

**Committee on Comprehensive System Change**  
Council on Long Term Care Reform

**November 5, 2004**  
**9:00 AM to 3:00 PM**  
**DHFS Southern Regional Office**  
**2917 International Drive – Room 156**  
**Madison**

**Agenda**

- |          |  |                  |
|----------|--|------------------|
| 9:00 AM  | Convene meeting. Discussion of committee charge.   | George Potaracke |
| 9:30 AM  | Transition from the New Freedom Initiative Committee   | Paul Cook        |
| 9:40 AM  | Briefing on CMS Comprehensive System Change grant  | Judith Frye      |
| 10:30 AM | Break  |                  |
| 10:45 AM | Set schedule for future meetings through 2005 –<br><u>Please bring calendars</u>   | George Potaracke |
| 11:00 AM | Facilitated discussion of long-term vision of reform; clarify areas of consensus and identify major issue areas for further work   | Diane Waller     |
| 12:00 PM | Working lunch (catered)  |                  |
| 12:30 PM | Priorities for incremental steps toward reform that should be pursued in the 2005-07 biennial budget (add to and prioritize items in list from previous brainstorming exercise, attached) – Break as needed. | George Potaracke |
| 2:45 PM  | Comments from the public   | George Potaracke |
| 3:00 PM  | Adjourn meeting  |                  |

Possible LTC items for 2005-07 Biennial Budget (from Council committee on CIP/COP Reform meeting of September 14, 2004)

- Expand Family Care to Kenosha
- Implement Life Lease statewide and measure outcomes
- Simplify/capitate waivers – in counties that also have ADRCs or are establishing new ADRCs
- Have nurse as part of team to better coordinate with primary care
- Consider pre-admission screening in ADRC for all residential facilities (CBRF, other assisted living, NH)
- Add money for wait lists along with simplifying waivers
- Statutory language to pursue possibility of managing care services, including possibly seeking federal waivers
- Include personal care in with waivers
- Pre-admission consultation as part of ADRCs statewide
- Move toward one managed LTC system, including institutions, through counties – pilot in a few counties
- Package systems changes to prepare for next steps
- Expand existing managed care programs (FC pilots, Partnership programs) to include more counties
- Maximize federal funds for immediate investment in LTC reform instead of addressing deficit
- \*\*Formalize estimated cost of Family Care statewide
- Explore more formal integration of LTC with acute and primary care. Consider separate pilots like this
- Don't use nursing homes as funding source for LTC expansion
- For people on a continuing care campus, don't require pre-admission consultation. Also don't create bottleneck for people being discharged from hospital
- \*\*Examine viability of removing LTC costs from property tax
- \*\*Develop common infrastructure that can be used statewide for information management
- Fold hospital link program into ADRC functions

What analytical work should DHFS do? (Starred items above, plus items below)

- How much tax levy do counties now put into waivers – **priority**
- Develop capitation rate for waiver
- Explore creating one rate for all waivers
- Develop potential time line for statewide entitlement, RC's, etc