

**1. Attendance and affiliation of participants**

Members in Attendance:

Mr. John V. Doherty– Chair, Combined Community Services Board  
Mr. Richard Abelson, Milwaukee District Council 48 AFSCME  
Ms. Mary Foy sitting in for Mr. Royce Austin, SEIU Local 150  
Ms. Karen Avery, Independence*First*  
Ms. Cynthia D. Bentley, Consumer  
Ms. Robin Buchmeier Marrero, MSSW, ARC Milwaukee, Inc.  
Ms. Shirin Cabraal and Ms. Barbara Beckert sitting in for Ms. 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, 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  
Mr. Corey Hoze, Department of Health and Human Services  
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  
Ms. Angela Perez, iCare  
Mr. Mark Stein, Department of Health and Human Services

Guest Presenters:

Ms. Leslie Taylor Cooley, Planning Council for Health and Human Services  
Ms. Stephanie Sue Stein, Milwaukee County Department on Aging

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

Communication Plan Update

- It was noted that Milwaukee County hosted four provider forums in April and May of 2008. A document that lists some of the questions and answers from the Forums has been compiled and is being reviewed. This document will be mailed to Advisory Council members and posted on the Long-Term Care (LTC) Planning website.
- A comment was made that the State Department of Health and Family Services (DHFS) is hosting listening sessions on employment. Consumers were encouraged to attend.

Family Care Update

- It was noted that the current planning assumption has changed slightly. Milwaukee County still plans to expand the Disability Resource Center (DRC) in Disabilities Services Division (DSD), in 2009; however, instead of having the County's Care Management Organization (CMO) in the Department of Administrative Services (DAS), Milwaukee County would transition persons with disabilities between the ages of 18 through 59 who are eligible for the Family Care program into Milwaukee County Department on Aging's (MCDA's) CMO in 2009, and consider creating a separate aging and disabilities department in 2010. It was noted that bringing aging and disability services together would align with DHFS's long-term

vision and would help maximize resources. It was noted that, though the County Executive is supportive of this change, some representatives at DHFS are concerned that the firewall between the County's Aging and Disability Resource Center (ADRC) and the CMO would not be sufficient.

- It was noted that given DHFS's budget situation and the desire to end DSD's waiting list, it is important for Milwaukee County to expand Family Care during the State's current biennium budget. The Advisory Council unanimously agreed that they were in favor of the County moving forward during this biennium budget. A comment was made that, though the County should move forward, DSD should not lose its focus or identity by having the CMO remain in MCDA.
- Milwaukee County hopes to submit the DRC Application to DHFS in July of 2008. Once the Application is submitted, DHFS would issue a CMO Request for Proposal (RFP). It is unclear whether Milwaukee County would respond to an RFP or if Milwaukee County would be allowed to expand its current CMO without responding to an RFP. It was noted that it is expected that two private entities will also respond to any CMO RFP for Milwaukee County.
- It was noted that there are still significant fiscal and programmatic challenges related to expanding Family Care in Milwaukee County. The County is hoping to negotiate with DHFS and resolve these issues.
- A question was asked regarding how DHFS will be able to prevent the LTC system from being overwhelmed, as there will be a large number of baby boomers that will be in need of services. It was noted that the system is already overwhelmed, but, by expanding Family Care, the County would be able to leverage some Federal dollars and serve more people.

#### Draft DRC Application Narrative

- A comment was made that '18 to 59' should be changed to '18 through 59' throughout the DRC Application. It was noted that these revisions will be made.
- A comment was made that the people who put the DRC Application together should be recognized, as it had a lot of detail and reflects the values and philosophies of ADRCs. An additional comment was made applauding the authors of the Application for discussing how persons with mental health needs would be served and the emphasis on partnerships and listening to consumers and their families.
- A comment was made that it was appreciated that the DRC Application stated that the County would hire people with disabilities to work in the DRC.
- A comment was made that the Coggs Center was not ideal for housing the DRC, as the DRC should be a warm, friendly and welcoming place. A further comment was made that the Coggs Center can be very overwhelming, intimidating, and frightening for consumers and / or guardians, as the building is busy and crowded; it is difficult for transit vans to get close to the front of the building to drop off or pick up people; pay phones are not easily accessible to persons with mobility or visual issues; and the elevator is located in the back of the building. It was noted that these issues are well recognized. It was noted that the location may change if disability and aging services are merged in the future, or if another location becomes available. It was further noted that the Department of Health and Human Services (DHHS) Director's Modernization Initiative has reduced the number of people coming into the Coggs Center. A comment was made that if the DRC is located at the Coggs Center, it would be nice to have clear signage, staff available at the front desk to greet persons coming to the DRC, and a pay phone near the entrance.

- A question was asked regarding whether or not it would be possible for a live person to answer DRC phone calls. A further comment was made that prompting people to press one or two could be confusing. It was noted that prompting people to press one or two would be the most effective strategy based on the projected large volume of calls that would come into the ADRC and the number of additional staff that would be necessary to direct the calls to either MCDA or DSD. It was further noted that the caller would only need to press one button before talking to an Information and Assistance (I&A) Specialist. A question was asked regarding what happens if the I&A Specialist was busy. It was noted that the County has tried to determine the estimated volume of calls so that it could staff the DRC appropriately. It was further noted that the DRC Application requests start-up funds for a new phone system that would track calls and help the County plan for sufficient staff in the future. A comment was made that calls should be managed and monitored to check for wait times, dropped calls, and how DRC staff are addressing callers. A comment was made that measurable goals and expectations should be set. It was noted that DHFS mandates that people calling the ADRC should not wait at all to speak with an I&A Specialist and that is what DSD's goal and expectation is for the DRC. A comment was made that if someone waits on the phone for more than five minutes, they should be able to leave their name and number and have the I&A Specialist call them back. It was noted that the County will look into this. A comment was made that people may not have any trouble reaching an I&A Specialist, if they call during times of the day that the DRC would not be very busy.
- A question was asked regarding whether or not the DRC would have an emergency contact number. It was noted that the DRC phone number could be called 24 hours a day; the I&A Specialist would be able to connect the person to needed services.
- A comment was made that the County should consider adding more Disability Benefit Specialists (DBSs) to the DRC Application, as there should be one DBS for every one percent of the State's total population; Milwaukee County should therefore have at least 17 DBSs. A further comment was made that there could be a high level of burnout if this position is not appropriately staffed, and training new people would be very costly and time-intensive. It was noted that there is not currently enough funding available to sufficiently staff the DRC or to add additional DBSs.
- A comment was made acknowledging the importance of the specialists in the DRC Application, including the School and Youth Transition Specialist, Health Promotion Specialist, and Mental Health Specialist. A question was raised regarding how realistic it is that staff could be expected to maintain expertise in all of the areas listed in the DRC Application. It was noted that Options Counselors would need to know a lot, as they would need to explain all of the CMO choices to consumers. It was noted that DSD has experienced staff that are familiar with the resources in the community and how to administer Functional Screens. Specialists are included to enhance existing expertise among existing DSD staff. It was further noted that community-based agencies could assist with training and staff would receive cross-training from MCDA staff. It was noted that the DRC Application is based on what DHFS requires and is also intended to be used as a detailed implementation guide.
- A comment was made that, due to the complexities in Milwaukee County, there should be a team of trainers, rather than just one full time employee (FTE) trainer. It was noted that a lot of the training materials could be collected from other counties and community agencies; therefore, the Staff Development Trainer would facilitate the training process, not design all the materials. A comment was made that training tends to be time intensive and expensive

and, if reliant on community agencies, training might not be available / offered when the County needs it.

- A comment was made that the work going forward is quite significant and DSD should consider hiring an implementation coordinator. It was noted that DSD agrees, but it would need to be able to find a person and fund that position. It was further noted that DSD needs to know that Family Care expansion plans are approved before an implementation coordinator would be hired.
- A comment was made that there should be more job coaches. It was noted that this service would be offered in the County's Family Care CMO. It was further noted that a Family Care member's Interdisciplinary Team (IDT) would consist of no less than a care manager and registered nurse (RN); a job coach could be included on the IDT.
- A question was raised regarding what happens when the DRC Application is submitted to DHFS. It was noted that at that point, Milwaukee County could begin negotiations with DHFS.
- A comment was made that enrollment / choice counselors should discuss how self-directed supports (SDS) are available in each of the Family Care CMOs, not just in the State's SDS Waiver. A comment was made that the Wisconsin Coalition of Independent Living Centers (WCILC) received a grant from the Independent Living Council of Wisconsin to develop SDS educational materials and to conduct outreach and education to consumers about SDS. A further comment was made that educational materials on SDS should be provided to consumers during enrollment / choice counseling. A question was asked if choice counseling in the DRC would be the same counseling that MCDA does in the Aging Resource Center (ARC). It was noted that it is the same.
- A comment was made that the United States Department of Housing and Urban Development (HUD) does not do housing counseling; IndependenceFirst and other community agencies do. It was noted that this will be changed in the DRC Application.
- A question was asked regarding whether or not all CMOs in Wisconsin provide urgent services. It was noted that this is something that other CMOs do.
- A question was asked regarding whether or not a person eligible for Family Care would have to pay out of pocket or if his / her insurance would cover the cost of services. It was noted that the CMO pays for individuals that are enrolled in Family Care. It was noted that the DRC does not provide services, but sends people in the right direction to get those services. People who would not be eligible for Family Care could still contact the DRC to receive information about where to get services.
- A question was asked regarding how the advocacy provided by the proposed contract and the DRC Application would differ from what the State Ombudsman program offers. A comment was made that this might be a bit duplicative. A further comment was made that these independent advocates, outside of the system, should be utilized because this is the kind of work that they do. A comment was made that if something needs to be cut for budgetary purposes, it should be this contract, not the DBS or Options Counselor positions. It was noted that the advocacy contract proposed would address the issue that some individuals would feel more comfortable having an advocate with them, as they talk with an Options Counselor, as there would be a lot of information to take in. It was noted that, in the Application draft, this contract would be combined with the complaint and grievance contract.
- A question was asked regarding why the Quality Assurance (QA) Coordinator position is half time in the first year of Family Care expansion. It was noted that the County would

already have a relationship with most consumers transitioning into the Family Care program in year one; therefore, the QA Coordinator would not be needed full-time until year two. A comment was made that if the County does not have an implementation coordinator, it should have someone to hear feedback during the transition to Family Care. A further comment was made that the County may want to consider having a full-time QA Coordinator, year one.

- It was noted that the DRC proposed budget and number of staff are based on the volume estimates, which were discussed in great detail with DHFS. These volume estimates indicate more activity than what the DHFS ADRC cost model assumes.
- Based on the cost model and conversations with DHFS, the DRC is to receive \$2.9 million. MCDA receives around \$5.9 million. Currently DSD's existing Resource Center receives about 1,000 calls per month and it is anticipated that the DRC will receive about 2,000 calls per month after expansion, which is about 2/3rds of MCDA's volume of around 3,000 calls per month. If 2/3rds the volume is assumed, then the DRC should receive roughly \$4 million.
- It was noted that the cost model also does not take into account the higher salaries and fringe benefits of Milwaukee County employees, nor does it include legacy costs. It was further noted that if DHFS underfunds the DRC, proposed positions would need to be reduced.
- A question was asked regarding why less staff are needed in year two than in year one of Family Care expansion. It was noted that there would be a need for less Options Counselors in year two, but that other positions like Outreach Counselors would be needed. It was further noted that additional staff would be needed in the County's CMO.
- A comment was made that it would be useful to have a table that lists all staff positions for the first three years of Family Care expansion.
- A question was asked if there is currently an Aging Resource Center (ARC) Governing Board. It was noted that there is. An additional question was asked regarding whether or not this Board was tied to the CMO Governance Board. It was noted that there is no tie.
- A comment was made that the acronym 'ARC' could stand for both Aging Resource Center and ARC Milwaukee. It was noted that this will be clarified in the DRC Application.
- A comment was made that people who want to work should be able to do so without having to worry about losing Title 19 eligibility. It was noted that this was outside of the Advisory Council's scope.
- A question was asked regarding what happens to people who lose Supplemental Security Income (SSI) eligibility. It was noted that the DBSs in the DRC would be able to help with those kinds of concerns.
- A comment was made that it is nice that Family Care expansion is not starting until next year, as this will give people time to get used to the process. A further comment was made that expansion should go smoothly, as long as there is enough money. It was noted that all of the counties surrounding Milwaukee County are currently operating ADRCs; therefore, there should be experienced people who can help, if necessary.
- A question was asked regarding whether or not the County has been able to quantify the number of people that are currently receiving services under Point of Service (POS) contracts, who would not be eligible for Family Care services. It was noted that the County is currently working on getting these numbers together; though a rough estimate is that between 75-80% would be Family Care eligible. A comment was made that this information should be shared with the DHFS.

**6/11/08 Meeting Notes**

**Milwaukee County Long-Term Care Planning**

- A question was asked regarding whether or not the level of real time Medicaid (MA) reporting that the County expects to be reimbursed for is overly optimistic. It was noted that DSD is concerned about that as well, but noted that MCDA has been very successful in receiving reimbursement for real time MA reporting. It was noted that the DRC expects to work with a large number of people that would be MA eligible, and, therefore, DSD would have a good chance of being reimbursed at the rate expected. It was further noted that in order to be reimbursed at this high level, staff would need to be well trained.
- A question was asked regarding whether or not taxes would increase in Milwaukee County as a result of operating the DRC. It was noted that Family Care expansion should not increase taxes in Milwaukee County.

**3. Acronyms used:**

ADRC	Aging and Disability Resource Center
ARC	Aging Resource Center
CMO	Care Management Organization
DAS	Department of Administrative Services
DBSs	Disability Benefit Specialists
DHFS	Department of Health and Family Services
DHHS	Department of Health and Human Services
DRC	Disability Resource Center
DSD	Disabilities Services Division
FTE	full time employee
HUD	Housing and Urban Development
I&A	Information and Assistance
IDT	Interdisciplinary Team
LTC	Long-Term Care
MA	Medicaid
MCDA	Milwaukee County Department on Aging
POS	Point of Service
QA	Quality Assurance
RFP	Request for Proposal
RN	registered nurse
SDS	Self-Directed Supports
SSI	Supplemental Security Income
WCILC	Wisconsin Coalition of Independent Living Centers

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