

**Wisconsin Long Term Care Advisory Council**  
**Meeting of May 13, 2014**  
La Quinta Inn & Suites Madison – American Center

**Approved Minutes**

**Members present:** Heather Bruemmer, Beth Anderson, Teri Buros, Jim Canales, Devon Christianson, Carol Eschner, Tom Hlavacek, Dan Idzikowski, Robert Kellerman, Mary Krueger, Geri Lyday, Lauri Malnory, Tom Moore, Audrey Nelson, Barbara Peterson, Ginger Reimer, John Sauer, David Scribbins, Stephanie Sue Stein, Beth Swedeen, Kate Wichman, Christine Witt

**Members absent** Hugh Danforth, Maria Ledger, Maureen Ryan, Judith Troestler

**Others present:** Monica Allen, Pat Benesh, Kelly Conte-Neumann, Luke Duncan, Janet Estervig, Wendy Fearnside, Kristen Felten, Juan Flores, Sean Gartley, Amie Goldman, Ann Gryphan, Bill Jensen, Darla Keuler-Gehl, Mike Klug, Carla Marable, Kim Marheine, Christopher McEllgunn, Carrie Molke, Cindy Ofstead, Alice Page, Heidi Pankoke, Mary Panzer, Camille Rodriguez, Christine See, Stan Shemanski, Brian Shoup, Jessica Thompson, Dave Varana, Lennise Vickers, Jackie Wells, Amy Weiss, Beth Wroblewski

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

Minutes of the March meeting were approved unanimously, on a motion by Beth Anderson, seconded by Bob Kellerman.

**Dementia Care System Redesign**

***DHS Implementation Team Reports.*** Carrie Molke introduced the topic and noted that the Redesign plan calls for some 48 separate strategies in five key areas. It is a major undertaking. Team leaders and other key staff for each of the five areas were introduced and gave an overview of implementation activities.

**1. Community Awareness and Services**

Kristen Felten and Kelly Conte-Neumann provided the update. Current activities include:

- Expanding the Dementia Care Specialist program from five to 16 Aging and Disability Resource Centers (ADRCs)
- Having Family Care managed care organizations identify dementia care lead positions,
- Partnering with the Division of Public Health, AARP and the Alzheimer's Association to promote dementia friendly communities and develop a tool kit on dementia for local public health departments.

- Working with state agency employee assistance programs related to support for employees who are caregivers for a person with dementia and planning for outreach to private employers as well.
- Partnering with the Department of Public Instruction to help children understand dementia. 27% of households caring for a person with dementia include members under the age of 18.

Council members had the following comments and suggestions:

- Alzheimer's is a public health issue, not just a long term care issue. The involvement of local public health departments is important.
- Involving the medical community, especially primary care physicians, so they can identify and refer patients to appropriate resources is also a priority.
- Working with health care systems on a business level is a way to get information to physicians.
- Faith-based organizations would also benefit from outreach, especially in minority communities. They see people who are early in the dementia process.

## 2. Facility-Based Long Term Care

Pat Benesh, Dave Varana and Wendy Fearnside provided the following update:

- Facility-based services are a focus because of the high percentage of people residing in facilities who have dementia – approximately one half of all nursing home residents in Wisconsin and 40% of assisted living residents nationally have a dementia diagnosis.
- The Division of Quality Assurance (DQA) is undertaking a comprehensive review of serious violations in nursing homes and assisted living facilities from 2005 to the present and will use the results to develop best practice guidelines.
  - One hundred fifty citations have been identified during this time span.
  - The types of incidents leading to citations and the root causes leading to those incidents are being reviewed. These types of incidents include: resident to resident abuse, sexual abuse, residents entering others' rooms, elopement leading to resident harm, inappropriate staff responses to agitation and to residents who resist care.
  - Root causes identified as contributing to violations include: failure to thoroughly assess behaviors and the cause of a behavior, failure to identify underlying physical problems resulting in challenging behaviors, care plans that do not anticipate and address causes of behavior or are not revised when there is a change in behavior,

failure to respond to triggers for behaviors, training for staff to individualize their responses to resident behavior, and inadequate staff training.

- Small numbers of residents with behaviors can have a great effect on other residents and facility staff.
- Later this summer, the Department will consider applications from skilled nursing facility providers for a Modernization incentive to be added to their fee-for-service Medicaid rate. The Modernization incentive is designed to encourage resident-centered design principles in general, with a particular focus on dementia friendly designs. The applications must demonstrate cost neutrality to the Medicaid program.
- A voluntary assurance program that provides an opportunity for facilities and home care agencies to provide information about their dementia care services and attest to their meeting approved standards will be developed. These are expected to be available in the fall of 2014. Considerations for design of the system will include clarity on the purpose of the disclosure, the information included in the registry, ease of access through organization and user friendly design, and the nature of the assurances provided. Department staff will work with the provider community and other interested parties to design this voluntary assurance program.

Comments and suggestions from Council members included:

- The number of serious violations is a very small percentage of total violations.
- Encourage the DHS to take this as an opportunity to dialogue with providers who specialize in dementia care and make the admission and discharge decisions.
- Note that the barriers to admission of people with challenging behaviors involve more than regulation and enforcement. The rights of other residents, staffing and training costs, adequacy of Medicaid funding, and the lack of alternatives for placement if something goes wrong are all factors to consider.
- A strict regulatory approach seems inconsistent with the concept of “safe harbor” for facilities, which was a recommendation from the Dementia Summit.
- Facilities need to provide a safe environment for their employees and are responsible for workers compensation if something happens. Encourage DHS to look at the number of employees who got hurt and the cost of those injuries.
- Providers and advocates want to continue to be involved up front, not just reacting to work produced by DHS internally.

- The UW-Oshkosh standards and training should complement what is already available.

### 3. **Care for People with Significant Challenging Behaviors**

Sean Gartley and Stan Shemanski provided the update.

- The goal is to support people to remain in their current living environment and to deal with emergencies where the person lives whenever possible.
- Research is needed to better understand is the supports available in the current system. A survey is being conducted to identify facilities that accept or refuse emergency protective placements in order to create more crisis capable settings.
- DHS 34 has worked effectively for mental health mobile crisis teams and may provide a model for dementia crisis intervention.
- The Department's workgroup will organize focus groups and visit counties where mobile crisis intervention has been successful.
- Washington County is one successful example. Its mobile crisis team goes to people's homes, care facilities, and anywhere else they are needed 24/7. They have not had to remove anyone from their residence in the last 18 months.

Comments and suggestions from Council members included:

- Getting enough Ch. 55 facilities for emergency protective placement is difficult. Some psychiatric facilities have been good providers of crisis stabilization for people with dementia but cannot be used for this purpose following the Helen EF decision. This needs to be fixed.
- Working relationships are the key to having the emergency protective placement system work. Counties should work with facilities in their area and with DQA to get Ch. 55 placement designation.
- In some situations, resident behavior escalates to a point where the person cannot remain in the facility where they live. Does DHS oppose the Legislative Council's proposed legislation regarding Ch. 55? [Response: Secretary Rhoades requested the opportunity to implement the Dementia Capable Plan prior to considering legislation. Legislation alone will not solve the system infrastructure and capacity issues. DHS is committed to ensuring a responsible and capable system.]
- Many behaviors happen at night. How is overnight service handled by a 24/7 mobile crisis team?
- What is the response time from receipt of a call to when the mobile crisis team arrives at the home or facility? [Response: In Waushara County, it is within 30 minutes. If there is an immediate danger, then 911 would be called instead.]
- Alzheimer's is different from mental illness and mobile crisis teams in the mental health system often lack geriatric and expertise.

#### 4. **Standards and Training**

Christine See provided the following update.

- DHS staff are cataloging current training opportunities and will survey stakeholders.
- Training opportunities will be publicized on the DHS' dementia web page. The issue will be how to keep the information updated.
- UW-Oshkosh Center for Continuing Development and Employability Training (CCDET) developing dementia care standards for the Department. It is currently researching international and national dementia care standards. A series of meetings with Wisconsin stakeholders is planned for May 21 and 29. Separate meetings will be held with crisis interventionists, provider experts, and dementia experts.
- The draft standards will be completed in July and distributed to meeting participants and other stakeholders for feedback.
- Two tiers of training will be provided. Tier One will include an introduction to dementia; dementia generalist training tailored for health care providers, family and friends, and community members; and crisis response training for law enforcement, Adult Protective Services and other agency personnel. These trainings will be made available through on line modules. Tier Two will provide more in-depth, on line training for dementia specialists and a train the trainer program relating to challenging behaviors.
- Training modules will be rolled out between October 2014 and Sept. 2015.

Council members raised the following questions and issues regarding standards and training:

- There are many training opportunities currently available. What will UW-Oshkosh offer that is different from or improves on what is currently available?
- If the state puts out a training curriculum, then facilities will feel they have to use them.
- Consider separating the source of the training from any certification requirement. Other trainings could be deemed equivalent to the UW-Oshkosh training.
- Consider having different levels of staff certification (e.g., for CNAs, unit heads and facility administrators)
- How will training be made available to caregivers who do not have computers?
- Will the training registry information be individual-based or facility-based?
- Providers may use the registry to recruit trained staff away from other facilities.

- Managing a registry and keeping it updated can be difficult.
- Where do people who work in aging programs fit into the training curriculum? They have more knowledge of dementia than bankers and other community members.
- The Alzheimer's Association will be happy to work with DHS on a curriculum for family and friends of people with dementia.
- The language used to describe the training is important. What do the different training categories mean?
- The training registry may give consumers a false sense of security.

DHS staff indicated that the UW-Oshkosh standards and trainings are not intended to duplicate trainings that are currently available. The Oshkosh training will be available on the web and will be available to family caregivers from their homes. Information on other publicly available trainings and resources will also be posted on the dementia website. There is more than one way for people to become qualified to provide dementia care.

## 5. **Research and Data Collection**

Cindy Ofstead provided the update. She indicated that DHS has an interest in measuring the impact of the Dementia Capable Plan. Staff from DHS are identifying sources of baseline and developing impact measures. DHS staff are working on cataloging demographic, facility, and program data and evaluating emergency protective placements made from nursing homes. Most important, the team is look at how to measure the long-term impact and outcomes of the dementia project. This may include measuring delayed entry into institutional settings by providing needed care and support in the community. Changes such as this will create cost savings in the long term care system. Staff are also working with the Wisconsin Alzheimer's Institute and the UW School of Business to conceptualize an evaluation of the statewide impact of the entire Dementia Care System Redesign plan.

Council members offered the following comments and suggestions:

- Quality of life measures should be included in the data collection and evaluation.
- Are budget projections for plan implementation being made?

[Response: The cost of full implementation is being explored. However, each state Department has been directed to be budget neutral, so savings will be needed for those costs to be covered.]

***Long-Term Care Advisory Council Dementia Subcommittee Report.*** Subcommittee Chair Tom Hlavacek gave the report. Other Subcommittee members include Beth Anderson, Devon Christianson, Carol Eschner, Bob Kellerman, Tom Moore, Barb Peterson and John Sauer. Council members are welcome to join meetings of the

subcommittee if they wish. The Subcommittee last met on May 5 and is scheduled to meet once during the month between Council meetings. The purpose of the Subcommittee is to provide an additional source of input to the Dementia Care System Redesign, to provide feedback to DHS, and to gather feedback from others around the state.

**Next Steps.** Carrie Molke said that she appreciates the energy people are devoting to the dementia initiative and reviewed Department efforts to honor their desire to be involved. These include an updated website devoted to the initiative, a listserv for dissemination of new information, and a variety of work group meetings. Members of the Council will be invited to participate in the listserv and will be alerted to opportunities for input.

### **Department Updates**

- **Family Care Expansion.** Brian Shoup announced that Family Care and IRIS are being expanded to the seven counties in northeastern Wisconsin. An RFP will be released on or about May 19 for implementation in the first or second quarter of 2015. One or more MCOs will be selected. Joint Finance Committee approval will be needed for DHS to issue the contract(s) with the selected MCO(s). Counties participating in the Northeast Wisconsin (NEW) coalition may apply jointly or as a long term care district, but cannot use planning grant funds for responding to the RFP. There will be a transition of current long-term care recipients by the end of 2015 and a 36 month transition period, starting with the first enrollment within a county, in which all people on the wait list in these seven counties will be enrolled.
- **Medicaid Non-Emergency Medical Transportation (NEMT).** Beth Wroblewski indicated that, per the Division of Health Care Access and Accountability, an RFP for third-party oversight of the NEMT program will be issued in June. The external advocate will provide ombudsman services for Wisconsin Medicaid and Badger Care Plus members who use non-emergency medical transportation. This will be in addition to the internal ombudsman services available through the transportation provider, Medical Transportation Management, Inc. (MTM). The third party advocate will also conduct semiannual audits of complaint reports regarding NEMT.

Council members observed that there were challenges in the initial roll out of the NEMT program and asked whether DHS will be evaluating its cost effectiveness.

- **Home Care Advisory Committee.** Beth Wroblewski informed the Council that there has been a 36% increase in the number of certified MA providers billing for personal care since legislation was passed in the 2009 biennium that permitted additional agencies to become certified as Personal Care Agencies. Personal care has seen the most substantial growth of any MA service. There have been examples of fraudulent billing as well as honest errors and misunderstandings.

Conflicts of interest arise when the provider who assesses the number of hours of care needed also provides the care. DHS will be issuing an RFI for an independent assessment of personal care hours for people who are MA eligible.

### **Employment Topics**

Beth Wroblewski introduced the topic and informed the Council of the Department's focus on youth transitioning from school to employment. Because of this focus, the Department's employment team has been relocated from the Office of Family Care Expansion to the Bureau of Long Term Support, which has responsibility for the children's waivers. BLTS Director Camille Rodriguez and employment staff Jessica Thompson and Janet Estervig provided updates on employment programs and activities.

- **Centers for Medicare and Medicaid Services (CMS) rule changes.** CMS rules issued in January 2014 require that recipients of MA waiver and state plan services have access to the benefits of community living and opportunities to receive services in the most integrated settings. This applies to employment and other services as well as to residential settings. DHS staff are closely following any additional guidance from CMS on their interpretations of the final rule. DHS continues to develop strategies to increase the numbers of waiver participants working in competitive, integrated employment settings.
- **Interagency Collaboration.** The Department is working with the Department of Workforce Development (DWD)/Division of Vocational Rehabilitation (DVR), Department of Public Instruction (DPI) and Department of Children and Families (DCF) and local schools to convey the message that employment is part of the future for youth with disabilities and that they both can and are expected to work. This represents a significant culture change.
- **Project SEARCH Expansion.** Project SEARCH will be expanded to 20 new sites in Wisconsin over three years. The program, which provides internships with on-site classroom and job coaching, has been highly successful so far. Approximately 87% of Project Search participants were placed in competitive employment upon completion. DWD has awarded DHS a grant to manage the growth of the program.

Beth Swedeen, Chair of the Council's Employment Subcommittee, said that focusing on employer driven opportunities and moving away from "charity" employment is needed to increase real employment in competitive and integrated settings.

- **Children's Long Term Support Waiver Efforts to Promote Youth and Young Adult Employment.** The Department is looking for ways to use the CLTS waiver to support employment goals, including helping families think about and plan for employment, providing daily living skills training in the community, and providing guidance and information resources to county waiver agencies. Youth

with disabilities are also encouraged to participate in the Let's Get to Work, PROMISE and other programs focusing on the transition to employment.

All of these efforts should have a positive impact on increasing employment for people with disabilities.

Council members wanted to know what the Department is doing about sheltered employment. Brian Shoup indicated that he had met with sheltered workshop employers and that the industry is changing. Its members understand that there is a "sea change" both at CMS and DHS. The concept of integrated employment can be flexible. Workshops can refocus their workplaces to focus on production that involves both disabled and non-disabled individuals. People who have been in facility-based employment for decades have adapted and may not be favorable to a forced transition. There is a need for a full continuum of employment opportunities, even though the goal is integrated employment.

Beth Swedeen asked for a Department response to the Employment Subcommittee's recommendations, with an emphasis on timeframes, performance measures and blended employment opportunities. Beth Wroblewski indicated that the Department has been working on a response. Data collection has been difficult because there are so many different ways of measuring results. The Department will report with next steps to the next Council meeting. [Note: This has since been deferred to the September meeting because of schedule conflicts for Employment Subcommittee members.]

### **Comments from the Public**

Lennise Vickers of 9to5 Wisconsin shared information with the Council about the *Caring Across Generations* campaign. *Caring Across Generations* is a partnership of more than 200 organizations nationwide that is working to reshape the home care industry to improve the lot of home care workers and expand and improve home care opportunities for families and individuals in need of long term care. Legislation has been passed in Ohio, Oregon and Hawaii and is expected to be introduced in Wisconsin.

### **Council Business**

The following topics were suggested for the July meeting:

- MCO final fiscal reports.
- Dementia plan update, including how the effort is being organized and the membership of implementation teams.
- Follow-up on the employment topic.
- Impact of the Affordable Care Act (ACA) employer mandate on employment of people with disabilities.
- Update on the status of the LTC sustainability initiatives.
- Update on CMS rule relating to community living and non-residential environments.
- Unlicensed housing providing supportive services.
- BOALTC and DRW Ombudsman updates.

- Brain Injury Waiver status update.
- MCO quality initiatives and indicators.
- Assuring that people choosing IRIS have the ability to self-direct.
- LTC investment fund idea.
- Dept. of Labor rules on direct care worker hours.
- Medicaid recapture.

Meeting adjourned at 3:30 p.m.

**Handouts**

- Draft *Process for Review of Dementia Care Standards*, May 5, 2014
- *Standards and Training Timeline* (Specific to UWO Contract)
- *Dementia Capable Wisconsin Tier One Training Intended Audience*, 5/6/14
- NEMT *Third Party Oversight RFP* (one page PowerPoint slide)
- Wisconsin *PROMISE* flier and brochure