



Andrea Palm
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, March 12, 2019

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

9:35 AM Remarks from DHS Secretary

Andrea Palm, DHS - Secretary

10:00 AM Governor's Executive Orders

Andrea Palm, DHS - Secretary

- Executive Order #3: Relating to the Creation of a Healthy Communities Initiative
- Executive Order #4: Relating to the Preservation of Insurance Protections
- Executive Order #11: Relating to the Creation of the Governor's Taskforce on Caregiving

10:30 AM Department Updates

Curtis Cunningham, DHS – Assistant Administrator, DMS Long Term Care Benefits and Programs
Carrie Molke, DHS – Director, Bureau of Aging and Disability Resources

10:50 AM Family Care Waiver Renewal and Contract Timelines

Betsy Genz, DHS – Director, Bureau of Adult Programs and Policy

11:00 AM Break

11:10 AM Consumer ScoreCard Introduction

Gail Propsom, DHS – Section Chief, Bureau of Adult Programs and Policy

Jasmine Bowen, DHS - Quality Assurance Program Specialist, Quality Management & Initiatives

Johanna Dolle, DHS – Performance Measurement Analyst, Quality Management & Initiatives

11:40 AM Priority Matrix Results

Curtis Cunningham, DHS – Assistant Administrator, DMS Long Term Care Benefits and Programs

11:45 AM Public Comments**12:00 PM Lunch**

Catered Lunch for council members and staff

12:30 PM State Health Assessment

Carrie Molke, DHS – Director, Bureau of Aging and Disability Resources

Maggie Northrop, DHS – Population Health Fellow, Office of Policy and Practice Alignment

2:00 PM NCI Self-Directed Services

Angela Witt, DHS – Section Chief, Bureau of Fiscal Accountability and Management

Amy Chartier, DHS – Section Chief, Bureau of Adult Programs and Policy

2:30 PM Break**2:45 PM 2019-2021 Budget Overview**

Andy Forsaith, Manager, Office of Policy Initiatives and Budget

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.

Please be mindful of scent sensitivities and refrain from wearing heavily scented products such as perfumes, colognes, fragrant lotions, etc.

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 Suzanne Ziehr at 608 264-6726 or Suzanne.Ziehr@dhs.wisconsin.gov.

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: Wisconsin Long Term Care Advisory Council			Attending: Roberto Escamilla, Robert Kellerman, Sam Wilson, Tim Garrity, Beth Swedeen, Cynthia Bentley, Maureen Ryan, Christine Witt, Denise Pommer, Lea Kitz, Mary Frederickson, Cathy Ley, Curtis Cunningham
Date: 1/8/2019	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: Audrey Nelson, Carol Eschner, John Sauer

Others present: Carrie Molke, Betsy Genz, Kiva Graves, Dave Varana, Kevin Coughlin, Suzanne Ziehr, Molly Bohnsack, Brenda Bauer, Rebecca McAtee

Meeting called to session

Chair welcomed and congratulated Lea Kitz on new role.

The minutes from the November 2018 meeting had one correction – the date was listed incorrectly as 9/11/2018. With this correction made, the minutes from the November 2018 were unanimously approved on a motion from Cindy Bentley, seconded by Roberto Escamilla.

Department Updates, presented by Curtis Cunningham and Carrie Molke

Curtis Cunningham:

1. Transition to new administration
2. EVV – advisory workgroup will be meeting regularly; looking at SanData; will be upcoming forums.
3. Family Care and IRIS Contract Renewals
4. MAPP – A kick-off meeting was held.
5. NEMT / MTM – Working on extension of existing contract

Carrie Molke:

6. Strategic Planning
7. State Health Assessment – Maureen Ryan will participate in external steering committee as well as Cathy Ley from ADRC of the Lakeshore. Four components of State Health Assessment: community health (quantitative data collection), community theme and assets assessment (qualitative data collection, focus groups, community conversations with existing groups), public health system assessment (looking at strengths and weaknesses of public health in state), forces of change assessment (formal process for looking at future.) Leads to state health improvement plan. Current plan is [Healthy Wisconsin](#).
8. Report from Council on Quality Leadership

Roundtable Discussion, presented by Heather Bruemmer

Council members summarized their organizations current priorities and key initiatives.

1. **People First Wisconsin** – Have 20 chapters around state and are building to 21 (adding in Wisconsin Rapids.) Focus Areas: Housing, Employment, Report on Personal Care Workers, and looking at needs of younger population.
2. **Managed Care Organizations** – Focus on Competitive Integrated Employment which aligns with pay for performance in 2019 contract, working together on collective impact approach, plans recently submitted and will hold stakeholder input meeting.

3. **Board for People with Developmental Disabilities** – Direct Care Worker Crisis. Asked Governor to declare this the year of the caregiver, focusing on all four components: effective recruitment, hiring, training, and retention. Service provider transformation, caregiver shortage, and transportation.
4. **Wisconsin Coalition of Independent Living Centers** – Opioids are becoming more of an issue: working on how to recognize and work with; corrections: working with mental health and substance abuse; workforce shortage is critical: cannot get people to apply; and transportation for workforce and consumers. All pieces are tied together and we have to look at whole picture. Goal to connect more with acute and primary to address assistive technology and home modifications and tapping into resources.
5. **Advanced Employment, Inc.** – Working with 150 individuals: 98% are employed, with a 92% retention rate. Transportation is key to integrated employment. Focus for next 5 years is to increase the employer base in Dane and surrounding counties, will bring best practices to agencies/employers interested, and increase involvement in transition programs, especially looking at ages 14-16.
6. **Lac Courtes Oreilles** – Average age of death in tribe is 63, far lower than state average. Continued advocacy and improvements for underrepresented populations is crucial: tribal members, as well as Hispanic populations. Issue of transportation in northern and western Wisconsin.
7. **Disabilities Right Wisconsin** – Family Care/IRIS Ombudsman Program, focus on adult services, access to services, eligibility issues, and SSI Managed Care external advocacy program.
8. **Wisconsin County Human Service Association** – Working with income maintenance, long term care and ADPAW to work better together.
9. **Aging and Disability Resource Centers (ADRCs)** – ADRCs came into existence at different times. Looking at reallocation of funding, elder abuse work moving forward, children’s waiver changes regarding state rate, Birth to 3 Program funding issue, and IMD rebalancing issue. Concern from ADRCs regarding proposal for resource centers for children, co-locating with ADRCs.
10. **Aging and Disability Professionals Association of Wisconsin (ADPAW)** – Reinstated regional meetings, looking impacts of Medicaid functions on ADRCs, looking forward to outcome of work on Reallocation Committee, looking at concerns and opportunities of Aging and ADRC integration, looking at more legislative advocacy, and issues in communities, like employment.
11. **Wisconsin Council on Physical Disabilities** – Recently completed 3-year state plan and currently working on 1-year plan. Council going through a lot of change and looking for people to be on council: in need of members, relatives of those physically disabled, and advocates.
12. **Greater Wisconsin Agency on Aging Resources (GWAAR)** – Cover 70 counties and all tribes with funding through Older Americans Act with staff who are specialists in various areas of the Older Americans Act. Want to explore housing in new plan and how they fit into housing issues and issue of loneliness and isolation and want to impact that (many programs are congregate.) Two things GWAAR has done: contracted with organization Sustainable Kitchens to figure out how to improve elderly nutrition throughout state and implement projects in various counties. Secondly, contracted with Jennifer Speckien, former ADRC Director in Eau Claire County on developing transitions of care throughout the state. Using care transitions as product for revenue to revitalize, knit services together within community.
13. **American Association of Retired Persons (AARP)** – Priorities from advocate and programmatic perspectives: remain acutely focused on unpaid caregiver issues; expanded funded for respite care is a positive; Medicaid expansion critical component in biennial budget process; making community strong for spectrum of age groups and highlighting issues; and accessibility and infrastructure of broadband services. Another issue is the strain placed on people due to the high cost of prescription drugs. AARP sat on the Attorney General’s Elder Abuse task force and there is some good progress that can be made as an outcome of work there.
14. **Board on Aging and Long Term Care (BOALTC)** – Providing support to those impacted by closures and issues of confusion, stress caused, distance from families, etc. through the Ombudsman relocation specialist. This is an issue throughout the country, not just in Wisconsin. There has been an increase in elder abuse so BOALTC is working on support and prevention. Issues are more complex than in the past: safety issues, opiate issues (especially when caregiver is the user), Part D helpline and issue of high cost of prescriptions (fortunate to have SeniorCare and need look at other options), and Medigap helpline (really busy with 30-35 minutes per call average.) Consumer outreach and training is crucial because healthcare is difficult to navigate: people receive so much mail, are not sure what is legitimate, and need explanation. BOALTC is willing to provide training. BOALTC has volunteers in Milwaukee (pharmacy students) helping to do reach out and run plan-finders.

Charges Review, presented by Curtis Cunningham

Council members engaged in Prioritization Matrix activity to prioritize the potential council charges and focus areas.

Options:

- Workforce
- Quality
- Integrated Medical/Acute/Primary/Behavioral Health/LTC – Better alignment with Medicare
- Transportation
- Health Disparities (Access and Service Equity)
- Service/Region Distribution
- Housing
- Employment
- Care Transitions
- Long Path – what will people with disabilities and the elderly need a generation from now?

Results:

1. Workforce
2. Long Path
3. Transportation and Health Disparities

The council is a visionary-setting group. Its role is to advise the Secretary on Long Term Care systems in Wisconsin. For last two years, the council has focused on four charges. The intention after this meeting is to present these results as the council's recommendations as the council's next charges.

Comments from the Public

No comments from public.

Medicaid Long Term Care 2019 Programmatic Requirements, presented by Curtis Cunningham

1. Family Care Waiver (federal authority to administer program) is up for renewal. Currently reviewing comments and will post for public comment. Will go into effect January 1, 2020. IRIS Waiver will be up for renewal in 2021. DHS has to have their work done 6-9 months prior to deadline to allow time for public comment, tribal consultation, and CMS review.
2. Inclusion of Oxygen Services within the Nursing Home Rate
3. WisCaregiver Career Program
4. Dementia Initiative
5. Long Term Care Quality Strategy (internal priority regarding framework around metrics)
6. Family Care Procurements (GSR 9, 10, 13 for FC and GSR 10 for Partnership)
7. Tribal Option Cost Reporting
8. Target Group Automation (automation of functional screen)
9. Children's Long Term Care Waitlist Elimination
10. Children's Long Term Care Rate Setting Initiative (under CMS corrective action plan)
11. Medicaid Management Information System (MMIS) Long Term Care Integration
12. Electronic Visit and Verification
13. Home and Community Based Services Non-Residential Compliance
14. Home and Community Based Settings Rule Heightened Scrutiny Compliance
15. Competitive Integrated Employment Initiative and Employment First Legislation
16. Managed Care Rule Compliance
17. Children's Benefit Alignment
18. Medicaid Purchase Plan Reforms

Note: This list is based on identified programmatic requirements. Priorities and initiatives are subject to change based on administrative priorities.

Question regarding appeals and grievances timeline in regards to the Managed Care Rule. The rules were issued, states provided feedback, and CMS then issued proposed new rules. Proposed rules could allow alignment between Medicaid programs (FFS, children's, adult). There is no anticipated for change at this time.

Analysis on what services EVV will apply to has not been completed yet

Dementia Initiative, presented by Carrie Molke

Carrie has briefed the council previously. The official 5-year state plan has been published and the differences from what was previously presented to the council are minimal: the plan provides more information about the process the Dementia Initiative went through, who participated in summit, and next steps for implementation.

What's in the [Wisconsin State Dementia Plan \(2019-2023\)](#)?

- Nine Goals and 38 Strategies in four areas.
- It outlines "what" will be done, not "how" it will be done.
- Themes: increase education and awareness in four areas, increase capacity and support systems, coordinate across systems, and increase quality of care.

The first steering committee meeting, with 11 members, was held in September 2018. The steering committee is a helping body to remove barriers, remove resource barriers, and provide support to the workgroups. There will be five workgroups working on the "how" to implement the strategies: Care in Communities, Health Care, Dementia-Related Crisis Response, Facility-Based Care, and Communications and Marketing.

[Council Members are asked to widely distribute the Dementia Survey](#) out now through January 20, 2019 (so a rather short timeframe.) The survey provides opportunities on how people want to engage with initiative: to be "in the loop," a second level of engagement consisting of a community of practice, consultant groups, or virtual committees, and finally to fully participate in a workgroup. So far, there have been 171 responses and 92% of respondents are white. Therefore, the council is looking for more diversity and representation from urban, suburban, and rural areas. The steering committee will review the survey results at the February 2019 meeting.

Crisis Innovation Grants – Created this opportunity as a result of learning that a local, not a statewide approach, is crucial to crisis intervention. [Crisis Innovation Grants First Round Results Report](#)

National Dementia Efforts –

- [Building our Largest Dementia \(BOLD\) Infrastructure Act](#). Built off of [Healthy Brain Initiative](#) and looks at dementia as a public health issue. Document is a road map for public health to address issues of dementia.
- [Alzheimer's Association granted funds from legislature](#).
- [RAISE Act](#) passed to create national caregiver strategy.

ACCESS Mobile, presented by Rebecca McAtee

Rebecca is the Director of the Bureau of Enrollment Policy and Systems which has oversight of eligibility of all Medicaid programs, FoodShare, CARES, ACCESS, and anything managed by income maintenance.

The [ACCESS website](#) is the primary channel by which people apply for public benefits. Members can look at benefit status, renewals, change reports, paperless correspondence, and document submission. Nowadays people access the internet through smart phones more so than personal computers. Therefore, MyACCESS, a mobile app was launched in November 2018. Through the mobile app, want to provide more access and self-sufficiency for members, better customer service and satisfaction, and empowerment of members. We also hope agencies receive fewer calls and fewer paper documents to scan and process. The app is available in the App Store for Apple products and the Google Play Store for Android. Please note: MyACCESS is not for application of benefits, it is for those already enrolled.

F-01922

The app is available in English and Spanish only.

The app is ADA compliant. Rebecca is interested on any feedback from users.

The applications for benefits completed on the app go to the [consortia](#) you work with.

Have marketing and documentation of what programs are and are not available through the app.

Council Business, Heather Bruemmer

DHS will seek clarification regarding council member appointments and if a new Secretary must reappoint all members.

Adjourn, Heather Bruemmer

The meeting was adjourned unanimously.

Prepared by: Molly Bohnsack on 1/8/2019.

These minutes are in draft form. They will be presented for approval by the governmental body on: 3/12/2019



OFFICE OF THE GOVERNOR

EXECUTIVE ORDER #3

Relating to the Creation of a Healthy Communities Initiative

WHEREAS, healthy communities are essential to ensure the wellbeing of the State of Wisconsin, its people, and its economy;

WHEREAS, critical healthcare needs exist across the State of Wisconsin which require comprehensive and collaborative solutions;

WHEREAS, to ensure that current and future generations of Wisconsinites thrive, the State of Wisconsin must promote the wellbeing of individuals and their communities;

WHEREAS, access to preventative care and community health solutions across the State of Wisconsin will improve the quality of life for all Wisconsinites;

WHEREAS, it is the expressed policy of my administration that we must address acute health disparities and crises that for too long have not been prioritized;

NOW, THEREFORE, I, TONY EVERS, Governor of the State of Wisconsin, by the authority vested in me by the Constitution and the Laws of the State, hereby order the following:

1. The Department of Health Services shall be the executive agency entrusted to oversee and promote healthcare for the people of the State of Wisconsin; and
2. The Department shall use its expertise in public health to take any necessary steps to protect and enhance the health outcomes of the people of the State of Wisconsin, including prioritizing the following areas:
 - a. Increasing healthcare coverage;
 - b. Improving healthcare access;
 - c. Investing in prevention and wellness;
 - d. Developing a diverse and robust healthcare workforce;
 - e. Fostering innovation in healthcare; and
 - f. Reducing health disparities; and
3. The Department of Health Services shall develop a plan to ensure that more Wisconsinites have access to affordable, quality healthcare, while saving Wisconsin taxpayer dollars, by expanding Medicaid eligibility in the State of Wisconsin; and

4. The Department of Health Services shall, when applicable, make decisions that are evidence-based and culturally competent.

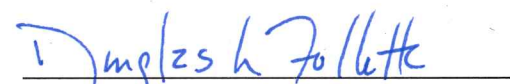


IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great seal of the State of Wisconsin to be affixed. Done at the Capitol in the City of Madison this 8th Day of January in the year of two thousand nineteen.



TONY EVERS
Governor

By the Governor:



DOUGLAS LA FOLLETTE
Secretary of State



OFFICE OF THE GOVERNOR

EXECUTIVE ORDER #4

Relating to the Preservation of Insurance Protections

WHEREAS, improving the health and wellbeing of Wisconsin citizens is of the utmost importance to my administration;

WHEREAS, more than 850,000 Wisconsinites live with pre-existing health conditions;

WHEREAS, those with pre-existing conditions should not be excluded from attaining affordable health insurance coverage and access to health services;

WHEREAS, the Patient Protection and Affordable Care Act provides protections for those with pre-existing conditions by prohibiting healthcare insurers from denying coverage to such individuals;

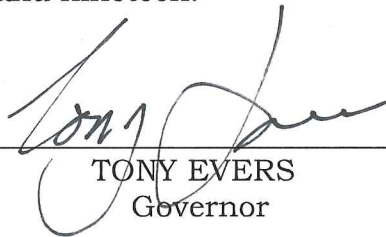
WHEREAS, the future of these insurance coverage protections is uncertain due, in part, to litigation supported by the prior administration;

NOW, THEREFORE, I, TONY EVERS, Governor of the State of Wisconsin, by the authority vested in me by the Constitution and the Laws of the State, hereby direct the Office of Commissioner on Insurance, the Department of Health Services, and the Department of Agriculture, Trade and Consumer Protection to implement action plans and, where appropriate, provide recommendations to the Governor on how to:


1. Protect consumers with preexisting conditions;
2. Enhance health plan affordability, access, and consumer protection;
3. Protect against attempts to undermine the Affordable Care Act marketplace with short term plans that do not comply with Affordable Care Act requirements;
4. Create curriculum around insurance literacy for students; and
5. Require insurers to provide clarity and transparency on health plan costs, coverage, and benefits.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great seal of the State of Wisconsin to be affixed. Done at the Capitol in the City of Madison this 8th Day of January in the year of two thousand nineteen.


TONY EVERS
Governor

By the Governor:


DOUGLAS LA FOLLETTE
Secretary of State



OFFICE OF THE GOVERNOR

EXECUTIVE ORDER #11

Relating to the Creation of the Governor's Task Force on Caregiving

WHEREAS, caregivers and the direct care workforce provide critical services that promote the wellbeing and enhance the quality of life for thousands of Wisconsinites;

WHEREAS, the direct care workforce is facing a shortage that negatively impacts the ability for Wisconsin families to obtain the care they need;

WHEREAS, a significant number of caregiving positions go unfilled each year, leaving individuals in need of care with less access to care;

WHEREAS, people across Wisconsin are providing care to their friends and family members;

WHEREAS, Wisconsin's caregivers should be recognized and celebrated for the services they provide to some of Wisconsin's most vulnerable populations;

WHEREAS, it is increasingly difficult for providers to staff and maintain a consistent team of caregivers, placing stress on residential care and nursing home facilities;

WHEREAS, all Wisconsinites who depend on caregivers should have access to affordable, quality care that allows them to live with dignity and respect; and

WHEREAS, the state of Wisconsin can and must do more to support all types of caregivers and the families and individuals they serve.

NOW, THEREFORE, I, TONY EVERS, Governor of the State of Wisconsin, by the authority vested in me by the Constitution and the Laws of the State, hereby order the following:

1. Establish the Governor's Task Force on Caregiving under Section 14.019 of the Wisconsin Statutes. The task force shall be staffed by the Department of Health Services with technical assistance provided by the Department of Workforce Development as needed. The Governor shall appoint an individual to chair the Task Force and additional task force members as follows:
 - a. Members of the Legislature, representing each caucus;
 - b. At least one individual who receives caregiving services;

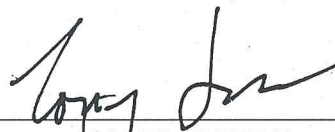
- c. At least one individual who provides caregiving services;
- d. At least one individual representing a provider who employs direct care workers;
- e. At least one individual from an organization providing respite services; and
- f. Such other individuals as the Governor shall appoint.

2. The Task Force shall be charged with the following:

- a. Analyzing strategies to attract and retain a strong direct care workforce;
- b. Supporting families providing care for their loved ones through respite services and other supports;
- c. Assessing compensation and fringe benefits for caregivers including ways to make healthcare affordable for the caregiving workforce through employer-sponsored plans, Medicaid buy-in plans, or other health insurance coverage options;
- d. Establishing one or more registries of home care providers and developing a plan to provide referral or matching services for individuals in need of home care;
- e. Developing a plan to implement recruitment and retention programs to expand the pool of providers; and
- f. Exploring and developing solutions, in collaboration with other relevant departments and agencies, to support and strengthen the direct care workforce, increase access, and improve the quality of caregiving in Wisconsin.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great seal of the State of Wisconsin to be affixed. Done at the Capitol in the City of Madison this eighteenth Day of February in the year of two thousand nineteen.





TONY EVERS
Governor

By the Governor:




DOUGLAS LA FOLLETTE
Secretary of State

2020-2021 DHS-MCO CONTRACT TIMELINE	
Date	Item
1/28/2019	Notify MCOs of timeline
5/13/2019	MCO proposed language changes due to DHS
7/29/2019	DHS sends to MCOs and the Long Term Care (LTC) Council the proposed contract language chart which consists of: (1) MCO proposed contract changes and the DHS response (2) DHS proposed contract changes
8/9/2019	Due date for MCOs to tell DHS which items they want to discuss at the 8/14/19 DHS-MCO Leadership meeting
8/9/2019	Due date for LTC Council to provide input to DHS on the proposed contract language changes
8/14/2019	Discuss items identified by MCOs at MCO Leadership meeting*
9/10/2019	Discuss LTC Council feedback at LTC Council meeting**
10/31/2019	Contract language finalized
11/29/2019– 12/6/2019	Rates finalized
12/6/2019	Issue final contract to MCOs
12/16/2019	Signed contracts due back from MCOs

*MCO Leadership meetings occur on the 2nd Wednesday of each month.

**LTC Council meetings occur on the 2nd Tuesday of each odd month.



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Painting the Picture of Wisconsin's Health

March 6, 2019 2020–2025 State Health Assessment

We are a highly functioning health department



ACCREDITED HEALTH DEPARTMENT
• PUBLIC HEALTH ACCREDITATION BOARD •
PHAB
Advancing public health performance

2

As a *highly functioning* health department, we must conduct a **state health assessment (SHA) every five years** and incorporate the Public Health Accreditation Board (PHAB) standards.

3

State Health Assessment

- What **health conditions** exist in the community?
- **Why do the health conditions** exist?
- What **assets** are available in the community?
- What is the **quality of life** in the community?
- What are the strengths and weaknesses of the **public health system**?
- What **forces** affect how to take action?

4

State Health Assessment makes the **State Health Improvement Plan (SHIP)** possible.

5

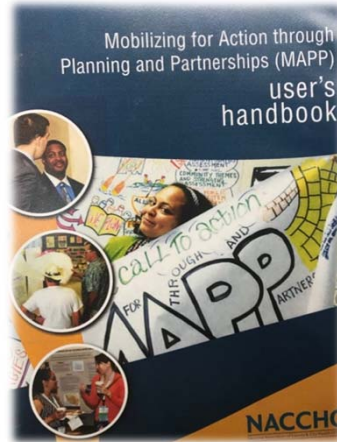
SHA and SHIP Schedule

PHAB Reaccreditation Deadline
September 30, 2023

	Schedule							
2019	2020	2021	2022	2023	2024	2025	2026	
Work on new SHA	SHA							
Submit annual reports to PHAB								
Current SHIP	Work on new SHIP	SHIP						

6

Mobilizing for Action through Planning and Partnerships (MAPP)



MAPP framework answers the questions and addresses improvements.

7

Using MAPP Creates a Paradigm Shift

From	To
Operational planning	Strategic planning
Focus on agency	Focus on community and entire public health system
Needs assessment	Emphasis on assets and resources
Medically oriented model	Broad definition of health
Agency knows all	Everyone knows something

8

2018 Public Health Accreditation Board Site Visit Final Report

Opportunities for improvement

- Expand diversity of partners.
- Improve qualitative data collection.
- Strengthen process to identify assets and resources.
- Address health disparities consistently.
- Continue to work to understand health inequities.
- Distribute findings and receive input.

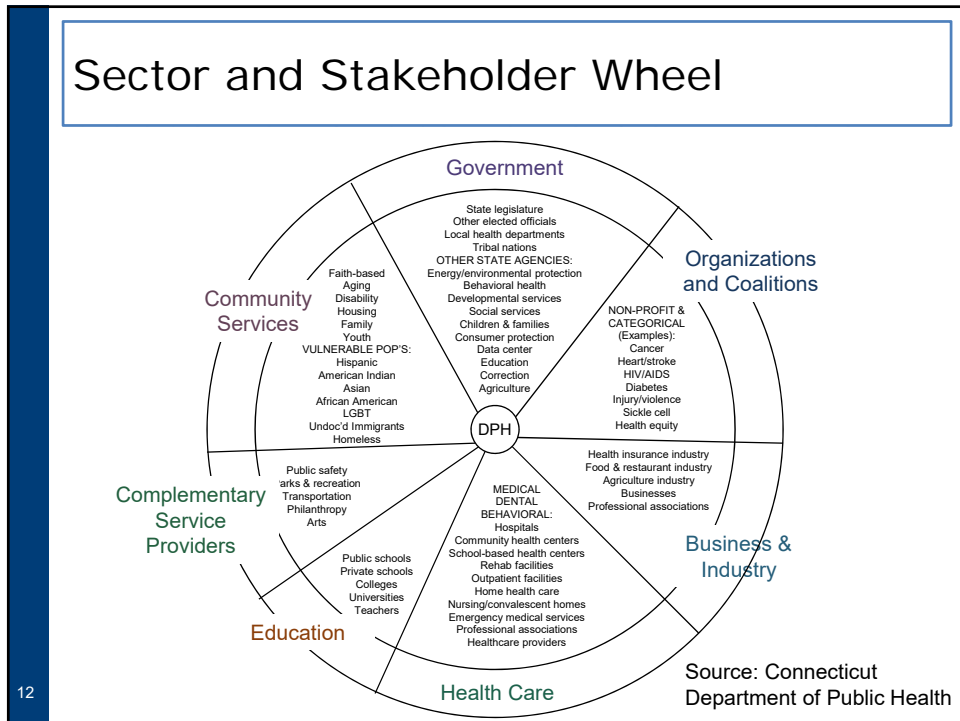
9

Four MAPP Assessments

- Community Health Status Assessment
- Community Themes and Strengths Assessment
- Public Health System Assessment
- **Forces of Change Assessment**

10

2019 1st Quarter			2019 2nd Quarter			2019 3rd Quarter			2019 4th Quarter			2020 1st Quarter		
J	F	M	A	M	J	J	A	S	O	N	D	J	F	M
MAPP #1 Community Health Status Indicators														
MAPP #2 Community Themes & Strengths Discussions														
MAPP #2 Community Themes & Strengths Paper Survey														
MAPP #3 Public Health System Survey for Partners (on-line)														
MAPP #4 Forces of Change Discussions														
					Begin to code and analyze			Narrative drafts			Finalizing report sections			
4 – 6			SHA	Steering Committee Meetings										
								Public input on themes						SHA Report
Data gathering phase			Data analysis and report writing									2/5/19		
11 Provide communication for key milestones														



MAPP Aim

Identify common themes among three or more

- Community Health Status Assessment (Quantitative)
- Community Themes and Strengths Assessment (Qualitative)
- Public Health System Assessment (Survey)
- Forces of Change Assessment

Understand what data points informed these themes to help *paint the picture of Wisconsin's health.*

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Community Health Status Assessment

Provides **quantitative** information on community health conditions

What health conditions exist in the community?

14

Community Health Status Assessment

Primary data

collected on behalf of the health department

Secondary data

collected by other agencies

15

Community Health Status Assessment

Selecting a set of core indicators

Organizing framework

- Mortality
 - Morbidity
- } Health outcomes

- Social determinants of health
 - Health behaviors
 - Health care delivery and public health systems
 - Physical environment
- } Factors that shape our health

16

Community Themes and Strengths Assessment

Provides qualitative information about issues that are important to the community members and assets available in the community

Why do health conditions exist?
What assets are available in the community?
What is the quality of life in the community?

17

Community Themes and Strengths Assessment

Primary community input data

Collected on behalf of the health department through focus groups or community conversations, and community surveys.

Focus on **why** and **how** instead of what and when.

18

Community Themes and Strengths Assessment

Community conversations

- What communities do you belong to?
- What is the most important or urgent issue your community is facing right now?
- What does living your best life mean to you?
- Tell me about the quality of life in your community.
- If you could change one thing about your community or neighborhood to make it a better place to live, what would you change?

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Community Themes and Strengths Assessment (cont.)

Community conversations

- What are some good things about your community that make life better for people who are a part of it?
- What would make it easier to make healthy choices in your community.

20

Public Health System Assessment

Primary Stakeholder Input Data

- Measures how partners work together
- Includes public health systems and non-health sector partners

What are the strengths and weaknesses of the
public health system?

21

Public Health System Assessment

Survey

- The survey takes 10–15 minutes to complete.
- Questions are related to the 10 essential public health services.
- Additional questions focus on health equity activities.
- Participants identify organization's sector or stakeholder category.

22

MAPP – Forces of Change Assessment

Forces of Change Assessment

- Identifies forces that affects communities
- Identifies opportunities and threats

What **forces** affect how to take action?

23

MAPP – Forces of Change Assessment

Forces of Change

- Trends
- Factors
- Events

- What has **occurred recently**?
- What may **occur in the future**?
- Are there any **trends**?
- What forces **occur geographically**?
- What may pose an **opportunity or threat**?
- What may pose a **barrier**?
- What can **reinforce health equity**?

Categories

- Social
- Economic
- Political
- Technological
- Environmental
- Scientific
- Legal
- Ethical

Identify opportunities and threats

24

Brainstorming List

List all brainstormed forces that come to mind using the questions to guide you.

Forces of Change Brainstorming List			
	Trends or	Factors or	Events
1			
2			

25

MAPP – Forces of Change Assessment

Forces of Change

- Trends
- Factors
- Events

➔

- What has **occurred recently**?
- What may **occur in the future**?
- Are there any **trends**?
- What forces **occur geographically**?
- What may pose an **opportunity or threat**?
- What may pose a **barrier**?
- What can **reinforce health equity**?

Identify opportunities and threats

➔

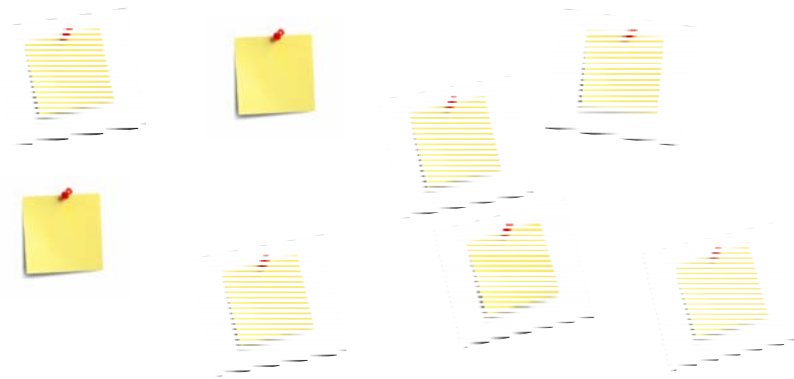
Categories

- Social
- Economic
- Political
- Technological
- Environmental
- Scientific
- Legal
- Ethical

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Forces of Change

Transfer ideas from brainstorming sheet
Trends – Factors - Events



Write down one (1) idea on each sticky note

27

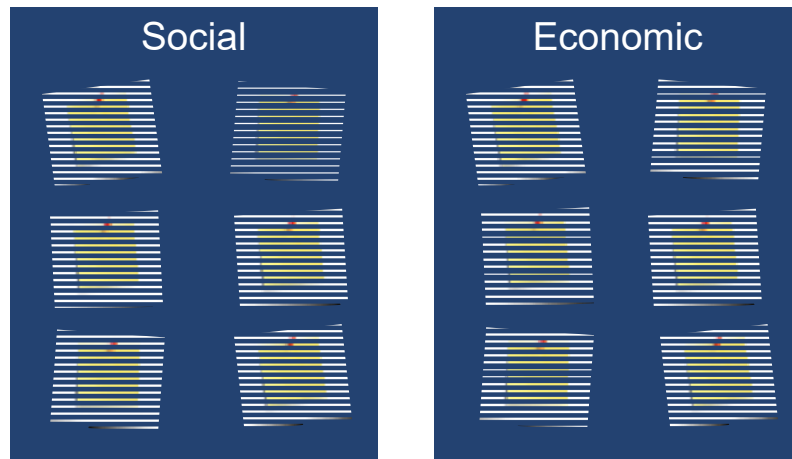
Forces of Change Categories

- Social
- Economic
- Political
- Technological
- Environmental
- Scientific
- Legal
- Ethical

Papers on wall around room by category

28

Forces of Change Categories



Place sticky notes under relevant categories

29

Forces of Change Categories


- Social
- Economic
- Political
- Technological
- Environmental
- Scientific
- Legal
- Ethical

Select the category that interests you the most

30

Collect a total of eight (8) sheets from participants

Opportunities and Threats

Social Identify 3-5 priorities by category		
Trend, factor, event	Threats posed	Opportunities created
 Group discusses all sticky notes in each category to determine top 3-5 priorities in that category	As a group identify threats or barriers for each priority	As a group identify opportunities created for each priority

Select a category and work in small groups

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External Steering Committee



Government

Community Services

- Jonette Arms, Aging and Disability Resource Center of Central Wisconsin
- Charlene Mouille, United Way of Wisconsin
- Karen Ordians, Children's Health Alliance of Wisconsin
- Mariela Quesada Centeno, Centro Hispano
- Maureen Ryan, Wisconsin Coalition of Independent Living Centers

Organizations and Coalitions

- Wayne LaBine, Great Lakes Inter-Tribal Council, Great Lakes Inter-Tribal Epidemiology Center
- Brian Michel, Mental Health America
- Tommi Thompson, Wisconsin Women's Health Foundation
- Sam Wilson, AARP

Education



Health Care



Emergency medical services
Professional associations
Healthcare providers



Source: Connecticut Department of Health

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External Steering Committee

Government

- Joyce Allen, DHS, Division of Care and Treatment Services
- Laura Conklin, Wauwatosa Health Department
- Mary Dorn, Outagamie County Department of Health and Human Services
- Kurt Eggebrecht, Appleton Health Department
- Meghan Elledge, DHS, Division of Medicaid Services
- Agigail Eskenazi, Wisconsin Department of Children and Families
- Melissa Kramer-Badtke, East Central Wisconsin Regional Planning Commission
- Eric Krawczyk, Oneida Indian Nation Health Services
- Colleen Rinken, Wisconsin Department of Veterans Affairs
- Alexander Schwank, City of Milwaukee Health Department

Complementary Service Providers
 Laura Vande Hey, Wisconsin Department of Transportation

Source: Connecticut Department of Health

33

External Steering Committee

Education

- Sheri Johnson, University of Wisconsin Population Health Institute
- Elise Papke, DrPH, University of Wisconsin Milwaukee Joseph J. Zilber School of Public Health
- Louise Wilson, Wisconsin Department of Instruction

Health Care

- Kay Brewer, Wisconsin Primary Health Care Association
- Matt Gigot, Wisconsin Health Care Quality Collaborative^{las6}
- Dr. Julie Schuller, Sixteenth Street Community Health Centers
- Tim Size, Rural Wisconsin Health Cooperative
- Dennis Skrajewski, Wisconsin Association of Free and Charitable Clinics
- Joy Tapper, Milwaukee Health Care Partnership
- Peter Welch, Wisconsin Medical Society
- Ann Zenk, Wisconsin Hospital Association

Source: Connecticut Department of Health

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Slide 34

las6 I show this to be Wisconsin Collaborative for Healthcare Quality: <https://www.wchq.org/>. Should match exactly.

Lori A. Schultz, 1/24/2019

Internal Steering Committee

Wisconsin Department of Health Services (DHS) Division of Public Health:

- Lola Awoyinka, Epidemiologist
- Ousmane Diallo, Research Scientist
- Maggie Northrop, Population Health Fellow
- Angie Rohan, Epidemiologist
- Heather Sebero, Policy and Systems Coordinator
- Susan Uttech, Public Health Standards Director
- Janice Valenzuela, Research Analyst
- Chuck Warzecha, Deputy Administrator



WISCONSIN DEPARTMENT
of HEALTH SERVICES

National Core Indicators & Self-Directed Services in IRIS

Angela Witt, Integrated Data & Analytics Section Chief
Amy Chartier, IRIS Management Section Chief
Long Term Care Advisory Council, March 12, 2019
IRIS Advisory Committee, March 26, 2019

To protect and promote the health and safety of the people of Wisconsin.

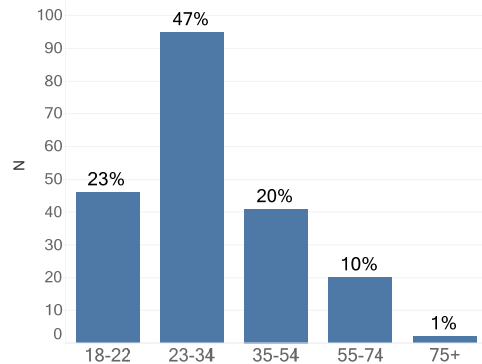
National Core Indicators Adult Consumer Survey (NCI ACS)

- 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
- Discussed overall results at July 10, 2018 meeting

IRIS Participants in the 2016-17 NCI ACS

- Prior discussion of results included questions about who makes a variety of decisions in self-direction
- 204 IRIS participants were included in the 2016-17 survey
- IRIS participants resided throughout the state
- This was prior to Dane County's transition to Family Care and IRIS

IRIS Participants in the NCI ACS by Age Group

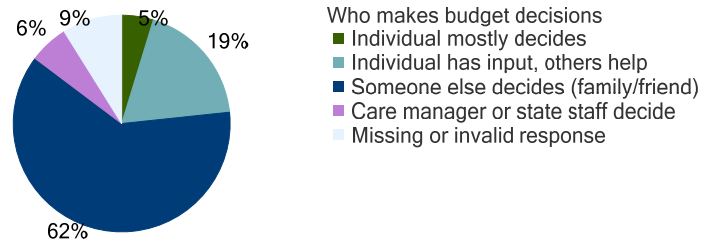


Many IRIS NCI survey participants are relatively young

Who makes decisions about how you budget for services?

Responses can be recorded as:
Individual mostly controls/makes decisions
Individual has input; family or friends also help with decisions
Someone else makes decisions (family member or close friend)
Decisions about what services are received are made by a case manager or another professional employed by the state

The majority of survey responses said that family or friends made budget decisions.

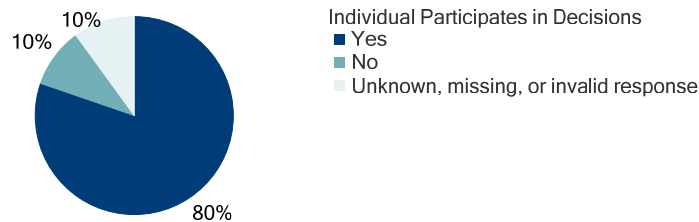


Do you participate in decisions about how to use your supports budget, hiring staff, or managing the services you get?

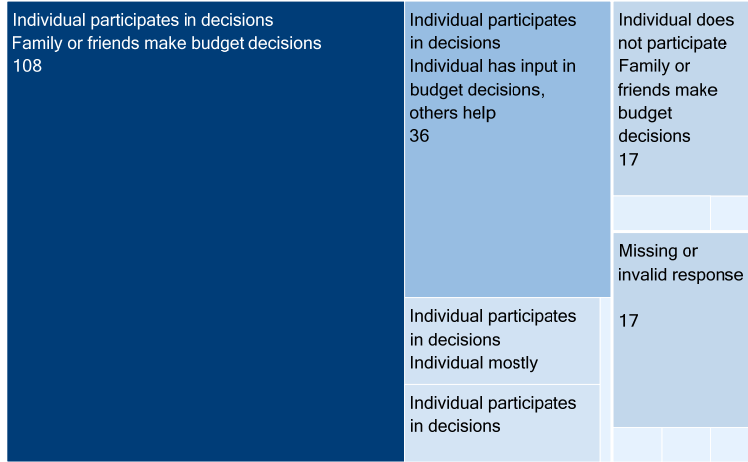
The response options are Yes and No, with an option to code don't know or unclear response.

This question is not summarized in the national report; rather, it is used to filter responses to certain other self-direction questions by whether the individual participates in decisions.

The majority of survey responses said that the people who self-direct do participate in decisions about how to use their budget, hiring staff, or managing services.

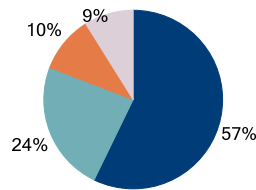


Combined Responses to Budget and Individual Participation in Decision Questions



Summary of Combined Responses to Budget Decision and Individual Participation in Decision Questions

These combined responses can be further grouped into a summary of budget decision-making and individual participation in decisions.



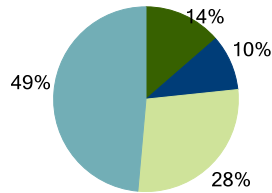
Summary of Budget and Decision Participation

- Someone else makes budget decisions; individual participates in other decisions
- Individual makes or has input in budget decisions
- Someone else makes budget decisions; individual does not participate in decisions
- Missing or invalid response

For a majority of survey responses, it appears that someone else makes budget decisions, but the individual does participate in other decisions.

Proxy Respondents

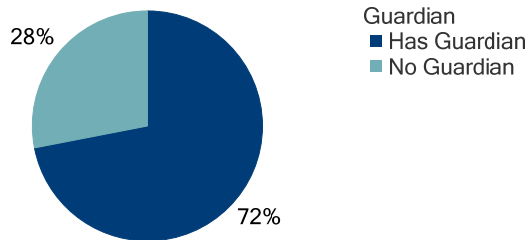
There are two sections to the survey. Section I can only be answered by the individual receiving services, and Section II can be answered by either the individual or another respondent who knows them well. The self-directed services module is in Section II.



- Proxy Use in Section II
- Individual answered both sections
 - Proxy for some questions, or missing questions
 - Valid Section I but proxy for SDS Module
 - Invalid answers Section I; proxy used for Section II

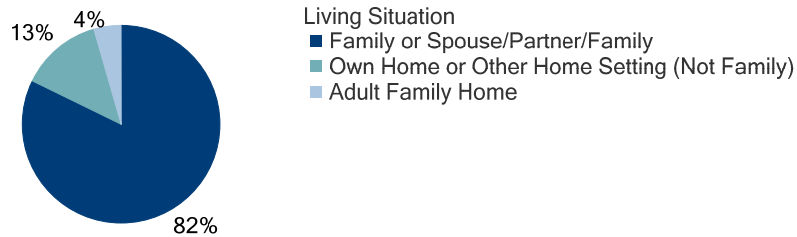
The majority of survey participants had proxy respondents for the self-directed services module.

IRIS Participants' Guardianship Status



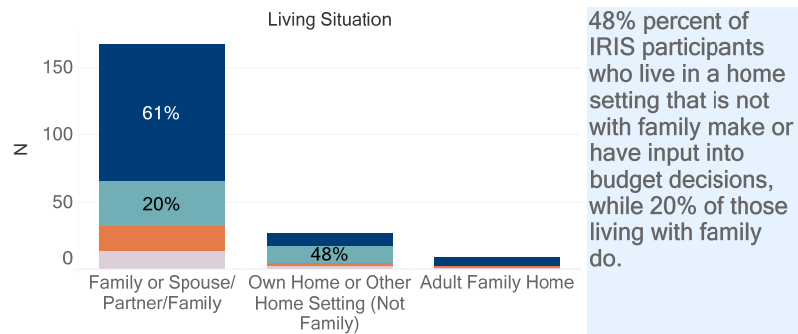
A majority of IRIS participants have guardians.

IRIS Participants' Living Situations



An even larger majority of IRIS participants live with family.

IRIS Participants' Living Situations and Self-Direction Decision-Making

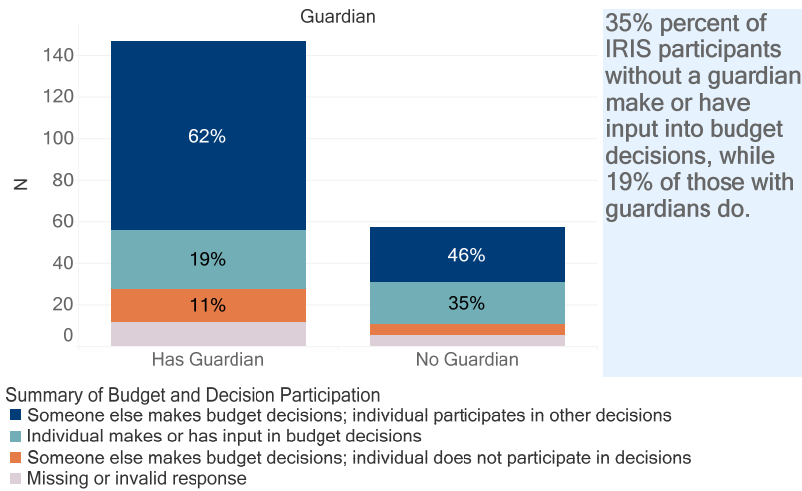


48% percent of IRIS participants who live in a home setting that is not with family make or have input into budget decisions, while 20% of those living with family do.

Summary of Budget and Decision Participation

- Someone else makes budget decisions; individual participates in other decisions
- Individual makes or has input in budget decisions
- Someone else makes budget decisions; individual does not participate in decisions
- Missing or invalid response

IRIS Participants' Guardianship Status and Self-Direction Decision-Making



National Core Indicators 2017-18 Survey Results

- 2017-18 National Core Indicators results will be available soon
- DHS has reviewed some draft reports that will be published by HSRI, including:
 - A draft national report for the In-Person Survey of people with intellectual and developmental disabilities
 - A draft report of Wisconsin's National Core Indicators – Aging & Disabilities (NCI-AD) results (without national comparisons)