

**5/30/07**

Milwaukee County Long-Term Care Planning

**1. Attendance and affiliation of participants**

Members in Attendance:

- Mr. John V. Doherty– Chair, Combined Community Services Board
- Ms. Karen Avery, Independence*First*
- Ms. Cynthia D. Bentley, Consumer
- Ms. Dorothy W. Buckhanan, Goodwill Industries of Southeastern Wisconsin, Inc.
- Ms. Liz Ford, Disability Rights Wisconsin
- Reverend Luci L. Gaynor Hunter, Consumer
- Mr. Tom Hlavacek, Alzheimer’s Association of Southeastern Wisconsin
- Ms. Ann Jefferson, Consumer
- Mr. Thomas A. Nowak, ACSW, LCSW, Milwaukee Area Developmental Disability Service Association
- 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
- Mr. Corey Hoze, Department of Health and Human Services
- Ms. Maria Ledger, Milwaukee County Department on Aging
- Ms. Geri Lyday, Department of Health and Human Services
- Mr. Mark Stein, Department of Health and Human Services

Guest Presenters:

- Ms. Lonna Kruse, Planning Council for Health and Humans Services, Inc.
- Mr. Patrick Linnane, Planning Council for Health and Humans Services, Inc.
- Ms. Leslie Taylor Cooley, Planning Council for Health and Humans Services, Inc.

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

Communication Plan Update

- A question was raised whether there could be a fourth Consumer Listening Session if the first three are not well attended. It was noted that the County is open to having additional Consumer Listening Sessions.
- Input from the Consumer Listening Sessions will be shared with the various planning groups, including the Advisory Council.
- In addition to the Consumer Listening Sessions and the Pathways to Independence Listening Sessions, there will also be listening sessions on self-directed support issues in Milwaukee County.

Feedback on the Revised Proposed Organizational Structure for Ongoing Planning

- The Proposed Organizational Structure for Ongoing Planning has shifted from two County-run Care Management Organizations (CMOs) to one combined County-run CMO. The two private CMO options have not changed nor has the planning for the Resource Center. The County Executive, State Secretary and County Board were supportive of the proposed change in the planning model.
- A question was asked whether the private CMOs will negotiate their rates separately. It was noted that it is currently assumed that they will negotiate their rates with the State, separate from the County.

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- By having one County-run CMO, Disabilities Services Division (DSD) will not be duplicating Milwaukee County Department on Aging's (MCDA's) efforts; therefore, Family Care can be expanded to serve adults with disabilities under age 60 faster and more cost effectively. There will be fewer transition issues by expanding MCDA's Family Care CMO than there would be by creating a separate DSD CMO. It also makes sense for DSD to build from MCDA's model because MCDA already has expertise and a good working relationship with the State.
- A comment was made that it makes sense to have one County-run CMO; it was also noted that the revised proposed model looks simpler than the original model.
- Planning will proceed with the assumption that the County-run CMO, which will be separate from both DSD and MCDA, will report to the Department of Administrative Services (DAS). DAS will report to the County Board and the CMO Governance Board.
- A comment was made that there is a comfort level with the CMO being in DAS because Rob Henken is the Director. It was noted that DAS still has some fiscal concerns and nothing will be final until there is more information about the costs and risks of Family Care expansion. It is expected that the actuarial analysis will be completed by the end of the summer.
- A question was asked if the CMO Oversight Board will remain the same or if it will be blended to accommodate adults with disabilities under age 60. It was noted that the Oversight Board will be expanded to include adults with disabilities under age 60. Specific criteria regarding composition for CMO Oversight Boards are listed in State Statutes. Discussions about CMO Oversight will be revisited at a future Advisory Council meeting.
- A comment was made that there seems to be a general feeling that Milwaukee County needs to expand Family Care now or else there might not be another opportunity to do so; however, it was further noted that regardless of the pressure to expedite the planning process, enough time needs to be taken to make sure the expansion plan is a good one.

Long-Term Care Planning Process Update

- The Advisory Council will be asked for feedback on the main pieces of the Planning Report when it is drafted. DSD and MCDA hope to have the Report ready to submit to the County Board by the fall of 2007.

Resource Center Planning

- Due to the large volume of people that Milwaukee County currently serves on waivers and those on the wait list, the State has verbally agreed to give Milwaukee County more time to transition folks into Family Care, rather than 6 months other counties have had.
- DSD is concerned about funding for the Resource Center, including up-front start-up resources. Through the Cost Model-Budgeting Tool, the State has given DSD a set amount of money for the Resource Center, which DSD and MCDA feel is insufficient.

CMO Planning

- DSD would like to try to expand MCDA's current contract with the State rather than respond to a Request for Proposals (RFP).
- MCDA's CMO staff already has disability experience; however, it will be enhanced under Family Care expansion.

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- A question was asked if MCDA's capitated rate can be compared to other pilot counties. It was noted that this information is available; however, the other pilot counties have a blended rate. When rates are taken apart, the younger population tends to be more costly.
- MCDA's capitated rates are on the low end (MCDA's rate is \$2,100), while Portage County has the highest capitated rate in the State. Portage had good data going into the process, which means that they got a rate that was very close to their true costs. The availability of good State data for the actuarial analysis is important for establishing a capitated rate.
- A question was asked whether it has been taken into account that the State's data used to determine rates is two years old. Another question was raised whether the State takes into account, when determining rates, that there is a higher cost of living in Milwaukee County. It was noted that there are trend factors that are considered when determining rates.
- A comment was made that there are a large number of institutionalized individuals and that should be taken into account when determining rates. Another comment was made that Milwaukee County has a lot of out-of-County placements and the differences in those rates should be examined. It was noted that rates will be adjusted periodically during the first few years of the expanded Family Care program.
- This summer, DSD will request that the County Board approve using funds to pay for Milliman, a fiscal consultant, to perform an actuarial analysis, which will give Milwaukee County an estimate of what a blended capitated Family Care rate might be.
- Having sufficient funding for the necessary Economic Support Staff positions will be a challenge.
- Jim Hennen, of MCDA, will be publishing a notice that MCDA is accepting RFPs for Care Management Units (CMUs). The RFP will be available June 10th. DSD submitted a list of interested parties to MCDA.
- A question was asked if consumers have been included on the teams to come up with the criteria for the RFP. It was noted that MCDA is doing the RFP for their own purposes but when criteria are devised for the joint CMU RFP for Family Care expansion, input would be solicited.
- A question was asked if MCDA's CMUs will have disability-related experience. It was noted that MCDA will not exclude a CMU that only provides services to the elderly, but they are very interested in continuity of care and will keep this in mind during the RFP process.
- It is voluntary to enroll and disenroll in Family Care; all options should be clearly presented to consumers. CMOs across the State are trying to standardize this language in their member handbooks.
- A question was asked whether a member that disenrolls from Family Care can go back to their card services. It was noted that it depends on the client's eligibility and what services he / she is interested in receiving; however, the only long-term care support services offered would be through managed care.
- MCDA and DSD currently share a large number of providers. Subcommittees are working to identify gaps in the provider network to figure out what capacity needs to be added for Family Care expansion.

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- DSD will adjust MCDA's CMO Provider Application and CMO Provider Contracts to accommodate services for adults with disabilities under the age of 60.
- MCDA's Quality Management Work Plan will stay as it is with appropriate measures added for DSD's population.
- Under Family Care expansion, MCDA's Best Practices Team will be enhanced. Resources dedicated to grievances and appeals will be expanded.
- The question was raised as to whether there was a conflict with Community Care having a contract with the County to work on quality issues. It was noted that because Community Care will offer the Partnership model and not the Family Care model, they are a separate group with a separate contract and are not competitively involved with the County and therefore, there is not a conflict of interest.
- MCDA designed the MIDAS database and all MCDA staff are trained on it. MIDAS will be adjusted, as needed, to accommodate DSD's population.

Issues to Consider while Planning

- Need to work with consumers (consumers need to have a say in their rates and a right to self-determination)
- Housing (cannot take individuals out of institutions and put them into substandard housing because it is cheaper; need to place people in safe housing)
- Safety
- Could simplify the Resource Center Plan by combining DSD and MCDA into one Resource Center

**3. Acronyms used:**

CMO	Care Management Organization
CMU	Care Management Unit
DAS	Department of Administrative Services
DSD	Disabilities Services Division
MCDA	Milwaukee County Department on Aging
RFP	Request for Proposals

**4. Next steps:**

- a. Issues or agenda for next meeting  
Detailed Family Care Presentation
- b. Next meeting date, time, location  
Tuesday, July 17<sup>th</sup> from 10-12 at the Marcia P. Coggs Human Services Center, Conference Room 104

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