

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: Wisconsin Long Term Care Advisory Council (LTCAC)			Attending: Audrey Nelson, Beth Swedeen, Christine Witt, Cindy Bentley, Darci Knapp, Dennise Lavrenz, Janet Zander, John Sauer, Kenneth Munson, Lea Kitz, Mary Fredrickson, Maureen Ryan, Sam Wilson, Shanna Jensen, Stacy Ellingen, Denise Pommer, Cathy Ley
Date: 3/10/2020	Time Started: 9:30 a.m.	Time Ended: 2:30 p.m.	
Location: Clarion Suites at the Alliant Energy Center, Madison			Presiding Officer: Heather Breummer

Minutes

Members absent: none

Others present: Amber Mullett, Betsy Genz, Brenda Bauer, Curtis Cunningham, Kiva Graves, Lola Awoyinka, Kiva Graves, Lisa Pugh, Suzanne Ziehr, Todd Costello

Meeting called to order

Janet Zander moved to approve the January minutes, Shanna Jensen seconded, approved unanimously

Motion to approve agenda by Cindy Bentley, Dennise Lavrenz seconded, approved unanimously

Department Updates, presented by Curtis Cunningham

Department of Medicaid Services (DMS) updates

- Coronavirus, COVID-19, major focus of Department of Health Services (DHS) staff
 - Working on being the best prepared we can be
- Electronic Visit Verification (EVV)
 - Soft launch is scheduled for September 1, 2020
 - Public forum scheduled for March 11, 2020, will provide more information
 - Decisions have been made on live-in caregivers and EVV in community
 - Live-in caregivers are exempt from EVV
 - Outside of IRIS, HMO and Managed Care Organizations (MCOs) have discretion to apply EVV to live-in caregivers depending on their business model
- Home and Community Based Settings (HCBS)
 - Nonresidential settings review is progressing
- IRIS Waiver
 - Continuing to work on this
 - The waiver will be posted for public comment in May and submitted to CMS in September
- TeleHealth
 - Work on this has started
 - Will discuss at future Long Term Care Advisory Council (LTCAC) meetings how we can use TeleHealth effectively
- Residential SUD is being worked on
- Family Care Managed Care Organizations (MCOs)
 - GSR 9 & 10 protest in procurement
 - GSR 12, DHS received lawsuit regarding injunction
 - Non-emergency transportation was awarded to Veyo, LLC
 - DHS has received protest on this RFP

Family Care Contract Amendment, presented by Grace Moore

- Changes from 2019 Centers for Medicare and Medicaid Services (CMS) rule trying to integrate Medicare and Medicaid rules for dual eligibles
 - CMS rules are trying to streamline appeals and grievances for the Partnership members
 - These are additional to the recent changes for all Family Care and Partnership members
- CMS is taking the MCO level appeal and trying to streamline it
 - Currently members have different timelines for Medicare and Medicaid appeals
 - There will still be a dual process after the appeal to the MCO
- Main timeline that is changing is for the MCOs to respond to grievances
 - Previously was changed to 90 days, now it will go back to 30 days to respond
- There will be a new Partnership coverage decision letter
 - It will be based on template issued by CMS related to the appeal and grievance changes
- Changes will be effective January 1, 2021

Preliminary Recommendations from Governor's Taskforce on Caregiving, presented by Lisa Pugh and Todd Costello

- Lisa Pugh and Todd Costello introduced themselves and their roles with workgroup and respective organizations
- Taskforce is looking for evidence based types of initiatives that will move towards a resolution
- The taskforce is a very diverse and committed group, very well represented by individuals impacted by this issue
- March and April to get into nitty gritty of this
 - Workgroups and sub-workgroups will be meeting and reaching out to potential partners
 - Looking to have a very inclusive process
- End of May hoping to have recommendations that will be voted on in September and then sent to governor
- Need support of state and public and this is a crisis that impacts Wisconsin economy
- Four (4) members are also legislators
 - This will help when asking for big pts of money
- Todd and Lisa participate in both the Direct Care and Family Caregiving workgroups.
- Went through handout
 - The handout is very much a draft
 - Anticipate having a refinement of the ideas
 - Some ideas will be moved to phase 2
- Direct Care workgroup
 - It is more than just money
 - Looking for relief in a variety of ways
 - Recognizing rates have been dormant for about a decade and now we are playing catch up
 - Training is not currently supported or funded statewide
- Family Caregiving Workgroup
 - Promoting Aging and Disability Resource Centers (ADRCs) as a place to go for assistance
 - Looking at legislative changes to help support and protect others in their paid work
- **Committee Suggestions**
 - Aging and Disability Resource Center (ADRC) enhancements
 - Let people know where to go
 - Many come to ADRCs that do not meet funding guidelines
 - They need funding to serve all
 - There are disparities of funding between initial ADRCs and ones formed later.

- Remember ADRCs aren't providing services to children
 - Need to think about model to incorporate this (for those under 18)
 - Don't create another silo
- Employee benefits
 - Have there been models to look at transportation and childcare?
 - This has consistently identified as a barrier
- Same training in paid employment and family caregiving
 - They should have access to the same training as others statewide
- Look at a career path for those that want to manage and those that do not.
 - Workers sometimes feel a lot of peer and parental pressure to get a "real" job
 - Looking at ways to recognize those individual
 - Want to elevate values, you're not "just" a personal care worker
- Look at cost of living increases
- Untapped workers (item D2 in handout)
 - Target new immigrants as a pathway to employment
 - Looking to make doorway easier for those who want to work in the profession
- Making benefits affordable
- Statewide access to caregivers is needed
 - Looking into this and what others are doing
 - WA is using TCare, developed by professor at UWM and endorsed by administration for community living.
 - Would also need to have a group that does the assessment
 - This determines who is most at risk for placing their loved one out of home
 - We do not have capacity for right now. Would need funding and people
- FMLA
 - Would there be an insurance plan to help workers take advantage of this
 - Cultural considerations – extended families are not limited to grandparents, grandkids
- What about med administration? Is that going to be included
- Timeline for approval of background checks, takes at least 2 weeks and sometimes that means they find another job.
 - There are sometimes barriers to this timeline
 - Working on streamlining this
 - Looking at creating a caregiver registry, this could help streamline background check and reference process
- What are they doing to keep people out of nursing homes when they can't find caregivers?
- Can we expand the starting age to 16 years old for those in CBRFs to other areas
 - Need to make sure there is enough oversight and training of minors
 - Are looking at beyond CBRFs
- Tap into FSET (Food Share Employment and Training)
 - Marketing is as a profession to consider
- Look at incentives for night shift, weekends and holidays for workers
 - Those are difficult and important shifts
- Nursing home
 - They are not immune from staffing crisis also.
 - Staffing throughout continuum needs to be looked at, not just those outside of it.
 - Use of nursing facility is necessary for many during their lives
- Will the taskforce be charged with being champions of a package for these?
- This council will still have a charge of workforce after the taskforce is gone. Could taskforce identify any things that will not be statutory that the council can work on

- Last 10-15 min at Taskforce meeting is for comments from public. Submitting in person can be more effective than submitting them online.

Coronavirus (COVID-19) Update, presented by Curtis Cunningham and Kiva Graves

- Medicaid 1135 Waiver would allow the State to look at waiving some requirements to ensure care is being provided
 - This can be applied for if there is national emergency declared
- Long Term Care is part of the Division of Medicaid Services (DMS)
 - We have one project and one project coordinator for HMO and MCOs, ICAs, and FEAs for COVID-19 response
 - Trying to coordinate information and communications since many providers are in both areas
 - Single email box will be established for questions and will have one (1) main webpage, other webpages will point back to the main page
- Looking for what additional flexibility for state plan can we put in to help providers
- Working with CMS and ACL and researching Act 370 for possible changes to waiver related to COVID-19 response
- Communication plan is across DMS to provide consistency
- Flexibility with face to face requirements are being looked into
- Concerns about availability of protective equipment is being looked into
- Care managers and IRIS consultants are making sure all participants have backup plans related to workers
- **Committee suggestions**
 - When will the State of WI will have more access to tests
 - Information is being released as soon as DHS is receiving it
 - DHS should develop a communication plan for participants and their families about figuring out if you have enough medication on hand, back-up caregivers, etc.
 - IRIS has drafted a communication and it will be release after Family Care finishes drafting theirs with the MCOs
 - What are the plans if a person is finding themselves in crisis, such as if workers or participants are quarantined?
 - DHS does not have answers to this yet, currently looking at alternative places participants can go, looking at what other states are doing, do not want to rely on federal relief staff availability
 - Looking for stakeholder input and creative ideas
 - Medications and equipment, how can participants stock up on this? Medicaid will only allow a 30-day supply
 - Working with pharmacy team, there are provisions currently in place for emergency fills and working on how to make this known to participants
 - It is difficult to find ventilator and ventilator services. State should protect the few services there are and expand the capacity and workers specialized in this
 - Looking into this and ability to remove prior authorizations
 - What are we doing about provider liability; this can hold up providers providing services in the community
 - Provide guidance on whether or not family members should be visiting those in nursing homes and assisted living facilities. Are they making a no visit policy, and if so can the affected facilities be listed somewhere?
 - These discussions are happening, need to balance resident rights with restrictions
 - CMS provided new guidelines that made visiting facilities more restricted. Not so much a judgement call with the individual facilities. Update to memo released 4-5 days ago. Going into

more active screening and restricting access to nursing home residents. Any cough, fever, sore throat, or out of county or in presence of someone who has been out of the country in 14 days. There will be a central door that all visitors access and have active screening. Some visitors will be denied access.

- How should individuals be prepared to have contact with family members in facilities (i.e. get them cell/Trac phones, tablets with cameras)
- What are we doing to help those with disabilities in school?
- When communications come out
 - DMS will also be sending out more of creative solutions for day-to-day operations
- How will the availability of protective equipment be maintained and monitored?

Public Comment Period

- There were no public comments

Advice and Guidance on Health Equity, presented by Lola Awoyinka

- Went through a refresher on Health Equity and then spend time thinking about what the ideas mean for our work
- Went through PowerPoint as part of refresher
- Facilitated discussion questions and ideas from council
 1. How do obstacles influence Long Term Care? Like poverty, discrimination, lack of access.
 - You need to be in poverty to access LTC services
 - Poverty negatively impacts access due to cost, lack of reliable transportation or ability to afford gas or way to get to health care
 - Leads to less access to good health care resulting in chronic conditions and health disparities, cannot manage health because of that
 - There is a danger zone for people
 - They do not quite get to Medicaid eligibility, just in danger zone right above it income-wise and have to make decisions about prescriptions and copays and are locked out of the system, if they had just a little less money they would get the benefits
 - Shame and stigma
 - It's a welfare program so many will not, do not want to access it
 - The inequities in corrections
 - Those arrested leave families without natural supports and gives them a criminal records making it more difficult to help families
 - Leads to unnecessary suffering and people dying
 - College students cannot afford to eat and have health care and have to choose between education or health care
 - The stigma will not go away because they cannot work enough to get off of assistance
 - If they do, they lose medical assistance and then cannot afford to get the services they need
 - Default health care system are jails
 - This is criminalizing injury and health issues
 2. What can we do
 - Structural racism, there aren't people of color at the table with think tanks or committees
 - Allow minorities to have the opportunity to have the same discussions and how the programs are excluding them
 - Culturally informed program guidelines

- Have a sliding scale instead of a cliff
- Invite people around the table
 - People want to stay in their own little world, they need to be invited to the table
- Take time to understand and get to know the populations we work with
 - Work on understanding how people are stuffing and where the pain points are
 - Do not make assumptions
 - Listen to the full story
 - Look at social determinants of health screening tools
- These conversations have been held for years. How do we get to where we want to go?
- Need to move towards action. These are the recommendations we want to build.
- Secretary's Charges 2 , 3, and 5 will be informing
- Charge 1 is recommendations of what we want built
 - Helpful to have a list of other councils or taskforces that have an equity lens attached to them
- Who is left behind when we look at workforce shortages?
- Who is sharing in benefit and who is left behind?
- Break down health equity
 - It is not a friendly word. You don't hear it in the disability world
 - It means getting people what they need
- Can we look at what needs to happen in our system so people can get what they need?
 - Recruit people that represent the entire state

Medicaid Long Term Care Discussion, presented by Curtis Cunningham and Betsy Genz

- This is kick-off for Medicaid Long Term Care charge
- Next council meeting will be breakout sessions to get feedback on this/the charge
- Went through PowerPoint presentation and discussed what each of the maps describes
- Procurement timeline discuss
 - Procurements are 6 years long
 - Procurements 18 months prior to procurements needing to be in place
- **Council Suggestions**
 - Too many choices can be confusing for consumers, though scorecard is helpful
 - Look at total people per county, not people with disability per county
 - Look at driving time to get to services
 - Need more time for ADRCs when MCOs change
 - What will impact be on existing MCOs when you change GSRs and how will it impact competition between MCOs
 - All MCOs should be more aligned in how they do process/procedures and interpret contracts
 - Do we have a forum where we have asked consumers what they want?
 - Could poll the ADRCs to see what they are hearing
 - Let Curtis know if there are other ways to get the feedback
 - A smaller population in a region for an MCO can lead to more financial instability for an MCO
 - Now that it is operational, is Family Care more about managing the care paid to provider or more about managing the cost in the system?

Long Path Update, presented by Amber Mullett

- Went through PowerPoint presentation
- Partners are independent living centers, aging units, MCOs, IRIS Consultant Agencies (ICAs)
 - Working on getting everyone trained to engage in our work differently

- Put some process off 1 year
- Everyone has an impact on the community
- Training will start this summer and is experiential based learning so they can practice the skills
- **Council Suggestion:**
 - Make sure to get a group of young people, we keep forgetting about them
 - How is equity going to tie in to the evaluation phase?

Council Business

- New council members provided a more detailed introduction about themselves including their background and they hope to bring to the council
- Photo taken of current council members. This photo will be posted on the Long Term Care Advisory Council website
- Request to add Caregiver taskforce back on May agenda

Adjourn

- Motion to adjourn by Denise Pommer, seconded by Kenneth Munson, The meeting was adjourned unanimously.

Prepared by: Suzanne Ziehr on 3/10/2020.

These minutes are in final form. They were presented for approval by the governmental body on: 5/12/2020