

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 has helped hundreds of people leave nursing facilities 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. The state also set aside Medicaid HCBS waiver and state funds to pay for one-time transition expenses and 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. Many states have waiting lists for HCBS waivers and residents may need to wait several months for services, thus prolonging their nursing facility stay

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, including: 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 for services necessary for transition. All information is based on state reports about the program, and interviews with state staff, most of which were conducted as part of an

evaluation of Wisconsin's 1999 Nursing Home Transition Demonstration Grant. Medstat conducted 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 older people and people with physical disabilities and is separated into two programs according to the source of state 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 provide assessment and case management for the state's HCBS programs. Most counties have waiting lists, requiring applicants to wait several months or longer before they can 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.

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

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.

Wisconsin identified several residents who wanted to leave nursing facilities during a 1999 Nursing Home Transition Demonstration Grant the state called The Homecoming Project. The grant paid for service coordination by Centers for Independent Living (CILs) and paid for services necessary for transition. Counties also identified people who could transition.

The state and the CILs have continued and broadened this work with two federal Nursing Facility Transition Grants that CMS awarded in 2001. The state received a grant with several goals including an emphasis on transitioning nursing facility residents with developmental disabilities or serious mental illness. Independent Living Resources, Inc., a CIL based in La Crosse, received a grant to continue and improve the CILs' outreach to nursing facility residents.

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 combined the counties' COP allocations and waiver funding (COP-W and CIP II), which were traditionally in separate budgets, with other Medicaid long term care funding to create the Family Care budget. Family Care's emphasis is on creation of 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 sets aside funding for improving or expanding community support systems. One use of these funds is to transition nursing facility residents who would like to live in the community. For example, Wisconsin set aside of \$1.9 million of funds to assist transitioning residents in 2001 and \$1.3 million in 2002. Annually, counties identify the numbers of individuals who are in institutions and waiting for community services funding. State staff work closely with county staff to reach these individuals.

**In 2001 and 2002,
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\$3.2 million for
transitioning nursing
facility residents.**

Initially state COP funds paid for one-time transition services a person may need to establish a household in the community, such as security deposits, utility set up, moving expenses, furniture, cookware, and other household items. The state added community transition services to its Medicaid HCBS waiver effective January 1, 2003, so the waiver can pay for many transition services.

In addition, part of a Medicaid HCBS waiver (COP-W), pays for ongoing home and community-based services. The state increases the county's allocation by the amount necessary 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. This earmarked relocation funding is an incentive for counties to seek out people in institutions wishing to relocate.

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 from advocacy groups.

Discussion 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 2002, the average daily cost for CIP II and COP-W participants was \$74.76, whereas the average daily cost for equivalent care in a nursing facility was \$100.45.

Contact Information

For more information about the Community Integration Program, contact Gail Propsom at (608) 267-2445 or propsgf@dhfs.state.wi.us. Online information about Wisconsin’s nursing facility transition efforts is available at http://dhfs.wisconsin.gov/ltc_cop/relocations.pdf.

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.