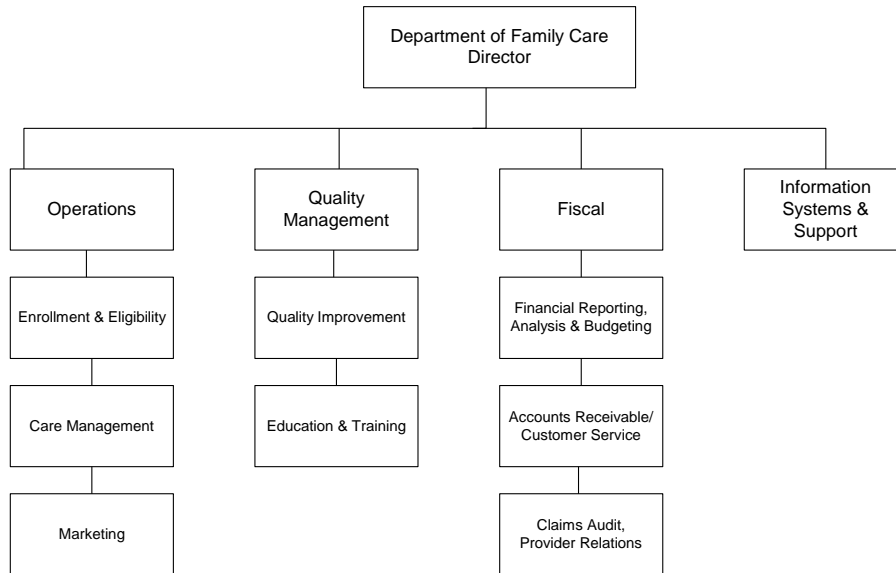


DEPARTMENT OF FAMILY CARE (7990)



MISSION

The Milwaukee County MCO 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 the families and caregivers of its Members.

Budget Summary		
	2014	2013/2014 Change
Expenditures	284,455,580	(10,361,091)
Revenue	284,455,580	(10,361,091)
Levy	0	0
FTE's	67.27	2.7
Major Programmatic Focus		
<ul style="list-style-type: none"> Continuing to compete with other Managed Care Organizations in Milwaukee County as well as the State's Self-Directed Supports Waiver – IRIS. Continuing to explore new service delivery models for persons that present behavioral challenges Providing the Family Care benefit to Sheboygan, Ozaukee, Washington, Waukesha and Walworth Counties. Continue to enhance coordination of acute and primary care services and work towards provision of a model that integrates acute and long-term care. 		

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OBJECTIVES

- Provide high quality, cost-effective, long-term care services to eligible adults and individuals with physical and developmental disabilities ages 18 to 59.
- Streamline administrative infrastructure and provider service delivery model while continuing to meet high quality standards and maintaining solvency.
- Enhance Care Management Unit education and training curriculum.
- Heighten public awareness of the Milwaukee County Department of Family Care.

DEPARTMENTAL PROGRAM DESCRIPTION

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 in the counties of Milwaukee, Racine, Kenosha, Ozaukee, Sheboygan, Walworth, Washington and Waukesha MCDFC is responsible for working with members to create member centered plans that meet the member's outcomes with high quality, cost effective services. MCDFC contracts with nearly 1000 service providers and monitors the quality of services that members receive. The department has successfully served more than 20,471 members during the past thirteen years by embracing a set of core values and a philosophy that is the foundation of the Family Care program.

MCDFC 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 MCDFC with guidance and oversight in carrying out its mission under the Family Care program to include policy recommendations and other actions meeting improvements in operations, fiscal accountability and reporting, and quality assurance.

MCDFC consists of the following four divisions:

The **Operations Division** includes Enrollment & Eligibility, Care Management, Marketing and the Placement Team. Enrollment & Eligibility is responsible for monitoring initial and ongoing eligibility for Family Care members, insuring that MCDFC receives appropriate capitation payments, and that members receive the best care management services by assigning them to an appropriate Interdisciplinary Team (IDT) upon enrollment. IDTs are the care management units 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. Marketing oversees advertising, community outreach, meetings, and conferences for the Department and takes the lead on member contact and retention. The Placement Team works actively to relocate members from institutional to community settings. One FTE on the placement Team is solely devoted to the Behavioral Health Division downsizing of the long term care units.

The **Quality Management Division** of MCDFC includes the Best Practice Team (BPT), Training and Education, Member Liaison, Grievance and Appeals, Advance Practice Nursing expertise, and a part time Medical Director. 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 BPT is a unit of social workers, nurses and therapy specialists that provides ongoing support to the IDTs and conducts regular quality audits of member records. If quality issues are identified, the BPT and the Training and Education Unit collaborate to insure 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 IDTs that includes demonstration of competency in the Family Care - Care

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Management model. Finally this division conducts and coordinates a variety of quality evaluations and member satisfaction surveys. 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 Member Liaison and the Quality Improvement Coordinators work directly with members to insure rights are maintained, disputes are successfully resolved and members are aware of their rights and supported as they choose to exercise those rights.

The Advance Practice Registered Nurse and the Medical Director work in concert to help teams optimize the acute and primary care that members receive.

The **Fiscal Division** is responsible for fiscal oversight 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, customer service to members, data and trend analysis, developing provider networks and contracting, provider education and training on billing, monitoring departmental expenditures and revenues, reviewing audits, monitoring the Department Program Integrity Plan and insuring that the program remains in compliance with the Health and Community Supports Contract.

The **Information Systems & Support Division** manages the department's web-based information system, Member Information Documentation and Authorization System (MIDAS) specific to operating the Family Care Program. This system houses each member's 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.

2014 BUDGET

Approach and Priorities

- Maintain a solvent, high quality, outcome-based program.
- Budget to maintain the Family Care benefit in Southeast Wisconsin.
- Continue to explore new service delivery models for persons that present behavioral challenges
- Continue to enhance coordination of acute and primary care services and work towards provision of a model that integrates acute and long-term care.
- Heighten public awareness of the Milwaukee County Department of Family Care to remain sustainable in a competitive marketplace
- Refine the Department's Program Integrity Plan to prevent, detect and reduce provider waste, fraud and abuse in the program

Programmatic Impacts

- Continue to maintain the program to serve individuals with disabilities ages 18-59 years old and older adults.
- Projected increase in current total enrollment population of 4.0% (approximately 314 members).
- State budgetary constraints will likely continue to place a strain on funding for Family Care.

Budget Highlights¹

Departmental Overview

The department has not received notification on its 2014 capitation rates, so the 2013 capitation rates have been used in developing the department's budget.

¹ For purposes of presentation a change in levy is identified for each budget highlight. However MCDFC's actual levy is \$0 because MCDFC operates within its receipts.

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During 2013, the following changes occurred that have an affect to the department's 2014 Budget: 1) implementation of the Family Care benefit in Sheboygan, Ozaukee, Waukesha, and Walworth Counties; 2) collaboration with the Milwaukee County Behavioral Health Division with the downsizing of Hilltop; 3) Implementation of over-the-counter drug program within the family care benefit program; 4) Implementation of medication adherence program.

The table below summarizes the capitation 2013 capitation rates used in the 2014 budget.

Capitation Rate Summary		
Location	Nursing Home Level of Care	Non Nursing Home Level of Care
Milwaukee	\$2,777.05	\$586.42
Racine Kenosha	\$3,076.60	\$558.88
Washington/Waukesha	\$3,453.13	\$558.88
Ozaukee/Walworth/Sheboygan	\$3,129.87	\$558.88

Capitation and Member Obligation Revenues

(\$10,361,091)

Capitation revenues have decreased as a result of a budgeted decrease in the Milwaukee enrollment as enrollment for 2013 has flattened. The Department is aware of the potential for new MCO's to submit proposals to provide the Family Care benefit in 2014 in Milwaukee County in response to a recently released RFP by the Wisconsin Department of Health Services. In addition, enrollment in Racine/Kenosha is growing but not at the pace that was originally forecasted.

Miscellaneous Revenue

(\$231,220)

Miscellaneous revenue increased by \$231,220 as a result of Southwest Family Care Alliance enrollment increasing due to the expansion of its operations to the Eau Claire area.

Member Service Expenses

(\$10,906,927)

Member service expenses are budgeted to decrease as a direct result of a budgeted decrease in enrollment for 2014.

Professional Data Services

\$370,461

Professional Data service expenditures are increased by \$475,760 to reflect an increase in IT staffing to provide ongoing technical support and development for MCDFC and the other MCO'S that lease MIDAS.

Professional Services

(\$214,589)

Professional Service contract expenditures for Best Practice and Wisconsin Physician Services (WPS- decreased by \$317,259 due to a budgeted decrease in enrollment in Milwaukee County and a request for \$102,670 to develop a series of training videos to provide the required training to service providers who have direct contact with enrolled members.

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Personnel Changes

\$216,370

Due to the competitive market and increased compliance reporting, MCDFC has reevaluated its staffing needs. As a result the department is creating 3.0 FTE for a cost including salary, social security, and active fringe benefits of \$216,370, for a net increase of \$216,370:

The following positions have been created:

- 1.0 FTE Marketing Assistant - \$55,352
- 1.0 FTE Accountant – III - \$66,412
- 1.0 FTE Compliance Officer - \$94,606

Increase in Advertising Expenses

\$25,000

Due to continued competition for members and providers and the implementation of the Family Care benefit in Southeast Wisconsin, the department increased advertising expenditures from \$225,000 to \$250,000 in 2014. MCDFC will continue to work to increase the number of enrollees in Milwaukee County, Racine, Kenosha Sheboygan, Ozaukee, Washington, Waukesha and Walworth counties by effective advertising and marketing which includes, printing and distributing brochures, regular newsletters, information sharing, and sponsoring events for the aging and disabled population.

Contractual Short-Term Staffing

\$10,000

Due to unexpected vacancies within the department, expenses are increased \$10,000 to provide temporary staffing support to cover the duties of the vacant positions until they can be filled.

BUDGET SUMMARY				
Account Summary	2012 Actual	2013 Budget	2014 Budget	2013/2014 Change
Personal Services (w/o EFB)	\$ 3,283,517	\$ 4,002,356	\$ 4,234,683	\$ 232,327
Employee Fringe Benefits (EFB)	2,736,670	3,025,029	3,073,534	48,505
Services	4,537,999	5,961,167	6,062,768	101,601
Commodities	53,213	143,387	117,327	(26,060)
Other Charges	263,906,561	280,344,011	269,553,173	(10,790,838)
Debt & Depreciation	0	0	0	0
Capital Outlay	20,056	37,800	34,300	(3,500)
Capital Contra	0	0	0	0
County Service Charges	1,255,397	1,302,921	1,379,795	76,874
Abatements	0	0	0	0
Total Expenditures	\$ 275,793,413	\$ 294,816,671	\$ 284,455,580	\$ (10,361,091)
Direct Revenue	278,455,232	294,816,671	284,455,580	(10,361,091)
State & Federal Revenue	0	0	0	0
Indirect Revenue	0	0	0	0
Total Revenue	\$ 278,455,232	\$ 294,816,671	\$ 284,455,580	\$ (10,361,091)
Direct Total Tax Levy	(2,661,819)	0	0	0

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PERSONNEL SUMMARY				
	2012 Actual	2013 Budget	2014 Budget	2013/2014 Change
Position Equivalent (Funded)*	62.4	64.6	67.2	2.6
% of Gross Wages Funded	100.0	100.0	100.0	0.0
Overtime (Dollars)	\$ 4,320	\$ 32,556	\$ 15,420	\$ (17,136)
Overtime (Equivalent to Position)	0.0	0.6	0.0	(0.6)

* For 2012 actuals, the Position Equivalent and the Percentage of Gross Wages Funded are the budgeted amounts.

PERSONNEL CHANGES						
Job Title/Classification	Title Code	Action	# of Positions	Total FTE	Division	Cost of Positions (Salary Only)
Marketing Assistant	Z0031	Create	1	1.00	DFC	\$ 35,038
Accountant 3	43000	Create	1	1.00	DFC	44,364
Compliance Officer	Z0027	Create	1	1.00	DFC	68,168
					TOTAL	\$ 147,570

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 severally liable to the county for the full amount paid. A county employee who knowingly violates this subsection may be removed for cause."