Wisconsin Department of Health Services

Overview of Family Care, Family Care Partnership and PACE

Bureau of Adult Quality Oversight

Examples of Wisconsin’s LTC Program Services

Note: The groups shown are a representative list of services only and are not mutually exclusive.

<table>
<thead>
<tr>
<th>MA Waiver Services</th>
<th>MA LTC Card Services</th>
<th>Acute and Primary Medicare or MA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supportive Home Care</td>
<td>Home Health</td>
<td>Emergency Room Visit</td>
</tr>
<tr>
<td>Home Modifications</td>
<td>Medical Supplies</td>
<td>Everything</td>
</tr>
<tr>
<td>Home-Delivered Meals</td>
<td>Nursing Home</td>
<td>Hostel Care</td>
</tr>
<tr>
<td>Lifeline</td>
<td>Personal Care</td>
<td>Dental Care</td>
</tr>
<tr>
<td>Assisted Living</td>
<td>Mental Health</td>
<td>Prescription Drugs</td>
</tr>
<tr>
<td>Employment</td>
<td>Alcohol or Other Drug Treatment</td>
<td>Laboratory Tests</td>
</tr>
</tbody>
</table>

IRIS

Family Care

Partnership/PACE

Accessed Through Medicare or Medicaid Card

Accessed Through Medicare or Medicaid Card

Accessed Through Medicare or Medicaid Card
Key Managed Care Principles

- Incentives for high-quality care to support member outcomes in a cost-effective manner.

- Integrated services in one benefit package to improve coordination and efficiency of delivering care.

Managed Care Principles

- Quality and cost-effectiveness
- Capitated payment
- Competitive business model for service rate negotiations, contract relationship
- Provider network
- Choice
Managed Care Organizations

- Support elders and people with disabilities to obtain care and results while managing public funds wisely.

- Risk-based, managed care business model with reimbursement based on actuarially sound rates on a per member basis.

- Public agencies or districts, private organizations (for-profit or not-for-profit.)

Managed Care Principles

- Public/private partnership/franchise
- Managing Risk:
  - Risk and Solvency
  - Prevention and Wellness and Disease management
- Utilization management
Definition: Long-Term Care Outcome

- A situation, condition or circumstance that a member or IDT staff member identifies that maximizes a member’s highest level of independence.

- A long-term care outcome is based on the member’s identified clinical and functional needs.

How are Decisions about Services made?

- The member’s long-term care outcomes are identified.

- The Inter Disciplinary Teams (IDTs) use the Resource Allocation Decision (RAD) method to identify services.
The RAD Method
(2013 new version)

1. Core issue/concern/need?
2. How does the core issue relate to the member’s long-term care outcome?
3. Options to address the core issue while supporting the long-term care outcome?
4. Review options with the member.
5. Organizational policy or guidelines may apply.
6. Negotiate with the member or guardian to reach a decision that best supports the member's long-term care outcome.

Interdisciplinary Care Teams

- Help consumers identify outcomes
- Include consumers in decision-making and creating a member-centered plan
- Arrange for services to be delivered to the consumer
- Coordinate with other services such as medical care
- Assure quality of long-term care services
Quality Management

- Required of the MCO under the Department of Health Services (DHS) contract, including ongoing monitoring of quality measures and Program Improvement Plans.
- External Quality Review Organization (MetaStar) annually reviews MCO quality programs:
  - Performs quality site visits
  - Monitors implementation of contract requirements
  - Performs member-centered plan reviews and member outcome interviews
  - Reports findings to DHS and the Centers for Medicare and Medicaid Services (CMS)
- DHS performs an annual member satisfaction survey.

Managed Care Organization (MCO) Oversight Teams

- Oversight teams include:
  - Contract Coordinator (CC)
  - Member Care Quality Specialists (MCQS)
  - Fiscal staff
    (from the Bureau of Financial Management)
  - A Regional Operations Manager
Oversight Team

- Contract Coordinator: contract compliance

- Managed Care Quality Specialist (MCQS): member specific issues and quality

- MCO assignments and contact information are on the Family Care website.
DLTC Contacts

Bureau of Adult Programs and Policy:
Director Betsy Genz

Bureau Of Adult Quality Oversight:
Quality Manager : Ann Lamberg
Phone: (262) 521-5385, email: ann.lamberg@wisconsin.gov
Contract manager: Kelly Conte Neumann
Phone: (262) 424-0234

Questions
Website Information

Family Care Internet Website
http://dhs.wisconsin.gov/ltcare