

An Introduction to Family Care, Partnership, PACE & IRIS

Summer 2010

Plan for Today

- Overview of Family Care, Partnership, PACE & IRIS
- Member-Centered Plan Development
- Grievances & Appeals
- Q&A

Adult LTC Reform: Problems in Old System

- Too many entry points for information
- Inconsistent information
- Patchwork of programs
- Not enough involvement by the person receiving services: The MEMBER
- Waiting lists
- Too much institutional use
- Over-reliance on sheltered workshops
- Lack of quality or cost controls



The New System: Family Care & IRIS

Goals

- Member-driven
- Flexible
- Cost-effective
- Comprehensive services
- Provide “self-directed supports”
- Empower individuals
- End waiting lists

Target Groups

- There are three target groups:
 - Frail Elders
 - Adults with Developmental Disabilities
 - Adults with Physical Disabilities
- This is only the first step in determining whether a person is functionally eligible for the programs

Aging and Disability Resource Centers' Main Roles in Adult Long Term Care

- Information and Assistance
- Eligibility for Programs
 - Income, Assets, & Cost-Share
 - Functional Eligibility
- Options & Enrollment Counseling
 - Explain the programs
 - Explain the options within each program
 - Explain options beyond LTC programs

Functional Eligibility: The Adult LTC Functional Screen

- Adult Long-Term Care Functional Screen determines functional eligibility
 - Different from the children's LTCFS
- Inventory of activities people need to do every day
- Gathers information about whether help is needed and if so, how much
- Looks at individual's ability to do:
“ADLs” and “IADLs”

Activities of Daily Living (ADLs)

- Bathing
- Dressing
- Eating
- Mobility in the home
- Toileting
- Transferring

Instrumental Activities of Daily Living (IADLs)

- Meal preparation
- Money management
- Medication management and administration
- Laundry and other chores
- Ability to use the telephone
- Arrange and use transportation
- Overnight care or oversight supervision and/or employment

Other Components of LTCFS

- Living Situation
- Supports (natural/formal)
- Behavior
- Risk Factors
- Not all questions affect eligibility

Financial Eligibility

- Same rules as Medical Assistance
 - Low income and low assets
- Cost-shares
 - Members may be required to pay a monthly cost share in order to be eligible for Medicaid if they are over income for Medical Assistance
 - Determined by county income maintenance agency

FOUR OPTIONS STATEWIDE

- Family Care
 - *Most counties except Northeast and Dane (see implementation map)*

- IRIS (“Include, Respect, I Self-Direct”)
 - *All counties with Family Care*

- Family Care Partnership
 - *Only some Northwest, Dane and Milwaukee counties*

- PACE (Community Care for the Elderly/CCE)
 - *Only Waukesha and Milwaukee counties*

FAMILY CARE/
PARTNERSHIP/
PACE =

COP / CIP Home &
Community Based Services +

Medicaid Card
Long Term Care Services

IRIS =

COP/CIP Home & Community Based
Services

Medicaid Card Services are
separate, except for Personal Care*

* Participants can choose whether to receive Personal Care through IRIS or as a Medicaid Card service.

Family Care Managed Care Organizations (MCOs)

- Required to work with members to:
 - Identify member's "outcomes" (goals)
 - Help determine appropriate supports and services & coordinate and oversee service plan
 - Provide opportunities for self-directing supports and services

Funding of MCOs

- Receive flat rate from State
 - ***Not treated as a limit on the cost of any individual member's service plan***
- MCO manages the funds to pay for services needed to support all members' outcomes

Family Care: Structure

- Interdisciplinary Team
 - Case Manager
 - Nurse
 - Member + anyone else the member chooses to be part of the team
 - Nurse Practitioner (Partnership & PACE only)
- Provider Network
 - Available online
 - Opportunity to request out of network providers
 - Family Care MCO provider network does not limit member's choice of physician/dentist/eye doctor because this is not part of the Family Care benefit

Family Care, Partnership, & PACE: Choice of MCO?

- Most counties only have one MCO
 - Northern Bridges
 - Community Care of Central Wisconsin
 - Western Wisconsin Cares
 - Care Wisconsin
 - Community Health Partnership
 - Community Care, Inc.
 - Southwest Family Care Alliance
 - Lakeland Care District
 - iCare

IRIS

(“Include, Respect, I Self-Direct”)

- Self-Directed Services Waiver
- Provides individual budget allocation for participant to use to pay for home and community based services and supports
 - Participant with family/friends and IRIS Consultant creates service plan
 - Budget based on LTCFS, but potential enrollee may request increase
 - Now includes separate budget for personal care services
- Participant supported by:
 - IRIS Consultant
 - Fiscal Service Agent
 - May use IRIS budget to purchase support broker

State's Transition to Family Care & IRIS

- ADRC has 36 months from its county's start date to complete the transition by enrolling in FC or IRIS:
 - All adults currently receiving COP/CIP services
 - All adults currently on the ADRC's waiting list
 - (1/36th of wait list per month)
 - At the end of the 36 months, Family Care and IRIS will be an "entitlement" = end of waiting lists for adult services



Family Care & Partnership: Member-Centered Plans



The development of a Member-Centered Plan begins with the member's outcomes.

“Outcomes”

New name, same principle

- 1970's-1980's: Normalization



- 1980's-present:

“Person-Centered Planning”

“Futures Planning” “Path Planning”



- “Personal Experience Outcomes”

12 Outcome Areas


1. I decide where and with whom I live
2. I make my own decisions regarding my supports and services
3. I work or do other activities that are important to me
4. I have relationships with family and friends I care about
5. I do things that are important to me

12 Outcome Areas

6. I am involved in my community
7. My life is stable
8. I am respected and treated fairly
9. I have privacy
10. I have the best possible health
11. I feel safe
12. I am free from abuse and neglect

Outcomes are Individual

- Each member's outcomes are unique
- Each member's services will depend on each *member's* outcomes
- Different outcomes → Different services



The MCO's first step in working with a member to develop his/her MCP is the comprehensive assessment. This is also the start of an on-going discussion about the member's outcomes.

MCO's Comprehensive Assessment

- Looks at member's:
 - Needs – Builds on the LTCFS
 - Strengths
 - Resources
 - Preferences
- Conducted in-person
- May include others
- Includes a discussion about the options for self-direction

The Member-Centered Plan

Outcomes +
Comprehensive Assessment +
“Resource Allocation Decision”
(RAD) Method

Individual Service Decisions: The RAD Method

- Service authorization policy developed by DHS and adopted by MCOs
- Helps to identify cost-effective way to meet outcomes
- Creatively looks at options, including natural/informal supports

DOES NOT EQUAL “cheapest”

Individual Service Decisions: The RAD Method

- Completed by the Interdisciplinary Team:
 - Member + anyone member chooses to participate in the discussion
 - Case Manager
 - Nurse
- Begins with the goal or problem and asks a series of questions to help identify the most appropriate option
 - Available on DHS' website

The RAD Method

Six Questions:

1. What is the need, goal, or problem?
2. Does it relate to member's assessment, service plan, and desired outcome?
3. How could the need be met?

The RAD Method

4. Are there policy guidelines to guide the choice of option?
5. Which option does the member (and/or family) prefer?
6. Which option is most effective **and** cost-effective in meeting desired outcome(s)?

Individual Service Plan

- The Individual Service Plan is part of the Member-Centered Plan
 - Result of IDT's work with member, including discussion about outcomes, comprehensive assessment, and use of the RAD method for determining specific services and supports
 - Lists approved services and supports
 - Amount
 - Frequency
 - Duration
 - Provider
 - Both paid or unpaid/natural supports
 - Includes services or supports not provided/arranged by MCO
- Members should be given a copy of their MCP, including the ISP, by their Family Care team.



Member Rights: Grievances & Appeals



Family Care & Partnership Grievances and Appeals

Grievances & Appeals

- Right to receive written notice of MCO decisions about denials, terminations, or reductions of services (called a “Notice of Action”)
- Must receive Notice of Action at least 10 days before the effective date of the action

Grievances & Appeals

- Notice of Action Requirements – 1 of 2
 - Effective date
 - Description
 - Reasons
 - Any applicable laws
 - Right to appeal
 - How to file an appeal

Grievances & Appeals

- Notice of Action Requirements – 2 of 2
 - Right to appear in person at MCO appeal
 - Assistance with filing an appeal
 - Free copies of records relevant to appeal
 - *Right to continuing benefits if MCO intends to terminate or reduce services*

Grievances & Appeals

- Right to continuing benefits
 - Must request before effective date of the intended action
 - MCO must grant all timely requests
 - Member may be liable for cost of continuing benefits

Grievances & Appeals

- Appealing MCO Decisions
 - If a member disagrees with a MCO's decision, member has the right to appeal the decision
 - Appeal/Review Options
 - MCO Grievance & Appeals Committee
 - Request review by MetaStar
 - State Fair Hearing

Grievances & Appeals

- Do not have to meet with Committee or request review by MetaStar to request a State Fair Hearing
- But, if member wants to meet with Committee, he/she must do so before State Fair Hearing
 - Review by MetaStar will happen automatically if member requests a State Fair Hearing

Grievances & Appeals

- MCO Grievance & Appeals Committee
 - Committee made up of individuals selected by MCO and include:
 - no MCO employee involved in earlier decision
 - at least one person who is eligible for the Family Care benefit
 - Individuals with appropriate medical or clinical expertise for this member's issue
 - Member may bring advocate, friend/family member, witnesses, and evidence

Grievances & Appeals

- MCO Member Rights Specialist can assist with obtaining records and filing appeals
 - Will **not** represent consumer
 - Will **not** gather evidence to support his/her case

Grievances & Appeals

- Right to request Department of Health Services review
 - MetaStar is DHS's external quality review organization
 - Attempts to resolve concerns informally
 - Cannot require MCO to change decision
 - But, MetaStar can make recommendation to DHS, and DHS can instruct MCO to change its decision
 - Automatically reviews requests for State Fair Hearings

Grievances & Appeals

- State Fair Hearing
 - May file an appeal with the State (the “Division of Hearings and Appeals”)
 - Held in front of an Administrative Law Judge (ALJ)
 - May bring advocate, friend/family member, witnesses, and evidence

Grievances & Appeals

- Deadline to file appeals
 - File as soon as possible
 - File no later than 45 calendar days from receipt of the Notice of Action
 - **To request continuing benefits**, must file appeal before effective date of intended action



IRIS: Reviews & Appeals

IRIS Reviews: Exceptional Expense/Allocation Adjustment Committee (EE/AA Committee)

■ EE/AA Committee reviews:

- Requests for time-specific and/or infrequent expenses

- Requests for an increase in IRIS budget

- An IRIS budget is referred to as an Individual Budget Allocation (IBA)

IRIS Reviews:

Allocation Adjustment Process 1/2

1. Participant verifies that LTCFS is accurate
2. If not, asks ADRC to re-do the screen
3. After verification, IRIS Consultant (IC) assists participant in requesting adjustment to budget

IRIS Reviews:

Allocation Adjustment Process 2/2

4. IC finalizes request and submits to in-house EE/AA Committee Specialist, who presents it to Committee for review
5. Committee approves, modifies, or denies request – or seeks additional information
6. If unsatisfied, participant may seek review by Bureau of LTC Director and a State Fair Hearing

IRIS Reviews: Summary of Requests Reviewed by EE/AA Committee

- Requests to raise monthly calculated and assigned on-going budget
- Requests for additional funding that exceeds budget and is time-limited, e.g., short term increase in SHC hours
- Requests to fund infrequent support, service, or good, e.g., housing modification

IRIS Reviews: Summary of Requests NOT Reviewed by EE/AA Committee

- Requests related to reasonably permanent changes in condition (should do new LTCFS budget calculation)
- Requests for service/support that is urgent or emergency-related
- Requests for funding before individual determined eligible for IRIS*
- Requests that may be paid through Medicaid Card or other payer
- Requests not presented by IC

* Committee may review requests from individual who is eligible and considering IRIS

IRIS Reviews: IRIS Consultant's Duties

- Use DHS forms
- Prepare all pertinent info needed by EE/AA Committee
 - Include narrative statements that describe request
 - Gathers supporting documents or information
- May request expert opinion be heard by EE/AA Committee
- Participant may prepare own request, but must be submitted by IC

IRIS Reviews: Possible Outcomes

- Approve request
- Revise budget for specified period of time
 - May be required to submit progress plan with timeline for restoring prior level of independence
- Approve lesser dollar amount and/or for different duration
- Deny request
- Table request until more information received by Committee



Assistance with Appeals

Family Care & Partnership Ombudsman Agencies

- Disability Rights Wisconsin
 - Also provides assistance with IRIS
 - Members/potential members age 18 to 59
 - www.disabilityrightswi.org
 - Madison 608-267-0214
 - Milwaukee 414-773-4646
 - Rice Lake 715-736-1232
- Board on Aging and Long-Term Care
 - Members/potential members age 60 and older
 - www.longtermcare.state.wi.us
 - 800-815-0015

DRW's Family Care, Partnership & IRIS Ombudsman Program

- Members/Potential Members Age 18-59

- Types of Assistance
 - Information
 - Investigation and informal negotiation with the Disability Resource Center, Managed Care Organizations, and the IRIS Consultant Agency
 - Representation

- In addition to FCIOP, as Wisconsin's protection and advocacy agency, DRW may assist Family Care, Partnership, IRIS, and PACE participants



Q & A