

Wisconsin Council on Long Term Care
Meeting of January 9, 2012
La Quinta Inn and Suites, Madison, WI

Minutes

Members present: Beth Anderson, Karen Avery, Heather Bruemmer, Teri Buros, Devon Christianson, Dana Cyra, Carol Eschner, Caroline Feller, Tom Hlavacek, Robert Kellerman, Geri Lyday, Barb Peterson, Todd Romenesko, Maureen Ryan, David Scribbins, Beth Swedeen, Judith Troestler, Kate Wichman

Members absent: John Sauer, Stephanie Sue Stein, Christine Witt

Others present: Joyce Binder, Michael Blumenfeld, Pris Boroniec, Mary Lou Burger, Grant Cummings, Hugh Danforth, Cindy Dombrowski, Wendy Fearnside, Juan Flores, Lynn Gall, Michelle Gauger, Philip Gritzmacher, Jr., Darla Keuler-Gehl, Lea Kitz, Margaret Kristan, Kim Marheine, Donna McDowell, Marlia Mattke, Carrie Molke, Charles Morgan, Heidi Pankoke, Kitty Rhoades, Eric Searing, Tim Stumm, Dennis Smith, Janice Smith, Jim Williams (substituting for John Sauer), Beth Wroblewski, Ramie Zelenkova

Chair Heather Bruemmer called the meeting to order at 9:30 a.m.

Introduction and Ground Rules

Heather Bruemmer welcomed and introduced the new members of the Council -- Tom Hlavacek, Geri Lyday, Barb Peterson, Maureen Ryan, David Scribbins and Kate Wichman -- after which continuing Council members introduced themselves. Heather then reviewed the ground rules for Council meetings and asked members to inform the Chair of issues they would like to have the Council discuss prior to the meetings. Council members suggested the following changes to procedures: 1) moving approval of minutes and review of agenda to the beginning of the meeting; and 2) sending meeting materials electronically or posting them on the website two weeks in advance of the meetings.

Review of Council Charge

Heather Bruemmer reviewed the charge to the Council that appears on the Council's website at www.wcltc.state.wi.us. The Council reaffirmed its commitment to the charge of advising the Department of Health Services on long term care reform efforts by: 1) overseeing expansion of Family Care managed care organizations (MCOs), Aging and Disability Resource Centers (ADRCs) and the IRIS program; and 2) focusing on system and design issues, especially on oversight of quality.

Income Maintenance Regionalization Update

Marlia Mattke provided an update on the IM regionalization, which become effective on January 1st. Individual county income maintenance units are being replaced with up to

10 multi-county regional consortia and Milwaukee income maintenance unit employees have been converted from county to state employees. Tribal income maintenance units may remain independent. Counties have the option to opt out of the consortia and have the State take over their responsibilities. Marlia acknowledged that this is a big change and that there will be challenges. She said she wants to hear about any problems Council members may be aware of.

Teri Buros said that the call number has been a problem in the southwest area. People are supposed to have a local number to call, but that has not been the case, and wait times on the call line have been long, in one case 155 minutes. Marlia said that each consortium has one regional number, and that calls are then funneled to a local number, which may be in another county. She asked that information about problems be sent to Wendy Fearnside, who will forward them to her.

Barb Peterson indicated that “lobby time,” when people can talk with an IM worker face-to-face, has been greatly reduced and that people are being referred to the ADRC instead. Marlia said that counties are required to have IM office hours and that ADRCs should refer people back to the IM consortium if this continues to happen.

In answer to questions from the Council, Marlia indicated that information on the quality and timeliness of IM services will be made available and that there is an advisory group with consumer representation.

Nursing Home Resident Relocation / MDS Section Q

Carrie Molke gave an update on CMS’ MDS Section Q referral requirements, which took effect in October 2010. Nursing homes are required to ask residents if they are interested in relocating to the community and to refer those who are to a “local contact agency” (generally the ADRC) for information and assistance. Carrie shared data from the first year of implementation. Some 5,723 referrals were made from October 2010 through October 2011. The number of referrals declined from 636 in the first month to 327 a year later, as facilities gained experience with the process and with what makes an appropriate referral. Actual relocations average 50-60 per month statewide through the Department’s long term care programs. Data on private pay relocations is not available.

Devon Christianson said that caseload size and the inability to supplement room and board costs pose a challenge for ADRCs in responding to MCD Section Q referrals, and indicated that this is not solely a public pay issue. Geri Lyday said that people expect that something will be done about the referral and expressed concern that there are residents waiting to be contacted by an MCO. Dana Cyra indicated that, in Central Wisconsin, many people are able to move on their date of enrollment or soon thereafter.

Council members asked about the number of people waiting to relocate, how long it takes to complete a relocation, who wants to relocate and why, and barriers to relocation. Donna McDowell explained that the referral data collected by the Department is for the purpose of tracking ADRC workload and is not sufficient to answer questions about the

characteristics of the people referred or the outcomes of the referrals. Pris Boroniec indicated that the Department will explore what can be done with the data.

Waiting Lists for Long Term Care

Carrie Molke reviewed the results of a survey of people on the long term care wait list in Family Care counties that was conducted in October 2011. The survey provides answers to questions about who is on the wait list, what services they are waiting for, and how they are managing while they wait. A little over half of those on the wait list are frail elderly, one in three have a physical disability, and one in five have a developmental disability. Half have been waiting for six months or less, while one-quarter have been waiting for over a year. The top three things people are waiting for are: help with instrumental activities of daily living, personal care, and transportation. About half are currently getting some assistance, primarily from family, friends or neighbors. Most live in their own home or apartment (63%) or with family (19%), while 13% live in assisted living or a nursing home.

Council members pointed out that many people want to move because their current residence is inaccessible, inadequate or unsafe but still want to be in their own home.

Long Term Care Sustainability Proposals

Secretary Dennis Smith and Deputy Secretary Kitty Rhoades joined the Council to introduce the Department's strategies for ensuring sustainability of its long term care programs. Secretary Smith said he sees long term care as a vital part of the health care system that needs more attention. He said he wants the Council to have the first look at the Department's package of proposals and to use its input and reactions to refine and further develop the proposals. He said we all share the same goals and asked that people keep that in mind when discussing how to get there.

Deputy Secretary Rhoades emphasized that Department has an obligation to "be there for the long haul" for the people who have been brought into its programs. She said the sustainability proposals are not connected to lifting the Family Care cap. The Department has spent months working with stakeholders to develop the sustainability proposals. The Department is not asking for new dollars to lift the cap, and will meet its obligation within current resources. So, in her words, "Let's get going and make this work!"

In answer to questions from the Council, Secretary Smith said that he expects repeal of the cap to take things back to where they would have been without it. Teri Buros asked what this means for counties where the rollout to entitlement was stopped in the middle of the process. Pris Boroniec indicated that counties will be able to enroll the same number people they would have enrolled without the cap; and will not have to go back to where they left off when the cap was imposed. Counties that would have reached entitlement after the cap was imposed will be at entitlement when the cap is lifted. Kitty Rhoades noted that this does not mean that everyone who is on a waiting list will be enrolled, as some who have applied do not meet the eligibility criteria. Secretary Smith observed that many of the people coming into the long term care system look different

from those who were rolled over from the legacy waivers and have less acute and very specific needs. Guidance will be provided to ADRCs to ensure an orderly transition.

Heather Bruemmer congratulated the Department on this “huge victory for consumers.”

Pris Boroniec reviewed the seven draft long term care sustainability proposals, which are now available on the Department’s website at <http://www.dhs.wisconsin.gov/lcreform/>. The Department has come up with goals and strategies and is looking for help in developing the detail needed for implementation.

Suggestions and feedback provided by the Council include:

- The Council and others will need enough time to evaluate the proposals and have input.
- Limiting access to residential care based on acuity could be a problem for people with developmental disabilities. Acuity is a better measure of physical needs than of intellectual and behavioral challenges.
- Acuity levels in assisted living facilities may increase as people stay in the community longer. DLTC may want to get input from the Bureau of Assisted Living.
- There needs to be an effort to develop housing resources if the goal of having people stay in the community longer is to be meaningful. Finding affordable, accessible, safe housing is a challenge.
- Make sure the policies don’t lead us back to congregating people with disabilities.
- Medication dispensers can be a good thing, but won’t solve all medication problems. They don’t work for people with Alzheimer’s and don’t address the issue of drug interactions. People need to be taking the right medications.
- There are concerns about funding. DHS’ prior proposal to adequately fund ADRCs was rejected and it looks like they will be asked to do a lot more in the future.
- There needs to be a safe way for MCO staff members to report if quality deteriorates.
- There is concern about reducing the interdisciplinary team support for Family Care participants.
- There is enthusiastic support for the emphasis on crisis intervention and stabilization. Many people with dual diagnoses are admitted to mental health institutes because of the lack of crisis support. County aging and mental health staff and law enforcement should also be involved.
- Make connections between Family Care, county mental health services, and CSP for people with chronic mental illness who are dually diagnosed.
- Incorporate the peer support model from the mental health field.
- Recognize the limitations of relying more heavily on family supports. There is a lot of family support now. People with Alzheimer’s who are in institutions are most often there because of caregiver burnout and behaviors. Many caregivers of adult children with disabilities are older and burned out.

- We need a mix of family and paid supports.
- We need to provide more support for caregivers earlier on. Caregivers need respite and adult day care as well as training.
- Convene a workgroup to explore the natural support concept. Natural supports are a skill that needs developing.
- Include end-of-life counseling in the residential policy.

Council members were invited to forward their comments, questions and concerns to Heather Bruemmer, Pris Boroniec and Beth Wroblewski.

Virtual PACE Update

Pris Boroniec gave an update on the Virtual PACE initiative. The effective date for implementing Virtual PACE has been moved from July 2012 to January 2013. A rough proposal is due to CMS in April 2012. There will be a separate advisory council for Virtual PACE, with an opportunity for participation by the Wisconsin Council on Long Term Care.

Council members asked how the Department will coordinate Family Care with Virtual PACE. Pris said that the goal is to have a “Family Care Plus” and “IRIS Plus” for dual eligibles, not to replace the Family Care and IRIS programs. Council members also expressed concern about whether consumers will have a choice to “opt in” to Virtual PACE or whether enrollment will be mandatory.

Ageing and Disability Resource Center Update

Pris Boroniec said that there are a lot of interesting and innovative things going on at the ADRCs. A list of ADRC accomplishments was distributed and the topic was deferred to a future meeting.

Council Business

- **Council Priorities for 2012.** The Council recommended the following tasks for 2012 in addition to its ongoing focus on LTC expansion, design and quality:
 - Increasing awareness of the Olmstead Decision and monitoring how well Wisconsin is meeting the Olmstead objective of providing services in the most integrated setting.
 - Providing input to the Department’s development of a performance scorecard for Family Care and IRIS, possibly by re-establishing a Council subcommittee on quality.
- **Selection of Officers.** Carol Eschner was nominated for Vice Chair, Devon Christianson for Secretary, and David Scribbins and Beth Anderson as Members At-Large of the Executive Committee. Their appointments were moved by Bob Kellerman, seconded by Maureen Ryan, and unanimously approved by the Council.

- **Approval of meeting minutes for January 9, 2011.** The minutes were unanimously approved, on a motion by Beth Anderson, seconded by Todd Romenesko.

- **Agenda Topics for the March Meeting**
 - Update on the Family Care cap
 - Virtual PACE
 - ADRC accomplishments and innovations
 - Transportation for Family Care participants
 - Family Care financial update
 - Ombudsman reports

Meeting adjourned at 3:15 p.m.

Handouts:

- *Wisconsin's Income Maintenance Redesign Overview*
- *MDS Section Q referrals Received by LCAs per Month*
- *Waiting for Long-Term Care Programs, Analytic Insight Customer Survey, October 8-11, 2011*
- *Profile of People Waiting for Long-Term Care Programs, Supplement to Waiting List Customer Survey*
- *Long Term Care Sustainability PowerPoint*
- *2011-2013 Long Term Care Sustainability Proposals*
- *Aging and Disability Resource Centers: 2010-12 Wisconsin Innovations*