Wisconsin
Department of Health Services

# Wisconsin Money Follows the Person Sustainability Plan
**April 2015**

## 1. Executive Summary

For more than 30 years, Wisconsin has supported and promoted home and community-based services through a variety of programs and initiatives, beginning with the state-funded Community Options Program in 1981 and the implementation of Medicaid Home and Community-Based Services waiver programs under the Social Security Act § 1915(c) in the early 1990s. Wisconsin has demonstrated a dedication to home and community-based long-term support services that honors consumer choice and provides support for people to live in the least restrictive and most community-integrated settings possible.

The Wisconsin Department of Health Services (DHS) did not request any new Medicaid waivers or other federal authority specifically for the purposes of the Money Follows the Person (MFP) Demonstration and did not add any Demonstration or Supplemental services for MFP. On day one of their transition from an institution, MFP Demonstration participants are in the existing waiver program for which they qualify and that is available in their community. MFP participants and their costs are tracked separately, but their services are delivered through ongoing programs, ensuring seamless continuity of eligibility and services. Transition from day 365 to day 366 is invisible to the participant, the care manager and service providers.

Wisconsin will sustain the activities of MFP by continuing to transition people from institutions to home and community-based services through two ongoing efforts:

- Expansion of managed care and elimination of waitlists for long-term care services as Wisconsin implements managed care in the remaining 15 counties of the state. In 2015, seven counties will transition from CIP and COP Waivers to offering the Family Care and IRIS Programs. Once Family Care and the accompanying self-directed program, IRIS, are implemented in a county, people in institutions who wish to move from an institutional setting to a community-based setting can be referred to Family Care or IRIS at any time.
- Development and implementation of the MFP Tribal Initiative, which includes outreach to Tribal members living in institutions throughout Wisconsin and assistance to Tribes to make culturally competent long-term care services available for their members.

  Wisconsin will claim enhanced match for eligible MFP participants as long as MFP service dollars are available, or until December 31, 2019. Benchmark numbers will be updated in the 2016 Budget submission.

**2. Stakeholders**

***Internal Stakeholders.*** The Wisconsin DHS is an umbrella agency that includes the State Medicaid Agency, long-term support services for all ages and target groups, aging and disability-specific services, mental health and substance abuse services, public health and other related programs. Internal stakeholders have had ongoing involvement in the operation of MFP. Managers from relevant areas in DHS had input into the MFP sustainability plan.

***External Stakeholders.*** Wisconsin was a leader in developing Medicaid Home and Community-Based Services in the 1980s and 1990s. Although programs were available statewide, funding has always been limited and resulted in waiting lists for home and community-based services. In 1998, DHS initiated a planning process, known as Long Term Care Redesign, which brought together policy

makers and a wide range of stakeholders to reform the state's long-term services system. In 1999, the Department piloted the managed long-term services and supports program known as Family Care in five counties. Family Care incorporates 1915(c) waiver services and long-term care services under the State Plan (including nursing home services) under 1915(b) authority into a single capitated rate, thereby removing the eligibility barriers between institutional and community-based long-term care services. Family Care has expanded to all but 15 Wisconsin counties. In 2015, seven counties in northeast Wisconsin will implement Family Care and IRIS with anticipated statewide expansion over the next few years.

Stakeholders provided significant input to the Long Term Care Redesign over the years and to the plan proposed for the Wisconsin MFP Demonstration. The Executive Committee of the Council on Long Term Care Reform, and others, provided recommendations on the reinvestment of state funds freed up by the enhanced match from the MFP Demonstration. The Department held an open meeting for stakeholders to review components of the initial Operational Protocol and to provide input on proposed benchmarks. The group identified areas of interest for ongoing workgroup involvement and assisted with additional program design elements, focused on marketing and outreach materials, strategies, and the design of quality indicators.

Since the MFP Program is operated under the authority of the ongoing Medicaid home and community-based waiver programs in Wisconsin, the Department has not maintained a separate MFP advisory group. Consumers, stakeholder advocates, and provider organizations continue to have ongoing input into Wisconsin's long-term services and supports programs through the Wisconsin Long Term Care Advisory Council, previously the Council on Long Term Care Reform. Members are appointed by the Department Secretary to advise the Department on activities related to Family Care,

IRIS, institutional transition activities, and other system issues. The Council membership is representative of a range of stakeholder perspectives: WCLTC Members.

At the November 2014 Wisconsin Long Term Care Advisory Council meeting, an overview of the MFP Demonstration and transition statistics were presented: WCLTC Minutes. The group was informed of the sustainability plan requirement. DHS staff explained that no new services had been added and the mechanisms for transition from institutions would not change with the end of the MFP Demonstration. The sustainability plan would, therefore, describe the maintenance of the status quo with the only change being the elimination of the need to track MFP participation. The statewide delivery system for long-term services and supports will not be changed by the sunset of the MFP Demonstration and additional input into the sustainability plan was not sought by DHS.

**3. Continuing Transitions**

Wisconsin will continue to provide long-term care services and support through programs operated under existing Medicaid 1915(b) and 1915(c) Waivers and relevant State Plan Amendments. The programs are funded and operated under ongoing State statutory authority and provide services and supports based on person-centered planning, individual choice of programs and providers, and the assurance of health and safety in the most integrated community setting.

For decades Wisconsin has participated in various initiatives supporting institution relocation and community living in the least restrictive setting. While MFP is the most recent, Wisconsin did not identify any new demonstration and supplemental services in MFP because relocation and transition services were, and continue to be, part of Wisconsin's authorized waivers. MFP's rebalancing focus supports Wisconsin's ongoing commitment to increasing home and community-based services and

decreasing institutional services. Rooted in all Wisconsin waivers is the opportunity for people who have a nursing home level of care to obtain services in the community instead of in an institution. This preference for home and community-based services will not change with the expiration of MFP grant funding.

MFP participants enroll or are already enrolled in a waiver program from day 1 of the 365 days of MFP eligibility. Participants in the waiver programs operated under 1915(c) authority only begin waiver and MFP participation on the day that they transition from the institution. Services continue unless the person is re-institutionalized, at which time services are suspended until he/she again transitions from the facility. People may enroll in Family Care while they are in the institution under the 1915(b) waiver authority and enrollment continues during subsequent institutionalizations, until dis-enrollment occurs. For all MFP participants, it is a seamless shift from MFP funding to ongoing funding at the regular Federal Medical Assistance Percentage (FMAP) after day 365. Services are based on person-centered planning and health and safety needs, not on the source of federal match.

One particularly noteworthy benefit of the MFP Demonstration in Wisconsin was the development of an automated referral system for people living in nursing homes who indicate in Section Q of the Minimum Data Set (MDS) 3.0 that they would like to talk with someone about the possibility of returning to the community. CMS requires the facility to make a referral to the Local Contact Agency (LCA); in Wisconsin, the LCA is the area Aging and Disability Resource Center (ADRC). Wisconsin obtained approval to use MFP administrative funding to develop an electronic system to automate these referrals. The ADRC receives an email indicating that a referral has been made. The details of the referral are found in a secure, limited access on-line system. The ADRC then makes contact with the person/guardian to discuss options including eligibility and enrollment for publicly funded services for

persons who may be Medicaid eligible. Options counseling and discussion of community resources are also provided to others whose institutional stay is not Medicaid-funded. Since DHS is committed to offering home and community-based services as a choice for people eligible for long-term care, this automated referral system to area ADRCs will continue to operate after MFP funds expire. The minimal costs for maintenance of the system will be absorbed by the Department's operational funding.

Increased outreach to people living in nursing homes is another activity currently funded either directly with MFP administrative funds or with rebalancing fund savings. Five contracted community living specialist (CLS) positions provide the first contact on behalf of area ADRCs to institution residents who answer yes to the MDS-Q question. The CLS reaches out to other nursing home residents referred by nursing home staff and people who self-refer. In counties that do not have a CLS, these activities are carried out by ADRC staff and the ADRCs are reimbursed through rebalancing savings. Nursing home outreach is a core ADRC activity, described on page 4 of the 2012 Aging and Disability Resource Center Status Report. Nursing home outreach will continue to be an ADRC responsibility after the MFP demonstration ends.

MFP Team specialists, the Housing Specialist and the Developmental Disabilities Support Specialist, work on infrastructure-building activities with partners throughout the state. These contract staff positions will be phased out prior to September 30, 2020.

- Responsibilities for housing issues, including collaboration with the Wisconsin Housing and Economic Development Authority on Low-Income Housing Tax Credit and Section 811 funding, will be absorbed by other Bureau of Managed Care (BMC) staff.

- Responsibilities for issues related to the special needs of people with developmental disabilities will be absorbed by BMC's recently established Behavioral Health Section and by existing member care quality specialists. The Behavioral Health Section will work with managed care organizations (MCOs) as part of a focus to better assess and deliver needed services to persons with behavioral health needs and complex behaviors.

The MFP Tribal Initiative (MFP-TI) Project Manager responsibilities will end with the close-out of the MFP program. Work with Tribes on long-term support issues will be absorbed by other staff in the State Medicaid Agency overseeing tribal long-term care issues and the Tribal Waiver, funded with Medicaid administrative funds. The MFP-TI data analyst position will end prior to the end of the MFP demonstration. Data needs and analyst functions related to tribal long-term care activities will be absorbed by other DHS staff.

The MFP Project Director and the contract Data and Research Analyst positions will be phased out and not continued after September 30, 2020. Any MFP-related reporting or follow-up required after that date will be absorbed by other DHS staff under the leadership of the Chief of the Managed Care Program Quality, Performance, and Special Initiatives Section.

The Centers for Medicare and Medicaid Services (CMS) requires reporting for specified activities related to the MFP Demonstration until September 30, 2020. These reports not only cover program and services information for people participating in MFP until December 31, 2019, but also some follow-up reporting including evaluation reporting (quality of life survey administration and reporting), claims reporting, and administration staff and activities reporting. These expenses are included in the budget through September 30, 2020. While it is expected that MFP staff and contract staff will leave

the program as MFP activity diminishes, fiscal and program reporting will continue and be charged to the grant via the Department time accounting program. Administration of the quality of life survey will be completed by remaining program staff and/or contracted to other agencies as is occurring now for part of the state. Funds are budgeted accordingly through September 30, 2020.

**4. Demonstration Services**

Since Wisconsin MFP does not have any demonstration or supplemental services, the existing Medicaid Home and Community-Based Services Waiver long-term care delivery system in Wisconsin serves as the delivery system for the MFP Demonstration. Transition services, community-based services during MFP participation, and the continuation of services after MFP participation are provided through Medicaid waivers from day 1 of transition, through the 365 days of MFP eligibility, and on to day 366 without any change in services or need to re-enroll in services. Medicaid waiver agencies, including MCOs, provide or purchase care management and other waiver services for all participants.

**5. Administrative Staff and Contract Positions Funded by MFP Administrative Funds**

The chart below identifies MFP staff and contract positions funded with MFP administrative funds. Key positions are the MFP Project Director and the MFP-TI Project Coordinator. As positions become vacant as the result of attrition, the decision to fill the position will be made based on the timing of the vacancy and on whether the activities of the position could be re-assigned to other staff.

| Money Follows the Person Staffing (per 2015 budget) | | | | | |
|---|---|---|---|---|---|
| **Staff Title** | **FTE for the Demonstration** | **Roles and Responsibilities** | **Disposition** | **Post MFP Funding Source** | **Date to End MFP Funding*** |
| **State Position Dedicated to Demonstration** | | | | | |
| MFP Project Director | 1.0 FTE | Overall coordination of MFP Demonstration. Liaison with CMS. | Delete | N/A | 9/30/2020 |
| **Contract Positions Dedicated to Demonstration** | | | | | |
| Housing Resource Specialist | 1.0 FTE | Enhances availability and accessibility to affordable, accessible housing. | Develop Housing expertise in other DHS staff | Medicaid Admin | 9/30/2020 |
| Developmental Disabilities Support Specialist | 1.0 FTE | Provides support and technical assistance for transition of individuals with developmental disabilities. | Utilize expertise of other DHS staff | Medicaid Admin | 9/30/2020 |
| Data and Policy Analyst and Research Specialist | 1.0 FTE | Provides data collection and analysis of available data regarding the MFP program. | Delete - final reporting to done by other DHS staff | N/A | 9/30/2020 |
| Community Living Specialists | 5.0 FTE | Provide outreach and education to nursing home residents, increasing transitions from institutions to the community (field-based). | Conduct nursing home outreach through ADRCs | State funds matched with Medicaid Admin per time-reporting | 9/30/2020 |
| Tribal Initiative staff: Project Manager and Data Analyst | 2.0 FTE | Implement MFP-Tribal Initiative. Provide consultation to Tribes and support tribal long-term support program development. | Other DHS staff to absorb relevant duties. | Medicaid Admin | 9/30/2020 |

* As the demonstration nears the end, positions may end earlier as a result of attrition.

**6. Rebalancing Funds**

Wisconsin has used rebalancing funds for the following purposes:

- **Enhanced fee-for-service waiver capacity during managed care expansion.** The Department provided additional funding to expand the capacity of those counties still under fee-for-service waivers to serve people from their waiting lists.
- **Financial support for increased ADRC outreach to people in institutions.** ADRCs increased their capacity to outreach into institutions. Some ADRCs hired dedicated staff while others increased outreach activities across multiple staff. The ADRC staff work with both Medicaid-funded residents and those funded with private resources or by other payers, including people who are in nursing homes for Medicare rehabilitation. Though this is difficult to measure, it is expected that this outreach contributes to shorter institutional stays and people returning to their home as planned.
- **Incentives to MCOs for each transition under MFP.** Starting in 2014, MCOs received a $1,000 incentive for each person transitioned from an institution and enrolled in MFP. The incentive supports the additional tracking and reporting required by MFP. From 2014 to 2015, MFP eligible transitions increased 24 percent in Family Care counties.

Wisconsin will continue to use rebalancing funds for the purposes described above and will add the following activities to liquidate the rebalancing funds prior to September 30, 2020.

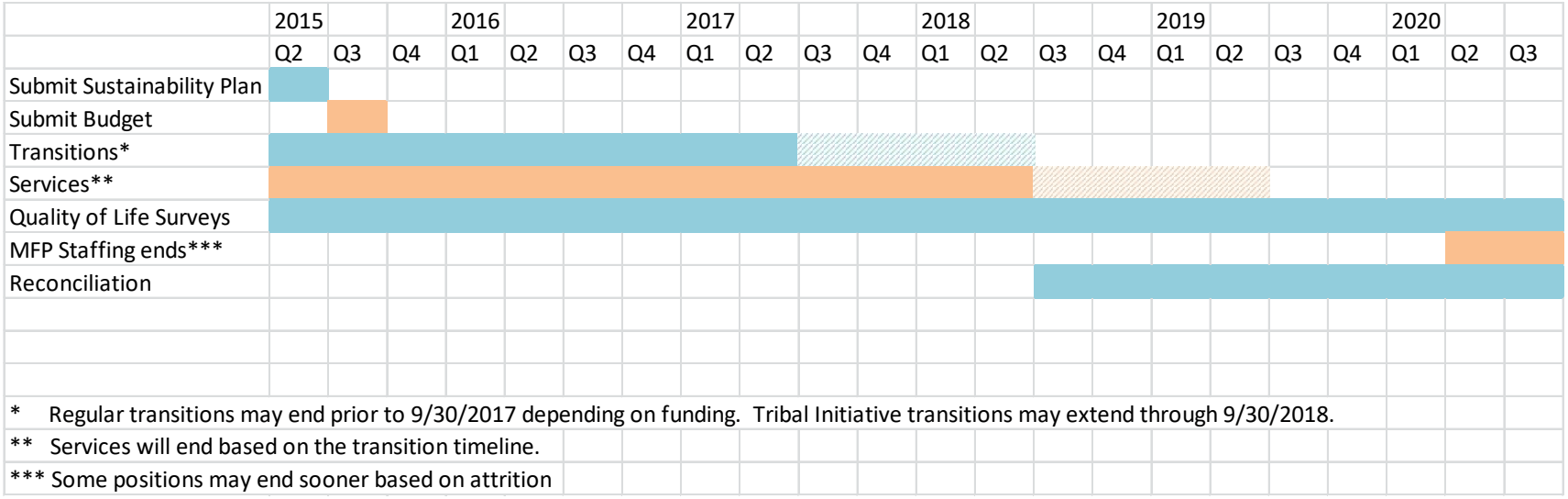
- **Support Initial Cost of Expansion of Managed Care to all Wisconsin counties.** The Governor's 2015-2017 proposed budget calls for expanding managed care statewide by 2017. Although the move to managed long-term services and supports is projected to save Medicaid funding over the long-term with the reduced use of institutions and better management of care, the State will see

increased costs in the short-term as waitlists are eliminated in expansion counties that currently operate fee-for-service waivers.

- **Provide targeted incentives to MCOs to encourage activities that support DHS priorities.** DHS has several department- or division-wide priorities that would benefit from participation by MCOs. Some examples are a focus on ensuring that systems and services are responsive to the needs of people with Alzheimer's disease and other dementias, and the development of systems and supports that reduce crisis-related institutionalization of people with dual diagnoses of a long-term care-related need and mental illness.

## 7. Timeline

The graphic below illustrates Wisconsin's anticipated timeline for the closure of the MFP demonstration in Wisconsin. The timeline may vary from the expected timeline based on actual spending over the next few years.



## 8. Estimated Budget Summary

MFP Sustainability Plan Estimated Multi-Year Budget

| Grantee Name: | Wisconsin MFP | Award Number: | 1L12013000198 | | | |
|---|---|---|---|---|---|---|
| Estimated Federal Budget | | | | | | |
| 6. Object Class Categories | (1) CY 2016 | (2) CY 2017 | (3) CY 2018 | (4) CY 2019 | (5) CY 2020 | (6) Total |
| a. Personnel | $64,000 | $64,000 | $64,000 | $64,000 | $32,000 | $288,000 |
| b. Fringe Benefits | $28,517 | $28,517 | $28,517 | $28,517 | $15,000 | $129,068 |
| c. Travel | $6,168 | $6,168 | $6,168 | $4,000 | $4,000 | $26,504 |
| d. Equipment | $0 | $0 | $0 | $0 | | $0 |
| e. Supplies | $40,350 | $40,350 | $30,000 | $15,000 | $5,000 | $130,700 |
| f. Contractual | $715,221 | $715,221 | $400,000 | $150,000 | $50,000 | $2,030,442 |
| g. TRIBAL INITIATIVE (includes services)* | $500,000 | $400,000 | $300,000 | $300,000 | $100,000 | $1,600,000 |
| h. Services (TI services in g. above) | $7,989,497 | $6,185,419 | $598,483 | | | $14,773,399 |
| i. Total Direct Charges (sum of 6a-6h) | $9,343,753 | $7,439,675 | $1,427,168 | $561,517 | $206,000 | $18,978,113 |
| j. Indirect Charges | $3,046 | $3,046 | $3,046 | $3,046 | | $12,184 |
| k. Total Federal Budget (sum of 6i-6j) | $9,346,799 | $7,442,721 | $1,430,214 | $564,563 | $206,000 | $18,990,297 |

* Assumes $200,000 Phase 2 expended in 2015 for Tribal Initiative

4/16/2015