



State Representative

Samantha J. Kerkman

SEP 22 2003

September 22, 2003

Representative Suzanne Jeskewitz, Co-chair
Joint Legislative Audit Committee
314 North State Capitol
Hand-Delivered

✓ Senator Carol Roessler, Co-Chair
Joint Legislative Audit Committee
8 South State Capitol
Hand-Delivered

Dear Representative Jeskewitz and Senator Roessler:

Recently I received a copy of a report compiled by The Lewin Group on Family Care. The report, Wisconsin Family Care Final Evaluation Report is an independent evaluation of the Family Care Program.

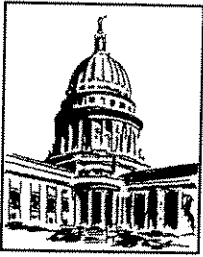
I believe that this report is a step in the right direction of an evaluation of the program. However, at the same time, I believe the Joint Legislative Audit Committee needs to take a further look. Due to this, I am asking that you consider holding a joint hearing on the subject so the committee can further discuss the findings. It appears the Audit Committee has an aggressive schedule during the upcoming months, and it my hope that we can include this formal discussion during one of these meetings.

I would be more than happy to discuss my thoughts on the subject with either of you. Thank you for your consideration of this request.

Sincerely,

A handwritten signature in cursive script that reads "Samantha".

Samantha Kerkman
State Representative
66th Assembly District



WISCONSIN STATE LEGISLATURE

Joint Audit Committee

Committee Co-Chairs:
State Senator Carol Roessler
State Representative Suzanne Jeskewitz

OCT 22 2003

October 21, 2003

The Honorable Samantha J. Kerkman, State Representative
Room 109 West, State Capitol
Madison, WI 53708

Dear Representative Kerkman:

We received your letter dated September 22, 2003 requesting a joint hearing regarding the Wisconsin Family Care Final Evaluation Report drafted by The Lewin Group.

As you stated in your request, this report is a step in the right direction towards evaluating the Family Care Pilot Program. However, you may be unaware that another contractor is currently finishing up an additional evaluation that is scheduled to be completed by the end of 2003. With this in mind, we hope to schedule a hearing in mid to late January 2004 to discuss the findings of both of these reports. Another factor we need to consider in scheduling the hearing is The Lewin Group's availability to send a representative to appear. They are not located in Wisconsin and therefore travel arrangements need to be considered.

We appreciate your contacting us to request a public hearing on the Wisconsin Family Care Final Evaluation Report. Once we are able to determine when we can reasonably expect the additional evaluation to be completed and the availability of The Lewin Group's attendance we will set a hearing date and notify you at that time.

Sincerely,

Senator Carol Roessler
Co-chairperson
Joint Legislative Audit Committee

Representative Suzanne Jeskewitz
Co-chairperson
Joint Legislative Audit Committee

Cc: Janice Mueller, State Auditor

**Wisconsin Council on Long Term Care Reform
Meeting of December 12, 2003**

DRAFT Minutes

Members present: George Potaracke, Beth Anderson, Gerald Born, D'Anna Bowman, Lynn Breedlove, Paul Cook, Carol Eschner, Tom Frazier, Terry Friese, Shel Gross, Les Higgenbottom, Pat Jerominski, Mary Kennedy, Nancy Livingston, Steve Mercaitis, Beverly Njuguna, Lucy Rowley, Mark Sager, Christine Sarbacker, John Sauer, Tim Sheehan, Debbie Timko, Craig Thompson

Others present: Sinikka Santala, Elizabeth Barnum, Peggy Handrich, Lorraine Barniskis, Helene Nelson, Judith Frye, Charles Jones, Monica Deignan, Kathleen Luedtke, Marcie Brost, Leonila Vega, Gail Propsom, Gail Nordheim, Tim Steller, Deb Menacher, Tom Lawless, Peter Tropman, Ken Golden, Michael Blumenfeld, Bruce Tammi, Steve Landkamer, Tom Moore, Amie Goldman, Ed Hickey, Gail Schwersenska, Dennis Rhodes, Ron Wollner, Peter Tropman, Dana Cyra, Scott Riedasch, Pam Abbett, Sherrel Walker, Chester Kuzminski, Stephanie Sue Stein, Meg Gleeson, Teri Buros, Steve Stanek, Anne Medeiros, Forbes McIntosh, Lisa Alecxih, Kate Wade, Karen McKim

Meeting call to order

Chair George Potaracke convened the meeting at 9:05 AM.

Basic features of Family Care and start-up issues; report from the Lewin Group

Kate Wade from the Legislative Audit Bureau (LAB) noted that the Legislature's Joint Audit Committee has scheduled a hearing on two evaluations of Family Care: the Lewin Group's report and the independent assessment done by APS Healthcare, Inc. The hearing will be held in the Capitol on January 15, 2004. Lisa Alecxhi from the Lewin Group presented key findings from Lewin's Family Care implementation and outcomes study. The full report is available at <http://www.legis.state.wi.us/lab/reports/03-0FamilyCare.pdf> and Lisa's Power Point presentation to the Council is available at <http://www.lewin.com/NR/rdonlyres/eodvmse3toqxeldnyukczyltonxyexqo6ay6q6m5vof6acnoggv2ekfeokehunrr22jyxbkxrfdqnh/WILTCReformCouncil.pdf>. Among the study conclusions that Lisa noted were the following:

- Family Care substantially met the goals of
 - increasing choice and access
 - improving quality through a focus on social outcomes
- There was no decline in service levels for existing enrollees.
- The percent change in Medicaid spending for existing enrollees in the first four CMO counties was relatively higher than the rest of the state, but not statistically different from matched counties
- Start-up costs and increased enrollment increased overall spending.
- The study period was too early (first year of implementation) to draw conclusions about cost-effectiveness of the program.

Quality in the CMOs; annual report from the External Quality Review Organization (EQRO)

Sherrel Walker of MetaStar, Inc., presented information about the external quality review processes and results in Family Care. She noted that Care Management Organizations, like most other organizations, struggled initially with performance improvement projects and that few projects met all of the review standards in 2002. All CMOs are making significant progress with this process in 2003.

She reviewed the process for validating CMO reported performance measures and noted that CMOs have established processes for accurate and consistent documentation of results and are making progress toward improved member outcomes. MetaStar is also charged with assessing implementation of Family Care Quality Standards in focus areas chosen for each contract year. All recommendations from the 2002 review have been successfully addressed by CMOs.

MetaStar recently began reviewing appeals and grievances in Family Care. It is also involved in member centered assessment and plan reviews. Findings for 2003 to date are that:

- CMOs continue to be very member-focused.
- Internal monitoring systems are in place within CMOs.
- There is overall improvement in the timeliness and continuity of the member-centered planning process.
- Ongoing efforts are occurring to define the RN role within the interdisciplinary team.
- Collaboration between the interdisciplinary teams is increasing.

MetaStar also conducts randomized personal interviews with Family Care members and their representatives to assist in determining if the services provided are, in fact, producing the results that are desired by each member. A second interview is conducted with the CMO care management team. She described the personal outcomes that are measured in Family Care, some of the questions that are used in interviews to determine the extent to which these outcomes are being met and the level of supports in place to help each member meet self-identified outcomes. For the first three interview rounds (1,344 interviews), the rates at which various member outcomes were met ranged from 47.3 percent to 90 percent, and the rates of supports present for various outcomes ranged from 49.3 percent to 74.8 percent.

Progress toward cost containment; report from the Independent Assessment

Amie Goldman and Ed Hickey from APS Healthcare, Inc. presented key cost-effectiveness findings from the Independent Assessment that is required for Family Care's federal waiver renewal. This report is available at <http://www.dhfs.state.wi.us/LTCare/ResearchReports/IA.pdf>. In addition to cost-effectiveness, the evaluation covers access and quality.

To determine how Family Care members' costs compared to those of a statewide comparison group of similar individuals not in the program, the evaluation looked at total long term care (LTC) costs, as well the costs and utilization rates of Family Care benefit and primary and acute services.

The evaluation found that Family Care does exhibit significant cost savings, for total long term care costs and some individual services, relative to the statewide comparison group when the analysis examines Milwaukee County separately from the other four CMO counties. Milwaukee County tends to mask the impact of the other CMO counties. APS and the Department hope to follow up with further analysis to understand more about the differences between Milwaukee

County and the other four counties. Specific cost-effectiveness findings of the evaluation include:

- The Family Care rate setting and capitated payment system methodology is sound.
- Total LTC costs for Family Care members in the four non-Milwaukee CMO counties increased less than for the statewide comparison group from pre- to post-enrollment.
- In the change from pre- to post-enrollment periods, Family Care members experienced increases in spending and utilization rates for Home Health Care visits.
- Costs for Inpatient Hospital and Physician Office Visits went down for Family Care members, but increased for the comparison group during the study period.
- Prescription Drug costs increased more for Family Care members than the comparison group over the study period. However, these costs decreased for members in Milwaukee County.
- Geographic differences account for a substantial amount of the changes over time observed in spending and utilization rates by Family Care members. Specifically, the Milwaukee CMO illustrated very different findings from other CMO counties that tended to show more consistency when compared to one another.
- Family Care members in the four non-Milwaukee CMO counties saw significant decreases for Personal Care and Residential Care services.
- In the change from pre- to post-enrollment periods, Family Care members saw post-enrollment cost and utilization reductions in ICR-MR days.
- Family Care has the potential to effect cost savings through improved member health care and health related outcomes. Family Care members saw significant reductions in institutional settings (increased community integration) in addition to significant reductions in functional status impairment.

It was noted that the APS study made conclusions only about relative per member per month costs, not about total program costs. Budgeting decisions for expansion of Family Care would include assumptions about the average spending per person in that model versus the existing system (including primary and acute health care costs), waiting lists in the current system, and the potential “woodwork” effect (how many individuals might enter the system). The APS study did not include administrative costs or Medicare data for either the Family Care or the comparison group. In response to a question about whether the managed care model is responsible for the per person cost savings, APS representatives said that they believe this is the primary reason for the findings.

County perspectives on Family Care

Lynn Breedlove moderated a panel of county Family Care representatives, which included: Sandy Tryon, Diane Hausinger and Kay Krause from Fond du Lac; Mary Faherty and Dean Ruppert from La Crosse; Stephanie Sue Stein, Meg Gleeson and Chet Kuzminski from Milwaukee; Dana Cyra from Portage, and Teri Buros from Richland. The discussion included the following points in response to questions prepared by the Council’s Executive Committee:

What seems to be effective in diverting or relocating people from institutional settings?

- Pre-admission consultation, particularly by Resource Center staff assigned to specific nursing homes, helps people who enter nursing homes to go home faster.
- Intervention is less likely when people have been admitted to a nursing home for an extended stay.
- Resource Centers work with CMOs to build supports prior to Family Care enrollment for people who want to relocate to the community.

- Pre-admission consultation is less successful in the CBRF arena; by the time of admission, consumer and family decisions are firm and other options may be limited (e.g., the individual's house has been sold).

How have CBRF or other Assisted Living utilization and costs changed?

- Fond du Lac, La Crosse, Portage and Richland said that they have increased the utilization of assisted living, but have negotiated lower rates because of the volume of service they purchase. Portage has a point system for rates tied to individual's needs as determined by the functional screen. They noted that they could better decrease utilization with better mechanisms for reaching people and helping them to plan before they need long term care.
- Milwaukee County cited the following factors contributing to their inability to decrease utilization and costs of assisted living:
 - Many people have been relocated to assisted living because of nursing home and ICF-MR closings.
 - Disabled adults come to Family Care from the CIP and COP programs at age 60; often they already live in residential settings at much higher rates than Family Care pays.
 - There is less leverage to negotiate for rates in Milwaukee because of the high number of assisted living beds.
 - An alliance of facilities and attorneys is advertising to draw people into assisted living, including from across county lines, with the promise of public payment from Family Care when personal resources are exhausted.

How does Family Care accommodate self-directed supports?

- Fond du Lac County has a formalized system, using a fiscal intermediary and an individual budget, which is increased annually for respite care and daily skills training. Many people pay friends and relatives for care, which alleviates the workforce shortage. Fewer elders than other groups use this option.
- In La Crosse County, a personal care agency serves as a co-employer with consumers who use this option. Agency staff members serve as back-up for individuals hired by the consumer. Many elders have been using this option, and it has been very useful for people with severe physical disabilities.

Have other innovative service models developed in Family Care?

- There has been an increase in supported employment, in terms of both choice of providers and populations using this service.
- Many more options in residential services are available; innovative approaches have enabled more cost-effective and less restrictive choices.

Have you improved your ability to serve the mental health needs of members?

- Milwaukee has four special care management teams, which include local mental health providers, for people with mental illness and has undertaken other efforts to collaborate with the mental health system.
- La Crosse has seen better integration of mental health and other long term care services.
- Fond du Lac believes that we should move toward inclusion of people whose primary disabling condition is mental illness as a primary target group for Family Care.

What efforts have been effective in responding to health care needs of members?

- Nurses on the care management team have been important to improving the health of members by:
 - Coordinating with all the physicians from different specialties involved with a member;
 - Accompanying members to physician appointments;
 - Providing linkages with in-home primary care;
 - Coordinating with hospital discharge planners;
 - Identifying physical reasons for cognition changes;
 - Raising the bar for health care expectations and prevention promotion.
- Prescription management through nurses and/or pharmacy consultants.
- Contracting with special consultants, such as for wound care and pharmacy.
- One CMO contracts with a community physician to serve as its medical director to review complex cases and coordinate with other physicians.

What reasons can you give for APS's finding on improved functioning with enrollment in Family Care?

- Better and more use of therapies and other rehabilitation to maintain and improve functioning.
- More aggressive and personalized use of alternative therapies (e.g., gym memberships, acupuncture) to manage pain and promote better functioning.

What unexpected things have you learned? What are the most positive aspects of Family Care? The most difficult?

- Overall, Family Care has been a very positive improvement. It is very different from the old waiver world in terms of the level of accountability for quality, cost, member outcomes, safety and health.
- More people are being served, some who were on waiting lists for years under the old system.
- Cost-effectiveness has improved.
- Better coordination with physical and mental health systems has improved the health of members. Prevention activities have increased.
- The Resource Center is a great benefit to the community. It has increased access to services and information. Better coordination with economic support units has been very helpful in prompt eligibility determination.
- Everyone in the community now knows there is a resource they can count on if they need it. The entitlement to Family Care improves the quality of life and sense of security of all older adults in the county, not just those who are enrolled.
- There is a new partnership with providers; it is important to get all players at the table early in the development process.
- Fewer administrative layers would make implementation easier.
- The entitlement is the best thing and the most difficult, since it forced rapid growth in a complex program. Hiring and training needs in all parts of the organization was a challenge.
- Family Care county staff should be resources and mentors for expansion of Family Care to additional counties.
- These counties have developed a real sense of partnership with the State. The program is flexible in meeting local needs.

Comments from Secretary Nelson

Secretary Helene Nelson again thanked members for serving on the Council. She clarified the features of Family Care that she believed should be in any model for reform:

- The functions of Aging and Disability Resource Centers should be available everywhere in the state, both for those who need long term care and as a resource for people to plan for care before they need it.
- There should be one, flexible, person-centered LTC benefit and fewer programs so people don't fall through the cracks; the details of what services should be in the benefit are open and need to be planned.
- There should be uniformity of eligibility, based on a functional screen.
- People should have a choice about what kind of setting they receive services in.
- There needs to be better coordination and management of LTC and health care statewide; having nurses and other health care professionals as part of an interdisciplinary team (as in Family Care) is one model; Partnership is another; and there might be another model for people with mental illness.

She also noted that overall reform of the system also must proceed along other fronts, including incentives for people to pay for their own care and improved quality in all settings and programs.

Council discussion with state and county representatives about Family Care

Among the points covered in this discussion were the following:

- The relative size of various counties' budgets for Family Care, compared to the number of people enrolled, seems to indicate that economies of scale do make a difference, suggesting regional CMOs for rural areas. In response, concern was expressed about small counties having a choice about whether to join a regional arrangement.
- Counties should contribute to the risk reserve needed; thorough and frequent education of County Board members is important in making sure they understand the benefits of doing what is needed to bring Family Care to county residents.
- Even with ample capacity of assisted living beds, facilities are willing to negotiate rates because of the volume of business that comes through Family Care.
- Five to seven percent of Family Care members are in nursing homes at any one time. Disenrolling in order to receive Medicaid card funded nursing home services is sometimes encouraged by nursing homes and/or family members, when the CMO offers less expensive and/or less restrictive care. La Crosse County noted that they were the first to experience disenrollments for this reason, but there are far fewer now. Other reasons for disenrollment include: death, move from the county, loss of eligibility, and (occasionally) non-cooperation with required eligibility reviews.
- To develop a provider network, most counties began with their providers from the old system, then actively developed more as needs grew or new kinds of consumer needs were identified. Some growth in the network also occurred when out-of-county providers approached the CMO about expanding into the county. Quality standards are included in provider contracts, and Medicaid rate schedules are the most common CMO rates used.
- The workforce shortage is ameliorated by the fact that members can choose their own individual home care providers, often friends, neighbors or family. Agency providers have expanded, to the benefit of both private pay consumers and Family Care members.
- Family Care has made many improvements over the old system:

- Increased flexibility of services and care plans; no longer restricted to the list of waiver services; new kinds of residential options being developed.
- Person-centered planning is now integrated into processes and structures.
- Adding the RN component has been critical to improved health and quality of life.
- Services and planning for people with developmental disabilities tends to be less paternalistic and more cost-effective, especially for people newly in the system.
- The entitlement has eliminated waiting lists.
- Learning to manage Durable Medical Equipment (DME) and Disposable Medical Supply (DMS) benefits was a challenge. Some counties think it was worth it to provide better coordination and prevent cost-shifting from Medicare; others would prefer to keep DME in the benefit, but not DMS.
- There were mixed county feelings about the structure of local councils and committees. There was agreement that the Local Long Term Council should be more independent of the county department administering LTC programs and that consumer members needed better education and supports to be effective Council and committee members.
- As long as rates are reasonable in the future, CMO counties worry less now about the competitive procurement process.
- Good data systems are crucial to management of Family Care, along with knowing what to collect and how to ask for information from the system.

Comments from the public

Bruce Tammi, chair of the State Bar's Elder Law Section, related that one of his clients had a poor experience with the eligibility process for Family Care and refused services because of fear of estate recovery.

Update from DHFS on federal waiver requests and other reform efforts

Judith Frye provided the following updates:

- DHFS is continuing dialogue with the federal government about potential waivers; although there is not yet agreement, progress is being made.
- A meeting between DHFS and a group of consumer advocates has been scheduled, and meetings with other groups will be set up to help identify questions about the reform elements proposed by the Department at the last Council meeting. All members are invited to send questions to Judith and/or to Peggy Handrich. A more detailed proposal will be brought to the Council at future meetings.

Update on Mental Health Redesign

Joyce Allen, Director of the Bureau of Mental Health and Substance Abuse, described the Mental Health Redesign process, which began with the Blue Ribbon Commission in 1996. She noted a number of differences among target populations and systems that required a coordinated, but separate effort from LTC Redesign. She walked through a handout that described current efforts to further Mental Health/AODA Redesign. Some of these are focused efforts in a limited number of pilot counties, while others are statewide.

Dianne Greenley, Vice Chair of the Mental Health and AODA Redesign Committee of the Mental Health Council, provided two handouts and additional information about the recovery concept which is at the heart of redesign efforts. She noted that "recovery" is not the same as

“cure”; rather, it is the process in which an individual successfully integrates their mental disorder into their life, leading a productive and fulfilling life, while decreasing their dependence on the MH/AODA system. The person takes more responsibility for his or her own life, defining what “recovery” is and how to approach getting there. She noted that a number of items from the work plan developed in 1999 have been accomplished, including written and videotape educational materials, a series of trainings, establishment of a recovery clearinghouse through AMI, a facilitated process of review for organizations, and the Grassroots Empowerment Project, which has trained 40 consumers to be better involved in advisory and decision-making bodies.

Council business

- **Minutes.** The minutes of the meeting of November 14, 2003 were approved by consensus without change.
- **Status report on committees and task forces.** The Residential Options Task Force will hold its first meeting on January 16, 2004; lead staff will be Wendy Fearnside. Deb Menacher, Director of the Aging and Disability Resource Center of Marathon County has agreed to chair the Resource Center Expansion Committee; Gail Schwersenska, will staff the committee. Carol Eschner will chair the Stakeholder Participation Committee. A committee on workforce issues is likely the next subgroup to be formed.
- **Agenda items for future meetings.** Members suggested the following items for future meetings:
 - An update on the adult protective services modernization project and how it fits with LTC reform efforts.
 - A panel of providers involved with Family Care and Partnership.

Meeting adjourned at 3:00 PM.

Report on Family Care Grievances and Appeals To the Wisconsin Council on Long-Term Care Reform

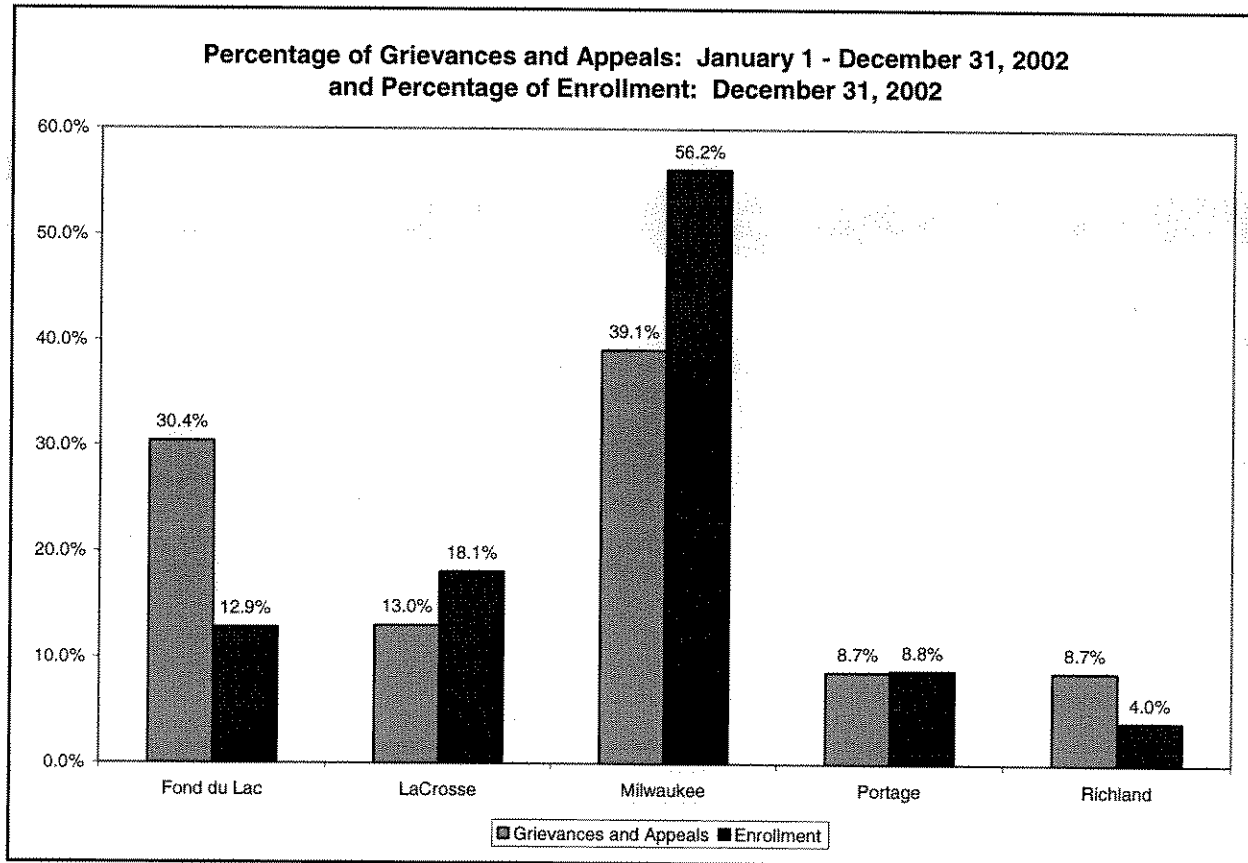
December 5, 2003

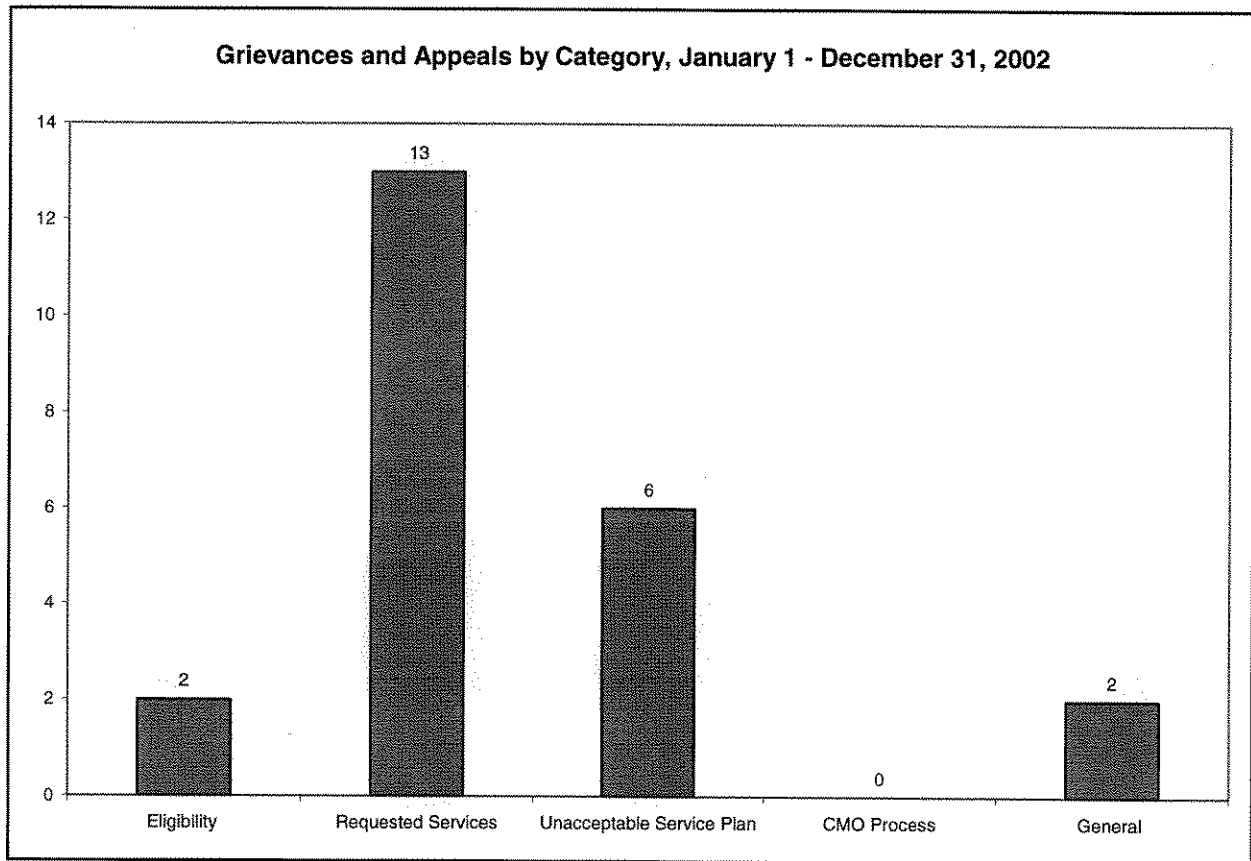
Calendar Year 2002

State Grievances and Appeals – There were a total of 24 State grievances and appeals in 2002, but data are more limited. We are unable to identify target group and whether a grievance or appeal was to the Department or a request for a State fair hearing.

State Grievances and Appeals CY 2002

CMO	Eligibility	Requested Services	Unacceptable Service Plan	CMO Process	General	All Categories
Fond du Lac	0	4	2	0	1	7
LaCrosse	1	2	0	0	0	3
Milwaukee	1	6	1	0	1	9
Portage	0	0	3	0	0	3
Richland	0	1	1	0	0	2
All Family Care	2	13	7	0	2	24

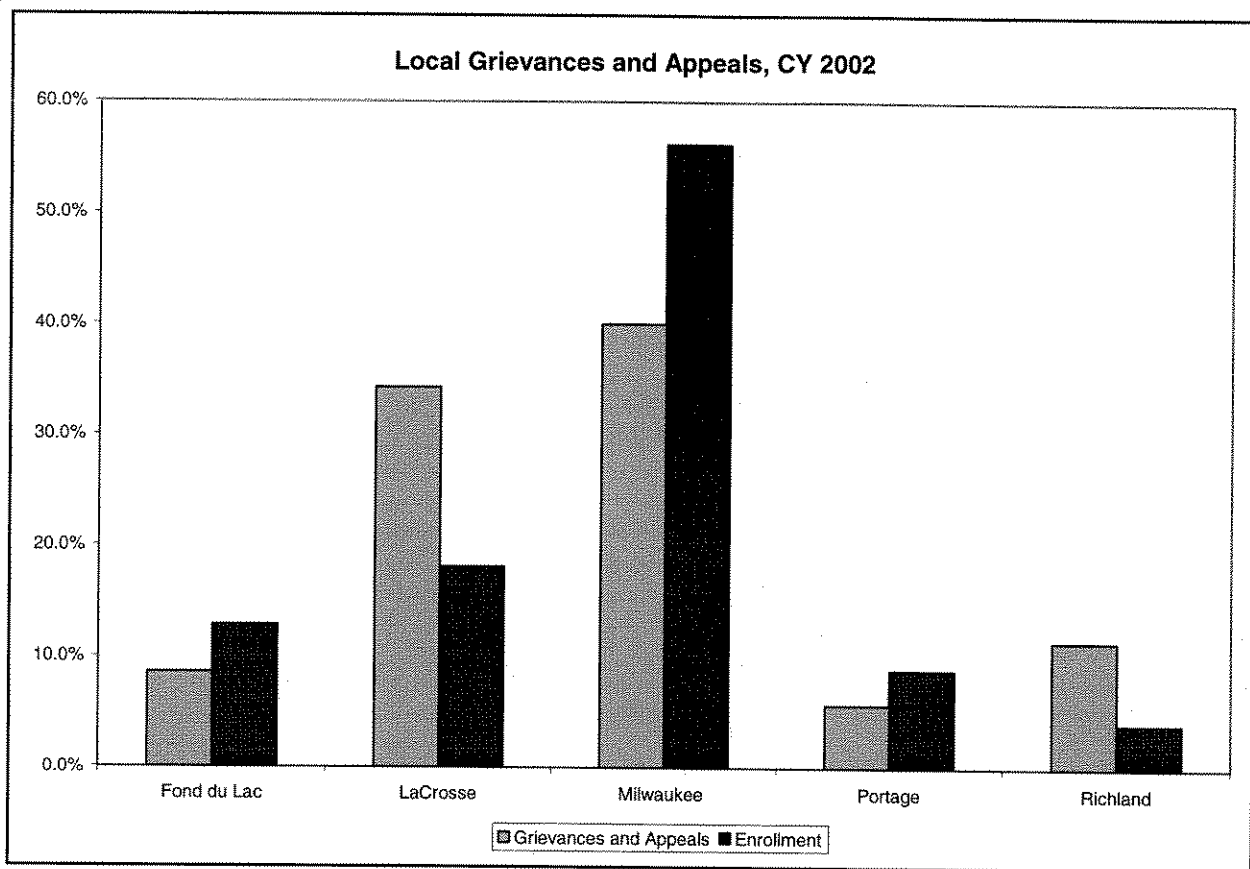




Local Grievances and Appeals – There were a total of 70 local grievances and appeals in 2002. At this time we are unable to break them out by target group or category.

**Local Grievances and Appeals
CY 2002**

CMO	Grievances and Appeals
Fond du Lac	6
LaCrosse	24
Milwaukee	28
Portage	4
Richland	8
Total	70



Calendar Year 2003 (January 1 through November 30)

State Grievances and Appeals – There were a total of 79 grievances and appeals in 2003 to date. The information for 2003 is significantly impacted by a policy that was temporarily implemented by the Milwaukee CMO. Care managers were instructed to file a fair hearing request whenever there was any delay in annual eligibility recertification, without regard to whether the matter could be resolved internally with no loss of eligibility for the member. This policy accounts for approximately 40 of the 57 eligibility related fair hearing requests. The Department estimates that only about 10 of the 40 appeals registered through this policy were necessary to prevent loss of eligibility for members.

In the following data, Grievances and appeals are categorized, based on Family Care statute, as follows.

Grievances and appeals in the category “Eligibility” include:

- Denial of eligibility, entitlement or enrollment
- Delay in determination of eligibility, entitlement or enrollment
- Eligibility issues related to divestment
- Issues related to spousal impoverishment
- Determination of cost sharing
- Estate Recovery
- Recovery of incorrectly paid benefits (fraud)

Grievances and appeals in the category “Requested Services” include:

- Denial of a service or support
- Limited authorization of type / amount of service
- Reduction, suspension or termination of service
- Failure to provide services or supports authorized in the member-centered plan in a timely manner

Grievances and appeals in the category "Service Plans" include:

- Requires the member to live in a place that is unacceptable
- Doesn't provide sufficient care, treatment or support to meet member's needs or identified outcomes
- Plan requires the member to accept care, treatment or support that is unnecessarily restrictive
- Plan requires the member to accept unwanted care, treatment or support

Grievances and appeals in the category "CMO Process" include:

- Failure to act within grievance and appeal process timelines
- Other decisions, omissions or actions

Grievances and appeals in the category "General" include any other expression of dissatisfaction by a member with any aspect of the decisions, actions or omissions of a CMO or the DHFS.

**Request for DHFS Review
January 1 - November 30, 2003**

CMO	Eligibility	Requested Services	Unacceptable Service Plan	CMO Process	General	All Categories
Fond du Lac						
DD	0	0	2	0	1	3
Eld	0	0	0	0	0	0
PD	0	0	2	0	0	2
Total	0	0	4	0	1	5
LaCrosse						
DD	0	0	0	0	0	0
Eld	0	0	0	0	0	0
PD	0	1	0	0	0	1
Total	0	1	0	0	0	1
Milwaukee						
DD	0	0	1	0	0	1
Eld	0	3	1	0	0	4
PD	0	1	0	0	0	1
Total	0	4	2	0	0	6
Portage						
DD	0	0	0	0	0	0
Eld	0	0	0	0	0	0
PD	0	1	0	0	0	1
Total	0	1	0	0	0	1
Richland						
DD	0	0	0	0	0	0
Eld	0	0	1	0	0	1
PD	0	0	0	0	0	0
Total	0	0	1	0	0	1
All Family Care						
DD	0	0	3	0	1	4
Eld	0	3	2	0	0	5
PD	0	3	2	0	0	5
Total	0	6	7	0	1	14

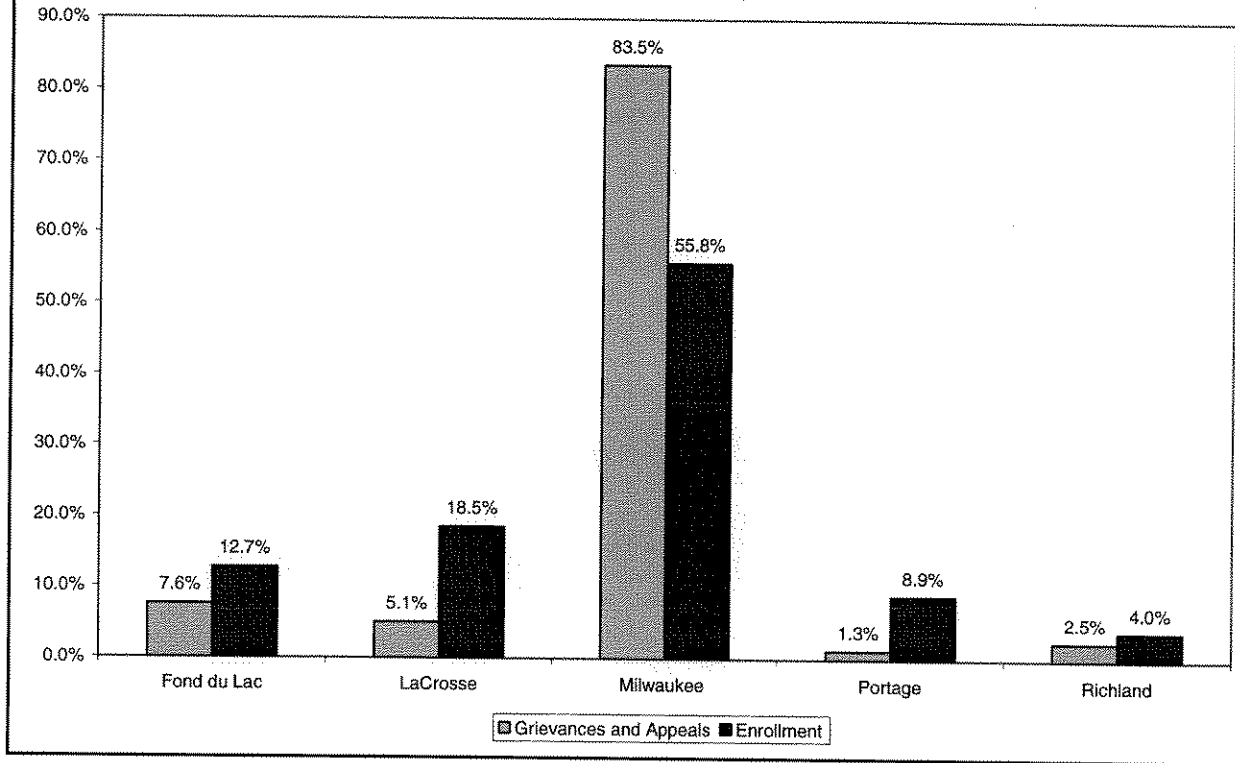
**Request for State Fair Hearing
January 1 - November 30, 2003**

CMO	Eligibility	Requested Services	Unacceptable Service Plan	CMO Process	General	All Categories
Fond du Lac						
DD	0	0	0	0	0	0
Eld	0	1	0	0	0	1
PD	0	0	0	0	0	0
Total	0	1	0	0	0	1
LaCrosse						
DD	0	0	0	0	0	0
Eld	0	0	2	0	0	2
PD	1	0	0	0	0	1
Total	1	0	2	0	0	3
Milwaukee						
DD	0	0	0	0	0	0
Eld	47	2	1	0	0	50
PD	9	1	0	0	0	10
Total	56	3	1	0	0	60
Portage						
DD	0	0	0	0	0	0
Eld	0	0	0	0	0	0
PD	0	0	0	0	0	0
Total	0	0	0	0	0	0
Richland						
DD	0	0	0	0	0	0
Eld	0	0	0	0	0	0
PD	0	1	0	0	0	1
Total	0	1	0	0	0	1
All Family Care						
DD	0	0	0	0	0	0
Eld	47	3	3	0	0	53
PD	10	2	0	0	0	12
Total	57	5	3	0	0	65

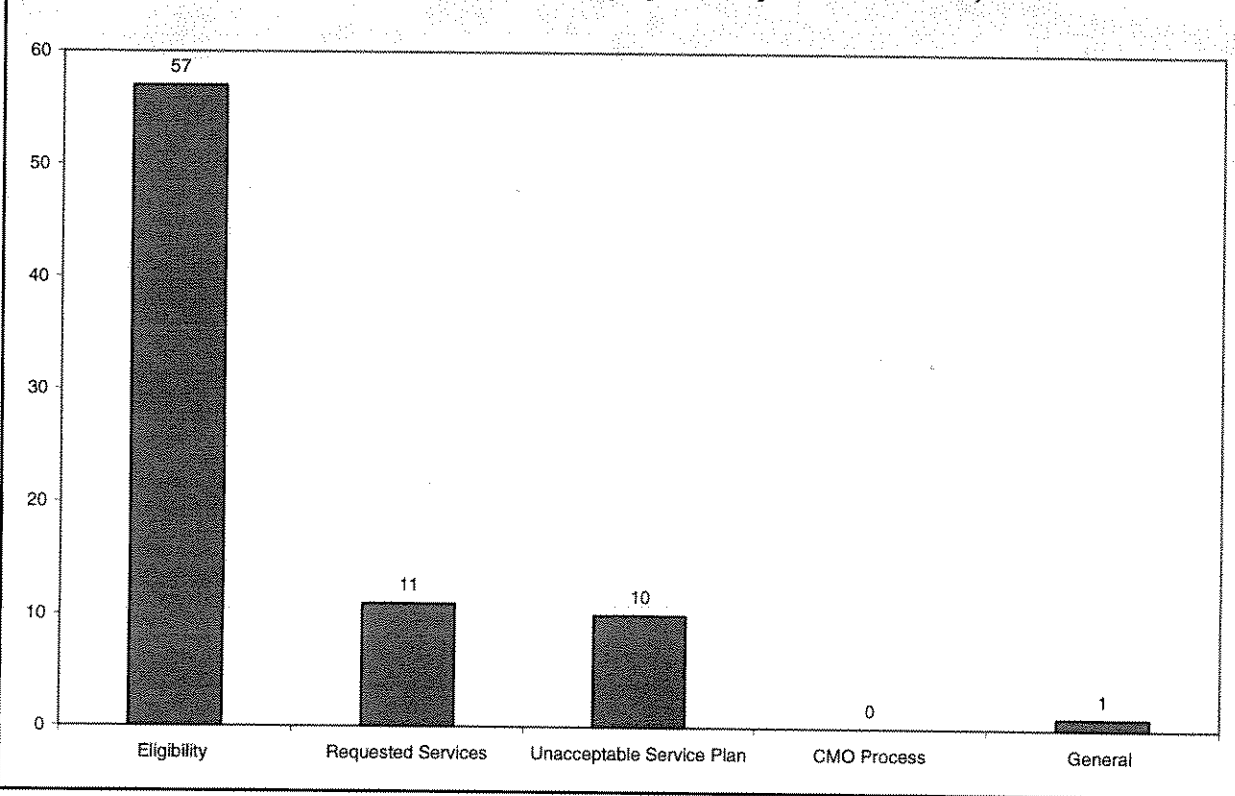
**All State Grievances and Appeals (unduplicated)
January 1 - November 30, 2003**

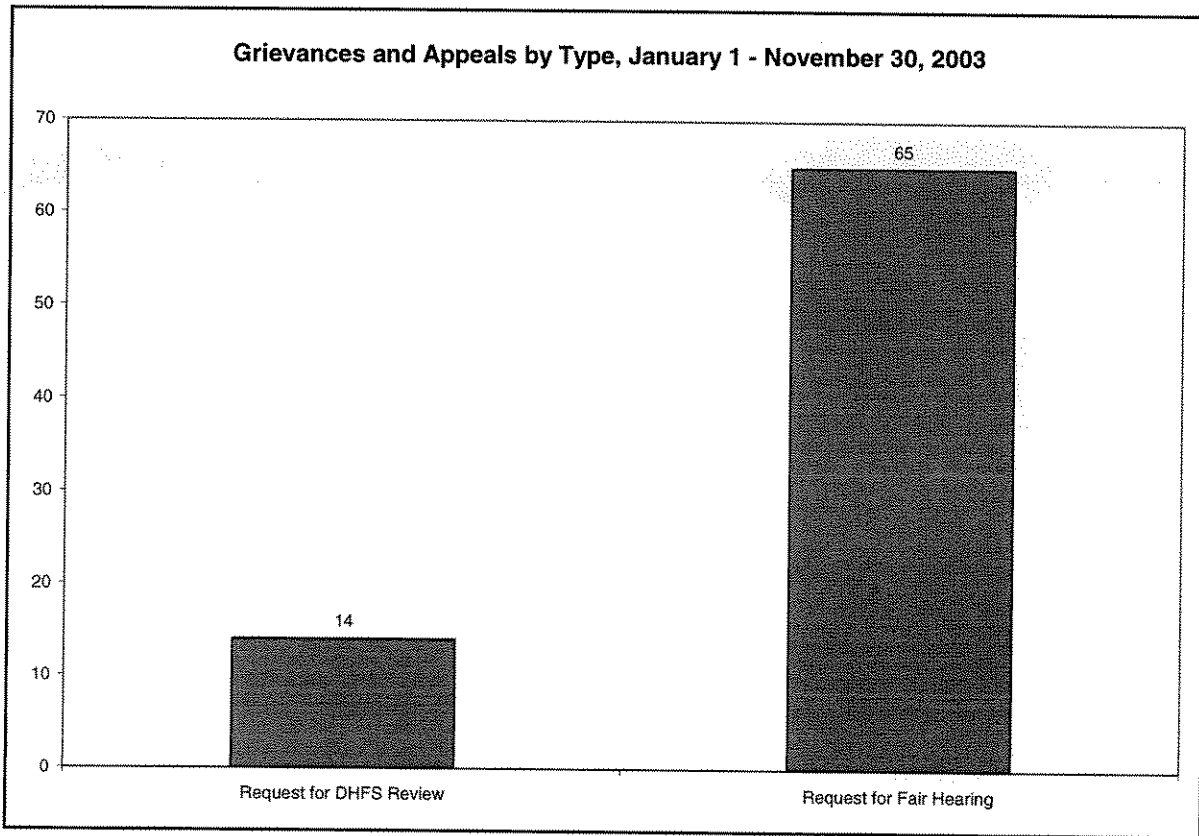
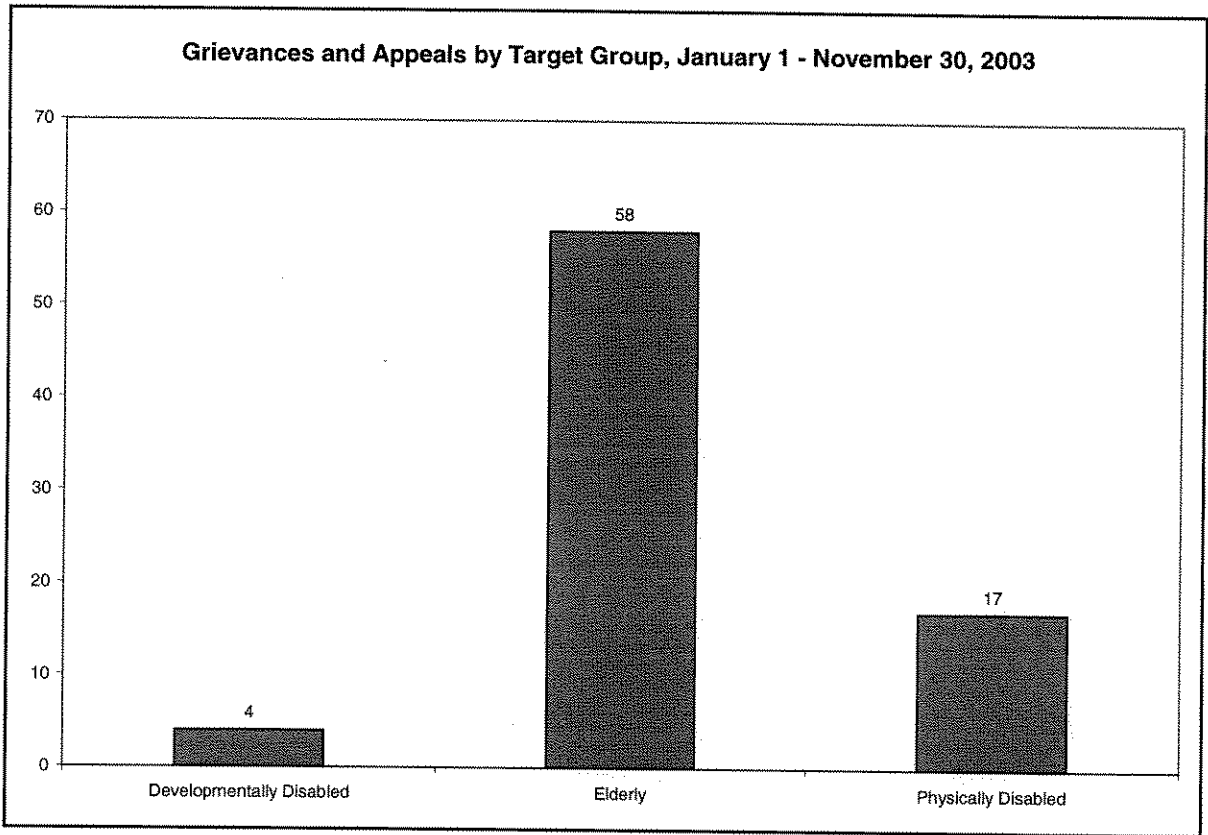
CMO	Eligibility	Requested Services	Unacceptable Service Plan	CMO Process	General	All Categories
Fond du Lac						
DD	0	0	2	0	1	3
Eld	0	1	0	0	0	1
PD	0	0	2	0	0	2
Total	0	1	4	0	1	6
LaCrosse						
DD	0	0	0	0	0	0
Eld	0	0	2	0	0	2
PD	1	1	0	0	0	2
Total	1	1	2	0	0	4
Milwaukee						
DD	0	0	1	0	0	1
Eld	47	5	2	0	0	54
PD	9	2	0	0	0	11
Total	56	7	3	0	0	66
Portage						
DD	0	0	0	0	0	0
Eld	0	0	0	0	0	0
PD	0	1	0	0	0	1
Total	0	1	0	0	0	1
Richland						
DD	0	0	0	0	0	0
Eld	0	0	1	0	0	1
PD	0	1	0	0	0	1
Total	0	1	1	0	0	2
All Family Care						
DD	0	0	3	0	1	4
Eld	47	6	5	0	0	58
PD	10	5	2	0	0	17
Total	57	11	10	0	1	79

**Percentage of Grievances and Appeals: January 1 - November 30, 2003
and Percentage of Enrollment: September 30, 2003**



Grievances and Appeals by Category, January 1 - November 30, 2003





Local Grievances and Appeals – Information on local grievances and appeals for 2003 is not yet available. It will be reported to the Department in February.



WISCONSIN STATE LEGISLATURE

Joint Audit Committee

Committee Co-Chairs:
State Senator Carol Roessler
State Representative Suzanne Jeskewitz

December 16, 2003

Ms. Amie Goldman
APS Health Care, Inc.
10 East Doty Street, Suite 210
Madison, Wisconsin 53562

Dear Ms. Goldman:

On Thursday, January 15, 2004, at 1:30 p.m. in Room 411 South of the State Capitol, the Joint Legislative Audit Committee will hold a public hearing on the *Wisconsin Family Care Final Evaluation* (July 2003), conducted by The Lewin Group, Inc., under contract with the Legislative Audit Bureau. The Committee will also consider the *Family Care Independent Assessment: An Evaluation of Access, Quality and Cost Effectiveness for Calendar Year 2002* (December 2003), prepared by APS Healthcare, Inc., under contract with the Department of Health and Family Services.

As this hearing relates to the findings presented in your report, we ask you to be present to offer testimony and to respond to address questions from committee members. Please plan to provide each committee member with a written copy of your testimony at the hearing.

Should you have questions about the hearing, please contact us.

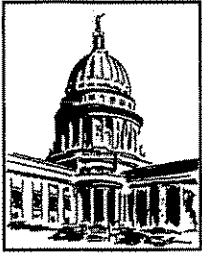
Sincerely,

Senator Carol A. Roessler, Co-chair
Joint Legislative Audit Committee

Representative Suzanne Jeskewitz, Co-chair
Joint Legislative Audit Committee

Enclosure

cc: Janice Mueller
State Auditor



WISCONSIN STATE LEGISLATURE
Joint Audit Committee

Committee Co-Chairs:
State Senator Carol Roessler
State Representative Suzanne Jeskewitz

December 16, 2003

Ms. Helene Nelson, Secretary
Department of Health and Family Services
1 West Wilson Street, Room 650
Madison, Wisconsin 53707-7850

Dear Ms. Nelson:

On Thursday, January 15, 2004, at 1:30 p.m. in Room 411 South of the State Capitol, the Joint Legislative Audit Committee will hold a public hearing on the *Wisconsin Family Care Final Evaluation* (July 2003), conducted by The Lewin Group, Inc., under contract with the Legislative Audit Bureau. The Committee will also consider the *Family Care Independent Assessment: An Evaluation of Access, Quality and Cost Effectiveness for Calendar Year 2002* (December 2003), prepared by APS Healthcare, Inc., under contract with the Department of Health and Family Services.

As these reports relate to the activities of the Department of Health and Family Services, we ask that you and the appropriate members of your staff be present at the hearing to offer testimony in response to the evaluations' findings and to address questions from committee members. Please plan to provide each committee member with a written copy of your testimony at the hearing.

Should you have questions about the hearing, please contact us.

Sincerely,

Senator Carol A. Roessler, Co-chair
Joint Legislative Audit Committee

Representative Suzanne Jeskewitz, Co-chair
Joint Legislative Audit Committee

Enclosure

cc: Janice Mueller
State Auditor



WISCONSIN STATE LEGISLATURE

Joint Audit Committee

Committee Co-Chairs:
State Senator Carol Roessler
State Representative Suzanne Jeskewitz

December 16, 2003

Ms. Lisa Maria B. Alecxih, Vice President
The Lewin Group, Inc.
3130 Fairview Park Drive, Suite 800
Falls Church, Virginia 22042

Dear Ms. Alecxih:

On Thursday, January 15, 2004, at 1:30 p.m. in Room 411 South of the State Capitol, the Joint Legislative Audit Committee will hold a public hearing on the *Wisconsin Family Care Final Evaluation* (July 2003), conducted by The Lewin Group, Inc., under contract with the Legislative Audit Bureau. The Committee will also consider the *Family Care Independent Assessment: An Evaluation of Access, Quality and Cost Effectiveness for Calendar Year 2002* (December 2003), prepared by APS Healthcare, Inc., under contract with the Department of Health and Family Services.

As this hearing relates to the findings presented in your report, we ask you to be present to offer testimony and to respond to address questions from committee members. Please plan to provide each committee member with a written copy of your testimony at the hearing.

Should you have questions about the hearing, please contact us.

Sincerely,

Senator Carol A. Roessler, Co-chair
Joint Legislative Audit Committee

Representative Suzanne Jeskewitz, Co-chair
Joint Legislative Audit Committee

Enclosure

cc: Janice Mueller
State Auditor



WISCONSIN STATE LEGISLATURE

Joint Audit Committee

Committee Co-Chairs:
State Senator Carol Roessler
State Representative Suzanne Jeskewitz

December 16, 2003

Dear Family Care Pilot Program Directors:

On Thursday, January 15, 2004, at 1:30 p.m. in Room 411 South of the State Capitol, the Joint Legislative Audit Committee will hold a public hearing on the *Wisconsin Family Care Final Evaluation* (July 2003), conducted by The Lewin Group, Inc., under contract with the Legislative Audit Bureau. The Committee will also consider the *Family Care Independent Assessment: An Evaluation of Access, Quality and Cost Effectiveness for Calendar Year 2002* (December 2003), prepared by APS Healthcare, Inc., under contract with the Department of Health and Family Services.

We would like to invite a panel of representatives from the care management organizations to testify before the Committee, and we ask that you forward this request to the appropriate staff in your department. We anticipate that the panel, composed of one representative from each of the five counties operating a care management organization, would be prepared to speak to the findings presented in the evaluation reports, offer their observations about the Family Care Pilot Program, and respond to questions from Committee members. Please plan to provide each committee member with a written copy of the formal testimony offered at the hearing.

Please contact Ms. Karen Asbjornson, Committee Clerk, at (608) 266-5300 (Toll-free: 1-888-736-8720) to confirm your county's involvement in the panel presentation. Please contact us with any additional questions.

Sincerely,

Senator Carol A. Roessler, Co-chair
Joint Legislative Audit Committee

Representative Suzanne Jeskewitz, Co-chair
Joint Legislative Audit Committee

Enclosure

cc: Ms. Judith A. Bablitch, Director
Portage County Department of Health and Human Services

Mr. Gerald Huber, Director
La Crosse County Human Services Department

Mr. Ed Schilling, Director
Fond du Lac County Department of Social Services

Ms. Marianne Stanek, Director
Richland County Health, Aging and Disability Resource Center

Ms. Stephanie Sue Stein, Director
Milwaukee County Department of Aging

Ms. Janice Mueller, State Auditor
Legislative Audit Bureau



WISCONSIN STATE LEGISLATURE

Joint Audit Committee

Committee Co-Chairs:
State Senator Carol Roessler
State Representative Suzanne Jeskewitz

December 19, 2003

Dear Family Care Pilot Program Directors:

On Thursday, January 15, 2004, at 1:30 p.m. in Room 411 South of the State Capitol, the Joint Legislative Audit Committee will hold a public hearing on the *Wisconsin Family Care Final Evaluation* (July 2003), conducted by The Lewin Group, Inc., under contract with the Legislative Audit Bureau. The Committee will also consider the *Family Care Independent Assessment: An Evaluation of Access, Quality and Cost Effectiveness for Calendar Year 2002* (December 2003), prepared by APS Healthcare, Inc., under contract with the Department of Health and Family Services.

We would like to invite a panel of representatives from the resource centers to testify before the Committee, and we ask that you forward this request to the appropriate staff in your department. We anticipate that the panel, composed of one representative from each of the nine counties operating a resource center, would be prepared to speak to the findings presented in the evaluation reports, offer their observations about the Family Care Pilot Program, and respond to questions from committee members. Please plan to provide each committee member with a written copy of the formal testimony offered at the hearing.

Please contact Ms. Karen Asbjornson, Committee Clerk, at (608) 266-5300 to confirm your county's involvement in the panel presentation. Please contact us with any additional questions.

Sincerely,

Senator Carol A. Roessler, Co-chair
Joint Legislative Audit Committee

Representative Suzanne Jeskewitz, Co-chair
Joint Legislative Audit Committee

Enclosure

cc: Ms. Joanne Abrahamson
Trempealeau County
Department of Social Services

Ms. Judith A. Bablitch, Director
Portage County
Department of Health and Human Services

Mr. Larry Hagar
Marathon County
Department of Social Services

Mr. Gerald Huber, Director
La Crosse County
Human Services Department

Mr. Kevin Mannel
Jackson County
Department of Health and Human Services

Mr. Ed Schilling, Director
Fond du Lac County
Department of Social Services

Mr. Dennis Schultz
Kenosha County
Department of Human Services

Ms. Marianne Stanek, Director
Richland County
Health, Aging and Disability
Resource Center

Ms. Stephanie Sue Stein, Director
Milwaukee County Department of Aging

Ms. Janice Mueller, State Auditor
Legislative Audit Bureau

SENATOR ROESSLER
P.O. Box 7882 • Madison, WI 53707-7882
(608) 266-5300 • Fax (608) 266-0423

REPRESENTATIVE JESKEWITZ
P.O. Box 8952 • Madison, WI 53708-8952
(608) 266-3796 • Fax (608) 282-3624

Ms. Joanne Abrahamson
Trempealeau County Department of Social Services
36245 Main Street
P.O. Box 67
Whitehall, Wisconsin 54773

Mr. Larry Hagar
Marathon County Department of Social Services
400 East Thomas Avenue
Wausau, Wisconsin 54403

Mr. Kevin Mannel
Jackson County Department of Health and Human Services
P.O. Box 457
Black River Falls, Wisconsin 54615

Mr. Dennis Schultz
Kenosha County Department of Human Services
8600 Sheridan Road
Kenosha, Wisconsin 53143

Ms. Stephanie Sue Stein
Milwaukee County Department of Aging
235 West Galena Street, Suite 180
Milwaukee, Wisconsin 53212-3948

Ms. Judith A. Bablitch
Portage County Department of Health and Human Services
817 Whiting Avenue
Stevens Point, Wisconsin 54481

Mr. Gerald Huber
La Crosse County Human Services Department
300 North 4th Street
P.O. Box 4002
La Crosse, Wisconsin 54601

Mr. Ed Schilling
Fond du Lac County Department of Social Services
87 Vincent Street
P.O. Box 1196
Fond du Lac, Wisconsin 54936

Ms. Marianne Stanek
Richland County
Health, Aging & Disability Resource Center
181 West Seminary
Richland Center, Wisconsin 53581

Asbjornson, Karen

From: Roessler, Carol
Sent: Friday, December 19, 2003 4:25 PM
To: Cale Battles; Dave Cullen; Dean Kaufert; Diane Handrick; Diane Harmelink; Don Nelson; Eric Phillips; Glenn Wavrunek; James Chrisman; Janice Mueller; Jayme Sellen; Jennifer Toftness; Jessica Kelly; Karen Asbjornson; Mark Pocan; Matt Kussow; Melissa Gilbert; Pam Matthews; Pam Shannon; Ritch Williams; Samantha Kerkman; Sarah Popp; Sherab Lhatsang; Suzanne Jeskewitz; Cynthia Boley; Dan Kursevski; David Volz; Katherine Ford; Katy Venskus; Robin Ryan; Sara Seaquist; Sen.Cowles; Sen.Darling; Sen.Lassa; Sen.Plale; Todd Stuart
Subject: Re: Lewin Group Evaluation - Preparation for January 15 hearing

Dear Joint Legislative Audit Committee member:

A hard copy of the Lewin Group evaluation was sent to Joint Legislative Audit Committee members in July. In preparation for the Joint Legislative Audit Committee meeting on January 15, 2004, I wanted to make you aware that the Lewin Group evaluation is on the Legislative Audit Bureau website and here is the link:

PLEASE NOTE THE REPORT IS 184 PAGES LONG:
<http://www.legis.state.wi.us/lab/reports/03-0FamilyCare.pdf>

Happy Holidays!

Carol Roessler

Asbjornson, Karen

From: Roessler, Carol
Sent: Friday, December 19, 2003 10:56 AM
To: Carpenter, Tim; Ewy, Stuart; Ferris, Amy; Foster, Marianne; Kleinschmidt, Linda; Mike Richards; Mnuk, Katie; O'Neill, Eileen; Soderbloom, Kathy
Subject: Joint Legislative Audit Committee Hearing on Family Care

Dear Health, Children, Families, Aging and Long Term Care Members:

As Co-Chair of the Joint Legislative Audit Committee and as Chair of the Senate Health Committee I want to inform you about a hearing on Family Care being held on January 15, 2004 in the Joint Legislative Audit Committee. Because of your membership on the Senate Health, Children, Families, Aging, and Long Term Care Committee I thought this hearing would be of interest to you as well. Below is the hearing notice as well as the link to the DHFS evaluation and Lewin Group evaluations of Family Care.

Hearing Notice:



P20040115.doc

DHFS evaluation - PLEASE NOTE THIS DOCUMENT IS 225 PAGES.

www.dhfs.state.wi.us/LTCare/ResearchReports/IA.HTM

Lewin Group evaluation - PLEASE NOTE THIS DOCUMENT IS 184 PAGES.

<http://www.legis.state.wi.us/lab/reports/03-0FamilyCare.pdf>

Happy Holidays!

Sincerely,

CAROL ROESSLER
State Senator
18th Senate District

Ms. Helene Nelson, Secretary
Department of Health and Family Services
1 West Wilson Street, Room 650
Madison, Wisconsin 53707

Ms. Amie Goldman
APS Health Care Inc.
10 East Doty Street, Suite 210
Madison, Wisconsin 53762

Mr. Tom Moore, Executive Director
Wisconsin Health Care Association
121 South Pinckney Street, Suite 500
Madison, Wisconsin 53703

Mr. Gerald Huber, Director
La Crosse County Human Services Department
300 North 4th Street, P.O. Box 4002
La Crosse, Wisconsin 54601

Ms. Judith A. Bablitch, Director
Portage County Department of Health and Human Services
817 Whiting Avenue
Stevens Point, Wisconsin 54481

Ms. Beth Anderson
The Laureate Group
1805 Kensington Drive
Waukesha, Wisconsin 53188

Ms. D'Anna Bowman
AARP Wisconsin
222 West Washington, Suite 600
Madison, Wisconsin 53703

Ms. Molly Cisco
Grassroots Empowerment Project
P.O. Box 26516
Wauwatosa, Wisconsin 53226

Ms. Carol Eschner
Interfaith Older Adult Programs
600 West Virginia Street, #300
Milwaukee, Wisconsin 53204

Terry Friese
Friendly Village Health Care and Rehab Center
900 Boyce Drive
P.O. Box 857
Rhineland, Wisconsin 54501

Ms. Lisa Maria B. Alecxih, Vice President
The Lewin Group, Inc.
3130 Fairview Park Drive, Suite 800
Falls Church, Virginia 22042

Mr. John Sauer, Executive Director
Wisconsin Association of Homes and Services for the Aging
204 South Hamilton Street
Madison, Wisconsin 53703

Mr. Ed Schilling, Director
Fond du Lac County Department of Social Services
87 Vincent Street
P.O. Box 1196
Fond du Lac, Wisconsin 54936-1196

Ms. Stephanie Sue Stein, Director
Milwaukee County Department of Aging
235 West Galena Street, Suite 180
Milwaukee, Wisconsin 53212-3948

Ms. Marianne Stanek, Director
Richland County Health, Aging and Disability Resource Center
181 West Seminary
Richland Center, Wisconsin 53581

Mr. Gerald Born
Council on Developmental Disabilities
6 Regis Circle
Madison, Wisconsin 53711

Mr. Lynn Breedlove
Wisconsin Coalition for Advocacy
16 North Carroll, Suite 400
Madison, Wisconsin 53703

Mr. Paul Cook
Community Health Partnership
2240 East Ridge Center
Eau Claire, Wisconsin 54701

Mr. Tom Fraizer
Coalition of Wisconsin Aging Groups
2850 Dairy Drive, Suite 100
Madison, Wisconsin 53718

Shel Gross
Mental Health Association of Milwaukee
133 South Butler Street
Madison, Wisconsin 53703

Ms. Liz Hecht
UW Waisman Center
1500 Highland Avenue
Madison, Wisconsin 53705

Ms. Patricia Jerominski
Independent Care Health Plan
1555 North RiverCenter
Milwaukee, Wisconsin 53212

Ms. Nancy Livingston
832 8th Avenue Big Flats
Hancock, Wisconsin 54943

Ms. Beverly Njuguna
Milwaukee County Commission on Aging
225 West Vine Street
Milwaukee, Wisconsin 53212

Ms. Lucy Rowley
Waushara County Human Services Department
P.O. Box 1230
205 West Elm Street
Wautoma, Wisconsin 54982

Ms. Theresa Sanders
Dane County Human Services Department
1202 Northport Drive
Madison, Wisconsin 53704

Mr. Tim Sheehan
Center for Independent Living for Western Wisconsin
2920 Schneider Avenue E
Menomonie, Wisconsin 54751

Ms. Debbie Timko
Service Employees International Union, Local 150
8021 West Tower Avenue
Milwaukee, Wisconsin 53223

Mr. Dennis Schultz
Kenosha County Department of Human Services
8600 Sheridan Road
Kenosha, Wisconsin 53143

Mr. Kevin Mannel
Jackson County Department of Health and Human Services
P.O. Box 457
Black River Falls, Wisconsin 54615

Mr. Les Higgenbottom
Wisconsin Mental Health Council
1555 North RiverCenter Drive, Suite 202A
Milwaukee, Wisconsin 53212

Ms. Mary Kennedy
Calumet County Human Services Department
206 Court Street
Chilton, Wisconsin 53014

Mr. Steve Mercaitis
Wisconsin Personal Services Association
106 South Beaumont Road
Prairie du Chien, Wisconsin 53821

Mr. Dan Remick
People First Wisconsin
616 East Dayton Street, #5
Madison, Wisconsin 53703

Mr. Mark Sager
UW Medical School
7818 Big Sky Drive, Suite 215
Madison, Wisconsin 53719

Ms. Christine Sarbacker
Creative Community Living Services
5122 Lortuh Terrace
Madison, Wisconsin 53711

Mr. Craig Thompson
Wisconsin Counties Association
22 East Mifflin Street, Suite 900
Madison, Wisconsin 53703

Mr. George Potaracke, Chair
Wisconsin Council on Long Term Care Reform
1402 Pankratz Street, Suite 111
Madison, Wisconsin 53704

Mr. Tim Steller
Marathon County North Central Community Services
1100 Lake View Drive
Wausau, Wisconsin 54403

Ms. Joanne Abrahamson
Trempealeau County Department of Social Services
36245 Main Street
P.O. Box 67
Whitehall, Wisconsin 54773