

**Wisconsin Council on Long Term Care
Meeting of March 14, 2008**

Approved Minutes

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

Members absent: Michelle Pike, Tim Sheehan

Others present: Kevin Hayden, Sinikka Santala, Lorraine Barniskis, Judith Frye, Kathleen Luedtke, Donna McDowell, Karen McKim, Mike Linak, Dan Hayes, Janice Smith, Wendy Fearnside, Ann Marie Ott, Sue Schroeder, Carrie Molke, Gail Propsom

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

Introductions

Members and guests introduced themselves. Among the issues members said they were interested in addressing were: 1) consumer education and involvement in LTC reform planning; 2) workforce issues and vocational education; and 3) provider education on LTC reform.

Welcome, charge to the Council

Secretary Kevin Hayden provided some information about his background, including a number of years in the private health care sector, and some time as the state's Medicaid Director. He said that he is spending more time on Family Care than on any other issue or program in DHFS. LTC reform will require major transitions both internal to DHFS and externally around the state. He sees the LTC Council as the quality guardians of Family Care.

He said that he is bringing together an executive sponsor group from across the Department to do strategic planning around implementation of Family Care statewide. They are beginning to think in terms of a franchise model to bring clarity regarding the respective roles of DHFS and Family Care CMOs in IT systems and other administrative/business models and systems. He noted that Family Care was one of very few bipartisan successes of the state budget and that it is a national model. He asked that the Council help think through how statewide implementation should occur.

Lynn Breedlove suggested that we should look at best practices among current CMOs and push all CMOs to adopt those practices. He also suggested standards for serving people with disabilities (e.g., small, personalized settings). Tom Frazier expressed concern about recent use in Department materials of the term "managed care organization" instead of "care management organization." He said that the former term has negative connotations for many consumers and that the change of terms was confusing for consumers. He noted that the latter term is the one that appears many times in the Family Care statutes and provided a handout on this topic. John Sauer said that there is confusion among legislators and the general public about what exactly the term "Family Care" means. He suggested that more discussion is needed about the vision for the future; for example, is the goal a benefit that integrates acute/primary health care with LTC?

Sinikka Santala walked through the charge to the Council, emphasizing its focus on quality issues and the development of regional LTC advisory committees. She noted that the Council's charge will include a special focus each year, and that some members will be appointed for limited terms to bring special expertise to each year's focus.

Current status of ADRCs and managed LTC

Kathleen Luedtke provided several handouts, including a map showing areas where planning grants for Family Care expansion have been made, a map showing where CMOs currently exist and where they are planned to come on line in 2008, and a timetable for implementation by county in 2008. She described the process of planning, RFP, and certification. Two more RFPs are expected to be issued this year, in the northwest and southwest parts of the state. It was noted that a federal moratorium has been imposed through 2009 on the expansion of Special Needs Programs (SNPs), which would impede the expansion of Partnership models in Wisconsin. People are working with Wisconsin's delegation to exempt Wisconsin; legislation is being introduced by Rep. Kind and Sen. Feingold. Lynn Breedlove asked for clarification about what statutory protections apply to Family Care enrollees, and what applies to Partnership enrollees, and what the obligations of the independent advocacy organizations are with respect to each program.

Janice Smith provided a map showing current and proposed ADRCs in the state. She noted that lots of discussions are being held with tribes regarding ADRC development. Several possibilities are being considered, none of which is "final." These include a tribal/county collaboration, a multi-tribe ADRC and a single tribe model. The process for new ADRCs includes an application, state review (somewhat similar to CMO certification), a feedback meeting between DHFS and the applicant, development by the ADRC of policies and procedures, and a number of training sessions. Devon Christianson noted that problems arise when an ADRC does not start more than two months prior to a CMO in its area. There is insufficient time to develop good information and assistance capacity, and that unit may function more like a traditional "intake unit." The broader role of the ADRC and the quality of information and assistance may be compromised. Lynn said that advocates need to know in a timely manner about the impact of budget decisions, especially the effects of underfunding, of ADRCs. Sinikka agreed that she would like feedback and recommendations from the Council on these issues.

Overview of ADRC functions and quality expectations

Donna McDowell described some of the core functions of the ADRC, noting that its primary work is information and assistance (I&A). She noted that short-term case management is eating up lots of time and effort in many ADRCs; this function is either under-budgeted or we should lower expectations in this area. Financial eligibility is going well in established ADRCs. She suggested that the Council receive information about quality in ADRCs from DHFS and ADRC directors and provide feedback on how well ADRCs are meeting the public's expectations for outcomes for people.

Carrie Molke said that DHFS is committed to the goal of having ADRCs looking and operating similarly across the state. The question for ADRCs is, "who are your customers and what does it take to satisfy them?" Work is now being done with customers through focus groups, surveys and other mechanisms on this topic. She provided a print-out of the main ADRC web page on the DHFS site, which provides links to lots of other information, including the state-ADRC contract. She provided a few sample pages from the contract, noting that each section begins with a purpose statement and performance goals. She also noted the availability of a number of informational memos targeted to new ADRCs. A new technical assistance series is now available;

titled “Resource Centered,” it provides more focused and detailed information aimed at improving consistency across the state.

Carrie also described a project now underway to evaluate the quality of I&A and options counseling. The evaluation is being done by Dr. Amy Flowers of Market Decisions, a contractor from Portland, Maine. When the results of the evaluation are known, the next task will be to determine what policies and procedures would lead to better customer satisfaction in these areas. ADRCs from generations 1 and 2 are participating. Focus groups are being done in several counties, with participants drawn from a sample of ADRC contacts, further screened by telephone. Findings are that participants are either very happy or (less frequently) very unhappy with their ADRC experience. A consumer survey will be done across all ADRCs (100 customers from each ADRC area). Paul Cook suggested that future Council agendas include: 1) information that might help us assess the effect of ADRCs in delaying entry into the public LTC system; and 2) more discussion of ADRC “scope creep” such as the unanticipated demands on staff for short-term case management.

Regional LTC Advisory Committees

Donna distributed handouts on regional LTC advisory committees and ADRC governing boards. She said that DHFS will be asking the Council how the advisory committees should be established to make sure that they can give DHFS really good information from “the people.” Current thinking is that regional boundaries should follow ADRC boundaries and, as possible, CMO boundaries. DHFS will bring for Council consideration a few options for dividing the state into regions. Other questions to be considered include:

- the number of members that various regional committees should have
- how to assure that at least half of the members of each committee are consumer representatives
- what information we will want to have from these committees and whether we want it in a uniform format
- how to give consumers a real voice
- how to get feedback from consumers of mental health and substance abuse services, who are not necessarily included in this mechanism

Carol Eschner suggested that DHFS and/or the Council ask focused questions of ADRC governing boards and the regional LTC advisory committees, or suggest themes for each year. Paul Cook suggested that a smaller workgroup be considered, to bring recommendations to the full Council.

Federal Comprehensive Systems Change project and Money Follows the Person Demonstration

Kathleen noted that the LTC Council is the oversight body for both the Comprehensive Systems Change (CSC) grant and the Money Follows the Person (MFP) demonstration. She provided an overview of the CSC project, which began in 2004 and will end this year. About 25% of the funds were used for Family Care expansion planning grants to local groups, with the balance used for other projects (see handout). APS Health Care will do the evaluation of the project. The Council may be asked to endorse the evaluation report prior to its submission to the federal government, and will surely receive the final report.

Gail Propsom provided an overview of the MFP. Up to \$56 million is available to the state over about four years in enhanced federal match for services to certain home and community based service recipients. Because of federal delays in establishing guidelines for the program, it was not

begun until late 2007, and only a few people are participating to date. The MFP provides additional federal match for certain Medicaid recipients, and is an overlay on the ICF Relocation Initiative, the Community Relocation Initiative, and Family Care expansion.

Plans for Family Care Quality Committee

Karen McKim provided information about plans to establish a Family Care Quality Committee, to focus on performance monitoring. She noted that lots of performance monitoring of CMOs is occurring through the External Quality Review Organization (EQRO), independent advocacy organizations (BOALTC for people age 60+ and a contractor for younger people), through encounter data received by DHFS, and other means. The role of the committee will be to sift through this information and bring relevant reports to the full Council. The committee will be composed of a limited number of Council members and other individuals with expertise in this area. Lynn Breedlove, Paul Cook, Jennifer Ondrejka, and Carol Eschner volunteered to participate in the committee.

Council business

2008 meeting dates. Meeting dates were set for the first Tuesdays of alternate months:

May 6

July 1

September 2

November 4

(Note: all meetings will be held at the Lussier Family Center in Madison.)

Adoption of Council procedures. On a motion by Beth Anderson, seconded by Chris Sarbacker, the procedures of the Council were adopted unanimously as presented.

Election of Executive Committee members. On a series of motions unanimously adopted, the following members were elected to serve on the Council's Executive Committee, along with Heather Bruemmer (ex officio Chair of the Committee):

Tom Frazier, Vice Chair

John Sauer, Secretary

Lynn Breedlove, Member at Large

Paul Cook, Member at Large

Interest in background/orientation session. No one expressed interest in having a special orientation session. However, it was suggested that Lorraine send out a background PowerPoint on the history of LTC reform to newer Council members. There was also a request for more information at the next meeting on the organization of newer CMOs and planning groups around the state, including the formation of LTC Districts.

Meeting adjourned at 2:55 PM.