



State of Wisconsin  
Department of Health Services

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Jim Doyle, Governor  
Karen E. Timberlake, Secretary

**Committee on Aging and Long-Term Care Written Testimony**

**Division Administrator Susan Crowley, Division of Long Term Care**

**Department of Health Services**

**November 12, 2009**

Chairperson Krusick and Committee members thank you for the opportunity to address this Committee today regarding the Wisconsin Family Care program. Family Care continues Wisconsin's long tradition of providing innovative long-term care services to older adults and persons with physical and/or developmental disabilities. We are proud that Wisconsin is seen as a leader in health care reform with the Family Care program identified as an effective model for states engaged in long term care reform.

**What is Family Care?**

The Family Care program is the result of an intensive process to redesign Wisconsin's long-term care system that began in 1995. A collaborative effort between the Department of Health Services (DHS), consumers, advocates, and care providers resulted in the creation of this program, which has been found by program members and independent evaluations to be more consumer-centered, flexible and cost-effective than programs that had been operating in Wisconsin since the 1980's. These collaborators worked very hard to achieve a program model that would serve more individuals and allow frail elders and individuals with developmental and/or physical disabilities to stay in their own homes or other community-based settings, delaying or preventing nursing home placement.

In its day-to-day operation, Family Care is a cluster of programs that operate in tandem to meet the needs of a variety of adults with long-term support needs. This cluster of programs consists of Family Care, Family Care Partnership and PACE. They all share a common set of four goals:

- (Choice) Giving people better choices about the services and supports available to meet their needs;
- (Access) Improving access to services;
- (Quality) Improving quality through a focus on health and social outcomes;
- (Cost-effectiveness) Creating a system where the planning for resources and options to meet an individual's outcomes also considers the comparative costs of those options and resources.

The work of collaborators and stakeholders in the late 1990 has resulted in Family Care's two major components:

- Information, assistance and prevention through Aging and Disability Resource Centers; and
- Service delivery through Managed Care Organizations (MCOs).

Wisconsin chose a managed care approach as a framework for the long-term care initiative for several reasons:

- It offered an opportunity to combine the resources of individual Medicaid services and multiple Medicaid home and community-based waiver programs.

- It provided more flexibility at the individual and care team levels in how funds were used to purchase services wisely.
- It created a system to work more uniformly with service providers under contract with managed care organizations to ensure quality stewardship and collaboration in helping members achieve their outcomes.
- It makes collaboration a very effective strategy to help members achieve their desired outcomes.

Family Care, Partnership and PACE are managed care programs. This means that within these programs a person-centered plan is developed for each program member with the involvement of an interdisciplinary care team. Each member's plan is financed by a monthly capitation payment paid by DHS to the managed care organization that enrolls the member.

All Family Care members pass through an Aging and Disability Resource Center (ADRC) on their way to receiving services from a Managed Care Organization. The ADRCs serve older people and adults with disabilities and their families, regardless of their income. In addition to information and assistance, resource centers provide long-term care options and benefits counseling, pre-admission consultation for persons seeking admission to residential care, prevention and early intervention services. They determine functional eligibility for available services in the county. Presently, those ways include long-term support programs in counties where Family Care has not yet been implemented, Family Care and Family Care Partnership where they are operational, IRIS (Include, Respect, I Self-Direct), or Medicaid card services. In counties where Family Care, Partnership and IRIS are available, the ADRC completes the enrollment process. They connect people to county Economic Support agencies for Medicaid and other public benefits.

By design, ADRCs and Family Care reflect the Wisconsin values of good stewardship of limited public resources, equal access to supports and services for all eligible individuals, and strong consumer involvement in determining care plans.

Once enrolled in a Managed Care Organization that provides Family Care, each new Family Care member receives an assessment of his or her needs and begins to work with an interdisciplinary team. This team, which includes the member, a nurse and social worker, develops a care plan focused on achieving the member's unique needs and desired outcomes. Care plans often change in response to changes in member needs and desired outcomes.

### **Growth of Family Care**

Beginning in January of 1998, eight pilot counties began operating Aging and Disability Resource Centers. In 2000, five pilot counties (Lacrosse, Richland, Portage, Fond du Lac, and Milwaukee) begin Family Care operations. Governor Doyle announced statewide expansion in 2006; his goal was to make long-term care available for all who needed it, eliminating waiting lists in Wisconsin. Since 2006, expansion of the program has enjoyed bipartisan support in the Legislature during successive state budget sessions.

Today, ADRCs are available to residents of 56 counties. Family Care MCOs serve 28,585 individuals in 48 counties. Expansion of ADRCs and MCOs to serve the remainder of Wisconsin counties is anticipated to occur by 2013.

Managed Care Organizations that provide Family Care services serve designated geographic areas of the state. They are either governmental or private entities. Those that are governmental entities are operated either by single counties (Milwaukee) or by multi-county long-term care districts. Managed Care Organizations operate under risk-based contracts that require them to provide all covered services that are necessary to meet the long-term care outcomes of each individual who has chosen to enroll and maintain risk and solvency protection reserves.

Because Family Care is managed long-term care, the federal CMS has required DHS to develop another option for care in Family Care counties. This option is IRIS, a program that allows individuals who are eligible for publicly-funded long-term care services to direct their own care. Currently, 783 people are actively managing their own care in counties where Family Care is operational.

### **Fiscal Information**

Through the first half of 2009, the Department has contracted for approximately \$360 million to the Family Care MCOs and another \$130 million to the PACE and Partnership programs. All of these funds were paid to MCOs through a monthly rate per enrolled member, or capitated rate. The capitated rate assumed in the SFY 2010 is \$2858 and \$3021 in SFY 2011.

Family Care MCOs spend approximately 95% of their funding on member services, including care management, which is the only service that must be provided to every member. Approximately 5% of total funding is spent on administering the program. This administrative rate is lower than the 7% in the legacy home and community-based waiver programs that were operating in counties prior to their transition to Family Care.

### **The Importance of Addressing Participant Outcomes**

To understand the importance of the outcomes experienced by Family Care members, we need to understand the managed long-term care approach. The approach is founded on a base of three very important elements:

1. Person-centered care and planning
2. Interdisciplinary team approach
3. Capitation rate

**Person-centered care and planning** involves getting to know the each individual that is served, utilizing methods and techniques that focus all care and activities on achieving the unique outcomes expressed by the member. Person-centered care and planning is not matching needs with services, or to get every 'participant' into a 'service slot.' Arranging services is only the means to a desired end.

Family Care is designed to focus services and support on the desired results, or *outcomes*. **Outcomes are the desired conditions or circumstances of each member's life.** Outcomes that are supported by the Family Care program can be described in three categories:

- **Clinical outcomes** are the desired conditions or circumstances relating to each member's health, including mental health. Members with diabetes, for example, are supported in getting their blood sugar under control. Clinical outcomes can be assessed by healthcare professionals and relate to the entire range of health conditions experienced by Family Care members, from skin problems to terminal cancers, from mild depression to severe schizophrenia.
- **Functional outcomes** are the desired conditions or circumstances relating to the range and type of activities that each member can and does perform. The ability to bathe oneself and the condition of being gainfully employed are examples of functional outcomes. Functional outcomes can be assessed by social workers or others who can interview or observe the individual. Functional outcomes can be simple, such as the ability to feed oneself and move from a wheelchair to a bed, or complex, such as the ability to hold a job or complete a course of study.
- **Personal-experience outcomes** are the desired conditions or circumstances relating to the quality of one's life. The presence of friendships, attending church, or a living in a place that feels like 'home' are examples of the personal experiences that determine our quality of life.

Because people with disabilities rely on long-term care day in and day out, the quality of long-term care can affect the quality of their lives in a way that other types of care—for example, medical care—do not. For example, acute medical care rarely interferes with our ability to maintain

friendships or to eat meals at the times we prefer, but long-term care can and does affect even those otherwise mundane details our daily lives.

Each Family Care member works with his or her care managers to define the personal-experience outcomes that will be supported by the care plan. In the area of employment, for example, 'being retired' will be one Family Care member's desired employment outcome, while 'working full time in a guitar store' will be another's. In the area of daily living activities, one member will experience good quality-of-life when she can eat meals with others, while another member will prefer the outcome of being able to eat in silence at whatever time he chooses.

The structure of the **inter-disciplinary team** allows Family Care to integrate long-term care services with services that protect the health and safety of each member. Having a nurse and a social worker (care manager) as part of the team provides the member with a comprehensive approach to monitoring and meeting his or her needs.

The third concept in the managed long-term care model is the use of the **capitation payment**. Providing the MCOs with a per member per month payment gives the MCOs the freedom and flexibility to purchase goods and services needed to help their members achieve their outcomes in a cost-effective way.

When outcomes are identified and addressed through the right care, in the right amount, at the right time, Family Care members are satisfied and care is cost-effective.

### **Current Challenges**

An extensive independent assessment of Family Care that was released in 2005 showed that a person-centered approach can work within a managed care framework. We are serving thousands more individuals without increasing overall Medicaid costs (in 2005 dollars). We've begun to put in place business systems, data collection and quality oversight mechanisms that are sufficient to support what will be a \$2.5 billion program serving our most vulnerable citizens. Bringing the nationally-recognized program model to scale for 55,000 people is not without its challenges, however.

At this point in our statewide expansion to Family Care our partners - consumers, advocates, service providers, counties and MCOs - are still transitioning from the legacy waiver programs to the Family Care model. This transition impacts relationships and business processes on all levels.

For counties, especially, the transition has meant formation of new governmental entities, reorganization and refocusing of Human Services and Aging Services agencies and new roles and relationships regarding care of vulnerable citizens. Counties have done a remarkable job refocusing and responding to the challenges of transition to managed long-term care.

All of the MCO's have invested considerable financial, human and intellectual resources into Family Care expansion and need to rebuild those resources for long-term program sustainability. The Department recognizes that this is a particularly challenging financial period for the MCOs, given the recent rapid expansion and the time and resources needed to transition consumer care plans from the waiver programs to the Family Care model. As the Family Care program expands and matures, we continue to identify program improvements that will enhance member outcomes. Department staff and many stakeholders are actively engaged in problem-solving as issues arise during our continued statewide expansion of Family Care.

**Summary**

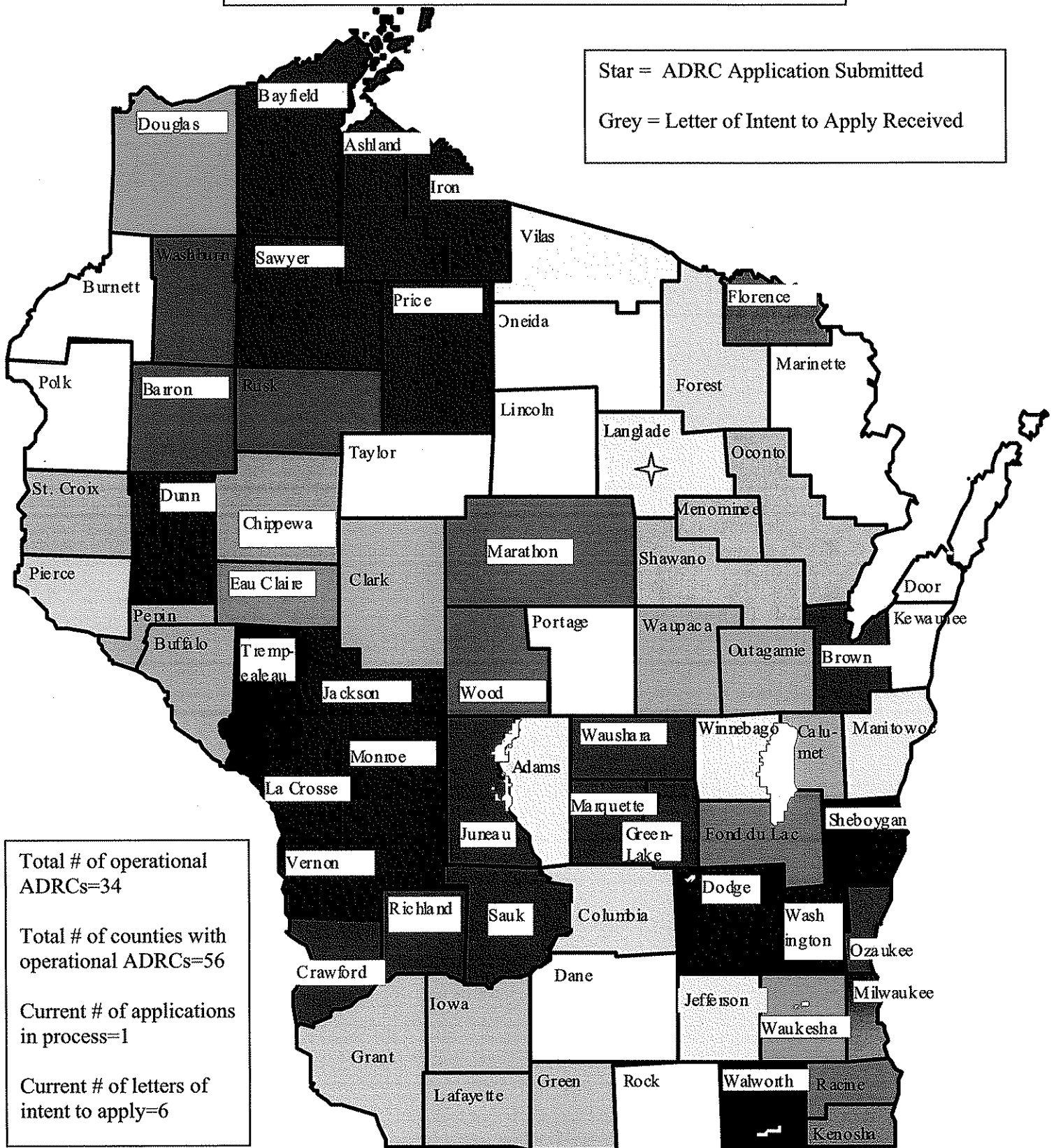
In summary, Family Care is providing cost-effective, quality services to eligible individuals when those services are most needed. The managed care framework allows more individuals to be served, at a lower cost per member than previous programs, providing a fiscally responsible, sustainable approach to meeting the long-term care needs of Wisconsin citizens. Managed care organizations and service providers have significant experience working with long-term care populations and are strong partners in achieving the goals and vision of the Family Care program. Most importantly, the person centered approach means individuals receive the right services at the right time, which leads to healthy outcomes for Family Care members.

Thank you Ms. Chairperson and Committee Members for your continued support. I would be pleased to answer any questions you may have.

# Current and Proposed Aging and Disability Resource Centers October 1, 2009

Star = ADRC Application Submitted

Grey = Letter of Intent to Apply Received



Total # of operational  
ADRCs=34

Total # of counties with  
operational ADRCs=56

Current # of applications  
in process=1

Current # of letters of  
intent to apply=6



## Family Care Anticipated Implementation October 2009 – June 2011

County	ADRC Start Date	Planning Group or MCO*	Program**	Program Start Date***
Milwaukee	Current	MCDA	Family Care	11-1-2009
		Community Care	Family Care	11-1-2009
		Community Care	Family Care Partnership	11-1-2009
		iCare	Family Care Partnership	1-1-2010
Walworth	Current	Community Care	Family Care	10-1-2009
Fond du Lac	Current	Lakeland Care District	Family Care	Current
Calumet	Current	Community Care	Family Care	1-1-2010
			Family Care Partnership	4-1-2010
Manitowoc	1-1-2010	Lakeland Care District	Family Care	4-1-2010
Outagamie	Current	Community Care	Family Care	4-1-2010
			Family Care Partnership	
Winnebago	5-1-2010	Lakeland Care District	Family Care	7-1-2010
Langlade	11-1-2010	Langlade County	Family Care	1-1-2011
Waupaca	Current	Community Care	Family Care	7-1-2010
Rock	5-1-2010	Rock County	Family Care	7-1-2010
Dane	11-1-2010	Dane County	Family Care	1-1-2011
Lincoln	11-1-2010	Lincoln County	Family Care	4-1-2011

\*When an MCO is named, procurement has been completed. When a county, planning group or consortium is named, procurement is underway or has not yet begun.

\*\*Program designation and program start date are based on program identified in a DHS intent to award letter or information about a desired program that was provided to DHS by a planning group.

\*\*\*Dane and Rock County program start dates are based on dates incorporated in the 2011-2013 Biennial Budget.

The following counties are anticipated to transition to Family Care in the 2013-2015 biennium: Adams, Brown, Door, Florence, Forest, Kewaunee, Marinette, Menominee, Oconto, Oneida, Shawano, Taylor and Vilas.

**Wisconsin Family Care, Partnership and PACE  
Corporate MCO Contact Information**

<b>Care Wisconsin First, Inc.</b>	
2802 International Lane, PO Box 14017	
Madison, WI 53708-0017	
Corporate:	608-240-0020
General Info:	800-963-0035
Member Services:	800-963-0035
TTY:	WI Relay 711
24-Hour:	800-963-0035
Fax:	608-245-3077
Website:	<a href="http://www.carewisc.org">www.carewisc.org</a>

**FC Counties:** Columbia, Dodge, Green Lake, Jefferson, Marquette, Washington, Waukesha, Waushara

**FC-P Counties:** Columbia, Dane, Dodge, Jefferson, Sauk, Washington, Waukesha

Private organization

<b>Community Health Partnership</b>	
2240 EastRidge Center	
Eau Claire WI 54701	
Corporate:	715-838-2900
General Info:	800-842-1814
Member Services:	800-842-1814
TTY:	715-838-2900
24-Hour:	800-842-1814
Fax:	715-838-2910
Website:	<a href="http://www.communityhealthpartnership.com">www.communityhealthpartnership.com</a>

**FC & FC-P Counties:** Chippewa, Dunn, Eau Claire, Pierce, St. Croix

Private organization

<b>Community Care of Central Wisconsin</b>	
3349 Church Street Suite 1	
Stevens Point WI 54481	
Corporate:	715-345-5968
General Info:	877-622-6700
Member Services:	N/A
TTY:	715-344-2140
24-Hour:	715-345-5968
Fax:	715-345-5725
Website:	<a href="http://www.communitycareofcentralwisconsin.org">www.communitycareofcentralwisconsin.org</a>

**FC Counties:** Marathon, Portage, Wood

Multi-county long-term care district

<b>Creative Care Options of Fond du Lac County</b>	
50 North Portland Street	
Fond du Lac WI 54935-3412	
Corporate:	920-906-5100
General Info:	877-227-3335
Member Services:	920-906-5100
TTY:	800-947-3529
24-Hour:	920-906-5177
Fax:	920-906-5103
Website:	<a href="http://www.fdlco.wi.gov/index.aspx?page=59">www.fdlco.wi.gov/index.aspx?page=59</a>

**FC County:** Fond du Lac

Multi-county long-term care district (Jan. 2010)

<b>Community Care, Inc.</b>	
1555 S. Layton Blvd	
Milwaukee WI 53215	
Corporate:	414-385-6600
General Info:	866-992-6600
Member Services:	866-992-6600
TTY:	866-288-9909
24-Hour:	866-992-6600
Fax:	414-385-6628
Website:	<a href="http://www.communitycareinc.org">www.communitycareinc.org</a>

**FC Counties:** Kenosha, Ozaukee, Racine, Sheboygan, Walworth, Washington, Waukesha

**FC-P Counties:** Kenosha, Milwaukee, Ozaukee, Racine, Washington, Waukesha

**PACE:** Milwaukee, Waukesha

Private organization

<b>Milwaukee County Department on Aging</b>	
310 W. Wisconsin Avenue 6th Floor East	
Milwaukee WI 53203	
Corporate:	414-289-5950
General Info:	866-229-9695
Member Services:	N/A
TTY:	414-289-8584
24-Hour:	414-289-6874
Fax:	414-289-8525
Website:	<a href="http://www.county.milwaukee.gov/FamilyCare22660.htm">www.county.milwaukee.gov/FamilyCare22660.htm</a>

**Counties Served:** Milwaukee

**Wisconsin Family Care, Partnership and PACE  
Corporate MCO Contact Information**

<b>NothernBridges</b>	
15954 Rivers Edge Dr., Suite 300	
Hayward, WI 54843	
Corporate:	715-934-2266
General Info:	866-306-6499
Member Services:	N/A
TTY:	800-947-3529
24-Hour:	N/A
Fax:	715-934-2268
Website:	<a href="http://www.northernbridges.com">www.northernbridges.com</a>

**FC Counties:** Ashland, Barron, Bayfield, Burnett, Douglas, Iron, Polk, Price, Rusk, Sawyer, Washburn  
Multi-county long-term care district

<b>Southwest Family Care Alliance</b>	
26220 Executive Lane, Suite A	
PO Box 111	
Richland Center WI 53581	
Corporate:	608-647-4729
General Info:	608-647-4729
Member Services:	N/A
TTY:	800-947-3529
24-Hour:	N/A
Fax:	608-647-4754
Website:	<a href="http://www.familycarealliance.org">www.familycarealliance.org</a>

**FC Counties:** Crawford, Green, Juneau, Lafayette, Richland, Sauk  
Multi-county long-term care district

<b>Western Wisconsin Cares</b>	
1407 Saint Andrew St. Suite 100	
La Crosse WI 54603	
Corporate:	608-785-6266
General Info:	608-785-6266
Member Services:	N/A
TTY:	608-785-9787
24-Hour:	N/A
Fax:	608-785-6315
Website:	<a href="http://www.wwcares.org">www.wwcares.org</a>

**FC Counties:** Buffalo, Clark, Jackson, La Crosse, Monroe, Pepin, Trempealeau, Vernon  
Multi-county long-term care district

**Family Care, Partnership and PACE Enrollment Data**  
**Monthly Snapshot as of October 1, 2009 Total MCO Enrollment by Target Group \***

Program	Provider	Start Date	County Served	DD	FE	PD	**TG Unknown	Total
PACE	Community Care Health Plan	Nov-90	Milwaukee	11	707	119	6	843
	Community Care Health Plan	Mar-09	Waukesha	0	22	3	0	25
								Subtotal: 868
Partnership	Care Wisconsin Health Plan	Mar-08	Columbia	1	13	4	0	18
	Care Wisconsin Health Plan	Dec-95	Dane	28	591	399	5	1,023
	Care Wisconsin Health Plan	Aug-08	Dodge	3	14	6	0	23
	Care Wisconsin Health Plan	Sep-08	Jefferson	9	18	5	0	32
	Care Wisconsin Health Plan	Sep-08	Sauk	14	17	3	0	34
	Community Care Health Plan	Apr-07	Kenosha	0	15	9	0	24
	Community Care Health Plan	Nov-98	Milwaukee	1	95	29	1	126
	Community Care Health Plan	Jan-09	Ozaukee	3	3	2	0	8
	Community Care Health Plan	Jan-02	Racine	14	86	19	0	119
	Community Care Health Plan	Jan-09	Washington	3	6	6	0	15
	Community Care Health Plan	Mar-09	Waukesha	2	0	1	0	3
	Partnership Health Plan	May-97	Chippewa	93	239	108	1	441
	Partnership Health Plan	May-97	Dunn	58	215	94	2	369
	Partnership Health Plan	May-97	Eau Claire	166	589	360	2	1,117
	Partnership Health Plan	Jul-08	Pierce	5	4	4	0	13
	Partnership Health Plan	Sep-08	St. Croix	14	7	7	0	28
Family Care	Care Wisconsin	Mar-08	Columbia	190	127	72	2	391
	Care Wisconsin	Aug-08	Dodge	187	77	31	1	296
	Care Wisconsin	Aug-08	Green Lake	67	40	11	0	118
	Care Wisconsin	Sep-08	Jefferson	372	198	68	2	640
	Care Wisconsin	Jul-08	Marquette	55	47	18	0	120
	Care Wisconsin	Apr-08	Washington	152	136	33	0	321
	Care Wisconsin	Jul-08	Waukesha	443	298	124	5	870
	Care Wisconsin	Jun-08	Waushara	90	83	20	0	193
	Community Care, Inc.	Feb-07	Kenosha	434	333	246	4	1,017
	Community Care, Inc.	Mar-08	Ozaukee	217	137	56	1	441
	Community Care, Inc.	Jan-07	Racine	490	280	158	6	934
	Community Care, Inc.	Feb-08	Sheboygan	362	273	101	4	740
	Community Care, Inc.	Oct-09	Walworth	23	18	12	1	54
	Community Care, Inc.	Apr-08	Washington	128	95	27	1	251
	Community Care, Inc.	Jul-08	Waukesha	291	161	55	3	510
	Community Care of Central Wisconsin	Nov-08	Marathon	454	321	119	1	895
	Community Care of Central Wisconsin	Apr-00	Portage	287	491	211	3	992
Community Care of Central Wisconsin	Jan-09	Wood	288	252	74	1	615	

Family Care,		May-08	Chippewa	138	41	14	1	194
Continued		Jun-08	Dunn	83	24	19	1	127
		Nov-08	Eau Claire	190	41	20	1	252
		Jul-08	Pierce	86	49	21	0	156
		Sep-08	St. Croix	155	75	37	0	267
		Feb-00	Fond du Lac	393	485	185	2	1,065
		Jul-00	Milwaukee	3	6,772	10	16	6,801
		Jul-09	Ashland	57	38	16	0	111
		May-09	Barron	128	99	34	0	261
		Jul-09	Bayfield	37	69	28	1	135
		Jun-09	Burnett	41	28	8	0	77
		May-09	Douglas	111	144	63	0	318
		Aug-09	Iron	15	24	6	0	45
		Jun-09	Polk	88	43	17	0	148
		Aug-09	Price	54	68	18	0	140
		Jul-09	Rusk	57	73	18	0	148
		Aug-09	Sawyer	38	47	20	0	105
		Jun-09	Washburn	60	70	26	0	156
		Jul-09	Crawford	60	57	27	0	144
		Jan-09	Green	83	111	59	0	253
		Jul-09	Juneau	45	43	12	0	100
		Jul-09	Lafayette	39	18	6	0	63
		Jan-01	Richland	133	164	77	3	377
		Sep-08	Sauk	150	113	67	3	333
		Mar-09	Buffalo	39	27	8	0	74
		Apr-09	Clark	121	67	19	2	209
		Dec-08	Jackson	90	84	22	0	196
		Apr-00	La Crosse	606	702	582	3	1,893
		Jan-09	Monroe	130	106	44	0	280
		Mar-09	Pepin	25	30	12	0	67
		Feb-09	Trempealeau	86	137	50	1	274
		Nov-08	Vernon	96	57	34	0	187
			<b>TOTAL</b>	<b>8,392</b>	<b>15,914</b>	<b>4,193</b>	<b>86</b>	<b>28,585</b>
							Subtotal:	24,324

\*Target Groups: DD = Developmental Disability; FE = Frail Elderly; PD = Physical Disability

\*\*TG Unknown = Members whose enrollment records cannot yet be matched with target-group information from their functional screens, usually because of the timing with which the data from the two sources are loaded into the central database

## Distribution of Services to Members in 2008

Service Description	Paid Amount	Percent of Total Costs	Number of Recipients	Percent of All Recipients
CBRF	\$81,370,720	19.9%	3,383	19.0%
Supportive Home Care	\$67,901,534	16.6%	8,444	47.5%
Adult Family Home	\$62,548,105	15.3%	1,910	10.7%
Care Management	\$53,758,163	13.2%	17,785	100.0%
Nursing Home/ICF-MR	\$51,298,955	12.6%	2,524	14.2%
RCAC	\$11,693,372	2.9%	735	4.1%
Equipment and Supplies	\$11,367,289	2.8%	11,397	64.1%
Home Health	\$11,256,507	2.8%	1,679	9.4%
Transportation	\$9,826,951	2.4%	8,694	48.9%
Day Center Services	\$9,539,887	2.3%	1,518	8.5%
Pre-Vocational Training	\$7,858,795	1.9%	1,636	9.2%
Adult Day Care	\$5,889,165	1.4%	1,178	6.6%
Daily Living Skills Training	\$5,506,859	1.4%	961	5.4%
Home Delivered Meals	\$5,051,502	1.2%	3,073	17.3%
Supported Employment	\$4,217,621	1.0%	1,023	5.8%
Respite	\$2,769,194	0.7%	949	5.3%
Counseling and Therapeutic Resources	\$2,668,316	0.7%	3,957	22.2%
Financial Management services	\$1,826,415	0.4%	3,418	19.2%
Other Services	\$373,956	0.1%	745	4.2%
Skilled Nursing	\$296,632	0.1%	788	4.4%
Energy/Housing	\$238,957	0.1%	420	2.4%
Community Support Program	\$211,977	0.1%	48	0.3%
Day Treatment Medical	\$136,139	0.0%	67	0.4%
Congregate Meals	\$109,838	0.0%	225	1.3%
Recreational Activities	\$54,974	0.0%	248	1.4%
Child Day Care	\$53,594	0.0%	57	0.3%
Advocacy and Defense Resources	\$48,123	0.0%	319	1.8%
Consumer Education	\$13,576	0.0%	9	0.1%
Health Screening and Accessibility	\$6,846	0.0%	10	0.1%
<b>Total Costs/Unduplicated Members</b>	<b>\$407,893,962</b>		<b>17,785</b>	

The table reflects services purchased in CY 2008 by six of the eight MCOs in operation.

**Family Care Partnership & PACE (Program of All Inclusive Care for the Elderly)**  
 (The difference between PACE & Partnership is that Partnership has a drug co-pay & PACE does not.)

Family Care		Medicaid Card Services - LTC services	Medicaid Card Services - Acute/Primary	Medicare Card Services
<p><b>Home and Community-Based Waiver Services</b></p> <ul style="list-style-type: none"> <li>Adaptive Aids (general and vehicle)</li> <li>Adult Day Care</li> <li>Care/Case Management (including Assessment and Case Planning)</li> <li>Communication Aids/Interpreter Services</li> <li>Community Support Program</li> <li>Consumer Education and Training</li> <li>Counseling and Therapeutic Resources</li> <li>Daily Living Skills Training</li> <li>Day Services/Treatment</li> <li>Home Modifications</li> <li>Housing Counseling</li> <li>Meals: home delivered</li> <li>Personal Emergency Response System Services</li> <li>Prevocational Services</li> <li>Relocation Services</li> <li>Residential Services: Certified Residential Care</li> <li>Apartment Services: (RCAC)</li> <li>Community-Based Residential Facility (CBRF)</li> <li>Adult Family Home</li> <li>Respite Care (for care givers and members in non-institutional and institutional settings)</li> <li>Supported Employment</li> <li>Supportive Home Care</li> <li>Vocational Futures Planning</li> </ul>	<ul style="list-style-type: none"> <li>Alcohol and Other Drug Abuse Day Treatment Services (in all settings)</li> <li>Durable Medical Equipment, except for hearing aids and prosthetics (in all settings)</li> <li>Home Health</li> <li>Medical Supplies</li> <li>Mental Health Day Treatment Services (in all settings)</li> <li>Mental Health Services, except those provided by a physician or on an inpatient basis</li> <li>Nursing Facility (all stays including Intermediate Care Facility for People with Mental Retardation (CF/MR) and Institution for Mental Disease)</li> <li>Nursing Services (including respiratory care, intermittent and private duty nursing) and Nursing Services</li> <li>Occupational Therapy (in all settings except for inpatient hospital)</li> <li>Personal Care</li> <li>Physical Therapy (in all settings except for inpatient hospital)</li> <li>Specialized Medical Supplies</li> <li>Speech and Language Pathology Services (in all settings except for inpatient hospital)</li> <li>Transportation: Select Medicaid covered (i.e., Medicaid covered Transportation Services except Ambulance and transportation by common carrier) and non-Medicaid covered.</li> </ul>	<ul style="list-style-type: none"> <li>Physician services</li> <li>Laboratory and x-ray services</li> <li>Inpatient hospital</li> <li>Outpatient hospital services</li> <li>EPSDT (under 21)</li> <li>Family planning services and supplies</li> <li>Federally-qualified health center services</li> <li>Rural health clinic services</li> <li>Nurse midwife services</li> <li>Certified nurse practitioner services</li> <li>Medical care or remedial care furnished by licensed practitioners under state law</li> <li>Prescribed drugs</li> <li>Diagnostic, screening, preventive and rehabilitation services</li> <li>Clinic services</li> <li>Primary care case management services</li> <li>Dental services, dentures</li> <li>Physical therapy and related services</li> <li>Prosthetic devices, eyeglasses</li> <li>TB--related services</li> <li>Other specific medical and remedial care</li> <li>Inpatient mental health</li> <li>Chiropractic services</li> <li>Podiatry services</li> <li>Outpatient mental health</li> <li>Outpatient substance abuse</li> <li>Outpatient surgery</li> <li>Ambulance services</li> <li>Emergency care</li> <li>Urgent care</li> <li>Diagnostic services</li> <li>Outpatient prescription drugs</li> <li>Hearing services</li> <li>Vision services</li> </ul>	<ul style="list-style-type: none"> <li>Medicare Part A (Hospital)</li> <li>Medicare Part B (Medical)</li> <li>Medicare Part D (Prescription Drugs)</li> <li>Ambulance services</li> <li>Ambulatory surgical centers</li> <li>Anesthesia</li> <li>Blood</li> <li>Bone mass measurement</li> <li>Durable medical equipment, supplies and prosthetics</li> <li>Cardiac rehab</li> <li>Chiropractic services</li> <li>Diabetes supplies</li> <li>Diagnostic tests, x-rays and lab services</li> <li>Physician services</li> <li>Emergency and urgent care services</li> <li>Home health care in certain situations</li> <li>Hospice care</li> <li>Inpatient hospital care</li> <li>Inpatient mental health care</li> <li>Outpatient mental health care</li> <li>Outpatient hospital services, including outpatient surgery</li> <li>Limited skilled nursing facility care</li> <li>Physical/speech/occupational therapy</li> <li>Podiatry services</li> <li>Prescription drugs, including drugs covered under Medicare Part A, Part B, and Part D</li> <li><b>Partnership has a small drug co-pay, PACE has no co-pay</b></li> <li>Certain preventive tests</li> <li>Certain dental, hearing and vision services</li> <li>Respite care</li> <li>Substance abuse treatment (outpatient)</li> </ul>	
<p align="center"><b>Family Care Team coordinates covered services with primary and acute health care and other services not covered by Family Care.</b></p>				

**PLEASE NOTE:** This benefit grid is for illustrative purposes. It provides a comprehensive but not a complete listing of all benefits provided under these programs

**Total Number of Active Members by Current and Preferred Living Situation on October 1, 2009**

**Family Care Active Members**

Current Residence	Preferred Residence				Total number of members in living setting
	Prefers to live in Home Setting	Prefers to live in Residential	Prefers to live in Institutional	Prefers to live in Other setting	
Currently lives in Home Setting	13,644	196	4	361	14,205
Currently lives in Group Setting	916	6,236	10	1020	8,182
Currently lives in Nursing facility	564	350	563	342	1,819
Currently lives in Other setting	33	13	0	11	57
Total number of members who would prefer setting	15,157	6,795	577	1,734	24,263

**Family Care Partnership and PACE Active Members**

Current Residence	Preferred Residence				Total number of members in living setting
	Prefers to live in Home Setting	Prefers to live in Residential	Prefers to live in Institutional	Prefers to live in Other setting	
Currently lives in Home Setting	2,961	22	0	71	3,054
Currently lives in Group Setting	159	563	1	94	817
Currently lives in Nursing facility	126	26	132	78	362
Currently lives in Other setting	8	1	0	3	12
Total number of members who would prefer setting	3,254	612	133	246	4,245

Source: Each member's most recently completed functional screen, as of October 1, 2009.

## **2008 Member Satisfaction Survey for the Managed Care Organizations Executive Summary**

The eight Family Care, Partnership and PACE managed care organizations (MCOs) distributed 8,265 member satisfaction surveys and 3,063 were returned for a completion rate of 37.1%. One MCO had completed their survey prior to the distribution of the ten core questions. The ten core questions were developed by the Quality Close to Home project workgroup. MCO and Department of Family Services (DFS) staff worked together to finalize the wording of the survey and the survey process.

During 2008, the CLA membership transitioned into Care WI. All of the “transfers”, not just a random sample, were sent a survey because of the change. As much as possible Care WI maintained the same personal care and nursing staff with the “transfer” members for continuity. However, the number and frequency of services often decreased and the “transfer” member’s level of satisfaction was notably less than the other Care WI members and had an impact on the overall Care WI satisfaction rate.

Overall, the level of satisfaction with the programs is very positive. Members wrote many comments about how the programs have helped them remain in their home and how they worry less about getting needed health care. 92% or more of the members responded that they were “always” or “most of the time” satisfied with the statements:

- The work that my care manager and nurse (or team) does for me;
- My nurse or team listens to my concerns;
- My nurse or team talks to me so I can understand;
- I get help from my nurse or team when I need it;
- I feel comfortable asking questions.

Two statements received less positive responses:

- 1) 76.1% of the members responded that they can “always” or “most of the time” select the people who help me with my personal care;
- 2) 82.8% of the members responded that they “always” and “most of the time” participate in planning and making decisions about the services they will receive.

The MCOs summarized the findings and added varying amounts of text to explain the findings and how the information would be used. Several of the MCOs described making changes to improve their member’s satisfaction with the program. The individual MCO survey and detailed summary of the 2008 Member Satisfaction Survey will be available on the MCO’s and DFS website. The DFS website is <http://dhs.wisconsin.gov/lcicare/index.htm> and <http://dhs.wisconsin.gov/wipartnership/>.