

Planning Group Name: Northwest Wisconsin Long Term Care Options Consortium

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

Betty Ferris, Project Manager

715-209-6374 / bjferris@centurytel.net

Incorporating material prepared by The Management Group (TMG), primary Project Consultant, and other members of the Consortium

Contact: John McMahon, Family Care Development Director

Northwest Family Care Collaborative

110 Timberlane Rd, Spooner, WI 54801

715-635-2049 / cell: 715-579-1134 / jtmcmahon75@yahoo.com

Current Planning Partners: *(see Attachment 'A' for contact information)*

- 11 Counties

Ashland, Barron, Bayfield, Burnett, Douglas, Iron, Polk, Price, Rusk, Sawyer, Washburn

- 4 consumer representatives

Disability Rights Wisconsin (DRW), North Country Independent Living (NCIL), Northern Area Agency on Aging (NAAA), Individual Consumer represented by family member

- 1 experienced private/non-profit managed care provider

Group Health Cooperative-Eau Claire (GHC-EC)

Changes in Membership:

Original members: 9 Counties of Ashland, Bayfield, Burnett, Douglas, Iron, Price, Rusk Sawyer, Washburn; Community Health Partners (CHP), GHC-EC and TMG

Addition of 4 Consumer Representative Members: On September 11, 2006, by formal vote, the following consumer representatives joined the Consortium as non-voting members: DRW-representing people w/developmental disabilities, NCIL- representing people with physical disabilities and NAAA - representing elders.

On November 6, 2006, by formal vote, a Family Member of a Consumer (Jeff Keiffer, Price County parent of an adult daughter w/ developmental disabilities) joined the Consortium as a non-voting member.

Addition of Barron and Polk Counties: On March 5, 2007, by formal vote, Barron and Polk Counties joined the NW-LTCO Consortium. The two counties were originally part of the West Central Wisconsin Care Management Collaborative (WCW-CMC) which, in the summer of 2006, divided into two planning groups: 'Group A' interested in moving more quickly toward implementation by contracting with a private MCO (CHP) and 'Group B' wanting to continue exploring a public MCO model. As part of 'Group B', Barron and Polk county staff initiated informal discussions with colleagues in the NW-LTCO region. These discussions culminated on February 28, 2007 in a joint meeting between the NWLTCO Steering/Governance Structure Committees and WCW-CMC 'Group B' representatives for the purposes of determining the viability/advisability of NW-LTCO expanding its 9 county region to include one or more 'Group B' counties. The following questions were addressed: a) What do the counties have in common? b) What expectations do the counties have of each other? c) What are the advantages to working together? d) What are the barriers/disadvantages of working together? *(see Attachment 'B' for meeting notes)* The meeting concluded with a

consensus that Barron and Polk County representatives formally request to become members of the NW-LTCO Consortium at the March 5, 2007 meeting in Hayward. This was done and the NW- LTCO Consortium expanded from a 9 county, 9,448 sq miles region with 2,400 potential enrollees and no Aging & Disability Resource Center (ADRC) to an 11 county, 11,444 sq mile region with 3,179 potential enrollees and an established ADRC in Barron County.

Withdrawal of Community Health Partners: On September 10, 2007, Paul Cook presented CHP's formal letter of resignation from the NW-LTCO Consortium in order to focus its energy and resources on Family Care Plus expansion in Chippewa, Dunn, Eau Claire, Pierce and St Croix counties. (*see Attachment 'C'*)

Status Change of The Management Group: On September 28, 2007, Peter Tropman presented a formal letter to the Steering Committee describing TMG's change of status from voting member to designated Managed Care Organization Development Contractor for the implementation/ start up phase of Family Care planning in northwest Wisconsin, effective October 1, 2007. (*see Attachment 'D'*)

Section 2 - Strategic Planning for System Change

The NW-LTCO Consortium region has had the distinction of being Wisconsin's only long term care reform planning area with no functioning Family Care or Partnership Program MCO upon which to build and, until Barron County joined, no ADRC. However, for a number of years, northwest Wisconsin human services directors had been closely following developments in the various Family Care, Wisconsin Partnership Program and ADRC demonstration projects around the state, so when DHFS issued a Request for Information / Proposals in October 2005 to expand long term care reform planning statewide, the directors of Ashland, Bayfield, Burnett, Douglas, Iron, Price Rusk and Washburn Counties began meeting to explore the possibility of somehow joining together to craft a response. The first documented planning meeting was held on October 13, 2005 with TMG's Peter Tropman facilitating.

The group met several more times in November, bringing in county Long Term Care Supervisors and financial/fiscal staff as well as CHP and GHC-EC to join TMG as private partners in the planning effort. Sawyer County also joined the group and in December 2005, the newly formed NW-LTCO Consortium submitted a \$100,000 planning proposal in response to the RFI/RFP, including \$47,000 in local cash match as well as in-kind contributions totaling \$255,760 in participating organizations' staff time.

The proposal described a plan to 'design a regional long term care, mental health/substance abuse and health care delivery system for northwest Wisconsin' and to begin 'roll out of the regional managed care model in mid-2007'.

(*see Attachment 'E': the proposal is also available online at <http://www.nw-ltco.org/7.html>*)

In January 2006, the NW-LTCO Consortium was notified that its proposal had been accepted and on January 19, 2006, DHFS Secretary Helene Nelson traveled to Ashland to make the award. (*see Attachment E1' for news article*) John McMahon, Washburn County and Jeff McIntyre, Burnett County were named Grantee Contract Administrators. Douglas County assumed the role of Fiscal Agent for the project with Pat Schanen as Grantee Contract Administrator for fiscal matters. Although the planning grant agreement was not formally

signed nor grant funds made available until April 2006, the Consortium continued systematically organizing for action through regular meetings/committee work during January, February and March. Meetings were conducted under Roberts Rules of Order and, to the maximum degree possible, used a consensus model of decision-making. If the need for a formal vote arose, each member organization had one vote. It was agreed that any member could request a vote on any issue at any time. *(see Attachment 'F' for Tenets/Protocols)* April and May meetings featured day long dialogues with key DHFS leadership staff (Charles Jones and Judith Frye respectively). The meetings were facilitated by Peter Tropman.

The Consortium set aside June 5 & 6, 2006 for a two day planning retreat to pull together what had been learned over the previous few months and stage the next planning thrust.

The Consortium contracted with TMG to provide facilitation, analysis and consultation throughout the planning process, with Peter Tropman and Gail Nordeim in the lead. This was a natural development as they had been involved from the beginning, facilitating the early thinking-through process and constructing the project proposal. At end of June 2006, a local Project Manager, Betty Ferris, joined the team as an independent contractor. *(see Attachments 'G' & 'G1' for Job Description & Resume)*

Over the next 15 months (July 2006 - September 2007) the Consortium met the first Monday of every month. All meetings were held in Hayward, the most central location. Meetings were chaired by Steering Committee members on a rotating basis. *(See Attachment ' V ' for a complete set of meeting agendas and minutes)*

Although the funded proposal was designed around the concept of providing a fully integrated (Family Care w/ Acute-Primary Health Care) Benefit package, the Consortium decided to examine all benefit options, including Family Care only. Similarly, although the proposal described a private/public MCO as the model of choice, the Consortium decided to also examine the options of a private MCO or a public MCO.

The process unfolded within the framework provided by the applicable state/federal statutes, various DHFS Info Papers, requirements of the MCO /RFP, and the 'Readiness Template' planning tool for Long Term Care Expansion. A 'Decision Tree' chart developed by TMG was also a useful guide. *(see Attachment 'H')*



COMMITTEES

The Consortium's planning work involved pursuing several avenues simultaneously and therefore required a viable committee structure. Committees were created with the awareness that planning is necessarily a dynamic process and that the mission, membership, tasks, time/energy demands and very existence of any committee was subject to change at any time in order to align with changing needs.

Steering Committee:

A Steering Committee, comprised of representatives of Washburn, Burnett, Rusk and Douglas Counties, Community Health Partnership (CHP) and Group Health Cooperative (GHC), met at least twice monthly, initially face-to-face and then approximately half the time via teleconference/video-conference. Meeting times varied according to what needed to be accomplished. Steering Committee roles included:

- Direct and monitor the work of the Project Manager, The Management Group, and other contracted providers hired through the NWLTCO Consortium
- Review and prepare recommendations to the Consortium
- Authorize expenditures within budget parameters approved by the Consortium
- Work with designated Committees to develop work plan details for Consortium approval
- Take action as necessary to manage the day-to-day operations of the NW-LTCO Consortium within its intended mission and budget
- Develop the Full Consortium meeting agenda based upon input for members

John McMahon chaired the Steering Committee with staff support from TMG, and the local Project Manager. The Steering Committee developed a basic 'Road Map' as a reference tool to help chart the various parallel planning processes involved in program development. The Committee also oversaw the process of Data Collection and Analysis which was one of TMG's major tasks.

Communications - Stakeholder Involvement Committee:

This was the second Committee created by the Consortium. Before the grant agreement was even signed, it was laying the groundwork for informed consumer participation and ongoing two-way communication with other stakeholders throughout the planning process. The Committee began identifying/analyzing the information needs of key constituencies within the 11-county region and developed a number of different public information platforms to reach these target groups with information and developing news about managed care expansion. These public information pieces included one-page background pieces, frequently asked questions documents, PowerPoint presentations, letters, talking point hand-outs for Human Services directors appearing at public forums and Town Hall meetings, news releases and short articles featuring potential enrollees in the new MCO.

The Committee also addressed internal project communication needs, recommending that the Consortium primarily use Basecamp, an online project management tool providing secure communications within a defined group. Basecamp enabled Consortium members, as well as other participants in its committees/work groups, to post messages, documents, comments, task lists and maintain calendars. TMG held the license and, with the Project Manager, administered the site, although any participant with a user name/password was free to post any documents/comments at anytime. DHFS oversight staff also had full access to all NW-LTCO material on Basecamp. The tool worked very well and, with some reorganization to meet changing needs, will continue to be used throughout the Phase II-Planning to Implement process.

The Communications-Stakeholder Involvement Committee was co-chaired by Elizabeth Skulan, Director-Bayfield County Human Services and Phil Davis (TMG). Members included Mary Hahn, Director-Price County Human Services; Joan Benson, GHC-EC; Stewart Holman and Dee Truhn, NCIL; Rick Pelishek, DRW and Jeff Keiffer. Meetings occurred at least semi-monthly, weekly when necessary, and for the most part by teleconference. The calls were open to any interested Consortium member and consumer advocates were particularly

encouraged to participate. Although the Project Manager staffed the Committee's work, it is important to note that Committee members were very pro-actively involved in the creation of a range of informational materials and communication strategies. An expanded discussion of the Committee's work can be found in Section 3 (Consumer/ Stakeholder Participation) and Section 4 (General Communication) of this Report.

Governance and Structure Committee.

This Committee took the lead in analyzing key organizational and structural alternatives for managed care design and provided ongoing information to support Consortium decision-making around how the new regional MCO will be organized and governed. Members were John McMahon-Washburn Co, Gary Rivers- Rusk Co, Carroll Carlson-GHC-EC, Peter Tropman-TMG and Paul Cook -CHP who also served as Committee chair. TMG's Gail Nordheim provided primary staff support with assistance from the Project Manager. Meetings took place at least semi-monthly and were conducted face-to-face when possible or via teleconference/video-conference as necessary. They were open to any interested Consortium member, with the participation of consumer representative members being particularly encouraged.

Four MCO model option 'scenarios' were developed over a period of several weeks: Private MCO, Public MCO-A (direct county membership organized under a Joint Powers(66.03.01) agreement, Public MCO-B (separate entity organized as a Long Term Care District) and Public/Private MCO. Each of the model scenarios addressed 10 questions within the following five categories: Roles & Responsibilities, Governance & Structure, Fiscal Responsibilities, Service Benefit Package and Other (ie relationship to 'firewall' between ADRCs). A chart for side-by-side comparative analysis of the four options was presented at the October 2, 2006 Consortium meeting. Subsequently, at the November 6, 2006 meeting the Consortium decided to pursue the Family Care Benefit package through a public MCO model. At that point, the Consortium asked the Governance/Structure Committee to similarly compare/ analyze the implications of organizing as a Long Term Care District vs under a Joint Powers agreement and present that information for consideration. This was accomplished for presentation at a two day planning retreat in March 2007, thus concluding the Committee's work.

Care Management Committee:

This Committee was created to be a resource on care management - the 'heart' of managed care - for the NW-LTCO planning process. It was co-chaired by Jane Snilsberg, Director-Ashland Co Health & Human Services and Carolyn Kolson-Janov, Director-Iron Co Human Services, with staff support by Shanna Jenson & Jan Hamm (TMG). Committee members were asked to become knowledgeable about care management options/models with a focus on those incorporating Self-Direction policies and practices, to analyze Care Management Survey results in order to create a picture of existing care management structures/ processes in the NW-LTCO region, and to identify care manager/interdisciplinary education/training needs. The Committee was also charged with formulating potential care management organizational & staffing models, analyzing the impact/implications of each model and recommending a viable approach for the NW-LTCO region. In carrying out these tasks, the Committee drew heavily on the learning and practice of the Family Care Pilot projects in La Crosse, Richland and Portage Counties as well as CHP's Partnership program and the GHC-EC MCO. The

Committee created a 13 page report (*see Attachment 'I'*) which will inform the process of care management development in the NW-LTCO region during the next planning phase(s).

ADRC Committee:

The Consortium formed a region-wide ADRC Committee in the spring of 2006 to 'develop a vision and region-wide ADRC plan using the 9 Core Functions as a framework for meeting the unique needs of citizens in northwest Wisconsin'. A small work group was appointed to organize the Committee: Pete Sanders-Director, Sawyer Co Health/ Human Services who eventually chaired the regional Committee, Carrie Linder-Aging/Long Term Support Director, Bayfield Co Human Services, Jennie Schemenhauer - Long Term Support Supervisor-Rusk Co Health & Human Services, Kate Peterson - Deputy Director, Douglas Co Health & Human Services, and Lori Bina - Long Term Support Supervisor Washburn County Health & Human Services. They took on the task of identifying and formally inviting key stakeholder groups to appoint representatives to the Committee. Letters went to Tribal Chairs (Bad River, Red Cliff, Lac Courte Oreilles, St Croix), Veterans Services, County Economic Support staff, Public Health, Aging Units, Long Term Support Committees, North Country Independent Living and other advocacy organizations across the region. The Committee met for the first time on July 26, 2006 and every third Thursday thereafter through March 2007. At that point, upon the recommendation of the Committee and by Consortium consensus, ADRC planning began to take place within local jurisdictions and 'sub-regional' clusters of neighboring counties. See Section 6 - Aging and Disability Resource Center Planning for further information.

INVOLVEMENT OF LOCAL ELECTED/APPOINTED OFFICIALS

The work of all Committees and the Consortium as a whole was carried out in recognition of the fact that the NW-LTCO Consortium was a recommending body only and that final decision-making authority lay with the elected officials serving on each County Board of Supervisors. In order to make informed decisions of the magnitude/complexity of those required for Family Care expansion, County Board members obviously needed an enormous amount of ongoing information and education. The Consortium worked hard to understand these needs and figure out how to meet them, primarily through providing enough of the right information at the right time.

Prior to the planning proposal being submitted, all the participating County Boards were aware enough of long term care reform to authorize the cash and in-kind contributions which constituted local match for the NW-LTCO project. The Health and Human Services/Human Services (HHS/HS) Directors represented their respective counties on the Consortium and were responsible for keeping their policy makers informed along the way, primarily through their local HHS Boards, long term care councils and other related committees. Reports on the planning process were made standing items on each HHS/HS Board's meeting agendas and, in turn, were included in reports to the County Boards. Also, some County Board members were either people with disabilities or had family members receiving/ on the waiting list for long term care services and thus kept up with developments from their own personal perspectives.

County Board members and administrators were also receiving information along the way through the Wisconsin Counties Association (WCA), which was closely following Family Care Expansion developments and working with the Wisconsin County Human Services Association, statewide consumer advocacy groups, the legislature and DHFS leadership to

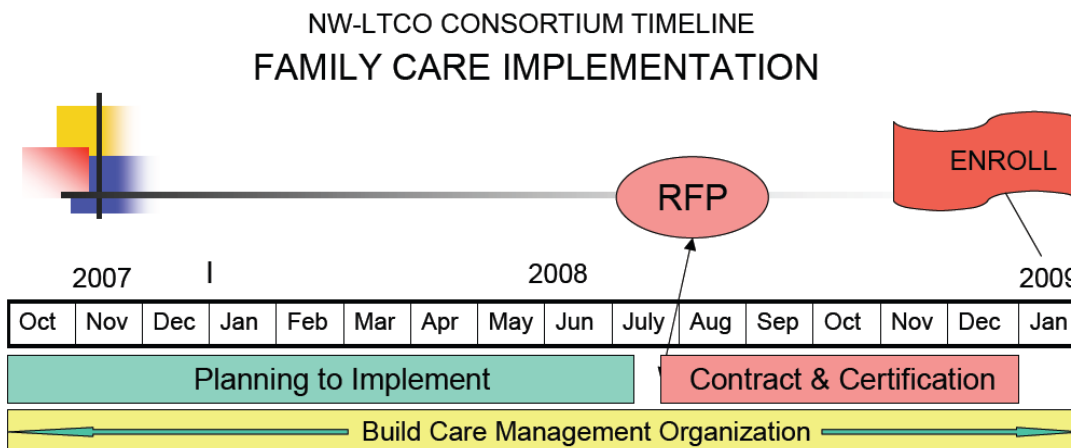
influence related statutory and administrative policy. Craig Thompson, WCA's Legislative Director, visited and gave long term care reform presentations to several NW-LTCO County Boards/HHS/HS Boards through the spring / summer of 2006. In November 2006, long term care reform was addressed in a full day, statewide conference specifically designed for county elected officials and co-hosted by WCA and DHFS. The event took place in La Crosse, provided an excellent learning opportunity and was very well attended. However, perhaps due to travel distances, very few NW-LTCO counties were represented except by the HHS/HS Directors. It became obvious that some kind of regional level 'learning together' conference, presenting much of the same content, would be necessary in order to reach local officials in the northwest. Thus the idea of a regional 'Summit', co-hosted by WCA and the NW-LTCO Consortium, took root.

Summit #1: NW-LTCO's first region-wide Summit was held on February 15, 2007 in Hayward. Co-sponsored by WCA and the NW-LTCO Consortium, it was attended by 80+ County Board members, County Administrators and HHS/HS Board members. The goals were for county leaders to begin to visualize themselves as a single region and together:

- hear the same information at the same time
- learn about Family Care via managed care
- learn about NW-LTCO planning process:
 - why we are here, what we have done, where we are now, what decisions lie ahead
- learn about public MCO governance options
- learn questions counties have/ information needed for future decision-making

Presenters included Chuck Wilhelm from DHFS, WCA's Craig Thompson, Senator Bob Jauch, as well as NW-LTCO members and staff. Steve O'Malley, La Crosse County Administrator and Ken Day, Marathon County Supervisor, provided the 'peer-to-peer' perspective, sharing their experiences and responding to questions via teleconference. Questions were raised in the areas of Governance, Service Delivery, Profit/Earning Management, Rates/Rate Setting, Eligibility, Financial Risk, Infrastructure and Capacity, ADRC and Other. (see Attachment 'J' for Agenda, 'J1' for NW-LTCO PowerPoint presentation and Attachment 'J2' for Questions identified.) Although Polk and Barron Counties were not yet formally a part of the NW-LTCO Consortium, leaders from those counties attended. Staff of the Great Lakes Indian Tribal Council (GLITC) also participated.

The following timeline for Family Care Implementation was introduced and discussed.



Planning Retreat #2

In addition to its regular monthly meeting, the now 11 county Consortium set aside two days in late March for a planning retreat at Lakewoods near Cable, WI. Each member entity, including consumer members, appointed two representatives to participate. It was important to bring everyone together for a structured thinking-through process within a solid block of uninterrupted time in order to achieve consensus on a common vision and future directions.

Five basic questions were examined:

- What does our Consortium now look like?
 - profile the expanded NW-LTCO: consumers/providers/care management
- How will we organize?
 - Long Term Care District or Joint Powers
 - clarify & discuss implications of each / reach recommendation consensus
- How will we continue to work with policymakers?
 - educate and engage them in the discussion / craft county board resolutions
 - plan follow-up Summit(s)
- What will the MCO do?
 - expand basic understanding of key MCO functions
 - define roles of public/private partners, consumers & advocates
- How will the MCO be governed?
 - consider MCO governing board functions & composition
- How will we get it all done?
 - update 'roadmap' - plan

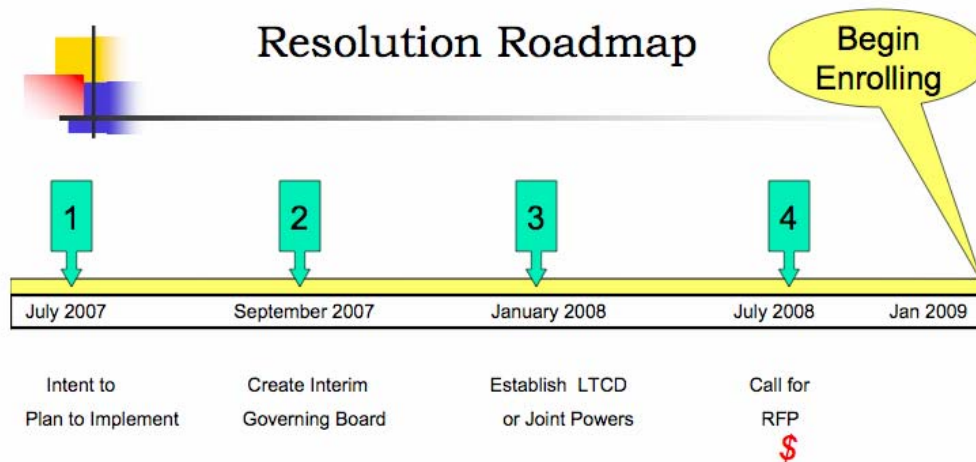
(See Attachment 'K' for Retreat Agenda , Attachment 'K1' for Retreat Note Write-up)

Summit #2 :A second Summit was held on May 7, 2007 in Hayward. It was attended by 90+ county leaders, many of whom had also participated in Summit #1. Great Lakes Inter-Tribal Council administrative staff also attended, as did several consumer advocates. The goals of the day were to:

- Share the same information from the same sources
- Build on learning from the February 15, 2007 Summit #1
- Update NW-LTCO planning process
- Dialogue with state Health & Human Services leaders
- Introduce - Explain - Discuss Resolution options sequence : Resolution #1

Reginald Bicha, DHFS Deputy Secretary, Helene Nelson, Family Care Ambassador & former DHFS Secretary and Diane Waller, DHFS Director of Area Administration came from Madison to represent the state perspective and dialogue with local policy makers throughout the day. They reiterated the Governor's / DHFS Secretary Hayden's support for Family Care, detailed major state-regional partnership public policy goals, outlined county roles within multi-county entities and discussed MCO infrastructure/capacity requirements, including fiscal features e.g. profit, rates/rate setting, eligibility and risk. They also discussed the roles of ADRCs, providing an overview of planning/development expectations.

An update on NW-LTCO planning was presented and the 'Resolution Roadmap' below was introduced, along with Resolution #1 which the county boards were asked to pass prior to the end of July. *(See Attachment 'L' for Agenda, L1 for NW-LTCO PowerPoint presentation, and Attachment 'L2' for NW-LTCO Resolution #1)*



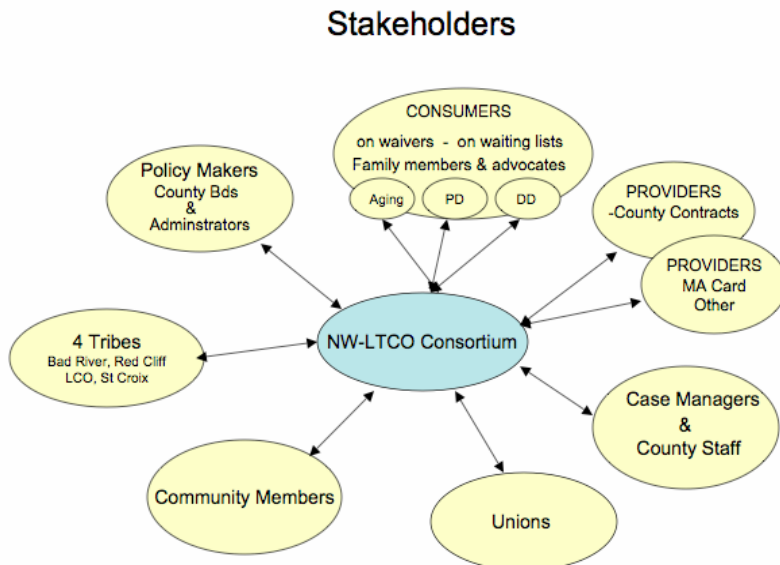
Subsequently, all 11 County Boards passed Resolution #1, thereby affirming their intent to continue planning for Family Care and enabling the development of a funding proposal to support the transition into 'Phase II - Planning to Implement' at the conclusion of Phase I on September 30, 2007.

Summit #3 : A third Summit was held on July 23, 2007 in Hayward with over 100 county and tribal leaders participating. The purpose was to set the stage for the passage by counties of Resolution #2 (formation of a 'Family Care Development Council' (FCDC) for Phase II - Planning to Implement) by providing policy makers an opportunity to learn about Family Care Expansion in the 2007-2009 State Budget and what it means for counties, share important new information and implementation planning developments throughout the NW-LTCO Consortium region and examine Managed Care Organization governance options with a focus on a multi-county Long Term Care District (LTCD) model. The Summit was co-sponsored by the Wisconsin Counties Association. Presenters included Senator Bob Jauch, talking about the Budget, Sarah Diedrick-Kasdorf explaining WCS's position on Family Care Expansion and the state budget, Attorney Andrew Phillips presenting the two public MCO governance options (with an emphasis on the LTCD), and Don Percy (TMG) on 'Designing a Governing Board for a multi-county Long Term Care District'. John McMahon and Peter Tropman presented the NW-LTCO planning update and explained Resolution #2 in the context of implementation planning and the Resolutions Roadmap.

(See Attachment 'M' for Agenda, Attachment 'M1' for a Compendium of Issues Raised, Attachment 'M2' for Family Care Development Council position description, Attachment 'M3' LTCD Board member position description and Attachment 'M4' Resolution #2) The FCDC and LTCD Board member documents were authored by Don Percy at the request of Summit #3 participants who wanted the information as reference material for discussions with their colleagues in consideration of Resolution #2.

As anticipated, all 11 County Boards passed Resolution #2 prior to October 1, 2007 and began appointing representatives to the Family Care Development Council, the first meeting of which was scheduled for November 5, 2007.

Section 3 - Consumer & Stakeholder Participation & Section 4 - General Communication



Although the nearly 3,000 consumers of long term care services in the current system and those on waiting lists were acknowledged to be the primary stakeholders, the Consortium attempted to share information with and gather input from with an array of other stakeholders.

STAKEHOLDER INTEREST SURVEY

In order to begin identify specific interested individuals within various

stakeholder 'groups', a Stakeholder Statement of Interest form was created and distributed to all known consumers, providers and policy makers through county mailing lists. It was also posted on the Consortium website as an online fill-in form. A spread sheet of respondents was maintained and a flowchart developed outlining the process for Stakeholder participation in NW-LTCO Committees. The majority of respondents were services providers. (see Attachment 'N' for Stakeholder Interest Survey & 'N1' for Flow Chart)

WEBSITE - <http://www.nw-ltco.org>

The Consortium created and maintained a website on which was posted background and contact information, links to relevant resources, a meeting calendar, meeting agendas and minutes, and an online stakeholder interest form. Joan Benson, GHC-EC developed the site in consultation with the Communications Committee. It was administered/maintained by Betty Ferris, Project Manager. The site will continue to be maintained over the next few months of implementation planning.

TOWN HALL MEETINGS

The first major outreach effort in which the Consortium established a visible region-wide presence occurred in the fall of 2006 through a series of local Town Hall meetings. They were organized by county HHS/HS Directors and the Project Manager who also presented the PowerPoint overview and served as panel members for the lengthy question/answer/comment segments, which, in most counties, were facilitated by local UW-Extension staff. (See Attachment 'O' for compilation of Town Hall meeting community input notes) The Communications Committee assembled a 'starter' packet of basic handouts for counties to supplement with their own locale-specific materials: Benefit Options chart, DHFS overview of Long Term Care Reform Initiative, Stakeholder Interest form, Real Life Stories, Frequently Asked Questions, NW-LTCO Tenets & Protocols. The calendar below charts the Town Hall

Meetings held in the original 9 counties. Polk and Barron Counties participated in the outreach efforts of the WCW-CMC prior to joining the NW-LTCO Consortium.

COUNTY	DATE	TIME	LOCATION	UW-Extension
Ashland & Bayfield	October 17	7 - 9 pm	Northern Great Lakes Visitor Center Highway 2 Ashland	Yes - Jane Silberstein Kathy Miller
Burnett	October 26	7-9 pm	Burnett County Government Center Siren	Yes Marilyn Kooiker
Douglas	October 30	6:30-8:30 pm	Douglas County Government Center Superior	Yes - Fariba Pendleton
Iron	November 28 November 29	6 pm 6 pm	Iron County Courthouse-Hurley Mercer Town Hall - Mercer	Yes Lucia Patrillo
Price	October 24	5-7 pm	Price County Bd Room, Phillips	No
Rusk	October 25	7-9 pm	Ladysmith	Yes - Michelle Schindler Aliesha Crowe
Sawyer	October 25	3-5 pm	Lac Courtes Oreilles Tribal Center	No
Washburn	Washburn County conducted several focus groups over the spring & summer of 2006 instead			No

PROVIDER INFORMATION FORUM

In response to the overwhelming interest in NW-LTCO planning by the provider community, a 'Provider Information Forum' was organized and hosted on January 31, 2007. The target group was all providers under county contract, all provider respondents to the Stakeholder Interest Survey and anyone else with an interest. The Forum was held at Lakewoods Resort outside of Cable, WI and was attended by over 100 providers from across the NW-LTCO region. The goal was to present an overview/update of the planning process and put NW-LTCO region providers in contact with providers in Family Care Pilot counties who had weathered the transition from the 'waiver world' to Family Care with a managed care environment. In addition to the Steering Committee members who provided the NW-LTCO overview, presenters were Paul Rice, Community Industries Corporation, Stevens Point; Greg Smith, Homeward Bound Home Health, Lancaster; Robin Reser, Provider Network Developer, Richland Center and Holly Hakes, Aurora Community Services of northern/west central Wisconsin. A question/answer period followed. (*see Attachment 'P' for Provider Information Forum documents: agenda announcement flyers, press release, and questions/issues raised*)

CONSUMER INVOLVMENT

The primary vehicle for consumer participation in the planning process was the formal inclusion of consumer representatives of all three target groups in the membership of the Consortium: Disability Rights Wisconsin, North Country Independent Living, Northern Area Agency on Aging and a family member of a consumer with developmental disabilities. The consumer members had full access to all materials on Basecamp and served on various Committees. The concept was that the consumer representative members would then carry information about Family Care Expansion/ the NW-LTCO planning updates back out to their

constituencies through their various communication networks and also gather input to bring back to the full Consortium to help inform the process. A portion of the Phase 1 project budget was designated to support consumer participation, including mileage reimbursement, meals and lodging, reasonable accommodation expenses (i.e. interpreter services).

The importance of Self Direction in care management was acknowledged and the role of the Family Care consumer as a fully vested member of the Interdisciplinary Team was studied both in the Care Management Committee's work and also as part of the education process with the full Consortium.

OJIBWE TRIBES: Bad River, Lac Courte Oreilles, Red Cliff and St Croix

As of June 2007 there were 121 Native Americans in the NW-LTCO region receiving or on a waiting list for long term care. (*see Attachment 'Q' for HSRS detail*) Early on in the planning process, the Project Manager established regular/frequent information-sharing communication with Wendell Holt of the Great Lakes Inter-Tribal Council who, along with other GLITC and Tribal staff were invited to participate in Consortium meetings, committees, Summits and had access to internal project communications via Basecamp. County HHS/HS Directors and county policy makers have participated in various state-county-tribe dialogues. Throughout the process the Tribes, as sovereign entities, were also investigating their own various approaches to culturally relevant/sensitive Family Care expansion and ADRC development. The connection between the NW-LTCO and the tribes has been and will continue to be an evolving process emphasizing communication, coordination and cooperation.

Section 5 – Program Development

As of September 30, 2007, NW-LTCO Consortium has made the following decisions:

- The 11 county Consortium will create a new public MCO.
- This public MCO will be organized as a Long Term Care District, offering the Family Care benefit package. The MCO may consider integrating primary and acute health care into its benefit package over time.
- The MCO will serve citizens who are elderly, or have physical and/or developmental disabilities and who are eligible for Family Care.
- The region will be served by four (two single county and two multi-county) locally developed Aging and Disability Resource Centers.
- The planning process will be framed by a series of four county board resolutions from participating counties:
 - Resolution #1 declares the county's intention to participate in Phase II: Plan-to-Implement. This resolution has been approved in all counties.
 - Resolution #2 establishes a Family Care Development Council (FCDC) to work in partnership with the Planning to Implement Process and the NW-LTCO until such time as a Long Term Care District Board is established in the spring of 2008. Through the resolution, counties will appoint representatives to the FCDC. This resolution has been approved by all counties and appointments are underway.
 - Resolution #3 will establish the Long Term Care District, define board composition, and provide that assets of the NW-LTCO consortium be transferred to the district.
 - Resolution #4 will authorize the use of the "county obligation" for funding Family Care capitation and include the county in the group of counties requesting the RFP

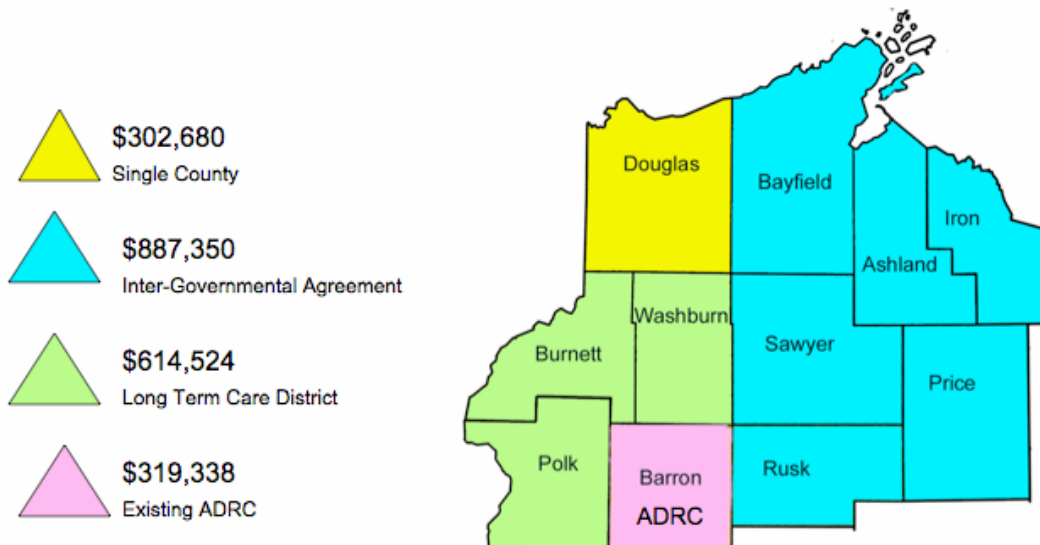
- The new MCO will be ready to begin Family Care enrollment in January 2009. The choice of a *public* MCO model organized as a *Long-Term Care District* reflects the thoughtful priorities of consortium members:
 - This approach provides for continuing public accountability in home and community based long-term care. Through their positions on the governing board, counties will have an ongoing role in the governance and oversight of long-term care services.
 - It protects individual counties from future financial risk.
 - It provides the most workable platform for organizing and administering the business enterprise associated with the provision of managed long-term care.

Section 6 - Aging & Disability Resource Center Planning

As described above, the region-wide ADRC Committee concluded its work in March 2007 with the recommendation that ADRC planning take place within/among local jurisdictions, occurring in a way which dovetails with MCO planning and results in the presence of functional ADRC's within the NW-LTCO region at least two months prior to the new MCO's enrollment of members. ADRC development was a major topic at the aforementioned March planning retreat, following which county HHS/HS Directors met several times to review the situation, consolidate their concepts and develop a collective 'White Paper' to present to the full Consortium. (*see Attachment 'R' for White Paper*). Numerous meetings followed, including an ever expanding number of participants from key stakeholder groups. As of September 30, 2007, in the absence of a state budget and in the midst of much uncertainty, the following ADRC planning/implementation configurations emerged:

NW-LTCO Consortium Aging & Disability Resource Center Scenario

September 30, 2007



Total = \$2,123,892 for NW-LTCO Region ADRCs

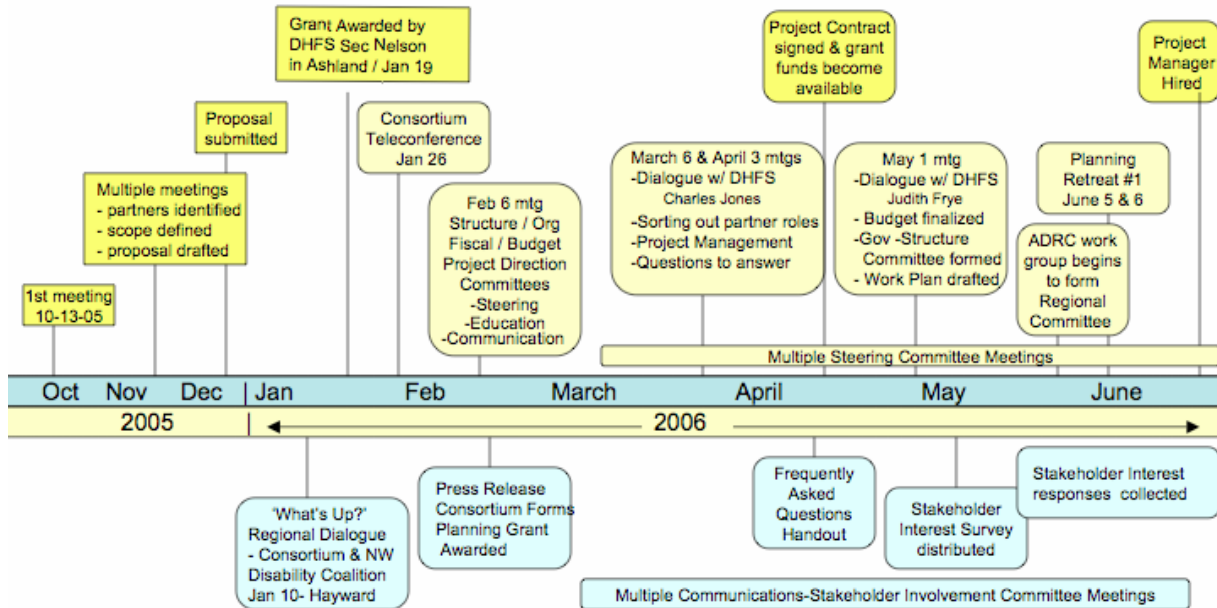
Amounts represent 2007-2009 State Budget annual GPR allocations plus multi-county incentive bonus for eligible blue & green counties

Source: DHFS ADRC Information Bulletin #14

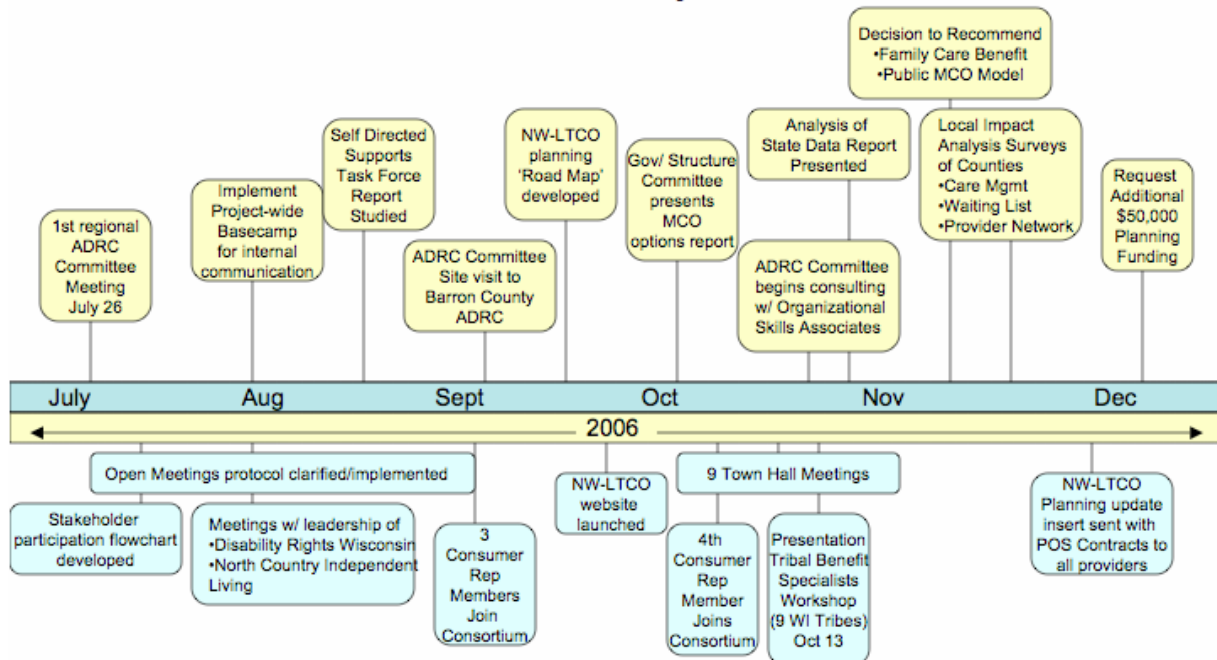
Section 7 - Major Milestones

The timelines below indicate not only what might be considered 'major milestones' but also trace some of the key progress steps of the planning process. The blue items below the line relate to stakeholder involvement efforts.

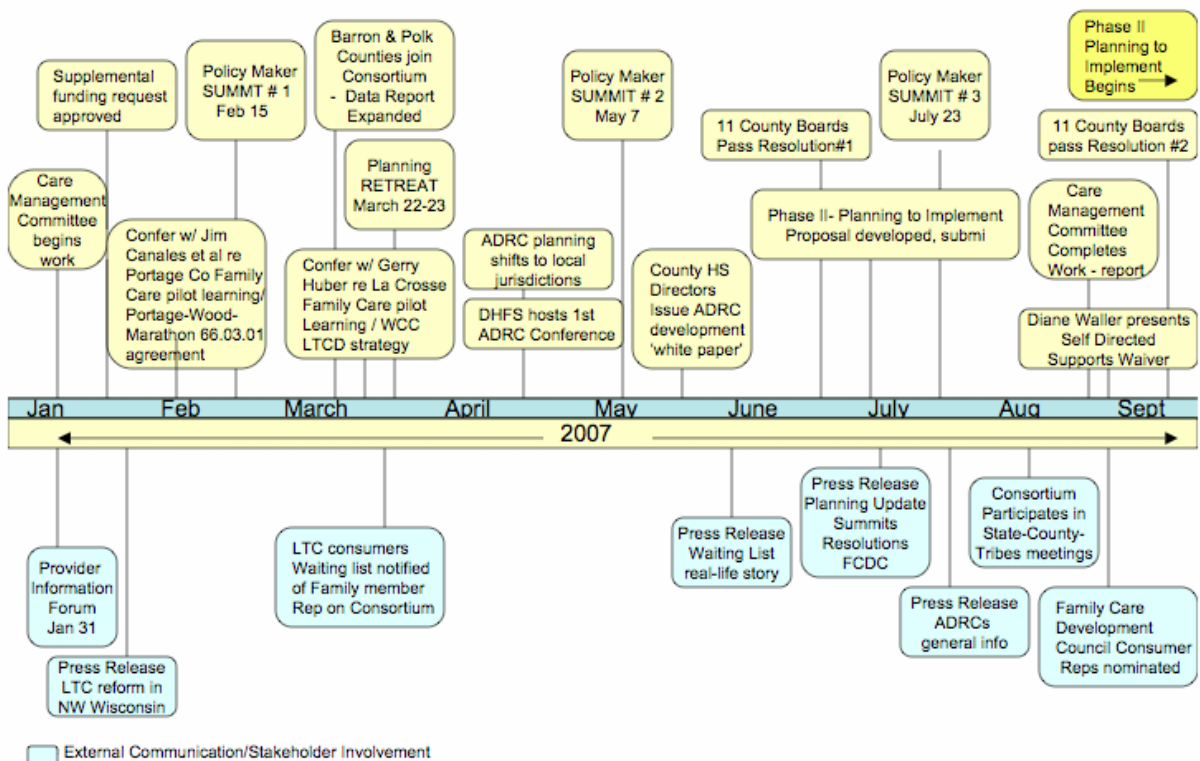
NW-LTCO CONSORTIUM : Oct 2005 - June 2006



NW-LTCO CONSORTIUM : July 2006 - December 2006



NW-LTCO CONSORTIUM : January 2007 - Sept 2007



(See Attachment 'S' for timelines PowerPoint)

Section 8 - Budget Narrative

The original grant award of \$100,000 was not adequate to sustain the a planning process of this magnitude, even with the addition of local cash / in-kind contributions, Therefore another \$50,000 was provided through a supplemental grant from DHFS early in 2007, making the full award \$150,000. Phase I-Planning to Plan concluded within budget. (See Attachment 'T' for Phase I Final Financial Report)

Section 10 - Next Steps/ Implementation

Over the next 15 months the NW-LTCO Consortium - in concert with a regional Family Care Development Council - will create a new, publicly owned and operated Managed Care Organization, organized under the statutory authority of a Long Term Care District for the purpose of providing Family Care to eligible elders and other adults with physical and/or developmental disabilities. The planning group will henceforth be known as the 'Northwest Family Care Collaborative'. A Phase II- Planning to Implement proposal for continuation funding through December 31, 2007 was approved by DHFS in August 2007. (See Attachment 'T' for Phase II- Planning to Implement proposal) Rusk County will serve as fiscal agent with Gary Rivers, Contract Administrator for fiscal matters. John McMahon is the new Family Care Development Director and TMG will be the MCO Development Contractor. A Phase II & III continuation funding proposal for 2008 will be submitted in November 2007, with a target date of January 2009 for the new MCO to begin enrollment. On a parallel track, a region-wide network of two single county and two multi-county Aging and Disability Resource Centers will also be developed and operational by November of 2008. There will a local ADRC presence in each county, with multiple shared functions across the region.