

Long-Term Care Planning Grants – Final Report

Department of Health and Family Services – Division of Disability and Elder Services

Planning Group Name: Dane-Rock Region: Planning for Change in Long-term Care

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Current Planning Partners: Dane County, Rock County, and Care Wisconsin. Community Living Alliance was an original partner bringing its expertise with managed care programs, Wisconsin Partnership and Health Advantage (the SSI managed care program), to bear in the planning process. Their partner status changed with the closing of those programs. Whether or not they would be the physical disabilities provider representative on the committee was not taken up by the Steering Committee due to the on hold status of the planning process.

Section 3 – Strategic Planning for System Change

Original planning partners (Dane County, CLA and Care Wisconsin) initially met and developed a draft framework for implementation planning. This framework (attachment A) guided the beginning of the planning process but as additional information was received about the program and decisions made by the State of Wisconsin concerning program implementation, planning timelines were abandoned and some changes were made to the original planning framework and planning assumptions attached. The planning process began in March 2006. Rock County joined the planning process in June 2006.

A Steering Committee to oversee the project was formed shortly after the grant was awarded. Membership included stakeholders from the two target populations identified in the planning grant (frail elderly and adults with physical disabilities). Membership was expanded to include representatives from developmental disabilities services as well since that system will be impacted by the long-term care planning for frail elders and adults with physical disabilities. Early in our planning process we were notified by the State that the DD system is expected to transition to a managed care model within 1 year of initial program implementation.

Working within the framework originally drafted, the planning process began with the development of a goal statement (attachment B). This document was revised with the addition of Rock County as a planning partner. Letterhead was developed that carries the logo of the planning partners: Care Wisconsin, Community Living Alliance, Dane County and Rock County. From there began a series of educational pieces on service models currently available in Dane County and elsewhere (i.e., Home and Community Based Waiver programs, SSI-Managed Care, Partnership Program, Medicare Special Needs Plans – SNPs, etc). There have been a number of learning opportunities around the State. Some committee members attended an educational summit in Milwaukee, a one-day conference on governance models in LaCrosse, the State's annual Long Term Care Conferences, Aging and Disability Resource Center Conferences and Wisconsin County Human Services Financial Manager's Conferences, all of which included the topic of Family Care.

A number of subcommittees were created to begin the detail work required in developing an Aging and Disability Resource Center and the infrastructure for a managed care organization (MCO). Subcommittees include: Dane County ADRC (began meeting in May 2006), Rock

County ADRC (November 2006), Care Management Organization (CMO) Development (began meeting in July 2006), Communication and Stakeholder Involvement (began meeting in May 2006), and IT/Fiscal (began meeting in June 2006). Both ADRC Subcommittees adopted mission statements to guide their work. (See attachment C).

As part of its financial analysis, Dane County completed the local impact tool available on the Wisconsin website and found it quite helpful in identifying the impact of the loss of waiver administrative revenues on the Human Services Department. We partnered with the Northwest Planning region to discuss the criteria that needed to be considered in this calculation; since counties differ in the way they allocate and report administrative costs. This collaboration on data related issues was invaluable.

The CMO Development Subcommittee completed a gap analysis of the Provider Network in Dane and Rock Counties for all target populations. The conclusions from the gap analysis indicate adequate provider capacity between the four planning partners to accommodate the current waiver participants in Dane and Rock Counties. When assessing the capacity for enrolling wait list clients into the CMO over a period of 24 months, the analysis shows potential gaps in the following areas:

- Rock County: Adult day care, home delivered meals, skilled nursing facilities, transportation and affordable residential services
- Dane County: Personal care and transportation for adults with physical disabilities.

As the planning process proceeded there continued to be concern about the resources available and associated risk with program financing. Concerns routinely were expressed from many different entities as to whether or not Family Care is adequately funded. Dane and Rock Counties contribute local funds to support long-term care programming. The State's original plan for Family Care expansion required counties to maintain their level of support on an annual basis. Dane County is in a unique position in that its local contribution represented 20% of the Statewide local contribution. A number of data related projects concerning client mix, service mix, relationship between services and level of care were completed to gain a better understanding of the existing service system and cost centers.

The IT/Fiscal Subcommittee discussed next steps in data analysis and recommended that an actuarial study be completed to satisfy questions concerning the financing of Family Care in comparison to current operations. Dane County entered into a contract with Milliman Inc. to conduct an actuarial study using the 2006 Managed Long Term Care (MLTC) data set to develop revenue and cost estimates for the expansion of the Family Care Program in Dane and Rock Counties. This report confirmed that a gap exists between costs and revenues (costs being greater than revenues) for this region. Looking at Dane County data only, costs exceed revenue across all target populations as well as for the program overall. Rock County data had similar results with the exception of one target population where estimated revenues (PMPM) exceeded estimated costs (PMPM). For the Rock County program overall, estimated costs exceeded estimated revenues.

A committee report is attached (attachment D), identifying the members and affiliation of the membership of each committee or subcommittee and meeting schedules. An overall draft work plan (attachment E) was developed to guide subcommittee work, specifying deliverables and identifying progress in related areas. In addition, some subcommittees developed more formal work plans that incorporated deliverables assigned to them.

The Steering Committee came to adopt Roberts Rules of Order during their meetings. Most decisions were made with a majority vote though consensus was reached on many issues. Some key issues were identified early in the planning process that required negotiation between the planning partners. A Leadership Team was developed in October 2006 that included representation of the four planning partners. The group met once per month. The Leadership Team determined the Steering Committee agendas, reviewed and approved/declined applications for stakeholders interested in participating on the Steering Committee. The Leadership Team had a more informal means of discussion and typically negotiated issues to the satisfaction of all members. The Steering Committee and all subcommittees with the exception of the two ADRC Subcommittees put planning on hold effective March 6, 2007. County staff determined that the questions of financing: disparity in local contribution being required by Family Care and unanswered questions concerning county responsibility for safety net and adequate resources to maintain safety net services were significant barriers to ongoing committee planning activities. The formal planning process was put on hold and committee meeting schedules cancelled until those county-related questions were adequately addressed. County staff continued to work on addressing and better understanding those issues. There was no question concerning counties operating the ADRCs so ADRC Subcommittees continued to plan the development of an ADRC in both Rock County and Dane County.

The Rock County ADRC Subcommittee met one to two times per month beginning November 2006 through June 2008. In addition, work groups were formed to address every area of the State ADRC application. These work groups met outside the regularly scheduled ADRC meeting times and reported their recommendations to the ADRC Subcommittee for discussion and approval. The ADRC Subcommittee also put together a work plan, which outlined their goals and objectives in the ADRC planning process. (See attachment F).

The Dane County ADRC Subcommittee met every other Thursday opposite Steering Committee meetings starting in May 2006. Effective November 2006 the Subcommittee met on a monthly basis. The larger committee meeting schedule scaled back as a result of two work groups developed in October 2006. The work groups, Operations/staffing and Fiscal and data issues began meeting monthly and eventually met weekly to finalize projects. Both work groups accomplished their assignments and the reports to the full committee facilitated continued progress in planning. (See attachment F).

Jean Kuehn was assigned as project manager for Family Care expansion in this region. She is a Dane County employee and has extensive experience with the COP and Waiver programs. Jean serves as Dane County's COP Coordinator. Her responsibilities for this project included facilitation and coordination of Steering Committee meetings, coordination and oversight of the subcommittees' work, developing an overall work plan draft for the project including subcommittee assignments, developing contracts as needed, providing information and presentations on this region's planning process to interested parties, completing reporting required by the grant, providing informational pieces and data analysis, etc. She has an M.A. in Public Policy and Administration from the University of Wisconsin, Madison, LaFollette Institute. A primary project contact from each of the planning partner organizations was designated at the beginning of the planning process to facilitate quick communication with members.

The Management Group (TMG) was under contract with Dane County to provide consultation, facilitation and data analysis. TMG facilitated initial discussions on governance structure and benefit package analysis, met with each of the planning partners to determine preferences and identify issues, developed educational materials and presented a variety of model options for consideration. This initial work narrowed our focus of governance model options for

consideration. As the planning process proceeded it was the decision of the planning partners to use TMG more strategically, specifically for identified projects rather than ongoing planning/facilitation activities.

Miliman, Inc was under contract to Dane County to provide analysis on rate setting. Dane and Rock Counties were interested in the development of revenue and cost estimates for the expansion of the Family Care Program in this region.

Mary Brintnall-Peterson from the UW Extension presented to our Steering Committee on stakeholder involvement, education and input. She also provided review and comment on the communication plan that was originally developed by our communication and stakeholder Involvement Subcommittee.

Initially, the Director of the Rock County Council on Aging facilitated the Rock County ADRC Subcommittee meetings with assistance from the Directors of the Human Services Department and Developmental Disabilities Board. On February 21, 2007 the Rock County ADRC enlisted the skills of Anne Rodgers-Rhyme of Organizational Skills Associates (OSA). Ms. Rodgers-Rhyme, with the assistance of ADRC members, created agendas and formalized the common message from each meeting. She facilitated the meetings and kept the subcommittee on track when agenda items spiraled into long indecisive conversations. Often, she would offer suggestions to the subcommittee when a task could not be resolved. In addition, she encouraged stakeholder participation in our planning efforts.

Dane County entered into a contract with Anne Rogers-Rhyme in January 2007 to work with its ADRC subcommittee. The ADRC co-chairs worked with Ms. Rodgers-Rhyme prior to each meeting. A work plan was established. She worked with the subcommittee and established: ground rules, location and time of meetings, described the "common message" system, and talked about requiring a feedback system. This process formalized at subsequent meetings.

The Dane County Executive and Rock County Administrator talked at intervals and met to discuss the planning process, mutual goals and concerns as well as regional partnership. Both were routinely briefed by their respective staff. No final decision has been entered into with respect to a regional Family Care operation. Both leaders agreed to maintain the current status and bring that issue back to the table when appropriate.

Oversight committees in both Dane County and Rock County were routinely briefed on the planning activities underway. Family Care planning was also a primary agenda topic at various intervals. In Rock County this included the Human Services Committee, Developmental Disabilities Committee, Council on Aging Advisory Committee, Education Committee, Veterans and Aging Services and the Long Term Support Committee. In Dane County this included the Health and Human Needs Committee, Human Services Board, Area Agency on Aging Board and the Long Term Support Committee. In Dane County, these oversight committees held joint meetings at times to discuss Family Care. In June 2008, Dane County's oversight committees met jointly to discuss the Family Care issue paper that had been released. That meeting resulted in the decision by the Chairs of those committees to meet and develop a plan and calendar for further study of Family Care. During the planning process, input from these boards and committees was shared with the appropriate planning committee or subcommittees to aid in their continued planning efforts.

Dane County's Human Services Board took the lead in educating itself on the various components of Family Care with a series of meetings held between December 13th, 2007 and

March 27th 2008. Agenda items included ADRC planning, background information on Family Care, Statewide planning of Family Care and the progress and status of local planning, private Family Care MCO model, SDS waiver (known as IRIS), and discussion of Family Care IT and business infrastructure.

A series of town hall meetings were held in both Dane and Rock Counties. Those meetings were open to the public and county board members often attended. All meetings were very well attended, and gave elected officials, consumers and other stakeholders an opportunity to voice their opinions.

Corporation Counsel from Dane and Rock County discussed legal implications of the various model governance structures. No outside legal counsel was used.

Section 4 – Consumer and Stakeholder Participation

Early in the planning process we felt it important to include stakeholders in planning activities. There was significant discussion of how to incorporate stakeholders in a meaningful way. Consumer representatives from the two target populations covered in the grant (frail elders and adults with physical disabilities) were added to the Steering Committee in May 2006. In June, we added stakeholders from the developmental disabilities target population in response to concerns that this target group not be left out of the planning discussions, because they were not part of the planning grant. In October 2006, the committee was informed by the State that developmental disabilities' services would need to transition to Family Care no later than 12 months after Family Care was implemented in the region. A decision was made at that time that we would plan for all three target populations in this planning process. In December 2006, Dane County's Aging and Disability Resource Center (ADRC) Subcommittee formalized consumer representation on the committee. Consumers and guardians representing people with physical disabilities, developmental disabilities and the elderly participated on the ADRC Subcommittee. In addition, a representative from the United Way was an active participant. The ADRC Subcommittee also collaborated with Rock County. Two members of the Rock County Planning Group also served on the ADRC Subcommittee in Dane County until they felt it was necessary to create their own ADRC planning subcommittee. Rock County's ADRC Subcommittee included consumers as active committee members as well.

In February 2007, the Steering Committee increased the number of consumer/stakeholder representatives on the committee in response to feedback received at town hall meetings. Stakeholders were very interested in being involved and kept informed of the planning process.

A schedule of town hall meetings was established at the beginning of our planning process as opposed to scheduling these meetings when certain milestones were met. This was our firm commitment to informing interested parties of what was happening in the planning process at the point in time of the town hall meeting. In Dane County town hall meetings were held at the Alliant Energy Center at 2 p.m. and 6:30 p.m. for each session. In Rock County town hall meetings were held at the Rock County Job Center at 4 p.m. and 6:30 p.m. on the scheduled dates. Though separate meetings were held in Rock and Dane Counties, the same agendas and Power Point presentations were used. The separate locations and two meetings on the scheduled dates were for the convenience of consumers and stakeholders and meant to enhance participation. These meetings proved to be excellent forums for stakeholders to ask their questions and voice their concerns about what was happening in the planning process here and Statewide. The information and feedback from these meetings was brought back to the Steering Committee, and action was taken based on some of the information received.

September 6, 2006: Dane County's first town hall meeting agenda included introduction of the planning partners, a Power Point presentation providing overview and background information on long-term care in Wisconsin and planning progress to date, and a question and answer period. Attendees were primarily consumers and providers. Many questions focused on how Family Care would affect each stakeholder and how it would affect service delivery (would services be delivered differently than they are through the HCB waivers).

October 5, 2006: Rock County's first town hall meeting. Agenda was the same as the September 6th meeting held in Dane County with a similar outcome. Questions from consumers and providers focused on how Family Care would affect individual's services and service delivery.

November 13, 2006: Dane County's second town hall meeting. Agenda included an update on the progress of the planning process; a Power Point presentation focused to ADRC's, their role in long-term care, progress to date in ADRC planning, review of the mission statement, and time for questions and answers. Questions were raised concerning the structure of the ADRC as to whether it would be centralized or decentralized, what role would the current aging focal points play with this new entity, and will ADRC funding be adequate. More questions were received concerning how Family Care implementation would affect current services. There was also discussion about stakeholder participation in the planning process and a request that representation on committees be increased. Subsequently the Steering Committee and ADRC Subcommittees increased membership of consumer/stakeholder representatives in response to that input.

January 8, 2007: Rock County's second town hall meeting. Agenda was the same as the November 13th meeting held in Dane County. Comments included concern for inclusion of the DD target population in the planning process, what is the timeline for ADRC implementation, concerns for the location of the ADRC, will services change, etc.

February 7, 2007: Dane County's third town hall meeting. Agenda included a Power Point presentation of progress to date, key tasks over the next 6 months for Family Care Planning and key tasks over the next 6 months for ADRC planning and the steps that would follow the planning grant. A flip chart was set up and the meeting concluded with participants sharing their observations, advice and questions about Family Care and the planning process. The Communication and Stakeholder Involvement Subcommittee met to review the comments received in both counties and identify themes: Self-directed supports, ADRCs, provider concerns and Family Care impacts on consumers. The Communication subcommittee's recommendation to the Steering Committee was to develop a plan for the use of focus groups to discuss emerging issues and what to do about them. The original plan for the February town hall meeting was that the participants would form small groups, discuss concerns and issues within their groups and record those issues on flip charts for broader discussion. It was quickly determined that the town hall forum was not appropriate to small group discussion and focus groups would be a better means for gathering specific input from stakeholders.

May 21, 2007: Dane County's fourth town hall meeting. Agenda included long-term care planning progress and updates (grant period extended), ADRC video, ADRC Subcommittee updates and a period for questions and answers. Questions were raised about ADRC operations, funding, provider concerns and concerns for changes in services to consumers.

May 30, 2007 Rock County's third town hall meeting. Agenda was the same as the May 21st meeting held in Dane County. Questions and feedback focused on ADRC funding, how the

ADRC would represent service providers, and how current consumers would transition to Family Care.

December 10, 2007 Family Care Planning informational meeting held in Dane County. Notices were mailed to consumers and families, email notices sent to providers, advocacy groups, County committees and other interested parties. Dane County continued to get questions from advocacy groups, providers and other stakeholders concerning the status of Family Care planning when Family Care committees, with the exception of the ADRC subcommittees, were not actively meeting. Agenda included: Welcome, update on Dane County's planning progress with Family Care and the ADRC, update on Family Care statewide including the State budget, anticipated expansion over the next biennium and the Family Care models being implemented (public model and private HMO model), presentation by Community Living Alliance and Care Wisconsin on their planning for implementation in the counties to our east, discussion of the pros and cons of the two service models. The meeting was well attended. Participants had many questions about Family Care planning in this region as well as questions about the models that are being implemented around the State. The discussion of the pros and cons of the two service models dissolved into a question and answer session of general issues and concerns of the participants.

April 22nd and April 30, 2008: Family Care Planning Informational meetings for Dane County Human Services staff. Agenda included: Welcome, a Power Point presentation - introduction to Family Care, Current Waiver operations – a program perspective and fiscal perspective, ADRC discussion – implementation/staffing, etc, Family Care models (public model and private model), panel discussion – impacts and why you should care about Family Care implementation, and time for questions and answers. Both of these meetings were very well attended. Staff submitted questions in advance of the meetings as well. Questions included concerns for the impact of Family Care on the organization, the organizational chart as well as staffing implications for those currently working in long-term care programs as well as those persons working in other Department divisions. There was a lot of discussion and the forum provided staff an opportunity to air concerns and obtain information about the planning timeline, the fiscal impact of Family Care on all divisions and gain a better understanding of the potential changes and opportunities that will be part of Family Care and ADRC implementation.

June 3rd, 2008: Joint meeting of Dane County Human Services Oversight Committees (Health and Human Needs, Human Services Board, Long Term Support Committee and Area Agency on Aging Board) to review the Family Care Issue Paper that was developed and the planning process. This was a publicly posted committee meeting. Outreach was made to all purchase of service (POS) providers, advocacy groups, consumers and their families and other interested parties. Agenda included public comment. People spoke in support of and in opposition to Family Care in this region. The outcome of this meeting was the development of a plan for further study and analysis completed by the Chairs of these committees. A calendar of joint meetings was established as well as identification of potential presenters for the various topics.

Public comment is a fixture on the agendas of all Rock and Dane counties' committee meetings. When Family Care was on an agenda, stakeholders routinely attended to provide comment. Public comment was also added to the Planning For Change in Long-term Care Steering Committee meeting agendas effective January 25, 2007.

Members of the Dane County and Rock County ADRC Subcommittees were required to share the common message from each meeting and bring comments back to the subcommittee for discussion. Membership was diverse, therefore the common message was shared with a

variety of people, groups, and organizations including but not limited to: veterans, LTS staff, consumers and planning committee, developmental disabilities staff and consumers, League of Women Voters, county administration, and the Health Department. The Rock County ADRC Subcommittee also sent surveys to county providers (attachments G and H) to get their opinion of the ADRC development. Of all the contacts made, it was the input from our counties' committees that was most beneficial as they represent the community as a whole. It was also beneficial to have consumer members on the ADRC Subcommittee, since the ADRC's governing board includes representatives from all three target populations.

As reported earlier, Mary Brintnall-Peterson from the UW Extension met with the Steering Committee on August 24th, 2006. She presented educational materials and discussed with the Steering Committee an introduction to stakeholder involvement, tools for garnering public participation and input. She also provided input and feedback on the draft Stakeholder Involvement and Input Plan developed by the Communication and Stakeholder Involvement Subcommittee.

Section 5 – General Communication

Dane County Human Services' website included a page related to Long-Term Care Planning. At the recommendation of our Communication and Stakeholder Involvement Subcommittee a separate website (<http://www.danerocklongtermcare.org>) for the planning process was established so those outside of Dane County Human Services could access the information without going through the Department website. Steering Committee members and affiliation, meeting schedule, meeting minutes and materials are posted on the websites. The town hall meeting schedule and materials shared at those meetings, Dane County ad hoc Family Care informational meeting dates, Dane County's ADRC Subcommittee agendas and minutes were all posted to the websites. The Rock County ADRC Subcommittee developed a separate webpage for the Rock County website <http://www.co.rock.wi.us/Dept/adrc/adrc.htm>. This page explains what an ADRC is, the mission/vision statements, meeting schedule and minutes, links to important State websites, and a link to our provider survey. This webpage also includes a "Contact Us" button to email questions or comments.

In addition to using our web pages to keep the public abreast of planning activities advance notices of the town hall meetings were mailed to current waiver participants and families, email notices of these meetings were also sent to POS providers, advocacy organizations, and County Board members. LTC planning subcommittees were notified and asked to pass the information on to interested parties and committees. Press releases were also written in advance of town hall meetings.

Both ADRC Subcommittees utilized the common message strategy. This strategy was helpful in getting information out and gathering feedback from a broader array of consumers and other stakeholders. This effort was quite useful in getting input from the public.

The Project Manager and planning partners were asked to present to various organizations during the planning process. Some of those included the Family Care Corp Training held by the Coalition of Wisconsin Aging Groups, the DD Children's Provider Network, and the DD Coalition.

Media contacts during the planning process included a contact from The Wisconsin State Journal and subsequent article, "Fuss Over Family Care" appeared April 8, 2007. Another local newspaper, The Isthmus, has made contacts during the planning process posting articles in March 2007 and again in June 2008.

Section 6 – Program Development

We began our work with an initial discussion and questions regarding governance and the complex issues surrounding it, what roles each party will play, how will the funding work, who will be willing to accept risk, etc. The next meeting was spent reviewing four separate governance models and initial feedback for each. At the time this work was completed DD services were not an active participant in the planning process. In anticipation of the adult DD target population transitioning to Family Care at a future point, comments on the models also included implications or concerns of each model on the adult DD population. These comments were labeled “DD worry list”. Please see attached Governance models and comments generated by the Steering Committee on each model (attachment I).

The Steering Committee also reviewed a 5th model, the County Co-purchasing model and many members attended the one-day meeting in LaCrosse for the presentation of this model. Planning partners did develop a 6th model for consideration by the Steering Committee, the DHFS and County Co-Purchasing model. Given the number of options to consider, between meetings members were asked to consider these models further and develop additional pros and cons for each. Questions for evaluation of governance models were developed to help guide the evaluation process. (See attachment J).

The Steering Committee narrowed the number of models to consider to two, the County as CMO model and the DHFS and County Co-Purchasing model. The Wisconsin Partnership Program is operating in Dane County. Rock County was interested in discussing its expansion to their county as well so a long-term care model integrating acute and primary care would be an available alternative in this region. Due to the significant financial investment required of the counties by Family Care, Dane and Rock Counties felt a strong need to consider a managed care model that included county involvement in the administration of the program. Subsequent feedback from DHFS indicated that the Co-Purchasing model, a third party contract model would not be acceptable to DHFS. The Leadership Team then took responsibility for further development of the details of a County as CMO model (attachment K) using the State’s Readiness Template as a guide for discussing the roles and responsibilities of the partners in the various functions of an CMO’s operations. This model has not been formally adopted by policy makers in Dane or Rock Counties. This initial draft (not fully developed) was created as an option/alternative to a private Family Care MCO model that would be considered by policy makers in Dane and Rock Counties. A Family Care issue paper was written to provide background information on long-term care planning to policy makers. A summary list of county impact for the private versus public MCO models was identified in that paper (attachment L).

Legal and Operational Platform for Regionalized Governance – Corporation Counsel from both Dane and Rock counties reviewed the two options for regionalizing governance, the Family Care District and the 66.0301 agreement. Potential issues to consider were identified for each of those options. During the course of the planning process changes were made to State Statutes with regard to the Family Care District, which has made that option more favorable to the counties planning to expand in this biennium. A decision to pursue a regional model has not been made.

Establishment of Risk Reserve and Business Solvency Plan – The IT/Fiscal Subcommittee was charged with developing a timeline and financing strategy to achieve the required risk reserve and to create and document methodology to achieve and sustain business solvency. There was preliminary discussion only on these items. Both the timeline and financing strategy

would be impacted by when the County would plan to implement Family Care as well as whether or not the County would be the CMO, a regionalized model would be chosen, or some other governance model chosen. Additionally, the Leadership Team received some education on risk reserve and business solvency as part of a larger discussion of the various types of risk associated with managed care. The Leadership Team's focus was how risk would be shared and incorporated in the County as CMO model. This work is in progress.

Coordination or Integration with Acute and Primary Health Care - Because there was interest in developing a public CMO model, the planning partners agreed initially to plan for the coordination of acute and primary care in its Family Care model. An HMO license is required with integration of acute and primary care.

Establishing a Governing or Oversight Board - This stage was not reached in the course of the planning process.

Implementation and Management Plan for Care Management Provision - The public CMO draft model assumed that the care management functions would be largely a contracted service though an opportunity for the County Human Services Department to continue to be a provider is also an option. In the draft model providers included planning partners CLA, Care Wisconsin, County Human Services Department as care management providers, and a placeholder for a possible care management provider specializing in Developmental Disabilities services. The Leadership Team was in the process of discussing the responsibilities of each partner in the provision of care management. The decision for where the related administrative responsibilities would lie was also in process. Whether those functions would be centralized with the CMO or part of the contracted service package with the provider was part of that discussion.

Provider Network Development The CMO Development Subcommittee completed a gap analysis of the regional provider network reviewing service capacity issues in Dane and Rock Counties and determined that there was sufficient capacity to service existing waiver consumers in Dane and Rock Counties and identified services of potential concern for provider shortages. Whether the provider network development would be a contracted business function in the public CMO model or a centralized function of the CMO was discussed, but a final recommendation was not reached.

Provider network development also included a review of the DHFS contract as it relates to the provider network, pulling together sample provider contracts, sample policies concerning service quality, sample quality management programs for the network and sample position description for the Provider Network Developer. A binder of these materials was put together as a resource for the CMO.

Administrative and Financial Systems – The IT/Fiscal Subcommittee was charged with the responsibility of completing a needs assessment for administrative and financial systems and identifying management tools necessary for managing long-term care services. The Subcommittee began this work with a review of the administrative and financial systems of planning partners with managed care experience. The IT/Fiscal Subcommittee also looked at the administrative and financial systems of other Family Care counties along with systems available for purchase. An incomplete analysis was done as to what parameters should be considered in determining whether those systems should be developed internally or purchased externally. In addition, the Leadership Team was responsible for recommending whether these

systems should be centralized with the CMO or whether the CMO would contract for these systems. If the CMO chose to contract for these systems, what information and what system would the CMO need to adequately manage the program and meet its oversight responsibilities? These discussions were in process. A cost model for IT/business infrastructure start-up was developed for discussion purposes. The costs associated with each component of that model could vary based on whether components are purchased or developed.

Information Technology and Reporting Systems – The IT/Fiscal Subcommittee was charged with reviewing the essential IT and reporting tools necessary to operate the ADRC and the CMO. With the assistance of Rock County and Dane County IT staff, the Subcommittee reviewed the software requirements of the ADRC’s IT system, reviewed and demonstrated the Beacon Information and Referral software that DHFS made available to counties, analyzed the Beacon software, identifying issues and challenges. Rock County’s Council on Aging already has the Beacon Information and Referral software. The IT/Fiscal Subcommittee brought to the Steering Committee its recommendation for Dane County to implement Beacon software in its ADRC. The recommendation was approved, and no further action was taken in Dane County. Rock County Council on Aging populated its database for the ADRC during the planning process. The IT/Fiscal Subcommittee also reviewed claims software packages. An IT cost model was developed based on preliminary cost estimates assuming that the IT system would be developed within the CMO. The cost model could change significantly if the IT system was purchased. The Leadership Team reviewed the claims process in place with Care Wisconsin as part of its work in identifying the roles and responsibilities of the partners for various business functions.

Quality Management Systems – Preliminary discussions of the Leadership Team identified the CMO as maintaining or housing the quality management system though quality management would be a function at the service level as well and a responsibility of all partners.

Eligibility and Enrollment Systems – The CMO Development Subcommittee had this topic as one of its charges. The planning process did not progress to the point where this was addressed.

Coordination with Adult Protective Services and Statutory Requirements – The impact of Family Care implementation on Adult Protective Services (APS) was an issue of concern identified very early in the planning process. This item was placed on the Steering Committee Issue Log in April 2006. Concerns included:

- Adequate funding for APS services in a managed long-term care environment
- Counties continued responsibility for people who will not qualify for the Family Care benefit, but are court-ordered to the county for services when the counties’ service systems may be largely dismantled as a result of Family Care
- Counties’ continued risk for serving court-ordered individuals who are eligible for the Family Care benefit, since enrollment cannot be mandated
- Lack of incentive for a private CMO to maintain court-ordered individuals in the community

These concerns were also addressed directly to the Secretary of the Wisconsin Department of Health and Family services. Since a final decision was not made on the Family Care model for this region, no further work was completed on the coordination of Adult Protective Services.

Conversion of Present Waiver Caseload and Waiting Lists – The CMO Development Subcommittee discussed the timeline for conversion, recommending the State’s guideline for converting existing program members to Family Care within the first 6 months of program operations and working to serve individuals on the waiting list over a 24 month period. Since the planning process did not reach the point of establishing a timeline for Family Care implementation, the specifics for conversion were not addressed in detail.

Section 7 – Aging and Disability Resource Center (ADRC) Planning

Dane County and Rock County began ADRC planning in partnership. Two members of the Rock County planning group served on the Dane County ADRC Subcommittee until the decision was made to have an ADRC in each county. At that point, Rock County saw the necessity to create their own planning committee to include local stakeholders as well. Joint ADRC meetings were typically held in Dane County. Though alternate meeting locations closer to Rock County were explored, the distance was prohibitive to having representation from Rock County stakeholders. The decision to plan for an ADRC in each county of this region was made by consensus of the counties’ planning partners (our private partners deferred on this decision since this was clearly a county matter). The size of these two counties and the fact that there is a large urban area in each county led to the decision to plan for an ADRC in each county. A commitment was made to plan jointly in areas where we might achieve some administrative efficiencies such as 24/7 on call, software development, marketing, etc. Rock County Council on Aging already has the Beacon software package. Grant funds were used to populate the database. It was recommended that Dane County also use Beacon software though no investment has been made to date. Using similar packages will provide an opportunity to collaborate on its uses and further development in both ADRCs.

The Rock County ADRC Subcommittee has been organized since November 2006 and has convened meetings at least monthly through June 2008. With a mission statement to guide its work, the Rock County ADRC Subcommittee obtained input from the community through a town hall meeting specific to the Rock County ADRC, shared a common message with county boards, local providers and community members after each ADRC meeting and mailed a provider survey to local agencies to obtain their thoughts and opinions. Survey response was 12%, not enough to draw significant conclusions although of the 12 providers responding 10 were interested in participating in focus groups. Each meeting focused on how the Rock County ADRC would accommodate the requirements as noted in the state ADRC application. Committee members met outside meeting times, made recommendations to the group as a whole, discussion was held, and recommendations were made and put into a report format. When the decision is made to open an ADRC, the recommendations/report will be updated to the current situation in Rock County and forwarded to the County Administrator and County Board for approval. Currently, the Rock County ADRC planning efforts are put on hold until the fiscal issues with regard to Long Term Care Reform are resolved with Dane and Rock Counties.

In the spring of 2006 following the appointment of the Steering Committee, an ADRC Subcommittee was organized to define the service model for creating an Aging and Disability Resource Center. The Subcommittee was comprised of 22 members representing a variety of agencies including: Community Living Alliance, Care Wisconsin, Department of Human Services, Economic Assistance staff, Tellurian, Access to Independence, Mental Health Center, aging focal points, United Way, and eventually elderly consumers and consumer representatives for the developmentally disabled and physically disabled. Meetings were originally scheduled every other week opposite Steering Committee meetings. The Subcommittee’s first task was the development of mission and goal statements to guide its

work. Each member agency of the ADRC Subcommittee completed the “ADRC Service Descriptions Compare to Agencies Services” template. This inventory enabled members to become more familiar with their colleagues on the Subcommittee. The inventory also became a launching point for the Subcommittee’s work, defining the starting point, the existing service system, and where they needed to go in the planning process. Two workgroups were also created during the planning process to examine ADRC operational issues and staffing, and fiscal and data related issues. The Subcommittee met through June 21, 2007 completing all of the tasks that were defined on its work plan and completed work that was feasible pending the application process.

Section 8 – Major Milestones

Steering Committee milestones include:

- Development of a Goal Statement to guide the planning process
- Inclusion of consumers, consumer representatives/stakeholder in the planning process

ADRC milestones include:

- Participation by a diverse group of providers and stakeholders selected as subcommittee members
- Development of a Mission Statement and Goals
- Information and Referral software implemented in Rock County and recommendation for software for the Dane County ADRC
- Creation of an inventory of ADRC services provided by county government and provider agencies in Dane County
- Outreach to existing ADRCs, site visits to ADRCs in Racine County and LaCrosse County, hosted Stephanie Stein, (Milwaukee Dept. of Aging) at a Subcommittee meeting and hosted Barron County ADRC staff at a meeting as well.
- Completed work plan tasks and reviewed ADRC application requirements. ADRC planning has proceeded as far as it can go without a decision on the Care Management Organization

Communication and Stakeholder Involvement milestones include:

- Development of a Communication and Stakeholder Involvement plan that was adopted by the Steering Committee. This plan guided the work of all committees with respect to stakeholder involvement.
- Town hall meetings held at intervals throughout the planning process and informational meetings held thereafter were very well received and proved to be excellent forums for reaching consumers, family members, providers, Human Services Department staff, advocates, etc. and receiving input from participants. The information received at these meetings was routinely discussed by the Steering Committee, and action was taken on a number of issues raised in these meetings.
- Deployment of the planning website

CMO Development Subcommittee milestones include:

- Completed work on Provider Network tasks, which included a gap analysis of the provider network in Dane and Rock Counties and assessed capacity for enrolling wait list clients as well as current program participants.
- An inventory was developed for the following areas: policies, position descriptions, quality monitoring programs and provider contracts.

The IT/Fiscal Subcommittee completed the following tasks:

- Reviewed and parsed data from the initial data disk provided by the State

- Reviewed software requirements for the ADRC's IT system and made a software recommendation to the committee
- Analyzed local contribution data that was provided by the State to help determine cost of current and future consumers
- Recommended an actuarial study following the release of the second MLTC data set.

Leadership Team

- Creation of this small work group, planning partners' representatives only, provided a forum for partners to better communicate with one another. Decision-making between the partners was much improved as was setting the course for the planning process on an ongoing basis.
- Began the detail work of defining the draft CMO model working through the "Readiness Template" to begin to define the roles and responsibilities of the partners with respect to the various CMO functions. (See attachment M)

Though this region will complete the grant period without a specific recommendation for implementation of Family Care in this region and no request for a request for proposal (RFP) from DHFS for managed long-term care at this time, a lot of work, time and energy was invested in this process by many people. Committee members were very committed to this work and shared their desire to develop the best system of care for the members of this community. ADRC planning was completed to the point where the CMO model decision must be made before any further work can be done. Many educational presentations were made to provide participants with background information on the many complex issues related to managed care. Much deliberation was made about governance models and a draft of a public model was chosen to further explore though policy makers in Dane and Rock County did not come to the point of recommending a direction for Family Care in this region. This region is unique in regard to its financial contribution to long-term care as well as the well-developed system of care already in place. The opportunity of Family Care, the elimination of waiting lists for people needing long-term care services must be weighed along with the impact of the potential dismantling of the well-developed, well-regarded system of care currently in place. Policy makers will continue to deliberate this matter after the grant process.

The timeline and original planning framework were largely abandoned when the "parking lot" issues such as the local contribution required, and the impact of this program on safety net services (Chapters 51 and 55 issues), etc. were not resolved. These were rather large uncertainties to overlook and continue planning in spite of these unknowns and in fact this region chose to put its planning committees' work on hold (with the exception of ADRC planning) while county staff worked on these issues. Decisions were made by the State during the planning process that addressed these issues, perhaps not to the satisfaction of this region. Dane County's local contribution over the 5-year buy-down plan that was included in the State budget bill is significantly greater than that of any other county in the State. This investment and concern about the adequacy of the financing and quality/quantity of services for Family Care were the greatest challenges to progress in the planning process. The results of the actuarial study completed support this concern. Results indicate a significant gap between program costs and estimated Family Care revenues based on 2006 MLTC data. This region will continue to work on these issues.

Section 9 – Budget Narrative

See attachment N.

Section 10 – Next Steps/Implementation

In Dane County the Chairs of the Health and Human Needs (H&HN) Committee, Human Services Board (HSB) and Long-Term Support (LTS) Committee with a representative of the Area Agency on Aging Board met on June 20th, 2008 to formulate a plan for the continued study/analysis of Family Care.

- It was determined that H&HN, HSB, LTS and AAA will meet jointly for these Family Care discussions. Agendas will be posted accordingly.
- A courtesy invitation to these meetings should be extended to Rock County staff involved in the Rock County planning.
- A meeting on Family Care of the whole County Board should be held, as many Supervisors do not know about the topic.
- Outside speakers should be invited when appropriate.
- All meetings will be held at the Job Center Ballroom to insure there is space for all who wish to attend.
- Meetings will begin at 5:30 p.m. so that the committees can meet at 5:00 p.m. to act on regular business as needed.
- Four major areas of study were listed
 - Models, include the implications of each for the County, consumers, taxpayers as well as pros and cons
 - Capitation rate
 - Local contribution
 - ADRC

The following meeting schedule was agreed upon

- Thursday, July 24th, 5:30 p.m. – District model: Jim Canales, Director, Community Care of Central Wisconsin, presenter
- Tuesday, August 12th, 5:30 p.m. – Private model: Care Wisconsin, presenter
- Tuesday, August 26th, 5:30 p.m. – County operated model and interagency agreement: Presenter TBD
- Tuesday, September 23rd, 5:30 p.m. – Local contribution and capitation rate: staff and Milliman, Inc., presenters
- TBD: ADRC presentation

ATTACHMENTS

D R A F T

Framework for Implementation Planning

1. General Grant Planning

Objective: To discuss, prioritize and agree upon general activities related to the planning.

Key Planning Steps:

- Clearly pinpointing grant deliverables as stated in the agreement with DHFS
- Define the scope of the implementation planning process
 - Determine key priorities for planning versus “parking lot” activities for future consideration
 - Determine best structure for the planning process
 - Create a Steering Committee comprised of a small number of representatives from each stakeholder organization
 - Designate a primary project contact with each stakeholder organization
 - Create planning subcommittees to address each framework area
 - For each committee, determine the best membership composition (i.e., number of participants, representation from interested parties outside the stakeholder organizations)
 - Develop initial meeting calendar and benchmark timelines
- Define the role of consultant (TMG) in the planning process
 - Facilitate overall project versus targeting certain project deliverables
 - Determine specific deliverables and associated costs
- Determine how grant funds would be managed
 - Dane County will take primary responsibility
 - Discuss sub-contracts to TMG and other entities as needed
- Develop a new budget with the \$100,000 grant award since the original grant request was for \$250,000
- Create a Charter that establishes working assumptions for the overall planning process
- Complete general grant planning no later than March 31, 2006

2. Define Family Care in Dane County

Objective: To reach an agreement between the three stakeholder organizations about how Family Care will operate in Dane County including benefits, administration (who holds the contract with DHFS), governance models, etc.

Key Planning Steps

- Determine Dane County’s role in contract administration, financing, bearing risk and governance
- Determine the role of Care Wisconsin and CLA in the Family Care model
- Determine the benefit package offered by the Family Care CMO

3. Transition of COP and HCBW (COP-W/CIPII)

Objective: Determine where the care management function will reside, whether this will be provided by the CMO or a contract function and respective roles and responsibilities.

Key Planning Steps/Assumptions

- Determine if county will play a role in the provision of care management

- Identify who will take lead in establishing internal implementation planning processes
 - Determine timeline for requesting release of an RFP for Family Care in Dane County
 - Identify start date for enrollment and transition of COP-W/CIPII clients to Family Care
4. Creation and Operation of an Aging and Disability Resource Center (ADRC)
Objective: Dane County Department of Human Services will establish and operate an ADRC in Dane County.
Key Planning Steps
- The county will take lead on establishing the planning process for an ADRC
 - Create a plan with budget projections for the full implementation of an ADRC examining initial and cost-to-continue funding
 - Make application for additional ADRC development funds as appropriate
 - Determine what target populations the ADRC will focus on
5. Creation and Operation of a Local Long-Term Care Council
Objective: Dane County Department of Human Services will establish and operate LTC Council(s) with membership by Care Wisconsin and CLA
Key Planning Steps:
- Clarify with DHFS the role of UW Extension contracted activities in the planning process
 - Dane County will take lead on establishing the planning process for LTC Council(s) subject to decisions made during the general grant planning
 - Develop scope, role, membership, structure and process of Council(s)
6. Parking Lot Issues/Activities for Future Consideration
Objective: To maintain and examine a list of important issues and/or activities with bearing on the implementation planning process.
Key Planning Steps:
- DD system planning
 - Regional expansion and other County involvement
 - Model development (e.g., marriage of Wisconsin Partnership Program and Family Care)
 - Legal and regulatory analysis
 - Financial analysis
 - Rate setting
 - Risk sharing as indicated by planning activities
 - Systems analysis
 - Local service system capacities
 - Preservation of current POS systems

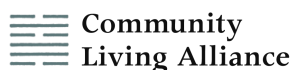
Planning for Change in Long Term Care

1202 Northport Drive, Madison Wisconsin 53704 608-242-6200, FAX 242-6531

GOAL STATEMENTS

1. Develop a managed care model for provision of long-term care services for frail elderly and people with physical disabilities who meet financial and functional eligibility for Family Care. The model will:
 - provide a seamless continuum of managed care service options for people with physical disabilities and elders; building upon the platforms provided by Family Care, Wisconsin Partnership, SSI Managed Care, and Medicare Advantage Special Needs Plans. The new system may be designed to offer different levels of coordination and integration of primary and acute care.
 - reflect a commitment to high quality, cost effective service for frail elderly and people with physical disabilities;
 - be consistent with/complement non-managed care services that will remain a county responsibility;
 - include a plan for serving eligible persons on the waiting lists for long-term care services; building toward an eventual entitlement model;
 - be fiscally sound and sustainable in terms of capitation rate, risk reserve, shared risk, and federal, state, county and CMO contributions;
 - build on the core competencies, knowledge of the populations and service strengths of both the private and county partners; and
 - allow opportunities for self direction of services.
2. Plan for an Aging and Disability Resource Center(ADRC) or Centers that will serve older adults and people with physical disabilities in Dane and Rock Counties and support the implementation of managed long-term care. The ADRC model will include or allow expansion to serve persons with developmental disabilities and mental health/substance abuse needs
3. Develop a communication plan to make certain the broad Dane County and Rock County community, including consumers, community agencies, families, guardians and other interested parties, can learn about and follow the planning process and are aware of the opportunities to participate and/or voice ideas and concerns.
4. The Dane County/Rock County Long-Term Care Reform planning process will:
 - develop a clearly defined set of Action Steps describing the Counties' readiness to implement a managed care program for financially and functionally eligible frail elderly and people with physical disabilities;
 - identify statutory/regulatory issues that need to be addressed to successfully implement the managed care program;
 - study ways to create a seamless, continuum of care for eligible consumers by maximizing the potential integration of funding streams and services of both the Medicare and all Medicaid funded services;
 - incorporate the guiding principles of consumer-centered and self-directed care;
 - define a governance structure;
 - take into account the proposed reimbursement rates for long-term care services for Dane County and Rock County; and
 - will include an active and appropriate role for consumers and stakeholders, particularly in the development of a Quality Assurance/Improvement program. Existing structures for consumer input will be utilized where possible. The plan will address development of a LTC Council or other structure for ongoing, post-implementation consumer input.

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



Bringing Health, Independence & Dignity Home



Mission Statement & Goals **Aging & Disability Resource Center – Dane County**

Mission Statement

The mission of the ADRC is to support seniors, adults with disabilities, their families and caregivers by providing useful information, assistance and education on community services and long-term care options, and by serving as the single entry point for publicly funded long term care services, while at all times respecting the rights, dignity and preferences of the individual.

The Goals of the ADRC are to:

- Welcome the whole community to an attractive, accessible, non-threatening facility and services.
- Reach and serve elderly people and people with disabilities, regardless of their income health condition and long term care needs.
- Provide outreach and services to young people (age 17 ½ years) with disabilities as they transition from the school system to adult services.
- Provide reliable and objective information about a broad range of community resources of interest to elderly people and people with disabilities.
- Enable people to make informed, cost-effective decisions about long term care.
- Delay or prevent the need for long term care services and/or public funding for them.
- Provide information and assistance to promote health and independence.
- Serve as the single entry point for publicly funded long term care.
- Identify people at risk and with needs and connect them to needed services.
- Help adults access needed services through advocacy and assistance.

Rock County ADRC Mission Statement

Mission of Rock ADRC is to support older adults, people with disabilities, their families and caregivers by providing useful information, assistance and education on community services and long term care options.

Planning for Change in Long Term Care

1202 Northport Drive, Madison Wisconsin 53704 608-242-6200, FAX 242-6531

STEERING COMMITTEE MEMBERS AND AFFILIATION

Name	Title	Organization
Baldowin, Linda	CFO	Community Living Alliance
Costello, Todd	COO	Community Living Alliance
Dupont, Craig	CFO	Care Wisconsin
Eimers, Ken	COO	Care Wisconsin
Fishler, Theresa	Director of Intake and Waiver Services	Community Living Alliance
Foster, G.P.	Deputy Director	Dane County Human Services Department
Foxgrover, Karen	Physical Disabilities Representative	Consumer Representative
Genter, Fran	Division Administrator	Dane County Human Services Adult Community Services (ACS)
Gleason, Ed	DD Consumer Representative	ARC – Dane County
Green, Lynn	Director	Dane County Human Services Department
Klyve, Charmian	Director	Rock County Human Services Department
Kuehn, Jean	Planning and Evaluation Manager	Dane County Human Services Fiscal and Management Services
McCusker, Owen	Executive Director, CEO	Community Living Alliance

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

Name	Title	Organization
Musser, Karen	CEO	Care Wisconsin
Perry, Tom	DD Department Head	Rock County Disabilities Board
Rossiter, Dan	Community Services Manager	Dane County Human Services – ACS DD Services
Sanders, Theresa	Community Services Manager	Dane County Human Services - ACS Long Term Support Services
Sievert, David	Director of Business Development	Community Living Alliance
Thompson, Jennifer	Division Manager	Rock County Human Services Department
Turner, Kim	DD Coalition Representative	Options in Community Living
Vacant*	DD Consumer Representative	
Vacant*	Frail Elderly Consumer Rep	
Vacant*	Frail Elderly Consumer Rep	
Vacant	PD Consumer Representative	

*Applications for stakeholder representative positions have been received and not acted upon while ongoing planning is on-hold.

The Steering Committee had been meeting on a bi-weekly basis between March and September 2006. With the steady addition of subcommittees the Steering Committee calendar changed in October 2006 to meeting once every 4 weeks.

Aging and Disability Resource Center Subcommittee Members and Affiliation – Dane County

Name	Title	Organization
Bachhuber, Mike	Director	Access to Independence
Bailey, Barbara	Director	Colonial Club Senior Center

Name	Title	Organization
Dale Bruhn	Frail Elderly Consumer Representative	
Costello Todd	COO	Community Living Alliance (CLA)
Doyle, Bert	PD Consumer Representative	
Fischer, Jennifer	Supervisor	Dane County Human Services – ACS Long Term Support Unit
Fishler, Theresa	Director of Intake and Waiver Services	Community Living Alliance
Genter, Fran	Division Administrator	Dane County Human Services – Adult Community Services Division (ACS)
Green, Liz	Division Administrator	Dane County Human Services – Economic support And Work Services (EAWS)
Hagenbuch, Wayne	V.P. of Health Plan Operations	Care Wisconsin
Hare, Steve*	Supervisor	Rock County Human Services – Long-Term Support Unit
Katz, Barbara	DD Consumer Representative	
L.A. Klug- Lasiewicz	Case Manager	Tellurian, Inc
Lubben, Joyce*	Director	Rock County Council on Aging
Michaelis, Peggy	Supervisor	Mental Health Center – New Directions Information Center
Penick, Paulette	Supervisor	Dane County Human Services – EAWS Economic Support
Riebe, Janie	Aging Program Specialist	Dane County Human Services Area Agency on Aging (AAA)

Name	Title	Organization
Ringle, Elizabeth	Community Member Representative	
Sanders, Theresa (co-Chair)	Community Services Manager	Dane County Human Services – ACS Long-Term Support Services
Shackleton, Sara	Associate Division Manager	Dane County Human Services – EAWS Economic Support Operations
Stoga, Kathleen	Director	South Madison Coalition
Thoni, Barb (co-Chair)	Manager	Dane County Human Services - AAA
Vogt, Jerry	PD Consumer Representative	
Winnick, Donna	DD Program Specialist	Dane County Human Services – ACS DD Services

*Rock County members left the committee in October to form the Rock County ADRC Subcommittee

Meeting schedule: The ADRC Subcommittee was meeting every-other Thursday opposite Steering Committee meetings. This schedule was revised in November. Two workgroups were created in October that meet once per month. Beginning in November 2006, the subcommittee moved to monthly meetings.

Rock County Aging and Disability Resource Center Planning Subcommittee

Name	Title	Organization
Anselmi, Jennifer	Contract Compliance Specialist	Rock County Developmental Disabilities Board
Arneson, Diane	Assistant to Department Head	Rock County Information Technology
Brandeen, Carolyn	Frail Elderly Consumer Rep	
Hare, Steve	Supervisor	Rock County Human Services Long-Term Support

Name	Title	Organization
Hermans, Tom	Supervisor	Rock County Human Services Long-Term Support
Klyve, Charmian	Director	Rock County Human Services
Lubben, Joyce (Group Facilitator)	Director	Rock County Council on Aging
McMillan, Lori	Health Educator	Rock County Health Department
Perry, Tom	Director	Rock County Developmental Disabilities Board
Quirk, Sherry	Lead Supervisor	Rock County Human Services Economic Support
Seeman, Julie	I & A Specialist	Rock County Council on Aging
Smith, Joshua	Assistant to County Administrator	Rock County
Solis, John	Veterans Service Officer	Rock County Veterans Services
Thompson, Jennifer	Manager	Rock County Human Services Long-Term Support
Zimmerman, Judy	PD Consumer Representative	

Meeting schedule: The ADRC Subcommittee has been meeting at least monthly plus work group meetings

Communication and Stakeholder Involvement Subcommittee

Name	Title	Organization
Carlson, David (Chair)	Public Relations Manager	Dane County Human Services
Hermans, Tom	Supervisor	Rock County Human Services Long-Term Support

Name	Title	Organization
Jeffries, Kristin	V.P. of Planning and Development	Care Wisconsin
Sievert, David	Director of Business Development	Community Living Alliance

Meeting schedule: This subcommittee meets the second and fourth Wednesdays of the month.

This subcommittee has assumed the dual role of informing the public and other interested stakeholders about the planning process for LTC Reform in Dane and Rock Counties as well as developing methods for involving those target groups in the planning process and providing opportunities for feedback.

CMO Development Subcommittee

Name	Title	Organization
Baldwin, Linda	CFO	Community Living Alliance
Costello Todd	COO	Community Living Alliance
Dupont, Craig	CFO	Care Wisconsin
Eimers, Ken	COO	Care Wisconsin
Foster, G.P.	Deputy Director	Dane County Human Services Department
Kuehn, Jean	Planning and Evaluation Manager	Dane County Human Services Fiscal and Management Services
Musser, Karen (Chair)	CEO	Care Wisconsin
Perry, Tom	Director	Rock County Developmental Disabilities Board
Rossiter, Dan	Community Services Manager	Dane County Human Services – ACS DD Services

Name	Title	Organization
Sievert, David	Director of Business Development	Community Living Alliance
Thompson, Jennifer	Manager	Rock County Human Services Long-Term Support

Meeting schedule: Meetings are scheduled every two weeks.

The purpose of the CMO Development Subcommittee is to identify, develop, and demonstrate readiness of core CMO functions as outlined in Exhibit I of the DHFS Long Term Care Planning Grant. The scope of planning activities will include developing core business infrastructures, legal and policy changes needed for the successful implementation of a CMO that manages the "Family Care" benefit at minimum including coordination of primary and acute care. (Coordination of primary and acute care is part of the basic Family Care benefit.)

IT/Fiscal Subcommittee

Name	Title	Organization
Baldwin, Linda	CFO	Community Living Alliance
Dupont, Craig	CFO	Care Wisconsin
Foster, G.P. (Chair)	Deputy Director	Dane County Human Services Department
Thompson, Jennifer	Manager	Rock County Human Services Long-Term Support

Meeting schedule: The IT/Fiscal Subcommittee meets every two weeks.

The purpose and scope of this subcommittee is to develop and plan for implementation of all information technology (IT) and fiscal functions in support of Long Term Care Reform for the Rock/Dane counties region. Key tasks and outcomes include:

- Develop a plan for Administrative and Financial System for the ADRC and CMO.
- Develop a plan for Information Technology (IT) and Reporting Systems for the ADRC and CMO. Where possible, plan for integration of the IT systems.
- Risk Reserve and Solvency Plan - To develop a plan that meets the needs of the population served in the region using only the fiscal resources allocated.
- Review and analyze current managed long-term care (MLTC) data reports. Review and report on current utilization trends, cost to serve current population, and current populations served.

**Planning for change in Long Term Care
D R A F T Work Plan**

Planning Phases with Deliverables	2006												2007											
	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug						
Pre-Planning Phase																								
Start-Up and Work plan																								
•Steering Committee formed and regular meeting schedule established (bi-weekly Thursday meeting 10 a.m.- 12 p.m.)																								
•Develop project name and letterhead																								
•Determined MOU was not necessary at this time (March 06) revisit at a later date																								
•3 Work group/subcommittee form Apr 20, 2006																								
•Rock Co. join Steering Committee (June 1st)																								
<u>Budget</u>																								
•4/27/06 Budget submitted to State																								
•June 2006 Budget revisions with addition of Rock County to the planning process																								
<u>Contract negotiations</u>																								
•Met with Judith Frye to clarify grant expectations and identify potential barriers to planning process																								
•Contract revisions worked through the with Corp Counsel and State																								
•Addition of Rock County																								
•TMG contract development																								
ADRC																								
Learning and Development																								
•Education on existing sites																								
•Site visit to LaCrosse ADRC May 12																								
•Routine meeting schedule set. Currently bi-weekly meeting Thursday (opposite Steering Committee) 9 a.m. - 11 a.m.																								
•Ann Marie Ott from BADR presented, discussion of experiences of existing sites, timing of start-up, etc.																								
•Develop inventory/chart for listing agency services																								
•Identify different models (e.g., single site, satellite sites- east side/west side/central, virtual center)																								
•Develop mission statement and goals																								
Implementation Planning																								
•Develop a plan for local siting and staffing of eligibility and enrollment functions, enrollment consultation, LTC Information and Assistance, outreach and public education, disease and disability prevention activities - Detail provided in ADRC workplan																								
•Coordinate systems with essential public and private services such as economic assistance ADRC and other care management organizations																								
Communication and Consumer Participation																								
Learning and Development																								

**Planning for change in Long Term Care
D R A F T Work Plan**

Planning Phases with Deliverables	2006												2007											
	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug						
•Work group/subcommittee formed April 20, 2006																								
•Routine meeting schedule set: 2nd and 4th Wed. of the month 9:00 a.m. - 10:00 a.m.																								
•Web page established for public information																								
•Generated list of organizations, agencies and individual stakeholders to communicate outwardly with																								
•Develop policy for coordination of all communications with DCDHS, CLA and ECW process for approval prior to release																								
•Consumer/Stakeholder participants (FE/PD reps) join the Steering committee April 2006																								
•Consumer/Stakeholder participants (DD reps) join the Steering committee June 2006																								
Implementation Planning																								
•Ensure stakeholder input throughout this planning process																								
•Developed Stakeholder Information and Involvement Plan in response to request from Secretary Nelson																								
•Plan for Quarterly Information Sessions for a wide audience of stakeholders. Focus largely to providing information some mechanism for input																								
•Assess degree of local consumer and stakeholder participation in current LTC system																								
•Identify and create opportunities for participation in planning process for managed LTC expansion in the area with partner orgs, UW Ext. or local advocacy organizations																								
•Design other more focused input processes (e.g. focus group, or targeted information sessions with input process) around either specific audiences (target populations and representatives, providers, current waiver participants, etc.) or planning activities (e.g., ADRC, Managed Care Model Development).																								
•Establish training to enhance meaningful consumer and stakeholder participation																								
•UW Extension provided training on stakeholder participation to Steering Committee																								
•Identify potential consumers and stakeholders to participate in planning, program development and program oversight																								
•Structure program administration and governance so as to be transparent and accessible to stakeholders and consumers																								
•If selected by grantor - coordinate with UW Extension, Family Living Programs																								
Reporting																								
•*Submit reports to DHFS by following deadlines:																								
•October 2006																								
•January 2007																								
•April 2007																								
•July 2007																								
•Final summative report due: October 1, 2007																								

**Planning for change in Long Term Care
D R A F T Work Plan**

Planning Phases with Deliverables	2006												2007											
	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug						
Phase I Learning and Development																								
Managed Care Organizations																								
•Developed Goal Statements																								
•Education on current models available in Dane County (SSI Mgd Care, SNPs, etc.) and elsewhere																								
•Provide background and education on c. waiver program operations to partners																								
•Some Steering committee members participate in educational summit held in Milwaukee																								
•Individual interviews with Partners re: Preferences for structure and benefit packages conducted first weeks May.																								
•Steering committee conducts analysis of potential models of governance																								
•Identify potential benefit packages and develop seamless transition between existing managed care platforms (Family Care/Medicaid complete/Medicare SNPs)																								
•Identify barriers to achieve a continuum of care																								
Needs, Risk, Capacity Assessment																								
•IT/Fiscal Subcommittee formed looking at internal resources available for informational analysis																								
•Complete agreement to obtain data extract																								
•profile existing waiver population																								
•profile potential candidates for LTC services (W.L. population)																								
•impact analysis of serving W.L. population (may include system capacity, etc)																								
•Assess Family Care capitation model on the county's existing population by target group (FE/PD only at this time)																								
•Estimate cost of serving a fully enrolled population and analysis of the adequacy of the existing FC capitation model on Dane County's population																								
•Identify solvency costs based on local data																								
•Analysis of different risk sharing options discussed in governance models																								

**Planning for change in Long Term Care
D R A F T Work Plan**

Planning Phases with Deliverables	2006												2007											
	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug						
Local Impact Analysis																								
•Develop response to State's initial local share proposal																								
•Estimate financial impact of proposed local share assessment on Dane County																								
•Programmatic and financial impact of the ADRC implementation on ESS																								
Local Infrastructure Assessment																								
•Determine financial/programmatic impact of LTC -MC Local Share on APS, PP, ED and Guardianship services that will remain with the County (Ch 55, 51, 46,880) and make recommendations to the State for proposed legislative revisions. Include other DCHS programs CW, JJ, PH as well.																								
Phase II																								
Implementation Planning																								
•CMO Development Subcommittee formed to begin work on planning CMO infrastructure pieces in conjunction with IT/Fiscal workgroup																								
Care Management Model																								
•grievance system development																								
•disenrollment protocols																								
•assess consumer safety risk																								
•develop and provide ongoing staff training																								
•create opportunities for consumers and consumer reps to participate in appeals and grievance processes																								
Provider Network Development																								
•Identify service needs among current and potential long-term care program participants																								
•Assess the capacity of local provider pool to meet these needs (gap analysis)																								
•Planning with potential providers to achieve a satisfactory workforce and provider pool with regard to capacity, quality and options for consumers																								
•Establish minimum provider competencies																								
•Address the needs of consumers who are interested in self-directed supports																								
Administrative and Financial Systems																								
•Conduct needs assessment for admin and financial management tools and competencies to carry out managed LTC																								
•Develop strategies to learn management techniques																								
•Develop timeline for implementation of new management model tools																								

**Planning for change in Long Term Care
D R A F T Work Plan**

Planning Phases with Deliverables	2006												2007											
	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug						
•Address claims payment system (in-house or contract)																								
•Address systems adequate to perform encounter reporting (in-house or contract)																								
•Address benefit coordination (in-house or contract)																								
•Address utilization management (in-house or contract)																								
•Prepare financial analysis																								
•Address creation of contract language and contract monitoring protocols for contracts																								
•Establish procedures for monitoring consumer cost sharing																								
<u>IT and Reporting Systems</u>																								
•Identify essential IT and reporting tools and competencies to carry out managed LTC																								
•Conduct gap analysis and plan for procurement/acquisition																								
•Develop training and prepare for implementation																								
<u>Quality Management Systems</u>																								
•Identify and plan for implementation of systemic quality management strategies, including discovery, remediation and quality improvement																								
•Create opportunities for consumers representatives to participate in managed care quality management systems																								
<u>Risk Reserve and Business Solvency Plan</u>																								
•Develop a timeline and financing strategy to achieve required risk reserve																								
•Create and document methodology to achieve and sustain business solvency																								
<u>Coordination or Integration with Acute and Primary Health Care</u>																								
•Conduct local needs assessment and provider education																								
•Create a plan to include acute and primary health providers in managed long-term care planning to the extent necessary to achieve either well-coordinated care or integrated care, depending on the program model, including coordination of benefits.																								
•Develop and coordinate behavioral health and AODA services, depending on the program model																								
<u>Legal and Operational Platform for Regionalized Governance</u>																								
•Develop a timeline and strategies to achieve a governance structure that is satisfactory to all planning partners who will share legal and/or financial risk in the model of service delivery																								
•Prepare and execute operating agreements among partners																								
•Develop by-laws and protocols for business between regional partners																								

**Planning for change in Long Term Care
D R A F T Work Plan**

Planning Phases with Deliverables	2006												2007					
	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
•Develop a mission statement and strategic plan for the entity																		
•Establish Steering and oversight committees, including consumer and stakeholder members																		
Coordination with Adult Protective Services and services mandated under Wis. Stats. Ch. 51, 55 and 880.																		
•Identify issues, timeline for resolution and local strategies to meet the requirements of these statutory provisions.																		
Conversion of Present Sec. 1915© Home and Community-Based Waiver Caseload and Waiting Lists to Managed Care																		
•Identify strategy and timeline for conversion to managed care																		

Proposed Dane County ADRC Report Application Work Plan

III-A. Administrative Framework proposed for the Aging and Disability Resource Center

Task	Who	JUNE	JULY	AUG.	Comments & Resources
History of Dane County ADRC Planning Group	Barb	1 st draft			
Dane County ADRC Mission & Goals		X			Insert
III-A.1 Service Area. Dane County		X			
III-A.2 Governing Board. Describe the proposed structure and membership of the ADRC governing board. Identify other responsibilities the board will have, if any, in addition to those related to the ADRC.	Fran	1 st draft			March 15 meeting notes, possibly Bulletin #2
III-A.3 Organizational Structure. Describe how the ADRC will be organized, including areas of responsibility and reporting relationships. What is the reporting relationship between the ADRC director and the governing body of the ADRC and of the ADRC to other agencies of county government?	Fran		7/3		Draft to include the 2 proposed models, also use August 3 & 31 meeting notes
Describe any administrative support that will be provided by the county(ies) or other entities to the ADRC for management information system support, financial reporting, human resources and other administrative support. Identify what, if any, of this administrative support will be charged to the ADRC grant.	Fran		7/3		Bulleton #4
III-A.4 Director. Identify the qualifications of the person to be hired to serve as the Director of the ADRC. Describe the job duties of the Director and the Director's authority and	Theresa		7/3		Director: comparable to community service-level (County M11) position

<p>responsibility relative to the development of the internal operating budget, staff selection and supervision and responsibility for the various functions of the ADRC.</p>	<p>Anne</p>	<p>7/3</p>	<p>Insert File: "Structure with FTE 1 and 2" Insert File: "Task of ADRC workers"</p>	<p>File: meetings April 26 Common Message #3</p>
<p>III-A.5 Staff Training and Qualifications. Describe the types of initial and ongoing training that ADRC managers and staff will be provided with respect to each of the ADRC functions, target populations, quality improvement processes, data systems and customer service.</p>	<p>Anne</p>	<p>7/3</p>		
<p>III-A.6 Location/Physical Plant. Identify the location of the ADRC, including branch offices, if known, and describe its characteristics, including physical space, parking, accessibility, external appearance, signage, etc., that will be present when the ADRC is open to the public and operational. If no location has been determined, describe the characteristics of the location you will be seeking. Describe how the ADRC will make itself welcoming to the public.</p>	<p>Theresa</p>	<p>7/3</p>	<p>Racine/Brown county application</p>	<p>GP's notes – April 26th minutes Decision made at county level to be with Beacon software</p>
<p>III-A.7 Accessibility and Cultural Competence. Describe how the ADRC will be made accessible to and user friendly for people with physical or sensory disabilities, who speak little or no English, or whose culture may affect their ability to use the ADRC.</p>	<p>GP</p>			<p>TB discussed at 6/21 Planning group meeting</p>
<p>III-A.8 Management Information Systems and Reporting. Describe how the requirements for a resource database and client tracking system will be met. Is the ADRC planning to use Synergy's Beacon software for this purpose?</p>				
<p>III-A.9 Complaints and Grievances. Describe the process the ADRC will follow for handling ADRC customer complaints and grievances.</p>				

<p>III-A.10 Collaboration with Local Agencies and Stakeholders.</p> <p>Stakeholders. Describe how consumers, advocates, service network representatives and other stakeholders have been involved in planning for the ADRC and the roles they will play in the ongoing operations of the ADRC.</p>	Barb	7/3			
<p>Local Agencies. Describe local agency involvement in planning for development of the ADRC. How will the ADRC partner with county agencies and community organizations serving the target populations during its ongoing operation? What, if any, current county agency(ies) or staff will be incorporated into the ADRC?</p>	Barb	7/3			Insert roster of ADRC Planning Group

III-B. Provision of ADRC Service

<p>III-B. Provision of ADRC Services III-B.1 Marketing, Outreach and Public Education (recommend 1 page). Describe the marketing, outreach and public education strategies the ADRC will employ to make ADRC services known to members of its target populations, including people who are isolated or otherwise hard to reach, and to community agencies and service providers in your area. Describe how you will measure the success of your marketing efforts.</p>				<p>To be discussed at 6/21 meeting. Proposal to hire marketing director.</p>
<p>III-B.2 Information and Assistance (recommend 5 pages) Describe how the ADRC will provide I&A services. Include how you will meet the needs of members of each target group, and how the ADRC will coordinate with, rather than duplicate, I&A services already available in the county, and other organizations you will coordinate with to implement I&A services. Include all components of I&A from Section II-3.2 of these application materials in your response</p>	Barb	7/3		
<p>III-B.3 Long-Term Care Options Counseling (recommend 5 pages) Describe how the ADRC will provide long-term care options counseling, including services provided in response to requests from the public and to persons referred for pre-admission consultation. Identify how the ADRC will work with hospitals, nursing homes, and assisted living providers and home health agencies in their community to encourage appropriate and timely referrals for options counseling and to meet requirements for pre-admission consultation. Describe how long-term care options counseling will be coordinated with other ADRC services.</p>	Theresa	7/3		Staffing work group notes
<p>III-B.4 Elderly Benefits Counseling (recommend 1 page) Describe how the Elderly Benefit Specialist program will be staffed and supervised, where EBS services will be</p>	Barb			Staffing work group notes Barb & Theresa plan to talk

<p>provided, and how EBS services will be integrated with I&A, DBS and other ADRC activities.</p>					<p>with Coalition of WI Aging Groups</p>
<p>III-B.5 Disability Benefits Counseling (recommend 2 pages) Describe your plan to implement a Disability Benefit Specialist (DBS) program, including where the DBS will be located, how the DBS will be supervised, and how the DBS will be coordinated with other ADRC activities. How will you assure public awareness of and access to DBS services?</p>	<p>Barb & Donna</p>				<p>(service gap) See Racine / Brown County application</p>
<p>III-B.6 Access to Publicly Funded Long-term Care Programs: Functional Screen, Financial Eligibility Determination and Enrollment-Related Functions (recommend 3 pages) Describe how individuals will be screened for functional eligibility for long-term care services in your county(ies). What is the timeline and process for transition to performing the LTC functional screen in the ADRC? How many ADRC staff will be trained and certified to use the LTC functional screen? How will functional screens be integrated with LTC options counseling and other services of the ADRC?</p> <p>Describe how the ADRC will facilitate the financial eligibility determination process, including what it will do to assist consumers and how it will coordinate with the economic support unit.</p> <p>If there will be one or more MCO(s) in the ADRC service area, how will the ADRC work with the county's long-term care and economic support units and DHFS to assure that the eligibility and enrollment process is predictable, streamlined and barrier free for consumers transitioning from Waivers to managed care? Explain how the ADRC will manage wait lists during the start up period for managed care. What will be the wait list</p>	<p>Wayne</p>				<p>Hold until MCO determined</p>

<p>policies and priorities?</p> <p>III-B.7 Enrollment and Disenrollment Counseling (recommend 1 page) Describe how the ADRC will provide choice counseling for people who want to enroll in a MCO and options counseling for those who disenroll.</p>					
<p>III-B.8 Access to Mental Health and Substance Abuse Services (recommend 1 page) Describe how the ADRC will make its I&A and DBS services available to people with mental health and substance use issues and how it will assist people in accessing appropriate mental health and substance abuse services. Describe how ADRC staff will be trained to identify and appropriately respond to persons experiencing a mental health or substance use crisis. What agreements will the ADRC establish with county mental health and substance abuse agencies? Describe mental health services that the ADRC will be providing, if any, in addition to those that are required of ADRCs.</p>	Fran			To be discussed at 6/21 meeting.	
<p>III-B.9 Access to SSI, SSI-E, Medicaid and FoodShare and Other Public Programs and Benefits (recommend 2 pages) Identify the key programs and agencies to which the ADRC will be making referrals, including, at a minimum, access to Medicaid, Medicare, SSI, SSI-E, Social Security, SSDI, FoodShare, veteran's services, housing assistance, Older Americans Act programs, and Independent Living Center services. Describe how the ADRC will establish referral protocols with these agencies, resolve issues of access and follow up to ensure consumers get what they need in a timely way</p>	Theresa			See Racine / Brown County application Also see STEP Unity info	

<p>III-B.10 Short-Term Care Coordination and Case Management (recommend 1 page) Describe the type(s) of short-term care coordination and case management the ADRC plans to provide to assist individuals and their families in arranging for services. How will the ADRC ensure that these services do not become long-term?</p>	<p>Barb</p>			<p>Staffing work group notes</p>
<p>III-B.11 Access to Emergency Services (recommend 1 page) Describe how ADRC staff will be trained to recognize and appropriately deal with crisis situations, identify emergency service providers in your community with which the ADRC will coordinate, and describe how calls will be handled during and after business hours to ensure that people are connected promptly with appropriate providers of emergency services.</p>	<p>Theresa</p>			<p>Staffing work group notes Talk with Fran re county process</p>
<p>III-B.12 (Elder) Adults-at-Risk and Protective Services (recommend 1 page) Describe how the ADRC will identify people who may need (elder) adults-at-risk, and/or adult protective services. Identify the agency or agencies responsible for (elder) adults-at-risk and adult protective services in the ADRC service area and describe how the ADRC will connect people in need with these services. In your description, include how the ADRC will respond to domestic violence, crises involving consumers of current long-term support programs, and contacts from law enforcement and hospital emergency rooms.</p>	<p>Barb & Fran</p>			<p>Barb – Elder Abuse Fran – At Risk & Protective Services</p>
<p>III-B.13 Transitional Services (recommend 1 page) Describe how the ADRC will reach out to and the types of assistance it will make available to young people with disabilities who are leaving the school system and need access to adult services. How will responsibility for this activity be assigned within the ADRC? How will school systems be informed about the ADRC and engaged in the process of providing transitional services? What other organizations will be involved?</p>	<p>Donna</p>			

<p>III-B.14 Prevention and Early Intervention (recommend 2 pages)</p> <p>Prevention as a Component of Other ADRC Activities. Describe how the ADRC will develop resources and expertise regarding preventable causes of long-term illness and disability; identify risk factors and appropriate prevention and early intervention strategies for individuals using the services of the ADRC. How will prevention be integrated into the other activities of the ADRC? How will the ADRC coordinate with public health agencies and community service providers to secure resources, referrals and cooperation for effective prevention programs?</p> <p>Special Prevention Programs. Describe what plans, if any, there may be for the ADRC to implement an evidence-based prevention program to prevent or delay chronic disease and disability and reduce the need for hospital and long term care facility admissions.</p>	<p>Barb & Janie</p>			
<p>III-B.15 Client Advocacy (recommend 1 page) Describe how the ADRC will provide individual and systems advocacy, including provision of information about rights, assistance in exercising those rights, and linkages with appropriate advocacy resources. In areas where managed care exists or has been proposed, describe how conflict of interest between the ADRC and MCO(s) will be avoided in advocating for individuals who receive services from the MCO(s).</p>				<p>To be discussed at 6/21 meeting.</p>
<p>III-B.16 Community Needs Identification (recommend 1 page) Describe how the ADRC will secure consumer input and other information to identify the unmet needs of consumers</p>				<p>To be discussed at 6/21 meeting.</p>

<p>in its service area. Explain how this information will be used to target ADRC outreach, education, prevention and systems advocacy efforts.</p>						
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III-C. Customer Service Strategy

<p>III-C. Customer Service Strategy (recommend 2 pages) Describe or attach a flow chart that diagrams the process by which a customer will obtain services from the ADRC. Include the following, at a minimum: 1) how a customer will receive I&A, options counseling and/or benefits counseling as their primary service; and 2) how a customer will access long term care services via the resource center. To the extent possible, indicate how many different people the customer will have to talk to, how often he or she will be required to repeat the same information, and how long the process will typically be expected to take.</p>	<p>Barb & Donna</p>					
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**Rock County Aging & Disability Resource Center
Work Plan 2007-2008**

TASK	Projected Timeline	Status
<i>Rock County ADRC Planning Group Organization</i>		
1. Develop a mission statement.	July-August 2007	Completed 2/21/07.
2. Develop a vision statement.	July-August 2007	Completed 4/18/07.
3. Develop a website page to document planning group activities and inform the public.	July-August 2007	Completed 6/07
4. Develop ground rules for group planning.	July-August 2007	Completed 2/21/07.
<i>Provision of ADRC Services (ADRC Application, Appendix B: III-B 1-16)</i>		
Information and Assistance		
1. How will the ADRC meet the needs of members of each target group? (Including families, friends, caregivers, advocates)	July-August 2007	Completed October 07
2. How will the ADRC coordinate with, rather than duplicate, I&A services already available in the county?	July-August 2007	
3. What other organizations can we coordinate with to implement I&A services?	July-August 2007	
4. How do we ensure that, during service hours, callers speak directly to a person?	July-August 2007	
5. After-hours message for emergency or urgent need?	July-August 2007	
6. Address all components of I&A.	July-August 2007	

<p>7. How will I&A activities be staffed?</p> <ul style="list-style-type: none"> a. Initial calls be answered by a receptionist or by an I&A professional? b. I&A generalists or specific target populations or services? c. Technical qualifications to provide I&A services? d. Expertise in serving all target groups? e. Training needs? 	<p>July-August 2007</p>	
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Customer Service Strategy

<p>1. What is the process (flow chart) by which a customer will obtain services?</p> <ul style="list-style-type: none"> a. How a customer will receive I&A, options counseling and/or benefits counseling as their primary service? b. How a customer will access long term care services via the resource center? c. How many different people will the customer have to talk to? d. How often will the customer be required to repeat the same information? e. How long will the process take? 	<p>July-August 2007</p>	<p>Completed October 07</p>
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Long-Term Care Options Counseling

<p>1. How will long-term care options counseling be provided?</p> <ul style="list-style-type: none"> a. Response to requests from the public b. Response to requests from persons referred for pre-admission consultation? 	<p>August-September 2007</p>	<p>Completed October 07</p>
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2. How will ADRC work with providers to encourage appropriate and timely referrals for options counseling and to meet requirements for pre-admission consultation?	August-September 2007	
3. How will long-term care options counseling be coordinated with other ADRC services?	August-September 2007	

Elderly Benefits Counseling

1. How will EBS be staffed and supervised?	August-September 2007	
2. Where will EBS services be provided?	August-September 2007	Completed August 07
3. How will EBS services be integrated with I&A, DBS, and other ADRC activities?	August-September 2007	

Disability Benefits Counseling

1. How will DBS be implemented?	August-September 2007	
2. Where will DBS be located?	August-September 2007	
3. How will DBS be supervised?	August-September 2007	
4. How will DBS be coordinated with other ADRC activities?	August-September 2007	Completed August 07
5. How to assure public awareness of and access to DBS services?	August-September 2007	

Access to Publicly Funded Long-term Care Programs: Functional Screen, Financial Eligibility Determination and Enrollment-Related Functions

1. How will individuals be screened for functional eligibility for long-term care services?	September-October 2007	
2. What is the timeline and process for transition to performing the LTC functional screen?	September-October 2007	Completed November 07
3. How many ADRC staff will be trained and certified to use the LTC functional screen?	September-October 2007	

4. How will functional screens be integrated with LTC options counseling and other ADRC services?	September-October 2007	
5. How will the ADRC facilitate the financial eligibility determination process? a. How will it assist consumers b. How will it coordinate with economic support unit	September-October 2007	
6. How will wait lists be managed during start-up period for managed care? What will be the wait list policies and priorities?	September-October 2007	

Enrollment and Disenrollment Counseling

1. How will choice counseling be provided for people who want to enroll in a MCO and options counseling for those who disenroll?	September-October 2007	Completed October 07
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Access to Mental Health and Substance Abuse Services

1. How will the ADRC make its I&A and DBS services available to people with mental health and substance use issues?	October 2007	Completed January 08
2. How will people be assisted in accessing appropriate mental health and substance abuse services?	October 2007	
3. How will staff be trained to identify and appropriately respond to persons experiencing a mental health or substance use crisis?	October 2007	
4. What agreements will need to be established?	October 2007	
5. What mental health services will the ADRC be providing, in addition to those required of ADRCs?	October 2007	

Access to SSI, SSI-E, Medicaid, FoodShare & Other Public Programs

1. To which key programs and agencies will the ADRC be making referrals?	November 2007	Completed January 08
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2. What will be the referral protocols? a. Resolve issues of access b. Resolve issues of follow-up	November 2007	
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Short-Term Care Coordination and Case Management

1. What types of short-term care coordination and case management will the ADRC provide to individuals and their families in arranging for services?	November 2007	Completed November 07
2. How will the ADRC ensure these services do not become long-term?	November 2007	

Access to Emergency Services

1. How will ADRC staff be trained to recognize and appropriately deal with crisis situations?	March - April 2008	Completed April 2008
2. Who are the emergency service providers with which the ADRC will coordinate?	March - April 2008	
3. How will calls be handled during and after business hours to ensure that people are connected promptly with appropriate providers of emergency services?	March - April 2008	

(Elder) Adults-at-Risk and Protective Services

1. How will the ADRC identify people who may need (elder) adults-at-risk and/or adult protective services?	December 2007	Completed February 08
2. How will the ADRC respond to:		
a. Domestic violence		
b. Crises involving consumers of current long-term support programs	December 2007	
c. Contacts from law enforcement		
d. Contacts from hospital emergency rooms		

Transitional Services		
1. How will the ADRC reach out to young people with disabilities who are leaving the school system and need access to adult services?	March - April 2008	Completed April 2008
2. What types of assistance will be provided?	March - April 2008	
3. How will responsibility for this activity be assigned within the ADRC?	March - April 2008	
4. How will school systems be informed about the ADRC and engaged in the process of providing transitional services?	March - April 2008	
5. What other organizations will be involved?	March - April 2008	

Prevention and Early Intervention		
1. How will the ADRC develop resources and expertise regarding preventable causes of long-term illness and disability?	February 2008	Completed February 08
2. How will the ADRC identify risk factors and appropriate prevention and early intervention strategies for individuals the ADRC serves?	February 2008	
3. How will prevention be integrated into the other activities of the ADRC?	February 2008	
4. How will the ADRC coordinate with public health agencies and community service providers to secure resources, referrals and cooperation for effective prevention programs?	February 2008	

Special Prevention Programs		
1. What evidenced-based prevention programs will the ADRC provide?	February 2008	Completed February 08

Client Advocacy		
1. How will the ADRC provide individual and systems advocacy, including: a. Provision of information about rights b. Assistance in exercising those rights c. Linkages with appropriate advocacy resources?	March 2008	Completed April 2008
2. How will conflict of interest between the ADRC and MCO be avoided in advocating for individuals?	March 2008	

Community Needs Identification		
1. How will the ADRC secure consumer input and other information to identify the unmet needs of consumers?	April - May 2008	Completed May 2008
2. How will this information be used to target ADRC outreach, education, prevention and systems advocacy efforts?	April - May 2008	

Marketing, Outreach & Public Education		
1. What strategies will be employed to make ADRC services known to: a. People who are isolated b. Otherwise hard to reach c. To community agencies d. Service providers	March -April 2008	Completed April 2008
2. How will success of marketing efforts be measured?	March -April 2008	

Administrative Framework of the ADRC (ADRC Application, Appendix B: III-A 1-10)		
Management Information Systems and Reporting		
1. How will the requirements for a resource database and client tracking system be met?	April 2008	Completed April 2008
2. Will the ADRC use Beacon?	April 2007	

Marketing, Outreach & Public Education		
2. What strategies will be employed to make ADRC services known to:	March -April 2008	Completed April 2008
a. People who are isolated		
b. Otherwise hard to reach		
c. To community agencies		
d. Service providers		
2. How will success of marketing efforts be measured?	April-May 2008	

Director		
1. What are the qualifications of the person to be hired to serve as the Director?	May 2008	Completed May 2008
2. What are the job duties of the Director and the Director's authority and responsibility relative to:	May 2008	ADRC staff positions identified June 2008.
a. Development of the internal operating budget		
b. Staff selection and supervision		
c. Responsibility for the various functions of the ADRC		

Location/Physical Plant		
1. Physical space?	April 2008	Completed May 2008
2. Parking?	April 2008	
3. Accessibility?	April 2008	
4. External appearance?	April 2008	
5. Signage?	April 2008	

Accessibility and Cultural Competence		
1. How will the ADRC be accessible to and user friendly for people:	April-May 2008	Completed May 2008
a. With physical or sensory disabilities		
b. Who speak little or no English		
c. Whose culture may affect their ability to use the		

ADRC	
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Complaints and Grievances

1. What is the process the ADRC will follow for handling customer complaints and grievances?	April-May 2008	Completed June 2008
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Staff Training and Qualifications

1. What are the types of initial and ongoing training that ADRC managers and staff will be provided with respect to:	May 2008	Completed May 2008
<ul style="list-style-type: none"> a. ADRC functions b. Target populations c. Quality improvement processes d. Data systems e. Customer service 		

Collaboration with Local Agencies and Stakeholders

1. How have consumers, advocates, service network representatives and other stakeholders been involved in the planning?	May 2007 - May 2008	Completed May 2008
2. What role will they play in the ongoing operations of the ADRC?	May 2007 - May 2008	
3. How will the ADRC partner with county agencies and community organizations serving the target populations during its ongoing operation?	May 2007 - May 2008	
4. What, if any, current county agency (ies) or staff will be incorporated into the ADRC?	TBD	
5. How has the planning for and implementation of the ADRC been coordinated with the Planning and implementation of the MCO?	TBD	
6. Determine when/where/how for Focus Groups.	February 2008	

Governing Board

1. What is the proposed structure and membership of the ADRC governing board?	TBD	Completed June 2008
2. What other responsibilities will the board have, in addition to those related to the ADRC?	TBD	

Organizational Structure

1. How will the ADRC be organized including areas of responsibility and reporting relationships?	TBD	Will not be finalized by the ADRC Planning Group.
2. What is the reporting relationship between the ADRC director and the governing body?	TBD	
3. What is the reporting relationship between the ADRC director and other agencies of county government?	TBD	
4. What other administrative support will be provided by the county or other entities to the ADRC for: a. Management information system b. Financial reporting c. Human resources d. Other administrative support e. What administrative support will be charged to the ADRC grant	TBD	

***** IMPORTANT SERVICE PROVIDER INFORMATION *****

Rock County is currently involved in planning for the development of an Aging and Disability Resource Center (ADRC). The ADRC would be a County-operated service center that provides a place for the public to get accurate, unbiased information on all aspects of life related to aging or living with a disability. It would be a friendly, welcoming place anyone can contact to receive information and assistance regarding not only the public benefits that may be available, but all of the programs and services available throughout the area. Individuals, concerned families or friends, or professionals working with issues related to aging, physical disabilities, developmental disabilities, mental health issues, or substance use disorders can receive information specifically tailored to each person's situation. ADRC services can be provided at the center, via telephone, or through a home visit, whichever is more convenient to the individual seeking help. Further information on Rock County's efforts to develop an ADRC can be found at <http://www.co.rock.wi.us/Dept/adrc/adrc.htm>.

Since Rock County's ADRC would provide information and assistance to consumers regarding available services in the area, your input into its development, as a provider of some of those services, is essential. Therefore, we ask that you answer the following questions and return to:

The Rock County Council on Aging

51 S. Main St.

Janesville, WI 53545

no later than **December 15, 2007**. Your input and assistance in this matter is greatly appreciated.

Name of person completing survey: _____

Business/organization: _____

Address: _____

Phone #: _____ E-Mail Address _____

- 1) What concerns, if any, do you have about how an ADRC would affect your business or the clients you serve?

- 2) What other thoughts do you have about an ADRC in Rock County that you would like to share with the planning committee?

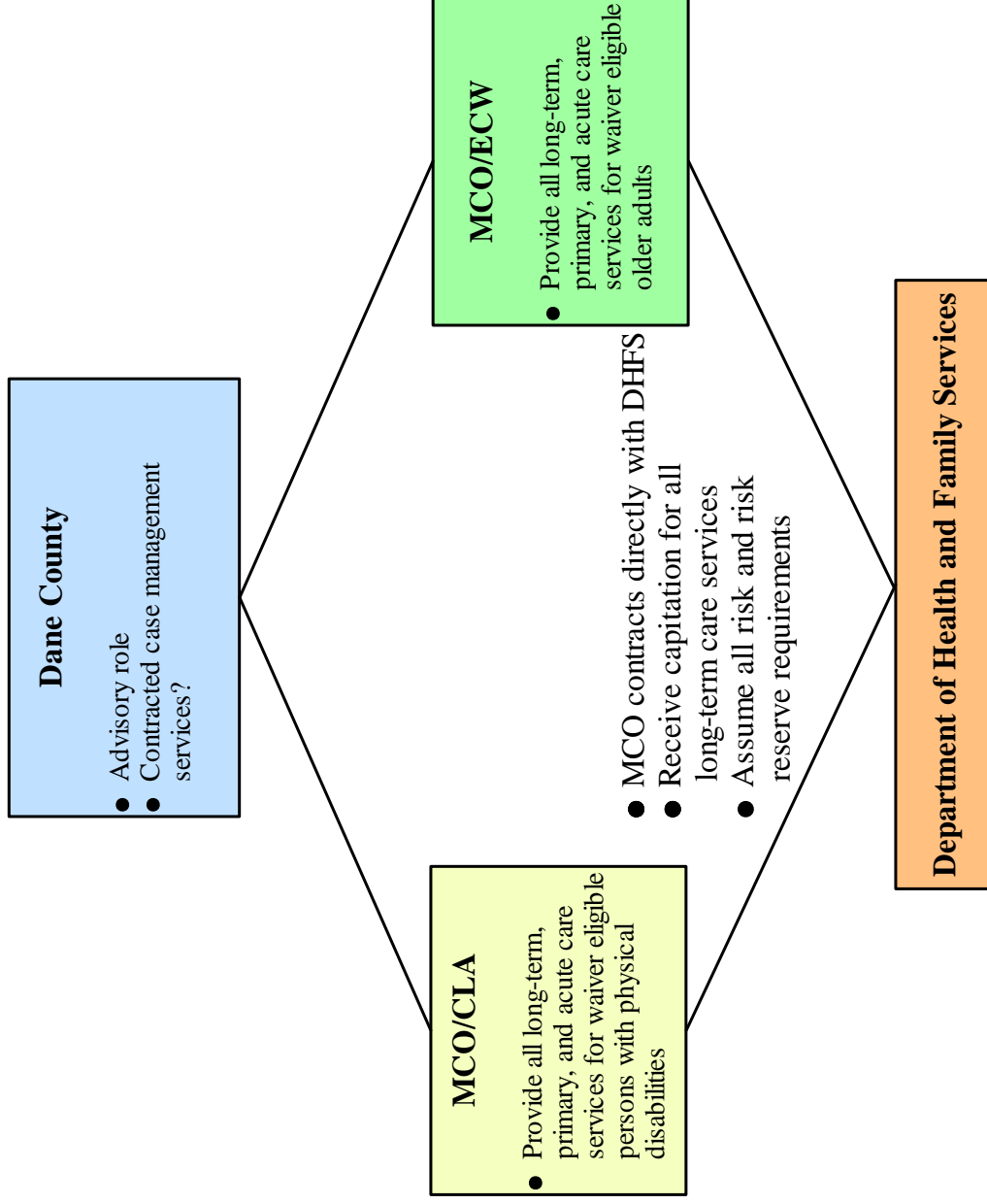
- 3) Would a representative of your business be willing to participate in a service provider focus group meeting sponsored by the ADRC planning committee?
 - Yes No

If yes, please identify the representative and provide contact information.

Rock County LTC Provider Survey Results

- 1) 103 surveys mailed to LTS service providers
- 2) 12 responses
- 3) 10 would like to participate in an ADRC planning focus group

CLA & ECW as MCO's Model



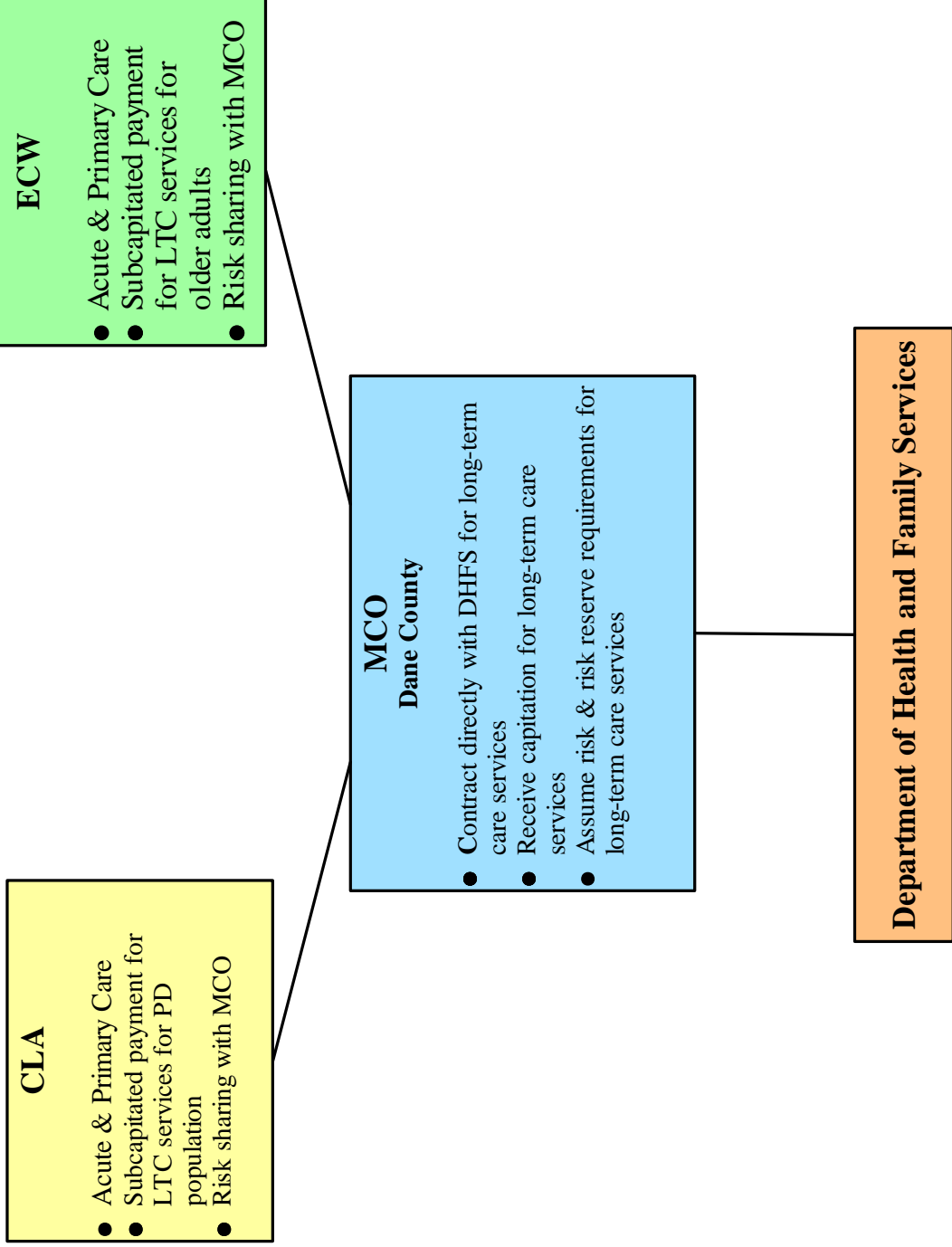
CLA & ECW as MCO's Model:

- 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.
- *Model would promote good collaboration and communication, rather than result in a lack of communication.*
- *Local quality assurance and control if MCO is a local entity.*
- *Opportunity to keep administrative costs low and service more recipients with more available funds. Most efficient approach.*
- *CLA & ECW have established experience, capacity, and infrastructure as HMOs with target populations.*
- *Model has room to allow for sufficient county oversight role.*
- *Model would provide focused collaborative effort to address concerns of county staff, advocacy groups, and providers.*
- *DHFS currently holds contracts with CLA and Elder Care as MCO's.*
- The two MCO's already operate a managed care organization. Not only would this be the “fastest model to put on the ground” but would probably be successful sooner. Whereas if/when Rock/Dane begin operating a MCO, our systems are not in line with those thought process' yet and could potentially take a few years to master. Specifically we were thinking of case management; CLA/ECW already incorporate the RN into care planning and use the RAD method and have a better understanding of the client to team dynamics.
- If there is going to be two MCO's now (one for P.D. and one for Elderly), will there have to be a third MCO for the DD population in a few years? This all just means more administrative costs.
- County may not be equal partners in decision making.
- People view the county (government) to me more responsive to their needs; therefore consumers may not be as positive about this model.

DD Worry List:

- Lack of DD expertise by Partnership programs
- *CLA and ECW have expertise in working with the DD population. Additional expertise can be obtained where the DD expertise resides.*
- ICF/MR downsizing
- Consumer RCP with private model

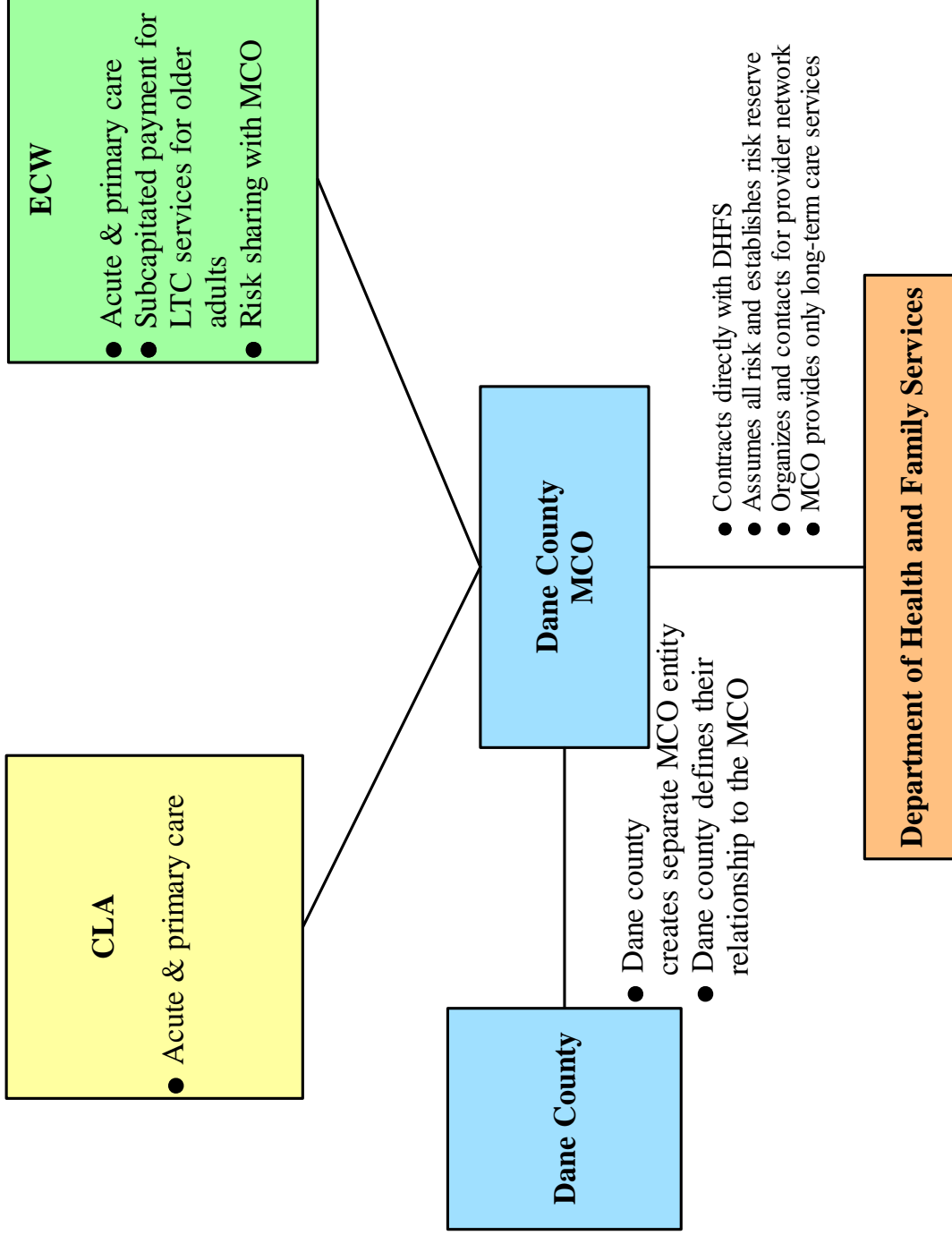
Joint Governance Model 1



County Governance Model 1:

- Does capitation support existing administrative structures?
- Local match – oversight from all funders
- County control of providers
- *Problems associated with having the entity responsible for running the actual programs and managing the quality of services delivered by providers not contracting directly with providers.*
- Local quality assurance 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?
- *Potential for weaker firewall between MCO and ADRC.*
- *Very high administration costs due to more complex organizational structures and contracts, resulting in less available funding to serve recipients of program and less opportunity to address waiting lists.*
- *County responsible for startup costs and risk reserves?*
- *County must become HMO to achieve integration of primary and acute care into model. (can County obtain a waiver to address this?)*
- *Risk sharing could be complex and leave each party with greater exposure. Reduces control over outcomes.*
- DD Worry List:
 - DD may prefer
 - Provides for oversight of all funders
 - Preferred by consumers/advocates

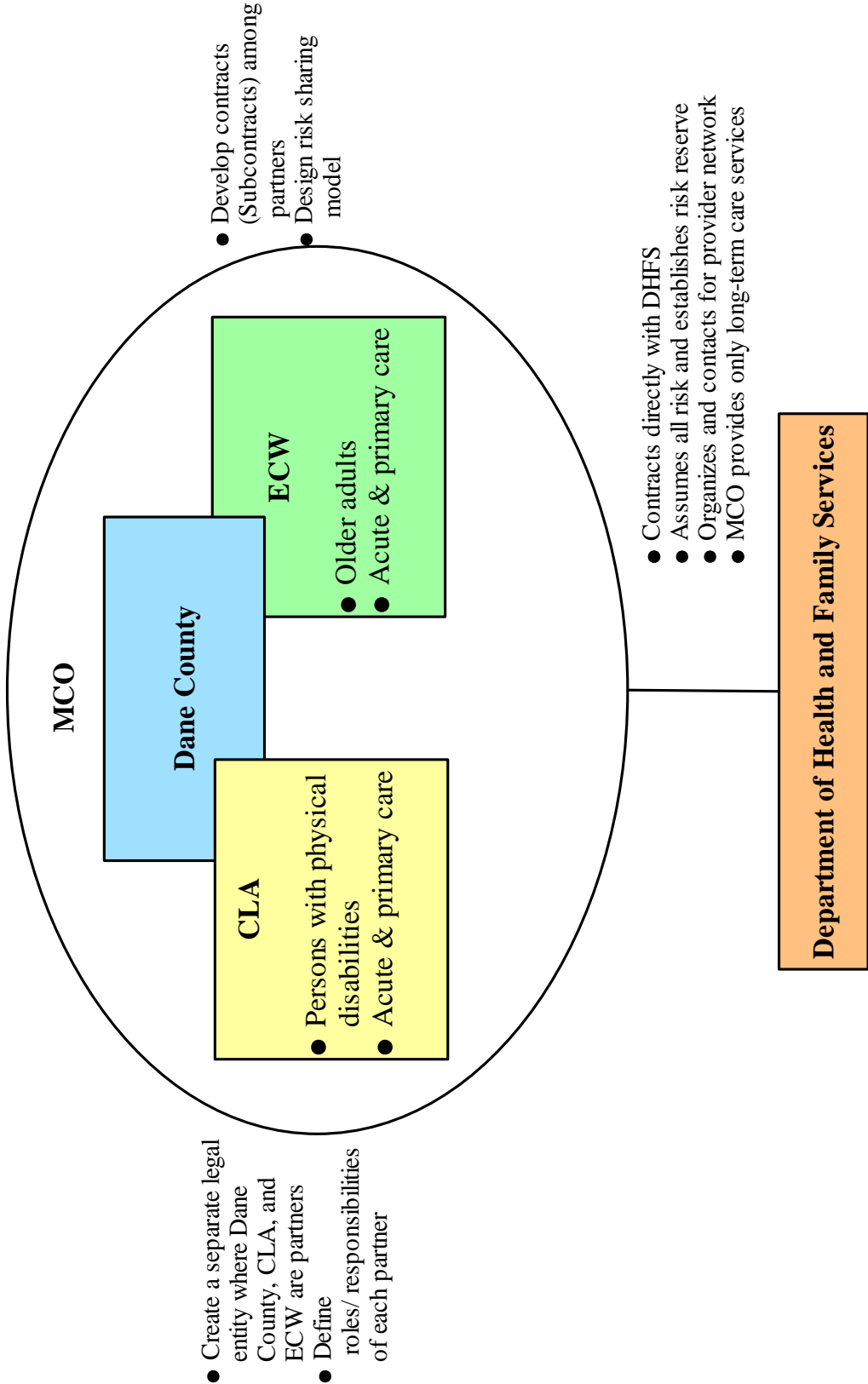
Joint Governance Model 2



County Governance Model 2:

- 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
- *Potential for weaker firewall between MCO and ADRC.*
- *Very high administration costs due to more complex organizational structures and contracts, resulting in less available funding to serve recipients of program and less opportunity to address waiting lists.*
- *County responsible for startup costs and risk reserves?*
- *County must become HMO to achieve integration of primary and acute care into model. (can County obtain waiver to address this?)*
- *Risk sharing could be complex and leave each party with greater exposure. Reduces control over outcomes.*
- DD Worry List:
 - Local dollars

Joint Governance Model 3



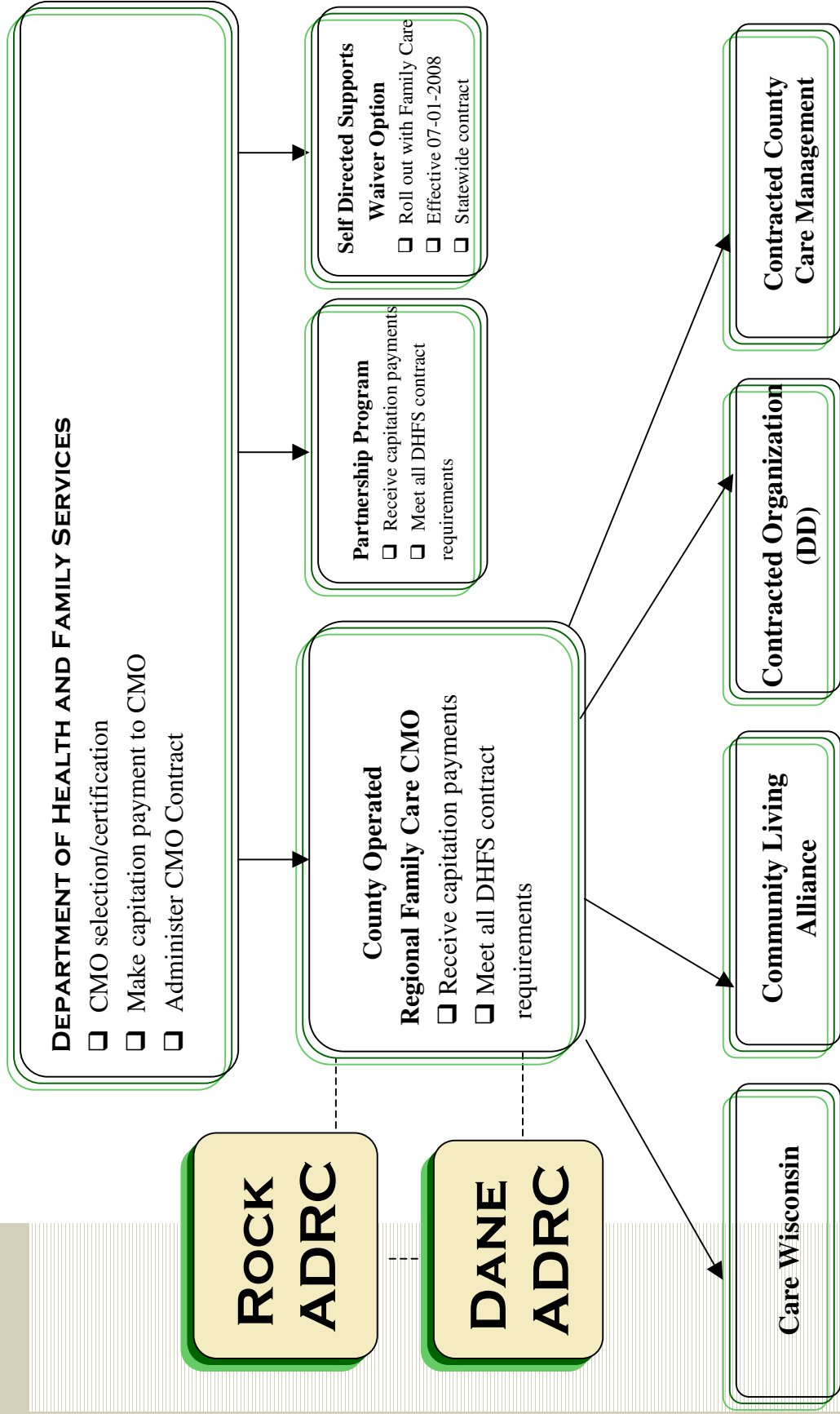
Joint Governance Model 3:

- 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. *Would be complicated and not very effective.*
- Partners not willing to participate in risk arrangement where they could be outvoted. *Minimal control of outcomes for each Partner.*
- Prefer to not spend a lot of time on this model
- *Administratively ineffective and inefficient.*

Questions for Evaluation of Governance Models

1. Does the model allow for integration of acute and primary care?
Integration of Medicaid and Medicare funding?
2. Does the infrastructure for this model exist? What does it take to develop the necessary infrastructure?
3. Will the model work with all target populations? What would be the requirements for DD?
4. Who bears risk in this model? Does the model allow for risk sharing?
5. Is the model straightforward enough to be one of the two or three models that the State would support?
6. What are the implications for staffing in this model?
7. Are the objectives of the model and the objectives of the ADRC aligned?
8. Does this model meet the goals agreed on by the Steering Committee?

DRAFT COUNTY OPERATED FAMILY CARE CMO MODEL



Summary of County Impact per Model

	County is CMO (Single or Multi County Model)	Private Corporation Operates CMO
County Financial Risk For CMO Cost	High Risk	No Risk
County Start-up Cost	High Cost	ADRC Start-up Only
County Financed Risk for Court Orders and MMHI	Lower Risk	Higher Risk
Policy Role	Strong Policy Role	Advisory Input Only
Quality Assurance Role	Strong QA Role	Little or No QA Role
Responsiveness to Dane County Residents	Higher	Lower
Risk to Service Delivery Infrastructure	County Maintains Lead Role in Service System Management.	Service Delivery Dependent Upon Private Corporation. County Human Service Management Dismantled.
County Government	Budget Responsibilities Increase	Budget Responsibilities Decrease
Consumer Service Levels	Lower to Significantly Lower	Lower to Significantly Lower

**Dane County Department of Human Services
Long Term Care Reform Planning Grant Budget
For Grant Period Ending June 30, 2008**

Project Activities / Deliverables	Implementation Grant Budget	Actual Expenses Reported	IBNR	Total Expenses
Facilitator/Consultant TMG				
Project Mgr. - Jean Kuehn ¹	\$ 40,300	\$ 22,222	\$ 67,996	\$ 90,218
Creation of an ADRC -Planning (Including IT)	\$ 49,400			
Risk profiling	\$ 13,000	\$ 6,490	\$ 28,510	\$ 35,000
IT modifications and enhancements plan	\$ 6,500		\$ 1,258	\$ 1,258
Staff training	\$ 6,500	\$ 1,324		\$ 1,324
Consumer involvement	\$ 6,500	\$ 1,840	\$ 360	\$ 2,200
Legal assistance	\$ 6,500			
Travel / incidentals	\$ 1,300			
TOTAL	\$ 130,000	\$ 31,876	\$ 98,124	\$ 130,000

Facilitator/Consultant

TMG	\$ 28,156
Jean Kuehn, DCDHS	\$ 62,062
Milliman, Inc.	\$ 35,000

IT modifications and enhancements plan

Rock Co. Council on Aging - Manpower, Inc.	\$ 1,258
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costs associated with populating Beacon database

Staff Training

ADRC Conference fees	\$	540
AIRS application and renewal	\$	784

Consumer involvement

Per diem costs (\$30/meeting)	\$	450
Town hall mtg related costs: postage, copy costs	\$	1,750
	\$	130,000