



2011-2013 Long Term Care Sustainability

Family Care Benefits

Category:	Ensuring the Cost-Effectiveness and Fiscal Sustainability of Wisconsin's Long Term Care (LTC) Programs
Focus Area:	Long Term Care – Family Care Benefits
Projected Savings:	\$9 million GPR
Proposed Implementation Date:	Spring 2012

Description: Implement strategies to assure that supports and services are tailored to the needs of the individual by focusing on strength-based care plans and by maximizing the use of natural supports.

Main Message Points:

- Individuals must meet functional and financial eligibility standards to enroll in Family Care. In assuring that functional needs are properly determined, people can be referred to the most appropriate benefits within Family Care and to alternative systems of care.
- Individuals who meet eligibility requirements and enroll in Family Care managed care organizations (MCOs) have access to a broad range of services, including services traditionally provided under home and community-based waiver programs, long term care Medicaid card services (supportive home care, care management, home health, employment supports, adult day services, medical supplies, physical therapy, transportation services) and nursing home services. Strength-based assessment processes identify the supports needed to address member outcomes and include the natural supports in a person's life to assure that public funding augments, rather than supplants unpaid supports.

Proposed Modifications

1. **Balance Cost Effectiveness with Choice.** Strengthen the care management planning process to require that members be presented with information regarding care options and the cost of those options to promote cost-effective decisions about care management.
 - Require care managers to disclose costs associated with service options to members as part of the care planning process.
 - Revise member informing materials to articulate the importance of cost effectiveness when care planning.
 - Allow MCOs to communicate to members that State-paid capitation rates reflect an average of overall costs for all members and not budget amounts for each individual member.
 - Revise policies and procedures to reinforce this strategy, emphasizing that care and services should be provided in the least restrictive and most cost effective environment necessary to meet the needs to the member.
 - Facilitate training to MCOs to ensure appropriate use of strength-based care management and of Resource Allocation Decision-making (RAD) guidelines so that a member's needs are properly identified and build upon natural supports.
2. **Focus on Strength-Based Care Plans and a Continuum of Supports.** Maximize the use of family caregivers and other natural supports and build capacity within communities to increase utilization of natural supports. Assure a

continuum of supports that recognize that service plans range from minimal to comprehensive supports based upon the person's needs and natural supports.

- Strengthen protocols to identify natural supports available to a member as early as possible.
- Establish and communicate the importance of and need for natural supports.
- Work with advocacy groups, parents, guardians and MCOs to develop and communicate policies.
- Develop and implement innovative programming that will provide supports to families whose adult children remain at home while developing their employment skills.
- Assist MCOs in improving their ability to more fully leverage natural supports to:
 - Discuss the costs of services and supports as part of the care planning process.
 - Improve education for caregivers about other supports and services available to assist members and their caregivers.
 - Collaborate with the local business communities to build capacity for natural support opportunities.
- Clarify that program payment for social activities is limited to activities directly related to the long term care needs of the eligible person.
- Clarify requirements for the use of a member's resources to purchase services in the Family Care Benefit Plan when such services are not related to the established long term care outcome and care plan.

3. Over-the-Counter (OTC) Medications. Explore opportunities to facilitate and streamline coverage of OTCs within Family Care.

4. LTC Functional Screen. Explore options to improve the LTC functional screen for target group determinations and for the assessment of acuity.

5. Crisis Intervention and Stabilization. Improve the capacity of MCOs and community-based providers to support individuals with complex mental health needs and challenging behaviors.

- Identify critical expertise in specialty areas that result in more cost effective service planning and intervention for people with complex needs, including access to behavioral health professionals and use of trauma-informed care.
- Develop the capacity for comprehensive community crisis response.
 - Facilitate collaborative relationships between county mental health staff and MCOs to assure that each at-risk member has an effective response plan, which defines roles and responsibilities of all involved entities.
 - Facilitate the development of regional resources for mobile crisis response teams.
 - Utilize DD Coordinator positions within DLTC to divert admissions, assist in discharge planning and provide community resources.
- Increase capacity and expertise of MCOs in developing and maintaining effective behavior support plans and stable community settings.
 - Provide targeted training to MCO identified behavioral support specialists.
 - Promote development of back-up plans to reduce use of hospitals and institutions.
 - Provide targeted technical assistance expertise to MCOs and community providers as necessary.
- Develop resources to support relocation planning from institutional to community based settings.
 - Identify efficiencies and opportunities related to recruitment of providers and to develop appropriate community settings.
 - Assure that relocation plans and behavioral support plans contain specific strategies and projected timelines for gradually reduce, or "fade" the amount of support over time as individuals are supported and stabilized in the community.
- Explore partnering with the Waisman Center for Excellence in Developmental Disabilities to provide training and technical assistance to Family Care, IRIS and Partnership staff, and to provide assistance with relocation teams.

6. Cost Share and Room and Board Payments. Identify best practice protocols to ensure that members pay any required cost sharing and room and board obligations, and provide training for MCOs on best practices and options to pursue collections.

7. Coordination of Benefits. Require that individuals continue to access available benefits from other sources to

support their care, such as LTC insurance and Veterans' Aid and Attendance benefits, and require ADRCs and MCOs to ensure coordination of benefits with other payers.

8. Nursing Facility Modernization. Explore opportunities with the nursing home industry to provide a financial incentive to diversify and modernize facilities, with incentives to fund renovations and increase occupancy rates.

Effect of these changes:

- Ensure that services are individualized and leverage natural supports in coordination with public benefits.
- Assist individuals in understanding the cost of services in order to make informed choices.
- Ensure that service costs reflect a balance between cost-effectiveness and choice.
- Improve capacity building and crisis intervention in community settings for people whose needs are complex and service costs are high.
- Increase MCO and community capacity to effectively support people in the most integrated community settings.
- Assure that Medicaid is the payer of last resort by strengthening personal accountability and by improving coordination of benefits with other payers.