

Wisconsin Long Term Care Advisory Council
Meeting of September 11, 2012
WI Dept. of Revenue Bldg., Madison, First Fl. Events Rm.

Approved Minutes

Members present: Beth Anderson, Heather Bruemmer, Teri Buros, Dana Cyra, Carol Eschner, Robert Kellerman, Geri Lyday, Lauri Malnory, Barb Peterson, Maureen Ryan, David Scribbins, Stephanie Sue Stein, Beth Swedeen, John Sauer, Judith Troestler, Christine Witt, Kate Wichman

Members absent: Karen Avery, Devon Christianson, Hugh Danforth, Caroline Feller, Tom Hlavacek, Tom Masseur, Mary Peterson, Todd Romenesko

Others present: Dan Albert, Monica Allen, Pris Boroniec, Vicki Buchholz, Grant Cummings, Monica Deignan, Cindy Dombrowski, Richard Eggers, Donna Ellenbecker, Jess Hamers, Becky Hebda, Phoebe Hefko, Mary Heiden, Mark Hilliker, Richard Jarvi, Margaret Kristan, Tom Lawless, Kim Marheine, Tom Moore, Christian Moran, Charles Morgan, John Neu, Sue Ottman, Gerianne Prom, Eric Shutes, Adam Sharpe, Tim Stumm, Jessica Troudt, Brittany Weir, Robert Weiss, Danielle Wirsbinski, Ramie Zalenkova

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

Approval of Minutes

The minutes of the July 10, 2012 meeting were unanimously approved on a motion by Beth Anderson, seconded by Maureen Ryan.

Family Care Updates. Pris Boroniec, Margaret Kristan, Tom Lawless, and Beth Wroblewski provided updates on the following issues:

- **MCO Financial Statements.** Tom Lawless gave a financial update, reviewing Family Care, PACE and Family Care Partnership data from the first quarter of 2012 and fielding questions from the Council.
- **DHS Report to the Legislative Audit Bureau.** The Department's report dated August 31, 2012, was provided to the Legislative Audit Bureau (LAB) in response to recommendations in the April 2011 LAB evaluation of the Family Care program. These documents are available on the Department's website at <http://www.dhs.wisconsin.gov/lcicare/Reports/Index.htm>.
- **Termination of MCO Contract.** Pris Boroniec announced that effective January 1, 2013, Community Health Partnership, Inc. (CHP) will no longer provide Family Care or Family Care Partnership to any of the five counties in its service area, which includes Chippewa, Dunn, Eau Claire, Pierce and St. Croix counties. CHP informed DHS in July that it was not financially viable for the agency to continue offering Family Care. CHP cannot end services under the Family Care contract without also terminating its contract to provide Family Care Partnership. DHS will be contracting with one or more new MCOs to provide Family Care services in these counties in 2013. Partnership may or may not continue to be offered in the region. An RFP for the region was issued in August

and the Department plans to announce the results of the RFP in mid-October. DHS has mailed letters to all 2,700 CHP members regarding the pending contract termination and has discussed the matter with ADRCs, ombudsman program, legislators, and other stakeholders in the affected region. CHP has notified its contracted service providers and employees. Pris emphasized the State will work hard to ensure Family Care and Partnership members experience continuity of care and stability of services during the transition to a new MCO. Individuals' eligibility will not be affected by the change. CMS will work directly with CHP to handle Medicare-related transition issues. Individuals who will be affected by the change should work with their care team at CHP, or contact an ombudsman if they are dissatisfied with the care team's response. Individuals who wish to disenroll from Family Care or Family Care Partnership should contact their local ADRC.

MCO Best Practices – Employment

Mark Hilliker and Becky Hebda of Community Care of Central Wisconsin (CCCW) presented information about their agency's employment vision and recent changes piloted under a federal Medicaid Infrastructure Grant (MIG). Under the pilot model, the agency reimbursed for job development and job coaching services according to hours worked by the member rather than hours worked by the service provider. The model provides the service providers with incentives to help members avoid reduced work hours and find jobs with paid time off and other benefits. In the first five months of the pilot, the number of actively employed CCCW members increased from 194 to 230. Challenges include the continuing federal requirement to report provider hours and getting jobs for high acuity members.

Customer Experiences with Long Term Care Programs and Services: What Works and What Doesn't

Council Member David Scribbins presented information about consumer experiences with ADRCs, Family Care, SSI, DVR, ILC and transportation, drawing from his own experience living with a disability in rural Richland County, as well as his extensive community involvement. He serves on a Family Care Grievance and Appeals Committee, is Vice Chair of the Richland County Commission on Aging and Disability, and has served in many other organizations as a community advocate.

- **ADRCs:** David recommended the ADRC should advertise on routine basis because many people with disabilities still don't know about it and he indicated the ADRC staff does a good job answering phones and generating creative solutions. He shared an anecdote about how the ADRC assisted one person to address out-of-pocket costs related to assistive technology, working "outside the box" to make this happen. David suggested ADRCs could help generate transportation solutions. He cautioned that the ADRC is an "outlet" for people who are frustrated and should have a security guard on the premises, especially when mental health services are offered in the same building.
- **IRIS/Medicaid:** David shared two anecdotes about an IRIS member who had difficulties getting durable medical equipment. First, Medicaid denied coverage for durable medical supplies following the member's surgery, due to lack of prior authorization. As a result, the member experienced a great deal of stress. The member also required a special mattress due to skin breakdown. Prior authorization was requested and Medicaid

eventually agreed to pay for rental of the item. Meanwhile, a LTC facility agreed to sell the person a mattress for a much lower price, but IRIS would not help cover the cost because the program is not allowed to pay for items covered under Medicaid card services. It took weeks to settle the matter; in the meantime the person suffered additional skin breakdown.

- **Family Care:** David has been a Family Care member since it started in Richland County. He indicated he had experienced a high turnover rate with nurses and care managers early on, but this seems to have stabilized over time. He shared that Family Care has been instrumental in helping him to live independently in his own home, obtain and maintain a power wheel chair, and pay for accessibility modifications to his personal vehicle. David recently published an essay about his experiences with Family Care in the Southwest Family Care Alliance 2011 Annual Report which is available online at <http://www.familycarealliance.org/About-Us/Annual-Reports>. As a member of a Family Care Grievance and Appeals Committee, he noted that it has been frustrating to review some issues like challenges to RAD or LTCFS determination where the law requires a fair hearing because the committee was not allowed to make recommendations or suggestions for addressing these situations. He provided an example where a person moved to a different county without adequate information regarding the consequences of doing so. In general, David stressed members should be provided with a clear idea of the role of case managers so that they are not frustrated or disappointed when a case manager cannot help fix every problem.
- **Supplemental Security Income (SSI):** David shared that SSI deductions for earned income and the risk of losing health coverage present major barriers to working in the community and getting ahead. He was unable to take advantage of work incentives through PASS because he lacked money for start-up.
- **Division of Vocational Rehabilitation (DVR):** David shared information about his multiple experiences with DVR services in the course of efforts to build a career. In his experiences, some types of DVR processes and requirements seemed to present insurmountable barriers. For example, he cited a feasibility study that involved uncovered transportation expenses and a struggle to obtain unavailable market data. David suggested DVR funds could have been used in more effective ways to help him pursue his goals.
- **Independent Living Centers (ILC):** David shared that ILCs have helped him in a variety of ways, including help getting jobs, the provision of work incentives benefits (WIBS) analyses, referrals to DVR, as well as opportunities for involvement in advocacy. He indicated ILCs play huge role in connecting people with viable jobs.
- **Transportation:** David shared information about his own transportation issues, as well as some general observations based on his involvement as a community advocate. He indicated that, ironically, for persons with disabilities, a lack of transportation functions as a major barrier to being present at public hearings where they might provide input about their transportation needs and other issues. He indicated many LTC plans do not provide transportation for non-medical needs even if the member identifies this as a high priority outcome, even though it is a covered service. He indicated transportation to and from employment is generally not provided to a Family Care member unless the employer can directly provide it. David gave several examples of situations where a Medicaid

participant experienced hardship as a result of difficulty obtaining timely services through LogistiCare and stated he would encourage the State to audit LogistiCare. David used his personal experience to illustrate why personal transportation is essential to quality of life, employment, community involvement, hobbies and overall independence, and yet unaffordable for many individuals with disabilities on a limited income. David generated money to purchase a vehicle through a combination of community fundraisers, the sale of another vehicle, and a personal loan. Family Care covered the vehicle modifications. He cited challenges in paying for ongoing expenses such as auto insurance, gas, and maintenance, but asserted his personal vehicle is still a more cost-effective way to meet his needs than reliance on a transportation provider.

Residential Services Sustainability Initiative

Monica Deignan and Kevin Coughlin of the Wisconsin Department of Health Services provided an update on the Department's activities to carry out the goals identified in the residential services section of the 2011-2013 Long Term Care Sustainability Plan. This document is available on the DHS website at <http://www.dhs.wisconsin.gov/lcreform>. The Department has identified two primary project goals:

- 1) To ensure that people with long-term care needs are safe and cared for in their own homes and community settings as long as possible, with services provided in residential settings only when it is the least restrictive and most integrated location to meet the person's needs; and
- 2) To establish guidance for residential care as an allowable service within the Family Care benefit package.

These goals are consistent with the Department's historical objectives over many years of long-term care reform, as well as with recent federal efforts such as Money Follows the Person and the Year of Community Living.

Some key discussion points:

- Monica stressed the Department is not developing specific criteria to determine whether residential placement is appropriate. There is recognition that acuity level is not the only factor to consider in a decision about most appropriate residence. A myriad of other issues may factor into any decision about residential placement. The MCO will still use all of the options in the care package as appropriate. Where an assisted living facility is the most appropriate option, the MCO should continue to propose this option.
- DHS is currently working with ADRCs and MCOs to ensure their consumer outreach materials clearly communicate the Department's priorities. MCO member handbooks, brochures, enrollment counseling materials, and waiver contract language must all reflect the Department's emphasis on keeping people in their own homes as long as possible and making the best use of public funds so that everyone who is entitled to funding can access it.
- DHS recognizes that assisted living providers are doing a great job of meeting the needs of high acuity residents and will always be needed. These resources should be used as efficiently and effectively as possible. The Department is also interested in exploring the possibility of leveraging existing providers to offer in-home services. This could provide an opportunity for assisted living providers to extend their service models to meet people's needs where they are.

- The focus is not on relocating people out of assisted living facilities, but rather on getting information to people before they have moved from their own home or apartment.

Council members offered the following comments and questions:

- Many people have already made up their minds or even relocated prior to receiving enrollment counseling from the ADRC. They have already tried a lot of options before getting to an MCO or ADRC. How can we get the message to people earlier?
- Physician recommendations often influence people’s decisions. Physicians may be less likely to recommend placement in a CBRF or SNF once they gain familiarity with and trust in the community-based providers and options.
- Consider the options in between “own home” and ALF, such as an apartment setting.
- Staying in one’s own home means something different to youth in transition. With DD youth, changes should be made incrementally as people are ready to make a choice.
- In setting benchmark goals, Wisconsin should be cautious in comparing current residential placement rates to those of other states with different histories, populations and systems in place.
- How do we support people in congregate settings such as HUD housing? Should HUD be able to provide CBRF or RCAC level of care?

Transportation Committee

Carol Eschner presented an update on transportation committee activities, including:

- **Report from the first meeting:** (Review of Handout entitled Transportation Work Group Report, 8/28/2012 meeting)
- **Develop a charge to the committee:** Carol suggested the committee’s next steps may include submitting an advocacy initiative to DOT and obtaining answers from Department to questions posed in the work group report. The committee set a goal to share the Department’s response at the next meeting.
- **Comments:** The 85.21 rate changed recently with little advance notice. This is another challenge to the community-based transportation system.

Comments from the Public

The public audience included about 20 people, including staff, participants and their family members, from Our Place, an adult day services provider located in West Bend in Washington County. These individuals each shared their concerns that Care Wisconsin was no longer offering Family Care participants the opportunity to receive day services through Our Place.

- Several participants in the day service program expressed how much they valued the opportunities provided by Our Place, including classes on everything from home safety to ball room dancing; social opportunities and improved mental health and well-being; help in developing independence, confidence and self-esteem; job development; and employment opportunities. Participants expressed concerns that the only alternative to the services offered at Our Place would be a sheltered workshop or staying at home with little to do. A parent of one of the participants stated she was disappointed that the MCO staff had decided to change providers without input from members. She also stated that individuals with DD are not accepted in the community to the same extent as frail elders with long-term care needs, and do not have the same level of community support.

- Donna Ellenbecker, the manager of Our Place, stated the organization was facing a reduced reimbursement rate that would require them to reduce the current 1:4 staff ratio to 1:8. She indicated she was unwilling to reduce staffing to this level, as it would result in a decline in their quality of service similar to “warehousing.” She stated, “Don’t be pennywise and pound foolish with individuals who have a long life ahead of them.” She stated Care Wisconsin “nurtured us into existence” but now they are cutting our reimbursement rates because “they are caught.” She also indicated members did not receive a notice of action when this change in providers occurred because they are still receiving day services.
- The group shared a publication entitled “Our Place Day Service Warriors” with the Council.

Council Business

Following public comment, Heather Bruemmer facilitated a council discussion about topics for the November meeting and other business.

Council members discussed possible changes to the 2013 meeting schedule. The first Tuesday of the month is not ideal since this tends to be a busy week at work. The second Tuesday of the month conflicts with the Assisted Living Forum, but has resulted in better attendance in 2012. The third Tuesday would conflict with the meetings of the Survival Coalition. Council members concluded they will continue meeting on the second Tuesday of the month in 2013.

Agenda Topics Requested for the November 13 Meeting

The following topics were requested for the November meeting:

- Transportation
- Updates on MCOs and IRIS financial information
- Care Transitions presentation
- Status update on the State’s Guardianship Support Center RFP

Motion to Adjourn: Maureen Ryan made a motion to adjourn. Beth Anderson seconded the motion.

The meeting was adjourned at 4:10 p.m.

Handouts

- *Family Care Financial Summary: Three Months ending March 31, 2012 (Report Date: July 6, 2012)*
- *PACE and Family Care Partnership Financial Summary: Three Months ending March 31, 2012 (Report Date: July 6, 2012)*
- *Family Care MCO Financial Statement Summaries: YTD for Period Ending December 31, 2011, Audited Results Unless Otherwise Noted*
- *Family Care Partnership/PACE MCO Financial Summaries: YTD for Period Ending December 31, 2011, Audited*
- *Outcome Based Reimbursement for Job Coaching (PowerPoint)*

- *Report to the Joint Legislative Audit Committee on the Status of the Family Care Program, August 31, 2012*
- *Transportation Work Group Report, August 28, 2012 meeting*