

Committee on Comprehensive System Change
Council on Long Term Care Reform
Meeting of March 4, 2005

Minutes

Members present: Gerry Born, Paul Cook, Carol Eschner, Tom Frazier, Jerry Huber (via telephone), Rich Kammerud, George Potaracke, John Sauer, Tim Sheehan, Craig Thompson

Members absent: Lynn Breedlove

Others present: Chuck Wilhelm, Judith Frye, Lorraine Barniskis, Kathleen Luedtke, Dan Johnson, David Sievert, Diane Waller, Bill Jensen, Deb Menacher

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

Parameters and process for soliciting proposals for local planning grants under the CSC grant

The committee discussed potential requirements for an RFI/RFP to solicit proposals for local planning grants. The following requirements, with implications for long-range models, were suggested:

- The RFI/RFP must be clear about goals and values, including:
 - Managing care, rather than managing cost, under the assumption that costs will be managed if care is managed well
 - Care planning that is person-centered, one person at a time
- Require applicants to explain how consumers will have opportunities for self-directed care and how consumers' views inform the management of the organization
- Assure that mechanisms are in place for unbiased mediation to help resolve disputes between the CMO and the consumer when consumer choice and cost-effectiveness goals appear to be at odds
- Require that applicants explain clearly how care will be coordinated across systems (LTC, acute/primary, mental health, etc.)
- Require each applicant to provide evidence that the organization is value-driven and that those values match what the state is seeking
- Require that consumers are active participants in any planning effort that is funded
- Require that each applicant identify the organizations that will be involved in the planning effort, including consumers, advocates, counties, private providers and care managers
- Whether a private sector applicant is for-profit or not-for-profit is not necessarily of concern, but requiring transparency regarding finances is essential

There was also discussion of the nonstatutory language included in the Governor's budget request that would direct DHFS to solicit proposals for fully integrated LTC managed care. Clarification is needed from the Governor about the intent of this provision, and about his view of the role of counties. More information is also needed about what role counties want to play in a managed LTC system, and about the implications for the county system if they do not want to participate in such a system. If counties are not primarily responsible for long-term care populations, current statutory requirements under Chapters 51 and 55 will need to be changed. This committee will

need to spend time figuring out what changes should be recommended. It was also noted that Medicare Special Needs Plans may provide new opportunities for managing care for dually eligible individuals.

Comments from the public

Bill Jensen noted that iCare is interested in responding to an RFI/RFP for a local planning grant under the CSC project. There were no other comments from visitors.

Committee business

- The minutes of the meeting of February 4, 2004 were approved unanimously. Rich Kammerud noted that the minutes may have implied consensus that counties did not handle risk well. He indicated several ways that counties are currently handling significant risk, especially in such areas as mental health and juvenile justice.
- Announcements. Paul Cook called attention to the paper from the National Health Policy Group titled “On the Future of Medicaid” that had been distributed electronically to committee members.
- Suggestions for future agenda items included:
 - Continued discussion of long-range reform models, using the matrix developed by TMG. Committee members are asked to give thought to this between meetings.
 - Continued discussion of criteria for local planning grants under the CSC project.
 - Continued discussion of priorities for data collection and analysis.
 - Update on progress of the CSC project.
 - Discussion of the provider liability insurance issue.

Information priorities

Chuck Wilhelm distributed a handout proposing a series of strategic and practical questions that should guide requests from the Council for collection and analysis of data. After some discussion, the committee agreed that these should be adopted by the Council and all its committees. The benchmarks are that the following questions should be answered before requesting information:

Strategic questions

1. What information does the Wisconsin Council on Long Term Care Reform need to assess our progress towards achieving the following system goals? (How would an information request relate to the Council’s charge to advise on reform of the LTC system?)
 - a. Choice – Give people better choices about the services and supports available to meet their needs
 - b. Access – Improve people’s access to services
 - c. Quality – Improve the overall quality of the long term care system by focusing on achieving people’s health and social outcomes
 - d. Cost-Effectiveness – Create a cost-effective long term care system for the future

2. What information does the Wisconsin Council on Long Term Care Reform need to determine if our programs and processes are working as intended to meet our expectations and outcomes? (How would an information request relate to the Council's charge to provide oversight of the current LTC system?)

Practical questions

1. What decision/recommendation are you contemplating where information will assist you in making the decision/recommendation?
2. What information do you need?
3. Why do you need it?
4. What are you going to do with it when you get it?

Several specific suggestions were made about how information could inform recommendations related to improving consumer choice, including implementation of the Governor's proposal for nursing home relocations. Chuck will summarize this discussion for the committee.

Meeting adjourned at 1:00 PM.