Linda Seemeyer
Secretary

State of Wisconsin
Department of Health Services

1 WEST WILSON STREET
MADISON, WI 53703

OPEN MEETING NOTICE

Wisconsin Council on Long Term Care

Tuesday, January 9, 2018

9:30 AM to 3:30 PM
Clarion Suites -- 2110 Rimrock Rd
Madison, WI 53703

AGENDA

9:30 AM **Meeting Call to Order**
Heather Bruemmer, *Long Term Care Advisory Council Chair*
-Introductions
-Review of agenda and approval of minutes

9:40 AM **Department Updates**
Curtis Cunningham, *DHS – Assistant Administrator of Long Term Care Benefits and Programs*
Amber Mullett, *DHS – Bureau of Aging and Disability Resources*

10:00 AM **Transportation Discussion Draft Summary**
Amber Mullett, *DHS – Bureau of Aging and Disability Resources*

10:10 AM **Nursing Home Quality and Oversight Updates**
Otis Woods, *DHS – Division of quality Assurance*

10:45 AM *Break*

11:00 AM **2017 LTC Scorecard**
Angela Witt, *DHS – Bureau of Long Term Care Finance*

11:45 AM **Comments from the Public**
Heather Bruemmer, *Long Term Care Advisory Council Chair*

12:00 PM *Lunch (catered)*

12:30 PM **Managed Care Quality Strategy**
Lindsey Kreitzman, *DHS – Bureau of Adult Long Term Care Services*

1:15 PM **Overview of LTC Quality Strategy**
Curtis Cunningham, *DHS – Assistant Administrator of Long Term Care Benefits and Programs*

2:00 PM *Break*

2:15 PM **Council Discussion – LTC Quality Measures**

3:15 PM **Council Business**
Heather Bruemmer, *Long Term Care Advisory Council Chair*

3:30 PM **Adjourn**
Heather Bruemmer, *Long Term Care Advisory Council Chair*

The purpose of this meeting is to conduct the governmental business outlined in the above agenda. The Wisconsin Long Term Care Advisory Council was first created through the 1999 Wisconsin Act 9 with the responsibility to report annually to the legislature and to the Governor on the status of Family Care and assist in developing broad policy issues related to long-term care services. Wisconsin Act 9 sunset the Council as a legislative council as of July 21, 2001, but the council was reappointed a few months later as an advisory group to the Department on emerging issues in long-term care. The Council has continued to provide guidance to the secretary and make recommendations regarding long-term care policies, programs, and services. More information about the council is available at wcltc.wisconsin.gov.

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Wisconsin Long Term Care Advisory Council

Meeting of November 14, 2017

Clarion Suites at the Alliant Energy Center, Madison

Meeting Minutes

Members present: Amie Goldman, Beth Swedeen, Carol Eschner, Christine Witt, Cindy Bentley, Dan Idzikowski, Denise Pommer, John Sauer, John Vander Meer, Mary Frederickson, Maureen Ryan, Bob Kellerman.

Members absent: Audrey Nelson, Beth Anderson, Jessica Nell, Lauri Malnory, Leslie Fijalkiewicz, Roberto Escamilla II, Sam Wilson, Tim Garrity, Tom Hlavacek.

Others present: Linda Seemeyer, Heather Bruemmer, Curtis Cunningham, Carrie Molke, JoAnna Richard, Betsy Genz, Dave Varana, Hannah Cruckson, Kevin Coughlin, Carol Hutchison, Carrie Porter, Tim Sheehan, Amber Mullett.

Call to Order and Welcome

Heather Bruemmer called the meeting to order at 9:35 a.m. and welcomed members and guests. Council members and staff from the Department of Health Services (DHS) introduced themselves. The minutes from the September 2017 meeting were unanimously approved with correction on a motion from Maureen Ryan, seconded by Mary Frederickson.

Department Updates

Curtis Cunningham, Assistant Administrator, Division of Medicaid Services, Long Term Care Benefits and Programs, gave the following Department of Health Services updates.

- **DMS 2018 –** DMS is coming together to determine priorities for 2018. Members are welcome to provide input.
- **Dane County Expansion** – Options counseling began October 1. Approximately 500 out of 2,200 Medicaid recipients have selected their program.
- **HCBS Rule** – CMS has given its approval through the transition. Ongoing compliance will be handled through the DQA. Letters will be mailed at the end of November. For HCBS non-compliant residential settings, we are working via survey to establish benchmarks and remediation.
- **2017-19 state budget** – The new budget passed in September 2017. It includes funding for Medicaid Purchase Plan (MAPP), elimination of the Children's Long Term Support (CLTS) Waiver waitlist, funding in the Family Care rates for direct-care workers, a nursing home rate increase, personal-care rate increase, guidance to expand the Partnership program, funding for IRIS ombudsman services, and funding for dementia care specialists.
- **MCO contracts/rates** – New contracts and rates will be issued shortly.
- **LTC quality strategy** – Work continues on developing a quality strategy across the long-term care system.
- **Electronic visit verification (EVV)** – Part of the 21st Century Cures Act, EVV is a system that uses a variety of electronic methods such as GPS to confirm that personal-care services

were actually delivered in the home. If not implemented by January 1, there could be a reduction in Federal Medical Assistance Percentage (FMAP), the percentage rates used to determine the matching funds rate allocated each year to certain medical and social service programs in the U.S.

Council members made the following observations and raised the following issues in their discussion.

Comment: Maybe we could get an overview of the tribal arrangement at a later date.

Comment: Are tribal systems open to non-tribal members?

Curtis: No.

Comment: EVV started as a safety system but became an attendance system.

Comment: Who are the letters going to at the end of November?

Curtis: Residential centers in HCBS compliance will receive a letter of congratulations. Those not in compliance will get a letter saying how they can meet requirements and obtain licensure.

Comment: Assessments through Liberty?

Curtis: The contract with Liberty Healthcare Corporation to do personal care assessments was terminated. The nurses at personal care agencies are doing the assessments.

Comment: Any news on who will replace Jody Brassfield?

Curtis: We're recruiting right now. The announcement will be posted in an IRIS advisory.

Comment: Could we get a determination or some word to the Council on the process for hiring Jody's position?

Carrie Molke, Director of the Bureau of Aging and Disability Resources (BADR), of the Division of Public Health, gave the following updates:

- **Communicable disease funding** – The new budget increased funding to local health departments to address communicable diseases.
- **Strategic planning** – The DPH submitted evidence required for certification to the Public Health Accreditation Board (PHAB). It's the first big step in the accreditation process. PHAB will review the submission and make a site visit.
- **Collaboration** – New collaborations are being built through visits to local public health meetings and the ADRCs.
- **Dementia summit** – A dementia summit is being planned for March at The Johnson Foundation at Wingspread, Racine, WI. Much has been accomplished at these events in the past 3-4 years.

- **November is National Family Caregivers Month** – This is the time of year when there is a lot of work around caregivers, especially natural supports. A coalition of 6-8 groups is working on different aspects of caregiving.
- **Health promotion** – Working with the Wisconsin Institute for Healthy Aging on promoting good preventive health.
- **Elder Abuse Task Force** –Wisconsin Attorney General Brad Schimel has moved ahead to form a task force on preventing elder abuse. More to come on this. There is a partnership between the DHS and the Department of Justice.
- **Aging and Disability Network Conference** – Next year's conference is September 12-14 at the Kalahari in The Dells. GWAAR is helping to plan the event.

Council members made the following observations and raised the following issues in their discussion.

Comment: The Universal Service Fund has a grant program that enables non-profit groups to apply for partial funding of up to $500,000 per fiscal year for programs or projects that facilitate affordable access to telecommunications.

Heather: Heather met Lance Robertson, Assistant Secretary for Aging with the U.S. Department of Health and Human Services (HHS). He asked Heather, "How do you do it so well in Wisconsin?" Communication is good with HHS.

DHS Secretary Linda Seemeyer opened a discussion on long-term care with a statement that the membership on the Long Term Care Advisory Council is the voice that guides the actions of the DHS. She talked about the goals of the LTC Council and the need to balance the membership (see pages 9-11 in the handouts). The membership of the council will be four members of each of the following groups: providers, contractors, advocates, consumers, and experts.

She went through the following council charges:

- **Quality:** Explore the development and use of quality metrics to analyze the long-term care system and service outcomes.
- **Workforce:** Develop strategies and data metrics to address workforce shortages in the long-term care system.
- **Community Development:** Develop strategies to keep people safe and healthy in the community to prevent and delay the need for long-term care service.
- **Communications:** Develop plans to communicate to all long-term care stakeholders.

Council members made the following observations and raised the following issues in their discussion.

Comment: Described his mom who lived at home but needed help. "It's not a failure to use an assisted living facility."

Secretary Seemeyer: “It’s all about choice. Our new vision is ‘Everyone living their best life.’ Our job is to find out how we can offer choice.”

Comment: Regarding the charges of the council, the design is good but there’s consternation over the results. The council’s recommendations are recognized but not much more. He is looking for development of metrics, work planning, and an assurance that the council’s work will be joined with the department’s work.

Curtis: The council’s work has been shared in conference and has been incorporated.

Comment: Previously, the council had a chart with charges that tracked goals. Maybe we need it on paper.

Curtis: It’s on the web and updated.

Comment: Let’s update it for January 2018.

Carrie: We do want actionable items after discussion. The council has only six meetings.

Heather: We’re working on getting the documents on the website.

Comment: The member praised the IRIS program, saying allowed her and other consumers to make choices and to have a voice. She reminded members that former DHS Secretary Kitty Rhodes said, “Nothing without consumers.”

Comment: It’s a big turnaround from hearing lectures to being able to contribute. She suggested picking out a few smaller groups, short-term, to concentrate on specific issues.

Comment: There’s a noticeable lack of representation from the mental health community. Years ago, there was, and it is critical. Lack of attention to this area hampers the council’s ability to serve well. There’s no dedicated voice or discipline in this area.

Secretary Seemeyer: I agree. Should we add a consumer? An expert?

Comment: Someone who can cover both.

Curtis: We have been looking at Institutions for Mental Disease (IMDs). Are we looking for someone in terms of long-term care?

Comment: Yes.

Carrie: We have seven groups. There’s a Mental Health Council.

Comment: It would be helpful to get someone in both worlds.

Comment: Quality and Workforce are big charges. MCOs may view cheaper providers as the ones to work with rather than the ones that are able to pay direct-care workers more.

Secretary Seemeyer: We need to move to quality sooner.

Curtis: Your input makes a difference. The National Core Indicators–Aging and Disabilities will help us compare across states, but that survey just began a couple years ago. We're using pay-for-performance (P4P) right now. Another challenge is how to get the leading indicators in time to keep good providers from leaving the marketplace?

Comment: How can there be reductions?

Curtis: How low can you push MCOs before they say, We need to have regular growth. It's hard to compare our system with other state systems.

Comment: Regarding state institutions, staff are aging and retiring, especially at Union Grove. Are people getting the care they need? It's good to bring people home, but it's costly.

Secretary Seemeyer: We worry about workers, too. They got an 80¢/hour raise, and there are other raises in the works.

Comment: My best birthday present would be to close those institutions.

Comment: It's still a concern when it gets difficult to live in the community.

Comment: Do we know how much is spent per person at the centers?

Dave Varana: $903 per person per day; about $120 million on three state centers.

Comment: Last year's strategic planning and small groups are making a difference.

Comment: The transition points are important. We may lose benefits in lack of coordination.

Secretary Seemeyer: We all see the needs. The council wants to make things better. We've had a good year. The budget has provided funding for Medicaid Purchase Plan (MAPP), elimination of the Children's Long Term Support (CLTS) Waiver waitlist, and funding for IRIS ombudsman services.

After the break, Curtis let members know that summaries of the charges will be put in every packet for next meeting.

Dave Varana, DHS Bureau of Long Term Care Financing, gave the following budget updates.

- **Children's Long Term Services (CLTS) Waitlist** – A major focus is working with the counties to eliminate the CLTS waitlist. We asked the counties to help us figure out the best way to end it, and they've submitted plans. The cost will be high for meeting one-time requirements, and we've prepared for a "mini-flood" of these requests. The counties want to eliminate the waitlists by spring. Dane County has the biggest. Dane is transitioning to Family Care and IRIS and will be working on that waitlist.
- **MCO rate setting** – We are starting with nursing home rate-setting.

- **Direct-care workforce** – The funding needs to go to providers, especially the workers, and not to the MCOs' profit margin. MCOs want to bring providers into a discussion of issues such as employee longevity or recruitment bonuses. Plans could have tax ramifications. We want to get our proposal into CMS by March.
- **Tribal option** – Our authority on the tribal options is sunsetting. We are working on how the funding will work. The Bureau of Adult Long Term Care is taking the lead on this.

Council members made the following observations and raised the following issues in their discussion.

Comment: Does the state have actuarial estimates of how many kids qualify for CLTS waiver services?

Curtis: We don't have numbers for kids or adults.

Comment: We need it to determine the right amount of help at the right time for kids.

Dave: Agreed.

Comment: I'm trying to get the same information on the tribal side. The tribes are not accessing available services.

Carrie: A separate ADRS campaign might help.

Comment: How do you gauge that you're reaching these populations if you don't have data?

Dave: We have a team that focuses on cross-analytical study.

Curtis: "I hear 'How are we measuring the quality of the system?' I hear, ' We want quantification of whether we are getting people into the system? And if not, how can we increase access?'"

Comment: Is there any way to get a rough number?

Carrie: We are working on a "surveillance system" to gather data. We also need to work on health equity.

Comment: Tribal people are dying too young.

Comment: For CLTC waiver, we could look at the census to get a sense of access.

Curtis: Rate-setting will shed light on the data.

Comment: Regarding the CLTC waiver, because it's not at entitlement, the waitlist will continue to grow. Are you working on a plan to address this?

Dave: It's not going to look good. We need to figure out how to make it sustainable.

Comment: Expenditure of Medicaid assistance is good. Communications should extend to the public that it's a good use of taxpayer money. That's the communications charge.

Community Development – Transportation

The first presentation was by Carrie Porter, Greater Wisconsin Agency on Aging Resources, Inc. (GWAAR) transportation specialist. She is also a former transportation director of the Portage County ADRC.

She gave members a primer on transportation. Aging units and ADRCs are sometimes the only coordinator of transportation in a county. Transportation is complex. It's about collaboration, not competition. One dollar invested returns $11 over time.

Two big obstacles:

1) Siloes of funding – Medical trips and nutrition trips are reimbursable, but there is no transportation money if you're poor and need to do grocery shopping, for example. In order for transportation to work, it requires volume. Local communities have had a hard time.
2) Start-up funding and expansion – Capital costs are not available. Understanding how transportation works could remove some of the obstacles and create win-win arrangements. By statute, volunteers can deduct just 14¢/mile on their federal tax returns. Insurance is also an obstacle. The Good Samaritan Law doesn't cover people driving vehicles. Volunteers need a separate policy. Both discourage people from volunteering.

Opportunities

1) Transportation coordination planning in 2018 – How can we better share and coordinate?
2) New RFP for the non-emergency medical transportation (NEMT) broker (Medicaid); Involvement in the Transportation Advisory Committee – Talk with stakeholders to identify the issues.
3) State-level coordination council – See page 17 of the handouts for a model of a Shared Use Mobility and Coordination Solutions Council (SUMaCS). Come together to talk about programs that could be leveraged, for example, transportation network companies (TNCs), such as Uber and Lyft.
4) Autonomous and Connected Vehicle Task Force – The governor has a monthly meeting on transportation.
5) Reducing barriers to volunteer driving – See above, obstacle #2.
6) Regional Transportation Authorities – It's getting done in Fox Valley.
7) Sharing and analyzing ride data to design services.

There are 40 mobility managers (transportation coordinators, navigators, for example) in ADRCs and aging units. They are the point people who took charge of coordinating transportation for their organization. The Wisconsin Association of Mobility Managers works together to get people across county lines when reimbursements will not cover costs outside the home county.

Tim Sheehan, executive director of Center for Independent Living of Western Wisconsin, has been in transportation for 20 years. Having an interagency coordinator at the cabinet level is needed. Moving Ahead for Progress in the 21st Century (MAP-21) provided some strength for states. The Fixing America's Surface Transportation (FAST) Act requires states to address local transportation issues.

The system requires more flexibility (see page 19 of the handouts). He was not prescribing the solution but thought that once people sit down and talk, they will learn how to get out of each other's way. Everyone's goal, from the transit-dependent to the policymakers) should be for people to get a ride when they need it. The transit-dependent are viewed as a burden. People can get rides for medical appointments, but not for going to a bar or other social purpose.

In West and Northwest Wisconsin, his stakeholder group has grown to 40 people because collaboration is needed to make transportation work most efficiently. They have developed a regional coordination plan for 18 counties.

In 2008, his organization needed to get involved in direct service provision. It requires federal funding, foundation funding, MOUs, and layers of stakeholders. They are in the early stages of expanding services in 11 counties in North Central Wisconsin.

There's no money in transportation, but there is public good. Transportation can work in metro areas but not in rural areas. We are getting in each other's way. We're not asking for more money; we're asking for laws to get out of our way, especially in rural areas.

The third speaker was Amber Mullett, DHS Office for the Promotion of Independent Living (OPIL). Several groups have transportation as an issue: 3 OPIL offices/units and 6 OPIL-supported councils. There's no mechanism that allows people to get rides just to visit. Affordability and access are common problems.

Stakeholders need to address five key problems:

- Coordination – There is a lack of coordination at the state level. Should we convene agencies, providers, regions (within and across)? Federal money is tied to how people are transported.
- System capacity – We need to change our perspective and ask, what already exists, and can I get in on that? The question is not, how can I arrange transportation for one individual?
- Break down barriers to volunteers – Start a volunteer driver program or share trips.
- Rules and regulations – We need to break down rules, regulations, and policies on how money can be spent or reduce the limits on it. Need to associate transportation with outcomes.
- Start-up money – Capital investment is too high.

Council members made the following observations and raised the following issues in their discussion.

Comment: The current system penalizes people with physical, intellectual, or developmental disabilities for not planning far enough in advance. But the system needs to be fluid for the user, which means not penalizing them for living their lives like the rest of us.

Regarding contracts, there are so many barriers. How can we better contract with existing providers? This would increase volume and efficiency. Is the barrier a DHS barrier or a provider barrier? Would it be easier to contract with the MCO?

Recommendation: To have a mobility manager funded by Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities Program

Comment: We need to address transportation at the local level with some regional oversight. At what point do we bring in the legislature? If you bring in autonomous vehicles (driverless) and TNCs, this would affect the whole transportation system.

Comment: Are we maximizing federal money to the state? We're talking about usefulness of transportation to people. If we can address our issues, we might end up benefiting others, too. We might create a Best Practice protocol on transportation.

Recommendation: Have a travel clearinghouse at DHS.

Recommendation: Use the Governor's Interagency Council on Transportation Coordination (ICTC) to coordinate transportation.

LTC Council Charges

July 2016 – December 2018

Council Charge Stages

We have been moving through each 2016-2018 charge based on the following steps:

1	**Topic Intro**
2	**Topic Presentation in Depth**
3	**Workgroups Discussion**
4	**Draft Summary**
5	**Final Summary**
6	**Secretary Response**
7	**Workgroups Deep Dive (DD)**
8	**Next Steps**
0	**Updates**

During the period of July 2016 to December 2018, Secretary Seemeyer is charging the Long Term Care Advisory Council (LTCAC) with the following:

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

- Provide advice and guidance regarding how to measure workforce shortages by provider type.
- Provide advice and guidance on required financial reporting related to assessing workforce shortages.
- Provide advice and guidance to ensure that Medicaid contractors are maintaining quality of care.

Quality: Explore the development and use of quality metrics to analyze the long-term care system and service outcomes, including:

- Provide advice and guidance to determine what metrics should be utilized to assess the effectiveness of the entire long-term care system.
- Provide advice and guidance on a long-term quality strategy to be deployed at every level of the long-term care system.

Communications: Develop plans to communicate to all long-term care stakeholders. Responsibilities will include:

- Ensuring consistent messaging to all entities in the long-term care system.
- Ensuring that policies are being accurately communicated to consumers.
- Ensuring the Department of Health Services is receiving accurate consumer feedback.

Community Development: Develop strategies to keep people safe and healthy in the community to prevent and delay the need for long term care services by:

- Looking at strategies to prevent individuals from going into residential setting before necessary.
- Ensuring that individuals in residential settings are in the right setting for their acuity needs.
- Providing advice and guidance on prevention strategies that should be developed to delay the need for long term care services.

Workforce

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

- Provide advice and guidance regarding how to measure workforce shortages by provider type.
- Provide advice and guidance on required financial reporting related to assessing workforce shortages.
- Provide advice and guidance to ensure that Medicaid contractors are maintaining quality of care.

Secretary Response

Based on the council's feedback, the Secretary offered the following guidance:

1. The Secretary will engage with the Wisconsin Department of Workforce Development (DWD) and identify strategies for DHS and DWD to address the above guidance together.

2. The Secretary instructs the council:
   - to identify innovative practices that reduce demands on workforce to serve member needs such as transportation, grocery, remote care, and telehealth/e-health.
   - to review current Home and Community Based Services (HCBS) waiver benefits and advise on what amendments or waiver language changes would be necessary to implement innovative practices and reduce workforce demands.
   - to identify methods that should be used to measure provider costs relative to reimbursement.
   - to advise on strategies for workforce retention.
   - to include workforce quality of care measures with the council's quality charge.

Workforce Charge Stages

The council followed the following steps toward resolving the Workforce charge:

Sep '16	**Overview of the State's Labor Force**	**Dennis Winters**	2 Topic Presentation in Depth
Sep '16	**Workforce Discussion Workgroups**	**Council**	3 Workgroups Discussion
Nov '16	**Workforce Draft Summary**	**Curtis Cunningham**	4 Draft Summary
Jan '17	**Final Workforce Summary**	**Curtis Cunningham**	5 Final Summary
Mar '17	**Secretary guidance regarding Workforce**	**Curtis Cunningham**	6 Secretary Response
May '17	**MCO Provider Networks and Workforce presentations**	**CommunityLink, Care Wisconsin**	8 Next Steps
May '17	**DHS Caregiver Career Program Civil Money Penalty Grant**	**Kevin Coughlin**	8 Next Steps
Jul '17	**LTC Workforce and Employment**	**Becky Kikkert**	8 Next Steps
Jul '17	**Next Steps Regarding LTC Workforce**	**Curtis Cunningham**	8 Next Steps

Quality

Explore the development and use of quality metrics to analyze the long-term care system and service outcomes, including:

- Provide advice and guidance to determine what metrics should be utilized to assess the effectiveness of the entire long-term care system.
- Provide advice and guidance on a long-term quality strategy to be deployed at every level of the long-term care system.

Secretary Response

Based on the council's guidance, the Secretary instructs the council:

1. To continue the DMS Long Term Care overall quality strategy to identify measures and to establish a pay-for-performance program to incentivize quality. The strategy includes:
   - Scan: existing measures and initiatives.
   - Select measures from Scan to use in overall strategy.
   - Add measures we need but don't have (including information technology (IT) and contract issues).
   - Use measures to improve quality: pay for performance (P4P) and public reporting.
2. To make public materials and information as effective and usable as possible and to coordinate these recommendations with the communication charge of the Long Term Care Advisory Council.

Quality Charge Stages

May '17	**NCI Data**	**Angela Witt**	0 Updates
Jul '17	**NCI Custom Questions**	**Angela Witt**	0 Updates
Sep '16	**Quality Scorecard**	**Angela Witt**	0 Updates
Sep '16	**Quality Strategy**	**Curtis Cunningham**	1 Topic intro
Nov '16	**Presentation: National Core Indicators**	**Mary Lou Bourne**	2 Topic Presentation in Depth
Nov '16	**Quality Discussion Workgroups**		3 Workgroups Discussion
Jan '17	**Quality Summary**	**Curtis Cunningham**	4 Draft Summary
Mar '17	**Final Quality Summary**	**Curtis Cunningham**	5 Final Summary
May '17	**Secretary response regarding Quality**	**Curtis Cunningham**	6 Secretary Response
Jan '18	**Nursing Home Quality and Oversight Updates**	**Otis Woods**	0 Updates
Jan '18	**2017 LTC Scorecard**	**Angela Witt**	0 Updates
Jan '18	**Council Discussion – LTC Quality Measures**		3 Workgroups DD

Communication

Develop plans to communicate to all long-term care stakeholders. Responsibilities will include:

- Ensuring consistent messaging to all entities in the long-term care system.
- Ensuring that policies are being accurately communicated to consumers.
- Ensuring the Department of Health Services is receiving accurate consumer feedback.

Secretary Response

Based on the council's guidance, the Secretary instructs the council and DHS to:

1) Review and revise the Medicaid Long Term Care communications channels such as the Medicaid Long Term Care website to improve the intuitiveness, readability, and user-friendliness of content for targeted audiences.
2) Develop a strategy to more frequently share long-term care updates with and solicit informal feedback from members and the community, such as through virtual town halls, webcasts, or conference presentations.
3) Adopt more robust change management strategies to communicate program and policy changes.
4) Develop a distribution list for Governor-appointed and DHS Secretary-appointed long-term care boards, committees, and councils, and enroll council chairs in order to improve communication between councils.
5) Explore development of more robust direct communication channels for program and policy updates, such as creating distribution lists that automatically enroll members.

Communication Charge Stages

Nov '16	**Communications Introduction**	**Curtis Cunningham**	1 Topic intro
Jan '17	**Communications Discussion Introduction**	**Karen Kopetskie**	2 Topic Presentation in Depth
Jan '17	**Communications Discussion Workgroups**	**Kevin Coughlin**	3 Workgroups Discussion
Mar '17	**Draft Communications Summary**	**Curtis Cunningham**	4 Draft Summary
May '17	**Final Communications Summary**	**Curtis Cunningham**	5 Final Summary
Jul '17	**Secretary response regarding Communication**	**Curtis Cunningham**	6 Secretary Response

Community Development

Develop strategies to keep people safe and healthy in the community to prevent and delay the need for long term care services by:

- Looking at strategies to prevent individuals from going into residential setting before necessary.
- Ensuring that individuals in residential settings are in the right setting for their acuity needs.
- Providing advice and guidance on prevention strategies that should be developed to delay the need for long term care services.

Community Development Charge Stages

Jan '17	**Keeping People Safe and Healthy in the Community**	**Carrie Molke**	1 Topic intro
Mar '17	**Keeping People Safe and Healthy in the Community – Demographics in depth**	**Carrie Molke**	2 Topic Presentation in Depth
Mar '17	**Keeping People Safe and Healthy in the Community – Discussion Workgroups**	**Carrie Molke**	3 Workgroups Discussion
May '17	**Draft Community Development Summary**	**Curtis Cunningham**	4 Draft Summary
Jul '17	**Final Community Development Summary**	**Carrie Molke**	5 Final Summary
Sep '17	**Secretary response regarding Community Development**	**Carrie Molke**	6 Secretary Response
Sep '17	**Community Development next steps discussion**	**Carrie Molke**	8 Next Steps
Nov '17	**Community Development, Transportation presentations**	**Carrie Porter, Tim Sheehan, Amber Mullett**	2 Topic Presentation in Depth
Nov '17	**Community Development, Transportation Discussion Workgroups**	**Carrie Molke**	3 Workgroups Discussion
Jan '18	**Community Development, Transportation discussion summary**	**Amber Mullett**	4 Draft Summary
Mar '18	**Community Development, Transportation discussion summary**		5 Final Summary

2017 Wisconsin Long Term Care Advisory Council

Meeting Date: November 14, 2017
Meeting Topic: Community Development

INTRODUCTION

At the Long Term Care Advisory Council (LTCAC) on November 14, 2017, Carrie Molke with the Department of Health Services, Bureau of Aging and Disability Resources shared the Secretary's council charge for Community Development:

> Develop strategies to keep people safe and healthy in the community to prevent and delay the need for long-term care services by:
> - Looking at strategies to prevent individuals from going into residential setting before necessary.
> - Ensuring that individuals in residential settings are in the right setting for their acuity.
> - Providing advice and guidance on prevention strategies that should be developed to delay the need for long-term care services.

The consensus of the Council was that DHS should prioritize improving coordination and access to transportation as a way to impact the overall charge.

COUNCIL RECOMMENDATIONS

1. **Institute methods to improve transportation coordination, including:**

    a. **Establish a Transportation Coordinating Committee**
        i. Include key governmental agencies such as DOT, OCI, DVA and DWD and critical stakeholders, including transportation consumers and providers.
        ii. Deliverables:
            1. Develop an inventory of transportation options and funding programs in the state;
            2. Develop a state plan that identifies roles and responsibilities of state and local agencies and coordinates transportation funding and services across the state;
            3. Identify and recommend solutions for other barriers experienced by older adults and people with disabilities.

    b. **Dedicate Staff Resources Within DHS**
        i. Establish a point of contact within DHS; an employee dedicated to transportation, who has responsibilities across Divisions and programs.

    c. **Evaluate and remove barriers within current DHS programs** that fund transportation, including medical and non-medical transportation. View transportation more holistically and coordinate policies across payers. For example:
        i. Clarify when and whether consumers can share trips in various programs;

ii. Explore ways to cover medical and non-medical transportation that happen, or could happen, on the same trip.
iii. Conduct a third party evaluation to understand the degree to which the current, statewide approach to non-emergency medical transportation (NEMT) is effective and meeting customer's expectations.
iv. Consider piloting a regional NEMT approach and evaluate the effectiveness and ability to meet customer's expectations- compared to the current statewide approach.

d. Incorporate into MCO/IRIS contracts a responsibility to build options and coordinate transportation for members with existing services.
i. Include transportation as part of existing outcomes, like employment, and include in Care Plan Development.

2. Explore options for the expansion of programs that work, including:

a. **Mobility Managers.**[1] Expand mobility managers statewide. They provide local coordination and transportation navigation services to consumers. There are currently approximately 40 in the state.

b. **Volunteer Driver Programs.**[2]
i. Address barriers to volunteering:
1. Explore options for increasing the Federal Charitable Driving reimbursement rate (currently at $0.14 per mile);
2. Pursue insurance solutions (volunteers are sometimes given inaccurate information about their coverage while volunteering and sometimes required to carry a commercial insurance policy); and
3. Educate policy makers about the "Good Samaritan" law to fix the barrier created by the law not applying to situations involving the operation of a motor vehicle.
ii. Consider a coordinated, statewide volunteer driver recruitment initiative.

c. Consider Older Adults and People with Disabilities in Long-range Transportation Planning
i. Address older drivers and people with disabilities in the state highway safety plan and roadway design.
ii. Promote and expand pedestrian safe streets.
iii. Explore ways to improve walking and biking amenities, benches, and public transit to facilitate continued mobility.

d. **Expand Employment Transportation Options.** Recognize that transportation is a critical need for people to become employed and maintain employment. Ideas include:
    i. Expand ride-share opportunities;
    ii. Provide tax-incentives for providers or health systems that provide transportation.

3. Explore Innovative Solutions for the Future

a. **Autonomous vehicles.** Promote the inclusion of an aging or disability representative on the "Autonomous and Connected Vehicle Taskforce" that has been established by the Governor or encourage the committee to consider the impact on older adults and people with disabilities' when developing recommendations.

b. **Technology.** Explore technological solutions for coordinating rides with other consumers, finding rides or drivers, and for improved safety so people can drive longer.

[1]Mobility Managers are funded through a variety of sources, but the primary sources are 5310 (federal) funding and 85.21 (state) funding. Both funding sources are distributed by WisDOT.

[2]The $.14/mile is the Federal Charitable Driving Reimbursement rate - similar to the business, moving and medical mileage rates that are set by the IRS. The difference with the charitable driving rate is that it is set in statute. Unlike the other rates that can vary due to vehicle operating costs, the charitable rate can only be changed through federal legislation.

Division of Quality Assurance Updates January 9, 2018

Otis L. Woods, MBA, Administrator

Patricia Virnig, RN, Director, Bureau of Nursing Home Resident Care

Nursing Home Update

AGENDA

- DQA Regulatory Authority
  - State License
  - Federal Certification – Medicare/Medicaid Regulations
- Nursing Home Updates
  - CMS Updates
  - DQA Updates
  - Emerging Issues
- Questions and Answers

DQA's Regulatory Authority

State License Authority

- Chapter 50 Wisconsin Statutes – Uniform Licensure Law
- DHS 132, Wisconsin Administrative Code

Federal Certification – Medicare/Medicaid Regulations

- Social Security Act: Title 18 (Medicare) and Title XIX (Medicaid)
- Code of Federal Registers (42 CFR 483)

CMS Update

- **Revised Nursing Home Regulations**
  - Affordable Care Act (ACA) requirement to revise
  - Nursing Home Requirements for Participation – Mega Rule
  - Increased focus on resident-centered care
  - Controversial but overdue (OBRA 1988)
  - https://www.pioneernetwork.net/wp-content/uploads/2016/11/2016-10-27-CMS-Slides-re-New-Federal-Regulations-for-Nursing-Homes.pdf
  - o Phase 1 – Implemented November 28, 2016
    - Existing requirements, those requirements relatively straightforward to implement, and require minor changes to survey process

CMS Update

- Revised Nursing Home Regulations
  - Phase 2 – Implemented November 28, 2017
    - All Phase 1 requirements, and
    - Those that providers need more time to develop, foundational elements; new survey process can assess compliance

CMS Update

- Revised Nursing Home Regulations
  - Phase 3 –
    - All Phase 1 and 2 requirements
    - Those requirements that need more time to implement (personnel hiring and training, implementation of systems approaches to quality)
    - Quality Assurance and Performance Improvement (QAPI)
    - *November 28, 2019*

NHSurveyDevelopment@cms.hhs.gov

CMS Update

New Federal Nursing Home Survey Process

- Combination of existing survey processes
  - o Traditional Survey– 22 States – paper-based (Wisconsin)
  - o Quality Indicator Survey (QIS) – 28 States – computerized survey (Indiana, Minnesota, Ohio)
  - o Effective November 28, 2017
- Incorporates changes based on new regulations
- Desire for greater consistency across the nation
- Recent announcements – enforcement changes

CMS Update

New Federal Nursing Home Survey Process

- Provides new/additional guidance to state inspectors on all new requirements
- Industry/advocate/public access to all training materials
- More resident-focused inspection process versus paper compliance
- Experiences thus far

Emergency Preparedness Regulations

State Updates

Regional Quality Forums Continue

- Open dialogue with nursing home communities across the state
- Focus on quality concerns

WisCaregiver Career Program - $2.3 Million

- Civil Money Penalty Reinvestment Project
- Public-Private Partnership
  - BOALTC, LeadingAge Wisconsin, WHCA, Wisconsin Tech College System, DWD, DHS
- Goal – Hire and train 3,000 CNAs across the State

Emerging Issues

- Increased pace of closures since 2016
  - 2016 - 6
  - 2017 – 10
  - 2018 – 1 underway
  - Growing financial worries within the sector
  - Closures are statewide
- Workforce crisis - Statewide
- Emergency preparedness regulations
- Facility-initiated discharges that do not follow the regulations

Quality Discussion

- **CMS Ratings**
  - o CMS Nursing Home Compare
    - https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2016-Press-releases-items/2016-04-27.html
    - https://www.medicare.gov/nursinghomecompare/search.html
  - o Quality Indicators (QIs)
  - o Quality Measures (QMs)

Quality Discussion

- CMS Quality Ratings
  - o November 2002, the Centers for Medicare & Medicaid Services (CMS), began a national Nursing Home Quality Initiative (NHQI) ... Nursing Home Compare: Past performance of every Medicare and Medicaid certified nursing hom**e** in the country.
- Establishment of QI/QMs:
  - o **Quality Indicators** (QIs) were developed and maintained by the Agency for Healthcare Research and Quality (AHRQ) and are one response to the need for multidimensional, accessible quality measures that can be used to gage performance in health care, such as nursing homes.

Quality Discussion

- CMS Quality Ratings
  - **Quality Measures (QMs)**
    - CMS uses this information to measure parts of nursing home care quality, such as if residents have gotten their flu shots, are in pain, or are losing weight
    - Measures are often called the "quality of resident care", and Medicare posts each nursing home's scores for these measures on Nursing Home Compare
    - CMS uses quality measures in its various quality initiatives that include quality improvement, pay for reporting, and public reporting
    - https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/index.html

Wisconsin Department of Health Services

Quality Discussion

- CMS Quality Ratings
  - 5-Star Rating System
    - Delayed updates starting November 28, 2017
      - Implementation of Phase 2 of new requirements
      - New long-term care survey process
  - Wisconsin Fares Well

Wisconsin Division of Quality Assurance

Working to Protect - Promote - Provide Quality in Wisconsin's Health Care Facilities

QUESTIONS?

Wisconsin Long-Term Care Scorecard

Angela Witt, Integrated Data & Analytics Section Chief
Bureau of Long Term Care Financing (BLTCF)
Division of Medicaid Services (DMS)
January 9, 2018

LTC Scorecard

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

Dimensions

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

Indicators and Data

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

What's New

- 2015 data
  - Scorecard reflects 2013-2015 data
  - Each indicator features three consecutive years
  - Scorecard only includes adult LTC program data
- Additional metrics in Quality of Life dimension
  - Nonworkshop employment breakouts
  - Preference for less restrictive living situation
- Comparisons to national scorecard

Dimension 1: Access

1	Access		2013	2014	2015	Progress
	1.1	Percentage of eligible adults on waiting list for long-term care programs	3.4%	3.3%	2.6%	✓
	1.2	Percentage of total LTSS Medicaid funding spent on the care and support of enrollees in Home and Community-Based Services Waivers (HCBS Waivers)—adults	67.9%	70.2%	72.8%	✓

Dimension 2: Choice of Settings and Providers

2	Choice of Settings and Providers		2013	2014	2015	Progress
	2.1	Percentage of eligible Medicaid people enrolled in HCBS Waivers—adults	76.5%	78.3%	80.2%	✓
	2.2	Percentage of managed long-term care (MLTC) and self-directed long-term care (SDLTC) waiver enrollees self-directing services	34.0%	36.5%	34.9%	-

Dimension 3: Quality of Life, Employment

3	Quality of Life		2013	2014	2015	Progress
	3.1.1	Percentage of adult age 18–64 HCBS Waivers enrollees in the intellectual or developmental disabilities (I/DD) population who are working in any setting.	48.4%	47.0%	45.2%	✗
	3.1.2	Percentage of adult age 18-64 HCBS Waivers enrollees in the I/DD population who are working in a nonworkshop setting	22.7%	23.0%	23.7%	✓
	3.1.3	Percentage of adult age 18-64 HCBS Waivers enrollees in the physical disabilities (PD) population who are working in a nonworkshop setting	4.0%	3.3%	3.6%	-

Dimension 3: Quality of Life, Living Situation

3	Quality of Life		2013	2014	2015	Progress
	3.2.1	Percentage of adult HCBS Waivers enrollees reporting they prefer to change their living situation	12.3%	12.0%	12.2%	-
	3.2.2	Percentage of adult HCBS Waivers enrollees reporting they prefer a less restrictive living situation than their current setting	7.3%	7.0%	7.1%	-

Dimension 3: Quality of Life, Enrollees with Natural Supports

3	Quality of Life		2013	2014	2015	Progress
	3.3	Percentage of adult HCBS Waivers enrollees with natural supports	69.5%	71.1%	72.3%	✓

Indicator 3.1.1: Additional Detail, I/DD Working in Any Setting

3	Indicator 3.1.1	2013	2014	2015
	Adult age 18-64 HCBS Waivers enrollees in the I/DD population working in any setting	10,167	10,281	10,305
	Total adult HCBS Waivers enrollees in the I/DD population	20,995	21,854	22,801
	Percent working	48.4%	47.0%	45.2%

- Percent working has decreased each year.
- While the number working has not declined, it has not kept up with overall enrollment.

Indicator 3.1.2: Additional Detail, I/DD Working in Nonworkshop Setting

3	Indicator 3.1.2	2013	2014	2015
	Adult age 18-64 HCBS Waivers enrollees in the I/DD population working in nonworkshop setting	4,773	5,035	5,402
	Total adult age 18-64 HCBS Waivers enrollees in the I/DD population	20,995	21,854	22,801
	Percent working	22.7%	23.0%	23.7%

- Percentage working in a nonworkshop setting has increased slowly.
- Percentage is lower than 3.1.1 but is increasing rather than decreasing.

Indicator 3.1.3: Additional Detail, PD Working in a Nonworkshop Setting

3	Indicator 3.1.3	2013	2014	2015
	Adult age 18-64 HCBS Waivers enrollees in the PD population working in nonworkshop setting	481	452	524
	Total adult age 18-64 HCBS Waivers enrollees in the PD population	12,140	13,496	14,993
	Percent working	4.0%	3.3%	3.6%

- Percentage working has been relatively flat—no statistically significant trend.
- Percentage working is much lower than in 3.1.2.

Indicator 3.2.1: Additional Detail, Change Living Situation

3	Indicator 3.2.1	2013	2014	2015
	Number of adults who prefer to change their living situation	7,919	8,153	8,696
	Total adult age 18-64 HCBS Waivers enrollees	64,601	67,744	71,113
	Percent not living where preferred	12.3%	12.0%	12.2%

- Preferred living situation could be more or less restrictive than the current situation or another specific type of living situation within a category, such as home.
- Percentage is relatively flat: around 12%.

Indicator 3.2.2: Additional Detail, Less Restrictive Living Situation

3	Indicator 3.2.2	2013	2014	2015
	Adults who prefer to change their living situation	4,696	4,765	5,065
	Total adult age 18-64 HCBS Waivers enrollees	64,601	67,744	71,113
	Percent not living where preferred	7.3%	7.0%	7.1%

- Preferred living situation is less restrictive than current and includes:
  - Any kind of institution with preference for residential or home.
  - Residential with preference for less restrictive type of residential.
  - Residential with preference for home.
- Percentage is relatively flat: around 7%.

Dimension 4: Support for Families and Other Natural Support Caregivers

4	Support for Families and Other Natural Support Caregivers		2013	2014	2015	Progress
	4.1	Percentage of adults living with family or spouse wherein the family or guardian prefer the person move to another setting	3.9%	3.9%	4.0%	-
	4.2	Percentage of adults living with spouse or family receiving unpaid care who also receive respite	13.1%	13.3%	13.0%	-

Dimension 5: Effective Transitions

5	Effective Transitions		2013	2014	2015	Progress
	5.1	Percentage of nursing home (NH) residents with low care needs	9.4%	8.9%	8.4%	✓
	5.2	Percentage of new NH stays that last 100 days or more	18.4%	18.0%	17.2%	✓
	5.3.1	Percentage of NH residents with dementia who experience potentially burdensome end-of-life transfers	6.8%	6.9%	7.3%	-
	5.3.2	Percentage of HCBS Waivers enrollees with dementia who experience potentially burdensome end-of-life transfers	11.2%	12.4%	10.9%	-

Indicator 5.1: Additional Detail, NH Residents With Low Care Needs

5	Indicator 5.1	2013	2014	2015
	Low care unique resident count	5,700	5,385	5,073
	Low care patient days	962,410	891,312	812,867
	Patient days with usable Minimum Data Set	10,232,285	10,013,580	9,680,751
	Percentage of low care patient days	9.4%	8.9%	8.4%

- Percent with low-care needs has continued to decline.
- Person can have low-care needs per this definition and still meet Wisconsin Medicaid payment criteria.

Dimension 6: Reform Initiatives, NHs

6	Reform Initiatives		2013	2014	2015	Progress
	6.1.1	NH utilization: Percentage of elderly, blind, or disabled Medicaid enrollees using nursing home care	10.6%	9.9%	9.1%	✓
	6.1.2	NH occupancy: Percentage of licensed beds occupied	80.6%	80.5%	79.0%	

Dimension 6: Reform Initiatives, Intermediate Care Facilities

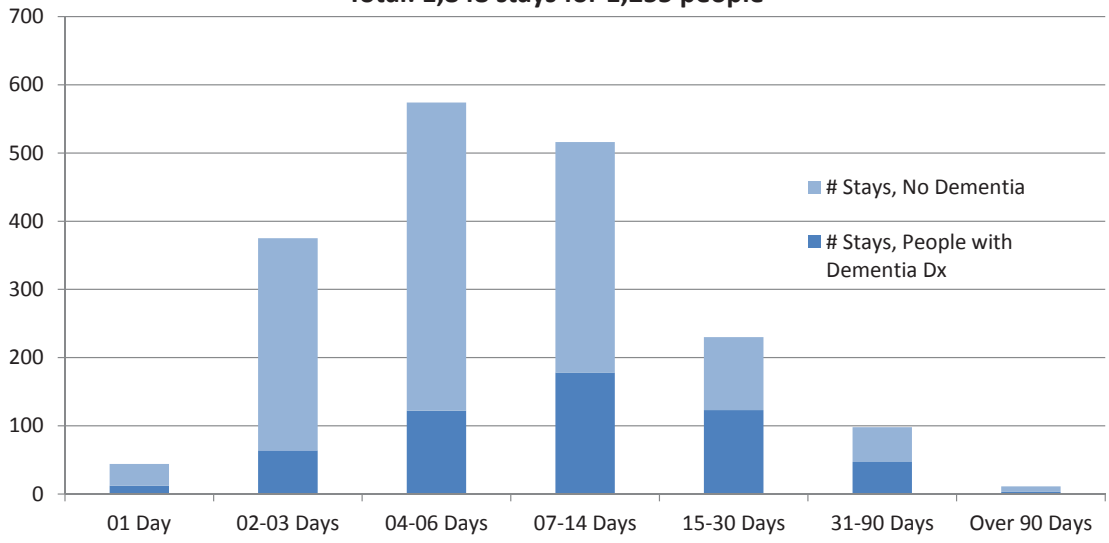
6	Reform Initiatives		2013	2014	2015	Progress
	6.2.1	Intermediate care facility utilization: Percentage of I/DD enrollees using intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs)	1.6%	1.4%	1.2%	✓
	6.2.2	ICF/IID occupancy: Percentage of licensed beds occupied	88.6%	84.8%	90.4%	

Dimension 6: Reform Initiatives, Inpatient Behavior Health

6	Reform Initiatives		2013	2014	2015	Progress
	6.3.1	Inpatient behavioral health utilization: Percentage of HCBS Waivers enrollees and fee-for-service (FFS) institution residents using inpatient behavioral health care	1.6%	1.6%	1.5%	-
	6.3.2	Inpatient behavioral health utilization: Percentage of HCBS Waivers enrollees and FFS institution residents with dementia using inpatient behavioral health care	1.3%	1.3%	1.4%	-

Indicator 6.3: Additional Detail

Number of 2015 inpatient behavioral health stays for LTC waiver enrollees and Medicaid FFS NH residents by length of stay
Total: 1,848 stays for 1,255 people



Next Steps

- Further LTC use
  - Continued work on LTC quality strategy
  - Additional details as needed
- Future updates
  - Add 2016 data in 2018
  - Begin work on additional infographics and/or interactive displays
- Separate scorecard for children's programs

Managed Care Rule LTC Quality Strategy

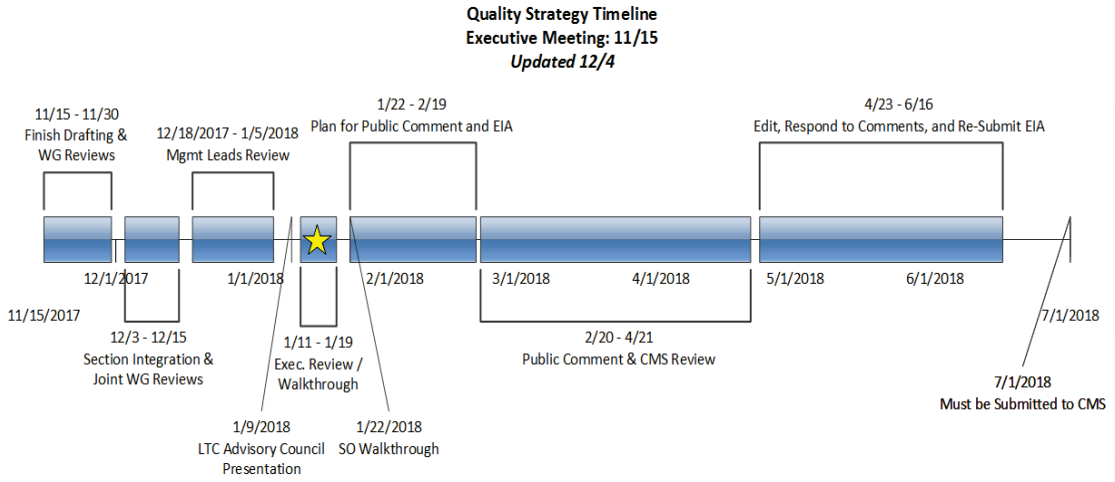
Developed By:
Lindsey Kreitzman
Quality & Performance Measurement Analyst
Bureau of Adult Long Term Care Services

WISCONSIN DEPARTMENT *of* HEALTH SERVICES

Quality Strategy Background

- The Quality Strategy is being developed as a cohesive DMS strategy and will cover both acute programs (BadgerCare Plus and Supplemental Security Income (SSI)) and LTC programs (Family Care and Family Care-Partnership):
  - It describes the strategies for assessment and quality improvement of managed care services offered to Medicaid beneficiaries.
  - It includes the specific strategies Wisconsin will use to align programs to best meet the healthcare needs of Medicaid members and continually improve health for Wisconsin residents.
  - It sets a three-year vision for DMS to achieve its quality goals and objectives and is intended to evolve over time.
  - It meets the Federal requirements of 42 CFR section 438.204.

Quality Strategy Timeline



DMS MCR Quality Strategy Domains

- Access to Care and Choice – LTC Goal 1
- Cost Effectiveness – LTC Goal 2
- Person-Centered Care and Member Experience – LTC Goals 3 & 4
- Health Outcomes and Reducing Disparities – LTC Goal 5

LTC Goal #1: Empower people with access to an array of services and supports.

1a. Reduce the Institutes of Mental Disease (IMD) length of stay of Family Care and Family Care-Partnership members after they are determined psychiatrically stable.

Data Source:

MCO Reported, Data received in July 2017

LTC Goal #1: Empower people with access to an array of services and supports.

1b. Offer a wider range of relevant data to consumers (ex. member satisfaction survey results, pay for performance results, IDT staffing ratios and turnover, information about sanctions, etc.) in Family Care and Family Care-Partnership.

LTC Goal #2: Promote efficient and cost effective services and supports through innovation, standards, data-driven quality, and evidence-based practices.

2a. Increase the number of pay for performance measures included in each LTC MCO contract.

LTC Goal #3: Focus on the whole person including their physical, psycho-social, and spiritual needs to live and work freely in their home and community.

3a. Increase the percent of Family Care and Family Care-Partnership members who live in a private residence (home, family home, apartment, etc.).

Data Source:

Business Objects Functional Screen Data Universe

LTC Goal #3: Focus on the whole person including their physical, psycho-social, and spiritual needs to live and work freely in their home and community.

3b. Increase the rate of competitive integrated employment of Family Care and Family Care- Partnership members who want to work.

Data Source:
PPS and UI

LTC Goal #4: Engage people to have meaningful choices about where and with whom they live, their services, and who provides them.

4a. Increase the percentage of Family Care and Family Care-Partnership members who self-directed at least one service in their care plan.

Data Source:
Encounter Data

LTC Goal #4: Engage people to have meaningful choices about where and with whom they live, their services, and who provides them.

4b. Increase the percentage of Family Care and Family Care-Partnership subcontractors compliance standards that are in compliance with provider selection and retention standards set by DMS.

Data Source:
Oversight Teams, Current 372 report measure, Provider validation

LTC Goal #4: Engage people to have meaningful choices about where and with whom they live, their services, and who provides them.

4c. Increase the percentage of Family Care and Family Care-Partnership members who report living in the setting they prefer.

Data Source:
Business Objects Functional Screen Data Universe

LTC Goal #5: Ensure continuous improvement of high-quality programs to achieve people's identified goals and outcomes.

5a. Increase the percentage of service plans that address Family Care and Family Care-Partnership members' assessed needs and personal goals.

Data Source:

CMR Report from MetaStar, Current 372 report measure

LTC Goal #5: Ensure continuous improvement of high-quality programs to achieve people's identified goals and outcomes.

5b. Increase the percentage of Family Care and Family Care-Partnership members for whom services as identified in the member-centered plan were implemented consistent with the plan.

Data Source:

CMR Report from MetaStar, Current 372 report measure

Strategies to Accomplish Goals and Objectives

- Enhance Care Management
- Enhance Person-Centered Care
- Assure Health and Safety
- Promote Member Engagement
- Promote LTC Choice
- Advance Pay for Performance

Public Comment

- The Quality Strategy will go out for a 60 day public comment period.
- Tentatively scheduled for Mid February – Mid April of 2018

Questions or Comments

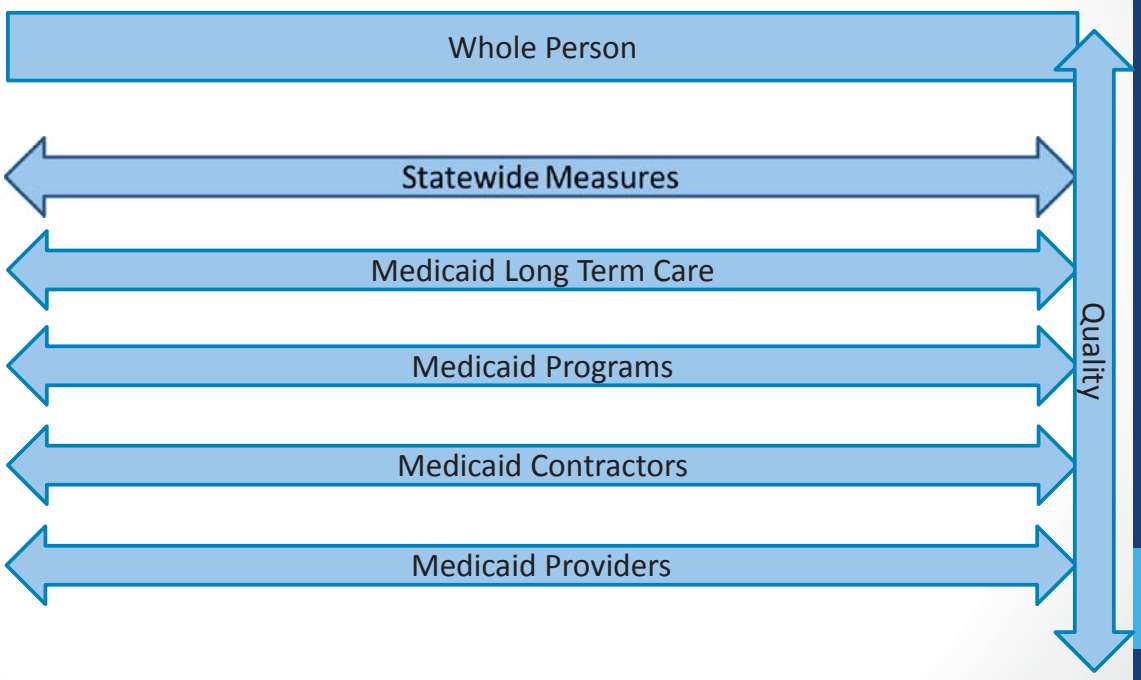
Lindsey Kreitzman
Quality & Performance Measurement Analyst
608.267.7378
lindsey.kreitzman@wisconsin.gov

Overview of the Division of Medicaid Services Long Term Care Quality Strategy

Curtis Cunningham,
Assistant Administrator
Long Term Care Programs and Benefits

WISCONSIN DEPARTMENT of HEALTH SERVICES

Quality Strategy for People in Long Term Care



Mission, Vision & Values

The long term care quality strategy will allow us to measure what we value to meet our mission and achieve our vision.

DHS Mission, Vision & Values

- Our Mission
  - To protect and promote the health and safety of the people of Wisconsin
- Our Vision
  - Everyone living their best life.
- Our Values
  - Focus on the needs of the people we serve.
  - Foster independence.
  - Address health disparities.
  - Value our colleagues and recognize excellence.
  - Encourage innovation and critical thinking.
  - Collaborate with our partners.
  - Manage public resources responsibly.

DMS Mission, Vision & Values

- DMS Mission
  - Improving lives through high value services that promote health, wellbeing, and independence.
- DMS Vision
  - People empowered to realize their full potential.
- DMS Values
  - Serve people through culturally competent practices and policies.
  - Foster a supportive and trusting, team-oriented culture that recognizes excellence and provides opportunities for development.
  - Build collaborative relationships with both internal and external stakeholders and partners.
  - Encourage innovative, data-driven, and collaborative decision-making.
  - Communicate respectfully and effectively.
  - Accountable for high value service delivery and customer service.

DMS Long Term Care Mission and Vision

- DMS LTC Mission
  - Administer programs that provide people with high quality, person-centered services and supports.
- DMS LTC Vision
  - People with diverse abilities empowered to realize their potential.

DMS LTC Values/Goals

- LTC Goal #1: Promote efficient and cost effective services and supports through innovation, standards, data-driven quality, and evidence-based practices.
- LTC Goal #2: Focus on the whole person including their physical, psycho-social, and spiritual needs to live and work freely in their home and community.
- LTC Goal #3: Empower people with access to an array of services and supports.

7

DMS LTC Goals

- LTC Goal #4: Ensure continuous improvement of high-quality programs to achieve people's identified goals and outcomes.
- LTC Goal #5: Engage people to have meaningful choices about where and with whom they live, their services, and who provides them.
- LTC Goal #6: Empower consumers to make informed choices.

8

DMS LTC – Quality Framework Example

DMS LTC Goal – Goal #5

- Engage people to have meaningful choices about where and with whom they live, their services, and who provides them.

DMS LTC - System

Measure: *Likes Home.*

Data Source:

National Core Indicator (IDD - graph 64)

Likes Home.

	2012-2013	2014-2015	2015-2016
NCI Wisconsin	90.0%	NA	89.0%
NCI National Average	90.0%	90%	89.0%

DMS LTC - System

Measure - *Percentage of Adult HCBS Waiver Enrollees Reporting They Prefer To Change Their Living Situation*

Data Source:

Long Term Care Functional Screen

LTC ScoreCard 3.1.2

Percentage of Adult HCBS Waiver Enrollees Reporting They Prefer To Change Their Living Situation

2013	2014	2015
12.3%	12.0%	12.2%

DMS LTC - Program

Measure - *Percentage of Adult HCBS Waiver Enrollees Reporting They Prefer To Change Their Living Situation by Program*

Data Source:
Long Term Care Functional Screen
LTC ScoreCard

Percentage of Adult HCBS Waiver Enrollees Reporting They Prefer To Change Their Living Situation

Program	2013	2014	2015
Family Care	13.8%	13.7%	14.1%
PACE Partnership	14.7%	14.2%	15.4%
IRIS	5.6%	5.0%	4.6%
Legacy	11.4%	12.5%	13.0%

DMS LTC : Program

Managed Long Term Care Measure - *Increase the percent of members who report living in the setting they prefer.*

Data Source:

Business Objects Functional Screen Data Universe (excludes unknown)

Percent of members who report living in the setting they prefer.

Program	2013	2014	2015
Family Care	84.9%	84.9%	84.6%
PACE Partnership	84.0%	84.6%	83.4%
IRIS	93.8%	94.5%	94.9%
Legacy	87.8%	86.6%	86.1%

DMS LTC : Contractor

Managed Care Organization - *Increase the percent of members who report living in the setting they prefer.*

Data Source:

Business Objects Functional Screen Data Universe (excludes unknown)

Percentage of Adult HCBS Waiver Enrollees Reporting They Prefer To Change Their Living Situation

MCO	2013	2014	2015
Family Care			
Care Wisconsin	14.5%	15.1%	15.4%
Community Care	13.9%	14.0%	14.4%
Inclusa	13.3%	13.1%	13.1%
Lakeland	14.4%	12.4%	12.8%
My Choice Family Care	14.4%	14.2%	15.2%
PACE/Partnership			
Care Wisconsin	17.4%	15.0%	15.7%
Community Care	12.1%	13.5%	16.4%
iCare	14.1%	13.5%	13.5%
Combined			
Care Wisconsin	15.3%	15.1%	15.5%
Community Care	13.6%	14.0%	14.6%
iCare	14.1%	13.5%	13.5%
Inclusa	13.3%	13.1%	13.1%
Lakeland	14.4%	12.4%	12.8%
My Choice Family Care	14.4%	14.2%	15.2%

DMS LTC - Provider

WCCEAL Measure - *I would recommend this residence and its services to a friend or loved one*

Data Source:

WCCEAL Annual Satisfaction Survey (G.3.)

I would recommend this residence and its services to a friend or loved one (1-5 score)

2015	2016	2017
4.5	4.4	4.4

LTC Goal #5: Engage people to have meaningful choices about where and with whom they live, their services, and who provides them.

Title

Phase

System Level	Percent of Adults on Waitlists	Percent of LTC Spending in HCBS	Percent of LTC Participation in HCBS	Transitions from SNF's to HCBS
Program Level	Choice of Program and MCO, ICA and FEA	Participate in Development of Care Plan	Care Plan Reflects LTC Outcomes	NCI Questions Relative to Choice
Contract Level	Care Plan Reflects LTC Outcomes	Participate in Development of Care Plan	Choice of IDT Members	Participant Survey Questions Relative to Choice
Provider Level	Participant is Involved in Decisions on How Cares are Provided	Participant Has Choice of Times for Service Delivery	HCBS Settings Rule Choices – Visitors, Food, Activities, etc.	Choice of Direct Caregiver (when possible)
Member Level	Participant is Involved in Decisions on How Cares are Provided	Member is Essential Member of IDT	HCBS Settings Rule Choices – Visitors, Food, Activities, etc.	Participant Survey Questions Relative to Choice

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Breakout Session

- Identify 3-5 key concepts to measure under each guiding principle. Leading and Lagging

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LTC Goal #1: Promote efficient and cost effective services and supports through innovation, standards, data-driven quality, and evidence-practice

System Level				
Indicator/Measure	**Data Source**	**Target Group**	**Program**	**Contractor**
NH & ICF Utilization as % Medicaid EBD/IDD enrollment	Medicaid eligibility & claims/encounter	X		
% funding for waiver enrollees vs FFS institution residents	LTC program enrollment; claims & encounter	X		
Exact metric(s) to be defined	Cross-program cost comparisons	X	X	

LTC Goal #1: Promote efficient and cost effective services and supports through innovation, standards, data-driven quality, and evidence-practice

Program Level				
Indicator/Measure	**Data Source**	**Target Group**	**Program**	**Contractor**
FC & Partnership - Increase P4P in MLTSS		N/A for non-managed-care	X	X
FFS NH measure - SNF profitability - median loss per patient day	Cost Report	X		X
IRIS Measure TBD				

LTC Goal #2: Focus on the whole person including their physical, psycho-social, and spiritual needs to live and work freely in their home and community.

System Level				
Indicator/Measure	**Data Source**	**Target Group**	**Program**	**Contractor**
Active in community/able to go out and do things	NCI (AD & IPS)	X	X	
Whether people like where they live	NCI (AD & IPS)	X	X	
Feels safe at home	NCI (AD & IPS)	X	X	
% DD & PD working in non-workshop settings	LTCFS & PPS data combined	X	X	X
Have job, want job, have discussed job options, like job/have kind of job they want	NCI (AD & IPS)	X	X	

LTC Goal #2: Focus on the whole person including their physical, psycho-social, and spiritual needs to live and work freely in their home and community.

Program Level				
Indicator/Measure	**Data Source**	**Target Group**	**Program**	**Contractor**
FC & Partnership - Increase % MLTSS members living in private residence	LTCFS	X	X	X
FC & Partnership - Increase rate of CIE for MLTSS members who want to work	LTCFS with updates; PPS or replacement	X	X	X
IRIS measures TBD				
FFS NH measures TBD				

LTC Goal #3: Empower people with access to an array of services and supports

System Level				
Indicator/Measure	**Data Source**	**Target Group**	**Program**	**Contractor**
% eligible adults on waitlist	HSRS LTS waitlist & LTC program enrollment data	X		
overall % with any inpatient behavioral health utilization any time in year	Claims, encounter, Medicare FFS claims, PPS mental health, program enrollment, & Medicare Advantage enrollment (MBSF)	X	X	Probably (small numbers)
Able to contact care manager when needed	NCI-AD & IPS	X	X	
Need for additional services	NCI-AD & IPS	X	X	

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LTC Goal #3: Empower people with access to an array of services and supports

Program Level				
Indicator/Measure	**Data Source**	**Target Group**	**Program**	**Contractor**
FC & Partnership - Reduce IMD LOS of MLTSS members after determined psychiatrically stable	TBD	?	X	X
NH access measure - % population 65+ not within 30 minute drive of 3-star or higher SNF less than 95% full	NH Access Map from BLTCF using occupancy & CMS star ratings			
IRIS measures TBD				

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LTC Goal #4: Ensure continuous improvement of high-quality programs to achieve people's identified goals and outcomes.

System Level				
Indicator/Measure	**Data Source**	**Target Group**	**Program**	**Contractor**
If services help person live a good/better life	NCI AD & IPS	X	X	
If staff show up and leave when they are supposed to	NCI AD & IPS	X	X	
If person has unmet needs because of lack of staff	NCI AD & IPS	X	X	
If staff treat person with respect	NCI AD & IPS	X	X	

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LTC Goal #4: Ensure continuous improvement of high-quality programs to achieve people's identified goals and outcomes.

Program Level				
Indicator/Measure	**Data Source**	**Target Group**	**Program**	**Contractor**
FC & Partnership - Increase % of plans addressing members assessed needs and personal goals	Care Plan Reviews	?	?	X
FC & Partnership - Increase % members for whom services in plan were implemented consistent with plan	Care Plan Review	?	?	X
IRIS measures TBD				
FFS Institution - TBD				

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LTC Goal #5: Engage people to have meaningful choices about where and with whom they live, their services, and who provides them.

System Level				
Indicator/Measure	Data Source	Target Group	Program	Contractor
% Enrolled in waiver vs. FFS institution	Enrollment & Claims	X		
% Self-directing any service	Encounter	X	X	X
% who prefer less restrictive setting	LTCFS	X	X	X
Able to choose roommate/chose or had input on the people they live with	NCI AD & IPS	X	X	
Can choose or change staff	NCI AD & IPS	X	X	

LTC Goal #5: Engage people to have meaningful choices about where and with whom they live, their services, and who provides them.

Program Level				
Indicator/Measure	**Data Source**	**Target Group**	**Program**	**Contractor**
FC & Partnership - Increase % who self-direct at least one service	Encounter	X	X	X
FC & Partnership - Increase % PIHP subcontractor compliance standards in compliance with DHS standards	?			X
FC & Partnership - Increase % living in setting they prefer.	LTCFS	X	X	X
IRIS measures TBD				
FFS Institution measures TBD				

LTC Goal #6: Empower consumers to make informed choices.

System Level				
Indicator/Measure	**Data Source**	**Target Group**	**Program**	**Contractor**
Availability of Scorecard data & additional details or visualizations on DHS website	Scorecard	TBD	TBD	Probably not?
Primary healthcare provider talks about person's care in a way that is easy for them to understand	NCI-AD & IPS	X	X	
If person receives service information in the language they prefer	NCI-AD only	X (FE/PD only)	X	
If person understood what was discussed at the last service planning meeting	NCI- IPS only	X (DD Only)	X	

LTC Goal #6: Empower consumers to make informed choices.

Program Level				
Indicator/Measure	**Data Source**	**Target Group**	**Program**	**Contractor**
FC & Partnership: Wider range of data to consumers				
IRIS measures TBD				
FFS Institution - TBD				