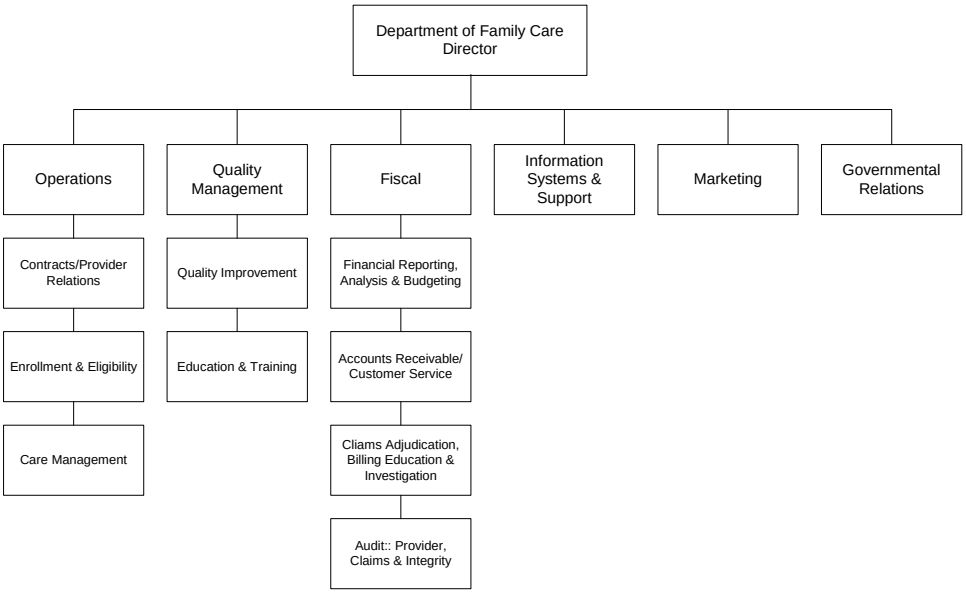
DEPARTMENT OF FAMILY CARE (7990)



MISSION

Milwaukee County's Department of Family Care respects the dignity and personal autonomy of each member by honoring choice and promoting the member's continued participation in the life of their community, by providing a continuum of quality cost-effective long-term care to its members, and by supporting their families and caregivers. As a comprehensive and flexible long-term care service delivery system, Family Care strives to foster an individual's independence and quality of life while recognizing the need for interdependence and support.

Budget Summary

	2011	2010/2011 Change
Expenditures	**263,564,973**	**6,496,733**
Revenue	**263,564,973**	**6,496,733**
Levy	**0**	**0**
FTE's	**79.1**	**(11.0)**

Major Programmatic Changes

- Separation of the Department of Family Care from Milwaukee County's Department on Aging.
- Continue to expand the program to serve individuals with disabilities ages 18-59 years old.
- Continue to compete with other Managed Care Organizations in Milwaukee County.
- Increase cost for transportation services while managing utilization and the cost-of-service.

OBJECTIVES

- Provide high quality, cost-effective long-term care services to eligible adults and eliminate waiting lists for individuals with physical and developmental disabilities age 18 to 59 by 2012.
- Enhance administrative infrastructure and improve quality of care management while maintaining solvency.
- Continue to improve the Self-Directed Supports option that is available within the Family Care benefit.
- Enhance Care Management Unit education and training curriculum.
- Insure marketing and communication initiatives address the creation of the new Department.

DEPARTMENTAL PROGRAM DESCRIPTION

The Milwaukee County Department of Family Care (DFC) was originally created in 2000 as the Milwaukee County Department on Aging- Care Management Organization to operate a Family Care Program for people age 60 and older. Under Milwaukee County's existing contract with the State Department of Health Services (DHS), DFC must operate separately from both the Aging Resource Center and the Disability Resource Center. Since it is the responsibility of the resource center to objectively inform persons in need of long-term care about the options available to them if choosing a managed care organization that can best address their needs, DHS considers the organizational separation of the two functions an essential element in administration of the Family Care benefit, resulting in the creation of the Department of Family Care.

The Department administers the Family Care benefit for both the aging (over age 60) and disabled populations (ages 18-59), who are determined to be eligible by a resource center. DFC is responsible for creating a comprehensive plan of care for each client; contracting with a wide range of service providers; and monitoring the quality of services that clients receive. DFC has and continues to deliver member-centered, community-based, outcome-focused, managed long-term care services and member-centered care planning for all Family Care members. The department has successfully served more than 15,000 members during the past ten years by embracing a set of core values and a philosophy that is the foundation of the Family Care program.

DFC currently meets all statutory requirements for a Family Care Governing Board (the Board), s.46.284 (6), including having a board that reflects the ethnic and economic diversity of the geographic area served. The membership of the Board is required to include representation by at least five people or their family members, guardians, or other advocates who are representative of the membership. The remaining Board membership must consist of people residing in Milwaukee County with recognized ability and demonstrated interest in long-term care and managed care and up to three members of the Milwaukee County Board of Supervisors or other elected officials. The 16 member Governing Board is responsible for providing DFC with guidance and oversight in carrying out it's mission under the Family Care program to include policy recommendations and other actions meeting improvements in operations, fiscal accountability and reporting, and quality assurance.

DFC consists of the following six divisions:

The **Operations Division** includes Contract/Provider Relations, Enrollment & Eligibility, and Care Management. This division is responsible for developing provider networks, determining eligibility for potential Family Care clients, and ensuring that clients receive the best care management services by assigning them to an Interdisciplinary Team (IDT) upon enrollment. These teams are responsible for identifying member outcomes, developing a comprehensive care plan, authorizing services from the provider network, coordinating the member's health care and monitoring the member's plan of care.

The **Quality Management Division** of DFC includes the Best Practice Team, Training and Education, Member rights, and Grievance and Appeals. This division is responsible for ensuring the best possible care is provided to members by engaging in a process of continuous quality improvement activities such as improvement initiatives, on the ground support to the care management teams, training and education for staff new to the Family Care model, and quality evaluations. The Best Practice Team, a unit of elite social workers and nurses, provides

ongoing support to the interdisciplinary care management teams. This team also conducts regular quality audits of member records. If quality issues are identified, the Best Practice Team and the Training and Education Unit collaborate to ensure that teams have immediate access to the information they need to improve. Additionally, the Training and Education Unit develops and implements a comprehensive multidimensional training program for all of the interdisciplinary care management teams that includes demonstration of competency in the Family Care - Care Management model. Finally this division conducts and coordinates a variety of quality evaluations. The results of these evaluations and audits assess the relative success of current quality improvement initiatives and identify opportunities for further improving the quality of the Family Care program.

The **Fiscal Division** is responsible for providing oversight and managing the fiscal operations and staff while assisting with the integration of financial services with operations to support the strategic plan and insure cost effectiveness and that financial solvency is maintained. The major functions of this division are budget preparation, financial accounting and reporting, accounts receivable and customer service to members, provider education and training on billing, monitoring departmental expenditures and revenues, reviewing audits and insuring that the program remains in compliance with the Health and Community Supports Contract.

The **Information Systems & Support Division** manages the departments web-based information system, Member Information Documentation and Authorization System (MIDAS) specific to operating the Family Care Program. This system houses each members information such as, assessments, case notes, team care plan, eligibility information, level of care information, service authorizations, medication information, advance directives, placement information, support contacts, diagnosis information, wellness information, immunization information, member obligation payment history, state capitation payments received, provider rates and demographics, and cost history.

The **Marketing Division** oversees all Community Outreach and provides information on Family Care benefits and the Department of Family Care. In addition, the DFC Marketing Division develops all print and electronic materials. The Marketing Coordinator also coordinates advertising, meetings, and conferences for the Department and oversees member contact and retention.

The **Governmental Relations Division** serves as the Departmental liaison to other County Departments, the Board of Supervisors, and the Wisconsin Family Care Association Public Policy Workgroup. In addition, Governmental Relations coordinates responses to requests for information from the public and other governmental agencies and coordinates all requests for legal assistance such as petitions for guardianships and protective placements for members.

2011 BUDGET

Approach and Priorities

- Maintain a solvent, high quality, outcome-based program;
- Budget to expand the Family Care benefit in Milwaukee County to individuals with disabilities between the ages of 18 to 59 who are currently on a waitlist;
- Implement new organizational structure that is a separate entity from MCDA as required by the Wisconsin Department of Health Services (DHS);
- Continue to work towards getting care under management through improved service delivery systems.

Programmatic Impacts

- Separation of the Department of Family Care from MCDA resulting in several staffing transitions.
- Continue to expand the program to serve individuals with disabilities ages 18-59 years old. An additional 480 clients who are on the waitlist are estimated to be served in 2011 due to Family Care Expansion.

- Decrease in current enrollment of over age 60 population of 6.65% (approximately 430 members) due to the many long-term care options available as well as another managed care organization that also offers Family Care in the Milwaukee County Service Area.
- Implementation of a new residential rate methodology designed by the State's Department of Health Services in 2011.
- Increase cost for paratransit rides from $10.80 in 2010 to $15.80 in 2011.
- Increase funds for advertising and marketing to compete with the other MCO in Milwaukee County.

Budget Highlights

Wage and Benefit Modifications ***$0***

This budget includes an expenditure reduction of $174,071 based on the changes described in the non-departmental account for wage and benefit modifications (Org-1972). There is a corresponding revenue offset of $174,071 for a total tax levy impact of $0.

Expanding Family Care ***$0***

From November 2009 through May 31st 2010, the Milwaukee County Department of Family Care (DFC) has enrolled a total of 1,219 new members ages 18 to 59 with physical and developmental disabilities. In 2009, the department also contracted with three new care management agencies (Advocates for Retarded Citizens (ARC); Easter Seals; and Creative Community Living Services (CCLS)) to work specifically with this new population. Many other existing Care Management Agencies have also begun serving younger adults with disabilities. DFC currently serves 7,565 members.

Beginning in November 2009 and continuing through 2010, Milwaukee County has brought an additional 165 providers into the network expanding the DFC network to more than 900 service providers. The department has done so to maintain continuity of care for members, to provide a full range of culturally diverse options for individuals and to maximize our network capacity as we prepare to serve a large portion of individuals who had been on the Disability Services Division waiting list.

As a result of this expansion, expenditures have increased $6,277,894 from $257,068,240 in 2010 to $263,346,134 in 2011.

Decreased Enrollments Resulting in Fewer Staff ***$0***

Family Care expansion was initially planned for a single managed care organization within Milwaukee County with a start date of April 1, 2009. The State delayed expansion until November 1, 2009 and allowed DFC and a private organization, Community Care Incorporated, to run competing managed care organizations. Due to the presence of a second managed care organization, DFC anticipates serving fewer members thus requiring less staff. As a result DFC is requesting to abolish the following positions for a savings of salary and active fringe benefits of $1,379,331:

- 7.50 FTE Human Service Worker
- 1.0 FTE Health Care Plan Specialist 1
- 3.0 FTE RN-2 Department on Aging
- 1.0 FTE Health Care Plan Specialist Supervisor
- 1.0 FTE Performance Evaluator (CMO)
- 1.0 FTE Unit Supervisor – LTS
- 1.0 FTE Service Provider Training Specialist
- 1.0 FTE Program Coord – ASD
- 1.0 FTE Human Service Worker Aging
- 1.0 FTE Health Care Plan Specialist II.
- .25 FTE RN 2 – Adult Services Division

Quality Care Improvements ***$0***
To improve the quality of the Family Care program, DFC is creating the following positions at a cost including salary and active fringe benefits of $401,543:

- 1.0 FTE Quality Improvement Coord. (CMO)
- 1.0 FTE Clinical Program Coord.
- 1.0 FTE Quality Manager.
- 1.0 FTE Quality Practice Worker

Position Actions ***$0***
In previous years, DFC crosscharged the Sheriff for 1.0 FTE Health Care Plan Specialist 2 that was budgeted in DFC but performed work in the Sheriff's Office. In 2011, the crosscharge from DFC is eliminated and the position is transferred to the Office of the Sheriff, resulting in no levy impact. In addition the department is funding 1.0 FTE Fiscal Asst 2 for a cost including salary and active fringe benefits of $61,984 that is offset by revenue.

Corporate Guardianship ***$0***
Milwaukee County is responsible for "court ordered" corporate guardian services. DFC has agreed to pay for Family Care clients that were appointed corporate guardians by the courts prior to November 1, 2009, which is a total of 50 guardians at $250 per month for a total of $150,000. The Department on Aging will pay for any new guardians appointed thereafter.

Increase in Advertising Expenses ***$0***
Due to continued competition for members and providers, the department has increased advertising expenditures from $103,010 in 2010 to $225,000 in 2011. The department will work to increase the number of enrollees by effective advertising and marketing which includes, printing and distributing brochures, regular newsletters, information sharing, and sponsoring events for the aging and disabled population.

Department of Family Care Separation from the Department on Aging ***$0***
The State requires separation of DFC from the Aging and Disabilities Resource Center leadership. As part of this separation, the following positions will transfer to the department for a cost including salary and active fringe benefits of $235,537:

- 1.0 FTE Accountant 1
- 1.0 FTE Clerical Asst 1
- 1.0 FTE Human Resource Coord Aging

However, the Department on Aging will continue to use the Human Resource Coord. Aging, so the Department of Family Care will crosscharge the Department on Aging and abate the cost of the position for a cost including salary and active fringe benefits of $53,189.

Transportation Services ***$0***
In 2011, the para-transit co-pay for DFC increases from $10.80 in 2010 to $15.80 in 2011 for all Para-Transit van rides. This remains below the actual cost of a Para-Transit ride, which exceeds $26. For taxi transportation services, the rate increases from $10.80 in 2010 to $13.25 in 2011. These co-pay increases result in an approximate annual expenditure increase of $2,800,000.

In an effort to assist the Para-Transit program in reducing costs for 2010 the Milwaukee County Department of Family Care has focused its efforts to improve service utilization and estimates an annual cost savings to Para – Transit of approximately $700,000 due to improved utilization and service delivery. In 2011, the Department will continue to improve service delivery and utilization in this area. In addition, the CMO will continue to focus on the use of "New Freedom Passes" to more effectively control utilization of Para-transit services. The New Freedom bus pass is a County program that allows unlimited transportation on County buses and fixed routes for conditionally eligible paratransit users at no charge. The Department is identifying all Family Care members who

are conditionally eligible for Para-transit services and will insure all Interdisciplinary team staff for those members are aware of the resource and consider it as an option when determining transportation services necessary to meet member outcomes. Further, the Department is working with all Interdisciplinary teams to right-size transportation authorizations and maximize natural supports to meet members.

Residential Rate Increase ***$0***

In January 2011, the State expects to implement a standardized residential rate. As a result, DFC has assumed a rate increase of 2% increasing the current residential rate by $17.00 per member per month from $2,689.44 in 2010 to $2,706.44 in 2011. However, the rate has not yet been set so any increase above 2% will have a detrimental impact on the department's budget.

Relocation to Courthouse Complex ***$0***

Upon the expiration of the lease at the Reuss building at the end of December 2010, MCDA will be relocating to the Courthouse Complex, resulting in a decrease in rental expenditures of $91,003 from $341,217 in 2010 to $250,214 in 2011.

Transfer From Reserves ***$0***

Due to the assumed decrease in enrollment resulting from a competing managed care organization, a residential rate increase mandated by the State and increased transportation costs, a transfer of $1,142,774 is made from the reserves to cover a revenue shortfall. However, reserves remain over $10 million. In addition, no capitated rate increase is assumed in 2011.

Over the past seven years, the capitated rate increases have resulted in an average increase of 6.3%. Assuming the average current enrollment continues, a 6.3% increase would provide enough additional funding to replenish reserves. Should a rate increase be granted, the reserves must first be replenished before additional expenditure authority is granted. The DFC remains a sustainable, cost-effective and high quality managed care organization.

BUDGET SUMMARY

Account Summary	2009 Actual	2010 Budget	2011 Budget	2010/2011 Change
Personal Services (w/o EFB)	$ 3,714,382	$ 5,117,108	$ 4,853,615	$ (263,493)
Employee Fringe Benefits (EFB)	2,209,131	3,668,652	3,475,741	(192,911)
Services	4,181,510	5,204,000	5,235,867	31,867
Commodities	54,392	114,693	108,466	(6,227)
Other Charges	206,730,099	240,723,935	248,505,859	7,781,924
Debt & Depreciation	0	0	0	0
Capital Outlay	43,689	78,752	37,000	(41,752)
Capital Contra	0	0	0	0
County Service Charges	1,778,542	2,246,580	1,401,614	(844,966)
Abatements	0	(85,480)	(53,189)	32,291
Total Expenditures	$ 218,711,745	$ 257,068,240	$ 263,564,973	$ 6,496,733
Direct Revenue	218,923,011	257,068,240	263,564,973	6,496,733
State & Federal Revenue	0	0	0	0
Indirect Revenue	0	0	0	0
Total Revenue	$ 218,923,011	$ 257,068,240	$ 263,564,973	$ 6,496,733
Direct Total Tax Levy	(211,266)	0	0	0

ADOPTED 2011 BUDGET

DEPT: Department of Family Care **UNIT NO.** 7990
FUND: General - 0001

PERSONNEL SUMMARY				
	2009 Actual	**2010 Budget**	**2011 Budget**	**2010/2011 Change**
Position Equivalent (Funded)*	**91.4**	**90.1**	**79.1**	**(11.1)**
% of Gross Wages Funded	**100.0**	**100.0**	**100.0**	**0.0**
Overtime (Dollars)	**$ 0**	**$ 46,272**	**$ 46,056**	**$ (216)**
Overtime (Equivalent to Position)	**0.0**	**0.9**	**0.9**	**0.0**

* For 2009 actuals, the Position Equivalent is the budgeted amount.
** For 2010 and 2011, budgeted overtime figures do not include reductions described in org. 1972. For 2011, this amount equals ($2,619).

PERSONNEL CHANGES						
Job Title/Classification	Title Code	Action	# of Positions	Total FTE	Division	Cost of Positions (Salary Only)
Health Care Plan Specialist	04910	Abolish	(1)	(1.00)	CMO	$ (33,910)
Health Care Plan Sp Supv.	04905	Abolish	(1)	(1.00)	CMO	(45,898)
Performance Evaluator (CMO)	12261	Abolish	(1)	(1.00)	CMO	(47,660)
RN2 - Dept on Aging	44890	Abolish	(3)	(3.00)	CMO	(181,986)
Unit Supervisor - LTS	56690	Abolish	(1)	(1.00)	CMO	(49,404)
Health Care Plan Specialist 2	04950	Abolish	(1)	(1.00)	CMO	(40,326)
Program Co ord - ASD	56561	Abolish	(1)	(1.00)	CMO	(54,170)
Human Service Worker Aging	56160	Abolish	(1)	(1.00)	CMO	(33,428)
Service Provider Training Spec.	12262	Abolish	(1)	(1.00)	CMO	(46,650)
Quality Impvt. Coord (CMO)	58011	Create	1	1.00	CMO	55,248
Clinical Program Co ord	Z0023	Create	1	1.00	CMO	78,702
Quality Manger	Z0024	Create	1	1.00	CMO	77,378
Accountant I *	00041	Transfer In	1	1.00	CMO	38,052
Clerical Asst. I *	00042	Transfer In	1	1.00	CMO	35,674
Human Res. Coord Aging *	65850	Transfer In	1	1.00	CMO	67,778
RN 2 Adult Svs Div**	44720	Abolish	(1)	(0.25)	CMO	(17,214)
Human Service Worker**	56300	Abolish	(8)	(7.50)	CMO	(250,710)
Fiscal Asst 2	04041	Fund	0	1.00	CMO	33,898
Quality Practice Worker	Z0034	Create	1	1.00	CMO	41,494
Health Care Plan Spec 2	04950	Transfer Out	(1)	(1.00)	CMO	(40,324)
					TOTAL	$ (413,456)

***** These positions were transferred from MCDA to CMO
** These positions were transferred from DSD to CMO in 2010.

All departments are required to operate within their expenditure appropriations and their overall budgets. Pursuant to Section 59.60(12), Wisconsin Statutes, "No payment may be authorized or made and no obligation incurred against the county unless the county has sufficient appropriations for payment. No payment may be made or obligation incurred against an appropriation unless the director first certifies that a sufficient unencumbered balance is or will be available in the appropriation to make the payment or to meet the obligation when it becomes due and payable. An obligation incurred and an authorization of payment in violation of this subsection is void. A county officer who knowingly violates this subsection is jointly and severely liable to the county for the full amount paid. A county employee who knowingly violates this subsection may be removed for cause."