Wisconsin Long Term Care Advisory Council  
Meeting of November 13, 2012  
La Quinta Inn &Suites Madison – American Center  

Approved Minutes

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

Members absent: Carol Eschner, Caroline Feller (represented by Audrey Nelson), Tom Hlavacek, Todd Romenesko, Hugh Danforth  

Others present: Monica Allen, Sharon Beall, Amy Bell, Michael Blumenfeld, Pris Boroniec, Vicki Buchholz, Kathleen Caron, Kevin Coughlin, Mary Delgado, Wendy Fearnside, Juan Flores, Andy Forsaith, Darla Gehl, Sarita Karon, Lea Kitz, Tom Lawless, Donna McDowell, Charlie Morgan, Linda Murphy, Audrey Nelson, Ann Marie Ott, Mary Panzer, Dianne Poole, Gerianne Prom, David Sievert, Janice Smith, Maurine Strickland, Myra Weiss  

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

Agenda and Approval of Minutes  
The minutes of the September 11, 2012 meeting were unanimously approved. A resolution recognizing Donna McDowell for her many contributions and years of dedicated service to older people and people with disabilities was shared by the Chair and approved by the Council, to be presented in the afternoon.  

Health Care Transitions  
MetaStar Quality Consultant Myra Weiss introduced the topic of health care transitions with a review of the federal initiative aimed at reducing the number of Medicare readmissions to acute care hospitals. As Wisconsin’s Quality Improvement Organization, MetaStar is charged with convening Learning and Action Networks (LANs) and recruiting stakeholder coalitions to work on reducing preventable readmissions within 30 days of hospital discharge. A statewide Transition of Care Steering Committee has been formed and community coalitions are active in Eau Claire, Chippewa, Kenosha, Dane and Manitowoc Counties and in the Green Bay area. Activities to date include informational presentations, regional workshops and one-on-one meetings with community coalitions. Currently, Wisconsin ranks 20th among states for Medicare fee-for-service hospital readmissions. Readmission rates are approximately the same for people who went home with no help as for people who were discharged to a skilled nursing facility or assisted living facility. CMS’ goal is to reduce the number of preventable readmissions within 30 days of discharge by 20% within three years.
LeadingAge Wisconsin Executive Director John Sauer described the INTERACT II quality improvement program (Interventions to Reduce Acute Care Transfers), which is designed to reduce readmissions from nursing homes by improving advanced care planning, identifying early warning signs that signal a change in resident conditions, and communicating with physicians. As part of the INTERACT II initiative, nursing homes are gathering data to identify what happens in readmissions and identify points for intervention. Approximately 90 Wisconsin nursing homes are providing data to MetaStar. The data provided will allow a comparison of hospitalization rates for nursing home residents before and after implementing the INTERACT interventions.

Sharon Beall described the state’s first experience with implementing an evidence based care transition model aimed at reducing hospital readmissions. The ADRC of Eau Claire County, in partnership with the ADRC of Chippewa County and three health care organizations, has implemented a care transition program using the Coleman model, which provides one on one coaching for people discharged to home. The readmission rate for the first 141 participants in the program was less than 1%, compared to 18% readmissions for a similar population prior to the program’s implementation. Implementing evidence based care transitions programs is one of the Department’s long term care sustainability initiatives.

**Family Care Financial Update**

Tom Lawless distributed and reviewed financial summaries for the Family Care and PACE/Partnership programs. Family Care is now a $1.2 billion program (biennial figure) that has matured and is moving into a period of stability. Six of the nine MCOs report surpluses and three report losses. Those three have corrective action plans in place from DHS and OCI. Overall, operations are more stable and solvency funds and restricted reserves are near full funding. Slower enrollment growth, people coming into the program with fewer needs and lower costs, and reduced administrative costs compared to the legacy waivers create opportunities for the programs to focus on outcomes and invest in member care.

Programmatic and financial management practices are more important than target group mix in differentiating financially successful MCOs from their less successful counterparts. DHS is identifying best practices in care management, financial management and provider networks and working one on one with the MCOs.

PACE/Partnership is a $300 million program (2 years), with 2/3 funding from Medicaid and 1/3 from Medicare. There are few concerns with this program.

**CHP Transition and MCO Procurements for 2013**

The transition from Community Health Partnership (CHP) to a new Family Care provider for west central Wisconsin in 2013 has been a major effort. CHP will be discontinuing service at the end of the year and Southwest Family Care Alliance (SWFCA) will be expanding to serve the area. The CHP Partnership program will not be continued.
Letters were sent to all CHP members explaining the situation and the options available to them. Department staff hosted public forums for members, guardians and ADRC representatives to provide information and answer questions, and SWFCA has met with providers.

A question was raised regarding CHP’s ability to meet its provider obligations for the rest of the year. Providing continuity of care is a Department priority. DHS has an agreement with CHP that providers will be reimbursed and care provided to members through December. SWFCA is committed to assuring that the services members are receiving continue to be provided and will honor authorizations to ensure continuity of care even if paperwork has yet to be completed. The goal is to stabilize the situation for both members and providers. Everyone is bending over backwards to make this work.

Council members thanked DHS for being proactive and Pris Boroniec complimented Teri Buros and SWFCA for stepping up.

Council members asked how SWFCA can expect to succeed where CHP did not. Teri Buros indicated that SWFCA will get the same capitation rate that CHP would have gotten for 2013 and has asked DHS for three years of financial protection, in the event it runs into difficulty. It expects to realize savings from changes in management and administrative structure.

While much of the attention has focused on the CHP transition, the Department intends to procure additional Family Care entities in other areas of the state as well. The procurement is in process, but has been challenged.

**Family Care Quality Measures**

Kathleen Caron reviewed three sources of information on Family Care quality: the PEONIES member interview system, the MCO member satisfaction survey, and the External Quality Review Report QRO report.

The PEONIES project has provided the Department with its first statistically significant data from which program comparisons can be made. Some 549 Family Care, Partnership and IRIS participants were interviewed in 2011-12. Interviews concerned the respondents’ personal experience outcomes relating to a variety of quality of life domains such as living in a preferred setting, making decisions about services and schedules, maintaining personal relationships, and feeling safe. Results indicate that 85% of participant outcomes were fully supported by the programs, with IRIS ranking slightly higher (89%) than Family Care (85%) and Partnership (82%). Support for outcomes was lower for participants with physical disabilities (79%) than for either people with developmental disabilities (88%) or elderly (90%).

The Family Care Member Satisfaction Survey collected information from 8,970 Family Care members. Most indicated a high level of satisfaction with their care team, saying the team always listened to their concerns (78%), that they always feel comfortable asking
questions of the team (75%), and can always get help from the care team when needed (73%). By slightly smaller majority, participants said they are always happy with the quality and timeliness of services received (66%) always participate in making decision about the services they receive (64%) and always understand the information the care teams shares (63%).

MetaStar’s External Quality Review for 2011-12 identified areas of strength, progress and continuing improvement for the Family Care program. Strengths included member rights, grievance and appeal systems, and provider networks. Progress has been made in assessing and documenting outcomes, developing processes for monitoring the quality of care, and using technology and data to improve service. Some potential areas for improvement include comprehensiveness of assessment and care plans, consistency in care management practice, timeliness of service authorization, provider network monitoring, and performance improvement projects.

Council members indicated they would like to have the quality reports available on line.

**DHS Budget Request**

Andy Forsaith gave a report on the Department’s 2013-15 budget request, which was submitted to the Department of Administration in September. The focus is on re-estimating the cost to continue existing programs. The budget request is silent on Family Care expansion and ACA implementation. New initiatives, if there are any, will be contained in the Governor’s budget.

Asked if the Department would support Family Care expansion, Pris Boroniec DHS will have an estimate available for Family Care expansion, if needed, but is not putting forth a proposal. Council members asked whether the Department would encourage new MCOs in an expansion scenario or to work instead to help successful MCOs expand. Pris Boroniec indicated that, where population is sufficient to allow competition, both would be acceptable. Decisions are driven at the local level.

**Resolution Honoring Donna McDowell**

Heather Bruemmer read the Council resolution honoring Donna McDowell, Director of the Bureau on Aging and Disability Resources on the occasion of her retirement and Council members spoke of their experiences with and admiration for Donna and her work.

**Sustainability Initiative on Informed Decision Making**

Maurine Strickland described elements of the sustainability initiative designed to help prepare people to make an informed decision about moves to assisted living. These include skill building training and tools for staff to during options counseling, a planning guide brochure for ADRCs to give out, and development of a cost calculator to help people understand and compare the cost of different settings.
Council members felt the cost calculator would be useful and offered a number of suggestions, including:

- Making the cost calculator available to consumers and on the ADRC website.
- Ensuring that realistic numbers are available for both facility costs and living at home, including the cost of home repair and taxes and the value of home sales.
- Recognizing regional differences in cost.
- Comparing annual as well as monthly costs.
- Having a state level resource directory which includes cost information.
- Recognize that ADRC staff are not financial consultants. ADRC staff need only address the service costs of the different options. They should refer people to retirement counselors, investment counselors or others for more sophisticated financial counseling.
- End of life decisions are also important to discuss.
- Options counseling needs to be tailored to the individual and focus on what the person wants, needs and is ready for. Counselors should know when to use the tool and when not to.
- Letting people know about the ADRC service before they spend down will be important. Many people come to the ADRC only after they have made the decision to move.

Transportation

*Family Care Transportation.* Amy Bell and Diane Poole described how transportation services are provided in the Family Care program and addressed the questions raised by the Council’s Transportation Work Group. Transportation services in the Family Care benefit include access to community services, employment, shopping; and other non-medical functions. Transportation for medical purposes, with the exception of ambulance service, was added to the benefit package in July 2011. Family Care, Family Care Partnership and PACE do not use LogistiCare.

Discussion focused on the changes and issues that have arisen as MCOs have transferred responsibility for provision of transportation services to residential providers, by including transportation in their contracts.

Council members raised the following issues and concerns:

1. When responsibility for providing transportation to Family Care enrollees was transferred from MCOs to residential facilities, members all over the state lost transportation services.
2. Residential providers are covering transportation to medical appointments but not transportation for socialization and other reasons.
3. Family Care members are becoming more and more isolated. Family Care members, especially people with disabilities, need opportunities to go places, do things, get to work, and participate in recreational activities.
4. Fair hearing judges are saying that a residential provider’s denial of transportation is not appealable. When the MCO’s contract with a residential provider includes transportation for residents, it is the residential provider, not the MCO, who is responsible for transportation, and residential providers are not accountable through the fair hearing process. This is happening in a number of areas of the state.

5. Family Care members don’t know what they are supposed to do to get the transportation they need or how to appeal when they aren’t getting it. When members appeal to the MCO, the MCO says go through the residential provider. A fact sheet on the appeal process would be helpful.

6. MCOs don’t get information on how much transportation is actually provided to their members by residential facilities.

7. Transit systems are charging both MCOs and assisted living facilities the full rate, not the lower subsidized rate, for transportation provided to residents who would individually qualify for the subsidy.

Several Council members expressed their belief that, if transportation is in the member’s care plan, the MCO is responsible for ensuring that the need is met. They asked for clarification from DHS on several points, including:

1. What direction has DHS provided regarding the transfer of responsibility for transportation services from the MCO to assisted living facilities?

2. How does DHS ensure that needed transportation services are identified, provided and the outcomes met?

3. Who is responsible for providing transportation when the member needs to travel a long distance or for non-routine purposes or destinations? If not, who is?

4. What is the MCO’s responsibility for transportation provided in an assisted living facility employee’s personal vehicle? Whose liability insurance applies – the MCO’s, the facility’s or the employee’s?

5. What appeal rights do Family Care members have regarding transportation services covered in the residential provider’s contract?

Diane Poole indicated that she will convey the Council’s questions and concerns to the Department’s Family Care oversight team.

Medicaid Fee-for-Service Transportation

Marlia Mattke provided an overview of transportation services provided to recipients, including IRIS participants, through the fee-for-service Medicaid. These services are provided by LogistiCare. LogistiCare has been building up its network and addressing concerns about timeliness and other issues. Copies of a fact sheet for consumers describing how to schedule a ride and what to do if there is a problem were distributed. People who have a problem are urged to complain directly to LogistiCare, so the problem can be logged and monitored.
Aging and ADRC Updates
Donna McDowell provided an update on several grants-funded initiatives currently underway. The Enhanced ADRC Options Counseling grant has a number of different components, including implementation of options counseling standards, training for options counseling staff, training on care transitions and support for care transitions pilots, training ADRC and APS staff on elder abuse, and expansion of the Veteran Directed Home and Community Based Services program. Two Alzheimer’s evidence base program grants include protocols for early identification and intervention and connecting caregivers to resources. A Chronic Conditions initiative provides training on chronic disease self-management and falls prevention.

Vicki Buchholz provided an update on the Board on Aging and Long Term Care’s Medigap Helpline and Medicare Part D counseling program for people age 60 and older. BOALTC has both profession and volunteer counselors to help Medicare beneficiaries find plans that provide the coverage they need and compare their options. One Council member expressed concern about volunteers providing counseling. Staff need to understand a variety of programs in order to provide good counseling, and volunteers may need a lot of training. When necessary, customers can be referred to benefit specialists.

Comments from the Public
Linda Murphy from the Milwaukee County Department of Family Care said she was struck by the discussion of Family Care transportation grievances and appeals. Because meeting transportation needs is inherently difficult, there will always be issues. She believes MCDFC does a good job in explaining rights to members and handling grievances and will be happy to work with the state to solve any problems that are brought to the MCOs attention.

Agenda Topics Requested for the January Meeting
The following topics were requested for the January 8 meeting:

- IRIS financial update
- Regional LTS Advisory Committee follow-up
- Changes to the LTC functional screen
- Affordable Care Act implementation in Wisconsin
- Family Care expansion
- Sustainability initiatives update
- Ground rules for Council meetings

Election of Officers
All current officers and Executive Committee members were re-elected by unanimous consent. These include: Carol Eschner, Vice-Chair; Devon Christianson, Secretary; Beth Anderson, Member at Large; and David Scribbins, Member at Large.
Future Meetings
Council meetings will continue to be held on the second Tuesday of every other month, beginning in January. The next meeting is January 8, 2013.

Handouts

- Resolution in Recognition of the Contributions of Donna McDowell to Elders and Adults with Disabilities in Wisconsin
- Care Transitions PowerPoint by Myra Weiss, RN, MetaStar Quality Consultant
- PACE and Family Care Partnership Financial Summary: Three Months Ending June 30, 2012
- Family Care Financial Summary: Six Months Ending June 30, 2012
- DHS letter to Community Health Partnership’s Family Care members regarding enrollment options for 2013
- DHS letter to Community Health Partnership’s Partnership program members regarding enrollment options for 2013
- Family Care Quality Monitoring, 2011-2012
- Major Items in the Department of Health Services 2013-15 Biennial Budget Request
- Wisconsin Medicaid and BadgerCare Plus Non-Emergency Medical Transportation (P-00382, 08/12)
- How to Get a Ride Through LogistiCare (P-00414, 10/12)
- Overview of Transportation Services for Family Care Long Term Care, 11/13/12
- Information packet for Medigap Part D and Prescription Drug Helpline Callers, Board on Aging and Long Term Care

Meeting adjourned at 3:15 p.m.