

**Real Choice Systems Change Grant Application 2004  
Wisconsin Department of Health and Family Services  
Comprehensive Systems Reform Effort  
PROJECT NARRATIVE**

**I. Background and Problem Identification**

**Background - Long-Term Care in Wisconsin**

Over the past twenty years, Wisconsin has developed a long-term care system composed of an array of programs and funding sources to support frail elders and people with disabilities in nursing homes and other institutions, in group settings, and at home. Historically, Wisconsin has invested significantly in nursing homes and other institutional care, as well as in community long-term care. Wisconsin ranks fourth in the nation in the percentage of State Medicaid spending that goes to long-term care and twelfth in per capita long-term care spending (*Across the States: Profiles of Long-term Care 2002*, AARP Public Policy Institute).

Currently, Wisconsin provides an unlimited institutional safety net and has excess institutional capacity. Although the State has substantially expanded community-based services over 20 years, services are still too limited in parts of the State to support consumer needs and preferences for staying healthy and independent at home or in other community-based settings. The Department of Health and Family Services (DHFS) proposes, with the help of funding under a Comprehensive Systems Reform grant, to plan strategies and develop tools to implement statewide reforms of the delivery systems and realign long-term care resources to respond to consumer choices and achieve improved system cost-effectiveness. The Department will reduce utilization of nursing homes, increase access to community care, promote health and independence to prevent or reduce long-term care needs, and deploy proven methods of managed care and financial management that have been developed in Wisconsin but not taken to scale because of start-up issues and costs.

*System Overview*

**Community and Integrated Programs.** The building blocks of the current home and community-based care system in Wisconsin are a state-funded program and a number of waiver programs that include three home and community-based waivers as well as three managed long-term care programs. There is also a generous array of Medicaid State Plan services for people living in the community, including all but one of the optional services allowed under federal law. Counties and the aging network also provide services that supplement these programs.

<b>Home and Community-based Programs in Wisconsin</b>		
<b>Program</b>	<b>Program Type</b>	<b>Population Served</b>
Community Options Program (COP)	State funded	Elders and persons with physical or developmental disabilities, serious mental illness or substance abuse who have long-term support needs.
Community Integration Program 1 (CIP 1) Include A & B components	1915 (c)	Medicaid eligible persons with developmental disabilities who meet a nursing home or ICF-MR level of care. CIP 1A is for persons relocating from State Centers. CIP 1B is for relocations and diversions from other ICFs-MR.
Community Options Program-Waiver (COP-W)	1915 (c)	Medicaid eligible elders or persons with physical disabilities who meet a nursing home level of care – diversion program
Community Integration Program II (CIP II)	Under same 1915 (c) waiver as COP-W	Medicaid eligible elders or persons with physical disabilities who meet a nursing home level of care – relocation program
Family Care	1915 (b) & (c) waivers (DD/MR and elderly/PD) and State funds	Adults with infirmities of aging, developmental disabilities, or physical disabilities who meet a Family Care level of care (comprehensive nursing home, comprehensive non-nursing home and intermediate). Entitlement for those who are Medicaid eligible but others may participate if funds are available.
Partnership	s.1115/s.222 demonstration	Dual-eligible (Medicaid/Medicare) elders or persons with physical disabilities who meet a nursing home level of care.
PACE (Program of All-Inclusive Care for the Elderly)	Medicaid State plan service	Dual-eligible (Medicaid/Medicare) elders or persons with physical disabilities who meet a nursing home level of care.

**Institutions.** In 2001, institutional spending made up over 64% of Wisconsin Medicaid expenditures for long-term care (*Across the States*).

***Nursing Homes.*** The 2002 annual nursing home survey conducted by the DHFS reports that Wisconsin had 408 nursing facilities, with 43,274 licensed beds. Wisconsin nursing homes had 36,587 residents on December 31, 2002 for an 85% occupancy rate. For 65% of these residents, Medicaid was the primary pay source.

***Intermediate Care Facilities for the Mentally Retarded.*** As of December 31, 2002, Wisconsin had 35 intermediate care facilities for the mentally retarded (ICFs-MR), also known as facilities for the developmentally disabled (FDD). These facilities had a total licensed bed capacity of 1,820 and served 1,655 residents for an 89.8% occupancy rate. Over 99% of residents had Medicaid as the primary pay source. More than 79% of residents of ICFs-MR were under age 65. Almost 73% of residents have been in the same facility for five years or more.

***Centers for the Developmentally Disabled.*** DHFS also operates three State Centers for persons with developmental disabilities. The census as of December 31, 2002 included 790 individuals. This includes short-term admissions for evaluation and special treatment. The State controls admission to the Centers and no new long-term admissions are being accepted. Northern Wisconsin Center is being substantially downsized by ending its long-term care program and will retain 30 short-term beds by June 30, 2005.

***Community/Institution Balance***

**People.** The balance between community and institutional care is different for elders than it is for younger adults with disabilities. As of December 31, 2002, 47.5% of all elders and younger adults with physical or developmental disabilities served with public funds in the formal long-term care system were in institutions, while 52.5% were in home and community-based settings. Of the elderly people (36,218) served by Medicaid on this date, 62.5% were in

institutions. Of the younger adults (19,502) served by Medicaid on this date, only 19% were in institutions.

**Funding.** Although funding for the long-term care system in Wisconsin is much more balanced than in previous decades, 59% of the funds are still spent for institutional care. Community funding includes Medicaid-funded personal care and home health care, which are not included in the above summary of people served, and which may serve people who have only short-term needs. The funds used in the above calculation also includes funding for children, people with mental illness, and others served by other community programs, not just the elderly and adults with physical or developmental disabilities.

### *System Trends*

**Nursing homes have changed considerably over recent decades.** Between 1990 and 2000, the number of staffed nursing home beds declined nearly 11%, from 48,000 to 42,883. The number of residents declined 14%, from nearly 44,800 to 38,381. In this time period, the elderly population grew by 51,332 (7.9%), so that the utilization rate of nursing homes by the elderly has fallen significantly. The percentage of residents who were receiving intense skilled nursing or skilled nursing care increased from 70% in 1990 to 89% in 2000. While the number of beds and average daily population in the system declined, the number of short-term rehabilitation stays increased. This is reflected in a growth of annual admissions of 31%, from 39,207 to 51,277. Over 65% of all admissions in 2000 were Medicare funded. In addition, more nursing homes are providing specialized Alzheimer's disease care with 133 facilities providing this care in 2000 compared to 49 in 1990.

Since 2002, 2,833 beds have been closed, largely as a result of an increase in the State's nursing home bed tax and Medicaid reimbursement incentives to downsize, yet many licensed

beds remain vacant. Many facilities are moving towards diversification; 119 facilities currently operate related long-term care residential facilities. However, industry efforts to diversify or modernize are often stymied by high debt or the high costs of operating old, outmoded buildings. 297 facilities were built before 1980. Many county-operated homes and other older facilities are weighing the options of remodeling, replacement, or no longer directly providing nursing facility services.

**Capacity and utilization of Facilities for the Developmentally Disabled have declined.** Between 1990 and 2000, the number of staffed private and locally operated FDD beds declined 27%, from 2,800 to 2,038. In the five years between 1995 and 2000, the number of residents in these FDDs declined 12%, from 2,200 to 1,930. The number of inpatient days declined 14% during that period. In addition, the number of residents in the three State Centers declined 37% between 1995 and 2000.

**Home and Community-based capacity has increased.** In the last decade, the State has significantly increased funding for community-based long-term care programs for all target groups. In 1992, the State provided \$123,135,100 (all funds) for community-based long-term care programs and 15,128 individuals were served under waiver programs. In 2002, \$511,894,500 was spent to support 25,197 individuals. This constitutes an approximate 400% increase in spending and a 67% increase in the number of participants. Even with such funding increases, the demand for community services exceeds available funding. In 2002, there were 3,574 individuals with a developmental disability, 2,777 individuals with a physical disability and 2,384 people with infirmities of aging waiting for waiver services.

***Existing Systems Change Grants in Wisconsin***

Wisconsin has been fortunate to receive four Real Choice Systems Change grants since the first grant opportunities were provided in 2001. In addition, in early 2004, Wisconsin was awarded an Aging and Disability Resource Center grant by the Administration on Aging and the Centers for Medicare and Medicaid Services.

<b>Summary of Federal Systems Change Grants in Wisconsin</b>		
<b>Name &amp; Start Date</b>	<b>Goals/Objectives</b>	<b>Relationship to Grant Proposal</b>
Nursing Facility Transition Grant <b>10/2001</b>	<ul style="list-style-type: none"> <li>Relocate 400 people from institutions over the grant period.</li> <li>Strengthen a system to help persons with long-term care needs live successfully in the least restrictive setting appropriate to their needs.</li> </ul>	The NFT grant helped us to identify systems issues and barriers and led us to new ways to think about money following the person. In this new grant proposal, we will apply this learning to plan and implement more systematic change.
Real Choice Systems Change Grant <b>10/2002</b>	<ul style="list-style-type: none"> <li>Strengthen consumer choice, increase opportunities for consumer direction, and simplify access to the full range of LTC services.</li> <li>Increase flexibility of Medicaid Home Care Benefits.</li> <li>Develop a strategic plan to address service barriers for people with mental illness.</li> <li>Develop a Guardian Mentor Program at the State Centers to help guardians through the community transition process.</li> <li>Develop and maintain a competent, committed long-term care workforce.</li> </ul>	We will apply these tools and expand or enhanced process changes through this current proposal. These include: <ul style="list-style-type: none"> <li>the implementation and expansion of the functional screening tool that will be further developed under this proposal for potential use in nursing home admission and for pre-admission consultation</li> <li>increased knowledge of workforce issues and models to enhance the community workforce that can lead to creative redeployment of the institutional workforce</li> </ul>
Quality Assurance/ Quality Improvement Grant <b>10/2003</b>	<ul style="list-style-type: none"> <li>Improve local QA/QI systems.</li> <li>Improve care managers' focus on consumer-centered care.</li> <li>Improve the measurement of waiver programs' results.</li> </ul>	The QA/QI grant will result in new tools and processes. This new proposal will enable us to implement them statewide.
Money Follows the Person Grant <b>10/2003</b>	<ul style="list-style-type: none"> <li>Fully design and implement a "money follows the person" mechanism for persons with developmental disabilities living in ICFs-MR.</li> <li>Study and plan for a parallel mechanism for persons with physical disabilities and frail elders living in nursing homes.</li> </ul>	The "money follows the person" mechanisms deal with the funding for persons who are already in institutions and the ICF-MR proposal puts controls on protective institutional admissions. This new proposal will address prevention of unnecessary voluntary nursing home admissions.

<b>Summary of Federal Systems Change Grants in Wisconsin</b>		
<b>Name &amp; Start Date</b>	<b>Goals/Objectives</b>	<b>Relationship to Grant Proposal</b>
Aging and Disability Resource Center Grant <b>4/2004</b>	<ul style="list-style-type: none"> <li>• Expand geographical coverage of full-service ADRCs.</li> <li>• Develop capacity for all target groups to be served by ADRCs.</li> <li>• Develop infrastructure to support ultimate expansion of ADRCs to all parts of the State.</li> </ul>	Many of the strategies described in this new proposal for providing information and prevention assume the expansion of ADRCs throughout the State. The ADRC grant will assist us in that expansion.

**Analysis of Strengths and Challenges**

*Strengths*

Wisconsin has a long history of making resources available to provide for care of its citizens in need of long-term care. As a result, there are resources already invested in long-term care, in both institutional and community-based services, that can be re-deployed to better balance our long-term care system.

Wisconsin has more than 20 years experience in integrating consumer participation and choice into community-based long-term care alternatives. As a result, our home and community-based waivers are imbued with a culture of respect for consumer choice.

County government has traditionally administered Wisconsin’s community-based long-term care programs and has contributed local tax revenue to the system. As a result, those programs have a high degree of reliability and public accountability.

Wisconsin’s long-term care programs have required that county government build consumer and public participation into administration of community-based long-term care programs at the local level. As a result, consumers, providers and the interested public are relatively knowledgeable about the long-term care system and experienced in providing input to both the Department and to elected officials.

The Wisconsin nursing home industry has been proactive in engaging with the Department in development of our current reform initiative. The industry's willingness to be a partner in long-term care restructuring provides a unique opportunity.

Wisconsin has successfully demonstrated innovative ways of delivering long-term care, including:

- Nursing home relocation efforts that have successfully relocated more than 500 individuals from nursing homes to community living in the last three years.
- Aging and disability resource centers that serve as the single entry point for information about long-term care and access to publicly funded services.
- Managed care programs that have been able to deliver integrated services effectively and efficiently through the Wisconsin Partnership and Family Care programs.
- State institution downsizing that has resulted in alternative community living arrangements to meet the wishes of people with developmentally disabilities.
- Access to community-based treatment alternatives for people with mental illness or substance abuse issues.

### ***Challenges***

Wisconsin has a large, well-run and well-organized nursing home industry. However, many homes are under severe financial stress and there is excess bed capacity. The challenge is to facilitate orderly downsizing, sustain institutional quality, and improve institutional efficiency -- while re-deploying private capital and workforce resources to long-term care services and residential options more compatible with consumer preferences. While Wisconsin has developed many of the components necessary for comprehensive statewide reform, we have as yet been

unable to fit all the pieces together and move forward on statewide comprehensive reform of the long-term care system.

In piloting managed care approaches, we have learned that a managed care model demands sophisticated business information systems, a robust local agency management structure, and outcome-focused care management practices and quality assurance/improvement methods. It has been a challenge to promote local development of these attributes and to help potential new local partners to understand the need to redesign their service delivery systems.

It has been a challenge to incorporate the coordination of acute and primary health care into care planning around home and community-based services and supports.

It has been a challenge to ensure that individuals have access to good information on a variety of issues, including a range of services from low intensity services to long-term care; options to maintain self-sufficiency and independence should they have a need for care; and access to long-term care should the need arise.

It has been a challenge to find start-up funding for geographic expansion of effective programs, such as Family Care and Partnership, that can create a higher quality, cost-effective system in the long run, but require investments to implement.

### **Problem Analysis**

Wisconsin, with the support of the federal Department of Health and Human Services, has spent nearly a decade developing and piloting a comprehensive long-term care reform strategy. Several years were spent in a thorough examination of the current system and development of new programs that use managed care strategies to improve access, broaden consumer choice, enhance quality and improve cost-effectiveness. Through its Family Care and Partnership pilot programs, Wisconsin has developed many new tools and has learned many

lessons that can be drawn upon to guide a widening of reform that could encompass at least one-half the State by 2007. At the same time, Wisconsin like other states is experiencing many fiscal challenges. In addition, although most stakeholders are committed to a system that includes greater management of care and services, not all agree on the degree to which care is managed and how risk is assigned.

Through the grant, we will develop a strategic implementation plan to take our learning and key principles from Family Care and Partnership programs statewide, and address key barriers to statewide reform. In the reformed system:

- (a) long-term care funding will be available without a bias in favor of institutional care;
- (b) community resources and long-term care options will be developed to respond to consumer choices and managed for cost-effectiveness; and
- (c) system management tools that have been developed in Family Care and Partnership pilots will be put into use in regionally and locally developed implementation plans.

To this end, Wisconsin will develop strategies that reduce preventable disability or infirmity; establish a mechanism to screen and counsel individuals before admission to institutions; and enhance the capacity of the institutional and community-care systems to provide quality services that meet individual needs and preferences.

## **II. Project Description and Methodology**

### **Goals/Objectives/Methods**

Wisconsin has established five goals that address the federally required components described for a Comprehensive Systems Reform Effort. Wisconsin has already engaged in planning around long-term care reform and will not recreate those planning efforts. This grant will support strategic planning on how to implement statewide reform. We will develop

solutions to barriers to statewide implementation and will implement many new elements of reform by the end of the grant period. We believe our effort will result in a blueprint for Wisconsin and other states to use to achieve statewide comprehensive system reform.

***GOAL 1 – Strategic Planning for Statewide Implementation – At the end of the three-year grant period, Wisconsin will have developed and made significant progress in implementing a comprehensive plan for statewide expansion of long-term care reform that assures expanded access, better quality, and more choice to consumers by applying managed care strategies in new and expanded programs facilitated by public/private partnerships. Our goal will be to implement these programs in at least one-half of the State by 2007.***

Wisconsin has an array of tools and models developed from ongoing reform efforts and federally funded partnerships and projects. The State is ready to take this to the next level—to design a truly comprehensive approach that meets all the goals of the federal and State visions for a reformed long-term care system that we can implement on a statewide basis. Our effort will focus on making reform happen, statewide, over the next 6 to 10 years.

Objective 1 under this goal addresses the need to analyze barriers and gain consensus among many stakeholders on their resolution. In Wisconsin, our strategy must include planning and implementation at the local service delivery level. County government is an integral part of the current human services system. Its role in a reformed system is likely to include greater collaboration with private partners and with neighboring counties, as well as a different relationship with the State. Objectives 2 and 3 under this goal address a strategy to better engage our local partners in planning for and implementing reform.

**Objective 1: Build consensus among key stakeholders and partners on an implementation plan for statewide reform through the existing Council on Long-term Care**

**Reform and its committees.** The Council on Long-term Care Reform (Council) was established by the Secretary of the Department of Health and Family Services to advise her on how best to proceed with long-term care reform efforts in the current environment. This Council includes representatives of the various stakeholder groups who have an interest in reform in Wisconsin, including consumers, advocates, local government, and providers, including providers from the nursing home, assisted living, and home care industries.

Methodology: The State will bring all aspects of this grant project to the Council directly or through its committees and task forces for input into design and execution, and to gain consensus from partners represented through the Council. On some issues, groups represented on the Council will be involved more directly through surveys, focus groups and other methods. Currently, the Council includes task forces on resource center expansion, residential options, and workforce and a committee that advises the Department on existing Real Choice grants. The Department anticipates using all of these committees as part of this effort. The Council may be asked to establish additional committees as needed to address specific components of, or barriers to, reform. Collaboration with State elected officials and other State leaders will be incorporated in the strategy to advance statewide reform. A modest amount of grant funding will be used to supplement other sources of financial support for the Council and its committees.

**Objective 2: Assist local long-term care governing bodies to have responsibility, skills and tools to design and develop more effective local long-term care systems, including consideration of the changes in the role of local county government, the potential for involvement of private partners and opportunities for multi-county or regional efforts.**

Local long-term care governing bodies set local policy within a narrowly prescribed framework determined by State statute and Department policy. To enable local governing structures to take

greater responsibility to design and implement more effective local systems, these local bodies will need training and assistance.

Methodology: Through contracted consultants, the Department will provide training, consultation and technical assistance to local long-term support governing bodies. The Department will work with county-based University of Wisconsin Cooperative Extension agents to build capacity in local governing bodies to engage in strategic planning and to explore new ways to conduct business. The Department will encourage counties to develop regional partnerships that include other counties as well as private partners.

While the Department will encourage all counties to participate in training, counties that wish to submit a proposal under Objective 3 will be required to have participated in training. The Department will focus additional technical assistance and consultation on counties and groups of counties that express an interest in submitting a proposal under Objective 3.

**Objective 3: Provide county or multi-county projects financial and technical support to plan, design and begin to implement local reform efforts that will meet the principles and key design elements articulated for long-term care reform in Wisconsin.**

Wisconsin intends to disseminate the lessons learned from our long-term care managed care pilots to local and regional public/private partnerships interested in developing models that will best meet local needs as well as State goals and criteria. We will expand reform so that access to services is more consistent across the State. We believe that counties and local partners will be able to use the tools and models developed in Family Care and Partnership to design options for local implementation that build on local strengths, meet local needs and address local consumer preferences.

Methodology: The Department will solicit concept papers outlining a proposed local strategic planning process for long-term care reform. Authors will be asked to identify the partners, including local consumers, and resources that can be brought to bear to build a local or regional long-term care system with the capacity to meet most long-term care needs with community-based services. Based on these concept papers, the Department will select a number of local partnerships to receive planning grants to undertake a one-year planning process to design the local reform mechanism and resources.

Those local partnerships that are able to reach consensus and develop a viable plan for local reform will receive implementation grants. For example, La Crosse County, a Family Care pilot, has approached the Department with plans to add a Supplemental Security Income (SSI) Managed Care program in the La Crosse area. These grants would assist local entities to design the details of the reform, develop systems and resources and implement reform by the end of the three-year grant period.

The Department, in partnership with the Council, will establish the basic expectations for reform, but will allow for local customization in geographic coverage, partners, the extent of integration of systems, including institutional care and the acute and primary care system, and other flexible elements of the system design. The expectation will be that by the end of the grant period, local projects will have begun or be poised to begin implementation. The Department will use the lessons learned in the planning and design process and during implementation to expand reform to all remaining areas of the State within six to ten years.

***GOAL 2 - Improving Citizen Access to Information – Wisconsin will engage consumers in the effort to rebalance the system by providing timely information to Wisconsin citizens so they can make informed decisions about long-term care service options, and to provide information***

*about prevention and financial planning to delay the need for publicly-funded long-term care services.*

**Objective 1: The State will create a “virtual resource center” that provides easy-to-use web-based information about aging and disability issues and services.** This web-based resource will complement and link with local aging and disability resource centers (ADRCs) and will provide an alternative source of information. Individuals in areas without ADRCs, adult children or guardians who live outside of the State, and those who enjoy the freedom of browsing on-line may prefer this alternative to the local ADRC or may get initial information that prompts a contact with the local ADRC.

Methodology:

- The State will use existing ADRC staff as consultants to create content for readily available consumer links to information and assistance and other service systems.
- Content will be inclusive of the type of information people seek from existing ADRCs and will not be limited to long-term care information.
- The State will use the functional and financial information a consumer enters to trigger a story about the services and supports that were arranged for a “consumer” with similar needs.
- The State will create the capacity for consumers to begin a pre-application process for publicly funded long-term care that can save and transfer their personal functional and financial information to a local ADRC, economic support agency or other local long-term care agency in order to streamline the actual application.

**Objective 2: The State will provide information statewide to assist consumers, families and health professionals to understand the long-term care choices available to**

**them, including information on the wisdom of individual financial planning and the use of other advanced planning tools for future long-term care needs prior to a crisis.**

Aging and disability resource centers can offer information and assistance to all individuals who want to know about long-term care and the available service options. However, most people do not think about long-term care until they themselves or a loved one is in crisis. At that point, consumers and their families all too often rely on very limited knowledge and conclude that the way to address their crisis is some form of residential care. They do not understand the availability of in-home care or sources of financial support for long-term care and frequently make decisions that limit their future choices (e.g., sell their home).

Methodology:

- The State will solicit marketing industry expertise to research and design an effective multimedia campaign.
- The State will use grant funds to produce multimedia materials adaptable for local use either in conjunction with ADRCs or through other aging and disability organizations.
- The State will require ADRCs to have the capacity to provide information on the variety of financial planning options available.

**Objective 3: Develop a strategic implementation plan and tools and supports for local use to make full service aging and disability resource centers available statewide for all target groups.** Aging and disability resource centers (ADRCs) are one of the most popular elements of our system redesign to date. The ADRC concept in Wisconsin was based on a decade of development of aging resource centers by local aging units. While the Department is supportive of these local initiatives, we plan to develop full service ADRCs that will receive funding from the State. This grant will assist to develop the standards ADRCs will be expected

to meet to serve all long-term care target groups, provide a specified set of core services, and incorporate quality assurance and improvement into service delivery.

Methodology: The State Council on Long-term Care Reform has created a task force on Resource Center Expansion to advise the Department about aging and disability resource center standards and strategies for expansion. Using the advice of the task force and the current local ADRC staff, staff supported by the grant will develop a work plan and budget initiative for disseminating the tools and training needed at the local level to create full service ADRCs.

**Objective 4: Implement successful evidence-based prevention and early intervention strategies that prevent or delay the need for the restrictive and costly long-term care services.** As part of the implementation of Family Care, ADRCs were required to incorporate prevention and early intervention activities into their core services. These activities could range from public education and information strategies to direct services such as exercise classes or disease management assistance. In addition, the aging network in Wisconsin has been active in developing and providing prevention and early intervention activities for older persons. As part of this grant, the Department will test a new strategy to conduct early screening for Alzheimer's disease and other dementia and will implement other population-based prevention and early intervention strategies through local ADRCs and existing aging and disability networks.

Methodology: The Department, in conjunction with partners in the aging network has developed a public information campaign entitled "Add LIFE to Your Years." The intent is to unify the message to the community, portraying the aging network as the place to call for accurate and timely information and to access valuable services and prevention programs that will help older persons enjoy a more active, healthy life. LIFE stands for Laughter,

Independence, Friends, and Energy and ties those qualities back to the activities and services provided through the aging network. Initially the campaign will focus on nutrition and exercise.

Using funds from the Comprehensive Systems Change Grant, the Department will:

- Build on this information campaign by adding components to the healthy aging offerings of the aging network. The Department will assist local members of the aging network statewide, through partnership with local social services and health agencies, to develop and implement evidence-based prevention, intervention and health promotion programs. These will include falls prevention, chronic disease management and, if successful, the memory screening model described below.
- Require prevention and health maintenance to be part of the core services of aging and disability resource centers. ADRCs will work with the aging network to coordinate activities for elders and develop activities for younger people with disabilities. The Department will work with emerging ADRCs, Independent Living Centers and other disability-related agencies to develop appropriate prevention, intervention and disease management strategies for younger people with disabilities of any kind.
- Pilot a dementia screening process in an existing ADRC. The process includes the administration of a simple and effective memory screening tool on all persons over age 65, additional testing of those who screen positive and subsequent referral to physicians.

***GOAL 3 - Managing Access to the Long-Term Care System – Wisconsin will better manage where, when and how people access the long-term care system to achieve a better balance between institutional and community-based care.***

People often enter the long-term care system through a nursing home or other residential facility with little or no information about other options that might be available. Private pay

consumers commit themselves to costly options that hasten the expenditure of assets without considering less costly services. Within the public system, people experience delays in access to services because of complications of the long-term care eligibility determination process.

**Objective 1: The State will use the long-term care functional screen as the basis for designing and implementing a pre-admission consultation process for all residential long-term care services, whether publicly or privately funded.** The process will include statewide pre-admission consultation for institutional long-term care and community-based residential care. Each person would be provided an in-home plan of care that adequately addresses the individual's functional limitations and personal outcomes as an alternative to entering a nursing facility or other residential setting.

Methodology:

- The State will use the State Council on Long Term Care Reform, local long-term care governing bodies and other public forums to seek stakeholder and consumer support for providing pre-admission consultation for all long-term care services.
- The State will incorporate pre-admission screening and resident review into the pre-admission consultation process to avoid duplication and make the process more efficient.
- The State will ensure that the long-term care functional screen is available for all target groups in all area of the State.
- The State will enhance the long-term care functional screen to ensure that it includes all of the information about the functional and informal supports necessary to determine an individual's need for residential and/or nursing home care.

**Objective 2: The State will create a web-based access point where consumers can determine whether they are likely to be functionally eligible for long-term care programs.**

This tool would be available through the “virtual resource center” and at local aging and disability resource centers.

Methodology:

- The State will create a simplified web-based functional self- screening tool to assist consumers with their long-term care planning. Information entered into this tool will be transferable to the Long Term Care Functional Screen tool used for functional eligibility for public long-term care programs.

**Objective 3: The State will reexamine and align eligibility policies to promote consistency and fairness between community and institutional based long-term care and, where possible, eliminate incentives for consumers to choose less than optimal service options or refuse needed services.**

Methodology: The State will examine existing eligibility policies and procedures. The Department will seek feedback from the State Council on Long-term Care Reform regarding any proposed changes. Existing program and eligibility staff will undertake this effort. No grant funds are requested for this specific objective.

***GOAL 4. Develop systems and processes that will enhance the availability of service options, especially consumer-directed supports, and achieve more cost-effective use of the resources already invested in the system.***

Wisconsin recognizes that it takes more than methods for money to follow the person in order to rebalance the system. All aspects of the system must be considered so that we do not create a new resource for some at the expense of an existing resource that best meets the needs of others. This is a particularly complex issue when we consider the “right-sizing” of institutional care to meet geographic needs and the needs of special populations. It is also impractical to

increase efforts to relocate people from institutions when the necessary community-based services and supports are not available locally. The objectives under this goal will help the State to ensure that we have the right kinds of services to meet consumer outcomes and preferences while maintaining a cost-effective system.

**Objective 1: Continue to develop and implement strategies for money to follow the person to meet long-term care needs regardless of service setting.** Wisconsin has historically had a mechanism for money to follow the person through its Community Integration Program (CIP), the waiver for persons with developmental disabilities. In CIP, funds can follow an individual from a closed bed in a State, local or private ICF-MR to a setting in the community. The CIP II program provides the same opportunity for a person vacating a nursing home bed that will then close.

Wisconsin has recently developed a comprehensive initiative for ICF-MR downsizing that gives counties access to the Medicaid funding for persons in ICFs-MR to develop a community placement in lieu of the institutional placement without requiring the closure of a bed. This initiative also includes an effort to educate judges and guardians ad litem regarding community-based options to limit unnecessary protective placements into institutions. The expectation is that, through this initiative, ICFs-MR will downsize, close or re-deploy staff and other resources to meet service needs in community settings.

The Department has recently developed a proposal called Life Lease to create a mechanism for persons in skilled nursing facilities to “move with their money” into the community without requiring a bed closure. Legislation to create the Life Lease program has been introduced and is being considered by the Legislature.

These efforts to allow money to move across the institutional/community boundary in the system are important and will meet the needs of individuals who wish to move, but do not represent a comprehensive solution to the issue of State budgeting for long-term care.

Wisconsin's managed care programs include funds for institutional placement in a capitated rate that provides full flexibility and on-going management by the care management organization.

Institutional placement is part of an array of services that can be deployed as needed.

Methodology: The Department will work with its partners through the Council on Long-term Care Reform to address the barriers to a more balanced long-term care system that uses available funding to support the entire range of options consumers need from home to community to institutional care. These barriers include:

- The limited funding for community-based care that can force people to enter institutions unnecessarily and to stay longer than they need to stay because that is their only option for long-term care;
- The distribution of nursing home beds that over supplies some parts of the State and under supplies others, leaving the industry in need of new opportunities for rightsizing and diversifying its role in long-term care;
- The need for institutions to reconfigure themselves to better meet the needs of individuals who need the special care of an institution and for the State to provide reimbursement that recognizes those special care needs, assures funding for quality care, and encourage expanded assisted living options; and
- Current budgeting practices that make it difficult to pool funding for long-term care so that local and regional entities can bring managed care principles to service delivery system that can meet the needs and preferences of the individual in any setting at any time.

Several of these barriers are addressed elsewhere in this proposal.

**Objective 2: Assist counties and regional consortia selected under Goal 1, Objective 3 to develop long-term care reform models that identify service gaps and develop strategies to enrich the pool of providers and service types.**

An important element of the Family Care pilots has been the development of provider networks. Care management organizations are required to take proactive steps to ensure that Family Care members have a range of choices in services, delivery types and providers. They are also required to facilitate the use of consumer-directed services.

In our other home and community-based waiver counties, choice may be limited based on the availability of providers and the types of services they offer. Even some urban areas may experience a shortage of certain services or a limited range of options. As the State moves to more outcome-based care planning to meet participant goals, the array of service options will need to be flexible.

Methodology: The Department intends to assist counties to develop expanded provider capacity. Funds will be provided to counties selected through the process described in Goal 1 to enhance their network of providers. Some strategies include:

- Active and responsive recruitment of providers of desired services. Using the lessons of Family Care, counties could develop expertise in resource development and provider recruitment.
- Promotion of outcome-based contracting. The Department has recently developed new model contracts that offer counties best practice models for contracting for quality and outcomes. Counties can use these contract models for long-term care services.

- Expansion of consumer-directed options. While all of Wisconsin's waiver programs provide options for consumer direction, this component could be more highly developed. The Department will develop consistent guidelines regarding the availability of consumer direction statewide and will enhance its ability to provide training and technical assistance to both county and provider staff and consumers. Counties selected for funding would be expected to address ways to expand consumer-directed options. (See Objective 6 for details.)

**Objective 3: Develop and implement strategies that will reposition Wisconsin's nursing home industry to better meet the needs and preferences of fewer nursing home residents, while at the same time expanding its private sector know-how and resources to expanded community care.**

There is broad consensus within Wisconsin's nursing home industry on the need for long-term care reform. Representatives of Wisconsin's nursing home industry, including the executive leadership of the State's two trade associations, have participated in all long-term care reform planning efforts to date. Most recently, at the request of the State, both associations have submitted policy papers outlining proposals that would result in planned downsizing of the nursing home industry; fewer nursing facilities and a decreased number of beds; increased capacity of the nursing home industry to provide long-term care services in other residential settings, that will result in more private capital to support the industry; and improved quality of care in nursing facilities.

In addition, the nursing home industry and the State remain committed to assuring an adequate level of funding for quality nursing home care which will be helped by shifting to a smaller, more diversified industry. On average in 2004, Wisconsin Medicaid will pay 87% of

certified facilities' costs, but only 10% of all facilities will have their costs fully met. In 2002, the Department identified 192 of the State's 408 nursing facilities as at "severe financial risk."

Methodology:

- The State will facilitate private sector restructuring by: establishing a pilot program that will allow qualifying facilities to reduce nursing facility beds while developing affordable assisted living. The Department will designate some waiver funds for services that will enable low-income persons to live in these new facilities.
- The State will develop a multi-pronged approach for Medicaid to better purchase for quality in nursing facilities by redesigning the levels of care upon which rates are set to more accurately reflect patient acuity and cost, developing numerous initiatives to reward and support quality, and developing a quality index for use in the future by consumers; and to improve the State's capacity to pay for performance.
- The State will modify Medicaid reimbursement to establish payment incentives and disincentives to promote downsizing or complete facility phase-outs; create more private rooms; add needed specialty services; and changes in capital reimbursement to support needed remodeling or replacement.
- The State will improve its capacity to provide technical assistance to facilities to plan for downsizing and patient relocation, with a special focus on facilities at risk of failure due to financial circumstances or quality concerns.
- The State will use demographic analysis, as well as existing data, to inform interested parties on the relative access to and need for long-term care residential options across the State.
- The State will identify reimbursement and policy incentives to coordinate facility downsizing with the development of some regional specialized facilities.

**Objective 4: Develop strategies to enable the long-term care system to coordinate with the acute, primary and mental health care systems.**

A key lesson learned from the Program of All-Inclusive Care for the Elderly (PACE) and Partnership programs is that integrated management of both long-term care and acute and primary care can greatly enhance the effectiveness of both. Even coordination of the acute and primary services as exists in Family Care, without integrated care management, can achieve positive results in better consumer outcomes. Our other local long-term care programs have widely varying capacity to coordinate with health care systems and providers. In addition, persons who are in a managed Medicaid program cannot participate in Family Care because of coverage issues that have not yet been resolved. Wisconsin will develop and implement strategies to allow consumers to participate in managed long-term care and in managed acute and primary health care synergistically and without duplication of services or payment.

Methodology:

- Ensure that counties and partners participating in the local planning and implementation projects described above incorporate ways to coordinate health care with long-term care by involving partners in the health care system and incorporating the use of nurses into their local design.
- Assist all counties to incorporate nurses into their care management teams and provide training on the effective use of inter-disciplinary teams (see Goal 5).
- Work with partners from both systems to develop processes and tools to enable consumers to simultaneously participate in managed long-term care programs and managed acute and primary care programs.

**Objective 5: Ensure that consumer-directed supports are consistently available and supported in all community-based long-term care programs statewide.** The Department will improve the capacity and quality of long-term care systems support for consumers who choose that option, by providing training, technical assistance, resources and tools for both consumers and care management teams. Currently, all of Wisconsin long-term care waiver programs allow for consumer-directed supports, but the use of these options varies greatly across programs and across counties. Wisconsin consumers are interested in more readily available and flexible consumer-directed options.

Methodology: The Department is currently enhancing its home and community-based waiver programs to provide more explicit guidance to local agencies regarding use of consumer-directed supports. To enhance this policy clarification, the Department will provide counties with tools to enable more people to take advantage of consumer direction. The Department will use grant funds to design and implement a web-based tool that will provide consumer direction information on-line for consumers and care managers.

- In conjunction with consumers, independent living center representatives and other partners, develop content on consumer direction.
- Develop and implement a consumer friendly, accessible website design, possibly as part of the “virtual resource center.”

**Objective 6: Build on current workforce development efforts and consider additional efforts to identify and address barriers to creative deployment of workers from diverse settings.**

Wisconsin is undertaking an effort to right size its institutions throughout the State. This effort will result in a labor pool of direct care workers who could be redeployed to work in other

residential or community settings. Rather than allow this dedicated and trained workforce to drift away to other jobs, the Department will develop strategies to keep people in the direct care workforce.

Methodology: With the help of the Council on Long-term Care Reform Workforce Task Force, the Department will:

- Encourage nursing homes to establish alternative business ventures to use trained and dedicated workers in other settings.
- Work with the Wisconsin Department of Regulation and Licensing and the Bureau of Quality Assurance (licenses and regulates facilities) to minimize barriers to cross-setting use of workers.
- Re-examine certification and licensing requirements for direct care workers.
- Provide flexibility and support to consumers to train their workers in their desired methods of service delivery.
- Support the creation of career ladders for direct care workers by recognizing the expense of nurse training in the nursing home reimbursement formula.
- Encourage workers and/or participants to organize networks that provide support for workers and facilitate back-up arrangements for persons who use independent workers.
- Examine options to provide health insurance to direct care workers who do not currently have coverage.

***GOAL 5. Develop strategies to improve the quality and consistency of long-term care services in Wisconsin, and support local long-term care programs in implementing those strategies to ensure the cost-effectiveness of a re-balanced system.***

Wisconsin was fortunate to receive a CMS Quality Assurance/Quality Improvement grant in 2003. Through that grant, Wisconsin will lay the groundwork for an enterprise-wide quality strategy. Under this goal, Wisconsin seeks to complete its quality improvement enterprise, reaching out to the points at which the consumer touches the system through aging and disability resource center workers and interdisciplinary teams of nurses and social workers who provide case management, both in community-based settings and in nursing homes.

**Objective 1: Develop and make available clinical standards, guidelines, training and technical assistance to improve the quality and consistency of options counseling and information and assistance provided by all full service aging and disability resource centers (ADRCs).**

Wisconsin ADRCs offer options counseling to any potential consumer or family member seeking information about long-term care, regardless of ability to self pay. In the ADRC grant, Wisconsin will develop and test a tool kit for those ADRC workers who perform options counseling. This objective seeks to complete this quality improvement strategy by ensuring that all workers performing options counseling have the same comprehensive information to give to consumers, and have the skill sets necessary to communicate effectively to consumers and families.

Methodology: In conjunction with the task force on Resource Center Expansion of the Wisconsin Council on Long Term Care Reform, we will develop a training curriculum for options counseling workers. The curriculum will contain both course work on effective communication with all target groups and a thorough grounding in basic functional and financial eligibility criteria for public programs as well as knowledge of private resource development such as long-term care insurance, non-residential community options for private pay individuals

and ways to conserve private funds for future long-term care needs. This will be available as a course on the University of Wisconsin-Madison School of Nursing website, and will have academic credits attached to completion of the course. In addition, the Department will develop clinical and training standards for staff performing options counseling.

**Objective 2: Develop and make available to all long-term care programs clinical standards, guidelines, training and technical assistance to improve the quality and consistency of interdisciplinary care management based on consumer preferences and involving the consumer as part of the team.**

In the 2003 quality grant, funds were allocated to train local entities in quality management. This objective augments that goal by going to the heart of quality care plans in the home and community-based waivers, the care management. It also goes beyond that, however, in that the course work envisioned has utility for the training of nursing home and hospital staff in consumer-focused care, consumer outcome-based assessments and how to work towards the least restrictive setting for all long-term care consumers.

Methodology: Through this grant the Department, in conjunction with the University of Wisconsin Schools of Nursing and Social Work, will develop a comprehensive consumer-centered curriculum that can be utilized by nurses and social workers through out the long-term care system. A multi-disciplinary team sponsored by Dr. Barbara Bowers, RN, Ph.D., UW School of Nursing, and Dr. Stephanie Roberts, Ph.D., MSW, UW School of Social Work will develop this curriculum. Work has already begun on this enterprise and funds are needed to further develop the curricula and the web-based training courses. The vision is that anyone entering the system as a long-term care worker would take basic courses in consumer-focused assessment and care planning, the Wisconsin delivery system and the philosophy of least

restrictive care and continuity of care from nursing home to community care. Courses would be available to social workers and nurses in any part of the long-term care system and academic credits could be earned.

**Objective 3: Provide support for local long-term care advisory groups to enable them to participate in local QA/QI and in peer review in other service areas and to function more independently and play a larger role in consumer advocacy.**

The Department has already developed a curriculum for local long-term care councils to enhance their skill sets and empower them to take enhanced responsibility for the development and quality monitoring of the local long-term care programs. Currently, these councils are supported by staff from the local long-term care programs, and do not have a specific role in quality monitoring.

Methodology: The Department will incorporate a curriculum on quality assurance and improvement into the local long-term care governance training on planning and policy development described under Goal 1, Objective 1.

**Objective 4: Implement statewide performance monitoring of consumer outcomes in all long-term care settings to improve the quality and comprehensiveness of services, in both institutional and community-based long-term care.**

This is the final step for Wisconsin to link all the home and community-based waiver outcome measures and to take it one step further into the institutional setting. The quality grant gave funding to Wisconsin to analyze the various tools now in use to measure consumer outcomes (including the CMS tool) and to make a recommendation as to which tool Wisconsin should use on a comprehensive basis. This grant would fund the final step, developing a process and implementing the tool across all home and community-based waiver and institutional

settings to ensure that consumer outcome measurements are available to the Department and local agencies for continuous improvement of the long-term care system based on outcomes results.

Methodology: The grant-supported staff will coordinate the implementation of the outcome tool in all waiver programs across the State with State level program managers. Results will be compiled and analyzed across programs. The results will be used to feed back to the local level and to agencies to assist them with performance improvement projects. In addition, the tool will be tested in institutional settings.

**Objective 5: Provide counties with technical assistance, support and tools to enhance and improve capacity to collect and use information to improve services at the local level and to develop and improve business acumen to help maintain and stabilize the local delivery system.**

*a. Encounter reporting.* The Family Care program has replaced the existing human service reporting system with a web-based managed care data collection and validation system which allows local care management organizations to report encounter level data for all services provided or funded in the program. Encounter data are service and cost data at a specific client and date of service level. This system will allow each county to submit data directly from its operational system, receive feedback about the quality of its data collection systems and processes and test enhancements to those systems. It also accumulates submitted data in a central warehouse for a variety of state or local research and business functions.

The tool is designed to handle multiple lines of business, could be used for a wide variety of service delivery operations, and would support statewide reform expansion efforts.

Transitioning the tool beyond its Family Care use will require evaluation and modification of

local systems and processes. Providing support for this effort will allow local agencies to improve operational systems over time, without significant up front local investment. Since we are faced with varying levels of information technology sophistication in local operational systems, grant funding is needed to pilot implementation of the tool in home and community-base waiver program counties.

Methodology:

- Develop technical requirements for pilot counties and prepare pilot implementation plans.
- Provide technical assistance to pilot counties in developing informational report from their current operational data and modifications to their data collection processes.
- Complete pilot post implementation analysis to determine strategic and tactical plans for expansion of encounter reporting in waiver and other locally administered long-term care programs.

**b. Data access.** Data collected from the encounter reporting process and a variety of other long-term care (and other) program functions are collected in our central data warehouse. The Department has developed several sets of data within the warehouse for research and other business functions, such as analysis of service utilization data from a variety of different views (e.g., by target group, service locations, member functional status). Currently, the data are only accessible to internal Department staff.

The Department proposes to provide access to the data available in the central warehouse to local program administrators along with data analysis and decision-making tools. For most local agencies, this will for the first time give them access to timely information to use for utilization management, network development and quality assurance and improvement. To achieve this, the Department must develop the appropriate privacy and security controls for

external access, the pre-defined universes to assure accuracy and quality in interpretation of the information by mid-level users and management views of high frequency use data. Grant funding is needed to complete the analysis and documentation of local data and information requirements, development of technical specifications, design of security, data universe architecture and presentation tools design. Development (programming), implementation and maintenance will be accomplished using other funds.

Methodology:

- At the State level, information technology staff will research and analyze all issues related to expanding access to the data contained in the data warehouse.
- Systems changes necessary to accomplish the objective will be implemented.
- By the end of the grant period, the Department or its contractors will provide statewide training and begin providing access to external partners. This activity will also be accomplished using other funds.

**Evaluation**

Wisconsin will contract with APS Healthcare, Inc. to conduct a process evaluation of all activities identified in the Goals and Objectives to determine if milestones are being met. A timely periodic assessment of progress will assist the Project Manager and Department management in determining corrective action needed to stay on track or the possible need to modify milestones. In addition to tracking milestones, this process evaluation will look at the efficacy of grant activities and provide opportunities for formative learning.

APS Healthcare, Inc. will also conduct an impact evaluation of at least three outcome measures related to the Comprehensive Systems Reform grant. Outcomes that we anticipate examining include: overall increase in knowledge of the long-term care systems among elders

and person with disabilities, decrease in voluntary admissions to nursing homes; and a decrease in the number nursing home beds. We anticipate working with CMS technical assistance providers to refine our outcome measures.

### **Coordination and Linkages**

The Department of Health and Family Services administers most public long-term care and health programs for elders and persons with disabilities (see Organization and Management section below). Other than the State Medicaid plan services, non-institutional long-term care services are managed within a single division, the Division of Disability and Elder Services. The reforms and program enhancements described in this grant will generally be applied to all home and community-based waiver programs. Aging programs and targeted disability programs are also part of the division. The Department is also the Single State Medicaid Agency. Those functions are performed by its Division of Health Care Financing (letter of support provided).

Other linkages that are in place and that will be critical to this comprehensive reform effort are described below.

- We will rely heavily on the State Council on Long Term Care Reform and its committees for input and guidance to implement this grant.
- We have engaged the nursing home industry in a positive pro-active discussion of future reform, measuring quality in terms of positive consumer outcomes and in redefining its roles.
- We have developed linkages with several schools within the University of Wisconsin System to develop curriculum, provide on-line instruction and pilot prevention models.
- We are working with the University of Wisconsin Cooperative Extension offices locally to provide training and technical assistance.

- We are encouraging local communities to identify and engage the partners they will need to bring to the table in order to achieve local long-term care system reform.
- We are developing models for local linkages to address prevention and early intervention.
- We are training local long-term care governing groups to partner with us in identifying quality and evaluating quality in local agencies.

**Organization, Management and Qualifications**

This grant will be operated by the Bureau of Long Term Support in the Division of Disability and Elder Services in the cabinet level Department of Health and Family Services. The Division manages programs involving mental health, substance abuse, developmental disabilities and sensory disabilities, as well as aging and long-term support programs, including delivery systems development. The Division has quality assurance responsibilities for the regulation or licensing of adult care programs and facilities, and manages the State supplemental security income program. In addition, the Division operates institutions that provide care and treatment for persons with mental illness, developmental disabilities, or sexually violent behaviors.

The division's primary partner for this grant will be the Division of Health Care Financing. This division oversees the purchase of quality health care for low income, elderly and disabled persons (including services in nursing homes and ICFs-MR), expansion of managed health care and control of health care costs. The Division is also responsible for performing eligibility determinations for Medicaid and food stamps, federal supplemental security income and social security disability insurance programs, providing health care information, and issuing food stamp benefits.

Project guidance for Wisconsin's comprehensive systems reform effort will include the Administrators and Associate Administrators of the divisions described above in consultation

with the Secretary of the Department. Direct oversight of the project will be the joint responsibility of the Director of the Bureau of Long Term Support, Charles Wilhelm, and the Director of the Bureau of Aging and Disability Resources, Donna McDowell (Biographical Outlines attached). The Department will contract for a Project Manager who will have day-to-day responsibility for the operation of the project under the supervision of Mr. Wilhelm. A description of the skills and knowledge that will be required for the successful candidate are attached.

### **III. Significance and Sustainability**

By the end of the three-year grant period, Wisconsin will have developed a structure for comprehensive system-wide reform that will be implemented statewide in an additional three to five years. This structure will include:

- A strengthened and empowered forum for State and local participation by all partners in planning and implementation;
- A long-term care financing system in which funds are available without a bias to institutions;
- A pre-admission consultation process available to all in need of long-term care;
- A cost-effective, integrated system that includes a community-care system that allows for maximum consumer choice and ample options for consumer direction and an appropriate supply of institutions providing the right services in the right places;
- Improved integration with the acute, primary, and mental health care systems;
- A structure to promote an informed and prepared public with access to prevention and early intervention options; and
- Tangible infrastructure improvements such as enhanced information systems and training curricula.

By enabling a number of counties and their local partners to be involved in local planning and design, we will have the local capability and support needed to expand reform and first-hand experience with models that will work throughout Wisconsin's varied landscape. As the State's fiscal condition improves and funds become available, Wisconsin will be poised to move forward with statewide reform.

We believe that the comprehensive system we develop in Wisconsin can serve as a blueprint for other states, much as our Family Care and Partnership programs have shown the efficacy of a risk-based managed long-term care model. We intend to demonstrate that fiscal challenges need not hamper creativity, but can encourage broader collaborations to set the stage for statewide reform.

Activities under this grant will be woven into the fabric of Medicaid and all of our current waiver programs so that State staff and managers can sustain the reforms. Local governments and local partners will be part of the discussion and will provide important laboratories for reform. The nursing home industry will be at the table and a party to many reform activities. The results of this grant will not have to be sustained into the future, but will rather pave the way to the future.

#### **IV. Partnerships**

##### **Consumer Partnerships**

The State intends to turn to its existing consumer partners for input on a strategic plan for implementing comprehensive statewide reform of the long-term care service delivery system in six to ten years and on the development of tools to assist in that reform.

The infrastructure for this public participation process currently exists in the State Council on Long-Term Care Reform, and local long-term care councils or long-term care policy

committees in every county. The State Council has members representing consumers, consumer advocacy organizations, direct care providers, provider associations, county government, publicly and privately owned managed long-term care organizations and local councils. The State Council has a standing New Freedom Initiative Committee that advises on systems change grants and committees or task forces on Resource Center Expansion, Residential Options, and Direct Care Workforce issues. The local councils and committees have similar membership, including consumers, consumer family members or other consumer representatives, county agencies and providers.

In addition, input will be solicited from other relevant statewide advisory councils, including:

- The Aging Advisory Council
- The Council on Developmental Disabilities
- The Council on Physical Disabilities
- The Council on Mental Health
- The State Council on Alcohol and Other Drug Abuse
- The State Independent Living Council

#### **Public/Private Partnerships**

At the State level, the Council on Long-Term Care Reform includes representation from most of the entities that have a stake in the long-term care system. This Council will be a key partner in the statewide implementation of reform.

As mentioned elsewhere, the Department has also developed a dialogue with the nursing home industry, including the two major trade organizations in Wisconsin. We anticipate that this dialogue will continue and will result in major reforms.

The State will encourage the formation of public/private partnerships to form local or regional organizations for the delivery of long-term care services. Such partnerships are necessary to preserve the traditional role of county government in long-term care in Wisconsin and to secure the stability, public accountability and contribution of local resources that counties bring to the system. Potential partners for counties in creating managed long-term care organizations include:

- Wisconsin Partnership Program organizations.
- Independent living centers.
- Managed care organizations.
- Other service agencies.
- Residential long-term care providers.
- Medical providers.

**Use of CMS Technical Assistance**

The Department has experience working with the technical assistance providers identified by the Centers for Medicare and Medicaid Services on the other systems change grants that we have. We have found them to be responsive and to provide creative solutions to our needs. We look forward to working with the providers identified for this grant.