



State Comparison of Long Term Care

Wisconsin

- 55,000 participants.
- Includes Intellectual/Developmental Disabilities along with Elderly and Physical Disabilities.
- Currently in 57 of 72 counties with expansion to 7 additional counties underway
- All wait lists eliminated in participating counties.
- 15 years' experience using regional, non-profit Managed Care Organizations (Family Care)
- Self-Directed option (IRIS), 7 years' experience
- Requires individual, person-centered planning that itemizes participants needs/goals
- Self-Directed option (IRIS) gives participants full budget authority to self-direct all of their long-term care needs, including supported employment
- Primary/acute medical – Fee-for-Service. WI Family Care Partnership available in 19 counties is a successful and promising pilot that combines medical, behavioral health with long-term care needs
- Cost savings from move to managed care: The percentage of the state's Medicaid budget spent on LTC dropped from 53% in 2002 to 43% in 2011. Annual Medicaid nursing home days dropped from 8.8 million in 2002 to 5.7 million in 2012, a 35% reduction saving taxpayers well over \$300 million/year. The number of older adults in WI nursing homes has decreased by 9,000 since the reforms were put in place. The portion of Medicaid spent on nursing homes dropped from 62% to 31% over the same period. Family Care administration costs are 4.2% (compared to WI Badger-Care HMO administration costs of 10-15%). There is currently a 2% cap on profits for MCO's. Over the past 6 years MCO profits have averaged 1.3%.
- Projected \$14 million annual cost savings from the expansion to 7 additional counties

Tennessee

- 31,200 participants.
- Covers Elderly and Physical Disabilities
- Intellectual/Developmental Disabilities on separate waiver with 7,000 participants and 8,000 on waiting list.
- State has plans to add to managed care system within a year.
- Have sharply raised the disability requirements for nursing home level of care resulting in 41% of applications for care denied over the 13 months after implementation of the managed care system compared with less than 10% previously.
- Self-directed services limited to: Personal care, attendant care, in-home respite and companion
- Uses an electronic tracking system to verify service delivery and reimbursement for self-directed services. Stakeholders report that this takes away their control and flexibility when managing their services and worker's schedules
- Low rate of participation in self-directed option – just over 1,000 participants
- Under the proposed plan for individuals with Intellectual/Development Disabilities costs will be "Capped" or limited to a fixed dollar amount based on the level of care they are determined to need.
- Plans encourage congregate living over independent living arrangements as a way to "share" caregivers.
- Does not allow spouses, parents, guardians or anyone who has lived with the participant within the past 5 years to be a paid care provider

Kansas

- 360,000 participants, includes all Medicaid participants
- 2 years' experience using HMO's for Elderly and Physical Disabilities
- 1 year experience using HMO's for Intellectual/Developmental Disabilities
- 3 HMO's lost \$110 million in 2013 and an additional \$73 million in the first half of 2014
- HMO's requested \$40 million in performance bonuses
- Spends \$440 million in Medicaid per year on nursing home care

Florida

- 87,000 participants, covers Elderly and Physical Disabilities
- Intellectual/Developmental Disabilities under separate waiver program. Caps on number of participants in Home and Community based service waiver
- 20,934 people on waiting list for Home/Community Based waiver
- Piloted managed care in several counties and several for-profit HMO's dropped out because they weren't able to make enough money
- 1 year experience statewide. Started in 1 region before implementing statewide
- Primary/acute medical – Fee-for-Service
- Building 22 state nursing homes adding 2600 beds. Construction costs alone are \$400 million
- Not enough data to determine savings but imposed a 5% rate cut to providers
- 11 regions, 7 different HMO's. Some regions with only 2 choices