

---

## 2010 Annual Report

March 15, 2012

# **Long Term Care in Motion Wisconsin's Long Term Care Programs**

---



Wisconsin Department of Health Services  
Division of Long Term Care  
P.O. Box 7851  
Madison, Wisconsin 53707-7851  
P-00318 (03/2012)  
[dhs.wisconsin.gov/LTCare](http://dhs.wisconsin.gov/LTCare)

# Table of Contents

Introduction	3
2010 Consumer Stories	7
Tim moved to a home near his brother. ....	7
Lisa’s business is growing. ....	7
Toby’s family helps him run his own business. ....	8
Jose can pick up his granddaughter. ....	9
Deb lives in her own apartment. ....	9
Rosemary lost more than 100 pounds. ....	10
Eligibility and Enrollment	11
Overview of enrollment by target group and age ....	11
Living arrangements ....	15
Employment ....	16
Services	17
Informal supports ....	17
Calendar Year 2010 Services and Expenditures ....	20
Residential care ....	24
Results	25
Desired result: Eliminate nursing home stays for those with low care needs. ....	25
Desired result: Eliminate preventable Emergency Room visits and hospital stays. ....	26
Desired result: Prevent flu and pneumonia. ....	27
Desired result: Preserve or improve functional abilities. ....	28
Desired result: Consumers live in the setting they prefer. ....	30
Desired result: Consumers are satisfied. ....	30

## Introduction

During 2010, more than 44,500 Wisconsin frail elders and adults with physical, developmental or intellectual disabilities received long term care services from one of our state's redesigned long term care programs. These programs are Family Care and IRIS. IRIS (Include, Respect, I Self-direct), is a program in which consumers self-direct their care plan and the services they receive within an individual budget allocation. The Family Care programs (Family Care, Family Care-Partnership, and Family Care-PACE) are all managed care programs in which consumers are enrolled and which work with a managed care organization to manage consumers' care plan and services.

The State began phasing in Family Care programs in 2000 as part of a larger effort to reform and redesign Wisconsin's long term care system. In areas in which Family Care exists, it replaces the county-operated home and community-based long term care waiver programs for adults. IRIS began in 2008 as an alternative to Family Care for those individuals with long term care needs who wanted to self-direct their care.

During 2010, the programs started operations in seven additional counties, so that the Family Care and IRIS programs were available in 56 of Wisconsin's 72 counties, as shown in Figure 1. Table 1 lists the services available through each of these programs.

Currently, eligible frail elders and adults with physical, developmental or intellectual disabilities who live in a county served by the redesigned long term care programs may choose to enroll in either the Family Care or IRIS Program.

**IRIS** — Individuals who choose to self-direct their long term care may choose to enroll in the IRIS program. IRIS consumers select and work with an IRIS Consultant (IC) to identify their long term support needs; their desired goals and outcomes; possible community resources and providers; and to understand IRIS program requirements and required documentation. Most importantly, the member and the IC work together to develop an individual service and support plan that includes informal unpaid supports; non-Medicaid services for which the individual is eligible; Medicaid and Medicare services which the participant will purchase directly from the providers; and the goods and services which the participant will purchase with IRIS long term care funding.

The IC also assists the participant in managing to implement the service plan within approved funding. The Department has a process to modify the monthly allocation when necessary to meet the person's needs, and a process for reviewing, and as appropriate, approving one-time expenses. Medicaid State Plan services, including primary and acute care services are not included within the IRIS budget. These services are available to consumers through Medicaid.

Consumers are then responsible for managing within their monthly budget. This includes support from the IRIS Financial Services Agency (FSA). The FSA processes invoices and claims for the consumers' services and provides a monthly accounting to the IRIS participant. In addition, when the participant hires workers directly, the FSA processes timesheets, taxes, and other payroll services; checks caregivers' qualifications and conducts background checks; and provides assistance with other employer responsibilities. Finally, the FSA collects and tracks participant cost-share payments when applicable.

**The Family Care Programs** — All three of Wisconsin’s managed long term care programs (Family Care, Partnership and PACE) are operated by managed care organizations, or MCOs. In the Family Care program, care managers help consumers identify desired goals and outcomes for their care, plan their care, arrange informal unpaid supports, and access any non-Medicaid services that help them live in the community. Consumers may rely on the MCO to purchase any needed Medicaid-funded long term care services, or may choose to self-direct those services using a budget provided by the MCO. Self direction in Family Care differs from IRIS in that consumers can choose how much responsibility they take for directing their services, and they have access to their care management teams for assistance and quality assurance. Primary and acute care services are not managed by the Family Care MCO. These services are available to consumers through Medicaid or Medicare.

The Partnership and PACE programs provide or purchase their members’ long term services and supports but also provide or purchase primary and acute medical care, including care a member is eligible to receive through either Medicare or Medicaid.

The Department awards Family Care, Partnership and PACE contracts to MCOs through a competitive vendor selection process. MCOs are operated by either a single county, a long term care district established by a group of counties, or a private nonprofit organization. All MCOs must comply with program requirements established by the Department. These requirements are based on state and federal laws and regulations. MCOs must also comply with requirements relating to financial soundness monitored by the Office of the Commissioner of Insurance. Family Care Partnership and PACE MCOs must be licensed health maintenance organizations (HMOs).

Figure 1  
**Availability of Long term Care Programs in Wisconsin**  
 in 2010, by county

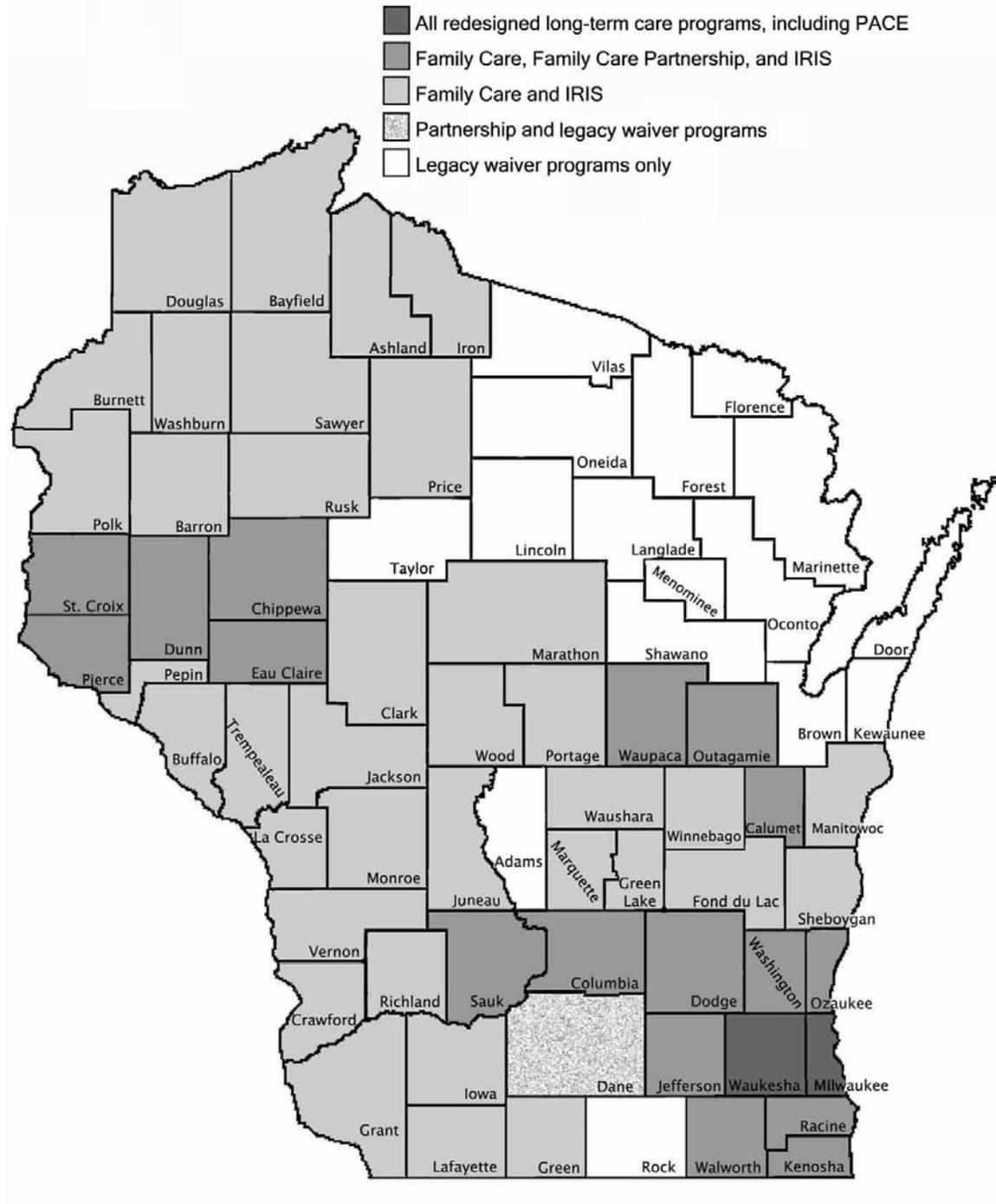


Table 1  
**Services included in Redesigned Long term Care Programs**

Family Care, Partnership & PACE			
Family Care		Acute/primary Medicaid services	Medicare services
IRIS Home and community-based waiver services	Long term care Medicaid services		
Adaptive Aids (general and vehicle) Adult Day Care Care/Case Management (including Assessment and Case Planning) Communication Aids/Interpreter Services Community Support Program (not included in IRIS) Consumer Education and Training Counseling and Therapeutic Resources Daily Living Skills Training Day Services/Treatment Home Modifications Housing Counseling Meals: home delivered Personal Emergency Response System Services Prevocational Services Relocation Services Residential Care Apartment Complex (RCAC) Community-Based Residential Facility (CBRF) Adult Family Home Respite Care (for caregivers and consumers in non-institutional and institutional settings) Supported Employment Supportive Home Care Vocational Futures Planning Customized Goods and Services (IRIS only) Support Broker (IRIS only)	Alcohol and Other Drug Abuse Day Treatment Services (in all settings) Durable Medical Equipment, except for hearing aids and prosthetics (in all settings) Home Health Medical Supplies Mental Health Day Treatment Services (in all settings) Mental Health Services, except those provided by a physician or on an inpatient basis Nursing Facility (all stays including Intermediate Care Facility for People with Mental Retardation (ICF/MR) and Institution for Mental Disease) Nursing Services (including respiratory care, intermittent and private duty nursing) and Nursing Services Occupational Therapy (in all settings except for inpatient hospital) Personal Care Physical Therapy (in all settings except for inpatient hospital) Specialized Medical Supplies Speech and Language Pathology Services (in all settings except for inpatient hospital) Transportation: Select Medicaid covered (i.e., Medicaid covered Transportation Services except Ambulance and transportation by common carrier) and non-Medicaid covered.	Physician services Laboratory and x-ray services Inpatient hospital Outpatient hospital services Preventive and diagnostic health screening - 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 or remedial care by licensed practitioners 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 Tuberculosis-related services Other specific medical and remedial care Inpatient mental health Chiropractic services Podiatry services Outpatient mental health Outpatient substance abuse Outpatient surgery Ambulance services Emergency care Urgent care Diagnostic services Outpatient prescription drugs Hearing services Vision services	Medicare Part A (Hospital) Medicare Part B (Medical) Medicare Part D (Prescription Drugs) Ambulance services Ambulatory surgical centers Anesthesia Blood Bone mass measurement Durable medical equipment, supplies and prosthetics Cardiac rehab Chiropractic services Diabetes supplies Diagnostic tests, x-rays and lab services Physician services Emergency and urgent care services Home health care in certain situations Hospice care Inpatient hospital care Inpatient mental health care Outpatient mental health care Outpatient hospital services, including outpatient surgery Limited skilled nursing facility care Physical/speech/occupational therapy Podiatry services Prescription drugs, including drugs covered under Medicare Part A, Part B, and Part D Certain preventive tests Certain dental, hearing and vision services Respite care Substance abuse treatment (outpatient)

For illustration only. For detailed explanation of benefits, prospective consumers should contact their local Aging and Disability Resource Center.

## 2010 Consumer Stories

Tim moved to a home near his brother.

Chuck became guardian of his brother Tim in 2008 when their mother died. Tim has a diagnosis of Down syndrome and had been living in a group home in River Falls. Chuck lived in Menomonee Falls. With his new responsibilities, Chuck wanted to be closer to his brother. Care Wisconsin, one of the Family Care MCOs, helped Tim to move to Jeff and Judy Olson's adult family home.

Tim, 46, had been used to eating and spending time alone at his previous home, but now he eats dinner and engages in other family activities with the Olsons and the two other people who live in the same adult family home. He goes to Goodwill Adult Day Center, where he enjoys choosing what he does with his time.

The transition to a full schedule of activities, exercise and field trips was exhausting for Tim at first. Now he enjoys ushering at church and attends dances on the weekend.

Chuck can see that Tim is doing well. His relationship with his brother has blossomed, and the two "can really yuk it up," says Judy Olson. She calls Tim a gentle soul, and Chuck adds that Tim "truly enjoys being helpful to people he senses need more help than he does."



*Tim at Goodwill's Annual Fall Fashion Show, with Care Wisconsin care manager Kim Lynch*



*Robyn Kitson, owner of Kitson Marketing, meets with Lisa (right) at a coffee shop to discuss redesigning a website*

Lisa's business is growing.

Lisa was born with artistic talent, which led her to study graphic design in college and after that to work at the La Crosse Tribune. She was also born with spinal muscular atrophy (SMA), a disease that causes progressive weakness and loss of muscle control.

Lisa has never let SMA get in her way. In 2001, she decided to start her own marketing business. Her business specializes in web design and social media marketing. For example, Lisa helped local author, and multiple sclerosis (MS) expert, Shelley

Peterman Schwarz get started on Twitter (where Lisa has nearly 1,700 followers) and to set up a weekly Question and Answer for MS questions on Dr. Oz's Web site, [www.ShareCare.com](http://www.ShareCare.com).

About 80% of her clients come from the state's Division of Vocational Rehabilitation. Lisa is amazed at her clients' creativity and drive to be productive, and her clients in turn tell her that she inspires them. Lisa self-directs her care and support services and relies on her service dog, Questa. Her ultimate goal is to be successful enough to no longer rely on social security income.

### Toby's family helps him run his own business.

With the help of his parents, and supports through his IRIS budget, Toby, 25, lives in the community, holds down two customized employment arrangements. He delivers flyers for Hugo's, a pizza restaurant in Washburn, and owns and operates Toby's Trash & Recycling, a microenterprise that picks up trash, unused paint, and items for the thrift shop or recycling at the doorways of customers.

Toby's parents, Dea and Tom, learned to help Toby develop these jobs in a family-led employment workshop. They have supported him in developing opportunities that use his assets—sorting, arm strength, and memory—and enable him to have work he enjoys and is proud of, and to earn money to supplement his social security.



Toby's employment trainer, and other staff, help with business tasks such as record keeping, marketing, billing, and driving the truck while Toby collects the trash. Toby's parents help make sure customers receive reliable service on days Toby is sick. Word of mouth has been the main factor in gaining new customers, and part of the income from the business is being set aside for a new, larger truck.

In early 2010, a customer chatted with Dea while Toby was loading garbage. She said her grandson had cognitive disabilities and wondered what he could do for a living, forgetting that the guy taking her garbage was a person with disabilities. For Toby's mother, this was the evidence she needed to realize that Toby had reached one of his goals.

## Jose can pick up his granddaughter.

In 2005, Jose had surgery to remove a tumor that was causing paralysis from his neck down. Surgery was successful, but Jose, now 81, struggled to move his legs and felt uncomfortable sensations — ‘marbles,’ he called them — that made it difficult to stand and walk.

After surgery, Jose received rehabilitation and therapy from Community Care’s PACE program. Like all new members, Jose was asked to identify his goals. Jose told his care team he wanted to walk again and to be able safely to pick up his precious new granddaughter.



Jose worked in therapy every day to build strength and retrain his muscles, which had been paralyzed while the tumor was present. After three years of incredible willpower and the help of a supportive care team, Jose was standing and walking with a cane. With additional therapy and exercise, he exceeded his doctor’s expectations. By 2010, Jose was walking without assistance and could safely

pick up and hold his granddaughter. Jose says, “I like Community Care because they really treat me good. It’s almost a miracle because I never imagined I’d live this long.”

## Deb lives in her own apartment.

Deb, who has an intellectual disability and movement limitations, was in a home that was not accessible and was too cluttered for her to maneuver independently. The care team, Deb, and Deb’s family weighed their options and helped to make the decision that Deb would move into her own apartment.



Deb had little freedom or independence in her relative’s house, but has developed confidence as she adjusted to her new life. She builds job skills and works part-time in the community. The Family Care program arranges in-home support to help her meet her care needs in the morning and she is learning skills such as folding laundry, washing dishes, and making lunch.

With appreciation, Deb says, “My care team gives me confidence to live on my own.”

Rosemary lost more than 100 pounds.

Rosemary, who has physical disabilities, decided she wanted to live a healthier life and learn how to manage her weight. She worked with her Partnership care team to develop a plan of care that would get her there, and within two years lost more than 100 pounds.

As Rosemary became healthier and gained more energy, she discovered a desire to become more productive. After learning new computer skills, Rosemary decided to publish a member newsletter as a way of connecting with friends she met at the day center. She also took on the responsibilities of member advocate on the Consumer Advisory Committee and Appeals Board at Community Care.

“Community Care is a great organization where I have found a lot of support. Everyone here seems so caring and the family type. I would recommend it to anyone,” she said.



## Eligibility and Enrollment

All IRIS and Family Care consumers must be at least 18 years old and must be financially eligible for Medicaid services and functionally eligible for these long term care programs. Functional eligibility requires significant limitations in the ability to perform basic activities of daily living, such as dressing, bathing, eating, toileting, mobility, cooking meals, managing medications, or managing money. Eligibility is limited to three federally established ‘target groups’ or categories of people with disabilities:

- **Frail elders** are individuals 65 and older who have serious and long-lasting physical health problems or dementia. Conditions common among frail elders are diabetes, disabling arthritis, heart failure, cancer, Alzheimer’s disease, or 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. Examples of these types of conditions that may result in care and support needs include amputations, paralysis, multiple sclerosis, lung disease and brain injuries.
- **Adults with developmental or intellectual disabilities** are individuals who had the onset of developmental or intellectual disabilities before the age of 22, and have severe cognitive functioning that significantly limits their ability to care for themselves. Substantial functional limitations must exist for the person 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 solely with mental health or substance abuse problems, approximately half of the consumers served in these programs also have mental health or substance abuse diagnoses.

### Overview of enrollment by target group and age

At the beginning of 2010, the IRIS and Family Care programs served 30,398 individuals — 965 in IRIS and 29,433 in Family Care. By the end of the year, they served 38,388 individuals: the 18-month-old IRIS program tripled its enrollment to 3,134, while Family Care enrollment grew to 30,853. During the same time, the number of adult consumers participating in the traditional waiver programs declined from 15,740 to 11,601, as consumers switched to the redesigned programs.

Table 2 provides information about the number of consumers in each program by target group.

Table 2  
**Target Group of Participating Consumers**  
as of December 31, 2010

	<b>Frail Elders</b>	<b>Consumers with Developmental/ Intellectual Disabilities</b>	<b>Consumers with Physical Disabilities</b>	<b>Total</b>
<b>IRIS</b>	862	1,463	809	3,134
<b>Family Care MCOs</b>				
Care Wisconsin	1,096	1,622	389	3,107
Community Care, Inc.	2,238	3,473	1,154	6,865
Community Care of Central Wisconsin	1,184	1,096	445	2,725
Comm. Health Partnership	303	668	204	1,175
Lakeland Care District	1,095	965	470	2,530
Milw. Co. Dept. of Family Care	6,297	984	212	7,493
NorthernBridges	804	792	298	1,894
Southwest Family Care Alliance	697	736	335	1,768
Western Wisconsin Cares	1,269	1,213	814	3,296
<b>Total</b>	14,983	11,549	4,321	30,853
<b>Partnership &amp; PACE MCOs</b>				
Care Wisconsin - Partnership	665	79	417	1,161
Community Care, Inc.- Partnership & PACE	1,018	105	208	1,331
Community Health Partnership - Partnership	1,017	361	420	1,798
i-Care Health Plan - Partnership	27	32	52	111
<b>Total</b>	2,727	577	1,097	4,401
<b>Total for all programs</b>	18,572	13,589	6,227	38,388

Source: Each consumer's most recently completed functional screen as of December 31, 2010. When a consumer with a physical, developmental or intellectual disability turns 65 (60 in Milwaukee County), they are included in the frail elderly category.

Note: 79 consumers for whom target group could not be determined were not included in this table.

Before 2010, frail elders made up more than half of the population, primarily as a result of the large elder-only program in Milwaukee. This was among the first Family Care MCOs in the State. As additional counties transitioned to the redesigned long term care system, frail elders for the first time made up slightly less than half of the programs' clientele, as shown in Table 3.

Table 3  
**Participating Consumers by Age Group**  
as of December 31, 2010

	<b>IRIS</b>	<b>Family Care</b>	<b>Partnership &amp; PACE</b>	<b>Total</b>	<b>Percent in Age Range</b>
18-25	656	2,368	110	3,134	8.2%
26-44	797	5,363	355	6,515	17.0%
45-64	895	8,889	1,360	11,144	29.0%
65-74	314	4,717	792	5,823	15.2%
75-84	287	4,846	898	6,031	15.7%
85+	185	4,670	886	5,741	15.0%
<b>Total</b>	3,134	30,853	4,401	38,388	

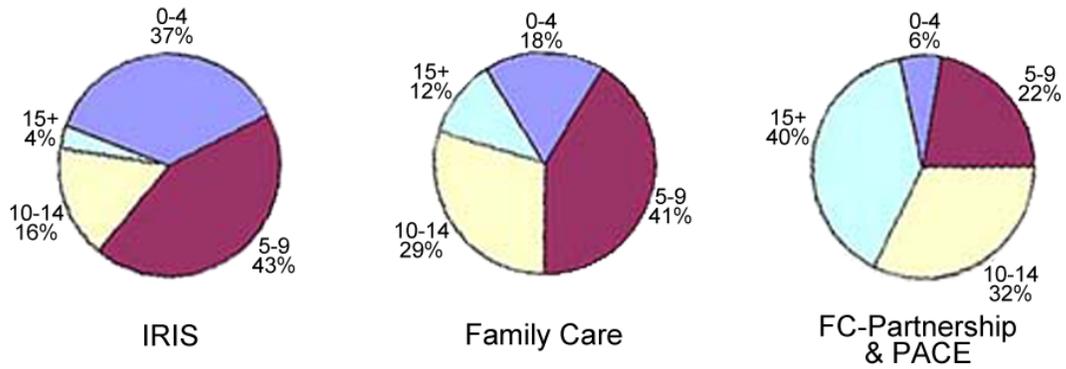
Source: Each consumer's most recently completed functional screen as of December 31, 2010.

The IRIS program, in which consumers take active responsibility for planning and purchasing or arranging their own care, attracted a younger group of consumers with a lower number of health problems than the managed care programs. This does not mean that IRIS consumers require fewer services. Just over 46 percent of IRIS consumers were younger than 45, and only 4 percent of the consumers had 15 or more diagnosed health problems, as shown in Figure 2. In contrast, the Family Care-Partnership program, which integrates Medicare and Medicaid and provides both medical and long term care, attracted a slightly older group of consumers with more numerous health problems. Just over 40 percent of Partnership consumers were 75 years old or older, and 40 percent had 15 or more diagnosed health problems. The number of health problems does not necessarily equate to the acuity of health issues and the need for support.

In IRIS, 80% of the consumers had less than 10 health diagnoses while in Partnership, 72% of consumers had 10 or more health diagnoses. In Family Care, 59% of the consumers had less than 10 diagnoses and 41% had 10 or more health diagnoses.

---

Figure 2  
**Number of Health Diagnoses for Participating Consumers**  
as of December 31, 2010



---

Source: Each consumer's most recently completed functional screen as of December 31, 2010

---

In IRIS, 80% of the members had less than 10 health diagnoses while in Partnership, 72% of members had 10 or more health diagnoses. In Family Care, 59% of the members had less than 10 diagnoses and 41% had 10 or more health diagnoses.

## Living arrangements

A majority of consumers in both the managed care programs and in IRIS lived outside residential care facilities. Because IRIS does not serve individuals who reside in nursing facilities or provide funding for institutional care, the small percent of IRIS consumers in institutional settings were transitioning to a community residence when they joined IRIS and for whom residential information was not updated before the information for this report was drawn.

Table 4  
**Current Living Situations for Participating Consumers**  
as of December 31, 2010

	<b>Number of Consumers</b>	<b>Percentage</b>
<b>IRIS</b>		
Home setting	2,887	92.1%
Residential	215	6.9%
Institutional	28	0.9%
Other/Not Sure	4	0.1%
<b>Total</b>	3,134	
<b>Family Care</b>		
Home setting	18,419	59.7%
Residential	9,348	30.3%
Institutional	2,838	9.2%
Other/Not Sure	247	0.8%
<b>Total</b>	30,853	
<b>Partnership &amp; PACE</b>		
Home setting	2,949	67.0%
Residential	1,078	24.5%
Institutional	352	8.0%
Other/Not Sure	22	0.5%
<b>Total</b>	4,401	

Source: Each consumer's most recently completed functional screen, as of December 31, 2010.

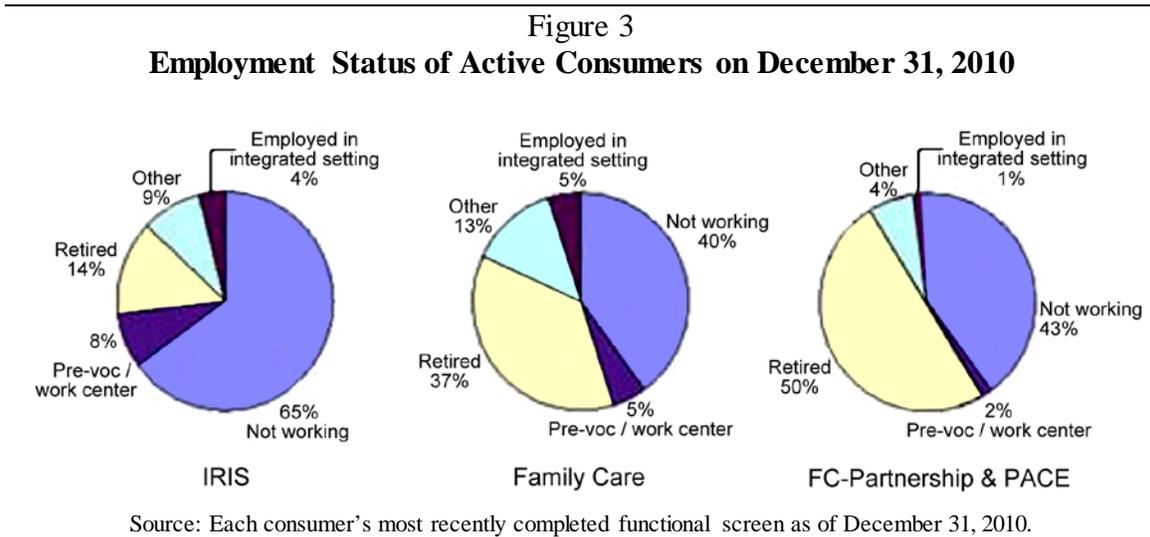
- ‘Home setting’ is the consumer’s own home or apartment, or the home or apartment of the consumer’s family.
- ‘Residential’ is an adult family home, a residential care apartment complex, or a community-based residential facility, as these facilities are defined in Wisconsin Administrative Code.
- ‘Institutional’ is a nursing home, an intermediate care facility for people with intellectual disabilities, or a swing bed (temporary nursing home bed in a hospital).

- ‘Other/Not Sure’ includes settings such as temporary living arrangements, hospice facilities, or homeless shelters. Due to uncertainty regarding the nature of certain living arrangements, occasionally the data source indicates ‘other’ when the current living arrangement was unknown to the person recording the data.

## Employment

Both IRIS and the managed care programs support consumers in pursuing their employment goals with services such as employment training, vocational supports, transportation, and personal care in the workplace.

Figure 3 details the employment status of active consumers on December 31, 2010. The percentage of consumers who are employed increased slightly from 2009, while the number of consumers who were retired decreased, which may be related to the changing age profile of the consumers.



In 2010, the Department monitored the effectiveness of supports provided to IRIS consumers for employment, and identified the need to increase the number of IRIS consumers who achieve their desired employment outcome. One strategy to make improvement in this area is to provide additional training for IRIS consultants. As a result, the Department developed and provided training to improve the consultants' ability to help consumers identify employment goals, address barriers to employment, and identify resources available to support employment goals, whether it is competitive employment, supported employment or pre-vocational activities.

## Services

The number of consumers who received services from each of the long term care programs at any time during 2010 is shown in Table 5. These numbers are larger than those in Table 2, which presented a snapshot of enrollment on a single day.

Table 5  
**Total Number of Consumers Receiving Services During 2010**

	<b>Frail Elders</b>	<b>Consumers With Developmental/ Intellectual Disabilities</b>	<b>Consumers with Physical Disabilities</b>	<b>Total</b>
<b>IRIS</b>	969	1,509	873	3,351
<b>Family Care MCOs</b>				
Care Wisconsin	1,402	1,730	472	3,604
Community Care, Inc.	2,800	3,681	1,338	7,819
Comm. Care of Central Wisconsin	1,454	1,158	510	3,122
Comm. Health Partnership	370	720	247	1,337
Lakeland Care District	1,323	1,016	527	2,866
Milw. Co. Dept. of Family Care	7,600	1,089	295	8,984
NorthernBridges	1,003	860	375	2,238
Southwest Family Care Alliance	848	788	373	2,009
Western Wisconsin Cares	1,516	1,306	935	3,757
<b>Total</b>	18,316	12,348	5,072	35,736
<b>Partnership &amp; PACE MCOs</b>				
Care Wisconsin - Partnership	829	92	489	1,410
Comm. Care Inc. - Partnership & PACE	1,218	117	260	1,595
Comm. Health Partnership - Partnership	1,309	405	618	2,332
i-Care Health Plan - Partnership	30	39	66	135
<b>Total</b>	3,386	653	1,433	5,472
<b>Total for all programs</b>	22,671	14,510	7,378	44,559

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

### Informal supports

Each consumer in the managed care programs and IRIS receives individualized services from a variety of sources. Support provided on an unpaid basis from family or friends is known as ‘informal support.’ Friends and family provide support and care when possible, and organizations such as churches and charitable service organizations provide additional support. Most consumers, however, need to purchase at least some services.

The Department values the use of community and family supports for both cost and quality reasons. Utilizing these supports instead of purchasing services when appropriate reduces the costs of the long term care programs and increases consumer satisfaction and safety. This will help to ensure that these programs remain sustainable. In addition, consumers with long term care needs often prefer to receive their care from family or friends rather than strangers. The following two tables show the percentage of consumers who relied on community and family supports to assist them with an Activity of Daily Living (ADL) or with an Instrumental Activity of Daily Living (IADL) limitation. ADLs include bathing, dressing, eating, moving around in one's home, toileting, and moving between surfaces, such as moving from a chair to a bed. IADLs include preparing meals, managing and taking medications, managing money, coordinating or managing transportation, performing household chores and laundry, and using the telephone.

Table 6  
**Use of Community and Family Supports for Limited ADLs by Consumers during 2010**

	<b>Consumers with at least one ADL limitation</b>	<b>Consumers with at least one informal support for an ADL</b>	<b>Percent of consumers with at least one informal support</b>
<b>IRIS</b>			
Frail Elders	935	390	41.7 %
Consumers with Developmental/Intellectual Disabilities	1,324	828	62.5 %
Consumers with Physical Disabilities	833	427	51.3 %
<b>Total</b>	3,092	1,645	
<b>Family Care</b>			
Frail Elders	13,352	3,401	25.5 %
Consumers with Developmental/Intellectual Disabilities	8,657	3,071	35.5 %
Consumers with Physical Disabilities	3,477	1,349	38.8 %
<b>Total</b>	25,486	7,821	
<b>Partnership &amp; PACE</b>			
Frail Elders	2,422	915	37.8 %
Consumers with Developmental/Intellectual Disabilities	424	145	34.2 %
Consumers with Physical Disabilities	914	383	41.9 %
<b>Total</b>	3,760	1,443	

Source: Each consumer's most recently completed functional screen as of December 31, 2010.

Note: Activities of daily living (ADLs) are bathing, dressing, eating, moving around in one's home, toileting, and moving between surfaces, such as moving from a chair to a bed.

Table 7  
Use of Informal Supports for Limited IADLs by Consumers during 2010

	Consumer s with at least one IADL limitation	Consumer s with at least one informal support for an IADL	Percent of consumers with at least one informal support
<b>IRIS</b>			
Frail Elders	968	669	69.1%
Consumers with Developmental/Intellectual Disabilities	1,508	1,092	72.4%
Consumers with Physical Disabilities	872	547	62.7%
<b>Total</b>	3,348	2,308	68.9%
<b>Family Care</b>	30,795	18,434	59.9%
Frail Elders	14,965	9,884	66.0%
Consumers with Developmental/Intellectual Disabilities	11,534	6,009	52.1%
Consumers with Physical Disabilities	4,296	2,541	59.1%
<b>Total</b>			
<b>Partnership &amp; PACE</b>	4,373	3,120	71.3%
Frail Elders	2,706	2,133	78.8%
Consumers with Developmental/Intellectual Disabilities	574	316	55.1%
Consumers with Physical Disabilities	1,093	671	61.4%
<b>Total</b>			

Source: Each consumer's most recently completed functional screen as of December 31, 2010.

Note: Instrumental activities of daily living (IADLs) are preparing meals, managing and taking medications, managing money, coordinating or managing transportation, performing household chores and laundry, and using the telephone.

## Calendar Year 2010 Services and Expenditures

In calendar year 2010, total expenditures for services purchased for Family Care, Partnership, PACE and IRIS consumers exceeded \$1.3 billion. The table below shows total expenditures for purchased services by program.

---

Table 7a

### Total Calendar Year 2010 Expenditures for Purchased Services in Long Term Care

<b>Program</b>	<b>Total Expenditures for Services (including Self-Directed)</b>
IRIS	\$ 60,071,555
Family Care	\$998,282,255
Partnership & PACE	\$246,954,100
<b>Total</b>	<b>\$1,305,307,910</b>

---

The following tables show the purchased services and service expenditures during 2010 for consumers in each program. The single category with the highest expenditures in Table 8b was non-nursing home residential care in Family Care, which accounted for almost 39% (\$378 million) of the total costs for all four programs, followed by supportive home care which accounted for \$152 million in expenditures (approximately 16% of the total costs of all programs).

Note: The following tables show slightly fewer than 100% of the managed care and IRIS consumers received these services because a few individuals who left the programs very early in the year or enrolled very late in the year did not receive those specific services during the calendar year.

Table 8a  
**IRIS Services and Expenditures**  
**January 1 – December 31, 2010**

	<b>Number of consumers</b>	<b>Percent of consumers</b>	<b>Expenditures</b>	<b>Percent of total expenditures</b>
Adult day care	394	12.2 %	\$2,334,415	3.9 %
Non-NH residential care	233	7.2 %	\$6,213,623	10.3 %
Consumer education / training	76	2.4 %	\$171,547	0.3 %
Counseling/therapeutic	318	9.9 %	\$657,025	1.1 %
Customized goods and services	1,205	37.5 %	\$2,444,011	4.1 %
Equipment and supplies	232	7.2 %	\$422,409	0.7 %
Daily living skills training	119	3.7 %	\$641,905	1.1 %
Day center services treatment	180	5.6 %	\$1,291,763	2.1 %
Meals	117	3.6 %	\$118,205	0.2 %
Home health/skilled nursing	433	13.5 %	\$3,925,988	6.5 %
Home modifications	92	2.9 %	\$505,741	0.8 %
Housing start-up	9	0.3 %	\$18,397	<0.1 %
Other long term care	30	0.9 %	\$18,283	<0.1 %
Emergency Response systems	200	6.2 %	\$51,787	0.1 %
Prevocational services	246	7.6 %	\$1,155,212	1.9 %
Respite	661	20.5 %	\$2,757,608	4.6 %
Support broker	95	3.0 %	\$313,045	0.5 %
Supported employment	187	5.8 %	\$753,362	1.2 %
Supportive home care	2,771	86.1 %	\$33,832,890	56.3 %
Transportation	1,499	46.6 %	\$2,444,340	4.1 %
<b>Total IRIS services cost</b>			\$60,071,555	

Source: Encounter data

Notes:

- 1) The distribution of services provided by IRIS from January 1, 2010, through December 31, 2010, utilizes the common procedure and revenue codes within the encounter coding system. The distribution of service expenditures correlates only partially with the distribution of consumers who received these services during the year. Expenditure levels are explainable by the duration and quantities of providing the services to consumers, and to the per-unit costs of the services.
- 2) Other long term care services are a combination of services that served less than 1 percent of the membership, including advocacy and defense resources, child day care, consumer education, health screening and accessibility, day treatment– medical, alternative services and other services.
- 3) Equipment and Supplies includes adaptive aids, specialized medical supplies and communication aids.
- 4) Customized goods and services is an IRIS-only benefit.
- 5) Support broker was miscoded during calendar year 2010 and is also included in customized goods and services.

Table 8b  
**Family Care Services and Expenditures**  
**January 1 – December 31, 2010**

	<b>Number of consumers</b>	<b>Percent of consumers</b>	<b>Expenditures</b>	<b>Percent of total expenditures</b>
Case management	35,629	99.7 %	\$ 125,289,370	12.9 %
Adult day care	1,894	5.3 %	\$ 12,022,615	1.2 %
Non-NH residential care	10,792	30.2 %	\$ 378,240,050	38.9 %
Community support	3,967	11.1 %	\$ 2,842,390	0.3 %
Counseling & therapeutic	12,400	34.7 %	\$ 5,291,380	0.5 %
Daily living skills training	1,429	4.0 %	\$ 6,509,020	0.7 %
Day center treatment	4,574	12.8 %	\$ 44,243,610	4.6 %
DME & supplies	19,119	53.5 %	\$ 21,888,760	2.3 %
Energy/housing assistance	286	0.8 %	\$ 286,350	0.0 %
Financial management	8,612	24.1 %	\$ 5,365,975	0.6 %
Home health/skilled nursing	6,861	19.2 %	\$ 39,743,505	4.1 %
Meals	3,824	10.7 %	\$ 5,719,405	0.6 %
Nursing home & ICF-MR	3,216	9.0 %	\$ 93,834,470	9.7 %
Other long term care	3,967	11.1 %	\$ 2,081,045	0.2 %
Prevocational	4,646	13.0 %	\$ 30,852,740	3.2 %
Recreational	179	0.5 %	\$ 137,890	0.0 %
Respite	2,180	6.1 %	\$ 6,658,440	0.7 %
Supported employment	1,965	5.5 %	\$ 11,144,260	1.1 %
Supported home care	17,975	50.3 %	\$ 151,801,525	15.6 %
Transportation	17,904	50.1 %	\$ 27,710,270	2.9 %
<b>Total Family Care services cost</b>			\$ 971,663,070	
Self-directed services*	7,290	20.4 %	\$ 26,619,185	

\* Managed care organizations report self-directed services in different ways through encounter data. Some of the SDS services in this row are included in the lines above. For example, when a consumer self-directs daily living skills training, the service would be counted in both this row and the row above. Some MCOs, however, report self-directed services separately, so that the data do not indicate the services that were self-directed. These services are included only in this final row and not in the rows above.

Table 8c  
**Partnership & PACE Services and Expenditures**  
**January 1 – December 31, 2010**

	<b>Number of consumers</b>	<b>Percent of consumers</b>	<b>Expenditures</b>	<b>Percent of total expenditures</b>
<b>Long term Care Services</b>				
Case management	5,335	97.5 %	\$ 30,851,620	12.5 %
Adult day care & day treatment	1,012	18.5 %	\$ 7,554,100	3.1 %
Non-NH residential care	837	15.3 %	\$ 31,894,825	12.9 %
DME & supplies	4,131	75.5 %	\$ 10,250,760	4.1 %
Health club fitness, exercise	263	4.8 %	\$ 119,270	0.0 %
Home Care & Skilled nursing	3,902	71.3 %	\$ 2,592,280	1.0 %
Meals	1,007	18.4 %	\$ 1,015,180	0.4 %
Nursing home	427	7.8 %	\$ 21,865,750	8.8 %
Other long term care	5,062	92.5 %	\$ 13,033,235	5.3 %
Personal/supportive home care	2,621	47.9 %	\$ 20,324,270	8.2 %
Physical med & rehab (PT, OT)	1,379	25.2 %	\$ 3,433,785	1.4 %
Pre-voc. & supp employment	170	3.1 %	\$ 1,807,995	0.7 %
Respite	197	3.6 %	\$ 333,420	0.1 %
Transportation	2,096	38.3 %	\$ 8,320,295	3.4 %
<b>Total long term care services costs</b>			\$153,396,785	
Self-directed services*	553	10.1 %	\$ 211,280	
<b>Primary &amp; Acute Services</b>				
Cardiopulmonary therapy	98	1.8 %	\$ 1,053,240	0.4 %
Dental	2,977	54.4 %	\$ 1,754,280	0.7 %
Dialysis	367	6.7 %	\$ 1,939,175	0.8 %
Evaluation & mgmt visits	5,105	93.3 %	\$ 12,531,700	5.1 %
Emergency room visits	2,353	43.0 %	\$ 360,845	0.1 %
Inpatient hospital	2,265	41.4 %	\$ 32,018,805	13.0 %
Medications	5,182	94.7 %	\$ 28,049,295	11.3 %
MH & AODA therapy	1,488	27.2 %	\$ 667,990	0.3 %
Nutrition interv. & counseling	1,226	22.4 %	\$ 419,270	0.2 %
Other physician services	4,460	81.5 %	\$ 5,100,890	2.1 %
Physician pathology & lab	4,148	75.8 %	\$ 2,327,770	0.9 %
Physician radiology	3,316	60.6 %	\$2,726,470	1.1 %
Physician surgery	3,737	68.3 %	\$ 4,607,585	1.9 %
<b>Total primary &amp; acute care services costs</b>			\$93,557,315	
<b>Total services cost</b>				
			\$246,954,100	

\* Managed care organizations report self-directed services in different ways through encounter data. Some of the SDS services in this row are included in the lines above. For example, when a consumer self-directs daily living skills training, the service would be counted in both this row and the row above. Some MCOs, however, report self-directed services separately, so that the data do not indicate the services that were self-directed. These services are included only in this final row and not in the rows above.

## Residential care

Table 9 details the percentage of time during 2010 that consumers lived in natural settings (their own homes or apartments), in nursing facilities, and in other group residences, which include adult family homes (AFH), residential care apartment complexes (RCAC), and community-based residential facilities (CBRF).

During 2010, 73.8 percent of Family Care consumers and 79.9 percent of Partnership and PACE consumers lived in natural settings. Because consumers residing in institutions are not eligible for IRIS, 94.5 percent of IRIS consumers lived in natural settings. A small number of IRIS consumers chose to live in group settings.

---

Table 9  
**Use of Purchased Residential Services during 2010**  
**Percent of total consumer-days spent in residential settings**

<b>IRIS</b>	<b>Percent of Total Eligible Days</b>
Natural (non-purchased) residential settings	94.5 %
Group Residences	5.5 %
<b>Family Care</b>	<b>Percent of Total Eligible Days</b>
Natural (non-purchased) residential settings	73.8 %
Group Residences	22.1 %
<b>Partnership &amp; PACE</b>	<b>Percent of Total Eligible Days</b>
Natural (non-purchased) residential settings	79.9 %
Group Residences	17.9 %
Nursing Facilities	2.2 %

Source: Encounter data

---

## Results

Consumers seek a wide variety of results from their long term care supports and services, and every individual has a unique set of hopes and dreams that he or she hopes to achieve with the help of long term care. This section summarizes 2010 statistics for several outcomes of the long term care programs. Some of the outcomes are not tracked for IRIS.

**Desired result: Eliminate nursing home stays for those with low care needs.**

Nursing facilities are useful for short-term stays and rehabilitation. Long term stays in nursing facilities may be appropriate for some consumers with complex or unstable medical needs, however, consumers with low care needs can almost always be safely cared for in less restrictive, less costly settings.

The managed care programs' benefit package includes nursing-facility stays so the Department can monitor the rate at which managed care consumers with low care needs experience nursing home stays of 90 days or longer. As shown in Table 10, very few consumers in these programs had long stays in nursing facilities during 2010.

Nursing home care is not a service included in the IRIS benefit package, so no results for IRIS consumers are included in Table 10.

---

Table 10  
**Consumers with Nursing Facility stays of 90 days or longer for managed care consumers with low care needs, by target group**

	Percentage of consumers
<b>Family Care</b>	
Frail Elders	1.6 %
Consumers with Developmental/ Intellectual Disabilities	0.2 %
Consumers with Physical Disabilities	1.1 %
<b>Partnership &amp; PACE</b>	
Frail Elders	0.3 %
Consumers with Developmental/ Intellectual Disabilities	0.0 %
Consumers with Physical Disabilities	0.3 %

Source: Encounter data submitted by each MCO and functional screens

Note: People in the nursing home with low level of care needs have been assigned a Nursing Home Level of Care of Intermediate Care Facility or non-Nursing Home Level of Care.

---

Desired result: Eliminate preventable Emergency Room visits and hospital stays.

Ambulatory care sensitive conditions (ACSCs) are conditions for which effective outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease. An example of a preventable event is when a person with diabetes is admitted into the hospital for an amputation. If a person with diabetes receives regular care and preventive education and maintains good blood sugar control, then adverse events from diabetes can be minimized or avoided.

Some common ACSCs include asthma, bacterial pneumonia, urinary tract infection and long- and short-term complications from diabetes. The list of ACSCs was developed by the federal Department of Health and Human Services' Agency for Healthcare Research and Quality and is used nationwide as an indicator of healthcare quality.

The two tables below detail the percentage of Family Care, Partnership, and PACE consumers who either went to an emergency room or were admitted into a hospital due to a preventable health issue. As is typical among long term care populations, a few individuals accounted for a large proportion of total visits. Only 1.3 percent of the Family Care consumers accounted for 20.3 percent of the emergency room visits for that program. In Partnership and PACE, 2.5 percent of the consumers accounted for 26.5 percent of the visits.

---

Table 11  
**Preventable Emergency Room Visits During 2010**

	<b>Percent of consumers with at least one preventable ER visit</b>
<b>Family Care</b>	
Frail Elders	7.3%
Consumers with Developmental/Intellectual Disabilities	3.5%
Consumers with Physical Disabilities	7.9%
<b>Partnership &amp; PACE</b>	
Frail Elders	7.4%
Consumers with Developmental/Intellectual Disabilities	4.5%
Consumers with Physical Disabilities	6.6%

Source: Encounter data. Medicare ER visits are included only in the FC Partnership data.

---

Table 12  
**Preventable Hospital Admissions During 2010**

	<b>Percent of consumers with at least one preventable hospital admission</b>
<b>Family Care</b>	
Frail Elders	4.2 %
Consumers with Developmental/Intellectual Disabilities	1.3 %
Consumers with Physical Disabilities	5.4 %
<b>Partnership &amp; PACE</b>	
Frail Elders	7.2 %
Consumers with Developmental/Intellectual Disabilities	2.5 %
Consumers with Physical Disabilities	6.1 %

Source: MA eligibility data

Note: \*Family Care hospital data may be understated due to lack of data from some Medicare-funded hospital admissions.

**Desired result: Prevent flu and pneumonia.**

Vaccinations are considered a medical *service* rather than a *result*, but because they reliably create a desired result — immunity — they are included in this report among program results.

Vaccinations are among the services provided by Partnership and PACE MCOs, which provide both medical and long term care, but not by Family Care MCOs, which provide only long term care. Nevertheless, the MCOs have both professional and financial interest in their members’ vaccinations, because both influenza and pneumonia can create or increase long term care needs. Therefore, both Family Care and Partnership MCOs monitor their members’ immunization status and encourage and support their members in receiving appropriate vaccinations. Table 13 reports the immunization rates among the managed care programs’ consumers at the end of 2010. Comparable data are not collected for IRIS consumers.

Table 13  
**Active Consumers with Current Vaccinations for Influenza and Pneumonia**  
as of December 31, 2010

	<b>Influenza</b>	<b>Pneumonia</b>
Family Care	58.4 %	44.8 %
Partnership and PACE	71.0 %	66.5 %

Source: Immunization and vaccination submitted by MCOs and reviewed by the External Quality Review Organization.

Desired result: Preserve or improve functional abilities.

Long term care services are intended to reduce or delay any avoidable deterioration in each consumer's functional abilities and to help consumers recover or improve their abilities whenever possible. The following two tables document the percentage of consumers who experienced changes in their abilities to perform activities of daily living.

Table 14  
**Percentage of consumers with changes in their Needs for Assistance  
 with Activities of Daily Living over the course of a year**

	<b>Percent of consumers with fewer ADL limitations</b>	<b>Percent of consumers with no change in ADL limitations</b>	<b>Percent of consumers with more ADL limitations</b>
<b>IRIS</b>			
Frail Elders	14.3 %	39.6 %	46.0 %
Consumers with Developmental/Intellectual Disabilities	9.1 %	71.5 %	19.3 %
Consumers with Physical Disabilities	20.0 %	50.9 %	29.1 %
<b>Family Care</b>			
Frail Elders	9.8 %	66.1 %	24.1 %
Consumers with Developmental/Intellectual Disabilities	8.3 %	78.5 %	13.2 %
Consumers with Physical Disabilities	13.3 %	68.0 %	18.8 %
<b>Partnership &amp; PACE</b>			
Frail Elders	13.6 %	51.8 %	34.6 %
Consumers with Developmental/Intellectual Disabilities	8.3 %	75.2 %	16.5 %
Consumers with Physical Disabilities	14.5 %	62.0 %	23.5 %

Source – IRIS data: Functional screens submitted for each consumer during 2010, compared with functional screens (either initial or annual) from the previous year. Source – Family Care, Partnership & PACE data: Annual functional screens submitted for each consumer during 2010, compared with annual functional screens from the previous year.

Note – Family Care, Partnership & PACE data: These data are not comparable with those reported in earlier years due to changes in the source data and in computation methodology. Future years' results will be comparable to the 2010 rates.

Table 15  
**Percentage of consumers with changes in their Needs for Assistance  
with Instrumental Activities of Daily Living over the course of a year**

	<b>Percent of consumers with fewer IADL limitations</b>	<b>Percent of consumers with no change in IADL limitations</b>	<b>Percent of consumers with more IADL limitations</b>
<b>IRIS</b>			
Frail Elders	14.0 %	60.8 %	25.3 %
Consumers with Developmental/Intellectual Disabilities	12.0 %	76.1 %	12.0 %
Consumers with Physical Disabilities	16.4 %	65.0 %	18.6 %
<b>Family Care</b>			
Frail Elders	16.1 %	60.8 %	23.1 %
Consumers with Developmental/Intellectual Disabilities	21.0 %	64.2 %	14.9 %
Consumers with Physical Disabilities	25.6 %	51.5 %	23.0 %
<b>Partnership &amp; PACE</b>			
Frail Elders	25.6 %	50.0 %	24.3 %
Consumers with Developmental/Intellectual Disabilities	30.7 %	54.6 %	14.7 %
Consumers with Physical Disabilities	38.6 %	41.0 %	20.4 %

Source – IRIS data: Functional screens submitted for each consumer during 2010, compared with functional screens (either initial or annual) from the previous year.

Source – Family Care, Partnership & PACE data: Annual functional screens submitted for each consumer during 2010, compared with annual functional screens from the previous year.

Note – Family Care, Partnership & PACE data: These data are not comparable with those reported in earlier years due to changes in the source data and in computation methodology. Future years' results will be comparable to the Calendar Year 2010 rates.

Desired result: Consumers live in the setting they prefer.

Table 16 shows that most consumers live in the setting they prefer. Overall, 89.8 percent of IRIS consumers, 82.7 percent of Family Care consumers, and 86.0 percent of Partnership and PACE consumers are living in the setting they prefer.

---

Table 16  
**Current and Preferred Living Situations**  
on December 31, 2010

	<b>Number living in this setting</b>	<b>Percentage who prefer their current setting</b>
<b>IRIS</b>		
Home setting	2,887	92.5 %
Residential	215	66.5 %
Institutional	28	0.0 %
Other/Not Sure	4	25.0 %
<b>Total</b>	3,134	89.8 %
<b>Family Care</b>		
Home setting	18,420	93.2 %
Residential	9,348	81.6 %
Institutional	2,838	23.4 %
Other/Not Sure	247	21.5 %
<b>Total</b>	30,853	82.7 %
<b>Partnership &amp; PACE</b>		
Home setting	2,949	93.6 %
Residential	1,079	80.2 %
Institutional	353	43.3 %
Other/Not Sure	20	35.0 %
<b>Total</b>	4,401	86.0 %

Source: Each consumer's most recently completed functional screen, as of December 31, 2010.

---

Desired result: Consumers are satisfied.

Although it is not a result in the same sense as health, safety, or other aspects of well-being, consumers' satisfaction with the program is an important indicator of the programs' quality. The MCOs conduct annual satisfaction surveys. In 2010, they distributed almost 14,000 consumer satisfaction surveys; 4,963 (36.5%) were returned. The MCOs' surveys included nine questions that were asked by all MCOs in the same way, so that results could be compiled statewide.

On every question, more than 60 percent of respondents chose "Always," the most favorable of the five possible responses. On no question did more than 12 percent of respondents select a response less favorable than "most of the time." Table 17 provides a

summary of the survey results; more detail and findings from the survey and can be accessed at <http://www.dhs.wisconsin.gov/lcCare/Reports/PDF/satisfactionrpt2010.pdf>.

---

Table 17  
**Consumer satisfaction in the Managed Care Programs**

Satisfaction Statement	Percent responding “Always”*
I am satisfied with the work that my nurse or team does for me.	65.8 %
I participate in planning and making decisions about the services I will receive.	62.9 %
I would recommend this program to a friend.	71.0 %
My nurse or team listens to my concerns.	76.8 %
I get help from my nurse or team when I need it.	71.8 %
My nurse or team talks to me so I can understand.	60.7 %
I feel comfortable asking questions about my care.	73.6 %
I am comfortable with the people who help with my personal care.	68.8 %
I am happy with the services I receive.	67.1 %

\* Possible responses were ‘Always,’ ‘Most of the time,’ ‘Sometimes,’ ‘Almost never,’ and ‘Never.’

---