

A Summary of ways the Milwaukee County Family Care CMO proposes to expand to serve adults with disabilities

Governance and Administration

- The current plan is that the Family Care CMO would be in a separate organizational entity integrating both aging and disabled populations.
- The Family Care CMO already serves a disabled population age 60 and older. Current Family Care CMO management has expertise in disabilities. The same level of expertise will be encouraged in all new staff hires.
- Disability Consumer/ Stakeholders will be represented on the Board and Committees.
- The CMO and Resource Center are committed to continuing the ongoing communication with Economic Support, Behavioral Health, Housing Division and the community.
- Additional staff will be brought on as necessary and skills and expertise in disabilities will be encouraged in all new staff hires.

Care Management

- Current DSD Case Management providers would be offered contracts as Care Management Units as appropriate.
- Additional staff will be added to serve the adults aged 18-59 through existing CMUs, or RFP process if necessary.
- Internal disability CMU(s) may be established, depending upon documented need.
- Self-directed supports will remain an option for all members.
- Continuity of services for FC members is currently valued and will continue to be a consideration in coordinating and managing services.
- Disabilities related issues will be added to Care Management training. Advocates and stakeholders will be asked for input to help develop the curriculum.
- Individual Care Management Units currently determine their staff member ratios based upon the needs of the agency and the members served. It is expected that any new CMUs will continue this practice.
- There are currently several teams within the CMO that provide care management to persons with behavioral health needs. In addition, the CMO is currently purchasing CSP services through the Milwaukee County Behavioral Health Division.

Provider Network

- Capacity Analysis
 - DSD analyzed wait list service needs.
 - DSD is conducting a Case Manager survey of waiver clients.
 - DSD is considering school transition issues.
 - DSD is continuing its emphasis on relocating individuals from ICF-MRs and State Centers.
 - Anticipated estimated capacity needs for disabled adults:
 - Day Programs
 - Vocational and employment services
 - DME
 - A variety of residential options

- Provider Network
 - An MCDA and DHHS DSD developed Provider Application was sent to 214 DSD Providers. It is proposed that this information be forwarded to the CMO upon expansion and the CMO may request updates.
 - Many DSD providers are already part of Family Care CMO provider network, which has over 700 providers.
 - Provider Forums are being planned to discuss provider issues.
 - The proposed process for providers to be included in CMO provider network once expansion is approved:
 - The CMO will add Contract Specialists to the Provider Relations Team.
 - The CMO will continue to educate providers about Family Care either in groups or one-on-one.
 - The CMO will expand the provider network based on needed capacity and considerations of continuity of care, choice, quality and cost effectiveness.
 - The CMO will establish new contracts and negotiate with providers to be added to the network.

Quality Management

- Disabilities representation will be added to all Quality Management- related committees.
- Continuous quality improvement activities will address what additional Best Practice guidelines or Performance Improvement indicators are needed for a younger population.
- Quality management information related to adult members age 18-59 (such as member complaints, grievances, satisfaction surveys, etc) will be separately monitored and addressed, especially during the transition period the first three years.
- The CMO is reconfiguring its quality management program and moving toward measuring member-specific outcomes for all Family Care members.