



## **Dane County Department of Human Services**

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**Director – Lynn Green**  
**1202 Northport Drive, Madison, WI 53704-2092**  
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**KATHLEEN FALK**  
DANE COUNTY EXECUTIVE

December 28, 2005

Helene Nelson  
Secretary of the Department of Health and Family Services  
1 W. Wilson Street  
P.O. Box 7851  
Madison, WI 53707-7851

Re: Long Term Care Reform RFI/RFP

Dear Helene:

Attached please find Dane County Department of Human Services' response to your request for information/proposals for long-term support and health care reform in Wisconsin. As you will see, the Department is submitting both an RFI and RFP. We are requesting \$100,000 for a strategic planning grant in the area of services to adults with developmental disabilities and \$250,000 for a program development/implementation planning grant in the areas of support for frail elders and adults with physical disabilities.

We feel strongly that Dane County is in an excellent position to proceed and succeed in both these efforts and that it would benefit the citizens of the entire State for us to pursue them. Since 2000, Dane County has experienced the largest population increase in Wisconsin in terms of number of people. We are second only to Milwaukee in the number of Medicaid recipients and services provided. We have always been an innovative partner in both program and fiscal reform. We already have a contract with the State to provide managed care to children and youth with severe emotional disturbance. Our strategic partners in this application, Community Living Alliance (CLA) and Elder Care of Wisconsin, are leaders in the implementation of the Partnership Programs; the Department has been partnering with CLA in the creation of an SSI managed care initiative that will begin early next year. Dane County provides a tremendous amount of local support for services to the three consumer populations involved in this reform and has been a leader in promoting consumer driven and community based services approaches. I could go on, but I won't, as I know you are aware of our credentials.

In summary, I am proud of the work we do, the application that is attached, and our vision for the future. I ask you to support our plans and grant Dane County its requests to be a strong partner with the State in this long-term care reform effort. I look forward to our work together.

Sincerely,

Lynn Green  
Director

cc: Kathleen Falk, Dane County Executive  
Supervisor David Worzala, Chair, Health & Human Needs Committee  
Fran Genter, Administrator, DCDHS Adult Community Services Division  
Owen McCusker, Executive Director, Community Living Alliance, Inc.  
Karen Musser, CEO, Elder Care of Wisconsin, Inc.

**Attachment B**  
**Statement of Interest**  
**Statewide Long-Term Care Reform**  
**Dane County – Community Living Alliance –Elder Care of Wisconsin**

**ORGANIZATION NAMES: OVERVIEW**

This response to the DHFS request for information “Long-Term Support and Health Care Reform in Wisconsin” is being submitted by Dane County Human Services Department and its two current strategic partner organizations: Community Living Alliance, Inc. (CLA) and Elder Care of Wisconsin, Inc. (ECW).

**CONTACT PERSONS**

Contact Name	Address	Telephone #	E-mail	Fax
Lynn Green - Director Human Resources Dept (Lead agency – see below)	Dane County Human Services 1202 Northport Drive Madison, WI 53704	608-242-6469	<a href="mailto:green@co.dane.wi.us">green@co.dane.wi.us</a>	608-242-6293
Karen Musser Chief Executive Officer	Elder Care of Wisconsin 2802 International Lane Madison, WI 53704	608-245-3061	<a href="mailto:musser@elderc.org">musser@elderc.org</a>	608-245-3077
Owen McCusker Chief Executive Officer	Community Living Alliance 1414 McArthur Road Madison, WI 53708	608-242-8335 Ext. 1315	<a href="mailto:mccusker@clanet.org">mccusker@clanet.org</a>	608-240-7060

**BRIEF DESCRIPTION OF ORGANIZATION (Legal entity, status, purpose, scope of enterprise)**

Dane County Human Services Department - Dane County Department of Human Services (DCDHS) is part of Dane County government. Departmental divisions include: Adult Community Services Division, Children, Youth and Families Division, Economic Assistance and Work Services Division, Public Health Division, Badger Prairie, and Administration Services with a current service budget totaling \$210.5 million, of which \$60.1 million is county general purpose revenue (GPR). The DCDHS Director is appointed by the County Executive. The department’s primary oversight body is the Health & Human Needs Committee, a standing committee of the Dane County Board of Supervisors.

Long-term care services for elders and people with developmental disabilities, physical disabilities and mental health needs are provided through the Adult Community Services Division. This division’s 2006 budget is \$123.7 million, including \$25.5 million in county GPR and \$98.2 million from 50+ distinct revenue sources. Over 4,000 adults with substantial functional impairments receive ongoing, intensive support services, with half of these enrolled in COP and HCBW services. Many thousands more receive less intensive, time-limited supports. Most direct services are provided through a network of 104 community based agencies and 30 residential care contracts. Dane County has a well-deserved reputation of providing high quality, consumer-focused, community-integrated support and recovery services. This success was achieved through a value-based approach, strong partnerships with community organizations, and a significant level of county financial support.

Dane County Human Services has a notable history of working with local private vendors / providers to offer innovative and flexible systems of support to county residents. County accomplishments include:

- Working closely with DHFS in developing the Wisconsin Partnership Program (Partnership) model and establishing WPP at Community Living Alliance, Inc. and Elder Care of Wisconsin, Inc.;
- Joining with Community Living Alliance, Inc. and the Mental Health Center of Dane County, Inc. in developing an SSI Managed Care program that includes CSP and targeted case management services in capitation.
- Being one of the first counties to pilot the Community Options Program in the early 1980's;
- Developing a Self Directed Services model for people with developmental disabilities that is the most progressive, empowering model in Wisconsin;
- Consistently holding in-patient psychiatric care to 15% of annual mental health expenditures;
- Demonstrating an exemplary record in moving people out of Wisconsin's DD Centers, even when the CIP rates were insufficient to cover community care costs; and
- Partnering with DHFS over the decades in relocating residents from large residential facilities including, but not limited to, Allen Hall, Birchwood Court CBRF, Highland Transitional Nursing Home and Orchard Hill ICF-MR;

Community Living Alliance – CLA was founded in 1998 by a group of people with disabilities and chronic illnesses to provide an integrated array of long-term care and primary / acute health care services to assist Dane County residents with disabilities to live independently in their own homes. CLA was created by the local center for independent living; incorporating the values of the independent living philosophy which promote consumer involvement in all facets of the organization's governance, management and monitoring / evaluation. In creating CLA, community stakeholders envisioned that the organization would develop a comprehensive, seamless and flexible array of risk managed, integrated LTC and primary / health care services.

In 2004, CLA provided services to over 800 Dane County residents with significant disabilities / chronic illnesses through three primary programs: HCBW waiver case management, Medicaid personal care card services and the Wisconsin Partnership Program. To provide services and offer choice to consumers, CLA maintains a network of 395 providers/vendors (e.g. mental health, dental, home modification, CBRF's, adult family homes) as well as a network of 78 primary care physicians and 1,700 available medical specialists. In 2005, CLA continued to grow to serve more consumers and continued work to implement an SSI managed care program for over 5,000 eligible Dane County residents in 2006. CLA is collaborating with Dane County Human Services, the Mental Health Center of Dane County, Access Community Health Center (FQHC), and The Management Group, Inc. (TMG) to implement this unique SSI model that will integrate mental health/substance abuse services that are vital to sustain many people independently in the community.

CLA is authorized to operate as a Wisconsin-based Health Maintenance Organization (HMO), Medicare Advantage Special Needs Plan, Medicare Prescription Drug Plan (under Medicare Part D), and is certified by DHFS to participate in the Medicaid Managed Care program. The organization currently employs over 900 professional staff and in-home workers and has a current budget of over \$30 million.

Elder Care of Wisconsin - Since 1976, Elder Care of Wisconsin (ECW) has been helping older adults live independently at home and in the community. A private, nonprofit organization, ECW has provided health care management and long-term care services for a decade through integrated care programs. In 2004, the organization provided services to over 700 elderly residents of Dane County. The organization employs over 250 people and has a budget for 2005 of \$28 million. Like CLA, the organization is authorized to operate as a Wisconsin-based HMO, Medicare Advantage Medicare

Special Needs Plan; Medicare Prescription Drug Plan (under Medicare Part D) and is certified by DHFS to participate in the Medicaid Managed Care program. Both ECW and CLA are among the few organizations in the country to be certified by the federal government to serve people who are “dually entitled” under both Medicaid and Medicare.

ECW operates a variety of innovative service programs, including the Wisconsin Partnership Program. The Elder Care Partnership Program currently serves over 520 Dane County residents, age 55 and older. These older adults have an average of five to seven medical conditions and are at risk for nursing home placement. ECW Partnership contracts with over 200 local community providers including area hospitals, nursing homes, assisted living facilities and physician clinics as well as providers of many long-term care services.

Additional ECW services include: operation of two adult day centers; provision of over 40,000 annual personal care and home health care visits, operation of a special transportation system with a fleet of 21 accessible vehicles, and rehabilitation and occupational therapy. ECW created and operates its own dental clinic making scarce dental resources available to Partnership members.

In 2006, ECW is inaugurating two Medicare Special Needs Plans – Elder Care Reliance Health for beneficiaries with chronic diseases and Elder Care InFocus Health for beneficiaries living permanently in nursing homes.

#### **INTEREST IN PLANNING AND IMPLEMENTATION OF LONG-TERM CARE REFORM IN WISCONSIN**

All three strategic partners have significant and demonstrable experience in developing innovative LTC service offerings that expand locally based, consumer responsive, integrated managed care. The county has collaborated with both organizations and their precursor entities over a period of more than 25 years to implement a diverse array of community-based services including: Supportive Home Care, COP-HCBW programs, self-directed service models, DD support broker, PACE, Partnership, and Medicaid Personal Care. Most recently, CLA and ECW have been involved in initiatives to increase and improve services to their respective populations; CLA working to implement SSI managed care; and ECW expanding services into Medicare-funded disease management programs.

All three organizations have been active in the public policy process to “re-design” long-term care in Wisconsin and all three have repeatedly provided information and technical assistance to other interested counties and private providers. Key county and provider management staff have served on the state Long-Term Care Council and its various sub-committees, and participated in the Governor’s Blue Ribbon Commission on Mental Health reform.

Dane County, CLA and ECW share a vision and commitment to create a “platform” to provide a comprehensive array of managed LTC and primary/acute health care services to eligible county residents. This includes development of an aging and disability resource center and a continuum of services offerings that include: SSI managed care, managed long-term care, Partnership and disease management resources.

Through its strategic partners, Dane County has the requisite management/administrative capabilities to undertake the complex and critical operations essential for effective risk management including: utilization review, quantitative financial analysis, claims processing, network development, management of pharmacy benefits; internal clinical and audit review processes, information systems development, quality improvement, and clinical health care management.

## **GEOGRAPHICAL AREA OF INTEREST**

In this Request for Information, Dane County Human Services is proposing to expand managed care services to people with physical disabilities, developmental disabilities, chronic illnesses, and elders within the county's borders. Dane County and its strategic partners currently operate a comprehensive system of LTC programs – including two Partnership Programs – a total program array that is of sufficient size, we believe, to initially consider Dane County a “one-county region.”

Dane County accounts for 56% of all COP and HCBW expenditures among its contiguous counties. The county serves 38% of all current COP and HCBW recipients in the area, and accounts for 34% of the total area waiting list. Dane County is one of the fastest growing urban areas in the entire country. The Wisconsin Department of Administration (DOA) predicts that Dane County will experience the largest numeric population growth among all Wisconsin counties for each of the decades between 2000 and 2030; exceeding a population of over 500,000 people by 2015. Between 2000 and 2030, the cohort of people over 60 years of age is projected to roughly double in size to encompass 23% of the total county population. (Source: DOA Demographic Services Center) According to the U.S. Bureau of the Census (Table P-41), Dane County accounts for 41% of the total population of people with disabilities over five years of age in the contiguous nine-county area. Demographers note that Dane County can expect disproportionate growth in the number of new residents who require social services.

Dane County actively supports the companion RFI being submitted by its two strategic partners, CLA and ECW, to explore the feasibility of creating a regional service delivery system involving counties and county consortia in southern and central Wisconsin. The county has experienced fruitful regional collaborations on a multi-county level in the past (e.g. W-2 consortium) and believes that “regionalizing” services may provide efficiencies and economies in areas including: establishment of a regional purchasing consortium; collective contracting for third party administrative service (e.g. claims processing); operation of shared pharmacy benefits management program; shared MIS system implementation; combined administration of requisite managed administrative and analytical services; shared staff professional development program and certification mechanisms; and provision of technical assistance to interested counties and county consortia.

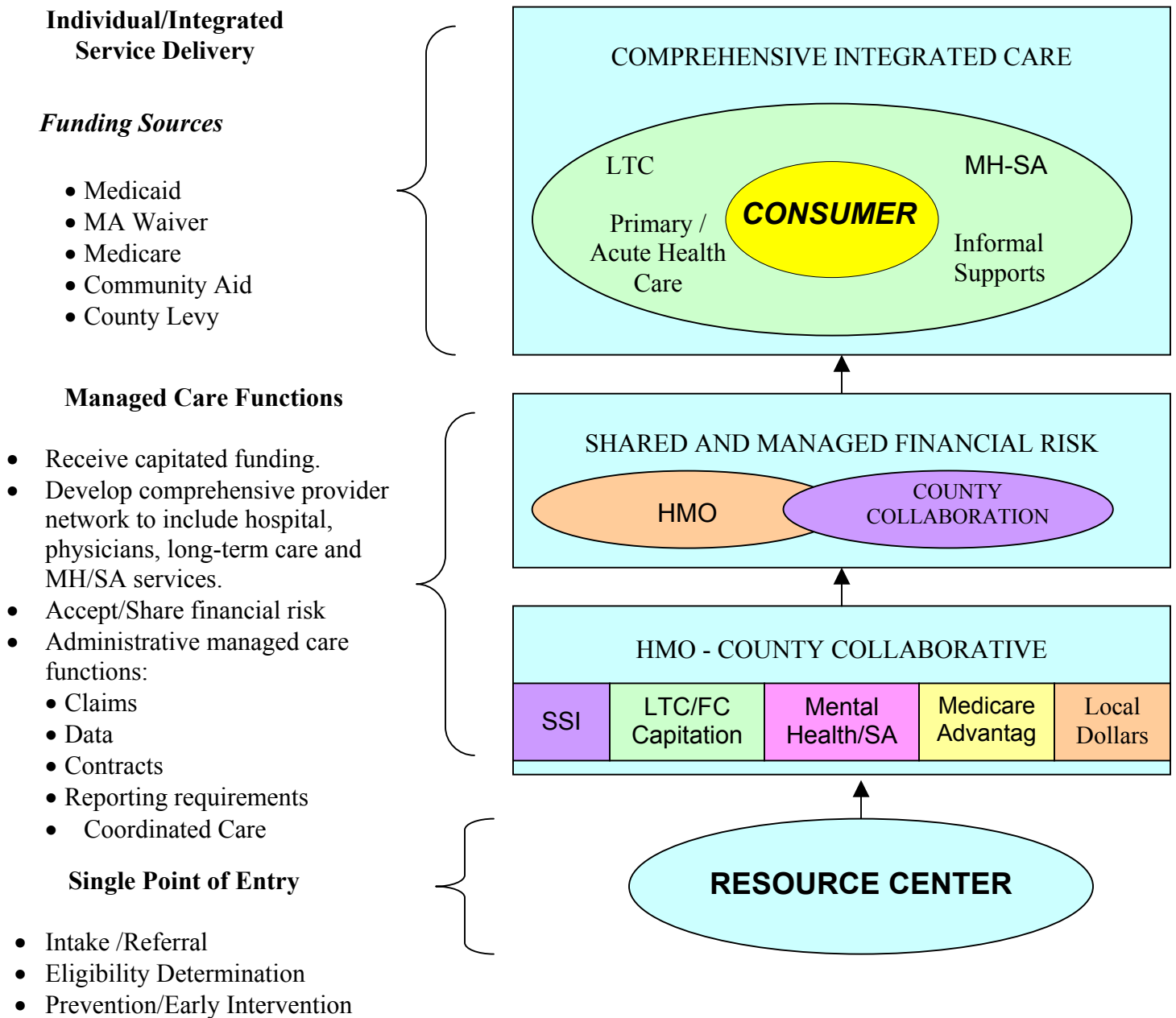
Focusing planning efforts on Dane County specifically, will yield several important results: 1) it will permit Dane County and its strategic partners to develop a “service platform” that could eventually be implemented in other counties; and 2) it will permit the county to focus on the considerable and complex logistics involved in conversion of its already extensive FFS system to managed care. Given the sheer size of the population that Dane County currently serves and expects to serve, this approach will provide services to a significantly large population.

## **PROPOSED SCOPE AND NATURE OF THE PROGRAM**

Dane County and its current strategic partners are interested in working toward the development of an array of risk managed, flexible and integrated LTC services that include health care coordination and / or provision of primary and acute health care. This system would serve adults with physical disabilities, developmental disabilities, chronic illnesses, and frail elders by providing one comprehensive point of entry, information and referral, and “one-stop shopping” that effectively integrates services using managed care principles. Initially this may be achieved by conjoining a range of current program offerings including: SSI managed care, managed long-term care, and the Partnership Program. Over time it is anticipated the county, working with the state, may be able to achieve “real” integration and the regulatory and administrative simplification that a concatenation of funding allows. Eventually, the county envisions establishing better integration of long-term care and primary/acute health care services

with essential mental health/substance abuse services to provide more effective and comprehensive support to county residents.

The goal of Dane County and its strategic partners is to work toward a comprehensive integrated care system (as presented below).



(Courtesy of The Management Group, Inc. (TMG))

**Attachment C**  
**Long-Term Care Planning Grant Proposal**  
**Dane County – Community Living Alliance – Elder Care of Wisconsin**

**APPLICANT ORGANIZATION AND CONTACT:** This request for planning funds is being submitted by the Dane County Department of Human Services (DCDHS) and its two strategic community partners: Community Living Alliance, Inc. (CLA) and Elder Care of Wisconsin, Inc. (ECW), organizations that combined have 20 years of experience providing integrated managed care to targeted Medicaid populations. DCDHS will manage all funds received and coordinate all planning and public input activities. DCDHS will contract with a third party organization that is experienced in the development of community-based managed, long-term care and health care to assist in the coordination of public input, program design and required analytical services. Contact: Lynn Green, Director, Dane County Dept. of Human Services, 1202 Northport Dr., Madison, WI 53704; Voice: (608) 242-6469; Fax: (608) 242-6293; E-mail: [green@co.dane.wi.us](mailto:green@co.dane.wi.us)

**PLANNING GRANT REQUEST:** Dane County and its strategic partners propose to utilize available planning funds to implement a comprehensive array of managed long-term care services for eligible Dane County residents who have physical and/or developmental disabilities, chronic illnesses and/or are frail elders. This application requests both program *implementation* planning funds in the amount of \$250,000 and program *development* planning funds in the amount of \$100,000. The *implementation* planning funds will support transition to a managed long-term care benefit for frail elders and persons with physical disabilities respectively who are currently served in Dane County’s COP-R and HCBW programs. The implementation funds will also be used to support the development of a full service ADRC and form a Long Term Care Council. The *development* planning funds will be utilized to plan an appropriate managed care model to serve persons with developmental disabilities.

Dane County believes that expanding integrated, managed risk models to current LTC resources will result in providing more choices for county residents while improving the quality, integration, and cost-effectiveness of vital services. The county proposes to build upon existing managed care and LTC infrastructures. The county’s goal is to build a seamless “platform” of managed care choices to meet the changing life and health needs of consumers. Key features of the new system will include:

- A single-point of entry for all older adults and people with disabilities or their families living in Dane County to include: education, referral to services, eligibility determination, and benefit counseling;
- A full continuum of care for adults with physical disabilities, chronic illnesses, developmental disabilities and frail elders utilizing the experience and capacity of current managed care programs including SSI managed care and the Partnership Programs;
- A comprehensive range of flexible service options (case management, health care coordination, primary and acute health care, self-directed service option) that are organized and managed in a cost efficient way; and
- A broad network of local service providers, preserving the diversity and richness of current local resource and maximum choice for consumers.

***Implementation Planning – Transition of COP-R and HCBW Programs*** -The initial goal in 2006 for Dane County and its partners will be to extend their current integrated care management models to move eligible adults who are currently served under the COP-R and HCBW programs into a managed long-term care benefit. ECW and CLA would be designated as Care Management Organizations (CMOs) and would be able to bear risk for the operation of all risk-managed programs for the elderly and persons

with physical disabilities. All the partners have considerable experience in integrating traditional long-term care services with primary/acute health care for these populations and have the provider network and administrative capacity to create a choice of a more fully integrated model of care. Dane County also has experience with a managed care program for children with severe emotional disturbances. DCDHS, CLA and ECW will continue to explore ways to include community-based mental health/substance abuse (MH/SA) services in a comprehensive, managed care model, thus assuring a full continuum of integrated services to adults with multiple, complex needs.

*Creation and Operation of an ADRC* – Dane County plans to establish an Aging and Disability Resource Center (ADRC) to provide a single entry point to access information and assistance; emergency services; intake assessment; benefit counseling; and eligibility determination for Medicaid-funded programs - including managed care. Although Dane County currently offers a series of direct services, there is no single agency or phone number to access these services. Dane County’s goal will be to integrate their current hotlines, referral sources and intake points into a full service ADRC that serves all target groups to include persons with MH/SA needs.

*Creation and Operation of a Local Long-Term Care Council (LTCC)* – Dane County believes that the sustained involvement of the local community is essential to developing a responsive, integrated system and transitioning the county’s current service delivery systems to managed care. The creation of a local LTCC will assure participation of local community stakeholders, consumers, advocates and providers in the planning, ongoing operation and evaluation of the new system. The LTCC will conduct regular forums for public input and evaluation of both the managed care system and the ADRC. The LTCC will be active in the identification of quality improvement issues and review and oversight of ongoing systems design and development.

**Development Planning** – *The key guiding principle in the recent reform of the Dane County developmental disability system was to expand the set of choices over which individuals could exercise personal control. While responsive, consumer-centered and well-developed, this system is not currently arranged in a way that easily lends itself to conversion to managed care. Dane County is requesting funds to develop a detailed plan to “move” this system closer to implementation. Primary areas of focus for this inclusive, developmental, two-year planning process include:*

- (a) study and design of a managed care model for the developmentally disabled population that respects consumer choice within a cost effective delivery system;
- (b) define the scope of the ongoing county role in the provision of county “safety net” services (e.g., services mandated under chapters 51 and 55, Wis. Stats.);
- (c) develop a feasibility analysis and plan to promote the full integration of primary and acute health care under risk management, initially for persons covered by SSI Medicaid;
- (d) design and implement a viable “self-directed” option for consumers, including the concepts of consumer choice over support brokers and types of supports;
- (e) pilot an individual-level budgeting model within a managed care delivery system; and
- (f) analyze the utility of the county role in “risk sharing” and contribution of overmatch.

**Proposed key benchmarks for grants** – The following table summarizes key benchmarks for both grants:

<b>Dane County Common Benchmarks 2006-2007</b>	
<ol style="list-style-type: none"> <li>1. Establish a local LTC Council to oversee implementation of a managed long-term care program <i>and</i> oversee the planning for an appropriate managed care model to serve persons with developmental disabilities.</li> <li>2. Establish a full service Aging and Disability Resource Center.</li> </ol>	
<i>Implementation Benchmarks (CY 2006-2007)</i>	<i>Development Benchmarks (CY 2006-2008)</i>
<ol style="list-style-type: none"> <li>1. Integrate COP and HCBW for elders and people with physical disabilities into ECW and CLA.</li> <li>2. Create a managed LTC benefit from current HCBWs.</li> <li>3. Transfer risk for operating COP and HCBW programs to CLA and ECW.</li> <li>4. Begin to serve all target populations currently in HCBW programs and plan for expansion to serve persons on the wait list.</li> </ol>	<ol style="list-style-type: none"> <li>1. Study other managed care models for persons with developmental disabilities to include self-determination.</li> <li>2. Develop the blueprint of a preferred managed care model.</li> <li>3. Identify appropriate organizations to receive capitation, organize and delivery services and, participate in risk sharing for this targeted population.</li> </ol>

**AREA:** This application covers the area of Dane County, Wisconsin. ECW and CLA are submitting a companion RFI proposal to develop a regional managed care service network that includes Dane County. Dane County will monitor the planning process of this regional effort and support potential collaboration in areas such as technical assistance, network development and administrative functions.

**Population Estimates:** The table below describes the population of residents who could be served under the comprehensive, integrated managed care model being proposed by Dane County:

	Population (DOA Census)		COP and Waiver Programs			WPP (DHFS)	SSI (DHFS)*	NH (DHFS)	COP/ Waiver Wait
	All	18+	Elderly	DD*	PD				
<b><u>DANE COUNTY TOTALS</u></b>	426,526	330,271	602	1,071	278	817	6,100	863	558

\*DD COP and Waiver and Non-Waiver SSI populations have been calculated based on reasonable assumptions about the available data. These assumptions should be reviewed before more detailed analyses are conducted.

**BACKGROUND:** Dane County currently operates a comprehensive long-term care delivery system for all targeted populations. This county system, directly or through contract, provides case management and a full range of community-based long-term care services through a comprehensive network of providers. In addition, the county provides all needed intake and eligibility determination services. It operates these programs in tandem with two Partnership Programs serving elderly and adults with physical disabilities. Barriers to expansion of managed care include transitioning a broad, diverse array of independent providers utilized by Dane County into a managed care system and provider network. Dane County has developed and utilizes a rich array of services to support its consumers, therefore, achieving cost neutrality in the short-term, and entitlement in the long-term, will present a significant challenge. The transition of Dane County’s self-determination approach for the developmentally disabled population into a managed care environment will require a thoughtful and innovative design. And finally, Dane County will need to develop an ADRC.

**PLANNING PARTNERS AND RESOURCES:** Dane County has an extensive history of securing consumer involvement in the creation and operation of innovative community-based long-term support programs. Dane County plans to create a Long-Term Care Council to include the voice and input of consumers, providers and other key stakeholders in the planning process. Dane County and its strategic partners, ECW and CLA, bring a wealth of managed long-term care capacity and experience to the process, perhaps unrivaled across the State. The Partnership Programs have unique knowledge about the design, development, and implementation of fully integrated managed care models for frail older adults and persons with physical disabilities, and a solid understanding of the complex regulatory, administrative and financial framework needed to support these comprehensive, managed care programs.

**COORDINATION/INTEGRATION WITH CURRENT INITIATIVES:** Dane County and its strategic partners plan to invest in the development of a full-service ADRC to support and complement the managed LTC system. The ADRC, along with the managed care experience and capacity of CLA and ECW, will enable Dane County to build a managed care system for the elderly and persons with physical disabilities currently receiving long-term care on a fee-for-service basis.

**READINESS FOR MANAGED CARE:** In CLA and ECW, Dane County has the ideal strategic partners to implement a consumer-responsive, integrated managed care system. The county has collaborated with both organizations and their precursor entities for 25 years to implement a diverse array of community based services including: Supportive Home Care, HCBW programs, PACE, Partnership, Medicaid Personal Care, and SSI managed care. Both strategic partners have:

- well-deserved reputations for providing innovative, cost-efficient services
- demonstrated commitments to the involvement of consumers in the governance of their organizations, as well as consumer involvement in their grievance, quality improvement and evaluation processes.
- developed the requisite management and administrative capabilities to undertake the complex and critical operations essential to effective risk management including: utilization review, quantitative financial analysis, claims processing, network development, management of pharmacy benefits; internal clinical and audit review processes, information systems development, quality improvement, and clinical health care management.
- authorization to operate as Wisconsin-based HMOs, Medicare Advantage Plans, including Special Needs Plans and Medicare Part D drug plans; and are certified by DHFS to participate in the Medicaid Managed Care program
- authorization by the federal government to serve people who are “dually entitled” under Medicaid and Medicare.

**BUDGET:**

<b>Dane County &amp; Partners <i>Planning to Implement</i></b>	
<b>PROJECT ACTIVITIES/DELIVERABLES</b>	<b>Budget</b>
Project Manager/Facilitator	\$115,625
Creation of an ADRC	\$45,000
Risk profiling	\$30,000
IT modifications and enhancements	\$15,000
Staff training	\$15,000
Consumer involvement	\$10,000
Legal assistance	\$6,375
Local LTC Council activities	\$8,000
Travel/incidentals	\$5,000
	<b>\$250,000</b>

<b>Dane County &amp; Partners <i>Planning to Plan Budget</i></b>	
	<b>Budget</b>
Project Manager/Facilitator	\$34,375
Creation of an ADRC	\$5,000
IT modifications and enhancements	\$10,000
Staff training	\$7,500
DD managed care model design	\$20,000
Consumer involvement	\$2,500
Legal assistance	\$1,125
Local LTC Council activities	\$2,000
Travel/incidentals	\$5,000
Provider relations/development/training	\$7,500
Meetings	\$5,000
	<b>\$100,000</b>

<b>Dane County &amp; Partners Contribution</b>	
Cash Contribution	\$35,000
In-Kind Contribution	\$465,000
	<b>\$500,000</b>

Cash Contribution	\$15,000
In-Kind Contribution	\$185,000
	<b>\$200,000</b>

*See Attached budget annotations for explanation*

**CLOSING:** Dane County is an acknowledged leader in developing and funding quality, consumer-driven services, and accounts for the second highest number (second only to Milwaukee County) of Medicaid funded services in the state. In light of their history for program innovation, the significant number of persons served, and experience of their strategic partners, Dane County is prepared to move forward to implement managed long-term care for elders and the physically disabled. Dane County is also prepared to plan a managed care model for the developmentally disabled that preserves the significant strengths of the county's self-directed system.

The approach that Dane County and its partners are proposing could well-serve as a model for other areas of the state. These planning efforts will result in the implementation (in Wisconsin's fastest growing county) of one seamless coordinated, integrated managed care system that would replace a host of fragmented fee-for-service arrangements. County residents will have access to this system and its resources through one central point (ADRC). This new system will preserve a diverse and vibrant network of local provider organizations that will offer an array of needed specialized services and choices to recipients.