

**Wisconsin Council on Long Term Care
Meeting of July 5, 2011**

Approved Minutes

Members present: Beth Anderson, Karen Avery, Judy Braun, Heather Bruemmer, Teri Buros, Dana Cyra, Carol Eschner, Robert Kellerman, Todd Romenesko, John Sauer, Stephanie Sue Stein, Beth Swedeen, Judith Troestler

Members absent: Lynn Breedlove, Devon Christianson, Caroline Feller, Chris Sarbacker

Others present: Michael Blumenfeld, Pris Boroniec, Jim Canales, Curtis Cunningham, Monica Deignan, Wendy Fearnside, , Andy Forsaith, , Scott Johnson, Charles Jones, Darla Keuler-Gehl, Lea Kitz, Tom Lawless, Kim Marheine, Helen Marks-Dicks, Donna McDowell, Forbes McIntosh, Mary Mezera, Carrie Molke, Charlie Morgan, Heidi Pankoke, Mary Panzer, Gail Propsom, Kim Ray, Maureen Ryan, Susan Schroeder, Maurine Strickland, Janice Smith, Beth Wroblewski

Chair Heather Bruemmer called the meeting to order at 9:30 a.m. She introduced two new members of the Council: Beth Swedeen, Executive Director of the Board for People with Developmental Disabilities, and Judith Troestler, who is on the Board of the Milwaukee County Department on Aging. Council members introduced themselves.

IRIS Update

Gail Propsom gave an overview of the IRIS, Wisconsin's Medicaid self-directed supports waiver. She and Pris Boroniec answered questions from the Council about how the program works, including individual budget allocations, enrollment process, assistance with care planning, use of IRIS funds for assisted living, administrative costs, the quality review process, financial data, and reporting. Council members were asked to e-mail any additional questions they may have to Heather Bruemmer or Wendy Fearnside.

Budget Update

Andy Forsaith gave an update on the budget and answered questions. The 2011-13 State budget became effective on July 1, 2011. Key provisions relating to long term care include: the cap on Family Care/Partnership and IRIS enrollments; funding for urgent/emergency enrollments; DHS authority to make reforms in the Medicaid program; and income maintenance reforms. Multi-county regional consortia will be created to operate an IM call center, process applications, determine eligibility and provide ongoing case management. Council members expressed concern that the budget could lead to an increase in nursing home admissions and Medicaid costs.

Implementing the Enrollment Caps and Urgent Needs Enrollment

Pris Boroniec reviewed the budget provisions and answered questions, together with Beth Wroblewski, Donna McDowell and Janice Smith. The \$12.6 million is available for urgent enrollments. When attrition occurs within the base program, people who have been enrolled with urgent needs funds will be moved to the permanent program, freeing up capacity to enroll others with emergency needs. ADRCs should continue to identify resources and help individuals access Medicaid, Medicare and other programs and services. Council members expressed concern about

the effect of wait lists and a desire for people who are denied service to appeal to the state. Concern was also expressed that the enrollment caps will result in membership with more acute needs and higher costs.

Recognition of Charles Jones. The Council passed a resolution honoring Charles Jones for his many years of good work and dedication to serving people with long term care needs. Charles is retiring from DHS.

Department Response to the Legislative Audit Bureau Report on Family Care

Financial Issues. Tom Lawless gave an update on the Department's response to financial issues identified in the Legislative Audit Bureau report of Family Care. Topics to be covered include:

- *Report on the adequacy of the capitation rates.* The Department is working with MCOs to identify cost drivers to include in the model for generating the MCO capitation rates. Data will be collected and analyzed by an actuarial firm and the payment formula will be revised for 2012.
- *Report on solvency status, process and sanctions.* A DHS/OCI workgroup is identifying tiered corrective action levels and other mechanisms for monitoring financial performance. All but one MCO were operating in the black in the first quarter, and we are now seeing the program stabilization that we had expected.
- *Report on potentially fraudulent payments.* The Department will collect data and provide it to the Audit Committee.
- *Other topics* for the Department's report to the Audit Committee include high cost needs, variations in residential provider rates, MCO administrative costs and executive compensation. A comparison of Family Care to IRIS, PACE, Partnership and the legacy waivers will also be included.

Programmatic Issues. Monica Deignan reported on the Department's response to programmatic issues raised by the Audit, including:

- *Care management caseloads.* DHS is analyzing the differences in caseload size between the MCOs and will develop a range of optimal care management ratios to provide guidance, but not requirements, for MCOs.
- *Testing the assessment skills of certified screeners.* Policies relating to the testing and documentation of certified screeners' skill in performing the long term care functional screen are being developed and revised. The next skills test is planned for February 2012.
- *Improving the quality of MCO services.* A quality managers' workgroup is proposing ways to use personal outcome data to evaluate the quality of MCO services. An outside entity such as the EQRO or CHSRA would perform the quality evaluations.
- *Performance measures for MCOs.* DHS plans to collect data on performance and publish performance measures in its annual report on Family Care.
- *Long Term Care Regional Advisory Committees.* DHS has asked local organizations to sponsor public meetings to gather input from long term care participants. Several meetings have been held and more are planned for this fall.

Appeal and Grievance Process. Charles Jones presented options for streamlining the Family Care appeal and grievance process, including simultaneous and sequential appeals to the MCO and Fair Hearing. Council members suggested including concrete timelines and an ability for consumers to appeal to the state. Because the next Council meeting is not until after the DHS

response is due to LAB, Heather Bruemmer asked Council members to e-mail their individual suggestions directly to Charles Jones.

Update on Community Health Partnership

DHS has an oversight team working with CHP to improve its financial performance and service quality. CHP has received provisional certification for the balance of 2011, based on its vision and work plan. DHS identified and is monitoring both financial and programmatic targets and is conducting regular progress checks. CHP has been asked to consult with other MCOs to learn how they handle issues.

Medicaid Savings Plan

The budget requires DHS to cut \$444.6 million from its Medicaid program. Curtis Cunningham from the Division of Health Care Access and Accountability described some possible approaches to achieving the needed savings, including:

- *Eligibility.* Modest changes such as shortening the grace period prior to disenrollment, eliminating retroactive eligibility, and tightening residency requirements, are being considered. Teri Buross said that retroactive eligibility is needed so that bills for hospitalizations and other crises that precipitate eligibility can be paid. Curtis indicated that there will be an ability to respond to these kinds of situations.
- *Optional Benefits.* While there is no intent to reduce these now, services such as vision care, dental care, dentures, durable medical equipment and therapy are optional benefits and could be changed if need be.
- *Provider Reimbursement.* Some rate reductions may be possible without affecting health outcomes. For example, Medicare rates have dropped where technology has reduced costs (e.g., cataract treatment) and Medicaid rates may be reduced to what Medicare pays.
- *Realign Incentives.* Rates can be used as an incentive for more efficient care.
- *Align Medicaid coverage with Medicare private policies.* MA is the payer of last resort. DHS is looking at ways to use Medicare and other payment sources as an alternative to MA. For example, young adults who are eligible could be required to stay on their parents' health plans through age 26.
- *Improve care coordination.* DHS is exploring the possibility of using a "health home" approach to coordinate care for high cost clients, with a focus on mental health.

Other ideas, including pay for performance, are being considered and the Department is soliciting ideas from providers and others. Proposals will be released to the public following the State Plan amendment process.

Access Study

Carrie Molke presented survey results describing the consumers' experience in accessing publicly funded long term care through the ADRC. This is part of an evaluation study funded through a grant from the U.S. Administration on Aging. Most people knew more about long term care programs after receiving options counseling from the ADRC, felt they knew enough to make a decision, were satisfied with their choice and would recommend the ADRC to others. Stephanie Stein said that many elders who choose IRIS have already made up their minds before coming to the ADRC for counseling. Carol Eschner asked how Family Care and IRIS compare on this.

Survey results will be broken out by target group and program selected so that comparisons can be made. Survey results will be posted on line.

Beth Swedeen expressed concerned about the number of people who said they don't know why they made the choice they did and suggested asking people what service is most important to them and then making sure they get information about that particular service. Dana Cyra observed that, because ADRCs are now serving more people, they have less time to spend with each individual customer.

Options Counseling

Maurine Strickland described Wisconsin's participation as one of 20 states working with the U.S. Administration on Aging (AoA) to develop national standards for options counseling. The Department is also using its AoA grant to develop state standards and tools to guide customers through the decision process. Maurine will be seeking comments and input over the next few months.

Comments from the Public

Heather Bruemmer asked for comments from the public. There were none.

Department of Health Services Updates

- *Money Follows the Person (MFP)*. Pris Boroniec provided an update. MFP provides an enhanced, 80:20 Medicaid match for waiver costs, including both relocation expenses and ongoing support, for people who have been in an institution and on Medicaid for 90 days or more and want to relocate to the community. Department staff are meeting with MCOs and other providers to encourage participation in this program. The contact person in DHS is Gail Propsom.
- *Wisconsin Institute on Healthy Aging (WIHA)* Donna McDowell gave an overview of the Institute, which is a not-for-profit collaborative involving the Division of Long Term Care, the Greater Wisconsin Agency on Aging Resources (GWAAR), and the UW School of Medicine and Public Health. WIHA's Director, Dr. Jane Mahoney, is nationally known for falls prevention and other evidence based prevention programming, which will be focuses for WIHA. WIHA is also working with the UW School of Engineering and its National Active Aging Research Center to develop technologies that can enhance community living for the elderly. Karen Avery asked if the technologies would be available for people with disabilities as well as the elderly. While the focus is on aging, the technologies and programs that are developed could be more broadly applied. John Sauer mentioned that his national organization, Leading Age, has a Center for Aging Services Technology and that GrandCare Systems in West Bend provides home monitoring sensors. He suggested that all of these efforts could benefit from being better connected and asked who they should contact. They can start by contacting Donna McDowell.
- *RFP for the MCO in Racine*. Requests for proposals for MCOs are issued every five years, and other organizations can bid to provide the services. An RFP will be issued shortly for the MCO serving Racine County.

Council Business

Approval of meeting minutes for May 3, 2011. The minutes were unanimously approved, on a motion by Teri Buros and seconded by Bob Kellerman.

Future Agenda Topics

- IRIS, including a financial analysis and comparison to Family Care
- Enrollment cap numbers
- MCO financials
- MA transportation broker
- LAB audit.

Meeting adjourned at 3:15 p.m.