

The Hitchhikers Guide to the Most Complex LTC System Reform in the Galaxy



**Welcome to
Wisconsin**

Dennis Harkins
In Control Wisconsin

Our Laboratories

Dane County



Family Care



IRIS



Dane County



Darn Good
1915(c)
Waiver

DD Only
SDS Only

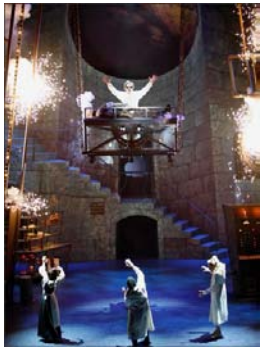
*# People
7/1/2010

1200

*Estimated
Annualized \$

*\$50,000,000

Family Care



Managed
LTC
1915(b)(c)
Waiver

DD
Phys Dis
Elderly

11,000
5,000
17,000

*\$900,000,000

(5000 SDS)

IRIS



1915(c)
"SDS"
Waiver

1915(j) PC

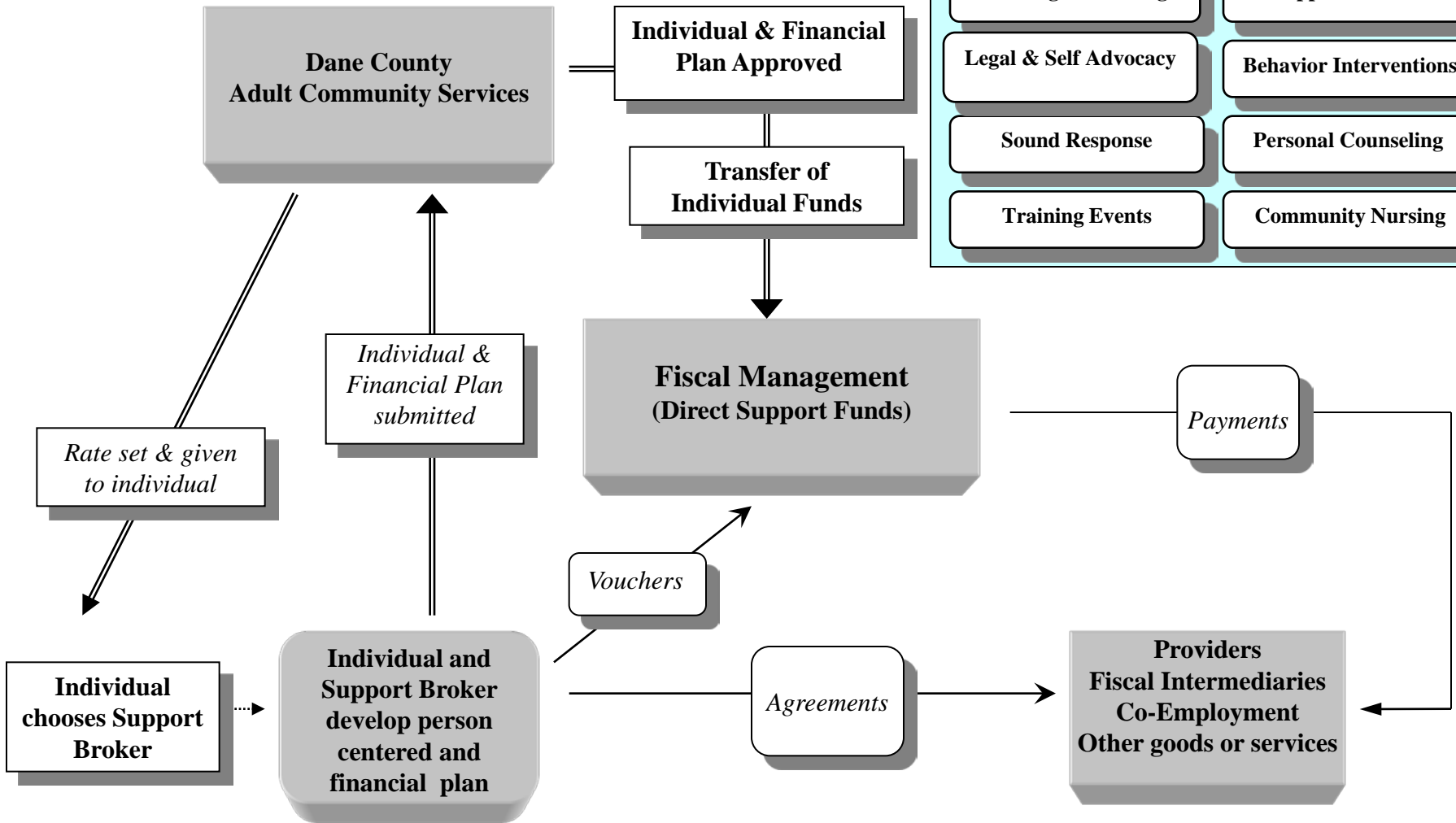
DD
Phys Dis
Elderly

1100
700
425

*\$67,000,000



Self Directed Support Flow Chart





How People are Supported

Living arrangements	Number Served	Number of Providers	Number Waiting
Live with roommate (s)	670	14	
Living alone, in cluster	59		
Living alone, come-in support	97		
Living alone with behavioral support	51		
AFH Corporate 3-4	42	3	
AFH Private	42	32	
Out of County	4	2	
Total	965	16	

Day Support	Number Served	Number of Providers	Number Waiting
Supported Employment/Self-Employed	909	13	
Facility-Based (Sheltered/Adult Day Care)	305	3	
Total	1214	14	88



Family Care

– Being phased-in as the foundation of Long-Term Care Reform, replacing State/County LTC System

- Capitated, managed long-term support and health care management program
- Serves adults with developmental disabilities, adults with physical disabilities, and frail elders
- Built upon:
 - Aging and Disability Resource Centers (ADRCs)
 - Managed Care Organizations (CMOs)



ADRCs Offer

- Disability-related information and assistance for the general public about help that is available
- LTC options counseling to help people make the best choices
- Elderly and disability benefits counseling to help people apply for or keep their Medicare, Social Security, or other benefits
- And much more ... a very popular addition to the LTC system



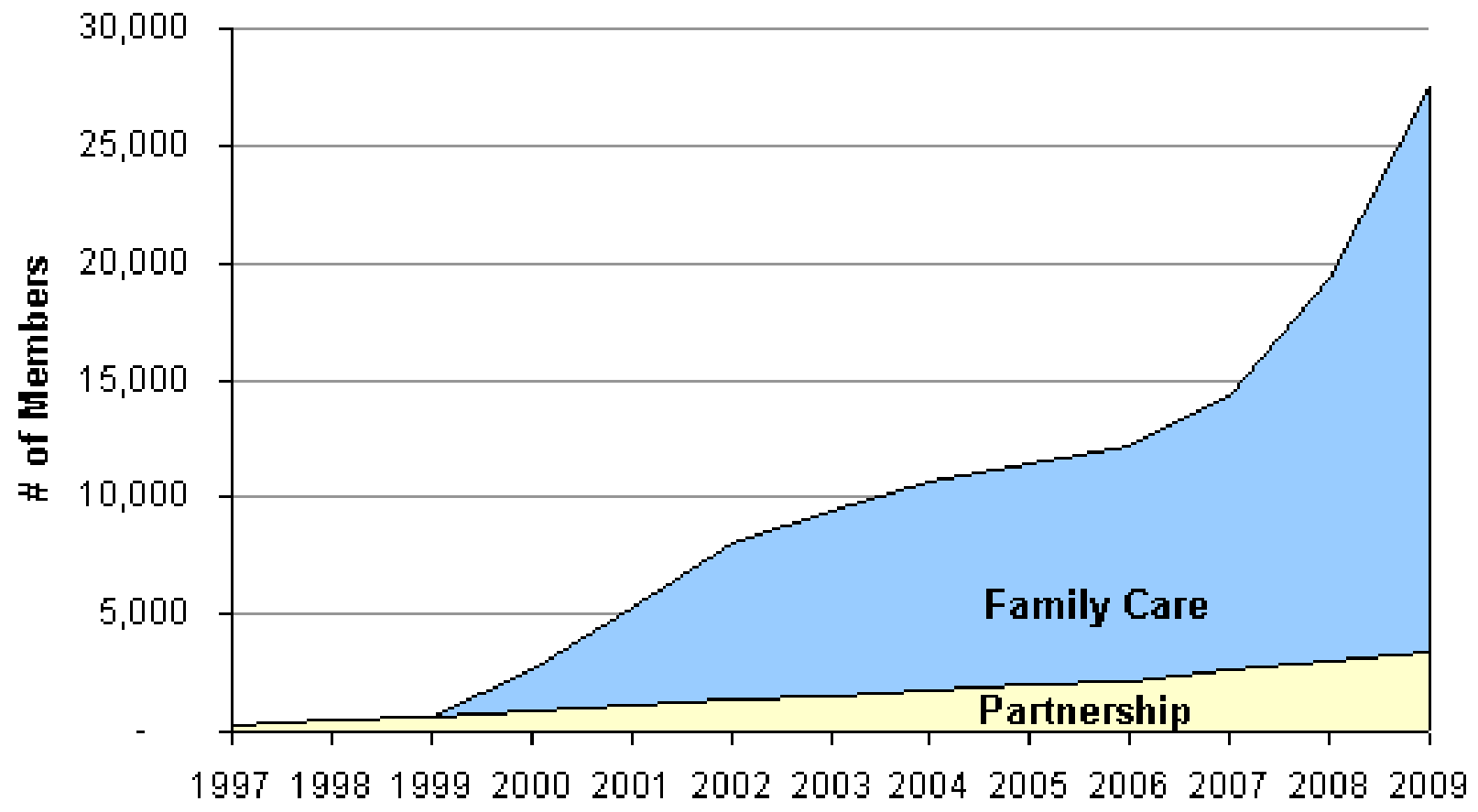
Managed Care Organizations

- **Manage and deliver Family Care services;**
- **Combine funding and services from existing programs into one flexible long-term support benefit package;**
- **Have various organizational options. To date, Wisconsin-based, various governing structures, typically multi-county;**
- **Some areas include full integration of LTC and acute care;**
- **Rely extensively on Care Management and Provider "management"**



Wisconsin Family Care and Partnership Program

Number of Members Enrolled as of
September 30th of Each Year



How Do MCOs Work?



- Inter-disciplinary care management team (IDT)
 - Member, social worker, and nurse
- Service plans based on individually defined member outcomes
 - Not what *services* members want
 - How members want to live their lives
- Coordinates all health care and long-term supports
- Offers SDS option



Focus on Member Outcomes



I decide where and with whom I live

- I make decisions regarding my supports and services
- I decide how I spend my day
- I have relationships with family and friends I care about
- I do things that are important to me
- I am involved in my community
- My life is stable
- I am respected and treated fairly
- I have privacy
- I have the best possible health
- I feel safe
- I am free from abuse and neglect

Family Care Learning



- Most members meeting desired outcomes;
- Overall, per person Medicaid costs (LTC & acute) are decreasing compared to previous system;
- Is eliminating waiting lists
- Nursing home and ICF-MR usage decreasing;
- Rapid expansion over past 3 years has led to growing pains;
- Independent Ombudsman program is an important systems component



Design Overview



- **CMS required alternative to Family Care**
- **Available where Family Care is offered**
 - **Began 7/1/2008**
- **Comprehensive, creative "SDS" waiver**
- **State-Administered with two primary contracts**
 - **IRIS Independent Consultant Agency**
 - **Fiscal Services Agency**
- **Self-Directed PC (1915 j) added 10/09**

Using IRIS



- Begins with an Individual Budget Allocation (obtained through ADRC, using Wisconsin LTC Functional Screen)
- Plan developed and approved with the assistance of an IRIS Consultant and the IRIS Consultant Agency
- Ongoing support through an IRIS Consultant
- "Bills paid" by Financial Services Agency

IRIS Services List

- Adaptive Aids
- Adult Day Care
- Adult Family Home
- Certified Residential Care Apartment Complex
- Communication Aids/Interpreter Services
- Community-Based Residential Facility (CBRF/Group Home)
- Consumer Education and Training
- Counseling and Therapeutic Resources
- **Customized Goods and Services**
- Daily Living Skills Training
- Day Services
- Home Delivered Meals
- Home Modifications
- Housing Counseling
- Personal Emergency Response Services
- Prevocational services
- Relocation Services
- Respite
- Support broker
- Skilled Nursing Services
- Specialized Medical Equipment and Supplies
- Supported Employment
- Supportive Home Care
- Transportation
- Vocational Futures Planning
- **Self-Directed Personal Care**

IRIS Participants



- Make their own decisions within their allocated budget about the goods, supports and services they will receive;
- Make their own decisions about who provides these supports and services;
- Make their own decisions about when and where supports and services are received;
- Infrequent supports (e.g. housing modification, adaptive equipment) are funded through a separate exceptional expense fund on an as-needed basis.

IRIS Learning



- Has expanded much more rapidly than anticipated, and continues to do so;
- Members hire support staff directly significantly more than in other programs;
- Costs are similar to Family Care ... slightly higher on average, though it appears IRIS participants on average have higher needs;
- IRIS Consultant roles are being modified to increase support for participants with higher needs



Overall Learning



- All three laboratories, *in general*:
 - Have maintained or increased quality;
 - Have increased choice, empowerment and inclusion through SDS;
 - Have been cost-effective;
 - Are eliminating (Family Care & IRIS) or have reduced (Dane County SDS) waiting lists
- People have disenrolled from IRIS and Family Care, moving to the other program;
- Challenges remain ... And there is no reason they cannot be successfully addressed.

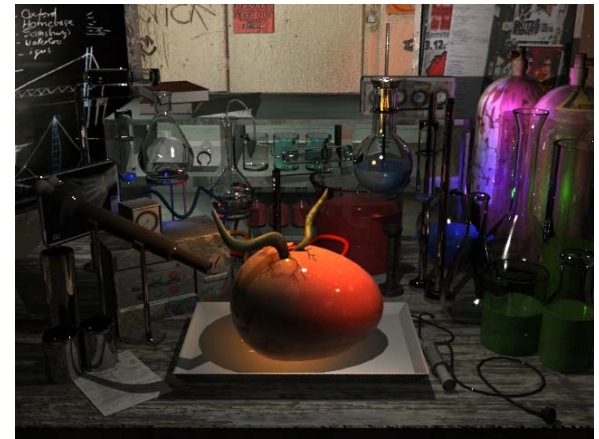


Overall Learning



- There are many “outcome-related” differences among the programs that would benefit from further exploration. A few are
 - Dane County has the highest proportion of participants in supported living and integrated employment
 - Family Care has the most evidence for cost-effectiveness, and a tendency to use more traditional service settings
 - IRIS has the highest proportion of members hiring staff directly rather than service providers

For More Information ...



- Shannon Munn, Executive Director:
shannon@incontrolwisconsin.org
- Dennis Harkins: dennis@incontrolwisconsin.org
- Dane County:
www.danecountyhumanservices.org/dd_adult.shtm
- Family Care: <http://www.dhs.wisconsin.gov/ltcare/>
- IRIS: <http://wisconsin-iris.com/>
- IRIS/Family Care Comparison:
<http://www.lafollette.wisc.edu/publications/workshops/2010/iris.pdf>