

1. Attendance and affiliation of participants

Mr. John V. Doherty– Chair, Combined Community Services Board
Ms. Karen Avery, Independence*First*
Ms. Barbara Beckert sitting in for Ms. Liz Ford, Disability Rights Wisconsin
Ms. Cynthia D. Bentley, Consumer
Reverend Luci L. Gaynor Hunter, Consumer
Ms. Daire Keane, Consumer
Ms. Melinda Kiltz sitting in for Ms. Robin Buchmeier Marrero, MSSW, ARC Milwaukee, Inc.
Mr. Barry Kress, Consumer
Ms. Michelle Martini, Independence*First*
Mr. Thomas A. Nowak, ACSW, LCSW, Milwaukee Area Developmental Disability Service Association
Ms. Nealy Rothe, Consumer
Mr. Bob Schneeberg sitting in for Ms. Dorothy Wilson, Goodwill Industries of Southeastern Wisconsin, Inc.

Staff Representatives:

Ms. Joyce Binder, *iCare*
Ms. Lonna Kruse, Planning Council for Health and Human Services
Ms. Maria Ledger, Milwaukee County Department on Aging
Ms. Geri Lyday, Department of Health and Human Services
Mr. Perry Mueller, Community Care
Ms. Angela Perez, *iCare*
Mr. Mark Stein, Department of Health and Human Services
Ms. Leslie Taylor Cooley, Planning Council for Health and Human Services

Guest Presenters:

Mr. Bill Jensen, *iCare*
Ms. Barbara Moore, Community Care, Inc.

2. List highlights of discussion from agenda:

Communication Plan Update

- It was noted that the Consumer / Stakeholder Advisory Council has been meeting for two years. The council has accomplished a great deal; council members were thanked for their participation and input. It was noted that this council was instrumental in the evolution of the process and helped shape changes to the organizational model; this is a healthy part of a planning process. It was noted that this council was created to help advise on the planning; as the planning process has now become an implementation process, council members will have the opportunity to take on new roles. It was noted that it is important to acknowledge all of the hard work while this group is still meeting.
- It was noted that everyone that received the agenda prior to the meeting should have also received a copy of the Wisconsin Long-Term Care (LTC) Stakeholder Survey, which is being conducted by APS Healthcare to evaluate the State's LTC redesign plan in Wisconsin. The survey needs to be completed and received by APS by October 17th. It was further noted that anyone who has not completed the survey, but would like to do so, should see Lonna Kruse after the meeting. She will collect completed surveys and fax them to APS.
- It was noted that the County has held one budget hearing. It was noted that the Family Care Management Organization (CMO) portion of the budget passed; however, Milwaukee County Department of Health and Human Services (DHHS) and Milwaukee

County Department on Aging's (MCDA's) budget discussions were not completed. It was further noted that questions were raised about the challenges of funding the Disability Resource Center (DRC) years 2 and 3. Advisory council members and other interested parties were invited to attend the upcoming budget hearing, which is scheduled for 1:00 p.m. on October 23rd at the County courthouse.

- It was noted that advisory council members and other interested parties could attend the upcoming Milwaukee County Health and Human Needs Committee meeting on October 29th to show their support of the Family Care initiative. Disability Services Division (DSD) and MCDA are preparing a joint report on the Family Care expansion which will be presented to the Committee at its meeting on the 29th.

Update on DRC Application

- It was noted that the DRC application has been submitted to the State Department of Health Services (DHS). It was noted that DHS told DSD that the application was a good model overall; however, it is too costly for available funds.
- It was noted that when the DRC application was written, the County was under the impression that all individuals currently in Medicaid (MA) Waiver programs would need to receive options counseling. It was noted, however, that DHS has said that existing Waiver case managers could do enrollment/options counseling. This will reduce the number of options counselors needed year one, which was originally assumed to be 29.
- A question was asked regarding how many case managers DSD currently has. It was noted that there are probably about 100 case managers, between the County and the five private entities that the County contracts with for Waiver case management services.
- A comment was made that DHS approved 30 Information and Assistance (I&A) Specialists for Waukesha's Aging and Disability Resource Center (ADRC) and Waukesha is a much smaller county than Milwaukee County. It was noted that in some counties, I&A workers also do options counseling. Waukesha probably has a total of 30 Full-time employees (FTEs) in its ADRC. It was further noted that because of Milwaukee County's size, the I&A and options counselor functions were split up.
- A comment was made that Milwaukee County should not be compared to other Counties. An additional comment was made that options counselors should not be underestimated because their function is so key. A comment was made that options counselors in other counties can't keep up with all of the training requirements.
- A comment was made that if case managers are doing options counseling, then clients are just being rolled over; those folks would not get true options counseling. A further comment was made that advocacy is needed to provide meaningful options counseling in the future.
- It was noted that the County asked for \$6 million dollars to fund the DRC and DHS has offered \$2.9 million. It was noted that even if the County cut everything but the bare essentials, the 2.9 is still insufficient to fund the necessary number of I&A specialists and options/enrollment counselors.
- A question was asked regarding whether DHS is underfunding other ADRCs at the same level as Milwaukee County's DRC. A further comment was made that after it is known whether or not Milwaukee County is being treated equitable to other counties, this council should send a letter to Secretary Timberlake expressing concerns about underfunding the

DRC. It was later confirmed that this council was in favor of having Barbara Beckert spearhead a letter committee.

- It was noted that the circumstances in Milwaukee County are different from other counties because consumers will have four or five options to choose from; for example, there may be 2 Family Care CMO options, 2 acute and integrated care models (*i*Care and Community Care) and IRIS (Include, Respect, I Self-Direct), a Self-Directed Support (SDS) model. Milwaukee County is also very large, has a high level of poverty, and a diverse population.
- A comment was made that the State is thinking about changing its cost model in 2010; however, it might be beneficial to tell them to consider changing it now.
- It was noted that benefits specialist in MCDA's Family Care program are not funded by the Aging Resource Center (ARC), but by money from the Older Americans Act. It was noted that MCDA has not had to fund these positions with ADRC grant money, but DSD will.
- A comment was made that people are being laid off because of the economy. A question was asked regarding what will be done to give jobs to people. It was noted that under Family Care expansion, there will be a need for options counselors.
- A comment was made that it is assumed that 1 out of 10 calls to the DRC will be for general information, not for managed care services. This must be kept in mind to keep the DRC as efficient as possible.
- A question was asked about what should be put in letters to legislators in order to urge them to fully fund Family Care.
- A comment was made that the DRC is probably fairly comparable to the existing ARC; however, it was speculated that questions to the DRC would be more involved because callers between the ages of 18-59 would be more in need of all kinds of services.
- A question was asked regarding what will happen when options counselors get burned out. It was noted that making sure that these workers receive proper training will be critical.

Update on CMO Request for Proposal (RFP) and Suggestions, Comments, and Critical Issues for CMO RFP

- It was noted that the CMO RFP must be submitted to DHS on October 31st. MCDA senior network staff have divided the sections amongst themselves and are working to complete the RFP.
- A comment was made that the RFP is pretty extensive and should address issues that have been raised in past advisory council meetings.
- A question was asked regarding whether or not the provider network needs to be expanded prior to submitting the CMO RFP. It was noted that the requirement is to be able to describe how the provider network will be expanded to adequately serve the target population. The provider network will need to be expanded upon signing a contract with DHS to expand Milwaukee County's CMO.
- A question was asked about overlap in DSD and MCDA's provider network. It was noted that there is significant overlap. It was later noted that some MCDA and DSD providers, like housing providers, would be the same; however, MCDA probably doesn't have a lot of employment providers. It was noted that MCDA currently has about 700 providers.

- It was noted that MCDA's provider network is currently open. A question was later asked about how providers would know that MCDA's provider network is open. It was noted that providers would know if they looked at MCDA's website or they would have received a notice in the mail if they have contracted with MCDA in the past. It was noted that MCDA should announce that the provider network is open in the newspaper; it was further noted that it is critical to get the word out so that new providers and providers that focus on younger people have an opportunity to join the network. It was noted that when DSD's network is open, it advertises in the journal, African-American papers, and other community journals. It was noted that MCDA is currently focused on responding to the State's CMO RFP, not seeking out new providers. It was noted that MCDA plans to actively recruit providers in the near future, but it would be premature to do so now as Family Care expansion has not been approved; MCDA is currently looking for providers to fill its current needs. MCDA and DSD will discuss this issue in the near future. It was noted that the Milwaukee County Health and Human Needs Committee has held DSD to high standards of making sure that all providers have a chance to be in its network.
- A question was asked about whether or not consumers would have any input about their providers. It was later commented that consumers need choice regarding who their providers are. A further comment was made that consumers should have the right to change providers if they want to. A comment was later made that sometimes consumers use services that they are not happy with, because they have no other choice. A comment was made that the County could survey consumers to find out what kinds of providers are needed and to find out which providers consumers like. It was noted that this is an ongoing process.
- A comment was made that it may be helpful for the County to perform a formal quality control analysis to determine how well providers are doing their jobs.
- A comment was made that consumers do not want to change doctors when they transition into the new managed long-term care system. It was noted that people transitioning into Milwaukee County's Family Care CMO would not lose their physician because Family Care does not include medical services; Family Care provides support in the community, which includes services like coordinating caregivers and transportation. It was further noted that iCare and Community Care's models have a medical component built-in.
- A comment was later made that consumers should have a say as to who their doctors and nurses are, as well as who comes into their homes. A further comment was made that some MCDA workers have bad attitudes. A question was asked if there was any way around having to receive services through MCDA. It was noted that if Family Care is expanded in Milwaukee County, there will likely be at least four other options to choose from.
- A comment was made that all of this information is hard to understand. It was noted that this is why funding enough options counselors in the DRC is so critical.
- A question was asked regarding how Milwaukee County's current CMO staff might change to reflect the oncoming population. It was noted that MCDA currently contracts out for services. A further question was asked about how the composition of internal CMO staff, like the Quality Assurance (QA) Coordinator, contract management, and trainers, would change if Family Care is expanded. It was noted that as MCDA hires new

staff it is looking for staff that have that expertise with the younger disabled population in Milwaukee County.

- A question was asked regarding whether or not current case managers, who probably will be part of Care Management Unit (CMUs) if Milwaukee County's Family Care CMO expands, would need to receive options counseling training. It was noted that these folks will need to be trained in options counseling and their role as a care manager in a CMU. They will also need to be trained on linking with the County's Economic Support Division (ESD). It was noted that this will be tough, but it can be done.
- It was further noted that, under Family Care expansion, care managers will only need to do options counseling for DSD's existing MA Waiver clients; about 2/3rds of them will be enrolled at the end of the first year of transition. It was also noted that Family Care enrollees have the option to disenroll; therefore, if they are not satisfied with the services they are receiving, they can switch. A comment was made that by having current case managers do options counseling, there will not be a disruption in services, which will be good for the consumer.
- A concern was raised with having current DSD case managers do options counseling in the future, as some of DSD's current case managers do not do a very good job now. In addition, case managers would have a vested interest in what option their clients choose.
- A question was asked regarding whether or not consumers will still have a Forward Card to cover their medical expenses. It was noted that the Forward Card will still exist under Family Care expansion. A further question was asked regarding whether or not there would be a different card for long-term care services. It was noted that there would not be a card.
- A question was asked regarding whether or not only internal Milwaukee County case managers would do options counseling for current MA Waiver clients. It was noted that both internal and external case managers would need to do options counseling.

Milwaukee County's LTC Governance/Oversight

- A comment was made that in looking at the governance structure handout, it is clear that the LTC Council and the Consumer / Stakeholder Advisory Council would go away. A question was asked regarding the timeline for the dissolution of these councils. It was noted that there will be additional advisory council meetings; however, the number is limited to only a couple more.
- A comment was made that governance can make or break the expansion efforts.
- It was noted that if plans go according to the current timetable, the ADRC Governing Board and the DRC Oversight Committee should be created by January. The County will need people from the advisory council and the LTC Council to be on the newly created governance bodies; these bodies should be meeting by April 1, 2009.
- A comment was made that Milwaukee County should have a commission on disabilities to mirror MCDA's Commission on Aging. It was noted that the County will look into this.
- A question was asked regarding whether or not people in Family Care would lose their insurance or if they would be eligible to get insurance. It was noted that to be eligible for Family Care, individuals would need to be MA eligible and would most likely already have a Forward Card.
- A question was asked regarding why the ADRC Governing Board would have 17 members and not an even number of members. It was noted that this number came out of

discussions with the advisory council and other groups; it was agreed that 17 sounded like a good number.

- A comment was made that it would be nice if the governing bodies had 50% consumer representation, rather than the required 25%.
- A question was asked regarding how the QA process would fit into the governance structure. It was noted that the Quality subcommittee, which meets monthly, receives reports from the Quality Coordinator. The Quality subcommittee discusses these reports and reports to the CMO Governing Board.
- A question was asked if all of the members on the Quality subcommittee are also on the CMO Governing Board. It was noted that all Quality subcommittee members are also on the CMO Governing Board, except for one subcommittee member.
- A question was asked about how quality issues will be resolved for the DRC. It was noted that DRC quality issues will be taken to the DRC Oversight Committee, which would deal with day-to-day issues; these issues may then be sent to the ADRC Governing Board.
- A comment was made that the State requires that ADRC governing boards have one member who has a mental health or substance abuse issue. A question was asked regarding whether or not there would be a mental health representative on each of the oversight committees. It was noted that the County has not yet determined membership for the DRC Oversight Committee. A further comment was made that it would be good to have a member who has a mental health or substance abuse issue on each of the oversight committees.
- It was noted that the ADRC Governing Board would not only oversee the ADRC, but also the entire LTC system.
- A comment was made that the Quarterly Consumer Chats sound like a good idea.
- A comment was made that there needs to be a link between the ADRC and the CMO Governing Board and linkages to the partners' governing bodies.
- A question was raised about whether or not Milwaukee County will have a Regional LTC Committee; Milwaukee County is the only one-county consortium in the State. A question was asked regarding whether Milwaukee County would be its own region or if it would partner with other counties.
- A question was asked regarding whether there would be an equal number of disabled folks and elderly folks on the governing bodies. It was noted that the makeup would be based on the target population of clients being served.
- A question was asked regarding whether or not the current ARC and CMO governing bodies ever have joint meetings. It was noted that they do not have joint meetings, but the ARC governing body has requested reports from the CMO Governing Board.
- It was noted that DSD and MCDA will need to have frequent check-ins with each other to find out how things are going.

*i*Care and Community Care's Governance/Oversight

- It was noted that *i*Care is currently one of MCDA's Family Care CMUs.
- It was noted that *i*Care has 7 Board Directors. 31% of board members are minorities and 29% of board members are people with disabilities or have family members with disabilities. A question was asked regarding how many people on the board have disabilities. It was noted that no one on the board has a disability, but some have family

members with disabilities. It was noted that Patricia Jerominski, Executive Director of *iCare*, has resigned; this will effect the board's composition.

- It was noted that *iCare* would like to administer Partnership/Plus but there is a moratorium until 2010 on all Special Needs Plans (SNPs). A question was asked regarding whether or not *iCare* would apply to administer a Family Care CMO. It was noted that *iCare* is not planning to administer a Family Care CMO.
- A question was asked regarding whether or not *iCare* would expand its CMU to serve adults under age 60 with disabilities. It was noted that *iCare* has not yet had these discussions. A further question was asked regarding whether or not current MCDA CMUs would automatically be eligible to be CMUs under Family Care expansion. It was noted that MCDA had CMUs respond to an RFP and, therefore, MCDA has a good idea of which CMUs have the capacity to expand. It was further noted that CMUs must demonstrate that they are knowledgeable about the oncoming population. It was noted that more CMUs will eventually need to be added.
- A question was asked regarding whether or not *iCare* helps parents whose child receives services through its programs. It was noted that this could be addressed individually after the meeting.
- It was noted that Community Care is working on expanding its Partnership program to serve individuals age 18 and older. It was further noted that Community Care is also responding to the State's RFP to operate a Family Care CMO in Milwaukee County. Because Community Care already operates a Partnership program, the moratorium that *iCare* mentioned does not apply to them.
- It was noted that Community Care is governed by an 18 member volunteer board, which meets the requirements of ethnic diversity and representation of the geographic area served. A question was asked regarding whether or not there are consumers on the board. It was noted that there are consumers on the board; however, the percentage was not known. A comment was made that it is good to have consumers' family members on governing bodies, but consumers should also be on the governing boards so that they can talk for themselves.
- A question was asked regarding whether or not Community Care's governing board structure would change if its Partnership program began serving individuals under the age of 55. It was noted that the board composition would change to reflect the members served.
- A concern was raised that Community Care's governing board reflects the 7 counties it serves, which would not be representative of Milwaukee County's diversity.
- It was noted that Community Care's PACE/Partnership programs have Consumer Advisory Committees. There are also site-based participant councils that share information with the advisory committees. The committees receive reports from the CMO and they discuss issues like disenrollments, complaints and grievances, and SDS. The advisory committees consist of program participants, guardians, family members, and other advocates; members are appointed by Community Care's Board of Directors. The committees are chaired by a member of Community Care's Board; the committees report to Community Care's Board.

10/16/08 Meeting Notes

Milwaukee County Long-Term Care Planning

- A question was asked regarding whether or not providers are on Community Care’s Board of Directors. It was noted that providers are not on the board, but they are on the Consumer Advisory Committees.
- A question was asked regarding whether or not Community Care had a flow chart of its governing bodies. It was noted that a flow chart does not currently exist, but it could be developed.
- A question was raised about whether or not Community Care was able to provide quality services. It was noted that a survey was sent out to Family Care members in one county, asking them to describe their experiences in both the ADRC and the CMO. The response rate was 20% and the responses were overwhelmingly positive.
- A comment was made that Waukesha County has had problem keeping staff. It was noted that many Waukesha County employees chose to work in the ADRC.
- It was noted that Community Care has forums for providers on a regular basis and could also offer this same kind of opportunity for consumers.

3. Acronyms used:

ADRC	Aging and Disability Resource Center
ARC	Aging Resource Center
CMO	Care Management Organization
CMU	Care Management Unit
DHHS	Milwaukee County Department of Health and Human Services
DHS	Wisconsin Department of Health Services
DRC	Disability Resource Center
DSD	Disability Services Division
ESD	Economic Support Division
FTEs	Full-time employees
I&A	Information and Assistance
IRIS	Include, Respect, I Self-Direct
LTC	Long-Term Care
MA	Medicaid
MCDA	Milwaukee County Department on Aging
QA	Quality Assurance
RFP	Request for Proposal
SDS	Self-Directed Support
SNP	Special Needs Plan

Staff person(s) recording: Janice Weeden, Lonna Kruse, and Leslie Taylor Cooley