



What is Family Care?



Family Care is a Medicaid long-term care program for frail elders, and adults with physical, developmental, or intellectual disabilities. People in the program receive long-term care services to help them live in their own home whenever possible.

To understand Family Care, it helps to know what “long-term care” is. Long-term care is any service or support that a person may need because of a disability, getting older, or having a chronic illness that limits their ability to do the things that are part of their daily routine. This includes things, such as bathing, getting dressed, making meals, going to work, and paying bills.

Family Care was partially based on experience in developing the [Partnership Program](#), which integrates all health and long-term care services into one inclusive benefit. Another program that integrates health and long-term care services is [PACE \(Program of All-Inclusive Care for the Elderly\)](#).

Family Care has two major organizational components:

- [Aging and Disability Resource Centers](#) (ADRCs), designed to be a single entry point where older people and people with disabilities and their families can get information and advice about a wide range of resources available to them in their local communities.
- [Managed Care Organizations](#) (MCOs), which manage and deliver services in the Family Care benefit package that are tailored to each individual’s needs, circumstances, and preferences.

Family Care is available in 71 counties in Wisconsin ([see map of service areas](#)). DHS is in the process of expanding Family Care and the program will be available statewide by the end of 2018.

Overview of MCOs and the Flexible Family Care Benefit

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- [What is Family Care Partnership?](#)
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- [Being a Full Partner in Family Care](#)

Family Care is an innovative program that provides a full range of long-term care services, all through one flexible benefit program. Members of Family Care enroll in an MCO to receive their services. The Department of Health Services provides the MCO with a monthly payment for each member. The MCO uses these funds to provide and coordinate services for all of its members.

MCOs develop and manage a comprehensive network of long-term care providers. MCOs are responsible for ensuring and continually improving the quality of care and services members receive. Some highlights of the [Family Care benefit package](#) are:

- **People Receive Services Where They Live.** Members receive Family Care services where they live, which may be in their own home or supported apartment, or in alternative residential settings such as residential care apartment complexes, community-based residential facilities, or adult family homes,
- **People Receive Interdisciplinary Case Management.** Each member works with a team that consists of, at a minimum, a care manager and a registered nurse. The team works with the member to develop a comprehensive assessment of the member's needs, abilities, preferences, and values. The assessment looks at areas, such as activities of daily living, physical health, nutrition, self-determination, communication, and mental health and cognition.
- **People Participate in Determining the Services They Receive.** Members or their authorized representatives have an active role in developing their care plans. MCOs provide support and information to ensure members are making informed decisions about their needs and the services they receive. Members may also participate in the self-directed supports component of Family Care, in which they have increased control over their long-term care budgets and providers.
- **People Receive Family Care Services that Include:**
 - **Long-Term Care Services** that have traditionally been part of the Medicaid waiver programs or the Community Options Program. These include services such as adult day care, home modifications, home-delivered meals, and supportive home care.
 - **Health Care Services** that help people achieve their long-term care outcomes. These services include home health, skilled nursing, mental health services, and occupational, physical, and speech therapy.
 - **People Receive Help Coordinating Their Primary Health Care.** Family Care MCOs do not provide primary health care services, such as regular medical checkups or acute care, such as hospital stays. Members receive these services through Medicaid or Medicare. However, the MCO's interdisciplinary teams help members coordinate all their health care, including, helping members get to medical appointments, and helping them manage their treatment and medications.
 - **People Receive Services to Help Achieve Their Employment Objectives.** Services such as daily living skills training, day treatment, pre-vocational services, and supported employment are included in the Family Care benefit package. Other Family Care services, such as transportation and personal care also help people meet their employment goals.
 - **People Receive the Services that Best Achieve Their Outcomes.** The MCO is not restricted to providing only the specific services listed in the Family Care benefit package. The MCO's interdisciplinary team and the member may decide that other services, treatments, or supports are more likely to help meet the member's needs.

For a complete list of the services that MCOs must be offer, refer to the description of the long-term care benefit package in the [Health and Community Supports Contract](#).

MCO Enrollment by Target Group

Refer to the [monthly snapshot of MCO enrollment data by target group](#) for current information.

Quality and Cost-Effectiveness of MCO Services

In 2013, the Department of Health Services' [analysis](#) (PDF) showed that statewide expansion of Family Care effectively controls cost growth for publicly funded long-term care. The Family Care program is the cost-effective solution to ensure that Wisconsin's elderly and residents with severe disabilities receive needed care and quality supports. Expanding Family Care to the remainder of the state reduces the growth of long-term care costs by \$34.7 million, all funds, when compared to the cost of maintaining the legacy waivers over the next 10 years.

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