

Elder Care of Wisconsin, Inc. and Elder Care Health Plan, Inc.

**Proposal to contract as a Managed Care Organization
for the Delivery of Managed Long-Term Care
in Columbia, Dodge, Green Lake, Jefferson, Marquette, Waushara, Washington
and Waukesha counties**

2.1 PROPOSER INFORMATION

2.1.1 Organization authority to enter into a risk-based contract

Elder Care of Wisconsin, Inc. (ECW) has operated Elder Care Partnership through risk-based contracts with the Wisconsin Department of Health and Family Services (DHFS) and the Centers for Medicare and Medicaid Services (CMS) from 1995 through 2004. In 2004, ECW formed a subsidiary, Elder Care Health Plan, Inc. (ECHP) that was licensed as a health maintenance organization (HMO) by the Wisconsin Office of the Commissioner Insurance (OCI). ECHP was granted the authority by OCI to offer Medicare and Medicaid managed care products. ECHP's certificate number is 18055. ECHP's NAIC company code is 12248. The risk-based contracts with DHFS and CMS to operate Elder Care Partnership have continued under ECHP since 2005. ECHP also operates two Medicare Special Needs Plans under a risk-based contract with CMS. ECW and ECHP are proposing to operate Family Care under a contract between DHFS and ECW, and Family Care Partnership under separate contracts between DHFS, CMS and ECHP.

2.1.2 DESCRIPTION OF PROPOSER ORGANIZATION

2.1.2.1 Governance and organizational structure

ECW was incorporated as a 501(c)3 in the State of Wisconsin in 1976 under the name Adult Day Center, Inc., and has been in continuous operation since that time. ECW has a twelve member volunteer Board of Directors. The ECW Board of Directors has responsibility for policy and fiduciary oversight for all operations within ECW, including ECHP.

ECHP is a wholly owned subsidiary of ECW. ECHP was incorporated as a 501(c)3 in the State of Wisconsin in 2004 and has been in operation since January 1, 2005. ECHP has a six member volunteer Board of Directors. The ECHP Board of Directors has responsibility for policy and fiduciary oversight for all ECHP operations.

Please refer to Attachment 2.1.2.1 for one chart depicting governance structure and a second chart depicting organizational structure.

2.1.2.2 Contractual relationships

ECHP contracts with ECW for both administrative and selected health care services including business systems management; financial services; claims management; quality management; care management; medical direction and oversight; operations management; human resources; information technology, including data encounter reporting; network development and provider relations; marketing; outreach and enrollment services; corporate compliance, and privacy and security compliance; grievance and appeals services; utilization management; management of clinical records; member services; care coordination and case management; disease management; patient medication management; ethics consultation; patient education; and selected health and long-term care services. Copies of current agreements between ECHP and ECW are available upon request.

ECW and ECHP are organized and operated as independent business enterprises. Revenue and expenses are reported and analyzed on both a separate and consolidated basis. ECHP reserve funds held in accordance with OCI requirements are segregated. DHFS required reserve funds for ECW to operate Family Care will also be segregated. In accordance with the contract between ECW and ECHP, ECW is obligated to ensure all services provided by ECW on behalf of ECHP are compliant with all applicable DHFS and CMS regulatory and contractual requirements.

ECW and ECHP are in the process of finalizing negotiations with Columbia, Dodge, Green Lake, Jefferson, Marquette, Washington, Waukesha and Waushara Counties for of a Memorandum of Understanding (MOU) with each county. The MOU will define the relationship between each county and ECW and ECHP as the current waiver recipients are transitioned to managed care. The MOU will also define the manner in which Adult Protective Services, Mental Health and AODA and other specialized services and statutory requirements are provided to members of the care management organization. A signed MOU with each county will be available at the time of the MCO Certification process.

Elder Care's Chief Operating Officer and Vice President of Health Plan Operations have been participating in all meetings of the Family Partnership Care Management Coalition (FPCMC) for over a year. The FPCMC meetings have included key stakeholders from the counties, other potential MCOs, and staff planning the Aging and Disability Resource Centers (ADRC). These planning efforts have laid the groundwork for future working relationships.

2.1.3 Governing board requirements

The Board of Directors of ECW will establish the Family Care Governing Board as part of the ECW Board structure following notice from DHFS of intent to award a Family Care MCO contract to ECW.

Membership on the Family Care Governing Board will reflect the ethnic and economic diversity of the eight county geographic area to be served by ECW in accordance with regulatory requirements. ECW will solicit input from County partners and will review U.S. Census demographic data to assess diversity and determine the appropriate composition of the Family Care Governing Board. A minimum of one-fourth of Board members will be representative of anticipated enrollment, including elderly individuals and persons with physical or developmental disabilities, or their family members, guardians or other advocates. Potential Board members may be identified through County partner input, and contacts with stakeholders to assure broad input.

The charter for the Family Care Governing Board will describe its responsibilities to provide oversight for quality assurance, consumer choice, scope of the provider network, stakeholder communications and involvement, and other stewardship functions of the MCO. In addition, the Family Care Governing Board will oversee communications with the FPCMC Regional Long-Term Care Council and Aging & Disability Resource Centers (ADRCs) to ensure provision of information on service utilization, provider networks, appeals and grievances, enrollment functions, etc. on a regular basis. The Family Care Governing Board will also solicit input from and give consideration to recommendations from the FPCMC Regional Long-Term Care Council and ADRCs.

2.2 SCOPE OF PROPOSAL

2.2.1 Geographic service area

ECW and ECHP propose to offer both Family Care and Family Care Partnership to all adult county residents who are determined to be eligible for the managed long-term care benefit. The following table summarizes the counties ECW and ECHP are proposing to serve and the proposed roll-out schedule.

County	Family Care	Family Care Partnership
Columbia	1/08	1/08
Dodge	1/08	1/08
Washington	1/08	1/09
Jefferson	6/08	6/08
Green Lake	6/08	1/09
Marquette	6/08	1/09
Waushara	6/08	1/09
Waukesha	7/08	1/09

The total population in the listed counties eligible for enrollment in Family Care and Family Care Partnership based on information provided by DHFS is 4583. The business plan developed by ECW/ECHP and included in attachment 2.3.3.5. of this proposal assumes two MCOs will be operating in each of the listed counties, and assumes an increase in the eligible population once publicly funded long-term care programs become an entitlement in each county based on the experience of the five Family Care pilot counties. Assuming DHFS contracts with ECW/ECHP to operate Family Care and Family Care Partnership in all listed counties in accordance with the proposed roll-out schedule, ECW/ECHP projects attaining enrollment of 1500 members by November 2008 and 4219 members by December 31, 2010.

2.2.2 Target populations

ECW and ECHP will serve all target populations eligible for the managed long-term-care benefit including frail elders, adults with physical disabilities, and adults with developmental disabilities. ECW and ECHP propose to enroll all currently served waiver clients during the first six months following implementation in each county and all individuals on the waiting lists during the first twenty-four months following implementation in each county. Any additions to the waiting list after the initial roll-out date in each county will be enrolled in the twenty-fifth month following implementation. Beginning in the twenty-fifth month following implementation in each county, it is assumed the programs will become an entitlement and individuals will be enrolled as they are determined to be eligible in accordance with DHFS requirements.

2.2.3 Managed long-term care benefit package

ECW and ECHP propose offering both Family Care and Family Care Partnership in all counties in accordance with the chart provided in section 2.2.1.

2.2.4 Other services or benefits provided by the proposer

ECHP currently offers the following managed care programs:

- The Wisconsin Partnership Program (WPP) is currently offered in Dane County. The WPP corresponds with the Family Care Partnership program as described by DHFS in section 1.4.5.3 of RFP # 1597-DDES-SM. ECHP currently enrolls frail elders age 65 and over and physically disabled adults age 55 and over in the WPP.
- CareSurround is currently offered in Columbia, Dane, Dodge and Sauk counties. CareSurround is a Medicare Advantage Special Needs Plan serving Medicare beneficiaries who have one of four severe or disabling chronic conditions (chronic obstructive pulmonary disease, congestive heart failure, coronary artery disease, and diabetes). ECHP has received approval from the Centers for Medicare and Medicaid Services (CMS) to expand eligibility for CareSurround to include enrolling Medicare beneficiaries with three or more chronic diseases from a list of 130 chronic diseases.
- InFocus Health is currently offered in Columbia, Dane, Dodge and Sauk counties. InFocus Health is a Medicare Advantage Special Needs Plan serving Medicare beneficiaries who are long-term residents of a nursing home.

ECW currently provides the following services:

- Adult day care for the frail elderly, including those with memory disorders,
- Home care.
- Dental services.
- Physical and occupational therapy services.
- Transportation services.

2.3 ORGANIZATIONAL CAPACITY TO IMPLEMENT MANAGED LONG-TERM CARE

2.3.1 STABILITY AND PUBLIC ACCOUNTABILITY

2.3.1.1 Stability

ECW has over thirty years experience providing long-term care services and care management programs in south central Wisconsin. ECW was founded in 1976 by several community-based social service organizations, including the Madison Urban Ministry, the Attic Angel Association and the Madison Community Health Center, as the region's first adult day care center. The founding community leaders were concerned that senior citizens were being prematurely placed in nursing homes and sought to create an alternative that would assist senior citizens to live independently and safely in their home.

During the 1980s and early 1990s, ECW launched other day centers and collaborated with Dane County to serve older adults with developmental disabilities through two pioneering programs: Supported Living (24/7 support to live in the community) and Community Bridges (person-centered plan to build relationships and life choices). In addition, ECW contracted with Dane County to provide Medical Assistance Personal Care to enable frail elderly and adults with physical disabilities to live in their own homes.

As a result of the experience described above, ECW's Board of Directors and staff developed a recognition of the fragmentation in the delivery of long-term care and primary and acute health care services, and the potential for enhancing quality of care and quality of life by reducing this fragmentation. In 1994, ECW applied for and was selected as a demonstration site for the national ground-breaking care management program, the Program of All-inclusive Care for the Elderly (PACE). PACE served frail elders, age 55 and over, who were eligible for Medicaid and at nursing home level-of-care. Members attended an adult day health center and saw the clinic physician for all primary care.

In 1995, ECW responded to an opportunity presented by the DHFS and CMS, and was selected as the first community-based organization to offer WPP. Similar to PACE, the WPP model differed in a few significant ways: Care Teams deliver services in the home, a large network of medical providers allows members to keep their own doctors, and both frail elderly and adults with physical disabilities are eligible to enroll. Given these advantages, ECW PACE members chose to transfer to the WPP, and ECW subsequently closed the PACE program.

ECW and ECHP have accumulated more than eighteen years of experience in operating care management programs through PACE and WPP. Over 1,000 enrollees have benefited from fully-integrated care management for health and long-term care services through PACE and WPP. Building on successful experiences with PACE and WPP, ECHP launched two Medicare Advantage Special Needs Plans in 2006, both providing

care management and Medicare benefits and services. The CareSurround program serves Medicare beneficiaries with severe or disabling chronic conditions and the InFocus Health program serves individuals living permanently in nursing homes. ECW expanded the service area for these Medicare care management programs from Dane County to Columbia, Dodge and Sauk counties in 2007.

In response to regulatory requirements to obtain an HMO license in order to continue operating the WPP, ECW formed ECHP as a subsidiary. ECHP attained an HMO license from the Wisconsin Office of the Commissioner of Insurance in 2005. The WPP and both Medicare Advantage Special Needs Plan are operated under the HMO license held by ECHP.

In order to effectively operate programs and deliver services, ECW/ECHP has partnered closely with a range of government entities, stakeholders, and local health and long-term care providers. Examples of current and past relationships include:

- City of Madison Senior Citizens Advisory Committee;
- Dane County Human Services;
- Senior Focal Points (15 agencies throughout Dane County providing information and referral services, case management, and other services);
- Provider network for our Partnership Program in Dane County, including providers of all Medicare, Medicaid and Home and Community-Based Waiver services;
- Provider network for the two Medicare Special Needs Plans in four counties, including physicians, hospitals, nursing homes, home health agencies and other providers of Medicare benefits;
- Lutheran Social Services of Wisconsin & Upper Michigan;
- Wisconsin Department of Health and Family Services;
- Wisconsin Office of the Commissioner of Insurance;
- Wisconsin Partnership Program; and
- The Centers for Medicare & Medicaid Services.

In addition, ECW/ECHP is a full planning partner in the FPCMC, composed of 12 counties and four community organizations. It was formed initially in early 2005 to explore the potential for long-term care reform. FPCMC subsequently was awarded a planning grant of \$100,000 in early 2006.

Financial good health is a key ingredient in longevity. As a private, not-for-profit, 501(c)3 corporation, ECW/ECHP has demonstrated a stable financial position throughout its regional and programmatic expansion over the years. With oversight from the Board of Directors and Finance Committee of the Board, ECW/ECHP has consistently achieved budget goals, has no capital debt and maintains substantial operational reserves. This stability, in combination with significant investment in infrastructure, including information systems, electronic medical records and related care management applications, allows ECW to quickly and effectively scale up to address growth in programs and service areas. In addition, ECHP currently maintains reserves at more than five times the minimum HMO requirement of \$1.4 million.

As stated in section 2.1.3, ECW will take the necessary steps to comply with statutory requirements pertaining to the governing board. Membership on the Family Care Governing Board will reflect the ethnic and economic diversity of the eight county geographic area to be served by ECW in accordance with regulatory requirements. ECW will solicit input from County partners and will review U.S. Census demographic data to assess diversity and determine the appropriate composition of the Family Care Governing Board. A minimum of one-fourth of Board members will be representative of anticipated enrollment, including elderly individuals and persons with physical or developmental disabilities, or their family members, guardians or other advocates.

The Board of Directors of ECW is fully committed to ECW's mission. In 2006, the Board of Directors provided leadership to update and refresh ECW's mission statement:

**To promote independence and quality of life
by providing innovative solutions
to health and long-term care needs**

The Board of Directors is also dedicated to ECW's organizational values:

Respect—We value and trust each other, and treat each other with fairness and dignity. We appreciate each person's views, needs and contributions.

Relationships—We believe in open communication, cooperation and shared responsibility. We are compassionate and nurturing.

Integrity—We are true to our word. We are ethical, honest and responsible in all we do.

Excellence—We set high standards for ourselves. We strive to change what exists into something better.

Social Responsibility—We participate in our community by enhancing quality of life. We develop solutions that use resources wisely.

2.3.1.2 Accountability

ECW/ECHP is committed to assuring the organization is accountable to clients and the general public through a broad range of mechanisms:

- The Family Care Governing Board will reflect clientele in composition and will provide oversight with regard to quality assurance, consumer choice, scope of network, community input and other important aspects of operations. It is important to note ECW has been governed by volunteer, community-based boards and committees since its founding in 1976.

- The Family Care Governing Board will oversee communications with the FPCMC Regional Long-Term Care Council and the ADRCs on a regular basis, providing information/reports on service utilization, provider networks, appeals and grievances, enrollment functions, and aspects of operations as appropriate. ECW/ECHP will also be responsive and give consideration to recommendations from these bodies. MOUs describing the expectations and relationships between ECW/ECHP and each body will be developed and executed. As a full planning partner in the FPCMC, ECW/ECHP has collaborated closely with the FPCMC county partners and private organizations on the FPCMC proposed approach to managed long-term care reform and the planning for ADRCs.
- In order to provide easy access to ECW/ECHP for current clients, potential clients, families and the general public, ECW/ECHP will expand these existing mechanisms:
 - Interactive websites (www.elderc.org; www.eldercarehealthplan.org).
 - Postings to the joint FPCMC website (www.familypartnershipltc.org).
 - Informational brochures.
 - Member materials, such as member handbooks, provider directories and other DHFS and CMS required materials.
 - Presentations, speakers bureau and booths at resource fairs.
 - Business White and Yellow Page listings.
 - Toll-free telephone number.
- ECW/ECHP currently facilitates a Partnership Member Advisory Committee composed of eight to twelve members of the WPP currently offered in Dane County. The Partnership Member Advisory Committee meets quarterly to provide feedback and suggestions for improvement. For example, the Committee recommended that ECW/ECHP post the driver's name in large print in the front of each van to facilitate easy communication. The implementation of this suggestion was simple, but has made a difference in members' experience and satisfaction with transportation service.
- ECW/ECHP will make the Quality Assurance Program transparent by sharing results of satisfaction surveys, quality studies, reports from independent reviewers, appeal and grievance statistics, and other information. ECW/ECHP currently holds an annual Quality Festival which showcases over fifteen quality improvement studies and client satisfaction surveys completed each year for the WPP and our long-term care services such as transportation and adult day care. These reports and survey results are available on request, and will be posted on our websites. In addition, DHFS and CMS conduct independent reviews of managed care program operations as well as client and provider satisfaction surveys, with results made available to members and the public.
- ECW/ECHP will continue to build relationships with other organizations that may also serve our members:
 - ECW/ECHP Provider Services staff are responsible for identifying and contracting with a wide range of providers of services included in both the Family

- Care and Family Care Partnership benefit packages. ECW/ECHP has over eleven years of experience in developing and maintaining a comprehensive provider network to serve the needs of WPP members, and, more recently, members of the two Medicare Advantage Special Needs Plan. ECHP has currently established contracts with key providers of primary and acute health services for counties in which implementation of Family Care Partnership is proposed for 2008 as was required by CMS to obtain approval of the Service Area Expansion Application.
- The Interdisciplinary Teams for both Family Care and Family Care Partnership will work closely with members and caregivers to involve other services and systems in the care planning and implementation process. Current Partnership Teams routinely assist members in making connections to services in the community, even for services not included in the benefit package. One example is the response of a Team to a member who was wrestling with a number of spiritual issues related to her illness. The Team located a bilingual priest to meet with the member so that she could discuss her concerns without a translator present.
 - ECW/ECHP is working closely with the Directors and staff of the Health & Human Services Department in each county to identify and contact local organizations regarding ECW's/ECHP's proposed role in long-term care reform and to initiate collaborative working relationships. This includes, but is not limited to APS, mental health and substance abuse services, school systems, and vocational services. The plan developed by the FPCMC includes a contractual relationship between ECW/ECHP and county staff currently serving as case managers for waiver program clients. This arrangement will facilitate continuity for existing clients and linkages with other services and systems serving clients.
- ECW/ECHP has taken an active role in the nursing home relocation program through the WPP in Dane County. ECW/ECHP is ready and willing to be responsive to potential future enrollees in Family Care and Family Care Partnership by either bringing them back into the community or serving them in the setting that best fits their goals and outcomes. This may include inpatient mental health settings, nursing homes or ICFs-MR.
 - ECW/ECHP will develop an MOU with each ADRC that covers a range of issues, including our willingness to explore and identify, in collaboration with the ADRC, circumstances under which ECW/ECHP will serve individuals who are functionally eligible and at imminent risk of harm, hospitalization or institutionalization without the provision of MCO services, even though financial eligibility is still pending.
 - The FPCMC has also collaborated on the development of a template MOU that will be executed between each MCO serving FPCMC counties and each county. The MOU establishes an FPCMC Operations Council that will include a representative of each county and each MCO. The MOU specifies responsibilities of MCOs and counties, provides for collaboration on services such as APS, mental health and substance abuse services, etc., and provides for county input into MCO operations in areas such as the Quality Assurance Program and member satisfaction.

2.3.2 EXPERIENCE IN DELIVERY OF COMMUNITY-BASED LONG-TERM CARE SERVICES

2.3.2.1 Organizational expertise

ECW/ECHP has extensive experience delivering community-based long-term care through both our integrated care management programs such as the WPP and PACE, and direct services such as personal care, adult day centers and programs for individuals with developmental disabilities.

Consumers from all three Family Care target groups have enrolled in Elder Care programs and services over the years. In addition to elderly persons, the WPP has enrolled older adults with physical and developmental disabilities. For many years, the Medical Assistance Personal Care program operated by ECW served both frail elders and younger individuals with physical disabilities. ECW's integrated and dementia-specific adult day centers have enrolled the elderly and adults age forty and over with physical and developmental disabilities as well as dementia and chronic mental health concerns.

ECW contracted with the Dane County Department of Human Service to implement and operate two programs for older adults with developmental disabilities. The Supported Living program offered 24-hour/7-day assistance to enable enrollees to live as independently as possible in their own homes in the community. The Community Bridges program built on person-centered planning to nurture relationships and respect life choices for individuals living in the community, through formal and informal supports.

ECW/ECHP routinely conducts comprehensive assessments to identify the services and supports members need to live successfully and safely in community settings. In the WPP, outreach nurses perform initial in-home assessments during the intake process. Subsequent to enrollment, the member's care team, composed of a social worker (SW), registered nurse (RN) and nurse practitioner (NP), completes a full interdisciplinary assessment, including a review of medications by the staff pharmacist. As appropriate, rehabilitation department staff complete functional and in-home safety assessments. Following completion of all assessments, the care team collaborates with the member to develop a care plan that addresses all long-term care and health needs, working in collaboration with a wide network of providers in the community.

ECW is a seasoned provider of services and supports, either through its own staff or through its comprehensive local provider network. Services provided through ECW staff include:

- In-home personal care and other related services.
- Transportation (fleet of 21 vans and buses with specially trained drivers).
- Dental care and maintenance.
- Rehabilitation services such as physical and occupational therapies.
- Home and personal adaptive equipment.
- Medication packaging and distribution.

2.3.2.2 Organizational experience in individualizing services in managed care

ECW's/ECHP's approach to care planning developed through experience with both PACE and the WPP focuses on developing an individualized service plan based on the member's needs and desired outcomes. One function of the interdisciplinary care team is to serve as both a support system and advocate for the member's goals, values and personal-experience outcomes within the long-term care and health care systems.

ECW/ECHP places the member at the center of the care planning process right from the start. The format for the care planning process begins with identification of the member's strengths and the goals and personal-experience outcomes that matter most to the member. The care team partners with the member to design a plan to move toward those outcomes. The member may choose to involve family members, advocates or other individuals in creating their care plan.

The member, the care team and other involved individuals work together to determine what services and supports are already available to help achieve personal-experience outcomes. The member, the care team and other involved individuals "think outside the box" to identify new services that could be developed or assembled in creative ways to meet the member's personal-experience outcomes. Further, the member, the care team and other involved individuals consider choices among local community providers to determine which providers will best help carry out the plan. Cost is also a consideration in designing services and choosing providers. The care team works with the member and other involved individuals in developing a service plan that is both effective in achieving their personal outcomes and reasonable in cost.

The care teams also focus on personalizing members' care based on their individual health care wishes by helping members understand the facts well enough to make informed choices about personal-experience outcomes. The care team can then assist members by ensuring each member's personal-experience outcomes are drivers for health and long-term care decisions.

Individualized, person-centered care is also evident as the care team assists members with balancing health and quality of life goals. For example, some members struggle with mental health or AODA issues. ECW's consulting geropsychiatrist works with the care team and the member to develop a care plan that meets their individual goals, often incorporating harm reduction techniques that can be more realistic and effective than a goal of complete elimination of problematic behaviors.

One specific example of assisting members with balancing health goals and quality of life occurred when a member developed congestive heart failure (CHF). Treatment for CHF typically includes a diuretic, a medication that helps rid the body of fluids. The drug prescribed by the member's physician had the side effect of causing a frequent and urgent need for urination. This side effect was problematic for the member who very much enjoyed visits to the senior center and outings with friends to play cards. The care team

NP was able to work with the member’s physician to adjust the medication schedule so the member could continue to enjoy her social life.

Often, a member’s situation or health status changes over time, and the member may wish to revise their personal-experience outcomes. The care team uses the care plan as a “living” tool and is in regular communication with each member and other involved individuals, in order to review and update the service plan as indicated, and no less than twice each year.

2.3.2.3 Acquiring qualified interdisciplinary care management team staff

To ensure the availability of adequate, qualified staff to provide all Family Care and Family Care Partnership services, ECW/ECHP will contract with the Human Services Departments in each proposed county for the services of available care managers who have been working with clients in the current waiver programs. ECW/ECHP is currently collaborating with each county to develop final plans for the arrangement. Each county is evaluating their own internal staffing needs to identify those staff who will be available to provide services under a contract. The current assumption is that two thirds of the contracted county staff will provide two-thirds of the SW care manager staffing for Family Care at the time of implementation. In order to ensure the availability of qualified care management staff to deliver the long-term care benefits for the developmentally disabled population, ECW/ECHP will contract with other organizations currently providing care management services to waiver program clients in some of the proposed counties. The balance of staffing needs will met by hiring additional ECW employees.

ECW/ECHP has developed the following staffing plan to assure the availability of the care management staff necessary to deliver services to the number of enrollees anticipated based on the business plan included with the proposal:

Population by County and Year	Family Care	Family Care Partnership
2008		
<i>Elderly</i>		
Dodge, Columbia and Washington	Two-thirds of the staffing will be county Human Services Department employees and one-third of the staffing will be employees of ECW at time of implementation (01/2008). As membership increases, ECW will hire additional employees.	Employees of ECW, Inc. for 01/2008. N/A for Washington.
Jefferson, Waushara, Green Lake, Marquette	Two-thirds of the staffing will be county Human Services Department employees and one-third of the staffing will be employees of ECW at time of implementation (06/2008). As membership increases, ECW will hire additional employees.	Employees of ECW for 06/2008. N/A for Waushara, Green Lake and Marquette.

Waukesha	Two-thirds of the staffing will be county Human Services Department employees and one-third of the staffing will be employees of ECW at time of implementation (07/2008). As membership increases, ECW will hire additional employees.	N/A
<i>Adults with Physical Disabilities</i>		
Dodge, Columbia, Washington	Two-thirds of the staffing will be county Human Services Department staff and one-third of the staffing will be employees of ECW at time of implementation (01/2008). As membership increases, ECW will hire additional employees.	Employees of ECW for 01/2008. N/A for Washington.
Jefferson, Waushara, Green Lake and Marquette	Two-thirds of the staffing will be county Human Services Department staff and one-third of the staffing will be employees of ECW at time of implementation (06/2008). As membership increases, ECW will hire additional employees.	Employees of ECW for 06/2008. N/A for Waushara, Green Lake, and Marquette.
Waukesha	Two-thirds of the staffing will be county Human Services Department staff and one-third of the staffing will be employees of ECW at time of implementation (07/2008). As membership increases, ECW will hire additional employees.	N/A
<i>Adults with Developmental Disabilities</i>		
Dodge, Columbia, Washington,	Two-thirds of the staffing will be county Human Services Department staff and one-third of the staffing will be employees of ECW at time of implementation (01/2008). As membership increases, Elder Care will hire additional employees.	Employees of ECW for 01/2008. N/A for Washington.
Jefferson,	Two-thirds of the staffing will be contracted employees of Opportunities Inc. and one-third of third of the staffing will be employees of ECW at the time of implementation (06/2008). As membership increases, ECW will hire additional employees.	Employees of ECW for 06/2008.
Waushara, Green Lake and Marquette	Two-thirds of the staffing will be county Human Services Department staff and one-third of the staffing will be employees of ECW at time of implementation (06/2008). As membership increases, Elder Care will hire additional employees.	N/A

Waukesha	Two-thirds of the staffing will be county Human Services Department employees, and contracted employees of Lutheran Social Services and one-third of the staffing will be employees of ECW at time of implementation (07/2008). As membership increases, ECW will hire additional employees.	N/A
2009		
<i>Elderly</i>		
Dodge, Columbia, Washington and Jefferson, Waushara, Green Lake, Marquette and Waukesha	Staff will continue to be both county Human Services Department employees and ECW employees.	Staff will continue to be employees of ECW for all counties.
<i>Adults with Physical Disabilities</i>		
Dodge, Columbia, Washington, Jefferson, Waushara, Green Lake, Marquette and Waukesha	Staff will continue to be both county Human Services Department employees and ECW employees.	Staff will continue to be employees of ECW for all counties.
<i>Adults with Developmental Disabilities</i>		
Dodge, Columbia, Washington,	Staff will continue to be both county Human Services Department employees and ECW employees.	Staff will continuing to be employees of ECW for all counties.
Jefferson	Staff will continue to be both contracted employees from Opportunities Inc. and ECW employees.	Staff will continue be employees of ECW.
Waushara, Green Lake and Marquette	Staff will continue to be both county Human Services Department employees and ECW employees.	Employees of ECW for 01/2009.
Waukesha	Staff will continue to be both county Human Services Department employees, contracted employees of Lutheran Social Services and ECW employees.	Employees of ECW for 01/2009.

2010		
<i>Elderly</i>		
Dodge, Columbia, Washington, Jefferson, Waushara, Green Lake, Marquette and Waukesha	Staff will continue to be both county Human Services Department employees and ECW employees.	Staff will continue to be employees of ECW.
<i>Adults with Physical Disabilities</i>		
Dodge, Columbia, Washington, Jefferson, Waushara, Green Lake, Marquette and Waukesha	Staff will continue to be both county Human Services Department employees and ECW employees.	Staff will continue to be employees of ECW.
<i>Adults with Developmental Disabilities</i>		
Dodge, Columbia, Washington, Waushara, Green Lake and Marquette	Staff will continue to be both county Human Services Department employees and ECW employees.	Staff will continue to be employees of ECW.
Jefferson	Staff will continue to be both contracted employees from Opportunities Inc. and ECW employees.	Staff will continue to be employees of ECW.
Waukesha	Staff will continue to be county Human Services Department employees, contracted employees of Lutheran Social Services and ECW employees.	Staff will continue to be employees of ECW.

ECW's Human Resources Department will implement a recruitment plan to ensure care management team members are hired prior to the onset of transitioning current waiver program clients and individuals on the waiting list to Family Care/Family Care Partnership. ECW's recruitment efforts are based on over ten years of experience recruiting qualified and caring clinical care management staff. Recruitment for care management staff will begin four months prior to the Family Care/Family Care Partnership implementation date for each county. This length of time will allow adequate time to recruit the most qualified candidates, including interviews, reference/criminal background checks, selected candidates notice to their current employers, as well as for a one month orientation. In addition, ECW has program management staff with expertise in serving two of the three target populations, the elderly and persons with physical disabilities. ECW is in process of hiring a Program Director with expertise serving persons with developmental disabilities.

Staffing for Family Care is based on a ratio of one SW care manager for every 40 elderly or physically disabled members, one SW care manager for every 35 developmentally disabled members, and one RN care manager for every 80 members. Due to the difference in staff to member ratios, the SW and RN care management team members will be hired at varying times. ECW will begin recruitment for the first care management team members in 2007 for counties with a proposed implementation date of January 1, 2008 with an estimated starting month of November for the first hired staff. This will allow adequate time for a thorough orientation prior to staff beginning to serve members. Once implementation is complete, recruitment will continue to obtain additional ECW employees based on Family Care enrollment projected in the business plan included in attachment 2.3.3.5.

Staffing for Family Care Partnership is based on a ratio of one care management team for every 48-50 members. ECW will begin recruitment for the first care management team members in 2007 for counties with a proposed implementation date of January 1, 2008, with an estimated starting month of November for the first hired staff. This will allow adequate time for a thorough orientation prior to staff beginning to serve members. Once implementation is complete, recruitment will continue to obtain additional ECW employees based on Family Care Partnership enrollment projected in the business plan included in attachment 2.3.3.5.

ECW's recruitment strategy will be to thoroughly execute a sourcing and interviewing process that is designed to decipher and bring forth the best qualities and experience from each candidate as related to the model of care. ECW's current sourcing techniques regularly provide candidates residing in some of the proposed counties. The recruitment strategy built over time has resulted in the ability to attract experienced staff seeking a position in an organization offering unique programs for at risk individuals.

In addition, some current ECW care management staff have expressed interest in relocating to teams in the new service areas. Moving experienced staff to new service areas will aid a smooth transition during the implementation process.

ECW's selection process will include behavioral and experiential interview questions, as well as questions designed to target particular leadership qualities. Candidates will have the opportunity to talk with leadership and care team staff to gain an overall picture of their colleagues and the nature and goals of the work. Candidates will also have the opportunity to attend a team meeting and participate in job shadowing for purposes of gaining direct insight into their potential position. ECW has experienced staff who will tailor recruitment techniques to address each individual county's particular needs, including the utilization of local county sources.

ECW's recruitment and hiring process conveys and reinforces a reputation as an employer that values each individual for his/her unique contributions, and recognizes an overall life balance. This reputation along with ECW's competitive benefits and training initiatives serves to attract, retain and develop the most highly skilled individuals who

flourish as a natural fit within ECW’s culture. Additionally, ECW has staff teams in place with responsibility for continuing the orientation and ongoing development process once the individual is hired.

2.3.2.4 Interdisciplinary care management team staff training

Elder Care of Wisconsin (ECW), Community Care (CC) and Community Living Alliance (CLA) collaborated on the development of the following training program:

Philosophy Statement	Our Managed Care Organizations embrace the common philosophy of member-centered care in our Family Care and Family Care Partnership Programs. Education and training of staff is built upon this foundation.
Interdisciplinary Teamwork	<hr/> <p>Care and services are provided to our members through interdisciplinary teams. Our teams are interdisciplinary including SWs, RNs and, with Family Care Partnership, NPs. Service Coordinators provide logistical coordination for our members in terms of transportation to medical appointments and Adult Day Centers, and home visits by care team staff.</p> <p>In summary, team members work together to identify the member desired outcomes and find the most cost-effective way to support those outcomes.</p>
Resource Allocation Decision-making (RAD)	<hr/> <p>Interdisciplinary teams (IDTs) use a structured, problem solving approach (RAD) to reach decision(s) regarding the most appropriate care or service based upon member need. The resource allocation decision-making tool is used routinely at weekly team meetings. A trained facilitator is present at team meetings to guide the discussion as needed to ensure decisions are based upon member need and the most cost-effective alternatives.</p> <p>In summary, this framework provides the basis for appropriately allocating services to our members based upon need.</p>
Choice	<hr/> <p>We strive to plan care and services in a manner that is consistent with our members’ goals and beliefs. At times, these choices are inconsistent with ideal practice standards. However, we believe the member’s dignity and personal choices are deserving of our respect. While we do not stop members from making unhealthy or risky choices, we endeavor to protect our member’s health and safety in all cases.</p> <hr/>

Partnering

The IDT provides direct care (Family Care Partnership) and coordinates specialty care and other support services (Family Care and Family Care Partnership) to achieve integrated health and long-term care service for our members.

Our care management model relies on the active involvement and communication among key people involved in decisions affecting the overall health and well-being of our members.

- The member and their family are at the center of this model. Everyone works towards the aim of finding the best solutions to meet the member's need.
- Providers and other community resources play a vital role in providing support to members to enable them to participate as fully as possible in their lives in the communities where they live.

Member-Centered Care

Our ultimate aim is to maintain our member's function in their preferred living arrangement and, according to their wishes and desired outcomes. Central to our thinking about member centered care are the following:

Quality of Life: We are always mindful of our goal to promote the best possible quality of life for our members.

Long-term Care: Many services and care are delivered in the home/residence. Specialty services are coordinated by IDT who help the member navigate the complexity of the health and human services systems.

ECW/ECHP Orientation and Training Plan

ECW/ECHP uses the following approach to care management team staff training in order to accomplish the requisite knowledge and competencies in the areas named below. This approach is currently very successful in orienting care management team staff in the WPP and will be adapted for the training and orientation of all care management team staff (Family Care and Family Care Partnership) new to the organization.

ECW Orientation: New staff attend New Employee Orientation for an introduction to the organization, including ECW's mission and values and culture, as well as what it means to be an employee of the managed care organization (employee benefits and responsibilities). The Chief Medical Officer, Compliance Officer, and Facilities

Supervisor conduct presentations on the normal aging process, compliance and regulatory affairs, and facility safety procedures respectively.

Interdisciplinary Care Manager Staff Orientation (Training): In both the Family Care and Family Care Partnership Programs, care management team staff will participate as a member of an interdisciplinary care team, responsible for a specific caseload of members. Although each program has unique benefits and requirements, a common training approach is utilized by our organizations predicated upon discipline-specific roles, responsibilities, performance expectations, etc. This orientation, under the purview of the clinical manager/supervisor, will be conducted by Practice Leaders/team facilitators/preceptors.

Practice Leaders are core to ECW's/ECHP's training approach. Practice Leaders offer ongoing mentoring and support to all new staff within their discipline. Practice Leaders are a part of the Clinical Administrative Team that includes the SW, RN and NP Practice Leaders and, in turn, mirrors the Interdisciplinary Team model.

- **Timing:** Intensive training will be provided to new care management staff over the first several weeks of their employment. The Practice Leader/facilitator/preceptor will sign-off that the necessary knowledge/competency has been demonstrated. Ongoing coaching, peer-mentoring, monitoring and performance review will be conducted during this time and thereafter, on an on-going basis.
- **Tools:** Staff will be guided through the navigation of both general programmatic information and discipline specific forms, guidelines etc. that are located in an electronic network and on an agency intranet and internet. Staff will meet with their Practice Leader/facilitator/preceptor on a weekly basis regarding specific components of the orientation plan. Use of the resource allocation decision-making tool (RAD) will be explained, demonstrated and observed in the team setting as part of the orientation. Clinical charting and the electronic care management record documentation will be a key component of all training efforts.
- **Teamwork:** Emphasis on the stages of team development and how to be an effective team member is an important aspect of training for new staff. Team development and training will continue to be stressed as a necessary competency in all programs.

The following methods will be used for assuring competencies for interdisciplinary care management team staff in those areas where staff need to demonstrate skill, knowledge and ability.

- Face-to face, one-on-one discussion and interactive question and answer sessions with a Practice Leader/facilitator/preceptor.
- A curriculum of self-directed study of policies and procedures, discipline specific guidelines, etc.

- Demonstration and practice on use of computer-based tools and resources. Extended computer training and support are offered on an as needed basis.
- Observation/shadowing of seasoned staff performing similar roles and other support functions (transportation, home care, etc.)
- Attending a variety of other team meetings and observing the application of the resource-allocation decision-making process in real-life situations.
- Ongoing mentoring and coaching around specific issues identified by the Practice Leader/facilitator/preceptor.
- Monthly continuing education for clinical staff on areas of interest and import for clinical staff.
- Semi-annual “All Staff Meetings” to address accomplishments/ program status, budget, etc.
- Monthly discipline-specific meetings (RN, SW, and NP meetings) to discuss practice issues and provide education around changes in practice, new policies and procedures, etc.
- Ongoing chart review and feedback regarding charting and documentation including performance and exception monitoring. Practice Leaders review all documentation for new staff for at least one month to ensure expectations and practice standards are being met.
- Initial and ongoing team development and training by the Team Development Specialist.
- Annual training required of all ECW staff such as Diversity, Compliance, HIPPA, Discrimination/Harassment, Security, Universal Precautions etc.

In summary, orientation of new interdisciplinary staff can extend from three to six months, depending on the progress and the individual needs of each new staff person.

The approach described above will encompass all of the following topics:

1. Identifying Outcomes

Staff members receive training on identifying outcomes in orientation and on an ongoing basis. Within the first 3 weeks of training, written materials (i.e. guidelines, policies, etc.) on the assessment and care planning process are provided. An integral part of these processes is identifying member outcomes and goals. In orientation, staff members are given the opportunity to observe staff doing assessments in the home with members. During this observation, new staff members have the opportunity to see how eliciting member goals/outcomes are a part of the assessment process.

ECW is participating in the Personal Experience Outcomes Integrated Interview and Evaluation System (PEONIES) Professional and Provider Stakeholders Advisory Group which is comprised of representatives from the WPP, Family Care, and County waiver programs. The group is considering a tool that will be used in audit interviews with members from the WPP and Family Care populations. Further, this tool is intended to help care managers elicit outcomes from members. ECW has invited the group to test the tool on several volunteers from the Partnership Member Advisory Committee. Assisting with the development and testing process of this tool is yet another of ECW's strategies to enhance our ability to identify outcomes. Once the tool is ready, it will be a resource that ECW will make available for the teams to use.

2. Person-Centered Planning

ECW provides staff with training on person-centered planning upon orientation and on an ongoing basis. Within the first three weeks of training, written materials (i.e. guidelines, policies, etc.) on the assessment and care planning processes are provided. New staff observe team meetings while person centered care planning is taking place. After orientation, staff members receive ongoing mentoring from their Practice Leaders and Team Facilitators. The Team Development Specialist observes team care planning meetings on a rotating schedule to ensure that effective person-centered planning is taking place.

3. Cost-effective care planning

There are several ways ECW staff are educated on the use of the Resource Allocation Decision-Making tool (RAD) and cost-effective care planning. During the orientation process with new staff, ECW:

- Provides written materials (i.e. a copy of the RAD tool, guideline, and policy).
- Has staff attend several team meetings to observe the RAD process.
- Provides an overview on how the program and funding works.

After each team meeting, the Team Facilitator meets with the new staff person to process the meeting, discuss how the RAD was used, and answer any questions. ECW has developed a RAD power point presentation for use in training larger groups of staff on the tool. This presentation has already been offered to the FPCMC counties care management staff in four education sessions conducted by ECW,

CLA, and CC this past spring to reach out to the future Family Care staff and provide early education on this topic.

On an ongoing basis, Team Facilitators help guide and mentor team members as they are using the RAD. ECW also shares budget information with staff two times a year during All Staff meetings. ECW believes it is important to be transparent with staff on these issues.

4. Supporting opportunities for self-direction and self-directed supports

ECW currently has a self-directed supports work group that is developing the policies, procedures, and staff trainings for Self-Directed Supports (SDS). The members of this work group are part of a larger work group with the other WPP sites and the State of Wisconsin. ECW representatives have attended SDS in-service training sessions presented by the current Family Care sites and state representatives. ECW has another such in-service scheduled in July 2007. ECW brought Dennis Harkins (Consultant) to ECW in April 2007 to discuss the philosophy of SDS with our staff. ECW plans to conduct further SDS training for all current staff. New staff will be given SDS training during their orientation process.

A newly created position titled, SDS Coordinator/Consultant has been created. ECW's goal is to fill this position in early fall 2007. The position will be an internal consultant acting as expert on SDS policies and procedures. The SDS Coordinator will assist with ongoing team education, developing training, training lead SDS staff in each county and maintaining SDS policies/procedures for ECW/ECHP.

5. Functional limitations and service needs of the managed long-term care target groups

Clinical staff receive intensive training during orientation, as well as ongoing mentoring and review by Practice Leaders, in assessing functional limitations and service needs of members. Each clinician spends the first month of employment paired with an experienced staff to become skilled in the assessment and care planning process. Team facilitators attend team meetings to ensure service delivery decisions are made using assessment information from all disciplines as well as the RAD. Practice leaders meet individually with staff at least twice yearly and are available for consultation on an ad hoc basis. Continuing education sessions often focus on assessment skill.

6. The range and availability of community-based long-term care services and supports

Availability of resources and supports are communicated to ECW staff in a number of ways. First, a current list of contracted providers is available on the Intranet. The provider list is updated by the Provider Services Department on a daily basis. Each new staff member is given access to this list. The Practice Leaders review the relevant providers with staff during orientation and on an ongoing basis as needed. Additionally, new staff are given the opportunity to tour area facilities and providers. Specifically, ECW encourages staff to focus their tours and visits on areas they wish to learn more about. New staff are given the chance to meet with ECW's internal providers (i.e. home care, transportation, med room, adult day center etc.) to learn more about the services.

A Housing Group, comprised of SWs and Provider Services staff, meets monthly to discuss housing issues. In preparation for expansion into other counties, the Provider Services Department has met with each proposed expansion county to develop a list of current gaps in service. This list has been shared

with the Clinical Administration Team. The Provider Services Department is open to recommendations from teams and counties on providers/organizations with which ECW should pursue contracts. ECW regularly adds providers to the provider network as members' needs dictate.

7. Identifying and dealing with mental health and substance abuse among the long-term care target groups

ECW's approach to dealing with mental health and substance abuse concerns is interdisciplinary. ECW has both internal and external consultants/resources available to team. Internally, the Partnership SWs are Masters-prepared SWs with expertise in mental health and substance abuse issues.

The SWs take the lead on developing behavioral care plans with the team, assessing mental health and substance abuse, and offering recommendations on clinical interventions.

The SWs are supervised by Licensed Clinical SWs and receive regular clinical supervision. The Partnership SWs are resources that are available across the agency to assist with problem-solving. ECW also has several contracted consultants and resources including Psychiatrists, AODA providers, Psychologists, and other community mental health providers. ECW has engaged outside experts to present information during monthly continuing education sessions. ECW's teams receive training on the harm reduction approach to assist with care planning for complex cases.

8. How to effectively function as a member of an interdisciplinary team.

New staff members at ECW receive a structured Interdisciplinary Team training. This training includes:

- Written materials on the individual team roles (SW, RN, NP, and Service Coordinator) as well as overall team roles.
- Observing multiple team meetings.
- Meeting with the Team Development Specialist regarding the basics of interdisciplinary team work, including how the roles interact on the team, how to address team conflict, and interdisciplinary team guidelines. The Team Development Specialist also delivers individualized, topic-specific team training based upon the unique needs of each team.
- Meeting with the Practice Leader of each discipline to receive a review of the different roles.
- Discipline-specific training on their role from their Practice Leader.
- Ongoing coaching and mentoring by a facilitator who is present at all team meetings to help ensure the IDT team process is followed.

In conjunction with ECW's participation in the FPCMC counties case manager trainings (March/April of 2007), ECW's Team Development Specialist developed a presentation on an Introduction to Interdisciplinary Team Work. This material will be used to train new staff during the start-up phase of expansion.

9. Internal MCO systems and processes to support service authorization and care planning.

ECW has written policies and formal internal processes to support the service authorization and care planning process. These policies provide step-by-step direction on how the team approves a service

using the RAD and how to enter authorizations into the electronic care management system (VPrime). Every three months, the teams review printed authorization reports for all members. ECW's Health Information Department staff monitor and review all authorizations entered into VPrime to assure the integrity of data. Any discrepancies found by the Health Information Department staff are corrected with team input.

ECW has a written care planning policy and guidelines that outline the procedure for care planning. ECW utilizes ongoing computer generated exception reports to track the timeliness of Individual Service Plans (ISPs).

2.3.3 ORGANIZATIONAL CAPABILITY FOR MANAGED CARE

2.3.3.1 Organizational experience in managed care

In reviewing the readiness template, ECW and ECHP offer the following information as demonstration of its organization capability, experience with managed care, and readiness for compliance with the certification requirements:

Strategic Planning

Certification Requirement	ECW/ECHP Response
<p>The 3-year MCO business plan approved prior to contract effective date, including: Timeline for providing required risk reserve, solvency requirements, and working capital (if not licensed as an HMO).</p>	<p>Please refer to attachment 2.3.3.5 for a copy of the 3-year MCO business plan.</p> <p>ECHP is a licensed HMO in the State of Wisconsin and maintains risk reserves in accordance with the risk-based capital requirements established by NAIC and Wisconsin OCI. ECHP risk reserves are applicable to Family Care Partnership (currently the Wisconsin Partnership Program), and the two Medicare Advantage SNPs offered by ECHP.</p> <p>ECW will establish risk reserves in accordance with DHFS requirements for Family Care.</p>
<p>Organizational design and governance: Existence of legal (contracting) entity that will carry the financial risk and be responsible for quality, including: Governance board with membership able to provide appropriate oversight. Organization chart with qualified and full-time CEO, CFO, and Quality Manager.</p>	<p>ECW and ECHP both meet DHFS requirements as legal entities able to enter into a contract with DHFS, carry the financial risk, and ensure the quality of programs and services. ECW and ECHP have over 13 years of experience effectively managing financial risk and quality within the WPP and PACE..</p> <p>The ECW and ECHP Boards of Directors are currently functioning in oversight of strategic planning, financial stability and operational performance, including oversight of quality. The Articles of Incorporation and Bylaws for ECW and ECHP are available upon request. As described in section 2.1.3, the ECW Board of Directors will form the Family Care Governing Board that includes consumer and stakeholder members in compliance with DHFS requirements. ECW's Executive Team includes full time staff</p>

Certification Requirement	ECW/ECHP Response
	<p>with experience and responsibility for oversight of all aspects of operating managed care programs. The Executive Team is supported by an experienced Management Team with responsibility for implementing operational plans and ensuring programs and services are operating in accordance with established quality standards. Please refer to Attachment 2.1.2.1. for a copy of ECW’s organizational chart. ECW has a robust Performance Improvement department that includes four staff in addition to the Director. The Performance Improvement Program Description clearly summarizes how quality is woven into the operations and practices of the organization. The Quality Improvement Plan applicable to the WPP has been reviewed and approved on an annual basis by DHFS in accordance with regulatory and contractual requirements. The Quality Improvement Program Description is available upon request.</p>
<p>Documentation of how MCO will coordinate with adult protective service and counties’ 51/55 systems.</p>	<p>ECW and ECHP will execute a Memorandum of Understanding with each county specifying the mechanisms for coordinating with adult protective services.</p>
<p>Evidence of consumer and other stakeholder involvement in strategic planning.</p>	<p>ECW/ECHP currently obtains consumer involvement in strategic planning through its Partnership Member Advisory Committee. Annual satisfaction surveys are conducted for home care, transportation, rehabilitation, dental and adult day care services, as well as in Partnership. Feedback from these mechanisms is incorporated into the Performance Improvement plan for the subsequent year. ECW/ECHP will enhance these mechanisms to include sufficient opportunities for consumer involvement in strategic planning for Family Care Partnership and Family Care. Consumer and stakeholder input will also be obtained through the consumer/stakeholder membership of the Family Care Governing Board. In addition, Consumer and other stakeholder involvement will also be obtained through the Regional Long Term Care Council to be established by the Family Partnership Care Management Coalition counties.</p>

Information/Knowledge Management

Certification Requirement	ECW/ECHP Response
<p>An information management plan that supports each business process's specific information management and information technology (IT) needs.</p>	<p>ECW/ECHP currently utilizes a combination of internally developed, purchased, and hosted IT systems as well as services provided by third party administrators to support the organizations business processes. Data that is entered, imported, or extracted from the systems is managed through various edits, reports, and validation/auditing processes to ensure data integrity. These systems will be enhanced to incorporate all requirements for Family Care and Family Care Partnership as needed, including upgrades to VPrime which is ECW's electronic care management record. ECW staff includes programmers who regularly upgrade VPrime to support business practices. ECW/ECHP is currently evaluating any additions/revisions to current requirements for the WPP that will result from operating Family Care and Family Care Partnership in order to identify and prepare for implementation of necessary business processes.</p>

Budgeting and Projections:

Certification Requirements	ECW/ECHP Response
<p>Initial 3-year budget approved as part of business plan</p>	<p>A three-year business plan with enrollment projections is included in Attachment 2.3.3.5.</p>

Managing Enrollment:

Certification Requirement	ECW/ECHP Response
<p>Approved Access Plan</p>	<p>ECW/ECHP has been actively involved in ongoing planning with FPCMC counties regarding the development of ADRCs. The Memorandum of Understanding to be executed between ECW/ECHP and each county will specify mechanisms for collaboration between the ADRC and ECW/ECHP including the development and implementation of the Access Plan.</p>

Certification Requirement	ECW/ECHP Response
ADRC and ES readiness requirements are documented separately.	Policies and procedures for accepting enrollment into Family Care and Family Care Partnership, assigning care teams and timely care planning will be finalized and available at the time of certification. ECW/ECHP will build on experience obtained through over eleven years of offering the WPP. ECW/ECHP have begun discussing enrollment processes with county staff involved in the planning or operation of the ADRC and county ESS staff.

Managing Enrollment and Capitation

Certification Requirement	ECW/ECHP Response
Policies and procedures to manage enrollment and capitation developed prior to implementation.	ECHP currently has processes for effectively managing enrollment and capitation for the WPP and the two Medicare Advantage SNPs offered by ECHP. Current processes will be revised as the mechanisms for collaborating with ADRCs are finalized. Revised policies and procedures will be available at the time of certification. Functional eligibility will initially be established at the ADRC, and ongoing completion of the Functional Eligibility Screens will be the responsibility of ECW/ECHP. ECW/ECHP have over eleven years of experience with completing Functional Eligibility Screens for the WPP enrollees. ECW's Finance Department has existing systems for managing/auditing capitation and cost share payments. Existing accounts receivable systems will be modified if indicated to account for the addition of Family Care and the expansion into multiple counties.

Care Management and Care Planning – Service Authorization – Utilization Management

Certification Requirement	ECW/ECHP Response
Adequate and trained care management teams in place.	The staffing plan for interdisciplinary teams is provided in section 2.3.2.3. The training plan and in-service training plan is addressed in section 2.3.2.4.

Certification Requirement	ECW/ECHP Response
Approved Service Authorization Policy (RAD) in place (dif. for FC/WPP).	ECHP currently has a Service Authorization Policy regarding use of the RAD applicable to the Wisconsin Partnership Program. This policy will be revised as necessary to account for new requirements. The current policy is available upon request. The revised policy will be available at the time of the certification process.
Policies and procedures for SDS in place.	ECW representatives have been working with DHFS and other Wisconsin Partnership Program agencies on the development of a Self-Directed Support protocol for Partnership. ECW's/ECHP's SDS Workplan was submitted to DHFS on June 13, 2007. The SDS Workplan is available upon request, and policies and procedures for SDS will be available during the certification process.
Appropriate interdisciplinary plans for benefit package provided are in place.	As described in sections 2.3.2.2 and 2.2.2.4, ECW/ECHP has a great deal of experience in establishing interdisciplinary plans to deliver benefits to enrollees, and in orienting and training staff to develop the necessary expertise to effectively handle this responsibility.

Member Grievance and Appeal Processes

Certification Requirement	ECW/ECHP Response
Policies and procedures and MCO structure in place.	DHFS approved grievance and appeal policies and procedures are in place for the WPP. Current policies and procedures are available on request. Policies and procedures will be updated for Family Care, and will be available during the certification process.

Service Provision – Provider Network – Contract Management – Provider Relations

Certification Requirement	ECW/ECHP Response
State review and certification of adequacy of service capacity prior to implementation.	CMS has approved the Partnership network for counties in which Family Care Partnership will be implemented in CY2008. ECW will submit a Provider Directory for both Family Care and Family Care Partnership as part of the certification process.
Process for determining future provider network needs is in place.	ECW determines gaps in its network capacity through a variety of mechanisms including but not limited to: member or member’s family/caregiver requests, care management staff requests, geomapping, and review of appointment wait times.
Have negotiated and executed cost-effective provider contracts.	ECHP has currently established contracts with key providers of primary and acute health services for counties in which implementation of Family Care Partnership is proposed for 2008 as was required by CMS to obtain approval of the Service Area Expansion Application. ECW/ECHP will continue to negotiate and execute provider contracts to ensure adequate access and choice to enrollees. A list of contracted providers will be available as part of the certification process.

Claims Processing

Certification Requirement	ECW/ECHP Response
Demonstrated ability to submit acceptable encounter data.	ECW/ECHP is currently in compliance with DHFS encounter data reporting requirements for the WPP. ECW/ECHP is prepared to make any necessary revisions to the encounter data reporting system to ensure compliance with Family Care encounter data submission requirements.
Policies and procedures to handle provider appeals.	Provider appeals are handled directly through our Claims and Provider Services Departments. Policies and procedures are available upon request.

Financial Management and Reporting

Certification Requirement	ECW/ECHP Response
Full-time, qualified fiscal manager	ECW employs a full time CFO with responsibility for oversight of financial functions for all managed care programs. In addition to the CFO, ECW employs a Financial Reporting Manager, Budget and Analysis Manager, and a Financial Operations Manager. The CFO and the listed Managers are supported by the additional staff necessary to effectively complete all financial functions.
Ability to manage and effectively utilize sophisticated information systems.	ECW has a robust IT Department that includes a Systems & Programming Manager, Technical Services Manager, Systems Engineer, two Systems Technicians, three Programmer Analysts, Operations Systems Analyst, Help Desk Coordinator, Technical Services Intern, Programmer Analyst Intern and is supplemented with contracted staff as needed. ECW has operated sophisticated information systems for over eleven years which consist of internally developed, purchased, and hosted IT systems as well as services provided by third party administrators to support the organization's managed care programs and other business processes.
Accounting policies and procedures in place, including for use of GAAP accrual accounting practices.	Accounting policies and procedures are in place. Financial statements for ECW/ECHP are produced according to GAAP accounting practices as verified by our external auditors at the accounting firm Grant Thornton.
Cost allocation plan.	Cost allocation policies and procedures are in place for assigning direct and indirect costs to various components of ECW/ECHP. These protocols are available for review and discussion upon request. External auditors at Grant Thornton have reviewed these practices and have reported no significant findings. These policies and procedures will be revised to include both Family Care Partnership and Family Care.

Certification Requirement	ECW/ECHP Response
IBNR model developed (and approved by state? Certified by actuary?).	ECW's/ECHP's IBNR calculations and methodologies are reviewed and opined upon by the independent actuary Redden & Anders. These calculations are also reviewed as part of the annual independent financial audit. The IBNR model will be expanded to include both Family Care and Family Care Partnership.
Ability to produce financial statements that tie out to claims.	The IBNR process is designed to ensure correlation between processed claims and general ledger entries used in formulating financial statements.

Utilization Review

Certification Requirement	ECW/ECHP Response
Demonstrated ability to produce reports that clearly communicate utilization information and trends to all levels of the MCO.	The following reviews are conducted by utilization management subcommittees: Hospital/ER Review – the goal of the review is to identify patterns and/or trends of hospital and ER use in order to assure appropriate utilization and to prevent inappropriate admissions/visits based on improvements in processes and systems; Pharmacy Review – the goal is to review drug utilization patterns, to develop guidelines for prescribing and management of medications and to develop and maintain a formulary system; Housing (CBRF, NH) Review – the goal is to assure appropriate utilization and quality in NHs and CBRFs; Direct Services Review – the goal is to study the costs, benefits and system issues relative to Home Care, Transportation, Rehabilitation and Dental services; Special UM Projects – the goal is to study UM trends and variances on an ad hoc basis as identified by the Utilization Management Steering Committee.

Certification Requirement	ECW/ECHP Response
<p>Process by which utilization information will be shared with IDTs and other parts of the MCO, and how IDTs and others will be given help in analyzing that information.</p>	<p>The Utilization Management Steering Committee provides oversight and direction to subcommittees charged with the monitoring, evaluation and improvement of key utilization measures in order to assure the appropriate use of both health and long-term care resources. The subcommittees are responsible for providing operational feedback to the Care Teams and other departments of ECW.</p>

Quality Management

Certification Requirement	ECW/ECHP Response
<p>QM organizational structure, including: A senior manager with resource-deployment authority is designated as responsible for QM program.</p>	<p>The full-time Director of Program Operations serves as the senior manager responsible for the QM program. As a senior manager, the Director of Program Operations reports directly to the Chief Operating Officer and Chief Medical Officer and is responsible for Family Care and Family Care Partnership quality programs and results.</p>
<p>A full time qualified professional is in place to coordinate the quality program.</p>	<p>The Performance Improvement department currently includes the Director of Program Operations, two full-time Performance Improvement Specialists, one full-time Performance Improvement Specialist who is also a RN and a full-time Administrative Assistant.</p>
<p>QM activities have individuals or units with clearly assigned responsibility for them.</p>	<p>The Performance Improvement Department coordinates all quality improvement activities with a Process Improvement Specialist assigned responsibility for specific projects. Where applicable, projects may cross clinical programs.</p>

Certification Requirement	ECW/ECHP Response
<p>Must have clear operational links to and support from other functional areas.</p>	<p>The Chief Medical Officer and selected Vice Presidents and Department Managers serve on the QI Steering Committee and are active participants in setting priorities, reviewing data, assessing problems, and executing solutions. Root cause analyses are performed by teams composed of key stakeholders to fully study and resolve problems identified as crucially important to ECW's/ECHP's services and processes. The staff serving on the QI Steering Committee will be expanded as appropriate in response to the expansion of programs.</p>
<p>DHFS- approved Quality Program/ or Plan, adopted by governing board, including:</p> <p>Includes annual goals based on findings from previous QM activities;</p>	<p>Currently, the WPP Quality Plan and select reports are approved by DHFS on an annual basis. The ECW Quality Plan and associated reports are reviewed by the ECW Board. Family Care quality monitoring and improvement functions will be incorporated into the overall Quality Plan and submitted to the Board of Directors for review. Specific monitoring for Family Care and Family Care Partnership will include the overall DHFS quality initiatives for managed care, including the Quality Close To Home initiative.</p>
<p>Describes quality-monitoring processes and activities;</p>	<p>Quality monitoring processes include routine quality assurance monitoring for such things as timeliness of ISPs, RN notes, SW notes, NP H&Ps, accuracy of diagnosis coding and incident reporting. Specific QI projects are undertaken when problems with clinical and administrative processes are identified and have broad cross-functional support to improve.</p>

Certification Requirement	ECW/ECHP Response
Describes at least one performance improvement project.	Persistent pain is present in approximately two thirds of the WPP members. A Persistent Pain Team was formed to develop recommendations for specific processes by which ECW/ECHP could implement published clinical practice guidelines. These include a comprehensive pain assessment by the NP upon enrollment whenever persistent pain is identified and the expectation that pain would be rated using one of three tested scales with each visit. This will be recorded in the assessment module in VPrime and a reporting function is under development to allow the collection of pain ratings across the entire WPP population. This study could be broadened to include Family Care if deemed relevant.

2.3.3.2 Acquiring business management staff

The ECW staff listed under each heading below are charged with implementation, operations and oversight of business management functions:

- **Strategic plan** is overseen by the Chief Executive Officer and approved by the board of Directors. The planning process and five year plan is coordinated by the Vice President of Planning and Development. The Executive Team (CEO, CFO, CMO, COO, Vice President of Health Plan Operations, Vice President of Planning and Development, Vice President of Human Resources), management team, and the Board of Directors contribute to the development of the plan. The five year strategic plan is used as the basis for each annual operational plan.
- **Provider network management** is administered by the Manager of Provider Services with assistance from the Provider Services Specialist and oversight by the Vice President of Health Plan Operations. The Provider Services Department is responsible for network development and maintenance, and coordinating the monitoring of the quality of services provided by contracted providers.
- **Budgeting, accounting and financial management** is overseen by the Chief Financial Officer. The CFO oversees the financial functions of all managed care programs. The following Finance Department staff are overseen by the CFO and assist with the completion of all financial functions: the Budget and Analysis Manager manages Medicaid and Medicare revenue reconciliation functions, as well as the budgeting and financial analyses processes; the Financial Reporting Manager oversees all financial reporting for ECW/ECHP, including all managed care programs; the Financial Operations Manager prepares financial reports in accordance with statutory requirements; the Accounting Assistant, reconciles Medicaid and Medicare revenue calculations and cost shares; and the Financial

Accountant reconciles claims and calculates IBNR for managed care programs. Other dedicated staff Finance Department staff process payroll, accounts payable and cash receipts.

- **Information management** is overseen by the Systems and Programming Manager and Technical Services Manager under the direction of the COO.
- **Claims processing** is delegated to TMG Health, Inc. (health and LTC claims) and PharmaStar, LLC (medication claims), and is overseen by the Vice President of Health Plan Operations. The Claims/Risk Adjustment Supervisor, closely monitors TMG's performance. Oversight includes review of hospital and SNF claims prior to payment being issued by TMG to ensure accuracy of billing and payment.
- **Quality management** is directed by the Director of Program Operations with oversight from the Chief Medical Officer.
- **Executive and supervisory staff to support the care management function** include the following staff of ECW to support interdisciplinary care teams and business operations:
 - Karen Musser is President and **Chief Executive Officer** for ECW. She has held this position since 1998. Prior to that, Karen was CEO of Partners, Inc., a consortium of health care providers working with the Wisconsin Department of Health and Family Services to implement the WPP, a pioneering program that integrates health care and long-term care for frail elderly and people with physical disabilities.
 - Lora Wiggins, MD is the **Chief Medical Officer** for ECW and directs all clinical services, quality assurance activities and practice guidelines associated with ECHP's managed care programs. She has been with ECW since 1994. Dr. Wiggins holds an appointment as Assistant Professor of Medicine in the Department of Medicine, Geriatrics Section, University of Wisconsin. In previous positions, she served as Medical Director for Hospice Care, Inc. and for Sunnyhill Convalescent Center, both in Madison, Wisconsin.
 - Ken Eimers is the **Chief Operating Officer**. He joined ECW in 2002 as the Senior Manager of Information Systems. He has managed computer-related technologies and provided system solutions to a wide variety of organizations for over 20 years. As an outcome of working in the health care industry for over 15 years, Ken has developed a broad base of health care expertise, from the insurance and clinical perspectives and business office management, project leadership activities and consulting.
 - Craig Dupont is **Chief Financial Officer** of ECW and has held this position since 2005. Prior to being appointed as Chief Financial Officer of ECW he was Vice President, Financial Planning and Analysis for one of the largest national PPO networks. During his 30 year career in the health

care industry Craig has served in similar capacities with national, regional and local managed care organizations.

- Wayne Hagenbuch is **Vice President of Health Plan Operations** and has been serving in this position since 2004. Wayne has an extensive background in Medicare/Medicaid product development and launch, government relations, regulatory compliance, provider network operations and contract management.
- Holly Bonnicksen-Jones has been **Vice President of Human Resources** for ECW since 2001. Prior to joining ECW, she was Human Resources Director for several Madison area health care, financial and insurance organizations.
- Kristin Jeffries is **Vice-President of Planning and Development** for ECW, and is responsible for strategic planning, marketing, communications, fund development and customer reception. With ECW since 1997, she previously served as Program Manager for Home Care Services and the Adult Day Centers. Prior to that, Kristin was Executive Director for The Hearing & Speech Institute, a service, research and education center located in Portland, Oregon. Also, Kristin has headed her own regional health care marketing firm and served as Director of Communications for a 540-bed medical center.
- Dr. Jane Mahoney is **Medical Director** and has held this position since 2000. Dr. Mahoney is board-certified in Geriatrics and Internal Medicine, and is Associate Professor at the University of Wisconsin School of Medicine and Public Health. She has published extensively on prevention of falls and has received funding from the National Institute of Aging, the State of Wisconsin, and the Centers for Disease Control and Prevention for research on risk factors for falls after hospital discharge and community-based interventions to prevent falls.
- Myra Enloe has been the **Director of Program Operations** since 2006. In this position she is responsible for the Quality Program and a variety of support services, including Day Center, Transportation, Home Care, Rehabilitation and Dental services. Prior to this she was employed at the University of Wisconsin Hospital and Clinics for over 14 years in nursing administration and patient safety. Her experience includes a variety of clinical and administrative positions in rural, urban and academic medical facilities.
- Mary Umbeck is the **Director of Administrative Services**. She joined the organization in May 2007. Prior to this, Mary was the Director of Clinical Analysis and Reporting for Dean Health Insurance where she had oversight responsibility for creation of analyses to support medical,

pharmacy and utilization management, the disease and case management program, quality improvement activities and development of physician reimbursement schedules. She also has prior experience as a quality improvement specialist at University of Wisconsin Hospital and Clinics.

- Jennifer Anderson, MSW, LCSW is the **Managed Care Services Manager**. She has been in this position since August 2006. Prior to that, Jennifer has held the following positions within Elder Care: Options SW 1998-2001, Partnership SW 2001-2002, Geriatric SW/Float SW 2002-2004, Partnership Team Leader 2004-2006. Previous to her ECW employment, Jennifer did her graduate field work at Froedtert Memorial Hospital, her undergraduate field work at Winnebago County Social Services in the Older Adult Unit, and worked as an Activity Manager at Zion Elder Care Adult Day Center.
- Rose Schulte is the **Medical Services Manger**. She has held this position since its inception in 2006; prior to that she was both the Lead Nurse Practitioner and a Team Nurse Practitioner at ECW since 1996. She has been a certified Geriatric Nurse Practitioner since 1995 and a Registered Nurse since 1987.
- Janese Rix is a **Registered Nurse Practice Leader** for the Partnership Program. She has held this position since 2005. Prior to that, Janese worked in various areas within ECW since her original hire in 1997: Team RN, Marketing, and Outreach and Enrollment. Prior to 1997, Janese worked in long term and acute care settings providing direct care to meet various patient needs.
- Angela Seidel, RN, BSN is a **Registered Nurse Practice Leader** for ECW. She has held this position since 2006, providing leadership, mentoring and supervision to the Partnership Program Registered Nurses. Angela has worked at ECW since 2001, initially working as a Partnership Team RN prior to her promotion last year. Prior to working at ECW, Angela worked at the Waianae Coast Comprehensive Health Center in Hawaii providing nursing case management to the local community. Services were provided to all ages and included childhood immunization education, homeless outreach services, chronic disease management, domestic violence assistance and substance abuse assistance.
- Jeni Synnes is a **Social Work Practice Leader**. She has held this position since 1998. Jeni worked as a SW at ECW in the PACE and Partnership programs for over nine years. For her first year at ECW, Jeni held the position of day center SW and supervisor. Prior to her work at ECW, Jeni worked as a case manager in a community based mental health program.

- Jessica Hanson is a **Social Work Practice Leader**. Jessica has held this position since 2005 and worked within ECW since 1999. Prior to her Practice Leader work, Jessica worked within the hospital system and ECW as a geriatric SW committed to providing individualized care for frail elders within the community.
- Jean Hetzel is the **Pharmacy Services Manager** for ECW. She joined ECW in January 2006. She provides pharmacy support services to all three of the ECHP programs (Partnership, Care Surround, and InFocus Health) and performs a number of administrative functions for the Medicare Part D program. Her main responsibilities include patient profile reviews, drug information services, formulary maintenance, and the submission of federal reports. Jean was previously a Compounding Pharmacist in the lab at Women's International Pharmacy.
- Gail Coleman is the **Manager of Regulatory Affairs** and serves as the Compliance Officer. She has been in this position since 1999 and has held other positions at ECW since 1996. As Manager of Regulatory Affairs, she is responsible for creating and implementing policies and plans to prevent fraud, waste and abuse, and to be in compliance with federal and state contracts and regulations.
- Michele Rohan is **Provider Services Manager**. She has held this position since 2006. Prior to that, Michele worked for Dean Health Plan, providing managed care provider contracting services.
- Jill Melville is **Outreach and Enrollment Services Manager** for Elder Care of Wisconsin. She has been with Elder Care since 2002 and in her current role for the past 2 1/2 years. Before coming to Elder Care, Jill worked as a Supervisor for GE Medical Systems-LUNAR, the division of GE that manufactures and sells equipment used to diagnose osteoporosis. Jill has extensive experience in working with older adults, especially people with Alzheimer's Disease.
- ECW is currently recruiting to hire a **Regional Director for the Family Care and Family Care Partnership** programs in the expansion counties.

2.3.3.3 Provider network

Provider Network for Long-Term Care Services:

ECW/ECHP has been working with the FPCMC since late 2005 to develop a coordinated, integrated approach to long-term care redesign. The FPCMC, composed of 12 counties in southern Wisconsin, three Wisconsin Partnership Program community-based agencies, and Lutheran Social Services of Wisconsin and Upper Michigan, established a Provider Workgroup several months ago to capitalize on each county's existing relationships with providers, and to develop and implement a plan to establish a comprehensive network of long-term care providers who can deliver the long-term care services that are included in the Family Care and Family Care Partnership benefit packages.

The FPCMC plan includes offering both Family Care and Family Care Partnership programs throughout the region, and calls for the contracts with Wisconsin DHFS to be held by the three organizations currently participating in the WPP, of which ECHP is one. ECW/ECHP facilitates the FPCMC Provider Workgroup. The workgroup's main task has been to develop a consistent strategy/plan for educating providers throughout the FPCMC region about LTC reform and the move from the current waiver programs to Family Care and Family Care Partnership.

Staff from each county and the proposed MCOs are collaborating on educating providers on a county specific basis about LTC reform and the implications for providers. Information presented to providers includes an overview of each MCO that proposes to operate in the county, guiding principles for contracting with long-term care providers with respect to provider selection and network development, the negotiation/contracting process, implementation and contracting timelines, reimbursement, billing and claims, provider relations, utilization management, and quality improvement and outcomes.

ECW/ECHP and county staff are presenting information to providers and engaging in dialogue to answer questions in the eight counties in which ECW/ECHP proposes to operate. Meetings are scheduled for June/July 2007 for those counties with a January 2008 Family Care implementation date, and for September 2007 for those counties with a later Family Care implementation date.

ECW/ECHP plans to use contracted providers to meet the needs of its members. ECW will establish its initial Family Care provider network based on:

- Spreadsheets the counties are preparing in order to identify currently contracted long-term care providers and the relevant parameters of those contracts, including provider type (e.g. Adult Family Home, CBRF, Adult Day Care, Work-related Services, etc.), provider expertise (e.g. mental health, respite care, sheltered workshop, supported employment, etc.), and target group(s) served (e.g. developmentally disabled, physically disabled, frail elderly, traumatic brain injury).

- ECW/ECHP has also scheduled a meeting with the each county to learn about the county's long-term care provider network and the county's perceptions about current and future resource needs.

ECW/ECHP will then evaluate the need to maintain, modify and/or supplement the established provider networks with respect to geography, number and types of providers, and available expertise, taking into account projected enrollment, utilization and known quality issues. ECW/ECHP will continuously monitor resource needs as enrollment grows, and over time as enrollment stabilizes. ECW/ECHP uses CMS Guidelines for Access Standards as its reference point for determining geographic accessibility, and will justify and document exceptions to these standards.

Once ECW/ECHP has acquired sufficient information about the existing long-term care provider networks, ECW/ECHP will develop rate-setting strategies to ensure the ability to maintain continuity of care, fairness to providers, and cost-effective contracts that do not necessarily lock ECW/ECHP into arbitrary or historic rates and rate-setting methodologies.

ECW/ECHP will use a modified version of the provider contract template that the FPCMC Provider Workgroup has approved in order to ensure as much standardization as possible. ECW/ECHP is working with two other MCOs proposing to operate in the region to further standardize the non-financial aspects of the long-term care provider contract language, and to incorporate language that MCOs in existing Family Care counties have found useful and/or necessary.

To ensure cultural competency of long-term care providers, ECW/ECHP will:

- Ensure its own employed and contracted staff are offered training tools and technical assistance relating to cultural awareness, especially with regard to new target groups and new geographies to be served under Family Care, and to offer similar tools and assistance to contracted long-term care providers.
- Ensure provider contracts include State Affirmative Action/Equal Opportunity/LEP language.
- Monitor provider compliance with CRC Letter of Assurance or CRC Plan, as required.
- Investigate and resolve complaints of employees, subcontractors, applicants and members.

ECW/ECHP will begin meeting individually with providers shortly after the provider education meetings, and will mail in contracts to all providers in counties scheduled for a January 1, 2008 rollout date in July and August 2007. Follow-up will begin immediately to ensure all contracts are executed at least three months prior to the implementation dates for each county.

Provider Network for Family Care Partnership:

ECHP has operated its Medicare Advantage SNP programs in Sauk, Columbia and Dodge Counties since January, 2006, and, as such, already has provider contracts for Medicare covered services in these counties. Further, CMS advised ECHP on June 1, 2007 that our contracted network is also adequate to meet the needs for the provision of Medicare covered services in these areas for Family Care Partnership, beginning January 1, 2008.

CMS also advised ECHP that the contracted network in Jefferson County is sufficient to meet the needs for the provision of Medicare covered services for Family Care Partnership beginning January 1, 2008. The FPCMC proposed implementation date for Jefferson County is June 2008.

In 2008 ECHP will apply to CMS for a Service Area Expansion to offer Family Care Partnership beginning in calendar year 2009 in Green Lake, Marquette, Waushara, Washington and Waukesha Counties. ECHP will soon begin to identify and contract with the Medicare and Medicaid certified providers in these counties in order to prepare for the submission of the Service Area Expansion application.

Provider Services Resources:

ECW has two full-time staff equivalents in its Provider Services Department with 1.50 FTEs dedicated to the contracting effort. Both individuals are experienced contracting professionals who maintain and further develop an extensive provider network in Dane County, Wisconsin for ECHP's WPP and Medicare Advantage SNPs, and provider networks for ECHP's Medicare Advantage SNPs in Columbia, Dodge and Sauk Counties. ECHP's provider networks represent over 300 contracts and a few thousand providers. In anticipation of the need to contract with 1500 to 2000 long-term care providers during the proposed expansion, ECW is currently recruiting for an experienced contracting specialist to assist in operationalizing the contracting strategy for network expansion into the proposed counties. Through the use of standard contracts, mail, fax and email, we expect to have sufficient staffing and resources to finalize the provider network in each county with a January 1, 2008 implementation date by October 2007, and at least 3 months prior to the implementation date for each of the remaining counties.

2.3.3.4 Solvency and risk

Pages 43-47 left intentionally blank - PROPRIETARY.

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2.3.3.5 Business Plan

PROPRIETARY

2.4 COORDINATION WITH OUTREACH AND ACCESS SERVICES

2.4.1 Aging and disability resource centers

As stated previously ECW/ECHP is a partner in the FPCMC and has been participating in all FPCMC and FPCMC ADRC Subcommittee planning meetings. Representatives from all FPCMC counties, LSS and all MCO partners regularly participate in these meetings. The planning of ADRC operations and workflow between the ADRC and ECW/ECHP as a potential MCO is one element of the planning discussions. The participants from each county also oversee the operations of the County Economic Support Services (ESS) units. The role of ESS is also an important element of planning discussions at both meetings.

Of the eight counties in which ECW/ECHP is proposing to operate, a regional ADRC is currently operational in Green Lake, Marquette and Waushara counties. Columbia, Dodge, Jefferson, Washington and Waukesha counties are currently preparing for the submission of county specific ADRC applications with the intent of having each county's ADRC operational a minimum of sixty days prior to the proposed Family Care implementation date for each county as specified in section 2.2.1 of this proposal.

2.4.2 Eligibility and enrollment

As stated in section 2.4.1, ECW is a partner in the FPCMC. Through participation in these planning meetings, county ESS units are aware of ECW's/ECHP's intent to submit this proposal. The eligibility and enrollment process has been an important element of planning discussions.

2.5 COORDINATION WITH RELATED PROGRAMS AND SERVICES

2.5.1 Existing community-based service programs

As stated in section 2.4.1, ECW is a partner in the FPCMC. County representatives participating in the FPCMC planning meetings include individuals responsible for the county COP/Waiver programs. As a result of ECW's/ECHP's participation in these planning meetings, county COP/Waiver programs are aware of ECW's/ECHP's intent to submit this proposal. Planning for the transition of COP/Waiver program clients to Family Care and Family Care Partnership has been a key element of planning discussions.

2.5.2 Existing managed long-term care organizations

ECW/ECHP has notified the only managed long-term care organization currently operating in the proposed service area for this proposal of its intent to submit this proposal. United HealthCare of Wisconsin, Inc. operates an institutional special needs plan in Waukesha, Washington, Green Lake and Waushara counties. A copy of the letter is available on request.

2.5.3 Other related county-operated programs and services

ECW/ECHP has been an active member of the FPCMC along with county representatives who currently operate Adult Protective Services; Public Health Services; county aging units and agencies providing services to elders including congregate or home delivered meals or other nutrition services; senior companionship and transportation services; alcohol and other drug abuse services; mental health services; children's long-term care services; emergency food, shelter and energy assistance services; and services to children and families. The plan calls for the implementation of an MCO through ECW/ECHP in the eight FPCMC counties specified in this proposal. An MOU is being finalized regarding how these services will interface with ECW/ECHP as an MCO in each county. As a result of the collaboration between ECW/ECHP and the FPCMC counties, county operated programs and services are informed of ECW's/ECHP's intent to submit this proposal.

2.5.4 Other related regional programs and services

ECW/ECHP has notified the three regional Area Agencies on Aging and the one Independent Living Center operating in the proposed service area for this proposal of its intent to submit this proposal. A copy of the letters are available on request.

Hospitals, clinics and other regional health care providers operating in the proposed service area for this proposal of been notified of ECW's/ECHP's intent to submit this proposal as a result of the initiation of provider contracting with these organizations.

2.6 STAKEHOLDER INVOLVEMENT

2.6.1 Efforts to involve stakeholders in proposal development

Through the FPCMC, ECW/ECHP has collaborated with consumer, provider and county stakeholders to develop this proposal to participate in long-term care reform. All partners in the planning coalition have brought feedback, ideas, concerns and issues to the table to enable planning efforts to incorporate the collective discussion and consideration of what “matters most” to key stakeholders in long-term care reform.

Planning Structure

Through the FPCMC steering committee and associated work groups, ECW/ECHP has obtained input from a range of county health and human/social service agencies, veteran county human service directors and supervisors, long-time providers such as Lutheran Social Services and other WPP sites. The table below provides an overview of the structure and opportunities for stakeholder involvement:

Committees & Work Groups

Long Term Care Redesign Steering Committee:	
Composition:	All partner organizations have at least one representative present.
Function:	Oversee the planning and implementation of long-term care reform for the coalition and its related counties.
Meetings:	First and third Wednesday of the month 9:30 am to 12 Noon Dodge County Administration Building

Governance Committee:

Composition:	Todd Costello, Chief Operating Officer, Community Living Alliance Ken Eimers, Chief Operating Officer, Elder Care of Wisconsin Wayne Hagenbuch, VP of Health Plan Operations, Elder Care of Wisconsin Glenn Johnson, Waushara County Director of Human Services Ed Kohl, Regional Vice President, Lutheran Social Services Don Mauer, Waukesha County Deputy Director of Human Services Bill Orth, Sauk County Director of Human Services David Sievert, Director of Business Development, Community Living Alliance Paul Soczynski, Chief Operating Officer, Community Care, Inc. David Titus, Dodge County Director of Human Services Carol Wright, Marquette County Director of Human Services
Function:	Make decisions as needed between Steering Committee Meetings. Oversee the overall planning and implementation process.

Aging & Disability Resource Center (ADRC) Work Group:

Composition:	Mike Bloedorn, Washington County Eileen Engl, Ozaukee County Suzi Giesen, Green Lake County Wayne Hagenbuch, Elder Care of Wisconsin Ken Kamps, Dodge County Bob Kellerman, AgeAdvantAge Jenny Ketscher, Washington County Jayne Mullins, AgeAdvantAge Elaine Reis, Lutheran Social Services Antwayne Robertson, Waukesha County Kathy Ryan, Dodge County Tom Schleitwiler, Jefferson County Sue Schmitz, Waukesha County John Schnable, SEWAAA Kate Surprise, Waushara County Dave Titus, Dodge County Sue Torum, Jefferson County Barb Wollmer, Lutheran Social Services
Function:	Planning for region-wide and county-based ADRCs.

Communications Work Group:

Composition:	Priya Barnes, Creatonomy Mike Bloedorn, Washington County Todd Costello, Community Living Alliance Bob Haupt, Ozaukee County Kristin Jeffries, Elder Care of Wisconsin Joan Ketterman, Sheboygan County Elaine Reis, Lutheran Social Services Kathy Ryan, Dodge County David Sievert, Community Living Alliance Paul Soczynski, Community Care, Inc. Etty Wilberding, Walworth County
Function:	Plan overall communication for the consortium including stakeholder involvement plan

Information Technology (IT) Work Group:

Composition:	Ginger Ayers, Ozaukee County Ann Christman, Waukesha County LeRoy Dissing, Green Lake County Ken Eimers, Elder Care of Wisconsin Bob Haupt, Ozaukee County Ken Kamps, Dodge County Cathy Karis, Columbia County Karen Pursley, Dodge County Elaine Reis, Lutheran Social Services Dawn Sericati, Washington County
Function:	Plan overall information technology strategy for the consortium.

Provider Work Group:

Composition: Wayne Hagenbuch, Elder Care of Wisconsin
Becky Radke, Community Living Alliance
David Sievert, Community Living Alliance
Dennis Wittig, Columbia County
Elaine Reis, Lutheran Social Services
Etty Wilberding, Walworth County
Glen Johnson, Waushara County
Jack Bodien, Waukesha County
Jan Conti, Community Care
Jennifer Vote, Marquette County
Jim Strachota, Washington County
Kate Surprise, Waushara County
Kathy Ryan, Dodge County
Kim Sterling, Dodge County
Linda Van Ness, Green Lake County
Michele Rohan, Elder Care of Wisconsin
Michelle Osgood, Community Living Alliance
Michelle Pike, Ozaukee County
Patti O'Brien, Jefferson County
Ruth Reines, Washington County
Steve Hendrikse, Sheboygan County
Steve Steinbacher, Dodge County
Sue Hebel, Sauk County
Suzi Giesen, Green Lake County

Function: Plan provider information meetings and strategy for transitioning providers in each county.

Training Work Group:

Composition:	Sue Hebel, Sauk County Ruth Reines, Washington County Paul Soczynski, Community Care Mark Komppa, Waukesha County Kathy Talaat, Community Living Alliance Kathy Ryan, Dodge County Jim Surprise, Waushara County Jenny Anderson, Elder Care of Wisconsin Frank Peterson, Ozaukee County Department Etty Wilberding, Walworth County Eileen Engl, Ozaukee County Diane Curry, Jefferson County David Sievert, Community Living Alliance Dale V. Deterding, Sheboygan County Becky Brokmeier, Jefferson County
Function:	Develop regional training opportunities

Opportunity to Give Input to the Long-Term Care Redesign Steering Committee

Steering Committee meetings are open to any stakeholders. These organizations and individuals often have questions, suggestions and other comments that further the planning efforts. To give special attention to that input, each meeting agenda includes 15 minutes at the beginning and end of the meeting for comments by interested parties. Meeting minutes recognize the attendance of both Committee members and community stakeholders. Among the stakeholders who have either regularly or occasionally attended Steering Committee meetings are:

- Age AdvantAge AAA
- ARC of Columbia County
- Community Integration Initiative
- HearthStone of Wisconsin
- Wayne Jessen, Citizen
- Northwoods, Inc., of WI
- Opportunities, Inc.
- Pathways to Independence
- Rainbow Hospice Care
- Ken Ramminger, Citizen
- Solaris Management
- SE Wisconsin AAA
- VIP Services, Inc.
- Wisconsin Counties Association

County Human/Social/Health Services Staff

The Steering Committee has organized several informational, listening and training meetings for county case managers and other interested employees from the twelve partner counties. On July 27 and August 24, 2006, the Committee sponsored day-long Education Days at the Dodge County Administration Building in Juneau, drawing attendees from each FPCMC county to learn more about the long-term care reform initiative and what the proposed changes will mean for clients, county case managers, providers and other stakeholders. ECW/ECHP representatives, including SWs, participated on the panels for sessions, and other ECW/ECHP staff listened to questions and concerns from the audience.

Early in the planning process, ECW/ECHP and the other planning partners determined everyone would benefit if the Family Care social work care manager positions could be filled by existing county care managers if possible. At the request of county Human Services Directors, the FPCMC Training Work Group held four training sessions, "Team-Based Management and Decision-Making," in March and April 2007 for county care managers. These sessions served as an introduction to the approach to outcome-based care planning and the resource allocation decision-making method used in both Family Care and Family Care Partnership. SW managers from ECW/ECHP collaborated with other WPP sites to develop and present the training.

In addition, as a first step in starting Family Care, ECW/ECHP is holding a series of planning meetings with each county. These meetings with the Human Services Directors, Supervisors, potential ADRC staff and case managers aim to build relationships and map out the specific process for transitioning to the new program.

Service Providers

ECW has been working closely with county Human Services Directors on transition planning and contracting with current service providers. The goal is to ensure a seamless transition for clients from existing COP/Waiver services to the new Family Care and Family Care Partnership programs.

Group information and listening sessions with providers have occurred or will be scheduled (please refer to the list of stakeholders meetings later in this section), to ensure providers have the opportunity to share their questions, concerns and feedback.

ECW's/ECHP's Provider Services Manager and staff are meeting individually with county staff familiar with current long-term care service providers in each county. The purpose of these meetings is to learn about and discuss the types of services, service capacity, transition activities during the six-month period when providers will be working with both the county and ECW/ECHP, quality assurance, reimbursement issues, and other elements of the contractual relationship.

ECW/ECHP is also in process of contracting and relationship building discussions with providers of health and medical services for Family Care Partnership in the proposed counties. Again, this is an educational process, as ECW's/ECHP's Provider Services staff informs these providers, who are often unfamiliar with the State of Wisconsin's long-term care reform initiative, about Family Care Partnership and the potential to serve more citizens-in-need in their county.

Interactive Website

On behalf of FPCMC, ECW developed and launched an interactive website in February 2007 at: www.familypartnershipltc.org. The FPCMC website provides stakeholders with background information, the latest updates and several opportunities for input. In addition to announcing dates of upcoming Steering Committee meetings and sharing contact information for each of the planning partners, the website provides an electronic form for website visitors to send questions, comments and ideas.

Since its inception, the FPCMC website averages 321 unique visitors per month, 560 visits to the site per month from those visitors, and more than 8 pages viewed per visit, for a total of 4,579 pages viewed per month.

Chart of Stakeholder Meetings

The following chart provides a list of informational meetings, listening sessions, presentations and updates to stakeholders. This is a partial list and does not capture all interactions in the counties with stakeholder groups. This list does, however, provide an overview of the scope and frequency of communication with the stakeholders affected by FPCMC's long-term care reform planning efforts, and the commitment of planning partners to seeking involvement and input from a range of stakeholders across the region.

PRESENTATIONS, INFORMATION AND UPDATES TO STAKEHOLDER GROUPS		
COUNTY	BOARD, COMMITTEE, ORGANIZATION, STAKEHOLDER GROUP	DATE
Columbia	Providers	06/18/07 (2 sessions)
	County Board of Supervisors	06/22/07
	Consumers and Advocates	06/28/07 (2 sessions)
Dodge	County Board of Supervisors	02/20/07
	Aging Advisory Committee	03/13/07
	COP Advisory Committee	01/30/07 & 04/10/07
	Birth to Three and Family Support Advisory Committee	02/15/07 & 05/17/07
	ARC informational meetings (Consumers, Families, Advocates)	05/31/07 & 06/02/07
	Providers	06/25/07 & 07/13/07

COUNTY	BOARD, COMMITTEE, ORGANIZATION, STAKEHOLDER GROUP	DATE
Jefferson		
	County Board of Supervisors	03/13/07
	Joint Health and Human Services Board and Committee	02/22/07
Marquette		
	County Board of Supervisors	05/16/06
		10/17/06
		02/20/07
		05/22/07
	Community Options Program/Long Term Care Advisory Committee	06/05/06
		09/25/06
		12/18/06
		01/06/07
		03/05/07
		06/04/07
	Commission on Aging Board	Monthly updates since 12/07/2005
	Human Services Board	Monthly updates since 06/13/2005
	Aging and Disability Resource Center Coordination Committee	07/13/06
		08/10/06
		11/16/06
		03/08/07
		04/12/07
		06/14/07
		08/09/07
	Aging and Disability Resource Center Management Team	10/24/06
		02/28/07
		05/08/07
		06/19/07
		07/23/07

COUNTY	BOARD, COMMITTEE, ORGANIZATION, STAKEHOLDER GROUP	DATE
Washington	COP/Long Term Support Committee	11/15/06
	Geriatric Task Force	01/16/07
	Aging Concerns Network	02/13/07
	County Board of Supervisors for Comprehensive Community Services	02/19/07
	Agency, Department of Social Services, Office on Aging and Samaritan Health Center	
	Developmental Disabilities Task Force	04/16/07
	Provider Meeting	05/23/07
	County Board of Supervisors	06/12/07
	Public Forums	06/19/07 & 06/23/07
Waukesha	Developmental Disabilities Advisory Council	Updates since 11/2005
	Long Term Planning Committee	Updates since 11/2005
	Aging Commission	Updates since 11/2005
	Health and Human Services Board	Updates since 11/2005 Presentation 2/22/07
	Health and Human Services Committee	Updates since 11/2005 Presentation 2/22/07
	County Executive	Updates since 11/2005
	Provider Agencies	Updates since 11/2005
	County Board of Supervisors	04/24/07
Waushara	ADRC Consortium	04/07/07
	Department of Aging	03/07/07
	Economic Support Staff	03/07/07
	Human Services Board	09/26/06 & 06/07/07
	Kiwanis Club	03/07/07
	LTC Advisory Committee	02/07/07
	LTC Staff	02/07/07
	County Board of Supervisors	01/30/07 & 05/07/07

2.6.2 Plans for future efforts to involve stakeholders

ECW/ECHP will solicit input from stakeholders through a range of formal and informal channels. ECW's Family Care Governing Board is one essential source of feedback and oversight from consumers, families and advocates representing the three populations served by Family Care.

The Governing Board will also oversee ECW's/ECHP's relationship with the FPCMC Regional Long-Term Care Council, providing another opportunity for input, sharing of ideas and feedback. The Regional LTC Council will bring together several stakeholder groups, including consumers, advocates, service providers and county human service

directors, to provide local oversight and involvement, especially in the areas of quality, provider networks and communication with stakeholders.

Another key element in ECW's/ECHP's plan is to continue partnering with county human/social/health services agencies to benefit from shared experience. This will be accomplished through:

- Active participation on the FPCMC Operations Council, composed of representatives from all eleven counties and the care management organizations;
- Ongoing one-on-one relationship-building with human service directors and county staff during the transition process, and as ECW/ECHP contracts with the counties for case managers and other services; and
- Collaboration with each county's ADRC to assist in providing ADRC staff with the information they need to effectively offer information and assistance to the community and support eligible individuals in making informed choices about options available to them, and to ensure a seamless enrollment process for individuals who choose to enroll in Family Care or Family Care Partnership provided by ECW/ECHP.

ECW/ECHP will solicit input from service providers in several ways. ECW's/ECHP's Provider Services Manager and staff will continue to communicate regularly with providers, both in developing contractual relationships and acting as a resource for information and education on long-term care reform. Also, ECW's Regional Director of Long-Term Care Programs and the Program Managers will be key people in overseeing ongoing relationships with providers in ECW's/ECHP's service areas.

In addition, ECW/ECHP will establish a Medical Advisory Committee, composed of medical service providers. This committee will review clinical guidelines and proposals for quality assurance and improvement projects.

Upon request from both health and long-term care providers, ECW will provide training sessions on special topics such as working with members who have Alzheimer's disease or other dementia.

Finally, the care planning process along with the relationships developed with the interdisciplinary care teams will offer members, families and advocates regular opportunities to provide input and feedback on the Family Care and Family Care Partnership programs.