Wisconsin Council on Long Term Care
Meeting of November 1, 2011

Approved Minutes

Members present: Beth Anderson, Karen Avery, Lynn Breedlove, Heather Bruemmer, Teri Buros, Devon Christianson, Dana Cyra, Stephanie Sue Stein, Beth Swedeen, Judith Troestler, Christine Sarbacker Witt

Members absent: Judy Braun, Carol Eschner, Caroline Feller, Robert Kellerman, Todd Romenesko, John Sauer

Others present:, Michael Blumenfeld, Pris Boroniec, Kathleen Caron, Curtis Cunningham, Cindy Dombrowski, Wendy Fearnside, Juan Flores, Bill Jensen, Scott Johnson, Darla Keuler-Gehl, Tom Lawless, Kim Marheine, Donna McDowell, Marlia Mattke, Carrie Molke, Heidi Pankoke, Deb Rathermel, Kim Ray, Maureen Ryan, Maurine Strickland, Tim Stumm, Janice Smith, Beth Wroblewski

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

Enrollment Caps and Urgent Needs Enrollment
Pris Boroniec reviewed statistics on long term care enrollments and disenrollments since the caps were first implemented on July 1, 2011. The cap for all of the programs combined has been estimated at 43,444. Since July 1, there have been 723 enrollments under the cap, using attrition slots generated by the 1,337 disenrollments that occurred during the same period. By contrast, there have been only a handful of enrollments using the urgent needs process.

A discussion of how to interpret these data followed. Since it can take up to three months to complete an enrollment, many of the attrition slots are still in the process of being filled. Concern was expressed over the lower than expected use of the urgent needs funds and the possibility that people may incorrectly assume the need isn't there. It was generally agreed that people with urgent needs are being enrolled directly into attrition slots to avoid having to go through the process of documenting and enrolling the person under the urgent need criteria only to then re-enroll the person into an attrition slot. It was observed that people on the wait list are accustomed to making do in spite of potentially unsafe situations and may be unaware of the opportunity for urgent needs enrollment, even if they would qualify. There was also some feeling that the urgent needs criteria may be too stringent. Donna McDowell pointed out that ADRCs should have an understanding of their wait lists, since they establish wait list priorities and contact people on the wait list every six months. Council members asked that the Department find a customer friendly way, something that goes beyond posting on the web, to inform people on the wait list about the urgent needs opportunity.

Family Care Quality
Kathleen Caron, DHS' new Family Care Quality Team Manager, introduced herself and provided an overview of the long term care scorecard, which ranks states' performance on long-term services and supports for older adults, people with physical disabilities, and family caregivers (see http://www.longtermscorecard.org/). Kathleen will be leading an effort to develop a balanced scorecard for Family Care and IRIS. The scorecard will measure performance across a broad range of categories, including financial performance, customer satisfaction, and achievement of the program mission. Initially, it will be used to measure performance for the entire Family Care program and will not distinguish between MCOs.

Council members offered several suggestions for quality measures, including employment rates, use of congregate care, and availability of customer choice. Teri Buros stated that what the Department chooses to measure is important because the program will be managed to those measures. She reminded the Council that purchasing outcomes is one of the key characteristics that distinguishes Family Care from other programs and indicated her hope that the scorecard will focus on what happens to enrollees as a result of their participation in the program, including measures that relate to the individual's functional ability, clinical status and personal experience.

Council members asked what kind of stakeholder input the Department will be seeking and indicated that they would like to see both consumers and providers represented. It was suggested that the Department consider resurrecting the Council's Committee on Family Care Quality, which served in 2008-09.

DHS Medicaid Savings Proposals
Curtis Cunningham handed out and briefly reviewed a packet containing the Department's Medicaid efficiency proposals. Council members expressed concern about the possibility of some 53,000 Badger Care Core plan members being dropped from the program. Marlia Mattke indicated that some of the proposals have been modified to address advocate concerns, and that the Department is looking for ways to increase federal funding and other savings in order to avoid having to cut people from Badger Care. Lynn Breedlove explained that advocates do not want to go to the legislature with a problem only to find that DHS has already fixed it. Marlia said the Department's web site will be updated to include the changes that have been made.

Medicaid Transportation Broker Update
Marlia Mattke provided an update. While the first few months with the new vendor were challenging, LogistiCare has worked with members and stakeholders, increased staff, and trained its call center representatives to improve service. 99.6% of rides are delivered with no complaint.

Council members asked how the advisory/oversight committee is working. Marlia said that the first meeting of the committee will be held on November 22 and indicated that additional consumer representation would be helpful. She asked Council members let her

know of consumers who may be interested in serving on the committee and gave her e-mail address (Marlia.mattke@wisconsin.gov).

Marlia asked what concerns the Council has been hearing about the transportation broker. Council members indicated that some people who were formerly getting rides have had problems and stopped making requests, that some rural providers have dropped out of the program, and that some volunteers have dropped out because of the cost, inconvenience and discomfort involved with drug testing and vehicle safety requirements. Marlia indicated that while the requirements are reasonable and will be retained, there may be other ways to address the underlying concerns. For example, volunteer drivers can choose to be reimbursed for mileage only, in which case they are covered by their own insurance policies and are not subject to these requirements. Marlia said she would have her staff put together information for ADRCs to use with current and prospective volunteer drivers.

Other actions that can be taken to make things work more smoothly include: having people get their transportation requests into the system early; reminding members to make their requests to LogistiCare rather than going directly to the transportation provider; informing the program about individuals who need to have a consistent person to work with at the call center so they can be accommodated; getting the word out to volunteer drivers about the "mileage only" option; and letting volunteers know that they are not obligated to agree to provide a ride when they don't want to.

Department of Health Services Updates

- **Sustainable Partnerships for Housing Care Grant**
  Pris Boroniec gave a brief overview of the Sustainable Partnerships initiative, supported by a Systems Change grant from CMS. This joint project of DHS and the Wisconsin Housing and Economic Development Authority will encourage development of affordable rental housing for people with disabilities by coordinating state level policies and educating developers. The Department's Money Follows the Person staff are leading the project.

- **Let's Get to Work Grant**
  Beth Swedeen described this 5-year, $1.8 million grant from the Administration on Developmental Disabilities that was recently awarded to the Wisconsin Board for People with Developmental Disabilities. The Board will work in partnership with the Division of Vocational Rehabilitation, Department of Public Instruction and Department of Health Services to improve employment opportunities for youth with disabilities who are transitioning out of the school system. The project will develop policies to promote integrated, competitive-wage employment, implement pilots to test those policies, and evaluate the results.

- **Medicaid Infrastructure Grant**
  Donna McDowell explained that, while the Medicaid Infrastructure grant will end this year, its Project SEARCH component will continue. SEARCH is a partnership

between DVR, public schools, and long term support programs that provides a year long course of coaching, training and internships to help young people with disabilities transition to paid employment. The project will document what it did, what was effective, and what should be continued and replicated elsewhere.

- **Committee for a Wisconsin Response to Dementia**
  Donna McDowell briefed the Council on the Department's initiative to develop a state dementia plan, with support from the Helen Bader Foundation and the U.S. Administration on Aging. The Committee will identify best practices and recommend policy responses in three key areas– prevention/early intervention, caregiver support, and treatment through the progression of the disease.

- **Key Personnel Changes at DHS**
  Pris Boroniec announced three recent hires at DHS: Deb Rathermel as Project Director for the Virtual PACE initiative; Gail Propsom as Director of the Bureau of Long Term Support; and Margaret Kristan as Director of the Office of Family Care Expansion.

- **Options Counseling Video**
  Maurine Strickland showed an 18-minute video that has been developed for use during options and enrollment counseling, to help prospective enrollees understand the Family Care and IRIS programs.

Motion on Urgent Needs Funding
Lynn Breedlove introduced the following motion based on the Council's earlier discussion of long term care enrollment caps and related issues:

> If there is no clear guideline for lifting the [long term care enrollment] cap announced by December 31, 2011, we ask the Department of Health Services to work with Aging and Disability Resource Centers to jointly develop and implement an outreach strategy which will ensure that all current and future people on wait lists will know of the existence of attrition slots, urgent need funding, and the criteria which determine who is eligible for that funding.

The motion was seconded by Stephanie Stein and, after discussion, passed unanimously by the Council.

Virtual PACE
Deb Rathermel gave an overview of the Virtual PACE project. Wisconsin is one of 15 states that received a planning grant from CMS to develop a model for coordinating acute, primary and long term care for people who are eligible for both Medicare and Medicaid. The goals of the program are to better align eligibility, enrollment, benefits and administrative requirements for the programs; realize efficiencies; and coordinate the care provided to dual enrollees.

The Department expects to pilot Virtual PACE demonstrations in 3-4 locations beginning July 1, 2012. The demonstration will be for dual eligibles who meet nursing home level of care. DHS will control both Medicaid and Medicare dollars for the demonstration and will contract with managed care entities to provide the services. Rather than having the state dictate the arrangement, the Department wants interested organizations to come forward. These could be current Family Care or Partnership MCOs, Family Care organizations in collaboration with a health system or other acute and primary care providers, an HMO, or some other organization.

Council members had the following comments and suggestions:

- Long term care in Wisconsin has not been medically driven; we will need to be vigilant to ensure that Virtual PACE doesn't change that.
- How can we assure person centered care in Virtual PACE?
- People want choice in health care, as evidenced by the numbers of people who enroll in Family Care compared to PACE/Partnership. Virtual PACE should be designed to provide choice.
- Consumers are scared about losing their providers. Provider networks for Virtual PACE will need to be broad.
- MCOs do not have experience with health care and are unlikely to take the lead in Virtual PACE projects.
- Partnership organizations will think they are already following this model. Differences need to be explained.
- With so little time between now and the July 1st implementation date, there needs to be a concerted effort to get public input, especially consumer input, on the project design.
- Be skeptical about projected cost savings, given the experience of Medicare Advantage Plans. Data will be needed to document cost effectiveness.

Cost Effectiveness and Sustainability of Managed Long term Care and IRIS
Tom Lawless handed out financial summaries for Family Care and PACE/Partnership with data through 6-30-11 and briefly reviewed the highlights. Seven out of eight Family Care MCOs are operating in the black; the total amount of the surplus is growing; and 95% of Family Care funding goes to member services.

Pris Boroniec handed out a packet of LTC Service Cost Profiles, with data comparing the cost for people enrolled in Family Care, IRIS and the legacy waivers, both by target group and in the aggregate. The average cost per person per month across all target groups in 2010 was $3,187 for Family Care, $3,760 for the legacy waivers, and $4,159 for IRIS. These figures include Medicaid card services. Care management costs were included for Family Care participants; independent consultant costs were not included for IRIS participants. It was pointed out that the early enrollees in the IRIS program (Cohort 1) have significantly higher costs than more recent enrollees (Cohort 2), so the difference in comparative costs should diminish to some degree over time.

Council members complimented Pris and Tom on the thoroughness of the data presented and expressed their belief that the data show that Family Care is cost effective and that the enrollment cap should be lifted.

Council Business

Approval of meeting minutes for September 6, 2011. The minutes were unanimously approved, on a motion by Teri Buros and seconded by Dana Cyra.

Meeting Dates for 2012. Frequent conflicts with the New Year, 4th of July and Labor Day holidays led to a suggestion that the Council meeting dates be moved to the second Tuesday of every other month, instead of the first. Two Council members, Karen Avery and Beth Anderson, have conflicts. The January 2012 meeting will be held on Monday, January 9.

Future Agenda Topics

- Alternatives to the Family Care cap

Meeting adjourned at 3:30 p.m.

Handouts:

- [Enrollment] Cap Summary Report
- Family Care Quality, Update to the Wisconsin Council on Long Term Care (PowerPoint slides)
- 2011-2013 Medicaid Efficiencies (Proposals submitted to the Joint Committee on Finance, September 30, 2011)
- Non-Emergency Medical Transportation, Program Status Report, September 2011
- Long-Term Care Pilot Program-Virtual PACE
- Family Care Financial Summary, Six Months Ending June 30, 2011
- PACE and Family Care Partnership Financial Summary, Six Months Ending June 30, 2011
- LTC Service Cost Profiles, by Program, November 1, 2011