

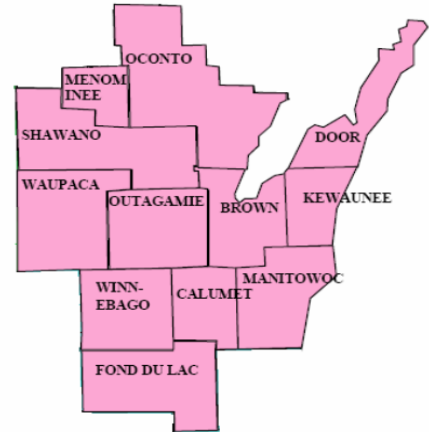
NORTHEAST WISCONSIN LONG TERM CARE CONSORTIUM
FINAL REPORT – PLANNING GRANT

Section I – Identifying Information

Planning Group Name: Northeast Wisconsin Consortium on Long Term Care

Name/Address/Contact Information for person completing the report:

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Current Planning Partners:

From the inception of the planning process, the planning partners have been:

- 12 Counties - Brown, Calumet, Door, Fond du Lac, Kewaunee, Manitowoc, Menominee, Oconto, Outagamie, Shawano, Waupaca, Winnebago
- 3 Tribes – Menominee, Oneida and Stockbridge Munsee
- Options for Independent Living
- Bay Area Agency on Aging

Marinette County, one of the “white” counties not affiliated with a Consortium, began participating in the Northeast Consortium in the fall of 2007. At this time, their status is as an adjunct member.

The Consortium is lead by Tri-Chairs: Mark Quam, currently Director of Brown County Human Services and formerly Director of Winnebago County Human Services, Rosemary Davis, Director of Outagamie County Health and Human Services, and Todd Romenesko, Director of Calumet County Human Service. Winnebago County Human Services functions as fiscal agent for the Consortium.

Section III – Strategic Planning for System Change

Scope of the Final Report:

The Northeast Consortium’s planning grant began June 2, 2006.

The Consortium established the following goals in their planning grant:

- Achieve readiness on the part of the Consortium to respond to a Request for Proposal to operate managed long-term care in the Northeast Consortium area
- Achieve readiness to bid on contracts to manage publicly-funded long-term care that is integrated with acute and primary health care
- Facilitate the development of an operational Aging and Disability Resource Center within each coverage area.

The Consortium adopted a TMG recommended planning timetable originally developed by Lutheran Social Services (*See Attachment A - Long Term Care Reform Work Plan*). This timetable established three phases: Pre-planning, Learning and development and Implementation. The planning grant was intended to cover the phases leading toward implementation.

Pre-Planning Phase: The Consortium completed the Pre-planning phase in August of 2006 with the acceptance of the Work Plan, establishment of Standing Committees, completion of contracts with TMG and Project Manager, Mary Kennedy.

Learning Phase: The Consortium grew to appreciate that the “learning” phase would be continuous as deeper levels of understanding of managed care philosophy, governance and infrastructure generated additional questions and led to more in-depth research.

The Consortium researched the benefit options through Family Care Partnership and Pace, Family Care Basic and SSI Managed Care, met with the Partnerships regarding integrated care benefits, and spent a full day with Creative Care Options examining their care management and business systems. (*See Attachment B - Creative Care Options Expansion meeting*). The Consortium process was informed by relevant state documents including the state-county Family Care contract, the Independent Assessment of Family Care, Informational Bulletins and Readiness Template. State staff or consultants provided informational sessions on topics such as rate setting, SSI Managed Care, and enrollment/transition requirements. At various stages of planning, other Consortia were of invaluable assistance by sharing their experiences, challenges and successes with the Northeast Consortium.

Since the ADRC and Data Committees were engaged in parallel learning processes, those Committees provided structured learning opportunities for the Consortium on topics such as: analysis of the population to be served in Family Care, services needed and costs, enrollment/transition plan requirements and strategies, capitated rate development, ADRC organizational structures, governance and service inclusion options.

Development Phase: TMG led the Consortium through a compare/contrast analysis of four expansion models: Private Managed Care Organization, Public Managed Care Organization with Direct County Membership (using Intergovernmental Agreement legal structure), Public Managed Care Organization using a Separate Entity (Long Term Care District) and the Public/Private MCO model. The Consortium addressed the issues of the role of private organizations, county role/choices, governing board composition, start up costs and who would bear them, operational financial obligations of a private organization, operational financial obligations of counties, implications of the model for Family Care and for integrated long term care/primary and acute care and firewalls for operation of ADRCs. The Consortium also considered a crosswalk document, provided by TMG, comparing the Long Term Care District versus the Intergovernmental Agreement legal structure and a summary document on the choices available to Consortia

(See Attachments C1 – Northeast Wisconsin Managed Care Models, C2 – Northeast Wisconsin Summary of Governance Discussions)

TMG also facilitated a Consortium discussion with the providers of SSI Managed Care, which was simultaneously expanding in the northeast. The Consortium also addressed options regarding phase in of counties/tribes to Family Care and phase in of acute and primary services

Development Phase – Subgroup Planning

From the inception of the Northeast Consortium's planning, the number and diversity of counties and tribes as well as varying levels of preparedness for Family Care expansion was a major challenge to the twelve-county/three tribes planning process. While the twelve counties and three tribes share a common theme of a high quality service delivery system for long-term care, they differ significantly in terms of geography, tax base and diversity of population. The challenge was to recognize the diversity and develop systems to meet the needs of all. The Consortium has identified the following to describe the diversity of the landscape of the Northeast Consortium.

- Nearly a million people – 18% of state population
- Major size disparities – three counties over 150,000 – one under 5,000
- One county with mostly Tribal member population
- One Family Care program
- No Family Care Partnership or PACE projects
- All types of county organizational structures: County Executive, Administrator, Administrative Coordinators, and County Board
- No waiting lists in some counties; more people waiting than served in others
- County Contributions among the highest in the State both in actual dollars and percentages of state aid
- One county surrounded on three sides by water – with it's own island

In the fall of 2006, Winnebago County and Creative Care Options proposed that, in view of the complexity of planning with 12 counties and three tribes and different expectations regarding Family Care expansion, the Consortium divide into subgroups to do preliminary planning on behalf of the Consortium. The subgroups would then report back on their planning and model selection for consideration by the other counties/tribes. Winnebago County and Creative Care Options were later joined by Manitowoc County and this subgroup offered to plan for a Family Care model based on the expansion of the Creative Care Options' managed care platform. In response, Calumet, Outagamie and Waupaca Counties, offered to plan in a separate subgroup with a focus on an integrated acute/primary and long term care benefit.

The Consortium supported this subgroup approach to planning on their behalf. Each subgroup has continued to update the entire Consortium on their planning on a regular basis and are scheduled to present their proposals to the entire Consortium in July 2008. Each subgroup has researched options for governance, benefit(s) to be provided, organizational/legal structures, risk/solvency requirements, partner roles, regulatory and

compliance issues, and care management systems. Each has also developed a draft implementation timeline and stakeholder involvement process.

The reorganization into two subgroups for preliminary planning resulted in elongating the planning process. The Consortium was subsequently able to stretch its grant funding through the end of the grant period on June 30, 2008 and will continue its planning after the end of the State grant using \$22,000 in county contributions.

Tribal Planning

Shawano County Department of Social Services and the Menominee Tribe have been working together for approximately two years to develop systems for obtaining Medicaid Home and Community Based Services' funding for the Wolf River CBRF operated by the Menominee Tribe. Menominee County Department of Health and Human Services has been assisting in a similar manner for people placed at Wolf River from Menominee County. The Stockbridge-Munsee Tribe has also been working with Shawano County on possible opportunities for Waiver funding for Tribal members. Consultation on these efforts has been provided under a separate State grant by Gerry Born of Community Care in Action. The outcome has been that the Menominee Tribe has been designated as a lead COP agency to implement processes to bill for full Federal Reimbursement on the CBRF and possibly other Medical Assistance Waiver services provided through the Tribe. The Stockbridge-Munsee and Oneida Tribes are monitoring these initial efforts to determine the feasibility for their Tribal service system.

These planning efforts around Federal reimbursement of Waiver services have led to broader discussions of the benefits of joint tribal-county planning. This planning has been formalized with five partners: The Menominee Tribe, the Stockbridge-Munsee Tribe, Shawano County Department of Community Programs, Shawano County Department of Social Service and Menominee County Human Services Mr. Born's consultation. They are in the early stages of considering a multi-Tribal, multi-county ADRC. A preliminary description of their planning status is attached but they continue to flesh out their governance structure and service design (*See Attachment D – Multi-Tribal/County ADRC*). Authorization to continue the Tribal/County planning has been received from the five jurisdictions involved. The Multi County/Tribal group is seeking additional funding to continue their planning with Mr. Born's consultation.

Great Lakes Inter-Tribal Council was also awarded a state grant in 2007 to explore Tribal ADRC planning throughout the State as well as Tribal systems for full Federal reimbursement of Medicaid Waiver services. The three Tribes in the Northeast Consortium have participated in this planning effort and the Great Lakes Inter-Tribal Council shared their planning process and outcomes with the Northeast Consortium in February 2008.

The Oneida Tribe has recently entered into a consulting arrangement with Buck Rhyme of Organization Skills Associates, whose services have been made available to developing ADRCs around the State. The Oneida Tribe is using Mr. Rhyme's services to examine various alternatives for ADRC services within the Tribe.

The role of the Northeast Consortium with the Tribal and County-Tribal planning efforts has been to continue to share information and coordinate efforts, when possible. The Consortium has provided some research on multi-agency ADRCs and the governance and service design of developing ADRCs. Tribal representatives have continued to participate in Consortium meetings, depending on availability, and have indicated an interest in the upcoming reports of the Consortium’s subgroup planning for managed care. The Northeast Consortium has indicated its willingness to assist in the Tribal or Tribal/County planning efforts as needed.

One outcome of the Northeast Consortium’s decision to stretch out their planning process was that the timing of the Consortium planning became more congruent with that of the Tribal and Tribal/County planning.

STANDING COMMITTEES

The Northeast Consortium established four standing committees:

- Steering Committee
- Data Committee
- ADRC Committee (Please see Section 7)
- Stakeholders Committee (Please see Section 4)

Steering Committee:

Charge: To guide the planning process, and tend to ministerial duties on behalf of the Consortium but not to function as an executive committee.

Members:

Mark Quam – Director, Brown County Human Services

Rosemary Davis – Director, Outagamie County Health and Human Services

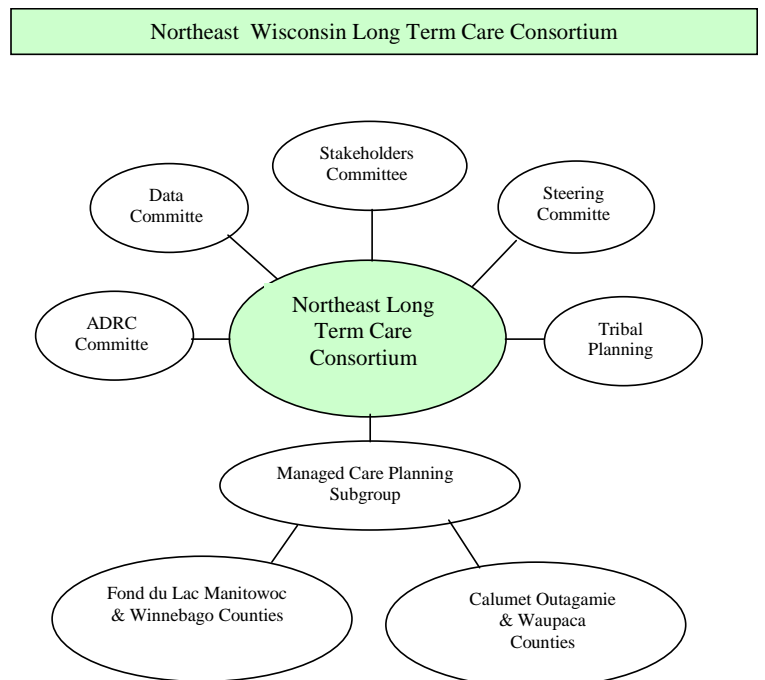
Todd Romenesko – Director, Calumet County Human Services

Craig Johnson - Director, Oconto County Human Services

Ken Stoffel – Deputy Director, Winnebago County Human Services
Chair, Stakeholders Committee

Jim Meisinger – Director, Creative Care Options

The duties of the Steering Committee include: Review scope and charge of committees, recommend Consortium officers and subcommittees, recommend a Project Manager, develop a work plan, review TMG contract/project deliverables, discuss involvement of private collaborative partners, and recommend stakeholder involvement and communication regarding Consortium work.



The Steering Committee met at least monthly for about the first 12-18 months of the grant. With the development of the subgroup planning process, the Steering Committee was composed primarily of counties involved in one of the subgroups. In the interest of ensuring that the needs of counties/tribes not involved in the subgroup planning were adequately represented, the Steering Committee chose to direct overall strategy, organizational and resource decisions to the Consortium as a whole while the subgroup planning was occurring.

Data Committee:

Charge: To provide analytical support to the Consortium planning process

Members: The Data Committee membership included long-term support managers, business managers and directors and deputy directors of county agencies. Depending on the project, additional directors and managers participated in meetings.

Brown County – Jeff Grebinoski, KL Selner and Tom Eggebrecht

Calumet County – Todd Romenesko

Door County – Mark Janiak

Fond du Lac County – Jim Meisinger, Bob Goebel

Kewaunee County – Jack Schad

Menominee County – Cheryl Buist

Manitowoc County – Lisa Behnke, Patricia Dodge, Judy Rogers

Oconto County – Craig Johnson, Mike Reimer

Outagamie County – John Rathman

Shawano County – Barb Larson-Herber, Kim Wolfmeyer, Mary Christenson

Waupaca County – Pat Enright

Winnebago County – Ellen Shute, Mary Krueger

Data Committee projects and outcomes include:

- Advised TMG in the interpretive summaries of Medicaid Data Reports including analysis of population to be served and medical and functional profile of the current and prospective population, with cost comparisons
- Developed current and more precise projections of Family Care enrollment through better identification of real waiting lists and potential enrollees
- Studied enrollment plans/transition requirements in preparation for assisting counties with transition plans
- Advised TMG in the development and analysis of a survey of County Care Management capacity, structures and costs
- Compiled a guide for counties for using the TMG provided Fiscal Impact Tool to measure the potential fiscal impact of various Family Care options on remaining county functions.
- Modified the TMG provided Provider Network survey instrument for later use by the Consortium
- Participated in and informed Consortium regarding IT/business study

Early in the planning process, the Consortium identified a key issue resulting from the significant differences in Waiver costs among counties. Waiver costs in some counties are close to 50% higher than Creative Care Options' capitated rate. Two major concerns

were identified: the impact on any managed care entity's ability to deliver Family Care services within available rates in high cost counties and the potential impact on consumers if managed care cost reduction strategies led to decreased services or choices. The Data Committee goals in addressing this issue were to quantify the amount of the cost differences attributable to case mix and acuity, the amount of the difference that might be mitigated by managed care efficiencies and whether remaining costs in some counties support quality service practices that the State would want to sustain through rate considerations.

The Data Committee has teamed with Dane County and Community Care, Inc. in the study of costs. The committee has been following the work of the Family Care Fiscal Work group and has worked with Tom Lawless to develop a micro analysis process for comparing care plans and costs for selected, matched cases across counties and to Creative Care Options. The Committee will initiate a more macro level analysis using the functional/acuity data from the upcoming 2007 data distribution.

The plan for future Data Committee work will be somewhat determined by which analytical work will be taken over by the developing MCOs and whether there will be need for the Data Committee to continue some efforts on behalf of the entire Consortium. The Data Committee will, however, complete projects in process: Updated Waiver/Wait List counts, enrollment projections, risk and solvency requirements, completing or expanding the Micro-Analysis project, developing county specific templates using the 2007 data run, Tom Lawless presentation on 2009 rates, continuing to monitor the Fiscal Work Group and the work groups on Issues Identified Surrounding Family Care Expansion. Other projects such as the Risk/Reward Study and more macro analysis of acuity and functional screen data in relation to costs will be discussed further when more is known about the developing MCO models.

CONSULTANTS

The Management Group: The Consortium contracted with TMG for consultation from June 2006 through May 2007. TMG brought over 20 years of experience in Wisconsin Long Term Care Programs and access to diverse planning and consultative staff, as well as the efficiencies of sharing learning and tools from other Consortia with whom they consulted. TMG's role was to provide overall Project Management and planning support to assure that key planning activities were carried out in an appropriately sequenced, coordinated and timely manner, ensuring a basic knowledge of managed care, organizational structure and governance options and a collective set of decisions about the best approach for the Consortium. TMG offered a menu of analytical services including profiling the Consortium Waiver population and analysis of the impact of serving the Wait List population.

Mary Kennedy: The Consortium engaged Mary Kennedy in September of 2006 for a limited time contract for the specific purpose of providing Project Management services through the Consortium's decision process on governance. With the shift to a subgroup based planning process, Ms. Kennedy has continued as Project Manager. Ms. Kennedy is

a retired Director of a county human services department and was a point person for Wisconsin counties in long-term care. Ms. Kennedy served as Chair of the Wisconsin Counties Human Service Association, Long Term Care and Managed Care Committees, a member of the State Long Term Care Council and the Governor's Blue Ribbon Commission on Mental Health. Ms. Kennedy's responsibilities included: preparing written analysis and issue papers, coordinating efforts with Consortium partners and consultants, planning, preparing materials and facilitating the Standing Committees and work groups.

Community Care in Action: Gerry Born, Community Care in Action, provided consultation to the Consortium through a separate State grant. Mr. Born has been a leading Wisconsin presence in the development of competent, value driven services for persons with developmental disabilities and for all areas of local human services. His experience includes Superintendent of Southern Center for Developmental Disabilities, Administrator of the Division of Community Services, State of Wisconsin and Director of the Wisconsin ARC. Mr. Born consulted with the Northeast Consortium in early planning discussions and with the Calumet/Outagamie and Waupaca planning subgroup in their consideration of governance structures. Mr. Born has consulted in the Menominee Tribal planning for increasing Federal funding for Tribal operation of Waiver programs. He is also involved in consulting with Shawano County, Menominee County, Stockbridge Munsee Tribe and the Menominee Tribe regarding a consolidated county/tribal ADRC.

Katie Mnuk: Katie Mnuk was engaged by Fond du Lac County in May 2008 for the purpose of facilitating creation of a new entity to provide Family Care in an area made up of, but not limited to: Fond du Lac, Manitowoc and Winnebago Counties. Ms. Mnuk comes to the Northeast Consortium with experience managing public and private sector projects, including work at the Wisconsin Department of Workforce Development and the Wisconsin Women's Council. While working for the State Legislature, Ms. Mnuk was responsible for development and passage of a variety of legislative initiatives related to health, insurance, employment and other areas. Most recently, Ms. Mnuk was responsible for developing and marketing a new cooperative providing health insurance to Wisconsin farmers and agribusinesses.

Great Lakes Inter-Tribal Council: Great Lakes Inter-Tribal Council was awarded a state grant in the spring of 2007 to plan with Wisconsin Tribes in the development of ADRCs and the potential expansion of fully federally funded Waiver services provided by Tribes. Great Lakes Inter-Tribal Council provided planning assistance to all Wisconsin Tribes including specific assistance to the Stockbridge-Munsee, Menominee Tribe and Shawano and Menominee County joint planning process.

Buck Rhyme, Organizational Skills Associates: Richard “Buck” Rhyme is a senior partner with Organization Skills Associates. His areas of expertise include strategic facilitation, leadership development, strategic planning, team building, and executive coaching. Mr. Rhyme, under a separate State grant, has recently become involved with long term care planning and facilitation with the Oneida Tribe.

Section 4 – Consumer and Stakeholder Participation

Stakeholder Committee:

Charge: To provide materials and technical support and carry out a two-way communication process leading to informed stakeholder involvement in decisions regarding managed care in the Northeast area.

Members:

Ken Stoffel, Winnebago County, Chair
Larry Debbert, Creative Care Options
Barb Larson-Herber, Shawano County
Tom Stratton, Outagamie County

The Stakeholder Committee employed a two-pronged approach by directly providing local presentations and forums but also developing materials that individual counties could use in conducting their own stakeholder activities. These materials included a Definition of Terms form, a Question and Answer document, a power point presentation and a form for stakeholders to communicate interest in receiving more information. The Stakeholders Committee also published a periodic newsletter. The newsletter allowed for individual counties to add information regarding their own activities prior to distribution to local stakeholders. *(See Attachment E1 – Northeast Wisconsin Consortium Stakeholder Activities, Attachment E2 – Northeast Consortium Power Point, E3 – Northeast Consortium Frequently Asked Questions, E4 – Northeast Consortium Newsletter Example, E5 – Northeast Wisconsin Participant Feedback Sample Form, E6 – Media Reports Sample)*

As the Calumet/Outagamie/Waupaca and Fond du Lac/Manitowoc/Winnebago subgroups prepare to move toward more formal planning leading toward implementation, each subgroup is developing more extensive Stakeholder plans with specific efforts directed toward the identified needs of key constituencies. The activities will ensure two-way communication. If other counties or tribes choose to join planning with one of the subgroups, the stakeholder plans will be expanded to encompass additional geographical areas. The subgroup stakeholder plans will be completed by early August 2008. The plan for the Stakeholders Committee will need to be determined by the Consortium depending on whether the Stakeholder activities of the subgroups will meet the needs of the entire Consortium area.

Section 5- General Communication

The Consortium operated a web based Base Camp for internal communication. Access to Base Camp was generally available to all who requested it and special attempts were made to ensure that all interested Tribal officials and all Aging Units as well as State staff and other interested organizations were included.

Although Consortium meetings were not officially “noticed”, partners were encouraged to invite others to attend. Forums or presentations were announced through local media when possible and presentations or discussions of local policy making bodies were officially noted on agendas and noticed through the appropriate media. Many counties routinely shared minutes of Consortium meetings and sought input on Consortium planning from local organizations, advisory committees, consumers and policy-making bodies.

As the two subgroups begin formal planning leading to readiness to implement managed care, both groups are developing Web Sites. They intend to use these sites to notify interested parties of agendas and minutes to allow for public input. They will also be posting planning and position documents on the Web Sites.

Section 6 – Program Development

Calumet, Outagamie and Waupaca Counties (COW) Subgroup:

The Calumet, Outagamie and Waupaca planning group began planning in early 2007 with a specific interest in researching the consumer and system benefits of an integrated acute/primary and long term care benefit model. They were also interested in a managed care system that would provide flexible and effective ways of preserving the county presence in long-term care as well as not disrupting existing approaches to integrating long-term care with other local human services.

In the process of researching the benefits of integrated acute and primary care, the COW Counties visited and studied the operations of Community Care, Inc, which was open to expansion into the Northeast region. Community Care was providing Family Care Partnership and PACE benefits in southeast Wisconsin and beginning to expand those programs, as well as Family Care Basic, into other southeast and then central/southern Wisconsin geographical areas. The COW counties also interviewed four counties who are implementing a Partnership and Family Care benefit. The COW counties concluded that Community Care Inc shared their values and philosophy, as demonstrated by Community Care’s 1) member-centeredness 2) transparency 3) openness to consumer and public input through consumer forums, advisory committees, a multi-county operations council and county representation on the Community Care Board and 4) flexibility in purchasing care management and services from counties.

This led to the establishment of the following guiding principles for the Calumet, Outagamie and Waupaca Counties process:

- The COW counties are interested in arrangements or models that allow for the inclusion of a Family Care Partnership and PACE benefit.
- The COW counties are prioritizing philosophy and service delivery approach in considering planning partners and are choosing to proceed with Community Care Inc. as a planning partner.
- The COW counties are interested in creating a managed care structure that will allow for maximum influence by individual counties and the ability to integrate with other county human services.

The COW group designed and evaluated six structural models ranging from no county involvement to some type of subcontracted, county specific risk sharing arrangement and then modified some of the models leading to nine models eventually under consideration. Gerry Born assisted in early brainstorming of possible models and Mary Kennedy provided facilitation and planning assistance throughout the process. Paul Soczynski of Community Care, Inc. joined the planning process in early 2008. The Calumet, Outagamie and Waupaca analysis of models addressed legal structure, HMO licensure requirements, choice and benefit options, continuity for consumers, financial risk, experience of potential partners, impact on other county services, public accountability, and start up and risk reserve requirements. Further analysis led to narrowing the choice of models to three (*See Attachment F1 – Northeast Wisconsin Partnership Care Management Coalition Structure and Benefit Models*) and ultimately to a recommendation of Model II a, renamed as the Northeast Wisconsin Partnership Care Management Coalition.

The three counties have different government systems with one county executive system, one county administrator system and one county board system; creating different decision processes in each county. Appropriate elected officials from each of the three counties have been involved in ongoing, frequent discussions regarding the COW efforts, including discussions regarding the models being considered.

Under this model, the Northeast Wisconsin Partnership Care Management Coalition would recommend that Community Care, Inc apply for both a Federal Special Needs Application and a State of Wisconsin RFP to provide Family Care, Family Care Partnership and PACE in participating counties. This model does not require a regional governance structure and will be governed by the already established Community Care Inc. Board of Directors with additional representatives from the Northeast expansion counties. When it has been determined which other Northeast Counties or Tribes choose to participate in this model, the participating counties, along with Community Care, will develop the structure and composition of the advisory committees and the Operations Council. The multi-county Operations Council will be composed of primarily county or provider staff and will address issues of Family Care coordination with other local services. The Advisory Committees may be single or multi- county (depending on the number and location of counties who choose to participate in this model at this time) and will be composed of consumers, providers, advocates and local policy makers.

Community Care Inc. will be responsible for the risk reserve and business solvency plan using the reserves available through Community Care. The provider network development system, administrative, financial, IT, reporting systems and Quality Management System will be an extension of those systems already in existence through Community Care. Provider Network Development will be conducted in conjunction with individual or groups of counties. Each of the three counties as well as any other counties who choose to participate, will need to study the options and implications of contracting with Community Care for care management, work services, personal care, Community Support Program or other county provided services.

Calumet, Outagamie and Waupaca Counties currently operate a multi-county ADRC. The ADRC and other human service departments will work jointly with Community Care Inc. to develop the eligibility and enrollment systems, conversion of present Waiver caseload and waiting lists as well as coordination with Adult Protective Services and other functions remaining with the county systems.

The Northeast Wisconsin Partnership Care Management Coalition has developed a preliminary implementation timetable (*See Attachment F2 – Northeast Wisconsin Partnership Care Management Coalition Timeline*). The timetable keys off the need to submit the Special Needs Application by March 2009 and resulting need to initiate network development in the fall of 2008. The State RFP will be requested in June 2009. Additional counties interested in inclusion in this “first round” Special Needs Application and RFP will need to indicate their intent by December 2008.

The NEW PCMC is offering opportunities for other Consortium counties, tribes and other planning partners to share their learning and decision making experience and to participate in planning for readiness to implement managed care.

Fond du Lac, Manitowoc and Winnebago Counties Subgroup:

The Fond du Lac, Manitowoc and Winnebago subgroup joined together in planning with the intent of building off the existing Family Care platform of Creative Care Options while also creating a new entity that would transcend the identity of any individual organization. The three counties have identified the following Mission and Principles for their planning:

Mission Statement

- To develop a Long-term Care District that builds on the strengths, knowledge, and experience of its member counties and other regional planning groups, with a goal to provide the highest quality services to its members in an efficient, cost-effective and individualized manner.

Planning Principles

- To work as **equal partners** in the creation of a new organization, transcending the identity of any one of the participating organizations.
- To ensure cooperative and complementary **long-term, positive working relationships** with County Departments.
- To incorporate **best practices** in the administration, care-management, provision and evaluation of systems and services.

- To identify and incorporate **continuous quality improvement** in the initial planning and ongoing operation of the District.
- To **involve all stakeholders** affected by the Long-term care District including consumers, families, guardians, employees, providers, elected and appointed officials, advocates and the public, through open and factual two-way communication throughout the planning process and ongoing District operations.

The three County Executives have been actively involved in initiating and encouraging the planning efforts. The Fond du Lac/Manitowoc/Winnebago group has decided to delay the provision of an integrated acute and primary benefit until a second stage of implementation due to the complexities of creating a new regional entity for expanding Family Care without adding the complexities of organizing to provide an integrated benefit. Their early analysis focused on options for a public, multi-county governing system and comparison of the use of the Intergovernmental Agreement (ss. 66.03) versus the Long Term Care District legal structure. They have chosen the Long Term Care District as the governance structure and have selected Lakeland Long Term Care District as their working title for the new entity. Employees of the District will provide the care management for the Long Term Care District with a county specific plan for transition.

Active planning toward readiness to provide expanded managed care is now occurring with the addition of a Planning Coordinator, Katie Mnuk, in May of 2008. Lakeland LTC District has developed a committee based planning process and timeline that will allow involvement of a variety of stakeholders and is open to participation by other interested counties and the tribes. (*See Attachments G1 – Lakeland Long Term Care District Planning Structure, G2 – Lakeland Long Term Care District Committee Structure, G3 – Lakeland Long Term Care District timeline*). This Committee process will result in a plan to address each of the required program components of the Long Term Care District. Counties or tribes interested in being part of the Long Term Care District legal structure would need to indicate their intent to participate by December 2008.

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

ADRC Committee:

Charge: To provide support for local planning to achieve readiness for operation of ADRCs in six counties and three tribes in the Northeast Consortium.

Members: The members of the Northeast ADRC Committee were the six counties in the Northeast Consortium who do not have ADRCs, the three Tribes, consumers, County Health Departments, Bay Area Agency on Aging and Options for Independent Living. Marinette County’s Aging Unit Supervisor also participated in the Committee. Participants from each of the six counties included at least the Long Term Support managers and Aging Service managers. Committee chairs are Jack Schad, Director, Kewaunee County Human Services and Mary Krueger, Long Term Support Manager, Winnebago County. Members included the following:

Bay Area Agency on Aging: Frank Schersing
Brown County: Sunny Archambault
Calumet, Outagamie and Waupaca County ADRC: Todd Romenesko, Mary Schlautman
Door County: Roger Tepe, Bev Knutson, and Cindy Zellner-Ehlers
Fond du Lac County: Sandy Tryon, Esther Mukand-Cerro
Kewanee County: Jack Schad, Sara Malay, Robert Entringer and Carol Patterson
Manitowoc County: Judy Rank
Marinette County: Pam Mueller-Johnson
Menominee County: Barb Nelson, Cheryl Buist
Menominee Tribe: Gail Hanseter
Oconto County: Mike Reimer, Marty Coopman and Ruth Carriveau
Oneida Tribe: Jane Smith, Florence Petri
Options for Independent Living: Kitty Barry, Sandy Popp, and Tom Diedrick
Shawano County: Kim Wolfmeyer, Kelly Bueschel, and Bonnie Wyers
Stockbridge Munsee Tribe: Kristy Malone
Winnebago County: Mary Krueger, Lori Duclon, and Mark Weisensel

The four existing ADRCs (serving six counties) in the Northeast functioned as resources to the Committee and shared their experiences and lessons learned. The Committee also had an opportunity to learn from Racine County's ADRC implementation and from the governance/service design models of the newly developing multi-county ADRCs around the State. The Committee studied the ADRC Informational Bulletins, expectations of multi-county ADRCs, governance models, board composition and advisory committee functions, the Resource Center cost model, small county funding incentives and the adequacy of ADRC funding.

The ADRC Committee used a planning process focused on key organizational issues generated from a Committee brainstorming process. The Committee analyzed the pros and cons of: single versus multi-county ADRCs, various governance and committee structures, lead agency options, inclusion and siting of various services such as Adult Protective Services, Senior Services, functional screen assessments, nursing services, and economic support.

While the Tribes have also been planning separately through separate state grants with consultation from Great Lakes Inter-Tribal Council, Gerry Born with Community Care in Action, and Buck Rhyme with Organizational Skills Associates, they have also continued their involvement with the Consortium's ADRC Committee.

The ADRC Committee is currently meeting less frequently as individual counties or groups of counties form planning groups including broader groups of local stakeholders. The ADRC Committee may continue as a forum for developing ADRCs to share their plans and to discuss common issues.

Section 8 – Major Milestones

A table summarizing the major milestones of the Northeast Consortium is attached. (*See Attachment H – Northeast Consortium Milestones*). In order to provide a more cohesive description of the process in the Northeast Consortium, the narrative description of the progress toward managed care expansion, deviations from the planning timeline in the grant proposal and challenges faced by the group were addressed under Sections 2 and 6 of this report.

Section 9 – Budget Narrative

The Consortium expended \$99,853 of its \$100,000 state grant during the grant time period. Total expenditures were as follows:

TMG - \$55,385

Mary Kennedy - \$44,159

Conference Call - \$21

Base Camp - \$288

The Consortium retains \$22,000 in county contributions for further planning. (*See Attachment I – Northeast Wisconsin Financial Summary*).

Section 10 – Next Steps/Implementation

The Northeast Consortium will be moving into its final planning phase with the reports to the Consortium from the two subgroups and from tribal planning processes. Each subgroup is offering additional education and opportunities for involvement by interested counties and tribes. Specific planning meetings among the counties not included in the two subgroups will be provided to assist other counties in assessing the two subgroup models as well as other options available. The process will focus on the interests of the Consortium, as a federation, while also assisting each county in decision-making regarding its role and level of involvement in developing managed care programs within the Northeast.

It is expected that the Project Management for the two subgroups will transition to the Project Managers for the subgroups: Paul Soczynski from Community Care for the Northeast Wisconsin Partnership Care Management Coalition and Katie Mnuk for the Lakeland Long Term Care District. Ms. Kennedy will continue to assist with the decision making of the counties and tribes not previously involved in the subgroup planning. With both developing managed care programs needing to know the intent of other counties/tribes for their first round implementation by late 2008, the decision making of other counties and tribes will need to be completed by that time frame.