

Family Care Provider eNews

Administrator's Update

Through the first quarter of CY 2010, Family Care was a \$900+million annualized program. The program experienced 32% growth in capitation payments, and a 24% increase in member months, from the same time span, one-year earlier.

While rapid growth in membership caused stress in the MCO's collective financial health through 2009, the finances for many MCO's have begun to stabilize in 2010. On program revenues totaling \$225 million, MCOs achieved a modest \$1.1 million surplus, or 0.5% through the first quarter of 2010, following a collective loss of \$18 million in 2009.

This turnaround was anticipated, as the MCO Business Plans had projected a healthier and more stable year in 2010. The Office of the Commission of Insurance (OCI), continues to monitor each MCO's financial performance and status.

Sincerely,
Susan Crowley

Member Satisfaction Survey

Satisfaction levels among members served by Family Care and Family Care Partnership and PACE Programs increased, a 2009 survey shows, with a large majority reporting they were "always satisfied" with their care.

"It is very gratifying to see that the individuals receiving services through Family Care report that they are very happy with that care," said Karen Timberlake, Department of Health Services Secretary.

Started in 1998, the program provides cost-effective, comprehensive and flexible long-term care that fosters independence and quality of life for people with physical disabilities, developmental disabilities and frail elders. More than 10,000 member satisfaction surveys were distributed by the program's 11 managed care organizations (MCOs), with a 40% return rate. Satisfaction levels increased for nine of the 10 core questions, with statistically significant increases for six questions. The surveys were conducted during a year of significant expansion for the MCOs and increased provider participation in the program.

Questions covered members' satisfaction with their care team, participation in planning and decision-making about services, and communication quality. In responding to the surveys, members often added personal comments about their favorite aspects of the program. One member noted, "...the excellent care, the ability to live in my own apartment...knowing I don't have to give up my dog or not be able to care for her and myself. If it was not for Family Care helping me I would not

be able to take the medications I need and would not be able to stay in my apartment."

[Link to 2009 Member Satisfaction Survey](#)

Residential Rate-Setting Project Update

As explained in the last provider newsletter, in early 2010, DHS initiated a residential rate setting project for the Family Care program. The purpose of the project is to establish a uniform methodology for determining all-inclusive rates for services provided by community-based residential programs that reflect the reasonable costs of services in relation to the acuity of members served.

eNewsletter Spotlights

[Family Care Enrollment Data](#)

[What is Family Care?](#)

[History of Long-Term Care Redesign](#)

In mid-April, DHS held listening sessions to gather initial input from stakeholders on issues to be considered in the development of the methodology. On July 12 the Department hosted another stakeholder meeting. At the July 12 meeting DHS staff provided an update on the status of the Department's residential rate setting project and discussed with stakeholders possible approaches to the development of a rate setting methodology. The DHS [PowerPoint](#) presented at the July 12 meeting can be accessed on the DHS website.

We appreciate and are benefiting from the involvement of providers and other stakeholders through these stakeholder meetings. DHS will continue to provide updates and opportunities for stakeholder comment as we proceed with the residential rate project.

[Residential Rate-Setting Project Overview web link](#)

Prevocational Services Update

On June 3, the Department issued Technical Guidelines for Prevocational Services in Family Care and Family Care Partnership. These guidelines are the culmination of a seven-month process of collaboration among the Department, Managed Care Organizations (MCOs), and external stakeholders. The guidelines are consistent with the definition approved by the federal government in December 2010 as part of the Family Care Medicaid waiver renewal. The [cover memo](#) and [guidelines](#) can be accessed on the DHS website.

The Department begins training appropriate Managed Care Organization managers and staff on the Technical Guidelines at the end of July. The Department's training curriculum for the Prevocational Services Technical Guidelines will be posted on the DHS website in the near future.

Questions or comments? E-mail us at [Provider eNews](#). We will monitor submitted questions and develop a Frequently Asked Question document.

Future Family Care Provider eNews will be distributed via the Expanding Managed LTC in Wisconsin listserv. To subscribe to this list, go to <http://dhs.wisconsin.gov/managedltc/grantees/Listserv.htm> (it may be necessary to copy and paste this URL if the link is broken).