

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: Wisconsin Long Term Care Advisory Council (LTCAC)			Attending: Audra Martine, Audrey Nelson, Beth Swedeen, Cathy Ley, Christine Witt, Cindy Bentley, Darci Knapp, Dennise Lavrenz, Janet Zander, John Sauer, Kenneth Munson, Lea Kitz, Maureen Ryan, Sam Wilson, Shanna Jensen, Stacy Ellingen
Date: 03/09/2021	Time Started: 9:30 a.m.	Time Ended: 1:45 p.m.	
Location: Virtual Zoom Meeting			Presiding Officer: Heather Bruemmer
Minutes			

Members absent: Denise Pommer

Others present: Andy Forsaith, Betsy Genz, Brenda Bauer, Carrie Molke, Curtis Cunningham, Jasmine Bowen, Karen Timberlake, Kevin Coughlin, Kimberly Schindler, Kiva Graves, Suzanne Ziehr,

Meeting Call to Order, presented by Heather Bruemmer

- Audra Martine joins the council
- All council members introduced themselves
- Approval of agenda
 - Motion to approve, Chris Witt seconded the motion, agenda approved unanimously
- Approval of January 2021 Minutes
 - Motion to approve by Cathy Ley, Dennise Lavrenz seconded the motion, minutes approved unanimously

Address to Council, present by Karen Timberlake

- Secretary addressed the council
- Only state in the country with no waiting list for Long Term Care programs
- Still need to clear waiting list for Children's programs

Department Updates, presented by Curtis Cunningham

- Division of Medicaid Services (DMS) Updates
 - Tracking on American Rescue Act (ARA), this is different that ARA from past
 - There is a bump for FMAP in there
 - Council members should reach out to groups for feedback on value based purchase ideas
 - **Council Suggestions**
 - Should look at impact of being at full entitlement on people providing care, rate reductions, how we're investing in people providing care.
 - Look at surplus and FMAP at way to avoid rate reductions
 - Will Federal legislation allow you to use dollars for consultative services to create rate bands
 - State is looking into rate reduction concerns from one MCO's providers

Medicaid Managed Care Quality Strategy, presented by Jasmine Bowen

- Went through PowerPoint
- The Managed Care Quality Strategy is limited to 1915(c) (Family Care and Partnership only)
 - There is quality work being done in IRIS
 - Satisfaction surveys
 - Scorecard
 - NCI
 - MetaStar Record Review
- This will be shared for public comment
- Medicaid Advisory committee has started meeting and will have some of these discussions
- **Council Suggestions**
 - Surprised by amount of Housing instability, are there points in strategy that look towards housing instability or homelessness
 - More than just knowing who to ask, but knowing that you can ask changes is important. Should have a better way to look at that. Need to drill down more
 - When talking with members, they don't know who their care managers are with the MCO, just who manages their care at the facility

Budget Update, presented by Andy Forsaith

- Went through PowerPoint
- PowerPoint will be shared after the meeting

Public Comment

- Tom Kosman
 - Works with Cottages Assisted Living and memory care.
 - Hadn't listened to this before, didn't know we met
 - FC reimbursement rates - it's great no waiting list for enrollment. My hope is now we can turn reimbursement rates to providers. We get historically low reimbursement rates. Increasingly difficult to retain staff. Hope next step in FC program is to start looking at reimbursement rates to providers that they are sustainable to facility for services they provide. Thanks group for
- Cheryl
 - Indicated state does not reimburse enough
 - Displacing 90 individuals at Bethesda
 - Didn't know Wisconsin was reimbursing less than other states
 - Direct support professionals not included for funds
- Kerry Blondheim
 - CLTS support waiver and eliminating wait list
 - That program has been instrumental to the family to receive support
 - Reimbursement rates are low
 - Innovative services director - sig funding decreases, see rate decreases but have increase in cost of living and providing fair wages to staff.
- Heidi Sheire
 - Don't use language of "Target", word is frightening, change language

- Ramsey Lee
 - Dear Long Term Care Committee Members and Others,
My name is Ramsey Lee, I am a 40-year-old individual from Hudson, WI. Thank you for your hard work and commitment. I know in the Governor's Budget there are increases for personal care services in Family Care, which is great but can we somehow work together as a state and a committee to make sure the increases in funding also helps IRIS participants? I know personal care is important but there are other categories, such as supportive home care, that should be increased as well. It is hard to attract workers when they can go to Minnesota and where they can make substantially more and have benefits. My other concern is that I know that people in long term care programs are eligible for the vaccine now, but can we make sure that people that are on straight title 19 Medicaid are also eligible? I know several people that are on Medicaid that are high risk but are not necessarily in long term care programs. I just don't want anybody to fall through the cracks and I don't want my views to affect my services. I am writing this as a private citizen and not as part of any organization.

Geographic Service Regions (GSR), presented by Betsy Genz and Kimberly Schindler

- Went through PowerPoint
- Took back feedback from this group and other stakeholders and wanted to share with LTCAC
- New option to talk about today
- **Council suggestion:**
 - Amount of disruption to member and organizations is important. This is a thoughtful way to simplify the procurement process and make the changes as least disruptive as possible. There could be changes made in steps, it looks like with consolidation
 - Does this give all the GSRs choice? It looks like there is still a lot of differences in population.
 - Liked the one before, I see you're trying to include a somewhat significantly sized city in each, which may attract MCOs. Practicality of MCOs in larger regions and they move people across several counties. I'm concerned larger regions will encourage taking them away from their home communities
 - Provider Rates being a challenge - concern about larger region in how it relates to that.
 - Some ADRCs are still split between 2 regions. Any give on this to have an ADRC serving a full region. Can make it more challenging to provide options counseling
 - If you change the GRS and it forces a member to switch MCOs, could the system prohibit the MCO from cutting the provider's rate so the MCO switch doesn't potentially trigger a discharge notice? Looking at continuity of care
 - From a consumer perspective I really like this. The less disruption the better for everyone
- Look at number of MCOs/ICAs/FEAs in each region
 - 3 would be maximum, 2 would be minimum (assuming at least 2 apply/procure)
 - No current timeline for implementation

- **Council Suggestions:**
 - Are there benefits to not having ICAs go to procurement
 - Disruption with ICAs also seems to be a challenge with MCOs.
 - MCOs that move into a region eventually start bringing down the rates. There is impact on quality of services and stability of housing with this.
 - MCOs have concerns with the procurement process, but think it leaves to a real examination of the ability of the MCO to perform
 - Appreciate the continued work and feedback seeking.
- Hearing support for option number 5 and FC and IRIS continuing with procurement and certification processes
- **Council suggestions:**
 - Concern that the member not be forced to move and rate protection. Should there be other incentives for organizations to enter into competing with other MCOs. Do we have other MCOs with a broader perspective (lines of business) or budget, would that stop the efforts at rate reductions
 - Option 5 and Option 7 are a good compromise for all feedback you have heard. I appreciate you keeping the participant's welfare in the forefront of your options and decisions in the future.

Department Updates (continued), presented by Carrie Molke

- Division of Public Health (DPH)
 - Aging and Disability Resource Center (ADRC) and Tribal COVID-19 vaccination community outreach grant opportunity
 - DHS is making grants available to ADRCs and tribes in support of local vaccination efforts with homebound older adults.
 - The materials went out to ADRCs yesterday to fund efforts beginning March 1 and ending September 30.
 - The funding provides direct support to ADRCs and tribes in an effort to advance equity and support vaccination of eligible individuals who are homebound.
 - The time period for the grant is March 1st through August 31st
 - ADRC and Tribes will collaborate with the local public health or tribal health department and the County or Tribal Aging Unit, if not integrated, as a condition of the grant.
 - Examples of allowable grant activities include, but are not limited to:
 - Identifying eligible individuals who are homebound
 - Outreach about vaccination
 - Assisting with registration or other access to vaccination
 - Assisting with transportation to vaccination sites
 - Coordinating the provision of vaccination through home visits
 - Governor's Taskforce on Caregiving
 - The Taskforce held its last official meeting as a Governor's taskforce on February 25th.
 - The Taskforce submitted a high-quality report
 - The Governor's Executive Budget included 12 of the 16 proposals in the report.
 - Ending the Taskforce doesn't end the need to continue to elevate and focus on systemic change efforts related to the long term care workforce and family caregiving

- Coalition to end social isolation and loneliness
 - A group of 10 partners came together in late 2020 to think about how to come together as a state to address the root causes and negative consequences created by social isolation and loneliness.
 - With a vision to help Wisconsinites thrive with purpose and belonging the Coalition has identified four primary objectives
 - In addition to these priorities, the coalition is committed to addressing the disparities seen in social isolation and loneliness, particularly as they pertain to communities of color, rural communities and tribal nations.
 - The coalition is forming in recognition that one organization cannot meet these objectives independently and success relies on the involvement of our community, medical, social, advocacy, and provider networks.
- State and federal budgets
 - Latest COVID Relief Bill includes a total of \$1.444 billion for ACL and its programs
 - State budget
 - <https://www.dhs.wisconsin.gov/budget/public-health.htm>
 - Hearing Aid assistance program through our Telecommunication Assistance Program (TAP). Current allocation is \$90,000.
 - Family Medical Leave Act (FMLA).
 - Permit leave to be taken to care for a grandparent, grandchild or sibling with a serious health condition;
 - Expands definition of “serious health condition” to include medical quarantine (for the individual or a caregiver)
 - Caregiver Tax Credit.
 - Creates an individual income tax caregiver credit for qualified expenses up to \$500.

Council Business, presented by Heather Bruemmer

- Next meeting May 11, 2021
- ***Council Comments***
 - Shared appreciation for council members
 - Group 1B clarifications on website. Appreciate effort of DHS meeting needs of people of disabilities in WI
 - Starting COVID call center was great for having just one place to call
 - Appreciate changing the NEMT process for vaccine transfer

Adjourn

- Meeting adjourned

Prepared by: Suzanne Ziehr on 3/9/2021.

These minutes are in draft form. They will be presented for approval by the governmental body on: 5/11/2021