



The Stakeholders' Blueprint for Long Term Care Redesign

Executive Summary

The Wisconsin Long-Term Care Coalition believes that through collaboration it is possible to redesign Wisconsin's publicly-funded long term care system to satisfy both the aspirations of the people who use the system and their families and those of the legislature and executive branch expressed in the 2015-2017 state budget. To that end, we are putting forward this Stakeholders' Blueprint for Long Term Care Redesign that fits within the decisions made by the legislature to change the long term care system, and capitalizes on the changes that have the potential to improve the long term care system.

Wisconsin Long-Term Care Coalition

To read the complete version of this Blueprint, visit
www.wilongtermcarecoalition.org/stakeholders-blueprint

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Introduction

There are many people and organizations with a stake in ensuring that Wisconsin continues to have a publicly-funded long term care (LTC) system that works well for the people who rely on it. These stakeholders include more than 60,000 people who are currently enrolled in Family Care, IRIS, Partnership, or other long term care programs and rely on the services these organizations provide to help them get out of bed, use the toilet, get a job, go to work, and otherwise assist them so they can live successfully in the community. It also includes several hundred thousand family members of program participants; long term care workforce staff who have long-standing relationships with these people; provider agencies who employ the workers; other managed care organizations that coordinate and contract for services; Aging and Disability Resource Centers (ADRCs); and the aging and disability advocacy agencies that represent consumers of long term care services.

The Stakeholders' Blueprint for Long Term Care Redesign was developed by the Wisconsin Long Term Care Coalition, which includes representatives of all the stakeholders listed above and organizations with strong connections to the people who receive long term care services. It addresses all the major questions identified by the Wisconsin Department of Health Services (DHS) in its September and October 2015 hearings, as well as additional important questions posed by the coalition. It also includes all the major themes of input presented to DHS at the hearings.

We appreciated the opportunity to submit verbal and written testimony at the DHS hearings and during the comment period that ended October 30, 2015. But in keeping with the legislature's charge in Act 55 to consult with stakeholders, we see the hearings as only the beginning of the stakeholder input process. After the public comment period ended, we reviewed the major themes that were raised at the hearings and incorporated them into this single, coherent Blueprint. The themes are reflected in the Key Elements of this Blueprint. We hope the ideas in the Stakeholders' Blueprint will be considered by DHS and the legislature in the next stage of the long term care redesign process.

The Purpose of Wisconsin's Long Term Care System

A sustainable long term care system is essential to meeting the needs of life of the large and growing number of Wisconsin's citizens — both people with disabilities and older adults — who need long term care. The system must continue to prioritize cost-effective and quality care. To continue to receive high consumer satisfaction ratings and maintain its high national ranking, Wisconsin's long term care system must:

- ✓ Identify and build upon the personal strengths of every person receiving long term care services;
- ✓ Partner with participants to empower them to fulfill their employment and other potential, become as independent as possible, and meet their individual goals;
- ✓ Preserve the abilities and independence of every person, and prevent or delay further progression of disease or disability;
- ✓ Continue to promote the guiding principles of the original Family Care program: choice, access, quality, and cost effectiveness;
- ✓ Create a sense of shared ownership and responsibility between the long term care system and long term care participants to jointly promote cost effectiveness and service quality; and
- ✓ Support aging in place so that people can remain in their own homes and stay connected to their neighborhoods and communities.

Key Elements of the Stakeholders' Blueprint for LTC Redesign

Build on Our Strengths. Instead of "building a new long term care system," which implies starting from scratch, improve on Wisconsin's current nationally-recognized long term care system by capitalizing on and retaining the strengths of the existing system.

Base Quality on Clear Values. Promote quality long term care services and health care as defined by our Core Values (*right*), such as convenient access to a full

range of long term care services and health care that increase community integration, individual choice, community living, integrated employment, recovery-based behavioral health services, and consumer-directed health care.

Preserve the Effectiveness of ADRCs and a Strong Prevention Focus. Retain the existing model of locally-based Aging and Disability Resource Centers (ADRCs) with strong local networks/knowledge performing the full range of ADRC functions. Prevent, delay, and reduce the need for long term care services by: providing practical information to enable people to stay in their own homes; providing functional eligibility screening and enrollment counseling for individuals entering publicly funded long term care programs; and making evidence-based prevention and health promotion programs widely available to prevent falls, enable self-management of chronic diseases and medications, and improve nutrition, mental health, and physical activity.

Enable Real Self-Direction. Ensure that a robust self-direction option is available to all long term care-eligible individuals in long term care, health care, and behavioral health, which includes full budget and employer authority.

Make the Integrated Model Person-Centered. Ensure that the principles of person-centered planning and consumer choice are preserved and strengthened in the integrated model in relation to long term care, health care, and behavioral health services, including offering the participant the choice to continue treatment with current providers.

Do Behavioral Health Right. Fulfill the state's aspiration to improve behavioral health services in the new long term care system by ensuring adequate screening for behavioral health issues, specialized supports for individuals with co-occurring conditions of intellectual disability and mental illness, access to a full range of trauma-informed and recovery-based behavioral health services available on a voluntary basis, and improved coordination with county mental health and crisis response services.



Core Values of a Quality LTC System Envisioned by Stakeholders

1. Build on what is already working in Wisconsin's long term care system, which includes: a regional structure that allows for adaptation to the unique features of each region; Wisconsin-based managed care organizations (MCOs) with proven records of successfully supporting people in the community; a variety of high-quality provider agencies; a robust self-directed services program; and nationally-recognized local Aging and Disability Resource Centers (ADRCs).
2. Make stakeholders equal partners in decision-making at all levels of the system, and in ensuring the long term sustainability of the system.
3. Implement major changes in the long term care system using a thoughtful, staged process that allows enough time to pilot the new model in some parts of the state, evaluate and refine it, and then systematically expand.
4. Prioritize community living and employment; create multiple mechanisms to prevent and reduce institutional care; and take the necessary measures to accommodate individuals with complex health and/or behavioral health needs.
5. Use a variety of strategies to prevent, delay, and reduce the need for long term care services.
6. Ensure that the person drives the process, and that each individual care plan reflects the person's goals.
7. Incentivize innovation.
8. Focus on the needs of the "whole person" with coordination of care across the continuum to ensure that medical, behavioral, and non-medical long-term care support needs are met.
9. Protect and empower consumers with unbiased, consumer-friendly information; strong rights protections; and an independent ombudsman system.
10. Ensure full access to services regardless of where people live.
11. Put people before profits – improving people's quality of life should take precedence over maximizing profits.

Make Cultural Competence a Priority. Ensure IHAs, ADRCs, and providers have culturally competent staff and services that consistently meet the long term care, health care, and behavioral health needs of people of diverse identities, including people of various races, cultural and ethnic heritages, genders, gender identities and expressions, sexual orientations, ages, and religions. Staff must provide services in the language appropriate to the participant.

Safeguard People's Rights. Include contractual, monitoring, grievance process and ombudsman safeguards in the Blueprint to ensure that all relevant rights of participants (as defined in state and federal law) are protected, including the right to be free from unnecessary institutionalization and from forced treatment except when there are immediate and serious safety risks.

Use an Innovative Approach to Fiscal Sustainability. Achieve cost effectiveness by using approaches that maximize quality at reasonable cost and limit administrative costs and profits, not by cutting costs or maximizing profits at the expense of quality.

Provide Adequate Funding to Do Long Term Care Right. Ensure adequate funding to realistically enable IHAs and providers to provide services of sufficient quantity and quality that allow people to achieve their individual long term care, behavioral health, and health care goals.

Raise the Bar with Readiness Standards. Establish rigorous Readiness Standards as part of the initial IHA certification process, and develop and enforce performance standards to measure the ongoing performance of IHAs over time.

Phase in Gradually. Roll out the new system in regional stages to avoid simultaneous statewide implementation of a model with start-up flaws, and to create a learn-as-you-go process in which lessons from early regions can be incorporated into the start-up process for later regions.

Sustain an Ongoing Dialogue. Create an open culture of ongoing dialogue in Wisconsin's long term care system, so all the stakeholders have an opportunity at any time to give feedback to DHS and the Legislature, and to offer new ideas to improve quality and cost effectiveness.

Conclusion

The Stakeholders' Blueprint for Long Term Care Redesign represents the best ideas from Wisconsin stakeholders at this time. We hope it will stimulate an important dialogue around the future of long term care in our state. But there are many innovative consumers, families, providers, advocates, and others who will continue to generate new ideas between now and when DHS submits its plan to the Joint Committee on Finance, while DHS is developing its waiver proposal for CMS, during the implementation phase of the new system, and beyond that time.

Many other states are redesigning their long term care system and related systems, and Wisconsin should also be receptive to the best ideas that are being tried elsewhere. However, the new long term care system the Legislature and the Department of Health Services ultimately create should be uniquely Wisconsin. There is no one-size-fits-all model for managed long-term care. The Legislature, DHS and long term care stakeholders must jointly determine the values and goals of Wisconsin's long-term care system and build the new program around those objectives.

We urge DHS and the Legislature to create an ongoing, open, and transparent culture of dialogue and encouraging new ideas as a permanent feature of Wisconsin's long term care system. This was the hallmark of the public process that led to the creation of Family Care, Partnership, and IRIS, and is one of the main reasons Wisconsin currently has a long term care system that many other states have tried to emulate. We believe this is the only way to create a lasting self-improvement engine within the long term care system that will lead to continued self-examination and innovation.