



2011-2013

Long Term Care Sustainability

DRAFT - Residential Services

Category:	Ensuring the Cost-Effectiveness and Fiscal Sustainability of Wisconsin's Long Term Care (LTC) Programs
Focus Area:	Long Term Care – Residential Services
Projected Savings:	TBD
Proposed Implementation Date:	Spring 2012

Description: Ensure that people with long-term care needs are safe and cared for in their own homes and community settings as long as possible, with services provided in residential settings only when it is the least restrictive and most integrated location to meet the person's needs.

Main Message Points

- The cost of care provided in residential settings, which includes Adult Family Homes (AFHs), Community-Based Residential Facilities (CBRFs), Residential Care Apartment Complexes (RCACs) and Assisted Living, is a significant cost driver in Family Care, IRIS, PACE and Partnership:
 - In Family Care, care provided in residential settings represents 53% of costs for members with a developmental disability, 41% of costs for members with a physical disability, and 60% of costs for frail elders.
 - For members with a developmental disability, the lowest one-third cost group expends about \$200 per member per month (PMPM) for supportive care in their own home. In contrast, the highest one-third cost group expends \$4,387 PMPM for home care provided in residential settings. Similar differences also occur for persons with physical disabilities and for frail elders.
- The most integrated, community-based, and cost-effective setting to receive LTC services for most people is in their own home or apartment in the community. To support these principles, this initiative is designed to:
 - Provide information and counseling on care in residential settings, including assisted living;
 - Use technology and other community-based services to support people in their own homes;
 - Align access and payment for residential care with members' functional needs leveraging flexibility identified by the Centers for Medicare and Medicaid Services (CMS) to set utilization criteria to control waiver costs;
 - Require that self-directed care be provided in settings in which the consumer directs the provision of care; and
 - Ensure the right support, in the right amount, at the right time, allowing people to be supported to live in their own homes and natural settings as long as possible while assuring health and safety.

Proposed Modifications

1. **Establish Criteria for Residential Care as an Allowable Service within the Family Care Benefit Package.**
 - Specify acuity-based guidelines for utilization of more restrictive residential settings.
 - Ensure that members with low acuity do not generate a rate to support costly, more restrictive residential settings.
 - Establish an upper payment limit for members in assisted living that do not have exceptional needs.
 - Require that LTC services and Medicaid-supported personal care support living at home, and not to provide housing or substitute care. Utilize residential settings for individuals whose health and safety cannot reasonably be met in natural residential settings such as homes or apartments.

2. Limit the Use of Restrictive Residential Settings that are Inconsistent with Self-Direction in IRIS.

- Limit the use of more restrictive residential settings in IRIS (including 8-bed CBRFs, 3-4 bed AFHs, RCACs, and assisted living facilities) to no more than needed to address participant health or safety needs on a short-term basis. This is consistent with the IRIS Advisory Committee recommendations to assure that a person is in a setting consistent with full self-direction.
- Provide options counseling to transition IRIS participants from restrictive to integrated settings in the community within 12 months of this change, and allow members who wish do not wish to move to transition to a program that permits more restrictive residential settings.
- Assist IRIS participants with information on potential service providers and guidance on how to select providers to deliver self-directed care in less restrictive residential settings.
- Educate providers on self-direction and encourage providers to develop options that allow for maximum consumer control.

3. Emphasize the Importance of Natural Supports within Family Care and IRIS.

- Require a comprehensive assessment of members' informal support networks to assure that Medicaid does not supplant that support.
- Build on best practices which show that people with unpaid supports, in addition to publically-funded supports, are safer and more included within their community.

4. Ensure Informed Decision-Making Regarding the Use of Assisted Living.

- Maximize the use of personal resources to support LTC and reduce the number of people that enter publicly-funded LTC from assisted living facilities.
- Work with Aging and Disability Resource Centers (ADRCs) and Assisted Living facilities to help consumers and their families to make informed choices about the most cost-effective long term care options, using a standard Consumer Bill of Rights and Responsibilities to ensure that people understand:
 - The options for caregiver support and services in their own home, including the availability of medication management technology, falls prevention, and assistance with care management;
 - The estimated impact of moving to assisted living on their personal finances;
 - The criteria for living in such a setting when public funds are utilized; and
 - If private funds are exhausted, that a move may be required if care in the assisted living facility is not consistent with acuity-based guidelines or LTC residential rates for public programs.
- Define the scope of services for which public funding would be used to support care (e.g., exclude amenities).
- Publish assisted living facility rates to assist consumers in understanding how quickly their personal resources would be spent and whether public funding may be available if they become eligible for Medicaid LTC services.
- Require facilities to notify people if they do not accept public rates within their facility.

5. Align the IRIS Program Rates to be Comparable to Allowable for Residential Services within Family Care.

- Establish rate bands to ensure alignment of IRIS acuity measures and rates with local MCOs services and rates.
- Require that members who transfer to IRIS to retain their provider receive a budget allocation that is comparable to the rate offered by the MCO.

6. Support More Integrated, Cost-Effective Options in Place of 24/7 Staffing.

- Implement supported living within Family Care and IRIS to ensure that people receive care in their own homes and apartments in partnership with an agency that will arrange and support a range of services that support person-centered outcomes and self-directed care, including:
 - Leverage technologies, such as alert systems and rapid response, for supports for people with an intermittent and/or unpredictable need for supports.
 - Use assistive technology and home modification devices to promote independence in accomplishing daily activities.
 - Utilize medication management systems to assure accurate use of prescription drugs and to monitor instances when the person needs an on-sight visit for professional staff to meet their needs.
 - Promote MCO and IRIS consumer efforts to develop cost-effective models for providing 24/7 in-home care

that is not based on shift work or per-hour work.

- Establish a clear definition of supported living arrangements and provide the necessary infrastructure to facilitate the use of such supports.

7. Develop more cost effective housing options for people with long term support needs.

- Support more affordable housing initiatives, and explore options to develop individualized, integrated, accessible, affordable and safe housing for people living independently but with intermittent support needs.
- Provide affordable housing options for support staff to live proximate to the people in need of support.
- Support efforts to identify and develop cost-effective settings for people to live and receive care.
- Support efforts to locate compatible roommates, identify home/apartment settings to share living expenses and increase access to support.
- Increase use of and support for natural, unpaid supports in people's lives.
- Transition Family Care from primarily using licensed, regulated settings to supporting people in their own homes or apartments with services from a provider who is not also the homeowner.
- Leverage the recently-approved grant of \$330,000 to build sustainable partnerships in housing to:
 - Create a new and innovative partnership between DHS and WHEDA to evaluate HUD Section 811 opportunities to develop affordable housing projects;
 - Create a new Section 811 independent housing referral process utilizing the LTC infrastructure;
 - Establish a new housing counseling curriculum for agencies serving members in the community; and
 - Educate developers on the benefits of Section 811 program reforms and opportunities for LTC clients.

8. Utilize Enhanced Federal Match through Money Follows the Person (MFP) to Relocate and Divert Individuals from Institutions (Nursing Facilities and ICFs-MR) to More Integrated Settings in the Community.

- Ensure that consumers/families sign up for MFP before the transition to the community:
 - Require ADRC and institutional staff to inform residents of the availability of MFP prior to relocation.
 - Ensure that individuals who agree to participate are assisted in completing the quality of life survey prior to transitioning from the institution.
 - Explore opportunities to allocate a portion of enhanced federal funding to MCOs that relocate or divert individuals to the community.
- Enhance the system to track and follow-up with individuals who agree to participate in MFP.
- Require institutional facilities, ADRCs, MCOs and counties to fully cooperate with MFP.
- Maximize the use of 100% federal funding for MFP administrative costs.

9. Outreach to Ensure Understanding of Community Supports. Ensure outreach to physicians, nurse practitioners, hospital and nursing home social workers, and other medical and social service professionals to increase understanding of supports available within the community.

Effect of this change:

- Support the most integrated, community-based, and cost-effective setting for LTC supports and services which, for most people, is in their own home or apartment.
- Provide information and counseling to help seniors and their families make better and less costly long term care choices.
- Limit the growth in future Family Care, IRIS, PACE and Partnership costs by providing care in more cost-effective home and community settings.
- Ensure the right support, in the right amount, at the right time, allowing people to be supported to live in their own homes and natural settings as long as possible while assuring health and safety.