Wisconsin Council on Long Term Care  
Meeting of November 4, 2008  

Approved Minutes

**Members present:** Beth Anderson, Allen Buechel, Lynn Breedlove, Heather Bruemmer, Devon Christianson, Paul Cook, Dana Cyra, Carol Eschner, Tom Frazier, Jennifer Ondrejka, Michelle Pike, Todd Romenesko, Chris Sarbacker, John Sauer, Stephanie Stein

**Members absent:** Pat Anderson, Judy Braun, Tim Sheehan

**Others present:** Lorraine Barniskis, Judith Frye, Donna McDowell, Janice Smith, Sue Schroeder, Carrie Molke, Dan Hayes, Bob Kinderman, Ruthanne Landsness, Laurie Palchik, Sabrina Fox, Jennifer Lindsley, Grant Nyhammer, Joyce Binder, Ashley Hesse, Ramie Leonard, Kristen Felten, Molly Bandt

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

**CSC grant project**

Kathleen Luedtke provided an overview of the $5.5 million federally funded project. A primary goal of the project was to build consensus among stakeholders for expansion of LTC reform; activities in this area originally included planning at the state and local levels, but several areas actually started implementation during the grant period. Several original goals were not achieved: (1) workforce development activities did not occur to the extent planned; (2) a planned virtual ADRC was not developed because much energy was instead directed toward expansion of real ADRCs. Many other goals were achieved. About 10% of the grant funding was spent on state staff, including contract staff. CMS appears to be pleased with the results of the project. APS HealthCare is evaluating the project and its final report is expected in December or early January.

Ruthanne Landsness and Bob Kinderman of APS HealthCare summarized the evaluation process and discussed with the Council several themes that have come up in that process. Opportunities to continue this discussion were to be offered via email following the meeting.

**Regional LTC Advisory Committees**

Donna McDowell and Kristen Felten provided a handout with discussion questions about regional LTC advisory committees. Points of discussion included the following:

- The state (with the advice of the Council) should pick an area of quality each year and ask the ADRC boards and the Regional LTC Advisory Committees to get feedback from their consumers and other stakeholders and report back to the Council and DHS.
- A major focus of quality review for the regional committees should be the twelve personal outcomes. The Council’s Family Care Quality Committee should help DHS to develop benchmarks to assist with review and evaluation.

There was consensus on the following points:

- Regional advisory committees should be provided with common sets of information, topics and assignments across regions.
- DHS should pilot an advisory committee in one region and bring information about what works well and what does not work. Only then should final decisions be made about how
committees across the rest of the state should be structured. If statutory changes are needed in view of those findings, the Council can assist with designing revisions.

**Biennial budget issues**

The Council discussed a number of proposals from members for recommendations on the 2009-11 biennial state budget, and made the following recommendations:

1. Support funding for expansion of ADRC funding and geographic coverage. (Motion by Tom Frazier, seconded by Chris Sarbacker; carried unanimously.)

2. Support expansion of Family Care, so that it will be at least begun to be implemented in every county by the end of the 2009-11 biennium. (Motion by Tom Frazier, seconded by Stephanie Stein; carried unanimously.)

3. Support increases in Medicaid funding sufficient to cover the following nursing home costs:
   a. Direct care nursing staffing levels of 3.25 hours per resident day and direct care inflationary adjustments;
   b. Median facility fuel and utilities costs of $4.67 per resident day;
   c. A 3% annual increase in the support services cost center target; and
   d. A $5 million property incentive allowance in each year of the biennium to permit facilities to renovate and/or replace existing buildings.
   (Motion by John Sauer, seconded by Beth Anderson; carried unanimously.)

4. Support for increases in all LTC programs other than Family Care and Partnership to reflect the actual costs of providing services. (Motion by Lynn Breedlove, seconded by Tom Frazier; carried.)

5. Oppose the DHS proposed increase in assisted living licensing fees. (Motion by Paul Cook, seconded by Beth Anderson; carried.)

**Comments from the public**

There were no public comments.

**Elderly Benefit Specialist and Disability Benefit Specialist issues**

Grant Nyhammer and Jennifer Lindsley from the Elder Law Center provided information on the Elderly Benefit Specialist (EBS) program. The Elder Law Center at CWAG provides legal backup for elderly benefit specialists. They noted that Wisconsin has a far better system than most other states, providing comprehensive services to far more people. The EBS program is GPR-funded and any increase needs to be requested each biennium; funding for the Disability Benefit Specialist (DBS) program, by contrast, is automatically increased with ADRC expansion. Lynn Breedlove and Molly Bandt of Disability Rights Wisconsin (DRW) provided information about the DBS program; DRW provides legal backup for disability benefit specialists. Molly noted that disability benefit specialists need to be well versed in and spend lots of their time on disability determinations. Their clients tend to have multiple needs: About 40% of clients have mental health issues; about 9% are developmentally disabled; about 5% are homeless; and about 80% fall below the federal poverty level.
DHS updates

Judith Frye said that DHS had followed up on the discussion at the last Council meeting about problems with options counseling in some parts of the state. A letter was sent out to clarify DHS policies in early October; this letter is available on the DHS web site at http://dhs.wisconsin.gov/dsl_info/InfoMemos/DLTC/CY2008/200810im.pdf.

Donna McDowell updated the Council about developments at the Milwaukee County ADRC. Care management is contracted out to other agencies; rather than having those care managers do options counseling, DHS is looking for funding to keep counseling for current waiver participants in the ADRC. DHS and the Milwaukee ADRC are negotiating on the number of DBS that are needed and can be supported.

Other updates included the following:

- The final report of the Employment Task Force is out.
- As of the end of September, 85 people were in the IRIS planning process and 30 people were self-directing services.
- Family Care began implementation in three more counties this week. Family Care is now available to over 50% of the state’s population. About two-thirds of the state’s population has access to ADRCs.
- DHS has received a report from TMG outlining a franchise model for relationships between DHS and MCOs. A similar report focused on ADRCs is pending. Senior DHS management is working to refine the concepts in the report. They will be working with the Council as these ideas develop. DHS is also working on defining staff needs as managed LTC expands and as transition to the franchise model occurs.
- Beginning January 1st, the LTC Insurance Partnership program will be implemented. The program allows a person with a qualified long-term care insurance policy to retain a portion of his or her assets for the purpose of Medicaid eligibility while at the same time protecting those assets from estate recovery.

ADRC quality information and processes

Janice Smith and Carrie Molke provided a handout outlining current reporting requirements for ADRCs, and another summarizing DHS plans for quality oversight of ADRCs in 2009. A new data base is under development to collect the reported data; there is still a glitch in transmitting the data to DHS.

There has not been much activity in ADRC quality assurance thus far, since staff has been so busy getting many new ADRCs up and running. The final report of the independent evaluation of information/assistance and options counseling (described at the September 2nd Council meeting) is due December 8th. Carrie walked through the plans for QA activities in 2009, emphasizing the DHS philosophy of continuous quality improvement. Janice said work is continuing on development of definitions and benchmarks so that expectations are clear. It was suggested that a peer review component be added, in which ADRC Board members should be included. It was also suggested that the state should review internal ADRC QA/QI activities and plans.

Council business

Approval of 9/2/08 meeting minutes. The minutes were unanimously approved, on a motion by Dana Cyra, seconded by Paul Cook.
Report from the Family Care Quality Committee. Carol Eschner reported that the committee spent most of its September meeting providing feedback to DHS staff on a draft of the first Family Care Annual Report.

Announcements. Final approval of the Council’s charge for 2009 has not yet occurred, but the focus areas are likely to remain similar to this year’s.

Schedule for 2009 meetings. Meetings for 2009 will be on the first Tuesdays of alternate months. All meetings will be held at the Lussier Center in Madison, except for March (to be determined). Meeting dates are:

- January 6
- March 3
- May 5
- July 7
- September 1
- November 3

Future agenda items. Members suggested that the following items be included in future agendas:

- Information about and discussion of the franchise model (MCOs in January and ADRCs in March)
- More information about the new LTC Insurance Partnership Program.
- Brief, routine updates on participation in IRIS.
- More information about Family Care capitation rate setting. Specific questions included:
  - The assumptions used, especially those related to wages and benefits
  - What factors have the most influence on final rates
  - How acuity is determined
  - How the actual cost of services is determined
  - A panel was suggested on this topic, including members of the Fiscal Workgroup
- Regular updates from MCOs, both newer ones and those better established
- The Ombudsman’s role in Family Care
- Restructuring of the AAAs and the relationship of the AAAs to the changes in managed LTC.

Meeting adjourned at 3:30 PM.