

1. Attendance and affiliation of participants

Members in Attendance:

Mr. John V. Doherty– Chair, Combined Community Services Board
Mr. Royce Austin, SEIU Local 150
Ms. Karen Avery, IndependenceFirst
Ms. Robin Buchmeier Marrero, MSSW, ARC Milwaukee, Inc.
Ms. Shirin Cabraal sitting in for Liz Ford, Disability Rights Wisconsin
Reverend Luci L. Gaynor Hunter, Consumer
Ms. Daire Keane, Consumer
Mr. Barry Kress, Consumer
Ms. Tess Maier, MS, RN, Division Leader of Case Management
Ms. Michelle Martini, IndependenceFirst
Mr. Thomas A. Nowak, ACSW, LCSW, Milwaukee Area Developmental Disability Service Association
Mr. Joseph O'Grady, Jr. M.D., Phoenix Care Systems, Inc. / Medical College of Wisconsin
Ms. Nealy Rothe, Consumer
Supervisor Peggy A. West, Milwaukee County Board of Supervisors
Mr. Bob Schneeberg sitting in for Dorothy Wilson, Goodwill Industries of Southeastern Wisconsin, Inc.

Staff Representatives:

Mr. Robert H. Alm, Community Care
Mr. Jim Hennen, sitting in for Ms. Maria Ledger, Milwaukee County Department on Aging
Mr. Corey Hoze, Department of Health and Human Services
Ms. Lonna Kruse, Planning Council for Health and Human Services
Ms. Geri Lyday, Department of Health and Human Services
Ms. Angela Perez, iCare
Mr. Mark Stein, Department of Health and Human Services

2. List highlights of discussion from agenda:

Communication Plan Update

Discussion regarding “Question /Answers from 2/5/08 Consumer / Stakeholder Advisory Council Meeting” document

Question 1: “In the current Family Care system in Milwaukee County, how many consumers utilize mental health and/or Alcohol and Other Drug Abuse (AODA) services? How are those needs identified, and how are services determined? I have heard this is an area of concern and I want to make sure that if Family Care is expanded here, that these issues aren't replicated. Does the functional screen used by Family Care adequately evaluate these needs?”

- A question was raised as to why so few people are receiving outpatient therapy under the current Family Care program. It was noted that they are being referred; however, people over age 60 often do not utilize these services, because of the stigma associated with receiving services. Milwaukee County Department on Aging (MCDA) will be working on a plan this coming year with the State to assure that people do access these services.
- It was clarified that 52% of MCDA's Family Care members have a diagnosis of mental illness and, of those, 12% have a diagnosis of a severe and persistent mental illness.
- A question was asked as to how mental health needs are being identified. It was noted that training for Aging and Disability Resource Center (ADRC) staff is critical in order to identify needs. It was also noted that the County is planning to have a Mental Health Specialist in the expanded Family Care program in order to help identify needs and provide training to staff.

Question 2: “What will be the relationship between the Aging and Disability Resource Center (ADRC) and Service Access to Independent Living (SAIL)?”

- It was noted that there are challenges with linking persons with developmental disabilities (DD) and Physical disabilities (PD) to Service to Access Independent Living (SAIL). It will be critical that this link is in place and functioning.
- A question was asked about what happens to individuals that do not self-identify as having a mental illness, and therefore do not seek services. It was noted that staff need to be able to ask the right questions, make good assessments and get people necessary services.

Question 3: “What are the County’s plans to ensure that the ADRC and care management staff understands not only mental illness, but recovery?”

- A comment was made that staff need to understand recovery for persons with mental health issues. If staff don’t understand recovery, they may reinforce mental health stigmas and scare people. It was noted that staff would be trained in recovery principles.
- A comment was made that recovery can be a hard message to carry to people with disabilities; however, it is a task that needs to be done, regardless of the challenges. People with disabilities need to know that help is available, if they want it.

Question 4: “Family Care is ‘authorized’ under a waiver the state receives from the feds. Part of the value of the waiver is the ability to provide services that may be different from what is required under card services, correct? How much flexibility is there? The easiest example I can give is that personal care under fee-for-service requires that a personal care worker be supervised by a Registered Nurse, even though personal care workers don’t do medical care. In Family Care, could that be waived? What parameters are there for how differently services can be done? In other words, how creative can the services be? Or how restrictive?”

- A concern was raised regarding combining personal care and supportive home care under the same heading of Supportive Home Care (SHC), because personal care takes more skilled workers. If workers are paid a supportive home care rate, the quality of care will be reduced and retaining workers will be difficult. A comment was made that these concerns are being raised by consumers, concerned with the quality of care, not providers looking for additional money. A suggestion was made that the heading should be changed so that personal care workers don’t lose their reimbursement rate. It was noted that this will be a challenge for Disabilities Services Division (DSD) as they move to Family Care.
- It was suggested that under the Care Management Organization (CMO) Self-Directed Support (SDS) model, there may be fewer administrative costs, which raises the possibility that persons utilizing these services may be able to pass these savings on to their providers. It was further noted that the CMO SDS model is an option available to all, and people should be informed of this option in the ADRC. In the CMO SDS model, a person can direct any benefit as long as it is safe for them to do so. A question was asked regarding where the line is drawn between what services are safe. It was noted that this is up to the CMO’s discretion. They are constantly evaluating services to balance quality and cost.
- A question was raised as to what happens in Family Care if a person’s insurance runs out and he/she can no longer pay for services. It was noted that the Family Care program is an entitlement program, and as long as an individual is functionally and financially eligible, they will receive services.

Question 5: “Of the Family Care members who receive a “Notice of Action,” (NOA) how many go on to appeal those?”

- A question was raised as to what a Notice of Action (NOA) is. It was noted that in MCDA’s Family Care program, if an individual wants a plan or service that they are told they cannot have, the Care Manager needs to give them a NOA, or the right to appeal the decision.
- A question was asked regarding how many of the 12% of NOAs that end up as appeals/grievances/complaints, are overturned. It was noted that MCDA would follow-up on this.
- **Provider Forums / Provider Issues**
 - It was noted that Provider Forums are being planned for providers in order to hear their concerns. A notice will be sent to the Advisory Council with information about these Forums.
 - A question was raised regarding the status of DSD’s provider capacity analysis. It was noted that 200 applications were sent to DSD providers, which asked them about their current capacity and their interest and capacity to expand. Those applications have just been returned; they are starting to be tabulated. In MCDA’s Request for Proposals (RFP) process for Care Management Units (CMUs), they also asked if the CMUs were interested in serving persons with DD / PD. In addition, DSD is looking at the wait list and what services were requested. More information should be available in the next couple of months on these analysis-gathering tasks.
- **Actuarial update**
 - It was noted that DSD received the preliminary actuarial report late last week. A meeting has been scheduled with County staff to go over the report with Milliman. More information will be forthcoming.
- **2008 Wisconsin Long-Term Care (LTC) Conference**
 - It was noted that the LTC Conference will be held in La Crosse on April 14th through the 16th. A question was raised as to whether or not any other Advisory Council members were planning to attend the Conference, and, if so, if they would like to carpool. It was noted that a link to information on the Conference will be put on the LTC planning website.

Input on the Proposed Milwaukee County Board Report

- It was noted that DSD expects to need as many or more Income Maintenance (IM) workers as MCDA has; however, the State does not think that the County will need any additional IM workers for Family Care expansion. It was noted that the State believes that there will be workload savings from BadgerCarePlus, due to a reduction in eligibility criteria. A comment was made that the State has assumed workload savings in the past and it never materialized. Another comment was made that the State’s perspective on workload savings is wrong; because BadgerCarePlus will have more enrollees, there will not be a workload savings.
- It was noted that the State had also said Milwaukee County would not need additional IM workers under Family Care expansion because DSD clients’ eligibility determination tends not to be very rigorous, as a lot of them are on straight Supplemental Security Income (SSI). A comment was made that a retired person’s financial assessment is probably easier than a younger person’s, who has overlap programs like childcare and employment services.
- A comment was made that there are not enough IM workers now. It was noted that having a sufficient number of IM workers is a statewide issue, not just an issue in Milwaukee County.

- A comment was made that Milwaukee County is unique because it is an urban area and offers more benefits than other Counties. A suggestion was made that the County should look at population statistics prior to negotiating with the State.
- A comment was made that Madison tends to tell Milwaukee what is in its best interest; however, Milwaukee needs to sit with Madison and let them know what is needed in order to avoid disastrous consequences. It was noted that the County intends to meet with Madison in order to discuss gaps.
- A comment was made that this is not dollars and cents for consumers; it's their lives.
- A comment was made that Racine and Kenosha Counties (neither County has a County-run CMO) were also concerned about the lack of IM workers; however, they were able to process a lot of people into the Family Care program in a short period of time. The IM function did not impede individuals from receiving services. There is no longer a wait list for services in Racine and Kenosha Counties.
- It was noted that in the first year of transition from Waivers to Family Care, about \$80 million dollars will be transitioned from Waiver programs to the CMO. A question was asked if the money is just sitting in a pot somewhere during this transition. It was noted that the money is currently serving 2,400 people with disabilities. Although the Waiver money will go away, it will still be used to serve those people and others.
- Currently in DSD, there are discretionary programs in addition to Waiver services. This includes work and day services, employment, respite, advocacy and recreation; all of which are covered under Family Care. These discretionary programs in DSD are currently being paid for by Point of Service (POS) contracts. Many of the people who are served by POS contracts are people on the wait list. DSD is looking into how many of the people being served by these contracts would be eligible for Family Care. A question was raised about what would happen to people who are not eligible for Family Care. It was noted that DSD is looking into this; DSD would not have the money to serve them. It was noted that DSD hopes that they can work with community agencies to provide these services, as these agencies will see an increase in funding, due to Family Care expansion.
- A question was asked regarding how people came to receive services under the POS contracts. It was noted that some came from Adult Protective Services (APS); others were in a crisis situation and there were no other benefits available; some are from DSD's wait list and have received these services for years. People who are served under POS contracts receive services on an ongoing basis; there is very little attrition. It was further noted that all individuals served under these contracts are SSI or Social Security Disability Income (SSDI) eligible; however, they would not have received a functional screen to determine eligibility for Waiver programs.
- A question was asked if expanding MCDA's Family Care program will eliminate DSD's wait list. It was noted that if Family Care is expanded, all people that are functionally and financially eligible for Family Care services would be moved off of the wait list and into services. It was noted that a small number of people on the wait list would not be eligible for services; the County needs to make a policy decision about what to do about this.
- A question was asked if the Community Options Program (COP) will go away with Family Care expansion. It was noted that the State applied for special funding for persons with mental illness served by COP. They will still be served under the COP program; however, COP for persons with DD / PD will go away.
- A question was raised regarding what will happen to corporate guardianship under Family Care, as it is not a covered benefit. It was noted that ideally, DSD would like to see volunteers

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handle corporate guardianship; however, DSD recognizes that this may not be possible and it may need to pay for these services.

- It was noted that expanding Family Care is important to Milwaukee County. There are serious shortfalls, but, if the Health and Human Needs Committee approves the County Board Report, the County will begin negotiating with the State to make sure that Family Care will work in Milwaukee County.
- A question was raised regarding whether or not the amount of Basic County Allocation (BCA) was negotiated with the State. It was noted that it was not negotiated. It was further noted that the State developed a model with 2006 numbers to determine how much to take from each County. It was noted that BCA money is discretionary and helps to fund several programs.
- A comment was made that it would be great to see advocates and independent care managers on the interdisciplinary care teams.
- It was noted that the County Board Report should reflect a consumer's right to choose from all CMO options, including the State SDS Waiver option. A comment was also made alerting the County to the misprint on page 4, which states that the next Advisory Council meeting is scheduled for Monday, March 10th. A question was raised as to whether the County has held five or six consumer forums. The County has held five, as the Report states.

3. Acronyms used:

ADRC	Aging and Disability Resource Center
APS	Adult Protective Services
BCA	Basic County Allocation
CMO	Care Management Organization
CMU	Care Management Unit
COP	Community Options Program
DD	developmental disabilities
DSD	Disabilities Services Division
IM	Income Maintenance
LTC	Long-Term Care
MCDA	Milwaukee County Department on Aging
NOA	Notice of Action
PD	Physical disabilities
POS	Point of Service
RFP	Request for Proposals
SAIL	Service to Access Independent Living
SDS	Self-Directed Supports
SHC	Supportive Home Care
SSDI	Social Security Disability Income
SSI	Supplemental Security Income

Staff person(s) recording: Lonna Kruse, Pat Linnane, and Janice Weeden