

**Committee on Comprehensive System Change**  
**Council on Long Term Care Reform**  
**Meeting of November 5, 2004**

**Minutes**

**Members present:** Gerry Born, Paul Cook, Carol Eschner, Gerald Huber (via telephone), Mary Kennedy, George Potaracke, John Sauer, Tim Sheehan, Craig Thompson

**Others present:** Richard Kammerud (served as alternate for Jerry Huber part of meeting), Tom Moore (served as alternate for John Sauer for part of meeting), Chuck Wilhelm, Judith Frye, Lorraine Barniskis, Diane Waller, Marge Pifer, Kathleen Luedtke

**Meeting call to order; discussion of committee charge.** Chair George Potaracke convened the meeting at 9:05 AM. He noted that the new comprehensive system change grant awarded to DHFS will provide opportunities to move forward on a number of reform initiatives in the short run and to develop a plan for statewide reform within six to ten years. He said that although several people have requested appointment to this committee, no additional members will be appointed. The committee needs to stay small and focused. Non-members are welcome to attend and to receive materials, but are asked to speak only “through a member” or during the segment of each agenda that will be reserved for visitor comments. An alternate may represent an absent member in committee discussions, if he/she can speak for the member. George said that he encourages open and frank discussion of issues, some of which will be contentious. Minutes will be brief to encourage open discussion.

George noted that consumer input will be solicited through focus groups and other mechanisms conducted under the auspices of a new Council committee on consumer and other stakeholder participation. The CSC committee and the full Council will periodically receive reports on those efforts. Paul Cook has agreed to serve as Vice-Chair of the committee, and is particularly asked to make sure that implementation of the ADA Title II plan stays on the committee’s agenda. George walked through the committee charge, highlighting the varied tasks that the committee is asked to do.

**Transition from New Freedom Initiative Committee**

Paul Cook highlighted major findings of the final report of the New Freedom Initiative Committee:

- States that have been successful in implementation of their ADA Title II Plan have been successful in educating legislators about the contents of the plan.
- There is an opportunity to share planning successes with other states in Region 5, through the regional HHS office.
- Informing consumers of their rights is a high priority objective in the plan for the State to meet.
- Preadmission screening of consumers that enter nursing homes is an equally high priority for the State to meet.
- There has not been significant progress to date on meeting objectives in the plan, or of even observing the plan referenced in conversations in DHFS.
- Consumers must continue to be involved in advising DHFS on all grants under the federal New Freedom Initiative.

Paul distributed copies of a tracking document that the NFI Committee had been using to track implementation of recommendations of the ADA Title II Advisory Committee. He suggested that the CSC Committee continue to track progress in a similar format.

### **Briefing on CMS Comprehensive System Change grant**

Judith Frye explained that DHFS is in the process of revising the budget to fit the actual award (\$5.5 million over three years vs. \$7million requested) and developing responses to the terms and conditions of the grant. These must be submitted to CMS by the end of November. Committee members are invited to provide ideas for how to pare back the project to fit available funds.

Judith walked through the goals and major objectives of the project. The full narrative and a bullet-point summary are available on the Council's web site at <http://www.wcltc.state.wi.us/>. The major goals of the project are to:

- Develop and make significant progress in implementing a comprehensive strategic plan for statewide expansion of long-term care reform that assures expanded access, better quality, and more choice to consumers by applying managed care strategies in new and expanded programs facilitated by public/private partnerships. (Implementation in half of state by 2007.)
- Engage consumers in the effort to rebalance the system by providing timely information to Wisconsin citizens so they can make informed decisions about long-term care service options, and to provide information about prevention and financial planning to delay the need for publicly-funded long-term care services. (Web-based, virtual ADRC; PR campaign.)
- Better manage where, when and how people access the long-term care system to achieve a better balance between institutional and community-based care. (Adapt functional screen; re-examine and align eligibility criteria for better consistency, fairness and balance.)
- Enhance the availability of service options, especially consumer-directed supports, and achieve more cost-effective use of the resources already invested in the system. (Address barriers to money following the person; assist counties to broaden provider networks; strategies to reposition the nursing home industry; better coordination between LTC and acute, primary and mental health systems; build on workforce initiatives.)
- Improve the quality and consistency of long-term care services in Wisconsin, and support local long-term care programs in implementing those strategies to ensure the cost-effectiveness of a re-balanced system.

APS Healthcare, Inc. will assist with the process evaluation of the project. The grant will fund a project manager and two clinical analysts. The project work plan was distributed to committee members. The committee will have a major role in overseeing the project and developing the reform plan for Council review.

### **Schedule for future meetings**

Meeting dates were set for December 10, 2004 and the following first Fridays of each month in 2005: January 7, February 4, March 4, April 1, May 6, June 3, July 1, August 5, September 2, October 7, November 4 and December 2. Room 156 at the DHFS Southern Regional Office, 2917 International Drive, Madison has been reserved for all of these dates.

### **Long-term vision of reform**

Diane Waller facilitated a discussion of the committee's long-term vision of reform, based on the goal and principles of LTC Redesign. This discussion highlighted the need for lengthier discussion of the following issues:

- Better definition of “consumer choice”
- Coordination/integration of LTC with acute, primary and mental health care
- Counties’ roles in the reformed system
- Assuring consumer access to the same core services in every county
- Re-establishment of a timely, affordable, independent and objective appeal process

### **Priorities for 2005-07 biennial budget**

Marge Pifer briefed the committee on the current private duty nursing Medicaid benefit and the committee discussed possible options for better management of the benefit. George handed out a paper on budget priorities developed by Lynn Breedlove, Tom Frazier and himself. Several members recommended that we keep the ADA plan and the LTC goal and principles in mind in setting priorities for the near term. Priority items for the upcoming state budget identified by committee members included, in no particular order:

- ADRC’s statewide expansion of some key pieces through existing RC’s
- Life Lease
- Pilot (or broader) counties managing MA card services in a flexible way with LTC services. Could counties manage the care but not the dollars as a 1<sup>st</sup> step? Should counties authorize Personal Care as a first step? (Services to be included – Personal Care, Private Duty Nursing, Nursing Home Care)
- Statutory language to allow us to test a variety of ideas. Language to allow us to seek federal waivers as needed.
- Amend Nurse practice act to allow self-directed care management and address Private Duty Nursing issues
- Expansion of Family Care & Partnership
- Enhanced pre-admission screen and pre-admission consultation as part of ADRC. Public information/education to provide informed choice about LTC options in the community as part of ADRC.
- Access and affordability of liability insurance – Statutory change regarding caps on liability and access to re-insurance. Extend the statutory liability caps now on hospitals and other medical providers to LTC providers.
- Simplify the waivers (perhaps capitate in 07-09 biennium) including standardization of waiver rate?

**Comments from the public.** There were no public comments.

Meeting adjourned at approximately 3:00 pm.