Wisconsin Council on Long Term Care
Meeting of July 6, 2010

Approved Minutes

Members present: Beth Anderson, Judy Braun, Heather Bruemmer, Devon Christianson, Paul Cook, Dan Cyra, Carol Eschner, Bob Kellerman, Mike Linton, Jennifer Ondrejka, Chris Sarbacker, John Sauer, Stephanie Stein

Members absent: Karen Avery, Lynn Breedlove, Caroline Feller, Todd Romenesko

Others present: Lorraine Barniskis, Susan Crowley, Fredi Bove, Donna McDowell, Sara Karon, Michael Blumenfeld, Ashley Hesse, Lea Kitz, Steve Kirschner, Beth Hoffman, Betsy Abramson, Tom Moore, Michelle Gauger, Cindy, Dombrowski, Nino Amato, Janice Smith, Carrie Molke, Christian Moran, Bill Jensen, Tom Lawless, Richard Hinkel, Karen McKim

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

Financial status of MCOs

Tom Lawless and Richard Hinkel provided detailed financial information on Family Care and PACE/Partnership MCOs for CY 2009 and the first quarter of 2010. (See handouts for detail.) They stressed that most MCOs have undergone very rapid program growth in the last year, resulting in financial stress. Finances are expected to stabilize as the pace of growth slows, and this is starting to happen. DHS will be contracting with APS Healthcare to study the current capitation rate methodology and make recommendations, as well as to develop options for addressing the capital requirement deficiencies of some MCOs. The financial ratios across all Family Care MCOs are well within benchmarks. PACE/Partnership growth has been more moderate than Family Care and experienced more moderate losses. A central issue is how changes in Medicare funding (which accounts for about 35% of total Partnership revenues) will affect these programs and how they will adjust to the changes.

Other points raised in the discussion included the following:

- For those MCOs at risk of failure, real people are at risk
- To cut costs, some MCOs are increasing care manager caseloads, resulting in less close relationships between members and their care managers
- Figures shown in the information provided by DHS do not show hidden costs to MCOs
- Medicaid is facing a crisis, especially if the enhanced FMAP is not extended
- Safety measures to prevent the collapse of an MCO include:
    - Corrective action plans and very close monitoring
    - Strong advocacy for the extension of enhanced FMAP
    - The APS study and recommendations (see above)
    - Attention to the assumption that finances will stabilize as the rapid expansion rate slows
- There are likely to be small frailty adjustment in the Medicare rate for WI Partnership programs
- A 5% bonus payment is expected for all Medicare Advantage Plans, possibly including Partnership
- There is a national effort to reduce fragmentation of services for people eligible for both Medicare and Medicaid

A breakdown of MCO expenses by provider/service type and by target group was requested.

Regional LTC Advisory Committees or alternative mechanisms

Donna McDowell provided several handouts and led the discussion on vehicles for local input on the service systems for elderly people and people with disabilities. She posed two questions:

1. If Regional LTC Advisory Committees are to be that vehicle, what should they do, not duplicating other mechanisms?
2. How could these committees operate given that the state has no staff to assist?

Suggestions and discussion points included:

- The evaluation of MCOs required in the statutory language was not meant to be comprehensive; narrow the language to focus on consumer satisfaction
- The committees should identify gaps in the overall system.
- Working agreements are developing now among ADRCs in various regions of the state.
- ADRCs are required to annually gather information regarding citizen and consumer views on these systems and on the consumer responsiveness of MCOs in their region. It was assumed that this information is what would be brought to the regional committees through its members.
- Having a regional committee would be a good vehicle for sharing information about the similarities and inequities in services within the region.
- A useful model for both ADRC information gathering and regional committee meetings might be one that promotes a conversation about solutions, rather than encouraging a non-productive gripe session.
- Start with a focus group of ADRC representatives in each region to discuss what mechanism(s) would work locally.
- Alternatively, start by implementing a committee in the southeastern part of the state as agreed earlier.
- ADRCs could get together regionally to conduct stakeholder group meetings, conversation café's.
- Hire out the organizational work of these committees and their meetings to another organization, such as GWAAR. Look for grant money to pay these costs.
- Have ADRC staff, rather than consumer board members travel to regional meetings. ADRCs are already hearing about MCO member concerns and consumers find it difficult to travel.
- There is a great deal of technology available that would enable alternatives to face-to-face meetings; examples include email, Skype, teleconferencing.
- AARP can and does hold regional meetings often.
- When changing the statutory language for these committees, eliminate "hard" terms for requirements (e.g., "review", "evaluate")
- Eliminate regional committees and have more local mechanisms (joint MCO and ADRC?); have them summarize the information gathered and send it to the state Council and DHS.

Implementation of PEONIES

Karen McKim, Susan Crowley and Sara Karon provided an update on the status of the PEONIES project, which is designed to measure the extent to which members' personal outcomes are being supported and met. UW's CHSRA has evaluated the interview tool and preliminarily finds it to be valid. The Council's feedback was sought on several options provided in a handout:

A. Neither DHS nor MCOs make reliable use of the PEONIES interview tool
B. Reliable PEONIES use by the EQRO (MetaStar) with no reliable MCO use
C. Reliable PEONIES use by MCOs with no reliable EQRO use
D. Reliable PEONIES use by both MCOs and EQRO

DHS is beginning the process to put Option B into effect, as a first step. Most Council members who commented also favored Option B for now, while working toward Option D. One way that progress could be made would be providing interview skills training to MCO care managers, and their using PEONIES routinely, whether or not statistically reliable. It was also pointed out that PEONIES needs to be used at some point for performance measurement. Some concern was expressed that if the goal is MCO reliability, the process can become more important than the outcomes.

Update on RNAI changes

Karen McKim said that the RN assessment item on the functional screen was drifting, prompting DHS to clarify instructions. Desk reviews found 495 members who could possibly lose eligibility because of the change. With follow-up face-to-face re-screens, it is now estimated that fewer than 300 members with lower needs might lose eligibility. Concerns were expressed that a yo-yo effect would occur for these people, with deterioration caused by losing services and supports, making them eligible again, then improving with services to again lose eligibility.

Comments from the public

Lea Kitz, The Arc of Winnebago County, explained that when DHS couldn't get regional LTC advisory committees going, the Arc got together with other groups and ADRC directors in their region to see if they could start something locally. DHS said they did not have the authority to form such a committee. She encouraged the state to find a way to authorize local groups to start these committees on their own.

Ashley Hesse, the Arc of Winnebago County, suggested that DHS explore the possibility of funding through the Health Care Reform Act for staffing regional LTC advisory committees. He also expressed support for implementing PEONIES.

Beth Hoffman, the Arc Fox Cities also expressed support for getting regional LTC advisory committees going. She said that consumers are scared about the transition to Family Care and that these committees could help educate consumers and reassure them.

Betsy Abramson, DRW, said that she was very glad that PEONIES was coming along, and relayed Lynn Breedlove's support for option D in the options paper.

DHS Updates

Fredi Bove provided updates on several items:

- A residential rate-setting methodology for Family Care is under development. An initial round of stakeholder sessions was held in mid-April. Internal teams are working on the methodology based on that feedback. Another stakeholder meeting is scheduled for July 12.

- The Quality Homecare Authority's Board is up and running, chaired by Fredi. The board is engaged in recruiting an Executive Director. There was a good response, and interviews will be held in July and August. SEIU followed required procedures to poll caregivers about their desire to be represented. An election was held and the majority of respondents voted to be represented. The earliest date for the first collective bargaining agreement is July, 2011.
- Technical guidelines were issued June 3, 2010 for pre-vocational services for Family Care members (see handout). The guidelines represent the culmination of a very thorough collaboration with stakeholders. MCO training will begin later in July.
- CMS has begun an effort to update the whole MDS. In the near future, Section Q of the MDS, which assesses the interest of a resident in moving out of a nursing home will be revised to require that if the resident is interested, the nursing home must refer the resident to an outside agency. In Wisconsin, the agency will be the ADRC, or if none exists yet, the county COP agency. A workgroup is looking at the processes and forms that will be needed. The effective date is October 2010, and DQA will start training in August.
- The RFP just went out for provision of Family Care in Waupaca and Winnebago counties. Planning is progressing in Rock County. Dane County is not yet ready, but discussions are underway.

Family Care care plans and the RAD

Alice Mirk said that she is doing core training for care managers, with the goal of uniformity across MCOs in the way in which strength-based assessments are done, personal, functional and clinical outcomes are addressed, the extent to which the member is at the center of the care management process, and the RAD (Resource Allocation Decision making process) is used. She said that care plans and care managers' skills have vastly improved over the last 12 months. It is hard for many care managers to work through the RAD process with members, rather than immediately slotting in services. DHS is doing file reviews and technical assistance on difficult cases.

Council business

Approval of 5/4/10 meeting minutes. The minutes were unanimously approved, on a motion by Stephanie Stein, seconded by Jennifer Ondrejka.

Announcements: Mike Linton announced that the CWAG convention will be held July 29 and 30 in Green Bay and offered brochures to anyone interested in attending.

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

- Update on Family Care in Dane County
- Update on PEONIES implementation
- Update on transportation efforts
- Update on the APS study in two financial areas
- MCO financial information by provider type and by client group
- Update on the new study of ADRC quality
- Biennial budget issues and Council positions
- Updates from BOALTC and DRW on findings of the Ombudsman programs
- Update on MCO member satisfaction survey

Meeting adjourned at 2:15 PM.