# Wisconsin Long Term Care Advisory Council

**Meeting of July 12, 2016**

Lussier Family Heritage Center, Madison

**Draft Minutes**

**Members present:** Audrey Nelson, Barb LeDuc, Beth Anderson, Beth Swedeen, Carol Eschner, Christine Witt, Dan Idzikowski, Denise Pommer, Ginger Reimer, Heather Bruemmer, Jessica Nell, John Vander Meer, Ken Grode, Lauri Malnory, Mary Krueger, Maureen Ryan, Robert Kellerman, Sam Wilson, Teri Buros

**Members absent:** Barbara Peterson, Cindy Bentley, John Sauer, Jonette Arms, Roberto Escamilla II, Tom Hlavacek

**Others present:** Ann Gryphan, Bill Hanna, Bill Jensen, Brian Schoeneck, Carrie Molke, Charles Morgan, Chris McElgunn, Gail Propsom, Gerianne Prom, Karen Kopetskie, Katelyn Marschall, Lea Kitz, Margaret Kristan, Michael Blumenfeld, Patti Becker, Paul Soczynski, Shanna Jensen, Vicky Gunderson

**Call to Order and Welcome**

Heather Bruemmer called the meeting to order at 9:35AM and welcomed members and guests. Council members and staff from the Department of Health Services (DHS) introduced themselves. The minutes from the May meeting were unanimously approved on a motion from Maureen Ryan, seconded by Carol Eschner.

**Moment of Silence in Recognition of Secretary Kitty Rhoades**

**Department Updates**

Bill Hanna, Assistant Deputy Secretary in the Secretary's Office, provided brief updates on the following Department initiatives.

- **DHS Reorganization:** To address the budget appropriations in 2015 Wisconsin Act 55, DHS is in the process of creating the Division of Medicaid Services (DMS) which will include selected bureaus from the current the Division of Long Term Care (DLTC). This reorganization will occur by the end of the 2016 calendar year.
    - The Bureau of Aging and Disability Resources (BADR) has moved to the Division of Public Health (DPH).
    - The Central, Northern, and Southern State Centers have moved to the Division of Mental Health and Substance Abuse Services (DMHSAS), but the name of the division will change. There are no position changes at this time.

- The Bureau of Managed Care (BMC) will move to DMS.

- **Status of Long-Term Care Reforms:** The Department officially withdrew the Family Care/Include, Respect, I Self-Direct (IRIS) 2.0 concept paper on June 9, 2016. As outlined in the letter from Secretary Rhoades, it is still the goal of the Department to develop an integrated, outcome-based, quality-driven system of long-term care. After receiving feedback from stakeholders, the Department decided that the process was moving too quickly. Not all counties have Family Care and IRIS long-term care programs. Seven counties use the legacy waiver system (COP/CIP programs). The Department is also working on a tribal long-term care waiver with the Centers for Medicare & Medicaid Services (CMS). The Department is not moving forward with a former plan of integrating behavior health with Family Care/IRIS but the Department is developing a plan to move forward.

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

- The Children's Long-Term Care Support Waiver is in the renewal process and was released on July 8, 2016 for public comment.
- It was undetermined when the legacy waiver needs to be renewed. BMC will report back to the Council on the correct date.
- If the legacy waiver is not renewed, Family Care/IRIS would need to be expanded into all counties and a tribal long-term care waiver would need to be created.
- According to the budgetary language in Act 55, expansion of Family Care/IRIS state-wide would occur by January 1, 2017. This is part of the discussion that the Department is having concerning long-term care reforms.
- DHS has not yet received budget instructions from the Governor's office. DHS is not very far along in the budget process so the withdrawal of the Family Care/IRIS 2.0 concept paper did not affect budget preparation.
- DHS staff is not aware of when a new Secretary will be appointed.
- A Council Member wanted to acknowledge the Former Secretary's commitment to the tribes. The Member looks forward to continuing the legacy with the Department.

**Potential Topics for New Charge**

The current council charge was scheduled to end in June 2016 with a new charge starting in July. Bill Hanna asked the Council to provide guidance on the next charge and deliverables. He stressed that the scope of the Council should not be limited to only Family Care and IRIS, but should also include the long-term care waiver programs and Aging and Disability Resource Centers (ADRCs). Council members made the following recommendations for each of the proposed topics:

- **Quality**
  - In the beginning before Family Care, quality was the primary objective. Whatever programs that were provided, the quality standards would be documented. It would be beneficial to go back and look at those old documents.
  - The proposed topics do not speak to delivery of long-term care programs. The Council would like to have more input on the design of how services are delivered.
  - As a consumer and advocate, quality is very important. When consumers have issues, they would like to have input on what services look like. Consumers feel like they do not have a place to get information.
  - Quality on facility-based side is inherently included in the workforce topic. If facilities lack a consistent workforce, quality suffers. Skilled nursing and assisted living facilities are very focused on quality. It would be helpful to have a common set of parameters to measure quality for all facilities.
  - The broadness of the charge topics and discussion is valuable because whatever occurs in the future, the charges are still applicable. However, Family Care and IRIS are the driving force of long-term care in the state and injecting language specific to those programs is recommended due to the vulnerability of those programs.
  - It is necessary to remember that when discussing quality, advocates and volunteers bring a very strong message.
  - The Council needs a mission statement or goal statement to define the specific endpoint. One suggested goal is for people in the long-term care system to be contributing at the highest possible level and have the highest possible quality of life. The community development charge topic is approaching that goal so maybe that should be put to the top.
  - The Council needs to consider personal outcomes. Medical quality is as important as quality of life because medical conditions affect quality of life. We need to provide clear tools and standards to foster person-centered planning.
  - The Council could have provided discussion on integrated care as part of the long-term care system. The long-term care system influences both behavioral health and medical delivery and in turn, both of those systems influence the long-term care system.
  - Overall mission or direction of the council should be to provide the opportunity for people to be supported in the community, specifically through Family Care and IRIS. Community integration is a core value of how Wisconsin has approached long-term care.

- **Workforce**
    - The Council does not need to collect or analyze any more data related to the workforce crises. We need solutions; however, the crisis is bigger than the Council. Wage increase is important, but a $0.50 or $1 hourly increase would not be significant.
    - Community-based care is facing the same problems as facilities related to the workforce crisis. The aging population is growing and we do not have the workforce to maintain quality.
    - Council members appreciate the Department listing this as a charge topic since this has been an ongoing concern.
    - Even though reimbursement rate increase is a decision made at the legislature level, it would be helpful if DHS could provide support in terms of coordination.
    - There is a disconnect between students competencies coming out of the university system and opportunities in the field. It is common for paid caregivers to leave their job to work in the private sector.
    - From a consumer perspective, turnover is very high. Providers hire people that have no experience and are given no expectations. The workforce shortage crisis is directly connected to quality of life. Consumers cannot get jobs if I do not have caregivers to support them.
    - Managed Care Organizations (MCOs) are serving people with complex needs in the community. There is a crisis to find competent providers across the spectrum of long-term care.
    - The workforce crisis has been an issue since 1998. People do not want to work service jobs. University graduates view service jobs as a stepping stone but not a career path. Employees have difficulty finding reliable transportation and affording child care. Currently, employers have to help coordinate life issues so that their employees can be at work.
    - It may be beneficial to coordinate with other departments including Department of Workforce Development and Department of Transportation.
    - We need to provide paid and unpaid support for family caregivers.

- **Community Development**
    - There is a continuum of housing options but we need to focus on having people in the right place at the right time. There needs to be prevention programming to keep people from moving too early.
    - Aging and dementia should be considered public health priorities. Aging requires a unique public health solution. The American Association for Retired Persons (AARP) Careforce provides a public health perspective to informal family caregivers and workforce issues. Family caregivers are the key to keeping people out of the formal facility system.

- Assisted living facilities are marketing to private pay families, so people are moving into facilities earlier than they used to and spending down their funds quicker. ADRCs could play a role in prevention programming for private pay.
- The general public does not know about ADRCs. We need to market ADRCs in the community.
- In terms of housing, there are few affordable options for older adults to go from the large family house to interim options to rent senior apartments or condos in assisted living or a retirement community.
- It is important to consider transitions of care and the relationship between hospitals and ADRCs.
- Area Agencies on Aging led the path in the care transition system. There is less federal money to implement care transition projects than there used to be and projects are suffering. Coordination between hospitals and community-based programs is lacking and there is no standardization of the care transitions system.

- **Communication Feedback**
  - The Department needs advice and guidance on how to communicate consistently with consumers. Secretary Rhoades wanted to communicate via whiteboard videos.
  - We need to eliminate the use of acronyms so we can all understand each other.
  - The DHS website is difficult to navigate for consumers.

**HCBS Rule Update**

Gail Propsom, Quality Management and Special Initiatives Section Chief in BMC, gave a presentation on the Home and Community-Based Settings (HCBS) rule updates and discussed affected programs in residential settings.

Janet Estervig, Employment Initiatives Section Chief in the Bureau of Children's Services (BCS), discussed the implementation process of the HCBS rule for non-residential settings.

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

- Site visits and assessments will be an ongoing process to ensure continuous compliance.
- The Bureau of Assisted Living in the Division of Quality Assurance (DQA) is conducting the reviews with MetaStar.
- Both DQA and DLTC are looking to CMS for technical assistance resources.
- There were 4,300 providers that submitted a self-assessment and 600 providers that did not submit a self-assessment.

- There is no connection between the HCBS rule and the Workforce Innovation and Opportunity Act (WIOA). They are two separate federal laws that were released at the same time.

**Comments from the Public**
Heather Bruemmer asked for any comments from the public. There were none.

**Managed Care Rules**
Diane Poole, Policy and Federal Relations Section Chief in BMC; Michael Pancook, Health Care Rate Analyst in the Bureau of LTC Financing; Carrie Molke, Bureau Director for BADR; and Gail Propsom collectively provided updates on the Medicaid Managed Care Rules and the effect on the Family Care program. There are different implementation dates for the vaious provisions in the Rules. The Department recently finished the analysis of the new rules and will begin implementation.

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

- CMS are trying to provide consistency in long-term care programs.
- Although the managed care rules do not apply to the IRIS program, as we develop these policies for Family Care, we will have to think about how they may apply to IRIS or legacy waiver programs.
- Managed care rules also apply to providers that are hired by the consumer.
- Wisconsin managed care does not have inpatient psych in the benefit package so we cannot use institutions for mental disease (IMDs) as an in lieu of service for inpatient mental health.
- If someone is enrolled in Family Care and they are admitted to an IMD, our expectation of the MCO is that they will coordinate with the hospital so the individual can come back to the community as soon as possible. The member is disenrolled during that period of time and MCOs do not get reimbursed.
- In terms of reporting and capitation rates the new rules do not require any significant changes to how we currently fund MCOs. However, there is a requirement for increased reporting and data collection.
- The department will no longer be able to provide rate ranges.
- In the new rules care management is considered a service cost, not an administrative cost.
- Claims processing must be compliant with the Affordable Care Act.
- ADRCs currently do choice counseling. Currently ADRCs each have their own local phone number so printed materials may need to be personalized for each ADRC.

The Department is currently developing a work plan and will look to CMS for more guidance. The Council requested that managed care rule updates are added to regular DHS updates to the Council.

**IRIS Updates**

Dave Varana, Bureau Director for the Bureau of LTC Financing, provided updates on the IRIS program.

- Conflict-Free Case Management: This is a CMS requirement. Under this rule, individuals who are guardians cannot provide direct care services to the same person. Since the IRIS consultant is the legal case manager, guardians can continue to serve as paid caregivers. The Department is working on producing a technical memo and sending out a letter to participants.
- 40-Hour Health and Safety Assurance Policy: Participant hired workers are prohibited from working more than 40 hours per week. The focus is not on changing level of services or the number of hours but there will need to be an increase in the number of participant hired workers. Currently there are 2600 participant hired workers that are working more than 40 hours per week. These workers will need to comply with the rule or provide an exception by December 2016. There are three types of exceptions: continuous/ongoing due to provider availability or geography, reasonable planning and short-term unplanned. Overtime for participant hired workers must come out of the participant's IRIS budget.
- IRIS Consultant Agencies (ICA) and Fiscal Employer Agents (FEA) Update:
    - Two new ICAs: Midstate Independent Living Consultants, Inc. and T&G Consultant Agency.
    - One new FEA: Outreach Health Services

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

- The 40-Hour Health and Safety Assurance Policy is applicable to IRIS but not to Family Care because the MCOs are responsible for the health and safety of their employees. Some participant hired workers were working 80-100 hours per week, which was seen as a liability to CMS.

**Workforce Innovation Opportunity Act (WIOA) Update**

Kathleen Enders, Policy Analyst for the Division of Vocational Rehabilitation (DVR), gave a presentation on WIOA. Although the Act was passed in July 2014, the final regulations were received June 30, 2016.

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

- DVR will not be providing transportation to yearly meetings. Employees will be required to provide their own transportation. DVR will work with employees on an as needed basis if they need to get transportation. The meeting applies to anyone working in a sub-minimum wage employment (currently 8200 people in Wisconsin).
- The meetings will occur in September or October 2016.
- Yearly meetings are not held on the job site because DVR wanted the meetings to occur in a neutral place.
- There is limited collaboration between DVR and long term care programs (i.e. Family Care/IRIS and legacy waivers). Services that long-term care programs provide do not include pre-vocational services.
- DHS is anticipating a collaboration meeting with DVR and the Department of Public Instruction (DPI).
- Care managers at MCOs should be involved and should be given clear expectations.
- DVR plans to have a website to provide information on scheduling the yearly meetings.
- The impotence of the rule is to identify individuals who want to move into integrated employment in the community. We need to build capacity of integrated employment opportunities in the community and incentivize integrated employment.

**Council Business**

Council members asked for the following agenda items are considered for the next meeting:

- Discussion about recent paper for eliminating regional advisory committees. How will we have quality if we do not have the local advisory committees? Will this council have a role in that?
    - ADRC governing boards will still be a local governing body that will provide local feedback about long-term care programs. Regional advisory committees to be deleted as they are in statute because the statute way laid out in a difficult format. The LTC Advisory Council was used to figure out how to implement the regional advisory committees but the format has not been working and it was a challenge to implement.
- DHS will take Council feedback and refine the charge. Once the charge is in final form, we will send it to the Council members. DHS still needs to decide what the timeline of the charge will look like.
- DHS does not have staff capacity to staff subcommittees.
- DHS staff should readopt the topic tracking method to keep track of requested agenda items from the Council.

The meeting adjourned at 2:50, motioned by Barb LeDuc and seconded by Bob Kellerman.

**Handouts**

- *Wisconsin Long Term Care Advisory Council Charge Topics for July 2016 to June 2017*

- *Home and Community-Based Settings (HCBS) Activity Update*
- *Medicaid Managed Care Rules–Key Provisions Impacting Family Care (42 C.F.R. Part 438)*
- *DVR Update Workforce Innovation and Opportunity Act*
- *WIOA and Section 397-Annual Competitive Employment Services Resources and Information*