

LONG TERM CARE IN MOTION

Wisconsin's Long Term Care Programs



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2011 Annual Report

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Family Care Program Values

CHOICE – Give people better choices about the services and supports available to meet their needs.

ACCESS – Improve people’s access to services.

QUALITY – Improve the 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.

IRIS Program Values

INCLUDE – Wisconsin elders, adults with physical disabilities and adults with developmental disabilities who are Medicaid eligible are included in communities across Wisconsin. IRIS can help participants remain connected to others.

RESPECT – You choose where you live, the relationships you build, your work, and your participation in your community.

I SELF-DIRECT – IRIS is a self-directed long-term care option in which you use an individual budget allocation to help meet your long-term care needs.

Introduction

In 2011, almost 49,000 frail elders and adults with physical, developmental or intellectual disabilities received long-term care services from Wisconsin's Medicaid long-term care programs. These programs are Family Care and IRIS (Include, Respect, I Self-Direct).

IRIS is a program in which participants self-direct their care plan and services within an individual budget. The Family Care programs (Family Care, Family Care-Partnership, and PACE) are operated by Managed Care Organizations (MCOs), which work with members to develop individualized care plans and provide or coordinate services.

The Wisconsin Department of Health Services (DHS) began Family Care in 2000 to help improve its long-term care system. IRIS began in 2008 as an option for people who wanted to self-direct all of their long-term care services. DHS collaborated with consumers, providers, and advocates to develop these publicly funded programs.

Family Care and IRIS are based on the belief that all people – including frail elders and people with disabilities – should be able to live at home with the supports they need and participate in communities that value their contributions.



What is Family Care?

DHS contracts with Managed Care Organizations (MCOs) to operate Wisconsin's three managed long-term care programs:

- Family Care;
- Family Care Partnership; and
- PACE.



These are voluntary programs where eligible individuals can choose to enroll and become members of an MCO. MCOs provide or coordinate cost-effective and flexible services tailored to each individual's needs.

DHS provides the MCO with a monthly payment for each member. The MCO uses these funds to provide individually planned services for all of its members.

Care managers work with members to identify their goals and the long-term care supports needed to work toward those goals. Together, they identify the resources available and develop a care plan that may include help from family, friends and neighbors. When this help is not available, the MCO will purchase necessary services.

Family Care members may also choose to self-direct their care by choosing who will provide their services or when to receive certain services. Members who self-direct their services still have access to their care teams for help.

Family Care MCOs do not provide primary health care services such as regular medical checkups or medications and acute care such as hospital stays. Members receive these services through Medicaid or Medicare.

The Partnership and PACE (Program of All-Inclusive Care for the Elderly) programs cover all of the long-term care services in Family Care, plus primary and acute care, and prescription drugs. The difference between these two programs is that PACE is only for people age 55 or older who live in Milwaukee or Waukesha County.



What is IRIS?

(Include, Respect, I Self-Direct)

Individuals who want to direct all of their long-term care services can choose to enroll in and become an IRIS participant.

In IRIS, participants are in charge of their own support and service plan and work with an IRIS Consultant to create a plan within an individual budget. The budget is used toward the cost of the long-term care supports, services, and goods. Participants are responsible for managing within their budget.

Participants may hire their own workers directly or purchase goods and services from an agency. They choose the services necessary to meet their long-term care needs, and decide who they will hire to provide supports or

where to purchase those services. IRIS does not include long-term care Medicaid services such as home health care, primary and acute care. These services are available through Medicaid or Medicare.



The IRIS Financial Services Agency (FSA) handles bill paying and accounting. When the participant hires workers directly, the FSA completes background checks on providers, processes timesheets, generates paychecks, and handles payroll taxes.



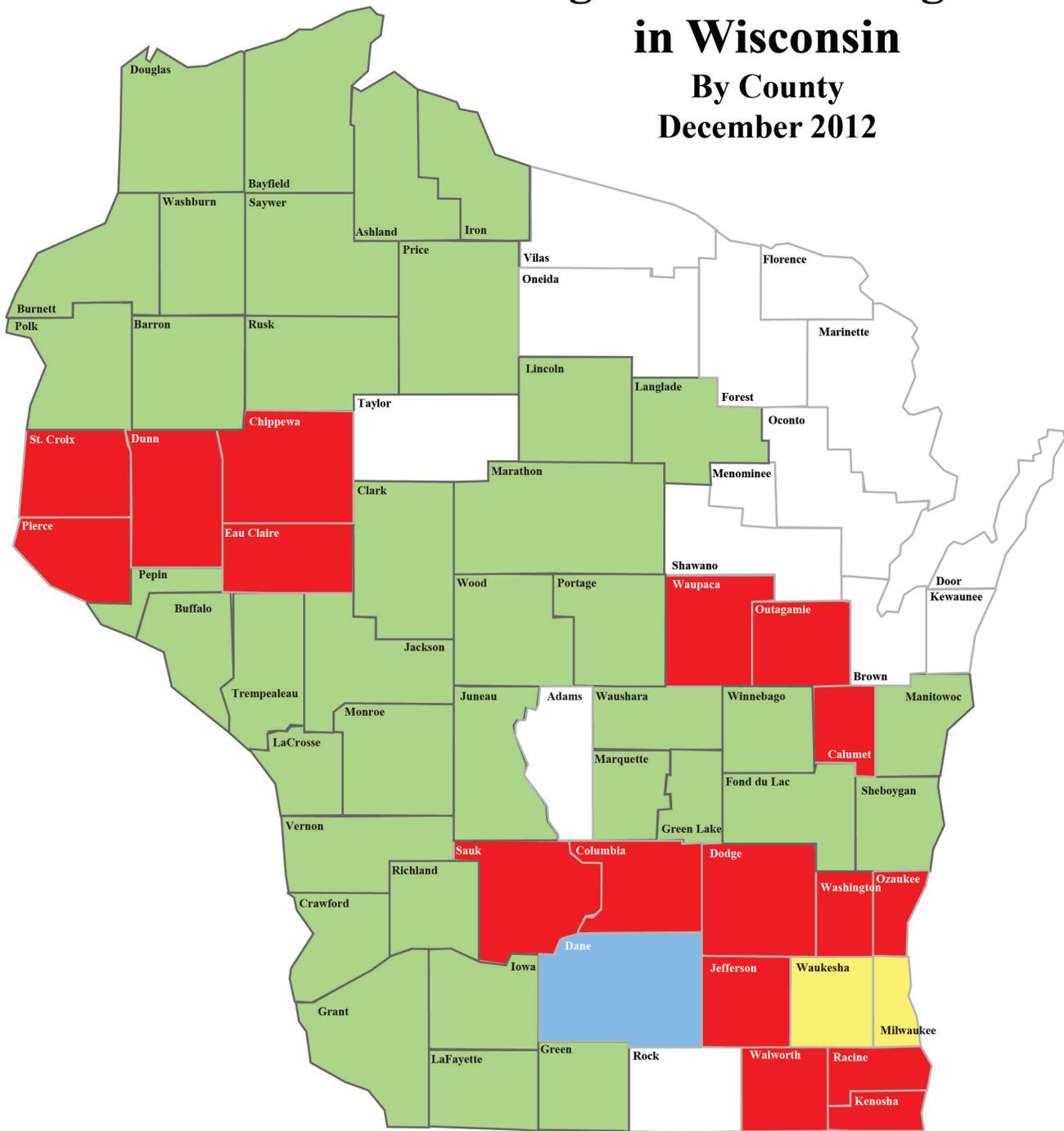
Examples of Wisconsin's LTC Program Services

Note: The groups shown are a representative list of services only, and are not fully inclusive

	IRIS	Family Care	Partnership/ PACE
MA Waiver Services Supportive Home Care Home Modifications Home Delivered Meals Lifeline Assisted Living Employment			
MA LTC Card Services Home Health Medical Supplies Nursing Home Personal Care Mental Health Alcohol or Other Drug Treatment	Accessed Through Medicare or Medicaid Card		
Acute & Primary Medicare or MA Emergency Room Visit Hospitalization Doctor Visits Lab Tests Prescription Drugs Dental Care	Accessed Through Medicare or Medicaid Card	Accessed Through Medicare or Medicaid Card	

Long Term Care Programs in Wisconsin

By County
December 2012



- All long-term care programs, including PACE
- Family Care, Partnership and IRIS
- Family Care and IRIS
- Other long-term care programs
- Partnership and other long-term care programs

Who Can Enroll?

To enroll in Family Care or IRIS, individuals must be at least 18 years old, financially eligible for Medicaid, have certain health conditions and need for help with daily activities. Only people in the following three ‘target groups’ are eligible to enroll:

- **Frail elders** are 65 and older who have serious and long-lasting physical health problems or dementia that significantly limits their ability to care for themselves. Common conditions are diabetes, disabling arthritis, heart failure, cancer, Alzheimer’s Disease or the effects of a stroke.
- **Adults with physical disabilities** have a physical problem or condition that significantly limits their ability to care for themselves. Example conditions include amputations, paralysis, multiple sclerosis, lung disease and brain injuries.
- **Adults with developmental or intellectual disabilities** have the onset of developmental or intellectual disabilities before the age of 22, and may have cognitive functioning that limits their ability to care for themselves. The person must have limitations in at least three of the following: learning, use of language, self-direction, mobility, self-care (bathing, dressing, eating, etc.), or the ability to live independently without help from another person.



Want to find out if you are eligible for Family Care or IRIS?

Contact your local Aging and Disability Resource Center (ADRC). ADRCs are places to get information and help with finding services and applying for benefits.

For ADRC information, go to:

www.dhs.wisconsin.gov/LTCare/adrc

Benefits of Family Care and IRIS

Family Care and IRIS improve access to services, improve quality through a focus on health and long-term care outcomes, and create a cost-effective long-term care system for the future.

People can choose to receive their care through a single flexible managed care program (Family Care) or through a self-directed program (IRIS).

The programs provide and coordinate supports and services to help individuals stay in their own homes or other non-institutional settings. Most people in Family Care and IRIS choose to live in their own homes, with family or in other community settings, rather than in nursing homes. This allows people to have more power over their lives and be more involved with their communities. They can decide when to do certain things, like when to wake up and eat meals, and how to organize their daily activities.

2011 Program Highlights – Family Care

In April 2011, the nonpartisan Legislative Audit Bureau (LAB) completed a comprehensive audit of the Family Care program. The LAB report found:

- Family Care improved access to long-term care through care plans that provided people choices to fit their needs.
- Nearly 60% of Family Care members lived in their homes, 35% in residential settings, and under 6% in institutions.

In 2011, the financial goals of the program continued to be met:

- Medicaid long-term care program costs declined, as a proportion of the overall Medicaid costs, falling from 53% in state fiscal year 2002 to 43% in state fiscal year 2011.
- The average rate of growth in costs for long-term care programs was less than Medicaid spending over the same ten-year period.
- Over the last ten years, costs for Medicaid long-term care programs shifted from mainly fee-for-service payments for institutional services, such as nursing homes, to managed care programs that allow people to live in their own homes and community-based settings.
- Most people in a long-term care program lived in a community-based setting or their own home. This keeps costs down and assures the ongoing sustainability of the program.
- After a significant increase in enrollment due to expansion to new areas of the state in 2010, the Family Care per member per month average cost decreased in 2011.



Each MCO administers an annual satisfaction survey to its members. The survey asks members about their satisfaction with their care manager, nurse, and services, and if they participate in planning and making decisions about their care. The 2011 surveys found:

- About 70% of members were “always” satisfied with the care and services they received from their nurse and care managers.
- Member interactions with their care team had two of the highest overall scores.
- Nearly three-quarters of members would “always” recommend their program to a friend.

Family Care Member Profiles



Josh is Living His Dream

Family Care helps Josh, who has a developmental disability, live in a rented house. He receives help with making meals, housekeeping, grocery shopping and monitoring his medications. Josh receives supported employment services. He has a volunteer job at the police department to make sure the parks stay clean and safe.

Josh says, “I have friends and family that live close by. I’m enjoying my life being independent. I begged and pleaded with people to help me live independently. They listened and look at me now. I live with two other gentlemen in a semi-independent living arrangement.

I have come a long ways from being in group homes most of my life to living independently. The life I’m living is a reward for me since we only get one life.”

“

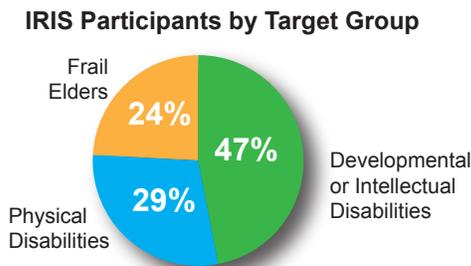
The life I’m living is a reward for me since we only get one life.

”

2011 Program Highlights – IRIS

The IRIS program continued to grow in 2011. At the beginning of the year, there were 3,150 participants and by the end of the year enrollment reached 5,081 participants.

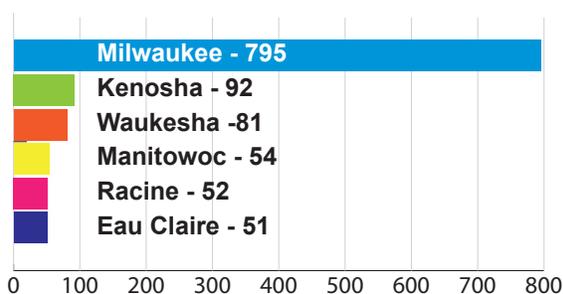
The largest target group in IRIS is people with developmental or intellectual disabilities who represent about 47% of participants. People with physical disabilities represent about 29% of IRIS participants while those who are frail elders make up about 24%.



About 74% of people who joined IRIS were not previously enrolled in a long-term care program. Only 26% came from another long-term care program, such as Family Care.

As the chart below indicates, the counties where the number of participants grew the most in 2011 included Milwaukee, Kenosha, Waukesha, Manitowoc, Racine, and Eau Claire.

Greatest Increase in IRIS Participants by County



Participants who self-directed their personal care services nearly doubled in 2011. This program grew from 414 participants at the start of 2011 to 881 participants at the end of the year. Part of this growth is the enrollment of people wanting to switch from Medicaid fee-for-service personal care to self-directed personal care.

Self-Directing Services/ Employer Authority

A key goal of IRIS is to give participants more choice and control over who provides their services and when. By the end of 2011, 87% of IRIS participants employed their own caregivers. On average, each participant employed 1.5 workers. Most workers provided supportive home care services.

Orientation Consultants

In 2011, Orientation Consultants were added to the program design. Orientation Consultants work throughout the state to introduce new participants to IRIS. They also help the person create an initial support and service plan and help participants choose an IRIS Consultant. The IRIS Consultant provides ongoing support to the participant while in the program.

Focus on Employment

DHS is committed to supporting IRIS participants who want to work. In 2011, DHS began a project to increase employment opportunities. The project's goals included:

- Increase knowledge about strategies to eliminate barriers to employment.
- Share information about best practices.
- Make positive connections between people and systems of support.
- Create planning tools to help participants and IRIS Consultants to design employment opportunities.

IRIS Member Profiles

Amanda

Amanda was born in Madison, Wisconsin in January 1991. She was a tiny, happy baby with bright red hair and big blue eyes.

Shortly before her second birthday, Amanda was diagnosed with Williams Syndrome, a rare genetic condition. The syndrome occurs in about one in every 8,000 births. Some characteristics of Williams Syndrome are learning difficulties, unique facial features, and a personality that combines over-friendliness, high levels of empathy, and anxiety.

Amanda is a vivacious, articulate young woman with a friendly smile and curly auburn hair. Like many other twenty year olds, she is in the midst of several transitions: from childhood to adulthood and from school to work. Her biggest transition so far has been moving from home to a place of her own.



“ We went with IRIS because of being able to make our own decisions and choices and knowing what is good for us. ”

Amanda joined IRIS in April 2010 after visiting her local Aging and Disability Resource Center.

Amanda and her mom explained, “We went with IRIS because of being able to make our own decisions and choices and knowing what is good for us. We are so appreciative of the IRIS program.”

Amanda lives with a roommate in an assisted-living complex where staff is available 24-hours a day, seven days a week. She spends her free time going to the movies, visiting the mall with friends, and going out to dinner. Amanda remains close to her family – especially her mother – and is

a frequent visitor at the family home every Sunday.

Amanda is currently in school and she hopes to find a job working with animals in the future.

Family Care Quality Improvement Program

Family Care uses several ways to measure the quality of care for members including:

- A contract with an external organization to review systems and member service records at MCOs. The goal of this review is to assess compliance with federal and state standards.
- A DHS oversight team for each MCO to monitor quality.
- Data related to several performance measures such as immunization rates, numbers of appeals and grievances, and the MCO's response to providing supports for members' identified outcomes.

Some key accomplishments for 2011 included:

- MCOs completed 14 projects to improve member care, including:

- Five MCOs began working on projects to reduce falls. Project goals include reducing the risk of nursing home admissions and more members continuing to live in the community.
- Several Partnership MCOs began working on projects to improve transitions of care from one setting to another, such as from a hospital to home.
- DHS and MCOs continued to improve processes to identify and report critical incidents. The goal is to make it easier to identify trends in serious events and injuries to members.
- In 2011, DHS started using the Personal Experience Outcomes iNtegrated Interview and Evaluation System (PEONIES). PEONIES is a tool that assesses quality of life and how needs are supported. For more information, see page 27.



IRIS Quality Improvement Program

The IRIS program has a formal system in place for managing program quality. This includes:

- Analysis of data and implementation of strategies to identify system trends and to address participant quality concerns.
- Collection of data and reporting performance measures to meet federal and state standards.
- Projects related to quality assurance and improvement.

Key accomplishments by DHS in 2011 included:

- A review of 492 participant records for quality assurance.
- Collection of baseline data for quality indicators to begin trending quality over time.

- Feedback sessions for participants and their families about their experiences with the program. This feedback is critical for identifying areas for improvement as well as areas that are working well from the participant's perspective.
- Began several improvement projects including:
 - Efforts to streamline enrollment into IRIS and to approve participant plan development.
 - Activities to address barriers to employment for people with disabilities.
 - Started PEONIES interviews in 2011. For more information, see page 27.



IRIS Member Profiles

Eileen

Nineteen years ago, Eileen was diagnosed with Myasthenia Gravis - an autoimmune disorder that causes muscles to become weak during activity and improve after rest. As a result, chewing, talking, and swallowing are very difficult. Currently, there is no known cure for Myasthenia Gravis.

Throughout 1998, Eileen's condition was critical and required frequent trips to hospitals and nursing home care. She needed a tracheotomy, ventilator and feeding tube placed.

When her condition improved, Eileen moved to Racine, Wisconsin where she lived with her eldest daughter's family and eventually on her own with in-home care. As she reflects on this time in her life, Eileen recalls her fervent desire to have a place of her own. Eileen recalls that, "back then, it was challenging to qualify for any assistance and to locate the nursing care that I need."

Today, Eileen resides independently in her own home. The majority of her care hours are covered by trained private-duty nurses under Medicaid. In order to ensure her well-being, Eileen's nurses administer medication every four hours to offset her neuromuscular

fatigue. "There are periods between shifts and on weekends, however, that are not covered by skilled nurses," Eileen says. During these times, Eileen uses IRIS funds to hire workers who care for her when she needs extra help.

"IRIS provides me with a better lifestyle than a nursing home. I have complete say about who cares for me, which means continuity of care. The more consistency I have, the less anxiety I have." With the IRIS budget, Eileen can cover extra care-related expenses.

Eileen continues to keep her energy levels up so she can visit with family and friends. Although she is currently living in Racine, her dream is to move back to her hometown of Manitowoc to live in her own apartment.



“ IRIS provides me with a better lifestyle than a nursing home. I have complete say about who cares for me ...

”

Family Care Member Profiles

In David's Own Words

Hi, my name is David and I have been in Family Care since September 2001 – really, since Family Care began.

There are many things I like about the Family Care program. I love my Care Management Team. I wouldn't trade them for anything. I like that there is open communication between

“
Family Care has
maximized my
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”

members and providers. Providers are a phone call away, and they are willing to work with clients. I like how the program has helped me stabilize my condition for years. I have been able to see doctors that I am comfortable with and who are comfortable with me. I am able to manage my medications regularly.

Family Care has maximized my independence to the fullest. Examples of this are my vehicle modification which saves money in the long run and my bathroom modification so I can do my own personal cares.

Family Care has helped me and is pivotal in my life and to my everyday success. Since my van modification, I have been able to hold my jobs and give back to the community at the



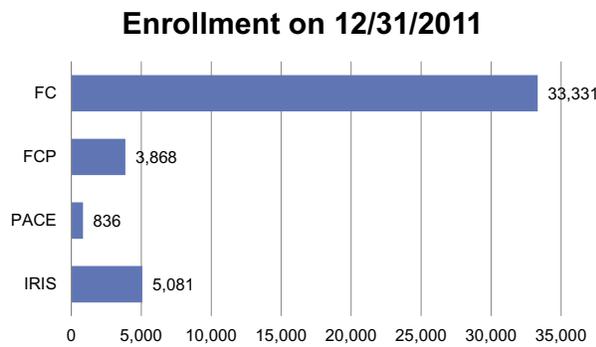
same time. I have been able to stay as active as possible in my local community and state.

People should not look at Family Care as an answer to all questions but as an outlet to better care and services. Congratulations Family Care! Keep up the good work!

Demographic and Service Highlights

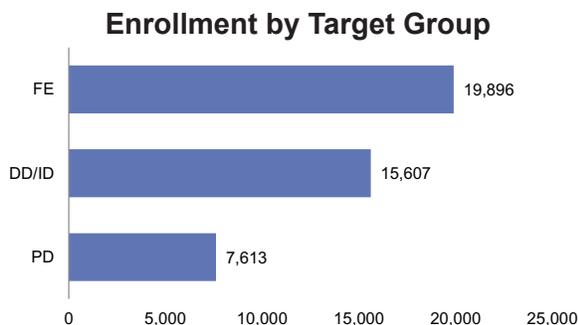
Enrollment by Program

- At the beginning of 2011, 38,388 people were enrolled in Family Care and IRIS. At the end of 2011, 43,116 people were enrolled. This is an increase of 12.3%.
- About three-quarters (77%) of all enrollees were in Family Care (FC). IRIS was the next largest program (12%), followed by Partnership-FCP (9%), and then PACE (2%).



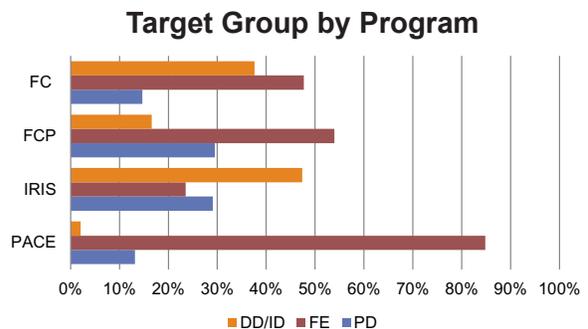
Enrollment by Target Group

- Of the 43,116 individuals enrolled on December 31, 2011, just under half (46%) were frail elders (FE).
- About a third of enrollees (36%) were individuals with a developmental or intellectual disability (DD/ID).
- The remaining enrollees (18%) were individuals with a physical disability (PD).



Target Group by Program

- PACE had the highest percentage of frail elders (85%). This is partly because people eligible for PACE must be at least 55 years old.
- IRIS had the highest percentage of individuals with developmental or intellectual disabilities (47%).
- IRIS and Partnership had the same percentage of individuals with a physical disability (29% each).
- About half of Family Care and Partnership members were frail elders.

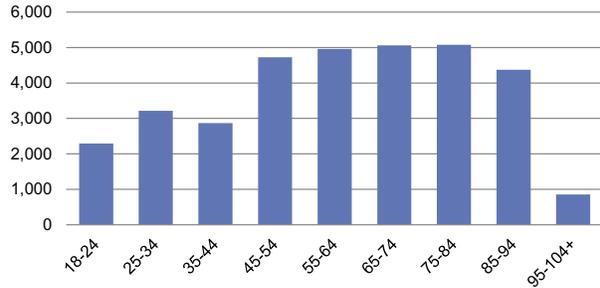


Demographic and Service Highlights

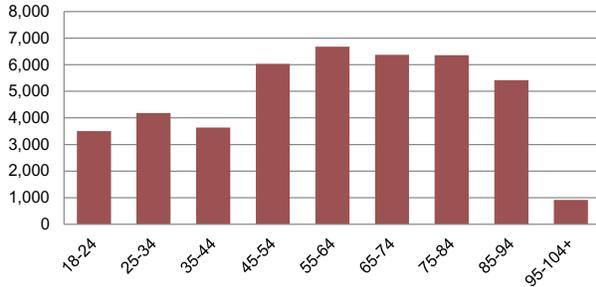
Enrollment by Age

- In 2011, on average, people in Family Care and IRIS were between 55-64 years old. Just under half (44%) were 65 and older. The age of the oldest person enrolled in 2011 was 109.
- The following chart shows the number of individuals who were enrolled in Family Care, Partnership, IRIS and PACE by age category.

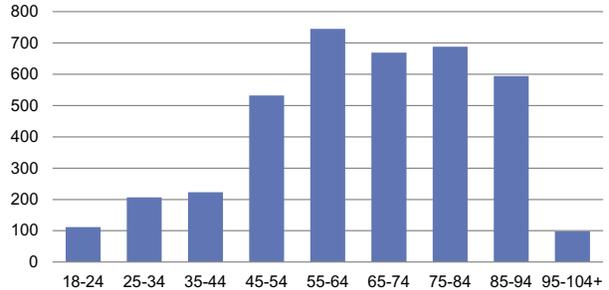
Family Care



All Programs By Age



Family Care Partnership

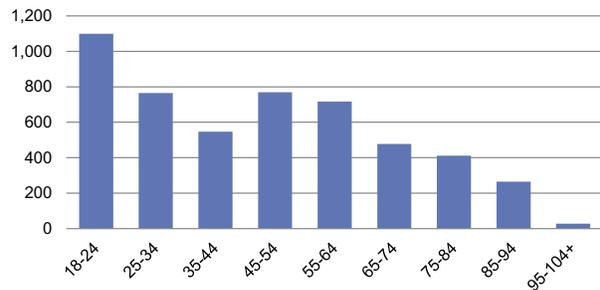


Age by Program

- IRIS had younger enrollees than Family Care or Partnership. Only 23% of IRIS participants were age 65 and older.

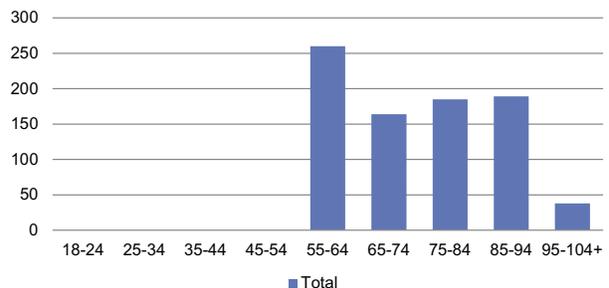
Program	Average Age
Family Care	60
Partnership	65
IRIS	47
PACE	77

IRIS



- PACE had a higher percentage of elderly members than any other program.
- The following charts show the number of individuals in each age category by program.

PACE

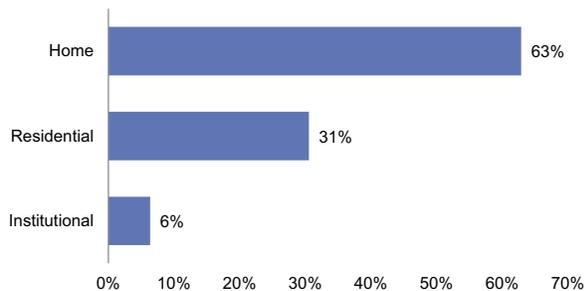


Demographic and Service Highlights

Living Situation

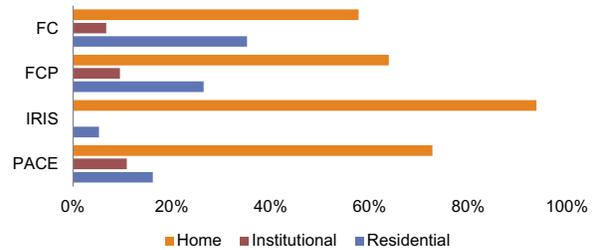
- We know from studies and surveys that most people want to live in their own home or apartment, among family and friends.
 - In 2011, more than half (63%) of the people enrolled in Family Care and IRIS lived in a home setting.
 - Nearly all (94%) people in IRIS lived at home. Most Family Care, Partnership and PACE members lived at home as well.
 - Overall, 95% of people living at home identify home as their preferred living setting.

Current Living Situation



- Sometimes it is not safe for people to remain in their own homes, and they may move to a setting where they can get 24/7 care, such as an Adult Family Home, Community Based Residential Setting, or Residential Care Apartment Complex.
 - About a third (31%) of the people in our long term care programs lived in such a residential setting.
 - Of those, 73% said this was their preferred setting.
- When people live in an institutional setting like a nursing home or Intermediate

Living Situation Distribution By Program



Care Facility for People with Intellectual Disabilities, they can be enrolled in Family Care or PACE, but not IRIS.

- Six percent (6%) of the people in Family Care or PACE lived in an institutional setting.
- PACE serves only people age 55 and older, and had the highest percentage of members that lived in an institutional setting (11%), followed by Partnership (9%) and Family Care (7%).
- Only 29% of the members in an institutional setting said this was their preferred setting.



Demographic and Service Highlights

Community Relocations – Money Follows the Person Program

Wisconsin received a federal grant for the Money Follows the Person (MFP) Rebalancing Demonstration, which helps states move people out of institutions into the community.



Individuals can get MFP funding if they are eligible for Family Care, Partnership, PACE, IRIS or other publicly funded long-term care program. The MFP program includes the following groups:

- Frail elders;
- Adults with physical disabilities;
- Adults with developmental or intellectual disabilities; and
- Adults with mental illness or substance abuse issues.

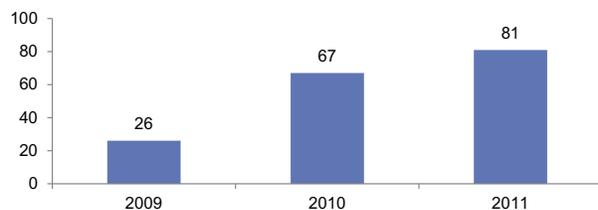
MFP helps individuals move to the community if they have been in an institution for at least 90 days. Institutions include:

- Nursing homes;
- State centers for persons with developmental disabilities;
- Intermediate care facilities for people with intellectual disabilities (ICF-ID); and
- Institutions for mental disorder (if under age 22 or over age 64).



The following chart shows the number of people who moved from an institution to a private house or apartment or to a group setting of no more than four people. In 2011, the program helped 81 people move from an institution to the community. This is an increase from 26 people in 2009.

Total number of individuals who moved from an institution to the community



Demographic and Service Highlights

Service Expenditures

In calendar year 2011, total expenditures for services purchased for Family Care, Partnership, PACE and IRIS were just under \$1.5 billion.

Family Care and IRIS data are from the Department’s encounter reporting system. Partnership and PACE data are from annual MCO financial summaries.

The table below shows total expenditures.

Program	Total Expenditure for Services (millions)
Family Care	\$1,103
Partnership & PACE	\$281
IRIS	\$114
Total	\$1,498

The services that account for the greatest proportion of spending for each program are shown below. The percentages do not include care management services.

Family Care

Family Care Services	Percent of Total Expenditure
Residential Services	49%
Supportive Home Care/Personal Care	20%
Nursing Home and Intermediate Care Facilities	11%
Adult Day Activities	7%
Vocational Services	5%
Transportation	3%
Other	5%
Total	100%

Care management accounts for 13% of total service expenditures.

Partnership and PACE

Long Term Care Services	Percent of Total Expenditure
Residential Services	19%
Nursing Home and Intermediate Care Facilities	13%
Supportive Home Care/Personal Care	8%
Transportation	4%
Adult Day Activities	3%
Medical Equipment and Supplies	2%
Other (LTC)	8%
Primary & Acute Care Services	
Inpatient Hospital	14%
Medications (Pharmacy)	12%
Office or Outpatient Assessments	5%
Other (Acute and Primary)	12%
Total	100%

Care Management accounts for 14% of total service expenditures.

IRIS

IRIS Services	Percent of Total Expenditure
Supportive Home Care	56%
Self-Directed Personal Care (SDPC)*	11%
Residential Services	9%
Adult Day Activities	6%
Transportation	4%
Respite	4%
Other	10%
Total	100%

*IRIS Self-Directed Personal Care (SDPC) is a service available to IRIS participants who are eligible to self-direct their personal care. This service is provided under a 1915(j) Self-Directed Personal Assistance Services State Plan Amendment.

Demographic and Service Highlights

Employment

Both IRIS and Family Care support individuals in pursuing their employment goals with services such as employment training, vocational supports, transportation, and personal care in the workplace.

The following charts provide information about the employment status of individuals receiving long-term care services in Wisconsin. The information includes individuals in Family Care, Partnership, PACE, IRIS and other long-term care programs.

Individuals with Developmental or Intellectual Disabilities (18 to 64) and enrolled in a long-term care program Oct 2010 - Sep 2011 based on most recent functional screen (Oct '10 - Sep '11)	Individuals	Percent
Community Employment	2,431	14%
Home Employment	75	<1%
Work Center Employment	5,378	31%
Group Employment	1,955	11%
Any Employment (Unduplicated individuals) ¹	8,948	51%
Total Individuals with Functional Screen	17,469	100%

¹ Individuals may be employed in more than one setting, such as community and work center employment. This line counts each individual only once.

Individuals with Physical Disabilities (18 to 64 and no co-occurring DD/ID, MI, or TBI¹) and enrolled in a long-term care program based on most recent functional screen (Oct '10 - Sep '11)	Individuals	Percent
Community Employment	165	2%
Home Employment	109	1%
Work Center Employment	101	1%
Group Employment	103	1%
Any Employment (Unduplicated individuals) ²	463	6%
Total Individuals with Functional Screen	7,813	100%

¹ DD/ID = Developmental or Intellectual Disabilities, MI = Mental Illness, TBI = Traumatic Brain Injury.

² Individuals may be employed in more than one setting, such as community and work center employment. This line counts each individual only once.

Program Results

DHS uses several methods to monitor quality and assure that Family Care and IRIS meet desired program results. This includes looking at clinical outcomes (like vaccination rates) and reviewing member satisfaction surveys. This section summarizes 2011 statistics for several outcomes of the long-term care programs. Some of the outcomes are not tracked for IRIS.

Preventable Emergency Room Visits and Hospital Stays

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

Care teams work with Family Care members to keep them as healthy as possible. One of the ways the program does this is by identifying potential health problems early on, which may prevent the need for an ER visit or hospital stay. It can also help avoid complications or more severe disease.

An example of a preventable hospitalization is when a person with diabetes is admitted into the hospital for an amputation. If a person with diabetes receives regular care and education and maintains good blood sugar control, then complications from diabetes can be minimized or avoided.

Some common conditions that, if treated early, may avoid ER visits or hospital stays include asthma, pneumonia and urinary tract infections.

This table shows the percentage of Family Care and Partnership members who either went to the ER or were admitted into a hospital due to a preventable health issue.

	Emergency Room	Hospital Stays
Family Care	10.3%	5.5%
Partnership	9.3%	12.1%

Influenza and Pneumonia Vaccinations

Desired result: Prevent flu and pneumonia.

Family Care encourages members to receive appropriate vaccinations. This is because influenza and pneumonia can lead to health complications, hospitalization, and sometimes even death. MCOs monitor their members' immunization status.

The following table shows the percentage of members that received an influenza or pneumonia vaccination during 2011.

	Influenza	Pneumonia*
Family Care	64.2%	54.1%
Partnership and PACE	70.5%	56.8%

* Some MCOs elected to use the 2012 definition for reporting pneumonia vaccine rates. For these MCOs, the Family Care rate was 55.0% while the Partnership rate was 76.7%.



Program Results

Member Satisfaction

Desired result: Members are satisfied.

Member satisfaction is an important indicator of program quality.

MCOs survey members each year to determine their level of satisfaction. The survey questions ask members to respond with one of five choices:

- Always
- Almost always
- Sometimes
- Hardly ever
- Never

In 2011, Family Care members reported the highest percentage of 'Always' responses, followed by Partnership. PACE had the lowest percentage of 'Always' responses.

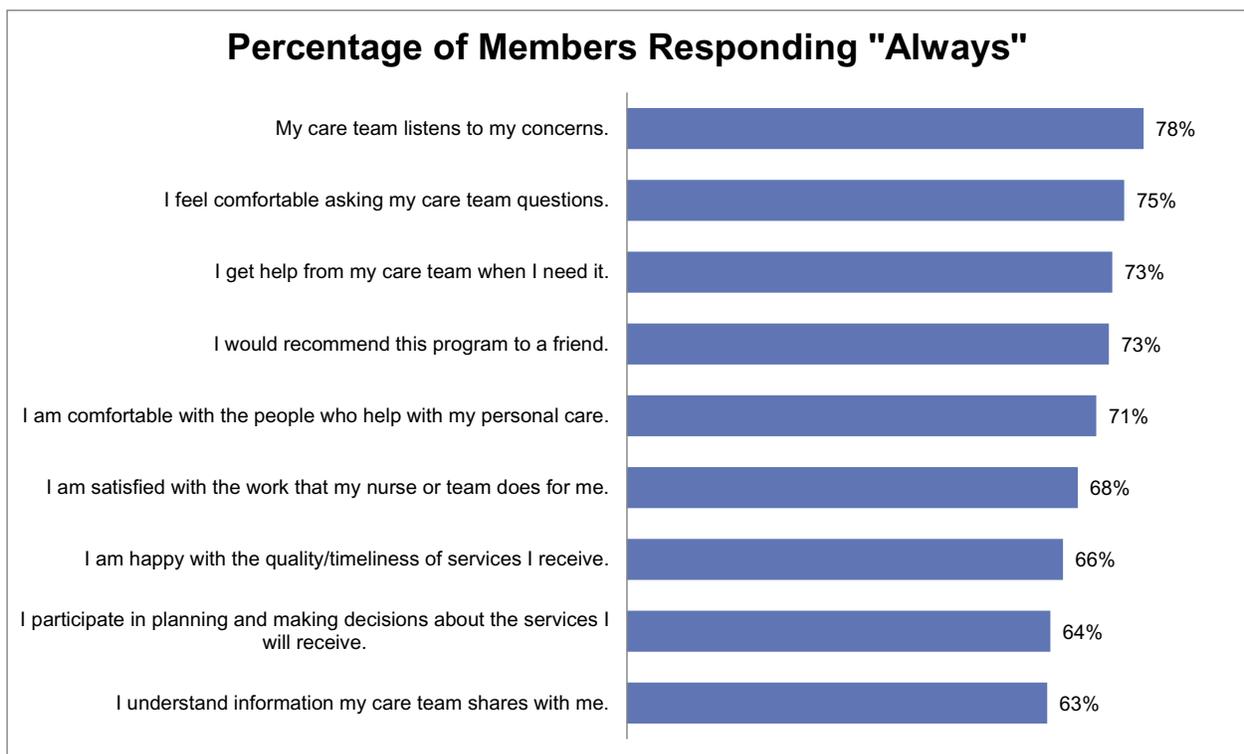
The top two scoring questions were:

- My care team listens to my concerns (78% 'Always')
- I get help from my care team when I need it (73% 'Always')

The two lowest scoring questions were:

- I understand information my care team shares with me (63% 'Always')
- I participate in planning and making decisions about the services I receive (64% 'Always')

Nearly three-quarters (73%) of respondents indicated that they would 'Always' recommend the program to a friend.



Program Results

Member Satisfaction Survey Results from 2008-2011

Member satisfaction increased between 2008 and 2009. Member satisfaction over the past three years (2009-2011) has been stable.

Question	Top Box Scores By Year (%)				2010-2011 Change (%)
	2008	2009	2010	2011	
I am satisfied with the work that my nurse or team does for me.	66.1	67.2	65.8	67.8	2
I participate in planning and making decisions about the services I will receive.	53.7	62.2	62.9	63.7	0.8
I would recommend this program to a friend.	68.2	72.5	71.0	72.5	1.5
My care team listens to my concerns.	68.9	78.5	76.8	77.7	0.9
I get help from my care team when I need it.	66.7	73.7	71.8	73	1.2
I understand information my care team shares with me.	65.0	64.0	60.7	63.2	2.5
I feel comfortable asking my care team questions.	68.8	75.7	73.6	74.8	1.2
I am happy with the quality/timeliness of services I receive.	60.7	65.7	67.1	65.6	-1.5
I am comfortable with the people who help with my personal care.	NA	NA	68.8	70.6	1.8
Average by Year	64.8	69.9	68.7	69.9	1.2



Program Results

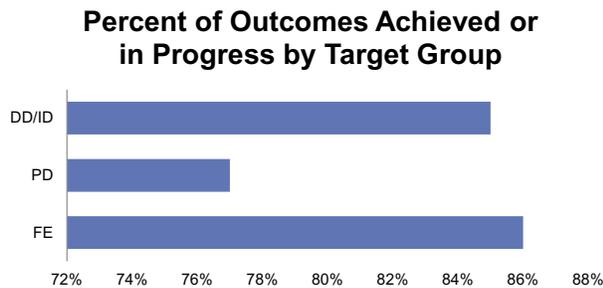
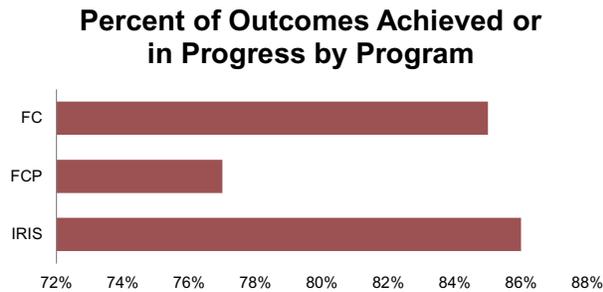
PEONIES

PEONIES is a way to measure an individual’s quality of life, and how well Family Care and IRIS support the quality of life of enrollees.

The PEONIES system is based on interviews with enrollees or the enrollees’ representatives. During interviews, enrollees identify the goals and outcomes that are important to them. They assess whether the program is working on their goals and desired outcomes. Enrollees also report how well their outcomes and goals are being supported by the program.

Outcomes achieved or in progress

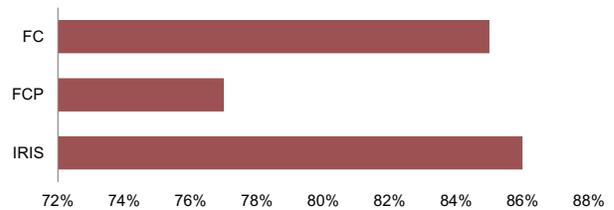
- As reported by members and participants, Family Care and IRIS had almost the same percentage of outcomes achieved or in progress at about 86%. This compares to Partnership at 77%.



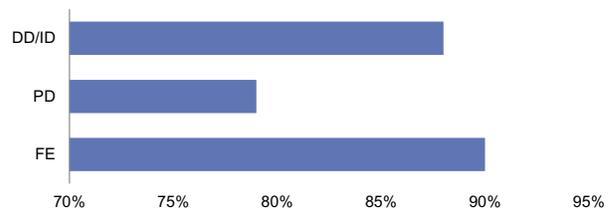
Outcomes fully supported

- Over 80% of Family Care, Partnership and IRIS individuals surveyed reported their outcomes are supported.
- IRIS had the highest rate of support for outcomes at 89%, compared to Family Care at 85% and Partnership at 82%.
- Individuals with physical disabilities (PD) reported they have lower rates of support and achievement of outcomes than other target groups.

Percent of Outcomes Fully Supported by Program



Percent of Outcomes Fully Supported by Target Group



IRIS Member Profiles

Jack's Busy Life

Jack is a young man whose life is heading in a new direction. He is in the process of taking his first steps into adulthood.

Jack lives in southern Wisconsin as one of six siblings raised by his mother, Amy, and her husband Andy. He was diagnosed with Autism in 1995.

His mother likes to talk about the active life that Jack leads as part of their family. He enjoys hiking, swimming, riding bikes, and playing kickball with his family and friends.

One of the activities Jack likes most is going to camp over the summer. He uses his IRIS funds to attend these camps, which in turn, provide respite for members of Jack's family. When he is away at camp, he spends his time participating in activities, meeting new people, and re-connecting with friends from past years.

Even though Jack leads a busy life, he makes time to participate in work and volunteer opportunities in his hometown. He discovered



some activities through family connections while others are part of the vocational programming at his school.

Jack works with the humane society, helps out at a local horse farm, and donates his time at a food pantry. Jack is also connected to the public library where he helps keep the books neat for the library patrons.

This is just a sampling of the many places Jack spends time helping others. Through all these activities, Jack develops work experience.

Jack uses his iPad as a communication device to assist with his limited speech. Many people with Autism use tablet computers as cost-effective communication aides. Several software applications have been designed just for people with Autism.

Jack has a bright future before him. He plays an active role in his community and in turn, his family – especially his mother – encourages him to participate fully in all life has to offer.

Family Care Member Profiles

Living Among Her Animal Friends

Mary (not her real name) is a single woman who moved to a rural county with a dream of raising sheep and making cheese from the sheep milk. She bought a hobby farm and raised a small herd of Icelandic sheep.

Shortly before her 60th birthday, she had a stroke and ended up being admitted to a nursing home for rehab. The stroke left her with right-sided weakness, memory loss, limited speech, and other communication challenges. She wears a brace on her right foot and lower leg and she uses a cane for balance. Mary communicates with gestures, using physical objects, pointing, and some speech.

Family Care staff learned that Mary was very resourceful. She started using her riding mower to get from her house to the sheep pasture 2-3 times a day to check on them. She also used the riding mower to visit neighbors that lived nearby. Unfortunately, Mary wasn't able to continue living at her farm, and if she had to move to an apartment, she wouldn't be able to keep her sheep or dogs.

MCO staff contacted a provider who happened to own a farmhouse. The provider was willing to convert part of the farmhouse into an apartment for Mary and let her keep all her animals. The provider had relatives who were living on the farm and they assist Mary.

Mary now lives in her own apartment, has her animals, and the supports she needs to be as independent as possible.

Anley – Home Sweet Home

Angeline (Anley) is 90 years old and has been living in her own home for over 70 years.

In 2010, Anley fell and fractured her hip. She was in a nursing home and was told she would not be able to return to her house. However, when Anley joined Family Care, her care team got her the rehabilitation services she needed to rebuild her strength. When Anley was strong enough to move home, her care team worked with the nursing home to make Anley's home safe.

They added safety features like a shower bench and grab bar. Anley's main caregiver is a family friend. Her caregiver comes to her house every day to help Anley with personal care, household chores, and to get her medications ready. Anley gets Meals on Wheels and is able to spend nights alone in her home.



Anley's son visits her every week. He manages her money, does the shopping, and handles the household repairs. He is very happy that she is able to be at home and he does not have to worry about her because of the supports Family Care put into place.

With the help of Family Care, her son, and caregiver, Anley is able to rest easy in her home, which is filled with a lifetime of happy memories.

IRIS Member Profiles

IRIS: Opening Doors

It's a familiar story; a young adult finishes college and strikes out on their own to take the world by storm. This is a story about how Stacy found her own place, and how IRIS helped her open the door.

In 2009, Stacy graduated from a university with a major in advertising. Like many of her friends, she moved back home with her parents and she knew that her next goal was to find a place of her own.

At home, Stacy relied on her parents for her care needs because she couldn't find agencies to provide staff when she needed them. She was frustrated because she knew she could live in her own place, if she could just find the right apartment and hire a few workers.

Stacy joined IRIS in 2009 because she wanted to be the person who decided what was right for her. After making all her own decisions for the past six years at college, she didn't want anything to prevent her from continuing to make those choices.

It was important to Stacy to be able to choose the people that would help her every day; and just as important that they be available on her schedule – not theirs. After starting in IRIS, she found the workers she needed in order to get the type of care she wanted.

Around the same time Stacy began in IRIS, she began researching available apartments on the internet. After a lot of searching, she finally found a place that had almost everything she needed - almost. If Stacy moved in to the apartment as it was, she would need someone else with her to open her front door.



Opening your own front door is a task that many people take for granted. Most people never give it a second thought as they go about their daily lives. Having control over your own front door is an important action that not many people would willingly give up to others. Controlling your front door means having a choice about who you want to invite into your home.

After exploring several alternative options, Stacy arranged IRIS funding to buy and install an electronic door opener for her front door that she could control from her wheelchair. The door opener was a small item that made a world of difference in Stacy's life. Shortly after it was installed, Stacy moved in. Her apartment is now fully accessible for her. She doesn't need to rely on paid staff or family to be there to open and close the door for her.

Now, Stacy lives in the apartment she wants and has the workers she needs. She thinks IRIS is a great program for people who want to live independently, just like her.

Glossary

Adult Family Home (AFH) – A type of residential setting. One-two bed AFHs are places in which the operator provides care, treatment, support, or services above the level of room and board for up to two adults. Three-four bed AFHs are places where three-four adults who are not related to the operator reside and receive care, treatment or services above the level of room and board and that may include up to seven hours of nursing care per resident per week.

Aging and Disability Resource Center (ADRC) – ADRCs are the first place to go with aging and disability questions. ADRCs offer information, advice and help people apply for programs like Family Care and IRIS. To find an ADRC, visit: www.dhs.wisconsin.gov/LTCare/adrc.

Care Manager – Every Family Care member has a care manager. Care managers help members identify their goals and what long-term care services they need to work toward those goals. The care manager is part of the member’s team along with a nurse and others the member wants included. The care team authorizes, coordinates and monitors the member’s services.

Community Based Residential Facility (CBRF) – CBRFs are a type of residential setting where five or more unrelated people live together in a community setting. Residents receive care, supervision, support services, and up to three hours of nursing care per week if needed.

Community Employment – Paid work outside the home that is not in a group situation or work center. This includes supported employment, as well as working independently.

Employment Training Services – Training, instruction and placement services to help people get and keep jobs.

Family Care (FC) – A Medicaid managed long-term care program for frail elders, adults with developmental or intellectual disabilities, and adults with physical disabilities. Family Care includes the Family Care Partnership program and PACE.

- **Family Care Partnership (PCP)** – A Medicare and Medicaid program that provides long-term care services, plus acute and primary care and prescription drugs.
- **PACE (Program of All-Inclusive Care for the Elderly)** – PACE is like Partnership but is only available for people age 55 or older who live in Milwaukee or Waukesha County.

Financial Services Agency (FSA) – The agency that handles bill paying and accounting for IRIS participants. The FSA helps participants monitor their spending and they can also provide employer services on behalf of participants, including processing timesheets, generating paychecks and handling payroll taxes.

Group Employment – Paid work in group situation for people with disabilities (e.g., work crew/enclave). Work crews and enclaves are group employment arrangements where two or more individuals with disabilities work in a team in a community setting. The employer is typically the support provider agency (e.g., sheltered workshop/community rehabilitation facility/work center).

Institution/Institutional Setting – Includes nursing homes, state centers for persons with developmental disabilities, Intermediate Care Facilities for People with Intellectual Disabilities (ICF-ID), and institutions for mental disease.

IRIS (Include, Respect, I Self-Direct) – Wisconsin’s self-directed supports program for older people and adults with disabilities. IRIS participants are in charge of their own support and service plan. They use a monthly budget to buy their long-term care services, supports, and goods. Participants decide who will provide their services and when and where they will be provided.

IRIS Consultant – A trained individual who provides ongoing assistance to IRIS participants. IRIS Consultants help develop and implement the participant’s support and service plan. They also provide resources and give participants information to aid in decision making.

IRIS Orientation Consultant – A trained individual who introduces participants to the IRIS program. Orientation Consultants help identify the participant’s long-term care needs and personal goals. They also help participants choose an IRIS Consultant.

Long-Term Care (LTC) – Services an individual needs due to having infirmities of aging, a disability or a chronic health condition. Long-term care services include help with bathing, dressing, eating, and going to work. Long-term care can be provided at home, in residential settings, and nursing homes.

Long-Term Care Program – Family Care, Partnership, PACE and IRIS are some of Wisconsin’s long-term care programs. Other long-term care programs include the Community Options Program (COP) and the Community Integration Program (CIP).

MA LTC Card Services – Services someone gets using their Medicaid Forward card or through a Managed Care Organization (MCO).

MA Waiver Services – “Waivers” provide services so people can live in the community instead of a nursing home or other institution. The federal government waives certain rules for Medicaid when the State provides these services in the community instead of an institutional setting. Waiver services are generally non-medical services that help with daily activities.

Managed Care – A way to improve the quality and cost-effectiveness of care. Managed Care Organizations (MCOs) operate Family Care and they must authorize services before the member receives care. Members have to get their services from the MCO’s network of providers.

Managed Care Organization (MCO) – The organizations that operate the Family Care, Partnership and PACE programs.

Medicaid – A health insurance program that provides coverage for lower-income people, families, the elderly, and people with disabilities. Medicaid is also known as “Medical Assistance,” “MA,” and “Title 19.” The federal and state governments fund Medicaid. To enroll in Family Care or IRIS, individuals must be eligible for Medicaid.

Medicare – The federal health insurance program for people age 65 or older, people with end-stage renal disease (permanent kidney failure requiring dialysis or kidney transplant), and some younger people with disabilities. Different parts of Medicare cover specific services. Partnership and PACE are Medicare and Medicaid programs.

Money Follows the Person (MFP) Rebalancing Demonstration – A federal initiative that helps states transition people with Medicaid from institutions to the community.

PEONIES (Personal Experience Outcomes iNtegrated Interview and Evaluation System) – A tool DHS uses to assess an individual’s quality of life and how needs are being supported.

Personal Experience Outcome – Represent what Family Care members and IRIS participants identify as important, including their goals, hopes, and dreams. One person’s outcome might be being healthy enough to enjoy visits with her grandchildren, while another person might want to be able to be independent enough to live in his own apartment.

Residential Care Apartment Complexes (RCAC) – A type of residential living setting. RCACs are independent apartment units where five or more adults reside in their own living units. Services include up to 28 hours per week of supportive care, personal care, and nursing services.

Residential Setting – Residential care settings include adult family homes (AFHs), community based residential facility facilities (CBRFs) and residential care apartment complexes (RCACs).

Self-Direct – A way for individuals to arrange, purchase and direct their own long-term care services. People who self-direct may have more control over how, when, and where services are provided.

Supportive Home Care (SHC) – Services that directly assist people with daily activities and personal needs. Examples of SHC services are assistance with shopping, cooking, eating, and routine housekeeping.

Vocational Supports – Services to help get, maintain and succeed in meeting a person’s employment goals.

Work Center Employment – Paid work where the environment and the work tasks are designed for people with disabilities. Includes work in a sheltered workshop, work center, or facility-based employment. The mission of the organization is to provide services to individuals with disabilities and they typically employ a large number of individuals with disabilities in one or more departments or divisions.