

Wisconsin Long Term Care Advisory Council
Meeting of November 11, 2014
Lussier Family Heritage Center, Madison

Approved Minutes

Members present: Beth Anderson, Heather Bruemmer, Devon Christianson, Carol Eschner, Tom Hlavacek, Dan Idzikowski, Robert Kellerman, Geri Lyday, Tom Moore, Audrey Nelson, Ginger Reimer, Maureen Ryan, John Sauer, Stephanie Sue Stein, Beth Swedeen, Judith Troestler, Kate Wichman, Christine Witt

Members absent: Teri Buros, Jim Canales, Hugh Danforth, Mary Krueger, Maria Ledger, Lauri Malnory, Barbara Peterson, David Scribbins

Others present: Michael Blumenfeld, Pat Benesh, Starr Burke, Amanda Cavanagh, Trincy Faas, Erin Fabrizius, Wendy Fearnside, Kristen Felten, Juan Flores, Brett Gall, Ann Gryphan, Linda Hall, Bill Jensen, Robert Karol, Darla Keuler-Gehl, Lea Kitz, Mike Klug, Margaret Kristan, Stephanie Mabrey, Christopher McElgunn, Carrie Molke, Charles Morgan, Alice Page, Mary Panzer, Diane Poole, Gail Propsom, Teresa Rhodes, Faith Russell, Brian Shoup, Mark Stein, Tim Stumm, Amy Weiss, Beth Wroblewski, Melody Yaeger, Janet Zander

Call to Order and Welcome. Heather Bruemmer called the meeting to order at 9:30 am and welcomed members and guests.

Approval of Minutes. Maureen Ryan offered a correction on p. 7 of the minutes for the September 9 meeting, which should read “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 minutes were approved as amended.

Department of Health Services Updates

- ***Division of Long Term Care (DLTC) Reorganization.*** Brian Shoup reviewed the new DLTC organization chart in the context of the division’s function and future direction. He described DLTC as a large public insurance corporation, managing over \$2 billion in Medicaid funding. In addition, DLTC serves as a watchdog for consumers; a provider of services; a source for information, referral and consultation, and a think tank and policy implementer for the Secretary of the Department of Health Services (DHS). Current DLTC priorities include: continuing with dementia redesign; proving a choice of consulting agencies in

IRIS and other related reforms; continuing improvements in Family Care based on experience, integrating behavioral health benefits into the Family Care program, improving children's long term care, and expanding intensive treatment capacity at the Developmental Disability (DD) Centers. Changes in DLTC organization will streamline and enhance these goals. Changes include:

- Creating a *communications and process improvement position*, held by Julie Hyland
- Replacing the Office for Family Care Expansion with a new and expanded *Bureau of Managed Care*, headed by Margaret Kristan. Legacy waiver management has been moved to the Bureau and a behavioral health section with licensed clinical specialists has been created to facilitate integration of behavioral health benefits into Family Care.
- Replacing the Bureau of Financial Management with a new and expanded *Bureau of Long Term Care Financing*, with Curtis Cunningham as director. Management of the IRIS program has been moved into the Bureau.
- Replacing the Bureau of Long Term Support with a refocused *Bureau of Children's Services*, headed by Camille Rodriguez. The Bureau includes both employment initiatives and behavioral health sections.
- A new *information technology section* has been created.
- The *Bureau of Aging and Disability Resources* was unchanged by this reorganization effort.

Council members offered the following questions and comments:

- Q: The number of children with disabilities in employment programs is small compared to the number of adults. What is the reasoning behind consolidating employment in the Bureau of Children's Services?

A: Beth Wroblewski explained that the DLTC has a long history of staff working together across organizational lines and that consolidating the employment function has the benefit of leadership and coordination in working with MCOs, IRIS, and facilitating employment of people who will not be long term care clients. It also facilitates the creation of expectations, experiences and opportunities for employment at an earlier age.

- It was suggested that the organization chart reflect the intent of integrating aging programs and Aging and Disability Resource Centers (ADRCs).
- Q: What is the timeline for behavioral health integration?
A: MCOs will plan and prepare for integration in 2015, adding staff and developing provider networks. Implementation will begin in 2016.

Q: Where do physical disabilities fit in?

A: The employment section manages the Independent Living Center contract. Dan Johnson, the physical disabilities coordinator, is in the Bureau of Aging and Disability Resources.

Brian Shoup summarized the discussion by emphasizing that it takes more than an organization chart to accomplish goals. He noted the Division's emphasis on process improvement and coordination in its ongoing operations and on its underlying values of accountability for mission advancement, stewardship of public dollars, and building credibility and trust with decision-makers and citizens.

- ***Department of Health Services Budget Request***

Beth Wroblewski explained that state agencies were directed to submit cost to continue budgets. The DHS budget proposal was submitted to the Department of Administration in September and can be found on the Department's website (<https://www.dhs.wisconsin.gov/publications/p0/p00872.pdf>). It includes continuing long term care services, ADRCs, and children's services. Initiatives focus on improving program structure. Other initiatives would have to be added at later stages in the state budget development process. DHS Director of the Office of Policy Initiatives and Budget (OPIB), Andy Forsaith, will join the Council at a later meeting.

- ***Family Care Expansion***

The Joint Committee on Finance is scheduled to meet on November 12 and will consider approval of Family Care implementation in northeastern Wisconsin.

- ***Medicaid Home and Community-Based Services (HCBS) Transition Plan***

A single HCBS transition plan for state compliance with Centers for Medicare and Medicaid Services (CMS) final rule including community settings is due to be submitted to CMS in January 2015. The plan will cover Family Care, IRIS, and the legacy waivers. It will not be dramatically different from what has already been submitted to CMS as part of the Family Care waiver renewal and IRIS waiver amendment, including assessment of providers for compliance and a transition process for program participants when a provider does not meet federal requirements.

The plan will be made available for public comment within the next two weeks, with a 30-day comment period to follow. Themes from comments on related plans have included: 1) the need for clarity regarding CMS requirements for residential settings; 2) the desire for a single provider assessment process that works for providers who serve more than one waiver program and is not burdensome; and 3) support for choice between community-based and facility-based employment.

Council members raised the following issues and concerns:

- Other states have used listening sessions and provided more opportunities to gather public input on the plan. Members asked to be informed about the concerns raised during Wisconsin's public comment period. Beth Wroblewski indicated that the Transition Plan will be made a standing agenda item for the Council during its implementation.
- Families and guardians of people with disabilities are confused and anxious about what will happen as a result of the CMS rule. Many think that their family member won't have access to facility-based services, won't have choice, and will be stuck at home without support. The Department should be proactive about providing accurate information to consumers.
- A concerted effort is needed to develop supported employment and other new community services. Incentives for provision of quality community services should be built into MCO contracts and agency budgets and initiatives. MCO contracts could require MCOs to have supported employment goals.
- Q: How will quality be measured and assured across programs? Will PEONIES continue to be used?
A: Building quality assurance tools is a priority for Family Care. Features from PEONIES will be built into new tools that can be used to evaluate individual agencies. PEONIES only had statistical significance on a statewide basis rather than on an individual agency level.

Brian thanked Council members for their input and advocacy. He said the Department will continue to move forward within the system and within its constraints.

- ***Tribal Waiver***

Beth Wroblewski gave an update on the tribal Medicaid (MA) home and community-based services waiver, which the Department will be submitting to CMS at the end of November, in collaboration with the tribes. The Waiver will cover all long term care services and all target groups, including frail elderly age 55 and older. Residents in the waiver service area need not be tribal members, consistent with CMS requirements, and will be able to choose among the available waivers in the tribal waiver service area. Services to tribal members will be eligible for the 100% federal MA match. A number of tribes have expressed interest, but are at various stages of readiness for implementation. The Oneida and Menominee Tribes currently provide waiver services under the legacy waivers. Comments on the draft waiver application are due by November 24.

2015 MCO Contract

Diane Poole from the Bureau of Managed Care reviewed the substantive changes proposed for the 2015 MCO contract, a number of which were made to be consistent with the new federal waiver final rule. Some of the key changes include:

- Interdisciplinary teams (IDTs) will be required to explore members' vocational, education and work goals in the assessment and document related activities in the care plan.
- Inclusion of an incident management system for reporting and responding to adverse events.
- Prohibiting service providers from preparing care plans and providing care management services.
- Requiring that errors in level-of-care determinations be corrected within 90 days of notification by the Department.
- Requiring IDT staff to explain the Resource Allocation Decision (RAD) process to members and let members know when the RAD process is being used.
- Requiring person-centered plans to use plain language, be understandable to the member, document residential options presented to and chosen by the member.
- Requiring the member-centered plan to be signed by all individuals and providers responsible for its implementation.
- Allowing MCOs to authorize payment above the MA service rate without prior approval from the Department.
- Allowing up to three hours of nursing care per week to be provided in a CBRF setting, consistent with CBRF rules.

Council members offered the following comments:

- Participants in the children's waivers have opportunities for work experience. Will continuity be ensured when participants move into the adult system?
- It is important to clearly identify and document the options presented to members and to be consistent in the language used to describe the options.
- Consider requiring MCOs to have an experiential process for helping members explore options and choice for employment.
- Providers are concerned about having to sign a plan that they do not participate in developing.
- Providers know the individuals they work with. Could the provider's service plan be used as a basis for the IDTs to develop the care plan?
- Clarify expectations for MCO information exchange and coordination with counties when a member has mental illness and behavior issues.

Veterans Day Remembrance

The Council held a moment of silence in honor of those who have served in the military, including Council member Tom Moore, and guests Juan Flores and Christopher McElgunn.

Dementia Plan Updates

- ***Community Awareness.***

Kristen Felten from the Bureau of Aging and Disability Resources and Melody Yaeger from the Bureau of Managed Care reviewed recent activities relating to dementia friendly communities, outreach to the medical community, and MCO dementia initiatives. These include:

 - The Division of Public Health has received a grant to develop a tool kit on developing dementia friendly communities. Together with AARP, they held a telephone “town hall meeting” on dementia in which 14,000 people participated. Questions asked during that meeting indicated a widespread lack of understanding of dementia and how it is diagnosed. Two more such meetings are scheduled.
 - UW Hospital is doing a pilot study on how to improve the hospital experience for people with dementia.
 - The Department is providing information on dementia resources to medical clinics.
 - All MCOs have made dementia capability goal, have identified dementia leads, and are developing work plans to increase their capacity for providing dementia care, expand screening and diagnosis, and provide early stage programming and support.

- ***Facility-Based Care***

Pat Benesh from the Division of Quality Assurance described the information that Department staff have learned from visiting nursing homes known for their dementia care. Seven facilities were identified for the tours, including proprietary, not-for-profit, and county-based facilities from around the state. Themes that have emerged regarding best practices include:

 - Thorough assessments to ensure the facility can provide needed care to the person;
 - Increased staffing for the initial few days after move in to help residents acclimate;
 - Ability to adjust schedules and programming in response to resident moods; and
 - The importance of small units, private rooms, enclosed courtyards with access to the outdoors and other features of the physical environment.

Tours of hospital gero-psychiatric units have also been scheduled, and tours of assisted living facilities will be scheduled in the future.

- ***Guiding Principles and Training***

Christine See from the Bureau of Aging and Disability Resources described the ten guiding principles that have been developed for the dementia plan. The principles are general enough to apply to all settings, from home to the various forms of facility-based care. A document explaining the principles and providing

examples of best practices and additional resources relating to each principle is being developed and will be made available to the Council when completed.

Training programs are being developed by the UW Oshkosh Center for Career Development and Training. The trainings are intended for anyone caring people with dementia, including workforce members, families and community members. UW Oshkosh will also maintain a registry of those who have completed the trainings.

Council members had questions about the focus on training – is it both workforce and community members? How will these trainings relate to other available trainings, such as those that providers do for their staff and those provided by the Alzheimer’s Association? It was also suggested that a different term be found instead of “registry.” The Department will clarify the intent of the registry.

- ***Crisis Stabilization***

Alice Page from the Bureau of Aging and Disability Resources described Department efforts relating to mobile crisis response and Ch. 55 emergency protective placement. Surveys are being conducted in both areas to identify current capacity and promising practices. Five county and multi-county programs involving successful collaborations between Adult Protective Services (APS) and the mental health system have been identified. These programs aim to keep people with dementia who exhibit challenging and sometimes dangerous behaviors out of the mental health system while, at the same time, addressing their specific needs and conditions. The Department plans to develop a small number of pilots building on these promising practices.

Stephanie Stein described Milwaukee County’s initiative to address challenging behaviors, crisis stabilization and training needs. The Milwaukee County Department on Aging has hired a full-time Ch. 55 coordinator who works with the corporation counsel, Alzheimer’s Association, providers and other stakeholders. They are developing agreements with two major health care systems and dozens of aftercare placement providers. There are still barriers between the mental health and long term care system, since the statutory responsibility for crisis response is in the mental health, not the long term care, system. The mental health crisis team in Milwaukee County has added expertise in intellectual/developmental disabilities and, hopefully, will be able to do so for dementia expertise as well.

Council members asked about the impact of the Helen E.F. decision on Milwaukee’s initiative, Ms. Stein indicated that the situation has changed dramatically. Police no longer respond to situations involving people with dementia in a behavioral crisis; these are handled by APS. APS does not go to facilities. Facilities send people to the emergency room, and the hospitals work with the county to get people back to community settings.

- ***Dementia Grant Initiatives***

Wendy Fearnside from the Bureau of Aging and Disability Resources described two dementia-related grants that the Department has recently received from the U.S. Dept. of Health and Human Services Administration for Community Living. One is to fund dementia caregiver support specialists in Milwaukee and Dane Counties. These positions will support family caregivers and work to improve access to dementia-related interventions in the African-American community, where the incidence of dementia is nearly twice that in the non-Hispanic white population. The other grant addresses three federally-identified areas of need: support for people with dementia living alone, improving services for people with intellectual/developmental disabilities as well as dementia, and training for family caregivers on behavior management. Partner organizations participating in this grant include the Greater Wisconsin Agency on Aging Resources (GWAAR), Wisconsin Board for People with Developmental Disabilities, Wisconsin Alzheimer's Institute (WAI), the University of Wisconsin- Oshkosh Center for Career Development and Employability Training, and the Alzheimer's Association of Greater Wisconsin. Both grants are for a three-year period.

Employment Subcommittee Report

Beth Swedeen reviewed trend data for employment of people with intellectual/developmental disabilities who are enrolled in Wisconsin's Medicaid long term care programs. The number of people in integrated employment has increased in the last five years and so has the number in facility-based prevocational services. Some employment, including people employed in microenterprises or working in the community without support, was not captured in the data. Nor does the data address employment of people with physical disabilities.

Medicaid Coverage for Autism Services

Camille Rodriguez, Director of the Bureau of Children's Services, described the CMS-requested changes in how autism services are covered. Autism services have been covered under Wisconsin's children's waiver since 2004. CMS has requested that these services instead be included in the Medicaid State Plan, and the Department will comply. This will eliminate the autism wait list, which currently includes 386 children. Families of children with autism may still need other waiver services, such as respite. The Department wants to ensure that children's needs are met as these changes are made and thus has created a cross-Division planning team.

Money Follows the Person/Nursing Home Relocations

Gail Proppom, from the Bureau of Managed Care, provided an overview of the Money Follows the Person (MFP) program. MFP is a federal program intended to help states rebalance long term care programs by helping people move from institutional to community settings. It provides an enhanced federal match (80% federal: 20% state funding) during the first year after a person, who has been on Medicaid in a nursing home for 90 days or longer, moves to the community. Eligible community settings include the person's own home or apartment, an adult family home, or a residential care apartment

complex (RCAC) where residents have a lease. Approximately 850 people have been relocated using MFP since its inception, including about 200 people in 2014. The largest proportion of people relocated using MFP are people with physical disabilities (45%), followed by frail elderly (38%) and people with intellectual/developmental disabilities (17%). Funds will continue to be available for use through September, 2020.

Council members asked whether there is a way to use MFP, with its higher match rate, as an opportunity to assist in relocating people with more challenging conditions or situations.

Comments from the Public

An opportunity for public comment was offered. There were none.

Council member Christine Witt alerted Council members that the documentary “What Is Normal” will be played at UW-Madison on November 12, 2014.

Recognitions

Heather Bruemmer took the opportunity to recognize Barb Thoni, who recently passed away, for her many years of advocacy for older people in Wisconsin. She also recognized Stephanie Sue Stein for her 40 years of advocacy and service to the elderly.

Council Business

- ***Topics suggested for the January meeting:***
 - Transportation
 - Community Care employment initiative
 - Capacity building for community services, especially ideas that do not involve funding
 - LTC workforce capacity
 - HCBS rule update and how Council concerns have been addressed
 - Budget update
 - Family Care expansion
 - Dementia Plan update
 - MCO financial issues, including deficits, capitation rates and their impact on services, and reductions in provider rates
 - MCO business plans for 2015
 - Children’s initiatives updates

Meeting adjourned at 3:30 p.m.

Handouts

- *DHS Division of Long Term Care Organization Chart*, October 17, 2014
- *Dementia Care Guiding Principles(Draft)*, October 30, 2014

- *Wisconsin Dementia Care Project*, an information sheet describing the guiding principles, trainings and registry work of University of Wisconsin Oshkosh Center for Career Development
- *Substantive Changes, 2015 Family Care Contract*, November 11, 2014
- *Program Participation System (PPS) Employment Outcomes Data, April 2014 in Family Care and IRIS*
- *Individuals with Intellectual/Developmental Disabilities in Long Term Care Programs, 2013*
- *Cost for Day/Employment services in Long Term Care Programs, 2013 and 2014*
- *Dementia-Capable Wisconsin, Discussion Topics for Facility Visits*