Wisconsin Long Term Care Advisory Council

Meeting of July 8, 2014

Lussier Family Heritage Center, Madison

Approved Minutes

Members present: Heather Bruemmer, Teri Buros, Devon Christianson, Tom Hlavacek Dan Idzikowski, Robert Kellerman, Mary Krueger, Geri Lyday, Tom Moore, Audrey Nelson, Ginger Reimer, Maureen Ryan, David Scribbins, Stephanie Sue Stein, Judith Troestler, and Kate Wichman

Members absent: Beth Anderson, Jim Canales (represented by Mark Hilliker), Hugh Danforth, Carol Eschner, Maria Ledger, Lauri Malnory, Barbara Peterson, John Sauer (represented by Brian Schoeneck), Beth Swedeen, and Christine Witt

Others present: Michael Blumenfeld, Vicki Buckholz, Curtis Cunningham, Wendy Fearnside, Amie Goldman, Mark Hilliker, Darla Keuler-Gehl, Lea Kitz, Stephanie Mabrey, Kim Marheine, Christopher McElgunn, Forbes McIntosh, Carrie Molke, Charles Morgan, Anne Olson, Heidi Pankoke, Mary Panzer, Gail Propsom, Camille Rodriguez, Brian Schoeneck, Brian Shoup, Tim Stumm, Betsy VanHeesch, Amy Weiss, Beth Wroblewski, Ramie Zelenkova

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

Approval of Minutes. Minutes of the May 13, 2014 meeting were approved on a motion from David Scribbins, seconded by Mary Krueger.

MCO Fiscal Update

Curtis Cunningham, Director of the Division of Long Term Care Bureau of Financial Management, gave the update. The Department is currently reviewing Family Care rates, with data from full entitlement for the first time. The rate-setting model is derived from CY 2013 data and is trended forward to 2015, based on historical trends. This additional data will mean greater accuracy in rate-setting. Other factors being considered in the rate-setting include wages, administrative costs, care management, adult day care, high cost members, reserve requirements, and rate adjustments based on acuity of the MCO members. Other considerations include: inconsistency in case management as reported by MCOs, whether to include a per-member, per-month add on for high cost members, and evaluation of MCOs' surpluses.

Council members raised the following issues and suggestions:

- Will trending carry existing rate inequities into the future?
- Supportive home care and other frequently used services should feature prominently in any wage adjustment.

- High cost members can have a major impact. Local events such as nursing home closures and relocations affect the number of high cost members. These should be recognized in the cost model.
- MCOs need an incentive to actively manage care.
- If high cost members are dealt with separately, then separate state oversight will be needed.
- Financing should not be the driver in decisions about behavioral health.

MCOs have an opportunity to dialog with the Department and to request adjustments when the capitation rates come out in September.

Annual Report on Family Care and IRIS

Gail Propsom, Program and Policy Chief for Quality Management in the Office for Family Care Expansion (OFCE), provided an overview of the information in the 2012 Annual Report on Family Care and IRIS, titled *Long-Term Care in Motion*. There were 47,549 people enrolled in 2012, 75% of whom were in Family Care. Today there are over 50,000 people enrolled. Frail elderly make up the largest number of members, at 45%, followed by people with intellectual or developmental disabilities at 36%, and physical disabilities a 20%. The majority of members (65%) in all programs live at home. The full report can be found at http://www.dhs.wisconsin.gov/publications/P0/P00318_2012.pdf.

Council members said they liked the report and would like to see it side by side with the report on the legacy waivers. They also noted that they would like to see employment data specific to each Family Care MCO in future reports.

Quality Oversight of the Family Care Program

Gail Propsom and presented and discussed the *Wisconsin Medicaid Managed-Long Term Care External Quality Review* for SFY 2012-13, prepared by MetaStar, Wisconsin's contracted External Quality Review Organization (EQRO). The EQRO conducts an annual quality review and makes recommendations for improvement. Results showed eight of the nine MCOs improving on compliance measures over the previous year, with three MCOs fully meeting all federal quality compliance standards, three MCOs meeting over 90% or more of the standards, and three MCOs meeting 70% or more. The full report can be found at http://www.dhs.wisconsin.gov/ltcare/StateFedReqs/eqro12-13.pdf

Council members raised the following questions and issues:

- Is there something comparable for IRIS?
- Use of the word "encourage" in the phrasing of the recommendations does not inspire confidence that these are things the MCOs have to address.

Betsy Van Heesch, Deputy Director of OFCE, gave an overview of the oversight the Department provides for the Family Care program. Expectations for MCOs are articulated in the MCO contract. Key components include member-centered planning, quality expectations and an adequate and accessible network of services. The Department monitors each MCO to ensure that it adheres to the model and provides quality care and

services. Each MCO is assigned a State Member Care Quality Specialist (MQRS) and a staff contract monitor from OFCE. The MQRS provides technical assistance and deals with member-specific issues and critical incidents. The Contract Monitor interprets the contract, assures contract compliance, and does the annual MCO certification.

Routine oversight includes monthly meetings with each MCO and a review of the following:

- Policies and procedures for consistency with the Family Care philosophy and requirements;
- Business plan, fiscal reports and budget;
- EQRO findings and whether the MCO is addressing these findings in its strategic initiatives;
- Critical incidents and follow up to ensure member health and safety, as well as trend analysis;
- Member grievances and appeals; and
- Provider appeals.

Council members raised the following questions and concerns:

- What is the public's role in oversight of Wisconsin's managed long term care programs?
- The statutes give ADRC governing boards a role in MCO quality oversight. What data can they get from the Department to fulfill this role?
- What is the MCQS role in dealing with challenging behaviors? Should counties deal directly with the MCQS on issues relating to challenging behaviors?

Ombudsman Reports

Lea Kitz gave the ombudsman report for Disability Rights Wisconsin (DRW), which provides ombudsman services for Family Care and IRIS participants aged 18-59. DRW's role is to provide advice, assist in informally resolving problems, and assist in applying for internal MCO appeal hearings or Medicaid fair hearings, when necessary. DRW ombudsmen assisted 541 people with 656 requests in the year ending 6-30-14. The top requests for assistance were related to reductions or terminations in services, denial of requests for services or equipment, and eligibility issues.

Kim Marheine gave the report for the Board on Aging and Long Term Care (BOALTC), which provides ombudsman services for people aged 60 and over who are enrolled in Family Care/PACE/Partnership or the Community Options Program or who reside in a nursing home or an assisted living facility. BOALTC ombudsmen provided technical assistance, information and counseling to 28,506 individuals and investigated 1,015 complaints in 2012-13. BOALTC ombudsmen also consult with facility and MCO staff. The most common issues involve surrogate decision-makers overstepping boundaries, and dissatisfaction with the choices available through a provider or MCO. A future focus will be the ability of older adults to access appropriate mental health services, especially in licensed settings.

Council members raised the following questions and concerns:

- Do IRIS participants get comparable assistance?
- Is there a link between the DHS quality initiatives and the types of requests made of the ombudsmen?
- People don't understand outcomes. They need to know how to describe an outcome so as to get the service that they need and want.
- The shift in emphasis from social goals to health and safety goals has led to a lot of issues regarding access to recreation and transportation.
- Well-being is an outcome.
- People with dementia tend to self-isolate and have negative health outcomes.
- Needs and wants can overlap.
- Ombudsman coverage needs to be a DHS budget priority.
- The issues involving managed care are more complex than those involving residential care.

Aging and Disability Resource Center Contract for 2015

Anne Olson, Director of the Office for Resource Center Development (ORCD), reported on the ADRC contract at a recent ADRC directors meeting. ADRC directors identified three issues: ADRC sponsorship of community events, records retention, and the increase in customers needing significant amounts of assistance in completing Medicaid (MA) applications. These will be addressed through technical assistance. Changes to the ADRC contract for 2015 are minimal.

Wendy Fearnside reviewed the proposed changes to the ADRC contract and asked Council members about their experience and ideas regarding the MA application situation. People are going to the ADRCs for the assistance they used to get from income maintenance (IM) units, before the IM consortia were created. Council members contributed the following:

- Nursing homes are now spending a lot of time on MA applications as well. There are reports of delays of up to six months. Anything that can be done to help IM is important.
- There was a suggestion that IM staff be housed at the ADRC, to make it truly a one stop shop.
- IM staff no longer meet with people face-to-face. Many older people need a more "high touch" approach.
- MA eligibility is complex and ADRC staff need training in order to avoid errors.
- There are not enough benefit specialists.
- The Disability Resource Center of Milwaukee County hired an eligibility specialist to help with applications.
- ADRCs are also seeing more people with mental health issues who need assistance.

Long Term Care Functional Screen (LTC FS) Behavioral Information Supplement

Kathleen Luedtke, Section Chief of the Functional Screen Operations Section, provided an update on behavioral health screening. The scope of the LTC FS is being broadened so that people with behavioral, mental health and substance abuse issues are identified early. Behavioral health screening will be a two part process. ADRCs will perform an initial screen for depression and substance abuse issues. People will be referred to appropriate services when there is a positive finding. If the person is enrolling in Family Care or IRIS, then the information will be transferred to the MCO or IRIS consultant agency for use in care planning. The more in-depth Behavioral Information Supplement to the LTC FS will be done at the Family Care, IRIS, or legacy waiver organization. The information collected will be used in care planning to understand and identify ways to address mental and behavioral health needs. The Behavioral Information Supplement will be rolled out in late August and training will be provided.

Council members asked the following observations:

- It would be best to avoid having a separate documentation system for the screen data at the ADRC.
- Will there be enough staff time at the ADRC to do the depression and AODA screens?
- How will MCOs identify who gets the Behavioral Information Supplement?

Department Updates

Brian Shoup and Beth Wroblewski provided the following updates:

- **Organization Charts**. Ms. Wroblewski reviewed the organization charts for the Division of Long Term Care. Functional organization charts will be updated in the near future.
- **Long Term Care Sustainability Initiatives**. The Division of Long Term Care has implemented strategies where possible and has shifted its focus. The focus is now on goals, including improving IRIS, Employment, Behavioral and Mental Health Integration with Long-Term Care, and meeting customers' needs effectively.
- **Department Focus Areas.** Current priorities relating to long term care include the following:
  - **IRIS Improvements**.
    - IRIS has procured an Information Technology tool for participants to use to manage their services and budgets.
    - IRIS consultant agency (ICA) and fiscal employer agency (FEA) are now counted as services, rather than administration, which increases the federal match. Participants will have a choice of ICA and FEA. Cost for these services does not come out of an individual's IRIS budget.
    - The Department is moving to a third party claims administrator for IRIS.
    - A program integrity system for fraud and abuse monitoring is being implemented.

- **Dementia**. Implementation of the Dementia Capable System Plan is a Department priority.
- **Mental / Behavioral Health Integration**. Integrating mental health care with long term care services is another top Department priority. Margaret Kristan is leading this effort.
- **Employment**. Orienting young people with disabilities and their families to the possibility of employment and increasing paid, integrated employment for youth in transition are key objectives.
- **Tribes as a provider of health and long term care**. Centers for Medicare and Medicaid Services (CMS) has approved a Money Follows the Person grant for the Tribes. The Department plans to submit a Medicaid waiver that would create a Tribal managed option for Tribal members in Wisconsin. This will require CMS approval.
- **Children's Long Term Support System**. The Department continues to strengthen its work with families and to support community living and employment.

Dementia Subcommittee Report
Tom Hlavacek gave the Subcommittee report. The Dementia Subcommittee met with Department staff in June and discussed topics relating to the training registry, standards development, facility site visits, and the planned listening sessions.

The Alzheimer's Association supports the idea of certifying trained staff. However, many facilities train their own staff and other training opportunities are available. The UW-Oshkosh training modules should interface with existing trainings. There is concern that the standards will be perceived as mandatory, when other valid training is available elsewhere.

There is concern about use of the term "standards." Standards are different from guidelines and could become enforcement tools, as opposed to best practices or benchmarks. How the standards will be implemented and the expectations for adherence are also issues.

Brian Shoup stated that the Department can only do a small part of what needs to be done to build a dementia capable system. The Department hopes to stimulate and support activities by providers and at the local level. Mr. Shoup would like to see the provider associations do more training.

Dementia Care System Redesign Plan Update
Carrie Molke, Director of the Bureau of Aging and Disability Resources, thanked the Dementia Subcommittee for its input and addressed some of the concerns that have been raised.

- **Standards and Training**. The Department has listened to stakeholders and will not be using the word "standards." "Guidelines" is a possible alternative. In any event, the standards/guidelines will not be regulatory and there will be ample

opportunity for review and comment. The rationale for the UW-Oshkosh training development is to have a core level of training that is affordable, is widely accessible, and is intended for a variety of players in addition to facility staff.

- **Facility-Based Care**. Department staff will be visiting a number of facilities this summer and fall to see best practices in operation.
- **Challenging Behaviors**. Department staff are collecting data on the capacity of the dementia care and crisis response systems.
- **Community Awareness**. There are many activities in this area. The Division of Public Health has received a grant to develop a toolkit for local organizations can use to build dementia friendly communities. The Department of Public Instruction is developing a curriculum for youth in households where there is a person with dementia. Over 80% of ADRCs are now offering cognitive screening and connecting people with physicians for diagnosis. Eleven ADRCs will be hiring Dementia Care Specialists (DCS) in August, bringing the statewide total to 16 DCSs.

Five listening sessions around the state are planned to provide an opportunity for stakeholder input on the dementia plan.

Division Administrator's Report
Brian Shoup, Administrator of the Division of Long Term Care, gave an update on current activities. These include:

- Family Care expansion in northeastern Wisconsin is in procurement, with selections to be announced later in August 2014.
- Rock County Human Service and Developmental Disabilities Boards passed a resolution in support expansion of Family Care into Rock County and have asked the full County Board to do the same.
- Family Care Procurement is proceeding in Geographic Service Regions 9 and 10, as required every five years. These results will be announced in July 2014.
- The Department is working on the Family Care 1915 (b) and 1915 (c) waiver renewals, which are due October 2, 2014. There will be a 30-day public comment period beginning July 30 and ending September 2, 2014. The Department will host a conference call to walk through the changes.
- The Department will also be sharing a Transition Plan describing the process it will use to be in compliance with CMS final rule on community settings over a five year period. The first such plan will be for Family Care, followed by a plan that applies to all of Wisconsin's waivers. Progress in meeting goals for residential care and other services will be expected throughout the five year period. At the end of the five years, non-compliant settings would be ineligible for federal MA match. Beth provided CMS handouts to help in determining whether residential settings comply with CMS direction.
- Brian noted that Secretary Rhoades charged him with mental and behavioral health to be integrated into long-term care. Brian noted that he is pleased about

how MCOs have been working with counties and other partners on mental health issues.
- The Brain Injury Waiver will sunset, with the participants transitioning into CIP or COP by September 1, 2014.

Comments from the Public
Amy Weiss, President of the Wisconsin Personal Services Association and consultant for Milwaukee Center for Independence, introduced herself and indicated that she would like to make a short presentation at the next Council meeting.

Council Business

- ***Topics suggested for the September meeting***:
  - DHS budget;
  - Family Care expansion plan;
  - Implications of the Affordable Care Act for Medicaid providers;
  - IRIS quality measures; and
  - Waiver updates.

Meeting adjourned at 3:25 p.m.

Handouts
- *CY 2015 Rate Setting Priorities and Status Tracking* [for Family Care]
- *Quick Stats for Family Care and IRIS Ombudsman Program,* Disability Rights Wisconsin
- *Family Care & IRIS Ombudsman Program – Disability Rights Wisconsin July 1, 2013-June30,2014 Annual Report – PRELIMINARY*
- *Family Care and IRIS Ombudsman Program Service Request Data for Six Years of Program Implementation,* DRW
- *Advocacy: An Investment for the Future* [Board on Aging and Long Term Care Ombudsman Report]
- *Fact Sheet: Summary of Key Provisions of the Home and Community-Based Services (HCBS) Settings Final Rule*, CMS, Jan. 10, 2014
- *Exploratory Questions to Assist States in Assessment of Residential Settings*
- *Guidance on Settings That Have the Effect of Isolating Individuals Receiving HCBS From the Broader Community*
- *Suggested Changes for the 2015 ADRC Contract,* 7-8-14
- Executive Summary from the *Wisconsin Medicaid Managed Long-Term Care External Quality Review*, MetaStar, October 29, 2013
- *Long-Term Care in Motion: Wisconsin's Long-Term Care Programs 2012 Annual Report*