

# **Long-Term Care Reform Milwaukee County Joint Planning Proposal**

**Applicant Organizations:** The Milwaukee County Planning Partners include:

- A. Milwaukee County Disabilities Services Division (DSD) as represented by Rob Henken, Geri Lyday and Mark Stein, hereafter referred to as Milwaukee County.
- B. Community Care, Inc. as represented by Paul F. Soczynski, hereafter referred to as Community Care.
- C. Independent Care Health Plan represented by Patricia Jerominski, Joyce Binder and Bill Jensen, hereafter referred to as *iCare*.

**Lead Organization Information:**

Geri Lyday, Administrator  
Milwaukee County Disabilities Services Division  
1220 W. Vliet Street  
Milwaukee, WI 5320  
Phone: 414-289-5948  
Fax: 414-289-8522  
E-mail: [glyday@milwcnty.com](mailto:glyday@milwcnty.com)

**Milwaukee Joint Planning Grant Request, Process, and Resources:** A grant in the amount of \$150,000<sup>1</sup> is requested for the Planning Partners listed above to use in planning a reformed Long-Term Care (LTC) System in Milwaukee County for adults with physical and developmental disabilities under the age of 60. The intended planning outcome will be development of a comprehensive LTC reform plan that will be ready for implementation in 2007 or shortly thereafter.

- I. Service Area: The service area is Milwaukee County, which is the most diverse county in Wisconsin, and has the largest population of persons with disabilities. Milwaukee County has 169,939 persons with disabilities age five and older (US Census Bureau 2000). In 2005, DSD served more than 8,300 persons, of whom nearly 3,300 were African American and nearly 1,000 were Latino. In 2004, Milwaukee County provided LTC support services to 1,895 persons with developmental disabilities and 888 persons with physical disabilities. There are more than 2,000 persons on DSD's waiting list (approximately 860 with a developmental disability and 1,200 with a physical disability), some of whom are already being served by SSI managed care organizations, including *iCare*.
- II. Planning Deliverables
  - A. Items to be completed as a part of the planning process:
    - 1. The Planning Partners will evaluate how they will enhance the Milwaukee County Disabilities Resource Center to provide information and assistance, options counseling, level of care assessment, referral to economic support and enrollment consultant services, and enrollment in a CMO or other LTC managed care program.

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<sup>1</sup> The Planning Partners have developed this joint proposal without the use of a \$25,000 preliminary grant offered by DHFS for this purpose. Consequently, we are requesting that the unused \$25,000 be combined with the original offer of a \$125,000 planning grant for a total planning grant of \$150,000.

2. Milwaukee County will evaluate how economic support services will be provided to make eligibility determinations and process enrollments for all individuals who apply for LTC services.
3. The Planning Partners will evaluate specific policies and procedures for transitions from the LTC system for children or into the aging LTC systems, and coordination with any CMO or other LTC managed care organizations to continue the following County-operated services:
  - Adult protective services
  - Mental health services
  - Substance abuse services
  - Any remaining County-operated LTC services outside a CMO or other LTC managed care organization.

B. Items to be completed in cooperation with developing a Care Management System include:

1. A comprehensive written plan for expansion of managed LTC services for adults with physical and developmental disabilities in Milwaukee County through a collaboration between the Planning Partners. Planning will include consideration of expansion of the Department on Aging's Family Care program to include individuals with disabilities under age 60, as well as two other managed care models that are currently underway in Milwaukee County – SSI Managed Care's model of managed primary/acute health care and Partnership Program's model of fully integrated managed health and long-term care. The written plan will include the following:
  - i. Implementation and Management Plan for Care Management provision including:
    - 1) Care models development.
    - 2) Interdisciplinary team development.
    - 3) Service authorization requirements.
    - 4) Grievance and appeal systems.
    - 5) Protocols for enrollment and disenrollment.
    - 6) Assessment tools for consumer safety and risk.
    - 7) Plans for initial and on-going staff and provider training.
  - ii. Comprehensive provider network development including:
    - 1) An assessment of the capacity of existing network providers for the target group.
    - 2) Generation of a gap analysis for the provider network regarding satisfactory and quality options for consumers.
    - 3) Development of minimum provider competencies including self-directed supports.
  - iii. Administrative and financial systems including:
    - 1) An effective claims management system.
    - 2) An effective encounter reporting system.
    - 3) Satisfactory benefit coordination including consumer cost sharing.
    - 4) Productive utilization management systems.
    - 5) Satisfactory financial analysis to meet DHFS specifications.
  - iv. Information Technology and Reporting Systems including:
    - 1) Reporting tools and competencies to carry out managed LTC
    - 2) Gap analysis of IT systems.

- 3) A plan for procurement/acquisition, training and implementation of the necessary IT tools.
- v. Consumer and Stakeholder Participation including:
  - 1) Assessing the degree of local consumer and stakeholder participation in the current LTC system.
  - 2) Formation of a Stakeholder Council or similar entity to help guide the planning process.
  - 3) Establishment of training to enhance meaningful consumer and stakeholder participation.
  - 4) Structure of program administration and governance so as to be transparent and accessible to stakeholders and consumers.
  - 5) Creation of opportunities for consumers and consumer representatives to participate in managed care quality management systems and in appeals and grievance processes.
- vi. Quality Management Systems, including planning for implementation of systematic quality management strategies including discovery, remediation and quality improvement.
- vii. Eligibility and Enrollment systems including:
  - 1) Identification of location of population centers.
  - 2) Incorporation of consumer input.
  - 3) Development of transportation systems.
  - 4) Avoidance of conflict of interest.
  - 5) Creation of separate governance.
  - 6) Development of a staffing plan for staffing eligibility and enrollment functions and consultation, information assistance, outreach and public education, disease and disability prevention activities.
- viii. Establishment of risk reserves through the exploration of various models and business solvency plans, including the development of a timeline and financing strategy to achieve the required risk reserve and create and document a methodology to achieve and sustain business solvency.
- ix. Coordination or integration with Acute and Primary Health Care including:
  - 1) Creating a local needs assessment with provider education.
  - 2) Creating a plan to include acute and primary health care providers in managed LTC system planning to the extent necessary to achieve either a well coordinated care or integrated care model, including coordination of benefits.
  - 3) Developing a coordinated behavioral health and AODA service plan and delivery model.
  - 4) Legal and operational platform for governance with a timeline and strategies to achieve a governance structure that is satisfactory to all the Planning Partners who agree to share legal and/or financial risk in a CMO or other managed LTC arrangement.
- x. Coordination with adult protective services and services under Wisconsin Statutes Chapters 51, 55 and 880, including identification of issues, related timelines for resolution and strategies to meet statutory requirements.
- xi. Identification of a strategy and timeline to convert the existing Home and Community-Based Services, waiver caseload and waiting lists to LTC managed care systems.

2. Readiness to respond to a Request for Proposal (RFP) to operate managed LTC for the target populations in Milwaukee County. Readiness includes the ability to compete for contracts to manage a publicly-funded LTC system that is coordinated or integrated with acute and primary health care. Readiness also indicates preparedness of an enhanced Disabilities Resource Center in Milwaukee County, which will be governed independently from any CMO's or similar case management entities. A timeline for readiness will be a result of the planning process.

### III. Planning Partners Roles and Responsibilities

- A. Milwaukee County DSD will be the grantee organization. As such, DSD is the fiscal agent for the planning project. Release of any grant funds shall occur with the approval of all representatives of the Planning Partners.
- B. The Planning Partners will agree on a Project Manager who will provide project management services as outlined in a job description. Any direct expenses that result from project management will be submitted for approval by the Planning Partners. Project management will be overseen by an authorized representative of the Planning Partners.
- C. Each Planning Partner will contribute time as an in-kind investment in planning and program development. Time given by each Planning Partner will not be reimbursed unless otherwise part of a contract with a Planning Partner.

**Consumer Involvement in Planning:** The Milwaukee County Planning Partners are committed to the principle that the effort to plan for LTC reform for persons with disabilities in Milwaukee County must be spearheaded by those who are most familiar with the needs of the County's LTC population: consumers, families, guardians, providers, advocates, and the County's Disabilities Services Division and Department on Aging. While both the review and planning efforts will be directed by DHFS' goals and guiding principles, they will also be informed and enriched by the contributions of Milwaukee County's diverse array of stakeholders and consumers. The Planning Partners will refer to the consumer-designed "Guiding Principles" listed in DSD's 2002 Master Plan and will utilize continuous community stakeholder conversations during the plan's development. The ultimate success of long-term care reform for adults with disabilities in Milwaukee County will depend on addressing stakeholder concerns early in the planning process. The Planning Partners believe they have both the communications infrastructure and credibility to do so.

**Readiness for Managed Care:** The Milwaukee County Planning Partners are uniquely positioned to develop the systems necessary for managed LTC and health care services in Milwaukee County. DSD has vast experience effectively serving thousands of Milwaukee County residents with disabilities. Moreover, it has County and community partners ready to work with it to apply managed care to its service population, including a strong and experienced partner in the Department on Aging (DOA) and dozens of community providers already familiar with Family Care. Milwaukee County DSD has recently increased its staff capacity in financial management, contract management and information technology.

Independent Care Health Plan is a "locally grown" Milwaukee-based HMO licensed under Chapter 611 of Wisconsin statutes with over eleven years of experience in providing person centered quality care to persons with disabilities and frail elders. Independent Care has the organizational business systems strengths necessary to assist DSD and DHFS in the creation of a reformed system that integrates a continuum of LTC services with both primary and acute health care and behavioral health services. Independent Care brings extensive experience with individuals with a developmental

disability, severe mental illness, or medical management of persons with complex care needs to the planning process.

Community Care Inc. is the lead planning agency for LTC reform in the rest of the SE region. Community Care Inc. operates PACE and Partnership programs in Milwaukee County for frail elders and Partnership in Racine County for frail elders. Community Care Inc. offers primary, acute, and LTC managed care experience and an HMO license through Community Care Health Plan and brings this experience to the planning process in Milwaukee County.

As noted above, planning will pay particular attention to the elements essential in a managed care environment: strong financial management systems, effective information technology, extensive consumer participation in decision-making, and resource development. The planning outcome will be a detailed model for integrated, flexible, and cost-effective managed long-term care for adults with disabilities under age 60. The Planning Partners believe that the application of managed care principles to DSD's current array of long-term support services – and potential integration with a managed care framework for acute care – has the potential to generate significant cost savings for the long-term care of persons with disabilities under age 60. The ideal outcome is to see those savings utilized to significantly reduce or eliminate the existing waiting list for persons seeking long-term support services in Milwaukee County.

**Preliminary Budget for use of Planning Funds:**

The table below outlines the anticipated budget for the \$150,000 planning grant. It is envisioned that the dollar amounts indicated for each range of activities would be allocated primarily for consultant assistance.

Planning Partner Implementation Activities	Proposed Planning Grant Budget
Project Management	\$55,000
Stakeholder and public input including focus groups	35,000
IT, Enhanced Resource Center and/or Miscellaneous Research Needs	30,000
Actuarial/Fiscal Services	30,000
Total	\$150,000

The Planning Partners also would devote considerable in-kind contributions to the planning process. It is envisioned that Milwaukee County would devote the equivalent of three full-time employees, and iCare and Community Care Inc. would devote the equivalent of two full-time employees, to serve on approximately eight distinct workgroups over a 15-month period that would be required to develop the deliverables outlined above. Estimated in-kind contributions resulting from such a scenario would total \$336,000 (Milwaukee County \$144,000 and iCare and Community Care Inc. \$96,000 apiece)<sup>2</sup>. A detailed breakdown of this calculation can be provided upon request.

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<sup>2</sup> These estimated in-kind contribution amounts likely will be significantly exceeded by all three partners in light of the additional staff resources that will be devoted to planning activities outside of the workgroups.