

**Wisconsin Council on Long Term Care
Meeting of January 5, 2010**

Approved Minutes

Members present: Beth Anderson, Lynn Breedlove, Heather Bruemmer, Devon Christianson, Dana Cyra, Carol Eschner, Caroline Feller, Bob Kellerman, Mike Linton, Jennifer Ondrejka, Chris Sarbacker, John Sauer

Members absent: Karen Avery, Judy Braun, Paul Cook, Stephanie Stein

Others present: Karen Timberlake, Lorraine Barniskis, Susan Crowley, Fredi Bove, Donna McDowell, Sue Schroeder, Karen McKim, Betsy Abramson, Ann Marie Ott, Michelle Gauger, Nino Amato, Kim Marheine, Kathleen Luedtke, and (by phone) Glenn Silverberg

Chair Heather Bruemmer called the meeting to order at 9:35 AM.

Discussion with Secretary Timberlake

Secretary Karen Timberlake thanked the Council for its work, saying that the Department relies on the Council to identify problems and help find solutions. She said that this is an important Council to DHS, both because of its charge and the leadership of its members. She noted that this is the last year that Jim Doyle will be governor, and that fulfilling the commitment to get Family Care statewide remains a high priority for him and for the Department. The DHS goal for this year will be to stick to priorities, refining its focus on Family Care quality and financial viability and sustainability.

Contracts have been signed with all MCOs for 2010. MCO business plans have been reviewed by DHS. The current year will be critical; it is predicted that financial footing will be improved in 2011 and beyond. The Council's charge and its recommendations on focus areas for quality oversight reflect the maturation of Family Care. DHS is using those recommendations both internally and with MCOs and others.

Medicaid is not in financial crisis, but there are pressures on the program. Additional federal relief is likely to be provided, since all states are having budgetary problems. DHS is implementing ideas for efficiencies and reductions that were received from stakeholders earlier, and will re-convene a working group to find more ways to reduce expenditures. The national health reform bills would not impact LTC very much. What is there is fine, but comprehensive LTC reform is not part of any bill under consideration.

Discussion with the Council included the following points:

- Business plans provided by MCOs provided good information regarding their financial stability. DHS is working with them to help improve stability where needed. The original three-year target for financial stability was probably not realistic, but the situation has improved from where we were six months ago. One vulnerability is that there is only one MCO in most areas of the state; a "plan B" is needed both as a protection for consumers and to prevent DHS from being held hostage by the "only game in town."
- DHS has reviewed the CBO analysis of CLASS Act, included in several federal health reform bills, but has not yet analyzed specific potential effects for Wisconsin.

Development of Council work plan for 2010

There was a lengthy discussion of how to plan agendas for this year. Suggestions included the following:

- Have more discussions, fewer reports; use the expertise of Council members and the organizations they represent.
- Perhaps meet more often, if the expertise of members will be used.
- Focus on one or two of the main areas of the Council's charge each meeting:
 - To what extent is LTC reform (Family Care, IRIS, ADRCs) achieving its main goals and core values? What are the tensions among the various goals?
 - People have better choices
 - People have better access to services they need
 - Service quality is better – focused on people's health and social outcomes
 - The system is cost-effective (and sustainable)
 - Workforce development
- Have the Council, together with DHS, identify several key areas of quality to focus on; schedule focused discussions on each over the course of the year.
- Hear routinely from MCOs and other stakeholders, but with specific assigned topics for them to focus on.
- Have an in-depth discussion on what it means (for MCOs, for providers, for enrollees, for DHS) to "bring care under management." How do we know when an MCO is or is not doing well in achieving that goal? What are the challenges to doing so?
- Look at interactions among Family Care, Partnership and IRIS. What are the movements of people among these options? Why do people move? What lessons could be shared among these programs?
- Have discussion on specific MCOs, including reports from DHS and from Council members on what issues they are hearing about from each region.
- Look at the differences among the eleven regional MCOs and the 72 counties from which they draw members. What are the differences and how are those differences contributing to stability issues? How do issues vary among target populations?

DHS Updates

Susan Crowley provided a handout on MCO contracts and rates; third quarter fiscal reports will be sent out next week. Fredi Bove noted that MCO business plans were developed before the 2010 rates were finalized; with the final rates, DHS believes that MCOs are viable in 2010.

Lynn Breedlove and Betsy Abramson raised an issue about cuts and changes in residential rate structure that may be adversely affecting Family Care members. These rate changes are not a result of implementation of proposed DHS residential rate-setting methodologies. Complaints cited by DRW have not yet been fact-checked or provided with context.

Fredi noted that Medicaid caseloads are up, and the rate reform process will be starting up again soon to look for additional savings. She also noted that we have received federal approval of the waivers needed for Family Care.

Comments from the public

There were no public comments.

Reports from the Family Care Ombudsman Programs

Kim Marheine of the Board on Aging and Long Term Care provided a PowerPoint presentation giving background on its Ombudsman program for people over age 60 and statistics on Family Care consultations and complaints. She said that the most common concerns raised about Family Care/Partnership were:

- Paternalistic attitudes of care team
- Medical model of care does not account for psychosocial needs & effective alternate approaches/products previously in use by members
- Reduction in services/hours
- Disallowance of preferred products, services or providers
- Member not allowed to participate in team decisions & resolutions
- Inconsistencies and deficiencies in notices of action

Betsy Abramson, of Disability Rights Wisconsin provided background about their Ombudsman program for adults under age 60. She said that the most common issues for Family Care/Partnership enrollees included the following:

- Reductions in service hours at transition from waiver programs
- Reductions in hours provided by family members or respite for family members
- Inconsistencies and deficiencies in notices of action
- Problems with application of functional screens by MCOs
- Insufficiency of mental health services
- Problems with coordination between MCOs and county protective services
- Transition from school systems to Family Care for young adults

2008-09 Family Care external review

Ann Marie Ott of MetaStar, the External Quality Review Organization (EQRO) for Family Care, provided information about its annual report on the period from July 2008 through June 2009.

General observations include:

- Resources for quality management are more readily available than previously
- Limited improvement since 2007-08 due to focus on expansion efforts
- All MCOs demonstrate difficulties with:
 - Creating comprehensive care plans focused on outcomes
 - Providing notices of action appropriately and in a timely manner
- Performance Improvement Projects (PIPs) resulted in improvements in a number of special focus areas.

For more detail, see full annual reports (for overall findings and for each MCO) at MetaStar's website at:

www.metastar.com/web/custom/familycare/reports/login.asp

The password for the page is: report

Federal health care reform and impacts on LTC

Fredi Bove and Glenn Silverberg provided information about the House and Senate health care reform bills. (See two handouts, which highlight items relevant to LTC.)

Council business

Approval of 11/3/09 meeting minutes. The minutes were unanimously approved, on a motion by Beth Anderson, seconded by John Sauer.

Future agenda items. In addition to the issues and items suggested during the discussion on developing the Council's 2010 work plan, the following items were suggested:

- The emergency preparedness plan being developed by the Board for People with Developmental Disabilities
- More focused information about specific findings from the EQRO review of Family Care

Meeting adjourned at 3:40 PM.