# Wisconsin Long Term Care Advisory Council

**Meeting of January 14, 2014**

Lussier Family Heritage Center, Madison

**Approved Minutes**

**Members present:** Heather Bruemmer, Teri Buros, Jim Canales, Tom Hlavacek, Dan Idzikowski, Robert Kellerman, Tom Moore, Audrey Nelson, Barbara Peterson, Ginger Reimer, Maureen Ryan, John Sauer, Christine Witt

**Members absent:** Beth Anderson, Devon Christianson, Hugh Danforth, Carol Eschner, Mary Krueger, Maria Ledger, Geri Lyday, Lauri Malnory, David Scribbins, Stephanie Sue Stein, Beth Swedeen, Judith Troestler , Kate Wichman

**Others present:** Michael Blumenfeld, Kevin Coughlin, Todd Costello, Cindy Dombrowski, Juan Flores, Ann Gryphan, Bill Jensen, Alfred Johnson, Margaret Kristan, Carrie Molke, Alice Page, Heidi Pankoke, Gerianne Prom, Deborah Rathermel, Camille Rodriguez, Christine See, Brain Shoup,Tim Stumm, Beth Wroblewski

**Call to Order and Welcome new members.** Heather Bruemmer called the meeting to order at 9:30 am and welcomed members and guests.

**Approval of Minutes.** Minutes of the November meeting were unanimously approved on a motion by Jim Canales, seconded by Christine Witt.

Heather Bruemmer asked council members to keep Beth Anderson in their thoughts as she recently lost her mother.

**Review of Council Charge and Ground Rules for Effective Council Meetings.** Heather proposed that the word "policies" be added to the second bullet of the Long Term Care Advisory Council charge. The addition of the word policies was unanimously approved on a motion by Maureen Ryan, seconded by Christine Witt. The bullet shall now read "The development of new long term care policies, programs and services." The revised charge is attached. The ground rules handout was distributed to the members of the Advisory Council.

**Issue Tracking Tool**. The Council members questioned whether the issue tracking tool would be updated and sent out. Heather indicated that she would update the tool and electronically send it out to all Council members.

**Election of Officers.** There was discussion regarding the three seats open for reelection: vice chair, secretary and member-at-large. The current members who vacated these positions will remain on the Council. Members asked if those currently holding these positions would like to continue their roles. There were no further nominees. The current officer positions will continue and a decision on elections will occur at the March

Council meeting. The Chair will contact the current Executive Committee to see if they are willing to continue their roles.

**Wisconsin Dementia Care System Redesign**

***Presentation of the Dementia Agenda.*** Carrie Molke, Director of the Bureau of Aging and Disability Resources, provided a general overview of the Department's Dementia Care Plan which was developed based on the Dementia Summit held in October 2013.

The Plan has the following five priority areas:

- Community Awareness and Services,
- Facility Based Long Term Care,
- Care for Individuals with Significant Challenging Behaviors,
- Dementia Care Standards and Training, and
- Research and Data Collection.

The Plan has additional subcategories which provide specific focus items for each priority area. Carrie further described each subcategory and its relationship to the five main priorities. She suggested that all Council members review the plan, *Wisconsin Dementia Care System Redesign*, located on the DHS webpage at http://www.dhs.wisconsin.gov/publications/P0/P00586.pdf .

There was a dialogue with the Council regarding the role of the existing Dementia Care Specialists (DCS). The Plan outlines the expansion of this program by increasing the number of Specialists from the current five to a total of fifteen statewide. There will be a competitive application process for this expansion which will be open to any ADRC that does not currently have a DCS.

Barb Peterson spoke about the role of the DCS in the ADRC of the North. The DCS manages outreach and education to hospitals and clinics, as well as leading the evidence-based Memory Care Connections and the LEEPS intervention programs. She works with volunteers to assist with the facilitation of these programs and has planned an Alzheimer's Screening Day in nine locations. Barb is delighted to have a DCS working in their community. Carrie explained that although the individuals in the DCS positions are part of the ADRC, their contract is through the Alzheimer's Association which fosters continued collaboration with the Alzheimer's Association.

***Council Dementia Subcommittee Report.*** Tom Hlavacek provided the Council members with written comments regarding the subcommittee's recommendations titled "Dementia Subcommittee Preliminary Comments to the Dementia Capable Wisconsin Plan" with a corrected date of January 10, 2014.

The subcommittee felt that this was very timely due to the number of people currently in the long term care system and the number of people who will need services in the future. Thirty or forty states currently have dementia plans. Wisconsin's plan is very

comprehensive and the subcommittee's evaluation of the plan was positive. The recommendations put forth by the subcommittee are intended to further strengthen the Department's Plan. The subcommittee identified that funding issues also need to be considered. There is also a need for clarification regarding use of the terms "ensure", which seems to mandate, and "encourage," which seems to indicate voluntary and is used regarding MCOs. The subcommittee is also interested in how success will be measured and analyzed. They encourage the inter-relation of the Dementia Care Specialist program and national efforts that have comparable goals.

There was a question of whether the Department would hold information sessions to gain support and ownership from the general public. Department staff responded that comments received to date will be shared and when appropriate, have been incorporated into the Plan. Beth Wroblewski assured the Council that people can continue to submit public comments. The Department sees the Plan as an active document that will guide its efforts. The Department will actively engage with providers and communities related to implementation.

John Sauer shared that there needs to be more discretion for facilities on the regulatory side. There is a concern by facilities that if something goes wrong, it will affect their Five-Star rating or bring financial ruin or subject staff to harm, especially while providing care to individuals with difficult behaviors. How can Wisconsin create specialized facilities and address the Helen EF ruling? People who need longer term admissions for difficult issues need to be considered. There are facilities which would consider "stepping up" if there were changes in regulatory requirements.

Tom Hlavacek added that the Alzheimer Association is aware of facilities, which are not nursing homes, which are willing to work with individuals with challenging behaviors. He would want to be sure to consider these other models of care as well.

Members of the Dementia Subcommittee include Tom Hlavacek (chair), Beth Anderson, Devon Christianson, Carol Eschner, Bob Kellerman, Barb Peterson, and John Sauer. Members to be added to the subcommittee by individual request are Tom Moore and Audrey Nelson. The subcommittee will meet in the alternate months when the Council does not meet.

Approval of submission of the Dementia Subcommittee Report to the Department was passed unanimously on a motion by Tom Hlavacek, seconded by John Sauer. Brian Shoup and Beth Wroblewski received a copy of the report to take back to Secretary Rhoades dated January 11, 2014.

**Department Report to the Joint Committee on Finance (JCF) Regarding Long Term Care Expansion.** Brian Shoup introduced the Division staff Curtis Cunningham, Director of the Bureau of Financial Management (BFM), and Michael Pancook, Policy Analyst with BFM. Curtis and Michael presented a Power Point titled *Joint Committee*

*on Finance: Long Term Care Expansion Report*. The report included a projected future change in the need for publicly funded community-based long term care. Requirements from the legislature for the report were as follows:

- Project future growth trends in populations likely to access services;
- Determine the potential for, or project shifts in, the use of Medicaid allowable alternatives for this population;
- Compare the cost efficiency of various Medicaid allowable services options to meet the needs of this population;
- Develop strategies to control the growth in Medicaid long term care costs; and
- Develop strategies to promote people staying in their own homes to reduce or delay entry into publicly funded long term care programs.

Future growth trends in Wisconsin indicate a significant increase in the population over age 65. Payment for long term care comes from a variety of sources, including: Medicaid (42%), Medicare (25%), private pay/out-of-pocket (22%), and private insurance/other (11%).

Expanding Family Care to the remainder of the state would limit Wisconsin's future long term care cost growth by $34.7 million over the next ten years. Managed long term care (LTC) systems generate a cost savings over the current waiver system by reducing per member per month costs. This savings is generated by ensuring that LTC services are delivered in the right amount, at the right time, and in the right setting. The report concludes that expanding Family Care, which provides access to care in home and community integrated settings through managed long term care, will allow Wisconsin residents to receive the most cost-effective long term supports and is the most effective strategy for meeting the needs of Wisconsin's residents in the future.

The report did not make a recommendation, rather, it made a strong conclusion that Family Care is the most cost effective option and that this option will end waiting lists for long term care services statewide. The Department has not yet heard back from the Joint Committee on Finance and next steps are unknown at this time.

There was an interactive dialog with the Council on the report and next steps. Brian indicated that the next step involves an indication from the legislature regarding its response to the Department's report and conclusions. This could occur in a number of different ways. The Department's next steps will depend upon this response. Brian explained that there is current legislation that if enacted, would require expansion to the seven counties in the northeast Wisconsin by 7/1/14. DHS could issue a RFP, select a proposal and negotiate a contract with the selected MCO or MCOs. Alternatively, with a positive response of some type from the JCF, the Secretary and or the Governor could direct DHS to begin the procurement process to ultimately present an MCO contract to JCF for its approval.

The Council indicated its interest in being on the record as supporting the DHS conclusions and endorsing expansion of long-term care reform. Brian Shoup responded that the Council could make a recommendation if they so choose.

A motion to send correspondence to the Secretary and carbon copy Joint Finance Committee members was approved without opposition on a motion by Tom Hlavacek, seconded by Maureen Ryan. Council members Teri Buros, Jim Canales and Christine Witt abstained from the vote.

The Council agreed that the letters be sent prior to the end of this session. Bob Kellerman requested that the correspondence include language about MCOs not being able to respond to a RFP without the assurance of expansion. Recommended wording should state that the Council would like Joint Finance to take action this session on expansion of Family Care programs statewide. It is important to the Council and to the citizens of the state. Heather will discuss with Secretary Rhoades how and to whom to address the letter. Heather will write the correspondence; Tom Hlavacek agreed to review.

**Comments from the Public**
Heather Bruemmer opened the floor for comments from the public.

Bill Jensen, iCare Vice-President, applauded DHS regarding the report to Joint Finance for expansion. He asked whether the terminology in the report included Family Care Partnership. If so, he would like the report to specify that it includes both Family Care and Family Care Partnership programs. Beth Wroblewski shared that, early in the report, it is stated that all long term care programs (Family Care, Family Care Partnership, PACE and IRIS) are broadly included in the terminology referred to as "Family Care Programs".

There was no further public comment.

**Department Updates**
Beth Wroblewski provided the following updates:

***Employment***. The Department's Employment Priorities include a focus on youth and building skills within community integrated settings;

- Review of successful programs to promote community-based employment;
- Development and utilization of new services, such as mentoring services, under the children's waivers that promote skill development;
- Wrap around community supports; and
- Increasing employment for with people with long term care needs.

The Employment Section staff within the Division of Long Term Care are working on various strategies such as reaching out to youth with disabilities, parents and adults with disabilities with the message that work is possible and important. This includes

information about work incentive benefits counseling, skill development and educational opportunities.

***Mental and Behavioral Health***. Integrating mental health and behavioral health with long term care systems between county systems and long-term care. Safely and adequately supporting people in community settings is a key objective. The Division is developing a comprehensive plan to improve community and provider capacity and to better define and coordinate supports and services for people with long term care needs as well as behavioral or mental health needs.

Teri Buros asked if the Department is planning to add mental health services to the family care package. Beth indicated that concepts such as this will require further analysis.

***Care4Kids.*** The Care4Kids Program was successfully launched in the Southeastern part of Wisconsin. Care4Kids is for children in out-of-home placement and uses the medical home concept of coordinated, evidence-based supports. There is also a key focus on trauma informed care. The Department has established a capitated rate and Children's Hospital of Wisconsin is the first certified provider. Children in out-of-home placement often have complex needs and it is critical that they receive coordinated care including well-child medical care, mental health treatment, dental care and immunizations. As long as the child remains eligible for Medicaid, he/she can stay enrolled for up to a year after returning home. This is to provide continuity of care. When the program is at fully implemented in these six counties, there will be approximately 2,500 children enrolled which is 50% of children in out-of-home care in the state.

***Efficiencies.*** The Department is also looking internally for efficiencies and utilizing the LEAN process of quality improvement.

***Centers for Medicare and Medicaid Services (CMS) issued the Home and Community-Based Services Waivers Final Rule.*** CMS has issued its final rule related to Home and Community-Based Services Waivers. These 1915 (c) waivers were created to be an alternative to institutional care. The final rule defines person-centered planning processes as the basis to assure that services and settings for services are individualized and truly community-based. Home and community based systems need to provide the most integrated settings possible. People need to have choices in key life areas such as mealtimes, visitors, the ability to come and go, furnishings, and other daily life choices. The rules make it clear that these factors are the basis for whether residential and other service settings meet the community-based requirements of the waivers. This rule will allow the target groups as defined by CMS to be served in single waivers as long as individual needs are being met. CMS will work with states with 1915 (b) & (c) waivers to line up renewals of these waivers. The rules go into effect on March 17th, 2014. If states are out of compliance, then they will need to submit a plan within one-year in order to have waivers in compliance by March 17th, 2019 (within five years). The rule applies to 1915(c) HCBS waivers, 1915(i) HCBS State Plan option, and 1915(k) Community First Choice State Plan option. Wisconsin's 1915(c) waivers include: three children's

long-term support waivers, the CIP and COP Waivers (legacy waivers), two Family Care Waivers and two IRIS waivers. Wisconsin already operates many of these waivers as a single program; however, there is extensive work for State's in managing each individual waivers.

**Music and Memory Initiative.** Kevin Coughlin, from the Division of Long-Term Care, shared a power point titled "Wisconsin's Music & Memory Initiative".
Kevin and Pat Benesh, from the Division of Quality Assurance, had reviewed the program and were interested in sharing it with residents located in skilled nursing facilities in Wisconsin. They looked at securing Civil Money Penalty dollars which are received through Nursing Home penalties. The Music & Memory program has many benefits for participants including the reduction in:

- Use of anti-psychotic and anti-anxiety medications;
- Agitation and sun-downing; and
- Use of bed/chair alarms.

The Music & Memory program also enhances the person's engagement and socialization and provides a pleasure to people with dementia.

The program allows 100 nursing homes to participate. Each participating nursing home is provided 15 iPod Shuffles, 15 headphones, 15 AC adapters, 2 headphone splitters, external speakers, $150 iTunes gift card, and support and technical assistance. Full implementation of the program will occur in January-March, 2014. Over the first year of implementation, the UW-Milwaukee Helen Bader School of Social Welfare will conduct a research study of the program benefits. The link to the Music and Memory Program can be found here: http://www.dhs.wisconsin.gov/music-memory/ .

**Wisconsin Coalition for Collaborative Excellence in Assisted Living (WCCEAL)**
Kevin Coughlin shared the key findings, project goals and a project implementation fact sheet. The goal of the project is to improve both long term care and health systems by creating performance measures. Assisted living facilities that provide high performance would be rewarded by receiving regulatory relief and recognition by publicly funded agencies, insurance companies and other stakeholders. This collaborative helps providers to improve their processes and facilities for residents.

**Results of the LTC Functional Screen Behavioral Assessment Pilot.** Margaret Kristan and Kathleen Luedtke shared feedback regarding the LTC functional screen behavioral assessment. Three ADRCs, three MCOs, and two legacy waiver counties participated in the pilot between 10/1/13 and 11/15/13. Screeners collected information regarding behaviors that were not captured elsewhere on the LTC Functional Screen. During this period, more than 700 screens were performed and 91 screeners provided feedback.

DHS learned from this pilot that the added assessment of these items is straight forward for qualified screeners, takes an additional15 minutes to complete, and is easy to incorporate into the interviewing process. Newly hired screeners will need to be trained

to understand this approach. There is a need to gather information regarding frequency of intervention. This type of assessment validates the work and time a family/caretaker puts forth in caring for an individual.

If a family is used to caring for their loved one and does not notice the behaviors that a new or other caretaker would need to accommodate, then this tool helps provide that information. In the future, all types of screening agencies will complete this additional assessment. It will be added to the LTC Functional Screen, by July 2014. The assessment does not affect the logic of the screen. It is unknown if the assessment will have an impact on the cost model or capitated rates.

The Long Term Care Functional Screen subcommittee decided to remain open in order to review a report once the assessment rolls out. They would like to know if the information gathered significantly impacted plans. The average amount of time required to complete a Functional Screen is over two hours. The Behavioral Assessment will add 15 minutes per screen, which may be a workload issue for screeners.

**Council Business**

***Council Priorities*.** Employment, transportation, dementia, mental health, the Functional Screen, and Family Care will continue to be the Council's priorities in 2014. The Transportation Committee may have dissolved. Heather will talk to Carol to find out why it ended. Dan Idzikowski would like to join the Transportation Committee.

***Meeting locations for 2014*.** Council meetings in March, July, September and November will be held at Lussier Family Heritage Center. The facility is not available in May, so another location is being arranged. Council members requested conference line availability for future meetings in case of inclement weather.

Meeting adjourned at 3:00 p.m. on a motion by Ginger Reimer, seconded by John Sauer.

**Handouts**

- *Ground Rules for Effective Council Meetings, Wisconsin Long Term Care Advisory Council*, 1-14-2014
- *A Dementia Agenda for Wisconsin*, Draft 12-5-2013
- *Dementia Subcommittee preliminary comments to the Dementia Capable Wisconsin Plan (the Plan)*, January 10, 2014
- *Joint Committee on Finance: Long Term Care Expansion Report* (PowerPoint slides)
- *Wisconsin's Music & Memory Initiative*, (PowerPoint slides)
- *Wisconsin Music & Memory Initiative* brochure
- *Wisconsin Coalition for Collaborative Excellence in Assisted Living (WCCEAL) Fact Sheet*