

## **Southeastern Wisconsin Care Management Organization Long Term Care Planning Grant Proposal**

### **Application Organization and Contact:**

Community Care, Inc. on behalf of SEWCMO would manage funds for the planning grant through its primary contact, Paul F. Soczynski, Chief Operating Officer at 1555 South Layton Blvd., Milwaukee, WI 53215. 414-902-2363. [psoczynski@cco-cce.org](mailto:psoczynski@cco-cce.org) Fax: 414-385-6628 The Southeastern Wisconsin Care Management Organization (SEWCMO) includes Community Care, Inc., offering its primary, acute and long-term managed care experience and HMO license through Community Care Health Plan (CCHP), The Management Group (TMG), Community Care in Action (CCIA) and Lutheran Social Services of Wisconsin and Upper Michigan (LSS) in cooperation with Kenosha County; Racine County; Waukesha County; Washington County and Ozaukee County.

### **Planning Grant Request:**

An 18-month, \$100,000 planning grant is requested. The planning process is intended to explore how the involved parties could achieve a regional care management organization with shared governance, shared risk and retained local benefits beyond cost savings to meet the primary, acute and long-term care needs of eligible elderly, physically disabled and developmentally disabled who are Medicaid recipients residing in southeastern Wisconsin. Through a process using several workgroups, the planning would explore issues related to financial infrastructure and solvency, organizational structure, shared governance models, management infrastructure, provider network, self determination, interdisciplinary team systems and support, service delivery systems, information systems and quality monitoring systems needed to operate an effective regional Care Management Organization (CMO). Exploring these issues would create the environment for the participating parties to consider working together to respond to the state's interest and goals to develop a state-wide comprehensive long-term care and support system that maximizes independence, flexibility, recovery and quality of life with recognizing the need for interdependence and support. The intended planning outcome would be a member-centered system using the foundations of the Partnership and Family Care platforms and the values of choice, access, cost-effectiveness and quality outcomes. Community Care, Inc in conjunction with The Management Group would facilitate and lead the planning process.

**Area:**

This multi-county exploration could possibly serve 32,362 of the target population in southeastern Wisconsin. There are potentially 4,277 elders and 5,567 adults with physical developmental disabilities as identified through the 2000 census. We estimate that 1.8% of the adult population in the involved five counties or 12,000 people could be included as a part of the DD target population.

**Background:**

Participating parties have begun to inventory the current local long-term care and managed care systems in southeastern Wisconsin. Specific study has included the status of resources centers, case management services, managed care expertise, mental health services, waiting lists counts and county infrastructure implications. A summary of this inventory can be found attached to the related RFI submitted. 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. in Milwaukee County and Kenosha County prepared to implement Family Care and would be ready to proceed. SSI managed care has been implemented in Milwaukee County and is expected to expand into other counties participating in this RFI. Counties bring more than 20 years of experience in managing long-term care waiver services. LSS offers residential and case management services for the target populations. As a result of this planning grant, further investigation of the current systems would be continued to explain how a refined system could achieve the outcomes desired by DHFS.

**Challenges and Barriers**

The parties involved in planning so far have identified a variety of county specific and collective challenges and barriers that would be further studied and remedies evaluated through the planning process. This activity would likely happen through a series of workgroups. These issues are complex and the parties will also determine how long-term care reform fits with the nursing home relocation and ICF-MR restructuring efforts and managed care concepts. The following is an anticipated list of workgroups to be conducted during the planning phase with related challenges and barriers. Each party involved would have representatives participating in each workgroup.

Structure and Governance Workgroup: interfacing with Adult Protective Services and the requirements of Chapters 51 and 55; incorporating or replacing local tax levy into the funding stream; designing interfaces with local resource centers, Economic Support Staff and enrollment consultants; maintaining consumer

inputs; creating regional operations with local access, sharing governance and decision-making, sharing risk and addressing the impact of the loss of waiver dollars on county infrastructures.

Network Workgroup: establishing a regional network considering consumer and county preferences and nuances.

I-Team Workgroup: developing member centered and family supportive care teams, developing care plans and addressing the limited, demonstrated experience with managed care models for the developmentally disabled and people with chronic mental illnesses.

Service Delivery Workgroup: creating the necessary organizational and programmatic infrastructure with consumer participation while addressing the fact that funding will not be immediately available to make the program entitlement. The coverage for chronic mental illness would also be considered as a part of this workgroup.

Information Technology Workgroup: refining of local systems to create a regional system that meets the internal and external reporting needs of consumers, counties, CMS, DHFS and OCI including case records, claims management and encounter reporting. A qualified consultant would likely be engaged to assist.

Finance Workgroup: creating the financial viability and solvency needed for long-term viability and satisfying risk reserve requirements of CMS, OCI and DHFS in a shared risk and governance model.

Quality Workgroup: creating the quality monitoring and reporting systems needed to meet internal and external requirements including procedures for grievance and appeals and systems to meet consumer rights and provider needs.

**Planning Partners and Resources:**

It is assumed that the participating parties have the resources to bear the risk and the expertise to provide the care management for frail elders and adults with physical and developmental disabilities. We will further explore how we will manage the risk for adults with developmental disabilities and the chronic mentally ill either directly or through sub-capitation. The parties could provide SSI managed care services directly, through subcontracts with existing or new managed care organizations providing SSI managed care services or could work in tandem with existing or new managed care organizations who provide SSI managed care services. The parties intend to provide the most integrated and seamless array of services in each county that makes the most sense for consumers and creates the easiest contracting relationship for a regional care management organization for the Department of Health and Family Services.

With the help of existing or new local resource centers, this regional CMO would explore development of a continuum of care model where consumers would be able to choose a model of care that best meets their needs and where federal and state payers would reimburse the CMO based on actuarially sound rates for the appropriate level and intensity of care provided through Partnership, Family Care or SSI managed care. Consumers and advocates would participate through a series of focus groups to determine their needs, interests and preferences. County-based Long Term Care Councils, Consumer Advisory Committees and County Boards would participate in initial and on-going planning, program design and systems development to insure adequate participation of consumers and advocate.

**Coordination/Integration with Current Initiatives:**

Part of the planning process would explore how to develop fundable county-based Aging and Disability Resource Centers (ADRC) and how the ADRC, ESS, enrollment consultations and the CMO would work together to create a seamless system for consumers to be linked to services they need.

**Readiness for Managed Care:**

The parties involved believe they are ready to undertake an 18-month planning process for the care management of primary, acute and long-term care services outlined by the state for frail elders and adults with physical and developmental disabilities entitled to Medicare and Medicaid benefits in southeastern Wisconsin. SEWCMO parties would explore how to develop the necessary risk reserves and financial solvency to cover the managed care risk for the southeastern Wisconsin region for Family Care and Partnership. Risk sharing among the SEWCMO parties including counties will be evaluated.

**Budget:** An eighteen-month planning budget is presented below. Details are available upon request.

Partner	Contribution		Deliverables	Timeline Quarter	Planning/Implementation Activities	Proposed Budget
	In-Kind	\$				
DHFS		100,000	Corporate Structure, Governance and Risk sharing	1	Project Management	91,296
CC, Inc.	105,000		Consumer Participation	1	IT Development	76,872
LSS	54,600		Local Steering Committees	1	Network Development	53,721
TMG/CCIA	36,000		Resource Centers Development Plan	5	I-Team Development	61,221
Kenosha	37,000		Service Delivery Plan	4	Legal Assistance	15,000
Racine	30,000		Information Technology Plan	4	Staff Training	4,500
Waukesha	38,119		Quality Plan	3	Design DD Care Management	9,000
Washington	21,543		Network Development Plan	3	Design Quality Plan and system	31,867
Ozaukee	16,686		Financial Plan and Pro forma	4	Consumer participation including focus groups	15,000
			Government Relations Plan	2	OCI/Financial Planning	31,103
			Plan to resolve county-based issues such as APS, tax levy, infrastructure	6	Service Delivery Plan	49,368
Total		438,948			Total	438,948

The probable key deliverables from the project would be preparing for a southeastern Wisconsin regional care management organization, to provide long-term care services sometime in 2006 or 2007:

- A regional CMO with some form of shared governance and risk sharing
- Plans to form local county steering committees to guide and oversee local system delivery development and maintain a process for consumer participation.
- A plan for the development of county-based agency and disability resource centers
- A service delivery plan that outlines the coordinated (Family Care), integrated (Partnership) and or SSI Managed Care models of care management to be used within each county and across the region with supporting interdisciplinary team staffing plan for providing care management and services for frail elders and adults with physical and developmental disabilities.
- An information technology plan to address maintaining client records, managing claims and meeting encounter data reporting requirements across the region.
- A network development plan to meet the needs of enrollees through the designed models of care management throughout the region.
- A plan for monitoring, assessing and improving the quality of care and services provided to enrollees with related systems to accomplish the plan.
- A three-year financial Pro forma with a financial plan to predict financial viability, solvency and meeting risk reserve requirements.
- A government and public relations plan to assure consumers, advocates and legislators are involved in the development of the service delivery systems.
- Clarity on approaches to resolve county issues such as supporting long-term care through tax levy, statutory adult protective service requirements, county infrastructure costs and implications.

**Closing:**

The granting of \$100,000 would help considerably in making a regional care management organization in southeastern Wisconsin a reality. It should be noted that Waukesha, Washington and Ozaukee Counties, Lutheran Social Services, Community Care, Inc., TMG and Community Care in Action are also part of an RFI/RFP process with the Family Partnership Care Management Coalition (FPCMC) This RFP is considered complementary to the RFP submitted by the FPCMC. As RFI/RFP submissions are considered, we would work cooperatively in exploring how these care management options can be collaborative. Kenosha County will submit an independent RFI response to plan for and implement Family Care. Their participation in this planning process is dependent on the outcome of their independent RFI submission. The parties in southeastern Wisconsin have been engaged in discussions regarding a regional care management organization and are eager to find the best possible ways to serving residents needing primary, acute and long term care services and advancing DHFS goals for long-term care reform.