

**Wisconsin Council on Long Term Care
Meeting of May 4, 2010**

Approved Minutes

Members present: Beth Anderson, Karen Avery, Judy Braun, Lynn Breedlove, Heather Bruemmer, Devon Christianson, Paul Cook, Carol Eschner, Bob Kellerman, Mike Linton, Jennifer Ondrejka, John Sauer, Stephanie Stein

Members absent: Dana Cyra, Caroline Feller, Todd Romenesko, Chris Sarbacker

Others present: Lorraine Barniskis, Susan Crowley, Fredi Bove, Donna McDowell, Sue Schroeder, Kim Marheine, Michael Blumenfeld, Ashley Hesse, Lea Kitz, Janice Smith, Carrie Molke, Jane Mahoney, Christian Moran, Bill Jensen, Betsy Abramson, D'Anna Bowman, Kathleen Luedtke, Nancy Crawford

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

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

Council members raised the following points in discussion of this issue:

- If ADRCs were adequately funded, they could do more outreach and education to high school transition teachers and coordinators.
- CESA staffing has been cut in many parts of the state, further reducing the ability to coordinate across systems.
- Brown County ADRC has done transition fairs, but they were not very well attended. Best practice is delineated in an Interagency Agreement, but the ADRC is not able to deliver everything that is outlined there.
- DHS efforts to bring together actors from the various systems have been useful, and should be continued.
- Many children identified as having special needs do not meet functional screen eligibility requirements, and funding for other types of assistance (e.g., DVR) is very limited. These kids mostly end up on long waiting lists.
- Because of turnover, outreach and education needs to be continuous.
- There are big differences among school districts with respect to the level of knowledge about adult service programs and systems.

Transportation issues in Family Care

Fredi Bove briefed the Council about several areas of activity on transportation issues.

- The Division of Health Care Access and Accountability is working on a contract with a transportation broker for most Medicaid participants. The broker will be responsible for managing all transportation services for these participants. Originally targeted for implementation in January 2011, the project has been delayed because of staff turnover in DHCAA.
- DHS is working with the Department of Transportation on the issue of some paratransit providers charging much higher rates to Family Care and IRIS enrollees. Although federal law prohibits these providers from charging differentially based on funding source, they are technically getting around this requirement by adding a surcharge on fares bought in bulk by an agency such as an MCO. DHS has met with providers in a forum sponsored by DOT, and continues to work with DOT to find solutions.

- Lynn Breedlove raised a concern that some residential providers are being asked by MCOs to absorb transportation costs for their residents. There is concern that community integration opportunities will be curtailed, because these providers are also being asked to accept lower residential service rates. Fredi noted that DHS is at the beginning of a process to develop a uniform residential rate setting methodology for Family Care. The methodology will need to be clear about whether transportation services for residents are in or out of the rate.
- DOT has offered training to MCOs on developing individualized plans for maximizing effective transportation options for each member.

Other issues raised in the discussion included the following:

- Individual budgets for IRIS enrollees include transportation for medical purposes but not for other purposes, including work.
- There is widespread concern that smaller and rural transportation providers will be wiped out because of reduced rates resulting from the new transportation broker; this would affect not only Family Care members, but also private pay riders.

Priorities for Council attention to Family Care quality issues

Council members suggested the following areas for discussion at future meetings. Time on each agenda should be devoted to a quality issue.

- Do MCOs have processes in place to develop an organizational culture that embraces the philosophy and key principles behind Family Care at all levels, including member-centeredness, choice, respect, and the encouragement of members to be as self-directing and independent as possible.
- Are people living in the most integrated setting? What are the trends? Where do people live when they are in the waiver programs, and where do they live after they transition to Family Care? Are there significant differences across MCOs in living arrangements?
- Are members' care plans comprehensive, including identification of personal outcomes important to each member, and plans for supports to assist them in working toward achieving desired outcomes? Is the RAD protocol being used appropriately throughout each MCO? How do we help MCO care managers and consumers and ADRC staff to better understand and use personal outcomes and the RAD? How should PEONIES be implemented? How well are members' personal outcomes being identified and supported in Family Care, compared to IRIS?
- Do MCOs have teams of care managers with core competencies? Is there ongoing training and oversight of care management skills?
- Do members experience the best physical and mental health possible?
- How should grievance and appeal information (from Ombudsman programs and the MCOs' own data) be used to understand systemic problems? What are the trends in grievances as programs mature?
- What is the impact on quality of changes in provider rates?
- To what extent is data collected from providers used and how is it useful?
- Bring dashboard information to the Council routinely, including financial information.
- What are the differences among MCOs with respect to ratios of target groups served?

Update on Wisconsin Institute for Healthy Aging

Bob Kellerman and Dr. Jane Mahoney provided handouts and updated the Council on the development of the Institute on Healthy Aging. Partners currently include the UW School of

Medicine and Public Health, DHS, The Aging and Disability Professional Association of WI, and the Greater Wisconsin Agency on Aging Resources. Additional partners are being sought. The goals of WIHA are (1) to promote, coordinate, implement, monitor and assure quality in evidence-based prevention programs for older adults and adults with disabling chronic conditions, and (2) to partner with researchers to assist with development, testing and dissemination of new prevention programs for the future. Several grants have been received and several others are pending.

Living Well with Chronic Conditions has resulted in a 40% decrease in ER visits and a 34% decrease in hospital stays among over 1500 people who have completed the program; resulting savings is over \$2 million. Stepping On, a falls prevention program has resulted in a 60% decrease in falls and a 9% decrease in ER visits among over 1100 people who have completed the program. Wisconsin has become a model for other states and has a national leadership role in the development of Stepping On. WIHA will be training Stepping On leaders in New York, California and Montana, as well as in additional counties in Wisconsin, over the next year. Expansion of the Living Well program is also underway.

Karen Avery noted that there is also an evidence-based program for younger people with disabilities called Living Well with a Disability; she will share information about this with DHS and Council members.

Comments from the public

Lea Kitz, The Arc of Winnebago County, requested that the minutes be corrected regarding her comments at the March meeting. She requested an update on the possibility of delaying May payments to MCOs unto July in 2011. She requested information about the roles and responsibilities of ADRCs and schools in the transition of children into the Family Care system; information was provided by DHS staff. Ashley Hesse said that he was glad to hear the PEONIES implementation was anticipated, and suggested that MCOs be mandated to use it. He said that regional LTC advisory committee could bring local creativity to quality oversight and asked for consideration of the idea of local groups starting such committees if the state were unable to do so. He noted significant differences among functional screen and personal budget amounts among IRIS participants.

Impacts of federal legislation on long-term care

Fredi Bove, Heather Bruemmer, Paul Cook, Jennifer Ondrejka, and John Sauer all provided information on various LTC-related provisions in the new federal health care reform law. These include:

- Several provisions that may increase federal Medicaid match for certain Wisconsin LTC participants
- Extension of the federal authority for Medicare Special Needs Plans (SNPs) through CY 2013, allowing continuation of Family Care Partnership programs. Changes in Medicare payment systems for SNPs, following a study to determine a more equitable rate structure.
- A modest amount of new funding for Aging and Disability Resource Centers.
- Authorization (but not appropriation) of funding for elder abuse and neglect and for adult protective services, including training grants.
- Creation of CLASS Act, a voluntary public LTC insurance program for working adults with automatic enrollment but opt out choice, payroll deduction of premiums, and tiered benefits based on level of disability. It is entirely consumer-financed. The benefit amount is not less than an average of \$50/day and is indexed for inflation.

- Grants to provide incentives for health care professionals to go into geriatric fields
- Grants to provide statewide training programs for LTC workers

Nursing Home Transparency

- Require nursing homes to disclose their owners, operators, suppliers, financiers and others they do business with so they can be held accountable for the care their residents receive.
- Require nursing homes to take steps internally to reduce criminal and civil violations.
- Establish a Quality Assurance and Performance Improvement Program to improve quality assurance standards.
- Require the government to implement a system to collect and report information about how well nursing homes are staffed, including accurate information about the hours of nursing care residents receive; staff turnover rates; and how much facilities spend on wages and benefits.
- Require cost reports that nursing homes will file with the government to show expenditures by category-nursing, therapy, capital assets, and administrative services.
- Require civil monetary penalties (fines) to be held in escrow pending appeals rather than allowing nursing homes to delay payment indefinitely while they file appeals.
- Implement a pilot program to improve federal government oversight of nursing home chains that have quality of care problems.
- Provide training for workers who care for residents with dementia and to prevent abuse.

H.R. 3590 contains the Elder Justice Act (EJA) that will:

- Establish an Elder Justice Coordinating Council to make recommendations to the Secretary of HHS on the coordination of activities of federal, state, local and private agencies and entities relating to elder abuse, neglect, and exploitation. Recommendations contained in the report are due in 2 years.
- Provide \$400 million in first time dedicated funding for Adult Protective Services (APS). Provide \$100 million for state demonstration grants to test a variety of methods to detect and prevent elder abuse.
- Provide \$26 million for the establishment and support of Elder Abuse, Neglect and Exploitation Forensic Centers to develop forensic expertise and provide services relating to elder abuse, neglect, and exploitation.
- Provide \$ 32.5 million in grants to support the Long-Term Care Ombudsman Program and an additional \$40 million in training programs for national organizations and state long-term care ombudsman programs.
- Authorize \$67.5 million in grants to enhance long-term care staffing through training and recruitment and incentives for individuals seeking or maintaining employment in long-term care, either in a facility or a community based long-term care entity.

Donna McDowell described the process for re-authorization of the Older Americans Act, likely to be introduced in the next Congressional session. The process has been very open; the Administration on Aging is gathering input to inform their development of a proposal. This issue will be brought back to the Council when it is clearer what will be in the final bill, especially if members can be helpful in advocating for certain provisions.

DHS Updates

Susan Crowley noted that an article from the April 24th Eau Claire Leader Telegram was inaccurate. It alleged that services had been cut to two individuals because of Family Care; however, neither individual is enrolled in Family Care. Susan noted that there is a great deal of

misinformation floating around and asked members to verify the accuracy of stories they hear and to provide correct information when possible.

Fredi Bove provided updates on several items:

- As has occurred for several years, June MCO payments will be delayed until July, to push them into the next fiscal year. In 2011, the May payment may also be delayed to July, unless enhanced federal match for Medicaid would be of better financial advantage to the state.
- DHS has begun a process to establish a uniform residential rate-setting methodology, with the goals of improved consistency, access, and conformity with federal regulations. There was very active participation in two listening sessions held so far; minutes of these sessions will be widely distributed for feedback. Staff members are analyzing data from other states that have such methodologies. When options have been developed based on all this information, they will be shared for comment.
- As of 3/31/10, there were 1,398 IRIS enrollees, of whom 40% were people with physical disabilities, 40% were people with developmental disabilities, and 20% were elders.
- Under new state laws, independent home care workers are allowed to form a union. SEIU has filed a petition indicating its interest in holding an election and ballots have gone out. If a union is formed, it would collectively bargain with DHS, only on the issues of minimum rates and benefits.
- Two contracts have been issued for a Third Party Administrator for Family Care (Vestiga and WPS). There were many responses to an RFI regarding common care management computer system, and an RFP is being developed.

Preliminary development of recommendations to the new administration on the 2011-13 biennial budget

Council members had the following suggestions for potential budget recommendations:

- Increased funding for ADRCs, or at least for specific ADRC functions, such as benefit specialists
- Examination of the methodology for determining Family Care capitation payments, especially in the early years of development and/or expansion; perhaps bridge funding for the first five years.
- Restructuring of the capitation rate structure to address disparities among population groups
- DHS should get feedback from the Council on its Family Care cost-to-continue calculations
- DHS should have a federal liaison position in Washington to assure that Wisconsin's voice is heard on important federal funding and policy issues.
- The Medicaid asset test needs updating, which has not been done for many years; older people don't get any help with LTC until they are virtually impoverished.
- Regional LTC Advisory Committees should be established; the budget proposal should include whatever statutory language or resource requests would be necessary.
- PEONIES should be implemented; if resources are needed to do so, they should be requested.
- Transportation issues should be addressed.

Council business

Approval of 3/2/10 meeting minutes. The minutes were unanimously approved, on a motion by Beth Anderson, seconded by Stephanie Stein.

Announcements:

- Bob Kellerman announced that GWAAR will be sponsoring the Aging Network Training September 30-October 1.
- Paul Cook said that Community Health Partnership is discontinuing its in-house personal care business, not due to inadequate MCO capitation rates, but because of too low Medicaid provider rates.

Future agenda items. In addition to the items noted above, the following were suggested:

- Get an update on the Care Wisconsin delayed provider payment situation.
- Re-visit the issue of implementation of Regional LTC Advisory Committees, including statutory language changes and resource requests that may be needed. Use minutes of previous discussions on roles and expectations of these committees.
- Get an update on the development of Family Care in the northeast area of the state (September?)

Meeting adjourned at 3:25 PM.