

LONG TERM CARE REPORT

Issued: November 3, 2008

Prepared for CAPOW by Ramie Leonard

Meeting Notices:

- **WI Council on Long Term Care**
Tuesday, November 4, 2008
9:30 a.m. – 3:30 p.m.
Lussier Family Heritage Center
3101 Lake Farm Road, Madison
[*AGENDA*](#)
- **WI Long Term Care Workforce Alliance**
Wednesday, November 12, 2008
Board: 10:00 a.m.
Membership: 12:30 p.m.
Coalition of Wisconsin Aging Groups
2850 Dairy Drive, Madison

Announcements:

- **Effective November 1, 2008:** 2007 Wisconsin Act 172, relating to caregiver background checks. The Department of Health Services adopted an emergency rule to repeal HFS 12.03 and to create HFS 12.03 (20m), 12.115 and Table HFS 12.115. A summary of the emergency rule will be forwarded as a separate document.
- **DLTC Info Memo Re: SSI-E Certification:** The purpose of this memo is to clarify who certifies and monitors for SSI-E eligibility in counties under the Family Care expansion.
 - [*DLTC Info Memo Re: SSI-E Certification PDF Version*](#)
- **DLTC Info Memo Re: Family Care Transition Guidance to County LTC Support Agencies:** This memo is intended to supplement and/or clarify technical assistance material on enrollment counseling.
 - [*DLTC Memo Re: Family Care Transition Guidance PDF Version*](#)
- **DLTC Memo Re: ICF-MR Restructuring Initiative:** The Department of Health Services is revising eligibility criteria for the ICF-MR Restructuring Initiative to include certain people admitted to ICFs-MR on, or after January 1, 2005.
 - [*DLTC Memo Re: ICF-MR Restructuring Initiative PDF Version*](#)

- **DQA Memo 08-024:** Summary of Wisconsin’s Assisted Living Medication Management Initiative Workgroup Activities and Introduction of the Assisted Living Medication Management Initiative [Website](#).
 - [DQA Memo 08-024 PDF Version](#)
- **Family Care Report Findings:** *A Public Franchise Model for The Family Care Enterprise Development and Management*, prepared by The Management Group, Inc. The focus of the report is on the Department of Health Services role, actions and needed resources for a franchise model for developing and managing Family Care. The report includes a recommendation to use an RFI (Request for Information) to determine what resources are available to procure a single IT system and claims processor that all Family Care MCOs must use. [Read the Full Report](#).
- **ForwardHealth Implementation:** ForwardHealth interChange, a multi-payer claims system that supports Wisconsin health care programs, including Wisconsin Medicaid, BadgerCare Plus, and SeniorCare will go into effect on November 10, 2008. Providers may begin set-up of portal accounts now. The portal gives providers access to claims, prior authorization, member enrollment and other information through a secure web-based system. To request a PIN, providers should go to www.forwardhealth.wi.gov and click on “Request portal access.” If a provider has already received a PIN, the provider can begin account set up by going to www.forwardhealth.wi.gov and then clicking “Logging on for the first time.” Any providers who need assistance may refer to the Account Users Guide on the portal home page or contact their field representative for set-up help.
- **DHS 2009-11 Biennial Budget Request:** Includes facility fee increases and CIP 1A Redesign. [2009-11 DHS Biennial Budget Request](#).

- **Proposed facility fee increases:**

PROVIDER	CURRENT FEE	PROPOSED FEE
CBRF	\$306.00	\$389.00
CBRF Beds	\$39.60	\$50.25
Adult Family Homes	\$135.00	\$171.00
RCAC*	\$350.00	\$445.00
RCAC Apartments	\$6.00	\$7.60
Adult Day Care	\$100.00	\$127.00

* annual fee

- **CIP 1A Redesign:**

The Department proposes to modify the current budget neutrality mechanism for funding community relocations from the State Centers for People with Developmental Disabilities under the Community Integration Program (CIP 1A) to make it equivalent to that currently used for relocations from private facilities for the developmentally disabled

(ICFs-MR).

The budget neutrality mechanism for private ICFs-MR imposes a total budget cap for both institutional care (nursing home payments to private ICFs-MR) and community care (home and community based waiver costs under the CIP 1B program). It is proposed that a total budget cap also be imposed for State Centers costs under Medicaid and home and community based waiver services under the CIP 1A program.

The current budget neutrality mechanism for the State Centers requires that: (1) placements under the CIP 1A program be funded at a daily rate of \$325; and (2) the budget for the State Center from which the relocation occurred be reduced by \$325 per day. The Department proposes that the community placement be funded at the actual plan costs and that the costs of the State Center be reduced by the equivalent amount needed to fund the community placement.

The community plan costs for people recently relocated to the community have averaged less than \$325 per day. The proposal would enable the State Centers to better manage their costs as their populations decline while ensuring that overall institutional and community costs for people with developmental disabilities remain cost neutral. The Department also requests deletion of an annual report to the Legislature on CIP 1A placements.