Family Care UPDATE

Options for Long Term Care

Volume 2, June 2001

In This Issue

3 *CMO Member Outcome Interview Results Released*

4 *Status of Family Care Pilots*

5 *Just the Facts about CMO Enrollment*

5 *In the Spotlight…*

6 *Wisconsin's Long Term Care Functional Screen*

6 *Summary of Family Care Complaints Received*

7 *CMO Performance Reviews: Focusing on Quality for Consumers*

8 *Wisconsin Council on Long Term Care Publishes Annual Report*

Family Care Goals

Increase consumer choice

Improve access to services

Create a comprehensive and flexible long term care service system

Improve quality through a focus on health and social outcomes

Create a cost effective long-term care system for the future

Special Focus: Quality in Family Care

This issue of the *Family Care Update* focuses on quality in Family Care. The central aim of Family Care is to assure better access to long term care services and to improve the quality of life for people who need long term supports and services. While quality of life is a matter of subjective experience it can still be measured objectively. The consumers' view of quality can and is sought out as an important element of the assessment of quality in Family Care.

The Department of Health and Family Services has a multi-pronged approach to assuring that this objective is met. Quality efforts include:

- Conducting regular quality on-site visits with each Resource Center (RC) and Care Management Organization (CMO);
- Interviewing CMO members about their individual preferences;
- Reviewing RC surveys about consumer satisfaction with their interactions with the RC;
- Assisting CMOs and RCs in planning for and conducting focused quality improvement projects and routine quality assurance activities;
- Reviews of data and written reports and complaints and grievances; and
- Workgroup meetings to discuss issues of mutual concern.

While some of these efforts may seem far removed from the actual consumer, we hope that focusing on quality will promote constant attention at all levels to our ultimate purpose: improving the quality of life for people who need services. The articles inside this issue describe more about some of the efforts listed above. ◆

Resource Center Quality Site Visits Identify Best Practices

Resource Centers are designed to be the "one-stop shop" for consumers and their families seeking information about long term care, and to be the single entry point for publicly-funded long term care services. Charged with this mission, the Family Care Aging and Disability Resource Centers, located in nine counties, have designed their service system and practices to carry out the broad scope of responsibilities they fulfill. In addition to assuming the primary role as the gateway to long term care services, Resource Centers also:

- Dispense information that accurately reflects their area's long term care resources, services and programs;
- Counsel individuals about what long term care options are available, appropriate to the consumer's needs, and cost-effective;
- Complete the Long Term Care Functional Screen (LTCFS) that determines whether someone meets functional eligibility requirements for the Family Care benefit;
- Facilitate consumers' access to the long term care system;

Continued on page 2

Eldred and Margaret Danes review information given to them by the Jackson County Aging and Disability Resource Center about talking with doctors. Each Resource Center has a library filled with information for consumers about long term care supports and services.

Continued from page 1

- Connect consumers with emergency and protective services, and critical benefits such as Food Stamps;
- Collaborate with other agencies to benefit consumers with long term care concerns; and to enhance the wellness of elderly people and people with disabilities in the Resource Center service area.

Department of Health and Family Services staff have begun a round of quality site reviews in all nine Family Care Resource Centers to discuss with Resource Center staff how well they are meeting their goals. Through these reviews, we are learning that Resource Centers have developed some exemplary strategies to carry out their mission. During the first two quality site visits to Fond du Lac and Jackson Counties' Aging and Disability Resource Centers, state staff identified strong program elements that illustrate the staff's commitment to consumers. Two examples are noteworthy:

- Jackson County staff have formed an interdisciplinary team to help consumers access long term care services quickly and to minimize the confusion caused when consumers need to meet with different staff people at different times. The Resource Center Social Worker, Benefit Specialist and the Economic Support Specialist visit the consumer's home together, and use information requested by the other team members to complete their own paperwork. This relieves the consumer from needing to answer the same questions over again, and from the burden of multiple visits by different staff. It is also convenient for family members who may have to travel and interrupt work for each visit. Although a team home visit is not always necessary, the Jackson County staff have found that whenever possible a team visit is convenient and appreciated.
- Outreach to consumers is an on-going activity for Resource Centers and one that is integral to their mission of assuring people have accurate and up-to-date information when making decisions about long term care. In Fond du Lac County, besides making presentations to community groups, having a presence at health fairs and distributing marketing materials such as brochures, pens and refrigerator magnets, the Resource Center has developed a page on the Fond du Lac County Department of Social Services website. Other Resource Centers have also developed websites, which are easy to navigate and provide consumers with basic information about the Resource Center and local long term care services. For now, the telephone remains the primary means by which consumers make contact with the Resource Center, but the staff at Fond du Lac County and at other Resource Centers are already looking to the future by building awareness of Resource Center services by using the Internet. See "Who 'ya gonna call" on page 4 for a list of Resource Center websites.

As the first point of contact, and for some, the only contact consumers will have with the long term care system, Resource Centers provide comprehensive and impartial information about long term care, a responsibility that should not be underestimated. Resource Center staff blend qualities of professionalism, sensitivity and compassion when meeting with consumers. Each Resource Center has developed unique processes and methods to meet consumers' needs. More examples of these will be shared in future newsletters. ◆

Family Care Update

Family Care Update is a publication of the Department of Health and Family Services and is issued by staff in the Office of Strategic Finance for counties, advocates, Family Care pilot sites, and other people interested in long term care redesign and Family Care.

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Visit our web site at **www.dhfs.state.wi.us\LTCare** for up-to-date information on Wisconsin's long term care redesign project.

Desired Outcomes for Family Care Consumers

Over two years ago, the "Designing Quality Workgroup" chose the following 14 consumer outcomes for Family Care CMO members. This workgroup was comprised of consumers, advocates, providers, other stakeholders and Department staff.

People are treated fairly.

■

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 their services.

■

People choose where and with whom they 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.

CMO Member Outcome Interview Results Released

One of the key principles of Family Care is measuring quality as defined by the consumer. An important benchmark on the road to achieving this goal is the completion of the first round of CMO member outcome interviews and publication of the results in a report entitled, "CMO Member Outcomes: The Baseline Assessment."

Over a ten-week period from November 2000 through January 2001, 355 randomly selected Care Management Organization (CMO) members were interviewed about their individual preferences related to the 14 Family Care consumer outcomes (see sidebar, left). The members' lead care managers were also interviewed about options given to their members.

Participation was voluntary, and about 26% of members contacted declined to participate. Members were allowed to end the interview at any point or to decline to answer any question. On average, each interview lasted just over one hour.

For each outcome, two results were reported: 1) the percent of interviewed members that reported that the outcome was present (quality of life), and 2) the percentage of members for whom support for that outcome was found to have been provided by the CMO (quality of service). The report includes overall results for all Family Care participants interviewed, and also breaks the results down for the specific target groups served by Family Care – frail elders, people with physical disabilities, and people with developmental disabilities. In order to help readers understand the results, the report goes over the meaning of each outcome, and explains what it means if the outcome is met or not met, and what it means if support to help achieve the outcome was present or not.

A copy of the CMO Member Outcomes report is available on the Family Care web site at www.dhfs.state.wi.us/LTCare, or contact Hollister Chase at 608/261-8877 to request a copy.

The interview results are just a starting point. The information does not provide a report card of the CMOs' performance–it is too soon and there is not yet any basis for establishing benchmarks or expectations. At the time the interviews were conducted, all of the individuals in the sample had only been members of a CMO for less than one year; some had been members for only two months. The value of the baseline interview results lies in the guidance it will provide for quality improvement efforts in the future.

Each CMO received a copy of the report and will be able to use the information to evaluate its own performance. The Department will use the information in its quality assessment activities, such as the review of members' individual service plans and annual quality site visit reviews.

The baseline data will also provide a basis for comparison for similar assessments that

Continued on page 4

Continued from page 3

will be conducted after the CMOs have been in operation longer. The second series of interviews, with a separately selected sample of CMO members, began in May 2001. Over time, the results for each CMO will be compared to their previous results, with national data, and with each other.

The Department is also planning to use this method of assessing consumer outcomes in other programs such as the Home and Community-Based Waiver programs and the Wisconsin Partnership Program. Over time, the information gathered during the interviews can be used to determine organizational, service, or support characteristics that are associated with the best possible outcomes. ◆

Check our web site for the latest news

www.dhfs.state.wi.us/LTCare

Who 'ya gonna call?

A Local Aging and Disability Resource Center, Of Course!

Fond du Lac County
Toll Free: 1-888-435-7335
Phone: 920-929-3466
www.execpc.com/~jev/services.html

Jackson County
Toll Free: 1-877-441-0915
Phone: 715-284-5898
TTY: 715-284-8941

Kenosha County
Aging & Disability Resource Center
Toll Free: 1-800-472-8008*
Phone: 262-605-6646
TTY: 262-605-6663
www.co.kenosha.wi.us/ADRC/index.html

Developmental Disabilities
Resource Center
Toll Free: 1-800-236-7188
Phone: 262-657-7188

* for Kenosha County residents only

La Crosse County
Toll Free: 1-800-500-3910
Phone: 608-785-5700

Marathon County
Toll Free 1-888-486-9545
Phone 715-261-6070
www.adrc.co.marathon.wi.us

Milwaukee County
Phone: 414-289-6874
www.milwaukeecounty.com

Portage County
Toll Free: 1-800-586-5055
Phone: 715-346-1405
www.co.portage.wi.us/Aging

Richland County
Phone: 608-647-4616

Trempealeau County
Toll Free: 1-800-273-2001
Phone: 715-538-2001
TDD: 715-538-2737

Status of Family Care Pilots

Pilot County	Resource Center (RC) Status as of April 2001	CMO Status as of April 2001*
Fond du Lac	Began operating early 1998.	Began enrollment in February 2000. Approx. 645 enrollees as of 4-01.
Portage	Began operating early 1998.	Began enrollment in April 2000. Approx. 405 enrollees as of 4-01.
La Crosse	Began operating early 1998.	Began enrollment in April 2000. Approx. 847 enrollees as of 4-01.
Milwaukee	Began operating early 1998.	Began enrollment in July 2000. Approx. 1050 enrollees as of 4-01.
Richland	Began operating November 2000.	Began enrollment in January 2001. Approx. 152 enrollees as of 4-01.
Kenosha	Began operating early 1998. Kenosha County has two RCs--one for aging and physically disabled and one for developmentally disabled.	CMO dependent upon future funding.
Marathon	Began operating early 1998.	CMO dependent upon future funding.
Jackson	Began operating early 1998.	Not a CMO pilot (didn't apply).
Trempeleau	Began operating early 1998.	Not a CMO pilot (didn't apply).
Forest, Vilas, Oneida	RC dependent upon future funding.	Dependent upon future funding. Will serve people with developmental disabilities only.

** As of 4/30/01. Data from State MMIS System.*

Just the Facts about CMO Enrollment

Findings from the Care Management Organizations as of April 30, 2001:

Total CMO enrollment was 3,099.

■

2,962 CMO members were Medicaid recipients, and 137 were not eligible for Medicaid.

■

63% (1,964) of CMO members were elderly; 37% (1,135) were people with developmental disabilities or physical disabilities.

■

1.3% of CMO members (39 people) were at the intermediate level of care, 98.6% (3054 people) were at the comprehensive level of care.

■

There were 3 CMO members who met "grandfather" eligibility requirements – these individuals were receiving long term care services from the county during the 60 days before the CMO started, but do not meet either comprehensive or intermediate levels of care.

■

52 people have been disenrolled from the CMO because they were no longer eligible for the Family Care benefit. (Some of these have since regained eligibility and are being served by the CMO).

■

40 people have chosen to disenroll from their CMO. Reasons for voluntary disenrollment included: moved to a different county, no longer needed CMO services, and did not want to pay or incur a cost share.

In the Spotlight…

In this issue of the Family Care Update, instead of focusing on one person, we are sharing a collection of stories from the Family Care Resource Centers and CMOs. The stories below are just a sample of stories that demonstrate how people are affected by Family Care every day.

Mrs. P, a resident of Portage County, was hospitalized at University of Wisconsin Hospital in Madison. The hospital felt she was ready for discharge and suggested she be transferred to a nursing home, since she was being tube fed, had a urinary catheter, required continuous oxygen and used a BiPap machine at night, which provides mechanical pressure to keep her airway open. Mrs. P wanted to return to her own home and not go to a nursing home. Her daughter contacted the Portage County Aging and Disability Resource Center for help in finding out if it was possible for her mother to return to her own home. The Resource Center registered nurse (RN) met with Mrs. P in the hospital the next day, and also met with the hospital discharge planner and doctor. The Resource Center RN completed the Long Term Care Functional Screen to determine if Mrs. P., who was already enrolled in the Medicaid program, was functionally eligible for Family Care. The hospital staff and Resource Center RN felt Mrs. P would be able to return home with appropriate community services and some additional training for the family. The Portage County CMO was contacted and agreed to enroll Mrs. P and provide needed services upon discharge from the hospital, which included home health nursing, supportive home care, durable medical supplies and case management. Mrs. P. returned to her own home exactly one week after her daughter contacted the Resource Center.

A woman with severe physical and mental health disabilities had no source of income or health insurance, and her prescriptions cost over $800 a month. The stress of her financial situation caused her mental health condition to worsen, requiring her to be hospitalized, where she could get the medication she needed. The Kenosha County Aging and Disability Resource Center helped her obtain Medicaid and SSI so she could get her medications paid for and have some money for living expenses. This helped stabilize her situation and prevented continued cycling in and out of the hospital.

An elderly woman, who was a member of the Fond du Lac County CMO, had been living at home with her husband. The husband served as her primary caregiver until last fall when he fell and broke his leg. Because of his injury, he was not able to care for himself, much less his wife, and they both moved into a nursing home. As he recovered, it became apparent that he would not be able to resume the level of care that he had provided to his wife in their home. Their daughter was willing to take them both into her home, but needed some modifications and equipment. The CMO interdisciplinary team assessed the need for supportive care, modifications and equipment, and authorized them. The daughter provides some of the care and a caregiver from an agency comes in to provide additional hours to relieve the daughter. Both parents are doing well in their new environment. ◆

Wisconsin's Long Term Care Functional Screen

The Wisconsin Long Term Care Functional Screen (LTCFS) was first developed in 1997 to determine functional eligibility for Family Care. The screen asks about help needed to complete activities of daily living (such as eating and bathing), instrumental activities of daily living (such as managing medications and money), cognition, and risk factors. When the screen data is entered into a computer, the screener and consumer can instantly see the person's functional eligibility results. The functional screen lets people access long term care programs much faster than before.

The screen has been continually refined based on testing and users' feedback. In April 2000, Version 2 of the LTCFS was released. This version added some background logic to determine a nursing home level of care. This is important for research across various long term care sites ranging from home to institutions. Also, to be eligible for a home and community-based waiver, a person must meet a nursing home level of care.

The federal Health Care Financing Administration approved the new Wisconsin Long Term Care Functional Screen to replace previous eligibility instruments for Family Care enrollees effective November 2000.

The Department is expanding the use of the functional screen beyond Family Care. The screen is designed to accommodate the needs of community-based long term care programs other than Family Care in their functional eligibility determination process. The current biennial budget includes plans to expand its use in other home and community-based waivers (e.g., COP and CIP) in 30 more counties. The Wisconsin Partnership Program (an integrated long term care managed care program for elders and people with disabilities) will begin using the screen this summer.

Work is now being done on Version 3 of the LTCFS, to be released September 2001. Version 3 will be accessible on an Internet website, and will incorporate quality assurance checks within the computer application. This will help Resource Center staff in completing the Functional Screen as accurately as possible.

The Department is already planning a consumer version of the web-based screen, which consumers will be able to use to get an idea of their potential functional eligibility for long term care programs.

Erick Hoffmaster, a Resource Specialist with the Trempealeau County Aging and Disability Resource Center, asks Marian Wiltse questions from the Long Term Care Functional Screen.

As we work to ensure that all people have access to community-based long term care services, the Functional Screen plays an important role in efficiently and reliably determining eligibility for publicly funded services. It is through the feedback and hard work of consumers, advocates, researchers, policy makers, and county staff that the screen has been fine-tuned. Many thanks go out to all who have played a role in its development! ◆

Summary of Family Care Complaints Received by the State

from April 1, 2000 through April 30, 2001

If people using the services of either Resource Centers (RCs) or Care Management Organizations (CMOs) are dissatisfied for any reason, they have a variety of ways to file a complaint or grievance.

Most situations are resolved informally between the individual and the RC or CMO, but complaints or grievances can be filed with the Department of Health and Family Services (DHFS), and in many situations, consumers can ask for a fair hearing conducted by a state administrative law judge.

Advocates from the Family Care Independent Advocacy program are available to help consumers in whatever process is being used to resolve the complaint or grievance. Each RC and CMO has a complaint and grievance policy and procedure that has been reviewed by state staff to be sure it is consistent with all Family Care requirements.

During the 13 months between April 1, 2000 and April 30, 2001, 17 complaints were filed with the DHFS. When a complaint is received, DHFS regional office staff investigate the situation and try to work with the RC or CMO and the consumer to resolve it informally. Depending on the nature of the complaint, the regional staff may involve specialist Family Care staff in the investigation as well.

Five of the 17 complaints filed during this time period are still pending and four of them were withdrawn when the person filing the complaint was satisfied with the actions of the RC or CMO. Eight complaints were resolved with the participation of DHFS staff – six were resolved informally, so only two required formal decisions by DHFS. One consumer was

dissatisfied with the formal decision, and the other was partially dissatisfied; these consumers would still have the option of asking for a state fair hearing to hear their complaint or grievance. ◆

Of the 17 Complaints:

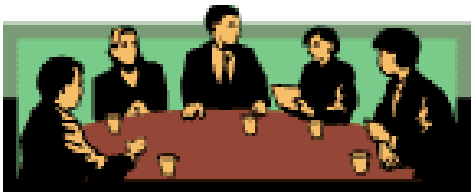
- Six were about the amount, quality or accessibility of services provided;
- Three were related to eligibility for Family Care benefits;
- Three were provider complaints about failure to authorize and pay for services;
- Two related to protective placement or guardianship issues;
- Two were about violations of consumer rights;
- One was a misunderstanding about choice to enroll and choice of providers; and
- Ten were filed by or on behalf of elderly consumers, four by or on behalf of people with developmental disabilities, and three by or on behalf of people with physical disabilities.

CMO Performance Reviews: Focusing on Quality for Consumers

The Department of Health and Family Services (DHFS) has a multi-pronged approach to quality oversight of Care Management Organizations (CMOs). Besides certifying each CMO has the capacity to serve its members before it begins operating, and measuring whether members' personal outcomes are being met, DHFS also conducts two on-site reviews to assess how well CMOs are assuring quality for consumers.

First, an organizational quality review focuses on how well the CMO is doing in areas that directly impact consumers, including provider network capacity, health and safety, interdisciplinary teams, and the CMO's own quality assurance and quality improvement activities. Second, a review of individual members' service plans focuses on three key areas of quality for consumers – whether services are put in place in a timely way, continuity of services, and the degree to which the member is involved in the planning process.

The first organizational quality reviews occurred six months after the CMOs began operating. The DHFS review team included staff from the Bureau of Developmental Disabilities Services, the Bureau on Aging and Long Term Care Resources, the Division of Health Care Financing, Area Administration, and the Center for Delivery Systems Development (CDSD). CMO managers and CMO interdisciplinary team members also participated in each review.



The format of these quality reviews is an open discussion following an outline which both DHFS and CMO staff have available during the visit. CMO feedback about the quality reviews was that the process was both positive and helpful, and that having a review during early months of development is helpful to a new CMO in setting priorities and keeping it heading in the right direction.

During the individual member plan reviews, a quality team from CDSD reviews written records to help determine how well members are supported to be actively involved in their own assessment and care planning processes, that their preferences and personal outcomes are identified, that they are able to participate in choosing the providers they want, and that the services and supports are provided in a timely manner.

CMOs have been participating in developing the process for member plan reviews. Each CMO hosted a mini-plan review of a small number of member records and participated in reviewing some of their own records. CMO staff was thus able to assess how well the process worked, provide suggestions for changes, and evaluate their own system of record-keeping.

As a result of CMO feedback and DHFS findings from preliminary quality reviews and piloting the care plan review process, the two reviews will be combined. DHFS hopes that coordinating these two activities will provide a more comprehensive annual review of each CMO's level of performance and progress in assuring quality for consumers.

These combined reviews will occur for each CMO between June and October 2001. After each combined review, the CMO will receive a report that incorporates perspectives of both the CMO and the DHFS review team. The report will highlight the CMO's specific areas of accomplishment, make recommendations for improvement, identify training and technical assistance needs suggested by either CMO staff or the state review team, and include any specific areas requiring detailed improvement plans and DHFS monitoring. ◆

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FAMILY CARE
Options for Long-Term Care

Wisconsin Council on Long Term Care Publishes Annual Report

The Wisconsin Council on Long Term Care recently published its first Annual Report to the Governor and Legislature, which contains the Council's recommendations on how to improve Wisconsin's long term care system. The report highlights what Council members believe are the accomplishments of the current Family Care pilots, both Resource Centers and CMOs, and the overall Family Care system. In summary, the Council felt that the Family Care pilots are on target in developing capacity to offer the Family Care entitlement. The Council also had a number of recommendations for improvements as the program moves forward. In addition, the Council considered the recommendations of its advisory committee on the status of the statewide long term care system as it relates to the Americans with Disabilities Act, Title II, which addresses waiting lists for community based programs. The Council report included what Council members thought were key recommendations for the Legislature and Governor on how to improve our statewide systems in light of these requirements. The Council's report can be found on the Council web site: www.wcltc.state.wi.us, or you can request a copy from Susan Grosse by calling (608) 267-8909.