



Jim Doyle
Governor

Helene Nelson
Secretary

State of Wisconsin

Department of Health and Family Services

Telephone: (608) 266-2000
FAX: (608) 266-2579
TTY: (608) 266-7376
dhfs.wisconsin.gov

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**Wisconsin Council on Long Term Care Reform
State and Local Stakeholder Advisory Committee
Meeting of October 10, 2005**

Minutes

Members Present: Karen Avery, Jeff Fox, Carol Eschner, Sunny Archambault, Mike Bachhuber, Ben Barrett, Mary Brintnall-Peterson, Midge Pinchar

Member Present via conference call: Todd Moely

Members Absent: Joan Ketterman, Steve Johnson, Ella Pious

Others Present: Sharon Ryan, Lorraine Barniskis, Kathleen Luedtke, Bob Kinderman, Gail Nordheim, Karen McKim, Peter Lucas, John O'Keefe

Meeting called to order. Karen Avery, Chair of the committee called the meeting to order at 10:10 a.m.

Overview of Stakeholder Committee Carol Eschner reviewed the purpose and charge of the committee. The charge is:

- Assist the Statewide Council on LTC Reform and DHFS in gaining additional input concerning state/local initiatives, long-term care policies, practices, and reform proposals.
- Foster participation by consumers and other stakeholders in the planning and implementation process of reform.
- Assist the Council and the Department in training and technical assistance to enable local long-term care citizen oversight bodies to assume more responsibility and effectiveness in guiding the planning and implementation of effective local systems.

Carol then provided the committee with background on the Council and the role and function of the various committees of the Council.

Information about the Council and its committees can be found at:

<http://wcltc.state.wi.us>

Overview of Consumer Directed Supports (CDS) Stakeholder Committee

Gail Nordheim from The Management Group (TMG) explained the purpose and charge of the CDS Committee. DHFS as received a grant from the Center for Medicare and

Medicaid Services (CMS) to develop and expand consumer-directed supports (CDS) in Wisconsin. A staff workgroup, chaired by Dan Johnson, has been established to lead this effort. TMG is providing staff support to this project.

The CDS project will:

- Recommend Wisconsin's approach to CDS for the home and community -based waivers and mental health services.
- Develop comprehensive support materials (training curriculums, manuals, forms, etc.) to support consumers, providers and local program staff who are involved in consumer direction activities.
- Recommend approaches for quality management when the consumer is directing her/his own services.
- Recommend approached for measuring the cost effectiveness of consumer directed services relative to standard service provision.

Gail explained that the group is seeking representatives of local COP-W, CIP, Family Care, Partnership and Mental Health programs to participate in this initiative. She emphasized that it is essential that recommendations developed through this initiative reflect the input and perspective of those who will be implementing the programs. She also said that they want to make sure that the materials produced to support CDS programs meet the needs of the people who are going to use them. There will be a kick-off meeting for those interested in this project on October 24th in Wisconsin Dells. At that time, there will be background information on the project and on CDS models being used in Wisconsin and nationwide. She told the committee that if any members were interested in participating or if there were any questions, that they could be directed to her. Gail's contact information is: Gail Nordheim, The Management Group, (608) 255-6441, or Gail.Nordheim@tmg.wis.com

Quality Close To Home Project (QCTH) Update: Karen McKim and Bob Kinderman provided an update on the status of the project. This project is funded by CMS and is to review and recommend sustainable improvements in the quality management systems that support Wisconsin's home-and community-based services (HCBS) waiver programs. DHFS has approximately 87 assurances with CMS relating to the HCBS waiver programs. The QCTH project is looking closely at 14 of these assurances and is working with DHFS staff, County staff, providers and various other stakeholders to identify the quality management system that is needed to be developed. They have created 7 workgroups to assist with this task.

Workgroup 1: Consumer-experience results

Charge: This group will make recommendations regarding the method and procedures that the HCBS programs should use, on an on-going basis, to discover and monitor the extent to which HCBS consumers experience the quality of life that they prefer.

Workgroup 2: Clinical and functional indicators

Charge: This group will recommend specific clinical and functional indicators of quality for use in the HCBS quality management system, and how those indicators should be used to maintain and improve quality.

The Difference between Workgroups 1 and 2

‘Consumer-experience results’ and ‘Clinical/Functional outcomes,’ both directly address the quality of the consumer’s life. The difference between the two is that measurement of ‘Personal Experience Outcomes’ MUST include determining the consumer’s personal perceptions, thoughts, preferences, desires, or feelings. The presence or absence of these outcomes CANNOT be determined by professional observation alone. In contrast, clinical or functional outcomes can be measured by objective observation and professional judgment. The short table below contains examples of outcomes related to the two assurances.

Personal Experience Outcome (this set of assurances)	Clinical/Functional Outcome (previous set of assurances)
People <u>feel</u> safe. <i>An indicator is whether the consumer expresses or exhibits feelings of safety or feelings of fear or unease.</i>	People <u>are</u> safe. <i>Indicators might include the presence of smoke detectors, throw rugs, safeguards for the safe use of oxygen; incidence of falls.</i>
People <u>feel</u> that their health is as good as possible. <i>An indicator is whether the consumer expresses or exhibits comfort with and understanding of his/her health issues and how they are being addressed.</i>	People <u>are</u> in the best possible health. <i>Indicators might include the presence of preventable health problems, immunizations, smoking, obesity; rates of preventable use of hospitals.</i>
People <u>feel</u> free from abuse. <i>An indicator is whether the consumer, when asked, reports the presence of abuse, the effects of abuse, or concern about abuse in his/her life.</i>	People <u>are</u> free from abuse. <i>Indicators include whether the care manager notes any signs of abuse; the rates of abuse reported through critical incident reporting systems.</i>

Workgroup 3: Consumer satisfaction with services

Assurance: People are satisfied with each of the services they receive through the waiver program, including care management.

Charge: This group will make recommendations regarding methods for assessing consumer satisfaction with HCBS services and using the results of those assessments in QM systems.

Workgroup 4: Assessments, care planning and delivery

Charge: This group will make recommendations regarding the QM discovery practices waiver assurances addressing the quality of assessments and care plans and regarding how those findings should be used in QM activities.

Workgroup 5: Critical incidents, abuse, and neglect

Charge: This group will make recommendations regarding the QM systems that Wisconsin HCBS long-term care programs should create to identify and investigate critical incidents, identify and resolve situations of abuse or neglect, and receive and respond to complaints and grievances.

Workgroup 6: Provider networks and standards

Charge: Make recommendations regarding:

1. the methods that local agencies first, and then DHFS, will use to discover the adequacy of provider networks (is there sufficient capacity in each service to meet HCBS participants' needs?), and how those findings are reported to stakeholders.
2. the adequacy of standards that apply to each of the various types of providers that serve HCBS participants, and the adequacy of methods used to monitor compliance with those standards.

Workgroup 7: QM system design

Charge: Produce recommendations regarding the activities and distribution of responsibilities that should constitute the HCBS Quality Management System itself.

Karen explained that the workgroups are currently being formed with dates being scheduled for teleconference meetings and that there are openings for additional

members. She encouraged members of the Stakeholder Committee to participate if they were interested. She also said that she would send various drafts of the focus of these workgroup efforts to the Stakeholder Committee for review and comment. Karen Avery recommended Lesly Meyers, a staff person with Independence First, who focuses on issues of abuse participate in Workgroup # 5, Critical Incidents. She will send Lesly's contact information.

There are 20 states funded by CMS to develop a QM system for the HCBS waiver programs. There was discussion about Michigan's Quality project and the tool that they developed to look at consumer satisfaction. That tool was sent to the Stakeholder Committee members for the input and feedback to Michigan. Karen will continue to update the committee on the progress of QCTH and will regularly seek their input.

UW-Extension Project Mary Brintnall-Peterson gave a general introduction and overview of this project which is being funded through the CMS Comprehensive Systems Change grant. The focus of this project is to provide training and technical assistance to local long-term support governing bodies and to assist those governing bodies to design and develop more effective local long-term care systems. The UW-Extension will develop training tools and templates for thinking about local system design, including how to explore local or regional partnerships. They will work with local Extension agents to build capacity in local governing bodies to engage in strategic planning. There was discussion about the need to recognize and involve community and informal supports. Mary will regularly update the committee on the status of this project.

Comprehensive Systems Change Grant (CSC) Kathleen Luedtke gave an update on the status of the CSC grant. This grant, at a high level, is looking at making changes in how the State does business in some key areas of LTC.

The goals are to:

1. Comprehensively/systematically work toward creating a LTC system that is Statewide in a managed care/integrated system.
2. Help citizens get what they need
3. Facilitate easier access to the LTC system.

The first annual report to the Federal government is due and she wanted to discuss those things that have been completed thus far as well as to talk about the broader focus of this initiative.

One of the objectives of the grant was to establish a Stakeholder Committee in order to be assured that as DHFS looks at LTC Reform and Systems Change that there will be on-going input from the Stakeholders. She went on to explain that the LTC Reform effort will look at changing quality systems as well as changing access to those systems. This will be accomplished by designing a LTC delivery system that is based on quality, cost effectiveness, choice and access. She spoke of the Request for Information (RFI) that will be released by the DHFS. The RFI will solicit interest from

various entities (counties and private organizations) in expanding managed, integrated LTC throughout the State.

There are 2 managed care models of LTC service delivery that are being considered. One is the Wisconsin Partnership Program, a fully integrated acute/primary care and long term care program. The other is the Family Care model which is a managed care program providing LTC services with coordination of acute and primary care. She did not have the date that the RFI would be released.

The CSC grant activities and an update on the status of the grant will be a regular agenda item for this committee.

Recruitment of Stakeholders and Consumers

The group discussed a variety of suggestions to make sure that all of the target populations are represented on this committee. Current gaps in membership are people with developmental disabilities, parents of children with developmental disabilities who are transitioning into adult services and deaf and hard of hearing. It was suggested that Gerry Born, who is the Chair of the DD Council, could suggest names of people who would be interested in serving on this committee. It was also suggested that People First be contacted for additional stakeholders.

Discussion on Committee member's local activities.

Group discussed the various advocacy activities that they are engaging in both in their local areas and around the state.

Next meeting agenda

- Update on the Department's RFI process and status of the Regional meetings.
- QCTH update and further discussion on securing consumer involvement and input.
- Update on the status of the UW Extension strategic planning/LTC Council project.
- Relocation Initiative
- ICF-MR Rebalancing Initiative

Next Meeting date: December 12, 2005 at CWAG

Meeting adjourned: Karen Avery adjourned the meeting at 3:05 p.m.