

## **Streamlining Access to Long Term Supports**

**Monday October 4th, 2:00-4:00**

### ***Moderator:***

Roger Auerbach, Senior Consultant, The Lewin Group

### **Maine's System for Statewide Functional Eligibility**

Christine Gianopoulos , Director of the Bureau of Elder and Adult Services, Maine  
Department of Human Services

### **Pennsylvania's Expedited Eligibility Processes & Plans to Integrate with ADRC**

Dale Laninga, Co-Director of the Long Term Care Reform Project , Governor's Office of  
Health Care Reform

### **Wisconsin's Web-Based Functional Screen: Expediting Eligibility and Facilitating Options Counseling**

Susan Abbey, ADRC Grant Manager, Wisconsin Department of Health and Family  
Services

### **West Virginia's Planned Quick Intervention for Options Counseling and Online Application**

Ruth Burgess, Senior Services Specialist, West Virginia Bureau of Senior Services

### ***Experts in Audience***

Virginia Dize, Associate Director for Home and Community Based Services, National  
Association of State Units on Aging

Roy Trudel, Director for Medicaid Eligibility, CMS

Robert Mollica, Senior Program Director, National Academy of State Health Policy,  
Community Living Exchange Collaborative

## Speaker Biographies

**Roger Auerbach** is an independent long-term care consultant affiliated with The Lewin Group, a national health care and human services consulting firm and the Center for State Health Policy, a policy analysis, research, training, facilitation and consultation unit at Rutgers University.

Mr. Auerbach's work at Lewin is assisting states in developing long-term service systems with an emphasis on community living alternatives to institutional care for people with disabilities of all ages. His work at the Rutgers Center for State Health Policy is to support grantees of the Centers for Medicare and Medicaid Services' (CMS) Community Living Grant Program with their work on real choice systems change, nursing facility transition, community-integrated personal assistance services and supports and money follows the person.

Mr. Auerbach was the Administrator of Oregon's Senior and Disabled Services from 1995-2001 where he was responsible for: all Medicaid long-term care programs for the elderly and people with physical disabilities; licensure, quality assurance and quality improvement for all long-term care providers; eligibility determination for a wide variety of support programs; adult protective services; Older Americans Act programs; and employment services for disabled adults.

**Christine Gianopoulos** acts as the principle investigator of the Aging and Disability Resource Center Project. In addition to these activities, Ms. Gianopoulos is the Director of the Bureau of Elder and Adult Services within Maine Department of Human Services. Responsibilities include coordinating long-term care within the Department of Human Services, administration of all state and Medicaid funded home- and community-based care programs, statewide long-term care pre-admission screen program, Nursing Home Certificate of Need program, adult protective and public guardianship services, and Older Americans Act-funded programs. Ms. Gianopoulos also functions as the principle investigator for Maine's Medicaid Infrastructure Grant under the Ticket to Work and Work Incentives Improvement Act of 1999. In addition to these activities, Ms. Gianopoulos speaks extensively on Maine's Long Term Care experience and served as the president of the National Association of State Units on Aging. She received her Master's Degree in Public Administration from Syracuse University.

**Dale Laninga** has worked in the field of aging and long-term care in Pennsylvania for 30 years. He came to Pennsylvania in 1974 and assisted in the development of the initial 41 Area Agencies on Aging. He is presently the Co-Director of the Long Term Care Reform Project in the Governor's Office of Health Care Reform. Prior to this he served as the Executive Director of the Intra-Governmental Council on Long-Term Care, whose purpose is to advise the Governor and Legislature on long-term care issues

Prior to coming to Pennsylvania, Dale developed innovative community mental health programs both in Detroit, Michigan and in Sydney, Australia.

Mr. Laninga serves on the Board of Directors for a number of human services agencies in the Harrisburg area and is active in church/neighborhood organizations.

Mr. Laninga received a Bachelor's Degree from Calvin College in Grand Rapids, Michigan and a Masters Degree from the University of Michigan, School of Social Work. He has also taught at the University of New South Wales, Australia.

**Susan Abbey** earned a Bachelors degree with majors in sociology and psychology and a Masters degree in education. She is the lead staff for Wisconsin's Aging and Disability Resource Centers grant.

Susan has extensive knowledge of both the Medicaid program and community services to elders and people with disabilities. She has overseen quality assurance systems for Medicaid eligibility and Medicaid waiver services. She has also acted as director of Wisconsin's assistive technology act program (WisTech); overseen Wisconsin's independent living centers administration, and supervised the development of the Disability Benefit Specialist Program.

In her current role, Susan will facilitate the implementation of five additional resource centers. She will also oversee the development of options counseling curriculum and a toolkit for developing and disseminating public information materials.

**Ruth Burgess** earned Bachelors degrees in Political Science and Sociology from West Virginia State College and a Masters degree in Sociology from Marshall University. She is currently pursuing a Doctorate of Philosophy in Political Science from West Virginia University.

Ruth is a Senior Services Specialist with the West Virginia Bureau of Senior Services. She established and coordinates a consumer directed case management option within the Medicaid Aged and Disabled Waiver. She is the agency's liaison with the disability community, serving on the Statewide Independent Living Council and on advisory boards for several Real Choice Systems Change and Medicaid Infrastructure Grants.

She participates in a management team that coordinates many of the systems change activities in West Virginia, including the design of a model of consumer direction to be implemented within the Medicaid Aged & Disabled Waiver Program. This design was submitted to the Robert Wood Johnson Foundation as a Cash & Counseling Grant proposal and was awarded funding October 1, 2004.

**Virginia Dize**, Associate Director for Home and Community Based Services at the National Association of State Units on Aging, has more than twenty years' experience in long term care policy development, advocacy and program management. She provides leadership and direction on long term care issues to enhance the capacity of states to develop infrastructures which integrate disparate community services into comprehensive and cohesive systems of care; tracks and analyzes policy and program issues related to innovations in home and community based services; and provides guidance and technical assistance to states on issues such as assisted living, family caregiver issues and consumer direction. With funding from The Robert Wood Johnson Foundation, Ms. Dize directs a joint project of NASUA and The National Council on the Aging, designed to "mainstream" consumer direction in aging network services. She also directs a

“project of national significance” under a U.S. Administration on Aging National Family Caregiver Support Program grant.

In addition, Ms. Dize supervises NASUA's work for the National Center for State Long Term Care Ombudsman Resources, providing support to the State Ombudsman Programs nationwide. Prior to joining NASUA's staff in 1992, Ms. Dize served for almost eight years as Virginia's State Ombudsman. She holds a Master of Science degree in Gerontology from Virginia Commonwealth University.

**Roy Trudel** is a Technical Director for Medicaid Eligibility in the Center for Medicaid and State Operations, Centers for Medicare and Medicaid Services. Since beginning his government career in 1971 he has held a number of positions, primarily in the field of policy analysis, in the Medicare and Medicaid programs. For the last 20 years Mr. Trudel has worked in the Medicaid program, specializing in eligibility policy for the aged, blind and disabled. Mr. Trudel is a graduate of American University. He is married with one son, and lives in Ellicott City, Maryland.

**Robert Mollica** is the senior program director at the National Academy for State Health Policy in Portland, Maine. He conducts long term care policy research and provides technical assistance to state policy leaders on a range of issues that include long term care and assisted living. He has spoken widely on these topics during the past thirteen years. He serves the co-director of the National Technical Assistance Exchange Collaborative, at the Rutgers Center for State Health Policy, which assists grantees of the Centers for Medicare and Medicaid Services Real Choice Systems Change program. He also serves as an expert resource for RWJs' Balancing Long Term Care Systems Fellows Program managed by Robert and Rosalie Kane from the University of Minnesota. He is a consultant to the National Cooperative Bank Development Corporation on the “Coming Home” program which is funded by the Robert Wood Johnson Program (RWJ) and prepared a policy manual for states on assisted living issues.

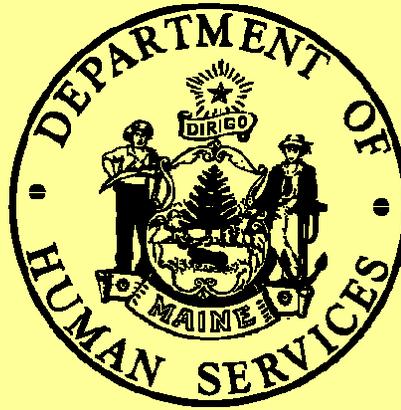
He has spoken widely on assisted living, long term care and state health care reform during the past ten years. In 1992, 1995, 1996, 1998, and 2002 he managed and co-authored national studies on state assisted living policy and regulation under grants from the Administration on Aging, the Department of HHS, Office of the Assistant Secretary for Planning and Evaluation (ASPE) and the Retirement Research Foundation. He is working on a compendium of residential care settings for ASPE in 2004.

He has conducted studies of single entry point systems, community based long term care systems and co-authored case studies on Medicaid managed care programs and papers on managed care programs for dually eligible beneficiaries. Based on site visits and case studies, he has written papers on state long term care assessment rules and instruments and their implications for people with Alzheimer's Disease and quality assurance on state home care programs.

Dr. Mollica has worked with several state aging agencies to examine their long term care systems and to describe options for the state to consider in making changes. The work included conducting public hearings, meeting with state officials, review of regulations and policy manuals and preparing a final report. These projects also included recommendations to

establish integrated entry points for the state's long term care system. He has provided assistance to the National Governors' Association and State Unit on Aging, Medicaid and Area Agency on Aging officials in Kansas, Illinois, Louisiana, Massachusetts, Michigan, New Jersey, Ohio, North Carolina and Utah. NASHP has also made presentations to Long Term Care Commissions in Maine, Michigan, and Tennessee to facilitate their look at system changes.

Dr. Mollica has twenty eight years of policy, program development and legislative relations experience in long term care. Prior to joining the Academy, he held an appointment as the Assistant Secretary of Policy and Program Development in the Massachusetts Executive Office of Elder Affairs. He worked for eight years in the Massachusetts Office of Federal Relations which was part of the Lieutenant Governor's office. He has a Doctorate in Counseling and a Master's in Social Work from Boston University and he earned his undergraduate degree in Psychology from Villanova University.



# Rebalancing the LTC System: Maine's Experience

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*Goal: Reduce reliance on institutional care as the principal means of providing long-term supports for elders and adults with disabilities*

Aging/Disability Resource Center Conference

October 4, 2004

# Principles of Reform

- ❖ **Choice:** More choice of residential and community-based services for consumers and families
- ❖ **Equity:** Eliminate disparities in statewide allocation/utilization of in-home care resources
- ❖ **Cost-effectiveness:** The right service, at the right time, in the right setting, at the right price.

# Budget Deficit: An Opening for Reform

**1993:** Nursing home spending up; extensive waiting list for home care; no residential alternatives to institutional care

**1994:** Legislature tightens Medicaid nursing home criteria; savings go to deficit. Requires Medicaid budget neutrality for any nursing home certificate of need project

**1995:** Legislature enacts mandatory pre-admission screening for all nursing home admissions, regardless of payment source.

**1996:** Re-design administration of public home care programs to reduce overhead costs and address disparities in service allocation.

**1998:** MECARE: on-line system for eligibility for nursing home, hcbs using single statewide contractor.

**1995-2003:** Revise regulations for all public LTC programs to promote choice, acuity-based reimbursement, equitable benefits, and cost-effectiveness.

**2002-:** Budget crisis redux; service provider taxes, limits on consumer benefits, waiting lists.

# Systems Challenge

- ❖ *To quickly determine medical and financial eligibility for long-term care services*
- ❖ *To communicate between different parts of system and link information to work efficiently and effectively for the consumer*
- ❖ *To inform consumers about service options*

# Technology Solution

## ❖ *Develop user friendly, expandable and portable system:*

- ❖ Can be moved if contractor for single entry point changes
- ❖ Calculate eligibility based on medical & financial information
- ❖ Track referrals and assessments
- ❖ Interface with Department's medical & financial legacy information systems
- ❖ Daily feeds to statewide home care coordination agency
- ❖ Nurse assessors use untethered laptops

# What's Working

- ❖ **36% of LTC budget goes to home and community care; up from 16% in 1995.**
- ❖ **15,000 consumers/families annually benefit from pre-admission assessment**
- ❖ **Doubled number of persons using home care and assisted living**
- ❖ **Medicaid nursing home census down by 19%; discharges to home tripled; length of stay reduced.**
- ❖ **More than 2500 nursing home beds (20% of total) “banked” or de-licensed; others converted to assisted living.**
- ❖ **Slowed rate of growth in LTC spending**
- ❖ **Per person LTC spending declined.**

# What Got Us Here

- ❖ **Strong leadership from key legislators, Governor, and Commissioner**
- ❖ **Support from senior and disabled consumers**
- ❖ **Uniform assessment tool; one agency manages assessment for range of programs**
- ❖ **Separating assessment from service provision**
- ❖ **Re-structured administration of home care programs**
- ❖ **Medicaid funding for more home care and residential alternatives**
- ❖ **Changes to nurse delegation rules**
- ❖ **Competent and persistent staff work**

# Other Essential Ingredients

- ✓ **Good data systems**
- ✓ **One department manages policy/regulatory agenda**
- ✓ **Acuity-based payment**
- ✓ **Partnership with university for evaluation**
- ✓ **Collaboration among Medicaid, State Unit on Aging, and Financial Eligibility agencies**
- ✓ **Staff personally committed to goal of rebalancing**

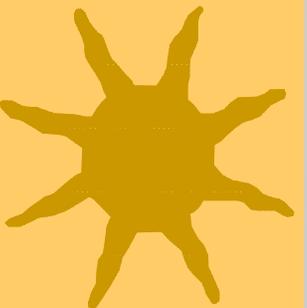
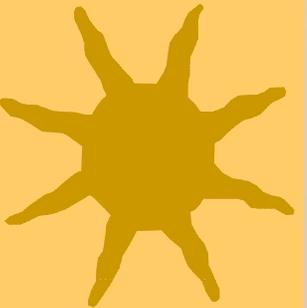
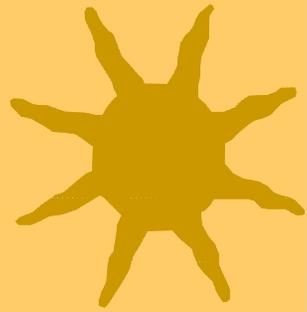
# Challenges

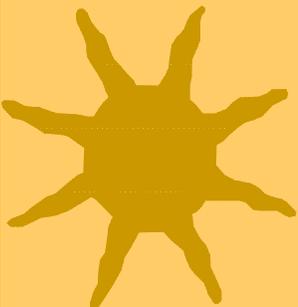
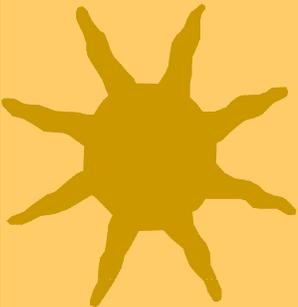
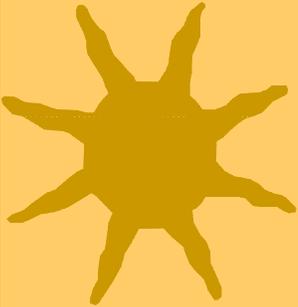
- ✓ **Workers underpaid**
- ✓ **Delivering HCBS in rural areas**
- ✓ **Balancing equity and flexibility**
- ✓ **Need more specialized residential resources**
- ✓ **Managing high acuity consumers at home**
- ✓ **State funding for HCBS unpredictable**
- ✓ **Consolidation led to loss of local ownership in system**

# *Community Choice*



**The Individual Gets to  
Make the Choice!**





## *Community Choice*

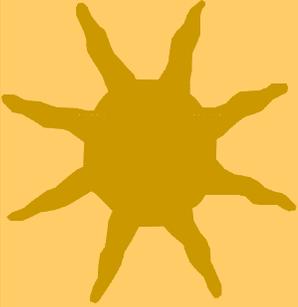
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- ★ Intra-Governmental Council on Long-Term Care identified 22 barriers
  - Community Choice eliminates or drastically reduces these barriers!



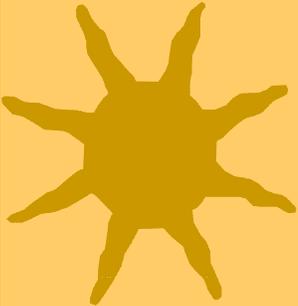
## *Core Team (Harrisburg):*

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★ Office of Health Care Reform

★ Department of Aging

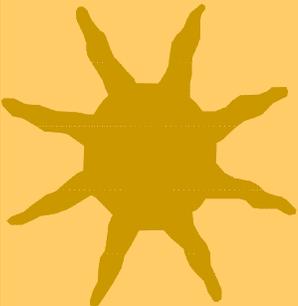


★ Department of Health

★ Department of Labor & Industry

★ Department of Public Welfare

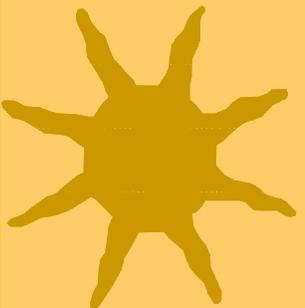
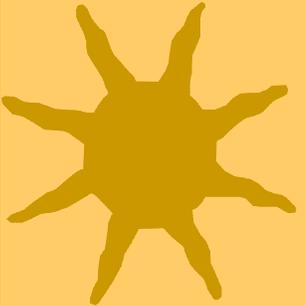
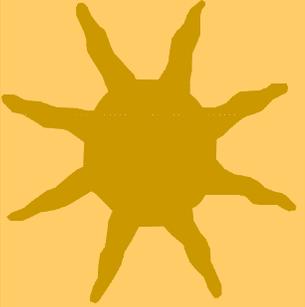
– Offices of Social Programs/Mental  
Retardation/ Policy/ Medical Assistance/  
Income Maintenance



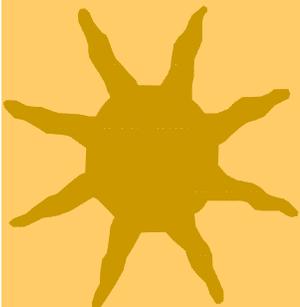
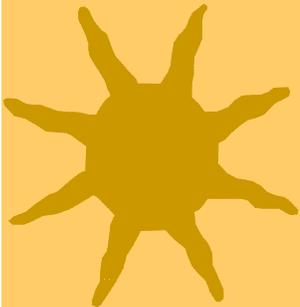
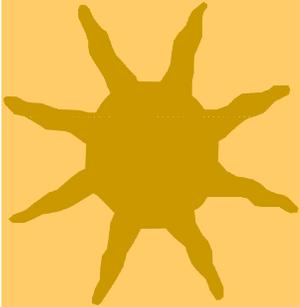


*New Process!!!!!!*

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★ “Quick and Efficient”



# *Initial Meetings*

## *Core Team (County)*

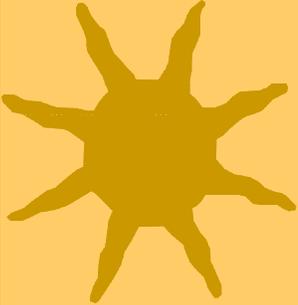
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- ★ Core Team (Harrisburg)
- ★ Area Agency on Aging
- ★ Office of Social Programs
- ★ County Assistance Office

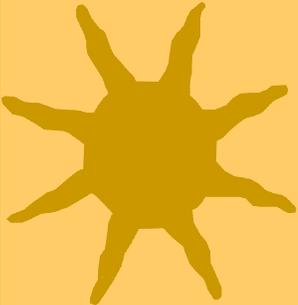


# *Expanded Meetings*

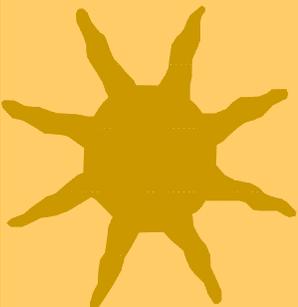
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★ Core Team (Harrisburg)



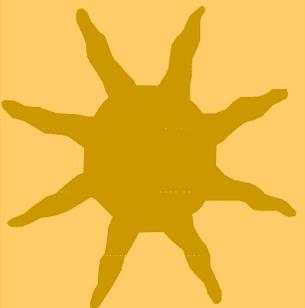
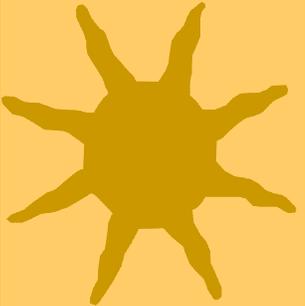
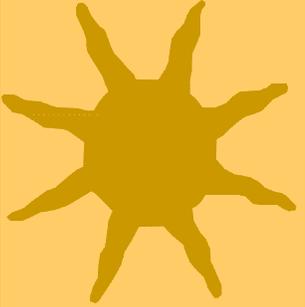
★ Core Team (County)



★ Consumers/Consumer Advocate Groups

★ Hospital Discharge Planners

★ Interested Parties



## *Pilot Process Successes:*

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★ October 31, 2003:

– Fayette, Greene, and Washington Counties

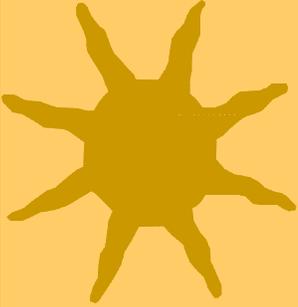
★ January 30, 2004:

– Philadelphia County

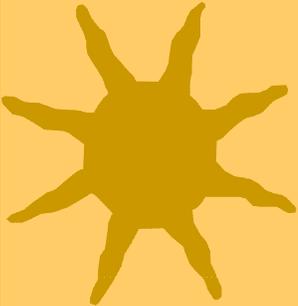


## *Next phase of Pilot Roll-out*

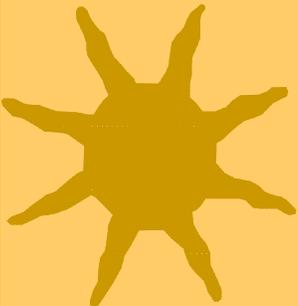
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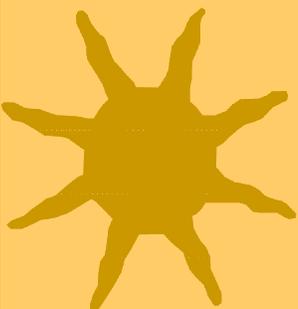
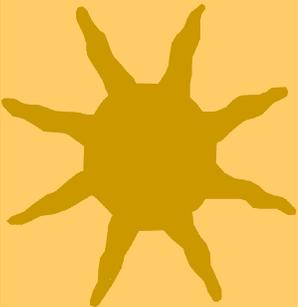
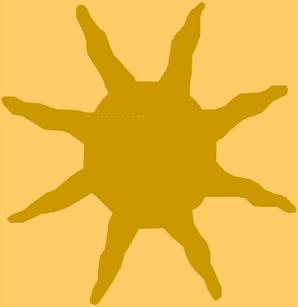
- ★ September 30, 2004
  - Chester and Delaware Counties



- ★ Immediate Future:
  - Montgomery County



- ★ June 2005:
  - Roll-out Accomplished for Entire State



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★ No Wrong Door!

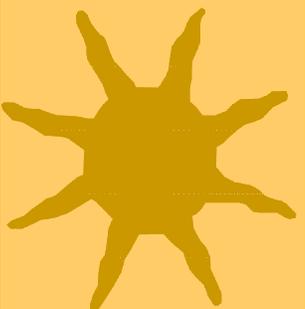
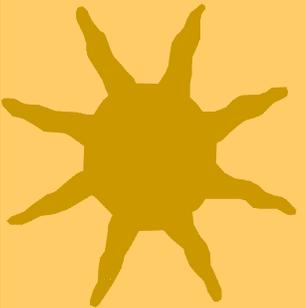
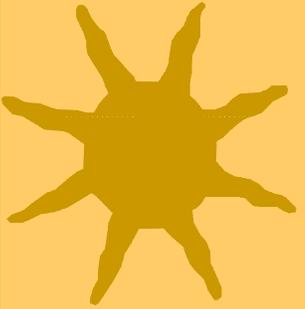
- Area Agency on Aging or Office of Social Programs

★ Shorter Functional/Clinical Assessment

30 pages/6 pages

★ Shorter Application for Medicaid

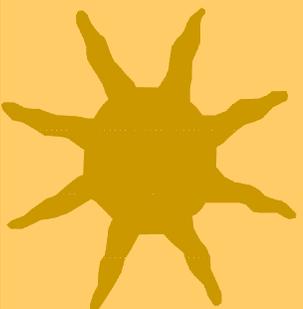
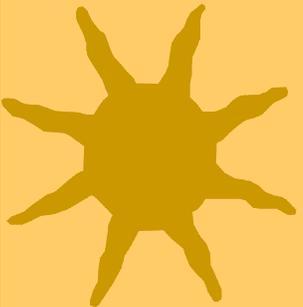
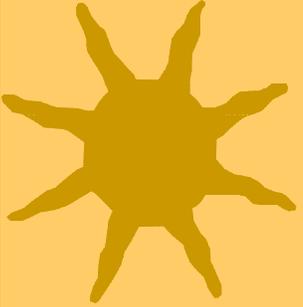
12 pages/4 pages



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Toll Free #

Assessors Available 24/7/365



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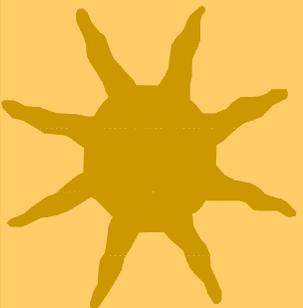
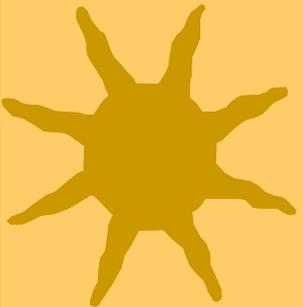
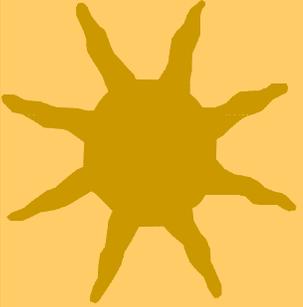
Call for Need of Services

Urgency of Need for Services

24 hours/72 hours/longer

Agency Visits Individual

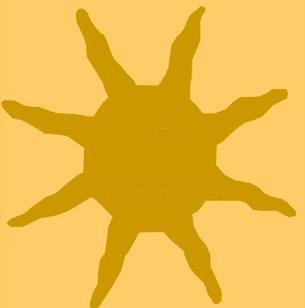
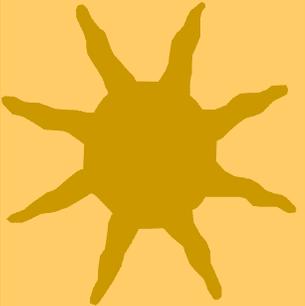
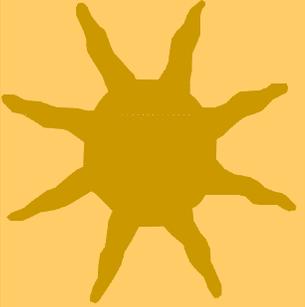
- ★ Quick Functional/Clinical Assessment
- ★ Completed & Signed application
- ★ Signed Consent Form



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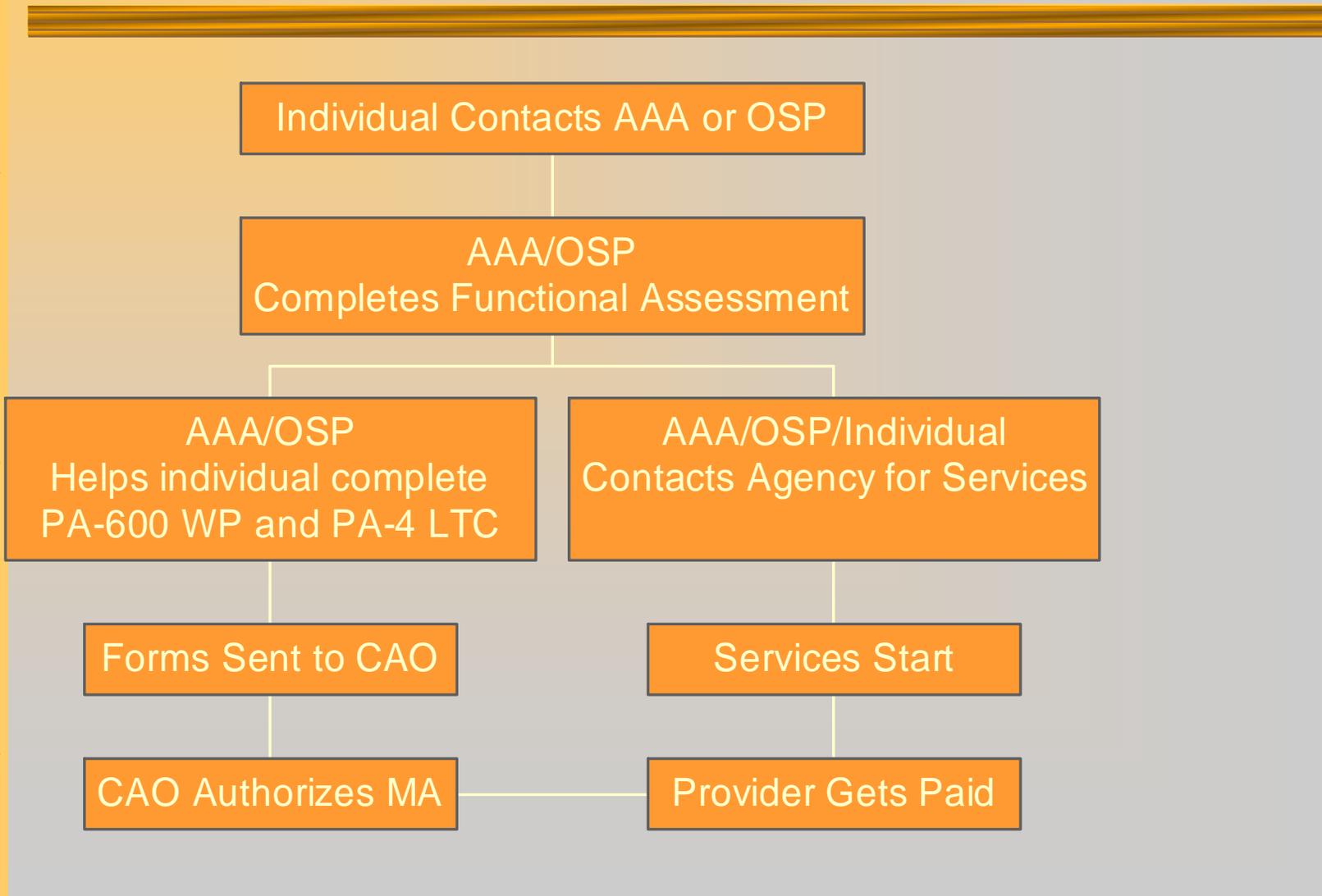
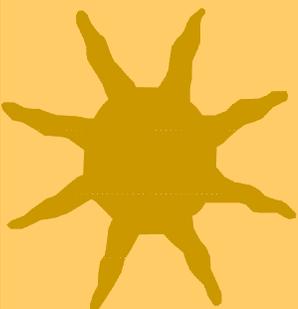
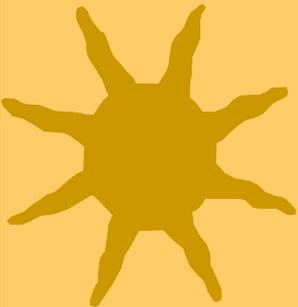
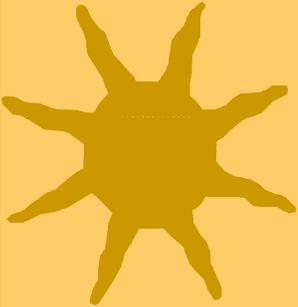
## Eligibility Application

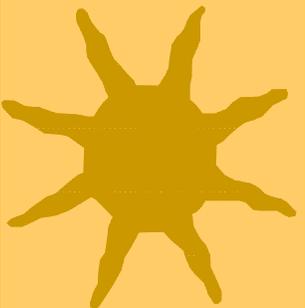
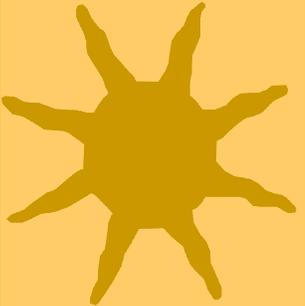
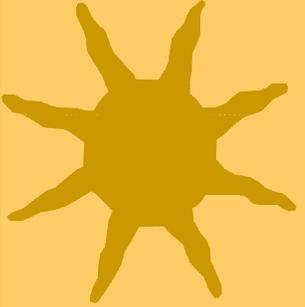
- ★ Self Declares MA Eligibility
- ★ No Documentation Required for Authorization



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Medicaid Authorization Within  
24 Hours!!





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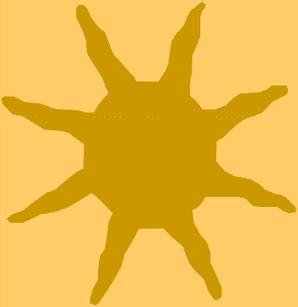
## Community Choice –

- Quick
- Allows Real Choice
- Individual is the focal point!

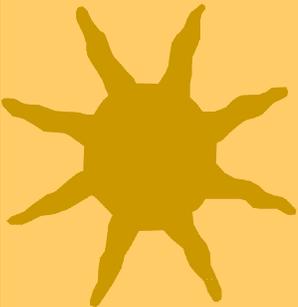


## *Basic Medicaid Rules*

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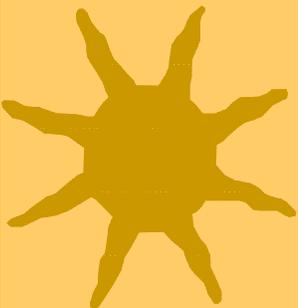


Gross Monthly Income  $\leq$  \$1,692 eff. 1/1/04



Resources  $\leq$  \$2,000

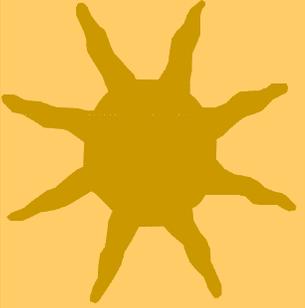
Actually \$8,000 with \$6,000 disregard



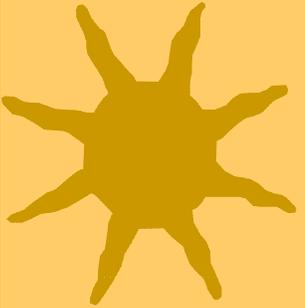


## *Medicaid Eligibility Rules:*

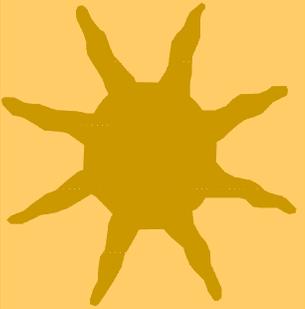
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- ★ Verification must be received
  - 60 days to get verification



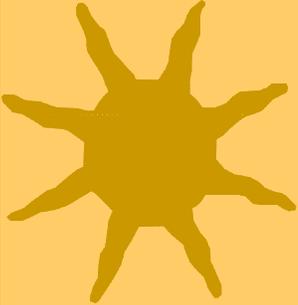
- ★ Falsified applications – Client held legally responsible



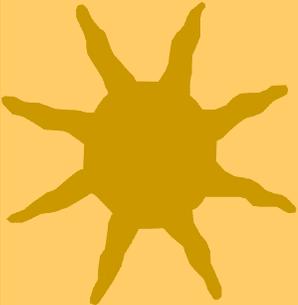


# *Expedited Appeal Process*

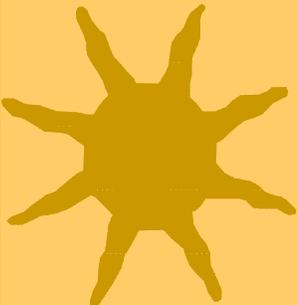
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★ Medicaid Eligibility Appeals



★ Telephone Hearing with BHA

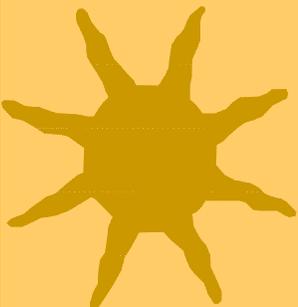
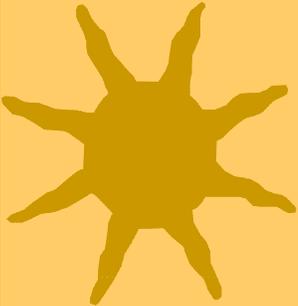
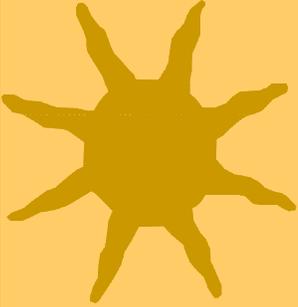


★ 10-Day Decision



## *Success from Day 1*

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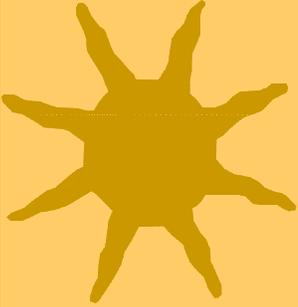


- ★ Hospital Discharge Decision of Friday P.M. for Sunday
- ★ Call to Agency on Friday
- ★ Agency visited Consumer on Friday P.M. in hospital
- ★ Consumer Discharged on Sunday
- ★ Services started on Sunday
- ★ MA Authorized on Monday
- ★ Provider Paid



## *Total Recipients Authorized Under Community Choice To Date*

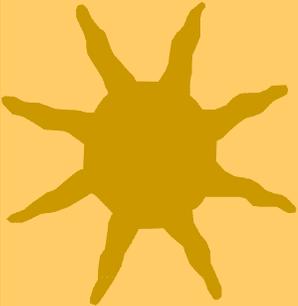
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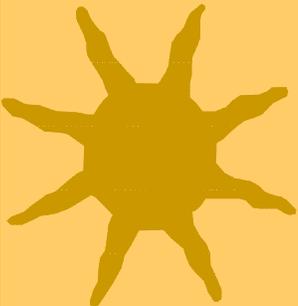
Fayette	196
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Greene	75
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Washington	192
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Philadelphia	<u>1,431</u>
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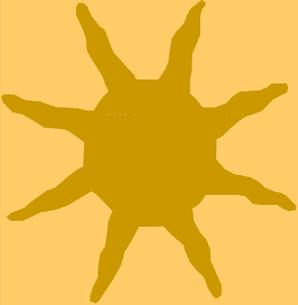


GRAND TOTAL	1,894
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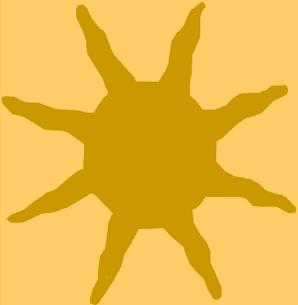
## *Eliminating Other Barriers*

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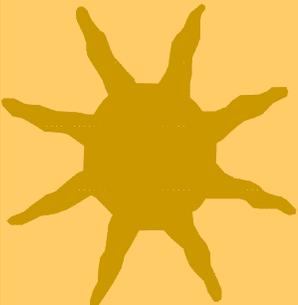


★ Direct Care Workers - Recruitment and Retention

– Direct Care Worker Resource Center



★ Housing

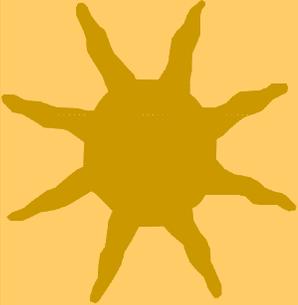


★ Home/Vehicle Modifications  
Committee/Consolidating



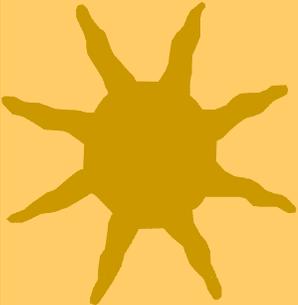
# *Grants/Support Community Choice Success*

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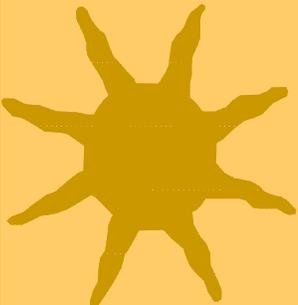
★ Aging and Disabled Resource Centers  
(ADRC)

– “One-Stop Shopping”

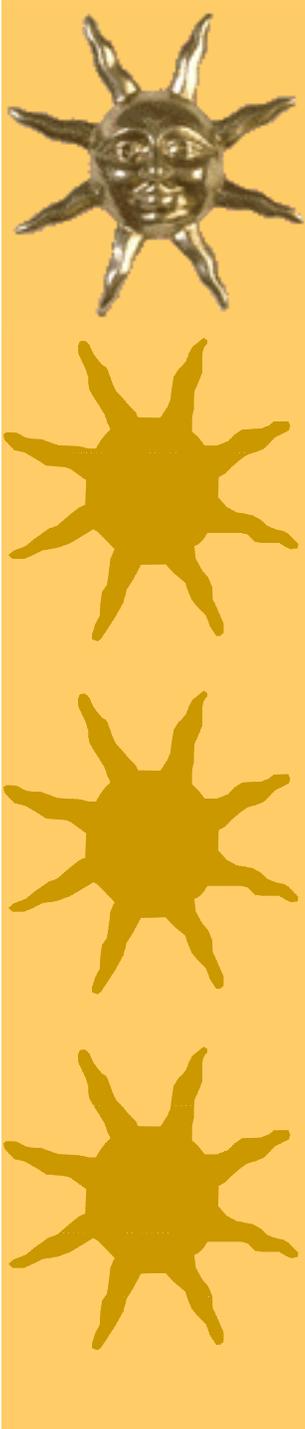


★ Money Follows the Person

★ Quality Assurance/Quality Improvement



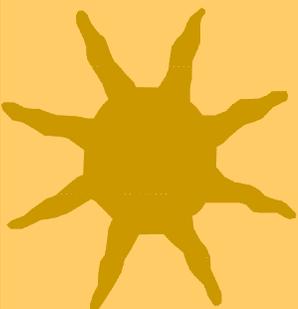
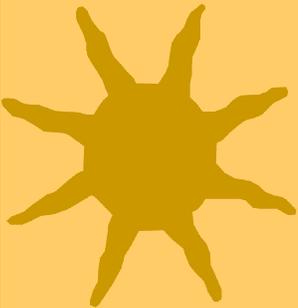
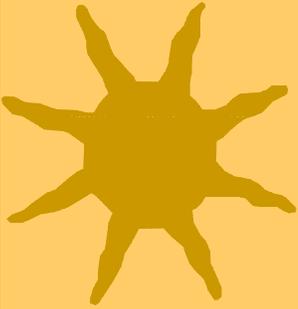
★ Cash & Counseling



# *Future Plans*

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★ Nursing Home Transition



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## ★ Questions and Discussion





## State of Wisconsin

Department of Health and Family Services

### Wisconsin's Aging and Disability Resource Centers

#### **Mission**

Aging and disability resource centers (ADRCs) offer the general public a single entry point for information and assistance on issues affecting older people, people with disabilities, or their families. These centers are welcoming and convenient places to get information, advice and access to a wide variety of services. As a clearinghouse of information about long-term care, they will also be available to physicians, hospital discharge planners, or other professionals who work with older people or people with disabilities. Services are provided through the telephone or in visits to an individual's home

#### **Services**

**Information and Assistance.** Provide information to the general public about services, resources and programs in areas such as: disability and long-term care related services and living arrangements, health and behavioral health, adult protective services, employment and training for people with disabilities, home maintenance, nutrition and Family Care. Resource center staff will provide help to connect people with those services and to also apply for SSI, Food Stamps and Medicaid as needed.

**Long-Term Care Options Counseling.** Offer consultation and advice about the options available to meet an individual's long-term care needs. This consultation will include discussion of the factors to consider when making long-term care decisions. Resource centers will offer pre-admission consultation to all individuals with long-term care needs entering nursing facilities, community-based residential facilities, adult family homes and residential care apartment complexes to provide objective information about the cost-effective options available to them. This service is also available to other people with long-term care needs who request it.

**Benefits Counseling.** Provide accurate and current information on private and government benefits and programs. This includes assisting individuals when they run into problems with Medicare, Social Security, or other benefits.

**Emergency Response.** The resource center will assure that people are connected with someone who will respond to urgent situations that might put someone at risk, such as a sudden loss of a caregiver.

**Prevention and Early Intervention.** Promote effective prevention efforts to keep people healthy and independent. In collaboration with public and private health and social service partners in the community, the resource center will offer both information and intervention activities that focus on reducing the risk of disabilities. This may include a program to review medications or nutrition, home safety review to prevent falls, or appropriate fitness programs for older people or people with disabilities.

**Access to the Family Care Benefit.** For people who request it, resource centers will administer the Long-Term Care Functional Screen to assess the individual's level of need for services and eligibility for the Family Care benefit. Once the individual's level of need is determined, the resource center will provide advice about the options available to him or her – to enroll in Family Care or a different case management system, if available, to stay in the Medicaid fee-for-service system (if eligible), or to privately pay for services. If the individual chooses Family Care, the resource center will enroll that person in a CMO. The level of need determined by the Long-Term Care Functional Screen also triggers the monthly payment amount to the CMO for that person.

Additional information is available on the Department's web site at:

[www.dhfs.wisconsin.gov/LTCare/Generalinfo/RCs.htm](http://www.dhfs.wisconsin.gov/LTCare/Generalinfo/RCs.htm)



State of Wisconsin

Department of Health and Family Services

## Wisconsin's Long-Term Care Functional Screen

### History

The Wisconsin Long Term Care Functional Screen (LTC FS) has been under development since 1997. It is a **functional needs assessment describing assistance needed with:**

- **Activities of Daily Living** (ADL's-bathing, dressing, mobility, transfers, eating, toileting)
- **Instrumental Activities of Daily Living** (IADL's-meal preparation, medication management, money management, telephone, transportation, and employment)
- **Health Related Tasks** (including skilled nursing)
- **Diagnoses**
- **Behavioral Symptoms and Cognition**

The LTC FS also includes information on risk factors, mental health and substance abuse, and where the person would like to live.

The LTC FS computer application has complex logics programmed into it that interpret entered data to determine applicant's nursing home level of care, disability level of care, and functional eligibility level for Wisconsin's long term support programs. Family Care pilot counties have been using the LTC FS since 1998. Use of the LTC FS was expanded to Partnership and PACE programs in November of 2001, and is being expanded to other home and community-based waiver programs throughout Wisconsin.

The LTC Functional Screen's eligibility and nursing home level of care logics have been tested for reliability and validity, and approved by the Centers for Medicare and Medicaid Services (formerly the Health Care Financing Administration) to replace previous methods of home and community-based waiver eligibility in Wisconsin. The major advantages of the LTC FS are that eligibility determinations are instantaneous upon completion of the LTC FS (e.g., on a laptop in the consumer's home), and reflect an objective method of eligibility determinations.

The WI LTC FS was developed through four workgroups which included county case managers experienced in LTC eligibility and assessments. The primary screen development workgroup reviewed numerous other screens and assessment such as the Minimum Data Set (MDS) that nursing homes must complete, and the OASIS form that home health agencies must complete.

The WI LTC FS is different from those forms because it had to meet the needs of Wisconsin's LTC redesign effort. In particular, the LTC FS needed to work for all three target groups: frail

elders with health conditions or dementia (mild or severe); younger people with physical disabilities, some of whom have no health problems; and people with developmental disabilities with various cognitive functioning levels, behavior symptoms, and/or health problems. The WI LTC FS needed to work to describe people living at home or in substitute care settings (group homes, adult family homes) or in institutions (nursing homes, ICF-MRs). Other criteria used to develop the WI LTC FS include the following:

- Clarity--Definitions and answer choices must be clear to screeners (most of whom are not nurses)
- Objectivity and Reliability--The LTC FS must be as objective as possible to attain highest possible "inter-rater reliability"-i.e., that two screeners would answer the same way for a given consumer. Subjectivity must be minimized to ensure fair and proper eligibility determinations.
- Brevity--The LTC FS is only a "needs assessment" to determine program eligibility. It serves as a baseline for more in-depth assessment to develop a service plan that reflects the consumer's strengths, values, and preferences.
- Inclusiveness--Every individual can be accurately described with given choices for each question--for elders, people with dementia, physical disabilities, or developmental disabilities, healthy or not.

### **The LTC FS Determines Eligibility for Long Term Care Programs**

Wisconsin has four waiver programs for the elderly and physically disabled. They are COP/Waiver, CIP II, Family Care, and the Wisconsin Partnership Program.

Once an applicant's LTC FS is complete, the eligibility logic built into the application is able to determine that persons Nursing Home Level of Care (NH LOC), Developmental Disability Level of Care (DD LOC), and Family Care Level of eligibility-(Intermediate or Comprehensive)-as well as eligibility for other waiver programs. NH level of care is absolutely necessary to be eligible for COP/W, CIP I, and Partnership because those three programs can only serve NH eligible people.

NH or DD level of care is very important in Family Care as well. Family Care has as part of its structure, a home and community-based waiver, but because it combines waiver funds with non-waiver state-only funds, it can include some people who are not eligible for a home and community-based waiver--that is, people who do not make NH or DD level of care. The budget for Family Care is based on the premise that the majority of people served would qualify for a NH or DD level of care, and thus services are eligible to capture the 60% federal match.

### **Other Functions of the LTC FS**

- Serve as a foundation for the comprehensive assessment done by the long-term care program selected by the consumer.
- Provide data for quality assurance and improvement studies for the Department of Health and Family Services (DHFS) and long term care programs utilizing the LTC FS, including

identifying cases for targeted reviews.

- Identify whether an applicant is currently in need of Adult Protective Services.
- Indicate the need for referrals to Adult Protective Services, mental health services, substance abuse services, or other community resources.

**In Counties with Aging and Disability Resource Centers, the LTC FS also:**

- Provides a framework for information-gathering during Long-Term Care Options Counseling.
- Is used to set monthly payment rates based on people's functional needs.
- Documents factors to aid in prioritizing waiting lists.

Further information is available on the Department's web site at:

[www.dhfs.wisconsin.gov/LTCare/FunctionalScreen/INDEX.HTM](http://www.dhfs.wisconsin.gov/LTCare/FunctionalScreen/INDEX.HTM)

# Accessing LTC Services in the Family Care System

**Phase 1:** exploring my service options

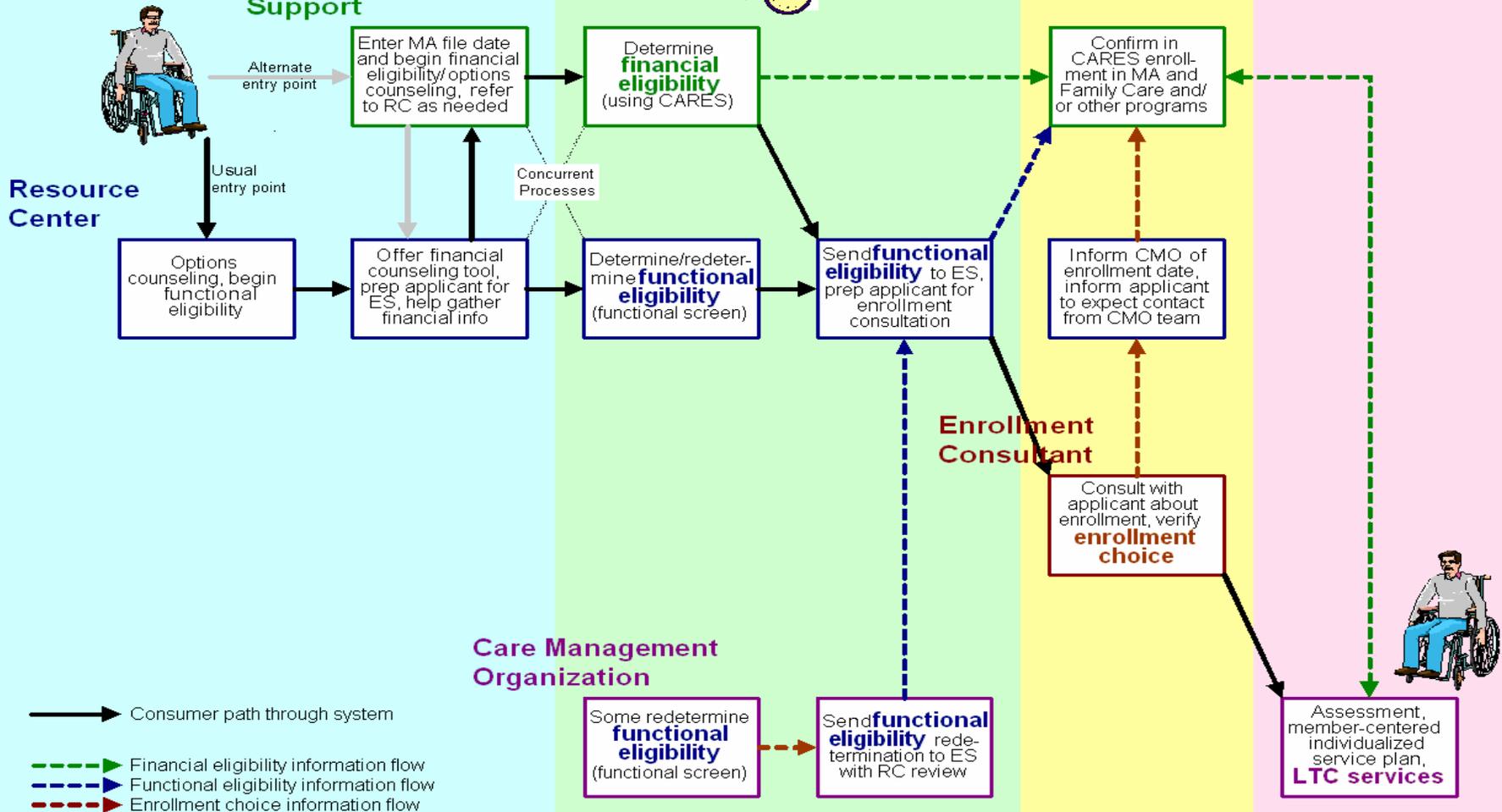
**Phase 2:** for what am I eligible?

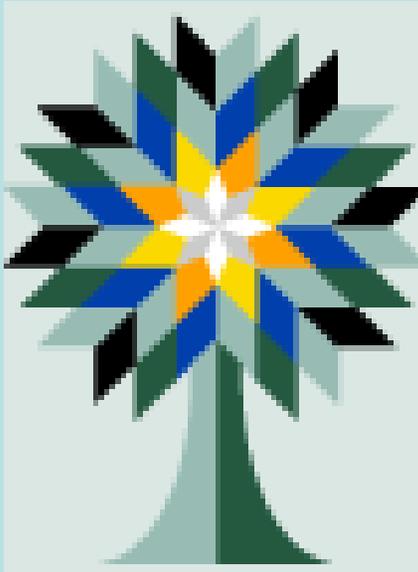
**Phase 3:** enrolling

**Phase 4:** getting services

**Economic Support**

30-day Clock

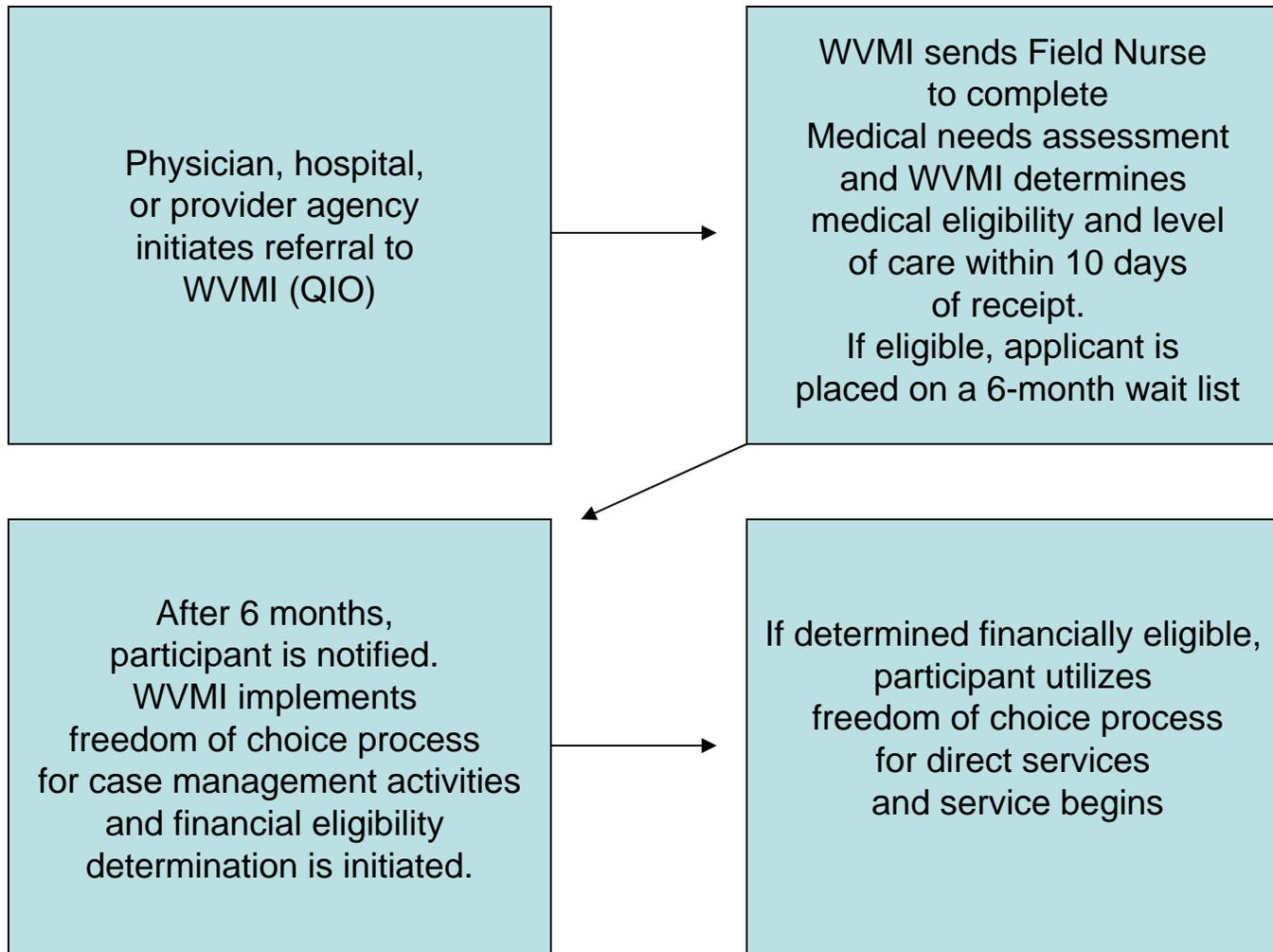




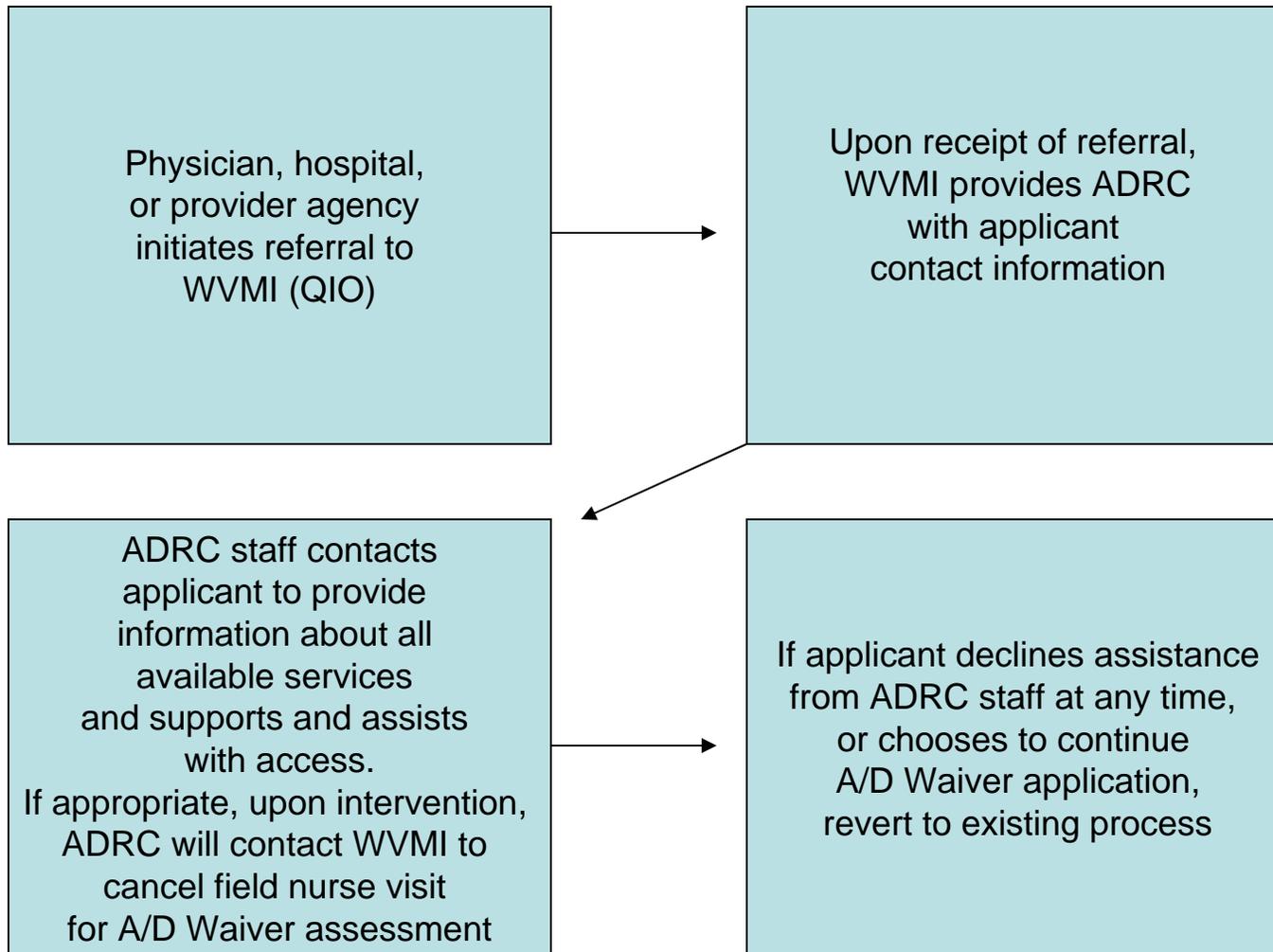
West Virginia  
Medicaid  
Aged/Disabled Waiver  
& Nursing Home  
Eligibility Process

Presented by: Ruth Burgess  
West Virginia Bureau of Senior Services

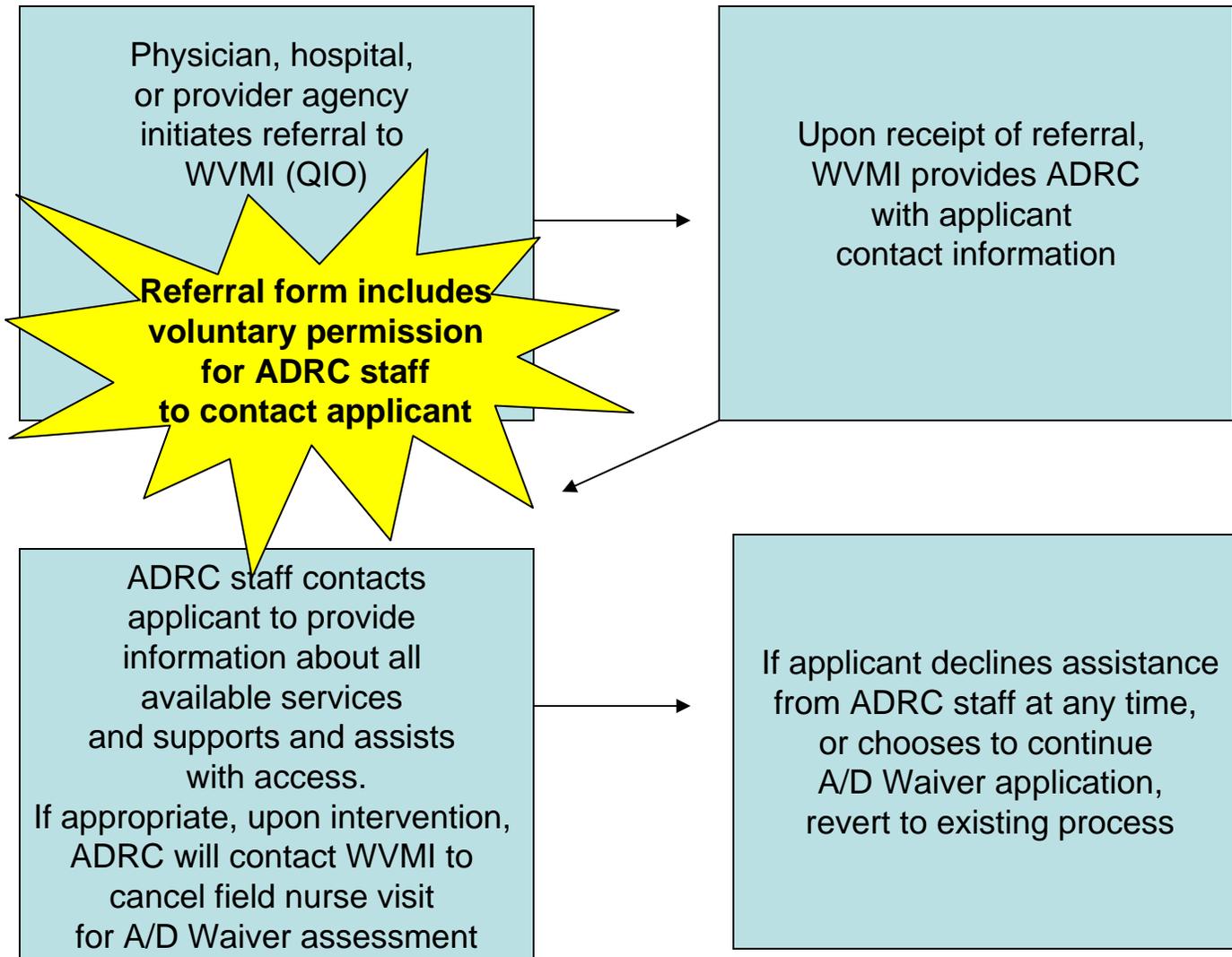
## Medicaid Aged & Disabled Waiver Access Existing Process



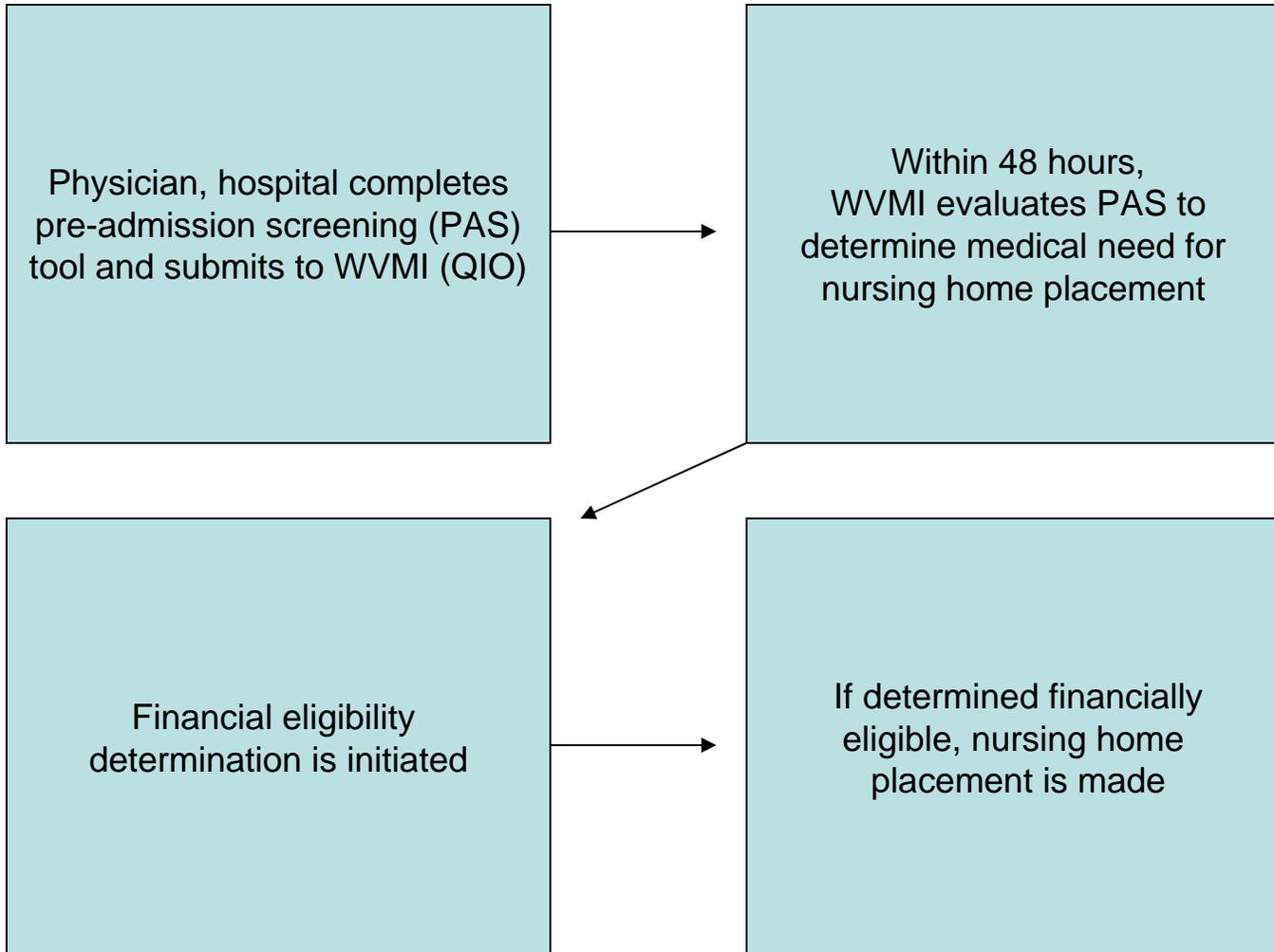
## Medicaid Aged & Disabled Waiver Access As Envisioned in ADRC Grant Proposal



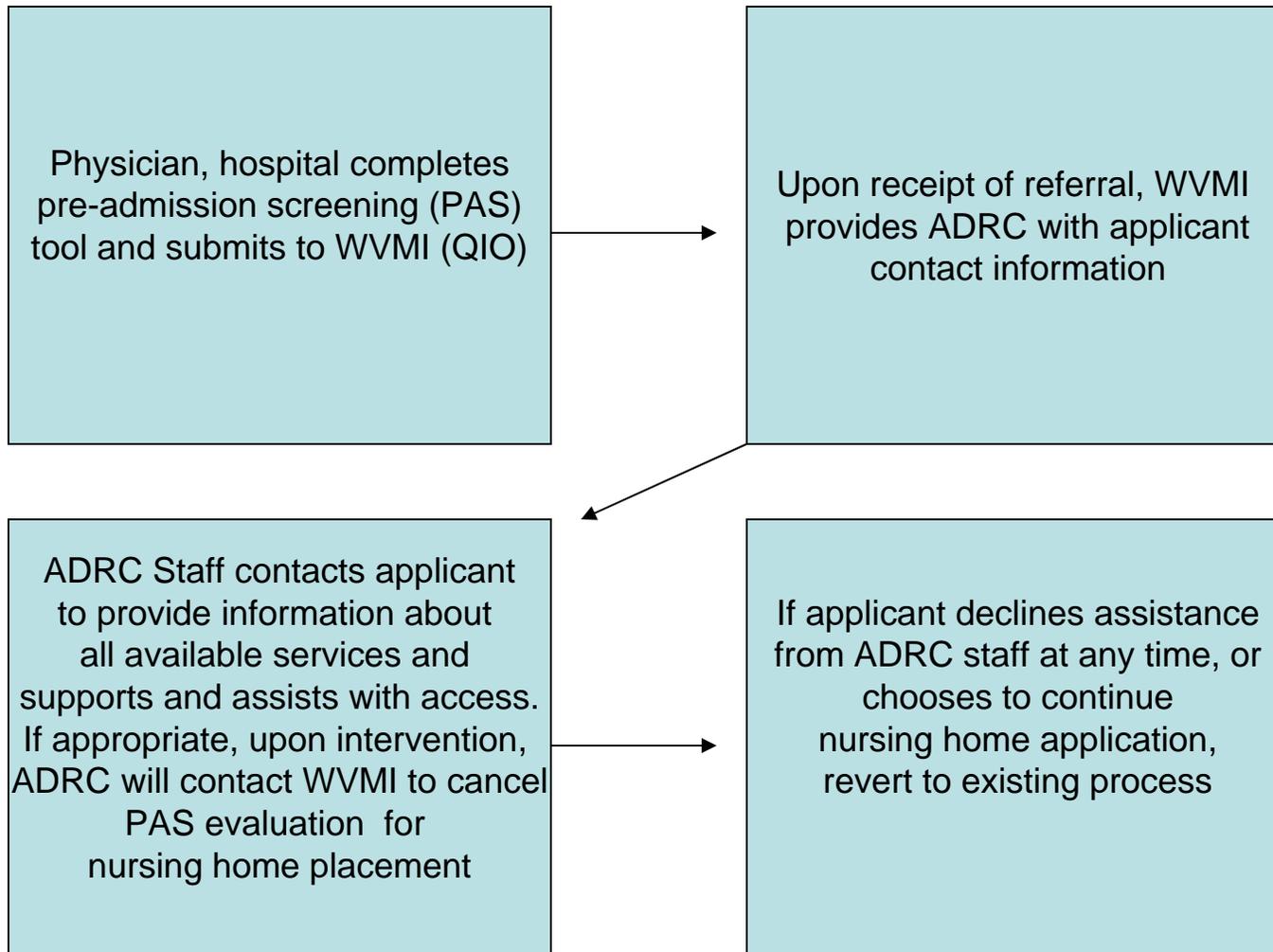
## Medicaid Aged & Disabled Waiver Access Current Status After Addressing CMS/HIPAA Concerns



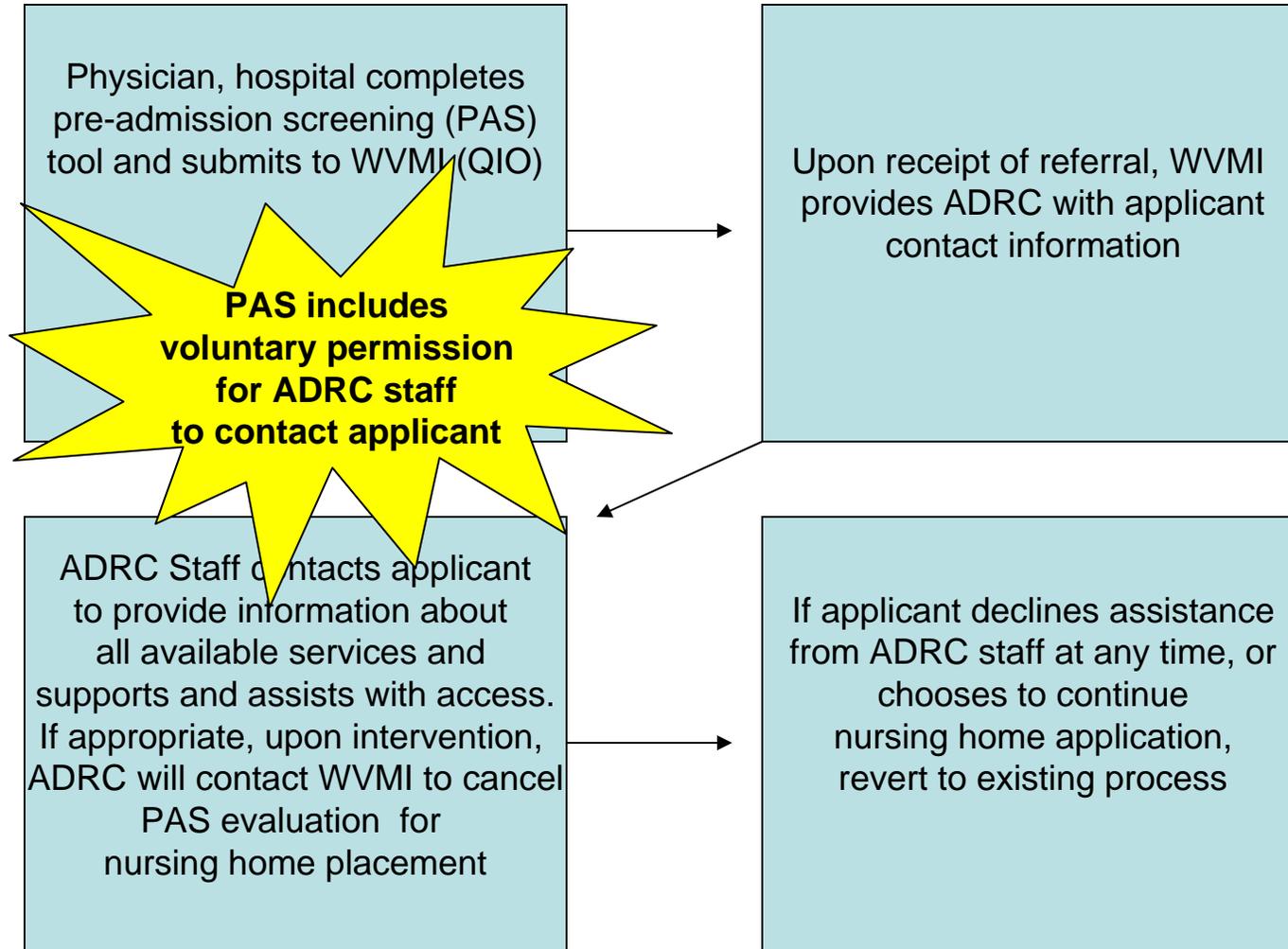
## Nursing Home Access Existing Process



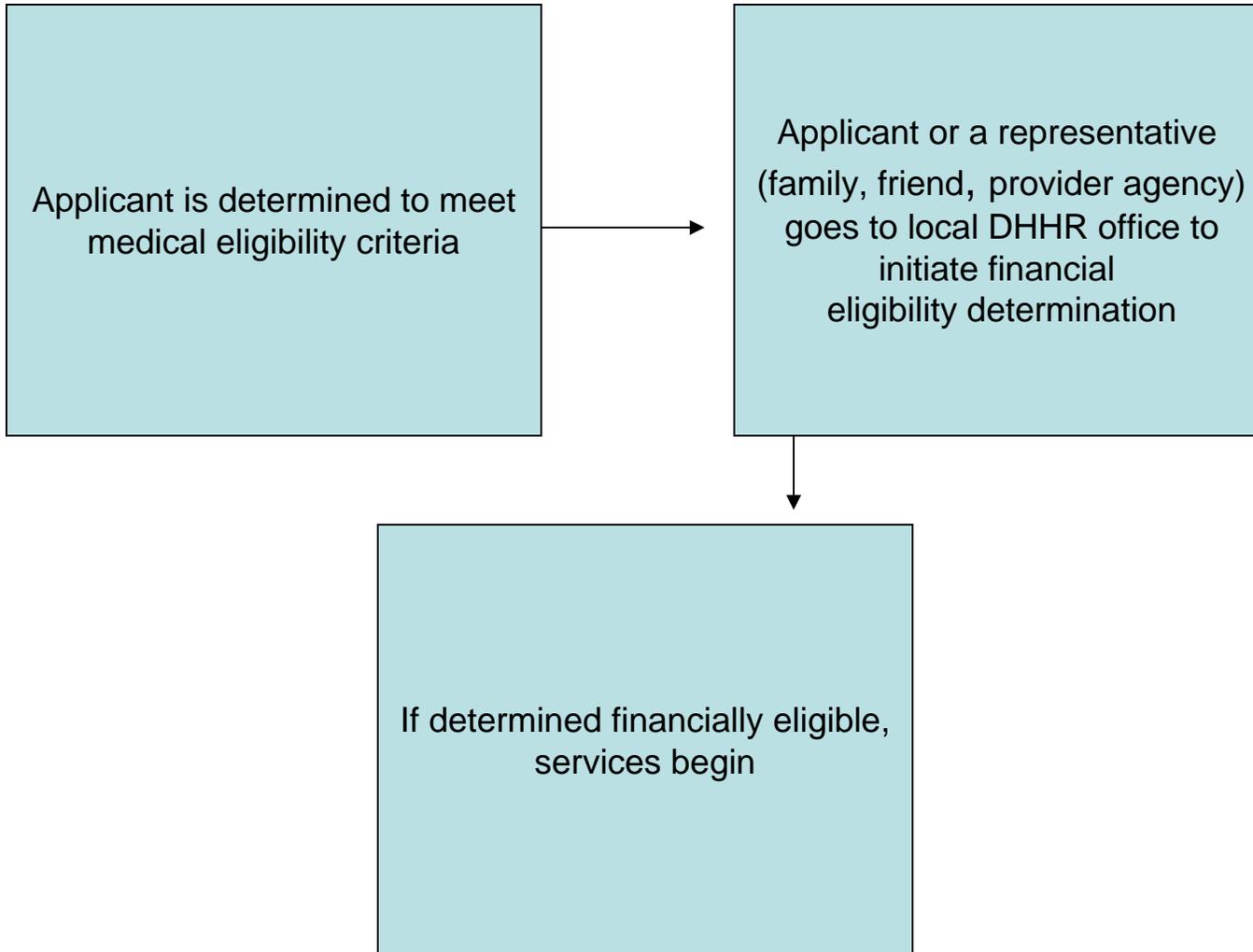
## Nursing Home Access As Envisioned in ADRC Grant Proposal



## Nursing Home Access Current Status After Addressing CMS/HIPAA Concerns



## Medicaid Aged & Disabled Waiver and Nursing Home Financial Eligibility – Existing Process



## Medicaid Aged & Disabled Waiver and Nursing Home Financial Eligibility – As Envisioned in ADRC Grant Proposal

