

# **NORTHEASTERN (NEW) WISCONSIN LONG TERM CARE DISTRICT**

## **REVISED PLANNING ASSISTANCE APPLICATION PHASE I PLANNING APRIL 2009**

### **Introduction**

The counties of Brown, Door, Kewaunee, Marinette, Menominee, Oconto and Shawano, known as the “Northeastern Wisconsin Long Term Care District”, are submitting this revised application for planning assistance from the Department of Health Services. \_

The revised application is in response to the exclusion of funding for expansion of Family Care into these northeastern counties in the 2009-2011 State Budget. This application modifies the funding request submitted in January 2009 and allows for a more elongated planning approach with a target date of Family Care implementation in the summer of 2011. This application is for funding in the amount of \$396,073 for NEW District “PHASE 1” planning for the time period of July 2009 to approximately July 2010.

The NEW District intends to pursue the same planning approach identified previously but over an extended period of time. The NEW district intends to build off the experience counties have with long-term care services and their knowledge of long term care consumers. The general premise of the NEW district would be to have a central governing authority operating according to the Long Term Care District Statute that would be a partner with the counties involved. The counties will be offered an opportunity to provide care management and other services to the District. The District will attempt, as much as financial and practical considerations allow, to accommodate county preferences in the operation of the Long Term Care Systems. The District would reserve the right to make decisions affecting counties based on financial and practical considerations and on consumer participant quality care considerations.

The NEW District, as one of the last to implement Family Care, is in a position to benefit from the experience of others and, therefore, to pursue expedient and economical development of managed care. This includes streamlining the planning and implementation process when possible. The NEW District will employ business practices that may be borrowed or purchased from Family Care or Partnership Managed Care Organizations. As the Department of Health Services’ franchise recommendations on infrastructure and managed care systems are developed, the NEW Long Term Care District will incorporate those recommendations. The NEW District will also seek cooperative relationships with other entities around issues such as care management, quality management, IT and claims submission, vendor network establishment and other areas of mutual interest.

## **Phase I Planning Goals and Activities:**

### **1. NEW District Governance:**

A governance-planning group, composed of elected/appointed officials from each county, has been meeting for a number of months. This elected/appointed officials group has concluded that a separate Long Term Care District would best meet the needs of the Northeastern counties. This decision is based on consideration of the geographical location, the total number of counties, shared provider networks and interest in county provided care management on an indefinite basis.

The elected/appointed officials group will be meeting with Andy Phillips of Centofanti Phillips, S.C. in April to discuss the powers and duties of a Long Term Care District Board, best practices from other Districts, Governing Board Composition and the process and timing of creating a Long Term Care District, Governing Board and Subcommittees. The elected/appointed officials will also be meeting with two representatives of the Western Wisconsin Cares Board at their April meeting.

This elected/appointed officials group will continue meeting until the NEW District creates the Family Care Development Council during Phase I planning. The Family Care Development Council will replicate the membership of the Governing Board and function as an interim Board to provide planning and oversight until the District is formally created. One of the early strategic decisions will be the timing and process for creating the Family Care Development Council as well as conducting necessary training of Council/Board members. The NEW group is budgeting \$20,000 for consultation directed toward creation of the District and the interim Council, the development of by-laws and training of Council/Board members during Phase I planning.

### **2. Tribal Planning**

The Oneida, Stockbridge-Munsee and Menominee Tribes have been partners in the preceding Northeast Consortium process since its inception and are expected to continue as planning partners in the NEW District. The timing of the NEW District planning will allow for building on the ADRC and managed care planning efforts undertaken by the Tribes and the Great Lakes Inter-Tribal Council. This includes the joint County-Tribal ADRC development planning involving Shawano, Menominee and Oconto Counties and the Stockbridge-Munsee and Menominee Tribes. It also includes the Oneida Tribal work to create a model for Tribal provided services in ADRCs and managed care. The NEW District will develop a specific and continuous planning track to work with the Tribes to identify the needs of Tribal members, the governance or service provision interests of the Tribes and model systems for providing culturally sensitive services within Family Care.

### **3. ADRC Development**

Among the seven counties, only Brown County has an existing ADRC. Shawano, Menominee and Oconto Counties and the Stockbridge-Munsee and Menominee Tribes are actively planning for a prototype Tribal-County ADRC. Gerry Born is facilitating their planning process with a target completion date of June 2009.

The District staff will assist initial ADRC planning efforts in Door, Kewaunee and Marinette Counties by providing a forum for governance and service options discussion and development of local planning processes. Although ADRC planning will primarily be the function of the counties, the District will assist by providing information on ADRC-MCO related functions and opportunities for shared learning as well as facilitating selective strategic planning sessions within and among the counties, if desired.

#### **4. Stakeholders**

Stakeholders in the six county area have been kept informed of the Northeast Consortium planning efforts by both individual counties and through multi-county forums. With the initiation of Phase I planning, a structured, District wide approach, using multiple stakeholder participation mechanisms, will be developed. A strategy that identifies the specific interests of key stakeholder constituencies will be developed. Stakeholders will be represented in the Committee planning processes conducted by the District. Tools for communication and feedback will be updated and targeted power points, frequently asked questions, news release and feature new articles will be developed. Forums and other public information sessions will be conducted. A web site will be developed and will provide online information about planning meetings and managed care expansion developments. The District will ensure that multiple channels are in place to receive and respond to stakeholder input.

#### **6. Partnership Benefit**

The Northeastern Counties are interested in providing consumers with the option of having acute and primary services integrated with their long-term care services. The intent is to work toward concurrent development of a Partnership benefit option in the Northeastern Counties. The Counties have indicated their interest in planning with Community Care, Inc toward the development of the Partnership benefit and the provider network. It is projected that Community Care, Inc. will include the seven Northeastern Counties in a February 2010 Special Needs Application leading toward development of the Partnership benefit in 2011.

#### **5. Planning Structure and Resources**

Until such time as the District is created, one of the counties will function as Fiscal Agent. The Fiscal Agent will receive the state grant and account for all expenditures. The Fiscal Agent will employ key planning staff and contract with Technical Assistance and other resources.

#### **Steering Committee:**

County directors and managers who have been conducting the preliminary planning for the District will transition to a Steering Committee for the District planning process.

They will be responsible for:

- Assuring integration, coordination and communication across Planning and Development personnel, the Technical Assistance provider, Subcommittees, local decision makers and stakeholders.

- Selecting the Technical Assistance provider and developing a detailed contract and list of deliverables
- Recruiting and recommending Planning personnel
- Developing a detailed planning process for Phase I as well a general planning outcome and timeline for Phase II Implementation and Start-Up
- Arranging for temporary office space, equipment and other necessary supplies during Phase I planning
- Identifying the Planning Subcommittees, deliverables and process
- Acting as a conduit of information to and providing staff services to the elected/appointed officials planning group
- Studying and making preliminary recommendations on managed care components to be adopted and modified from or outsourced to other managed care organizations

#### Technical Assistance

The NEW District intends to contract for Technical Assistance from an experienced Managed Care Organization. A final decision on the vendor has not been made but County Directors and managers have been meeting with and solicited a proposal for Technical Assistance from Community Care, Inc. This Phase I planning assistance request is based on the proposal from Community Care, Inc (See attached proposal from Community Care, Inc). The type and amount of Technical Assistance needed is expected to vary depending on the skill sets of the Planning Director and Financial Analyst. A modification to the Technical Assistance proposal and cost may be appropriate, as the needs of the NEW LTC District become better defined.

The Technical Assistance provider will provide expert managed care advice and consultation in all areas of Family Care development including:

- Development of a refined planning process and sequencing of planning activities
- Staff structure and competencies
- Initial planning leading to development of systems and templates for handbooks, policies, and training curriculums for development of all managed care components,
- Initial analysis of services and costs, budget and rate projections, solvency and risk protection leading to development of the business plan in Phase II Implementation planning.
- Developing models and training programs for member-centered consumer planning, service authorizations and denials for early stage planning
- Relationships with and purchasing services from counties
- Arrangements for provider contracting within a managed care environment and
- Support for Stakeholder activities.

#### Planning and Development Personnel

The District intends to follow the model of NorthernBridges in which District Planning and Development personnel gain managed care expertise through the planning and

development process, which might lead to eventual management positions in the new managed care organization. This will provide much needed continuity from the planning to the implementation phase. It is understood, however, that the Governing Board will make decisions regarding employment of management staff for the District.

As the first step, the Northeast District will recruit the services of a full time Planning and Development Director. This individual will have Family Care or other managed care experience and will work under the direction of the Steering Committee. The NEW counties believe strongly that it is also important to bring on board as fast as possible, an individual who can provide financial, IT and other analytical services to the planning process. The counties believe that the addition of a Financial Officer/Analyst by October 1, 2009 is critical in ensuring that this person has the opportunity to learn from other MCO operations and state experts at an early point of the planning process. The NEW District intends to ensure that sound business practices are built into the foundation of the NEW MCO development.

### **Planning Process**

Planning efforts throughout Phase I will address ADRC, Tribal, Stakeholder and Elected/appointed officials planning discussed previously.

The NEW District intends to spend the first few months in a series of focused discussions with experienced Long Term Care Districts. The intent is to take advantage of their knowledge and experiences in all aspects of planning. These initial discussions will assist the NEW group in refining its planning process for the remainder of Phase I planning and determine specific planning resources needed for both Phase I and for implementation planning.

These initial discussions with existing Family Care Districts will also be oriented toward becoming familiar with the systems and infrastructure used in the expansion managed care organizations and obtaining updates regarding Family Care operations. For example, the NEW group will arrange for discussions regarding the latest Transition planning requirements, planning being done for “bringing care under management” including the Care Management Committee and the Residential Payment committee as well as specific care management projects of other MCOs.

The NEW planning group will identify specific business structures or operations of interest in experienced MCOs and arrange for extensive discussions or sharing of materials. Examples would be the Southwest Family Care Alliances’ county provided Care Management system, the Northernbridges’ creation of a new managed care entity and transition experiences, approaches to dealing with organized labor, etc. This information will be considered in early decisions regarding adapting systems and infrastructure from others or outsourcing certain ongoing operations. These decisions will be made as early in the process as possible in order to focus and expedite the planning process.

The NEW District will use a strategically designed Sub Committee process with Sub Committees in Care Management, Quality Systems, Provider network, Stakeholders, County Relations, Enrollment and Eligibility and Infrastructure. This funding application projects the start up of selected Sub Committees in late 2009 after the discussions with other Family Care Districts. The work of the Committees will be carefully designed with targeted objectives, clearly identifiable deliverables and will be sequenced with the time frame needed to complete the District overall process.

Phase I planning will address the following work objectives:

- Development of a Mission and Planning Principles
- Coordinating planning, enrollment and provider development with Partnership programs intending to provide the Partnership benefit
- Determining preliminary county by county implementation schedule and process
- Determining preliminary arrangements for enrollment and eligibility processing including location and funding of Economic Support staff
- Determining arrangements for the provision of Care Management Services. County Care Managers will be involved in a planning track focused on receiving education on Care Management in Family Care “101” and a discussion with experienced care managers focused on “A Day in the Life of Care Managers.”
- Conducting preliminary planning leading toward the development of Care Management systems including member-centered planning, RAD, service authorization and denial processes and member handbooks
- Beginning the design and planning for Self Directed Supports
- Finalizing enrollment projections and conducting preliminary analysis of case mix and acuity of members and determining costs, revenues and reserves/solvency needed leading toward development of the three year business plan in Phase II implementation planning
- Completing initial modeling of business structure, staffing and Table of Organization
- Conducting preliminary planning leading toward developing job descriptions for District employees, a wage and benefit structure and personnel policies
- Preliminary discussion of MOUs regarding county relations in the areas of adult protective service, mental health/IMD/crisis services, transitions from children’s services/schools into Family Care and county participation in the District governance/advisory systems
- Discussion of contracts and arrangements to purchase services from county agencies
- Beginning a process and establishing a format for identifying provider needs and capacity and approaches for contracting, monitoring and rate setting
- Initial planning toward the development of a Quality Management system integral to all parts of the managed care organization, determining data needs and collection processes and training for staff
- Beginning planning toward development of a grievance and appeals processes and linkages to quality management and care management systems
- Developing systems for “bringing care under management” as rapidly as possible

- Determining the infrastructure needed to support managed care including identifying vendors for purchasing or adoption of an IT system and arrangements for upgrading/maintaining the system in order to provide an integrated clinical system, quality and utilization management, encounter reporting, managing enrollment and capitation, financial systems, analysis, payroll and claims processing

In view of the extended planning process now being developed, the NEW District is not identifying specific timelines beyond this Phase I process. By the completion of Phase I of the Planning Process, the Northeast District will have a specific, detailed process, timeline and cost projection in place to complete the Implementation and Start up Process. Phase II will require submitting a resolution to the Wisconsin Retirement System by November 15, 2010 for NEW District participation in the Retirement System in 2011.