

1. Attendance and affiliation of participants

Members in Attendance:

Mr. John V. Doherty– Chair, Combined Community Services Board
Rep sitting in for Ms. Joanne Augsburger, SEIU Local 150
Ms. Karen Avery, Independence *First*
Mr. Palmer H. Bell, Disability Rights Wisconsin
Mr. Tom Hlavacek, Alzheimer's Association of Southeastern WI
Ms. Ann Jefferson, Consumer
Mrs. Anne L. Kiekhofer, Consumer
Mr. Thomas A. Nowak, ACSW, LCSW, Milwaukee Area Developmental Disability Service Association
Ms. Cathy Simpson, Consumer guardian
Ms. Melinda J. Vernon, Milwaukee Center for Independence
Supervisor Peggy A. West, Milwaukee County Board of Supervisors

Staff Representatives:

Ms. Carol Johnson, Planning Council for Health and Humans Services, Inc.
Ms. Joyce Binder, iCare
Ms. Debra R. Davis, MSHCM, iCare
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 Administrative Services
Ms. Leslie Taylor Cooley, Planning Council for Health and Humans Services, Inc.
Ms. Karin Bachman, Department of Health and Human Services

2. List highlights of discussion from agenda:

Communication Plan Updates

- The website is up and all were encouraged to go to the site and provide feedback (www.planningcouncil.org/longtermcare).
- Consumers and consumer guardians were asked to be part of the Long-Term Care Consumer Caucus. Members of the Caucus will help facilitate listening sessions in the community; Advisory Council members interested in participating on the Caucus were asked to contact Carol Johnson. A question was asked about how influential demographics would be in setting up the listening sessions and it was noted that having a diverse group of consumers / guardians is very important and will be taken into consideration when setting up the sessions.

Update on Department of Health and Humans Services Director (DHHS)

- Rob Henken, former DHHS Director, has accepted a position as Director of the Department of Administrative Services (DAS). Rob noted that although he will not be as closely involved with the Long-Term Care Planning process, he will still be somewhat involved as the plan will eventually come to him in DAS. Rob has spoken to the new DHHS Director, Corey Hoze, and suggested that this planning project should be a high priority for his attention and involvement.
- Rob noted that the State's July 2007-June 2009 budget includes funds for about 75% of the State to implement Aging and Disability Resource Centers (ADRC) and funding for 62% of the State to implement Family Care or a similar managed care program. It is unclear if the State's percentages include Milwaukee County. Rob said that it appears that the State provides funding for implementation based on when consortia are ready and the complexity of their plan.
- Rob also noted that Milwaukee County was recently informed that, at this point, the State will not provide any additional planning money for this project. It was explained that the State

seems to be more interested in funding counties with no managed care system rather than funding the expansion of managed care systems. It was noted that planning will continue at an expedited pace with a focus on implementation.

Resource Center Planning (Note: the following discussion emanated from the PowerPoint presented at the 3/6/07 Advisory Council meeting)

- In planning for the Resource Center (RC), the Resource Center Development Committee members are looking at what Milwaukee County Department on Aging's (MCDA) RC does, what resources are available in the community and what makes the most sense for the Disabilities Services Division (DSD) RC.
- A question was asked whether MCDA and DSD would merge into one RC in order to provide seamless delivery of services to consumers. It was explained that the current plan is for two separate RCs that will share one phone number and other basic infrastructure. The plan will address making it seamless for consumers to access RC services.
- Services for kids are not currently being planned for as part of the RC; however, DSD's RC currently serves them.
- The RC needs to be fully functioning prior to any disabilities Care Management Organization (CMO).

Outreach and Marketing

- Because the CMO and RC would not be implemented simultaneously, a question was asked if there would need to be two sets of promotional materials. It was noted that with good timing, having more than one set of materials could be avoided.
- A comment was made that the RC would need to be ready to handle the potential volume of contacts before they begin advertising. It was noted that this is another reason that outreach and marketing will be phased in slowly.
- A suggestion was made that RC materials should be accessible to and translated for the target population. Caution was expressed about relying on family members to translate information for their relatives in need of long-term care services. Dissatisfaction was voiced by a few in regards to the expense and demeaning nature of AT&T's Language Line service.
- Resource Center advertisements would be directed to the general public and also to community agencies. An outreach / marketing committee may be created and it would include representative from local community agencies. It was suggested that non-traditional agencies (those not in the system) be included on the outreach / marketing committee.
- It was suggested that the RC use the email lists and websites of community agencies and advocates to outreach.
- It was noted that outreach to Nursing Homes (NH) is important to ensure that those consumers are also presented with choices. Upon implementation of the CMO, all people in the existing system would need to go through the RC in order to explore their options.

Information and Assistance (I&A)

- It was suggested that the RC should plan for a "Mobile" Outreach Information and Assistance Team; staff members would visit various community sites when and where necessary and workers would be responsible for bringing culturally appropriate materials.
- It was noted that I&A Specialists, much like Outreach and Marketing Coordinators, will face communication issues with people that contact the RC for information. It was noted that the RC needs to recognize that the deaf population has their own language and culture.

- It was noted that a human being should answer the RC phone. The State requires that a human answer RC phone calls; however, due to Milwaukee's size, MCDA's RC phone system has a recording that can initially pick up calls.
- A question was raised as to the necessary staff credentials for I&A workers. The 2007 State CMO Contract states that staff should either have a B.A. or B.S. (preferably in the human services field), an Associates degree with related work experience or approval from the Department of Health and Family Services (DHFS). A comment was made that the County should look at an individual's skill set, not whether they have a degree, noting that higher education is not accessible to everyone.
- It was noted that these workers need to be well trained and good at providing I&A services because it probably took a lot of effort for the consumer / guardian to contact the RC.
- It was suggested that I&A workers should have specialized backgrounds. Another comment was made that I&A staff should be expert generalists.
- It was suggested that Options Counselors should be cross-trained with the I&A workers.

Disability Benefit Counseling

- One estimate is that there will need to be 1 Disability Benefit Specialist (DBS) for every 1% of the RC population. DSD assumes that there will need to be between 12-20 DBS workers.
- Although DBSs are generally contacted during Options Counseling, their services could be requested at any point along the RC process.
- A comment was made that DBS workers should be contracted out, not employed by the County.

Options Counseling

- MCDA has 3,000 contacts a month (not always from the consumer directly); 500 of which are referred to the Access Unit for Options Counseling; 200-300 have functional screens performed, which results in 150 CMO enrollees a month. A question was asked whether people are more often found ineligible for services because of the functional screen or the financial screen; the answer was not known.
- Options Counseling assists consumers in deciding what services would be best for them; the Options Counselor discusses both County and private service options.
- A comment was made that MCDA's Family Care Options Counselors brings their own bias and vision about what services they think the consumer should have. It was suggested that Options Counselors be video taped while interacting with consumers in order to ensure that they are doing their jobs appropriately. It was noted that training Options Counselors is critical.
- Options Counselors should discuss self-directed supports with consumers.
- It was noted that there needs to be a big provider network to ensure that consumers have real options.

Access to Publicly-Funded Long-Term Care Programs and Services and Other Public Programs and Benefits

- There are two separate processes for those already eligible for Medicaid (MA) and those not yet determined to be MA eligible. It was noted that financial eligibility is based on NH eligibility.
- All CMO enrollees would be sent to the appropriate Economic Support Service (ESS) workers; for example, if a consumer chose to enroll in Family Care, the County ESS workers would determine financial eligibility and if the consumer chose to enroll in

Community Care's CMO, financial eligibility would be determined by Community Care's ESS staff.

- It was noted that funding for the ESS piece is critical and needs to be carefully planned. Concerns were raised that ESS positions would not be fully funded and that there would not be enough ESS workers. It was noted that it is crucial that staff are familiar with this particular population, their needs and the RC process. The RC's readiness hinges on whether there are enough knowledgeable ESS staff.

Access to Mental Health and Substance Abuse Services

- The RC will be responsible for making appropriate referrals to mental health and substance abuse services. It was noted that linkages between DSD and the Behavioral Health Division (BHD) need to be strengthened. Currently, DSD and BHD staff meet on a monthly basis.

Health Promotion, Prevention and Early Intervention

- It was noted that there is no prevention money for the RC in the State's contract; MCDA provides prevention with grant money. If enough funding is available, DSD would like to have a staff member dedicated to health promotion; this employee would meet with consumers along with the Options Counselor and identify risk factors (diabetes, obesity, etc) and administer health screens.

3. Acronyms used:

ADRC	Aging and Disability Resource Center
BHD	Behavioral Health Division
CMO	Care Management Organization
DAS	Department of Administrative Services
DBS	Disability Benefit Specialist
DHHS	Department of Health and Humans Services
DHFS	Department of Health and Family Services
DSD	Disabilities Services Division
ESS	Economic Support Service
I&A	Information and Assistance
MA	Medicaid
MCDA	Milwaukee County Department on Aging
NH	Nursing Home
RC	Resource Center

4. Next steps:

- a. Next meeting date, time, location
Wednesday, May 30th from 10-12 at the Marcia P. Coggs Human Services Center, Conference Room 104.

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