

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: Wisconsin Long Term Care Advisory Council (LTCAC)			Attending: Audrey Nelson, Beth Swedeen, Christine Witt, Darci Knapp, Dennise Lavrenz, Janet Zander, John Sauer, Kenneth Munson, Lea Kitz, Mary Fredrickson, Maureen Ryan, Sam Wilson, Shanna Jensen, Stacy Ellingen, Cathy Ley
Date: 5/12/2020	Time Started: 9:30 a.m.	Time Ended: 11:30 a.m.	
Location: Virtual Zoom Meeting			Presiding Officer: Heather Breummer

Minutes

Members absent: Cindy Bentley, Denise Pommer

Others present: Brenda Bauer, Kevin Coughlin, Betsy Genz, Jie Gu, Kiva Graves, Kiva Graves, Suzanne Ziehr

Meeting called to order

- Heather Bruemmer went through meeting structure and process for public comment
- Janet Zander moved to approve the March minutes, Dennise Lavrenz seconded, approved unanimously

Department Updates, presented by Betsy Genz and Brenda Bauer

Department of Medicaid Services (DMS) updates

- Working with IRIS Consultant Agencies (ICAs)/Fiscal Employer Agencies (FEAs)/Managed Care Organizations (MCOs) to test technical aspects of Electronic Visit Verification (EVV) systems
- Home and Community Based Settings (HCBS) non-residential settings
 - Still need to assure compliance by March 17, 2022, so continuing to move on that, not doing onsite visits at the moment. Instead, we are requesting documentation to prepare for future site visits.
- DHS-MCO contract amendment is being worked on
 - Will be sharing in future with council members
 - This will include language on Direct Care Workforce Funding (DCW), Pay for Performance (P4P), Member Care Plan (MCP) signatures, and room and board
 - This will be sent via email for review and comments
- IRIS waiver renewal
 - Current waiver expires December 31, 2020
 - DHS submitted the renewal to Joint Finance Committee in April and received approval from them on Friday
 - Anticipate posting for public comment before end of May
 - Will go out as a GovD message and be posted online for 30 days
 - Will also blast posting out to committees and stakeholders we have contact information for
 - Anticipate submitting to CMS in September for approval
- GSR 12, Dane County, will have an additional MOC
 - CCI will be providing services starting June 1, 2020 for Family Care

Department of Public Health (DPH) updates

- Main goal has been to support our aging and disability network partners so they can meet the critical needs of older adults and people with disabilities residing in their local communities
- Implementation of the new federal COVID-19 funding
 - The Families First Coronavirus Response Act was passed on March 18th and included funding for Older American's Act programming.

- This funding was distributed to local county aging units/ADRCs. Additional funding was provided to tribes. This funding is to support elder nutrition programs– primarily home delivered meals.
- In addition to the funding, modifications were also made to the meal program to relax restrictive eligibility requirements- making more people eligible for meals.
- WI received \$4.3 million for local ADRCs/Aging Units.
- Tribes received an additional allocation.
- The Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was passed on March 27th, with a number of items for BADR programs, both in terms of funding and in additional program flexibilities.
 - The Act provided funding for counties and tribes for Older Americans Act (OAA) programs, including: supportive services, nutrition, caregiver support and the ombudsman program. \$14.5 million total for those programs. Tribes will be receiving a separate allocation under Title VII of the OAA.
 - In addition to the OAA funding, the bill also included funding for Aging and Disability Resource Centers (ADRCs) and Independent Living Centers (ILCs).
 - Wisconsin is eligible to receive \$750,000 for ADRCs. The funding will be available for one year. The funding will be used to:
 - Improve virtual management of the ADRC
 - Mitigate social isolation through proactive follow-up
 - Develop or enhance innovative services or services structures
 - Independent living centers in WI will receive a total of \$1.2 million in CARES Act funding
 - The funds will be used for independent living services that assist people with disabilities to remain safe, connected and independent in their communities, along with covering expenses related to COVID-19 including Technology, staff salaries, wages and leave, and COVID-19 related supplies
- Policy development
 - Since the beginning of March, we have been looking at ways that we can flex our program requirements to adapt to the changing circumstances
 - Much of the programming has had to move on-line/remote
 - Meal programs
 - No more congregate dining has led to an increased need to ramp up home-delivered meals
 - Also doing drive up meals, grab-and-go, working with local restaurants and grocery stores to make deliveries
 - We have been focusing on a number of additional critical needs such as social isolation, transportation, communications accessibility.
 - We have been actively engaged in is working with our stakeholders and communicating with the public
 - Worked with AARP on a tele-town hall for caregivers
 - We have been hosting, in some cases with others, a number of meetings with our partners, including
- The Bureau of Aging and Disability Resources (BADR) has been doing a number of activities that link the broader response work of the Division of Public Health and Department of Health Services

2019 Pay for Performance Results, presented by Jie Gu

- Went through PowerPoint
- Yearly survey since 2018
- Next will be a 2020 survey

- Questions 2, 7, 9, 11 were the Pay for Performance (P4P) questions

COVID-19 Roundtable, moderated by Heather Bruemmer

- Each council member had an opportunity to share what their organizations are doing and seeing related to COVID-19
- Shanna Jensen
 - Approach from a few different levels
 - Individual needs and look at macro level
 - Cannot have a one-size fits all approach
 - Working with statewide and regional resources to see what is available
 - Magellan Cares foundation made donation to food bank in Milwaukee and a Personal Protective Equipment (PPE) donation to residential support foundation in Dane County
 - Frequent contact with those enrolled in TMG IRIS Consultant Agency and beefing up their back-up plans with food, medications, and care and “what happens if” scenarios
- Audrey Nelson
 - Working on instituting brain injury support groups
 - First one will be next Thursday night
 - Helping people link with therapy providers
 - Initially decided to overreact instead of underreact
 - Were able to get PPE funding, which has helped
 - My role on this council is an advocate for brain injury. I am a survivor for brain injury and a residential provider for individual with brain injury. But I am also concerned with how many residential providers will be closing after this. My own homes will be sold to a larger provider by the end of the summer. The stressors are just too much. I have been doing this for 25 years. My reimbursement rates were much higher 285 years ago. This is just impossible to do as a viable business and human service model. My staff are great. I love my residents. This will be very hard for all of us. I just really don’t know how to keep doing this. I’m not the only one. Others have waved the white flag or have it in their back pockets ready to go. I don’t know what the solution really is, except that I don’t feel we are treated as the necessary and valuable part of long term care options that we are. Small providers like me cannot continue like this.
- Beth Swedeen
 - Still hearing a lot of people do not have tech to access virtual supports and are fearful to go back to direct supports
 - Survival Coalition completed a survival survey
 - Small providers have incurred excess costs that haven’t been reimbursed
 - Fewer than 25% say they may not be able to continue
 - Concerns about having providers needed
- Cathy Ley
 - Focus on how to serve customers safely and effectively
 - Staff are coming to work every day and providing services over the telephone and virtual appointments, if needed
 - Focused on meals
 - change to meal delivery and have pick-up bag meal program
 - All no contact
 - Seeing people they have never met before
 - Noticing people feeling lonely and self-isolated
 - So starting to contact the meal participants by phone, calling them every week
 - Looked at other customers that used to call in to ADRC, a lot but are not in a Long-Term Care program

- Went back in files and are calling people they have been concerned about
 - Dropped off care packages to caregivers with activities
 - Sending activities to those that attended memory cafes
 - Volunteer numbers are up.
- Chris
 - Vocational providers are contacting people every day
 - Have had several zoom meetings and created a comprehensive template for providers to use with reopening
 - Setting up virtual coachings
 - Talking with employers and they are planning to bring people back
 - Current plan is that they will start with minimal hours and work up to previous schedule
- Darci Knapp
 - Main concern is PPE
 - Also added cost to personal care agencies
 - Need more communication after things settle down to figure out how to move forward
 - Stipulations sent out in ForwardHealth but how will it look down the road when auditing
- Dennise Lavernz
 - Working to get devices out and ensure connectivity and develop a program to work with MCOs and ICAs on how to reconnect with members
 - Members not understanding why they can't see their friends and go out
 - Doing virtual classes since April 8
 - Had to lay off 100 employees and brainstormed how to work on staffing because of this
 - Less concerned about PPE
- Janet Zander
 - Piggy back on what Cathy shared
 - Heard about people coming to senior and community centers that wanted to stay engaged with one another
 - Had folds with difficulty getting food and groceries delivered
 - Working on helping people to obtain benefits
 - Working through PPE concerns and caregiver supports
 - Working with national partners and disseminating some of the best practices from
- John Sauer
 - Trying to do what we can to keep socialization happening but it's a difficult balance with keeping people safe
 - Long-Term Care and nursing facilities are having a hard obtaining PPE
 - Try to provided what we can with going to vendors and crating special purchases
 - Need more help from federal government
 - Bracing themselves for testing, how it will be implemented, and what will happen when there are asymptomatic workers
 - This will impact how care and services are provided
 - Don't want to invite COVID-19 into facilities
 - Sustainability
 - There will be some facilities failing
 - There will probably be some closures due to declines in revenue.
 - How are workers doing and what supports are in place for those working in facility quarantine areas
 - For residents, Mother's Day was challenging to keep people socially engaged with no group activities, no communal dining, and no outside visitation.

- Those that work in nursing homes are the voices of the families. Will send document from agencies.
- Stacy Ellingen
 - Caretakers are usually students from UW-Oshkosh
 - About second week of March, as pandemic rolled out, most went home
 - Stacy has been home with family for over 2 months and unable to work because technology in house is not what she has in her apartment
 - Does lots of Zoom meetings
 - With shortage of aids has been trying to set up interviews
 - Five (5) interviews scheduled last week, but not one showed
 - Have more set up this week
 - Have PPE, plenty of gloves, and relatives are sending her mask for the care people
- Kenneth Munson
 - Both provider and MCO lines have seem loss of life from members
 - See issues with separation and isolation and then adding deaths of friends and family members
 - This adds mental health stress
 - Workers can't have normal interactions they had before due to PPE needs
 - Burned through PPE very quickly
 - Can't rotate staff through multiple locations
 - Some environments are not great that staff are going to and this is making it worse
 - With residential settings need to have workers working all the time in one location since there are no day services currently
 - In addition, some members do not want people in their homes
 - Trying to focus on positive things.

Paused in roundtable to hear public comment

- Maureen Ryan
 - Hard to communicate with some with masks that need to see facial expressions
 - Testing sites are difficult to get to for some
 - Only 30% of those they try to reach out to do not have internet in homes
 - Limited access to cleaning supplies for those with scent sensitivities
 - Concerns with accessing benefits and therapies
 - Maintaining health has been difficult
 - Those with questions on their benefits can be sent to ILCs
 - Working to get more access to internet in different manners
 - Hoping it can be written into Long-Term Care plans.
- Sam
 - Doing best to get info out to populations that are needing access to services, a friendly voice, or how to get care for their loved ones
 - Held town hall meeting with various groups
 - People can request a trained volunteer to check on them on a daily or weekly basis
- Lea Kitz
 - Ombuds not seeing surge regarding COVID-19, but it has complicated the services and cases they do have
 - Concerns with mail-in voting as it doesn't work for everybody
 - Social distancing impact and vulnerability of those with underlying conditions
- Mary Frederickson

- Helping people through this
 - Purchased Zoom subscriptions
 - Psychiatrists and psychologists are using zoom
 - Reduction in missed appointments
 - This may work better for some people ongoing
 - Staff are helping with contract tracing
 - Purchasing whatever families need for personal items, board games/entertainment, electronic or mi-fi devices for connection to the internet.
- Heather Bruemmer
 - Medigap Helpline has been very busy with questions such as:
 - Stimulus checks
 - Insurance coverage
 - Out of state health care
 - Applying after age 65
 - Ombuds staff are all working virtually

Public Comment

- Lindsay Farrell Govek-Brotoloc
 - Provider teams, it would be important to have that as a future project
 - Have the providers also be surveyed on the MCOs

Adjourn

- Motion to adjourn by Mary Fredrickson, seconded by Christine Witt, The meeting was adjourned unanimously.

Prepared by: Suzanne Ziehr on 5/12/2020.

These minutes are in final form. They were presented for approval by the governmental body on: 7/14/2020