Linda Seemeyer
Secretary

State of Wisconsin
Department of Health Services

1 WEST WILSON STREET
MADISON, WI 53703

OPEN MEETING NOTICE

Wisconsin Long Term Care Advisory Council

Tuesday, May 8, 2018

9:30 AM to 3:30 PM
Clarion Suites -- 2110 Rimrock Rd
Madison, WI 53703

AGENDA

9:30 AM **Meeting Call to Order**
Heather Bruemmer, *Long Term Care Advisory Council Chair*
-Introductions
-Review of agenda and approval of minutes

9:45 AM **Department Updates**
Curtis Cunningham, *DHS – Assistant Administrator of Long Term Care Benefits and Programs*
Carrie Molke, *DHS – Bureau of Aging and Disability Resources*

10:15 AM **Dementia Summit and Alzheimer's Conference Updates**
Carrie Molke, *DHS – Bureau of Aging and Disability Resources*

10:45 AM *Break*

11:00 AM **Communication Charge Updates, DMS Comms**
Lisa Strawn, *DHS – Division of Medicaid Services Communications*
Cathy Klima, *DHS – Division of Medicaid Services Communications*

12:00 PM **Comments from the Public**
Heather Bruemmer, *Long Term Care Advisory Council Chair*

12:15 PM *Lunch (catered)*

12:45 PM LTC Web Persona Development for Communications
Lisa Strawn, *DHS – Division of Medicaid Services Communications*
Cathy Klima, *DHS – Division of Medicaid Services Communications*

1:45 PM *Break*

2:00 PM LTC Web Persona Development for Communications
Lisa Strawn, *DHS – Division of Medicaid Services Communications*
Cathy Klima, *DHS – Division of Medicaid Services Communications*

3:15 PM Council Business
Heather Bruemmer, *Long Term Care Advisory Council Chair*

3:30 PM Adjourn
Heather Bruemmer, *Long Term Care Advisory Council Chair*

The purpose of this meeting is to conduct the governmental business outlined in the above agenda. The Wisconsin Long Term Care Advisory Council was first created through the 1999 Wisconsin Act 9 with the responsibility to report annually to the legislature and to the Governor on the status of Family Care and assist in developing broad policy issues related to long-term care services. Wisconsin Act 9 sunset the Council as a legislative council as of July 21, 2001, but the council was reappointed a few months later as an advisory group to the Department on emerging issues in long-term care. The Council has continued to provide guidance to the secretary and make recommendations regarding long-term care policies, programs, and services. More information about the council is available at wcltc.wisconsin.gov.

DHS is an equal opportunity employer and service provider. If you need accommodations because of a disability, if you need an interpreter or translator, or if you need this material in another language or in alternate format, you may request assistance to participate by contacting Hannah Cruckson at 608-267-3660 or hannah.cruckson@dhs.wisconsin.gov.

OPEN MEETING MINUTES

Instructions: F-01922A

Name of Governmental Body: Wisconsin Advisory Council on Long Term Care			Attending: Cindy Bentley, Roberto Escamilla II, Carol Eschner, Mary Frederickson, Tim Garrity, Amie Goldman, Dan Idzikowski, Robert Kellerman, Audrey Nelson, Denise Pommer, Maureen Ryan, John Sauer, Beth Swedeen, Sam Wilson, and Christine Witt
Date: 3/13/2018	Time Started: 9:30 a.m.	Time Ended: 3:00 p.m.	
Location: Clarion Suites at the Alliant Energy Center, Madison			Presiding Officer: Heather Bruemmer, Chair

Minutes

Members absent: Lauri Malnory and Jessica Nell.

Others present: Mary Lou Bourne, Heather Bruemmer, Kevin Coughlin, Hannah Cruckson, Curtis Cunningham, Betsy Genz, Carol Hutchison, Carrie Molke, JoAnna Richard, Heather Smith, and Otis Woods.

The minutes from the January 2018 meeting were unanimously approved with correction on a motion from Maureen Ryan, seconded by Christine Witt. Draft summaries of the council charges were included in the packets for the current meeting.

Department Updates
Curtis Cunningham, Assistant Administrator, Division of Medicaid Services, Long Term Care Benefits and Programs, gave the following Department of Health Services updates.

- **Tribal option** – This is very complex as we interpret the varying rules associated with long-term care relative to American Recovery and Reinvestment Act (ARRA) provisions and tribal requirements
- **Home and community-based services (HCBS)** – We are issuing another round of letters to facilities that do not meet the HCBS criteria. We are also working on a heightened scrutiny process.
- **Medicaid Purchase Plan (MAPP) –** We are slowly kicking off the implementation.
- **Direct care workforce:** The latest budget included $60 million for direct care workers in the Family Care program. A plan has been submitted to CMS on how to distribute the funding. Once approved, we will issue FAQs on how it is being distributed. The plan also includes support for workers in other programs in addition to Family Care.
- **Managed care quality strategy:** This is currently out for public comment. Please submit any comments by April 21 through the website.
- **Electronic visit verification (EVV):** The deadline for implementation is January 2019; however, DHS realizes this date is not likely possible. Delayed implementation could cost states Federal Medical Assistance Percentage (FMAP). We are looking at using a single EVV vendor, and want to get stakeholder input.
- **Dane County transition:** 2,060 have selected a program; 1,280 have enrolled; 400 children have come off the children's waitlist. 47% are enrolled in IRIS. 124 people still need to select a program. IRIS breakdown by provider: TMG: 420; Connections: 83; PCS: 428. Family Care breakdown by

provider: Care Wisconsin: 772; My Choice Family Care: 153. Family Care Partnership by provider: Care Wisconsin: 156; iCare: 12. Managed care total is 1093.

Carrie Molke, Director of the Bureau of Aging and Disability Resources (BADR), of the Division of Public Health, gave the following updates:

- **Wisconsin Family and Caregiver Support Alliance:** This group brings together unpaid, natural caregivers to identify and address gaps in care. They had a summit in August 2017 from which a coalition has emerged. Key goals are on the handout and the website. Co-chaired by Lisa Pugh and Lynn Gall from BADR, the group is open to people interested in working on this issue.
- **Dementia news:** The Dementia Summit at Wingspread meets this week to develop the next state plan for dementia. It will be a five-year plan that identifies goals and high-level strategy, and will address how to make Wisconsin dementia-capable. There will be a follow-up at the Wisconsin Alzheimer's State Conference on May 7 and 8 with a break-out session. Also, we did an electronic survey of 2,000 people to get input; there will be more opportunities. The latest state budget provided funding for Dementia Care Specialists. We have 24 throughout the state.
- **Healthy Wisconsin**: This is the state's health improvement plan that has put a focus on alcohol, nutrition and physical activity, opioids, suicide, and tobacco. Efforts are ramping up to address the first three for older adults and people with developmental disabilities. We also spoke with a woman from the Wisconsin Alcohol Policy Project who talked about the effects of alcohol that lead to falls and death.
- **Visor card for the deaf and hard of hearing:** The card offers a way to communicate if they're pulled over by the police. An estimated 8,000 people use ASL, and 50% of older people have difficulty hearing. The card is available through Carrie's office or the website.
- **Looking a generation ahead:** BADR is operating a number of programs that were formed 50 years ago. We're really trying to think long-term, long-path on what the next generation of older people may need from us and begin building the system to support it. Programs are being reviewed to determine which ones to keep and which ones to retire. We'll need public input.

Otis L. Woods, Administrator, DQA, Bureau of Nursing Home Resident Care, updated the council on the changes taking place in assisted living facilities. (See pages 11 through 21 of the packet.)

At the January meeting, we talked about nursing homes. This time, we're going to talk about licensing and federal enforcement on a variety of residential housing or assisted living facilities. There are four types:

- Adult day care – These provide service during the day only; adults have their own living arrangements at night;
- Community-based residential facilities (CBRFs) –These house 5 or more adults, to maintain their life and get services;
- Adult family homes (AFHs) – These are 3-4 bed facilities. Many people with DD are in AFHs, and this segment is expanding;
- Residential care apartment complexes (RCACs) – This is apartment-style living that may be part of a large apartment complex. Public and private money is going into this type of residential arrangement. Public funding (different payer source from CIP2) is paying for some RCACs if they meet the requirements.

Trends

The number of ALFs had been going down, but licenses are now increasing. When they fail, it's sometimes because they do not have sufficient funds to operate. We are seeing more people wanting to go to CBRFs. We are concerned about where the staff are going to come from and how the facility will address the issue. When ownership changes, we must do a review of the owner to make sure they've been a good operator.

To assist new owners, we can provide trade associations or other resources. To address financial issues, we can do a qualified review for financial reasons. Owners need six months of capital. If there's a reason for concern, we determine steps we can take to limit impact.

People are going from NHs to ALFs. The questions we need to ask are: Does the facility have sufficient nursing resources for people in ALFs? Are ALFs helping the family identify an appropriate housing option?

Facilities need to provide training to safeguard the people with mental illnesses. With addictions growing, do we have the resources for people who need residential services?

Citing Trends

Some of the most common trends in citing include:

- Four-year background check: State law requires facilities to do regular background checks on staff because of the vulnerability of residents.
- Home environment: HCBS requires facilities be homelike, not like a warehouse.
- Licensee responsibilities: The people who hold the license need to be aware of the activities that impact the operation of the facility.
- Tenant rights: In RCACs, it's expected that tenants not have a guardian or an activated Power of Attorney (POA). If they do, then they should get residential counseling to find a more appropriate setting.
- Nursing services: As people age, the demand for nursing increases. We don't expect 24/7 services, but if they have a medical condition, then the individual needs to pay for it.
- In CBRFs, medication issues have risen to top of list.
- Health monitoring: More facilities are monitoring people unnecessarily and inappropriately.
- Medical issues: There's more of a connection between ALFs and NHs as ALFs recognize that they can't care for high acuity individuals.
- Adequate staff to meet needs: Workforce shortages are having an effect on all facilities.

Complaints

Some of the top complaints include:

- Program services: At times, facilities are not responding to clients' needs, wants, and desires.

- Physical environment: The facility needs to assure safety. Many facilities are not conducting fire drills, for example.
- Resident rights: Complaints may be related to rights to privacy, freedom from abuse, etc.
- Staff training and proficiency: The facility is responsible for training its staff.

More ALFs are under common ownership rather than mom-and-pop operations.

Because families are visiting facilities more than they have in the past, most complaints are anonymous and from families, guardians, or Powers of Attorney for Health Care.

Please refer to the handout, starting on page 15, to view charts and graphs related to trends in the numbers of facilities, trends in capacity for residents, findings of complaint investigations by type of violation, percentage of facilities with complaints submitted, number of self-reports by subject area, self-reports investigated (CY2017), findings of self-report investigation by violation (CY2017), type of enforcement sanctions per survey (CY2017), percentage of facilities receiving enforcement (CY2017), and assisted living surveys with citations and percentage of appeals (CY2017).

Within the Bureau of Assisted Living Initiatives (pp. 20-21 in handout), the use of technology was called out as an area of focus. The LaFollette School of Public Administration is studying how we could be applying more technology. Their report will be released to the SO in May and publicly shared soon after.

Council members made the following observations and raised the following issues in their discussion.

Comment: When can a behavior be a cause for firing? Usually a behavior is overlooked first time, but a CBRF has to review and assess. What are you doing to mitigate and follow up, and what's the chance of it being repeated?

Comment: Sometimes staff is not listening to the resident. This can cause adverse behavior.

Otis: The facility would receive an official statement of deficiency (SOD) and would have to submit corrective action. When there is an SOD, it's posted on the website.

Curtis: Wisconsin is one of the leaders in providing assisted living and oversight of assisted living facilities. WCCEAL members implement standards voluntarily. Most providers do background checks more frequently than the state-mandated four-year requirement. Also, a background check does not take the place of an annual performance review.

The new Director of Medicaid Services, Heather Smith, was introduced to the Council. In addition to her recent professional background, she shared some personal history. Both her mother and her sister were nursing assistants. She knew all her grandparents and five of her great-grandparents. Her parents have more residential options today than her grandparents had when they needed care.

Comment: Have you heard anything about the waivers from Medicaid about the Medicaid Purchase Plan (MAPP) program?

Curtis: MAPP is in the state budget. We will submit our project to CMS. We've started to get our project plan together to meet all the different needs. Over the next month, we're getting a group together, and we also have an external stakeholder group that we'll work with. We are in the initial stages.

Comment: Are there any changes coming with Family Care or IRIS? Will changes to Medicaid at the federal level affect these programs?

Heather S.: We are moving ahead to transition. We were stalled in Adams County, but we should move forward now that the case has been settled.

Comment: Do you think people should have a choice and a voice in their care?

Heather S.: I think it's important for everyone to have a lot of choices. From mom's point of view, she's super picky so it can be a challenge. The amount of choices has been beneficial, and it's integral to people living their best life.

Comment: What do you think about the state institutions? We need to bring our people home. The dollars we spend could be used to bring them back to the community.

Heather S.: There's always going to be a place for institutions, but there's been a move away from institutions.

Mary Lou Borne, Director of National Core Indicators (NCI) and Quality Assurance for the National Association of State Directors of Developmental Disabilities Services (NASDDDS), joined the meeting by Skype to update the Council on the NCI 2016 Survey Results on Staff Stability: Direct Support Professionals. See pages 22 through 34 in the handout.

The issue with turnover has been referred to as a crisis; however, a study out of the University of Minnesota shows that turnover has been fairly steady. As HCBS expands, though, the need for workers is expanding. About 1.1 million more workers will be needed by 2024. Our current shortages are just the tip of the iceberg.

It costs an employer $4,200 to replace a worker. Many direct support professionals (DSPs) are working for wages below the federal poverty level. There is also a lack of understanding of what constitutes best support. High vacancy/turnover rates impact service delivery, leading to poor staffing ratios and access, high stress, and mandatory overtime for existing workers. High turnover also leads to more workplace errors and higher worker's compensation costs, and higher costs for recruiting and training.

There's a temptation to look only at wages when examining workforce challenges (and they're important), but there are other factors to consider: wages that are a bit higher; the age, location, and manager; how technology impacts older workers; the size of the agency, which has a bearing on benefits (PTO, sick time, vacation, health insurance).

Some of the organizations that have addressed recruitment and retention include:

- The President's Committee on People with Intellectual Disabilities (PCPID) Report to the President 2017 was subtitled "America's Direct Support Workforce Crisis: Effects on People with Intellectual Disabilities, Families, Communities and the U.S. Economy" and identified some of the challenges in recruiting and retaining DSPs, including low wages, meager benefits, physically challenging work, etc. Data point: Research indicates that shift differentials do not work.
- *Governing Magazine* also took on this topic in its handbook: "Building the Public Workforce of the Future."
- Buckingham M and Coffman C, "First Break All the Rules: What the World's Great Managers Do Differently," 1999, Simon and Shuster and Gallup Organization. On page 33, the book cites five questions that can determine whether an employee will stay on the job. (It assumes they are earning a living wage.)
- "Retaining Employees: How Much Does Money Matter," published in the Gallup Organization's *Business Journal*.
- "Addressing the Disability Services Workforce Crisis of the 21st Century" by the American Network of Community Options and Resources. Table 3 on page 14 shows that inadequate pay and difficulties/stress of work performed were the top two reasons for leaving employment.

Pages 26 through 33 show the National Core Indicators (NCI) Staff Stability Survey results for Pennsylvania in comparison with the NCI average. The data has a 95% confidence level.

Q: Is PA under managed care?

Mary Lou: The DD program is not. Their program for frail elders is. The survey results look at a managed care plan.

Q: The second highest factor in retention is stress. Look at realistic job previewing (a day in the life of an IRIS consultant) to improve retention. We found it to be helpful to better inform candidates. Producing those kinds of things and being best in class requires providers have money/resources.

Mary Lou: The National ARC has a great resource in setting expectations for workers. It has helped states where there's significant turnover in the first six months.

Q: PCPID report says low wages are a factor. Who are the employees that participated in the survey (certain age groups)?

Mary Lou: The employees are people who spend at least 50% of their time in direct care at the agency. They are not required to have a professional degree or experience. We use the definition found in the College of Direct Support. We don't ask for any specific age or education.

Q: On wages, what does minimum hour wages and max hour wages mean?

Mary Lou: None of the data is based on state or government employees. All employees work for private companies, which might be private nonprofit or private for-profit companies.

Q: There are a lot of factors tied to retention, but numbers 4 and 5 in my own experience are critical. (These are: Does my supervisor, or someone at work,

seem to care about me as a person? And at work, do my opinions seem to count?) They need a support group.

Mary Lou: People are isolated, and the work is hard. There's beginning to be more understanding that the wages and benefits are not the only factors that can have an impact on retention.

Q: 850 ALFs and NHs were surveyed. If you had a 19% vacancy rate, and the starting wage was $11/hr., while the competitors were offering $13/hr., what is the one thing you'd do?

Mary Lou: I would ask the workers what they need the most, and work on that.

Q: Did you ask a question of workers on public benefits? Has there been any comparison between workers on public benefits vs. workers getting a higher wage?

Public comment

Ashley Hessey: In the tribal nations, the opioid crisis is severe. Tribal communities have a 500% increase. Work with tribal partners to maximize Medicaid dollars to communities. Support coordinated care with tribes. Continue to partner with tribes.

Lunch break and reconvene: 12:55 p.m.

Carrie Molke gave a transportation discussion summary.
She received many different proposals and ideas. She will take the document in the packet (pages 37 through 39) to the SO and will provide an additional update after she receives feedback.

Grant Cummings with the DHS Bureau of Long Term Care Financing, gave an update on the Direct Care Workforce Funding in the 2017-19 budget.

Wisc Act 59 provides for $60.8 million to be distributed to MCOs over two years to help alleviate the direct care workforce issue. DHS staff held meetings to determine how to distribute the funds and submitted its proposal to CMS on Feb 28. All funds will be distributed between June 2018 and September 2019. Payments will be made in June 2018, September 2018, December 2018, June 2019 with a wrap-up payment in September 2019. Providers do not have to participate. If providers do not accept the funding, MCOs must return funds for allocation to other providers. (Paperwork might discourage providers from participating.) Finance will provide MCOs with a spreadsheet on what to pay and will check to make sure that providers receive funds: Funds are for direct-care workers.

The funds will go to providers, but it is specifically for workers in the form of wage increases (longevity, performance, bonus, staff referrals, PTO). If documentation shows that they provided additional payments, providers can also use the funding to pay higher payroll taxes resulting from higher wages. MCOs must show that money went to providers.

Q: Will job coaches be eligible for the money?

Grant: Although job coaches have direct contact, they don't lay hands on clients. Plus coaches already have higher wages and may be in less need than those with a lower wage. The legislative intent was for hands-on, low-wage workers to receive support.

Q: It would be helpful to see if there is any lasting impact.

Grant: We will use survey results. Questions may include: Has this had any impact? Did it change your employment/retention?

Q: A good question might be: If this was not just a one-year funding project, would you have done things differently?

Q: How will you know how much to give them?

Grant: We're taking the total funding for the calendar year and dividing it into quarters by how much service funding has been provided. It will be a percentage paid in a lump sum.

Q: A lot of work went into this, but in the end, this is manageable and not a burden on providers. It provides something that can be done right now. Thank you.

Kevin Coughlin, Policy Advisor, with the DHS Long Term Benefits and Programs provided an update on the Wisconsin Caregiver Career Program. (See pages 40 through 45 in the handouts.)

We received $2.3 million through a grant program to provide caregivers for NH residents. The program offers free training and testing to caregivers. There's an extensive media campaign to promote the program. The program sign-up started on March 1 and 380 people have already signed up. The goal is 3,000 new nurse's aides. The media campaign starts on April 9. National Nursing Assistants Week, June 10-17, 2018, will start a new push in the campaign.

The campaign calls for the SO to send a personalized letter to individuals who sign up, thanking them for registering and starting their new career; Governor Walker will send a letter upon employment.

Retention activities include monthly webinars about employee engagement. These will feature national experts and Wisconsin organizations with innovative recruitment and retention. The first webinar featured Denise Boudreau-Scott and drew 161 people. She got high marks. Webinars are open to the public.

Social media is key to the campaign.

Comment: It's really well done. It's neat to see members excited about the program.

Kevin: We will have tracking and evaluation with caregivers. Trainers, employers, and students will be asked how it worked.

Comment: We've already had 380 people sign up in two weeks.

JoAnna Richard and Betsy Genz, Associate Directors in the DHS Bureau of Adult Long Term Care Services, spoke on the LTC Workforce Demands and Innovations within Waiver Services. (See pages 46 through 52 in the handouts.)

Many ideas and suggestions were provided and compiled. What can we do to stretch the ability of the worker? We believe the HCBS waiver is flexible enough to do some of the suggestions that were submitted.

Comment: Security cameras provide safety, but some of the housing that people live in won't allow for cameras.

Jo: Smart homes can be financially out of range.

Comment: Smartphones can be unaffordable or hard to operate.

Comment: Would the state be interested in holding a Technology/Innovations Summit or "Technology waivers for HCBS"? It's too much to stuff all these ideas in.

Comment: HCBS waivers are good for home adaptive aids and communication aids. There's little that can't be approved with data and good advocacy. But it often doesn't get utilized. Or they may want to save money in the short term.

Carrie: We can re-use technology or DME.

Comment: In NH, we ought to be able to use video and audio doctor visits. If allowed, we would get more physician participation. We're going to have to talk about bringing in immigrants to ease up workforce. Uber may be able to provide a service. Housing: If there's excess housing, providing housing for workforce would be a good use. Facility-based care: We shouldn't be compartmentalizing ALF living and making people go from one residence to another. If we could allow people to age in place, then they could stay in their apartment and get a higher level of care as their needs change.

Comment: Maybe small agencies could partner on doing healthcare paperwork or handling other overhead costs.

Break

The next discussion was aimed at addressing the Workforce Charge: To advise on strategies for workforce retention.

Comment: What's worth more than the money? Being cut 28% over the last 5 years, we've had to find other ways to retain workers. Examples: We offer a simple IRA after a year of employment and match up to 5%, pay bonuses (first quarter bonuses), birthday hors d'oeuvres, $25 for birthday, end-of-year bonus, 0% car loan (up to $2,000 to buy a new car or $3,000 for repairs on existing car pre-tax). It's being used. Two cars were donated to us that we used

all but five days in 2017 as a loaner for employees who were having their cars fixed.

Betsy: What kind of barriers were there on the car loan?

Comment: No barriers for 7 years. Employee must show proof of insurance, and the car is only for company use. We have extra insurance, too. We provide a lot of professional development for staff. We use UW psych and social work students as interns, some stay after they graduate. We have piloted new phone and iPad applications, like Stimmi, that connect the caregivers in someone's life. Caregivers can get info as things are happening, do videos and training. Ten families will be piloting; some are residential and some are living in parent's home (to see how it works with elders). Every Wednesday, we have informational meetings and coaching. We get Sam's and Costco memberships, and tickets to events, including Summerfest, concerts, and baseball games.

Betsy: Have you done staff satisfaction surveys?

Comment: We have done surveys; none recently. We have a 2% turnover. I've only hired about 20 people over 5 years; all are word-of-mouth from employees.

Comment: We had a similar idea for transportation in very rural northern areas.

Comment: It helps to find reliable mechanics. We also build in snow days. We do paid sick and vacation time (after two months, you get the whole year) and then it's accrued to 240 days. We don't have daycare.

Comment: How many are on public service?

Comment: I think more than half.

Comment: We're small, but we do PTO from minute 1 for vacation or sick time. We don't want people sick or hurt on the job. The percentage they get for each hour goes up the longer they're with the company.

Comment: People can't afford to get their car repaired, and then the landlord doesn't want a dead car on the street. How do you show that this works, that it's a best practice and they should explore it? What's the liability?

Comment: We've had people leave employment early, and they've made good on the loans. We don't give more than $500 unless they've been with us more than six months.

Curtis: Culture makes a difference in making it work.

Comment: It's important to trust people from day one. We're putting them out there in tough situations. They get good training, and have to have good

judgment.

Betsy: Sometimes it's about the manager.

Jo: In the state, we had a 40% turnover in our bureau, and I think people just wanted stability. You have to feel wanted.

Comment: You have to give them the reality that sometimes situations are going to be tough.

Comment: It is a hard job, but it's about relationships. Sometimes people do die. Some nurses specialize in grief. Dealing with grief is important.

Comment: We have weekly team meetings to provide support. They're voluntary, but people try to get to one a month (about 30-40 people).

Comment: This month, I-LEAD will graduate our 100th leader. What does it take to be a leader? It's not a command center. We have a member webpage that is a repository for best practices. You don't have to re-invent strategies. We have examples of model programs and how to work with new employees for the first 90 days. Many are very simple. They regularly interview their long-term employees. If you've been there 5 or 10 years, you are asked, What has kept you here? For a lot of single moms, the cell phone is their only connection to their kids. It's not just caregivers wasting time.

Comment: For 23 years, we've paid out less than $2,000 in workers comp. We teach our staff to serve and support, but also that they are no one's slave or master. Residents understand that, too. Our rule to staff is that if they can't say it to me (the owner/supervisor) then they can't say it to the resident. If I wouldn't do it, then they won't do it.

Comment: Everyone who started with us had to take training. They didn't get paid, but once they worked a month, they got paid. At the end of six months, if they did a good job, they got a bonus ($100 for each of three things) and then they were reviewed again after six months. We'd have a mentor go with new hires to clients' homes and then later, the new hire could call the mentor with problems. Ongoing training is a way to get workers together, to help them get to know each other, and also make a meal of it.

Comment: We operate statewide. We have clients where law enforcement is showing up on raids. It's a big issue. We need to convey to our workers' that their safety is No 1.

Betsy: Our next step is determining deliverables.

Comment: We could share best practices on the website. We could also share work incentive benefits, especially for untapped DD workers.

Jo: In the managed care world, we have resources for complex behaviors from other experts. It would be useful if we had something similar for employment, recruitment, and retention.

Curtis: We can try to compile this information and create a product.

Comment: About 67% or 68% employees in Wisconsin are on BadgerCare for health benefits. Can we get the data?

Comment: Fifty-one percent of the direct-care workforce is on public funding for healthcare.

Comment: Incentivize people to work with you and Medicaid will pay 70 cents on every dollar for healthcare. Providers say that staff tell them they'd work more hours except that they'd lose their BadgerCare.

Beth shared some materials on self-determination, including a save-the-date for the 2018 Wisconsin Self-Determination Conference, October 29-31, 2018, and a brochure that discusses alternatives to guardianship.

The meeting was adjourned at 3:15 by Roberto Escamilla II.

Prepared by: Carol Hutchison on 4/2/2018.

These minutes are in draft form. They will be presented for approval by the governmental body on: 5/8/2018

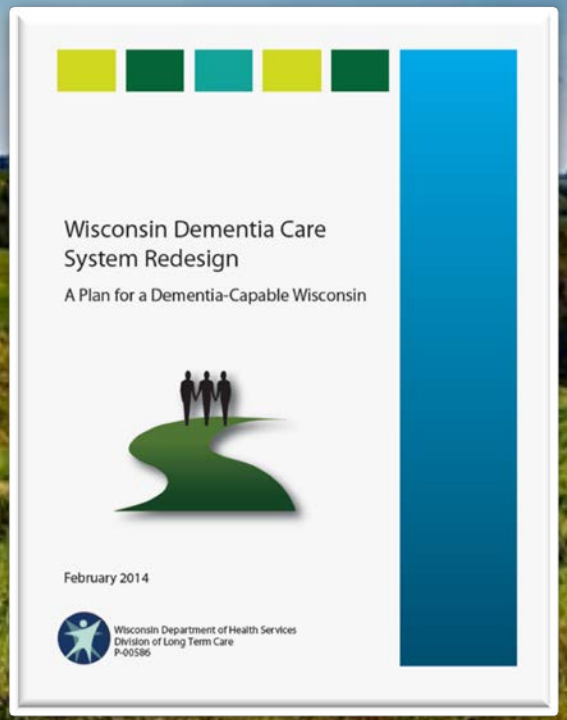
WISCONSIN'S JOURNEY WITH DEMENTIA CRAFTING NEW PRIORITIES IN 2018

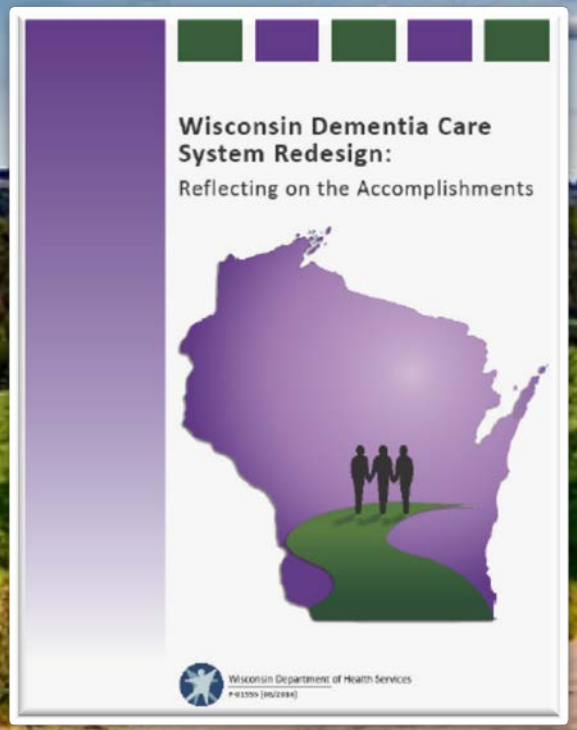
CARRIE MOLKE, Director
Department of Health Services | Bureau of Aging and Disability Resources

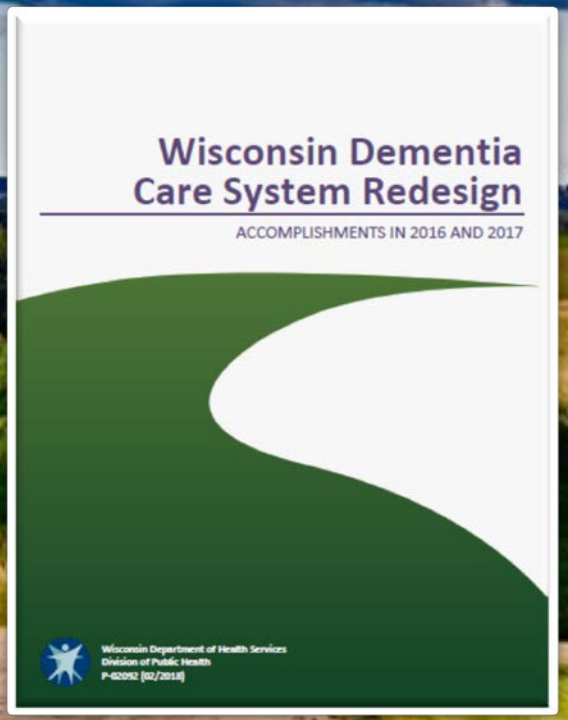
May 7, 2018

HISTORY OF DEMENTIA CARE SYSTEM REDESIGN

2013 Summit | Two-year Plan | Implementation and Accomplishments







2018 DEMENTIA CARE SUMMIT

Wisconsin Dementia State Plan | 2019–2023

NINE GOALS AND 38 STRATEGIES

CARE IN THE COMMUNITY

HEALTH CARE

CRISIS RESPONSE FOR PEOPLE WITH DEMENTIA

FACILITY-BASED CARE

CARE IN THE COMMUNITY

GOALS 1–2 | Wisconsin Dementia State Plan Goals and Strategies| 2019–2023

INCREASE UNDERSTANDING AND REDUCE STIGMA

- Tools and materials
- Public awareness campaign
- Dementia-friendly communities
- Brain health education

IMPROVE CAREGIVER SUPPORT AND EDUCATION

- Caregiver focus groups
- Support groups and peer mentoring
- Respite care
- Aging and disability resource center dementia care specialists
- Employers

HEALTH CARE

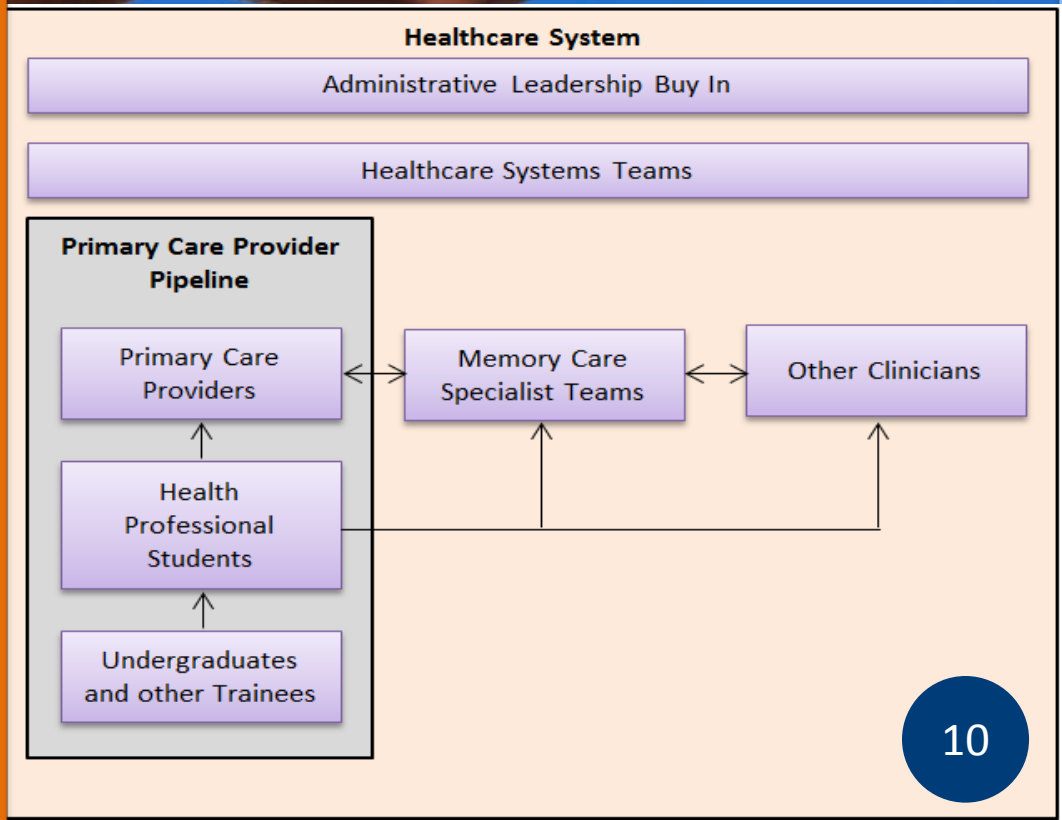
GOALS 3–4 | Wisconsin Dementia State Plan Goals and Strategies | 2019–2023

TIMELY AND ACCURATE DIAGNOSIS

- Clinical training and educational materials on diagnosis and management
- Incentives for diagnosis
- Education across health care workforce
- Materials and access to resources for patients

DEMENTIA-CAPABLE HEALTH SYSTEMS

- Value of dementia capability
- Role-specific tools
- Competence of health care professionals
- Incentives for best practices



CRISIS RESPONSE FOR PEOPLE WITH DEMENTIA

GOALS 5–6 | Wisconsin Dementia State Plan Goals and Strategies| 2019–2023

KNOWLEDGE AND COMPETENCY OF CRISIS RESPONSE

- Educational materials, protocols, tools
- Law enforcement and first responders
- Local resource database and referral system
- County adult protective services and crisis teams

UNIFORM SYSTEM OF DEMENTIA CRISIS RESPONSE

- Statutory and regulatory clarification or changes
- Best practices
- Protocols
- Infrastructure

FACILITY-BASED CARE

GOALS 7–9 | Wisconsin Dementia State Plan Goals and Strategies| 2019–2023

CONSISTENT, HIGH-QUALITY, APPROPRIATE CARE

- Standards of practice
- Training and support
- Consumer information for informed decisions
- Wisconsin Coalition for Collaborative Excellence in Assisted Living

WORKFORCE

- Health care charter schools
- Middle and high school career options
- Secondary education
- Coordination for long-term care career development

REIMBURSEMENT

- Reimbursement models to include dementia-related costs
- Reimburse for quality (standards and expertise)
- Bed holds for continuity
- Program screening and rates reflect dementia

NEXT STEPS

- Finalize 2019–2023 state plan
- Implementation
  - Steering committee
  - Workgroups
- Get involved!
- Sign up for updates!
  dhs.wisconsin.gov/dementia/index.htm

Department of Health Services Secretary's Communications Charge Updates

Cathy Klima and Lisa Strawn
Division of Medicaid Services
May 8, 2018

Agenda

- Introduction to Division of Medicaid Services (DMS) communications
- Secretary's charge for communications
- Update on Secretary's charge
- Introduction to new long-term care portal

DMS Communications Team

- Consists of six communications specialist (advanced) staff and a communications manager.
- We aim to provide a wide variety of skills and support including strategic communications planning, promoting plain language, increasing consumer engagement and upholding consistent styles, standards and branding.

Communications Support

Together, we support communications for the following long-term care programs and systems:

- Family Care, Family Care Partnership and PACE (Program of All-Inclusive Care for the Elderly)
- IRIS (Include, Respect, I Self-Direct)
- Community Waiver programs
- Katie Beckett
- Long-term care institutions

Communications Support

Additionally, we support the following acute and primary care programs:

- Wisconsin Medicaid
- BadgerCare Plus
- Wisconsin Chronic Disease Program
- Wisconsin Well Woman Program
- FoodShare
- Aids Drug Assistance Program
- SeniorCare

Brands I've Worked On

Nonprofit / Government

Consumer

Business-to-Business

Highlights of Past Communications Presentations

You learned about:

- Who we communicate to
- How we communicate
- What we communicate

Secretary's Charge for Long-Term Care Communications

Develop plans to communicate to all long-term care stakeholders ensuring:

- Consistent messaging to all entities in the long-term care system.
- Policies accurately communicated to consumers.
- Department of Health Services receives accurate consumer feedback.

Secretary's Charge for Advisory Council Guidance

"Secretary Response—Long-Term Care Communication Charge" handout

- Includes directives based on LTCAC guidance
- Examples:
  - Review and improve communications channels
  - Develop strategy for increasing update frequency, soliciting informal feedback

Secretary's Charge for the Long-Term Care Website

- Develop landing page that contains pertinent information for all people that engage with the Medicaid long-term care system.
- Ensure the website is more intuitive and user-friendly for targeted audiences.

Where We Are

- Fresh look at program pages
  - Intuitive
  - User friendly
- Reviewing how policies are communicated to consumers
  - Readability and scannability
  - Plain language
  - Accuracy

Long-Term Care Portal

- Purpose: Landing page
  - Quick access to Wisconsin's long-term care programs, services, and resources
  - Alerts and notifications
  - Bird’s eye view of full long-term care landscape
- Target audiences
  - Stakeholders, advocates, providers, partners
  - Public, members, participants

What We are Looking for From You

- Initial high-level feedback
- Location of elements
- Scannability
- Does it meet the users' needs
- Is there anything missing
- Not looking at actual wording of content yet

Secretary Response – Long-Term Care Communication Charge

Wisconsin Long Term Care Advisory Council

The Wisconsin Long Term Care Advisory Council is charged with advising the Secretary on communication within long-term care, with the specific charge to:

Develop plans to communicate to all long-term care stakeholders. Responsibilities will include:

- Ensuring consistent messaging to all entities in the long-term care system.
- Ensuring that policies are being accurately communicated to consumers.
- Ensuring the Department of Health Services is receiving accurate consumer feedback.

On January 9, 2017, council members discussed their advice relevant to the charge. Based on the council's guidance, the Secretary instructs the council and DHS to:

1) Review and revise the Medicaid Long Term Care communications channels such as the Medicaid Long Term Care website to improve the intuitiveness, readability, and user-friendliness of content for targeted audiences.
2) Develop a strategy to more frequently share long-term care updates with and solicit informal feedback from members and the community, such as through virtual town halls, webcasts, or conference presentations.
3) Adopt more robust change management strategies to communicate program and policy changes.
4) Develop a distribution list for Governor-appointed and DHS Secretary-appointed long-term care boards, committees, and councils, and enroll council chairs in order to improve communication between councils.
5) Explore development of more robust direct communication channels for program and policy updates, such as creating distribution lists that automatically enroll members.

Next Steps:

1) Continue development of a Medicaid Long Term Care landing page that contains pertinent information for all individuals that engage with the Medicaid Long Term Care system and ensure that the website is more intuitive and user-friendly for targeted audiences.
2) Explore working models of virtual town halls. Identify upcoming conferences to present policy updates and collect feedback about current Medicaid long-term care issues.
3) Develop a change management strategy for policy and program changes within Medicaid Long Term Care.
4) Develop a list of Governor-appointed and DHS Secretary-appointed long-term care boards, committees, and councils to include in a distribution list.
~~5)~~ Develop a strategy for sharing updates directly with Medicaid Long Term Care members. DHS will engage the council for input about the audiences and their needs.

Long-Term Care Persona Development for Effective Communications

Cathy Klima
Division of Medicaid Services
May 8, 2018

Pew Research Center Government Online Report, 2010

61%	Of adults looked for information or made transactions on a government website.
32%	Used social media, including social networking sites, blogs, text messaging, email and video to find government information.

"People are not only getting involved with government in new and interesting ways, they are also using these tools to share their views with others and contribute to the broader debate around government policies."

Fact

- Users spend most of their time on websites other than ours.
- A big part of the expectations users of our website have are influenced by information gleaned from other sites.
- People expect websites to act alike.

Reality

- All websites do not act alike.
- We do not know how our users expect our website to work.
- We do not know how our users find what they need.
- We have not defined the tasks they are trying to achieve.
- We have not defined our users.

What are Personas?

Fictional characters representing behaviors and motivations of real people that use our website.

Why is it important to create personas for long-term care communications?

Because Personas …

- Drive decisions about content.
- Force us to base content on audience needs.
- Add a layer of real-world consideration to the conversation.
- Are referred to often when developing communications for them.

Effective Personas

- Represent major user groups of our website.
- Express and focus on their essential needs and expectations.
- Give a clear picture of users' assumptions and how they're likely to use the site.
- Help uncover universal features and functionality.
- Describe real people with backgrounds, goals, and values.

Source: usability.gov

We Will Create Six Personas

- Break out into three groups.
- Brainstorm to develop the following six personas:
  - Intellectual disability development (IDD) child and guardian
  - Physical disability (PD) adult and guardian
  - Frail elder and guardian

Elements of a Persona

- Create fictional name
- What is their background?
  - Demographics, education
  - Where do they work, live
  - Hobbies, passions
- What are their daily challenges?
  - What are they looking for?
  - Awareness of Medicaid?
- Create a scenario
  - What triggers a visit to our website?
- Types of goals and tasks they are trying to complete on our website.
- Environment: Physical, emotional state, and technological
- What would user expect upon arrival on our website, if any?
- What obstacles would they encounter?

Persona Example

HHS.gov

Project H Personas

Health Care Professional

Alicia

Age: 47
Occupation: Family and General Practice Doctor
Employer: Raleigh Center for Family Medicine
Education Level: Post-Graduate
Income: $188,000

BACKGROUND

After 10 years working on staff at a local hospital, Alicia and two of her colleagues have decided to start their own practice. She heard about the government mandate for electronic records at a medical convention. She is under a tight deadline to find out more about the mandate to bring back to her partners so that they can make decisions about hardware and software needs.

"I am excited about opening a new practice with my partners. We are starting small but looking forward to growing!"

DEVICES

TECH SAVVY

SITE ACCESS

PRIMARY GOAL

Alicia is opening a small medical practice with two other doctors. Of the three partners, she is tasked with researching the government's mandate for electronic medical records by 2015. She wants to know if there are any incentives available to help her practice avoid penalties.

- Find information about certified Electronic Health Record products

FRUSTRATIONS & CHALLENGES

- I found it difficult to navigate the information on the OCR website because I am not sure where to look.
- I found press releases and news articles about EHR but nothing about EHR products.
- It was difficult for me to understand which regulations and provisions apply to my practice.

REASON FOR VISITING HHS.GOV

- Find out the HIPAA laws and policies related to electronically transmitting medical records
- Determine which provisions in the Affordable Care Act will affect her practice
- Research Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs

FEATURES DESIRED

Persona Example

Blake Best-Friend

Close friend of diabetic patient Derek

"I wish I knew what I could do to help Derek, especially if something urgent were to happen again while we were hanging out."

Age: 18

Occupation: College freshman

Relationship with patient: Best friend

Interests: Movies, hiking, biking, rock climbing, hanging out with classmates

Preferred technology: Smartphone, tablet

Technological expertise

Closeness with patient

Medical knowledge

Experience in emergeny situations

Maturity level

Blake is an 18 year old freshman in college at a large state university. He's really enjoying his classes, the parties, and all the people he's meeting. He spends a lot of time with his friends, whether it's watching movies or going mountain biking. While he's enjoying his newfound independence, he's learning that it requires more and more responsibility, which sometimes conflicts with his desire to just have fun.

Blake's new roommate is Derek, who has been living with Type 1 Diabetes since he was a child. They spend a lot of time together since they have the same major, and have quickly become best-friends. Blake knows that Derek has diabetes, but the two never really talked about the details; it's kind of an awkward conversation that neither of them has felt is necessary yet.

Two weeks ago, Blake and Derek met up with two other students for a university basketball game. About halfway through the game, Derek suddenly started acting confused, then left the stadium. The three students had no idea what had happened or where Derek had gone to. He later learned that Derek nearly had a hypoglycemic episode because they had lost track of time and hadn't eaten.

Blake felt guilty and wants to learn more about what he can do to support his friend. In addition to knowing how to respond in case of another emergency like this, Blake also wants to know what warning signs he should look out for to avoid the same scary situation.

Frustration/pain points

Fear of not knowing how to respond properly

Feeling of helplessness and guilt when his friend needed his help

Lack of confidence in his level of responsibility

Goals

Learn more about his best friend's condition

Support Derek on a day-to-day basis

Respond appropriately in the event of an emergency

Needs

Immediate and mobile access to appropriate emergency contact information and protocol

Information about diabetes that he can understand and learn on his own

Persona Sample

Globalchange.gov

Scientist Steve

Works as: Gov Researcher

My themes: Evaluate, Research, Advise, Analyze

His role

- Expert in climate change
- Engages deeply with USGCRP

Goals

- Advance his work through collaboration with other researchers
- Evaluate and provide feedback on the work of other scientists
- Identify gaps in existing climate research & explore new research topics
- Showcase & promote their contributions to federal climate research

Needs

- Searchable repositories of info & data (dashboards)
- Streamlined access to resources, data, and tools from other agencies
- Traceable references & citations, consistent across organizations
- Visibility into other areas of climate research that may be related to their work
- Instructions & tutorials on how to access & analyze federal climate data

Persona Example

"The worst part about cancer is the unknown. Nothing is certain, and all the decisions have to be made so quickly. **Isn't there somewhere I can go to get plain answers to simple questions?"**

- 72-year-old retired bank teller
- Widowed, no children
- Lives independently
- Hysterectomy and osteoporosis

Aging **Audrey**

DUTIFUL | HELPFUL | THOROUGH | CAUTIOUS

This self-sufficient senior volunteers to stay active in her community, and worries that cancer will take away her independent lifestyle. With little family or social support, she feels overwhelmed by the amount of information she has to comprehend alone.

TECH LITERACY

A quick learner, Audrey has adopted new tech devices to help her live independently. She has a GPS unit, a desktop computer, and a cellular phone. Still, digital information doesn't feel trustworthy to her. She checked out several library books on cancer right after her diagnosis, but she doesn't trust the internet as a reliable source for medical knowledge.

SOCIAL SUPPORT

Widowed more than 20 years and without children, living independently is a major source of pride and satisfaction for Audrey. She fills her time by delivering meals to the infirm and leading a seniors fitness class at the local community center. Because of her volunteerism, she's well-known and has lots of acquaintances, but no close family or trusted friends.

INFORMATION DEMAND

Seeing women her age cope with breast cancer, Audrey is familiar with the course of treatment and the side effects she can expect. Still, she often leaves her medical appointments overwhelmed, wishing she could somehow "rewind" the meeting and play it back again. She wants to know that she's understanding what the doctors tell her and that she's taking her medications correctly.

FINANCIAL STABILITY

Audrey lives comfortably on her modest retirement, Social Security, military survivor benefits, and a few small investments. With good medical coverage, no debt, and excellent credit, Audrey's not worried about paying for her care, but she is vigilant about protecting her privacy, and is wary of sharing data that could make her a victim.

Persona Example

USA.gov

Browse information or learn more on a general topic

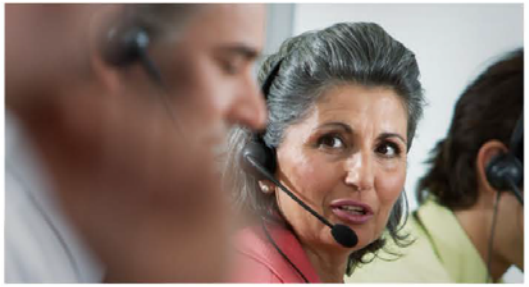
Linda's husband passed away two years ago and she's been struggling to make ends meet ever since he died. She was working as a contact center representative, but recently lost her job because her company downsized. She is worried about how she will support herself and is frantically looking for financial assistance until she can get a new job.

A friend of Linda's told her to look for government grants. Linda uses a computer for email and Facebook, but isn't great at finding information online. She did a Google search for government grants and clicked on the first result. Linda is confused about what grants are available to her.

Needs:

- Help finding information online
- Easy to understand information
- Financial support from the government to help pay her bills

> "Have not figured out if there are any benefits available to help me with my situation at the present time."



Linda

50 years old

Lives in Tallahassee, Florida

Widowed with no children

4

Persona Example

BILL, diagnosed with MCI

AGE	71 years old
OCCUPATION	Retired Bank Employee
EDUCATION	College
DIAGNOSIS	MCI
STAGE	N/A
YEAR DIAGNOSED	2014
LOCATION	Home with Spouse

"I know I have problems, but I'm trying to do my best."

He is a person diagnosed with MCI (Mild Cognitive Impairment). He is a retired bank employee and is good with numbers. Three years ago, after his retirement, he started to notice that he had trouble remembering numbers and doing operations that were previously easy for him. He forgot an appointment with the doctor. It didn't seem like a big deal for anyone, but he wanted to make sure everything was fine. After some tests, he was diagnosed with Mild Cognitive Impairment. That was the start of a new life for him. He knows that in some cases MCI can be reverted, but he is frightened that the disease might progress into a dementia. This is the reason why he decided to do in his power to slow it down: **he tracks his health, he exercises more and he tries to frequently engage in social activities. He has started to attend dementia support groups, to vent and learn.** Sometimes, he feels that he analyzes and pushes himself too hard. His wife helps him by overseeing him in small tasks. He sometimes feels as though his wife is losing trust on his ability to complete tasks.

PERSONALITY

- Optimistic
- Active

TECHNOLOGY

- Smartphone
- TV
- Computer for Work

NEEDS

- Slowing or reverting the impairment.
- Improve his overall physical and mental health to fight his memory problems.
- Feel he can control his life and do things autonomously.
- Keep relatives and friends trust on him.

GOALS

- To keep his activities and daily life as normal as possible.
- To train his mind and body to fight the disease.
- To alleviate some symptoms (like forgetfulness) by using tips & tricks, and being more organized.

FRUSTRATIONS

- Not being trusted sometimes by his wife and children.
- Not being able to remember things even though he puts a lot of effort on it.
- Not knowing if he is going to develop Alzheimer's Disease.

FEELINGS

- Hopeful because he knows that MCI can revert or stop its evolution.
- Worried when he fails at remembering or completing tasks, because it might be signs of getting worse.

Some Things to Keep in Mind

- We want to use this opportunity to get our feet wet
- Keep an open mind
- Engage and actively participate
- Have fun!