Wisconsin's Tribal Option: A Unique Model of Long-Term Care

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Outline

- Key Medicaid provisions
- Historical perspective of Wisconsin's long-term care program
- Overview of Wisconsin's long-term care option
- Factors for success

Tribal Option: Key Federal Medicaid Provisions

Indian Health Care Improvement Act (1976)

- Medicaid reimbursement for services provided to American Indians (AIs) in Indian Health Services (IHS) and Tribal facilities
- 100% FMAP for services provided thru IHS and Tribal facilities

Tribal Option: Key Federal Medicaid Provisions

Home and Community-Based Services (1915c of the Social Security Act)

- Enables people to stay in their homes and communities
- Array of services not traditionally covered under Medicaid state plan
- States may target by age, diagnosis and geographic location

Tribal Option: Key Federal Medicaid Provisions

Managed Care Authorities (1932a, 1915a, 1915b, 1115)

- 1915 b of the Social Security Act

- Intended to manage cost, utilization and quality
- Mandatory enrollment
- Capitation payments

Tribal Option: Key Federal Medicaid Provisions

American Recovery and Reinvestment Act - Section 5006

- Requires states to regularly consult with, and seek advice from designees of Indian health programs and Urban Indian Organizations
- Permits Als enrolled in managed care to seek covered services from an I/T/U, even if I/T/U does not have a contract with the managed care entity
- Requires MCEs to pay I/T/Us at a negotiated rate, or a rate equal to that which they would pay non-I/T/U providers
- I/T/Us reimbursed as FQHCs receive wrap payment from state

State Health Official Letter #16-002

100% Federal reimbursement for services "received through" an IHS/Tribal facility and provided to AIs

- Broadens scope of eligible services
- Expands definition of contractual agent
- Increases flexibility for payment arrangements

Wisconsin's Tribal Option: A Historical Perspective

Wisconsin, 2014:

- Increased focus on home and community-based care
- Statewide expansion of Family Care and Self-Directed Support Waivers by July 1, 2018
- Phase out county-administered, fee-for-service waivers
- Money Follows the Person Tribal Initiative

State and Tribal Goals

Decrease Healthcare Gap

•Decrease health care disparities and improve the health of American Indians Address Long-Term Care Needs of American Indians

- Increase access to culturally competent care
- Empower Tribes to expand continuum of long-term care services

Create Financially Sustainable and Flexible Model

- Leverage
 Federal
 reimbursement
- Accommodate differences in Tribal preferences and infrastructures

Alternative Frameworks

Family Care Opt-Out Model of Care

- Als offered choice between managed care and fee-forservice
- Significant increase in infrastructure
 - Must ensure access to all waiver services in areas where Als reside
 - Fee for service rate schedule
 - Data collection and quality reporting

Alternative Frameworks

Family Care Opt-in Model of Care

- Enrollment in a PIHP required to access family care waiver services
- Als given choice of receiving family care services, including case management, from an Indian Health Care Provider (IHCP), or network providers
- IHCPs reimbursed on a cost-basis
- Little to no growth in state administrative activities

Wisconsin Model Family Care Tribal Option

- 1915b and 1915c waivers
- IHCPs to provide case management and other services covered in the Family Care Program
- IHCPs receive cost-based reimbursement
- PHIPs are not at financial risk for services provided through this option

Wisconsin Model Preparation

- Waiver amendment
- 3-way agreement
- Training of IHCP
 - Program processes and policies
 - Care management system
- Certification of participating IHCP

Wisconsin Model 3 Way Agreement

- Agreement between the State, PHIP, and IHCP state:
- Roles and responsibilities of each party of the agreement
- Procedures and processes for operation of the program

Wisconsin Model Training

PHIPs trained the IHCP:

- Care management policies and procedures, including service authorization
- Care management system
- Program operation

Wisconsin Model Certification

All case management entities must undergo a certification process. This process assures the State that the IHCP is ready to operate the Family Care program.

Fee For Service Relationship

- Direct relationship between the State and Tribal Health Facility (Government to Government)
- The Tribe can perform eligibility determination thru income maintenance staff
- The Tribe can perform case management
- The Tribe can provide direct care services

Typical Capitated System Relationships

- Direct relationship between the State and the Managed Care Entity (MCE)
- The Tribe has a contractual relationship with the MCE
- This eliminates the government to government relationship
- The Tribe is a subcontractor of the MCE. This puts the MCE in control of all decision making.

New Capitated System Relationships

- Direct relationship between the State and the MCE
- Direct relationship between the State and Tribal Health Facility, this maintains the Government to Government relationship
- An agreement exists between the Tribe and MCE
- The agreement defines how day to day operations work to include payment from the MCE and wrap around from the State
- The Tribe is not subordinated to the MCE

Key Factors in Our Success

- COMMUNICATION (CMS, the State, the Tribes, the PIHPs)
- Understanding the policies and flexibilities at play
- Identifying key decision points prior to formal submission
- Revisiting the model as new information is gained

Resources

Wisconsin's Long Term Care Tribal Option https://www.dhs.wisconsin.gov/familycare/tribal-option.htm

CMS Website on Indian Health and Medicaid https://www.medicaid.gov/medicaid/indian-health-andmedicaid/index.html

Oneida Nation https://oneida-nsn.gov

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