Wisconsin Council on Long Term Care
Meeting of January 6, 2009

Approved Minutes

Members present: Beth Anderson, Pat Anderson, Judy Braun, Lynn Breedlove, Heather Bruemmer, Devon Christianson, Paul Cook, Dana Cyra, Carol Eschner, Tom Frazier, Bob Kellerman, Jennifer Ondrejka, Michelle Pike, Todd Romenesko, Chris Sarbacker, John Sauer, Stephanie Stein

Members absent: Tim Sheehan

Others present: Lorraine Barniskis, Judith Frye, Donna McDowell, Sinikka Santala, Carrie Molke, Eileen Mallow, Guenther Ruch, Amy Weiss, Rebecca Murray, Monica Deignan, Charles Jones, Kim Marheine, Sabrina Fox, Karen Musser, Michael Blumenfeld

Introductions; overview of new charge to the Council

Chair Heather Bruemmer called the meeting to order at 9:40 AM. Members introduced themselves and Bob Kellerman was welcomed as a new member. Heather noted that the Council's charge for 2009 is very similar to that for 2008.

Role of the Ombudsman program in LTC oversight

Kim Marheine of BOALTC presented information on the work of the Ombudsman for people age 60 and older. They provide education to older people and their families, resolve problems in facilities and, for those in Family Care, in community settings. She said that they need to become better known to Family Care members, so that they can get involved earlier and play a mediator role when issues arise. ADRCs do refer clients in counties where Family Care is well established, but most referrals come from MCOs. They are just beginning to trend data on Family Care issues that have been raised. Devon Christianson noted that there are overlaps among the roles of ADRC information and assistance, elderly and disability benefit specialists and the Ombudsman.

Lynn Breedlove provided information about the Family Care Disability Ombudsman program, for which Disability Rights Wisconsin has the DHS contract. Betsy Abramson has been hired by DRW to manage the program. The majority of contacts come from Family Care members or families. Issues raised in early contacts include: choice of providers and services; consumer-directed supports option; employment; mental health needs (insufficient assessment and treatment in some MCOs), and insufficient coordination in the transition from school to the adult system for young people. DHS has asked DRW to delineate boundaries to clarify when referrals should be made to disability benefit specialists and when to the disability ombudsman. There is a potential conflict of interest, since DRW also has the contract for legal back-up for disability benefit specialists.

There is an emphasis on consistency across the two ombudsman programs, and identically formatted reports will be done and published quarterly, with an annual summary report. A memorandum of agreement will soon be signed by DRW and BOALTC; the approach will be one of mediation and conflict resolution, with legal remedies as a last resort. DRW's funding is based on projected enrollment.

Input on 2010 Family Care contract development

Charles Jones distributed the workplan for development of the 2010 MCO contracts. Goals are to unify the currently separate Family Care and Partnership contracts, and to move toward a web-based contract. Council discussion included the following concerns:

- Contract language precludes MCOs from paying higher rates than Medicaid fee-for-service
- MCOs are expected to sign contracts before rates are known. In turn, providers don't know MCO rates before they must negotiate rates with MCOs.

There was further discussion about the timeline for setting MCO rates. Judith Frye said that DHS has been in discussion with MCOs about how to get rates established sooner. She noted that complete encounter reporting from MCOs on services and costs for the previous calendar year is needed before the independent actuaries can set rates. DHS is also working with MCOs on how several new factors could be added to the rate-setting methodology to recognize the pressures created by rapid expansion (e.g., recognition of start-up costs and the time needed to get more care under management). Actuaries can approve a rate within a range, and DHS is working to set rates to account for real start-up and expansion costs. Interim rates will be set for now, while negotiation and calculation of final rates occurs.

Federal waiver renewal process for current waiver programs

Beth Wroblewski presented information about the federal waiver renewal process. All current waiver programs for adults (CIP, Brain Injury, and CIP2/COP-W) are slated for federal renewal this year or next. DHS has begun submitting information for the 300-page application. Although there is nothing new in any of these programs, CMS has raised several new issues, the biggest of which relates to Wisconsin's county structure. CMS wants identical operation statewide. DHS is working to get CMS to accept changes in state policies instead of completely revamping a system that is already in rapid transition to Family Care.

Update on IRIS

Beth Wroblewski reported that IRIS has been implemented since July 1, 2008. Currently, about 200 people are enrolled, although not all of them have yet gotten an approved budget and begun to receive services under IRIS. Enrollment around the state is variable, some of which is due to the relative availability of personal care under the Medicaid card. DHS plans to submit a federal amendment to the Medicaid state plan (which governs card services) to allow self-direction of personal care. Comments received from people enrolled in IRIS have been generally positive. DHS continues to work on the budget-setting methodology, including state review of special or one-time requests. A map showing enrollment was requested and will be provided.

Comments from the public

Amy Weiss, on behalf of the WI Personal Services Association, raised an issue with MA personal care. As counties transition to Family Care, many are dropping their certification as personal care providers. Some of the subcontractor agencies who actually provide the service under the county MA certification are not themselves certified independently as MA providers. Clients may lose services. WPSA has drafted an emergency rule. Sinikka Santala said that DHS is working on a solution to this issue.

LTC Insurance Partnership Program

Guenther Ruch, Administrator of the Division of Regulation and Enforcement at the Office of the Insurance Commissioner, provided information, including handouts, on the LTC Insurance

Partnership Program. When a person purchases a LTC insurance policy that qualifies for the program, claims against the policy offset asset limitations for eligibility for Medicaid. This program began as a federal demonstration project in the late 1980s; Wisconsin decided not to participate. Four states did have projects, beginning in the early 1990s. A 2006 GAO report evaluating the demonstrations indicated that it had no effect on Medicaid spending and that there was little, if any, other kind of effect. State law has been changed to conform to federal standards for the program, and OCI has changed its administrative rules to comply. OCI sets standards for agent training and for qualified policies, including inflation protection and policy exchanges.

Financial oversight of MCOs by OCI and DHS

Eileen Mallow, Assistant Deputy Commissioner of Insurance, described the joint effort between DHS and OCI for providing financial oversight of MCOs. Some MCOs are currently licensed as insurance companies (those providing Partnership) and some are not, so that DHS oversees financial issues for some MCOs and OCI oversees it for others. However, all MCOs manage considerable financial risk and a plan for managing potential financial difficulties is needed. There will likely be legislation in the state budget to give OCI primary responsibility for financial regulation of MCOs and DHS primary responsibility for managing quality assurance. OCI expects to have financial requirements in place some time in 2010. Judith Frye noted that there is unlikely to be much change for MCOs. This is an effort to be efficient with state oversight and to eliminate duplicative oversight structures, especially as Family Care goes statewide.

New AAA structure; interface of the new AAA system with changes in the managed LTC system

Bob Kellerman provided a handout and described the new Area Agency on Aging structure in the state. The number of AAAs was reduced from six to three on January 1, 2009. The new Greater Wisconsin Agency on Aging Resources, which Bob heads, will serve all counties in the state except for Dane and Milwaukee, which each have their own AAA. The restructuring grew out of a planning process begun in 2004. A key goal was greater consistency of AAA functions across the state. AAAs fund Older Americans Act services through County Aging Units, provide oversight and technical assistance for those services, and provide advocacy for older people. The new GWAAR is developing a team staff model, grouped around various service areas. They are also working on improving their relevancy to LTC reform, especially with respect to ADRCs and regional LTC advisory committees and on increasing collaboration with the disability community.

DHS updates

Sinikka Santala thanked members who were recently re-appointed for their willingness to continue serving on the Council, and welcomed Bob Kellerman. She provided updates on several topics:

- Due to projected budget deficits for the current, as well as the next biennium, the Family Care expansion timetable is still unknown. There is still a strong commitment by the administration to expand statewide, but the pace may be a little slower than originally hoped. Implementation in the northern part of the state (blue counties) has been delayed by two months.
- Estate recovery will become effective for Partnership members on March 1, 2009.
- The Community Relocation Initiative and the ICF-MR Restructuring Initiative have relocated more than 2,500 people and allowed for about 500 diversions from institutions. A full report on these programs is on the DHS web site, and notice about its availability has been sent to the listserve.

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Sinikka's last update was an announcement that she is retiring; her last day at work will be February 13. Members offered congratulations and comments that she will be missed.

Franchise model for DHS and MCOs

Judith Frye said DHS is working on a strategic plan to operationalize the franchise model and statewide implementation. A draft plan is expected within the next few weeks and will be shared broadly for reaction. DHS is also developing an RFP to find a claims processing organization to handle claims for all MCOs. The aim is to get a good price because of the large volume. Paul Cook said that his organization is very happy with the system they have, which was built with a large investment of both time and money. Stephanie Stein said that there are good reasons for using standard systems, at least in new areas and organizations. Judith asked Council members what information they want from DHS over coming months. Responses included:

- DHS perspective and MCO perspectives on each initiative as it develops
- Reports to the Council on the degree to which we are really bringing care under management
- Assuming that expansion will be slowed due to budget constraints, work more with staff of counties still under the waiver system, especially training on using the Resource Allocation Decision protocol.
- Focus county staff training on those areas of the franchise model report that make transition to the new system difficult, such as needed changes in staff philosophy and culture

Council business

Approval of 11/04//08 meeting minutes. The minutes were unanimously approved, on a motion by Beth Anderson, seconded by Paul Cook.

Report from the Family Care Quality Committee. Carol Eschner reported the committee is composed of knowledgeable and hard-working people. They are working to see how they can be of most help to DHS on quality issues.

Announcements. Lynn Breedlove raised concerns about delays in the implementation of Family Care for people under 60 in Milwaukee County.

Future agenda items. Members suggested that the following items be included in future agendas:

- A panel of MCO representatives discussing rate issues
- Monitoring implementation of estate recovery in Partnership
- Mechanisms for input into the 2010 MCO contract

Meeting adjourned at 3:40 PM.