Wisconsin Long Term Care Advisory Council

MEETING AGENDA
Tuesday, September 13, 2016
9:30 a.m. – 3:30 p.m.

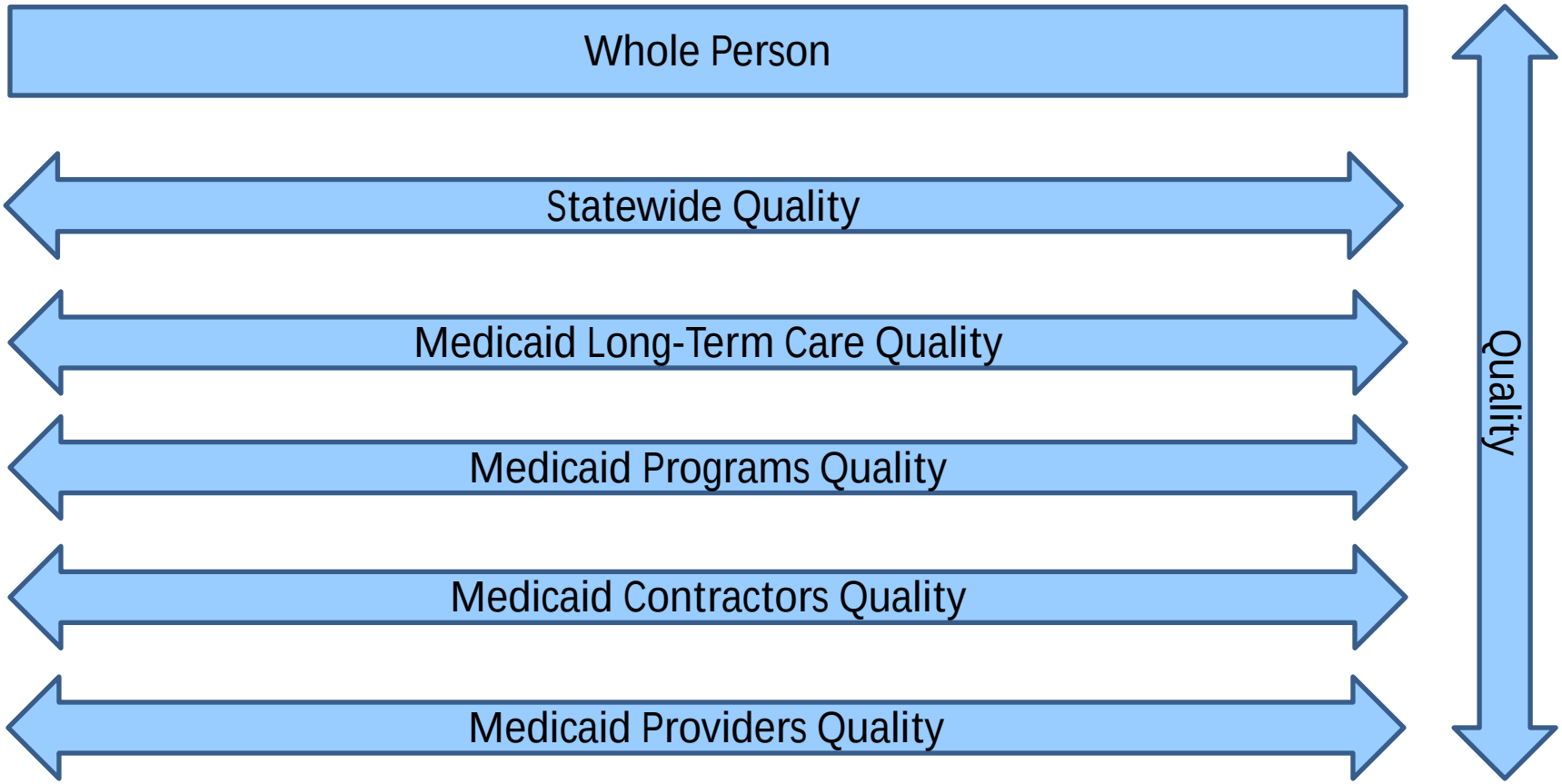
Lussier Family Heritage Center
3101 Lake Farm Road
Madison, WI 53711
(608) 224-3604

9:30 AM	**Meeting Call to Order** • Introductions • Review of agenda and approval of minutes	Heather Bruemmer
9:45 AM	**Department Updates**	Curtis Cunningham Carrie Molke
10:00 AM	**Quality Strategy**	Curtis Cunningham Kevin Coughlin
10:30 AM	**Quality Scorecard**	Angela Witt
11:15 AM	**Break**	
11:30 AM	**Introduce new DHS Secretary – Linda Seemeyer**	
11:45 AM	**Council Charges**	Curtis Cunningham
12:00 PM	**Comments from the Public**	Heather Bruemmer
12:15 PM	**Lunch (catered)**	
1:00 PM	• **Overview of the State's Labor Force** • **Detailed Presentation of the Labor Market for Health Care Workers**	Dennis Winters
1:30 PM	**Workforce Discussion Workgroups**	JoAnna Richard
2:15 PM	**Break**	
2:30 PM	**Workforce Discussion Workgroups Report Out**	Council Members
3:15 PM	**Council Business**	Heather Bruemmer
3:30 PM	**Adjourn**	Heather Bruemmer

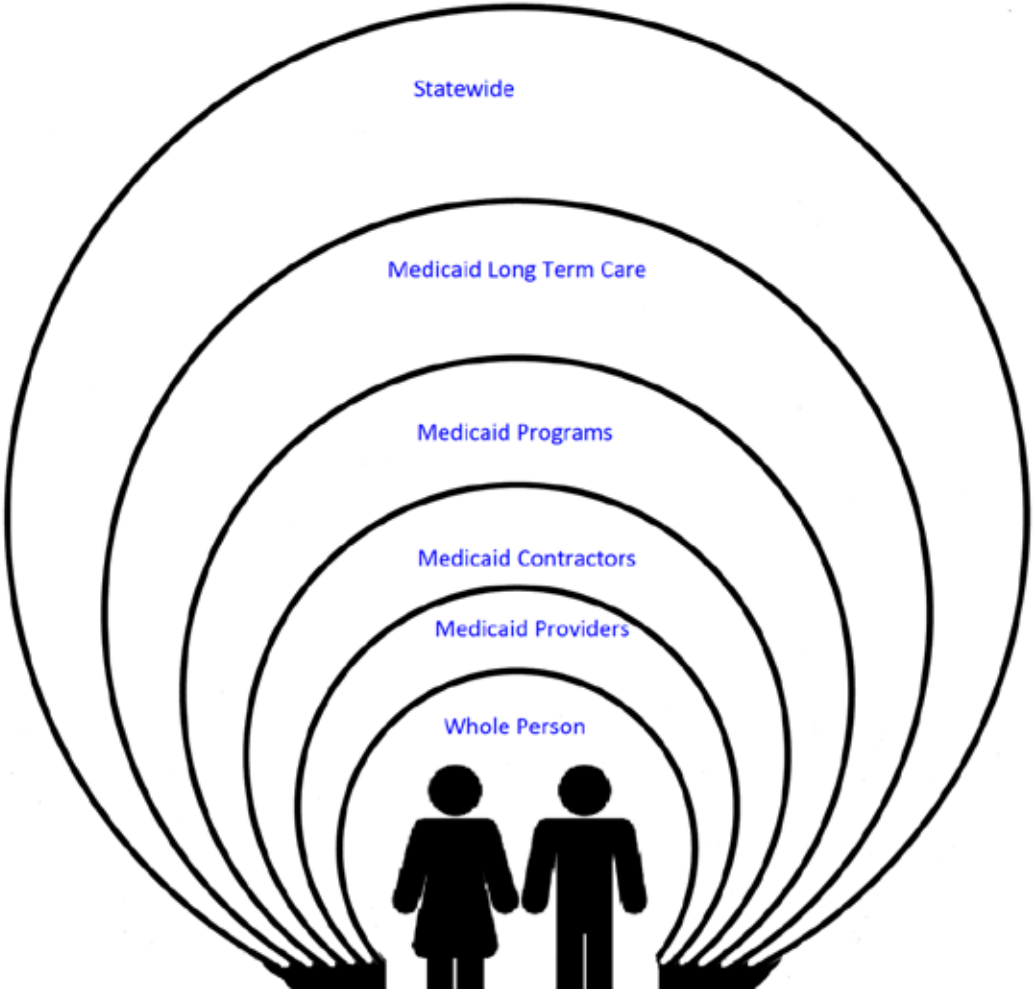
DLTC – Overall Quality Strategy for People in Long-Term Care

Curtis Cunningham
Interim Administrator
Division of Long Term Care (DLTC)
September 2016

Quality Strategy for People in Long-Term Care



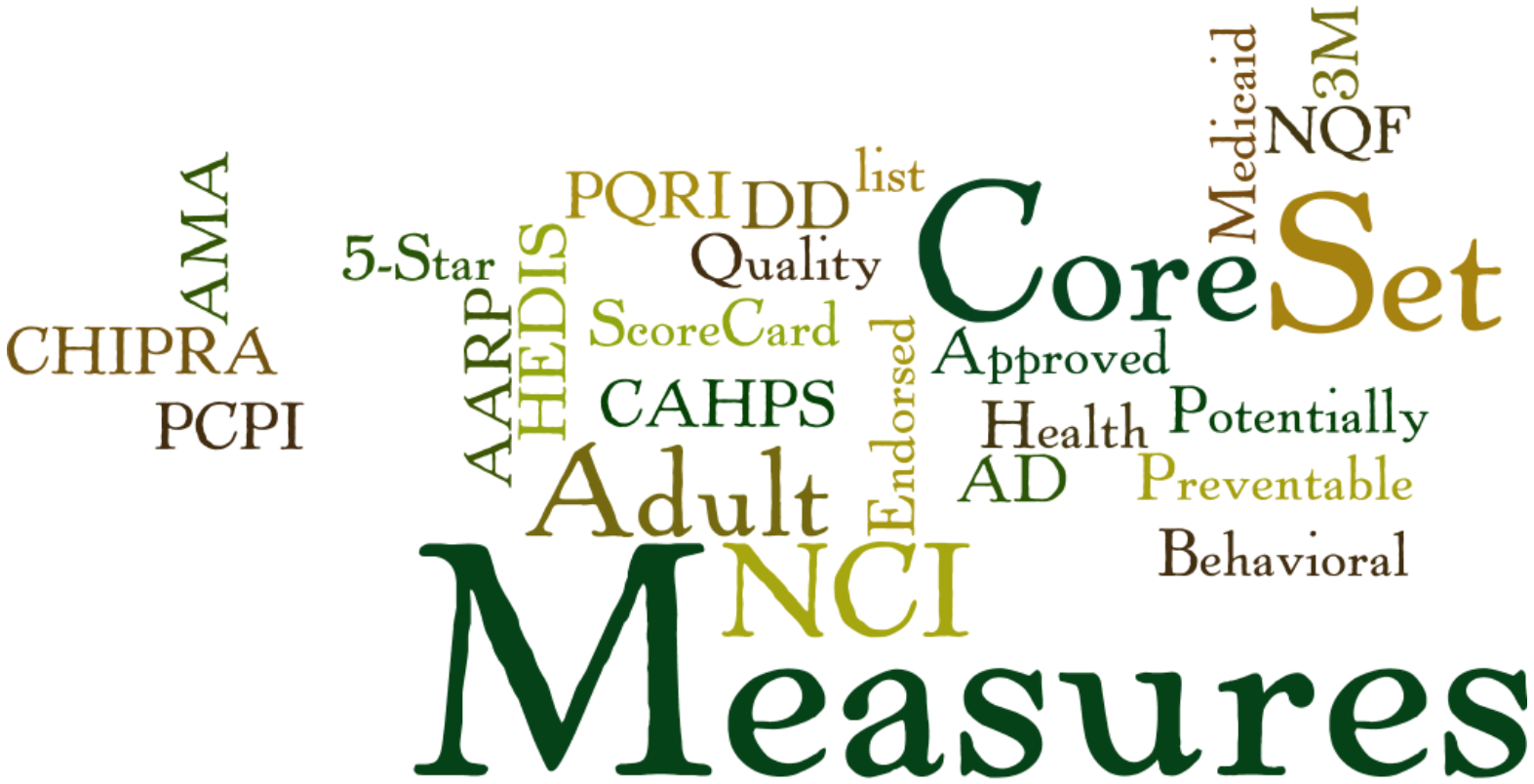
Quality Strategy for People in Long-Term Care



Wrapping Quality Around the Whole Person

- Personal preferences and empowerment
- Quality personal care
- Quality medical care
- Quality of life
- Appropriate job if applicable
- Engagement with family and friends
- Meaningful activity and recreation
- Safe, supportive, and accessible environment
- Competent caregivers

National Quality Measures



Statewide Quality

- National Core Indicators for Elderly and those that are Physically Disabled
- Regulatory oversight
- State health surveys
- Institution for Mental Disease (IMD) utilization and crisis intervention

Medicaid Long-Term Care Quality

- National Core Indicators – intellectual and developmental disabilities
- National Core Indicators - Aging and Disabilities Long Term Care Score Card

Medicaid Programs Quality

- Waiver Assurances:
  - Include, Respect, I Self Direct (IRIS)
  - Family Care
  - Children's Long Term Support (CLTS) Waiver
  - Legacy Waivers
- Long Term Care in Motion Report
- Cross Program Analysis
- Functional Screen Continuing Skills Testing

Contractor Quality

- External Quality Reviews
- Performance Improvement Projects (PIPs)
- Financial oversight
- Business plan review
- Certification reviews
- Provider network reviews
- Partnership – Medicare Advantage quality requirements
- Family Care member surveys
- IMD Incentive

Notes: “Contractor” means managed care organizations, IRIS consultant agencies and counties

Provider Quality

- Medicaid certification
- Contract requirements
- Meet the requirements of the Division of Quality Assurance (DQA) and the Department of Safety and Professional Services (DSPS) licensure
- Medicare requirements
- Meet the requirements of accreditation, if applicable
- Meet the requirements of association membership

Provider Quality

- For nursing homes:
  - Behavioral Health/Cognitive Impairment Incentive (BEH/CI)
  - Private Room Incentive
  - Increase Case Mix for facilities that are 50-bed or less
  - Nursing home quality measures
  - Clinical Resource Center
- For assisted living communities:
  - Meet requirements of Wisconsin Coalition for Collaborative Excellence in Assisted Living (WCCEAL)

Data Sources to Measure Quality

- Enrollment, demographic and functional/assessment data
- Service utilization and payment data
- Program and provider-specific reporting
- Survey data

Enrollment, Demographic and Functional / Assessment data

- Medicaid member eligibility and managed care program enrollment
- Other eligibility data – IRIS, CLTS database, Human Services Reporting System (HSRS)-based for legacy
- Functional data
  - Long Term Care Functional Screen (LTCFS) – adults
  - Minimum Data Set (MDS) – nursing home residents
  - Children's screen – children

Service Utilization and Payment Data

- Long-term care encounter data
- HSRS data (legacy only)
- Fee-for-service (FFS) Medicaid claims
- FFS Medicare claims
- Medicaid Health Maintenance Organization (HMO) encounter data
- Program Participation System (PPS)

Program and Provider-Specific Reporting

- Appeals/grievances
- Critical incidents
- Other MCO reporting
- WCCEAL
- Nursing home quality measures

Survey data

- National Core Indicators
- MCO member surveys
- WCCEAL surveys

Proposed Quality Strategy Development Process

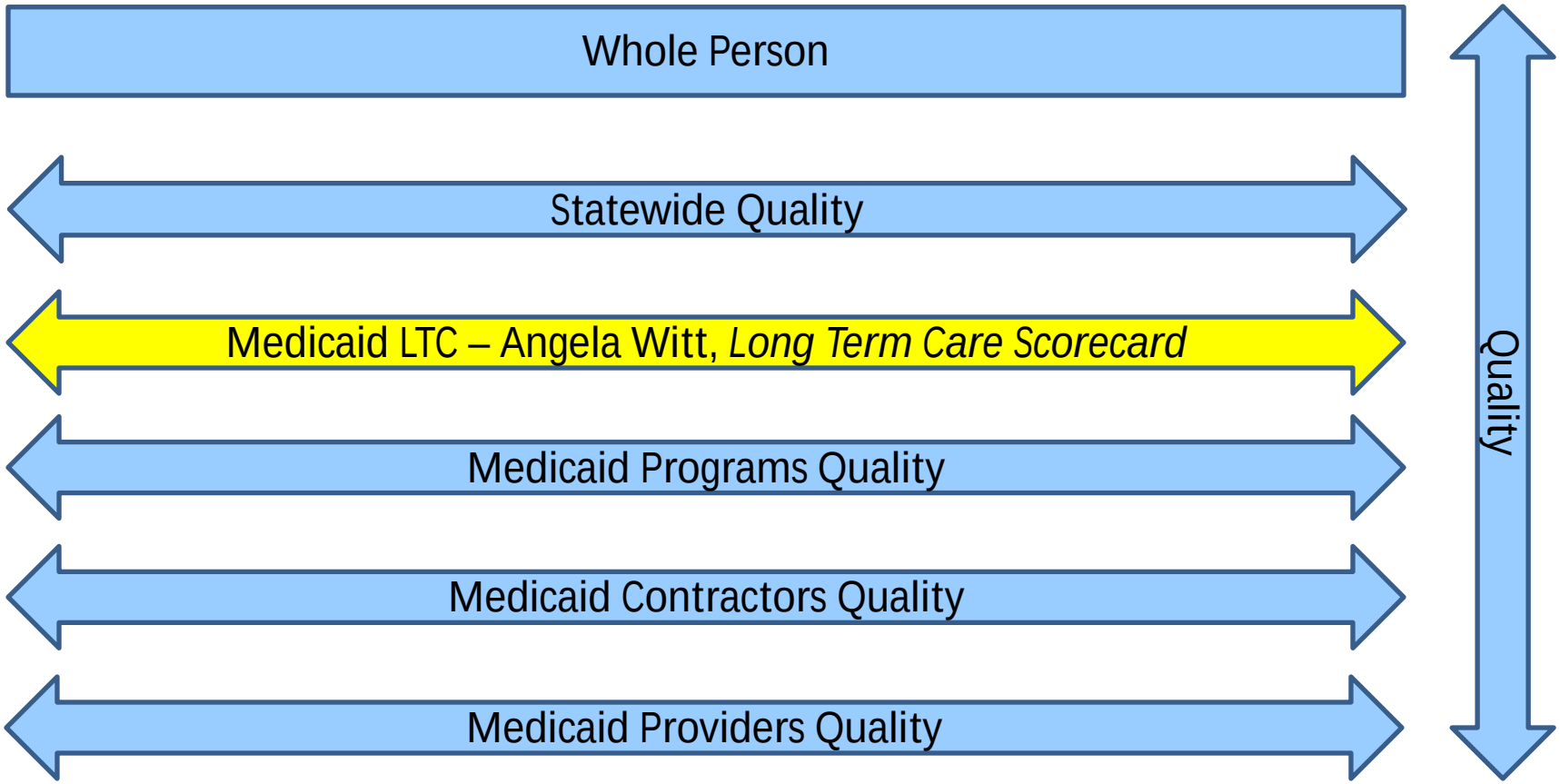
1. Scan: existing measures and initiatives
2. Select measures from Scan to use in overall strategy
3. Add measures we need but don't have (including information technology (IT) and contract issues)
4. Use our measures: pay for performance (P4P) and public reporting

Next Steps

- Next Long Term Care Council Meeting
  - Breakout session
  - Ideas and barriers
- Continue to discuss the development of a LTC quality strategy
- Look at what other measures should be utilized to measure quality of care for the whole person

Success is a journey, not a destination. Arthur Ashe

Quality Strategy for People in Long-Term Care



Wisconsin Division of Long Term Care Scorecard Report

2011-2014

Wisconsin Department of Health Services
Division of Long Term Care
Bureau of Long Term Care Financing
Integrated Data & Analytics Section

P-01265 (05/2016)

Wisconsin Division of Long Term Care Scorecard Report

The Wisconsin Division of Long Term Care Scorecard is designed to inform and advise policy makers, consumers, advocates, and the general public of the strengths and weaknesses in the Long-Term Services and Supports (LTSS) system. It is modeled after a national scorecard ranking states on their LTSS systems for elderly and physically disabled adults called Raising Expectations.

The Raising Expectations scorecard is designed to "articulate a vision of a high-performing LTSS system, operationalize that vision in a way that can be measured, develop a baseline of indicators, track changes over time, and use this information to focus on policies and other strategies to advance further and faster toward that vision." The Wisconsin Scorecard is designed with the same purpose in mind.

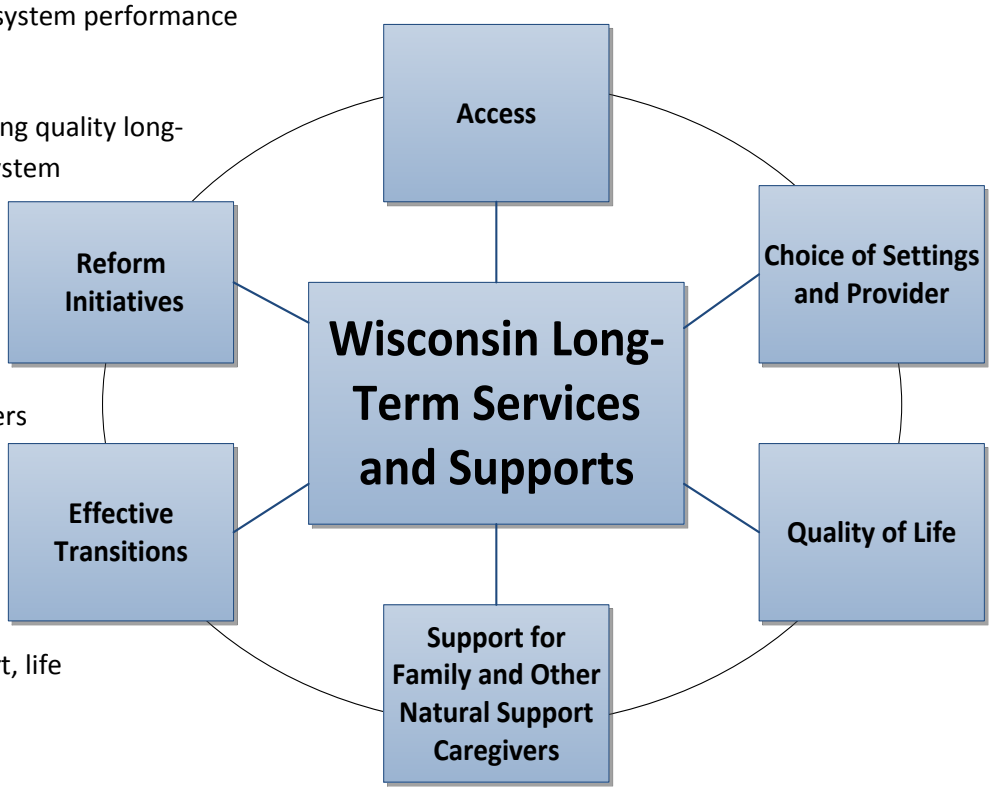
The Wisconsin Division of Long Term Care Scorecard will measure progress of Wisconsin's LTSS system as it serves individuals and families with long-term care needs, including elderly adults, physically disabled adults, developmentally delayed adults and children when possible. It will highlight where and how reforms may have the greatest positive impact on people's lives.

The Wisconsin scorecard measures system performance across six key dimensions:

- **Access**: The first step in providing quality long-term care is making the LTSS system accessible to eligible individuals.
- **Choice of Settings and Provider**: A person-centered approach to providing LTSS places a high value on consumers exercising choice over where they receive services and who provides them.
- **Quality of Life**: Quality of life is measured in LTSS systems by social and emotional support, life satisfaction, and employment.
- **Support for Family Caregivers and Other Natural Supports**: Family members and other natural caregivers are the backbone of our state and national LTSS system. Supporting them is imperative to prevent burnout and allow for their continued commitment to caring for those in need.
- **Effective Transitions**: People access a range of services and systems to receive needed LTSS. Supporting effective transitions between services, systems, and settings improves care.
- **Reform Initiatives**: This dimension is designed to capture specific initiatives where DHS has directed focus.

Each dimension is comprised of measurable indicators that provide insight into overall performance of the LTSS system.

This first report reflects the baseline for each indicator, using as much as three years of historical data.



Wisconsin Division of Long Term Care Scorecard Report

Division of Long Term Care Scorecard Summary Findings

Dimension and Indicator

		2011	2012	2013	2014	Progress
1 Access						
1.1	Percent of eligible adults on waiting list for long-term care programs	6.6%	3.3%	2.9%	2.9%	✓
1.2.1	Percent of total LTSS Medicaid funding spent on the care and support of enrollees in home and community-based waiver (HCBW) - adults	64.6%	65.7%	67.9%	70.2%	✓
1.2.2	Percent of total LTSS Medicaid funding spent on the care and support of enrollees in HCBW - children	90.1%	90.0%	90.5%	91.9%	✓
2 Choice of Settings and Providers						
2.1.1	Percent of eligible Medicaid individuals enrolled in HCBW - adults	71.9%	74.0%	76.4%	78.3%	✓
2.1.2	Percent of eligible Medicaid individuals enrolled in HCBW - children	95.4%	95.2%	95.4%	95.9%	-
2.2	Percent of Managed Long-Term Care (MLTC) and Self-Directed Long-Term Care (SDLTC) waiver enrollees self directing services	21.1%	26.2%	34.0%	36.5%	✓
3 Quality of Life						
3.1	Percent of adult (age 18-64) HCBW enrollees in the individuals with intellectual disabilities (IID) population who are working	52.0%	50.0%	48.0%	47.0%	✗
3.2	Percent of adult HCBW enrollees reporting they prefer to change their living situation	12.8%	12.3%	12.1%	11.9%	-
3.3	Percent of adult HCBW enrollees with natural supports	65.8%	68.3%	69.6%	71.1%	✓
4 Support for Families and Other Natural Support Caregivers						
4.1	Percent of adults living with family/spouse wherein family/guardian prefer the person move to another setting	4.6%	4.6%	3.9%	3.9%	✓
4.2	Percent of adults living with spouse/family receiving unpaid care who also receive respite	13.8%	12.8%	12.5%	12.6%	✗
5 Effective Transitions						
5.1	Percent of nursing home residents with low care needs	11.0%	9.9%	9.4%	8.9%	✓
5.2	Percent of new nursing home stays that last 100 days or more	20.6%	18.9%	18.4%	18.0%	✓
5.3.1	Percent of nursing home residents with dementia that experience potentially burdensome end-of-life transfers			6.9%	6.7%	-
5.3.2	Percent of HCBW enrollees with dementia that experience potentially burdensome end-of-life transfers			11.6%	12.5%	-
6 Reform Initiatives						
6.1.1	Nursing Home (NH) Utilization: Percent of Elderly, Blind, and Disabled (EBD) Medicaid enrollees using nursing home care	11.5%	10.8%	10.1%	9.4%	
6.1.2	NH Occupancy: Percent of licensed beds occupied	83.2%	82.0%	80.7%	79.9%	
6.2.1	Intermediate Care Facility Utilization : Percent of IID enrollees using Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IIDs)	2.3%	2.2%	2.1%	1.8%	
6.2.2	ICF-IID Occupancy: Percent of licensed beds occupied	81.6%	85.2%	88.6%	81.4%	
6.3.1	Inpatient behavioral health utilization: Percent of HCBW enrollees and FFS institutionalized adults using inpatient behavioral health care			1.6%	1.6%	-
6.3.2	Inpatient behavioral health utilization: Percent of HCBW enrollees and FFS institutionalized adults with dementia using inpatient behavioral health care			1.3%	1.3%	-
6.3.3	Inpatient behavioral health utilization: Percent of HCBW enrollees and FFS institutionalized children using inpatient behavioral health care			2.5%	2.7%	-
6.3.4	Inpatient behavioral health utilization: Percent of HCBW enrollees and FFS institutionalized children with SED using inpatient behavioral health care			7.7%	8.0%	-

***Indicator 1.1**: Percent of Eligible Individuals on a Waitlist for Long-Term Care Programs (Adults)*

Not having to wait to gain access to a community long-term care waiver program is a measure of the accessibility of the program. Gaining immediate access to home and community-based LTSS can help eligible individuals delay or even avoid the need for institutional care.

Numerator: Average number of eligible adults on a home and community-based waiver (HCBW) waitlist statewide.

Denominator: Average number of eligible adults who are either enrolled in an HCBW program or on an HCBW waitlist statewide.

Findings:

The percentage of eligible individuals on a waitlist is low and decreased from 6.6% in 2011 to 2.9% in 2013 and 2014. In this time period, several counties that had previously implemented managed long-term care (MLTC) and self-directed long-term Care (SDLTC) programs have enrolled all the adults on their waitlists and reached entitlement. Entitlement is a reference to the level of maturity in a county's Medicaid LTSS programs at which point there is no waitlist and everyone who is eligible for enrollment is entitled to enroll.

The largest decline, from 2011 to 2012, was primarily related to the enrollment of disabled individuals on a waitlist in Milwaukee County.

Percent of Eligible Individuals on a Waitlist for Long-Term Care Programs (Adults)

	2011	2012	2013	2014
Average number of eligible adults on an HCBW waitlist, statewide	3,375	1,725	1,652	1,759
Average number of eligible adults who are either enrolled in an HCBW or on an HCBW waitlist, statewide	50,839	53,154	56,906	60,144
Percentage on waitlist	***6.6%***	***3.2%***	***2.9%***	***2.9%***

***Indicator 1.2.1**: Percent of total LTSS Medicaid Funding Spent on the Care and Support of Enrollees in a Home and Community-Based Waiver (HCBW) - Adults*

The proportion of Medicaid expenditures paying for the care and support of HCBW enrollees reflects the priority the state places on shifting spending away from institutional care towards home and community-based services (HCBS). This indicator measures the percentage of Medicaid funding spent on care and services for adults enrolled in LTSS waiver programs against all Medicaid spending for people in LTSS waiver programs or residing in institutions, including nursing homes and facilities for people with intellectual or developmental disabilities.

Numerator: Total annual Medicaid spending on care and services for adults enrolled in an HCBW program.

Denominator: Total annual Medicaid spending on care and services for adults in HCBW programs or in institutions.

***Findings*:**

The larger share of Medicaid spending is for HCBW program enrollees, increasing steadily from 65% to 70% between 2011 and 2014.

- These increases are due to increasing HCBW program enrollment and a declining number of Medicaid Fee for Service (FFS) institution residents.
- This trend should continue as the population continues to shift from institutionalization to HCBW programs.

National Comparison:

The Raising Expectations Scorecard ranked Wisconsin tenth in LTSS spending on HBCS. This indicator is slightly different as it includes all Medicaid spending on HCBW enrollees and institution residents, not just HCBS and institutional spending.

Percent of Medicaid Funding going to HCBW Enrollee Care and Support Services (Adults)

	2011	2012	2013	2014
Average number of adult HCBW enrollees and institution residents - Adults	66,000	69,000	72,000	75,000
Total annual Medicaid spending on care and services for adults enrolled in a HCBW	$1,811,620,000	$1,883,030,000	$2,049,610,000	$2,202,700,000
Total annual Medicaid spending on care and services for adult HCBW enrollees and institution residents	$2,803,350,000	$2,867,720,000	$3,017,950,000	$3,136,430,000
Percent of costs for adult LTC waiver enrollees	64.6%	65.7%	67.9%	70.2%

***Indicator 1.2.2**: Percent of Total LTSS Medicaid Funding Spent on the Care and Support of Enrollees in Home and Community-Based Waiver (HCBW) –Children*

Similar to Indicator 1.2.1, this indicator (1.2.2) measures the proportion of Medicaid LTSS recipient expenditures going towards the care and support of HCBW enrollees. Whereas indicator 1.2.1 measured expenditures for adults, this indicator measures expenditures for children.

The proportion of Medicaid expenditures paying for the care and support of HCBW enrollees reflects the priority the state places on shifting spending away from institutional settings towards HCBS. This indicator measures the percentage of Medicaid funding spent on care and services for children enrolled in LTSS waiver programs against all Medicaid spending for children in LTSS waiver programs or residing in institutions, including residential care centers and facilities for individuals with intellectual or developmental disabilities.

Numerator: Total annual Medicaid spending on care and services for children enrolled in an HCBW program.

Denominator: Total annual Medicaid spending on care and services for children in HCBW programs or in institutions.

Findings:

The large majority of Medicaid spending is for Children's HCBW enrollees, and it increases slightly from about 90% in earlier years to 92% in 2014. Relatively few children reside in institutions, and the number of waiver enrollees grew somewhat, especially from 2013 to 2014.

Percent of Medicaid Funding going to HCBW Enrollee Care and Support Services (Children)

	2011	2012	2013	2014
Average number of HCBW enrollees and institution residents – children	5,100	5,200	5,300	5,600
Total annual Medicaid spending on care and services for children enrolled in an HCBW	$137,680,000	$137,060,000	$140,730,000	$149,680,000
Total annual Medicaid spending on care and services for child HCBW enrollees and institution residents	$152,800,000	$152,290,000	$155,580,000	$162,800,000
Percent of costs for child LTC waiver enrollees	90.1%	90.0%	90.5%	91.9%

***Indicator 2.1.1**: Percent of Eligible Medicaid Individuals Enrolled in Home and Community-Based Waiver (HCBW) Programs - Adults*

This measure is the percentage of eligible Medicaid enrollees who have chosen to enroll in HCBW programs. HCBW program enrollees have greater choice of where and how to receive services than Fee-for-Service (FFS) Medicaid institution residents.

Numerator: The average number of adult enrollees in HCBW programs during the year.

Denominator: The sum of the average number of HCBW adult enrollees and the average number of FFS adult Medicaid-paid institution residents during the year, which reflects the number of adults who are enrolled in or would be eligible for HCBW programs based on their care needs.

Findings:

The percentage increases steadily from 72% in 2011 to 78% in 2014.

While HCBW programs make up the larger share of both enrollment and spending, the HCBW percentage is even greater for enrollment numbers than for spending. This occurs because FFS institution costs per individual are generally greater than HCBW costs per individual.

As counties transition to the managed long-term care (MLTC) waiver model, this positive trend should continue.

Percent of Eligible Medicaid Individuals Enrolled in HCBW Programs (Adults)

	2011	2012	2013	2014
Average number of adults enrolled in HCBW programs	47,465	51,429	55,255	58,385
Average number of adults eligible for HCBW programs	66,061	69,452	72,278	74,599
Percent enrolled in HCBW programs (adults)	***71.9%***	***74.0%***	***76.4%***	***78.3%***

***Indicator 2.1.2**: Percent of Eligible Medicaid Individuals Enrolled in home and community-based waiver (HCBW) programs - Children*

This measure is similar to that for adults, with the inclusion of residents in the institution group.

Numerator: The average number of child enrollees in HCBW programs during the year.

Denominator: The sum of the average number of HCBW enrollees and the average number of Fee-for-Service (FFS) child Medicaid paid institution residents during the year, which reflects the number of children who are enrolled in or would be eligible for HCBW based on their care needs.

***Findings*:**

The percentage was consistently between 95% and 96% from 2011 to 2014, increasing slightly to nearly 96% with increased waiver enrollment in 2014.

Percent of Eligible Medicaid Individuals Enrolled in HCBW Programs (Children)

	2011	2012	2013	2014
Average number of children enrolled in HCBW programs	*4,905*	*4,989*	*5,093*	*5,370*
Average number of children eligible for HCBW programs	5,141	5,242	5,337	5,598
Percent enrolled in HCBW programs (children)	***95.4%***	***95.2%***	***95.4%***	***95.9%***

***Indicator 2.2**: Percent of Managed Long-Term Care (MLTC) and Self-Directed Long-Term Care (SDLTC) Enrollees who Self-Direct any Services*

This measure is the percentage of MLTC and SDLTC enrollees who self-direct any services. Many users of LTSS value the flexibility and control of directly hiring the person who provides services. Sometimes called consumer direction, self-direction, or participant direction, this model allows individuals to hire, supervise, and dismiss their own direct care workers, set their hours, and in some cases determine their rate of pay. This can be an important factor in an enrollee's overall quality of life.

Numerator: Number of MLTC and SDLTC waiver enrollees self-directing any service at any time during the year.

Denominator: Total number of individuals enrolled in MLTC or SDLTC at any time during the year.

***Findings*:**

The percentage of enrollees has increased steadily from 21.1% in 2011 to 36.5% in 2014.

- This growth comes both from increased enrollment in Wisconsin's SDLTC program, known as IRIS, since SDLTC is a self-directed waiver, and from an increased percentage of MLTC enrollees who self-direct within managed care.
  - SDLTC enrollment almost doubled from about 5,000 enrollees to about 10,000 enrollees between 2011 and 2014. The percentage of MLTC enrollees self-directing also nearly doubled, reaching almost 20% in 2014.
  - Those who self-directed were fairly evenly split between SDLTC participants (about 55%-60% of those self-directing each year) and MLTC enrollees who self-direct some services (about 40%-45%).

National Comparison:

The Raising Expectations Scorecard measures the number per 1,000 of adults with disabilities who participant-direct services. Wisconsin ranked ninth on this national measure.

Percent of MLTC and SDLTC Enrollees who Self-Direct Any Services

	2011	2012	2013	2014
Number of enrollees self-directing services	10,300	14,100	19,700	22,200
Total enrollees any time in year[1]	48,700	53,700	57,900	60,900
Percent self-directing	**21.1%**	**26.2%**	**34.0%**	**36.5%**

[1] Does not include legacy HCBW programs

Indicator 3.1: *Percent of Adult (age 18-64) Home and Community-Based Waiver (HCBW) Enrollees in the Individuals with Intellectual Disabilities (IID) Population Working*

This indicator provides a measure of the proportion of adults aged 18-64 with intellectual disabilities who work. Having purpose in one's daily activities adds to the quality of life. Often, having gainful employment can help provide this purpose and improve the quality of life for individuals with intellectual disabilities.

Numerator: The number of IID HCBW enrollees age 18-64 with a Long Term Care Functional Screen (LTCFS) indicating they were working at some point during the year.

Denominator: The total number of IID HCBW enrollees age 18-64 at any point in the year.

Findings:

- This percentage has decreased by 1%-2% per year between 2011 and 2014, from 52% in 2011 to 47% in 2014.
- The total number of IID HCBW enrollees who are working has remained steady or increased slightly each year, but enrollment has grown faster than the number of enrollees working.
- The percentage of those working has dropped from over 50% to under 50%.

National Comparison:

The Raising Expectations Scorecard measures the rate of employment for all adults with an activities of daily living (ADL) disability age 18-64 relative to the rate for adults without an ADL disability. Wisconsin's percentage was 23.8%, ranking 24th.

Percentage of Adult HCBW Enrollees in the IID Population Working

	2011	2012	2013	2014
Adult (18-64) HCBW enrollees in the IID or DD populations who are working	10,220	10,384	10,387	10,550
Total adult (18-64) HCBW enrollees in the IID or DD populations	19,789	20,949	21,725	22,374
Percent working	**51.6%**	**49.6%**	**47.8%**	**47.2%**

Indicator 3.2: *Percent of Adult Home and Community-Based Waiver (HCBW) Enrollees Reporting they Prefer to Change their Living Situation*

This measure is the percentage of people who report on the Long Term Care Functional Screen (LTCFS) that they would prefer a different living situation than their current living situation.

Numerator: Number of adult HCBW enrollees who, on their most recent LTCFS of a given year, report a preferred living situation that does not match their current living situation.

Denominator: Total number of adult HCBW enrollees any time in the year.

Findings:

This measure has been relatively steady but does decline a small amount: 12.8% in 2011 to 11.9% in 2014, which reflects that fewer individuals are living in settings in which they do not want to stay.

Percent of Adult HCBW Enrollees Reporting they Prefer to Change their Living Situation

	2011	2012	2013	2014
Number of adults who prefer to change their living situation	7,225	7,583	7,942	8,184
Total number of adult HCBW enrollees	56,416	61,473	65,732	68,731
Percent not living where preferred	**12.8%**	**12.3%**	**12.1%**	**11.9%**

Indicator 3.3: *Percent of Adult Home and Community-Based Waiver (HCBW) Enrollees with Natural Supports*

This measure is the percentage of people who report on the Long Term Care Functional Screen (LTCFS) that they have a natural support for at least one activity of daily living (ADL) or instrumental activity of daily living (iADL). Natural supports are the social network (family, friends, neighbors, etc.) of a member who may be available to provide assistance to the member.[2]

Numerator: Number of adult HCBW enrollees who, on their most recent LTCFS of a given year, report having a natural support for at least one ADL or iADL.

Denominator: Total number of adult HCBW enrollees any time in the year.

Findings:

This measure has steadily increased from 65.8% in 2011 to 71.1% in 2014.

Percent of Adult HCBW Enrollees with Natural Supports

	2011	2012	2013	2014
Number of adult HCBW enrollees with natural supports	37,122	42,009	45,739	48,867
Total number of adult HCBW enrollees	56,416	61,473	65,732	68,731
Percent with natural supports	**65.8%**	**68.3%**	**69.6%**	**71.1%**

[2] http://mltc.wisconsin.gov/2015/

Indicator 4.1: *Percent of Adults Living with Family whose Family/Guardian Prefer they Move to a Different Setting*

This measure is the percentage of adult home and community-based waiver (HCBW) enrollees living with family whose family or guardian preference reported on the Long Term Care Functional Screen (LTCFS) is for the person to move to another living situation. The family or guardian preference may indicate whether they feel adequately supported in the current situation.

Numerator: The number of adult HCBW enrollees who live with family or a spouse and whose most recent LTCFS during the year shows a guardian or family preferred living situation other than the person's current living situation.

Denominator: The total number of adult HCBW enrollees who live with family or a spouse according to the current living situation on their most recent LTCFS in the year.

Findings:

This percentage has decreased from 4.6% in 2011 to 3.9% in 2014.

Percent of Adults Living with Family whose Family/Guardian Prefer they Move to a Different Setting

	2011	2012	2013	2014
Family/guardian prefers person to move	876	985	924	977
Total living with family/guardian	18,888	21,447	23,478	24,823
Percent with family/guardian preferring move	**4.6%**	**4.6%**	**3.9%**	**3.9%**

Indicator 4.2: *Percent of People Living With Family and Receiving Unpaid Care Who Also Receive Respite*

This measure is the percentage of adult home and community-based waiver (HCBW) enrollees living with family with unpaid help reported on the Long Term Care Functional Screen (LTCFS) who also receive respite services.

Numerator: Number of adult HCBW enrollees whose most recent LTCFS showed them living with family or a spouse and receiving unpaid help with any activity of daily living (ADL) or instrumental activity of daily living (iADL) and received any respite services during the year.

Denominator: Total number of adult HCBW enrollees whose most recent LTCFS showed them living with family or a spouse and receiving unpaid help with any ADL or iADL.

Findings:

This percentage is relatively low and has decreased slightly from 13.8% in 2011 to 12.6% in 2013.

The total number of people who received respite services increased slightly, but the number of LTC waiver enrollees living with family or a spouse and receiving unpaid help increased by more, so the percentage declined.

Percent of People Living With Family and Receiving Unpaid Care Who Also Receive Respite

	2011	2012	2013	2014
Received respite services	2,330	2,485	2,667	2,877
Total living with family and receiving unpaid help	16,926	19,389	21,267	22,773
Percent receiving respite care	***13.8%***	***12.8%***	***12.5%***	***12.6%***

Indicator 5.1: *Percent of Nursing Home Residents with Low Care Needs*

This measure is the percentage of residents who have an MDS assessment suggesting that their care needs are low. Low care needs were defined as having no ADL assistance or skilled care required, or having the MDS place the resident in one of the two lowest Resource Utilization Group (RUG) classifications, PA1 or PA2.[3]

Numerator: Number of patient days for people whose most recent MDS suggests they have low care needs.

Denominator: Total number of patient days for people with an MDS that allows for the assessment of their care needs.

Findings:

The percentage has declined from 11.0% in 2011 to 8.9% in 2014.

The vast majority of these nursing home residents do meet Wisconsin's criteria for Medicaid payment of a nursing home stay according to their MDS assessments.[4]

National Comparison:

This measure is part of the Raising Expectations Scorecard with the same MDS criteria applied to people over age 65, and Wisconsin ranked 26th.

Percent of Nursing Home Residents with Low Care Needs

	2011	2012	2013	2014
Low Care Unique Resident Count	6,968	6,081	5,700	5,385
Low Care Patient Days	1,188,882	1,051,155	962,422	891,308
Patient Days with Useable MDS	10,846,644	10,613,310	10,232,583	10,014,539
Percent of low care patient days	**11.0%**	**9.9%**	**9.4%**	**8.9%**

[3] Resource Utilization Groups are used in determining nursing facility payments.
[4] Wisconsin's automated system may find a member eligible for nursing home care, or professional review may be required.

Indicator 5.2: *Percent of New Nursing Home Stays That Last 100 Days or More*

This indicator is a measure of the percentage of new nursing home stays that last 100 days or more. As the length of an individual's nursing home stay increases, there is a greater chance the individual will remain in the nursing home and have more difficulty returning to their community residence.

Numerator: The number of new nursing home admissions in a given year with stays lasting 100 days or more.

Denominator: The number of new nursing home admissions in a given year.

Findings:

The percentage has declined from 20.6% in 2011 to 18% in 2014.

National Comparison:

This measure is part of the Raising Expectations Scorecard; Wisconsin ranked 27th.

Percent of New Nursing Home Stays That Last 100 Days or More

	2011	2012	2013	2014
New nursing home admissions with stays over 100 days	11,950	11,145	11,205	11,139
Total new nursing home admissions	58,048	58,938	60,945	61,828
Percent of new nursing home stays lasting over 100 days	**20.6%**	**18.9%**	**18.4%**	**18.0%**

Indicator 5.3.1: *Percent of Nursing Home Residents with Dementia that Experience Potentially Burdensome End-of-Life Transfers*

This is the percentage of people residing in nursing homes older than 65 with dementia who experience one or more transfers near the end of their life that are identified as potentially burdensome.

Numerator: The number of people with dementia older than 65 residing in a nursing home who experienced a potentially burdensome transfer near the end of their life.

Denominator: The number of people older than 65 with dementia residing in a nursing home who died during the year.[5]

Findings:

In 2013, 6.9% of people with dementia residing in nursing homes experienced a potentially burdensome transfer at the end of life; in 2014, the rate was slightly lower at 6.7%. By comparison, 12.5% of people with dementia enrolled in a home and community-based waiver experienced a potentially burdensome transfer at the end of life in 2014.

National Comparison:

This measure is part of the Raising Expectations Scorecard; Wisconsin ranked 9th. This was based on 2009 data, and at that time, the lowest percentage in any state was 7.1%. To the extent the data and methodologies are comparable, Wisconsin's 2013 and 2014 percentages are slightly better (lower) than the best state was in 2009.

Percent of Nursing Home Residents with Dementia that Experience Potentially Burdensome End-of-Life Transfers

	2013	2014
Number of people with dementia age 66+ residing in a nursing home who died in 2013 who experienced a potentially burdensome transfer	205	184
Total number of people with dementia age 66+ residing in a nursing home who died in 2013	2,984	2,752
Percent experienced a potentially burdensome transfer	**6.9%**	**6.7%**

[5] Individuals enrolled in Medicare Advantage plans in the month of their death are excluded from both the numerator and denominator due to incomplete data from which to determine transfers.

Indicator 5.3.2: *Percent of Home and Community-Based Waiver (HCBW) Enrollees with Dementia that Experience Potentially Burdensome End-of-Life Transfers*

This is the percentage of people enrolled in a HCBW program who have dementia and experience one of a number of types of transfers near the end of their life that are identified as potentially burdensome.

Numerator: The number of people with dementia residing in a nursing home who experienced a potentially burdensome transfer near the end of their life.

Denominator: The number of people with dementia enrolled in an HCBW who died during the year.[6]

Findings:

In 2013, 11.6% of people with dementia enrolled in a HCBW experienced a potentially burdensome transfer at the end of their life; in 2014, the rate was higher at 12.5%. By comparison, 6.7% of people with dementia residing in nursing homes experienced a potentially burdensome transfer at the end of their life in 2014.

National Comparison:

The Raising Expectations Scorecard does not have a comparable measure regarding HCBW enrollees with dementia that experience potentially burdensome end of life transfers.

Percent of HCBW Enrollees with Dementia that Experience Potentially Burdensome End-of-Life Transfers

	2013	2014
Number of people with dementia enrolled in an HCBW who experienced a potentially burdensome transfer	197	222
Total number of people with dementia enrolled in an HCBW	1,701	1,770
Percent experienced a potentially burdensome transfer	**11.6%**	**12.5%**

[6] Individuals enrolled in Medicare Advantage plans other than Family Care – Partnership in the month of their death are excluded from both the numerator and denominator due to incomplete data from which to determine transfers.

Indicator 6.1.1: *Nursing Home Utilization: Percent of Elderly, Blind, and Disabled* (*EBD) Medicaid Enrollees Using Nursing Home Care*

Nursing home utilization is measured as the percentage of EBD Medicaid enrollees residing in a nursing home. This indicator allows for insight into the demand for nursing home beds and may help set policy regarding the number of bed licenses that are available. It also provides an ongoing measure of progress on Wisconsin's long-term care system changes that have shifted more care towards home and community-based settings.[7]

Numerator: Average Medicaid nursing home census, excluding individuals with intellectual disabilities (IID).

Denominator: Average enrollment of EBD Medicaid enrollees, excluding IID.

Findings:

The percentage has declined from 11.5% in 2011 to 9.4% in 2014.

This trend results from both a decrease in the number of Medicaid enrollees residing in nursing homes and growth in the number of EBD Medicaid enrollees. There are more EDB Medicaid enrollees and fewer of these enrollees reside in nursing homes.

This is likely related to individuals' preference to receive care in the community and their access to community-based services through home and community-based waiver (HCBW) programs.

Nursing Home Utilization: Percent of EBD Medicaid Enrollees Using Nursing Home Care

	2011	2012	2013	2014
Medicaid EBD enrollment excluding IID	161,967	168,023	172,733	178,545
Nursing home non-IID census	18,672	18,131	17,375	16,848
Non-IID nursing home utilization percentage	**11.5%**	**10.8%**	**10.1%**	**9.4%**

[7] For example, see historical data on page 6:
https://www.dhs.wisconsin.gov/sites/default/files/legacy/LTCare/Reports/PDF/rpttolab083112.pdf

Indicator 6.1.2: *Nursing Home Occupancy: Percent of Licensed Beds Occupied*

Nursing home occupancy is measured as the average resident census for all nursing homes, regardless of payor, over the average number of licensed beds. Occupancy rates are monitored as an indicator of access to nursing home care.

Numerator: Average total nursing home census in a given year.

Denominator: Average number of licensed beds.

Findings:

The occupancy percentage has decreased from 83.3% in 2011 to 79.9% in 2014. The number of beds has decreased during this period, but the average census has decreased more quickly resulting in the decline in occupancy percentage.

National Comparison:

CMS data as reported by kff.org shows that nursing home occupancy nationally was 82.3% in 2014. Neighboring states' 2014 occupancy rates were as follows: Minnesota – 89.9%, Illinois - 77.3%, Iowa - 79.7%, and Michigan - 85.0%. Wisconsin's occupancy percentage would be the median of this group of states, and is slightly lower than the national average.[8]

Nursing Home Occupancy: Percent of Licensed Beds Occupied

	2011	2012	2013	2014
Average resident census	29,906	29,145	28,194	27,602
Average number of licensed beds	35,935	35,554	34,958	34,548
Average occupancy percentage	**83.2%**	**82.0%**	**80.7%**	**79.9%**

[8] http://kff.org/other/state-indicator/nursing-facility-occupancy-rates/

Indicator 6.2.1: *Intermediate Care Facility (ICF) Utilization: Percent of Individuals with Intellectual Disabilities (IID) Enrollees Using an ICF*

ICF-IID utilization is measured as the percentage of EBD Medicaid enrollees with IID using state centers and ICFs. It provides an ongoing measure of progress on Wisconsin's long-term care system changes in the past decade plus that have shifted more care towards home and community-based settings.[9]

Numerator: Average Medicaid ICF-IID and state center census.

Denominator: Average number of Medicaid enrollees with IID, identified as those who either have resided in one of these facilities or have had a Long Term Care Functional Screen (LTCFS) with an IID target group determination.

Findings:

The percentages are consistently low at about 2%, with a slight decline from 2.3% in 2011 to 1.8% in 2014. The slight decline is likely due to downsizing of ICF IIDs during this period.

Intermediate Care Facility Utilization: Percent of IID Enrollees Using ICF-IIDs

	2011	2012	2013	2014
Average ICF-IID and IID NH resident census	796	756	697	610
Average Medicaid IID enrollment	34,311	34,218	33,992	33,728
ICF-IID and IID NH utilization	**2.3%**	**2.2%**	**2.1%**	**1.8%**

[9] For example, see historical data on page 6:
https://www.dhs.wisconsin.gov/sites/default/files/legacy/LTCare/Reports/PDF/rpttolab083112.pdf

Indicator 6.2.2: *Intermediate Care Facility (ICF) Occupancy: Percent of ICF Beds Occupied*

The ICF-IID occupancy percentage is the average percentage of licensed beds in ICF/IID facilities that are occupied.

Numerator: Average census in ICF/IID facilities, including state centers (based on Medicaid claims and encounter records, which account for the vast majority of ICF/IID utilization).

Denominator: Average number of licensed beds in ICF/IID facilities, including state centers.

Findings:

This percentage has increased between 2011 and 2013, then dropped in 2014.

The census and the number of beds have both declined. In 2012 and 2013, the number of beds declined faster than the census, raising the occupancy rate; in 2014, fewer beds were de-licensed and the census fell faster than in previous years, increasing the occupancy rate.

Intermediate Care Facility Occupancy: Percent of Licensed Beds Occupied

	2011	2012	2013	2014
Average ICF-IID resident census	758	720	663	582
Average number of ICF-IID licensed beds	928	845	749	715
Average Occupancy Percentage	**81.6%**	**85.2%**	**88.6%**	**81.4%**

Indicator 6.3.1: *Inpatient Behavioral Health (IPBH) Utilization: Percent of Home and Community-Based Waiver (HCBW) Enrollees and Fee-for-Service (FFS) Institutionalized Adults Using IPBH Stays*

This indicator measures IPBH utilization as a percentage of adults enrolled in HCBW or residing in an FFS institutional setting who had an IPBH stay any time during the year.

Numerator: The sum of the number of adults enrolled in HCBW and FFS institutional residents who have an IPBH stay any time during the year.

Denominator: The sum of the number of adults enrolled in HCBW and FFS institutional residents any time during the year.[10]

Findings:

In 2013 and 2014, 1.6% of adults enrolled in HCBW or residing in a FFS institution had an IPBH stay.

Inpatient Behavioral Health Utilization: Percent of HCBW Enrollees and FFS Institutionalized Adults Using Inpatient Behavioral Health Care

	2013	2014
Adults enrolled in HCBW or residing in an FFS institutional setting who experienced an IPBH stay	1,283	1,279
Sum of the number of adults enrolled in HCBW and FFS institutional residents	79,562	80,464
Inpatient Behavioral Health (IPBH) Utilization: Adults	**1.6%**	**1.6%**

[10] Individuals enrolled in Medicare Advantage for the entire calendar year are excluding from this metric as data regarding their hospitalizations may be incomplete.

Indicator 6.3.2: *Inpatient Behavioral Health (IPBH) Utilization: Percent of Home and Community-Based Waiver (HCBW) Enrollees and Fee-for-Service (FFS) Institutionalized Adults with Dementia Using IPBH Care*

This indicator measures IPBH utilization as a percentage of adults with dementia enrolled in HCBW or residing in an FFS institutional setting who had an IPBH stay any time during the year. IPBH utilization for people with dementia is of particular concern in Wisconsin's Dementia Care System Redesign, especially given a court ruling related to involuntary commitment of people with this diagnosis.[11]

Numerator: The sum of the number of adults with dementia enrolled in HCBW and FFS institutional residents who have an IPBH stay any time during the year.

Denominator: The sum of the number of adults with dementia enrolled in HCBW and FFS institutional residents any time during the year.[12]

Findings:

In 2013 and 2014 1.3% of adults with dementia enrolled in HCBW or residing in an FFS institution had an IPBH stay. This is similar to and slightly lower than the overall HCBW and FFS institution resident percentage.

Inpatient Behavioral Health Utilization: Percent of HCBW Enrollees and FFS Institutionalized Adults with Dementia Using Inpatient Behavioral Health Care

	2013	2014
Adults with dementia enrolled in HCBW or residing in an FFS institutional setting having had an IPBH stay	362	358
Sum of the number of adults with dementia enrolled in HCBW and FFS institutional residents	27,172	27,136
Inpatient Behavioral Health (IPBH) Utilization: Adults with dementia	**1.3%**	**1.3%**

[11] A 2012 Wisconsin Supreme Court decision states that people with a diagnosis of Alzheimer's disease, and no other qualifying diagnosis, cannot be committed to psychiatric care under Chapter 51.
[12] Individuals enrolled in Medicare Advantage for the entire calendar year are excluded from this metric as data regarding their hospitalizations may be incomplete.

Indicator 6.3.3: *Inpatient Behavioral Health (IPBH) Utilization: Percent of Home and Community-Based Waiver (HCBW) Enrollees and Fee-for-Service (FFS) Institutionalized Children Using IPBH Care*

This indicator measures IPBH utilization as a percentage of children enrolled in HCBW or residing in an FFS institutional setting who had an IPBH stay any time during the year.

Numerator: The sum of the number of children enrolled in HCBW and FFS institutional residents who had an IPBH stay any time during the year.

Denominator: The sum of the number of children enrolled in HCBW and FFS institutional residents.

Findings:

In both 2013 and 2014, between 2% and 3% of children enrolled in an HCBW or residing in an FFS institution had an IPBH stay. This appeared to increase slightly from 2.5% in 2013 to 2.7% in 2014.

Inpatient Behavioral Health Utilization: Percent of HCBW Enrollees and FFS Institutionalized Children Using Inpatient Behavioral Health Care

	2013	2014
Children enrolled in HCBW or residing in an FFS institutional setting who experienced an IPBH stay	162	193
Sum of the number of children enrolled in HCBW and FFS institutional residents	6,509	7,061
Inpatient Behavioral Health (IPBH) utilization: children	**2.5%**	**2.7%**

Indicator 6.3.4: *Inpatient Behavioral Health (IPBH) Utilization: Percent of Home and Community-Based Waiver (HCBW) Enrollees and Fee-for-Service (FFS) Institutionalized Children with Serious Emotional Disturbance (SED) Using IPBH Care*

This indicator measures IPBH utilization as a percentage of children with SED enrolled in HCBW or residing in an FFS institutional setting who have an IPBH stay any time during the year.

Numerator: The sum of the number of children with SED either enrolled in HCBW or institutionalized who have an IPBH stay any time during the year.

Denominator: The sum of the number of children with SED either enrolled in HCBW or institutionalized any time during the year.

Findings:

The percentage of children with SED enrolled in HCBW or residing in an FFS institution who had an IPBH stay appeared to increase slightly from 7.7% in 2013 to 8.0% in 2014.

Inpatient Behavioral Health Utilization: Percent of HCBW Enrollees and FFS Institutionalized Children with SED Using Inpatient Behavioral Health Care

	2013	2014
Children with SED enrolled in HCBW or residing in an FFS institutional setting having had an IPBH stay	116	121
Sum of the number children with SED enrolled in HCBW and FFS institutional residents	1,505	1,505
Inpatient Behavioral Health (IPBH) utilization: children with SED	**7.7%**	**8.0%**

Wisconsin Long Term Care Scorecard

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DLTC Scorecard

The Division of Long Term Care (DLTC) Scorecard

- Provides information on the strengths and weaknesses in Wisconsin's Long Term Services and Supports (LTSS) system
- Modeled after a national scorecard ranking states on LTSS for elderly and physically disabled adults called Raising Expectations (http://www.longtermscorecard.org/)
- Includes elderly, physically disabled, and developmentally disabled adults, and also children served by DLTC's programs where possible
- Creates opportunity to track progress over time and inform key initiatives

DLTC Scorecard: Dimensions

- Access
- Choice of Setting and Provider
- Quality of Life
- Support for Family Caregivers
- Effective Transitions
- Reform Initiatives

DLTC Scorecard: Indicators and Data

- Criteria for Indicators
  - Measure things that can be impacted by the Department of Health Services (DHS) policy
  - Comparable to national metrics where possible
- Standards for Data
  - Available and extractable from existing databases
  - Valid and sustainable over time
  - Applicable and defensible

DLTC Scorecard: Access

Dimension: Access

- Indicator 1.1: Percent of eligible adults on a waiting list for long term care programs
- Indicators 1.2.1 and 1.2.2: Percent of LTSS Medicaid funding spent on enrollees in Home and Community Based Waiver (HCBW) programs (adult and child)

1 Access		2011	2012	2013	2014	Progress
1.1	Percent of eligible adults on waiting list for long-term care programs	6.6%	3.3%	2.9%	2.9%	ü
1.2.1	Percent of total LTSS Medicaid funding spent on the care and support of enrollees in home and community-based waiver (HCBW) - adults	64.6%	65.7%	67.9%	70.2%	ü
1.2.2	Percent of total LTSS Medicaid funding spent on the care and support of enrollees in HCBW - children	90.1%	90.0%	90.5%	91.9%	ü

DLTC Scorecard: Indicator Example

Dimension: Choice of Settings and Providers

Indicator 1.1: Percent of adults on a waiting list

Percent of Eligible Individuals on a Waitlist for Long-Term Care Programs (Adults)				
	2011	2012	2013	2014
Average number of eligible adults on an HCBW waitlist, statewide	3,375	1,725	1,652	1,759
Average number of eligible adults who are either enrolled in an HCBW or on an HCBW waitlist, statewide	50,839	53,154	56,906	60,144
Percentage on waitlist	***6.6%***	***3.2%***	***2.9%***	***2.9%***

- Has decreased; largest decline from 2011 to 2012 associated with enrollment of disabled individuals on waitlist in Milwaukee County
- Decrease expected to continue with expansion of Family Care and IRIS
- Scorecard will capture children's waitlist measure in the future

DLTC Scorecard: Choice

Dimension: Choice of Settings and Providers

- Indicators 2.1.1 and 2.1.2: Percent of eligible Medicaid individuals enrolled in HCBW programs (adult and child)
- Indicator 2.2: Percent of managed long-term care (MLTC) and self-directed long-term care (SDLTC) waiver enrollees self-directing services

2 Choice of Settings and Providers		2011	2012	2013	2014	Progress
2.1.1	Percent of eligible Medicaid individuals enrolled in HCBW - adults	71.9%	74.0%	76.4%	78.3%	ü
2.1.2	Percent of eligible Medicaid individuals enrolled in HCBW - children	95.4%	95.2%	95.4%	95.9%	-
2.2	Percent of Managed Long-Term Care (MLTC) and Self-Directed Long-Term Care (SDLTC) waiver enrollees self directing services	21.1%	26.2%	34.0%	36.5%	ü

DLTC Scorecard: Indicator Example

Dimension: Choice of Settings and Providers

Indicator 2.2: Percent of enrollees self-directing services

Percent of MLTC and SDLTC Enrollees who Self-Direct Any Services				
	2011	2012	2013	2014
Number of enrollees self-directing services	10,300	14,100	19,700	22,200
Total enrollees any time in year	48,700	53,700	57,900	60,900
Percent self-directing	**21.1%**	**26.2%**	**34.0%**	**36.5%**

- Steady increase from 2011 to 2014
- Include, Respect, I Self Direct, (IRIS) enrollment almost doubled from 2011 to 2014
- Within MLTC, number self directly also nearly doubled; 20% of MLTC enrollees self-directed at least one service in 2014

DLTC Scorecard: Quality

Dimension: Quality of Life

- Indicator 3.1: Percent of adult (age 18-64) enrollees in individuals with intellectual disabilities (IID) population who are working
- Indicator 3.2: Percent of adult HCBW enrollees reporting they prefer to change their living situation
- Indicator 3.3: Percent of adult HCBW enrollees with natural supports

3 Quality of Life		2011	2012	2013	2014	Progress
3.1	Percent of adult (age 18-64) HCBW enrollees in the individuals with intellectual disabilities (IID) population who are working	52.0%	50.0%	48.0%	47.0%	û
3.2	Percent of adult HCBW enrollees reporting they prefer to change their living situation	12.8%	12.3%	12.1%	11.9%	-
3.3	Percent of adult HCBW enrollees with natural supports	65.8%	68.3%	69.6%	71.1%	ü

DLTC Scorecard: Indicator Example

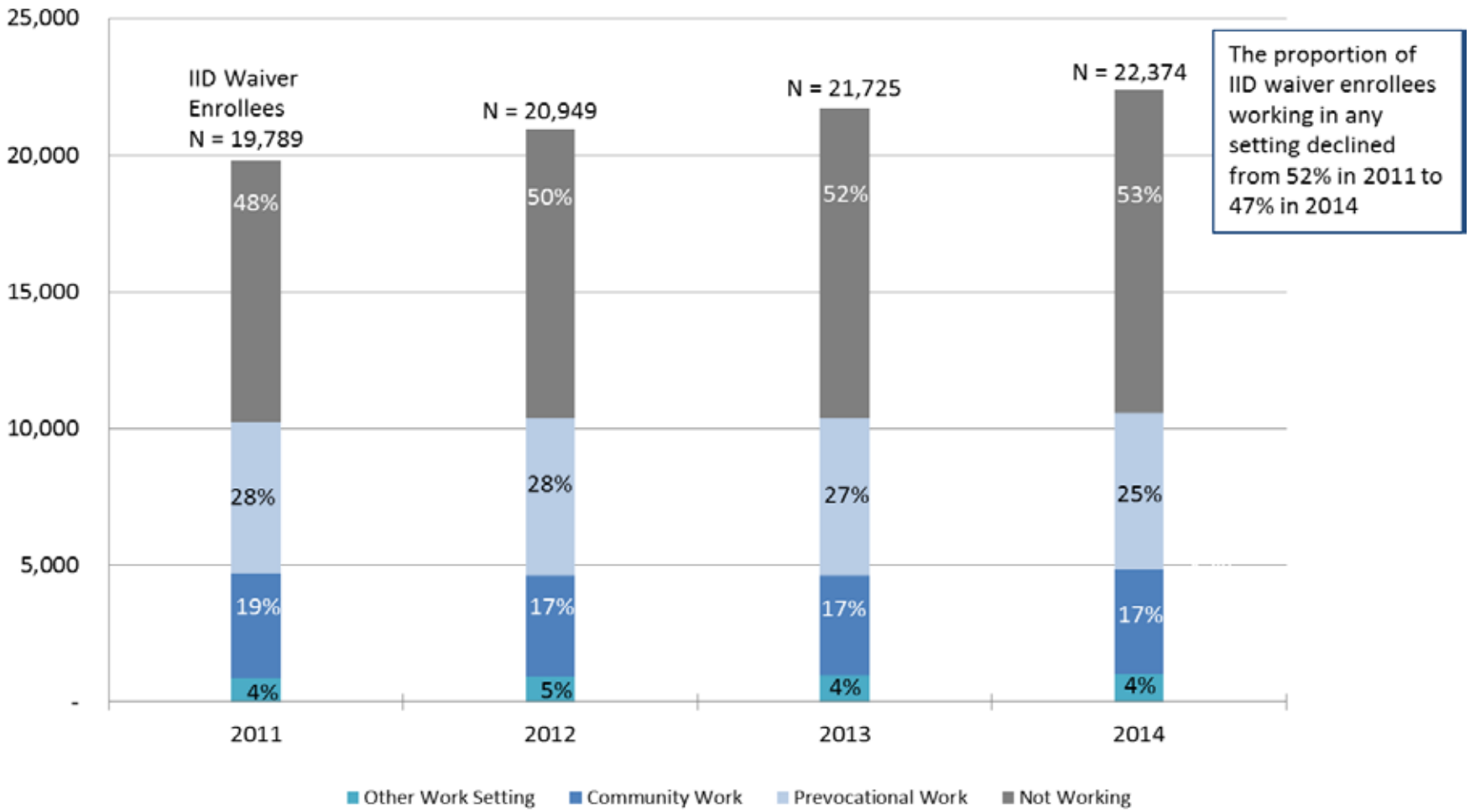
Dimension: Quality of Life

Indicator 3.1: Percentage of adult age 18-64 HCBW enrollees in the IID population working

Percentage of Adult HCBW Enrollees in the IID Population Working				
	2011	2012	2013	2014
Adult (18-64) HCBW enrollees in the IID or DD populations who are working	10,220	10,384	10,387	10,550
Total adult (18-64) HCBW enrollees in the IID or DD populations	19,789	20,949	21,725	22,374
Percent working	51.6%	49.6%	47.8%	47.2%

- Percent working has decreased 1-2% each year
- Number working has not declined, but has not kept up with overall enrollment

DLTC Scorecard: Additional Detail Example



The proportion of IID waiver enrollees working in any setting declined from 52% in 2011 to 47% in 2014

DLTC Scorecard: Caregivers

Dimension: Support for Families and Other Natural Support Caregivers

- Indicator 4.1: Percent of adults living with family whose family/guardian prefer they move to a different setting
- Indicators 4.2: Percent of adults living with spouse/family receiving unpaid care who also receive respite

4	Support for Families and Other Natural Support Caregivers	2011	2012	2013	2014	Progress
4.1	Percent of adults living with family/spouse wherein family/guardian prefer the person move to another setting	4.6%	4.6%	3.9%	3.9%	ü
4.2	Percent of adults living with spouse/family receiving unpaid care who also receive respite	13.8%	12.8%	12.5%	12.6%	û

DLTC Scorecard: Indicator Example

Dimension: Support for Families and Other Natural Support Caregivers

- Indicator 4.1: Percent of adults living with family whose family/guardian prefer they move to a different setting

Percent of Adults Living with Family whose Family/Guardian Prefer they Move to a Different Setting				
	2011	2012	2013	2014
Family/guardian prefers person to move	876	985	924	977
Total living with family/guardian	18,888	21,447	23,478	24,823
Percent with family/guardian preferring move	**4.6%**	**4.6%**	**3.9%**	**3.9%**

  - Some decline in four-year time period
  - Using desire to move as an indication of whether caregivers feel supported in the current living situation

DLTC Scorecard: Transitions

Dimension: Effective Transitions

- Indicator 5.1: Percent of nursing home residents with low care needs
- Indicator 5.2: Percent of new nursing home stays that last 100 days or more
- Indicators 5.3.1 and 5.3.2: Percent of enrollees with dementia experiencing potentially burdensome end of life transfers (nursing home residents and HCBW enrollees)

5 Effective Transitions		2011	2012	2013	2014	Progress
5.1	Percent of nursing home residents with low care needs	11.0%	9.9%	9.4%	8.9%	ü
5.2	Percent of new nursing home stays that last 100 days or more	20.6%	18.9%	18.4%	18.0%	ü
5.3.1	Percent of nursing home residents with dementia that experience potentially burdensome end-of-life transfers			6.9%	6.7%	-
5.3.2	Percent of HCBW enrollees with dementia that experience potentially burdensome end-of-life transfers			11.6%	12.5%	-

DLTC Scorecard: Indicator Example

Dimension: Effective Transitions

Indicator 5.1: Percent of nursing home residents with low care needs

Percent of Nursing Home Residents with Low Care Needs				
	2011	2012	2013	2014
Low Care Unique Resident Count	6,968	6,081	5,700	5,385
Low Care Patient Days	1,188,882	1,051,155	962,422	891,308
Patient Days with Usable MDS	10,846,644	10,613,310	10,232,583	10,014,539
Percent of low care patient days	**11.0%**	**9.9%**	**9.4%**	**8.9%**

- Percent with low care needs has declined
- Individual can have low care needs per this definition and still meet Wisconsin Medicaid payment criteria

DLTC Scorecard: Reform

Dimension: Reform Initiatives

- Indicators 6.1.1 and 6.1.2: Nursing home utilization and occupancy
- Indicators 6.2.1 and 6.2.2: Intermediate Care Facility utilization and occupancy

6 Reform Initiatives		2011	2012	2013	2014	Progress
6.1.1	Nursing Home (NH) Utilization: Percent of Elderly, Blind, and Disabled (EBD) Medicaid enrollees using nursing home care	11.5%	10.8%	10.1%	9.4%	ü
6.1.2	NH Occupancy: Percent of licensed beds occupied	83.2%	82.0%	80.7%	79.9%	
6.2.1	Intermediate Care Facility Utilization : Percent of IID enrollees using Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IIDs)	2.3%	2.2%	2.1%	1.8%	-
6.2.2	ICF-IID Occupancy: Percent of licensed beds occupied	81.6%	85.2%	88.6%	81.4%	

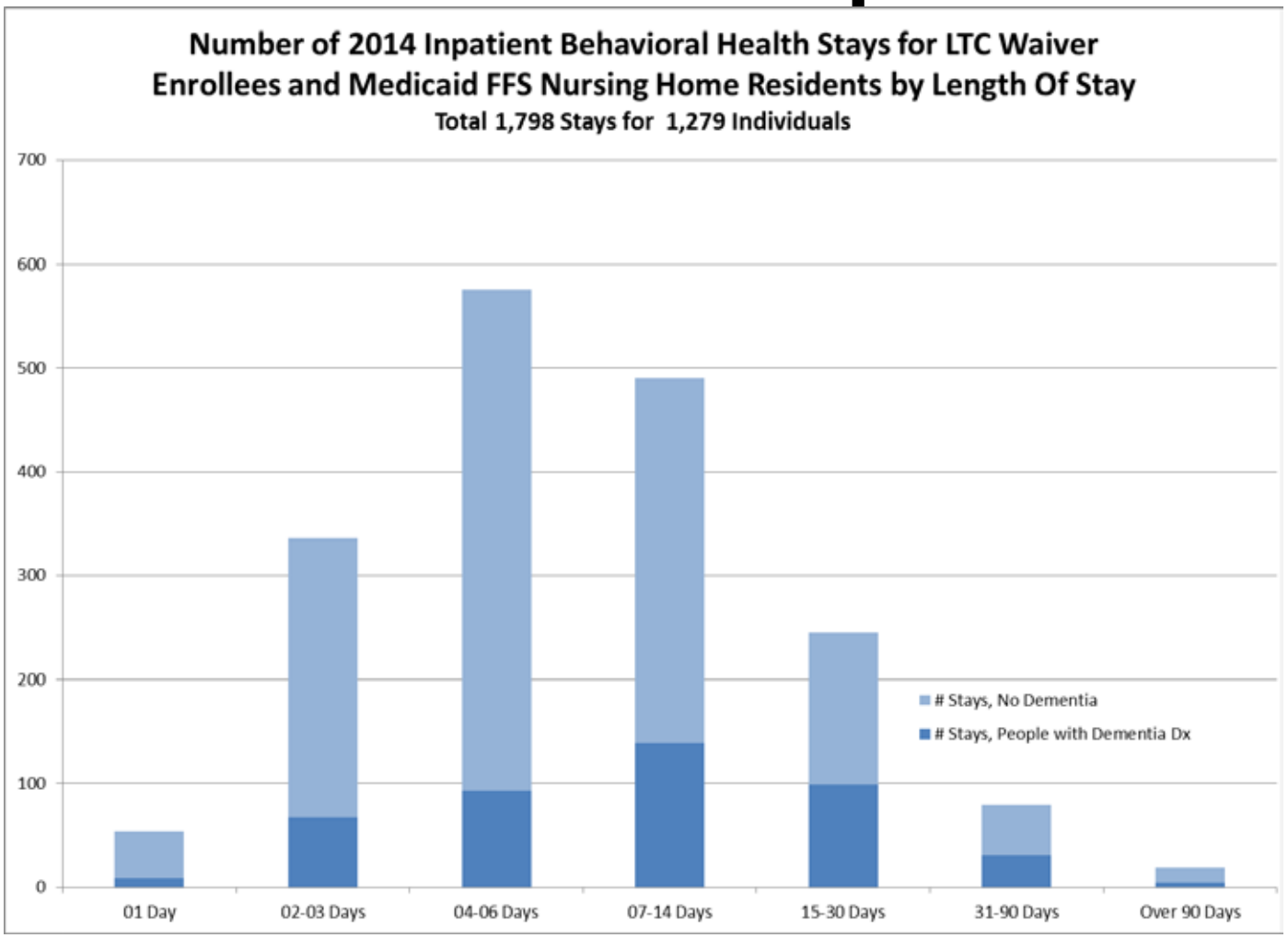
DLTC Scorecard: Reform

Dimension: Reform Initiatives

- Indicators 6.3.1-6.3.4: Inpatient behavioral health utilization for adults and children, with adult dementia and child severe emotional disturbance subsets

6	Reform Initiatives	2011	2012	2013	2014	Progress
6.3.1	Inpatient behavioral health utilization: Percent of HCBW enrollees and FFS institutionalized adults using inpatient behavioral health (IPBH) care			1.6%	1.6%	-
6.3.2	Inpatient behavioral health utilization: Percent of HCBW enrollees and FFS institutionalized adults with dementia using IPBH care			1.3%	1.3%	-
6.3.3	Inpatient behavioral health utilization: Percent of HCBW enrollees and FFS institutionalized children using IPBH care			2.5%	2.7%	-
6.3.4	Inpatient behavioral health utilization: Percent of HCBW enrollees and FFS institutionalized children with SED using inpatient behavioral health			7.7%	8.0%	-

DLTC Scorecard: Additional Detail Example



DLTC Scorecard: Next Steps

- Share with Long Term Care Advisory Council on September 13
- Further DLTC use
  - Incorporate into DLTC quality strategy
  - Consider additional detailed analysis based on program interest and priorities to improve
- Future updates
  - 2015 data
  - Consider any additional or revised metrics

Wisconsin Long Term Care Advisory Council
Charge Topics for July 2016 – June 2017

Provide advice and guidance to the Department on the following topics:

- **Quality:** Explore the development and use of quality metrics to analyze the long-term care system and service outcomes, including:
  - Provide advice and guidance to determine what metrics should be utilized to assess the effectiveness of the entire long-term care system.
  - Provide advice and guidance on a long-term quality strategy to be deployed at every level of the long-term care system.

- **Workforce:** Develop strategies and data metrics to address workforce shortages in the long-term care system.
  - Provide advice and guidance regarding how to measure workforce shortages by provider type.
  - Provide advice and guidance on required financial reporting related to assessing workforce shortages.
  - Provide advice and guidance to ensure that Medicaid contractors are maintaining quality of care.

- **Community Development:** Develop strategies to keep people safe and healthy in the community to prevent and delay the need for long term care services by:
  - Looking at strategies to prevent individuals from going into residential setting before necessary.
  - Ensuring that individuals in residential settings are in the right setting for their acuity needs.
  - Providing advice and guidance on prevention strategies that should be developed to delay the need for long term care services.

- **Communications:** Develop plans to communicate to all long-term care stakeholders. Responsibilities will include:
  - Ensuring consistent messaging to all entities in the long-term care system.
  - Ensuring that policies are being accurately communicated to consumers.
  - Ensuring the Department of Health Services is receiving accurate consumer feedback.

WISCONSIN DWD Department of Workforce Development

Workforce Considerations in the New Economy

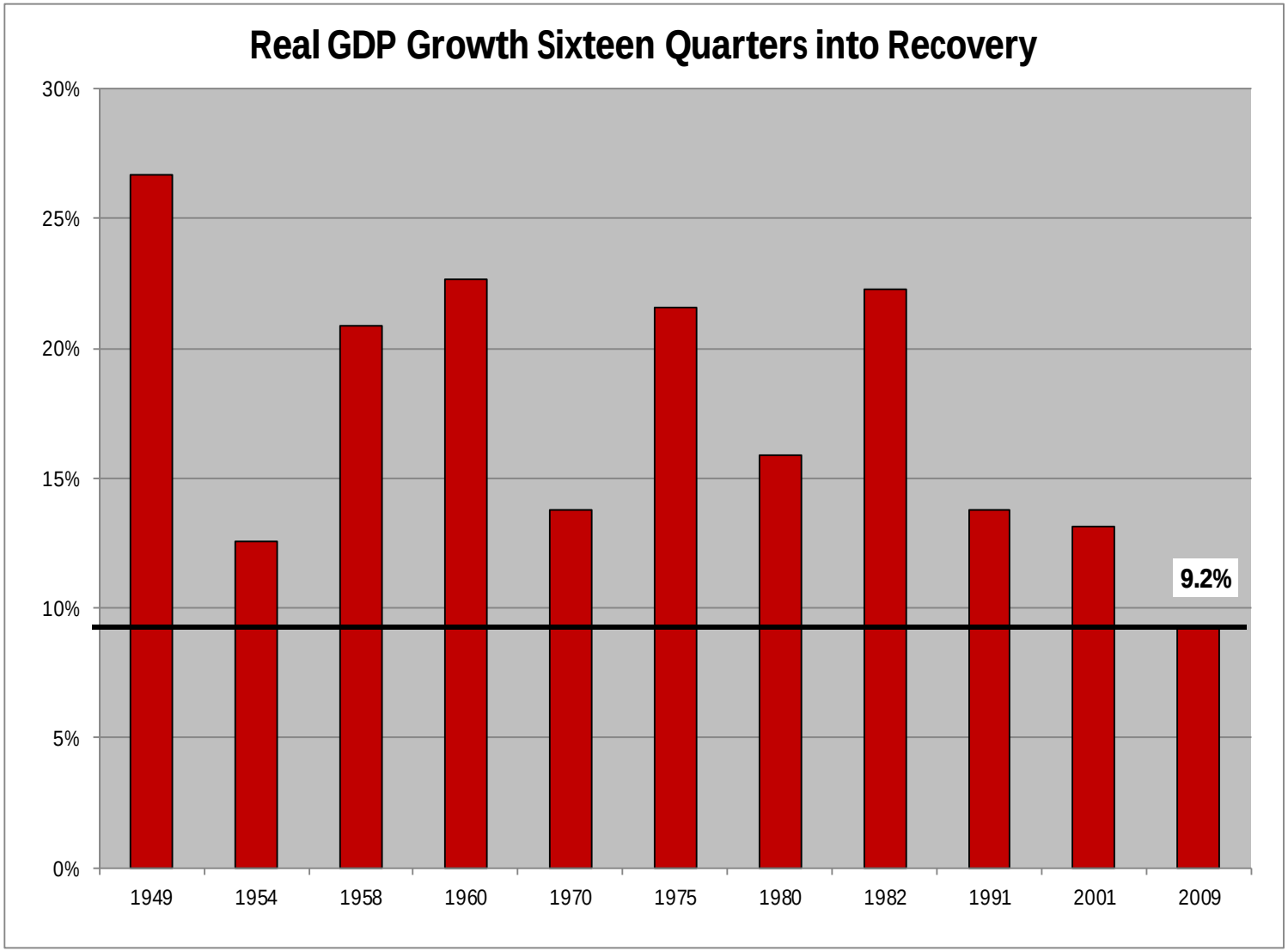
DHS

September 13, 2016

Madison, WI

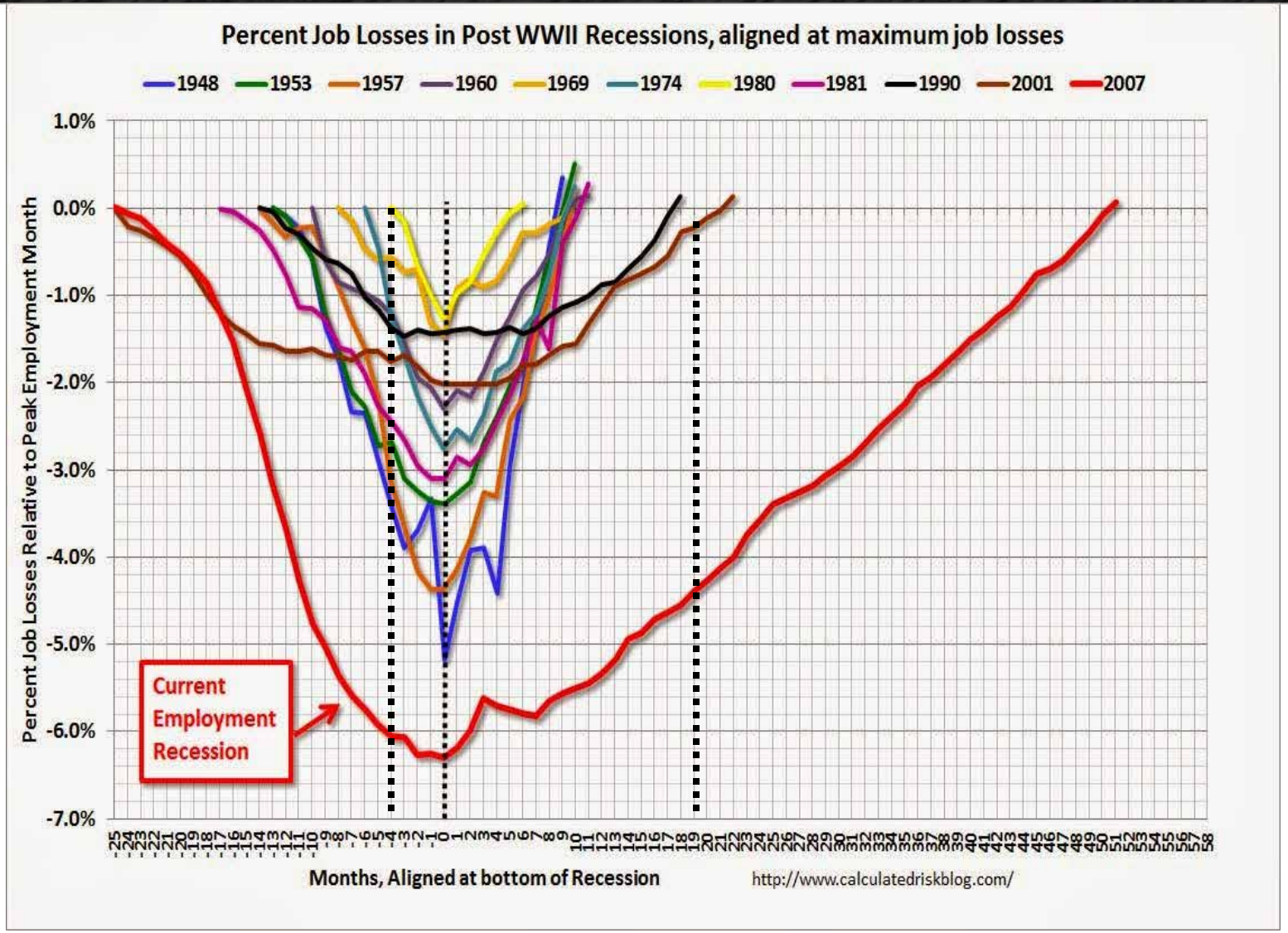
Dennis K. Winters
Chief Economist
Department of Workforce Development

How the Economy has Changed - Economic Recovery



2

How the Economy has Changed - Job Recovery



The New Economy

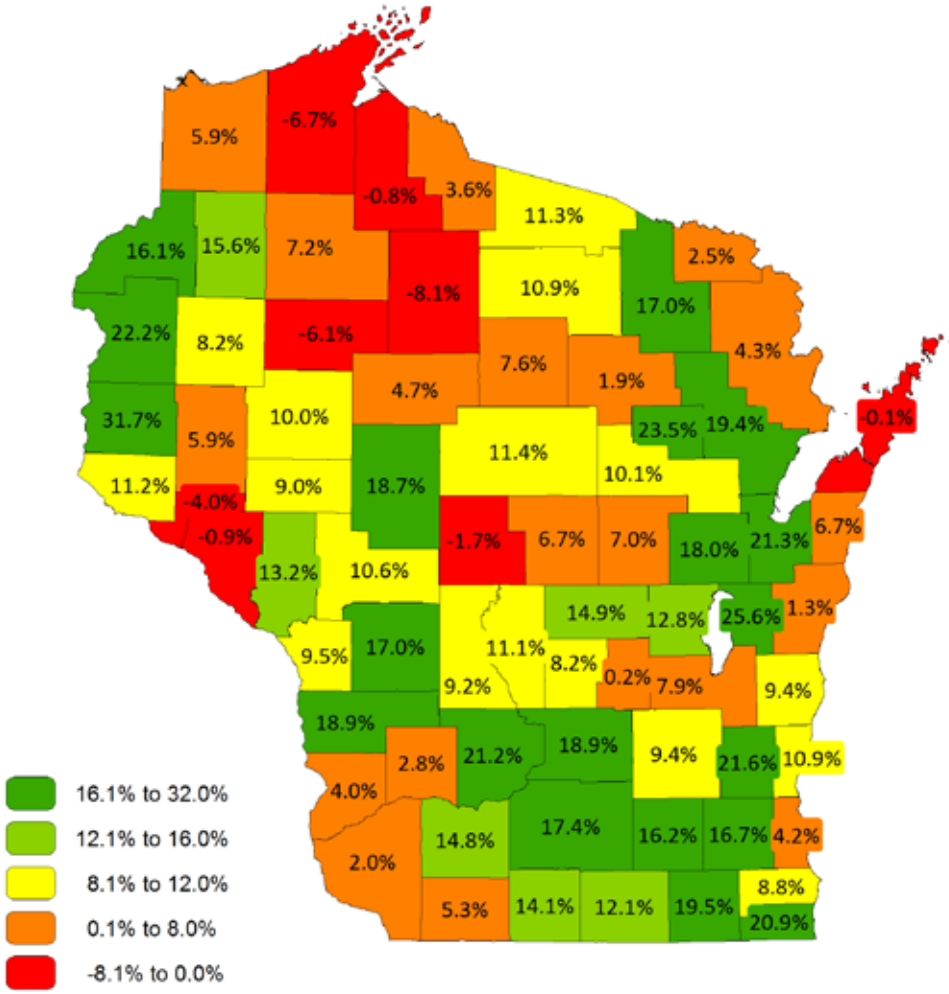
DWD
Department of Workforce Development

Workforce development
and
economic development
are
interrelated and interdependent.

Ed = ED

What will be the biggest socio-economic policy challenge in the next 20 years?

Projected Population Change 2015 - 2035

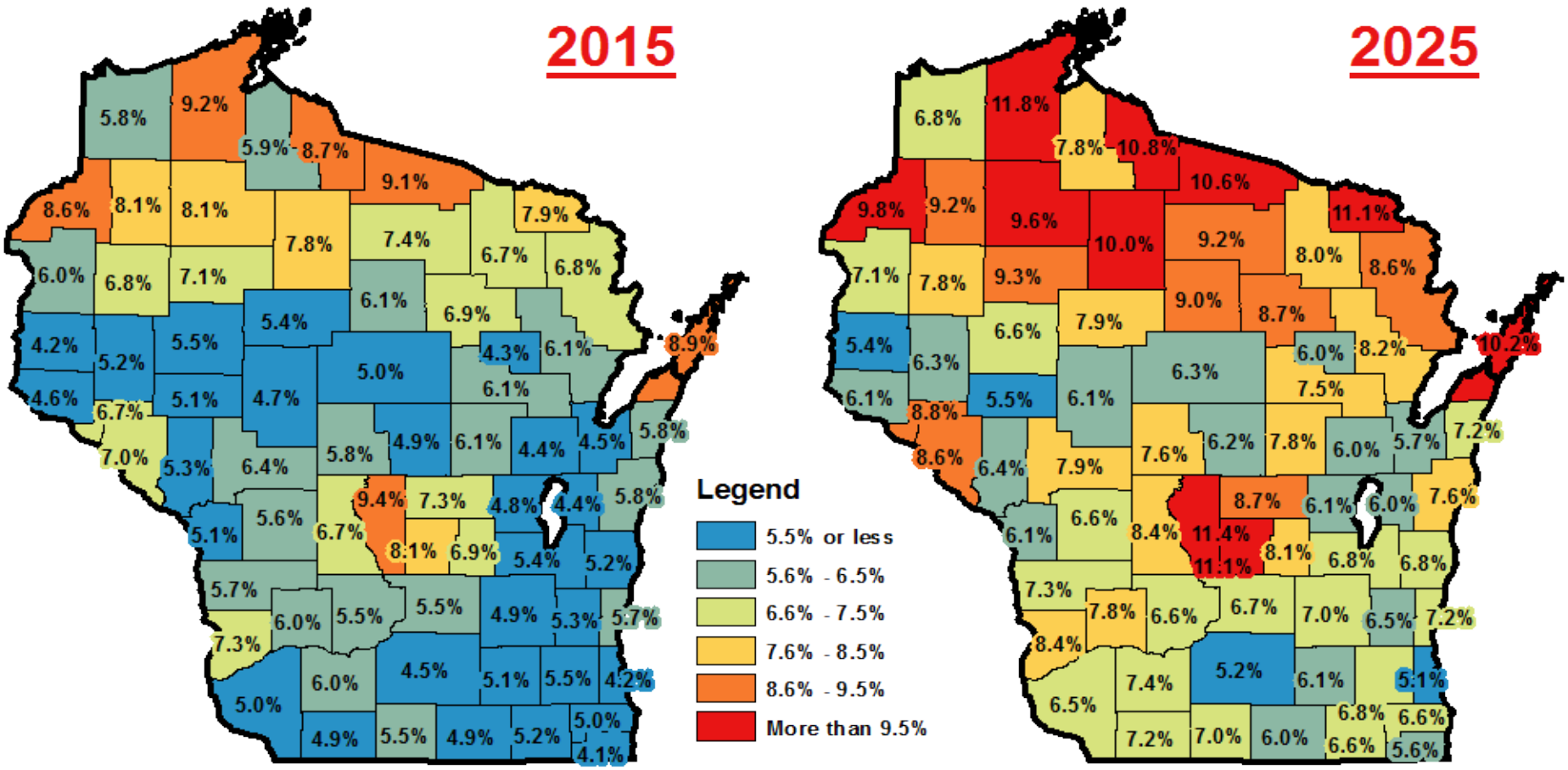


Source: WI Dept. of Administration Demographic Services Center and U.W.-Madison Applied Population Lab

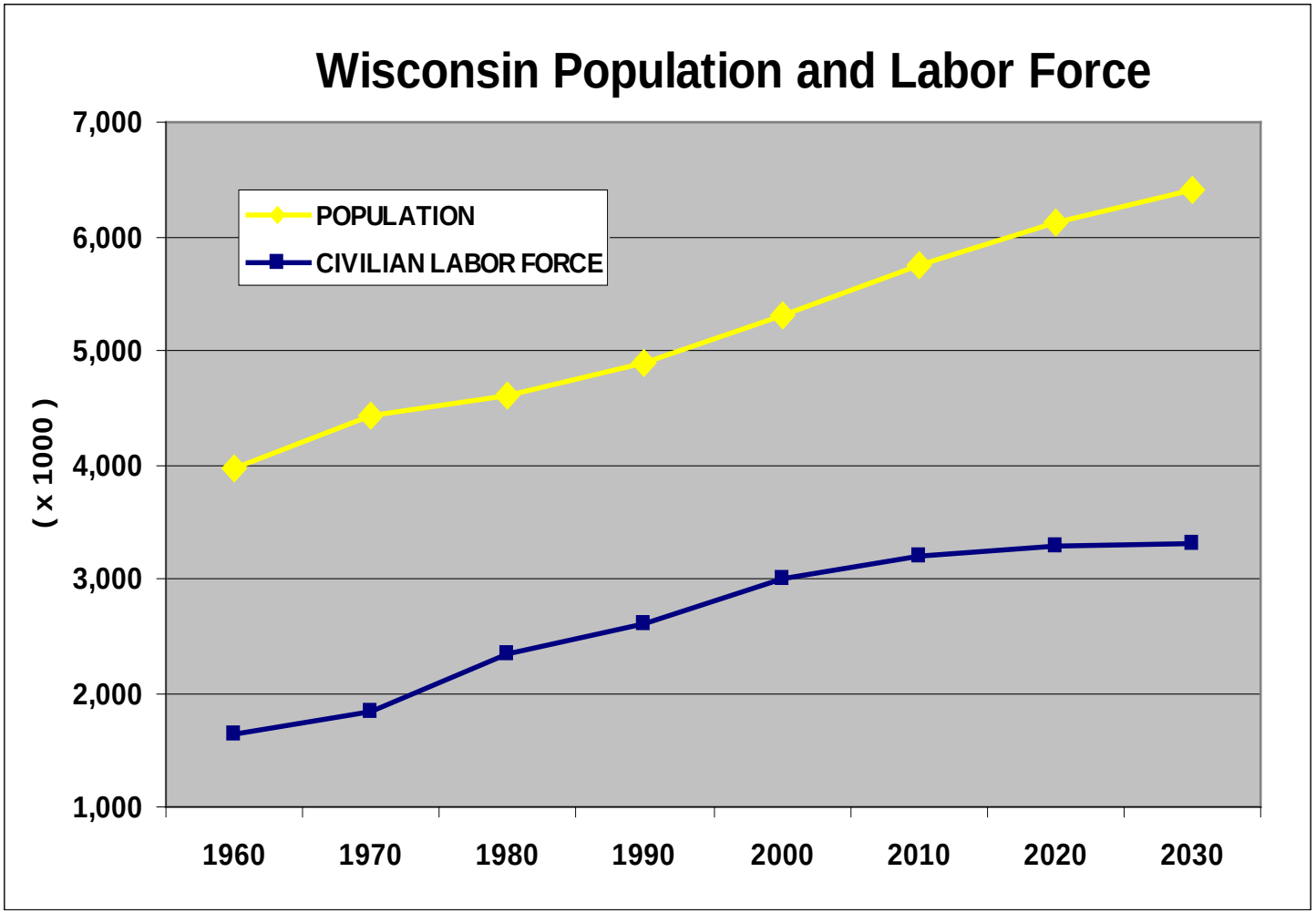
Projected Population Change 2015 – 2025

DWD
Department of Workforce Development

People Aged 65 & Older

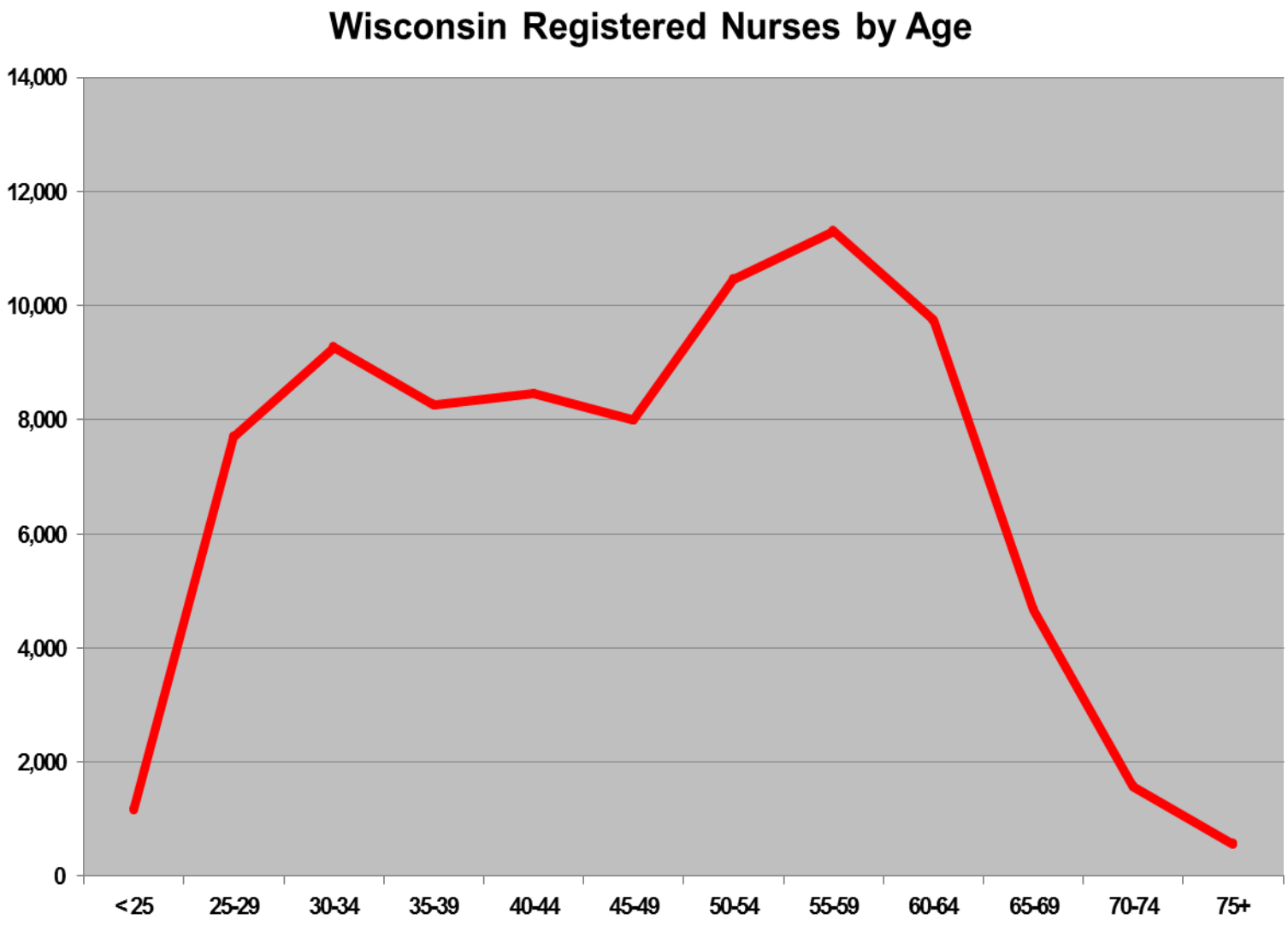


Wisconsin's Workforce Growth
The New Economy



Source: Bureau of Labor Statistics, OEA

Nursing Workforce in Wisconsin
The New Economy



Source: Office of Economic Advisors

Workforce Replacement Needs

Recent Beige Book noted that firms had difficulties filling positions in:

- IT,
- engineering,
- legal,
- health-care services,
- management,
- skilled manufacturing,
- building trades,
- and transportation and warehousing

Source: Federal Reserve Bank

New Motivations
The New Economy

"My family's here and I love it here, but going somewhere that <u>fits my recreational interests</u> would be better for me," said Limbach.

Limbach has a degree in geology and will locate where there are suitable jobs, but as a climber, she'd like to be around mountains.

-- Wisconsin Public Radio,
Updated: Tuesday, July 22, 2014, 3:21pm, By Shamane Mills

My emphasis added

DWD
Department of Workforce Development

What is another workforce challenge faced by businesses in this new Economy?

New Economy
New Skills

"The days are over when you could walk into a paper mill with a high school diploma and run one of the machines."

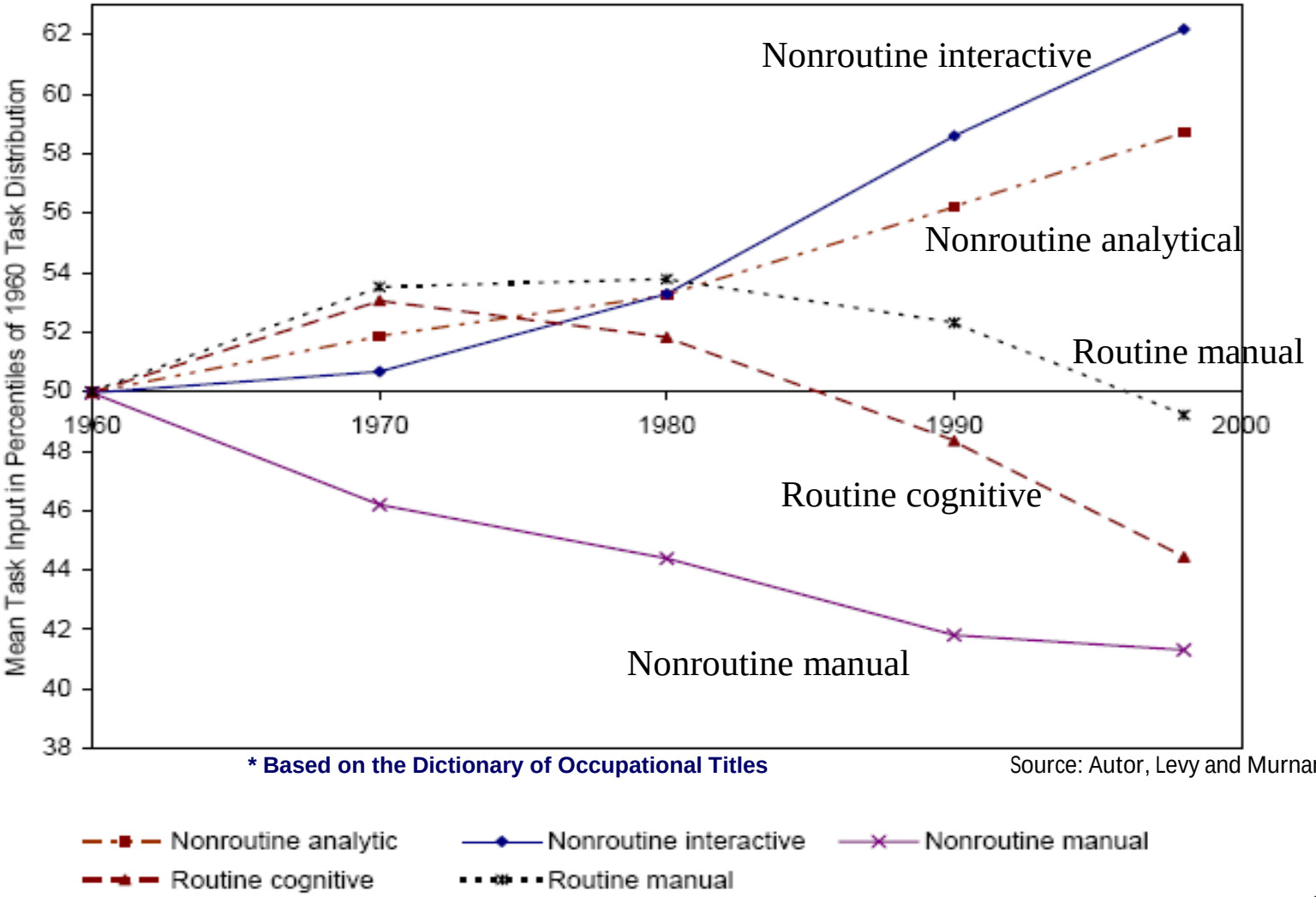
- Patrick Schillinger, former Wisconsin Paper Council President,
  Center will teach paper-industry technology
  Milwaukee Journal Sentinel, JS Online, October 21, 2004.

New Economy
Need for Creativity and Innovation

"Today in most fields I know, the struggle is about creativity and innovation. There is no script."

- *Robert B. Shapiro*
  Former CEO & Chairman
  Monsanto Corporation

Workplace Requirements
Changes in Skills Used at Work



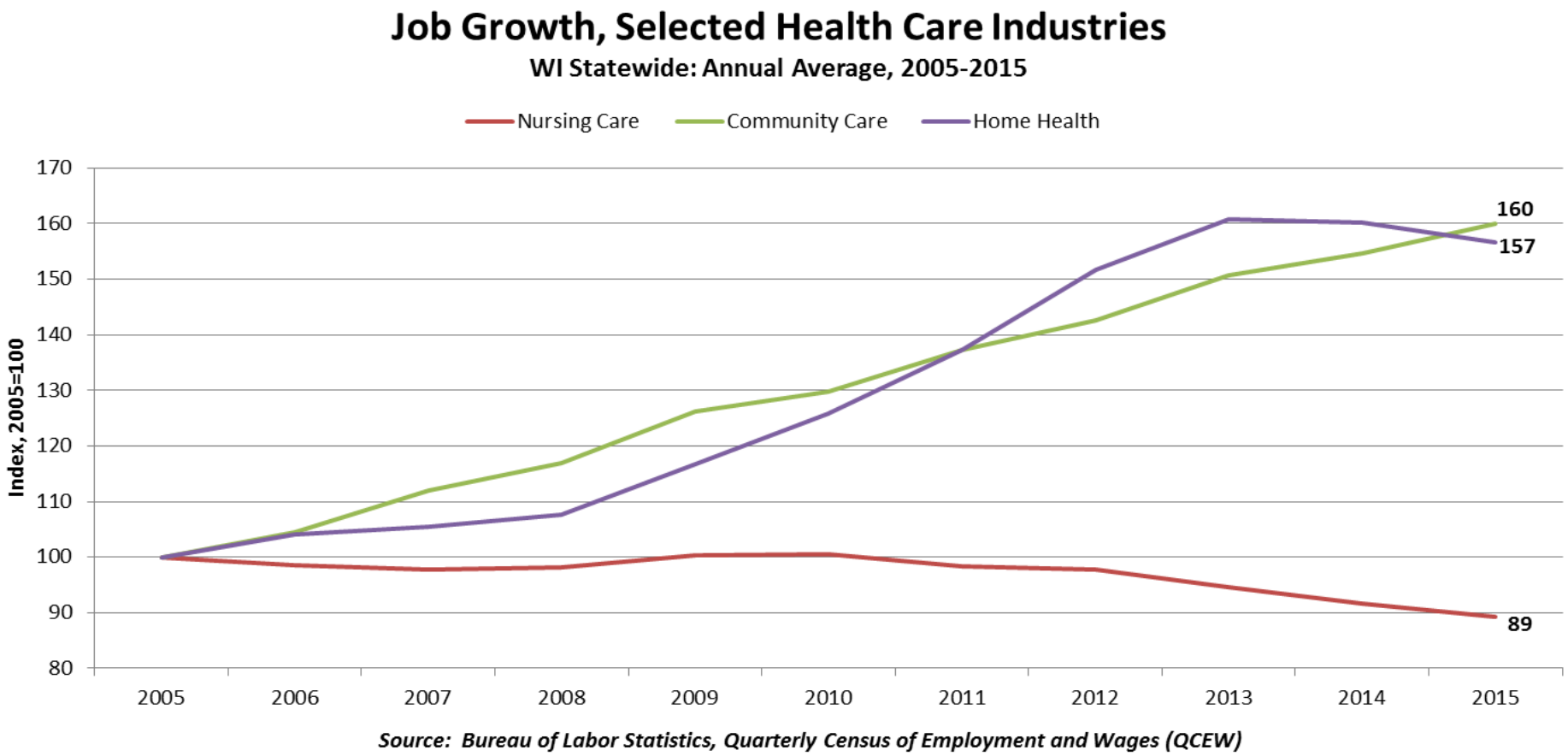
*** Based on the Dictionary of Occupational Titles**

Source: Autor, Levy and Murnane, 2003

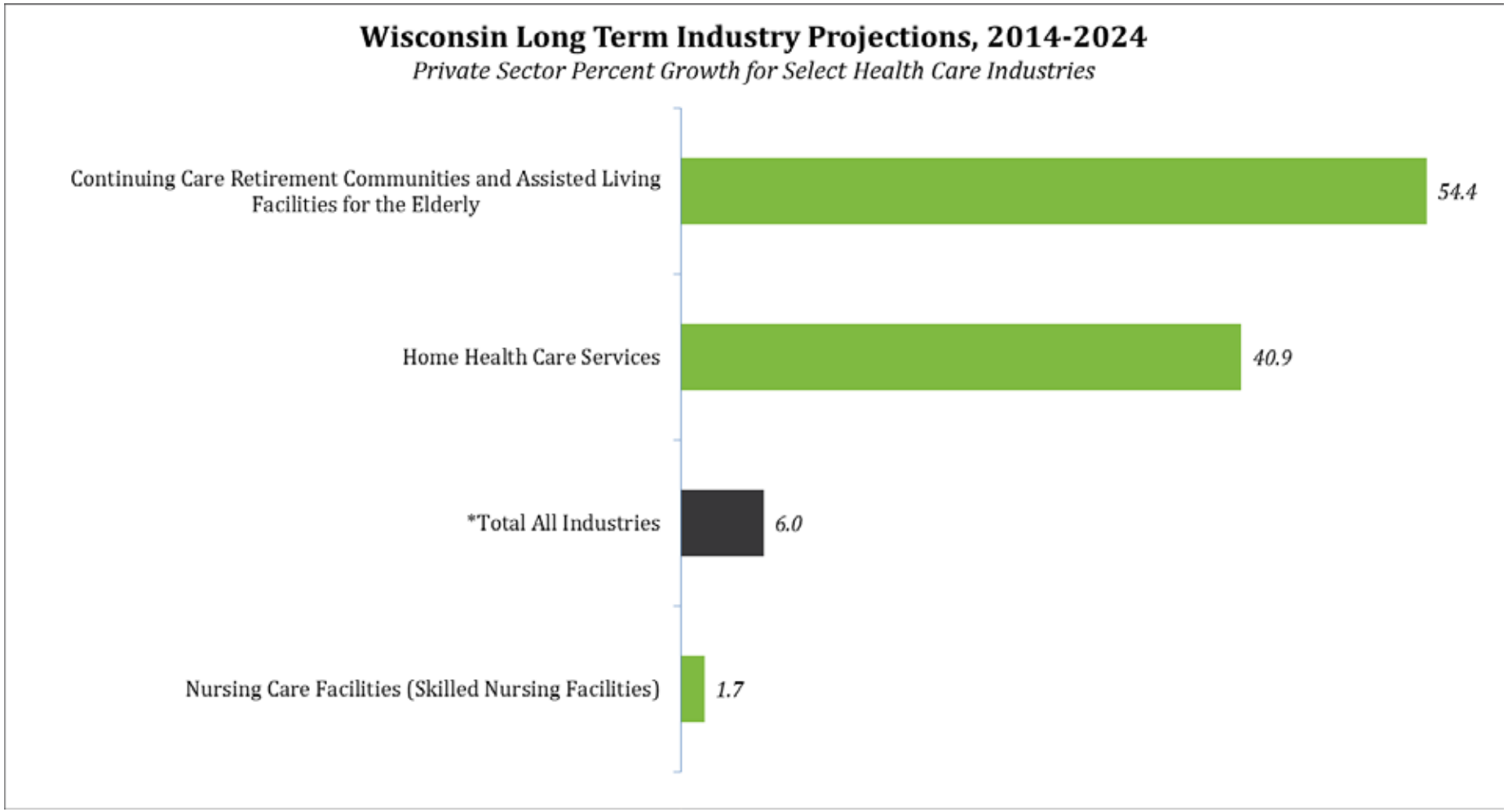
Source: K-12 Education and Economic Summit presentation by Alan B. Krueger, Princeton University

Job Growth in Health Care Industries

Job growth from 2005-2015 exceeded 50% for community care and home health industries, while nursing care industries declined 10% over the period



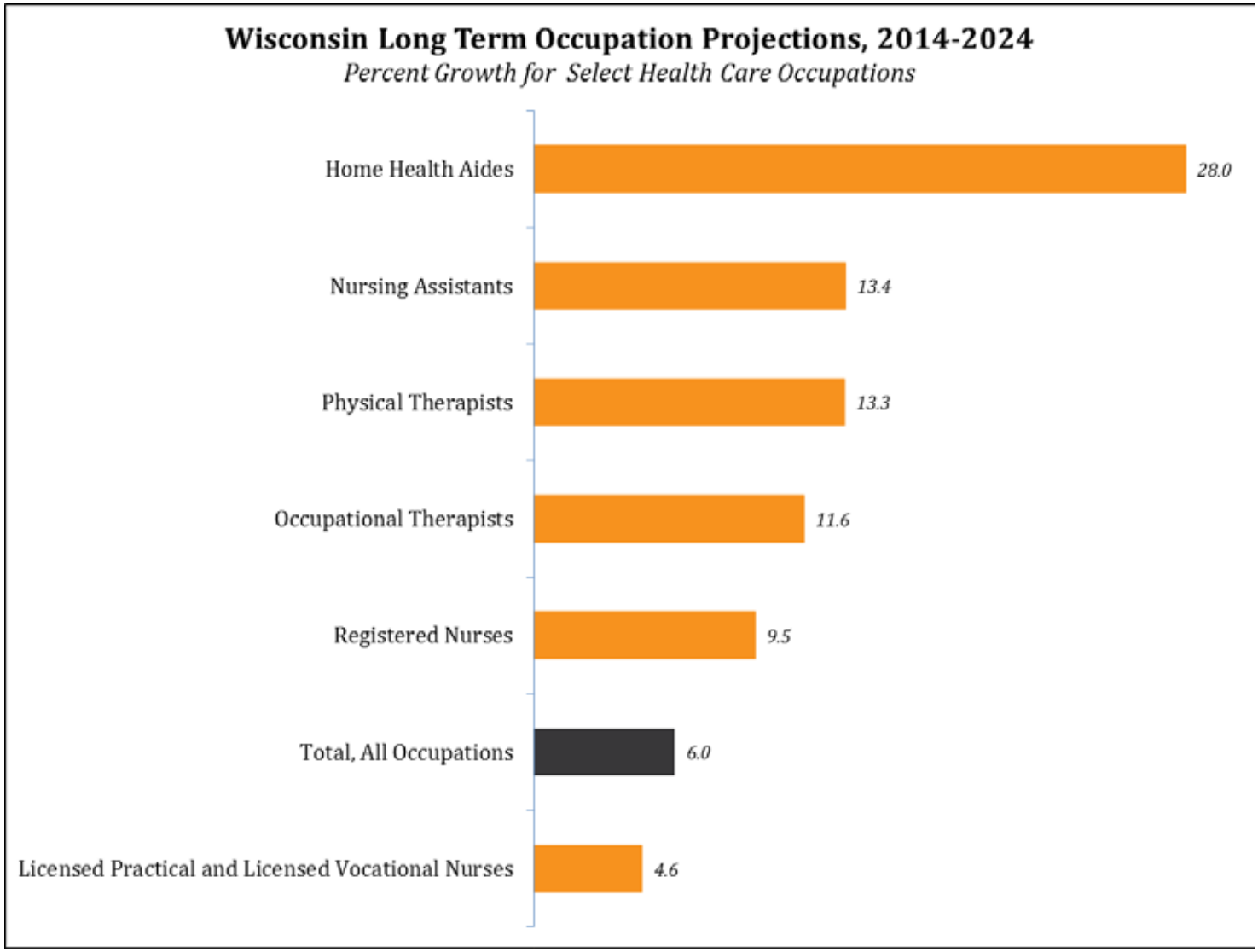
Health Care Industry Percent Growth



This includes all ownerships (government and private) and data not covered by QCEW

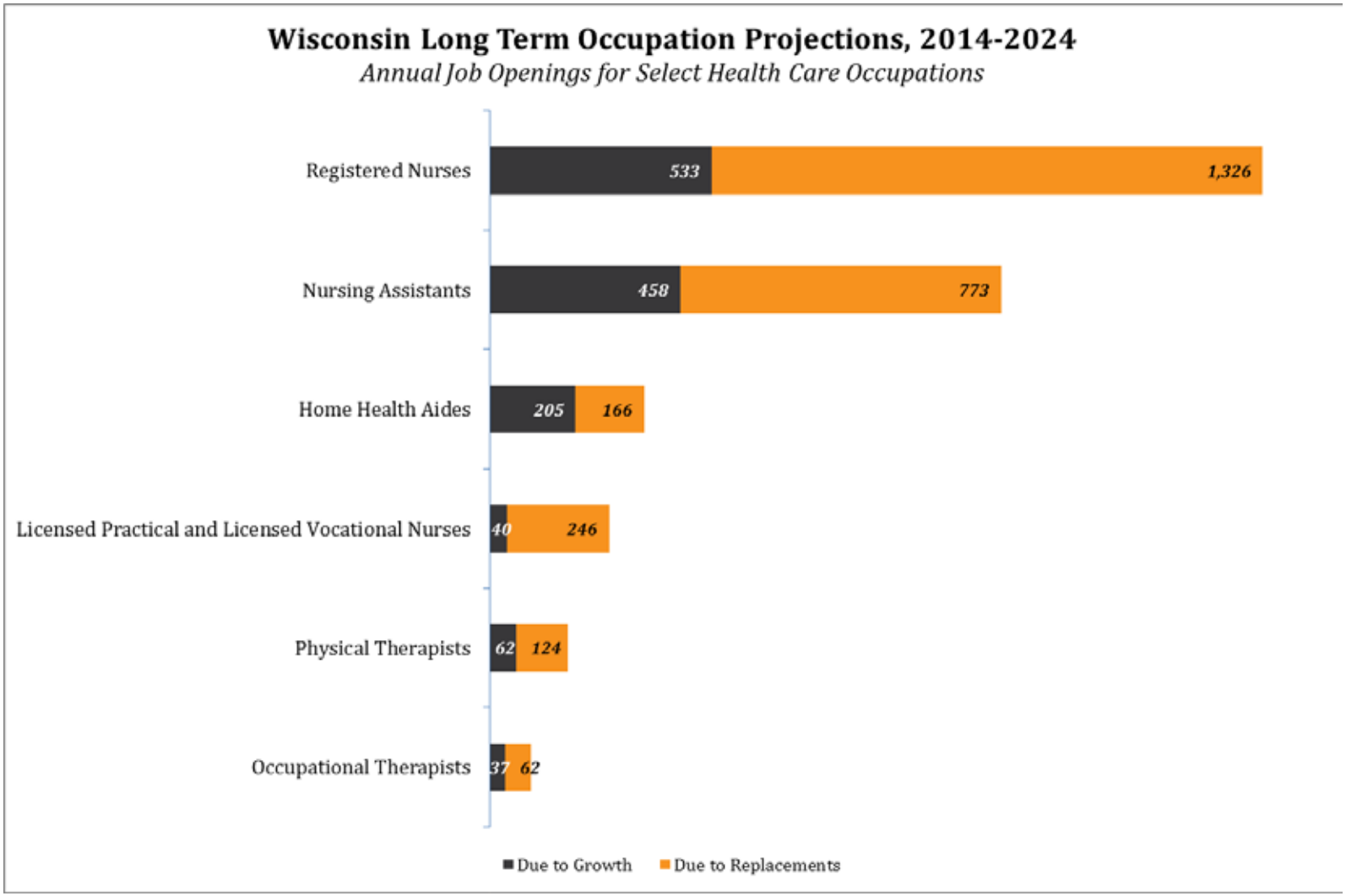
Source: Department of Workforce Development, Office of Economic Advisors (OEA), July 2016

Health Care Occupations Percent Growth



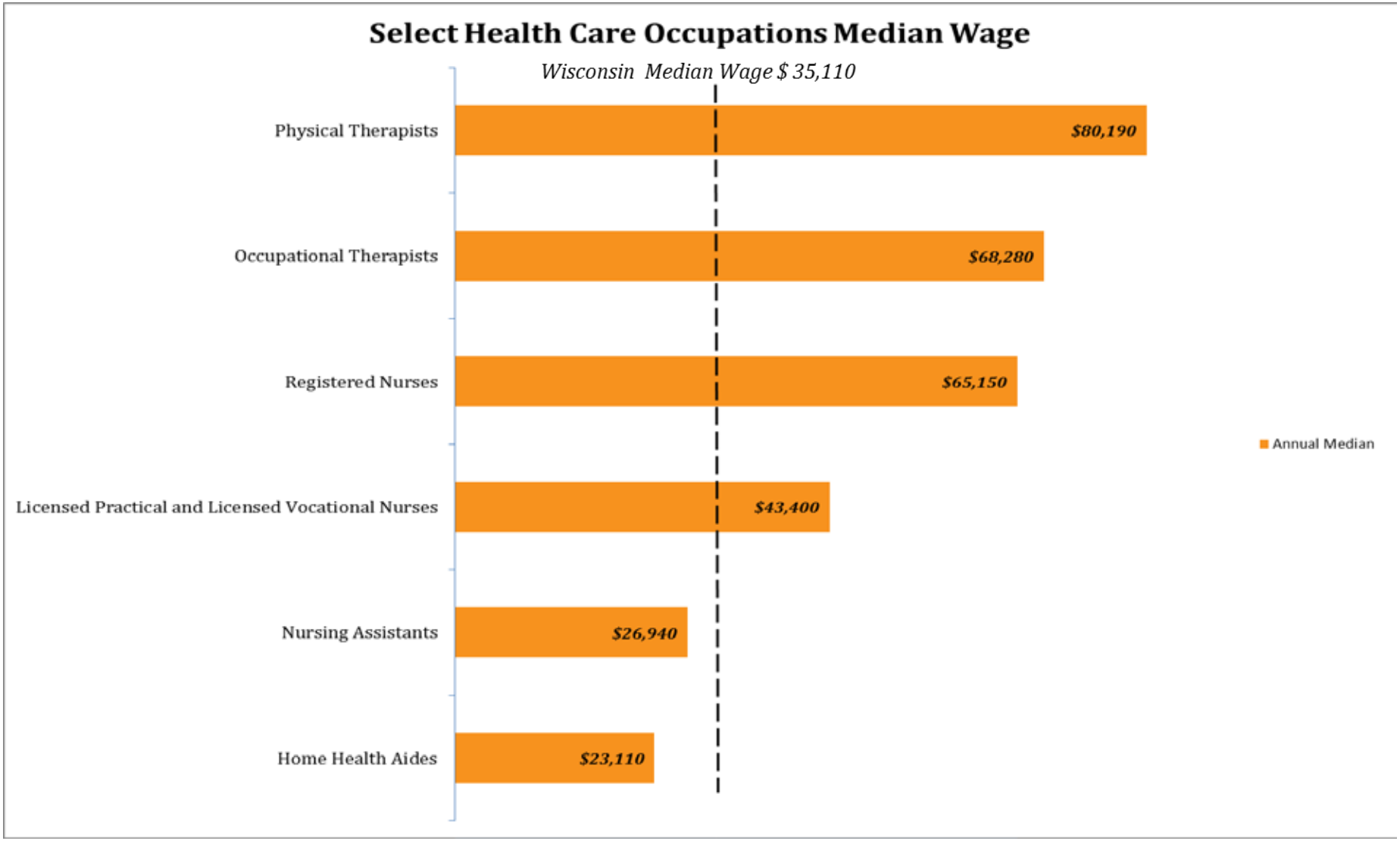
Source: Department of Workforce Development, Office of Economic Advisors (OEA), July 2016

Health Care Annual Job Openings



Source: Department of Workforce Development, Office of Economic Advisors (OEA), July 2016

Health Care Median Wage



Source: Bureau of Labor Statistics, Occupational Employment Statistics (OES), May 2015

Questions?

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