

Minutes of the Combined Health and Human Services Board and Committee Meeting

Thursday, January 31, 2008

The meeting was called to order at 1:00 p.m. by Board Chair Dennis Farrell

Committee Members Present: County Board Supervisors Jim Behrend (Chair), Sandy Wolff, Rodell Singert, Tom Schellinger, Jim Jeskewitz, Joe Vitale, Peter Gundrum

Board Members Present: County Board Supervisors Dennis Farrell (Chair), Jim Behrend, Duane Paulson, Vera Stroud, Jim Jeskewitz, and Citizen Members JoAnn Weidmann, Mike O'Brien, Dick Wutt, Dr. Peter Parthum and Flor Gonzalez

Also Present: Chief of Staff Lee Esler, Director of Senior Services Cathy Bellovary, Deputy Director of Health and Human Services Don Maurer, Human Services Long Term Care Manager Jack Bodien, County Board Supervisor Fritz Ruf, Community Development Coordinator Glen Lewinski, Senior Financial Analyst Clara Daniels, Gina Groskopf from Care Wisconsin, Inc., Paul Soczynski from Community Care, Amanda Behling and Lisa McLean from Mental Health Association and 211, and Gary Erdmann.

Farrell introduced the new Health and Human Services Board member, Flor Gonzalez and members introduced themselves. Stroud is retiring as of February 1, 2008, but she will accept a placement as a citizen member on any boards. Her main interest is Public Health. Wutt also announced that he is retiring at the end of his term which is April of this year.

Committee Items

Legislative Update

Esler announced that the legislative session ends on March 13 and that there might be a special session to deal with the water compact.

Announcements

Maurer announced that Peter Schuler is out of town and unable to attend this meeting, but will be back on February 14th. Included in your packet is an article from the newspaper regarding kids in foster care and the movement across the nation to try to extend medical coverage for kids aging out of foster care. Research is clear that this helps not only with social and emotional transitions, but greatly increases the likelihood of positive contributions as a citizen. There is also a brochure on a future conference regarding kids and trauma and the effects it has on later development and adjustment. There are some changes in the by-laws that need to be noted. On page 1 reference is made to state statutes regarding a nurse and physician on the board and the need to have a member who has received services or who has a family member who has received services. Also on page 4, Article IX was added regarding attendance and changed the numbers following that article in sequence. Maurer also announced that Peter Slesar was hired to fill the position of Adolescent and Family Services Division Manager which will be vacated by Pat Voss who is retiring February 15th.

Joe Vitale stated he received a very favorable review by the State of the Juvenile Center. He says the records should show that this was very positive. Singert asked why it took so long if the

critique was done in September. Maurer explained that this is routinely conducted annual review, but we could certainly put it on the agenda for review and it would give everyone a chance to meet the new coordinator at the Juvenile Center. Singert's concern was why it took so long for the report to get out since it was dated in September. Behrend said it would be on the next committee agenda before the board year is over. Esler stated that the report might have been received in the County Board office in December and as correspondence was put in the mailboxes of County Board Supervisors.

Executive Committee Report

Behrend reported that what was discussed was pretty much covered by the board and most of it was taken up by appointments.

Board Items

Approve Minutes of 11-1-07

MOTION: Weidmann made a motion seconded by Wutt to approve the minutes. The motion was voted on and carried 10-0.

Meeting Approvals

MOTION: Wutt made a motion to approve attendance at the January 29, 2008 presentation by the Milwaukee/Waukesha Consortium on Public Health Preparedness. The motion was seconded by Behrend. Motion was voted on and carried 10-0.

Announcements

Weidmann made an announcement regarding the Public Health Performance Standards. The Health Division is willing to take on the leadership in doing the performance standards for the entire community, but they would like to know if they would have the support of the Health and Human Services Board to advocate for the performance standards, the process, etc. Because it is not on the agenda we cannot take an official vote, but Weidmann would like to know if this is something we would like to do. Would the board be interested in going forward and hearing more at the next meeting. The Performance Standards has to do with the chapters involved in the essential public health services and take a look at these on a community-wide basis and monitor the health status to identify community health problems. Weidmann passed out a list of the essential public health services. They look at the information collected and can tell how our county is doing in responding to the various services. You then have a picture of the entire county public health system. The intent is to better improve the services in the community by communication between various providers and works toward collaborating, provides benchmarks for what would be the way we should go in the public health system. The Board is the one who is primarily responsible. JoAnn will ask that this be put on the February 28th agenda.

Advisory Committee Reports

For our new member's benefit, Farrell explained the five advisory committees report to the board their needs and situations that they feel should be addressed prior to the start of budget. Upcoming dates for this year are February 28th the DDAC (Developmental Disability Advisory Committee) will be reporting, on the 13th of March it will be AODA (Alcohol and Other Drug Abuse Advisory Committee and Mental Health and on March 27th CAFSAC (Child and Family Services Advisory Committee and Public Health. The Public Hearing is scheduled for April 30th at the Expo Center. The Board will meet on May 8th to put together and prioritize the needs of all the advisory committees plus input from the public hearing. On May 22nd the board will meet

with the County Executive to present the list of needs. Farrell reported that all advisory committees are working on their presentations.

Wutt and Paulson announced they will not be able to attend the meeting on March 27th.

Future Agenda Items

The Performance Standards topic brought up by JoAnn Weidmann and the Juvenile Center report brought up by Rodell Singert.

Joint Items

Long Term Care Planning and ADRC Update

Farrell reported that he attended an informational meeting at the Expo Center for the public regarding the long term care redesign. He stated it went very well and was very informative.

Maurer introduced our two partners, Paul Soczynski, Chief Operations Officer of Community Care, Inc. and Gina Groskopf from Care Wisconsin, Inc. formerly known as Elder Care. Don also introduced Jack Bodien, Long Term Care Manager and Cathy Bellovary, Director of Senior Services soon to be The Aging and Disability Resource Center. Maurer gave a brief summary of the steps we have taken in the past two years as we moved forward with long term care reform. The state's intent is to regionally leverage the existing dollars already in the system to bring in more dollars in order to take people off waiting lists and to expand throughout Wisconsin as we face an aging population. The big part of this is to bring people in early on in the process in order to plan early, optimize effective use of personal resources, avoid unnecessary deep end services, and lower costs in the long term. We have given presentations all along on this process and as of last summer, we signed on to respond with our partners to the RFP. Last year you approved the resolution to go forward with the planning for the ADRC. We also built into our budget participation and long term care reform including the assumption that our private partners would be taking on the long term care services. Our budget was approved and when the State budget was finally approved it included Family Care Expansion. In your packet is a copy of a letter sent to the Office of Family Care Expansion regarding Waukesha County's financial contribution which will be brought down to equal 22% of the 2006 community aids allocation in five years. To do that, our contribution will be reduced by 25% each year until we reach that 22% of 2006 allocation, which is \$2,504,617. The State legislature wanted to know what we were going to do with the "savings". Maurer noted that state personnel and/or legislators appear to not be aware of the considerable program and service reductions we have had to make as a result of the freeze in state community aids since 1995, not to mention underfunding of Youth Aids and Income Maintenance allocations to counties. All counties had to send to the State their plan for spending this future "savings" by February 1st. The letter stated that the savings will go towards further reductions or elimination of those types of programs that have had to be reduced or cut as a result of the lack of state funding over the past 10 to 15 years. Today's purpose is to hear the updates of the ADRC and become reacquainted with our partners.

Cathy Bellovary stated that the MMB's (mobile manufactured buildings) should be moved by the end of February to the west side of the building. It should then take a month to do the internal construction in the buildings and another two weeks for records and staff to be moved. Once the records and staff are moved, construction of the portion of the building where the ADRC will be placed can begin. Bellovary had a copy of the building plans and explained where the offices would be located as well as the waiting room and the new entrance. When

asked by Farrell if we were paying anything for the MMB's, Bellovary stated that yes there will be a charge (Farrell and Jeskewitz stated that the Village of Menomonee Falls sold the trailers to the Ranch for \$1.00). Bellovary does not know what we are paying for the MMB's, but negotiations are presently taking place and there was an issue that came up about some telephone wiring that was attached to the trailers. Hopefully this will be settled soon because we can't get started until all the paperwork is signed. Bellovary stated that the opening of the ADRC will start over in the Department of Senior Services on April 1st. They will be transitioning some staff from Long Term Care to Senior Services who need to be there initially and are presently getting some walls for cubicles, etc. so they are ready. Initially it may be a little confusing because of the addressing, as the full integrated location of HHS and DoSS staff won't be able to occur until after remodeling is complete, but Parks will be making special signage for the front of the courthouse building. At a meeting yesterday she was given the date of the move to this building as August 1st, as they don't think it will be possible to be moved by July 1st which was the previously anticipated date. Paulson asked that we make sure we refer to these buildings as mobile manufactured buildings and not trailers as the word trailer takes on another whole connotation. Singert reminded everyone that these buildings are just temporary and will primarily be housing records and not for public access. Bellovary stated that last Tuesday they had a social gathering for the staff of both departments to get together and meet each other. Bodien and Bellovary continue to go to consortium meetings, work with partners in the community to build up their resource database for developmentally and physically disabled to add to their present information for elderly. Bodien and Bellovary will be doing the training in segments as well as moving staff and clients as well. They will be meeting with the State via conference call and hopefully the State will approve our plan as is and let us get going right away. Two of Long Term Care staff who do the COP assessments and manage the wait list will initially be moving to Senior Services to work with the four information assistance people. In the beginning some of their other programming might have to sit on the side a little bit as we make the transition. The Older Americans Act programming will continue to exist and they will continue services for those folks. Transportation and Meals on Wheels will continue to exist as they are now.

Bodien went over the "Timeline for Transition to Managed Long Term Care" document which was handed out. We submitted our ADRC application 150 days prior to the beginning of the roll over to managed care. At 90 days out which will be April 1st, we have to submit the initial transition plan which will include the number of clients transitioned to the MCO each month. Bodien stated we will have 1,200 clients that will transition between July 1st and December 31st. We also have to explain to the State how we will transition people from our wait list (which is presently about 835 people). We will transition about 35 people per month off the wait list which accounts for 4 to 5 caseloads per month, so we will have 4 to 5 case managers that will have transitioned their clients to the MCO and will free them up to work in the ADRC each month. At 60 days prior to startup we have to submit an enrollment plan which will include how the ADRC will interact with the Economic Support function. Bodien has been working very close with Luann Page (our Economic Support Coordinator) to make sure we have identified the steps that we will use to get people who are eligible enrolled in the MCO in as timely a fashion as possible. In the enrollment plan we also have to talk about our wait list policy, our urgent services process, disenrollment and enrollment process, etc. The final transition plan is also due about the time the enrollment plan is due but this has to include dollars. The State wants to see the dollars along with the people we are transitioning equally dispersed over the 6 month period of time by funding source so CIP 1A and CIP1B, etc. must be equal. The enrollment process will take place in two ways, one will be centralized to convert those people who are already

Medicaid eligible and the State will assist in their enrollment. Others will come through the ADRC for enrollment and that will continue through the entire 6 month transition period. Enrollment begins on July 1st and by December 31st we should have all existing clients transitioned. Our wait list should be eliminated by July of 2010. Jack noted there was an informational meeting on January 16th and there were about 200 who were present. There are two additional meetings on February 20th, primarily geared to consumer and targeting the wait list. Again, on March 12th there will be two more educational presentations for providers and how they will interact with the MCO's. A list of acronyms was also distributed as well as a document entitled "Covered Services" which identifies what is covered under Family Care, Family Care with Partnership (and/or Pace), Self-Directed supports waiver and Medicaid "Forward" Card. All of the four options will be available to individuals in Waukesha County.

Supervisor Wolff asked the future of the Long Term Care Planning Committee. Bodien stated it will have to stay in existence until at least the end of the year as long as we have COP and CIP clients. After that they may transition into an ADRC Board which will have consumer representation. We are also looking at some of our advisory committee members to sit on the ADRC Board. We will have representation from our ADRC Board who will attend the regional and state meetings. As to who this board will report to, we will find out more when the State shares this information with us. Maurer stated that the ADRC is a front door, short term services for this population. We will continue with Adult Protective Services as a county responsibility, but the MCO's will be involved with the service delivery for those who qualify for CMO enrollment. The regional aspect of the MCO is where the expansiveness, diversity, and numbers are what will make it work financially and also simplify administration. In regards to the funding, Maurer stated that Russ Kutz and Steve Krafcheck have been involved in discussions with the state and the budget for the ADRC and once that is approved, they could be drawing funds as soon as March 1st for at least the start of the building.

Presentation on Community Care

Paul Soczynski passed out a handout on Community Care, Inc. which listed their objective, experience, organizational facts, PACE and Partnership Facts and their accomplishments, affiliations and awards. Community Care has contracts with Manitowoc County to do CIP, much like LSS has done for us over the years. They were also a similar provider in Kenosha County until Family Care was started. Their PACE program is an all-inclusive care for the elderly, has been around since 1990. They currently have 824 people in their Pace program, 29 of which are the Sisters of Notre Dame in Elm Grove. Their Partnership Program has been around since 1996 and they have participants in Milwaukee, Racine and Kenosha counties and they have about 280 people in that program. They are a United Way funded organization since 1989 for in-home and community based service programs for 30 disabled individuals who are on the waiting list in Milwaukee County. They have been a Care Management Unit since 2000 for Milwaukee County. They just celebrated their first anniversary as a Family Care provider. They began providing Family Care in Racine in January of 2007, and in Kenosha in February of 2007, and there are now 1500 people enrolled in those counties. Racine County no longer has a waiting list. Tomorrow they start Family Care in Sheboygan County and 94 people will roll over from the waivers and 3 people will come off the waiting list each month. On March 1st they start in Ozaukee County and they expect approximately 55 people for the next six months and in April will begin in Washington County. They are a licensed HMO as of July 2005 which is necessary in order to offer the Partnership program. They do operate their own van service and have their own dental operatories in Milwaukee for their Pace and partnership enrollees. They also have their own pharmacy rather than contracting it out for packaging and mailing out medications.

They have about 650 employees and growing as they move into different counties. Farrell asked how are they going to accomplish this and eliminate our wait list. Soczynski stated through better coordination of care there will be money to be saved because people won't have to go to the hospital or emergency rooms because they are better managing their medications and their overall health in general. The overall budget improves because there are less acute and nursing home placements which are very costly. This has been proven to work in the five pilot counties. In the beginning it may not be less expensive, but in the long run money will be saved and gets redistributed in a better way. When Vera asked about transportation, Soczynski stated that if a person is enrolled in their program, there will be transportation available at no charge. The Family Partnership Coalition which Waukesha County is a part of, and some of the grant dollars they have received, have petitioned the State and it has been approved that we are looking at not only within the county but a regional approach as far as going from county to county. Maurer cautioned that you need to be eligible for CMO enrollment to receive CMO transportation. He clarified that if the ADRC was up and operational, an individual would go there, have an assessment done of their functional abilities and financial status to see if they are eligible. If eligible, then you would be able to decide which care management organization and which program you were going to choose. If not eligible, the ADRC would help the individual make the best use of the resources they have available.

Esler asked about the increase in their operating budget over four years ago and how they were able to increase it by so much. Soczynski replied that they have taken on Sheboygan, Washington, Ozaukee and Waukesha counties and that is a huge influx of revenue and responsibilities. They have added good staff to make sure they have sturdy management. They have not had any difficulty in recruitment so they have been able to fill care management positions that they are not contracting for and have added training and quality components. Indications from their Medistar reviews (where the state comes in and looks at their services) is that quality, functioning, documentation and care are all going fine and from a financial standpoint they are doing OK. They may not break even in the first year of Family Care, but they have ample risk reserves in order to withstand that. There is a possibility that they will acquire CLA, but they're still in the due diligent stage and won't know until February 15th and it doesn't go before their Board for discussion until the 19th.

Care Wisconsin, Inc.

Gina Groskopf of Care Wisconsin, Inc. gave the presentation and passed out a booklet on Care Wisconsin. Much of the information she shared with the group is in the booklet. Similar to Community Care, Care Wisconsin has been around since 1976. They developed one of the first adult day care centers in the region in Dane County and also a program for Alzheimers Disease and training for caregivers of people with Alzheimers Disease. They were the first agency in the State to start a Partnership Program with Medicaid. One of the key components of their agency is providing what the people in the program need and want. In quality satisfaction surveys throughout the year they always rank very high as can be seen by the statistics in the pamphlet. They also have a dental clinic and transportation. Like Community Care, services are available depending on the plan an individual is enrolled in. There is a page in the pamphlet which shows the start dates of Family Care and Partnership. In Waukesha County they plan to contract with Lutheran Social Services for case management services, and are hoping to contract for nurses as well. Waukesha County will be their second largest home base. They will also be contracting with the same providers that Waukesha County does now to continue with the continuity of care. The federal government put a moratorium on the expansion of special needs plans through 12/31/09 so they won't be able to expand partnership until January of 2010. When asked if it's

conceivable that someone living in a CBRF, can have access to Care Wisconsin Services such as dental, transportation and/or rehabilitation services, Gina replied that it all depends on what the CBRF offers and the program they are in, as the care is very individualized and done on a case by case basis. Right now they only provide dental services in Dane County. Dental services is something they would like to discuss regionally in order to expand dental services because there is just no easy answer for this and it is a difficult area. Farrell asked for information from Gina about the moratorium. She stated that the federal government decided to not allow some special needs program expansion to those not identified to go by May 2008. They are worried about the growth factor. Soczynski stated that a congressional bill that renewed a large childrens program across the country that allows for considerable care for them and also the final result of what the rate increase is going to be for physicians through Medicare has caused concern in congress about the explosion of special needs plans across the country. Congress has watched the cost of that care to be 12 to 14% higher than if they had just straight Medicare. They put a moratorium on any new expansion until they can get control over how many, how much its costing and is the quality any better for the dollars that they are paying. Community Care was preparing to submit an application for Sheboygan County by March 10th of this year to open up a partnership program in 2009 – they can no longer do this because the moratorium closed that door for us. Maurer stated that part of what happened is that some of the for-profit organizations that have moved into human services in some states, have seen some real problems associated with activities arising out of the profit motive, and in some cases they have not been able to stay on top of the quality control issues because they are moving people into them so fast. So, it's not a bad thing overall, but it's too bad for our non profit CMO partners who are already in that business and have already proven themselves.

Board Item

Approval of Appointments and Reappointments to the Medical and Psychological Staff

Dick Wutt read over the names of doctors that were recommended for reappointments by the Joint Conference Committee and need the approval of the Health and Human Services Board.

MOTION: Wutt made a motion seconded by O'Brien to approve the reappointments. The motion carried 10-0

Adjournment

MOTION: Wutt made a motion seconded by Jeskewitz to adjourn the Health and Human Services Board meeting. The motion carried 10-0.

MOTION: Singert made a motion seconded by Schellinger to adjourn the Health and Human Services Committee meeting. The motion carried 7-0.

Both adjourned at 3:00

Respectfully submitted,

Approved on: _____

James Jeskewitz
Secretary for the Committee