

**MINUTES**  
**FAMILY PARTNERSHIP CARE MANAGEMENT COALITION**  
**7-19-06**

Present: Dennis Wittig, Columbia County; Joan Ketterman, Sheboygan County; David Sievert, Todd Costello, CLA; Molli Huling, Marquette County; Linda Van Ness, Green Lake County; Glenn Johnson, Jim Surprise, Waushara County; Kathryn Ryan, Dave Titus, Dodge County; Sandra Roberts, Columbia County; Dan Brattset, Sauk County; Michael Bloedorn, Washington County; Robert Haupt, Ozaukee County; Tom Schleitwiler, Jefferson County; Jack Bodien, Don Maurer, Waukesha County; Ken Eimers, Elder Care; Ed Kohl, Elaine Reis, LSS

Distribution of Invoice by LSS

Ed Kohl distributed invoices to partners for the contribution of \$2,000 to the coalition. Payments are due by October 1, 2006.

Authorization of payment for expenses

LSS did receive the state's first payment for the planning work of the coalition. Invoices may now be submitted.

Tom Schleitwiler moved and Bob Haupt seconded the following motion. Day-to-day expenditures up to \$1,000 may be approved by Ed Kohl and Paul Soczynski, and then reported to the coalition. Expenses over \$1,000 such as contracts or purchase of service items will be brought to the full committee for discussion and approval.

Financial reports may be presented at a monthly committee meeting.

ADRC Update

Tom Schleitwiler and Sue Torum, Jefferson County visited the Aging and Disability Resource Center in Portage County. Tom described that ADRC as a fine example of how to nest a variety into a well-integrated system. Among the offerings of the center are an adult day center, a foster grandparent program, a craft workshop, a nutrition site, the Retired Senior Volunteer Program (RSVP), a senior center, a transportation program and a resource center which includes a computer lab, lending library and education sessions. The Center Coordinator is an employee of the Department of Aging and the Center delivers the functions of that department. The Portage ADRC continues to develop the functions directed to persons with disabilities.

Tom brought to the attention of the group a policy paper prepared Disability Rights Wisconsin entitled "The Future of the Disability Benefits Specialist Program in Wisconsin: A Policy Paper Ensuring Quality", July 2006.

### Update on Communications Workgroup

Kathy Ryan reported that, to date, about 60 people have registered for each of the two in-service education sessions. The facility where the meetings will be held can hold 75 – 100 people. Educational session dates are July 27 and August 23, 2006. Agendas were e-mailed to coalition members.

Paul Soczynski and Dave Titus will deliver opening remarks. Dave will ensure that Bob Haupt's point be included: that it is more risky to do nothing about the redesign than it is to participate in the planning process. Positive comments from consumers and providers will be mentioned. If possible, presenters will include county staff that has worked in both systems.

### Potential models of governance and risk/reward sharing

Dave Tutus shared an e-mail exchange between him and parties in the Northwest Consortium. Dave's point is that entities at the table are capable of forming a CMO.

Other pertinent comments follow. There is a benefit to having as many consumers as possible. It is valuable to have Partnership organizations as partners in order to spread the risk and to benefit from their established expertise in delivering services + health care. It is difficult for counties to buy into a risk reserve that is larger than their own county population. In effect, every county shares an element of risk because tax levy will be assumed into the risk pool. Therefore, even those counties who contribute only that base level of investment will have a share in influencing the philosophy and delivery system of the providers. A county's influence may grow with an increased amount of investment beyond the base tax levy.

It is complicated to assign county risk. Because actual consumer usage will vary from year to year, county risk may also vary over time.

Ken Eimers and Todd Costello stated that the Partnership programs are flexible regarding various models of risk sharing. Although Paul Soczynski was unable to be present, they were sure that he would agree with the statement regarding flexibility.

Ken stated that it is unclear at this time how much difference in the delivery system and employee expectations among counties is feasible. Future decisions will include what portions of the Partnership concept are appropriate to be tailored to individual counties and what roles/functions/elements can be optional. David Sievert pointed out that determining the benefit package for consumers would be an important issue. It is desirable to develop a model that avoids silos at the program level while still being sensitive to county individuality.

The existing Family Partnership Initiative allows for variation. A balancing factor is that one entity provides the care management, resulting in a single point of control for the work as well as assurance of consistent practices. Regular utilization reviews are a tool

for the partners to evaluate results and make adjustments. It will be important to separate the governance of the model from the supervision/delivery/oversight of the day-to-day operations.

A matter for considerable discussion is whether the CMO entity can subcontract for county staff as care managers, with standards, performance expectations, oversight and supervision to be set by the CMO. Although that issues is a major element to consider, it was determined that discussion of the use of staff is not a driver for determining the model.

The group specified some agreements that have been reached.

- FMICMC will establish a regional entity to apply for and sign the contract with the state.
- The system will be based on an integrated model that includes not only services, but also acute and primary care. Family Care as an optional model can be considered.
- The partners will share risk. Varying levels of risk and reward will exist.
- Governance will include all partners at the FPICMC table.
- Regional ADRCs can be creative. Their governance bodies and structure will not be identical to the CMO governance.
- The cost of purchasing care management will be regionalized.

In designing the model, an important consideration will be how/whether counties may apply to be subcontractors.

#### Action statement

Elder Care, Community Living Alliance and Community Care will work together to make a recommendation(s) to the full FPCMC on how the Partnership organizations would cover the region. The Partnerships may use the input of the FPCMC governance group to gain information and input/data for planning purposes.

It was pointed out that in designing for service delivery and care management quality, the CMO cannot make divisions based on county lines and boundaries. It will be necessary to develop a strategy regarding delivery of care management and lines of authority.

### Update on contracting with TMG

The group decided that it would prefer to have the ability to contract for specific tasks to be delivered by TMG than to pay a fee that is more like a retainer for general, yet-to-be-determined TMG involvement. That is not the preference of Peter Tropman. Dave will e-mail Peter, who will be invited to talk with the smaller team comprised of Ed, Bill and Ken if Peter would like to discuss issues and concerns.

Partners in the coalition are not being paid unless there is a separate sub-agreement. In addition, partners contribute \$2,000 in order to participate and further the planning initiative.

The coalition wants to look for a competitive market rate for any work needed by the coalition.

### Updates regarding other planning consortiums

The Southeast Wisconsin Care Management Organization will submit two separate RFPs, specific to Racine County and Kenosha County.

The Dane/Rock consortium is involved in a process similar to the FPCMC. They are looking at 5 models. One model is “co-purchasing” model with the counties co-signing the contract, giving counties authority over who is the CMO and maintaining a level of local control. It is intended that such a model would give the counties greater leverage regarding the use of Community Aids.

### Meeting dates

FPCMC meeting dates were confirmed: August 2, August 16 and September 6, 2006.

### Future agenda items

Items for future discussion include a) Partnership presentation on their recommendations for a regional model to include acute and primary care, b) Evaluation of the first staff/stakeholders meeting, c) Direction for the communications group to determine which stakeholders will be targeted for the next information initiative, d) Update on TMG involvement, e) Update regarding development of a work plan and f) Update on need for which data.

### Next meeting

The next meeting of the coalition will be Wednesday, August 2 at 9:30 at the Dodge County Office Building.

Submitted by Elaine Reis

