

# An Introduction to Family Care, Partnership, PACE & IRIS

Summer 2010

# Plan for Today

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

# Adult LTC Reform: Problems in Old System

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- 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

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

# Target Groups

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- 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

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- 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

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- 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)

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

# Instrumental Activities of Daily Living (IADLs)

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- 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

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

# Financial Eligibility

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- 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)

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- 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

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- 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

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- 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?

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- 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”)

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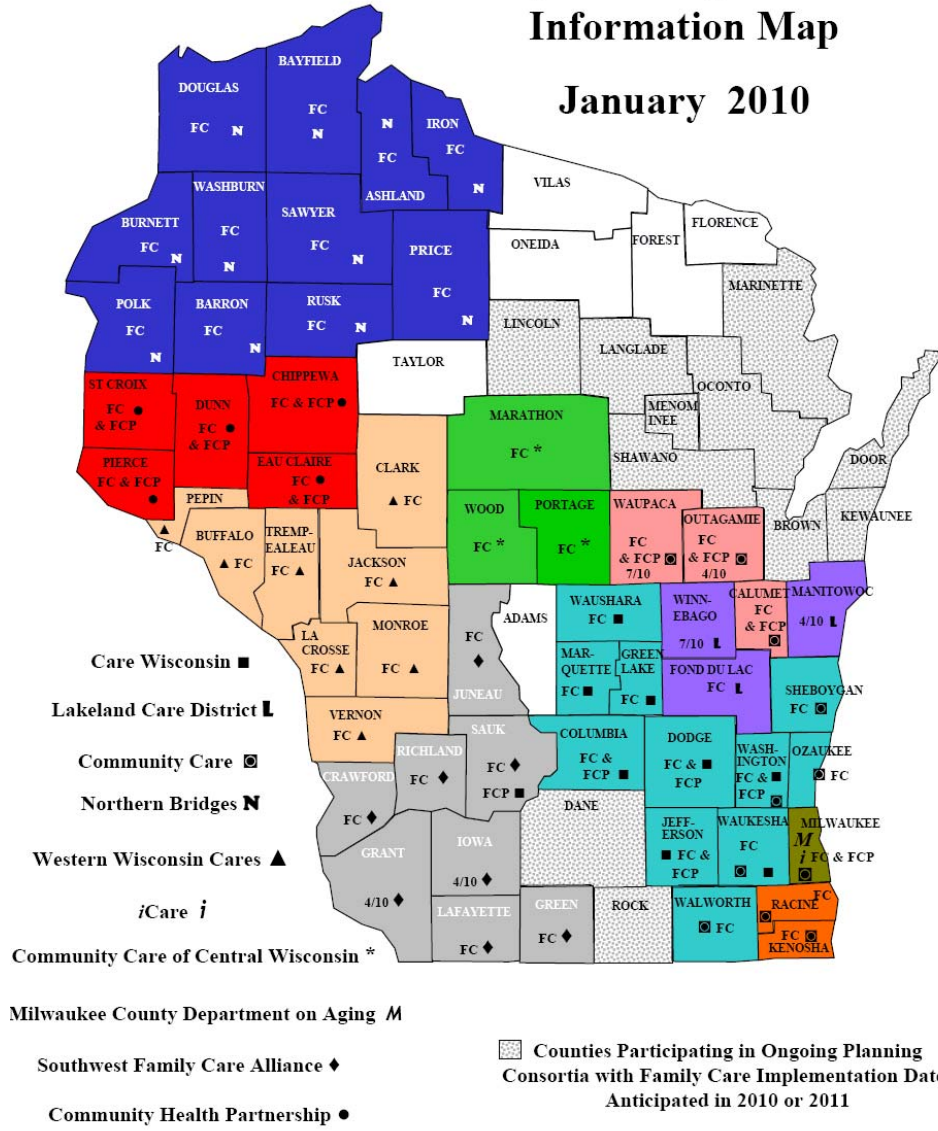
- Self-Directed Services Waiver
- Provides individual budget allocation for participant to use to pay for home and community based services and supports
  - Participant with family/friends and IRIS Consultant creates service plan
  - Budget based on LTCFS, but potential enrollee may request increase
  - 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
    - (1/36<sup>th</sup> 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 Implementation Information Map

January 2010





# Family Care & Partnership: Member-Centered Plans



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

# “Outcomes”

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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

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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


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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

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- 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

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- 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

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

# Individual Service Decisions: The RAD Method

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- 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

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- 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

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## 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

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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



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# Family Care & Partnership Grievances and Appeals

# Grievances & Appeals

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- 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

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

# Grievances & Appeals

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- 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

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- 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

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- 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

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- 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

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- 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

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- 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

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- 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)

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## ■ 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

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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

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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

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- 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

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- 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

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- 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

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- Disability Rights Wisconsin
  - Also provides assistance with IRIS
  - Members/potential members age 18 to 59
  - [www.disabilityrightswi.org](http://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](http://www.longtermcare.state.wi.us)
  - 800-815-0015





# Q & A