Committee on Comprehensive System Change

Council on Long Term Care Reform

Meeting of July 7, 2005

Minutes

Members present: Gerry Born, Paul Cook, Carol Eschner, Jerry Huber, Rich Kammerud, George Potaracke and John Sauer

Members absent: Lynn Breedlove, Tom Frazier, Tim Sheehan and Craig Thompson

Others present: Chuck Wilhelm, Judith Frye, Lorraine Barniskis, Diane Waller, Bill Jensen, and Michael Blumenfeld

Chair George Potaracke called the meeting to order at 2:10 PM.

Report on 6/15/05 County meeting

Rich Kammerud reported on a meeting held on June 15th to update county representatives from around the state about LTC reform efforts and to get their assistance in developing reform models. About 80 people from 50 counties attended.

Judith Frye and Chuck Wilhelm spoke in the morning about current DHFS thinking about the planned RFI to explore possibilities for regional managed care and public-private partnerships. Points included:

- DHFS wants further dialogue with counties about potential county roles; no conclusions have yet been reached.
- Any model must be consumer centered and cost-effective.
- The State is willing to share risk for up to three years.
- Acute and primary care must be at least coordinated with LTC, and full integration is a goal.
- Consumer choice is a goal; most counties would need to add providers to their networks.
- If counties want to manage LTC in the new system, they will need to figure out how to share risk with acute/primary system managers.
- Managed care requires a business infrastructure that most counties currently do not have.
- In most areas of the state, multi-county arrangements will be needed; to spread and manage risk for the Family Care benefit, at least 400 to 600 members are needed.
- The RFI will set some boundaries, which are not yet known.
- We need to address what happens with related county responsibilities under the new system.

Several Partnership representatives also presented at the meeting. Among the points they raised:

- Mental health and AODA services need to be integrated for effective service.
- The Partnership model is an expensive, highly staffed model, with nurse practitioners on the care management team for all members.
- Medication management is an important focus for Partnership members.
- Many contracts must be managed, including rates and quality concerns for many contracted providers.

- This model requires skill in dealing with both the Medicare and Medicaid reimbursement systems.
- Information technology competencies are crucial.
- Many other business processes must be in place to manage this comprehensive benefit.

Several representatives from Family Care counties presented information about their experience with that program. Among the points they mentioned:

- It is a challenge, but crucial to be cost-effective.
- Initial fast growth was a particular challenge, at the same time that they were learning the new business.
- Eventually, LTC must be integrated with acute and primary care; savings in the latter is possible and would provide better funding for LTC.

In the afternoon segment of the meeting, participants broke into small groups to discuss prepared questions. The discussions were thoughtful and lively. Rich will continue to work with WCHSA on these issues, and will take his county roles paper to them.

Parameters for local planning grant RFI and longer-range models for LTC reform

The committee continued discussion of the paper titled "Principles to guide long term care reform, including criteria for local planning grants under the Comprehensive System Change project," which had been revised to reflect discussion at the June meeting. Although there was considerable discussion of several issues, no further consensus was reached. Discussion points included:

- The Assembly Committee on Medicaid Reform is planning to develop its own LTC reform model; the CSC Committee, the Council and DHFS need to move faster to decide on acceptable models. It was suggested that we focus on Family Care and Partnership, perhaps with modifications, and take other potential models off the table.
- A system of building blocks for various levels of need would be good so that prevention and early intervention is possible for people with lower levels of need, with more intense services and management added as needed.
- There are many state-level committees on related topics (Children's LTS reform, SSI-Managed Care, Mental Health reform, and others); these efforts are not integrated.
- Counties have the risk of the Chapter 51 and Chapter 55 systems and rely heavily on Medicaid for behavioral health services; it would be difficult for them not to manage Family Care. At the same time, if some version of a levy freeze is enacted, they will be unable to take risk under a managed care program.

The committee also discussed the need to get broader feedback from interested and affected actors. It was agreed that Council-sponsored regional meetings would be useful; the full Council will be asked for its approval of this approach.

Comments from the public

There were no comments from visitors.

Revised ADA rights brochure

Paul Cook presented the second draft of a consumer-oriented brochure to inform people of their rights under the Americans with Disabilities Act (ADA). The Committee approved the draft with several minor amendments and thanked Paul for his work on this project.

Committee business

- The minutes of the meeting of June 3, 2005 were approved unanimously without change.
- Suggested items for future agendas (cumulative list):
  - Continued discussion of long-range reform models and criteria for local planning grants under the CSC project – including discussion with Secretary Nelson.
  - Continued discussion of county roles in a reformed system (revised version of paper by Kammerud and others)
  - Discussion of Medicare Modernization Act, especially Special Needs Plans, and its effect on LTC (will schedule for July meeting)
  - Briefing on Family Care “dashboard” (will schedule for July meeting)
  - Presentation on Quality Close to Home project (will schedule for July meeting)
  - Report from consultant evaluating various outcome measurement tools and making recommendations (will schedule for July meeting)
  - Information on quality from various programs, including Family Care and Partnership
  - Independent assessment of Family Care from APS Healthcare, including cost-effectiveness information (September)
  - Update on ICF-MR Restructuring Initiative
  - Update on the CSC project.
  - Update on the Community Relocation Initiative and other budget implementation issues
  - County panel on nursing home relocation experience (or include on agenda of full Council instead)
  - Consider asking EverCare to present their model.
  - Discussion on how SSI-managed care, CCS benefit, and LTC reform fit together

Meeting adjourned at approximately 5:00 PM.