

**State Demonstrations to Integrate Care for Dual Eligible Individuals
Design Contracts
Summary of State's Initial Design Concepts
May 2011**

State: Wisconsin

Overview of Proposed Approach	Wisconsin Department of Health Services (DHS) proposes to secure Federal authority for the State to function as the Medicare/Medicaid entity to serve elders and adults aged 18 and over with physical and developmental disabilities who are at a nursing home level of care as determined through the State's long-term care functional screen. Under the proposal, DHS would receive a Medicare capitation payment for each enrollee from the Federal government. Subcontracts would be negotiated with entities to provide the full range of Medicare and Medicaid benefits to dual eligibles at the nursing home level of care based on risk-based capitated rates. The State would combine the Medicare capitation payment with a Medicaid capitation payment to generate a single, fully integrated capitation payment to the contracted entities.
Target Population (All duals/full duals/subset/etc.)	Full benefit dual eligibles served in a State Medicaid Long-Term Managed Care Program. This population includes elders and adults aged 18 and over with physical and developmental disabilities who are at a nursing home level of care as determined through the State's long-term care functional screen.
Estimated Enrollment (in 2012 and at full implementation)	2012: 20,000 Full implementation: 53,000 in 2015.
Planned Geographic Service Area (Statewide or listing of pilot service areas)	To Be Determined. A pilot program will be implemented in three to four demonstration sites by July 2012.
Planned Stakeholder Process	<p>DHS maintains a Statewide Long Term Care Council that is composed of a broad range of stakeholders, including consumers, advocates, Partnership and Family Care MCOs, ADRCs, and long-term care service providers. The Council actively carries out its charge to monitor and provide advice to the Department on the long-term care system. DHS proposes to create a Subcommittee of the LTC Council charged with providing advice on the development of the proposed demonstration project. The Subcommittee would be composed of interested LTC Council members along with additional representatives with expertise that is relevant to the demonstration project, including representatives of the acute/primary health care industry.</p> <p>DHS will conduct focus groups on the new program initiative to identify concerns and develop effective, positive strategies to address them.</p> <p>DHS will leverage the existing collaborative structure in place with the managed care organizations (MCOs) in its current long-term managed care programs, Family Care and Partnership/PACE, to involve these organizations in the development of the new program. Meetings</p>

	<p>between the MCO leadership and senior DHS staff are held on a monthly basis to discuss program issues and policy development. In addition, DHS/MCO workgroups on specific topic areas have been established and meet on a regular basis. DHS will use the existing consultative structure with the MCOs</p>
<p>Proposed Implementation Date and Related Milestones (Any implementation milestones are pending CMS Approval)</p>	<p>February-December 2011:</p> <ul style="list-style-type: none"> A. Develop details of new program design B. Determine three to four demonstration sites C. Select external evaluator <p>January-December 2012:</p> <ul style="list-style-type: none"> A. January to June 2012: Outreach to existing long-term managed care participants and applicants in demonstration sites B. July 2012: Initiate new program in three to four demonstration sites; begin receipt of Medicare capitation payments from CMS to the State; and begin payments from the State to the participating entities C. Monitor demonstration site performance D. Based on demonstration site performance, identify appropriate revisions to program design E. Determine pace and trajectory of expansion to additional sites <p>January-December 2013:</p> <ul style="list-style-type: none"> A. Establish additional demonstration sites, as warranted by evaluation of initial sites
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