

Committee on Comprehensive System Change
Council on Long Term Care Reform
Meeting of February 9, 2007

Draft Minutes

Members present: Pat Anderson, Carol Eschner, Tom Frazier, Rich Kammerud, George Potaracke, Tim Sheehan, and John Sauer

Members absent: Lynn Breedlove, Craig Thompson

Others present: Lorraine Barniskis, Sue Schroeder, Nachman Sharon, Kathleen Luedtke, Judith Frye, Monica Deignan, Kevin Coughlin, Otis Woods

Chair George Potaracke called the meeting to order at 9:10 a.m.

Nursing home issues

Secretary Hayden and Sinikka Santala were unable to join the committee as scheduled. This discussion will take place at a future date. Additional topics for the Secretary were suggested: (1) If price-based nursing home reimbursement is recommended in the Governor's budget, please discuss; (2) What incentives are being considered by DHFS for nursing home innovation and downsizing?

Assisted living background and issues

Kevin Coughlin of OQA presented a PowerPoint with detailed information about the various types of regulated assisted living facilities (see handout). A new survey process has been in place since 2002. Since we are not tied to federal regulations, as in nursing homes, it is possible to do an abbreviated survey if things are going well in a facility. Good providers are rewarded and OQA staff are freed up to focus on bad actors. Surveys are done every other year except in response to complaints. OQA is still behind in its survey schedule and in responding to complaints, but is getting much more current. Resources are being shifted from nursing home to assisted living regulation, as the nursing home industry shrinks and assisted living grows. Targeting enforcement efforts to poor performers is efficient and better for improving quality; this approach should be used in nursing home regulation as well. OQA is working closely with counties and other stakeholders to bolster its enforcement capacity, especially in Family Care counties. A new initiative in the BOALTC Ombudsman program is training volunteer ombudsman and targeting their efforts to poor performing CBRFs.

Major assisted living issues for committee consideration

George Potaracke observed that many "mom and pop" nursing homes of the 1970s transitioned into CBRFs. CBRFs now look like the nursing homes of the 1970s, many with an institutional feel and "cookie cutter" physical plant. He has visited many assisted living facilities over the past couple of years and believes that the conditions in some CBRFs for mentally ill people would not be tolerated in geriatric facilities or those for other people with disabilities.

Committee members suggested the following potential topics for committee consideration over the coming months:

- How can we encourage development of more assisted living (AL) options in underserved areas of the state?

- Can we keep “aging in place” as a value? Are there barriers to doing so that we should address?
- How can we keep the focus on the social model for AL while also adequately meeting higher medical acuity needs (e.g., monitor and manage to prevent weight loss, pain management, disease management)?
- How can we encourage specialized care (e.g., dementia)
- How can we use the values of LTC reform (Family Care) through managed care contracts with providers to achieve truly individualized outcomes for residents of AL?
- Can people really age in place in a registered (not certified) RCAC, when their needs go up and their private money runs out?
- Some people with physical disabilities have very high medical needs; the challenge is how to transfer strategies from the medical to the social model. Many people with physical disabilities live in HUD housing with services; they are not in AL and have little choice about where to live.
- For people with mental illness, we need a new model, incorporating recovery principles and with outcome indicators for specialized facilities.
- How much influence can DHFS have on development and marketing of AL, when most AL residents are private pay? DHFS is not the major purchaser, as it is of nursing home care. Regulation focuses on minimum standards for licensure.
- It is more efficient to serve people in congregate settings, but this is not the choice for most people; we shouldn’t perpetuate this model.
- Are there ways to control industry practices that encourage people to move into expensive AL facilities with the promise that Family Care will pick up the cost when private funds are exhausted?

DHFS updates

Judith Frye said that five of the nine counties in the West Central planning consortium want to do a fully-integrated Medicaid benefit, while the other four want to do the more limited Family Care benefit. The five came to talk to Secretary Hayden last week about their plans. She noted that DHFS does not now have the federal authority to contract for this model. Considerable staff effort is going into clarifying and resolving issues that are raised, including defining what this model would be. There are many questions, including the issue of federally-required choice among MCOs when acute and primary health services are involved.

She also noted that Senators Roessler and Robson intend to introduce legislation to lift the cap on the nursing home diversion program; a hearing will be scheduled for February 21st. She said that DHFS had sent a report to the Legislature on the 2006 diversion program and on the Community Relocation Initiative. This will be shared with committee members.

George noted that some legislators are newly interested in a program that would provide Medicaid incentives to purchase LTC insurance.

Comments from the public

There were no public comments.

Committee business

- The minutes of the December 8, 2006 meeting were approved unanimously, on a motion by Carol Eschner, seconded by John Sauer.
- Possible dates for a special meeting with Secretary Hayden were discussed. Just prior to the next Council meeting would be convenient for members who travel to Madison

(afternoon of March 8th or early on March 9th). If this is not possible, we will invite him to attend the April 13 CSC meeting.

Family Care issues related to assisted living

Judith Frye and Monica Deignan noted that in theory, Family Care and Partnership contracts with AL providers could help improve the system for everyone, but in some ways the industry is negatively impacting Family Care. For example, when a person moves into a facility as private pay and then becomes eligible for Family Care, the CMO has not had a chance to help the person make the decision about where to live. The CMO is reluctant to make the person move from what has become their home, but may have reservations about the quality and/or cost of the facility. Some CBRFs advertise that they can get people into Family Care. The fact that MA does not pay for room and board in AL (as it does in nursing homes) is a major problem. Nachman Sharon presented information about Family Care expenditures by setting, and about the distribution of functional screen indicators of Family Care members by setting (see three handouts). He noted that a substantial percentage of expenditures are for CBRFs.

Carol Eschner noted that in Milwaukee both Family Care and Community Care (the Partnership program) are concerned about issues of accessibility, affordability and choice in AL, and this is prompting a community-wide discussion. Sponsored by the UW-M School of Architecture, several architectural firms are meeting to develop proposals for innovative solutions.

Judith noted that Partnership programs currently do not have to accept enrollment of anyone who is residing in a CBRF or nursing home at application. DHFS is moving to phase out this provision, to put Family Care and Partnership on an equal footing. She also noted the difference between the HCB Waiver programs, which have to accept any qualified and willing provider, and Family Care which manages care through a selected network of providers. Some CMOs have occasionally refused to contract with a CBRF because of concerns about quality.

Future agenda items

- Next meeting scheduled for April 13. Suggested items for future agendas (cumulative list):
 - Discussions on assisted living – impact of managed care, appropriate roles, and quality assurance systems (including CMO contracts). Perhaps focus whole meetings on issues for specific target groups. 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 (perhaps in two or three segments based on target groups)
 - 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.
 - Transportation issues – Ask co-chairs of the DHFS-DOT interagency committee to participate (Fred Bove and director of DOT's E & H unit). Discuss how an entitlement to transportation services will affect the development of housing and assisted living.
 - Capacity development in the area of accessible, affordable independent apartments, especially for younger people with disabilities.

- Continued discussion on workforce development.
- Continued updates on efforts of local planning consortia.
- Discussion of what insurance regulations will impact LTC reform efforts
- Review status of nursing home downsizing agreements and payments
- Overview of federal requirements and needed waivers to proceed with reform (after it is more clear what regional consortia want to do)
- Planning for consumer advocacy in the new system.
- Additional discussion on how Medicaid LTC reform will interface with Medicare managed care, including how to avoid Medicaid investments in reform resulting only in savings to Medicare and cost-shifting from SNPs to Medicaid. Related interface issues from provider perspectives (address concerns expressed by WPSA). Relationships between SNPs and counties for people receiving services from both.
- Overviews of various risk-based payment systems and trends toward individually based rates
- Updates on ICF-MR Restructuring Initiative, Community Relocation Initiative and the CSC project.

Meeting adjourned at approximately 3:00 PM.