

Getting and keeping important services for members in the Wisconsin Family Care system – an advocacy guide

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Introduction - Family Care is a long-term care system that is taking the place of the Title 19 waiver programs such as COP and CIP that were formerly operated by the counties. Family Care started in 2000. It is already operating in many areas and additional counties are being added each year. Family Care is a managed care program. There are **managed care organizations** throughout the state and each **MCO** must provide service to all eligible individuals in their area. There are no waiting lists and that is a huge advantage compared to the previous funding system. Each MCO receives a set amount of money every month for eligible members (\$3,400 for example) and must then serve all of its members. Just because the MCO receives a certain monthly payment from the state does not mean each member gets the same amount of service. Some members receive services that cost more than the average payment and some receive less. Also, each MCO has a lot of overhead for administration and care management staff. This reduces the amount of the state payment that actually goes to member services.

Family Care advocacy resources – Members, guardians and families may use the contact information below to request services and keep current services intact if the MCO wants to reduce or terminate them. You may also appeal an MCO's decision, but the best option is to get professional help from one of the Family Care Ombudsman agencies. Disability Rights Wisconsin serves Family Care members age 18-59 and all IRIS members. The Board on Aging and Long Term Care serves Family Care members ages 60 and older. You can find an advocate in your area by contacting the Madison office of these agencies:

Disability Rights Wisconsin
131 W. Wilson Street – Suite 700
Madison, WI 53703
800-928-8778, TTY 888-758-6049

Wisconsin Board on Aging and Long Term Care
1402 Pankratz Street – Suite 111
Madison, WI 53704
800-815-0015

Family Care outcomes – The process of deciding the amount of services that a specific member will receive begins with identifying the member's goals – what does the member like to do and what does the member want to accomplish?

Family Care uses a series of 12 potential outcomes to answer those questions. The member should be asked which outcomes are important to them when they first enroll. Some members will need assistance from family or guardians to develop their desired outcomes. The outcomes that the member identifies will then be used to set up their service plan and can be updated in the future.

For example, a 40-year-old member with developmental disabilities may decide that living in a certain group home is important because it is close to her family and friends in Special Olympics. (Outcomes #1 & #4) She may also have the goal of working outside the home 5 days per week. (Outcomes #3, #4, #5 & #6) She may also have other goals that fit within the 12 outcomes like stability, safety, etc.

Family Care Outcomes

- (1) I decide where and with whom I live.**
- (2) I make my own decisions regarding my supports and services.**
- (3) I work or do other activities that are important to me.**
- (4) I have relationships with family and friends I care about.**
- (5) I do things that are important to me.**
- (6) I am involved in my community.**
- (7) My life is stable.**
- (8) I am respected and treated fairly.**
- (9) I have privacy.**
- (10) I have the best possible health.**
- (11) I feel safe.**
- (12) I am free from abuse and neglect.**

Setting up or changing Family Care services and how to resolve disputes - MCO staff must meet with the member (plus the guardian or family if necessary) to plan the services. It should be a team process that is focused on getting cost-effective services that help the individual achieve the desired outcomes.

If the team is setting up services for the member in our example above, they would try to place her in a group home with friends that are close to family. The team would also discuss options for weekday activities. She could pursue supported employment in a community job, but that is usually part-time so the team would have to find a way to fill the rest of her weekday schedule if she wants to work full-time.

RAD - Any disagreements about services must be resolved through the **resource allocation decision process**. The team should go through it step by step to identify the member's preferences and how those relate to the member's goals and desired outcomes. Later steps in the RAD process look at alternative services to meet the member's needs. "Cost effective" does not mean "cheapest." Telling the member in the example to stay at home 2 days each week might be cheaper, but would not meet the member's needs or desired outcomes.

Where the member lives is a very special resource decision – If the team considers moving a person for cost reasons, the MCO staff must take a number of additional steps to try to resolve the cost issue because the loss of a member's chosen home is a traumatic event.

Explain - The member/family/guardian should: (a) clearly say "the MCO staff is recommending X, but the member wants Y," (b) explain their reasons, (c) go through every step of the RAD, (d) have MCO staff explain their reasons and (e) take notes.

Written notice – Before making any change or termination of services, the MCO must provide written notice of any decision that reduces, terminates or changes any services along with an explanation of how to appeal.

The appeal - Family Care members may request a review through the MCO's Grievance & Appeals Committee or a State Fair Hearing before a state administrative law judge. Many people choose the State Fair Hearing if they are concerned about the MCO. With either option, the member has a right to be present, may bring a friend or family member to help, may bring an advocate, and may present witnesses and other evidence.

Right to continue services during the appeal – The disputed services must continue if the appeal is: (a) submitted before the reduction/termination/change date and (b) a request is made to continue the services. The member may have to repay the MCO for the cost of the service if the member loses the appeal. This may be waived if it is a substantial financial burden.

The "RAD" Process

- (1) What is the need, goal or program?**
- (2) Does it relate to the member's assessment, services plan and desired outcomes?**
- (3) How could the need be met?**
- (4) Are there policy guidelines to guide the choice of options?**
- (5) Which option does the member (and/or family) prefer?**
- (6) Which option(s) is the most effective and cost effective to meet the desired outcome?**
 - "Effective" means it works to achieve a desired outcome. Consider both short-term and long-term outcomes.
 - Cost effective means "effectively achieving a desired outcome (meeting a need) at reasonable cost and effort."
 - Reasonable alternatives are those that:
 - Would probably solve the problem, i.e. are effective in meeting the desired outcome for peers (persons with similar needs).
 - Would not have a significant negative impact on desired outcomes.
 - Note that "cost effective" is always tied to outcomes, and that it does not always mean "least expensive" or "inexpensive."
 - How will we measure success/outcomes in order to gauge cost-efficiency?
 - Is member committed to using the suggested services/product?
- (7) Explain, Dialogue, Negotiate.**