Wisconsin Long Term Care Advisory Council
Meeting of January 8, 2013
Wisconsin Department of Revenue Building, Madison

Approved Minutes

Members present: Karen Avery, Heather Bruemmer**,** Teri Buros, Devon Christianson, Dana Cyra, Hugh Danforth, Carol Eschner, Tom Hlavacek, Robert Kellerman, Geri Lyday, Lauri Malnory, Tom Masseau, Barb Peterson, Maureen Ryan, David Scribbins, Stephanie Sue Stein, Beth Swedeen, Judith Troestler, Kate Wichman, Christine Witt

Members absent: Beth Anderson, Caroline Feller (represented by Audrey Nelson), John Sauer

Others present: Joyce Binder, Michael Blumenfeld, Pris Boroniec, Vicki Buchholz, Kevin Coughlin, Grant Cummings, Monica Deignan, Cindy Dombrowski, Wendy Fearnside, Juan Flores, Darla Gehl, Ann Gryphan, Jenifer Harrison, Tom Lawless, Kim Marheine, Charlie Morgan, Linda Murphy, Audrey Nelson, Mary Panzer, Diane Poole, Gerianne Prom, Gail Propsom, Kathy Rogers, Danielle Skenadore, Dave Varana, Otis Woods, Beth Wroblewski, Ramie Zelenkova

Heather Bruemmer called the meeting to order at 9:30 a.m.

Welcome and Call to Order
The agenda for the meeting was approved, with the addition of a review of MCO financials.

Minutes of the November meeting were inadvertently omitted from the meeting notice. They were distributed and reviewed at the end of the meeting.

Two longtime human services colleagues passed away recently: Mary Kennedy, former 51.42 Board Director in Winnebago County and Director of Human Services in Calumet County, in January and Louise Abrams Yaffe, consummate volunteer and advocate who served on the Board on Aging and Long Term Care and founded the Volunteer Ombudsman Program, in December.

Review of Council Role and Procedures
Role of the Council. The charge to the Council remains the same for 2013 (see http://www.wcltc.state.wi.us/charge.htm). Secretary Smith is supportive of the Council and its role.

Ground Rules. Officers and Executive Committee members were elected in November. There is an expectation that members will attend and participate in all meetings. Public participation and comment is also appreciated. Requests for agenda items should be submitted at least two weeks prior to the meetings. Subcommittees will be created as

needed to assist with Council business. Currently the Transportation Work Group is the only subcommittee.

Tracking Council Activities. Heather Bruemmer reviewed the chart that was developed in response to member requests for a way to track topics and issues raised by the Council. The information provided shows considerable success in bringing information about and addressing issues raised by the Council. Council members were asked to contact Wendy Fearnside if they have suggestions for additions or changes. Council members felt that the activity tracking was helpful. Beth Swedeen asked that issues discussed and actions taken be documented in the minutes.

Pris Boroniec said that it is helpful for DHS to hear what Council members are interested in and get feedback on the Department's activities and directions.

Council members identified the following issues as topics they want to see get the Council's attention in 2013:

- Youth in transition
- Dementia population
- Employment, including how it activities can be integrated with youth transition

Heather Bruemmer emphasized that DHS wants to benefit from the Council members' knowledge and experience and get their perspective on these and other issues.

IRIS Financials, Etc.

Gail Propsom reviewed the IRIS enrollment, consultant services and financial information contained in the ICA and FSA monthly report as of November 30, 2012. The IRIS Advisory Committee reviews this information at its monthly meetings. By far the largest participant service expenditure (69%) is for supportive home care and related services. In these data, IRIS consultant expenditures are considered an administrative expense. The ICA consultants cannot be counted as a service expense unless there is a choice of providers.

The Department does not currently have direct access to the IRIS data, and such access is needed for accountability and management. The Department is reallocating staff and solidifying its IRIS infrastructure with the goal of increasing self-determination. Information technology is a key focus of this effort.

DHS is also considering having more than one ICA, with ICAs having a regional presence and point of contact. To do that, the Department needs a data system that all ICAs use. An RFP will likely be issued before the next Council meeting. Carol Eschner stated that Family Care MCOs should not also be permitted to be regional IRIS Consultant Agencies (ICAs) because of the potential for conflict of interest.

Barb Peterson indicated that she wants to go on record as supporting ICA regionalization, which will be more efficient and meaningful, especially for rural areas.

Tom Lawless distributed a one page format for future IRIS financial reports. In response to Council member questions, Tom agreed to expand the list of provider services to include a longer list of essential services that mirrors the Family Care categories, including supportive home care, customized goods and services and day services, among others. The goal is to have comparable information for Family Care and IRIS.

Maurine Ryan asked how ICA and FSA costs would be identified. Gail indicated that these can identified, though not by target group, because they are billed separately. Some FSA services (e.g., acting as an employer agent) are considered services and others are considered administration.

Other data requested included:

- The total number of IRIS members in addition to member months;
- IRIS members/IRIS Consultant FTE
- History of IRIS enrollment and other data over time.

MCO Financials

Tom Lawless reviewed the MCO financial data for the first three quarters of 2012. These data indicate a stabilization of enrollment and financial health for most MCOs. Five MCOs showed a surplus, two showed modest losses, and two had losses. One MCO is subject to increased oversight by DHS and OCI. MCO-controlled risk reserves were fully funded in eight of the nine MCOs. Trends appear to be positive. New enrollees have lower costs, resulting in lower member service costs overall, and administrative costs have decreased.

Community Health Partnership (CHP) is no longer providing Family Care, and the $6 million solvency fund was used to ensure continuity of care for its enrollees. It is not yet clear how much of the solvency fund will need to be used for this and how much the remaining MCOs will need to contribute to replenish the fund. The solvency fund is a risk pool for all MCOs which is controlled by the state. DHS is reviewing the level of the solvency fund to determine whether its $6 million is enough to serve its purpose. There is an early warning system in place so DHS will know if the solvency fund is likely to be insufficient.

Council members had questions about what is included in some of the revenue and expense categories and about enrollment numbers. DHS will provide more information.

Sustainability Updates

Nursing Home Modernization. Tom Lawless described the nursing home modernization initiative, which provides a short-term rate increase for nursing homes and ICFs-MR which downsize and modernize their facilities consistent with resident centered design concepts – smaller, more homelike units; private spaces; private rooms with baths; access to the outdoors, wireless nurse call systems, etc. This is primarily a quality initiative, but

must also be cost neutral to the MA budget. Any cost savings to MA will be realized through de-licensing beds. Applications will be released next month.
Council members endorsed the concept. Stephanie Stein called it "tremendous" and Devon Christianson said that renovation of a county nursing home in her area made a "huge difference," so much so that the facility now has a waiting list.

Care Management and the RAD. Jen Harrison reviewed proposals for strengthening, clarifying and streamlining the care management and RAD process. A distinction will be made between "long term care outcomes" and "personal experience outcomes." Long term care outcomes maximize member independence and are based on the individual's clinical and functional needs, and personal outcomes are other outcomes identified as important by the member. While both are considered in the assessment and care planning process, service authorizations will be based on the long term care outcomes. Other changes include reducing administrative burdens by streamlining the Notice of Action and appeals process, reducing documentation requirements when guidelines are being followed, providing flexibility in deciding whether an RN needs to be involved in member reassessments, and facilitating use of natural supports and community resources to meet member outcomes.

Council members offered the following thoughts and suggestions:

- Members will not be getting a Notice of Action and or have appeal rights when a service that is not explicitly included in the benefit package is reduced or denied. How will these situations be handled to continue to ensure that outcomes are met?
- Rate reductions can affect the level of services an MCO member receives. Should members be notified of rate reductions affecting their providers?
- MCO members should be provided with information about the guidelines their MCO uses for in the care planning and RAD process.
- Many people do not understand the self-direction option in Family Care. Applicants, MCO members and ADRC staff need to be informed about the SDS option and MCO care managers need to be trained on SDS skills.
- What can MCOs do to identify and develop natural supports and community resources when a person does not have a ready support system?

Residential Initiative. Monica Deignan presented the residential initiative, which is designed to convey a message about the place of residential services in the Family Care program and to help in "rightsizing" residential care utilization. The Department is developing guidelines on residential care authorization for MCO care management teams to use. These should be published for review soon. Residential care may be authorized when: 1) the member's long term care outcomes cannot be met or his/her safety cannot be adequately safe-guarded in the member's home; or 2) when residential services are a cost-effective option for meeting the member's long term care needs.

Council members expressed some confusion and concern about the message and offered the following thoughts:

- A variety support options are needed.

- In many cases, youth in transition are looking forward to moving out of their parents' home. At the same time, some parents think MCOs want youth to continue living at home. It is important to be clear about the message and to focus on the individual.
- It is hard to have a unifying message when we are dealing with different populations.
- Cost-effectiveness is the key. How is cost-effectiveness discussed in the residential care decision? Care managers have to be comfortable talking about money.
- There is concern that people will be forced into cheaper options.
- Monitoring will be necessary to make sure that the member's residential situation is safe and working well.
- While PAC has helped, there is still a problem with people running out of money in residential care, not qualifying for Family Care, and having nowhere to go.
- Be careful not to scare people off when they really do need residential care. Most families have put off getting help until there is a crisis. This is an issue for people with dementia, 80% of whom live at home, half of those with no help.
- ADRC staffing is an issue. Do we have the resources to locate and develop community supports for people with dementia?

Medication Adherence. Kathy Rogers and Monica Deignan presented the medication compliance initiative, which aims to reduce health care crises resulting in hospitalization, nursing home stays, and home care costs by providing medication dispensing devices to high risk individuals. People at risk are those who take six or more medications, have diagnoses that suggest risk, and live at home alone. Both MCO and IRIS participants will be eligible. No other medication compliance interventions are included in the initiative at this point, though it was noted the MA benefit now pays for pharmacy assessments. The device vendor can identify participants for whom medical alerts have gone off and alert the MCO, so the MCO can follow up.

Other Sustainability Initiatives. Pris Boroniec told the Council about some of the other topics being worked on as part of the Sustainability Initiative. These include an analysis of supportive home care usage, care transitions programs and how these can interface with the ADRC, employment, options for handling situations where room and board cost share is unpaid, and revisions to the LTC functional screen. The work on changes to the screen has not been done yet.

Connections to Community Living (formerly known as Nursing Home Relocation and Diversion)

Kevin Coughlin provided an overview of the Connections to Community Living initiative, beginning with some historical background. Wisconsin had the second highest proportion of nursing home beds per capita in the nation in 1980. Thirty years later, by 2010, the State's ranking had dropped to 20th place. Progress has been made in balancing community and institutional resources, but opportunities still exist. Connections to Community Living provides assistance to nursing home residents who want to relocate to

the community. Components include outreach to ADRCs, MCOs, provider associations and other stakeholders; hiring 4-5 Community Living Specialists to work with facilities and residents on relocations; providing a $1,000 incentive payment to MCOs for each member who is relocated to the community, paid for by Money Follows the Person; and increasing ADRC outreach to nursing homes, residents and their families.

Kevin also provided some preliminary data on MDS Section Q referrals..

Observations and suggestions from Council members included:

- MDS Section Q data suggest that almost half of the nursing home residents who say they want to talk to someone about moving to the community are not referred to the ADRC because a referral is "not needed." High levels of interest in relocation combined with low referral rates suggest a potential problem that could be discussed with nursing homes.
- Relocating nursing home residents with behavioral or other special needs will be a challenge, as resources may not be available in the community and MCOs may need additional support to cover expenses.
- 83% of people who were referred to the ADRC through MDS Q and subsequently discharged to the community had been in the nursing home for rehab. The initiative may facilitate nursing home discharge planning for rehab admissions who would be discharged anyway, but it is still valuable.
- Make sure nursing homes understand that MDS Q is for long term stays.
- It would be useful to know the diagnostic characteristics of the people who are relocated.

Transportation Update

Diane Poole provided a follow up to the transportation discussion at the November meeting. Main points included:

1. Responsibility for transportation. The MCO maintains responsibility for setting the amount of transportation needed by the member and including that transportation in the member's care plan. If the member disagrees, he/she can appeal the care plan. Residential providers cannot change the care plan. Care teams are expected to follow up to make sure that the services are delivered as planned. Members should report any problems to their care team.

2. Lack of documentation. DHS has examined the records on appeals and grievances and not found evidence of widespread transportation problems. Nine transportation fair hearings were held in 2012. Only one of those involved transportation by a residential provider, and that case was dismissed.

Pris Boroniec said that the Department wants to know about problems and asked that people provide information about specific cases to the Department so it can work to solve them.

Council members offered the following comments and suggestions:

- Residential providers are concerned about how much transportation they are expected to provide and about having the staff to accompany residents. One assisted living representative surveyed 40-50 assisted living providers and half said they could not afford to provide enough transportation to residents.
- Residential providers should log the transportation services they provide to residents who are FC members.
- The Ombudsman in Milwaukee County says that participants have tried to get fair hearings on transportation issues and been rejected because the transportation service is covered by the contract between the MCO and the assisted living facility.
- It isn't enough to look at complaints. People often don't complain, even if they have a problem. They may be overwhelmed, don't know how to complain, etc.
- Advocates are hearing that there are problems with transportation.
- We no longer have a network of volunteer drivers.
- In addressing the problem, start with retraining MCO staff about transportation.
- Look at the encounter data on transportation services provided to members to get a handle on the problem. The numbers of trips provided has decreased.
- Transportation data have limitations. Encounter data is only useful if rides are reported separately. Also, MCOs took over common carrier transportation in 2011, so it could look like they are providing more transportation than before.
- CCCW member satisfaction surveys found few transportation issues. A review of 1,450 member satisfaction surveys found only 15 with comments about transportation and 10 of those 15 comments were positive.
- If there is no way to accurately track transportation services, then we need to develop one.
- System-wide indicators, monitoring, and quality improvement are important to understanding and solving the problem.
- If system-wide data is not available, it might be possible to do a sample.
- It might be good to look at care plans and how they include transportation.
- We need to know whether the transportation in the care plans is being provided. Who will monitor whether transportation has been provided? The MCO? The care manager?

Beth Wroblewski thanked the Council for its input and ideas about things to look into. The Department will bring data back to the Council.

David Scribbins serves on the Governors' Transportation Policy Committee and will provide the Council with an update on its activities.

2013 MCO Contract

Diane Poole provided a summary of the substantive changes in the 2013 MCO contract. These include: provisions to give residential providers stability in rates; identifying situations in which residential care or nursing home services may be authorized; authority for DHS to suspend capitation payments for MCO fraud; requiring claims processing to

meet DHS standards; specifying when an MCO must report local appeal adverse decisions to DHS; and allowing MCOs to provide electronic copies of marketing and outreach materials to ADRCs and members. These and other changes are described in greater detail in the handout.

When asked if there was any language in the contract to encourage use of supported employment, Pris Boroniec indicated that the Department can consider doing so next year.

Comments from the Public
Heather Bruemmer asked for comments from the public. There were none.

Approval of Minutes
Copies of the minutes of the November 13, 2012 meeting were distributed, reviewed, and approved on a motion from Bob Kellerman, seconded by Teri Buros.

Other Business
Southwest Family Care Alliance Update. Teri Buros provided an update on the transition from CHP to SWFCA in west central Wisconsin, which took place on January 1st. The transition has gone smoothly, with 2,596 or 96% of CHP enrollees entering the new MCO. SWFCA has opened three new offices, hired staff (mostly former CHP care managers), and is placing a priority on continuity of care for its new members. Pris Boroniec said that DHS has contacted CHP's providers and that they will be paid. Beth Wroblewski complemented the CHP transition team on ensuring that services were provided and that high risk members were identified and prioritized.

Council Letter to Governor Walker and Secretary Smith. Beth Swedeen presented a draft letter from the Council to Governor Walker and DHS Secretary Dennis Smith recommending statewide expansion of Family Care and IRIS in the upcoming 2013-15 state budget. The letter was approved on a motion by Bob Kellerman, seconded by Stephanie Sue Stein. Heather Bruemmer will sign and send the letter, with copies to Council members.

Transportation Funding. Bob Kellerman alerted the Council to a glitch in the state's Section 85.21 funding formula that means some counties will lose and others will gain funding for elderly and disabled transportation. A proposed reduction at the federal level would mean $1 million less in federal funding for purchase of specialized transportation vehicles in Wisconsin. GWAAR has prepared Action Alerts on these and other topics and Bob requested that they be circulated to Council members.

Member Requests. Council members asked that presenters be reminded to explain the acronyms they use, that handouts be provided electronically, that handouts be made available in advance of the meeting, and that a microphone be used during the meetings.

Agenda Topics Requested for the March Meeting
The following topics were requested for March 12 and other future meetings:

- Natural supports
- Community resources
- DHS organization chart changes, if any
- Employment
- Dementia
- Youth Transition
- Family Care expansion plans
- Governor's budget proposals on long term care
- Transportation

Recognition of Dana Cyra's Service on the Council.
Beth Wroblewski thanked Dana Cyra for her years of service on the Council and noted that she has contributed a lot, both to the Council and to development of the State's long term care system. This will be Dana's last meeting on the Council.

Handouts

- Wisconsin Long Term Care Advisory Council Issue Tracking, 2012
- IRIS Consultant Agency & IRIS Financial Services Agency consolidated IRIS-DHS Monthly Report as of November 30, 2012
- Proposed IRIS Financial Statement (template only)
- Family Care Financial Summary: Nine Months Ending September 30, 2012, dated 1-4-13
- PACE and Family Care Partnership Financial Summary: Nine Months Ending September 30, 2012, dated 1-4-13
- Nursing Home Modernization Property Incentive Fact Sheet
- Summary: Care Management Sustainability Initiatives, 1-8-13
- Resource Allocation Decision (RAD) Tool, 12-17-12
- Summary: Establish Criteria for Residential Care, 1-08-13 and Draft Residential Sustainability Initiative Talking Points, 1-8-13
- Medication Adherence Initiative materials: Medication Compliance Description and attachments
- Pre-Admission Consultation brochure: *Are you considering Assisted Living or a Nursing Home? What You Should Know…*
- Nursing Home Diversion and Relocation Brochure: *Connections to Community Living. Are you ready to move back home?*
- Connections to Community Living PowerPoint
- Substantive Changes, 2013 Family Care Contract, updated 12-18-12
- Draft Letter to Governor Walker and Secretary Smith
- Draft Minutes of the November 13, 2012 WI Long Term Care Advisory Council Meeting

Meeting adjourned at 3:30 p.m.