

Wisconsin Council on Long Term Care
Meeting of September 6th, 2011
At MetaStar, 2909 Landmark Place, Madison, WI

Approved Minutes

Members present: Beth Anderson, Karen Avery, Judy Braun, Lynn Breedlove, Heather Bruemmer, Teri Buros, Devon Christianson, Dana Cyra, Carol Eschner, Robert Kellerman, Chris Sarbacker, John Sauer, Stephanie Sue Stein, Beth Swedeen, Judith Troestler

Members absent: Caroline Feller, Todd Romensko

Others present:, Michael Blumenfeld, Pris Boroniec, Grant Cummings, Monica Deignan, Helen Marks Dicks, Cindy Dombrowski, Kristen Felten, Tim Garrity, Kathy Geiger, Mary Heiden, Bill Jensen, Scott Johnson, Charles Jones, Darla Keuler-Gehl, Joseph Kojis, Tom Lawless, Kathleen Luedtke, Kim Marheine, Donna McDowell, Karen McKim, Katie Mink, Charlie Morgan, Heidi Pankoke, Mary Panzer, Marge Pifer, Carrie Porter, Gail Propsom, Kim Ray, Dana Raue, Maureen Ryan, Susan Schroeder, Janice Smith, Tim Stumm, Beth Wroblewski

Chair Heather Bruemmer called the meeting to order at 9:30 a.m. and announced some changes to the original agenda.

Medicaid Transportation Broker

Greg DiMiceli from the Department of Health Services and Carrie Porter from GWAAR discussed the current status of the Medicaid transportation program and the vendor LogistiCare.

- It is anticipated that between 3-6 months from start up the system will be running smoothly.
- Data was shared showing that complaints, missed rides and other issues have declined
- LogistiCare added 23 staff members and have offered \$250,000 as a bonus to their contractors who demonstrate compliance with all contract requirements.
- Medicaid transportation ridership has increased, with approximately 6300 rides per day, which is up from past experience of 4500-5000 rides.
- Some people find the new system too complex, have given up, and are turning to their old volunteer drivers from the county and offering to pay them directly for a ride, avoiding the new system altogether.
- Other entities are filling gaps in service.
- More carriers are needed to contract with LogistiCare.
- The program is required to have an advisory council made up of stakeholders.

Other issues presented by Council members:

- Rural carriers have said the contract requirements to be too onerous.
- Confusion exists on the issue of which counties in the southeast are exempted from the program for enrollees in an HMO or MCO. The counties include Milwaukee, Waukesha, Racine, Kenosha, Washington and Ozaukee. There is also confusion on the requirements around co-pays.
- The approval process for previous volunteer drivers to provide service in the new program is lengthy and complex and requires the purchase of additional equipment for their vehicle.

Department Response to the Legislative Audit Bureau Report on Family Care

Pris Boroniec, Beth Wroblewski, Monica Deignan, Tom Lawless and Donna McDowell reviewed the response from the Department to the Legislative Audit Bureau.

Response to LAB Recommendation #1 Residential Rate-Setting Methodology

- Each MCO is developing its own methodology to reflect regional and geographic differences and to encourage innovative and creative contracting methods at the MCO level.

Response to LAB Recommendation #2 Care Management Caseload Staffing

- The evaluation of case load staffing ratios found there is no correlation between caseload size and MCO fiscal performance.

Response to LAB Recommendation #3 Family Care Capitation Rates

- The Family Care capitation rate for 2010 included data from the original 5 pilot MCOs as well as the MCO serving Racine and Kenosha counties.

Response to LAB Recommendation #4 MCO Financial Solvency

- Between December 2010 and June 30, 2011 amounts owed to solvency and reserve funds have been reduced by approximately 50%.
- In the aggregate, MCOs meet 91% of the restricted reserve and 87% of the solvency fund requirement.
- The Department has worked closely with the Office of the Commissioner of Insurance to establish a more formal and transparent financial oversight trajectory for Family Care MCOs.

Response to LAB Recommendation #5 Payment Processing and Program Integrity

- In 2010 Family Care had a total of four reports of potentially fraudulent payments.
- The Department is working with the MCOs to ensure program integrity and ensure compliance with the Deficit Reduction Act and the Patient Protection and Affordable Care Act.

Response to Recommendation #6 Functional Screen Assessment Skills Testing

- DHS has created a unit dedicated to oversight and management of the functional screen.
- The next set of skills testing will be conducted during February 2012.

Response to LAB Recommendation #7 Appeals Process

- The Department has developed three alternative processes to the current system and is gathering feedback from stakeholders on which is the most desirable.

Response to LAB Recommendation #8 Plans to Use Personal Outcomes Data

- The Personal Experience Outcomes Integrated Interview and Evaluation System (PEONIES) has been validated.
- The External Quality Review Organization will conduct 550 personal experience interviews in 2011-2012.

Response to LAB Recommendation #9 Performance Measures and Outcome Data

- Family Care performance measures and outcomes data are published in the Annual Report *Long Term Care in Motion*.

- The Department is also developing a performance indicator scorecard that will be used to identify areas of focus for program oversight activities.

Response to LAB Recommendation #10 Regional Long Term Care Committees

- Public input meetings began this year, with 15 meetings held to date. Approximately 40-50 people have been in attendance at each.
- Regional meetings will be convened in 2012

Long Term Care Issue Discussion

Pris Boroniec led a discussion of several key issues on which the Department is seeking input in order to improve the long term care system. Topics included residential care, nursing home and assisted living diversions, ADRCs, vocational services, consumer-directed care/IRIS, youth in transition, flexibility and recent CMS guidance on use of services within the MA Waivers, capacity building/performance improvement/coordination between LTC settings, consistency/level playing field between programs, efficiencies/program integrity and new MCO's. Suggestions from the Council included:

- Private pay individuals need access to more cost effective residential services. There are few choices on the continuum between being at home and being in a CBRF. Private pay adult family homes may be an option.
- People self-directing their care at home need more tools to help them to learn how to successfully self-direct important steps such as hiring and managing staff, creating back-up plans, etc.
- The current recertification paperwork for maintaining a CNA license does not always fit within self-directed care provision, making it difficult for CNAs hired under self direction to maintain their license.
- Some ADRCs are seen as a government place, not a place to go if you are paying privately for services and want to know your options.
- ADRCs need something to bring people to the door sooner than when they need Medicaid. Older Americans Act programs and prevention programs bring people in sooner and familiarize them with the ADRC while they are still relatively healthy.
- Some ADRCs are handling many mental health cases that are not appropriate for the type of services they can provide.
- IRIS has increased its infrastructure and is involving more people in participant's care which will increase costs.
- Use residential rate setting methodologies in IRIS
- A letter or other clarification could be developed to explain with the enrollment cap means, there is confusion and some think it means no one can be enrolled.

Comments from the Public

Heather Bruemmer asked for comments from the public. Helen Marks Dicks requested that when the meeting agenda is changed prior to the meeting that members of the public who come at the originally designated public comment time be allowed to comment. Heather Bruemmer agreed to hear public comment at the original time as well.

Recognition of Charles Jones. The Council presented Charles Jones with a signed and framed resolution dated September 6th, 2011, honoring him for his many years of good work and dedication to serving people with long term care needs. Charles is retiring from DHS this week.

2012 MCO and ADRC Contract Review

Charles Jones reviewed the changes to the 2012 MCO contract. He began by introducing Marge Pifer, who will be taking his place at future Council meetings. Changes to the MCO contract include:

- Partnership MCOs must use Department approved policies and procedures in developing the elements of a member-centered plan.
- When services are changed or new services added, DHS will notify MCOs at least 45 days prior to the change, and MCOs will notify members at least 30 days prior.
- MCOs must attend Chapter 50 facility closure/relocation meetings in their service area.
- Current provider network directories must be updated every 45 days.
- A requirement for employment service providers to provide employment data.

Janice Smith reviewed the changes to the ADRC contract for 2011, including:

- Outreach to nursing home residents now required upon MCO start up.
- More detailed requirements relating to the provision of information and assistance services.
- PAC referral form and 15 day response requirement were eliminated.
- IRIS ICA now does recertification and change in condition screens for IRIS
- County of residence required to perform the functional screen for out of county placements
- Require use of interchange, PPS and statewide disenrollment forms. Updated language around enrollment and eligibility.
- Changes to incorporate the cap on enrollment.
- Require Native American tribal representation on ADRC governing boards when tribes are located in the service area and Tribal Aging and Disability Resource specialist must be allowed to attend all meeting and trainings of the ADRC.
- All ADRCs must have a continuous quality improvement process

Department of Health Services Updates

- *MCO Financials*. Tom Lawless provided an update earlier in the day. The first quarter financial summary was reviewed. There was a 24.6% growth in total capitation payments compared to 2010. Six MCOs have reported a surplus as compared to only four MCOs with a surplus last year. One MCO is under close oversight by the Department and OCI. The Department continues to evaluate the differences in the financial results between the pilot county-based MCOs and MCOs that are newer to the program. Members of the board expressed concern over the possible effect of the enrollment cap on the financial status of the MCOs.
- *IRIS*. Gail Propsom provided an update. She reviewed a comparison chart of covered services including Family Care, Partnership, PACE, IRIS and Medicaid card services. She also reviewed current IRIS data including current enrollment, enrollment by target group, referral history, expenditures by target group, percent of participants in self-directed personal care, and allocation adjustment/exceptional expense requests.
- *Money Follows the Person (MFP)*. Gail Propsom 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. The funding is used for administrative costs, not for direct services. The MFP program grant is funding the automated section Q referral process between nursing homes and locally designated contact agencies.

- *Grant Applications.* Gail Propsom announced the application for a Real Systems Change grant. It is a collaborative between WHEDA and DHS to develop an MOU to work together on increasing the availability of Chapter 811 housing (service supported housing). Grant partners would also work with community-based housing development agencies to do outreach to developers and with MCOs, counties and other stakeholders to increase awareness of housing options for people with LTS needs. The grant amount is \$330,000 for one year. Beth Swedeen announced a grant application in collaboration with DPI, DVR, the Waisman Center and DRW. It's a 5 year \$2 million dollar systems change grant. Mini grants will be provided to school districts to pilot strategies to help student prepare to transition to community-based competitive wage jobs after graduation.

The Council inquired on the status of the Department's efforts in making changes to the long term care Medicaid waiver the state has with the federal government. Pris Boroniec replied that there is ongoing correspondence with CMS and progress is being made in obtaining the necessary approval.

Pris Boroniec announced a listening session on the new Virtual PACE project will be scheduled in the near future.

Council Business

Approval of meeting minutes for July 5, 2011. The minutes were unanimously approved, on a motion by Carol Eschner and seconded by Stephanie Sue Stein.

Future Agenda Topics

- IRIS data on costs compared to Family Care
- Enrollment cap and use of emergency funds update

Meeting adjourned at 3:16 p.m.