

**MINUTES OF THE  
HEALTH & HUMAN NEEDS COMMITTEE, HUMAN SERVICES BOARD,  
LONG TERM SUPPORT & AREA AGENCY ON AGING  
Tuesday, October 28, 2008**

**HHN Members Present:** Barbara Vedder, Dorothy Wheeler, Elaine DeSmidt  
**HHN Members Absent:** Shelia Stubbs (excused), Eileen Bruskewitz (excused)

**HSB Members Present:** Addie Pettaway, Nell Mally, Barbara Vedder  
**HSB Members Absent:** Peng Her, Tom Stoebig (excused)

**LTS Members Present:** Dale Bruhn, Deborah Garrett-Thomas, Derick Pearson, Kathleen Nichols, Laurine Lusk, Barbara Vedder

**LTS Members Absent:** Sue Petkovsek, Judith Hunter

**AAA Members Present:** Elaine DeSmidt, Dorothy Wheeler

**AAA Members Absent:** Ashok Bhargava, Joyce Boggess, Judith Wilson, Robert Herbst, Judith Hunter, Shelia Stubbs, Duane Gau, Esther Olson

**Staff and Others Present:** Lynn Green, GP Foster, Barb Thoni, Jean Kuehn, Theresa Sanders, Janie Riebe, Kathleen Luedtke, Dyann Hafner, Fran Genter, Andy Phillips, John Donnelly, Marni Queviotis, Sarah Diedrich-Kasdorf, Jennifer Fischer, Mark Lederer, Paul Yochum, Jason Glozier, Steve Verriden

**Call to Order:** Sup Vedder called HHN to order at 5:34 p.m. Sup DeSmidt called AAA to order as a subcommittee at 5:34 p.m. Mally called HSB to order at 5:34 p.m. Nichols called LTS to order at 5:34 p.m.

**Public Comment:** None

**Chair's Report/Announcements:** None

**Family Care: Governance Model – Andy Phillips:** Kuehn introduced Andy Phillips of Centofanti Phillips, a Milwaukee law firm. He has been working with the Wisconsin Counties Association developing governance models with the expansion and regionalization of Family Care and represents 4 of 5 Long Term Care Districts in existence.

Phillips presented on governance models with a focus on challenges in Dane County. Copies of pertinent State Statutes were distributed. There are three Family Care models: 1) Single County Model; 2) Private entity MCO to provide Family Care benefits; 3) Long Term Care District. In making governance/organizational decisions, Dane County has to identify who will be providing services; what is important to Dane County; review the Long Term Care District Statute and understand obligations; and review options.

Phillips explained the Private MCO model and requirements; Private MCO pros and cons; Long Term Care District Model; and LTC District pros and cons.

**Questions/Comments:**

1. Nichols asked whether there is anything in the Statutes prohibiting a for-profit organization from being a MCO. No.
2. Nichols asked how the MCO mitigates 51.42 Stats. If a person is functionally and economically eligible for services, the MCO is required to provide services to them. If a person currently being served by the county does not meet eligibility requirements, it mutes the obligation under 51.42. If a person is court ordered under Ch. 55 and doesn't pass the functional screen to qualify for the Family Care benefit, the county has ultimate responsibility for taking care of them, but the State would hopefully step in and take immediate repairable action.
3. Verriden asked whether there are areas that a person might do some advance advocacy to make Family Care more consumer oriented. A governing board cannot have less than 25% consumer representation. It's possible to advocate for a higher level, but the State has to be consistent in the RFP process. Consumers can also advocate to give preference to organizations that they are currently working with.
4. Sup DeSmidt asked whether a private entity could refuse patients. They cannot refuse treatment if the client meets functional screen and economic eligibility requirements, which are determined through the ADRC. Luedtke explained that if a county has been voluntarily serving a client who doesn't meet functional screen requirements, the MCO would not be obligated to serve them. There have been other mechanisms that pay for services such as COP; however, once a county converts to Family Care all waiver money is gone.

5. Sup Wheeler asked for further explanation about an MCO contracting with the county. Green responded that most of the case management in Dane County is already contracted out, and Dane County staff would be reassigned to the ADRC.
6. Glozier asked if a Private MCO could screen out high cost clients. Luedtke explained that the ADRC makes the initial eligibility determination, but once enrolled, the MCO has recertification responsibility. The MCO has to serve everyone that is eligible no matter what the cost. There are performance standards strictly enforced by the State, and the MCO cannot dis-enroll an eligible person unless the State gives them permission. The only way that would happen is if the individual refused all care providers available, was physically abusive to case managers, competent and didn't need LTC services. The State has clinical nurses to review failed functional screens and most of the time find that the consumers are eligible. If they are really not eligible, the county would be responsible for serving them. However, if they are not eligible for Family Care and not in need of protective services, the county would not be obligated to serve them even though they might have issues. Sanders explained that the Department was recently informed that 30 individuals no longer meet functional eligibility for the Partnership Program. These elderly individuals are now receiving minimal services such as meals, rides and case management from the aging focal point network.
7. Nichols asked whether the county risk is the same under a Private MCO or a District Model. District and Private MCO's use the same tools to determine functional and financial eligibility. The county is shielded from financial responsibility in either model.
8. Sup Wheeler asked about the authority of a District Board, whether they could raise more money and the relationship between the LTC District Board and County Board. The capitation rate should be sufficient, but Boards can accept aid [see 46.2895 (4)(L) Wis. Stats.]. The LTC District Board is responsible for all business of the LTC District. If a LTC District Board contracts with the county for case management, they will have a lot of interaction with the county. If they do not contract with the county, there won't be much interaction. The LTC District Board is a separate entity and does not answer to the Human Services Department or the County Board. Luedtke added that both District and Private MCO's require several MOU's with counties involved, which are attached to the contract.
9. Garrett-Thomas asked about monitoring for compliance. The MCO Boards are accountable to the State of Wisconsin, Department of Health Services. A contract manager is assigned to oversee each MCO. If the District provides the Partnership benefit, then the Office of the Commissioner of Insurance will also be involved. There is a fiscal team at the State to monitor the financial health of MCO's.
10. Pettaway asked if funding for Family Care comes from the State or Federal money funneled through the State. Family Care is a Medicaid program. The State contributes about .40 of every dollar and about 60 come from the Federal Government. When a county converts to Family Care, all COP money transfers into Family Care as well. Other sources of revenue include cost-sharing and local contributions from the counties. All money is used to pull down maximum Federal dollars.
11. Genter clarified that the LTC District Model is a lot like the Private Model. Once a Board is appointed, it becomes a separate entity. The only connection to the county is that the county appoints the Board. Therefore, if a County Board Supervisor is selected to serve on the LTC District Board, they are not required to report back to the County Board. The LTC District operates much like a Private MCO but has specific statutes governing how the LTC District operates. Sup Wheeler feels that it is just adding another layer of bureaucracy.
12. Sup Vedder asked about the Single County Model. There are only two counties in Wisconsin that would meet State requirements to deliver Family Care as a single county – Dane and Milwaukee. The Single County Model has the same requirements as the Private MCO Board and District Board. Supplementing the capitation rate is prohibited. The LTC District Statute creates insulation to insure that a county is not left picking up the pieces if something goes wrong. Green noted that Family Care will be a major transformation in Dane County. The waiver programs won't exist, and funds will not be available to continue the same level of services provided by Dane County, but there would still be quality services. A district or Private MCO would probably continue to contract with most of the agencies we currently contract with, so the provider network would remain somewhat intact.
13. Sup Wheeler questioned who would pay for the board and staff that are hired. Luedtke explained that the State provides the capitation rate plus an administrative fee of 5-7% to cover expenses. Green noted that start-up costs to buy a data system, rent a facility for the ADRC, etc. is an issue. The State doesn't guarantee start up costs; counties have to negotiate for them.
14. Nichols would support a LTC District Model for small counties with few people to serve, but she would like to retain more County Board and County Executive authority in Dane County. Phillips noted that the LTC District Model gives counties the power to decide who is appointed to the LTC District Board, but it doesn't maintain county control. He added that there is nothing prohibiting the State from entering into multiple contracts in one region either. They could award contracts to a LTC District Board and to a Private MCO to serve different populations. Luedtke explained that when Milwaukee brings on DD and PD, bids will reopen for the elderly part of the program as well per Federal requirement. There could be private organizations bidding against the Milwaukee County.
15. Green noted that some people across the State favor Family Care, because they have seen improved services and no waiting lists. Dane County is unique in terms of investment in consumers.
16. Yochum asked what happens to Dane County levy money when we go to Family Care. All models require local contribution. After a five year buy-down, the county will contribute 22% of Community Aids forever, which is about \$4

million for Dane County. There was discussion about what the other 78% of Community Aids would be used for after five years.

Green asked members of the HHN/HSB/LTS Committees to meet at 5:00 on December 2 prior to the joint Family Care meeting for Jack Nelson to give his thoughts about the future of nursing homes and challenges that BPHCC faces. Jack is retiring on January 2.

Green reminded committee members that the HHN Budget Amendments are going to Personnel & Finance on November 5.

**Adjournment:** Motion to adjourn by Nichols, seconded by Sup Wheeler. Meeting adjourned at 7:08 p.m.

**Next Meeting:** December 2, 2008 – 5:00, Job Center Ballroom, HHN/HSB/LTS  
December 2, 2008 – 5:30, Job Center Ballroom, HHN/HSB/LTS/AAA

Recorded by Dawn MacFarlane

*Note: These minutes are the notes of the recorder and are subject to change at a subsequent meeting of the committee.*