

## **1. Attendance and affiliation of participants**

### Members in attendance:

Mr. John V. Doherty – Chair, Combined Community Services Board  
Rep sitting in for Richard Abelson, Milwaukee District Council 48 AFSCME  
Rep sitting in for Joanne Augsburger, SEIU Local 150  
Ms. Karen Avery, Independence *First*  
Mr. Palmer H. Bell, Disability Rights Wisconsin  
Rep sitting in for Ms. Dorothy W. Buckhanan, Goodwill Industries of Southeastern Wisconsin, Inc.  
Reverend Luci L. Gaynor Hunter, Consumer  
Mr. Tom Hlavacek, Alzheimer's Association of Southeastern WI  
Rep sitting in for Mrs. Anne Kiekhofer, Consumer  
Mr. Thomas A. Nowak, ACSW, LCSW, Milwaukee Area Developmental Disability Service Association  
Ms. Cathy Simpson, Combined Community Services Board  
Ms. Melinda J. Vernon, Milwaukee Center for Independence

### Staff Representatives:

Mr. Robert H. Alm, Community Care  
Ms. Joyce Binder, iCare  
Ms. Debra R. Davis, MSHCM, iCare  
Mr. Rob Henken, Department of Health and Human Services  
Ms. Carol Johnson, Planning Council for Health and Human Services  
Ms. Geri Lyday, Department of Health and Human Services  
Mr. Mark Stein, Department of Health and Human Services

### Guest Presenters:

Mr. Rob Henken, Department of Health and Human Services  
Mr. Pat Linnane, Planning Council  
Ms. Leslie Taylor Cooley, Planning Council

## **2. List highlights of discussion from agenda:**

### Organizations / committees working on LTC issues

- The Long-Term Care Council is meeting Thursday, January 25<sup>th</sup> and will discuss the State's updated legislation that ties closely to the Aging and Disability Resource Centers (ADRCs). The ADRC key organizational structure will be driven by the State's decisions.
- Under this proposal, most of the responsibilities currently assigned by the statutes to local long-term care councils would be shifted to the governing boards of ADRCs and to new regional long-term care advisory committees composed of representatives of these boards.
- It was noted that the work of the Consumer / Stakeholder Advisory Council has an end date tied to the completion of the Long-Term Care planning grant. This is different from some of the other local and statewide advisory and stakeholder groups working on long-term care issues which have no established end date.

### Organizational model for planning

- The proposed organizational structure is being used as a framework for planning. This model may change over time and is therefore not a final determination of what a managed care system will look like.
- Each of the three planning Partners and Milwaukee County Department on Aging (MCDA) agreed that this model made sense as a way to move forward with planning.

- A comment was made in favor of the proposed model because it would expedite the planning process and preserve client choice.
- A suggestion was made to combine services provided by MCDA and the Department of Health and Human Services (DHHS) for both the Aging and Disability Resource Center (ADRC) and Care Management Organization (CMO) in order to provide seamless delivery of services to the public. Ideally, the ADRC would have one director.
- Details for the ADRC, including how the behavioral health services might fit in, have not been worked out; however, it is assumed that there will be one Resource Center for the entire population (services split between DHHS, ages 18-59 and MCDA, ages 60 and over).
- It is also unclear how / if behavioral health services will be integrated as a service provided by the CMOs. In some counties behavioral health services are included, but they are phased-in 5 years after the initial CMO start-up. A comment was made that integrating behavioral health services for primary mental illness and dual diagnosis in MCDA's Family Care program has been a big problem.
- The organizational model for planning lays out 3 separate CMOs (Milwaukee County, iCare and Community Care). While Milwaukee County's CMO would not provide primary and acute care, the private CMOs (iCare and Community Care) would.
- A question was raised as to whether a consumer can choose to change their CMO on an annual basis. The State does require enrollment and disenrollment procedures to be in place, so this will be addressed in the planning process.
- An Options Counselor (an employee of the ADRC) would provide clients with information about the services the three Partners' CMOs provide and would then help the consumer determine the best CMO for them. The Enrollment Consultant is an independent and objective source that makes sure that the available services were presented to the client in an objective way and also makes sure that the consumer understands what services they selected.
- A comment was made that consumers want choice, but not so much choice that the system becomes confusing (does not want the system being planned to resemble Medicare Part D). It was noted that there needs to be a balance between too much choice and not enough.
- The current planning model provides consumers with a choice between a Family Care model option (County-run CMO) and 2 Partnership model options (privately run CMOs that provide all-inclusive, integrated care). A comment was made that there should be a public and private option for both Family Care and Partnership models. Another comment was made that it does not seem as though the County would be able to provide integrated care within the planning timeframe, but it would be nice to include it in the future.
- MCDA's Family Care Program has 1 CMO which has Care Management Units (CMUs). A comment was made that the process designed should ensure consumer choice in selecting a CMU. A comment was also made that consumers need to be able to choose their service providers. The menu of providers offered by the CMOs is important.
- Questions were raised as to whether dental and eye care services will be covered in the proposed model.
- A comment was made that some consumers do not care if the CMO is run by a public or private entity as long as their benefits / services are not affected. It was noted that if a CMO is run by a public entity there will be public methods of addressing concerns / problems; however, that may not be the case with a privately operated CMO. Another comment was

made that there would need to be strong safeguards and protections in place for the private CMOs.

- A comment was made that Family Care is great for people on the wait list but not great for people already receiving services, especially people who need services that are expensive.
- It was noted that one advantage to Family Care is that there are no wait lists; eligible consumers have an entitlement to services. It was also noted that Family Care increases health care coordination and expands the pool of providers available to consumers.
- The question was raised as to whether any marketing is being targeted to providers to encourage them to work with managed care referrals. It was suggested that providers may not want to work with these programs.
- It was noted that eligibility for the services being planned for is established (DHFS functional screen and Medicaid eligibility).
- A concern was raised that new eligibility criteria may emerge; and if this happens, wait lists may be eliminated, not necessarily because more people are being served, but because fewer people may be eligible for services.
- It was noted that it is difficult to know which consumers will go with which CMO and therefore it is difficult to estimate the numbers that will be served, the costs involved and the State's capitation rate. Concerns were raised that the State may not fully fund the proposed managed care system. Another comment was made that it is a constant battle with the State over capitation rates; however, another comment was made that the State seems vested in Family Care. A comment was made that an actuarial should be consulted to find out if the State will be able to provide an appropriate capitation rate.

Planning process updates were also distributed and discussed

### **3. Acronyms used:**

ADRC	Aging and Disability Resource Center
CMO	Care Management Organization
CMU	Care Management Unit
DHHS	Department of Health and Human Services
MCDA	Milwaukee County Department on Aging

### **4. Next steps:**

- a. Next meeting date, time, location  
March 6, 2007, 10-12, Marcia P. Coggs Human Service Center, room 104

Staff person recording: Carol Johnson, Lonna Kruse and Janice Weeden