

COUNTY OF MILWAUKEE
Inter-Office Communication

REVISED COPY

DATE: February 28, 2008

TO: Lee Holloway, Chairman, County Board of Supervisors

FROM: Corey Hoze, Director, Department of Health and Human Services

SUBJECT: REPORT FROM THE DIRECTOR, DEPARTMENT OF HEALTH AND HUMAN SERVICES, PROVIDING AN UPDATE ON THE DEPARTMENT'S LONG TERM CARE REFORM PLANNING PROCESS AND REQUESTING AUTHORIZATION TO BEGIN NEGOTIATIONS WITH THE WISCONSIN DEPARTMENT OF HEALTH AND FAMILY SERVICES TO ADDRESS STATE FUNDING ISSUES IN THE FAMILY CARE EXPANSION PROJECT

Issue

During the past 18 months, the Department of Health and Human Services (DHHS) and the Department on Aging (MCDA) have been jointly formulating a plan to expand the Milwaukee County Family Care program to persons with disabilities under age 60. The focus of these planning efforts has included determination of financial solvency, program design, projected populations to be served, and operational infrastructure needs. DHHS received a planning grant from the Wisconsin Department of Health and Family Services (DHFS) which initiated this project in 2005 in an effort to expand Family Care statewide.

This report contains an update on planning efforts, including an overview of planning accomplishments and milestones for expansion of both the Managed Care Organization (MCO) and the Aging and Disabilities Resource Center (ADRC). Also highlighted are critical financial issues requiring resolution prior to proceeding with implementation.

Update on the Planning Progress

Since the last update report provided to the County Board in July 2007, DHHS and MCDA have continued to focus planning efforts in several areas related to expansion of the current MCO as well as the Disabilities Resource Center (DRC) component of the expanded ADRC. The planning model includes an expanded MCO as well as an expanded ADRC with two operational components (**See Attachment A**)

1.) Aging and Disabilities Resource Center (ADRC)

DHHS is planning to expand the current Disabilities Resource Center to meet the ADRC application requirements, resulting in an ADRC with two operating components in two separate County departments (MCDA and DHHS). The Resource Center Development Sub-Committee, with stakeholder representation composed of consumers, disability advocates, and community-based providers, helped develop a plan and the proposed implementation model. The significant challenge of the Resource Center is transitioning approximately 2,500 current waiver clients and over 2,400 people on the growing Disabilities Services Division (DSD) wait list, while still managing waiver program operations during the first 24 months of operation of the Resource Center.

The initial step required to expand Family Care is to obtain certification by DHFS for expansion and operation of the ADRC to establish a Disabilities Resource Center component for persons under age 60. DHFS has indicated that counties submitting satisfactory applications will be offered a contract with DHFS that provides specific funding to operate an expanded ADRC. Planning efforts in this area have included beginning to develop an application that will be submitted to DHFS, pending approval by the County Board. The application requires detailed information regarding the County's intention to provide the following services and functions:

- Information and Assistance Center
 - Primary contact for long-term care services in Milwaukee County for persons with disabilities under age 60.
 - A call-center with certified staff to help individuals seeking assistance.
 - Telephone assistance must be available 24 hours per day and seven days per week.
 - A community resource database must be developed and maintained.
 - Linkage to community resources for all disability-related services and supports.
- Options Counseling Services
 - Evaluation for functional and financial eligibility for long-term care services.
 - Support for financial eligibility determination for long-term care services.
 - Counseling to assist consumers with the decision about the best long-term care options available to meet their needs.
- Disability Benefit Advocacy
 - Advocacy services for any Milwaukee County resident experiencing difficulty with financial eligibility determination for SSI, SSD, etc.
- Marketing/Outreach and Prevention
 - Efforts to promote the services offered by the ADRC are required to include wellness and prevention services available to County residents.

A key planning challenge for the expanded DRC component has been to project the volume of persons likely to seek services once the resource is operational. It is essential to understand the

potential increase in volume of both Family Care eligible consumers and those individuals needing other services to staff operations adequately. It is also critical to provide an adequate number of Economic Support Division (ESD) staff to ensure timely and accurate financial eligibility determination for long-term care services. The ESD staff will provide required annual recertification financial eligibility determination to the MCO. Although existing referral volumes have been used as a baseline to estimate ADRC volume, it is not clear to what extent additional individuals will choose to seek services once the wait list obstacle is no longer a deterrent.

As indicated previously, it is anticipated that at least 2,500 existing DSD consumers and 2,400 individuals on the DSD wait list will need to be processed through the Resource Center and enrolled in the expanded MCO within the first 24 months of operations. There will also be additional individuals who will require immediate enrollment due to special circumstances as defined by DHFS. The 24-month timeframe is what the State has given as the parameters for enrollment of the wait list and waiver list participants. It is also expected that additional referrals will develop during the 24-month time period. These include Milwaukee Public Schools, the Bureau of Milwaukee Child Welfare, hospitals, nursing homes, and community-based agencies. It will be essential to have flexibility during the initial 24-month implementation phase to accommodate any unanticipated referrals and to have adequate staff and fiscal resources to meet this need.

2.) Managed Care Organization (MCO)

Current planning efforts to develop the expanded MCO have assumed that Milwaukee County will participate in DHFS's Request for Proposal (RFP) process to expand Family Care. The first step in this process, per the State, is to advise DHFS of Milwaukee County's readiness to respond to an (RFP) to expand Family Care for persons with disabilities under age 60. DHFS will then release an RFP to which Milwaukee County would respond after seeking County Board approval to proceed. It is also anticipated that at least two other entities will submit applications in Milwaukee County. Independent Care Health Plan (iCare) and Community Care, Inc. (CCI) are both expected to submit applications that propose alternative integrated primary healthcare and long-term care models of service delivery. The final step, as outlined by the State, is that DHFS would then issue one or more contracts for long-term care services in Milwaukee County.

The proposed planning model for expanding the MCO envisions that adults with disabilities under age 60 will be able to choose from either an expanded Milwaukee County Family Care MCO, or possibly the two private MCO options discussed above. In addition, a Self-Directed Supports Waiver option is expected to be available.

DHHS's planning efforts have focused on the expansion of MCDA's Family Care MCO to include persons with disabilities. DHHS and MCDA have been working together in several planning areas, including governance, care management, quality improvement/quality assurance, staffing, and provider network issues. Significant challenges facing both the MCO and Resource Center are actively projecting the anticipated increased Income Maintenance workload and a lack of additional funding to address this critical need.

3.) Provider Network

As a key focus of the planning effort, the Provider Network workgroup has accomplished several planning milestones. Preliminary analysis of the provider networks has determined that DSD and MCDA have overlap in key provider areas. The expansion of the MCO will, however, result in considerable need for additional provider capacity. DSD is performing a survey of existing providers to determine both current and future capacity to provide services. In addition, DHHS is surveying case managers to determine additional service needs of the current Waiver consumers served by DSD to project those potential service needs going forward.

Another key area of focus is the development of additional care management capacity for the additional MCO members resulting from the expansion. It is anticipated that approximately 5,000 additional consumers will require care management services within two years from the implementation date. It will be necessary to develop significant additional capacity to accommodate these individuals, and both DSD and MCDA are working on a plan to address this need.

4.) Staffing

While anticipated service delivery volume is being determined, it is also critical to project the additional staffing necessary to meet demands placed on the expanded MCO and Resource Center. In this area, it is anticipated that there will be economies of scale to provide efficiencies. For example, it will not be necessary to proportionately increase the number of staff required for fiscal management, as existing staff can absorb some of these duties. The MCO has several areas of additional staffing needs, including provider network support, fiscal management, and quality improvement/quality assurance. In the new Resource Center, the majority of the staff will be utilized from DSD.

5.) Income Maintenance

Staff required for determination of financial eligibility are essential to the business process of the MCO and Resource Center. This requirement is further highlighted by the anticipated expansion of Family Care. At this time, there is no additional State funding identified to support the expansion, and numerous efforts by counties and other groups to lobby the State have been unsuccessful. Further discussion of the budgetary impact of Income Maintenance support will follow later in the report.

6.) Consumer/ Stakeholder Advisory Council

Because Milwaukee County and its partners consider consumer and other stakeholder participation critical in the development of a plan for long-term care services for adults with disabilities, a Long-Term Care Planning Consumer/Stakeholder Advisory Council was established. This Advisory Council has met eight times since its inception and has another meeting scheduled for Monday, March 3.

The Advisory Council consists of persons with physical and developmental disabilities, guardians, and representatives from advocacy groups, local provider agencies, the Milwaukee County Board of Supervisors, the Combined Community Services Board, labor unions, the Milwaukee Area Developmental Disability Service Association, the Milwaukee Alzheimer's Association, the Mental Health Task Force, the Wisconsin Hospital Association, the Milwaukee County Medical Society, the Wisconsin Federation of Nurses and Healthcare Professionals, and Milwaukee Public Schools. Staff representatives include persons from DHHS, MCDA, CCO and iCare. The Planning Council for Health and Human Services, Inc provides staff support.

The role of Advisory Council members is to:

- serve in an advisory capacity to the long-term care planning process,
- give feedback on specific topics/issues brought to them by the partners, Leadership Committee, Design Teams, and/or Resource Center Development Committee,
- raise issues and concerns that should be addressed through the long-term care planning process,
- advise on consumer/stakeholder participation in the proposed long-term care system, and
- devise strategies to get additional consumer and stakeholder input during the planning process.

No votes are taken, but meeting notes reflect areas of consensus, areas where opinions are divided, questions raised, and necessary follow-up. All Advisory Council meetings are open to the public and anyone who requests to be on the mailing list will receive meeting notices. Meeting agendas and other handouts are made available on the long-term care planning website.

The Advisory Council has provided helpful input on the proposed planning models, the Disabilities Resource Center Plan outline, and other issues to consider in planning the expansion of the Family Care MCO in Milwaukee County.

7.) Consumer Listening Sessions

Three listening sessions were held in June of 2007 at various Milwaukee County locations:

- Tuesday, June 19 from 5:30-7:00 at ARC Milwaukee (7203 West Center Street, Wauwatosa) with the Advocators
- Thursday, June 21 from 6:00-8:00 at ARC Milwaukee (7203 West Center Street, Wauwatosa - because the ESK Adult Day Services site was not finished) with the Coffee House group
- Tuesday, June 26 from 4:30-6:30 at Highland Gardens (1818 West Juneau Avenue, Milwaukee) with residents and visitors of Highland Gardens

Listening sessions were held as a way to capture local sentiment from consumers with physical and developmental disabilities between the ages of 18-59 about how to tailor the long-term care service system to accommodate their needs. It was decided that in order to get meaningful input, the session should be limited to approximately 20 people. Therefore, the two sessions held at ARC Milwaukee were with ready-made groups of consumers, and the session held at Highland Gardens was primarily advertised to residents of the building.

The session with Advocates consisted of about 10 participants, the session with the Coffee House group had about 20 participants, and the session with residents and visitors of Highland Gardens had about 6 participants.

8.) Long-Term Care Reform Information Forums

DHHS held five Long-Term Care Reform Information Forums between September 2007 and January 2008. Forums were held at geographically diverse locations in Milwaukee County and were intended for residents with disabilities between the ages of 18-59, their families, and guardians, as well as those persons on the DSD wait list for services. These forums provided an opportunity for people to hear about and ask questions related to proposed changes in the long-term care service system for adults with disabilities. The presentations covered the following topics:

- What is Long-Term Care today?
- The Milwaukee County Long-Term Care Reform Project
- Proposed Expansion of Family Care
- Family Care Goals/Expected Outcomes
- How Family Care Works/What Services Are Included

From these consumer forums, a list of “Frequently Asked Questions” (FAQs) was developed and posted to the project planning website. **(See Attachment B)**

9.) Website

The Long-Term Care Planning website (www.planningcouncil.org/longtermcare) provides background on long-term care reform; an overview of Milwaukee County’s planning process; information on the Consumer / Stakeholder Advisory Council; updates from the planning groups and general long-term care announcements; and an opportunity for interested individuals to submit their feedback and opinions.

The website was operational by February of 2007. Prior to “going live,” a meeting was held with People Can’t Wait’s “Quality of Community Living Committee” regarding how to make the website accessible to persons with visual and cognitive impairments. Also, a “Your Space” page was designed to get input from consumers and stakeholders, which poses different questions that arise during the planning process.

10.) Provider Forums

Provider forums are being planned to take place in 2008 and will focus on seeking feedback from both existing and potential providers in the planning process.

Budgetary Considerations and Challenges

Over the last several months, the department has invested significant time in projecting the budgetary impact of Family Care expansion on Milwaukee County. This initial assessment identifies some budgetary shortfalls over the next three years compared to the 2008 Adopted Budget. The estimated budget details costs and revenues associated with the new Disabilities Resource Center and the remaining programs under DSD. These are very early estimates and need to be further refined and reviewed both internally and by the State. In addition, costs and revenues are estimated on a calendar-year basis for comparison purposes with the 2008 Adopted Budget. However, if Family Care were to begin mid-year, this would affect the estimates. The following issues have been identified as budget challenges for Family Care expansion in DSD:

Loss of Waiver Revenue: Under the restructured program, the revenues and costs associated with the Medicaid Waiver programs (CIP 1A, CIP 1B, CIP II, and COP-Waiver) as well as the Community Options Program (COP) would eventually shift to the MCO. Therefore, little revenue will be left to support the expanded Resource Center, continuation of its Adult Protective Services, WATTS Reviews, and purchase of service contracts. This combined revenue represents over \$80 million, with 10% being utilized to cover administrative costs for positions, overhead, cross charges, etc. One of the outstanding issues is what percentage and how quickly the \$80 million in DSD will be withdrawn by the State during the transition years to Family Care.

The full impact of Family Care expansion is not realized in the first year, since DSD is gradually transitioning out of its COP and Medicaid Waiver programs, which should allow it to continue recognizing some of its existing revenue streams and administrative funding during the first year. However, in the second and third years of implementation, nearly all of the waiver revenue could be eliminated which creates shortfalls in those years. This assumption is based on an enrollment plan that transitions existing waiver participants the first 12 months of implementation to Family Care and all wait list participants within a 24-month period.

New Family Care Revenue: The only new funding anticipated is approximately \$2.9 million for the expanded DRC. The State initially committed only \$2.2 million in new revenue, but, through discussions with DHFS, DSD was able to identify an additional \$700,000 by drawing down a higher percentage of Medical Assistance Administrative revenue. This amount is still short of the total needed to operate the new DRC, and the cost model used by DHFS to calculate this revenue underestimates Milwaukee County's current salary and fringe costs.

Operational/Staffing Assumptions: The department has constructed a tentative three-year DSD implementation budget for transition to Family Care utilizing the State's parameters. The budget includes the costs associated with an expanded Resource Center, continuation of the division's other adult activities, purchase of service contracts, and children's programs. In order to carry out the new service delivery model required of Family Care expansion, the budget also reflects a net reduction in positions deployed in DSD. The Department assumes that many of these positions will be allocated to the MCO and/or other vacancies throughout the County.

Net Shortfall: Based on the revenue issues and other key assumptions described above,

expenditures in year one would decrease by approximately \$79.2 million, revenues would decrease by \$80 million, and tax levy would increase by nearly \$800,000 compared to DSD's 2008 Adopted Budget. The estimated tax levy increase is approximately \$5.4 million in the second year and \$5.8 million in the third year. These gaps do not include the additional tax levy required for the eligibility function as described below. (*See Attachment C*)

Eligibility Function: DSD has assumed that the expanded Disabilities Resource Center would need to have the same staffing level as the Department on Aging's Resource Center. The total number of projected full-time staff needed for Family Care expansion overall is 25. DHFS has not guaranteed any additional Income Maintenance (IM) funding for the required eligibility functions. In fact, the State has indicated that workload savings from BadgerCare Plus, as well as a simplified eligibility process for the disabled population under age 60, would be sufficient to offset the increased workload associated with Family Care. DHHS does not agree with the State's expected BadgerCare Plus workload savings and anticipates additional staff would be needed to address the increased workload.

The projected budget for the Family Care expansion project identifies the added costs from the Economic Support Division (ESD) related to consumer eligibility determination. As stated above, the Family Care program requires this function, and DSD is estimating staffing needs based on the MCDA model. The ESD positions would be partially funded by 50% IM Federal match. Since DHFS is not recognizing this increase in needed staff, the result is an additional cost to the County of approximately \$472,000.

BCA Intercept: In addition, the State is requiring each participating county to contribute part of its Basic County Allocation (BCA) toward the expanded Family Care program. For Milwaukee County, this reflects a loss of approximately \$7.4 million in BCA revenue. While this revenue was largely used as required local match dollars for the Medicaid Waiver programs, its loss will impact remaining DSD programs and staff.

Governing Principles

The department has developed the following governing principles that are being recommended to the County Board for endorsement to guide the discussion with DHFS regarding Family Care expansion:

Funding

- Difficult policy decisions must be made regarding whether DHHS proceeds with Family Care expansion if the State does not adequately fund the project in Milwaukee County:
 - In an effort to fully fund this expansion effort, DHHS is prepared to enter into negotiations with DHFS to fund Family Care expansion adequately. Another aim of these negotiations is to minimize service cuts or potential program eliminations. Topics of discussion with the State will include:

1. Full funding for the expanded Resource Center for years one, two, and three, and
2. A strategy to fund the number of Economic Support Specialists needed to determine eligibility for the expanded Resource Center and MCO.

Program/Service Assumptions

- DHHS currently provides critical services to persons with disabilities funded by Community Aids and tax levy:
 - The budgetary limitations are due, in part, to the continued funding of discretionary programs for persons with disabilities primarily funded with Community Aids and tax levy. These programs include advocacy, supported living options, work and day programs, respite, recreation, transportation, and services to persons in need of short-term support to live independently in the community. Currently, approximately 700 individuals with disabilities are served by DSD through these locally funded programs under purchase of service contracts. It is estimated that 470 of these individuals may be eligible for Family Care services. Therefore, if funding for these programs became unavailable, participation in the Family Care program could permit these individuals to continue receiving services. However, as many as 230 of the individuals currently receiving these services may not be eligible for Family Care and would have services discontinued if funding became unavailable.
 - In addition to the above potential service reductions, the emergency shelter care programs may also need to be reduced or eliminated. The 2008 budgeted dollars to fund these programs was \$494,234.

Despite these potential service reductions, it is important to note the Family Care expansion project would result in an estimated 2,400 additional persons ages 18 to 59 receiving long-term support services in Milwaukee County.

- If funding becomes unavailable, DHHS will recommend limiting the provision of long-term care services only to those individuals eligible for Family Care:
 - The shift in State funding and priorities to expand Family Care statewide has impacted Milwaukee County's ability to provide discretionary programs funded by Community Aids and tax levy. It will also be recommended that existing service providers be asked to explore methods to continue support for those most in need of these services.

Recommendation

Based on the potential benefits of Family Care expansion in Milwaukee County, including the elimination of waiting lists and the establishment of an entitlement benefit for long term support services for persons with physical and developmental disabilities, it is recommended that the

County Board of Supervisors endorse the principles and assumptions outlined above, as well as authorize the Director, DHHS, or his designee, to prepare the ADRC application and begin negotiations with DHFS to address the projected budget shortfall of the Family Care expansion project.

If these negotiations are successful, DHHS will share with the Health and Human Needs Committee the final plans for implementation of the ADRC and enrollment in the MCO.

Fiscal Impact

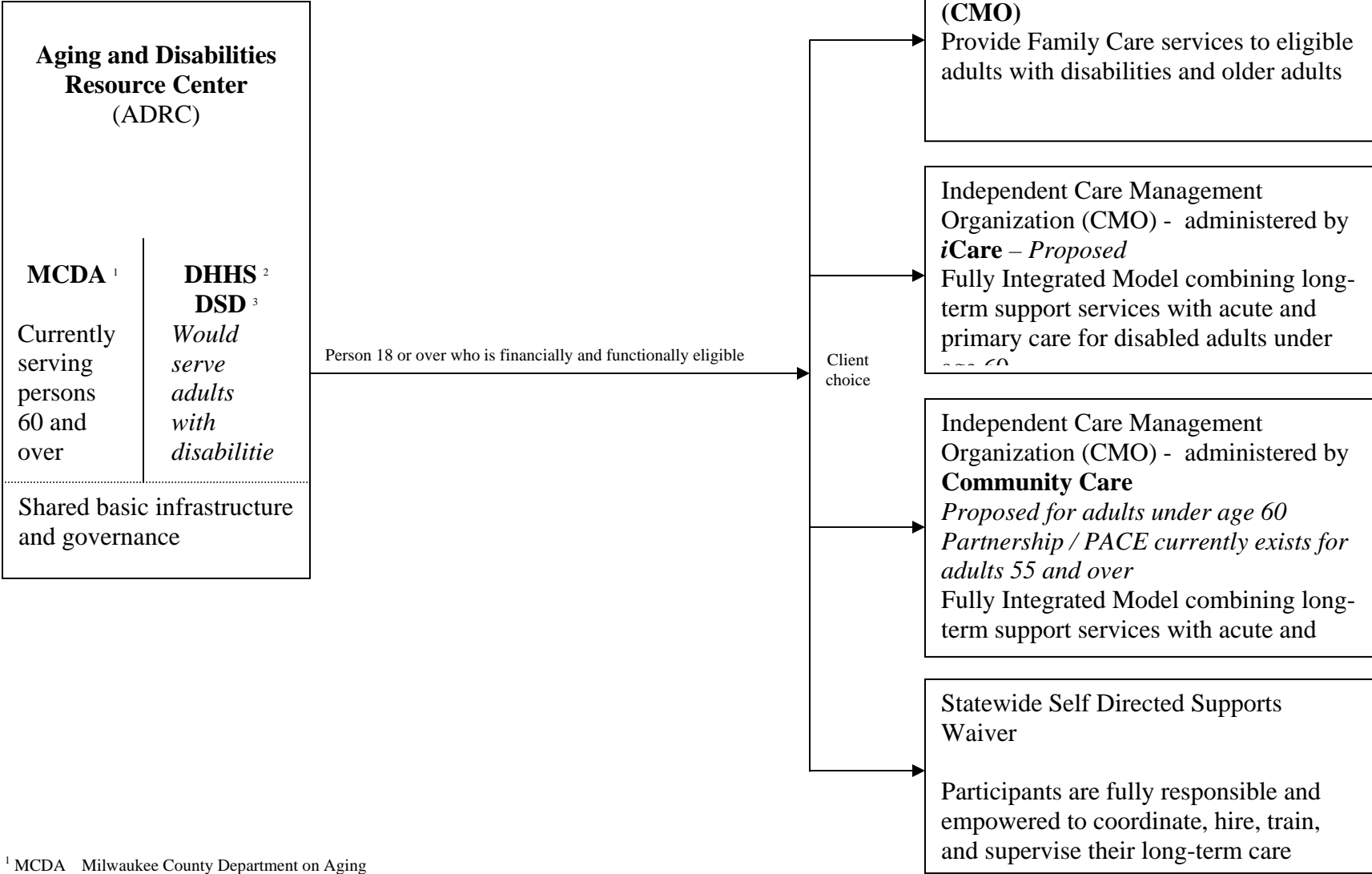
There is no fiscal impact to Milwaukee County, as this report does not authorize contracting with DHFS or approve implementation of Family Care expansion.

Corey Hoze, Director
Department of Health and Human Services

cc: County Executive Scott Walker
Cynthia Archer, Interim Director, Department of Administrative Services
Ed Eberle, County Executive's Office
Dan Schreiber, Budget Analyst, DAS
Martin Weddle, County Board Research Analyst
Jodi Mapp, County Board Committee Clerk
Don Natzke, Director, Office for Persons with Disabilities

attachments

Proposed Organizational Model for Managed Long-Term Care Services in Milwaukee County



¹ MCDA Milwaukee County Department on Aging
² DHHS Department of Health and Human Services
³ DSD Disabilities Services Division

FAQs From Consumer Forums
Milwaukee County Long-Term Care Planning
January 2008

WHAT IS GOING TO CHANGE?

Q: What is actually going to change for persons with disabilities between the ages of 18-59 in Milwaukee County, if Family Care is expanded?

A: The following are some changes that you might notice if Family Care is expanded to adults with disabilities under age 60 in Milwaukee County:

- Under Family Care, the Disability Services Division (DSD) wait list would be eliminated.
- People who are eligible for long-term care services would not have to wait for necessary services.
- People who are currently receiving services through DSD may notice improved choice about where to live and the kinds of services available to them.
- Every Family Care member would be part of an Interdisciplinary Care Management Team (IDT), which would include at least three people – a social worker, a nurse, and the member. Having a nurse on the team may not be something consumers are used to under the current Waiver system. Family Care, however, tries to ensure that consumers have the best health possible by coordinating health care with long-term supports. With the help of the IDT, each member would create an individual service plan.
- In Family Care, there are no across-the-board decisions about who gets what services. The focus is on individualized planning to meet each individual's desired outcomes. i.e., what is important to that person. Some examples of Family Care outcomes are:
 - I decide where and with whom I live.
 - I make decisions regarding my supports and services.
 - I decide how I spend my day.
 - I have the best possible health.
 - I feel safe.

FAMILY CARE SERVICES AND STRUCTURE

Q: Is Family Care a Health Maintenance Organization (HMO)?

A: Family Care is not a HMO. It is a “managed” long-term care program, which means that there are Care Management Organizations (CMOs) that manage and deliver each member's Family Care “package.” Funding and services from a variety of existing programs would no longer be available. Instead, funds from these programs would be pooled into one flexible long-term care benefit.

Although Family Care is not a HMO, it is classified by the Center for Medicare and Medicaid Services (CMS) as a Pre-paid Inpatient Health Plan (PIHP). What that means, is that in many respects it is treated similarly to a HMO. Family Care is classified as a PIHP because nursing homes and ICFs-MR (Intermediate Care Facilities for Mental Retardation) are included in the benefit package. As a PIHP, Family Care is subject to many of the same regulatory requirements that apply to HMOs and other managed care programs. Some of these requirements are very beneficial to members, such as: an Appeal and Grievance process, choice of providers and a self-directed supports option.

Q: I am very satisfied with my current services. Would I be able to keep these services if Family Care is expanded?

A: The Family Care benefit package includes all the services in the current Medicaid Waiver programs (Community Integration Program [CIP], Community Options Program [COP] and Brain Injury Waiver [BIW]). Care Management Organizations (CMOs) may also provide additional services not in the Medicaid benefit package if they meet the member's individual outcomes and are cost-effective. You would get the services you need at the level you need them to cost effectively meet your personal outcomes. They may or may not be the exact same services at the exact same level that you currently receive.

Q: What services can be provided under Family Care?

A: The services that Family Care provides would depend upon the needs of the individual as determined by the Long-Term Care Functional Screen (LTCFS) and the Member-Centered Plan. The LTCFS is used to determine the level of care. For most members, the LTCFS assessment would find a nursing home level of care. That does not mean the person needs to be in a nursing home to receive services. It means that the person is eligible for Waiver services. The Family Care benefit for members at the nursing home level of care can provide the following long-term support services:

- adaptive aids
- adult day care
- adult family home
- certified Residential Care Apartment Complex (RCAC)
- children's foster care and treatment foster care (for people between the ages of 17 years nine months and 22)
- communication aids/interpreter services
- Community-Based Residential Facility (CBRF)
- consumer education and training
- counseling and therapeutic resources
- daily living skills training; day services
- financial management services
- home delivered meals
- home modifications
- housing counseling
- personal emergency response system services
- prevocational services
- relocation services

- respite care
- Self-Directed Services (SDS) support broker
- skilled nursing services
- specialized medical equipment and supplies
- supported employment
- supportive home care
- transportation
- vocational futures planning.

The following “card” services can also be provided in the Family Care benefit:

- disposable medical supplies
- durable medical equipment
- home health
- mental health and substance abuse services
- occupational, physical and speech therapy
- personal care
- skilled nursing services
- nursing facility services.

Q: Is Transit Plus going to stay the same if Family Care is expanded?

A: Transit Plus is a County service that may or may not change. If changes do occur, they would not be the result of the current Family Care expansion planning. Transportation is a covered Family Care benefit.

Q: Does Family Care provide or pay for housing?

A: In Family Care, housing costs, including room and board or rent, continue to be paid by an individual’s own funds including SSI (Supplemental Security Income) or SSDI (Social Security Disability Insurance). Family Care is a Medicaid Waiver program and is limited to paying for services to support individuals in the community.

Q: Would the Care Management Organization (CMO) help me locate the services I need?

A: Yes. The State requires that the social worker and nurse care managers (part of your Interdisciplinary Care Management Team or IDT) have knowledge of long-term support resources. With the help of your IDT, you would come up with an individual service plan that contains the services that are appropriate to meet your needs and personal outcomes. The plan must be clear about what services and supports you would receive to achieve your personal outcomes, who would provide you with each service or support and when each service or support would be provided. The plan would describe things you are going to do yourself or with help from family or friends.

The CMO must have a provider network with enough providers to meet the long-term care needs of the members. On enrollment, you would receive a directory of all of the service providers within the provider network. Once you and the rest of your IDT decide what services are necessary, you may select a provider from the network. If you’re not sure which provider you would like to select, your case manager can help you make that selection.

Q: Is self-directed care an option under Family Care?

A: Yes. Self-directed support (SDS) is available to all Family Care members. SDS gives consumers the option of buying their services directly with their Care Management Organization (CMO) dollars instead of having the CMO buy them. Self-directing one's services may offer consumers more control over their services and supports.

Q: Would services for kids change?

A: If Family Care is expanded, all minor children, under 18, would continue to receive services through the children's long-term support system, as long as they continue to remain eligible.

- At age 18, young adults who are eligible for Family Care would no longer be eligible for children's long-term support services because they would have the option to enroll in the Family Care program without delay. However, children who have a diagnosis of Severe Emotional Disturbance may continue to be served by the children's Waiver until age 22.
- At age 17 years 9 months, anyone may be screened for Family Care eligibility at the Aging and Disability Resource Center (ADRC). If eligible, they would be told what options are available to them and given the option to enroll.

Q: Would Family Care keep me from going to a nursing home?

A: Family Care is designed to meet an individual's long-term care needs, wherever they need them; therefore, a person could receive services in the community or in a nursing home. Family Care may prevent nursing home admissions to the extent that your needed services can be provided in an alternative living arrangement or in your own house or apartment and are cost effective.

The main purpose of Family Care is to help people receive services in the community whenever possible. Sometimes nursing home admission may be a good idea for a short time. Some people may need rehabilitation in a nursing home after an accident or an injury. The nice part about Family Care is that even if you do need this type of rehabilitation, you still have the IDT (Interdisciplinary Care Management Team). You and the rest of your IDT can work with the nursing home right from the start to get you back in the community as soon as possible.

FAMILY CARE FUNDING

Q: Would Family Care take the place of Title 19 / Medicaid?

A: Family Care would take the place of part of Title 19 / Medicaid. Some services that Title 19 covered would be a part of your Family Care benefit. Some examples of this are home health services and therapy services. Some services, like your doctor, would still be covered by Title 19. Family Care combines or "pools" all the funding currently in the system for long-term care. This includes money that funds the current Medicaid Waiver programs: Community Integration Program (CIP), Community Options Program (COP), Brain Injury Waiver (BIW), and some Title 19 / Medicaid "card" services.

Q: What is the maximum amount of dollars available for a Family Care member's service plan?

A: There is no pre-established maximum dollar amount available for each member. Family Care - Care Management Organizations (CMOs) receive a monthly rate for each enrolled member. The CMO then pools all the funding received for its members and utilizes those dollars in the most cost effective manner to provide services to its members. Some people's care plans may cost more than the rate and some may cost less. The goal is always to meet the individual care needs of each member while being mindful of overall program funding.

Q: Where would the dollars come from to support the 2,500 people on the Disabilities Services Division (DSD) wait list? Would funding increase? If not, would quality decrease?

A: The State Legislature has approved a budgetary increase to support Family Care expansion in the current State biennial budget with approximately \$80 million in newly appropriated funds. These funds are coming from several new revenue sources.

In addition, the State believes, and we agree, that by providing more community services and managing the care for more people, fewer people would need to use more costly services, like nursing homes or hospital emergency rooms. By helping people remain as healthy as possible, fewer people would rely on high cost services; therefore, more people could receive services. For Family Care to succeed, it will be important to make sure quality does not decrease. If quality decreases in the community services, we would not be able to decrease the use of high cost services, because people would not maintain the best possible health. It is expected that Family Care expansion would help improve the quality of services provided, by requiring CMOs to develop more sophisticated means of measuring quality and a more cost effective service delivery system.

SERVICE PROVIDERS

Q: If Family Care is expanded and I choose to enroll, would I be able to keep my same providers?

A: This would depend on whether your current providers are currently in or able to join the Care Management Organization's (CMO's) provider network and could meet your individual outcomes in a cost-effective manner.

In practice, the Family Care CMOs have contracted with most of the providers that that were previously in Waiver programs. The number of providers available to members has actually grown in Family Care because the CMOs are required to have providers for all the covered services and offer a choice of providers. The Milwaukee County Department on Aging, which currently operates a CMO in Milwaukee County for adults age 60 and older, has over 700 providers in its network for their members to choose from. Many of these providers already provide services to persons age 18-59.

Q: What happens if Family Care is expanded, but my current provider does not contract with the expanded Care Management Organization (CMO)? Would the expanded Family Care CMO pay providers that are outside of the established provider network?

A: Family Care members can request a provider who is not in the provider network and the CMO must consider the request. A member's request for a provider outside the network should be honored by the CMO when current network providers:

- do not have the capacity or specialized expertise to meet the need;

- cannot meet the need on a timely basis;
- or are located in geographic locations or buildings that make transportation or physical access an undue hardship to the member.

Q: Would I be able to keep my care manager under Family Care?

A: Continuity of services is very important; however, there are no guarantees that you would have the same care manager under Family Care. Some staff changes may always be possible as care managers retire, move on, or transfer teams.

Q: Would I be able to choose my own personal care nurse?

A: For providers who come into the home or provide hands-on care, such as personal care and supportive home care, the Care Management Organization (CMO) must purchase services from whomever you choose as long as that person meets the CMO's requirements and accepts the CMO's payment rate.

Q: How can I be sure that the people who would care for me are qualified?

A: Family Care requires an extensive quality assurance program including a Best Practices Team. This team ensures that qualified staff provides quality care. The State Family Care Contract also requires that providers meet certain credentialing requirements, which are monitored by the CMO.

Q: Would providers have the capacity to handle all the new clients if Family Care is expanded? Would new providers be needed?

A: The current provider network would expand, as needed, to meet the needs of an expanded population. The Milwaukee County Family Care CMO would continue to form partnerships with community-based agencies to help staff the program.

ELIGIBILITY/ENROLLMENT

Q: Would I need to be eligible for Title 19 / Medicaid to qualify for the Family Care benefit?

A: Yes. You would need to be eligible for Title 19 / Medicaid to qualify for Family Care benefits. A financial and functional screen would be given to determine eligibility. To be eligible, one must meet both the functional and financial criteria.

Q: What if I am already on a Waiver program? Would I have to re-apply and be re-evaluated for Family Care?

A: All those currently receiving Waiver services would be offered options counseling and would be evaluated to determine current functional and financial eligibility.

Q: If I have Managed Care SSI and Medicare, does this automatically make me eligible for Family Care?

A: Eligibility for Family Care is determined by both financial and functional eligibility. Every member of Family Care must meet both a financial eligibility screening as well as a functional screen to determine appropriateness for Family Care. Managed Care SSI is not currently available to Family Care members and it is not possible to enroll in both programs simultaneously. Medicare eligibility does not affect Family Care eligibility.

Q: Could you own your own home and still be eligible for Family Care?

A: Yes, you could own a home and still be eligible for Family Care. An Options Counselor from the Aging and Disability Resource Center (ADRC) would be able to help you decide if Family Care is appropriate for your needs. If Family Care is not appropriate for you, they could help you identify services that are.

Q: How long would I be entitled to services after I've been enrolled in Family Care?

A: Once you are enrolled in the Family Care program, you are entitled to receive benefits as long as you meet the eligibility requirements. At least annually, a member must re-certify to ensure they meet functional and financial eligibility requirements.

Q: Can I still receive my Medicaid Waiver services until I turn age 60 or until Family Care is available?

A: Yes. You will continue to receive your Waiver services as long as you continue to be eligible for them. However, if Family Care expands to adults with disabilities under age 60 in Milwaukee County, the Waiver programs would no longer exist.

Q: If Family Care is expanded, would I have the choice not to join?

A: Yes. Individuals could choose not to enroll in the Family Care program. An individual who opts out of Family Care may still be able to receive long-term care "card" services.

Q: I never seem to be eligible for services, but I need help. Where can I go?

A: If Family Care is expanded to persons with disabilities aged 18 – 59 in Milwaukee County, the State will require the County to operate an Aging and Disabilities Resource Center (ADRC). ADRCs are places where the public can get accurate, unbiased information on all aspects of life related to living with a disability or aging. These centers are friendly, welcoming places anyone can contact to receive information and assistance regarding not only the public benefits that may be available, but all public and private programs available throughout the area. ADRC services can be provided at the ADRC, via telephone, or through a home visit - whichever is more convenient to the person seeking help.

Q: How can I contact the Aging and Disabilities Resource Center (ADRC)?

A: The ADRC is not currently in operation; however, if you have question, you should contact the Disability Resource Center at (414) 289-6660 or the Aging Resource Center at (414) 289-6874. You can also try calling 2-1-1, which is a 24-hour phone service for Milwaukee County residents who need assistance with family, health and social services.

START DATE

Q: When will Family Care become operational for adults with disabilities between the ages of 18 to 59 in Milwaukee County?

A: If Family Care is expanded, the target date to begin enrolling adults under age 60 is the first quarter of 2009. The State mandates that the wait list be eliminated two years after the program is implemented; therefore, if Family Care begins enrolling clients in 2009, the wait list should be eliminated by 2011.

Q: What is the timetable for enrollment?

A: There are three groups of potential members for each new Family Care Care Management Organization (CMO). One group is the people currently receiving Medicaid Waiver services (CIP, COPW and BIW). This group would be enrolled during the first year that the new Family Care CMO is in operation, a few people each month. People on waiting lists are the second group of new Family Care members. They would be enrolled during the first two years the new Family Care CMO is in operation. The third group includes people who ask for long-term support services for the first time during the first two years the CMO is in operation. They would also be enrolled during the same two-year period as people on waiting lists. People currently receiving services or on a waiting list would be personally notified when Family Care is available.

Q: How can I find out if I am on the Disabilities Services Division (DSD) wait list?

A: You should contact the Disabilities Resource Center at (414) 289-6660 and ask if your name is on the DSD wait list. If you are not currently on the wait list, but want to be added, you should call the Disabilities Resource Center.

Projected Impact of Family Care Expansion on Disabilities Division Budget¹ Attachment C
(Years 1, 2, 3)

Resource Center (Org 8361)	08 Adopted	Year 1		Year 2		Year 3	
		Months 1-12 ²	Variance '08	Months 13-24 ²	Variance '08	Months 25-36 ²	Variance '08
Estimated Expenditures							
Total Program Budget	\$ 2,804,303	\$ 5,095,378	\$ 2,291,075	\$ 5,302,451	\$ 2,498,148	\$ 5,236,234	\$ 2,431,931
Estimated Revenues							
New Family Care Revenue (incl. 35% MA Admin) ³		\$2,942,745	\$2,942,745	\$2,942,745	\$2,942,745	\$2,942,745	\$2,942,745
Other Revenue (BCA, COP, IM)	\$1,846,377		(\$1,846,377)		(\$1,846,377)		(\$1,846,377)
Total Revenue	\$1,846,377	\$2,942,745	\$1,096,368	\$2,942,745	\$1,096,368	\$2,942,745	\$1,096,368
Estimated Tax Levy	\$ 957,926	\$ 2,152,633	\$ 1,194,707	\$ 2,359,706	\$ 1,401,780	\$ 2,293,489	\$ 1,335,563

Remainder of Division 8300	08 Adopted	Year 1		Year 2		Year 3	
		Months 1-12	Variance '08	Months 13-24	Variance '08	Months 25-36	Variance '08
Estimated Expenditures							
Total Program Budget	\$101,283,054	\$19,822,118	\$(81,460,936)	\$19,453,531	\$(81,829,523)	\$19,453,531	\$(81,829,523)
Estimated Revenues							
Total Revenue	\$100,252,098	\$19,188,141	\$(81,063,957)	\$14,406,817	\$(85,845,281)	\$13,965,817	\$(86,286,281)
Estimated Tax Levy	\$ 1,030,956	\$ 633,977	\$ (396,979)	\$ 5,046,714	\$ 4,015,758	\$ 5,487,714	\$ 4,456,758

8300 GRAND TOTAL		Year 1		Year 2		Year 3	
Estimated Expenditures	\$104,087,357	\$24,917,496	\$(79,169,861)	\$24,755,982	\$(79,331,375)	\$24,689,765	\$(79,397,592)
Estimated Revenues	\$102,098,475	\$22,130,886	(\$79,967,589)	\$17,349,562	\$(84,748,913)	\$16,908,562	\$(85,189,913)
Estimated Tax Levy	\$ 1,988,882	\$ 2,786,610	\$ 797,728	\$ 7,406,420	\$ 5,417,538	\$ 7,781,203	\$ 5,792,321

Economic Support Staff Charge ⁴	Months 1-12	Months 13-24	Months 25-36
# of FTEs (20 ESS's, 2 OSAIL, 2 ESS Supv, 1 QA Tech)	25.00	25.00	25.00
Total Estimated Cost	\$1,887,533	\$1,887,533	\$1,887,533
CMO Portion	\$943,767	\$943,767	\$943,767
50% Income Maintenance Federal Match	\$471,883	\$471,883	\$471,883
Net Tax Levy	\$471,883	\$471,883	\$471,883

Footnotes

¹The estimated costs contained in this table do not reflect CMO costs. It is assumed the CMO will be self sustaining.

²Months 1, 13, and 25 reflect the first three calendar years of Family Care expansion as a basis for comparison against the '08 Budget. However, if the program begins mid-year, the estimates contained in this projected budget would no longer be valid. Total costs also assume the 2008 fringe benefit rate.

³Approximately 35% of this revenue requires 100% time reporting by DSD staff. The estimated revenue amount may be overly optimistic given the transition to time reporting.

⁴The ESD crosscharge reflects the current Aging Family Care Program. This staffing level may be too high based on DHFS' review. This cost requires further caseload analysis by DSD and ESD.