

**Southeastern Wisconsin Care Management Organization
Planning Grant Final Report**

Department of Health Services – Division of Disability and Elder Services

Reporting Period: This report documents activities performed by planning grantees for the entirety of the consortium’s grant period. This report includes information from May 2005 to July 2008.

Section 1 – Identifying Information

Planning Group Name: **Southeastern Wisconsin Care Management Organization (SEWCMO)**

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

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Current Planning Partners:

Planning Partners include the following counties: **Kenosha, Ozaukee, Racine, Washington, and Waukesha counties.**

Planning Partners include the following private agencies: **Community Care, Inc., Lutheran Social Services of Wisconsin and Upper Michigan.**

Planning Partners no longer involved in the process include:

The Management Group (TMG) and Community Care In Action (CCIA) did not participate in planning when it was decided to proceed with implementation in Racine and Kenosha.

Ozaukee County, Washington County and Waukesha County ended its affiliation with the planning group as it moved into active planning with the Family Partnership Care Management Coalition (FPCMC).

Section 2 – Strategic Planning for System Change

Describe your approach and your progress to strategically plan for managed long-term care program development and implementation.

Detail any needs assessments, mission, principles, goals, objectives and workgroups that your planning group established.

SEWCMO planned to plan through the consensus of all partners at the table with some of the work to be done using workgroups who would report their progress at regular steering committees. Lists of workgroup members and their respective task lists are included in Section 2A Attachments

Several models of a public-private partnership were reviewed and considered. Diagrams of these models are included in Section 2B Attachments.

The Coalition was successful in its planning efforts as managed care is in the process of implementation in Racine and Kenosha counties.

Report the membership of steering or executive committees and workgroups (name and affiliation), meeting schedule (weekly, monthly, etc.). For steering or executive committees, describe the procedural and decision-making model used. For workgroups, describe the scope of work, tasks and outcomes from each.

Lists of workgroup members and their respective task lists are included in Section 2A Attachments

Identify and describe the involvement of paid or unpaid facilitators that guided your process. If your planning group hired a project manager, list the responsibilities of that individual and the skills he or she brought to your planning efforts. Describe the extent to which your group utilized consultative services, such as those offered by Community Care in Action (Gerry Born), the University of Wisconsin Extension, The Management Group or Organizational Skills Associates (Buck Rhyme).

There were no paid consultants, facilitators or staff from the grant for this project.

Describe the level of involvement of local elected or appointed officials in your planning efforts. Identify the timing and frequency of their involvement; for example, were they involved from the beginning and on-going basis, or not engaged in the planning efforts, but briefed at strategic intervals. Describe the official action taken by local elected officials and boards in regard to your planning or implementation process. Attached all resolutions, by-laws or legal agreements reviewed and approved by these bodies.

Racine and Kenosha counties maintained communication with their Long-Term Care Councils, Aging Commissions, Human Services Committees and County Boards. Human Service Directors worked with their respective decision makers as implementation plans were created and necessary approvals were obtained.

Copies of individual county resolutions were not required at the time Racine and Kenosha counties implemented Family Care.

Describe any legal assistance obtained by your planning consortium and identify the firm and attorney who provided these services.

No legal assistance was used in the implementation in Racine and Kenosha counties.

Section 3 – Consumer and Stakeholder Participation

Describe your approach to consumer and stakeholder participation in your planning (including involvement with UW-Extension LTC Planning and Stakeholder Project). Identify dates, content and summarize outcomes of all consumer and stakeholder outreach events using a timeline (one-on-one contacts with individual consumers need not be enumerated). Describe stakeholder activities that you found particularly beneficial. Include copies of any consumer or stakeholder surveys (including provider surveys) that you conducted and summarize the results of those surveys.

The Stakeholder Plans for Racine and Kenosha counties are included in Section 3A Attachments. Various consumer, provider and public forums were held in both counties as managed care implementation was planned and implemented.

A day-long training session for county stakeholders was held on May 15, 2006. The outline and handouts are provided in Section 3B Attachments.

Section 4 – General Communication

Describe the methods by which you distributed information about planning meetings, distributed meeting minutes, and notified the public about forums, training and information sessions. Provide a summary of contacts with media regarding your planning or issues related to the expansion of managed long-term care in your geographic area and photocopies of pertinent newspaper articles.

Various consumer, provider and public forums were held in both counties as managed care implementation was planned.

Section 5 – Program Development

Describe your progress toward identifying the program model that you selected to be the focus of your planning and implementation efforts. List the pros and cons of program models **for your planning partners** that your planning group identified in the course of your deliberations.

Both Racine and Kenosha counties agreed to a model whereby Community Care, Inc. bore the risk for managed care services. Counties agreed to operate ADRCs and work with Community Care to transition waiver clients and waitlisted citizens into Family Care.

Describe the progress your planning group made in the following areas identified in your Grant Agreement, Exhibit 1:

- Legal and Operational Platform for Regionalized Governance
 - **The corporate and legal structures of Community Care, Inc. has been used for the implementation and governance of long-term care managed care programs being implemented in the region.**

- **A Regional Advisory Committee has been formed and has operated since the Spring of 2007.**
- Establishment of Risk Reserve and Business Solvency Plan
 - **The risk reserves and business solvency of Community Care, Inc. is being used for managed care programs being implemented across the region.**
- Coordination or Integration with Acute and Primary Health Care
 - **Through the Community Care, Inc. Family Care Partnership Program is offered in Racine and Kenosha counties.**
 - **In both counties, Family Care provides for coordination with acute and primary care services.**
- Establishing a Governing or Oversight Board
 - **The existing and certified governing board of Community Care, Inc. is providing governance and oversight.**
 - **A Regional Advisory Committee has been formed and is operational.**
 - **Community Care, Inc. is reporting to local ADRC Boards.**
- Implementation and Management Plan for Care Management Provision
 - **Care Management is provided through Community Care, Inc. as certified by DHS.**
 - **In Racine County, Community Care, Inc. continued a long standing contract that Racine County had with Developmental Disabilities Information Services**
 - **In Kenosha County, Community Care, Inc. continued a long standing contract that Kenosha County had with Kenosha Human Development Services.**
- Provider Network Development
 - **Healthcare and long-term care network services are provided through Community Care, Inc. as certified by DHS.**
- Administrative and Financial Systems
 - **The Administrative and Financial Systems of Community Care, Inc. are being used for managed care programs being implemented in Racine and Kenosha.**
- Information Technology and Reporting Systems
 - **The Information Technology and Reporting Systems of Community Care, Inc. are being used for managed care programs being implemented Racine and Kenosha counties.**
- Quality Management Systems
 - **The Quality Management Systems of Community Care, Inc. is being used for managed care programs being implemented across the region.**
- Eligibility and Enrollment Systems
 - **The eligibility and enrollment systems of local ADRCs are being used for eligibility and enrollment into managed care.**
- Coordination with Adult Protective Services and Statutory Requirements
 - **Coordination with Adult Protective Services and other statutory requirements are being managed via a memorandum of understanding between each MCO and each individual county. Resolving issues is accomplished through collaboration between agencies.**
- Conversion of Present Waiver Caseload and Waiting Lists
 - **The conversion of the present waiver caseload and enrollment off of waiting lists is being handled through an enrollment plan created by each county in**

collaboration with Community Care, Inc. DHS has approved each county-based enrollment plan.

Racine County began implementation in January 2007 and Kenosha County began implementation in February 2007. Both counties will complete its transition plans by the end of 2008. Wait Lists for services will be exhausted by the end of 2008.

Section 6 – Aging and Disability Resource Center (ADRC) Planning

Describe involvement of your planning group in activities to achieve readiness for an operational ADRC or ADRCs within the counties or geographic area that is the focus of your planning. Describe the process of planning and the current state of readiness for each ADRC planned to serve consumers in the geographic area of your consortium. Describe the process used by your member counties to decide whether to pursue regionalized ADRCs.

Both Racine and Kenosha counties transitioned to full ADRCs prior to the start of managed care implementation.

Section 7 – Major Milestones

Provide a visual and narrative description of major milestones achieved by your planning group. Achievement may be in many areas: communication, group process, strategic planning, consensus on plans or issues, formation of business partnerships or governance structures, etc. Summarize the progress that your planning group has made, overall, toward planning for expansion of managed long-term care. Identify any significant deviation from the planning timeline that was included in your grant proposal. Describe challenges faced by your group as it proceeded through planning activities.

- October, 2006:** Notification that Community Care, pending MCO certification would be awarded a contract to implement managed care in Racine and Kenosha counties.
- January 1, 2007:** Racine County begins Family Care enrollments through Community Care.
- February 1, 2007:** Kenosha County begins Family Care enrollments through Community Care.
- April 1, 2007:** Kenosha County begins Family Care Partnership enrollments through Community Care.
- December 2008** Full entitlement expected in both Racine and Kenosha counties.

Section 8 – Budget Narrative

Attach a final budget showing detail of expenditures by item that reconciles with the final amount your consortium billed to DHFS on CARS.

No grant funds were spent on planning or implementing in Racine and Kenosha counties. The \$100,000 SEWCMO grant was rolled over to the Family Partnership Care Management Coalition (FPCMC).

Section 9 – Next Steps/Implementation

If not discussed elsewhere in this report, indicate when your planning consortia may be in a position to respond to an RFP from DHS for managed long-term care, if you have not done so already. To the extent possible, describe the activities your group anticipates undertaking following the completion of this grant period. Identify information, technical assistance or support that would assist your group to achieve activities after the grant period.

Community Care, Inc. intends to overcome its financial struggles resulting from the Family Care implementation and expects the program to be solvent in 2009.

Submitted by:

**Paul F. Soczynski
Chief Operations Officer
Community Care, Inc.
And
SEWCMO Project Manager**

August 25, 2008