

**Wisconsin Long Term Care Advisory Council**  
**Meeting of November 12, 2013**  
La Quinta Inn & Suites – American Center, Madison

**Approved Minutes**

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

**Members absent:** Jim Canales, Caroline Feller (represented by Audrey Nelson), Barb Peterson, Kate Wichman, Christine Witt

**Others present:** Michael Blumenfeld, Grant Cummings, Danielle Dale, Monica Deignan, Mary Delgado, Cindy Dombrowski, Wendy Fearnside, Juan Flores, Andy Forsaith, Ann Gryphan, Shana Jensen, Kathleen Luedtke, Kim Marheine, Carrie Molke, Charles Morgan, Mary Panzer, Carrie Porter, Gerianne Prom, Kitty Rhoades, Brian Shoup, Danielle Skenadore, Shawn Thomas, Beth Wroblewski

**Call to Order and Welcome**

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

**Tribute to Karen Avery**

Heather Bruemmer began the meeting with a tribute to Council member Karen Avery of Independence<sup>First</sup>, who passed away on October 27, 2013. She recognized Karen as a passionate advocate and diligent member of the Council, who brought forward issues relating to mental health services in Family Care, consumer involvement and choice, the need to evaluate quality of life and quality of care for program participants, and effective use of public dollars. David Scribbins called Karen an example of how people can affect each other's lives, both directly and indirectly. Carol Eschner spoke of her appreciation for Karen's striving to overcome her own disability and health issues and serving as a model by sharing information about her own struggles. Tom Hlavacek said that Karen was active in neighborhood revitalization and many other issues in the Milwaukee area, in addition to being an effective advocate for people with disabilities. She was "everywhere."

**Approval of Minutes**

Minutes of the September meeting were unanimously approved on a motion by Stephanie Stein, seconded by Tom Hlavacek.

## **Medicaid Transportation**

Danielle Dale, contract specialist with the Division of Health Care Access and Accountability, provided an overview of the Department's Medicaid non-emergency medical transportation (NEMT) model and its experience with the new transportation management provider. Changes have been made to the model to address issues that became evident when the program was first implemented and a new provider, MTM, Inc., replaced LogistiCare on August 1, 2013. MTM, Inc. provides transportation services for Wisconsin Medicaid participants, not including people in nursing homes or enrolled in Family Care.

The Department's goal is to provide Medicaid recipients with reasonable, timely access to covered services and to ensure a smooth transition to the new transportation manager. Therefore, the same phone numbers for the reservation and the Where's My Ride (complaint) lines were retained. Information materials were made widely available via mailings, the web, and town hall meetings were held to explain the changes.

Several policy changes have been made to improve service and address issues raised by consumers, including:

- Allowing transportation to pharmacies to fill prescriptions or pick up disposable medical supplies as stand-alone trips;
- Providing transportation to veterans' facilities;
- Allowing minors to travel without a caregiver in certain situations; and
- Allowing members to schedule trips directly on line as well as by phone.

Other program changes to improve program quality include:

- Increased oversight by DHS:
  - NEMT contract manager position to review reports, perform call center site visits and meet with MTM, Inc. management.
  - NEMT member advocate position outside of MTM to provide independent investigation and advocacy.
- Giving DHS the ability to assess liquidated damages if MTM, Inc. fails to provide rides as required.
- Providing the Transportation Advisory Council with monthly reports from MTM, Inc., to track performance.

Carrie Porter, of the Greater Wisconsin Agency on Aging Resources (GWAAR), addressed transportation management from the point of view of a consumer advocate. She thanked the Department for taking recommendations seriously and implementing changes in the system. The major systemic problems that were evident with LogistiCare are not noted with MTM, Inc. Consumer issues have been sporadic and have generally been resolved. Feedback about MTM, Inc.'s outreach person (Dana Schultz) has been good. The largest concern has come from the providers of transportation services, not the riders. Providers are not giving as many rides as previously. Specialized medical vehicles (SMV) are getting considerably less use, and there is some concern that this might impact the availability of wheelchair accessible and door-to-door services for

people who are not Medicaid recipients. Some stakeholders have requested an audit to determine whether a statewide brokerage is the most efficient and effective model.

Danielle Dale explained that the number of trips provided has been about as expected. Because MTM, Inc. increased the number of providers it uses, the number of trips per provider has gone down. In addition, reimbursement for gas mileage has increased, which could lead to an increase in use of private vehicles. Once provider report cards showing complaints become available after 3 months, there may be a shift in the frequency with which individual providers are used.

Council members raised the following issues and questions:

- How will people losing BadgerCare be informed that they will also lose transportation? MTM, Inc. will direct calls from people no longer eligible for service to the income maintenance consortia.
- People don't know who the external member advocate is.
- Can Transportation Advisory Council minutes be shared with the Long Term Care Advisory Council?
- The two-week time period allowed for getting a doctor's authorization for exceptions to the requirement to use public transportation is too short for many people.
- When will report cards on performance of the transportation system be available? August 2013 data will be available in December 2013.

### **Dementia Subcommittee Report**

Subcommittee chair Tom Hlavacek gave the report. The Dementia Subcommittee has held off on meeting until after the hearing the Department's response to the recommendations from the Stakeholder Summit that was held in October. Secretary Kitty Rhoades and Long Term Support Division Administrator Brian Shoup will be providing that direction. The Alzheimer's Association is encouraged about the Departments efforts.

Possible issues for the subcommittee to address include:

1. Funding for dementia care provided through Family Care and Medicaid reimbursement for facilities.
2. Placement facilities for people with dementia in crisis situations: What should such facilities look like? How should decisions be made about who is admitted? And what happens next?
3. Legislation that may be needed to make a dementia-capable system happen. Clarity on the involuntary commitment process and a definition of dementia crisis facility will be key. Should psychiatric facilities be excluded, and under what conditions?

Members of the Dementia Subcommittee include Tom Hlavacek (chair), Beth Anderson, Devon Christianson, Carol Eschner, Bob Kellerman, Barb Peterson, and John Sauer.

### **Long Term Care (LTC) Functional Screen Subcommittee Report**

Subcommittee Chair John Sauer gave the report for the Subcommittee, together with Kathleen Luedtke, who is Department's project manager for functional screen revisions. Subcommittee members reviewed the draft behavioral assessment tool and provided input to the Department.

The tool is currently being piloted in three ADRCs, three MCOs and two county human service departments. In the pilot, the behavioral supplement is being used to collect additional information when functional screens for new Family Care enrollments, re-certifications, and changes of condition identify a person as having mental health, behavioral health, intellectual deficits, dementia or memory loss needs. Results after the pilot will be analyzed to determine whether the supplemental assessment was effective in identifying people with high costs related to behaviors, the user's experience, and the data being collected. Over 500 behavioral assessments have been performed as part of the pilot. Early results from the pilot will be shared with the subcommittee members when available.

Members of the LTC Functional Screen Subcommittee include Beth Anderson, Heather Bruemmer, Teri Buros, Lea Kitz, Mary Krueger, and John Sauer.

Council members raised the following questions and issues:

1. *Why wasn't the behavioral assessment tested with IRIS participants?* IRIS does not have care managers, and IRIS consultants do not complete the LTC Functional Screen. When the final tool is implemented, it will be used with all groups.
2. *Does the behavioral assessment include information about past experience and the frequency of behaviors?* No. ADRCs doing the initial screen may not have sufficient information available on these issues, and reviewer feedback suggested that frequency of behavior is most relevant to the care plan process rather than the assessment.
3. *Will the behavioral assessment affect MCO capitation rates, either directly or indirectly? Or is it intended to give MCOs more information for planning?* The pilot will not be used for rate setting. Data collected in the future will be evaluated to see which factors may relate to rates. Information collected can also be used for assessment and planning.
4. *In Family Care rate setting, prior year experience is used to predict future expenses. If the assessment supplement succeeds in predicting future costs relating to behavior, then will the results lead to additional funding, or to a reallocation of available funding?* The information that is gathered will identify behavioral characteristics that affect cost and could potentially impact rates over time. It does not answer the issue of overall funding. Other issues related to the

cost of caring for people with behaviors include strategies for addressing high cost outliers, risk adjustments, more creative ways to develop provider networks.

John Sauer congratulated the department for moving forward on these behavior issues. Beth Wroblewski acknowledged that this work is a priority for Secretary Rhoades.

### **Employment Subcommittee Report**

Subcommittee chair Beth Swedeen gave the report. The subcommittee has convened and made a written report. Some of the key subcommittee recommendations include:

- Make integrated employment the “assumed” employment support in Family Care, IRIS and the legacy waivers. Require waiver programs to make a good faith effort to provide participants integrated employment experience before providing other employment/day experiences. A good faith effort must entail two work experiences of at least 120 hours each, so that there is enough time for the person to adjust and succeed in the workplace.
- Measure and publicize the performance of the state’s long term care programs in terms of program participants’ employment outcomes.
- Make blended supports that include both integrated employment, pre-vocational and day program activities available. Other types of supports should not be compromised in order to get integrated employment opportunities.
- Educate, recruit and create a new network of employers willing to hire LTC participants for integrated employment.
- Develop pay for performance and other financial incentives for Family Care MCOs and IRIS success in achieving integrated employment outcomes.
- Collect data and conduct analyses to capture baseline data, evaluate provider networks, and assess the need for employment capacity.

Beth Wroblewski said that DHS is moving forward on employment and will give an update to the Council that includes a response to the subcommittee’s recommendations.

Maria Ledger suggested providing the recommendations to the Integrated Employment Workgroup that is comprised of representatives from MCOs, IRIS and legacy waiver counties.

Council members unanimously approved the recommendations of the Employment Subcommittee on Employment and requested that these be forwarded to the Secretary of Health Services on a motion by Carol Eschner, seconded by Devon Christianson. Heather Bruemmer will draft the transmittal letter. Beth Swedeen will contact Janet Estervig in the Office of Family Care Expansion to follow up.

Employment subcommittee members include Geri Lyday, Lauri Malnory, Beth Swedeen (chair), and Christine Witt.

### **Tribute to Gene Lehrmann**

Heather Bruemmer paid tribute to Eugene Lehrmann, who served in many capacities as an advocate for older people at the local, state and national levels, including as chairman of the Wisconsin Board on Aging & Long Term Care and as national president of AARP. Gene died on November 1, 2013 at the age of 96.

### **Community Care of Central Wisconsin Expansion**

Heather Bruemmer gave a report from Jim Canales on the expansion of Community Care of Central Wisconsin into the 11-county area that has been served by Northern Bridges, which takes effect January 1, 2014. CCCW will have eight offices located in the same cities where they had been located by Northern Bridges. CCCW's provider and member councils will be extended to include the new service area and member/guardian/family forums are planned to provide input and feedback to CCCW. Staff are undergoing "culture immersion" training. DHS has been holding meetings for members and providers to smooth the transition.

### **Comments from the Public**

Heather Bruemmer opened the floor for comments from the public. There were none.

### **Recognition of Outgoing Council Member Caroline Feller**

Beth Wroblewski announced Caroline Feller's resignation from the Council. Beth has had a number of opportunities to work with Caroline through the years and found her to be a fierce advocate, a true professional and someone who has in her heart what is best for people with traumatic brain injury. Caroline has been an active contributor to the Council. She has recommended that her standing substitute, Audrey Nelson, succeed her in representing people with brain injury on the Council. Her recommendation will be forwarded to the Secretary.

### **Recognition of Monica Deignan**

Beth Wroblewski recognized Monica Deignan, Deputy Director of the Office of Family Care Expansion, who will be retiring in January and presented a certificate of appreciation. Monica has been instrumental in shaping the Family Care program, with which she has worked with since 1998.

## Council Business

- ***Council Meeting Dates for 2014:*** January 14, March 11, May 13, July 8, September 9 and November 11.
  
- ***Agenda Topics Requested for the January 2014 Meeting***
  - Continuation of the dementia discussion from the November meeting
  - Department's report to the Joint Committee on Finance regarding Family Care Expansion;
  - Status of the LTC sustainability initiatives;
  - Results of the long term care functional screen behavioral assessment pilot;
  - Impact of Affordable Care Act implementation on MA eligibility and high risk populations;
  - Relationship between the Tribal Aging and Disability Resource Specialists and ADRCs; and
  - Community Supportive Living in the waiver programs
  - Waiver renewals.

### **Dementia Discussion with Secretary Rhoades and Brian Shoup**

DHS Secretary Kitty Rhoades and Division of Long Term Care Administrator Brian Shoup provided their perspective on dementia and the dementia redesign process, answered questions, and discussed issues with the Council.

Secretary Rhoades began her comments with a reference to the Wisconsin Supreme Court's 2012 *Helen EF* decision, which held that involuntary commitments under Chapter 51 are not appropriate for people whose behaviors result from dementia rather than a mental health condition, and the subsequent Legislative Council Committee recommendations to create procedures for psychiatric and behavioral care for people with dementia under Chapter 55. Secretary Rhoades expressed her belief that it is not the statutes that are "wrong," but that the delivery system needs to be strengthened and improved. Dementia is a long term care issue, not a mental health issue. We need to "start over" and redesign the care delivery system for people with dementia. Secretary Rhoades asked the Council and other stakeholders to tell her what such a redesigned system should look like and expressed her desire to "work together to get it right."

Secretary Rhoades observed that the crisis in care for people with dementia who exhibit challenging behaviors will need to be addressed. She has asked legislators to defer action on the Legislative Council Committee's recommendations for two years to give the Department time to redesign and improve the dementia care system. There are 17 months left in those two years.

Brian Shoup reviewed the six priority recommendations from the Dementia Summit that was held at the Wingspread Conference Center in early October, which include:

1. Increase community awareness of dementia issues and of the resources available to provide support to individuals with dementia and their family caregivers.
2. Expand the use of dementia care specialists and case managers to coordinate care, help with transitions, and work with individuals and their families throughout the disease process.
3. Revise state regulations to allow for “safe harbors” that let facilities care for challenging residents in place with less fear of liability or regulatory penalties.
4. Create fiscal and systemic incentives for best practices.
5. Expand mobile crisis teams to assess and diffuse difficult situations and help avoid the need for institutional placement.
6. Create the placement facility capacity to care for people with complex and challenging behavior needs.

John Sauer commended the Department on holding the Dementia Summit and listening to everyone without trying to control the outcome.

Brian Shoup emphasized that the path to change in the dementia care system will be a non-regulatory approach that involves:

- Collaborating and working with partners;
- Creation of dementia-friendly communities;
- Training to create a more dementia-capable workforce;
- Incentives for best practices;
- Using MCO contracts provisions that promote best practices;
- Addressing nursing home concerns about the risks of caring for people with challenging behaviors without using the term “safe harbor”;
- Building dementia capability of the resources that already exist, including mobile crisis teams;
- Building capacity to provide temporary care for people in crisis; and
- Making dementia-capable care available statewide.

The Department’s goal is to have an “actionable” dementia plan by February 2014.

Council members offered the following comments and suggestions:

- Projected growth of the dementia population means programs must get ahead of the issue of an increasing population.
- Issues that need to be addressed include the types of placement facilities Wisconsin should have and funding for care.
- Dealing with crises is not the same as systemic change. There needs to be an “organized map for the Alzheimer’s journey,” starting from the beginning.
- Who will be developing the dementia care specialist certification standards? We need to build a curriculum that relates to the standards.
- Facilities don’t take risks because there is no reward at the end.

- People with Alzheimer’s disease are the “nomads of the long term care system.” Challenging behaviors can start a “downward spiral.”
- Even the best providers will sometimes have things go wrong.
- We need a “treatment model” rather than a “prison model” for caring for people with dementia who have challenging behaviors.
- Eau Claire County has received national attention for keeping non-violent offenders in the community. It has special courts for drug offenses, Veterans, single parents and mental health. Maybe there should be something similar for dementia.
- We need alternative placement for people with violent behaviors. We can’t keep them in the CBRF.
- What role should hospital systems play in dementia care? People go to the hospital after a fall or for some other health concern and then their dementia emerges.
- Hospitals may be willing to participate in care transition pilots for people with dementia to avoid readmission.
- It is rare to have someone go to their primary care doctor for memory issues, and doctors don’t want to “open a can of worms” by making a diagnosis when they don’t know what to do for the person. The Alzheimer’s Association is telling doctors they can diagnose and then hand off the person to the Alzheimer’s Association to help.
- Many doctors aren’t well trained regarding dementia. The number of geriatricians is shrinking.
- Care Transitions collaborative have increased the hospitals’ awareness that dementia requires more than episodic care.
- Managed care, accountability, and financial self-interest are forcing hospitals to recognize issues relating to dementia.
- The Alzheimer’s Family Caregiver Support program is very small and can serve only a handful of participants in each county. Incorporate this program in to the community resources recommendations.

Council members asked how they can help the Department with the dementia plan. Should members go back to their constituencies to gather input? Members asked that the dementia discussion be continued at the January 2014 meeting.

Brian Shoup indicated that DHS will be “transparent” about the planning process. He encouraged trade associations and advocacy organizations to have internal discussions and let the Department know their reactions to the proposals in the plan, including the six priorities from the Summit. Stakeholders will also be involved in workgroups to develop the detail needed for plan implementation. Secretary Rhoades indicated that she wants this to be a DHS-facilitated process, not a DHS-driven process.

### **Mt. Carmel Update**

Council members asked for an update on the closure of Mt. Carmel near Milwaukee. Beth Wroblewski indicated that the nursing facility’s census was 250 when closure was

announced in October and has been reduced to 217. Department staff are meeting regularly to monitor and facilitate the process. Carol Eschner said that it is more difficult to find placements now that so many beds have closed in the Milwaukee area due to capacity of the system.

### **MCO Rate Setting**

Brian Shoup announced that Curtis Cunningham has been hired to replace Tom Lawless as Director of the Bureau of Fiscal Management in the Division of Long Term Care. Curtis will review the MCO rate methodology to identify improvements that might be needed in setting rates for 2015 including consideration of: in light of dementia care needs, the integration of mental health and long term care services, and other factors. Secretary Rhoades said that if dementia care is expected to affect rates, then rates should be addressed in the dementia plan process. She also cautioned that, while high cost care needs have to be addressed, outliers should not be allowed to distort rates.

Geri Lyday expressed concern about the cost of supporting people with significant medical and mental health issues in the community. Milwaukee County is closing two facilities serving people with behavioral health needs – the Hilltop ICF-ID and the Rehabilitation Center Central. These and other initiatives to relocate residents to the community will not work unless enough of the proper support is available in the community, and such support is costly.

John Sauer stated that there are assisted living facilities that have not seen a rate increase in eight years. MCOs are saying that the decrease in their capitated rate means that they can't afford facility care and some providers are saying they will have to limit the number of Family Care participants they serve or not admit MCO enrollees. The question is, do MCO rates reflect the cost of providing care? If the Department thinks that Family Care is too expensive, then it might be time to look at eligibility and covered services.

Secretary Rhoades said that the Department has not, at this point, sat down with MCOs to discuss what could be done differently. Brian Shoup said he is interested in having good process improvement mechanisms in place to ensure efficiency. John Sauer suggested a dialogue with providers and taking a look at the approach taken by the Wisconsin Coalition for Collaborative Excellence in Assisted Living (WCCEAL). It can be less expensive to care for a person in a quality facility.

Other points raised by the Council included:

- The need for information on the real cost to providers and on what explains differences in cost.
- MCOs need predictability about their rates in order to make strategic increases in the rates they pay providers.
- Providers are concerned about how the Affordable Care Act may affect their costs.

### **Division of Long Term Care Updates**

Brian Shoup gave an update. The Department is working on a three-year behavioral health integration plan that will be shared soon. Treatment programs for people with behavioral issues at the mental health institutes and DD centers have waiting lists. Training on how to handle behavioral problems and a behavioral health certificate program for direct caregivers and law enforcement are among the options being considered.

The Division of Long Term Care is making use of the Lean enterprise system and Six Sigma strategies to eliminate waste, implement process improvement, and make the most of its financial resources. Bob Kellerman mentioned that the NIATx method of process improvement that is used by ADRCs and county aging units has its origin in mental health services.

### **Estate Recovery**

Andy Forsaith informed the Council that the Department has issued an income maintenance operations memo to implement changes to the Medicaid estate recovery requirements included in the 2013-15 budget and approved by the Joint Committee on Finance. Among other things, the changes expand the definition of estate to include the spouse's share of marital property, expand estate recovery to include the PACE program, and authorize the state to recover the MCO capitated amount rather than the cost of services used by the participant. More detail is available in the memo at <http://www.dhs.wisconsin.gov/em/ops-memos/2013/PDF/13-39.pdf>.

Council members asked about the rationale for recovering the capitated payment amount rather than the actual cost of services. Andy explained that it is rare for a recipient's assets to be sufficient to cover the cost of care provided and that the purpose of the change is to reduce the administrative burden on MCOs.

Meeting adjourned at 3:30 p.m.

### **Handouts**

- *Report of the Wisconsin Long Term Care Advisory Council Subcommittee on Employment, October 2013*
- *Wisconsin Medicaid and BadgerCare Plus* (PowerPoint slides on Wisconsin's non-emergency medical transportation manager model and new provider - MTM, Inc.)
- *Behavioral Assessment Supplement to Adult LTC Functional Screen*
- *Behavioral Assessment Supplement to Adult LTCFS – Instructions*
- *Redesigning Wisconsin's Dementia Care System: A Stakeholder Summit* (distributed prior to meeting and available at <http://www.dhs.wisconsin.gov/publications/P0/P00563.pdf>)
- *2014 Meeting Dates for the Wisconsin Long Term Care Advisory Council*