



Tell Me More about... **Family Care**



What is Family Care?

Family Care is an innovative program that provides a full range of long-term care services, all through one flexible benefit program. To understand Family Care, it helps to know what “long-term care” is. Long-term care is any service or support that a person may need as a result of a disability, getting older, or having a chronic illness that limits their ability to do the things that are part of their daily routine. This includes things such as bathing, getting dressed, making meals, going to work, and paying bills.

There are a variety of services and supports available in Family Care that can help people to remain independent with their daily activities or to provide supports to help someone complete these tasks.

How Does Family Care Work?

People Receive Interdisciplinary Care Management.

Sometimes people do not know the exact services that they need, the types of services available, and how to get care and services. Coordinating your own services can be overwhelming. If you participate in a Family Care program, then a team of people come together to help you identify the sort of assistance you might need and work with you to arrange your long-term care services. You are an active participant on the team that also includes, at a minimum, a care manager and a registered nurse. You can choose to include a family member or loved one on your team. Sometimes people choose other professionals, such as a personal care worker, to participate as team members. In Family Care, this team is called an “interdisciplinary team.”

People Receive Services to Live in Their Own Home Whenever Possible.

Helping people stay at home is at the heart of the Family Care program. Whether you live in a house, apartment, condominium or mobile home, your Family Care team will work with you so that you can remain in your own home. Most services can be provided at home for many people. If you already reside in an assisted living facility or nursing home that is not affordable for you, then Family Care can help you find another place to live that meets your needs at a more affordable rate. Family Care works with you to find and secure the best living situation.





People Participate in Determining the Services They Receive.

The first step in planning Family Care services is for you to discuss with your team the kind of life you want to live, whether you want to live where you live now or in a different place, and the kind of support you need to live the kind of life you want. This step is called the assessment.

The services that you will receive are then outlined in a care plan. Team members support you in developing your plan by providing information that you need to make informed choices about the care you receive. Your care plan will help you move toward the personal outcomes that you and your team identified in the assessment.

People Choose Service Providers from a Comprehensive Network.

Members of Family Care select their long-term care providers from a provider network. Managed Care Organizations (MCOs), are the agencies that provide the Family Care benefit to people. MCOs are required to have providers for all of the services covered by the program and have enough providers and settings to give members a choice.

People Receive the Services They Need Through One Program.

Sorting through multiple funding programs to determine your possible benefits can be confusing. The good news is that Family Care pays for the long-term care services, individualized for you in your care plan, through one program.

People Receive Services that Best Achieve the Results They Desire.

The success of the Family Care program is measured by your real-life results, or the outcomes that you get from the services you receive. "Quality of Life Outcomes" in Family Care represents important parts of people's lives.

The following statements are the "Quality of Life Outcomes" that the Family Care team strives for when you participate in the program. You define your outcomes for your life. Helping you meet your long-term care needs to achieve your personal outcomes is the goal of Family Care:

- I decide where and with whom I live.
- I make decisions regarding my supports and services.
- I decide how I spend my day.
- I have relationships with family and friends.
- I work or do other things that are important to me.
- I am involved in my community.
- My life is stable.
- I am respected and treated fairly.
- I have privacy.
- I have the best possible health.
- I feel safe.
- I am free from abuse and neglect.

You define your outcomes for your life.





Interdisciplinary Teams in Family Care

Who is on your interdisciplinary team?

When you participate in the Family Care program, a team of people work with you to identify the type of assistance you might need to meet your needs and work with you to arrange for your long-term care services. You are an active part of this team that also includes, at a minimum, a care manager and a registered nurse. You can choose to include a family member or loved one on your team. Sometimes, people choose other professionals to participate as team members. This team is called an "interdisciplinary team."

What does your interdisciplinary team do?

The team completes an assessment of your needs and develops a plan for services to meet those needs. The services outlined in your plan are individualized for you and focus on the most effective and cost-efficient way to meet your needs. The care manager and registered nurse authorize payment for your approved services, and monitor the quality of the services you receive.

This is an example of an interdisciplinary team in Family Care. The person in the center is YOU. The individuals in the lightly shaded boxes are people selected by YOU to participate on your team:





Tell Me More about... **Self-Directed Supports in Managed Care**

This document specifically discusses the Self-Directed Support option that is available in Wisconsin's managed long-term care programs: Family Care, Family Care Partnership, and PACE. If you would like additional information on these managed long-term care programs, please ask your Aging and Disability Resource Center specialist for more information.

What are Self-Directed Supports in Managed Care?

Self-directing your services may offer you a way to have more control over your services and supports. In Family Care, Family Care Partnership and Program of All-Inclusive Care for the Elderly (PACE), which are "managed long-term care" programs, the managed care organization, or MCO, will make resources (including a budget) available to you based on what it would have spent if it managed those services. You can then use that budget amount to buy the services and supports that will work to meet your personal outcomes.

How Do Self-Directed Supports in Managed Care Work?

Anyone can choose the managed care self-directed supports option

The Self-Directed Supports (SDS) option is available to all Family Care, Family Care Partnership and PACE members.

Each MCO has a plan for Self-Directed Supports

Each MCO has its own plan for offering Self-Directed Supports (SDS). Each MCO must:

- Have a way for you to authorize payment to providers with your available budget and keep track of how much remains available;
- Have a way for you to choose and hire your own support workers, who could be family, friends, or neighbors; and
- Have a way for you to train and supervise your own support workers in how to care for you and meet your needs.

People have a choice about what services they self-direct

You can choose to self-direct part of your services. For example, you could choose to self-direct your personal care services or those providers that help you find and keep a job, and use your interdisciplinary care team to manage services aimed at other outcomes in your plan.





If you choose to get involved in self-directing your care and supports, your interdisciplinary team will:

- Explain the variety of choices available to you;
- Work with you to assess your needs;
- Determine the amount of resources available to you; and
- Keep track of whether you are staying within your available resources and meeting your needs for health and safety.

Budget limits

The MCO may put limits on the Self-Directed Supports (SDS) option if it finds that:

- You are not staying within your available resources;
- You have used resources in a way that is illegal;
- You have used resources in a way that is too much of a risk to your health and safety; or
- Someone else is making decisions for you that are not based on what you want.

The MCO will tell you what you need to do to avoid these limits and about your right to file an appeal or grievance or ask for a hearing.





Family Care Benefit Packages: Nursing Home and Non-Nursing Home Level of Care

NURSING HOME LEVEL OF CARE

Interdisciplinary Care Management Medicaid State Plan Services*

- Alcohol and Other Drug Abuse (AODA) Day Treatment Services (in all settings)
- Durable Medical Equipment, except hearing aids and prosthetics
- Home Health
- Medical Supplies
- Mental Health Day Treatment Services (in all settings)
- Mental Health Services, except physician or inpatient
- Nursing (including respiratory care, intermittent and private duty)
- Occupational Therapy (except inpatient)
- Personal Care
- Physical Therapy (in all settings except for inpatient hospital)
- Specialized Medical Supplies
- Speech and Language Pathology Services (except inpatient)
- Medicaid Transportation except ambulance and common carrier

Institutional Medicaid State Plan Services*

- Nursing Facility including ICF-MR and nursing home IMD
(For IMDs, coverage is for adults under age 21, or 65 and older)

NON-NURSING HOME LEVEL OF CARE

Interdisciplinary Care Management Medicaid Home and Community Based Services*

- Alcohol and Other Drug Abuse (AODA) Day Treatment Services (in all settings)
- Durable Medical Equipment, except hearing aids and prosthetics
- Home Health
- Medical Supplies
- Mental Health Day Treatment Services (in all settings)
- Mental Health Services, except physician or inpatient
- Nursing (including respiratory care, intermittent and private duty)
- Occupational Therapy (except inpatient)
- Personal Care
- Physical Therapy (in all settings except for inpatient hospital)
- Specialized Medical Supplies
- Speech and Language Pathology Services (except inpatient)
- Medicaid Transportation except ambulance and common carrier

Institutional Medicaid State Plan Services

Not applicable



Medicaid Home and Community Based Waiver Services

- Adaptive aids
- Adult Day Health
- Adult residential care: 1-2 bed adult family homes
- Adult residential care: 3-4 bed adult family homes
- Adult residential care: Community Based Residential Facility (CBRF)
- Adult residential care: Residential Care Apartment Complexes (RCAC)
- Children's foster homes/treatment foster homes
- Communication aids
- Consumer education and training
- Consumer-directed supports support broker
- Counseling and therapeutic resources
- Day Habilitation
- Day services for children
- Education
- Environmental accessibility adaptations (home modifications)
- Financial management services
- Home delivered meals
- Housing counseling
- Personal Emergency Response Systems (PERS)
- Prevocational services
- Relocation services
- Respite
- Specialized medical equipment and supplies
- Supported employment
- Supportive home care
- Transportation (specialized transportation)
- Vocational futures planning

Self-directed supports (SDS) can be used to direct any service.

Medicaid Home and Community Based Waiver Services

Not applicable

**Please note: Family Care managed care organizations are able to provide cost-effective alternatives to the listed Medicaid card services.*





Non-Nursing Home Level of Care Benefit Options

Individuals who are eligible at the non-nursing home level of care have access to two benefit options: Family Care and the Medicaid State Plan. Help to coordinate available services through an interdisciplinary care management team is only available through Family Care. Institutional Medicaid State Plan Services (Nursing home care and ICF-MR services) or Medicaid home and community based waiver services are not noted in this chart, since this service is not available to people who do not have a nursing home level of care. Individuals who are eligible at the non-nursing home level of care also need to meet non-financial and financial eligibility criteria for Medical Assistance.

Note: An expanded financial eligibility criterion is not applicable.

Medicaid Home and Community Based State Plan Services

Family Care

- Alcohol and Other Drug Abuse (AODA) Day Treatment Services (in all settings)
- Durable Medical Equipment, except hearing aids and prosthetics
- Home Health
- Medical Supplies
- Mental Health Day Treatment Services (in all settings)
- Mental Health Services, except physician or inpatient
- Nursing (including respiratory care, intermittent and private duty)
- Occupational Therapy (except inpatient)
- Personal Care
- Physical Therapy (in all settings except for inpatient hospital)
- Specialized Medical Supplies
- Speech and Language Pathology Services (except inpatient)
- Medicaid Transportation except ambulance and common carrier
- Interdisciplinary care management (including a social worker and a registered nurse)*

Medicaid State Plan

- Alcohol and Other Drug Abuse (AODA) Day Treatment Services (in all settings)
- Durable Medical Equipment, except hearing aids and prosthetics
- Home Health
- Medical Supplies
- Mental Health Day Treatment Services (in all settings)
- Mental Health Services, except physician or inpatient
- Nursing (including respiratory care, intermittent and private duty)
- Occupational Therapy (except inpatient)
- Personal Care
- Physical Therapy (in all settings except for inpatient hospital)
- Specialized Medical Supplies
- Speech and Language Pathology Services (except inpatient)
- Medicaid Transportation except ambulance and common carrier

*Please note: Family Care managed care organizations are able to provide cost-effective alternatives to the listed Medicaid card services.



