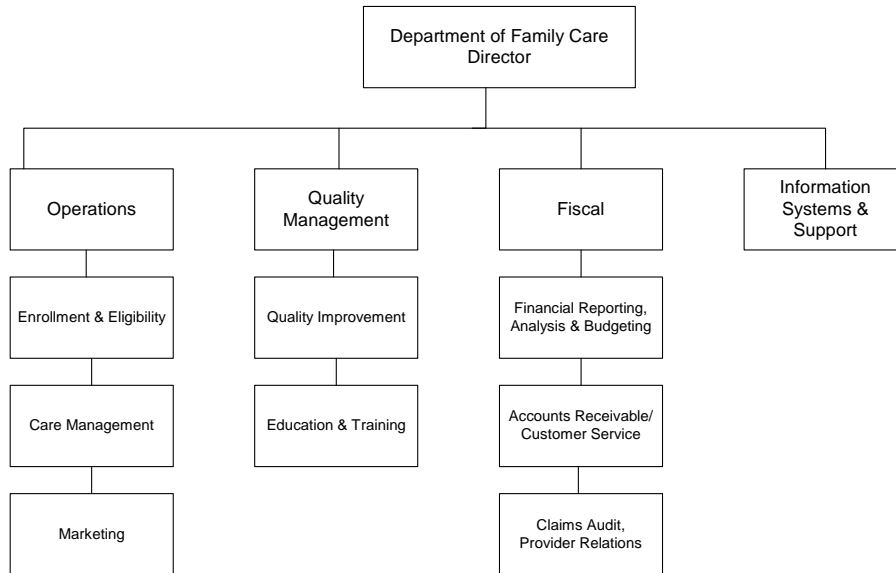


DEPARTMENT OF FAMILY CARE (7990)



MISSION

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

Budget Summary

	2013	2012/2013 Change
Expenditures	294,806,100	61,433,657
Revenue	294,806,100	61,433,657
Levy	0	0
FTE's	64.6	0.1

Major Programmatic Focus

- Lifting of the Enrollment Cap by the Wisconsin Department of Health Services.
- Continuing to compete with other Managed Care Organizations in Milwaukee County as well as the State's Self-Directed Supports Waiver – IRIS.
- Developing integrated service model to meet future vision of Family Care.
- Providing the Family Care benefit to Racine and Kenosha counties.

OBJECTIVES

- Provide high quality, cost-effective, long-term care services to eligible adults and individuals with physical and developmental disabilities ages 18 to 59.
- Streamline administrative infrastructure and provider service delivery model to meet the challenges of a reduced capitation rate and a competitive market while maintaining solvency.
- Continue to improve the Self-Directed Supports option that is available within the Family Care benefit.
- Enhance Care Management Unit education and training curriculum.

COUNTY EXECUTIVE'S 2013 BUDGET

DEPT: Department of Family Care

UNIT NO. 7990
FUND: General - 0001

- Heighten public awareness of the Milwaukee County Department of Family Care.
- Continue to enhance coordination of acute and primary care services and work towards provision of a model that integrates acute and long-term care.

DEPARTMENTAL PROGRAM DESCRIPTION

The Department administers the Family Care benefit for both the aging (over age 60) and disabled populations (ages 18-59), who are determined to be eligible by a Resource Center in the counties of Milwaukee, Racine and or Kenosha. MCDFC is responsible for creating a comprehensive plan of care for each client by contracting with a wide range of service providers and monitoring the quality of services that clients receive. MCDFC has and continues to deliver member-centered, community-based, outcome-focused, managed long-term care services and member-centered care planning for all Family Care members. The department has successfully served more than 18,627 members during the past twelve years by embracing a set of core values and a philosophy that is the foundation of the Family Care program.

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

MCDFC consists of the following four divisions:

The **Operations Division** includes Enrollment & Eligibility, Care Management, Marketing and the Placement Team. Enrollment & Eligibility is responsible for monitoring eligibility for Family Care clients, ensuring MCDFC receives its capitation payments, ensuring that clients receive the best care management services by assigning them to an Interdisciplinary Team (IDT) upon enrollment. IDTs are the care management units responsible for identifying member outcomes, developing a comprehensive care plan, authorizing services from the provider network, coordinating the member's health care and monitoring the member's plan of care. Marketing oversees advertising, community outreach, meetings, and conferences for the Department and takes the lead on member contact and retention. The Placement Team works actively to relocate members from institutional to community settings.

The **Quality Management Division** of MCDFC includes the Best Practice Team (BPT), Training and Education, Member Rights, and Grievance and Appeals. This division is responsible for ensuring the best possible care is provided to members by engaging in a process of continuous quality improvement activities such as improvement initiatives, on the ground support to the care management teams, training and education for staff new to the Family Care model, and quality evaluations. The BPT is a unit of social workers, nurses and therapy specialists that provides ongoing support to the interdisciplinary care management teams and conducts regular quality audits of member records. If quality issues are identified, the BPT and the Training and Education Unit collaborate to ensure that teams have immediate access to the information they need to improve. Additionally, the Training and Education Unit develops and implements a comprehensive multidimensional training program for all of the interdisciplinary care management teams that includes demonstration of competency in the Family Care - Care Management model. Finally this division conducts and coordinates a variety of quality evaluations. The results of these evaluations and audits assess the relative success of current quality improvement initiatives and identify opportunities for further improving the quality of the Family Care program.

The **Fiscal Division** is responsible for fiscal oversight while assisting with the integration of financial services with operations to support the strategic plan and insure cost effectiveness and that financial solvency is maintained.

COUNTY EXECUTIVE'S 2013 BUDGET

DEPT: Department of Family Care

UNIT NO. 7990
FUND: General - 0001

The major functions of this division are budget preparation, financial accounting and reporting, accounts receivable, customer service to members, data and trend analysis, developing provider networks and contracting, provider education and training on billing, monitoring departmental expenditures and revenues, reviewing audits and insuring that the program remains in compliance with the Health and Community Supports Contract.

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

2013 BUDGET

Approach and Priorities

- Maintain a solvent, high quality, outcome-based program.
- Budget to maintain the Family Care benefit in Milwaukee, Racine and Kenosha Counties.
- Continue to work towards improving service delivery systems to meet the challenges of a declining reimbursement environment.
- Continue to work towards development of MIDAS system to meet the resource needs of MCDFC and other MCO operations who lease the system.
- Continue to enhance coordination of acute and primary care services and work towards provision of a model that integrates acute and long-term care.

Programmatic Impacts

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

Budget Highlights¹

Departmental Overview

The department has not received notification on its 2013 capitation rate, so the 2012 capitation rate has been used in developing the department's budget.

During 2012, the following changes occurred that would affect the department's 2013 Budget: 1) increased enrollment due to lifting of the enrollment cap; 2) implementation of the Family Care benefit in Racine and Kenosha Counties; and 3) increased capitation rate of \$14.81 from \$2,733.15 to \$2,747.96. This narrative reflects the changes that occurred during 2012.

Capitation Revenues

(\$59,422,742)

A decrease in the 2012 capitated rate resulted in MCDFC modifying its expenditures for member services. Revenues for member obligation reflect a modest growth of 2%. The increase in enrollment in Milwaukee County due to the lifting of the enrollment cap and expansion into Racine and Kenosha counties has a direct impact on capitation and member obligation revenues resulting in increased revenues of \$59,422,742.

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

COUNTY EXECUTIVE'S 2013 BUDGET

DEPT: Department of Family Care

UNIT NO. 7990
FUND: General - 0001

Miscellaneous Revenue **(\$572,384)**

Miscellaneous revenue is increased by \$572,384 as a result of the following three agencies leasing Midas in 2013: Southwestern Family Care Alliance, Northern Bridges, and Lakeland County. Each agency pays a rate per member per month, based on its number of enrollees.

Care Management Expenses **\$59,385,428**

Due to the capitation rate being budgeted at the 2012 rate, all member service expenditures have no budgeted rate increases for providers. Thus, member service expenses are increased \$ 59,385,428 to reflect changes in enrollment for Milwaukee, Racine and Kenosha counties.

Daily Medicaid Rate Increase **\$477,832**

The 2013 budget includes an increased Medicaid rate for its Family Care clients that reside in the Center for Independence and Development (formerly Rehabilitation Center-Hilltop) and Rehabilitation Center-Central, and for clients that are placed in residential facilities within the community. The department assumes an average increase in the daily rate for nursing homes of \$350 from \$250 to \$600 per day, and \$65 from \$250 to \$315 per day for clients placed in the community. This results in increased expenditures for MCDFC of \$477,832.

Professional Services **\$1,352,485**

Professional service expenditures are increased by \$1,389,161 to reflect an increase in IT staffing to provide ongoing technical support and development for MCDFC and the other MCO'S that lease MIDAS. In addition, contract expenditures for Best Practice, Wisconsin Physician Services (WPS), and Andrea & Orendorff are also increased to reflect the number of increased enrollments. This increase is partially offset by an expenditure reduction of \$36,676 to reflect a reduction in audit fees.

Personnel Changes **\$54,206**

Due to the competitive market and the changing healthcare environment, MCDFC has reevaluated its staffing needs. As a result the department is abolishing 4.70 FTE for a savings, including salary, social security, and active fringe benefits, of \$393,680 and creating 5.0 FTE for a cost including salary, social security, and active fringe benefits of \$447,886, for a net increase of \$54,206:

The following vacant positions have been abolished:

- 1.0 FTE Program Admin Coordinator – CMO (\$97,786)
- 1.0 FTE Secretarial Assistant (\$52,180)
- 1.0 FTE Accountant 2 (\$62,604)
- 0.7 FTE Program Coordinator (ASD) (\$58,864)
- 1.0 FTE Contract Manager CMO (\$122,246)

The following positions have been created:

- 1.0 FTE Business Systems Proj. Manager- \$105,006
- 1.0 FTE Medicare Administrative Coordinator (Family Care)- \$90,576
- 1.0 FTE Nutrition Program Coordinator (Family Care)- \$85,948
- 1.0 FTE Rehabilitation Services Supervisor- \$90,576
- 1.0 FTE Accountant IV- \$75,780

Increase in Advertising Expenses **\$130,000**

Due to continued competition for members and providers and the implementation of the Family Care benefit in Racine and Kenosha counties, the department increased advertising expenditures from \$95,000 to \$225,000 in 2013. MCDFC will continue to work to increase the number of enrollees in Milwaukee County as well as Racine and Kenosha counties by effective advertising and marketing which includes, printing and distributing brochures, regular newsletters, information sharing, and sponsoring events for the aging and disabled population.

COUNTY EXECUTIVE'S 2013 BUDGET

DEPT: Department of Family Care

UNIT NO. 7990
FUND: General - 0001

Building and Space Rental **\$83,000**
 Expenses for building and space rental are increased in 2013 by \$83,000 to reflect the leasing of space in Racine and Kenosha County to provide the Family Care benefit.

Contractual Short-Term Staffing **\$50,000**
 Due to unexpected vacancies within the department, expenses are increased \$50,000 to provide temporary staffing support to cover the duties of the vacant positions until they can be filled.

Transfer from Reserves **(\$1,435,812)**
 Due to an increase in members related to the lifting of the Family Care enrollment cap and increased capitation rate, expenditures and revenues have increased. Although there has been an increase in revenue, the capitated rate of \$2,747.96 is still 2.3% lower than the 2011 rate of \$2,813.93. As a result, the department expects that expenditures will continue to be more than revenues, resulting in the need to transfer \$1,435,812 from the reserves.

BUDGET SUMMARY				
Account Summary	2011 Actual	2012 Budget	2013 Budget	2012/2013 Change
Personal Services (w/o EFB)	\$ 3,718,146	\$ 3,947,137	\$ 4,011,262	\$ 64,125
Employee Fringe Benefits (EFB)	3,104,832	3,067,443	3,006,490	(60,953)
Services	4,528,588	4,293,393	5,961,167	1,667,774
Commodities	117,998	128,157	143,387	15,230
Other Charges	260,875,180	220,660,175	280,344,011	59,683,836
Debt & Depreciation	0	0	0	0
Capital Outlay	86,939	37,000	37,800	800
Capital Contra	0	0	0	0
County Service Charges	1,270,576	1,239,138	1,301,983	62,845
Abatements	(58,680)	0	0	0
Total Expenditures	\$ 273,643,579	\$ 233,372,443	\$ 294,806,100	\$ 61,433,657
Direct Revenue	283,292,015	233,372,443	294,806,100	61,433,657
State & Federal Revenue	28,000	0	0	0
Indirect Revenue	0	0	0	0
Total Revenue	\$ 283,320,015	\$ 233,372,443	\$ 294,806,100	\$ 61,433,657
Direct Total Tax Levy	(9,676,436)	0	0	0

PERSONNEL SUMMARY				
	2011 Actual	2012 Budget	2013 Budget	2012/2013 Change
Position Equivalent (Funded)*	79.1	64.4	64.6	0.2
% of Gross Wages Funded	100.0	100.0	100.0	0.0
Overtime (Dollars)	\$ 12,490	\$ 32,712	\$ 32,556	\$ 32,556
Overtime (Equivalent to Position)	0.2	0.6	0.6	0.0

* For 2011 actuals, the Position Equivalent and the Percentage of Gross Wages Funded are the budgeted amounts.

COUNTY EXECUTIVE'S 2013 BUDGET

DEPT: Department of Family Care

UNIT NO. 7990
FUND: General - 0001

PERSONNEL CHANGES						
Job Title/Classification	Title Code	Action	# of Positions	Total FTE	Division	Cost of Positions (Salary Only)
Secretarial Assistant	00066	Abolish	(1)	(1.00)	DFC	\$ (30,118)
Accountant 2	04756	Abolish	(1)	(1.00)	DFC	(38,584)
Program Coord - ASD	56561	Abolish	(1)	(0.70)	DFC	(39,220)
Contract Manager CMO	12268	Abolish	(1)	(1.00)	DFC	(87,012)
Program Admin. Co ord (CMO)	4509	Abolish	(1)	(1.00)	DFC	(67,144)
Accountant 4 - NR	4350	Create	1	1.00	DFC	49,286
Rehabilitation Services Supv.	53355	Create	1	1.00	DFC	55,310
Medicare Adm Coord- FC	Z0013	Create	1	1.00	DFC	61,300
Busines Systems Proj. Mgr.	02740	Create	1	1.00	DFC	73,000
Nutri Prog Coord- Family Care	Z0016	Create	1	1.00	DFC	57,534
					TOTAL	\$ 34,352

All Abolished positions are vacant.

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