

Re-submittal of Attachment C

Long-Term Care Planning Grant Proposal

NORTHEAST WISCONSIN-LONG TERM CARE CONSORTIUM (NEW-LTCC)

APPLICANT ORGANIZATION AND CONTACT: Northeast Wisconsin Long-Term Care Consortium (NEW-LTCC) is a public-private planning partnership among the following organizations: twelve northeastern counties (Brown, Calumet, Door, Fond du Lac, Kewaunee, Manitowoc, Menominee, Oconto, Outagamie, Shawano, Waupaca and Winnebago), Community Care, Inc., Community Health Partnership (CHP), Community Care in Action LLC (CCIA), and The Management Group, Inc. (TMG). In addition, the Menominee, Oneida and Stockbridge-Munsee Tribes have been invited to join in the planning consortium. Winnebago County, serving as fiscal agent for NEW-LTCC, will receive and manage the grant funds. **Contact:** Mark Quam, Winnebago County Human Services Director; **Address:** P.O. Box 2187, Oshkosh, WI, 54903-2187; **Phone:** (920) 236-4815; **Fax:** (920) 424-7521;

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PLANNING GRANT REQUEST: NEW-LTCC is requesting a \$100,000 planning grant that will be used to develop a regional long-term care managed care delivery system that can be implemented within the Governor's five-year timeline. We will seek to integrate this system with primary and acute health care. We expect to begin implementation with a core group of counties beginning in the second half of 2007, with region-wide implementation by 2010. There is not currently a long-term care or health care organization in the northeast region that is able or willing to provide regional managed care services. However, NEW-LTCC has identified three private organizations – Community Care, Inc; Community Health Partnership; and Community Care in Action, LLC (CCIA) – which have agreed to work in concert with the NEW-LTCC on the development of a regional managed care organization. The Fond du Lac County Care Management Organization will work in close partnership with this organization, sharing its experience and, where appropriate, its capacity and infrastructure to support the development and operation of this regional managed care entity.

As NEW-LTCC's consulting partner, TMG will facilitate the planning process and provide needed analytical and consultation services. The NEW-LTCC has already held regional meetings with the Partnership Programs to explore the potential for integration of acute and primary health and long-term care, and Gerry Born, President of CCIA, has been an ongoing participant in the NEW-LTCC. Through TMG, the NEW-LTCC will receive the needed data, risk profiling, program design-related analytical services, and assistance in creating plans to develop, train, and retain the direct care workforce. TMG brings over 19 years experience in Wisconsin's long-term care models, having worked with all major Wisconsin long-term care programs, including WPP, Family Care, COP-W, and CIP, as well as recent work on the design of SSI Managed Care approaches in Dane and La Crosse counties. A project manager will be hired t

work closely with the NEW-LTCC partners, stakeholders, consumers and TMG. TMG will facilitate the planning process that will result in the following:

Organizational structure and governance mechanisms for the managed care organization – a range of managed care organizational options will be described, researched, and analyzed including creation of a county purchasing collaborative to assume and sub-contract risk to a qualified managed care organization (MCO), formation of a Family Care District, creation of a new entity to be the MCO, or selection of existing MCO(s) to assume and manage risk. Through this process, an MCO option that will best fit the partnership and offer the strongest possibility of success will be selected. The specific role of each partner will be articulated and a shared governance structure will be developed that fairly balances the involvement of counties, consumers, and managed care partners.

Risk assessment and capacity profiles – county-by-county consumer needs and risk profiles will be developed using the Long-Term Care Functional Screen, county, and Medicaid data. County resource and provider network capacity profiles will also be developed. These profiles will inform our decision on program design, risk management, and partner roles.

Financial viability and risk management plan – determination of the most acceptable approach for bearing and sharing the financial risk with the organizational structure chosen above. Components will include a plan to assure financial soundness of the program and solvency of the MCO, fair balancing of risk across partners, cost neutrality (initially), full entitlement over the long term (within 5 years assuming adequate state and federal funding), and, stability in and/or diminishing financial liability for counties.

Provider network development and workforce capacity assessment – identification of existing provider networks, projections of the need for service capacity expansion, and approaches for contracting with an expanded provider network to assure expanded access to efficient, high quality services. The assessment will quantify the direct care work force and nursing needs in light of current shortfalls and the growing population of aging consumers and those relocated from nursing homes. Approaches to recruitment and retention of the needed work force will also be addressed.

Financial, administrative, and information management infrastructure – develop specifications for the financial management structures and expertise needed to support the new system; develop a regional approach to performance-based provider contracting; assess the current local resources against these specifications; specify an approach to developing or contracting for needed services from managed care partners. Develop plans for an integrated approach to IT across the region.

Consumer-centered care management and self-direction process – develop a framework for multi-disciplinary, consumer-centered care planning; design systems to support consumer self-direction for consumers who desire it, specify associated training/staff development needs and approaches to meet them.

Consumer participation plan – develop, in partnership with interested consumers and current county-based advisory groups, a plan for effective consumer participation in care planning, program design, and policy making, which assures local access and consumer choice.

Aging and Disability Resource Centers (ADRC) – in partnership with local units on aging, centers for independence and other interested parties, develop a fundable plan for the development of region-wide access to a network of local, consumer friendly, full-service ADRCs.

Quality management plan – design a locally managed, integrated, data-based quality management system to assure continuous quality improvement in care planning, program management and efficiency, financial performance, contracted services, and improved satisfaction and improved outcomes for consumers.

AREA: The area covered by this proposal and the integrated managed care system is contained in the twelve-county region described on page one. However, initial planning will focus on a group of core counties which collectively represent 50% of the potential enrollment in this region.

	Population		COP and Waiver Programs			SSI (non-Waiver)*	NH	COP/ Waiver Wait List
	All	18+	Elderly	DD*	PD			
Northeast REGIONAL TOTALS	946,065	701,828	1,429	2,145	913	15,952	4,905	1,721

NOTE: The population counts are derived from public data, available on State of Wisconsin web sites. *COP / Waiver DD and Non-Waiver SSI populations have been calculated based on reasonable assumptions about the available data. These assumptions should be reviewed before more detailed analyses are conducted.

BACKGROUND: Each county in the NEW-LTCC currently operates a community long-term care system serving all required target populations, and some also operate nursing home, ICF/MR, public health, and aging programs. These systems are based on the traditional Wisconsin Medicaid, Medicaid Waiver, and COP models. They each have established case management systems, provider networks, and intake and eligibility systems. Coordination of health and long-term care services varies by county. In Fond du Lac Family Care, the services are totally coordinated. In some counties, nurses are a part of the case management team while other counties have not included health care professionals on their teams, but are willing to expand the coordination efforts in a managed care system. The NEW-LTCC counties see both the advantages of and opportunities to coordinate long-term care with primary and acute health care services in ways that improve services to consumers, system performance, and cost efficiency. Through the planning grant, the NEW-LTCC will be able to explore the potential for and feasibility of more fully integrated models of service delivery. The NEW-LTCC will also draw on the experience of our private partners with SSI Managed Care to ensure coordination with the expansion of this program into several NEW-LTCC counties later this year. Finally, the NEW-LTCC counties are well aware of the barriers and

challenges that need to be addressed in order for an expansion of managed care to occur. These include: county concerns about risk; the ability to develop managed care capacity in our region; how to involve the right partners, including consumers; and the ability to work across county lines to better integrate services for consumers.

PLANNING PARTNERS AND RESOURCES: The core counties and partners of the NEW-LTCC are committed to developing an implementable plan for the proposed managed care program model. In addition to the planning partners identified on page one of this proposal, local ARCs, AMI groups, AARP, the regional Independent Living Center and other groups representing the elderly and people with physical and/or developmentally disabilities will also be involved in the planning process. In addition, the Tribes in this region have been invited to participate in the planning process, and have identified a desire to be included in discussions on how acute and primary care provision under long-term care reform will interface with Indian Health Services provided by the Tribes. The NEW-LTCC plans to create an advisory group made up of county and tribal representatives, consumers and advocates to assist with the plan development necessary to implement this reform. Upon receipt of the grant, the identified stakeholder groups will be actively engaged in the process of planning for the implementation of the managed care program.

COORDINATION/INTEGRATION WITH CURRENT INITIATIVES: ADRCs exist or are developing in numerous counties in our planning consortium, including Brown, Calumet, Fond du Lac, Manitowoc, Outagamie and Waupaca counties. This is a key strength of our region, and the NEW-LTCC will build upon the experience of existing and developing ADRCs to help extend individual resources and create initiatives that can improve health and wellness and decrease or delay the need for long-term care services. Counties without an ADRC will receive information for local development or be able to join existing resource centers.

With the knowledge gained from Fond du Lac's Family Care experience, consultation and assistance from knowledgeable resources, and the extensive experience of NEW-LTCC counties in providing long-term care and its extensive provider network, the NEW-LTCC is well-positioned to develop an implementable plan for managed long-term care, with the potential for developing a fully-integrated system that includes long-term care and acute and primary care management.

READINESS FOR MANAGED CARE: The NEW-LTCC partners are committed to planning for a managed system of long-term care, serving all target populations and all eligible consumers, and preparing for the future RFP for long-term care reform implementation. However, in the absence of managed care partners currently serving this region, the consortium will need to spend considerable time and effort developing a pathway to identify or develop a managed care partner. As such, the NEW-LTCC will need to rely on managed care organizations, including the Fond du Lac County Family Care CMO, and partnership programs serving other areas of the state to provide planning resources necessary for this exploration. In particular, Community Care in Action (CCIA) will focus on working with DHFS, counties and local providers to develop comprehensive managed care approaches for areas, such as this region, not covered or serviced by existing or developing managed care organizations. The NEW-LTCC will combine this expertise with the strong

commitment and well-developed local systems of its county partners to create a successfully integrated managed care program.

BUDGET:

Partner	Contribution	
	In-Kind ¹	Cash
County Partners	\$144,000	\$24,000
Private Partners	TBD	TBD
State		\$100,000
Total	\$144,000	\$124,000

¹ Assumes each participating organization will contribute an average of 4 hours per week of staff time over an 15-month period, at a cost averaging \$50 per hour. This may vary from partner to partner. Does not include transportation costs.

Deliverables	Timeline Phase I / II	Planning/Implementation Activities	Budget Request
Organizational Structure and Governance Mechanisms	TBD	Consumer Participation/Stipends	\$ 5,000
Risk and Capacity Assessment	TBD	Project Manager	\$60,000
Financial Viability/Risk Mgt. Plan	TBD	Consultation (facilitation, data analysis, care mgt, DD prog., IT)	\$50,000
Provider Network Development and Workforce Capacity Assessment	TBD	Travel and other expenses	\$ 9,000
Financial, Administrative and IT infrastructure assessment	TBD		
Care Management and Self-Direction	TBD		
Consumer Participation Plan	TBD		
Quality Management System Plan	TBD		
Resource Center Development Plan	TBD		
		Total	\$124,000

CLOSING: The Northeast Wisconsin Long-Term Care Consortium is built around a group of counties that have a common commitment to serving their communities. These counties, and others from the region that may join them, share an understanding of and commitment to long-term care reform. That unity will provide the strong basis for completing the planning and development work in the months ahead. The partners all believe in a system that has a local connection for the consumer, and that serves that consumer in the tradition of Wisconsin’s long history of local human services – with uniqueness, choice, access, and quality, while being a good steward of the financial resources.