

**STATEMENT OF INTEREST – STATEWIDE LONG-TERM CARE REFORM**  
**Submitted to Wisconsin Department of Health and Family Services**  
**December 21, 2005**

**Organizations Represented by this Statement of Interest**

Community Living Alliance, Inc. (CLA)  
 1414 McArthur Road  
 Madison, Wisconsin 53708

Elder Care of Wisconsin, Inc. (ECW)  
 2802 International Lane  
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**Contact Persons and Organizations**

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**Brief Description of Organizations**

***Community Living Alliance:***

Community Living Alliance, Inc., is registered as a private, non-stock corporation in the State of Wisconsin (FEIN# 39-188252) and is tax exempt under section 501{c}{3} of the federal IRS code. CLA operates managed care programs under contract to Health Plan for Community Living, Inc., (HPCL), which is certified to operate under Wisconsin chapter 613 as a health plan (HMO) by the Office of the Commissioner of Insurance (Certificate #18626). HPCL has contracts with both WI DHFS and the Centers for Medicare and Medicaid Services to offer CLA Partnership.

CLA provides a comprehensive array of community-based long-term support and primary/acute health care services to assist residents of Dane County with significant physical disabilities and chronic illnesses to live independently in the community. CLA currently provides services to over 800 Dane County residents under a number of programs including: Medicaid Home and Community-Based Waivers, Medical Assistance Personal Care Benefit, and the Wisconsin Partnership Program. CLA is currently working with DHFS-DHCF to develop a managed care program to serve Dane County residents who receive SSI. This program is scheduled to begin operations in April 2006 and will integrate important mental health services / benefits for SSI recipients.

***Elder Care of Wisconsin:***

Elder Care of Wisconsin, Inc., is registered as a private, non-stock corporation in the State of Wisconsin (FEIN# 39-1245329) and is tax exempt under section 501{c}{3} of the federal IRS code. ECW operates managed care programs under contract to Elder Care Health Plan, Inc., (ECHP), which is certified to operate under Wisconsin chapter 613 as a health plan (HMO) by the Office of the Commissioner of Insurance (Certificate #18055). ECHP has contracts with both WI DHFS and the Centers for Medicare and Medicaid Services (CMS) to offer Elder Care Partnership as well as with CMS to offer two other Medicare Advantage Special Needs Plans: Reliance Health (for beneficiaries with chronic conditions) and InFocus Health (for beneficiaries permanently residing in nursing homes).

Since 1976, Elder Care of Wisconsin has been dedicated to supporting older adults in their choice to live independently at home and in the community. An independent, private, nonprofit organization, Elder Care today provides innovative care management programs and long-term care services to over 700 participants each year. Through its integrated managed care programs such as Partnership, Reliance Health and InFocus Health, Elder Care coordinates care for a complex, high-risk population with chronic medical conditions, physical disabilities and functional decline. Elder Care also offers long-term care services, such as home care, adult day centers, dental clinic, rehabilitation department and transportation, both directly to the community and to Partnership participants.

## **Interest in Planning and Implementation of Long-Term Care Reform in Wisconsin**

Elder Care of Wisconsin and Community Living Alliance have been in the forefront of designing and providing innovative community-based, health and long-term support services for over 30 years. Between them, the organizations have played significant roles in the initial design and implementation of the COP program and subsequent HCBW waivers as well as development of the Wisconsin Partnership Program – all in collaboration with the State DHFS and our county and local governments. During the last decade, ECW and CLA leadership have actively participated in the Wisconsin LTC reform/redesign process and offered technical assistance and training to government units and providers interested in developing community-based managed care systems.

Now, ECW and CLA are linking up to serve as care management organizations for the purpose of the State's Long-Term Support and Health Care Reform initiative. Building on shared missions and long association as Wisconsin Partnership programs, ECW and CLA bring together the following essential elements: capacity to expand, competencies in integrated care planning and management, well-developed infrastructures, and a willingness to collaborate with Counties on a regional basis. As local, nonprofit organizations with roots deep in the community, ECW and CLA are ready to join in public/private partnerships with Wisconsin Counties to plan and implement reform solutions.

### **Geographic Area of Interest**

ECW and CLA are interested in exploring partnerships with Counties and County Consortia across a wide region in south central and southwestern Wisconsin. These Counties and Consortia include: Dane, Dodge, Columbia, Fond du Lac, Grant, Green, Green Lake, Iowa, Jefferson, Juneau, Lafayette, Marquette, Ozaukee, Richland, Rock, Sauk, Sheboygan, Walworth, Washington, Waukesha, Waushara and Winnebago. According to the 2004 data, these 22 Counties combined served over 9,500 clients in the COP/Waiver programs, with over \$223 million in annual expenditures. Data for the same year showed over 42,500 clients in FFS Medicaid and close to 3,500 individuals on the COP Waiting Lists.

### **Regional Partners**

In exploring the potential for public/private partnerships around the reform initiative, ECW and CLA have connected with a number of interested parties in the region. We're also respectful of the need to coordinate and integrate with current initiatives such as Family Care programs, existing ADRCs, sister WPP sites and other community-based managed care organizations.

ECW and CLA have committed to full participation in the following two reform initiatives:

- Dane County Human Services Department has brought ECW and CLA to the table as strategic partners to initiate the implementation of managed health and long-term care reform in Dane County for frail elders and adults with physical disabilities as well as planning for adults with developmental disabilities. Dane County is taking the lead, with the collaboration of our organizations and The Management Group, in preparing and submitting a Statement of Interest and grant proposals for both planning and implementation funding.
- The Family Partnership Care Management Coalition (FPCMC) has been formed to plan and implement long-term support and health care initiatives in a region of south/central/eastern Wisconsin. FPCMC is composed of: 13 counties and Lutheran Social Services from the long-standing Family Partnership Initiative (Columbia, Dodge, Green Lake, Jefferson, Juneau, Marquette, Ozaukee, Sauk, Sheboygan, Washington, Waukesha, Waushara and Winnebago.); two Family Care counties (Fond du Lac and Richland); three Wisconsin Partnership Programs (Elder Care, Community Living Alliance and Community Care); and The Management Group. The FPCMC is submitting both a Statement of Interest and a grant proposal for planning to DHFS.

ECW and CLA are also in various stages of contact and exploration with other Counties:

- We've met with Rock County to learn more about long-term care services and needs in that area and to let the County Administrator and the Human Services Department know of our interest in working with them to explore reform initiatives.

- In addition, we are starting to make contact with other counties in our region to share information on our willingness to serve as a resource, participate in planning and act as a risk-bearing care management organization.

We are also looking forward to working with other partners who share our mission, values and vision for long-term care reform. Potential organizations include: Lutheran Social Services, the developmentally disabled community, local mental health organizations, consumer and advocacy groups, regional health systems such as Dean/St. Marys Ventures and UW Health, other care providers, The Management Group, and so forth.

## **Proposed Scope and Nature of the Program**

### ***Target Populations:***

ECW and CLA are willing to work with the Counties in serving all three populations in the Long-Term Support and Health Care Reform initiative: frail elders, adults with physical disabilities and adults with developmental disabilities. Our decade as Wisconsin Partnership Programs gives us grounding in fully-integrated managed care for both the elderly and PD populations. Regarding adults with DD, we will work with Counties and existing structures on developing approaches to integrated care and applying our competencies in medical managed care.

From our experience, we also recognize that a significant percent of frail elders and adults with PD have mental health and AODA issues. We will address these concerns as part of the “whole person” approach to integrated managed care and coordinate efforts with existing community resources.

### ***Scope and Nature of Program:***

While Wisconsin has made significant strides in long-term care reform over the past decade, the State’s new reform initiative recognizes a turning point. For the large majority of Medicaid clients, the long-term support and health system is made up of fragmented programs, funded by separate and unrelated streams of public monies, and served by disjointed provider networks. Populations most at risk and most at need are underserved and often sitting on lengthy waiting lists. For the majority of Medicaid clients, there are no resource centers, no care management organizations to integrate and manage care, no public/private partnerships working to ensure consistent standards for program effectiveness and fiscal soundness.

In discussions with Counties in our region and with the State, ECW and CLA share the vision of a seamless continuum of integrated care management models, to be established in each County/multi-County region on a staged basis, beginning with Family Care. The continuum starts at one end with the Family Care platform of lower intensity care planning and management (social worker/nurse care management), with the Family Care benefit package. The continuum then continues through variations in community-based models to the higher intensity Partnership model of primary and acute health care integrated with LTC services (care team of nurse practitioner, nurse and social worker), with the Partnership benefit package, including Medicare for eligible members. At the other end of the continuum is institutional placement when 24-hour care is needed – yet still under the managed care umbrella.

Clients open one door – a single point of entry – into the continuum. The Aging and Disability Resource Center (ADRC) acts as that point of entry. This is a significant role for a County or Counties banded together, given their long experience in information, referrals, counsel on benefits and determination of Medicaid eligibility. ADRCs can also serve as the first low cost, low intensity step on the continuum. As proven already, at least two-thirds of ADRC-users do not enter the long-term care system formally, thanks to the useful education, information and community referrals provided by the ADRCs.

To the client who does walk through the door, the world inside is not fragmented into separate, confusing, unrelated programs. To the client, the world appears as one seamless program – depending on current health, safety and long-term care needs, the client is receiving less intense or more intense care management and benefits. Effectively, the client gets the right services at the right time. In keeping with the idea of the seamless continuum, the care plan and personal health information move with the client.

As care management organizations, ECW and CLA have built experience in integrated care planning and management leading to improved quality of life and cost-effective use of resources. Uniquely qualified, our two organizations have developed and adapted a range of managed care models for both the elderly and the physically-disabled populations. These include Partnership, PACE, SSI Managed Care,

COP/CIP Service Coordination, and Medicare Special Needs programs both for beneficiaries living in nursing homes and for beneficiaries with chronic disease conditions. Along the way, ECW and CLA were required by State and Federal governments to meet the rigorous criteria for attaining State HMO licenses and satisfying regulations for quality of care, risk reserves, site audits and reporting standards. This background is a good complement to the Counties' expertise in long-term care coordination and services.

With the Counties, we share these goals: *effective programs* to support citizens in the choice to live independently in the community while maintaining quality of life and *fiscally-sound approaches* to managing limited resources. By fully-realized ADRCs and by fully-integrated care management, our public/private partnership can achieve these goals by both *delaying entry* into the care continuum and *slowing movement* through the continuum.

## **Organizational Capacity**

ECW and CLA offer a unique combination of capabilities and competencies, based on a total of over 55 years of experience between the two organizations. Also, our long-standing relationship as Wisconsin Partnership organizations has yielded collaboration on a number of initiatives, including model design, provider contracting and shared development of infrastructure. Through the planning process with our public and private partners, we look forward to taking our competencies in program effectiveness and operational and fiscal soundness to a regional arena.

### ***Program Effectiveness:***

- 1. Person-Centered Care Management.** Our Partnership care teams put the client at the center of care planning, together addressing options for choice, need, health and safety. The client is involved from the beginning, along with family members if desired and providers such as the primary care physician. This model is adaptable to different populations and to both urban and rural settings.
- 2. Proven Care Management and Coordination.** Partnership focuses on prevention, early intervention and filling gaps for health and long-term care services. Both ECW and CLA have seen outcomes in reduced hospitalizations and re-hospitalizations, reduced ER visits, better medication management and prevention of premature entry into nursing homes.
- 3. Client Choice and Involvement.** Client participation is a guiding principle of any long-term care initiative, and our experience lays the groundwork through: care planning, choice among providers, end-of-life choices, self-directed services such as personal care, client councils and so forth.
- 4. Proven Quality Assurance and Performance Improvement Programs.** The goal of our long-established quality programs is to maintain and improve client health, functional status and satisfaction across the broad spectrum of our care and services. Our quality programs comply with our State and Federal contract requirements that promote quality of care and client protection. Also, on an annual basis, an independent review organization audits quality outcomes and processes at ECW and CLA.
- 5. Experience in Providing a Comprehensive Benefits Package.** Through our Partnership programs and other programs, we have experience in providing either directly or through contracted providers all Medicaid, Medicare and Home and Community-Based Waiver Services.
- 6. Extensive Provider Networks.** ECW and CLA feature extensive provider networks, with every health system represented in Dane County. Many of these health systems – Dean/St. Marys and UW Health among them – are really regional operations spread throughout counties in south/central Wisconsin. The Partnership model is designed to go beyond just providing services – we coordinate services among often fragmented systems and foster timely communication.
- 7. Getting Creative in Providing Services.** While our organizations may specialize in care management and coordination, we have background in providing long-term care services ourselves when needed. For instance, when faced with shortage in the community, Elder Care partnered with others to start its own transportation program, dental clinic and rehabilitation services.
- 8. Sensitive and Respectful to Different Cultures.** In addition to recognizing the special considerations of the elderly and physically disabled populations, we are continually listening to, and learning from, other cultures in our communities.
- 9. Satisfied Clients.** Both our Partnership programs have experienced very low disenrollment rates due to dissatisfaction with the services or the care team model. We seek feedback from our clients in all our programs – one-to-one, satisfaction surveys, member councils, participation on the boards of directors.

**10. Staff and Leadership with Specialized Backgrounds.** Elder Care’s Chief Medical Officer is a board-certified geriatrician and Community Living Alliance’s Medical Director is board-certified in rehabilitation medicine and psychiatry (physical medicine). They oversee care teams composed of nurses, nurse practitioners and social workers with backgrounds in geriatrics, physical disabilities, mental health, AODA, dementia and other clinical specialties.

***Operational and Fiscal Soundness:***

- 1. Experience in Bearing Risk.** ECW and CLA bear full risk for health and long-term care benefits in their Partnership programs. ECW also bears full risk for Medicare benefits in its two new Medicare Special Needs Plans. CLA will bear full risk for the enrollees in its upcoming SSI program. Both organizations meet the sizeable statutory reserve requirements as set forth by the Wisconsin Office of the Commissioner of Insurance.
- 2. Data Analysis and Data Warehouses.** We’ve developed sophisticated systems to identify, track, analyze and store data necessary to manage high risk populations. We’re very interested in exploring with our public and private partners how we can use data as communication and decision-making tools, both regionally and on a statewide basis.
- 3. Information Systems and Technology.** We’ve built capabilities in computer systems, telecommunications and clinical technology in order to develop our programs, support regional expansion and meet regulatory reporting requirements.
- 4. Care Management Software.** ECW and CLA, with one of the other Partnership sites, have developed care management software for use by the care teams in documenting and communicating around each member’s personalized plan of care.
- 5. Reporting to State, Federal and Insurance Regulators.** Our two organizations have developed rigorous processes for meeting reporting requirements, covering all aspects of our relationships such as financial reporting, encounter reporting and quality assurance reporting.
- 6. Existing Relationships with Dane County Human Services, State DHFS and Federal CMS.** We have long histories and close working relationships with Dane County for COP/CIP services, WI DHFS for our Wisconsin Partnership Programs, and the Federal Centers for Medicare & Medicaid Services (CMS) for Partnership and Elder Care’s new Medicare Special Needs Plans.
- 7. Claims Processing for Both Health and Long-Term Care Benefits.** We closely monitor and process a large volume of claims, using internal specialists and contracting with a third party administrator.
- 8. Compliance Programs.** As Partnership sites, we’ve collaborated to develop comprehensive Compliance Programs, which address government contract requirements, HIPAA regulations, privacy and confidentiality issues, and similar oversights for fraud and abuse. Each organization has a dedicated compliance officer reporting directly to the executive leader.
- 9. Complaint, Grievance and Appeal Processes.** We established respectful and fair processes to address members’ complaints, grievances and appeals, all in keeping with both regulatory compliance and our mission of service.
- 10. Staff Leadership with Specialized Skills and Backgrounds.** We recognize when we need special expertise and are willing to make judicious investments in either new staff leadership or external technical assistance and consulting.

**Proposed Timeline**

The timelines for the various reform plans will vary by County/County consortia, depending on the stage of planning or planning to implement. ECW and CLA will work with its partners to establish reasonable timelines for phasing the roll-out of managed care programs in the continuum. While we recognize with the State that reform is a multi-year process, we also agree on the need to start now to develop and implement systems change as soon as possible.

**Ready, Willing and Able**

Elder Care of Wisconsin and Community Living Alliance are committed to collaborating with the State, the Counties/County Consortia in our region and other public/private partners to make long-term care reform a reality for the citizens of Wisconsin. We are ready, willing and able – when may we begin?