

NW-LTCO FREQUENTLY ASKED QUESTIONS

General Questions

Q: How is this going to serve people better?

A: The long-term goal is to provide more services to more people in a cost effective manner and to create an entitlement to services in the community that currently only exists in nursing homes

Q: Wisconsin has been viewed as a leader among states with regard to community-based care as a long-term care option. Why is there a need for reform?

A: Because there are waiting lists for community-based services statewide due to lack of funding, and there is an entitlement (guaranteed funding) for services provided in institutions—such as nursing homes. It is thought that more non-institutional services can be purchased for more people in a managed care environment, thereby diminishing waiting lists and allowing people to remain in the community rather than more restrictive settings, such as nursing homes.

Q: What will be different in a different system?

A: Because this is a planning grant, we are not sure yet what will be different. What we do know is that no matter what changes, local access to a variety of high quality, consumer-focused services targeted to assist eligible individuals to remain in a setting of their choice and achieve the highest level of self-sufficiency and quality of life is a goal to which we are committed.

Q: How can “consumer choice” and “cost-control” be goals? Aren’t they mutually exclusive?

A: No, we don’t believe so. One of the goals of implementation will be to develop a broader network of providers from which consumers can select services. However, in order to provide more services in a cost neutral manner, there must be some attention made to controlling cost. In order to eliminate waiting lists, collaboratives in all regions of the state will strive to provide the best quality services to the most number of people in a cost effective manner.

Q: How can the goal of increasing service array, eliminating waiting lists, and providing better services be obtained while maintaining cost neutrality for both the state and county systems?

A: The State has done an estimation of the eventual cost of Family Care expansion and feels that the expansion can be done in a cost neutral manner. It is based on some

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assumptions including the estimated number of people that will be enrolled, the total current cost of Medicaid to these enrollees, and the amount of revenue already available to support the needs of these individuals. We are using this information during our planning process and will rely on these assumptions unless or until they are deemed inaccurate.

Q: What are resource centers and how do they fit in a reformed system?

A: Resource centers are the one-stop, local access point for consumers seeking information and/or services for their long-term care needs.

Q: How is this going to affect family members?

A: During the planning process, it should not affect family members at all unless they are an active participant in the planning process. Unfortunately this means that if they are on a waiting list for services, they will remain there unless they are able to access services using the process under the current system.

Q: When would consumers get off the waiting list?

A: The state goal is to have the waiting lists obsolete within 5 years. It is important to keep in mind that the requirement of cost-neutrality for both the counties and the state may be a competing goal, and the funding issue is the cause of the current wait-lists.

Q: If I am on a waiting list, when can I expect to begin receiving services?

A: Again, this is a planning-only grant. The 9-county consortium needs to analyze an enormous amount of data within the next 12 months, develop a plan for reform, and then wait to see if the plan is approved and funded for implementation. Best guess right now would be 5 years or longer, depending upon your county's resources and where you sit on the wait list.

Q: How many options and choices will consumers have to choose from?

A: That is unknown at this time, but it is anticipated that in a managed care environment there will be a broader network of providers and a larger service array from which to select the set of services individuals require to meet their health and safety needs.

Q: Will this initiative address services for children?

A: No, not at this time.

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Q: What about people with mental health problems? Are they included?

A: The nine-county consortium has included mental health and substance abuse problems in its planning stage. Depending upon the results of the data analysis, the implementation plan may or may not include mental health and substance abuse services.

Q: Is this going to be voluntary, like Family Care?

A: It is unlikely if the State's goal is to provide a managed care system that is most effective and cost efficient.

Q: Isn't this going to cost extra money, and where is the money coming from?

A: In estimations provided by the State, savings generated in the new system through the management of long-term care and the integration of primary and acute care into the system will allow for cost neutral expansion.

Q: If there are savings, where are they going to come from?

A: From better coordination and management of existing plans and services, plus the integration of acute/primary and long-term care. Currently, services are provided both under the waivers and via card services. One of the goals of long-term care reform is to integrate the two into one health care system that focuses on proactive care meant to prevent or reduce the amount of hospital stays.

Q: What does the capitated rate mean to me as a consumer?

A: Capitated rates will not be in effect until the implementation phase of long-term care, and mean little to consumers during the planning grant. Even during the implementation phase, the capitated rate should be "transparent" to the consumer. The State will work with an accounting firm that will develop rates that are determined actuarially sound for participants in a region of the new health care system. The managed care organization will then be responsible for providing services for all participants using the available funds and absorbing the risk if they cannot.

Q: Does the capitated rate mean that my child will not be able to receive "quality of life" services?

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A: Hopefully not. The idea behind the current reform effort is to make available an entitlement to services in the community that currently exists only in institutionalized settings, but to do so in a planned and cost effective way.

Q: *What services are people waiting for on the waiting list?*

A: Primarily long-term care services and some mental health services that could be provided in the community.

Q: *Will my severely handicapped child be afforded the support to live independently in the community, as others have been able to do under the waiver programs?*

A: Since this reform is focused on creating an entitlement to community based services that does currently exist only in institutions, it is believed that more services can be purchased in a community based setting in a managed care environment. In theory then, this should allow for more opportunities to live in the community rather than less.

Q: *Under long-term care reform, will the services that I now receive be reduced?*

A: We cannot respond to the question at this time. Given that this reform would establish a regional approach to service delivery, the services provided in any one of the nine counties may change under a managed care model in order to ensure standards and consistency across the service area. How this might affect any one consumer currently receiving services cannot be quantified.

COUNTY SPECIFIC

Q: *How is this going to affect county staff?*

A: During the planning process, there should be little or no effect to county staff. They will continue to provide long-term care recipients with the same services that they have been.

Q: *Will people lose their jobs?*

A: Again, during the planning process, there should be little or no effect to county staff. During the next 12 months, the nine counties will be exploring different business structures and governance options for the Managed Care Organization. Depending upon the final plan and securing an implementation grant, roles for county staff may change or be modified. We firmly believe county staff are the experts in community-based long term care case management and have been managing care under an extremely complex set of rules, with limited funding and resources.

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Q: How will this initiative affect service providers?

A: All nine counties have limited access and/or availability of service providers. Part of the challenge in developing this initiative will be to establish a network of providers. It is our expectation that current providers will have an opportunity to be part of that network.

Q: Will there be enough service providers to meet the increased number of consumers receiving services?

A: Perhaps not, but if there are not enough service providers, resource development will be a priority in the implementation phase of long-term care reform.

Q: Will county staff continue doing their jobs the way they are now, or will their jobs and responsibilities change significantly?

A: It is uncertain at this time. During the planning process, there should be little or no affect on county staff. The nine counties will be exploring different business structures and governance options for the Managed Care Organization. However, depending upon the final plan and securing an implementation grant, roles for county staff may change or be modified. We firmly believe county staff are the experts in community-based long term care case management and have been managing care under an extremely complex set of rules, with limited funding and resources. So, until the planning process is complete, which includes an evaluation of the options for providing long-term care services in our region, there is no way that we can respond to this question.