#### DRAFT

F-01922 (03/2018)

#### **OPEN MEETING MINUTES**

Instructions: F-01922A

Name of Governmental Body: Wisconsin Long Term Care Advisory Council (LTCAC)  Date: 7/13/2021 Time Started: 9:30 a.m. Time Ended: 2:45 p.m.		Council (LTCAC)	Attending: Audrey Nelson, Beth Swedeen, Christine Witt, Darci Knapp, Dennise Lavrenz, Janet Zander, John Sauer, Kenneth Munson, Lea Kitz, Maureen Ryan, Sam Wilson, Shanna Jensen, Stacy Ellingen
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Location: Virtual Zoom Meeting			Presiding Officer: Heather Bruemmer
Minutes			

Members absent: Audra Martine, Cathy Ley, Cindy Bentley, Denise Pommer,

**Others present:** Betsy Genz, Brenda Bauer, Carrie Molke, Curtis Cunningham, Jasmine Bowen, Jie Gu, Kiva Graves, Michelle Wegner, Phoebe Hefko, Suzanne Ziehr,

#### Meeting Call to Order, presented by Heather Bruemmer

- Approval of May 2021 Meeting Minutes
  - Motion to approve by Dennise Lavrenz. Seconded by Janet Zander. Unanimously approved

#### Department Updates, presented by Carrie Molke and Curtis Cunningham

- Division of Medicaid Services (DMS) Updates
  - Budget provisions
    - Targeted provision
    - Rate increases for certain providers
    - Rate increases start January 1, 2022
  - EVV
    - Electronic visit verification moving towards hard launch which means claims will be denied if there is no valid EVV record
      - IRIS policy is a little different due to program model.
  - Managed Care strategy
    - Public comment period is over
    - DMS is reviewing comments and will submit final version to CMS in August
  - Children's Long Term Support (CLTS) Waiver
    - Public comment period has ended
    - Submitted CLTS waiver to CMS yesterday, new effective date of January 1, 2021
  - Home and Community Based Settings (HCBS)
    - Transition Plan is out for public comment until July 26, 2021
  - Hub and Spoke
    - Started in Milwaukee. Includes substance use disorder and behavioral health treatment in an innovative model.
  - TeleHealth
    - Rule committee working on this
    - Difference between virtual supports, looking to how to make members in LTC community have access to it
- Division of Public Health (DPH)
  - COVID-19
    - DPH is taking the opportunity to evaluate and assess the impacts from COVID-19
    - The Division is beginning to plan and work with our communicable disease team on what could happen in the fall

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• Many Aging and Disability Resource Centers (ADRCs) have resumed in-person services; intent is for all ADRCs to do so by August.

- County/Area Agencies on Aging/State Aging Plans
  - Three year aging process is underway.
  - This time around is that each aging plan is required to have a goal related to racial justice;
  - Counties and tribes are finishing up their draft plans by the end of this month;
  - State's draft aging plan is due by March 31, 2022.
- Age-friendly public health
  - Working with Johnny Hartford Foundation and Trust for America's Health (TFAH) to share ideas nationally; including the benefits of integrating aging/disability systems and public health more broadly.
- ADRC return on investment- federal grant project
  - Received a federal grant from ACL. Grant just ended.
  - Research showed a significant ROI
    - ADRCs prevent 61 hospital re-admissions per 1000 people served and 101 ED visits per 1000 served; saving nearly \$1m per 1000 served.
    - ADRCs had over half a million contacts in 2020.
    - For every \$1 invested in ADRCs, leads to a savings of \$2.39 for a 239% ROI
    - Significant benefit of the grant has been to create data sets that can allow us, for the first time, to make these estimates.
- Coalition to end social isolation and loneliness
  - 135 stakeholder engagement survey responses; 47 active members of 4 workgroups
  - Interest in expanding populations; bringing in additional partners
  - People don't have to be on a workgroup, they can just be a part of the effort and benefit from the sharing of information and resources.
- Employer caregiver survey
  - The Wisconsin Family and Caregiver Support Alliance (WFACSA) is requesting assistance in distributing an employer-based survey for businesses and working caregivers across Wisconsin.
  - Data collected through the survey will be used to publish a statewide report about how care responsibilities for employees' family and friends is impacting Wisconsin employers.
- CDC Equity Grant
  - The recent release of CDC COVID-19 funding is focusing on community capacity building around recovery and resilience, with an emphasis on equity. The grant is designed to strengthen relationships and invest in local infrastructure while still holding space for testing, contact tracing and vaccinations since we are not out of the woods yet.
- Long Path Learners (LPL) and coaching
  - Including the last/4th group (starting August 4th), we will have approximately 125 people throughout the network go through LPL. Some still need coaching.
  - With the current group/cohort, there are a total of 22 trained from the network.
- Conferences/stakeholder meetings
  - Planning to host Aging and Disability Network Conference for Spring of 2022

#### ADRC Contract Review, presented by Phoebe Hefko

- Went through PowerPoint
- Operations manual content will be publically accessible
  - Each chapter will be published as a DHS publication in the DHS publications library
  - Looking to have a way to track and determine when changes will be made

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#### • Council Suggestions:

 Does this remove the possibility of feedback as the manual is only accessible to some at the ADRC but not public? Regional LTC advisory committees were remove from statutes, and it would be helpful for things like this. It feels limited with impacts on the contracts

 Make sure we are looking at impacts at the county level and how prescriptive practices affect them

#### Member Satisfaction Survey, presented by Jie Gu

- Went through PowerPoint
- The larger the population, the smaller percentage you need to have a valid response rate
- Council Suggestions:
  - In assisted living, outside of the AFHs, a lot residents would not have an ongoing relationship with their case manager (CM). Do they understand the question is about their MCO care manager and not the CM at the residential facility
  - Share the data for everyone in assisted living and show if their responses are different than those not in assisted living
  - Can you disaggregate by entity to discern if any MCOs/ICAs/FEAs are noticeably different/lower in their ratings? And other than Pay for Performance initiative (P4P), is DHS working with any of the entities where scores are low enough to be of concern? In Partnership, it looked like some 60s, which seems concerning
  - As we look at options for Geographic Service Regions (GSRs), are we seeing any regional differences? Can data by divided by region?

#### Pay for Performance (P4P) Results, presented by Jasmine Bowen

- Went through PowerPoint
- Will have 3 years to develop trend and after 3 years will add additional/make changes

#### Community Living Exploration, presented by Jasmine Bowen, Jie Gu, Judy Stych, Eileen Reetz

- Went through PowerPoint that included 2 videos
- Discussion on questions related to videos
- Council Suggestions:
  - Equal access for engagement as part of our work on equity
  - Opportunity also to give back to their community example volunteering
  - Inclusion means belonging
  - As a consumer, community engagement means to going out just like everyone else. Yes, it's often different because of care needs, but it's so important to people with disabilities to seen and engaged in the community.
- Naming of initiative votes:
  - Living my Best Life
  - Building Full Lives 6
  - My Life, My Choices
  - Community Engagement 2
  - Building Full Lives 6
  - Community Live 1

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#### **Public Comment**

- Ashley Hesse
  - Committee to provide guidance to department around telehealth services to make sure Medicaid programs are in alignment for these type of services. Especially for in-network providers and look at making sure that people have access to behavioral health, mental health, and addiction services

#### Money Follows the Person (MFP) Presentation, presented by Michelle Wegner

- Went through PowerPoint
- Timeline to complete this is 3 years
- Michelle's contact info will be shared with council members
- Council Suggestion:
  - Personal care workers and competency based testing can be use and incorporate in this
  - A barrier is transportation, make sure there are considerations of funds for this barrier
  - A barrier is time, there should be some flexibility and virtual options
  - Would like more information on what the phased approach looks like

#### State and Federal Funding, presented by Curtis Cunningham and Carrie Molke

- Discussed the document submitted to CMS
- Want to make sure any rate increases are sustainable
- With Adult Protective Services (APS) we'd like to look at primary, secondary and tertiary prevention strategies. Primary (e.g., public education and awareness; training, identification of and pre-crisis planning for adults "at risk," including addressing social determinants of health), secondary prevention (e.g., role of emergency department clinicians and social workers, emergency medical services, and primary care physicians in identifying and reporting abuse; connecting "at risk" adults with community services and supports designed to keep them safe), and tertiary prevention (e.g., improving quality of life through multi-disciplinary efforts, including APS, MCOs, law enforcement, ombudsmen, regulatory agencies like DQA, victim advocates, etc.).

#### Council Suggestions:

- Realize this is early on in development, but would like direct worker training to also focus on rights training for participants, as well as identifying/reporting abuse and neglect.
- From the participant standpoint, it's really important to remember that caregiver training is very much needed on an individual basis with the person. Caregiver training can't be just pure mainstreamed. Each individual is different and caregivers need to be trained one on one with the participant. Generalized training is great but many need workers to be trained individually
- The plan looks like it incorporated a lot of the feedback presented through multiple channels.
   Appreciate your request for thoughts and ideas at the outset and look forward to the execution stage.
- Loss of local input from individuals to contact decision makers.
- This is a very comprehensive initial spending plan and really captures much of the stakeholder feedback. Looking forward to future conversations as these initiatives unfold.
- This presentation is so positive and hopeful on a variety of fronts. We are tackling real issues and moving forward on how to improve the system in meaningful ways.
- After seeing the Caregiver Task Force initiatives taken out of the budget, it's so uplifting to seeing so much in this plan. Thank you.

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#### Budget Update, presented by Curtis Cunningham and Carrie Molke

- Summarized highlights of budget
- Council Suggestions:
  - Would like to know when Direct Care Workforce (DCWF) money hits the street
  - Would like a one-pager (similar to the one from February)

#### Council Business, presented by Heather Bruemmer

- Next meeting September 14, 2021
- Administration of Community Living made an announcement about 2021 awards
- Wisconsin is one of eleven that received a grant
  - Awarded 3-year agreements for 10 million dollars
- Council Suggestions:
  - What do we do about a public comment when they would like the council to do something? Can we build them into what we're working on?
  - Would like to have some thought about how to get local, meaningful input about gaps

#### Adjourn

• Motion to adjourn by John Sauer. Motion seconded by Chris Witt Ley. Approved unanimously.

Prepared by: Suzanne Ziehr on 7/13/2021.

These minutes are in draft form. They will be presented for approval by the governmental body on: 9/14/2021

### **Current Long Term Care Advisory Council Roster**

#### 1 Council Chair Seat

Status	Name
Term Ends December 2022	Heather Bruemmer

#### **4 Advocate Seats**

Status	Name
Term Ends December 2022	Beth Swedeen
Term Ends December 2022	Sam Wilson
Term Ends December 2023	Maureen Ryan
Term Ends December 2021	Lea Kitz

#### **4 Consumer Seats**

Status	Name
Term Ends December 2022	Stacy Ellingen
Term Ends December 2022	Cindy Bentley
Term Ends December 2023	Stephanie Birmingham
vacant	

#### **4 Contractor Seats**

Status	Name
Term Ends December 2022	Janet Zander
Term Ends December 2022	Shanna Jensen
Term Ends December 2022	Kenneth Munson
vacant	

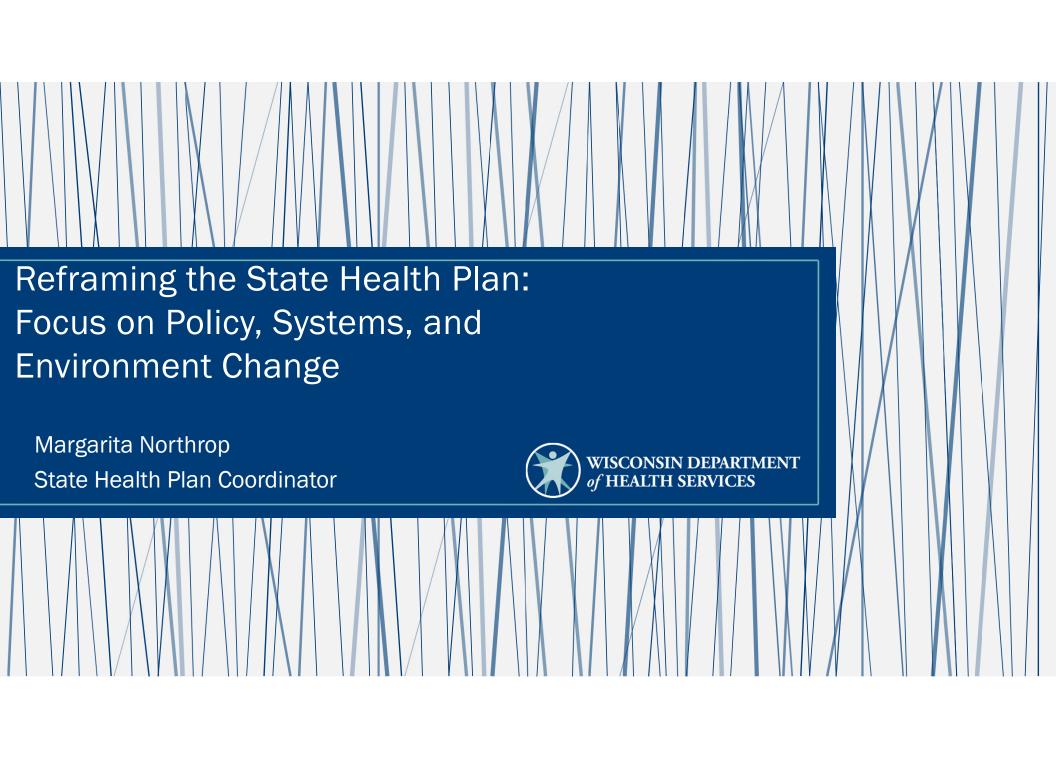
#### **4 Expert Seats**

Status	Name
Term Ends December 2022	Dennise Lavrenz
Term Ends December 2022	Denise Pommer
Term Ends December 2023	Audra Martine
N/A	Rotates

#### **6 Provider Seats**

Status	Name
Term Ends December 2022	Darci Knapp
Term Ends December 2023	Audrey Nelson
Term Ends December 2023	Christine Witt
Term Ends December 2023	John Sauer
Term Ends December 2023	LaVerne Jaros
Term Ends December 2023	Elsa Diaz Boutista

Letters of interest for 2022 membership should be sent to Suzanne.Ziehr@dhs.wisconsin.gov



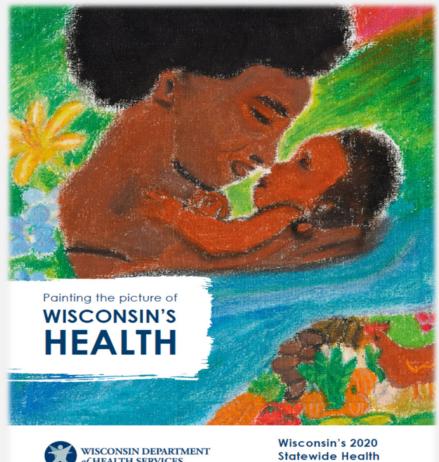
## What is the State Health Plan?

- Public health agenda and roadmap
- Lever for change
- Statutory mandate and accreditation requirement
- Umbrella for a series of reiterative planning processes
  - -State Health Assessment (SHA)
  - -Wisconsin Health Improvement Planning Process (WI-HIPP)
  - -State Health Improvement Plan (SHIP) implementation

# What is the State Health Plan?

- Local, federal and health care systems-level alternatives
  - -Community health assessments (CHAs)
  - -Community health improvement plans (CHIPs)
  - -Community health needs assessments (CHNAs)
  - -Healthy People (2000-2030)
- Strategic connections with other plans, initiatives, and agents of change

# **2020 State Health Assessment**





Assessment

## Reframing the State Health Improvement Plan

Priority Goal: Everyone has a fair and just opportunity to live their best life.

### **Values and Principles**

Justice

Policy and System Change

Community Voices

Collaboration

Accountability

Sustainability

**Key Conditions** 

Social Determinants of Health

The opportunity to be healthy is available everywhere and for everyone.

Healthy Environments & Supportive Systems

Places and systems are designed for health and wellbeing.

Transformative Change to Power Structures

All can participate in decisions that shape health and wellbeing.

## **Priority Areas**







Opioids



Suicide



Tobacco

Emerging:
Social Connectedness,
Cohesion & Belonging

Any Public Health issue UPSTREAM

DOWNSTREAM

# **Upstream Metrics**

Economic Stability and Wealth	Institutional Bias & Power	Traditional SDoH	Social Connectedness, Cohesion, and Belonging
Income: - Income and wealth inequality - Median income	Institutional Bias: - Incarceration rates - School suspension rates	<ul><li>Housing:</li><li>Percent of income spent on rentaffordability</li><li>Home ownership rates</li></ul>	Still defining, considering: - Adults > 65 years living alone - Social associations
<ul><li>Employment:</li><li>Unemployment rates</li><li>Labor force participation rates</li></ul>	Power: - Voting patterns - Civic engagement - Fair representation	Built Environment: - Safe housing: childhood lead exposure	<ul><li>Youth reporting to have a mentor, trusted adult or friend</li><li>Disconnected youth</li></ul>

# **Priority Area Metrics**

Alcohol	Physical Activity and Nutrition	Opioids	Suicide	Tobacco
<ul><li>Underage consumption</li><li>Alcohol retail outlet density</li></ul>	<ul><li>Access to healthy foods and recreational activities</li><li>Chestfeeding</li></ul>	- Opioid-related deaths	<ul><li>Youth self harm rates</li><li>Mental health indicator</li></ul>	<ul><li>Adult smoking rate</li><li>Tobacco retail outlet density</li></ul>

# **Next Steps**

- Publish 2020 State Health Assessment (SHA)
- Publish the 2021 State Health Improvement Plan (SHIP)
   Addendum report to feature the new framework
- Begin implementing the new segments of this framework
- Plan for the next 2023–2028 State Health Improvement Plan (SHIP)
- Form a state health plan partnership to guide and hold us accountable to our values and principles

# **Opportunities for Collaboration**

- Public input process for the SHA report
- State Health Plan partnerships and workgroups
- Synergy between LTCAC charge and new SHIP framework
  - Planning
  - Implementation

# **Questions?**

Our team would love to hear from you!

margarita.northrop@dhs.wisconsin.gov

### Wisconsin Long-Term Care Advisory Council

#### **WORKFORCE CHARGE PROPOSAL**

For Committee Discussion on September 14, 2021

#### **CHARGE 5: WORKFORCE**

Develop recommendations to support and strengthen the direct care workforce, both paid and unpaid, to ensure access to care, improve the quality of caregiving, and meet the growing demand for long-term care services in Wisconsin, by:

- Studying the recommendations of the Governor's Task Force on Caregiving, providing advice and guidance on items that are being implemented and prioritizing recommendations for future consideration.
- Providing advice and guidance on proposals that relate to the direct care workforce and family/informal caregiving within the American Rescue Plan (ARPA) Act of 2021 Section 9817 to enhance, expand, or strengthen HCBS under the Medicaid program in Wisconsin.

#### CROSS-WALK: PROPOSALS OF THE GOVERNOR'S TASK FORCE ON CAREGIVING AND DHS' ARPA eFMAP PLAN

Governor's Task Force on Caregiving	ARPA/eFMAP	<b>Related Proposals</b>	
	(Note: These items are not yet approved by CMS)		
FAMILY/INFORMAL CAREGIVING			
<ul> <li>Caregiver Assessment: Tailored         Caregiver Assessment and Referral         Proposal</li> <li>Aging and Disability Resource Center         (ADRC): Reinvestment/Caregiver         Support</li> <li>Family Medical Leave Act Amendments</li> <li>The Wisconsin Credit for Caring Act</li> <li>The Care Act</li> </ul>	<ul> <li>"Independent Living and Caregiver Support Program"</li> <li>Caregiver needs assessment</li> <li>Training resources for family and informal caregivers</li> </ul>	<ul> <li>Caregiver         assessment</li> <li>ADRC         reinvestment-         more broadly         included in         eFMAP</li> </ul>	
DIRECT CARE WORKFORCE			
<ul> <li>Rates Band Proposal</li> <li>Nursing Home and Personal Care Payment Reform*</li> <li>Medical Loss Ratio for Family Care Managed Care Organizations</li> <li>Direct Care Worker Fund*</li> <li>Direct Care Workforce Proposals: Benefits</li> <li>Medicaid Expansion</li> <li>Earnings Disregard for Direct Care Workers</li> <li>State-Wide Direct Support Professional Training</li> </ul>	<ul> <li>Rate increase (5%) for all HCBS services</li> <li>Rate schedule for Medicaid long term care providers along with subsequent one-time funding over the two-year rate schedule transition period of FY23 and FY24</li> <li>Direct care service career ladder rate structure (tiered payment rates); statewide professional credentialing and continuing education system</li> <li>Staff Stability Survey</li> <li>Professional statewide registry</li> </ul>	<ul> <li>Rate increases for facilities and home care agencies</li> <li>Rate schedule/rates bands proposal</li> <li>Training and career ladder</li> <li>Statewide Registry</li> </ul>	

•	Recognition and Recruitment of Direct	•	Statewide training modules and	
	Support Professionals		grant funding opportunities for	
•	Background Check Policies		providers	
•	Medicaid Provider Regulatory			
	Oversight			
•	Home Care Provider Registry			
•	Home Care Provider Registry Pilot			

<sup>\*</sup>These items were included in the final 21-23 budget.