

Wisconsin Long Term Care Advisory Council

Meeting of September 13, 2016

Lussier Family Heritage Center, Madison

Draft Minutes

Members present: Audrey Nelson, Barb LeDuc, Beth Anderson, Beth Swedeen, Carol Eschner, Christine Witt, Cindy Bentley, Dan Idzikowski, Ginger Reimer, Heather Bruemmer, Jessica Nell, John Sauer, John Vander Meer, Ken Grode, Lauri Malnory, Mary Krueger, Maureen Ryan, Roberto Escamilla II, Robert Kellerman, Sam Wilson, Teri Buros, Tom Hlavacek.

Members absent: Barbara Peterson, Denise Pommer, Jonette Arms.

Others present: DHS Secretary Linda Seemeyer, Bill Hanna, Curtis Cunningham, Carrie Molke, JoAnna Richard, Betsy Genz, Kevin Coughlin, Angela Witt, Dennis Winters, Karen Kopetskie, Hannah Cruckson.

Call to Order and Welcome

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

Department Updates

Curtis Cunningham, Interim Administrator of DHS, Division of Long Term Care, provided updates on the following Department initiatives.

- IRIS Guardians as Providers: In August, DHS sent a letter to IRIS participants confirming, “DHS has determined that **guardians will continue to be allowed to serve as paid providers in the IRIS program.**” CMS said because the ICA is considered the case manager, there is no conflict of interest.
- IRIS 40-Hour Health and Safety Rule: IRIS participants are in the process of amending their care plans to comply with the rule that limits the hours participant hired workers can work for a participant under the IRIS program.
- Legacy Waiver Status: We continue to get renewals and extensions from CMS.
- CMS Corrective Action Plans
 - Provider Management System. This project covers the implementation of a system to allow DLTC to certify and manage providers of long-term care services.

- Waivers Service Rates Initiative – This initiative will modify the existing rate-setting methodology for fee-for-service 1915(c) waiver services, including CLTS, COP, and CIP. Planning outreach to providers to get feedback on survey questions related to rate-setting methodology.
- CLTS waiver renewal – The Bureau of Children’s Services has addressed comments sent by the public and submitted the renewal to CMS for a January 2017 effective date.
- Autism services: Moving services from the CLTS waiver to the Medicaid card.
- Announcement of Family Care and IRIS programs expanding statewide. Adams, Florence, Forest, Oneida, Taylor, and Vilas counties starting July 2017. Dane County will expand starting January 2018.
- Three MCOs, Western Wisconsin Cares, ContinuUs, and Community Care Connections, have expressed the intent to merge as of January 1, 2017.
- Two MCOs are converting from district non-profits.
- New choice of IRIS consulting agencies (ICAs) and fiscal employer agencies (FEAs). ICAs help IRIS participants develop support plans. IRIS has continued to add additional ICAs and FEAs to offer choice of providers in the IRIS program. As of August 1, there are five contracted ICAs and three contracted FEAs. On August 1, ICAs, Advocates4U and First Person Care Consultants, began serving IRIS participants in Milwaukee County. On August 21, FEAs, GT Independence and Premier Financial Management Services, expanded to provide FEA services in all counties where IRIS is a long-term care option. There are now three choices of IRIS FEA providers available in each IRIS county.

Carrie Molke, Director of the Bureau of Aging and Disability Resources, with the DHS Division of Public Health (DPH) provided the following DHS updates:

- DHS Reorganization: In July, the Bureau of Aging and Disability Resources (BADR) has moved to the DPH as part of the reorganization of the Division of Healthcare Access and Accountability and the Division of Long Term Care, into a newly created Division of Medicaid Services directed in Wisconsin Act 55. The reorganization will occur by the end of the 2016 calendar year. Molke said ADRC programs fit well with DPH. The move has fostered good collaboration at a local level.
- Wisconsin Health Improvement Planning Process. This initiative involves targeting five top health priorities:
 - ASTOP:
 - A – Alcohol abuse
 - S - Suicide
 - T - Tobacco
 - O - Opioids
 - P - Physical activity and nutrition
 - Trauma-Informed Care: Takes into consideration adverse childhood experiences (ACEs). Research shows ACEs affect use of ASTOP.

- The Department is currently conducting a survey to discover what Wisconsin organizations are doing to address these issues. The survey can be found on the DHS web.
- DPH Accreditation. DPH seeks accreditation from the Public Health Accreditation Board. Requirements for accreditation include a language access plan for those with cognitive challenges and auditory and visual impairments.
- Dementia. DHS is planning a stakeholder summit similar to the stakeholder summit held in 2013. DHS plans to hold this summit every three years until there is a cure.
- Caregivers – Developing Wisconsin Caregivers strategy. We will look at continuing that into 2017.
- Crisis Beds Proposal – Various groups (advocates and providers) gave feedback. An issue paper is due to the Legislature on November 1.
- Foster Grandparent Program – Currently has approximately 325 low-income grandparents for 2500 special needs or at-risk youth. The Corporation for National and Community (CNC) Services, which supplies the money to the Foster Grandparent Program, will no longer allow third-party agencies to manage the program's funds. DPH is working with CNC to contract directly with the state to keep the program going.

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

- The management structure of the new Division of Medicaid Services has not been determined.
- Guardianship under IRIS. Under the waiver, IRIS guardians are providers, funded by Medicaid.
- 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.
- In lieu of Room and Board – Medicaid funds cannot be used to pay for room and board. Curtis Cunningham tabled this discussion until the next meeting.

Quality Strategy

Curtis Cunningham and Kevin Coughlin (Policy Consultant with the Division of Long Term Care) presented the Department's long-term strategy for measuring and ensuring quality of care. DLTC has developed an analytics unit to sort data the Department has collected. We will be able to show quality for all demographics.

The November meeting will include breakout sessions to discuss issues surrounding quality.

Quality Scorecard

Angela Witt – Integrated Data & Analytics Section of Chief of the Bureau of Long Term Care Financing, presented the DLTC Scorecard that provides information on the strengths and weaknesses in Wisconsin’s Long Term Services and Supports system. The scorecard includes elderly, physically disabled, developmentally disabled adults, and children served by DLTC’s programs, where possible.

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

- Be cautious of defining success by decreased utilization. Success could be defined by efficiency and effectiveness
- Define capacity available for employment not just number of people employed.
- Need to improve measure for employment data. Include prevocational data.
- Need to dig deeper into long-term care whether there are behavioral needs. May improve nursing homes and service to higher care needs.
- The data encourages conversations.
- A metric should be added for transportation.
- Reduce negative and improve positive. Show more data on these defined metrics.
- Data cannot quantify effects of physical touch.

Introduce new DHS Secretary Linda Seemeyer

Heather Breummer introduced Linda Seemeyer. Secretary Seemeyer spoke about her background and her commitment to continuing Kitty Rhoades’ work with this board.

Confirmation of Council Charges

- **Quality:** Explore the development and use of quality metrics to analyze the long-term care system and service outcomes, including:
 - Provide advice and guidance to determine what metrics should be utilized to assess the effectiveness of the entire long-term care system.
 - Provide advice and guidance on a long-term quality strategy to be deployed at every level of the long-term care system.
- **Workforce:** Develop strategies and data metrics to address workforce shortages in the long-term care system.
 - Provide advice and guidance regarding how to measure workforce shortages by provider type.
 - Provide advice and guidance on required financial reporting related to assessing workforce shortages.
 - Provide advice and guidance to ensure that Medicaid contractors are maintaining quality of care.

- **Community Development:** Develop strategies to keep people safe and healthy in the community to prevent and delay the need for long term care services by:
 - Looking at strategies to prevent individuals from going into residential setting before necessary.
 - Ensuring that individuals in residential settings are in the right setting for their acuity needs.
 - Providing advice and guidance on prevention strategies that should be developed to delay the need for long term care services.

- **Communications:** Develop plans to communicate to all long-term care stakeholders. Responsibilities will include:
 - Ensuring consistent messaging to all entities in the long-term care system.
 - Ensuring that policies are being accurately communicated to consumers.
 - Ensuring the Department of Health Services is receiving accurate consumer feedback.

Comments regarding Council Charges

- Need to train police so they don't end up dealing with a mental health or dementia situation without knowledge of how to handle it.
- Need to expand community development. Need to address the question of how we develop communities so that quality drives their development.
- Need to add language that includes State responsibility for access to, and funding for, transportation and employment.

Secretary Seemeyer said we would go back and examine and edit the charges.

Comments from the Public

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

Overview of the State's Labor Force

Dennis Winters, Chief Economist with the Department of Workforce Development presented an overview of Workforce Considerations in the New Economy.

The presentation included the following observations and raised the following issues:

- Wisconsin's workforce growth is flat,
- This is not a skills gap, it is a quantity gap,
- Home health aides and nursing assistants have the highest openings for job growth and the lowest income,
- To offer higher wages would mean pulling funding from other industries.

Workforce Discussion

Council broke into three groups (Providers, Public Agencies, and Advocates) to address the following three questions.

1. What are the top workforce challenges and why.
2. Potential solutions and who can help with those solutions (For each challenge, outline and identify entities needed to facilitate solutions.)
3. Potential barriers to succeeding (For each challenge, outline and identify entities needed to facilitate solutions.)

Workforce Discussion Report Out

The three groups gave a summary of their discussion. A full summary of each group's findings will be distributed and discussed at the November 2016 meeting.

Council Business

- There was no Council Business to cover.

The meeting adjourned at 3:20.

Handouts

- *Quality Strategy PowerPoint*
- *Quality Scorecard PowerPoint*
- *Quality Scorecard Report*
- *Wisconsin Long Term Care Advisory Council Charge Topics for July 2016 to June 2017*
- *Long Term Care Workforce Presentation*
- *Workforce Discussion Questions*