

Family Care

Long Term Care in Milwaukee County

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Why Family Care Programs?

- Eliminate waitlists for home and community-based care
 - Seniors and people with disabilities prefer home and community care options over nursing homes when possible
 - 11,500 people are on waitlists for community care statewide
 - Family Care has been found to be cost-effective
 - Use savings to serve more people
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Target Groups

Family Care expansion includes all target groups currently served by Medicaid waiver programs

- Elders
- Adults with physical disabilities
- Adults with developmental disabilities

The CMO currently serves all categories but they must be 60+ years old

Goals of Family Care

Access

Improve people's access to services (entitlement)

Choice

Give people better choices about the services and support available to meet their needs (entitlement) to community based care, not just institutions.

Quality

Focus on achieving people's health and social outcomes.

Cost-Effectiveness

Emphasis on cost-effective interventions.

MA State Plan System Characteristics

- State plan entitles eligible individuals to Nursing Homes
 - With CIP waiver, there is a limited benefit package and waitlist for community care
 - Care fragmented between MA card and waiver services, resulting in gaps and overlaps
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Family Care Integrates Funding

- The CMO gets a monthly “capitation” payment for each member
- With the payment it receives for all members, the CMO must provide the services needed by all members

Some members will cost less than the capitation rate, some will cost more

Family Care Integrates Services

- Integrated, Flexible Service Package
 - MA rules allow for integrated services and funding via managed care program design.
 - FC includes waiver services, some MA card services (personal care, therapies, nursing home, ICF-MR)
 - FC coordinates the acute and primary health care services that are funded by Medicaid
 - Responsibility for both quality and cost.
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No waiting lists

- For each new enrollee, the CMO gets an additional capitation
 - CMOs 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
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Federal, State and Local Family Care Roles

Federal Role: Set Family Care Requirements

- Assure actuarially sound rates; must approve rates proposed by state
 - Sets requirements for the Quality Management program at the CMO level
 - Requires an External Quality Review (EQRO) be in place and contract with the state
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State Role in Family Care

- Certification of CMO
 - Writing, interpreting contract – defining what it is the state intends to buy
 - Paying actuarially sound rates to the CMO
 - Monitoring quality – making sure the state is getting what it is purchasing from CMO
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State Role: Contracting

- Contract between DHFS and CMO spells out:
 - People to be served
 - Services to be delivered
 - Care planning process
 - Member outcomes to achieve
 - Quality management to be conducted
 - Contracts include remedies for poor performance (sanctions).
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The CMO Role

- The Milwaukee CMO is not a service provider
 - Assess and document LTC needs of over 6,000 members
 - Coordinate, manage and monitor quality of care provided to members
 - Manage LTC through contracts
 - 28 external Care Management Units
 - Two internal (County employees) units.
 - Care managed by 197 care managers and 100 nurses
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The CMO Role

- Provide care management services and support to achieve members' outcomes
 - Maintains an adequate provider network to meet members' LTC needs
 - Conduct an internal quality management program
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CMO Role: Care Management

- Person-centered assessments & care plans.
 - Personal outcomes are the 'product'.
 - Consumer involvement in care planning.
 - Use of service authorization policies/ procedures such as the Resource Allocation Decision (RAD) method.
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CMO Role: Care Management

- Interdisciplinary team that includes the participant (“member”), SW, Nurse.
 - Mandatory coordination with primary health care but not necessarily responsible for acute & primary care.
 - Interdisciplinary teams authorize the services
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CMO Role: Care Management

- The member is central to the team
 - Team is responsible for balancing:
 - Quality of care
 - Choice
 - Cost effectiveness
 - Achieving balance among these is where the “rubber hits the road”
 - Problem solving and negotiation skills are critical
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CMO / State Roles: Provider Network

- CMO must assure access to services:
 - Adequate high-quality services to provide for the needs of all members, at rates the CMO negotiates with providers.
 - Develop needed services that may not exist in a given area.
 - Member choice may be limited to providers in the network
 - State reviews/approves adequacy of the network.
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CMO Role: Provider Network

- CMO performs network adequacy analysis two times a year
 - Monitors accessibility to services
 - Investigates member complaints about access and quality
 - Contracts with new providers as necessary to insure network adequacy
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CMO Role: Provider Network

- Network management is a balancing act
 - Must contract for most cost-effective rates
 - Must offer providers a reasonable rate
 - CMO currently manages contracts with over 600 providers and 28 external care management units
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CMO Role: Quality Management

- Each CMO must have its own ongoing quality management program including:
 - Monitoring the quality of care management and services provided;
 - Determining whether members' needs and outcomes are being supported;
 - Measuring specific performance indicators; and
 - Conducting performance improvement projects.
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State Role: Quality Management

- Setting standards and expectations in contract.
 - Establish certification standards for CMOs, conduct certification reviews, and make certification determinations.
 - Taking necessary action to ensure compliance with contract requirements.
 - Appeals and grievances.
 - Contracting with and working with the EQRO.
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State Role: External Quality Review

- EQRO: an external organization that is independent of CMOs and of the State
 - State staff and EQRO work together
 - Reviews assessments and care plans to determine if needed services are in place and are meeting members' needs
 - Review provider network capacity
 - Consumer outcome measurements
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