



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

**Wisconsin Council on Long Term Care Reform  
State and Local Stakeholder Advisory Committee  
Meeting of November 20th, 2006  
Minutes**

**DRAFT**

**Members Present:** Karen Avery, Mary Brintnall-Peterson, John Donnelly, Carol Eschner, Karen From, Pat Malone, Ed Weiss, Jeff Fox, Joan Ketterman, Ben Barrett, Steve Johnson

**Members Absent:** Ella Pious, Dan Remick, Ed Weiss, Ann Weiss, Ben Barrett, Ron Johnson, Steve Johnson, Reggie Leckel, Peggy Michaelis, Midge Pinchar Todd Moely, Sunny Archambault

**Others Present:** Sharon Ryan, Marsha Musillami, Lorraine Barniskis, Kathleen Luedtke, Jenna Ottow, Peter Lucas, Amy Atchison

**Meeting called to order.** Karen Avery, Chair of the committee, called the meeting to order at 10:00 a.m.

**Approval of September 25th Meeting Minutes** Jeff Fox moved to approve the minutes from the September 25<sup>th</sup>, 2006, meeting. Karen From seconded the motion. The committee unanimously approved the minutes.

**Long Term Care Functional Screen (LTC FS)**

Marsha Musillami, a DHFS, Family Care Nurse Consultant, provided a general informational power point presentation on the LTC FS.

Wisconsin's Long-Term Care (LTC) Functional Screen was developed to provide an automated and objective way to determine the long-term care needs of elders and people with physical or development disabilities. The functional screen has multiple uses including: research, establishing level of care for Family Care eligibility, and providing information helpful to people making decisions about how to meet their long-term care needs. The screen is basically an "inventory of needs" or list of activities that people need to perform, or have performed for them, in the course of every-day life. The screen gathers information about whether a person needs help, and how much help they need, in performing the activities. The screen was developed with input from stakeholders, consumers, and clinical practitioners and with several studies to test its validity and reliability.

The screen looks at both "Activities of Daily Living" (ADLs), which include bathing, dressing, toileting, transferring, mobility, and eating, and "Instrumental Activities of Daily Living" (IADLs), which are meal preparation, managing medications and treatments, money management, and using the telephone. In addition, the screen has questions about cognition, behavior, diagnoses, medically-oriented tasks, transportation, and employment; as well as indicators for mental health problems, substance abuse problems, and other conditions that put a person at-risk of institutionalization. Upon completion of the screen, the clinical professional who administered the screen can instantly see the applicant's level of care and eligibility for Family Care and other home and community-based waiver programs such as COP, in Wisconsin.

Any information collected for the screen or during the screening process is confidential. The LTC Functional Screen is voluntary, but it is required to enroll in Family Care. The current version of the screen is a web-based application that must be entered on-line. An in-depth review of, and instructions for, the web-based functional screen can be seen via the certification course described below.

Only experienced professionals who have taken a training course and have passed a certification exam can administer the screen. At this time the training course must be taken on-line. Agency workers seeking to become certified screeners must work with their agency "screen leads" to register for the course.

DHFS received approval from the federal Centers for Medicare and Medicaid Services (CMS) to use the LTC Functional Screen to determine eligibility for home and community-based waivers for adults in Family Care pilot counties and in other sites. This implementation began in Family Care pilot counties and Partnership sites on October 22, 2001. Use of the functional screen was expanded to other LTC programs statewide in 2002.

For additional information on the Functional Screen, please see the both attached power point presentation that Marsha provided as well as the electronic version of the screen. Marsha told the committee that if there were any further questions about the Functional Screen, they could be directed to her. Her contact information is: [musilmm@dhfs.state.wi.us](mailto:musilmm@dhfs.state.wi.us),

### **Committee Membership/Stakeholder Analysis**

Pat Malone and Mary Brintnall-Peterson were asked to facilitate a stakeholder analysis with the statewide Stakeholder Committee in order to assess how well they are doing representing consumers in the long-term care reform effort.

The process began with a series of questions:  
Who are your key stakeholders?  
What is their self-interest in your work?  
What do you need to know from them?  
What do they need to know from you?

What is the best way to involve this stakeholder group?

With these questions in hand, they began by reviewing the list generated at a previous stakeholder meeting. They added additional stakeholders to the list for the analysis.

They also did a check to see how well the committee was currently doing in representing the different consumer stakeholders the committee sees as key.

The process will continue at the next meeting to flesh out action plans and steps to achieve consumer involvement.

### **UW- Extension Project**

Pat Malone updated the committee on the status of the Stakeholder Involvement project. She said that there continues to be various levels of stakeholder involvement across the planning groups.

This following report summarizes the work that Pat Malone and Mary Brintnall-Peterson have done on the project since the September 25th meeting of the statewide Stakeholder Committee.

1. Statewide Efforts
  - ◆ Presented a program on stakeholder involvement at the statewide long-term care conference at Chula Vista.
2. Community Care of Central Wisconsin
  - ◆ The Community Care of Central Wisconsin consortium continues to work through its transition planning committee, comprised of members from Portage, Marathon, and Wood Counties. The planning committee has continued to work toward developing language for an intergovernmental agreement between the three counties that would ratify and establish the regional CMO. Additionally, the planning committee has convened meetings with state officials in an effort to clarify financial implications of the expansion to partner counties. Finally, two workgroups have been working to establish educational materials and protocols for access to the CMO, once established.
3. West Central WI Care Management Collaborative
  - ◆ The West Central Collaborative's Communications and Stakeholder Involvement Committee is continuing their efforts.
  - ◆ Project Coordinator, Laurel Keiffer, presented at the state-wide long-term care conference on the work of the group.
  - ◆ They have developed a number of materials to guide their work and the work of other committees.
  - ◆ They have spent time thinking through how stakeholders might be most effectively involved in any future governance model.
  - ◆ Additional information has been added to their web site.
  - ◆ The Communication and Stakeholder Involvement Committee (CSIC) has distributed their toolkit for their county partners widely. It has been shared

with each county in the consortium (a c.d. with all the handouts and materials as well as a 3-ring binder). It has also been shared with the Northwest consortium and the West Central Consortium (the La Crosse group). An additional PowerPoint was added to the toolkit as well as an evaluation tool.

- ◆ Forums are just starting to be held in the consortium area to solicit input and educate stakeholders.
4. Northwest Long-Term Care Options
    - ◆ On October 17th, Ashland and Bayfield Counties held a town hall meeting to open up the dialogue with citizens about the long-term care reform process. Jane Silberstein (CRD and Dept. Head in Ashland Co.) and Kathy Miller facilitated the meeting. Miller welcomed everyone and introduced the consortium manager, Betty Ferris, who opened the meeting with a power point that was developed by a local Consortium Communications Committee. A panel of "experts" included County Aging Unit staff and Human Service Directors. Miller ran around the room with a handheld microphone encouraging folks to ask questions and make comments. Silberstein recorded everything on her computer as they were speaking and actually projected the comments on a screen as they spoke. There were about 55 people present and there was never a time when dialogue was not happening. I felt it was a good start at getting input.
    - ◆ Project Coordinator, Betty Ferris, presented at the state-wide long-term care conference on the work of the group.
    - ◆ Extension has offered to help with similar meetings in the future if they wish.
  5. Southwestern Care Management Coalition
    - ◆ The Southwestern Care Management Coalition held training for all of their coalition members on September 27, 2006, on stakeholder involvement. A number of Extension personnel worked on the program.
    - ◆ Kohlstedt sat in on several teleconferences with the Communication Committee after Extension's stakeholder presentation. Information from their last meeting will be forwarded to Malone and Brintnall-Peterson. This work is being described as challenging because consortium members cannot truly agree on a vision and mission. The Communication Committee is recognized for their great work.
    - ◆ Cara Carper (CNRED Lafayette) has used the Communication Committee information to help her County Long-Term Care group move ahead and she is making some progress in a very difficult county. Also her Aging Director has added suggestions for the Vision and Mission statement (after some facilitation from Cara.....which is pretty amazing). "All in all," observes Kohlstedt, "I think it will be a very slow process....this type of change is hard for conservative counties to accept!!"
  6. Dane & Rock Counties
    - ◆ No additional requests for assistance have been made
  7. Family Partnership Care Management Organization
    - ◆ No additional requests have been made.
  8. West Central Consortium for Long-Term Support and Health Care Reform

- ◆ Pat facilitated an in-depth stakeholder analysis with the consortium’s communication and education committee that was used to develop an action plan that identifies a number of outreach strategies. She continues to facilitate the meetings when Steve Johnson is unable to attend in order to keep momentum going.
  - ◆ The committee has their web site up and running. You can check it out at [www.ourwcc.org](http://www.ourwcc.org). It is considered a work in progress and includes contact information for all of the partners. Thanks to Joan Benson from Group Health for their kind assistance.
  - ◆ The committee has developed a number of frequently asked questions (F.A.Q.s) for different audiences. Completed ones include consumers and public officials. They are also working on ones for workers and providers.
  - ◆ They are also releasing a series of news articles to all the local media (including Senior papers) on the long-term care reform efforts.
  - ◆ Vernon, Monroe, and Trempealeau Counties have begun having monthly forums to educate the public and solicit their input. Trempealeau County is also videotaping their forums for their local public access TV station.
  - ◆ A “tickler” questionnaire has been developed for use by county workers as they visit with clients. The purpose is to begin a conversation about the long-term care reform and what the changes may mean.
9. Northeast Wisconsin Long-Term Care Consortium
- ◆ No additional requests for assistance have been made.

**Comprehensive Systems Change Grant** Kathleen Luedtke presented the current status of the planning consortia activities. She said that the various consortia are at different stages of planning.

1. The Southeast Wisconsin Care Management Coalition, Community Care in Action, which includes Racine and Kenosha Counties, is ready to operationalize their CMO and has requested an RFP from the Department in order to move forward. They will plan to begin enrollment in Family Care early 2007. They will begin with Kenosha and expand managed care services to Racine.
2. DHFS had a Planning Consortia Conference on September 20<sup>th</sup> in LaCrosse on County Governance of Medicaid Managed Long-Term Care Organizations. At this conference, the planning consortia examined statutory authority for possible governance models
3. DHFS 2007-2009 Biennial Budget Proposal related to Family Care Expansion Reflecting the Governor’s overall goals to bring more long-term care under management through Family Care and eliminate waiting lists for community-based services, this budget proposal addresses the need for state and federal funds to expand the availability of Aging and Disability Resource Centers (ADRCs) and Family Care care management organizations (CMOs). Specific points of interest in the proposal include:
  - The population served by ADRCs will increase from 40 per cent to 75 per cent.
  - The portion of the state population served by Family Care CMOs will increase from the current 17 per cent to 62 per cent by June 2009.

Additional information is available at <http://www.dhfs.state.wi.us/aboutDHFS>

**Additional Information Opportunities about the Managed Care Expansion can be found at the:**

1. Managed Care Expansion Website  
<http://dhfs.wisconsin.gov/ManagedLTC/>
2. Managed Care Expansion LTC Listserv  
<http://dhfs.wisconsin.gov/ManagedLTC/grantees/Listserv.htm>
3. Critical Components of Managed Care Briefings Webcast  
<http://dhfs.wisconsin.gov/ManagedLTC/grantees/webcasts/index.htm>
4. “Riding the Wave” Conference, October 9, 10, and 11, 2006, WI Dells  
[http://dhfs.wisconsin.gov/ltc\\_cop/BLTS\\_Conference/RidingTheWave.HTM](http://dhfs.wisconsin.gov/ltc_cop/BLTS_Conference/RidingTheWave.HTM)

Kathleen talked about reinstating the Independent Advocacy in Managed LTC

The following recommendation of the WI Council on LTC Reform regarding external advocacy was adopted 9/8/06.

We recommend that DHFS seek authority and funding to build an external advocacy component into the structure of a reformed LTC system, as described below:

- a) An independent advocacy system should be built into the structure of existing and new managed LTC systems.
- b) External advocacy, along with the rest of the system, should be built on the underlying principles and values already agreed to.
- c) The external advocacy system should have authority and credibility.
- d) This system should be consumer-friendly and not be legalistic in nature.
- e) Responsibilities of external advocates should be:
  - i) To help individual consumers reach their desired outcomes;
  - ii) To assist consumers to understand their rights and responsibilities;
  - iii) To assist in communication between consumers and MCO staff (or ADRC staff if appropriate);
  - iv) To mediate disputes between consumers and MCOs or ADRCs.
- f) The external advocacy system should be designed to improve fairness and quality in all LTC systems; i.e., information about problems identified and their resolution should be fed back into the appropriate parts of the LTC system.
- g) As much as possible, resources and responsibilities for external advocacy should be added to organizations where infrastructure and similar responsibilities already exist. (Some examples include: Ombudsman office, ADRCs sufficiently separated

- from MCOs, Independent Living Centers that are not also service providers under contract with one or more MCOs.)
- h) Any organization entrusted with external advocacy responsibilities should be held accountable to clear and specific standards.
  - i) External advocacy should not duplicate responsibilities of other parts of the system, but be complementary to them.
  - j) Additional work should be done over the next several months to design the specifics of a system within the broad parameters of the above recommendations.

Kathleen asked the committee to consider how the work of the committee could support the planning groups' need to involve stakeholders, as well as the stakeholders' need to be involved with the planning groups. She asked the members to think about what "meaningful stakeholder input" in the regional planning consortia really entails? The committee was very receptive to this. This will be an agenda item for the next committee meeting.

**Money Follows the Person** See the attached abstract for the background and current status of the DHFS application for the Money Follows the Person grant.

**Next Meeting date:** January 29<sup>th</sup>, 2007, at CWAG.

**Meeting adjourned:** Karen Avery adjourned the meeting at 3:15 p.m.