Wisconsin Long Term Care Advisory Council

Meeting of July 10, 2012

La Quinta Inn &Suites Madison – American Center

Approved Minutes

Members present: Beth Anderson, Heather Bruemmer**,** Teri Buros, Devon Christianson, Dana Cyra, Hugh Danforth, Carol Eschner, Caroline Feller, Tom Hlavacek, Robert Kellerman, Geri Lyday, Lauri Malnory, Tom Masseau, Barb Peterson, Todd Romenesko, Maureen Ryan, David Scribbins, Stephanie Sue Stein, Beth Swedeen, John Sauer, Christine Witt

Members absent: Karen Avery, Mary Peterson, Judith Troestler, Kate Wichman

Others present: Monica Allen, Michael Blumenfeld, Pris Boroniec, Joyce Binder, Shari Busse, Vicki Bucholz, Kevin Coughlin, Rachel Currans-Henry, Monica Deignan, Cindy Dombrowski, Wendy Fearnside, Patricia Finder-Stone, Bill Graham, Nicole Hamilton, Ellie Hartman, Mary Heiden, Yuko Iwata, Darla Keuler-Gehl, Lea Kitz, Tom Lawless, Donna McDowell, Forbes McIntosh, Pat Meier, Carrie Molke, Charlie Morgan, Mary Panzer, Camille Rodriguez-Williams, David Sievert, Janice Smith, Tim Stumm, Ramie Zelenkova

Heather Bruemmer called the meeting to order at 9:30 a.m.

Approval of Minutes

The minutes of the May 8, 2012 meeting were unanimously approved on a motion by Todd Romenesko, seconded by Dana Cyra.

Board on Aging and Long Term Care Update

Heather Bruemmer announced the opening of the Medicare Part D Helpline at the Board on Aging and Long Term Care, effective today, July 10, 2012 and distributed copies of the press release. The Helpline has already received a number of calls.

Status Updates from the Department of Health Services

Pris Boroniec and Donna McDowell provided brief updates on the following Department initiatives:

- **Long Term Care Sustainability Initiatives.** Internal Department workgroups are working on a number of initiatives to increase efficiency and ensure the long term sustainability of the State's LTC programs. While the individual effect of these initiatives may be small, the cumulative effect is expected to be substantial. Donna McDowell described one of these initiatives, Living Well in the Community, which will make prevention and early intervention a permanent part of the statewide long term care system. Components of the initiative include falls

prevention, chronic disease self-management and Alzheimer's specialists to work with families and clinics.

- **Virtual PACE.** The goals of Virtual PACE are to improve care in nursing homes, provide opportunities for nursing home residents to return to the community, and integrate Medicaid and Medicare program funding for dually eligible nursing home residents. The Department is working out the details with CMS and the Stakeholder Advisory Committee. In response to CMS comments, the Department has eliminated the 6 month mandatory enrollment period, but is still planning to require passive enrollment. Rate setting and provider network standards remain issues. The Department hopes to invite Integrated Care Organizations (ICOs) to apply this summer and to implement the program starting in January, 2013.

- **IRIS Redesign.** Pris Boroniec provided an update. The Department is issuing an RFI for information technology to improve claims processing and data collection and to provide a portal for consumers to review plans, budgets and changing needs.

- **Family Care Expansion.** The Department's primary focus has been on cost effectiveness and sustainability in its long term care programs. Expansion of Family Care requires approval of the legislature's Joint Committee on Finance and typically involves an 18-24 month timeframe from approval to implementation. Whether to move forward with implementation will remain a local decision. Meanwhile, ADRCs will be expanding statewide.

Senior Care

Rachel Currans-Henry provided an update on Senior Care. The Department is holding public hearings as part of the process for renewing the Senior Care waiver effective January 2013. Comments are due by July 16. No changes to the program have been proposed and people will be able to access the same medications. Senior Care is working and has bi-partisan support. Public comments suggested addition of a medication therapy management program to provide comprehensive medication review by a pharmacist. An evaluation of the program conducted by Brandeis University is expected to be completed in August. The Senior Care Advisory Committee will meet to discuss.

Report from the Regional Long Term Care Advisory Committees

Wendy Fearnside provided a brief overview of the process, which involved convening seven regional committees comprised of ADRC governing board members representing the populations served by the Family Care and IRIS programs to provide feedback to the Department on the needs of older people and people with disabilities and on the performance of the state's long term care programs. A panel of three Regional Long Term Care Advisory Committee chairs – Lauri Malnory, Bill Graham, and Pat Finder Stone – presented their takeaways from the meetings and answered questions. Overall, response to the programs is more positive than negative. And, while not all ADRCs or MCOs are alike, many of the observations and issues were similar in all regions:

prevention saves money; reducing MCO staff turnover is important to the quality of care; self-direction in the IRIS program is a positive, but less than adequate budget allocations and the length of time required to develop a plan are challenges; access to transportation remains a big issue for both LTC program participants and others with mobility needs; ADRCs provide good service but are overworked and need staff.

Council members made the following observations and raised the following issues in their discussion:

- The committees provided a valuable perspective and should be continued.
- It is hard to get input from consumers.
- We may need to come up with other ways to get information to evaluate program performance. Grievances and some of the other performance data identified in the authorizing statute were not discussed by the committees.
- It is important to do something with the input we got from the committees. Their input should be factored into the development of the sustainability initiatives and other policies.
- Take up transportation as a policy issue.
- Isolation at home or in a care facility is also a concern.
- There is a concern that the focus on fiscal constraints and sustainability will further erode the quality of the programs and lead to providing as little service as possible to consumers.
- The increasing emphasis on fiscal control will create issues for people with higher needs and higher costs.
- Relocating people from institutions will make it all the more important for MCOs to have provider networks capable of supporting people with complex medical and behavioral needs in the community and to be willing to pay for the services to support them.
- The LTC functional screen doesn't capture unstable, complex medical conditions and behaviors and these needs are not adequately reflected in rate setting.
- Vendors are leaving the MCO provider networks, largely because of rates.
- What is the problem with rates? Is it the rate structure, or something else? Rates are adjusted annually and are intended to balance the costs of serving high and low need individuals.
- Other management and funding issues to address include access to transportation, the role of the nurse on interdisciplinary teams, paying for recreation, and high turnover in MCO staff, and duplication when case management is provided by both MCOs and providers.
- Has there been a systematic reduction in the availability of services in order to drive down costs is affecting our ability to meet the goals of the Family Care program?
- Getting member and family input on MCO quality should be a priority.
- Counties without Family Care feel left out. It is not fair that they still have waiting lists. Members would like to see more sense of urgency about making Family Care statewide.

- The Council and Department should prioritize a few things from the regional advisory committees to advance as legislative and policy issues.

Council members identified the following as priorities:

1. The ability of the LTC functional screen to capture and of the rate structure to address the needs and costs of people with complex needs, unstable conditions and behavioral issues
2. Statutory language relating to regional long term care advisory committees
3. Access to and quality of transportation services
4. Adequacy of resources to support individuals in the community
5. Increasing the efficiency of and reducing turnover in MCO case management

Heather Bruemmer said she will share the Council's priorities with Secretary Smith.

Financials
Tom Lawless gave a financial update. DHS has had regular interactions with the MCOs that have had financial difficulty and all are now projected to show surplus by the end of the year. Final financial reports for 2011 are posted on the Department's website.

ADRC Contract for 2013
Wendy Fearnside reviewed the changes to the ADRC contract that are proposed 2013. Most of the changes are clarifications and updates, rather than policy changes. One, in particular, has generated considerable debate. At issue is whether ADRCs should be required to have a physical space that creates a distinct identity for the ADRC as separate from other county agencies, services or units within a human service department. Todd Romenesko conveyed WCHSA's concern and asked whether DHS would be willing to shut down non-compliant ADRCs. Other Council members pointed out that physical location is important to customers and that the more visible the location, the more people will come to and make use of the ADRC. Having the requirement more clearly spelled out in the contract will help ADRCs work toward that goal. Donna McDowell indicated that the Department will not penalize ADRCs that are out of compliance but will ask about timeframes for getting more acceptable space. Barb Peterson suggested that guidelines be developed to address the issue.

Nursing Home Intervention and Diversion Initiative
Carrie Molke, Kevin Coughlin and Camille Rodriguez-Williams described the nursing home intervention and diversion initiative that is part of the Department's sustainability plan. The goal is to reduce Medicaid expenditures by intervening early to help people admitted for short term rehab avoid becoming long term residents and assisting long term residents who wish to relocate return to the community. The Money Follows the Person (MFP) program will be used to hire six community living specialists to help people transition from nursing home to community. The specialists will be located in those areas of the state with the largest numbers of nursing home beds. ADRCs throughout the state will also have access to MFP funding for relocation related activities. The community

living specialists and ADRC staff will assist both public and private pay residents with relocation issues.

Council members asked questions and offered a number of suggestions, including:

- Be careful about raising people's expectations when the MCOs may not be able to follow through.
- Lack of affordable, accessible housing will be a major barrier to relocation.
- Many nursing home residents who haven't already been relocated have mental health or substance abuse and behavioral challenges that are hard to deal with. Will rates be sufficient to provide adequate care for these individuals in the community?
- It would be helpful for MCOs to have transition teams to work with relocations.
- Work with residents, their families and guardians rather than relying solely on MDS Section Q as a referral source. Approach the resident council before having the specialist go into a nursing home.
- Involve physicians and the medical community and educate them about community services. If the physician tells a patient he/she is going to a nursing home, it doesn't make any difference what the discharge planner says.
- How will this initiative be coordinated with Virtual PACE?

Wisconsin Coalition for Collaborative Excellence in Assisted Living (WCCEAL)
Kevin Coughlin described WCCEAL, a collaborative effort that provides a regulatory strategy for meeting the needs of the growing assisted living industry by building on the success of the DHS regulatory model initiated in 2004. In this model, assisted living facilities with a record of good compliance are given abbreviated surveys by the Division of Quality Assurance. WCCEAL takes the approach a step further by establishing criteria under which assisted living facilities can qualify for less frequent regulatory visits. To qualify, the facility must be eligible for the abbreviated survey, belong to a recognized provider association, implement an internal quality improvement program, and sign a document attesting that it is in substantial compliance with DHS regulations. A first group of providers has been approved for participation in the program. The Center for Health Systems Research and Analysis (CHSRA) at UW-Madison is conducting an evaluation that will measure performance, customer satisfaction, and compliance. Initial results indicate that the program is leading to better compliance and fewer complaints. In the future, WCCEAL participation could potentially be used to provide a basis for identifying preferred providers in Family Care.

Employment of People with Disabilities
Ellie Hartman reviewed employment data for people with disabilities in Wisconsin compared to national statistics and data other states. Wisconsin's employment profile is similar to that of other states. Working age people with any disability are less than half as likely to be employed as people without a disability. Employment rates are considerably lower for people with physical disabilities than for people with developmental disabilities.

The Council was invited to brainstorm ideas for improving employment supports for people with disabilities as input to the employment support sustainability initiative.

Council members offered the following observations:

- Employment has been a longstanding problem for people with disabilities. Little has changed since the 1980s.
- We are putting a lot of money into employment programs that aren't producing outcomes.
- We have heard that some MCO participants have identified employment as an outcome, but their teams are not making it a priority.
- Paying agencies for coaching creates an incentive to not get people jobs.
- Parents of children with disabilities have no idea what people with similar disabilities do as adults. They don't know that work can be in their child's future.
- People who work in sheltered workshops don't have the contacts in the community that could help them find work.
- This is a complicated issue. LTS programs are built around choice. Many who grew up with day programming and sheltered work prefer that environment.
- MCOs can't be expected to change a system that hasn't changed in 25 years.

Council members also offered the following ideas for solutions:

- It is important to start in spite of the difficulties.
- Look at innovative programs, such as Employment First programs in Washington and Kansas, and at how Community Care of Central Wisconsin is paying for outcomes rather than support.
- Develop performance benchmarks for employment services providers.
- Realign the incentives for providers, with incentive payments and/or contract reductions that are tied to performance.
- Get to kids early, at age 13 or 14. Provide opportunities for kids to work outside of school. Build employment into the children's waivers and transition planning. Provide training for parents of children with disabilities.
- Develop lists of employers that MCO teams can use.
- Consider "grandfathering" current MCO enrollees or having different employment policies for participants who have been in the system for some time and for those who are transitioning into long term care.

Ellie Hartman pointed to some recent policy changes that may help in achieving employment outcomes, including having MCO teams reassess prevocational services every six months and providing MCOs with access to data about employment providers which they can use to compare providers and in contracting.

Agenda Topics Requested for the September Meeting
The following topics were requested for the September 11 meeting:

- LTC Priorities; follow up to the Regional LTC Advisory Committees
- 2011 MCO financials
- DHS 2013-15 biennial budget request
- WHEDA supportive housing grants
- How we provide direct services
- DHS report back to LAB on cost effectiveness of Family Care

Handouts

- *Nursing Home Intervention and Diversion Sustainability Initiative* (PowerPoint)
- *Medigap Helpline Opens New Medicare Part D and Prescription Drug Helpline,* July 10, 2012 (press release)
- *SeniorCare Waiver Renewal Public Hearings* (PowerPoint)
- *Family Care Financial Summary: Three Months ending March 31, 2012*
- *PACE and Family Care Partnership Financial Summary: three Months ending March 31, 2012*
- *Wisconsin Coalition for Collaborative Excellence in Assisted Living (WCCEAL)* (PowerPoint)
- *Wisconsin Employment Data for People with Disabilities: Putting it in Context*

Meeting adjourned at 3:30 p.m.