

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: Wisconsin Long Term Care Advisory Council (LTCAC)			Attending: Audra Martine, Beth Swedeen, Christine Witt, Cindy Bentley, Dennise Lavrenz, Denise Pommer, Elsa Diaz Bautista, Janet Zander, John Sauer, Kenneth Munson, LaVerne Jaros, Lea Kitz, Shanna Jensen, Stacy Ellingen, Stephanie Birmingham, Shakita LaGrant, Beth Fields, Michael Bruhn
Date: 3/8/2022	Time Started: 9:30 a.m.	Time Ended: 2:45 p.m.	
Location: Virtual Zoom Meeting			Presiding Officer: Janet Zander
Minutes			

Members absent: Heather Bruemmer

Others present: Brenda Bauer, Carrie Molke, Curtis Cunningham, Kevin Coughlin, Tom Balsley, Jennifer Speckien, Dan Perron, Kimberly Schindler

Meeting Call to Order, presented by Janet Zander

- Went over meeting processes.
- Approval of January 2022 Meeting Minutes
 - Motion to approve by Dennise Lavrenz. Seconded by Stephanie Birmingham. Unanimously approved.

Division of Medicaid Services (DMS) Updates, presented by Curtis Cunningham

- Starting to look at public health emergency (PHE)/pandemic unwinding. In addition to starting up eligibility reviews, many of the flexibilities that were enacted during COVID via disaster SPAs, 1135 waivers and K waivers will expire at the end of the PHE. Work will be starting on updating policies and procedures that include these PHE flexibilities. Due to the public health emergency (PHE), we have not been disenrolling individuals. The goal for DHS is if an individual is found no longer eligible for Medicaid, there is a smooth transition to assure people do not go without health insurance.
- We are still working on electric visit verification (EVV). Provisions within CMS allow states to request a one-year good faith exemption that can be pushed out until 2024 if active work is continuing with the project. Currently we do not have a tentative date for the hard launch.
- Beginning to look at biennial budget ideas. The budget is a long process. The DHS budget will be proposed in September and the Governor's budget in January.
- Work is just starting on setting rates for home and community-based services (HCBS).
- Moving forward with the children's access project.
- Lots of work with ARPA is happening. Updates will be provided this afternoon.

Division of Public Health (DPH) and Division of Medicaid Services (DMS) Administrators Introductions

- **COVID-19.** There are positive signs from Federal and State governments. The DHS and DPH is:
 - Looking at a shift in long term sustainability regarding COVID-19 recovery.
 - Focusing on rebuilding community-based resources.
 - Based on lessons learned, considering ways in which we can be proactive rather than reactive.
 - Identifying creative ways to support for local partners around infrastructure that will lead to long term sustainability.
- **State Health Assessment (SHA) and State Health Improvement Plan (SHIP)**
 - DPH has started the SHIP prioritization process and Maggie Northrup hopes to be able to engage with the LTCAC later this spring, early summer. BADR has members on the internal planning team, supporting the effort for community partner conversations and facilitation.

- If there are community-based organizations or grass roots partners that you would like to flag for us to make sure they are a part of the initial round of conversations, please let me know! We want to ensure that community partners representing and serving people with disabilities and older adults are well represented in this process.
- **Website Overhaul.** BADR is working with the Division of Public Health to update and make improvements to our program website. The values that are driving this work are to ensure that the information contained is person-centered. We are working on cleaning up some older/outdated pages, creating some new program landing pages and will be doing a Department-wide plain language analysis.
- **Network Capacity Issues and Solutions: Focus on Volunteers**
 - Starting today (3/8) DHS will be posting on the DHS Facebook page and Twitter information about volunteer opportunities across the Aging and Disability Network. This is part of our ongoing effort to address the workforce issues faced by our partners.
 - People viewing the posts are directed to contact their local ADRC by using Link: [findmyadrc.org \(https://www.dhs.wisconsin.gov/adrc/consumer/index.htm\)](https://www.dhs.wisconsin.gov/adrc/consumer/index.htm). The ADRCs will be able to provide the needed information and assistance to guide people to agencies that need volunteers. These agencies may be their own ADRC, the county or tribal Aging units or an Independent Living Centers. It our hope that it generates some awareness of the need for volunteers within the Aging and Disability Network and help us get more volunteers!
 - Also looking to hire a statewide Volunteer Coordinator with some funding we recently received from ACL- funding to target staffing needs in state operations. Funding is for 30 months. Next steps are to develop the position description and other hiring materials. We are hopeful to announce the open position in the next month or so. What this position will do will be informed by the agencies who will be benefitting from volunteer coordination, wo BADR will be working with ADRCs, aging units, and independent living centers (ILCs) for ideas.
- **Dementia Care Specialists in ADRCs and Tribes**
 - Our dementia team is working with tribal partners to prepare for the roll out of the expansion of the Tribal DCS in October 2022. Starting October 1, every federally-recognized tribe will receive funding from DHS to fund a Dementia Care Specialist position, so we will have 11 tribal DCS positions in WI.
 - The WI DCS model is getting a lot of attention lately. Several states have started to pursue a similar program, with some passing legislation/funding to begin. The National Alzheimer's Association has added "dementia navigators", modeled after WI's DCS, as a part of their national advocacy platform. Very exciting!
- **The Office for the Blind and Visually Impaired** is continuing to serve people in their homes and the community by providing rehabilitation teaching and independent living skills for individuals with visual impairments.
 - The Statutory Council on Blindness is meeting this Thursday to finalize plans to engage in community conversations and a needs assessment to help identify themes and concerns. The information gleaned will help facilitate the strategic priorities of the Council.
 - The group is following a similar model to the State Health Assessment and health improvement plan- bringing it to the blind and visually impaired community.
 - Since many of you also serve this population, we would love if you could help share the dates when they are available. We expect that they will be held in April and May.
- **News from ODHH:**
 - Recently hired a program manager for the Behavioral Health Initiative project that aims to address the capacity of the behavioral health system to better meet the needs of individuals who are Deaf, Hard of Hearing and DeafBlind
 - DHS Ch. 77 related to the Service Fund is currently being amended. The rule is open for public comment right now, comments can be entered on this survey: [Public Comment on Rulemaking Projects, F-01924 \(08/2017\) \(surveygizmo.com\)](https://www.surveymonkey.com/s/F-01924). More information can be accessed here:

https://docs.legis.wisconsin.gov/code/chr/all/cr_22_019 ; rule summary here:
[cr_22_019_rule_text_filed_with_lc_clearinghouse.pdf](https://docs.legis.wisconsin.gov/code/chr/all/cr_22_019_rule_text_filed_with_lc_clearinghouse.pdf) (wisconsin.gov)

- Assistive Technology Solutions for Hearing Loss
 - The Office for Deaf and Hard of Hearing (ODHH) has been working on putting together some useful videos for people with hearing loss. Here is a pretty GREAT one on assistive technology that I wanted to showcase:
<https://www.youtube.com/watch?v=2BdN2KTIImjw> Best part? It features many of our own ODHH staff. If there are people in your life with hearing loss, I hope this helps you get connected with technology and resources!
 - The Telecommunications Assistance Program (TAP) is Increasing Hearing Aid Assistance
 - We are also pleased to announce that the TAP program is now offering up to \$1,500 towards the purchase of new or refurbished hearing aids or cochlear implant processors from certified audiologists and licensed hearing aid providers through June, 2022. Funding is limited and is on a first-come, first-served basis for all qualified applicants that meet the TAP program eligibility criteria. Learn more about this program, that is administered by BADR, at: <https://www.dhs.wisconsin.gov/search?search=TAP>
- **News from OPDIL (Office for Physical Disabilities and Independent Living):**
 - The Governor's Committee for People with Disabilities (GCPD) has completed their annual report, which would be worth checking out; many linkages with the work and interests of this committee.
 - Notably, last year's focus was on how COVID impacted the experience of people with disabilities in obtaining healthcare; based on survey responses, 47% said they were not allowed to have a caregiver/support person accompany them to their appointment.
 - They are also focused on employment, transportation, equity, and opportunities and access- which are described in their 2022 workplan.
 - Annual Report link: <https://www.dhs.wisconsin.gov/gcpd/gcpd-annual-report-2021.pdf>
 - Membership: <https://www.dhs.wisconsin.gov/gcpd/members.htm>
 - Home page: <https://www.dhs.wisconsin.gov/gcpd/index.htm>
 - They have also developed an educational PSA aimed at advocating for reasonable accommodations and access to health care. The video and materials are still in draft, but will be shared at this week's Executive Committee meeting.
 - On GCPD, there are representatives from the Lieutenant Governor's office, Wisconsin Council on Physical Disabilities, Board for People with Developmental Disabilities, Wisconsin Council on Mental Health, Wisconsin Council for the Deaf and Hard of Hearing and the Statutory Council on Alcohol and Other Drug Abuse.
- **Community Health Workers (CHW) at Aging and Disability Resource Centers**
 - BADR is excited to have had the opportunity, through the CDC Health Disparities grant, to support the implementation of a community health worker model in rural communities that have been disproportionately affected by the COVID-19 pandemic.
 - The CHW model employs one or more frontline workers who are trusted members of and/or have an unusually close understanding of the community served. CHWs will be able to assist community members in meeting a wide range of needs, including evidence-based health promotion, healthcare transitions, short-term case management, health literacy, housing, food and nutrition, caregiver support, and transportation. The ADRC of Barron, Rusk and Washburn Counties, the ADRC of Dunn County and the ADRC of Jackson County are the recent awardees! We are grateful to our DPH colleagues who created space for this initiative.
- **Council Suggestion:**
 - Are we investing in the right things? Reflecting on Milwaukee DHHS annual report (https://county.milwaukee.gov/files/county/DHHS/DHHS_AR_2021_Final_SmallVersionforWeb.pdf). Is there report from DHS relative to great work done in 2021 that aligns with strategic

goals? Where we are developing programs, giving funding, is this the correct place? How are the programs affecting real people? Is there a report like this? Milwaukee County just finished creating their 2021 Annual Report that connects the dots to our key strategic goals with data supporting the work that we invested \$\$ and outcomes. Do we have a summary report that we can share with bullet points?

State of Assisted Living, presented by Dan Perron

- Presentation of the annual State of Assisted Living. This report will become a DHS publication and will be available in the DHS publication library.
- Annual report covered the following topics: background on Bureau of Assisted Living (BAL) and regional assignments; types of facilities that BAL oversees and regulates; ADC oversight moving to Bureau of Health Services due to reorg. Transition starting in March - no change in code or survey process; just different team of surveyors. Number of facilities; ownership of facilities; closures; complaints; self-reports (open for investigation); surveys; citations; enforcement; no new admission orders; forfeiture assessments; enforcement sanctions; BAL initiatives; and key code (core areas).
- **Council Suggestion:**
 - Suggestion that future reports should include the population health metrics to assisted living facilities and how the investment in these homes has improved the health of this population.
 - Suggest the report include the number of beds available, but not in use.
 - Glad that information was shared today. DRW has been struggling and seeing loss of availability of residential settings for people trying to move into community. People are being placed far from home. Maybe coordination or data collection from MCOs. MCOs report staffing needs are reasons but DQA data doesn't seem to support that.
 - Moving towards an expedited licensing pilot program is exciting.
 - Experienced providers finding it hard to find staff. There are many small AFHs, but these settings may not be right place for person. Concern we are hearing when talking to small AFHs and other providers - know they are hiring people they would not have considered hiring a few years ago. Not enough experienced employees in facilities is an issue.
 - Is DQA looking at citations and correlation with ownership? Can DQA provide a map of reduction in facilities and beds have occurred?
 - Do not see the caregiver crisis improving – the need for assisted living is an afterthought for large percentage of population. It is thought of when it is needed; not a lot of planning for it ahead of time. Long-term care services should not be Medicaid service - should be something every insurance provider is required to provide.

Public Comment

- Rebecca Underwood
 - At the previous meeting, the council discussed closing the state centers. With all the discussion on staffing issues, it is especially callous for council members to call for the closure of the centers because some people need that level of care. How is existence of the centers directly affecting the lives of those on the council? Council members need to be respectful that some individuals need this level of help and are not in the centers against their will. Closing the state centers will not benefit everyone.
- Ramsey Lee
 - Thank you for your work. Would like to get more involved with the council. How can I get more involved with the long-term care council?
 - The public should get more involved with the council.
 - Due to the caregiver crisis, would like to see the age limit lowered to below 16. Currently I can only hire people 16 or over. If the age was lowered, this would be one solution.

- Personally, would like to thank Carrie Molke and Cindy Bentley for all their hard work on the council.

American Rescue Plan Act (ARPA) – Innovation Grants, presented by Kevin Coughlin

- Objectives of this project are to fund innovative projects to enhance and support home and community-based services; attack the workforce crisis and other service challenges; and target specific efforts that have the best chance for success.
- Entities that support these HCBS programs are eligible to apply for grant funding:
 - Children's Long-Term Support
 - Family Care
 - Family Care Partnership
 - IRIS
 - PACE
- Currently looking for vendor(s) to manage portal and program operations. Anticipate vendor(s) will be selected by mid-March and first grant period will be in July.
- Looking for council feedback on grant categories or themes; timing and grant periods; scoring rubric; reaching a statewide, diverse audience; and other considerations.
- **Council Suggestions:**
 - Categories: recruitment; fast tracking people into positions; caregiver workforce; competitive integrated employment; housing (housing navigators, home modifications, programs to improve landlord relations); and anything related to digital navigation training with goals related telecommuting employment, healthcare, education, benefits access, and social connections.
 - Scoring rubric: applicants that propose an evidence-based approach; confidence in the ability to operationalize the project; a good return on investment; questions that directly cover cultural competency; whether the project could create a model that might be used by others; and sustainability.
 - DHS should consider stakeholders being involved in developing questions and review of applicants.

American Rescue Plan Act (ARPA) – Direct Care Workforce Reform and Analysis, presented by Kevin Coughlin

- Objectives of this project are to improve caregiver competencies; create a pathway for advancement; increase the number of direct care workers; and improve accountability and sustainability. It is an opportunity to address systemic issues of lack of competency requirements; no pathway for advancement; low retention rates; and few processes in place to gauge success or how to improve.
- These initiatives will benefit entities and individuals who support these programs:
 - Children's Long-Term Support
 - Family Care
 - Family Care Partnership
 - IRIS
 - PACE
 - Fee-for-Service Medicaid, BadgerCare+, BadgerCare HMO and SSI HMO
- Components of this project include staff stability survey; proposed classification system for personal care workers (PCW) and supportive homecare workers (SHCW); expansion successful nursing home CNA program to HCBS providers; upgrading the WisCaregiver Careers website; connecting jobseekers to employers; PCW financial incentives; and provider incentives.
- **Council Suggestions:**
 - DHS should consider linking career ladder when developing rate bands.

- Appreciate the marketing aspect of this project. There is a shortage of trainers, so need to figure out ways to get curriculum out there.
- It appears vouchers and bonuses have the quickest turnaround. Concern regarding the current crisis and how long it will take to put all these components into place.
- Given that things aren't going to get better anytime soon, prefer we remain in a waiting period for better caregivers, versus continuing to operate on the model of taking "whoever has a pulse". What would happen if we just did away with PCW altogether and everyone had to at-minimum be a CNA? Propose we do away with PCW status and just have people start at CNA.
- We don't often think of those that help prevent entry into system/programs. ADRCs, aging units - all have had staffing shortages, and this leads to delays for services. Should be thinking about broader definition of workforce.
- Broad support for offering a variety of options such as self-paced training; virtual training; no training and just taking the competency course.

American Rescue Plan Act (ARPA) – ADRC Modernization, presented by Jennifer Speckien

- The objectives of this project are to improve access to ADRC resources; increase awareness of ADRCs throughout Wisconsin; diversify and modernize ADRC services with a focus on equity; meet the increasing demand for ADRC resources and services. Project components are virtual resource platform and statewide marketing and outreach campaign.
- Virtual resource platform
 - Develop a statewide online resource network for customers.
 - Improve access to resources for long-distance caregivers; those who prefer to research information independently; and customers with other barriers.
 - Obtain resource information 24/7.
 - Explore self-service options for specific services.
- Statewide marketing and outreach campaign
 - Implement a coordinated, statewide marketing and outreach campaign to promote the virtual platform and promote local ADRCs.
 - Re-brand ADRCs in a way that people will self-identify with to promote early access to information and resources.
- **Council Suggestions:**
 - DHS should coordinate with tribes for the tribal aging and disability resource specialists to be part of this project.
 - Love the idea of re-branding ADRCs. This could improve access for transition-age individuals as well as those hard-to-reach remote caregivers.
 - Concern regarding the 24/7 access to resources. Attempts at a statewide system previously were not accurate and a turnoff to customers. This effort could be an enhancement although not long ago there was an attempt to do away with ADRCs. Concerned that a statewide system could replace ADRCs.
 - BADR should consider equity goals to ensure individuals with low income or English as a second language can navigate the system.
 - How will DHS know this project is making a difference? What is the baseline data and measurable outcome goals?
 - It would be great if ILCs could rebrand as well. Suggest there is an emphasis on greater collaboration between ADRCs and ILCs statewide. Can the virtual resource platform be done in conjunction with ILCs?
 - DHS should consider focus groups with local groups that could inform both the branding/ID as well as what modes of information sharing would be most valuable. BPDD would be willing to help as it is especially important to get the input from traditionally under-served groups.

- Online, the Minnesota Senior LinkAge and HUB web presence is easy to understand and statewide.

American Rescue Plan Act (ARPA) – General Updates, presented by Curtis Cunningham

- Updates on ARPA projects not covered today.
 - A third project has been added to Initiative 1: Medicaid HCBS Rate Reform. We will be looking at rate differentials between PCW and SHCW.
 - Continued work on Tribal LTC system enhancements
 - Will look to provide update on Independent Living pilot next meeting. Team is working on a concept paper.
 - Initiative 8: Assisted Living Reporting, Member Assessment and Certification will focus on internal systems to track acuity for private pay residents in assisted living, 1-2 bed adult family home certifications and non-residential HCBS setting rule reviews.

Council Business, presented by Janet Zander

- Next meeting May 10, 2022
- Will move looking at the revised charter to the May meeting.

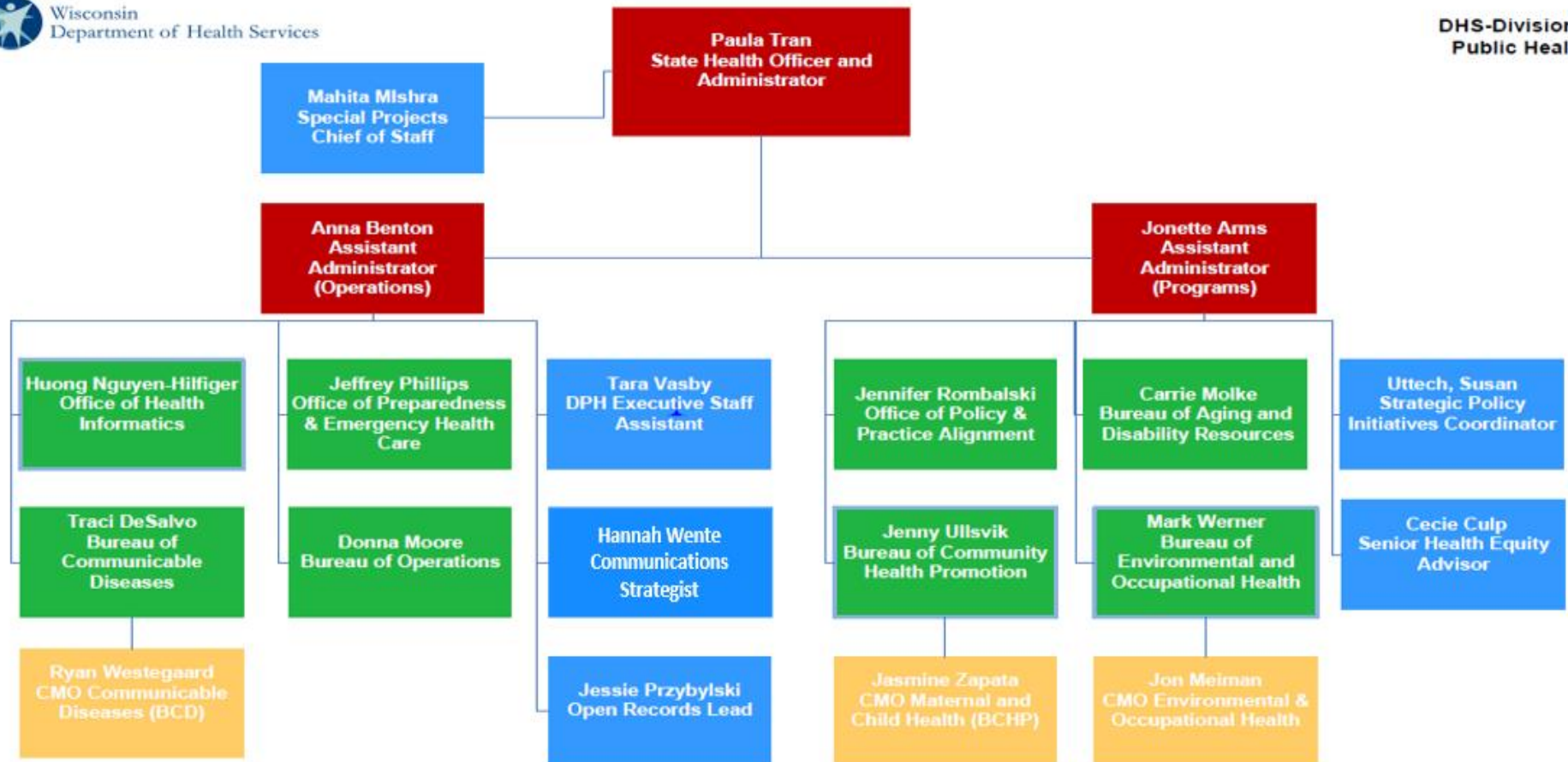
Prepared by: Kimberly Schindler on 3/9/2022.

These minutes are in draft form. They will be presented for approval by the governmental body on: 5/10/2022

Wisconsin DHS DPH Organizational Chart - 2022



DHS-Division of
Public Health



Purview:

- Strategic operations and organization management
- Operational process mapping, legal and equity review
- Communications and strategic narrative
- CRRT/DPH Integration, transition
- Workforce

Purview:

- Embedding health equity and building public health
- Strategic partner engagement narrative
- Strategic plan
- HE effort alignment
- PPA/SIC engagement/alignment, HiAP
- HE Advisor engagement/alignment



WISCONSIN DEPARTMENT
of HEALTH SERVICES

2021 Member Satisfaction Survey

Jie Gu
Program and Policy Analyst
4/13/2022

Survey Sample Criteria

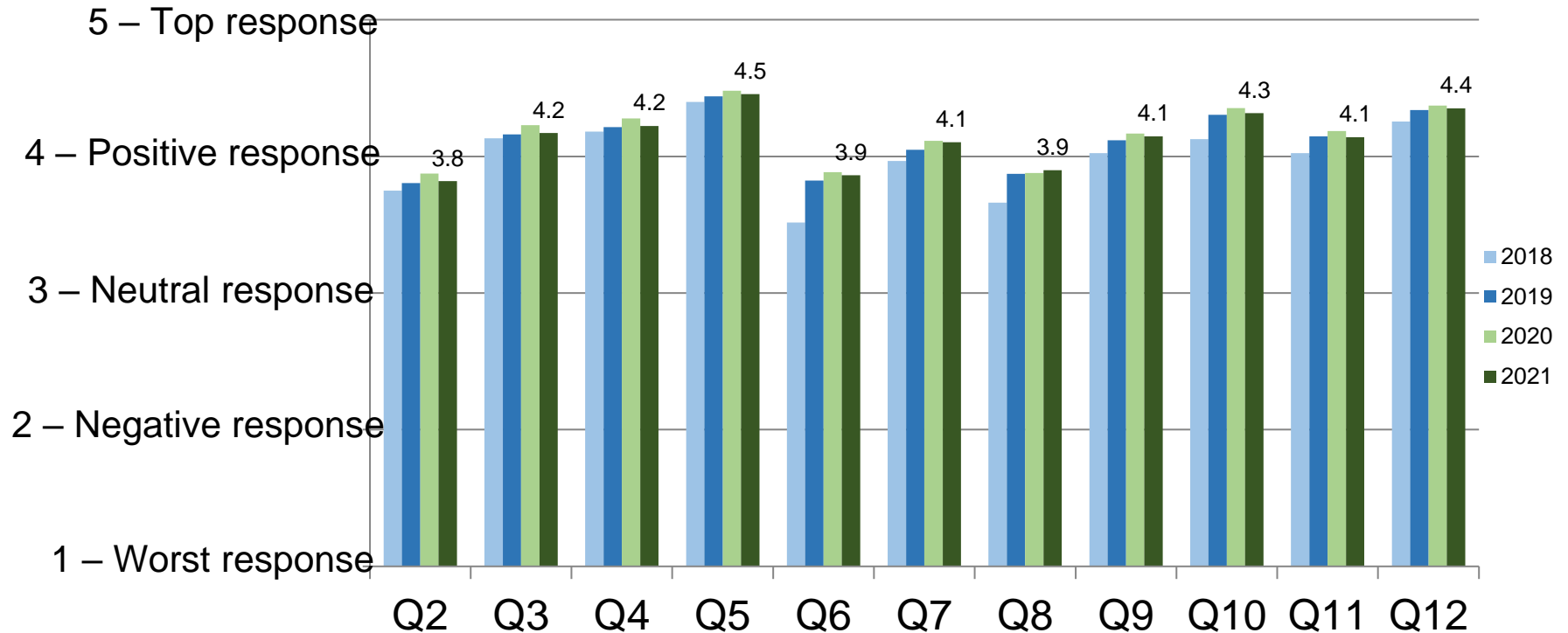
Surveys were sent to randomly selected participants meeting the following criteria:

- Current participant
- Having been a participant for 6+ months
- Distributed among all three target groups

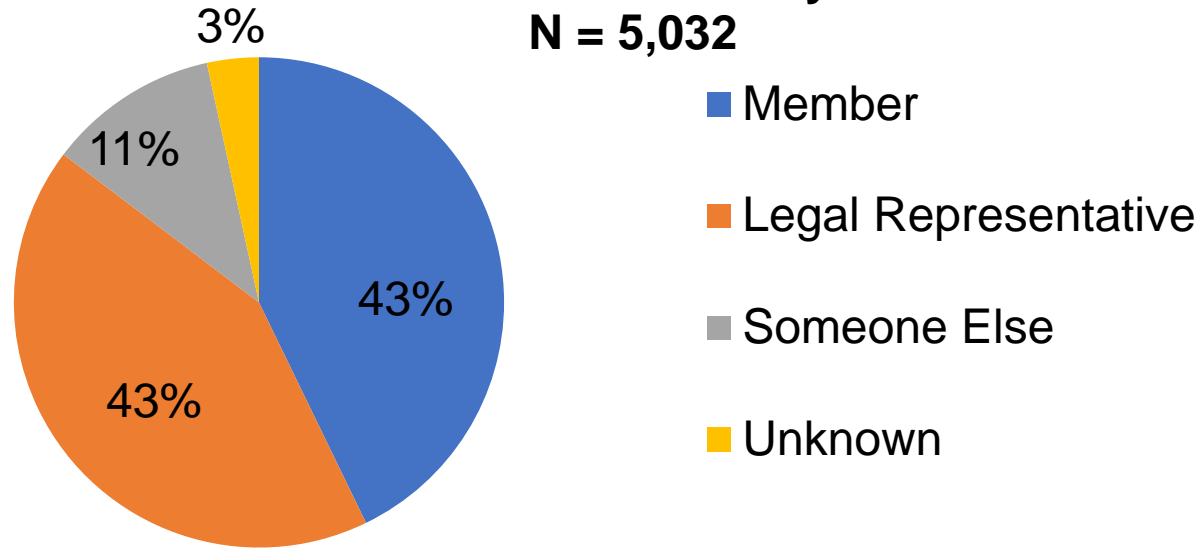
2021 Managed Care Member Satisfaction Survey Analysis

Family Care Survey Analysis

Survey Question Response – Managed Care (FC) (P4P questions: Q2, Q7, Q9, and Q11)

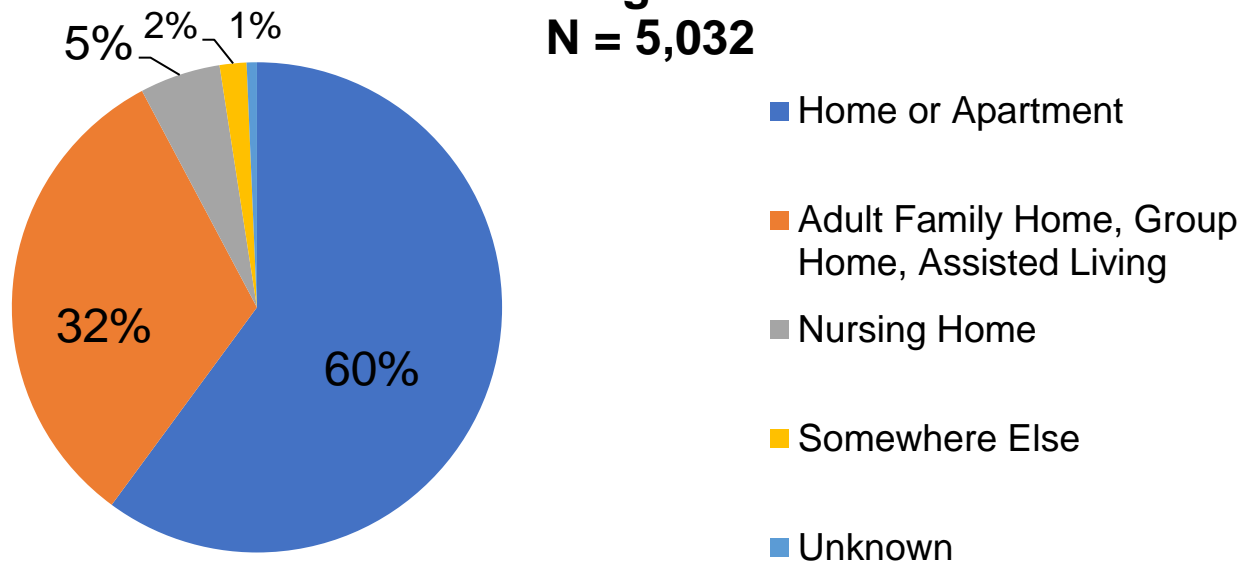


Who Answered Survey – FC N = 5,032

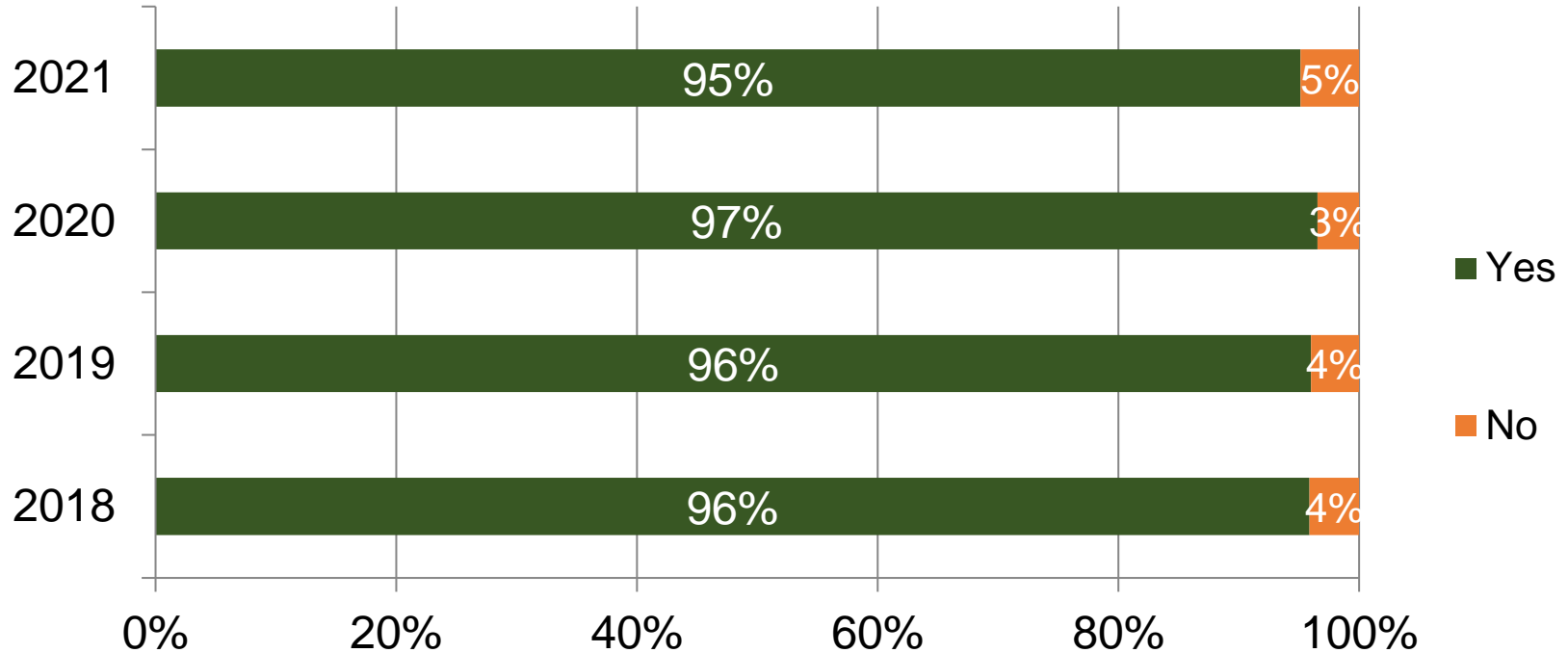


Member Living Situation – FC

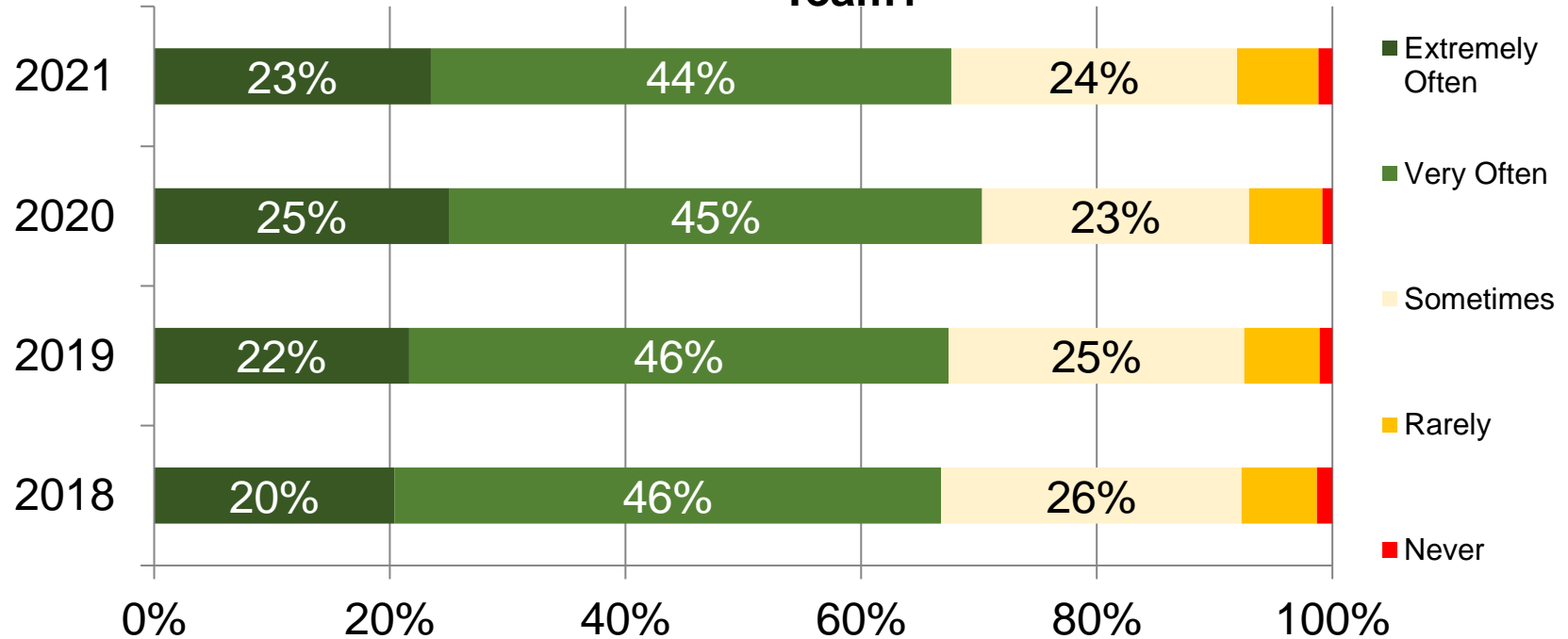
N = 5,032



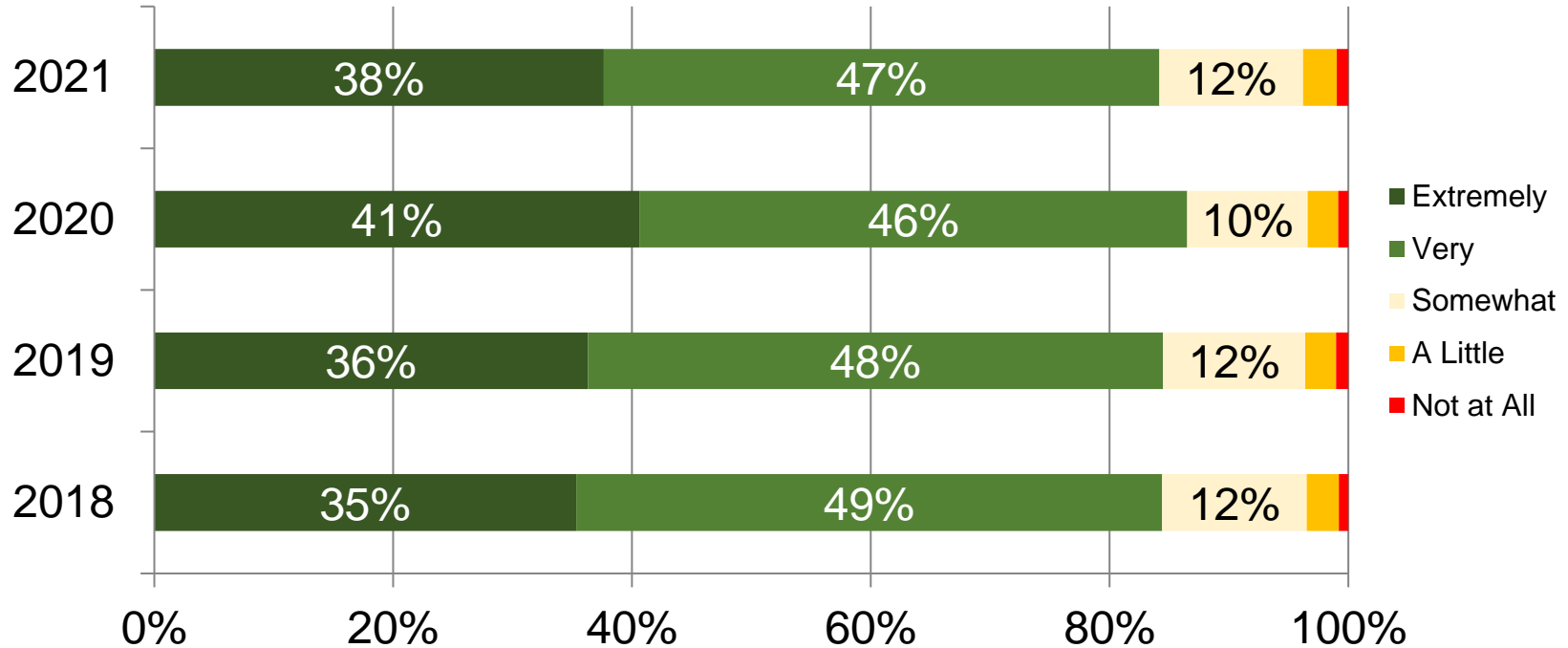
Can you contact your Care Team when you need to?



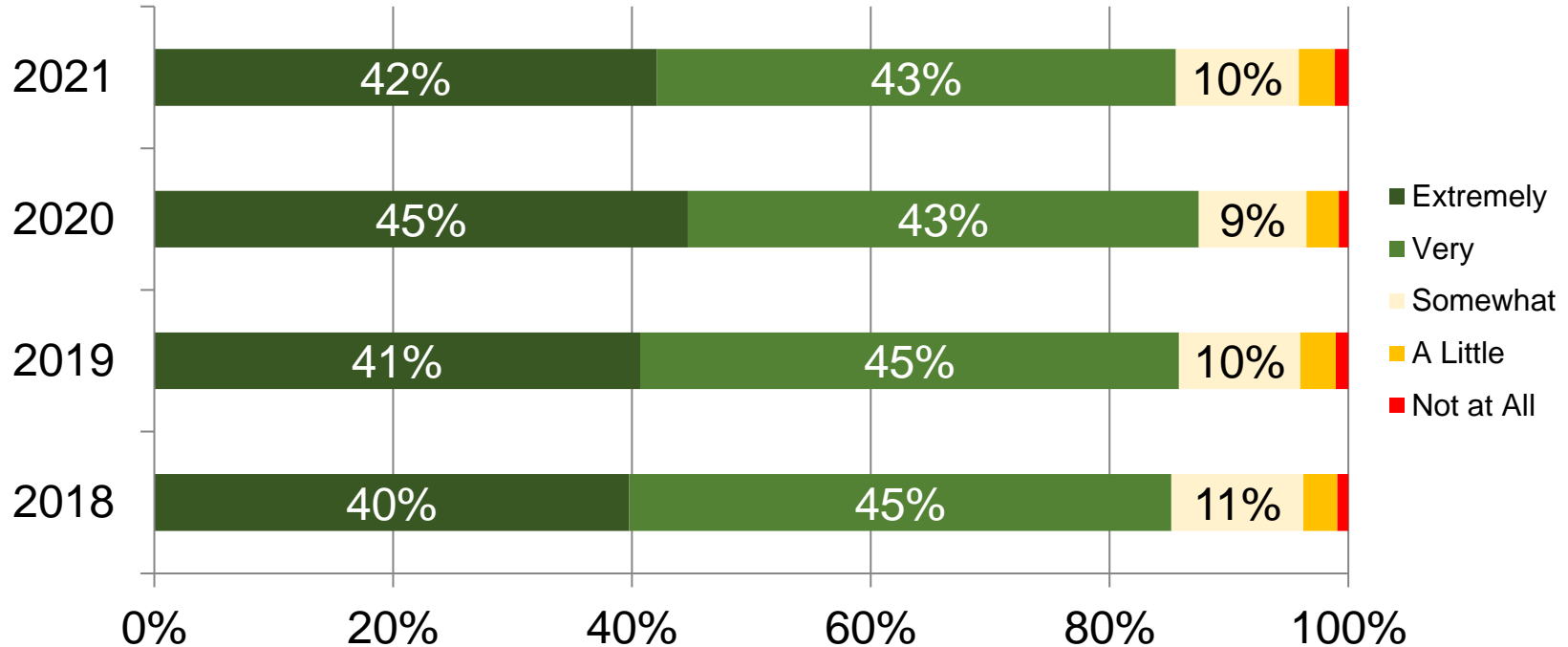
How often do you get the help you need from your Care Team?



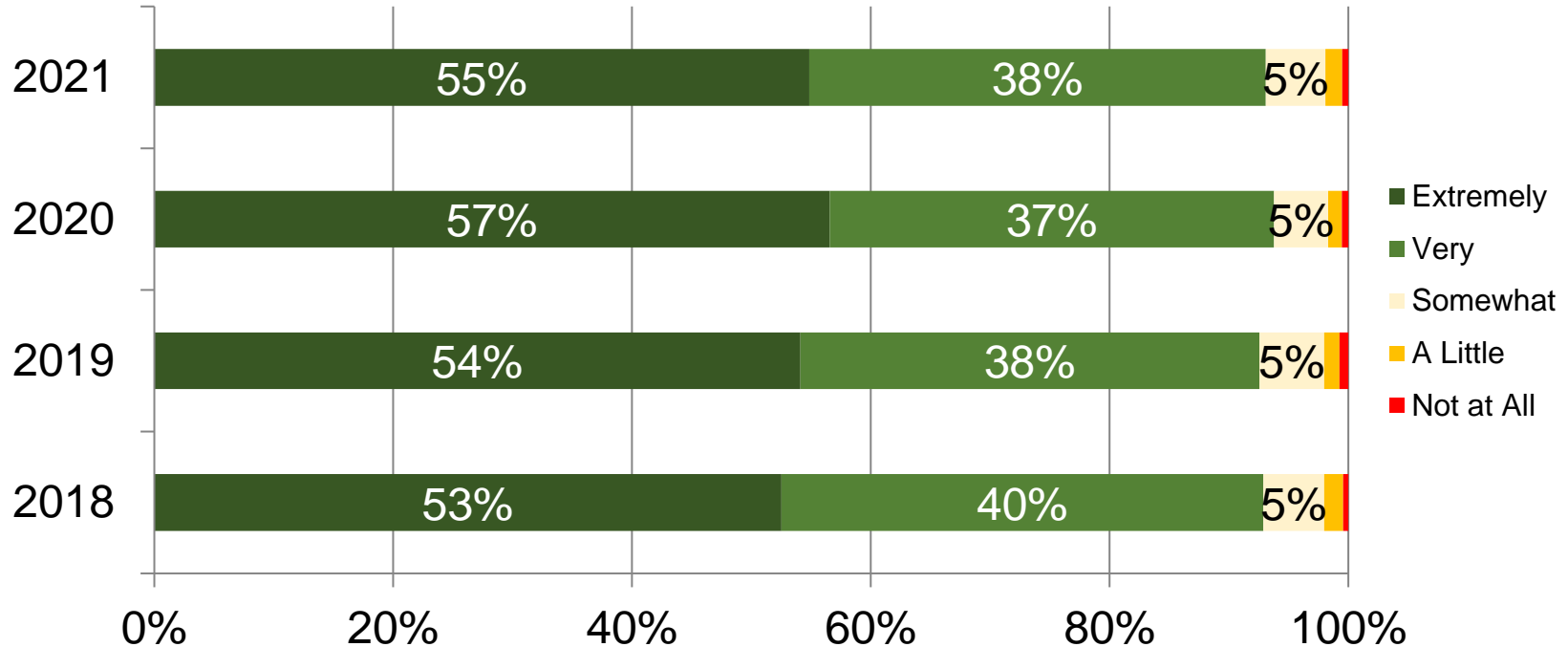
How clearly does your Care Team explain things to you?



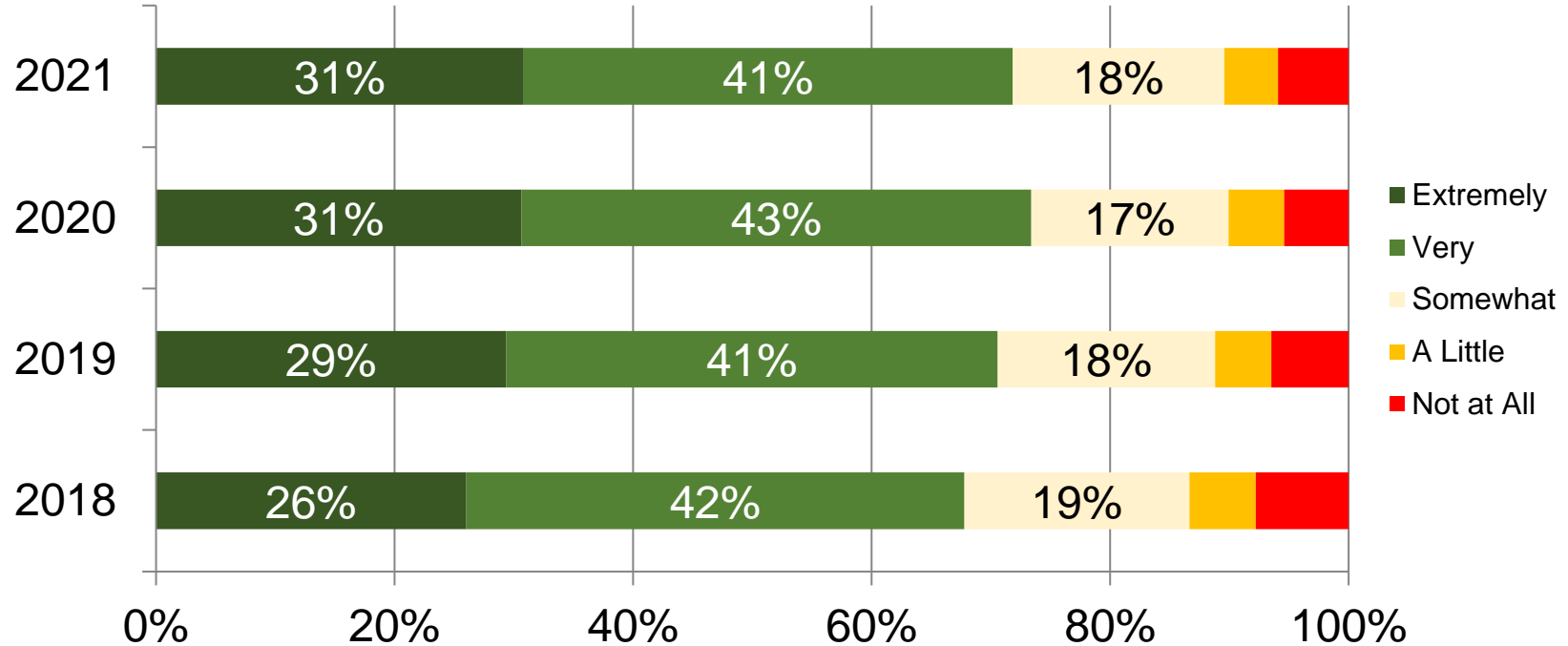
How carefully does your Care Team listen to you?



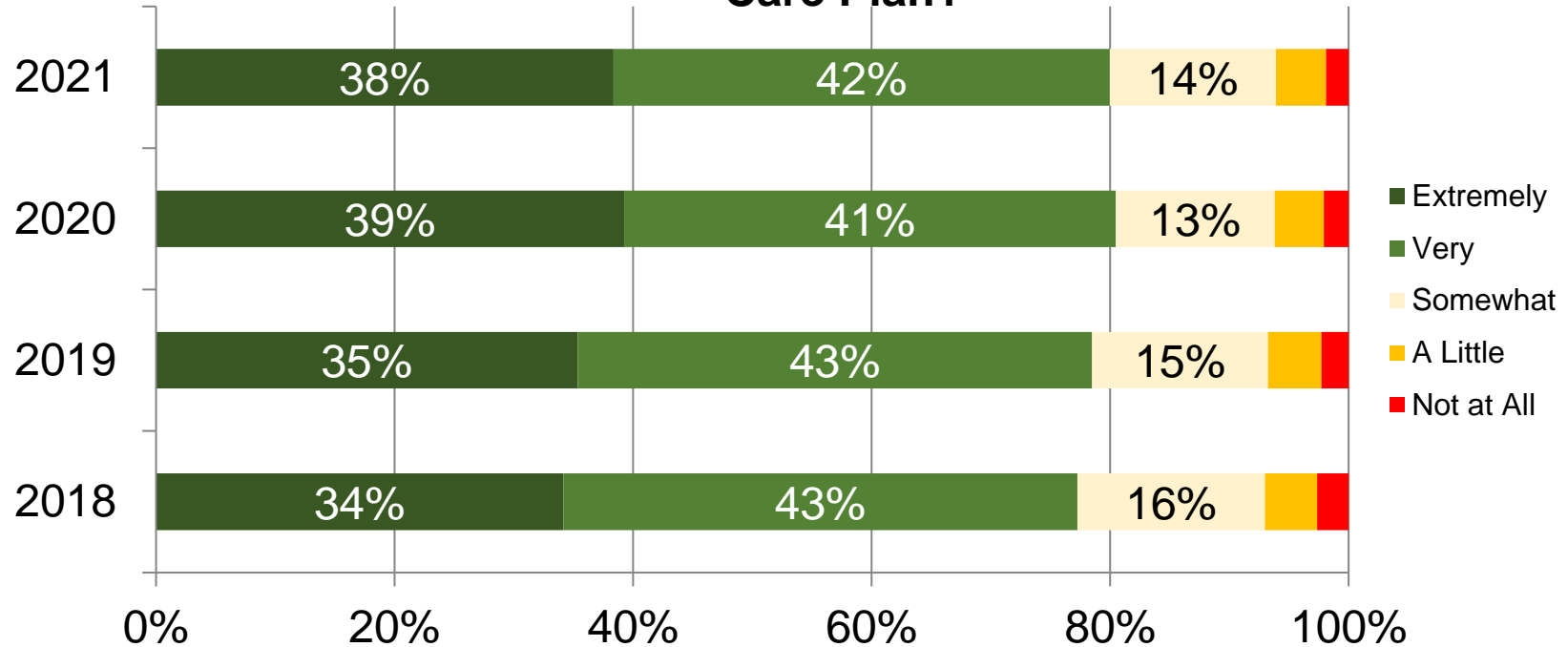
How respectfully does your Care Team treat you?



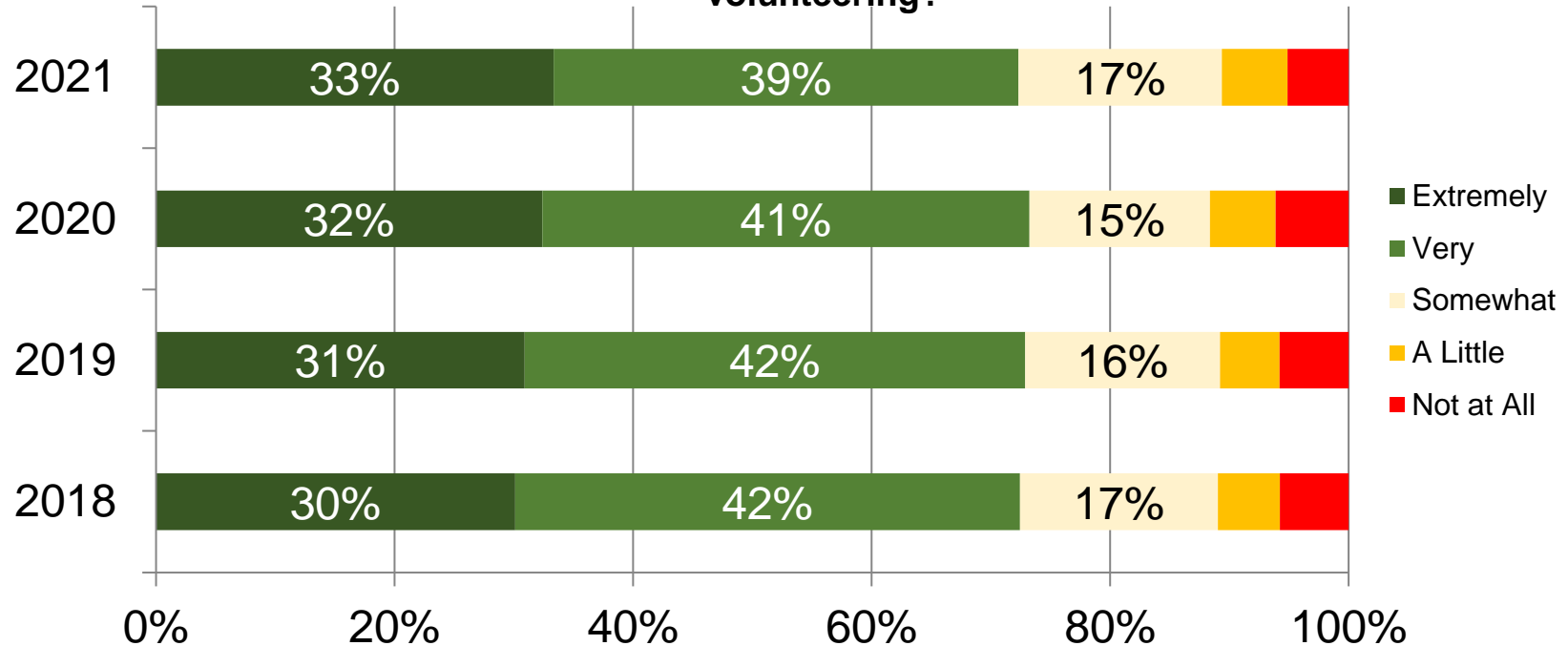
How well did your Care Team explain the Self-Directed Supports option to you?



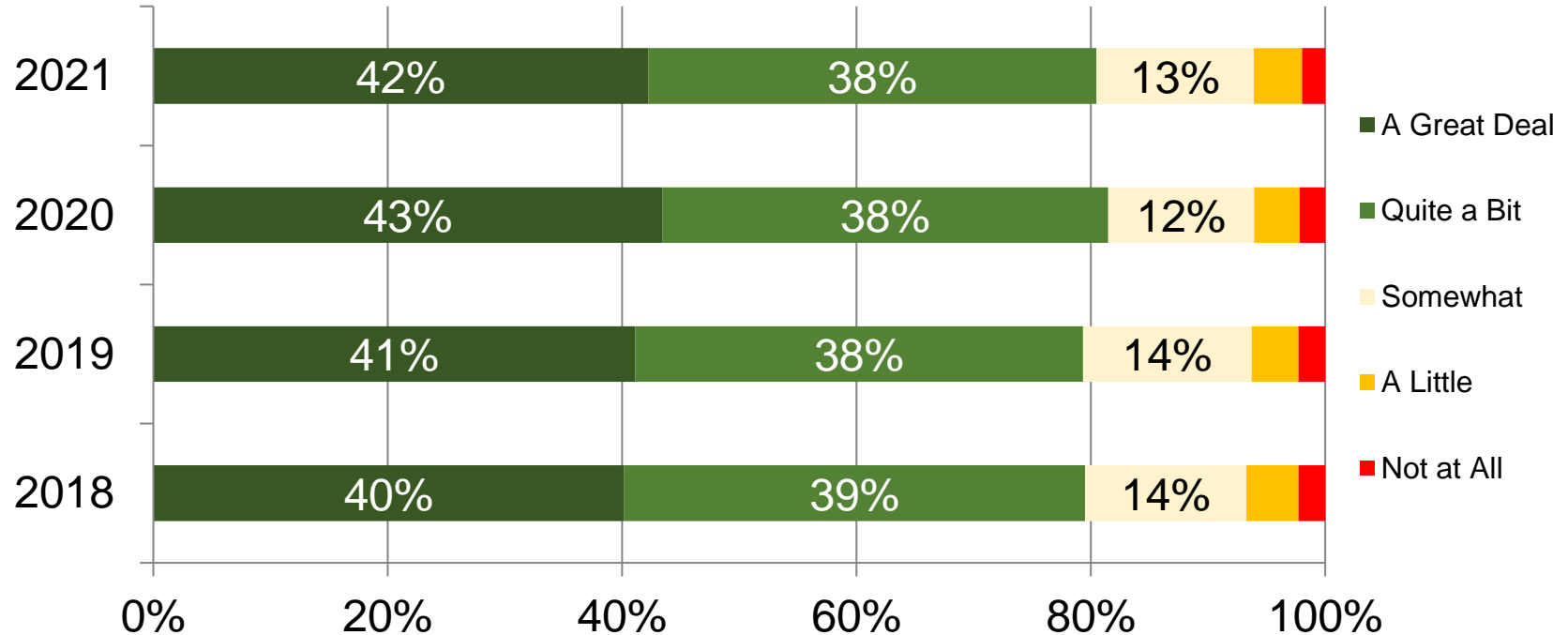
How involved are you in making decisions about your Care Plan?



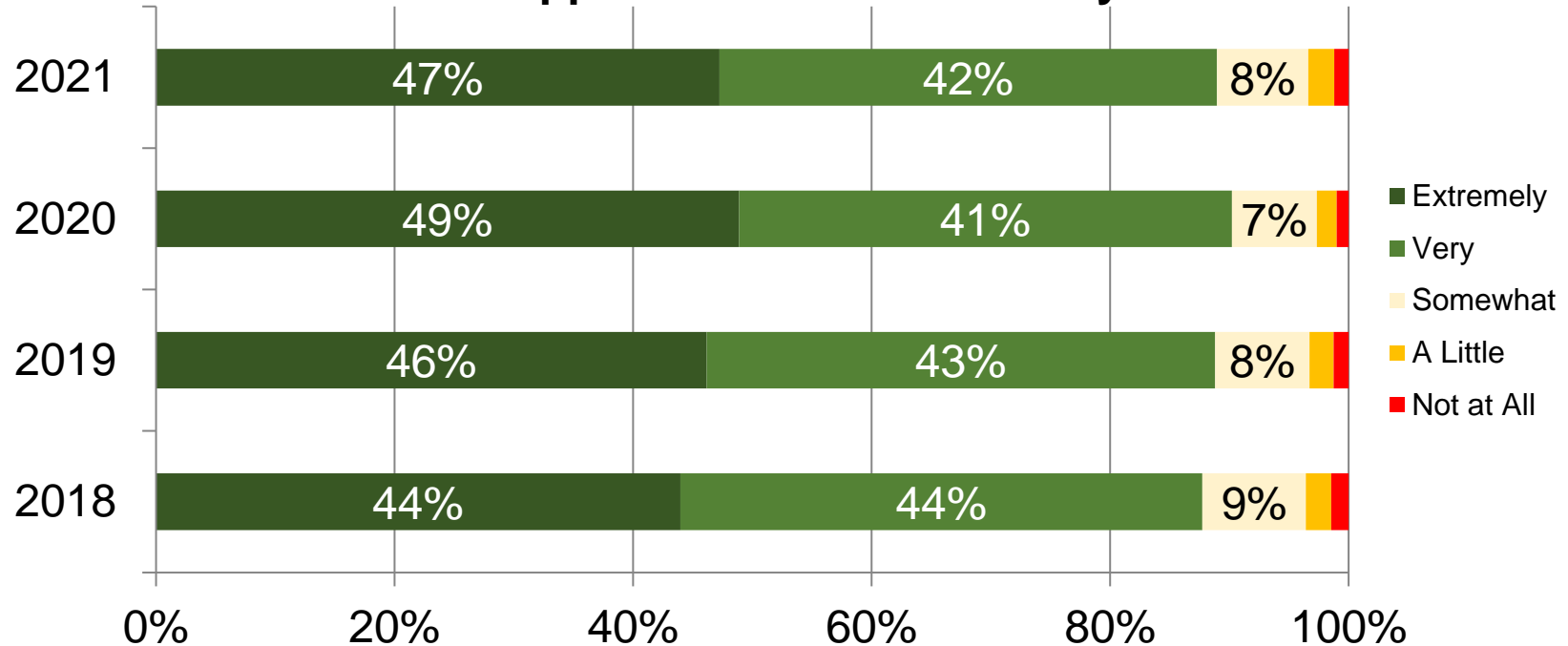
How well does your Care Plan support the activities that you want to do in your community, such as visiting with family and friends, working, and volunteering?



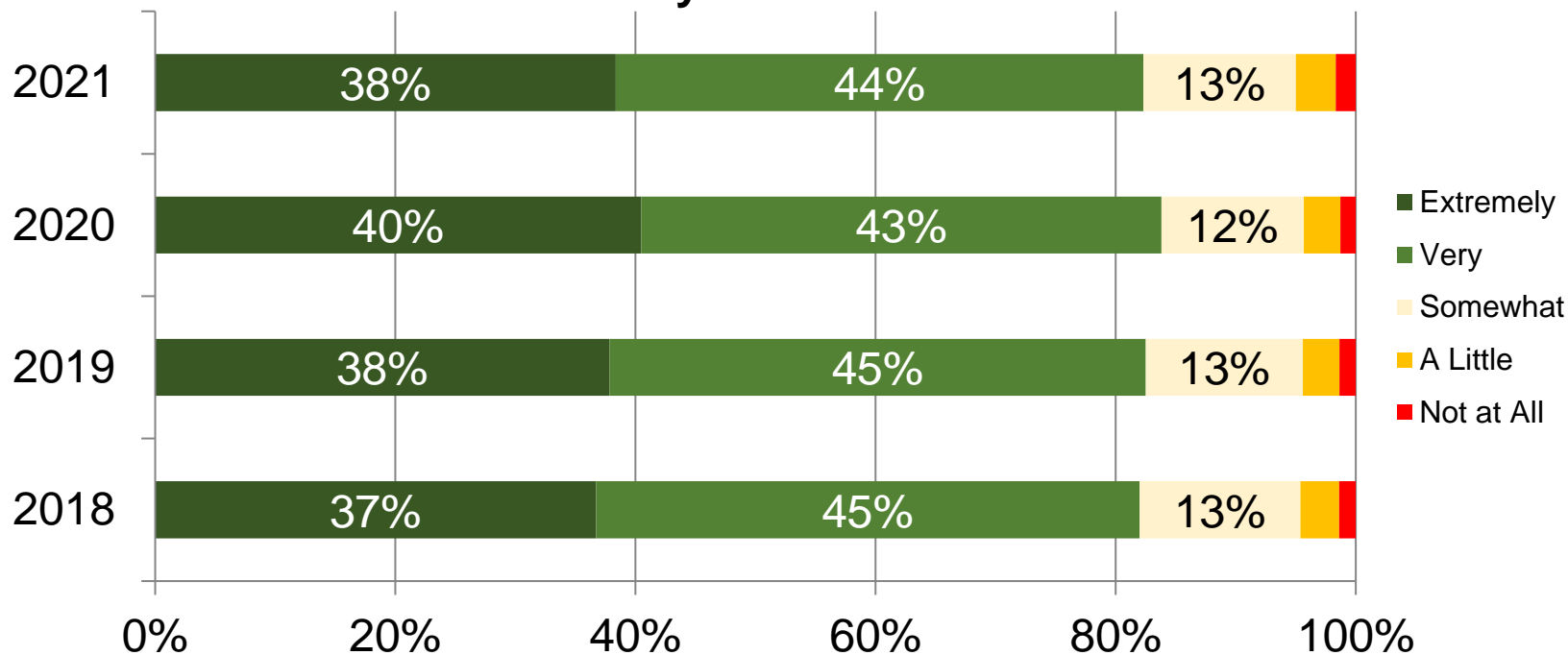
How much does your Care Plan include the things that are important to you?



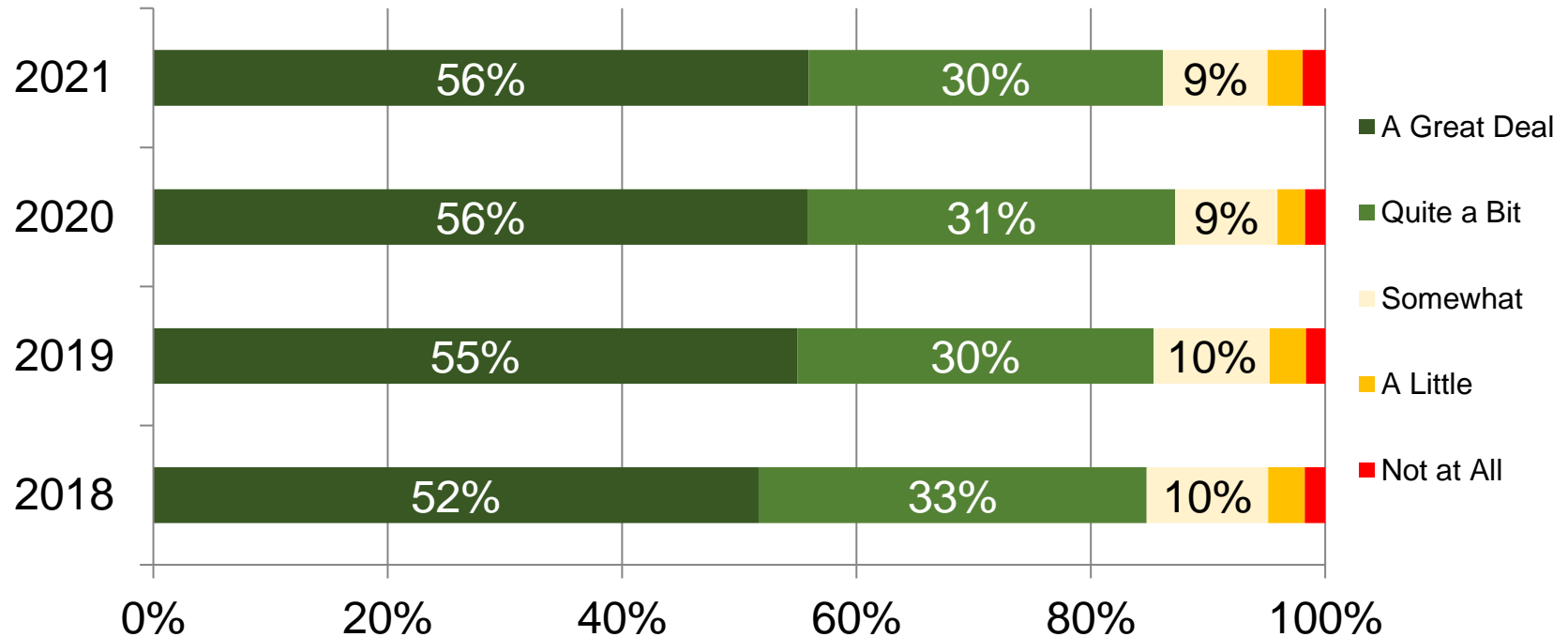
Overall, how respectfully do the people who provide you with supports and services treat you?



How well do the supports and services you receive meet your needs?

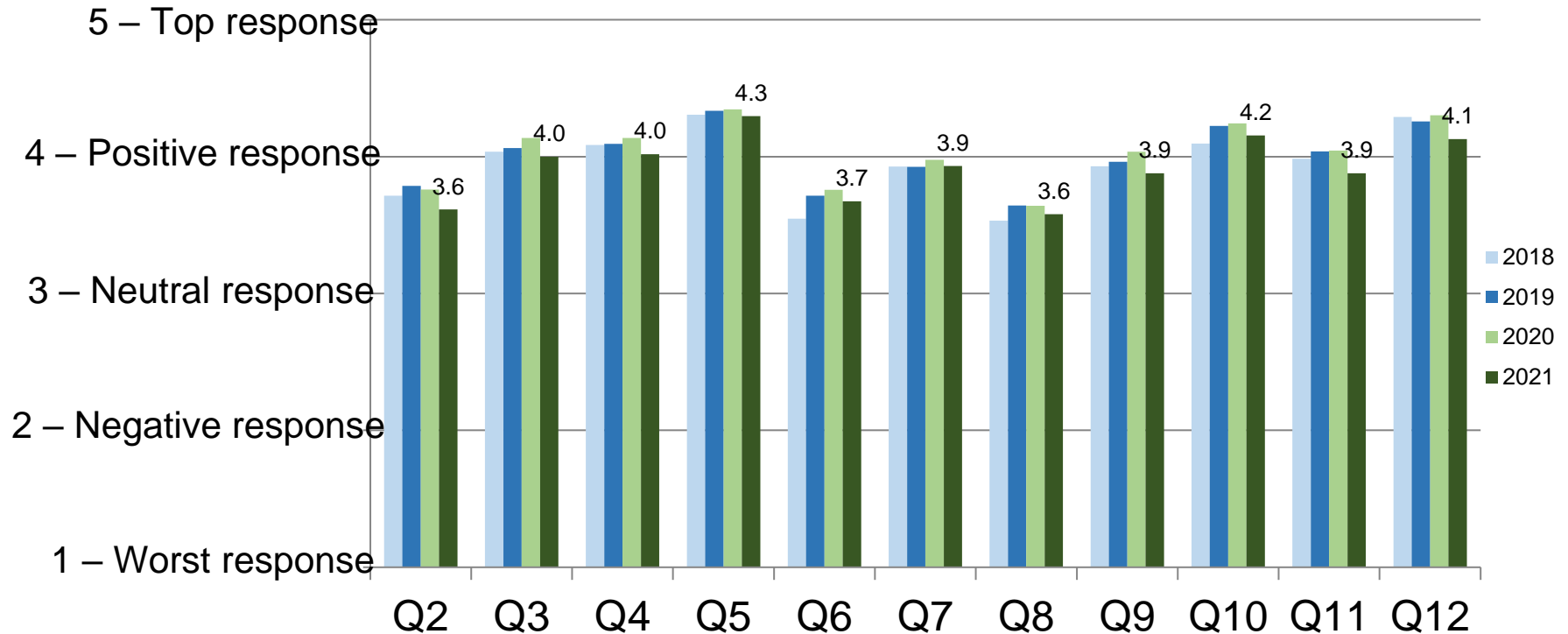


Overall, how much do you like your MCO?

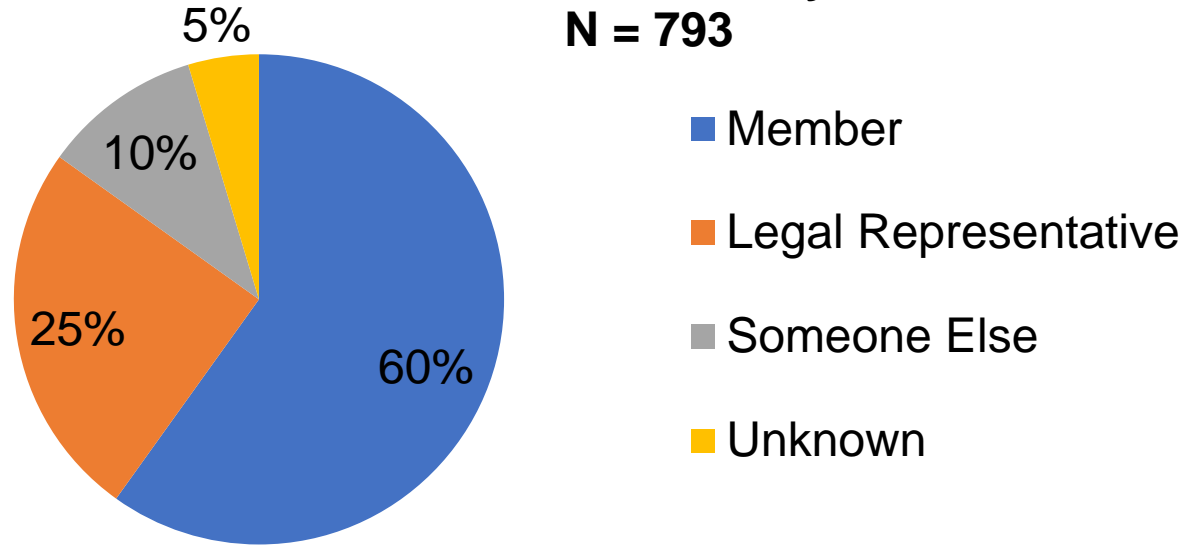


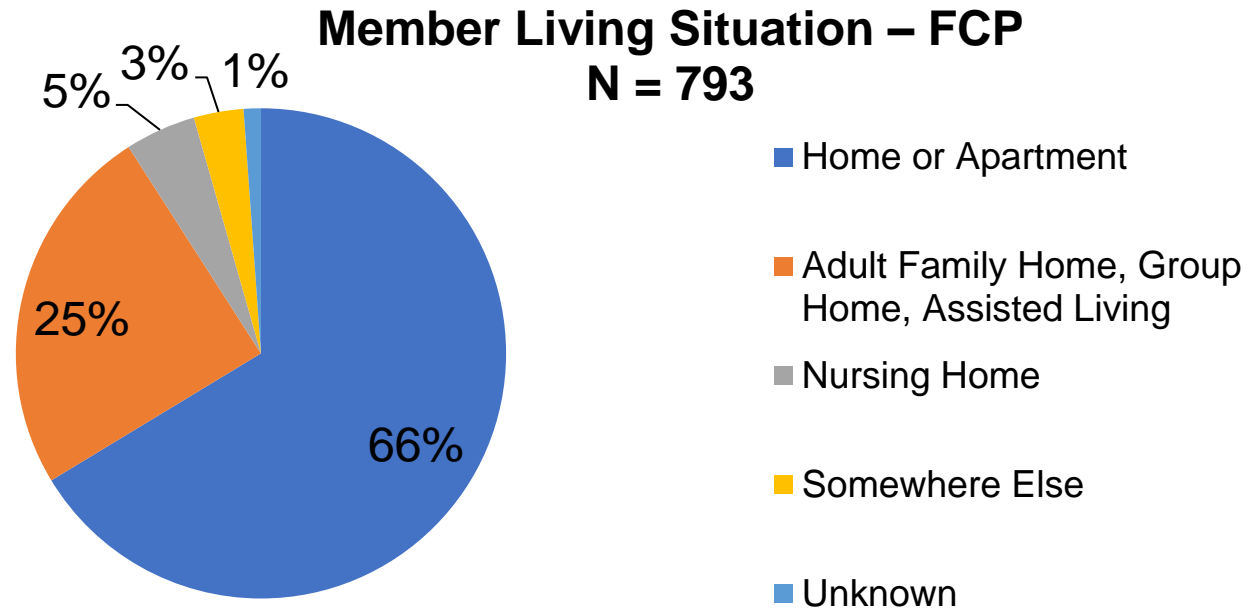
Family Care Partnership Survey Analysis

Survey Question Response – Managed Care (FCP) (P4P questions: Q2, Q7, Q9, and Q11)

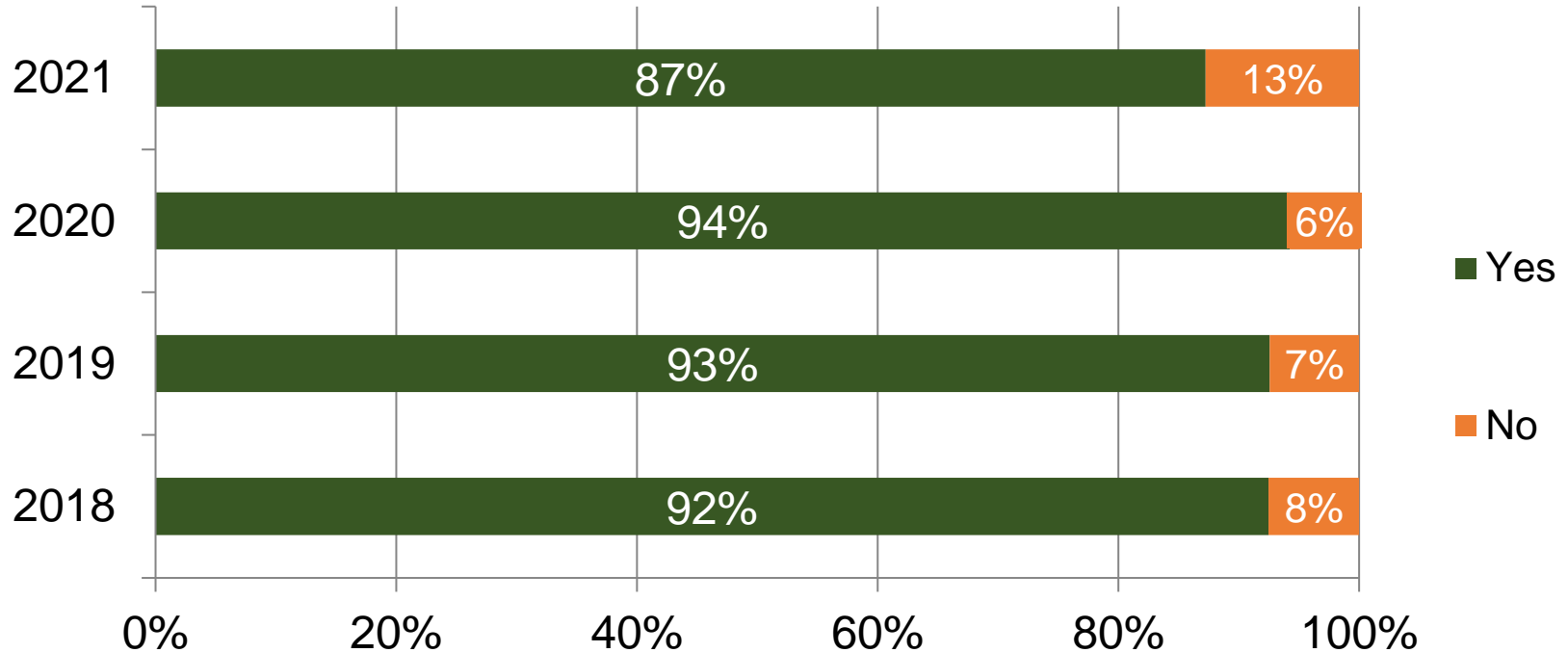


Who Answered Survey – FCP
N = 793

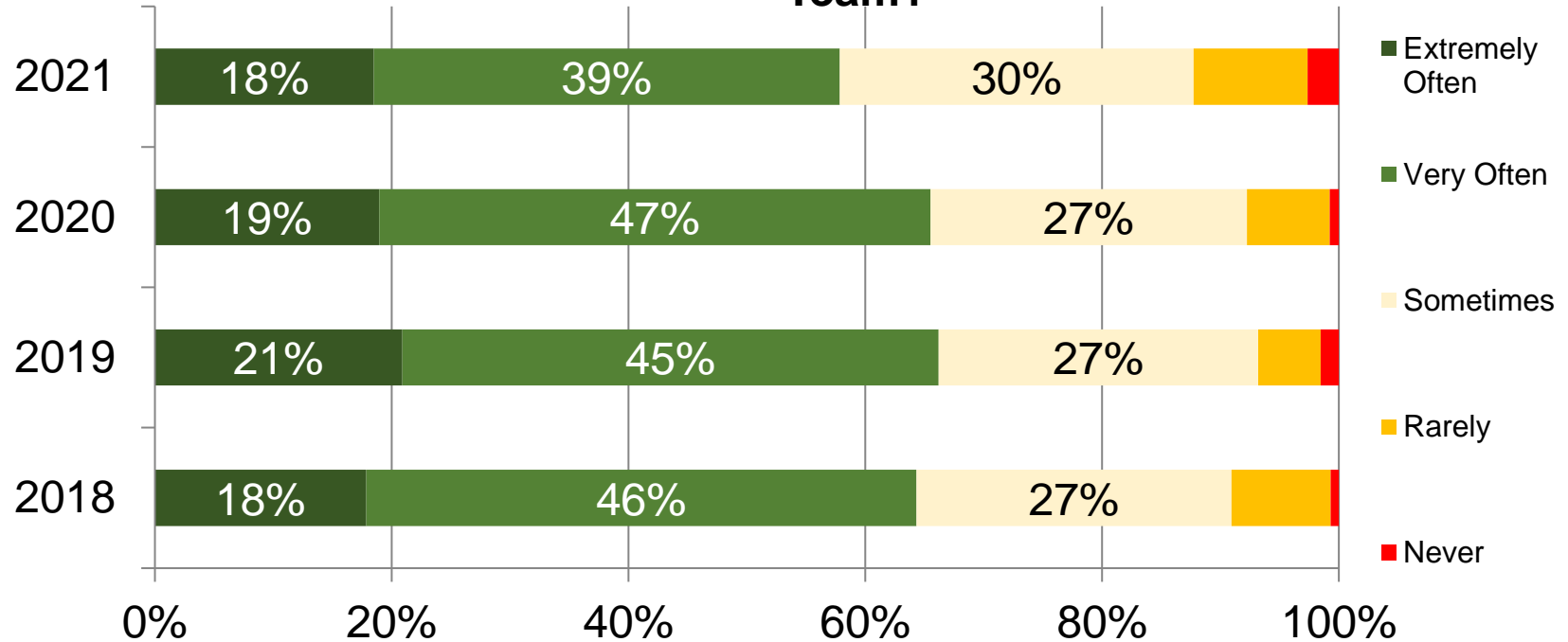




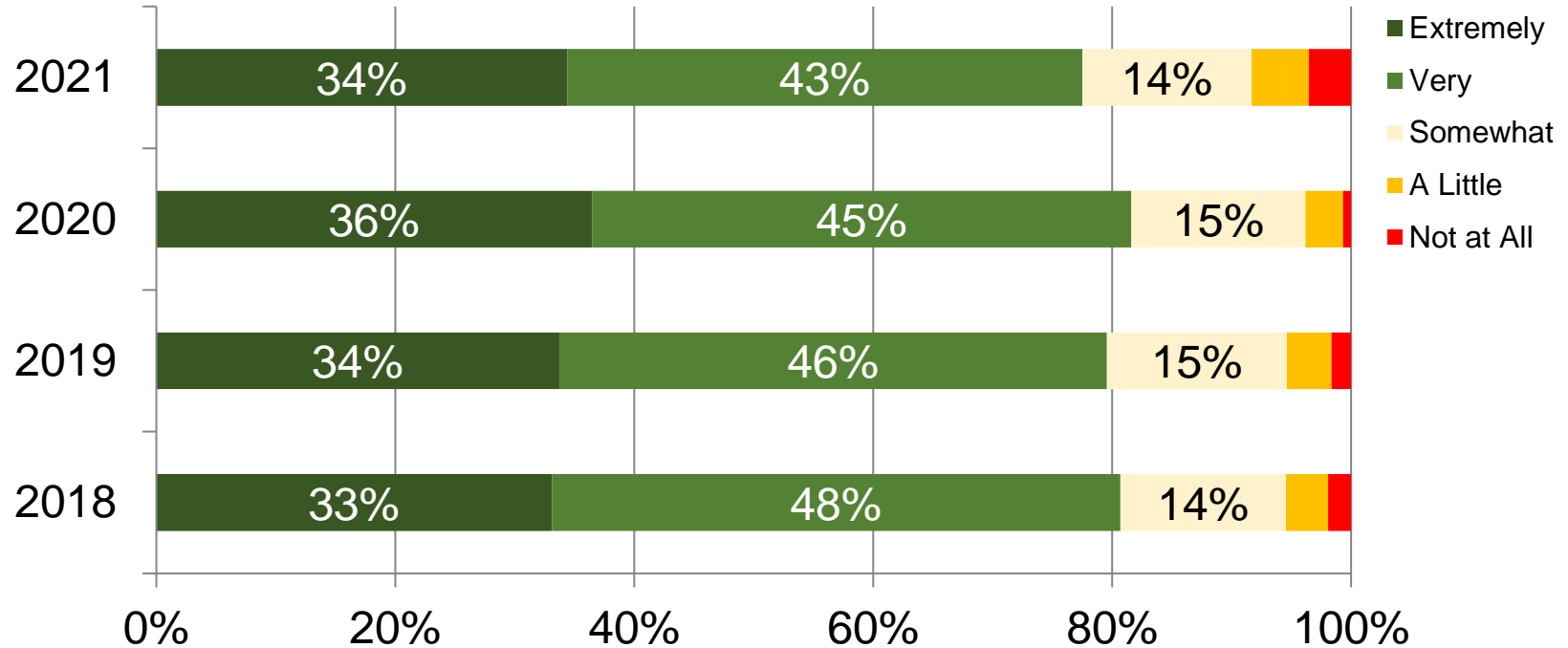
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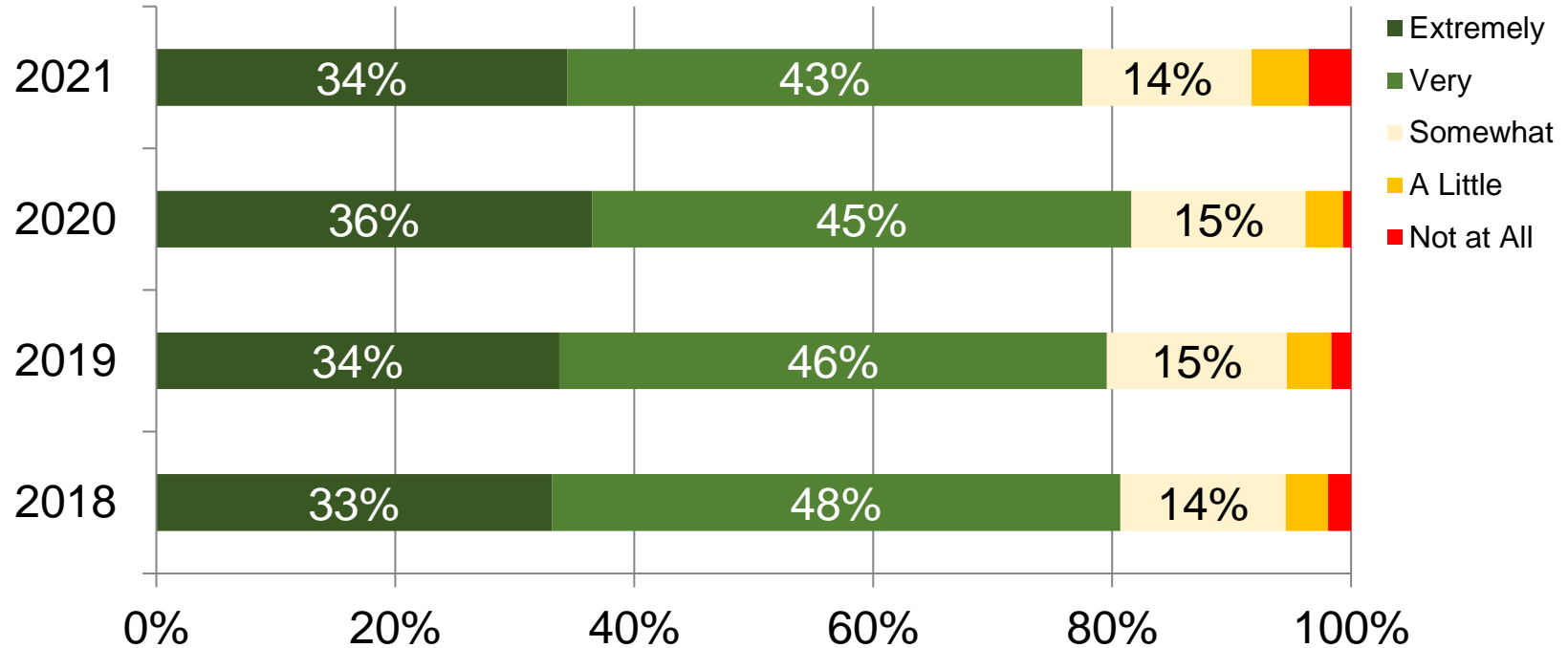
How often do you get the help you need from your Care Team?



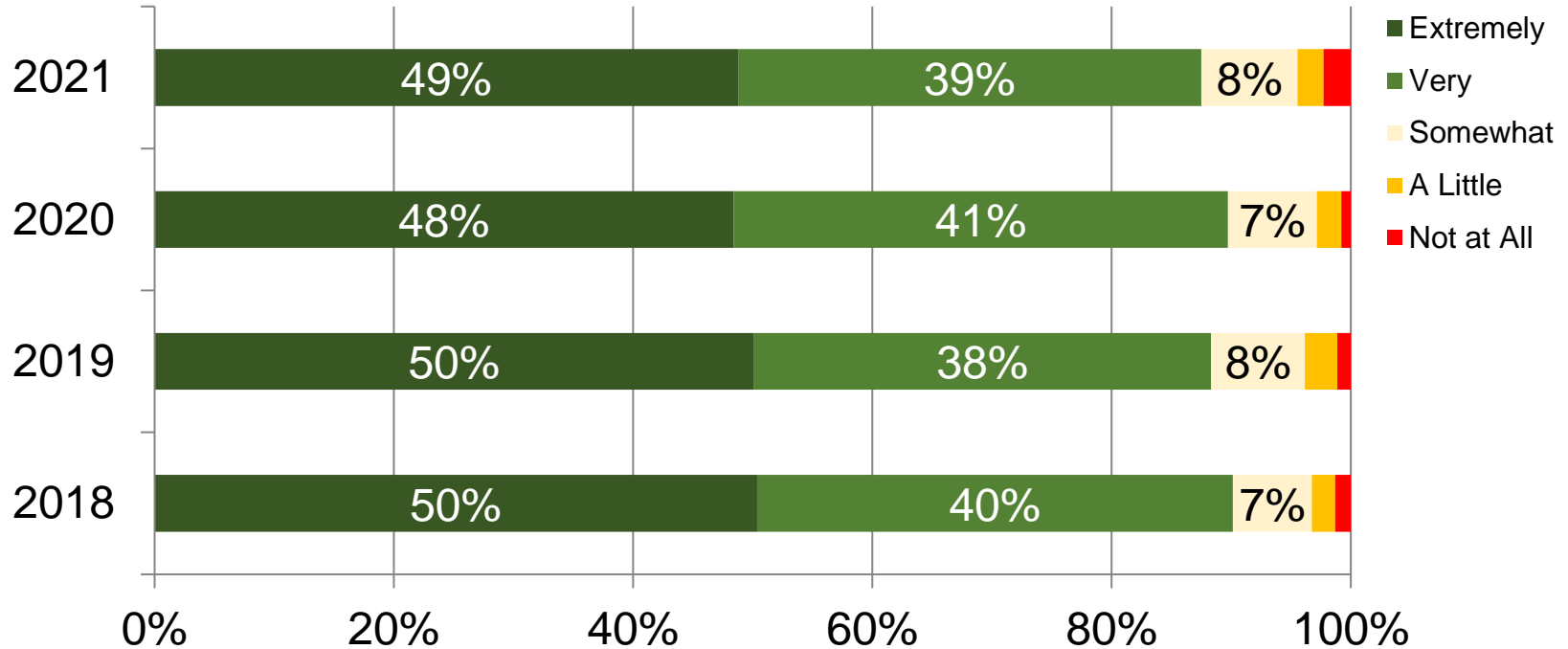
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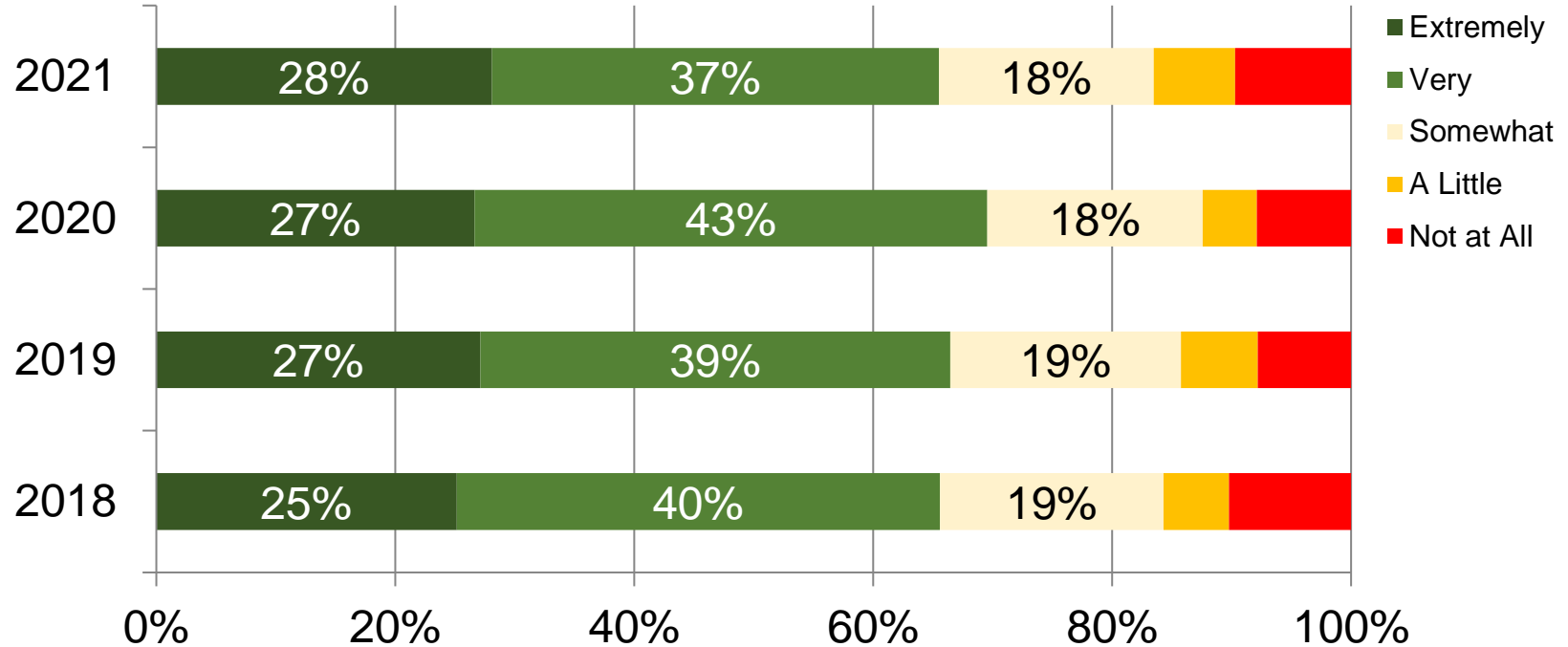
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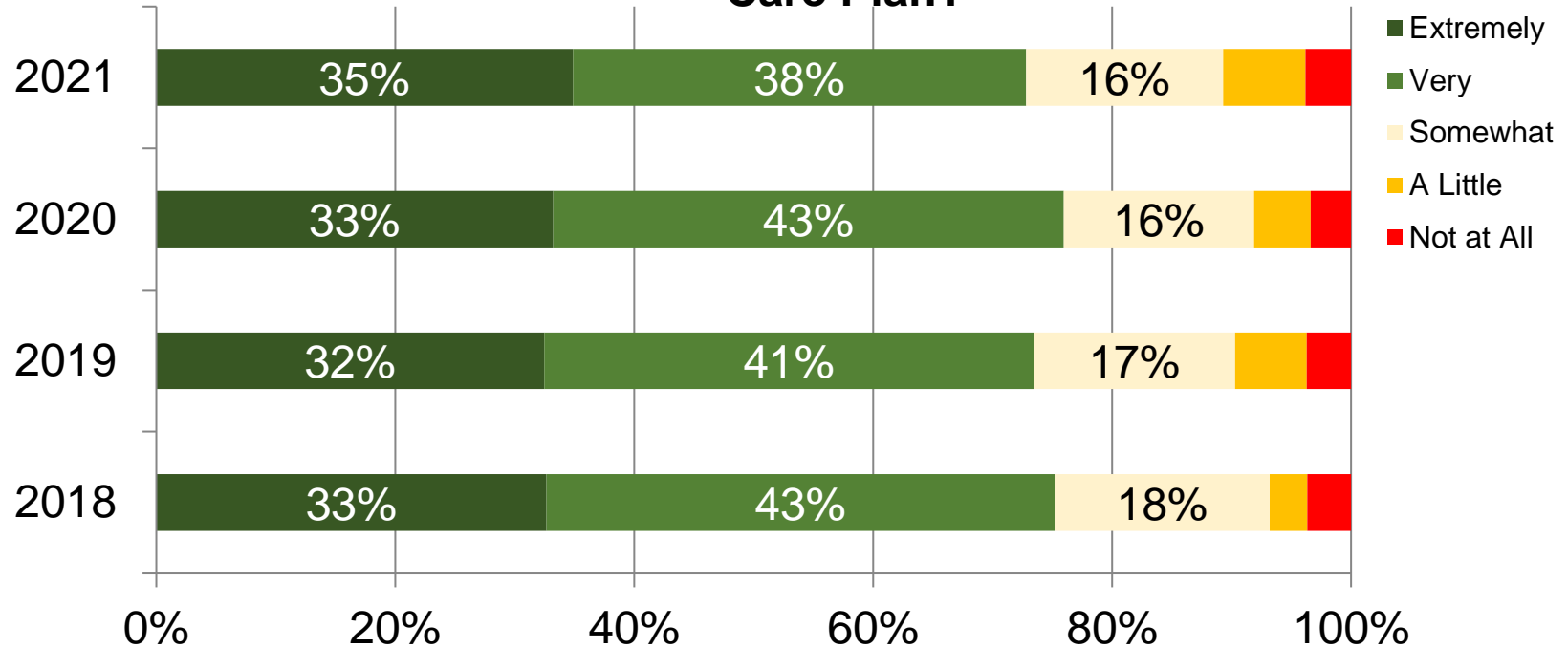
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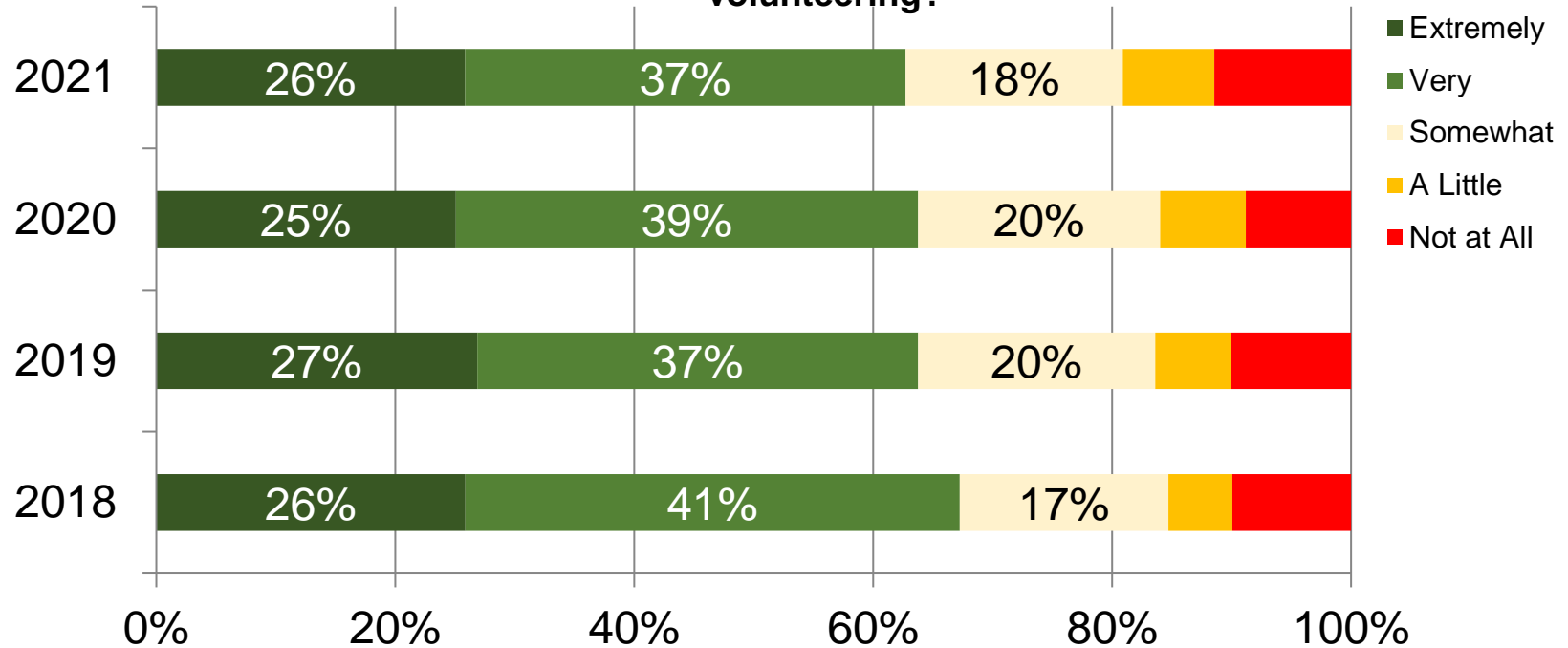
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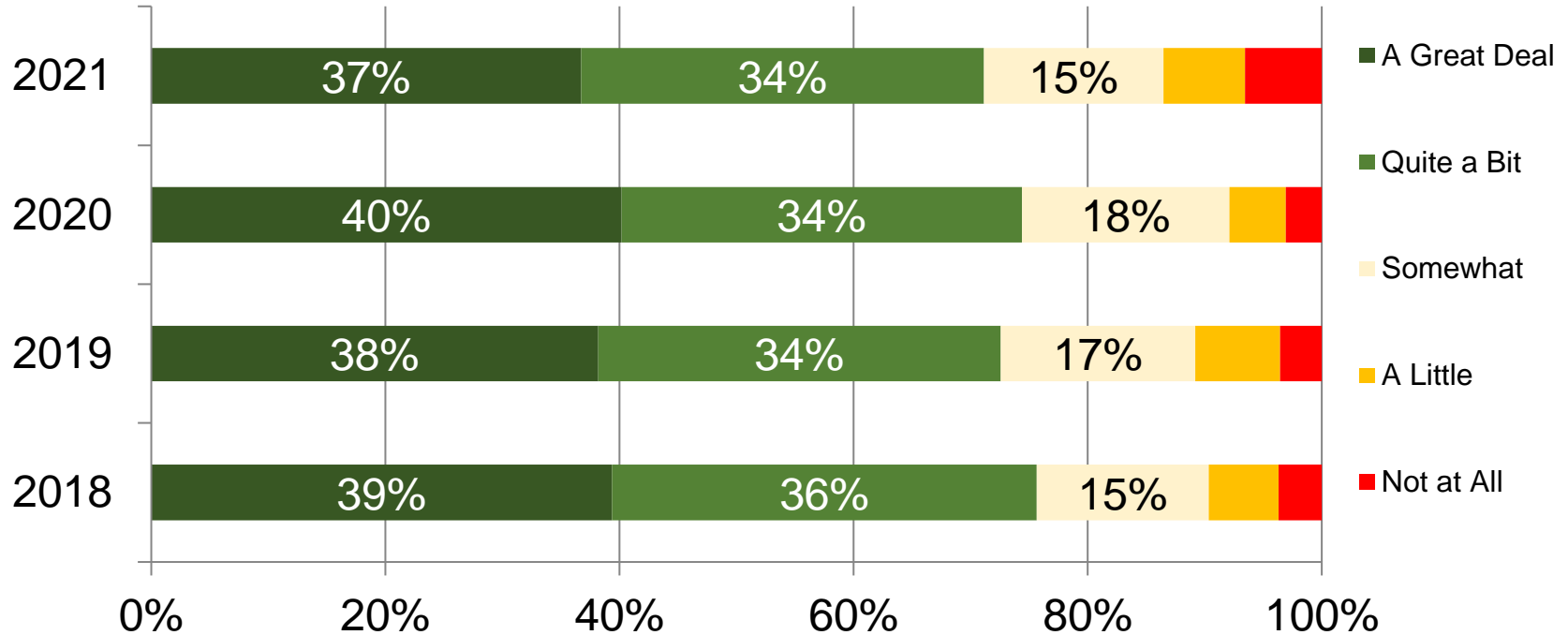
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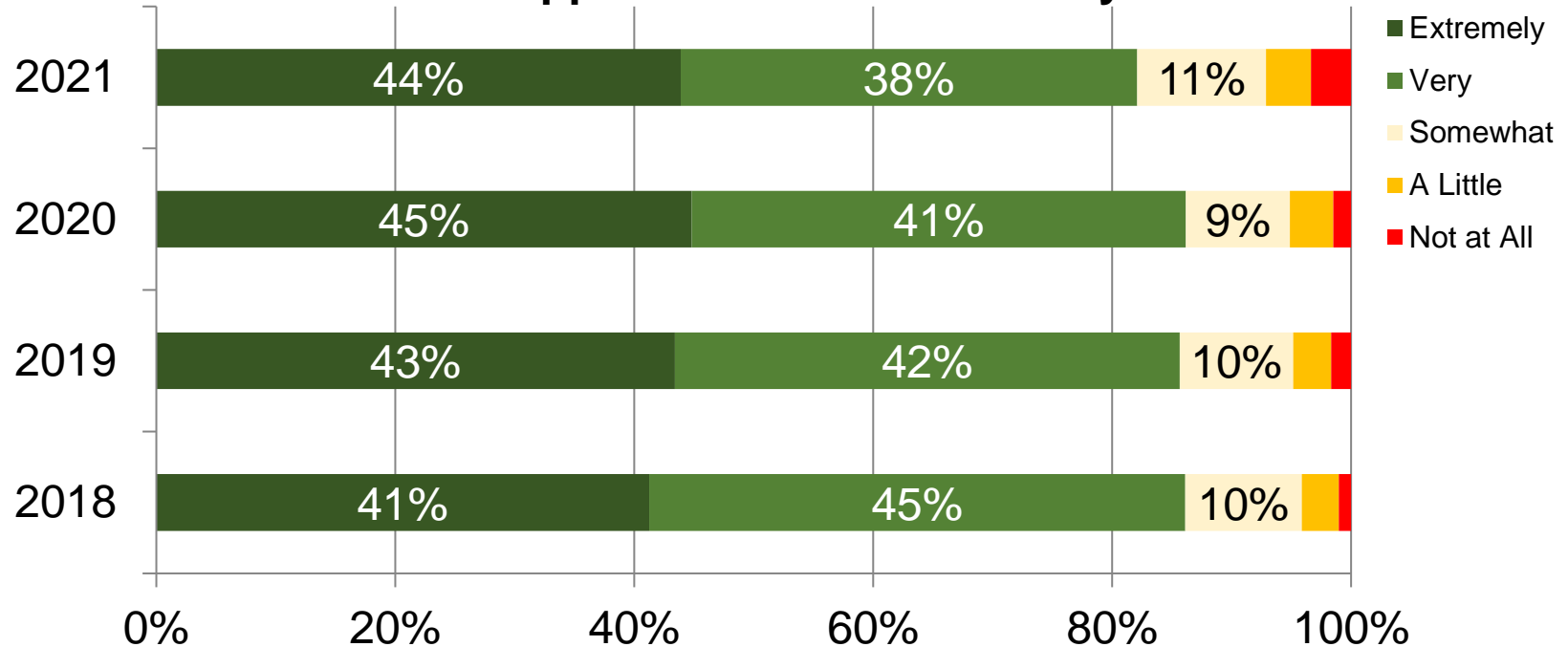
How well does your Care Plan support the activities that you want to do in your community, such as visiting with family and friends, working, and volunteering?



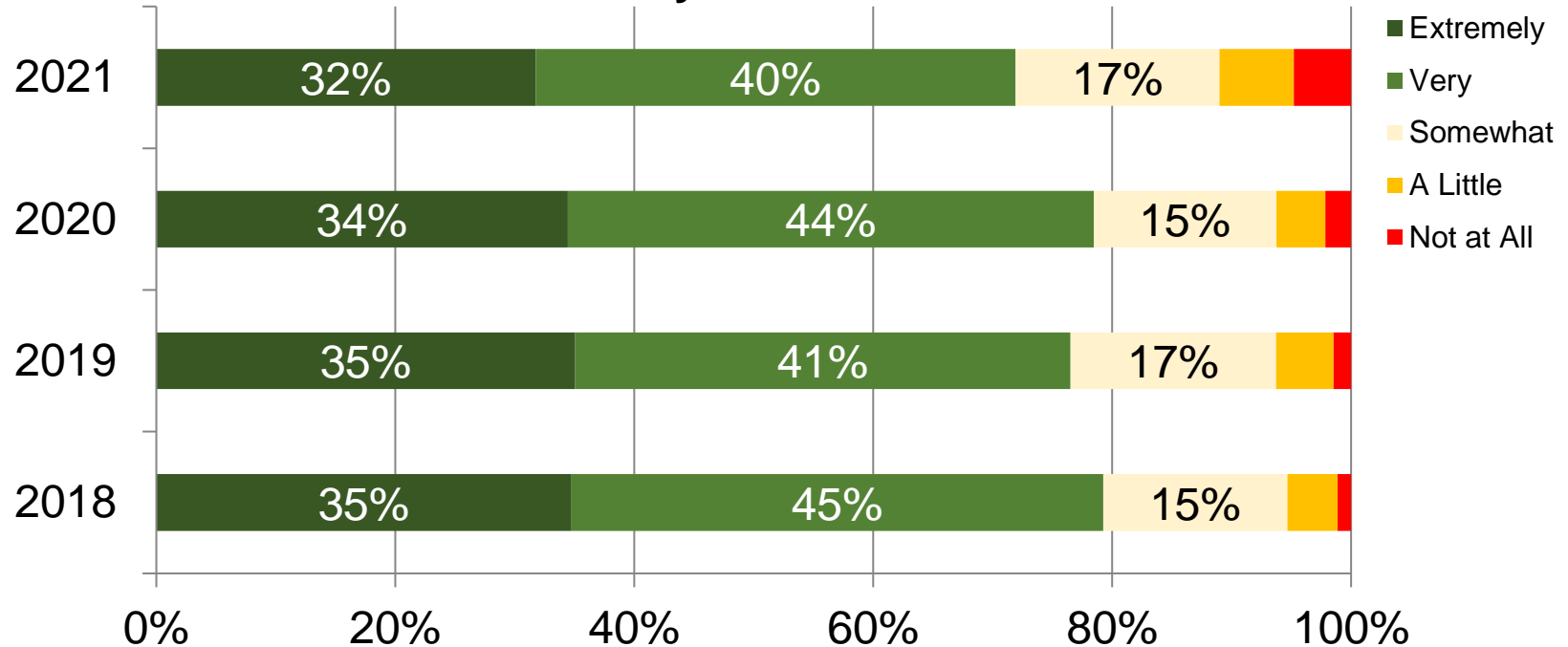
How much does your Care Plan include the things that are important to you?



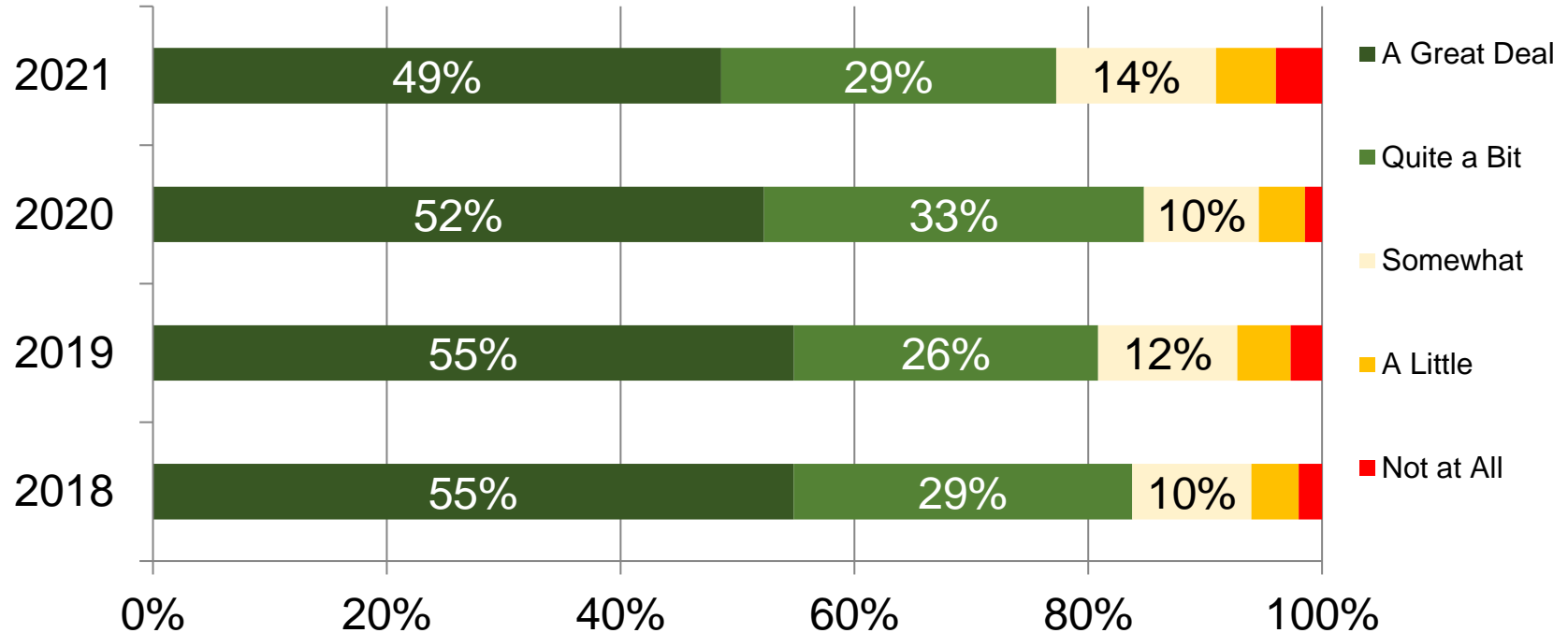
Overall, how respectfully do the people who provide you with supports and services treat you?



How well do the supports and services you receive meet your needs?



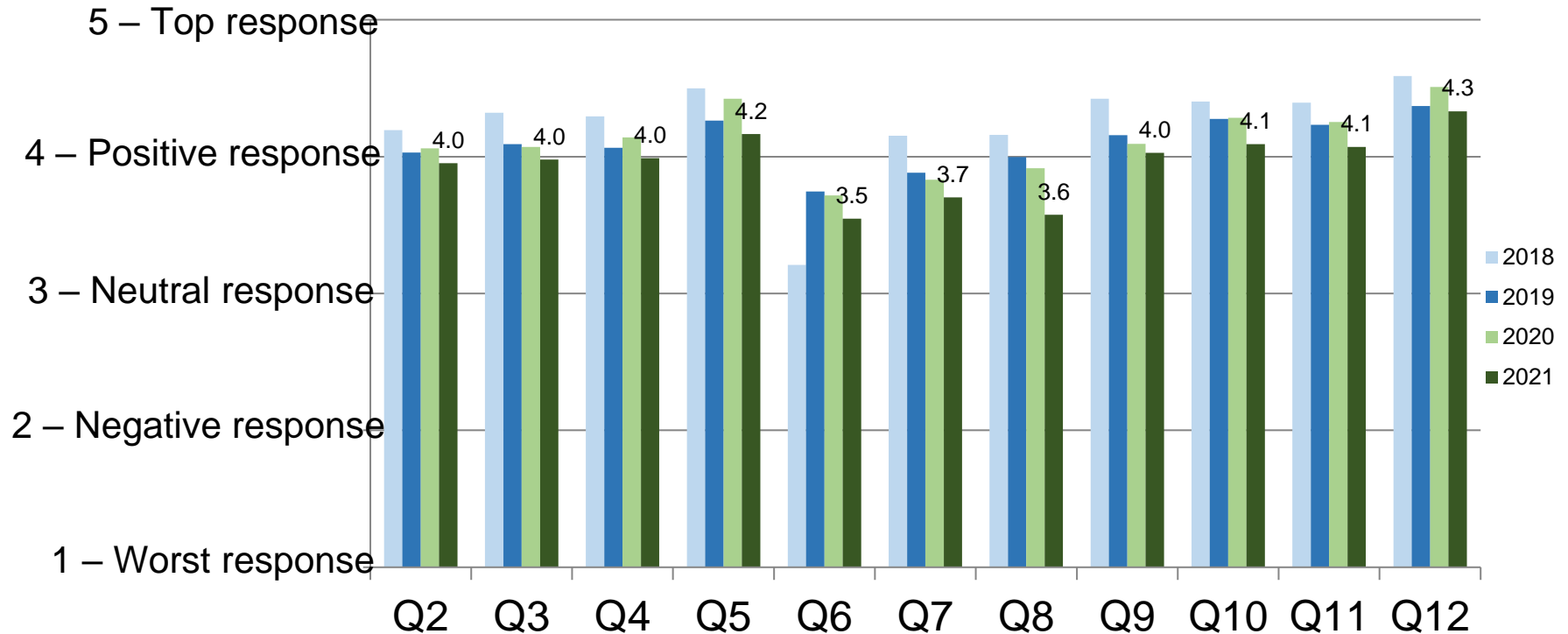
Overall, how much do you like your MCO?



PACE

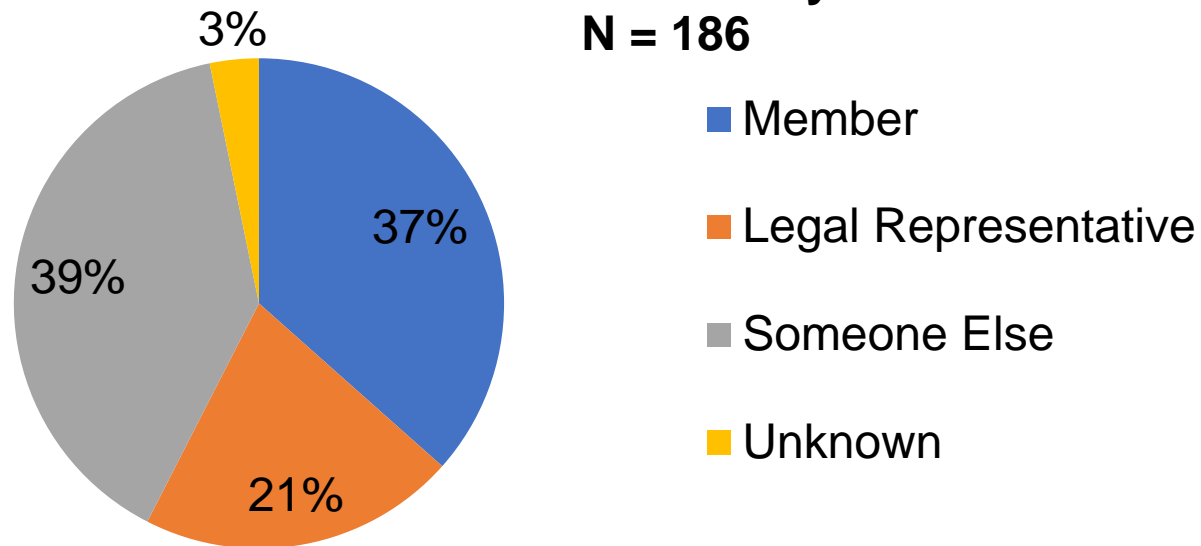
Survey Analysis

Survey Question Response – Managed Care (PACE) (P4P questions: Q2, Q7, Q9, and Q11)

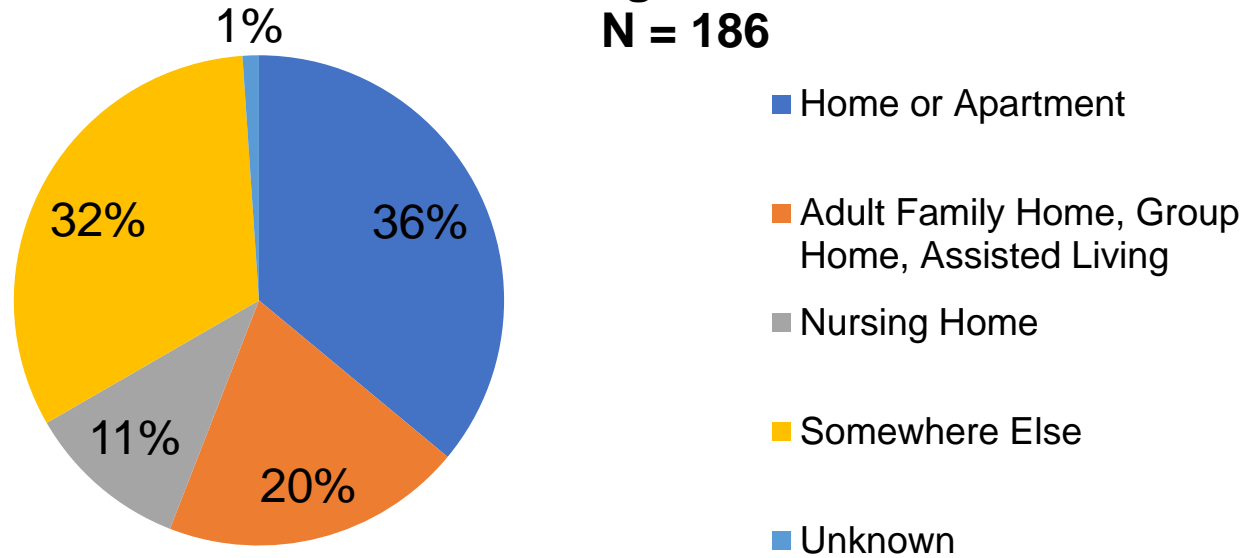


Who Answered Survey – PACE

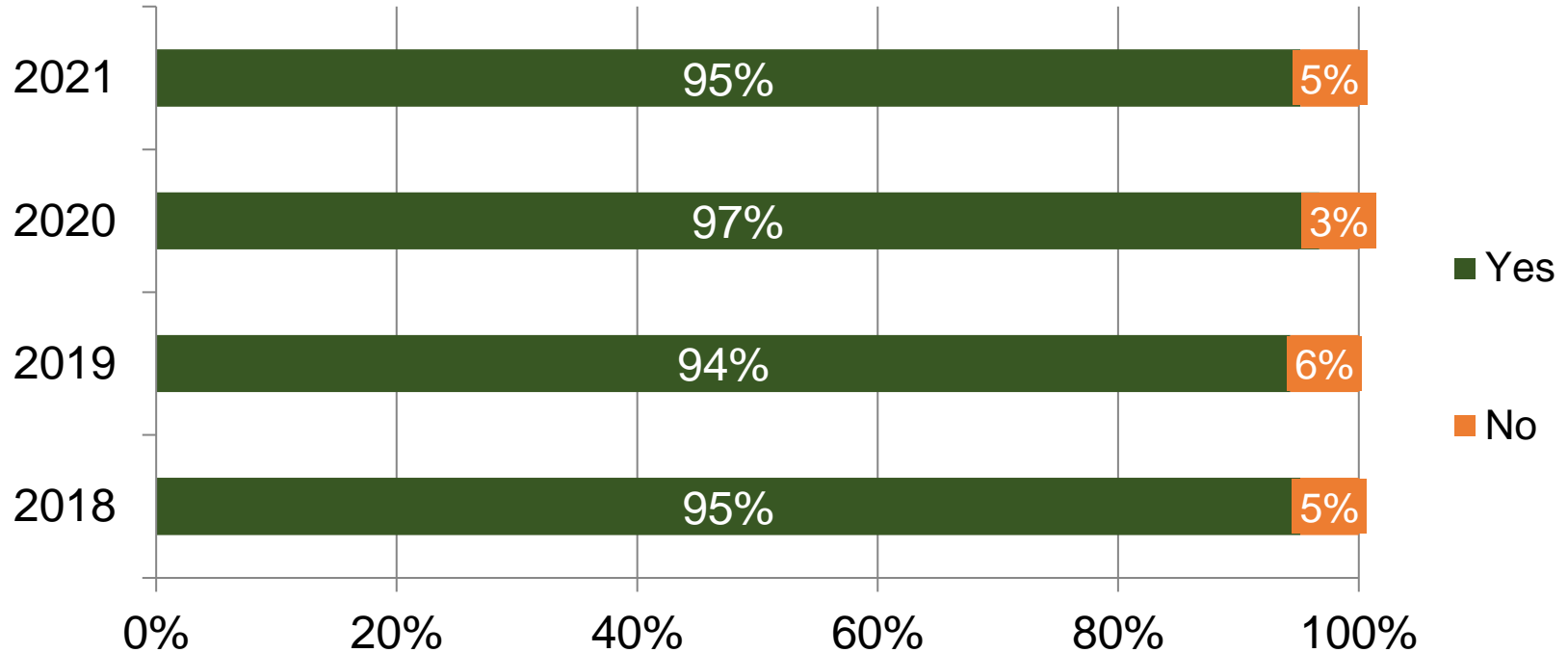
N = 186



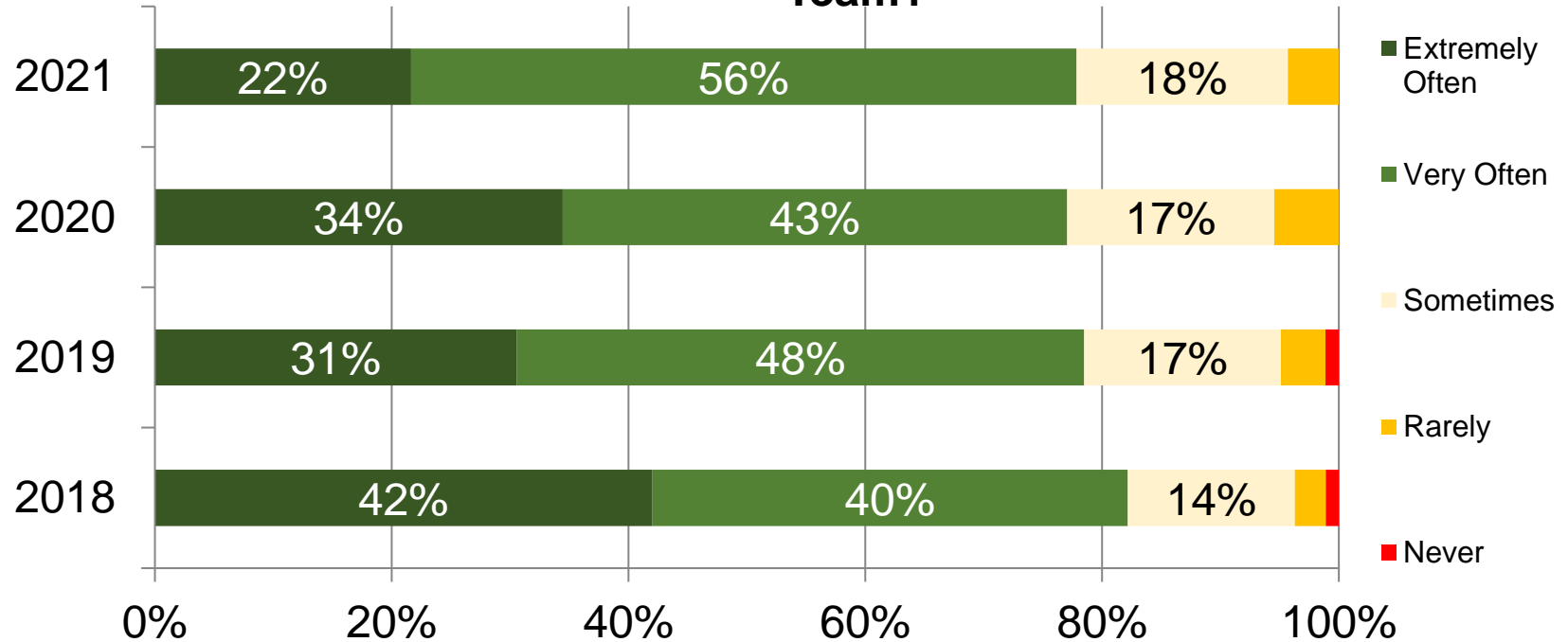
Member Living Situation – PACE N = 186



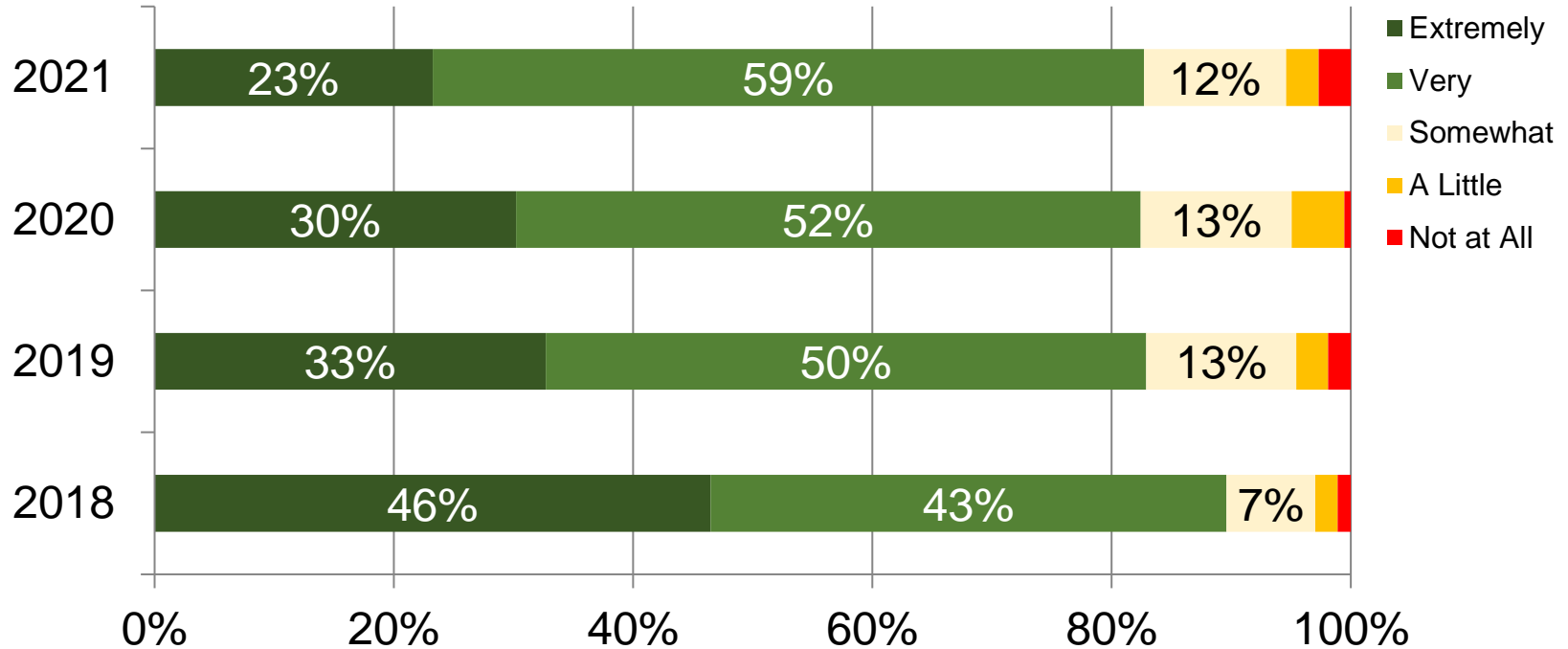
Can you contact your Care Team when you need to?



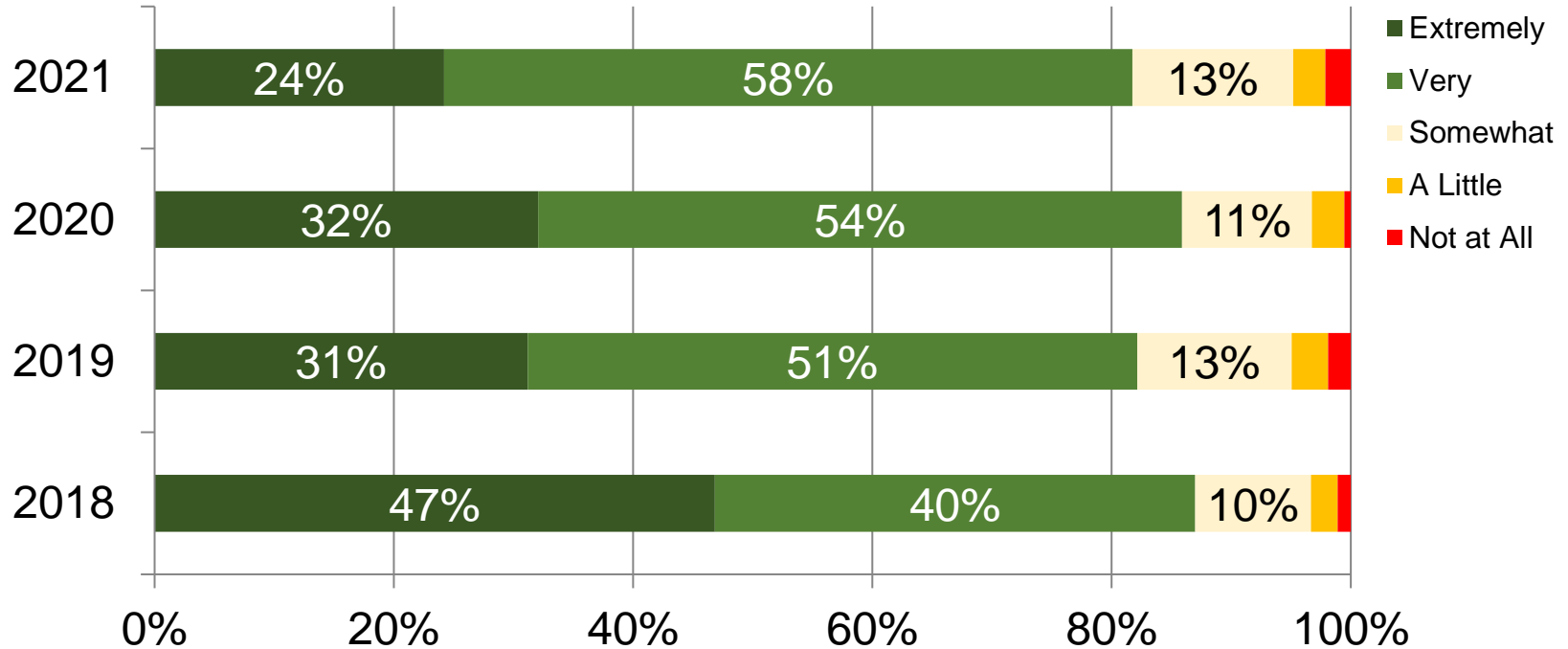
How often do you get the help you need from your Care Team?



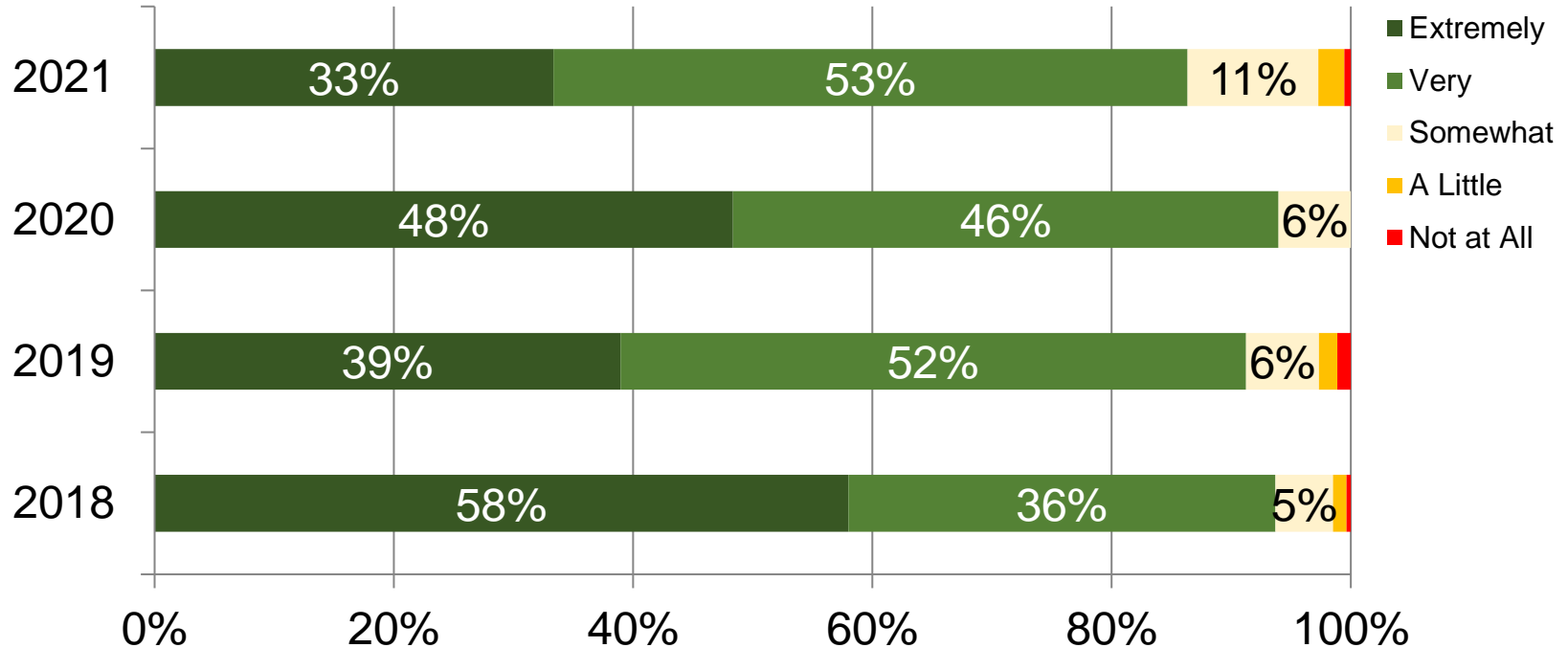
How clearly does your Care Team explain things to you?



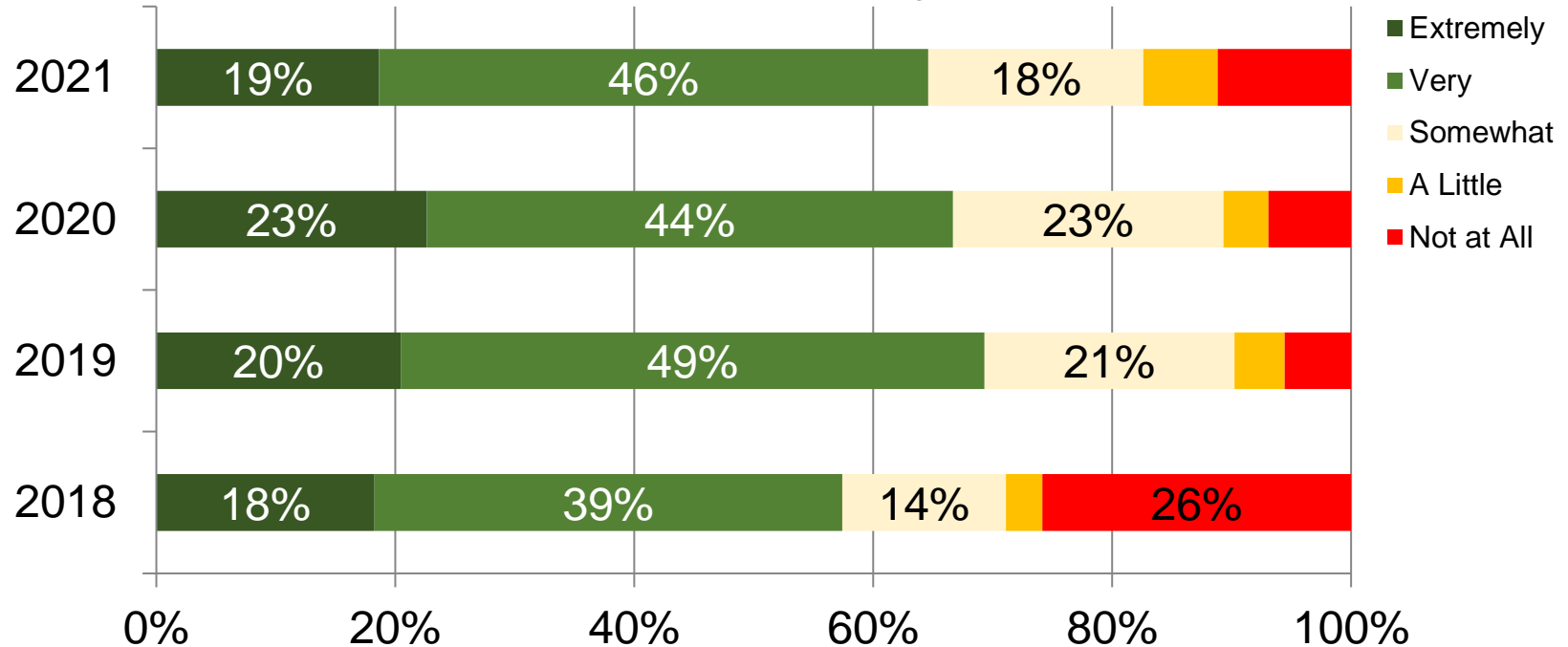
How carefully does your Care Team listen to you?



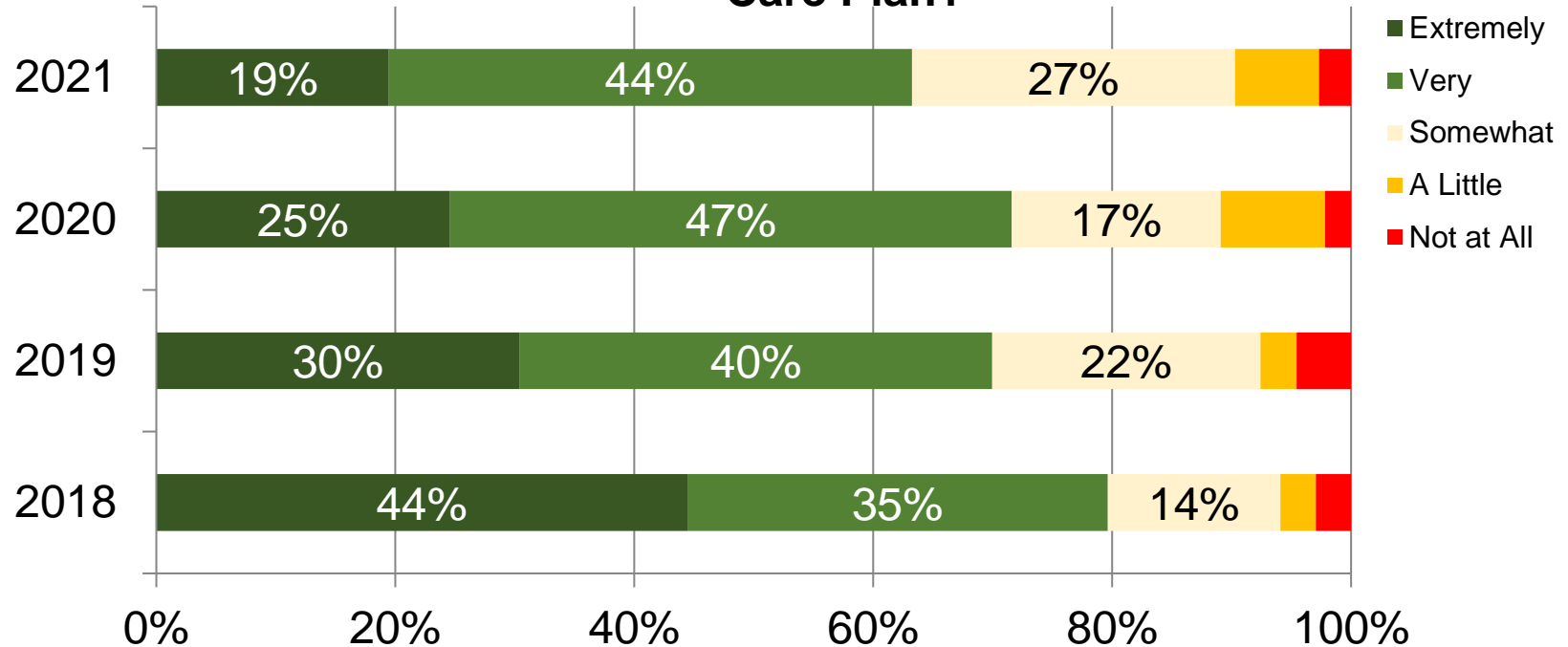
How respectfully does your Care Team treat you?



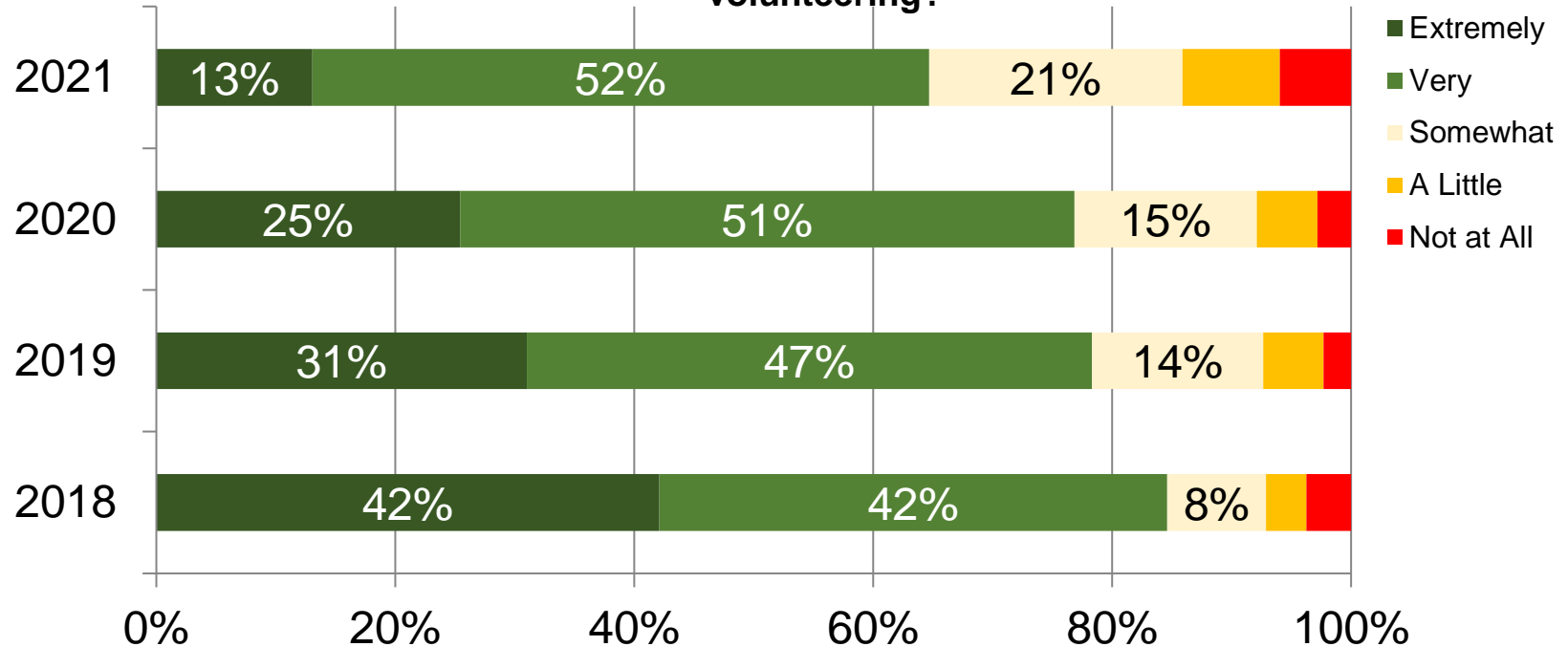
How well did your Care Team explain the Self-Directed Supports option to you?



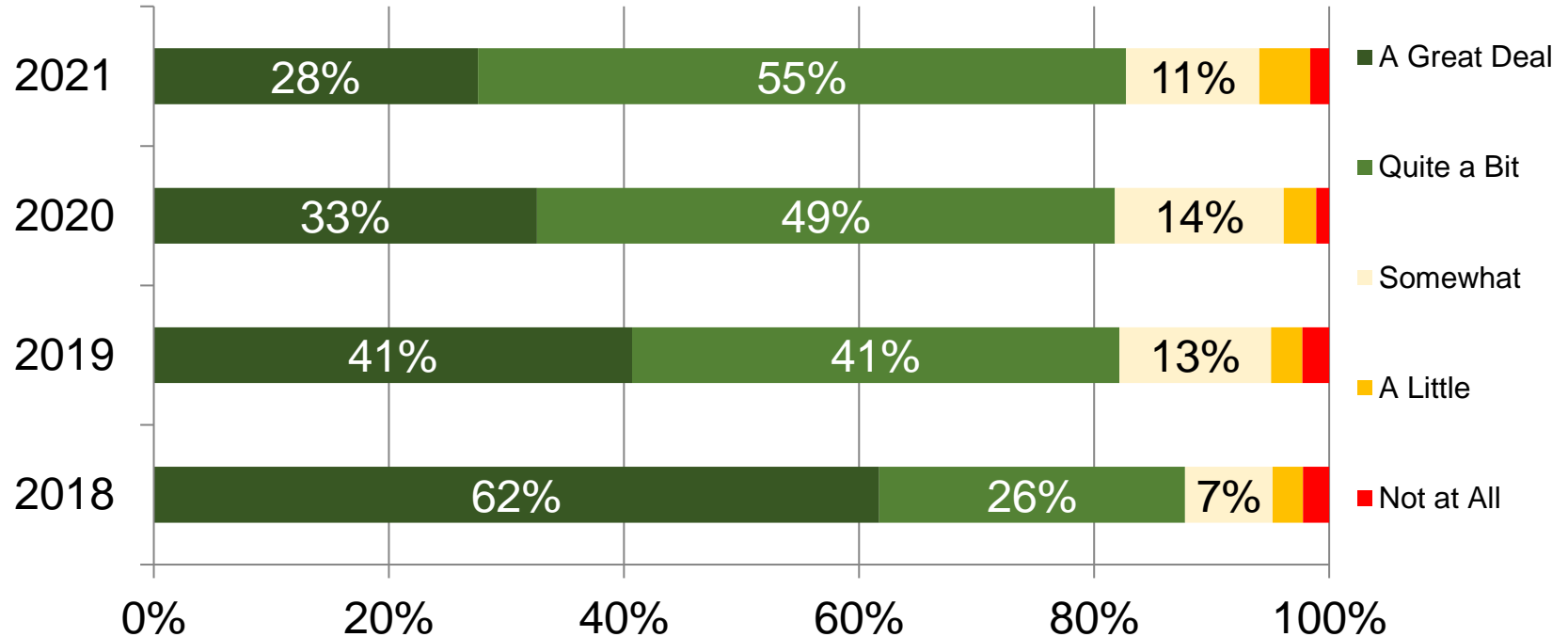
How involved are you in making decisions about your Care Plan?



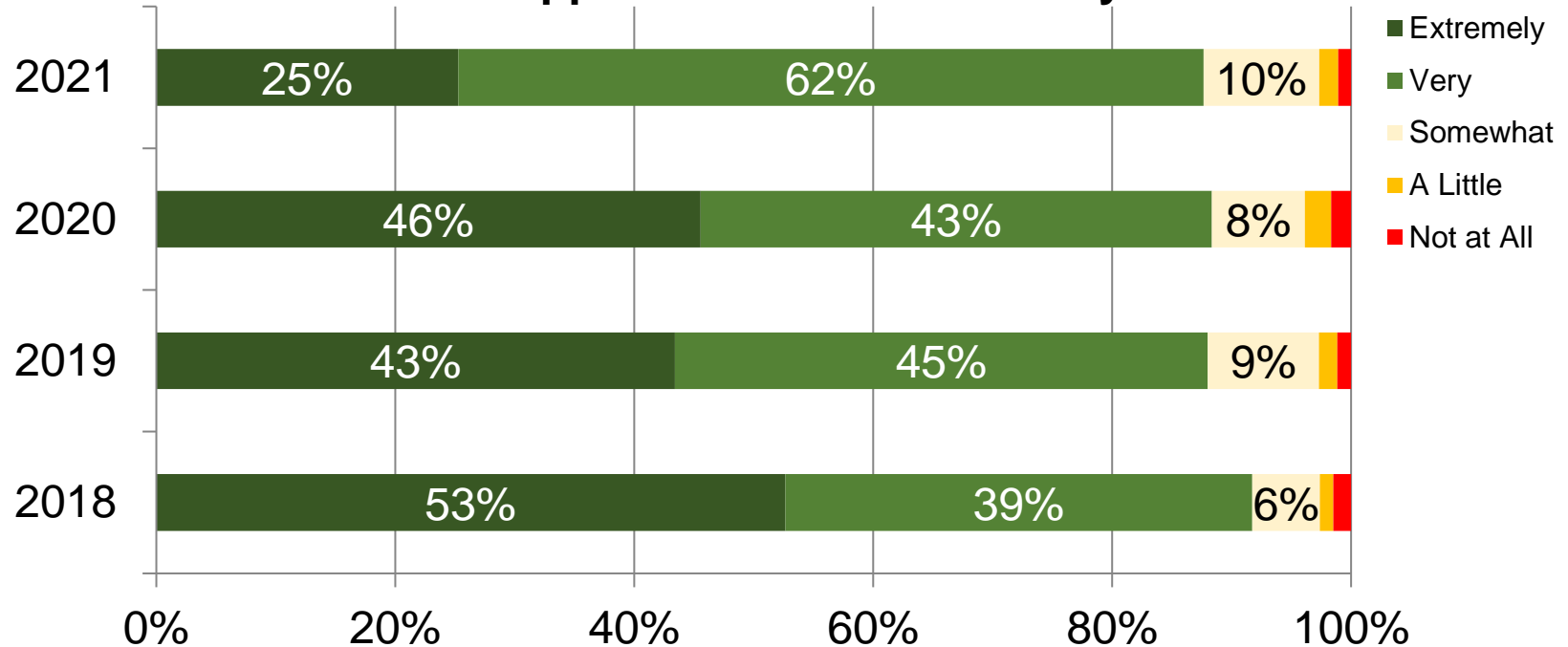
How well does your Care Plan support the activities that you want to do in your community, such as visiting with family and friends, working, and volunteering?



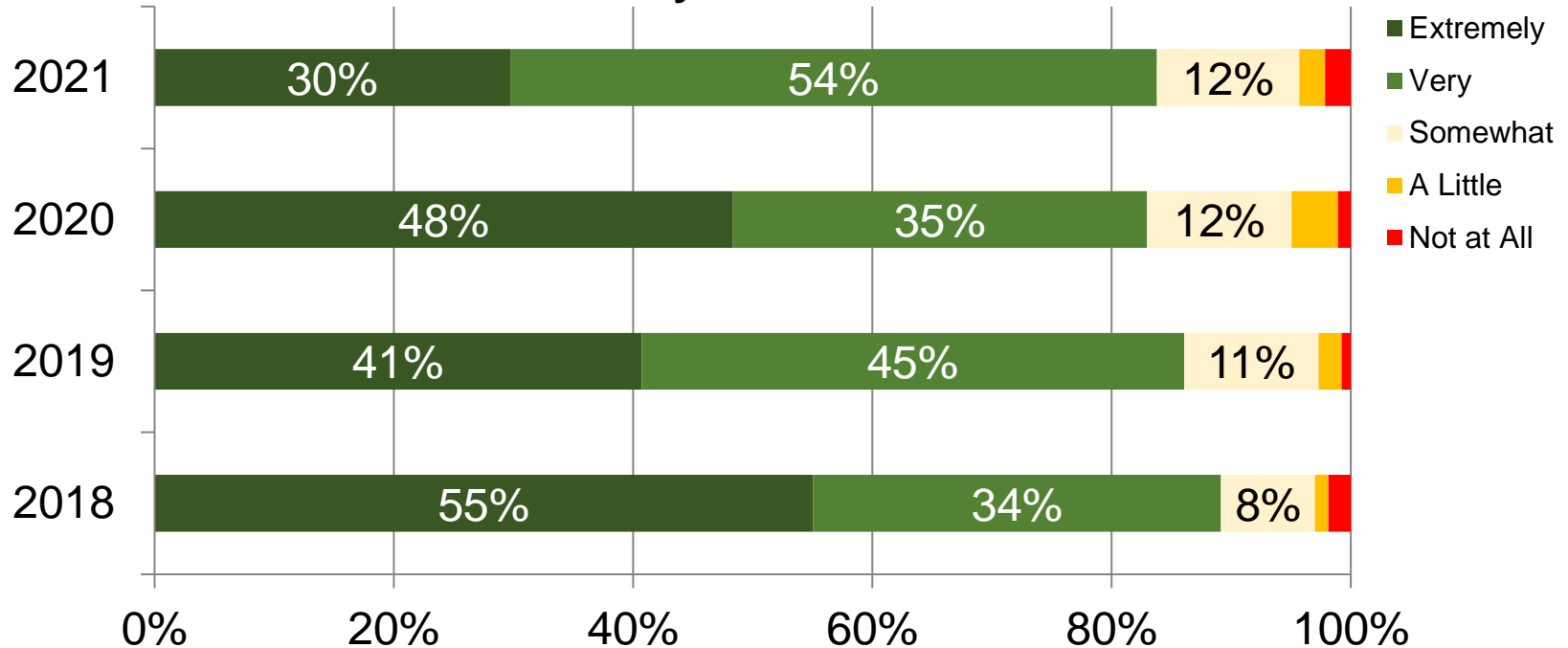
How much does your Care Plan include the things that are important to you?



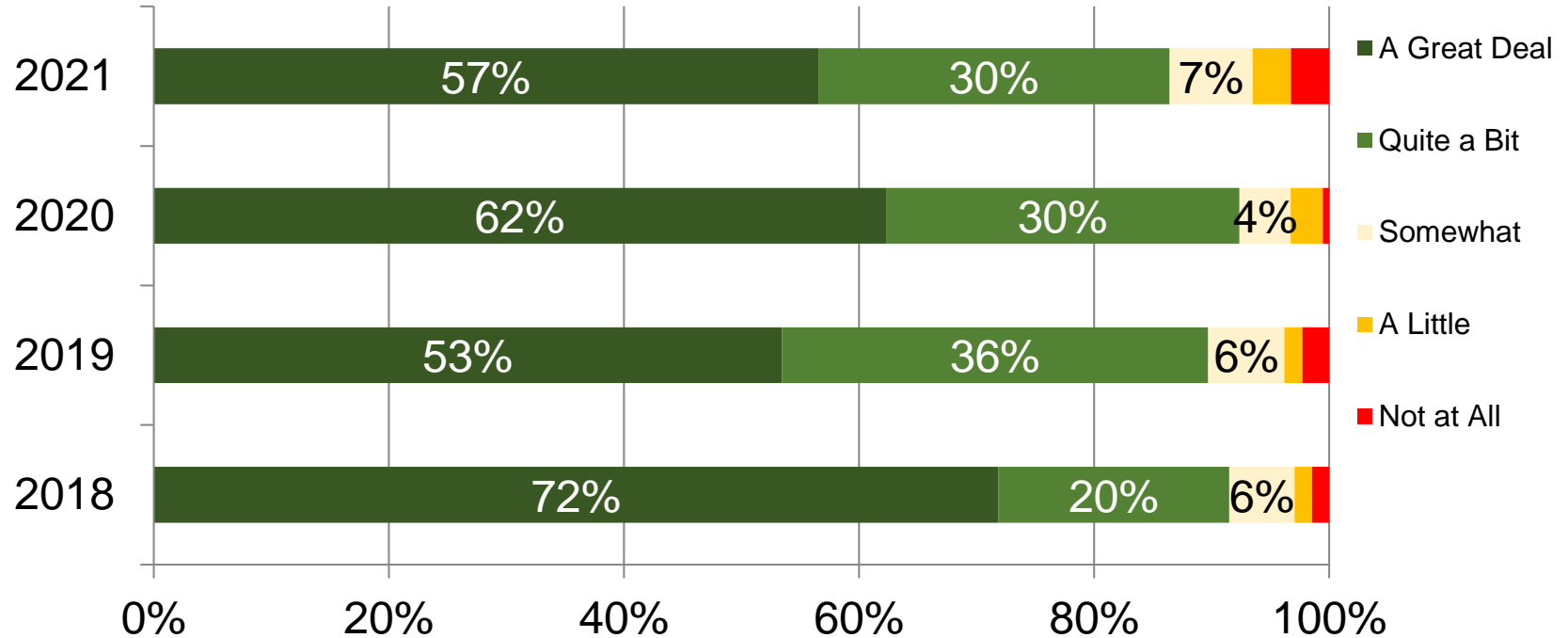
Overall, how respectfully do the people who provide you with supports and services treat you?



How well do the supports and services you receive meet your needs?

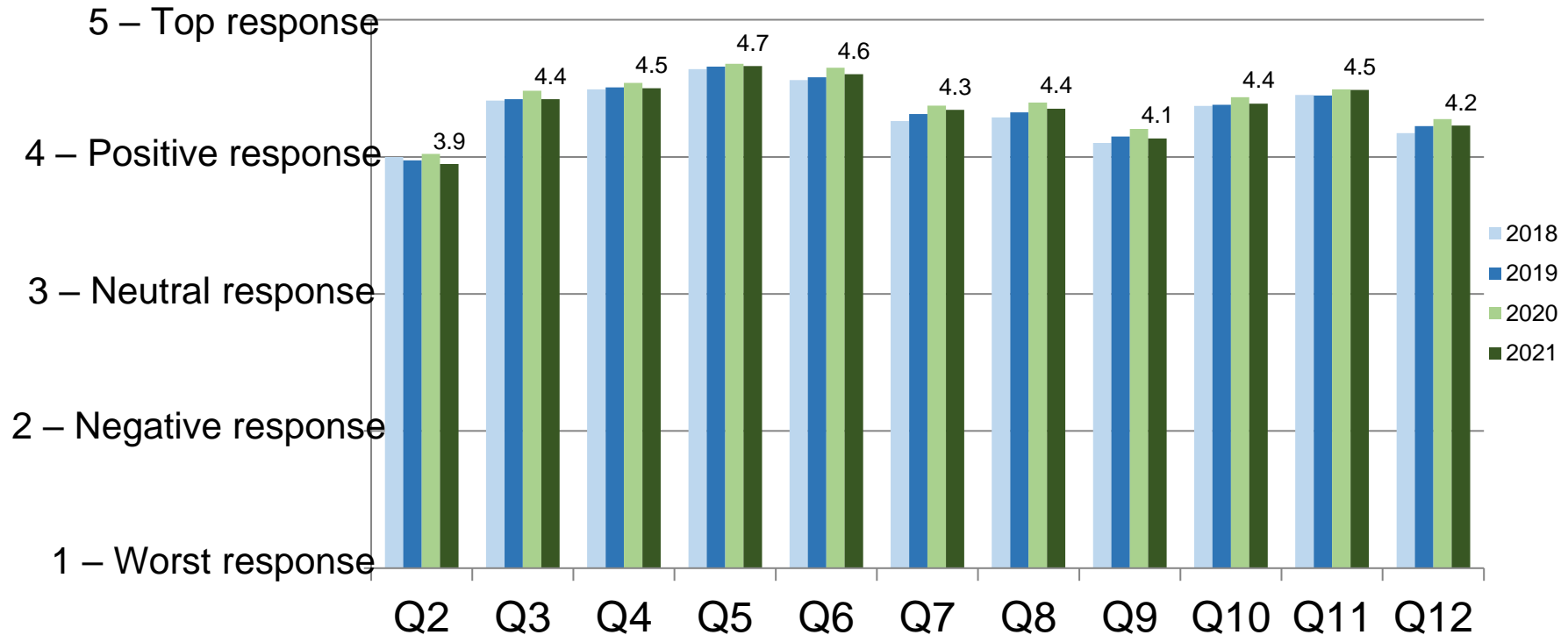


Overall, how much do you like your MCO?

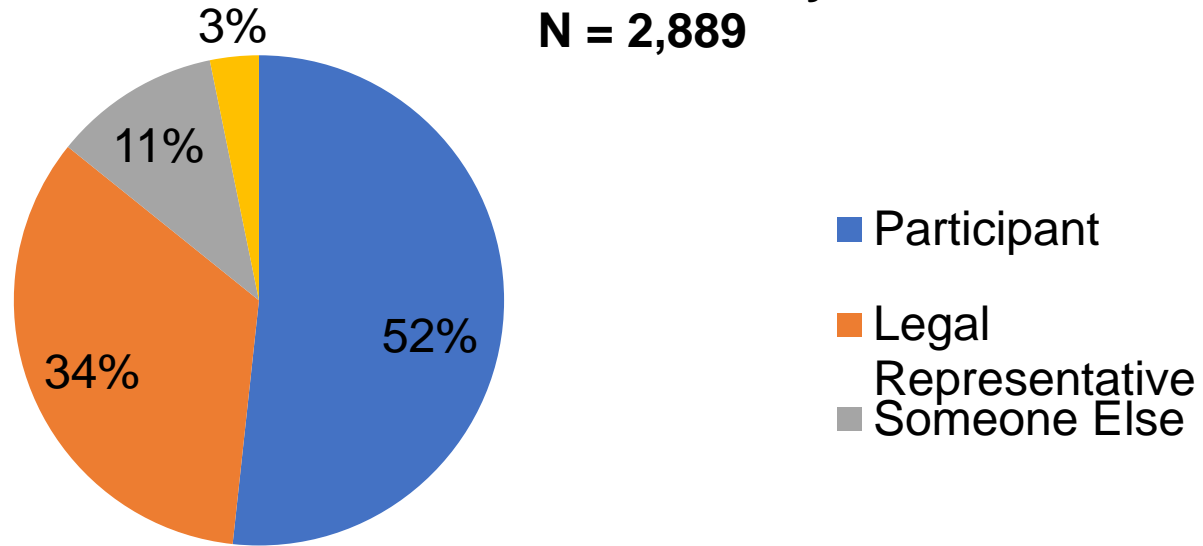


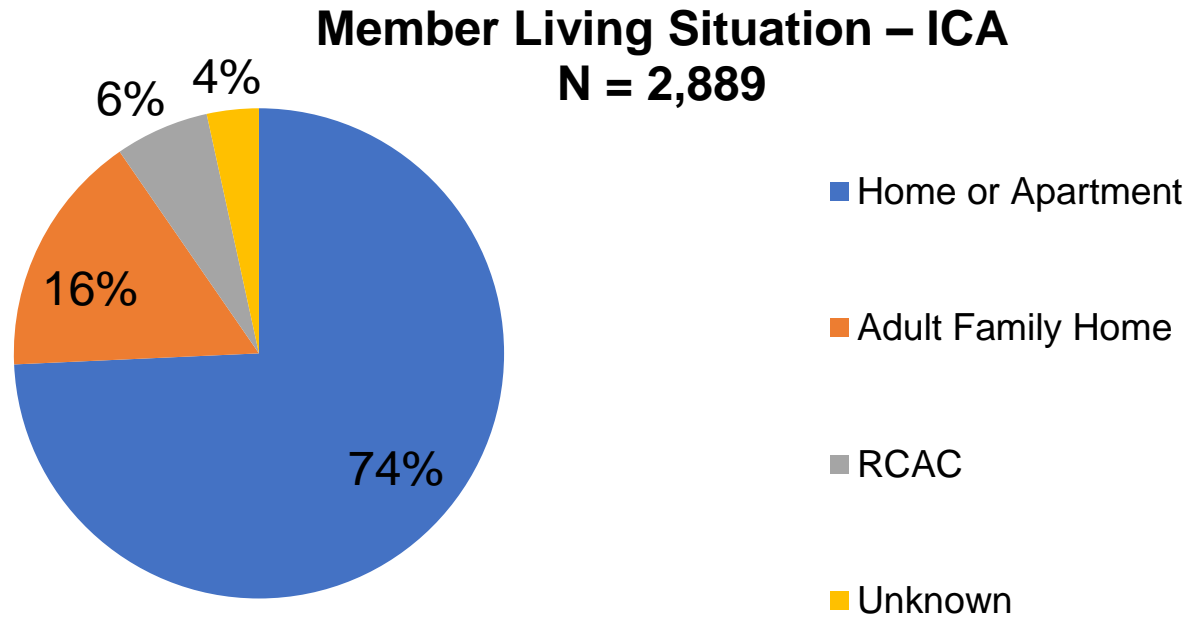
2021 IRIS Consultant Agency Participant Satisfaction Survey Analysis

Survey Question Response – IRIS Consultant Agencies

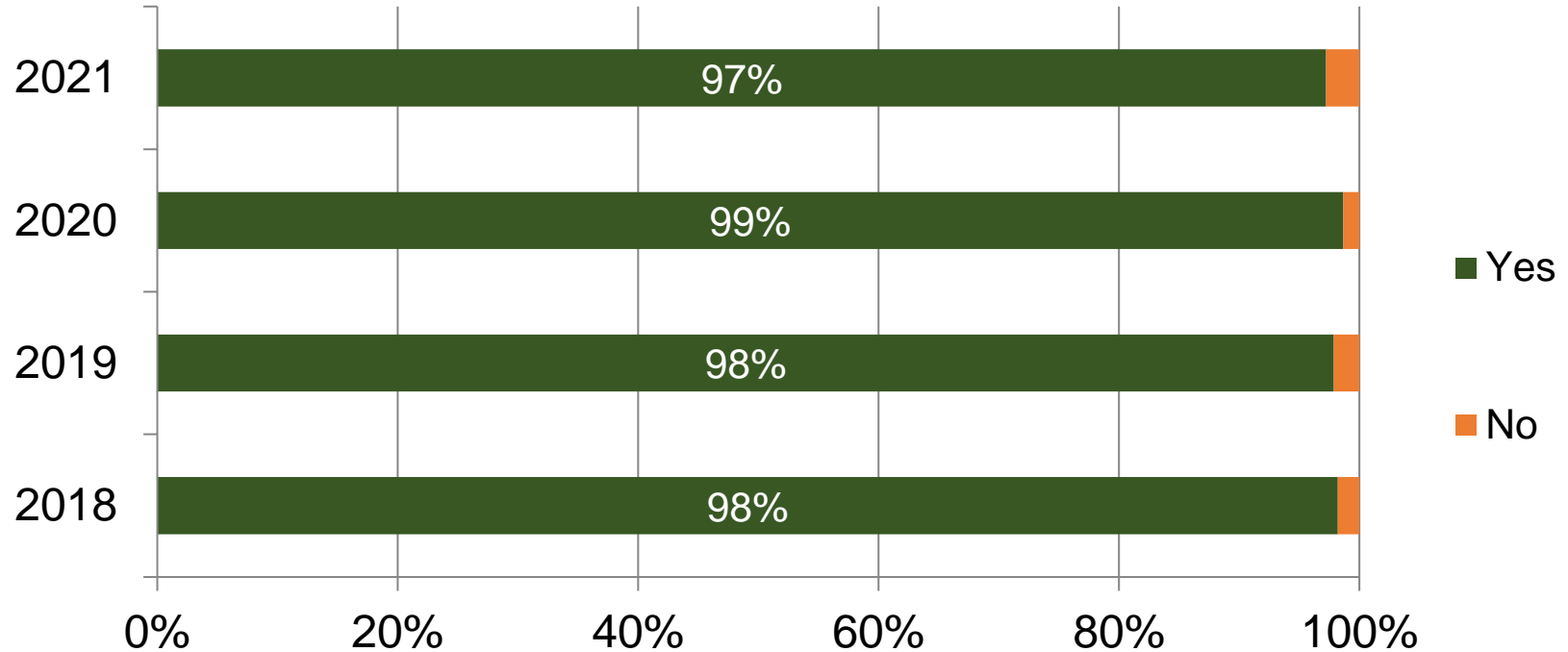


Who Answered Survey – ICA
N = 2,889

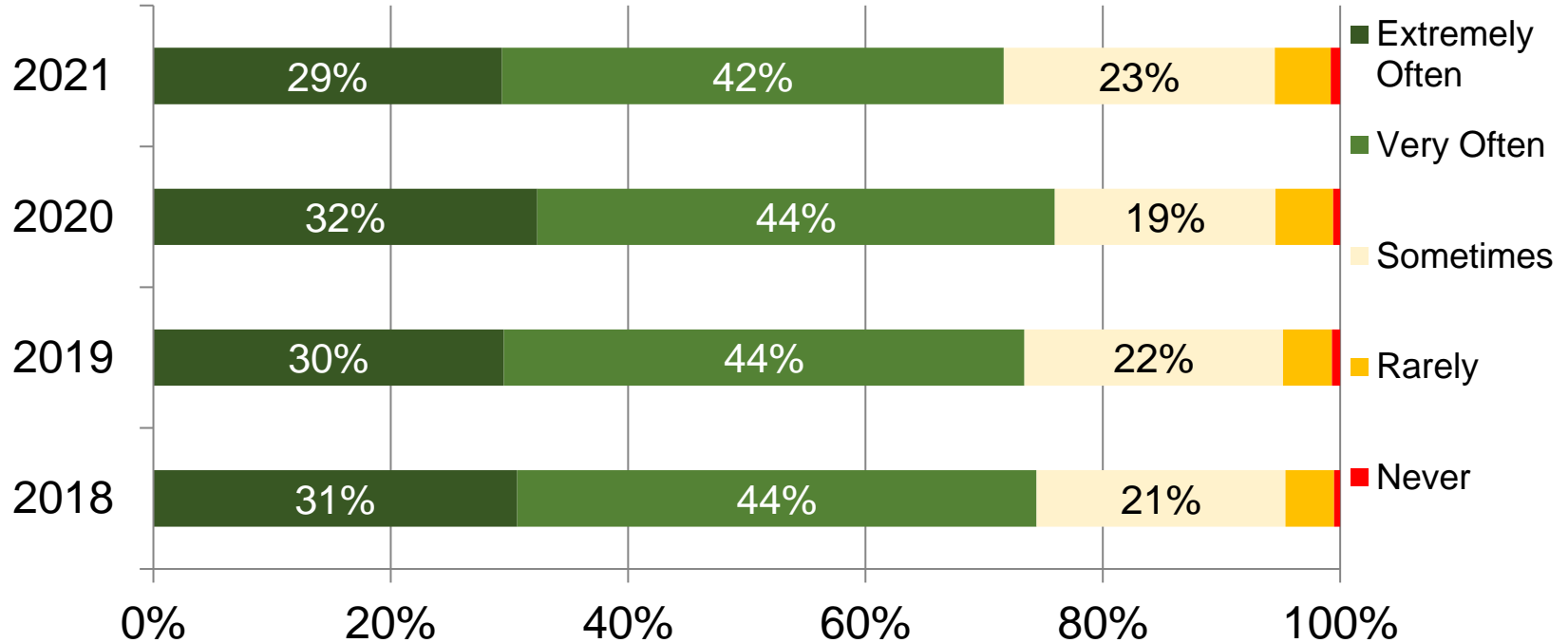




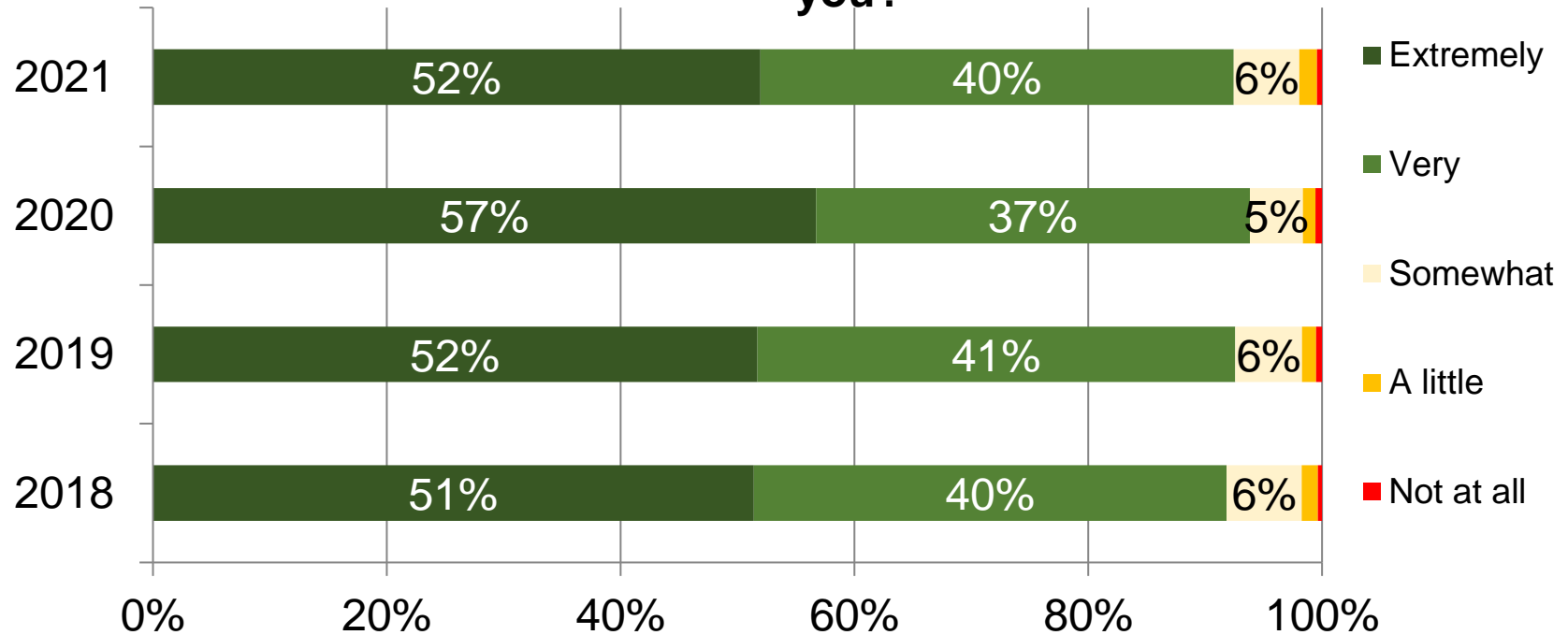
Can you contact your IRIS Consultant when you need to?



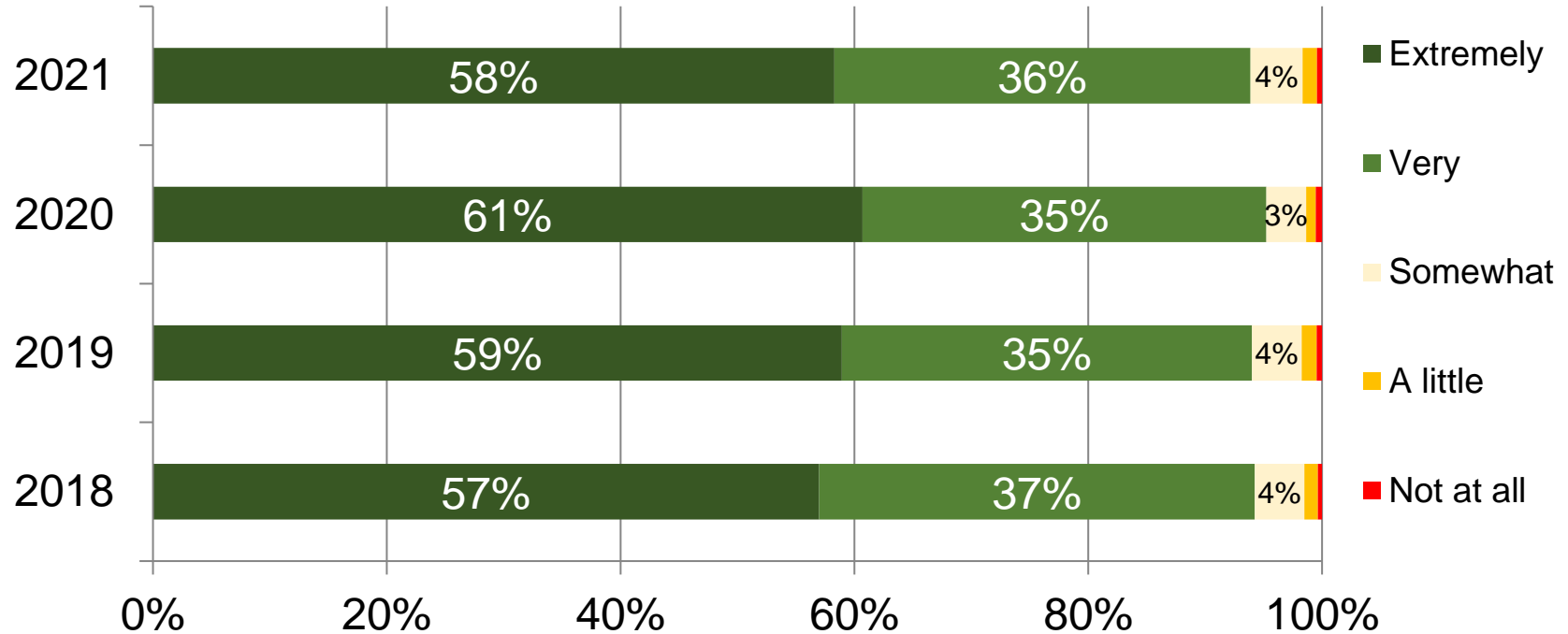
How often do you get the help you need from your IRIS Consultant?



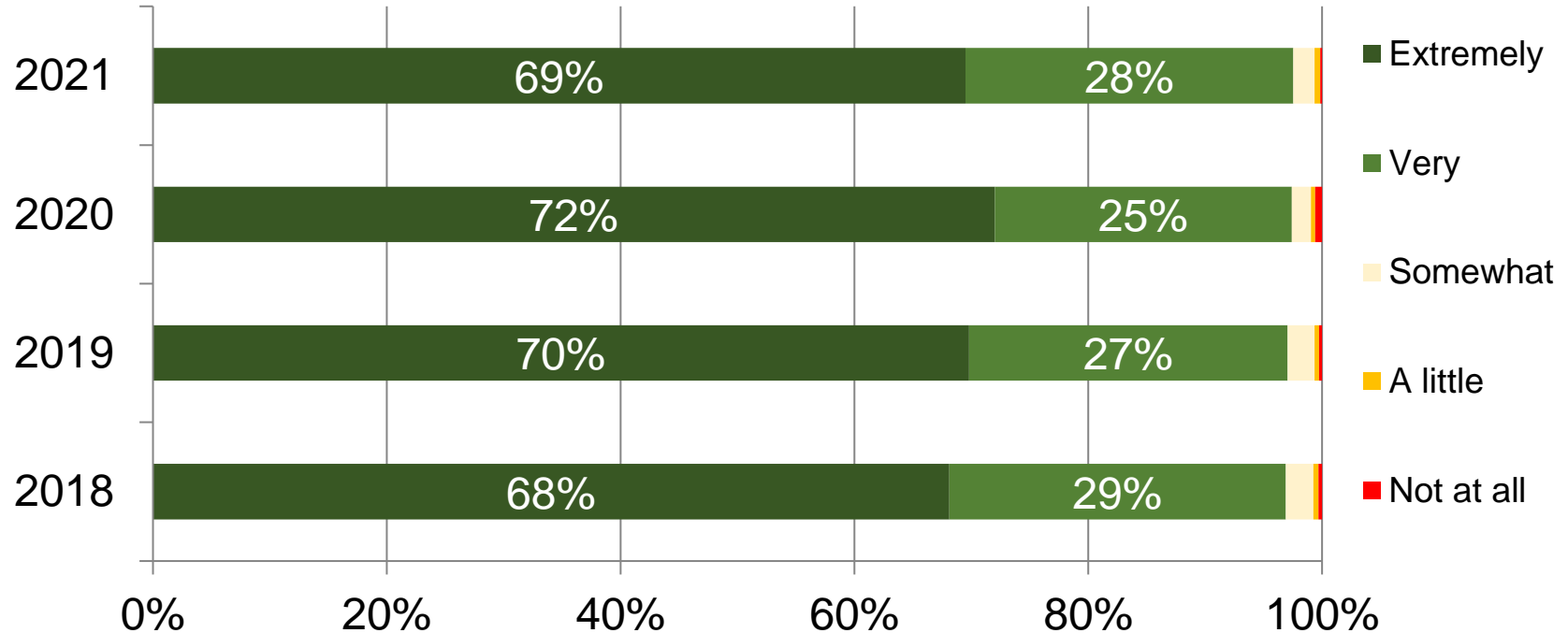
How clearly does your IRIS Consultant explain things to you?



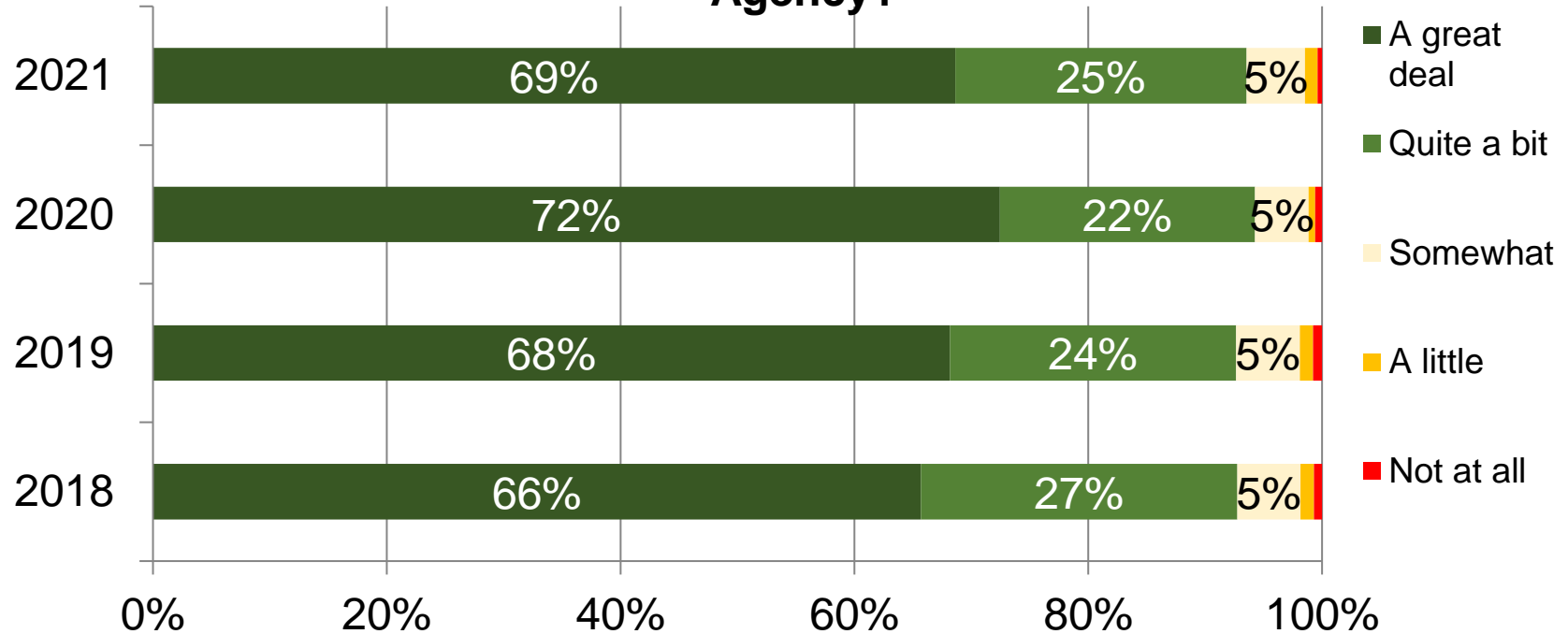
How carefully does your IRIS Consultant listen to you?



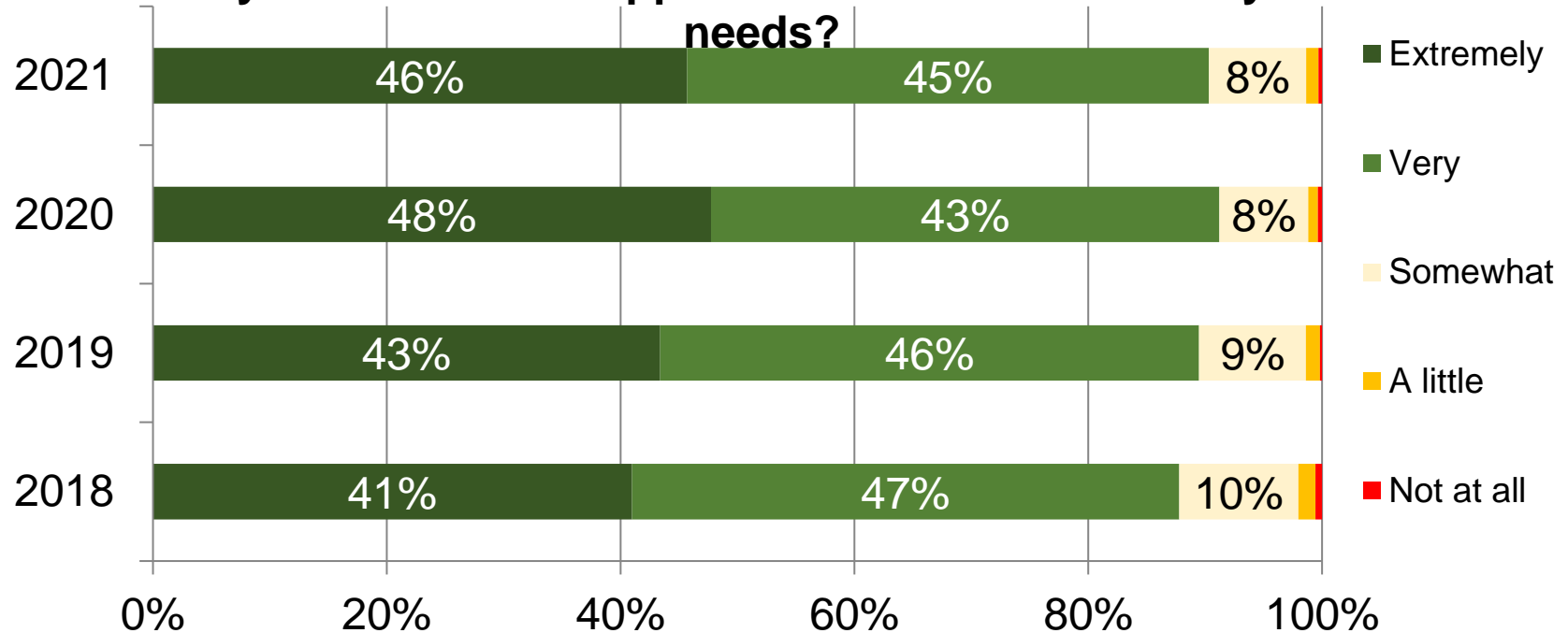
How respectfully does your IRIS Consultant treat you?



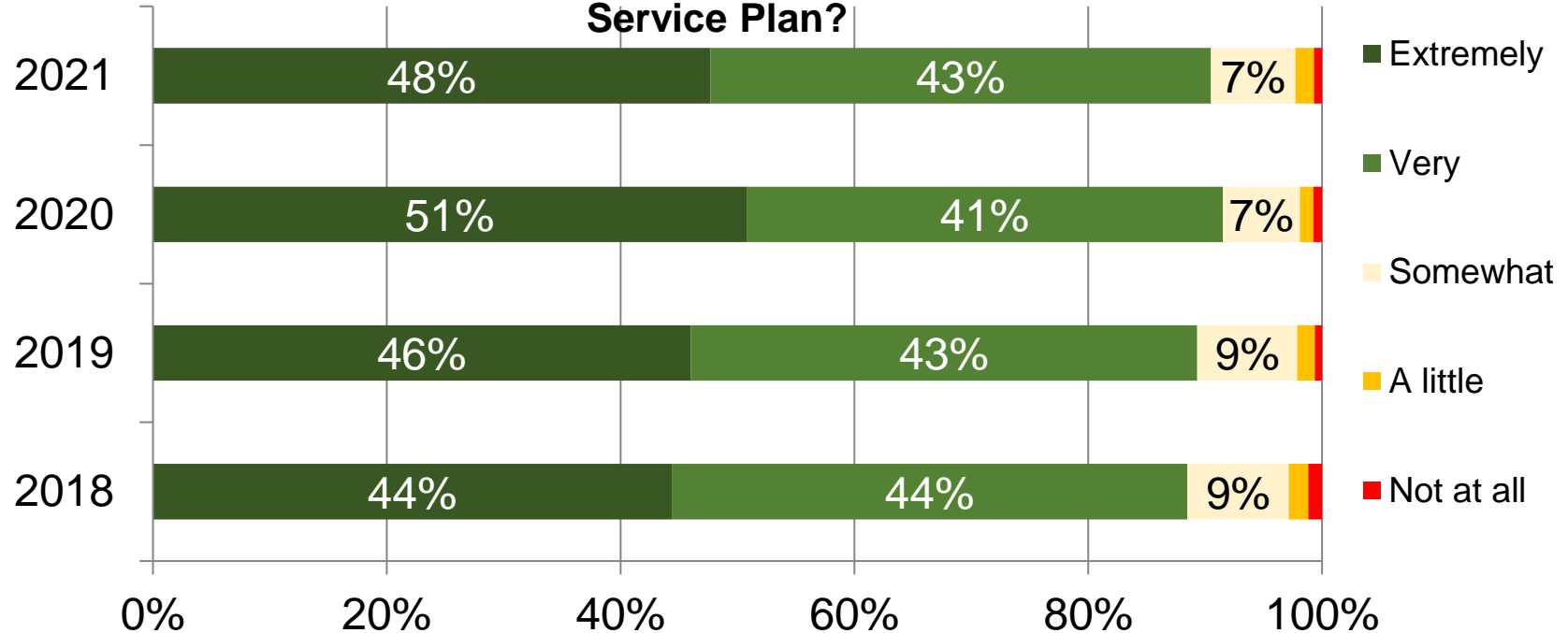
Overall, how much do you like your IRIS Consultant Agency?



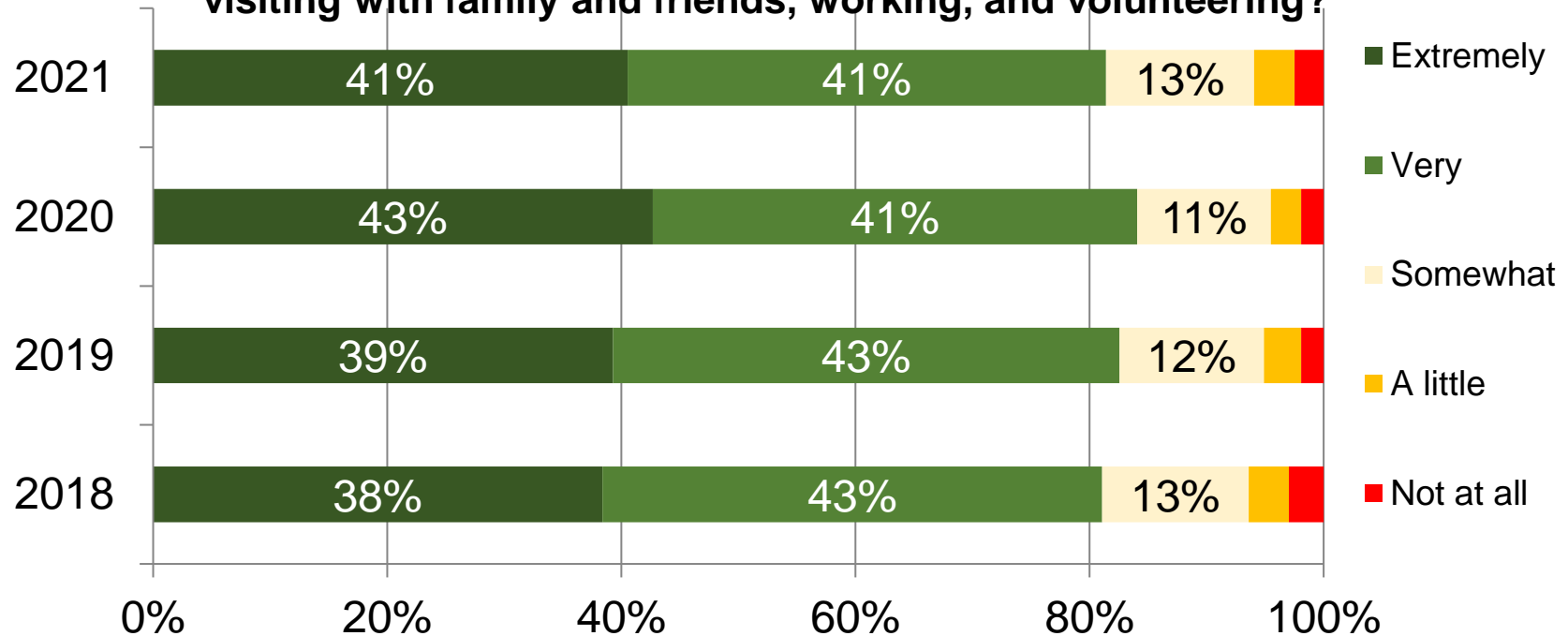
**Overall how well do the supports and services you receive
in your Individual Support and Service Plan meet your
needs?**



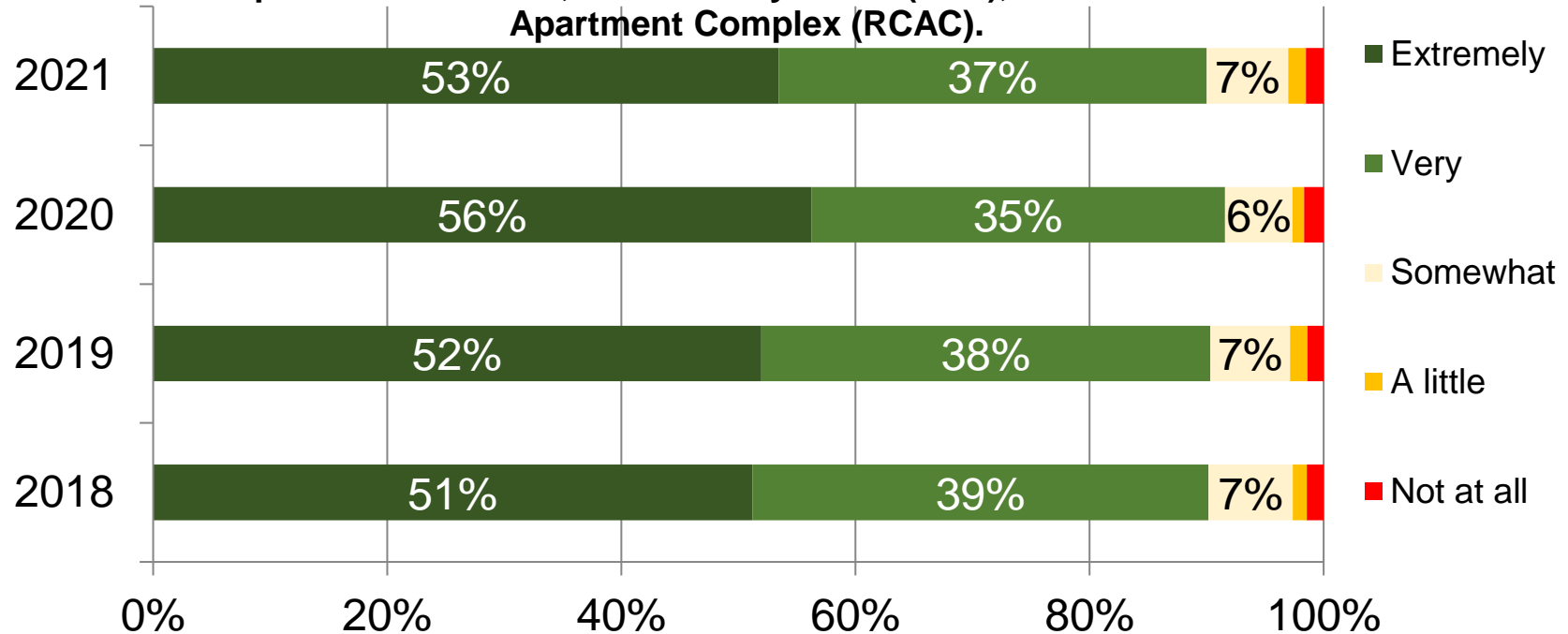
How well does your IRIS Consultant Agency provide you the information you need to develop your Individual Support and Service Plan?



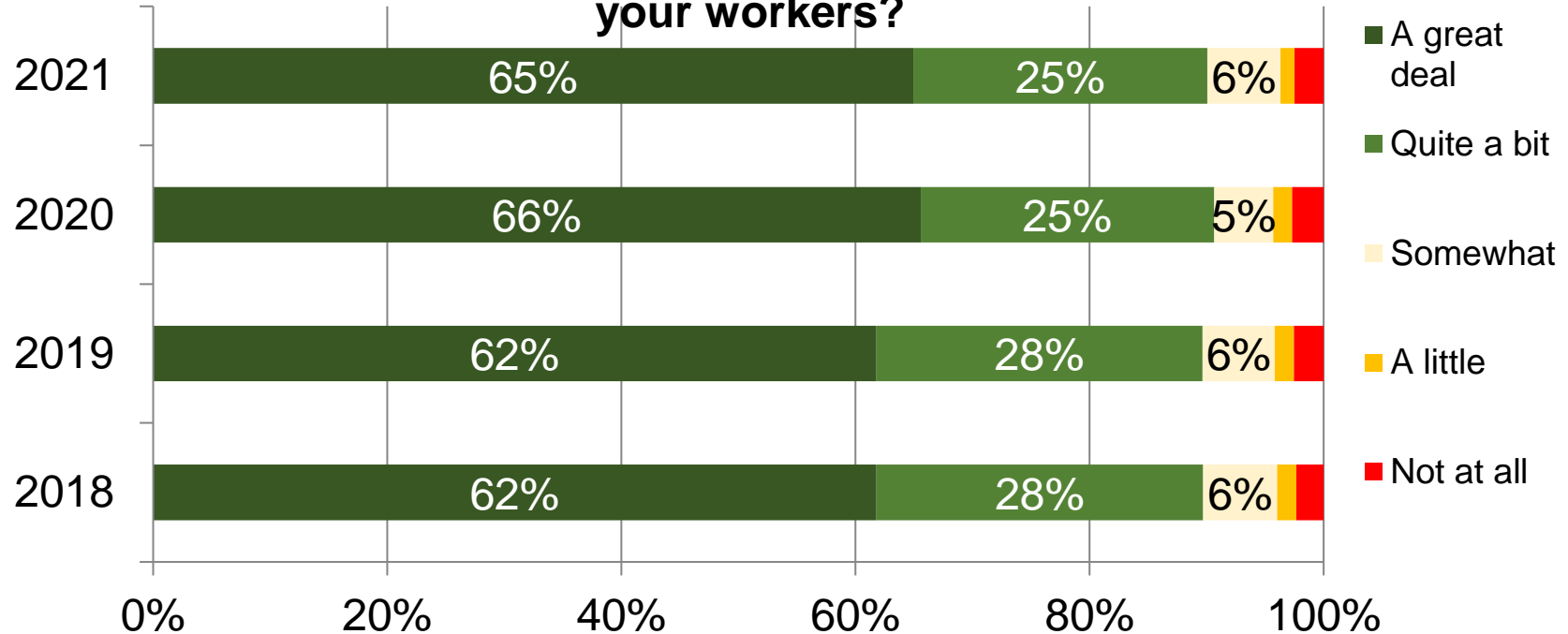
How well does your Individual Support and Service Plan support the activities that you want to do in your community, such as visiting with family and friends, working, and volunteering?



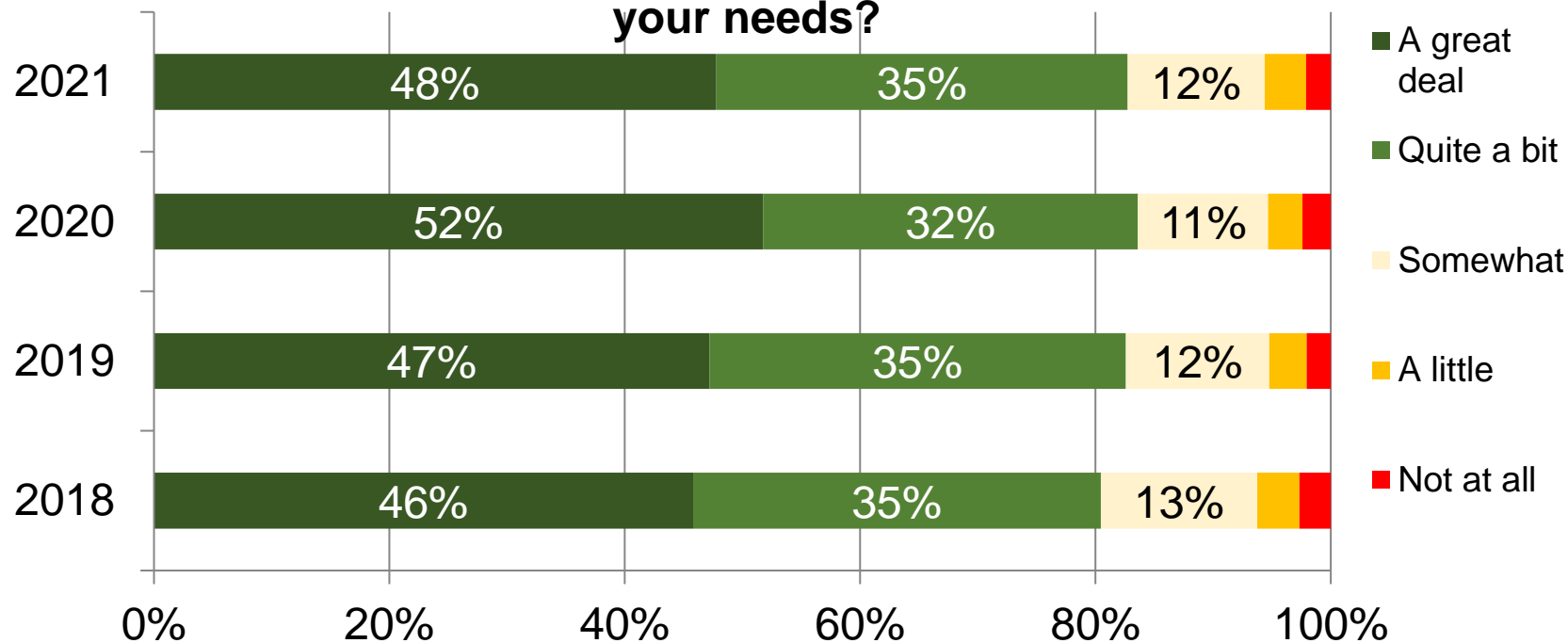
How well does your Individual Support and Service Plan support your needs related to living in a place of your choice? This may include your own apartment or house, Adult Family Home (AFH), or Residential Care Apartment Complex (RCAC).



How much control do you feel you have over recruiting, hiring, training, supervising, disciplining, or terminating your workers?



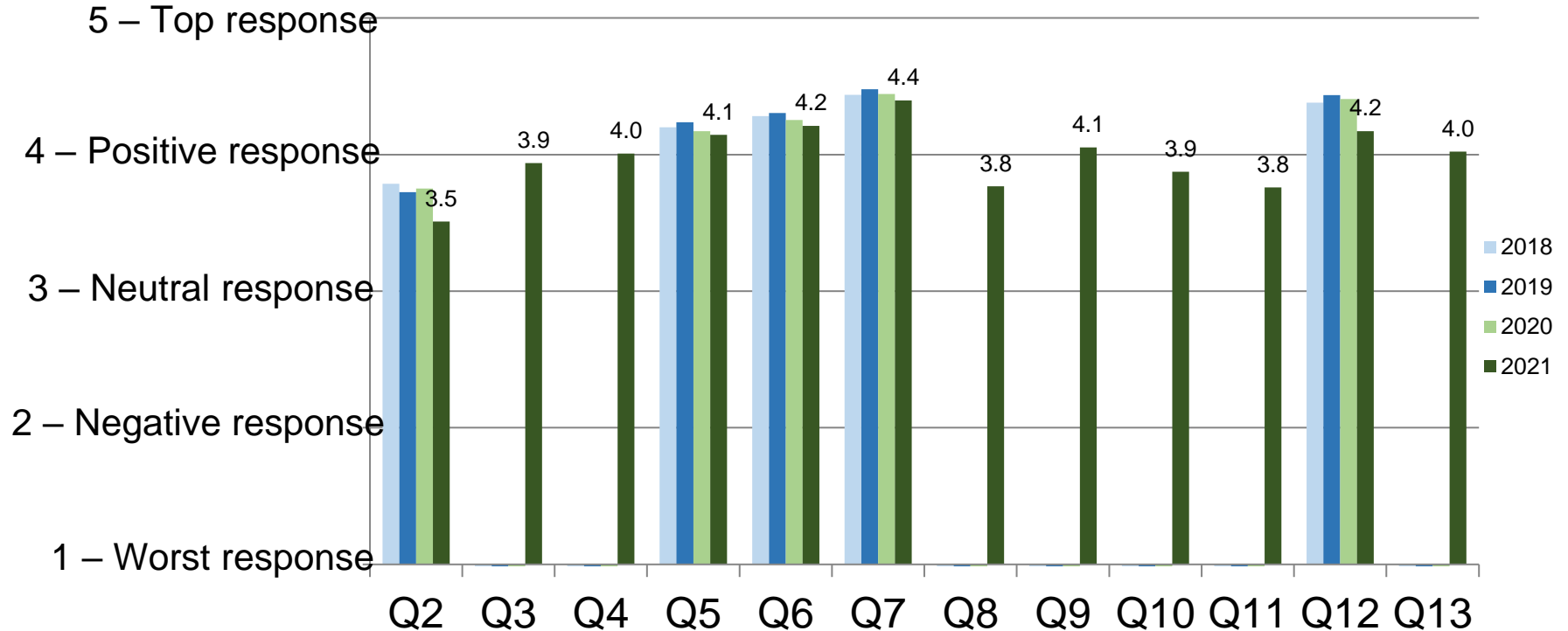
How much control do you feel you have over how your budget is spent to purchase allowable services to meet your needs?



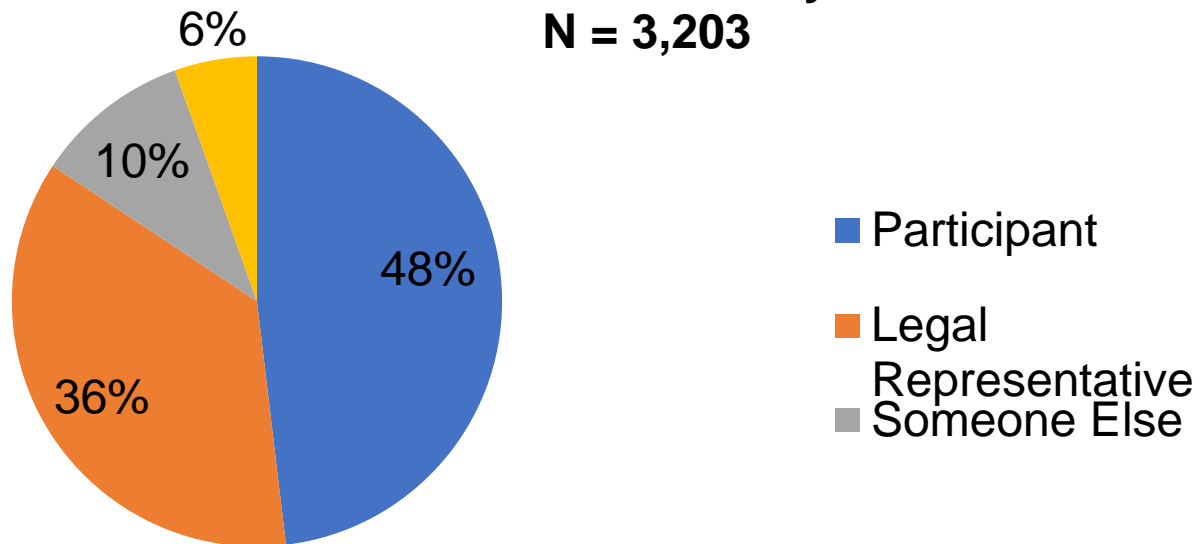
2021 IRIS Fiscal Employment Agent Participant Satisfaction Survey Analysis

Survey Question Response – IRIS Fiscal Employment Agents

*Questions 3,4,8,9,10,11,13 are new for 2021

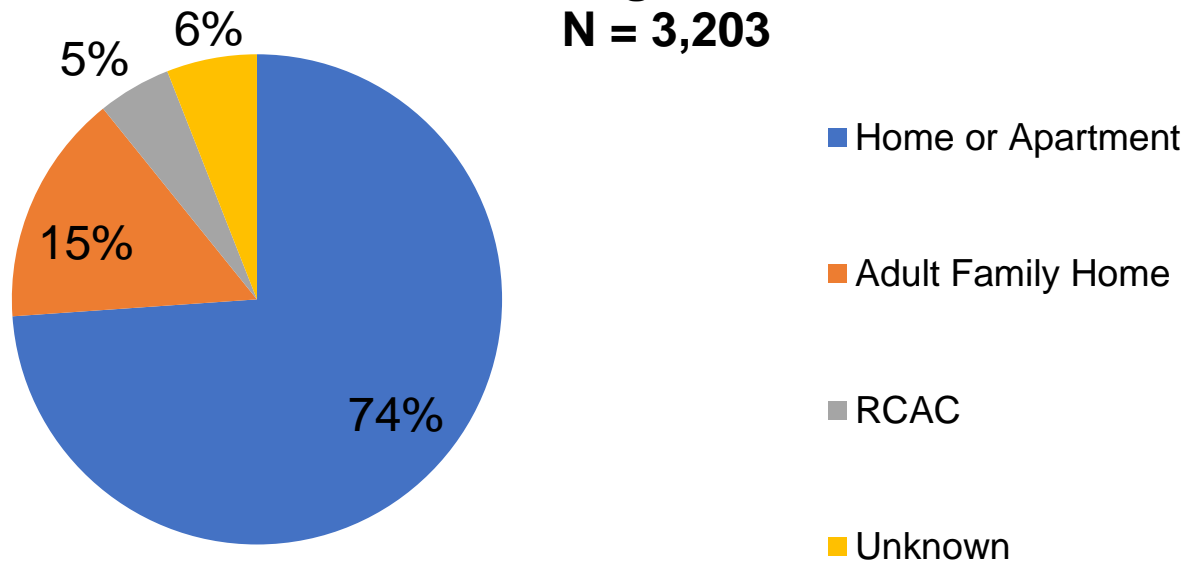


Who Answered Survey – FEA
N = 3,203

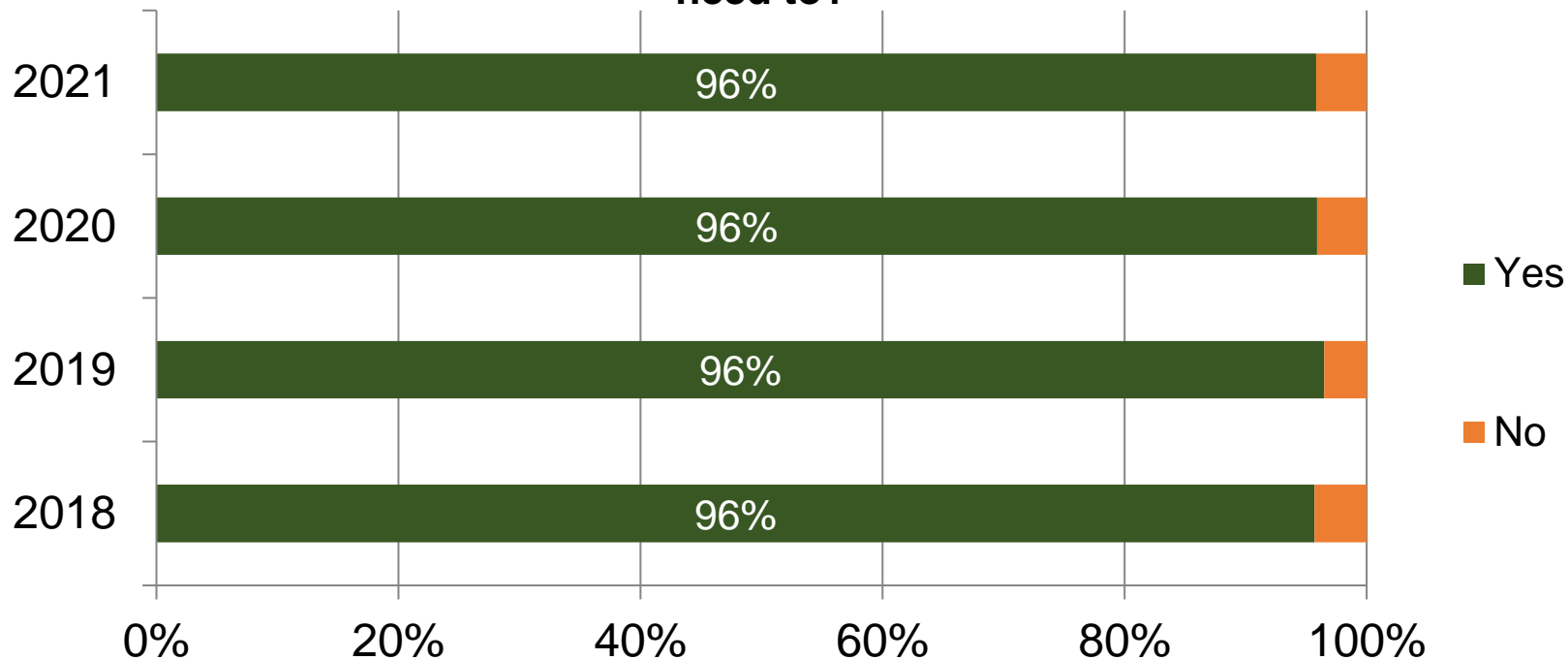


Member Living Situation – FEA

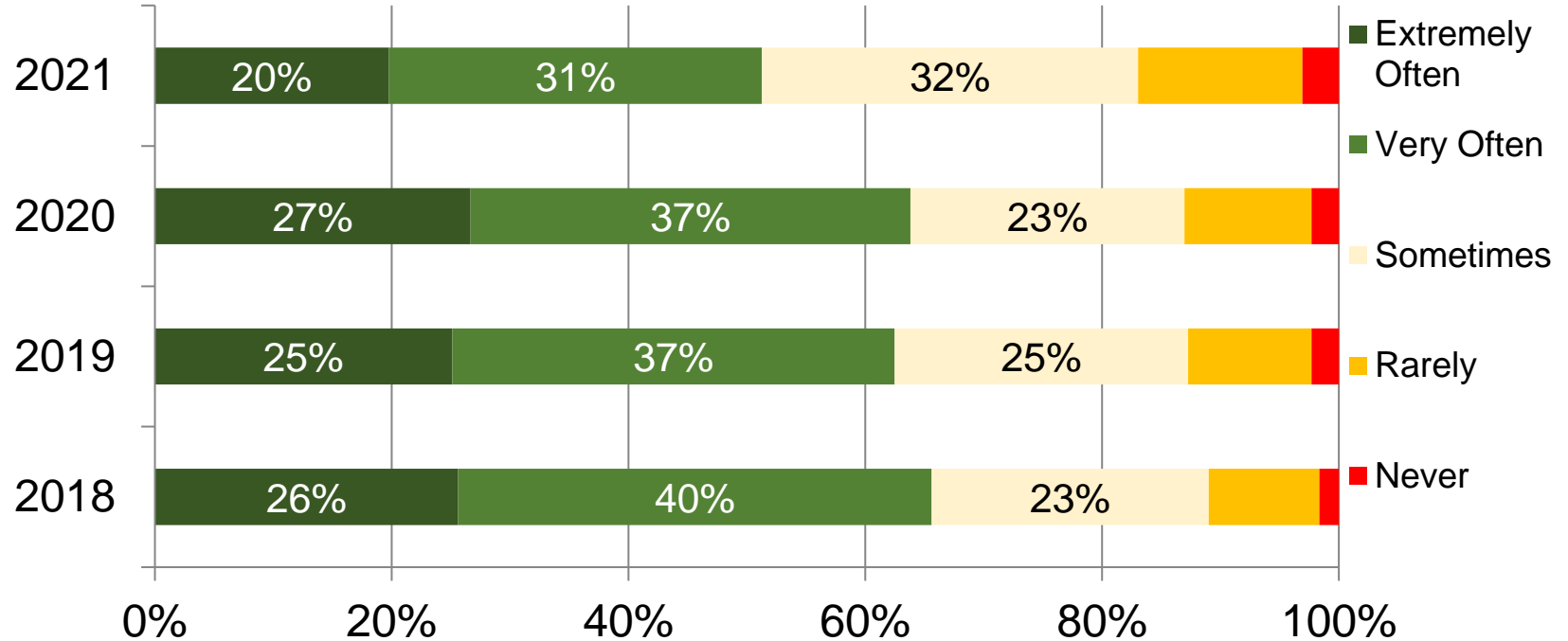
N = 3,203



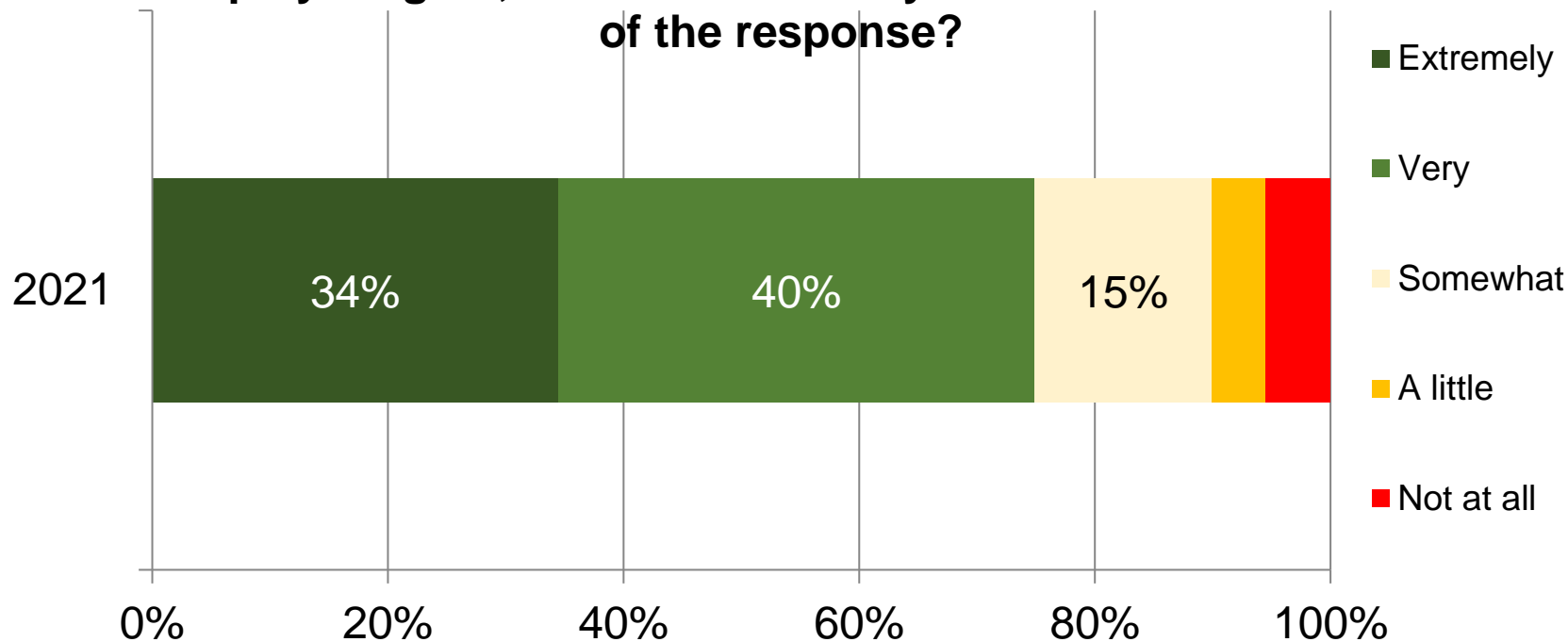
Do you know how to contact your fiscal employer agent when you need to?



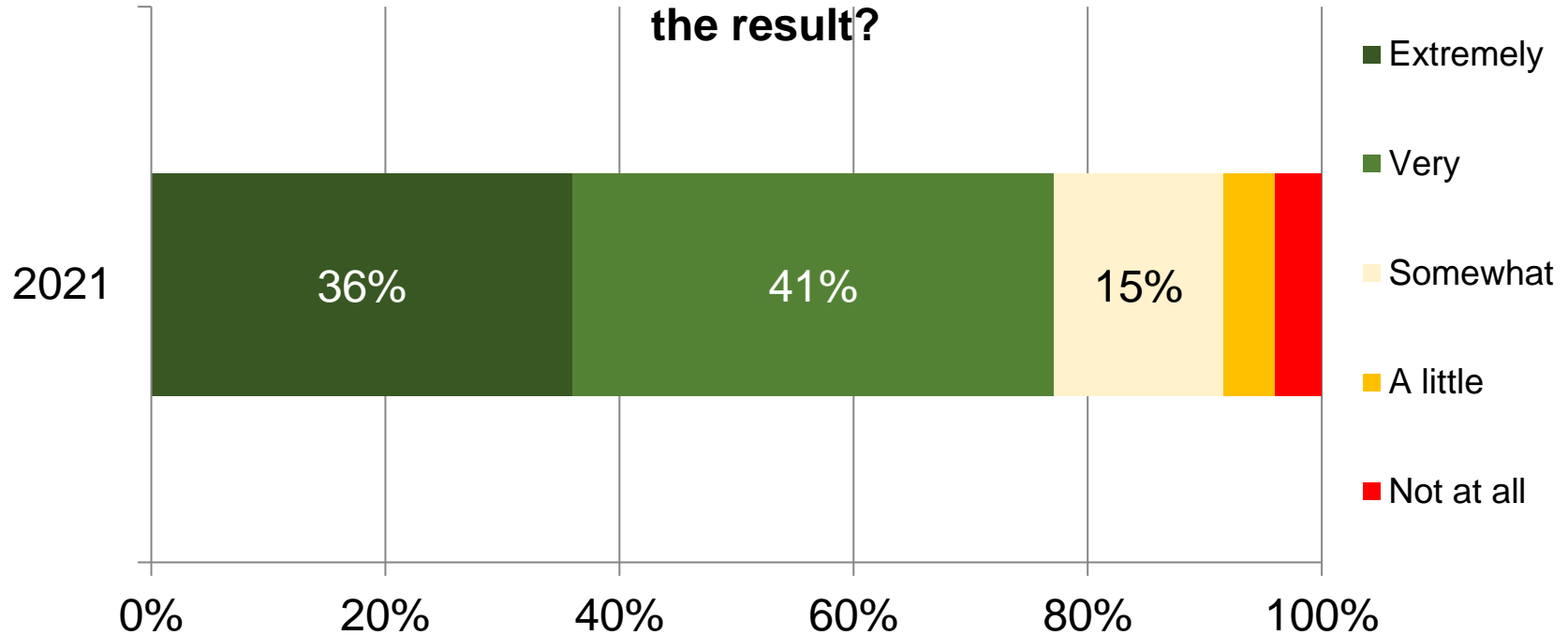
How often do you get the help you need from your fiscal employer agent?



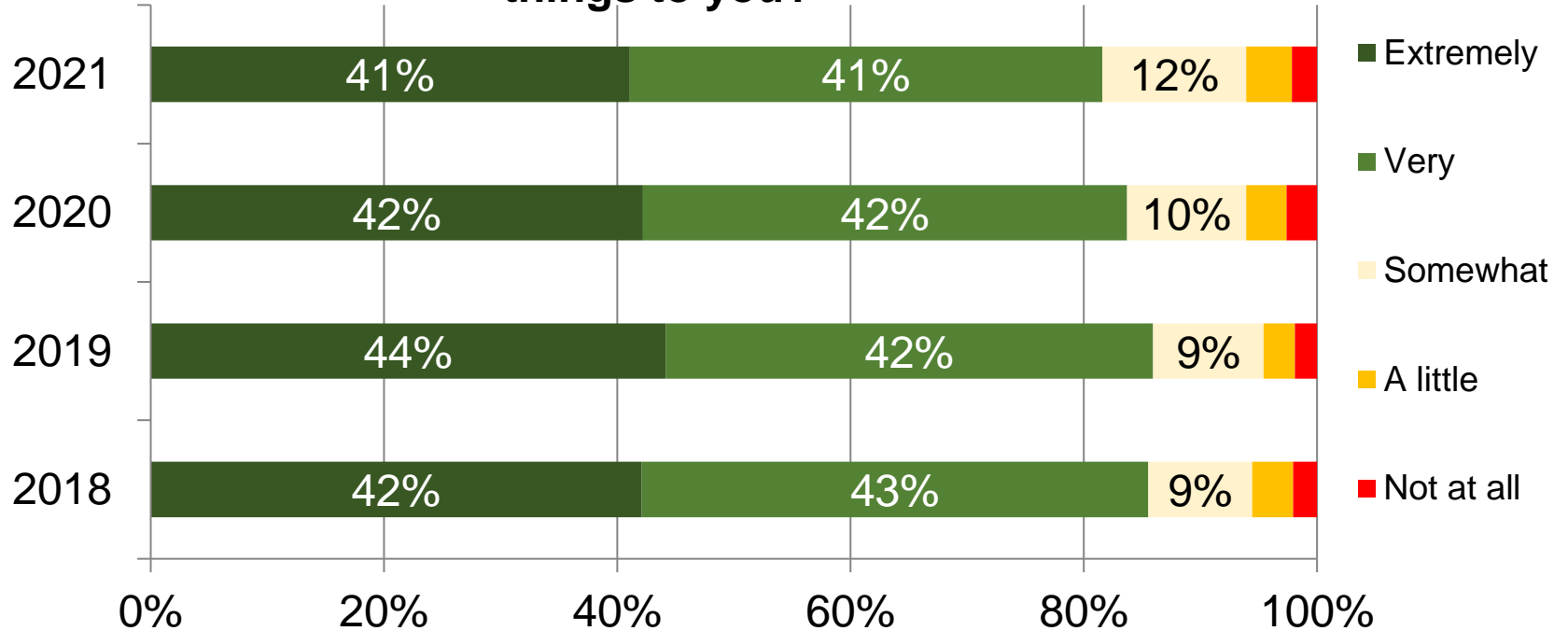
When you email, call, or leave a voicemail for your fiscal employer agent, how satisfied are you with the timeliness of the response?



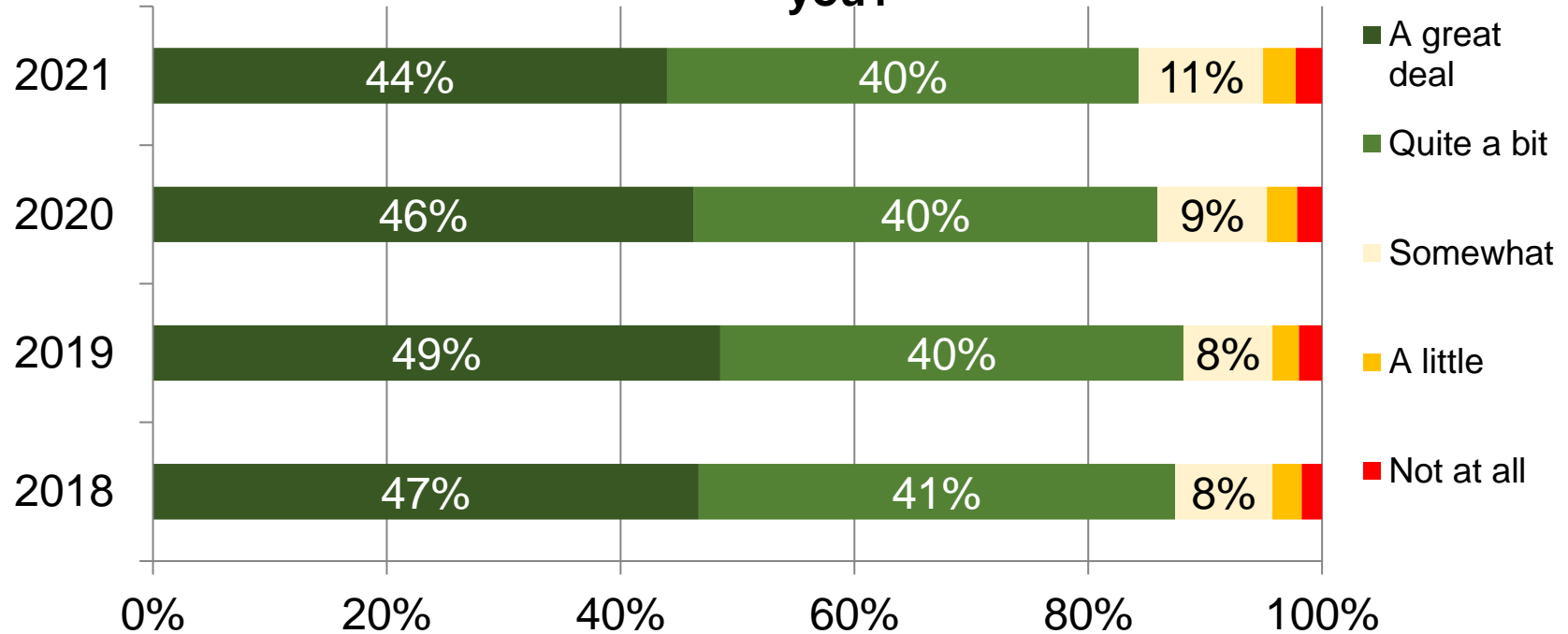
When you email, call, or leave a voicemail for your fiscal employer agent with a concern, how satisfied are you with the result?



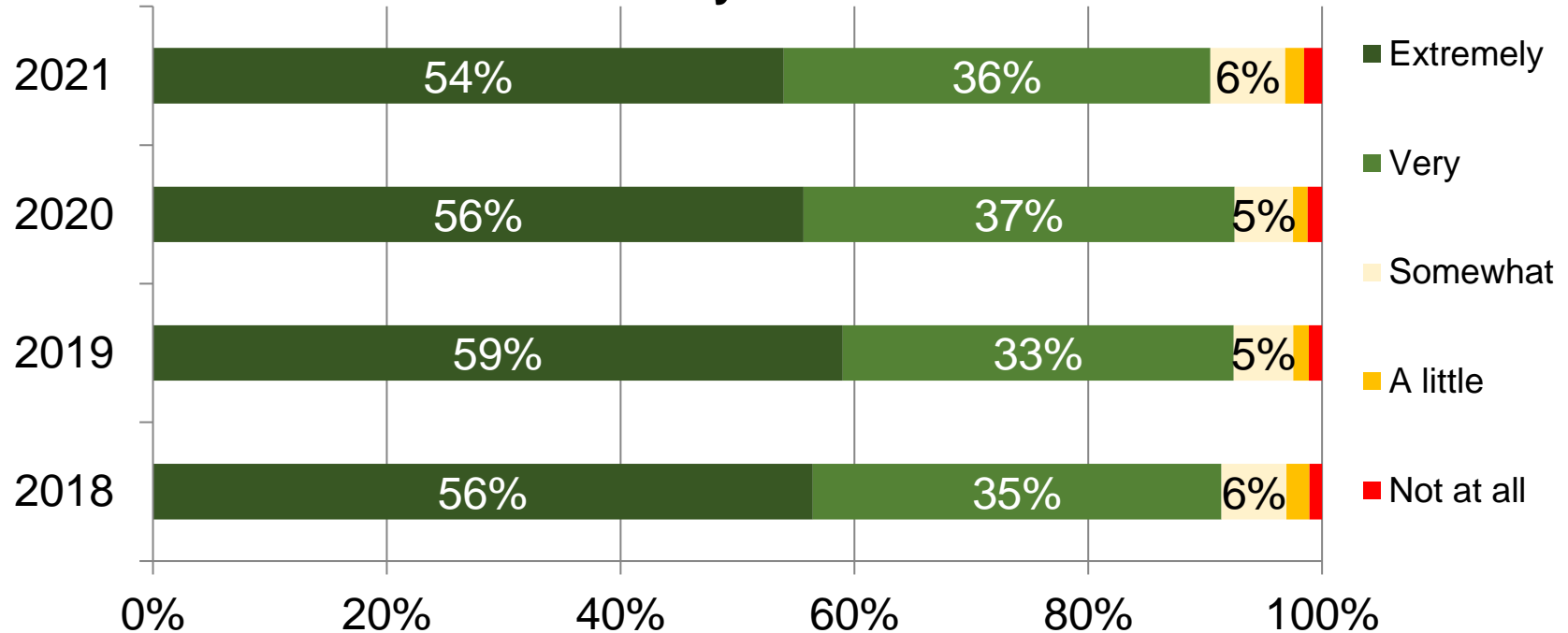
How clearly does your fiscal employer agent explain things to you?



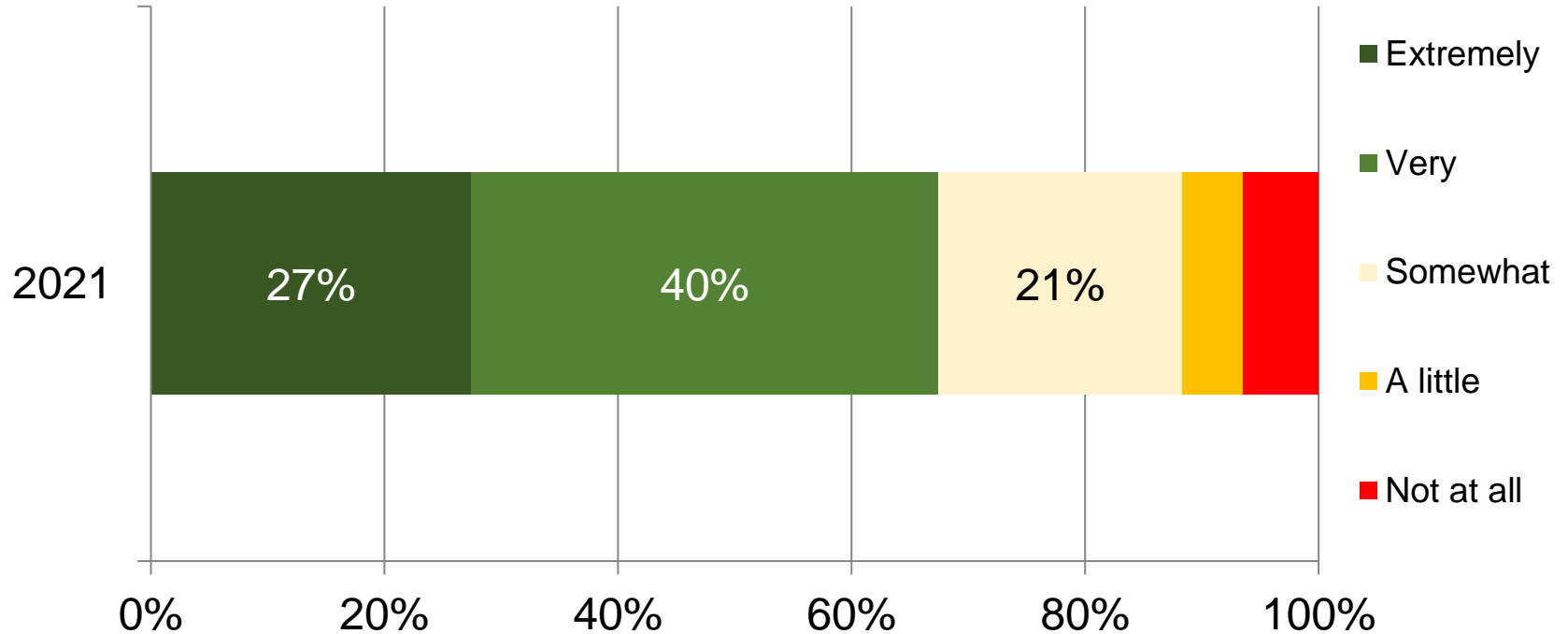
How carefully does your fiscal employer agent listen to you?



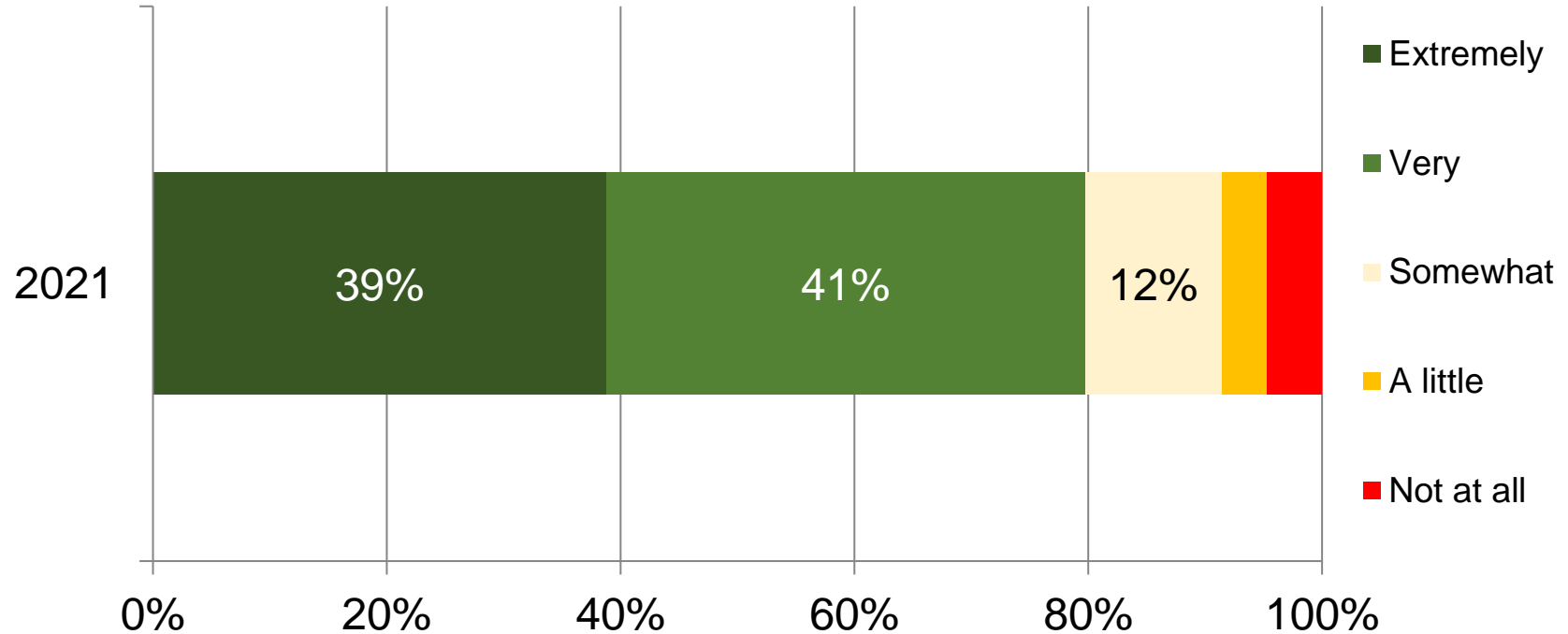
How respectfully does your fiscal employer agent treat you?



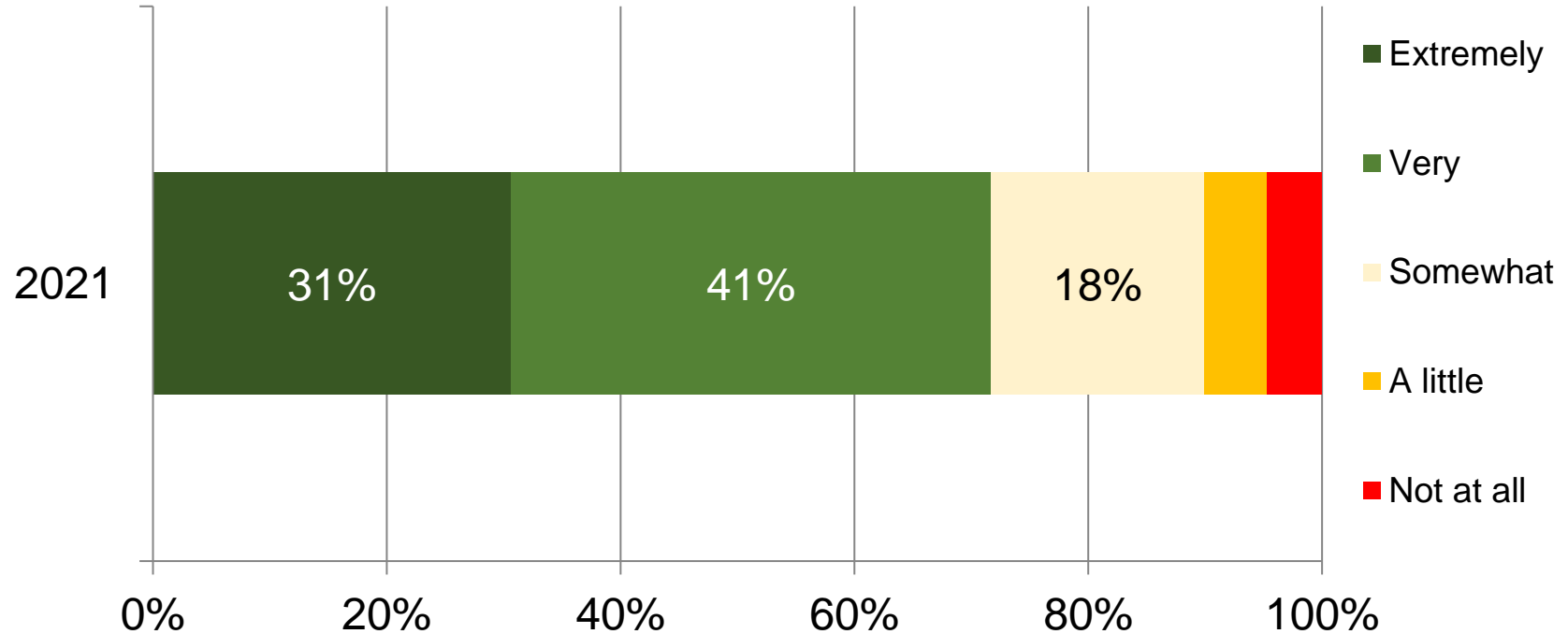
**How easy is it for you to find the forms or information you need
on your fiscal employer agent's website?**



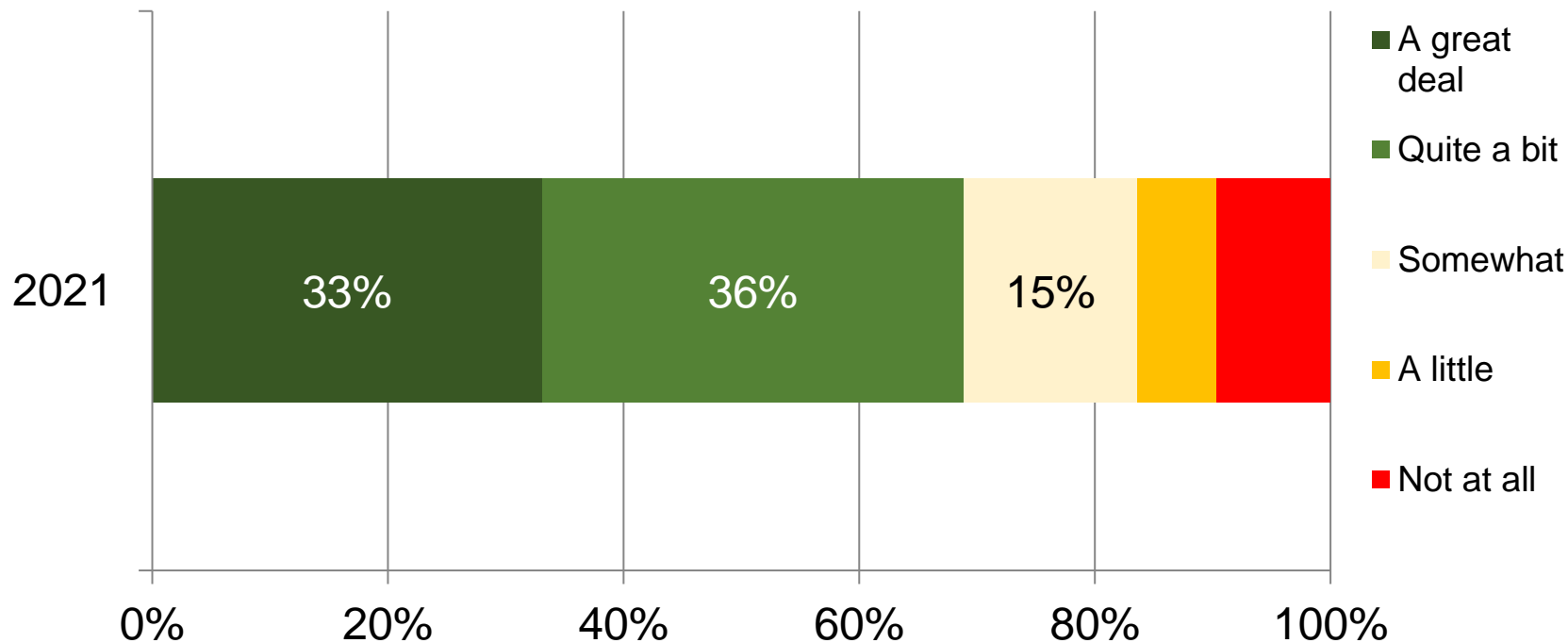
If you hired a worker within the last year, how satisfied were you with the timeliness for hiring them?



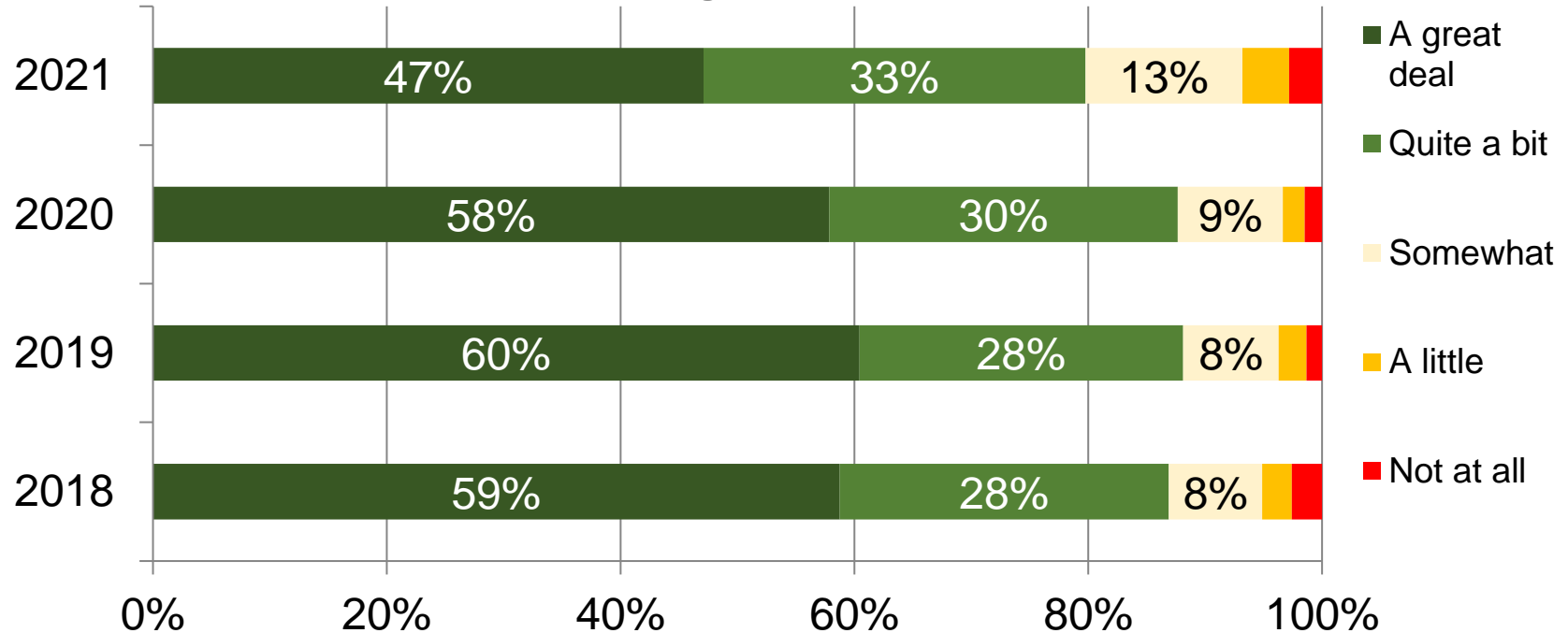
How satisfied are you with the fiscal employer agent timesheet and payroll processing?



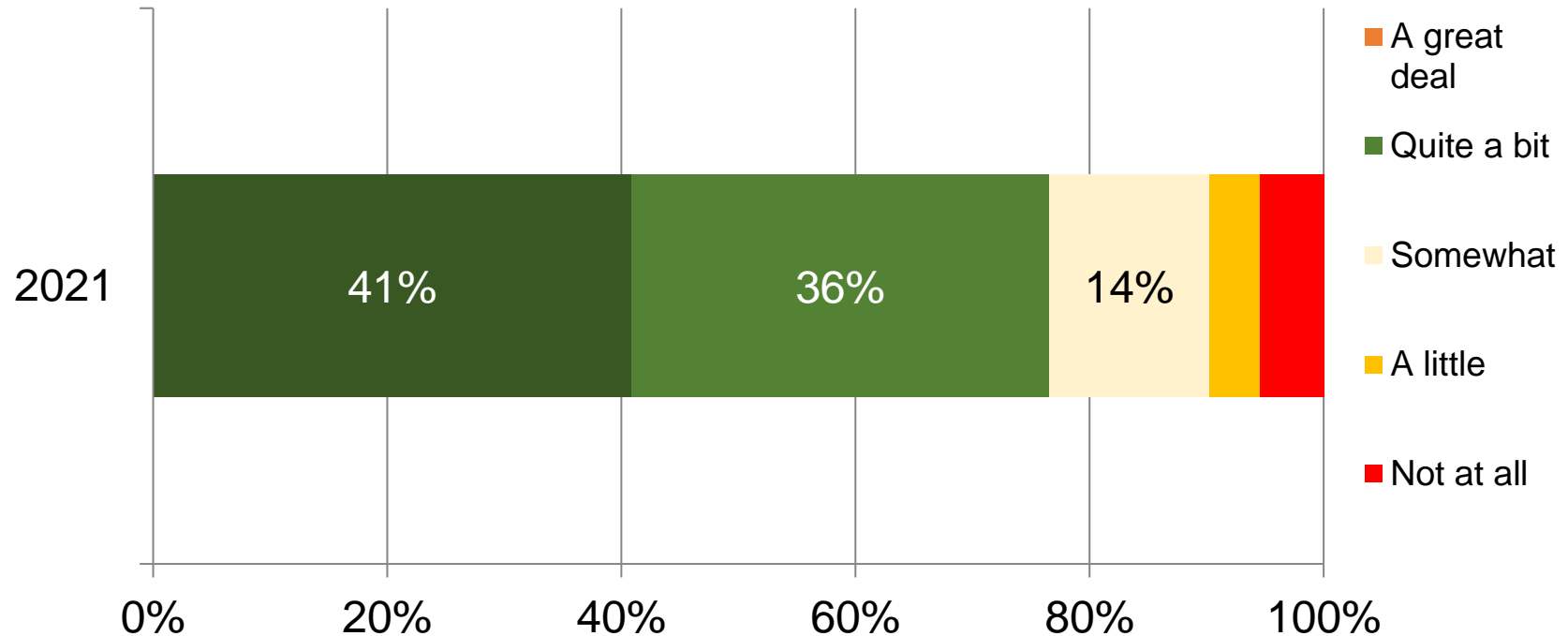
How well does your fiscal employer agent communicate with you if there is a problem with submitted timesheets?



Overall, how much do you like your fiscal employer agent?



How likely are you to recommend your fiscal employer agent to someone you know?



FC/FCP/PACE Survey Questions

Q1: Can you contact your Care Team when you need to?

Q2: How often do you get the help you need from your Care Team?

Q3: How clearly does your Care Team explain things to you?

Q4: How carefully does your Care Team listen to you?

Q5: How respectfully does your Care Team treat you?

Q6: How well did your Care Team explain the Self-Directed Supports option to you?

Q7: How involved are you in making decisions about your Care Plan?

Q8: How well does your Care Plan support the activities that you want to do in your community, such as visiting with family and friends, working, and volunteering?

Q9: How much does your Care Plan include the things that are important to you?

Q10: Overall, how respectfully do the people who provide you with supports and services treat you?

Q11: How well do the supports and services you receive meet your needs?

Q12: Overall, how much do you like MCO?

Q13: Currently, which of the following best describes where you, the member, live?

Q14: Who answered the questions in this questionnaire?

Q15: Please write any other comments you may have about MCO in the box below. Due to the anonymous nature of this survey, we will be unable to directly respond to any concerns shared. If you need help or have an immediate concern, please contact your care manager for assistance

IRIS ICA Survey Questions

Q1: Can you contact your IRIS Consultant when you need to?

Q2: How often do you get the help you need from your IRIS Consultant?

Q3: How clearly does your IRIS Consultant explain things to you?

Q4: How carefully does your IRIS Consultant listen to you?

Q5: How respectfully does your IRIS Consultant treat you?

Q6: Overall, how much do you like your IRIS Consultant Agency?

Q7: Overall how well do the supports and services you receive in your Individual Support and Service Plan meet your needs?

Q8: How well does your IRIS Consultant Agency provide you the information you need to develop your Individual Support and Service Plan?

Q9: How well does your Individual Support and Service Plan support the activities that you want to do in your community, such as visiting with family and friends, working, and volunteering?

Q10: How well does your Individual Support and Service Plan support your needs related to living in a place of your choice? This may include your own apartment or house, Adult Family Home (AFH), or Residential Care Apartment Complex (RCAC).

Q11: How much control do you feel you have over recruiting, hiring, training, supervising, disciplining, or terminating your workers?

Q12: How much control do you feel you have over how your budget is spent to purchase allowable services to meet your needs?

Q13: Currently, which of the following best describes where you, the participant, live?

Q14: Who answered the questions in this questionnaire?

Q15: Please write any other comments you may have about ICA in the box below. Due to the anonymous nature of this survey, we will be unable to directly respond to any concerns shared. If you need help or have an immediate concern, please contact your IRIS consultant for assistance.

IRIS FEA Survey Questions

Q1: Do you know how to contact your fiscal employer agent when you need to?

Q2: How often do you get the help you need from your Fiscal Employer Agent?

Q3: When you email, call, or leave a voicemail for your fiscal employer agent, how satisfied are you with the timeliness of the response?

Q4: When you email, call, or leave a voicemail for your fiscal employer agent with a concern, how satisfied are you with the result?

Q5: How clearly does your fiscal employer agent explain things to you?

Q6: How carefully does your fiscal employer agent listen to you?

Q7: How respectfully does your fiscal employer agent treat you?

Q8: How easy is it for you to find the forms or information you need on your fiscal employer agent's website?

Q9: If you hired a worker within the last year, how satisfied were you with the timeliness for hiring them?

Q10: How satisfied are you with the fiscal employer agent timesheet and payroll processing?

Q11: How well does your fiscal employer agent communicate with you if there is a problem with submitted timesheets?

Q12: Overall, how much do you like your fiscal employer agent?

Q13: How likely are you to recommend your fiscal employer agent to someone you know?

Q14: Currently, which of the following best describes where you, the participant, live?

Q15: Who answered the questions in this survey?

Q16: Please write any other comments you may have about FEA in the box below. Due to the anonymous nature of this survey, we will be unable to directly respond to any concerns shared. If you need help or have an immediate concern, please contact your IRIS consultant for assistance

State Health Improvement Plan (SHIP) Collaborative Prioritization

Long Term Care Advisory Council

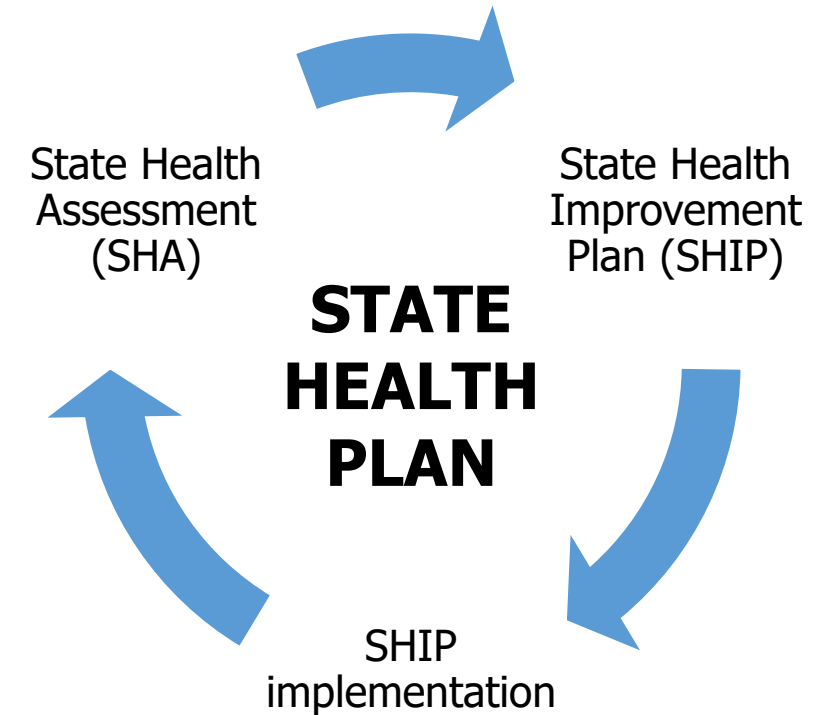
May 10, 2022

Agenda

- SHIP Prioritization and Planning Process
- Themes that have emerged
- Common strategies

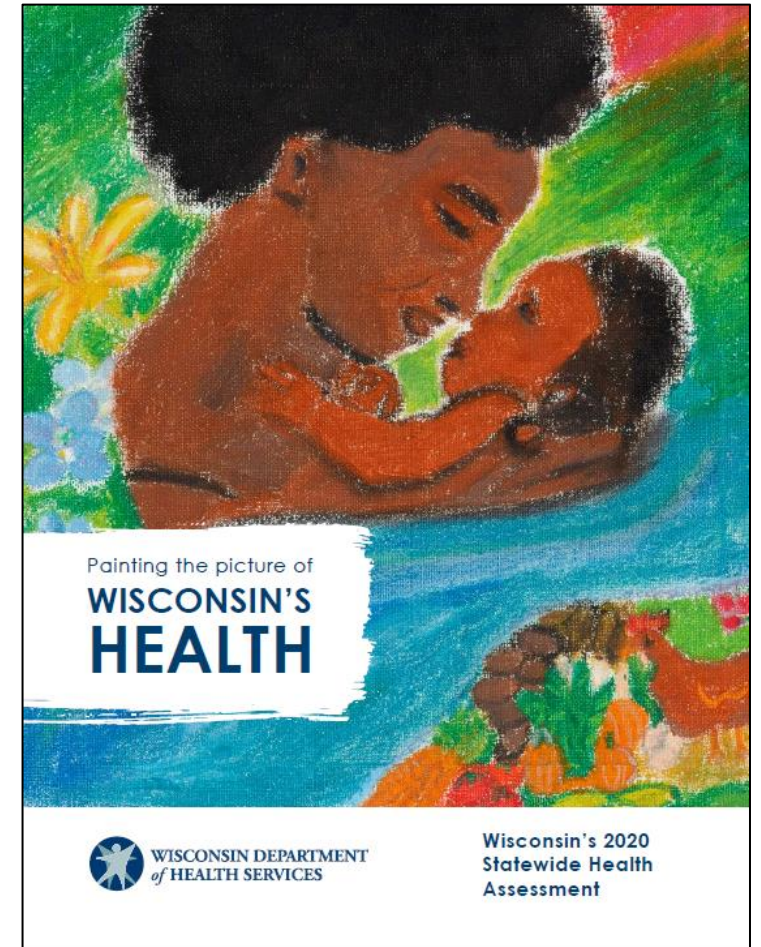
Wisconsin State Health Plan

- Public health agenda and roadmap
- Series of iterative planning processes
 - State Health Assessment (SHA)
 - State Health Improvement Plan (SHIP)
 - SHIP implementation



State Health Assessment (SHA) Process & Outcomes

- Process
 - Community conversations
 - Review of state and local data
- Outcomes
 - Themes identified through community conversations
 - Increasing social and community connections
 - Access to reliable transportation
 - Access to affordable housing
 - Access to jobs and other opportunities
 - Decreasing institutional biases
 - Access to quality and culturally informed healthcare
 - Access to community-based resources
 - Increased focus on upstream factors

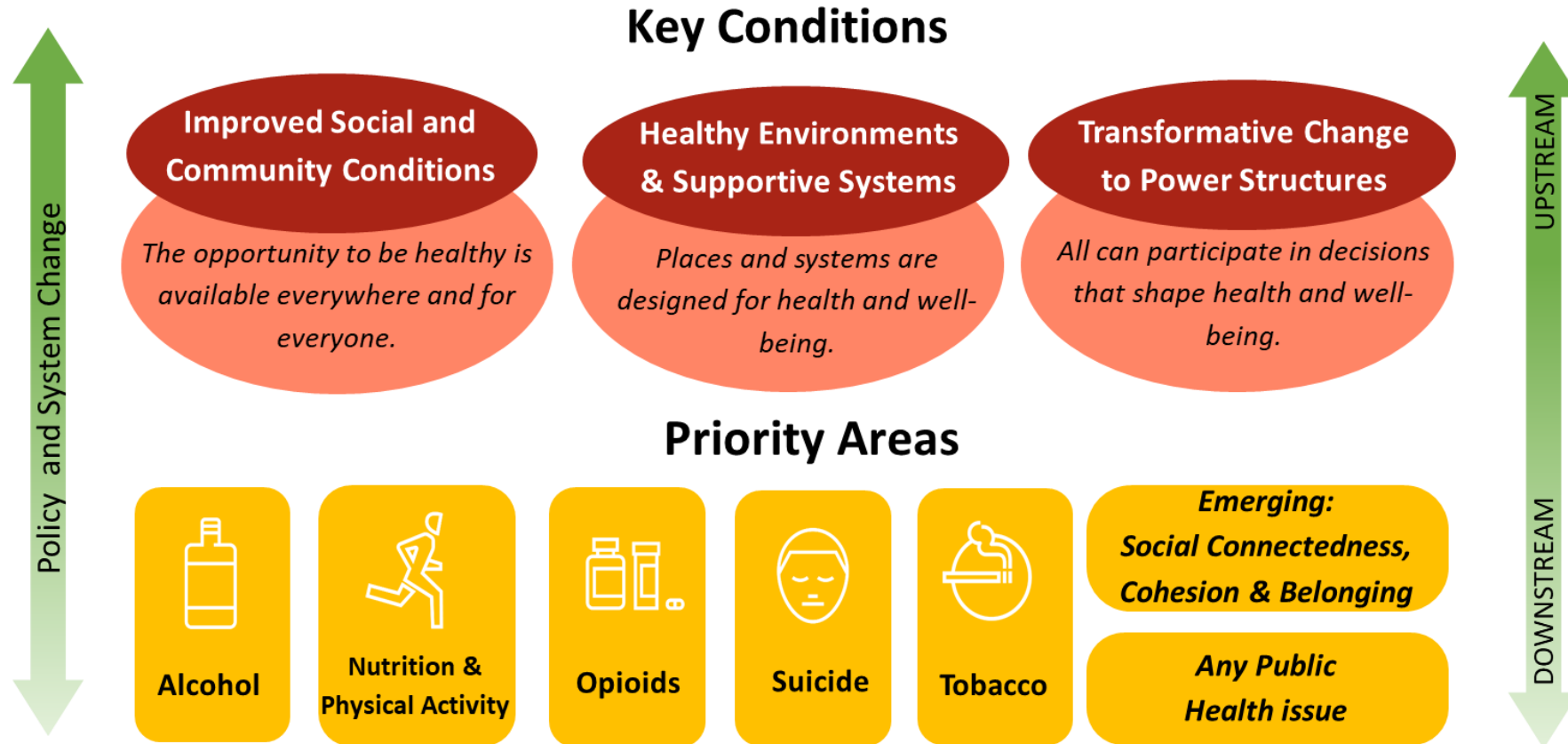


Reframing the State Health Improvement Plan

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

Values and Principles

Justice • Community voices • Collaboration • Sustainability • Accountability



SHIP Prioritization Process

- Community-based organizational partner conversations
 - March: identify most important health and well-being issues in the communities they represent and serve (themes)
 - April: refine themes and identify potential strategies to improve the issues identified
- Local & tribal health department conversations
 - April: assess priority area alignment and usefulness
 - June: develop shared strategies to address priority areas

Next SHIP Prioritization Steps

- Engage with additional systemic and institutional partners
 - DHS partners
 - Councils
 - Advisory groups
 - Other state agencies
 - Health care partners
 - Academic partners
 - Advocacy and statewide membership organizations
- Final check-in with community partners in fall

SHIP Prioritization Process Themes

- Human-centered basic needs (social determinants of health)
- Building and shifting power
- Physical and psychological safety
- Mental health
- Institutional bias and equity
- Social and community connection
- Comprehensive, accessible, and culturally inclusive community-based resources
- Comprehensive, accessible, and culturally inclusive healthcare
- Sustainable community-driven funding
- Upstream change (policy and systems)

Potential Priority Groupings

- Human-centered basic needs, especially
 - Housing
 - Economic opportunity
 - Childcare
- Physical and psychological safety
- Mental health
- Social and community connection
- Comprehensive, accessible, and culturally inclusive healthcare

Potential Strategy Groupings

- Building and shifting power
- Institutional bias and equity
- Sustainable community-driven funding
- Upstream change (policy and systems)
- Comprehensive, accessible, and culturally inclusive community-based resources
- *Legal support access (for eviction, medical debt, immigration, etc.) and policy protections from discrimination

Discussion

- How do these SHIP themes and potential priorities align with your Council priorities and objectives?
- Are there strategies we can work on collectively?