Wisconsin Council on Long Term Care
Meeting of May 6, 2008

Approved Minutes

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

Members absent: Jennifer Ondrejka

Others present: Karen Timberlake, Sinikka Santala, Lorraine Barniskis, Judith Frye, Donna McDowell, Janice Smith, Sue Schroeder, Carrie Molke, Kristen Felten

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

DHFS Updates

Judith Frye provided a handout showing planning consortia areas around the state and the status of current and planned MCOs. Managed LTC currently exists in 14 counties, including Family Care in 12 counties. Many start-ups have recently occurred or will happen in the very near future. In the teal group (SE and south-central), Community Care and Care Wisconsin (both private agencies) are taking the lead and will serve as MCO. Community Health Partnership will serve as the MCO in the Eau Claire area (red on the map). All other MCOs are anticipated to be new public entities, LTC Districts, which are single-purpose entities created to run Family Care. One LTC District is anticipated to be created to run an ADRC.

In the southwestern part of the state (gray), a LTC District is being formed to begin operations in Richland County soon, then in Sauk County in September. A second proposal from Care Wisconsin has been received, to administer Family Care Partnership in Sauk County. In the La Crosse area (peach), a LTC District will serve La Crosse County first, then Vernon, then other counties in the area at a start-up rate of one per month. In the northwest (blue), counties plan to create a LTC District and appoint a board by June. The new District board will guide the rest of the planning, with implementation anticipated by spring of 2009. Milwaukee County is working on the many complexities of bringing in thousands of people with disabilities under age 60. All planning grants expire at the end of June, 2008.

Introductions, discussion with Secretary Karen Timberlake

Members and guests introduced themselves. Secretary Timberlake thanked members for serving on the Council and noted that an impressive array of talent was around the table. She said that she and the Department will continue to rely heavily on the Council as expansion of Family Care continues. She briefly related information about her background, noting that she is a lifelong state government person. She served as an Assistant Attorney General, as Secretary of the Office of State Employee Relations, as Executive Assistant and then Deputy Secretary of DHFS. She said that she is mission-driven and finds it exciting to be part of major change like Family Care. She believes in responsibility, accountability, sustainability and constant improvement in government programs.

Secretary Timberlake said that the core principles of the DHFS leadership team guiding Family Care will continue as before, including respect, empowerment and choice, emphasis on community care, and the individuation of services. The goals of Family Care continue to be access, choice, quality, and cost effectiveness. The Council's main focus will be to advise on issues related to quality. She noted that DHFS continues to work, with The Management Group, on business infrastructure (including information technology) issues in Family Care; the goal is to spend as much as possible on services and as little as possible on administration. Administrative goals are to ensure transparency, quality, accountability and efficiency. She said that DHFS is taking a fresh look at Family Care administration, not viewing the expansion as just "going bigger" with existing infrastructure. She said that she is looking forward to the Council's recommendations on how best to establish the new regional LTC advisory committees. She asked the Council to be free and open in its discussions and recommendations and to maintain a collegial atmosphere of mutual support between the Council and the Department. She encouraged all Council members to do everything possible to encourage progress in the Legislature on efforts to close the state budget gap. She noted that DHFS will become the Department of Health on July 1st; no major changes are anticipated in the goals or commitment to the programs that will remain with the new Department after most children's services are moved to a new department.

In response to a question about whether the vision for the future of Family Care is for a benefit that integrates LTC with acute and primary care, the Secretary said that DHFS remains open to new ideas and to the likely evolution of the program. They are not currently pushing planning consortia to include an integrated benefit. With respect to business infrastructure questions, another member noted the need to have other systems (e.g., income maintenance, and many others) work well with Family Care.

Discussion on formation of regional LTC advisory committees

Donna McDowell, Janice Smith and Kris Felten provided information and led the discussion about regional LTC advisory committees. Points raised in the discussion included the following:

- There was consensus that regional committees should be established as soon as possible where ADRCs and MCOs exist, and regions should be adjusted later as more come on line.
- There was general consensus that committee make-up should include a variety of experiences (e.g., don't put Milwaukee in a region by itself).
- There was a suggestion that an entire MCO service area should be in one region, or at least that counties in an MCO's area not be split so that representatives of one area are not a small minority of a regional committee.
- It was suggested that we start with the question of what kind of evaluation we want these committees to do, and then build the structure around answers to that question.
- There was agreement that regions should be established around the following groups (colors from the expansion planning map):
    - Blue and red
    - Peach and gray
    - Southeastern (teal and others): Sheboygan, Ozaukee, Washington, Jefferson, Waukesha, Walworth, Milwaukee, Racine, Kenosha
    - Green – later adding counties from pink and/or white areas after seeing how things there develop
- There was consensus that regions should be small enough so that each ADRC can send at least two representatives.

DHFS staff promised another map for the next Council meeting. It was agreed that there would be discussion at that meeting about structural issues (e.g., how appointments would be made, frequency of meetings) and beginning discussion about what will be expected of the committees.

Comments from the public

There were no public comments.

Updates from DHFS (continued)

Judith Frye distributed an article from the Eau Claire Leader Telegram about the expansion of Family Care in that region. She said that response has been good to two RFPs for entities to administer the Self Directed Supports (SDS) waiver program and the scoring is finished. DHFS has indicated its intent to award contracts, which starts a period during which applicants can appeal the decision. The program is on target for a July 1 start in all Family Care counties, to be expanded as Family Care expands. Lynn Breedlove noted that people have been working hard, but there is a still lot of work to do (e.g., methodology under which the functional screen can be used to generate an individual's service budget). Sinikka Santala said that she is confident that the program can start on July 1, with the understanding that quality improvement is ongoing.

Judith described the transition of 377 Partnership enrollees from Community Living Alliance to Care Wisconsin. She noted that although CLA's managed LTC program has closed, it is not going out of business as an organization. The transition was challenging, given sometimes conflicting requirements of Medicaid and Medicare and the Office of the Insurance Commissioner. Care Wisconsin offered jobs to all care managers, care management supervisors and other CLA staff, including the ability to bring their seniority with them; almost all accepted. Most enrollees can therefore transfer with their care management team and providers. Waiver slots were made available to anyone not wishing to transfer to Care Wisconsin; so far no one has chosen that option. Sue Schroeder noted that all transitions were smooth, despite a number of challenges. Several people expressed their thanks to DHFS staff and their admiration for their commitment and good work during this process.

Discussion on ADRC quality assurance

Donna McDowell, Janice Smith and Carrie Molke provided information and led a discussion on ADRC quality. A packet of background information on ADRCs was distributed. Donna said that the quality of planning for a new ADRC was very much tied to outcomes when the ADRC was operational. An ADRC Readiness Checklist indicates issues to be examined in a good planning process. She said that she hopes the Council will give advice to the Department, not just react to DHFS proposals. Council discussion of ADRC quality issues was guided by the questions in a handout. Points raised in the discussion follow each question.

As we build a Quality Assurance/Quality Improvement structure for Aging and Disability Resource Centers (ADRCs), which of the functions of the ADRC should be the first priorities for state QA/QI activities? Why?

- ADRC staff need to understand SDS options and self-determination concepts to be able to give good information. This is a priority because new SDS options becoming available now.
- Measure the competencies of new staff; priority because so many new staff are currently coming on.
- Learn what every ADRC has in place to monitor staff performance and quality in various functional areas of ADRCs.

- Establish best practice indicators and measure the richness of options counseling.
- Information and assistance should be a priority; if that's not good, many people who need it will miss getting to options counseling.
- Need good and consistent (statewide) training (at the level of benefit specialist training) in the main functions of ADRCs.
- Provide good training in the cultural differences among target groups; how you say something makes a difference in how well it is understood and accepted.
- Set up a system of mentoring and peer review, along the lines that ILCs have used for years.

Much attention is focused on complaints and grievances as a mechanism for assessing quality. In reality, there are few complaints and grievances in the ADRC, and they are likely to be outliers, not indicative of overall quality. Beyond complaint handling, what are the best approaches to discovering the quality of the customer experience with an ADRC? How could this be accomplished?

- Consumer surveys
- Calls to I & A to generally evaluate responsiveness
- Establish a peer review system in which peers talk to ADRC staff, talk to consumers and look at data, then report to ADRC staff and governing board, to regional advisory committees, and others. The goal is continuous quality improvement.
- Focus on special populations who are alienated from previous contacts with "the system" or who have special needs (non-English speaking, mental illness, etc.)
- Look at encounter data; track relationship building (how often do people make repeated calls to ADRC?).
- Look at the effectiveness of the ADRC's outreach to young people transitioning from school to the adult service system (e.g., provide numbers from DPI about graduations and match up to ADRC contacts).

What information should the state collect for quality assurance and contract compliance? What should the ADRC collect? What quality information is most important for the state; most important for the ADRC?

- Look at results of prevention programs (e.g., look at rate of hospitalization due to falls on a regional level).
- The Council needs information about what kinds of data are being reported now to the state by ADRCs.

What information about the operations of ADRCs should the regional LTC advisory committees routinely review as part of its discovery processes? Are there quality indicators that can be used to compare one ADRC to another?

- Don't compare ADRCs; encourage raising quality for all.
- Which MCOs are re-doing functional screens previously done by ADRCs, and why? Inter-rater reliability and screener competencies of ADRCs are crucial to success of MCOs.

What mechanisms should the state consider using to address poor quality or contract non-compliance with ADRCs?

- If have clear expectations and find that an ADRC doesn't meet them, options should include:
    - Quality improvement plan
    - Training
    - Support (TA, mentoring, other supports (especially for newer ADRCs).

- If there is chronic under-performance, a rigid QA correction plan and monitoring should be put in place. If the situation gets bad enough, don't allow that organization to compete for the next contract.
- If there are no teeth, a poor-performing ADRC won't come up to expectations.

Council business

Approval of 3/14/08 meeting minutes. The minutes were unanimously approved, on a motion by Paul Cook, seconded by Todd Romenesko.

Announcements. There were no announcements.

Future agenda items. In addition to those noted above, members suggested that the following items be included in future agendas:

- Ask newer ADRC directors to talk about consumer involvement in planning and about their marketing plans.
- Ask one or more of the private organizations involved in expansion efforts to share their experiences with how it is going.
- Discussion of the ADRC governing structure and to what extent governing boards are truly "governing." Discussion of what role the Council could play in education to move toward a more independent governance structure.
- What are ADRCs doing now in the QA/QI area?
- What differences are counties experiencing pre- and post-Family Care? (Todd Romenesko offered to share information they are gathering.)
- What are the implications of using s.66.03 county agreements vs. LTC District for publicly operated MCOs?

Meeting adjourned at 3:00 PM.