Wisconsin Council on Long Term Care
Meeting of March 2, 2010

Approved Minutes

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

Members absent: Paul Cook

Others present: Lorraine Barniskis, Susan Crowley, Fredi Bove, Donna McDowell, Sue Schroeder, Michelle Gauger, Nino Amato, Kim Marheine, Richard Hinkel, Tom Lawless, Charles Jones, Michael Blumenfeld, Ashley Hesse, Lea Kitz, Janice Smith, Carrie Molke, Kay Lund, Wayne Hagenbuch, Beth Wroblewski, Mike Linak

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

OCI and DHS financial oversight of MCOs

Tom Lawless (DHS) and Richard Hinkel (OCI) updated the Council on financial oversight of MCOs. Tom noted that with no models from other states to rely on, OCI and DHS collaborated to develop formal structures and statutory language for oversight. Six main processes are involved:

- Fiscal certification (initial and annual re-contracting) – DHS lead
- Financial reporting – DHS for Family Care and OCI for PACE/Partnership
- Public reporting – DHS
- Evaluation of MCO solvency – OCI
- Financial audit – OCI
- Corrective action plan on financial issues – OCI

OCI's role with LTC MCOs is different from that with traditional health HMOs; OCI is committed to the success of MCOs, and oversight is in collaboration with DHS and with MCOs. Communication across state agencies is greatly improved and more financial data will be routinely shared publicly. Tom distributed several handouts summarizing financial information about MCOs and asked for feedback about what information is useful and in what format. He emphasized that the reports distributed were for the third quarter of 2009, and that the picture is very different today. The three-year business plans submitted by MCOs in 2009 have helped to focus efforts at financial stabilization, and targeted risk-sharing arrangements and payments to some MCOs have improved the situation. Tailored performance expectations and monitoring have accompanied special payments. He stressed that most businesses experience stress in periods of rapid expansion, and this does not mean they are going under. Over time, 80-85% of total capitation payments have been used for member services, with about 15% being used for care management and 5-7% for administration. The data show that overall, MCOs are not that far off the mark of expectations; even last year, when there was a 55% increase over the previous year in member months, there was only a 1.9% overall financial shortfall. More information was requested on the "extra" $27 million to MCOs for 2010. Information broken down by target group and provider type/setting was also requested.

Living arrangements in Family Care

Charles Jones walked through a previously provided handout, showing that the majority of members in all target groups are living in their own homes or with family members. He provided an additional handout, further breaking out place of residence by program. Beth Anderson noted that currently about 19% of assisted living residents are funded by Family Care. Public rates do not usually cover costs, and if private pay residents leave, there is no one to cost-shift to.

DHS Updates

Fredi Bove highlighted several points in the report on relocations that had been emailed to members.

- A significant proportion of people who relocated from nursing homes to community settings were aged 85 or older.
- A large number (almost half) of those relocating had been in nursing homes six months or longer.
- Relocation programs are generating Medicaid savings (about $2.7 million in fiscal year 09).

Fredi provided an update on IRIS, showing that 1,153 people participated in the program as of January 31, 2010. (See handout for distribution by county.)

Susan Crowley said that DHS held meetings with provider associations last week, with about 60-70 individuals participating in the two sessions. The goal of the meetings was to improve provider communications with MCOs and with DHS and to more actively engage providers in Family Care. Many good suggestions were received and will be followed up. The WI Assisted Living Association has also had forums and provided feedback to DHS.

Comments from the public

Lea Kitz, The Arc of Winnebago County, raised concerns regarding transportation services for Family Care members and with delayed provider payments. Ashley Hesse urged that Regional LTC Advisory Committees be implemented soon, as these could serve as a way for local stakeholders to gain knowledge and participate in Family Care oversight.

Transitions of young adults to Family Care from children's service systems

Donna McDowell, Beth Wroblewski, and Mike Linak provided information from several sources about youth transitions from children's service systems and their participation in Family Care. Good data is difficult to obtain and analyze due to inconsistencies in the data collected and in policies among various actors: schools, MCOs, ADRCs, county agencies and others. If transition planning begins early enough (around age 14), transitions are smooth; if not, people can get lost. DHS is working with DPI to mandate the tracking of children beginning at about age 14 and continuing for a year or more after they leave school.

Jennifer Ondrejka noted that a study in one CESA found that of those children who had graduated and had jobs, most got them through family or friends. The Children's Long Term Support Council has recommended that it is important to have someone with expertise in children's systems at the entry point to the adult system (e.g. ADRCs). Dana Cyra noted that the Portage County ADRC has had a close relationship with local schools, but were sometimes surprised by referrals of children protectively placed out of county and aging out into the adult system. Beth Wroblewski said that DHS is working with DCF on protective placements. DHS, through a MIG grant, is working with families to envision futures early, so that they can make good school

choices. Chris Sarbacker said that there is a very good inter-agency agreement in Dane County, involving Dane County DHS, DVR, MATC, the CESA and others, and that many kids have been transitioned successfully. It was suggested that follow-up discussion be scheduled for a future Council agenda on how roles and responsibilities of various actors should be structured for successful transitions.

Status report on guardianship issues

Fredi Bove and Kay Lund provided background on guardianship issues. Work in this area began when it was recognized that county funding for corporate guardianships is shrinking and/or moving to Family Care. There is no statutory requirement that counties pay for ongoing guardianship costs (only for initial court-related costs). Further complicating the issue are new federal rules related to paying for a portion of room and board in certain circumstances. DHS's draft proposal on changes in guardianship funding policies, put out for comment in January, has been withdrawn. More work is needed in the whole area. DHS objectives are that: (1) guardianships are used only as truly needed; (2) the use of volunteer guardians is maximized; (3) that the role of guardians be precisely defined; and (4) that corporate guardianship fees be reasonable and consistent. The use of volunteer guardians is declining; enhanced training and supports are needed. Education in this area is needed, including for social workers in assisted living and nursing homes.

Update on new provider registry in the county waiver programs

Beth Wroblewski reminded the Council that as part of the waiver renewal process, CMS had imposed new requirements for all the traditional waiver programs in Wisconsin (Brain Injury, CIP, COP and the Children's Waivers). Providers must have a provider agreement with the state (not just with a particular county). Providers have the option of being paid directly by the state; of about 7,000 provider agreements, only 28 have chosen this option. The state must operate a provider registry and this is underway. There also may be a provider directory, but there are many issues with this; a name appearing in a publicly available directory could imply that the provider's credentials have been vetted, when this is not necessarily the case.

Care Wisconsin claims processing issues

Wayne Hagenbuch explained that Care Wisconsin switched to a new vendor and system for claims processing had resulted in greatly delayed payments to subcontracted providers, and that the problems had been exacerbated by the rapid expansion of Family Care to new counties. Susan Crowley said that the situation was not acceptable to DHS, and that many DHS staff hours had been spent on this problem since early January. Wayne stressed that the problems have absolutely nothing to do with the design of Family Care or with the capitation rates. Care Wisconsin anticipates that the problem will be fixed by the end of March. Some providers have gotten paid outside the claims system, especially smaller ones. Beth Anderson noted that Care Wisconsin had been proactive in reaching out to providers and working with them during the delay time.

Council business

Approval of 1/05/10 meeting minutes. The minutes were unanimously approved, on a motion by Carol Eschner, seconded by Chris Sarbacker.

Announcements:

- DHS recently received recognition from the federal Administration on Aging for its pioneering work and continuing innovation with Aging and Disability Resource

Centers. ADRCs now exist in 55 states and territories, and many rely on Wisconsin's example.

- John Sauer commended DHS for proactively lobbying for extension of enhanced federal match on Medicaid.

Future agenda items. The following items were suggested:

- Focused Council discussion on priorities for several workforce and quality topics to be examined
- Re-visit the issue of implementation of Regional LTC Advisory Committees.

Meeting adjourned at 3:00 PM.