

PROMISING PRACTICES IN HOME AND COMMUNITY-BASED SERVICES

Wisconsin – Assistance to People Who Want To Leave Nursing facilities

Issue: Home and Community-Based Services Availability after Leaving a Nursing facility

Summary

Wisconsin helped more than 150 people leave nursing facilities in 2001 by targeting resources to people who wanted to move from nursing facilities into the community. Wisconsin provides special funding for people who relocate from a nursing facility because the facility is downsizing or closing. For two recent fiscal years, the state also set aside state and Medicaid HCBS waiver funds to pay for one-time transition expenses and for ongoing home and community-based services.

Introduction

In 2000, slightly over one million Medicaid participants lived in nursing facilities.¹ With the right home and community-based services, some people in nursing facilities may be able to live in private homes or in community residential settings. Some nursing facility residents may prefer such a change, which also has the potential to save state Medicaid dollars.

One important challenge people face when leaving nursing facilities is accessing home and community-based services (HCBS) as soon as possible after leaving a nursing facility. Since many states have waiting lists for HCBS waivers, people may need to wait several months for services they need. A wait for services can prolong a person's nursing facility stay because nursing facility residents often cannot live safely in the community without services.

Accessing HCBS when a state has a waiting list can be a challenge for people leaving nursing facilities.

Wisconsin uses a variety of initiatives to support Medicaid participants who want to leave nursing facilities. These initiatives include: 1) steps to ensure home and community-based services are available as soon as the person is ready and willing to move and 2) funding through a state-

funded HCBS program to cover services necessary for transition unavailable through other funding sources. This report describes some of these initiatives. All information is based on state reports about the program, and interviews with state staff conducted as part of an evaluation of Wisconsin's 1999 Nursing Home Transition Demonstration Grant. Medstat is conducting this evaluation under a contract with the Assistant Secretary for Planning and Evaluation and the Centers for Medicare & Medicaid Services, both part of the U.S. Department of Health and Human Services.

Background

In most of the state, Wisconsin uses a Medicaid HCBS waiver and a state-funded program to serve people leaving nursing facilities. The waiver serves elderly people and people with physical disabilities and is separated into two programs according to the source of the state's funding. The programs are the Community Options Program Waiver (COP-W) and the Community Integration Program II (CIP II). The state-funded Community Options Program (COP) is a flexible state program that provides services that are not available under the Medicaid HCBS waiver or through other programs.

For COP-W and COP, Wisconsin allocates each year's budget for the waiver to counties, who operate the waiver at the local level. Most counties have waiting lists, requiring applicants to wait several months or longer before they can

¹ CMS, Online Survey and Certification and Reporting System (OSCAR), December 8, 2000.

receive services. Counties serve people on the waiting list on a first-come, first-serve basis, so people in nursing facilities must wait until they are at the top of the waiting list before moving.

Wisconsin identified several residents who wanted to leave nursing facilities during a 1999 Nursing Home Transition Demonstration Grant, which the state called The Homecoming Project. The grant paid for service coordination by Independent Living Centers and paid for services necessary for transition. Wisconsin's counties, which administer the state's HCBS programs at the local level, also identified people who could transition.

The state also allocates CIP II funds to counties each fiscal year, but the allocation criteria are different. Although the allocation process is complicated, the state generally adds to the county's allocation when a nursing facility bed is closed in that county, to the extent resources are available in the Medicaid budget. For each occupied nursing facility bed closed in which the person moves into the community, the state adds an amount determined by the state (the CIP II rate) to the county's allocation.

In 1999, Wisconsin implemented a pilot project called Family Care which currently is operational in five counties, including the largest county, Milwaukee. Family Care funding includes the former COP allocations and waiver funding (COP-W and CIP II) that were traditionally separate budgets and combines these funds with other Medicaid long term care funding to create the Family Care budget. Family Care's emphasis is on creation of totally independent support arrangements for each individual based on that person's needs.

In the pilot counties, home and community-based services are an entitlement and these counties do not have waiting lists, enabling quick access to services. Family Care is also operated as a managed care model, which gives counties a financial incentive to help people leave nursing facilities, since the counties are financially "at risk" for the total costs of long term care services provided in the county. While this report focuses on Wisconsin's efforts in the counties that are not part of Family Care, Family Care is an important option for people in nursing facilities. Family Care is authorized by a

combination of Medicaid HCBS waivers and a Medicaid managed care waiver.

Intervention Targeted State and HCBS Waiver Funds

Wisconsin set aside approximately \$3.2 million of state and Medicaid HCBS waiver funds over two years to target nursing facility residents who would like to live in the community. Wisconsin set aside of \$1.9 million of funds for the COP-W and COP programs in 2001 and \$1.3 million in 2002. Annually, counties identify the numbers of individuals on COP waiting who are in institutions and waiting for community funding. State staff has worked closely with county staff to reach these individuals and provide funding through these special relocation dollars under COP and COP-W.

The state used state-generated COP funds to pay for one-time transition expenses a person may need to establish a household in the community, such as security deposits, utility set up, furniture, cookware, and other household items. At the time, Medicaid HCBS waiver funds could not pay for these expenses, so the state used the state-funded COP program. In May 2002, CMS sent a letter to State Medicaid Directors indicating waiver funds can pay for many one-time transition expenses.

Wisconsin set aside \$3.2 million to target people who indicated they want to live in the community.

COP-W, part of a Medicaid HCBS waiver, pays for ongoing home and community-based services. The state increased the county's allocation by the amount that is needed to meet the needs of each person who leaves a nursing facility while using COP-W. Once this person no longer needs waiver services, the funds will remain available for other people in that county who need home and community based services. State staff report this earmarked relocation funding is a big incentive for many counties to seek out people in institutions wishing to relocate, particularly during a time of tight funding.

Intervention HCBS Option When a Nursing Facility Downsizes or Closes

Under the Community Integration Program II (CIP II), the state increases the CIP II budget every time a nursing facility closes a bed and a Medicaid participant moves from that nursing facility into the community. The CIP II budget increases by the CIP II rate determined by the state. If that person does not use the waiver services, then the funds will be available for another person leaving a nursing facility. At the same time, the state budget for Medicaid nursing facility residents is reduced, so the result is a transfer of funds from nursing facilities to home and community-based services.

When a nursing facility closes or downsizes, each resident is evaluated for possible transition.

When a nursing facility closes or downsizes, each of the residents is evaluated to see whether they want to and/or are able to live in the community. A relocation team works with residents interested in relocating into the community. The team includes representatives from four state agencies involved in home and community-based services – including agencies that serve people with developmental disabilities and people with mental illness – to ensure people with a wide variety of disabilities receive appropriate supports. The relocation team also includes representatives from the county’s social or human services agency and representatives from advocacy groups.

Key Question:

How could a program like CIP II operate differently when waiver funds are not allocated by county or local area?

County workers, who coordinate services for Medicaid HCBS waivers, work with the nursing facility discharge planner and the resident to develop a case plan and obtain services that will be paid for by CIP II. The participant is eligible to receive CIP II funds as soon as he or she moves out of the nursing facility. If the participant moves to a new county, the funding will transfer with them.

Impact

State staff report that 153 people left Wisconsin nursing facilities in 2001 due to the targeted funding as part of CIP II, COP-W, and COP. The movement of people from nursing facilities into the community also saves state and Medicaid funds. In calendar year 2000, the average daily cost for CIP II and COP-W participants was \$64.16, whereas the average daily cost for equivalent care in a nursing facility was \$90.26.

Contact Information

For more information about the Community Integration Program, contact Sharon Hron at (608) 267-3660 or hronsa@dhfs.state.wi.us. Online information about COP, COP-W, and CIP II is available at http://www.dhfs.state.wi.us/ltc_cop/COP.HTM.

One of a series of reports by Medstat for the U.S. Centers for Medicare & Medicaid Services (CMS) highlighting promising practices in home and community-based services. The entire series will be available online at CMS’ web site, <http://www.cms.gov>. This report is intended to share information about different approaches to offering home and community-based services. This report is not an endorsement of any practice.