

Family Care 101: the Basics



Reforming Long-Term Care
in Wisconsin

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Why Reform the Current System?

Goals:

- Eliminate waiting lists
- Streamline systems to reduce the number of programs providing services to the same individuals
- Reduce costs
- Offer community-based options



What is Family Care?

- Family Care is managed care based on needs and preferences. Features:
 - People have a voice in where they live and their level of care; flexibility is key
 - Integrated system focusing on prevention, reducing the need for expensive care
 - Streamlining services simplifies access, combines funding streams, fewer systems
 - New levels of accountability for care



Managed Care Goal: Increased Choice

- A variety of options are available so people can choose what best supports their goals
- Helps people stay in their homes or community so they can continue to do as much as they're able
- Welcomes families, friends and neighbors, as well as paid caregivers, to the care team



Managed Care Goal: Better Access

- Fewer rules, more focus on providing the supports needed to achieve identified outcomes
- Peoples' services are arranged and coordinated by a Managed Care Organization, based on the person's goals
- Streamlined, single point of entry for services through the Aging and Disability Resource Center (ADRC)



Managed Care Goal: Higher Quality

- Member's safety and rights are protected
- Those who use the services report on the quality of care and support they receive
- Streamlined system enhances accountability: current systems are fragmented, relying on various eligibility levels and funding streams
- Focus on results, instead of service type



Managed Care Goal: Cost Effectiveness

- Giving people the right amount of help in the right place at the right time reduces unnecessary costs
- Focus on prevention and timely intervention reduces the need for care
- People get the help they need to plan their care and stay as independent as possible, for as long as possible



Who is eligible for Family Care?

People whose care needs are expected to last beyond 90 days and who are:

- A frail elder, or
- An adult with physical disabilities, or
- An adult with developmental disabilities and
- Functionally in need of services; and
- Financially eligible for Medical Assistance



Family Care Service Structure

Two key service units:

- **Aging and Disability Resource Center (ADRC)**
 - Provides counseling and advice about available resources, regardless of Family Care eligibility.
 - Sort issues, answer questions
 - Identify informal supports and gaps
 - Explain community programs and services
 - Gateway to referral for Family Care services and other programs.



Family Care Service Structure

- **Managed Care Organization (MCO)**
 - Plans and coordinates services to help maintain member's health and quality of life.
 - Interdisciplinary teams
 - Plans developed based on individual's needs and goals/outcomes
 - MCO
 - Provides care management and oversight to ensure reasonable costs.
 - Works with local providers to ensure service access and quality.



Available Family Care Services & Supports

- Case management
- Adaptive aids, communication aids, medical supplies, home modifications
- Home health, nursing services, therapies
- Personal care, supportive home care
- Transportation



Available Family Care Services & Supports

- Residential services (CBRF, RCAC) and nursing facilities
- Supportive employment
- Meals: home delivered and congregate
- Respite care, adult day care, day services, emergency response systems
- Mental health day treatment services
- Many others




Services Not Included in Family Care:

- Ambulance
- Prescription drugs
- Inpatient or physician-provided mental health services
- Acute and Primary Medical Care
(not planned for initial start-up but will be phased in)




How Family Care is funded

- Medical Assistance / Medicaid dollars
- Districts receive payments based on a fixed, *capitated* rate that is developed by actuaries hired by the state
- Services are negotiated between the member and the team
- MCO manages costs within the capitated rate
- MCO must develop a risk reserve and stay current on expenses



Key Differences: Current System v. Family Care

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| <ul style="list-style-type: none">■ Entitlement only for nursing home care; waiting list for community-based care■ Only specific services are available■ Different federal, state and county fund sources | <ul style="list-style-type: none">■ Entitlement to both nursing home care and community-based care■ Expanded, flexible benefit package■ One primary fund source |
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Key Differences: Current System v. Family Care

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| <ul style="list-style-type: none">■ Less focus on prevention and intervention – members enter nursing home■ Services are limited by available funds or prior authorization by the state | <ul style="list-style-type: none">■ Prevention and intervention are foundations of care plans; more extensive services provided if condition deteriorates■ Services authorized by local teams with access to funds. MCO must stay within its budget |
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Choice Features Options and Responsibilities

- Family Care is an entitlement
- Outcomes/goals are identified; negotiations produce the most cost-effective options to meet them
- Focus on utilizing all available supports
- Everyone works together towards cost-effectiveness
- Self-directed supports are available



In Summary . . .

Family Care:

- A different approach to providing and funding long-term care based on county pilots
- Individualized, focuses on consumer outcomes
- A managed care model for services
- Establishes clear accountability for satisfaction, supports and costs
- An efficient use of resources by reducing overall costs and increasing capacity



Thank you

- Questions?