PROPOSED NEW MODELS OF LONG TERM CARE

Calumet, Outagamie, and Waupaca Counties

October, 2008
Community-Based Care in Wisconsin: A Historical View

Wisconsin has been viewed as a leader among states in establishing community-based, long-term care for many years.

- Began state-funded, county-based community services in 1974.
- Community Options Program (COP) in 1981.
- Community Integration Program (CIP) for persons with developmental disabilities in 1983.
Why did the State of Wisconsin want to change the current LTC system?

- Contain Statewide Cost Growth
- Expand Consumer Choice (Nursing Home vs. Waitlist)
- Simplify Access to LTC Services
What were the Goals for Long-Term Care Reform?

- Purchase better consumer outcomes, not services or processes.
- Allow consumers and care managers flexibility to respond to individuals’ needs, preferences, and resources.
- Enable individuals to live in the most integrated setting suited to their needs and preferences.
- Reduce reliance on institutional and residential care.
- Include and support informal caregivers.
How Does the Current System Compare to the New?

Current System

- Entitlement to nursing home care: wait list for community care
- Specific types of service available
- Many different federal, state and county funding streams

Proposed Model

- Entitlement to both community-based and nursing home care
- Single, expanded, flexible benefit package
- One primary funding stream
Comparing Systems

Current System
- No $ incentive for intervention & prevention - person automatically enters nursing home
- Service authorization limited by available funds, or by state prior authorization

Proposed Model
- Intervention and prevention in care plans; must provide services if condition deteriorates
- Service authorization by local teams with access to needed funding
Current Long-Term Care Reform Alternatives

- **Family Care:** System that arranges and manages long-term care and works closely with acute and primary health care providers to better coordinate care and services.

  Currently available in Fond du Lac, La Crosse, Portage, Richland, Milwaukee, Racine, Kenosha, Sheboygan, Ozaukee, Washington, Waukesha, Dodge, Jefferson, Columbia, Green Lake, Waushara, St. Croix, Pierce, and Marquette counties.

- **Partnership:** System that delivers long-term care and integrates acute and primary care that includes medical care.

  Currently available in Chippewa, Dunn & Eau Claire; Milwaukee, Racine, Kenosha; Dane, Columbia, Pierce, and St. Croix counties.
What is Family Care?

Comprehensive, flexible long-term care program to foster independence and quality of life for the elderly and people with disabilities in Wisconsin
Who is Eligible for Family Care?

**FINANCIAL**
- Be Medicaid-eligible,

**FUNCTIONAL**
- Be otherwise eligible to receive services in a nursing home.
- Be one of the following:
  - 65 years or older
  - 18+ years with a physical disability
  - 18+ years with a developmental disability
What does Family Care Offer to Consumers?

- Comprehensive Assessment
- Interdisciplinary Team (including consumer)
- Identification of appropriate long-term care outcomes
- Identification of natural and paid supports to help consumers attain outcomes
- A network of qualified service providers
Family Care Team

- Manages services
- Ensures consumer’s outcomes and needs are addressed as needs change

The Team includes:
- Member
- Care Manager
- Nurse Care Manager
- Others (i.e. other professionals, guardian, relatives, friend)
# What Services are in the Benefit Package?

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>Partnership</th>
<th>Family Care</th>
<th>Current MA Waiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician/Hospital Services</td>
<td>X</td>
<td>Card</td>
<td>Card</td>
</tr>
<tr>
<td>Medications</td>
<td>X</td>
<td>Card</td>
<td>Card</td>
</tr>
<tr>
<td>DME/DMS</td>
<td>X</td>
<td>X</td>
<td>Card</td>
</tr>
<tr>
<td>Home Health, Personal Care</td>
<td>X</td>
<td>X</td>
<td>Card</td>
</tr>
<tr>
<td>Physical, Speech, OT</td>
<td>X</td>
<td>X</td>
<td>Card</td>
</tr>
<tr>
<td>Nursing Home Care</td>
<td>X</td>
<td>X</td>
<td>Card</td>
</tr>
<tr>
<td>Day Service or Respite</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Home Delivered Meals</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Home Modifications</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Residential Care</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Case Management</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Supportive Home Care</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Transportation</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
Does Family Care Save Money?

Independent assessment of four of the five original Family Care Pilots found:

- Average savings of $452 per month
- Reduced use of nursing homes
- Persons maintained Health and functioning

- Assembly Committee of Medicaid Reform
- Department of Health and Family Services
  - February 8, 2006
How Money is Saved?

- Reduced hospital costs
- Reduced nursing home use
- Focus on outcomes; needs vs wants
What is the Family Care Partnership Program?

Combines health and long-term care services for elderly and people with disabilities.
Who is Eligible for Partnership?

**FINANCIAL**
- Be Medicaid-eligible,

**FUNCTIONAL**
- Be otherwise eligible to receive services in a nursing home.

**TARGET GROUP**
- Be one of the following:
  - 65 years or older
  - 18+ years with a physical disability
  - 18+ years with a developmental disability
Partnership Team

- Partnership Team includes
  - Primary Care Physician
  - Nurse Practitioner
  - Registered Nurse
  - Licensed Social Worker
  - Member, Significant Others
How Does Partnership Work?

- Team provides or arranges all services
  - Goal: To assist participant in living in the community for as long as possible

- Medical Care
  - Medical care is included
  - Member contacts Team to make appointments for routine, urgent and out-of-area care
  - Exception: Emergency care
  - Primary Care Provider makes referrals to network specialists when needed
  - Members present their ID card to network providers to receive services
Why Choose One or The Other?

**Family Care is a better fit when:**

- Member prefers control over convenience
  - Member maintains greater responsibility in coordinating own care
- One stop shop for all services — long-term care and medical care — is less important
  - Retaining existing physician(s) is important
  - Physicians who have agreed to contract with the MCO are not those the member would like to see
- Absence of chronic, complex disease
- Medication management is not indicated
Partnership is a better fit when:

- Participant prefers convenience over control
  - Participant maintains less responsibility in coordinating care
- One stop shop of all services – long-term care and medical care – is important
  - Retaining existing physician(s) is not as important
  - Physicians who are willing to contract with the MCO are acceptable
- Presence of chronic, complex disease
- Medication management is indicated
What about Self Directed Supports?
Self-Directed Supports Option

- Option available for all Community Care programs (Family Care & Partnership)
  - Empowers you to arrange, purchase and direct some of your own long-term care services
  - Gives you greater control and flexibility

- Option available through state wide Self Directed Supports program called IRIS (Include, Respect, I Self-Direct)
  - Empowers you to arrange, purchase, and direct all of your long term care services
In order for Family Care or Partnership to be offered in an area, there must first be an operating Aging and Disability Resource Center (ADRC)
Aging & Disability Resource Centers and Long-Term Care Reform

- A single source for the general public to get objective and reliable information about a broad range of community resources of interest to elderly people and people with disabilities.

- Service is provided at no cost and without regard to income and assets.

- Help people conserve their personal resources, health and independence.

- Reduce the demand for public funding for long term care by delaying or preventing the need.

- Growth of aging and disabled population means that more people will need assistance.
Aging & Disability Resource Center Serving Calumet, Outagamie and Waupaca counties

Go To

www.youradrcresource.org
<table>
<thead>
<tr>
<th>County</th>
<th>Branch</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calumet County</td>
<td>206 Court Street</td>
<td>Chilton, WI 53014</td>
<td>920-849-1451</td>
<td>1-866-739-2372</td>
<td><a href="http://www.co.calumet.wi.us">www.co.calumet.wi.us</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outagamie County</td>
<td>401 S. Elm Street</td>
<td>Appleton, WI 54911</td>
<td>920-832-5178</td>
<td>1-866-739-2372</td>
<td><a href="http://www.co.outagamie.wi.us">www.co.outagamie.wi.us</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waupaca County</td>
<td>811 Harding Street</td>
<td>Waupaca, WI 54981</td>
<td>715-258-6400</td>
<td>1-866-739-2372</td>
<td><a href="http://www.co.waupaca.wi.us">www.co.waupaca.wi.us</a></td>
</tr>
</tbody>
</table>

WWW.yourADRCresource.org
The ADRC serves people in Calumet, Outagamie, and Waupaca Counties who meet one or more of the following:

- Are over age 60
- Have a developmental disability
- Have a physical disability
- Have mental health issues
- Have substance abuse issues
- Are young adults with disabilities who are transitioning to adulthood and related services
- Are families, caregivers, or advocates for any of these individuals
What does the ADRC do?

ADRC helps to:
- Sort out issues and answer questions
- Identify options to make choices and maximize independence
- Identify informal supports and location of gaps
- Determine eligibility for public funding
- Explain programs and services that are available in their own communities

ADRC will assist with:
- Applications for public benefits
- Signing up for government programs

For those with greater needs, ADRC will help to encourage an even more in-depth interview to help identify care and other support needs.
Plan for the Future

Transition from individual County Managed Programs to Managed Care Organization Covering Several Counties
Role of the Managed Care Organization (MCO)

- Partners with counties in day-to-day provision of long-term care services
- Tailors the delivery of care to eligible recipients based on their needs
- Contracts with quality providers of service
- Contracts with the state to provide consistent level of long term care
- Bears financial risk
Role of the State of Wisconsin

- Provides statewide fiscal, regulatory and quality oversight
  - Managed Care Organization
  - ADRCs
- Legislative changes to accommodate reform
  - Funding
  - Statutory changes
Role of Counties

- Provides local oversight through the ADRC Consortia Advisory Committee, regional Long Term Care Council, Operations Council, and local Advisory Committee
- Operates Aging and Disability Resource Centers (ADRCs)
- Encourages cross-county collaboration for efficiencies and best practices
- County Boards must approve participation in redesigned system
Calumet, Outagamie & Waupaca Counties have partnered with Community Care to work toward becoming the MCO in this area.

- **Community Care is**
  - A pioneer in community-based long-term care
  - Nationally recognized for model of integrated care
  - A non-profit organization with over 30 years of experience in caring for at-risk Wisconsin residents
  - Currently serving more than 4000 adults with long-term care needs
  - An agency with a high degree of member satisfaction

*Familiar places. Caring faces.*
Our shared goals

- To empower adults with health and long-term care needs to remain independent as long as possible
- To improve the quality of life for all people in our communities
- To work together to end waiting lists for long-term care services
- To ensure that people understand their choices and are matched with the best program for them (Family Care, Family Care Partnership, IRIS, or Medicaid fee for service)
KEY ELEMENTS OF PROPOSED MODEL

- Community Care is MCO with state contract
- Community Care provides Partnership & Family Care
- Representative of each county on Community Care Board
- Local input through Advisory Committees and Operations Council
- Counties may contract for care management and/or other key services
Who Will be Impacted By Implementation of Proposed Model?

- **Consumers**
  - Current COP, CIP recipients will be offered the opportunity to select Family Care, Partnership, IRIS, or remain in Medicaid fee for service
  - For those counties with wait lists, the wait lists will be gone in 24 months

- **Providers**
  - Current providers will be offered the opportunity to contract with Community Care to continue to provide services

- **Counties**
  - After the transition period, counties will no longer offer long term support programs; COP & CIP will go away
  - Counties will continue to sponsor the ADRC, mental health programs, adult protective services, and programs for children
What can you do to ensure success?

- Get Informed
- Provide input
- Provide feedback
- Stay informed