



City of Madison

City of Madison
Madison, WI 53703
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Meeting Minutes - Draft METRO PARATRANSIT MEDICAID WAIVER FUNDING & POLICY REVIEW AD HOC COMMITTEE

Monday, November 28, 2016

5:00 PM 215 Martin Luther King Jr Blvd, Room 103A - City-County
Building, Clerk's Office Conference Room

1. CALL TO ORDER / ROLL CALL

Staff: Nancy Senn, Crystal Martin, Karen Darcy,

Guest: Doug Hunt (Dane County)

Kaysen called the meeting to order at 5:07 pm

Present: 6 - Rebecca Kemble; Tim Gruber; Margaret Bergamini; Carl D. DuRocher; Mary E. Jacobs and L. Jesse Kaysen

Absent: 1 - Ken Golden

Excused: 2 - Susan M. De Vos and James D. Cobb

2. Proper Meeting Notification

The meeting was properly noticed.

3. Introductions

Introductions were made.

4. APPROVAL OF MINUTES

Bergamini moved approval; seconded by Kemble. Senn made a correction to the name JoAnna Richard from the previous minutes. Bergamini said the minutes link on Legistar was not working. Approval of minutes passed by voice vote/other.

5. PUBLIC APPEARANCES

There were no public appearances.

6. DISCLOSURES AND RECUSALS

There were no disclosures or recusals.

7. [45172](#) Metro Agency Fares

Attachments: [WisDOT Technical Assistance.pdf](#)

Kaysen would like to discuss Metro agency fares. Refer to the document advising agency rates. Kaysen says it's dated. She says she needed to do "translations." Where I saw "Logisticare," I saw "MCO." Where I saw "rural," I thought "City of Madison." Where I saw "Medicaid," I saw "MCO users." Where I saw "Badger Care Plus," I saw "MCO users." Several members said, "Yes," simultaneously. Kaysen asked did Metro do vouchers? Martin says no, Metro did tickets. Kaysen asks if there are questions about this document. Bergamini has questions about the WisDOT Technical Assistance document. Martin will provide background. Initial contractor was Logisticare, followed by MTM. Concern across the state about cost shedding of trips, previously provided as Title 19 trips (Union Cab, etc), county-administered trips would move to paratransit systems. This document is a response from DOT to that. Source material was based on Medicaid transportation. We are worried about cost-shedding. Concerned about continuation of providing trips, without the funding. So, we will be going from a program that's been administered by the County, to a group of private contractors (at least 2 or 3) in Dane County. Will the money continue to flow? Will there be a relationship with public entities, such as Metro? What is required in recouping costs? We are currently using federally-funded grant programs to purchase vehicles and provide services. This document explains how tiers get percentages of their operating costs covered at the federal and state level. The guidance is that we should recoup the federal share. In Madison & Milwaukee, we get a flat rate. There is no sliding scale.

Bergamini assumed this was rural/tribal shared-ride taxi systems, AKA not Madison or Milwaukee, wants to clarify that this letter is also directed to other Tier 1 and 2 cities. This document speaks to "Family Care 1.0," or, what's currently operating in the state. Hunt says Family Care 2.0 is part of the last biennial budget proposal by Governor Walker. We've been told that Family Care 1.0 will be rolled-out in Dane County in the first quarter of 2018. Bergamini is confused about "trip purpose," and why isn't our system completely agnostic? What part of the trips go above and beyond the ADA requirements? Martin explains Metro doesn't currently collect a fare from waiver clients. Metro bills the County. Metro has an arrangement with the County with regard to incident reporting, and sharing information. That is a convenience for the County. Without that, paratransit clients would be required to pay a fare each time they ride, just like fixed route passengers do currently.

Martin says the document comes from the DOT. Metro provides the requirements of ADA. Trips are not prioritized. Also, there's the issue of cost recovery. Bergamini says, to clarify, these funds are counted as fare revenue, not local share.

Kemble asks if there are multiple MCO's, how does Metro go about recouping costs? Martin says Metro collects about 60% of the actual costs of the rides. The exception is agency fares. Kaysen says the ADA says she thinks you can't ask trip purpose. Wonders how that will work with the new Family Care 2.0? Martin says that true MTM rides are actual medical rides. Under the new program, MCO rides could be of any nature or purpose. Martin says Metro treats all trips

as equally important. Gruber says that, while Metro doesn't ask the nature of the trip, the MCO could potentially do that. Martin says the MCO needs to be a smart shopper. Trips would be provided based on the individual client's care program. Senn clarifies that ADA says that Metro can't make decisions on whether or not to provide a trip, based on trip purpose, however, we could conceivably ask for that information. For example, if Metro wanted to have more control over subscription trips, we could potentially set guidelines by purpose. Conditions could be applied for trips that are deemed to be "above and beyond" ADA standards. Kaysen says she didn't think we could legally ask what the client's trip purpose is. Martin says, it is okay to ask, but, not okay to prioritize trips based on purpose.

Gruber asks if the City Attorney Office is advising this committee, as everything seems to have a lot of "legal language." Martin says yes, the City Attorney Office is aware. Kemble mentioned John Strange from the City Attorney Office. Hunt asks if the agency fare is applied to trips that are above and beyond ADA requirements? Martin says it depends. Martin says even if the client is eligible for paratransit service, Metro can't deny a trip request, no matter the purpose. Hunt asks about leave-attended, and door-to-door service, for example.

Bergamini asks about dumping of rides. Is the DOT saying CMS (Medicaid) rides that are currently covered services for clients who participate in your programs, cannot cost-shift the rides onto DOT-funded programs, like public transit systems? It almost, to me, reads like an inter-agency battle. So, whose rules take precedent? Is that a reasonable read on this situation? Senn says the federal level took this issue up many years ago, with the Dept. of Transportation and the Dept. of Human Services. This was before they put out any guidance on transportation coordination. The one item that fell off the table, was that the money needs to follow the client, wherever the client goes. That never made into the regulation. Now, at the federal level, they pushed out requirements to coordinate transportation, and are taking it up again. FTA is asking for success stories and what makes the programs work.

Martin says Medicaid transportation is 1-2% of their total transportation. For Metro and Dane County, however, it's a huge percentage. CMS is saying they have bigger fish to fry. Martin says, thus it's left for the locals to figure it all out. Kaysen says the locals have been figuring it out fine in the past!

Kaysen says she is confused about the fare revenue (last two bullets of the document). Martin says it means that Metro currently provides part of the local share. The ADA defines agency fares. Kaysen asks if public input will be retroactively required? Senn says any time a fare changes, the public must be properly noticed.

8. [45173](#)

Transportation Provisions under Family Care

Attachments: [RAD Guidance to MCOs.pdf](#)
[2016 Family Care Programs Contract excerpts.pdf](#)
[FTA Financial Waiver question-response.pdf](#)
[Dane County Overview of Family Care.pdf](#)

8A. Transportation Provisions Under Family Care

Kaysen says there are 4 attachments on this. Bergamini asks what is RAD? Senn says RAD is Resource Allocation Decision. Hunt says he has not had to deal with this (he only knows anecdotally what he's gathered from others). Hunt says the last page of the handout has a good summary of how it's applied. Kaysen wants to know why do we care about this part, if the MCO will handle it? Martin says determinations like, how much home care does a client need, and will transportation be allocated are important? Kaysen says so we'll see the RAD issues from the clients, because they are the ones getting RAD'd. Senn says on the first page of the document, under History & Background, the last sentence of second paragraph states, "Community supports are services that are readily available to all people in the community, and thus do not need to be authorized by or paid for by the MCO." So, it could be that transportation service is a part of the plan that is put together for an individual to reach their outcomes, or it may not be in that plan at all, and they could be referred to a community support, which could be public transit, and therefore outside of the scope of funding from the Family Care Program. Bergamini says she's heard many complaints about brokerages pressuring families to provide their own transportation, and it's becoming a huge issue. Senn says you'll see that mentioned in this document. Kaysen asks if there are any other questions about RAD? (none noted)

8B. Contract excerpts

Senn says this is the current contract between Family Care 1.0 and the MCO. Bergamini wants to know how home services integrate with MCO's payment model. There's a flat rate per client. The MCO only makes its money if it: A) The MCS selects the "right clients," and, B) The MCO "squeezes down services." In other words, they will try to find cost savings for the services provided. Hunt says there will be a capitated rate per client. Martin says clients will have varying funds. Senn says it's a risk-based model. Hunt says the clients will choose their MCO, not the other way around. Hunt says clients will also have the ability to move from one MCO to another, throughout the year, so there's that flexibility. Senn says these are all questions we will want to articulate when we get someone from Family Care to our meeting. Bergamini asks who are the actual MCOs? Martin says the State has to go out to bid on them.

8C. FTA Financial Waiver

Senn says she sent FTA guidance to John Strange (the email is included in the attachments). His response is in the email. Martin says there was concern back when the ADA was first created regarding mass service, etc. They put in provisions for a financial hardship waiver to help meet the minimum standards of the new laws. What happened in practice, however, is that you didn't actually receive a waiver. Instead, you were put on a program, where you had quarterly reviews. If you were found to be deficient, you would be put on a compliance program. There was never, ever a waiver granted.

8D. Dane County Overview of Family Care (Dec 2015 meeting)

Martin says Fran Genter and Lynn Green gave presentations on this, giving a good overview, explaining how the County will no longer be the fiduciary of

the funds, but that will go to the MCO chosen. The State has made it clear the County can only speak to their current contracts. Kaysen asks if County clients will all be affected by Family Care. Hunt explains that Family Care will affect ALL their waiver clients. Exceptions include Group Access shopping trips and senior nutrition site trips, with funding remaining with the County. Kaysen wants to know the numbers impacted. Hunt says the MCOs must serve all currently eligible clients first, and then they will have up to 36 months to address the enrolling of potential waiting list clients. Bergamini says a year ago, there were about 630 clients using Metro paratransit. Hunt says on the DDS waiver program, there are about 60 clients using paratransit. He says Family Care will use RAD to determine how to get clients to and from sheltered workshop sites. Senn says the numbers from Oct 2016 are: 50 clients with developmental disabilities on the waiting list, and 500 clients (frail, elderly and/or with clients with physical disabilities) on the waiting list.

9. CIP and Family Care Differences

Senn says there is nothing to hand out on this topic at this time. She states that this is an item Mr. Golden and Mr. Cobb asked to include in the agenda. Bergamini suggested we table/refer this issue for another meeting. No objections were heard.

10. IRIS Overview

Kaysen says she knows nothing about IRIS. She believes Mr. Golden wanted this item on the agenda. Hunt says IRIS stands for Include Respect I Self-Direct, where clients, or their guardians, control how their funds are utilized. Clients would choose either MCO or IRIS. Dane County has used the self-directed model for many years. Bergamini wants to know who determines the pot of money for the individual. Hunt says it is based on the functional screen by the State. Also, there are service outcome goals for each individual client. Hunt says it is intended to be objective. Durocher asks if someone has IRIS, how are transportation costs allocated? Hunt says it's included in the total package. The self-directed nature dictates the individual chooses the services to allocate their funds. Gruber asks if the paratransit client on IRIS pays the regular paratransit fare of \$3.25 or the agency rate? Durocher says it seems doubtful that the agency rate could be charged. Martin says the level of service may determine the rate. This is to be determined at a future date. Durocher says the whole point of IRIS is that the client is able to make their own service decisions. Hunt says it is possible it may be interpreted differently if the client has an advocate to make those decisions. Bergamini says it may depend on the type of residential setting (adult family home, CBRF, a larger facility, for example). Would the regulations speak specifically to the people running those facilities? If the person needs to be leave-attended, do they have staff available? Martin says if a client has funds for home services, they may not have the need for increased transportation services. Kaysen says this is just an overview of IRIS. Further IRIS issues/discussions will be referred to the next meeting. No objections.

11. [45174](#)

Questions for State

Attachments: [Family Care Questions.pdf](#)

Senn says she has a State person who has requested advance questions before attending the next meeting. Bergamini wonders if it would be reasonable to ask the State person to do a 10-minute overview/presentation to clarify the program? Senn says the person (JoAnna) wants to also hear from the County, as there is no familiarity with what is currently in place. Bergamini asks, "How do you see Family Care 2.0 implementation in Dane County proceeding?" as an example. Martin asks will they make up the local share? Martin says the local share goes a long way in providing the \$3.25 fares for clients.

Kaysen says there was a time when there was a door-to-door surcharge. She says she worked hard to help eliminate that, because it discriminated against specific client disabilities. For example, I am able to get to my front door, but Mr. Durocher is not. Why should he have to pay more for his service? Martin states that surcharge was nearly impossible to implement anyway. Kemble wants to aim for a seamless transition, meaning no client loses services or quality of services, and clients get off the waiting lists. So, a question would be, "How can we guarantee a seamless transition of services for our clients?" Martin says for some clients, even handling a fare could be a barrier. Bergamini says a big concern is how disruptive will this transition be to the clients? We need to figure out what to ask for specifically and how to ask for it. The State budget is new as of July 2017. A lot could be done between now and then. Kaysen asks if anyone here is capable or willing to draft questions for the State person? Kemble says we have some questions already in our packet and can work off of that material. Kaysen asks when do we want the State person to attend the meeting? Senn says the next meeting is December 12, 2016, and then we don't meet again until January 9, 2017. All our meetings are scheduled for 5 pm. Durocher says we should have at least one more meeting with just this committee, as Mr. Golden and Mr. Cobb will need to be present and/or have input.

12. Other

Senn reminded Committee members that the Annual Statement of Interests are due by January 3,

13. ADJOURNMENT

Duroucher moved adjournment. Gruber seconded. The meeting adjourned at 6:43 pm.