ACCESS TO TECHNOLOGY

LONG TERM CARE ADVISORY COUNCIL
NOVEMBER 2020

COMMITTEE CHARGE #4

- 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 how to ensure access to technology is equitable.

ISSUES / BARRIERS IDENTIFIED

- Access to devices themselves
- Access to broadband/connectivity – service availability/geographic
- Financial means to establish and maintain devices and services
- Willingness to utilize devices and services
- Digital literacy to operate the devices and services (access to training, devices/services in a format that is understandable/operable by the person)

ADDITIONAL ISSUES / BARRIERS

- Justice system limitations create inequities
- Group home access and limitations (many variables)
- MA funding limitations
- Information and document accessibility
- Training and support
- Financial assistance
- Cultural variables related to acceptance of devices and support

WHO MIGHT BE IMPACTED DIFFERENTLY

- ❑ Communities of color (all)
- ❑ Older adults
- ❑ LGBTQ communities
- ❑ People who are housing insecure or have no home
- ❑ People living with physical and/or cognitive disabilities
- ❑ Communities with limited access due to geographic reasons
- ❑ Native peoples and American Indians
- ❑ Low-income communities
- ❑ People who have been furloughed, laid off
- ❑ Those that are deaf and hard of hearing
- ❑ Uninsured or underinsured
- ❑ Newly deemed essential workers
- ❑ Undocumented members of the community
- ❑ Non-native English speakers, immigrant, and refugee communities
- ❑ People with incarceration histories

THE GROUNDWORK

- Must be intentional in aligning barriers with each population
- Must work across governmental departments and service organizations
- May involve legislative efforts
- Consider the impact technology has on our own lives and that it should translate to others
- Community and end user engagement

CREATING RECOMMENDATIONS QUESTIONS TO CONSIDER

- Who is taking the lead specifically? Committee? Individual? One Department or Multiple?
- What are the top three barriers that can be eliminated within existing programs, structures, and services?
- What are the top three barriers that will require systematic change?
- How can barriers be categorized and combined to streamline effective change efforts?
- What is the final output the LTCAC is seeking? Guidelines? Took Kit? Legislative changes? Funding streams?

WISCONSIN DEPARTMENT of HEALTH SERVICES

Painting the Picture of Wisconsin's Health

Wisconsin Long Term Care Advisory Council

November 10, 2020

2020–2025 State Health Assessment

Public narratives are…

- *Powerful in changing outcomes*
- Draw on values and beliefs (worldview)
- Created by people and thus can be changed
- The stories we leave out matter as much as those we tell

Mobilizing for Action through Planning and Partnerships (MAPP)

Identify common themes among:

Assessment	Data Type	Data Collection Method
MAPP #1 Community Health Status Assessment	Quantitative	Primary Data Secondary Data
MAPP #2 Community Themes and Strengths Assessment	Qualitative	Community Conversations Community Survey (MCH)
MAPP #3 Public Health System Assessment	Qualitative	Survey
MAPP #4 Forces of Change Assessment	Qualitative	Discussion

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

MAPP #1
Community Health Status Assessment

Framework:

Health Outcomes

Mortality *Morbidity*

Health Determinants

Social Determinants *Health Behaviors*

Public Health/Health care *Physical Environment*

MAPP #1
Community Health Status Assessment

- Extensive inequities by race/ethnicity, SES, disability, gender identity and sexual orientation across health outcomes and behaviors
- WI is doing pretty well compared to the US for some social determinants and indicators but hidden inequities remain across the board
- Incarceration rates getting worse and higher than the US; relates to other indicators such as ACES, economic stability, family stressors, access to care, etc.
- Large gaps in this domain between what data we wanted for indicators and what we were able to gather

MAPP #1 Findings

Overall Data Gaps

- Lacking strong data on the social determinants and transformative metrics - overall (transportation), trend, national comparisons, subgroups
- Geographic data lacking completely in some areas; for others need more micro level data to see the differences
- Some key public health/health care indicators were difficult to measure

MAPP #1
Preliminary Findings

Overall Observations

- Extensive inequities hidden behind good overall indicators and trends

- Some larger stories/pathways present across multiple domains
  - Environment, housing and asthma
  - Youth alcohol use, self harm, and mental health

- Need to better understand geographic and other inequities

MAPP #2
Community Themes and Strengths Assessment

Community conversations

1. What communities do you belong to?

2. What is the quality of life in the community?

3. Why do health conditions exist? What are the barriers to health in Wisconsin communities?

4. What assets are available in our communities?

MAPP #2
Community Themes and Strengths Assessment

Emerging themes

- Access to reliable transportation
- Access to quality health care
- Affordable housing (homelessness)
- Community based resources
- Institutional biases
- Jobs (availability & access), economic opportunity
- Social and community connections
- Additional themes: education, substance use and mental health

MAPP #4 Forces of Change Assessment

29 Forces of Change Assessments completed from November 2018 through June 2019

- ADRC
- BCHP All Staff
- CHAW Advisory
- Chronic Disease Prevention Partners
- Climate Health
- Comp. Cancer Control Program
- CYSHCN Network Directors
- DCF MIECHV Grantees
- DPH Managers
- Environmental Technical Advisory Group
- First Breath
- Genetic Advisory Council
- Health Care Access Advisory
- HIV AIDS Bureau
- HIV AIDS Council
- Long term Care Advisory Council
- MCH Advisory
- Partnership for a Tobacco Free WI
- Public Health Council
- SHA External Steering Committee
- Tribal Coordinators
- WI Birth Defects Council
- WI Sound Beginnings
- WI Violence and Injury Prevention Partnership
- WIC Directors (all regions)

MAPP #4 Forces of Change Assessment

Identify Top Forces

Force Identified	# (%) FoC	Force Identified	# (%) FoC
Access to care	26 (90%)	Race/Racism	17 (59%)
Technology/Internet Use	24 (83%)	Mortality	17 (59%)
Health Inequities	23 (79%)	Mental Health	17 (59%)
Funding	22 (76%)	Health Education	17 (59%)
Political Polarization	22 (76%)	Mental Health Services	17 (59%)
Cost of Care	21 (72%)	Mistrust	17 (59%)
Health Outcomes	20 (69%)	Health Care Workforce	16 (55%)
Health Care Technologies	19 (66%)	PH Infrastructure	16 (55%)
Misinformation	19 (66%)	Gvmt/Civic Participation	16 (55%)
Policy/Legal Environment	18 (62%)	Access to Clean Air/H20	16 (55%)
Policy Decision Making	18 (62%)	Housing	16 (55%)

MAPP #3 Public Health System Assessment

Measures how different partners make up the public health system based on the delivery of the 10 Essential Public Health (PH) Services.

- ✓ What are the activities, competencies, and capacities of the public health system?
- ✓ How are the 10 Essential PH Services being provided to the community?

Developing the SHA Narrative

SHA Canvas Teams

Compile Data

Organize

Themes	Sub-themes		Code definition	Quantitative indicators
Infrastructure				
	Community-based resources		Need for or presence of community resources, such as community centers, food banks, programs, etc.	Food insecurity Limited access to healthy foods
		Lack of access to childcare	Need for safe and affordable child care	Childcare
		Parks/natural outdoor spaces	Presence or absence of natural outdoor spaces and/or parks.	
		Education	Barriers or assets related to education system	High school graduation rates
	Transportation		Experiences with access to transportation; transportation as it relates to health	Transportation
		Access to reliable	Lack of reliable public transportation options (e.g., buses, trains, ridesharing services, etc.)	Transportation
		Achieving and maintaining independence	Needs or concerns related to achieving or maintaining independence for elderly and/or disabled individuals; may include services, resources, assistance, housing/home options, etc.	People 65+ living alone People with disability living alone
	Affordable housing		Need for access to safe and affordable housing	Homelessness and/or housing insecurity
		Homelessness	Related to acute or chronic episodes of those experiencing homelessness.	Homelessness and/or housing insecurity
	Technology and internet		Patterns related to widespread availability and use of technology.	
		Disparities in access to tech	Lack of access to technology like internet, cell phone, etc.	
		Increased tech and internet use		

Discussion

- What is your reaction to the themes emerging from the State Health Assessment? Do they resonate with you?
- Do these themes feel relevant to the communities you serve and represent; how do they manifest in those communities?
- How do you see using the report and assessment results to advance your own work?

Next Steps for the State Health Plan

- Public input and publication of final State Health Assessment (SHA) Report
- Planning and prioritization process for next State Health Improvement Plan (SHIP)
- State Health Plan and the COVID-19 response
  - Community Resilience & Response Task Force
  - Continued efforts for Just Recovery

Next Steps for the State Health Plan – Cont.

- Refocus of the State Health Plan
  - Build infrastructure and partnerships to address foundational causes to health inequities through policy, systems and environment change
  - Present a consistent and bold vision for the role of public health in addressing structural inequities
  - Support our partners working on secondary and tertiary prevention and treatment in priority areas

Opportunities for Engagement and Collaboration

- Input on the State Health Assessment Report and future public health planning processes and reports
- Alignment and collaboration around strategies to advance health equity
- Representation on State Health Plan advisory and implementation bodies

WISCONSIN DEPARTMENT *of* HEALTH SERVICES

Kimberly Schindler and Betsy Genz

Division of Medicaid Services, Long-Term Care Benefits and Programs

September 8, 2020

Long-Term Care Delivery Regions: Modernization Options

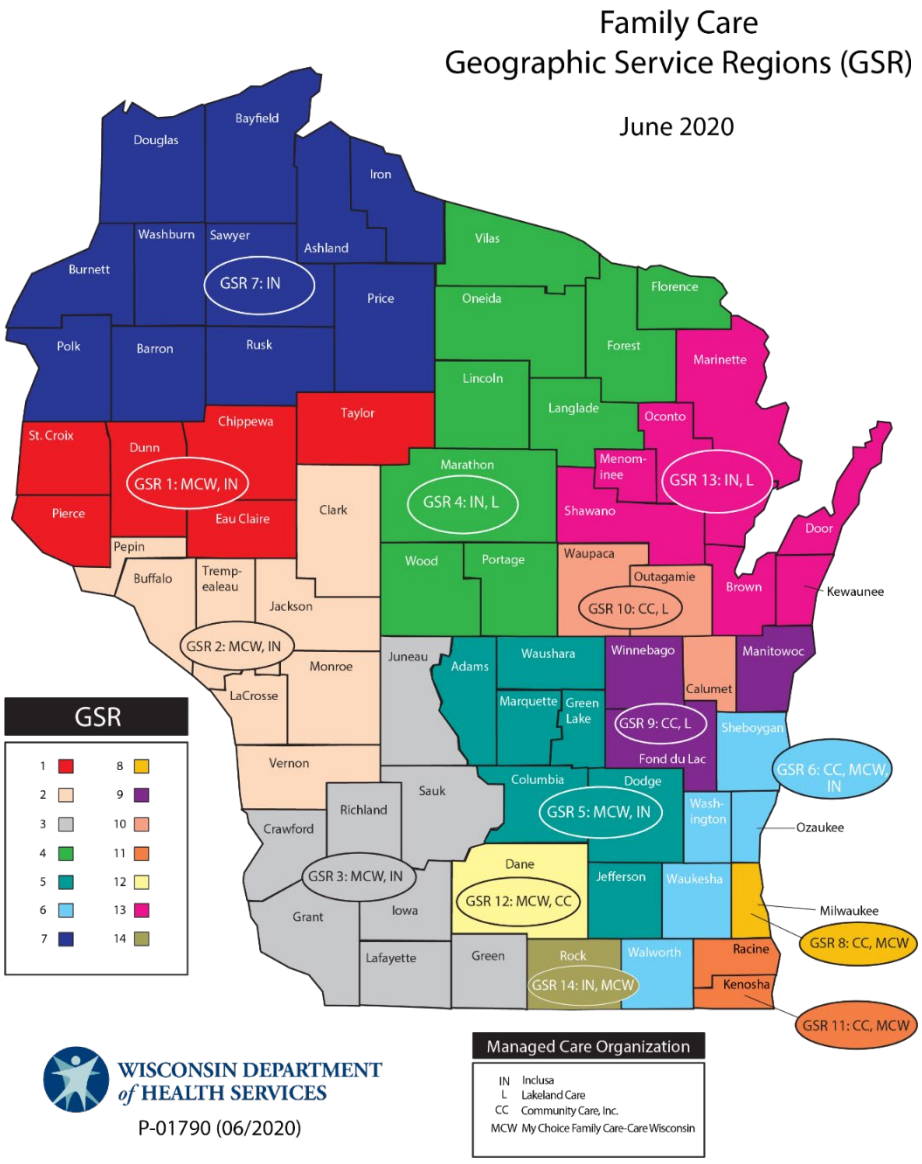
LTCAC Medicaid LTC Charge

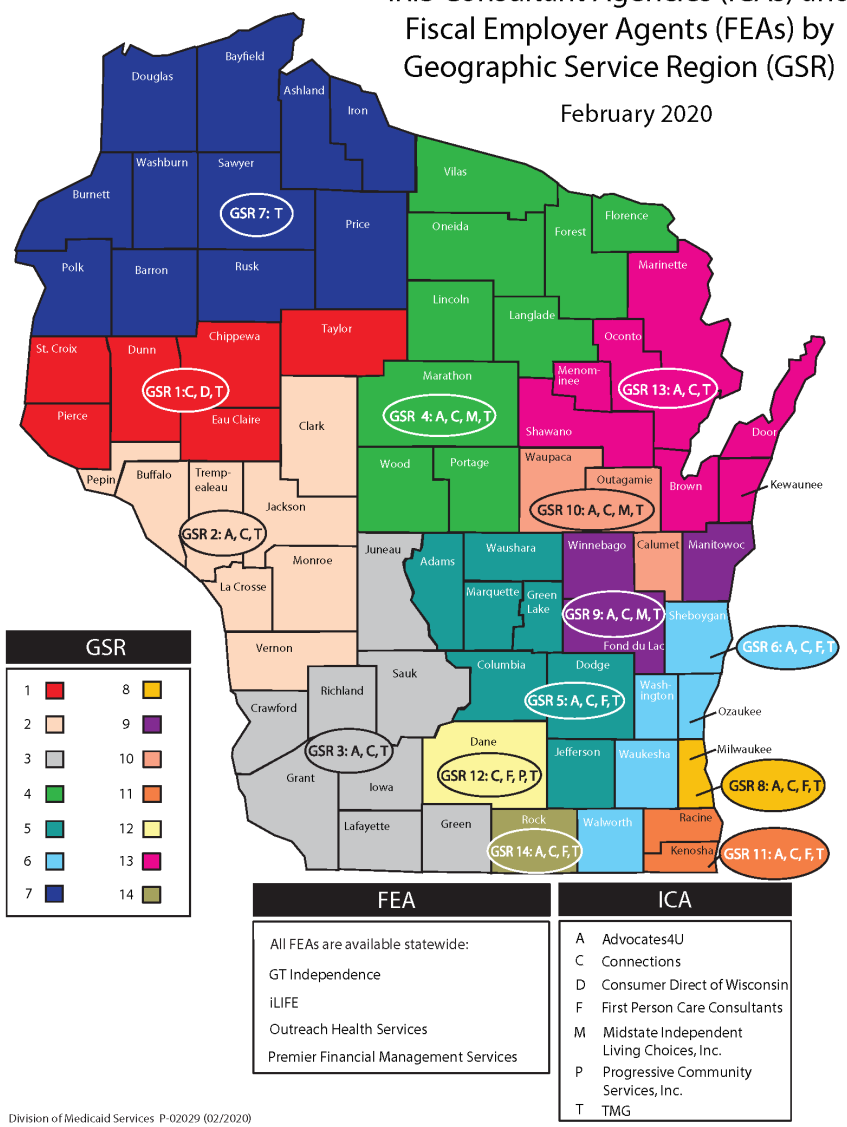
- Provide advice and guidance on the number of Geographic Service Regions (GSRs).
- Provide advice and guidance on the number of Managed Care Organizations (MCOs), IRIS Consultant Agencies (ICAs), and Fiscal Employer Agents (FEAs) in each GSR.

Current Long-Term Care Statistics

- Geographic Service Regions: 14
- Managed Care Organizations: 5 total
  - Family Care: 4
  - Family Care Partnership: 3
  - PACE: 1
- IRIS Consultant Agencies: 7
- IRIS Fiscal Employer Agents: 4

Current Geographic Service Regions





Geographic Service Regions (GSRs)

Constraints and Assumptions

- Reconfiguration and reduction in the number of regions will result in larger regions
- Due to procurement and/or certification processes, agencies can change within each region
- View of state overall – not how individual agencies may be impacted by changes
- Family Care Partnership
- Acute/primary managed care certification

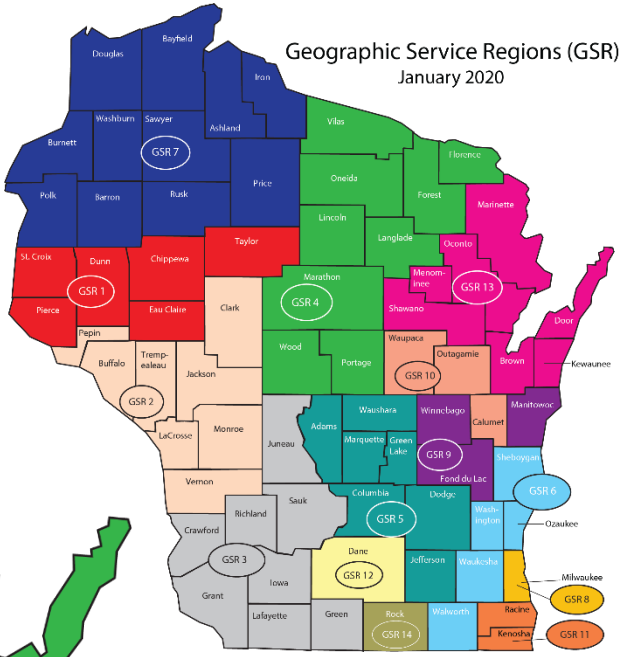
Considerations

- FC procurement considerations:
  - Administrative efficiency
  - Procurement timelines
  - Additional procurement
  - Larger regions
- MCO/ICA & member/participant considerations:
  - Mirror MCO/ICA regions
  - Phasing in a new MCO/ICA
  - Member/participant transitions

Considerations

- Other considerations:
  - Aging and Disability Resource Centers (ADRC)
  - Income Maintenance (IM) Consortia
  - Existing county lines
  - Existing health systems
- Enrollment considerations:
  - Balance of urban and rural areas
  - Population sufficiency to support business and manage services to support member/participant outcomes
  - Consider Milwaukee's population density

Option 1a: Family Care MCO-Based Regions



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Florence 35
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Forest 95
Marinette 340
Lincoln 314
Langlade 260
Oconto 309
Taylor 172
Marathon 1,378
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St. Croix 398
Dunn 349
Chippewa 634
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Clark 405
Pierce 228
Eau Claire 1,021
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Shawano 517
Door 244
Wood 995
Portage 817
Waupaca 558
Outagamie 1,249
Brown 2,252
221 Kewaunee
Buffalo 131
Tremp-ealeau 403
Jackson 289
Waushara 270
Winnebago 1,316
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LaCrosse 1,899
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Juneau 318
Marquette 168
Green Lake 197
GSR 4 5,214
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Fond du Lac 1,019
Vernon 404
Columbia 457
Dodge 707
GSR 6 5,823
Sauk 666
Richland 369
Wash-ington 963
GSR 5 4,107
Ozaukee 694
Crawford 233
Dane 2,975
GSR 7
Jefferson 980
Waukesha 2,461
Milwaukee 12,327
Iowa 198
Grant 445
Lafayette 129
Green 328
Rock 1,169
Walworth 716
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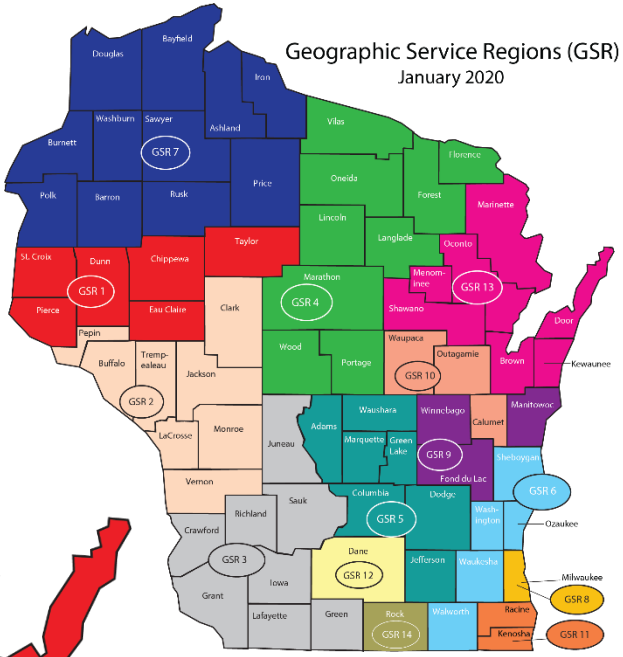
Kenosha 1,374
GSR 7 18,551

Combined FC/FCP/PACE enrollment data as of 11/1/19

Option 1b: IRIS ICA-Based Regions



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Milwaukee 8,347
Iowa 64
Grant 111
Lafayette 47
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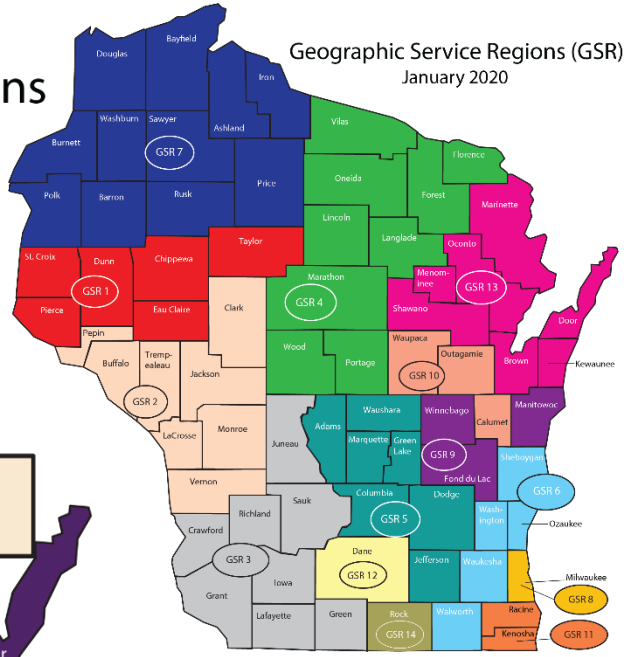
Kenosha 662

IRIS enrollment data as of 12/1/19

Option 2: DPH-Based Regions

Combined Long-Term Care Enrollment Data



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GSR 2
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GSR 3
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GSR 4
12,261

GSR 5
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Wood 1,129
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Outagamie 1,565
Brown 2,555
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Buffalo 191
Tremp-ealeau 452
Jackson 324
Waushara 359
Winnebago 1,764
Calumet 457
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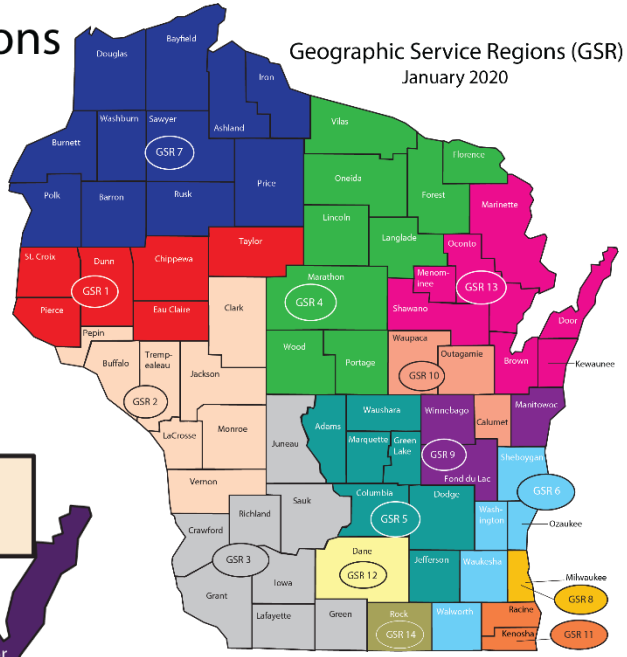
La Crosse 2,129
Monroe 797
Juneau 409
Adams 189
Marquette 192
Green Lake 228
Fond du Lac 1,127
Sheboygan 1,254
Vernon 481
Columbia 557
Sauk 800
Richland 437
Dodge 888
Wash-ington 1,229
Ozaukee 921
Crawford 262
Iowa 262
Dane 4,278
Jefferson 1,157
Waukesha 3,189
Milwaukee 20,674
Grant 556
Lafayette 176
Green 378
Rock 1,431
Walworth 990
Racine 2,720
Kenosha 2,036

FC/FCP/PACE enrollment data as of 11/1/19
IRIS enrollment data as of 12/1/19

Option 2b: DPH-Based Regions

Milwaukee Separate

Combined Long-Term Care Enrollment Data



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Crawford 262
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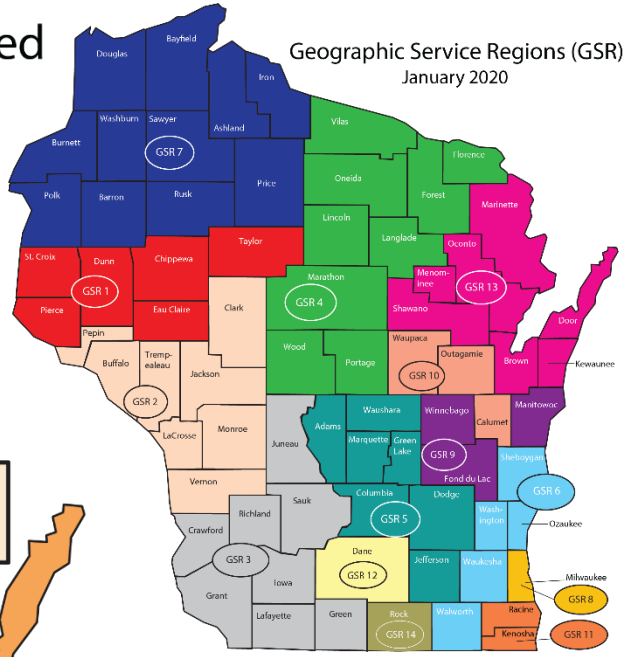
Jefferson 1,157
Waukesha 3,189
GSR 6 Milwaukee 20,674
Iowa 262
Dane 4,278
Grant 556
Lafayette 176
Green 378
Rock 1,431
Walworth 990
Racine 2,720
Kenosha 2,036
GSR 5 11,085

FC/FCP/PACE enrollment data as of 11/1/19
IRIS enrollment data as of 12/1/19

Option 3: BadgerCare Plus-Based Regions

Combined Long-Term Care Enrollment Data



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GSR 3
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Racine 2,720
Kenosha 2,036

GSR 5
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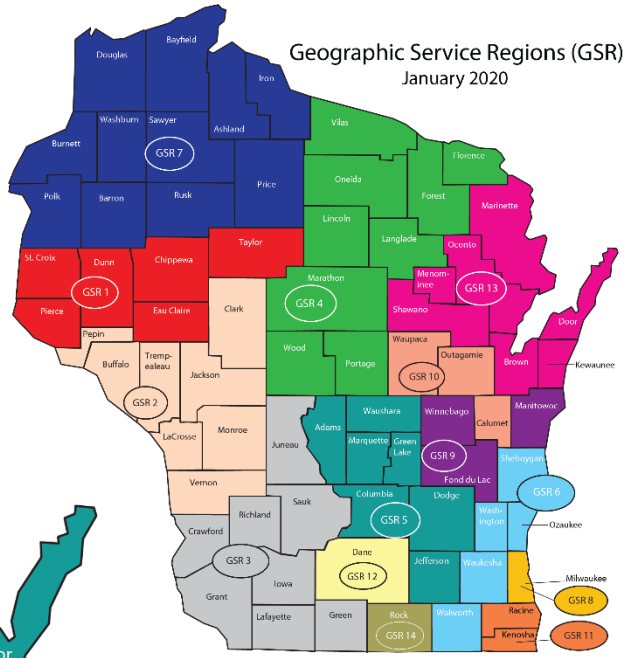
GSR 6
Milwaukee
20,674

FC/FCP/PACE enrollment data as of 11/1/19
IRIS enrollment data as of 12/1/19

Option 4: Contiguous Regions-Based

Combined Long-Term Care Enrollment Data



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GSR 3
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Wash-ington 1,229
Ozaukee 921
Jefferson 1,157
Waukesha 3,189
Milwaukee 20,674

GSR 4
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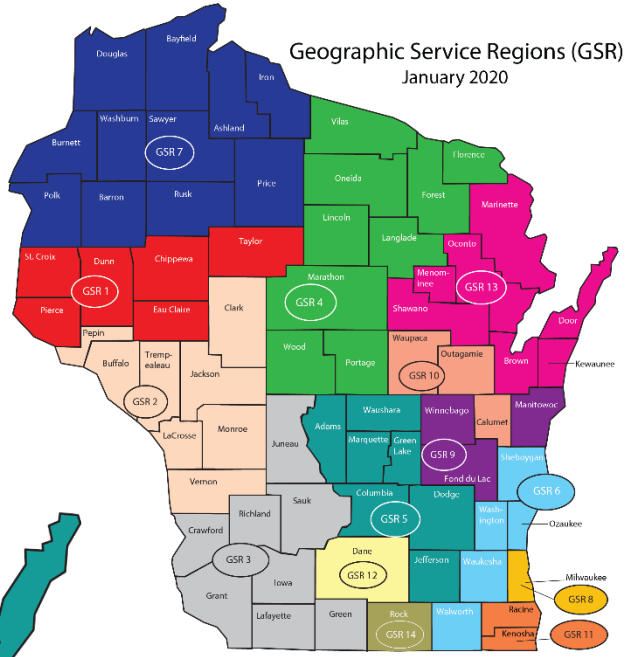
Walworth 990
Racine 2,720
Kenosha 2,036

FC/FCP/PACE enrollment data as of 11/1/19
IRIS enrollment data as of 12/1/19

Option 4b: Contiguous Regions-Based

Milwaukee Separate
Combined Long-Term Care Enrollment Data



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Iowa 262
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Lafayette 176
Green 378
Rock 1,431
Walworth 990
Racine 2,720
Kenosha 2,036

GSR 5
Milwaukee
20,674

GSR 4
12,339

FC/FCP/PACE enrollment data as of 11/1/19
IRIS enrollment data as of 12/1/19

Number of Managed Care Organizations (MCOs), IRIS Consultant Agencies (ICAs), and Fiscal Employer Agents (FEAs) in each Region

Current Process for MCOs

- Wis. Stat. § 46.284(2)(bm) requires DHS to procure Family Care and Family Care Partnership services through a competitive request for proposals process.
- DHS determines the number of awards per region.

Current Process for ICAs and FEAs

- DHS uses an open certification process for ICAs and FEAs.
- Willing and qualified providers may submit an application in accordance with the expectations set forth in the Certification Criteria documents.
- Currently, no limitations as to the number of ICAs or FEAs that may work within a specific region.

Current Number of MCOs, ICAs and FEAs per Region

- Family Care MCOs:
  - 1 region has one MCO
  - 12 regions have two MCOs
  - 1 region has 3 MCOs
- ICAs:
  - 1 region has 1 ICA
  - 4 regions have 3 ICAs
  - 9 regions have 4 ICA
- All 4 FEAs are currently statewide

Option 1: Defined number of agencies statewide

- Specify defined number of agencies statewide per region
  - For example, each region has 2 MCOs, 2 ICAs and 1 FCP MCO.
- Considerations:
  - Not based on fiscal/enrollment sufficiency
  - Would require CMS-approved IRIS waiver amendment to limit choice of provider.
  - DHS currently has discretion to the number of MCO contracts awarded.

Option 2: Defined number of agencies per region

- Specify defined number of agencies per region based on fiscal/enrollment sufficiency.
  - For example, regions with less than 10,000 people have 2 MCOs/ICAs; regions with 10,000-20,000 have 3 MCOs/ICAs; regions with 20,000+ have 4 MCOs/ICAs
- Considerations:
  - Dependent on defined number could increase or decrease procurements/certifications.
  - May require CMS-approved IRIS waiver amendment to limit choice of provider.
  - DHS currently has discretion to the number of MCO contracts awarded.

Option 3: Statewide

- Retain procurement/certification process but all awarded agencies serve the entire state (no regions)
- Considerations:
  - Some current agencies may not be able to serve the entire state.
  - If agencies no longer serve members/participants, it could be very disruptive to transition to other agencies.

Option 4: Statewide with GSR Assignment

- Statewide procurement to select agencies with secondary evaluation to assign agencies to specific regions.
- Considerations:
  - Relieves some procurement administrative burden.
  - Would require CMS-approved IRIS waiver amendment regarding choice of provider.
  - More detailed analysis of current RFP process would be required.
  - Secondary evaluation would be a new process and may create additional opportunities for protest.

Option 5: Open Procurement

- No minimum/maximum number of MCOs/ICAs per regions – allow all agencies that pass procurement evaluation/certification into marketplace.
- Considerations:
  - More detailed analysis of current RFP process would be required.
  - Some regions may not be able to absorb a large numbers of agencies
  - Family Care evaluation could be provided on pass/fail vs. rating system – any agency that meets the minimum evaluation points would be awarded.

Option 6: Open Certification

- No procurement and no minimum/maximum number of MCOs or ICAs per region– allow all agencies that pass certification process.
- Considerations:
  - Some regions may not be able to absorb a large numbers of agencies.
  - Would require statutory change to remove FC procurement requirement. More detailed analysis of current RFP process would be required. If statutory change approved, would relieve procurement administrative burden.
  - Current process for IRIS.
  - Could significantly impact members/participants and other partners if the agencies could not remain financially viable.

Other LTC Delivery Regions Modernization Considerations

Other Considerations

- Do modernization options need to be the same across both Family Care and IRIS?
- Should IRIS move from the certification model to a procurement model for new ICAs/FEAs?
- Should FC move from the procurement model to a certification model?
- Should ICA and FEA services be combined and provided by ICAs?
- Should there be only one FEA to serve the entire state?

Discussion

WISCONSIN DEPARTMENT of HEALTH SERVICES

Long-Term Care Charge #2: Medicaid Long Term Care

Betsy Genz and Kimberly Schindler
Division of Medicaid Services, Bureau of Programs and Policy

November 10, 2020

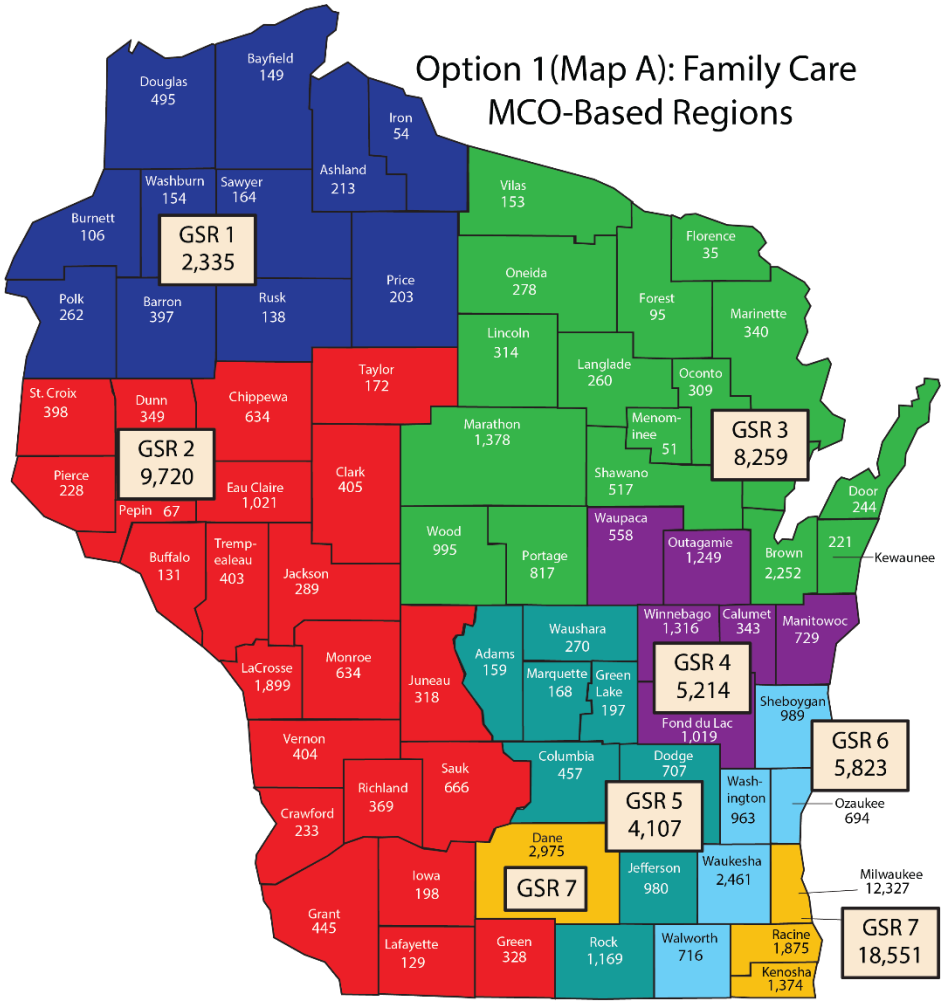
Option 1:

These maps are based on collapsing current geographic service regions with the same MCO or ICA contractors. For example, Inclusa and Lakeland Care currently provide services in GSRs 4 and 13. These GSRs could be combined into one new region (proposed GSR 3).

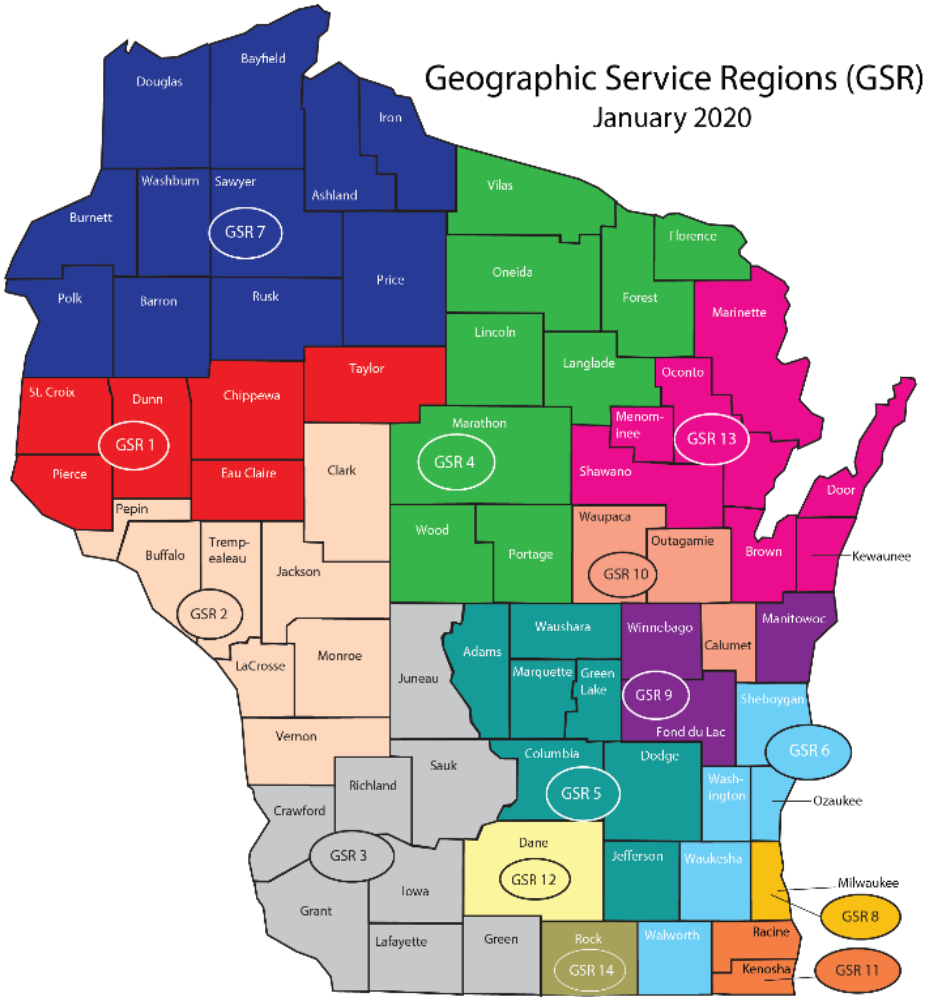
This is the only proposed option that shows different configurations for the Family Care and IRIS programs. All other proposed options include the same regions for both Family Care and IRIS.

- Option 1 (Map 1A): Shows the proposed Family Care MCO-based regions for the Family Care program
- Option 1 (Map 1B): Shows the proposed IRIS ICA-based regions for the IRIS program.

Option 1(Map A): Family Care MCO-Based Regions



Geographic Service Regions (GSR)
January 2020



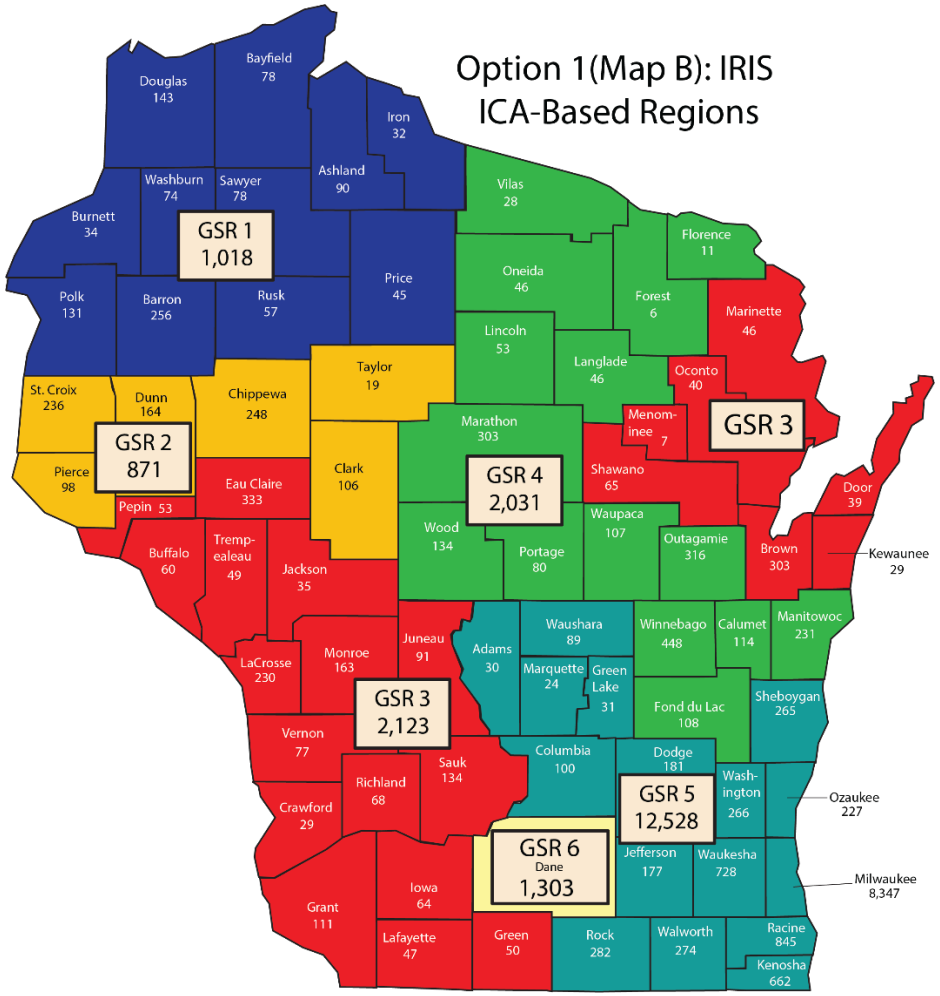
Combined FC/FCP/PACE enrollment data as of 11/1/19

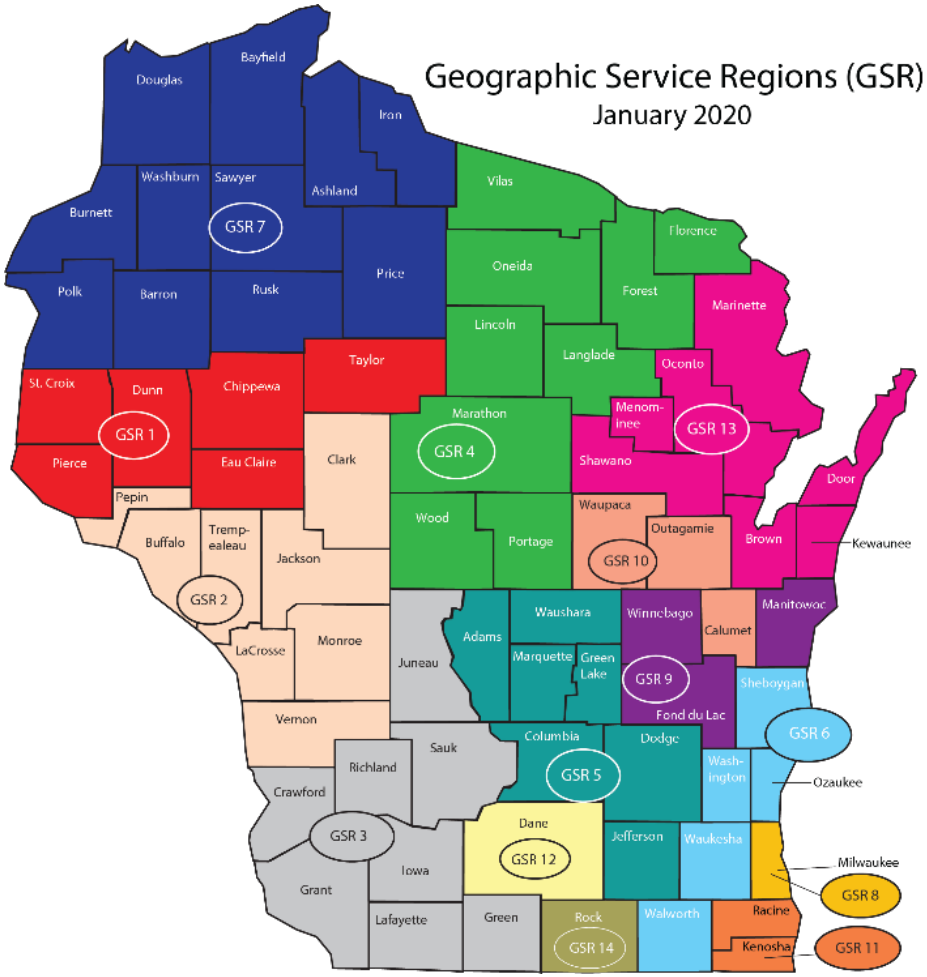
Pros

- The current MCOs would remain in their current counties.
- Members currently enrolled would maintain their existing MCO options.
-
-

Cons

- The Family Care and IRIS regions would not be the same.
- Proposed region 1 still only has one MCO.
- Proposed regions 2 and 3 are geographically large.
- This proposal is based on current model and could change with procurement.
- The number of members per region is substantially different.
-





IRIS enrollment data as of 12/1/19

Pros

- The current ICAs would remain in their current counties.
- Participants currently enrolled would maintain their existing ICA options.
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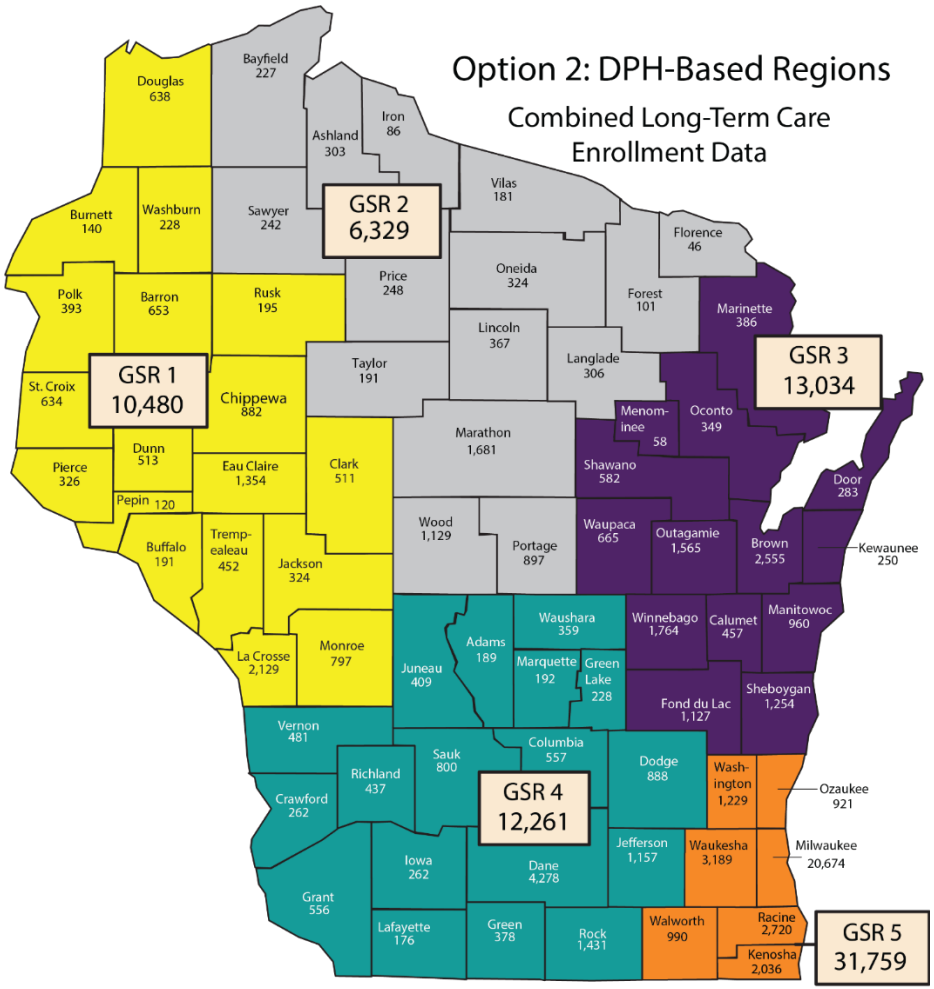
Cons

- The Family Care and IRIS regions would not be the same.
- This proposal is based on current model and could change with certification.
- The number of participants per region is substantially different.
-
-

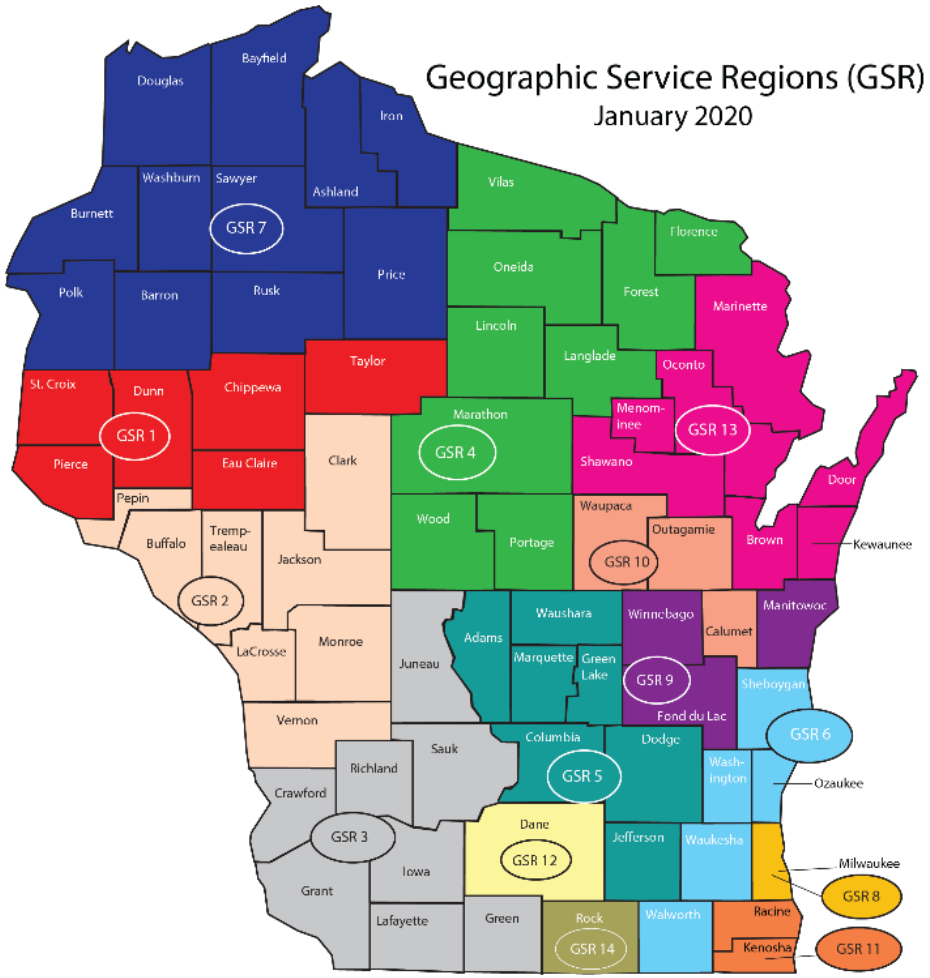
Option 2:

These maps are based on how the Division of Public Health (DPH) aligns their service regions. The Division of Quality Assurance (DQA) and Area Administration (AA) have similar regions. The only difference in the DQA/AA regions is that Jefferson County is in the Southeast Region.

- Option 2a: DPH-Based Regions
- Option 2b: DPH-Based Regions with Milwaukee Separate



FC/FCP/PACE enrollment data as of 11/1/19
IRIS enrollment data as of 12/1/19



Pros

- Family Care and IRIS regions align.
- ADRC service delivery areas align.
- Splits apart current GSR 7 (northwest) and includes a densely populated area in each region.
-
-

Cons

- Proposed region 2 is rural with a small population.
- Members/Participants currently enrolled may not maintain MCO/ICA options. If options change the person will need to choose a new MCO/ICA and go through a transition process.
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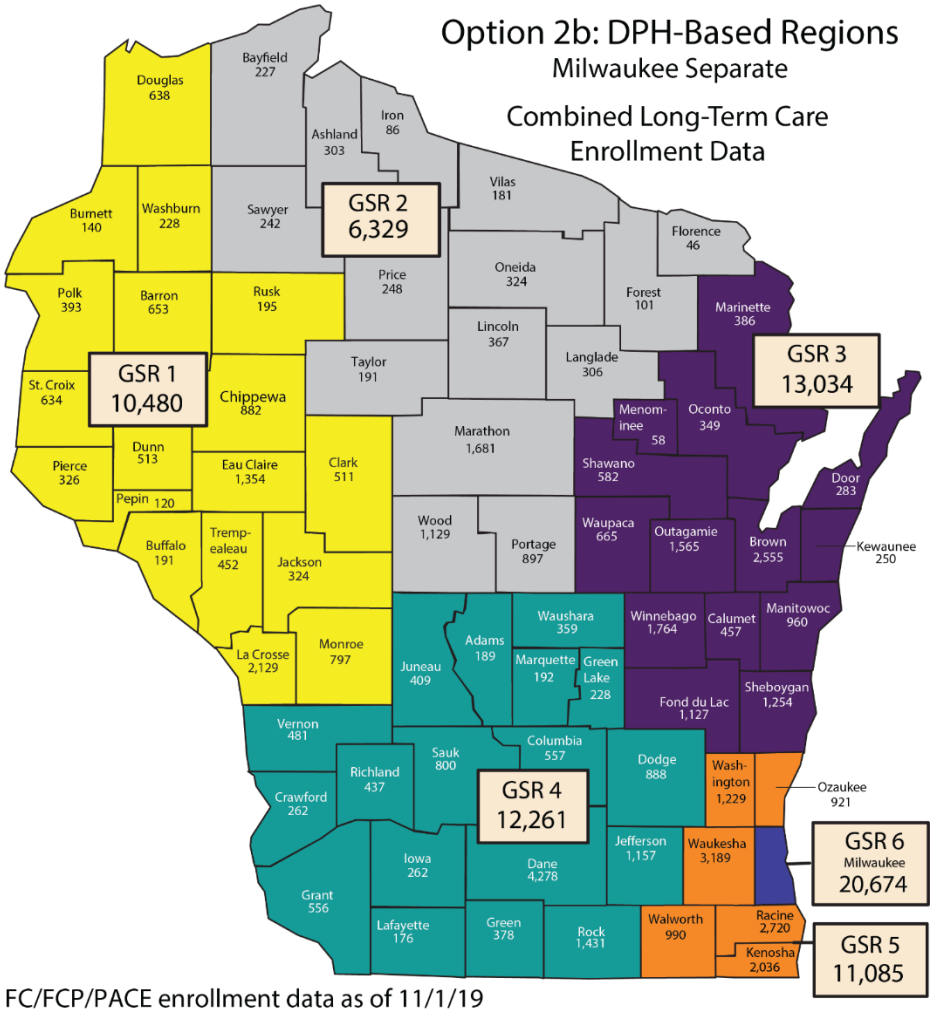
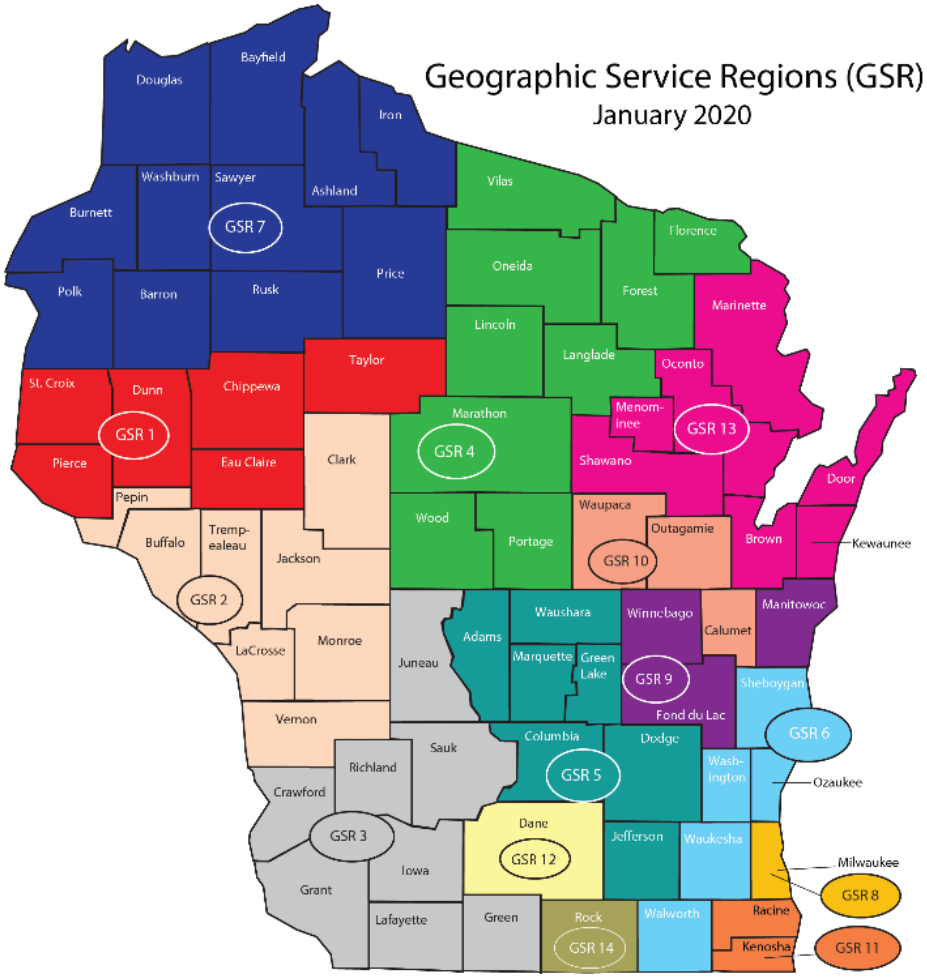


FC/FCP/PACE enrollment data as of 11/1/19
IRIS enrollment data as of 12/1/19



Pros

- Family Care and IRIS regions align.
- ADRC service delivery areas align.
- Splits apart current GSR 7 (northwest) and includes a densely populated area in each region.
-
-

Cons

- Proposed region 2 is rural with a small population.
- Members/Participants currently enrolled may not maintain MCO/ICA options. If options change the person will need to choose a new MCO/ICA and go through a transition process.
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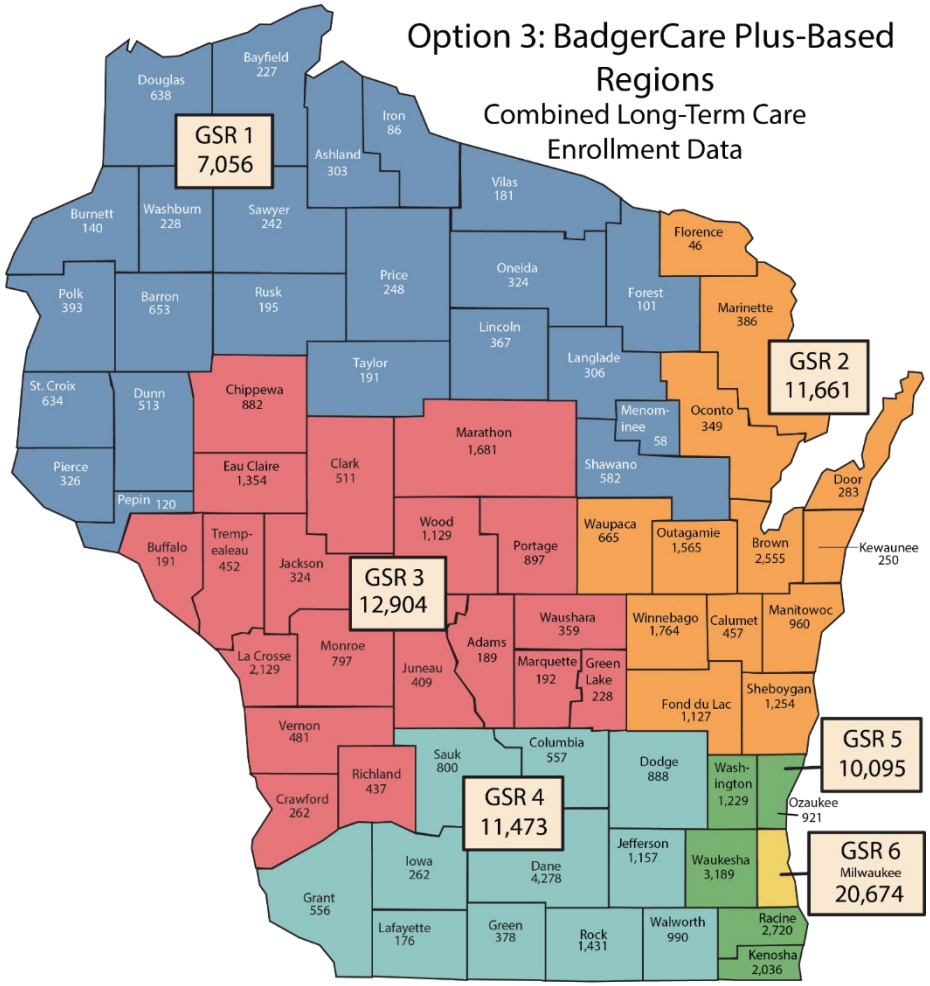
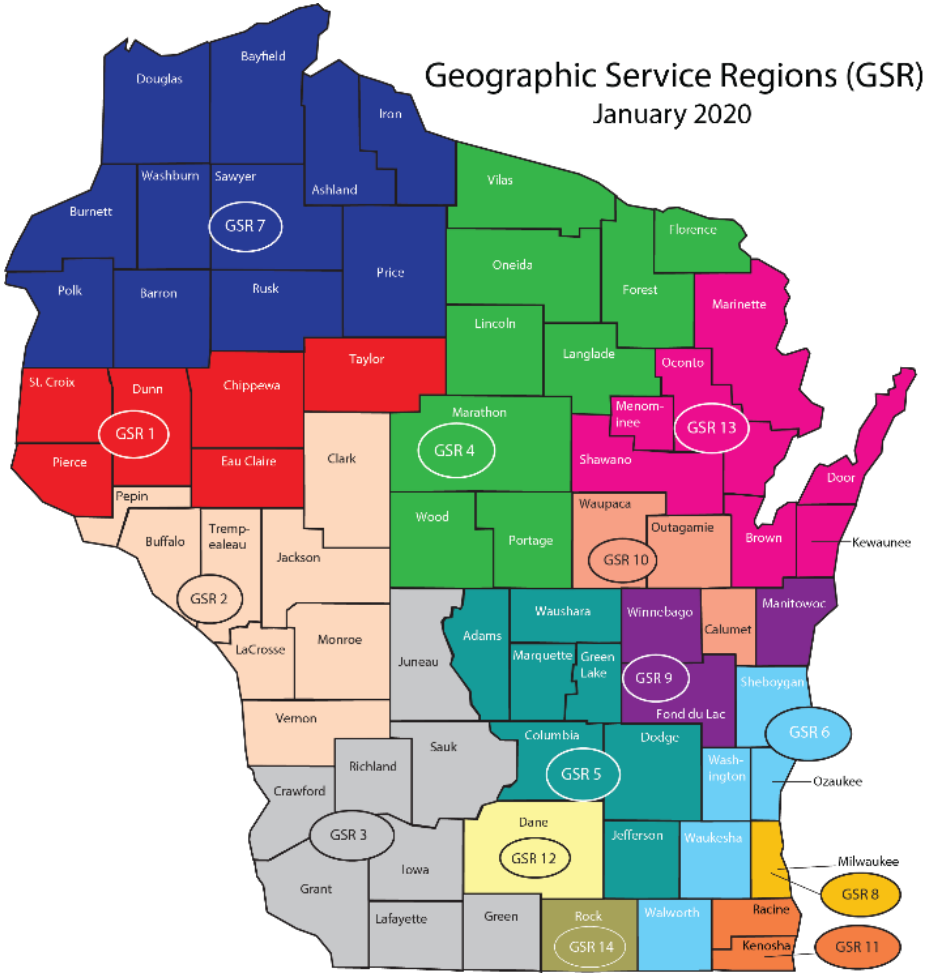
Option 3: BadgerCare Plus-Based Regions

This map is based on alignment with the BadgerCare Plus-Based Regions. This would align Family Care and IRIS with other DHS Medicaid programs.





FC/FCP/PACE enrollment data as of 11/1/19
IRIS enrollment data as of 12/1/19

Pros

- Aligns with other DHS Medicaid program (BadgerCare Plus)
- Family Care and IRIS regions align.
-
-

Cons

- Increased disparity, which would require would require significant changes to MCOs, ICAs and ADRCs.
- Proposed region 1 is rural with a small population.
- Members/Participants currently enrolled may not maintain MCO/ICA options. If options change the person will need to choose a new MCO/ICA and go through a transition process.
-
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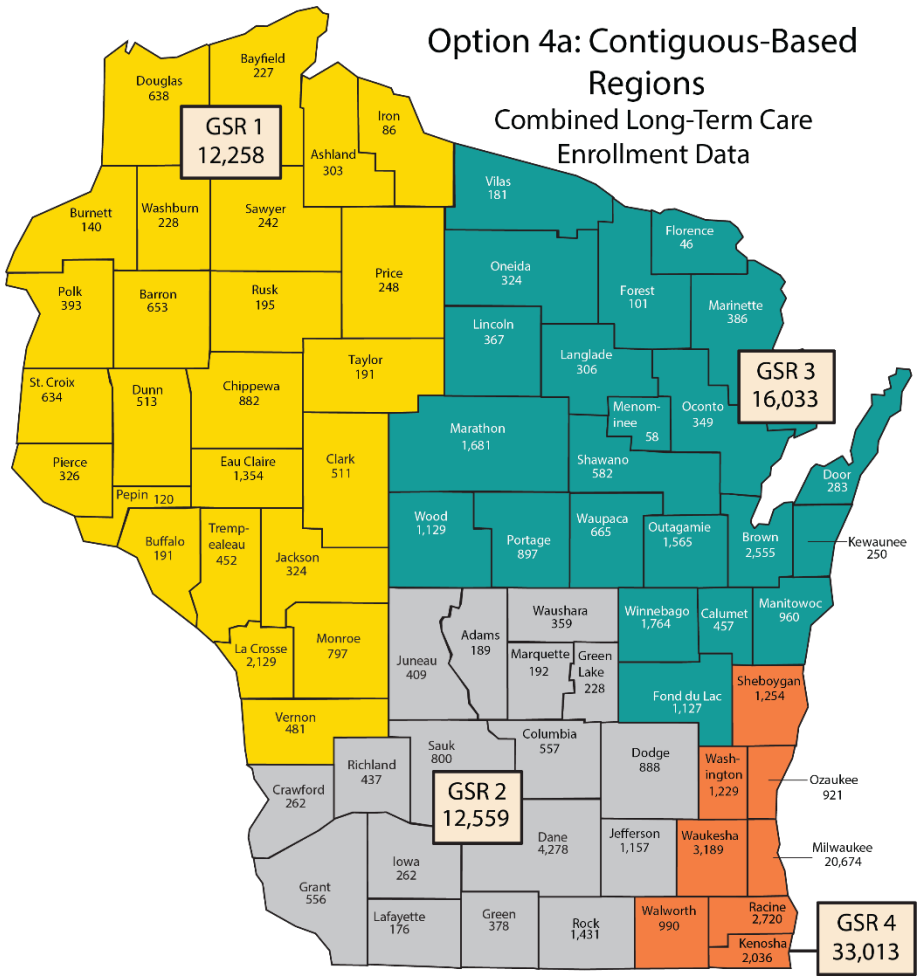
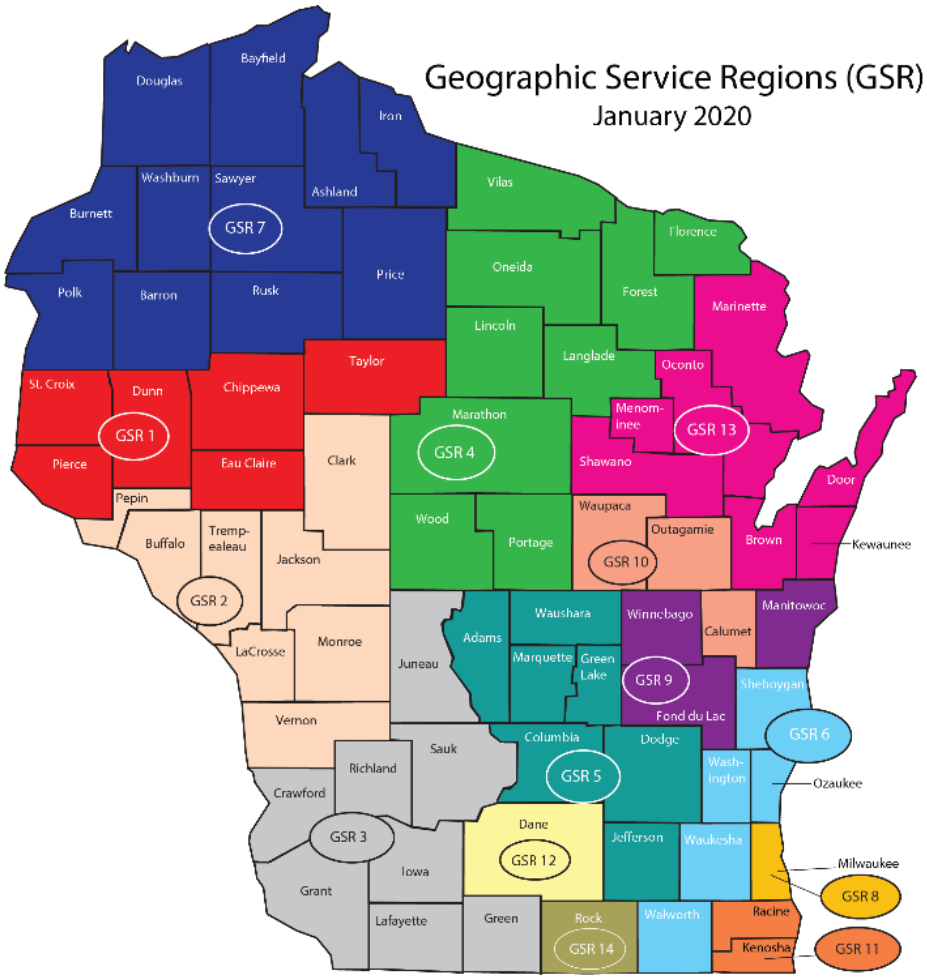
Option 4:

These maps are based on more evenly distributing current Family Care and IRIS enrollment statewide.

- Option 4a: Contiguous-Based Regions
- Option 4b: Contiguous-Based Regions with Milwaukee Separate





FC/FCP/PACE enrollment data as of 11/1/19
IRIS enrollment data as of 12/1/19

Pros

- There are densely populated cities in each proposed GSR.
- More even distribution of members/participants across the regions.
- ADRCs mostly align.
-
-

Cons

- Members/Participants currently enrolled may not maintain MCO/ICA options. If options change the person will need to choose a new MCO/ICA and go through a transition process.
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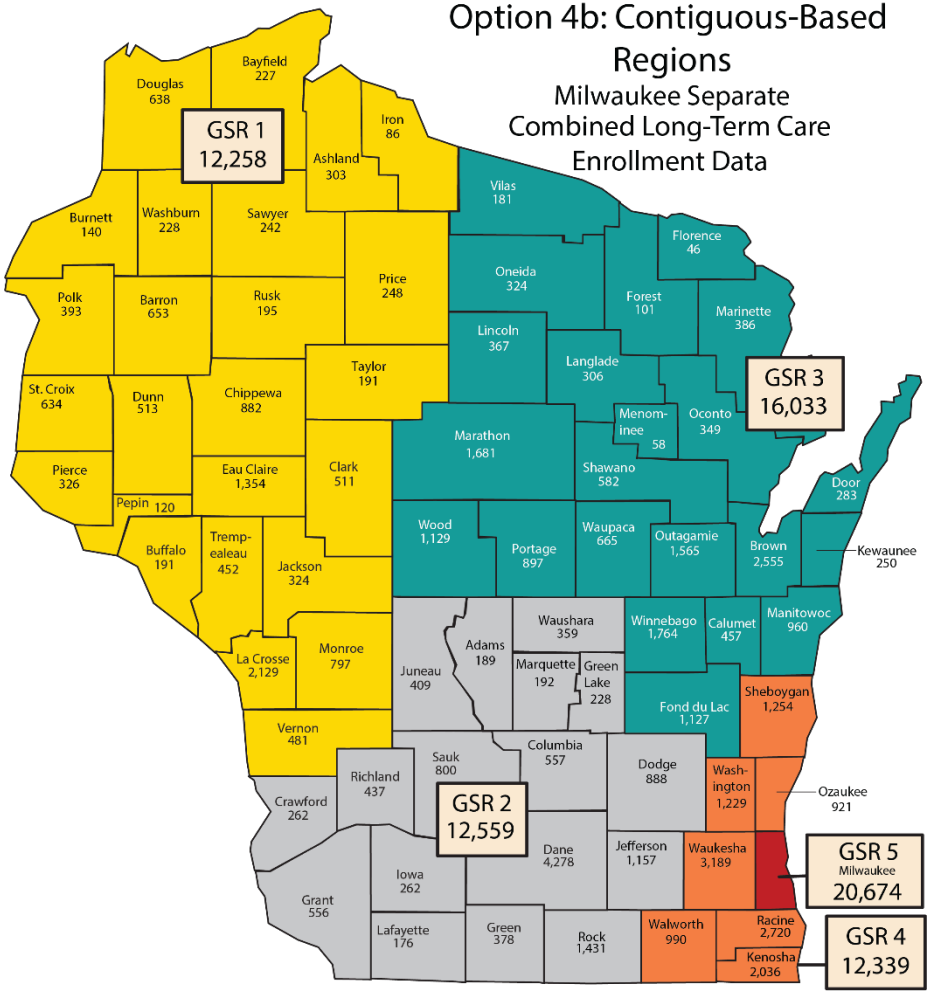
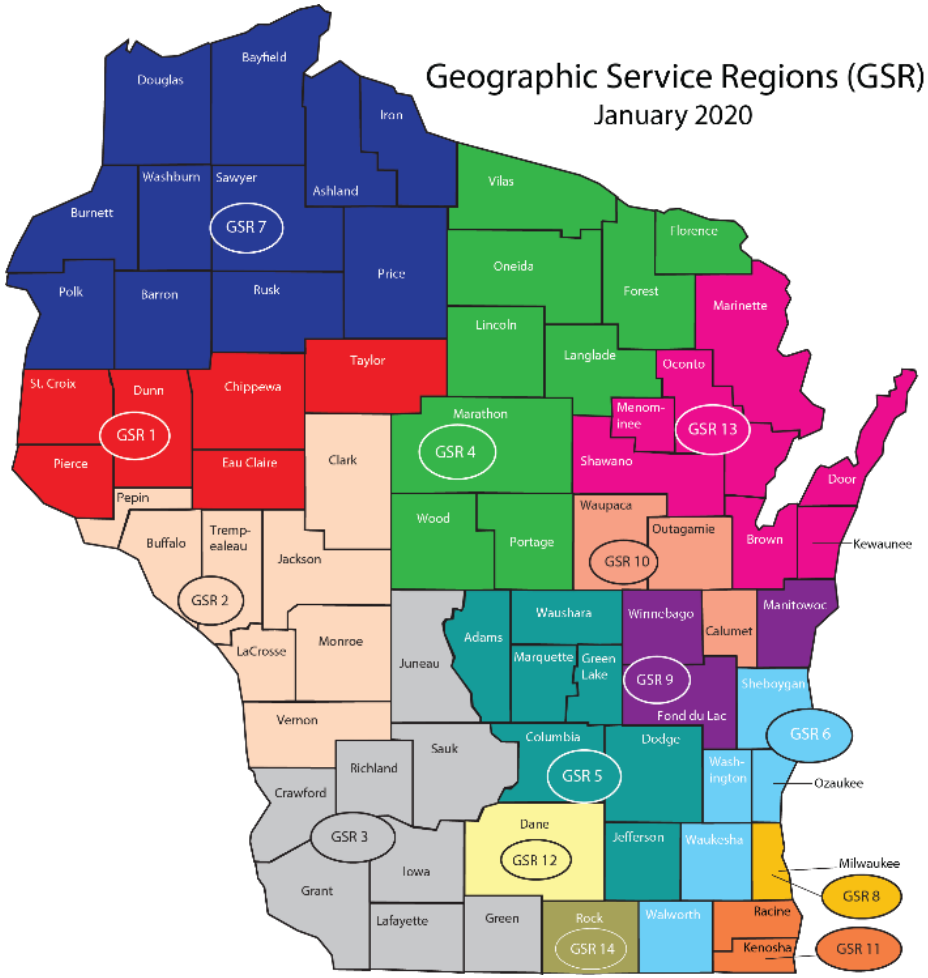
Option 4b: Contiguous-Based Regions

Milwaukee Separate
Combined Long-Term Care
Enrollment Data





FC/FCP/PACE enrollment data as of 11/1/19
IRIS enrollment data as of 12/1/19

Pros

- There are densely populated cities in each proposed GSR.
- More even distribution of members/participants across the regions, by separating out Milwaukee into a single GSR.
- ADRCs mostly align.
-
-

Cons

- Members/Participants currently enrolled may not maintain MCO/ICA options. If options change, the person will need to choose a new MCO/ICA and go through a transition process.
-
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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.