Wisconsin Council on Long Term Care
Meeting of September 2, 2008

Approved Minutes

Members present: Pat Anderson, Beth Anderson, Allen Buechel, Judy Braun, Lynn Breedlove, Heather Bruemmer, 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: None

Others present: Lorraine Barniskis, Sinikka Santala, Judith Frye, Donna McDowell, Janice Smith, Sue Schroeder, Carrie Molke, Katie Mnuk, Forbes McIntosh, Dan Hayes, Wendy Fearnside, Bob Kinderman, Ruthanne Landsness, Monica Deignan

Meeting call to order. In the temporary absence of the chair and the vice-chair, Paul Cook called the meeting to order at 9:35 am.

Council review of ADRC and Family Care contracts

Wendy Fearnside reviewed highlights of the changes to the standard DHS-ADRC contract, noting that the changes were fairly minor to a contract that has been evolving for about ten years. There was considerable discussion of several issues related to ADRCs, including access to satellite offices in multi-county ADRCs, Elderly Benefit Specialist and Disability Benefit Specialist services, and others. Monica Deignan said that a major initiative has been to align the Family Care and Partnership contracts, which means significant change for Partnership. Given the need to finalize 2009 contracts very soon, and the level of Council interest in ADRC and managed LTC contracts, it was agreed that the Council would have considerable time on 2009 agendas to consider policy and contract issues for the 2010 contracts.

MCO fiscal issues

Judith Frye provided a handout giving summaries of Family Care (not Partnership) MCO financial statements. MCOs are required to submit financial information quarterly, (monthly if they are experiencing financial difficulties). John Sauer requested expenditure data by service category, which was promised. Judith noted that, over time, the percentage of members who are in nursing homes at any one time is increasing, but that short-term stays of Family Care members are shorter than those under fee-for-service. She also noted that over half of Family Care expenditures are in residential settings.

Judith said that DHS is working with the Office of the Commissioner of Insurance (OCI) on a variety of financial oversight issues. Partnership organizations, which manage acute and primary health services as well as LTC, are required to have HMO licenses from the OCI. In the future, it is expected that even Family Care-only MCOs will manage budgets of $100-$500 million a year. Questions being considered are whether both OCI and DHS should oversee financial requirements for MCOs, and how these responsibilities should be split. One consideration is a concern about imposing medical insurance regulations on Family Care. DHS and OCI hope to have recommendations to the Governor in time for his 2009-11 budget proposal.

DHS updates

Judith Frye noted that the Department of Administration (DOA) instructions to all other state departments was to submit requests only for cost to continue current programs. The const to continue for ADRCs and MCOs is substantial. DHS is discussing with DOA other items, including Family Care expansion, but these will not be in the DHS budget request. The Governor will consider expansion, and other suggested initiatives, in the context of the state's overall fiscal constraints. Assuming that funding is available, expansion should be completed by the end of the 2009-11 biennium (the original timetable). DHS is also discussing with DOA a long list of "lose ends" policy and statutory language issues, mostly related to county requirements and responsibilities as they move out of the long-term support business. These may not be part of the DHS submission; if not, they would be considered at the DOA/Governor's level.

Judith also noted that DHS as been working with a consultant regarding the future relationship between DHS and MCOs. The goal is for DHS to be supportive of MCOs, especially in regards to infrastructure. The report recommends a "franchise" model and should be released soon.

Enrollment counseling by ADRCs and LTS agencies

Janice Smith provided several handouts on this issue. The first outlined resources available for county staff providing enrollment counseling during the transition to Family Care. Challenges for various parts of the system include a steep learning curve for staff new to this function, the rapid pace of transition, including transition of current waiver clients and people on waiting lists, and the recent addition of the IRIS waiver to options available to people. Points raised during the discussion included:

- The transition is even harder when multiple organizations offer Family Care in a geographic area, some of which may be fairly new to Family Care.
- Care managers should start working with waiver clients six months before transition; staged conversations are needed – there is too much information for one conversation.
- Competency testing should be considered to assure that workers have the right information.
- Many care managers are straddling two jobs; most are moving either to an ADRC or an MCO.
- More coordination with advocacy groups is needed; they should be helping with the job of educating consumers. Enrollment counselors could remain neutral, but refer to others (e.g. ILCs) for more counseling.
- It's important for both enrollment counselors and consumers to remember that they don't have to stick with their first choice.
- Counselors need more information about IRIS.
- Numerous concerns have been raised that information being provided by counselors is not accurate or consistent.

Comments from the public

Ruthanne Landsness and Bob Kinderman from APS are part of the team doing the evaluation of the federal CSC grant project. They will be doing phone and in-person interviews of many stakeholders. A satisfaction survey has been mailed to consumers and a web-based stakeholder survey will be on line soon. The evaluation is being done as a CMS requirement, but is being done in a way that will be useful to Wisconsin and other states. A draft report is anticipated to DHS by early November. Ruthanne and Bob will be on the November Council agenda to conduct a discussion group with Council members.

Findings of evaluation of ADRC evaluation

Carrie Molke introduced Dr. Amy Flowers, who presented detailed information on the evaluation that she conducted of the ADRC functions of information/assistance and options counseling. She noted that the evaluation is not yet final and that questions and comments from today's discussion will help refine methodology. She said that responses to survey and focus group questions were, overall, so positive that where the report will suggest improvement, the difference is between "high good" and "excellent". (See PowerPoint handout for detailed information about the methodology and preliminary findings.) Discussion points included the following:

- ADRC staff people need more training to bridge the gaps between age groups and cultures.
- There may be a problem with the ADRC name; younger people may not know that the ADRC serves them.
- This study provides tools for future, ongoing follow-up evaluations and for internal ADRC quality assurance/improvement plans.
- The report on statewide findings, as well as individual reports for each participating ADRC will be made public when final.

Council business

Report from the Family Care Quality Committee. Carol Eschner reported that the committee was still in educational phases and was getting good briefings on relevant issues. A major focus of the last meeting was PEONIES.

Approval of 7/1/08 meeting minutes. The minutes were unanimously approved, on a motion by Paul Cook seconded by Jennifer Ondrejka.

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:

1. Biennial budget issues, including possible Council recommendations
2. Structural and policy issues around Elderly Benefit Specialists and Disability Benefit Specialists

Meeting adjourned at 3:05 PM.