

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. 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, IndependenceFirst
Mr. Thomas A. Nowak, ACSW, LCSW, Milwaukee Area Developmental Disability Service Association
Ms. Nealy Rothe, Consumer
Ms. Cathy Simpson, Consumer Guardian
Ms. Deanna J. Tapio, Consumer
Mr. Martin Weddle sitting in for Supervisor Peggy A. West, Milwaukee County Board of Supervisors
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. Barbara Moore sitting in for Mr. Robert H. Alm, Community Care, Inc.
Ms. Angela Perez, iCare
Mr. Mark Stein, Department of Health and Human Services

2. List highlights of discussion from agenda:

Update on Disability Resource Center (DRC) Application

- It was noted that the DRC application was submitted to the Wisconsin Department of Health Services (DHS). There has been some general correspondence, but in-depth discussions have not yet occurred. The County hopes to negotiate with DHS for additional funding for Economic Support Service (ESS) workers, a new phone system, Disability Benefit Specialists (DBS), and other gaps in DRC funding. There should be more information on the DRC to share at the next Consumer / Stakeholder Advisory Council meeting.
- It was noted that Disabilities Services Division (DSD) hopes to have a contract with DHS for the DRC on January 1, 2009. The plan is that people would begin transitioning into the new managed long-term care model in April 2009.
- It was noted that the County Executive has put the Family Care initiative into his 2009 budget. Milwaukee County Department on Aging (MCDA) and DSD worked together to create budgets that accounted for Family Care expansion costs. A question was asked regarding what was included in the Family Care budget and whether or not the County needed help from advocates in getting the funding approved. It was noted that the budget assumed that DHS would fund the DRC at the level requested in the DRC application, which was shared with the Advisory Council. It was further noted that advocates could be helpful on the State level to fill funding gaps. It was also noted that the budget gaps get worse for the DRC in 2010 and 2011 when the Medicaid (MA) Waiver money is gone.

- A question was asked regarding how a budget could be put together without knowing the capitation rate. It was noted that MCDA has never had that information when putting together its budget, as the State doesn't provide a final rate until October.
- It was noted that DSD had two small meetings with consumers to help explain the changes that would occur with Family Care expansion. It was further noted that it became clear at these meetings that the County will need to have very good educational information and enough well-trained Options Counselors to help individuals understand the changes. The proposed independent advocate in the DRC could be very helpful with that. A comment was made that it is easier for consumers to learn in small groups than large groups. A further comment was made that the managed long-term care choices could be depicted in a friendly take-out menu format.
- A comment was made that IndependenceFirst is working with ACAP (Adaptive Community Approach Program) in Waukesha to develop consumer-friendly materials for its Family Care program.
- A question was asked regarding what would happen if the State does not approve the DRC application. It was noted that this question was a very good one. It was further noted that this is why it is so important to communicate with the State about what exactly is needed for Family Care expansion.
- A comment was made that it is important for everyone to vote.
- A question was asked regarding whether it would be most helpful to advocate with State legislators or State administrative staff. It was noted that advocates should target State administrative staff because the State's money has already been allocated. As implementation moves forward, it may become necessary to discuss issues with State legislators.
- A question was asked regarding whether or not local State legislators are aware of Family Care expansion issues. It was noted that they are not aware of the issues. It was further noted that many do not even know that there is still a waiting list for services in Milwaukee County. A comment was made that there are efforts to inform local leaders of Family Care expansion; one way is through candidate forums. There is a candidate forum scheduled for September 15th at Washington Park; all are welcome to attend.
- A question was asked regarding whether or not people would get off of DSD's wait list if Family Care is expanded. It was noted that this is the goal of Family Care expansion; it was further noted that this is also the reason why there is a sense of urgency around expansion.
- A question was asked about whether or not it would be possible to bring more consumers to Advisory Council meetings, as a way to keep people informed about what it going on. It was noted that there will be a great deal of effort in reaching out to consumers to explain Family Care expansion.

Care Management Organization (CMO) Request for Proposals (RFP) Update

- It was noted that the County decided it was necessary to respond to DHS's RFP, even though Milwaukee County already has a Family Care CMO.
- It was noted that Milwaukee County received a notice on August 19th that the RFP was available; DHS released the RFP on August 15th. The original due date was October 1st but it was extended to October 31st to better align with the timeframes allowed to other counties. MCDA and DSD are working together to respond to the RFP. A question was asked regarding whether or not there was a point person at DSD that could be the liaison for consumers and stakeholders that wanted to share their comments with MCDA about the CMO RFP. It was noted that consumers and stakeholders could contact Geri Lyday and/or Mark Stein at DSD.
- A question was asked regarding whether or not the Advisory Council would have an opportunity to give its input on the County's CMO RFP, like it did for the DRC application. It was later noted

that because the RFP is a competitive bidding process, and the County's CMO RFP would contain proprietary information, it may not be possible to discuss this at the next Advisory Council meeting. It was noted that the County would look into the possibility of having a closed meeting. If the CMO RFP cannot be discussed at the next meeting, people can still share their input by calling or emailing John Doherty. It was further noted that if this cannot be discussed, there are still critical issues for the Advisory Council to talk about, like long-term care governance and oversight.

- It was noted that there would be a certification process after the RFP is submitted, which would allow additional opportunities for stakeholder and consumer input.
- A question was asked regarding whether or not legislators should be invited to attend the next Advisory Council meeting. It was noted that the Advisory Council should discuss these issues internally first and come to consensus before talking to the State. It was noted that it will be critical to have consensus prior to entering into negotiations with the State. It was further noted that the focus of discussions should be on getting issues addressed and moving forward together to come up with a plan that is as beneficial to consumers as possible.
- A question was asked regarding how the CMO Governing Board would be composed under Family Care expansion. It was noted that it would include representation of all target populations.
- A question was asked about how the current CMO Governing Board is addressing the potentially new oncoming Family Care population. It was noted that it is doing so in a number of ways and in all areas. For example, work and day services are being enhanced, the County is looking at provider network capacity, expanding its provider networks, and focusing on Care Management Units (CMUs).
- A question was asked about whether or not the County-run CMO would be able to provide services to people with disabilities. It was noted that new providers would be brought into the network based on what is necessary to serve the oncoming population. It was noted that a lot of work regarding provider issues has already been done through the planning process. A survey was sent to DSD providers inquiring about their current and future capacity.
- A question was asked regarding whether or not all aspects of the CMO need to be operational prior to submitting the CMO RFP or whether a CMO plan needs to be in place. It was noted that only the plan needs to be in place when the RFP is submitted.
- A comment was made that consumers should have the option to choose their own providers. There should be an abundance of providers and types of providers.

Discussion Regarding Additional Family Care CMO

- It was noted that the Advisory Council should all be on the same page regarding whether or not a second Family Care CMO would be appropriate for Milwaukee County, or, as it was further noted, problems could arise if the State receives "mixed signals".
- A question was asked regarding whether or not the State has accounted for and has sufficient funds in its budget to cover families with persons that are age 60 or over and adults under age 60 with disabilities. It was noted that this should be accounted for; however, it is difficult to do so.
- A comment was made that choice is good because it tends to ensure quality and people don't feel as though they are stuck. A further comment was made that Milwaukee County is large enough to have two Family Care CMOs.
- A comment was made that a meeting was held on 9/2/08 with consumers and stakeholders to discuss the pros and cons of having more than one Family Care CMO. The 9/2/08 meeting came about when a DHS representative asked if disability advocates had an opinion on the issue; the State noted that it was considering having more than one Family Care CMO in Milwaukee County. A further comment was made that there was no recollection of discussing this particular

issue; therefore, this meeting was held as a way to discuss the idea with consumers, get thoughts aligned, and bring those ideas to the Advisory Council.

- Karen Avery handed out “Meeting Conclusions 9/2/08”. For a copy of this document, contact Karen by emailing her at kavery@independencefirst.org.
- A comment was made that five attendees at the 9/2/08 meeting were asked not to participate because of their ties to the County.
- A question was asked regarding whether or not a vote was taken at the 9/2/08 meeting to confirm consensus of the issues discussed. A comment was made that there was no vote taken; meeting members were asked, however, if there was any disagreement and no one said anything. A document was created based on their discussion and sent out to meeting participants asking if there were any disagreements; no feedback was given. A comment was made that because no votes were taken at the 9/2/08 meeting, there could be no assurance of consensus. A comment was made that the thoughts generated at the 9/2/08 meeting were not intended to represent the voices of all consumers and advocates, but it should represent the ideas of those that were at the 9/2/08 meeting. A further comment was later made that informal conversations go on all the time; the 9/2/08 meeting was not set up as an attempt to go around the already established councils. Discussing issues is a healthy part of the process. A further comment was made that some things were said at the 9/2/08 meeting that were important and needed to be heard, especially as the CMO is being developed.
- A comment was made that there were some incorrect assumptions being made at the 9/2/08 meeting regarding financial risk.
- A comment was made that, based on the discussion at this meeting, people were most interested in having choice; people at this meeting were not concerned about financial liability. A comment was later made that there is little to no choice when it comes to choosing providers. A further comment was made that it is unlikely that consumers would ever have too many choices.
- A question was asked regarding whether or not IndependenceFirst would have a Family Care CMO contract. It was noted that the County would contract with the State to administer CMO services.
- A comment was made that hopefully the right decisions are being made, because they will affect people’s lives. A comment was made later that politics are not what’s important; what is important are the people that are going to be served. It was further commented that it needs to be decided how the Advisory Council and others will pull together and work collectively to make suggestions as to how to serve the greatest number of people in a cost-effective manner.
- A comment was made that Family Care expansion is a progression. There are other counties with more than one Family Care CMO so there is more experience now.
- A comment was made that it seems like a good idea to have more than one Family Care CMO because if a person is unhappy, they would have other options. A comment was made that advocacy agencies in the County get calls when there are problems with MCDA’s Family Care program; though most people are happy with their services, there are some individuals who could benefit from having other options.
- A comment was made that the letter that was drafted for the DRC application was in support of having three managed care options: Milwaukee County Family Care, as well as iCare and Community Care (integrated health and long-term care models); until recently, there was no indication that there was any disagreement with this organizational model. It was further commented that no one has any control over what other entities respond to the State’s CMO RFP. A comment was made that there should be agreement on this issue so that the County has a good bargaining position with the State.

- A comment was made that at least one member would not be part of a consensus that supported only one Family Care CMO.
- A comment was made that it was always assumed that there would be two Family Care CMOs, one for aging and one for persons with disabilities; maybe there was some confusion about this because it was never explained very clearly. A further comment was made that it might be helpful to have some consumer focus groups to discuss the issue of having two Family Care CMOs.
- A comment was made that the Advisory Council's role is not to support what the County wants to do, but rather it is to advise on what would be best for individuals in need of long-term care services. A further comment was made that having more than one Family Care CMO would be best for consumers. An additional comment was made that the decision about how many Family Care CMOs would be best for the County is not up to the Advisory Council; however, the County may be able to negotiate a better capitation rate if the Advisory Council and others are united in their thinking about this issue.
- Geri Lyday provided a historical perspective. When this process began, Milwaukee County Department of Health and Human Services (DHHS) submitted a proposal to the State for planning. The State asked DHHS to work with the two other applicants, *iCare* and Community Care. Community Care was interested in expanding to the younger population and *iCare* was interested in providing long-term care services. Originally, the plan was that the County would have a disability CMO and an aging CMO and two Resource Centers. However, it was noted that there was already a successful County-run CMO in Milwaukee and it would be more cost-effective and less duplicative if the County had one CMO. The Advisory Council talked about the pros and cons of doing this; the topic of public accountability was discussed. It was agreed that there could be one County-run CMO, but that the administrative placement should be in the Department of Administrative Services (DAS). When Rob Henken, of DAS, left the department it no longer made sense to place the CMO there. At that point, the County proposed to the Advisory Council that the CMO stay in MCDA until the County could look into creating a separate department in 2010; the Advisory Council was surprisingly quiet about this proposed change. A comment was made that there probably was not a lot of objections due to the more pressing issue of getting a plan to the State in this biennium. It was noted that the County has tried to be open and flexible throughout the planning process; many meetings have been held to get the maximum amount of input. It was not clear why, at this junction, the State would ask if advocates were interested in having another Family Care CMO. The County has held meetings with State representatives and the County Executive; the State has expressed concern about the firewall between the Aging and Disability Resource Centers (ADRCs) and County-run CMOs and whether or not counties should operate CMOs. The State has also been interested in having Milwaukee County pursue a Family Care District model. However, it was further noted, that if the State had concerns about Milwaukee County only having one Family Care CMO, it had plenty of time and opportunities to express them before now. The State also could have asked the Advisory Council or other long-term care groups for their opinions, rather than asking selective individuals. It was noted that it appears that the State is trying to create divisiveness in the County.
- A comment was made that State representatives should attend Advisory Council meetings so that they don't have to make any assumptions about how individuals feel.
- It was noted that if Family Care is expanded in Milwaukee County, consumers will have more choices than they've ever had.
- It was noted that counties that have two Family Care CMOs have said that it is a difficult model for providers and confusing for members.

9/10/08 Meeting Notes

Milwaukee County Long-Term Care Planning

- A comment was made that Family Care is expanding throughout the State but there is no data to demonstrate whether or not this model is working.
- A comment was made that the Advisory Council should consider what the populations would be for the two Family Care CMOs and how the district model would be implemented in Milwaukee County.
- A comment was made that consumers don't seem to be concerned with having two Family Care CMOs. A further comment was made that people did not have an opportunity to express opposition to one Family Care CMO; models are presented to the Advisory Council and the council gives advice on how to make them work. A further comment was made that the impact of the Advisory Council is limited because decisions are already made. It was noted that some projects that the County has worked on are like that, but this project has never been a "done deal". It was noted that Advisory Council meetings are always open to discuss what council members deem to be important.
- A comment was made that planning should continue by using the current organizational model for Family Care expansion in Milwaukee County because there is a high degree of consensus for that model and a limited window of opportunity to expand Family Care. A further comment was made that the organizational model will never be perfect and it will likely change over time.
- It was noted that at this point in the planning process, nothing is a done deal. It was noted that consumers and stakeholders have had many opportunities to give their input.
- A comment was made that planning should proceed so that DSD's wait list for services can be eliminated. A comment was made in agreement to move forward; however, it was also commented that competition (more than one Family Care CMO) would increase quality.
- A comment was made that the State will do what they are going to do in regards to Milwaukee County having more than one Family Care CMO. The Advisory Council should focus on the County's RFP and Family Care governance. A further comment was made that the expanded County-operated CMO should not remain in MCDA.
- A question was asked regarding how the County was supposed to put together a good CMO RFP with such a short timeframe. It was noted that it will be challenging.

3. Acronyms used:

ACAP	Adaptive Community Approach Program
ADRC	Aging and Disability Resource Center
CMO	Care Management Organization
CMUs	Care Management Units
DAS	Department of Administrative Services
DBS	Disability Benefit Specialists
DHHS	Milwaukee County Department of Health and Human Services
DHS	Wisconsin Department of Health Services
DRC	Disability Resource Center
DSD	Disabilities Services Division
ESS	Economic Support Service
MA	Medicaid
MCDA	Milwaukee County Department on Aging
RFP	Request for Proposals

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