



Site Visit – Wisconsin
August 8–10, 2007
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Site Visit Report

Community-Based Long-Term Care: Wisconsin Stays Ahead

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Community-Based Long-Term Care: Wisconsin Stays Ahead

Demographic challenges posed by the growing elderly population and demands for better access to home and community-based care for people with disabilities have drawn the attention of federal and state policymakers for decades. In most states, financing for long-term care has been dominated by spending for institutional care, primarily through Medicaid. Many state officials have developed policies to constrain funding for institutional care, and some states have been leaders in supporting increased financing for home and community-based care—most often the preferred care modality for people of all ages with disabilities.

For many states, the opportunity to reorient their long-term care financing systems and to move to a more balanced system began with implementation of the Medicaid section 1915(c) waiver program, enacted by Congress in 1981. For the first time, the waiver program allowed states the flexibility to cover, under their Medicaid plans, a wide range of home and community-based services for individuals who might otherwise receive care in institutions. The waiver program has been very popular with states because of its flexibility—states may provide a wide range of services, choose the geographic regions of the state to cover with the service package, and determine groups of individuals to be served as long as they meet an institutional level of care. While states could provide home health and personal care services under various Medicaid statutory and regulatory authorities before 1981, the section 1915(c) waiver program was designed to provide balance to the Medicaid financing system that had emphasized institutional care rather than home and community-based services.

In Wisconsin, however, the effort to move to a home and community-based services model began much earlier than 1981. Wisconsin has long been a leader in funding community-based social and human services, prompted by a belief that nursing homes and other institutions are not the best option for serving people with disabilities. State officials have favored a home and community model of care, and they wanted to develop community programs that were “person-centered” to enable people to make choices about the services they receive, rather than allowing the financing to drive the choice.

EMERGENCE OF WISCONSIN’S COMMITMENT TO HOME AND COMMUNITY-BASED SERVICES

During the 1970s, state officials in Wisconsin were concerned about rising Medicaid nursing home expenditures financed by Medicaid and state matching funds. They also recognized that the state had a very high ratio of nursing home beds relative to the number of older people in comparison to other states. These factors, along

with increased calls by advocates for the elderly with long-term care needs and for younger people with intellectual and physical disabilities, led state officials to develop a pilot program, known as the Community Options Program (COP). The program began in eight counties in 1982 with eventual statewide coverage in 1986. Services provided by COP included a wide range of home and community-based services based on client need, and required that participants be assessed as needing a nursing home level of care. The COP program did not contain a prescriptive list of services. As a way to control nursing home expenditures, the authorizing statute placed a moratorium on nursing home bed supply. COP was funded solely with state funds, in part because state funds would have been devoted to matching federal Medicaid payments for nursing home care. Counties played a strong role in defining how services were to be managed and delivered.

The enactment of the Medicaid section 1915(c) waiver program created an opportunity for Wisconsin to receive federal financing through Medicaid for its home and community-based services funded through COP. According to state officials, during the 1980s and 1990s, the federal home and community-based waiver programs allowed Wisconsin to create a flock of waiver programs focused on multiple groups of people with disabilities. While the waiver program gave the state flexibility to expand services using cost control mechanisms, state officials report that some drawbacks resulted. Because enrollment for waiver programs could be limited, waiting lists for services grew. Dissatisfaction with waiting lists, along with a recognition that services for the long-term care population needed to be coordinated, led a group of state policymakers to begin making plans to transform the state's long-term care system. Their efforts resulted in the development of Family Care.

As originally envisioned, the new model of care would integrate both acute and long-term care, based on Wisconsin's experience with the Partnership Program, a four-site demonstration program operating in the state since 1995. Some were concerned that this approach would result in a "medical model" for care, rather than the social-services model favored by long-term advocates, and that health maintenance organizations would gain too much power. A compromise was reached among advocates and state and county officials that the program would integrate only long-term care services—institutional and home and community-based services—using a person-centered approach to care.

Advent of a New Approach: Family Care

Family Care, authorized by the governor and the state legislature in 1998, was designed to provide cost-effective, comprehensive long-term care that fosters consumers' independence and quality of life. The program has the specific goals of giving people better choices about where they live and what kinds of services and supports they have to meet their needs, improving access to services, improving quality through a focus on health and social outcomes, and creating a cost-effective system for the future.

Family Care integrates long-term care services under a capitated financing approach. It combines financing from a number of different funding streams, primarily Medicaid and state funds. Individuals served are adults with physical and intellectual disabilities;

the elderly; and those with mental health, alcohol or drug abuse problems. Family Care has two major organizational components: Aging and Disability Resource Centers (ADRCs) and care management organizations (CMOs).

ADRCs are designed to be a single entry point for information and assistance on issues affecting older people, people with disabilities, and their families. The services¹ they offer can help individuals who may be ineligible for public programs plan how to use their own resources to plan for long-term care. ADRCs have specific responsibilities for people who request access to the Family Care benefit, including conducting a long-term care “functional screen” to collect information about the level of need for services. This screen is a Web-based application and was developed to provide an automated and objective way to determine an individual’s long-term care needs.² Once the individual’s level of need is established, ADRC staff provide the individual with advice about options available, that is, to enroll in Family Care or another care management system, or to pay for services with their own funds. If the individual chooses to enroll in Family Care, the ADRC will enroll the person in the CMO. If an individual is determined eligible for the benefit based on his or her functional needs, county Economic Support Units determine financial eligibility. Because all the components of the process—information and access, and functional and financial eligibility determination—are coordinated and managed as part of one program structure, there appears to be a seamless process for implementing a plan of care for individuals.

CMOs manage and deliver the Family Care benefit to members enrolled in the program and are responsible for developing and managing a comprehensive network of long-term care services and support for Family Care members. Care management is implemented by interdisciplinary teams of at least a social worker and a nurse. CMOs are responsible for developing and maintaining a provider network that meets members’ needs and provides choice among services; they are also accountable for quality care throughout the provider network. They are required not only to coordinate and integrate the comprehensive array of long-term care services for members, but also to coordinate with acute and primary services the member receives. CMOs receive a monthly per-member capitation amount for services for members that combines a number of funding streams into one funding source. Counties may elect to provide care management services directly, that is, by forming their own CMO, or by contracting with a private organization.

The Family Care benefit includes a wide range of services (such as home health, therapies, nursing, personal care, supportive home care, transportation, daily living skills training, supportive employment, nutrition services including home-delivered meals, alcohol and drug abuse day treatment services, community aides, medical supplies, home modifications) as well as residential services, nursing home facility care, and care in intermediate care facilities for people with mental retardation. As of November 2007, Family Care had enrolled nearly 12,000 people; enrollment by county ranged from nearly 6,400 people in Milwaukee County to 373 people in Richland County.³ The state is planning to make the program available in all 72 counties over the next several years. Family Care monthly capitation rates ranged from \$2,093.20 to \$2,670.23 in 2007.

Family Care establishes an entitlement to home and community-based services to people who meet eligibility requirements and who choose this form of care. According to state officials, Family Care has resulted in cost savings as a result of reduced reliance on institutional care and because of improvements in the health and functional status of those served. A study of the cost comparisons has shown that, under Family Care, the average length of stay in nursing homes in 2006 was 5.5 months compared with 8.2 months under fee-for-service arrangements. The average cost of nursing home stays for individuals in Family Care was \$19,371 as compared to \$24,752 in fee-for-service.⁴ Family Care is intended to address issues inherent in the Medicaid Section 1915(c) waiver program that resulted in waiting lists for services. According to state officials, cost efficiencies and coordination of care have eliminated waiting lists for services in the counties where Family Care has been implemented. The program has also been a driving force in the reduction of the number of nursing home beds in the state.

PROGRAM

The site visit began mid-day on August 8, 2007, with an overview and history of Wisconsin's efforts to develop a responsive program of home and community-based services for the elderly and people with disabilities. Speakers from the state and from Dane and Milwaukee Counties discussed design and implementation issues. The next morning, the site visit group assembled at Madison Senior Center to hear about its programs and then to meet with executives, caregivers, and consumers associated with the Community Living Alliance, a Madison-based organization that coordinates social, medical, and support services for adults with disabilities. In the afternoon, the group traveled to Richland Center, the county seat of Richland County, the smallest and most rural of the state's Family Care pilot counties. Staff from the county Department of Health and Human Services, along with participating consumers and a local physician, described Family Care's managed care philosophy and how the ADRC and the CMO work together to support holistic care plans based on individual needs and preferences. On the final morning of the visit, the group met in the offices of Care Wisconsin, where state representatives described health promotion and disease prevention initiatives. The presidents of three Partnership Program organizations described the challenges they have faced and continue to face in trying to offer fully integrated primary, acute, and long-term care services to vulnerable populations.

IMPRESSIONS

After the site visit, participants were asked to reflect on their experiences and their initial impressions of the perspectives presented by the various speakers. The following are key impressions participants took away from the site visit, as well as additional insights developed during a follow-up debriefing session.

Cultural Commitment

Wisconsin's commitment to community-based services goes back more than 30 years and today rests on a strong foundation of experimentation, experience, and

learning. The state's approach has been care-based, rather than focused around an insurance or vendor payment model, and reflects a tradition of progressive government in many areas of public policy, including state, county, and local involvement in addressing social and health service problems.

- Over the years, the state has put together a package of waivers to meet the needs of different kinds of people who are aged or disabled and has used federal and state funds creatively to provide services close to home and family. Many programs began in one geographic area of the state and later were adopted in other areas.
- Government is perceived and employed as a change agent at both the county and state levels, with counties playing a key role in service delivery. The regional approach to state expansion of Family Care will require new county alliances and changed patterns of social service planning and care delivery. This will test the ability of government at all levels to evolve and modify old patterns to best benefit consumers.
- The emergence of advocacy-based organizations like Community Living Alliance and Community Health Partnership as managed care providers seems to have ensured that strong consumer input and focus would remain central to managed care for vulnerable groups in Wisconsin.
- Strong advocacy networks support programs for both the elderly and people with disabilities. They will be actively observing and providing oversight of state, county, and regional efforts to implement Family Care.

Individual Preference

Wisconsin's programs for persons with disabilities have been built around individual preferences, stressing independent living since at least the 1970s. The independent living center model of social and medical supports has roots in Wisconsin, and there are many such centers in the state. Some centers have extended and expanded their programs to include demonstrations to integrate Medicare and Medicaid through the Partnership Program, and to provide services to the elderly as well as people with disabilities.

- The strong advocacy network and experience in the state, which developed along the lines of the civil rights movement, values individual rights and freedom of choice for availability of programs and for supports that enable people to choose their care settings, their providers, and to the extent possible the nature of financial assistance provided.
- The mantra "Nothing about me without me" is the theme of the interaction between people with disabilities and state and service systems. Thus, the use of assessments and other screening programs is combined with careful interviews to determine personal goals of people eligible for service programs. This often results in more social than medical supports being provided.

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Family Care Operations

Negotiating the complex maze of long-term care services and program eligibility is daunting for individuals and families who often seek care during a period of crisis, for example, at the point of hospital discharge, or when a family member can no longer be cared for at home. In Family Care, Wisconsin officials developed a groundbreaking program to help people navigate long-term care services. The ADRC concept, which has become a model nationwide, is designed to serve as a single point of entry to information about a wide range of services to assist the elderly and individuals with disabilities and their families. The care management component, administered through CMOs, is grounded in the person-centered philosophy of care for which Wisconsin is known.

- ADRCs are considered an identifiable and accessible resource in communities and are designed to be a “function,” rather than a “place.” ADRC staff provide assistance to the elderly and people with disabilities and their families to help them obtain information and access to long-term care services. ADRCs are intended to be the “front door” to questions about long-term care services. By serving in that role, they are able to help individuals and their families make informed choices about the care they wish to receive.
- Staffing at ADRCs in Wisconsin includes elderly beneficiary specialists and separate disability benefit specialists to provide counseling and services to people on a full range of financial and care support. State benefit specialists work closely with federal Social Security Administration (SSA) staff, with special emphasis on issues related to the interaction of income maintenance and medical programs. This close state-SSA partnership is unusual and seems to produce positive outcomes, particularly for clients with disabilities. These specialists also concentrate needed effort on the difficult transitions from eligibility for childhood disability programs to adult income support and medical assistance programs.
- Wisconsin officials stress that their programs are about care—not about management. The focus remains on helping people get services by talking directly with a client versus indirect management through paperwork.
- The interdisciplinary nature of the care management team of the CMO assures that the entire range of members’ needs is assessed and their care preferences and abilities are taken into account when developing a plan of care.

Medicare-Medicaid Coordination

Better coordination of Medicare and Medicaid at the federal level would provide significant help to state and local officials, consumers, and providers.

- The integration of Medicare and Medicaid under the Partnership Program, now being phased out, was a successful experiment in Wisconsin in terms of consumer satisfaction and cost analyses. The evolution to a new type

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of coordination under Medicare Advantage (MA) Special Needs Plans (SNPs) will be a difficult transition, though SNPs have the potential to become another useful vehicle for coordination between state and federal programs.

- The MA-SNP program includes many challenges for both states and private groups. The SNP program seems designed with larger Medicare contractors in mind and is primarily a Medicare program. Small community-based or nonprofit entities in Wisconsin who wanted to become SNPs in order to continue to coordinate Medicare and Medicaid have had many difficulties in meeting the statutory MA and CMS requirements. The state has likewise encountered difficulties in coordinating their own managed care requirements and oversight with Medicare requirements.

- Because of long-term working relationships and the maturity of organizations that have participated in the Wisconsin's Partnership Program, challenges for SNP coordination may be somewhat more easily met than in other states.

- Medicare and Medicaid are structured so differently that coordination of some services and funding streams is challenging and problematic in most states. As Wisconsin moves to implement Family Care programs in more regions across the state, coordination will continue to be a major hurdle for federal and state officials, consumers, and providers.

Bringing Clients and Services Together in Rural Areas

Rural areas represent a challenge to service delivery on two fronts: the target population is scattered and providers—particularly clinicians—may be few, located at a distance, or unwilling to take on new program responsibilities.

- The Richland County social services staff have put a great deal of time and effort into building a base of providers willing and able to accept referrals and to deliver the services Family Care clients need.

- Transportation is a critical need in an area where there is little public transportation, not all clients are able to drive, and specialty services may be located as far away as Madison.

- The preservation of confidentiality when seeking, being referred for, and receiving services can be a significant concern for clients in a town where “everyone knows each other.” Even participation in a disease- or condition-related support group may be more of an admission than people want to make.

- Support services frequently require tailoring to the individual, because there may not be a sufficient number of clients with a similar diagnosis or issue to engage in group-based education, treatment, or support activities.

- Richland County is able to coordinate services effectively on the basis of good communications among programs within the Department of Health and Human Services and by assuring “warm handoffs” (person-to-person transitions) when referring a client for services.

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Management of Chronic Disease

Almost 75 percent of the elderly in the United States have at least one chronic condition, and about half have at least two conditions. Because chronic disease has such far-reaching consequences on individuals and on health care costs, maintaining a focus on ways to help the elderly manage health behavior is an important goal. Wisconsin's commitment to home and community-based care extends to supportive educational programs to address health promotion and disease prevention services for those with chronic illness.

- Wisconsin has used Older Americans Act dollars, Systems Change grants, and state funds to educate older people about how to manage and control chronic illnesses, such as arthritis, diabetes, and obesity. Such efforts can encourage people to change their behavior, thereby averting more serious conditions.
- Wisconsin has been a leader in implementation of the Chronic Disease Self-Management Program (CDSMP), a patient self-managed program developed by the Stanford University Patient Education Research Center.⁵ Using funds from various sources, including Administration on Aging grants, the Centers for Medicaid & Medicare Systems Change grants, and state funds, Wisconsin has trained 28 master trainers, and 156 lay leaders (as of August 2007), and the state continues to offer training.
- Wisconsin is promoting implementation of the CDSMP in various regions of the state as part of its strategy to encourage older people to take responsibility for their health and functional status and to decrease dependence on long-term care services in the future. The state agency on aging, working with the aging services network and the ADRCs, has exercised leadership in developing and implementing the program throughout the state. The program promises to help many older people improve their health status.

Mental and Behavioral Health Services

An important issue facing state and county long-term care officials is how to care for the elderly and other people with serious mental and behavioral problems. The Family Care benefit offers a range of services to assist people with these needs.

- Residence of patients with serious mental and behavioral needs in nursing homes can be difficult because facilities may not be staffed to provide appropriate care. Some of the patients are transferred to county nursing homes due to their behavioral issues.
- Educating clinicians to assist with mental health issues is a challenge for a social service-based agency such as the Community Living Alliance (CLA). CLA management estimates that 70 percent of their members have co-morbid diagnoses of depression or other mental health problems or substance abuse in addition to their physical disabilities and/or chronic medical conditions.

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Health Information Technology

Health information technology (HIT) is a key element in integrated delivery systems in the private sector. It does not appear to be an integral part of service delivery in Wisconsin's long-term care programs so far.

- Site visit participants were surprised to find, in a sophisticated social services environment, so little mention of electronic record-keeping.
- Wisconsin counties have been permitted by the state to "do their own thing" with respect to HIT, leading to potential duplication of effort, overlap, and other inefficiencies. The state has been reluctant to impose a single system or software package statewide. At the same time, there is recognition that managing long-term care services as envisioned in Family Care will require an HIT infrastructure that is consistent across the state.

Anticipation of Future Needs

Family Care originated from Wisconsin's determination to improve services to consumers and to also anticipate future needs. State officials are looking ahead to the baby boomers' needs for long-term care services and the demands that their sheer numbers are sure to impose.

- Wisconsin decision-makers were concerned about both the quality and quantity of services as they considered options to address services in coming years and developed the Family Care approach of a managed long-term care option for Medicaid-eligible elderly and people with disabilities. There was a strong desire to offer immediate entitlement to services in place of the waiting lists that had become characteristic of waiver programs.
- In an attempt to put together a sustainable long-term care financing and delivery system, cost projections have been carefully considered. The state appears convinced that there is enough money in the system if it can be better managed and allocated. Counties are at risk financially for a full range of long-term care services. Evaluations to date have indicated that the pilot counties have met the challenge.

CONCLUSION

Wisconsin's Partnership Program, which integrated Medicare and Medicaid acute and long-term care services under state and Health Care Financing Administration (HCFA, now known as the Centers for Medicare & Medicaid Services) demonstration waivers in several areas of the state, provided a model for Wisconsin's commitment to and eventual adoption of a managed approach to long-term care. The state is currently working with federal representatives to assure that all beneficiaries of Family Care will have a choice of providers and services, a key requirement that the federal government has identified as necessary for their approval.

In the future, Wisconsin expects that the Family Care program will evolve and mature sufficiently that it will attract non-Medicaid-eligible people, and the state

IMPRESSIONS

will allow any interested individual to buy into the program. Family Care is thus a part of a long-term approach to the aging of the baby boom generation, who are expected to want the type of services Family Care offers whether they have funds to support themselves or are in need of state assistance.

IMPRESSIONS

ENDNOTES

1. Services provided by ADRCs include information and assistance to the general public about services, resources and programs, long-term care options counseling to help individuals meet their long-term care needs, health promotion and disease prevention, short-term care management, emergency referrals, adult protective and elder abuse prevention services, and elderly and disability benefit counseling.
2. The functional screen is designed to be a comprehensive tool and collects information about a person's activities of daily living (ADLs) and instrumental activities of daily living (IADLs); information about cognition, behavior, diagnoses, medically oriented tasks, transportation, and employment; and indicators on mental health and substance abuse problems and other conditions that may place a person at risk for institutionalization.
3. "Family Care and PACE/Partnership Enrollment Data," Wisconsin Department of Health and Family Services, as of November 1, 2007; available at <http://dhfs.wisconsin.gov/LTCare/Generalinfo/EnrollmentData.htm>.
4. Study findings from presentation by Judith Frye, "Overview of Family Care," August 8, 2007.
5. The CDSMP is a 17-hour course taught by trained lay people who teach patients how to better manage their symptoms and maintain functional ability.

Wednesday, August 8, 2007

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- Afternoon Arrival in Madison and check-in at headquarters hotel
[Madison Concourse Hotel, 1 W. Dayton Street]
-
- 2:00 pm Welcome and Introductions [Ballroom B]
-
- 2:15 pm History and Overview: Wisconsin’s Home- and Community-Based
Services for the Elderly and People with Disabilities
- Helene Nelson**, *Former Secretary*, Wisconsin Department of Health
and Family Services
- What factors contributed to Wisconsin’s commitment to home and community-based long-term care? What roles did counties, advocates, and other stakeholders play in program development?
 - How did Wisconsin use Medicaid Section 1915(c) waivers to serve the elderly and people with disabilities? What other federal or state programs came into play?
 - How did the Partnership Program develop? Who were its champions and detractors, and why? What policy considerations led to the development of Family Care?
 - Are the state’s original goals being met as home and community-based programs have evolved?
-
- 3:00 pm Wisconsin’s Evolving Programs: Community Options Program,
Community Integration Program, Family Care, and Partnership
- Judith Frye**, *Director*, Office of Family Care Expansion, Division
of Long-Term Care, Wisconsin Department of Health and Family
Services
- What are the state’s objectives and priorities for home and community-based long-term care services? How does Family Care meet these objectives?
 - What effect has Family Care had on overall Medicaid long-term care expenditures, nursing home utilization, and waiting lists for services?
 - How is the capitation rate for Family Care determined? What costs are used to develop it? How are the capitation rates applied in the different pilot sites?
 - How will the Family Care entitlement be sustained over the long term?

Agenda / continued ►

AGENDA

Wednesday, August 8, 2007 / continued

- 3:00 pm Wisconsin's Evolving Programs...continued
- What are Aging and Disability Resource Centers (ADRCs), and what is their relationship to the Family Care program? What role do the ADRCs play for people who are eligible for Medicaid services, as well as those who are not eligible?
 - What challenges does the state face because of the conversion of Partnership Programs to Medicare Advantage Special Needs Plans (SNPs)?
 - What steps are being taken to evaluate the quality of outcomes for home and community-based services, both under Family Care and under the Section 1915(c) waiver programs (in areas of the state where Family Care is not yet implemented)?

- 4:00 pm The Role of the Counties:
Perspectives from Milwaukee and Dane Counties
- Stephanie Sue Stein**, *Director*, Milwaukee County Department on Aging
- Lynn Green**, *Director*, Dane County Department of Human Services
- What role do counties play in delivering human services and long-term care in Wisconsin?
 - What is the extent of waiting lists for home and community-based services under waiver programs? Has this changed under Family Care?
 - What are the policy and fiscal issues that Dane County faces as the state moves to managed long-term care under Family Care?
 - What were the major challenges for Milwaukee County as it implemented the Family Care model for the elderly? What are the remaining challenges? What issues face the county as it plans to implement the model for people with disabilities?
 - How has Family Care affected the number of nursing home beds available in Milwaukee? What other factors have contributed to downsizing? How has the acuity level of the nursing home population changed as the number of beds has decreased?
 - What workforce issues do county agencies face in delivering long-term care services to beneficiaries?
 - What population groups are particularly challenging to serve? How have the needs of those with mental or cognitive impairments been addressed?

Agenda / continued ►

AGENDA

Wednesday, August 8, 2007 / continued

5:30 pm	Adjournment
6:00 pm	Reception for site visitors, speakers, Madison community leaders, and state officials [Assembly Room]
7:20 pm	Walk to dinner at Old-Fashioned [23 N. Pinckney Street]
7:30 pm	Dinner

Thursday, August 9, 2007

7:00 am	Breakfast [Ballroom B]
7:45 am	Bus Departure – Madison Senior Center [330 W. Mifflin Street]
8:00 am	Serving the Elderly and People with Disabilities in Madison Christine Beatty , <i>Director</i> , Madison Senior Center <ul style="list-style-type: none">■ What is the role of the Madison Senior Center in serving the elderly? Who funds the Center, and what services does it provide?■ How does the Center serve as an entry point to social services for Madison’s seniors? What are the benefits and challenges in serving Madison’s seniors through a senior center model?
8:15 am	Community Living Alliance (CLA): Challenges in Providing Housing, Social Supports, and Health Coverage for People with Disabilities Todd Costello , <i>Chief Operating Officer</i> , Community Living Alliance Sarah Way-Messer , <i>Partnership Quality Manager</i> , Community Living Alliance <ul style="list-style-type: none">■ What factors led to the development of the CLA program? What is the governance structure of CLA and what is the role of the CLA members in that governance?■ What services are provided under the current programs run by CLA?■ How does the Partnership Program work to integrate acute and long-term care services for people with significant disabilities and chronic illnesses? What effect has coordinated care had on members’ well-being? What are the major challenges the Program has faced?

Agenda / continued ►**AGENDA**

Thursday, August 9, 2007 / continued

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- 8:15 am Community Living Alliance...continued
- What is the per-member capitation rate for CLA, and what factors affect the rate?
 - What challenges has CLA faced in the transition from operating under a Medicare waiver to becoming a Medicare Advantage Special Needs Plan (SNP)?
-
- 9:30 am Discussion with CLA members, personal assistants, and clinical staff
-
- 11:00 am Bus Departure – Richland County
-
- 12:15 pm Lunch – Taliesin Visitors’ Center [Spring Green]
-
- 1:00 pm Bus Departure – Richland Center County Courthouse [181 W. Seminary Road]
-
- 1:30 pm Serving the Elderly and People with Disabilities in Rural Wisconsin: Family Care, the ADRC, and the Richland County Geriatric Assessment Clinic
-
- 1:30 pm Tour – ADRC
-
- 1:45 pm Welcome, Introductions, and Family Care Overview
- Randy Jacquet, LCSW, Director, Richland County Department of Health and Human Services**
-
- 2:00 pm ADRC and Care Management Organization
- Linda Symons, MSSW, Manager, Aging and Disability Resource Center, Richland County Health and Human Services**
- Kim Enders, Supervisor, Aging and Disability Resource Center**
- Teri Buros, Long-Term Support Manager, Richland County Health and Human Services**
- Robert J. Kellerman, Executive Director, AgeAdvantage, Inc.**
- What are the essential elements of Family Care in Richland County?
 - What is the ADRC, and what role does it play for people who are not eligible for Family Care services financed by Medicaid?

Agenda / continued ►

AGENDA

Thursday, August 9, 2007 / continued

AGENDA

- 2:00 pm ADRC and Care Management Organization...continued
- What role does Family Care play in ensuring that people eligible for nursing home care will have the option for home and community-based services? What effect has Family Care had on the number of nursing home beds in the county?
 - How is care coordination managed for Family Care members?
 - Under Family Care, what is the per-person capitation rate the county receives for the elderly and people with disabilities?
 - How is quality of care evaluated?
 - What have been the most important challenges in implementing the Family Care model? What population groups are most difficult to serve? How have the needs of those with mental or cognitive impairments been addressed?
 - What role do area agencies on aging play in home and community-based long-term care services in Wisconsin? And, specifically, what role does AgeAdvantAge, the area agency on aging for Richland County, play in planning and developing services in the county?
 - What is the future role of area agencies on aging in Wisconsin, as the state plans to move to statewide implementation of ADRCs?
-
- 3:15 pm Serving People with Dementia: Richland County’s Geriatric Assessment Clinic
- Robert P. Smith, MD, Physician,** Richland Medical Center
- How did dementia diagnostic clinics develop in Wisconsin? What functions do they carry out? How is the Richland County Geriatric Assessment Clinic staffed?
 - What effect has the Richland County Geriatric Assessment Clinic had on serving people with Alzheimer’s disease and other cognitive disabilities?
 - What is the relationship between the clinic and the Richland County ADRC?
 - What are the challenges of caring for people with Alzheimer’s disease and other cognitive disabilities in a rural county?
-
- 3:45 pm Discussion with staff and consumers
-
- 4:30 pm Bus Departure – Madison, headquarters hotel

Agenda / continued ►

Thursday, August 9, 2007 / continued

6:45 pm Walk to dinner at Fresco
[Madison Museum of Contemporary Art, 227 State Street]

Friday, August 10, 2007

7:00 am Check-out from headquarters hotel
Breakfast available [Ballroom B]

8:00 am Bus Departure – Elder Care of Wisconsin, Inc.
[2802 International Lane]

8:30 am Looking at Health Promotion and Disease Prevention Programs

Gail Schwersenka, *Director, Office on Aging, Wisconsin Department of Health and Family Services*

Amy Ramsey, RD, CD, *Nutrition/Prevention Specialist, Office on Aging, Wisconsin Department of Health and Family Services*

- What steps is Wisconsin taking to implement the Stanford Chronic Disease Self-Management Program (CDSMP)? How does the program work? How does Wisconsin fund CDSMP throughout the state?
 - How has the CDSMP helped people with chronic conditions manage their conditions?
 - What risk factors are associated with falls among the elderly? To what extent are falls associated with premature entry into nursing homes? How has Wisconsin addressed falls prevention?
-

9:15 am Partnership Evolution: From PACE and Independent Living Centers to SNPs

Karen Musser, *Chief Executive Officer, Elder Care of Wisconsin, Inc.*

Lora Wiggins, MD, *Chief Medical Officer, Elder Care of Wisconsin, Inc.*

Karen Bullock, *Chief Executive Officer, Community Health Partnership, Inc.*

Paul Soczynski, *Chief Operating Officer, Community Care, Inc.*

- How does the Partnership Program work in Wisconsin? How does it differ from the Program for All Inclusive Care for the Elderly (PACE)?

Agenda / continued ►

AGENDA

Friday, August 10, 2007 / continued

- 9:15 am Partnership Evolution
- How does the Partnership Program coordinate acute and long-term care? What has been the effect of care coordination on clinical outcomes, member satisfaction, and cost?
 - What challenges have the Partnership Programs faced in converting to Medicare SNPs? Will the ability to fully integrate care be compromised when SNPs replace the Medicare waiver program?
 - What will be the role for Partnership sites as Family Care expands in the state?
-

10:45 am Wrap-Up for Participants

11:15 am Bus Departure – Airport
Box lunch available

AGENDA

Federal Participants

Aaron Bishop

Professional Staff Member (R)
Committee on Health, Education,
Labor, and Pensions
U.S. Senate

Greg Case

Senior Policy Analyst
Administration on Aging
U.S. Department of Health and
Human Services

Peggy Clark

Technical Director
Behavioral Health/Medicaid
Managed Care
Center for Medicaid and State
Operations
Disabled and Elderly Health
Programs Group
Centers for Medicare &
Medicaid Services
U.S. Department of Health and
Human Services

William Clark

Director
Division of State Programs/
Special Populations Research
Office of Research, Development,
and Information
Centers for Medicare &
Medicaid Services
U.S. Department of Health and
Human Services

Kirsten Colello

Analyst in Gerontology
Domestic Social Policy Division
Congressional Research Service
Library of Congress

Nancy DeLew

Senior Advisor
Office of Research, Development,
and Information
Centers for Medicare &
Medicaid Services
U.S. Department of Health and
Human Services

Michael Fiore

*Director, Division of Enrollment and
Eligibility Policy*
Center for Medicaid and
State Operations
Disabled and Elderly Health
Programs Group
Centers for Medicare &
Medicaid Services
U.S. Department of Health and
Human Services

April Forsythe

Social Science Research Analyst
Center for Medicaid and
State Operations
Disabled and Elderly Health
Programs Group
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Medicaid Services
U.S. Department of Health and
Human Services

Charles A. Friedrich

Wisconsin CMS State Representative
Center for Beneficiary Choices
Centers for Medicare &
Medicaid Services
U.S. Department of Health and
Human Services

Lori Gerhard

Director
Center for Planning and Policy
Development
Administration on Aging
U.S. Department of Health and
Human Services

Tim Gronniger

Analyst
Health Cost Estimates Unit
U.S. Congressional Budget Office

Lauren Harris-Kojetin, PhD

Chief, Long-Term Care Statistics Branch
National Center for Health Statistics
Centers for Disease Control
and Prevention
U.S. Department of Health and
Human Services

Participants / continued ►

Federal Participants / continued

Gavin Kennedy

Director, Division of Long-Term Care Policy
Office of Disability, Aging and Long-Term Care Policy
Office of the Assistant Secretary for Planning and Evaluation
U.S. Department of Health and Human Services

Anne Montgomery

Senior Policy Advisor
Special Committee on Aging
U.S. Senate

Jennifer Podulka

Senior Analyst
Medicare Payment Advisory Commission

Rachel Post

Legislative Assistant
Office of Rep. Vern Ehlers (R-MI)
U.S. House of Representatives

Andrea E. Richardson

Senior Analyst
U.S. Government Accountability Office

Richard Rimkunas

Section Head, Health Insurance & Financing
Domestic Social Policy Division
Congressional Research Service
Library of Congress

William J. Scanlon, PhD

Commissioner
Medicare Payment Advisory Commission

Meridith Seife

Deputy Regional Inspector General
Office of Evaluations and Inspections
Office of the Inspector General
U.S. Department of Health and Human Services

Julie Stone

Specialist in Social Legislation
Domestic Social Policy Division
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Erin Sutton

Health Insurance Specialist
Office of Legislation
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services

Frank Szefflinski

Senior Health Insurance Specialist
Division of Managed Care Policy
Center for Beneficiary Choices
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services

Ellen-Marie Whelan, PhD

Staff Director (D)
Subcommittee on Retirement Security and Aging
Committee on Health, Education, Labor, and Pensions
U.S. Senate

John Wren

Deputy Assistant Secretary for Management
Center for Planning and Policy Development
Administration on Aging
U.S. Department of Health and Human Services

PARTICIPANTS

Forum Staff

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Director

Judith D. Moore

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Carol O'Shaughnessy

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Christie Provost Peters

Principal Policy Analyst

Lisa Sprague

Principal Policy Analyst

Marcia Howard

Program Associate

Biographical Sketches

Federal Participants

Aaron Bishop is a professional staff member with the U.S. Senate Committee on Health, Education, Labor and Pensions (HELP), where he handles disability-related issues for the Committee. Mr. Bishop has almost 20 years of experience working with and for individuals with disabilities in both the direct practice and public policy sectors. In January 2003, he received a Kennedy Foundation Public Policy Fellowship to work on federal disability policy and legislation as committee staff for Sen. Judd Gregg, then-Chairman of the HELP Committee. Previously, Mr. Bishop held a position as the site coordinator for the National Service Inclusion Project for the Association of University Centers on Disabilities (AUCD) before becoming the director of technical assistance for AUCD. As an undergraduate student, he worked as a counselor for the Mental Health Center of Dane County, Wisconsin, providing mentoring services for children with mental health disorders. After completing his graduate degree, he served as a project coordinator for the Waisman Center University Center for Excellence in Developmental Disabilities, managing projects that advanced the rights of individuals with disabilities. Mr. Bishop received his master of science degree in social work, with an emphasis in public policy, and two bachelor of science degrees in natural sciences from the University of Wisconsin, Madison.

Greg Case is a senior policy analyst with the Center for Planning and Policy Development with the U.S. Administration on Aging (AoA). In that capacity, he is responsible for assisting the Assistant Secretary for Aging in setting policy and developing programs in support of administration priorities. Current AoA initiatives include the AoA and Centers for Medicare & Medicaid Services Aging and Disability Resource Center grant program, designed to assist states in streamlining access to long-term care; activities in support of planning for future long-term care needs; the AoA evidence-based disease and disability prevention initiative; the Cash and Counseling program; and other activities designed to promote consumer choice. Mr. Case has worked in the field of aging for over 30 years and has a master of arts degree from the University of Illinois.

Peggy Clark has over 25 years of experience in both the public and private sectors managing social service and health programs for vulnerable populations. She joined the Medicaid Managed Care Team in the Office of Managed Care at the Health Care Financing Administration, now the Centers for Medicare & Medicaid Services (CMS), in 1996. Previously, she held a position with the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services, where she was a project officer in the Community Support Program overseeing project grants to state mental health authorities. Prior to her government positions, Ms. Clark was the staff associate for the Health and Mental Health Commission at the National Association of Social Workers in Washington, DC, and executive

director of the Family Guidance Center, a United Way agency in Montgomery, Alabama. She was also director of the Region VI Area Agency on Aging, Region VI Planning and Development Council in Fairmont, West Virginia. Ms. Clark holds a master of public administration degree from Auburn University and a master of social work degree from the University of Pittsburgh.

William Clark is director of the Division of Research on State Programs and Special Populations in the Office of Research, Development, and Information (ORDI) at the Centers for Medicare & Medicaid Services (CMS). The division develops, implements, and evaluates demonstration projects that integrate acute, chronic, and long-term care services through combined Medicare and Medicaid financing for dual eligible populations. The Division also develops and implements a wide range of health services research and evaluations pertaining to Medicaid and the State Children's Health Insurance Program (SCHIP) and special populations. Combining research on health care and housing through the use of administrative data is a goal of the Division, especially as it pertains to in-home and on-site services for community dwelling seniors and people with disabilities. In prior positions within CMS, Mr. Clark has been project officer for developing the replication of the original PACE program at On Lok and social health maintenance organizations. He also served for several years as special assistant to the ORDI director. He obtained a master's degree in health services administration at the University of Wisconsin, Madison, in 1980.

Kirsten Colello joined the Congressional Research Service (CRS) in May 2006 as an analyst in gerontology in the Domestic Social Policy Division. CRS works exclusively as a nonpartisan analytical, research, and reference arm for Congress providing direct, consultative assistance to Members and their staff. Ms. Colello's work at CRS focuses on a wide range of health and social policy issues that affect an aging population including disability, long-term care, and housing. Ms. Colello received her master's degree in public policy analysis and a BA degree with concentrations in economics and sociology.

Nancy DeLew is a senior advisor to the director of the Office of Research, Development, and Information (ORDI) in the Centers for Medicare & Medicaid Services (CMS). She assists the director in carrying out special projects, which currently include implementation activities surrounding the Medicare Modernization Act of 2003. Formerly, Ms. DeLew was the deputy director of CMS's Office of Legislation. In this position, she worked with the Congress to develop the Health Insurance Portability and Accountability Act of 1996 and the Balanced Budget Act of 1997. The office develops legislative proposals for the President's annual budget, prepares testimony and other materials for congressional hearings, facilitates CMS's work with state governments, and maintains liaison with other executive- and legislative-branch agencies. Earlier, Ms. DeLew held several other positions in the Department of Health and Human Services. She joined the department in 1985 after receiving master's degrees in political science and in public administration from the University of Illinois at Urbana.

Michael Fiore is director of the Division of Enrollment and Eligibility Policy in the Medicare Enrollment and Appeals Group of the Centers for Medicare & Medicaid

BIOGRAPHICAL SKETCHES

Participants

Services (CMS). He is responsible for directing operations and policy related to eligibility and enrollment for Parts A, B, C, and D of the Medicare program. Previously, Mr. Fiore was director of the division responsible for Medicaid managed care policies and health care reform demonstrations. He has also worked in other parts of CMS, including its policy division, regulations office, and the research division. He has a BS degree in behavioral health and social work and an MBA degree.

April Forsythe is currently the Centers for Medicare & Medicaid Services Central Office's lead analyst for Section 1915(c) home and community-based waivers in Region V, Chicago, and temporary lead contact for home and community-based services quality. She has also worked with Region II (New York), Region I (Boston), Region VIII (Denver), and Region VIII (San Francisco) regarding Section 1915(c) waivers. Ms. Forsythe has an MSW degree and is a licensed graduate social worker with an extensive background in mental health and organization development. Additionally, she currently provides crisis intervention services working with law enforcement and has past experience as a therapist and case manager for adults and children with mental illnesses.

Charles A. Friedrich joined the Centers for Medicare & Medicaid Services (CMS) (then HCFA, the Health Care Financing Administration) in 1995, and has worked in various capacities, including contractor manager in the Medicare Division, provider relations, beneficiary outreach, and program integrity. In his current role as the Wisconsin state representative, he serves as the liaison between the CMS Chicago Regional Office and the Wisconsin State Medicaid agency. Prior to joining CMS, he worked as a financial analyst and also served as a non-commissioned officer in the U.S. Air Force for six years. Mr. Friedrich received an MPA degree from University of North Florida in 1995 and a BA degree from Flagler College in St. Augustine, Florida, in 1989.

Lori Gerhard is director of the Center for Planning and Policy Development with the U.S. Administration on Aging (AoA). She has more than 22 years of experience in senior services. Ms. Gerhard's experience includes serving as acting secretary of the Pennsylvania Department of Aging and various administrative and policy positions in all three Pennsylvania human services agencies. Ms. Gerhard has provided consultant services to area agencies on aging, senior living service providers, and women's religious organizations. Her areas of focus include helping organizations transform their services to be consumer-oriented and to identify opportunities to use technology in the delivery of long-term care and services. She has extensive knowledge and experience in the development of state long-term care systems including financing, regulatory, and general operations, and she is a frequent speaker on those topics at national and state conferences. Ms. Gerhard received her BA degree from the Pennsylvania State University's Health Planning and Administration program. She is a graduate of the University of North Texas' Certified Aging Services Professional program and a Pennsylvania licensed nursing home administrator.

Tim Gronniger is an analyst in the Health Costs Estimates Unit at the Congressional Budget Office (CBO). At CBO, he is responsible for projecting federal spending on a variety of accounts, including private health plans in Medicare, Medicare's

BIOGRAPHICAL SKETCHES

Participants

durable medical equipment benefit, and the Centers for Disease Control and Prevention. Mr. Gronniger also estimates the budgetary effects of proposed legislation modifying those and other programs, including Medicaid long-term care services. Prior to joining CBO, Mr. Gronniger completed a master's degree in health services administration and another in public policy at the University of Michigan, graduating in 2004. At the University of Michigan, he worked on research into health insurance, health plan quality, and the relationship between obesity and mortality. Mr. Gronniger graduated from Harvard University in 2000 with an AB degree in biochemical sciences.

Lauren Harris-Kojetin, PhD, is chief of the Long-Term Care Statistics Branch (LTCSB) at the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention. Her branch oversees the National Nursing Home Survey (NNHS) and the National Home and Hospice Care Survey (NHHCS). The NNHS and the NHHCS are each a series of nationally representative sample surveys of U.S. facilities, services, staff, and care recipients (residents or patients). The LTCSB is collaborating with the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, in the development and implementation of a National Survey of Residential Care Facilities. Dr. Harris-Kojetin has over 18 years of experience in health services and social science research with an emphasis on health care quality for older adults, the aging services workforce and organizational improvement, older consumer health care decision making, and program evaluation in aging services settings. Prior to joining NCHS, Dr. Harris-Kojetin was the director of research at the Institute for the Future of Aging Services (IFAS). At IFAS, she oversaw the applied research and evaluation agenda on the long-term care workforce, quality, and housing with supportive services. Prior to IFAS, she was a senior health services researcher at RTI International, leading projects on measuring and reporting health care quality to older adults. She received a PhD degree and MA degree in public policy from Rutgers University.

Gavin Kennedy is director of the Division of Long-Term Care Policy in the Office of Disability, Aging, and Long-Term Care Policy in the Office of the Assistant Secretary for Planning and Evaluation (ASPE) in the U.S. Department of Health and Human Services. His primary areas of focus include assisted living and other residential services for the elderly and persons with disabilities; home- and community-based services, including nursing home transitions, assisted living and other residential services, and Section 1915(c) home- and community-based long-term care waivers; and aging policy, including health promotion and disease prevention for the elderly. He is also ASPE's "desk officer" for the U.S. Administration on Aging. Past work at ASPE has included policy related to children with disabilities in Medicaid and SCHIP and the role of home- and community-based services for people with HIV/AIDS.

Anne Montgomery is the senior policy advisor for the U.S. Senate Special Committee on Aging chaired by Sen. Herbert H. Kohl (D-WI). In that position, she is responsible for all policy development relating to long-term care and caregiving for the Committee's Democratic staff and works closely with Sen. Kohl's staff in Washington, DC. and Wisconsin. Previously, Ms. Montgomery was a senior health policy associate with the Alliance for Health Reform in Washington, DC, and was

BIOGRAPHICAL SKETCHES

Participants

responsible for designing 12 to 15 bipartisan briefings each year and writing policy issues briefs. Held on Capitol Hill, these briefings typically attract audiences of 200 to 300 legislative aides, analysts, and journalists and focus on key health policy topics of current interest to Congress. She also held a position with the U.S. Government Accountability Office (GAO) in Washington, DC, and was the lead analyst for a report focusing on the impact of protection and advocacy agencies for people with developmental disabilities, among other projects. From September 2001 to July 2002, Ms. Montgomery was an Atlantic Fellow in Public Policy in London and conducted a research project examining the role of family caregivers in the evolution of community-based long-term care services in the United States and the United Kingdom. Ms. Montgomery received an MS degree in journalism from Columbia University and a BA degree in English literature from the University of Virginia. She has also taken gerontology coursework at the Johns Hopkins University.

Jennifer Podulka is a senior analyst with the Medicare Payment Advisory Commission (MedPAC) with responsibility for physician payment issues, Medicare Advantage, special needs beneficiaries, beneficiaries with disabilities, and physician resource use. Prior to joining MedPAC, Ms. Podulka was a senior analyst at the U.S. Government Accountability Office (GAO) where she worked primarily on physician payment, beneficiary access to physician services, and Medicare Advantage issues. Prior to GAO, she held a position at the Paralyzed Veterans of America with responsibility for issues related to the Veterans Administration (VA), Medicare, Medicaid, and other programs for people with disabilities. Previously, she was the program director for the Multiple Sclerosis Council for Clinical Practice Guidelines. She received a master's degree in public affairs from the Lyndon B. Johnson School, University of Texas, in 1996 and a BA degree in government from the University of Texas in 1994.

Rachel Post is a legislative assistant in the office of Rep. Vern Ehlers (R-MI). Before joining Rep. Ehlers's staff in 2003, she held internships in the office of Sen. Mike Enzi (R-WY), the Social Security Administration's (SSA) Office of Disability and Income Assistance Policy, and the National Rehabilitation Hospital Center on Health and Disability Research. Ms. Post holds a master's degree in public policy from Georgetown University and a BA degree from Calvin College in Michigan.

Andrea E. Richardson is a senior analyst for the U.S. Government Accountability Office (GAO) in Washington, DC. Current research topics include quality improvement in long-term care settings, measurement of quality in health care settings, Medicare payment systems, Medicaid home- and community-based service waivers, end-of-life care, and integrated long-term care programs that provide care to the elderly and people with developmental disabilities. Prior to working for GAO, Ms. Richardson was a regional director for a nonprofit agency in the metro DC region that provides community-based services to children, adolescents, and adults with developmental disabilities. During this time, she also worked with the Maryland legislature and Maryland State Department of Education to implement and make improvements to the state's Autism Medicaid Waiver. She received her master's degree in public administration from the George Washington University with a concentration in statistical modeling and analysis.

BIOGRAPHICAL SKETCHES

Participants

Richard Rimkunas is head of the Health Insurance and Financing Section in the Domestic Social Policy Division of the Congressional Research Service, a nonpartisan legislative support agency of Congress. The research group prepares analyses of prospective legislation for a wide array of policy issues in health especially Medicare, Medicaid, and private health insurance. He has acted as project director for the Medicaid source book and has prepared analyses of Medicare managed care, Medicaid, and issues related to long-term care.

William J. Scanlon, PhD, is a health policy consultant and a commissioner of the Medicare Payment Advisory Commission. Until April 2004, he was managing director of health care issues at the U.S. General Accounting Office (GAO, now known as the Government Accountability Office). At GAO, he oversaw congressionally requested studies of Medicare, Medicaid, the private insurance market and health delivery systems, public health, and the military and veterans' health care systems. Before joining GAO in 1993, he was co-director of the Center for Health Policy Studies and an associate professor in the Department of Family Medicine at Georgetown University. Dr. Scanlon has also been a principal research associate in health policy at The Urban Institute. His research at Georgetown and The Urban Institute focused on the Medicare and Medicaid programs, especially provider payment policies and the provision and financing of long-term care services. He has been engaged in health services research since 1975. Dr. Scanlon has published extensively and has served as a frequent consultant to federal agencies, state Medicaid programs, and private foundations. He has a PhD degree in economics from the University of Wisconsin, Madison.

Meridith Seife is a deputy regional inspector general in the U.S. Department of Health and Human Services' (HHS) Office of the Inspector General (OIG). Ms. Seife is helping the OIG develop a portfolio of work evaluating Medicaid home and community-based services. As a member of the OIG, Ms. Seife investigates fraud, waste, and abuse within the HHS programs. She directs research on a variety of issues such as the quality of care within Medicare and Medicaid programs, the integrity of provider payments, and the effectiveness of food safety regulation. Before joining the OIG, Ms. Seife held positions with the U.S. Government Accountability Office (GAO) and the Congressional Research Service (CRS). Ms. Seife received a master's degree in public administration from the Maxwell School of Syracuse University.

Julie Stone is a specialist in social legislation with the Congressional Research Service (CRS), a nonpartisan legislative support agency of Congress. Ms. Stone specializes in policy issues related to long-term care for persons with disabilities, health care services covered by Medicaid and Medicare, and the private market for health insurance. She writes extensively on her subject areas, briefs congressional Members and their staff on relevant policy issues, assists in the development of legislation, and provides support for hearings. Prior to joining CRS in 2000, Ms. Stone was an analyst on a microsimulation model used for policy analysis for Strategic Forecasting. She volunteers with the Jewish Federation of Greater Washington, the Charles E. Smith Life Community, and the Cornell Institute for Public Affairs. Ms. Stone earned a master's degree in public administration from Cornell University and a BA degree in film studies and comparative literature from the University of California at Berkeley.

BIOGRAPHICAL SKETCHES

Participants

Erin Sutton is a health insurance specialist in the Office of Legislation at the Centers for Medicare & Medicaid Services (CMS). In that capacity, she prepares testimony for congressional hearings and summarizes major legislative issues for the CMS Administrator and other expert witnesses. Ms. Sutton received the CMS Administrator Achievement Award for 2007. She also held a position with Avalere Health, LLC, where she conducted research on prescription drug trends and post-acute and other issues related to Medicare and Medicaid and long-term care. Previously, she held positions at the Ovarian Cancer National Alliance and the Advisory Board Committee. Ms. Sutton received her BA degree in communications from the University of Tennessee, and she holds a master's degree in public health from the George Washington University.

Frank Szefflinski is a policy analyst with the Centers for Medicare & Medicaid (CMS) where he analyzes issues related to the Medicare Plan Payment Group. The Center for Beneficiary Choices component of CMS responsible for payment policy related to Part C (Medicare Advantage) and Part D (Medicare prescription drug coverage) plans. Prior to his current role, he has worked on issues related to Medicare managed care and was the principal author of subpart C (Benefits and Beneficiary Protections) of the Medicare Advantage regulation (CMS-4069-F). He previously held a position in the Social Security Administration. Mr. Szefflinski graduated from Rutgers University with a degree in philosophy.

Ellen-Marie Whelan, PhD, is the staff director for the Subcommittee on Retirement Security and Aging of the U.S. Senate Committee on Health, Education, Labor and Pensions, chaired by Sen. Barbara A. Mikulski (D-MD). The Subcommittee has oversight over many issues, including pensions, the Older Americans Act; elder abuse, neglect, and scams affecting seniors; long-term care services for older Americans; family caregiving; and the health of the aging population, including Alzheimer's disease. Dr. Whelan also covers additional health issues for Sen. Mikulski including Medicare, Medicaid, and the Food and Drug Administration. In 2004 Dr. Whelan was awarded a Robert Wood Johnson Health Policy Fellowship and spent the year in the office of former Sen. Tom Daschle (D-SD). Before coming to Washington, she served on faculty at the Johns Hopkins University and at the University of Pennsylvania. While at Penn, she received the Secretary's Award for Innovations in Health Promotion and Disease Prevention, presented by Donna Shalala for starting an Adolescent clinic in a community center in West Philadelphia. Dr. Whelan holds a bachelor's degree from Georgetown University, and she holds a master's degree in nursing and doctor of philosophy degree in nursing and health policy from the University of Pennsylvania. She also completed a post-doctoral fellowship in primary care policy at the Johns Hopkins School of Public Health.

John Wren is the deputy assistant secretary, U.S. Administration on Aging (AoA) and is responsible for the agency's strategic planning, management, and policy development functions. Prior to joining AoA in 2001, Mr. Wren served as vice president of the National Council on the Aging, the director of Aging Programs at the Pew Charitable Trusts in Philadelphia, and deputy director for Policy and Program Development for the New York State Office for the Aging. He has served on the board of directors of the National Senior Citizens Law Center. He has an MPA degree from the Maxwell School at Syracuse University, and he received advanced training at Harvard University's Kennedy School of Government.

BIOGRAPHICAL SKETCHES

Participants

Biographical Sketches

Speakers

Christine Beatty is director of the Madison Senior Center, which became the first nationally accredited senior center in 1999. Ms. Beatty was instrumental in developing the national accreditation process for senior centers across the nation. She was chairperson of the National Institute of Senior Centers [a subunit of the National Council on Aging (NCOA)], which represents 15,000 senior centers throughout the country, from 2004 until 2006. Ms. Beatty has worked in the aging field since 1977, spending time with both the Retired Senior Volunteer Program (RSVP) and as executive director/chief executive officer of a Madison nonprofit elderly service organization. In 2004, the Wisconsin Association of Senior Centers awarded her with the “Professional of the Year” award. Since 2005, Ms. Beatty has served on the board of directors of the NCOA, and in March of 2008 she will begin her elected term as convener of the NCOA Council, an advisory think tank for professionals in the field of aging.

Karen Bullock is chief executive officer of Community Health Partnership, Inc. (CHP) in Eau Claire. CHP serves over 1,200 low-income frail elderly and physically disabled adults residing in Eau Claire, Chippewa, and Dunn counties. Prior to her leadership role at CHP, Ms. Bullock served as executive director of the Center of Independent Living for Western Wisconsin. While there, she authored and received a grant to fund a feasibility study and start a Partnership integrated managed care program. Implemented in 1997, that program eventually became CHP. Ms. Bullock holds a BA degree from the University of Wisconsin, Eau Claire, and a MS degree from the University of Wisconsin, Stout.

Teri Buros is the long-term support manager for Richland County Health and Human Services. During the past nine years, she has been involved in applying for, developing, and managing the Care Management Organization. Ms. Buros is also the project manager for the Southwest Wisconsin Care Management Coalition, which consists of eight counties in southwest Wisconsin that are planning to develop a regional managed care organization. Ms. Buros has worked in human services since 1983 in all levels of care: direct service, care management, program coordinator, and currently manager. She is a certified social worker in the state of Wisconsin.

Todd Costello is chief operating officer at Community Living Alliance (CLA), Madison. He is responsible for oversight of all program operations, human resources, business development, and community outreach. He is also a preceptor/faculty member at the University of Wisconsin, Madison, School of Pharmacy and Social Work. Prior to his role at CLA, Mr. Costello was the executive director of a behavioral health hospital within a multihospital health care system in Pennsylvania and Delaware, where he managed inpatient/outpatient adult and adolescent mental

health programs, multiple physician practices and ambulatory services, and where he developed and managed partnerships with the state and private sector. Mr. Costello has authored and been project lead for federal and state grants related to domestic violence prevention, elder abuse, substance abuse, sexual abuse prevention, harm reduction, and skin/wound care. He also has extensive experience in managed care, program development related to high-risk populations, and the integration of physical and behavioral health. Mr. Costello holds a master of science degree in nursing and a master of business administration degree.

Kim Enders was instrumental in the development of the Care Management Organization in Richland County, which started in 1998. Later Ms. Enders took a lead role in the development of a fully operational Aging and Disability Resource Center (ADRC), now in its seventh year. Ms. Enders is now the ADRC supervisor and works closely with the ADRC information and assistance specialists. Prior to her work at the ADRC, Ms. Enders provided oversight and supervision in Richland County's long-term support programs for elderly and physically disabled consumers for six years. She also served as an employment specialist and office manager for Wisconsin Job Service for several years. Ms. Enders has a bachelor's degree in psychology.

Judith Frye is director of the Office of Family Care Expansion in the Division of Long Term Care within the Wisconsin Department of Health and Family Services. Ms. Frye's responsibilities include statewide expansion of Wisconsin innovations in long-term care, including Family Care, Family Care Plus, and Partnership, which are partially and fully integrated managed care programs for elders and adults with disabilities.

Lynn Green is director of the Dane County Department of Human Services. She has worked in human services since 1969, beginning her career as an adoption and foster care social worker for the state of Wisconsin. In 1972 she became a social worker for Dane County. She has had numerous positions with Dane County in the human services area, including child protective services social worker, supervisor, office manager, program manager, division administrator, and now director. Ms. Green oversees a department with an annual budget of almost \$220 million and over 600 employees. She has bachelor's and master's degrees in social work from the University of Wisconsin. She is a member of numerous organizations, committees, and task forces.

Randy Jacquet, LCSW, is the director of Richland County Health and Human Services. Richland County was one of the original Family Care Pilot Counties with an Aging and Disability Resource Center (ADRC), established in November of 2000, and a Care Management Organization (CMO), organized in January 2001. Both the ADRC and the CMO are within Richland County Health and Human Services. Mr. Jacquet has a master's degree in social work from the University of Wisconsin, Madison, and has been involved with local human service programs for nearly 30 years.

Robert J. Kellerman is the executive director of AgeAdvantAge, Inc., the Area Agency on Aging working with 24 counties and the HoChunk Nation Aging Units in southwestern and western Wisconsin. Prior to working with AgeAdvantAge, Mr. Kellerman was the director of the Manitowoc County Aging Resource Center

BIOGRAPHICAL SKETCHES

Speakers

for 17 years and the director of a multicounty Elderly Nutrition Program in Northern Wisconsin. He is currently the president of the Wisconsin Association of Area Agencies on Aging. Mr. Kellerman holds a bachelor of science degree from the University of Wisconsin, Stevens Point.

Karen Musser is chief executive officer of Elder Care of Wisconsin, Inc., a nonprofit organization providing health care and support services to help older adults live independently in the community. She has held this position since 1998. Prior to that, Ms. Musser was chief executive officer of Partners, Inc., a consortium of health care providers working with the Wisconsin Department of Health and Family Services to implement a pioneering program that integrates health care and long-term care for frail elderly and people with physical disabilities.

Helene Nelson served as Wisconsin's secretary of health and family services from January 2003 through January 2007. As chief executive of the largest and most diverse state agency, Ms. Nelson was responsible for overseeing the state's public health, medical assistance programs, and human services systems. One of Ms. Nelson's top priorities for the Department of Health and Family Services was statewide long-term care reform, which progressed substantially during her term. Reforms focused on the goal of giving frail elderly people and people with disabilities more and better options to receive the care they need in their own homes and communities. Ms. Nelson worked on long-term care reform over decades, beginning with Wisconsin's pioneering reforms in the early 1980s, when she served as deputy of the department she later was to head. She later consulted in long-term care quality improvement and headed a large county human services agency that carried out long-term care programs during the 1990s. Ms. Nelson's term as secretary culminated 35 years of public service in a variety of high-level public posts under five governors of both political parties and two elected county executives. She is a Wisconsin native who has resided in Madison since 1972.

Amy Ramsey, RD, CD, is the nutrition/prevention specialist, Office on Aging, Wisconsin Department of Health and Family Services, and she is responsible for the administration of Wisconsin's Elderly Nutrition Program. In addition, Ms. Ramsey serves as a contact in bureau activities that promote health and prevent disease in older people and people with disabilities. She has been a master trainer for the Chronic Disease Self-Management Program since March 2004 and is currently involved in the statewide expansion of the program as well as the Stepping On Falls Prevention program. Previously, Ms. Ramsey was the nutrition specialist/aging program consultant for AgeAdvantAge Area Agency on Aging, Inc., in Madison. Ms. Ramsey has worked in the areas of clinical nutrition and food service in Wisconsin long-term care facilities. She received a bachelor of science in dietetics from the University of Wisconsin, Stout, in 1998 and completed her dietetic internship in 1999 at the Family Health Council, Inc., in Pittsburgh, Pennsylvania. She has been a registered dietitian since 2000.

Gail Schwersenska is the director of the Office on Aging, Wisconsin Department of Health and Family Services. She is responsible for the administration of all programs authorized under Title III and Title V of the Older Americans Act as well as the Foster Grandparent Program, Retired Senior Volunteer Program, Elder Abuse/Adult

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Protective Services, and Alzheimer's Programs. She also serves as a member of the Aging and Disability Resource Center development team. Ms. Schwersenska serves as the contract manager for the state ombudsman program authorized under Title VII of the Older Americans Act, the Wisconsin Guardianship Support Center, and she coordinates disaster response for the aging network. Prior to her state agency position, Ms. Schwersenska served as a lobbyist, community educator, and project director for the Coalition of Wisconsin Aging Groups, and she was the Waushara County Aging Unit Director.

Robert P. Smith, MD, is a physician in private practice at Richland Medical Center in Richland Center, Wisconsin. From 1991 to 1999 and from 2003 to the present, he served on the board of directors of Richland Hospital. Dr. Smith is also medical director of Pine Valley Healthcare and Rehabilitation in Richland Center. He is board-certified in family practice, and certified in geriatrics, medical directorship, and bone densitometry. Dr. Smith received both his BS and MD degrees from Northwestern University, where he was a student of the Honors Program in Medical Education, and he completed his residency in family practice at Broadlawns Medical Center in Des Moines, Iowa. Dr. Smith is a member of the Richland County Medical Society, the State Medical Society of Wisconsin, the American Academy of Family Practice, the American Geriatrics Society, the American Medical Directors Association, the Wisconsin Association of Medical Directors, and the International Society for Clinical Densitometry.

Paul Soczynski is the chief operating officer of Community Care, Inc., in Milwaukee. Community Care operates PACE (Program of All-Inclusive Care for the Elderly), Wisconsin Partnership, and Family Care programs, among other case management programs for elders and adults with physical and developmental disabilities. He serves as a commissioner on the Milwaukee Commission on Aging, a board member for the Private Industry Council. Mr. Soczynski is also project manager for the Family Partnership Care Management Coalition which is considering long-term care reform initiatives for 12 Wisconsin counties. He has a bachelor's degree from the University of Wisconsin, Milwaukee, in health information administration; a master's degree in business administration from Keller Graduate School; and a certificate in organizational development from National Training Labs. Mr. Soczynski has more than 30 years of experience in health care administration in acute, ambulatory, long-term, and managed care.

Stephanie Sue Stein is director of the Milwaukee County Department on Aging (MCDA), the Area Agency on Aging for Milwaukee County. Ms. Stein administers all Older Americans Act programs, all Wisconsin state aging programs, and the Medicaid waiver program known as Family Care. The MCDA's budget for 2007 is over \$185 million. Ms. Stein is also the project director for Connecting Caring Communities, one of 16 Robert Wood Johnson Foundation Community Partnership for Older Adults implementation sites. She holds a BA degree from the University of Wisconsin, Milwaukee, and an MA degree in public service from Marquette University. She teaches public policy and aging in the graduate school at Marquette University.

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Linda Symons, MSSW, is the Aging and Disability Resource Center (ADRC) manager for Richland County Health and Human Services. In operation since 2000, Richland County’s ADRC merged core ADRC services and Older Americans Act programming in 2006 to better serve county residents and their families. Ms. Symons has a master’s degree in social work from the University of Wisconsin, Madison, and she has addressed family issues at direct service and management levels through program development and evaluation, asset-based community organization, organizational capacity development, and community collaboration for the past 15 years.

Sarah Way-Messer is the partnership quality manager at Community Living Alliance (CLA) in Madison. She oversees quality improvement projects in order to determine the impact of health care interventions, develops and monitors quality indicators, and implements contract-related quality measures. Ms. Way-Messer graduated with a degree in social work from the University of Wisconsin, Madison, and began working at CLA in 1997 as a social work case manager for people with physical disabilities. In 2003, Ms. Way-Messer began working in the Quality Department as quality improvement coordinator, where she worked as a member liaison with complaints and appeals, collected and reported data for quality measures, and assisted with quality improvement projects.

Lora Wiggins, MD, is the chief medical officer for Elder Care of Wisconsin, Inc., and she directs all clinical services, quality assurance activities, and practice guidelines associated with Elder Care Health Plan’s managed care programs. Dr. Wiggins holds an appointment as associate professor of medicine in the Department of Medicine, Geriatrics Section, University of Wisconsin. In previous positions, she served as medical director for Hospice Care, Inc., and for Sunnyhill Convalescent Center, both in Madison, Wisconsin. A recognized innovator in care management models for the medically complex, frail elderly, Dr. Wiggins has consulted and presented regionally and nationally on these models and on the Elder Care Partnership Program.

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Judith Miller Jones has been director of the National Health Policy Forum (NHPF) at the George Washington University since its inception in 1972. In 1988, Ms. Jones became a member of the National Committee on Vital and Health Statistics and served as its chair from 1991 through 1996. She is a professorial lecturer at George Washington University's School of Public Health and Health Services, serves as a mentor at the Wharton School's Health Care Management Program, and on occasion consults with nonprofit groups across the country. In her "private" life in West Virginia, Ms. Jones chairs a local public health committee, Healthier Jefferson County, where she is involved in a range of issues and observes the impacts of federal/state policy at the local level. Previously, Ms. Jones served as special assistant in the Office of the Deputy Assistant Secretary for Legislation in the Department of Health, Education, and Welfare and, before that, as legislative assistant to the late Sen. Winston L. Prouty (R-VT). Prior to her involvement in government, she worked in education and program management in the private sector. From 1965 to 1969, Ms. Jones was employed by IBM as a systems analyst and as special marketing representative in Instructional Systems. While at IBM, Ms. Jones studied at Georgetown Law School and completed her master's degree in educational technology at Catholic University.

Judith D. Moore is senior fellow at the National Health Policy Forum, where she specializes in work related to the health needs of the uninsured and low-income vulnerable populations. Prior to joining the Forum staff in 1998, Ms. Moore was a long-time federal employee in the legislative and executive branches of government. At the Health Care Financing Administration, she directed the Medicaid program and the Office of Legislation and Congressional Affairs, as well as served as a special assistant to two administrators. In earlier federal service, she was special assistant to the secretary of the Department of Health, Education, and Welfare (HEW) and held positions in the Public Health Service, the Food and Drug Administration, the Agency for Health Care Policy and Research, and the Prospective Payment Assessment Commission. She also worked as a private health care consultant, both independently and as an associate at Health Systems Research, Inc. Ms. Moore received an undergraduate degree in history and political science, and she pursued graduate studies in law and public administration. She has spoken to a wide variety of audiences and presented congressional testimony on topics related to public policy and administration, Medicaid and Medicare, health financing, social insurance, and the legislative process.

Carol O'Shaughnessy, principal research associate, joined the Forum staff in April 2007. Her work focuses on aging services and home and community-based long-term care. Prior to joining the Forum, Ms. O'Shaughnessy spent 27 years at the Congressional Research Service (CRS) as a specialist in social legislation. In that capacity,

Ms. O’Shaughnessy assisted congressional committees and members of Congress on a wide range of issues related to services for older people, including legislation on the Older Americans Act and Medicaid home and community-based long-term care services, as well as services for people with disabilities under the Rehabilitation Act of 1973. While at CRS, Ms. O’Shaughnessy testified before congressional committees on federal long-term care policy and authored and coordinated research on state systems of long-term care. Ms. O’Shaughnessy has also held positions at the U.S. Department of Health and Human Services (the Administration on Aging and the Medical Services Administration), the Department of Elder Affairs in the Commonwealth of Massachusetts, the Russell Sage Foundation, and the International Federation of Institutes for Social and Socio-Research in Louvain, Belgium. She also worked as a discharge planner for Medicare patients at Alexandria Hospital (now Inova Alexandria Hospital). Ms. O’Shaughnessy received her undergraduate degree from Dunbarton College and her master’s degree in medical sociology from the Catholic University of America.

Christie Provost Peters joined the National Health Policy Forum as a senior research associate in 2006. Her work focuses on Medicaid and health care for vulnerable populations including special needs populations and dual eligibles for Medicaid and Medicare. Ms. Peters spent 12 years as a policy analyst at the U.S. Department of Health and Human Services. At the Centers for Medicare & Medicaid Services, she worked in the Office of Strategic Planning and the Office of Legislation on a variety of health care financing and access issues, including the Medicare drug discount card, the Medicaid drug rebate program, managed care, maternal and child health, working disabled, and dual eligibles. In the Office of the Assistant Secretary for Planning and Evaluation, Ms. Peters worked on a variety of legislative, budgetary, and regulatory issues concerning the Food and Drug Administration, the Centers for Disease Control and Prevention, and the National Institutes of Health. She has also worked as an independent private health care consultant and on Capitol Hill. Ms. Peters received her undergraduate degree in economics from the University of Rochester and her master’s degree in public policy from the University of Michigan.

Lisa Sprague is a senior research associate with the National Health Policy Forum. She works on a range of health care issues, including quality and accountability, health information technology, private markets, chronic- and long-term care, and veterans’ and military health. Previously, she was director of legislative affairs for a trade association representing preferred provider organizations and other open-model managed care networks. She represented the industry to Congress, federal agencies, and state insurance commissioners, as well as managing the association’s policy development process and editing a biweekly legislative newsletter. Ms. Sprague came to Washington in 1989 as manager, employee benefits policy for the U.S. Chamber of Commerce. Her interest in health policy arose in her earlier work as a human resources manager and benefits administrator with Taft Broadcasting (later known as Great American Broadcasting) in Cincinnati. She holds an AB degree in English from Wellesley College and an MBA degree from the University of Cincinnati.

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