OPEN MEETING MINUTES

Instructions:

Name of Governmental Body: Wisconsin Long Term Care Advisory Council (LTCAC)	Attending: Audrey Nelson, Beth Swedeen, Christine Witt, Darci Knapp, Denise Pommer, Dennise Lavrenz, Janet Zander, John Sauer, Kenneth Munson, Lea Kitz, Mary Fredrickson, Maureen Ryan, Sam Wilson, Shanna Jensen, Stacy Ellingen, Cathy Ley
Date: 9/8/2020 Time Started: 9:30 a.m. Time Ended: 3:30 p.m.	
Location: Virtual Zoom Meeting	Presiding Officer: Heather Breummer

Minutes

Members absent: Cindy Bentley

Others present: Angela Witt, Betsy Genz, Brenda Bauer, Carrie Molke, Curtis Cunningham, Jasmine Bowen, Kevin Coughlin, Kimberly Schindler, Kiva Graves, Suzanne Ziehr,

Meeting Call to Order, by Heather Bruemmer
- Review of agenda and approval of minutes
  - Agenda approval
    - No concerns noted
    - Motion to approve agenda by Cathy Ley, seconded by Janet Zander, unanimously approved
  - Motional to approve minutes by Janet Zander, seconded by Maureen Ryan, unanimously approved
- Sharing information by council members
  - Using reply all can be overwhelming and the LTCAC meetings should not be walking meetings
  - Use council business time at the end of each meeting should be used for any announcements or other comments council members would like to share

Department Updates, presented by Curtis Cunningham and Carrie Molke
- Division of Medicaid Services (DMS) Updates
  - IRIS Wavier
    - Renewal will be submitted to CMS this month (September)
  - EVV
    - Implementation to start November 2, 2020
    - All trainings are out
    - Call center is up and running
  - CARES Funding
    - Money is available to offset COVID-19 costs
    - Provider payments are being sent out
      - First round completed
      - In process with round 2
  - Health Equity
    - Establishing committee to look at how we combat racism and ensure equity in our system
  - DMS Reorganization
    - Establish a more streamlined system
      - Currently have many duplicate systems and this will hopefully reduce some of that
    - Looking to make managed care as strong as possible while not to the detriment of other models
    - Focus on holistic health of our members
    - Focus on enrollment and how to get people into the right programs
    - Went through basic organization structure
    - Some contacts for programs may change

- Division of Public Health (DPH)
  - COVID-19
    - COVID Response Team (CRT) has been "stood up"
      - Moved from the State Emergency Operations Center (SEOC) to DHS
        - Hired a new Director, who reports to the Secretary's Office, Melanie Schmidt
        - Deputy Director has also been hired, Ruth Sullivan
    - Continue to coordinate work across system
      - Looking at longer term strategies and staffing capacity
    - Voting Safely
      - Working with multiple groups to educate people about how to vote safely with the upcoming election
    - Social Isolation
      - Searching for ways to combat this issue
      - Recent survey from the UW Extension closed last week and now work to review responses and start working on it.
  - Governor's Taskforce on caregiving
    - Nearing end of phase 1
    - Next meeting will be voting on the 16 proposals
    - DHS will have a draft report on proposals for taskforce to review before submitting to Governor
    - Final report will be submitted to the Governor by September 30, 2020
  - National Advisory committee Alzheimer's
    - Carrie serving since October 2019
    - Recently developed a section on Health Equity and recommendations sent to Federal Government to be considered to National Plan
      - Also included information on pandemics
  - Dementia Plan
    - State Plan
      - Impact of COVID on plan progress.
        - Four (4) Implementation/Leadership teams: Community; Facility; Crisis; Healthcare
        - Decided to "go where the needs lie"
          - COVID and health equity focus in addition to other plan priorities that can still move forward.
    - NAPA (National Alzheimer's Project Act) Advisory Council on Alzheimer's Research, Care and Services
      - Integrated a full section on equity, specifically racial and ethnic disparities, in the national plan recommendations. BADR drafted the recommendations. The committee voted to include them in the final plan on 7/20/20.
    - Wisconsin has been selected to receive the BOLD (Building Our Largest Dementia Infrastructure) Grant
      - Funding will be approximately $300,000 per year for three (3) years
      - Grant from the Center for Disease Control (CDC) is focused on a public health approach to dementia, focusing on primary, secondary and tertiary strategies
      - The Department of Health Services (DHS) will work with a number of different partners
    - Health Equity and Racial Equity, Social Justice/Public Safety
      - Shooting of Jacob Blake
        - PH has a deep responsibility to speak to and act to assure the public's health
      - Need to keep moving forward on assuring equity in our programs and services
      - Engaging new partners

- Reviewing policies and discovering structural issues that prevent certain groups from accessing programs and services.

P4P and NCI Data, presented by Jasmine Bowen and Angela Witt
- Council members were asked to send in questions they would like addressed prior to the meeting
- Pay for Performance (P4P) Update
  - 2020 Competitive Integrated Employment (CIE) was suspended due to COVID-19
    - Efforts continuing in less formal format
    - Still mainlining bi-weekly contact with Managed Care Organizations (MCOs) to monitor and provide support related to employment
    - Will restart in 2021
      - Will use end of 2020 data as a starting point for 2021 goals
  - Satisfaction Survey and Assisted Living P4Ps will continue as previously determined for 2020 and 2021
    - Satisfaction scores within in assisted living facilities is not currently pulled out, this would be a larger conversation at some point and need to look at more types of providers than just assisted living
  - Went through incentive withholds and how they are earned back
  - Data for P4P is not broken down by target group
  - May be able to include a P4P on health equity in the future.
  - P4P effectiveness can be seen through the consistency in survey
    - DHS is also discussing when it would be prudent to shift focus of P4P
- NCI Data
  - No questions from council regarding the data sent out

Health Equity - Cultural Competency, presented by Beth Swedeen
- Beth Swedeen, Lea Kitz, Denise Pommer, and Shanna Jensen are all part of a group working with a 5 year Georgetown University Cultural Competency grant.
- Working in partnership with Georgetown University and 9 other states
- Grant ends September 30, 2021
- Goal is to make sure all in WI that are eligible for long-term care are experiencing the program equally and effectively
- Other Goals
  - Get a hold of data to see where most obvious deficits are with enrollment and other areas
  - Create simple fact sheets about programs would be most helpful
  - Met with Secretary Palm about one (1) year ago
  - Policy review at DHS is very important and how policies can be changed to be more responsive to those that have underutilized programs
    - Tribal waiver for those that haven't entered into the tribal agreement
    - Stakeholder agreement
    - How to policy and practices happen
    - Working to see where these underserved groups are currently meeting, what virtual platforms are they using?
  - Changes to ICAs, FEAs, and MC contracts should include requirements for tribal liaison and Best Practice indicators
  - Did work early on with communities to get their input
    - Found ADRCS were unaware of some of the federal requirements
    - Saw there was double spending to train tribal groups and others, when could combine the trainings
  - Currently do not have plans to create a toolkit

- o   Do not have a good way to disseminate the toolkits
- o   Would be better to have those with access to members create and disseminate

Health Equity – Access to Technology Discussion, presented by Carrie Molke

- Went through PowerPoint
- Refresher on Health Equity Charge for Council
- Introduced Laura Plummer
  - Works in Bureau of Aging and Disability Resources (BADR) as the Statewide Assistive Technology Coordinator
- What did Council members take away from the presentations we've had regarding Health Equity
  - Every policy should be thought through with a race/equity lens, no matter how small it seems
  - Infant mortality rate in persons of color was shocking, more black infants in Wisconsin die than in any other states
  - Looking at data makes us wonder how we can change the trajectory of the data
  - Tribes have been telling us what needs to be done, but have not been heard
  - Understanding the factors that push people in a direction
    - o   Need to be intentionally anti-racist and look at fundamental barriers behind things
    - o   Many choices are forced choices
- Work across State Departments
  - Governor's office has issued executive orders related to Health Equity
  - Secretary is convening a group that will cross State Departments
- Access on Technology
  - Solution generating conversation will be held at a future meeting
  - Advocacy efforts and having support of outside advocates to navigate some challenges
  - Information and Communication Technology (ICT) access should provide education and training to groups so their print and web based materials are accessible.
  - DHS will send out questions and use the tool (linked below) to council. Council members will be asked to generate some ideas for solutions to barriers that have been highlighted. DHS will use that information in a future meeting to generate recommendations
  - Presentations will be resent out to council members and include physical accessibility
  - The tool (linked in PowerPoint and found here: https://uwmadison.app.box.com/s/y0sy5z6fa5fatuhwhvjq6igoy3u3u5ne)
  - was created for COVID-19 policy development, but can be used for anything. Currently working on updating it to more useful to work DHS does
  - *Committee Suggestions*
    - o Can be frustrating to have discussions on general parts of Health Equity, use of a tool is very good and encourage the Department to continue using tools like this for multiple situation
    - o With everything has been virtual able participate in many more things without worrying about transportation and care.
    - o One of biggest barriers is that funding can be used for devices, but the Department needs to partner with the Public Service Commission (PSC) or other groups to secure funding for the monthly costs
    - o Physical disabilities make it difficult to use some of the devices and the privacy issue if you need help with the devices
    - o People with visual impairments have accessibility issues with websites and other information
    - o Access to technology could be worked into a future P4P initiative

Public Comment

- Heidi Sheire
  - Husband is partial sided and doesn't know how to use computer

- With some of the things you're talking about, I have to do a lot of the stuff
- I don't know what else can be done.

Long Path Discussion, presented by Carrie Molke
- DHS will send combined responses list out to committee members for review and additions
  - List of funding sources will be sent also
- Next step for group will be to share ideas for writing up narrative
- DHS will measure if the communities are engaging before measuring if the efforts are making a difference
- How do we frame what is in it for community partners to engage?
  - How do we get them interested to be a partner in this Long Path Effort?
    - Start with those that are already on board with the strategic plans
    - Piggy back on work that is already being done
- *Committee Suggestions:*
  - Should be posed as a partnership with DHS and that we are looking for what government can and would do better
  - Make sure process is documented and that it is different from what they are usually part of, show how this is unique
  - Have a familiar face make the introductions
  - Show small scale successes
  - Have the individual communities do some of the thinking to allow for flexibility, don't try and solve the problem at council or State level

GSR Presentation and Discussion, presented by Betsy Genz and Kimberly Schindler
- Looking for visionary input from council on how to move forward
  - How do we do procurements?
  - How many MCOs, FEAs, ICAs do we have in each region?
  - How many regions do we have?
- Went through PowerPoint
- Concerns with solvency of an MCO or ICA if a GSR is too small
  - Larger size was more focused on ability of MCOs to serve the population
  - When an incumbent doesn't win a GSR bid, there needs to be a transition. This is more challenging with larger GSRs
- *Committee Suggestions*
  - Member choice, stability of operations, and difficulty and complexity of procurement process
  - Need to keep providers local could be a problem with any of these models
  - Need to consider redefining local presence
  - May be easier to keep providers in a larger region
  - Consider changing the capitation rate calculation due to increase transportation costs of employees with larger regions
  - Option 4b initially seems the most reasonable option
  - Makes sense to have fewer GSRs but need to have a lot of work done before implementing
  - Requirements for solvency funds were set by OCI, it seems to me that if you are going to very large GSRs you really need to look at solvency requirements
- Procurement Options
  - Open to options not listed in PowerPoint
  - Certification staying with IRIS means DHS cannot control the number of ICAs in a region
    - Can make the certification standards more challenging for organizations to meet
  - CMS requires there be choice of MCOs
  - Changes to regional offices could be explored

- MCOs need to certified by OCI but do not need to be license insurance companies
- Send questions on the GSR and procurement options to Suzanne Ziehr
- *Committee Suggestions:*
  - Solvency or reserve requirements would be a big hurdle for current MCOs
  - Issues with FEAs being separate from the ICAs
- Plan to draft summary document to Secretary
  - November meeting plan to get additional feedback from Council
  - January meeting plan is to review draft document for Secretary
- The options can be discussed with the IRIS Advisory Committee (IAC), but the Long Term Care Advisory Council (LTCAC) is who provides recommendations to the Secretary

Council Business, presented by Heather Bruemmer
- *Council Suggestions*
  - Would be good to have a discussion of numbers of COVID-19 in Long-Term Care
    - Impact on workers
    - Providers closing
    - Not seeing a significant reduction on service utilization
    - DHS has dashboards that are almost ready to go out, will send links out once ready
    - Currently reviewing network adequacy reviews and processes

Adjourn
- Motion to adjourn by Darci Knapp, motion seconded by Shanna Jensen, motioned approved unanimously

Prepared by: Suzanne Ziehr on 9/8/2020.

These minutes are in final form. They were presented for approval by the governmental body on: 11/10/2020