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
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 AIs 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-for-service

– Significant increase in infrastructure
  • Must ensure access to all waiver services in areas where Alts 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
- AIs 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

Oneida Nation
https://oneida-nsn.gov
Contact Information

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