



DEPARTMENT OF FAMILY CARE

Milwaukee County

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**Milwaukee County
Family Care
Governing Board**

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Date: December 11, 2012

To: Members of Finance, Personnel and Audit Committee of the Milwaukee County Board of Supervisors

From: Maria Ledger, Director, Department of Family Care

Re: Admissions of out of county residents to BHD

In a brief conversation with Paula Lucey, BHD Administrator on 12/13/12, she stated she was not aware of any issue with out of county residents served by other Milwaukee MCOs (i.e. persons served by iCare or Community Care, Inc.) being admitted to BHD.

If an out of county resident does present to the BHD facility in Milwaukee County, they will be served in an emergency and then BHD will request a change of venue. At that point the legally responsible county either transports the individual back to their county or pays BHD for services.

The larger problem, per Ms. Lucey, is Milwaukee county residents served by other MCOs located outside of Milwaukee County. When those members have a psychiatric crisis and their MCO sends them to a facility other than BHD (i.e. Winnebago Mental Health or Mendota Mental Health), the bill for those services comes back to Milwaukee County, as the members are legal responsibilities of Milwaukee County, regardless of who provides their Family Care benefit.

This MCO uses the BHD psychiatric crisis unit rather than the State Mental Health Facilities and is also intimately involved with the downsizing of Hilltop as well as Acute Psychiatric Units.

CY 2013 Capitation Rates **Nursing Home Level of Care Population**

- CY 2013 NH Level of Care Gross Rates

MCO	CY 2013
Care Wisconsin	\$3,346.23
CCCW	3,005.09
CCI - Kenosha / Racine	3,070.46
CCI - Pink Region	3,214.11
CCI - Milwaukee	3,234.38
CCI - Teal Region	3,238.01
Lakeland Care District	3,062.19
CHP	3,412.19
MCDFC (Milwaukee)	2,770.91
Northern Bridges	2,869.04
SFCA	2,990.09
WWC	2,819.22

CCI - Teal Region: Ozaukee, Sheboygan, Walworth, Washington, & Waukesha Counties
 CCI - Pink region: Calumet, Outagamie & Waupaca Counties

**Summary of Net Income/(Loss) for MCDFC
For the Years 2003 through 2011**

Year	Net Income/(Loss)	Amount Repaid to County
2003-2004	(\$12,217,786)	
2005	\$10,032,846	\$5,016,423
2006	(1) \$5,418,830	\$2,709,415
2007	\$3,971,336	\$4,491,948
2008	(\$509,681)	
2009	\$211,258	
2010	\$2,786,821	
2011	\$9,676,436	
Total Yrs 2003-2011	\$19,370,060	\$12,217,786

Note (1): Present administration in place since 2006.

**Memorandum of Agreement
Between
Milwaukee County Department of Family Care
And
Racine County Human Services Department**

I. Purpose of Memorandum of Agreement (MOA)

The Milwaukee County Department of Family Care (MCDFC) administers a care management organization (MCO) in accordance with Wis Stats s. 46.284 and the Health and Community Supports Contract between MCDFC and the State of Wisconsin Department of Health Services. MCDFC is administratively responsible for the day-to-day operation of the MCO. The MCDFC Director is authorized to enter into this Agreement. MCDFC operates a Family Care Program in Milwaukee County, Kenosha County and Racine County.

The Racine County Human Services Department administers all human services programs on behalf of Racine County. The Director is duly authorized to enter into this Agreement.

The purpose of this MOA is to establish the mutual agreement between Milwaukee County, by the Milwaukee County Department of Family Care, and Racine County, by the Racine County Human Services Department regarding the responsibilities of MCDFC for all operations of the MCO, including providing the Family Care benefit to enrolled residents of Racine County and responsibilities of Racine County for all functions delegated to the county.

In order to assure that proper communication takes place between MCDFC and Racine County regarding shared responsibilities related to disaster planning, adult protective services (APS) and IMD relocations, the parties agree to all of the responsibilities as described in the Agreement.

II. Duration of MOA

This MOA shall remain in effect until one of the following occurs:

A. MCDFC no longer contracts with the State of Wisconsin for the provision of the family care benefit, or The State of Wisconsin issues a new Request for Proposals soliciting competitive bids for the provision of the family care benefit in this geographic area, or

B. Milwaukee County provides notice consistent with applicable statutes, rules and the Health and Community Services Contract, including applicable transition planning for affected individuals, of intent to terminate or not renew

C. Funding from the State of Wisconsin Department of Health Services for administration of the Family Care program by Milwaukee County is terminated.

D. The parties enter into a new Memorandum of Agreement.

III. Responsibilities of the Parties

A. Responsibilities of MCDFC

MCDFC is the sole entity responsible for operation of the MCO in accordance with the requirements of the Health and Community Supports Contract and applicable state and federal laws and regulations. This responsibility includes, but is not limited to responsibility for:

1. All expenses for the administration of and services provided by the MCO,
2. Deposit and disbursement of all funds received in accordance with the Health and Community Supports Contract,
3. Submission and approval of budgets and the Business Plan for operation of the MCO,
4. Maintaining the MCO governing board, including appointment of Board members when vacancies occur, in accordance with state statute and the Health and Community Supports Contract,
5. Formation and letting of contracts necessary for administration and provision of the Family Care benefit, and
6. MCDFC is not responsible for those functions and authorities granted to counties, nor may MCDFC interfere with the lawful exercise of those functions and authorities within Racine County as determined by the Racine County Board.

B. Responsibilities of Racine County

Racine County is the sole entity responsible for all matters of governance that have been delegated by the State of Wisconsin to county government. Racine

County is not responsible for operation of the MCO nor may Racine County interfere with the lawful exercise of those responsibilities by MCDFC.

C. Shared Responsibilities

Parties agree that parties must establish an ongoing working relationship memorialized in this agreement consistent with requirements established by the State of Wisconsin Department of Health Services for coordination and cooperation of the care management organizations, the Aging and Disability Resource Centers and counties. Parties agree to cooperate in good faith to enter into all necessary agreements as required. In order to assure that proper communication takes place with respect to disaster planning, APS and IMD relocations the procedures set forth in Articles VI, V and VI of this agreement, will be followed.

IV. Disaster Planning

Responsibilities of the Milwaukee County Department of Family Care

1. Initial Communication when a disaster or emergency occurs
 - a. The Director of the Milwaukee County Department of Family Care shall be the primary contact, except that the Director may designate an alternative primary contact in writing.
 - b. When MCDFC Director or designee is notified by the Director of the Racine County Human Services Department or designee of an emergency or disaster, MCDFC shall implement the MCDFC Emergency Preparedness Plan, coordinate effective communication with all agencies and maintain infrastructure to support service delivery to MCO members.
2. Emergency Preparedness Plan
 - a. MCDFC has developed an emergency preparedness plan to assure that the basic service needs of enrolled members are met in the event of an emergency. The plan in effect at the time of this agreement is attached hereto for reference as Attachment 1.
 - b. MCDFC shall review the Emergency Preparedness Plan at least annually and may revise as necessary to meet the basic needs of members. MCDFC shall make available upon request the most recent Emergency Preparedness Plan.

Responsibilities of the Kenosha County Department of Human Services

1. Initial Communication when a disaster or emergency occurs
 - a. The Director of the Racine County Human Services Department shall be the primary contact, except that the Director may designate an alternative primary contact.
 - b. When the Racine County Human Services Department receives notice of an emergency or disaster situation from the Emergency Management lead agency, the Director or designee of the Racine County Human Services

Department will issue an alert as soon as practicable to service providers including the Director of the Milwaukee County Department of Family Care.

2. **Emergency Preparedness Plan.** The Racine County Emergency Management is the lead agency for Emergency Management in Racine County. The Racine County Human Services Department will perform those duties assigned to that department in the event of an emergency or disaster.

Recovery

During the recovery phase, the Racine County Human Services Department and the Milwaukee County Department of Family Care are expected to support continuing operation as necessary to support the health and safety of MCO members.

Shared Responsibilities

The Racine County Human Services Department and the Milwaukee County Department of Family Care will coordinate delivery of services in the quickest and most efficient manner.

V. Adult Protective Services

Responsibilities of the County EA/AAR/APS Agencies

- A. Receive and respond to reports and referrals from the community or the ADRC regarding potential instances of neglect, self-neglect, exploitation, or abuse of elder/adults at risk.
- B. Conduct EA/AAR response and related activities as prescribed by WI Stats 46.90 and Chapter 55, DHS directives, or local policies and procedures including related evaluations required for the court.
- C. Petition for emergency protective services/placement, if needed, to ensure the immediate protection and pre-court stabilization of an individual.
- D. Investigate reports to determine need for legal intervention (e.g., guardianship, protective placement/services) and serve as court liaison.
- E. Consult/participate with the CMO Interdisciplinary Care Management Team to assure that the CMO care plans address long-term protection needs and comply with court orders.
- F. Provide contact information for an EA/AAR/APS liaison with the CMO.

G. Provide ongoing court liaison regarding protective placement issues. This includes, but is not limited to, conducting annual WATTS Reviews based on information from the CMO and other sources.

Responsibilities of the CMO

A. Report to County EA/AAR unit suspected instances of neglect, self-neglect, exploitation, or abuse of Family Care members who are residents of the County.

B. Cooperate fully with EA/AAR response, evaluation, reporting and service plan activities to help ensure that the County has the information needed to investigate a report, develop necessary court documentation and protect the adult at risk.

C. Attend member court hearings as requested by the Court.

D. Implement care plans in a timely and effective way for adults at risk who are or who become eligible for and who have enrolled in Family Care. CMO will assume the long-term care management responsibility and will incorporate into its care plans the protective placement and service requirements ordered by the Court, providing that all services ordered by the Court are necessary and appropriate to meet member outcomes.

E. Evaluate care plans of enrolled Family Care members as needed and appropriate in consideration of the results of EA/AAR/APS evaluations and protective placement and service requirements ordered by the Court.

F. Incorporate into care plans of newly enrolled adults at risk any pre-enrollment services provided by the County between the time of the initial referral and the completion of Family Care enrollment as appropriate to meet member outcomes.

G. Provide contact information for the CMO liaison with the EA/AAR/APS agencies.

H. Designate a CMO staff person as member of the County's elder abuse/adults-at-risk interdisciplinary team related to Family Care members.

Areas of Collaboration and Joint Action

A. Coordination as necessary between the ADRC, IMD and the CMO related to Family Care member approved placements at a State Mental Health Institute.

B. Training and updating of CMO staff regarding the recognition of neglect, self-neglect, exploitation or abuse, legal requirements, and reporting protocols.

C. Appropriate involvement of the CMO staff in service planning or plan modification as necessary to address EA/AAR/APS needs or comply with court orders.

D. EA/AAR/APS response, evaluation, and reporting as required complying with state law, DHS directives, court orders, or local policy.

E. Mutual commitment to a process, which may be invoked by either party as needed, for clarifying state law and policy regarding assignment of specific service and cost responsibilities for EA/AAR/APS related services to members/consumers enrolled or consumers eligible for enrollment in Family Care, when such responsibilities are not otherwise clear based on this MOU, state law, DHS directive, or legal precedent. CMO and County both agree as part of this process to consider using DHS or another third party to mediate disputes as necessary.

F. Mutual commitment to an empowered process for negotiation of payment responsibility for costs related to EA/AAR/APS consumer/members, when such responsibility is not clear based on this MOU, state law, DHS directive, or legal precedent. Results of such negotiations may be incorporated into future modifications of this MOU.

G. Engaging in ongoing communication in regard to adult-at-risk cases involving CMO members, keeping staff current on the status or the report and/or response, and keeping EA/AAR/APS staff updated/involved in service planning and individual safety.

VI. IMD Relocation

Management of CMO Members that are Protectively Placed In or Committed to an Institution for Mental Disease (IMD)

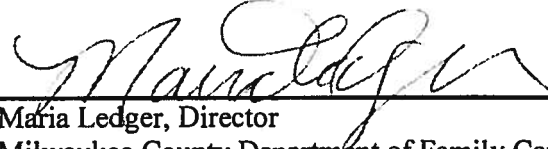
- A. State Medicaid rules state that members between ages 22-64 who enter an IMD will not be eligible for Family Care. This rule does not apply to members between ages 18-21 and over age 64.
- B. Racine County and the CMO will coordinate services when a member needs placement in an IMD. The CMO Team will contact County DHS staff to coordinate planning for the consumer.
- C. Racine County is responsible for case management and payment of services for county residents age 22 to 64 placed in an IMD and under a Protective Placement or Commitment.
- D. If an individual plans to re-enroll in CMO after discharge from the IMD, the ADRC will have responsibility to process eligibility and enrollment for that consumer.
- E. The CMO and Racine County mutually agree to employ with all due diligence the mechanisms of service coordination, collaboration and joint action

identified elsewhere in this MOU to maintain effective service supports for consumers in Family Care transferred into an IMD and to share responsibility for developing and implementing discharge plans for IMD residents who are or may be eligible for Family Care, where such discharge plans are appropriate to the consumer's care and consistent with the principle of most integrated setting.

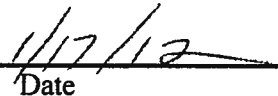
- F. IMDs will notify the CMO when a Family Care member is admitted and provide expectations for a discharge planning meeting when someone who was a member prior to losing eligibility due to institutional status, or someone who is eligible to enroll upon discharge, is currently a resident of an Institute for Mental Disease (IMD.) The purpose of this discharge-planning meeting will be to assess the timeframe for return of the individual to the most integrated setting appropriate to his or her needs.
- G. Upon determining a patient is eligible for discharge who was previously a member of Family Care, the IMD will contact the ADRC to set up an appointment for "options counseling" for said individual to determine their desire to reenroll into the Family Care or Partnership programs, their eligibility status, programmatic needs and implementation date.
- H. Upon completion of enrollment counseling, the Resource Center will contact the CMO to inform them options counseling is complete, the person has elected their particular MCO for services and the CMO can begin planning a transition back into the community upon discharge.

IX. Signatures

For Milwaukee County

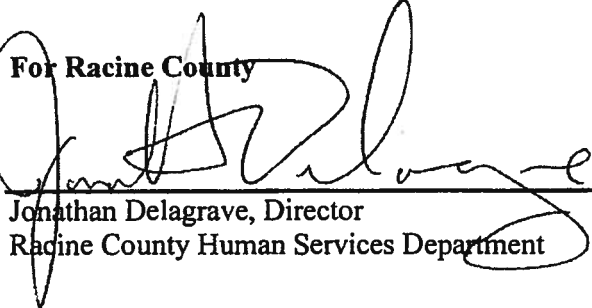


Maria Ledger, Director
Milwaukee County Department of Family Care

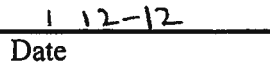


Date

For Racine County



Jonathan Delagrave, Director
Racine County Human Services Department



Date

Attachment 1. MCDFC Emergency Preparedness Plan

- POLICY:** MCDFC shall develop, review and revise annually, an Emergency Preparedness Plan to:
- Minimize disruption of MCDFC infrastructure and services to Family Care Members
 - Establish a communication plan for maintaining contact with Family Care Members
 - Establish a communication plan for maintaining contact with Providers serving Family Care Members
 - Ensure that Family Care members at greatest risk are identified timely and their necessary service needs are met.
 - Ensure that member's basic needs for shelter, safety, nutrition and medical care are met.

PURPOSE: To assure that Family Care member's basic services needs are met in the event of an Emergency.

PROCEDURE:

1. Responsibilities of MCDFC

MCDFC Director

In the Event of an Emergency, the MCDFC Director or Designee is contacted by the Racine County Emergency Management and initiates the implementation of the MCDFC ER Preparedness Plan and oversees the Coordination of Communication and Infrastructure to support service delivery to Family Care members.

The MCDFC Director contacts the Senior Management Team and reviews with the team the:

- Nature of the Emergency and those management areas that are primary responders
- Management areas staff that are to support the primary responders
- Implementation of the communication tree
- Communication Plan for
 - ❖ Identifying infrastructure problems timely and instituting alternatives
 - ❖ Status reports and updates within the MCDFC & Racine County Government
 - ❖ Media requests
- ❖ The MCDFC Director communicates and updates all areas of County Government regarding the status of the CMO:
 - Infrastructure operations
 - Providers, identifying those services that are not available as a result of the Emergency and the coordination of alternatives being instituted

- Status of the Family Care members most at risk

The CMO Director oversees the coordination of additional support staff to the CMO primary responders and other areas of Racine County Government

The CMO Director communicates and updates assigned governmental and public health providers regarding the status of the MCO members.

The CMO Contract Manager oversees the coordination of communication with service providers and coordination of service alternatives to help ensure that member's basic needs for shelter, safety, nutrition and medical care are met.

The CMO Chief Information Officer (CIO) oversees the coordination of communication with all areas of the CMO to help ensure the timely provision of data needed by each area to respond to service needs of the CMO members and the integrity of the MIDAS system. The CIO collaborates with other County Departments (Health & Human Services) and Community Partners, at the direction of the CMO Director, to provide data needed to assist with timely provision of services to members and elders in the community.

The CMO CFO oversees the coordination of communication and assignment of fiscal staff to assist identified primary responders. Additionally, designated fiscal staff will assist Contract Specialists with mentoring new service providers through the submission of claims to minimize members being billed for covered CMO services.

The CMO Triage Team initiates the implementation of the CMO ER Preparedness Plan and oversees the coordination of communication between MCDA Intake & Assessment, 211 provider, CMO Operations and CMO Contracts regarding calls received on behalf of Family Care members in need. The CMO Triage Team follows up to ensure that member's immediate needs have been addressed and updates the Primary Care Management Team (PCMT) on interventions, provider services and member status.

**Memorandum of Agreement
Between
Milwaukee County Department of Family Care
And
Kenosha County Department of Human Services**

I. Purpose of Memorandum of Agreement (MOA)

The Milwaukee County Department of Family Care (MCDFC) administers a care management organization (MCO) in accordance with Wis Stats s. 46.284 and the Health and Community Supports Contract between MCDFC and the State of Wisconsin Department of Health Services. MCDFC is administratively responsible for the day-to-day operation of the MCO. The MCDFC Director is authorized to enter into this Agreement. MCDFC operates a Family Care Program in Milwaukee County, Kenosha County and Racine County.

The Kenosha County Department of Human Services administers all human services programs on behalf of Kenosha County. The Director is duly authorized to enter into this Agreement.

The purpose of this MOA is to establish the mutual agreement between Milwaukee County, by the Milwaukee County Department of Family Care, and Kenosha County, by the Kenosha County Department of Human Services regarding the responsibilities of MCDFC for all operations of the MCO, including providing the Family Care benefit to enrolled residents of Kenosha County and responsibilities of Kenosha County for all functions delegated to the county.

In order to assure that proper communication takes place between MCDFC and Kenosha County regarding shared responsibilities related to disaster planning, adult protective services (APS) and IMD relocations, the parties agree to all of the responsibilities as described in the Agreement.

II. Duration of MOA

This MOA shall remain in effect until one of the following occurs:

- A. MCDFC no longer contracts with the State of Wisconsin for the provision of the family care benefit, or The State of Wisconsin issues a new Request for Proposals soliciting competitive bids for the provision of the family care benefit in this geographic area, or
- B. Milwaukee County provides notice consistent with applicable statutes, rules and the Health and Community Services Contract, including applicable transition planning for affected individuals, of intent to terminate or not renew

C. Funding from the State of Wisconsin Department of Health Services for administration of the Family Care program by Milwaukee County is terminated.

D. The parties enter into a new Memorandum of Agreement.

III. Responsibilities of the Parties

A. Responsibilities of MCDFC

MCDFC is the sole entity responsible for operation of the MCO in accordance with the requirements of the Health and Community Supports Contract and applicable state and federal laws and regulations. This responsibility includes, but is not limited to responsibility for:

1. All expenses for the administration of and services provided by the MCO,
2. Deposit and disbursement of all funds received in accordance with the Health and Community Supports Contract,
3. Submission and approval of budgets and the Business Plan for operation of the MCO,
4. Maintaining the MCO governing board, including appointment of Board members when vacancies occur, in accordance with state statute and the Health and Community Supports Contract,
5. Formation and letting of contracts necessary for administration and provision of the Family Care benefit, and
6. MCDFC is not responsible for those functions and authorities granted to counties, nor may MCDFC interfere with the lawful exercise of those functions and authorities within Kenosha County as determined by the Kenosha County Board.

B. Responsibilities of Kenosha County

Kenosha County is the sole entity responsible for all matters of governance that have been delegated by the State of Wisconsin to county government. Kenosha County is not responsible for operation of the MCO nor may Kenosha County interfere with the lawful exercise of those responsibilities by MCDFC.

C. Shared Responsibilities

Parties agree that parties must establish an ongoing working relationship memorialized in this agreement consistent with requirements established by the State of Wisconsin Department of Health Services for coordination and cooperation of the care management organizations, the Aging and Disability Resource Centers and counties. Parties agree to cooperate in good faith to enter into all necessary agreements as required. In order to assure that proper

communication takes place with respect to disaster planning, APS and IMD relocations the procedures set forth in Articles VI, V and VI of this agreement, will be followed.

IV. Disaster Planning

Responsibilities of the Milwaukee County Department of Family Care

1. Initial Communication when a disaster or emergency occurs
 - a. The Director of the Milwaukee County Department of Family Care shall be the primary contact, except that the Director may designate an alternative primary contact in writing.
 - b. When MCDFC Director or designee is notified by the Director of the Kenosha Department of Human Services or designee of an emergency or disaster, MCDFC shall implement the MCDFC Emergency Preparedness Plan, coordinate effective communication with all agencies and maintain infrastructure to support service delivery to MCO members.
2. Emergency Preparedness Plan
 - a. MCDFC has developed an emergency preparedness plan to assure that the basic service needs of enrolled members are met in the event of an emergency. The plan in effect at the time of this agreement is attached hereto for reference as Attachment 1.
 - b. MCDFC shall review the Emergency Preparedness Plan at least annually and may revise as necessary to meet the basic needs of members. MCDFC shall make available upon request the most recent Emergency Preparedness Plan. .

Responsibilities of the Kenosha County Department of Human Services

1. Initial Communication when a disaster or emergency occurs
 - a. The Director of the Kenosha County Human Services Department shall be the primary contact, except that the Director may designate an alternative primary contact.
 - b. When the Kenosha Department of Human Services receives notice of an emergency or disaster situation from the Emergency Management lead agency, the Director or designee of the Kenosha Department of Human Services will issue an alert as soon as practicable to service providers including the Director of the Milwaukee County Department of Family Care.
2. Emergency Preparedness Plan. The Kenosha County Sheriff's Department is the lead agency for Emergency Management in Kenosha County. The Kenosha Department of Human Services will perform those duties assigned to that department in the event of an emergency or disaster.

Recovery

During the recovery phase, the Kenosha Department of Human Services and the Milwaukee County Department of Family Care are expected to support continuing operations as necessary to support the health and safety of MCO members.

Shared Responsibilities

The Kenosha County Human Services Department and the Milwaukee County Department of Family Care will coordinate delivery of services in the quickest and most efficient manner.

V. Adult Protective Services

Responsibilities of the County EA/AAR/APS Agencies

- A. Receive and respond to reports and referrals from the community or the ADRC regarding potential instances of neglect, self-neglect, exploitation, or abuse of elder/adults at risk.
- B. Conduct EA/AAR response and related activities as prescribed by WI Stats 46.90 and Chapter 55, DHS directives, or local policies and procedures including related evaluations required for the court.
- C. Petition for emergency protective services/placement, if needed, to ensure the immediate protection and pre-court stabilization of an individual.
- D. Investigate reports to determine need for legal intervention (e.g., guardianship, protective placement/services) and serve as court liaison.
- E. Consult/participate with the CMO Interdisciplinary Care Management Team to assure that the CMO care plans address long-term protection needs and comply with court orders.
- F. Provide contact information for an EA/AAR/APS liaison with the CMO.
- G. Provide ongoing court liaison regarding protective placement issues. This includes, but is not limited to, conducting annual WATTS Reviews based on information from the CMO and other sources.

Responsibilities of the CMO

- A. Report to County EA/AAR unit suspected instances of neglect, self-neglect, exploitation, or abuse of Family Care members who are residents of the County.

B. Cooperate fully with EA/AAR response, evaluation, reporting and service plan activities to help ensure that the County has the information needed to investigate a report, develop necessary court documentation and protect the adult at risk.

C. Attend member court hearings as requested by the Court.

D. Implement care plans in a timely and effective way for adults at risk who are or who become eligible for and who have enrolled in Family Care. CMO will assume the long-term care management responsibility and will incorporate into its care plans the protective placement and service requirements ordered by the Court, providing that all services ordered by the Court are necessary and appropriate to meet member outcomes.

E. Evaluate care plans of enrolled Family Care members as needed and appropriate in consideration of the results of EA/AAR/APS evaluations and protective placement and service requirements ordered by the Court.

F. Incorporate into care plans of newly enrolled adults at risk any pre-enrollment services provided by the County between the time of the initial referral and the completion of Family Care enrollment as appropriate to meet member outcomes.

G. Provide contact information for the CMO liaison with the EA/AAR/APS agencies.

H. Designate a CMO staff person as member of the County's elder abuse/adults-at-risk interdisciplinary team related to Family Care members.

Areas of Collaboration and Joint Action

A. Coordination as necessary between the ADRC, IMD and the CMO related to Family Care member approved placements at a State Mental Health Institute.

B. Training and updating of CMO staff regarding the recognition of neglect, self-neglect, exploitation or abuse, legal requirements, and reporting protocols.

C. Appropriate involvement of the CMO staff in service planning or plan modification as necessary to address EA/AAR/APS needs or comply with court orders.

D. EA/AAR/APS response, evaluation, and reporting as required complying with state law, DHS directives, court orders, or local policy.

E. Mutual commitment to a process, which may be invoked by either party as needed, for clarifying state law and policy regarding assignment of specific service and cost responsibilities for EA/AAR/APS related services to members/consumers enrolled or consumers eligible for enrollment in Family

Care, when such responsibilities are not otherwise clear based on this MOU, state law, DHS directive, or legal precedent. CMO and County both agree as part of this process to consider using DHS or another third party to mediate disputes as necessary.

F. Mutual commitment to an empowered process for negotiation of payment responsibility for costs related to EA/AAR/APS consumer/members, when such responsibility is not clear based on this MOU, state law, DHS directive, or legal precedent. Results of such negotiations may be incorporated into future modifications of this MOU.

G. Engaging in ongoing communication in regard to adult-at-risk cases involving CMO members, keeping staff current on the status or the report and/or response, and keeping EA/AAR/APS staff updated/involved in service planning and individual safety.

VI. IMD Relocation

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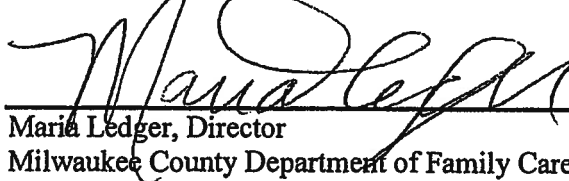
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- C. Kenosha County is responsible for case management and payment of services for county residents age 22 to 64 placed in an IMD and under a Protective Placement or Commitment.
- D. If an individual plans to re-enroll in CMO after discharge from the IMD, the ADRC will have responsibility to process eligibility and enrollment for that consumer.
- E. The CMO and Kenosha County mutually agree to employ with all due diligence the mechanisms of service coordination, collaboration and joint action identified elsewhere in this MOU to maintain effective service supports for consumers in Family Care transferred into an IMD and to share responsibility for developing and implementing discharge plans for IMD residents who are or may be eligible for Family Care, where such discharge plans are appropriate to the consumer's care and consistent with the principle of most integrated setting.
- F. IMDs will notify the CMO when a Family Care member is admitted and provide expectations for a discharge planning meeting when someone who was a member prior to losing eligibility due to institutional status, or someone who is eligible to enroll upon discharge, is currently a resident of an Institute for Mental Disease (IMD.) The purpose of this discharge-planning meeting

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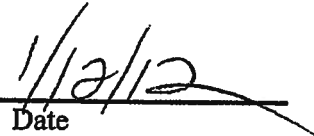
- G. Upon determining a patient is eligible for discharge who was previously a member of Family Care, the IMD will contact the ADRC to set up an appointment for "options counseling" for said individual to determine their desire to reenroll into the Family Care or Partnership programs, their eligibility status, programmatic needs and implementation date.
- H. Upon completion of enrollment counseling, the Resource Center will contact the CMO to inform them options counseling is complete, the person has elected their particular MCO for services and the CMO can begin planning a transition back into the community upon discharge.

IX. Signatures

For Milwaukee County

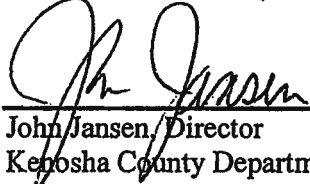


Maria Ledger, Director
Milwaukee County Department of Family Care

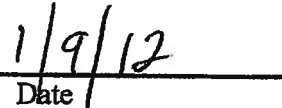


Date

For Kenosha County



John Jansen, Director
Kenosha County Department of Human Services



Date

Attachment 1. MCDFC Emergency Preparedness Plan

- POLICY:** MCDFC shall develop, review and revise annually, an Emergency Preparedness Plan to:
- Minimize disruption of MCDFC infrastructure and services to Family Care Members
 - Establish a communication plan for maintaining contact with Family Care Members
 - Establish a communication plan for maintaining contact with Providers serving Family Care Members
 - Ensure that Family Care members at greatest risk are identified timely and their necessary service needs are met.
 - Ensure that member's basic needs for shelter, safety, nutrition and medical care are met.

PURPOSE: To assure that Family Care member's basic services needs are met in the event of an Emergency.

PROCEDURE:

1. Responsibilities of MCDFC

MCDFC Director

In the Event of an Emergency, the MCDFC Director or Designee is contacted by the Director of the Kenosha County Department of Emergency Human Services and initiates the implementation of the MCDFC ER Preparedness Plan and oversees the Coordination of Communication and Infrastructure to support service delivery to Family Care members.

The MCDFC Director contacts the Senior Management Team and reviews with the team the:

- Nature of the Emergency and those management areas that are primary responders
- Management areas staff that are to support the primary responders
- Implementation of the communication tree
- Communication Plan for
 - ❖ Identifying infrastructure problems timely and instituting alternatives
 - ❖ Status reports and updates within the MCDFC & Kenosha County Government
 - ❖ Media requests
- ❖ The MCDFC Director communicates and updates all areas of County Government regarding the status of the CMO:
 - Infrastructure operations
 - Providers, identifying those services that are not available as a result of the Emergency and the coordination of alternatives being instituted

- Status of the Family Care members most at risk

The CMO Director oversees the coordination of additional support staff to the CMO primary responders and other areas of Kenosha County Government

The CMO Director communicates and updates assigned governmental and public health providers regarding the status of the MCO members.

The CMO Contract Manager oversees the coordination of communication with service providers and coordination of service alternatives to help ensure that member's basic needs for shelter, safety, Nutrition and medical care are met.

The CMO Chief Information Officer (CIO) oversees the coordination of communication with all areas of the CMO to help ensure the timely provision of data needed by each area to respond to service needs of the CMO members and the integrity of the MIDAS system. The CIO collaborates with other County Departments (Health and Human Services) and Community Partners, at the direction of the CMO Director, to provide data needed to assist with timely provision of services to members and elders in the community.

The CMO CFO oversees the coordination of communication and assignment of fiscal staff to assist identified primary responders. Additionally, designated fiscal staff will assist Contract Specialists with mentoring new service providers through the submission of claims to minimize members being billed for covered CMO services.

The CMO Triage Team initiates the implementation of the CMO ER Preparedness Plan and oversees the coordination of communication between MCDA Intake & Assessment, 211 provider, CMO Operations and CMO Contracts regarding calls received on behalf of Family Care members in need. The CMO Triage Team follows up to ensure that member's immediate needs have been addressed and updates the Primary Care Management Team (PCMT) on interventions, provider services and member status.