

Attachment B

Statement of Interest Statewide Long-term Care Reform

FAMILY PARTNERSHIP CARE MANAGEMENT COALITION (FPCMC)

ORGANIZATION NAME(S)

This statement of interest is submitted by the Family Partnership Care Management Coalition (FPCMC). The following organizations are participating in this response:

- 13 Counties—Columbia, Dodge, Green Lake, Jefferson, Juneau, Marquette, Manitowoc, Ozaukee, Sauk, Sheboygan, Washington, Waukesha, and Waushara. All of these counties except Waushara currently are members of the Family Partnership Initiative (FPI), a multi-county managed care program with Lutheran Social Services that provides comprehensive care management and services to youth at risk of institutionalization.
- Two Care Management Organizations (CMO) for the Family Care Program - Fond du Lac CMO and Richland CMO.
- Three Wisconsin Partnership Programs - Community Care, Inc., Community Living Alliance, Inc. and Elder Care of Wisconsin.
- Lutheran Social Services of Wisconsin and Upper Michigan, Inc. (LSS)
- The Management Group, Inc. (TMG)

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BRIEF DESCRIPTION OF ORGANIZATION

FPCMC is a coalition of counties, Family Care CMOs, Wisconsin Partnership Programs, and private organizations. Eleven counties and LSS have been working as partners through the FPI program since 1996. The FPCMC group as currently constituted began meeting in Summer 2005 to begin planning for a coordinated, integrated approach to long-term care redesign.

All FPCMC partners have experience with managed care approaches to human service delivery and thus understand the potential of this approach, as well as its financial and administrative requirements. The partners also have considerable experience in the provision of long-term care services.

- The Fond du Lac and Richland CMOs have gained this experience as care management organizations for the Family Care Program. The Fond du Lac CMO provides comprehensive managed long-term care services to 966 members, while the Richland CMO serves 322 members. In providing long-term care services, both CMOs assure close coordination between long-term care and primary and acute care services for their members.
- Fifteen county members and LSS all participate in the FPI managed care program providing community-based services to youth at risk of institutionalization. Through this successful program, initiated in 1996, county members pay a capitated amount to LSS, which is

responsible for providing consumer-focused, wraparound care management and services for participating families.

- The county members of FPCMC all have over 20 years of experience operating long-term care programs through the COP and CIP waivers. As such, they have well-developed county operated and contracted provider networks serving all target populations with care management, residential, supportive home care and other services. They have effective advisory committees and other mechanisms for incorporating consumer participation and input in their program governance and decision-making. CLA also operates a COP-W/CIPII waiver program under contract with Dane County.
- LSS provides coordinated, wraparound managed care services to youth through the FPI program. It also provides long-term care services in many Wisconsin counties, including substitute care, supportive home care services, care management, supported employment, and adult day and residential services. It is a licensed home health agency.
- TMG provides planning, program development and ongoing operation support for long-term care organizations. TMG has worked with long-term care organizations as its primary focus since its inception in 1988, focusing on design and implementation of managed care approaches for long-term care and SSI populations, design and implementation of quality management systems for long-term care, and use of data and information to effectively manage long-term care organizations. TMG has worked with all major Wisconsin long-term care programs, including WPP, Family Care, the Community Options Waiver Program, the Community Integration Program, and PACE. It has been actively involved in the design of SSI Managed Care approaches in Dane and La Crosse Counties.
- The three Wisconsin Partnership Programs currently serve 1,134 enrollees. Community Care, Inc. (CC), Community Living Alliance, Inc. (CLA) and Elder Care of Wisconsin (Elder Care) are currently operating integrated long-term care managed care programs serving the frail elderly and physically disabled populations. These programs utilize both Medicaid and Medicare funds. They are licensed HMOs, with capacity and experience in implementing SSI managed care programs, Medicare Advantage products, and Medicare Special Needs Plans. CC serves a multi-county area, including Milwaukee and Racine counties.
- There currently are two Aging and Disability Resource Centers (ADRC) in the FPCMC area, in Fond du Lac and Richland Counties. In addition, two ADRCs are under development. One will serve Waushara, Green Lake and Marquette Counties and the other will serve Sheboygan County. These ADRCs will be operational by July 2006.

INTEREST IN PLANNING AND IMPLEMENTATION OF LONG-TERM CARE REFORM IN WISCONSIN

FPCMC partners seek to develop a managed long-term care system that provides high quality services to all eligible persons in its service area. The managed long-term care system would build upon the experience of existing, local county long-term care programs, in coordination with private sector partners who have proven track records in delivering high quality services through cost-effective managed care programs. The Family Care and Partnership Programs are the program platforms from which FPCMC will build its regional managed care program. The redesigned system would be rooted in the values of Long-Term Support Reform (choice, quality, access, cost efficiency, integration), and would build on its partners' experience both administering comprehensive community-based long-term care services for all target populations and with managed care. Through a phased process, it would work towards a more fully integrated model of long-term care, primary and acute care, and mental health services.

The coalition is interested in effecting this expansion in a way that:

- Provides high quality outcomes for all members. The coalition recognizes the importance of focusing on member outcomes, and developing approaches for measuring outcomes and instituting continuous improvement efforts to improve those outcomes.
- Provides culturally competent services. Providing culturally competent services is critical if desired consumer outcomes are to be achieved. Working with a consortium of counties will increase the numbers of persons requiring culturally competent services, thus enhancing the ability to attract providers who are prepared to provide culturally competent services to consumers.
- Assures excellent front-end access to services and supports through the use of resource centers. Through the planning process, the coalition will determine whether resource center services would be provided through a single resource center with multiple branches or through separate, coordinated resource centers. In either scenario, FPCMC would expect to use technology as much as possible to share information and improve consumer access to information.
- Provides person-centered, outcome-based care management services. Effective, person-centered care management will be central to the FPCMC system. During the planning stage, decisions will be made about the organization of the care management function. Approaches for developing effective care management teams, and development or procurement of automated case management systems will also be considered.
- Provides a comprehensive provider network that provides consumers with meaningful choice among services and providers
- Incorporates consumers in governance. Emphasis will be placed on approaches for incorporating consumers in the governance of the organization that go beyond tokenism to assure that consumer issues and concerns are fully reflected in organizational decision-making.
- Supports consumer self-direction. FPCMC will promote consumer self-direction for consumers in any target group who would like to self-direct some or all of their services. It will ensure that adequate training and resources are available to support consumers, case managers and service providers who are involved with consumer self-directed services. It will develop and implement mechanisms for ensuring the quality and cost-effectiveness of self-directed services.
- Promotes use of informal and community supports. Member outcomes will be improved if informal and community supports are incorporated in the service plan, complementing formal social services. Care managers will be trained and encouraged to identify potential sources of informal and community supports and to monitor their effectiveness over time.
- Effectively coordinates and blends available funding sources. The redesigned long-term care system will be charged with widening the scope of services and improving outcomes in a budget-neutral environment. To achieve this goal will require effective coordination of diverse funding sources, including Medicaid waiver funds, community aids and local levy. This will be particularly challenging due to the large number of jurisdictions involved. Coordination and blending of funding sources will be a major focus of the planning period.
- Assures financial viability and solvency. Managed care cannot succeed without sophisticated managed care infrastructure and knowledgeable financial management. An advantage of a large, multi-county coalition is the ability to pool together to develop and support the human resources and technology to provide appropriate financial management. Development of the financial management system will also be a major focus of the planning period. Key goals will be assuring the fiscal soundness of the program, the solvency of the MCO(s), stability in and reduction of county liability, near-term cost neutrality and long-term full entitlement.
- Involves a comprehensive quality management system, with quality management practices fully integrated into all program functions. FPCMC will develop and utilize a quality management system built around the CMS Quality Framework, with specific and well-defined approaches for discovery, remediation and improvement in major program areas. Responsibility for quality

management will be clearly defined within the organization, and those with key responsibility in this area will have the authority to effect changes based on quality management system results.

- Utilizes an organizational structure and governance system that is workable and that fairly represents all coalition members. Working out practical approaches allowable under state law will be a major focus of the planning period.
- Adopts fair and workable mechanisms for risk sharing among partners. Similarly, this will be a major focus of the planning period.

GEOGRAPHIC AREA OF INTEREST

The service area is defined by the borders of the contiguous counties participating in the FPCMC coalition:

	Population (DOA Census)		COP and Waiver Programs (DHFS)			FC (DHFS)	SSI (DHFS)*	NH (DHFS)	COP/ Waiver Wait List (DHFS)
	All	18+	Elderly	DD*	PD				
REGIONAL TOTALS	1,221,348	907,220	1,592	2,526	873	1,287	15,987	5,661	2,259

The population counts are derived from public data, available on State of Wisconsin web sites.

*DD COP and Waiver and Non-Waiver SSI populations have been calculated based on reasonable assumptions about the available data. These assumptions should be reviewed before more detailed analyses are conducted.

PROPOSED SCOPE AND NATURE OF THE PROGRAM

FPCMC will develop an integrated managed long-term care system that provides continuity of care with flexible, consumer-centered care planning. In doing so, it will build on the rich experience of its partners. FPCMC includes both Family Care CMOs and Wisconsin Partnership Program organizations, providing the opportunity for building on the base of either or both of these programs in developing the new managed care model. It includes counties that administer long-term care services through the COP and CIP programs, and who have well-established care management and provider networks. LSS brings expertise and capacity as a provider, and TMG has considerable experience bringing organizations with varying backgrounds and expertise together to plan and implement creative, effective managed care program models.

- The program will serve the elderly, physically disabled (PD) and developmentally disabled (DD) target groups. The Family Care and Partnership Programs will be used as the program platforms from which to design and build FPCMC’s regional managed care program.
- While the coalition does not plan to immediately serve people who have only a mental health/substance abuse (MH/SA) diagnosis, it recognizes that a high percentage of persons in the elderly, PD and DD target groups have MH or SA issues. Thus, the program will place considerable emphasis on coordinating with existing county MH programs and assuring appropriate access to Medicaid card MH/SA services for its members. Eventual expansion of the managed care model to include the MH/SA target group will be explored as part of the planning process.
- The planning process will focus on how existing COP and CIP services will be integrated into the new managed care model, expanded in the direction of the Family Care and Partnership Programs as quickly as financially possible.
- The planning process will also focus on the approach for assuming nursing home risk, considering both the existing nursing home population and persons newly entering nursing homes. It will consider the impact of ICF-MR downsizing and nursing home relocations on the design of the managed care model.
- It is anticipated that most counties will enter the program within 18-36 months after the conclusion of the planning process, recognizing the complexity of negotiating these agreements within counties. FPCMC will work closely with its managed care organizations, and if there is an opportunity to accelerate the process for at least part of the coalition area, it will do so.

- Counties currently operating COP and CIP programs have waiting lists. A coordinated waiting list management system will be developed to expedite access with savings used to shorten these waiting lists.
- FPCMC will work with DHFS on establishing rates and a ratesetting process that results in actuarially sound rates that correspond with service needs and assure financial viability and solvency.
- Key areas of focus for the planning process will also include:
 - Planning for interdisciplinary case management teams, with differing levels of intensity based on member need. Incorporating consumer self-direction will be an important option for consumers.
 - Exploration and selection of governance options.
 - Analysis of information technology and reporting needs, and design of the approach towards information technology.
 - Design of an integrated quality management system.
 - Building on existing approaches for consumer involvement to ensure effective, systematic consumer involvement in FPCMC planning and program operations.

As discussed in our RFP Response, FPCMC is aware that complementary responses are also being prepared by CC (South Eastern Wisconsin CMO), The Northeast Region, CLA and Elder Care, and Richland CMO which overlap with some FPCMC counties. FPCMC sees this as a strength and opportunity and accordingly would be interested in organizing joint efforts with other coalitions to work on areas such as information technology, provider network development, performance contracting, training and staff development, workforce, and quality management system design. There would be significant advantages to having consistent, statewide approaches in these areas. Additionally, collaborative efforts in these areas would allow participants to pool planning funds, resulting in more cost-effective use of planning resources.

IMPLEMENTATION STRATEGY

As discussed above, FPCMC will develop a specific implementation strategy through its in-depth planning process. A phased implementation plan will begin enrollment on a cost neutral basis in the short term but will, contingent on expanded state funding, achieve full entitlement over two biennia. The strategy will build on the broad range of experience and expertise of FPCMC partners, including experience with Family Care, the Partnership Programs, COP and CIP. It also includes the experience of a major long-term care service provider organization and of an organization with considerable experience designing managed care approaches involving multiple diverse organizations. The experience that many FPCMC partners have collaborating on the FPI managed care program will also support the implementation strategy.

The FPCMC planning process will develop the foundations of the FPCMC system, in terms of governance, information management, financial and risk management, quality management and the other areas mentioned above. Actual implementation of the system, building on the foundations established during the planning process, will take place over an 18 to 36 month phase-in period, as groups of Partnership Programs, Family Care CMOs and counties are ready to move forward.

OTHER COMMENTS OR INFORMATION

FPCMC partners are very interested in assuring that Wisconsin's investments in its long-term care infrastructure, and the learning and experience that has resulted from those investments, contribute to the development of a new, high quality managed care approach for serving long-term care consumers. They look forward to working with DHFS to design and implement this approach.