

**Committee on Family Care Quality
Wisconsin Council on Long Term Care**

Meeting of October 2, 2009

Minutes

Members present: Karen Avery, Myra Enloe, Carol Eschner, Joan Hansen, Jennifer Ondrejka, George Potaracke

Members absent: Mary Clare Carlson, Paul Cook, Michelle Goggins, Daire Keane, Eva Williams

Others present: Lorraine Barniskis, Karen McKim, Betsy Abramson, Mary Schlaak, Charles Jones

Meeting call to order. Chair Carol Eschner called the meeting to order at 9:40 AM.

Committee discussion on key quality indicators

Carol Eschner facilitated a discussion refining previous draft recommendations on the most crucial quality expectations that all MCOs must meet. After considerable discussion, the committee developed the following recommendation to the LTC Council:

The following recommendations are intended to provide guidance to the Department of Health Services on key areas where DHS should focus its quality oversight of Family Care. The committee believes that the recommendations and findings in the recommended areas should also be used to educate MCO and ADRC governing boards and Regional LTC Advisory Committees about what questions they should be asking in their local oversight roles. The recommendations are made in the context of several considerations:

- Certification requirements establish minimal expectations that an organization must meet before opening for business. In a period of rapid expansion of LTC reform, the committee recognizes that quality expectations will and should increase as the system matures.
- There are many quality requirements and quality assurance processes that govern Family Care, including requirements in the contracts between DHS and MCOs, annual quality reviews conducted by the External Quality Review Organization (MetaStar), and federal requirements that apply both through the federal waivers that enable Family Care and through requirements for external review. Additional federal requirements apply to Family Care Partnership, which covers acute and primary services and is, for many members, funded partially by Medicare. The Committee recognizes the value of all these requirements and processes, but believes that there are certain key “bottom line” areas where special attention should be paid.
- The success of LTC reform depends not only on the quality of MCOs, but also on the extent to which Aging and Disability Resource Centers provide good access to the system through counseling, enrollment and other roles for which they are responsible.

The Committee recommends that, in addition to assuring that each MCO continues to meet certification requirements, DHS should focus its oversight on the following key expectations:

1. In the first two years of an MCO's provision of Family Care:
 - a. All services needed by members to assure health and safety are in place immediately.
 - b. The MCO is making contact with new members within three days.
 - c. Members' care plans are in place within 90 days of enrollment.
 - d. Members' care plans are comprehensive, including identification of personal outcomes important to each member, and plans for supports to assist them in working toward achieving desired outcomes.
 - e. The MCO has processes in place to develop an organizational culture that embraces the philosophy and key principles behind Family Care at all levels, including member-centeredness, choice, respect, and the encouragement of members to be as self-directing and independent as possible.
 - f. The MCO has teams of care managers with core competencies; there is ongoing training and oversight of care management skills.
 - g. The MCO has systems in place to identify critical transition points for new and continuing members and to assist them in making these transitions. (Examples include transitions for young people from the children's service system, members transitioning from COP and Waiver programs or from the private-pay market, people making major changes in living situation, people being discharged from hospitals, people moving between Family Care and IRIS, and people making end-of-life decisions about where to die.)
 - h. The number and types of grievances and appeals are analyzed to determine whether there are patterns that might indicate problems to be addressed.
 - i. Analysis is done of service utilization (types and amounts).
2. As MCOs mature, DHS should continue to focus on areas outlined above, and add the following key expectations:
 - a. Members experience the best physical and mental health possible. (Among others, indicators might include the number of unnecessary hospitalizations, rates of immunization, assessments for risk of falls and prevention measures in place as needed, extent of mental health services provided to members who need them, prevention projects directed at depression, hypertension or other chronic conditions.)
 - b. Members' functional abilities are improving, or at least stable, within expectations for the Family Care target groups (analysis of changes over time in ADLs).
 - c. Members' personal experience (quality of life) outcomes are identified and supported, and success is evident in meeting outcomes. These outcomes include:
 - i. Choice – the freedom and authority to choose among cost-effective options about where and with whom one lives the supports and services that one uses, and one's daily routine
 - ii. Life activities – having relationships with family and friends; being treated fairly and in ways that make one feel respected; engaging in activities that give meaning or significance to life, such as employment

or volunteer opportunities; being involved in one's community to the extent that one desires; having stability in important living conditions; and having a desired amount of privacy.

- iii. Health and safety – feeling comfortable with one's level of health; and experiencing a feeling of safety, particularly from abuse or neglect.
- d. Analysis is conducted of the number of members using self-directed supports and the types of services that are being self-directed.
- e. Analysis is performed on data about disenrollments and the reasons for them.

Comments from the public

There were no public comments.

Family Care Quality Strategy

Karen McKim walked through the draft paper, highlighting important areas of the proposed quality strategy. She noted that Section 3 will reflect the recommendations of this committee. Members provided feedback on the draft, and expressed concern that some areas of importance to CMS were not the more important areas for quality oversight focus. It was noted that if this committee does not continue, it will be important to get regional advisory committees going and off to a good start.

Updates on the federal waiver renewal process, including proposed changes in service definitions, and the recent CMS site visit

Charles Jones reported on these items, providing several handouts. He said that the recent site visit by CMS had gone well, and that federal staff had gained a better understanding of Wisconsin's approach to quality management. The Chicago regional office of CMS has combined responsibility for oversight of the managed care (b) and the home and community based (c) waivers under one person. There is also a move afoot to create a CMS Office of "integrated" managed care.

Charles updated the committee about proposed changes to the definition of "prevocational services" under Wisconsin's waiver renewal application.. The changes were made to implement recommendations of the Managed Care and Employment Task Force and federal regulations. Essentially, the changes are intended to assure that prevocational services do not include long-term employment in non-integrated settings. More modest changes were also made to the definitions of "supported employment" and "vocational futures planning" services. Charles noted that the waiver renewal process is a little different this year. There is a new focus on making sure that the state is really in charge, with uniformity across the state. CMS wants more information about the transition from the old to the new system.

Committee business

- With one correction, minutes of the August 7, 2009 meeting were approved by consensus on a motion by Joan Hansen.
- Announcements: There were no announcements
- Future agenda items: DHS is currently considering the charge to the LTC Council for 2010, and whether committees are needed to facilitate the Council's work.

Meeting adjourned at 2:30 PM.