

Goals for LTC Redesign

Formally adopted goal of the DHFS for LTC Redesign

The Department of Health and Family Services will foster the statewide development of comprehensive long term care and support systems that maximize independence, recovery and quality of life, while recognizing the need for interdependence and support. The redesigned system will provide individuals and families with meaningful choices of supports, services, providers, and residential settings, as long as such care or support is necessary, meets an adequate level of quality, is cost-effective, is consistent with the individual's values and preferences, and can be provided within available resources.

DHFS LTC & Support System Redesign: Guiding Principles

The new long term care and support system will:

DESIGN

- Maximize flexibility, effectiveness, innovation, practicality and creativity in funding sources, services and resources.
- Be consumer centered and family focused, as appropriate, especially for families with young children in need of ongoing support.
- Involve a care managed system with the following characteristics:
 - Resources and funding follows the person.
 - Provider has shared responsibility with consumer for positive clinical and personal consumer outcomes.
 - Services are managed to provide continuity and quality care.
 - Supports families in their care giving roles.
 - Includes an array of available service and support choices.
 - Whenever possible, individuals are supported to live in the community.
 - Have the capacity to respond to urgent needs in a timely fashion in a variety of settings, not just in institutional placements.
 - Supports preventative efforts and planning.
- Be understandable, culturally competent, efficient, responsive, reliable and easy to access.
- Not be limited to existing systems, programs, and resources.
- Encourage collaboration among federal, state, county, tribal, private agencies, and consumers in the design and provision of long term care and support.
- Maximize support to and from friends, family, neighbors and the community, recognizing the importance of informal support.
- Make decisions ethically and consciously when situations arise involving conflicting principles and/or ethical choices.
- Have coordinated funding and service policies that support the long term care and support goal.

- Provide useful data, including client satisfaction data, that can be used for long term planning purposes and for quality assurance and regulatory functions.
- Provide a timely and affordable appeals process.
- Address labor force issues such as availability, salaries, benefits, and training needed.

RELATIONSHIP TO CONSUMER

- Provide opportunities and support for people to sustain or create important relationships and social roles, which may include education and employment; to be included in the life of the community; to contribute to society; and to achieve the greatest fulfillment possible.
- Promote and treat people with respect, dignity, and trust.
- Make available to the general public understandable information on long term care and support.
- Provide supports that facilitate, promote, encourage, and reward personal responsibility.
- Ensure individual access to a range of flexible services and supports.
- Support transitions throughout a person's life.
- Promote hope and recovery--rather than disability and hopelessness.

ASSESSMENT AND PLANNING

- Have the capacity to obtain ongoing and comprehensive knowledge of each person's condition, resources, abilities, disabilities, support needs, and preferences with the involvement of the consumer and her/his family or guardian as appropriate.
- Utilize the information from the assessment in conjunction with the consumer's preferences to design service plan.
- Authorize public support based on information gathered in the individual's assessment.
- Ensure that funding and service decisions are made in conjunction with the consumer, and if appropriate, the family or other person(s) who is (are) closest to and most knowledgeable about the consumer's needs and preferences.
- Treat individuals equitably with respect to access to public support, regardless of the individual's location in the state or method of entering the long term care and support system.
- Monitor services so that they are provided according to care plan and according to the quality and outcomes desired.
- Include a process to resolve differences in care planning and assessment including: dispute resolution, grievance procedures and mediation.

FUNDING

- Take into consideration publicly-funded, privately-funded, and voluntary informal supports, services, and resources.
- Seek to provide maximum service and/or support and quality for dollars spent.
- Have the ability to differentiate individuals' functional and fiscal needs and prioritize public resources equitably.
- When available use a consumer's own financial resources including private insurance coverage to the extent it doesn't impoverish other family members or provide a

disincentive to employment or further independence, and remove barriers to family financial contributions.

- Encourage and support family caregiving as much as possible, including supporting changes in tax, estate and other state laws that would facilitate such caregiving.
 - Authorize publicly-funded services, within the limits of state, county, and federal funding.
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Family Care Summary of Goals

Family Care is a common sense approach to reforming Wisconsin's long-term care system. The goals of this reform are to make our system...

Responsive—give people better choices:

- Give people better choices about where they live and what kinds of services and supports they get to meet their needs. Let them manage their own services to the degree that they are willing and able.
- Organize services and money around individuals, not around service types. Case managers help each enrollee develop a personalized plan of supports that fits his or her needs, circumstances and preferences.
- Let people who want to work do so, getting the support they need while paying what they can for health and long-term care.
- Keep the fee-for-service system as an option for those who choose not to enroll.
- Make sure people know about their choices when they are making critical long-term care decisions—particularly when they are seeking admission to a nursing home or other residential facility.
- Give people some help before they become impoverished, but require everybody to contribute what they can to the cost of their care.

Reliable—and fair:

- Guarantee access to those with the highest needs and those already receiving nursing home or county-managed community services.
- Create Care Management Organizations that receive funding for every eligible person who chooses to enroll. Provide funding up front, in a per person per month payment, rather than in a fixed block grant.
- Design the payment to cover a flexible benefit covering everything from sidewalk shoveling to nursing home care, and everything in between. Make Community Options, Residential Options and Nursing Home Options available to everyone who enrolls.
- Let funding follow each person across service setting, county lines and time.
- Protect safety and rights.
- Assure that access, choice and quality are consistent from county to county.

Understandable—keep it simple:

- Develop "one-stop shopping" through Aging and Disability Resource Centers, where everybody can learn about community resources and government programs and get unbiased, professional advice about their options.
- Have fewer rules and fewer cracks to fall through. For those who choose to participate, collapse multiple programs and fragmented delivery systems—including Medicaid fee-for-service funds—into one funding stream.

Accountable:

- Manage for quality. Measure performance based on how well elderly people and people with disabilities do, not on how many units of service were provided.
- Instead of county mandates, let counties choose whether or not they want to participate in managing the new system.
- Transfer management tools to local care management organizations and hold them accountable for management of all long-term care resources for their enrollees.
- Involve people with disabilities and elderly people at state and local levels of system design and direction.

Affordable—now and into the future:

- By 2040, Wisconsin's over 65 population will double and the over 85 group will triple. We currently spend \$1.5 billion on long-term care—about 8% of the total state budget.
- Use existing resources more efficiently and effectively. On average, Wisconsin spends 50% more than the national average for each Medicaid-eligible elderly person. Eliminate the institutional bias and allow public funding to support the most effective setting for each person.
- Help people stay as independent as possible. Incorporate prevention efforts to avoid or postpone the need for long-term care. Be ready with advice that can help people make their own resources last longer.
- Help individuals and families identify community resources. Provide just the right amount and kind of paid services and supports in the right place, at the right time.
- Reduce our reliance on services that are more medical, professional and/or restrictive than people want or need. Given real choices, people usually choose less formal and less expensive supports to meet their needs.