Wisconsin Long Term Care Advisory Council

Meeting of September 10, 2013

Wisconsin Department of Revenue Building, Madison

Approved Minutes

Members present: Beth Anderson, Teri Buros, Devon Christianson, Carol Eschner, Tom Hlavacek, Lea Kitz, Robert Kellerman, Mary Krueger, Maria Ledger, Geri Lyday, Lauri Malnory, Maureen Ryan, David Scribbins, Stephanie Sue Stein, Beth Swedeen, Judith Troestler, Christine Witt

Members absent: Karen Avery (represented by Ginger Reimer), Heather Bruemmer, Jim Canales, Hugh Danforth, Caroline Feller (represented by Audrey Nelson), Barb Peterson, John Sauer (represented by Tom Ramsey), Kate Wichman

Others present: Monica Allen, Joyce Binder, Michael Blumenfeld, Jody Brassfield, Cindy Dombrowski, Wendy Fearnside, Noah Groetzel, Jen Harrison, Margaret Kristan, Kathleen Luedtke, Kim Marheine, Carrie Molke, Mary Panzer, Matt Queen, Deb Rathermel, Ginger Reimer, Camille Rodriguez-Williams, Chris Sell, Beth Wroblewski, Janet Zander, Ramie Zelenkova

Call to Order and Welcome

Carol Eschner called the meeting to order at 9:35 am and welcomed members and guests. Minutes of the July meeting were unanimously approved on a motion by Geri Lyday, seconded by David Scribbins.

Department Updates

Beth Wroblewski gave the following updates on Department activities:

- ***Dementia***. The Department is developing a "roadmap plan" for the development of a dementia capable system of care, to be completed by the end of the year. A Dementia Summit will be held at the Wingspread conference center on October 1-2 to solicit input from stakeholders, including MCOs, ADRCs, provider associations, consumer advocates, law enforcement, legislators, and others. Capacity at Wingspread is limited to 36 people, and the Department will by soliciting input from additional stakeholders through other means. The resulting report will identify needed systems changes and legislation for the spring session.

- ***Behavioral Assessment***. The behavioral assessment supplement to the Adult Long Term Care Functional Screen (LTCFS) will be piloted this fall. The assessment is an adjunct to the LTCFS; it is not intended to be a comprehensive behavioral and mental health assessment. Use of the tool should not delay eligibility determinations or change the eligibility criteria for Family Care and IRIS. Data

from the assessments will be used to analyze the impact on cost and service utilization.

- ***Mental Health/Behavioral Health Integration with Long Term Care***. The Department intends to have a plan for integrating mental and behavioral health with long term care in 2014. The plan will focus on three areas: 1) people with intellectual/developmental disabilities and co-occurring mental/behavioral health needs; 2) people with Alzheimer's disease or other dementias with a behavioral overlay; and 3) people who have exhibited mental/behavioral health needs throughout their lives and developed long term care needs. Each of these groups will require a distinct strategy.

  Geri Lyday indicated that Milwaukee County is looking forward to working with the Department on these issues.

- ***Employment***. Employment is another department priority. Work will focus on youth employment and integrated employment opportunities for program participants.

- ***IRIS***. Priorities for the IRIS program include program integrity, consistency with Family Care and other programs, and having comprehensive fraud and critical incident tracking systems in place. The Department is seeking a waiver amendment to permit multiple IRIS Consultant Agencies (ICAs) and Financial Services Agencies.

  The Department is working with CMS to continue to allow the use of 3-4 bed Adult Family Homes within IRIS, but not Community-Based Residential facilities of 5-8 beds.

- ***MCO Procurement***. MCO contracts are for one year with four annual renewals and a mandatory re-bidding every five years. As a result of the recent procurement, Community Care of Central Wisconsin will begin serving the 11-county area currently served by Northern Bridges, beginning on January 1, 2014. I-Care will begin providing Family Care Partnership services in Dane County beginning in January; Care Wisconsin will continue to provide services there as well. There will be no changes of MCO in Milwaukee.

  Members asked why multiple MCOs were selected in some locations and not in others. The size of the region, number of members, and stability of the MCOs are all factors in that decision. It may, at some time in the future, be possible to have more than one MCO in sparsely populated areas, but that would require the presence of MCOs with stable populations in other areas of the State.

- ***Quality***. Kathleen Caron has taken another job and is no longer quality manager for the Family Care program. Jen Harrison in the Office of Family Care Expansion

(OFCE) will be working with MetaStar, the External Quality Review Organization for the Family Care program, on focusing on program-wide quality issues, including relocation of people with challenging behaviors to the community and provision of consistent oversight of the MCOs.

2014 MCO Contract and Business Plan

Margaret Kristan provided a brief overview of the status of 2014 MCO contract, which will be finalized in November and December. The contract will be used to monitor MCO performance and compliance with contract requirements.

Jen Harrison reviewed the 2014 Managed Long Term Care Business Plan Requirements. MCOs business plans are to be submitted to the Department by October 16, 2013. The purpose of the plan is to assure the Department and the Office of the Commissioner of Insurance (OCI) that the MCO has specific, actionable strategies in place to provide services consistent with the MCO contract, policy memorandums and program design. MCOs are asked to identify and describe areas where they are doing well, where they need to develop, and what support they could use from the Department. Topics include organizational information, financial projections and operations, care management, service delivery and provider relations, and administration.

Areas of focus in the business plans include:

- Ration of nurses to enrollees
- Challenging care plans
- Support for Interdisciplinary Team staff
- Supported employment initiatives
- Self-directed supports
- Integration of quality with other MCO activities
- Process for ensuring that services are effective in supporting the member's outcome
- Identifying building capacity to address gaps in the provider network
- Ensuring that any initiatives that involve reductions in care are monitored and do negatively affect individual members

Members of the Council raised the following issues and questions:

- Is there a way for consumers to identify provider needs?
- How do consumers provide feedback on whether their needs are met?
- How does the Department determine whether the individualized service plans are adequate?
- What is the process for measuring actual progress?

Margaret Kristan described a number of ongoing processes that the Department uses to address quality, including: MetaStar's external quality review, meetings with OCI and the ombudsman, the RAD, member satisfaction surveys, and regular monthly dialogues with the MCOs. A priority for 2014 is to have a scorecard that establishes baseline

metrics and provides a point-in-time look at quality indicators. The Council will get to see this report.

Council members observed that such a scorecard will be helpful to ADRCs in helping people choose an MCO.

Long Term Care Functional Screen Subcommittee Report
Beth Anderson gave the report. The subcommittee met by phone with Kathleen Luedtke of DHS, on August 26, 2013 to review the draft behavioral assessment tool and talk about plans for pilot testing the tool. Issues raised included the sensitivity of the information and concern about stigma, confidentiality, the frequency and severity of the incidents reported, validation of the information, the time required to collect the information, and the impact on ADRCs. Kathleen adjusted the assessment tool in response to issues raised during the discussion. She is also soliciting feedback from providers.

Beth Wroblewski indicated that the pilot will be used to determine whether and when it makes sense to implement the expanded behavioral assessment.

Council members observed that the screen is not intended to be a comprehensive assessment and that there are other areas besides behavioral/mental health where more in-depth information may be needed for case planning. Milwaukee County uses a supplemental tool to determine what behaviors to plan for and to identify staffing and support needs for people being relocated from institutions. It is important to consider when it is most helpful to have supplemental information.

Employment Subcommittee Report
Beth Swedeen gave the report. The subcommittee was charged with generating ideas about how to promote and increase integrated employment for program participants. Currently 4% of IRIS participants and 8% of Family Care enrollees participate in integrated employment.

Initial subcommittee recommendations include:

- Establishing integrated, competitive employment as the presumed goal for people with disabilities;
- Development of a definition of integrated, competitive employment that includes a minimum number of hours per week of employed work;
- Setting performance targets for IRIS and MCOs;
- Ensuring that IRIS and Family Care participants have access to an employment specialist; and
- Establishing financial incentives for successful integrated employment outcomes.

Council members identified the lack of personal care in the workplace as a major barrier to employment and raised the possibility of MCOs offering this kind of service or, alternatively, of the state pursuing a waiver to allow MAPC for personal care provided in the workplace so that employees with disabilities do not have to go home to get care.

This is a complex issue, since a State Plan service must be available to all and the state would need to determine how many hours of care should be available in the workplace and find ways to ensure that the benefit is used appropriately.

The National Governor's Association and U.S. Department of Health and Human Services are encouraging employers to hire people with disabilities. Margaret Kristan observed that any action will have to come from the business community; this is not something that can be done through contracts.

Next steps for the subcommittee include meeting with Janet Estervig of OFCE and fleshing out the subcommittee's ideas, including system responsiveness to consumer demand.

Open Discussion
Having finished business a little early, time was available for open discussion. The following updates were given and issues raised:

- ***BFM Director Position***. Beth Wroblewski informed members that Tom Lawless will be leaving the Department to become the CFO at Agrace Hospice. Interviews for his replacement as Director of the Bureau of Fiscal Management will take place in late September.

- ***MA Non-Emergency Medical Transportation***. Several council members mentioned issues with the new MA transportation provider, Medical Transportation Management, Inc. (MTM). They are hearing that service has not improved over that provided by LogistiCare and that people are having similar problems, such as last minute rescheduling and missed rides. Beth Wroblewski said she will invite a Division of Health Care Access and Accountability staff person to the November meeting to discuss.

- ***Estate Recovery***. Concern was expressed over whether there will be a public hearing on the proposed changes to the MA estate recovery policy. Tom Ramsey volunteered that Joint Finance Committee approval is required and a hearing is expected.

- ***Use of Non-Traditional Services for MCO Participants***. Audrey Nelson described the many benefits one of her long term residents experienced as a result of equestrian therapy, including better balance and ability to sit up in a chair and transfer. The therapy was paid for by the person's guardian. The MCO had indicated a willingness to help with expenses but then denied the request. She asked what the policy is regarding MCO payment for alternative therapies. MCO representatives on the Council indicated that, while policies differ from one MCO to another, their MCOs consider each case individually, including the purpose of the therapy, how it will improve the person's function, whether and how outcomes can be measured, and the like. Audrey asked whether the outcome of maintaining

function, as opposed to improving function, and the "pure joy" derived by the participant would be sufficient reason to fund a service. Beth Wroblewski indicated that Waiver funds cannot be used for experimental purposes and that provision of unique services can be challenging. If the service can be shown to improve the person's condition or provide an opportunity for community integration, then it can be approved. This needs to happen on an individual basis, rather than a general encouragement of specific approaches for all people. Council members raised the issue of the need to be able to try out a service in order to get the evidence that it works and can be paid for. Carol Eschner observed that this is the very kind of individualized services is to be a core principle of Family Care.

Long Term Care Medicaid Home and Community-Based Services Waiver Renewals
Camille Rodriguez-Williams from the Bureau of Long Term Support gave an update. The Community Integration Program (CIP) Waiver renewal is due to CMS on September 30, 2013. The Brain Injury Waiver (BIW), which currently serves about 85 people, will not be renewed. Participants will instead be supported by the Community Options Program (COP) or CIP Waivers. Council members recognized the value of combining the Waivers, but also expressed concern about what might be lost for people with Brain Injuries. One reason for creating the BIW as a separate waiver was to recognize the unique needs of people with brain injuries and the need for specialized providers who are trained and understand those unique needs. Also, people with brain injuries tend to have higher costs and a question was raised about the adequacy of COP Waiver rates to meet the needs of this population. Camille indicated that, while BIW participant costs are higher those in the COP program, there is no upper limit for individuals in COP and there is room in the COP Waiver budget to accommodate people with brain injury without reducing services. People's services will continue to be individualized to meet their unique needs.

Changes in CMS Quality Measures and Reporting
Camille Rodriguez-Williams also provided the Council with information on changing federal expectations regarding quality measure and reporting for the MA Waivers. CMS goal is to promote continuous quality improvement and, at the same time, streamline quality reporting. The fundamental framework for quality remains the same: design quality in at the front end, have a process for discovering deficiencies, remediate when needed, and implement an ongoing quality improvement program. Changes involve freeing up time for quality improvement work by reducing the number of required sub-assurances and record reviews and focusing instead on the individual participant's experience and performance measures. MetaStar will continue to do record reviews as part of its external quality review organization role.

Virtual PACE
Deb Rathermel provided an update on the status of the Virtual PACE proposal. The Department has submitted its proposal to CMS in the form of a memorandum of understanding between DHS and CMS. If CMS approves, then DHS will go forward

with a three year pilot of the proposed model of integrated care for people who have dual Medicare/Medicaid eligibility and who are living in nursing homes through the fee for service system. If an agreement between CMS and the Department cannot be reached by March 1, 2014, then the pilot program will not proceed. In the meantime, the Department is looking for ways to use the information and experience from Virtual PACE to inform its current programs. Medicare data that has been made available to the state through Virtual PACE will be analyzed to provide insights into factors that affect nursing home usage; service needs of condition-specific populations, such as people with dementia; and opportunities for service delivery efficiencies.

A copy of the Department's Virtual PACE proposal and related information can be found at http://www.dhs.wisconsin.gov/virtualPACE/.

IRIS Financial and Program Data

Jody Brassfield, IRIS Manager, introduced Chris Sell, an IRIS data analyst, and reviewed the data contained in the 2012 IRIS financial statement and the Monthly Data Report for July 2013. IRIS had 7,480 people enrolled as of December 31, 2012, and total Waiver plan services cost for the year of $157,486,201 for an average of $2,087 per member per month. When Fee for Service Plan costs are added in, the total per member per month was $3,326. Consultant and Fiscal Agent administrative costs are not included in these totals. IRIS enrollment increased to 8,863 by July 31, 2013.

Council members had the following observations and suggestions:

- Fewer IRIS dollars are spent on supported employment than on prevocational services.
- It would be helpful to have the following data available:
    - The number of people who re-enroll in IRIS by county or region;
    - The numbers of enrollments over time and how these have changed; and
    - Comparable data for IRIS, Family Care, and Partnership at the same time.
- Will quality of life data be available?
- How does the proportion of people relocating from an institution who choose Family Care compare to the proportion who select IRIS?

IRIS Consultants can work with participants in advance of their enrollment date in order to facilitate relocation from a facility and the IRIS Consultant Agency (ICA) can be reimbursed for their work. Council members asked whether a similar opportunity to be reimbursed for advance work can be made available to MCOs.

Jody that CMS has been supportive of the Department's plan to offer a choice of IRIS Consultant Agencies and Fiscal Employer Agents and to the possibility of reimbursing these costs as service rather than administrative costs. A waiver amendment with CMS approval will be needed.

Comments from the Public
Mike Klug from the Milwaukee Center for Independence said that the Society of Human Resources Managers has a statewide conference, which might be a place to present the idea of creating opportunities for supported employment.

Additional Comments and Discussion by Council Members

- **MCO Rates**. Several Council members expressed their concern about the MCO rates that were released today during the DHS Financial Managers' call today. Beth Wroblewski let the Council know that the rates are preliminary and part of a Department attempt to get information for planning purposes out to the MCOs. Rates were based on an analysis that took into account current MCO surpluses, as well as actual costs; the population mix in each MCO; and current rates, with the goal of maintaining the sustainability of the MCOs without excess surpluses of public funding. This is a continuing process of rate development and is not final.

- **Brain Injury Waiver**. Audrey Nelson expressed her appreciation for and sadness at the ending of the Brain Injury Waiver and spoke of what it has meant to a resident of her 2-bed adult family home who, in 1995, was one of the first to be relocated from a nursing home via the waiver. While in the nursing home, it took 4-6 people to change her Depends. A first placement under the BIW didn't work out, but the individual has now been successfully living in Audrey's AFH for 13 years.

Agenda Topics Requested for the November Meeting
The following topics were requested for the November meeting:
- LTC Advisory Council Subcommittee Reports
- Dementia Summit Report
- Data comparing IRIS and Family Care costs to nursing home cost
- IRIS TPA and ICA update
- Transportation issues with MTM
- Estate Recovery Update
- MCO rates for 2014

Meeting adjourned at 3:30 p.m.

Handouts
- *Adult Long Term Care Functional Screen (LTCFS) Behavioral Assessment Supplement Pilot Project Overview,* Draft for External Review
- *Instructions, Behavioral Assessment Supplement to Adult LTCFS*
- *Behavioral Assessment Supplement to Adult LTC Functional Screen*
- *2014 Managed Long Term Care Business Plan Requirements,* Department of Health Services, Office of Family Care Expansion
- *2012 IRIS Financial Statement*
- *IRIS Monthly Data Report – July 2013*