☞ **03hr_JC-Au_Misc_pt22p**

☞ Details: Miscellaneous documents related to Family Care

(FORM UPDATED: 08/11/2010)

WISCONSIN STATE LEGISLATURE ...
PUBLIC HEARING - COMMITTEE RECORDS

2003-04

(session year)

Joint

(Assembly, Senate or Joint)

Committee on Audit...

COMMITTEE NOTICES ...

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**

INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... **Appt** (w/Record of Comm. Proceedings)
- Clearinghouse Rules ... **CRule** (w/Record of Comm. Proceedings)
- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)
  (**ab** = Assembly Bill) (**ar** = Assembly Resolution) (**ajr** = Assembly Joint Resolution)
  (**sb** = Senate Bill) (**sr** = Senate Resolution) (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**

* Contents organized for archiving by: Stefanie Rose (LRB) (September 2012)

Nursing Home Utlization:
Much has changed from 1996

- Nursing home utilization rates declined in 2001 for all age groups except those aged 55 through 64. Nearly half of Wisconsin adults aged 95 and over were residing in a nursing home in 2001.

- From 1991 to 2001, the nursing home utilization rate for all persons aged 65 and over declined 18 percent, from 61 to 49 per 1,000 population. For those aged 85 and over, the utilization rate declined 26 percent, from 268 to 197 per 1,000 population.

WAHSA

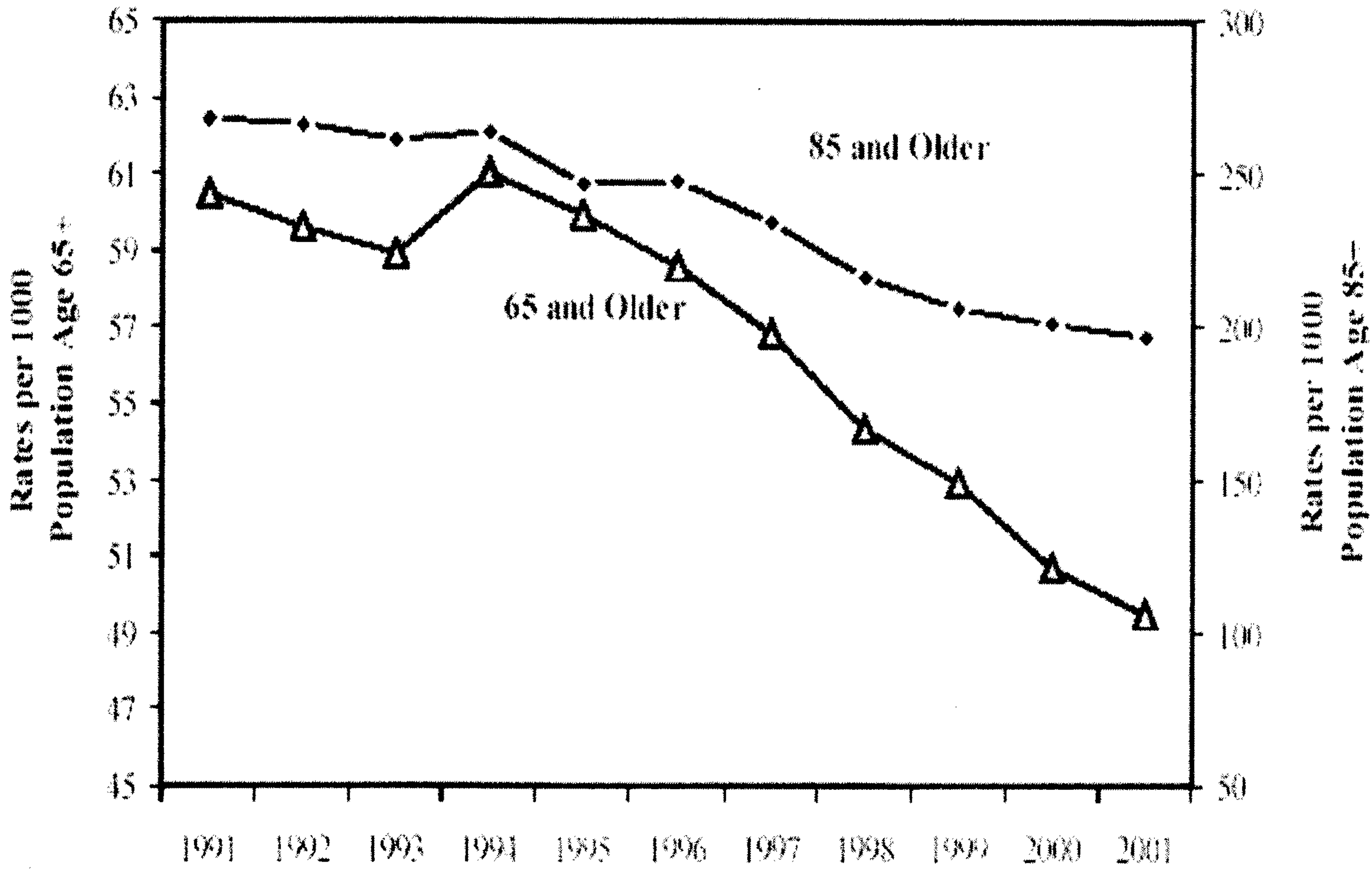
Table 18. Age-Specific Nursing Home Utilization Rates, Wisconsin 1991-2001

Year	Age-Specific Rate per 1,000 Population						
	55-64	65-74	75-84	85-94	95+	65+	85+
1991	4.0	14.3	64.6	244.9	484.0	60.5	268.0
1992	3.7	13.4	61.9	242.9	481.2	59.6	266.2
1993	3.7	13.3	60.0	235.2	535.7	58.9	261.1
1994	3.6	14.2	61.4	237.4	556.3	61.0	263.7
1995	3.7	14.5	63.5	226.5	469.8	59.9	246.6
1996	3.6	13.2	58.6	222.0	540.6	58.6	247.3
1997	3.5	12.8	56.6	210.4	503.4	56.8	234.5
1998	3.4	12.2	53.5	193.9	468.3	54.3	216.4
1999	3.4	12.0	51.7	184.9	449.8	52.9	206.6
2000	3.2	11.1	49.6	179.3	450.1	50.7	201.2
2001	3.4	10.7	47.3	177.0	450.1	48.9	197.0

Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Age-specific utilization rates are defined as the number of nursing home residents in an age group on December 31 per 1,000 Wisconsin population in that age group.
The rates per 1,000 population for those age 65 and over and 85 and over are used as general indicators of nursing home usage.

Figure 12. Nursing Home Utilization Rates Age 65+ and 85+, Wisconsin 1991-2001



Source: Annual Survey of Nursing Homes, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Beds per 1,000 Elderly Age 85+

	US	IA	IL	IN	MI	MN	OH	WI
Series1	429	632	574	621	352	482	686	484

•Source: US Bureau of the Census, 2001 Statistical Abstract of the United States,

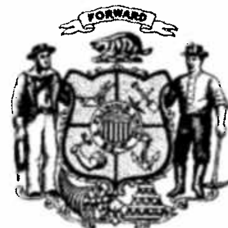
• Table 20, pg. 23. and CMS-OSCAR data current surveys as of March 2001.

Wisconsin
Caregiver Ratios, 2005-2020
20-64 Worker Pool to 65+ Seniors

Year	Ratio
2005	4.62
2010	4.54
2015	4.06
2020	3.46
2025	2.93
2030	2.59

Keefe and Associates

WISCONSIN STATE LEGISLATURE



WISCONSIN STATE LEGISLATURE

Joint Audit Committee

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

October 6, 2003

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

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 that 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.

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,

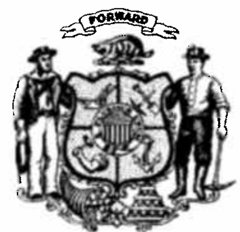
Senator Carol Roessler
Co-chairperson
Joint Legislative Audit Committee

Representative Suzanne Jeskewitz
Co-chairperson
Joint Legislative Audit Committee

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

WISCONSIN STATE LEGISLATURE



Questions February 13 Hearing on Family Care

DHFS

- The APS Healthcare independent assessment for the waiver renewal was presented in December for the waiver renewal. What is the current status of the waiver renewal? – Approved for another 2 yrs.

- APS Healthcare references the work of a number of other groups external to the Department. What are the several other groups conducting reviews and evaluations, and which of them are required under the terms of the waiver?

- APS Healthcare notes that the cost experience in Milwaukee "masks" the cost experience in the other counties with care management organizations. Does the APS Healthcare study identify features of other counties that would have the more favorable cost experience with Family Care? Which counties would be more likely to have the Milwaukee experience?

- The Lewin Group proposes that an appropriate time period for more firm conclusions on cost-effectiveness would be 2004-2005, given the dates for full implementation of the pilot program. Does APS Healthcare have a position on this question?

- APS Healthcare notes that it controlled for individual characteristics in examining the costs of Family Care. If individual differences do not account for the different cost-effectiveness results in Milwaukee, could it be the generally higher cost of health care services in Milwaukee?

- In your view, under what circumstances should the Family Care program be expanded?

- Does either report contain cost-effectiveness data and findings to support expansion of the resource centers to additional counties?

- Opportunity to see cost restraint

FORWARD
E PLURIBUS UNUM

Matthews, Pam

From: Handrick, Diane
Sent: Tuesday, March 23, 2004 3:45 PM
To: Matthews, Pam
Subject: FW: Family Care Program

-----Original Message-----
From: Jerry Kallas [mailto:jkallas@wi.rr.com]
Sent: Thursday, March 04, 2004 4:52 PM
To: Rep.Jeskewitz@legis.state.wi.us
Cc: Tom.Reynolds@legis.state.wi.us; Sen.Roessler@legis.state.wi.us; Rep.Staskunas@legis.state.wi.us; Sen.Kedzie@legis.state.wi.us; Sen.Darling@legis.state.wi.us
Subject: Family Care Program

Dear Representative Jeskewitz

I appreciated the time you took with me on February 13, 2004 after the Joint Audit Committee meeting. It many ways, I was disappointed in what was said by the participants. There seemed to be a lot of fgalse enthuiasm. The only person who seemed to have a handle on what's really happening was Secretary Nelson.As you remember, I was the only one who spoke for the providers, and did not have very much time, since it was getting late, and was the last person to testify

Anyway, the two main points I wanted to make were that the majority of providers were being paid less than cost for performing services to Family Care clients, and I felt the main reason for this was that the counties were not being paid an adequate monthly capitation rate for each enrollee. In the case of Milwaukee County, they are currently being underfunded because some of their funds are being diverted to the other counties in the pilot program.

2004		
CMO County	**Comprehensive**	**Intermediate**
Fond du Lac	$1,881.07	$674.49
La Crosse	$1,764.17	$674.49
Milwaukee	$1,810.61	$674.49
Portage	$2,255.32	$674.49
Richland	$1,970.98	$674.49

The capitation rate for Milwaukee county should be at least $350.00 more then what they are currently receiving. This would actually put it at the level that the counties in the COP programs are receiving.

The problem with the current method of calculating the capitation rates lies within the state agency that does the calculations. They are basing their calculations on the costs they paid for the services the previous year, but will not take into account that these service rates have been frozen for the past 5 years. You and I both know that we cannot buy gas, food, utility services at the same price we paid 5 years ago. Labor costs have gone up for CBRF's on the average of 14% or the equivalent of $1.50/hr. during the past 4 years. When is all of this going to end?

Short of making a blanket accuasation, I beleive DHFS is guilty of fraud in the way they determine the capitation rates paid to the Family Care counties.They intentionally keep these capitation rates artifically low, rather than reveal and report the true cost of administering assisted living care services. It makes them look like they are really acheiving a 'cost saving', but at who's expense.If they really wanted to know what actual costs are, all they have to do is review the annual financial audits submitted by the Family Care providers, or just review what is

currently being paid to providers in the COP funded counties. When you have 80% of responding Family Care providers able to document that they are being paid under their real cost of providing assisted living services, this should send up some serious red flags about the Family Care Program reimbursement procedures. The statement by DHFS officials that if a provider is not satisfied with hs reimbursement, they should just drop out of the program. This really is a "cop out" statement on the part of these DHFS officials, since they have no other answer to give! Most providers have a mission in that they want to care for our seniors and do not want to drop out of the Fanily Care program if it can be avoided. If an exodus of providers should occur, who will care for the seniors? Do we put them back in nursing homes, like what was done 20 and 30 years ago?

I would appreciate hearing from you at your earliest convience as to how a solution can be arrived at to provide adequate reimbursement to the assisted living providers in the Family Care program. As a side note, most providers in the COP funding counties have not complaining about their reimbursements. Maybe there needs to be a major shakeup in DHFS. I do have the following suggestions:

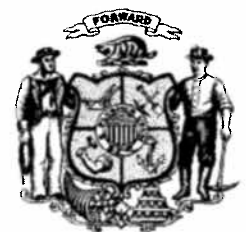
1. Let DHFS expand the Resource Centers to additional counties to provide a modus oporandi for a senior to find out what resources are really available in their counties, and act as a counseling center for the seniors and their needs to find ways around the problems of waiting lists and funding shortfalls.
2. Do not under any circunstances expand the Family Care program by including new counties for the capitation rate portion of the program until the problems with the current 5 counties are resolved and the current providers are compensated adequately
3. If the program is to succeed in the long run, more federal, state and medicade funding will have to be found, and soon!
4. Commission an independent study of the current Family Careproviders as to their reimbursements and satisfaction level.

It is obvious that the Lewin Report avoided this subject.

Again, I did appreciate the time you took with me to talk with me after the meeting You reassurred me that you would review my written testimony report to the Joint audit committeein detail. However, I still have not heard from you or your legislative aide. I also will take your suggestion to call you husband to discuss some of what I feel are defiencies in the Waukesha County COP program.

Gerald J. Kallas M.D.
Senior Residential Care
N14 W30022 High Ridge Road
Pewaukee, WI 53072

WISCONSIN STATE LEGISLATURE



Matthews, Pam

From: Rep.Jeskewitz
Sent: Tuesday, January 20, 2004 11:52 AM
To: 'jkallas@wi.rr.com'
Cc: Sen.Reynolds; Sen.Roessler; Rep.Staskunas
Subject: RE: Family Care Program

Dear Mr. Kallas,

Representative Jeskewitz asked that I respond to the reimbursement issues you raised in the e-mail you sent last Friday, January 16, 2004.

As Co-chair of the Joint Audit Committe, Rep. Jeskewitz is very interested in hearing about any problems that need to be addressed in the Family Care program and wanted me to encourage you to attend the upcoming audit hearing on February 13, 2004. If you are unable to attend you can always submit written testimony.

That said, she is not in the position of authority to intervene on your behalf with the Department on Aging, which I believe is a Milwaukee County department and not a state agency or department. If you are having a problem with a state department, the appropriate person to aid you with that is either Rep. Tony Staskunas or Sen. Tom Reynolds who are the legislators of the district in which your facility is located.

Thank you for bringing this concern to my attention. I look forward to learning more about this problem at the audit hearing.

Sincerely,

Pamela B. Matthews
Research Assistant
Office of Representative Sue Jeskewitz
24th Assembly District

Office: 608-266-3796
Toll Free: 888-529-0024
Pam.Matthews@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 rerimbursed. There are significant problems with the way the Family Care program is determining and handling rerimbursement to the providers, and as a legislator, you need to be aware of these abuses.

Sincerely,

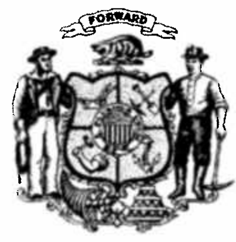
Gerald J. Kallas M.D. CEO

N14 W30022 High Ridge Road

Pewaukee, (Tn. of Delafield), WI 53072

262-367-1966

WISCONSIN STATE LEGISLATURE


FORWARD

SENIOR RESIDENTIAL CARE
OF AMERICA, INC.

Phone: 414-327-8170
FAX: 414-327-8175

2060 S. 61st. St.,
West Allis, WI 53219

December 13, 2004

Mr. Ed Gilman
Department on Aging
235 W. Galena Street Suite 180
Milwaukee, WI 53212

COPY

Dear Mr. Gilman,

With the announcement on December 2, 2004 that the Milwaukee County CMO Capitation Rate was increased from $1,810.61 to $2,055.01 ($244.40) it is expected that the Milwaukee County Department on Aging will be providing significant financial increases to its providers who have been chronically under funded since the Family Care program was started in 1999.

As a result of this announcement, Senior Residential Care prepared the 2005 financial budgets for the five CBRF's we have in Milwaukee County and are submitting them to your department today for review. You will note that the average cost of caring for a resident in our CBRF now ranges between $2,939.75 to $3,057.90 monthly per resident. Since 2002, you have been paying Senior Residential Care $2,700.00 per resident per month. And these figures also do not include the 7.5% to 10% profit a provider should be allowed by federal guidelines.

During the past year, we have experienced significant increases in our operation costs. Our liability insurance per resident has doubled, and is expected to increase another 50% in 2005. WE Energies is predicting a 27% increase in utility costs this winter. While not reflected in the national inflation figures, food costs have jumped significantly the past year. Our average wage paid has increased by $1.50 per hour. In addition, property taxes and maintenance costs for our facilities have experienced significant increases. In my conversations with other providers, the CBRF providers have been experiencing similar cost increases, and the provider network cannot continue to absorb these costs without a significant 'meltdown' occurring in the provider network. The closing of Bayside Terrace May 2004, with the moving of over 100 residents, should have been a wake up call for the State DHFS and MCDA, since it was attributed to the low inadequate Family Care resident rate paid by MCDA to the Laureate Group that forced them to close that facility.

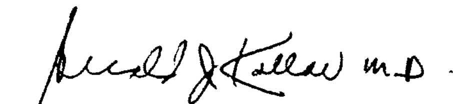
Again, you are well aware that Senior Residential Care's area of expertise is caring for individuals with Alzheimer's dementia, and the majority of our Family Care residents are in the various stages of dementia. These residents cost more to care for. These residents require more highly trained staff to be on site to deal with their physical and mental

conditions and with the fact that Alzheimer's residents do deteriorate much faster then the frail elderly resident who does not have dementia.

Another issue I would like to address relates to Family Care's policy to eliminate waiting lists. We have been receiving inquiries from family members, who live in Milwaukee County that they are planning to move a parent into Milwaukee County so that the parent can go on Family Care. Inquiries reveal that these parents live in counties which are funded by the Community Options Plan and have waiting lists. We also received two inquiries where the parent was living in Minnesota, and the family member was arranging to move the parent into Milwaukee County to establish residency for Family Care eligibility. It does not take long for the word to get around, and I expect this is causing some difficulty for the Milwaukee County Family Care Program to get a handle on anticipated enrollment figures.

I will be expecting a reply from your department within the next ten days as to how the MCDA as the Milwaukee County CMO will be applying the increase received in the capitation rate, and when the department expects to take action on our request for a rate increase for 2005.

Sincerely yours,



Gerald J. Kallas M.D.
CEO & Medical Director

CC: Sue Stephanie Stein
Representative Sue Jeskiewitz
Senator Alberta Darling
State Secretary of Health Helene Nelson
Scott Walker, County Executive
Lee Holloway, County Board Chairman
Toni M. Clark, Supervisor
Marina Dimitrijevic, Supervisor
Joseph Rice, Supervisor
Paul Cesarz, Supervisor
Elizabeth Coggs-Jones, Supervisor
Willie Johnson, Jr., Supervisor
Lynne De Bruin, Supervisor
John Weishan, Jr., Supervisor
Roger Quindel, Supervisor

Family Care CMO Capitation Rates

2005		
CMO County	Comprehensive	Intermediate
Fond du Lac	$ 2,120.74	$ 691.35
La Crosse	$ 1,828.82	$ 691.35
Milwaukee	$ 2,055.01	$ 691.35
Portage	$ 2,320.75	$ 691.35
Richland	$ 2,140.30	$ 691.35

2005 Rate Report (PDF, 216 KB)

2004		
CMO County	Comprehensive	Intermediate
Fond du Lac	$ 1,881.07	$ 674.49
La Crosse	$ 1,764.17	$ 674.49
Milwaukee	$ 1,810.61	$ 674.49
Portage	$ 2,255.32	$ 674.49
Richland	$ 1,970.98	$ 674.49

2004 Rate Report (PDF, 928 KB)

2003		
CMO County	Comprehensive	Intermediate
Fond du Lac	$ 1,948.00	$ 657.40
La Crosse	$ 1,809.00	$ 657.40
Milwaukee	$ 1,765.09	$ 657.40
Portage	$ 2,390.60	$ 657.40
Richland	$ 2,004.24	$ 657.40

2003 Rate Report (PDF, 251 KB) Note: Final 2003 comprehensive rates listed above reflect annual retrospective rate adjustment made in April 2004.

2002		
CMO County	**Comprehensive**	**Intermediate**
Fond du Lac	$ 1,897.04	$ 640.74
La Crosse	$ 1,748.84	$ 640.74
Milwaukee	$ 1,720.63	$ 640.74
Portage	$ 2,491.01	$ 640.74
Richland	$ 1,941.49	$ 640.74

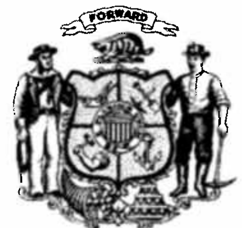
2001		
CMO County	**Comprehensive**	**Intermediate**
Fond du Lac	$ 1,844.30	$ 628.79
La Crosse	$ 1,709.12	$ 628.79
Milwaukee	$ 1,721.77	$ 628.79
Portage	$ 2,516.51	$ 628.79
Richland	$ 1,910.15	$ 628.79

2000	
CMO County	**Comprehensive**
Fond du Lac	$ 1,651.32
La Crosse	$ 1,583.86
Milwaukee	$ 1,466.64
Portage	$ 2,435.57

PDF: The free *Acrobat Reader®* software is needed to view and print portable document format (PDF) files. Learn more.

Last Revised: *December 02, 2004*

WISCONSIN STATE LEGISLATURE



Summary of Fiscal Operations Assessment of the Milwaukee County Department on Aging Care Management Organization (CMO)

Overview

This report highlights the mismanagement, debacles, backlog, and mishandling rampant in the fiscal operations of the CMO. This report paints a picture of a department that needs, at best, a make over.

The following were examined:

- Contractual, State, and County fiscal requirements in place
- County accounting procedures and CMO accounting procedures
- CMO Goals
- Documentation, staff position descriptions, and correspondence

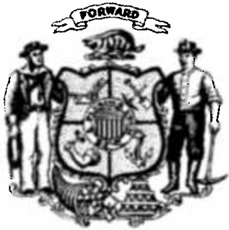
Significant Findings

- Lack of structural accountability, citing too many shared duties and inexperienced fiscal managers
- Responsibilities not properly aligned
- Most staff have two supervising managers
- Management relationship and communication with staff is problematic
- CMO has no formally adopted fiscal procedures
- CMO has no criteria for formatting reports generated in the department and making them easily compatible
- While other specific instances of incompetence are given, a good example is that DHFS provided CMO with pre-formatted excel spreadsheets to simplify the reporting process along with directions for completing the spreadsheets. CMO decided to use their own format and as a result have been submitting incomplete reports.

Significant recommendations

- Establish a Chief Financial Officer (CFO) position
- CFO should be central manager for 5 staff
- Develop a plan to organize the significant back-log including looking at short term contracting as a possible part of the solution
- Begin cross-training so that personnel understand how to work with each others individual scope and to provide the department with a certain level of organizational back-up
- Develop procedures for intra-office communication, proper formatting, proper reporting, and proper reconciliation of data.
- Establish CMO as a county enterprise fund, not as a divisional fund for the purpose of separating and allowing for proper accounting of the CMO.
- Report cites the need for inter-governmental cooperation between CMO, County Government, and DHFS in order to further improve operations and prevent future problems.

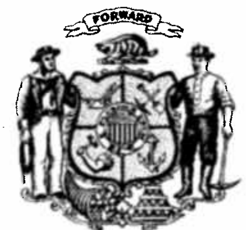
WISCONSIN STATE LEGISLATURE



Wisconsin's Family Care Program:
Independent Enrollment Consultants:

- Purpose: to review options for new enrollees, report choices to the CMO and the Resource Centers (exhibit V-1, page 34)
- Used by the Economic Report Units to determine financial eligibility and cost share amounts of new enrollees
- As of January 2002, April 2002 for Milwaukee County, The Independent Enrollment Consultants had to be independent of the county and functioned to provide unbiased information to the consumer about his or her choices. (B. page 37)
- Independent Enrollment Consultants work under the realm of the Resource Centers whose function is providing information and assistance, conducting community outreach and prevention activities, administering the LTC functional screen, providing options counseling and tracking demographic information about callers.
- Exhibit IX-1 page 79 shows that cost analyses were conducted for Resource Center outreach activities and Resource Center Contacts under the heading of Information, which would most probably include the use of the Independent Enrollment Consultants at these Resource Centers.
- Funding for the Resource Centers and their Independent Enrollment Consultants is independent of the funding provided to the CMO's and the services they provide to the enrollees.(Exhibit V-1 page 34)

WISCONSIN STATE LEGISLATURE



Original URL: http://www.jsonline.com/news/metro/may04/228789.asp

Family Care program's $2 million deficit likely to put county in red

By DAVE UMHOEFER
dumhoefer@journalsentinel.com

Posted: May 11, 2004

Major fiscal mismanagement and a $2 million operating deficit in Milwaukee County's Family Care program are jeopardizing the county's continued role in the vaunted program for seniors.

The program's money troubles date back at least two years but went undisclosed to County Board leaders until two days after the April 6 election. Those woes recently led County Department on Aging Director Stephanie Sue Stein to offer her resignation to County Executive Scott Walker, who declined it.

Stephanie Sue Stein

Photo/File

“I never thought, during 2003, that we would deficit.”

- Stephanie Sue Stein, director of the Milwaukee County Department on Aging

Disclosed just as county accountants were closing the books on 2003, the red ink will likely leave the county budget in the red at year-end for the first time in 13 years, key County Board supervisors were told Tuesday.

The 2003 budget, Walker's first, went deep in the hole last summer, forcing hundreds of layoffs and the early closing of some pool and parks facilities.

Walker acknowledged the aging department shortfall could be a "major blow" to county finances. The net aging department deficit is about $1.5 million, after savings elsewhere in the department are factored in. Any deficit would have to be absorbed in the upcoming 2005 county budget.

In Milwaukee County, the Family Care program budget is about $120 million. The estimated $2.2 million program deficit for 2003 is less than 2%, but the impact on the county's books is dramatic because no local property tax money was to go for the program.

Finance Committee members are expected to call next week for a county audit of Family Care and of the late disclosures to the board, said Supervisor Richard Nyklewicz Jr., committee chairman.

Nyklewicz called the lack of timely release of information to the board "very troubling."

He said supervisors also were not told that the aging department also ran in the red by $1.2 million in 2002 but covered that with a withdrawal from a risk reserve fund.

The agency's deficit stems mainly from it serving seniors whose financial eligibility was not documented in a timely way, or who lost eligibility but continued to receive care, state officials say. County officials acknowledge enrollment problems but say nearly all those served ultimately proved to be eligible.

Stein's agency has received excellent reviews for the quality of care it's given to more than 7,500 seniors under Family Care, an experimental state program she and others helped pioneer.

Started in 2000, the state and federally funded managed-care-style program has ended long waiting lists for services for Medicaid-eligible frail elderly residents.

In April, a one-month record 625 people inquired about enrolling in Milwaukee County's program, one of nine pilot programs in counties around the state.

Records, including a scathing private review of the county's financial oversight, suggest the agency may have been overwhelmed by the growth in the program.

The fallout already has been felt: The county decided not to compete to continue running the Family Care program for 2005-'09. That could mean the loss of dozens of county jobs.

Instead, the county wants to be a subcontractor to Community Care Organization Inc., a non-profit agency that would direct the managed-care program.

But two for-profit organizations have told state officials they will compete for the contract as well, meaning Milwaukee County could be aced out entirely. The county is hoping its partnership with Community Care Organization meets the state's requirements for better fiscal oversight.

Reacting Tuesday, the head of the county's major labor unions called on Walker to fire Stein and explain why the county would "abandon a program without any public discussion and debate."

"This whole deal was cut in the back rooms," said Richard Abelson, executive director of the American Federation of State, County and Municipal Employees District Council 48.

Walker faulted Stein for not revealing problems sooner but praised her work on behalf of seniors.

Stein took responsibility for wrongly believing her agency could fix the enrollment problems and get state reimbursement in time to make the program's budget whole. In retrospect, she said, she would have informed county officials sooner about the potential deficit.

"I never thought, during 2003, that we would deficit," Stein said.

Her department was focused on meeting the "unrelenting growth" in the program and did not have the right fiscal tools in place, she said.

Walker said Tuesday that he was made aware of the state's deep concerns about the Department on Aging's fiscal management after a December call from state Health and Family Services Deputy Secretary Kenneth Munson to County Administration Director Linda Seemeyer.

Stein said she informed Walker in mid-March of the likelihood of a $1 million-plus deficit in her agency.

Walker said he did not inform the board right away because he first wanted Stein to find a firm that might take over the business side.

But county records show the state had warned Department on Aging officials as far back as November 2002 about solvency issues, records show. The county's own auditors, in 2000 as Family Care was launched, had pointed out weaknesses in the department's fiscal systems.

Munson said Tuesday that county bookkeeping was so neglected that "they didn't have a clue what their condition was." He approached Seemeyer in December because the department, despite some efforts at improvement, had not come around, he said.

Stein's agency began to pay more attention to the state's warnings and last September hired auditor Cinda Mentz, who issued a highly critical report in November. Munson said county officials have refused to give that report to the state.

Mentz found a loosely run ship, a top staff not properly trained in fiscal matters, a backlog of months in basic bank account reconciliation and an overloaded staff.

Munson said that in recent months the county noticeably has improved its fiscal tracking. Late last year, the county hired a certified public accounting firm to make sense of the finances. Stein said all but a dozen or so of some 200 Family Care clients whose financial eligibility was disputed have now been documented as eligible.

Stein, who enjoys tremendous support from advocates of senior citizens, started to make the rounds to supervisors Tuesday to repair the damage.

On May 19, the board's Health and Human Needs Committee is expected to hear a report from Stein on the future of the county's role in Family Care.

"I'm very concerned," said Supervisor Elizabeth Coggs-Jones, committee chair. "We were a leader in the whole Family Care model. This takes us out of that."

From the May 12, 2004 editions of the Milwaukee Journal Sentinel

JSOnline
MILWAUKEE JOURNAL SENTINEL

www.jsonline.com Return to regular view

Original URL: http://www.jsonline.com/news/metro/may04/230645.asp

Family Care director faces fire over deficit

By DAVE UMHOEFER
dumhoefer@journalsentinel.com

Posted: May 19, 2004

A county hearing Wednesday on troubles in the Family Care program for the elderly turned into a referendum on county Department on Aging head Stephanie Sue Stein.

Two county supervisors questioned why Stein should stay on, given management problems and a possible $6 million deficit in Family Care that might force unanticipated cuts in the 2005 county budget.

But seniors, activists for the elderly and some Family Care contractors defended Stein's work, saying it had dramatically improved long-term care. Wednesday marked Stein's first public appearance before supervisors on the growing deficit.

Supervisor Toni Clark said Milwaukee County Executive Scott Walker had fired top parks officials over a midyear deficit last year but has protected Stein. The double standard sets a bad precedent, she said.

Supervisor John Weishan told members of the County Board's Health and Human Needs Committee that "there has to be a price for failure." He said later that Stein should be terminated.

Their comments were echoed by the county's largest labor union, which stands to lose members if a proposed public-private partnership is approved to take over Family Care in the county.

Walker talks a lot about open government, said Patricia Yunk, American Federation of State, County and Municipal Employees District Council 48's policy director, but his department head failed to disclose a major problem for months, and "someone needs to be taken to task for that."

Strong defense

Her backers were outraged by the supervisors' outrage.

"Take a full account of the record," said George Schneider of Oak Creek, who called the services for seniors the best in the country under Stein. "She's a great activist, and I and most seniors will stand by her leadership."

The Milwaukee County Commission on Aging's executive committee is in full support of Stein, commission Chairman Karen Robison said.

Removing an experienced leader could interrupt services to the frail elderly, said Virginia Little, who runs a temporary-staffing agency under contract to Family Care.

Responding to criticisms of Stein and Walker, the county executive's deputy chief of staff, Steve Mokrohisky, said his boss believes Stein has done a wonderful job for seniors and can best lead the department. At the same time, Walker is concerned by the deficits, he said.

The Program

- Family Care benefits include adult day care, drug abuse treatment, some mental health services, home health care, medical equipment, nursing home stays, private nursing, and occupational and physical therapy.
- The program also pays for emergency response systems, respite care, guardianship, speech pathology, transportation, home modifications, home-delivered meals, money management and stays in group homes and assisted-living apartments.

Source: Wisconsin Department of Health and Family Services

Recent Coverage

- 5/18/04: Walker takes Family Care budget from director
- 5/12/04: County's struggling Family Care might have to repay state $3.3 million
- 5/11/04: Family Care program's $2 million deficit likely to put county in red

Walker on Tuesday removed fiscal management of Family Care from Stein but left her in charge of the program.

The Family Care deficit may approach $6 million in property-tax funding for 2003, supervisors were told this week.

Family Care, a pilot program in managed care for financially strapped seniors, provides an array of health care services. The county budgets no local property tax dollars for Family Care, which was supposed to be funded by the state and federal government, primarily through Medicaid.

Stein acknowledged management shortcomings that caused a lag in certifying seniors as eligible. The county was not reimbursed by the state for care provided in some cases and is being asked to repay funds in others.

Officially, Stein's committee appearance was aimed at laying out the county's repair plan, which involves teaming up with a private, non-profit organization that would take the lead role in managing the financial end of the program. The county would continue to oversee more than 400 contractors providing services to seniors under Family Care. The state will decide this summer who runs Family Care in the county in 2005-'09.

Stein got a sympathetic ear from several speakers who said the state shares the blame and should have recognized the complexity of starting the program from scratch.

State officials have said they repeatedly warned the county about the fiscal and enrollment problems over the past year and offered assistance.

From the May 20, 2004 editions of the Milwaukee Journal Sentinel

www.jsonline.com Return to regular view

Original URL: http://www.jsonline.com/news/editorials/mar05/309505.asp

Editorial: Keep Family Care whole

From the Journal Sentinel

Posted: March 14, 2005

Some Milwaukee County supervisors, including County Board Chairman Lee Holloway, seem to think that the answer to some of the financial problems that have plagued the county's Family Care program is to simply move the program. By that they mean take it away from the Department on Aging, the place where the program for seniors most logically belongs.

But there is more at stake than logic. At a time when people are living longer and experiencing problems associated with aging, including dementia and physical ailments, the last thing the county should be doing is dismantling a department wisely established years ago by the County Board to coordinate services to seniors.

While Family Care has run a deficit, no one can say it has fallen on its face; quite the contrary, it has been widely praised. As we said in an editorial last August, despite running in the red, Family Care is a groundbreaking program aimed at keeping seniors independent and out of institutions, such as nursing homes, as long as possible by giving them other options. In the long run, that's not only cheaper for taxpayers, since nursing home care is the most expensive, but far better for those being served.

It has also ended long waiting lists for vulnerable seniors and helped them get long-term care to enable them to continue leading independent lives.

Family Care has had its problems. In 2003, the program was gushing red ink, forcing the county to use property tax dollars to deal with the deficit. But the fiscal problems were not the result of misuse of public dollars; they were the result of a lack of proper accounting and the inability to keep up with a large number of clients.

Steps were taken to tighten up finances, but it now appears the program still ran a deficit of at least $2.3 million last year. Supervisors and County Executive Scott Walker are right to be concerned.

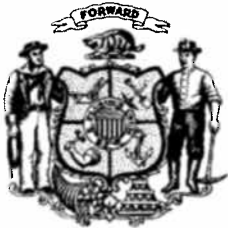
But moving Family Care out of the Department on Aging is surely not the answer. In fact, Linda Seemeyer, county administration director, who originally broached the idea, believes after further review that the fiscal problems would not have been prevented by moving Family Care to the county's Health and Human Services Department.

If anything, the county and state need to direct even more efforts to the problems of the aging.

Just last week, a new national study, based in part on research in Wisconsin, concluded that a subtle memory disorder that affects millions of older Americans may in fact be an early form of the much more serious Alzheimer's disease or another form of dementia. If the conclusion is correct, the consequences could be staggering and the need for programs like Family Care all the more apparent.

From the March 15, 2005, editions of the Milwaukee Journal Sentinel
Get the Journal Sentinel delivered to your home. Subscribe now.

WISCONSIN STATE LEGISLATURE



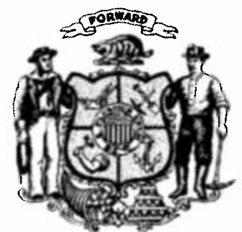
"An association serving people with special needs in East Central Wisconsin."

The Arc of Fond du Lac

Stephen P. Kirschner
Executive Director

500 N. Park Avenue
Fond du Lac, Wisconsin 54935
(920) 923-3810 Fax:(920) 923-3038
E-mail arcfdl@execpc.com

WISCONSIN STATE LEGISLATURE



Council on Long-Term Care Reform
Residential Options Task Force

Members:

Tom Rand, Co-chair
Stephanie Stein, Co-chair

Beth Anderson
Pat Anderson
Bill Bender
Rose Boron
Phillip Borreson
Jim Canales
Sarah Dean
Tom Frazier
Tim Frey
Terry Friese
Glen Grady
Steve Handrich
Chris Hess
Steve Jaberg
Steve Johnson
Nancy Kosseff
Paula Lucey
Owen McCusker
Steve Mercaitis
Tom Moore
Jim Olson
Dan Remick
Maria Rodriguez
Ruth Roschke
Maureen Ryan
Chris Sarbacker
Sue Seegert
David Slautterback
Tim Steller
Claudia Stine
Debbie Timko
Mary Wright

Representatives from WHEDA and Department of Commerce

Lead staff: Wendy Fearnside

Charge: Develop and recommend to the full Council realistic strategies for assuring an appropriate distribution of high quality residential care alternatives, including nursing homes, facilities for the developmentally disabled, assisted living options and safe, affordable and accessible housing options throughout the state.

Issues to be addressed include:

Level of care to be provided in each setting and its implication for Medicaid eligibility determination;

Reimbursement and financing strategies that will ensure financial viability of providers and purchasing quality care, especially for most complex populations;

Distribution of residential care alternatives across the state in proportion to the population needing them, including implications for downsizing, conversion, and expansion of existing alternatives;

Demand for care of special populations, such as those with significant behavioral challenges;

Methods for assuring quality of care and consumer protections; and

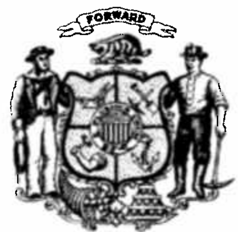
Strategies for transitioning to newly planned system of residential care.

Timetable:

By January 2004, recommend to the Council on Long-Term Care Reform policy goals to guide reform efforts related to residential care.

By September 2004, draft a plan for achieving reform in residential care that addresses key issues and recommends specific steps.

WISCONSIN STATE LEGISLATURE


FORWARD

Following pages missing from scan 03hr_JC-Au_Misc-pt22g

FAMILY CARE

Options for Long-Term Care

Family Care Independent Assessment:
An Evaluation of Access, Quality and Cost Effectiveness
For
Calendar Year 2002

Presented by
APS Healthcare, Inc.

Table of Contents

I. EXECUTIVE SUMMARY 1

- A. Access to Care 1
- B. Quality of Services 3
- C. Cost-Effectiveness 5

II. REQUIREMENTS OF INDEPENDENT ASSESSMENT 7

III. FAMILY CARE PROGRAM OVERVIEW 9

- A. Eligibility Criteria 11
- B. Eligibility Determination Process 13
- C. Quality Assurance – Quality Improvement 14

IV. FAMILY CARE MEMBER CHARACTERISTICS 17

- A. Initial Long-Term Care Functional Screens Completed by Target Group 17
- B. Total CMO Enrollment by Target Group 18
- C. Most Commonly Occurring Diagnoses 19
- D. Demographics 20

V. ACCESS TO CARE 24

- A. Family Care Contract Requirements (Access to Care) 24
- B. State Monitoring Activities of CMO Access Standards 25
- C. Access Monitoring Activities 26
- D. Prevention/Early Intervention Services by Target Group 27
  1. *Visits to Primary Care Physicians* 27
  2. *CMO Considerations/Situations – Summary of Prevention Literature Review* 28
- E. Long-term Care Functional Screen 30
- F. Enrollment Consultants 31
  1. *Value of the Enrollment Consultants* 32
  2. *Areas for Improvement and Recommendations* 33
- G. Provider Network Capacity 34
  1. *Site Visit Comments Pertaining to Provider Networks* 34
  2. *Variances from Medicaid Payment Rate* 34
- H. Family Care Disenrollment Process 35

VI. QUALITY OF SERVICES 40

- A. CMO Certification Process and Annual Reviews 41
  1. *CMO Certification Process* 41
  2. *Annual Site Reviews* 42
  3. *Examples of CMOs Success Stories and Performing at Exceptional Levels* 43
- B. EQRO Quality Findings 45
  1. *Performance Measure Rates* 45
  2. *Performance Measure Validation* 47
  3. *National Vaccination Rates and Recommendations* 51
  4. *Performance Improvement Projects* 52
  5. *Member Centered Assessment and Plan Reviews* 54
- C. Member Outcomes 57
  1. *Overview of Member Outcome Results* 57
  2. *Family Care Outcomes Compared to Other Long-Term Care Programs* 59
  3. *Exploratory Analysis of Member Outcome Results (Rounds 1 – 3)* 60
  4. *Assessment of Member Outcome Tool* 64
  5. *Recommendations and Next Steps* 65
- D. Grievance and Appeal System 66

Table A-50. Pre- and Post-Enrollment Differences of Monthly Hospital Outpatient Visits					
		Adj R-Sq	.87%		
Variable	**Label**	**Estimate**	**Std. Err.**	**t-value**	**p-value**
Intercept	Intercept	0.019	0.030	0.620	0.533
T42CDPS	Diff. Illness Burden Index	0.079	0.008	9.580	<.0001
T42FSIS	Diff. Functional Status Impairment	-0.010	0.013	-0.740	0.457
t42LYoL	Diff. Last year of life	0.065	0.068	0.950	0.344
T42MC	Diff. Medicare eligibility	-0.081	0.034	-2.370	0.018
t42RUCA	Diff. Rurality Index Score	-0.008	0.009	-0.810	0.415
t42Wavr	Diff. Waiver or COP eligible	-0.003	0.013	-0.240	0.811
t42Inst	Diff. Institutionalization	0.019	0.014	1.350	0.176
missfsis	FSIS score is imputed	0.011	0.021	0.530	0.599
DD	Dev. Disabled (v. Elderly)	0.001	0.010	0.070	0.941
PD	Phys. Disabled (v. Elderly)	0.014	0.013	1.120	0.261
ed_2000	Year 2000 Cohort (v. 2002)	-0.028	0.023	-1.200	0.232
ed_2001	Year 2001 Cohort (v. 2002)	-0.002	0.023	-0.090	0.928
FC	Family Care	-0.012	0.024	-0.510	0.609

		Adj R-Sq	2.95%		
Variable	**Label**	**Estimate**	**Std. Err.**	**t-value**	**p-value**
Intercept	Intercept	0.096	0.049	1.940	0.053
T42CDPS	Diff. Illness Burden Index	0.240	0.014	17.610	<.0001
T42FSIS	Diff. Functional Status Impairment	0.014	0.021	0.630	0.526
t42LYoL	Diff. Last year of life	0.656	0.113	5.810	<.0001
T42MC	Diff. Medicare eligibility	-0.313	0.057	-5.520	<.0001
t42RUCA	Diff. Rurality Index Score	-0.022	0.016	-1.400	0.160
t42Wavr	Diff. Waiver or COP eligible	0.030	0.022	1.390	0.164
t42Inst	Diff. Institutionalization	0.020	0.023	0.870	0.386
missfsis	FSIS score is imputed	-0.056	0.034	-1.620	0.106
DD	Dev. Disabled (v. Elderly)	-0.008	0.017	-0.480	0.632
PD	Phys. Disabled (v. Elderly)	0.008	0.021	0.360	0.721
ed_2000	Year 2000 Cohort (v. 2002)	-0.040	0.038	-1.030	0.301
ed_2001	Year 2001 Cohort (v. 2002)	-0.012	0.038	-0.320	0.751
FC	Family Care	-0.041	0.039	-1.060	0.290

Table A-51. Pre- and Post-Enrollment Differences of Monthly Physician Office Visits

Table A-52. Pre- and Post-Enrollment Differences of Monthly Prescription Drug Claims Paid					
		Adj R-Sq	**1.95%**		
Variable	**Label**	**Estimate**	**Std. Err.**	**t-value**	**p-value**
Intercept	Intercept	0.446	0.133	3.340	0.001
T42CDPS	Diff. Illness Burden Index	0.323	0.037	8.790	<.0001
T42FSIS	Diff. Functional Status Impairment	0.043	0.058	0.740	0.457
t42LYoL	Diff. Last year of life	-0.253	0.304	-0.830	0.407
T42MC	Diff. Medicare eligibility	0.088	0.153	0.570	0.567
t42RUCA	Diff. Rurality Index Score	-0.108	0.042	-2.560	0.011
t42Wavr	Diff. Waiver or COP eligible	0.152	0.059	2.590	0.010
t42Inst	Diff. Institutionalization	0.657	0.062	10.590	<.0001
missfsis	FSIS score is imputed	0.192	0.093	2.070	0.039
DD	Dev. Disabled (v. Elderly)	-0.137	0.047	-2.930	0.003
PD	Phys. Disabled (v. Elderly)	0.062	0.057	1.080	0.280
ed_2000	Year 2000 Cohort (v. 2002)	-0.150	0.103	-1.450	0.148
ed_2001	Year 2001 Cohort (v. 2002)	-0.177	0.103	-1.720	0.085
FC	Family Care	0.445	0.105	4.240	<.0001

Attachment 10: HLM Equation Illustration

An example of the complete model for Supportive Home Care costs follows. The HLM specification is:

$Y_{ij} = \beta_{0j} + \beta_{1j} \cdot$ (CDPS Index Score) + $\beta_{2j} \cdot$ (Functional Status Impairment Score) + $\beta_{3j} \cdot$ (Functional Status Imputation[1=Yes]) + $\beta_{4j} \cdot$ (Institution[1=Yes]) + $\beta_{5j} \cdot$ (Last Year of Life[1=Yes]) + $\beta_{6j} \cdot$ (Medicare Dual Eligible[1=Yes]) + $\beta_{7j} \cdot$ (Community Type) + $\beta_{8j} \cdot$ (Waiver[1=Yes]) + $\beta_{9j} \cdot$ (Frail Elderly[1=Yes]) + $\beta_{10j} \cdot$ (Physically Disabled[1=Yes]) + r_{ij}

Where "i" refers to the person number and "j" refers to the group number. Since the coefficients β_{0j}, β_{1j}, $\beta_{2j} \ldots \beta_{8j}$, change from county to county, they have variability that is attempting to be explained and "r" is the error term.

$\beta_{0j} = \gamma_{00} + \gamma_{01}$(Non-MKE CMO County) + γ_{02}(MKE County) + γ_{03}(Resource Center Only County) + μ_{0j}

$\beta_{1j} = \gamma_{10} + \gamma_{11}$(Non-MKE CMO County) + γ_{12}(MKE County) + γ_{13}(Resource Center Only County) + μ_{1j}

$\beta_{2j} = \gamma_{20} + \gamma_{21}$(Non-MKE CMO County) + γ_{22}(MKE County) + γ_{23}(Resource Center Only County) + μ_{2j}

$\beta_{3j} = \gamma_{30}$

$\beta_{4j} = \gamma_{40}$

$\beta_{5j} = \gamma_{50}$

$\beta_{6j} = \gamma_{60}$

$\beta_{7j} = \gamma_{70}$

$\beta_{8j} = \gamma_{80}$

$\beta_{9j} = \gamma_{90}$

$\beta_{10j} = \gamma_{100}$

Note here that the fixed effects for Institution, Last Year of Life, Medicaid Dual Eligible, Community Type, Waiver, Frail Elderly designation, and/or Physically Disabled designation implies no random error in the model for the coefficients β_{3j}, β_{4j}, β_{5j}, β_{6j}, β_{6j}, β_{7j}, β_{8j}, β_{9j}, and β_{10j}. "u_{ij}" refers to the random error term. Note also that the models for the CDPS Index Score and Functional Status Index Score reflects the interactions between the Family Care county designation type (non-Milwaukee county CMO county [Fond du Lac, La Crosse, Portage, Richland], Milwaukee County, and Resource Center only county [Jackson, Kenosha, Marathon and Trempealeau]).

Attachment 11: HLM Detailed Results Tables

Long-term Care Multilevel Analysis Coefficient for Cost Differences Between Pre- and Post-Enrollment Date Across Counties

	Total Long-Term Care Costs	State DD Centers $	Home Health Care $	ICF-MR $	Nursing Home $	Personal Care $	Residential Care (CBRF) $	Supportive Home Care $
County Type (Level 2)								
Non-Milwaukee CMO County Cost	-$113*	-$23	$32***	$19	$28	-$175***	-$98***	$55
Milwaukee County CMO Cost	$42	-$21	-$4	$21	-$13	$45	$90***	$29
Resource Center Only County Cost	$13	-$1	-$7	$20	$10	-$23	-$36	-$66*
Individual Level Controls (Level 1)								
Intercept	$238***	$6	$1*	-$23***	$33***	$59***	$77***	$72***
Diff Illness Burden Index	$69**	-$12*	-$6**	$29***	$17**	$6	-$19**	-$24***
Diff Functional Status Impairment Score	-$173***	$8	$11**	-$12	$39***	$27***	$46***	$135***
Functional Status Impairment Score Imputation	-$145	-$4	-$10*	$56***	$66***	-$93***	-$215***	-$177***
Diff Institutionalized	$528***	$45***	-$3	$71***	$468***	-$71***	-$131***	-$78***
Diff Last Year of Life	$66	$1	$1	-$6	$186***	-$57	-$63	$0
Diff Medicare Dual Eligible	-$204**	-$27	-$23*	-$8	-$51	-$2	-$34	$30
Diff Community Type (RUCA)	-$77***	-$74***	-$1	-$27***	-$25**	$18***	-$8	$11
Diff Waiver Recipient	$118	-$21**	-$26***	-$51***	-$116***	-$71***	-$80***	-$80***
Frail Elderly (v. DD)	-$127**	-$12	-$1	$6	$57***	-$9	-$71***	-$13
Physically Disabled (v. DD)	-$173**	-$7	$25***	$7	$34**	$23**	-$90***	$8
Total n = 13,470 (FC=3,780; CG=9,690) Across 72 Counties Proportion of Variance Explained Between Counties 18.9%								

Note: Significance levels = ***<0.01 **<0.05; *<0.10

Long-term Care Multilevel Analysis Coefficients for Utilization Rate (per 1,000) Differences Between Pre- and Post-Enrollment Date Across Counties

	State DD Centers (per 1,000)	Home Health Care (per 1,000)	ICF-MR (per 1,000)	Nursing Home (per 1,000)	Personal Care (per 1,000)	Residential Care(CBRF) (per 1,000)	Supportive Home Care (per 1,000)
County Type (Level 2)							
Non-Milwaukee CMO County Rate (per 1,000)	-59.1	608.3***	83.5	116.1	-10,693.0***	1,452.1***	-214.1
Milwaukee County CMO Rate (per 1,000)	-62.4*	-96.2	-30.2	-279.9	3,584.5*	-73.5	843.1*
Resource Center Only County Rate (per 1,000)	11.2	-48.6	104.4	29.1	-1,635.7	59.2	-694.0**
Individual Level Controls (Level 1)							
Intercept	2.0	-152.9***	-130.8***	375.3***	2,740.4***	253.7***	717.2***
Diff Illness Burden Index	-13.0	228.4***	158.4***	156.4**	510.5	-123.0*	-55.8
Diff Functional Status Impair.	7.2	-144.7**	-82.2	411.8***	895.6	126.1	752.4***
Functional Status Impairment Score Imputation	-21.5	-40.8	298.3***	611.5***	-5,731.7***	-589.7***	-2,353.1***
Diff Institutionalized	180.4***	122.9	677.7***	4,601.6***	-4,833.1***	-878.3***	-758.0***
Diff Last Year of Life	-5.7	-240.3	-28.5	1,916.9***	-3,236.4	-725.7	77.5
Diff Medicare Dual Eligible	-36.0	-2.2	140.4	-244.7	-343.8	-616.0**	368.1
Diff Community Type (RUCA)	-142.5***	-595.7***	-251.4***	-251.3***	1,162.0**	150.1*	52.1
Diff Waiver Recipient	-67.6***	-67.2	-350.4***	-1,252.5***	-4,586.9***	422.6***	-591.0***
Frail Elderly (v. DD)	14.9	349.7***	103.5**	488.0***	390.1	-76.1	459.8***
Physically Disabled (v. DD)	31.8	228.4***	113.2*	227.3*	1,933.1***	-156.5	444.0***
Total n = 13,470 (FC=3,780; CG=9,690) Across 72 Counties Proportion of Variance Explained Between Counties 16.4%							

Note: Significance levels = ***<0.01 **<0.05; *<0.10

Primary and Acute Multilevel Analysis Coefficients for Cost Differences Between Pre- and Post-Enrollment Date Across Counties	Emergency Room $	Hospital Outpatient $	Inpatient Hospital $	Physician Outpatient $	RX $
County Type (Level 2)					
Non-Milwaukee CMO County Cost	$0	-$2	-$8	-$7**	-$31**
Milwaukee County CMO Cost	-$1**	$8*	$38	-$1	-$6
Resource Center Only County Cost	$0	$0	$11	$0	-$1
Individual Level Controls (Level 1)					
Intercept	$0	$4*	-$17**	$2**	$34***
Diff Illness Burden Index	$1***	$2	$108***	$11***	$28***
Diff Functional Status Impair.	$1***	-$1	-$14	-$1	$5
Functional Status Impairment Score Imputation	-$0.19	-$3	$47**	-$4	-$22***
Diff Institutionalized	-$0.10	$7	-$53**	$2	$78***
Diff Last Year of Life	$3***	$9	$187*	$27***	-$16
Diff Medicare Dual Eligible	$1.45***	-$17	-$74	-$24***	$22
Diff Community Type (RUCA)	$0	-$2	-$8*	-$1	$6
Diff Waiver Recipient	$0.39**	$5	-$63***	$0	$0
Frail Elderly (v. DD)	-$0.11	$1	$18	-$2	$15***
Physically Disabled (v. DD)	$0.25	$12***	$73***	$1	$12
Total n = 13,470 (FC=3,780; CG=9,690) Across 72 Counties					
Proportion of Variance Explained Between Counties 13.6%					

Note: Significance levels = ***<0.01**<0.05; *<0.10

Primary and Acute Multilevel Analysis Coefficients for Utilization Rate (per 1,000) Differences Between Pre- and Post-Enrollment Dates Across Counties	Emergency Room Rate (per 1,000)	Hospital Outpatient Rate (per 1,000)	Hospital Admission Rate (per 1,000)	Inpatient Hospital Rate (per 1,000)	Physician Outpatient Rate (per 1,000)	RX Rate (per 1,000)
County Type (Level 2)						
Non-Milwaukee CMO County Rate (per 1,000)	1.0	-57.5***	-4.9	-17.5	-73.3**	0.0
Milwaukee County CMO Rate (per 1,000)	1.3	4.3	0.4	44.7	-5.5	0.0
Resource Center Only County Rate (per 1,000)	1.3	-40.7*	-0.7	62.7	13.5	0.0
Individual Level Controls (Level 1)						
Intercept	2.3	25.2***	3.5**	-9.1*	41.9***	1.0***
Diff Illness Burden Index	18.4***	78.5***	29.3***	289.5***	239.0***	0.3***
Diff Functional Status Impair.	7.9*	-8.9	5.5**	30.5	14.1	0.0
Functional Status Impairment Score Imputation	-1.9	-6.0	-3.7	18.3	-60.4**	-0.1
Diff Institutionalized	-9.1**	20.5	2.3	5.0	21.8	1.0***
Diff Last Year of Life	19.4	68.6	92.6***	843.8***	660.3***	-0.2
Diff Medicare Dual Eligible	9.3	-83.0**	1.9	-21.8	-314.6***	0.1
Diff Community Type (RUCA)	3.2	-8.2*	-3.2*	-29.4**	-23.8	-0.1***
Diff Waiver Recipient	9.8**	5.7	3.4	-52.2*	41.6**	0.1
Frail Elderly (v. DD)	-2.1	-2.6	-1.5	47.1*	5.4	0.1***
Physically Disabled (v. DD)	4.4	17.7	1.1	91.3***	20.0	0.2***
Total n = 13,470 (FC=3,780; CG=9,690) Across 72 Counties						
Proportion of Variance Explained Between Counties 9.8%						

Note: Significance levels = ***<0.01**<0.05; *<0.10

(F.C.)

Family Care – Notes on APS Report

Areas for improvement

- Access Monitoring – develop routine reports on a cnty-by-cnty basis
- Disenrollments – conduct routine surveys on both voluntary & lost eligibili disenrolees.
- Grievance & Appeal data – use other source besides those filed with the Regional DHFS office.
- Lack of specificity by DHFS on reporting requirements & data record keeping
- Milwaukee County Specific:
  - ↳ long term care costs growth highest in Milw.
  - ↳

Overview of Family Care (F.C.)

. CMO = Care Management Organization: provides all needed long term care services covered by F.C.

Resource Centers: Primary point of entry for accessing long term care in 9 counties (info & advice on range of resources avail)

- 50% of F.C members reside in Milw. Cnty.
- Individuals who aren't eligible for Medicaid may qualify for F.C.
- Some individuals may pay a cost share depending on income.
- CMO's don't provide direct health care services, but coordinate primary & acute health care services
- DHFS measures CMO's performance focused on health & social outcome of members
  - ↳ Self determination & Choice Outcomes
  - ↳ Community Integration Outcomes
  - ↳ Health & Safety Outcomes

FORWARD
E PLURIBUS UNUM

Family Care 2/13/04

- AB
  - $155.9M in Budget
    - $58.3M - R.C.
      - Hosp., Dr, Rx, card services under M.A.

Lisa ~~[illegible]~~ - Slides

Judy - DHFS - Helene
- Good program, working well, S/B expanded
- Resource Ctr - ph# - get resources out to the caller

- Jim - Portage Cnty

WCDD
- [illegible] Born
  - Need to address workforce issues
  - [illegible] M.C. when turn 60, move from D.D. S.S system into Aging Sys.
  - How much new money W/B needed to expand

? CAFR - Audit
? What are we paying for Debt Service - %

[illegible]

"Susan".

Family Care – Pre Audit Briefing w/LAB 2-10-04

- Community based alt. to N.H.

Now – 8,000 currently – 6,000 elderly, 1,000 ea/other grps.

- 2100 FDL – Rich. 1/01 – start K.J., Marathon, Tremp – RC only

Lewin Study – 4 reports on LAB website $400K

- B4 & After Family Care
- Timelag in reporting – 9-10 mo's.
- Summer 2002 – had all data – 7/02 began anal
  1. Inc. access to serv & info
  2. Waitlists eliminated in all 5 countie – pg 46
  3. Provider network have grown – pg 55-56
  4. All cnty' exp R.N. shortages – pg 65
- Expenditure Results
  - pg. 94-96
    - existing & new enrollees – how affected
  - Appendix E2
- Nursing Home Costs (chart)
  Pg 100 – looked @ levels of care – as care level rises – more expensive
- Other Considerations
  - States capacity
  - IT issues
  - Commitment, Cooperation, Trust – position in Pilot Counties
    - which counties interested

- Controlled for level of care etc.

APS _$150K

- Inc in comparison grp long term care costs -F.C. even higher

Control grp = 61 non FC Counties

↳ In Milw. (elderly only)	Other 4		Statewide - Non - Family Care
↑ $280/member	↑ $125/member		↑ $238/member
↑ residential care	↑ home hlth cost	vs	State ↓
↓ none (@ stat. sig. level)	↓ Personal care & residential	vs	State ↑
↑ Primary/Acute outpatient Hosp Exp		vs	State

Concluded = sig. cost savings relative to Statewide - except Milw.

↳ long term care cost & some individual

- Poss
  - Admin at Cnty level
  - Regional & Cnty diff in practice patterns

LAB Reflections -

① Cnty by Cnty look critical to deciding to expand prog.

② Status of program when study was done - re-anal in 2004-05

Comparison

APS

- Under contract w/DHFS for waiver renewal contract
- Focused on individual • Pymt methodology
- Selected Services
- more current data – Time

Lewin

-
- Nursing Home vs Communit
-

Some Similarities

- both looked @ pre/post spending – diff. comparison grps
-

Diff

Lewin – matched cnty by cnty

APS – Milw vs. State

? Dept – More fed $'s for Resource Centers in more Counties

? How much to do a follow-up Study

? Dept – Issues to resolve if continue F.C.

? What other counties similar to Milw? cost effective

? Did APS control for cost of ind. service costs in Milw vs other counties

? What do you think it is premature to make a judgement on cost effectiveness

? Room for improvement

? How to determine which counties would reflect the Milw experience vs the other 4 counties

? Regional Approach

? CMO's vs Resource centers – or both when expanding

? Dept – What is the status of waiver renewal (Fall 03 end of contract)

? Dept – What other studies are underway – status of these & which are required under the waiver – How much is the cost.