

# PLANNING FOR CHANGE IN LONG TERM CARE

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## Minutes of the Steering Committee meeting of June 1, 2006

Jean Kuehn called the meeting to order at 9:15.

**Present:** Jean Kuehn, Todd Costello, Craig Dupont, Ken Eimers, Theresa Fishler, GP Foster, Fran Genter, Ginny Graves, Lynn Green, Owen McCusker, Karen Musser, Theresa Sanders, David Sievert, Marilyn Slautterback, Janie Riebe, Charmian Klyve, Jennifer Thompson, Tom Hermans, Steve Hare

**1. Rock County Introduction:** Charmian Klyve and Jennifer Thompson provided background information on Rock County funding sources, budget, who we are, CIP/COP slots, etc. DD is a separate Department from the Human Services Department in Rock County. Rock County has \$175,000 local dollars going into LTC. Thompson explained how the LTC program is operated including information on staff, intake, caseloads, wait lists, waiver cases, contracts, etc. The information distributed was from 2005 and Klyve will get an update to the group.

There was some discussion of the letter distributed at the WCHSA Conference concerning county local share. TMG is developing a template to capture information in a standard format to help determine local impact and make the data reporting comparable between counties. This draft will be shared with the group for additions/corrections. The State proposes that local share will come back to the county in the capitated rate. The local share will be negotiated and frozen at that same amount for future years. Along with serving the people currently being served, those on waiting lists will be served as well. The State will accept responsibility for all enhancements and the County is not at risk of having to add to local match. This raises a number of questions: how will the County budget be affected if the State doesn't provide a realistic cost of living increase, what impact will statutory/regulatory changes in Ch 46, 51, 55 have on services in the Family Care Program and other county services?

**2. Governance Structure:** Graves distributed four governance models representing broad reflections of what was heard in interviews. These models provide a starting place for today's discussion.

CLA & ECW as MCO's Model: (The State contracts directly with CLA and ECW)

- Easily facilitates acute and primary care like Family Care model
- Creates strongest Firewall between ADRC and MCO
- Economic Assistance – increased State \$?
- ADRC/MCO relationship (MCO priority may not be the ADRC priority)
- Fastest model to put on ground
- Local share will come with Dane County oversight
- County Board involvement?
- Role of County Case Managers?
- Shared risk?
- Are two MCO's an acceptable option to DHFS?
- Risk lack of communication
  
- DD Worry List:
  - Lack of DD expertise by Partnership programs

A Joint Project of Community Living Alliance, Inc., Dane County Department of Human Services, Elder Care of Wisconsin, Inc. and Rock County Human Services



- ICF/MR downsizing
- Consumer RCP with private model

County Governance Model 1: (The County becomes the MCO and contracts with both Partnership Programs. The County is held responsible for complying with all parts of the contract and delivery of services; however, services can be subcontracted).

- Does capitation support existing administrative structures?
- Local match – oversight from all funders
- County control of providers
- Local quality and control
- Potentially limits the benefit package (statutory change required)
- Advocates and consumers have higher comfort level with public model
- Impact on existing Partnership contracts (should capitation for all managed care models come thru the County?)
- County can determine their role
- Role of County Case Managers?
- DD Worry List:
  - DD may prefer
  - Provides for oversight of all funders
  - Preferred by consumers/advocates

Joint Governance Model 2: (County creates a separate MCO entity that contracts directly with the State)

- Role of County Case Managers?
- Creates firewall for the County
- Cost of multiple infrastructures
- Allows the entity to not be tied to County policies – hiring/other restrictions/ procedures
- County can determine their role
- Potential for independent Board
- Same acute & primary care issues as model #1
- Quasi Public – relationship would have to be clearly defined
- Determine relationship back to the County regarding authority and risk bearing
- Could be an HMO
- Is it cost effective?
- Detail needed to answer questions
- DD Worry List:
  - Local dollars

Joint Governance Model 3: (The MCO would be a public-private partnership).

- MCO would be a true public-private partnership
- Dane County Corporation Counsel has deemed this not possible to implement in the past
- No known examples
- Potential statutory changes to create this entity
- Cost in research and time to put together?
- Collective risk with no clear authority – what are legal ties back to original organizations?
- Role of County Case Managers?
- Decision-making – create board and give authority to govern MCO?

- Hire executive director or contract with Dane County or Partner for administration
- Partners not willing to participate in risk arrangement where they could be outvoted
- Prefer to not spend a lot of time on this model

Green noted that Model 3 was researched years ago for the Children Come First Program options. At that time, Corporation Counsel determined the county could not enter into a legal partnership with a private agency. Research done at that time could not find an example of this governance model anywhere. With the growth in managed care over the last 10 years there may be different public-private arrangements. It's not clear if the county's legal options have changed. This model was least favored by members and will not be discussed extensively due to time constraints and concerns of the model in general.

Family Care includes all three populations (FE, PD and DD) and Dane County is concerned about how DD will become a part of this managed care model in coming years. Although the current planning grant does not include DD LTC services there is an expectation that DD LTC will be incorporated into the managed care system at a later point. It was decided that DD LTC services should be added to the governance models with a dotted line. In order to keep the DD community up-to-date in the planning process, it was decided that Dan Rossiter, DCHS DD contract service manager, a DD provider representative and a DD consumer representative would be invited to be part of the Steering Committee. Focus of the meetings and work outside of this committee will continue to be on the target groups of this planning grant. Meetings are scheduled for every other week starting June 15 and will be held at Elder Care, CLA and Dane County on a rotating basis.

Next Steps:

- Methodologies for local match
    - Impact to the Department
    - Define role of County with local share
    - TMG template for reporting local impact
  - Delineate pros/cons on three models
    - Continued questions/issues with each model
    - Models updated with today's discussion
  - Continue work on choosing model
- 3. Stakeholder Information and Involvement Plan.** Materials that will be forwarded to WDHFS in response to Secretary Nelson's request for information on how planning consortiums will be including stakeholder input into the planning process were shared with members. These materials were previously emailed to members for comment and approved.
- 4. Subcommittee reports:** Sanders suggested that subcommittees send their minutes/notes to be included with future agendas rather than giving a verbal report at the meeting in order to save time. Questions on what was received can then be addressed at the meeting. Minutes could also be posted on the website. Members agreed that this would be a good idea.

The **ADRC Subcommittee** met last week with Ann Marie Ott from the State Bureau of Aging and Disability Resource Center. She presented an overview of the requirements for ADRC. The next step is learning what ADRC is all about. Services offered by various organizations/members of the ADRC Subcommittee will be discussed at the next meeting and a comparison of services to the requirements of ADRC will be done. The plan is to develop a model that has all disciplines in it from the beginning – aging, PD, MH, DD, AODA. The EAWS STEP Unit is involved as well. Rock County is interested in having a representative appointed to the various subcommittees. The next ADRC meeting is June 8, 8:30-10:30, at Elder Care.

Committee members were encouraged to send additional comments on the governance models discussed to Jean Kuehn. She will compile them and distribute to all members prior to the next meeting.

Meeting adjourned 11:55 a.m.

Next meeting June 15, 10:00 a.m., Elder Care, 10:00

Recorded by Dawn MacFarlane