Approved Minutes

Members present: Beth Anderson, Heather Bruemmer, Teri Buros, Devon Christianson, Carol Eschner, Tom Hlavacek, Robert Kellerman, Lea Kitz, Mary Krueger, Lauri Malnory, John Sauer, Beth Swedeen, Kate Wichman, Christine Witt

Members absent: Karen Avery, Jim Canales, Hugh Danforth, Caroline Feller (represented by Audrey Nelson), Maria Ledger (represented by Linda Murphy), Geri Lyday, Barb Peterson, David Scribbins, Stephanie Sue Stein, Maureen Ryan, Judith Troestler

Others present: Monica Allen, Joyce Binder, Michael Blumenfeld, Vicki Buchholz, Kevin Coughlin, Grant Cummings, Monica Deignan, Mary Delgado, Cindy Dombrowski, Kristin Felten, Juan Flores, Andy Forsaith, Lynn Gall, Connie Gengle, Rebecca Hotynski, Kim Kinner, Tom Lawless, Linda Murphy, Audrey Nelson, Cindy Ofstead, Alice Page, Mary Panzer, Kari Paterson, Michael Pancook, Gerianne Prom, Gail Propsom, Ginger Reimer, Danielle Skenadore, Janice Smith, Tim Strum, Beth Wroblewski

Call to Order and Welcome

Heather Bruemmer called the meeting to order at 9:30 a.m. and introduced new members Mary Krueger and Lea Kitz. Two new appointees – Jim Canales and Maria Ledger -- were unable to attend today’s meeting. Linda Murphy attended as an alternate for Maria Ledger.

The agenda for the meeting was approved. Minutes of the January meeting were approved on a motion by Carol Eschner, seconded by Beth Anderson.

Family Care and IRIS

Michael Pancook, Rebecca Hotynski and Tom Lawless reviewed enrollment and financial information for Family Care, IRIS and the Legacy Waivers. Key findings include:

- Family Care continues to have the lowest cost of the three programs overall, with IRIS in the middle and Legacy Waivers the highest.
- Costs for enrollees with physical disabilities and developmental disabilities are highest in Family Care and lowest in the Legacy Waivers, while the costs for elderly enrollees are lowest in the Legacy Waivers and highest in Family Care.
- This is, in part, related to Nursing Home care being a part of the Family Care benefit package. This accounts for the higher relative cost of Family Care for elders.
• The average cost over time has decreased for Family Care and IRIS, while it has increased in the Legacy Waivers.
• Family Care costs are the highest of the three programs when just the costs of program services are considered. But because the costs of MA card services for Family Care enrollees are much lower, the overall average cost of Family Care is lower than that of IRIS or the Legacy Waivers. This holds even though Family Care includes nursing home costs for frail elders.
• The cost of new Family Care enrollees is lower by 17% or $566 per member per month compared to the cost of existing enrollees.
• People with Medicare and Medicaid eligibility cost less than other Medicaid long term care members, because Medicare covers some of their expenses.
• IRIS enrollment grew by 76% in 2011. The program now serves 5,187 people at an average cost of $3,700 per member per month. People who enrolled in IRIS prior to 2010 are subject to a different individual budget methodology and have higher average costs ($4,438 per member per month). People who enrolled after 2010 have an average cost of $2,825 per month.
• IRIS enrollment proportions by target group are 50% people with developmental disabilities, 33% people with physical disabilities, and 17% frail elderly.

Several questions were raised regarding interpretation of the data. For example, are the data indicative of future costs? Will enrollment exceed what could be anticipated due to normal population growth? How will costs in entitlement counties compare to those in counties with wait lists for the higher cost Waiver programs?

Council members would like more information about the reasons for and implications of the downward trend in the Family Care cost curve and asked that the discussion continue at a future meeting.

Beth Wroblewski acknowledged that the complexity of all the factors does make it difficult to interpret the information. She noted that Tom Lawless and his staff do a walk-through of the data with partners, including DOA, the Legislative Audit Bureau, the Legislative Fiscal Bureau, and this LTC Advisory Council, so that they have the context for the data.

**Division of Long Term Care Administrator Resignation**
Pris Boroniec tendered her resignation as Administrator of the Division of Long Term Care. Beth Wroblewski will provide leadership for the Division in coordination with the Secretary’s Office until Secretary Rhoades appoints a replacement.

Teri Buros expressed her appreciation for Pris’ work as the Division Administrator.

**Alzheimer’s/Dementia**
Heather Bruemmer introduced Tom Hlavacek, Executive Director of the Alzheimer’s Association Southeastern Wisconsin Chapter, and Kristen Felten of the DHS/DLTC Office on Aging. Tom gave an overview of Alzheimer’s disease and dementia in
Wisconsin, including disease related information, statistics, and current issues. He referred to informational materials distributed in a purple folder to all attendees, highlighting the following statistics and notes:

Overview
- Getting an early and accurate diagnosis is key.
- The average age at diagnosis is 73.
- The average time to battle the disease post diagnosis is 9 years.
- Latinos are at 1.5 times the risk, and African Americans are at twice the risk of Caucasians of getting Alzheimer’s.
- Almost 50% of Wisconsin’s nursing home population has a diagnosis of dementia.
- About 20% of Family Care enrollees, 25% of Partnership enrollees, and 6% of IRIS enrollees have diagnosis of dementia.
- The State Centers have 17 residents with a diagnosis of dementia.
- 75% of people with dementia live at home with family members.

Issues and Challenges
- Dementia is a caregiver issue. 65% of caregivers are working sons or daughters. Grandchildren are also caregivers, particularly in multicultural families. The Alzheimer’s Association helps families cope with the responsibilities, emotional issues, and cumulative stressors that put caregivers at risk.
- Nursing homes may not be the best living environment for people with dementia. There is lots of discussion on this topic and about how to create smaller care settings.

Current Efforts and Initiatives
- The Alzheimer’s Challenging Behavior Task Force was convened to explore ways to manage or address difficult behaviors as a community. The Task Force issued its report, titled *We All Hold the Keys*, in December 2012. The Challenging Behaviors Task Force is also working to train APS workers and ADRC staff on early identification screening.
- Revisions to Chapter 55 have been proposed in response to the Wisconsin Supreme Court decision on Helen E.F., which holds that people with dementia cannot be involuntarily committed to mental institutions under Chapter 51. Legislation that define when a person with dementia can be involuntarily committed under Chapter 55, when psychiatric medications can be used, etc., has been proposed by the Legislative Council’s Special Committee on Legal Interventions for Persons with Alzheimer’s Disease and Related Dementias and is moving through the legislative process.
- In 2012, the US Dept. of Health and Human Services issued the first national plan on dementia, *The National Plan to Address Alzheimer’s Disease*, as called for in the National Alzheimer’s Project Act (NAPA). This plan establishes a goal of being able to prevent and effectively treat Alzheimer’s Disease by the year 2025. (http://aspe.hhs.gov/daltcp/napa/natlplan.shtml#intro)
• In Wisconsin, the Helen Bader Foundation funded a statewide survey of caregivers and families that helped define gaps, service needs, provided solid evidence of some of the issues—where do they first turn—their family doctor.
• The DHS Office on Aging has appointed a Committee for a Wisconsin Response to Dementia to make recommendations at the state level. Some issues already addressed include reducing stigma, early identification and access to diagnosis, and early stage programs.
• ADRCs and Alzheimer’s Association have partnered on several projects designed to improve the dementia capability between the entities.
• The Department has overseen two evidence-based dementia program pilots over the past three years; the Language Enriched Exercise Plus Socialization program (LEEPS) and Memory Care Connections.
• NIH funding for Alzheimer’s research is expected to decrease by about 5%, due to sequestration.
• The Department’s Long Term Care Sustainability Initiatives include ADRC outreach to people affected by dementia and primary care providers, Memory Care Connections, LEEPS, cognitive screening, and nursing home modernization that includes creating small, supportive environments.

The area of Alzheimer’s Disease and other dementia and a dementia capable system are a DHS priority. DHS will work with the Alzheimer’s Association and other partners to address this issue.

**Aging and Disability Resource Center (ADRC) Update**

Janice Smith, Director of the Office for Resource Center Development (BADR), gave an update on ADRCs and related activities.

**ADRC Expansion.** As of March 2013, residents in all 72 counties have access to ADRC services. The Department began implementing ADRCs 15 years ago with nine pilot sites. Completion of ADRC expansion is a significant achievement.

Nine of the 11 tribal nations are under contract to receive ADRC services as well. Of these, five tribes are full partners with their regional ADRC and four have their own Tribal Aging and Disability Resource Specialist, who serves as a liaison between tribal members and the local ADRC. The Oneida Tribe and Menominee Nation are pending on their decision and do not yet have a contract. Members of the tribes can make use of the ADRC that serves the geographic area where they live.

Now that ADRC expansion has been completed, DHS is continuing its efforts on ADRC quality including staff training and orientation, including teaching about the culture and philosophy of ADRCs.

**Family Care MCO Expansion.** Several MCOs are expanding their service areas. Some areas will have two or more MCOs to choose from, so ADRC Information and Assistance Specialists will need to learn about the changes and the new options available to
customers. Maps of the new MCO service areas will be shared with the Council when available.

BADR is working with MCOs, Income Maintenance Agencies, and ADRCs to be ready for the new options that are coming. When a new MCO comes into an area, ADRC staff are given an introduction to the MCO. DHS sends a letter to all enrolled MCO and IRIS participants notifying them that there is a new MCO in the area and explaining that they can change if they wish by contacting their ADRC.

**Care Transitions.** BADR participates in Statewide Care Transitions Steering Committee that is working to reduce avoidable hospital readmissions. Reducing readmissions within 30 days of discharge is both a federal and a state priority and one of the Wisconsin DHS Sustainability Initiatives. DHS is encouraging hospitals to partner with ADRCs in implementing the Coleman Care Transitions Intervention (CTI). CTI projects are currently in place in Eau Claire/Chippewa and Manitowoc Counties. Two care transitions coalition-building workshops were held last fall in the NW and SW regions of the state. More workshops are scheduled for the eastern side of the state this summer.

**Nursing Home Relocation.** BADR continues to work on and be successful with the Community Living Initiative that helps nursing home residents relocate to community care settings.

**Options Counseling Standards.** Wisconsin is one of several states that have been tapped to work with the federal Administration on Community Living to establish standardized practices for long term care options counseling in ADRCs. BADR is developing technical assistance on a variety of topics to improve options counseling services, including motivational interviewing techniques and a cost calculator staff can use to provide customers with a side-by-side comparison of their options.

**2013 ADRC Conference.** A statewide ADRC training conference will be held May 14 & 15 at the KI Convention Center in Green Bay. More information will be posted on the DHS website soon. Please attend if you are able.

**ADRC Outreach.** BADR is developing 30-second audio and video advertising spots to inform people about the services of the ADRCs. These spots targeting different audiences who could likely benefit from the services that ADRCs offer.

**Governor’s Budget for Long Term Care**
Andy Forsaith, DHS Budget Director, gave an update on provisions in the Governor’s 2013-15 budget proposal relating to long term care. The Governor submitted his budget to the state legislature on February 20. It will be reviewed and amended by the Joint Finance Committee and voted on by the full legislature in late May or early June, before being sent back to the Governor for vetoes and signature.
Questions & Comments
Lea Kitz and Tom Hlavacek raised questions about the changes being made to the estate recovery law. Tom observed that the immediate savings to the state come at the expense of the long term costs, because the change will lead people to delay coming into the system until their health declines to a state of serious need. It is more efficient to serve someone before their condition becomes chronic and expensive to treat.

Carol Eschner noted that similar long term costs will likely result from the decision to curtail Family Care expansion. Providing services to prevent decline is less expensive than trying to build someone back to health after a serious episode.

Beth Wroblewski explained that the Governor’s budget does not preclude the Joint Finance Committee from deciding to expand Family Care, but it would have to be done through the Active Review Process which was part of Act 11. The long term price tag of removing waiting lists is still a concern for legislators. Experience has shown that, even after working through waiting lists, the number of Family Care enrollees continues to rise.

A concern was raised regarding the fairness, and even the legality, of having 15 of the state’s 72 counties left with waiting lists and people who cannot access the long term care system.

Teri Buros asked about the fairness of basing estate recovery on the capitated payment amounts rather than on the cost of the services a person received. People with lower cost services would have to pay more than the cost of the care they received, and people with higher costs would pay less than the cost of what they received. This has implications, especially for the lower cost participants.

Andy Forsaith explained that the capitated estate recovery rate for managed care is set by federal regulations, and Wisconsin is simply following what federal regulations allow.

Council members asked that the Department provide data to document projected Family Care enrollment and cost. By looking at past trends, we should be able to predict what enrollment will be. How can enrolling people in Family Care be less expensive than putting people on waiting lists, which ultimately means they go to nursing homes until they reach the top of the list?

Beth Wroblewski stated that DHS has data and predictive models that show about a 1% per month increase in enrollment when waiting lists are removed. Growth does level off after a while, but it does not decrease.

John Sauer said that he has been getting questions from employers about how much federal money Wisconsin would receive if the Governor accepted the Medicaid expansion option in the Affordable Care Act. Because this question is out of DLTC’s scope, members were encouraged to view the paper posted on the Legislative Fiscal Bureau
Bob Kellerman asked what the definition of “able-bodied” is under the work requirements proposed in the Governor’s budget. Andy was not able to provide a definition at the meeting, but DHS will research the question and respond with an answer. The work requirement only applies to those 50-years-old and younger.

Transportation
John Etzler and Monica Deignan from the Office of Family Care Expansion provided an update on progress in examining the issues raised by the Long Term Care Advisory Council’s Transportation Workgroup last year. Staff from the DHS Office on Family Care Expansion and MetaStar will interview MCOs to research the issues identified in the Transportation Workgroup’s report. Questions have been raised about whether and how MCOs should be required to include personal transportation, in addition to medical transportation, as part of each Family Care participant’s person-centered care plan. The Department needs to determine what would be a realistic expectation for MCOs under the capitated rate. It is hoped that the Department will be able to reach agreement with MCOs on language that may be used in future contracts. A report should be ready to be presented to the Council by the end of summer, 2013.

Other Business
It was suggested that the Council take a formal position on transportation issues and current proposals for delaying Family Care Expansion in the 2013-2015 State Budget. Council rules require such recommendations to be made known before the next meeting on May 14. Tom Hlavacek stated he is willing to sign a letter asking the Governor, DOT and legislature to restore specialized transportation back to funding levels in previous state budgets. A letter should also be sent to the DHS Secretary and Governor thanking them for providing funding for new mental health initiatives in the next budget.

Heather Bruemmer will draft a letter that the Council can send to the DHS Secretary and Governor commending them for expanding mental health services in the 2013-2015 state budget. The administration is always interested in views expressed by the Advisory Council and is open to recommendations from individual members or the full Council.

Department of Health Services Updates
Beth Wroblewski, Deputy Administrator of the Division of Long Term Care, provided updates on the following topics:

Family Care Sustainability. The Department continues to work toward achieving goals in the Sustainability Initiative, including cost effective ways to address concerns about Alzheimer’s and dementia identification and crisis stabilization within the community.
Mental Health Coordination. DHS has met with the Wisconsin Counties Association about ways to better coordinate mental health services for people who access the long term care system. This is a new initiative that will be talked about again at future meetings.

Procurement of an IT System for IRIS. DHS is procuring a new data management system for IRIS, which is critical to moving forward in the future.

Nursing Home Diversion & Community Relocation. Also part of the DHS Sustainability Project, the Department is successfully relocating long term care recipients from institutional to community settings. DHS staff has been targeting areas with a high density of institutionalization.

Money Follows the Person – Tribal Initiative. DHS and the Tribes have been meeting for the past year to discuss options for serving tribal members who have diverse needs. The new federal Money Follows the Person -Tribal Initiative may be a way to enable tribes to relocate members and bring them back into their communities. Among other possibilities, MFP-Tribal allows for planning and services in the areas of housing, provider network building, training, and outreach to increase the number of tribal members who could become service providers. DHS intends to apply for the grant, which is due March 22nd.

Youth in Transition for Employment. DHS has been working with nine school districts on ways to develop community jobs for youth age 14 through graduation without losing their eligibility for critical public benefits. Beth Swedeen has been working on the “Let’s Get to Work” initiative, which has doubled the number of youth who are expected to remain in the long term care system who are employed. A major goal of the project is to change family expectations about long term employment for these youth and to begin the path to employment as young as age 12. See http://www.letsgettoworkwi.org/ for additional information.

Nursing Home Modernization. Applications are available for nursing homes looking to modernize facilities. Emphasis is being placed on moving toward best practices and expanding acute care capabilities, as well as designing homes to meet the complex needs of Alzheimer’s and dementia patients.

Community Health Partnership. Beth Anderson reported that some providers within the Community Health Partnership network have not yet been paid. She also asked if the Department has a plan in place should another MCO suddenly go out of business. She also noted that she has heard good things about the process for consumers and providers as we move forward. Beth Wroblewski explained that there was a period of time when money wasn’t moving because CHP was in receivership in the courts. However, now providers are being paid. Audrey Nelson said she wished she had received better communication from the state about the change and what to expect. She had to call a legislator, who had to call DHS to learn what was occurring. She received three different answers from three different people, which she found frustrating.
Comments from the Public
Heather Bruemmer asked for comments from the public. There were none.

Agenda Topics Requested for the May Meeting
The following topics were requested for May 14 meeting:

1. The Council would like Kitty Rhoades to speak to the members regarding legislative issues relating to dementia.
2. LTC Functional Screen
3. Affordable Care Act implementation in Wisconsin
4. Employment

Meeting adjourned at 3:30 p.m.

Handouts
- Report on the Cost-Effectiveness Analysis of Wisconsin’s Long Term Care Programs, February, 2013
- Outline for LTC Advisory Council Presentation & Discussion on Alzheimer’s/Dementia
- Proposed Topics to be Addressed by the Wisconsin State Plan for Dementia (draft)
- Wisconsin Department of Health Services Activities for Individuals With Dementia and their Caregivers 2009-2013
- Alzheimer’s Disease and Other Dementia Sustainability Workplan, 8/6/07, updated 2/27/13
- We All Hold the Keys: Report to the Community on Phase Two Activities of the Alzheimer’s Challenging Behaviors Task Force, December 2012 (http://www.planningcouncil.org/PDF/WeAllHoldTheKeys.pdf)
- Packet of Alzheimer’s Association Fact Sheets and Brochures
- Map of Current and Proposed Aging and Disability Resource Centers, January 21, 2013 (For an updated version, see http://www.dhs.wisconsin.gov/LTCare/adrc/professionals/maps/ADRCmapw-pop.pdf)
- Transportation Study. describing a study to be performed by OFCE to address concerns raised by the Council’s Transportation Work Group
- Governor’s 2013-15 Biennial Budget: Major Items for the Department of Health Services, February 20, 2013