



**Site Visit – Milwaukee**  
August 11–13, 2008  
Report Published: December 10, 2008

# Site Visit Report

## Community-Based Long-Term Care in Milwaukee: Wisconsin Still Ahead

THE GEORGE  
WASHINGTON  
UNIVERSITY  
WASHINGTON DC



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## ACKNOWLEDGMENTS

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# Community-Based Long-Term Care in Milwaukee: Wisconsin Still Ahead

The National Health Policy Forum has made two site visits to Wisconsin in two years. The first, in August 2007,<sup>1</sup> focused on an overview of Family Care, highlighting the operations of two of its key components—Aging and Disability Resource Centers (ADRCs) and Managed Care Organizations (MCOs)—and looking at service delivery in a rural setting, Richland Center. The August 2008 site visit focused on the operations of MCOs and Family Care service providers in the urban environment of Milwaukee.

## BACKGROUND

Wisconsin has been a leader in statewide commitment to community-based social and human services. In recent years, it has extended this commitment by developing a comprehensive approach to financing and delivering long-term care services to people with disabilities as well as the elderly. This approach, called Family Care, is designed to help beneficiaries live independently at home and in community settings. Family Care integrates the financing for all long-term care services in a capitated managed care program, primarily using Medicaid and state funds. Unlike most other states, Wisconsin has established an entitlement to home and community-based services for people who meet eligibility requirements and who choose this form of care. Family Care's goals are to give people better choices about where they live and the kinds of services and supports they use to meet their needs. It also aims to improve access to quality services and create a cost-effective system for the future.

Family Care has enrolled over 20,000 people.<sup>2</sup> The state plans to make the program available in all of its 72 counties over the next several years. Individuals served by Family Care are adults with physical and intellectual disabilities; the elderly; and people with mental health, alcohol, or drug abuse problems. 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, and home modifications) as well as residential services, such as nursing home facility care and care in intermediate care facilities for people with mental retardation.

## PROGRAM

The site visit began the afternoon of August 11, 2008, with a presentation on the history of Wisconsin's home- and community-based long-term care initiatives.

Representatives of the state Department of Health Services and the county Department on Aging talked about Family Care implementation and results to date. The Milwaukee-based Helen Bader Foundation hosted a reception for Washington participants and Milwaukee guests, including site visit speakers. Milwaukee County Executive Scott Walker welcomed the group.

The next morning, site visit participants heard from a panel about the importance of affordable housing and strategies to link housing and service delivery. The group then traveled to United Community Center for a tour of this facility housing a wide range of services targeted to a Hispanic population. The chief operating officer of Community Care, a Managed Care Organization (MCO) active in a number of counties, discussed the different categories of service providers, care managers, and other contractors active in the county. A panel of care managers from care management units serving a range of Milwaukee sub-populations talked about their achievements and challenges as Family Care contractors. Financial managers from the state, the county, and an MCO discussed the ins and outs of capitation, rate-setting, and balancing service needs and resources. Another panel presented quality concerns and ways of improving performance measurement and provider accountability. After returning to the hotel, the group heard from a final panel about the issues surrounding the expansion of Family Care to people with disabilities.

On the final morning of the visit, participants met at the headquarters facility of Goodwill Industries of Southeastern Wisconsin, Inc., where they were given a tour and engaged in discussion of the many services offered there to the elderly and people with disabilities. The session ended with a panel of Goodwill employees, including several with developmental disabilities, who talked about the effect that having a job and support services available has on the quality of their lives.

## IMPRESSIONS

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

### Wisconsin's Social Compact

*Wisconsin has an unusual partnership between citizens and government at all levels. In both Milwaukee County and the state, the collaborative relationship between citizens and public officials can be seen in the commitment to progressive, open governmental processes, a commitment that goes back at least to the reform era of the early 20th century. A strong belief in "civic possibilities" and robust government supports the provision of social services in general, and home- and community-based services in particular, in the county and the state.*

- Consumers and advocates are active in most facets of Milwaukee county government. Advocacy and advisory groups are encouraged by government structures and officials, and these groups are often built into government

oversight systems and processes. Consumers clearly feel they have a voice in their government and in the decisions made by government officials.

■ Community-based organizations came forward to administer and manage Family Care when it was introduced eight years ago for elderly people in Milwaukee. These home-grown, not-for-profit organizations, like the United Community Center (UCC), Goodwill Industries, and Community Care, Inc., stepped forward as Family Care was planned, and the program has evolved and matured in partnership with many of these organizations. Their representatives have worked closely with state and the county officials who respect and value their counsel.

■ UCC and Goodwill are good examples of organizations founded many years ago to provide social and health services to vulnerable and needy people in Milwaukee. Both became Family Care contractors to extend and broaden their agenda of community-based services.

■ It is not anticipated that large, for-profit, multi-state HMOs will be involved in Family Care. Milwaukee's home- and community-based Family Care and other long-term care providers are largely governmental or not-for-profit, following a long tradition in the county and state.

■ Milwaukee providers of Family Care services report a long-term commitment to the program, even as a variety of challenges and barriers must be addressed. The experience of eight years of Family Care for the elderly provides multiple examples of state, county, and providers moving through a variety of crises, questions, and disputes. Throughout these difficulties, the people and organizations involved in Family Care report collaborating and working through problems rather than abandoning or radically modifying the program when things became complicated.

### Commitment to Long-Term Care

*A long-standing preference for delivering long-term care services in homes and the community, rather than in institutions, forms the foundation for the current state and county commitment to a managed long-term care system under Family Care. Family Care is expected to be rolled out statewide by 2011. While there is still trepidation and indeed resistance in some quarters, and (some would say) kinks still to be worked out, state and county officials are pledged to the program's success and proud of what they have accomplished so far.*

■ Wisconsin's commitment to home- and community-based services has been in place for more than 30 years, taking the form of state-based programs, Medicaid waivers, integrated care pilots, and most recently Family Care.

■ Willingness to take risks to bring about productive change—such as eliminating the waiting lists that grew in waiver programs—is a hallmark of Wisconsin social services administration.

## IMPRESSIONS

- Given a historically strong system of county government, state leadership and consistency have been important to Family Care’s expansion. The regional approach that has been adopted for further expansion will require county alliances and new modes of planning and resource deployment.

## Waiver Flexibility

*Wisconsin was among the first states to implement federal Medicaid home- and community-based care waivers, building on earlier services funded with state-only funds. In joint ventures with local and community partners like Milwaukee County, the state has used the flexibility of the federal waiver program to delineate many categories of people to be served, many different services to be delivered, and a variety of service delivery mechanisms.*

- The Family Care program has built on the breadth of services now available under waiver programs, but current waiver beneficiaries and their advocates have expressed concern that their existing levels of service will be modified, or that they will have to change providers. They fear that the flexibility of the waiver programs cannot be replicated in Family Care, even with local or regionally based administrators. People with disabilities, in particular, worry that disruptive changes under Family Care will require significant modifications and adjustments in their daily lives.
- There is particular concern by people with disabilities who are currently on Medicaid waiver programs about whether they will be able to continue to use the care managers and providers they use now if they choose to join Family Care. These questions relate to the immediate period of change in early 2009, as well as whether the continuity they have enjoyed in the past under waivers will be maintained beyond the early transition period.
- The state has been required by federal CMS officials to provide a “Self Directed Support” (SDS) care option to the Family Care managed care program, which should answer some of the questions raised by people with disabilities who wish to maintain direct hiring relationships with caregivers. They could maintain those relationships under the SDS rather than being served under Family Care. This should alleviate some concerns for some people about changes that might otherwise affect them if they had no option but Family Care.

## Managed Care Organizations (MCOs) and Care Management Units (CMUs)

*Managed long-term care under the Family Care program delivers a defined benefit package under a risk-based capitated contract to eligible elders and adults with disabilities who need long-term care services and meet program eligibility requirements. This benefit combines funding from a variety of existing state and federal sources into a flexible long-term care benefit that includes a comprehensive*

## IMPRESSIONS



*range of services. Managed care organizations (MCOs) manage 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 delivered by community provider agencies, known as care management units (CMUs).*

- MCOs are the crux of the managed care system, and must balance a number of key responsibilities. In general, they must assure member access to and choice of services, and provide quality services that are cost-effective. Specifically, they must (i) ensure that members entitled to the Family Care benefit receive the services they need in order to achieve their desired personal outcomes; (ii) manage a complex service provider network; (iii) maintain a service package for members that stays within the MCO capitation rate; and (iv) meet contract requirements set by the state.
- The Milwaukee County Department on Aging (which is also the area agency on aging for the County) operates as the MCO in Milwaukee County and manages Family Care services for the elderly, carrying out the responsibilities outlined above.
- Central to the operations of each MCO is an interdisciplinary team, consisting of a social worker or care manager and a registered nurse. The team conducts a comprehensive assessment of the enrollee's needs, abilities, preferences and values, and develops an individualized service plan designed in cooperation with the enrollee and in accordance with his or her preferences. The team's role is crucial in providing ongoing care management to protect the health and well-being of enrollees and to support enrollees in achieving their desired personal experience outcomes.
- CMUs are on the front line of service delivery. They are responsible for providing a comprehensive package of services and supports, under agreements with individual MCOs, that respect the ethnic and cultural diversity of the Milwaukee community. Some CMUs specialize in providing services to specific client populations; for example, older people with disabilities who live in publicly subsidized housing, those who are members of specific ethnic or cultural communities, or those with behavioral health problems.

### Capitation and Rate-Setting Under Family Care

*With Family Care, Wisconsin incorporates managed care principles into long-term care, one of only a few states to do so. The aim of the managed care program is to create an entitlement to a full range of long-term care benefits for Family Care members. The program moves away from a fee-for-service cost basis to a capitated long-term care system that covers the costs of Family Care services administered by MCOs.*

- The state determines capitation rates using an actuarial methodology for projecting the average cost of services for people entitled to Family Care benefits. Each MCO receives a capitation rate to cover the costs of the Family

## IMPRESSIONS

Care benefit for its members. The rate is a dollar amount per member–per month (PMPM). The MCO's payment is the same for every member and represents a projected average cost across all MCO members. It covers the cost of all Family Care services and administration.<sup>3</sup>

- Collaboration between the state and MCOs is critical in determining and administering capitation rates. The state determines a monthly fixed capitation amount for each MCO. The state works with MCOs to obtain data to determine the rates. Counties and not-for-profit agencies that operate as MCOs must supply reliable and timely member encounter data for services they provide to enable the state to determine PMPM rates.
- The Wisconsin Long-Term Care Functional Screen is a tool that collects basic functional and health status information to determine Family Care eligibility. The tool not only helps determine a person's eligibility for long-term care benefits, but also is a way to collect data to help the state and MCOs determine capitation rates for each MCO across the state.
- Capitation rates are based on the characteristics of members in each county. Each MCO receives a base amount and additional amounts that vary by the level of care needs of participants in the jurisdiction of the MCO; for example, MCOs serving members with greater long-term care needs receive higher capitation rates.
- Wisconsin has exercised notable leadership in developing a capitation system for long-term care. Its system is aimed at aligning incentives in the payment system to maintain appropriate supports for people with long-term care needs in the community.

### Managed Long-Term Care for People with Disabilities

*Implementation of Family Care in Milwaukee County for people with disabilities, scheduled for spring 2009, is a complex and challenging process. The transition has already begun, with large advisory and planning groups meeting regularly and many questions, problems, and issues being addressed. While there seems to be wide acceptance for the Family Care program, a variety of issues are still unsettled and are a cause for concern among a variety of different stakeholders. After the transition is complete, Family Care will not only serve the 2,500 people with disabilities now receiving waiver services, but about 2,500 additional people now on waiver waiting lists. This will provide positive benefits to a new group of people, but implementation will be an enormous challenge.*

- Waiting lists exist in most states' Medicaid waiver programs, and Wisconsin is no different. In making Family Care an entitlement, Wisconsin has committed to serving everyone currently receiving waiver services, as well as those on waiver waiting lists. Thus Milwaukee County and others coming into Family Care over the next few years must meet new financial, administrative, and service challenges.

## IMPRESSIONS

■ There are many unanswered questions about serving younger people with disabilities under Family Care in Milwaukee and elsewhere. Many of the County's Family Care contractors have limited or no experience providing clients with some services needed by younger people with disabilities, particularly those with developmental disabilities. For example, services in residential settings, supportive work environments, and day services will be new to some Family Care contractors and care managers. Setting rates and reimbursement procedures will likely be challenging over the short term. In addition, the involvement of the County's Division of Disabilities is key and will require additional county-wide administrative coordination and new relationships with both clients and contractors.

■ People in Wisconsin hold conflicting beliefs about whether the actual care and delivery of services to people with disabilities is more or less complex than care and delivery of services to elderly people. While clinical needs of people with disabilities may be more complex in some cases, those needs may not change as substantially over time as the clinical needs of the elderly. The cost of care to some people with disabilities is also a concern, with most observers suggesting that costs on a per-person basis will be higher than for the elderly. However, because of efficiencies, officials do not believe that total costs will be higher than those under the existing waivers.

■ Consumer choice, and the control of services through "consumer direction" involves hiring and paying for providers, establishing and living within budgets, and making decisions about how and where and when services are to be provided. Implementation of consumer direction, a strong aspiration of some people with disabilities, may prove to be a particular challenge in the upcoming Milwaukee County transition to Family Care. These consumer direction matters are often seen as civil rights issues by participants in Wisconsin, which is a different mind-set than encountered with elderly people in many other locations.

## IMPRESSIONS

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## ENDNOTES

1. For an overview of the Family Care program, see the 2007 report, "Community-Based Long-Term Care: Wisconsin Stays Ahead," available at [www.nhpf.org/pdfs\\_sv/SV\\_Wisconsin07.pdf](http://www.nhpf.org/pdfs_sv/SV_Wisconsin07.pdf).
2. Wisconsin Family Care Enrollment Data. See <http://dhs.wisconsin.gov/LTCare/Generalinfo/EnrollmentData.htm> for the most up-to-date information.
3. For updated Family Care capitation rates, see <http://dhs.wisconsin.gov/lcicare/StateFedReqs/CapitationRates.htm>.

## Monday, August 11, 2008

Mid-day	Arrive in Milwaukee and check in to hotel— Pfister Hotel [424 E. Wisconsin Avenue]
2:00 pm	Welcome and Introductions [Louis Richard Room]
2:15 pm	<p>Commitment to Home- and Community-Based Care in Wisconsin and Milwaukee</p> <p><b>Robin Mayrl</b>, <i>Vice President</i>, Helen Bader Foundation  <b>Judith Frye</b>, <i>Director</i>, Office of Family Care Expansion,          Wisconsin Department of Health Services  <b>Stephanie Sue Stein</b>, <i>Director</i>, Milwaukee County          Department on Aging</p> <ul style="list-style-type: none"> <li>■ What factors contributed to Wisconsin’s commitment to home- and community-based long-term care? What have been the state’s objectives and priorities?</li> <li>■ What role do counties play? How has Milwaukee implemented a program of services for low-income seniors and people with disabilities?</li> <li>■ What steps have the state and county taken to rationalize service delivery to seniors in this market?</li> <li>■ How many Family Care clients are served in Milwaukee County? How will this change when the disability population is added? What is the timetable for bringing a full complement of Family Care services to people with disabilities?</li> <li>■ What effect has Family Care had on overall Medicaid long-term care expenditures, nursing home utilization, and access to services?</li> </ul>
4:15 pm	<p>Preview of Tuesday’s Program at United Community Center</p> <p><b>Ricardo Diaz</b>, <i>Executive Director</i>  <b>René Farías</b>, <i>Associate Director – Special Projects</i></p> <ul style="list-style-type: none"> <li>■ What is the history of the United Community Center (UCC), and what are its overall goals and priorities?</li> <li>■ What types of programs and activities does UCC provide to people with disabilities and the elderly? How does UCC participate in Milwaukee’s Family Care Program?</li> <li>■ What will federal participants see during their visit to UCC tomorrow?</li> </ul>
4:45 pm	Adjournment

## AGENDA

Agenda / continued ►

**Monday, August 11, 2008 / continued**

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- 5:15 pm Bus Departure — Helen Bader Foundation  
[233 N. Water Street, 4th Floor]
- 
- 5:30 pm Reception with speakers and other members of Milwaukee's  
aging and disability communities
- 
- 7:00 pm Dinner (participants only) – Milwaukee Ale House  
[233 N. Water Street, 1st Floor]

**Tuesday, August 12, 2008**

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- 7:30 am Breakfast available [Louis Richard Room]
- 
- 8:15 am Housing and Service Delivery: Forging the Link
- Kenneth Barbeau**, *Director, Community Programs and Services,*  
Housing Authority, City of Milwaukee
- Scott Stevlingson**, *Chief Operating Officer, SunStarr Real*  
Estate Group, LLC
- Ruth Ryshke**, *Director of Operations, Anew Health Care Services*
- Mina Tepper**, *President of Operations, Jewish Home and Care Center*
- Cordelia Taylor**, *Chief Executive Officer, Family House*
- What federal and state authorities support residential facilities for low-income elderly and people with disabilities? What federal and state authorities address service needs? What is the role of the private sector?
  - How does the Milwaukee County Housing Authority (MCHA) allocate residential units? Are the elderly and younger people with disabilities considered separately? Are there waiting lists for housing? Do privately owned facilities meet the demand of those who do not qualify for MCHA units? To what extent does this vary by income level?
  - How do MCHA and private facility owners arrange for medical and social services to be provided to residents? To what extent is service availability a function of licensure? How are such services paid for?
  - What happens to residents who become too seriously ill or incapacitated for assisted living? What about residents who run out of money?
  - What is the role of the state and the county in monitoring the provision of housing and services?

Agenda / continued ►

**AGENDA**

**Tuesday, August 12, 2008 / continued**

9:45 am Bus Departure — United Community Center [1028 S. 9th Street]

10:15 am Welcome and Tour

10:45 am An Alphabet of Programs: CMOs, CMUs, and Service Providers

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

- How do Care Management Organizations (CMOs) (or Managed Care Organizations, MCOs), Care Management Units (CMUs), and health and social service providers interact and work together in Milwaukee County to ensure that Family Care members get appropriate and timely services?

- What are the primary responsibilities and activities of Milwaukee County’s CMO? Is there more than one CMO?

- What are the primary responsibilities and activities of CMUs? How many CMUs are there in Milwaukee County? How are CMUs chosen, monitored, and measured?

- Who recruits and monitors service providers? How do service providers relate to a CMO and to a CMU?

11:00 am Care Management Units: Roles and Responsibilities

Overview:

**Maria Ledger**, *Assistant Director, Long-Term Support (CMO), Milwaukee County Department on Aging*

Facilitated discussion:

**Gina Botshtein**, *Vice President, Older Adult Services, Jewish Family Services*

**René Farías**, *Associate Director – Special Projects, United Community Center*

**Sr. Lucina Halbur**, *Director, S.E.T. Ministry, Inc.*

**G. Roger Zhong, PsyD**, *Executive Director, Project Access*

**Jennifer Mathwig**, *Director of Program Development for Family Care, Community Care*

- What population group(s) does each CMU serve? What are the primary services provided?

- How does the CMU manage care on a daily basis?

- What are the major challenges in delivering services?

12:30 pm Lunch

**Agenda / continued ►**

**AGENDA**

Tuesday, August 12, 2008 / continued

**AGENDA**

1:00 pm      **Family Care Financial Management: Capitation and Rate-Setting**  
**Tom Lawless**, *Fiscal Management & Business Services Section Chief*, Division of Long-Term Care, Wisconsin Department of Health Services  
**James Hodson**, *Chief Financial Officer*, Milwaukee County Department on Aging  
**Paul Soczynski**, *Chief Operating Officer*, Community Care  
**Kyle Raeder**, *Reimbursement Specialist*, Community Care

- What are the respective responsibilities of the state, counties, and CMOs in assuring fiscal control of Family Care? Where does responsibility lie for balancing individual member needs and care planning with overall fiscal control?
- How are the capitation rates for Family Care services determined? What is the Family Care base capitation rate, and how do the rates for a CMO vary by levels of care and number of ADL (activity of daily living) and IADL (instrumental activity of daily living) dependences present among the CMO members? How do the rates vary by geographic area?
- In implementation of a capitation model, how are contingencies planned for? For example, what happens if more people are eligible—or services are more costly—than projected?
- How do CMOs balance their responsibilities for providing services to consumers, maintaining fiscal accountability, and reimbursing providers responsibly?
- Do case managers generally consider the capitation rate they receive when they are developing care plans?

2:30 pm      **Addressing Quality of Family Care Services**  
**Jack Melton, PhD**, *Chief Operating Officer (retired)*, Milwaukee County Department on Aging  
**Heather Bruemmer**, *State Long-Term Care Ombudsman*, Wisconsin Board on Aging & Long-Term Care  
**Kellie Miller**, *Volunteer Ombudsman Program Director*, Wisconsin Board on Aging & Long-Term Care

- What steps have the state and Milwaukee County taken to monitor quality of care and services under Family Care?
- What is the Minimum Data Set (MDS), and how is the county planning to use it to develop service plans, assess personal outcomes, and measure cost effectiveness across the CMUs?

**Agenda / continued ►**

Tuesday, August 12, 2008 / continued

- 2:30 pm      Addressing Quality of Family Care Services...continued
- What role do care planning and assessment play in measuring and monitoring quality of care?
  - Does the Long-Term Care Functional Screen play a role in care planning and assessment, or is it primarily used to set capitation rates?
  - What are the functions of the ombudsman program, both for institutional care and home care services? How is the program funded? What is the role of paid and volunteer staff?
  - How do ombudsmen access facilities, and how does the program coordinate with the nursing home survey and certification agencies?
  - What are the chief complaints made by residents of nursing homes, assisted living facilities, and recipients of home- and community-based services? How do ombudsmen resolve complaints?

3:30 pm      Bus Departure — Hotel

- 4:00 pm      Services to People With Disabilities:  
What Changes Will Family Care Bring?
- Geri Lyday**, *Administrator*, Disability Services Division, Milwaukee County
- Karen Avery**, *Associate Director*, IndependenceFirst
- Thomas Nowak**, *Director*, Midwest Community Services
- Midge Pinchar**, *Relocation Specialist*, Disability Services Division, Milwaukee County
- How many people with disabilities currently receive services through Medicaid and other programs in Milwaukee County? How are those services organized, provided, and funded?
  - How many people with disabilities receive services under home- and community-based services (HCBS) waiver programs? How many are on waiting lists for these programs?
  - How will the change from current HCBS waiver services to the managed care approach of Family Care affect current clients in need of services? The advocacy community? The service provider community? The County disability staff?

Agenda / continued ►

## AGENDA



**Tuesday, August 12, 2008 / continued**

- 
- 4:00 pm      Services to People With Disabilities...continued
- Will some people with disabilities be disproportionately affected in a positive or negative way by Family Care?
  - How does the county work to assure that the majority of people with disabilities are served in the community rather than in an institutional setting?
- 
- 5:15 pm      Adjournment
- 
- 6:30 pm      Bus Departure — Dinner at Lake Park Bistro [3133 E. Newberry Boulevard], with view of Family House [3269 N. 11th Street] en route

**Wednesday, August 13, 2008**

- 
- 7:30 am      Breakfast available and check out from hotel
- 
- 8:30 am      Bus Departure — Goodwill Industries [6055 N. 91st Street]
- 
- 9:15 am      Overview of Goodwill Programs
- Dorothy Wilson**, *Vice President of Human Services*
- What are the history, function, and budget of Goodwill Industries of Southeastern Wisconsin and metropolitan Chicago?
  - What is the function of the Human Services component of Goodwill?
  - How does Goodwill mesh its entrepreneurial efforts with programs to serve people with disabilities, for example, through work skills development and sheltered workshop programs?
- 
- 9:45 am      Tour
- 
- 10:15 am     Programs for People with Disabilities
- Jane Kirchoff**, *Director of Day Services*
- Aging Programs
- Meg Lemmen**, *Director of Senior Services*
- What are the characteristics of the populations Goodwill serves? What is the range of services Goodwill provides to the elderly and people with disabilities? What are the multiple sources of funding for these service programs?

**Agenda / continued** ►

**AGENDA**

**Wednesday, August 13, 2008 / continued**

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- 10:15 am      Programs...continued
- What role does Goodwill play in providing Medicaid HCBS waiver services to people with disabilities and Family Care services to the elderly? Will this role change as Milwaukee County fully transitions to Family Care?
  - What role does Goodwill play in serving people with cognitive disabilities and with mental illnesses?
- 

10:45 am      Discussion with consumers and caregivers

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Noon           Lunch and Wrap-up

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1:00 pm       Bus Departure — Airport

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## **AGENDA**

## Participants

### **Cliff Binder**

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### **Mindy Cohen**

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### **Kirsten Colello**

*Analyst in Gerontology*  
Congressional Research Service

### **Larissa Crossen**

*Program Specialist*  
Administration on Developmental  
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### **Rachel Fenton**

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

### **Gregory Hinrichsen, PhD**

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### **Gavin Kennedy**

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### **Ophelia McLain**

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### **Anne Montgomery**

*Senior Policy Advisor (D)*  
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### **Jennifer Nading**

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### **Sara Newell**

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Development  
Administration on Aging  
U.S. Department of Health and  
Human Services

Participants / continued ►

**Participants** / continued

**Libby Perl, JD**

*Analyst in Housing*  
Domestic Social Policy Division  
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**Anice Schervish**

*ROSS and PH FSS Program Manager*  
*HOPE VI CSS Grant Manager*  
Office of Public Housing Investments  
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Development

**Meridith Seife**

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

**Lillian Spuria**

*Branch Chief, Medicaid*  
Health Division  
Office of Management and Budget

**Julie Stone**

*Specialist in Health Care Financing*  
Domestic Social Policy Division

Congressional Research Service

**Amy Thornton**

*Legislative Analyst*  
Office of Legislation  
Centers for Medicare & Medicaid  
Services  
U.S. Department of Health and Human  
Services

**Helen Zayac, PhD**

*Policy Analyst*  
Office of Disability, Aging and Long-  
Term Care Policy  
Office of the Assistant Secretary for  
Planning and Evaluation  
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**Judith D. Moore**

*Senior Fellow*

**Carol V. O’Shaughnessy**

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**Christie Provost Peters**

*Principal Policy Analyst*

**Lisa Sprague**

*Principal Policy Analyst*

**Monique Martineau**

*Publications Director*

**Marcia Howard**

*Program Associate*

## Biographical Sketches

## Participants

**Cliff Binder** is an analyst in health care financing for the Domestic Social Policy Division of the Congressional Research Service (CRS). His issue areas include Medicaid disability, Medicaid regulations, long-term care, special needs plans, and other related topics. Prior to joining CRS, he served as a senior policy advisor in AARP's Public Policy Institute where he led state and federal health policy analysis on prescription drug pricing, Medicare Part D, national health care reform, and Medicaid. Earlier, Mr. Binder was a senior policy analyst for the National Association of State Medicaid Directors. He received a master's degree in business administration with a concentration in health care finance as well as his undergraduate degree in English and economics from Boston University.

**Mindy Cohen** is a health analyst in the Budget Analysis Division of the Congressional Budget Office (CBO), where she focuses on Medicare Advantage, dual eligibles, and long-term care. Prior to joining CBO, Ms. Cohen spent three years at the Urban Institute conducting quantitative research on Medicaid enrollment and expenditures, utilizing data from the Medicaid Statistical Information System (MSIS) and the CMS-64. Ms. Cohen holds a master's degree in public health from the University of Michigan and a BA degree in economics from Tufts University.

**Kirsten Colello** is an analyst in gerontology with the Congressional Research Service (CRS). Her work focuses on a wide range of health and social policy issues that affect an aging population, including disability, long-term care, and housing. Prior to joining CRS, Ms. Colello was a research associate at the Urban Institute, where she contributed to several projects that look at predictors of nursing home transitions, patterns in the use of informal caregiving, and characteristics of informal caregivers. She also worked as policy analyst of various reform options using a microsimulation model. Ms. Colello received her master's degree in public policy analysis from Gerald R. Ford School of Public Policy at the University of Michigan and a BA degree with concentrations in economics and sociology from Virginia Tech.

**Larissa Crossen** serves as a program specialist at the Administration with Developmental Disabilities (ADD), working on the Projects of National Significance (PNS) team. These Projects focus on the most pressing issues affecting people with developmental disabilities and their families. She is responsible for monitoring and providing technical assistance to 11 Training and Resource Center grantees. Prior to joining ADD, Ms. Crossen served as an intense case manager with the Department on Disability Services. She also worked as an activities coordinator for persons with disabilities. She holds a master's degree in education.

**Rachel Fenton** serves as the legislative director for her hometown Congressman, Rep. Vernon J. Ehlers (R-MI). She has been part of his legislative team since 2003, providing advice on health, education, labor and other social issues. In the 110th

Congress, she has assisted Rep. Ehlers with introducing science and math education and hearing aid tax credit legislation. Ms. Fenton began her time on Capitol Hill during graduate school when she served as an intern for Sen. Michael Enzi (R-WY) on the Subcommittee for Employment, Safety and Training. Previously, she worked as an admissions representative for a liberal arts college, and conducted health policy research at the Social Security Administration's Office of Disability and Income Assistance Policy and the Center on Health and Disability Research of the National Rehabilitation Hospital. Ms. Fenton received a master's degree in public policy from Georgetown University and her undergraduate degree from Calvin College in Michigan.

**Gregory Hinrichsen, PhD**, is a geropsychologist with 30 years' experience in the field of aging. During 25 years at Long Island Jewish Medical Center in New York City, he conducted aging research, created training programs in psychology and geropsychology, and provided clinical services to older adults and their families. He is author of 70 professional publications, including two books on mental health and aging. Dr. Hinrichsen is a former chairman of the American Psychological Association's Committee on Aging and a past president of the Society of Clinical Geropsychology. He has spent the past year as an American Psychological Association/American Association for Advancement of Science congressional fellow working on health and aging issues in the office of Sen. Ron Wyden (D-OR).

**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 (State Children's Health Insurance Program) and the role of home- and community-based services for people with HIV/AIDS.

**Emily Rosenoff Killeen** has been with the U.S. Department of Health and Human Services' Assistant Secretary for Planning and Evaluation (ASPE) in the Office of Disability, Aging and Long-Term Care Policy since 2003. Her work focuses on residential care and assisted living policy, Medicaid, home- and community-based services, and long-term care workforce issues. She has also worked at the Organization for Economic Cooperation and Development (OECD), the Senate Committee on Veterans' Affairs, and the University of California, San Francisco's Center for the Health Professions. Ms. Killeen received a master's degree in public affairs from Princeton's Woodrow Wilson School and a bachelor's degree in molecular and cell biology from the University of California, Berkeley.

**Molly Long** is a health insurance specialist for the Office of Legislation at the Centers for Medicare & Medicaid Services (CMS) in Washington, DC. She conducts legislative analysis and technical assistance on programs for low-income beneficiaries. Her

## BIOGRAPHICAL SKETCHES

### Participants

portfolio includes Medicaid long-term care, disability, and quality; disaster relief; and the Medicare Part D low-income subsidy program. Prior to joining CMS, Ms. Long held several positions with AARP, including interim senior project manager for prescription drug strategies, project manager in the Office of Policy Integration, and member of the Public Policy Institute Health Team. She holds a master of public health degree from The George Washington University and a BS degree with Honors from the University of New Hampshire.

**Ophelia McLain** serves as program specialist at the Administration on Developmental Disabilities, Administration for Children and Families. As the Project of National Significance (PNS) team lead, she provides guidance to the PNS team, ensuring that the Data Collection Cooperative Agreements, Family Support 360 Centers and Youth Information, Training and Resource Centers function as expected. She is the project officer of the two PNS logistics and technical assistance contracts that provide technical assistance to the Family Support 360 and Youth grantees. She also participates in collaborative efforts with other federal agencies and external partners. She holds a master's degree in health services administration from Central Michigan University, and a key executive leadership certificate from American University.

**Anne Montgomery** is senior policy advisor for the U.S. Senate Special Committee on Aging, chaired by Sen. Herbert H. Kohl (D-WI). She is responsible for policy development relating to long-term care, elder abuse, and related issues for the Committee's Democratic staff. Earlier, Ms. Montgomery was as a senior health policy associate with the Alliance for Health Reform in Washington, DC, where she played a key role in writing and editing policy publications and designing public briefings and conferences for congressional staff and other stakeholders. Ms. Montgomery served as a senior analyst in public health at the U.S. Government Accountability Office and as a legislative aide to Rep. Pete Stark (D-CA) of the Committee on Ways and Means' Subcommittee on Health. She was an Atlantic Fellow in Public Policy in London from 2001–2002, where she undertook comparative research on long-term care in the United States and the United Kingdom. She also worked as a journalist covering the National Institutes of Health and Congress during the 1990s. Ms. Montgomery has an MS degree in journalism from Columbia University and a BA degree in English literature from the University of Virginia, and she has done gerontology coursework at Johns Hopkins University.

**Jennifer Nading** is a program examiner for the Medicaid Branch at the Office of Management and Budget in the Executive Office of the President. Her responsibilities include reviewing state Medicaid section 1115 demonstration applications and evaluating Medicaid issues concerning the aged, blind, and disabled; state grants and demonstrations; immigration and welfare interactions; and Indian Health Services. Ms. Nading received a master of public affairs degree from the LBJ School of Public Affairs.

**Sara Newell** is a program specialist for the Administration on Developmental Disabilities (ADD). She provides training and technical assistance to State Councils on Developmental Disabilities in their pursuit of capacity building, advocacy promotion, and systemic change. She serves on the U.S. Department of Health and Human Services Emergency Preparedness subcommittee and on the President's

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New Freedom Initiative workgroup. Prior to joining ADD in 2006, Ms. Newell was a service liaison for the Arc in New York State and a lay advocate for individuals with disabilities in the District of Columbia.

**Richard Nicholls** is special assistant to the director at the Office for Planning and Policy Development, Administration on Aging, U.S. Department of Health and Human Services.

**Libby Perl, JD**, is a housing policy analyst at the Congressional Research Service (CRS). She works specifically on issues surrounding housing for special populations, including homelessness, housing for older individuals and persons with disabilities, and low-income home energy assistance. Prior to working at CRS, Ms. Perl was an attorney at the Legal Aid Society in Cleveland, where she worked primarily on housing-related issues including assisting tenants with legal issues and helping homeowners facing foreclosure. Ms. Perl has a law degree from Boston University and a master's degree in public affairs from the Woodrow Wilson School at Princeton University.

**Anice Schervish** is the program manager for the ROSS and PH FSS programs and a HOPE VI CSS grant manager in the Office of Public Housing Investments at the Department of Housing and Urban Development (HUD). She started her career at HUD in 2002 in the Chicago Regional Office as a presidential management fellow and has worked in the Office of Public Housing, Office of Community Planning and Development, McKinney Homeless Programs and with the U.S. Interagency Council on Homelessness. Earlier, Ms. Schervish worked with the Chicago Coalition for the Homeless doing advocacy and community organizing, with the Chicago Juvenile Court System and as a full-time Amate House volunteer. She has a master of social work degree from the Jane Addams College of Social Work at the University of Illinois, Chicago, and a BA degree in sociology from Georgetown University.

**Meridith Seife** is a deputy regional inspector general for the U.S. Department of Health and Human Services' Office of the Inspector General (OIG). She investigates fraud, waste, and abuse within HHS programs. She directs research on a variety of topics, such as the quality of care within Medicare and Medicaid programs, the integrity of provider payments, and the effectiveness of public health initiatives. Before joining the OIG, Ms. Seife held positions with the U.S. Government Accountability Office and the Congressional Research Service. She received a master's degree in public administration from the Maxwell School of Syracuse University.

**Lillian Spuria** is the branch chief for Medicaid at the Office of Management and Budget in the Executive Office of the President. Her responsibilities include leading and coordinating the formulation of the budget, legislative and regulatory analysis, and management improvement for Medicaid, State Children's Health Insurance Program, and private health insurance. She received her master of public affairs degree from the LBJ School of Public Affairs.

**Julie Stone** is a specialist in health policy with the Congressional Research Service (CRS), where she 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,

## BIOGRAPHICAL SKETCHES

### Participants



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. 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, Berkeley.

**Amy Thornton**, a presidential management fellow with the Department of Health and Human Services, is currently on detail to the Subcommittee on Health of the Committee on Ways and Means, U.S. House of Representatives. An earlier rotation was to the Office of External Affairs in the Centers for Medicare & Medicaid Services. Previously, Ms. Thornton worked for Allina Hospitals and Clinics in Minnesota, where she assisted in the legislative policy agenda for the health system. Ms. Thornton received her undergraduate degree from the University of Wisconsin, Madison, in sociology and legal studies, later completing a master's degree in public health at the University of Minnesota School of Public Health.

**Helen Zayac, PhD**, is a policy analyst in the Office of Disability, Aging, and Long-Term Care Policy in the Office of the Assistant Secretary for Planning and Evaluation at the Department of Health and Human Services. Her work focuses on health promotion for older adults and people with disabilities, elder abuse, falls prevention, employment for people with disabilities, and other disability issues. Dr. Zayac received a BS degree in psychology from Duke University and a PhD degree in aging studies from the University of South Florida (USF). Her work at USF focused on the role of social and environmental factors on the health and well-being of minority older adults, as well as long-term care financing and policy.

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**Karen Avery** serves as the associate director of *IndependenceFirst*, a Center for Independent Living that provides services to persons with disabilities in order to facilitate their ability to live independently in the community. Ms. Avery has participated in many state and local committees regarding long-term care reform and expansion the past several years, including serving as chair of the Committee on State & Local Stakeholder Participation of the Wisconsin Council on Long-Term Care Reform, and as a member of the Milwaukee County Long-Term Care Council and the Milwaukee County Stakeholder Council.

**Kenneth Barbeau** has worked for the Housing Authority of the City of Milwaukee since 1999 and is currently the director of Community Programs and Services. He is responsible for the planning, implementation, and management of all resident services programs. He also coordinates supportive services and programming for older adults and persons with disabilities for the Housing Authority's 14 high-rise developments, including the Lapham Park Venture, a national model for providing continuing care to low-income seniors.

**Gina Botshtein** is vice president, older adult services for Jewish Family Services (JFS). She has been with the agency for more than five years, with positions in the Clinical Department, the Social Services to Russian Speakers Department and the Older Adult Services Department. Under her leadership, the Family Care clientele has grown from 60 clients to over 340. Ms. Botshtein's employment at JFS is unique in that she and her family were resettled by the agency when she was eight years old. She received her master's degree in social work from the University of Wisconsin, Milwaukee.

**Heather Bruemmer** has been the executive director/state ombudsman for the Wisconsin Board on Aging and Long-Term Care since January 2008. Previously she was the ombudsman services supervisor for three years and a regional ombudsman for the program for five years. She has been in the long-term care industry for the last 20 years in both nursing home and assisted living settings. Her educational background includes degrees in education and music therapy from Wartburg College in Waverly, Iowa. Ms. Bruemmer is a music therapist and certified activity consultant, and she is licensed as a nursing home administrator.

**Ricardo Diaz** is executive director of the United Community Center, a comprehensive social service agency serving Milwaukee's Latino population. His previous roles as Milwaukee commissioner of city development and executive director of the Milwaukee Housing Authority have demonstrated his commitment to neighborhood and economic development. He holds degrees from Carroll College and the University of Wisconsin, Milwaukee.

**René R. Fariás** is associate director of special projects at United Community Center (UCC). He has more than 20 years of experience in management, planning, staff development, problem solving, and public speaking, and he is fully bilingual in Spanish and English. Mr. Fariás has held various management positions with organizations in the greater Milwaukee area, responsible for managing centers serving 800 children; a kindergarten to fifth grade bilingual school for 260 children; services to children with special needs; and numerous child care initiatives. Some of his current projects include the development of the Latino Geriatric Center, a three-year-old kindergarten program, cancer prevention and education, and Healthy Latino Families. Mr. Fariás holds a bachelor's degree in administration from the National University of México and a diploma in public administration from Victoria University of Manchester, England.

**Judith Frye** is director of the Office of Family Care Expansion in the Division of Long-Term Care within the Wisconsin Department of Health 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.

**Sr. Lucina Halbur** is president and chief executive officer of S.E.T. Ministry, Inc. S.E.T. is a community-based organization providing outreach health and human services in Milwaukee's central city. Her background includes gerontology and psychiatric-mental health nursing, along with years of experience in various administrative and teaching positions in health care. Among her accomplishments at S.E.T. Ministry is the initiation in 1993 of an on-site case management program in Milwaukee's Housing Authority developments for residents who are elderly and for those with disabilities.

**James Hodson** has served as the chief financial officer for the Milwaukee County Department on Aging's Family Care Care Management Organization since 2004. He is a certified public accountant with 18 years of financial management experience in long-term and managed care working for private, nonprofit, and public accounting organizations. Mr. Hodson was formerly a partner with BDO Seidman, LLP. He received his bachelor of science degree in accounting from Marquette University and is a member of the Wisconsin Institute of Certified Public Accountants.

**Jane Kirchoff** has worked for Goodwill Industries of Southeastern Wisconsin for 19 years as a supervisor, a manager, and now as director of day services. Under her direction, the day programs employ 80 staff to serve more than 400 individuals at 11 locations throughout the Metro Milwaukee/Southeastern Wisconsin area while generating \$4.3 million in annual revenue. Ms. Kirchoff has overseen the development of specialized programs to expand programming for individuals with medical frailties, physical disabilities, and severe functional limitations. The Goodwill Day Programs are piloting a new recreational and respite program this year and are working to develop transitional and service learning opportunities starting in 2009. Ms. Kirchoff holds a bachelor's degree in psychology and a master's degree in rehabilitation counseling.

**Tom Lawless** is the financial manager in the Wisconsin Department of Health Services' Office of Family Care Expansion. This office administers the three managed

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### Speakers

long-term care models currently operated by the state (Family Care, Family Care Partnership, and PACE [Program of All-Inclusive Care for the Elderly]), while also providing fiscal support to the bureau that is currently operating the state's fee-for-service home- and community-based waiver programs. Mr. Lawless's primary role is ensuring that long-term care funding transitions appropriately and smoothly from the traditional waiver programs to the expanding managed care programs, as these models move from their pilot status to statewide implementation. It has been his responsibility to develop and employ appropriate risk adjustment methods to capitate the contracting plans. Mr. Lawless's formal training is in the fields of social work and economics. He holds undergraduate and graduate degrees from the University of Chicago.

**Maria Ledger** is assistant director, long-term support and the director of the Milwaukee County Family Care Care Management Organization (CMO) for the Milwaukee County Department on Aging. She is responsible for developing and maintaining the necessary systems infrastructure to support the CMO's mission and vision statement and for development and oversight of the necessary quality management, member services, provider network, and information systems infrastructure to support the CMO daily operations and strategic plan and to insure the fiscal solvency of the program. Previously, Ms. Ledger served as associate director of the Center on Age & Community at the University of Wisconsin, Milwaukee. She holds a bachelor's degree in psychology from Marquette University and a master's degree from Southern Illinois University, Carbondale, in rehabilitation counseling.

**Meg Lemmen** is director of senior services at Goodwill Industries of Southeastern Wisconsin, where she has worked for nine years. Her responsibilities include program development to meet mission goals along with positive business outcomes. During 2007, the Senior Service Department provided services to 3,830 older adults. Ms. Lemmen is a graduate of Marquette University.

**Geri Lyday** was appointed administrator of the Milwaukee County Disabilities Services Division in 1995. She is responsible for the delivery of rehabilitative and restorative services to persons with physical disabilities, sensory impairments, and developmental disabilities. She also manages the delivery of services to children who have disabilities and infants with developmental delays. Ms. Lyday has worked for Milwaukee County in several different capacities for the last 23 years. She earned her bachelor's degree from Lakeland College in Sheboygan and her master's degree as a rehabilitation specialist from the University of Minnesota, Mankato State Extension Chapter.

**Robin Maryl** is vice president for program development at the Helen Bader Foundation, where she is responsible for providing strategic assistance to organizations and coalitions that further the Foundation's charitable mission. She assists the Foundation's program staff in developing grantmaking strategies and evaluation processes. A Foundation employee since 1992, Ms. Maryl has been in her current position since 1999. She played a key role in developing the Foundation's Alzheimer's and Aging program area, which has awarded more than \$31 million in grants to improve the quality of life for older adults across Wisconsin. Ms. Maryl is currently serving a two-year term as president of Grantmakers in Aging, a national

## BIOGRAPHICAL SKETCHES

### Speakers

association of private and corporate donors that are engaged with issues affecting older adults. Prior to joining the Foundation, she was director of the Milwaukee County Department on Aging. Ms. Mayrl holds a bachelor's degree in sociology from Daemen College in Buffalo, New York, and a master's degree in social work from the University of Wisconsin, Milwaukee.

**Jennifer Mathwig** is director of program development for Family Care at Community Care, Inc.

**Jack Melton, PhD**, having just retired as chief operating officer of the Milwaukee County Department of Aging, is now a principal in his own consulting firm. He is a clinical psychologist by training but has spent most of his professional life in health care administration. Dr. Melton received his PhD degree from the University of Nebraska and completed an internship and postdoctoral fellowship at Dartmouth-Hitchcock Medical Center.

**Kellie Miller** is volunteer ombudsman program director for the Wisconsin Board on Aging and Long-Term Care.

**Thomas Nowak** is director of Midwest Community Services, Inc., a private community service agency serving developmentally disabled adults in individualized supported community living options. Before founding this agency in 2002, he held a series of social work, therapy, and management positions with Bell Therapy, Inc., culminating in the position of director of community and residential services. Mr. Nowak holds a BA degree in social work and sociology and a master's degree in social work from the University of Wisconsin, Madison.

**Midge Pinchar** is a relocation specialist with the Community Relocation Initiative developed by the State of Wisconsin and implemented by the Milwaukee County Disability Service Division. She works with consumers under the age of 60 who currently reside in skilled facilities and can safely re-enter the community if supportive services are made available. Ms. Pinchar has held a variety of nursing positions, in direct care as well as education and administration, since earning her bachelor of science in nursing from Indiana University.

**Kyle Raeder** is the reimbursement specialist at Community Care, Inc. 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. Mr. Raeder has a bachelor's degree in finance and real estate/urban development and a master's degree in business administration, with a focus on finance and organizational development, both from the University of Wisconsin, Milwaukee. Prior to joining Community Care, he served in several positions in the banking industry, including business analyst.

**Ruth Ryshke**, director of business development for ANEW Health Care Services, is responsible for the operations and clinical oversight for two assisted living facilities, ANEW's home health care agency and its Financial Services Division. Since joining ANEW in 2000, Ms. Ryshke has established a Care Management Unit (CMU) with the Family Care Program for the Milwaukee County Department on Aging (currently the county's largest CMU with more than 600 members) an Office of

## BIOGRAPHICAL SKETCHES

### Speakers

Case Management, and a Financial Services Division where staff provide money management and other services to the Family Care population. She is a graduate of Milwaukee County School of Nursing and started her nursing career at County Hospital. After County Hospital closed its doors, Ms. Ryshke worked as a home care registered nurse, then went on to become director of an infusion program, director of a home care agency, and director of an SSI (Supplemental Security Income) Managed Care Organization.

**Paul Soczynski** is the chief operations officer of Community Care, Inc., which operates PACE (Program of All-Inclusive Care for the Elderly), a Wisconsin Partnership, and a Family Care Program, among other case management programs for elders and physically disabled adults. He was executive director of Total Community Care (TCC) with offices in Milwaukee, Wisconsin; Denver, Colorado; and Albuquerque, New Mexico from May 2003 to December 2007. Mr. Soczynski serves as a commissioner on the Milwaukee Commission on Aging. He also serves as the project manager for the Family Partnership Care Management Coalition, which is implementing long-term care reform initiatives for 12 Wisconsin counties. Mr. Soczynski has a bachelor's degree from the University of Wisconsin, Milwaukee, in health information administration, an MBA degree from Keller Graduate School, and a certificate in organizational development from National Training Labs.

**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. Ms. Stein was 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.

**Scott Stevlingson**, chief operating officer of SunStarr Real Estate Group, LLC, is responsible for new development and asset management. Since joining the company in 2001, he has managed the development of over \$36 million in affordable housing in Wisconsin and South Carolina and oversees a portfolio of 1,200 affordable and market rate units. During the last six years, Mr. Stevlingson has focused exclusively on combining affordable housing and services for seniors. He helped pioneer the effort to develop a viable, affordable assisted living model by working closely with the Wisconsin Affordable Assisted Living consortium and the Milwaukee County Department of Aging to develop Garden Place RCAC (residential care apartment complex). Prior to joining SunStarr, Mr. Stevlingson served as an asset manager for KeyCorp, a national tax-credit investor. He holds a master's degree in real estate from the University of Wisconsin, Madison.

**Cordelia Taylor** has made it her personal mission to “positively impact the lives of the elderly through the provision of safe, affordable housing in a family-like setting with minimal restrictions, offering gainful employment to local area inhabitants at the agency and sharing the physical facilities with the community in a manner that can save and revitalize the neighborhood and all residents.” A resident of Milwaukee

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since 1954, she held a number of nursing positions following her graduation from the University of Ohio, Toledo. As a nursing home administrator, Mrs. Taylor became dissatisfied with the health care and housing options available to people of color and the aged, which prompted her to found Family House with her husband and five of her adult children. Today, Family House, Inc., has grown from an eight-bed community-based residential facility to one side of a city block offering a home-like setting for 68 elderly people, an after-school program for 31 children, a food pantry, and a computer program for the community. It employs 51 people.

**Mina Tepper** is president of operations for the Jewish Home and Care Center, Chai Point and the Sarah Chudnow Campus. She oversees the provision of services to seniors with multiple needs, in multiple living environments, and with multiple payer sources. The facilities provide adult day care; senior enrichment programming; a community senior lunch program; independent and assisted living senior housing; and respite, rehabilitation, hospice, dementia, and long-term care services. Earlier in her career, Ms. Tepper served in leadership positions with hospitals, Medicare and Medicaid managed care organizations, and health insurance companies. She received her undergraduate degree at McGill University and her master of science in business administration degree from University of Wisconsin, Milwaukee.

**Dorothy Wilson** is vice president of human services for Goodwill Industries of Southeastern Wisconsin, Inc. She joined Goodwill in 2000, after seven years with the Private Industry Council of Milwaukee and a distinguished marketing career with S.C. Johnson Wax and the Xerox Corporation. At Goodwill, Ms. Wilson has served in positions including director of employer services, executive director of Employment Solutions, Inc., and vice president of workforce development. She holds an MBA degree from Clark Atlanta University and a BS degree from Benedict College.

**G. Roger Zhong, PsyD**, is the president and chief operating officer of Project Access, Inc. He has a PsyD degree in clinical psychology from the Wisconsin School of Professional Psychology.

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## Forum Staff

**Judith D. Moore** is senior fellow at the National Health Policy Forum, where she specializes in work related to the health needs of low-income vulnerable populations. Prior to joining the Forum staff, Ms. Moore was a long-time federal employee in the legislative and executive branches of government. At the Health Care Financing Administration (now Centers for Medicare & Medicaid Services), she directed the Medicaid program, the Office of Legislation and Congressional Affairs, and 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. Ms. Moore received her undergraduate degree in history and political science and 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. She is the coauthor of a political history of Medicaid, *Medicaid Politics and Policy 1965–2007*.

**Carol V. O’Shaughnessy**, principal policy analyst, 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**, principal policy analyst, joined the National Health Policy Forum in 1997. 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' health. Previously, she was director of legislative affairs for a national trade association representing preferred provider organizations and other open-model managed care networks. Ms. Sprague came to Washington in 1989 as manager of 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, Ohio. She holds a bachelor's degree in English from Wellesley College and a master of business administration degree from the University of Cincinnati.

**Monique Martineau** is the publications director of the Forum, where she edits and oversees the production of all written products. She is also responsible for visual presentation of materials in print and on the Web site, and she acts as liaison to several vendors for design, printing, and Web site hosting. Ms. Martineau came to the Forum from the Editorial Department of the journal *Science*, where she was responsible for working with research scientists, writers, and editors to ensure accuracy and integrity on the magazine's research and book review pages. Before working at *Science*, she held a predoctoral fellowship at the National Institutes of Health researching damage to the brain caused by excessive exposure to alcohol. Ms. Martineau holds a bachelor's degree in biology from the College of William and Mary and a master's degree in writing from Johns Hopkins University.

## BIOGRAPHICAL SKETCHES

Forum Staff





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