Wisconsin Long Term Care Advisory Council

Meeting of March 11, 2014

Lussier Family Heritage Center, Madison

Approved Minutes

Members present: Heather Bruemmer, Beth Anderson, Teri Buros, Jim Canales, Devon Christianson, Dan Idzikowski, Robert Kellerman, Mary Krueger, Maria Ledger, Geri Lyday, Tom Moore, Audrey Nelson, Ginger Reimer, Maureen Ryan, John Sauer, David Scribbins, Beth Swedeen, Judith Troestler, Kate Wichman, Christine Witt

Members absent Hugh Danforth, Carol Eschner, Tom Hlavacek (represented by alternate Sue Kelley), Lauri Malnory, Barbara Peterson, Stephanie Sue Stein,

Others present: Monica Allen, Michael Blumenfeld, Vicki Buckholz, Cindy Dombrowski, Wendy Fearnside, Jane Heino, Bill Jensen, Alfred Johnson, Sue Kelley, Mike Klug, Margaret Kristan, Forbes McIntosh, Carrie Molke, Alice Page, Michael Pancook, Heidi Pankoke, Mary Panzer, Paul Peshek, Gerianne Prom, Mary Jane Ripp, Mark Stein, Tim Stumm, Betsy VanHeesch, Barbara Wentzel, Tom Wentzel, Otis Woods, Beth Wroblewski

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

Nursing Home Trends and Issues

Division of Quality Assurance (DQA) Administrator Otis Woods gave a presentation on trends in nursing home citations. Nursing homes in Wisconsin are inspected on an every 9-15 month basis and in response to complaints. Facilities that have had problems in past surveys receive the more frequent inspections.

Wisconsin has a good reputation for nursing home quality. At the same time, the number of violations of federal nursing home standards has been increasing in the state while decreasing nationally. The percent of Wisconsin nursing home surveys resulting in immediate jeopardy citations in 2013 was 7.5% in Wisconsin, compared to a national average of 4.3%. The percentage of Wisconsin nursing homes with citations for actual harm also exceeded the national average (16.3% compared to 11.9%). The percentage of nursing homes with substandard quality of care in Wisconsin has fallen by more than half (14.1% to 6.8%) since 2010 and is just slightly higher than the national average (5.1%). The DHS Office of Inspector General is conducting an analysis to find out why the number of violations identified in Wisconsin Surveys is greater than the National average.

Otis pointed out that even good facilities can receive citations and that 85% of problems cited are corrected by the facilities without remedies being imposed by DQA. DQA hosts quarterly regional meetings with providers to discuss issues relating to nursing home quality and has undertaken several quality improvement initiatives, including alternative

treatment modalities to reduce use of antipsychotic medications and Music and Memory program. The civil money penalties that are assessed for serious deficiencies are used to fund the Wisconsin Clinical Resource Center and other quality improvement initiatives.

Tom Moore pointed out that other states with high quality measures do not have high rates of citations and asked that DHS do a root cause analysis. John Sauer suggested that the Department get a better handle on the causes of citations and look for other ways to increase quality.

Trends and Issues in Assisted Living

Alfred Johnson, Director of the Bureau of Assisted Living, gave a presentation on trends in assisted living. Unlike nursing homes, assisted living facilities are not federally regulated. The number and capacity of nursing homes in Wisconsin has been decreasing, while assisted living has experienced 35 consecutive years of growth. The capacity of assisted living facilities in Wisconsin surpassed that of nursing homes in 2008. The majority – 65% of assisted living surveys -- result in no citations and a minority – 10% of facilities – account for 100% of the enforcement actions. DQA has an abbreviated survey process for facilities which have a good performance record. Thus DQA is able to focus its attention on facilities with quality issues.

Council members offered the following observations and suggestions:

- Workforce and low wages are issues. Many facility staff do not come to the job equipped and are not necessarily trained in long-term care.
- Some "Mom and Pop" facilities struggle to understand the needs of residents in their facilities, especially when people are relocated from institutions.
- Mixing residents with different characteristics and needs in the same facility can pose problems.
- Providers would like to hear from surveyors the tasks they are doing well, in addition to anything that needs to be corrected.

Barriers to Emergency Protective Placements

Sean Gartley, of the Bureau of Aging and Disability Resources (BADR), introduced the issue and Alice Page, also of BADR, reviewed the legal context and strategies contained in the Department's *Dementia Care System Redesign* plan intended to address the needs of people with dementia who exhibit challenging behaviors.

Three state laws govern addressing the needs of people with challenging behaviors:

- Chapter 51, which provides for short term commitment of people with mental illness and has the goal of improving the person's functional ability. People are presumed competent and can only be held for up to 72 hours without a court finding of incompetence.
- Chapter 55, which focuses on long term care and custody for people with conditions that are permanent, or likely to be permanent, conditions through the adult protective services system.

- Chapter 54, which governs guardianship proceedings and requires that placements be to the least restrictive environment appropriate to the person's needs.

People with challenging behaviors represent a small, but important part of the dementia care plan. The needs and situations of people with dementia and challenging behaviors have a great impact on the people, their families and the providers, including facilities. Providing this care often involve extraordinary costs. Counties are required to designate at least one intake facility for emergency protective placements. However, according to the results of a survey conducted in 2011, many counties have not, or have been unable to, to designate such a facility. Only 18 of the 44 counties responding to the survey had designated an emergency protective placement facility. Further, 28 counties did not respond to the voluntary survey so their status is unknown.

The *Dementia Care System Redesign* plan identifies that emergency protective placement are a last resort. The efforts identified in the plan are intended to reduce the number of situations that require removal of the person from his or her place of residence. It also includes strategies to improve access to appropriate care facilities for people with challenging behaviors and for people who require an emergency protective placement.

Alice and Sean asked the Council members to share their ideas regarding the barriers that prevent facilities from accepting emergency protective placements and to propose solutions that would increase facilities' acceptance of such placements.

Council members identified the following barriers to emergency protective placements:

- Difficulty in keeping other facility residents safe. Threat of violence.
- Lack of designated alternate decision-makers to agree to the protective placement in some situations.
- Facilities' fears of regulatory penalties.
- Lack of staff training related to the emergency protective placement process and related to dealing with challenging behaviors.
- Lack of space/capacity.
- Inadequacy of reimbursement rates for facilities that accept people with challenging behaviors.
- Care for people with challenging behaviors costs approximately eight times as much as care in a typical geriatric facility.
- Lack of funding for emergency protective placements. County discretionary funds were folded into managed care and are no longer available.
- Lack of appropriate long term placement alternatives for people admitted for emergency protective placement.
- Some people with challenging behaviors may need medical care and may not initially be appropriate for a long term care facility
- Facilities don't want a reputation as the place for people with challenging behaviors, which could adversely affect the facility's appeal to other types of clients.

- Inability to plan for emergency protective placement. One never knows how many people may be admitted or when.
- Lack of trust in the information being shared about the people being placed
- People being placed are a "wild card." Facilities don't know what to expect.

Council members offered the following as elements of a solution to the problem:

- This is something that could be dealt with if facilities were adequately prepared and financed. There are potential providers out there.
- Ensure that capacity is available. Beds have to be available when needed.
- Ensure that fixed costs are covered. Having a psychiatrist and other needed services available is expensive.
- Consider creating new types of providers or specialty facilities which have the necessary funding.
- There is a need for capacity in all areas of the state. People should not have to drive three hours from home to get to a facility.
- Transportation is an important consideration.

John Sauer asked why the Department has not supported the Legislative Council committee's proposal. Beth Wroblewski indicated that Secretary Rhoades asked the legislature for an opportunity to seek more broad-based solutions and make system changes within the current statutory authority before deciding whether additional legislative solutions may be needed. Changes in Wisconsin's system of care are needed in order to be able to appropriately respond to the needs of people with dementia who exhibit challenging behaviors. The *Dementia Care System Redesign* plan creates the framework for accomplishing an improved system of care.

Tribal Aging and Disability Resource Specialists and ADRCs

Janice Smith, Director of the Office for Resource Center Development, provided an overview of Aging and Disability Resource Center (ADRC) services are made available to tribal members. Any tribal member can use the ADRC that serves the area where he or she lives. Two options are available to the tribes:

- Tribes can partner with surrounding counties in operating the ADRC that serves the tribal area. The St. Croix, Stockbridge-Munsee, Forest County Potawatomi, Sokaogon and Lac du Flambeau tribes have selected this option.
- Tribes can hire a Tribal Aging and Disability Resource Specialist (TADRS) to help adult tribal members with long term care needs connect with services available through the tribe, in the surrounding community, or through the ADRC that serves its geographic area. The Lac Court Oreilles, Bad River, Red Cliff, and Ho Chunk tribes have selected this option, and the Oneida Nation has submitted an application for TADRS funding. The Menominee Tribe is working on an application.

In addition, the Department contracts with the Great Lakes Intertribal Council to provide two full-time tribal disability benefit specialists to help tribal members access benefits such as SSI, SSDI and Medicaid.

Heather Bruemmer noted that it is amazing how far the state has come with this program and noted that the Board on Aging and Long Term Care cannot serve tribes.

Tribute to Janice Smith

The Council recognized Janice Smith on her upcoming retirement from state service. During her career with the state, Janice managed Older Americans Act programs, the Community Options Program (COP) and COP-Waiver programs, and the statewide expansion of ADRCs. Heather Bruemmer noted that Wisconsin's ADRCs are recognized and respected nationally. She praised Janice for her open communication an unflagging support for older people and people with disabilities. Beth Wroblewski presented Janice with a plaque in recognition of her 38 years of service and said Janice has been one of those people who "quietly get huge things done." Carrie Molke thanked Janice for her mentorship. Bob Kellerman praised her role as an advocate for older people; Mary Krueger, commented on Janice's integrity and her impact in building the foundation for ADRCs; and Jim Canales, her responsiveness to county government.

Long Term Care Program Cost Comparison

Michael Pancook from the Bureau of Financial Management shared cost and enrollment data for Family Care, IRIS and the legacy Waiver programs for 2012. Of the three programs, Family Care has the lowest average cost and the legacy waivers have the highest. Family Care costs for frail elderly enrollees are somewhat higher than for the other two programs, largely because Family Care pays for nursing home care, while IRIS and the legacy waiver programs do not include this service. Average cost data is shown in the table below.

Program	**# Enrollees as of Dec. 2012**	**Average per Member per Month Cost**			
		DD	PD	Frail Elderly	All Groups
Family Care	34,564	3,690	2,873	2,502	3,128
IRIS	7,512	4,166	2,928	2,396	3,433
Waiver	6,151	4,769	3,368	2,220	3,834

Some of the cost differential can be attributed to differences in the acuity of enrollees in the three programs. When adjusted for acuity, the cost differential between Family Care and IRIS becomes smaller for people with developmental or physical disabilities, and the cost differential between Family Care and the legacy waivers becomes greater. A difference in acuity across programs has been shrinking since 2011. With the elimination of waiting lists, people are entering Family Care and IRIS sooner, thus their acuity is lower. Because of the nature of long term care needs, the cost for these enrollees can be expected to increase over time.

Beth Wroblewski said that the Department is beginning to look at ways to measure the impact of prevention and early intervention programs that could help further reduce costs.

Employment Initiatives
Janet Estervig, Employment Initiatives Manager in the Office of Family Care Expansion (OFCE), gave a presentation on the employment initiatives in which the Department is participating. The Department is partnering with the Division of Vocational Rehabilitation (DVR), the Department of Public Instruction (DPI), the Department of Children and Families (DCF), the Board for People with Developmental Disabilities (BPDD), local schools and businesses on several initiatives. These include:

- **PROMISE Grant**, in which DVR will provide 14-16 year olds with disabilities who are on SSI with case management, career exploration and paid community integrated work experience and provide their families with information and training to increase awareness of the potential and opportunities for employment.
- **Project SEARCH,** which provides internship opportunities, on-the-job training, job coaching, and job placement for students with disabilities.
- **Let's Get to Work Grant,** led by BPDD, which builds employment transition goals into Individual Education Plans and places students with disabilities in community jobs.
- **Think College,** which provides information for parents, students, school and DVR counselors and long term care management teams with information on college opportunities for students with intellectual disabilities.

In addition, the Department is working with the IRIS, Family Care, and waiver programs to promote and increase opportunities for integrated employment for participants in these long term care programs.

Council members offered the following questions and comments:

- How is the Department following up on recommendations from the Subcommittee on Employment that the Council sent to Secretary Rhoades in November 2013? These include efforts to build the provider pool, increase employment for Family Care participants, and measure progress.
- Consistency of support is critical to the success of employment for youth transitioning to the long term care system. Their employment support needs to continue as they transition to the Adult long term care systems.
- DVR may need some "rebranding" to encourage people to work with them again. Otherwise, past experience with waiting lists and other issues may be an obstacle to people accessing this important resource.
- Families need help in understanding the different types of supportive services that can be provided to promote integrated employment for youth with disabilities.

Department Updates

- ***Dementia Care System Redesign Status and Process*.** Carrie Molke gave brief update. The draft plan was issued in January, comments solicited, and a final plan

has been published on the Department's website at http://www.dhs.wisconsin.gov/aboutdhs/initiatives/Dementia/index.htm. Internal DHS implementation teams have been assigned, and external stakeholders will have opportunities to participate in advisory groups and to review products. Regular status reports will be posted on the web. Currently, the Department is soliciting applications for ten additional Dementia Care Specialist positions in the ADRCs and UW-Oshkosh is under contract to develop standards and training on dementia care. Standards will be developed for facilities and other providers and for individual caregivers.

- ***Introduction of New Family Care Staff***. Betsy VanHeesch was introduced as OFCE's new Regional Program Manager for Community Care, Lakeland Care District, iCare, and the Milwaukee County Department of Family Care.

- ***MA Transportation Audit***. Beth Wroblewski told the Council that the Department will soon issue an RFP for an independent firm to audit the performance of its MA non-emergency transportation provider, including an analysis of how complaints are handled and resolved and identification of root causes and ways to address them. Complaints will be reviewed every six months as part of an ongoing process.

- ***IRIS Update***. Beth Wroblewski described the Department's changes in the IRIS information database to provide a single place IRIS data and a consumer portal where bills can be paid, timesheets entered, and budgets managed. These are part of an effort to facilitate and allow consumers a choice of IRIS Consultant Agency and Financial Services Agency. An IT vendor – Iron Data – has been selected, and a base platform should be in place by the end of the year.

- ***Coordinated Community Supports***. Beth Wroblewski described the Comprehensive Community Services (CCS) program, a county-administered Medicaid benefit covering community-based psychosocial services for adults and children who have both a diagnosis of a mental or substance-use disorder and significant, ongoing functional impairments. The program serves people who do not meet Family Care criteria but need mental health support. Beginning July 1, 2014, counties that elect to deliver the service on a regional basis will be eligible for federal match and state funding of the non-federal share for MA-allowable services provided through the program. Counties will need to apply. A copy of the Department's report to the Joint Committee on Finance on CCS implementation will be sent to Council members.

- ***Children's Service Initiative***. The Department is using one time high cost funds from the Community Options Program to help develop care plans for children with long term care needs and take them off the wait list.

- ***Family Care Expansion***. Council members asked about the status of Family Care Expansion. The Department is optimistic that an RFP for Family Care in new service areas will be approved.

- ***Brain Injury Waiver***. A Council member asked how the transition of people from the Brain Injury Waiver was going. Transition plans to the CIP and COP-W waivers are in process.

Comments from the Public

- Jane Heino and Barbara Wentzel told the story of their sister, an IRIS participant with physical and intellectual disabilities who has lived in an 8-bed CBRF for the last two and a half years and wants to stay. She recently received a letter saying she would have to move or switch out of the IRIS program. This has been disheartening and confusing, and the family requested that their sister's placement in the CBRF be grandfathered. They also asked that people be notified far enough ahead of program changes are being made in the future, so they have time to respond.

- Sue Kelley announced the Alzheimer's Association Advocacy Day and support for the Dementia Redesign effort.

Council Business

- ***Topics suggested for the May meeting***:
    - Ombudsman updates
    - DHS organization charts and personnel
    - Update from Marlia Mattke on transportation, including the status of DHS' promise to have an independent transportation advocate
    - Waiver updates
    - Protocol for bad weather on meeting days
    - Department response to the recommendations of the Council's Subcommittee on Employment
    - Update on employment outcomes from Community Care of Central Wisconsin

- ***Topics for future meeting***: Assisted living regulation rewrite and updates on waiver renewals and amendments (when timely).

- ***Election of Officers***: Re-appointment of Vice-Chair Carol Eschner, Secretary Devon Christianson, and Member-at-Large David Scribbins was unanimously approved on a motion by Beth Anderson, seconded by Bob Kellerman.

- ***Participation in Meetings***. There has been a request to allow participation in meetings by telephone. Heather Bruemmer noted the importance of in-person

participation and reminded members that they can send a substitute when unable to attend. No arrangements for telephone participation are planned.

- ***Approval of January Minutes***. Minutes of the January meeting were approved unanimously on a motion by Chris Witt, seconded by Ginger Reimer.

- ***Other***. Bob Kellerman suggested the Department think about inviting Dane County Human Service Department and ADRC representative on the Council Heather said she would discuss the idea with Secretary Rhoades.

Meeting adjourned at 3:30 p.m.

Handouts

- *State of Assisted Living, Calendar Year 2013*
- Packet of graphs showing trends in nursing home citations, 2004-2013
- *Top Ten Federal Health Citations – Nation, State, Regional Office – 2013*
- Map of *Wisconsin's Aging and Disability Resource Centers, 2013*
- *Tribes and ADRC Functions, Updated March 2014*
- *Report on the Cost-Effectiveness Analysis of Wisconsin's Long Term Care Programs, December 2013*
- *Employment Initiatives section 2014 Activities*
- Flier for April 9, 2014, Madison College Community Resource Fair
- *Comprehensive Community Services: Statewide Implementation of Regional Services Model* and accompanying transmittal letter from Secretary Rhoades to the Joint Committee on Finance dated February 28, 2014 (sent via e-mail following the meeting)
- Statements from the family of an IRIS participant