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**Table A-32. Pre- and Post-Enrollment Differences of
Monthly Personal Care Expenditures**

Variable	Label	Adj R-Sq Estimate	2.07% Std. Err.	t-value	p-value
Intercept	Intercept	-\$16	22.647	-0.690	0.489
T42CDPS	Diff. Illness Burden Index	\$11	6.249	1.770	0.077
T42FSIS	Diff. Functional Status Impairment	\$27	9.787	2.720	0.007
t42LYoL	Diff. Last year of life	-\$57	51.704	-1.100	0.270
T42MC	Diff. Medicare eligibility	-\$1	26.010	-0.020	0.985
t42RUCA	Diff. Rurality Index Score	\$21	7.146	2.910	0.004
t42Wavr	Diff. Waiver or COP eligible	-\$68	9.998	-6.850	<.0001
t42Inst	Diff. Institutionalization	-\$72	10.538	-6.830	<.0001
missfsis	FSIS score is imputed	-\$14	15.725	-0.880	0.376
DD	Dev. Disabled (v. Elderly)	-\$26	7.935	-3.210	0.001
PD	Phys. Disabled (v. Elderly)	\$10	9.717	0.980	0.326
ed_2000	Year 2000 Cohort (v. 2002)	\$78	17.552	4.420	<.0001
ed_2001	Year 2001 Cohort (v. 2002)	\$62	17.486	3.530	0.000
FC	Family Care	\$33	17.809	1.840	0.065

**Table A-33. Pre- and Post-Enrollment Differences of
Monthly Residential Care Facility Expenditure**

		Adj R-Sq	6.72%		
<u>Variable</u>	<u>Label</u>	<u>Estimate</u>	<u>Std. Err.</u>	<u>t-value</u>	<u>p-value</u>
Intercept	Intercept	\$41	30.746	1.340	0.180
T42CDPS	Diff. Illness Burden Index	-\$17	8.484	-1.950	0.051
T42FSIS	Diff. Functional Status Impairment	\$47	13.288	3.520	0.000
t42LYoL	Diff. Last year of life	-\$85	70.195	-1.210	0.225
T42MC	Diff. Medicare eligibility	-\$38	35.312	-1.070	0.286
t42RUCA	Diff. Rurality Index Score	-\$5	9.702	-0.480	0.633
t42Wavr	Diff. Waiver or COP eligible	-\$58	13.574	-4.260	<.0001
t42Inst	Diff. Institutionalization	-\$128	14.306	-8.980	<.0001
missfsis	FSIS score is imputed	-\$27	21.348	-1.280	0.200
DD	Dev. Disabled (v. Elderly)	\$57	10.773	5.310	<.0001
PD	Phys. Disabled (v. Elderly)	-\$38	13.193	-2.920	0.004
ed_2000	Year 2000 Cohort (v. 2002)	-\$41	23.829	-1.740	0.082
ed_2001	Year 2001 Cohort (v. 2002)	\$34	23.740	1.430	0.152
FC	Family Care	\$208	24.178	8.620	<.0001

Table A-34 Pre- and Post-Enrollment Differences of Monthly Supportive Home Care Expenditures					
Variable	Label	Adj R-Sq	5.78%		
		Estimate	Std. Err.	t-value	p-value
Intercept	Intercept	\$57	32.487	1.750	0.081
T42CDPS	Diff. Illness Burden Index	-\$24	8.964	-2.640	0.008
T42FSIS	Diff. Functional Status Impairment	\$142	14.040	10.080	<.0001
t42LYoL	Diff. Last year of life	-\$29	74.168	-0.390	0.695
T42MC	Diff. Medicare eligibility	\$18	37.310	0.470	0.639
t42RUCA	Diff. Rurality Index Score	\$19	10.251	1.860	0.063
t42Wavr	Diff. Waiver or COP eligible	-\$38	14.342	-2.630	0.009
t42Inst	Diff. Institutionalization	-\$67	15.116	-4.450	<.0001
missfsis	FSIS score is imputed	-\$7	22.557	-0.320	0.745
DD	Dev. Disabled (v. Elderly)	\$4	11.383	0.340	0.735
PD	Phys. Disabled (v. Elderly)	\$16	13.939	1.120	0.264
ed_2000	Year 2000 Cohort (v. 2002)	-\$30	25.178	-1.210	0.226
ed_2001	Year 2001 Cohort (v. 2002)	-\$45	25.084	-1.790	0.073
FC	Family Care	\$245	25.547	9.580	<.0001

Table A-35. Pre- and Post-Enrollment Differences of Monthly Emergency Room Expenditures					
Variable	Label	Adj R-Sq Estimate	0.6% Std. Err.	t-value	p-value
Intercept	Intercept	-\$0.17	0.380	-0.450	0.651
T42CDPS	Diff. Illness Burden Index	\$0.54	0.105	5.190	<.0001
T42FSIS	Diff. Functional Status Impairment	\$0.48	0.164	2.900	0.004
t42LYoL	Diff. Last year of life	\$3.03	0.867	3.500	0.001
T42MC	Diff. Medicare eligibility	\$1.43	0.436	3.280	0.001
t42RUCA	Diff. Rurality Index Score	\$0.14	0.120	1.190	0.235
t42Wavr	Diff. Waiver or COP eligible	\$0.39	0.168	2.350	0.019
t42Inst	Diff. Institutionalization	-\$0.11	0.177	-0.630	0.527
missfsis	FSIS score is imputed	-\$0.15	0.264	-0.580	0.565
DD	Dev. Disabled (v. Elderly)	\$0.23	0.133	1.710	0.087
PD	Phys. Disabled (v. Elderly)	\$0.42	0.163	2.570	0.010
ed 2000	Year 2000 Cohort (v. 2002)	-\$0.08	0.294	-0.260	0.798
ed 2001	Year 2001 Cohort (v. 2002)	\$0.29	0.293	1.000	0.320
FC	Family Care	-\$0.13	0.299	-0.440	0.658

Table A-36 Pre- and Post-Enrollment Differences of Monthly Hospital Inpatient Expenditures					
Variable	Label	Adj R-Sq	0.75%		
		Estimate	Std. Err.	t-value	p-value
Intercept	Intercept	\$7	46.124	0.150	0.883
T42CDPS	Diff. Illness Burden Index	\$108	12.727	8.460	<.0001
T42FSIS	Diff. Functional Status Impairment	-\$15	19.933	-0.780	0.437
t42LYoL	Diff. Last year of life	\$200	105.303	1.900	0.058
T42MC	Diff. Medicare eligibility	-\$70	52.973	-1.310	0.189
t42RUCA	Diff. Rurality Index Score	-\$9	14.554	-0.630	0.530
t42Wavr	Diff. Waiver or COP eligible	-\$94	20.363	-4.630	<.0001
t42Inst	Diff. Institutionalization	-\$55	21.461	-2.570	0.010
missfsis	FSIS score is imputed	-\$29	32.026	-0.900	0.368
DD	Dev. Disabled (v. Elderly)	-\$14	16.161	-0.890	0.372
PD	Phys. Disabled (v. Elderly)	\$51	19.791	2.590	0.010
ed 2000	Year 2000 Cohort (v. 2002)	\$6	35.747	0.180	0.858
ed 2001	Year 2001 Cohort (v. 2002)	\$37	35.613	1.030	0.301
FC	Family Care	-\$102	36.271	-2.820	0.005

Table A-37. Pre- and Post-Enrollment Differences of Monthly Hospital Outpatient Expenditures

Variable	Label	Adj R-Sq	0.11%	t-value	p-value
		Estimate	Std. Err.		
Intercept	Intercept	\$23	9.514	2.370	0.018
T42CDPS	Diff. Illness Burden Index	\$2	2.625	0.710	0.478
T42FSIS	Diff. Functional Status Impairment	-\$1	4.112	-0.210	0.835
t42LYoL	Diff. Last year of life	\$6	21.721	0.290	0.770
T42MC	Diff. Medicare eligibility	-\$17	10.927	-1.520	0.129
t42RUCA	Diff. Rurality Index Score	-\$2	3.002	-0.700	0.486
t42Wavr	Diff. Waiver or COP eligible	\$4	4.200	0.900	0.367
t42Inst	Diff. Institutionalization	\$7	4.427	1.490	0.137
missfsis	FSIS score is imputed	-\$1	6.606	-0.150	0.884
DD	Dev. Disabled (v. Elderly)	\$0	3.334	-0.120	0.907
PD	Phys. Disabled (v. Elderly)	\$11	4.082	2.680	0.007
ed_2000	Year 2000 Cohort (v. 2002)	-\$23	7.374	-3.140	0.002
ed_2001	Year 2001 Cohort (v. 2002)	-\$18	7.346	-2.410	0.016
FC	Family Care	\$4	7.482	0.510	0.611

Table A-38. Pre- and Post-Enrollment Differences of Monthly Physician Office Expenditures					
Variable	Label	Adj R-Sq	.77%		
		Estimate	Std. Err.	t-value	p-value
Intercept	Intercept	\$1	4.646	0.270	0.787
T42CDPS	Diff. Illness Burden Index	\$11	1.282	8.550	<.0001
T42FSIS	Diff. Functional Status Impairment	-\$1	2.008	-0.680	0.498
t42LYoL	Diff. Last year of life	\$28	10.607	2.640	0.008
T42MC	Diff. Medicare eligibility	-\$24	5.336	-4.460	<.0001
t42RUCA	Diff. Rurality Index Score	-\$1	1.466	-0.980	0.325
t42Wavr	Diff. Waiver or COP eligible	-\$1	2.051	-0.710	0.475
t42Inst	Diff. Institutionalization	\$2	2.162	1.010	0.313
missfsis	FSIS score is imputed	-\$5	3.226	-1.610	0.106
DD	Dev. Disabled (v. Elderly)	\$1	1.628	0.830	0.408
PD	Phys. Disabled (v. Elderly)	\$2	1.993	1.100	0.270
ed_2000	Year 2000 Cohort (v. 2002)	\$3	3.601	0.910	0.365
ed_2001	Year 2001 Cohort (v. 2002)	\$5	3.587	1.320	0.188
FC	Family Care	-\$7	3.653	-1.950	0.052

Table A-39. Pre- and Post-Enrollment Differences of Monthly Prescription Drug Expenditures					
Variable	Label	Adj R-Sq Estimate	1.6% Std. Err.	t-value	p-value
Intercept	Intercept	\$13	16.536	0.770	0.440
T42CDPS	Diff. Illness Burden Index	\$28	4.563	6.190	<.0001
T42FSIS	Diff. Functional Status Impairment	\$5	7.146	0.670	0.503
t42LYoL	Diff. Last year of life	-\$26	37.752	-0.690	0.489
T42MC	Diff. Medicare eligibility	\$21	18.991	1.110	0.265
t42RUCA	Diff. Rurality Index Score	\$9	5.218	1.660	0.096
t42Wavr	Diff. Waiver or COP eligible	\$1	7.300	0.130	0.900
t42Inst	Diff. Institutionalization	\$77	7.694	10.050	<.0001
missfsis	FSIS score is imputed	\$19	11.481	1.670	0.094
DD	Dev. Disabled (v. Elderly)	-\$14	5.794	-2.330	0.020
PD	Phys. Disabled (v. Elderly)	-\$3	7.095	-0.450	0.650
ed_2000	Year 2000 Cohort (v. 2002)	-\$19	12.815	-1.510	0.130
ed_2001	Year 2001 Cohort (v. 2002)	\$9	12.768	0.740	0.461
FC	Family Care	\$34	13.003	2.610	0.009

Table A-40. Pre- and Post-Enrollment Differences of Monthly State Center For The Developmentally Disabled Days

Variable	Label	Adj R-Sq	0.82%	t-value	p-value
		Estimate	Std. Err.		
Intercept	Intercept	-0.013	0.057	-0.230	0.817
T42CDPS	Diff. Illness Burden Index	-0.016	0.016	-1.020	0.306
T42FSIS	Diff. Functional Status Impairment	0.007	0.024	0.270	0.784
t42LYoL	Diff. Last year of life	-0.005	0.129	-0.040	0.967
T42MC	Diff. Medicare eligibility	-0.058	0.065	-0.890	0.376
t42RUCA	Diff. Rurality Index Score	-0.142	0.018	-7.960	<.0001
t42Wavr	Diff. Waiver or COP eligible	-0.073	0.025	-2.910	0.004
t42Inst	Diff. Institutionalization	0.174	0.026	6.620	<.0001
missfsis	FSIS score is imputed	-0.031	0.039	-0.780	0.435
DD	Dev. Disabled (v. Elderly)	-0.013	0.020	-0.680	0.496
PD	Phys. Disabled (v. Elderly)	0.018	0.024	0.750	0.454
ed 2000	Year 2000 Cohort (v. 2002)	0.019	0.044	0.440	0.661
ed 2001	Year 2001 Cohort (v. 2002)	0.032	0.044	0.740	0.458
FC	Family Care	-0.059	0.044	-1.330	0.184

Table A-41. Pre- and Post-Enrollment Differences of Monthly Home Health Visits					
Variable	Label	Adj R-Sq Estimate	3.83% Std. Err.	t-value	p-value
Intercept	Intercept	-0.146	0.141	-1.040	0.299
T42CDPS	Diff. Illness Burden Index	-0.169	0.039	-4.340	<.0001
T42FSIS	Diff. Functional Status Impairment	0.219	0.061	3.610	0.000
t42LYoL	Diff. Last year of life	0.151	0.321	0.470	0.638
T42MC	Diff. Medicare eligibility	-0.250	0.162	-1.550	0.122
t42RUCA	Diff. Rurality Index Score	-0.029	0.044	-0.650	0.517
t42Wavr	Diff. Waiver or COP eligible	-0.408	0.062	-6.570	<.0001
t42Inst	Diff. Institutionalization	-0.014	0.065	-0.220	0.826
missfsis	FSIS score is imputed	-0.059	0.098	-0.610	0.545
DD	Dev. Disabled (v. Elderly)	0.122	0.049	2.480	0.013
PD	Phys. Disabled (v. Elderly)	0.505	0.060	8.360	<.0001
ed_2000	Year 2000 Cohort (v. 2002)	0.191	0.109	1.750	0.080
ed_2001	Year 2001 Cohort (v. 2002)	-0.041	0.109	-0.380	0.705
FC	Family Care	0.568	0.111	5.130	<.0001

**Table A-42. Pre- and Post-Enrollment Differences of
Monthly Intermediate Care Facility Days**

Variable	Label	Adj R-Sq Estimate	2.08% Std. Err.	t-value	p-value
Intercept	Intercept	-0.161	0.127	-1.270	0.206
T42CDPS	Diff. Illness Burden Index	0.159	0.035	4.540	<.0001
T42FSIS	Diff. Functional Status Impairment	-0.089	0.055	-1.630	0.103
t42LYoL	Diff. Last year of life	0.006	0.290	0.020	0.983
T42MC	Diff. Medicare eligibility	0.147	0.146	1.010	0.313
t42RUCA	Diff. Rurality Index Score	-0.251	0.040	-6.270	<.0001
t42Wavr	Diff. Waiver or COP eligible	-0.400	0.056	-7.150	<.0001
t42Inst	Diff. Institutionalization	0.665	0.059	11.260	<.0001
missfsis	FSIS score is imputed	0.054	0.088	0.610	0.541
DD	Dev. Disabled (v. Elderly)	-0.094	0.044	-2.100	0.036
PD	Phys. Disabled (v. Elderly)	0.027	0.054	0.500	0.615
ed_2000	Year 2000 Cohort (v. 2002)	0.106	0.098	1.080	0.282
ed_2001	Year 2001 Cohort (v. 2002)	0.053	0.098	0.540	0.591
FC	Family Care	-0.277	0.100	-2.770	0.006

**Table A-43. Pre- and Post-Enrollment Differences of
Monthly Nursing Home Days**

Variable	Label	Adj R-Sq	12.31%	t-value	p-value
		Estimate	Std. Err.		
Intercept	Intercept	-0.117	0.259	-0.450	0.650
T42CDPS	Diff. Illness Burden Index	0.145	0.071	2.040	0.042
T42FSIS	Diff. Functional Status Impairment	0.421	0.112	3.760	0.000
t42LYoL	Diff. Last year of life	2.077	0.591	3.520	0.000
T42MC	Diff. Medicare eligibility	-0.248	0.297	-0.830	0.404
t42RUCA	Diff. Rurality Index Score	-0.274	0.082	-3.350	0.001
t42Wavr	Diff. Waiver or COP eligible	-1.202	0.114	10.530	<.0001
t42Inst	Diff. Institutionalization	4.622	0.120	38.400	<.0001
missfsis	FSIS score is imputed	0.427	0.180	2.380	0.017
DD	Dev. Disabled (v. Elderly)	-0.468	0.091	-5.160	<.0001
PD	Phys. Disabled (v. Elderly)	-0.206	0.111	-1.850	0.064
ed_2000	Year 2000 Cohort (v. 2002)	0.383	0.200	1.910	0.056
ed_2001	Year 2001 Cohort (v. 2002)	0.143	0.200	0.720	0.474
FC	Family Care	-0.068	0.203	-0.330	0.739

**Table A-44. Pre- and Post-Enrollment Differences of
Monthly Personal Care Days**

Variable	Label	Adj R-Sq	1.99%	t-value	p-value
		Estimate	Std. Err.		
Intercept	Intercept	-2.572	1.565	-1.640	0.100
T42CDPS	Diff. Illness Burden Index	0.826	0.432	1.910	0.056
T42FSIS	Diff. Functional Status Impairment	0.859	0.676	1.270	0.204
t42LYoL	Diff. Last year of life	-3.270	3.572	-0.920	0.360
T42MC	Diff. Medicare eligibility	-0.209	1.797	-0.120	0.908
t42RUCA	Diff. Rurality Index Score	1.326	0.494	2.690	0.007
t42Wavr	Diff. Waiver or COP eligible	-4.501	0.691	-6.520	<.0001
t42Inst	Diff. Institutionalization	-4.923	0.728	-6.760	<.0001
missfsis	FSIS score is imputed	-0.253	1.086	-0.230	0.816
DD	Dev. Disabled (v. Elderly)	-2.365	0.548	-4.310	<.0001
PD	Phys. Disabled (v. Elderly)	0.232	0.671	0.350	0.730
ed 2000	Year 2000 Cohort (v. 2002)	4.792	1.213	3.950	<.0001
ed 2001	Year 2001 Cohort (v. 2002)	4.865	1.208	4.030	<.0001
FC	Family Care	3.072	1.231	2.500	0.013

**Table A-45. Pre- and Post-Enrollment Differences of
Monthly Residential Care Facility Days**

Variable	Label	Adj R-Sq Estimate	1.8% Std. Err.	t-value	p-value
Intercept	Intercept	-0.050	0.263	-0.190	0.848
T42CDPS	Diff. Illness Burden Index	-0.162	0.073	-2.230	0.026
T42FSIS	Diff. Functional Status Impairment	0.149	0.114	1.310	0.189
t42LYoL	Diff. Last year of life	-0.603	0.601	-1.000	0.316
T42MC	Diff. Medicare eligibility	-0.670	0.302	-2.220	0.027
t42RUCA	Diff. Rurality Index Score	0.119	0.083	1.440	0.151
t42Wavr	Diff. Waiver or COP eligible	0.808	0.116	6.950	<.0001
t42Inst	Diff. Institutionalization	-0.820	0.122	-6.690	<.0001
missfsis	FSIS score is imputed	-0.152	0.183	-0.830	0.406
DD	Dev. Disabled (v. Elderly)	0.202	0.092	2.190	0.028
PD	Phys. Disabled (v. Elderly)	0.013	0.113	0.120	0.906
ed 2000	Year 2000 Cohort (v. 2002)	0.419	0.204	2.050	0.040
ed 2001	Year 2001 Cohort (v. 2002)	0.180	0.203	0.890	0.375
FC	Family Care	1.302	0.207	6.290	<.0001

Table A-46. Pre- and Post-Enrollment Differences of Monthly Supportive Home Care Days					
Variable	Label	Adj R-Sq	9.79%		
		Estimate	Std. Err.	t-value	p-value
Intercept	Intercept	0.787	0.265	2.970	0.003
T42CDPS	Diff. Illness Burden Index	-0.029	0.073	-0.400	0.688
T42FSIS	Diff. Functional Status Impairment	0.810	0.114	7.080	<.0001
t42LYoL	Diff. Last year of life	-0.204	0.604	-0.340	0.736
T42MC	Diff. Medicare eligibility	0.273	0.304	0.900	0.369
t42RUCA	Diff. Rurality Index Score	0.133	0.084	1.590	0.113
t42Wavr	Diff. Waiver or COP eligible	-0.161	0.117	-1.380	0.168
t42Inst	Diff. Institutionalization	-0.661	0.123	-5.360	<.0001
missfsis	FSIS score is imputed	0.057	0.184	0.310	0.755
DD	Dev. Disabled (v. Elderly)	-0.659	0.093	-7.110	<.0001
PD	Phys. Disabled (v. Elderly)	-0.190	0.114	-1.670	0.094
ed 2000	Year 2000 Cohort (v. 2002)	-0.670	0.205	-3.270	0.001
ed 2001	Year 2001 Cohort (v. 2002)	-0.516	0.204	-2.530	0.012
FC	Family Care	3.062	0.208	14.710	<.0001

Table A-47. Pre- and Post-Enrollment Differences of Monthly Emergency Room Visits					
Variable	Label	Adj R-Sq	.44%	t-value	p-value
		Estimate	Std. Err.		
Intercept	Intercept	-0.009	0.010	-0.910	0.364
T42CDPS	Diff. Illness Burden Index	0.019	0.003	7.060	<.0001
T42FSIS	Diff. Functional Status Impairment	0.008	0.004	1.950	0.051
t42LYoL	Diff. Last year of life	0.020	0.022	0.930	0.355
T42MC	Diff. Medicare eligibility	0.009	0.011	0.830	0.406
t42RUCA	Diff. Rurality Index Score	0.003	0.003	1.100	0.270
t42Wavr	Diff. Waiver or COP eligible	0.011	0.004	2.620	0.009
t42Inst	Diff. Institutionalization	-0.009	0.004	-2.100	0.036
missfsis	FSIS score is imputed	0.001	0.007	0.140	0.887
DD	Dev. Disabled (v. Elderly)	0.001	0.003	0.410	0.679
PD	Phys. Disabled (v. Elderly)	0.006	0.004	1.560	0.119
ed_2000	Year 2000 Cohort (v. 2002)	0.009	0.007	1.240	0.215
ed_2001	Year 2001 Cohort (v. 2002)	0.007	0.007	1.020	0.309
FC	Family Care	0.005	0.007	0.670	0.506

**Table A-48. Pre- and Post-Enrollment Differences of
Monthly Hospital Inpatient Admissions**

Variable	Label	Adj R-Sq	3.02%	t-value	p-value
		Estimate	Std. Err.		
Intercept	Intercept	-0.001	0.006	-0.100	0.917
T42CDPS	Diff. Illness Burden Index	0.029	0.002	18.350	<.0001
T42FSIS	Diff. Functional Status Impairment	0.006	0.003	2.190	0.028
t42LYoL	Diff. Last year of life	0.093	0.013	7.040	<.0001
T42MC	Diff. Medicare eligibility	0.002	0.007	0.300	0.768
t42RUCA	Diff. Rurality Index Score	-0.003	0.002	-1.690	0.090
t42Wavr	Diff. Waiver or COP eligible	0.003	0.003	0.990	0.321
t42Inst	Diff. Institutionalization	0.002	0.003	0.780	0.434
missfsis	FSIS score is imputed	-0.004	0.004	-0.970	0.333
DD	Dev. Disabled (v. Elderly)	0.001	0.002	0.430	0.666
PD	Phys. Disabled (v. Elderly)	0.002	0.002	0.790	0.427
ed_2000	Year 2000 Cohort (v. 2002)	0.005	0.005	1.170	0.243
ed_2001	Year 2001 Cohort (v. 2002)	0.006	0.004	1.300	0.192
FC	Family Care	-0.003	0.005	-0.660	0.509

Table A-49. Pre- and Post-Enrollment Differences of Monthly Hospital Inpatient Days					
Variable	Label	Adj R-Sq	1.79%	t-value	p-value
		Estimate	Std. Err.		
Intercept	Intercept	0.087	0.075	1.160	0.248
T42CDPS	Diff. Illness Burden Index	0.290	0.021	13.980	<.0001
T42FSIS	Diff. Functional Status Impairment	0.029	0.033	0.890	0.376
t42LYoL	Diff. Last year of life	0.857	0.172	4.990	<.0001
T42MC	Diff. Medicare eligibility	-0.017	0.086	-0.200	0.845
t42RUCA	Diff. Rurality Index Score	-0.031	0.024	-1.290	0.198
t42Wavr	Diff. Waiver or COP eligible	-0.089	0.033	-2.690	0.007
t42Inst	Diff. Institutionalization	0.001	0.035	0.040	0.968
missfsis	FSIS score is imputed	-0.079	0.052	-1.520	0.129
DD	Dev. Disabled (v. Elderly)	-0.045	0.026	-1.710	0.087
PD	Phys. Disabled (v. Elderly)	0.038	0.032	1.170	0.244
ed_2000	Year 2000 Cohort (v. 2002)	-0.018	0.058	-0.310	0.757
ed_2001	Year 2001 Cohort (v. 2002)	0.013	0.058	0.230	0.818
FC	Family Care	-0.135	0.059	-2.280	0.023

Seaquist, Sara

From: Elizabeth Barnum [barnued@dhs.state.wi.us]
Sent: Tuesday, January 06, 2004 2:11 PM
To: blumk@aol.com; roseeboron@aol.com; CHess@CCO-CCE.org; sjaberg@cedarcommunity.org; mary.brintnall-peterson@ces.uwex.edu; HWAHMAD1@charter.net; moryan@charter.net; smcelder@chorus.net; mccusker@clanet.org; larry.debbert@co.fond-du-lac.wi.us; schaufelc@co.kenosha.wi.us; tfrazier@cwag.org; Joyce Allen; Elizabeth Barnum; Priscilla Boroniec; Bryon Wornson; Hollister Chase; Monica Deignan; Mike Edwards; Wendy Fearnside; Judith Frye; Kenneth Golden; Peggy Handrich; Charles Jones; Steven Landkamer; Michael Linak; Kathleen Luedtke; Donna McDowell; Mark Moody; Helene Nelson; Marjorie Pifer; Gail Propsom; Scott Riedasch; Sinikka Santala; Susan Schroeder; dennis.rhodes@doa.state.wi.us; robert.blaine@doa.state.wi.us; steve.handrich@dva.state.wi.us; cleo.eliason@dwd.state.wi.us; dbslautt@facstaff.wisc.edu; plander1@facstaff.wisc.edu; sedan@fayemcbeath.org; mrodri@hacm.org; mwright@johnsonbank.com; betha@laureategroup.com; christian.moran@legis.state.wi.us; jason.rostan@legis.state.wi.us; jayne.sellen@legis.state.wi.us; justin.sargent@legis.state.wi.us; kelley.flury@legis.state.wi.us; kevin.moore@legis.state.wi.us; lisa.davidson@legis.state.wi.us; marne.wischnewski@legis.state.wi.us; matt.kussow@legis.state.wi.us; rebecca.hogan@legis.state.wi.us; sara.seaquist@legis.state.wi.us; sarah.osterberg@legis.state.wi.us; lisa.alecxih@lewis.com; SSeegert@lho.org; stview@loriknappinc.com; claudia.stine@ltc.state.wi.us; SStein@milwaukeecounty.com; plucey@milwcnty.com; olsoji@mwt.net; tfriese@newnorth.net; tsteller@norcen.org; dtimko@seiulocal150.org; bill_bender@ssmhc.com; pborreson@tchcc.com; ggrady2@tds.net; sarbccis@tds.net; tmoely@thesurf.com; timfrey@tlchomes.net; Peter.Tropman@trmg-wisconsin.com; mberger@trivest.net; thomas.blewett@uwex.edu; jhanna@w-c-a.org; gobblue35@webtv.net; tomm@whca.com; marjorie.kozich@wheda.com; ruthrosch@yahoo.com
Cc: Linda Ampe; John Easterday; Bonnie Kees; Linda McCann; Rita Miller; Rita Schraepfer-
Subject: Derke; Julie Schultz; Susan Veleke; Judith Zitske
 LTC Council Meeting on 1/9/04

FM






Agenda_01-09-04_.doc



12-12-03 minutes.doc



Report on levances and Appea

1/9/04 are attached.

The meeting will be held at CWAG, address is on the agenda.

Agenda and handouts for the LTC Council Meeting on

Asbjornson, Karen

From: Matthews, Pam
Sent: Thursday, January 08, 2004 5:17 PM
To: Asbjornson, Karen
Subject: RE: Re: Feb. 13 fyi

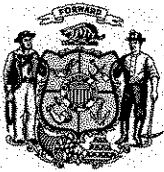
O.K. - I'm sure we will talk about it tomorrow. I'm out of here!!!!!!

-----Original Message-----

From: Asbjornson, Karen
Sent: Thursday, January 08, 2004 5:09 PM
To: Shannon, Pam; Matthews, Pam; Chrisman, James
Subject: Re: Feb. 13 fyi

Fyi - Darling can't make the Family Care reschedule on Feb. 13 she will be out of state.

Karen Asbjornson
Office of Senator Carol Roessler
(608) 266-5300/1-888-736-8720
Karen.Asbjornson@legis.state.wi.us



Wisconsin Council on Long Term Care Reform

George Potaracke
Chair

MEETING AGENDA

Members:

Beth Anderson
Gerald Born
D'Anna Bowman
Lynn Breedlove
Molly Cisco
Paul Cook
Carol Eschner
Tom Frazier
Terry Friese
Shel Gross
Liz Hecht
Les Higgenbottom
Gerald Huber
Patricia Jerominski
Mary Kennedy
Nancy Livingston
Steve Mercaltis
Beverly Njuguna
Dan Remick
Lucy Rowley
Mark Sager
Theresa Sanders
Christine Sarbacker
John Sauer
Tim Sheehan
Debbie Timko
Craig Thompson

Friday, January 9, 2004
Coalition of WI Aging Groups Building
2850 Dairy Drive, Madison, Wisconsin
(608) 224-0606

9:00 AM	Convene Council meeting	George Potaracke
9:05 AM	Presentation by Partnership representatives followed by questions from Council	Partnership representatives
10:30 AM	Break	
10:45 AM	Consumer outcomes: quality assurance and improvement in Partnership	Nancy Crawford (DHFS), Sara Roberts (Community Living Alliance)
11:15 AM	Grievances, appeals and reasons for disenrollment in Family Care and Partnership	Charles Jones (DHFS), Jenny Harrison (MetaStar), Steve Landkamer (DHFS)
11:45 AM	Rate setting methods for Family Care and Partnership	Steve Landkamer, Tom Lawless
12:15 PM	Lunch (working)	
12:45 PM	Consumer perspectives on Partnership and Family Care	Consumer panel
2:00 PM	Comments from the public	
2:15 PM	Update from DHFS on federal waiver requests and other reform efforts	Judith Frye, Peggy Handrich
2:45 PM	Council business	George Potaracke
	<ul style="list-style-type: none"> • Approve minutes of 11/12/03 meeting • Council committees and task forces • Agenda items for future meetings 	
3:00 PM	Adjourn meeting	

Asbjornson, Karen

From: Meisinger, James D. [james.meisinger@co.fond-du-lac.wi.us]
Sent: Tuesday, January 13, 2004 12:27 PM
To: 'Roessler, Carol'
Subject: RE: Family Care Joint Legislative Audit Committee Hearing will be rescheduled to Feb. 13

Thanks for the information. We will plan on attending on February 13.

Jim Meisinger
FdL CMO

-----Original Message-----

From: Roessler, Carol [mailto:Carol.Roessler@legis.state.wi.us]
Sent: Tuesday, January 13, 2004 11:54 AM
To: Ally Weisen; Amy Abel; Audra Martine; Becky Severson; Beth Smetana; Chester Kuzminski; Dana Cyra; Deb Menacher; Dennis Schultz; Ed Schilling; Gerald Huber; James Meisinger; Janet Zander; Jim Canales; Judith Bablitch; Kathy Gauger; Kay Krause; Kim Enders; Larry Hagar; LaVerne Jaros; Linda Overbeek; Marianne Stanek; Martha McVey; Mary Faherty; Meg Gleeson; Peggy Herbeck; Randy Jacquet; Ron Frederick; Sandy Tryon; Stacey Garlick; Stephanie Sue Stein; Susan Regan; Teri Buros; Tim Steller; Todd Bowen
Cc: Welsh, Diane
Subject: Re: Family Care Joint Legislative Audit Committee Hearing will be rescheduled to Feb. 13

The Joint Legislative Audit Committee hearing regarding the Wisconsin Family Care Program is cancelled for Thursday January 15. The hearing is being rescheduled to Friday February 13. I will send you the February 13th hearing notice when the time and details are confirmed.

If you have any questions or concerns, please contact Karen Asbjornson on my staff at: 1-888-736-8720 or Karen.Asbjornson@legis.state.wi.us

<<P20040115.doc>>

Asbjornson, Karen

From: Asbjornson, Karen
Sent: Friday, January 16, 2004 8:46 AM
To: Shannon, Pam; Chrisman, James
Subject: FW: Family Care Program
fyi....

Karen Asbjornson
Office of Senator Carol Roessler
(608) 266-5300/1-888-736-8720
Karen.Asbjornson@legis.state.wi.us

-----Original Message-----
From: Jerry Kallas [mailto:jkallas@wi.rr.com]
Sent: Friday, January 16, 2004 8:05 AM
To: sen.roessler@legis.state.wi.us
Cc: rep.jeskewitz@legis.state.wi.us
Subject: Family Care Program

Dear Senator Carol A. Roesser and Representative Suzanne Jeskewitz ,

Re: Senior Residential Care of America, Inc.
2060 S. 61st Street
West Allis, WI 53219
414-327-8170

Could you or one of your staff members contact me today. I am a senior housing provider for the Milwaukee County Family Care program. I have significant reimbursement issues with the Dept on Aging which I have not been able to resolve. Essentially they have stonewalled me for the past 18 months and have made promises they have not kept. The amount of money involved is over \$300,000.00 for year 2003 alone I would appreciate your help in resolving these issues.

As co-chairpersons of the Joint Legislative Committee, you of the received the Lewin Report (Audit of Family Care Program) this past July 03. What the audit did not address is how the providers are being treated and reimbursed. There are significant problems with the way the Family Care program is determining and handling reimbursement to the providers, and as a legislator, you need to be aware of these abuses.

Sincerely,

01/17/2004

Gerald J. Kallas M.D. CEO
N14 W30022 High Ridge Road
Pewaukee, (Tn. of Delafield), WI 53072
262-367-1966



WISCONSIN STATE LEGISLATURE

Joint Audit Committee

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

February 4, 2004

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

Dear Ms. Alexih:

As you know, the Joint Legislative Audit Committee hearing scheduled for January 15, 2004 was postponed due to potential conflicts with the Legislature's extraordinary session calendar. This hearing has been rescheduled and on Friday, February 13, 2004, at 11:30 a.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 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

February 4, 2004

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

Dear Ms. Nelson:

As you know, the Joint Legislative Audit Committee hearing scheduled for January 15, 2004 was postponed due to potential conflicts with the Legislature's extraordinary session calendar. This hearing has been rescheduled and on Friday, February 13, 2004, at 11:30 a.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.

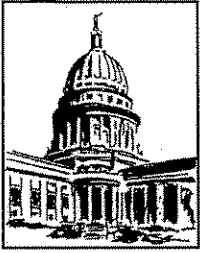
Sincerely,

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

February 4, 2004

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

Dear Ms. Goldman:

As you know, the Joint Legislative Audit Committee hearing scheduled for January 15, 2004 was postponed due to potential conflicts with the Legislature's extraordinary session calendar. This hearing has been rescheduled and on Friday, February 13, 2004, at 11:30 a.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 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.

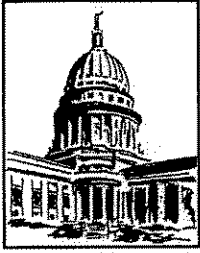
Sincerely,

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

February 4, 2004

Dear Family Care Pilot Program Directors:

As you know, the Joint Legislative Audit Committee hearing scheduled for January 15, 2004 was postponed due to potential conflicts with the Legislature's extraordinary session calendar. This hearing has been rescheduled and on Friday, February 13, 2004, at 11:30 a.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 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

February 4, 2004

Dear Family Care Pilot Program Directors:

As you know, the Joint Legislative Audit Committee hearing scheduled for January 15, 2004 was postponed due to potential conflicts with the Legislature's extraordinary session calendar. This hearing has been rescheduled and on Friday, February 13, 2004, at 11:30 a.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 Ashbjornson, 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

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 53562

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

Asbjornson, Karen

From: Jim McGinn [jim@whca.com]
Sent: Thursday, February 12, 2004 2:28 PM
To: karen.asbjornson@legis.state.wi.us
Subject: Fw: Questions for Public Hearing: Family Care Studies

----- Original Message -----

From: Tom Moore
To: Jim McGinn
Sent: Thursday, February 12, 2004 2:20 PM
Subject: Questions for Public Hearing: Family Care Studies

RE: Public Hearing: Family Care Evaluations

Jim: I appreciate that legislators schedules prevent them from meeting with us prior to tomorrows hearing to discuss questions we have regarding the focus, findings, and implications of the two studies that will be addressed at the public hearing. Here are some of the issues, concerns and questions I have, and believe it would be appropriate for the committee to advance as it entertains testimony from LAB, DHFS, Lewin, and APS representatives.

I have reviewed each of the lengthy independent assessments that were conducted with respect to the performance and cost-effectiveness of the five Family Care Pilots. To my knowledge neither the Legislative Audit Bureau nor DHFS has attempted to prepare, and will not present tomorrow, any document that would identify the similarities and differences between the methodologies employed and findings contained in the two studies.

The two studies may promote two different perceptions of the cost-effectiveness of the Family Care pilots. The differences may be attributable to the fact they have approached assessment of cost-effectiveness from two different perspectives at different points in time.

However, it is imperative that we understand what each study attempted to measure, and of what value their respective findings will be in assessing the individual and collective costs and potential savings of further expansion of Family Care. Moreover, it appears that both reports infer, if not express, that further study will be required to get a more reliable assessment of how costly and cost-effective Family Care may be. According, we would submit that the legislature should play a role in defining the precise objective of any future evaluation effort, and how and when that undertaking will be structured and conducted.

To that end I think it would be desirable that LAB/ Lewin and DHFS/APS representatives be requested to respond to issues and questions below:

Differences and Similarities of LAB/Lewin and DHFS/APS Studies

While the Lewin Group apparently contacted APS expressing a desire to develop a comparison of their respective reports, it was advised by APS that DHFS would not support a side-by-side comparison of the two assessments. Since both studies were concerned with evaluating the cost-effectiveness of the pilots it is difficult to understand why a comparison of the findings in each is not warranted. The justification advanced by DHFS for its refusal to compare the studies is that each study dealt with a different time frame and employed a different methodology for analyzing the pilot program cost-effectiveness.

Issue: Why did APS utilize a different methodology than the Lewin Group in analyzing the cost-effectiveness of the pilot program.?

Issue: What is the difference between the methodologies employed by Lewin and APS. Do they measure different things?

Issue: When Lewin was developing its assessment methodology, DHFS had apparently urged, but the Lewin Group/LAB had refused to employ, a methodology similar to that APS subsequently used in its assessment of pilot program cost-effectiveness. Why did the Lewin Group choose not to adopt approach that was used in the DHFS independent study?

Lewin Group Report:

As reflected in the LAB Executive Summary (page 3-4) and the Lewin Group report page 92-96):

- There were greater per person cost increases in Family Care pilot counties than (25%) than in the rest of the state (10.9%)
- Acute care service costs for Family Care pilot participants rose at a greater level than in the rest of the state. (25.2% vs. 12.1%)
- For each target group (elderly, physically disabled, developmentally disabled), service costs under Family Care pilots were higher than that in non-family care counties.
- Actual pilot program enrollment was individually and collectively higher than had been projected by DHFS. (Is this representative of the "wood work" effect that would accompany further expansion of Family Care?)

Despite the finding of that individual service costs had been higher in Family Care Pilot counties than in the rest of the state, and greater than experienced in 3 of the 5 pilot comparison counties, Lewin concluded that "it is too early to draw conclusions regarding the program's ability

to create a cost-effective system for the future." (page 109)

Issue: At what point the life of the pilot's road will it be feasible and appropriate to draw conclusions on their demonstrated cost-effectiveness?

Issue: When that time arrives should the Lewin, APS or some other methodology be pursued to conduct that assessment?

Issue: If Family Care were to be expanded statewide today would total state LTC and associated Medicaid card expenditures increase or decrease?

Issue: What are the primary differences, and the significance of the differences, between the acuity, and functional levels of the population of individuals served in Family Care and those in nursing homes. (See page 98)

Issue: In comparing community and nursing home costs, what is the significance of the existing differences in the wage/benefit levels received by nursing home and community service workers? (page 101)

APS Analysis:

The APS study indicates it considered but rejected evaluating Family care cost-effectiveness for purposes of "measuring the impact of Family Care on the Medicaid budget" (page 73).

Issue: Is this a rejection of the evaluation methodology employed by the Lewin Group?

Issue: Can we utilize the APS findings for purposes of determining the effect on Family Care Medicaid expenditures?

APS' preliminary regression analysis findings indicated:

Its comparison groups " total LTC cost change increased \$112 per member per month (PMPM)."

"The total LTC cost change for Family Care members increased \$405 PMPM relative to the CG."

However, after performing a multilevel analysis, APS concluded:

The comparison groups change in total LTC Increased \$238 per member per month. (*An increase more than twice that reflected in its initial assessment*)

The total LTC cost change for the four non-MKE County CMO's Decreased \$113 per member per month relative to the control

group.

The total LTC cost change for Milwaukee County increased \$42 per member per month relative to the control group.

- Issue:** What does the Multi-level analysis do, and how does its application transform the initial cost change increases into decreases?
- Issue:** Why are the comparison decreases in non-Milwaukee counties considered significant changes, and the comparison increase in Milwaukee County considered not a significant change?
- Issue:** What percentage of total Family Care pilot enrollees are in Milwaukee County?
- Issue:** Why did the Milwaukee County pilot not experience cost change decreases like the rest of the pilot counties?

Page 87 of the APS study refers to employment of a "Path Analysis" which "decomposes the total cost effect of Family Care into a direct effect on spending and indirect effect on spending that is mediated by "intervening variables." APS states " it appears the indirect effects are not sufficient to fully offset the direct increases in costs."

Issue: Presumably the indirect savings attempt to measure potential savings attributable to reduced institutionalization. How does the Path Analysis measure and quantify these "indirect savings" from assumed deterrence or delay in nursing home admissions? (Albeit limited, our preliminary information secured from facilities within Family Care Counties indicates the pilots have not had a significant effect on the level of nursing home admissions, census or discharges.)

I have asked APS and DHFS representatives whether they believe Family Care would increase state LTC and Medicaid expenditures. Neither would respond, saying the APS study was designed only to measure whether individual enrollee services can be provided cost effectively under Family Care.

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FOR IMMEDIATE RELEASE

For More Information, Contact:
February 12, 2004

Senator Alberta Darling
(608) 266-5830

**FAMILY CARE'S SELF-DIRECTED SUPPORT
OPTION UNDERUTILIZED**

MADISON . . . More Family Care enrollees in need of long-term care should be participating in the program's self-directed support option, according to state Senator Alberta Darling, (R-River Hills).

"Wisconsin's health care customers want, and deserve, more choices and a greater ability to choose how their services are delivered," said Darling. "Family Care's self-directed support option appears to allow for the greatest autonomy, but unfortunately only one in five members are taking advantage of its benefits."

In a letter sent today to Department of Health and Human Services Secretary Helene Nelson, Darling notes that only 20% of Family Care participants have chosen the self-directed support option, which is a significant caseload reduction in just the past two years. In 2002, 23% of Family Care participants chose the option.

"Having greater control over their health care choices will enable our Family Care participants to customize their plans and feel a sense of empowerment and control. That's important when the cost for long-term care is going through the roof," said Darling. "I believe our elderly and disabled population should be given every single opportunity to stay in their homes."

In an effort to allow health care consumers to have a say in who provides their services and how those services are provided, the state of Florida has recently begun implementing a similar consumer-directed care plan. Darling's letter requests that Nelson have DHFS examine the similarities and differences between Florida's model and Wisconsin's current offering.

"Family Care has helped thousands of our most needy citizens receive the health care they need to lead productive, healthy lives," said Darling. "As we continue to investigate ways to improve the quality and cost-effectiveness of our state run medical assistance programs, it's vital we look for ways to give enrollees greater control over their care. I look forward to working with the department and my legislative colleagues on this issue."

###

February 12, 2004

Secretary Helene Nelson
1 West Wilson Street
Room 650
Madison, WI 53702

Dear Secretary Nelson:

As you know, 1999 Wisconsin Act 9 created the Family Care pilot program to improve the availability, cost-effectiveness, and quality of long term care services available to Wisconsin residents. One of its several goals was to give elderly, physically disabled and developmentally disabled adults greater control over their health care – ultimately helping them stay in their homes, close to their families.

Wisconsin's Family Care Program has a self-directed support option, which maximizes choice for Family Care enrollees. It provides participants greater control over who provides their services and how those services are received. In researching this issue, I have learned that only 20% of Family Care enrollees participate in the self-directed support option, which is a decrease from 23% just two years ago.

This issue of consumer-directed care is at the forefront of the national health care debate. For example Florida, who received acclaim at a recent American Legislative Exchange Council meeting, has just received a federal waiver to begin implementing their Consumer-Directed Care Program. It is my understanding this program has relatively the same goals as Wisconsin's self-directed option under Family Care. However, components of the Florida program, such as eligibility, services, provider limitations, and funding are quite different.

Given our shared vision of providing quality health care to all Wisconsin's residents, I am asking you to examine our program compared with other consumer directed plans. Like you, I want to ensure Wisconsinites are getting the very best program possible. I would also like to work with you to make sure we have maximized the potential for the self-directed option. This continued review of Family Care will ensure we achieve our mutual goals in a cost effective way.

I look forward to working with you on this issue.

Sincerely,

ALBERTA DARLING
State Senator

Richland County

Health and Human Services

Randy Jacquet, Director

TO: Members of the Wisconsin State Legislature - Joint Audit Committee

FROM: Teri Buros
Long Term Support Manager
Richland County Health and Human Services
Care Management Organization

DATE: February 13, 2004

RE: Family Care Testimony

Thank you for your interest in hearing testimony regarding the development and implementation of Family Care.

Jim Canales, Director of Community Care of Portage County has submitted written testimony regarding Family Care. In his written statement he commented on several issues:

- ~Family Care has resulted in no waiting lists
- ~People can choose where they live, institutionalization is not the only entitlement
- ~Increase in consumer satisfaction, choice and consumer control, county accountability, and vendor oversight
- ~Meet identified member outcomes, provide reasonable reimbursement to providers, and live within the capitation rate
- ~Member outcome driven
- ~Social Worker and Registered Nurse as an Interdisciplinary Team
- ~Negotiate lower prices, obtain higher quality goods, and respond quickly to member need
- ~Vendor choice has grown for members, and
- ~Use business practices not typically found in local government operations.

These issues have also been the reality in Richland County. We are also pleased to have been selected as one of the five pilot counties. We are unique among the pilots given our size. Richland County has a population of approximately 18,000. The CMO serves about 290 people. The past five years (three of full operation of the CMO) have

proven to be significant time of learning with the State and within Richland County about how to provide member centered services in a cost effective manner. It has been difficult, yet at points of reflection, well worth the work and effort that has occurred. The current five counties have paved the way for other counties to implement and operationalize Family Care because of the lessons we have all learned.

Richland County was known by the State Department of Health and Family Services as a county that provided high quality services. It has been my experience, though, that Family Care has significantly increased the level of accountability that we as an organization have: to our members and their outcomes, our member's health and safety, internal quality monitoring and improvement, our financial status, our governing bodies, and the State.

Our services have improved access to appropriate health care and long term supports than before we were involved in Family Care. We have improved the quality of our internal processes that affect members and the management of our business. It has not been easy. It indeed has been very difficult at times--re-designing a system takes an inordinate amount of energy. Even though it has been difficult, we would do it all over again.

Thank you.

**Public Hearing on WI Family Care Program
Before the Joint Legislative Audit Committee
Friday, February 13, 2004 – 11:30 a.m.**

Written Testimony of:

Dana B. Cyra, Resource Services Director
Portage County Dept. on Aging/Aging & Disability Resource Center
Lincoln Center, 1519 Water St., Stevens Point, WI 54481

Prior to implementation of Family Care, Portage County was like any other county in Wisconsin. Portage County maintained a lengthy waiting list of people who wished to receive community-based services. Because there were no funds to serve people in the community, many of those on waiting lists were actually living in nursing homes, waiting for an opportunity to receive less costly services in the community. Unfortunately, many of those people died before their names ever came to the top of the list. For others, by the time funds became available, they had no home or "community" to return to.

The implementation of Family Care in Portage County has assured that there are no waiting lists. Other unanticipated changes have actually made the current system better than anyone ever anticipated. In the early 1980s Portage County was recognized nationally for the excellent service system available to seniors. As an Aging & Disability Resource Center under Family Care, that service system has extended to include adults with physical and/or developmental disabilities. We have been able to hire staff with appropriate experience and expertise to provide good information and assistance, supportive services, and preventative services to older adults, adults with disabilities, and their caregivers. Having no history or association with means-tested programs and a wonderful history of providing community programs and services has been a major asset to us in our efforts to market Resource Center services to the general population.

Many of the people we see on a day to day basis have no interest in publicly funded programs and may, in fact, have done significant planning to be able to pay for any services they will ever need. When long term care needs surface, they simply need good information about the range of options available to meet their own needs or those of a family member or friend. They need to know what is available in our community, what it costs, the advantages and/or disadvantages of various options, and what is involved in arranging those services. At the Resource Center, we maintain updated information about long-term care services. We also have staff who are able to provide whatever level of assistance is needed to arrange those services. For the smaller percentage of people who cannot afford the services they need, we are also able to assist them to apply for benefits via the Family Care program.

Assuming responsibility for the functional assessment to determine Family Care eligibility, and hiring the staff qualified to administer it, has truly changed the perception of our agency. We are no longer seen as simply an excellent provider of programs and services; we are now part of the long term care service system and receive numerous

referrals from those in the medical community. As such, we are a major player, invited to sit at the table in a wide variety of community efforts aimed at maintaining the health and welfare of those in our service populations.

The functional screen developed for Family Care is considered a very reliable tool for assessing individual needs. The screen requires detailed information about medical diagnoses, medical treatments, the specific kinds of assistance an individual needs, and how often assistance is needed. While the tool is aimed at determining eligibility for Family Care benefits, it is increasingly accepted as evidence of an individual's functionality for other purposes. In one instance, our agency was working with an individual whose application for Supplemental Security Income had been denied. He appealed and requested that his functional assessment for Family Care be submitted as evidence of his limitations. The screen was accepted and the individual was approved to receive ongoing Federal assistance.

In two incidents involving women with multiple sclerosis, local judges allowed the functional assessment for Family Care to be considered as evidence in their divorce hearings. In one case, the individual was arguing for enough spousal maintenance to meet her needs. In the other, the individual was attempting to prove herself functionally capable of being a custodial parent. Neither of these women were actually eligible for Family Care but both had long term care needs that were documented via the Family Care screening process.

Because Family Care is available in Portage County, there has been tremendous growth in both the variety of in-home supports available and the number of providers. This increases the community-based options available to consumers who are paying privately for services and those who receive some level of public assistance. The Family Care benefit package is flexible enough to allow people to hire their own service providers. Statewide, there is a shortage of direct care workers. In many respects, the flexibility to hire friends or neighbors who may not be interested in providing services to anyone else helps to ensure that there are enough direct service providers to meet consumer needs.

Overall, we are delighted to be part of the Family Care program. We also remain hopeful that in the near future, other counties benefit from changes that facilitate the provision of community-based services to those who need them. At a minimum, we hope other counties are able to develop Aging & Disability Resource Centers where those who need assistance can receive good information and that enables them to make informed choices regarding their service needs.

Testimony to the Joint Audit Committee of the Wisconsin Legislature

By Meg Gleeson, Assistant Director, Long Term Care
Milwaukee County Department on Aging
Friday, February 13, 2004

Good morning Chairman Roessler and Chairman Jeskewitz and Members of the Committee.

My name is Meg Gleeson and I am the Director of the Care Management Organization for the Milwaukee County Department on Aging.

We in Milwaukee County are honored and proud to be part of the Family Care Program.

We rejoice in the positive outcomes in the lives of our 5,000 elderly members and their families.

- We have ended wait lists for older adults of Milwaukee County.
- We have connected older people to much needed health care.
- We have allowed members and families the choice to live at home and in the community.

In the words of our local Long Term Care Council, we have turned despair into hope. Family Care is the safety net for the older adults of Milwaukee County.

The APS report presented to you today talks about the Milwaukee factor. Let me share with you some of our successes and challenges that we have faced.

1. Milwaukee County is the only Care Management Organization that serves only persons 60 years of age and older. In Milwaukee County we created an independent Department on Aging in 1991. We, the Department on Aging and our Commission on Aging, saw as our mission ending wait lists for the thousands of older people languishing while they waited for care. We have ended the wait lists and created an entitlement for long-term care.
2. We have improved the functional abilities of our members. By providing a care management team, that is a registered nurse and social worker, our members have advocates that leads to the right health care being delivered at the right time and in the right place and does prevent institutionalization.
3. Milwaukee is a culturally and racially diverse community and we embrace that diversity. Almost 65% of the minority populations of Wisconsin's

elders reside in Milwaukee County. Therefore, we are charged with, and happy to develop and provide, culturally and language competent services for our members – all of our members- Caucasian, African American, Latino, Russian, Hmong and American Indian, etc. We are made up of nineteen municipalities. Seniors whose homes are in South Milwaukee want to stay there, as do our members who live in West Allis, Brown Deer, Sherman Park, Wauwatosa or Brewer's Hill. Home and community care means serving people when, where and how they need to be served. This takes much time and expense to develop a culturally competent network to meet the complex needs of our diverse population.

4. Our Care Management Organization is still experiencing significant growth. Our energies have been consumed by the enormous tasks of making sure that our members are receiving services. We have seen in excess of 6,500 members since we opened our doors in July of 2000. We have trained well-over 300 care managers and registered nurses in the Family Care program. We have dealt with the closing of 13 nursing homes. Our provider network is extensive and includes in excess of 750 service providers.
5. Another major developmental challenge for Milwaukee County has been the development of a managed care provider network. In our county we are changing from a provider driven system to one where the CMO sets the quality care standards and cost-effective reimbursement rates. This is a major shift in the way we deliver care.
6. Cost-effective delivery of care is very important to us. We have grown rapidly and now have reached the point where we can begin to address the issue of being cost-effective. We have:
 - Developed a placement process that identifies what places members at risk for not staying in their homes and requesting placements in residential care such as adult family homes or congregate based residential facilities.
 - Revised our assessment that indicates how much supportive home care a member needs.
 - Developed an IT system that is able to provide us with cost information on our members.
 - Formed a fiscal management partnership with a CPA firm that will provide us with sound financial and business management practices.
 - Establishing preferred provider networks to simplify and improve cost savings on medical supplies and medical equipment.

We are only beginning to be able to look at more cost-effective ways to deliver services to our members.

In conclusion, Family Care is a huge success in Richland, Portage, LaCrosse, Fond du Lac and Milwaukee Counties. In Milwaukee we have served in excess of 6,500 seniors. We have ended all waiting lists for services. We have developed capacity and a cultural competent delivery system. We have created hope for our older adults.

I want to thank-you and your colleagues in the State Senate and Legislature for your courage in having the vision to tackle the thorny problem of long-term care. We have created a successful program both for the state of Wisconsin and for the nation.

Meg Gleeson RN, MS, Assistant Director Long Term Care
Milwaukee County Department on Aging
235 W. Galena St., Suite 540
Milwaukee, WI. 53212-3948
Phone: 414-289-5908
E-mail: mgleeson@milwaukeecounty.com



Date: February 13, 2004

To: Rep. Suzanne Jeskewitz, Co-Chairperson
Sen. Carol Roessler, Co-Chairperson, and Members
Joint Audit Committee

From: Gerry Born, Chairperson
Jennifer Ondrejka, Executive Director

Re: Family Care Pilot Program

The Wisconsin Council on Developmental Disabilities is required by federal and state law to advocate on behalf of people with developmental disabilities. The Council has for many years advocated for long-term care reform.

There is strong consensus among disability advocates, service providers, the Department of Health and Family Services, and long-term care consumers that the current system is broken and in need of repair.

Problems in the long-term care system identified by advocates and consumers include:

1. Waiting lists for services are long and continue to grow.
2. The long-term care system is complex, fragmented, inflexible and confusing for consumers and families.
3. The MA system still has a bias toward funding institutions.
4. Levels of funding and service vary widely from county to county.
5. Direct service workers are inadequately compensated, given the knowledge and experience needed to perform well and the critical nature of their jobs.

The Family Care pilot program was designed to address the first four problems. The Council strongly believes workforce issues must also be addressed in any long-term care reform. With the addition of that element, it appears that Family Care or a similar model may resolve the problems in the current system.

DHFS has done great work in developing and implementing this innovative program. The resource centers have helped reduced the difficulties of finding information and have helped the system appear less fragmented to consumers. Fond du Lac, La Crosse, Portage and Richmond counties--the counties that piloted Family Care for people with developmental disabilities--have

eliminated waiting lists. Consumers in those programs report high levels of satisfaction with their services. The Council believes it is time to bring long-term care reform to the remaining counties. Less than 10% of adults in the DD service system benefit from Family Care; the great majority have waited too long for these benefits.

While the Council urges expansion of long-term care reform, there are a few major issues that must be addressed. First, services in the Family Care pilot counties have cost much more than originally foreseen by the Department of Health and Family Services. The Council believes that Family Care can only be successfully expanded statewide if sufficient funding is available to eliminate waiting lists and provide quality services.

Second, the Council is unaware of any improvements in the wages and benefits of the direct service workforce in the pilot counties. The direct service workforce is in crisis, and this ultimately causes increased service costs and discontinuity in services for consumers. Any meaningful long-term care reform must address this crisis.

The Council is also concerned about seniors with developmental disabilities living in Milwaukee County. The Council has heard reports from providers and Milwaukee advocates regarding adults with developmental disabilities who age into Family Care and are forced to move from the apartments or homes they have resided in for years into more congregate settings. Needless to say, these moves cause great hardship and upheaval for the individuals involved. The Council recommends the Legislative Audit Bureau investigate to determine how widespread this practice is in Milwaukee County.

In summary, the Council is pleased with the successes of the Family Care pilot counties, but believes these issues must be resolved before the program is expanded statewide:

1. Without adequate funds, counties cannot reduce waiting lists nor improve quality of services.
2. The direct service workforce crisis must be addressed for long-term care reform to be successful.
3. A smooth transition must be assured for people going from the DD system into the Family Care pilot in Milwaukee County.

The Council strongly recommends the Joint Audit Committee ask the DHFS to fully identify the amount of new funding that has been allocated to the pilots since they began planning for Family Care. The Council also recommends that the Committee ask the Legislative Audit Bureau to analyze the transitioning of adults with developmental disabilities from the developmental disability system to the aging system in Milwaukee County.

Thank you for your consideration of this testimony.

**To: Members of the Wisconsin State Legislature – Joint
Audit Committee**

**From: Sandy Tryon, supervisor
Fond du Lac County
Aging and Disability Resource Center**

Date: February 13, 2004

RE: Family Care Testimony

Thank you for the opportunity to testify in regards to the Family Care program, specifically the successful development of the Aging and Disability Resource Centers from Fond du Lac, LaCrosse, Milwaukee, Portage, Richland, Kenosha, Marathon, Jackson, and Trempealeau counties.

My name is Sandy Tryon. I am the supervisor of the Aging and Disability Resource Center of Fond du Lac County. I am testifying on behalf of all of the Resource Centers on the subject of Options counseling and how this has blossomed into a valuable service for the communities within which we reside and work.

Webster's dictionary defines options as an act of choosing, the power or right to choose: freedom of choice. The ADRC's view option's counseling as a very influential and powerful service that we offer to consumers.

The intent of Options counseling is to discuss the opportunities of the Long Term Care programs/services that may be available with consumers prior to that consumer making permanent, hasty or costly decisions about their future needs. Often a consumer will make decisions about their long term care service needs in a time of crisis, with little knowledge of the resources available in the community or based on a physician's recommendation to be placed in a nursing home. People may take the first opening at a facility, like a nursing home, community based residential facility (CBRF) or an assisted

living facility (RCAC) without looking into the actual services that the facility offers and if the services are actually appropriate to meet their needs. People desire to stay in their own homes and maintain their independence in the community. Those who contact the Resource Centers also avail themselves of the options counseling to determine the best way to use their own personal financial resources before accessing public funding to meet their long-term care needs. Since the care management organizations have started, the numbers of providers has increased offering consumers a variety of services to choose from that may not have been available only a few years ago.

Options counseling offers consumers the ability to make informed choices based on their health needs and financial needs both prior to a crisis and at the time of the need to make the difficult permanent decisions. Options counseling is available to all consumers in the community. The strongest impact of the options counseling is the opportunity to discuss people's needs with them and do future planning, identifying ways to stretch and make the most of their own resources and delaying the need to enter the publicly funded long-term service world. People that are equipped with information about all resources can make educated decisions that have far reaching importance for themselves and for the community. Wider arrays of choices are available for the consumer that can purchase their own services. Resource Center staffs are intensively trained in the array of services available within their community. They are also well educated on the benefit programs available to people with long term care needs including V.A. benefits, Federal benefits (Medicare), Private insurance, Social security, SSI and Disability benefits to name a few funded programs. Other options include private pay, fee-for service- title 19 (Medical assistance) and the family care benefit. The Resource Centers staff counsel people in the community in regards to Advanced directives, living wills, power of Attorney, POA for health care, and guardianships to name a few of the services.

Options counseling begins with the first contact to the Resource Centers and only stops once the consumer is satisfied with the information they receive. Options counseling is generally, not a one time conversation, but involves several contacts with a consumer,

that may include the administration of the Long term care functional screen and information about the Family care, PACE and Partnership programs.

The Resource Centers will make sure that the person understands all of the pros and cons of the programs that are available for them in their community. The consumer is counseled on housing, estate recovery, and funding options. All consumers are encouraged to stay in their own home until the case management team from the chosen agency can do an assessment and determine what options would be covered in the individual service plan that is developed specific to that person's needs. The Resource Center discusses the available services that are offered in the service handbooks, of each of the agencies, advising the person of the broad scope of the services that could be a part of the service plan, being careful, not to promise a person certain planning options. The Resource Center has to be a neutral entity providing information for the consumer to make informed choices that best suits their needs.

The success of Options counseling, which includes Pre-Admission counseling has far exceeded the expectations of the state and the counties which are participating in the family care program. We whole heartedly encourage the expansion of the Resource Centers to all counties in the great state of Wisconsin, which has proven itself to be a leader in the area of health and human services over and over again. The cost effectiveness of the Resource Centers speak for itself with the documented statistics of consumers making better choices for long-term care and delaying entrance into the publicly funded long-term care world.

Fond du Lac County choose to serve all of the target populations of frail elderly, physical and developmental disabilities and are considered to be an Aging and Disability Resource Center. Other counties have chosen, in this pilot phase to serve a specific population. All of the counties have had a great deal of success with their Resource Center offices. Fond du Lac County remains excited in being a part of the implementation of the ADRC's in 1998.

Thank you for the opportunity to address this issue with you.

Sandy Tryon

Supervisor

Aging and Disability Resource Center of Fond du Lac County