

Managed Care – Long-Term Care: An Overview for Long-Term Care Options Counseling



A PROFESSIONAL'S GUIDE



Webcast: Managed Care–Long -Term Care:An Overview for Long-Term Care Options Counseling

Competency/skill – Understand main features and components of Managed Care Long Term Care.

Objectives:

1. Describe the goals of Long-Term Care Reform
2. Explain a Managed Care Organization.
3. List components of the Family Care Benefit Package.
4. List the components of PACE/Partnership benefit packages.
5. Describe the phrase “being a full partner”.
6. Describe the Resource Allocation Decision Method.

Sample discussion questions:

1. Role play how you would explain Managed Care – Long Term Care to consumers and their families.
2. Describe the job of the care management team and its membership. Role play how you would explain the team concept to consumers and their families.
3. What is the Resource Allocation Decision Method?
4. What are Self-Directed Supports and how would you describe this concept to a consumer?
5. Role play how you would describe the MCO network of contracted providers to a consumer.
6. What are the grievance and appeals processes?



Being a “Full Partner” in a Managed Long Term Care Program

An overview for ADRC staff who are providing options counseling to people who are considering enrollment in a managed care program.

Bureau of Long Term Support – DDES
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Goals of Long-Term Care Reform

- Choice – Give people better choices about services and supports to meet their needs
- Access – Improve access to services
- Quality – Improve quality through a focus on health and social outcomes
- Cost-Effective – Create a cost-effective long-term care system for the future



Design to achieve goals

- Integrate services and funding streams to reduce fragmentation and lack of coordination.
- Provide fiscal incentives for positive personal and health outcomes.
- Use savings to serve more people (entitlement to community-based care, not just NH care).



The “Fee for Service” System

Definition: State reimburses the county or provider for specific services provided.

Characteristics:

Different and overlapping funding sources:

- Medicaid cap services
- Medicaid waiver services
- Medicare services



The “Fee for Service” System Characteristics (Continued)

- Care fragmented between MA card and waiver services, resulting in gaps and overlaps
- Entitlement to NH, wait list for community care
- In NH, certain services regardless of need
- In waivers, a limited benefit package



Managed Care Basics – What is a Managed Care Organization (MCO)?

- An agency that provides a wide range of health and long-term support services, similar to those in other community waiver programs
- An agency that has a network of contracted service providers
- An agency that is consumer focused and outcome based



Managed Care Basics -- Funding

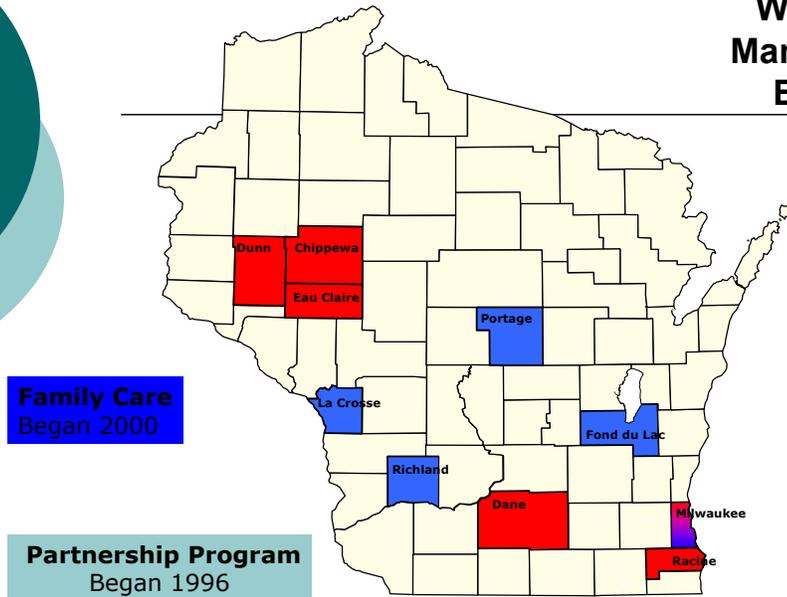
- MCO gets one monthly payment for each member, each month.
- With each enrollment, the MCO gets more money.
- MCOs are not allowed to 'cherry pick;' they must enroll every eligible person when that person chooses ("entitlement").
- Use overall savings to fund care for more people.



Current Managed Long-Term Care Programs

- Wisconsin Partnership Program
 - Four programs in six counties
- PACE
 - One program in Milwaukee
- Family Care
 - Five programs in five counties

Building on Wisconsin's Managed LTC Experience



Some Basics

- Primary and acute health care
 - FC teams coordinate health care
 - Partnership/PACE provides all health care
- Interdisciplinary care management teams (IDTs)
 - Both programs -- member (and reps), RN, social worker, others as appropriate
 - Partnership/PACE – primary care physician, Nurse Practitioners



Aligning Fiscal and Quality

- If members' overall health and well being deteriorates, the cost of their care will increase
- The IDT works to:
 - Improve or maintain best possible health, including mental health, quality of life
 - Balance benefits and costs in the short and long term
 - Prevent high-cost NH and hospital stays



Family Care Benefit Package

- All Home and Community-Based Waiver Services
- Those card services that pertain to long-term care
 - Personal care, therapies, nursing home, durable medical equipment, home health, nursing
- Acute/primary health care remains fee-for-service Medicaid
 - Physician, inpatient hospital, lab, x-ray, dental
- Medicaid services included and not included in Family Care:
<http://dhfs.wisconsin.gov/medicaid2/handbooks/familycare/index.htm>



PACE/Partnership benefit packages

- All Medicaid card services
- All Home and Community Based waiver services
- Medicare services



What does being a Full Partner mean?

- Participate in decisions that affect your service plan
- Choose to involve family members or other people
- Know what different service and supports are available or could be developed



What are outcomes?

- A MCO's success is measured by the real-life results people get from the services they receive.
- Identified by the member, with help from the MCO team



Personal Outcomes

- People have privacy.
- People have personal dignity and respect.
- People choose their services.
- People choose their daily routine.
- People achieve their employment objectives.
- People are satisfied with services.



More outcomes

- People choose where and with whom to live.
- People participate in the life of the community.
- People remain connected to informal support networks.
- People are free from abuse and neglect.
- People have the best possible health.
- People are safe.
- People experience continuity and security.



Who's involved?

- The job of the care management team is to:
 - Identify the results (outcomes) the member needs and wants from long-term support services
 - Develop a service plan that will help achieve those results/outcomes
 - Make sure services in the plan are actually provided, and are high quality



What a consumer can expect. . .

- A face to face meeting to discuss needs and preferences
- Support and encouragement to involve other people chosen by the consumer
- Inclusion of consumer identified outcomes in the care plan



How do you and your team balance personal outcomes and service costs?

- Resource Allocation Decision Method (RAD)
 - Plan is reasonable and effective
 - Potential for compromises
 - Potential for creativity
 - Potential for use of informal supports



What are Self-Directed Supports?

- A means for a consumer to have more control over services and supports
- Available to all managed care enrollees
- MCO makes resources available to consumers to buy services and supports to meet needs – self-managed budgets



What if the enrollee and CMO team does not agree on a plan?

- MCO must provide a written copy of the care and service authorization plan
- MCO must provide written notice of denial, termination or reduction of services a member requests



What options does a member have to disagree with a CMO decision?

- Grievance process
 - Local Committee
 - DHFS process – (MetaStar for FC)
- Appeal process
 - Fair Hearings – DHA
 - DHFS concurrent review for mediation



Items to include in Options Counseling

- That the MCO has a network of contracted providers the member will need to use.
- That the MCO team needs to authorize services it pays for – always work with the team.
- That members have a right to a care plan that supports their outcomes (not a right to any service in the benefit package).



Items to include in Options Counseling

- Any differences in estate recovery.

- If there is a choice between Family Care and PACE/Partnership, what the member should consider to make the best choice.
 - Health Status
 - Desire for help in coordinating health care vs. desire to remain more independent
 - That Partnership Program will bring person's doctor into their network



Details for Appeals & Grievances

- <http://dhfs.wisconsin.gov/LTCare/pdf/BeingaFullPartner.pdf>



Links to more information

- Family Care
<http://dhfs.wisconsin.gov/LTCare/Generalinfo/WhatisFC.htm>
- Partnership Program
<http://dhfs.wisconsin.gov/WIpartnership/>
- PACE Program
<http://www.npaonline.org/website/article.asp?id=4>



Links to more information

- Webcasts about care management in MCOs:

<http://dhfs.wisconsin.gov/ManagedLTC/grantees/webcasts/042706.htm>

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