

Wisconsin Long Term Care Advisory Council
Meeting of July 9, 2013
Wisconsin Department of Revenue Building, Madison

Approved Minutes

Members present: Beth Anderson, Heather Bruemmer, Teri Burros, Devon Christianson, Jim Canales (by phone), Carol Eschner, Tom Hlavacek, Lea Kitz, Robert Kellerman, Mary Krueger, Geri Lyday, Lauri Malnory, Barb Peterson, Maureen Ryan, John Sauer, David Scribbins, Kate Wichman, Christine Witt

Members absent: Karen Avery, Hugh Danforth, Caroline Feller (represented by Audrey Nelson), Maria Ledger (represented by Linda Murphy), Stephanie Sue Stein, Beth Swedeen (represented by Ann Sievert), Judith Troestler

Others present: Monica Allen, Brenda Bauer, Patti Becker, Joyce Binder, Michael Blumenfeld, Jody Brassfield, Vicki Buchholz, Grant Cummings, Kevin Coughlin, Mary Delgado, Cindy Dombrowski, Juan Flores, Andy Forsaith, Ann Gryphan, Rebecca Hotynski, Bill Jensen, Darla Keuler-Gehl, Tom Lawless, Kim Marheine, Carrie Molke, Charles Morgan, Gerianne Prom, Ginger Reimer, Chris Sell, Brian Shoup, Tim Stumm, Otis Woods, Beth Wroblewski, Janet Zander, Ramie Zelenkova

Call to Order and Welcome

Heather Bruemmer called the meeting to order at 9:30 a.m. and welcomed Brian Shoup, the new Administrator of the Division of Long Term Care, and Carrie Molke, the new Director of the Bureau of Aging and Disability Resources. Council members introduced themselves.

The agenda for the July meeting was approved. Minutes of the May meeting were approved with the following clarifications and corrections: the new MA transportation service will allow for pharmacy-only trips; an external navigator will be available to assist with Affordable Care Act marketplace; spelling of Lea Kitz's name was corrected; and job coaches in supported employment programs cannot work with participants indefinitely.

Teri Burros announced that the Southwest Family Care Alliance will change its name to ContinuUs on August 1st.

MCO Financials

Tom Lawless handed out financial summaries for the year 2012 and the first quarter of 2013 and reviewed the current status. Key points from the 2013 data include:

- The growth in member months has been modest, largely because entitlement has been reached in most areas.

- Member service costs increased by less than 1%, due in large part to the lower acuity of people entering the program and the impact of the sustainability initiatives.
- Per member per month cost has decreased 2.3% from the 2012 level.
- The cost to administer the program continues to decline, decreasing by 8.3% on a per member per month basis.
- Approximately 94% of Family Care dollars go to direct services, and 4% to administration, both positive benchmarks.
- Seven of the eight MCOs showed a surplus in the first quarter and one is in a negative position. DHS and the Office of the Commissioner of Insurance (OCI) are working with the MCO and monitoring its progress.
- The solvency fund was liquidated to pay provider claims for CHP, which closed in 2012. Sufficient funds remain to fully cover payments to CHP's service providers through the end of 2012.

Members asked about the adequacy of the solvency fund and whether there will be changes in the future, should other MCOs encounter difficulty. Tom said that OCI has given the MCOs a payment schedule to rebuild the fund and it is anticipated that the balance will be sufficient. The Department will revisit the amount of and method of allocating payments into the solvency fund with OCI when MCO expansion is decided.

Council members asked whether there will be competition in the Northern Bridges service area. As of now, the Department anticipates only one MCO in the Northern Bridges area.

Members asked whether the sustainability initiatives have resulted in savings and whether the decrease in expenditures can be attributed to a move away from assisted living to lower cost options. Several activities have contributed to the cost savings, including counseling on the supports participants need to be able to continue to live at home, medication management, flexibility regarding the role of the nurse on the care management team, and care management for members living in facilities. The Department has not yet analyzed changes in care setting or rates.

Members appreciated having enrollment information presented separately for people with physical disabilities, developmental disabilities and frail elderly and asked whether financial information could also be broken out by target population. MCOs do not report financial information by target group. However, the Department reports encounter data separately for people with developmental disabilities and frail elderly/physical disabilities when documenting cost neutrality to CMS.

IRIS Financials

Jody Brassfield explained the format that has been developed for the IRIS quarterly financial statements. The form will contain data on expenditures for the services provided to IRIS enrollees, IRIS Consultant Agency and Fiscal Agent costs, enrollment in member months, total cost, and per member per month cost. Service expenditure data is

broken out by service type and target group. IRIS Consultant Agency and Fiscal Agent expenditures are broken out by consultant, other direct services and administrative costs. The more detailed expenditure data is needed in order to capture the higher Medicaid match for the services and benefits provided in the IRIS program, compared to the currently claimed administrative match. Jody will share the actual numbers with the Council at its meeting in September.

Budget Update

The 2013-15 state budget was signed on June 30, 2013 and is now known as 2013 Act 20. Andy Forsaith provided a handout identifying the key items relating to long term care and highlighted the following provisions:

- DHS will continue BadgerCare Plus until the Affordable Care Act marketplaces are certified and where there is no qualified plan in place.
- Income maintenance costs are expected to increase because of the Affordable Care Act.
- There is no funding for expansion of Family Care into new geographic areas. DHS is directed to report to Joint Finance by 12-14-13 with an estimate of the cost of expanding Family Care in the future.
- The current funding formula for ADRCs will be maintained, with an adjustment to reflect the higher level of federal match being claimed by ADRCs.
- Funding is included for a new statewide information technology system for IRIS.
- DHS is directed to apply for a waiver to allow IRIS participants who have developmental disabilities and are enrolled in college to live in an on-campus CBRF.
- Proposed amendments to strengthen work incentives in the Medicaid Purchase Plan (MAPP) were removed from the budget. The program will continue as before.
- DHS is required to get Joint Finance approval before proposed changes in Medicaid divestment and estate recovery requirements become effective. Because the provisions were adopted as a group, there was no discussion of changing the requirement to recover the capitation rate rather than the actual expense of services provided to the individual.
- Use of electronic databases to verify whether Medicaid applicants are Wisconsin residents is expected to result in cost savings.
- GPR funding will be used to hold harmless those counties that received a reduction in federal funding for home delivered and congregate meals in the remainder of calendar 2013.
- There are several provisions aimed at improving mental health programs.

Implications for Division of Long Term Care Priorities

Brian Shoup and Beth Wroblewski provided a review of how the budget is likely to affect the Division of Long Term Care and its priorities. Key areas of interest include:

1. *Expansion of Family Care to Northeastern Wisconsin.*

Brian Shoup has met with the planning group. Funding for planning will be continued through calendar 2013. The key to expansion will be the Department's report to Joint Finance in December which, if favorable, could lead to the issuance of a RFP, selection of an MCO, contract negotiations and funding for expansion. Joint Finance approval will be required.

Council members asked if DHS would be willing to contract with multiple MCOs in the northeast and what criteria would be used for making the decision. The Department wants expansion to be successful and will consider both competition and viability. No decision has been made.

2. *Behavioral Health and Long Term Care.*

The Governor has directed DHS to develop recommendations on mental health issues relating to long term care, the county mental health system and the role of the mental health institutes, and Secretary Rhoades has said that she wants behavioral health integrated into the long term care system. This involves more than adding new services to the benefit package. To be successful, staff with expertise in both long term care and mental health will need to be involved and there will need to be integrated treatment for people receiving long term care. Brian expects this effort to occupy a great deal of his time.

Beth Wroblewski identified three top priorities for DHS in the areas of mental and behavioral health, including:

1. People with developmental/intellectual disabilities with a mental health overlay
2. People with lifelong mental health needs who develop long term care needs
3. The need for a dementia capable long term care system that includes early identification and intervention, keeping people safe at home, residential and facility based care, dementia units, etc.

3. *Dementia Capable Long Term Care System*

The Department will consult with stakeholder groups; host a summit with law enforcement, counties and dementia experts; and work with the Council on developing a comprehensive approach to dementia. To address these issues, the Department will need to have consistent data and be able to identify the cost of meeting complex needs.

The Council offered the following observations and suggestions regarding development of a dementia capable system:

- Many people are not identified as having dementia until there is a crisis. Adult protective services and law enforcement need to be integrated into the dementia capable system.

- Mobile crisis intervention units are needed in order to avoid institutionalization and court involvement.
- Too many emergency detentions end up in a psychiatric hospital, which is traumatic for the individual.
- The approach to dementia so far has been piecemeal. Dementia care specialists are good, but are available only in a few areas and are funded with short term grant funding.
- A comprehensive, statewide approach and funding are needed.
- There was a summit on behavioral issues and dementia 7-8 years ago. [Note: DHS has located the report and will include relevant recommendations in the Dementia Capable Plan.]

4. *Employment and Youth in Transition*

Beth Wroblewski said youth in transition and employment as another DHS priority and provided the following updates:

- Janet Estervig has been hired as the employment section chief in the Office for Family Care Expansion and will work with the entire Division of Long Term Care, where she will be involved in the “Let’s Get to Work” grant and other things. Janet has experience working with employment in the community and started an agency in Dane County.
- The Department is applying for a Promise Grant to fund job experience and counseling for 14-16 year olds with SSDI. Ellie Hartman is the principal investigator and grant author.
- New employment related services have been written into the children’s waivers, including discussion of education and employment issues beginning at age 12, career planning beginning at age 14, and links to vocational rehabilitation beginning at age 16.

Long Term Care Advisory Council Subcommittees

Heather Bruemmer reported that Secretary Rhoades has asked the Council to form subcommittees on the long term care functional screen, employment and dementia. The subcommittees are expected to meet between the regularly scheduled Council meetings and report on the outcome of their meetings to the Council. The Council will then make recommendations to the Department. Council members volunteered to serve on the different subcommittees. Membership is as follows:

1. ***Employment Subcommittee.*** Beth Swedeen will chair the Employment Subcommittee. Other members include Geri Lyday, Lauri Malnory, Maureen Ryan, and Chris Witt.
2. ***Dementia Subcommittee.*** Tom Hlavacek will chair the Dementia Subcommittee. Other members include Beth Anderson, Devon Christianson, Carol Eschner, Bob Kellerman, Barb Peterson and John Sauer.

3. ***Long Term Care Functional Screen Subcommittee.*** The LTC Functional Screen Subcommittee as formed previously, at the May meeting. It is chaired by Heather Bruemmer and includes Beth Anderson, Teri Buros, Lea Kitz, Mary Krueger and John Sauer. The subcommittee met on May 29 to discuss issues and then met with Department staff (Brian Shoup, Beth Wroblewski, Gail Propsom and Kathleen Luedtke) on June 17 to clarify its charge.

Beth Wroblewski indicated that the Subcommittee and Department staff will identify new questions for the LTC Functional Screen to collect information on mental health, behavioral health and dementia. These will be piloted for a one month period by ADRCs, MCOs, legacy waivers and IRIS Consultant Agencies later this year. Results will be analyzed and brought back to the Council. Two products are likely to result from the effort: 1) additional questions for the LTC Functional Screen; and 2) separate assessment questions for those who need a more in-depth evaluation. Revisions to the LTC Functional Screen are not intended to change eligibility for long term care programs.

IRIS Update

Jody Brassfield and Beth Wroblewski provided an update on IRIS. Jody described the following IRIS program initiatives, which are currently underway:

- ***Policy Initiative.*** A comprehensive policy and procedure manual is being developed for IRIS, with input from the IRIS Advisory Committee. The manual will include Department, IRIS Consultant Agency and fiscal agent policies as well as instructions and an interpretation of the policies for consumers.
- ***Information Technologies (IT) System.*** A request for proposal for development of a single information system for use by all IRIS partners has been re-issued, with proposals due by the end of July. The system will allow participants to have real time access to their plans and budgets, make it easier to make changes in their individual plans facilitate access to service providers and employers, and provide feedback to the Department on how the program is doing from the participant's point of view. The system will also provide DHS with comprehensive and consistent data to use in program analysis.
- ***Third Party Administrator (TPA).*** The Department is in the process of selecting a vendor to provide traditional claims processing for IRIS. This function will be separate from the fiscal employer agent services, whereas currently they are combined in the Financial Services Agency. While the TPA service will not be implemented until after the IT system is in place, the IT vendor and claims processor will need to work together to ensure a workable interface.
- ***Fiscal Employer Agent Certification.*** The Financial Services Agency role is being limited to a payroll processor and has been retitled Fiscal Employer Agent (FEA). The Department will use a certification process, rather than procurement, to make it easier to bring in new FEA providers as the system

expands. With certification, any organization which meets the requirements can be a provider, without going through a competitive process.

- ***IRIS Consultant Agency Certification.*** A certification process will also be used for IRIS Consultant Agencies, replacing the current procurement process. This will give participants a choice among IRIS Consultant Agencies and allow new providers to be brought on as the program expands.

The following points were raised in discussion:

1. How do the IRIS initiatives promote and ensure self-direction? The goal is to give participants information on which to base their preferences and make a choice and to provide instructions for carrying out their choices.
2. How is quality ensured in IRIS? The Department now has three dedicated quality assurance staff for the IRIS program. The Department is also shifting from solely reporting critical incidents to providing information on how to avoid and mitigate critical incidents.
3. Self-direction is often misunderstood. Many people say they want IRIS without recognizing the amount of work involved and don't know where to go when they have difficulty coordinating care.
4. It is important to have good information up front, so people know what is involved before they select a program. It would be helpful if more information could be provided by the ADRCs, when people are considering IRIS.
5. How can people distinguish among the different IRIS Consultant Agencies and FEAs when they all provide the same services? It would be helpful to identify quality of service indicators, such as timeliness in paying employees, which could be presented in a comparison chart to help consumers make a decision.
6. Families of children with disabilities turning age 18 need decision-making support and need to understand the IRIS process and the level of support available from the IRIS consultant.
7. How many IRIS Consulting Agencies is the Department anticipating? The Department has not yet defined a maximum number.

Beth Wroblewski provided an update on an amendment to the IRIS waiver which will be submitted to The Centers for Medicare and Medicaid Services (CMS) this fall. The amendment will clarify that regulated settings such as Community Based Residential Facilities (CBRFs), licensed Adult Family Homes (AFHs), and Residential Care Apartment Complexes (RCACs) will no longer be considered allowable settings for IRIS participants, effective January 1, 2014. About 200 people, or less than 5% of all IRIS participants, will be affected by the change. Most of these people are in 3-4 bed AFHs. Current residents will have one year to make a transition.

Council members raised the following questions and concerns:

1. There is less oversight and less ability to step in when things go wrong in 1-2 bed certified adult family homes than in the licensed 3-4 bed facilities. Why will

- certified homes be allowed and licensed homes not? IRIS, as a self-directed program, presumes that the individual or a delegated decision-maker is managing health and safety directly.
2. RCACs are based on resident self-direction and acceptance of risk and are registered or certified, not licensed. Should they be allowed?
 3. If the Department is committed to making this change, it is better to do it now, before we have any more IRIS participants living in regulated settings.

Beth Wroblewski noted that these recommendations have been discussed extensively with the IRIS Advisory Committee and presented to DHS. Further, CMS has raised concerns about the use of such settings in a Self-Directed Program.

ADRC Contract for 2014

Wendy Fearnside reviewed the proposed amendments to the ADRC contract for 2014. Most are minor revisions for the purpose of clarification or to be consistent with other changes that have taken place, such as implementation of income maintenance consortia and achievement of statewide ADRC coverage. The most notable changes include:

- Requiring ADRCs to identify a staff person as its resource database lead and contact person.
- Clarification of the materials to be provided during enrollment counseling, including information comparing the program types (Family Care, IRIS and Partnership/PACE) and comparing the individual MCO or IRIS Consultant Agency options where there is a choice. ADRCs are expected to use material provided by the Department or may, if they choose, modify the material with Department approval.
- Defining the minimum experience needed to qualify for employment as an ADRC specialist. To qualify, an applicant must have be the equivalent of one year of full-time experience working with one or more of the ADRC's service populations in a health or human service field. Experience may be paid or unpaid and may include internships, field placements and volunteer work.
- Requesting that more specific information be provided in applications for waivers of staff education and experience requirements, requiring a plan for providing any additional training or support the employee would need to perform the job duties, and providing the option of conditional approval of the waivers.
- Requiring multi-county ADRCs to have a regional management plan that describes the roles of the regional director, the branch management staff and the relevant oversight boards, along with clarification of other requirements to ensure that regional ADRCs act and are perceived as a single entity.

Council members observed that customers want to know what is best for them and are looking for information to help them choose between MCOs. Enrollment materials should address these concerns.

Enrollment Counseling When There Is More Than One MCO

Janice Smith reviewed the process of readying the ADRC to begin enrollment counseling when there are competing MCOs in their service area. The Office for Resource Center Development (ORCD) provides training for the ADRC and MCOs are given an opportunity to talk with ADRC staff and share information. She then asked Council members for their ideas about objective information that could be included in the material provided to consumers who are selecting among MCOs. Council members offered the following suggestions:

- Number of appeals and who wins the appeals
- Mission statement
- Areas of MCO focus or expertise
- Staff specialties
- Availability of staff (office hours, after hours availability)
- Consumer experience and member satisfaction, preferably broken out by target group
- Number or percent of participants of working age in competitive employment
- Number of participants in self-directed supports

Comments from the Public

Heather Bruemmer asked for comments from the public.

Ginger Reimer of Independence First said that consumers really want to know what providers are in the MCO's network. Many times the consumer's choice is made based on the provider's input. Personal care provider agencies should make clear to staff that they cannot steer people to a particular MCO. Council members offered that ADRCs can print provider lists for people who want that information and tell them that they can't be guaranteed that they will get a particular provider.

Janet Zander of the Greater Wisconsin Agency on Aging Resources (GWAAR) said she was surprised to learn that the number of elderly in the IRIS program is declining and observed that personal references, not just data, are important to consumers when selecting a program or provider.

Brenda Bauer of TMG asked if there are any limits or timeframes for people switching from Family Care to IRIS and vice versa. The answer is no, free movement between programs is allowed. A frequent switcher would likely trigger a referral to the ADRC for counseling and to connect the person with the MCO grievance process or an ombudsman to try to get at the cause of their dissatisfaction.

Agenda Topics Requested for the September Meeting

The following topics were requested for the September meeting:

- Council Subcommittee Reports
 - LTC Functional Screen
 - Employment
 - Dementia
- Status report on compliance with requirement that counties designate facilities for emergency protective placements
- 2014 MCO Contract
- IRIS Data

Meeting adjourned at 3:30 p.m.

Handouts

- *Family Care MCO Financial Statement Summaries, YTD for Period Ending December 31, 2012*
- *Family Care Partnership/PACE MCO Financial Statement Summaries YTD for Period Ending December 31, 2012*
- *Family Care Financial Summary: Three Months ending March 31, 2013*
- *PACE and Family Care Partnership Financial Summary, Three Months Ending March 31, 2013*
- *2013-15 Biennial Budget, Summary of Long Term Care Related Items in the DHS budget, June 30, 2013*
- *Proposed IRIS Quarterly Financial Statement (template only)*
- *Summary of Proposed Changes to the ADRC Contract for 2014*
- *Enrollment Counseling When There Is More Than One MCO*
- *Family Care - Managed Care Organization (MCO) Options*