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**Wisconsin Council on Long Term Care Reform
State and Local Stakeholder Advisory Committee
Meeting of September 25th, 2006
Minutes**

DRAFT

Members Present: Karen Avery, Mary Brintnall-Peterson, John Donnelly, Carol Eschner, Karen From, Pat Malone, Jeff Fox, Sunny Archambault, Todd Moely-via conference call, Joan Ketterman-via conference call

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

Others Present: Sharon Ryan, Karen McKim, Tom Swant, Lorraine Barniskis, Kathleen Luedtke

Meeting called to order. Karen Avery, Chair of the committee, called the meeting to order at 10:05 a.m.

Approval of June 12th Meeting Minutes Carol Eschner moved to approve the minutes from the June 12th, 2006, meeting. Jeff Fox seconded the motion. The committee unanimously approved the minutes.

Announcements

The DHFS Long -Term Support Conference "Riding the Wave of LTC Reform" will take place October 9, 10 and 11 at the Chula Vista Theme Resort in Wisconsin Dells. This conference will provide an opportunity for sharing and learning as Wisconsin's long-term care system transitions to managed care. Special sessions will be available throughout the conference for attendees to learn more about planning and preparation for managed care expansion and to ask questions directly to Department administration. Best practice approaches, which ensure quality in Wisconsin's current and future long-term care programs, will be provided through a vast array of workshop presentations.

Quality Close to Home (QCTH) Project Update Karen McKim provided a status update of this project. This project will come to an end on September 30, 2006. The written report is in the process of being finalized. The QCTH project, which started in mid-2004, was funded through a Systems Change grant from the

Centers for Medicare and Medicaid Services (CMS). CMS required grantees to undertake sustainable changes in their Home and Community Based Waiver (HCBW) quality-management systems, and to focus on consumer outcomes. In Wisconsin, the different HCBW programs had developed separate and independent quality-management systems, with different approaches, tools, and even somewhat different values. With several mature quality-management systems operating in this state, this project helped us to stand back and examine all the systems, to identify the various strengths and use each other's experience and expertise to make the quality-management systems more consistently effective and efficient.

One of the most important outcomes of this project has been to identify the Quality of Life Outcomes that the State, the local care managers and the External Quality Review Organization (EQRO) will use to determine the quality of the services that each individual is receiving. The quality-management system that has been designed through this project has focused on the following Quality of Life Outcome indicators:

1. This person experiences physical health to the greatest extent possible.
2. This person experiences feeling of safety.
3. This person experiences freedom from abuse and neglect.
4. This person lives where and with whom he/she prefers to live.
5. This person chooses and controls his/her daily routine.
6. This person engages in personally meaningful activities.
7. This person experiences his/her desired amount and type of community participation.
8. This person has control over services and care givers, to the extent desired.
9. This person experiences his/her desired amount and type of connection with friends and family.
10. This person experiences perceptions/feelings of respect and fair treatment.
11. This person has the amount and type of privacy he/she desires.
12. This person experiences freedom from unexpected and unwanted changes.

Karen M. explained that there is also a Request for Proposals (RFP) soon to be released by State for the Development of Methods and Training for Assessing Personal-Experience Outcomes Tool, a questionnaire that will assist the care managers in asking consistently the necessary questions of consumers who are participating in the waiver programs, about the outcomes that they are or are not experiencing. The tool will be developed with 4 versions: one for elderly with no cognition difficulties, one for people with physical disabilities with no cognition difficulties, one for people with developmental disabilities with no cognitions difficulties and on for people with cognition difficulties. Once developed, this tool will be used by the local care

managers, the State and the EQRO in determining the quality of the programs.

Karen Avery asked whether they incorporated mental health outcomes as she had suggested in an earlier meeting. Karen M. indicated that mental health will be addressed by way of the questions and indicators used in the tool.

Karen M. went on to explain that the project used the expertise and input of local agency staff, from the Family Care Program, the Partnership Program and the COP-waiver program. These people formed the Local Advisory Panel (LAP) and met regularly with the State to assist in the design of the new QM System. When the project is completed, there will be a Statewide Quality Management Council (QMC) convened that will be comprised of many of the LAP participants. The charge of this Council will be to provide guidance to both DHFS and LTC counties and Managed Care Organizations (MCOs) on quality management policy, practices, and benchmarks and to assist in the continuous development of the QM system that is being used in the managed care expansion. One of the first areas that they will focus attention on will be Critical Incidents in order to assure that the local programs are consistently responding to, investigating and remediating critical incidents when they occur.

There was discussion by the Committee as to whether or not consumers should be involved in the QMC. After it became evident that the QMC will not be a policy-making group, but rather, more of a workgroup, it was agreed that they need not seek out consumers to serve on the workgroup, but they should be sure to obtain consumer input on QA outcomes and indicators.

Money Follows the Person Tom Swant, from DHFS, spoke to the committee about the opportunity that CMS is offering to the state in soliciting proposals for the Money Follows the Person (MFP) Rebalancing Act of 2005. CMS is making \$1.7 billion available to all States over 5 years. In year 1, there will be \$250 million available to States on a competitive basis. Background on this grant is the following: The MFP Rebalancing Demonstration is part of a comprehensive, coordinated strategy to assist States, in collaboration with stakeholders, to make widespread changes to their long-term care support systems. This initiative will assist States in their efforts to reduce their reliance on institutional care while developing community-based long-term care opportunities, enabling elderly and people with disabilities to relocate from institutions and to fully participate in their communities.

Demonstration grant proposals are due November 1, 2006 and will be awarded to States from January, 1 2007 through September 30, 2011.

Wisconsin has submitted a Notice of Intent to Apply.

Tom handed out the following summary, developed by Gail Propsom, regarding this grant and some of the implications for Wisconsin

General Requirements

- Purposes of the Money Follows the Person demonstration per federal law are to support State effort to:
 - Rebalance their long term support systems to support individual choice of living situation;
 - Transition people from institutions; and
 - Promote a person centered, needs based, quality driven system of long term care.
- States get enhanced federal match for participant service costs for the first 12 months a qualified person lives in the community. Wisconsin would get roughly 78% match rather than the current 57%.
- States must employ a full-time project director, but match for the director is at the regular Medicaid administrative rate of 50/50.
- Demonstrations must operate for at least two years and can be authorized for up to five years.
- Preference will be given to proposals that include multiple target groups and self-directed services.
- States that are awarded a demonstration project will receive a period of at least three months up to twelve months to engage in formal planning for the demonstration, including the involvement of stakeholders. Each state must have an approved Operational Protocol before beginning the implementation phase.

Qualified Expenditures and Match Rates

- Enhanced match applies to:
 - Qualified home and community-based (HCB) program services. In Wisconsin this includes all current Wisconsin waiver services, as well as personal care and home health care.
 - Demonstration HCB services – These are defined as federally allowable HCB services not already included in the state plan. Wisconsin provides most of the federally allowable HCB services already.

- States can get federal match at the regular matching rate (57/43) for “supplemental demonstration services” which are services that may not otherwise be eligible for federal match or that the state does not want to incorporate into its waiver. CMS assumes that these would be one-time or short term services that would not need to continue after the demonstration period. In Wisconsin this could include some services that are funded with 100% COP state funds. CMS has clarified that this cannot include rental assistance or services that are the responsibility of another entity.
- State costs incurred during the implementation phase and other administrative costs of operating the demonstration are reimbursable at the state administrative match rate of 50/50.

Qualified Participants and Settings

- An “eligible individual” is a person who was in an inpatient facility for at least six months immediately prior to participation in the demonstration and for whom Medicaid was paying the costs of inpatient services. The person must need home and community-based services in order to leave the facility.
- An “inpatient facility” is a hospital, nursing facility or intermediate care facility for persons with mental retardation. Institutions for Mental Disease are only included to the extent that Medicaid is available under the State plan. The facilities that would qualify in Wisconsin would be dependent on the terms of Wisconsin’s home and community-based waivers.
- A “qualified setting” is a home or apartment owned or controlled by the individual or his or her family or a community-based residential setting of four or fewer unrelated individuals.

Other Requirements

- Assurances that must be made by each state include:
 - procedures to ensure informed consent for participants
 - ways to ensure participant choice of community-based residence
 - a description of the public process used for design, development and evaluation of the MFP demonstration
 - a plan to demonstrate maintenance of effort of spending for home and community-based services
 - an agreement to report as specified by CMS.
- States must meet the annual numerical benchmarks that are included its proposal in order to continue to participate in the demonstration.

There was some discussion as to whether or not it made sense for Wisconsin to apply. Some people expressed feelings that it wasn't "worth it" to apply, given the limitations Tom described. Karen A. asked if the state intended to apply, because it was her understanding that they were. Tom said yes, that was his understanding too. Karen A. stated that disability advocates were excited and happy about the opportunity that MFA offered.

Tom then asked the committee for suggestions on how the 21% saving from this demonstration, approximately \$1.5 million could be used to benefit the various target groups. The committee came up with the following suggestions:

1. Affordable, accessible and adequate housing is an important community capacity issue. Organize and coordinate the various agencies charged with housing to come together to discuss how to develop affordable housing options for people coming out of institutions.
2. Provide staff positions to assist with coordination and transition for the individuals who are re-locating. Those persons could also conduct outreach to identify people who want to relocate.
3. Provide Self Directed Services training to those who are transitioning to the community, as well as to service providers.
4. Coordinate additional work force development for community-based services.
5. Focus coordination and training for caregiver support.
6. Provide 1x only funds for various needs for the individuals moving, e.g., security deposits, furniture, financing for transportation options/vehicles, etc.)
7. Provide earlier and more long-term care options counseling to assist those who are moving into the elderly target group, adequate information in order for them to make informed financial and service decisions.
8. Explore the Nurse Practitioner Act to determine if changes could be made in order to facilitate less costly personal care options, as well as making those services less medical model.
9. Because some members of the Committee felt that MFP would not be particularly beneficial to the aging population, and perhaps even a problem, given the current initiatives occurring in Wisconsin, it was suggested that the state consider submitting an application that focuses on persons with disabilities rather than not submit an application at all.

Roles and Responsibilities of Committee Members

Karen Avery and Jeff Fox attended a Systems Choice Grant conference in Chicago. Topics included Money Follows the Person, Model Programs and Best Practices and Consumer Control. Karen handed out an article on "TIPS for Effective Techniques for Consumer Input at Task Force Meetings" See attachment.

For further information regarding the Systems Choice conference, go to: <http://www.tilrc.org/Real%20Choice%20Website/Real%20Choice%20Tips.htm> or go to <http://www.tilrc.org> and click on "Real Choice Tech Asst"

UW- Extension Project

Pat Malone updated the committee on the status of the Stakeholder Involvement project that she is working on with some of the planning consortia. She said that at this time there are various levels of stakeholder involvement across the planning groups. She emphasized that stakeholder involvement takes many forms and does not necessarily mean stakeholder votes. See the attachment for further information on the UW-Extension involvement with the planning groups.

Mary Brintnall-Peterson shared with the committee information on an emerging resource that she is getting involved with. She is providing leadership to a national project of Extension colleagues establishing a web based resource for family caregivers and those who work with caregivers that will house all of Extension's resources. The vision is that this will become a critical resource for those working with caregivers and thus fits into Wisconsin's ADRC expansion initiative and the long-term care reform efforts. She will be in Kentucky for training the week of October 9th and working with her colleagues in starting the project. She will provide a status update at the next Stakeholder Committee meeting.

Comprehensive Systems Change Grant Kathleen Luedtke presented the current status of the planning consortia activities.

- In order to facilitate effective planning for Aging and Disability Resource Centers (ADRCs), DHFS has arranged to make available the services of Organizational Skills Associates as consultants to the ADRC planning sub-committee in each consortium. There will be no charge to the counties. Principal associate, Buck Rhyme, has recently worked with Marathon and Wood Counties to develop the joint ADRC known as the Central Wisconsin ADRC.
 - DHFS/ DDES awarded a \$25,000 grant to Community Care In Action, LLC (CCIA) to provide direct consultation with leadership of consortia that are planning to develop managed long-term care programs in Wisconsin. Gerry Born, on behalf of CCIA, has been contacting the various planning consortia to discuss the assistance available from CIIA. These services will take the form of direct, in-site issue analysis and consultation, with particular emphasis placed on services and systems related to individuals with developmental disabilities.
- **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

- **Independent Advocacy in Managed LTC**

Recommendation of the WI Council on LTC Reform regarding external advocacy

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.
- **Wisconsin Family care Consumer Corps Training**

Kathleen introduced Glenna Schumann, from the Coalition of Wisconsin Aging Groups (CWAG), who talked to the committee about a proposal from CWAG to DHFS to launch a Family Care Consumer Corps campaign to educate Wisconsin citizens on issues involved in implementing Wisconsin's Family Care long-term care delivery system and mobilize them to provide input into the implementation process. In addition to raising awareness of critical issues, CWAG, will engage partners in Wisconsin's disability community and aging network, including, Disability Rights Wisconsin, Wisconsin Area Agencies on Aging, and the Wisconsin Counties Association, to work toward the creation of and on-going means of education older people and people with disabilities to provide consumer input into the new system. These partners will identify older people and people with disabilities with an interest and stake in the Family Care implementation. They will develop a curriculum for one day-long training session in each of the Family Care planning regions where participants will learn about the issues and process for having input into the development of the new system. They will follow up each one-day session with a second session in each region where additional information will be distributed and participants will hone their advocacy skills. They estimate that a minimum of 200 people will be directly involved in this project (20-30 people per region x 10 regions). The project duration is October 1, 2006-September 30, 2007. The curriculum will be developed in October and training sessions will begin mid-November. Sharon Ryan will be the DHFS lead on this. There will be an update on the status of this project at the next Stakeholder Committee meeting.

Next Meeting date: November 20th, 2006 at CWAG

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