

**Wisconsin Council on Long Term Care
Meeting of May 5, 2009**

Approved Minutes

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

Members absent: Paul Cook

Others present: Lorraine Barniskis, Fredi Bove, Sabrina Fox, Janice Smith, Wendy Fearnside, Judith Frye, Monica Deignan, Charles Jones, Jim Jones, Sue Schroeder

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

State assumption of income maintenance functions in Milwaukee County

Jim Jones, DHS, briefed the Council about state assumption of income maintenance administration in Milwaukee County. Customer service has been poor there for years, with only about 5-15% of phone calls being answered. There were also many inaccuracies found. Settlement of suits regarding these problems resulted in state assumption of responsibility. DHS will supervise county employees. Twenty-five workers and one supervisor were hired last week. By July 1, DHS will take over supervision of the call center. The long-term care part of the system is working well and will not be changed.

Concerns were raised by Council members about the timeliness of recertification for LTC enrollees, particularly while the Disability Resource Center and several MCOs are new and inexperienced. Concerns were also raised about the proposed \$400,000 state budget cut, which could seriously impair the timeliness of certification and recertification. It was noted that a number of efforts are underway to get community input into the administrative changes.

ADRC contracts for 2010

Wendy Fearnside and Janice Smith discussed the process for developing changes to the 2010 ADRC contract. The contract has been developed over ten years, and is now 67 pages long. This year's efforts are focused on policy issues related to expansion. These issues include:

- Building in the franchise model: assuring a consistent level of services statewide
- Staffing requirements, including a minimum of one full time person for information and assistance (concern about fractionated positions)
- Strengthening the cohesion of multi-county ADRCs
- Timelines for ADRCs to respond to requests for information or service

DHS's Office of Resource Center Development (ORCD) has a new quality team. Carrie Molke supervises this team, and most of its members are former regional office staff who worked on waiver programs. A concern was raised about having a great deal of specificity in the contract before we have clearly articulated expectations and data on how well ADRCs are meeting them. DHS plans to move most detail into an operations manual and refer to that in the contract. There was some discussion about how to achieve a real community identity and presence in an ADRC and how to provide professional service. It was suggested that given the difficulties of ADRC

start-up in areas of rapid expansion of Family Care, that a different 3-year contract be considered for new ADRCs, rather than expecting them to meet the requirements of the standard contract. A subcommittee of the Council was suggested as a mechanism for further Council input into contract development, along with having Disability Rights Wisconsin and BOALTC representatives on the existing advisory committee.

MCO contracts for 2010

Charles Jones provided a handout outlining changes being considered for the 2010 MCO contract. No real policy changes are planned; instead, efforts are being directed toward creating a single contract for all managed LTC (instead of different ones for Family Care and Partnership), and toward making material on various topics more cohesive. The 2009 contract is on line as a searchable document, and the 2010 contract will be on line similarly. The semi-final version of the 2010 contract is expected to be ready in June or July; it will be distributed to members for review. Selected sections of the contract will also be discussed with the Council's Committee on Family Care Quality. Several members of the Council expressed interest in staying involved in contract development.

Shared solvency fund for MCOs

Judith Frye stressed the difference between a solvency fund and a risk reserve. The former is intended to cover the final bills and transition costs in the event that an MCO goes out of business or is surrendering its Family Care contract. Currently, each MCO is required to have its own solvency reserve account. Statutory language proposed in the 2009-11 budget (as part of the proposal for shared Family Care oversight between DHS and OCI) would authorize (not mandate) DHS to instead create a shared solvency fund to which all MCOs would contribute. The proposal is intended to save money, while still being responsible and protecting consumers and subcontractors if one or more MCOs should close its Family Care business.

Comments from the public

There were no public comments.

Developing a sustainable system

Monica Deignan provided a handout describing talking points about getting care under management. DHS has been meeting with MCO representatives since late 2008 on a variety of efforts. This group asked DHS to be more proactive in the expansion effort, which led to the development of the talking points paper. Paul Cook was instrumental in its development. The paper is not meant to be a full presentation; rather, it is a collection of relevant talking points for several kinds of presentations by DHS or others. The key point of the paper is that meeting individual member needs and outcomes is what leads to cost-effectiveness. The biggest challenge to getting care under management and being cost-effective is that a huge number of new care managers and care manager supervisors are coming into the system during this period of rapid expansion (some brand new to this work and some transferring from the waiver programs). There is a need for lots of training on the philosophic basis of Family Care and various processes in this system (e.g., RAD, personal outcomes). DHS has developed a core training curriculum.

Co-location of ADRCs and MCOs

Janice Smith and Wendy Fearnside presented a draft policy under development on the issue of potential conflicts of interest between ADRCs and MCOs in some circumstances. They also provided a summary of comments from various groups to date. This issue was originally raised by ADRCs. There are two situations where competing goals and responsibilities can arise: (1) A

county agency runs the ADRC and also holds a contract with an MCO to provide care management for Family Care members; and (2) the ADRC and an MCO are co-located in the same building. Comments and discussion included the following points:

- Training and policies should be focused on professional ethics, not physical location
- Where people sit is less the issue than the common long-standing relationships between ADRC employees and Family Care care managers.
- Advocates generally favor both structural and physical separation between ADRCs and MCOs; in the early development of Family Care, there was considerable discussion of “firewalls”, which seems to have gotten lost
- Where there are multiple MCOs, plus IRIS, there is concern about the appearance of bias and conflict of interest when the ADRC is operated by the same entity that operates one of those MCO choices.
- Especially when some MCOs are new, it is difficult for ADRC workers to distinguish among them on any basis other than the long-standing relationships that they may have with care managers in one of the MCOs.
- Policy should not regulate process; rather, it should focus on outcomes.

Impact of insufficient funding of ADRCs on their ability to serve everyone well

This item was deferred to a future date. DHS does want input and will share analysis and options soon.

Updates from DHS

Fredi Bove provided updates on several topics:

- Of the 150 new waiver slots provided in February for nursing home diversion, 69 have been “claimed” by counties to date. The deadline is being extended to May 15th. It was suggested that slots might be made available to counties in transition and not yet at the entitlement stage. The counter-argument is that these slots are the only way to expand capacity in non-Family Care counties.
- Information about the current status of IRIS was provided in a handout.
- Wisconsin is one of four states selected to participate in a special federal initiative to evaluate value-based rates for nursing home care. Nursing homes can get special rates for Medicare if they can meet certain quality indicator benchmarks. If successful, this method might be used for both Medicare and Medicaid in the future. About 100 nursing homes per state would participate, on a voluntary basis, with half of them in a control group. States don’t have much of a role. John Sauer said that the methodology for the study is questionable and that at most, about 20 of the 100 participating homes would likely ever get a performance payment.
- DHS has proposed a Medicaid rate reform project as part of its efforts to find specific methods for achieving the \$415 million cost savings in the overall Medicaid budget that is required under the budget. Various groups are meeting and providing ideas and feedback.

Budget updates from DHS and Council members

The Joint Committee on Finance has so far taken the following actions on the Governor’s budget request:

- Modified slightly and approved the proposal for Southern Wisconsin Center restructuring; accelerated relocations to the community would occur on a voluntary basis.
- Approved the proposal for one global budget for both institutional and community care for all Center residents; money would really follow each person.

- Approved three requests for the Board on Aging and Long Term Care; no GPR funds are required for any of the items:
 - A project Ombudsman position dealing with relocations
 - BOALTC access to RCACs
 - A Medigap Hotline supervisor position

Members also reported on the following efforts related to the budget:

- A compromise proposal to increase ADRC funding
- A proposal to allow Milwaukee County to take people off waiting lists faster
- A proposal to restore prevention programs in ADRCs, with the possibility that federal funding could replace lost state funding.
- A proposal to restore funding for the Guardianship Assistance Program
- A proposal to restore funding for the Alzheimer's Family Support Program

Council business

Approval of 3/3/09 meeting minutes. The minutes were unanimously approved, on a motion by Jennifer Ondrejka, seconded by Devon Christianson.

Report from the Family Care Quality Committee. Carol Eschner reported that the committee is working on sorting key expectations of MCOs between those of mature MCOs and those that are just starting up or are expanding very rapidly. The committee hopes to bring recommendations to the Council soon. The May committee meeting has been rescheduled to June 19th.

Announcements. Tim Sheehan has submitted a letter of resignation from the Council.

Meeting adjourned at 3:00 PM.