

Wisconsin Long Term Care Advisory Council
Meeting of May 14, 2013
Wisconsin Department of Revenue Building, Madison

Approved Minutes

Members present: Beth Anderson, Heather Bruemmer, Teri Buros, Jim Canales, Carol Eschner, Lea Kitz, Mary Krueger, Maria Ledger Maureen Ryan, John Sauer, David Scribbins Beth Swedeen, Judith Troestler, Kate Wichman, Christine Witt

Members absent: Karen Avery, Devon Christianson, Hugh Danforth, Caroline Feller, Robert Kellerman, Geri Lyday, Lauri Malnory, Barb Peterson, Stephanie Sue Stein, Tom Hlavacek

Others present: Monica Allen, Michael Blumenfeld, Vicki Buchholz, Adam Colangelo, Mary Delgado, Cindy Dombrowski, Luke Duncan, Juan Flores, Patrick Griffin, Ann Gryphan, Ellie Hartman, Julie Hyland, Bill Jensen, Mike Klug, Marlia Mattke, Linda Murphy, Mary Panzer, Gail Propsom, Ginger Reimer, Craig Steele, Tim Stumm, Jackie Szehner, Jackie Wells, Beth Wroblewski

Call to Order and Welcome

Heather Bruemmer called the meeting to order at 9:30 a.m. and introduced new members Jim Canales and Maria Ledger.

The agenda for the meeting was approved. Minutes of the March meeting were approved unanimously.

Medical Transportation: Transition to New Vendor

Marlia Mattke, Deputy Administrator, Division of Health Care Access and Accountability, gave an update on the transition to a new Medicaid non-emergency medical transportation manager. The new vendor, Medical Transportation Management, Inc. (MTM), will begin service on August 1, 2013 under a 3-year contract with the state. Participants will receive a letter well before August 1 and be able to call ahead to schedule appointments, using the same phone number they had for LogistiCare. Other procedures and the types of service provided will also remain the same with the new vendor.

Using a transportation management service has helped us have a more cost effective program and is the approach used by 47 other states. The challenge is to ensure that the services provided meet expectations for quality.

The Department has learned from experience and has taken a number of steps to improve and ensure the quality of medical transportation services under this new contract with a

new vendor. Previously unavailable utilization data was used in the RFP, resulting in proposals that were more realistic and better able to support quality services. The vendor has had more time to build a network of local transportation providers. There will be a full-time, dedicated ombudsman for the transportation program to act as a problem solver. An outside auditor will be retained to audit the complaint process and MTM's follow-up on complaints. The Department will have more ability to control the quality of the services provided and will hire a full-time contract monitor to oversee the program.

A non-emergency transportation council will meet quarterly to provide input. Their meetings are open to the public, and anyone welcome to attend. Marlia will distribute their minutes, when published, to Heather or Wendy to share with the LTC Council members.

John Sauer asked about the relationship between funding for transportation and the Family Care MCO capitation rates. Beth Wroblewski indicated the Department is aware that some MCOs have had difficulty obtaining transportation services for their members when the provider can get higher reimbursement from MA and will reevaluate the cost of non-emergency transportation now that DHCAA has its contract MTM in place. The Department is looking for ways to address the issue in the 2014 MCO contract and will provide the Council with additional information on this and other transportation issues when available.

Affordable Care Act Implementation in Wisconsin

Craig Steele, ACA Project Manager in the Division of Health Care Access and Accountability, did a presentation on implementation and anticipated impacts of the Affordable Care Act in Wisconsin, with assistance from Glenn Silverberg of the Office of Family Care Expansion (OFCE).

Glenn addressed how the ACA will impact the MA elderly, blind and disabled population. Impacts on this population are expected to be slight. Eligibility for the Medicaid 1915(c) waivers remains unchanged. The group that will be impacted by ACA eligibility changes are Family Care participants with disabilities who have full MA under BadgerCare Plus (disabled adults with minor children and incomes between 100 and 200% of poverty) who will need to have a disability determination in order to maintain eligibility. About 400 enrollees, or less than 1% of the Family Care participants, will be affected.

Carol Eschner pointed out that it can take a year or more to get a disability determination and asked if there was anything that could be done to streamline the process for people who would be affected by the change. Beth Wroblewski said that the Department is looking into this and that records established for participants in Wisconsin's long term care system may be helpful in meeting disability determination requirements.

Craig then provided an overview of the ACA and related Wisconsin entitlement reforms as proposed in the Governor's budget proposal. Wisconsin will be implementing a

federally facilitated Marketplace where people with incomes between 100% and 400% of the Federal poverty level (FPL) or \$11,480 annual income for an individual will be able to purchase health insurance with help from a Federal subsidy. Wisconsin residents with incomes of 100% of the FPL or less, including childless adults and parents/caretaker relatives of children enrolled in BadgerCare who are currently not covered, will be eligible for BadgerCare. People currently on BadgerCare whose incomes exceed 100% FPL will have the opportunity to purchase insurance through the marketplace. As a result, the number of non-elderly adults who are uninsured is expected to be reduced by half, from 14% to 7%. Businesses with 81 or more employees, and people who do not purchase health insurance, will be subject to financial penalties. Details are contained in Craig's PowerPoint.

There may be an indirect impact resulting from the effect on insurance coverage or penalties for agencies employing direct care workers. Some of these agencies may provide health care coverage for their employees to avoid penalties, or may drop current insurance coverage if the penalties result in lower overall cost. Some employers may cut worker hours to avoid these provisions.

Several Council members expressed concern about the potential impact of this issue on agencies employing direct care workers and the MCOs that rely on their services. Many direct care workers do not have affordable health care now. There is concern that provider agencies are dependent on MA and subject to MA reimbursement rates, which may not be sufficient to allow employers to either provide health insurance for their employees or pay the penalties associated with not providing insurance. Some provider agencies may not be able to survive this fiscal impact. Members urged the Department to collect data and investigate the issue.

Long Term Care Functional Screen

Beth Wroblewski and Gail Propsom gave an update on the Department's efforts to modify the long term care functional screen (LTC FS) to better capture complex needs and challenging behaviors related to mental health and dementia.

The goal is to include more detailed information in the LTC FS without modifying eligibility criteria or becoming so cumbersome that it delays eligibility determination. The revised screen would provide standardized data about the mental health, behavioral health or dementia-related needs of people entering the publicly funded long term care system so that the drivers of staffing needs and service costs can be evaluated. The plan is to pilot test possible revisions to the LTC FS in th2013 and implemented changes in 2014.

The noted that much of the information needed about mental health and behavioral challenges would more appropriately be collected during the assessment that is used for care planning and setting provider reimbursement rates, which take place at the MCO, the IRIS Consultant Agency or the county waiver agencies. Modifications to LTC FS data

collection is anticipated to be a first step. Additional standardized tools will likely be needed to address mental health and behavioral challenges in these other areas as well.

Kathleen Luedtke in the Bureau of Long Term Support is leading the effort and has met with DHS, MCO, IRIS and county ADRC and waiver representatives. Service providers and advocates will also be included in providing input into this process. Suggestions of people involved are welcome and should be sent to gail.propsom@wisconsin.gov or Julie.hyland@wisconsin.gov.

Council members welcomed the invitation to participate and offered the following observations, questions and concerns:

- Having the MCO do its own LTC FS, which is used for rate setting as well as service planning, sets up a potential conflict of interest.
- Members expressed appreciation for the Department's support for the philosophy of asset based planning and asked how a strength-based approach would be integrated into the process. There is a concern about the implications of using a deficit-based tool like the LTC FS in assessment and care planning.
- It is important to be thoughtful in this process. July may be too soon to pilot. A formal solicitation of input from the provider community will be important to developing buy-in, and this will take some time.

Department representatives appreciated the input and will look into these issues. More direction will be forthcoming.

The Council voted unanimously to establish a subcommittee of the LTC Council to oversee and give the Department feedback on the LTC FS. Members of the subcommittee include Beth Anderson, Heather Bruemmer, Teri Buros, Kea Kitz, Mary Krueger and John Sauer. Beth Wroblewski said she would provide information on the scope of work for the Department's planning efforts.

Department Updates

Beth Wroblewski announced two new appointments to the Division of Long Term Support management team -- Brian Shoup as the new Division Administrator and Carrie Molke as the new Bureau Director for the Bureau of Aging and Disability Resources. Brian will start May 20 and Carrie on July 1.

DLTS is working on a comprehensive plan to promote development of a dementia capable system, including early identification and intervention, caregiver support, and residential and facility options responsive to the needs of the dementia population. This is a Department priority and provides an opportunity to coordinate with various efforts on addressing the needs of people with Alzheimer's Disease or other dementias. Faith Russell in the Office of Policy Initiatives and Budget is the project manager for the effort.

A majority of the Department's long term care sustainability initiatives are "off the ground" or will be in the next month or two, and the Department will analyze the impact of these efforts, and results will be brought back to the Council at a future date.

Maureen Ryan asked whether the Department is thinking about changing its criteria for family members who provide care to program participants. Beth indicated that there has not been any change of policy in this area. She also indicated that there may be an issue if agencies acting as co-employers for people who self-direct fall under the large employer category for ACA health insurance requirements.

Employment

Christine Witt, Council member and Executive Director of Advanced Employment, Inc. in Madison, provided the Council with an overview of the best practices and successes that her agency has had in finding and supporting employment for people with disabilities. Advanced Employment, Inc. has a staff of 60 and provides employment support for 115 individuals, 97% of whom are currently employed and 89% of whom are fully employed with jobs that meet their personal standards for employment. A few are underemployed and the agency is working on that. Most participants work from 12 to 25 hours per week. Support is provided as long as the person needs it, many times as long as the person is employed. It is important for employers to know that the job coach can be there forever, if needed, and that their job will get done. Funding for the program comes from grants, the legacy waivers and DVR.

Some of the things that have worked well include:

- Incentive based job development, with bonus pay once the person has been on the job for 3 or 6 months.
- Support for self-employment and micro employment. For example, one individual started a shredding business.
- Find out what the individual wants to do and assess his/her abilities.
- Collaborate with the schools to transition students to work.
- Provide pre-vocational supports, such as having a staff attend school with the individual to provide support.
- Talk with the parents and child early on, when the child is 12-16 years old, to give them ideas about the range of opportunities to work in the community.
- Focus on relationships; they are what make the program work.

Chris asked whether it would be possible for vocational agencies to provide personal care to participants during the work day, as they can for IRIS participants. Beth indicated that the Department's current state plan authority for personal care does not allow for this.

Chris asked if the Council would consider establishing a subcommittee on employment. Heather Bruemmer suggested the Council think about it and discuss further.

Medicaid Purchase Plan (MAPP)

Ellie Hartman from OFCE did a presentation on Improving Work Incentives in Wisconsin's MAPP.

The purpose of MAPP is to incentivize work and allow participants to earn income and accumulate savings without losing MA-funded health care coverage. Wisconsin has 22,272 participants in MAPP with an average monthly income of \$121, the lowest average earning of all 37 states with buy-in programs. The definition of gainful employment in MAPP is unclear and permits in-kind work to fulfill the work requirement. 18% of participants in Wisconsin's MAPP program have no monetary earnings and another 32% earn less than \$10 per month.

The Department is proposing to increase work incentives in MAPP by reducing the premiums charged to participants and the amount of income allowed in order to be eligible for the program, while at the same time strengthening the work requirement. To be eligible under the proposed change, participants would need to engage in at least one hour of paid work per month for which they are paying taxes; in-kind compensation would no longer be sufficient to qualify. The tradeoff is needed to ensure that changes to the program are cost neutral.

Several Council members expressed concern that participants will lose eligibility for MA and for Family Care because of the change. DRW estimated that as many as 9,000 people could lose eligibility. The Department does not have estimates for how many enrollees in each MCO would be potentially affected.

[Note: Changes in MAPP were not included in the state's 2013-15 budget, and the future of the proposal is uncertain.]

IRIS Update

Gail Propsom gave the update. The Department is making a number of changes to the IRIS program, including:

- Developing an IT system that is dedicated to IRIS and will allow participants to have real time access to their data, including their plan of care and the status of invoices submitted and paid.
- Providing access to more than one IRIS Consultant Agency and Fiscal Employer Agency. This will have the advantages of enabling Wisconsin to tap into a higher MA match rate and of offering choice to IRIS participants. Agencies will be selected via a certification process rather than through a competitive RFP process.
- Separating the payroll and claims processing functions currently provided by the Financial Services Agency. The Fiscal Employer Agency will provide payroll services, while a Third Party Claims Administrator (TPA) will process claims.
- There will be changes in allowable residential settings. IRIS was never intended to provide long term funding for care in regulated living settings. Changes will permit use of IRIS in 1-2 bed Adult Family Homes, residential apartment

complexes with autonomy, and Community Supported Living. Licensed facilities such as Community-Based Residential Facilities and 3-4 bed Adult Family Homes will no longer be eligible living settings.

Comments and questions from the Council included:

- How will people make a choice between IRIS Consultant Agencies? [Response: There could be a variety of factors, such as support broker services and help in getting started and understanding self-direction.]
- Can service providers also be IRIS Consultant Agencies? [Response: Yes, potentially. Issues related to conflict of interest, such as providing consultant services and care services to the same individual, will need to be mitigated.]
- What will happen if there are too many parties interested in being an ICA, making it financially infeasible? [Response: DHS does not anticipate this being a problem, but could issue an RFP if it looks like it is becoming an issue.]
- Can an MCO be an IRIS Consultant Agency? [Response: Perhaps. However, a separation of duties would be required to avoid conflict of interest. This issue may not be successfully mitigated, and CMS may not approve of this dual role for MCOs. If this cannot be mitigated, they this dual role will not be permitted.]
- Will participants continue to be given an allocation amount under the new system? [Response: Allocations will be expressed as a range. Data shows that many IRIS participants don't spend all of the IRIS individual budget amounts.]
- People select IRIS for living environments that the MCO doesn't cover. By limiting residential settings, are we taking something away from people who want to self-direct? [Response: Self-direction involves more than a choice of where to live. It is hard to self-direct in a licensed facility.]
- What kind of quality checks will be required in IRIS? [Response: DHS has quality staff who do record reviews, identify issues and analyze incident reports. MetaStar manages appeals and grievances. We do not currently do participant satisfaction surveys, but will likely do them once there are multiple IRIS Consultant Agencies.]

[Note: These were high level responses from DHS staff. More precise guidance will be forthcoming.]

Comments from the Public

Heather Bruemmer asked for comments from the public. There were none.

Agenda Topics Requested for the July Meeting

Council members asked whether Secretary Rhoades and the new DLTC Administrator, Brian Shoup, could be invited to attend the July 9 meeting. The Council also requested the following topics:

1. Functional screen updates;
2. Quality measures;

3. ADRC counseling on how to choose among MCOs in areas where there are more than one;
4. MCO and IRIS financials;
5. MCO contract changes for 2014;
6. Department ideas regarding IRIS changes for 2014; and
7. A biennial budget update.

Meeting adjourned at 3:30 p.m.

Handouts

- *Statement of Project Scope: behavioral and Mental Health Data Collection in Wisconsin's LTC Programs*
- *Improving the Work Incentives in Wisconsin's Medical Assistance Purchase Plan (MAPP)*
- *The Long-Term Care Processes: Eligibility, Assessment and Service Planning*
- *Wisconsin Entitlement Reforms & Patient Protection and Affordable Care Act (PPACA)*