

Wisconsin Long Term Care Advisory Council

Meeting of September 9, 2014

Lussier Family Heritage Center, Madison

Amended Minutes - Approved

Members present: Beth Anderson Heather Bruemmer, Teri Buros, Jim Canales, Devon Christianson, Tom Hlavacek, Dan Idzikowski, Robert Kellerman, Mary Krueger, Lauri Malnory, Tom Moore, Audrey Nelson, Barbara Peterson, Ginger Reimer, Maureen Ryan, John Sauer, Stephanie Sue Stein, Beth Swedeen, Judith Troestler, Kate Wichman, Christine Witt

Members absent: Hugh Danforth, Carol Eschner, Maria Ledger (represented by Mark Stein), Geri Lyday, David Scribbins

Others present: Michael Blumenfeld, Vicki Buckholz, Kelly Carter, Susan Crowley, Cindy Dombrowski, Luke Duncan, Wendy Fearnside, Tim Garrity, Christel Giesen, Peggy Grimmer, Mark Hilliker, Lea Kitz, Karrie Knapp, Margaret Kristan, Stephanie Mabrey, Christopher McElgunn, Forbes McIntosh, Theresa Meindl, Steve Mercaitis, Carrie Molke, Katie Mnuk, Sara Muhlbauer, Kenneth Munson, Heidi Pankoke, Mary Panzer, Gerianne Prom, Betsy VanHeesch, Eva Williams, Amy Weiss, Beth Wroblewski

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 September 9, 2014, meeting were approved on a motion by Bob Kellerman, seconded by Jim Canales.

Family Care Overview and Update

Margaret Kristan and Betsy Van Heesch gave an overview of Family Care operations and described major initiatives in the program.

Program Overview

- Family Care is a \$1.4 billion program and accounts for about 20% of the state's total Medicaid budget.
- There are eight Managed Care Organizations (MCOs) operating in 13 geographic service regions.
- The program serves over 40,000 people, including elderly, people with physical disabilities, and people with intellectual/developmental disabilities.
- The large majority (91%) of participants are in Family Care, with the remainder in Partnership (7%) and PACE (2%).
- The Department is committed to providing a quality program. Quality is ensured through collaboration and contract compliance. Annual reviews are conducted by

contract coordinators in the Office of Family Care Expansion (OFCE). OFCE's member care quality specialists assist in resolving member-specific issues.

- At the MCO level, interdisciplinary teams consisting of a nurse, care manager and the member, work together identify the member's long term care outcomes and then develop and implement member-centered care plans. A Resource Allocation Decision (RAD) process is used to distinguish between needs and wants and determine the services that best support the member's long-term care outcomes.

Major Initiatives in Family Care

- *Waiver Renewal.* The Family Care waiver renewal is due to CMS by October 2, 2014. The renewal applications have been posted for public comments.
- *Medicaid Home and Community-Based Services (HCBS) Waiver Final Rule.* CMS released the Medicaid Home and Community-Based Services Waiver final rule in March of 2014. States are required to develop transitions plans describing how they will reach compliance with the new requirements related to settings by March of 2019.
- *Family Care Expansion.* Family Care expansion is proposed for seven counties in northeastern Wisconsin. A competitive RFP was issued. Proposals have been received and are being reviewed. Expansion will require active approval by the legislative Joint Committee on Finance.
- *Behavioral Health Integration.* A two tier behavioral health screen will be used to identify behavioral health needs. ADRCs will employ a high level screen to enable them to make appropriate referrals, and MCOs will employ a more detailed screen to identify and address member needs through care plans. DHS has proposed that behavioral health services be provided as part of the Family Care package by January 2016.
- *Dementia Capability.* All MCOs have identified a dementia care lead and are working to strengthen their dementia capability.
- *Employment.* Janet Estervig heads up employment initiatives for the Division of Long Term Care. She works with MCOs to develop employment opportunities for members.

Discussion

Council members offered the following comments, questions and suggestions:

- *HCBS Transition Plan*
 - Participants and their families are concerned that their services will be "taken away" as a result of the final HCBS rule.
 - Participants who will be directly impacted by the changes need to be contacted and provided with information.
 - More opportunities for input on the transition plan are needed.
 - CMS has an expectation for a robust public comment process.
 - Members expressed appreciation for the Department's commitment to ongoing dialogue with stakeholders on transition issues and a desire for the Council to be more engaged in transition plan development.

- *Family Care Expansion*
 - Is Joint Finance approval needed for Family Care Expansion? Answer: Yes.
- *2015 MCO Contract*
 - How will the Department decide what goes into the 2015 MCO contracts?
- *Council Engagement*
 - How can the Council be effectively engaged on issues whose timelines do not match the Council's every other month meeting schedule?
 - It would be helpful for Council members to get updates on hot issues and on when additional information will be forthcoming, so they can help in addressing stakeholder concerns.

Managed Care Organization (MCO) Presentations

Introduction and Distinguishing Features. Representatives from each of the eight MCOs in Wisconsin gave brief presentations on their organizations and some of their distinguishing features. These provided an opportunity for Council members to meet the leadership of all of the MCOs and to become familiar with their individual operations.

Care Wisconsin (Susan Crowley). Care Wisconsin had its roots as ElderCare, a not-for-profit organization that began providing day services to the elderly in Madison in 1976. Today it has 6,800 members enrolled in 20 counties and three programs. Family Care is available in all 20 counties; Partnership is available in five counties; and a new MA SSI program will be available in eight counties by the end of 2014. Distinguishing features include opportunities for stakeholder input as a way to improve the quality of services and targeted support for care management teams. MCO staff meet regularly with ten different member advisory committees to gather input on quality. The MCO employs specialists in integrated employment, behavioral health, and self-directed supports to assist care managers with these issues.

Community Care Connections of Wisconsin (Mark Hilliker). CCCW had its origin in Portage County, which was one of the original pilot sites for Family Care. In 2008, CCCW became a public LTC District in partnership with two other counties. Today it has 5,650 members enrolled in 16 counties, including the 11 counties formerly served by Northern Bridges. Unique aspects of its program include its strong relationship with partners and its community development approach to creating opportunities for community living, integrated employment, mobility, self-determination and community support.

Community Care, Inc. (Kenneth Munson). Community Care Inc. (CCI) was founded in 1977 as an alternative to nursing home care for the elderly, which became a PACE program in 1991. Today, CCI is the only Wisconsin MCO to operate all three Family Care programs – regular Family Care, Partnership, and PACE. CCI provides direct care as well as managing care for enrolled members. CCI is focused on four areas for improvement: falls reduction, wound care, avoiding hospital readmissions, and increasing member satisfaction.

ContinuUs (Teri Buros). ContinuUs was built on the Richland County Family Care program, one of the five original Family Care pilots. ContinuUs expanded to serving the larger southwestern Wisconsin region and became a public long term care district in 2008, which expanded again in 2013 to serve five additional counties in northwestern part of the state. ContinuUs currently serves 4,901 members in 13 counties and will expand again in 2013. Expansion has been necessary to provide financial viability. ContinuUs has focused on cost control and efficiency, while at the same time maintaining its member-centered focus and quality care. 84% of its budget goes to services, 11% to care management, and only 4% to administration.

iCare (Peggy Grimmer). The Independent Care (iCare) Health Plan was established in 1994 as a demonstration project as a Medicaid HMO for SSI enrollees. It added the Family Care Partnership model in 2010, first in Milwaukee and later Racine and Kenosha Counties and will be expanding to Dane County in 2015. iCare is the state's only for profit MCO. The organization is co-owned by the Milwaukee Center for Independence (MCFI) and Humana. It is unique in its roots in a non-governmental social service agency and its collaboration with medical providers. Because of its medical component, iCare has the resources to understand and effectively deal with people whose services are high cost (aka "super utilizers").

Lakeland Care District (Katie Mnuk). Lakeland Care District grew out of the Fond du Lac Family Care pilot. Lakeland currently serves 2635 members in three counties and will expand to three additional counties in 2015. Lakeland was the first Family Care pilot and the last MCO to expand, it has been a quietly effective and stable MCO. This has given Lakeland the opportunity to build an experienced staff, to refine its approach and to develop collaborations with providers. This has resulted in consistently high levels of member satisfaction and strong quality reviews.

Milwaukee County Department of Family Care (Eva Williams). The Milwaukee County Department of Family Care (MCDFC) started as one of the original Family Care pilots and has expanded to providing care for over 8,000 enrolled members in eight southeastern Wisconsin counties. A distinguishing feature is its robust provider network, with the ability to meet a diversity of cultural and language needs. The current focus of MCDFC is on identifying best practices to support members with complex behavioral needs and to provide opportunities for people who were previously in institutional settings to live in less restrictive settings in the community.

Western Wisconsin Cares (Tim Garrity). Western Wisconsin Cares (WWC) grew out of the La Crosse County Family Care pilot and now serves over 3900 members in eight, mostly rural counties. Unique aspects of WWC include its strong partnership with the participating counties, the large Hmong population that it serves in the La Crosse area, and its extensive use of adult family homes. There are some 250 adult family homes in its provider network.

Consistent Approaches Across MCOs. The following were identified as common features of MCOs:

- Assessments are completed within 30 days to provide a foundation for member-centered plans
- Identification of the member's long-term care outcomes and personal experience outcomes
- Use of the Resource Allocation Decision method (RAD) to identify core needs related to long-term care outcomes and to provide a basis for care plan decisions
- Development of the member-centered plan
- Risk management to identify, understand and intervene to mitigate risk and support member outcomes
- Care coordination provided by the MCO
- Relationships with the providers who provide day-to-day services
- Strategies to maintain and improve quality
- Data collection and reporting

Discussion

Council members had the following questions, observations and suggestions:

- Q: There were several questions about the differences between public, not-for-profit and for profit MCOs.
A: There are five public MCOs, all developed from the original five Family Care pilots; two not-for-profit MCOs; and one for-profit MCO. Public MCOs have open meeting and open record requirements. Not-for-profit MCO boards do not have public meeting requirements, but all have mechanisms, such as stakeholder advisory boards, for public input.
- Q: What are the Department's expectations for quality data? Does data collected include employment, community connections and how people spend their time, and other quality of life indicators?
A: There are no national core indicators for quality of life for all of the Family Care target groups. . The Department is evaluating the metrics needed to address these indicators and will assure that this includes direct responses from participants in the program.
- What happens when no provider is available for a particular service? Conversely, do members have access to and use all of the provider types in the network? Are these things that the Department tracks?
A: MCOs are required to have adequate networks to meet members' service needs. Member rights are assured through a variety of contractual requirements.
- Q: Communication about methods for rate setting and rate adjustments is not consistent from one MCO to MCO. Not all MCOs use the same rate setting method.
A: MCOs are responsible for establishing rates and reaching agreement with providers.

- Q: How are rates adjusted when a member's needs increase?
A: For the most part, rates are the same for all users of a particular provider. However, rates can be negotiated for each member. Providers may have to decide whether they can continue to provide care based on the increased need.
- What strategies can rural MCOs use to move people to supported employment?
Members suggested higher rates and seed grants for providers who expand to rural areas. Outcome based rates were also suggested.
- Q: Concern was expressed about the potential for varying MCO interpretations of the behavioral health changes.
A: Brian Shoup assured the Council that implementation will be orderly.

Recognition of Jim Canales

Division of Long Term Care Administrator Brian Shoup gave a recap of Jim Canales' career in long-term care, credited him with building one of the most successful MCO in Family Care, and presented him with a plaque in recognition of his many contributions and years of service. Jim expressed his thanks and appreciation for the opportunity to be involved in the changes in Wisconsin's long-term care system over time – from the Community Options Program to the Waivers to the Family Care pilot to a full-fledged Family Care MCO. Jim predicted that Family Care will continue to be successful as long as it keeps the participants' experience at the forefront.

Employment Subcommittee Report

Subcommittee Chair Beth Swedeen gave the report. The Subcommittee met with DHS staff in July. The Department reports employment data for Family Care and IRIS twice a year, in April and October. Currently, 8,007 participants are employed. Of these, a little over two thirds (67%) are employed in facility-based prevocational employment; 28% are in integrated employment, and 5% are in group supported employment. These data do not capture people getting assistance from DVR, adaptive equipment, or other lesser levels of support that may relate to their employment. The Subcommittee is looking for ways to get a better overall picture of the employment situation in Wisconsin's long-term care system. Employment rates for Family Care and IRIS participants have remained the same over recent years. The Subcommittee would like to see more progress, especially with youth employment. In the future, it will be important to identify the employment statistics for the different MCOs and IRIS agencies, in order to help people make an informed choice about which is best for them.

Council members had the raised the following issues:

- Provider capacity for integrated employment is an issue.
- How to determine an appropriate target for integrated employment.
- We are a long way from where we should be in terms of employment.
- Q: What does the MCO contract say about employment?
A: Employment goals are required in the 2014 MCO Contract. The Department is currently reviewing this language for the 2015 contract.

Dementia Subcommittee Report

Tom Hlavacek gave the report. The Department held five listening sessions on the dementia plan at various locations around the state. Over 700 people attended. The top three issues were staff/caregiver training on dementia, crisis intervention and placement, and the cost of/funding for dementia care. The Department is compiling the comments and will make a frequently asked questions document available.

Other Department activities to implement the Dementia Capable System plan include:

- Dementia Care Specialists at 16 ADRCs.
- A workgroup on outreach to the medical community has met. Lessons learned include that it is important to approach health care systems, not just the physicians; providers need to be contacted more than once; and that just dropping off packets of information is not enough to be effective.
- The Department's Employee Assistance Program is working on materials to help employers become dementia-friendly.
- The Challenging Behavior workgroup (now called "Crisis Stabilization") will be surveying county adult protective services workers and crisis units to better understand efforts at the local level.
- The Department has applied for two Alzheimer's services grants from the federal Administration on Community Living.
- The UW Oshkosh has completed a draft of the Guiding Principles document, which will be released by the Department for public comment later today.

Department Updates

- ***IRIS Update.*** IRIS participants will be offered multiple choices for both the IRIS Consultant Agency and Fiscal Employer Agent beginning in January 2015. This will allow for participant choice and also generate 60% federal match for these services. Provider certification efforts are currently in process. Wisconsin Physician Services (WPS) has been issued an intent to award the contract for third party MA claims administration for the IRIS program, and Iron Data has been selected to provide the IT system for IRIS service planning and authorization. A consumer portal for the IT system will be implemented in 2016. IRIS will be offered in the seven northwestern Wisconsin counties if Family Care expansion is approved for that area.
- ***Fair Labor Standards Act Exemption for Home Care Workers.*** The Department is working with the Centers for Medicare and Medicaid Services (CMS) and the Department of Workforce Development on ways to address the impact of the recent Department of Labor decision *ending the exemption of* companionship and live-in workers from the Fair Labor Standards Act, which is to become effective January 1, 2015. The exemption does not apply when a third party employer is involved. A toolkit is available on the U.S. Department of Labor website.

- ***Tribal Option for Legacy Waivers.*** Currently, the Oneida and Menominee Tribes have contracts to administer the legacy waivers. The DHS has developed a Tribal Medicaid HCBS Waiver application for the tribes to operate once the current waivers expire. Each tribe will have a choice related to operating the Tribal Waiver. The Department's application will be submitted later this year. Tribal members will have access to all other long term care options, including Family Care and IRIS. A concept paper on the tribal waivers was distributed to the Council.
- ***Family Care Expansion.*** The RFP process has been completed and applications for expansion of the Family Care program to the seven counties in northeastern Wisconsin are under review. The Department believes there is sufficient capacity to support more than one MCO. Joint Finance approval is needed for this expansion to proceed.
- ***CMS Direction on Autism Services.*** Since 2003, autism services have been included in the children's Medicaid HCBS waivers. According to a recent CMS interpretation, autism services must be in the Medicaid State Plan, not in the waiver. There is no further guidance on the type or scope of autism services or the timeline for compliance. The children's waiver renewal is due in October 2015. Additional information will be provided at the next Council meeting.
- ***Nursing Home Relocations.*** Information on Money Follow the Person and ADRC outreach to nursing homes will be reported at the November meeting.
- ***Brain Injury Waiver Wrap-Up.*** Department staff have contact the counties about the Brain Injury Waiver phase out and all participants should have transitioned to other waivers by now. Audrey Nelson indicated that she had not been contacted by her county yet, and Camille Rodriguez asked that people let her know about any issues they are aware of so that the Department's quality staff can address them.

Comments from the Public

Amy Weiss informed the Council that the Wisconsin Personal Services Association and MCFI have received a grant for best practices relating to in-home Alzheimer's care.

The Affordable Care Act and Long Term Care in Wisconsin

Craig Steele from the Department's Division of Health Care Access and Accountability gave a presentation on the Affordable Care Act (ACA). Most of the ACA requirements are now in effect. Enrollment has been higher than anticipated. Some 137,000 Wisconsin residents have enrolled in a health care plan through the ACA marketplace, while 24,000 people lost eligibility for Badger Care Plus and have not enrolled through the marketplace. Wisconsin's goal is to reduce the uninsured rate to 7.5% uninsured rate, or half the 2011 rate. The Department is looking into how to use the regional enrollment networks in 2015 and the need for staff to support the networks.

The ACA requires employers of 50 or more workers to provide health insurance to their employees and imposes penalties of \$2,000-\$3,000 per employee for those who do not comply. There have been concerns that employers who cannot afford the insurance, or the penalties, may reduce the number of employees, or cut employee hours to less than 30 hours per week, so as not to be subject to penalties.

Council members pointed out that 80-90% of home health care agency income is from Medicaid. Continuity of care for long term care program participants could be adversely affected unless there is an increase in Medicaid rates to cover the cost of insurance. A state level effort to address the cost issue was suggested. Council members also pointed out that there could be an impact on employment for people with disabilities, if worker hours are reduced.

Craig Steele asked Council members to let him know of issues that come up and said he would be happy to research them.

Council Business

- ***Meeting Dates for 2015*** will be January 13, March 10, May 12, July 14, September 8, and November 10.
- ***Meeting location.*** All meetings in 2015 will be held at the Lussier Family Heritage Center in Madison.
- ***Topics suggested for the November meeting:***
 - DHS budget that was submitted to the Governor
 - MFP update
 - Autism – update on CMS guidance regarding MA coverage for autism services
 - Impact of the Department of Labor decision exempting some home care workers from Fair Labor Standards Act requirements
 - Guiding Principles for dementia care redesign
 - Assessment tool for determining whether assisted living facilities are consistent with the new waiver policy on community-based services
 - 2015 MCO Contract – highlights and new emphases, how employment goals are addressed
 - Transportation issues anticipated in 2015 (audit, etc.)
 - Transition from prison to the long-term care system for people with brain injury and other long-term care needs

Meeting adjourned at 3:30 p.m.

Handouts

- *Office of Family Care Program Highlights* (PowerPoint slides)

- *Managed Care in Action* (PowerPoint slides)
- *Employment Data for April 2014 for Family Care and Iris*
- *BadgerCare Plus – Federal Marketplace Update* (PowerPoint slides)