Exhibit B-4: CMO New Enrollees
1999 Sample Characteristics, continued

Portage			
	Sample Frame	Analysis Sample	Weighted Analysis Sample
Number	NA	105	105
Percent	NA	100.0%	100.0%
Age			
18-44	NA	34.3%	36.9%
45-59	NA	12.4%	14.4%
60-74	NA	12.4%	12.0%
75+	NA	41.0%	36.8%
Average Age	NA	58.3%	56.6%
Sex			
Male	NA	36.2%	36.9%
Female	NA	63.8%	63.1%
Dual Eligible			
Medicare & Medicaid	NA	76.2%	78.7%
Medicaid Only	NA	23.8%	25.0%
Target Group			
Elderly	NA	46.7%	41.6%
Physically Disabled	NA	12.4%	16.3%
Developmentally Disabled	NA	41.0%	42.0%
Impairment in Activities of Daily Living			
0-1	NA	33.3%	34.7%
2	NA	21.0%	21.3%
3+	NA	45.7%	44.0%
Severe Medical	NA	NA	NA
Impairments in Instrumental Activities of Daily Living			
0-1	NA	13.3%	14.0%
2	NA	21.9%	22.2%
3+	NA	64.8%	63.8%
Severe Medical	NA	NA	NA
Residential Setting			
Other/Unknown	NA	8.6%	8.3%
Own Home	NA	83.8%	84.8%
Nursing Home	NA	3.8%	3.4%
CBRF	NA	3.8%	3.5%
Residential Care Apartment Complex		0.0%	0.0%
Length of Time on Program			
0-5 months	NA	72.4%	71.5%
6-11 months	NA	27.6%	28.5%
Average Monthly Spending 2000			
	NA	$1,298	$1,297
Average Monthly LTC Spending 2000			
	NA	$1,011	$1,010

Exhibit B-4: CMO New Enrollees
1999 Sample Characteristics, continued

La Crosse			
	Sample Frame	Analysis Sample	Weighted Analysis Sample
Number	NA	262	262
Percent	NA	100.0%	100.0%
Age			
18-44	NA	37.0%	36.2%
45-59	NA	19.1%	16.0%
60-74	NA	15.3%	15.1%
75+	NA	28.6%	32.7%
Average Age	NA	55.9%	57.3%
Sex			
Male	NA	37.0%	36.2%
Female	NA	63.0%	63.8%
Dual Eligible			
Medicare & Medicaid	NA	76.0%	77.6%
Medicaid Only	NA	24.1%	22.4%
Target Group			
Elderly	NA	38.9%	45.0%
Physically Disabled	NA	26.7%	17.3%
Developmentally Disabled	NA	34.4%	37.7%
Impairment in Activities of Daily Living			
0-1	NA	37.0%	37.1%
2	NA	21.0%	20.9%
3+	NA	42.0%	42.0%
Severe Medical	NA	NA	NA
Impairments in Instrumental Activities of Daily Living			
0-1	NA	12.6%	10.8%
2	NA	19.5%	18.5%
3+	NA	67.9%	70.7%
Severe Medical	NA	NA	NA
Residential Setting			
Other/Unknown	NA	18.3%	20.3%
Own Home	NA	76.3%	74.4%
Nursing Home	NA	1.5%	1.2%
CBRF	NA	2.7%	2.8%
Residential Care Apartment Complex		1.2%	1.3%
Length of Time on Program			
0-5 months	NA	80.2%	79.7%
6-11 months	NA	19.9%	20.3%
Average Monthly Spending 2000			
	NA	$1,553	$1,549
Average Monthly LTC Spending 2000			
	NA	$1,138	$1,135

Exhibit B-4: CMO New Enrollees
1999 Sample Characteristics, continued

Milwaukee			
	Sample Frame	Analysis Sample	Weighted Analysis Sample
Number	NA	223	NA
Percent	NA	100.0%	NA
Age			
18-44	NA	0.0%	NA
45-59	NA	0.0%	NA
60-74	NA	43.5%	NA
75+	NA	56.5%	NA
Average Age	NA	76.8%	NA
Sex			
Male	NA	21.1%	NA
Female	NA	78.9%	NA
Dual Eligible			
Medicare & Medicaid	NA	94.2%	NA
Medicaid Only	NA	5.8%	NA
Target Group			
Elderly	NA	100.0%	NA
Physically Disabled	NA	0.0%	NA
Developmentally Disabled	NA	0.0%	NA
Impairment in Activities of Daily Living			
0-1	NA	14.8%	NA
2	NA	16.6%	NA
3+	NA	68.6%	NA
Severe Medical	NA	NA	NA
Impairments in Instrumental Activities of Daily Living			
0-1	NA	14.8%	NA
2	NA	16.6%	NA
3+	NA	68.6%	NA
Severe Medical	NA	NA	NA
Residential Setting			
Other/Unknown	NA	21.1%	NA
Own Home	NA	66.4%	NA
Nursing Home	NA	0.0%	NA
CBRF	NA	10.3%	NA
Residential Care Apartment Complex		2.2%	
Length of Time on Program			
0-5 months	NA	78.9%	NA
6-11 months	NA	21.1%	NA
Average Monthly Spending 2000			
	NA	$1,811	NA
Average Monthly LTC Spending 2000			
	NA	$1,364	NA

Exhibit B-4: CMO New Enrollees
1999 Sample Characteristics, continued

Family Care			
	Sample Frame	Analysis Sample	Weighted Analysis Sample
Number	NA	864	864
Percent	NA	100.0%	100.0%
Age			
18-44	NA	28.4%	29.5%
45-59	NA	11.3%	12.4%
60-74	NA	21.4%	21.0%
75+	NA	38.9%	37.1%
Average Age	NA	61.7%	60.8%
Sex			
Male	NA	33.9%	34.5%
Female	NA	66.1%	65.5%
Dual Eligible			
Medicare & Medicaid	NA	82.1%	81.1%
Medicaid Only	NA	17.9%	18.9%
Target Group			
Elderly	NA	31.6%	53.5%
Physically Disabled	NA	12.2%	14.5%
Developmentally Disabled	NA	31.6%	32.0%
Impairment in Activities of Daily Living			
0-1	NA	34.0%	34.6%
2	NA	23.6%	23.5%
3+	NA	42.4%	41.9%
Severe Medical	NA	NA	NA
Impairments in Instrumental Activities of Daily Living			
0-1	NA	10.9%	11.2%
2	NA	16.4%	16.7%
3+	NA	72.7%	72.2%
Severe Medical	NA	NA	NA
Residential Setting			
Other/Unknown	NA	14.7%	14.3%
Own Home	NA	74.8%	75.4%
Nursing Home	NA	0.9%	1.0%
CBRF	NA	7.9%	7.8%
Residential Care Apartment Complex		1.7%	1.7%
Length of Time on Program			
0-5 months	NA	77.9%	77.8%
6-11 months	NA	22.1%	22.2%
Average Monthly Spending 2000			
	NA	$1,561	$1,558
Average Monthly LTC Spending 2000			
	NA	$1,211	$1,209

Appendix C

Fidelity Measure

The chart below displays a prototype fidelity measure for Family Care for the five counties with CMOs. The fidelity measure matrix presents the baseline assessment of Family Care implementation by county for each of the core domains and program components. The measure includes components under the Family Care core domains, as well as sample **ranges** for some components. All observations are as of May 2001, May 2002, and May 2003.

The **core domains** identified reflect the fundamental features of the Family Care model and will most likely remain constant. Lewin solicited feedback from the Department, all pilot counties, and state-level stakeholders on the adequacy of the core domains used to report on Family Care in the first Implementation Process Report and received affirmation.

The **sample ranges,** however, reflect a dynamic definition that has been and will continue to be refined with input from the Department and the Family Care pilot counties. Only some components have sample ranges. For example, "CMO, RC, and ES Relationship" does not contain a range, and "Staffing" ranges from, "Have staff in all required roles", to "staffing level sufficient to carry out functions." The definitions or ranges associated with the other components were derived empirically from information collected from each of the pilot programs.

Some areas added since the 2001 update contain an "N/A", indicating that Lewin did not assess that component in 2001. Also, "N/A" may appear in areas where Lewin did not have sufficient information to make an assessment for that area. For example, Lewin could not assess the degree to which providers were participating in the care planning process across counties from the limited provider interviews. Some components are required elements of the Family Care contract, while others have emerged as critical components in the course of program implementation. Required components are defined as specified in the Family Care contract.

Exhibit C-1
Fidelity Measure for Family Care: Status of Family Care County Implementation in May 2001, May 2002, and May 2003

Core Domain and Components	Indicator and Example Definition or Range	Contract Requirement[1]			Fond du Lac			La Crosse			Milwaukee			Portage			Richland		
		2001	2002	2003	2001	2002	2003	2001	2002	2003	2001	2002	2003	2001	2002	2003	2001	2002	2003
System Structure																			
CMO, RC and ES Relationship	Eligibility and enrollment plan between CMO and RC, ESU and EC	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Resource Center contact made within timeline (October 2000-March 2001)[2]	Y	Y		63%			94%			43%			95%			57%		
	Set meeting time for ES, CMO and RC or availability to meet when problems arise				Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Degree of involvement of ES from the beginning of implementation – ES workers devoted solely to FC eligibility determination – information sharing between ES and RC staff				Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Re-certification policies in place and approved by DHFS				Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Web-based functional screen				N	Y	Y	N	Y	Y	N	Y	Y	N	Y	Y	N	Y	Y
Staffing Level	**Range: Have staff in all required roles → Staffing level sufficient to carry out functions**																		
	All positions filled				Y	Y	Y	Y	Y		Y	N		Y	Y		Y	Y	
	Freedom to hire new staff independent of the county board or agreement worked out for Family Care				N/A	N		N/A	N		N/A	N[3]		N/A	N	N	N/A	N	
	RC contacts per FTEs (Feb 2001 and March 2002 contacts used; March 2001 and 2002 FTEs used)				24	26		30	29		69	60		151	96		21	24	
	CMO functions – caseload goals met for all target populations				N	Y		N	N	N	N	N	N	N	N	N	Y	Y	Y

1 Based on the 2001, 2002, and 2003 RC and CMO contracts.

2 DHFS no longer recording this information in Quarterly Activity or Monthly Monitoring Reports.

3 Milwaukee does not need County Board approval to add contracted care management units.

Exhibit C-1, Continued
Fidelity Measure for Family Care: Status of Family Care County Implementation in May 2001, May 2002, and May 2003

Core Domain and Components	Indicator and Example Definition or Range	Contract Requirement[1]			Fond du Lac			La Crosse			Milwaukee			Portage			Richland		
		2001	2002	2003	2001	2002	2003	2001	2002	2003	2001	2002	2003	2001	2002	2003	2001	2002	2003
System Structure (continued)																			
IT System	**Range: IT development plans → Fully developed IT system supporting functions of RC and CMO**																		
	I and R outcomes				Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Functional Screen				Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Assessment				Y	Y	Y	N	N	N	Y	Y	Y	N	N	Y	N	N	N
	Case Notes				Y	Y	Y	N	N	N	Y	Y	Y	N	N	Y	N	N	N
	ISP and outcomes				Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N
	Prior authorization				Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Billing Internal				Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Provider Claims Processing				Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Governance																			
RC and CMO Separation	Establishment of separate governing board with no overlap in membership	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Role of Governing Bodies	Established with correct make-up → integral in CMO and RC operations	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Outreach																			
Targeting	**Range: Slightly under contact goals → Exceeding contact goals, innovative strategies to reach target populations**																		
	Exceeding contact goals	Y	Y		Y	Y		Y	Y		Y	Y		Y	Y		Y	Y	
PAC Referrals	Receiving referrals from facilities according to PAC plan → referrals are appropriate[2]	Y	Y		Y	Y		Y	Y		Y	Y		Y	Y		Y	Y	
	Outreach to institutional residents		Y		N	Y		N	Y		N	Y		N	Y		N	N	Y
	Actively engaged in prevention activities	Y	Y	Y	N	Y	Y	N	Y	Y	N	Y	Y	N	Y	Y	N	Y	Y
Service Access																			
Functional Screen	Consumers screened within 14 days of contact[4]	Y	Y		96%			95%			100%			100%			100%	N/A	
Type of Information Provided by RC	Broad range of services				Y	Y		Y	Y		Y	Y		Y	Y		Y	Y	

4 DHFS no longer reporting this information in Quarterly Activity or Monthly Monitoring Reports.

Exhibit C-1, Continued
Fidelity Measure for Family Care: Status of Family Care County Implementation in May 2001, May 2002, and May 2003

Core Domain and Components	Indicator and Example Definition or Range	Contract Requirement[1]			Fond du Lac			La Crosse			Milwaukee			Portage			Richland		
		2001	2002	2003	2001	2002	2003	2001	2002	2003	2001	2002	2003	2001	2002	2003	2001	2002	2003
System Structure (continued)																			
Format of Provider Information at RC	**Range: Paper brochures → Searchable database → Consumer searchable**																		
	Consumer searchable listing on the website				Y	Y	N	N	Y	Y	N	N	N	N	N	N	N	N	N
	Waiting list eliminated				Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	N	N	Y
	Entitlement reached				N	Y	Y	N	Y	Y	N	N	Y	N	Y	Y	N	N	Y
	Delayed enrollment instituted				Y	N	N	Y	N	N	N	Y	N	N	N	N	Y	Y	N
Enrollment Rate	% increase from March 2001 to March 2002				30			28			180			34			50		
	Enrollment reached a stable state				N			N			N			N			N		
Consumer Unmet Needs	Pilot identified consumer unmet needs → addressed unmet needs	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Prior Authorization	Procedures established, procedures followed and understood by providers (verbal, written)				Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Community Alternatives Developed and Supported	County has options available for all target populations[5]	Y	Y																
	Institutional relocations occurring				Y	Y		Y	Y		Y	Y		Y	Y		not tracking		
	Number of institutional relocations since beginning of CMO				5	6	11	34	42	72	20	0		3	13	7	not tracking		
CMO Provider Network	**Range: CMO meets quality requirements in provider contracts → Provider network meets consumer needs**																		
	Number of providers under contract with the CMO				195	241	262	258	287	300	N/A	N/A	N/A	132	179	228	301	200	118
	Quality language beginning in provider contracts				Y	Y	Y	N	N	N	Y	Y	Y	Y	Y	Y	N	Y	Y
	Full-time provider network staff				Y	Y	Y	N	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Provider training in place				Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Care Management																			
Composition of CM Team	**Range: County developed goal. → Followed through with goal. → Evaluation of effectiveness of composition.**																		
	Teams in place				Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
RN to Consumer Ratio	At least one RN per 80 consumers				N	N	Y	N	N	N	N	N	N	N	N	N	Y	Y	Y

[5] Discussed in the outcome evaluation.

Exhibit C-1, Continued
Fidelity Measure for Family Care: Status of Family Care County Implementation in May 2001, May 2002, and May 2003

Core Domain and Components	Indicator and Example Definition or Range	Contract Requirement[1]			Fond du Lac			La Crosse			Milwaukee			Portage			Richland		
		2001	2002	2003	2001	2002	2003	2001	2002	2003	2001	2002	2003	2001	2002	2003	2001	2002	2003
Care Management (continued)																			
RN Responsibility	**Range: Assessment/ consultation → Prevention → Coordination of nursing with other Interdisciplinary Team (IDT) members**																		
	Role moving beyond assessment				Y	Y	Y	N/A	Y	Y	N/A	Y	Y	N/A	Y	Y	N	Y	Y
RAD Method	RAD training given to all CMs → documented use by all CMs																		
	Training and documentation of use				Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Consumer Participation in Care Planning	Ability to participate in the care plan communicated to the consumer by the CMO → Use of the member centered plan to identify preferences and outcomes	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Provider Participation in Care Planning	Providers receiving prior authorization, receiving ISP → helping to create ISP				N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Relationship to Acute and Primary Care	Collaboration w/acute primary care →meeting w/local hospital staff → information sharing occurs				Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Prevention	Prevention activities occurring	Y	Y	Y	N/A	Y	Y	N/A	Y	Y	N/A	Y	Y	N/A	Y	Y	N/A	N	Y[6]
Quality																			
Quality Plan	Plan created and approved by DHFS – moving forward on agenda	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Internal Advocacy	Member handbook developed	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Full-time member relations coordinator	N	N	N	N	N	N	N	Y	N	N	Y	N	N	Y	N	Y	Y	Y

[6] Just beginning in May 2003.

Exhibit C-1, Continued
Fidelity Measure for Family Care: Status of Family Care County Implementation in May 2001, May 2002, and May 2003

Core Domain and Components	Indicator and Example Definition or Range	Contract Requirement[1]			Fond du Lac			La Crosse			Milwaukee			Portage			Richland		
		2001	2002	2003	2001	2002	2003	2001	2002	2003	2001	2002	2003	2001	2002	2003	2001	2002	2003
Degree of Consumer Involvement	**Range: Limited involvement of consumers → Extensive input from consumers into day-to-day operation (e.g., Self-Directed Support Option committees)**																		
	Number of committees with consumer involvement other than the LLTCC and governing bodies				N/A	2	2	N/A	1	1	N/A	4	4	N/A	3	2	N/A	2	2
Consumer Choice Supported	Degree to which consumers have choices about their care scores higher than 60%t for all choice related outcome on Member Outcome Tool across all target populations				N	N	N/A	N	N	N/A	N	N	N/A	N	N/A	N/A	N/A	N/A	N/A
Self-Directed Support Option	Self-directed support option available → documented use of the SDS Option developed according to standards	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N
	SDS committee with consumer representation				N/A	Y	Y	N/A	N	N	N/A	N	N	N/A	N	Y	N/A	N	Y
Local LTC Council	LTC Council formed and meeting regularly	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y
Independent Advocacy	Local agency provides advocacy independent of the county				N/A	Y	Y	N/A	Y	Y	N/A	Y	Y	N/A	Y	Y	N/A	Y	Y
	State funded Independent Advocate in place[7]				Y	N	N	Y	N	N	Y	N	N	Y	N	N	Y	N	N
Capitation																			
Pilot Viability	**Range: Pilot county ability to manage the rates → Factors such as adequacy of rate set by DHFS, management of services → Track adjustments in the rate**																		
	CMO assumes full risk				Y	Y	Y	N	N	Y	N	N	Y	Y	Y	Y	Y	Y	Y
	CMO does not rely on county funds				Y	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

[7] Funding for independent advocate was not included in 2001-2003 state budget.

Appendix D

Acronyms and Glossary of Terms

ACRONYMS

ADL	**Activities of Daily Living:** Refers to the ability to carry out basic self-care activities. Activities include such tasks as bathing, dressing, walking, transferring (getting in and out of bed or chair), toileting (including getting to the toilet), and eating.
ALF	**Assisted Living Facilities:** Three types of residential assisted living facilities are subject to regulation. Community-based residential facilities serve five or more adults; adult family homes may serve up to three or four adults; residential care apartment complexes serve five or more adults in independent units.
AAA	**Area Agency on Aging:** A public or private non-profit organization designated by the state to develop and administer the area plan on aging within sub-state geographic planning and service area. AAAs advocate on behalf of older people within the area and develop community-based plans for services to meet their needs and administer federal, state, local and private funds through contracts with local service providers.
BOALTC	**Board on Aging and Long-Term Care:** An independent state agency that advocates on behalf of elderly and disabled persons who are receiving long-term residential care, mainly by monitoring development and implementation of policies and programs and investigating complaints about care. As part of the Family Care initiative, BOALTC's responsibilities were expanded to provide advocacy services to potential or actual recipients of the Family Care benefit and authorized to contract for the external advocacy service.
BALTCR	**Bureau of Aging and Long-Term Care Resources:** A unit within the Wisconsin Department of Health and Family Services designated for planning, coordinating, funding and evaluating state and federal programs for older adults.
CARES System	**Client Assistance for Re-Employment and Economic Support:** The CARES system uses data supplied by an applicant for public assistance benefits to determine an applicant's eligibility for MA, Wisconsin works, food stamps and child care programs, to issue public assistance benefits and to track program participation.
CBRF	**Community-Based Residential Facility:** A place in which five or more unrelated adults live and where they receive care, treatment, or services, but not nursing care on any permanent basis, in addition to room and board. CBRFs are licensed by DHFS under ch. HFS 83 rules.[1]

[1] Ch HFS 83 – DHFS administrative rules for community-based residential facilities for 5 or more adults.

CHF — **Congestive Heart Failure:** a condition in which the heart is unable to maintain an adequate circulation of blood in the bodily tissues or to pump out the venous blood returned to it by the veins causing the buildup of fluid accumulating in the lungs and around the heart.

CIP — **Community Integration Program:**

- CIP-IA is for developmentally disabled persons relocated or diverted from DD centers;
- CIP-IB is for developmentally disabled persons relocated or diverted from nursing homes;
- CIP-II is for elderly and physically disabled persons diverted or relocated from nursing homes to appropriate community settings with the assistance of home and community-based care and with continuity of care. Care in the community is financed by MA (Medical Assistance).

CMO — **Care Management Organization:** Entity that provides or arranges for services in the Family Care benefit. Each CMO develops a provider network to provide services to Family Care recipients who live in their own homes, nursing facilities, or other group living situations. The CMO must coordinate care across different delivery systems (including primary health care, Long-Term Care [LTC], and social services) and funding sources (including Medicaid fee-for-service and other commercial health insurance, Medicare, and funding sources for vocational and social services).

CMS — **Centers for Medicare & Medicaid Services** (formerly HCFA): The federal agency that administers Medicare, Medicaid, and the State Children's Health Insurance Program (SCHIP).

CMUs — **Care Management Units:** Milwaukee CMO contracts with CMUs, private agencies, to serve as care managers with CMO members.

COP-W — **Community Options Program Waiver:** In January of 1987, Wisconsin received approval of the COP-Waiver request from the federal government. The waiver permits the use of federal Medicaid funds to finance services provided to eligible persons in the community, as an institutional alternative.

COP — **Community Options Program:** A DHFS financed, county-administered program to support individuals who desire to remain in the community setting. The program involves assessing the need of Medical Assistance eligible persons faced with nursing home placement and assisting them via a range of available supportive services in the community, care planning and management, and paying for gap-filling supportive services to make continued or new community residence possible.

CSDRB	**Community Services Deficit Reduction Benefit**: A program under which counties, tribes, and local health departments are able to claim the federal matching dollars to cover approximately 60% of their deficits for certain Medicaid-covered services. These public agencies are responsible for providing the non-federal matching dollars (approximately 40% of total costs) with local funds.[2]
DD	**Developmentally Disabled:** See MR/DD definition.
DHCF	**Division of Health Care Financing**: Responsible for administering the Medical Assistance (Medicaid), Chronic Disease Aids, WisconCare, Health Insurance Risk Sharing Program (HIRSP) and General Relief programs.[3]
DHFS	**Department of Health and Family Services:** Wisconsin State Department of Health and Family Services, began July 1, 1996 and oversees Medicaid and other health programs and social service programs.[4]
DHHS	**Department of Health and Human Services**: The Department of Health and Human Services is the United States government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves.
DME	**Durable Medical Equipment:** Covered by the Family Care benefit and includes items such as wheelchairs, canes, etc.
DMS	**Disposable Medical Supplies**: A benefit included in the Family Care program that supplies members with disposable medical supplies intended for one-time or temporary use, such as cotton balls, dressing materials, etc.
DSL	**Division of Supportive Living:** Within the State Department of Health and Family Services, the division manages and regulates programs involving mental health, substance abuse, developmental disability, as well as aging and long-term support programs.
DWD	**Department of Workforce Development:** Directs the Eligibility process for the following programs:

Child Care	Child Support Enforcement
Food Stamps	Medical Assistance
Temporary Assistance for Needy Families (TANF)	Welfare to Work
W-2 Welfare Initiative	

2 Definition from the DHFS cost model November 1999.

3 Definition from http://www.dhfs.state.wi.us/aboutdhfs/DHCF/dhcf.htm

4 Definition From http://www.dhfs.state.wi.us/aboutdhfs/BiennialReport9799

ESU — **Economic Support Unit:** County unit responsible for fiscal resources in the county.

FC — **Family Care:** A voluntary long-term care managed care program. The State contracts with Care Management Organizations (CMOs) that provide or arrange for services in the Family Care benefit. Each CMO develops a provider network to provide services to Family Care recipients who live in their own homes, nursing facilities, or other group living situations. Family Care will foster recipients' independence and quality of life, while recognizing the need for support to remain independent.

FDD — **Facility for the Developmentally Disabled:** A type of nursing home primarily for developmentally disabled persons. State centers for developmentally disabled persons are FDDs. Licensed under ch. HFS 134 rules.[5]

FFES — **Functional and Financial Eligibility Screen:** A tool developed by DHFS and used by trained Resource Center staff to determine functional and financial eligibility for Family Care.

HCBS — **Home and Community-Based Services:** Alternatives to nursing home care that provide services to people living in the community. With further developments in community supports and technological advances, there is an increased opportunity for individuals at many levels of disability to be effectively served in the community.

HIPAA — **Health Insurance Portability and Accountability Act of 1996:** The act offers improved portability and continuity of health insurance coverage and regulations to guarantee patients rights and protections against the misuse or disclosure of their health records, including regulations for electronic health information.

I & A — **Information and Assistance:** Service provided by the Resource Centers using a telephone number that is toll-free to all callers in its service area. Information provided is related to aging, physical and developmental disabilities, chronic illness and long-term care, including referrals to and assistance in accessing services.

IADL — **Instrumental Activities of Daily Living:** Refers to tasks required to maintain an independent household. Activities include such tasks as meal preparation, light housework, using the telephone, arranging and using transportation and the ability to be functional at a job site.

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[5] HFS 134 - DHFS administrative rules for facilities for the developmentally disabled (FDDs)

ICF	**Intermediate Care Facility:** A federal Title XIX term for Medical Assistance reimbursement purposes to a lower level of nursing care than that provided in a skilled nursing facility (SNF).
ICF-MR	**Intermediate Care Facilities for Individuals with Mental Retardation:** An ICF serving only or mainly mentally retarded residents providing active treatment for residents, and certified under 42 Code of Federal Regulations (CFR) 435 and 442. In Wisconsin, these are called facilities for the developmentally disabled (FDDs).
ISP	**Individual Service Plan:** A plan of care developed by the CMO and the Family Care member. It is based on a comprehensive assessment of the individual and reflects the individual's values and preferences for care.
IT	**Information Technology:** IT refers to information and businesses regarding computers, software, telecommunications products and services, as well as, Internet and online services.
LAB	**Legislative Audit Bureau:** A non-partisan legislative service agency created to assist the Legislature in maintaining effective oversight of state operations. The Bureau conducts objective audits and evaluations of state agency operations to ensure financial transactions have been made in a legal and proper manner and to determine whether programs are administered effectively, efficiently, and in accordance with the policies of the Legislature and the Governor. The LAB is the agency administering the contract to The Lewin Group for the independent evaluation of Family Care.[6]
LOC	**Level of Care:** The level at which an individual screens functionally eligible for Family Care, either comprehensive or intermediate.
LTC	**Long-Term Care:** A range of services that addresses the health, personal care, and social needs of individuals who lack some capacity for self-care. Services may be continuous or intermittent but are delivered for sustained periods to individuals who have a demonstrated need, usually measured by some index of functional incapacity.
MA Card	**Medical Assistance Card:** Card provided by Wisconsin Medicaid and covers a broad range of health care services, including home health and nursing facility care as well as the Personal Care option.
MA	**Medical Assistance:** Wisconsin's term for the Medicaid (Title XIX) program which pays for necessary health care services for persons whose financial resources are not adequate to provide for their health care needs.
MOU	**Memorandum of Understanding:** Document clearly defining respective responsibilities of multiple entities.

[6] Definition from http://www.legis.state.wi.us/lab/AgencyInfo.htm

MCO **Managed Care Organization:** Any system that manages healthcare delivery to control costs.

MCP **Member-Centered Plan:** The plan developed by the CMO staff and the Family Care member which outlines the member's preferences and personal outcomes. The plan should inform the Individualized Service Plan (ISP) which records services and supports needed in order to meet the Family Care member's outcomes.

MR/DD **Mentally Retarded/Developmentally Disabled**

Mentally Retarded: Individual with subnormal intellectual functioning which originates during the developmental period and is associated with impairment of one or more of the following: (1) maturation, (2) learning, (3) social adjustment.

Developmentally Disabled: Disorder in which there is a delay in development based on that expected for a given age level or stage of development. These impairments or disabilities originate before age 18, may be expected to continue indefinitely, and constitute a substantial impairment.[7]

PAC **Pre-Admission Consultation:** Consultations designed to inform individuals of available long-term care options and counsel them regarding their options before making permanent decisions on their LTC. It is also an opportunity to determine if they are eligible for family care.

PACE **Program for the All-Inclusive Care of the Elderly:** Provides on-site, comprehensive, integrated medical and psychosocial services by a multi-disciplinary team and a strong adult day component to approximately 400 Medicaid and Medicare eligible individuals 55 and older at the nursing home level of care in Milwaukee.

PD **Physical Disability:** A physical condition, including an anatomical loss or musculoskeletal, neurological, respiratory or cardiovascular impairment that results from injury, disease or congenital disorder and that significantly interferes with or significantly limits at least one major life activity of a person.

RAD **Resource Allocation Decision method:** Developed as a tool for the care management team to determine how best to use resources and serves to identify individual outcomes and derive cost-effective options to meet these outcomes.

RAP **Resource Allocation Program:** Under ch. 150, Wis. Stats.,*, and ch. HSS 122, Wis. Adm. Code, the program of adjusting caps on nursing home and FDD

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[7] © On-line Medical Dictionary at http://www.graylab.ac.uk/omd/

beds, distributing newly available beds, and prior review of capital expenditures of nursing homes and facilities for the developmentally disabled (FDDs). [8]

RC — **Resource Center:** Entity offering a variety of services, including one-stop shopping for older adults, people with disabilities, and their family members for a wide range of information and providers that are available in the local communities. The RCs also provide counseling about long-term care options and eligibility determination for the Family Care benefit and serve as a clearing-house of information designed to assist service personnel working with populations in need of long-term care services.

RCAC — **Residential Care Apartment Complex:** One type of assisted living facility (1997 Wisconsin Act 13 amended statutes to change official name to Residential Care Apartment Complex); an RCAC may serve five or more adults in independent apartment units.

RFP — **Request for Proposal:** Document that solicits proposals from outside parties in a competitive bidding process.

RN — **Registered Nurse:** A graduate trained nurse who has been licensed by a state authority after qualifying for registration.

SNF — **Skilled Nursing Facility:** A federal Titles XVIII and XIX certification term and state licensing term for long-term care facilities that provide care to residents who no longer need the type of care and treatment provided in a hospital but do require some medical attention and continuous skilled nursing observation.

WCA — **Wisconsin Coalition for Advocacy:** An independent non-profit agency with experience in consumer advocacy, especially around advocacy issues, to protect and promote the interests of developmentally disabled persons and mentally ill persons.

WHCA — **Wisconsin Health Care Association:** A non-profit organization representing 250 primarily for-profit nursing homes.

WAHSA — **Wisconsin Association of Homes and Services for the Aging:** A non-profit organization with 190 not-for-profit members principally serving the elderly and disabled, including nursing home facilities for the developmentally disabled, community-based residential facilities, independent living facilities and community service agencies.

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[8] Definition from http://www.legis.state.wi.us/rsb/stats.html

GLOSSARY

Direct Services	Services provided directly to people by agency staff rather than purchased by the agency from an outside provider.
Indirect Services	Services to people provided by DHFS through various public and private agencies under contract.
Nursing Home	A facility that provides 24 hour services including board and room to three or more unrelated residents who because of their mental or physical condition require nursing care. Nursing homes are licensed by DHFS under ch. HFS 132 rules (Health and Family Services).
Options Counseling	RCs offer consultation and advice about the options available to meet an individual's long-term care needs. This consultation will include discussion of the factors to consider when making long-term care decisions. Resource centers will offer pre-admission consultation to all individuals with long-term care needs entering nursing facilities, community-based residential facilities, adult family homes and residential care apartment complexes to provide objective information about the cost-effective options available to them. This service is also available to other people with long-term care needs who request it.[9]
Partnership	Partnership integrates all medical and long-term care services in a community-based setting for approximately 1,300 older adults and adults with physical disabilities at four sites in three Wisconsin counties, but relies less on adult day centers than does PACE.
Personal Care	Refers to assistance with activities of daily living such as eating, dressing, bathing and walking.
Selective Contracting	The process by which CMOs will begin to include quality requirements as part of the contracts process with providers.
Supportive Home Care	Care provided to elderly and disabled persons residing in their own homes; consists of assistance with daily living needs, including household care and personal care.

[9] Definition from Family Care web-site at http://www.dhfs.state.wi.us/LTCare/Generalinfo/RCs.htm

Community Aids	Community Aids provides core funding to counties for basic community services to people with developmental and other disabilities and other needs. When the Community Aids system was established in 1974, the state used a combination of state and federal dollars to provide approximately 90% of the funding for county-run human services. Counties had to provide a "match" of approximately 10% in order to capture funding. Over time, the amounts contributed by some counties has grown larger than 10%.

Appendix E

CMO Contracted Providers

Exhibit E-1
Number of Providers Contracting with the CMOs
May 2001, May 2002, and May 2003

Type of Service	Fond du Lac			La Crosse			Milwaukee			Portage			Richland		
	May-2001	May-2002	May-2003	May-2001	May-2002	May-2003	May-2001	May-2002	May-2003	May-2001	May-2002	May-2003	May-2001	May-2002	May-2003
Adaptive Aids	1	5	9	3	3	4		[c]	5	6	6	8	27	22	12
Adult Day Care	1	3	6	8	8	6		19	17	2	1	2	9	4	1
Adult Family Home	17	28	24	128	156	160		26	43	29	38	42	30	30	15
Assisted Living Facility	3	3	4	4	4	4		6	11			0	5	3	1
Care Management	1	1	1	1		1		20	26	2	1	2	8	1	1
CBRF	23	22	29	19	16	14		124	143	17	19	20	17	14	9
Chore Services	4							[c]							
Congregate Meals	1	1	2	2 (many sites)	1	NA		2 (20 sites)	Dept. of Aging (Admin.	1	2	1	1 (6 sites)		1
Daily Living Skills	8	12	8	5	5	5		10	11	5	4	7	1	2	2
Day Services/ Treatment	5	9	3	4	5	5		[c]	6	2	2	1	2	2	4
Employment-Related [a]	9	6	4	3	2	4		[c]	1	6	5	5	9	4	1
Guardianship/Money Management		2	4	4	4	5		4	3	1	1	1	2	3	10
Home Care (Medical & Supportive)	31	38	30	8	14	16		33 [c]	29	7	11	16	29	12	18
Home Modification		3	6	various	various	Various per bids		6	5	1	1	3	12	9	10
ICF/MRs		1	2		1	1		c	N/A		3	5		4	1
Interpreter Services		[b]	2	2	4	3		2	2	2	2	3	1		1
Meal Delivery	5	5	5	3	7	6		2	1	2	6	2	4	3	2

Exhibit E-1, continued
Number of Providers Contracting with the CMOs
May 2001, May 2002, and May 2003

Type of Service	Fond du Lac			La Crosse			Milwaukee			Portage			Richland		
	May-2001	May-2002	May-2003	May-2001	May-2002	May-2003	May-2001	May-2002	May-2003	May-2001	May-2002	May-2003	May-2001	May-2002	May-2003
Medical Equipment/Supplies	28	43	28	17	18	15		8 [c]	5	6	6	17	13	24	16[f]
Mental Health	4	5	9	5	6	7		4 [c]	2	6	5	7	4	4	4
Nursing Facility	11	9	11	11	11	10		22 [c]	15	6	8	15	12	10	5
Recreation/Alternative Activities	6							[c]							
Rehabilitation/Therapy	6	10	9	9	11	11		[c]	3	6	7	13	39	8	10
Respite Care	10	12	48	4	3	3		[c]	3	14	38	47	34	25	29
Speech & Language Path.	5	6	4	7	7	7		[c]	[c]	4	5	4	6	6	5
Substance Abuse	1	5	3	3	4	4		2 [c]	2	2	2	1	11	2	1
Transportation	10	12	11	8	9	9		12 [c]	90[e]	6	6	6	22	8	10
Other															14[g]
Total	**195**	**241**	**262**	**258**	**299**	**300**		[d]	**423**	**132**	**179**	**228**	**301**	**200**	**153**
Percentage of Change		**24%**	**9%**		**16%**	**0%**					**36%**	**27%**		**-34%**	**-24%**

[a] Includes supported employment and sheltered workshop.
[b] Fond du Lac obtains these services from the county.
[c] Milwaukee will accept any certified Medicaid and Medicare providers for this service.
[d] Unable to calculate total for Milwaukee due to the numerous categories in which any certified Medicare or Medicaid provider was accepted.
[e] The CMO uses Certified Medicare & Medicaid Providers for this service.
[f] Includes 2 providers of PERS Units.
[g] Includes services such as 7 snow removal, 4 massage, 3 therapeutic

Note: The total number may not represent the total number of contracts that the CMO has because some providers may be counted twice if they provide more than one service type.

Source: Data provided by counties in May 2001, May 2002, and May 2003. Milwaukee 2001 information not available. Lewin did not ask counties to provide numbers of ICF/MRs in 2001.

Appendix F:
Detailed Explanation of Outcome Measures and Additional Tables

This appendix provides the detailed tables associated with the outcome analyses, as well as detailed explanations of the claims-based measures used. In all tables, the groups included are individuals who were a member of a CMO (participant in a relevant waiver for the comparison areas) in December 2000 and also a participant in a relevant waiver in December 1999. The pre-period period covers October 1999 through March 2000 and the post-period covers January 2001 through June 2001. Costs examined are total federal, state, and county spending captured through the administrative data systems for Medical Assistance, the Medicaid Management Information System (MMIS), and the Long-Term Care portion of the Human Services Reporting System (HSRS). These systems do not capture all costs related to the CMO benefit and the comparison group spending. While the CMO capitated payment includes an allocation for CMO administrative expenses of 12 percent, the CMO long-term care benefit spending includes only the payments for services. Neither the capitated payment nor the CMO long-term care benefit spending include administrative costs associated with state oversight, or in-kind support provided by the counties, such as discounted office space and payroll processing. The comparison group spending does not include county or state administrative spending, the routine seven percent added to COP and Medicaid HCBS waiver programs for administrative charges, nor any county spending for benefits that were not reported through the HSRS system. Our focus on the difference over time and the consistent treatment of the CMO counties and comparison areas mitigate any issues associated with the costs included.

Exhibit F-1 presents the percent of existing enrollees using different categories of services in the pre- and post-periods for CMO members that were existing enrollees and the remainder of the state. It provides an indication of service pattern use before and after CMO implementation.

Exhibit F-2 presents the average monthly spending for existing enrollees associated with the categories of service for the same two groups.

Exhibit F-3 presents average monthly spending for existing enrollees for the following categories of service: 1) total spending; 2) actual spending for CMO services; 3) the CMO capitation payment; and 4) non-CMO actual spending. The total in this table differ from ***Exhibit F-2*** because this table subtracts client cost-share amounts. Tests of significance were based on a Z test where the standard errors were estimated using a Taylor approximation.

It should be noted that caution should be exercised in examining the analyses by county and target population, specifically individuals with physical disabilities, because some of the counties have small sample sizes. In Waupaca and Pierce, the number of individuals with physical disabilities was less than 20 (18 and 13, respectively). For all the other counties, the number exceeded 30.

Additional analyses on Medicare status were conducted, but the findings did not differ from those included in the report and therefore are not presented.

The claims-based outcomes were defined as follows:

Hospital and Emergency Room Use -- An individual's hospital and emergency room uses were defined by having at least one hospital or emergency room MMIS claim with the date of service occurring during the post period of January 2001 through June 2001. Hospital claims were characterized by having the performing provider type equal to 61, 62, or 64, and the original claim type equal to 40 or 50. Emergency room claims were distinguished by having the performing

provider type equal to 61 or 62, the original claim type equal to 23 or 31, and the revenue code between 450 and 459.

Nursing Facility Use -- A person's nursing facility use was defined by having at least one MMIS nursing home or HSRS institutional claim with a date of service in the post period. MMIS nursing home claims were differentiated by having a performing provider type of 64 and a performing provider specialty equal to '053' or '085'. Additionally, MMIS claims with a performing provider type of 79 or 80 were also categorized as nursing home claims. HSRS institutional claims were identified by an SPC code equal to 505.

Alternative Residential Facility Use – An individual's alternative residential facility use was defined by having at least one HSRS residential claims with a date of service in the post-period. HSRS residential claims were defined by having and SPC code equal to 202, 203, 204, 205, 506 or 711.

Decubitis Ulcer -- Decubitis ulcer was defined by having an MMIS claim whose date of service was during the post period and whose ICD9 diagnosis code was "707.0" for decubitis ulcer. Both first and second diagnosis codes were considered in this categorization.

Death -- If an individual had MMIS or HSRS data indicating death during the post period, that person was included in the "Death" category.

In order to determine whether the CMO counties differed from the comparison areas for these outcome measures we used a T test.

Exhibit F-1
Percent of Existing Enrollees Using Services in the Pre- and Post-Period

	Pre-Period		Post-Period		Percent Change	
Acute Care	CMO Members	Remainder of State	CMO Members	Remainder of State	CMO Members	Remainder of State
Inpatient	11%	12%	16%	18%	50.9%	44.0%
Outpatient	36%	33%	37%	33%	1.5%	0.2%
Emergency Room	15%	16%	16%	17%	5.2%	9.5%
Physician	36%	42%	37%	46%	4.2%	9.1%
Dental	23%	21%	25%	20%	7.3%	-4.5%
Lab/Radiology	41%	41%	47%	42%	14.4%	4.1%
Drugs	91%	91%	91%	91%	-0.1%	-0.3%
Other	82%	78%	82%	79%	-0.2%	1.6%
Long-term Care						
Adaptive Equipment/DME	61%	61%	65%	63%	6.3%	3.5%
Adult Day	20%	21%	22%	21%	15.1%	-1.7%
Case Management	98%	100%	98%	99%	0.4%	-1.1%
Habilitation/Therapies/MH	17%	15%	22%	14%	29.2%	-6.6%
Housing	6%	4%	5%	2%	-5.9%	-36.4%
Nursing Home	3%	3%	8%	7%	139.2%	131.6%
Nursing Home Drugs	2%	4%	6%	6%	169.9%	60.3%
Personal Care	76%	76%	73%	76%	-4.6%	-0.4%
Residential	23%	24%	26%	27%	15.4%	8.7%
Respite	12%	8%	12%	8%	3.2%	2.5%
Transportation	45%	41%	50%	42%	11.2%	3.4%
Vocational	19%	15%	21%	15%	9.6%	-5.5%

Note: DME= Durable Medical Equipment and MH = Mental Health. The pre-period period covers October 1999 through March 2000 and the post-period covers January 2001 through June 2001. Existing enrollees are individuals enrolled in a CMO and/or a waiver for both December 1999 and December 2000. See ***Appendix B*** for information about the samples.

Source: The Lewin Group analyses.

Exhibit F-2
Changes in Average Monthly Spending Per Participant for Existing Enrollees by Type of Service

	Care Management Organizations					Remainder of the State				
	Pre-Period	Post-Period	Diff.	% of Diff.	% Diff.	Pre-Period	Post-Period	Diff.	% of Diff.	% Diff.
Acute Care										
Inpatient	$16	$74	$58	11.5%	362.6%	$28	$45	$17	7.2%	61.1%
Outpatient	$23	$23	$0	0.0%	-1.5%	$29	$23	-$6	-2.6%	-17.7%
Emergency Room	$4	$4	$0	0.0%	-13.9%	$3	$4	$1	0.4%	16.3%
Physician	$9	$12	$3	0.6%	39.5%	$14	$10	-$4	-1.7%	-31.9%
Dental	$5	$7	$2	0.4%	36.0%	$5	$4	-$1	-0.4%	-7.1%
Lab/Radiology	$4	$6	$2	0.4%	44.3%	$5	$4	-$1	-0.4%	-20.0%
Drugs	$206	$227	$21	4.2%	10.6%	$196	$229	$33	14.0%	16.9%
Other	$47	$39	-$8	-1.6%	-18.4%	$83	$88	$5	2.1%	5.3%
Non-CMO Capitation	$0	$1	$1	0.2%		$0	$0	$0	0.0%	
Acute Subtotal	$314	$393	$79	15.7%	25.2%	$363	$407	$44	18.7%	12.1%
Long-term Care										
Adaptive Equip/DME	$82	$71	-$11	-2.2%	-13.3%	$61	$53	-$8	-3.4%	-13.2%
Adult Day	$142	$175	$33	6.5%	23.2%	$107	$118	$11	4.7%	10.5%
Case Management	$83	$128	$45	8.9%	53.1%	$125	$135	$10	4.3%	8.5%
Habilitation/Therapies/MH	$8	$15	$7	1.4%	84.7%	$16	$15	-$1	-0.4%	-5.7%
Housing	$26	$8	-$18	-3.6%	-70.4%	$19	$3	-$16	-6.8%	-86.5%

Nursing Home	$26	$128	$102	20.2%	393.2%	$16	$75	$59	25.1%	374.5%
Nursing Home Prescriptions	$2	$11	$9	1.8%	403.4%	$4	$9	$5	2.1%	109.6%
Personal Care	$738	$802	$64	12.7%	8.7%	$882	$923	$41	17.4%	4.6%
Residential	$360	$509	$149	29.6%	41.4%	$413	$494	$81	34.5%	19.8%
Respite	$37	$42	$5	1.0%	11.5%	$18	$17	-$1	-0.4%	-4.8%
Transportation	$57	$67	$10	2.0%	11.5%	$48	$50	$2	0.9%	5.1%
Vocational	$126	$156	$30	6.0%	23.9%	$88	$96	$8	3.4%	8.5%
LTC Subtotal	$1,687	$2,112	$425	84.3%	25.2%	$1,797	$1,988	$191	81.3%	10.6%
Total	**$2,001**	**$2,505**	**$504**	**100.0%**	**25.2%**	**$2,160**	**$2,395**	**$235**	**100.0%**	**10.9%**

Note: Diff = Post-Period minus Pre-period; % of Diff = Service/Number/Total Diff.; % Diff. = Diff/Pre-Period; DME= Durable Medical Equipment; MH = Mental Health. The categories of service are not directly mapped to those included in the CMO capitated payment because some LTC services are not included in the CMO benefit (e.g., inpatient therapies), but the services in the long-term care category are generally covered by Family Care. The pre-period period covers October 1999 through March 2000 and the post-period covers January 2001 through June 2001. Existing enrollees are individuals enrolled in a CMO and/or a waiver for both December 1999 and December 2000. See ***Appendix B*** for information about the samples.

Source: The Lewin Group analyses.

Exhibit F-3
Difference in the Change in Average Spending for Existing Enrollees Using Alternative Measures and Comparisons

	Total Spending			CMO Services			CMO Capitation		Non-CMO Services		
	Pre	Post	% Diff.	Pre	Post	% Diff.	Post	% Diff.	Pre	Post	% Diff.
Fond du Lac	$2,219	$2,738	23%	$1,827	$2,321	27%	$1,826	0%	$392	$417	6%
Waupaca	$1,927	$2,410	25%	$1,677	$2,147	28%			$250	$263	5%
Difference-in-Difference			-1.7%			-1.0%		-28.1%*			1.2%
La Crosse	$1,834	$2,385	30%	$1,549	$1,989	28%	$1,706	10%	$285	$396	39%
Manitowoc	$1,808	$2,236	24%	$1,501	$1,885	26%			$307	$351	14%
Difference-in-Difference			6.4%			2.8%		-15.4%*			24.6%
Milwaukee	$1,460	$1,776	22%	$1,123	$1,307	16%	$1,686	50%	$337	$469	39%
Rock	$1,827	$2,198	20%	$1,460	$1,815	24%			$367	$383	4%
Difference-in-Difference			1.3%			-7.9%		25.8%*			34.8%*
Portage	$2,409	$2,866	19%	$2,143	$2,539	18%	$2,344	9%	$266	$327	23%
Pierce	$2,555	$2,981	17%	$2,328	$2,725	17%			$227	$256	13%
Difference-in-Difference			2.3%			1.4%		-7.7%			10.2%
CMO Members	$1,993	$2,477	24%	$1,673	$2,072	24%	$1,881	12%	$320	$405	27%
Rem. of State	$2,148	$2,383	11%	$1,790	$2,012	12%			$358	$371	4%
Difference-in-Difference			13.3%*			11.4%*		0.0%			22.9%

* Significant at the 0.05 level

Note: The pre-period period covers October 1999 through March 2000 and the post-period covers January 2001 through June 2001. Existing enrollees are individuals enrolled in a CMO and/or a waiver for both December 1999 and December 2000. See ***Appendix B*** for information about the samples.

Source: The Lewin Group analyses.

Exhibit F-4
Difference in the Change in Average Spending for Existing Enrollees Using Alternative Measures and Comparisons by Target Group

	Total			CMO Services			CMO Capitation		Non-CMO Services		
	Pre	Post	% Diff.	Pre	Post	% Diff.	Post	% Diff.	Pre	Post	% Diff.
Fond du Lac											
Elderly	$1,223	$1,521	24%	$869	$1,162	34%	$1,831	111%	$354	$359	1%
DD	$3,177	$4,076	28%	$2,931	$3,747	28%	$1,823	-38%	$246	$329	34%
PD	$2,367	$2,397	1%	$1,591	$1,685	6%	$1,796	13%	$776	$712	-8%
Waupaca											
Elderly	$1,191	$1,753	47%	$979	$1,441	47%			$212	$312	47%
DD	$2,307	$2,792	21%	$2,143	$2,592	21%			$164	$200	22%
PD	$2,506	$2,631	5%	$1,817	$2,261	24%			$689	$370	-46%
Difference-in-Difference											
Elderly			-22.8%*			-13.5%		64%*			-45.8%*
DD			7.3%			6.9%		-59%*			11.8%
PD			-3.7%			-18.5%		-12%			38.1%
La Crosse											
Elderly	$807	$1,296	61%	$583	$1,010	73%	$1,708	193%	$224	$286	28%
DD	$2,646	$3,191	21%	$2,441	$2,945	21%	$1,710	-30%	$205	$246	20%
PD	$2,202	$2,896	32%	$1,602	$1,912	19%	$1,692	6%	$600	$984	64%
Manitowoc											
Elderly	$1,168	$1,493	28%	$863	$1,147	33%			$305	$346	13%

DD	$2,832	$3,524	24%	$2,612	$3,197	22%			$220	$327	49%
PD	$1,509	$1,669	11%	$1,033	$1,259	22%			$476	$410	-14%
Difference-in-Difference											
Elderly			32.8%*			40.3%*		160%*			14.2%
DD			-3.8%			-1.7%		-52%*			-28.6%
PD			20.9%			-2.5%		-16%			77.9%*

* Significant at the 0.05 level

Exhibit F-4 (cont.)
Difference in the Change in Average Spending for Existing Enrollees Using Alternative Measures and Comparisons by Target Group

	Total			CMO Services			CMO Capitation		Non-CMO Services		
	Pre	Post	% Diff.	Pre	Post	% Diff.	Post	% Diff.	Pre	Post	% Diff.
Milwaukee	$1,460	$1,776	22%	$1,123	$1,307	16%	$1,686	50%	$337	$469	39%
Rock	$1,827	$2,198	20%	$1,460	$1,815	24%			$367	$383	4%
Difference-in-Difference			1.3%			-7.9%		25.8%*			34.8%*
Portage											
Elderly	$1,233	$1,398	13%	$969	$1,120	16%	$2,163	123%	$264	$278	5%
DD	$3,066	$3,827	25%	$2,846	$3,518	24%	$2,457	-14%	$220	$309	40%
PD	$2,615	$2,690	3%	$2,188	$2,206	1%	$2,343	7%	$427	$484	13%
Pierce											
Elderly	$1,002	$1,261	26%	$826	$1,051	27%			$176	$210	19%
DD	$3,081	$3,609	17%	$2,891	$3,382	17%			$190	$227	19%
PD	$2,908	$3,071	6%	$2,376	$2,576	8%			$532	$495	-7%
Difference-in-Difference											
Elderly			-12.5%			-11.7%		96%*			-14.0%
DD			7.7%			6.6%		-31%*			21.0%
PD			-2.7%			-7.6%		-1%			20.3%
CMO Members											
Elderly	$1,195	$1,538	29%	$897	$1,168	30%	$1,782	99%	$298	$370	24%

DD	$2,915	$3,619	24%	$2,694	$3,332	24%	$1,960	-27%	$221	$287	30%
PD	$2,344	$2,691	15%	$1,724	$1,904	10%	$1,869	8%	$620	$787	27%
Remainder of State											
Elderly	$1,405	$1,707	21%	$1,139	$1,373	21%			$266	$334	26%
DD	$2,966	$3,383	14%	$2,732	$3,064	12%			$234	$319	36%
PD	$2,769	$2,407	-13%	$1,909	$1,829	-4%			$860	$578	-33%
Difference-in-Difference											
Elderly			7.2%			9.7%*		78%*			-1.4%
DD			10.1%*			11.5%*		-39%*			-6.5%
PD			27.9%*			14.6%		13%			59.7%*

* Significant at the 0.05 level

Note: The pre-period period covers October 1999 through March 2000 and the post-period covers January 2001 through June 2001. Existing enrollees are individuals enrolled in a CMO and/or a waiver for both December 1999 and December 2000. See ***Appendix B*** for information about the samples.

Source: The Lewin Group analyses.

Appendix G

Case Mix Measure for Community versus Nursing Facility Spending Comparison

In order to develop comparable measures for community and nursing facility users, we used the late loss ADLs that Myers and Stauffer, in addition to other researchers, agree are more predictive of resource use and appear to be the least site-sensitive. These were eating (0-1), toilet use (0-1), and transferring (0-1). For cognitive functioning, we used the MDS Cognitive Performance Scale (CPS) developed under a CMS contract by John Morris, et al, to assess a wide range of cognitive functioning using variables collected by the MDS. The CPS was designed to replace two separate tests of cognitive functioning used in nursing homes, the Mini Mental Status Exam (MMSE), and Test for Severe Impairment (TSE). The CPS is based on an interaction of four variables found on the MDS:

Decision Making—Range from Independent to Severely Impaired (0-3)

Short Term Memory (0-1)

Making Self Understood—Range from Understood to Never Understood (0-3)

Is patient comatose (0-1 and only available from the MDS)

Unfortunately, the summary functional screen data available to us required a large group for mild to very severe cognitive impairment. Finally, for the behavioral measures we used wandering (0-1) and physical abusiveness (0-1). The scoring shown in ***Exhibit G-1*** is consistent with the MDS and functional screen crosswalk the Department developed.

Exhibit G-1
Case Mix Measure for Nursing Facility-Community Comparison

Activities of Daily Living		
Score		**ADL**
0-1		Eating
0-1		Toilet use
0-1		Transferring
0-3		Summary measure (sum of items)
Cognitive Functioning		
Score	**MDS Cognitive Performance Scale Categories**	**Definition**
0	Intact	Independent in decision making, short term memory, and making self understood
1	Borderline Intact	Independent in 2 of the following measures: decision making, short term memory, and making self understood
2	Mild Impairment	Understood/usually understood by others, and independent/modified in decision making
2	Moderate Impairment	Usually understood by others, or modified independence in daily decision making
2	Moderately Severely	Moderate impairment in decision making and sometimes/never understood
2	Severe Impairment	Severely impaired decision making and not totally dependent for eating
2	Very Severe Impairment	Severely impaired decision making and totally dependent for eating or comatose
Behavior		
Score		**Indicator**
0-1		Wandering
0-1		Physically abusive
0-2		Summary measure (sum of items)

Appendix H

Assumptions for Calculating Spending Associated with Net New CMO Users

The key assumptions in estimating spending associated with net new CMO enrollees included the following.

- Remainder of the state trend in monthly net enrollment from 2001 to 2002 applied to CMO enrollment in the month following wait list elimination – 1.6 percent.

- Percent of CMO enrollment attributable to net new enrollees at wait list elimination – 4.2 percent based on DHFS estimates for 2001 and 2001.

	Monthly Change in Net Medicaid Nursing Home Users 12/99 to 3/03	**Monthly Change in Net Medicaid Nursing Home Users 1/98 to 12/99**
Fond du Lac	-0.07%	-0.28%
La Crosse	-0.25%	-0.31%
Milwaukee	-0.58%	-0.51%
Portage	-0.33%	-0.34%
Richland	-0.20%	0.00%
Remainder of the State	-0.16%	-0.26%