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, November 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 **DHS Updates**
***Betsy Genz**, DHS – Director, Bureau of Adult Programs and Policy*
***Carrie Molke**, DHS – Director, Bureau of Aging and Disability Resources*

9:45 AM **Wisconsin Long Term Care Score Card Report**
***Angela Witt,** DHS – Fiscal Accountability and Management*

10:30 AM **2020-2021 Draft Charges**
***Heather Bruemmer**, Long Term Care Advisory Council Chair*

11:00 AM **Consumer ScoreCard Update**
***Jasmine Bowen,** DHS – Bureau of Adult Programs and Policy*

11:30 AM **Public Comments**

11:45 AM **Lunch**
Catered Lunch for council members and staff

12:30 PM **Introduction of Division of Public Health Administrator**
***Jeanne Ayers**, DHS – Administrator, Division of Public Health*

1:15 PM **Council Business**
Heather Bruemmer, *Long Term Care Advisory Council Chair*

1:30 PM **Long Path Discussion**
Darren Harris and Steve Davis*, Living and Giving Enterprises*

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.

Upcoming 2020 LTCAC Meeting Dates

- January 14, 2020
- March 10, 2020
- May 12, 2020
- July 14, 2020
- September 8, 2020
- November 10, 2020

OPEN MEETING MINUTES

Instructions: F-01922A

Name of Governmental Body: Wisconsin Long Term Care Advisory Council			Attending: Audrey Nelson, Beth Swedeen, Carol Escher, Cathy Ley, Christine Witt, Denise Pommer, John Sauer, Lea Kitz, Mary Fredrickson, Maureen Ryan, Bob Kellerman, Sam Wilson, Tim Garrity
Date: 9/10/2019	Time Started: 9:30 a.m.	Time Ended: 3:30 p.m.	
Location: Clarion Suites at the Alliant Energy Center, Madison			Presiding Officer: Heather Bruemmer, Chair

Minutes

Members absent: Cindy Bently

Others present: Alfred Johnson, Brenda Bauer, Carrie Molke, Betsy Genz, Cathy Klima, Curtis Cunningham, Grace Knutson, Kevin Coughlin, Kimberly Schindler, Kiva Graves, Nate Vercauteren, Suzanne Ziehr

Meeting called to order

Minutes from the July 2019 meeting were unanimously approved on a motion from Maureen Ryan.

Council suggestions:

- Move future July meetings to another date since so many must miss it
  - If not, possibly skip that meeting and DHS could provide a written update to the council
  - Switch meeting months to even months
- Approve motion and minutes separately

Council Membership, presented by Heather Bruemmer

- Council members whose term expires in 2019 and are interested in continued membership of council should send a letter of interest. The letter should include why they want to continue, who they represent and send it to Heather and Suzanne, by September 30
  - Submitting the letter of interest does not constitute a guarantee to continue on the council
- Roberto Escamilla has moved to Sawyer County
  - He has resigned from the LTCAC due to challenges for him to travel to Madison
- For committee membership, consumers are defined as people with disabilities and/or have had experience with long term care, both in and out of Medicaid
  - Ideally would like one representative from the following categories for consumers:
    - Developmentally disabled
    - Physically disabled,
    - Frail elder
    - Utilizing services, but not in Medicaid
- Expert category will need to be discussed more with Secretary
  - Experts should be able to advise council on charges.
- For new people interested in council membership, they should submit a resume and letter of interest to Heather Bruemmer (heather.bruemmer@wisconsin.gov) and Suzanne Ziehr (Suzanne.ziehr@dhs.wisconsin.gov)

Build Out Council Charges, presented by Heather Bruemmer

- Council members split into 4 groups and rotated through the four charges on the following questions:
  - What should the Medicaid agency do related to this charge?
  - What should the Public Health agency do related to this charge?
  - What should other stakeholders do related to this charge? (be specific on who these stakeholders are)
- The charge areas looked at were:
  - Transportation
  - Health Equity
  - Medicaid Long Term Care
  - Workforce

- There is no consumer perspective during the exercise, will need to get feedback from other sources on this also
- Council members should email Heather and Suzanne if they have other items to add, before next meeting

Public Comments

Comments were heard from 1 individual

- Elaina Seep, Aniwahya Consulting Services
    - Cultural competency training should include ICAs and MCOs
        - They aren't aware of tribal process and that the tribe is payer of last resort for medical as well
    - There should be focus on transitioning in and out of skilled nursing facilities and children aging out of programs
        - There is a lack of transition service support in general and even less when applied to tribes
    - Transportation
        - Is the vendor contract is subject to American Recovery and Investment act
        - State has single source contract and it creates a disconnect with the tribes
            - Bad River is only one with a contract with the provider and they have problems with them.
    - Should have more tribal representatives sitting on committees and at trainings
        - Should have a board that has a mix and is held accountable by people they serve

ADRC Scope of Service, presented by Carrie Molke and Kimberly Schindler

- Reviewed summary of the changes
- Comments on the proposed changes are due by September 23, 2019

MCO Contract Feedback, presented by Betsy Genz, Nate Vercauteren, and Grace Knutson

- Went through handout describing council suggestion and DHS comments
- Cost share change will affect some members positively and some negatively
    - This change will be effective February 2021
    - This does not set a rate for the providers. The MCO collects the cost share and they pass it on to the provider
    - Room and board cost will be negotiated between provider and MCO
- *Council Suggestions:*
    - Require MCO to give notice to provider about resident losing services
    - Keep more of the deductions for cost share calculation, would like to see more leeway to ease the transition

State of Assisted Living, presented by Alfred Johnson

- Went through PowerPoint found here: https://www.dhs.wisconsin.gov/publications/p01726-cy-18.pdf
    - This report is published once per year.
- Trend of seeing more consumers in RCACs as a residential option because of affordability and living space.
- Assisted Living Trends
    - Less homes are owner occupied
    - Seeing more complaints with corporate providers and the larger providers
- Trying to work more with APS, ombudsman programs, etc. to deal with the complaints and encourage common sense approaches
- Survey processes
    - More are qualifying for the abbreviated surveys
    - Working on survey process to incorporate more technology and streamline process
    - CMS and DHS working to incentivize providers that provide services to Medicaid participants and qualify for abbreviated survey

Caregiver Task Force Update, presented by Carrie Molke

- Governor's Task for on caregiving was an executive order that came out in February https://evers.wi.gov/Pages/Newsroom/Executive%20Orders/E.O%2011%20Relating%20to%20the%20Creation%20of%20the%20Governor%27s%20Task%20Force%20on%20Caregiving.pdf

    - There are 6 charges in the executive order
    - There are 29 members on the taskforce, including John Sauer and Beth Sweden
    - Chairs are Todd Costello (Executive Director of CLA) and Lisa Pugh (Executive Director of ARC Wisconsin)
    - First meeting is on September 25 at the 27th Street Job Center in Milwaukee, WI
    - DHS providing staffing and working closely with DWD
        - Carrie Molke will be the facilitator
- Phase 1 (about one year)
    - Get to a set of recommendations within a year, this aligns with the budget process
    - determine if there is a need for the committee to continue after phase 1
    - 2 sub-committees:
        - Direct care workforce
        - Unpaid caregiver/family workforce
- Will take information from groups that have held listening sessions around the state
- Will bring in national experts to discuss what works in other states
- Outcome of the task force will be a report that is provided to the Governor's office
- There will be public notices announcing upcoming meetings

Department Updates, presented by Curtis Cunningham and Carrie Molke

DMS updates

- EVV
    - Moving forward with implementation
    - Received good faith extension to implement over the next year without fines
    - DHS and DXC have invited those in MCO and HMO tech roles to a meeting to review service authorization file format on September 19
        - The DHS decision to use the Sandata format was informed by previous feedback from this group
        - We are gathering questions and concerns to help build the meeting agenda via our EVV email, DHSEVV@dhs.wisconsin.gov
    - CMS issued guidance stating CMS does not require live-in caregivers to be part of EVV
        - DHS is working on policy and solutions to address the unique role of live-in caregivers
    - Received guidance from CMS that setting up DME is not considered a visit
    - When individual is in community visit info does not need to be collected
- ScoreCard pilot began September 3 and will end October 3
    - Will have an update at the November meeting
- Family Care GRS 13 is transitioning from Care Wisconsin to Lakeland Care and Inclusa for MCOs based and RFP results
    - Options counseling will begin in the next month and forums are occurring this week
- HCBS
    - Will be visiting all non-residential providers
        - First round will be concluded in Q2 of 2020
        - Another round will be completed after that to confirm remediation activities were completed
- Budget initiatives
    - Personal care and direct care rate increases will occur

DPH updates

- Budget
    - Dementia Care Specialists: 8 ADRCs; 1 Tribal DCS
    - Applications due November 8th
    - Hope new people will be in place
- Dementia
    - Teams continue to meet and focus on community based care and emergency care
    - Working on how to implement strategies in the plan. Meeting in October of all that are actively engaged in

the plan.
    - The Governor's mansion is becoming dementia friendly
        - The first lady has shown interest in dementia as a key priority of hers.
- APS Conference
    - The conference is entitled "Partnerships and Protections: Opportunities and Challenges in a Multi-Disciplinary Approach to Adults at Risk."
    - Thursday and Friday, October 10 and 11 at The Wilderness Resort in Wisconsin Dells. The conference is sponsored by Sponsored by the State of Wisconsin Department of Health Services, Division of Care and Treatment Services, Division of Medicaid Services, Division of Public Health, and the Division of Quality Assurance.
    - Much of the training will be done in plenary sessions with four experts in the fields of APS, elder abuse prosecution, forensics, and geropsychiatry.
- DOJ Abuse in Later Life Grant
    - The Abuse in Later Life Program, which partners with law enforcement, prosecutors, judges, victim services, culturally specific community programs, aging network professionals, faith-based programs, and adult protective services will provide training, funding for victim services, and establish a coordinated community response to elder abuse.
    - A kickoff event was held on August 6, 2019, at the State Bar of Wisconsin. It included more than 90 people who took the day's training and case review back to their communities for further program development through 2021. Over the next several years, additional trainings will be provided to law enforcement, victim services, adult protective services, prosecutors, aging services, and judges. Topics will include investigating elder abuse, interviewing older witnesses and victims, common dynamics prevalent in elder abuse cases, and aging.
    - The program will also include establishing and enhancing Coordinated Community Response Teams in pilot communities: Door County, City of Milwaukee, Outagamie County, and the Oneida Nation of Wisconsin. Each of these communities will also hold the first of several training on elder abuse in September and October 2019. This program is funded through federal grant funding from the U.S. Department of Justice Office of Violence Against Women
- Caregiver Taskforce
    - Update provided later in the meeting
- Health Equity
    - Aging/Disability Network Leadership Development
        - Information/Training to the aging and disability network- disparities, equity, inclusiveness/implicit bias
            - Effect of disparities on health and longevity
            - Disparities "are mostly the result of policy decisions that systematically disadvantage some populations over others (especially populations of color and American Indians, LGBTQ, low income and people with disabilities)"
            - Survey (readiness/call to action)
            - Round-up of current and planned efforts around aging/disability network
    - Reviewing aging/disability policies with health equity lens
        - Nutrition program
        - Caregiver support
        - Aging and Disability Resource Centers
        - Funding formula/cost allocation

        - Tribal programming
        - Dementia programming
        - Internal operations (hiring practices, other)
        - Other
    - Designing/creating new programming
        - Dementia system redesign
        - Caregiver taskforce
        - Others
    - Committees/Coalitions forming
        - State
        - Local
    - Learning collaborative/community of practice/statewide workgroup planned
    - BADR participation in division-level work
        - Health Equity Advisory Team
        - LGBTQ steering committee
- Long-Path
    - Consultant will be meeting with LTCAC at November meeting
- ADRC/No Wrong Door ROI Grant
    - Federal grant received by 8 or 9 other states
- Healthy Aging Campaign
    - Address ageism and help people be empowered over how they age
    - Provide tools to maintain their health and longevity as long as possible
    - Want to provide a higher level of support than have in the past
    -

Council Business

- None

Adjourn

Motion to adjourn the meeting made by Denise Pommer, seconded by Mary Fredrickson. The meeting was adjourned unanimously.

Prepared by: Suzanne Ziehr on 09/10/2019.

These minutes are in draft form. They will be presented for approval by the governmental body on: 11/12/2019

Draft 2020-2021 Long Term Care Advisory Council Charges

Charge 1: Long Path

Planning and problem solving strategy looking ahead 10, 15, 25, and 100 years. Develop a collaborative and innovative strategic plan visualizing a future based on shared values and beliefs on what Wisconsin's long term care system will look like.

Charge 2: Medicaid Long Term Care

Explore strategies to ensure Wisconsin's Long Term Care programs focus on the whole person including: access; choice; high-quality; collaborative relationships; efficient and cost effective; with Wisconsin leading the nation in LTC delivery and services and supports.

- Provide advice and guidance on the number of GSRs.
- Provide advice and guidance on the number of MCOs, ICAs, and FEAs in each GSR.
- Provide advice on procurement strategies for MCOs and ICAs.
- Provide advice on benefit definitions, reimbursement models, rates, and value based purchasing strategies.
- Provide advice and guidance on integrating or aligning long term care services with behavioral health services and acute and primary care services, including services provided through Medicare

Charge 3: Transportation

Explore strategies to coordinate transportation in a more efficient and effective manner to improve access for medical, non-medical and social activities.

- Provide advice on the option of a Transportation Summit to bring together DOT, DHS, DWD, tribes and key stakeholders.
- Explore the transportation activities of other councils and Departments.
- Explore ways to coordinate transportation rides and funding strings to develop a new strategy to improve effectiveness.
- Explore transportation to help caregivers reach consumers.

Charge 4: Health Equity

Develop strategies so everyone in Wisconsin's Long Term Care programs has a fair and just opportunity to be as healthy as possible. Explore strategies to remove obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

- Provide advice and guidance on a cultural competency toolkit.
- Provide advice and guidance on how to ensure access to technology is equitable.
- Explore how the council can work with Division of Public Health related to Wisconsin State Health Assessment.
- Explore ways to engage with ethnically and geographically diverse groups.

Draft 2020-2021 Long Term Care Advisory Council Charges

Charge 5: Workforce

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

- Explore ways to survey direct care workforce and providers regarding vacancies; salaries; and benefits. Provide advice and guidance on suitable wages and benefits for direct care workers. Provide advice and guidance on required financial reporting related to assessing workforce shortages.
- Provide advice and guidance regarding how to measure workforce shortages by provider type.
- Provide advice on the use of technology to improve the workforce shortage.
- Explore tiered certification and universal worker to help with portability and a career ladder.
- Liaison with the Governor's Taskforce on Caregiving. Recommend strategies to the taskforce and implement recommendations from the taskforce.

Wisconsin Long-Term Care Scorecard

Angela Witt, Integrated Data & Analytics Section Chief
Bureau of Fiscal Accountability & Management (BFAM)
Division of Medicaid Services (DMS)

November 12, 2019

LTC Scorecard

- Provides information on the strengths and weaknesses in Wisconsin's Long Term Services and Supports (LTSS) system
- Available at: https://www.dhs.wisconsin.gov/publications/p01265.pdf
- Includes elderly, physically disabled, and developmentally disabled adults
- Modeled after a national scorecard ranking states on LTSS for elderly and physically disabled adults
  - Current national scorecard called "Picking Up the Pace of Change"
  - Available at www.longtermscorecard.org/2017-scorecard
- Creates opportunity to track progress over time and to inform key initiatives

Dimensions

1. Access
2. Choice of setting and provider
3. Quality of life
4. Support for family caregivers
5. Effective transitions
6. Reform initiatives

Indicators and Data

- Criteria for indicators
  - Measure things that can be impacted by the Department of Health Services (DHS) policy
  - Compared to national metrics, where possible
- Standards for data
  - Available and extractable from existing databases
  - Valid and sustainable over time
  - Applicable and defensible

What's New

- 2017 data
  - Scorecard reflects 2015-2017 data
  - Each indicator features three consecutive years
- New indicators added
  - Three new indicators added (1.3, 3.1.4, and 3.4)
  - Two use National Core Indicators survey data
- No other changes for this edition
  - All other indicator definitions are the same
  - No new national comparisons

Dimension 1: Access

1	Access		2015	2016	2017	Progress
	1.1	Percentage of eligible adults on waiting list for long-term care programs	3.4%	2.6%	2.1%	✓
	1.2	Percentage of total LTSS Medicaid funding spent on the care and support of enrollees in Home and Community-Based Services Waivers (HCBS Waivers)—adults	72.8%	75.0%	76.9%	✓
	1.3	Percentage of Wisconsin respondents to National Core Indicators (NCI) survey saying they are able to get places when they want to do something outside their home	80.0%	86.0%	78.0%	-

Dimension 2: Choice of Settings and Providers

2	Choice of Settings and Providers		2015	2016	2017	Progress
	2.1	Percentage of eligible Medicaid people enrolled in HCBS Waivers—adults	80.2%	81.7%	83.4%	✓
	2.2	Percentage of managed long-term care (MLTC) and self-directed long-term care (SDLTC) waiver enrollees self-directing services	34.9%	34.6%	34.7%	-

Dimension 3: Quality of Life, Employment

3	Quality of Life		2015	2016	2017	Progress
	3.1.1	Percentage of adult age 18–64 HCBS Waivers enrollees in the intellectual or developmental disabilities (I/DD) population who are working in any setting.	45.2%	43.3%	39.7%	✗
	3.1.2	Percentage of adult age 18-64 HCBS Waivers enrollees in the I/DD population who are working in a nonworkshop setting	23.7%	24.6%	24.0%	-

Dimension 3: Quality of Life, Employment

3	Quality of Life		2015	2016	2017	Progress
	3.1.3	Percentage of adult age 18-64 HCBS Waivers enrollees in the physical disabilities (PD) population who are working in a nonworkshop setting	3.6%	3.6%	3.4%	-
	3.1.4	Percentage of working adult (aged 18-64) HCBS Waiver enrollees in the I/DD population who are working in a nonworkshop setting	52.4%	56.8%	60.4%	✓

Employment Trends

- Trends for prior indicators remained consistent with the addition of 2017 data.
  - Overall percentage of enrollees with I/DD working has decreased each year.
  - Percentage of enrollees with I/DD working in a non-workshop setting has increased each year.
  - Percentage of enrollees with PD has remained flat.
- New indicator 3.1.4 shows that of enrollees with I/DD with any kind of work, an increasing percentage work in non-workshop settings.

Dimension 3: Quality of Life, Living Situation

3	Quality of Life		2015	2016	2017	Progress
	3.2.1	Percentage of adult HCBS Waivers enrollees reporting they prefer to change their living situation	12.2%	12.3%	12.4%	-
	3.2.2	Percentage of adult HCBS Waivers enrollees reporting they prefer a less restrictive living situation than their current setting	7.1%	7.1%	7.2%	-

Dimension 3: Quality of Life, Enrollees with Natural Supports

3	Quality of Life		2015	2016	2017	Progress
	3.3	Percentage of adult HCBS Waivers enrollees with natural supports	72.3%	72.8%	72.3%	-
	3.4	Percent of NCI respondents saying their support staff treats them with respect	93.0%	89.0%	93.0%	-

Dimension 4: Support for Families and Other Natural Support Caregivers

4	Support for Families and Other Natural Support Caregivers		2015	2016	2017	Progress
	4.1	Percentage of adults living with family or spouse wherein the family or guardian prefer the person move to another setting	4.0%	4.2%	4.2%	-
	4.2	Percentage of adults living with spouse or family receiving unpaid care who also receive respite	13.0%	12.9%	12.2%	x

Dimension 5: Effective Transitions

5	Effective Transitions		2015	2016	2017	Progress
	5.1	Percentage of nursing home (NH) residents with low care needs	8.4%	8.3%	8.2%	✓
	5.2	Percentage of new NH stays that last 100 days or more	17.1%	16.5%	16.1%	✓
	5.3.1	Percentage of NH residents with dementia who experience potentially burdensome end-of-life transfers	7.3%	6.9%	6.3%	-
	5.3.2	Percentage of HCBS Waivers enrollees with dementia who experience potentially burdensome end-of-life transfers	10.9%	10.8%	11.0%	-

Dimension 6: Reform Initiatives, NHs

6	Reform Initiatives		2015	2016	2017	Progress
	6.1.1	NH utilization: Percentage of elderly, blind, or disabled Medicaid enrollees using nursing home care	9.1%	8.7%	8.4%	✓
	6.1.2	NH occupancy: Percentage of licensed beds occupied	79.0%	76.4%	75.9%	

Dimension 6: Reform Initiatives, Intermediate Care Facilities

6	Reform Initiatives		2015	2016	2017	Progress
	6.2.1	Intermediate care facility utilization: Percentage of I/DD enrollees using intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs)	1.2%	1.3%	1.1%	-
	6.2.2	ICF/IID occupancy: Percentage of licensed beds occupied	90.4%	88.9%	85.7%	

Dimension 6: Reform Initiatives, Inpatient Behavior Health

6	Reform Initiatives		2015	2016	2017	Progress
	6.3.1	Inpatient behavioral health utilization: Percentage of HCBS Waivers enrollees and fee-for-service (FFS) institution residents using inpatient behavioral health care	1.6%	1.5%	1.4%	✓
	6.3.2	Inpatient behavioral health utilization: Percentage of HCBS Waivers enrollees and FFS institution residents with dementia using inpatient behavioral health care	1.4%	1.4%	1.2%	✓

Other Updates and Next Steps

- Wisconsin Medicaid Scorecard on Serving Children with Disabilities and/or Delays 2016-2017
  - Published October 2019
  - https://www.dhs.wisconsin.gov/publications/p02497.pdf
- 2020 Updates to this LTC Scorecard
  - Add 2018 data in 2020
  - Likely add National Core Indicators – Aging and Disabilities data
- Possible future updates
  - How else do we measure access after the waitlist indicator is zero?
  - Revisit infographics and/or interactive displays

Options Scorecard Update

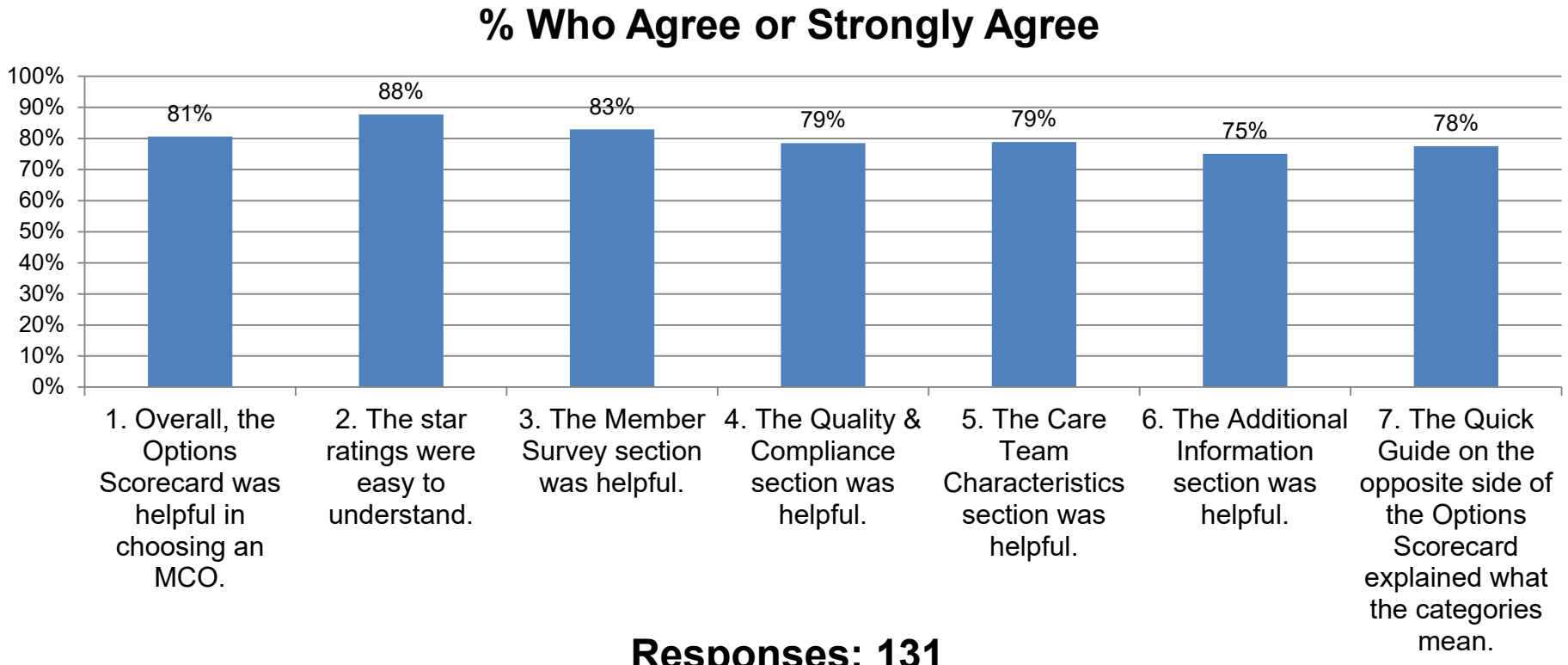
November 12, 2019

Long Term Care Advisory Council
Jasmine Bowen, Quality Assurance Program Specialist, BAPP

MCO/ICA Options Scorecard Pilot Survey

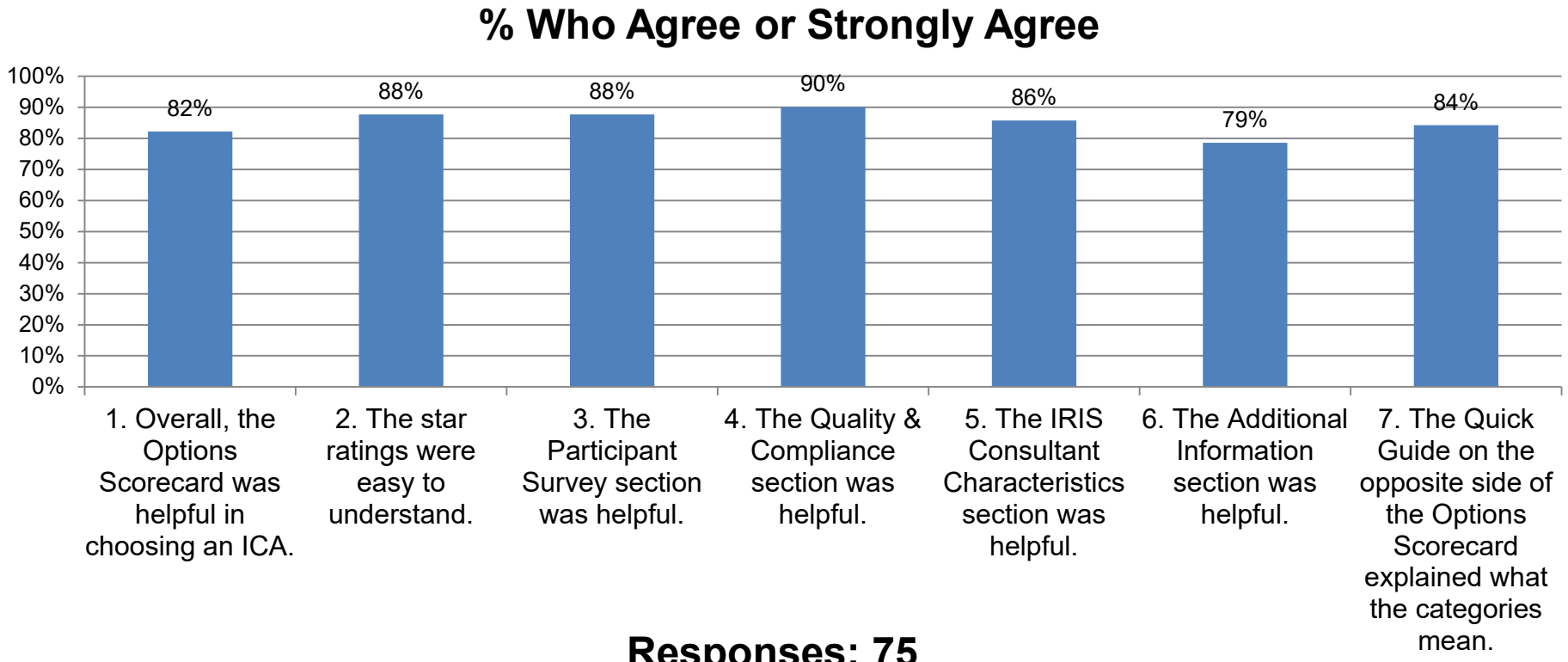
- Pilot Duration: 9/3/19 – 10/3/19
- Administered by ADRC Enrollment Counselors in 12 Pilot ADRCs
- Customer Survey asks consumers 7 questions evaluating the effectiveness of the Options Scorecard in selecting an MCO or ICA
  - 5-point Likert Scale (Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree)
- 229 total responses
  - Of an estimated maximum 819 responses based on average # of ADRC enrollment conversations/month (~28% response rate)
  - 131 respondents chose Family Care
  - 75 respondents chose IRIS
  - 23 respondents did not indicate which program/MCO/ICA they selected or were undecided

MCO Summary of Survey Responses



Responses: 131

ICA Summary of Survey Responses



Responses: 75

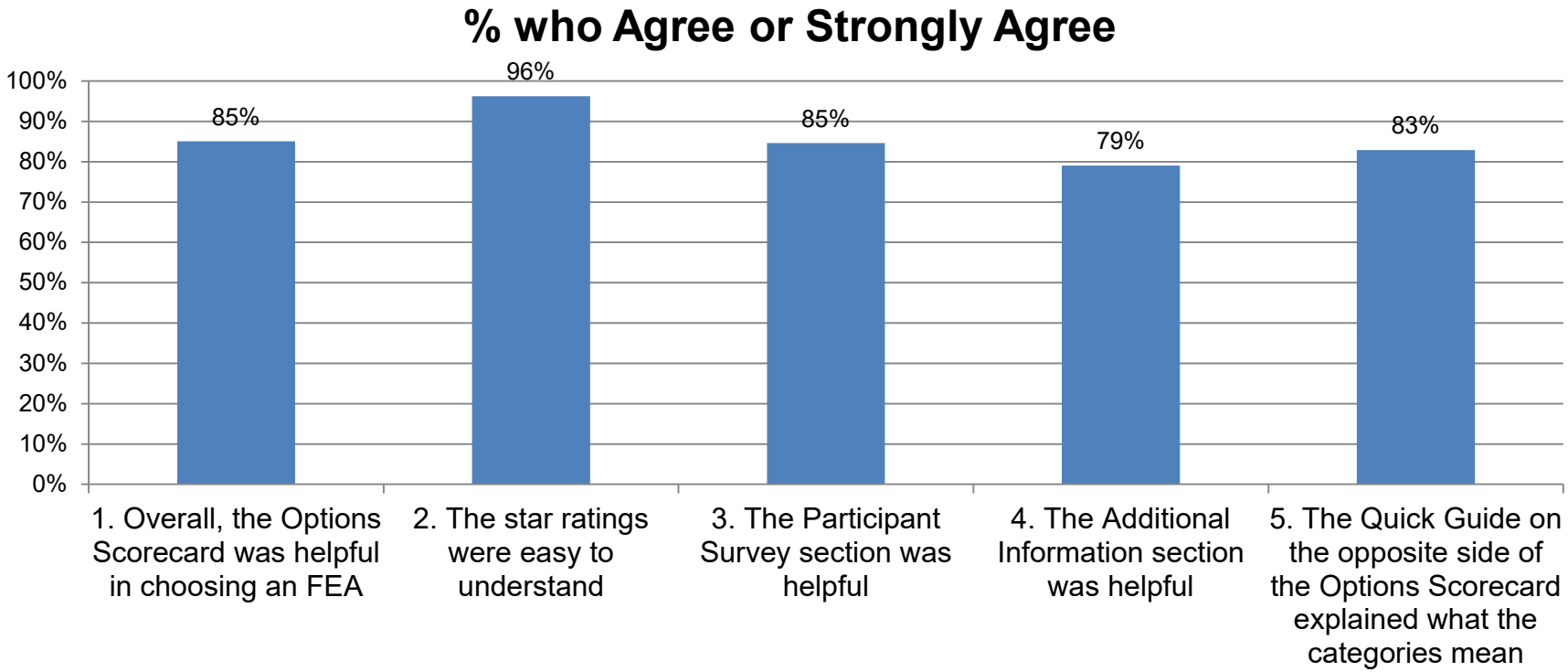
Themes from Respondents' Written Feedback

- Many customers find the star ratings helpful and easy to understand; some customers still find the information unclear or overwhelming
- Some customers reported needing help interpreting the ratings/items in the scorecard but that once explained by enrollment counselors/ICs, they understood
- MCO selection is still often based on availability of providers in MCO's network
- ICA and MCO selection is still often based on previous experience or recommendation from others, but multiple respondents noted that they weighed the scorecard into their decision-making, or that the scorecard confirmed their decision
- Some customers noted that all of the MCOs achieved similar star ratings, so it didn't obviously distinguish which MCOs were better or worse
- Some customers asked for county-specific information
- Many customers requested large print option (will be provided for statewide release)

Some Customer Survey Responses

- “Scorecard helped finalize decision, good source of reference”
- “Was helpful, it explained what I was looking for”
- “Made it easier to choose which MCO to go with”
- “Descriptors were clear and concise”
- “Additional info section was good to know locations & numbers”
- “Confusing somewhat. Everybody has the same stars”
- “Unable to understand until explained by screener”

FEA Summary of Survey Responses



Responses: 108

Themes from Respondents' Written Feedback

- Overall, people find the FEA Options easy to understand, but due to limited information there is ambivalence about its usefulness in FEA selection.
- Many people still chose their FEA based on word of mouth or prior experience with the FEA, but about half of those people expressed weighing scorecard factors into their decision.
- Other factors that influenced participants' decisions:
  - Location of FEA
  - FEA websites/doing research
- Participants would like to know how many people completed the 2018 Participant Satisfaction Survey

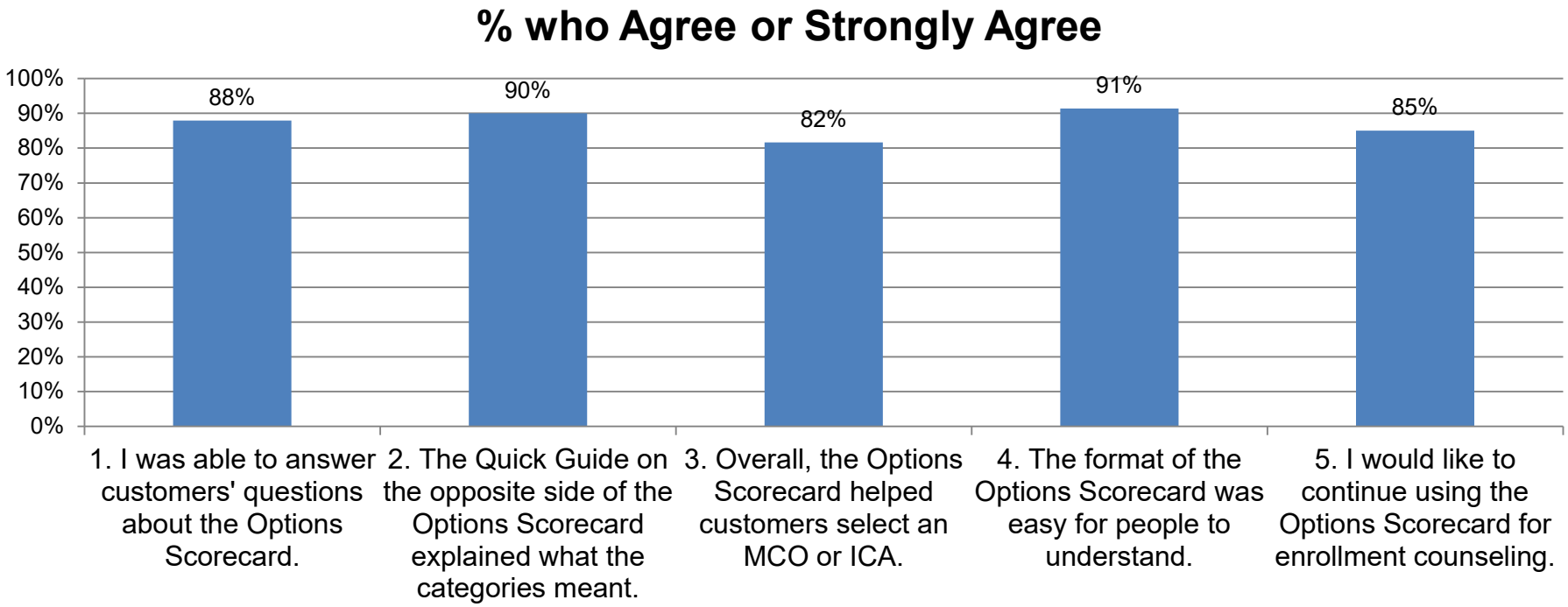
Some Participant Survey Responses

- “Used the ratings from the satisfaction survey”
- “Location and stars, word of mouth from friends”
- “I chose [FEA] based on the length of time they have been around and because I had heard of them”
- “I along with my caregiver heard [FEA] was faster in enrollments and doing background checks quicker”

Enrollment Counselor Pilot Survey

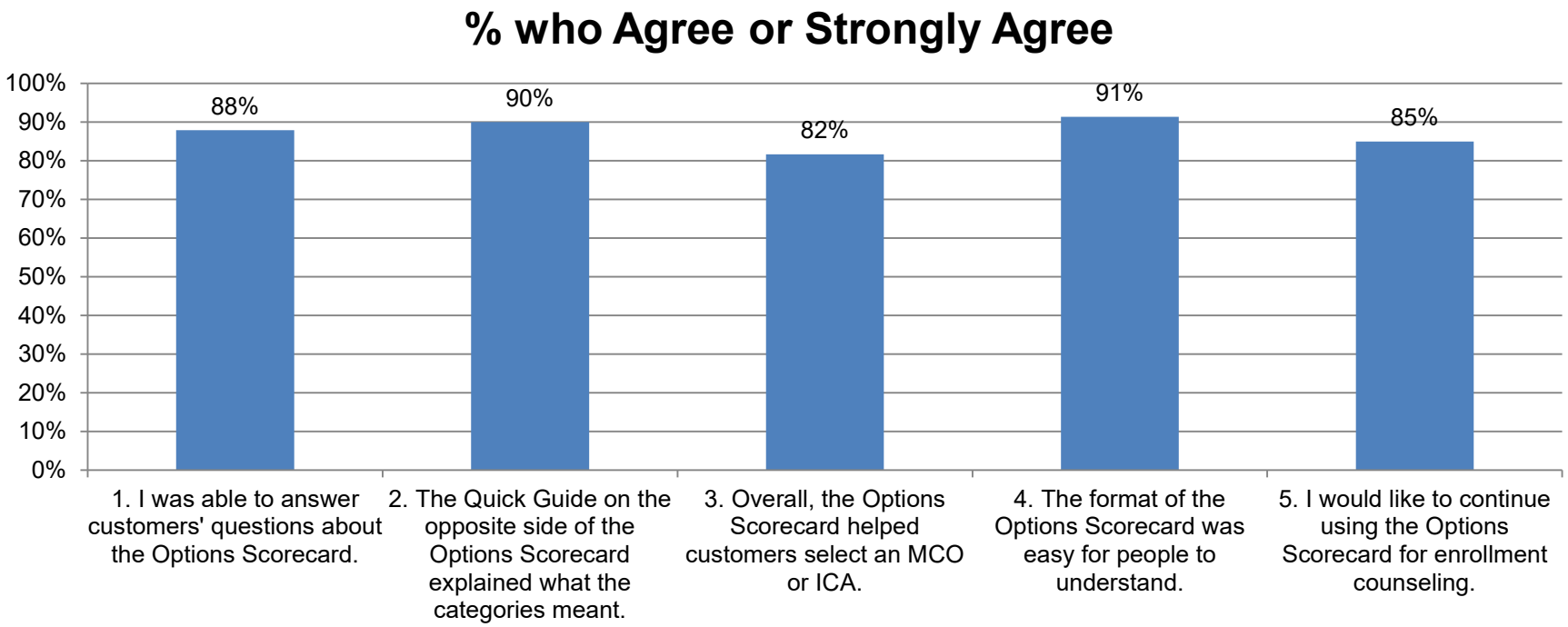
- Enrollment Counselor Survey asks 5 questions evaluating the effectiveness of the Options Scorecard
  - 5-point Likert Scale (Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree)
- 60 ADRC Enrollment Counselor respondents

Summary of ADRC Enrollment Counselor Responses



Responses: 60

Summary of IRIS Consultant Responses



Responses: 29

Enrollment Counselor/IC Survey Feedback

- Location of offices is important for decision-making.
- The visual star ratings are helpful for many, but some people prefer just to have the total number of stars each MCO/ICA earned.
- Add the satisfaction survey response rates.
- The more information provided about the options, the better the options counseling.
- Would like county-specific data

Some Enrollment Counselor Survey Responses

- “The scorecards make enrollment counselling MUCH more meaningful than in the past. There is actual useful information that we are able to provide and remain unbiased at the same time.”
- “The scorecards were very effective in helping consumers make a choice. It provoked more dialogue.”
- “Many people enjoyed having more information on quality of the programs they were choosing. They felt like they had the information they needed to make an informed decision”

Some Enrollment Counselor Survey Responses

- “I had some customers who wanted more detailed information about each program such as the amount of providers for certain services, the amount of members who utilize self directed supports or employment services. Just interested in if there can be more detailed information about the services.”
- “Clients wanted to know the specific details of the counties in our area versus the state”
- “Did not help but did not hurt. Better than what we were using but still lacked information. Provide more information about each agency.”

Some IRIS Consultant Survey Responses

- “The scorecard is very useful because it provides real data. When a participant enrolls in IRIS they have no idea what an FEA is. Having to make a choice of which FEA they want to work with when they don't know what it is can be overwhelming. They always ask the IRIS consultants which FEA we think they should choose. Now with the scorecard, we can deflect that question and show the scorecard to allow them choose based on the information on the card.”
- “I feel that in most cases, the score cards help participants to make a more informative decision.”
- “More questions given to the PPT for the survey such as timeliness to resolve issues or wait times to speak to a rep”
- “One participant wanted to know the ease of use for the online portals. I have never used the online portals and could [not] provide any feedback.”

Statewide Release Timeline

- **12/16:** ADRCs receive PDF scorecards, including PACE, large print, and translated versions
- **12/16:** Aggregated scorecards available on IRIS, Family Care, and ADRC websites
- **1/1:** All ADRCs officially begin using Options Scorecard

WISCONSIN DEPARTMENT of HEALTH SERVICES

Advancing Health Equity
The Key to a Healthy Wisconsin

Long Term Care Advisory Council November 12, 2019
Jeanne Ayers, R.N., M.P.H.
State Health Officer
Administrator, Division of Public Health

Today--Introduce

A systems approach to building healthy communities

Three practices designed to build our capacity to create healthy communities for all

- Organize and strengthen community capacity
- Organize policy, processes, resources, funding
- Organize narrative, data, knowledge

Public Health

"Public health is what we, as a society, do collectively to assure the conditions in which (all) people can be healthy."

Institute of Medicine (1988), Future of Public Health

What is Health?

From WHO 1948 and Ottawa Charter for Health 1986

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

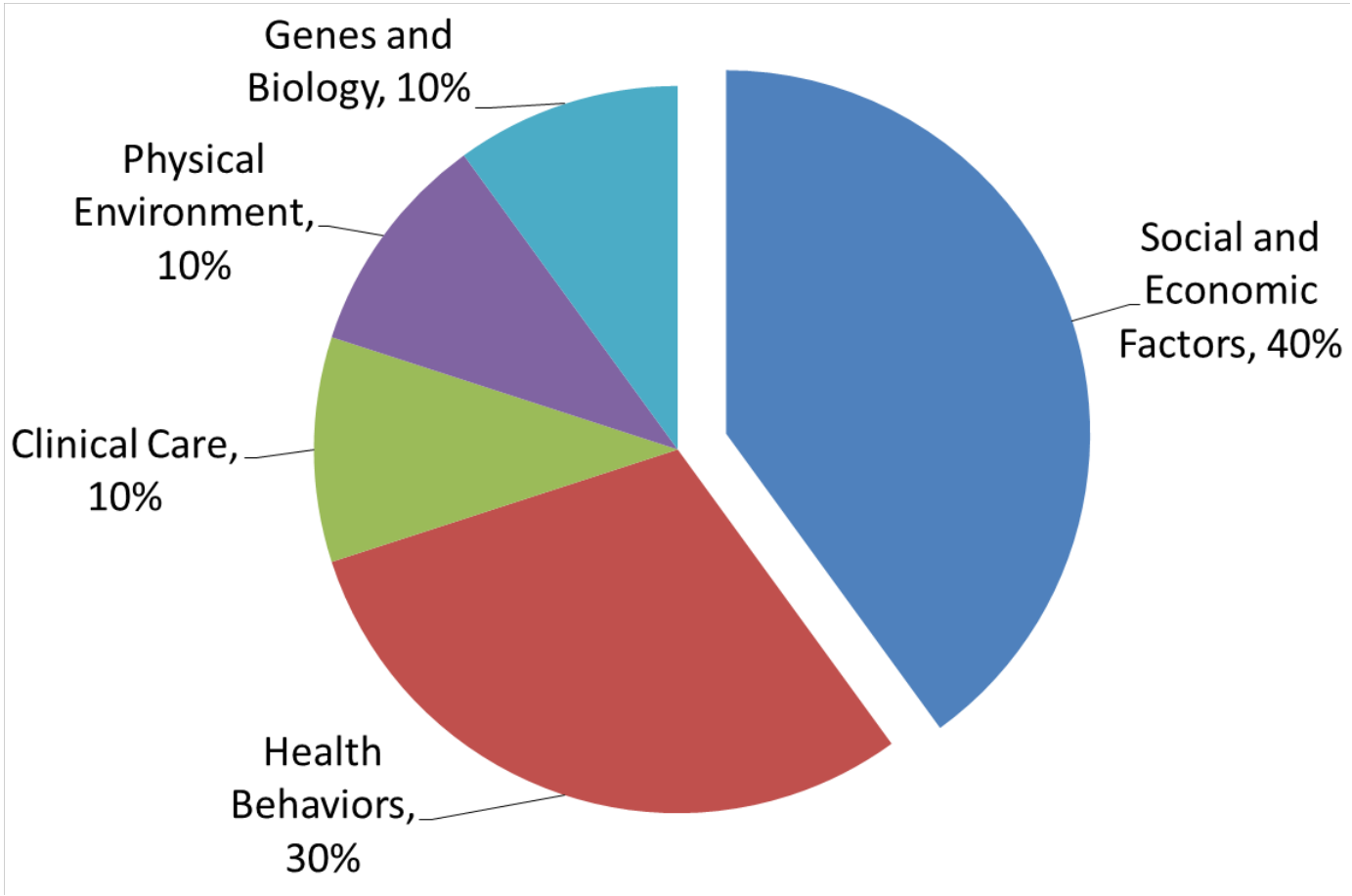
What is required for Health?

What is necessary for Health?

- Peace
- Shelter
- Education
- Food
- Income
- Stable eco-system
- Sustainable resources
- Social justice and equity

World Health Organization. Ottawa charter for health promotion. International Conference on Health Promotion: The Move Towards a New Public Health, November 17-21, 1986 Ottawa, Ontario, Canada, 1986. Accessed July 12, 2002 at <http://www.who.int/hpr/archive/docs/ottawa.html>.

Factors that determine health



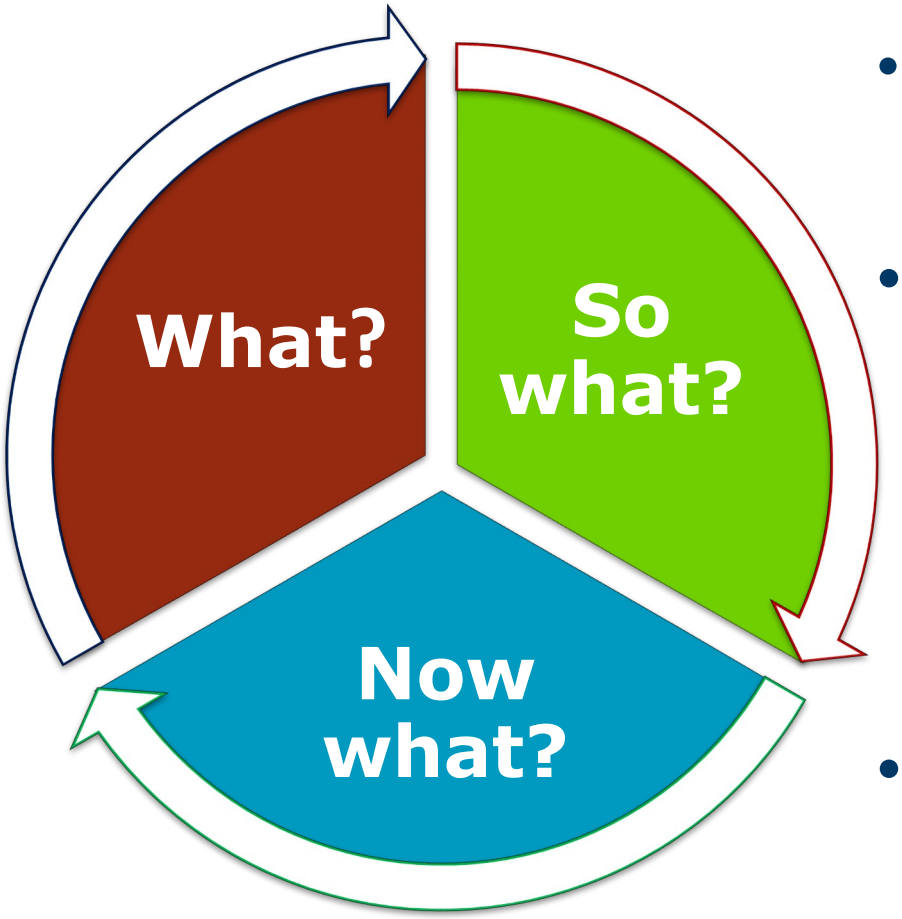
Tarlov AR. Public policy frameworks for improving population health. *Ann N Y Acad Sci* 1999; 896: 281-93.

Health is……

Health is a complex system or set of systems that intersect and influence one another.

A systems approach to creating healthy communities

A Systems Approach to Navigating Complexity



- **What?:** Identify existing patterns
- **So What?**: Understand the meaning of the pattern what is its impact on our aim? What sustains the pattern?
- **Now What?** What can we do to change the pattern?

HEALTHY WISCONSIN

Population Age 60 and Older Growth Rate, 2010–2020

Source: Wisconsin Department of Administration, Demographic Services Center, Vintage 2013 Projections

Statewide growth = 36%

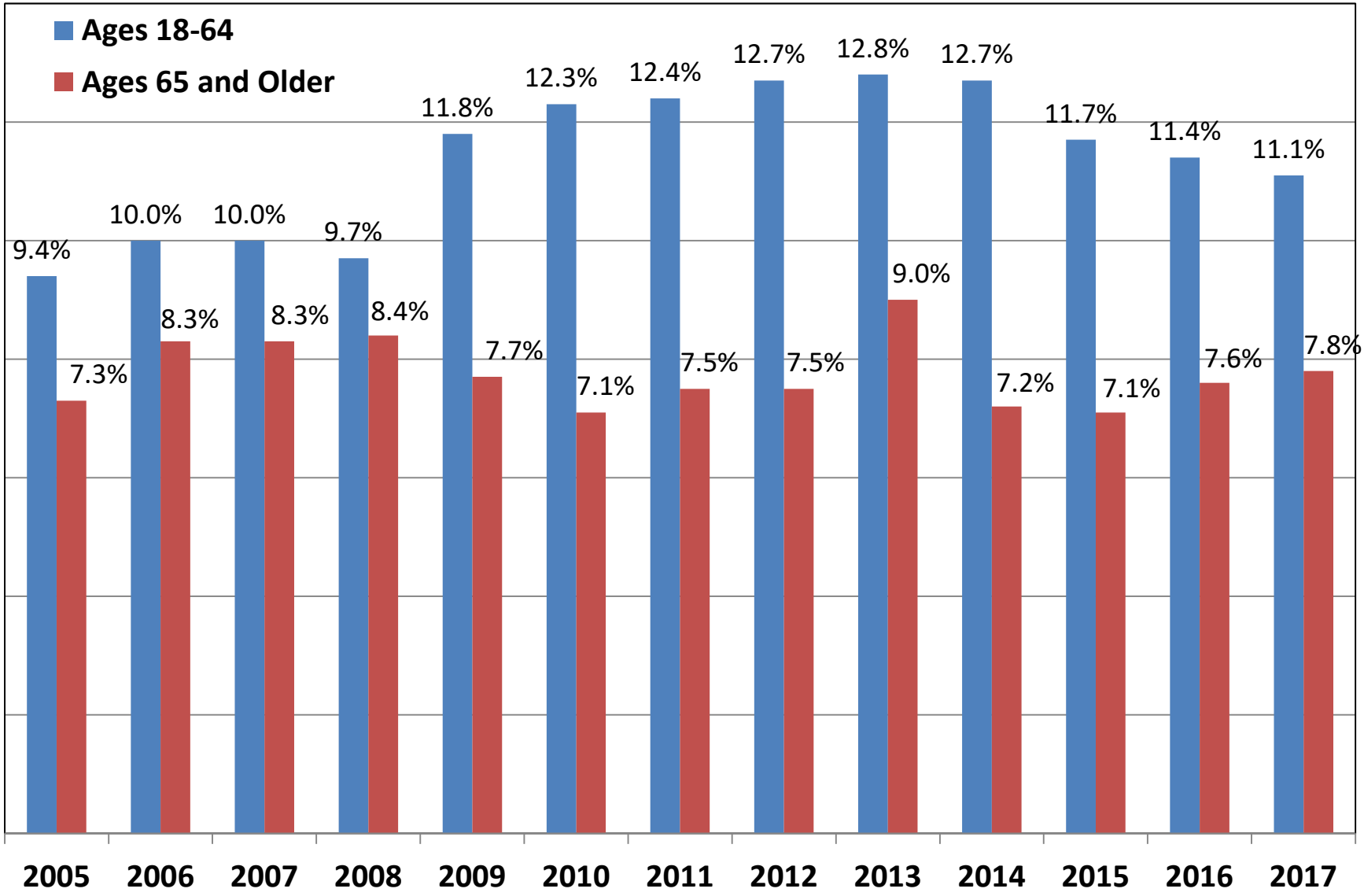
Population Ages 0 to 59 Growth Rate, 2010–2020

Source: Wisconsin Department of Administration, Demographic Services Center, Vintage 2013 Projections

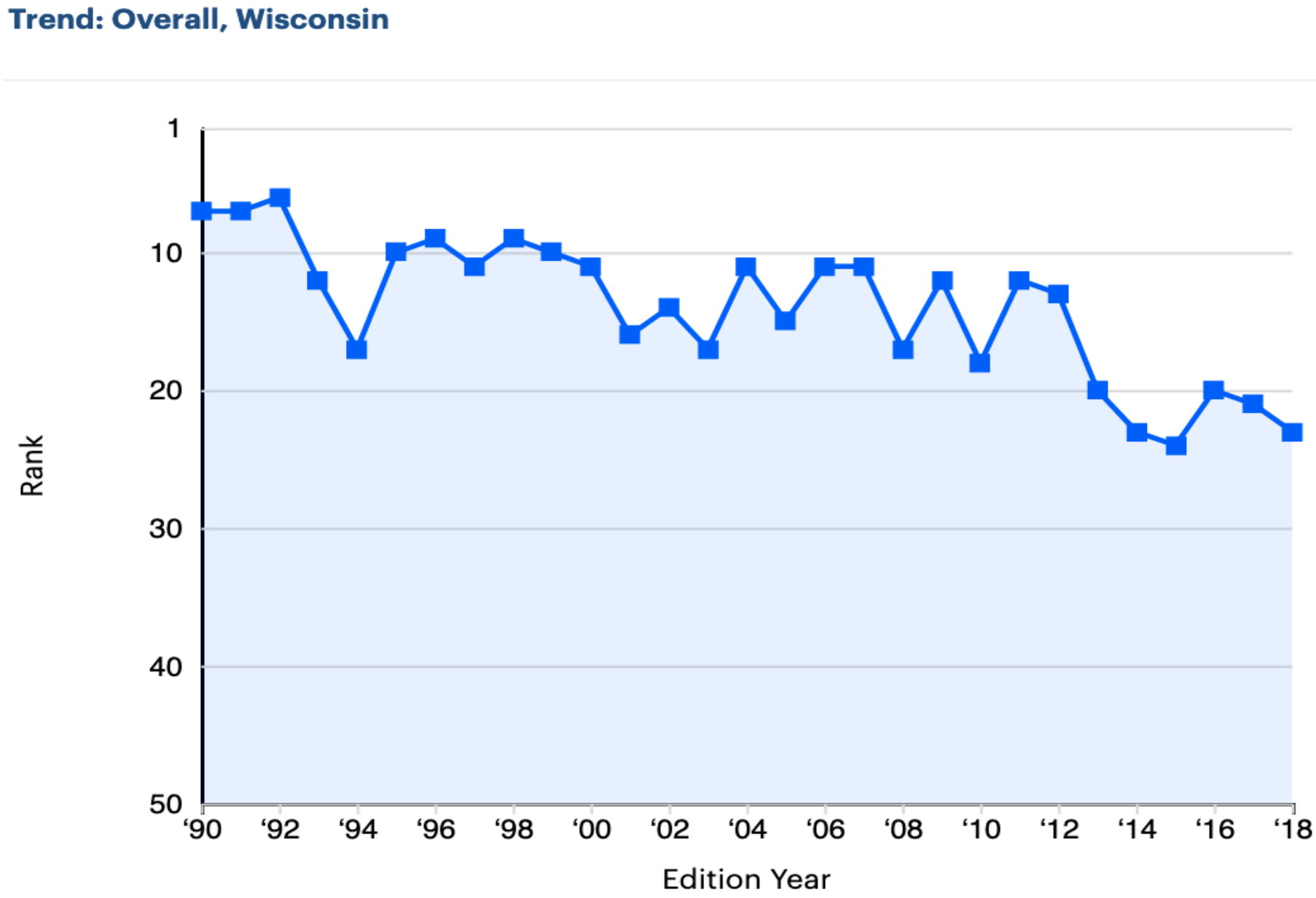
Statewide growth = -2%

Poverty Rate by Age Group, Wisconsin, 2005-2017

Source: U.S. Census, American Community Survey, Table S1701



Overall Pattern in Wisconsin Health Rankings



Health disparities are significant and persistent, especially by race:

In Wisconsin, an African American infant has almost three times the chance of dying in the first year of life as a white baby.

Disparities in Birth Outcomes are the tip of the health disparities iceberg

Roots of Inequities - How Did We Get Here?

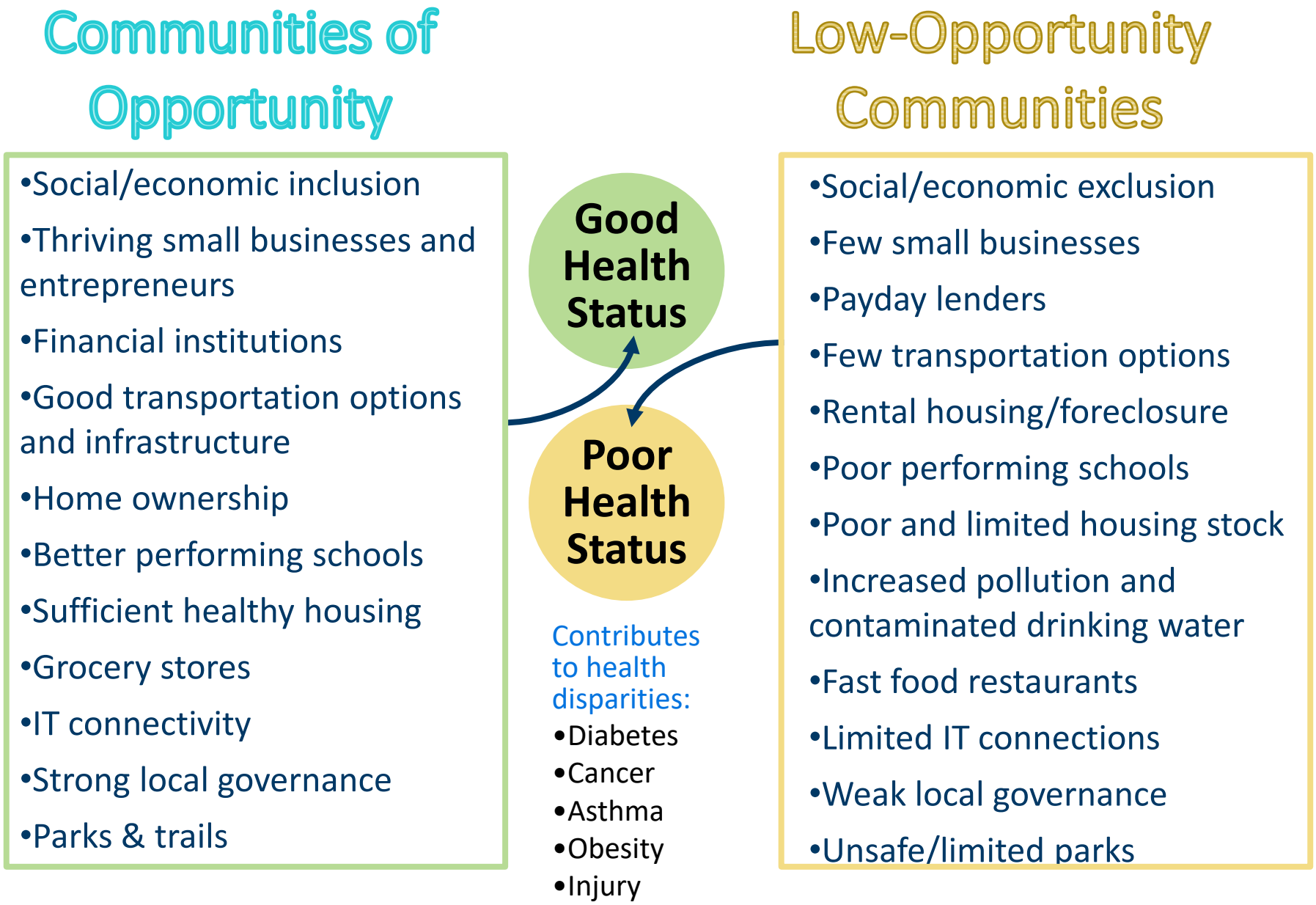
- **Disparities are not simply because of lack of access to health care or to poor individual choices**.
- **Disparities are mostly the result of policy decisions that systematically disadvantage some populations over others**.
  - Especially, populations of color and American Indians, GLBTQ, low income and people with disabilities
  - Structural Racism

Disparities in health are the tip of the societal disparities iceberg

So what does this pattern mean?

The connection between systemic disadvantage and health inequities by race is clear and predictive of the future health of our communities and State.

What is holding the pattern in place?


Communities of Opportunity
•Social/economic inclusion
•Thriving small businesses and entrepreneurs
•Financial institutions
•Good transportation options and infrastructure
•Home ownership
•Better performing schools
•Sufficient healthy housing
•Grocery stores
•IT connectivity
•Strong local governance
•Parks & trails
Good Health Status
Poor Health Status
Contributes to health disparities:
•Diabetes
•Cancer
•Asthma
•Obesity
•Injury
Low-Opportunity Communities
•Social/economic exclusion
•Few small businesses
•Payday lenders
•Few transportation options
•Rental housing/foreclosure
•Poor performing schools
•Poor and limited housing stock
•Increased pollution and contaminated drinking water
•Fast food restaurants
•Limited IT connections
•Weak local governance
•Unsafe/limited parks

Structural/Institutional Racism

Structural racism is the **normalization** of an array of dynamics—historical, cultural, institutional and interpersonal—that routinely advantage white people while producing cumulative and chronic adverse outcomes for people of color and American Indians.

Structural Inequity: Housing

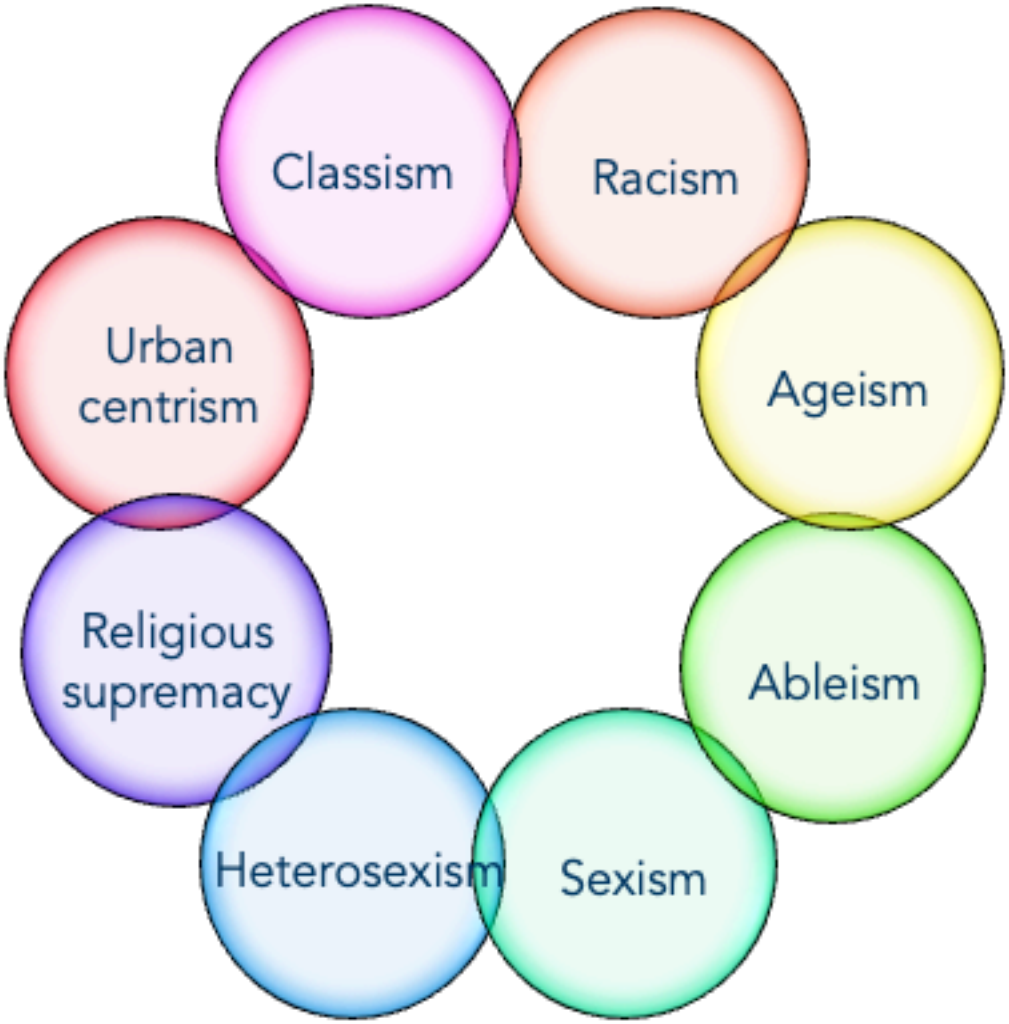
- 75% of white population in Minnesota owns their own home, compared to: (WI 71.6)
- 21% of African Americans (WI 26.2)
- 45% of Hispanic/Latinos
- 47% of American Indians
- 54% Asian Pacific Islanders

Source: Advancing Health Equity Report 2014

Structural/Institutional Racism

- Ignores differential impacts on racial populations
- Ignores differences among racial populations (e.g. wealth, homeownership, transit dependence, employment, education, geography)
- Focuses on ‘efficiency’, cost, numbers to the exclusion of other criteria such as community impact
- Raises barriers to resources, such as grants or contracts
- Is based in dominant culture norms, experiences, approaches or expertise
- Reflects lack of cultural knowledge/background/awareness

"Othering" and Belonging
What is Structural "Othering"?



Hierarchies based on dimensions of identity

… all contribute to systemic, avoidable, unfair, and unjust health outcomes and are used intentionally to maintain power.

What Does "Health Equity" Mean?

Health equity means achieving the conditions in which **all people have the opportunity to realize their health potential**—

—the highest level of health possible for that person—**without limits imposed by structural inequities.**

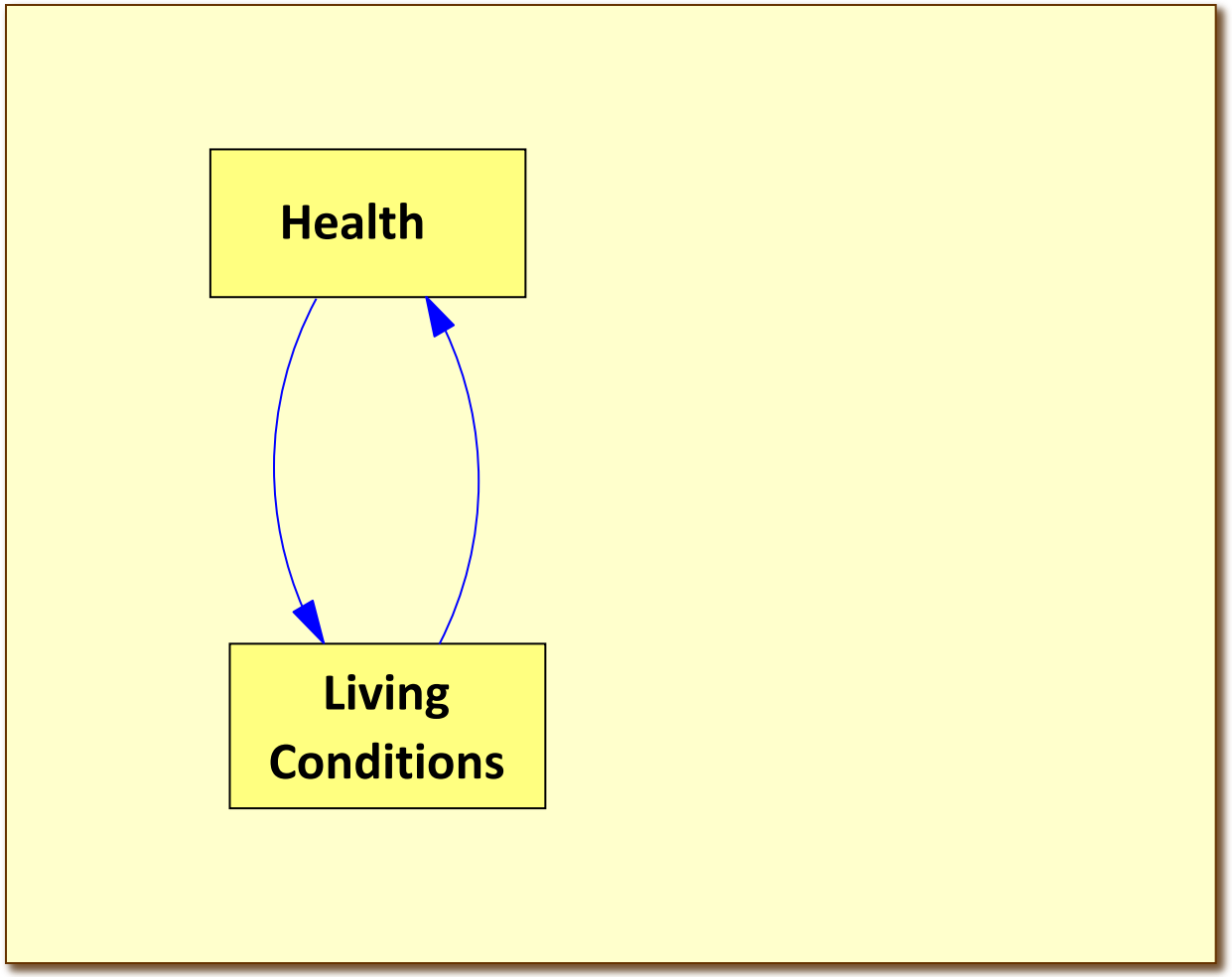
Why We Lead with Equity as the Aim

What happens if we do not lead with equity:

- Increase inequities- i.e. complete streets
- Barrier to targeted investments or approaches
- Decrease power of communities most impacted—disappear from the story—minimize the impact structural, historical inequities and trauma
- Don't build trust
- Decreasing our power to create change—represent the interests of those who are already thriving

What is our Theory of Change?

“What is the pattern? Seeing a Wider Set of Relationships

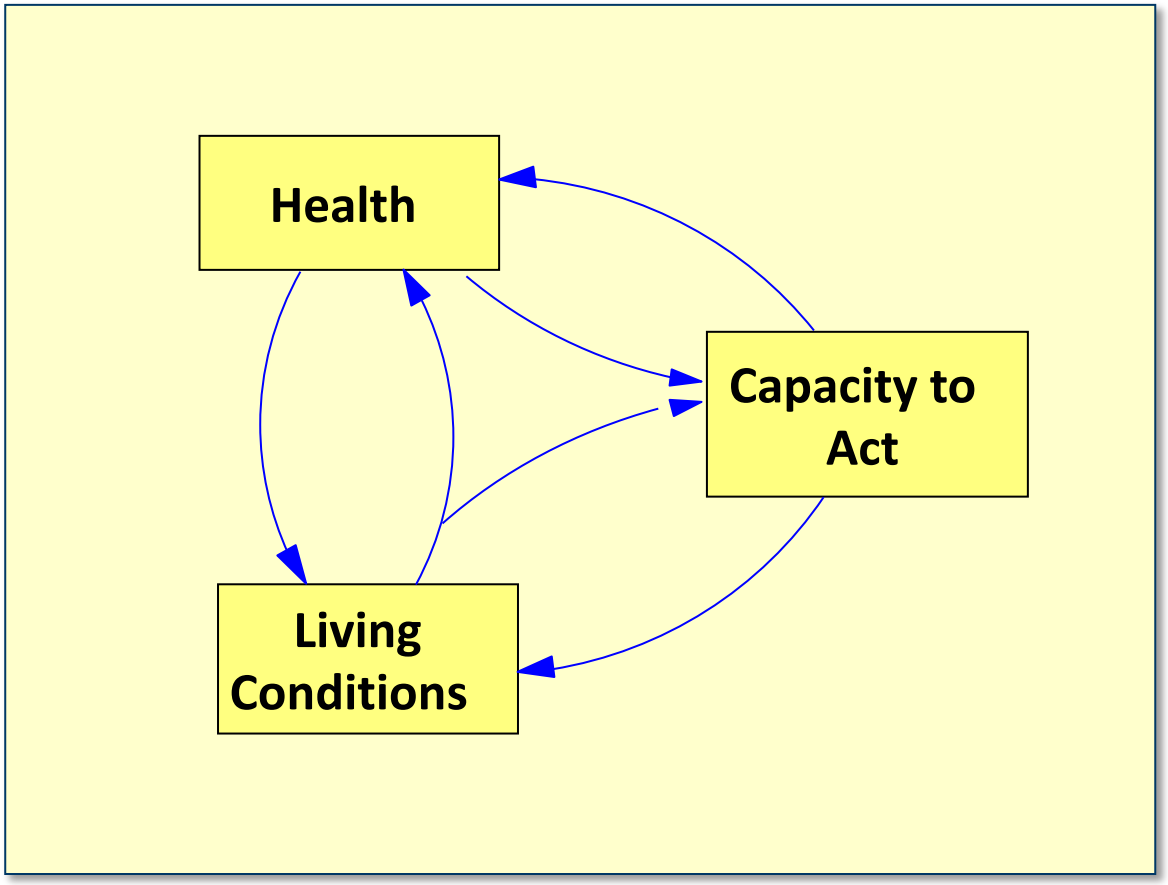


Social Determinants of Health

The conditions and circumstances in which people are born, grow, live, work, and age. These circumstances are **shaped by** a set of forces beyond the control of the individual: economics and the **distribution of money, *power***, **social policies, and politics** at the global, national, state, and local levels.

-WHO and CDC (adapted)

Build capacity to influence living conditions



Public health must build its skills to foster the “capacity to act” (power)

Presented by: Jeanne F. Ayers, Minnesota Department of Health - Milstein B. Hygeia's constellation: navigating health futures in a dynamic and democratic world. Atlanta, GA: Syndemics Prevention Network, Centers for Disease Control and Prevention; April 15, 2008. Available at: http://www.cdc.gov/syndemics/monograph/index.htm

"Power, properly understood, is the ability to achieve purpose.

It is the strength required to bring about social, political, or economic changes.

In this sense power is not only desirable but necessary in order to implement the demands of love and justice. "

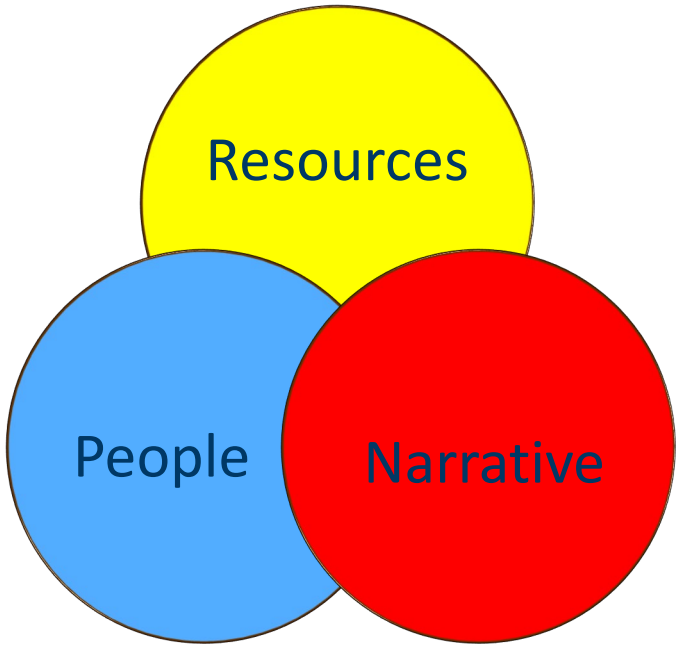
-Martin Luther King, Jr

To Advance Equity requires transforming systems

- **What**? Identify existing patterns.
- **So what**?
  - What is the impact on our aim—to advance health equity?
  - What sustains the pattern?
- **Now what?** What can we do to change the pattern?
  - 3-7 simple practices to strengthen patterns-build capacity/power

Three Practices Strengthen "Capacity to Act"

- Organize the:



- **Expand the understanding** of what creates health to include the "opportunity for health" (Organize narrative, knowledge).

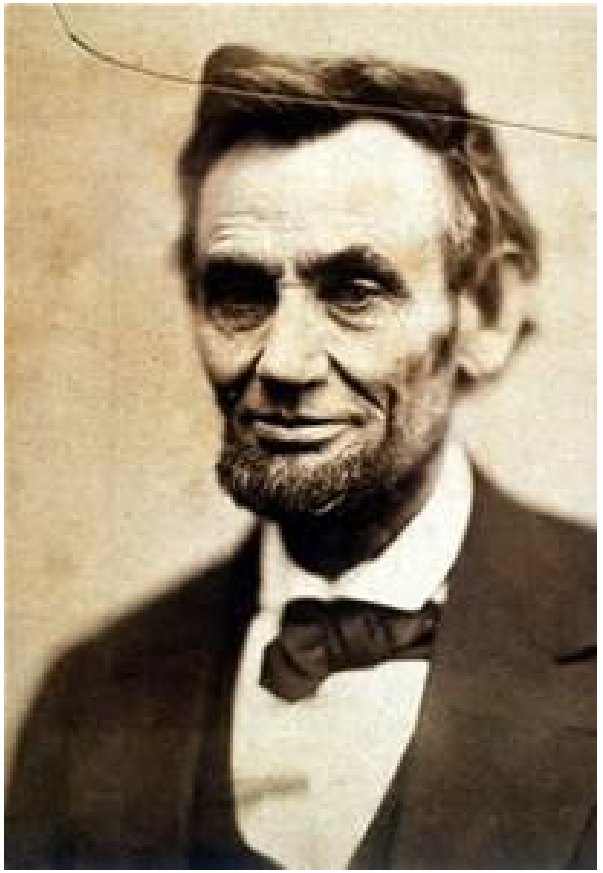
- **Strengthen capacity of communities** to create their own healthy futures. –Process and Partnerships-**(organize people**).

- Implement a **"health in all policies/places"** approach with equity as the goal (**organize resources-and how systems and places work**).

Public sentiment is everything. With public sentiment, nothing can fail; without it nothing can succeed…

…[public sentiment] makes statutes and decisions possible or impossible to be executed.

Abraham Lincoln



Ten Tips for Health

The Role of Narrative for Health Equity

- Narrative determines how issues are understood and framed.
- "Dominant narratives" take over public conversations and influence public will and policy-making discussions.

Dominant Health Narrative

- Health = health care.
- Health = health insurance.
- Health is an absence of physical illness.
- Health is an individual responsibility.
- Health is a private matter.
- Health disparities are the result of individual choices, not systemic problems.
- We all have an equal opportunity to be healthy.

Expand the Understanding of What Creates Health

- Health is not determined by just clinical care and personal choices.
- Health is greatly determined by physical and social determinants affecting individuals and communities.
- Determinants are created and enhanced by policies and systems that impact the physical and social environment.
- Health disparities are mostly the result of policy decisions that systematically disadvantage some populations over others.

Must Choose to Shift Public Narratives

- *Has real policy implications*
- *Is a conscious intentional choice*
- *Requires practice and self awareness*
- *Requires ongoing commitment and support*

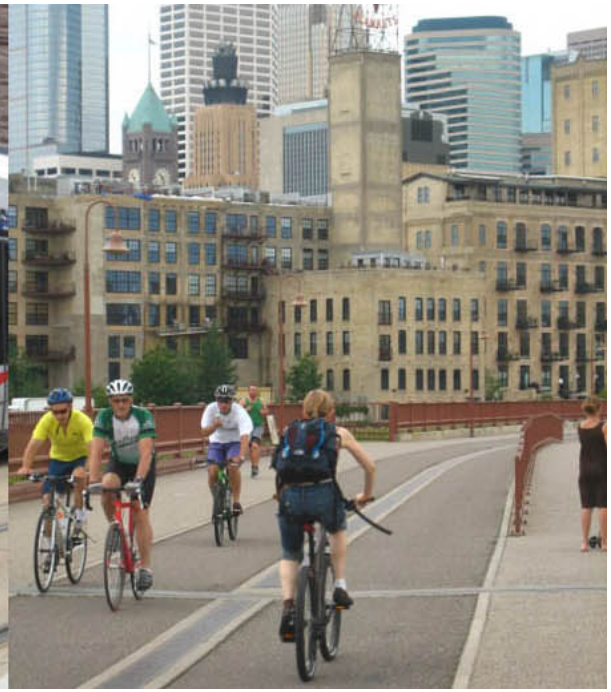
Must be aligned with ACTIONS

Not our Swim Lane?

Employ Tools with Equity as Aim

- Planning and assessment processes (Long Path, State Health Assessment and Plan)
- Data-collection and analysis
- Reports/white papers/Bully Pulpit
- Policy-all levels
- Stakeholder/Partner analysis
- Convening-Process- Community Engagement-partnerships
- Asking Questions

Health in All Policies



Health in all Policies: Asking questions to advance health equity

- Who benefits?
- What health impact? Who impacted?
- What and whose values, beliefs and assumptions?
- Outcome versus intent?
- Need further study?

Develop the practice of examining policies, processes and assumptions

Paid Parental and Sick Leave Linked to Improvements in:

- Infant mortality
- Health of infants and mothers
- Breastfeeding
- Vaccinations
- Well child check-ups
- Maternal depression
- Occupational injuries
- Routine cancer screenings
- Emergency room usage
- Days lost due to illness

Expanding Narrative and Health in all Policies Helps Strengthen Community Capacity

Community Partnerships
What interests are represented?

- What relationships do we have? What interests do they represent?

- Do they have a base? (A source of authority, influence, or support? Accountability-People they represent that they are accountable to? For what?)

- Different groups play different roles—all can bring value but not all the same depending upon the aim

Strengthen Community Capacity to Achieve Our Overall Aim

- Grounded in our own discontent –Self-interest
- Aim to transform the "distribution of money, power, social policies, and politics at all levels"—*Apply a systems approach*
- Intentionally build our "capacity to act" –who do we work *with*? Who do we work *for or on behalf of*?
- Tension and partnership work together

Overall Lessons

- **Organic**: Must be interwoven with all other work and recognized as iterative
- Must be **intentional**
- **Commitment:** Requires commitment to *building our organizational and community capacity and skills*
- **Leadership:** Hold ourselves and each other accountable, bring more people into decision-making
- **Imperfect:**
  - Incomplete work
  - **Navigating toward** health equity
  - Permission to make course corrections

Next Steps

Charting a course in Wisconsin!

http://www.health.state.mn.us/divs/cfh/topic/mentalhealth/

“Public health is the constant redefinition of the unacceptable.”

Geoffrey Vickers

Jeanne F. Ayers, R.N., M.P.H
State Health Officer, Administrator, Division of Public Health

Wisconsin Department of Health Services

THE LONG PATH ENGAGEMENT PLAN

LONG TERM CARE ADVISORY COUNCIL
NOVEMBER 12, 2019

OUTCOMES FOR TODAY

- To provide an overview of the Long Path Engagement planning process.
- To provide the Council with first hand experience of the restorative "integral" approach that will be used as a part of this process.
- To begin to develop outcomes for a successful long-path initiative.
- To receive feedback and advice as we go about shaping this process.

LONG PATH: REVIEW

Purpose:

- To set a 2040 vision and develop initiatives in preparation for the next generation of older adults and people with disabilities.

LONG PATH: THEN AND NOW

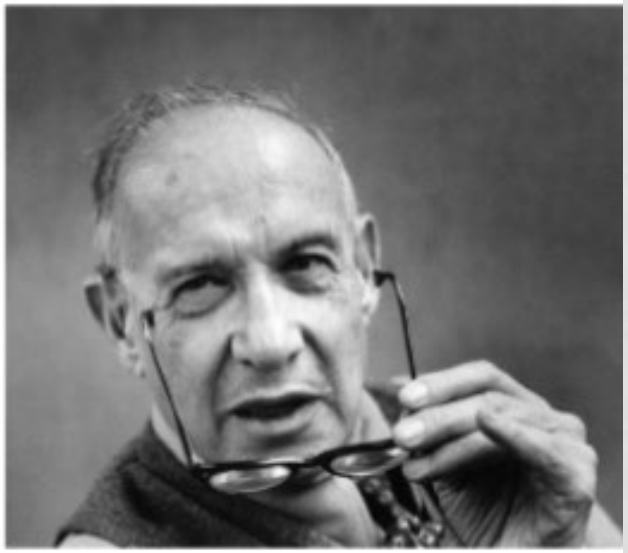
- The History and Design of our Networks
  - "Nothing About Us Without Us"
  - "Older Adults Really in Charge
- Self-Determination, Person Centered Services
- Continually evolving to meet the increased complexity of people, systems and services


DISORDER
TENSION
AWARENESS
NERVOUS
TEMPER
DEPRESSION
STRESS
FEAR
DESPAIR
AGITATION
DEPRESSION
INSOMNIA
WORRY
PTSD
ANXIETY
FRUSTRATION
SCARED
WITHDRAWAL
FAILURE
NEGATIVE
HEADACHE
MOOD
OVERWHELMED
LONLINESS
PANIC
FATIGUE
NEGATIVE

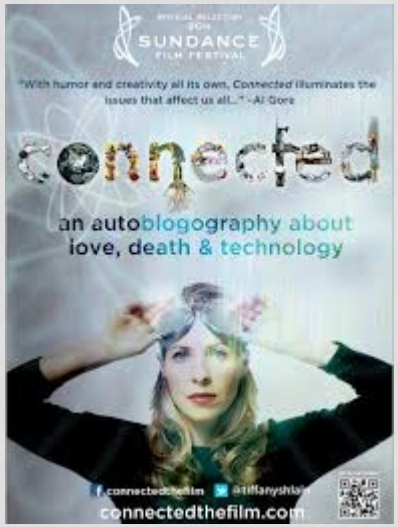
MEETING INCREASED COMPLEXITY

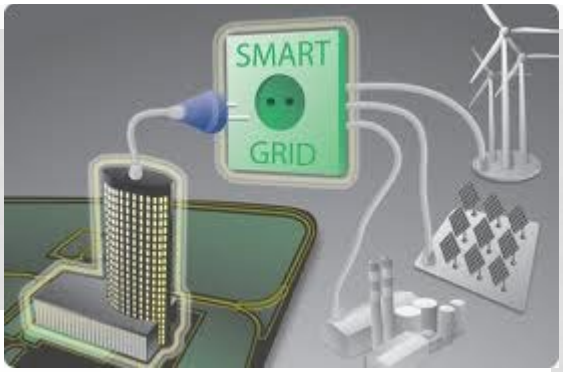
- As leaders of the long-path, what is needed to be a driving force for change?

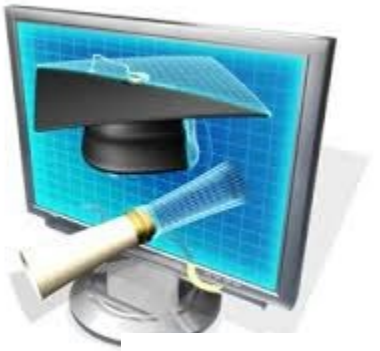
> *The greatest danger in times of turbulence is not the turbulence—*
>
> *It is to act with yesterday's logic.*
>
> Peter Drucker



NEW POSSIBILITIES EMERGING







RESTORATIVE THINKING: IN A NUTSHELL

CURRENT WORLDVIEWS

POWER MINDSET	TRADITIONAL MINDSET	ACHIEVER MINDSET	PLURALISTIC MINDSET
Self-Gratification	Self-Respect	Self-Sufficiency	Self-Awareness
Tribe	Tradition	Achievement	Relationships
Strength/Toughness	Security	Personal Excellence	Personal Growth
Independence	Family Values	Debate	Dialogue
Might Makes Right	Rule of Law	Competition	Pluralism
Hedonism	Morality	Success	Empathy
Spontaneity	God & Country	Status & Prestige	Tolerance
Assertiveness	Obedience	Drive	Harmony
Power & Respect	Punishment/Reward	Perception/Performance	Pluralism
Assertiveness	Conscience	Rationalism	Relativism
Risk	Convention	Autonomy	Global Community
Let chips Fall	*Liberty and Justice*	*Play to Win*	*It's all good*
Go for the Glory	*Do the right thing*	*Just Do It*	*Be here now!*
What's in it for Me?	*God & Country*	*Profit is King*	*Make love not war*

THE TEAL WORLDVIEW

Teal Mindset
Elegant (Simple-Complex) Self-Directed (Dispersed, Networked) Boundary Crossing Navigate Natural Flows Healing & Wholeness Orientation Non-Judgmental Do what works for all *Meet people where they are* *Flex and flow without freaking* *Life is learning* *Less is more* *Elegant Simplicity* *Purpose, People, Profit, Planet*

Reference: *Reinventing Organizations,* Laloux, 2014

IMPLICATIONS FOR LEADERSHIP

- **Transcend AND Include.** Support and maintain existing systems while building upon them to expand capacity.
- **Values Simulcasting**: ability to speak across worldviews
- **Non-Judging**: Stop judging good, bad, better and meet people where they are
- **Flexibility**: Resilience with what seems chaotic
- **Hope**: "Everything is in divine order, despite frequent appearances to the contrary"

EXAMPLE: TESLA

FROM DEPENDENCY TO EMPOWERMENT

Building Capacity via Restoration

Restoring community health by **building the capacity of each individual to fully engage in solving these complex problems**.

- Harnessing everyone's assets, ideas, suggestions and offers of assistance.
- Developing a process that is fully accessible.
- Ensuring that information gleaned will also be shared.
- Ensuring a safe space for equitable participation.

VISION OF THE LONG-PATH

Successful outcomes of the Long Path effort

- What would a successful outcome look like?
- What if it responded to the complex conditions we face and will face in the future?
- When you reflect on this possible future, what images, feelings, stories come to you?

Write or draw these thoughts or feelings on the paper provided.

If this future state was written in an news article, what would the headlines be?

VISION OF LONG PATH

Imagine a future of…

ACCESS & CONVENIENCE

- Supremely convenient service delivery.
- Services are brought to people rather than people being brought to services.
- Easy access for everyone
- Easy access to information about all available resources

VISION OF LONG PATH

Imagine a future of…

EMPOWERMENT

- Utilizes participants' potential.
- System built by the people it serves
- Mutual understanding
- Power to partners

VISION OF LONG PATH

Imagine a future of…

COMMUNITY

- A sense that "We're all in this together"
- Elimination of stigma around asking for help
- Build in human and community connection
- All people have a place

SHIFTING

From…

- ONLY **central** or **local**

To…

- **Coordinated** Centrally
- **Energized & Empowered** Locally

LONG PATH ENGAGEMENT PLAN

- Our job as a steering committee is to give communities the tools and training to engage

- Give communities the tools to **"collectively assure the conditions in which (all) people can be healthy"**

REFLECTION AND FEEDBACK

- What excites you?
- What tensions are you feeling/sensing?
- How might you apply this personally or in your organization?