

Assembly Committee on Aging and Long-Term Care

Informational Hearing

Wednesday, Nov. 18, 2015

Janet Zander, Advocacy & Public Policy Coordinator



Introduction

- Half of all Americans turning 65 today will one day need help with basic daily activities
- Avg. cost for men = \$91,000
- Avg. cost for women = \$182,000
- Approximately 80% of current Family Care and IRIS members are dual-eligibles



Transition: Planning and education are key

- Proceed slowly and with thoughtful deliberation
- Sufficient time must be spent on planning and education
- Consider a phase-in process:
 - Pilots
 - geographic areas
 - services

Stakeholder Involvement: Successful programs regularly engage stakeholders

- Establish a formal long-term care advisory group that includes cross-disability representatives of the long-term care community
- Identify what supports are needed to engage stakeholders
- Identify ways to engage community-based organizations
- Identify what information should be shared

Enrollment and Disenrollment: Access to conflict-free options counseling and an active enrollment process are essential

- Dual-eligibles right to traditional Medicare Part A and B cannot be compromised
- Voluntary – “opt-in” enrollment process
- Must maintain access to specialists
- No limits placed on voluntary disenrollments

Appeals & Grievances: Procedures must be comprehensive and accessible

- Participants must have appeal rights
- System should include- due process protections, clear notices, coverage of care pending the appeal, expedited review process, review by an independent decision maker, and right to appeal to ALJ and/or federal court
- Process should take into account barriers to safeguarding rights

Ombudsman Services: Independent Ombudsman essential to oversight and accountability

- Independent, conflict-free Ombudsman Program
- Expansion of existing advocacy functions and resources must occur to meet the demands with adequate capacity
- IHAs need to develop relationships immediately with the Ombudsman programs.

Network Adequacy: State must develop clear standards and compliance measures

- A comprehensive needs and capacity assessment must be undertaken before implementation
- Assessment should be updated annually
- Adequacy standards: time-and-distance and other factors
- Adequate specialist network
- Include measures to monitor and assess

Continuity of Care: Service levels should not change without a change in need

- Changes in provider, service availability and levels of service can cause significant disruption in a person's life
- Include continuity of care requirements
- Services should not be reduced, changed or ended without a documented change in need
- Any willing provider ensures consistency only *if* rates are maintained

IHA infrastructure: LTSS should be treated equal to health care services

- Not a “medical model” – IHA infrastructures demonstrate LTSS as an equal partner with acute, primary, and behavioral health services.
- Look at the needs of the “whole” person
- Built on the principle that older adults and people with disabilities have the same value and rights as able-bodied people - to live, work and socialize in their communities
- Services and supports offered in the most integrated fashion and setting

Person-Centered Processes: **Services & Supports should reflect** **members needs, preferences and** **desired outcomes**

- Customizable services and support plans
- Planning process should be consumer-lead and consumer empowered
- Integrate elements of need as well as positive attributes; strength-based plans
- Prior authorizations should occur without disruptions in necessary care

Quality Measurements, Data & Evaluation: Need to develop standardized quality measures and public report cards

- DHS, in partnership with stakeholders, must develop and use standardized quality measures
- The state must develop IHA and provider “report cards” or “performance dashboards” that are public, easy to understand and useful to policy-makers and consumers.

Rebalancing/ADRCS: Support people to remain in their homes and communities and maximize their independence

- Align payment structures and goals
- Build on the efforts of local ADRCS in supporting individuals to maintain maximum independence and maximize their use of personal and community resources
- Support the ADRCS involvement in health promotion/prevention activities

State Oversight: Sufficient state infrastructure needed to provide adequate oversight

- State must have sufficient infrastructure that reflects the size and complexity of the program
- The shared commitment between DHS and OCI to monitor IHAs requires the development of clear divisions of duty

Conclusion

- Wisconsin must maintain its role as a national leader in the delivery of managed care, long-term services and supports
- Working together, we can incorporate best practices developed here and around the country; to create a sustainable, integrated system of care offering older adults and people with disabilities access to high quality services no matter where they live.



Thank You!

Janet Zander, GWAAR
Advocacy and Public Policy Coordinator
janet.zander@gwaar.org