# Wisconsin Long Term Care Advisory Council

**MEETING AGENDA**  
Tuesday, March 14, 2017  
9:30 a.m. – 3:30 p.m.

Sheraton Madison Hotel, 706 John Nolen Drive, Madison, WI 53713, (608) 251-2300

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<th>Time</th>
<th>Agenda Item</th>
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| 9:30 AM | Meeting Call to Order  
- Introductions  
- Review of agenda and approval of minutes  
- Review updated council charter | Heather Bruemmer  
*Long Term Care Advisory Council Chair*

| 9:45 AM | Department Updates  
Curtis Cunningham  
*DHS – Assistant Administrator of Long Term Care Benefits and Programs*  
Carrie Molke  
*DHS - Director of the Bureau of Aging and Disability Resources* | Curtis Cunningham  
*DHS – Assistant Administrator of Long Term Care Benefits and Programs*  
Carrie Molke  
*DHS - Director of the Bureau of Aging and Disability Resources*

| 10:15 AM | Overview of Wisconsin’s Public Records Law | Karen Kopetskie  
*DHS – Communications Specialist with DMS - Long Term Care Benefits and Programs*

| 10:45 AM | Break |  |

| 11:00 AM | 2017-19 Governor’s Budget | Andrew Forsaith  
*DHS – Office of Policy Initiatives and Budget – Budget Director*

| 11:30 AM | Charge Summaries  
- Draft Communications Summary  
- Final Quality Summary  
Charge Guidance  
- Secretary guidance regarding Workforce | Curtis Cunningham  
*DHS – Assistant Administrator of Long Term Care Benefits and Programs*  
Secretary Linda Seemeyer  
*DHS – Secretary of the Wisconsin Department of Health Services*

| 12:00 PM | Comments from the Public | Heather Bruemmer  
*Long Term Care Advisory Council Chair*
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<tr>
<td>12:15 PM</td>
<td>Lunch (catered)</td>
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| 12:45 PM | Keeping People Safe and Healthy in the Community – Demographics in depth  | Carrie Molke  
DHS - Director of the Bureau of Aging and Disability Resources |
| 1:45 PM  | Break                                                                     |                                                                                 |
| 2:00 PM  | Keeping People Safe and Healthy in the Community – Discussion Workgroups  | Carrie Molke  
DHS - Director of the Bureau of Aging and Disability Resources  
Kevin Coughlin  
DHS - Policy Initiative Advisor with DMS - Long Term Care Benefits and Programs |
| 2:45 PM  | Keeping People Safe and Healthy in the Community Discussion Workgroups Report Out | Council Members                                                                 |
| 3:15 PM  | Council Business                                                          | Heather Bruemmer  
Long Term Care Advisory Council Chair |
| 3:30 PM  | Adjourn                                                                    | Heather Bruemmer  
Long Term Care Advisory Council Chair |
Wisconsin Long Term Care Advisory Council
Meeting of January 10, 2017
Sheraton Madison Hotel, Madison

Draft Minutes

Members present: Audrey Nelson, Beth Swedeen, Cindy Bentley, Dan Idzikowski, Heather Bruemmer, Jessica Nell, John Vander Meer, Lauri Malnory, Leslie Fijalkiewicz, Mary Frederickson, Maureen Ryan, Robert Kellerman, Sam Wilson, Roberto Escamilla II, Tim Garrity, Tom Hlavecek

Members absent: Beth Anderson, Carol Eschner, Denise Pommer, John Sauer.

Others present: Linda Seeemeyer, Curtis Cunningham, Carrie Molke, JoAnna Richard, Betsy Genz, Dave Varana, Hannah Cruckson, Kevin Coughlin, Karen Kopetskie.

Call to Order and Welcome
Heather Bruemmer called the meeting to order at 9:32 a.m. and welcomed members and guests. Council members and staff from the Department of Health Services (DHS) introduced themselves. The minutes from the November 2016 meeting were unanimously approved on a motion from Maureen Ryan, seconded by Roberto Escamilla II.

Department Updates
Curtis Cunningham, Assistant Administrator, Division of Medicaid Services, Long Term Care Benefits and Programs, gave the following Department of Health Services updates.

Curtis Cunningham gave an update of several 2016 priorities

- **Autism Transition**: The transition of autism services from Children’s Long Term Support (CLTS) Waiver to the Medicaid card. DHS is working with counties to make sure a prior authorization is in place. The transition has gone well.
- **CLTS Waiver application**: The CLTS Waiver application has been submitted to the Centers for Medicare and Medicaid Services (CMS). DHS will ask for an extension of the current waiver until the application is approved.
- **Waivers Service Rate Corrective Action Plan (CAP)** – With the help of a contractor, DHS continues modifying the existing rate-setting methodology for fee-for-service 1915(c) waiver services, including CLTS, in compliance with the CAP required by CMS. With the expansion of statewide expansion of Family Care, DHS hopes to exclude adult long-term care legacy waivers from this methodology.
• **Rock County expansion** – The expansion of Family Care and IRIS programs into Rock County, which occurred in June 2016, was successful.

• **Future expansion of Family Care and IRIS programs** – DHS continues to work toward expanding long-term care managed care and self-directed programs to Oneida, Vilas, Florence, Adams, Taylor, and Forest counties by early July of 2017. Dane County is expected to expand by the first quarter of 2018.

• **Institutes for Mental Disease (IMD) Rebalancing Initiative** – We are starting to get data from counties. Some counties have received reimbursement. We are looking at diagnoses instead of behaviors as a better predictor of admission.

• **Home and Community-Based Services Managed Care Rule** – DHS is working on a Statewide Transition Plan to implement the new Managed Care Rule. The Transition Plan will be released for public comment on March 1.

• **Quality Strategy** – We continue working on a robust Quality strategy. Our recent scan revealed 400 measures. We want to engage National Core Indicators so we know that we are providing good services.

Carrie Molke, Director of the Bureau of Aging and Disability Resources (BADR), of the Division of Public Health, gave the following updates:

• **Aging and Disability Resource Centers (ADRC) Reports** – BADR submitted the last of four required reports to the legislature on Dec. 20, 2016. The four reports covered the areas of The Integration of Income Maintenance (IM) and ADRCs, Governing Boards, ITC, Reliability and Consistency of ADRCs Functional Screening and Options Counseling. The bureau created a third-party survey that was used in the fourth and final report. The report found that the ADRCs are reliable and consistent.

• **Dementia Report** - The dementia report was submitted to the legislature to look at crisis beds and creating a proposal for what that could look like.

• **Changes in ADRC boundaries** – The first ADRC was created in 1998. ADRCs were available statewide by 2013. A number of them are looking at making changes to their boarders. In one instance, a four-county ADRC is looking to changing to a single county. The reason for the change is that some ADRCs are part of human services departments, others are part of aging offices, which creates a difference in philosophy. In addition to ADRCs, every county has an aging unit. Some are one in the same. This design is good for people, operations, and the bottom line.

• **Aging and Disability Professionals Association of Wisconsin (ADPAW)** – ADPAW presented a set of recommendations.

• **Caregiver Strategy**. Addressing the caregiver shortage continues to be a priority. Although a large focus is on paid caregivers, focus must also be placed on addressing the needs of our unpaid workforce.
• **Behavioral Health** – Honing in on the deaf and hard of hearing population because of communications access barriers. We are also engaging partners in this effort.

• **Adult Protective Services (APS)** – The APS national conference will be held in Wisconsin in the Fall. We’re involved in an effort to increase collaboration to improve services. APS guidelines are coming. These guidelines will include training and best practices. Crisis in APS doesn’t always work well locally.

• **Quality Management** – We are working with ADRCs, IM agencies and Independent Living Centers (ILCs).

Council members made the following observations and raised the following issues in their discussion:

- **Q:** Is there an aging component to the opioid abuse issue? Aging as been a missed perspective.
- **A:** Carrie Molke: Since moving to the Division of Public Health, BADR has been involved in [Wisconsin Health Improvement Planning Process (WIHIPP)](https://www.dhs.wi.gov/health/po/). Opioid is one of five priorities being addressed. The others are alcohol, suicide, tobacco, and physical education.
  - There is high use of opioids in the aging population. Older adults are five times more likely to use and abuse opioids.
  - DHS is forming groups around these priorities. We are looking for partners who are interested in working on these priorities. (Anyone interested in getting involved should email [DHSHW2020@wisconsin.gov](mailto:DHSHW2020@wisconsin.gov).)

- **Q:** What ages are represented in this trend?
- **A:** Carrie Molke: It varies. Some data looks at 60+ and some 65+. Not sure about the opioid study.

- **Q:** Are you looking at opioid abuse by location?
- **A:** Carrie Molke: People are coming to the realization that there is no stereotype. Opioid addiction is prevalent regardless of income, age, or location.

- Comment: Older adults are also acting as caregivers to family members who are struggling with addiction.

**Keeping People Safe and Healthy in the Community**

Carrie Molke presented information regarding this council charge, including current demographics about the aging population and the population of people with developmental disabilities, issues that create risks to health and safety, current programs designed to address health and safety of individuals in need of long-term care services.

Carrie concluded her presentation by posing the following questions to council members:

- What additional prevention strategies should be developed to delay the need for long-term care?
- How do we reduce the issues that create risk?
What other gaps are there?
- What are potential solutions/strategies for addressing the risks and gaps?
  - What additional strategies are needed to prevent people from entering residential settings before necessary?
  - What settings are most appropriate for what acuity needs?

Secretary Linda Seemeyer introduced new members of the council:

- Leslie Fijalkiewicz – of the ADRC of Barron, Rusk and Washburn Counties
- Tim Garrity – Chief Innovation Officer of Community Link
- Amie Goldman – President of TMG by Megellan Health. TMG by Megellan Health currently provides IRIS consultant agency services to IRIS participants.
- Bill MacLean – Associate Director of the University Center for Excellence in Developmental Disabilities (UCEDD) at the UW Waisman Center.

Comments from the Public
Lisa Pugh introduced herself as the new appointed state director of The Arc Wisconsin.

Final Workforce Summary and Quality Summary
Curtis Cunningham informed council members that:

- Feedback regarding the draft Quality Summary that was handed out at the meeting is due to Hannah Cruckson by January 31.
- The final Workforce Summary will be presented to DHS Secretary Linda Seemeyer in February.
- Going forward, Long Term Care Advisory Council charges will be issued every calendar year, instead of every state fiscal year.

Communications Discussion Groups
Council members broke into two groups to discuss the following Communications questions:

Long Term Care Advisory Council Charge for 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.
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Ensuring that policies are being accurately communicated to consumers.

| 4. What is the communication strategy for policy development? |
| 5. At what level should each group engage in the process? |

Ensuring the Department of Health Services is receiving accurate consumer feedback.

| 6. What is the role of long-term care boards, committees, and councils in achieving effective communications in relation to funneling consumer feedback? |

DHS will draft a summary of comments regarding the communications questions and present it at the March 14, 2017, meeting.

Adjournment
The meeting adjourned at 2:55 p.m., motioned by Robert Kellerman and seconded by Mary Frederickson.

Handouts
- Draft minutes from the November 8, 2016 meeting
- PowerPoint Presentation – Keeping People Safe and Healthy in the Community
• Long-Term Care Workforce Development Summary
• Long-Term Care Quality Scorecard Discussion Summary
• Long Term Care Advisory Council Communication Charge questions
• Long Term Care Advisory Council Structure
• Division of Medicaid Services Plan Overview
Public Records (Sunshine) Laws

“Open records and open meetings laws ... are first and foremost a powerful tool for everyday people to keep track of what their government is up to ... . The right of the people to monitor the people's business is one of the core principles of democracy.”

-Wisconsin Supreme Court

Every record is presumed available to the public.

Denial is limited to exceptional cases.
Your Public Records Responsibilities

1. Recognize when you have a public record.
2. Understand what is not a public record.
3. Understand how to properly retain public records.
4. Recognize a public records request and handle the request appropriately.
5. Know where to go for help.

Public Records Responsibility 1

Recognize when you have a public record.

Why is this important?
• Public records are property of the state.
• The law requires us to keep public records and make them available to the public.
What Is a Public Record?

Anything paper or electronic with information about government business, with a few exceptions

Public records can be paper or electronic.

Examples of electronic public records:
- Emails
- Videos
- Audio files
- Database content
- Instant messages

Record Location

The location of the record does not matter!

Emails, text messages, or files about government business on your personal device are public records. You must keep them and turn them over upon request.
Public Records Responsibility 2

Understand what is not a public record.

What Is Not a Public Record?

The definition of public record does not include:

- Duplicate copies of materials. The original must be somewhere else in your agency. If not, the duplicate is a record and you must keep it.
- Materials that are purely personal property and have no relation to state business.
- Reference materials.
  - Phone books
  - Dictionaries
  - Vendor catalogs
- Notices or invitations that were not solicited, such as spam, junk mail, and most listservs.
What Is Not a Public Record?, Continued

The definition of public record does not include:

- Notes. Personal notes are not records if you use them only to refresh your memory and do not share them with others.
- Drafts or working papers without substantive comments, rough notes, or calculations. You must retain some drafts. Check with your legal counsel if you are unsure.

Public Records Responsibility 3

When you have a public record, understand how to properly retain it.

- If it is a public record, follow your agency’s record retention schedule.
- Check with your agency’s records officer(s) or records coordinator(s) to learn:
  - How long to keep records.
  - Where to send records when time expires.
- Before you get rid of a record, make sure there are no pending records requests, audits, or lawsuits that require you to hold on to it.
Key Points

Key points to remember:
• Don’t delete emails or any other records unless you know that you don’t need to keep them.
• Organize hard copy documents so you know where to find them if a member of the public requests them.
• Know how long you are required to keep your records and what to do with them when that time is up.

Key Points, Continued

• Keep all your emails in a place where someone can search them when requests come in.
• Manage your own emails. Don’t rely on disaster recovery backup systems. If you run out of storage in your mailbox, ask your agency’s help desk for assistance with .pst files or similar solutions.
• Text messages on your personal cell phone are public records if they pertain to government business.
• Emails in your personal email are public records if they pertain to government business.
Public Records Responsibility 4

Recognize a public records request and handle the request appropriately.

A public records request:
• Is any request for government records.
• Does not require magic words or precise format.
• Can be submitted by email, by letter, by phone, in person, or by any other method.
• Can be written or verbal.
• Does not need to identify the requestor or the purpose of the request.

Public Record Request or Not?

Yes: “All emails to or from Jane Smith in August 2016 regarding the ABC construction project”

No: “Why did the state initiate the ABC construction project and when is the project expected to be complete?”
Records Custodian Responsibilities

1. Locate all records in the agency.
2. Review and remove information that is confidential under the law.
3. Provide the requester with regular status updates.
4. Respond as soon as practicable and without delay!

Public Records Responsibility 5

You’re not in this alone! Know where to go for help.

Resources:
- Records custodian
- Records officer and records coordinators
- Agency legal counsel
- Agency public records notice
- Agency policies or manuals
- The Wisconsin Department of Justice’s Wisconsin Public Records Law Compliance Guide
Assessment Introduction

Question 1: Multiple Answer

Which of the following meet the definition of a public record?

a. Personal notes that you take in a meeting and do not share with anyone else  
b. Junk mail brochure inviting you to a seminar  
c. Email from your supervisor asking a question regarding a particular project you are working on together  
d. The dictionary you keep on your desk
Question 2: Multiple Choice

If you have a public record, how long do you need to keep it?

a. Until you run out of room in your office
b. As long as required by the applicable retention schedule
c. Forever
d. Six years

Question 3: Multiple Choice

How soon does your agency have to respond to a public records request?

a. Within five days
b. Immediately
c. Once a staff member can get to it after completing all of her or his other responsibilities
d. As soon as practicable and without delay
Question 4: Yes or No

Must a person who wishes to submit a public records request put the request in writing?

   a. Yes
   b. No

Question 5: True or False

Text messages and emails on your personal devices that discuss government business are public records.

   a. True
   b. False
Congratulations!

This completes the Wisconsin Public Records Law Basics for State Employees module.
At the Long Term Care Advisory Council (LTCAC) on January 10, 2017, Long Term Care Communications Specialist Karen Kopetskie with Wisconsin Department of Health Services, Division of Medicaid Services, shared the Secretary’s council charge for communication:

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.

The council members discussed their advice relevant to the charge.

Ensuring consistent messaging to all entities in the long-term care system.

How do we coordinate messages and collect feedback from the various councils, committees, and boards?

- Define an organizational model for how the Governor’s committees and DHS councils are structured. Share with the public.
- Inform council members about information on the council website and how to find information.
- Determine a primary communication format and have everything follow from that. Also, define the primary issue. Format policies consistently and define all terms at a fourth grade reading level. Develop user-friendly, easy to understand communication tools.
- Consider that council members need time on the ground to find out how a new or revised policy may affect the members.
- Define when to communicate more broadly based on how the message will affect stakeholders.
- Consider developing a committee that would be responsible for sharing info with all councils. Coordinate more consistent messages among the councils and out to the public. Clarify for the council what should be shared outside of meetings and in what settings. Possibly create a Department Updates newsletter to be shared with the council and then ask for input.
- Gather formal feedback more often. Use Twitter or other areas to get feedback. Feedback may need to take a longer time as local boards, councils, etc. are not always meeting between the requests for information and when the feedback is due, so the feedback loop
may take up to three months. Some boards only meet quarterly, so knowing what feedback is needed is key.

- The format for LTCAC input is helpful. Getting background information from an expert, taking time to reflect on the feedback needed, discussing feedback in the council, and drafting reports is working well for input gathering.

What are ways to communicate effectively, efficiently, and broadly to an audience that may not have access to communication tools or an understanding of complex policy?

- Communicate early and often, even if details aren’t developed. Also, allow feedback in a consistent format. Solicit feedback in member sessions and/or listening sessions.
- Promote goodwill, safety, and trust.
- Develop a standards guide for writing communication. Develop standards for when to use acronyms (e.g., only use for terms that appear more than three times in a document and define on first reference). Use a glossary to define terms and programs. Language has to be simple and have the same look and feel for all similar policy communications.
- Consider developing material for YouTube, Facebook, Twitter, LinkedIn, Instagram, Pinterest, text, email, Skype, and live video. Consider audio, visual, and interactive options for different learning languages. Letters should also be placed into the body of emails so those with a text reader can hear the new policies if they have vision or reading/learning challenges.
- Reach rural areas with shopper papers, fliers, papers, bulletins, webinars, or conference calls. This would help increase comprehension and the state’s ability to field questions. This would also allow a variety of impacted stakeholders to provide input.
- Have a set time for webcasts, webinars, or conference calls. Share updates, progress reports, and surveys.
- Perform user experience testing regarding the DHS website and policies. Review the intuitiveness of web interface. Develop different portals for information for providers-consumers-stakeholders. Share cross references and direct contact information for specific topics. Optimize search functions with filter categories. Develop a “what’s new” section to direct your attention to new items.
- Offer a Q&A page. UW Extension offers technology for Q&A. Develop answers to how changes affect stakeholders.
- Develop and communicate news and policy distribution lists to specific topics (GovDelivery) Create separate GovDelivery lists for members and providers. Automatically sign up stakeholders when they join a program. Survey opt-in groups.

How do we address resistance when policy is issued?

- Resistance may not always be bad as it may expose some disconnect and structural challenges to the policy that haven’t been addressed. Reframe “resistance” such that it is viewed as “valuable input” instead. Processes have greater legitimacy if input is sought
sincerely. Resistance may not go away but could be tempered in this way. Eighteen months of opposition, as opposed to 18 months of development of a policy with understood goals may ensure that everyone has had an opportunity to have their voice heard. Develop a collaborative model for policy development. Community conversations and forums with explanation for gathering feedback could be helpful. For example, use of supported decision making as opposed to automatic guardianship for vulnerable members. Everyone working together and building consensus, as opposed to one-way communication. Larger discussions may help probe the interpretation and provide more flexibility. Probing that interpretation would lend to greater buy-in and a voice.

- Define feedback loops. Offer a phone line or other methods for input. Conferences and focus groups may be good to get feedback.
- Express honesty in the Department’s limitations. Explain the “why” for policy changes and why implementation is needed.
- Consider the effects of misinformation, speculation, and fear and consider proactively developing good policy.
- Carriers of policies should coordinate communications (state partners, staff, members, providers). Consider conflict of interests with carriers. Department of Public Instruction (DPI) – high school teacher or care managers are supports. All state agencies informed and coordinated.
- Use a DHS guidebook-type communication.
- Communication process about policy is very complicated - streamlining the process of decisions could help develop messaging about policy.
- Share FAQs. Track changes for recent updates, including the level of authority.
- Use user-friendly language. The council’s voice could be utilized and considered.

Ensuring that policies are being accurately communicated to consumers.

What is the communication strategy for policy development?

- Does the department have communication experts who draft policy?
- Consider how tribal relations are conducted through consultation.
- Consider input earlier in the process to understand how various people are affected. Inform groups/councils on long-term policy development (foreshadowing of things coming down the pike).
- Provide a clear statement that you want to achieve and set milestones for the project's progress. Share data that can drive home the issue. For example, why the 40-hour rule – what are the implications of working more than 40 hours. Use data and facts to help explain the need for changes.
- Use knowledge and consult affected parties—both need to be considered in communication development. Use subject matter experts and identify and hear from those
affected. The example, LTCAC was delivered data regarding aging demographics. LTCAC process for advice is very good and is a process to get at policy development.  
• Consider third-party validation for soliciting feedback. For example, go to organizations that have members and ask them to solicit feedback directly from members.

At what level should each group engage in the process?
• This depends on the policy and the complexity and the scope of impact on those affected.

Ensuring the Department of Health Services is receiving accurate consumer feedback.

What is the role of long-term care boards, committees, and councils in achieving effective communications in relation to funneling consumer feedback?
• Utilize working models.
• Quality surveys are not effective for obtaining feedback. Consider using familiar connection rather than third-party surveyors.
• Include consumers on advisory boards.
• Obtain input as well, not just feedback, on a regular basis. Prepare short surveys with few questions, such as a question of the month. Share results of surveys.
• Length, frequency, and consistency are important to consider in order receive consistent feedback.
• Develop a regular communication method with consistent messaging. Develop Town Hall calls or a monthly communication and feedback loop.
• Bureau level phone call log could give insight into current issue categories.
• Advocates cannot communicate on behalf of DHS as the voice. Who has many communication links in the community, and how can we leverage those individuals? Include them on the Council.
• Improve interdepartmental communication, such as transportation communication, even across funding sources, which are irrelevant to the user.
• Coordinate with Wisconsin Health Literacy Project - increase literate understanding of health delivery system and whether LTC is on the radar.
At the Long Term Care Advisory Council on November 8, 2016, National Core Indicators (NCI) Director of NCI and Quality Assurance Mary Lou Bourne addressed the council. Mary Lou spoke to the background of NCI and the importance of survey efforts in order to measure and improve quality in long-term care. She shared Wisconsin Adult Consumer Survey measures and the meaning that we can attribute to survey results. Ms. Bourne also shared the importance of setting priorities and goals for improving specific measures. Because survey results can show many areas for improvement, it’s important to focus efforts toward specific prioritized goals.

After the presentation, the council broke into two groups: provider-centric and consumer-centric advisors, in order to discuss the council’s quality charge. The council has been charged with exploring the development and use of quality metrics to analyze the long-term care system and service outcomes, including guiding which metrics to use and what strategy to deploy. These two groups discussed the measures important to their groups that could be shared in a long-term care scorecard. If there are ways to measure and offer this quality information to providers and consumers, the quality of long-term care in Wisconsin could improve.

**Consumer-Centric Workgroup**

**What is important to you that you want the State to measure?**

- Whether caregivers show up on time
- Whether I live where and with whom I want
- Whether I feel connected to the community
- Whether my health outcomes are met
- Whether I can get to where I want, when I want
- Whether I have enough support to meet my goals
- Whether I can do things that are important to me
- Whether providers have additional certifications

**Employment:**

- Do I have an employment goal on my ISP?
- Was I offered employment info?
- Am I getting services to help me reach my employment goal?
- I can meet my employment goal.
- Have I ever worked in a community integrated job?
- Can I can work (employment) when I want?

**Choice**

- I have choice of living arrangement
I have a choice of providers
I have a choice of provider I am comfortable with and have a good relationship
I have choice of qualified culturally competent providers
I have a choice of schedule
I have a choice of caregivers

Safety
I feel free from harm and abuse
I feel safe in my home
I feel safe in my community
I understand my rights and action to take if violated

Health
I am at peak health
My health needs are met
I know what to do when my needs are not met
I have seen my medical provider & dental provider
I receive mental health services, when needed.

What quality information do you need in order to choose a:

Long term care program?
- Services covered
- Benefit package
- Ability to self-direct
- Differences in plans
- Expertise in areas that are important to me:
  - Employment
  - Mental Health
  - Transportation

A particular MCO, IRIS/IRIS consultant agency (ICA) or fee for service program?
- Provider network
- Timely response time
- Experience with disabled
- Transportation
- Features regarding self-direction of services
- Employment
Preventable hospital admissions/ ER visits
Demographics
Cultural competencies

A particular service provider?
• What record does the provider have – violations, sanctions?
• Access to interpreters or other specific needs
• Cultural competence (including LGBT, African American, Native American, Hmong)
• High medical, behavioral
• Number of no-shows
• Qualifications/training of staff

What information do you want the state to use to determine program and system success?
• Outcomes reporting
• Meeting set goals
• Exceeding goals
• Timely completion of administrative functions - eligibility
• PIPs - results
• Results of performance measures
• MCO, ICA measurements – comparative
• Member survey
• External reviewers
• Scorecard – dashboards

How should the state make this information available?
• Consistent and timely
• Not fancy – not a large document
• Brief
• Real time
• Computerized – easy to find
• User friendly
• Easy to understand
• Annual Reports
• Dashboard
• Star System – happy faces to indicate level of quality
• Disability accessible
Multiple types of media / formats and languages
Available at ADRCs

Provider-Centric Workgroup

NOTE: Providers expressed concerns regarding expanding and changing the number of quality measurements in order to relieve the burden of reporting these measures. Their concern also focused on ensuring that provider payments are not centric around the DQA nursing home survey results.

What is important to you that you want the State to measure?

- Readmissions
- Staff turnover
- Antipsychotic medications
- Stability of ownership
- Staff – hours per day: RN/DON/NHA
- Falls with injury
- Implementation of best practices, including INTERACT.
- Availability and use of technology and Electronic Health Records (HER)
- Resident satisfaction: Dining, privacy, and whether the place would be recommended—RN, LPN, CNA
- Short-term stay QMs
- Quality rating
- Volume of admission
- Average episode cost
- Antipsychotic medication use rate – use
- New CMS nursing home definition for psychoactive medications
- Community discharge rate
- Staff turnover rate: admin/nursing/direct care
- % of residents with nosocomial infections (report per 1,000 resident days, where possible)
- Resident satisfaction measure
- Percent of residents with completed advance directive within 90 days of admission
- Use of EMR
- Specialty units or services
- Clinician availability – include nurse practitioners and physician assistants (if on-site or contracted directly by provider organization)
Readmission reduction protocols in place
• Resident satisfaction measurement
• Discharge planning – care coordination processes (descriptive measure)
• Follow-up with primary care provider (PCP) scheduled within 7 days post discharge
• Medication reconciliation following discharge
• Relationship with home health agency (descriptive measure)
• Ability to do direct from emergency department or home admissions (as applicable)
• % of referrals that were declined admission per month and reason
• % of responses to admission referral inquiries that occurred less than 4 hours from initial request
• Coverage hours of on-site registered nurse (RN) (number of shifts with RN on-site: 24/7, weekdays only 8 hours, etc.)
• Ability to manage 24/7 admissions
• Average rehab hours, per resident by diagnosis
• Functional improvement measures (ADLs and mobility)
• Antibiotic stewardship program in place
• Any other programs or services not mentioned above
• Control over my Care Plan/my life
• I get the things I need when I need them
• I am treated with respect
• Good customer service—including my team gets back to me.
• Stability in my care and support (including care teams)
• I am able to live where I want to live.
• The process is easy to understand.
• I can access my community when I and how I want to
• I have a large amount of choices in who provides my supports
• I have a high quality of life (I am happy)

What quality information do you need in order to choose:

A long-term care program?
• Common services
• Covered services
• Experience of providers that have gone into the network
• Expectation of the individual
• Differing between IRIS and Family Care
• Much of the above listed data: ownership, staffing, satisfaction rates; quality measures; Medicaid percentages.
Meeting Date: November 8, 2016
Meeting Topic: Long-Term Care Quality Scorecard Discussion

- Appeals and grievance
- Member Satisfaction
- EQR results
- Benefit Package
- Program processes/model description including make up of the team
- Provider Network Adequacy and Capacity
- Member testimonials
- How are decisions made
- How much will it cost me
- How much control can I have over my life:
- Can I keep my providers
- Can I keep my pets
- Can I eat when I want to?
- How will the program support my transportation needs?

A particular MCO, IRIS/ICA or fee for service program?
- Consumer choice – provider network – in/out
- Staff satisfaction
- Staff turnover
- Leadership stability
- Financial stability
- Ownership and track record
- MCOs will ask why people leave
- # of disenrollments; full disclosure of active providers within their network; financial position and solvency; satisfaction rates; avoidance of hospitalizations; relevant quality measures;
- Member Satisfaction
- Number of Appeals and Grievance
- Quality of Life Indicators (NCI)
- Integrated Employment Percentages
- Percentage of Members living in their own home
- Percentage of Members self-directing supports
- Hospital Re-admissions
- Internal Quality Rankings
- Provider Adequacy and Capacity
- Care Management Ratios
- What options do I have if I change my mind?
- Employee Turnover and length of stay
- Members who disenroll
Meeting Date: November 8, 2016  
Meeting Topic: Long-Term Care Quality Scorecard Discussion

- CM ratios
- How long does it take to get something once I ask for it?
- Member testimonials

A particular service provider?
- Member Satisfaction
- Member is the center of the supports
- Good communication
- Being treated with respect
- Access to supports
- Flexibility
- Continuity of care and staff
- Good back up plan
- Training/specialties
- Customer Service
- Good communication
- High quality services
- Cost
- What is the residential provider’s policy on running out of money? Will I have to move?
- DQA surveys
- SODs
- Quality data on NH compare
- Turnover rate
- Responsiveness of provider

What information do you want the state to use to determine program and system success?
- Important to consider the context of a pay for performance
- Providers cannot offer quality without adequate staff
- Measure whether providers pay direct care at the median
- Measure whether facilities are getting their direct care costs paid for
- Measure whether support services and direct care are receiving adequate payment
- Reinstate incentives for modernization of facilities
- More meaningful incentives for private rooms
- Pass through for raw food costs
- Resident Satisfaction: Dining, privacy, would you recommend?
- Participation in WCCEAL
2016 Wisconsin Long Term Care Advisory Council

Meeting Date: November 8, 2016
Meeting Topic: Long-Term Care Quality Scorecard Discussion

- Staffing data, including the wage and benefit rates paid to caregivers; turnover and retention data; Medicaid payments as a percentage of cost (direct care).
- Member Satisfaction survey
- Appeals and Grievance numbers
- National Core Indicators
- Member Employment numbers
- % of members living in home, residential, Institution
- % Self Directing services
- Provider Network Adequacy
- Responsiveness, enrollment timelines
- Access—wait list and transition from MCO to MCO
- Members living in community v. institution
- Stability of complex members who are able to stay in placement v. institution
- Enrollment timelines
- AQR

The provider-centric group recommended not using:
- Incidents
- Grievance/appeals
- Survey should weigh no more than quality measures or staffing.
- Five-Star: There are significant problems with the Five-Star system that I won’t go into detail here, but suffice to say that this system is flawed and inherently unfair to providers.

D. How should the state make this information available?
- Providers had concerns about how this information was presented without proper context.
- Data should be presented to the provider to review for accuracy before being published
- Some kind of caveat for post-acute care services that are available which could lead to complications for certain quality measures
- Co-morbidities in higher acuity Medicaid populations should be considered when presenting data
- Providing raw data for providers within the association that are participating in WCCEAL
- As feedback to the providers, consumers and payors
- On DHS Website—could be in form of dashboard
- MCO posted on their website
- Available at the ADRC during counseling
- Annual Reports on core indicators
- LTC Council
The Wisconsin Long Term Care Advisory Council is charged with advising the following workforce challenge:

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.

On September 13, 2016, the Wisconsin Long Term Care Advisory Council broke into workgroups and offered ideas for improving the long-term care workforce. In response to the long-term care workforce discussion, Secretary Linda Seemeyer offered guidance regarding initiatives the Wisconsin Department of Health Services (DHS) wishes to pursue. The summary below includes the advice from council members and the Secretary’s direction for improving the workforce.

**Charge: Provide advice and guidance regarding how to measure workforce shortages by provider type.**

**Based on the council’s guidance of:**

- Bringing together a summit to break down silos.
- Using media campaigns to attract care workers.
- Offering care-working apprenticeships.
- Offering workforce apprenticeships and training opportunities, including involvement with school organizations related to healthcare occupations.
- Involving retired and disabled persons in the workforce.
- Creating a professional caregiving organization and creating advancement models to retain employees and improve quality of workforce.
- Creating a job corps that would encourage young workers to start in the system by offering health and education benefits, on-site training, management opportunities, and other incentives, much like the military.
- Building partnerships with tech colleges and universities to develop career paths.
- Building partnerships with health care systems to share and develop the workforce.

*The Secretary will engage with the Wisconsin Department of Workforce Development (DWD) and identify strategies for DHS and DWD to address the above guidance together.*

**Based on the council’s guidance of:**

- Utilizing technology for tasks, such as matching clients with services, offering transportation, allowing remote care, and providing medical advice.
- Replacing traditional tasks with creative solutions from the community, such as offering meal and grocery delivery from the marketplace.
- Encouraging workers to share their solution ideas.
- Creating workforce transportation networks.
• Creating a database that matches labor force with clients and providers.
• Researching businesses and their technologies for potential partnerships that would improve care and serve needs.

The Secretary instructs the council to identify innovative practices that reduce demands on workforce to serve member needs such as transportation, grocery, remote care, and telehealth/e-health.

The Secretary instructs the council to review current Home and Community Based Services (HCBS) waiver benefits and advise on what amendments or waiver language changes would be necessary to implement innovative practices and reduce workforce demands.

Charge: Provide advice and guidance on required financial reporting related to assessing workforce shortages.

Based on the council’s guidance of:
• Increasing provider rates to allow wage growth.
• Better correlating rates and costs in order to improve care worker pay.
• Exploring employee-owned business models to incentivize tenure and improve engagement.
• Building creative employee benefit packages and incentives.

The Secretary instructs the council to identify methods that should be used to measure provider costs relative to reimbursement.

The Secretary instructs the council to advise on strategies for workforce retention.

Charge: Provide advice and guidance to ensure that Medicaid contractors are maintaining quality of care.

Based on the council’s guidance of:
• Incentivizing reimbursement for improving quality of care.

The Secretary instructs the council to include workforce quality of care measures with the council’s quality charge.
Long Term Care Advisory Council Meeting

Keeping People Safe and Healthy in the Community

March 14, 2017

Wisconsin Department of Health Services
Recap from January
- Council Charge
- Demographics
- Issues that Create Risk

Key Focus Areas
- Present Background/Data and Current Programs

Questions for Small Group Discussion
- Identify Top Three Focus Areas
- Additional Strategies Related to the Council Charge
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 settings 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.
Percent of Population Ages 60+

2015

Source: Wisconsin Department of Administration, Demographic Services Center, Vintage 2013 Population Projections
Percent of Household Population Ages 65 and Older in Wisconsin Reporting Having a Disability by Disability Type (one may report having more than one disability)

(Source: U.S. Census, 2010-2014 American Community Survey, Tables B18102-B118107)

- Any Disability: 32%
- Ambulatory Difficulty: 20%
- Hearing Difficulty: 14%
- Independent Living Difficulty: 13%
- Self-care Difficulty: 7%
- Cognitive Difficulty: 7%
- Vision Difficulty: 5%
Where Do Older Adults and People With Disabilities Live?

- 96% of people 65 and older live in the community; which includes homes, apartments, or assisted living facilities (ALFs).
- The number of people living in ALFs is unknown, however facility capacity continues to grow:
  - The number of facilities grew from 2269 in 2003 to 3854 in 2016 (an increase of 1585).
  - Capacity grew from 30,411 beds in 2003 to 52,002 in 2016 (an increase of 21,591).
- Data is not available re: where people with disabilities live.
# Where Do People Live?

Publicly Funded Long-Term Care Enrollees

<table>
<thead>
<tr>
<th>Managed Long-Term Care, IRIS, Legacy Waiver Enrollees, By Setting</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Average # Enrollees</td>
<td></td>
<td>% Enrollees</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2013</td>
<td>2014</td>
<td>2013</td>
<td>2014</td>
</tr>
<tr>
<td>Home</td>
<td>36,392</td>
<td>38,429</td>
<td>65.5%</td>
<td>65.8%</td>
</tr>
<tr>
<td>Residential</td>
<td>16,494</td>
<td>17,258</td>
<td>29.7%</td>
<td>29.5%</td>
</tr>
<tr>
<td>Institution</td>
<td>2,633</td>
<td>2,735</td>
<td>4.7%</td>
<td>4.7%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>55,519</td>
<td>58,423</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Managed Long-Term Care (MLTC) Enrollees by Setting, Calendar Year (CY) 2014

- **Home**: 65.8%
- **Residential**: 29.5%
- **Institution**: 4.7%

---

*Keeping People Safe and Healthy in the Community*
Issues that Increase Utilization of Residential and Institutional Care

- Living alone, social isolation or lacking family support
- Caregiver burn-out, loss of a caregiver, lack of availability
- Being home bound due to poor health or lack of transportation
- Being at nutritional risk due to lack of financial resources, access to dental care, inability to prepare a meal or food deserts
- Poor physical and mental health and disability
- Poverty and retirement insecurity
- Family dysfunction and violence
Focus Areas to Increase Independence and Reduce Need for Institutional Care

- Social Connectedness/Community Support
- Caregivers/Natural Supports
- Health and Wellness
- Transportation
- Nutrition
- Retirement Security
Research shows that social isolation changes the human genome in profound, long-lasting ways.

Mounting evidence linking loneliness to physical illness and to functional and cognitive decline.

Damage caused by social isolation and loneliness appear comparable to injuries caused by smoking, diabetes and obesity.

Prevalence ranges from 10–46% of people 60 and older.

37% of people with disabilities report feeling lonely (among those who participated in National Core Indicators Adult Consumer Survey.)
Social Connectedness and Community Support

- National Core Indicators (NCI): 2014–15 dataset, 15,765 people with disabilities from 31 states

- NCI Loneliness Indicators:
  - Having friends other than staff or family (37% vs. 40%)
  - Being able to see friends whenever you want (35% vs. 46%)
  - Being able to see family whenever you want (34% vs. 49%)
  - Residing in a 1–6 person ICF or group home (42% vs. 37% for people living at home)
  - Residing in a 7+ person ICF, group home or nursing home (45% vs. 37% for people living at home)
  - Having a paid job in the community (36% vs. 38%)
**Thirty percent of total population ages 65 and older live alone; most are women.**

### Number of Those Ages 65 and Older Living Alone by Sex, Wisconsin


- **Female, 175,445**
  - equals 37% of 65 and older female population

- **Male, 73,330**
  - equals 20% of 65 and older male population
Social Connectedness and Community Support

Current Programs

- Public, private, and volunteer sector programs
- Volunteerism
  - Role of coordinators
  - Research shows positive impact on psychological well-being of volunteers
- Senior Centers
  - Have long been an important community resource for older adults/families. Have program/activity coordinators
  - 194 senior centers in Wisconsin
  - Some serve adults 50 and older, most target 55+
  - 146 are senior dining sites
Senior Dining Sites/OAA Congregate Meal Program

- “More than a meal” – mission to also provide socialization opportunities
- In senior centers, churches, and other public facilities
- 512 dining sites in Wisconsin
- In 2016, served 45,455 older adults
- Revitalization efforts underway
Aging Units (AU), Aging and Disability Resource Centers (ADRC), Senior Centers and Independent Living Centers (ILCs)

- Volunteer coordination
- Share information about community events (via options counseling, community newsletters and other publications);
- Coordinate community events;
- Offer events at the AU/ADRC/ILC/Senior Center;
- Availability varies across the state.
AARP Livability Index

How livable is your community?

enter your address, city, state or zip code

The Livability Index scores neighborhoods and communities across the U.S. for the services and amenities that impact your life the most.

Search for your city or learn more about how we define livability.
AARP Livability Index
Social Connectedness and Community Support

- **Neighborhood Metrics:**
  - Proximity to grocery stores, parks, libraries, jobs by transit, jobs by auto
  - Diversity of destinations
  - Activity density
  - Crime rate
  - Vacancy rate

- **Engagement Metrics:**
  - Internet Access;
  - Civic engagement opportunities;
  - Social Engagement: social involvement index
  - Social Engagement: cultural, arts, and entertainment institutions

Keeping People Safe and Healthy in the Community
AARP Livability Index
Social Connectedness and Community Support

- Transportation Metrics
  - Frequency of local transit
  - Walk trips
  - Household transportation costs
  - ADA-accessible stations and vehicles

- Health Metrics
  - Access to exercise opportunities

- Opportunity Metrics
  - Equal opportunity
  - Multi-generational communities/age diversity
Social Connectedness and Community... for Discussion

What additional strategies can be developed to increase social connectedness and community?
578,000 family caregivers in Wisconsin in 2013
60% of caregivers are women
20% are 65 or older
Many serving dual caregiving roles
90% are unpaid
Family caregivers are 2.5 times more likely to live in poverty
55% feel overwhelmed by the amount of care needed;
One in five report physical strain due to caregiving
Estimated Number of Those by Age Who Provided Unpaid Eldercare in Wisconsin, 2015

(Note: Uses national ratios from U.S. Dept. of Labor's 2013-14 American Time Use Survey against Wisconsin 2015 population estimates by age and gender. Eldercare providers are those who, in the previous 3 to 4 months, cared for someone with a condition related to aging. Estimates were calculated for persons who cared for at least one person age 65 or older.

Ages 15 to 24: 90,200
Ages 25 to 34: 65,300
Ages 35 to 44: 87,900
Ages 45 to 54: 183,000
Ages 55 to 64: 185,000
Ages 65 and Older: 155,300
Projected Caregiver Support Ratio in Wisconsin, 2010-2040
Defined as number of those ages 45-64 for each person ages 80 and older
Source: Wisconsin Department of Administration, Demographic Services Center, Population Projections, Vintage 2013

- 2010: 6.7
- 2015: 6.6
- 2020: 6.1
- 2025: 5.1
- 2030: 3.9
- 2035: 3.2
- 2040: 2.7
Projected Caregiver Support Ratio—2015
Source: Wisconsin Department of Administration, Demographic Services Center

Ratio defined as number of those ages 45–64 for each person ages 80 and older
Ratio defined as number of those ages 45–64 for each person ages 80 and older.
Projected Caregiver Support Ratio—2040

Source: Wisconsin Department of Administration, Demographic Services Center

Ratio defined as number of those ages 45–64 for each person ages 80 and older
Caregiver Support
In Publicly Funded Long-Term Care Programs

Percent of Adult HCBW Enrollees with Natural Supports

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of adult HCBW enrollees with natural supports</td>
<td>37,122</td>
<td>42,009</td>
<td>45,739</td>
<td>48,867</td>
</tr>
<tr>
<td>Total number of adult HCBW enrollees</td>
<td>56,416</td>
<td>61,473</td>
<td>65,732</td>
<td>68,731</td>
</tr>
<tr>
<td>Percent with natural supports</td>
<td>65.8%</td>
<td>68.3%</td>
<td>69.6%</td>
<td>71.1%</td>
</tr>
</tbody>
</table>

Support for Family Caregivers (2014) in Family Care, Partnership, PACE and IRIS:

- 12.6% of people living with family receive respite services
- 4% would prefer that the person move to a different setting
Caregiver Support…

Current Programs and Initiatives

- Wisconsin Caregiver Strategy
  - Continuing to Develop
  - Feedback from 2016 LTC Advisory Council

- Outreach and Awareness Campaign (aimed at stigma reduction and connection to services)
  - AARP
  - Alzheimer’s Association
  - Wisconsin Women’s Council
  - DHS/GWAAR/Caregiver Coordinators

- Caregiver Coalitions across Wisconsin
  - Local caregiver coordinators

Keeping People Safe and Healthy in the Community
Dementia-Friendly Employer Toolkit

Caregivers in the Workplace

Dementia, including Alzheimer’s disease, is a national health epidemic® that cannot be ignored—particularly in the workplace, where an increasing number of employees are balancing career responsibilities with the challenges of caring for a loved one. A 2006 study by the MetLife Mature Market Institute® found that caregiving costs American employers between $17 billion and $34 billion in lost productivity annually, taking a significant toll on both employers and caregiving employees.

Caregiving creates many life changes for caregivers. Serving as a caregiver can impact a person’s physical health, create financial strain, and increase general stress levels, which can lead to depression. These changes have the potential to affect an employee’s job performance, but with the proper workplace support, employed caregivers can successfully manage both their caregiving and workplace responsibilities. This Dementia-Friendly Employers Toolkit is designed to provide employers with the knowledge and tools needed to successfully support employees who are caring for a loved one with dementia.

www.dhs.wisconsin.gov/dementia/dfe-toolkit-home.htm
Caregiver Support...

Current Programs and Initiatives

- ADRCs, Aging Units, Independent Living Centers and Managed Care Organizations—exploring/defining role, initiatives
- Dementia Care Specialists at ADRCs
  - Information, outreach, education to caregivers
  - Evidence-based caregiver programming (Memory Care Connections and Language Enriched Exercise Plus Socialization (LEEPS))
- Healthy Aging and Evidence-based Caregiver Interventions
  - Powerful Tools for Caregivers
  - Savvy Caregivers
  - Memory Care Connections
Caregiver Support...

Current Programs and Initiatives

- Caregiver Helplines

- Alzheimer’s Family Caregiver Support Program and National Family Caregiver Support Program

- Non-profit and faith-based programs provide respite and other caregiver support
What additional strategies are needed to increase and maintain family caregivers and/or a person’s natural supports?
Health and Wellness

- Definition of Health: The “state of complete physical, mental, spiritual, and social well-being.”

- Health Conditions that Affect Older Adults and People with Disabilities:
  - Chronic Conditions and Physical Health
    - Heart disease, stroke, cancer, diabetes
    - Alzheimer’s disease
  - Behavioral Health
    - Alcohol and substance use
    - Depression
    - Suicide
  - Social Connectedness (as discussed previously)
Top 10 Causes of Death in 2015 Among Those Ages 65 and Older in Wisconsin, 2015

Source: Wisconsin Department of Health Services, Office of Health Informatics, Wisconsin Interactive Statistics on Health, March 2017

<table>
<thead>
<tr>
<th>Cause</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases of heart</td>
<td>9,536</td>
</tr>
<tr>
<td>Malignant neoplasms</td>
<td>8,309</td>
</tr>
<tr>
<td>Other causes</td>
<td>7,075</td>
</tr>
<tr>
<td>Chronic lower respiratory diseases</td>
<td>2,482</td>
</tr>
<tr>
<td>Cerebrovascular diseases</td>
<td>2,325</td>
</tr>
<tr>
<td>Alzheimer's disease</td>
<td>2,066</td>
</tr>
<tr>
<td>Accidents (unintentional injuries)</td>
<td>1,617</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>1,030</td>
</tr>
<tr>
<td>Influenza and pneumonia</td>
<td>945</td>
</tr>
<tr>
<td>Nephritis, nephrotic syndrome and nephrosis</td>
<td>886</td>
</tr>
</tbody>
</table>
County Health Rankings and Roadmaps
http://www.countyhealthrankings.org/

Overall Rank
An overall ranking for all Health Outcomes combined.
County Health Rankings and Roadmaps
http://www.countyhealthrankings.org/

Overall Rank
An overall ranking for all Health Factors combined.

Rank  County
1       Ozaukee (OZ)
2       Waukesha (WU)
3       Dane (DA)
4       Calumet (CA)
5       St. Croix (SC)
6       La Crosse (LC)
7       Washington (WH)
8       Outagamie (OU)
9       Sheboygan (SE)
10      Door (DR)
11      Kewaunee (KW)
12      Green (GE)
13      Jefferson (JE)
14      Oneida (ON)
15      Marathon (MR)
16      Fond du Lac (FD)
17      Wood (WO)
18      Winnebago (WN)
19      Pierce (PI)
20      Eau Claire (EC)
21      ...
Health and Wellness

Current Programs

- Wisconsin Institute for Healthy Aging (WIHA)
- Health Promotion programming in LTC programs
- Healthy Wisconsin
  - Alcohol Use
  - Suicide
  - Tobacco
  - Opioid Use
  - Physical Activity and Nutrition
- Adverse Childhood Experiences
What additional strategies can be developed to increase health and wellness of older adults and people with disabilities?
Transportation

- Many older adults and people with disabilities are transportation dependent
- Among the most requested support service
- Adults with disabilities are twice as likely to have inadequate transportation (31% vs. 13%)
- One in five Wisconsin residents aged 65+ do not drive; 53% of non-drivers report being isolated in their homes.
- People without transportation have 15% fewer doctor visits, 59% fewer trips for shopping or going out to restaurants, and 65% fewer trips for social, family or religious purposes.
- There is a lack of affordable and accessible transportation options for those who don’t want to or can’t drive.
Transportation...

Current Programs

- Mobility Management
  - Help people access services and train on how to use services;

- Specialized Transportation
  - Targeted at people with mobility limitations caused by age, disability or income
  - Over 130 DOT-funded specialized transit services operated by counties and non-profits

- Aging Network and Independent Living Network

- ADA paratransit
Transportation…

Current Programs

- Long-range planning (including Livable Communities Initiatives) – look at transportation needs

- Interagency Council on Transportation Coordination (2008)
  - DOT, DVA, DWD, DHS, OCI
  - Recommendations (not implemented):
    - Formalize coordination among agencies
    - Develop one or more pilot projects to test feasibility of regional coordinated Medicaid and human services transportation networks
What additional strategies can be developed to increase access to transportation?
Nutrition

**MALNUTRITION: AN OLDER-ADULT CRISIS**

$51.3$ Billion
Estimated annual cost of disease-associated malnutrition in older adults in the US

Up to 1 out of 2 older adults are at risk for malnutrition\(^1\)

Up to 60% of hospitalized older adults may be malnourished\(^2\)

300%
The increase in healthcare costs that can be attributed to poor nutritional status\(^3\)

4 to 6 days
How long malnutrition increases length of hospital stays\(^4\)

Chronic health conditions lead to increased malnutrition risk

Malnutrition leads to more complications, falls, and readmissions\(^5\)

Just 3 steps can help improve older-adult malnutrition care

Screen all patients

Assess nutritional status

Intervene with appropriate nutrition

Focusing on malnutrition in healthcare helps:

- Decrease healthcare costs\(^6\)
- Improve patient outcomes\(^6\)
- Reduce readmissions
- Support healthy aging
- Improve quality of healthcare
Map the Meal Gap 2016: Overall Food Insecurity in Wisconsin by County in 2014

Source: Feeding America®

Wisconsin = 11.9%
U.S. = 15.4%

Keeping People Safe and Healthy in the Community
The Food Environment Index ranges from 0 (worst) to 10 (best) and equally weights two indicators of the food environment.

1) Limited access to healthy foods estimates the percentage of the population who are low income and do not live close to a grocery store. In rural areas, it means living less than 10 miles from a grocery store; in non-rural areas, it means less than 1 mile. Low income means having an annual family income of less than or equal to 200 percent of the federal poverty threshold for the family size.

2) Food insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year.
Home Delivered Meals
- 21,060 older adults who received meals in 2016
- 2,262,692 meals delivered
- Also conduct wellness-checks

Senior Dining/Congregate Dining
- 45,455 older adults received meals in 2016
- 1,565,818 meals served
- Socialization, nutrition, and other classes also provided

Private options (usually frozen meal delivery)
Grocery store delivery services
What strategies can be developed to increase nutritional health and increase participation in already available programs?
Retirement Security

- Longer lives = increased risk of outliving finances
- Average retirement age in Wisconsin is 63 and the average life expectancy in Wisconsin is 80 years old.
- Typical financial foundation in retirement:
  - Social Security
  - Employer-sponsored pensions
  - Individual savings and investments
Retirement Security

- Social Security provides *most* of the income for about half of households age 65 and older.

- Social Security is the *only* source of income for three in 10 Wisconsinites age 65 and older.

- About half of households age 55 and older have no retirement savings (401(k) or IRA).

- Financial exploitation accounts for 18% of elder abuse reports in Wisconsin.

- These impact the ability to pay privately for long-term care; increasing the need to access public assistance.
Number of Those Living in Wisconsin Households by Select Age with Income Below 150% of the Federal Poverty Level, 2007-2015

Source: U.S. Census, American Community Survey, Table B17024
Percent of Those Living in Wisconsin Households by Select Age with Income Below 150% of the Federal Poverty Level, 2007-2015

Source: U.S. Census, American Community Survey, Table B17024
Retirement Security…

*Current Strategies*

- ADRCs
  - Mission to help people plan for long-term care expenses and make informed decisions about use of personal resources
  - Cost calculator tool – “Considering a Move?”
  - Pre-admission consultation

- “Money Smart for Older Adults”
  - Consumer Financial Protection Bureau, Office for Older Americans
  - Consumer-friendly information and instructor-led training

- Efforts to prevent financial exploitation and provide support for fiscal agents
Retirement Security…

For Discussion

What additional strategies can be developed to increase retirement security for older adults and people with disabilities?
Small Group Discussion Questions

Identify the top-three areas Wisconsin should focus on to increase independence and prevent/delay the need for long-term care services.

- You can use the six risk factors identified in this presentation:
  - Social connectedness/community support
  - Caregivers/natural supports
  - Health and wellness
  - Transportation
  - Nutrition
  - Retirement security
Small Group Discussion Questions

- For each of the focus areas you identify:
  - What additional strategies could be developed to address each area?

- Are there policies that Wisconsin should put in place in the long-term care programs to ensure people are in the right setting for their care needs? If so, what would such a policy entail?

- What additional strategies are needed to prevent people from entering residential settings before necessary?
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 settings 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.

### Strategies for keeping people healthy and independent as long as possible to delay or prevent the need for long-term care services

<table>
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<tr>
<th>1. What are the top-three areas Wisconsin should focus on to increase independence and prevent/delay the need for long-term care (i.e. social connectedness/community support; caregivers/natural supports; health and wellness; transportation; nutrition; retirement security?)</th>
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<th>2. What strategies could be developed to address the first focus area of ________________________________?</th>
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<th>3. What strategies could be developed to address the second focus area of ________________________________?</th>
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4. What strategies could be developed to address the third focus area of ____________________________?

5. Are there policies that Wisconsin should put in place in the Long Term Care Programs to ensure people are in the right setting for their care needs? If so, what would such a policy entail?

6. What additional strategies are needed to prevent people from entering residential settings before necessary?