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, July 10, 2018

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

AGENDA

9:30 AM **Celebrate Expansion of Family Care, IRIS, and ADRCs Statewide**
Secretary Linda Seemeyer, *DHS*
-Introductions
-Comments

10:00 AM **Meeting Call to Order**
Heather Bruemmer, *Long Term Care Advisory Council Chair*
-Review of agenda and approval of minutes

10:15 AM **Department Updates**
Curtis Cunningham, *DHS – Assistant Administrator of Long Term Care Benefits and Programs*
Carrie Molke, *DHS – Bureau of Aging and Disability Resources*

10:30 AM *Break*

10:45 AM **ADRC CY 2019 Contract Changes**
Anne Olson, *DHS – Bureau of Aging and Disability Resources*
Wendy Fearnside, *DHS – Bureau of Aging and Disability Resources*

11:15 AM **MCO Contract Amendment Update**
Nate Vercauteren, *DHS – Bureau of Adult Programs and Policy*

11:45 PM **Comments from the Public**
Heather Bruemmer, *Long Term Care Advisory Council Chair*

12:00 PM *Lunch (catered)*

12:30 PM **Quality – National Core Indicators (NCI) Data**
2016-17 Adult Consumer Survey Results, 2018-19 Custom Questions
Angela Witt, *DHS – Bureau of Long Term Care Financing*

2:00 PM *Break*

2:15 PM **2016-2018 Council Charges, Timeline Tracker, and 2019 LTC Council**
Curtis Cunningham, *DHS – Assistant Administrator of Long Term Care Benefits and Programs*

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.

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OPEN MEETING MINUTES

Instructions: F-01922A

Name of Governmental Body: Wisconsin Long Term Care Advisory Council			Attending: Carol Eschner, Maureen Ryan, Audrey Nelson, Robert Kellerman, John Sauer, Beth Swedeen, Roberto Escamilla II, Amie Goldman, Mary Frederickson, Dan Idzikowski.
Date: 5/8/2018	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, Cindy Bentley, Jessica Nell, Sam Wilson, Denise Pommer, Christine Witt, Tim Garrity.

Others present: Heather Bruemmer, Kevin Coughlin, Hannah Cruckson, Curtis Cunningham, Lisa Strawn, Cathy Klima, Carrie Molke, Dave Varana, and JoAnna Richard.

The minutes from the March 2018 meeting were unanimously approved on a motion from Amie Goldman, seconded by Maureen Ryan. 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:

- Dane County Expansion for Family Care and IRIS completed.
- CLTS Waitlist - continuing to eliminate waitlist for CLTS Services and Supports. 400 people moved off the waitlist at this time.
- 60 million for Direct Care Workforce has been approved by CMS. Funding will flow at the end of June. FAQs will be released.
- SELN report recommendations to improve integrated employment will be released and we will put a plan together to move the dial.
- WisCaregiver Career program has launched and over 1000 people have signed up for CNA training. Webinars about workforce retention will be on the website.
- Tribal waiver amendment was submitted to our B and C waivers will allow Tribal healthcare facilities to do case management for members and to utilize resources to 100% . Out for public comment.
- DHS is putting together a team to address MAPP changes in the budget.

Carrie Molke gave the following Bureau of Aging and Disability Resources (BADR) updates:

- A new Office for Deaf and Hard of Hearing Director has been hired. Her name is Holly Barnes-Spink.
- The Division of Public Health (the Division that houses BADR) is seeking national accreditation through the Public Health Accreditation Board (PHAB). The site-visit was being held on the day of the Council meeting. If accredited, it will be effective for five years.
- The Bureau is working on the State's three-year aging plan. Aging plans are developed at the State level, the Area Agency on Aging (AAA) level, and the county level. The plan needs to be submitted to the Association for Community Living by July. The plan sets goals for the Older Americans Act programming for the next three years.
- Another plan that is underway is the State's Assistive Technology (AT) plan. BADR will publicizing a survey, which will be available soon, to collect public comment on the Draft Plan.
- The 2019-23 Dementia State Plan is another plan that is underway. A full presentation on the plan will be given later today.

- The last budget provided on-going funding for 19 Dementia Care Specialists in ADRCs and tribes and allowed for expansion to five additional areas. These new expansion areas have been announced and include La Crosse County, Marinette County, Lake Shore (which includes Manitowoc and Kewaunee Counties), Eagle Country (which includes Crawford, Richland, Sauk and Juneau Counties) and Pierce County.
- Funding for dementia awareness grants was provided by the Legislature in March of this year, in the amount of $500,000. The funding needs to be allocated by the end of the year. DHS/BADR will be doing an RFP to select vendors. The RFP should be available shortly.
- In collaboration with the DPH, Office for Preparedness and Emergency Healthcare, an ASL Disaster Response Interpreter training was provided and will be offered as needed. This new training is unique in the nation, and critical for communicating and connecting people who are Deaf or hard of hearing with services and resources in the event of an emergency.

Dementia Summit and Alzheimer's Conference Updates, Carrie Molke

Dementia Care System redesign two-year plan was released in 2014. Since that time, many of the goals of the plan have been completed. Therefore, it was time to develop a new state plan. In March 2018, stakeholders came together and developed the goals and strategies for the next five-year plan at the 2018 Dementia Care Summit. The new areas of focus are community, healthcare, crisis stabilization, and facility-based care. There are 9 goals and 38 strategies in the plan. Carrie provided an overview of the goals and strategies in the plan.

Comments from the Council included:

- Consider the link between similar symptoms that are other diagnoses, such as depression or Parkinson's and screening for all.
- Consider facility design. Using universal design. Mental Health First Aid is a program that extends knowledge to staff in areas like libraries and buses. Customer service focus to increase understanding.
- Ensure that these goals are implemented for care and community, not just in publicly funded settings?
- Person-centeredness is important in all settings.
- There was a concern that adding more regulation to providers would be limiting, so setting standards rather than imposing regulations should be considered.
- Preventative measures should be considered, such as social interaction and physical activity for both prevention and also those with early-stage dementia diagnoses.

Communication Charge Updates, DMS Communication Team, Lisa Strawn and Cathy Klima

Lisa Strawn introduced Cathy Klima, and Cathy introduced the concept of a web portal that would re-organize long-term care information in a way that is more user-friendly.

Council members were asked to complete a few tasks on the website, and they shared the following comments:

- Searching worked pretty well. Unable to find some of the items we wanted.
- The language was not lay-terms.
- Links from external company Humana's site worked, but understanding what program the consumers are enrolled is not clear or easy.
- The application process is not intuitive or well communicated.
- Formatting, the language used, and the distribution method are included in plain language standards.
- Criteria to develop "what is new" should be developed.
- The alphabet index was useful to find what was assigned.
- The website has improved, and there is a lot there to be found.
- Determining a way to organize it is a big lift.

- Semantics and language simplification is a balancing act between legal language and plain language. Reading comprehension levels for target audiences should be considered.
- The website works well with assistive technology.

Cathy Klima shared a draft version of the Long Term Care web portal, and the following comments were shared:

- Define what an alert is and use the right word in that placeholder.
- Add IRIS enrollment to Data and Statistics.
- Opportunities for public comment could be near the top. Offer a place to give input.
- Inclusion of mental health would be recommended. Break down silos within the portal. Could include mental health under Related Services.
- Consider where this landing page will go so that it is intuitive. Find a way to feature the portal.
- Consider language for Long-Term Care definition and whether the public knows what that is.
- Embed landing pages for each area, such as children's and adult programs.
- Consider how it is parallel to the content that exists and whether that is necessary.
- Determine the intended audience for the portal.
- Include a static list in addition to the banner.
- Consider the language of FAQ instead of More Information
- Include a Help link.
- Reconsider language for Acute and Primary language.
- Is there a way to include resources for Medicare?
- Keep the design simple and uncomplicated. Focus on what the user wants.

Public Comment - The website is not intuitive. A static link for someone who needs help right away would be helpful. Multiple forms of organizing such as tabs, accordions, drop lists gets complicated for DD especially.

LTC Web Persona Development for Communications, Cathy Klima

Cathy Klima shared the purpose of a persona development exercise in order to better focus communication efforts. The council broke into groups in order to develop personas that the communications department will use.

After developing personas, the groups presented their personas to the Council.

Comment – Find more updated data for the medium (Internet, social). Is there an effort to push to social media?

Comment: We do a lot of interactive sessions at the SD Conference. If there was something like this or a scavenger hunt for the website, that would be a good venue to discuss.

The meeting was adjourned unanimously without any other council business comments.

Prepared by: Hannah Cruckson on 5/8/2018.

These minutes are in draft form. They will be presented for approval by the governmental body on: 7/10/2018

Summary of Proposed Revisions to the ADRC Contract for 2019

7-3-18

1. **Marketing, Outreach and Public Education**
   Require that ADRC outreach, marketing and informational materials be objective and avoid the appearance of bias. Clarify that the requirement for objectivity applies to all material used by the ADRC, including those developed by or for the ADRC.

2. **Social Media**. ADRCs are not required to have a social media presence. If they do, require the ADRC to have control over postings on any social media site that it maintains and to follow naming conventions provided by the Department, if any.

3. **Encounter Reporting**. Adjust the timeline for reporting encounter data to coincide with that for 100% time reporting. Require encounter data to be submitted to the Department no later than the 20th of the month following the month for which the data was collected, or the first business day thereafter when the 20th falls on a weekend or holiday.

4. **Enrollment Counseling**. Permit supporters identified in a Supported Decision-Making Agreement to participate in enrollment counseling, consistent with recently passed legislation.

5. **Access to Adult Protective Services**. Rephrase the requirement to clarify that ADRC staff are not mandated reporters. Require ADRC staff to consider whether reporting would be in the best interest of the individual and to use their best professional judgment when deciding whether to refer an individual identified as at risk to the county or tribe's designated elder adults/adults-at-risk agency or adult protective services agency. Explain that, notwithstanding the above, benefit specialists are governed by the reporting requirements of their program.

6. **Director.**
   a. Clarify that the director is the single person in charge of the ADRC, regardless of the title given to that person's position.
   b. Permit conditional waivers for directors, similar to those for staff. Require that the ADRC notify the Department and provide documentation when the conditions are met.
   c. Clarify that directors who provide ADRC services directly to customers as part of their regular job duties are required to meet the same qualification and training requirements that apply to staff performing these duties.

7. **Staff Qualifications and Training**
   a. Clarify that supervisors who provide ADRC services directly to customers as part of their regular job duties are subject to the same qualification and training requirements as are other staff who perform these duties.

b. Require all information and assistance and options counseling staff to have a basic knowledge of Medicaid long term care programs, eligibility requirements, and procedures.
c. Require that ADRCs document that required training has been completed and make the documentation available to the Department on request.
d. Require ADRCs that have received a conditional waiver of qualifications when hiring staff to notify the Department when the waiver conditions have been met and to supply accompanying documentation.

8. **Business Plan**. Replace specific requirements for the business plan with a statement that the Department may require a business plan and, if it does, that the ADRC shall follow any guidance the Department issues regarding the development, format, content and submission of the business plan.

9. **Coordination with Tribal Aging and Disability Resource Specialists (TADRS)**. Require ADRCs to work with the Tribal ADRS to develop, document, and implement mutually agreed-upon procedures for coordinating ADRC and TADRS services, facilitating the smooth transfer of tribal members from the TADRS to the ADRC and *vice versa*, and providing timely ADRC and ADRS services to tribal members.

10. **Performance**. Require that ADRCs comply with policy guidance provided by the Department, including policy guidance contained in technical assistance documents published on the ADRC SharePoint site. Technical assistance documents contain both policy guidance and best practice information. ADRCs are encouraged, but not required, to follow the best practices identified in technical assistance documents.

11. **Technical Changes and Corrections**
    a. Remove obsolete requirements specific to areas without Family Care and IRIS. All counties will have access to these programs by the time the 2019 contract takes effect.
    b. Put the requirements for client tracking and resource databases in separate paragraphs.
    c. Revise for consistency with the Department's style guide (e.g., Hyphenate "long-term care")
    d. Correct misspellings and punctuation errors.

Family Care DHS-MCO Contract
Summary of Amendment 1 Substantive Changes

1. Per new state statute (Wis. Stat. §§ 53.41 -53.43), adds out of state guardian that is registered as a guardian in WI to the contract definition of "legal decision maker." Previously a guardianship had to be ordered by a WI court. Now there is a process by which an out of state guardianship can be registered in WI. Consequently we have added such registered guardians to our contract definition of legal decision maker.

2. Per recent revisions to federal code (42 CFR § 440.70), (1) adds definitions for "Medical Equipment or Appliances" and "Medical Supplies" to the contract and (2) requires MCOs to treat denials of medical equipment/appliances/supplies that are not on the state plan indices as the denial of an item in the Family Care benefit package (including issuing a Notice of Action to the member with their appeal rights). This was added because the code prohibits states from having an exhaustive list of covered equipment/appliances and supplies. The state can have a list of covered items but the state must have a process for a member to request an item that is not on the list and a process for adjudicating those requests.

3. Per a recently issued Department memo, clarifies how the Department determines the maximum amount a member can be required to pay in cost share (aka the cost-share cap). A member who has a cost share will not be required to pay any amount in cost share which is in excess of the average capitation payment attributable to waiver services. (The cap is determined by multiplying the % of Family Care spending for waiver services by the state average capitation payment for the calendar year). So, for example, if for a given year 80% of FC spending was for waiver services and the average capitation payment for that year was $3,000, the cost-share cap would be $2,400.

4. Clarifies that when a member is relocating from a nursing home in a county transitioning to FC, enrollment in FC will be effective following the normal enrollment timeline (unless the enrollee desires a later enrollment) rather than no later than 4 weeks after enrollment counseling/signature.

5. Clarifies that for Partnership and PACE, MCOs must follow Medicare guidelines in making decisions about whether Medicare covers a service. If, after applying the Medicare guidelines, it is determined that the service is not covered by Medicare, then the MCO must apply the Medicaid guidelines to determine Medicaid coverage.

6. Per the managed care rule (42 CFR § 438.10(i) and § 438.3(s), adds Partnership and PACE outpatient prescription drug requirements relating to formulary/preferred drug list and prior authorization.

7. Clarifies that the MCO-Provider Agreement must state the specific indemnification requirements the provider is required to satisfy and the minimum insurance the provider is required to carry.

8. Per Wis. Stat. § 49.45(47m), adds a mechanism to distribute state funds to direct care workers and adds an addendum listing the various deadlines that must be met for this funding to be provided.

9. Requires PACE and Partnership MCOs to pay enhanced rates for covered primary and emergency care provided (1) to members living in a Health Professional Shortage Area (HPSA) or (2) by providers practicing in a HPSA. A HPSA is a geographical area that has been identified by the federal government as having too few medical providers.

10. Adds non-risk payment provisions for members receiving care management from an Indian Health Care Provider. Basically, the Department will first pay the MCO a normal capitation rate for all tribal members receiving care management from an IHCP. Then, on an annual basis, the Department will determine the total amounts the MCO paid for all services provided to these members. The Department will then subtract the cap rate that it already paid to the MCO from that amount.

11. Adds a specific reference to PACE Performance Improvement Projects (PIPs) and clarifies that a PACE MCO can include its PACE members in its Family Care and/or Partnership PIP.

12. Clarifies that for dual eligible Family Care members, MCOs cannot impose its timely filing requirements on non-contracted providers for Medicare deductibles and copayments. For non-contracted providers, the MCO must send Medicare deductible and coinsurance to providers if the claim is submitted within 365 days from the date of service or 90 days from Medicare disposition, whichever is later, in accordance with Wis. Admin. Code § DHS 106.03.

Wisconsin's 2016-17 National Core Indicators Adult Consumer Survey Results

Angela Witt
Integrated Data & Analytics Section Chief
Division of Medicaid Services (DMS), Bureau of Long Term Care Financing (BLTCF)
July 10, 2018

National Core Indicators Adult Consumer Survey (NCI ACS)

- Face-to-face survey interview of adults with intellectual or developmental disabilities (I/DD) who receive services paid for by the state
- 38 states plus the District of Columbia participated and 21,625 interviews were completed nationally
- Full national report available online at:

https://www.nationalcoreindicators.org/resources/reports/#reports-adult-consumer-survey-final-reports

Types of Indicators in the NCI ACS Results

- Choice and Decision Making
- Work
- Self-Determination (Self-Directed Services)
- Community Inclusion, Participation, and Leisure
- Relationships
- Satisfaction
- Service Coordination
- Access
- Health
- Medications
- Wellness
- Respect and Rights
- Safety
- NEW! Wisconsin-specific questions

Questions to Keep in Mind While We Review Results

1) Which indicators are the most important or informative? (Which indicators tell us the most about how Wisconsin is serving adults with I/DD, and what should we pay attention to in a quality strategy or framework?)

2) Which indicators are the highest priorities for improvement? (Which things should the LTCAC and the Department of Health Services (DHS) focus on?)

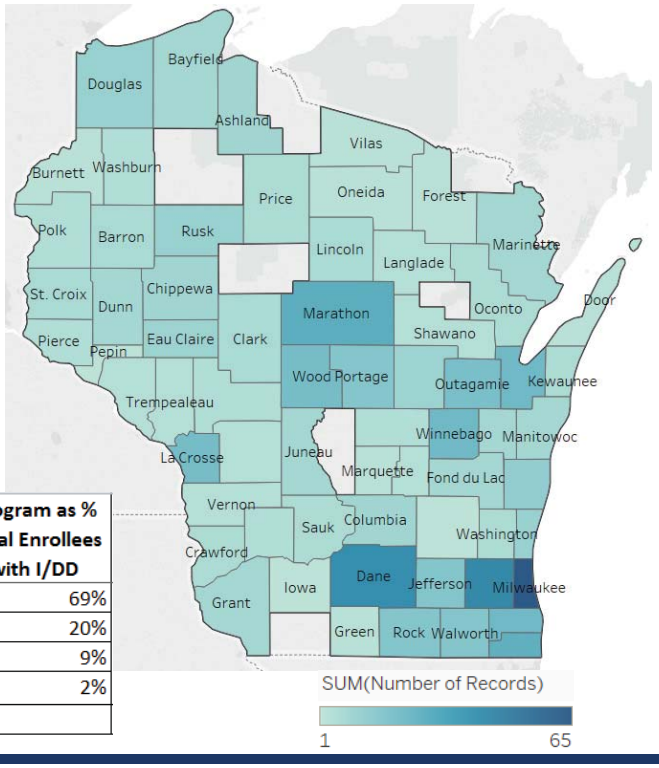
3) What are the barriers to improving on those indicators, and how could those barriers be addressed? (How can the LTCAC and DHS work towards improvement?)

Wisconsin's 2016-17 NCI ACS

- 648 total survey interviews of enrollees with I/DD in Home and Community-Based Waiver (HCBW) programs
  - 559 interviews included in the national report ("base sample")
  - 389 total Family Care interviews
  - 204 total IRIS interviews
- Surveys interviews conducted from November 2016 through July 2017

Enrollment by program for survey participants is generally representative of overall HCBW enrollees with I/DD in Wisconsin

Program	Base Sample Participants	Program as % Base Sample	Program as % Total Enrollees with I/DD
Family Care	366	65%	69%
IRIS	140	25%	20%
Legacy	51	9%	9%
PACE/Partnership	4	1%	2%
Grand Total	561		



Wisconsin 2016-17 ACS Program Breakouts

- Additional Family Care and IRIS surveys allow some results to be broken out by program
- Demographic differences in IRIS and Family Care NCI Adult Consumer Survey participants
  - IRIS survey participants are younger: mean age 33, vs 43 for Family Care
  - More IRIS survey participants live with parents or relatives: 72% for IRIS vs 35% for Family Care
- Many questions do not have big enough differences in the responses and enough people answering the question to say that the results are really different by program

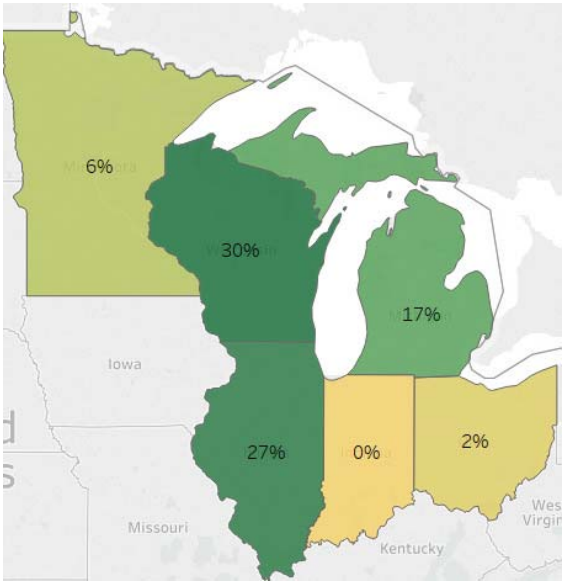
Wisconsin 2016-17 ACS Results:

High Level Overview

- Most results are within national average ranges
- Wisconsin still has a high percentage of participants self-directing compared to other states
- Improved from 2015-16
  - Community inclusion: Able to go out and do things they like to do
  - Employment: More have a paid community job
  - Transportation: More can get places needs to go
- Now includes Wisconsin's state-specific questions

Wisconsin is a Leader in Self-Direction

Using a self-directed supports option – 30% is second among all NCI states



National average 11%

Other Self-Direction Questions

- Making decisions: a higher percentage of those who self-directed said family or friends made decisions about how their budget is used
  - Wisconsin IRIS participants: 68%
  - NCI average: 48%
- Hiring and managing workers: 64% of IRIS participants hired and managed staff, below NCI average of 77%
- Other self-direction questions within average range

Improved from Last Year:

Community Inclusion

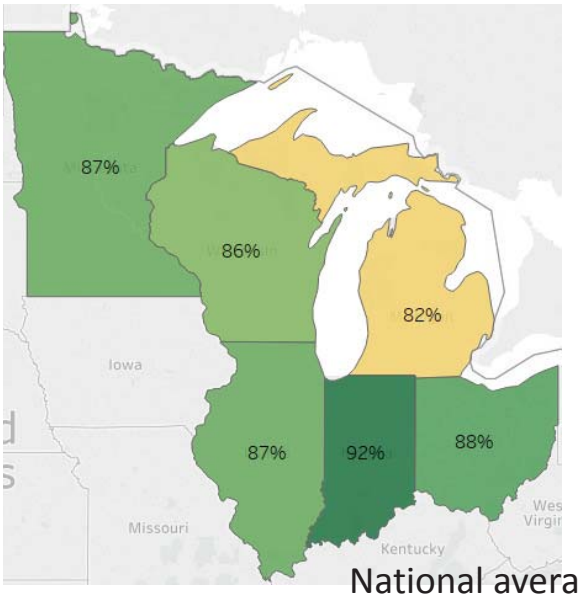
- Wisconsin results now in average range on two measures that were below average in 2015-16:
  - People able to go out and do the things they like to do; 86% matches NCI average; up from 78% in 2015-16
  - Community inclusion scale score now within average range at 82%, but change was in NCI average rather than WI results
- Still below average on people going out and doing things they like as often as they would like
  - 2016-17 WI 67% vs 78% NCI average
  - Somewhat higher than 63% 2015-16 WI result

Wisconsin Department of Health Services

Improved from Last Year:

Community Inclusion

Able to go out and do the things likes to do in the community

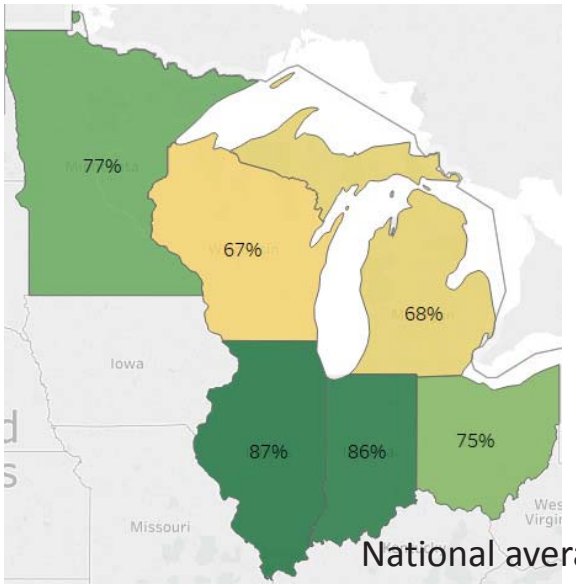


National average 86%

Opportunity for More Improvement:

Community Inclusion

Able to go out and do the things likes to do in the community as often as wants to



National average 78%

Other Community Inclusion Results

- Within average range on most questions about going out and doing an activity within the last month
- Below average on went out for entertainment within last month
  - Overall WI 71% vs NCI average 77%
  - Program difference: IRIS 77%, Family Care 69%
- Above average on having enough to do when at home
- Above average on went on vacation in past year
  - Overall WI 57% vs NCI average 45%
  - Program difference: IRIS 64%, Family Care 55%

Also Looking Better: Employment

- 24% of Wisconsin NCI ACS participants had a paid job in the community; national average 19%
- Employment results may vary by age
  - In 2015-16, the average age of people participating in NCI ACS was older than average waiver enrollees with I/DD
  - In 2016-17, that average age was younger
- 2017-18 results are expected to look different because Legacy waiver enrollees were excluded during the Dane County transition

Additional Employment Indicators

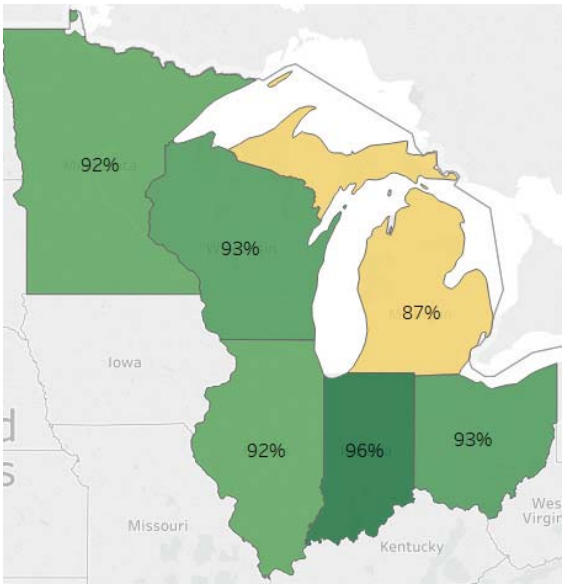
- 85% of those with a paid community job had an individual job
  - More people had group jobs in 2015-16
  - Only reported for those with a job and is likely to vary by age
- 98% of WI NCI ACS participants who had a paid community job liked their job, higher than NCI average of 90%
- 63% said a care manager or staff person had talked with them about getting a job (Wisconsin question)
- 50% of those without a community job wanted one
- 36% had an employment goal in their service plan

Other Day Activities

- 35% of WI base sample NCI participants volunteered
  - Within range of 34% NCI average
  - Difference in programs: IRIS 47%, Family Care 32%
- 41% of WI base sample NCI participants attended a day program or workshop
  - Below NCI average of 59%
  - Difference in programs: IRIS 27%, Family Care 47%

Satisfaction with Services & Supports

Satisfaction with Services and Supports: 93% said services and supports help them live a good life (within range of 90% national average)

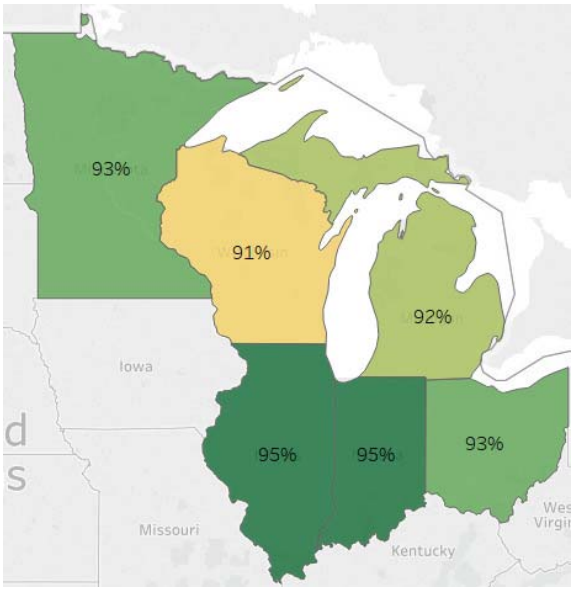


Program Differences in Access and Satisfaction

- Wisconsin within NCI average range on participants who like their home or where they live (89% vs 90% average), but had different results for Family Care and IRIS:
  - 94% IRIS
  - 87% Family Care
- Program differences in need for additional services:
  - Respite or family support: 23% IRIS, 13% Family Care
  - Dental care coordination: 21% IRIS, 14% Family Care
  - Benefits & insurance info: 16% IRIS, 8% Family Care

Other Wisconsin 2016-17 ACS Results: Staff Coverage

91% said staff show up and leave when they are supposed to (within range of 93% national average)

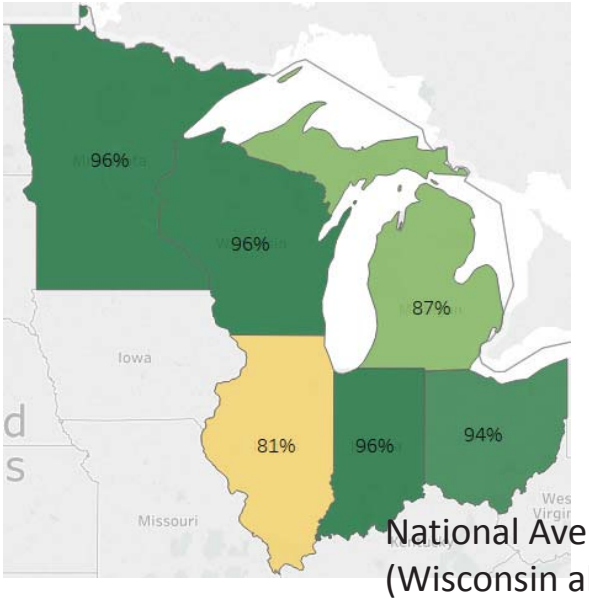


Wisconsin-Specific Questions on Staff Availability

- 11% said staff were late or did not show up within the last month
- 86% said they knew what to do if staff were late or did not show up
- 28% of IRIS participants said they had extra hours to use for staff because there were not enough staff to fill up the hours

Transportation: Can get places needs to go

Has a way to get places needs to go



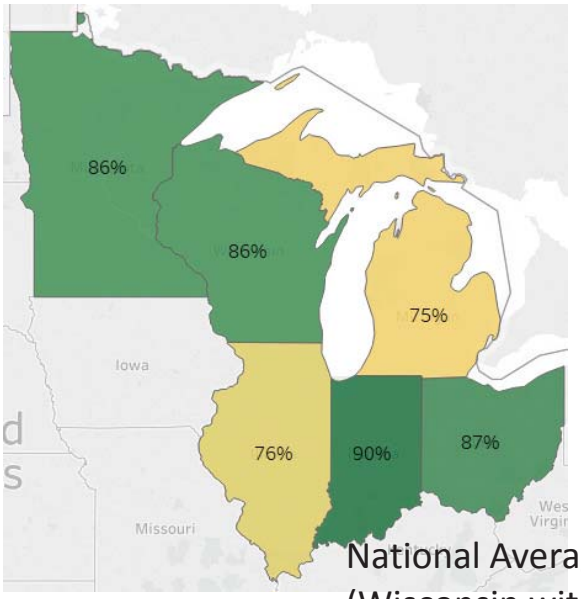
National Average 93%
(Wisconsin above average)

Wisconsin Question on Transportation

- Based on Council feedback, Wisconsin added a question on reasons people could not get places they needed to go
- People who said they could not get places they needed to go, or could only sometimes get places they needed to go said that:
  - 38% said no rides were available either where they were located or where they needed to go (the problem was location)
  - 25% said no rides were available on the day needed or at the time needed (the problem was timing)
  - 13% said rides showed up late

Transportation: Able to get places when wants to do something

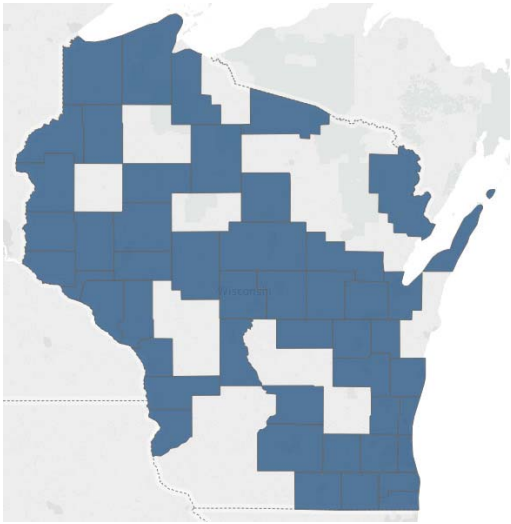
Able to get places when wants to do something outside of home



National Average 84% (Wisconsin within range)

Transportation: need additional transportation

Most people have a way to get where they need to go, but 24% reported needing additional transportation services, above 12% national average



Counties with any survey participants reporting needing additional transportation; range 1-14 people

Care Coordination Results

- Above average on meeting, contacting, and changing care manager
- 97% of IRIS said yes to can change service coordinator vs 92% Family Care
- Below average on understood what was talked about at service planning meeting

Relationship, Respect, and Rights Results Different from NCI Average

- Relationships
  - Above average on having friends
  - Above average on seeing & communicating with family
- Respect & Rights
  - Above average on having a key to the home and people letting the person know before entering
  - Below average on can lock bedroom
  - Below average (more freedom than average) for having rules about friends or visitors at home; IRIS higher (35%) than Family Care (21%)

Wisconsin 2016-17 ACS Results:

Other Wisconsin Questions

- 78% could spend time in the community practicing things to become more independent if they wanted
- 94% were happy with the health care they get from medical staff on a day to day basis; 99% IRIS vs 93% Family Care
- 96% percent know who to tell if someone hurts or steals from them

Wisconsin 2016-17 ACS Results:
Other Wisconsin Questions (continued)

- 33% used the emergency room at all; 26% used it 1-2 times, 5% used it 3-4 times, and 2% used it 5 or more times
  - Fewer IRIS participants had any emergency room use – 24% versus 36% in Family Care
  - Fewer IRIS participants used the emergency room 3-4 times – 1% versus 5% in Family Care
- 89% can talk to a doctor, counselor, or other professional about their emotions and how they feel if they want to

Other Dimensions where Wisconsin is Comparable to Other States

- Satisfaction
- Access
- Health
- Wellness
- Safety

2016-17 Wisconsin ACS Results Discussion

1) Which indicators are the most important or informative? (Which indicators tell us the most about how Wisconsin is serving adults with I/DD, and what should we pay attention to in a quality strategy or framework?)

2) Which indicators are the highest priorities for improvement? (Which things should the LTCAC and the Department of Health Services (DHS) focus on?)

3) What are the barriers to improving on those indicators, and how could those barriers be addressed? (How can the LTCAC and DHS work towards improvement?)

Updating Wisconsin Questions: Reviewing 2017-18 Questions

- For 2017-18, two surveys:
  - In Person Survey (IPS) is the renamed “Adult Consumer Survey” for people with intellectual or developmental disabilities (I/DD)
  - Aging & Disabilities (AD) is a newer survey for people who are elderly or have physical disabilities
- Can add up to 10 state questions in each survey
- Questions already in each survey are a little different between the IPS and AD surveys
  - AD already asks two things that are extra questions for IPS
  - One extra AD question is a standard question in IPS

2017-18 Wisconsin Questions on Employment

- Are there any reasons why you don't have a job/what are the reasons why you don't have or don't want a job?
- In Person Survey (IPS) only: Has your care manager or consultant talked with you about finding a job?
- AD only, if person has a job: Is the job you have the kind of job you want?

2017-18 Wisconsin Questions on Staff Issues

- In the past year, how often did the people who are paid to help you/your staff either not show up or show up late?
- IPS only: Did/do you know what to do when your staff didn't show up/if your staff didn't show up?
- Unmet self-care or everyday needs due to lack of staff (slightly different wording across surveys) – have you ever:
  - Needed help with self-care or everyday activities that you didn't get because there wasn't enough staff to help or support you? (IPS)
  - Not been able to take care of yourself or do everyday activities because there wasn't enough staff to help or support you? (AD)

2017-18 Wisconsin Questions on Primary Care and Mental Health

- Does your primary healthcare provider talk about your health care in a way that is easy for you to understand?
- Access to mental health services
  - If you want, can you talk to a doctor, counselor, or other professional about your emotions and how you feel?
  - AD only: Can you talk to that/those professional(s) whenever you need to?

Other 2017-18 Wisconsin Questions

- Transportation
  - Why don't you have transportation when you need or want it?
  - Asked if people can't get either where they need to go or when they want to do something outside home
- Do you know who to tell if someone hurts or steals from you?
- IPS only: "Why not" after "Are you able to go out and do the things you like to do"

Updating Wisconsin Questions: Discussion

- Are there other topics we should address with Wisconsin-specific questions?
- If so, which questions would you drop to make room for the additions?
- Is the addition more important than consistency across years?

LTC Council Charges

July 2016 – December 2018

Council Charge Stages

We have been moving through each 2016-2018 charge based on the following steps:

1	**Topic Intro**
2	**Topic Presentation in Depth**
3	**Workgroups Discussion**
4	**Draft Summary**
5	**Final Summary**
6	**Secretary Response**
7	**Workgroups Deep Dive (DD)**
8	**Next Steps**
0	**Updates**

During the period of July 2016 to December 2018, Secretary Seemeyer is charging the Long Term Care Advisory Council (LTCAC) with the following:

Workforce: Develop strategies and data metrics to address workforce shortages in the long-term care system.

- Provide advice and guidance regarding how to measure workforce shortages by provider type.
- Provide advice and guidance on required financial reporting related to assessing workforce shortages.
- Provide advice and guidance to ensure that Medicaid contractors are maintaining quality of care.

Quality: Explore the development and use of quality metrics to analyze the long-term care system and service outcomes, including:

- Provide advice and guidance to determine what metrics should be utilized to assess the effectiveness of the entire long-term care system.
- Provide advice and guidance on a long-term quality strategy to be deployed at every level of the long-term care system.

Communications: 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.

Community Development: Develop strategies to keep people safe and healthy in the community to prevent and delay the need for long term care services by:

- Looking at strategies to prevent individuals from going into residential setting before necessary.
- Ensuring that individuals in residential settings are in the right setting for their acuity needs.
- Providing advice and guidance on prevention strategies that should be developed to delay the need for long term care services.

Workforce

Develop strategies and data metrics to address workforce shortages in the long-term care system.

- Provide advice and guidance regarding how to measure workforce shortages by provider type.
- Provide advice and guidance on required financial reporting related to assessing workforce shortages.
- Provide advice and guidance to ensure that Medicaid contractors are maintaining quality of care.

Secretary Response

Based on the council's feedback, the Secretary offered the following guidance:

1. The Secretary will engage with the Wisconsin Department of Workforce Development (DWD) and identify strategies for DHS and DWD to address the above guidance together.

2. The Secretary instructs the council:
   - to identify innovative practices that reduce demands on workforce to serve member needs such as transportation, grocery, remote care, and telehealth/e-health.
   - to review current Home and Community Based Services (HCBS) waiver benefits and advise on what amendments or waiver language changes would be necessary to implement innovative practices and reduce workforce demands.
   - to identify methods that should be used to measure provider costs relative to reimbursement.
   - to advise on strategies for workforce retention.
   - to include workforce quality of care measures with the council's quality charge.

Workforce Charge Stages

The council followed the following steps toward resolving the Workforce charge:

Sep '16	**Overview of the State's Labor Force**	**Dennis Winters**	2 Topic Presentation in Depth
Sep '16	**Workforce Discussion Workgroups**	**Council**	3 Workgroups Discussion
Nov '16	**Workforce Draft Summary**	**Curtis Cunningham**	4 Draft Summary
Jan '17	**Final Workforce Summary**	**Curtis Cunningham**	5 Final Summary
Mar '17	**Secretary guidance regarding Workforce**	**Curtis Cunningham**	6 Secretary Response
May '17	**MCO Provider Networks and Workforce presentations**	**CommunityLink, Care Wisconsin**	8 Next Steps
May '17	**DHS Caregiver Career Program Civil Money Penalty Grant**	**Kevin Coughlin**	8 Next Steps
Jul '17	**LTC Workforce and Employment**	**Becky Kikkert**	8 Next Steps
Jul '17	**Next Steps Regarding LTC Workforce**	**Curtis Cunningham**	8 Next Steps
Mar '18	**Discuss workforce demands and innovative solutions**	**Council**	7 Workgroups Deep Dive
Mar '18	**Discuss workforce recruitment and retention strategies**	**Council**	7 Workgroups Deep Dive

Quality

Explore the development and use of quality metrics to analyze the long-term care system and service outcomes, including:

- Provide advice and guidance to determine what metrics should be utilized to assess the effectiveness of the entire long-term care system.
- Provide advice and guidance on a long-term quality strategy to be deployed at every level of the long-term care system.

Secretary Response

Based on the council's guidance, the Secretary instructs the council:

1. To continue the DMS Long Term Care overall quality strategy to identify measures and to establish a pay-for-performance program to incentivize quality. The strategy includes:
   - Scan: existing measures and initiatives.
   - Select measures from Scan to use in overall strategy.
   - Add measures we need but don't have (including information technology (IT) and contract issues).
   - Use measures to improve quality: pay for performance (P4P) and public reporting.
2. To make public materials and information as effective and usable as possible and to coordinate these recommendations with the communication charge of the Long Term Care Advisory Council.

Quality Charge Stages

May '17	**NCI Data**	**Angela Witt**	0 Updates
Jul '17	**NCI Custom Questions**	**Angela Witt**	0 Updates
Sep '16	**Quality Scorecard**	**Angela Witt**	0 Updates
Sep '16	**Quality Strategy**	**Curtis Cunningham**	1 Topic intro
Nov '16	**Presentation: National Core Indicators**	**Mary Lou Bourne**	2 Topic Presentation in Depth
Nov '16	**Quality Discussion Workgroups**		3 Workgroups Discussion
Jan '17	**Quality Summary**	**Curtis Cunningham**	4 Draft Summary
Mar '17	**Final Quality Summary**	**Curtis Cunningham**	5 Final Summary
May '17	**Secretary response regarding Quality**	**Curtis Cunningham**	6 Secretary Response
Jan '18	**Nursing Home Quality and Oversight Updates**	**Otis Woods**	0 Updates
Jan '18	**2017 LTC Scorecard**	**Angela Witt**	0 Updates
Jan '18	**Council Discussion – LTC Quality Measures**		3 Workgroups DD
Jul '18	**NCI Data and Custom Questions**	**Angela Witt**	0 Updates

Communication

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.

Secretary Response

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.

Communication Charge Stages

Nov '16	**Communications Introduction**	**Curtis Cunningham**	1 Topic intro
Jan '17	**Communications Discussion Introduction**	**Karen Kopetskie**	2 Topic Presentation in Depth
Jan '17	**Communications Discussion Workgroups**	**Kevin Coughlin**	3 Workgroups Discussion
Mar '17	**Draft Communications Summary**	**Curtis Cunningham**	4 Draft Summary
May '17	**Final Communications Summary**	**Curtis Cunningham**	5 Final Summary
Jul '17	**Secretary response regarding Communication**	**Curtis Cunningham**	6 Secretary Response
May '18	**Further Communication updates and Web Persona Development**	**Cathy Klima**	7 Workgroups Deep Dive

Community Development

Develop strategies to keep people safe and healthy in the community to prevent and delay the need for long term care services by:

- Looking at strategies to prevent individuals from going into residential setting before necessary.
- Ensuring that individuals in residential settings are in the right setting for their acuity needs.
- Providing advice and guidance on prevention strategies that should be developed to delay the need for long term care services.

Community Development Charge Stages

Jan '17	**Keeping People Safe and Healthy in the Community**	**Carrie Molke**	1 Topic intro
Mar '17	**Keeping People Safe and Healthy in the Community – Demographics in depth**	**Carrie Molke**	2 Topic Presentation in Depth
Mar '17	**Keeping People Safe and Healthy in the Community – Discussion Workgroups**	**Carrie Molke**	3 Workgroups Discussion
May '17	**Draft Community Development Summary**	**Curtis Cunningham**	4 Draft Summary
Jul '17	**Final Community Development Summary**	**Carrie Molke**	5 Final Summary
Sep '17	**Secretary response regarding Community Development**	**Carrie Molke**	6 Secretary Response
Sep '17	**Community Development next steps discussion**	**Carrie Molke**	8 Next Steps
Nov '17	**Community Development, Transportation presentations**	**Carrie Porter, Tim Sheehan, Amber Mullett**	2 Topic Presentation in Depth
Nov '17	**Community Development, Transportation Discussion Workgroups**	**Carrie Molke**	3 Workgroups Discussion
Jan '18	**Community Development, Transportation discussion summary**	**Amber Mullett**	4 Draft Summary
Mar '18	**Community Development, Transportation discussion summary**	**Carrie Molke**	5 Final Summary
TBD	**Secretary response regarding Community Development, Transportation**		