

Long-Term Care Planning Grants – Final Report

Department of Health and Family Services – Division of Disability and Elder Services

Reporting Period: This report documents activities performed by planning grantees for the entirety of the consortium's grant period. This report may include information included in previous communications with DHFS, such as quarterly reports. Based on the budget developed by the West Central Consortium planning partners, this report covers the time period of February 1, 2006 to December 31, 2008 and also includes relevant updates in important areas.

Reporting Requirement: Complete your report (and attachments, if possible) using Microsoft Word or PowerPoint following the format below and submit it as an email attachment to Kathleen Luedtke, Comprehensive Systems Change Manager at the following address: luedtka@dhfs.state.wi.us.

All fields in the report template must be completed. Include all information relevant to document the planning activities in your region during the entire grant period.

If your consortium has completed initial planning, i.e. informed the State that you are ready to respond to a Request for Proposals for managed long-term care in you region or has implemented managed a long-term care program, please include, in the applicable sections, lessons learned that may be particularly helpful to other consortia that have not completed their planning or implementation process.

Reports will be posted on the Managed Long-Term Care Expansion website at <http://dhfs.wisconsin.gov/ManagedLTC/>. Reports should not exceed 15 pages, excluding attachments. Attachments will also be posted.

Planning grantees must submit completed final reports no later than July 31, 2008.

Section 1 – Identifying Information

Planning Group Name: West Central Consortium for Long-Term Support and Health Care Reform

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Current Planning Partners:

The WCC's planning partners through the duration of the grant were Buffalo, Clark, Jackson, La Crosse, Monroe, Pepin, Trempealeau and Vernon counties, as well as The Management Group and Group Health Cooperative – Eau Claire. Clark and Pepin counties officially joined the WCC in the spring of 2007 due to their shared vision for a public managed care model.

The WCC also engaged in discussions with representatives from Eau Claire, Pierce and St. Croix counties regarding the feasibility of expanding the proposed WCC service area to include those counties. Representatives approached the consortium due to a desire to offer a choice between the private model proposed in their areas and the public option planned for the WCC region. Conditions for such a partnership included clarification from the State regarding the ability of a long-term care district to serve non-member counties and a parallel timeline for enrollment in both models since most individuals in need of services likely would enroll in the first program available. These talks ended after it became evident that the private model would be ready to enroll consumers before WCC, negating true choice and therefore the cost-effectiveness of expanding the WCC service area.

Section 3 – Strategic Planning for System Change

The WCC utilized a multi-pronged approach toward planning for managed long-term care expansion. Specifically, this process included the following components: large group meetings, subcommittee and workgroup meetings, data analysis, county board education and outreach to other stakeholders. More information about these planning mechanisms is provided in various sections of this document. Sufficient progress occurred to enable the July 13, 2007 submission of a response to the then-Department of Health and Family Services Request for Proposals for a Managed Care Organization (MCO) to serve the WCC counties.

In order to facilitate the orderly completion of tasks needed to fulfill planning grant obligations, the consortium formed a **Steering** Subcommittee comprised of one representative (and an alternate when desired) from each of the partners named in the grant. Membership was based on the principle of “one county, one vote,” although the subcommittee operated on a consensus basis. This group provided direction to other subcommittees and workgroups, and the chairs served as the official spokespersons for the consortium.

The Steering Subcommittee formulated a mission statement and several associated goals. These were as follows:

Mission

Develop, implement and maintain a sustainable managed long-term care program that supports quality, cost-effective services for elderly and disabled adults living in our eight-county region.

Goals

- Assure that Aging and Disability Resource Center services are available throughout the region.
- Develop a single managed care entity to provide the Family Care benefit to elderly and disabled adults.
- Coordinate and develop the capacity to integrate long-term care with acute and primary care.
- Evaluate the feasibility of a regional managed care model for behavioral health services.

- Promote informed involvement by consumers and other stakeholders in the formation of a regional Family Care program.

The Steering Subcommittee generally met every second and fourth Wednesday of the month from July of 2006 through December 2007 (the WCC budgetary end date) and on other dates as needed. This group continues to meet on second Wednesdays to discuss issues related to the transition of long-term support services from the counties to the newly formed Western Wisconsin Cares Long-Term Care District.

In addition, the consortium formed a number of other subcommittees and workgroups to explore specific areas related to Family Care expansion. Membership in these groups also incorporated the principle of balanced representation between planning partners. Although counties specifically appointed staff and stakeholders to these subcommittees, participation in meetings remained open to all. Co-chairs worked with the project coordinator to develop agendas and communicate with members and other interested parties. While most groups initially met twice per month, these meetings eventually were scaled back to once per month or an as-needed basis; all of these subcommittees stopped meeting formally by the end of 2007. A description of the assignments, achievements and challenges faced by these groups follows below.

Aging and Disability Resource Center/Aging. This group included an ADRC or long-term support staff member and aging director from each of the original counties, as well as three consumer/stakeholder representatives. After meeting for several months, this group also enlisted the assistance of Buck Rhyme as an unpaid (by the consortium) facilitator since the Department had procured his services for ADRC planning purposes. The subcommittee met 12 times between June 2006 and January 2007 and again in May 2007.

This group was charged with exploring options for providing ADRC services to residents throughout the planning region. Members examined the contractual responsibilities of ADRCs; the advantages and disadvantages of operating single-county entities, a single regional ADRC or multiple two- or three-county operations; possible governance structures; and potential staffing needs and cost projections.

Following the presentation of preliminary recommendations to the Steering Subcommittee, the ADRC/Aging Subcommittee split into two separate workgroups, one to study a multi-county collaboration between Buffalo and Trempealeau counties and another to work on a collaborative model for Jackson, La Crosse, Monroe and Vernon counties. Pepin and Clark counties eventually joined the planning efforts of Buffalo and Trempealeau counties. Narrowing the focus of these groups to specific regional alignments enabled much quicker progress on the development of organizational structures and cost models.

Initially, Trempealeau County proposed to serve as the lead agency for a multi-county ADRC involving Buffalo, Clark and Pepin counties; however, following a lack of consensus on a governance structure for the organization, Trempealeau County decided to continue as a single-county ADRC. Buffalo, Clark and Pepin counties have since submitted a joint application.

Jackson, La Crosse, Monroe and Vernon counties submitted a joint ADRC application on August 1, 2007 in anticipation of a November 1 start date that year. Under the Aging and Disability

Resource Center of Western Wisconsin organizational structure, La Crosse County Human Services will contract with the State for the entire four-county region and ensure the provision of consistent, quality ADRC services through subcontracts and Memorandums of Understanding (MOUs) with agencies in partner counties. As of the end of the grant period for purposes of this report, the ADRC-WW had delayed its implementation timeframe; instead the existing ADRCs in Jackson and La Crosse counties merged in July 2008, with the Vernon and Monroe branches beginning services two months prior to the expansion of Family Care into those counties.

Care Management. This group was comprised primarily of long-term support staff or supervisors, but the subcommittee also benefited from participation by county health department representatives and a La Crosse County CMO member.

This subcommittee was asked to examine strategies for employing and training interdisciplinary care management teams. Since managed care represents a significant change from traditional waiver case management, much discussion centered on key concepts within a Care Management Organization (e.g. Resource Allocation Decision method, Self-Directed Supports, etc.). The group also developed a tentative transition task list and timeline based on the Department's enrollment assumptions document and other information received. Since the ability to finalize training timelines and strategies hinged on a number of other factors over which the subcommittee had no purview (e.g. implementation timeframes and enrollment strategies), specific recommendations were completed by the Steering Subcommittee.

Communication/Education. Appointees to this group were primarily consumer representatives and other stakeholders, although various county staff members also participated. A La Crosse County CMO member with thorough understanding of long-term care served as the primary chair for the subcommittee, and UW-Extension Trempealeau County Community Development Educator Pat Malone facilitated and provided assistance on numerous occasions.

This group was asked to identify stakeholder groups in each county, the kind of information that needed to be communicated between these groups and the consortium and methods for ensuring this communication occurred. Among other accomplishments, the subcommittee planned consumer-oriented Family Care Preview sessions to educate the public about long-term care reform, developed talking points and Frequently Asked Questions documents and reviewed and provided feedback on media releases. The group also worked on a "cheat sheet" to help county staff address questions from consumers and contributed input on website content.

Data Analysis. Appointees to this subcommittee generally consisted of partner agency fiscal managers or analysts.

The Data Analysis Subcommittee was charged with identifying the types of data needed to aid the planning process and prepare counties for Family Care expansion, analyze the state's Long-Term Care Expansion Data Set and convey relevant information to the other subcommittees. In addition to reviewing information from the State's long-term care data set, the group assisted with initial ADRC budget projections, distributed a survey to gather zip code information on waiver and wait list clients for mapping purposes and analyzed potential fiscal impacts of a regional economic support change center. While the subcommittee was intended to serve in a

support capacity to other groups, it was difficult to fully utilize the strengths of the individuals in this subcommittee since other groups with specific program knowledge tended to gather and analyze information on their own for the sake of efficiency.

Economic Support. This subcommittee was comprised primarily of economic support supervisors or specialists, as well as an ADRC supervisor from La Crosse County. A La Crosse County Care Management Organization fiscal analyst also attended most meetings.

The subcommittee was asked to examine the impact of Family Care regionalization on economic support workloads in each county and explore methods for mitigating that impact. The group attempted to project staffing impacts but found it difficult to produce accurate assumptions in light of the State's contention that Badger Care Plus and centralized enrollment processes will alleviate workload concerns. The subcommittee also spent significant time exploring the concept of a single, regional change center due to the potential for saving time and money through the utilization of staff specially trained in this area but came to the conclusion that counties probably could not afford to contribute toward the creation of such a center.

Infrastructure. This group was made up mostly of Steering members and fiscal or IT staff from the partner agencies.

The subcommittee was tasked with researching the structural components needed to operate a managed long-term care program in the region. In addition to reviewing the State's long-term care data set, the group looked at the managed long-term care expansion Readiness Template and assigned certain tasks to various subcommittees and created a special IT Needs Workgroup to create a draft list of information technology needs for ADRCs and the MCO. The workgroup met in person or via teleconference on four occasions, studied data flow and created a checklist of desired IT components. Although the Infrastructure Subcommittee included individuals with a high level of expertise in county case management and business systems, the relative lack of experience in managed care business and IT systems made it difficult for the subcommittee to produce any concrete recommendations. Instead the consortium pursued and received a grant to hire Virchow Krause and The Management Group to study MCO system requirements, perform a gap analysis and make recommendations for meeting the infrastructure needs of a regional Family Care program.

Provider Network. This subcommittee was comprised of a wide variety of county staff – including case managers, aging directors and staff and agency service coordinators – as well as the GHC-EC Quality Improvement Manager, providers and a consumer representative. The La Crosse County CMO Network Coordinator served as the primary co-chair, along with the Buffalo County Aging Director. In addition, many long-term care providers for the participating counties attended on a regular basis.

This group was asked to assess existing provider networks, identify needs and develop strategies for ensuring service availability, choice and quality. Members spent most of their time gathering information about existing service providers in order to identify potential needs. Seven specific service-type workgroups were formed to assist in this process. The subcommittee also sponsored a series of Family Care Preview events to discuss long-term care reform with affected providers.

Quality Management. This group was comprised of a variety of county staff, including case managers/social workers, a long-term support supervisor, long-term care business administrator, ADRC coordinator and La Crosse County CMO quality assurance coordinator, as well as the GHC-EC Quality Improvement Manager, who led the subcommittee.

The subcommittee charge was to consider tactics for ensuring quality throughout the Family Care service delivery system and develop protocols and procedures for discovery, remediation and quality improvement. The group spent a great deal of time reviewing ADRC and MCO requirements and expectations and quality management tools used by the Trempealeau and La Crosse County ADRCs and La Crosse County CMO, as well as the state's Quality Close to Home document. It was difficult for the group to make specific recommendations without being directly involved in the ADRC/Aging and Care Management subcommittees, particularly in light of most counties' lack of experience in Family Care.

Subcommittee rosters are enclosed as attachments to this document. Workgroup rosters are not included since these entities tended to operate as smaller, more informal groups lacking official membership that were assigned more specific, short-term tasks.

As a consortium partner and consultant, The Management Group provided a great deal of education and expertise in the realm of managed care. Major projects included but were not limited to analysis of the state's long-term care data set, providing information about governance options, creating enrollment scenario spreadsheets, editing and submission of the WCC response to the state's MCO RFP for this region and assistance in projecting MCO start-up/ramp-up costs. TMG also took a lead role in facilitating a regional county board retreat, served as the consortium's primary liaison with the Department and aided in planning for the transition of responsibility from the Steering Subcommittee to the future long-term care district board.

The WCC project coordinator served in a support capacity to all subcommittees and workgroups, helping to plan meetings, serving as a liaison between groups and completing tasks as assigned. The project coordinator also assumed primary responsibility for communicating with legislators, local stakeholders and the general public. Tasks included the creation of educational materials, such as Frequently Asked Questions documents, participation in Family Care Previews and other presentations, website administration, meeting with stakeholders and writing columns, press releases and letters as appropriate. The project coordinator relied heavily on her background in state government and communications to assist the consortium.

Communication with local elected officials occurred primarily through regular updates from Steering Subcommittee members and other county staff during county board and committee meetings, although several county board supervisors also participated in one or more consortium large group or subcommittee meetings. In addition, the Steering Subcommittee sponsored a regional county board retreat in March 2007 that was attended by multiple county board members from all partner counties other than Clark, which had not yet joined the consortium. Several state lawmakers also attend portions of the retreat. In May and June of that year, each of the eight county boards approved a resolution to proceed with the creation of ADRCs and a regional long-term care district per the satisfaction of several conditions, and each of these

counties subsequently approved a final resolution to form the district (copies of both resolutions are attached).

The consortium solicited the assistance of WCA counsel Andy Phillips on several occasions. Attorney Phillips provided advice regarding the aforementioned county board resolutions and avoidance of conflict of interest issues related to long-term care district governing board membership. He also assisted Jackson, La Crosse, Monroe and Vernon counties with the formation of ADRC subcontract and Memorandum of Understanding language. Even after completion of the initial planning period to which this grant applied, the consortium received his assistance in the creation of long-term care district by-laws and other organizational matters.

Section 4 – Consumer and Stakeholder Participation

The consortium sought to achieve the Department’s objective of informed involvement by consumers and other stakeholders by employing a multi-faceted approach toward communication and interaction with the public. Although stakeholders were welcomed to attend WCC large group and subcommittee meetings, the consortium also provided information and solicited input through a variety of other methods and settings, including updates to local long-term care councils, aging commissions and long-term support committees; consumer- and provider-oriented Family Care Previews; a county board retreat; provider surveys; meetings with consumer/advocacy and provider organizations; media releases; and the WCC website.

The primary goal of WCC large group meetings initially was to share information about Family Care, explain the purpose of the project and develop a planning process; these meetings later provided a forum for subcommittee updates and feedback. Subcommittees were formed in June of 2006 to study specific aspects of Family Care expansion and provide recommendations to the Steering Subcommittee, and more than 120 people – including consumers, advocates and providers – attended one or more subcommittee and/or large group meetings. UW-Extension staff (Pat Malone and Mary Meehan-Strub) served as facilitators for several large group and/or subcommittee meetings.

The WCC’s primary outreach events took place as enumerated below. A description of the content and outcome of these events follows.

- January 25, 2007 – Family Care Preview in Alma (consumers)
- January 30, 2007 – Family Care Preview in Viroqua (consumers)
- January 30, 2007 – Family Care Preview in La Crosse (consumers)
- January 31, 2007 – Family Care Preview in Black River Falls (consumers)
- February 7, 2007 – Family Care Preview in Sparta (consumers)
- February 8, 2007 – Family Care Preview in Arcadia (consumers)
- March 9, 2007 – County Board Retreat in La Crosse (also key staff and state lawmakers)
- April 5, 2007 – Family Care Preview in Hillsboro (consumers and providers)
- May 16, 2007 – Family Care Preview in Black River Falls (providers)
- May 18, 2007 – Family Care Preview in La Crosse (providers)
- May 29, 2007 – Family Care Preview in Durand (consumers)
- June 26, 2007 – Family Care Preview in Mondovi (providers)

More than 200 people attended the consumer-oriented Family Care Previews, which were used to provide basic information about the program, as well as explain the reasons for long-term care reform and detail the consortium's efforts and projected timeline. These sessions also served as a forum within which to gather input from the public. Waiver and wait list questionnaires were distributed at these events, and copies of these documents with response summaries are attached.

More than 100 people attended the provider-focused Family Care Previews, which were used to share basic information about the program, as well as explain some of the differences between contracting with counties to provide services in the "waiver world" versus contracting with a Managed Care Organization under Family Care. The consortium also detailed enrollment projections by county and historical service trends. Although a survey previously had been sent to known providers in the original six WCC counties, another survey was distributed at the Family Care Preview sessions to update existing listings and collect information from providers not previously contacted. Copies of provider surveys are attached.

Just over 100 people attended the County Board Retreat in La Crosse. Approximately half of attendees were county board supervisors from seven counties, with the balance of participants comprised of state lawmakers (five), key county staff (including aging, personnel, health, human services, social services, unified board and community services representatives) and TMG, GHC-Eau Claire, Department of Health and Family Services and Wisconsin Counties Association representatives. This event served as a mechanism by which to ensure stakeholders from partner counties were able to receive consistent information, discuss a proposed county board resolution, ask questions about the ramifications of proceeding with Family Care regionalization and share local perspectives. Feedback received from this event was used to help craft the final version of a resolution signaling the counties' intent to operate ADRCs and form a long-term care district to operate a Family Care managed care organization; the boards subsequently approved this resolution by overwhelming margins.

Numerous other presentations were provided to local long-term care councils, aging commissions, county boards, etc., as well as local long-term care workforce coalitions, advocacy organizations like Coalition of Wisconsin Aging Groups District 5 and Life After School (Monroe County), AFSCME and providers such as Riverfront and Vernon Area Rehabilitation Center, Inc (VARC).

WCC also involved stakeholders in the preparation of the MCO RFP response and ADRC applications. The consortium utilized an RFP Review Board comprised of representatives from each of the partner counties, along with one consumer representative from each of four client populations (the elderly, adults with physical disabilities, adults with developmental disabilities and adults with mental health concerns), to vet the draft MCO RFP response. Likewise, the four southern counties used county board supervisors from each of the partner counties (Jackson, La Crosse, Monroe and Vernon) to review the joint ADRC application for that region. The four northern counties (Buffalo, Clark, Pepin and Trempealeau) utilized county board supervisors and consumer representatives to review the preliminary draft of a possible joint ADRC application for that region. Buffalo, Clark and Pepin counties later utilized a series of three forums in each county to share ADRC planning progress and gather feedback from stakeholders. Input from these participants was used to finalize the MCO RFP response and ADRC applications.

Section 5 – General Communication

The consortium used a variety of means to inform the public about planning activities and outreach events. E-mail distribution lists served as the primary means of communicating with interested stakeholders regarding large group and subcommittee meetings, as well as other pertinent information. The WCC website (www.ourwcc.org) also included links to meeting agendas and minutes and provided background about long-term care reform and the consortium, a copy of media releases, the ability to sign up for e-mail distribution lists and contact information. In addition, each county posted meetings in accordance with the advice of corporation counsel. Meeting information was mailed or faxed to interested parties who were not able to access WCC documents electronically.

Counties assumed primary responsibility for notifying consumers and county board members about Family Care Previews and the County Board Retreat. Most utilized postcards (the consortium provided a template for this purpose) to invite consumers to the Family Care Previews and distributed standard “save the date” flyers and invitations for the retreat. Packets of materials (including copies of power point presentations, background on long-term care reform, Frequently Asked Questions, an acronym list and the Family Care benefit package) were handed out at all events.

The Provider Network Subcommittee worked with each county to obtain contact information for area providers and mailed postcard invitations to appropriate organizations. Material packets were distributed at these forums as well.

The consortium also utilized the media to share information. The project coordinator distributed press releases regarding the consumer-oriented Family Care Preview forums and also sent out columns as time allowed regarding various consortium-related topics. These communications included a release regarding the impact of the state budget delay on projected WCC implementation dates. The project coordinator, Steering Subcommittee members and other consortium participants also took part in radio interviews and Trempealeau County Cable Television tapings. Assorted news clippings are attached.

Section 6 – Program Development

The Steering Subcommittee studied a variety of governance and program models before deciding to pursue creation of a long-term care district. Among the factors considered in picking a legal and operational structure were the desire to provide all county boards with an equal voice in governance, protect counties from risk and liability involved in serving the Family Care target populations, maintain public employment and ensure consistent treatment of consumers and staff regardless of geographical location. The long-term care district statutory changes contained in the 2007-2009 state budget appeared to allow the consortium to meet all of these objectives.

Under this model, the consortium formed an eight-county long-term care district to operate a managed care organization that will begin offering the Family Care benefit in October 2008. The long-term care district will serve as a public employer for care management and other staff.

Additionally, the district may consider working with GHC-Eau Claire to offer more integrated service models (Family Care Plus and/or Family Care Partnership) in the future.

The consortium's intent to use this governance model was shared in WCC large group and subcommittee meetings, as well as during Family Care Previews and other events. The recommendation to provide Family Care services through a public organization received strong support from consumers and county staff.

As described in the aforementioned county board resolution, a 14-member governing board oversees the district. Each county board (or administrator) retains responsibility for appointing a county representative to the governing board and approving the nominations for four consumer members and two at-large members with managed care or other business expertise. The MCO director also serves as a non-voting, ex-officio member of the board.

Legal and Operational Platform for Regionalized Governance. As noted above, the consortium formed an eight-county long-term care district to operate a managed care organization that will provide the Family Care benefit to eligible, enrolled individuals in the service area.

Establishment of Risk Reserve and Business Solvency Plan. Establishment of the required amounts will rest heavily on the transfer of funds from the CMO to the regional MCO; however, since CMO reserves will be drawn down significantly to pay for start-up costs, the receipt of an enhanced rate from DHFS will be crucial to capturing needed revenue. Per the Department's direction, the consortium will supply its plan for achieving the risk reserve and business solvency benchmarks in documentation to precede certification of the new MCO.

Coordination or Integration with Acute and Primary Health Care. Under Family Care, interdisciplinary teams will coordinate acute and primary health care for MCO members. This practice is well established with providers already contracting with the La Crosse County CMO. Pending the availability of integrated programs through the Western Wisconsin Cares Long-Term Care District and/or GHC-Eau Claire, MCO staff will be used to provide care management to those enrollees. While provider-oriented Family Care Preview sessions noted differences in benefit packages between regular Family Care and more integrated options, further interaction with acute and primary care providers will occur when a timeframe for moving forward with more integrated models is established.

Establishing a Governing or Oversight Board. While awaiting approval of Family Care provisions in the current state budget, the WCC partner counties formed an advisory Implementation Council to serve as the precursor to a long-term care district governing board. Steering Subcommittee members worked with their respective county boards to obtain appointments to this interim body with the stated intent that these same members later serve on the permanent long-term care district governing board. In addition, the Steering Subcommittee identified consumer and at-large members for county approval. Until official formation of the WWC governing board in March 2008, the convening of the Implementation Council allowed for preliminary education of board members, as well as policy guidance for the consortium.

Implementation and Management Plan for Care Management Provision. The long-term care district will employ care management staff directly rather than contracting out for this service through the counties. Toward this end, county personnel directors began meeting with AFSCME representatives to draft a standard contract proposal and transition agreement for county staff whose current jobs will be eliminated due to the implementation of Family Care. Contract language and transition agreements for both professional and paraprofessional/clerical staff have since received the approval of both the WWC Board of Directors and AFSCME Council 40, and the long-term care district has begun extending job offers to county staff. La Crosse County CMO staff continue to refine training curriculum and strategies, and partner counties have indicated that staff who wish to work for the MCO may begin initial training for those positions while still working for the counties.

Provider Network Development. In order to help assess the likely service needs of MCO enrollees, the consortium requested and obtained the long-term care data set compiled by the State. To supplement the regional information provided by the Department, TMG reviewed the data and broke this information down by county as well. The consortium also received some updated HSRS (Human Services Reporting System) service data from the Department to aid in creation of the MCO's business plan.

To gauge the ability of existing providers to meet projected client needs, the Provider Network Subcommittee gathered information through two primary means – dissemination of surveys to known long-term care providers and collection of information from counties regarding the long-term care providers with whom those counties contract. The Provider Network Subcommittee used these responses to create spreadsheets listing providers by service type and county.

The consortium also gathered anecdotal information regarding provider gaps from participants in the consumer-oriented Family Care Preview sessions. Long-term care councils, long-term support planning committees and aging commissions, among other local entities, offered another forum for sharing the consortium's findings and receiving feedback.

Workforce capacity remains a concern for both providers and the consortium. Due in part to apprehension expressed by area providers, the consortium expects to maintain a 2:1 social worker to registered nurse staffing ratio at the outset rather than pursue a 1:1 ratio. The Provider Network Subcommittee also met jointly with the Quality Management Subcommittee to discuss quality assurance tools for different service types. Each of the service type workgroups was asked to recommend quality oversight methods in addition to reporting provider information.

Finally, both the Care Management and Provider Network subcommittees discussed the self-directed supports service model and the options available under that model. General consensus was that exploring the use of self-directed supports for more services may help alleviate some workforce concerns.

Administrative and Financial Systems. The Steering and Infrastructure subcommittees spent several meetings discussing the managed care expansion readiness template that detailed the competencies needed for the future MCO. The La Crosse County CMO provided a base of

information from which to work, but planners realized that additional capacity would be required to manage enrollment, service authorization, claims payment, benefit coordination, encounter reporting and other business functions for a regional entity. To help ensure this capability, the consortium sought and received a grant from DFHS to consult with Virchow Krause (VK) and TMG for creation of an information technology (IT) and business systems template and performance of a gap analysis by assessing the ability of the current CMO systems to meet these needs.

In consideration of the VK/TMG report and clarification of issues regarding the feasibility of contracting back with La Crosse County to perform certain functions, the CMO subsequently worked with La Crosse County to develop or develop specifications for certain clinical applications and investigated other options for business software necessary to support an independent organization. As a result, member-centered plan software was developed (and now is being converted from a web-based application to a desktop application due to the unreliability of network cards in this region), with additional applications such as a provider database and electronic case notes, assessments and individual service plans in line for development. Following completion of this grant period, the CMO purchased Great Plains software to perform personnel, payroll and general ledger functions. CMO staff felt other existing systems, such as claim processing, could support regionalization.

The Provider Network Subcommittee developed draft language for provider contracts with the realization that the future long-term care district/MCO would need to approve the final proposal. Upon further review and refinement, this document was forwarded to legal counsel for review. Protocols for monitoring contracts and consumer cost sharing already exist in La Crosse County but are being updated for the MCO.

Information Technology and Reporting Systems. As noted above, the consortium worked with Virchow Krause and TMG to assess IT and reporting needs and capabilities. Even before commencement of the study, La Crosse County had begun working on several types of improvements (referenced above) for the CMO through the creation of a program called HS Connect.

Quality Management Systems. The Quality Management Subcommittee examined both ADRC and MCO requirements and existing quality assurance tools and strategies. The group spent multiple meetings discussing the Quality Close to Home project, as well as relevant La Crosse County CMO documents (e.g. quality goals and objectives, quality monitoring reports, quality alerts, etc.). Existing materials appeared to provide a strong base from which to build a regional quality management program. Due to the need to ensure consistency between the five projected MCO branch offices (including the headquarters in La Crosse), staff will be added to monitor quality in each location; likewise, the partners in each multi-county ADRC will work closely together to ensure the provision of consistent, quality services in each county.

Eligibility and Enrollment Systems. Since the regional MCO will operate as a new public entity separate from the counties, the consortium anticipates that county-based ADRCs will be able to enroll eligible individuals in the MCO without the use of an intermediary (enrollment consultant). This arrangement should provide a sufficient firewall between the two entities.

In order to ensure the timely availability of information and assistance, functional screens, long-term care options counseling and other “front door” services in each county, consortium partners sought to build upon existing experience and expertise in planning for future service delivery. In addition, and Economic Support Subcommittee discussed eligibility timelines, caseload impacts and state and local strategies to alleviate workload concerns. ADRC offices in each county will be located in close proximity to ES offices.

The ADRC/Aging, Economic Support and Care Management subcommittees also met in November of 2006 to discuss the flow of information between staff in all three areas. These processes will be outlined in each ADRC Enrollment Plan.

Coordination with Adult Protective Services and Statutory Requirements. Assuming satisfaction of Chapter 51, 55 and 880 requirements will remain with counties, Memorandums of Understanding will be created to address the responsibilities of county and MCO staff for communicating client needs to Adult Protective Services in each county.

Conversion of Present Waiver Caseload and Waiting Lists. In order to help plan for waiver and wait list transitions to the MCO, the Care Management Subcommittee gathered information on local waiver and wait list caseloads, as well as information on the number of waiver-eligible individuals whose eligibility needs to be re-determined each month in each county. The group also used the Department’s enrollment assumptions to create a draft transition plan for the counties stated in terms of days/months prior to implementation in a specific county.

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

In order to coordinate ADRC and MCO planning efforts, consortium meetings included individuals working on each of these areas. Consortium large group meetings served as a venue for sharing progress and receiving feedback regarding ADRC, as well as MCO, planning.

As stated above, an ADRC/Aging Subcommittee was formed specifically to study possible ADRC models and methods to maximize collaboration between and within counties. Although the consortium initially studied the feasibility of a single multi-county ADRC to maximize resources and ensure consistency for consumers, the group eventually broke into two regional workgroups. Jackson, La Crosse, Monroe and Vernon counties submitted a multi-county ADRC application on August 1, 2007, while Buffalo, Clark, Pepin and Trempealeau counties also explored a four-county alignment in the northern part of the region. Trempealeau County later agreed to continue operating as a single-county entity. Since Jackson, La Crosse and Trempealeau counties already were operating ADRCs, the consortium sought to build upon this existing knowledge base while recognizing differences in county structures and referral protocols.

WCC counties viewed the involvement of county board members and consumers in ADRC planning through updates to local boards, counsels and committees; Family Care Previews; application Review Boards; and other means as a way to help ensure ADRC operations meet local needs and expectations.

Section 8 – Major Milestones

Major WCC milestones are described in the table below.

Month	Milestone	Description
February 2006	WCC (large group) meetings begin	Representatives from the original grant recipients began to meet for purposes of sharing information, creating a planning/organizational structure and developing a budget. Independent Living Resources and Age AdvantAge staff also were invited to attend meetings.
June 2006	Subcommittees form	Counties began appointing county staff and stakeholders, and an organizational meeting was held for the following subcommittees: ADRC/Aging; Care Management; Communication/Education; Data Analysis; Economic Support; Infrastructure (Administrative, Financial and IT Systems); Provider Network; Quality Management; and Steering.
September 2006	Mission statement and goals developed	The Steering Subcommittee developed the mission and goals statements listed in Section 3 of this report.
October 2007	Website launched	The WCC began providing basic information about long-term care reform and local planning efforts at www.ourwcc.org .
December 2006	Decision to pursue long-term care district governance model	After providing input into proposed statutory revisions, the Steering Subcommittee recommended formation of a long-term care district to ensure the provision of services under a public model while protecting counties from financial liability.
January 2007	Family Care Previews for consumers begin	The consortium began presenting information about long-term care reform, Family Care and WCC planning efforts to consumers and other stakeholders at locations in each of the original partner counties. A similar event took place in Pepin County in May.
March 2007	County Board Retreat held	The Steering Subcommittee sponsored a one-day session for county board members, state lawmakers and key county staff to share background information, discuss a proposed county board resolution, answer questions and solicit input. DHFS and WCA representatives also participated in this event.
March 2007	Pepin County joins	The Steering Subcommittee voted to accept Pepin County's request to join the consortium.
April 2007	Clark County joins	The Steering Subcommittee voted to accept Clark County's request to join the consortium.
May 2007	Family Care Previews for providers begin	The Provider Network Subcommittee began hosting informational sessions for area long-term care providers.

May – June 2007	Partner counties approve resolutions	Each of the eight WCC county boards overwhelmingly approved a resolution to proceed with ADRC applications and formation of a long-term care district.
July 2007	MCO RFP response submitted	Following feedback from a Review Board, the WCC MCO RFP response was submitted to DHFS.
August 2007	Four-county ADRC application submitted	Following feedback from a Review Board, a multi-county ADRC application was submitted for Jackson, La Crosse, Monroe and Vernon counties.
September 2007	Intent to Award letter received	The consortium received notice of DHFS' intent to award an MCO contract pending submission of satisfactory financial information and certification.
December 2007	Partner counties form long-term care district	Each of the eight WCC county boards approved the enabling resolution necessary to create a long-term care district. The governing board that eventually formed to oversee the district named the organization Western Wisconsin Cares in March 2008.

The original WCC grant proposal projected the enrollment of long-term care consumers in a regional managed care organization in July of 2007. Subsequent planning revealed that timeframe to be unreasonable for a number of reasons. The delay in passage of the state budget further hindered the ability of the consortium to move forward due the lack of authority to form the long-term care district and governing board, which was needed to create by-laws, contract with providers, hire an MCO director and develop an annual budget, among other tasks. The consortium now expects to begin transitioning clients to the MCO in October 2008.

Post-grant challenges include budgeting for start-up costs while planning to meet MCO risk reserve and business solvency requirements; the La Crosse County CMO reserves cannot fully meet revenue needs in both areas. In addition, lack of clarity regarding which ancillary functions must be performed and funded by counties, versus the MCO or State, has slowed MOU development and local planning.

Section 9 – Budget Narrative

A final budget including amounts billed to the Department for consortium activities is attached. Actual expenditures far exceed the amount the grant, with additional costs borne by partner counties and GHC-Eau Claire.

Section 10 – Next Steps/Implementation

The consortium submitted an MCO RFP response to the Department on July 13, 2008. Based on the written response to that proposal, CMO staff worked in collaboration with the consortium to furnish additional information in the form of a revised business plan and narrative to fulfill all RFP requirements. The consortium was notified on March 26, 2008, that the updated submission met the Department's requirements to proceed with the certification process. Since then, CMO staff have corresponded regularly with Department representatives to discuss progress toward meeting MCO certification prerequisites and review outstanding requirements.