Wisconsin Long Term Care Advisory Council
Meeting of March 13, 2012
Wisconsin Department of Revenue Building, Madison, WI

Approved Minutes

Members present: Beth Anderson, Teri Buros, Devon Christianson, Hugh Danforth, Carol Eschner, Robert Kellerman, Geri Lyday, Lauri Malnory, Barb Peterson, Maureen Ryan, David Scribbins, Stephanie Sue Stein, Kate Wichman John Sauer, Christine Witt

Members absent: Karen Avery, Heather Bruemmer**,** Dana Cyra, Caroline Feller, Tom Hlavacek, Tom Masseau, Todd Romenesko, Beth Swedeen, Judith Troestler

Others present: Michael Blumenfeld, Kathleen Caron, Phil Clissa (for Beth Swedeen) Grant Cummings, Cindy Dombrowski, Wendy Fearnside, Juan Flores, Mary Heiden, Bill Jensen, Barb Kel , Darla Keuler-Gehl, Lea Kitz, Margaret Kristan, Tom Lawless, Kim Marheine, Donna McDowell, Forbes McIntosh, Carrie Molke, Heidi Pankoke, Mary Panzer, Gail Propsom, Deb Rathermel, Kathy Rogers, Tim Stumm, Janice Smith, Beth Wroblewski, Otis Woods

Vice-Chair Carol Eschner chaired the meeting, which she called to order at 9:30 a.m.

Council Business

- **New Members.** Carol introduced two new members of the Council – Hugh Danforth of the Oneida Nation, and Lauri Malnory, Parent Facilitator for the Eau Claire Area School District and the Chippewa Falls Area Unified School District. Tom Masseau, the new Executive Director of Disability Rights Wisconsin, has also been appointed to the Council but was unable to attend.

- **Name Change and Charge.** The name of the Council has been changed to Wisconsin Long Term Care Advisory Council and its charge updated to clarify its role in providing guidance to the Department across the spectrum of long term care reform efforts, including IRIS and new initiatives such as Virtual PACE. Both IRIS and Virtual PACE will maintain their own advisory committees.

- **Approval of meeting minutes for January 9, 2011.** The minutes were amended to recognize David Scribbins attendance at the January meeting and were unanimously approved, as amended, on a motion by Christine Witt, seconded by Maureen Ryan.

Regional Long Term Care Advisory Committees
Donna McDowell gave an update on the Regional LTC Advisory Committee meetings that will be held in April and May. These Advisory Committees are required by statute to provide perspective on the performance of Wisconsin's long term care programs and ADRCs and on the unmet needs of older people and adults with physical or

developmental disabilities. Committee membership is comprised of ADRC board members and includes representation of all target populations. In preparation for the meetings, ADRC board members were asked to talk to people about their experience with the programs and to discuss the issues among themselves as a board. Each of the seven multi-county regions includes more than one MCO and several ADRCs in order to provide opportunities to learn from one another. Council members asked whether the Committees will meet again. The Department will evaluate the experience and then decide. A summary of the Advisory Committee meetings will be prepared and shared with the Council.

Virtual PACE

Deb Rathermel and Tom Lawless provided an overview of the Department's proposal for the Virtual PACE demonstration for dually eligible Medicaid and Medicare enrollees. The proposal, which will be posted for public comment on the internet, is designed to improve efficiency by aligning federal and state program requirements; incorporating use of Medicare data into the analysis; increasing care coordination; better managing transitions between nursing homes, hospitals, home health and long term care; and providing improved access to medical care within the nursing home setting. The initiative will focus on dual eligibles residing in institutional settings and enrolled in fee-for-service Medicaid. This is a change from earlier thinking. Eligible individuals will be passively enrolled for a six month trial period, after which they will have an opportunity to choose an alternative, if they wish. Family Care enrollees will not be included in the program. Incentives for relocation to the community will be developed and enrollees who relocate will be able to continue in the program. The Department and CMS will contract with Integrated Care Organizations (ICOs) to operate the program in selected pilot sites.

Council members had a number of questions about how the program will work, who will be covered, when and how participants will have opportunities to choose a program, and how rates will be determined. Members raised the following issues as concerns:

- Need to ensure that consumers have choice. Lack of choice is inherent in passive enrollment.
- The impact on ADRC workload could be "overwhelming" in areas where there are target population is concentrated.
- Need for more stakeholder input early on.
- Need to address mental health issues. Especially in Milwaukee County where so many nursing homes have closed, a high proportion of the remaining nursing home residents have multiple issues, including mental health and AODA.

Council members were invited to let Deb Rathermel know about any ideas they may have for how to get more consumer input regarding Virtual PACE. Targeted focus groups were suggested as one practical way to get input.

Family Care Financial Status
Tom Lawless gave a brief update on the financial status of Family Care. Positive trends are continuing and no surprises are anticipated when MCOs file their year end reports on March 15. Financial summaries are posted on line at http://www.dhs.wisconsin.gov/ltcare/ProgramOps/fiscal/financialsummaries.htm.

Family Care Enrollment Caps
Beth Wroblewski provided and update on the Family Care caps. The legislature is expected to vote on lifting the caps today (March 13). The Assembly version includes an amendment that requires active, rather than passive, review of any future expansion of Family Care by the Joint Finance Committee.

Long Term Care Sustainability
The Department is developing a number of initiatives to ensure the sustainability of Wisconsin's long term care programs into the future. These initiatives are clustered into seven focus areas, including: Residential Services, Living Well at Home and in the Community, IRIS and Self-Directed Supports, Youth in Transition, Employment Supports, Family Care Benefits, and Family Care Administration and Program Efficiencies. Descriptions of the plans to date can be found at http://www.dhs.wisconsin.gov/ltcreform/. Information on four of the initiatives was presented and discussed as follows.

Medication Compliance Initiative
Margaret Kristan and Kathy Rogers described the LTC sustainability initiative on medication compliance, which will identify people who could benefit from increased medication adherence and provide consultation and medication dispensing devices to reduce medication errors. Increasing medication compliance is expected to help avoid unnecessary hospitalizations, nursing home admissions and emergency room visits.

Council members offered a number of comments and suggestions, including:

- Is the medication compliance initiative targeted at current Family Care members only? Will it also address the goal of saving money by helping people avoid going on to public programs?
- Be concerned about the appropriateness of what is in the pillbox as well as with the person's compliance with taking the medications. Look at the role of the pharmacist and how they are reimbursed. Build an interface with pharmacists to improve how the devices are loaded.
- Medication dispensing devices are not effective for people with dementia or limited intellectual ability.
- Pillboxes are easier to use than a dispensing device and are preferred by families who help with medications. People don't want to use the dispensing devices the ADRC has in its loan closet.
- Living arrangement is a factor in medication compliance. It makes a difference whether a person is living alone, living with others, or in residential care.
- Many people don't take medications because they can't afford them. A device won't help with this.

- Side effects are another reason for non-compliance.

Devon Christianson described Brown County's prevention grant program dealing with medications. Nursing students do a home visit, list the medications the person is taking, review the medication list with the volunteer pharmacist; and consult with the person's physician. 50% of participants were found to be on medications that are contraindicated for falls.

Nursing Home and Assisted Living Intervention and Diversion Initiative
Gail Propsom introduced the initiative. DHS has been doing nursing home relocations through the COP/CIP and Family Care programs and is looking to pick up the pace through use of Money Follows the Person (MFP). MFP allows states to capture a higher MA match (80% compared to the usual 60%) for people who relocate from a nursing home to a community setting. To be eligible, the person must have been in a nursing home for 90 days or more, be enrolled in MA, move to an eligible setting, and be willing to complete before and after surveys for the program. The department is looking for ways to reduce barriers to and increase participation in MFP. Donna McDowell described these as including ways to increase pre-admission consultation and MDS Section Q referrals and outreach to nursing homes and nursing home residents to identify people who want to relocate.

Council members expressed their belief that ADRCs will need to be adequately staffed if they are expected to take on the outreach role, that cooperation from nursing homes will be needed, and that the availability of accessible, affordable housing will be a limiting factor.

Youth in Transition Initiative
Beth Wroblewski described the initiative, which is aimed at increasing awareness of community living and employment opportunities for youth with disabilities who will be transitioning to the adult care system and at providing employment related services and family support through the LTC benefit and through DVR, DPI and the public schools.

IRIS and Self-Directed Supports Initiative
Beth Wroblewski described the initiative, which is intended to provide tools and procedures to strengthen self-direction in the IRIS program and, at the same time, assure efficiency and accountability. The Department will be working to bring budget allocations for the first group of IRIS participants (Cohort 1) into alignment with those for subsequent IRIS enrollees and with expenditures for Family Care participants.

Residential Services Initiative
Beth Wroblewski described the residential initiative, which is intended to ensure that people with long term care needs have opportunities to continue to live and receive care in their own homes and communities and to ensure access assisted living when necessary based on the acuity of the individual's care needs. The goal is to identify the types of needs that are best served in residential settings, not to prevent the use of assisted living facilities. The initiative will focus on people with low levels of need and on how the

RAD process looks at residential care. The Department will come back to the Council for further discussion of this topic. Comments offered by Council members included the following:

- Family Care participants are seeing their services cut back, losing home meals, transportation, recreational opportunities and supportive home care. If sustainability is added to the rationing that is already going on, what will be left of the Family Care concept of providing support to meet outcomes? This is occurring in both urban areas and in rural northern Wisconsin.
- While providers used to complain about the legacy waivers, now they say they prefer the old waivers to Family Care.
- An explicit policy, not ad hoc changes, are needed so that everyone-- including participants, family members and ADRCs-- understands the policy changes being made and how access to services will be affected.
- The Department should take a look at the long term care functional screen to see if it fully reflects acuity.
- Keeping people out of lower levels of care in assisted living may lead to an increase in nursing home utilization.

Donna McDowell said the Department gets many letters and calls from people running out of money in assisted living and asked what can be done up front to help avoid the problem. Beth Anderson explained that the profile of assisted living residents has been changing and people are waiting longer before entering a facility. She cited divestment and the effect of the recession on assets as affecting residents running out of money to pay for assisted living. We don't always get the full story when people complain about running out of money.

Status Update on Family Care Quality

Kathleen Caron began by asking Council members what they feel are important measures for quality and grouped the suggested measures into categories. The categories that emerged included: personal experience outcomes, health, functional ability, consumer satisfaction, and process outcomes like timeliness of service delivery. The Council suggestions parallel those that have been proposed as member service outcome measures for the balanced scorecard approach Kathleen is developing for Family Care. CMS requires states to collect and evaluate data on eligibility, timeliness, etc. Wisconsin's approach includes more emphasis and detail on quality of life measures. The initial focus is on providing data for MCOs rather than providing information for consumers to use.

Council members observed that what is important to an individual differs from what is important to the department and suggested that separate sets of information be developed for consumers and for MCOs. Carol Eschner invited Kathleen to come back to the Council when she has some results to share. Kathleen invited Council members to send their thoughts to her at her e-mail address: Kathleen.Caron@wisconsin.gov.

BOALTC Ombudsman Report

Kim Marheine gave the report for the Board on Aging and Long Term Care (BOALTC), which serves as the ombudsman for Family Care enrollees age 60 and older. She gave several examples of ombudsman involvement in case resolution and identified the following themes in the issues they deal with:

- People having to move when the provider has "too many" Family Care residents and can't afford to serve more.
- People having to move multiple times from assisted living facilities that they consider their home.
- Consumers feeling vulnerable; hearing that money is tight, there will be reductions and you may have to move.

John Sauer asked if the ombudsmen were seeing people in Family Care choosing assisted living prematurely, and Kim answered that, by the time they get to assisted living, people are usually ready to be there. Consumers say the facility is their home and that they feel secure, can make decisions, are not isolated and couldn't "make it" in their previous home. Some people improve in the facility but may still find it difficult to relocate to a less restrictive environment because the support needed to succeed would not be available. The skill level required for providers is high, especially when mental health challenges are involved.

DRW Ombudsman Report

Lea Kitz gave the report for Disability Rights Wisconsin (DRW), which serves as the ombudsman for Family Care members age 18-59 and IRIS members who meet DRW criteria. The top presenting issues are: 1) service reductions; 2) eligibility and enrollment problems; 3) relocation; 4) disenrollment; and 5) IRIS budget allocation amounts. The ombudsman's role is to help people get what they need and to notice things and try to resolve problems. Emerging issues include multiple rate reductions in the same year for providers, residential moves due to rate disputes, and the ability of the LTC functional screen to adequately identify behavioral and supervision needs. Respite is one area that has been especially affected by service reductions.

Teri Buros explained that respite and transportation have been incorporated into the MCO rates for residential and other providers and that those other providers are now expected to pay out-of-pocket for respite or transportation services, without being separately compensated. Because respite and transportation costs represent only a small portion of the provider's entire rate, the rate increases for these services look small compared to the total package and may leave providers concerned about whether there is enough to pay for the service. Also, there isn't as much money available as there was before, and it is a challenge to remain member centered and still be efficient.

Transportation Working Group
The transportation working group has not yet convened. Carol Eschner volunteered to chair the group. Other volunteers included: Beth Anderson, Stephanie Sue Stein, Carrie Porter (for Bob Kellerman), and Jim Williams (for John Sauer). [Note: David Scribbins has subsequently volunteered as well.]

Council members identified several issues relating to transportation:

- Transportation is being made available only for limited purposes such as doctor visits and shopping once a week, not enough to meet people's needs for quality outcomes.
- Family Care members cannot file a grievance for denial of transportation services when transportation is included in the MCO's contract with assisted living providers and the provider makes the denial.
- The cost of transportation for Family Care members has increased dramatically since MCOs began including transportation in other provider contracts. Transportation services charge the assisted living or other provider the full unsubsidized rate, rather than the subsidized rate that the individual qualified for before.

Agenda Topics Requested for the May Meeting
The following topics were requested for the May 8 meeting:

- Fiscal update
- Enrollment update
- Sustainability town halls
- Residential services initiative
- Annual reports on LTC programs and ADRCs

Meeting adjourned at 3:30 p.m.

Handouts:

- *Summary of Public Forums on Long Term Care*, 1-5-12
- *Regional Long Term Care Advisory Committee Map*
- *Regional Long Term Care Advisory Committee Charge*
- *Regional Long Term Care Advisory Committee Meeting Schedule, 2012*
- *Summary of Virtual PACE Proposal*, March 13, 2012
- *Family Care and IRIS Ombudsman Program Annual Report, July 2019 – June 2011 Highlights*
- *Family Care and IRIS Ombudsman Program Year 3 Annual Report: July 2, 2010 – June 30, 2011*
- *Family Care Quality: Update to the Wisconsin Long Term Care Advisory Council, March 13, 2012*
- *Board on Aging and Long Term Care Report to the Long Term Care Council* , March 13, 2012
- *[LTC Sustainability Plan] Overview Summary – Medication Adherence*