



DEPARTMENT OF HEALTH & HUMAN SERVICES  
DISABILITIES SERVICES DIVISION

*Milwaukee County*

Corey Hoze • Director  
Geri L. Lyday • Administrator

**Combined Community Services Board**  
Supervisor, Elizabeth Coggs, Chair

John Doherty, Vice Chair  
Lolita Buck  
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Rev. Louis Sibley  
Cathy Simpson

September 11, 2008

Ms. Kathleen Luedtke  
Division of Long Term Care  
1 W. Wilson Street, Room 518  
P.O. Box 7851  
Madison, Wisconsin 53707-7851

RE: Long Term Care Reform Planning Grant – Final Report

Dear Kathleen:

We are pleased to provide the attached Long Term Care Reform Planning Grant – Final Report for the Milwaukee County Department of Health and Human Services Disabilities Services Division (DSD). This report was prepared jointly by DSD and the Planning Council for Health and Human Services, Inc. as a final deliverable to the County and local stakeholders to summarize the results from the planning project overall. As such, the format varies from that of the final report template, but provides largely the same information. We have added several sections to ensure that the report is complete and consistent with the requested information in the template as well.

If you require additional information or have any questions, please feel free to contact either Mark Stein or myself.

Thank you.

Sincerely,

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Geri L. Lyday, Administrator  
Disabilities Services Division

cc: Corey Hoze, Director, DHHS  
Mark Stein, Deputy Administrator, DSD



**Milwaukee County**  
**Department of Health and Human Services**  
**Disabilities Services Division**

**Long-Term Care Planning Grant – Final**  
**Report**

*September 11, 2008*

## **Preface**

The following report is being provided as a summary of the long-term care reform planning project in the Milwaukee County Department of Health and Human Services, Disabilities Services Division beginning August 2006 and concluding July 2008. The Planning Council for Health and Human Services, Inc., who performed the project management and process facilitation for this grant, prepared the report jointly with DSD. The intent of this report was to summarize the activities associated with this project and inform stakeholders and other interested parties of the specific accomplishment and milestones resulting from the project.

While the format of this report does not precisely follow the format suggested by DHS for the final grant report submission, it does contain all requested information and is being submitted to satisfy this final grant requirement. Several additions to the original report were included such as a detailed expenditure budget and information pertaining to the planning work around development of a governance model for the newly proposed Disability Resource Center.

Questions concerning this report should be directed to the Disabilities Services Division to the attention of either Geri Lyday, Administrator ([geri.lyday@milwcnty.com](mailto:geri.lyday@milwcnty.com)), or Mark Stein, Deputy Administrator ([mark.stein@milwcnty.com](mailto:mark.stein@milwcnty.com)).

**Milwaukee County  
Long-Term Care Planning  
Process Report  
Planning Process June 2006 – July 2008**

Prepared for:  
Milwaukee County  
Department of Health and Human Services  
Disabilities Services Division

September 9, 2008

Prepared by:  
Lonna Kruse



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## Introduction

In June 2006, the Milwaukee County Department of Health and Human Services (DHHS) Disabilities Services Division (DSD), along with Independent Care Health Plan (iCare) and Community Care, Inc., entered a planning process to bring managed long-term care options to adults aged 18 to 59 with disabilities in Milwaukee County. This report provides a high-level overview of the Milwaukee County Long-Term Care Planning process, from June 2006 to July 2008.

This report does not include a description of all of the work that was done over the two-year period, nor does it provide elaborate detail on how the planning process was carried out. It does, however, give some background on why DSD engaged in this planning process. In addition, this report provides information on the planning design for system change, including the planning:

- structure (e.g. roles, responsibilities, and relationships of the various planning groups and other stakeholder input);
- activities/milestones (e.g. products and decisions made by the various planning groups and stakeholders); and
- results (e.g. outcomes of the planning process, specifically related to the Disability Resource Center (DRC) and expanded County-run Family Care Care Management Organization (CMO)).

## Background

According to the 2006 American Community Survey, 13 percent of people aged 16 to 64 in Milwaukee County have a disability (76,525 people). DSD is a major resource for services to people with disabilities in Milwaukee County. Besides serving children with disabilities, DSD currently serves about 2,500 people in Medicaid (MA) Waiver programs who are aged 18 to 59 with physical and/or developmental disabilities and who have long-term care needs. There are additionally about 2,500 people on the DSD wait list for long-term care services. It is assumed that there are other individuals in the County who need long-term care services but are not on the wait list due to the lengthy wait for services.

Contributing to the high demand for services is that Milwaukee County has been a magnet for people with disabilities because of the availability of services such as specialized transportation and the regional Spinal Cord Injury Center. High levels of poverty in Milwaukee County also contribute to the demand for County services. According to the 2006 American Community Survey, 18.5 percent of individuals in Milwaukee County were living below the poverty level, compared to 11 percent in Wisconsin and 13.3 percent in the United States. The percent of people with a disability in Milwaukee County living below the poverty level was higher than the percent of people without a disability in Milwaukee County living below the poverty level, 27.1 percent and 15.7 percent respectively.<sup>1</sup>

DSD currently operates MA Waiver programs designed to help people with disabilities who have long-term care needs live in the community rather than in institutional settings. These include the Community Integration Program (CIP), Community Options Program (COP) and the Brain

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<sup>1</sup>Population 5 years and over for whom a poverty status is determined

**Milwaukee County Long-Term Care Planning**

Injury Waiver Program (BIW). Though COP has been recognized nationally as a model for flexible home and community supports and services, there are still some serious issues with long-term care services in Wisconsin.<sup>2</sup> For example, the system is complicated and fragmented; each Waiver has a different set of eligibility criteria and a different set of covered services. The MA Waivers that DSD offers are not entitlement benefits; therefore, people may be eligible for services, but there may not be enough “slots” available for them to be served. This is partially because these Waiver programs are costly. These factors have contributed to the 2,500 person wait list for services and have prompted DSD to reexamine the potential of the Wisconsin Department of Health Services’ (DHS)<sup>3</sup> efforts to reform and rationalize long-term care services through its Family Care initiative.

In 2000, Milwaukee County Department on Aging (MCDA), which serves adults age 60 and older, was one of five pilots in Wisconsin to implement Family Care, a managed long-term care program. Though Family Care is intended to serve adults with disabilities and frail elders, Milwaukee County’s pilot program only covered eligible adults age 60 and older. Because Family Care is an entitlement benefit, MCDA’s wait list for services was eliminated. MCDA currently operates a certified Aging Resource Center (ARC) and a Family Care CMO. At that time, DHHS DSD elected not to participate in the pilot.

However, in December 2005, DHHS responded to DHS’s Request for Information/Proposals (RFI/P) for grant funding to plan for managed long-term care options for adults under the age of 60 with disabilities. DHS notified DHHS that it had submitted one of three strong proposals from Milwaukee County entities and asked that the three applicants work together to develop a joint proposal. In late April 2006, DHHS submitted the joint proposal on behalf of itself, *iCare* and Community Care. In June 2006, DHS Secretary Nelson announced that DHHS and the two private partners would receive a planning grant of \$150,000.

### Planning Design for System Change

From the beginning of the planning process, DHHS DSD and its partners were committed to a structured, inclusive planning process that would capture and include input from consumers, providers, and other interested stakeholders. To ensure that this process adhered to accepted principles of good planning, the County Board approved a recommendation by the three partners in July, 2006, to contract with the Planning Council for Health and Human Services, Inc. The Planning Council, a nonprofit organization serving Southeastern Wisconsin as an independent resource for planning, research, and evaluation, provided project management services.

The Planning Council pulled together a team that brought a variety of skills and expertise to the long-term care planning process. This team included Leslie Taylor Cooley, Lonna Kruse, Patrick Linnane, Carol Johnson, and Paula Lucey. Many of these team members have a long history of working with the County on health and human needs issues. Planning Council staff made recommendations about the structure and design of the planning process. In addition, the Planning Council acted as an objective party that guided the two-year planning process by convening, facilitating, and documenting planning group meetings and stakeholder input sessions to address the essential and relevant planning issues at the appropriate phases. Planning Council

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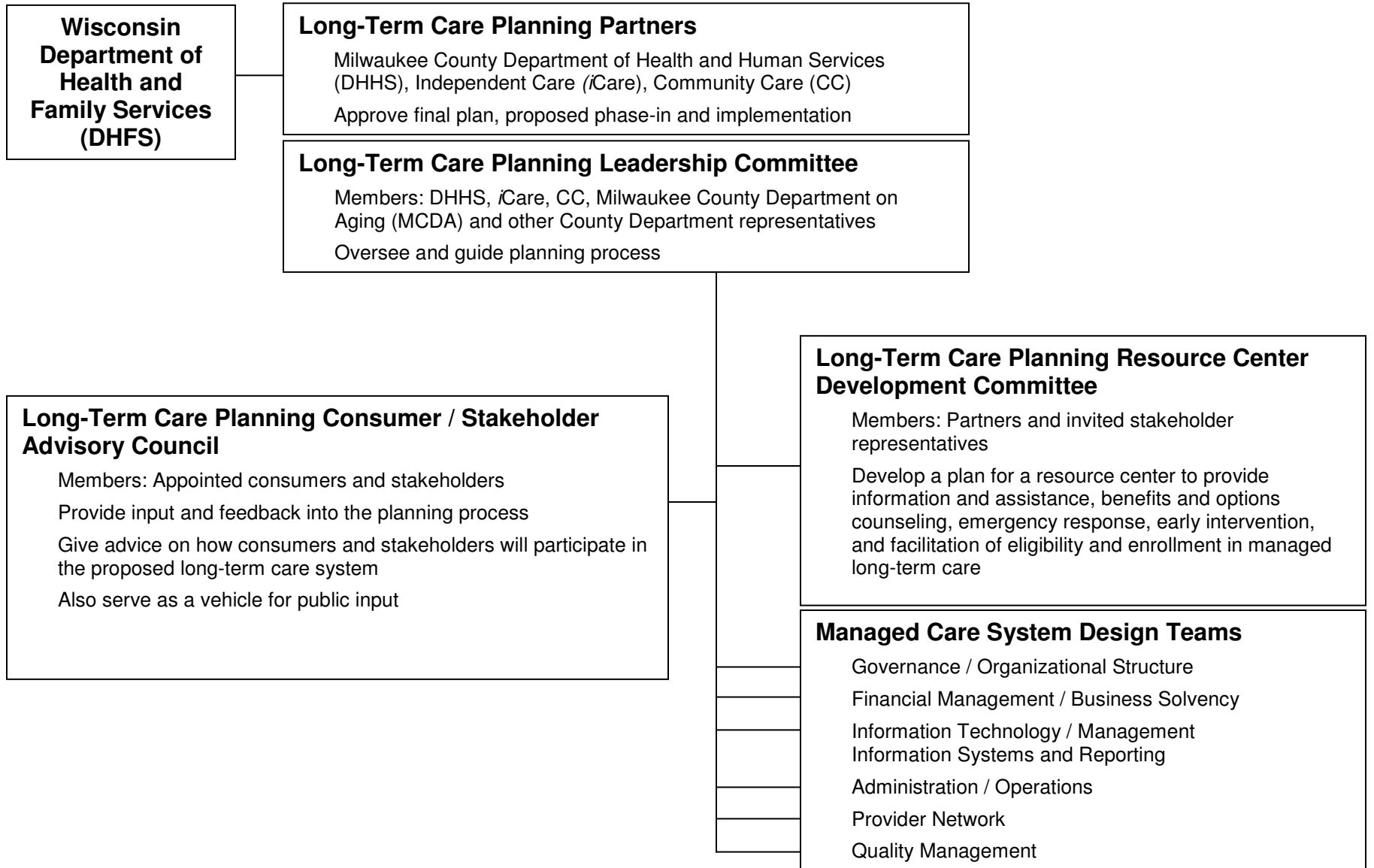
<sup>2</sup><http://dhs.wisconsin.gov/lc/History/whatwrong.htm>

<sup>3</sup>Formerly known as the Department of Health and Family Services or DHFS

staff also helped to create an environment where all interested parties in the community could give their input so that a plan could be devised to best suit the needs of adults aged 18 to 59 with disabilities in Milwaukee County.

# Milwaukee County Long-Term Care Planning Process

For adults with disabilities under the age of 60 in Milwaukee County



Schematic 1

## **Planning Structure**

Schematic 1 illustrates the roles and relationships of the original planning groups for the early stages of the planning process. The planning process was headed by three partners: Milwaukee County DHHS DSD, *iCare*, and Community Care. A liaison from the Wisconsin Department of Health and Family Services (DHFS), now known as the Wisconsin Department of Health Services or DHS, was invited to attend these and other meetings to ensure that common project objectives were being met.

A Leadership Committee was formed in August 2006. This committee consisted of leadership from the three planning partners, as well as the Director of the Office for Persons with Disabilities and the Director of MCDA. This committee defined and guided the long-term care planning process.

The Resource Center Development Committee first met in November 2006 to begin to develop a plan to expand the resource center that DSD had been operating, so that Milwaukee County could have a certified Aging and Disability Resource Center (ADRC). ADRCs serve as a place for the public to get accurate, unbiased information on all aspects of life related to aging or living with a disability. The Resource Center Development Committee consisted of partner representatives, County staff from MCDA, Economic Support Division (ESD) and the Behavioral Health Division (BHD), as well as representatives from community organizations like ARC Milwaukee, Inc., United Cerebral Palsy (UCP), Milwaukee Center for Independence (MCFI), *IndependenceFirst*, and IMPACT. This committee broke into six subgroups, which were roughly based on DHS's ADRC Planning Matrix:

- Information and Assistance (I&A) subgroup
  - Long-Term Care Options Counseling, Disability Benefit Counseling, Short-Term Care Management subgroup
  - Financial and Functional Eligibility subgroup
- Outreach and Marketing, Health Promotion, Prevention, Early Intervention subgroup
- Mental Health subgroup
- Emergency Referrals, Adult Protective Services subgroup

Each of these subgroups met at least once between November 2006 and March 2007. Internal County meetings were held through July 2008 to plan for specific aspects of the DRC, including organizational structure, overlap and shared infrastructure between the two County departments, necessary resources and staff positions, phone system issues, Information Technology (IT) sharing, MIDAS, governance issues, fiscal issues, and monthly volume estimates.

To address the key design elements needed for eventual managed care implementation, Managed Care System Design Teams were created and began meeting in October 2006. Schematic 1 shows that there were six design teams; each with its own specific focus, including governance and organizational structure, financial management and business solvency, IT and information systems and reporting, administration and operations, provider network, and quality management. All design teams included administrators of DHHS DSD and MCDA as well as representatives from *iCare* and Community Care. Later on in the planning process, these design teams evolved into internal County planning groups. These are described later in this report and illustrated in Schematic 2.

The Consumer / Stakeholder Advisory Council, which met eleven times between September 2006 and June 2008, was developed to play an advisory role in the planning process. This council was called upon to provide feedback on all major planning elements and decisions. The Consumer / Stakeholder Advisory Council was also established to help educate consumers and stakeholders about long-term care reform, advise on consumer and stakeholder participation in the proposed long-term care system, and devise strategies to get additional consumer and stakeholder input during the planning process. Its membership included people with physical and developmental disabilities, guardians, disability advocates, union representatives, providers, Combined Community Services Board (CCSB) members and a Milwaukee County Board Supervisor.

Consumers and stakeholders who were not members of the Consumer / Stakeholder Advisory Council were engaged in various other ways. For example, the County hosted three Long-Term Care Consumer Listening Sessions in June 2007 at various Milwaukee County locations. These sessions were held as a way to capture local sentiment from adult consumers under the age of 60 with physical and developmental disabilities about how to tailor the long-term care service system to accommodate their needs.

Between September 2007 and January 2008, Milwaukee County held five Long-Term Care Reform Information Forums at geographically diverse locations. The forum held at the United Community Center (UCC) was conducted for Spanish-speaking adults. These forums were intended for Milwaukee County residents aged 18 to 59 with disabilities, their families, and guardians, and provided an opportunity for people to hear about proposed changes in the long-term care service system and to ask questions about those changes.

Milwaukee County also hosted four Family Care Expansion Provider Forums in April and May of 2008. These forums were held to discuss proposed changes in the delivery of County-administered long-term support services, find out the questions and concerns that service providers had, and to gather input from service providers for the planning process. See Attachment 1 for a list of dates that these consumer and stakeholder input meetings, sessions, and forums were held.

A Long-Term Care Planning website ([www.planningcouncil.org/longtermcare](http://www.planningcouncil.org/longtermcare)) was designed to keep consumers and stakeholders up-to-date on the planning process and to collect input from them. Questions that arose during the planning process were posted on the “Your Space” page of the website to get feedback and opinions. Project management contact cards were distributed widely so that consumers and stakeholders could contact Planning Council staff to provide their input and/or to ask any questions.

Agendas were distributed prior to all meetings, as were handouts that needed to be reviewed prior to meeting, so that all participants could come prepared. Meeting discussions were documented and summaries were available to participants. Agendas, notes, and handouts from each of the Consumer / Stakeholder Advisory Council meetings were also posted on the Long-Term Care Planning website. A summary of the listening sessions can be found on the website, as can frequently asked questions (FAQs) from the consumer and provider forums.

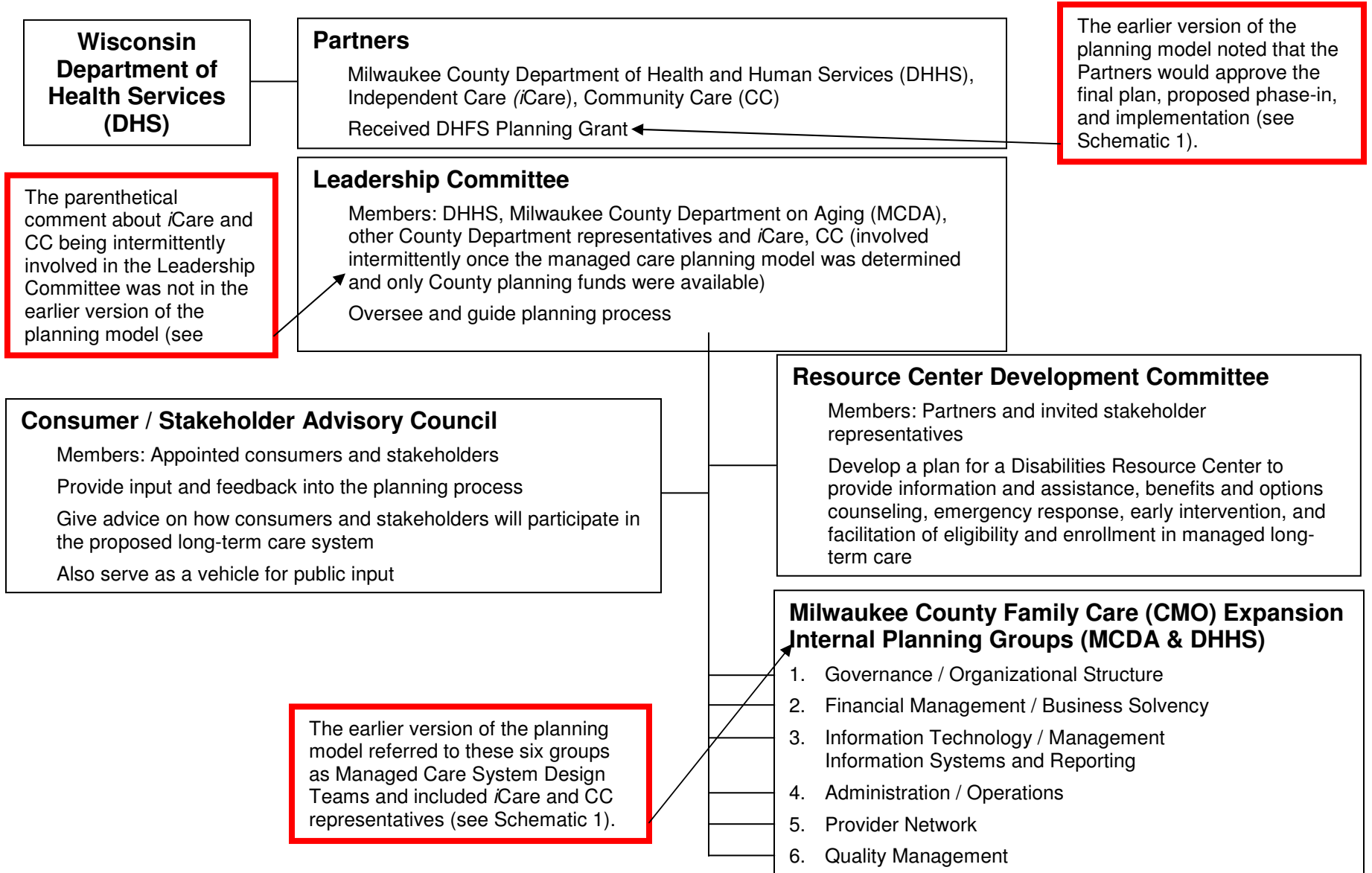
## Milwaukee County Long-Term Care Planning

Communication between all of the councils and committees was very important to this process. If a recommendation was made in a design team meeting, Resource Center Development Committee meeting, or shared in some other way, it was passed along to the Consumer / Stakeholder Advisory Council and to the Leadership Committee. Suggestions made at advisory council meetings, Leadership Committee meetings, or one of the many forums, was shared with the applicable planning group or groups. All input was channeled to the appropriate groups at the appropriate times throughout the planning process. Other individuals and groups were involved in and were also kept informed of the planning process, including DHS representatives, disability advocates, union representatives, the County Executive, the Milwaukee County Board, Department of Administrative Services (DAS) administrators, Milwaukee County budget personnel, and DSD staff.

When the DHS planning grant funds were expended, the Milwaukee County Board approved DHHS and MCDA's decision to continue the planning efforts using County funds. This occurred at about the same time that the Leadership Committee (County representatives, as well as representatives from *iCare* and Community Care) agreed on a planning model, which expanded the County's Family Care CMO to serve adults under the age of 60 with disabilities. The end result was a planning process more specific to Milwaukee County, which is reflected in Schematic 2. *iCare* and Community Care were still active in the Resource Center Development Committee and Consumer / Stakeholder Advisory Council, but were only intermittently involved in the Leadership Committee. All three partners began planning their own managed care entities and therefore *iCare* and Community Care no longer participated in the six Managed Care System Design Teams. The design teams evolved into Internal (MCDA and DHHS) Planning Groups. Though the internal County planning group meetings were spent planning for managed care services for adults under the age of 60 with disabilities, MCDA and DSD administrators made decisions based on what would make fiscal and programmatic sense for both County departments, regardless of whether or not the expansion plans would be implemented. Examples included sharing provider network resources, developing needed training for staff, and moving toward common business processes.

# Milwaukee County Long-Term Care Planning Process

For adults with disabilities under the age of 60 in Milwaukee County



The earlier version of the planning model noted that the Partners would approve the final plan, proposed phase-in, and implementation (see Schematic 1).

The parenthetical comment about *iCare* and CC being intermittently involved in the Leadership Committee was not in the earlier version of the planning model (see

The earlier version of the planning model referred to these six groups as Managed Care System Design Teams and included *iCare* and CC representatives (see Schematic 1).

Schematic 2

## **Planning Activities/Milestones**

The following are highlights from the two-year planning process.

The “Milwaukee County Aging and Disabilities Resource Center – Disabilities Branch Plan Outline” was developed from discussions at Resource Center Development Committee meetings, subgroup meetings and various internal County meetings. From this outline, an ADRC – DRC Application was developed and submitted to DHS in July 2008. In addition to fulfilling DHS’s application requirements, this document serves as a detailed guide to implement the DRC. A document that lists DRC implementation tasks was also created and shared with DSD.

The Governance / Organizational Structure Design Team recommended an organizational model for a managed long-term care system for adults aged 18 to 59 with disabilities in Milwaukee County. In the course of the planning process, revisions were made to this model; these revisions are described in the Planning Results section of this report. Based on other internal County governance discussions regarding the ADRC, a “Milwaukee County Aging and Disability Resource Center: Proposed Governance Working Paper” was written (See Attachment 2).

The Financial Management / Business Solvency Design Team recommended that the County contract with Milliman, consultants with business and actuarial expertise, to provide a fiscal analysis of expected expenditures and revenues for administering an expanded CMO for adults with disabilities in Milwaukee County. Milliman provided preliminary results in February 2008 and additional information in April 2008.

The IT / Management Information Systems and Reporting Design Team decided that the existing IT utilized by MCDA, like claims processing, encounter reporting, utilization management, and fiscal management, would be expanded to accommodate the oncoming population.

An internal County administration / operations planning group met to develop a plan for processes and staff capacity, to manage enrollment and provide managed care services to enrollees, and to begin to project staffing costs and necessary supports for administration and operations. This group came up with a list of proposed additional positions needed for the expanded County-run Family Care CMO. This group also met with Milwaukee County Human Resources representatives and developed a general strategy for transitioning staff positions under Family Care expansion.

The Provider Network Design Team had many meetings to develop a plan for how Milwaukee County’s expanded CMO would address service provision and provider network issues such as service needs and capacity, development of provider network, contract management, and provider relations. When the planning process shifted and the design teams evolved into internal County planning groups, County staff continued this work.

An internal County provider network planning group accomplished several milestones including:

- Performing a preliminary analysis of MCDA and DSD’s provider networks to determine common providers and services;
- Analyzing provider applications that were sent to all existing DSD providers to help determine both current and future provider capacity; and

**Milwaukee County Long-Term Care Planning**

- Conducting a survey of case managers to determine additional service needs of the current MA Waiver consumers served by DSD to project those potential service needs going forward.

Another key area of focus for the internal County provider network planning group was to develop additional care management capacity to serve the approximately 5,000 anticipated additional enrollees (adults aged 18 to 59 with disabilities) in the County-run CMO within two years of Family Care expansion implementation.

The Quality Management Design Team discussed how MCDA's Family Care CMO addresses quality assurance and quality improvement. It was decided to adopt MCDA's quality management strategies and tailor its quality assurance efforts to younger adults with disabilities.

ESD, MCDA and DSD administrators began meeting in June 2007 to prepare for ESD's increased role under Family Care expansion. "A Working Paper: IM Support for Milwaukee County Family Care Expansion" was developed as a guide for budget development and implementation.

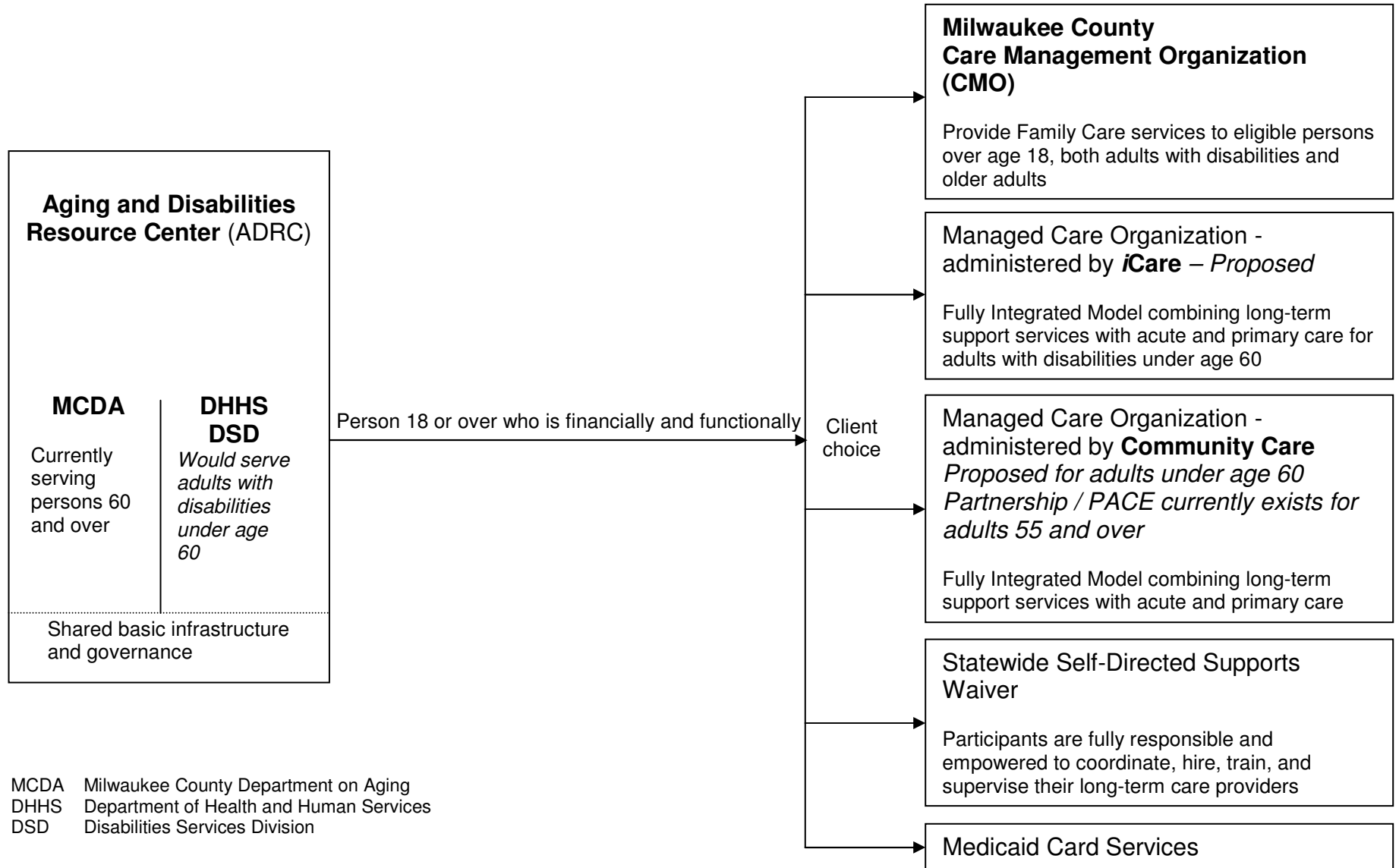
The Consumer / Stakeholder Advisory Council provided helpful input on the proposed organizational models, the DRC plan outline and DRC application narrative, issues to consider in planning the expansion of the County-run CMO, and governance issues.

Based on input from consumers and stakeholders at Consumer / Stakeholder Advisory Council meetings, the three listening sessions, consumer and provider forums, the Long-Term Care Planning website, emails, phone calls, and mailed letters, the following were important issues:

- Eliminating DSD's wait list for services
- Being served in the community
- Continuity of care
- Personal choice
- Access to information
- Transportation
- Work and day services
- Quality care
- Safety

FAQs from the consumer and provider forums were compiled into two separate documents. These documents were posted on the Long-Term Care Planning website and were distributed to Consumer / Stakeholder Advisory Council members and other interested parties to help keep consumers and stakeholders informed.

# Proposed Organizational Model for Managed Long-Term Care Services for Adults with Disabilities in Milwaukee County



Schematic 3

MCDA Milwaukee County Department on Aging  
 DHHS Department of Health and Human Services  
 DSD Disabilities Services Division

## **Planning Results**

Schematic 3 represents the proposed organizational model for Family Care expansion in Milwaukee County that was part of the formal ADRC – DRC Application, which was submitted to DHS in July 2008.

The ADRC is a central source for adults with disabilities and elderly individuals in the community to receive reliable and comprehensive information, advice, and help accessing long-term care services. It is proposed that Milwaukee County's ADRC will have an Aging Resource Center (ARC), operated by MCDA, and a Disability Resource Center (DRC), which would be operated by DSD. Each resource center would be able to provide programmatic expertise to the people seeking information and assistance. Ongoing collaboration would ensure seamless delivery of services to customers. There would be one ADRC phone number but two main locations, one location for the ARC and another for the DRC. The DRC would also have a "mobile" outreach information and assistance team at scheduled community locations that are frequently visited by people with disabilities and their families.

It is proposed that the ARC and DRC would share governance; a new expanded call center, supported by an updated phone system; a management information system; a website; and policies, procedures and protocols, as appropriate.

People interested in receiving long-term care services would meet with either an ARC or DRC Options Counselor. A primary function of the Options Counselor would be to help determine whether or not the individual would qualify for publicly funded long-term care services. If the person were found to be both financially and functionally eligible, the Options Counselor would help determine which long-term care option available in the community would best suit his/her needs. Under the proposed model, adults with disabilities in Milwaukee County would be able to choose from one of three managed care options: an expanded Milwaukee County Family Care CMO and possibly two fully integrated models operated by *iCare* and Community Care. They would also be able to choose the Self-Directed Supports Waiver, administered by DHS, or they could receive MA card services.

Early in the planning process, the County considered having one County-run CMO that would be divided into sub-CMOs with separate fiscal components for the populations currently served by MCDA and DSD. However, DHHS came to the conclusion that shifting the planning model to an approach that would build on MCDA's fiscally solvent and successful CMO, as opposed to developing a separate new sub-CMO for adults under the age of 60 with disabilities, would be much more expedient, cost-effective, and would be more seamless for consumers. MCDA agreed and supported this approach as well.

The administrative home of the Milwaukee County CMO also changed over the course of the planning process. It was first agreed that the County-run CMO would be administered outside both DHHS and MCDA, and would be located in DAS as a separate organizational unit. It was later proposed that instead of having the County-run CMO in DAS, Milwaukee County's CMO would remain in MCDA. The County would consider creating a separate aging and disabilities department in 2010.

## Milwaukee County Long-Term Care Planning

Though DHHS DSD views Family Care expansion as an opportunity to eliminate its wait list for services and there is strong local commitment to moving forward with expansion, there are fiscal challenges. If negotiations with DHS are successful and the County Board gives approval to move forward with Family Care expansion, it is expected that the DRC would be operational in the first quarter of 2009 and the County-run CMO would be expanded within six months. DSD would spend the first two years transitioning its current MA Waiver clients into the new long-term care system, as well as enrolling eligible individuals from its wait list. Starting month 25, or year three, Family Care would be an entitlement benefit for adults over age 18 with disabilities. At that time, DSD would have achieved its planning goal for adults with disabilities who have long-term care needs; i.e., DSD's wait list for long-term care services would no longer exist and everyone in Milwaukee County who would be eligible for Family Care services would be able to receive those services.