

## **Committee on Comprehensive System Change**

Council on Long Term Care Reform

**Meeting of June 8, 2007**

### **Draft Minutes**

**Members present:** Beth Anderson, Pat Anderson, Paul Cook, Carol Eschner, Tom Frazier, Jon Hochkammer, Rich Kammerud, George Potaracke, Tim Sheehan, John Sauer

**Members absent:** Lynn Breedlove

**Others present:** Lorraine Barniskis, Kathleen Luedtke, Kevin Coughlin, Carrie Molke, Dan Hayes, Jennifer Wagner, Sue Schroeder, Nancy Anderson, Olivia Garland, Jeff Marcus, Jackie Rueden, Alfred Johnson, Robin Reser, Jan Conti, Michele Cohan, Deb Rathermel, Melissa O'Connor, Wayne Hagenbuch, Joyce Binder

Chair George Potaracke called the meeting to order at 9:05 a.m.

#### **Reimbursement issues in assisted living**

Carrie Molke briefed the committee on efforts by DHFS related to assisted living rate structures. A workgroup including county and CMO representatives met during 2006. Another provider group provided significant feedback, which has not yet been incorporated. Beth Anderson noted that among provider concerns raised were the following:

- There is no recognition in rates for the costs of building and maintaining common areas.
- There appear to be different measures of quality for private pay and public pay residents.
- There is no rate factor to recognize non-direct care staff.
- While rate structures often recognize the cost of medication administration, there is no differentiation among types of medications and the skill needed to administer them.

Tim Sheehan urged that rates be tied to achievement of personal outcomes. Beth noted that quality also involves making the right type of placement; there is a very wide range of assisted living types. She also suggested that rate methodologies should differ among various target groups. It was noted that rates should reflect the costs of amenities that make assisted living livable for the long term. The committee recommended strongly that DHFS re-invigorate its efforts to develop rate methodologies for assisted living.

Carrie distributed several handouts, including sample rate-setting methodologies used by counties. She also noted that the first meeting of the residential issues workgroup is scheduled for June 27; Maggie McCullough is staffing this effort.

#### **DHFS updates**

Kathleen Luedtke updated the committee on several items. As of May 4<sup>th</sup>, 540 people have relocated to community settings under the ICF-MR Restructuring Initiative. Of the original 1,412 people living in ICFs at the beginning of this initiative, 872 remain in these facilities. As of April 30<sup>th</sup>, 1,282 people have relocated from nursing homes under the Community Relocation Initiative (905 elders and 379 people with physical disabilities). About 100 people have left the program since relocating, about half through death. More detailed information was requested, and will be forwarded to the committee. Information was also requested about the diversion program, including participating counties, information about participants, and whether they were really at imminent risk of nursing home admission.

The ADRC application has been released; applications are due by August 1<sup>st</sup> for any ADRC proposed for an area in which a CMO is being proposed for initial operation by January 1, 2008. There is some room in the ADRC budget for centers outside of CMO expansion areas, and applications from counties outside those areas are encouraged. The RFP for CMO expansion in the following areas, which include a total of 27 counties (refer to colorful map, new version distributed): red, tan/peach, green, teal except for Sauk County). The timeline for proposal submission and decisions was distributed. Plans for these regions appear to be:

- Red – Community Health Partnership to be the contractee, with plans to offer both Family Care Plus and Partnership
- Tan/peach – Publicly operated multi-county CMO, likely through a LTC District
- Green – publicly operated multi-county through an inter-county agreement
- Teal (except Sauk) – Public-private partnership; perhaps through privately operated CMO contracting with counties (or a LTC District) for case management services; likely will offer both Family Care Plus and Partnership

The white (northern) counties have requested high-level DHFS staff to discuss options with them. Wisconsin tribes are ready to submit a formal request for ADRC funding. Rich Kammerud expressed gratitude for the inclusion in the ADRC funding formula of a factor providing additional money for small county ADRCs.

Kathleen distributed the motion passed by JFC to expand managed LTC in the coming biennium. She noted that under this motion, county contribution will be pegged to 2006 spending data; it is expected that this new information will be available by the end of June.

A DHFS workgroup led by Diane Waller is working on a self-directed option for HCB waiver services to be included in a federal waiver application, promised by September 1, 2007. Negotiations with the federal CMS are going well. More information about this proposal and an opportunity for discussion was requested. This will be included in the July Council agenda. John Sauer noted that the Joint Committee on Finance is considering several statutory provisions being pushed by a group of provider organizations; he will send information to Lorraine, who will forward it to members.

### **Issues related to people with developmental disabilities who have complex medical conditions**

Dr. Jeff Marcus, director of Central Wisconsin Center (CWC), and Jackie Rueden, head of the Community Integration Initiative (CII), discussed health issues related to people with developmental disabilities. Dr. Marcus noted that for all populations, the more detail and effort that go into health care for people with significant health issues, the better the outcomes. In general, people with developmental disabilities have more physical and mental health issues than the general public. However, information about the complex medical needs of this population is not incorporated into medical training, and is not the focus of rigorous research. A team approach is recommended for anyone with special needs.

The WI Centers for the Developmentally Disabled are transitioning out of long-term care, and staff efforts there need to be refocused. CWC is working with the UW School of Medicine and Public Health to provide training on MI/DD dual diagnosis, including providing follow-up support in the community. CWC and UW are also collaborating on development of a curriculum for 3<sup>rd</sup> year psychiatry students on the health issues of people with developmental disabilities. The CII clinician staff uses a train-the-trainer model. The project is providing outreach on special

needs to nurses, dental hygienists, and other health professionals. Four training modules have been developed; these will soon be on CD. Five health disparity conferences were recently held, bringing together a variety of stakeholders at the regional level.

Service providers need to ask health care providers what they should be doing to give good residential and other services. They should identify willing clinicians, and then work with them to meet the health needs of their clients.

### **Family Care and Partnership issues in assisted living**

Carrie Molke moderated a panel of representatives from Family Care and Partnership programs. They included Deb Rathermel from Fond du Lac CMO, Robin Reser from Richland County CMO, Michelle Rohan, Melissa O'Connor and Wayne Hagenbuch from Elder Care, and Jan Conti from Community Care. Points raised during this lengthy and informative discussion included the following:

- It is important that MCOs be very clear in the initial contracting phase about what is and what is not included in the provider rate.
- Fond du Lac CMO divides a total amount among providers for rate increases, in part using quality indicators.
- Fond du Lac also routinely gets DQA citation information and provider plans of correction; nearly half the time, the CMO adds requirements to these plans of correction.
- There is a much bigger quality program, including measurable standards, in Family Care than was the case under the HCB waiver programs. The focus on member outcomes and consumer-centered plans change the focus of quality efforts.
- Richland County has developed useful tools for making placement decisions and educating providers about each person being placed. They also have tools for measuring ongoing quality, including meetings involving providers, consumer, family and care managers.
- Richland's network developer meets with all care managers weekly; provider updates are a standing agenda item. Special discussions are held with appropriate care managers if a provider problem is discovered.
- Community Care is working with providers during the transition from waiver programs to Family Care in Racine and Kenosha Counties. The transition is moving quickly and there is a great deal of provider confusion.
- Elder Care, learning from Community Care's experience, plans to meet with small providers before expanding its program to additional counties in 2008.
- Elder Care's quality initiatives in assisted living include tracking trends, problems, positive developments, incident reporting and a follow-up monitoring tool. They have seen positive reaction from both providers and consumers.
- Elder Care uses a rate setting tool that is very similar to Dane County's (see Carrie Molke's handout). The functional screen and the care plan are used as the basis for identifying individual client needs. A base rate is produced, with possible add-ons negotiated with providers. They often pay less than a facility's private pay rate, but they provide training and other supports to the facility.
- Room and board are often subsidized by the MCO (using interest on the reserve fund or other non-Medicaid funding). In Fond du Lac this amounts to about \$70,000 per month, even though they pay far less than providers ask for.
- Fond du Lac maintains a data base of information about all its contracted providers, which is shared with all care managers to assist in making good placement matches.
- After the initial transition from waiver programs to Family Care/Partnership, a thorough review of desired outcomes and individual choices in service options is needed.

- Some people move to an assisted living facility and become eligible for Family Care simultaneously. Sometimes providers instigate this situation, and sometimes family members and/or elder law lawyers.

### **Comments from the public**

There were no public comments.

### **Committee business**

- The minutes of the April 13, 2007 meeting were approved unanimously, on a motion by Rich Kammerud, seconded by Paul Cook.
- The meeting originally scheduled for August 10 was rescheduled for August 3, 2007; the location remains the same (CWAG building in Madison).

### **Future agenda items**

- Next meeting scheduled for August 3rd. Suggested items for future agendas:
  - Discussions on assisted living.
    - Impact of managed care, including duplication of services between MCOs and facilities.
    - Appropriate roles.
    - How to maintain “social” model in view of increasing acuity of residents (medical and intense behavioral issues); risk issues related to this increase.
    - Workforce issues.
    - Quality assurance systems (including CMO contracts).
    - Bring in someone to talk about innovations in design of assisted living.
    - Bring in Family Care/Partnership provider network developers and/or care managers.
    - Provider panels to discuss issues from their perspectives.
    - Payment structures for providers in managed care and assuring adequate rates. Provider appeal processes; potential requirements for MCOs to annually review and adjust provider rates; rate-setting methodologies.
    - Impact on providers of pending bills to increase health insurance coverage for Wisconsin’s population.
    - Updates from DHFS on assisted living workgroup.
  - Screening for and addressing the mental health needs of Family Care and Partnership enrollees (CSC Committee or full Council)
  - Issues related to thoroughly reviewing and offering service choices to people transitioned from HCB waiver programs to Family Care; when can this reasonably be expected after initial implementation of a CMO?
  - Uniformity issues in Family Care and COP/Waiver contracts; some counties are adding contract requirements, creating difficulties for providers who contract across county lines.

- Briefing from Jason Helgeson on Badger Care Plus proposal.
- Invite someone from UW-Milwaukee school of architecture or someone from one of the competing architectural firms to discuss results of recent competition on affordable, accessible housing.
- Updates on Medicare Advantage, Special Needs Programs, and related issues (timely around September to December 2007)
- Information about the Volunteer Ombudsman Program at BOALTC

**Meeting adjourned** at approximately 2:45 PM.