

# Long Term Care Program Collaborative Presentation

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# Presenters

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# Objectives

- Role of ADRC
- Long-Term Care Program Options
- Program Expectations

# ADRC - First Point of Contact

## ADRC (Aging and Disability Resource Center)

- Resource center
- Free & confidential services
- Reliable, objective and unbiased information
- Maximize independence & quality of life

## Serve

- Older adults
- Adults with disabilities
- Their families, friends, caregivers

# Services Offered

- Information & Assistance
- Benefit Counseling
- Long-term Care Options Counseling
- Dementia Care Services
- Caregiver Support Programs
- Transportation
- Senior Nutrition
- Health Promotion
- Youth in Transition Services
- Adult Protection Services

# Long-Term Care Options Counseling

- One-on-one counseling
- Person-centered approach
- Identifying natural supports, private pay and publicly-funded options
- Decision support
- Action planning to achieve goals

# Assist in Navigating Long-Term Care Process

- Determine functional eligibility and assist with financial eligibility (Medicaid)
- Family Care (managed care)
- IRIS (self-directed)

# Publicly Funded Long-Term Care Programs

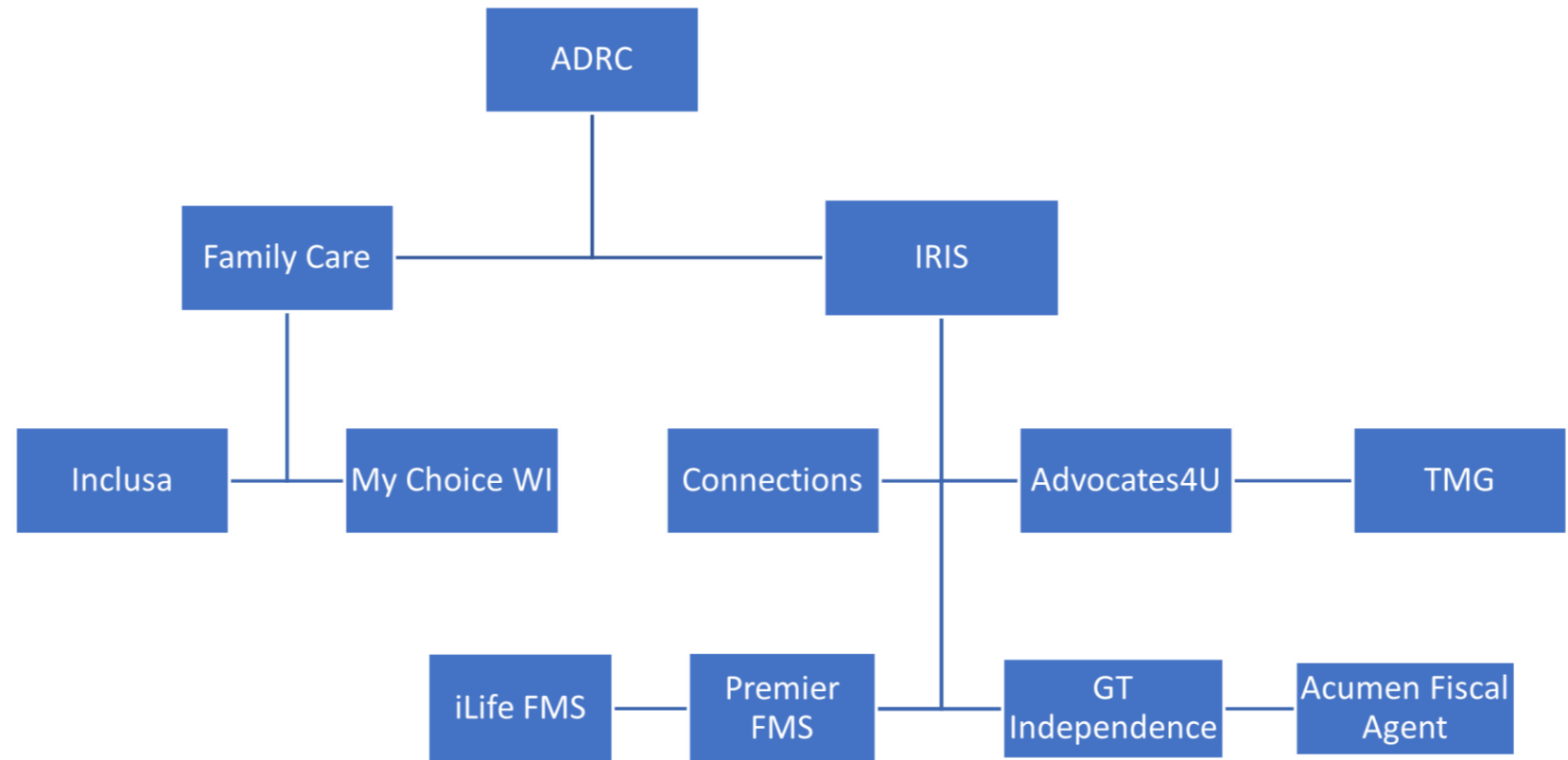
The ADRC provides all options\* and eligible individual chooses either IRIS or a Managed Care Organization (MCO) one prefers:

- Family Care (MCO)
  - My Choice Wisconsin
  - Includa
- IRIS (IRIS Consulting Agencies [ICAs])
  - TMG
  - LSS Connections
  - Advocates4U

\* These options are specific to La Crosse County and might differ throughout the state of Wisconsin



# ADRC-MCO-ICA Flowchart



- Start with the ADRC
- Choose your program (Family Care or IRIS) based on eligibility
- Choose an organization within the chosen program
- In IRIS, you will also choose between several fiscal employer agents
- Opportunity to review long-term program scorecards

## Purpose of Referrals

- Connect to community resources
- Discuss in-home care options
- Assess need for a move to assisted living
- Start home-delivered meals
- Consult after a dementia diagnosis
- Apply for public benefits
- Prepare for retirement
- Transportation options
- Caregiver resources/supports

# Making Professional Referrals to the ADRC

Complete the online referral form:

[www.lacrossecounty.org/adrc/contact-us/professional-referrals](http://www.lacrossecounty.org/adrc/contact-us/professional-referrals)

Attach a current problem/diagnosis list

For home-delivered meals, confirm:

- Age 60+
- Needs help with 2 or more ADLs/IADLs
- Unable to leave home d/t illness, disability, isolation

# Submission and Confirmation Process

- Submit the online application with attachments
- ADRC staff will review
- ADRC staff will confirm receipt within 1-2 business days
- Timeline following will depend on needs and programs explored

# Family Care Defined

- A publicly-funded long-term care program where an individual can receive services and supports to help live the life of one's choosing.
- When possible, the goal is to obtain the services one needs to live in a home setting.

# Enrollment

- ADRC is the entry point for long-term care programming
- Income Maintenance Agencies determine financial eligibility for long-term care

# Who is Eligible to Enroll?

- At least 18 years old
- Target groups:
  - Frail elder
  - Physical disability
  - Intellectual/Developmental disability
- Eligible for Medicaid
- Long-term Care Functional Screen confirms eligibility for MCO
- Have a long-term care condition that will last more than 90 days
- Individual with dementia or a terminal condition may also qualify

# Goals

- Give people better choices about where they live and the services and supports to meet their needs
- Improve access to services
- Improve quality through a focus on health and social outcomes
- Create a cost-effective system for the future
- Provide flexibility
- Foster people's independence and quality of life



# Family Care Timeline

- 3-day initial contact
- Initial 10-day assessment
- 30-day comprehensive assessment
- 60-day Member Centered Plan (MCP) review
- 6-month assessment and Member Centered Plan (MCP) review

# Team Process to Assess & Plan

## Member Centered Plan (MCP)

- Based on comprehensive, individualized assessment
- Defines services provided to support long-term care outcomes
- Identifies who will provide services and includes
  - Natural supports
  - Self-directed supports (SDS)
  - Paid supports
- Designates services and frequency
- Living document
- Assessment process must reflect cultural and other considerations

# Decision- Making & Authorization

Need or outcome identified by:

- Member, provider, and/or support person
- Family Care Interdisciplinary Team

Team and member use the Resource Allocation Decision (RAD) process as a core tool to:

- Clarify identified long-term care need and outcome for request
- Identify and remove barriers to support outcome
- Determine most effective and cost-effective way to meet this outcome
- Authorize or deny (Notice of Action)

# Prior Authorization Required

- For all services/goods prior to delivery, regardless of primary payer source (e.g., Medicare, other insurance, etc.)
- Provider not reimbursed for services rendered without authorization

# Member Rights

Members have the right to:

- Enroll if eligible and dis-enroll at any time
- Receive compassionate and considerate care from providers
- Have care kept private
- Refuse services
- Appeal any family care plan action
- Grieve any part of their plan
- Access covered services as needed
- Be treated with dignity, respect and fairness at all times
- Be free from harm, abuse, neglect and financial exploitation
- Freedom from unlawful discrimination
- Info and access to eligible resources of DHS, resource centers and MCOs

## Hospitalization & Discharge Coordination

MCO collaborates closely with hospital throughout the hospital stay to ensure a safe and appropriate discharge

May help to:

- Reduce length of stay
- Reduce re-admissions
- Achieve better outcomes for individual while inpatient and post discharge

# Hospitalization & Discharge Coordination Cont'd

- Coordinate with teams on:
  - Residential placement (if indicated)
  - Transportation
  - Other referrals, may include (list not all inclusive):
    - Medical supplies & equipment, including personal emergency response system
    - Home Care, including Skilled Nursing services
    - Supportive Home Care/Personal Care services
- Coordinate and mobilize natural supports (family, friends, etc.)
- Coordinate prior authorization of services

# IRIS (Include, Respect, Self-Direct)

- A program for adults with disabilities and elderly people in Wisconsin.
- A self-directed program which means that the individual will have the freedom to decide how one wants to live one's life.



# Self- Determination

## Principles:

- Freedom to decide how to live their life
- Authority over a specific budget amount
- Responsibility for wise use of public dollars

## Self-Directing Services:

- Individual chooses goods, supports and services based on:
  - Timing
  - Provider
  - Location

## Who Is Eligible

To enroll in IRIS, a participant must:

- Live in Wisconsin
- Be at least 18 years old
- Meet certain financial and non-financial criteria
- Be eligible for Medicaid
- Be a frail elder or an adult with a disability
- Need the same level of care as someone in a nursing home
- Live in a home, apartment, adult family home, or residential care apartment complex

# How it Works

- Participant decides what goods, support, and services will help them meet goals
- A budget is made just for the participant based on their long-term care needs and goals
- Using their budget, the participant will help create a support and service plan to meet their needs
- IRIS services will help the participant live a meaningful life
  - Freedom and choice to:
    - Manage their budget
    - Act as an employer to workers they hire
    - Complete paperwork for the program and their workers

## How it Works Cont'd

- Participant needs to understand and follow IRIS program rules and policies
- If the participant chooses to work with a provider, they will negotiate how much the provider is paid
- If the participant chooses to hire their own workers, they will be responsible for:
  - Recruiting
  - Hiring
  - Training
  - Scheduling
  - Supervising
- If a regular worker can't be there to help, an emergency back-up plan is needed
- If there are changes in the participant's health, condition, or safety, they must report those changes
- The participant needs to keep up their eligibility for Medicaid and the IRIS program

# Timeline

What Happens	When it Happens
You choose your IRIS consultant agency (ICA) at the Aging and Disability Resource Center	Your referral date
Your ICA contacts you with a welcome call	Within 3 days of your referral date
You select your consultant or one is assigned to you on the fourth day	Within 3-4 days from your welcome call
Your consultant has an initial visit with you	Within 14 days of your referral date
You and your consultant develop your IRIS plan and submit it to your ICA for approval	Within 30 days of your initial visit
You select your IRIS fiscal employer agent	Within 30 days of your initial visit
Your IRIS plan is reviewed, approved and is implemented; your IRIS start date is established	Within 45 days from initial visit
Your IRIS enrollment is complete and your plan is activated	

## Individual Responsibilities & Rights

- Making an emergency backup plan
- If applicable, pay a monthly cost share payment for some Medicaid eligibility
- Employer Authority
- Budget Management
- Maintain contact
- Option to change IRIS consultant at any time
- Options to transfer to another IRIS consultant agency available
- Option to leave the IRIS program at any time
  - Inform your IRIS Consultant Agency
  - Contact ADRC

# ISSP & Budget Authority

- Individual Support and Services Plan
  - Create outcomes and goals with the Consultant
  - Authorizations for services
  - Build the plan based on budget
    - Services or Items that do not fit within the allotted budget amount may require additional funding requests with the IC and DHS. This is called a Budget Amendment or One Time Expense.

## Consultant Agency Roles

- Oversee and support a network of IRIS Consultants
- Coordinate program enrollment
- Provide orientation
- Handle recordkeeping
- Process program disenrollment
- Manage overall program quality and ensure program integrity
- Provide final approval after all requirements are met
- Meet with individual at least quarterly



# Fiscal Employer Agents

- Contracted with Wisconsin DHS
- Ensure tax and employer and employee accounting is properly managed for caregivers hired/managed
- Manage other accounting duties
- Collect and track any cost share payments
- There are four to choose from during options counseling with the ADRC

# Personal Care Options

- Self-Directed Personal Care
  - Participant hires worker directly for the participant
- Medicaid Personal Care Agency
  - Participant hires agency using Medicaid card services

# Contact info for ADRC



- Phone: 800-500-3910  
608-785-3910
- Mailing Address:  
300 4<sup>th</sup> St. N.  
La Crosse, WI 54601
- ADRC@LaCrosseCounty.org
- <https://lacrossecounty.org/ADRC>

# Contact info for Inclusa



- Phone: 877-622-6700
- TTY: 711
- Mailing Address:  
2801 Hoover Rd, Unit 3  
Stevens Point, WI 54481
- <https://www.inclusa.org/>

# Contact info for My Choice



- Phone: 800-963-0035
- TTY: 711
- Mailing Address  
10201 West Innovation Drive, Suite 100  
Wauwatosa, WI 53226
- <https://mychoicewi.org/>

## Contact info for IRIS

- Phone: IRIS Call Center, 888-515-4747
- Email: [DHSIRIS@wisconsin.gov](mailto:DHSIRIS@wisconsin.gov)
- <https://www.dhs.wisconsin.gov/iris/index.htm>

# Contact info for LSS Connections



- Phone: 844-520-1712
- Mailing Address  
6737 W Washington Street, Suite 2275  
West Allis, WI 53214
- <https://www.connections wis.org/home>