

Committee on Comprehensive System Change
Council on Long Term Care Reform
Meeting of August 3, 2007

Draft Minutes

Members present: Pat Anderson, Paul Cook, Carol Eschner, Tom Frazier, Rich Kammerud, George Potaracke, John Sauer

Members absent: Lynn Breedlove

Others present: Sarah Diedrick-Kasdorf (for Jon Hochkammer), Lisa Stueland (for Beth Anderson), Lorraine Barniskis, Kathleen Luedtke, Jennifer Wagner, Nancy Anderson, Joyce Binder, Steve Milioto, Bill Jensen, Mark Stein, Rebecca Underwood, Gail Propsom, Jeanne Flannery, Jennie Roberts

Chair George Potaracke called the meeting to order at 9:00 a.m.

DHFS updates

Judith Frye announced that the Division of Long-Term Care has re-organized to create an Office of Family Care Expansion, of which she is the Director. Monica Deignan will lead the Managed Care Section and Tom Lawless will lead the Fiscal Management and Fiscal Services Section. Conversations are underway with many DLTC staff about future roles and a staff transition plan is being developed to align staff with needed jobs as the rapid expansion of Family Care occurs. Area Administration staff and Community Integration Specialists will help in the certification process for new MCOs. Other personnel changes have also occurred recently in DHFS. Reggie Bicha has left the Deputy Secretary post to become the Administrator of the Division of Children and Family Services. Karen Timberlake, formerly Executive Assistant, will become the Deputy.

Proposals from organizations wishing to serve as MCOs in the 27-county expansion areas are currently being reviewed; after the review process and appeal period, public announcements about awards are expected in late August. August 1st was the deadline for ADRC applications; thirteen applications were received, with geographic coverage corresponding to new MCO development.

Judith distributed a handout describing planning efforts for Tribal participation in LTC reform. Great Lakes Inter-Tribal Council is leading the planning effort. Several tribes are interested in ADRC development, perhaps as a multi-tribal ADRC.

Assisted living issues

The committee discussed assisted living issues at length. Among the points raised were the following:

- There are no specific regulations related to specialized units for dementia care.
 - Managed care contracts should include standards for facilities that claim to offer specialized care (of any type).
 - WAHSA has developed quality standards, including dementia care, for RCACs and is asking its members to sign on voluntarily.
- Disclosure and transparency are key to consumer protection. Consumers need to know, before admission:
 - What, if any, triggers would require a person to move.

- What someone can expect if he/she runs out of private money and must rely on the public LTC financing system.
 - What portion of the total fee is for room and board. (Family Care cannot pay for room and board.)
- Standards for high quality care should be developed and disseminated through ADRCs so that everyone has access to the same information.
- Aging in place should be a valued concept for all LTC populations. We should try to avoid “silos” as much as possible.
 - There is a tension between “aging in place” and cost issues. Serving people with high acuity needs doesn’t fit with the assisted living business model.
 - The Lapham Park project in Milwaukee is public housing where no services, a few services or a lot of service can be provided depending on individual need.
 - Several developers have developed affordable assisted living in Milwaukee County since Family Care has been available.
 - Independence First in Milwaukee is working with HUD and the Milwaukee Housing Authority to assure that all new facilities are totally accessible.
 - Section 42 tax credits are available for developers of low-income housing.
 - Family Care MCOs can make choices about assisted living when needs of their members increase: (1) the member can move; (2) the MCO can purchase additional services from the facility; (3) the MCO can bring in additional services from other providers.
- More knowledge and awareness about assisted living is needed in several arenas.
 - More education of the general public.
 - Managed care organizations will need internal expertise in affordable, accessible housing and assisted living.
 - Developers need more awareness of universal design, so that units can be made fully accessible easily.
- Duplication of requirements is costly. For example, requirements that a facility do an assessment and care plan are duplicated by requirements that MCOs do the same.
- Payment structures that are “one size fits all” are a problem for facilities, and a disincentive to retaining residents as their needs increase past a certain level.
 - MCOs are interested in acuity-based rates, but more work is needed to make this work.
- Information sharing is important.
 - The system needs to promote sharing of best practice in service delivery and in business systems. It is costly and counter-productive to have each MCO re-invent the wheel.
 - Good practice in one part of the system should become a uniform standard, or a pay-for-performance criterion, in MCO contracts.
 - DHFS resources are limited, requiring too much of staff could present problems.
 - “Best practice” is constantly shifting, making this a moving target.

The committee agreed to take up the following issues in more detail at its next two meetings:

October:

- Expectations of ADRCs for consumer education related to assisted living.
- Possible use of pay-for-performance and/or payment structures to encourage high quality specialized care.

December:

- Given what others are doing, what should DHFS be doing to encourage the development of affordable housing and assisted living?

- The impact of managed care on assisted living (and vice versa), including duplication of services between facilities and MCOs (e.g., case managers nurses and facility-employed nurses, Family Care’s functional screen and the facility-performed assessment)

Committee business

- Carol Eschner suggested that the full Council and its individual members communicate with legislators about the need to pass Family Care legislation and budget. The committee unanimously recommended that Carol, as Council Chair, draft a letter from the Council expressing concern regarding possible delays in Family Care expansion related to protracted budget deliberations. Further, it was recommended that she send a memo to Council members encouraging them to contact their own legislators and to suggest to others that they do so.
- Tom Frazier distributed a position paper from a number of advocacy groups to legislators recommending expansion of Family Care, additional Ombudsman services for Family Care members and nursing home residents, and a Medicaid rate increase for non-institutional providers.
- The minutes of the June 8, 2007 meeting were approved unanimously, on a motion by Paul Cook, seconded by Carol Eschner.

Comments from the public

Nancy Anderson, for WPSA, expressed concern that the committee is focusing on specific types of providers, rather than on a system of providers. She suggested the following:

- The committee should bring in provider representatives to help with research and to inform discussions about best practice (e.g., WPSA is testing competency based training of workers).
- Standards and best practices should be consistent and coordinated across Medicaid and Medicare.
- Informed consent should be a future committee topic. What do people need to know and expect before making residential decisions?
- Bring in the expertise of the Department of Commerce staff who know a good deal about HUD funding for housing.

Self –directed supports federal waiver proposal

Gail Propsom briefed the committee on development of a self-directed supports (SDS) component to the DHFS waiver request to CMS related to expansion of Family Care. With Diane Waller as the manager-sponsor, an extensive staff group has been working on this issue, developing policy papers. These recommendations and questions go to a DHFS Managers’ group for decisions, then to a stakeholders group for feedback. It is unlikely that CMS will approve a waiver request before January, but promises to be flexible.

Under the proposal, where Family Care is available, individuals would have two choices: enroll in Family Care (with or without taking advantage of SDS options within the program), or participate in a Medicaid fee-for-service SDS Waiver. Under the latter option, the person would be given a budget by the ADRC, based on the functional screen, within which he or she could develop a care plan. An Independent Consultant would provide information and assistance about this option, and approve the care plan. The budget would cover all services included in the currently existing HCB waiver programs. The person could also use their Medicaid card to purchase non-waiver services. (See two-part handout for details.)

BOALTC's Volunteer Ombudsman Program

George Potaracke distributed a brochure about the Volunteer Ombudsman Program at BOALTC. The program was piloted under a Bader grant in the mid-nineties in Dane and Milwaukee counties. It currently has permanent funding from the penalty fund and has expanded to cover a number of counties. It includes 138 volunteers in 129 facilities. Volunteers are trained and commit to a minimum of 3 hours a week for 6 months. The average length of service is over two years. Most are retirees, largely professionals such as nurses and social workers; students are also well represented.

Volunteer Ombudsmen serve as the “eyes and ears” of the Regional Ombudsman and help residents and family council members to resolve concerns within the long-term care facility. They conduct an exit interview with facility staff at every visit. They report to BOALTC monthly, which collects information into a larger data base. The program has been highly successful. Analysis is currently being done to see how survey results may have changed over time during the involvement of Volunteer Ombudsman.

The budget recommended by the Joint Committee on Finance would expand the program to 80% of nursing facilities by the end of the next biennium; this recommendation was stripped out of the Assembly version of the budget. BOALTC has begun piloting the program in assisted living facilities. A central coordinator has been hired. Working with the Division of Quality Assurance, 36 facilities have been identified in which to start, located in Dane, then the Milwaukee area, then the Green Bay area. Facility operators have been supportive.

Evercare

Jeanne Flannery and Jennie Roberts presented information on two of Evercare's programs. Evercare is about 20 years old, and was started by geriatric nurse practitioners in Minnesota working with Dr. Robert Kane. It has been in Wisconsin since 2005. Currently, it has about 2000 enrollees in all Evercare plans in the Milwaukee area. It plans to expand to Dane County, the La Crosse area, and the Green Bay area.

The Institutional Special Needs program is a capitated Medicare program serving people residing long-term in nursing homes. The capitation covers all Medicare services, including nursing facility, hospital, primary care, and referral services. A key component of the program is the nurse practitioner, who is employed by Evercare and has a caseload of 70-90 residents. This person coordinates care, works with families and staff, and facilitates early identification of clinical changes to provide prompt treatment and thus prevent unnecessary hospital visits (especially ER). The program has had good clinical outcomes and high patient satisfaction.

The Community Dual Special Needs Program is a case management model that collaborates with families and caregivers, physicians and other health care providers, county and Family Care case managers, aging units, and others. As a Medicare Advantage Plan, it receives a capitation payment from CMS to cover all Medicare services (Parts A, B and D) and provides some extra benefits to enrollees. Enrollees must have both Medicare (Parts A and B) and Medicaid. Its goals are to help enrollees live independently in the community and to avoid unnecessary hospitalization. (See PowerPoint handout for additional details.)

Future agenda items

Next meeting scheduled for October 12. Suggested items for future agendas:

- Discussions on assisted living.

- (See above for topics for October and December meetings.)
- Invite MCO staff who have already worked on some of these issues.
- Invite Tom Rand, and possibly other industry representatives, to discuss the issues in developing affordable and accessible housing and assisted living.
- 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 from DHFS on assisted living workgroup.
- Plans for DHFS staffing of new regional LTC advisory committees' evaluation efforts. (Requested for October 2007 meeting.)
- Income tax issues related to small adult family homes.
- 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 Helgerson on Badger Care Plus proposal.
- Updates on Medicare Advantage, Special Needs Programs, and related issues (timely around September to December 2007)

Meeting adjourned at 3:00 PM.