Vote Record

Senate - Committee on Human Services and Aging

Date: 7/25/00

Bill Number: CR 00-055 (Family Care)

Moved by: Robso Seconded by: Roessler

Motion:

see attached

Committee Member	Aye	No	Absent	Not Voting
Sen. Judy Robson, Chair	☑	☐	☐	☐
Sen. Gwendolynne Moore	☑	☐	☐	☐
Sen. Robert Wirch	☑	☐	☐	☐
Sen. Carol Roessler	☑	☐	☐	☐
Sen. Peggy Rosenzweig	☑	☐	☐	☐
Totals:				

Moved, that the Senate Committee on Human Services and Aging recommends modifications to Clearinghouse Rule 00-055, and directs the DHFS to agree in writing, by August 4, 2000, to make modifications to the rule, pursuant to s. 227.19(4)(b)2, Stats.

☑ Motion Carried ☐ Motion Failed

Milwaukee County Department on Aging

Memo

To: Committee on Human Services and Aging

From: Chris Hess, Assistant Director, LTS Milwaukee County Department on Aging

Date: 07/24/00

Re: **Administrative Rules**

In a recent issue of **Generations**, **The Journal of the American Society on Aging**, Bruce Vladeck, former Administrator of HCFA noted that "regulation alone is a rather blunt instrument for improving quality for it rarely goes beyond monitoring the worst offenders." Vladeck recognized well that rules and regulations speak to systems while it is outcomes and values that get at true quality in any program.

Wisconsin followed Vladeck's advice in the implementation of its pioneer Long Term Care initiative, the Community Options Program; one of the first tasks undertaken by that program's leadership was the crafting of a values statement – the **RESPECT** document. Ideas such as "relationships", "empowerment" and "the dignity of risk" suffused the Community Options Program and made it world-renowned for its ability to meet the Long Term Care needs of Wisconsin's citizens.

It was this "culture shift" in values that produced the COP programs' success and not a compendium of prescriptives and sanctions.

As Wisconsin embarks upon a new chapter in Long Term Care – we are gathered to weigh the events of the rules that will govern it. Once again, with the wisdom of experience, a set of 14 outcomes was crafted for Family Care before regulations were proposed. The first outcome, not coincidentally, is that "People are treated with respect".

If such outcomes become part and parcel of the Family Care program from its' inception – and they are extended to the full continuum of Long Term Care – from community-based to skilled nursing facility – the need for oversight and penalty and retribution will be unnecessary. For the consumer, satisfaction that is the object of Family Care will be easily achieved.

Let us distinguish the collection of data to inform the setting of standards from the "top-down" promulgation of rules; before the full exploration of consumer expectation in all its diversity.

Alternative Delivery and
Community Programs

Aurora
HealthCare®

1020 North 12th Street
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Milwaukee 53201-0342
Tel (414) 219-7700
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July 25, 2000

Senator Judy Robson
Members of the Senate Committee on Human Services and Aging
Wisconsin State Capital
Madison, WI 53702

Dear Senator Robson and Committee members,

Thank you for the opportunity to comment on the permanent rules for Family Care.

Aurora Health Care has a strong and abiding interest in the implementation of Family Care. Family Care is, in its design, a better way of meeting the long-term care needs of older adults in Wisconsin. Aurora Health Care has demonstrated its commitment to the development of a better way by significant involvement in workgroups and committees over the last 4 years at both the state and county level, by involvement in Milwaukee County as a pilot partner in case management services, and by legislative education and advocacy.

Today we register in support of the passage of the permanent rules for Family Care. Family Care is not only of "local" importance in terms of its impact on Wisconsin's long term care system, it is a project of national import and has the potential through its replicability of bringing about measurably better long term care of older adults across the nation.

It is on that point that an additional point needs to be made. A new program which is being watched as closely as Family Care and which puts at stake something as critical as the care of our older adult family members must pay close and special attention to the quality standards built into the design. While it is true that any pilot effort by its very nature needs to be flexible so that maximal learning can take place, it is also true that practices, policies and standards can be unintentionally "instituted" during a pilot phase that do not necessarily serve the best interests of the program's implementation over time.

A healthy balance needs to be ensured between regulatory flexibility and non-negotiable, mandated quality standards. This becomes particularly important when key services such as case management are being provided through multiple sub-contracts to a variety of different entities with varying levels of certification, experience and expertise, which is the model being piloted in Milwaukee County.

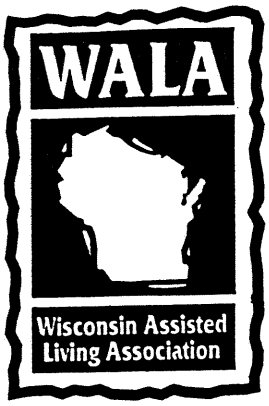
The Department has stated in its response to public comment that a balance between regulatory flexibility and the expected quality standards is achieved through contracting language. **The legislatively mandated independent review, if implemented carefully and thoroughly, is another important mechanism through which dialogue on the issue can continue.** The independent review can provide critical information on how quality and performance standards are being defined, measured and met during Family Care's pilot phase.

The Department is encouraged to remain diligent on the issue of quality standards in Family Care so that the grand experiment it is has every opportunity to succeed. Aurora Health Care remains committed to the development of a quality program and to offering to the Department and counties its expert assistance in the area of geriatrics, community based case management and caremanagement/quality improvement.

Sincerely,

Gina Graham

Gina Graham
Director of Geriatrics and Senior Services (Interim)



Memorandum

To: Members, Senate Committee on Human Services and Aging
From: Beth Christie, Wisconsin Assisted Living Association
Date: Tuesday, July 25, 2000
Re: Hearing Testimony
Clearinghouse Rule 00-055 - Family Care Administrative Rules

It is important to recognize that Family Care is an innovative funding mechanism designed to provide informed consumers long-term care services in the setting of their choice. It is not and should not be a separate source of increased regulation and provider data collection. We should rely on the continued evolution of existing regulatory mechanisms to ensure ever-increasing quality. The provisions in Family Care which allow CMOs to establish standards and measures independently of the public rule-making process should be eliminated.

WALA believes that certain basic standards must be adopted as part of the Family Care rule to ensure that an accurate assessment of the pilot project is accomplished. In addition, by promulgating these basic standards by administrative rule the legislature retains it's ability, through the Legislative Council and Legislative Audit Bureau, to monitor the progress of the Family Care program. These actions will further instill the public's trust in the Family Care program - which has been created to test Wisconsin's ability to reform the entire long-term care system.

Too Many Levels of Reporting and Regulation Leads to Out-of-Control Costs

It is reasonable to expect that over time CMOs will be run by counties, hospital chains, managed care organizations and other non-profit entities. Each of these entities will bring its own unique approach to quality of care resulting in a myriad of competing if not conflicting standards. Traditional managed care organizations, for example, have historically relied on national accreditation agencies rather than develop their own standards. Counties, in contrast, are inclined to adopt their own standards. Providers will face the daunting challenge of simultaneously complying with comprehensive state and federal regulations as well as standards promulgated by national accreditation agencies[1] and internally developed CMO standards. Compliance with each set or level of standards will require providers to maintain records that prove compliance.

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[1] National standards present the additional complication of requiring significant physical plant modifications that simply do not impact patient care. This is a particularly severe problem in Wisconsin because many national standards (such as JCAHO) incorporate national building code requirements. The state of Wisconsin, however, has adopted its own codes governing construction of long-term care facilities. As a result, even brand new facilities in full compliance with Wisconsin building codes face staggering compliance costs.

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Jim Murphy, Executive Director

ALFA

Ironically, these multiple levels of standards are likely to have the greatest cost impact on the lower continuum providers Family Care is counting on to reduce overall long term care costs. It is the lack of multiple layers of administrative overhead and burdensome reporting and record keeping requirements that makes these services offered by these providers affordable. In short, "multiple levels of rulemaking" whether through the creation of internal standards or the adoption of national standards raises the potential for huge cost increases without material improvements in the quality of care and leaves a gaping hole in the Family Care strategy.

Therefore, it is WALA's recommendation that standards and measures necessary to evaluate the performance of the Resource Centers and CMOs and to determine the overall effectiveness of the Family Care pilot programs be created in the only manner that guarantees public input and legislative oversight - through the administrative rules process.

Should you have any questions regarding this matter, please feel free to contact either myself or WALA's lobbyist, Forbes McIntosh, at (608) 255-0566.

Thank you.

State of Wisconsin
Department of Health and Family Services

Tommy G. Thompson, Governor
Joe Leean, Secretary

August 2, 2000

The Honorable Judith B. Robson
State Senator
Room 15 South State Capitol
Madison, WI 53702

Dear Senator Robson:

We received your letter on behalf the Senate Committee on Human Services and Aging regarding the permanent administrative rules for the Family Care program.

The Department of Health and Family Services agrees that we will propose modifications to the rule, pursuant to s. 227.19(4)(b)2, Wis. Stats. The Interim State Long Term Care Advisory Committee met on Friday, July 28th with the representatives of the industry to discuss those modifications.

I want to thank you and members of the Committee for your thoughtful comments that has given direction to the redrafting process.

Sincerely,

Joe Leean
Secretary

cc: Senator Gwendolynne Moore
Senator Robert Wirch
Senator Carol Roessler
Senator Peggy Rosenzweig

WISCONSIN COALITION FOR ADVOCACY

THE PROTECTION AND ADVOCACY SYSTEM FOR PEOPLE WITH DISABILITIES

Date: July 25, 2000

To: Senator Judy Robson, Chair
Members, Senate Commitee on Human Services and Aging

From: Lynn Breedlove, Executive Director

Subject: Wisconsin Coalition for Advocacy and Survival Coalition Testimony on Senate Clearinghouse Rule 00-055

I am writing both on behalf of my own agency and on behalf of the Survival Coalition of statewide disability organizations, of which I am currently one of the two co-chairs. We have been following closely the rule making process for Family Care, because the Rule contains many important substantive issues which will affect the way that Family Care is implemented. We also prepared extensive comments on the draft Rule which were submitted to DHFS on May 8. At that time, there were a number of aspects of the Rule which we felt were in need of modification and our comments reflected that. These issues included the sections related to information which counties would be required to provide to consumers, clarification of client rights in Family Care, and clarification of the concept of "consumer managed supports".

However, after reviewing the revisions made by DHFS after our comments and many other comments were received, we now believe that the Rule which has been presented to the legislature is quite positive. We believe that the comments submitted at earlier stages were taken seriously by DHFS, and a number of significant improvements were made in the Rule prior to the version that was submitted to legislature.

We support the adoption of the rule as submitted.

Madison office: 16 North Carroll Street, Suite 400, Madison, WI 53703 Voice & TDD 608 267 0214
Fax 608 267 0368 Toll Free 800 928 8778 (consumers & family members only)

Judith B. Robson
Wisconsin State Senator

July 28, 2000

BY HAND DELIVERY

Secretary Joe Leean
Department of Health and Family Services
1 West Wilson Street, Room 650
Madison, Wisconsin

Re: Family Care Administrative Rule (CR 00-055)

Dear Secretary Leean:

I am writing on behalf of the Senate Committee on Human Services and Aging and in regards to the permanent administrative rules for the Family Care program.

The Senate Committee on Human Services and Aging held a public hearing and executive session on this rule on July 25, 2000. After hearing testimony regarding the proposed rule, the committee unanimously adopted the following motion:

> Moved, that the Senate Committee on Human Services and Aging recommends modifications to Clearinghouse Rule 00-055, and directs the DHFS to agree in writing, by August 4, 2000, to make modifications to the rule, pursuant to s. 227.19(4)(b)2, Stats.

Much of the testimony presented to the committee was on the issue of whether the rule should contain performance standards for CMOs and, if so, what those standards should be.

The committee is of the opinion that the rule is inadequate as written because it does not identify specific areas in which the performance of CMOs will be judged. However, the committee also recognizes the need for flexibility in the early stages of this program. For this reason, the committee is declining to suggest what specific changes should be made in the rule and will leave the development of particular proposals to your department.

The committee is taking this approach to the requested modifications since the department's representatives testified at the hearing that the Long Term Care Advisory Committee will be meeting on July 28, 2000 and will take up the very issue of

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District Address: 2411 East Ridge Road, Beloit, WI 53511
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performance standards for CMOs. Given the expertise of the Long Term Care Advisory Committee, the Senate Committee on Human Services and Aging prefers to leave development of rule modifications in the hands of your department.

Please let me know in writing by August 4, 2000 if the department is willing to make modifications to clearinghouse rule 00-055, relating to Family Care.

If you have any questions about the rule modifications being requested by the committee, please feel free to contact me.

Sincerely,

Senator Judith B. Robson,
on behalf of the Senate Committee on Human Services and Aging

JBR:da

cc: members of the Senate Committee on Human Services and Aging

July 25, 2000

TO: Members, Senate Committee on Human Services and Aging
Senator Judith Robson, Chairperson, and Senators Gwendolynne Moore, Robert Wirch, Carol Roessler, and Peggy Rosenzweig

FROM: Wisconsin Assisted Living Association (WALA)
Wisconsin Association of Homes and Services for the Aging (WAHSA)
Wisconsin Health Care Association (WHCA)
Wisconsin Association of Residential Facilities (WARF)

RE: Comments on Family Care Administrative Rule, Clearinghouse Rule 00-055

We appreciate the opportunity to appear before the Senate Committee on Human Services and Aging to comment on Clearinghouse Rule 00-055, the Family Care Administrative Rule.

Our associations respectively ask the Committee to direct the Department to modify Clearinghouse Rule 00-055 to incorporate standards and measures necessary to evaluate the performance of the Resource Centers and CMOs and to determine the overall effectiveness of the Family Care pilot programs. We have shown that failure to do so will violate state statutes and forfeit the opportunity to truly assess the ability of the Family Care pilots to meet the stated goal of providing cost-effective and high quality care and services to persons in need of publicly funded long term care.

In addition, provisions in Family Care which allow CMOs to establish standards and measures independently of the public rule-making process should be eliminated.

Over the past three plus years, representatives of our respective associations have served on numerous Family Care committees, workgroups and task forces, and attended countless meetings with Department of Health and Family Services officials and other interested parties. The purpose of these activities was to assist the Department in developing a sound, reasonable and workable approach to the implementation of the Family Care Resource Center and Care Management Organization (CMO) pilot programs. Despite these many opportunities to provide input on the development and structure of the pilots--which will determine whether Family Care should be expanded statewide--we continue to oppose the Department's proposed Family Care rules primarily due to the absence of **any** performance standards and measures with respect to the operation of the Resource Centers and CMOs. While our call for performance standards and measures has been consistent and constant, the Department has chosen to not modify its rule.

The absence of performance standards and measures within the proposed Family Care rule is in violation of the State statutes and the Legislative directive to the Department, and could render any attempt to fully evaluate the pilot programs as futile. Given the fact that Family Care potentially could encompass a budget and client population ten times that of the Wisconsin Works welfare reform initiative, our associations respectively ask your Committee to direct the

Department to immediately submit changes to the rule to incorporate performance standards and measures.

Statutory Mandate v. Family Care Administrative Rule Provisions

The Legislature spoke very clearly and unambiguously in passing Wisconsin Act 9 provisions related to the Department's duty to promulgate rules on Family Care performance standards. As delineated by the Legislature, not once but twice, in the last State budget:

> Section 46.281 (1) (g) 1, Wis. Stats., requires the Department to: "Prescribe by rule **and** by contract and enforce performance standards for operations of resource centers and care management organizations." (Emphasis added)
>
> Section 46.288 Introduction and (1), Wis. Stats., mandates that: "The Department shall promulgate as rules all of the following: (1) Standards for performance by resource centers and for certification of care management organizations, including requirements for maintaining quality assurance and quality improvement."

DHFS' repeated deference in the proposed rule to the contracting process for defining Family Care pilot certification, performance, and quality standards constitutes an abrogation of the Department's express statutory responsibility and a legally unacceptable circumvention of Wisconsin's administrative rule making process. ***Indeed, the approach the proposed rule has taken for identifying those standards in contract effectively extinguishes the right of the public and the Legislature to voice their concerns in the development, enforcement or amendment of the standards, and can not be reconciled with the Department's statutory mandate to enumerate those standards by rule.***

Legislative Council's Response to DHFS: Our associations' past and current stance on this issue and the rule has been echoed by the Wisconsin Legislative Council in its "Clearinghouse Report" to DHFS. In its report transmitted to DHFS on April 5, 2000, the Legislative Council staff advised:

> "The rule is replete with the notion that CMOs must meet standards established by the department outside the Wisconsin Administrative Code. For example, see HFS 10.43(1)(a) and 10.44(2)(intro). To the extent these standards are known, they meet the definition of the term "rule" in s.227.01 (13), Stats., and should be included in the Wisconsin Administrative Code." (Emphasis supplied)

Yet, contrary to the Legislative Council's directive, the performance standards and other statements of general or specific policy contained in those contracts are either absent, anticipated or vaguely summarized in the Department's permanent rule proposal.

Despite the direct statutory mandate to promulgate performance standards by rule, Clearinghouse Rule 00-055 contains only vague generalities with respect to such standards. Consider the following:

> **Section 10.23(6) - Operational Requirements for Resource Centers**
> (e) Internal quality assurance and quality improvement. Implement an internal quality assurance program and quality improvement program that meets the requirements of its contract with the department. (Page 16 of proposed rule)
>
> (e) 5 Comply with quality standards for services included in the resource center's contract with the department in all of the following *areas*...(no specific standards offered. See page 16 of the proposed rule)
>
> **Section 10.44 - Standards for Performance by CMOs**
> (1) COMPLIANCE. A care management organization shall comply with all applicable statutes, all of the standards in this subchapter and all requirements of its contract with the department. (Page 31)
>
> *(Note: Although the Statutes require performance standards to be set forth by the Department in rule; the rule states they will be set forth in contract; and the contract states the "CMO must be meet performance standards outlined in Article XVII, CMO Specific Contract Terms (page 86)." - A copy of Article XVII on page 86 of the contract is attached. It does not mention the referenced performance standards)*
>
> (4) INTERNAL QUALITY ASSURANCE AND QUALITY IMPROVEMENT. The CMO shall implement an internal quality assurance and quality improvement program that meets the requirements of its contract with the department. As part of the program, the CMO must do all the following:
>
> (a) Measure CMO performance, using standard measures as required in its contract with the department. (Page 36)
>
> (b) Demonstrate through standard measures agreed to in its contract with the department, that the CMO meets minimum performance standards... (Page 36)
>
> (c) Comply with the standards for quality of services included in the CMO's contract in all of the following areas. (No specific standards offered. See page 36)

Many other provisions of the proposed rule indicate the Resource Center or CMO should follow unspecified standards with regard to case management services, staff qualifications, and provider certification. However, the rule gives no mention as to what these standards are, only that they will be covered under the entity's contract with the Department.

Family Care Contracts Also Lack Specificity: Ignoring for a moment the proposed rule's lack of statutory compliance, one might expect to achieve some comfort knowing that at least the Family Care Resource Center and CMO contracts are to include performance standards and measures. A reading of these contracts, however, causes such feelings to quickly dissipate. For example, page 53 of the CMO contract between the county CMO and DHFS states:

> 4. QA/QI Performance. The CMO shall achieve required minimum levels of performance on specific measures that may be established by the Department. The CMO shall report such performance to the Department. The CMO shall meet any goals for performance improvement on specific measures that may be established by the Department. See Addendum II, CMO Quality Indicators (page 94) for more information.

An examination of the "specific measures" found in Addendum II to the CMO contract indicates that general indicators will be pursued in the areas of how clients are treated by the CMO, their right to choose where and from whom they receive services, and their right to work. However, under the "health and safety" indicator, the contract suggests this area of performance will be measured by the continuity and lack of turnover by CMO staff. In short, the contract essentially enumerates no more in the way of performance standards and measures than offered by proposed rule.

Further, the proposed rule's nearly complete deference to the contract with respect to performance standards and measures, which are not specifically enumerated in the contract, should cause the public and the Legislature great concern simply because both the Resource Center and the CMO contracts ***allow for the modification of their terms and conditions by mutual consent of the contracting parties.*** (See Section XII, A, Modification on page 79 of the CMO contract.) In essence, because the proposed rule contains no performance standards or measures, the Department, Resource Centers and CMOs have unfettered discretion as to their adoption, use and practice.

Recommended Rule Changes--Performance Standards and Measures

In response to our associations' concerns over the lack of performance standards and measures, Department officials have countered that the Family Care offers a new approach to the provision of long term care and services and, during the pilot stage, program flexibility should be maintained. In the Department's June 12, 2000 comments on the rule delivered to the Legislature's Presiding Officers, it states:

> "....this new approach will evolve, through the contracting process, as the Department and its pilot contractors gain knowledge and experience and develop the specific measures that best demonstrate whether a contractor is achieving good client outcomes.... If a fixed standard is in place, either it would be too stringent for any organization to meet in its first days of operation or it would be low enough that a more experienced organization should be expected to exceed it." (Page 4)

This response to our concerns over the lack of performance standards and measures within the proposed rule clearly misses the point.

Our associations are **not** asking that the rule include specific performance measures that, for example, if not met would preclude a CMO from continuing to serve the Family Care population. That is, we do not expect the rule to include a "passing grade" or other measure that sets the score determining whether a Resource Center or CMO is meeting its contractual obligation to arrange or provide quality long term care to its clients. Rather, we are asking that the rule at least enumerate some of the critical performance standards, realizing that absent this information it will be impossible to determine if the Family Care pilots are in fact successful.

In addressing the needs of the long-term car population, there are many care and service areas that are of concern to all clients. Attention to the ongoing needs and conditions of elderly and disabled per sons will not be diminished under the Family Care program and, therefore, the Department's desire to preserve program "flexibility" should not be accepted as an excuse to keep basic performance standards and measures out of the proposed rule. We do not seek to "tie the Department's hands" as the pilot programs evolve; instead, we are recommending that the rule establish certain basic performance standards that will allow for an accurate assessment of Family Care. The basic criteria or data that needs to be collected by the State from the Resource Centers and CMOs should include, but not be limited to, the following areas:

- Nature and Frequency of Hospitalizations and Emergency Room Visits
- Frequency and Purpose of Physician Visits
- Nature and Scope of Enrollee Complaints, Grievances, Appeal Filings and Dispositions
- Medicaid Card Costs and Services
- Changes in Prescription Drug Use
- Comparison of Individual and Collective Enrollee Costs and Capitation Payments Required to Analyze the Cost and Acuity of Enrollees by Setting (e.g., traditional home, RCAC, CBRF, and skilled nursing facility)
- Timely and Accurate Resource Center and CMO Data Reporting
- Periodic Comparisons of CMO Assessments
- Provision of Timely and Accurate Information by the Resource Centers and CMOs to Consumers About Long Term Care Alternatives and Options
- Choice of Providers

The need for performance standards in these areas should be obvious. It is reasonable to expect that in assessing a CMO's performance the Department will attempt to measure how well the CMO meets the needs of its clients. For example, a client with an unexpected weight loss resulting in an otherwise preventable admission to the hospital should present a clear indication to the Department about the level of CMO performance. This would hold true where the appropriateness of the care management is called into question due to a sentinel event relating to changes in the enrollees' health, behavioral or functional status.

The establishment of performance standards and the collection of reliable related data also will enable the Family Care pilot programs to be more comprehensively evaluated. In the past, Department officials have opined that the many nursing home, CBRF and RCAC residents could be served more cost effectively in a more traditional home/private apartment setting. Such assertions have been made despite the fact that the Department lacks comprehensive "apples-to-apples" data necessary to evaluate the cost-effectiveness of the current long term care system. For example, we do know that several previous studies suggest that the long term care clients receiving care and services in a traditional home setting generally exhibit significantly lower level of care needs than do persons residing in skilled care facilities (See A review of *Community Based Long Term Care with Emphasis on Wisconsin's Community Options Program*, Dr. Mark Sager, MD and Greg Arling, PhD, April 1995; DHFS' *Profile of Long Term Care Clients*, Tun-Mei Chang, October, 1996; and *DHFS' Assessment of the Frailness of Members of The Wisconsin Program of All Inclusive Care fro the Elderly (PACE) and the Wisconsin Partnership Program*, Nina Troia, April, 1999).

Adherence to performance standards and the collection of related detailed Family Care data will allow the State of Wisconsin to modify the Family Care program to reflect the true findings of the pilot programs with respect to quality, choice, acuity, and cost considerations. And, finally, the Legislature will be able to make long term care program and funding decisions based on comprehensive findings, not anecdotes.

7/24/00

February 9, 2000

HEALTH and COMMUNITY SUPPORTS CONTRACT

between

DEPARTMENT OF HEALTH AND FAMILY SERVICES

and

_____ COUNTY

This is the base Family Care CMO Health and Community Supports contract for the year 2000. This contract is between the Department of Health and Family Services and the individual Care Management Organizations (CMOs).

The Health and Community Supports contract defines the program and operational requirements for a CMO, and includes the performance expectations and expected consumer outcomes.

This is the format with counties that will be serving all target populations. Revisions will be needed to tailor the document to each individual county's situation.

(date), 2000 – December 31, 2000

results of the member satisfaction surveys; and review of CMO staff and provider qualifications.

4. *QA/QI Performance.* The CMO shall achieve required minimum levels of performance on specific measures that may be established by the Department. The CMO shall report such performance to the Department. The CMO shall meet any goals for performance improvement on specific measures that may be established by the Department. See Addendum II, *CMO Quality Indicators* (page 94) for more information.

5. *QA/QI Administrative Structure.* The CMO's QA/QI program shall be administered through clear and appropriate administrative arrangements, such that:

   a. The governing board oversees and is accountable for the QA/QI program.

   b. A designated senior manager, who has direct authority to commit CMO resources to the QA/QI effort, is responsible for QA/QI implementation.

   c. The staffing level and available resources shall be sufficient to provide reasonable assurance that compliance with QA/QI standards are achieved within the maximum permissible time frame (a period to be established by the Department.)

   d. A QA/QI committee or other coordinating structure (that includes both administrative personnel and providers) shall exist to clearly identify individuals or organizational components responsible for each aspect of the QA/QI program and ensure that effective organizational structures are in place to facilitate communication and coordination.

   e. The QA/QI program shall include active participation by:

      - Members or other individuals who meet the functional eligibility for the CMO's target population(s);
      - CMO staff and providers, including attendants and informal caregivers who are able to contribute to the QA/QI effort; and
      - Long term care and health care providers with professional expertise appropriate to the services offered by the CMO.

   f. There shall be a collaboration among all aspects of the QA/QI activity and other functional areas of the CMO impacting the quality of service delivery and clinical care (e.g., utilization management, risk management, complaints and grievances, etc.)

6. *QA/QI Program Records.* The activities of the QA/QI program shall be documented. These documents shall be available to the Department upon request.

H. **Authority of the Secretary**
Section 1903(m)(5)(B)(ii) of the Social Security Act vests the Secretary of the Department of Health and Human Services with the authority to deny Medicaid payments to a CMO for members who enroll after the date on which the CMO has been found to have committed one of the violations identified in the Federal law. State payments for members of the CMO are automatically denied whenever, and for so long as, Federal payment for such members has been denied as a result of the commission of such violations.

I. **Authority of the Department**
The Department may pursue all sanctions and remedial actions with the CMO that are taken with Medicaid fee-for-service providers.

XII. Termination, Modification and Renewal of Contract

A. **Modification**
This contract may be modified at any time by written mutual consent of the CMO and the Department or when modifications are mandated by changes in Federal or State laws, and amendments to Wisconsin's HCFA approved waivers: #0154.90.R1; #0229.90.04; #0297.02; and #0275.90. In the event that changes in State or Federal law require the Department to modify its contract with the CMO, notice shall be made to the CMO in writing. However, the per member per month payment rate to the CMO can be modified only as provided in ArticleIX.C, *Payment to CMO* (page 70), relating to Renegotiation.

If the Department exercises the right to renew this contract, the Department will recalculate the per member per month payment rate for succeeding calendar years. The CMO shall have 60 days to accept the new per member per month payment rate in writing or to initiate termination of the contract. If the Department changes the reporting requirements during the term of this contract, the CMO shall have 180 days to comply with such changed requirements or to initiate termination of the contract.

B. **Mutual Consent of Termination**
This contract may be terminated at any time by mutual consent of both the CMO and the Department.

C. **Unilateral Termination**
This contract between the parties may be unilaterally terminated only as follows:

1. This contract may be terminated at any time, by either party, due to modifications mandated by changes in Federal or State law, regulations, or policies that materially affect either party's rights or responsibilities under this contract. In such case, the party initiating such termination procedures must notify the other party, at least six months prior to the proposed date of termination, of its intent to terminate this contract. Termination by the Department under these circumstances shall impose an obligation upon the Department to pay the CMO's reasonable and necessarily incurred termination expenses.

XVII. CMO Specific Contract Terms

County(ies) in which enrollment is accepted _____

Per Member Per Month Payment Rate: Monthly per member per month payment rate for each member at the "intermediate" level of care: $_____. Monthly per member per month payment rate for each member at the "comprehensive" level of care: $_____.

For members who are functionally eligible through the grandfathering provision, and not functionally eligible at the comprehensive or intermediate level of care, the CMO will be paid through a mechanism developed by the Department. (See the definition of "eligibility" in Addendum I, *Definitions*, beginning page 87, regarding grandfathering provision). The Department will also provide specifications about the services in the LTC benefit package for this group of people.

THIS CONTRACT SHALL BECOME EFFECTIVE ON _____, 2000, AND SHALL EXPIRE ON DECEMBER 31, 2000, UNLESS TERMINATED EARLIER.

In WITNESS WHEREOF, the State of Wisconsin and _____ County have executed this contract:

FOR CMO:

BY: _____ (name)
_____ (title)

DATE:

FOR STATE:

BY: Charles Wilhelm, Director
Office of Strategic Finance

DATE:

	determined). Denominator: Total members
Data Source	• HSRS
Data Elements	Client demographics, gender, program eligibility date, HSRS field 11

Focus Area	Health & Safety
Consumer Outcome	People experience continuity and security.
Quality Indicator	Percent of care management team members (i.e. social service coordinator and RN) who separated during the reporting period. Separation is defined as movement out of an organization (i.e., it includes resignations as well as terminations). Separations do not include transfers or promotions within an organization.
Population Grouping	None. (Care management team members are reported by provider type, i.e., social service coordinator, registered nurse).
Performance Measure	Numerator: Number of care management team members in the denominator who separated during the reporting year, i.e., who were not employed by the CMO as of December 31 of the reporting period (the numerator should include all care management team members regardless of why they separated, e.g., retired, etc.) Denominator: The total number of care management team members employed by the CMO as of December 31 of the year preceding the reporting year. Do not count the number of positions, e.g., if three different persons were employed in a particular position during the year, all three would be counted as part of the total number of care management team members. There are no exclusions from the denominator, i.e., all providers should be included whether they died, retired, were terminated or relocated during the reporting year.
Data Source	CMO data
Data Elements	Providers by name and provider type, effective date of employment, and termination date
Timeframe	Contract period. Point in time measurement.