

Riding the Wave of Long-Term
Care Reform
**2007 Rehabilitation and Transition
Conference**
Kohler, Wisconsin

Lessons in Long-Term Care

- More than 65% of Medicaid costs are for people with long-term care needs
- Built upon the strengths of the Community Options Program, Family Care and Partnership have proven to be cost effective models for bringing care under management
- Need strategies for moving to managed care faster.



Lessons in Long-Term Care

- Currently, Medicaid provides entitlement to nursing home care
- Currently, waiting lists exist for community long-term care options- except in Family Care counties
- Consumers overwhelmingly prefer community care
- Compared to other states, Wisconsin relies heavily on nursing homes



Statewide Council on LTC Reform - Goals of Reform

ACCESS--Improve people's access to services.

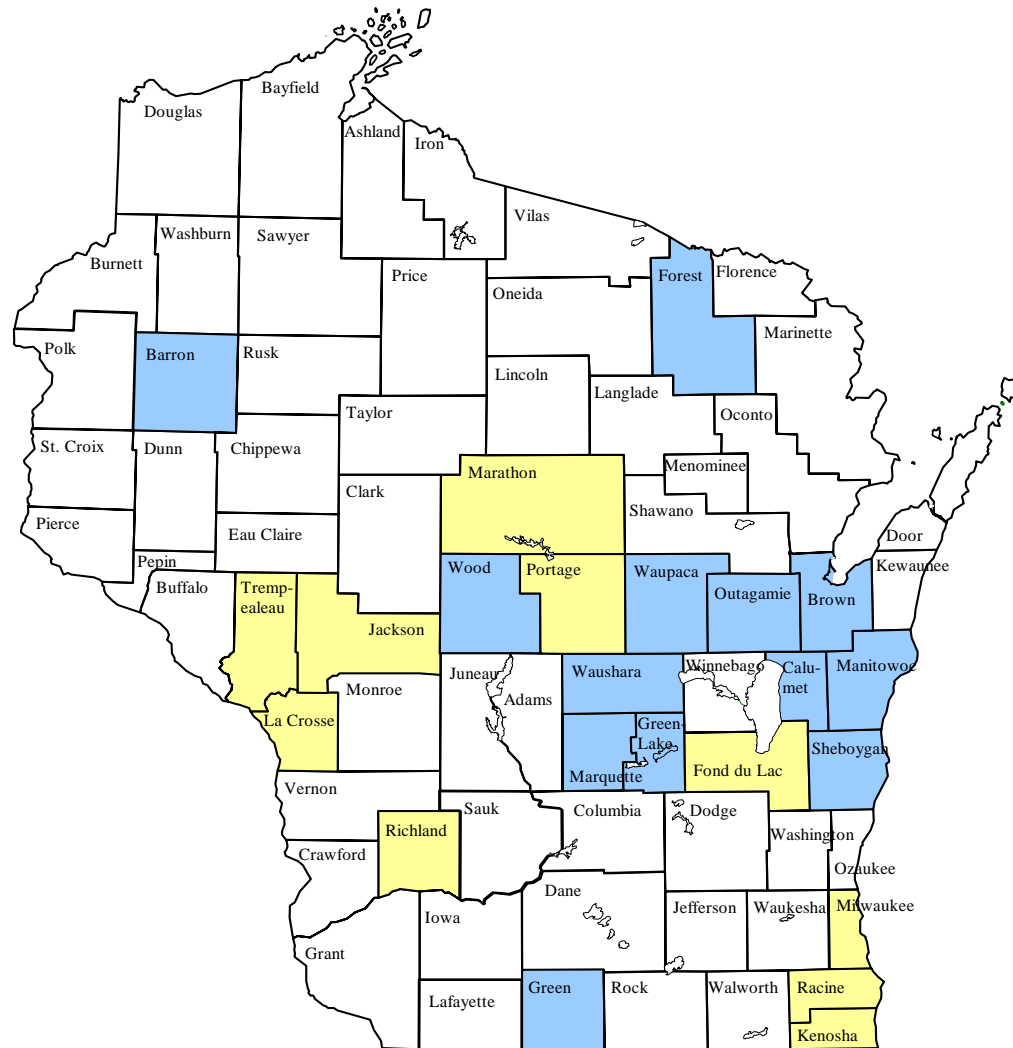
CHOICE--Give people better choices about the services and supports available to meet their needs.

QUALITY--Improve the overall quality of the long-term care system by focusing on achieving people's health and social outcomes.

ECONOMY--Create incentives and ability for providing and purchasing cost-effective alternatives.



Aging & Disability Resource Centers



Functions of an ADRC

- Outreach and Marketing
- Prevention Activities
- Information and Assistance
- LTC Options Counseling
- Elderly and Disability Benefit Counseling
- Short-Term Care Management
- Emergency Referral
- Functional Eligibility
- Financial Eligibility
- APS/Elder Abuse Prevention



Family Care

- Began operation in 2000
- A “partially integrated” program
- Operates under a 1915 b/c waiver
- Includes three target groups:
 - Elders
 - Adults with physical disabilities
 - Adults with developmental disabilities



Role of Care Management Organizations (CMOs)

- To support elders and people with disabilities to get the **care and results** they want in a way that manages money wisely.



Practical Goals of CMOs

- Help consumers determine the results they want
- Include consumers in decision-making and creating a plan for services that is focused around the member, not the bureaucracy
- Provide services to the consumer, either with staff from the CMO or staff the CMO hires to help the consumer
- Coordinate with other services the consumer needs, like medical care or hospitalization
- Make sure that quality services are provided at all times



The Family Care Benefit: Provided by CMOs

- Adaptive aids, communication aids, medical supplies, home modifications
- Home health, therapies, nursing, personal care, supportive home care
- Residential services, nursing home care
- Transportation, daily living skills training, supportive employment
- Nutrition Services, including home delivered meals
- Emergency response system services
- Respite care, adult day care, day services
- Case management



Where are the Family Care CMOs?

- Fond du Lac.....988 members
 - La Crosse.....1,730 members
 - Milwaukee.....6,103 members
 - Portage..... 899 members
 - Richland.....351 members
 - Racine.....145 members
 - Kenosha.....70 members
- Total.....10,286

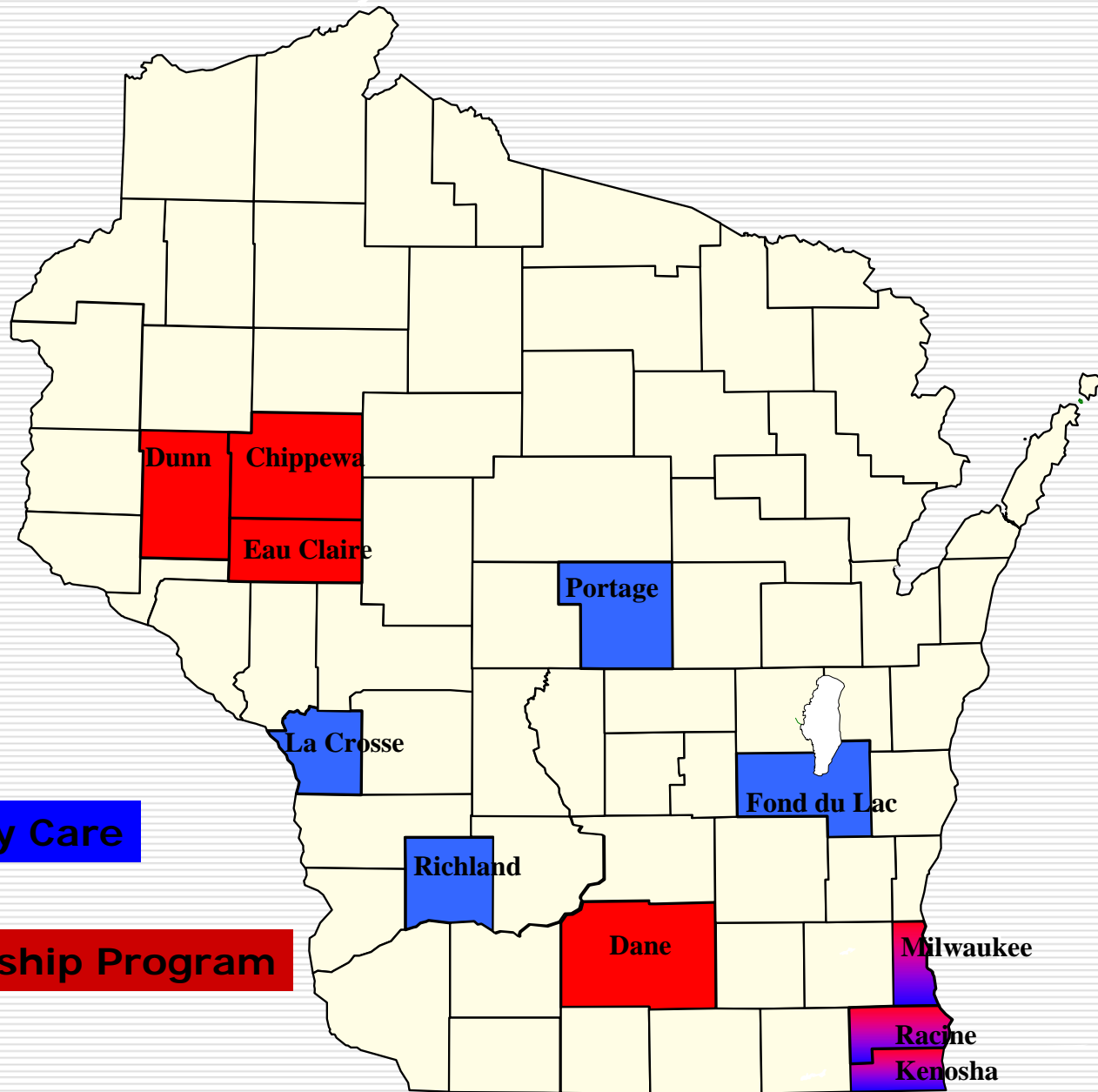


Membership is as of February 1, 2007

Wisconsin Partnership Program

- Began in 1996
- A fully integrated program
- Operates under an 1115/222 waiver
- Serves two target groups:
 - Elders
 - Adults w/ physical disabilities



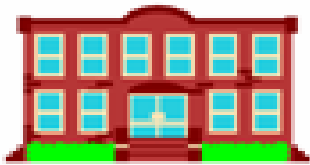


Family Care

Partnership Program



Resource Center



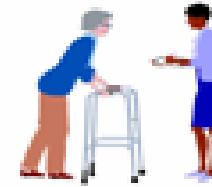
Information and Assistance
Counseling about Long-Term Care Options
Functional Eligibility Determination
Gather Financial Information for Economic Support

Economic Support



Financial Eligibility Determination for Medicaid and Family Care

Enrollment Consultant

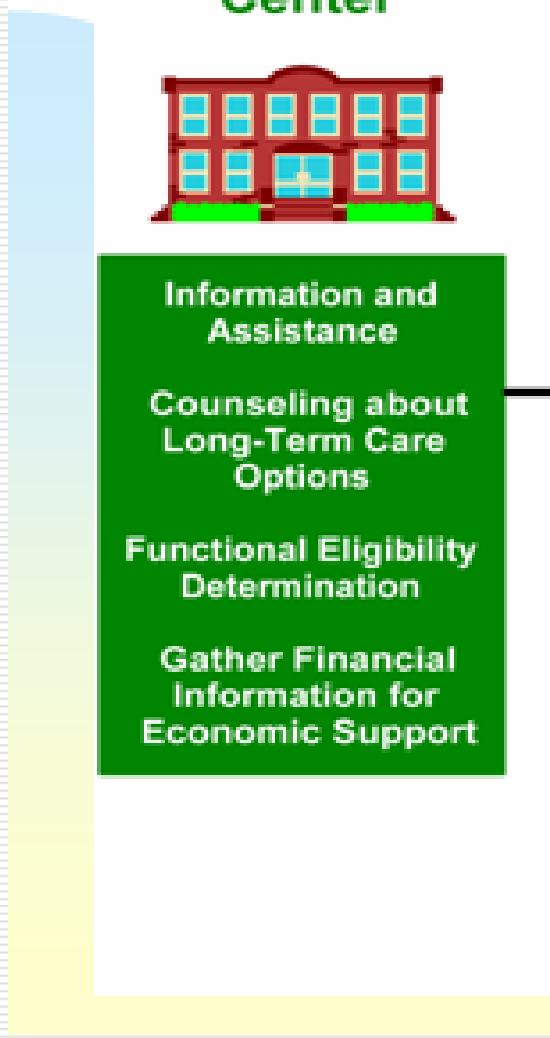
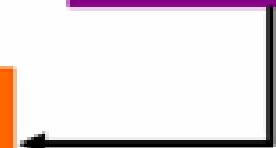


Provide information and advice about available service options and CMO choices
Assist the person to understand and sign Family Care enrollment form

CMO



Comprehensive Assessment
Interdisciplinary Team Care Plan
Long-Term Care Services



Why Managed LTC?

Current System

- ❑ Uncoordinated fee-for-service care, with no safeguards against gaps & overlaps
- ❑ Immediate entitlement to nursing home care; wait list for community care
- ❑ In NH, certain services regardless of need; in waiver, a limited benefit package.

Family Care

- ❑ Managed care, with focus of responsibility for quality and cost.
- ❑ Immediate entitlement to long-term care suitable for individual needs
- ❑ Single, expanded, flexible benefit package



Why Managed LTC?

Current System

- ❑ Waiver care management has social work expertise.
- ❑ Waiver assessment limited to need for waiver services
- ❑ Acute/primary care rarely coordinated with waiver services.
- ❑ LTC 'card services' not coordinated with waiver services.

Family Care

- ❑ Interdisciplinary care management: social work and nursing.
- ❑ Holistic approach to care planning
- ❑ Mandatory contacts with primary health providers.
- ❑ Control, responsibility for all MA-funded LTC services under one local agency.



Independent Evaluations of Family Care Program

- ❑ October 2005 report describes Family Care achievements in 2003 and 2004, the fourth and fifth years of the program's operation.
- ❑ <http://dhfs.wisconsin.gov/LTCare/pdf/FCIndepAssmt2005.pdf>



Program Results – Family Care

Costs in comparison to people in the waivers:

- Medicaid spending was \$452 lower for each member for each month, not including Milwaukee County, and
- \$55 lower for each frail elderly member in Milwaukee County



Program Results – Family Care

Consumers' outcomes:

- increasing rates of outcomes over 5 years
- better health and functioning than people not in Family Care



Current Initiatives

- ICF-MR Restructuring allows institutional funding to provide community supports.
- Community Relocation Initiative allows nursing home residents to relocate to the community.
- Aging and Disability Resource Centers support those with private resources in finding community care.
- Long-Term Care Planning Grants allow partners to expand reform efforts.



Planning for Family Care Expansion

- 10 Planning Grants – 100,000 - \$250,000
- Planning groups include public agencies (counties) and private agencies
- Planning started in February 2006 and will end in late 2007 or early 2008
- Each group is planning for ADRC and CMO at its own pace



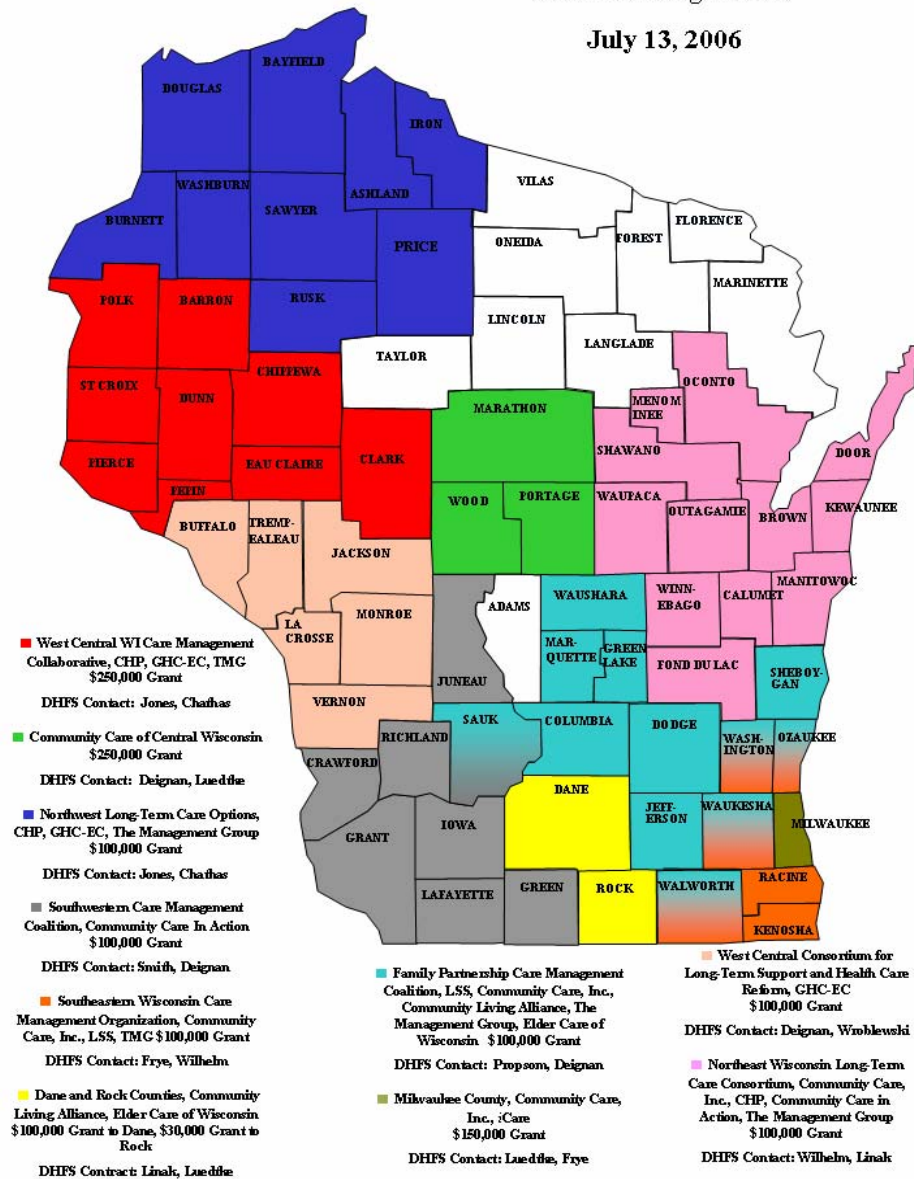
Planning for Family Care Expansion

- Some groups are planning for more than one program in the area
- All groups must have stakeholders, including consumers, involved in their planning activities
- Contact information for each group, including websites, is in your training binder



LTC Planning Grants

July 13, 2006



Implementing Statewide Reform: Guidelines for Planning Consortia

- Purchase results, 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.



Implementing Statewide Reform: Guidelines for Planning Consortia

- Service delivery and costs will be managed through flexible, integrated, individualized managed care benefit system
- Models include, but not limited to, Family Care and Partnership
- Financing will include capitated risk-based financing models with potential for innovative pay-for-performance models



Implementing Statewide Reform: Guidelines for Planning Consortia

- State will contract with a reasonable, but limited, number of care management organizations (CMOs)
- Multiple care management organizations may serve a single geographic area
- CMOs must meet criteria for sufficiency of provider networks, financial management, reserve capabilities, etc.



Implementing Statewide Reform: Guidelines for Planning Consortia

- CMO service areas will be multi-county, serving sufficient numbers of consumers to allow for cost-effective management of services and risks
- CMOs will be either private organizations, public-private partnerships, or multi-county consortia
- Reimbursement will be based on capitated, actuarially-sound rates



Implementing Statewide Reform: Guidelines for Planning Consortia

- Existing Community Options Program (COP) and Community Integration Program (CIP) participants will be transitioned to the new integrated, risk-based model
- Recipients of Medicaid fee-for-service long-term care benefits and nursing home care will also be transitioned to the new model
- These transitions will allow State to avoid cost increases to counties and the Medicaid program, with potential to expand access for people waiting for community-based care

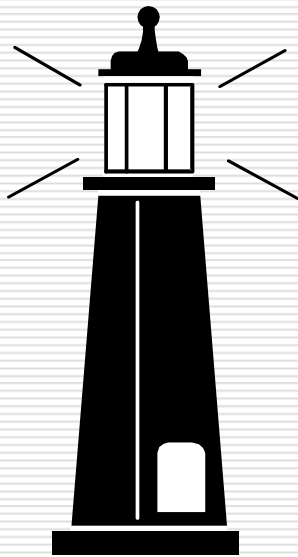


Implementing Statewide Reform: Guidelines for Planning Consortia

- CMOs must coordinate or integrate long-term care services with primary and acute medical care for consumers within the care management model
- The minimum degree of integration will be the inclusion of a nurse to coordinate health care, such as within the Family Care model
- Inclusion of preventive, population-based health strategies are strongly encouraged



The Voyage From Planning to Implementation



CMO Planning

- Planning from 12-18 Months (ADRC and CMO)
- Call for CMO RFP
- CMO RFP Process
- Certification Activity
- Certification as CMO
- Contracting with DHFS for CMO

ADRC Planning

- Planning from 12-18 Months (ADRC and CMO)
- Call for ADRC Application
- ADRC Application Process
- Certification Activity
- Certification as ADRC
- Contracting with DHFS for ADRC



Next Steps

- Goal: Through the work of planning groups, a plan for implementation of statewide managed long-term care in 5 years
- Focus: 2005-07 planning and implementation opportunities and 2007-09 biennial budget planning
- Immediate legislation to lift Family Care cap
- Opportunity: Use of current waivers and budget or requests for changes in state/federal policy



Family Care Expansion 07-09 Biennial Budget Proposal

□ Key Cost Components

- Aging and Disability Resource Centers (ADRCs)
- Care Management Organizations (CMOs)
- Other Enrollment-related Costs
 - Quality Oversight
 - Economic Support
 - Client Advocacy



Assumptions regarding expansion of Aging and Disability Resource Centers (ADRCs)

	% of State Population Covered by ADRCs
June 2006	40%
FY07-FY08: Additional Population	18%
FY09: Additional Population	17%
Cumulative Total: End of FY09	75%



CMO Expansion Assumptions

□ Expansion Assumptions

	% of State Population Covered by CMOs
June 2006	17%
FY07-FY08: Additional Population	25%
FY09: Additional Population	20%
Cumulative Total: End of FY09	62%



Summary: 07-09 Budget Request (\$ millions)

	FY08		FY09		Biennium	
	GPR	AF	GPR	AF	GPR	AF
CMO Expansion	2.5	5.8	5.8	13.9	8.3	19.7
ADRC Expansion	.04	5.6	11.5	16.9	11.6	22.5
External Quality Review	.1	.6	.01	.3	.1	1.0
Advocacy	.04	.08	.04	.5	.1	.6
Total Costs	2.7	12.1	17.4	31.6	20.1	43.8

*Funding for 1 ombudsman for elderly advocacy is included in the Board on Aging and Long Term Care budget and is not included in above chart. Above item includes funding for disability advocacy.

Items do not sum to totals due to rounding.



Family Care Expansion: Goals Achieved

- ❑ Choice: People have better choices about the services and supports available to meet their long-term care needs
- ❑ Access: Improved access to services; waitlists are eliminated
- ❑ Quality: Improves quality by focusing on achieving individuals' health and social outcomes
- ❑ Cost-Effective: Establishes cost-effective long-term care system for the future



Information Opportunities

Managed Care Expansion Website

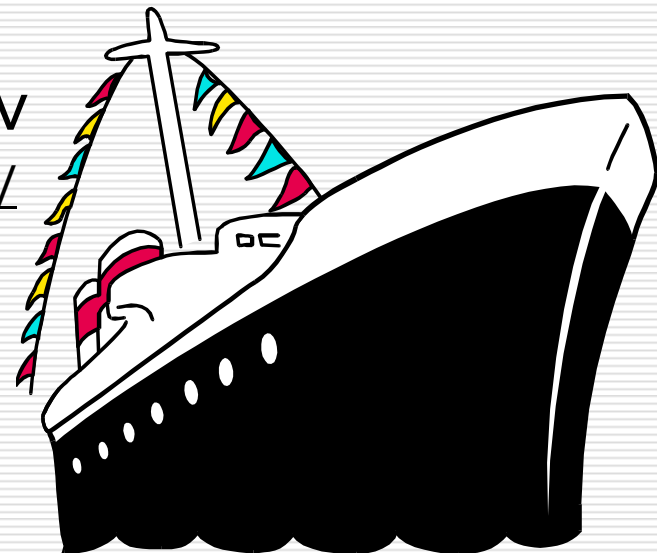
<http://dhfs.wisconsin.gov/ManagedLTC/>

Managed Care Expansion LTC Listserv

<http://dhfs.wisconsin.gov/ManagedLTC/grantees/Listserv.htm>

Critical Components of Managed
Care Briefings Webcast at:

<http://dhfs.wisconsin.gov/ManagedLTC/grantees/webcasts/index.htm>



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