Wisconsin Council on Long Term Care
Meeting of September 1, 2009

Approved Minutes

Members present: Beth Anderson, Pat Anderson, Heather Bruemmer, Devon Christianson, Paul Cook, Dana Cyra, Carol Eschner, Tom Frazier, Bob Kellerman, Jennifer Ondrejka, John Sauer, Stephanie Stein

Members absent: Judy Braun, Lynn Breedlove, Michelle Pike, Todd Romenesko, Chris Sarbacker

Others present: Kit Kerschenstein (for Lynn Breedlove), Lorraine Barniskis, Susan Crowley, Fredi Bove, Janice Smith, Donna McDowell, Sue Schroeder, Ashley Hesse, Michael Blumenfeld, Nachman Sharon, Peter Tropman, Bill Jensen, Nancy Crawford, Carrie Molke, Gail Propsom, Patti Becker, Dan Hayes, Karen McKim

Chair Heather Bruemmer called the meeting to order at 9:40 AM.

Introductions; conversation with Susan Crowley

Council members introduced themselves. Susan Crowley, the new Administrator of the Division of Long Term Care provided an overview of her background, including 20 years at the Dane County Department of Human Services and, since 2000, in University of Wisconsin health programs. She also noted her experience serving on several nonprofit boards. She said that she has served as a guardian for a young man with developmental disabilities, and is interested in expanding volunteer guardianship opportunities. She said that a major challenge will be to build Family Care in a sustainable way, even during a period in which expansion is rapid and the fiscal climate is very difficult. She noted that she wants to be accessible and collaborative, and that her style is very pragmatic. Several members suggested things for her to consider:

- Keeping an eye on an integrated model for Family Care for the future
- Being as candid and open as possible
- For ADRCs, keeping a focus on prevention, information and assistance for all elders and people with disabilities, even when Family Care enrollment threatens to swamp other functions during rapid enrollment

Recommendations from the Family Care Quality Committee

Carol Eschner said that the committee had spent a long time on education, noting that there are very many quality assurance and improvement processes in place for Family Care. At its last few meetings, the committee has discussed their key expectations of MCOs, in the beginning and when they are more mature. Paul Cook, who chaired the last meeting of the committee in Carol's absence, noted that the committee had thought about expectations from the perspective of someone enrolling in Family Care, prioritizing previously identified key expectations by consensus voting. He walked through the committee's recommendations. Carol noted that the next step would be to identify specific indicators where possible. She suggested that in future, oversight of MCO quality be included in the Council's charge. Comments on the recommendations included the following:

- Health outcomes should be added
- Some of the wording is skewed toward younger people with disabilities; for example:

    - In addition to employment, there should be an expectation that people spend their time in other ways that they desire, and that they are engaged in their communities to the extent they want to be
    - There should be an expectation that the MCO provides assistance with end-of-life transitions (e.g. that hospice is available, people die where they want to)
- It is good that the recommendations recognize that MCOs can't be perfect at once.
- Recommendations could be reworded to put consumers at the center (e.g., that MCOs assist members to identify their personal outcomes and support members in achieving them)
- There should be an expectation that there is a smooth transition from the children's service system to Family Care (This is not working as well as it did in the old system. Does DPI have funds to devote to this? Could a web site provide basis information for parents and teachers? Would a mentoring program be useful?)
- There should be an expectation of smooth transitions from COP and the Waiver Programs to Family Care.

Carol noted that the committee's goal is to finish up the recommendations at the next meeting, including incorporating Council comments, and to bring final recommendations to the Council in November. If members have additional comments, please email them to Carol or Lorraine.

Development of ADRC quality standards

Carrie Molke provided and walked through two handouts summarizing the development of quality indicators for the ADRC functions of information & assistance and options counseling. These are based on the study done by Dr. Amy Flowers in 2008. DHS (Office for Resource Center Development) hopes to do similar surveys in 2010 and every two years thereafter. They also hope to get a grant next year to evaluate enrollment counseling processes. Earlier this year, ORCD met with the 18 ADRCs included in the 2008 study about findings for the individual resource centers, talking with them about ways to improve their performance in weaker areas. ORCD also is also holding regional trainings for all resource centers, and meeting individually with the 14 newer centers not included in the 2008 study. Carrie noted that all centers are having problems with their resource databases. It was noted that findings from the 2008 and all future evaluations should be provided to the new regional LTC advisory committees when they are operational.

Carrie noted that ORCD is also providing training in enrollment counseling through an online video and trainings in each ADRC by ORCD staff. They also provide trainings on the LTC functional screen. There will be a statewide ADRC conference in September; information has been shared through the LTC listserve. Beginning in 2010, ORCD will provide quarterly regional information and assistance trainings.

Devon Christianson suggested that expectations of ADRCs be prioritized according to how mature an organization is (similar to the way the recommendations from the Family Care Quality Committee were developed). Further, expectations should be differentiated between those ADRCs where Family Care is present and those where not. Donna McDowell said that part of ORCD's job is to continually voice and explain the vision and the ideal for ADRCs. Given the realities of rapid expansion, ORCD expects basic integrity at first, while adjusting and striving for the ideal.

Funding formula for elderly benefit specialists

Tom Frazier said that an analysis done by CWAG estimates that the Elderly Benefit Specialist program is significantly under-funded. After some discussion, the Council unanimously adopted the following resolution, on a motion by Tom Frazier, seconded by Bob Kellerman:

> The Council requests that the Department of Health Services conduct an analysis of Elderly Benefit Specialist funding similar to that done for Disability Benefit Specialist services.

Comments from the public

There were no public comments.

Family Care Annual Report for 2008

Carol Eschner noted the role of the Council's Committee on Family Care Quality in developing the content and format of the 2007 Family Care Annual Report ("Family Care in Motion"), and further assistance in developing the 2008 report. She noted that it is a good resource for anyone interested in Family Care, whether they are interested in a broad overview, personal stories of members, or detailed statistical information. Karen McKim said that DHS is committed to publishing the report annually and to keep improving it. She thanked Nachman Sharon, Nancy Crawford, Rebecca Murray and the committee for their valued assistance.

Karen noted that the "Highlights" chapter of the report provides an overview of how the year went, and that the "Results" chapter gives information on various indicators that DHS, the federal CMS and others find useful in gauging the level of success. She noted that the annual review done by MetaStar, more than this one, gets at the extent to which MCOs are getting care under management. Comments included the following:

- Several members noted that they find the report very useful and congratulated staff on their work.
- It would be useful to see residential service utilization patterns by specific type (CBRF, AFH, RCAC, etc.). Perhaps also nursing homes vs. ICFs-MR.
- If possible, it would be instructive to see patterns of ADL/IADL limitations by living situation.

If members have additional suggestions for improvements, they may email them to Lorraine, Karen, or Carol.

Development of the Wisconsin Quality Home Care Authority

Fredi Bove and Gail Propsom walked through the handout on this topic, noting that the Authority was designed as a tool to strengthen the homecare workforce. Nominations for the Authority's board are now being reviewed by the Governor; DHS hopes to officially notify appointees by September and that the first board meeting will be held in October. The board's first task will be to develop a plan for hiring an executive director. The board will have 21 members, ten of whom are statutorily required to represent specific organizations and the remaining eleven to be consumers and their representatives or advocates.

Among key duties of the Authority are the following:

- Establish and maintain a <u>voluntary</u> registry of home care providers (qualified individuals looking for employment) and provide matching services for consumers (Family Care

members or enrollees in county programs who are self-directing, and people enrolled in IRIS).
- Verify qualifications of home care providers on the registry.
- Develop and operate recruitment and retention programs to expand the pool of providers.
- Provide orientation and skills training.
- Provide training for consumers in the duties and responsibilities of employers and needed skills.
- Develop and operate a system of backup and respite, including a 24/7 on-call service for consumers.

The statute also establishes a statewide collective bargaining unit to allow the formation of a union, if home care workers so choose; it does not require workers to be in a union. If such a union were formed, DHS would negotiate with it with respect to minimum wages and benefits only.

Patti Becker, Executive Director of the Wisconsin Quality Home Care *Commission*, provided a handout explaining how this organization has operated for several years in Dane County. She noted that there are worker concerns in Dane County, and that workers need to pay attention to what is going on with organizing activities and to participate in decision-making. The transition from the Commission to the Authority will include the following:
- The Commission will continue to support its registry until the Authority can create its own statewide registry.
- Dane County will take over the role of fiscal agent now held by the Commission, likely subcontracting it.
- SEIU currently has an agreement with the Commission until March 2011, and the state cannot assume it.
- Commission board members can be appointed to the Authority Board, and all are interested.

Revision to personal experience outcomes related to employment

Fredi Bove provided a handout showing the change made to the heading for one of the personal experience outcome domains to explicitly recognize the employment arena. She noted that work continues on developing and validating the PEONIES processes.

Updates from DHS

Fredi updated the Council on IRIS: 835 people have been referred to date; of these, 544 are enrolled. Information sorted by ADRC was requested for the next meeting. Fredi also said that all 150 nursing home diversion slots have been committed; of the 125 filled to date, about one/third are people with disabilities and two-thirds are elders.

Implications of reductions in BOALTC budget

Heather Bruemmer noted that BOALTC has taken on expanded responsibilities for many new Family Care members and for residents of Residential Care Apartment Complexes. At the same time, budget cutbacks mean that two current position vacancies cannot be filled. The ideal ratio of potential users to each regional ombudsman is 2000, but the actual ratio has increased to 6100 per ombudsman. Call-back times are increasing and outreach has decreased. She is working with her board to prioritize the work of BOALTC in view of strains on the budget. She noted that the volunteer ombudsman program is expanding, but this is difficult in view of regional ombudsman vacancies.

Council business

Approval of 7/7/09 meeting minutes. The minutes were unanimously approved, on a motion by Paul Cook, seconded by John Sauer.

Announcements There were no announcements.

Future agenda items. The following were suggested as items at future Council meetings:

- Updates on compliance with the Olmstead plan and recent complaints
- Updated projections of nursing home bed need
- Projections on assisted living bed needs and the point at which Family Care becomes the major payer for assisted living
- Likely changes in contracts (including rates, if possible) between DHS and MCOs and between MCOs and their subcontractors
- The relationship between Family Care and the Elderly Nutrition Program
- Models of consumer-owned co-ops for LTC services

Meeting adjourned at 3:10 PM.