Family Care Updates Related to the Biennial Budget Provisions

October 5, 2011

2011-13 Biennial Budget Provisions

- Program Enrollment
  - DHS has identified enrollment by program as of July 1, 2011, which is estimated as 43,429 people.
  - The enrollment cap is managed within each Aging and Disability Resource Center (ADRC) region and globally across all four long-term care programs – Family Care, IRIS, Partnership and PACE.
- Wait List
  - Budget assumed wait list would grow from 9,000 to 16,000 in 2011-13.
- Use of Emergency Funds
  - Requests to use emergency funds remains low, currently less than 6.
  - Instead, per DHS guidance, ADRCs are using attrition for urgent needs.
  - These funds are available on a temporary basis until regular appropriation funds become available,
- Enrollment Data
  - Attrition is used for enrollment, moves and to replace urgent need funds.
  - Nursing home/ICF relocations are outside of the enrollment cap.

Guidelines for Urgent Enrollment

- *The individual is so incapable of providing for their own care as to create a substantial risk of serious harm to themselves or others*. Reasons may include inability to carry out activities of daily living; mentally or cognitively incapable of self care; behavior places the individual or others at risk of harm;

  AND

- *There is no one to provide the needed care or supervision.* Reasons may include recent loss or incapacity of primary caregiver, physical or mental health status of primary caregiver, or substantiated, serious and on-going abuse, neglect or exploitation in the current living situation.

Guidelines for Urgent Enrollment

- Urgent enrollment is temporary until an individual with urgent/emergency LTC needs is permanently enrolled within the cap.
- If enrollment is at full capacity in an ADRC area, then an individual on the waitlist with an urgent/emergency need for LTC services may be enrolled in the program using the additional funding provided in the budget.
- When attrition occurs urgent/emergency needs funding is replaced with available base funding, and the person remains in the program.

Wait List Tracking

The wait list numbers reflect individuals that have met long term care level of care requirements for functional eligibility for Family Care, IRIS, PACE and Partnership and who are expected to meet financially eligible by the time of enrollment.

Month	Count	Change
• June 2011	5,049	[Starting Point]
• July 2011	5,378	329
• August 2011	6,066	688
Change in Wait List		**1,017**

ADRC Enrollment Data

Month (2011)	Disenroll-ment	Attrition Used	Moves (In/Out)	Urgent Enroll-ment (In/Out)	End of Month Enroll-ment	Attrition Available
July	448	130	9/10	0/0	43,110	319
August	475	271	18/13	2/2	42,913	197
Total	**923**	**401**	**27/23**	**2/2**	**N/A**	**516**

The statewide July 1st enrollment cap is estimated to be 43,429 based on available data.

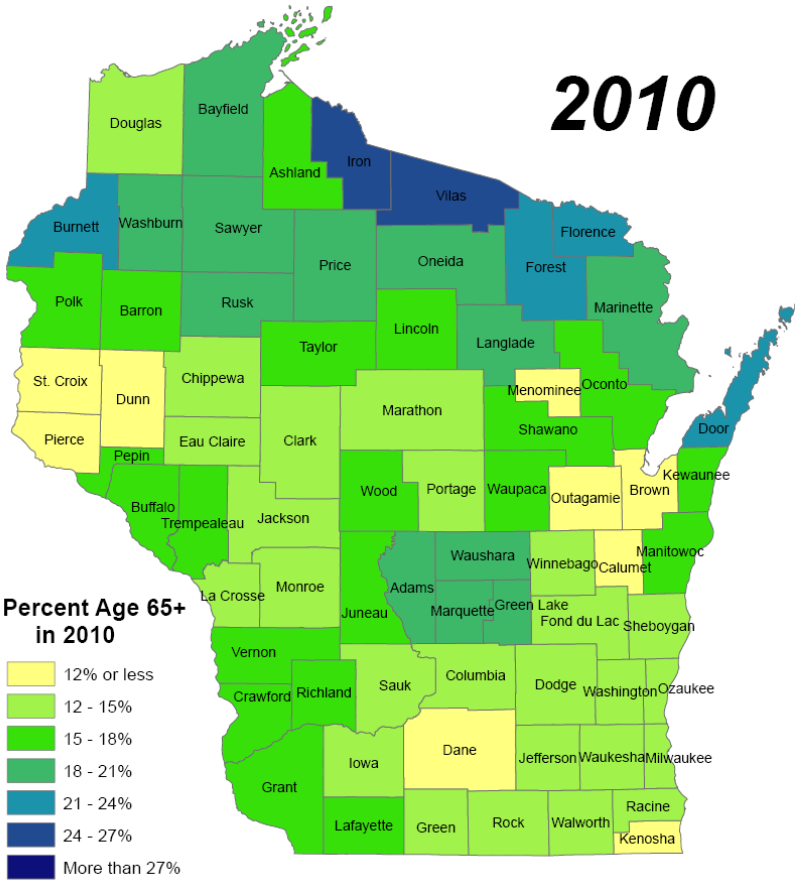
Experience in First Two Months

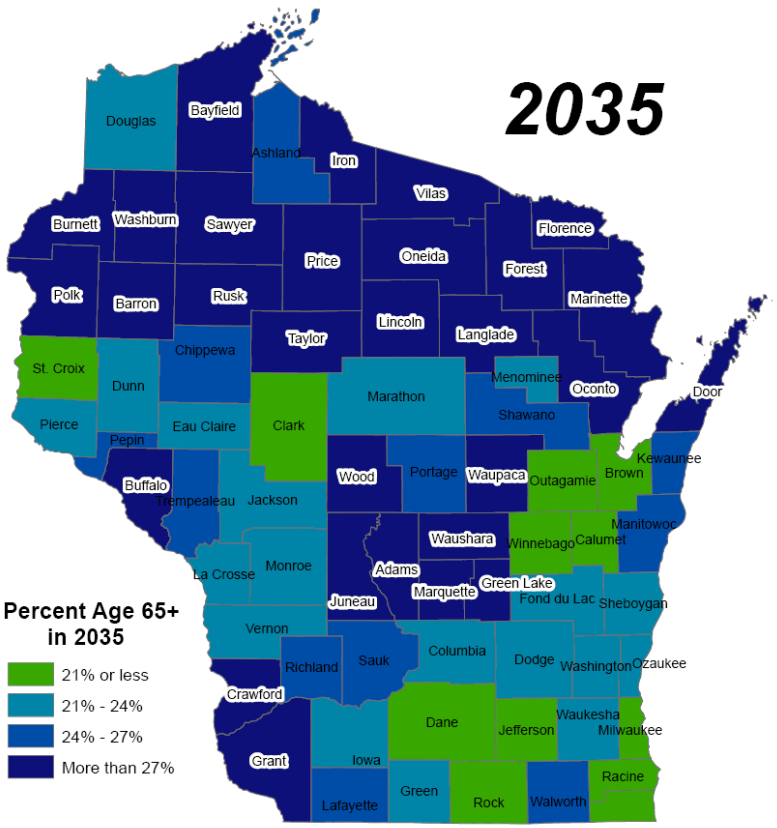
- The wait list grew by 1,017 people.
- There is capacity, as a result of attrition, to enroll an additional 516 people.
- 86 people have relocated from nursing homes or ICFs.
- Multiple factors determine the rate of enrolling new people:
  - •timeliness of disenrollment notices;
  - •provision of enrollment counseling for consumers to select the long term care program;
  - •selection of a start date for the following month for people enrolling in Family Care, PACE and Partnership; establishing a start date *after* developing a service plan for people who select IRIS as their long term support program;
  - •the location of the available attrition, and
  - •completion of the financial eligibility process.

Need for Cost-Effectiveness and Fiscal Sustainability

- Wisconsin spends $1.5 billion on community-based long term care for 43,500 people.
- By the close of the biennium, an additional 16,000 people could be enrolled in these programs from the legacy waivers and wait list. This 36.8% increase in enrollment could drive program costs to $2.1 billion.
- Further, the long term care population is growing. By 2035, Wisconsin's over 65 population will double and the over 85 group will triple.
- Thus, these programs must be made more cost-effective and fiscally sustainable.

Growth in Wisconsin's Aging Population





http://www.dhs.wisconsin.gov/aging/demographics/index.htm

Key Principles for Sustainability

Assure that:

- people receive care to remain safely in their homes as long as possible.
- people maximize the use of their own resources.
- services are the right amount, in the right place and at the right time.
- people with long term care needs are in less restrictive community settings.

Outreach/Feedback on Alternative Options

The Department has met with many groups and continues to seek input from a wide range of stakeholders and interested parties on the cost effectiveness and fiscal sustainability of long term care programs, including:

- ADRCs
- Aging Groups
- Assisted Living Groups
- Board for People with Developmental Disabilities
- Children's Long-Term Supports Advisory Committee
- Developmental Disability Groups
- Family Voices of Wisconsin
- IRIS Advisory Group
- Long Term Care Council
- Managed Care Organizations
- Northeast Family Care
- Nursing Home Groups
- Ombudsmen Programs
- Self-Directed Support Groups
- Tribes
- Vocational Providers
- WCHSA / Counties

Cost-Effectiveness and Fiscal Sustainability

- Explore options to address long term care cost drivers to ensure cost-effectiveness and fiscal sustainability of these programs in the future, including:
  - Residential Services
  - Vocational Services
  - ADRCs
  - Efficiencies and Cost Savings
  - Youth in Transition
  - Flexibility and Light Touch Services
  - New MCOs
  - Program Integrity
  - Intervention and Diversion
  - Consumer-Directed Care and IRIS Program
  - Coordination and Capacity Building
  - Level Playing Field for Programs
- Assure an alternative source of $105.9 million in GPR savings over the 2011-13 biennium to lift the enrollment cap and continue expansion.

Consumer and Stakeholder Feedback

- The Department has collected many suggestions from consumers, community partners, and providers on efficiencies and cost-savings related to the state's Medical Assistance programs including Family Care.

- If you have any suggestions that will help make the Family Care program sustainable, please be sure to share those with the Department of Health Services either through our online survey www.dhs.wisconsin.gov under “Medicaid Efficiencies”.

- You can also write to DHS at the following address:

Department of Health Services
Office of the Secretary
PO Box 7850
Madison, WI 53707-7850