement.

IRIS was developed with the assistance of Wisconsin stakeholders who represented consumers with long-term support needs, advocates, counties, tribes, DHS staff and others. IRIS participants are provided with monthly budgets with which they can purchase and self-direct their Home and Community-Based Waiver services. Eligible Wisconsin residents of counties that had implemented Family Care had the option of IRIS participation beginning July 1, 2008. For other counties, IRIS becomes available at the same time Family Care program becomes available in a county.

Wisconsin's Long-Term Care Programs

The State's long-term care vision is to eliminate waiting lists and offer all eligible residents in every county and tribe the choice among traditional nursing-home care, Family Care (including Partnership and PACE wherever possible) and IRIS. To serve everyone with long-term care needs, the programs must call on everyone involved – consumers, families, providers, advocates, long-term care organizations, public policymakers – to be wise stewards of our resources. If we provide the right services, in the right amount, and at the right time, we will be able to serve every eligible person who needs long-term care.

When a Wisconsin resident is found eligible for long-term care, the ADRC will provide enrollment and options counseling to inform the consumer of the long-term care program choices. Both the Family Care programs and IRIS incorporate the person-centered values of Wisconsin's nationally recognized home and community-based programs (COP and CIP).

Family Care Programs

Family Care is intended to rebalance Wisconsin's long-term care service system by making community-based long-term care as available as institutional long-term care. Experience shows when people have equal access to both, most will choose to live in the community as long as possible.

Through comprehensive and flexible long-term care benefit packages, Family Care and Partnership strive to foster people's independence and quality of life, while recognizing the need for interdependence and support. The goals of these programs are:

- CHOICE – Give people better choices about the services and supports available to meet their needs.
- ACCESS – Improve people's access to services.
- QUALITY – Improve overall quality of the long-term care system by focusing on achieving people's health and social outcomes.
- COST-EFFECTIVENESS – Create a cost-effective long-term care system for the future.

The Wisconsin Department of Health Services (DHS) contracts directly with managed care organizations (MCOs) to deliver a comprehensive long-term care benefit. Both Family Care and Partnership provide all long-term care services available in Wisconsin's COP and CIP waiver programs in addition to the long-term care Medicaid State Plan services, i.e., nursing facility, home health, personal care, durable medical equipment, disposable medical supplies, therapies and outpatient mental health and AODA services. Primary and acute health care services are not included in Family Care but are included in Partnership and PACE.

The MCOs are responsible for helping each member identify his or her outcomes and provide services, supports and coordination to help each member manage his or her health and achieve his or her outcomes. They do this by having a team work with each member to identify and deliver the most effective and efficient set of services tailored to each member's unique needs, circumstances and preferences. Members can also choose to self-direct some of their supports; this option is described more on page 31.

The MCOs were chosen through a competitive request for proposal process. Currently, MCOs are operated by either a single county, a long-term care district established by a group of counties or a private organization. Family Care Partnership and PACE are operated by licensed HMOs.

Figure 2: Explanation of Benefit Packages of the Four Programs

<p style="text-align: center;">Family Care Partnership, & PACE (Program of All Inclusive Care for the Elderly) (The difference between PACE & Partnership is that Partnership has a drug co-pay & PACE does not.)</p>	
IRIS	Family Care
Home and Community-Based Waiver Services/IRIS Services	Medicaid Card Services - LTC services
<p>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 (GBRF) Adult Family Home Respite Care (for caregivers 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</p> <p>IRIS participants receive acute/primary care services through Medicaid card services. Family Care Team coordinates covered services with primary and acute health care and other services not covered in Family Care.</p>	<p>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.</p>
<p style="text-align: center;">Family Care Partnership, & PACE (Program of All Inclusive Care for the Elderly) (The difference between PACE & Partnership is that Partnership has a drug co-pay & PACE does not.)</p>	
Medicaid Card Services - Acute/Primary	Medicare Card Services
<p>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</p>	<p>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 covered 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)</p>

PLEASE NOTE: This benefit grid is for illustrative purposes. It provides a comprehensive but not a complete listing of all benefits provided under these programs

IRIS – Include, Respect, I Self-Direct

IRIS is a self-directed program in which participants receive an individual budget allocation to plan for the goods, services, and supports that best help them meet their long-term care goals and outcomes. IRIS is built on the core values of self-determination, including individual freedom, authority over a specific and individualized budget, support to organize resources in ways that are life-enhancing and meaningful, responsibility for the wise use of public dollars, and self-advocacy.

The Department developed an individual budget allocation methodology for use in IRIS. IRIS provides individual budget allocations that are commensurate with participants’ needs. Participants then plan their supports and services within this budget amount.

IRIS participants develop their own service plan and choose the goods, supports, and services to meet their long-term care needs and to live the life they want. They also are free to choose when these services are provided, who provides them, where they are provided, and how to manage their funds most effectively. Participants may employ their own workers and manage and train their employees.

IRIS participants are supported in the self-direction of their services by IRIS consultants and by the IRIS Financial Services Agency. IRIS consultants provide participants with support for planning and navigating the long-term care landscape. IRIS consultants are available to every participant without regard to their budget. Participants choose the IRIS consultant they would like to work with in their area. The IRIS consultant assists the participant as needed with topics ranging from planning services to completion of required documentation. The IRIS Financial Services Agency processes claims and provides services related to financial support to participants. This support includes assistance with employer responsibilities such as timesheets, invoices, taxes, and all other payroll services.

The IRIS benefit includes the services and supports listed in Figure 2. Participants receive other needed services through the fee-for-service Wisconsin Medicaid State Plan system.

Table 1: Number of Waiver and Waitlist Enrollees in 2009 Expansion Counties

County	# of Waiver	# of Waitlist
Ashland	117	31
Barron	225	63
Bayfield	121	4
Buffalo	77	17
Burnett	77	5
Clark	199	17
Crawford	134	17
Douglas	312	54
Green	211	79
Iron	41	5
Juneau	95	22
Lafayette	54	7
Milwaukee	394	82
Monroe	311	50
Pepin	65	10
Polk	159	23
Price	148	6
Rusk	137	22
Sawyer	97	15
Trempealeau	238	37
Walworth	175	13
Washburn	167	17
Wood	522	108
Total	4,076	704

Source: HSRS-LTS data

2009 Highlights

Expansion was the 2009 focus of long-term care in Wisconsin, as the managed long-term care programs and IRIS expanded to areas covering nearly 70% of the state's eligible adult population. In 2009, Family Care surpassed a million member months of service since its inception.

Expansion of Wisconsin Long-Term Care Programs

On January 1, 2009 the long-term care programs served 22,744 members in 27 counties and the IRIS program served 129 participants in 27 counties. By December 31, the programs became an available option in 49 counties and served 30,930 Family Care members and 965 IRIS participants. IRIS and Family Care were available in all 48 counties, Partnership in 17 and PACE in two.

Long-term care became an available option for 4,722 waiver participants and—more importantly—2,033 individuals who had been on waiting lists for home and community-based long-term care. Table 1 highlights the new consumers in expansion counties that came from either the waivers or the waitlist.

When Family Care and IRIS begins in a county, individuals who are being served by the fee-for-service waiver programs are offered enrollment over a period of time not to exceed six months, although in Milwaukee County the timeline is 12 months. People on the waitlist are enrolled during a 36-month transition period. At the end of the transition period, the long-term care program is an entitlement program in that county, so eligible people can receive services immediately, without going on a waitlist.

Long-Term Care Independent Ombudsmen

In the 2007-2009 biennium the Wisconsin Legislature funded a Family Care ombudsman program, as authorized in Wis. Stats. 46.281(1n)(e). Ombudsman assist managed long-term care program members and potential members in navigating the program and in resolving problems. The Wisconsin Board on Aging and Long-term Care provides ombudsman services for people age 60 and older enrolled in Family Care and Family Care Partnership. The Department of Health Services contracted with Disability Rights Wisconsin beginning October 1, 2008 for Ombudsman services to current or potential enrollees age 18-59. In 2009, state law was amended to extend the ombudsman role to IRIS for individuals under the age of 60; however the same authority to advocate for IRIS participants was not extended to the Wisconsin Board on Aging and Long-term Care ombudsman program.

2009 Family Care, Partnership and PACE Highlights

Formation of Long-Term Care Districts

During 2009, eleven counties formed a long-term care district to provide Family Care services to the northwest area of Wisconsin. NorthernBridges started enrolling members in May 2009.

Performance Improvement Projects

A performance improvement project (PIP) is a highly targeted, rigorous project carried out by each MCO that results in a sustainable improvement in areas that will have a favorable effect on members' health or satisfaction. Each MCO selects and carries out its own projects; the results are evaluated each year by an external quality review organization (EQRO) retained by the Department.

During 2009, MCOs were working on the following PIPs:

- Improving mental health outcomes for members with depression,
- Improving the diagnosis and treatment of members with signs and symptoms of depression,

- Improving the early detection and treatment for members with dementia,
- Reducing the percentage of members who are assessed at a high risk for falls,
- Reducing the number of members who fall,
- Improving the evaluation of the quality of care management services provided to members,
- Improving the assessment of members with pain,
- Improving the assessment of pain and gastrointestinal status in members with developmental disabilities,
- Improving health outcomes for members through medication management and reconciliation efforts,
- Improving the use of the resource allocation decision method, and
- Improving the timeliness of completed member-centered plans.

Employment in Managed Care

In 2009 the Department worked on a number of initiatives to increase community-based employment. With input from stakeholders, the Department developed and secured federal CMS approval for a revised definition of ‘prevocational services’ that enhances a member’s options and employability in integrated, community settings.

Another employment-related highlights in 2009 was the Wisconsin Community Rehabilitation Provider (CRP) Rebalancing Project. In 2009, ten existing CRP providers who currently offer a mix of employment and day services, and who wish to develop or expand their organizational commitment to provide integrated employment services, participated in the project. These providers are working on increasing the number of members served in integrated employment while decreasing the members served in facility-based employment and day programs.

Access to service and cost data

Each MCO reports to the Department the services and costs provided for each member. The Department uses this information for various purposes, including setting capitation rates, monitoring quality, and identifying areas of opportunity to improve member care. In 2009, a project was completed that allowed each MCO access to a larger sampling of the data. The large sampling of data does not include member-identifying information but it allows each MCO to compare their data to other MCOs. Providing the MCOs with the large sampling for comparison allows each MCO to compare their costs and utilization against other MCOs.

Training

The Department offered training on Family Care basics to the care managers and nurses at the MCOs. The training covered how to listen and work with members to identify their personal outcomes, how to use the resource allocation method to identify the most cost-effective ways to support a member’s outcomes, and understanding the different target groups served in our programs.

2009 IRIS Highlights

Expansion of IRIS Consultants

The network of IRIS consultants expanded rapidly in 2009 to assure the capacity needed to serve the growing number of participants. On January 1, 2009, there were 14 IRIS consultants available to assist participants in plan development, service implementation and quality oversight. By December 31, that number had grown to 94.

IRIS Consultant Training Process

During 2009, IRIS implemented a new system of training for consultants. The system enables IRIS consultants to gain a broad range of knowledge and experience before working with participants on their own. To begin the process, the IRIS Consultant Agency provides newly hired consultants with a one-day basic orientation to the program, which includes the background and purpose of IRIS, an explanation of the principles of self-determination, an introduction to the role and responsibilities of the consultant, and an opportunity to hear stories and firsthand accounts from people who utilize self-directed supports. After the orientation, the new consultants work through a series of self-study, online modules designed to provide them with a foundation in the skills they need to be successful IRIS consultants. In order for the consultant to complete each module, he or she must pass that module's competency exam.

When the new IRIS consultant has completed the self-study modules, he or she participates in a home visit role-play with the regional IRIS consultant mentor who evaluates the person's capacity related to the skills required of an IRIS consultant. If the new consultant demonstrates the required skills during the role play, the mentor accompanies the consultant to a home visit with an IRIS participant. The mentor is an observer of the consultant during the visit and provides feedback after the visit. If the mentor is satisfied that the new consultant has met the required competencies, he or she may begin assisting participants without supervision. If necessary, the mentor may recommend the new consultant revisit a specific learning module or conduct additional supervised home visits.

While new IRIS consultants are initially immersed in the information they need to know to begin their work, the IRIS Consultant Agency holds the philosophy that people are never finished learning. All consultants receive ongoing learning opportunities through twice-monthly conference calls, workshops, and attendance at seminars and conferences. The mentors are regionally-based resources responsible for the direct supervision of the IRIS consultants. IRIS consultants access mentors to assist with complex or unfamiliar situations and mentors follow up with consultants related to any issues identified in their performance.

Employment in IRIS

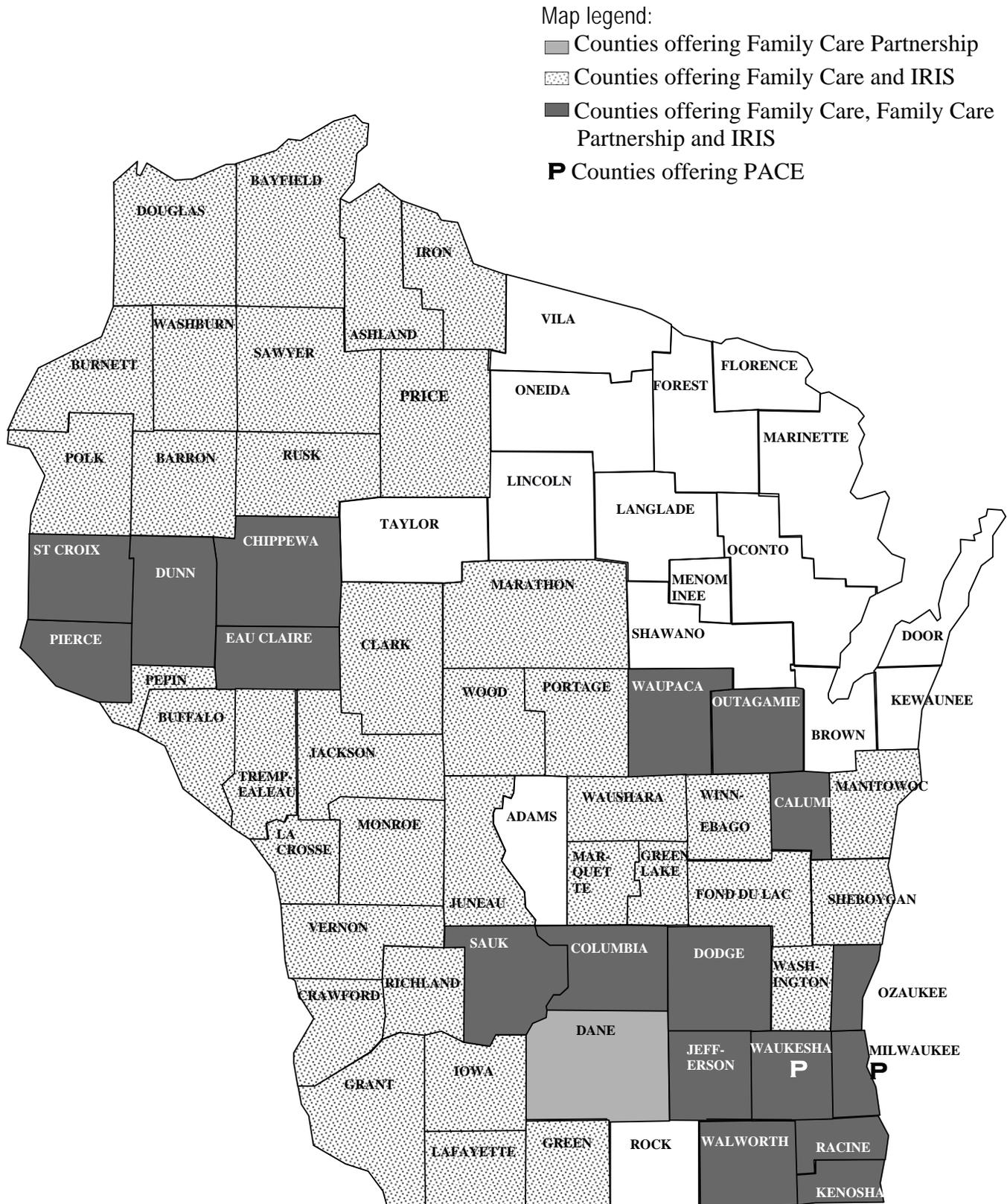
The updated IRIS consultant training process includes several specific modules. Some of the learning modules teach consultants the general technical skills they need, including: discussing goals and outcomes with participants, using formal and informal supports to develop a support and service plan to meet long-term care needs; discussing a person's health and safety needs to assure that health and welfare requirements are met; and assuring excellent customer service. Others are geared toward specific topics, such as income generation.

The Income Generation module was added in 2009 and is designed to help IRIS consultants have conversations with participants about self-directed employment, defining career interests and goals, identifying community resources, and maximizing the individual's skills and talents. This module and additional training sessions also help consultants to encourage participants to think creatively about employment options, including self-employment through a micro enterprise.

Implementation of Self-Directed Personal Care

The IRIS Self-Directed Personal Care (SDPC) option began in September of 2009 to allow self-direction of personal care, a Medicaid service. The State of Wisconsin requested and received federal approval of a State Medicaid Plan amendment under the 1915(j) authority. The program began enrollment in October 2009. As of December 31, 2009, 15 participants were enrolled into the SDPC program.

Figure 3: Projected Long-Term Care Implementation, 2010



Section 1: Consumer Profile

Wisconsin residents must be age 18 and over and be functionally and financially eligible to participate in adult long-term care programs. Functional eligibility requires a significant limitation in the ability to perform basic activities of daily living, such as dressing, bathing, eating, toileting, mobility, ability to cook meals, manage medications or manage money. Eligibility for long-term care programs is limited to three ‘target groups’ or categories of people with disabilities: frail elders, adults with physical disabilities, and adults with developmental disabilities.¹

Frail elders are individuals 65 and older who have serious and long-lasting physical health problems or dementia. Conditions that are common among frail elders are diabetes, disabling arthritis, congestive heart failure, cancer, Alzheimer’s disease, and the effects of a stroke.

Adults with **physical disabilities** are individuals who have a physical problem or condition that significantly limits their ability to care for themselves. Typical disabling conditions include amputations or paralysis as a result of accidents or disease, multiple sclerosis, chronic obstructive pulmonary disease and traumatic brain injuries.

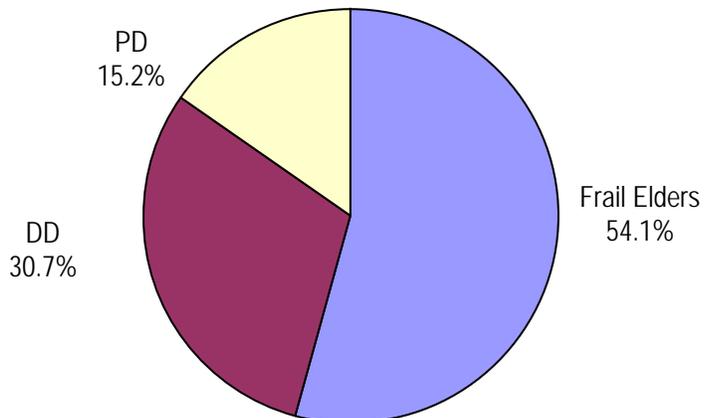
Adults with **developmental disabilities** are individuals who had the onset of the disabling condition before the age of 22 and have severe cognitive or physical functioning that significantly limits their ability to care for themselves. Some common disabling conditions include intellectual disability, cerebral palsy and epilepsy. The person must also have substantial functional limitations in at least three of the following areas: learning, use of language, self-direction, mobility, self-care (bathing, dressing, eating, etc.) or the ability to live independently without help from another person.

Although long-term care programs do not serve individuals diagnosed with mental health or substance abuse, more than half of the consumers served in the programs have a mental health or substance abuse illness. These consumers meet one of the three target group definitions discussed above.

Finally, an individual must be financially eligible for Medicaid to be served by a Wisconsin long-term care program. Individuals in Wisconsin can get information about Medicaid eligibility at their local Aging and Disability Resource Center (ADRC) or county Income Maintenance Agency or at the ACCESS website. When an individual is found eligible for a Wisconsin long-term care program, the individual can either enroll in a managed long-term care program and become a ‘member’ or enroll in IRIS and become a ‘participant’. In the annual report the term ‘consumer’ is used to refer to an individual served by a Wisconsin long-term care program.

The following Tables and Figures provide a breakdown of the active long-term care program consumers by target group and age range.

Figure 4: Total Active Consumers by Target Group



¹Precise requirements for functional eligibility for long-term programs can be found in Wisconsin statutes s.15.197(4)(a) 2 and s.15.197(4)(a)1, and in Wisconsin Administrative Code HFS 10.13(25m).

Table 2: Consumers Active on December 31, 2009, by Target Group

Program and MCO	Frail Elders	Consumers with Developmental Disabilities	Consumers with Physical Disabilities	Total
IRIS	265	425	275	965
Care WI - Family Care	1,036	1,583	364	2,983
Care WI - Partnership	671	57	417	1,145
CCI - Family Care	1,412	2,085	693	4,190
CCI - Partnership & PACE	936	41	187	1,164
Community Care of Central WI Family Care	1,098	1,055	407	2,560
CHP - Family Care	237	662	118	1,017
CHP - Partnership	1,070	354	585	2,009
Lakeland Care District - Family Care	509	394	183	1,086
Milwaukee - Family Care	6,743	225	89	7,057
NorthernBridges	721	718	268	1,707
Southwest Family Care Alliance - Family Care	524	545	259	1,328
Western WI Cares - Family Care	1,215	1,192	780	3,187
Total Consumers	16,437	9,336	4,625	30,398

Source: Each consumer's most recently completed functional screen as of December 31, 2009.

Table 3: Active Consumers on December 31, 2009, by Age Group

Age Range	Family Care	Partnership & PACE	IRIS	Total	% per Age Range
18-25	1,876	93	205	2,174	7.2%
26-44	4,044	324	230	4,598	15.1%
45-64	6,506	1,336	262	8,104	26.7%
65-74	4,259	792	93	5,144	16.9%
75-84	4,379	927	121	5,427	17.9%
85+	4,051	846	54	4,951	16.3%
Total	25,115	4,318	965	30,398	100%
% of consumers by Program	82.6%	14.2%	3.2%	100%	

Source: DHS enrollment records.

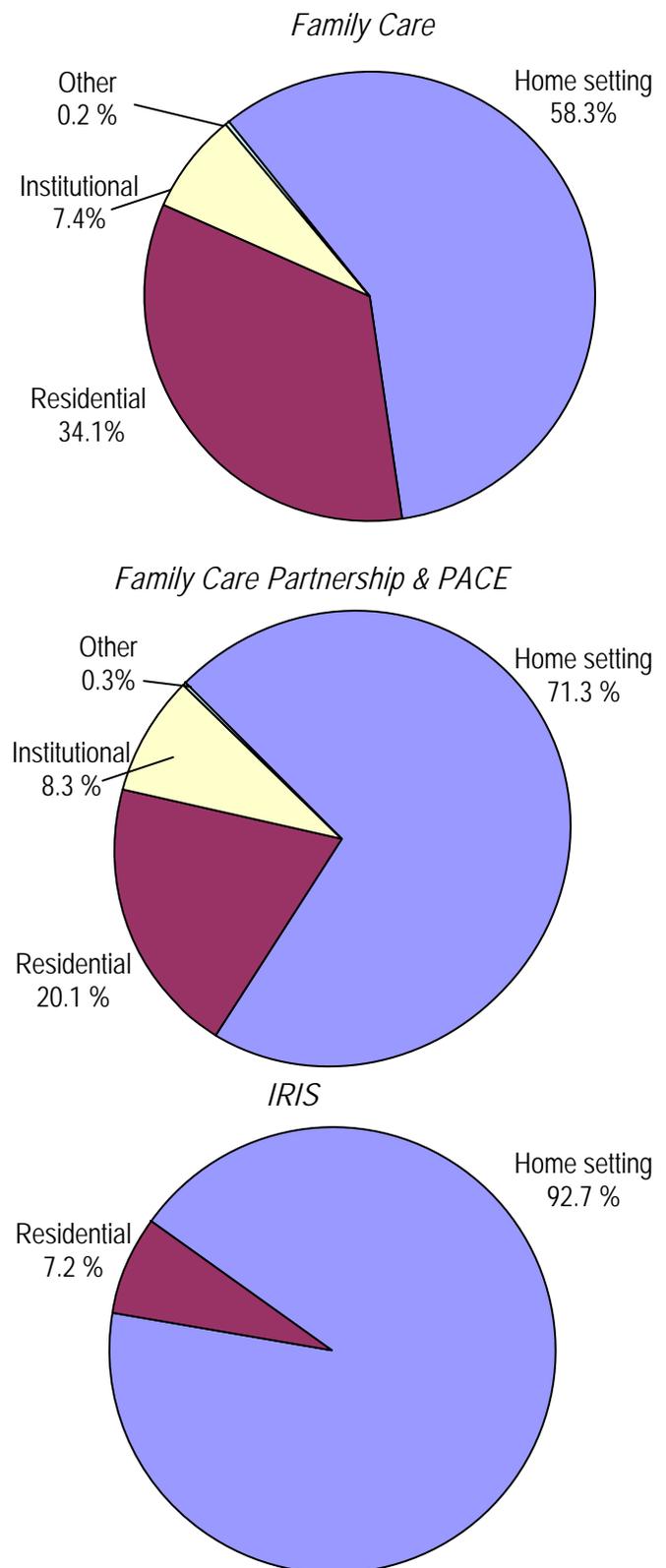
Consumer Profile: Current Living Arrangement

A majority of active consumers live outside residential care facilities, consistent with the philosophy that with proper supports, the majority of frail elders, people with developmental disabilities and people with physical disabilities can live in their own homes and experience an improved quality of life and life choices as a result. The MCOs or the IRIS Consultant Agency work to assist members who prefer to live in a home setting by providing the appropriate services and supports to maintain the desired living arrangement.

Figure 6 displays the percentage of consumer by living arrangement on December 31, 2009.

- ‘Home’ is the member’s own home or apartment, or the home or apartment of the member’s family.
- ‘Residential’ is an adult family home, a residential-care apartment complex, or a community-based residential facility, as these facilities are defined in Wisconsin Administrative Code.
- ‘Institutional’ is a nursing home, an intermediate care facility for people with developmental disabilities, or a swing bed (temporary nursing home bed in a hospital). IRIS does not offer institutional settings in the benefit package.
- ‘Other’ includes settings such as temporary living arrangements, hospices, jails, or homeless shelters. Due to uncertainty regarding the nature of certain living arrangements, occasionally screeners select ‘other’ when the current living arrangement is unknown.

Figure 5: Living Arrangement for all Active Consumers on December 31, 2009



Source: Each consumer’s most recently completed functional screen.

Consumer Profile: Health Status

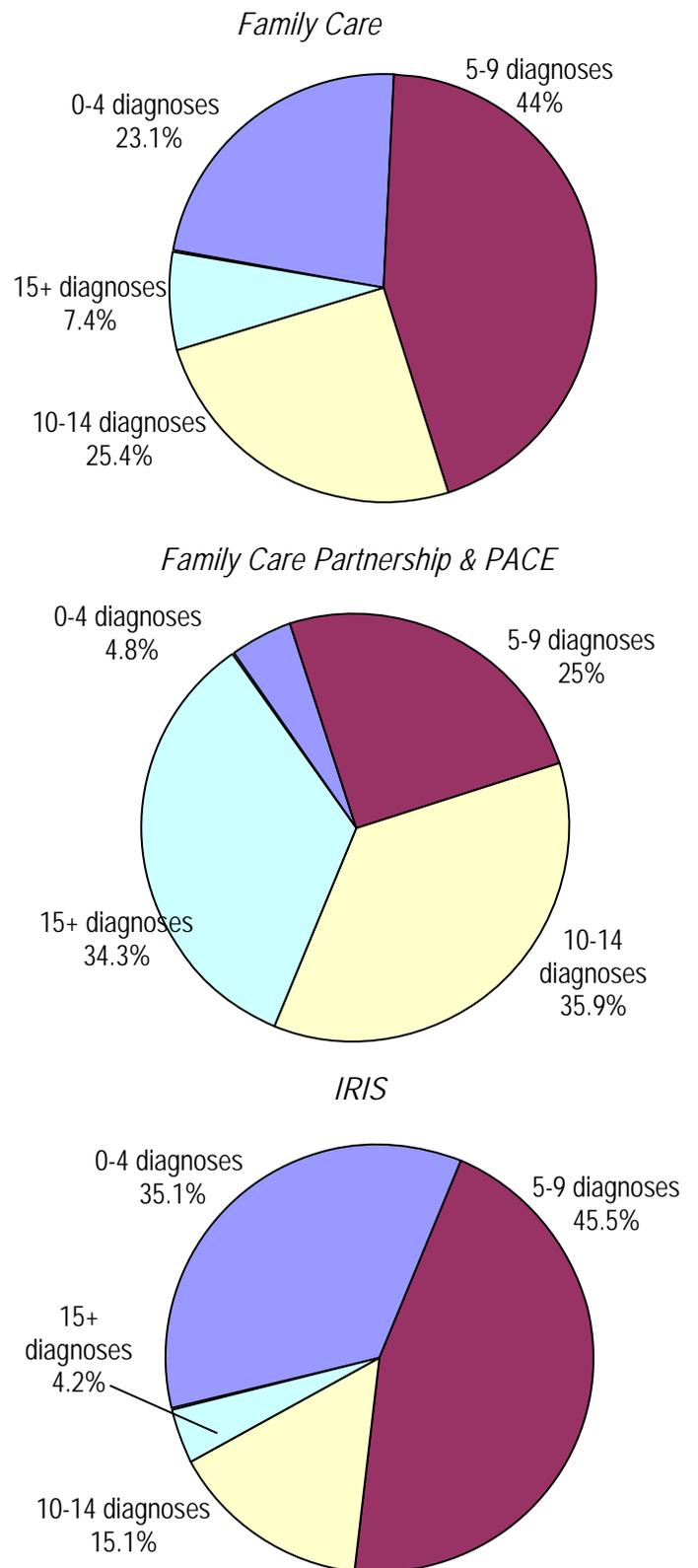
Frail elders and adults with physical or developmental disabilities present a wide variety of sometimes complex medical conditions. While every individual is unique, a few common medical conditions can be found among our consumers. The population of consumers with physical disabilities could include, for example, younger adult men who experienced severe trauma from motor vehicle or other accidents. These consumers may have a spinal cord injury and paralysis, and may be accompanied by depression. Other examples of consumers with physical disabilities include middle-aged individuals with a complex mix of diabetes, hypertension and obesity, frequently accompanied by depression.

An example of consumers with developmental disabilities includes middle-aged and relatively physically healthy individuals with disorders such as Down Syndrome who need continual support with the activities of daily living. Another example is a consumer with severe developmental disabilities such as cerebral palsy, whose complex disabilities significantly impair physical health and require near-total care.

Finally, the frail elders among long-term care consumers include individuals of advanced age whose physical health needs are continuous and often complex. In 2009, 130 Family Care and 29 FC Partnership members were age 100 or older. The oldest IRIS participant was 98. Other elders in long-term care programs are younger-still in their 60's-but impaired by varying degrees of irreversible dementia and chronic illness.

The majority of consumers have more than four health diagnosis, as detailed in Figure 6. The percentage of consumers in each category has remained consistent since 2008 for Family Care and Partnership. This is the first year IRIS information is included in the report. On average, IRIS participants have fewer health diagnoses than Family Care or PACE/Partnership members. This difference can be attributed to the age differences in the majority of participants and members. Only 28% of IRIS participants are over 65, while 53% of Family Care and 62% of PACE/Partnership members are over 65.

Figure 6: Multiple Health Diagnoses Among Active Consumers on December 31, 2009.



Source: Each consumer's most recently completed functional screen as of December 31, 2009.

Table 4 lists the most common diagnoses for active consumers in December 2009. The health diagnosis that affects the highest percentage of Family Care members (52.6%), and PACE/Partnership members (72.9%), was hypertension. The health diagnosis that affects the highest percentage of IRIS participants (33.3%) was chronic pain/fatigue. Although there were slight differences in the most common health diagnosis between the long-term care programs, hypertension, digestive disorders, nutritional imbalances, arthritis and chronic pain/fatigue were among the most common in all programs. For more specific diagnostic breakdowns see the appendix for each target group.

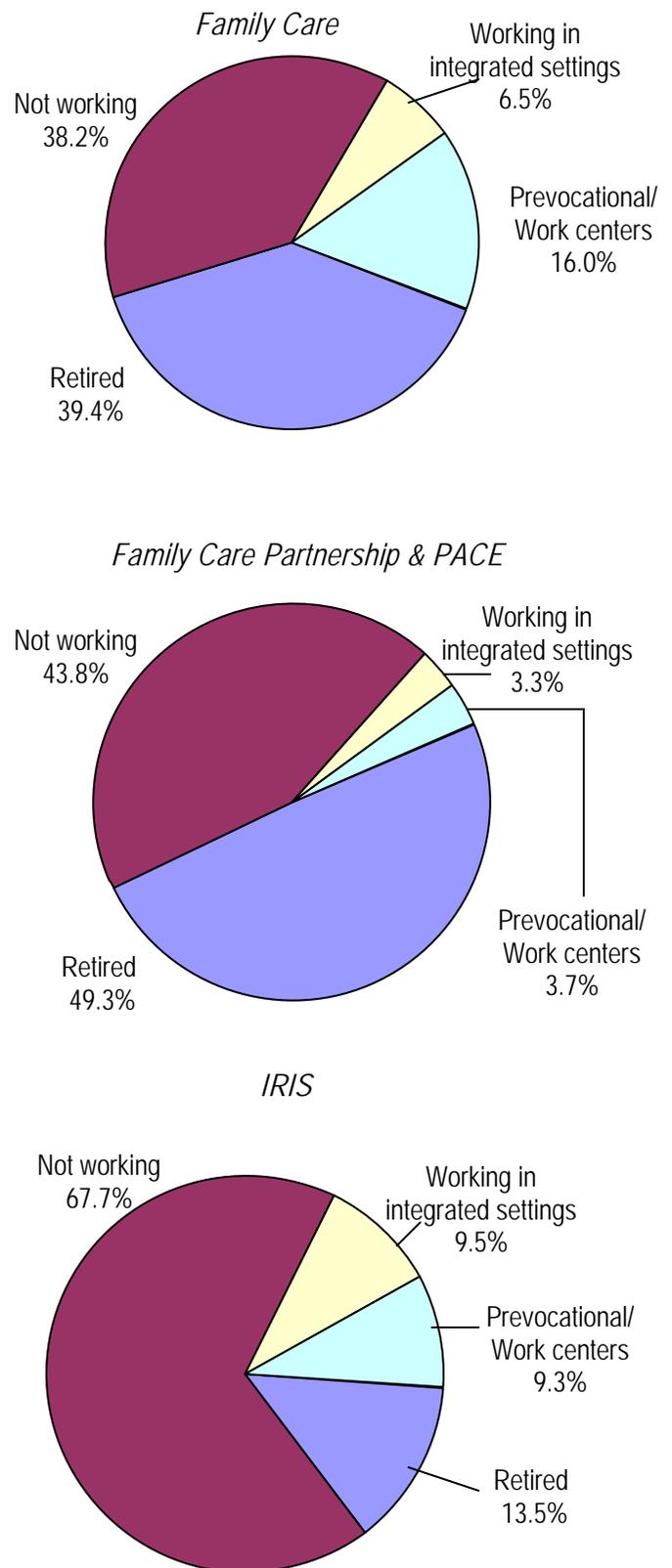
Consumer Profile: Employment Status

Employment is an important outcome for many consumers in Wisconsin's long-term care programs. The goal of the long-term care programs is to enable each consumer to attain the highest possible wage and work which is in the most integrated setting and matched to the consumer's interests, strengths, priorities and abilities. When a consumer is enrolled in managed care, the MCO's care team works with the member to provide the opportunity to identify and explore community-based employment options. Most MCOs also have an employment coordinator who assists the team. Care plans can include a mix of employment and non-employment activities that reflect a consumer's needs and preferences. Long-term care programs include a comprehensive and integrated set of services, including vocational services for all populations, transportation, and personal care services in the workplace. The MCOs are responsible for developing provider capacity in all service areas and have the flexibility to structure their contracts and relationships with providers in creative ways that will help expand and support integrated employment.

IRIS participants identify their employment outcome on their individual support and service plan. The consumer can work with the IRIS consultant to find opportunities for employment within the community, including developing micro enterprises and other creative employment opportunities. The IRIS Consultant Agency also has an employment expert on staff that is available to assist individuals with their employment goals.

In previous years, the MCOs were able to apply for Medicaid Infrastructure Grant (MIG) grants to develop plans to expand the number of employment providers.

Figure 7: Employment Status of Active Consumers on December 31, 2009



Source: Each consumer's most recently completed functional screen as of December 31, 2009.

Table 4: Most Common Health Diagnoses for Consumers on December 31, 2009
*Diagnoses affecting 10% or more of consumers enrolled in either Family Care, Family Care Partnership or IRIS.
List is alphabetical.*

Common Health Diagnoses	FC	FC Partnership & PACE	IRIS	Total
Allergies	16.4%	31.6%	17.0%	18.6%
Alzheimer/Other Dementia	20.3%	24.7%	7.9%	20.5%
Anemia/Coagulation Defects	15.2%	31.2%	8.6%	17.3%
Angina/Coronary Artery Disease	18.3%	32.4%	12.7%	20.1%
Anxiety Disorder	22.3%	35.1%	17.8%	24.0%
Arthritis	41.1%	61.3%	31.2%	43.7%
Asthma	21.1%	36.0%	18.4%	23.2%
Blood/Lymph Disorders	14.0%	32.2%	5.7%	16.3%
Cancer	8.7%	13.1%	7.0%	9.3%
Cerebral Palsy	5.8%	2.3%	12.4%	0.4%
Cerebral Vascular Accident	12.7%	16.5%	8.4%	13.1%
Chronic Pain/Fatigue	26.5%	46.8%	33.3%	29.6%
Congestive Heart Failure	13.2%	21.4%	6.2%	14.1%
Depression	33.4%	53.2%	23.6%	35.9%
Diabetes Mellitus	26.9%	38.6%	21.3%	28.4%
Disorders GU System ²	19.5%	38.4%	16.0%	22.1%
Heart Rate Disorders	11.8%	22.1%	7.6%	13.1%
Hip-Fracture	22.7%	34.8%	23.7%	24.5%
Hypertension	52.6%	72.9%	32.4%	54.8%
Hypo/HyperThyroidism	17.7%	23.1%	9.0%	18.2%
Kidney/Renal Failure	11.1%	26.7%	7.9%	13.2%
Mental Retardation	32.3%	9.1%	31.0%	28.9%
Nutritional Imbalances	38.3%	66.5%	25.6%	41.9%
Osteoporosis	15.0%	28.2%	11.8%	16.8%
Other Diagnoses	27.5%	53.9%	19.7%	31.0%
Other Digestive Disorders ³	42.5%	70.7%	31.8%	46.2%
Other Heart Conditions	10.4%	20.4%	7.9%	11.8%
Other Mental Illness	11.2%	14.8%	5.7%	11.5%
Other Nerve Disorders ⁴	19.1%	38.0%	17.7%	21.7%
Other Sensory Disorders ⁵	11.3%	21.8%	8.2%	12.7%
Respiratory	14.0%	27.5%	6.2%	15.7%
Seizure Disorder onset age 22	10.3%	4.1%	16.7%	0.5%
Visual Impairment ⁶	27.6%	44.0%	21.5%	29.8%

Source: Each consumer's most recently completed functional screen as of December 31, 2009.
Footnotes on page 46.

The MIG grants are administered by the Pathways to Independence initiative in the DHS Office of Independence and Employment. In 2008, six of the MCOs applied for the grants to develop projects in 2009. The projects were required to address activities including decreasing barriers to employment, increasing opportunities for person-centered, integrated employment, and supporting people with disabilities in achieving their desired employment outcomes. Funding could not be used to provide direct services and the projects needed to plan for and demonstrate sustainability beyond the grant funding. IRIS also has MIG grant funding for specific projects to increase the number of employed individuals within the program. The success of the plans will be measured in future years.

Figure 7 details the work status of active consumers on December 31, 2009 by program. The percentage of consumers who are working slightly increased in 2009, while the number of consumers who are retired slightly decreased. This can be attributed to the change in membership the programs experienced in 2009 with enrollment of younger consumers.

Consumer Story: Scott Realizes Possibilities for his Life and Art with IRIS

Scott is forty years old and is a skilled and talented artist. He paints beautiful still-life and landscape pictures and loves photography. His mother, Mary Ann, knew he had these skills and has always encouraged his creativity. One of Scott's goals has been to sell his art, but his discomfort with crowds and unfamiliar settings creates a challenge for him.

Several years ago, Mary Ann watched the film, "I Am Sam", and was excited to see the focus movie placed on art created by people with different abilities. She discovered there was even a name for the genre - "Outsider Art." Mary Ann connected with an art workshop in California that specializes in Outsider Art to learn more about this artistic movement, and to see what she could do about helping Scott achieve his goal of selling his art.

When Scott joined the IRIS program in October 2008, he and his mother decided to create a way for Scott to sell his art from the comfort of his own home. Using some of Scott's IRIS funds, they enlisted the services of one of their friends, a website designer. He developed a website where Scott could exhibit his artwork, as well as make it available for people to purchase – www.itsask-art.com. The web designer maintains the website, and helps Scott post new artwork there. Scott currently sells greeting cards online and signed prints of his pictures as well. Mary Ann states emphatically that without IRIS, the progress Scott has made with his artwork could not have occurred.

Scott and Mary Ann often hire students to work with Scott, and they train them on Scott's specific needs. The workers help Scott with his exercises, take him to movies, and help him get around in the community. Mary Ann and Scott are very selective about the people they hire, and have become quite proficient at recruiting, hiring and training people who will be good employees for Scott. The students Scott currently employs using his IRIS funds are all working toward degrees in either the education or medical field, and benefit personally and professionally from getting to know Scott. After they graduate and move away, he keeps in touch with some of them via email.

Mary Ann states that IRIS staff have been open to ideas and suggestions. Additionally, Scott and Mary Ann have developed a good relationship with Scott's IRIS Consultant, and are pleased with the work she is doing for them.

Since Scott has begun using IRIS, he realizes that there are so many more possibilities for his life and his art. Finding such a simple and effective solution to help Scott sell his work has inspired Scott and Mary Ann to continue to target some of Scott's other goals. Scott's creativity and his mother's determination are a formidable combination, and now, with IRIS, they have the support they need to make things happen.

Section 2: Services Provided

The Wisconsin long-term care programs are designed to provide cost-effective coordination of an integrated Medicaid benefit package of health and long-term care services, which would otherwise be available separately through the Medicaid State Plan (Medicaid “card services”) and the home and community-based waiver programs.

In Family Care programs this unified funding stream, administered by a single MCO, results in a more coordinated and cost-effective package of services and supports for the members. The Partnership and PACE programs provide its members with all Medicaid State Plan services as well as Medicare services, which brings all the acute and primary health care services, such as physician visits, emergency room services and hospital services, under the coordination of the care management team. The Family Care program coordinates its members’ acute and primary health care received from Medicaid fee-for-service providers. MCOs receive a monthly per person payment, called capitation, to manage the care, provide services and purchase care for their members.

IRIS participants self-direct services provided under the waiver and utilize the Medicaid State Plan for their acute and primary care services. The IRIS consultant assists participants in accessing services through both of these methods as needed. IRIS participants who are eligible for personal care also have the option to self-direct their Medicaid personal care. Table 5 details the total number of consumers in 2009 by program, MCO and target group.

Table 5: Total Number of Consumers Served during 2009

MCO and Program	Frail Elders	Consumers with Developmental Disabilities	Consumers with Physical Disabilities	Total
IRIS	229	453	370	1,052
Care WI - Family Care	1,178	1,611	398	3,187
Care WI - Partnership	785	64	476	1,325
CCI - Family Care	1,688	2,176	801	4,665
CCI - Partnership & PACE	1,113	43	226	1,382
Community Care of Central WI Family Care	1,305	1,086	452	2,843
CHP - Family Care	275	664	131	1,070
CHP - Partnership	1,263	383	650	2,296
Lakeland Care District - Family Care	617	410	213	1,240
Milwaukee - Family Care	7,833	232	98	8,163
NorthernBridges	806	732	285	1,823
Southwest Family Care Alliance - Family Care	612	571	282	1,465
Western WI Cares - Family Care	1,454	1,251	864	3,569
Total Consumers	19,158	9,676	5,246	34,080

Source: IRIS data from the Enterprise System and MCO data from Encounter data

Role and Responsibility of Care Team in Family Care Programs

The MCOs assign a care team to each member. In Family Care, the care team includes the member, a registered nurse and a care manager assigned by the MCO, in addition to others the member chooses, which could be a guardian, a family consumer or friend, or a professional ombudsman or advocate. Other professionals such as an occupational or physical therapist, or mental health specialist, may be involved, depending on the member's needs.

In Partnership and PACE, the care team is the same as in Family Care, but also includes an assigned MCO nurse practitioner and the consumer's primary care doctor. Usually the nurse practitioner communicates with the doctor, who may or may not attend the care plan meetings.

The job of the managed long-term care programs' care team is to work with the member to:

- Identify the clinical, functional and personal experience outcomes the member needs and wants;
- Develop a member-centered plan that outlines the services and other help the member needs to achieve those outcomes;
- Make sure the services in the plan are actually provided; and
- Make sure the plan continues to work in support of the member.

The first step the member's care team completes is an assessment. The assessment is an ongoing process of identifying the member's real-life personal outcomes, unique strengths, and needs for support. During this process the member will tell the care team:

- What kind of life the member wants to live; and
- Whether the member wants to live at home or in a different living situation.

To complete the assessment, the care team must first understand the member's current situation, where the member lives, activities done during the day and the member's health situation. After the assessment is completed the care team develops a member-centered plan to help the member move towards the desired personal outcomes. The plan must be clear about:

- What services and supports are needed to achieve the member's personal outcomes;
- Who is going to provide the member with each service or support; and
- When each service or support will be provided.

The member-centered plan should be both reasonable and effective. The care team works with the member to find the best provider for each service or support, including when possible informal unpaid supports from family, friends or volunteers.

The MCOs are responsible for helping members achieve their personal outcomes and for considering cost when deciding on services and providers. The care team and member will work through a series of questions to help identify the member's personal outcomes and to match the outcomes with the most effective and economical services and supports.

Role and Responsibility of IRIS Consultant

IRIS consultants provide IRIS participants with the assistance necessary to meet their long-term care outcomes and to identify and implement a community-based network of supports, as chosen by the participant. IRIS consultants have collaborative relationships with participants, which are based on the level of support the participant requests of the consultant. IRIS participants are free to choose any available consultant within their areas, and are able to change consultants at any time.

IRIS Consultants

- Provide orientation and information to participants on the range of choices and responsibilities associated with IRIS;
- Collaborate with participants to develop and implement their person-centered plans;
- Document participant's personal experience outcomes and related supports;
- Provide information to participants on support and service options;
- Assist with the development of participant's support and service plans to assure they remain within their allocation;
- Assist with the development of participant's back up support plans to assure health and safety;
- Provide support related to ongoing functional and financial eligibility; and
- Maintain regular contact with participants.

The Financial Services Agency assists in provider enrollment, employer functions, and claims payment. Additionally, participants have access to a 24/7 service center for plan changes and urgent issues.

Tables 6a, 6b and 6c detail the services and all expenditures provided to Family Care, Family Care Partnership and PACE and IRIS consumers during 2009.

Consumer Story: Retired Professional Musician Finds Joy with Music

A Community Health Partnership (CHP) member and former professional musician was dealing with significant dementia and was residing in a local assisted living facility. The member was having little if any social interactions with others and no involvement in activities.

In a therapeutic approach, his team arranged for a licensed music therapist to work with the member. The team worked on an overall treatment plan to support the member's outcomes with the therapist. The member is now engaged in numerous activities offered at the assisted living facility. He is smiling, laughing and experiencing joy.

Table 6a: Services Provided to Family Care Members during 2009

The following tables contain information about the services provided to the 27,860 members for whom expenditures were reported for calendar year 2009.

	Number of Members Served	Percent of Members Served	Expenditures	Percent of Expenditures
Adult Day Care	1,867	6.7%	\$11,902,123	1.5%
Case Management	27,860	100.0%	\$98,434,248	12.4%
CBRF, AFH, RCAC	9,862	35.4%	\$345,775,054	43.6%
Community Support	149	0.5%	\$756,578	0.1%
Counseling and Therapeutic Resources	6,439	23.1%	\$4,249,879	0.5%
Daily Living Skills Training	1,446	5.2%	\$7,905,590	1.0%
Day Center Services Treatment	2,994	10.7%	\$23,717,558	3.0%
Energy/Housing Assistance	423	1.5%	\$244,404	0.0%
Equipment and Supplies	18,039	64.7%	\$17,645,399	2.2%
Financial Management	6,413	23.0%	\$5,214,672	0.7%
Home Health/Skilled Nursing	4,174	15.0%	\$28,470,942	3.6%
Meals	4,305	15.5%	\$6,252,898	0.8%
Nursing Home/ICF-MR	2,911	10.4%	\$62,202,910	7.8%
Other LTC Services	2,794	10.0%	\$3,135,435	0.4%
Pre-Vocational/Sheltered Workshop	3,811	13.7%	\$23,421,531	2.9%
Recreational Activities	601	2.2%	\$350,162	0.0%
Respite	1,765	6.3%	\$5,139,086	0.6%
Supported Employment	1,619	5.8%	\$8,719,955	1.1%
Supportive Home Care	12,955	46.5%	\$119,281,116	15.0%
Transportation	14,049	50.4%	\$21,147,617	2.7%
Total unduplicated	27,860	Total	\$793,967,159	

Source Encounter data submitted by each MCO for 6a and 6b.

Notes:

1) The distribution of services provided by Family Care Programs from January 1, 2009 through December 31, 2009 utilizes the common procedure and revenue codes within the encounter coding system. The distribution of service expenditures correlates only partially with the distribution of members who received these services during the year. Expenditure levels are explainable by the duration and quantities of providing the services to MCO members, and to the per-unit costs of the services.

2) Other LTC Services are a combination of services that served less than 1% of the membership, including Advocacy and Defense Resources, Child Day Care, Consumer Education, Health Screening and Accessibility, Day Treatment– Medical and other services.

3) For Family Care the Personal Care data is embedded with Home Health and Supportive Home Care.

Table 6b: Services Provided to Family Care Partnership & PACE Members during 2009
The following tables contain information about the services provided to the 5,003 members for whom expenditures were reported for calendar year 2009.

Long-Term Care Services	Number of Members Served	Percent of Members Served	Expenditures	Percent of Expenditures
Adult Day Care/Day Center	1,211	19.0%	\$5,262,906	2.4%
Case Management	5,003	100.0%	\$37,292,432	16.9%
CBRF, AFH, GH	507	8.0%	\$16,883,790	7.6%
Consumer Directed Supports	465	7.3%	\$152,431	0.1%
Equipment & Supplies	4,335	68.0%	\$8,336,684	3.8%
Home Health/Skilled Nursing	880	69.5%	\$2,576,712	1.2%
Meals	1,096	17.2%	\$1,082,064	0.5%
Nursing Home/ICF-MR	685	10.8%	\$17,189,700	7.8%
Other LTC Services	6,070	95.3%	\$14,353,600	6.5%
Personal Care	1,825	28.6%	\$15,484,508	7.0%
Recreational Activities	80	1.3%	\$208,500	0.1%
Respite	90	1.4%	\$192,406	0.1%
Supportive Home Care	1,915	30.1%	\$5,125,121	2.3%
Transportation	1,702	33.4%	\$8,233,918	3.7%
Total LTC Service Costs			\$132,374,772	
Acute Care Services				
Anesthesia	839	13.2%	\$277,575	0.1%
Dental	2,532	39.7%	\$2,029,293	0.9%
E&M Care (Office calls, NH, Hosp Visits)	4,440	69.7%	\$17,420,928	7.9%
ER	2,124	33.3%	\$235,818	0.1%
Inpatient Hospital	1,518	23.8%	\$25,341,867	11.5%
Medications	4,548	71.4%	\$24,003,418	10.9%
MH & AODA Outpatient Therapy	3,472	54.5%	\$1,087,016	0.5%
Nutrition Intervention/Counseling	1,160	18.2%	\$616,160	0.3%
Physician Pathology & Lab	3,892	61.1%	\$1,615,912	0.7%
Physician Radiology	3,495	54.9%	\$2,388,020	1.1%
Physician Surgery	4,021	63.1%	\$4,019,500	1.8%
Physician/other medical services	4,439	69.7%	\$9,710,460	4.4%
Total Acute Care Service Costs			\$88,745,967	
Total Acute & LTC Service Costs			\$221,120,739	

Notes:

The distribution of services provided by Family Care Partnership from January 1, 2009 through December 31, 2009 utilizes the common procedure and revenue codes within the encounter coding system. The distribution of service expenditures correlates only partially with the distribution of members who received these services during the year. Expenditure levels are explainable by the duration and quantities of providing the services to MCO members, and to the per-unit costs of the services.

Table 6c: Top Services Provided to IRIS Participants during 2009

The following tables contain information about the services provided to the 933 members for whom expenditures were reported for calendar year 2009.

	Number of Participants Served	Percent of Participants Served	Expenditures	Percent of Expenditures
Adult Day Care	27	2.9%	\$135,758	1.1%
CBRF, AFH, RCAC	64	6.9%	\$1,023,847	8.3%
Consumer Education And Training	25	2.7%	\$29,625	0.2%
Counseling And Therapeutic Resources	89	9.5%	\$243,710	2.0%
Customized Goods and Services	383	41.1%	\$974,418	7.9%
Equipment and Supplies	137	14.7%	\$392,766	3.2%
Daily Living Skills Training	30	3.2%	\$180,668	1.5%
Day Center Services Treatment	93	10.0%	\$498,066	4.0%
Meals	25	2.7%	\$12,460	0.1%
Home Health/Skilled Nursing	19	2.0%	\$80,549	0.7%
Home Modifications	37	4.0%	\$251,852	2.0%
Housing Start-Up	8	0.9%	\$17,190	0.1%
Other LTC Services	11	1.2%	\$5,931	0.0%
Personal Emergency Response Systems	48	5.1%	\$17,742	0.1%
Prevocational	45	4.8%	\$234,010	1.9%
Respite	190	20.4%	\$696,040	5.6%
Support Broker	29	3.1%	\$97,199	0.8%
Supported Employment	36	3.9%	\$108,856	0.9%
Supportive Home Care	784	84.0%	\$6,838,751	55.4%
Transportation	372	39.9%	\$499,734	4.0%
Total unduplicated	933		Total \$12,339,171	

Source Encounter data.

Notes:

1) The distribution of services provided by IRIS from January 1, 2009 through December 31, 2009 utilizes the common procedure and revenue codes within the encounter coding system. The distribution of service expenditures correlates only partially with the distribution of members who received these services during the year. Expenditure levels are explainable by the duration and quantities of providing the services to participants, and to the per-unit costs of the services.

2) Other LTC Services are a combination of services that served less than 1% of the membership, including Advocacy and Defense Resources, Child Day Care, Consumer Education, Health Screening and Accessibility, Day Treatment– Medical and other services.

3) Equipment and Services includes adaptive aids and communication aids.

4) Customized Goods and Services is an IRIS only benefit.

Living Situations

The long-term care programs support the Department’s policy that with proper supports, most frail elders, individuals with developmental disabilities and individuals with physical disabilities can live in their own homes and maintain their independence as much as possible. Living at home is not possible or preferred by all long-term care program consumers but the MCOs or IRIS Consultants will work with consumers who have identified living at home as a personal outcome. The care team or IRIS Consultant will work with the member to find services and supports to help the consumer live as independently as possible.

Table 7 details the percentage of eligible days that consumers live in natural settings (their own home or apartment) versus the percentage of days consumers spent in residential service settings (AFH, RCAC, CBRF, ICF-MR) and in nursing homes, and other institutions. In IRIS 94.1% of the participants lived in natural settings. Individuals living in institutional settings are not eligible for IRIS.

On average during 2009, 66.1% of Family Care members and 69.4% of Family Care Partnership and PACE members lived in natural settings during 2009.

In Family Care and Family Care Partnership and PACE there are variations among the MCOs, which can be due to the differences in consumers, consumer preferences and availability of providers in their area.

For all the managed long-term care programs, the majority of the consumers were never admitted into a nursing home during 2009. Nursing homes are an important part of the long-term care system for short-term stays, rehabilitation services, complex needs that cannot be safely provided for at home, and people who prefer to live in a nursing home. The managed long-term care programs provide wellness and prevention services and supports to reduce the need for nursing home stays or reduce the number of days of a stay.

The IRIS program does not include institutional settings, such as nursing homes and hospitals, as part of the benefit plan. An individual is not eligible to receive IRIS services while residing in one of these settings. However, participants may begin receiving IRIS services immediately after their return to the community.

Table 7: Use of Purchased Residential Services during 2009
Percent of Total Consumer-Days Spent in Residential Settings

Family Care	Percent of Total Eligible Days
Natural (non-purchased) residential settings	66.1%
Group residences	28.8%
Nursing facilities	5.2%
Total	100.0%
Family Care Partnership & PACE	
Natural (non-purchased) residential settings	69.4%
Group residences	22.6%
Nursing facilities	8.0%
Total	100.0%
IRIS	
Natural (non-purchased) residential settings	94.1%
Group residences	5.9%
Total	100.0%

Source: Encounter data.

Table 8: Nursing Facility Stays of 90 Days or Longer for
Family Care Members by Target Group with Low Care Needs

Family Care	Percent of Members in Target Group
Frail Elders	1.8%
Members with Developmental Disabilities	0.3%
Members with Physical Disabilities	0.8%

Source: Encounter data submitted by each MCO and member’s Functional Screen data.

Coordination of Health Services and Long-Term Care

Another service provided to MCO members is coordination of primary health care with long-term care.

Family Care Partnership and PACE MCOs include both Medicare and Medicaid primary, acute, and long-term care in the benefit package. A nurse practitioner or physician's assistant is on every member's care management team and provides some medical care and acts as a liaison with the primary care physician. In Family Care, which does not include provide primary or acute medical care in the benefit package, nurses are assigned to each care management team and coordinate care with the members' medical care providers. A member's care team may accompany the member to physician visits. The MCO care team helps the member follow medical recommendations, obtain medications, and schedule other tests if needed, to help the member achieve the best possible health.

IRIS participants self-direct services provided under the waiver and utilize the Medicaid State Plan for their acute and primary care services. The IRIS consultant assists participants in accessing services through both of these methods as needed. The IRIS consultant works in-depth with individuals who have complex needs to develop a comprehensive back-up plan, as well as a plan to secure all medical and health related services.

An in-depth independent study of Family Care (not Family Care Partnership or PACE) conducted in 2005 compared member's health status, health care costs and long-term care costs to those of a carefully matched comparison group of similar individuals receiving fee-for-service Medicaid services in the remainder of the state. The study found that Family Care members visited their primary care physicians significantly more frequently than consumers of the non-Family Care comparison group. In 2009, 88.7% of the Family Care members visited their primary care physician at least once during the calendar year. The study also found lower rates of hospitalization and nursing home utilization, and suggested that the more frequent physician and team visits increased opportunities for prevention and early intervention of medical conditions.

A good example of coordinating health care is how care teams work with the consumers to coordinate influenza and pneumonia vaccinations. These vaccinations are important because the consumers served in the long-term care programs are at higher risk for having medical complications from influenza and pneumonia. The Family Care Partnership and PACE benefit package includes primary and acute health care services, and the doctor on the member's care team will recommend vaccinations for appropriate consumers. In Family Care, the care teams assist in making sure members have access to appropriate immunizations, and track whether consumers have received those immunizations.

Another example is dental care: 32.7% of Family Care members had at least one dental visit during 2009. According to the Mayo Clinic⁷, bad oral hygiene can increase the risk of health problems, including cardiovascular disease and diabetes. In Family Care Partnership and PACE, dental and primary care visits are included in the benefit package.

"The people, the excellent care, the ability to live in my own apartment. Knowing I don't have to give up my dog or not be able to care for her and myself. If it was not for Family Care helping me I would not be able to take the medications I need and would not be able to stay in my apartment."

- Response from the 2009 Member Satisfaction Survey

Use of Informal Supports

Every long-term care consumer enters the program of their choice with a certain number of impaired activities of daily living (ADLs) or instrumental activities of daily living (IADLs). ADLs are:

- Bathing
- Dressing
- Eating
- Moving around in one's home
- Using the toilet
- Moving between surfaces, such as from a chair to a bed.

IADLs are:

- Preparing meals
- Managing and taking medications
- Managing money
- Coordinating or managing transportation
- Performing household chores and laundry
- Using the telephone

Table 9: Use of Informal Supports with Consumers who Have at Least One Limited ADL during 2009

Program and Target Group	No. of Consumers with at Least One ADL Limitation	No. of Consumers with at Least One ADL Limitation and at Least One ADL Informal Support	Percent of Consumers With at Least One Informal Support
Family Care	23,311	7,451	32.0%
Frail Elders	13,976	3,729	26.7%
Members with Developmental Disabilities	6,532	2,451	37.5%
Members with Physical Disabilities	2,803	1,271	45.3%
Family Care Partnership & PACE	3,845	1,555	40.4%
Frail Elders	2,518	1,002	39.8%
Members with Developmental Disabilities	358	119	33.2%
Members with Physical Disabilities	969	434	44.8%
IRIS	909	515	56.7%
Frail Elders	261	102	39.1%
Participants with Developmental Disabilities	390	266	68.2%
Participants with Physical Disabilities	258	147	57.0%

Source: Consumer's Functional Screen data

The member-centered plan in managed care and the support and service plan in IRIS identifies who will provide services and supports. Providers may include the family, friends and other providers of informal, or unpaid, supports. Informal supports are an important part of a consumer’s individual service plan and many consumers include the use of informal supports in their own desired outcomes. Most of us have informal supports. We have a neighbor who uses his snow blower to clear our driveway or a friend who brings a hot meal over when we do not feel well. Informal supports help us feel connected to the community and add a social component to our life. However, people who provide informal supports can become “burned out” if they are not supported.

In the Family Care programs, the care team monitors the people who provide informal support to watch for signs of caregiver “burn out”. The care team may arrange respite care or increase the amount of personal care given by program staff to ease the burden and give support to the people who provide informal supports. As the baby boomer population needs more assistance, people who provide informal supports will become even more important and integral to helping people remain in their homes.

IRIS participants work with their IRIS consultant to address these types of concerns. The supports and services plan will include respite services for the participant’s caregivers as necessary. The final plan is reviewed by the IRIS Consultant Agency, where all services are reviewed and approved.

Table 10: Use of Informal Supports with Consumers who Have at Least One Limited IADL During 2009

Program and Target Group	No. of Consumers with at Least One IADL Limitation	No. of Consumers With at Least One IADL Limitation and at Least One Informal Support	Percent of Consumers With at Least One Informal Support
Family Care	27,185	16,964	62.4%
Frail Elders	15,370	10,463	68.1%
Members with Developmental Disabilities	8,675	4,549	52.4%
Members with Physical Disabilities	3,140	1,952	62.2%
Family Care Partnership & PACE	4,869	3,409	70.0%
Frail Elders	3,122	2,406	77.1%
Members with Developmental Disabilities	486	257	52.9%
Members with Physical Disabilities	1,261	746	59.2%
IRIS	964	702	72.8%
Frail Elders	265	190	71.7%
Participants with Developmental Disabilities	424	317	74.8%
Participants with Physical Disabilities	275	195	70.9%

Source: Consumer’s Functional Screen data

Because the arrangement and maintenance of informal supports is an objective of the Wisconsin's long-term care programs, observing changes in consumers' reliance on informal supports over time can help to assess the success of the program in this area. Tables 9 and 10 detail the percentage of consumers who have informal supports as part of their care. The percentage of consumers who use at least one informal support in 2009 stayed consistent with the experience in 2008. Overall, the percentage of IRIS consumers who have informal supports in place for their ADLs and IADLs is higher than Family Care program consumers. A possible reason for this may be the overall independence provided by a well-developed informal support network may enable people with those networks to select the self-direction option.

Self-direction of Services within Family Care Programs

While IRIS is a fully self-directed program in which participants assess their own needs and decide what goods, services, and supports best help them meet their goals and outcomes, Family Care members (or their guardians, when applicable) can participate in the planning and directing of their services in a variety of ways. All Family Care members exercise 'self-determination' by participating in the development of the care plan, choice of the services, and evaluation of whether the services are successful. Beyond that, some prefer to exercise greater control, such as by participating in the training of their personal care aides.

Some members or their guardians prefer to handle even more responsibility for planning and managing their services, such as recruiting and selecting staff, handling scheduling, or even managing payroll and benefits bookkeeping and reporting. These higher levels of control of services are called 'self-direction,' and within Family Care, the member can choose to self-direct most services or only some services, while choosing to rely on the MCO to manage others. Though frequently used for in-home care, self-direction can also be used outside of the home for services such as transportation and personal care at the consumer's work place. For example, a member could choose to self-direct personal care services that help him/her to stay home or to find and keep a job, and choose to rely on the care team to manage services such as the purchase and maintenance of durable medical equipment.

IRIS

IRIS is a self-directed program in which participants assess their own needs and decide what goods, services, and supports best help them meet their goals and outcomes. IRIS is built on the core values of self-determination, including individual freedom, authority over a specific and individualized budget, support to organize resources in ways that are life-enhancing and meaningful, responsibility for the wise use of public dollars, and self-advocacy.

IRIS participants collaborate with an IRIS Consultant to develop and implement their supports and services. IRIS consultants provide participants with the assistance necessary to meet their long-term care outcomes and to identify and implement a community-based network of supports. IRIS consultants are available to assist the participant in many areas, including development of the support and service plan and assuring that the participant's individual outcomes and needs are addressed.

"I am your 94-yr young recipient of the best health care I've ever had. A million thanks!"

- Response from the 2009 Member Satisfaction Survey
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Consumer Story: Family Care Member Doesn't Let Anything Get in His Way



Jayme with his care manager

Thirty-eight-year-old Jayme Memmel suffered spinal cord damage from a car accident which left him a quadriplegic at 25. Before the accident, Jayme worked on helicopters, using his electronics technology degree and Army National Guard avionics diploma, played minor league baseball and partied with his buddies. All that changed when he rolled his Isuzu Trooper on his way home from a wedding.

He dislocated his neck, causing spinal cord damage. “It’s funny: the guy in the room next door broke 42 bones in his body. Six weeks later, he walked right out of there. I dislocated my neck by centimeters and spent a year in rehab.” But Jayme also feels blessed: “I wasn’t supposed to have my arms back, so that’s major independence.”

After his accident, Jayme enjoyed the activities and accessibility of living in Madison, where he was enrolled in Family Care Partnership. But he found it difficult to obtain in-home assistance and eventually he had to move home. He returned to an accessible apartment in his grandfather’s home in Columbus, with his mother living above; his new wife, Sonia, joined him there after their August 2009 wedding.

“We have a great relationship. Our Christian faith is probably the most important thing in our relationship,” he adds. When he met her, Sonia was working with children with special needs. She has become one of Jayme’s major supports, both emotionally and as a caregiver.

Jayme started working with Care Wisconsin Care Manager Sara Gerke when he enrolled in Family Care in the summer of 2008 after moving to Columbus. The first thing Sara and Jayme did was to develop a care plan that allowed him to self-direct his supports. “Previous to Care Wisconsin, Jayme had agency support coming in and he worked his schedule and activities around their calendar,” says Sara.

Now Jayme can plan help around his commitments. In addition to being a student, Jayme works at a local TV station, leads a bible study, works at ministry camps, has done motivational speaking for Guard units, schools, churches and has a very active social life.

Jayme is happy with Care Wisconsin: “I feel like I’m never going to be left out in the dark with Care Wisconsin. I have a say in the way I’m taken care of and in my goals.” Jayme goes to Sara with questions about what he can and can’t do—and he appreciates her willingness to help.

Jayme recently completed his bachelor’s degree in human development from Amridge University and began his master’s in rehabilitation psychology at UW-Madison in January 2010. His goal is to become a counselor for people with disabilities. With his physical disability and his experience with a developmentally disabled brother—also a Family Care member—he’s inspired to help others.

While he’s grateful for all he has and the benefits available for people who are disabled, he emphasizes the need to be an advocate for oneself. He’s identified and received a free travel ramp that he uses everywhere—and is obtaining a quad exerciser to supplement his daily exercises.

Jayme’s learned to find ways to help himself and can’t wait to get settled in his new career. With his positive outlook, energy and enthusiasm, he’ll undoubtedly be successful at showing others how to see the opportunities in their lives.

Section 3: Results

This Section provides data about the results of the Family Care programs. Since 2009 was the first year for IRIS in Wisconsin, there is no previous information for the program to compare 2009 results. We look forward to adding IRIS results in the 2010 annual report.

Long-term care programs--like every worthy endeavor--exist to create desired results, also known as 'outcomes.'

The 'member-centered' methods and techniques that are built into the long-term care programs are designed to keep the focus of all activities on the outcomes that are desired by the member. The outcomes supported by Family Care are of three types: clinical, functional, and personal experience:

Clinical outcomes involve the member's physical, mental, or behavioral health. Usually measured by professionals such as doctors, nurses, or therapists, they include outcomes such as having diabetes under control, recovering from depression, or avoiding preventable medical crises that require emergency-room or inpatient care. In this report, Tables 11 and 12 describe the frequency of certain preventable medical events; Table 13 describes the proportion of members who are protected from flu and pneumonia through immunizations.

Functional outcomes involve the normal activities that members can or do perform. Functional outcomes include simple activities such as the ability to eat, fix a meal, or take a bath, and more complex activities such as living in the community rather than in an institution, or getting and keeping a paid job. In this report, Tables 14 and 15 contain information about documented increases or decreases in members' abilities to perform activities of daily living (ADLs) and instrumental activities of daily living (IADLs); Table 16 reports on the types of residences in which members are living during the past year; and Table 17 reports on changes in their employment status over the past year.

Personal experience outcomes involve the member's overall quality of life. Long-term care affects consumers' daily life more continuously and for longer periods than primary and acute health care. As a result, the clinical and functional outcomes are generally sufficient to measure the quality of most medical care, but long-term care outcomes need specifically to address broader quality-of-life indicators.

For example, a person's freedom to socialize is limited when he or she is in the hospital, but because hospital stays are generally short, we do not tend to consider that seriously detrimental to quality of life. If, however, someone is served in an institutional setting away from their family and friends on an ongoing basis, inability to engage in the life of the family and community could be a significant quality-of-life issue that should be addressed.

Personal experience outcomes is the term the managed long-term care programs use to refer to quality-of-life outcomes, because each member's personal experience of his or her daily life is the only possible measure of these outcomes. Before creating each member's member-centered plan, care managers explore each member's hopes and dreams, and help the member to express these in terms of personal-experience outcomes that will be supported by Family Care services. Personal-experience outcomes cover three general areas:

Choice

Personal-experience outcomes related to choice include the freedom and authority to choose where and with whom one lives; to make choices regarding the supports and services that one uses; and to make decisions about one's daily routine, such as what clothes to wear and when to go to bed.

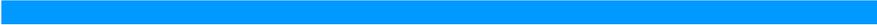
Life activities

Personal experience outcomes related to life activities include having relationships with family and friends; being treated fairly and in ways that make one feel respected; engaging in activities that give meaning or significance to life, being employed; being involved in one's community to the extent that one desires; having stability in important living conditions; and having a desired amount of privacy.

Health and safety

Personal experience outcomes related to health and safety include feeling comfortable with one's level of health; and experiencing a feeling of safety, particularly from abuse or neglect.

Measurement of personal experience outcomes is difficult because it requires program administrators to objectively assess the subjective experience of the program's members. However, long-term care researchers throughout the U.S. have been working toward reliable measures of personal experience outcomes for more than a decade. Building on that work, the Department contracted with the University of Wisconsin-Madison in 2007 to develop an interview tool with sufficient reliability to support measurement of personal-experience outcomes. This interview tool, known as PEONIES, is expected to be ready for use in creating performance-measure quality data in 2010.



Consumer Story: Community Care Brings Member Closer to Family

Tim is a 30 year old who suffered severe brain injuries from a drowning accident more than 15 years ago. When he first enrolled in the Community Care Family Care program, he was residing alone in an apartment with round the clock supportive staff. The apartment was not in the same town as his family, only allowing him to see his family a few times per year and the apartment provided him with little opportunity to socialize with others.

Knowing how important his family is to him, his Community Care team worked with his family and was able to relocate him to a new facility in the same city as his family.

He is now able to see his family several times each week and attends a day program where he can socialize with others. His mom, Kathy, also notices a big difference in his attitude. "He's a lot happier now that I can see him more." Kathy is looking forward to this summer so they can start their garden together. "He loves it because we get to see him more often," says Kathy.

Tim's relocation not only helped him support his goal of socializing and see his family more, it was cost-effective. His previous apartment was \$953 per day and the cost of his new home is \$200 per day. This is a monthly savings of more than \$20,000.



Indicators Related to Health Status

Ambulatory care sensitive conditions (ACSCs) are conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease. These conditions provide insight into the quality of the health care system outside the hospital setting. Some common ACSCs include asthma, bacterial pneumonia, urinary tract infection and long- and short-term complications from diabetes. The list of ACSC's was developed by the federal Department of Health and Human Services' Agency for Healthcare Research & Quality and is used nationwide as an indicator of quality of healthcare.

The tables below detail the percentage of members by target group that either went to an emergency room or were admitted into a hospital due to a preventable health issue. An example of a preventable event is when a person with diabetes is admitted into the hospital for an unexpected toe amputation. If a person with diabetes receives regular care and preventive education and maintains good blood sugar control, adverse events from diabetes can be minimized or avoided. The percentage of members with preventable emergency room visits and preventable hospital admissions in 2009 increased compared to 2008. DHS staff are exploring the reasons for this increase, in order to identify measures to minimize future preventable admissions.



Table 11: Preventable Emergency Room (ER) Visits

Family Care	Percent of Consumers in Target Group with Preventable ER Visit
Frail Elders	7.5%
Consumers with Developmental Disabilities	4.1%
Consumers with Physical Disabilities	10.5%
Family Care Partnership & PACE	
Frail Elders	8.0%
Consumers with Developmental Disabilities	3.1%
Consumers with Physical Disabilities	5.4%

Source: Encounter data.

The Medicare ER visits are included only in the FC Partnership numbers.

Table 12: Preventable Hospital Admissions

Family Care	Percent of Consumers in Target Group with Preventable Hospital Admission
Frail Elders	7.7%
Consumers with Developmental Disabilities	1.5%
Consumers with Physical Disabilities	8.5%
Family Care Partnership & PACE	
Frail Elders	7.2%
Consumers with Developmental Disabilities	1.7%
Consumers with Physical Disabilities	8.2%

Source: MA eligibility data.

“My mom's quality of life is significantly richer! They treat us like family....”

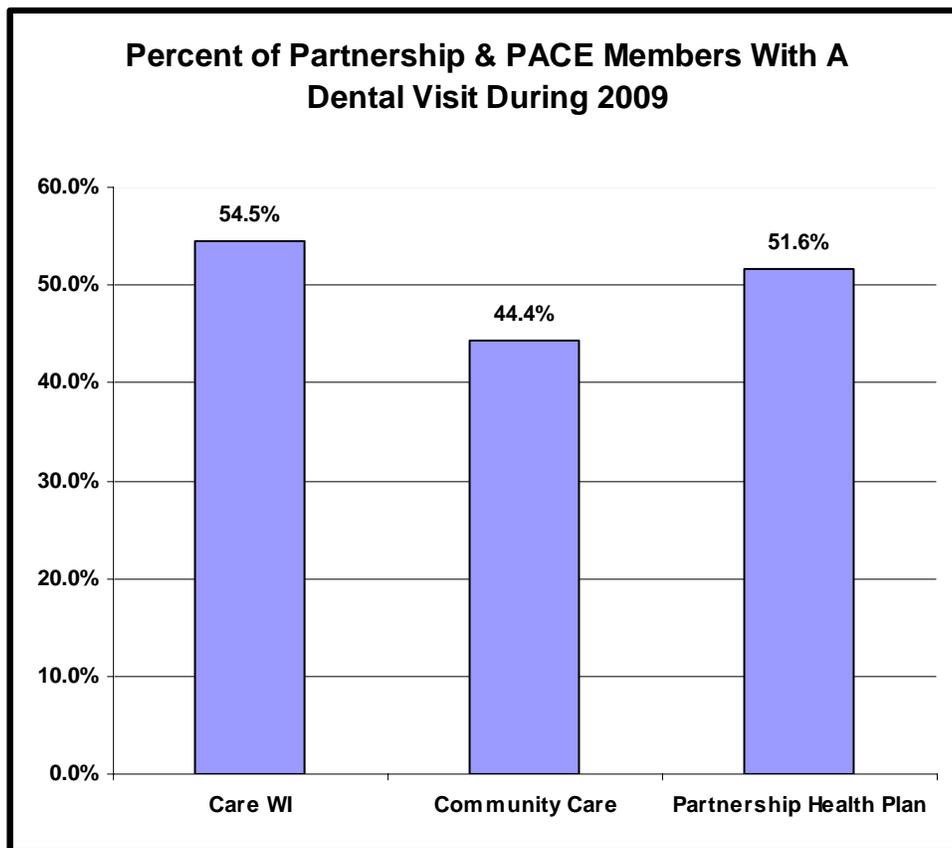
- Response from the 2009 Member Satisfaction Survey
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Table 13: Immunizations – Influenza and Pneumonia Vaccinations for Active Members on December 31, 2009

MCO and Program	Influenza Immunization	Pneumonia Immunization
Care WI - Family Care	34.4%	31.9%
Care WI - Partnership	76.4%	49.5%
CCI - Family Care	54.8%	34.4%
CCI - Partnership & PACE	77.0%	81.0%
Community Care of Central WI Family Care	70.9%	32.6%
CHP - Family Care	46.0%	3.2%
CHP - Partnership	76.4%	49.5%
Lakeland Care District - Family Care	68.0%	35.1%
Milwaukee - Family Care	71.4%	72.1%
NorthernBridges	15.3%	21.0%
Southwest Family Care Alliance - Family Care	54.7%	39.8%
Western WI Cares - Family Care	56.7%	52.3%

Source: Immunization and vaccination data validated and submitted by External Quality Review Organization (MetaStar).

Figure 8: Percent of Family Care Partnership & PACE Members Who Received Dental Services during 2009



Source: Encounter data submitted by MCOs.

Consumer Story: Christopher Thrives After Home Modifications

Christopher and his family are excited that as a result of key home modifications, his home is now accessible and safe. Christopher's house did not have accessible exits. Christopher was only able to leave his house with transfers from family members which presented the risk of injury for him and his caregivers.

Christopher was born twenty years ago on Valentine's Day. He enjoys living with his loving and supportive family. His mother, father, grandmother, and siblings are stable fixtures in his life, and do everything they can to make sure Christopher is healthy and happy. Christopher needs someone to be with him all the time, and his family gladly fulfills that role.

Christopher and his family selected IRIS when presented with long-term support options because they believed it would help them achieve their primary goal of staying together as a family. They felt that in order to do this, they needed to do some work on four areas: living space, sensory adaptations, hygiene and mobility.

The family's home presented the largest obstacle to achieving their goal. Their current home could not accommodate the changes they needed to make, so they decided they would sell their current home, build a new one and utilize IRIS funding to help Christopher get the adaptations he needed to be able to thrive there. Christopher's mother, Michelle consulted with therapists and other professionals to determine what types of equipment and accommodations would benefit Christopher the most. A roll-in shower will help ensure that Christopher can safely bathe. Open, warm living spaces provide Christopher the room and comfort he needs for his physical therapies and relaxation time. And perhaps most importantly, an accessible entrance to the home enables Christopher and his family to come and go whenever they would like.

Michelle says that when Christopher became an IRIS participant, he started to really live, not simply exist. They have been able to make the changes necessary to truly help Christopher. The adaptations purchased with Christopher's IRIS funds will enhance his personal hygiene, mobility inside and outside of the home, ability to be outside and breathe fresh air and have access to other people.

The family reports that they are very pleased with their "fabulous" IRIS Consultant. She is thoughtful, resourceful and direct. They also feel she understands and respects Christopher, and always spends time talking to him when she visits. She has helped the family navigate the IRIS program and understand what types of supports IRIS can purchase. Michelle also praises the IRIS Consultant Agency Service Center for being extremely helpful and knowledgeable.

Indicators Related to Functional Status

Every Family Care member enters the program with a certain number of impaired activities of daily living (ADLs) or instrumental activities of daily living (IADLs).

The MCOs' services are intended to reduce or delay any unavoidable deterioration in each member's functional abilities and whenever possible to help members to recover or improve their abilities. Tables 14 and 15 document the increases or decreases in members' abilities to perform activities of daily living

Table 14: One-Year Changes in Need for Assistance with Activities of Daily Living by Target Group and Program ADLs (Eating, bathing, toileting, dressing, transferring and mobility)

Program and Target Group	Percent of Members with Fewer ADLs Limitations	Percent of Members with No Change in ADLs Limitations	Percent of Members with More ADLs Limitations
Family Care	15.1%	61.5%	23.4%
Frail Elders	15.6%	56.8%	27.6%
Members with Developmental Disabilities	13.2%	69.2%	17.6%
Members with Physical Disabilities	19.0%	59.0%	22.0%
Family Care Partnership & PACE	20.1%	53.7%	26.2%
Frail Elders	17.4%	53.7%	28.9%
Members with Developmental Disabilities	15.0%	63.8%	21.1%
Members with Physical Disabilities	28.9%	50.1%	21.1%

Table 15: One-Year Changes in Need for Assistance with Instrumental Activities of Daily Living by Target Group and Program. IADLs (Meals, medications and money)

Program and Target Group	Percent of Members with Fewer IADLs Limitations	Percent of Members with No change in IADLs Limitations	Percent of Members with More IADLs Limitations
Family Care	7.0%	84.3%	8.7%
Frail Elders	5.8%	84.7%	9.4%
Members with Developmental Disabilities	6.6%	87.1%	6.3%
Members with Physical Disabilities	13.5%	73.9%	12.6%
Family Care Partnership & PACE	13.2%	76.9%	9.9%
Frail Elders	9.4%	81.3%	9.4%
Members with Developmental Disabilities	9.3%	81.7%	8.9%
Members with Physical Disabilities	24.3%	64.2%	11.5%

Source for Tables 14 and 15: Functional screens submitted for each member during 2009, compared with functional screens from one year earlier.

(ADLs) and instrumental activities of daily living (IADLs) during 2009. Comparing the results to 2008, the percentage of members with fewer ADL or IADL limitations increased in 2009, while the percentage of members with more ADL or IADL limitations remained constant. The increase in members with fewer ADLs or IADLs may be attributed to the amount of new and younger members who enrolled during the 2009 expansion and the program improving member's health.

Consumer Story: Jefferson County Family Care Member is a Racing Fan who Enjoys Life's Ride.



Doctors said Annette Lord's infant son likely wouldn't live to the age of 3. Diagnosed at 15 months with spinal muscular atrophy (SMA) with the complication of Werdnig-Hoffman disease, Randy Logan proved them wrong. He was a funny and inquisitive boy who attracted friends with his positive, accepting nature.

At 22, Randy is a self-professed "car man" and Richard Petty fan. He enjoyed a great sense of achievement when he turned the ignition to his mom's 1975 Trans Am—which he rebuilt with his former stepdad—and it started. The car can't go fast enough for him.

From his mother, a painter, Randy learned to "put himself into his art" rather than copying what he saw. By the time he graduated from Cambridge High School in 2006, Randy's portfolio included many paintings, mostly of car scenes.

Randy's Family Care Care Manager has worked with Randy since he was 10, first as a case manager at Opportunities, Inc. and then with Jefferson County before moving to Care Wisconsin's Family Care program in 2008. "She's there to see that Randy gets everything he needs," said Annette. Annette is familiar with the emotional and physical trials Randy has been through—tremendous pain, a near-death experience and 19 surgeries over the years, including two back surgeries—his care manager is a valuable resource in his care. Annette also appreciates having a registered nurse on Randy's care team.

In early 2009, doctors gave Randy six months to live. Randy laughed and disregarded the prediction. He started bonding with his new nephew, who has been known to toddle over to his chair and reach up to hold his hand.

An important outcome in Randy's care plan was to record a living memorial for his friends and family. From the Muscular Dystrophy telethon to the Oprah Winfrey show, his care team explored many routes for getting this accomplished. The team eventually found help producing the living memorial through UW-Madison. Annette keeps it in her hutch until the time comes for family and friends to see his message.

Doctors say Randy is one of the oldest known survivors of this type of SMA. While he doesn't mind being asked about his outlook on life, the question of whether he fears death offends Randy: "You don't have a choice about when you leave—and I'm not going to fear something I have no control over." This man who has been told since he was a child that he wasn't going to live says he'll "go out on his own terms." This isn't really surprising though: he lives his life that same way.

Desired Living Arrangements

A primary goal of the Wisconsin long-term care programs is giving people meaningful choices about where they want to live. As stated earlier, the current public policy is that the proper services and supports can enable most people to remain in their homes. Table 16 shows that most of the members in Wisconsin long-term care programs want to and do live in their homes.

The table includes data on where the consumer is currently living and the consumers's preferred living setting. This is a measurement that includes all three long-term care programs. Overall, 84.2% of the Family Care members, 85.6% of the FC Partnership members, and 87.0% of IRIS participants are living in their preferred setting.

Table 16: Number and Percent of Consumers by Current and Preferred Living Situation on December 31, 2009

Living Arrangement	Number of Consumers by current living arrangement	Percentage by current living arrangement	No. of Consumers living in their preferred living arrangement	Percentage living in preferred living arrangement
Family Care				84.2%
Home Setting	14,652	58.3%	14,077	96.1%
Residential	8,556	34.1%	6,483	75.8%
Institutional	1,848	7.4%	566	30.6%
Other/Not Sure	59	0.2%	15	25.4%
Family Care Partnership & PACE				85.6%
Home Setting	3,077	71.3%	2,980	96.8%
Residential	869	20.1%	589	67.8%
Institutional	360	8.3%	124	34.4%
Other/Not Sure	12	0.3%	4	33.3%
IRIS				87.0%
Home Setting	865	92.7%	795	88.8%
Residential	69	7.2%	45	65.2%
Other/Not Sure	1	0.1%	0	

Source: Each consumer's most recently completed functional screen, as of December 31, 2009.

Changes in Members' Employment Status

The MCOs' care teams provide services to help members achieve their employment objectives. Services such as daily living skills training, day treatment, pre-vocational services and supported employment are included in the Family Care benefit package. Other Family Care services such as transportation and personal care also help people meet their employment goals.

Supporting employment goals among frail elders and adults with physical and developmental disabilities is a challenge to long-term care programs, and there is room for improvement in the employment rates among Family Care members. Historically in Wisconsin and across the nation, working-age adults with disabilities have had limited participation in employment and particularly community-based employment. The recession has further limited employment opportunities. 2009 marked the third year that the Pathways to Independence Initiative in the DHS Office of Independence and Employment made grant funds available to all MCOs serving working-aged adults with disabilities in Wisconsin. The grant was funded by the Centers for Medicare and Medicaid Services via a Medicaid Infrastructure Grant (MIG). Six MCOs requested funding to develop projects to decrease barriers to employment, increase opportunities for person-centered, integrated employment, and support people with disabilities in achieving their desired employment outcomes.

Table 17: Changes for Employment Status of Family Care Program Members during 2009

Year-later Employment Status of Retired Members on Earlier Screen	Family Care Total (N=3441)	FC Partnership & PACE Total (N=969)
No Change: Still Retired and Satisfied	99.1%	98.9%
Now Have Employment and Satisfied	0.2%	0.2%
Not Satisfied: Still Retired but Desiring Employment	0.7%	0.9%
Total	100.0%	100.0%
Year-later Employment Status of Unemployed Members who Desired Employment on Earlier Screen	Family Care Total (N=401)	FC Partnership & PACE Total (N=109)
Now Have a Job, Satisfied	14.7%	4.6%
No Longer Desire Employment, Satisfied	20.2%	28.4%
Not Satisfied: Still Unemployed or Employed in an Unsatisfactory Job	65.1%	67.0%
Total	100.0%	100.0%
Year-later Employment Status of Members who were Employed and Satisfied With Job on Earlier Screen	Family Care Total (N=2046)	FC Partnership & PACE Total (N=99)
No Change: Still Employed in Desired Job	87.0%	78.8%
Now Retired or Unemployed but Satisfied	6.3%	8.1%
Now Out of a Job or Desiring a Different One	6.7%	13.1%
Total	100.0%	100.0%

Source: Functional screen created for each member during 2009, compared with functional screens from one year earlier.

Note: Employment information collected from the screener may include errors. The member is answering questions regarding employment and desire of employment without full knowledge of ramifications.

Consumer Story: Andy's Smile Reflects New & Wonderful Opportunities



Andy and his family participated in an incredible Path planning session that helped everyone in Andy's life identify and organize what is important to him. All of Andy's family and friends saw his wide variety of interests including his keyboard, listening to music, his Berenstain Bears books and trains. Andy works; he volunteers, and now, in his last year of high school, has decided that he wants to start a worm farm (vermiculture) business after graduation. He has already lined up customers. He also is considering a shredding

Provider Choice

Two goals in the Family Care programs are choice and access. The long-term care reform set out to provide member with better choices about the services and supports available to meet their needs and improve access to services. This measurement and data are new to the annual report.

Table 18 includes the number of providers by Family Care program and MCO that are included in their provider network.

Table 18: Number of Providers by MCO during 2009

MCO and Program	Adult Day Care	Adult Family Home	CBRF	DME/DMS	Home Health Nursing and Skilled Nursing	Personal Care	RCAC
Care WI - Family Care	49	285	166	305	90	81	23
Care WI - Partnership	49	285	166	305	90	81	23
CCI - Family Care	26	286	147	118	61	78	21
CCI - Partnership & PACE	8	286	147	118	61	78	21
Community Care of Central WI Family Care	8	161	68	173	23	18	16
CHP - Family Care	11	440	92	216	17	27	20
CHP - Partnership	11	440	92	216	17	27	20
Lakeland Care District - Family Care	3	27	29	22	14	12	4
Milwaukee - Family Care	30	101	131	59	29	59	11
NorthernBridges	10	166	52	123	36	43	8
Southwest Family Care Alliance - Family Care	5	119	56	130	64	6	7
Western WI Cares - Family Care	14	296	57	212	56	43	18
Statewide unduplicated	160	1,802	760	1,499	406	357	112

Andy's Story, continued

business, which could complement the vermiculture. By combining several different, but related job ideas, Andy, his family and the local Department of Vocational Rehabilitation office are developing viable ways for Andy to generate income.

Andy's mom, Terri, encourages and assists with Andy's independence in myriad ways. She is always alert to his ever-expanding interests and follows up by helping Andy participate in activities that are consistent with those interests. Terri networks with many people in the community and around the state to help Andy realize his potential and foster his independence and learn new skills. The rest of Andy's family is equally supportive.

IRIS participation has been extremely helpful for Andy and his family. Terri indicates that, on the whole, they are all delighted with IRIS. With the IRIS program, Andy and his family have organized a very tightly knit group of friends and providers who know how to support and help Andy in exactly the ways he needs them most.



Table 18: continued

MCO and Program	Prevocational / Work centers	Respite	Supportive Home Care	Supported Employment	Transportation	Therapies (PT/OT/ST)	MH/AODA
Care WI - Family Care	33	50	182	26	122	99	97
Care WI - Partnership	33	50	182	26	122	99	97
CCI - Family Care	30	79	114	20	89	76	60
CCI - Partnership & PACE	30	79	114	20	89	10	19
CCCW- Family Care	23	88	53	10	70	64	26
CHP - Family Care	8	70	38	20	57	47	32
CHP - Partnership	8	70	38	20	57	47	32
LCD - Family Care	4	19	23	6	21	16	15
Milwaukee - Family Care	6	43	52	15	77	53	26
NorthernBridges	27	108	85	14	76	55	29
SFCA - Family Care	14	57	66	5	56	27	20
WWC - Family Care	19	343	79	12	156	59	31
Statewide unduplicated	142	879	653	115	722	511	410

Consumer Satisfaction

Although it is not an ‘outcome’ in the same sense as the clinical or functional well-being of the consumers, consumers’ satisfaction with the program is an important indicator of the programs’ success. Consumer satisfaction can be observed in at least two measures: satisfaction surveys and the rate at which members choose to leave the program (Table 19). IRIS information is included in the disenrollment table. In the future IRIS will be conducting a satisfaction survey and the results will be included in future annual reports.

Table 19a: Members who Left Family Care, Partnership or PACE during Calendar Year 2009
Left the program includes members who lost eligibility or voluntarily disenrolled, including moved out of state and transferred to IRIS. It does not include members who died during calendar year 2009.

MCO and Program	Members Served in Calendar Yr. 2009	No. of Members who left the program	% of Members who left the program
Care WI - Family Care	3,216	112	3.5%
Care WI - Partnership	1,347	75	5.6%
CCI - Family Care	4,715	217	4.6%
CCI - Partnership & PACE	1,407	68	4.8%
Community Care of Central WI Family Care	2,880	81	2.8%
CHP - Family Care	1,073	47	4.4%
CHP - Partnership	2,317	89	3.8%
Lakeland Care District - Family Care	1,257	43	3.4%
Milwaukee - Family Care	8,240	321	3.9%
NorthernBridges	1,827	32	1.8%
Southwest Family Care Alliance - Family Care	1,491	39	2.6%
Western Wisconsin Cares - Family Care	3,607	166	4.6%
All MCOs	33,377	1,290	3.9%

Source: InterChange eligibility data.
 Table relabeled 12/13/10.

Table 19b: Participants who Disenrolled from IRIS during Calendar Year 2009
No. of Participants who chose to leave IRIS includes participants who voluntarily disenrolled, including moved out of state and transferred to Family Care. It does not include participants who lost eligibility or died during calendar year 2009.

Program	Participants Served in Calendar Yr. 2009	No. of Participants who chose to leave IRIS	% of Participants who chose to leave IRIS
IRIS	1,052	11	1.1%

Source: InterChange eligibility data.

Satisfaction Surveys

The eleven Family Care, Partnership and PACE MCOs distributed 10,000 member satisfaction surveys and 4,178 were returned for a completion rate of 40.1%. Two MCOs are not included in the survey summary – NorthernBridges started enrolling members on May 1, 2009 and Community Care Partnership had only 34 returned surveys. The ten core questions were developed by a stakeholder workgroup. The MCOs and DHS staff worked together to finalize the wording of the survey and the survey process.

Overall, the level of satisfaction with the programs is very positive. In responses to open-ended questions, members commented about how the programs have helped them remain in their home and how they worry less about getting needed health care.

More than 75% of the members responded that they were “always” satisfied with each of the following statements:

- My care team listens to me;
- My nurse or team listens to me;
- I feel comfortable asking my nurse questions;
- I get help from my nurse when I need it;
- I feel comfortable asking my team questions.

The percent of members who responded that they were “always” satisfied in the following areas improved from the 2008 survey:

- I am satisfied with the work that my nurse or team does for me.
- I participate in planning and making decisions about services I will receive.
- I would recommend this program to a friend.
- My nurse or team listens to my concerns.
- I get help from my nurse or team when I need it.
- I feel comfortable asking questions about my care.
- I can select the people who help me with my personal care.
- I am happy with the services I receive.
- I get equipment or additional help that I need in a timely manner.

The MCOs summarized the findings and added varying amounts of text to explain the findings and how the information would be used. Several of the MCOs described making changes to improve their member’s satisfaction with the program. The individual MCOs’ surveys and detailed summary of the 2009 Member Satisfaction Survey is available on the MCO’s and DHS website. The DHS website is <http://www.dhs.wisconsin.gov/LTCare/ResearchReports/Index.htm>.

Disenrollment for Reasons Other than Death or Loss of Eligibility

Voluntary disenrollment from a long-term care program is another way to measure satisfaction. There are a variety of reasons for a consumer to leave the program, such as loss of eligibility, moving out of state, or choosing another program to receive their services from. Overall a small percentage of eligible consumers choose to leave a long-term care program.

Appendix 1

Footnotes:

¹Precise requirements for functional eligibility for Family Care can be found in Wisconsin statutes s.15.197(4)(a) 2 and s.15.197(4)(a)1, and in Wisconsin Administrative Code HFS 10.13(25m).

²Disorders GU System: Artificial Bladder, Bladder Incontinence, Cystocele, Enlarged Bladder, Enlarged Prostate, Hematuria, Kidney Stones, Kidney Transplant, Prostatitis

³Other Digestive disorders: examples of common diagnoses include dysphagia (difficulty swallowing), gallstones, gastroesophageal reflux (GERD), gastroenteritis, GI bleed, hernia, hemorrhoids, irritable bowel syndrome (IBS), soft palate deformity, pancreatitis, ulcers.

⁴Other Nerve disorders: examples of common diagnoses include anoxic brain syndrome (lack of oxygen at birth), apraxia (disorder of movement planning), bacterial meningitis, brain aneurysm, brain tumor, cerebellar ataxia, cerebral aneurysm, encephalitis, fetal alcohol syndrome, hydrocephalus.

⁵Other Sensory disorders: examples include chronic vertigo, hearing deficit (partial), otitis, vertigo

⁶Visual impairment: examples of common diagnoses include cataracts, diabetic Retinopathy, glaucoma, lens implant, macular degeneration, retinal keratosis.

⁷ *Oral health: A window to your overall health*, February 7, 2009, <http://www.mayoclinic.com/health/dental/DE00001>

Information on the data:

The following pages provide a description of the program's current members. The data that were used to produce the information that is included in this section came from the Department's administrative data systems, primarily the Medicaid eligibility data (MA eligibility data). Two other major sources for information presented here is the Long-Term Care Functional Screen and the Encounter Reporting System, which provides a wide range of data on member demographics, functional needs and health status.

Most of the data used here reside on several universes in the MEDS data warehouse. These universes are databases, or logical configurations of Oracle tables that were designed to meet specific research needs and purposes.

In comparing several tables, readers may note that the total number of cases varies amount tables, even sometimes when it seems as if the 'N' should be the same. This variation results from several factors:

- Missing data. Most tables presented in this report are the products of matching and analyzing multiple administrative data sources. When certain data are missing from any of the data sources used in such analysis, any attempt to offer different views of even a similar phenomenon will frequently result in a somewhat different population size (N), or in a different count of the characteristics being analyzed.
- Reporting lag and database updates. Late reporting (lag) effects data completeness at any given point in time. Since the analyses presented here were performed over several months, some discrepancies in the number of cases and the data associated with them can occur. The same holds true for the updating of the administrative databases in the MEDS data warehouse. Since these databases are updated on different schedules, certain discrepancies are possible as well.
- Data instability. The correction and adjustment of various data on the administrative database is

common and can result in certain data fluctuations over time. The eligibility data, which are the primary source for identifying Family Care members and is the starting point to form any analysis, is a primary example of data instabilities. On different days the eligibility databases can yield different numbers of eligible members for the same focal date.

List of Acronyms/Abbreviations:

ADL – Activities of Daily Living

ADRC – Aging and Disability Resource Center

BOALTC – Board on Aging and Long-term care

DHS – Department of Health Services

EQRO – External Quality Review Organization

FSA – IRIS Financial Services Agency

IADL – Instrumental Activities of Daily Living

ICA – IRIS Consultant Agency

IRIS – Include, Respect, I Self-Direct

Managed Long-Term Care programs – refers to Family Care, Family Care Partnership and PACE

MCO – Managed Care Organization

MIG – Medicaid Infrastructure Grant

Sources of Additional Information

For additional information specific to a MCO, contact the MCO. Contact information is listed on pages 82-83.

External Quality Review Reports by State Fiscal year are located on the MetaStar website:

<http://www.metastar.com/web/>

Comments and suggestions regarding the content of this report can be submitted to Karen McKim, Quality/Research Team Manager (Karen.McKim@dhs.wisconsin.gov).

Acknowledgement

Thank you to all of the consumers, IRIS Consultants and MCOs who submitted the stories and/or satisfaction quotations. These stories provide the readers with a real look at who and how long-term care is helping. We wish we could have used all of the consumers stories and quotes.

Appendix 2—Focus on the Frail Elder Target Group

Table 20: Frail Elder Consumers by MCO on December 31, 2009

MCO and Program	Frail Elder	Percent of Total MCO or IRIS Enrollment
IRIS	265	
Care WI - Family Care	1,036	34.7%
Care WI - Partnership	671	58.7%
CCI - Family Care	1,412	33.7%
CCI - Partnership & PACE	936	80.4%
Community Care of Central WI Family Care	1,098	42.9%
CHP - Family Care	237	23.3%
CHP - Partnership	1,070	53.3%
Lakeland Care District - Family Care	509	46.9%
Milwaukee - Family Care	6,743	95.6%
NorthernBridges	721	42.2%
Southwest Family Care Alliance - Family Care	524	39.5%
Western WI Cares - Family Care	1,215	38.1%
Total Consumers	16,437	

Source: Each consumer's most recently completed functional screen as of December 31, 2009.

Table 21: Current and Preferred Living Situation for Frail Elder Consumers
All Members Active on December 31, 2009.

Living Arrangement	Number of Consumers by current living arrangement	Percentage by current living arrangement	No. of Consumers living in their preferred living arrangement	Percentage living in preferred living arrangement
Family Care				84.2%
Home Setting	7,485	55.5%	7,305	97.6%
Residential	4,395	32.6%	3,524	80.2%
Institutional	1,591	11.8%	532	33.4%
Other/Not Sure	24	0.2%	5	20.8%
Family Care Partnership & PACE				84.5%
Home Setting	1,805	67.4%	1,747	96.8%
Residential	584	21.8%	407	69.7%
Institutional	284	10.6%	109	38.4%
Other/Not Sure	4	0.1%	0	0.0%
IRIS				93.6%
Home Setting	247	93.2%	235	95.1%
Residential	17	6.4%	13	76.5%
Other/Not Sure	1	0.4%	0	

Source: Each consumer's most recently completed functional screen, as of December 31, 2009.

Table 22: Most Common Health Diagnoses for Frail Elder Consumers on December 31, 2009
*Diagnoses affecting 10% or more of consumers enrolled in either Family Care, Family Care Partnership or IRIS.
List is alphabetical.*

Common Health Diagnosis	FC	FC Partnership & PACE	IRIS
Allergies	15.3%	34.8%	14.7%
Alzheimer's and Other Dementia	34.3%	36.1%	7.6%
Anemia/Coagulation Defects	22.5%	36.5%	16.2%
Angina/Coronary Artery Disease	30.3%	40.7%	34.7%
Anxiety Disorder	22.6%	32.3%	15.9%
Arthritis	63.8%	73.2%	72.5%
Asthma	27.4%	35.0%	20.8%
Blood/Lymph Disorders	21.2%	38.8%	13.2%
Cancer	13.8%	16.2%	15.5%
Cerebral Vascular Accident	19.5%	19.3%	17.7%
Chronic Pain/Fatigue	35.5%	45.6%	57.7%
Congestive Heart Failure	21.6%	27.2%	13.6%
Depression	38.2%	49.9%	29.8%
Diabetes Mellitus	37.0%	39.1%	40.4%
Heart Rate Disorders	18.8%	28.7%	19.3%
Hip and Other Fracture	30.1%	39.6%	5.7%
Hypertension	77.8%	83.3%	6.8%
Hypo/HyperThyroidism	21.0%	26.1%	14.7%
Nutritional Imbalances	52.6%	73.1%	48.3%
Osteoporosis	22.1%	35.8%	21.9%
Other Diagnoses	29.4%	53.8%	20.4%
Other Digestive Disorders ³	53.6%	75.8%	43.4%
Other Disorders GU System ²	27.1%	43.1%	24.5%
Other Heart Conditions	13.4%	23.4%	9.1%
Other Nerve Disorders ⁴	23.2%	38.5%	20.0%
Other Sensory Disorders ⁵	14.7%	27.8%	11.3%
Renal Failure/Kidney Disease	16.8%	33.3%	15.5%
Respiratory Disorders	16.6%	24.7%	14.3%
Skin Diseases	7.5%	21.3%	4.2%
Urinary Tract Infection	9.9%	15.7%	5.7%
Visual Impairment ⁶	41.1%	56.9%	43.8%

Source: Each consumer's most recently completed functional screen as of December 31, 2009.
Footnotes on page 46.

Table 23: Multiple Diagnoses Among Frail Elder Consumers on December 31, 2009

MCO and Program	Family Care	FC Partnership & PACE	IRIS
0-4 Diagnoses	7.7%	2.1%	13.2%
5-9 Diagnoses	43.8%	19.9%	51.7%
10-14 Diagnoses	36.7%	38.1%	27.5%
15+ Diagnoses	11.8%	39.9%	7.5%
Total	100.0%	100.0%	100.0%

Source: Each consumer's most recently completed functional screen as of December 31, 2009.

Table 24: Employment Status Among Frail Elder Consumers on December 31, 2009

Family Care	No. of Frail Elder Consumers	Percent of Frail Elder Consumers
Retired	9,473	70.2%
Working	438	3.2%
Not Working	3,584	26.6%
Total	13,495	100.0%
Family Care Partnership & PACE		
Retired	1,964	76.8%
Working	37	1.4%
Not Working	676	26.4%
Total	2,677	100.0%
IRIS		
Retired	124	46.8%
Working	5	51.3%
Not Working	136	1.9%
Total	265	100%

Source: Each consumer's most recently completed functional screen as of December 31, 2009.

Table 25a: Services Provided to Frail Elder Family Care Members during 2009

	Number of Members Served	Percent of Members Served	Expenditures	Percent of Expenditures
Adult Day Care	1,189	7.6%	\$6,678,988	1.8%
Case/Care Management	15,591	100.0%	\$54,097,343	14.6%
CBRF/AFH/RCAC	5,365	34.4%	\$143,092,124	38.5%
Community Support Program	54	0.3%	\$257,203	0.1%
Counseling and Therapeutic Resources	3,709	23.8%	\$2,164,806	0.6%
Daily Living Skills Training	216	1.4%	\$1,457,575	0.4%
Day Center Services	438	2.8%	\$3,316,811	0.9%
Energy/Housing	364	2.3%	\$192,674	0.1%
Equipment and Supplies	11,904	76.4%	\$10,032,105	2.7%
Financial Management services	2,505	16.1%	\$2,060,154	0.6%
Home Health/Skilled Nursing	2,283	14.6%	\$11,481,879	3.1%
Meals	3,479	22.3%	\$5,463,504	1.5%
Nursing Home/ICF-MR	2,416	15.5%	\$52,929,519	14.2%
Other LTC Services	1,358	8.7%	\$968,319	0.3%
Pre-Vocational Training	266	1.7%	\$1,188,106	0.3%
Recreational Activities	89	0.6%	\$34,815	0.0%
Respite	397	2.5%	\$946,565	0.3%
Supported Employment	142	0.9%	\$1,204,939	0.3%
Supportive Home Care	8,099	51.9%	\$65,894,796	17.7%
Transportation	7,717	49.5%	\$8,204,435	2.2%
Total Unduplicated	15,591		\$371,666,660	

Source: Encounter data submitted by each MCO

Notes:

- 1) The distribution of services provided by Family Care Programs from January 1, 2009 through December 31, 2009 utilizes the common procedure and revenue codes within the encounter coding system. The distribution of service expenditures correlates only partially with the distribution of members who received these services during the year. Expenditure levels are explainable by the duration and quantities of providing the services to MCO members, and to the per-unit costs of the services.
- 2) Other LTC Services are a combination of services that served less than 1% of the membership, including Advocacy and Defense Resources, Child Day Care, Consumer Education, Health Screening and Accessibility, Day Treatment– Medical and other services.
- 3) For Family Care the Personal Care data is embedded with Home Health and Supportive Home Care.

Expenditures updated on 9.24.10

Table 25b: Services Provided to Frail Elder Family Care Partnership & PACE Members during 2009

Long-Term Care Services	Number of Members Served	Percent of Members Served	Expenditures	Percent of Expenditures
Adult Day Care/Day Center	444	15.2%	\$2,347,251	2.7%
Case Management	2,864	98.2%	\$15,508,020	17.6%
CBRF, AFH, GH	291	10.0%	\$6,722,861	7.6%
Consumer Directed Supports	118	4.0%	\$46,423	0.1%
Equipment & Supplies	1,678	57.5%	\$2,904,908	3.3%
Home Health/Skilled Nursing	111	3.8%	\$211,590	0.2%
Meals	541	18.6%	\$552,287	0.6%
Nursing Home/ICF-MR	441	15.1%	\$11,647,552	13.2%
Other LTC Services	2,715	93.1%	\$4,591,600	5.2%
Personal Care	737	25.3%	\$4,991,625	5.7%
Recreational Activities	25	0.9%	\$51,235	0.1%
Respite	26	0.9%	\$49,155	0.1%
Supportive Home Care	774	26.5%	\$1,662,033	1.9%
Transportation	531	18.2%	\$1,742,252	2.0%
Total LTC Service Costs			\$53,028,792	
Acute Care Services				
Anesthesia	348	11.9%	\$113,050	0.1%
Dental	998	34.2%	\$773,335	0.9%
E&M Care (Office calls, NH, Hosp Visits)	1,850	63.4%	\$7,429,359	8.4%
ER	728	25.0%	\$73,586	0.1%
Inpatient Hospital	637	21.8%	\$9,907,624	11.3%
Medications	2,026	69.5%	\$8,334,626	9.5%
MH & AODA Outpatient Therapy	644	22.1%	\$189,357	0.2%
Nutrition Intervention/Counseling	380	13.0%	\$218,555	0.2%
Physician Pathology & Lab	1,600	54.9%	\$663,004	0.8%
Physician Radiology	1,490	51.1%	\$979,797	1.1%
Physician Surgery	1,668	57.2%	\$1,532,844	1.7%
Physician/other medical services	1,808	62.0%	\$4,141,453	4.7%
Total Acute Care Service Costs			\$34,356,590	
			\$87,385,382	

Notes:

A portion of some long-term care services are paid as an acute care service. A good example is a nursing home stay for rehabilitation. A portion of some acute care services are paid as long-term care services. A good example is the inpatient hospital deductible.

Table 25c: Services Provided to Frail Elder IRIS Participants during 2009

	Number of Participants Served	Percent of Participants Served	Expenditures	Percent of Expenditures
Adult Day Care	2	1.0%	\$4,785	0.5%
CBRF, AFH, RCAC	4	2.1%	\$49,211	5.3%
Customized Goods and Services	35	18.3%	\$64,051	6.9%
Equipment and Supplied	7	3.7%	\$4,452	0.5%
Day Center Services Treatment	2	1.0%	\$9,352	1.0%
Home Delivered Meals	4	2.1%	\$2,071	0.2%
Home Health/Skilled Nursing	5	2.6%	\$12,273	1.3%
Home Modifications	4	2.1%	\$8,232	0.9%
Housing Start-Up	1	0.5%	\$306	0.0%
Personal Emergency Response Systems	13	6.8%	\$3,124	0.3%
Respite	11	5.8%	\$15,164	1.6%
Supported Employment	1	0.5%	\$19	0.0%
Supportive Home Care	179	93.7%	\$734,798	79.1%
Transportation	43	22.5%	\$20,659	2.2%
Total unduplicated			Total	\$928,497

Source Encounter data. See footnote on page 26 for Table 6c.

Table 26: Use of Purchased Residential Services for Frail Elders during 2009

Percent of total consumer-days spent in residential settings

Family Care	Percent of Total Eligible Days
Natural (non-purchased) residential settings	60.1%
Group residences	31.8%
Nursing facilities	8.1%
Total	100.0%
Family Care Partnership and PACE	
Natural (non-purchased) residential settings	79.4%
Group residences	12.3%
Nursing facilities	8.3%
Total	100.0%
IRIS	
Natural (non-purchased) residential settings	99.4%
Group residences	0.6%
Total	100.0%

Source: Encounter data.

Table 27: Changes in Employment Status during 2009 (Refers to Table 17 in main report)

Year-later Employment Status of Retired Members on Earlier Screen	Family Care FE (N=3353)	FC Partnership & PACE FE (N=940)
No Change: Still Retired and Satisfied	99.1%	98.9%
Now Have Employment and Satisfied	0.2%	0.2%
Not Satisfied: Still Retired but Desiring Employment	0.7%	0.9%
Total	100.0%	100.0%

Year-later Employment Status of Unemployed Members who Desired Employment on Earlier Screen	Family Care FE (N=29)	FC Partnership & PACE FE (N=17)
Now Have a Job, Satisfied	3.4%	0.0%
No Longer Desire Employment, Satisfied	41.4%	41.2%
Not Satisfied: Still Unemployed or Employed in an Unsatisfactory Job	55.2%	58.8%
Total	100.0%	100.0%

Year-later Employment Status of Members who were employed and satisfied with job on Earlier Screen	Family Care FE (N=175)	FC Partnership & PACE FE (N=17)
No Change: Still Employed in Desired Job	85.7%	94.1%
Now Retired or Unemployed but Satisfied	13.7%	5.9%
Now Out of a Job or Desiring a Different One	0.6%	0.0%
Total	100.0%	100.0%

Source: Functional screen completed for each member during 2009, compared with functional screens from one year earlier.

Note: The information is collected from the screener and may include errors. The member is answering questions regarding employment and desire of employment without full knowledge of ramifications.

Appendix 3—Focus on the Developmental Disabilities Target Group

Table 28: Consumers with Developmental Disabilities by MCO on December 31, 2009

MCO and Program	Consumers with Developmental Disabilities	Percent of Total MCO or IRIS Enrollment
IRIS	425	
Care WI - Family Care	1,583	53.1%
Care WI - Partnership	57	5.0%
CCI - Family Care	2,085	49.8%
CCI - Partnership & PACE	41	3.5%
Community Care of Central WI Family Care	1,055	41.2%
CHP - Family Care	662	65.1%
CHP - Partnership	354	17.6%
Lakeland Care District - Family Care	394	36.3%
Milwaukee - Family Care	225	3.2%
NorthernBridges	718	42.1%
Southwest Family Care Alliance - Family Care	545	41.0%
Western WI Cares - Family Care	1,192	37.4%
Total Consumers	9,336	

Source: Each consumer's most recently completed functional screen as of December 31, 2009.

Table 29: Current and Preferred Living Situation for Consumers with Developmental Disabilities
All Active Consumers on December 31, 2009.

Living Arrangement	Number of Consumers by current living arrangement	Percentage by current living arrangement	No. of Consumers living in their preferred living arrangement	Percentage living in preferred living arrangement
Family Care				82.3%
Home Setting	4,713	55.7%	4,350	92.3%
Residential	3,642	43.1%	2,593	71.2%
Institutional	88	1.0%	14	15.9%
Other/Not Sure	16	0.2%	6	37.5%
Family Care Partnership & PACE				80.3%
Home Setting	255	56.4%	234	91.8%
Residential	177	39.2%	120	67.8%
Institutional	18	4.0%	7	38.9%
Other/Not Sure	2	0.4%	2	100.0%
IRIS				80.5%
Home Setting	377	88.7%	308	81.7%
Residential	48	11.3%	34	70.8%
Other/Not Sure	0	0.0%	0	

Source: Each consumer's most recently completed functional screen, as of December 31, 2009.

Table 30: Most Common Health Diagnoses Among Consumers with Developmental Disabilities on December 31, 2009
Diagnoses affecting 10% or more of consumers enrolled in either Family Care, Family Care Partnership or IRIS. List is alphabetical.

Common Health Diagnosis	FC	FC Partnership & PACE	IRIS
Allergies	17.3%	23.7%	18.4%
Anxiety Disorder	19.4%	32.5%	15.8%
Arthritis	7.9%	17.0%	5.7%
Asthma	8.3%	17.9%	8.5%
Autism	11.7%	8.4%	21.9%
Behavioral Diagnoses	13.7%	17.3%	6.8%
Cerebral Palsy	14.7%	15.9%	26.1%
Chronic Pain/Fatigue	6.7%	19.0%	10.1%
Depression	17.8%	37.6%	10.4%
Diabetes Mellitus	8.3%	19.0%	5.9%
Hip and Other Fracture	11.7%	19.0%	14.2%
Hypertension	14.5%	30.8%	8.2%
Hypo/HyperThyroidism	13.3%	15.7%	6.6%
Mental Retardation	81.9%	71.5%	67.5%
Nutritional Imbalances	15.3%	36.9%	0.0%
Osteoporosis	4.9%	13.9%	6.1%
Other Brain Disorders	7.7%	11.7%	7.1%
Other Diagnoses	19.8%	37.8%	13.9%
Other Digestive Disorders ³	23.9%	43.4%	21.9%
Other Disorders GU System ²	6.8%	18.4%	6.4%
Other Mental Illness	16.6%	28.5%	6.8%
Other Nerve Disorders ⁴	8.8%	23.5%	10.1%
Other Sensory Disorders ⁵	7.7%	10.2%	8.0%
Otherwise Meets State/Fed DD	14.1%	20.6%	13.7%
Respiratory Disorders	7.8%	16.2%	10.1%
Seizure Disorder Onset age 22	25.8%	26.3%	35.3%
Skin Diseases	9.1%	12.6%	5.9%
Visual Impairment ⁶	10.6%	16.2%	10.6%

Source: Each consumer's most recently completed functional screen as of December 31, 2009.
Footnotes on page 46.

Table 31: Multiple Diagnoses Among Consumers with Developmental Disabilities on December 31, 2009

MCO and Program	Family Care	FC Partnership & PACE	IRIS
0-4 Diagnoses	49.9%	22.3%	54.4%
5-9 Diagnoses	42.9%	45.1%	39.1%
10-14 Diagnoses	6.7%	24.6%	5.6%
15+ Diagnoses	0.6%	8.0%	0.9%
Total	100.0%	100.0%	100.0%

Source: Each consumer's most recently completed functional screen as of December 31, 2009.

Table 32: Employment Status Among Consumers with Developmental Disabilities on December 31, 2009

Family Care	No. of Consumers with Developmental Disabilities	Percent of Consumers with Developmental Disabilities
Retired	91	1.1%
Working	4,948	58.5%
Not Working	3420	40.4%
Total	8,459	100.0%
Family Care Partnership & PACE		
Retired	9	2.0%
Working	186	41.2%
Not Working	257	56.9%
Total	452	100.0%
IRIS		
Retired	0	0%
Working	151	35.5%
Not Working	274	64.5%
Total	425	100%

Source: Each consumer's most recently completed functional screen as of December 31, 2009.

Table 33a: Services Provided to Family Care Members with Developmental Disabilities during 2009

	Number of Members Served	Percent of Members Served	Expenditures	Percent of Expenditures
Adult Day Care	592	6.8%	\$4,849,439	1.4%
Case/Care Management	8,697	100.0%	\$30,138,967	8.8%
CBRF/AFH/RCAC	3,723	42.8%	\$178,338,718	51.9%
Community Support Program	37	0.4%	\$142,314	0.0%
Counseling and Therapeutic Resources	1,505	17.3%	\$994,613	0.3%
Daily Living Skills Training	1,081	12.4%	\$5,794,927	1.7%
Day Center Services	2,478	28.5%	\$20,017,683	5.8%
Energy/Housing	23	0.3%	\$36,401	0.0%
Equipment and Supplies	3,383	38.9%	\$4,029,403	1.2%
Financial Management services	3,140	36.1%	\$2,152,002	0.6%
Home Health/Skilled Nursing	997	11.5%	\$11,014,220	3.2%
Meals	146	1.7%	\$109,714	0.0%
Nursing Home/ICF-MR	188	2.2%	\$5,186,704	1.5%
Other LTC Services	1,008	11.6%	\$1,788,703	0.5%
Pre-Vocational Training	3,417	39.3%	\$21,710,613	6.3%
Recreational Activities	437	5.0%	\$290,343	0.1%
Respite	1,256	14.4%	\$3,785,983	1.1%
Supported Employment	1,428	16.4%	\$7,358,042	2.1%
Supportive Home Care	2,652	30.5%	\$34,680,514	10.1%
Transportation	4,578	52.6%	\$10,980,350	3.2%
Total Unduplicated	8,697		\$343,399,655	

Source: Encounter data submitted by each MCO

Notes:

- 1) The distribution of services provided by Family Care Programs from January 1, 2009 through December 31, 2009 utilizes the common procedure and revenue codes within the encounter coding system. The distribution of service expenditures correlates only partially with the distribution of members who received these services during the year. Expenditure levels are explainable by the duration and quantities of providing the services to MCO members, and to the per-unit costs of the services.
- 2) Other LTC Services are a combination of services that served less than 1% of the membership, including Advocacy and Defense Resources, Child Day Care, Consumer Education, Health Screening and Accessibility, Day Treatment– Medical and other services.
- 3) For Family Care the Personal Care data is embedded with Home Health and Supportive Home Care.

Table updated on 9.24.10

Table 33b: Services Provided to Family Care Partnership & PACE Members with Developmental Disabilities during 2009

Long-Term Care Services	Number of Members Served	Percent of Members Served	Expenditures	Percent of Expenditures
Adult Day Care/Day Center	199	21.5%	\$533,700	2.0%
Case Management	915	99.0%	\$4,136,810	15.8%
CBRF, AFH, GH	115	12.4%	\$6,640,040	25.4%
Consumer Directed Supports	168	18.2%	\$47,894	0.2%
Equipment & Supplies	369	39.9%	\$764,175	2.9%
Home Health/Skilled Nursing	30	3.2%	\$294,808	1.1%
Meals	82	8.9%	\$58,423	0.2%
Nursing Home/ICF-MR	36	3.9%	\$559,892	2.1%
Other LTC Services	820	88.7%	\$1,191,050	4.6%
Personal Care	132	14.3%	\$1,291,523	4.9%
Recreational Activities	30	3.2%	\$71,555	0.3%
Respite	42	4.5%	\$114,204	0.4%
Supportive Home Care	138	14.9%	\$427,473	1.6%
Transportation	485	52.5%	\$3,678,170	14.1%
Total LTC Service Costs			\$19,809,717	
Acute Care Services				
Anesthesia	87	9.4%	\$30,565	0.1%
Dental	325	35.2%	\$211,586	0.8%
E&M Care (Office calls, NH, Hosp Visits)	394	42.6%	\$861,274	3.3%
ER	214	23.2%	\$27,663	0.1%
Inpatient Hospital	94	10.2%	\$1,597,884	6.1%
Medications	480	51.9%	\$2,035,307	7.8%
MH & AODA Outpatient Therapy	546	59.1%	\$79,124	0.3%
Nutrition Intervention/Counseling	270	29.2%	\$185,666	0.7%
Physician Pathology & Lab	278	30.1%	\$111,416	0.4%
Physician Radiology	254	27.5%	\$164,653	0.6%
Physician Surgery	330	35.7%	\$334,673	1.3%
Physician/other medical services	470	50.9%	\$473,672	1.8%
Total Acute Care Service Costs			\$6,113,483	
Total Acute & LTC Service Costs			\$25,923,200	

Notes:

A portion of some long-term care services are paid as an acute care service. A good example is a nursing home stay for rehabilitation. A portion of some acute care services are paid as long-term care services. A good example is the inpatient hospital deductible.

Table 33c: Services Provided to IRIS Participants with Developmental Disabilities during 2009

	Number of Participants Served	Percent of Participants Served	Expenditures	Percent of Expenditures
Adult Day Care	21	5.0%	\$110,400	1.2%
CBRF, AFH, RCAC	56	13.3%	\$923,080	10.0%
Consumer Education And Training	22	5.2%	\$28,661	0.3%
Counseling And Therapeutic Resources	71	16.9%	\$216,800	2.3%
Customized Goods and Services	227	54.0%	\$739,219	8.0%
Equipment and Supplies	64	15.2%	\$271,813	2.9%
Daily Living Skills Training	28	6.7%	\$173,087	1.9%
Day Center Services Treatment	89	21.2%	\$480,908	5.2%
Meals	5	1.2%	\$1,788	0.0%
Home Health/Skilled Nursing	6	1.4%	\$33,203	0.4%
Home Modifications	22	5.2%	\$187,502	2.0%
Housing Start-Up	4	1.0%	\$11,798	0.1%
Other LTC Service Costs	10	2.4%	\$5,835	0.1%
Personal Emergency Response Systems	8	1.9%	\$6,782	0.1%
Prevocational	44	10.5%	\$232,059	2.5%
Respite	170	40.5%	\$669,901	7.2%
Support Broker	27	6.4%	\$93,161	1.0%
Supported Employment	35	8.3%	\$108,836	1.2%
Supportive Home Care	306	72.9%	\$4,552,422	49.1%
Transportation	236	56.2%	\$426,116	4.6%
Total			\$9,273,370	

Source Encounter data.

Notes:

1) The distribution of services provided by IRIS from January 1, 2009 through December 31, 2009 utilizes the common procedure and revenue codes within the encounter coding system. The distribution of service expenditures correlates only partially with the distribution of members who received these services during the year. Expenditure levels are explainable by the duration and quantities of providing the services to participants, and to the per-unit costs of the services.

2) Other LTC Services are a combination of services that served less than 1% of the membership, including Advocacy and Defense Resources, Child Day Care, Consumer Education, Health Screening and Accessibility, Day Treatment— Medical and other services.

3) Equipment and Services includes adaptive aids and communication aids.

4) Customized Goods and Services is an IRIS only benefit.

Table 34: Use of Purchased Residential Services for Consumers with Developmental Disabilities during 2009
Percent of total consumer-days spent in residential settings

Family Care	Percent of Total Eligible Days
Natural (non-purchased) residential settings	70.7%
Group residences	28.3%
Nursing facilities	1.0%
Total	100.0%

Family Care Partnership & PACE	Percent of Total Eligible Days
Natural (non-purchased) residential settings	74.5%
Group residences	25.9%
Nursing facilities	0.6%
Total	100.0%

IRIS	Percent of Total Eligible Days
Natural (non-purchased) residential settings	95.0%
Group residences	5.0%
Total	100.0%

Source: Encounter data.

Table 35: Changes in Employment Status for Members with Developmental Disabilities during 2009
(Refers to Tables 17 in main report)

Year-later Employment Status of Retired Members on Earlier Screen	Family Care DD (N=30)	FC Partnership & PACE DD (N=4)
No Change: Still Retired and Satisfied	97.0%	75.0%
Now Have Employment and Satisfied	3.0%	0.0%
Not Satisfied: Still Retired but Desiring Employment	0.0%	25.0%
Total	100.0%	100.0%

Year-later Employment Status of Unemployed Members who Desired Employment on Earlier Screen	Family Care DD (N=226)	FC Partnership & PACE DD (N=20)
Now Have a Job, Satisfied	20.8%	10.0%
No Longer Desire Employment, Satisfied	15.5%	20.0%
Not Satisfied: Still Unemployed or Employed in an Unsatisfactory Job	63.7%	70.0%
Total	100.0%	100.0%

Year-later Employment Status of Members who were employed and satisfied with job on Earlier Screen	Family Care DD (N=1767)	FC Partnership & PACE DD (N=56)
No Change: Still Employed in Desired Job	88.0%	76.8%
Now Retired or Unemployed but Satisfied	5.2%	7.1%
Now Out of a Job or Desiring a Different One	6.8%	16.1%
Total	100.0%	100.0%

Source: Functional screen completed for each member during 2009, compared with functional screens from one year earlier.

Note: The information is collected from the screener and may include errors. The member is answering questions regarding employment and desire of employment without full knowledge of ramifications.

Appendix 4—Focus on Physical Disabilities Target Group

Table 36: Consumers with Physical Disabilities by MCO on December 31, 2009

MCO and Program	Consumers with Physical Disabilities	Percent of Total MCO or IRIS Enrollment
IRIS	275	
Care WI - Family Care	364	12.2%
Care WI - Partnership	417	36.5%
CCI - Family Care	693	16.5%
CCI - Partnership & PACE	187	16.1%
Community Care of Central WI Family Care	407	15.9%
CHP - Family Care	118	11.6%
CHP - Partnership	585	29.1%
Lakeland Care District - Family Care	183	16.9%
Milwaukee - Family Care	89	1.3%
NorthernBridges	268	15.7%
Southwest Family Care Alliance - Family Care	259	19.5%
Western WI Cares - Family Care	780	24.5%
Total Consumers	4,625	

Source: Each consumer's most recently completed functional screen as of December 31, 2009.

Table 37: Current and Preferred Living Situation for Consumers with Physical Disabilities
All Active Consumers on December 31, 2009.

Living Arrangement	Number of Consumers by current living arrangement	Percentage by current living arrangement	No. of Consumers living in their preferred living arrangement	Percentage living in preferred living arrangement
Family Care				89.0%
Home Setting	2,454	77.6%	2,422	98.7%
Residential	519	16.4%	366	70.5%
Institutional	169	5.3%	20	11.8%
Other/Not Sure	19	0.6%	4	21.1%
Family Care Partnership & PACE				90.1%
Home Setting	1,017	85.5%	999	98.2%
Residential	108	9.1%	62	57.4%
Institutional	58	4.9%	8	13.8%
Other/Not Sure	6	0.5%	2	33.3%
IRIS				92.0%
Home Setting	271	98.5%	252	93.0%
Residential	4	1.5%	1	25.0%
Other/Not Sure	0	0.0%	0	

Source: Each consumer's most recently completed functional screen as of December 31, 2009.

Table 38: Most Common Health Diagnoses Among Consumers with Physical Disabilities on December 31, 2009
*Diagnoses affecting 10% or more of consumers enrolled in either Family Care, Family Care Partnership or IRIS.
List is alphabetical.*

Common Health Diagnosis	FC	FC Partnership & PACE	IRIS
Alcohol or Drug Abuse	14.0%	18.6%	4.0%
Allergies	18.5%	27.2%	17.1%
Anemia/Coagulation Defects	13.8%	27.5%	11.3%
Angina/Coronary Artery Disease	13.5%	24.0%	11.3%
Anxiety Disorder	29.1%	42.3%	22.9%
Arthritis	32.9%	51.2%	30.9%
Asthma	29.1%	45.2%	31.6%
Blood/Lymph Disorders	14.1%	27.4%	6.2%
Cerebral Vascular Accident	13.9%	15.4%	10.6%
Chronic Pain/Fatigue	41.1%	60.1%	45.5%
Congestive Heart Failure	9.6%	15.6%	7.3%
Depression	54.9%	66.4%	38.2%
Diabetes Mellitus	33.4%	45.0%	26.9%
Heart Rate Disorders	7.7%	13.5%	5.5%
Hip and Other Fracture	20.8%	30.0%	20.4%
Hypertension	46.6%	65.6%	37.5%
Hypo/HyperThyroidism	15.1%	19.0%	7.3%
Nutritional Imbalances	39.0%	62.7%	30.2%
Osteoporosis	11.9%	16.6%	10.9%
Other Diagnoses	39.6%	60.3%	28.0%
Other Digestive Disorders ³	45.1%	69.6%	36.0%
Other Disorders GU System ²	21.3%	35.3%	22.6%
Other Heart Conditions	9.5%	18.7%	7.3%
Other Mental Illness	13.5%	21.2%	8.4%
Other Nerve Disorders ⁴	29.1%	42.5%	27.3%
Renal Failure/Kidney Disease	11.7%	19.7%	9.5%
Respiratory Disorders	19.5%	38.1%	17.8%
Seizure Disorder After age 22	10.9%	10.3%	7.3%
Skin Diseases	6.9%	18.3%	5.1%
Urinary Tract Infection	9.2%	14.7%	11.3%
Visual Impairment ⁶	15.9%	25.3%	16.7%

Source: Each consumer's most recently completed functional screen as of December 31, 2009.

Table 39: Multiple Diagnoses Among Consumers with Physical Disabilities on December 31, 2009

MCO and Program	Family Care	FC Partnership & PACE	IRIS
0-4 Diagnoses	17.2%	4.4%	26.5%
5-9 Diagnoses	48.0%	28.6%	49.5%
10-14 Diagnoses	27.8%	35.4%	17.8%
15+ Diagnoses	7.0%	31.6%	6.2%
Total	100.0%	100.0%	100.0%

Source: Each consumer's most recently completed functional screen as of December 31, 2009.

Table 40: Employment Status Among Consumers with Physical Disabilities on December 31, 2009

Family Care	No. of Consumers with Physical Disabilities	Percent of Consumers with Physical Disabilities
Retired	170	5.4%
Working	309	9.8%
Not Working	2682	84.8%
FC-Total	3,161	100.0%
FC Partnership & PACE		
Retired	67	5.6%
Working	80	6.7%
Not Working	1042	87.6%
FC Partnership Total	1,189	100.0%
IRIS		
Retired	5	1.8%
Working	26	9.5%
Not Working	244	88.7%
Total	275	100.0%

Source: Each consumer's most recently completed functional screen as of December 31, 2009.

Table 41a: Services Provided to Family Care Members with Physical Disabilities during 2009

	Number of Members Served	Percent of Members Served	Expenditures	Percent of Expenditures
Adult Day Care	86	2.4%	\$373,696	0.5%
Case/Care Management	3,572	100.0%	\$14,197,938	18.6%
CBRF/AFH/RCAC	646	18.1%	\$21,951,859	28.7%
Community Support Program	58	1.6%	\$357,062	0.5%
Counseling and Therapeutic Resources	1,225	34.3%	\$1,090,459	1.4%
Daily Living Skills Training	149	4.2%	\$653,088	0.9%
Day Center Services	78	2.2%	\$383,064	0.5%
Energy/Housing	36	1.0%	\$15,329	0.0%
Equipment and Supplies	2,752	77.0%	\$3,583,891	4.7%
Financial Management Services	768	21.5%	\$1,002,516	1.3%
Home Health/Skilled Nursing	894	25.0%	\$5,974,843	7.8%
Meals	680	19.0%	\$679,680	0.9%
Nursing Home/ICF-MR	307	8.6%	\$4,086,687	5.3%
Other LTC Services	428	12.0%	\$378,412	0.5%
Pre-Vocational Training	128	3.6%	\$522,811	0.7%
Recreational Activities	75	2.1%	\$25,004	0.0%
Respite	112	3.1%	\$406,537	0.5%
Supported Employment	49	1.4%	\$156,974	0.2%
Supportive Home Care	2,204	61.7%	\$18,705,806	24.4%
Transportation	1,754	49.1%	\$1,962,833	2.6%
Total Unduplicated	3,572		\$76,508,491	

Source: Encounter data submitted by each MCO for Tables 41a and 41b.

Notes:

- 1) The distribution of services provided by Family Care Programs from January 1, 2009 through December 31, 2009 utilizes the common procedure and revenue codes within the encounter coding system. The distribution of service expenditures correlates only partially with the distribution of members who received these services during the year. Expenditure levels are explainable by the duration and quantities of providing the services to MCO members, and to the per-unit costs of the services.
- 2) Other LTC Services are a combination of services that served less than 1% of the membership, including Advocacy and Defense Resources, Child Day Care, Consumer Education, Health Screening and Accessibility, Day Treatment– Medical and other services.
- 3) For Family Care the Personal Care data is embedded with Home Health and Supportive Home Care.

Table 41b: Services Provided to Family Care Partnership & PACE Members with Physical Disabilities during 2009

Long-Term Care Services	Number of Members Served	Percent of Members Served	Expenditures	Percent of Expenditures
Adult Day Care/Day Center	568	22.4%	\$2,381,955	2.2%
Case Management	2,516	99.0%	\$17,647,602	16.4%
CBRF/AFH/RCAC	101	4.0%	\$3,520,889	3.3%
Consumer Directed Supports	180	7.1%	\$58,634	0.1%
Equipment & Supplies	2,288	90.0%	\$4,667,600	4.3%
Home Health/Skilled Nursing	25	1.0%	\$347,360	0.3%
Meals	473	18.6%	\$471,352	0.4%
Nursing Home/ICF-MR	237	9.3%	\$4,982,257	4.6%
Other LTC Services	2,416	95.1%	\$9,110,350	8.5%
Personal Care	956	37.6%	\$9,465,226	8.8%
Recreational Activities	25	1.0%	\$84,231	0.1%
Respite	22	0.9%	\$29,045	0.0%
Supportive Home Care	1,003	39.5%	\$3,035,615	2.8%
Transportation	686	27.0%	\$2,813,495	2.6%
Total LTC Service Costs			\$58,615,611	
Acute Care Services				
Anesthesia	404	15.9%	\$115,860	0.1%
Dental	1,210	47.6%	\$1,044,369	1.0%
E&M Care (Office calls, NH, Hosp Visits)	2,295	90.3%	\$9,130,288	8.5%
ER	1,180	46.4%	\$134,238	0.1%
Inpatient Hospital	787	31.0%	\$13,836,358	12.8%
Medications	2,041	80.3%	\$13,633,487	12.7%
MH & AODA Outpatient Therapy	2,247	88.4%	\$809,515	0.8%
Nutrition Intervention/Counseling	510	20.1%	\$211,939	0.2%
Physician Pathology & Lab	2,001	78.7%	\$841,813	0.8%
Physician Radiology	1,870	73.6%	\$1,244,044	1.2%
Physician Surgery	2,020	79.5%	\$2,141,010	2.0%
Physician/other medical services	2,160	85.0%	\$5,021,622	4.7%
Total Acute Care Service Costs			\$48,164,543	
Total Acute & LTC Service Costs			\$107,759,948	

Notes:

A portion of some long-term care services are paid as an acute care service. A good example is a nursing home stay for rehabilitation. A portion of some acute care services are paid as long-term care services. A good example is the inpatient hospital deductible.

Table 41c: Services Provided to IRIS Participants with Physical Disabilities during 2009

	Number of Participants Served	Percent of Participants Served	Expenditures	Percent of Expenditures
Adult Day Care	4	1.2%	\$20,572	1.0%
CBRF, AFH, RCAC	4	1.2%	\$51,556	2.4%
Consumer Education And Training	3	0.9%	\$964	0.0%
Counseling And Therapeutic Resources	18	5.6%	\$26,910	1.3%
Customized Goods and Services	121	37.6%	\$171,149	8.0%
Equipment and Supplies	66	20.5%	\$116,501	5.5%
Daily Living Skills Training	2	0.6%	\$7,581	0.4%
Day Center Services Treatment	2	0.6%	\$7,806	0.4%
Meals	16	5.0%	\$8,601	0.4%
Home Health/Personal Care/Nursing	8	2.5%	\$35,073	1.6%
Home Modifications	11	3.4%	\$56,119	2.6%
Housing Start-Up	3	0.9%	\$5,087	0.2%
Other LTC Services	1	0.3%	\$96	0.0%
Personal Emergency Response Systems	27	8.4%	\$7,837	0.4%
Prevocational	1	0.3%	\$1,951	0.1%
Respite	9	2.8%	\$10,975	0.5%
Support Broker	2	0.6%	\$4,038	0.2%
Supportive Home Care	299	92.9%	\$1,551,530	72.6%
Transportation	93	28.9%	\$52,959	2.5%
Total			\$2,137,304	

Source: Encounter data.

Notes:

1) The distribution of services provided by IRIS from January 1, 2009 through December 31, 2009 utilizes the common procedure and revenue codes within the encounter coding system. The distribution of service expenditures correlates only partially with the distribution of members who received these services during the year. Expenditure levels are explainable by the duration and quantities of providing the services to participants, and to the per-unit costs of the services.

2) Other LTC Services are a combination of services that served less than 1% of the membership, including Advocacy and Defense Resources, Child Day Care, Consumer Education, Health Screening and Accessibility, Day Treatment— Medical and other services.

3) Equipment and Services includes adaptive aids and communication aids.

4) Customized Goods and Services is an IRIS only benefit.

Table 42: Use of Purchased Residential Services for Consumers with Physical Disabilities during 2009
Percent of total consumer-days spent in residential settings

Family Care	Percent of Total Eligible Days	Family Care Partnership & PACE	Percent of Total Eligible Days
Natural (non-purchased) residential settings	81.8%	Natural (non-purchased) residential settings	91.9%
Group residences	15.4%	Group residences	5.6%
Nursing facilities	2.8%	Nursing facilities	2.5%
Total	100.0%	Total	100.0%

IRIS	Percent of Total Eligible Days
Natural (non-purchased) residential	99.7%
Group residences	0.3%
Total	100.0%

Source: Encounter data.

Table 43: Changes in Employment Status for Members with Physical Disabilities during 2009
 (Refers to Table 17 in main report)

Year-later Employment Status of Retired Members on Earlier Screen	Family Care PD(N=58)	FC Partnership & PACE PD (N=25)
No Change: Still Retired and Satisfied	96.6%	100.0%
Now Have Employment and Satisfied	1.7%	0.0%
Not Satisfied: Still Retired but Desiring Employment	1.7%	0.0%
Total	100.0%	100.0%

Year-later Employment Status of Unemployed Members who Desired Employment on Earlier Screen	Family Care PD (N=146)	FC Partnership & PACE PD (N=72)
Now Have a Job, Satisfied	7.5%	4.2%
No Longer Desire Employment, Satisfied	23.3%	27.8%
Not Satisfied: Still Unemployed or Employed in an Unsatisfactory Job	69.2%	68.0%
Total	100.0%	100.0%

Year-later Employment Status of Members who were employed and satisfied with job on Earlier Screen	Family Care PD (N=104)	FC Partnership & PACE PD (N=26)
No Change: Still Employed in Desired Job	71.2%	73.1%
Now Retired or Unemployed but Satisfied	14.4%	11.5%
Now Out of a Job or Desiring a Different One	14.4%	15.4%
Total	100.0%	100.0%

Source: Functional screen completed for each member during 2009, compared with functional screens from one year earlier.
 Note: The information is collected from the screener and may include errors. The member is answering questions regarding employment and desire of employment without full knowledge of ramifications.

Appendix 5—Additional Data on Consumers with Mental Health/ Substance Abuse Issue

While the statutes governing the long-term care programs limit eligibility to frail elders and to those adults who have a physical disability or a developmental disability, many individuals with these disabilities, just like people without disabilities, experience issues with mental health or with substance abuse.

Some mental health or substance abuse issues are more prevalent among people with disabilities than in the general population. For example, major depressive disorder affects approximately 6.7 % of the U.S. population age 18 and older at any given time, but 36.3% of the individuals who enrolled in a Family Care program and 23.6% of individuals in IRIS during 2009 reported a diagnosis of depression at the time of their enrollment.

In addition to the disabilities that qualified them for eligibility, 4.5% of the individuals in a Family Care program and 3.1% of individuals in IRIS had serious chronic mental illnesses such as schizophrenia, while 5.8% of individuals in a Family Care program and 1.6% of individuals in IRIS had harder-to-manage diagnoses such as serious substance abuse issues (see Table 46b for more details).

For these reasons and others, it is sometimes useful to look specifically at the subgroup of long-term care consumers with mental health or substance abuse issues. Table 44 shows the number of consumers in each program's three target groups who also have mental health (MH) or substance abuse (SA) issues.

Table 44: Consumers by Program and Target Group with Mental Health and Substance Abuse Diagnoses on December 31, 2009

	Family Care, Family Care Partnership and PACE			IRIS		
	Frail Elders	Members with Developmental Disabilities	Members with Physical Disabilities	Frail Elders	Participants with Developmental Disabilities	Participants with Physical Disabilities
Anxiety	875	155	510	42	67	63
Depression	1,350	178	807	79	44	105
Bipolar	86	33	97	4	10	16
Schizophrenia	123	36	90	3	4	7
Other MH	263	138	254	3	29	23
SA	183	34	225	3	2	11
Behavioral	36	81	59	2	29	6
All	2,916	655	2,042	136	184	231

Note: Consumers are counted in the totals for each diagnosis they have, and consumers may have more than one listed diagnosis.

Table 45: Current and Preferred Living Situation for Consumers with Mental Health/Substance Abuse
All Members Active on December 31, 2009.

Living Arrangement	Number of Consumers by current living arrangement	Percentage by current living arrangement	No. of Consumers living in their preferred living arrangement	Percentage living in preferred living arrangement
Family Care				82.2%
Home Setting	7,141	51.5%	6,914	96.8%
Residential	5,389	38.9%	4,042	75.0%
Institutional	1,287	9.3%	420	32.6%
Other/Not Sure	41	0.3%	12	29.3%
Family Care Partnership & PACE				84.4%
Home Setting	2,082	68.2%	2,030	97.5%
Residential	681	22.3%	452	66.4%
Institutional	281	9.2%	90	32.0%
Other/Not Sure	9	0.3%	4	44.4%
IRIS				89.2%
Home Setting	335	90.5%	304	90.7%
Residential	34	9.2%	26	76.5%
Other/Not Sure	1	0.3%	0	

Source: Each consumer's most recently completed functional screen as of December 31, 2009.

Table 46a: Most Common Health Diagnoses Among Consumers with Mental Health/Substance Abuse on December 31, 2009

Diagnoses affecting 10% or more of consumers in either Family Care, Family Care Partnership or IRIS List is alphabetical.

Common Health Diagnosis	FC	FC Partnership	IRIS
Alcohol or Drug Abuse	9.2%	14.1%	4.1%
Allergies	18.0%	33.0%	18.1%
Alzheimer's and Other Dementia	23.9%	25.3%	10.3%
Anemia/Coagulation Defects	16.6%	32.0%	12.2%
Angina/Coronary Artery Disease	19.6%	31.7%	13.2%
Anxiety Disorder	40.5%	49.7%	46.5%
Arthritis	43.0%	61.2%	34.3%
Asthma	25.5%	39.5%	23.2%
Blood/Lymph Disorders	15.3%	31.6%	6.2%
Cerebral Vascular Accident	13.4%	16.1%	7.3%
Chronic Pain/Fatigue	30.5%	50.9%	39.2%
Congestive Heart Failure	13.4%	21.2%	7.8%
Depression	60.6%	75.2%	61.6%
Diabetes Mellitus	28.6%	38.6%	24.1%
Heart Rate Disorders	12.3%	21.1%	8.4%
Hip and Other Fracture	24.0%	35.5%	19.7%
Hypertension	54.5%	71.5%	38.4%
Hypo/HyperThyroidism	19.0%	23.5%	10.5%
Mental Retardation	30.1%	8.5%	27.6%
Nutritional Imbalances	41.8%	66.6%	27.8%
Osteoporosis	16.0%	28.0%	14.6%
Other Diagnoses	31.0%	57.0%	25.7%
Other Digestive Disorders ³	48.9%	73.9%	36.2%
Other Disorders GU System ²	21.9%	38.9%	18.6%
Other Heart Conditions	10.3%	20.5%	7.3%
Other Mental Illness	20.3%	21.0%	14.9%
Other Nerve Disorders ⁴	21.5%	39.8%	21.6%
Other Sensory Disorders ⁵	11.5%	21.0%	9.5%
Renal Failure/Kidney Disease	11.2%	26.1%	9.2%
Respiratory Disorders	15.8%	29.2%	10.0%
Schizophrenia	10.5%	8.1%	3.8%
Skin Diseases	8.5%	20.0%	5.9%
Visual Impairment ⁶	27.5%	41.9%	20.5%

Source: Each consumer's most recently completed functional screen as of December 31, 2009.
Footnotes on page 46.

Table 46b: Percentage of Consumer with Mental Health and Substance Abuse Diagnoses on December 31, 2009

MCO and Program	Anxiety	Bipolar	Depression	Schizophrenia	Other MH	Substance Abuse	Behavioral
Care WI - Family Care	22.5%	4.8%	29.2%	4.0%	12.6%	3.8%	7.8%
Care WI - Partnership	33.3%	4.3%	58.1%	4.4%	7.4%	9.7%	1.9%
CCI - Family Care	21.1%	5.2%	29.2%	6.2%	13.3%	3.7%	6.3%
CCI - Partnership & PACE	27.8%	4.8%	49.6%	8.2%	11.2%	13.2%	1.7%
Community Care of Central WI	41.6%	5.5%	54.4%	5.2%	21.9%	8.8%	6.7%
CHP - Family Care	25.1%	4.9%	27.3%	6.4%	14.3%	3.9%	8.9%
CHP - Partnership	19.6%	4.0%	30.2%	4.2%	10.3%	3.3%	9.3%
Lakeland Care District - Family	25.5%	3.9%	35.0%	5.8%	11.0%	5.1%	6.2%
Milwaukee - Family Care	22.2%	3.7%	38.4%	7.9%	8.8%	6.1%	1.8%
NorthernBridges	22.1%	3.7%	30.8%	4.5%	10.1%	4.9%	5.4%
Southwest Family Care Alliance - Family Care	20.8%	4.8%	31.2%	3.7%	11.3%	4.1%	6.6%
Western WI Cares - Family Care	24.5%	4.7%	37.2%	4.9%	12.3%	7.7%	7.4%
Family Care Total	24.2%	4.5%	36.3%	5.8%	11.7%	5.8%	5.5%
IRIS Total	17.8%	3.1%	23.6%	1.5%	5.7%	1.6%	3.8%

Note: Consumers are counted in the totals for each diagnosis they have, and consumers may have more than one listed diagnosis.

Table 47: Multiple Diagnoses Among Consumers with Mental Health/Substance Abuse on December 31, 2009

MCO and Program	Family Care	FC Partnership & PACE	IRIS
0-4 Diagnoses	13.8%	2.2%	18.9%
5-9 Diagnoses	43.4%	20.9%	52.4%
10-14 Diagnoses	31.7%	36.2%	20.5%
15+ Diagnoses	11.1%	40.7%	8.1%
Total	100.0%	100.0%	100.0%

Source: Each consumer's most recently completed functional screen as of December 31, 2009.

Table 48: Employment Status Among Consumers with Mental Health/Substance Abuse on December 31, 2009

Family Care	No. of Consumers with MH/SA	Percent of Consumers with MH/SA
Retired	5,188	37.4%
Working	2,800	20.2%
Not Working	5,870	42.4%
Family Care Total	13,858	100.0%
FC Partnership & PACE	No. of Consumers with MH/SA	Percent of Consumers with MH/SA
Retired	1,292	42.3%
Working	204	6.7%
Not Working	1,557	51.0%
Total	3,053	100.0%
IRIS	No. of Consumers with MH/SA	Percent of Consumers with MH/SA
Retired	51	13.8%
Working	69	18.6%
Not Working	250	67.6%
Total	370	100.0%

Source: Each consumer's most recently completed functional screen as of December 31, 2009.

Table 49a: Services Provided to Family Care Members with Mental Health/Substance Abuse during 2009

	Number of Members Served	Percent of Members Served	Expenditures	Percent of Expenditures
Adult Day Care	1,012	6.7%	\$6,421,394	1.4%
AFH/CBRF/RCAC	6,034	39.8%	\$224,835,264	47.5%
Case/Care Management	15,162	100.0%	\$57,655,065	12.2%
Community Support Program	144	0.9%	\$749,775	0.2%
Counseling and Therapeutic Resources	4,096	27.0%	\$2,786,453	0.6%
Daily Living Skills Training	858	5.7%	\$4,994,414	1.1%
Day Center Services	1,450	9.6%	\$11,225,826	2.4%
Energy/Housing	264	1.7%	\$160,316	0.0%
Equipment and Supplies	9,781	64.5%	\$8,983,566	1.9%
Financial Management services	4,014	26.5%	\$2,919,017	0.6%
Home Health/Skilled Nursing	2,257	14.9%	\$14,096,782	3.0%
Meals	2,294	15.1%	\$3,346,370	0.7%
Nursing Home/ICF-MR	1,915	12.6%	\$44,352,820	9.4%
Other LTC Services	1,496	9.9%	\$1,750,107	0.4%
Pre-Vocational Training	1,838	12.1%	\$10,793,115	2.3%
Recreational Activities	299	2.0%	\$142,572	0.0%
Respite	812	5.4%	\$2,301,181	0.5%
Supported Employment	771	5.1%	\$4,274,040	0.9%
Supportive Home Care	6,797	44.8%	\$61,410,907	13.0%
Transportation	7,750	51.1%	\$10,430,613	2.2%
Total Unduplicated	15,162		\$473,629,596	

Source: Encounter data submitted by each MCO for Tables 49a and 49b.

Notes:

- 1) The distribution of services provided by Family Care Programs from January 1, 2009 through December 31, 2009 utilizes the common procedure and revenue codes within the encounter coding system. The distribution of service expenditures correlates only partially with the distribution of members who received these services during the year. Expenditure levels are explainable by the duration and quantities of providing the services to MCO members, and to the per-unit costs of the services.
- 2) Other LTC Services are a combination of services that served less than 1% of the membership, including Advocacy and Defense Resources, Child Day Care, Consumer Education, Health Screening and Accessibility, Day Treatment— Medical and other services.
- 3) For Family Care the Personal Care data is embedded with Home Health and Supportive Home Care.

Table 49b: Services Provided to Family Care Partnership & PACE Members with Mental Health/Substance Abuse during 2009

Long-Term Care Services	Number of Members Served	Percent of Members Served	Expenditures	Percent of Expenditures
Adult Day Care/Day Center	780	23.9%	\$4,737,891	3.8%
Case Management	3,260	100.0%	\$25,703,774	20.6%
CBRF, AFH, GH	582	17.9%	\$14,294,800	11.4%
Consumer Directed Supports	147	4.5%	\$122,408	0.1%
Equipment & Supplies	2,956	90.7%	\$1,666,242	1.3%
Home Health/Skilled Nursing	1,280	39.3%	\$2,133,486	1.7%
Meals	962	29.5%	\$1,082,064	0.9%
Nursing Home/ICF-MR	786	24.1%	\$13,810,100	11.1%
Other LTC Services	3,323	101.9%	\$1,148,639	0.9%
Personal Care	820	25.2%	\$1,014,910	0.8%
Recreational Activities	485	14.9%	\$186,150	0.1%
Respite	188	5.8%	\$91,186	0.1%
Supportive Home Care	1,915	58.7%	\$3,174,407	2.5%
Transportation	2,850	87.4%	\$5,449,713	4.4%
Total LTC Service Costs			\$74,615,770	
Acute Care Services				
Anesthesia	945	29.0%	\$221,306	0.2%
Dental	1,940	59.5%	\$1,183,692	0.9%
E&M Care (Office calls, NH, Hosp Visits)	3,205	98.3%	\$6,748,531	5.4%
ER	1,875	57.5%	\$168,400	0.1%
Dialysis	102	3.1%	\$1,102,101	0.9%
Inpatient Hospital	988	30.3%	\$12,670,934	10.1%
Medications	4,548	139.5%	\$17,940,380	14.4%
MH & AODA Outpatient Therapy	3,472	106.5%	\$1,124,268	0.9%
Nutrition Intervention/Counseling	1,160	35.6%	\$538,600	0.4%
Physician Pathology & Lab	3,892	119.4%	\$902,308	0.7%
Physician Radiology	3,495	107.2%	\$1,907,045	1.5%
Physician Surgery	4,021	123.3%	\$2,946,492	2.4%
Physician/other medical services	4,439	136.2%	\$2,892,879	2.3%
Total Acute Care Service Costs			\$50,346,936	
Total Acute & LTC Service Costs			\$124,962,706	

Notes:

A portion of some long-term care services are paid as an acute care service. A good example is a nursing home stay for rehabilitation. A portion of some acute care services are paid as long-term care services. A good example is the inpatient hospital deductible.

Table 49c: Services Provided to IRIS Participants with Mental Health/Substance Abuse during 2009

	Number of Participants Served	Percent of Participants Served	Expenditures	Percent of Expenditures
Adult Day Care	11	3.1%	\$78,872	1.5%
CBRF, AFH, RCAC	28	7.9%	\$540,742	10.5%
Consumer Education And Training	11	3.1%	\$8,827	0.2%
Counseling And Therapeutic Resources	36	10.1%	\$67,527	1.3%
Customized Goods and Services	161	45.2%	\$458,690	8.9%
Equipment and Supplies	66	18.5%	\$125,172	2.4%
Daily Living Skills Training	12	3.4%	\$81,865	1.6%
Day Center Services Treatment	30	8.4%	\$207,129	4.0%
Meals	10	2.8%	\$7,253	0.1%
Home Health/Skilled Nursing	8	2.2%	\$14,241	0.3%
Home Modifications	13	3.7%	\$72,468	1.4%
Housing Start-Up	5	1.4%	\$11,553	0.2%
Other LTC Services	6	1.7%	\$4,427	0.1%
Personal Emergency Response Systems	21	5.9%	\$5,499	0.1%
Prevocational	12	3.4%	\$70,387	1.4%
Respite	71	19.9%	\$354,768	6.9%
Support Broker	16	4.5%	\$46,432	0.9%
Supported Employment	14	3.9%	\$29,978	0.6%
Supportive Home Care	300	84.3%	\$2,746,569	53.5%
Transportation	146	41.0%	\$198,471	3.9%
Total			\$5,130,871	

Source: Encounter data.

Notes:

1) The distribution of services provided by IRIS from January 1, 2009 through December 31, 2009 utilizes the common procedure and revenue codes within the encounter coding system. The distribution of service expenditures correlates only partially with the distribution of members who received these services during the year. Expenditure levels are explainable by the duration and quantities of providing the services to participants, and to the per-unit costs of the services.

2) Other LTC Services are a combination of services that served less than 1% of the membership, including Advocacy and Defense Resources, Child Day Care, Consumer Education, Health Screening and Accessibility, Day Treatment– Medical and other services.

3) Equipment and Services includes adaptive aids and communication aids.

4) Customized Goods and Services is an IRIS only benefit.

Table 50: Use of Purchased Residential Services for Members with Mental Health/Substance Abuse during 2009
Percent of total consumer-days spent in residential settings

Family Care	Percent of Total Eligible Days
Natural (non-purchased) residential settings	59.8%
Group residences	33.5%
Nursing facilities	6.7%
Total	100.0%
IRIS	
Natural (non-purchased) residential settings	97.1%
Group residences	2.9%
Total	100.0%

Source: Encounter data submitted by each MCO

Table 51: Changes in Employment Status for Members with Mental Health/Substance Abuse during 2009
 (Refers to Table 17 in main report)

Year-later Employment Status of Retired Members on Earlier Screen	Family Care MH/SA (N=1877)	FC Partnership & PACE MH/SA (N=654)
No Change: Still Retired and Satisfied	99.2%	99.2%
Now Have Employment and Satisfied	0.2%	0.2%
Not Satisfied: Still Retired but Desiring Employment	0.6%	0.6%
Total	100.0%	100.0%
Year-later Employment Status of Unemployed Members who Desired Employment on Earlier Screen	Family Care MH/SA (N=247)	FC Partnership & PACE MH/SA (N=89)
Now Have a Job, Satisfied	12.6%	3.4%
No Longer Desire Employment, Satisfied	20.2%	32.6%
Not Satisfied: Still Unemployed or Employed in an Unsatisfactory Job	67.2%	64.0%
Total	100.0%	100.0%
Year-later Employment Status of Members who were employed and satisfied with job on Earlier Screen	Family Care MH/SA (N=906)	FC Partnership & PACE MH/SA (N=55)
No Change: Still Employed in Desired Job	84.0%	78.2%
Now Retired or Unemployed but Satisfied	8.2%	9.1%
Now Out of a Job or Desiring a Different One	7.8%	12.7%
Total	100.0%	100.0%

Source: Functional screen completed for each member during 2009, compared with functional screens from one year earlier.
 Note: The information is collected from the screener and may include errors. The member is answering questions regarding employment and desire of employment without full knowledge of ramifications.

IRIS and Family Care Programs Contact Information

Listed alphabetically by managed care organization corporate name.

Information compiled on August 3, 2010

IRIS Contact Information

IRIS Consultant Agency

1 South Pinckney Street
Suite 320
Madison, WI 53703
Phone (888) 515-4747 (24 hr toll free)
Fax (608) 255-0898
Email info@wisconsin-IRIS.com
Web <http://www.wisconsin-iris.com>

IRIS Financial Services Agency

2020 West Wells Street
Milwaukee, WI 53233
Phone (888) 800-5599
Fax (414) 937-2034
Email iris@mcfi.net
Web <http://www.mcfi-fiscalagent.com/iris/default.html>

Family Care, Partnership and PACE MCOs and Contact Information

Care Wisconsin, Inc.

2802 International Lane, Madison, WI 53704
Corporate: 608-240-0020
General Info: 800-963-0035
Member Services: 800-963-0035
TTY: WI Relay 711
24 Hour: 800-963-0035
FAX: 608-245-3077
Web: www.carewisc.org
Family Care Counties Served:
Green Lake, Marquette, Washington, Waukesha, Waushara
Family Care & Family Care Partnership Counties Served: Columbia, Dodge, Jefferson
Family Care Partnership Counties Served: Dane, Sauk

Community Care, Inc.

1555 S. Layton Blvd, Milwaukee, WI 53215
Corporate: 414-385-6600
General Info: 866-992-6600
Member Services: 866-992-6600
TTY: 866-288-9909
24 Hour: 866-992-6600
FAX: 414-385-6628
Web: www.communitycareinc.org
Family Care Counties Served:
Sheboygan, Walworth
Family Care & Family Care Partnership Counties Served: Calumet, Kenosha, Outagamie, Ozaukee, Racine, Washington, Waupaca
Family Care, Family Care Partnership & PACE Counties Served: Milwaukee, Waukesha

Community Care of Central Wisconsin

3349 Church St., Ste. 1,
Stevens Point, WI 54481
Corporate: 715-345-5968
General Info: 877-622-6700
TTY: 715-344-2140
24 Hour: 715-345-5968
FAX: 715-345-5725
Web: www.communitycareofcentralwisconsin.org
Family Care Counties Served:
Langlade, Lincoln, Marathon, Portage, Wood

Community Health Partnership

2240 EastRidge Center, Eau Claire, WI 54701
Corporate: 715-838-2900
General Info: 800-842-1814
Member Services: 800-842-1814
TTY: 715-838-2900
24 Hour: 800-842-1814
FAX: 715-838-2910
Web: www.communityhealthpartnership.com
Family Care & Family Care Partnership Counties Served: Chippewa, Dunn, Eau Claire, Pierce, St. Croix,

iCare*

1555 N. RiverCenter Drive, Suite 206
Milwaukee, WI 53212

Corporate: 414-223-4847
General Info: 414-223-4847
Member Services: 414-223-4847
TTY: 800-947-3529
24 Hour: 800-777-4376
FAX: 414-231-1090

Web: www.icare-wi.org

Family Care Partnership Counties Served: Milwaukee

Lakeland Care District

N6654 Rolling Meadows Dr.,
Fond du Lac, WI 54937

Corporate: 920-906-5100
General Info: 877-227-3335
Member Services: 920-906-5100
TTY: 800-947-3529
24 Hour: 866-359-9438
FAX: 920-906-5103

Web: www.lakelandcaredistrict.org

Family Care Counties Served:
Fond du Lac, Manitowoc, Winnebago

Milwaukee County Department of Family Care

310 W. Wisconsin Avenue, 6th Floor East
Milwaukee, WI 53203

Corporate: 414-289-5950
General Info: 866-229-9695
TTY: 414-289-8584
24 Hour: 414-289-6874
FAX: 414-289-8525

Web: www.milwaukee.gov/Familycare

Family Care Counties Served: Milwaukee

NorthernBridges

15954 Rivers Edge Dr., Suite 300
Hayward, WI 54843

Corporate: 715-934-2266
General Info: 866-306-6499
TTY: 800-947-3529
FAX: 715-934-2268

Web: www.northernbridges.com

Family Care Counties Served:
Ashland, Barron, Bayfield, Burnett, Douglas,
Iron, Polk, Price, Rusk, Sawyer, Washburn

Southwest Family Care Alliance

28526 US Hwy 14 East
Lone Rock, WI 53556

Corporate: 608-647-4729
General Info: 608-647-4729
TTY: 800-947-3529
FAX: 608-647-4754

Web: www.familycarealliance.org

Family Care Counties Served:
Crawford, Grant, Green, Iowa, Juneau, Lafayette,
ette, Richland, Sauk

Western Wisconsin Cares

1407 Saint Andrew St., Suite 100
La Crosse, WI 54603

Corporate: 608-785-6266
General Info: 608-785-6266
TTY: 608-785-9787
FAX: 608-785-6315

Website www.wwcared.org

Family Care Counties Served:
Buffalo, Clark, Jackson, La Crosse, Monroe,
Pepin, Trempealeau, Vernon

*Note: iCare started enrolling members in January, 2010.
They are not included in the data in the 2009 annual report.

Wisconsin Long-Term Care Vision

The result of Family Care expansion will be a complete rebalancing of Wisconsin's long-term care system.

Aging and disability resource centers will endeavor to keep individuals financially independent and physically healthy by informing people of the long-term care service options available to them, providing healthy aging and prevention programs and if they need assistance, informing them of the publicly-funded long-term care programs that can help them.

The resource centers will help people through eligibility and enrollment in those programs.

Every Wisconsin citizen who needs long-term care will have equal access to in-home services and institutional care and everything in-between with no waiting.

For every eligible person, self-directed options will be available – either within a managed care organization or through IRIS, our self-directed supports waiver.

Our contracts with managed care organizations and our monitoring will focus on performance in achieving enrollees' quality of life outcomes, including health and safety, community integration and self-determination and choice as well as fiscal integrity and cost effectiveness.



Wisconsin Department of Health Services
Division of Long Term Care
Office of Family Care Expansion
P.O. Box 7851
Madison, Wisconsin 53707-7851
dhs.wisconsin.gov/LTCare

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