OPEN MEETING MINUTES

Name of Governmental Body: Wisconsin Long Term Care Advisory Council (WLTCAC)			Attending: Alyce Knowlton-Jablonski, Christine Witt, Don Wigington, Elsa Diaz Bautista, Jason Glozier, Jennifer Jako, Jenny Price, Jessica Trudell, Jill Jacklitz, Joel Gouker, Julie Strenn, Karina Chelsky, Kevin Fech, LaVerne Jaros, Linda Rodriguez, Lonnette Campbell, Mike Pochowski, Raj Shukla, Tina Anderson
Date: 7/14/2026	Time Started: 9:33am	Time Ended: 12:02pm	
Location: Virtual Zoom Meeting			Presiding Officer: Julie Strenn

Minutes

Members absent: Karina Chelsky, Elsa Diaz Bautista, Jennifer Jako, Mike Pochowski

DHS Staff present: Brenda Bauer, Alicia Boehme, Jason Cram, John Grothjan, Helen Sampson, Nicole Schneider, Joyce Vue

Meeting Call to Order – Julie Strenn

- The meeting was called to order at 9:33 am
- Introduced members
- Reviewed agenda
- Approval of May meeting minutes
    - Motion to approve by Lonnette C. Seconded by Kevin F.
    - Minutes approved.
    - None Abstain.

General Updates for the Long Term Care Advisory Council – Nicole Schneider

- Introduced and welcomed Jenny Price as a new member of the LTCAC; she succeeded Beth Swedeen and is the new Executive Director of the Wisconsin Board for People with Developmental Disabilities (BPDD).
- Introduced and welcomed Jason Cram, who is the new Director of the Bureau of Programs and Policy at DHS/DMS.
- MCO Contracts Cycle
    - Final versions should be out in October
    - Thank you for your feedback
- Updated our budget deficit letter; the Medicaid budget deficit is $322.4 million; letter will talk about some of the drivers; we continue to work with the Governor's office and will monitor the deficit; letter is publicly available at this link: https://docs.legis.wisconsin.gov/misc/lfb/jfc/200_reports/2026_06_30_health_services_medicaid_benefits_budget.pdf
- Information about contracts regarding the Fiscal Employer Agency (FEA); procurement is closed but there are active protests; cannot comment on this at the moment
- DHS is offering webinars on the new federal Medicaid work requirements; next webinar is 7/30/26 at 2:00pm; you must register to attend; click on link for more information – https://www.dhs.wisconsin.gov/dms/policycalls.htm
- ***Council Feedback***
    - Chris W. – Question about the new Community Support Living (CSL) form F03447? Can we bring this to the next meeting?
    - Kevin F. – Receiving training on this and are working through process of understanding and how to operationalize; plan is to start at end of the month

- Jenny P. – Apologies, I did not get my hand raised in time for Nicole. Julie and Nicole, can we potentially have time at our next meeting to get an update from DMS on the Medicaid deficit and how they are approaching?

Workforce Charge and Ad Hoc Group Update – Brenda Bauer, Lynn Gall, Ad Hoc Members

- As discussed at the May meeting, an ad hoc group planned to meet in May/June to come up with recommendations for the LTCAC to discuss and determine next steps.
- Lynn Gall shared a presentation regarding "Advancing State Implementation of the National Strategy to Support Family Caregivers."
  - Goal 1: Increase Awareness & Outreach
  - Goal 2: Build Partnerships & Engagement
  - Goal 3: Strengthen Services & Supports
  - Goal 4: Workplace & Financial Security
- Linda R. – Presented the ad hoc group's summary of recommendations.
- Suggest moving forward with all items regardless of when we see results.
- These are recommendations specifically for DHS.
- Recommend having one more ad hoc group meeting to refine list of recommendations before presenting to DHS; will bring to the September meeting.
- Also recommend the LTCAC to meet in-person; possibly once a year to see how effective it is; even if it's a hybrid meeting (both in-person and virtual)
- Volunteers for another ad hoc group to meet in July/August and bring items to September meeting:
  - Jennifer J.
  - Linda R.
  - Chris W.
  - Alyce K.
  - Julie S.
- ***Council Feedback***
  - Chris W. – It would be good to meet in person at least once a year. It allows for networking and alliances that can't develop over zoom.
  - Don W. – I agree with Chris. It would be great to see everyone in person.
  - Jessica T. – Appreciate the work in all of this; nice to have technology language in recommendations; I have a question about 1 and 2, for the caregiver assessment, is the idea to create a new caregiver assessment? And for the caregiver coordinator, will they be required as a core service or scope of service?
    - Chris W. – For the caregiver assessment, looking to expand on what we already have.
  - Chris W. – Want to emphasize that we want the Wisconsin Caregivers Program to continue and expand; has somebody been assigned to continue this work?
  - LaVerne J. – What is the status? That will determine how to proceed.
    - Nicole S. – Alicia's team has taken over most of work; budget is going through different resources
  - Julie S. – Regarding the first two items on the list; suggest reaching out to the respite care association; they have similar initiatives around the first 2 bullet points; good to work together and build off of what's already out there
  - Alyce K. – Only concern is certification on a county basis; suggest using state certification and using Wisconsin credentialing course as a base and then each county can change with any additional training

New Provider Search Tool – Laura Grulke-Reuter

- Shared presentation
- Creating a new search tool to find care providers in Wisconsin:
  - Medicaid providers and pharmacies
  - Adult long-term care providers

  - Free and low-cost clinics
  - Regulated facilities
- There were two separate search tools on the ForwardHealth portal before.
- Hopefully, by this summer, there will only be one search experience on the Wisconsin Department of Health Servcies (DHS) website.
- Laura demonstrated using the draft search tool
- ***Council Feedback***
  - Jason G. – What does it mean if they have "Accessibility features"? Can you expand on that? Create a drop-down of more choices? What is accessible?
    - Laura G. – Update:
      - This question came from CMS with the Consolidated Appropriations Act—they asked us to ask this as an additional question during Medicaid provider enrollment. Essentially, checking that box is a provider saying they are doing at least one of the things mentioned in the document: How To Improve Physical Accessibility at Your Health Care Facility - https://www.cms.gov/files/document/physical-accessibility-booklet.pdf
      - Providers in the new Wisconsin Provider Finder who have indicated they have accessibility features are attesting their facility has done one or more improvements noted in the "How to Improve Physical Accessibility at Your Health Care Facility" document.
  - Jenny P. – What questions were asked? If someone was using this, is that survey asked for this tool or pulling from a survey used for this purpose too?
    - Laura G. – Questions were asked to Medicaid providers; none of the DQA regulated providers were surveyed; will get that information if helpful
  - Julie S. – Data is from Medicaid provider enrollment; is there a place that providers can update for provider enrollment? That could change from day to day; is that an easy thing for them to update?
    - Laura G. – For Medicaid enrolled providers, they can log into their account to update; can't speak to how easy it is to update but this is a self-managed process; this is different for DQA providers; need to work with DQA staff to update; all information is coming from Providers and it's their responsibility to update
  - Kevin F. – Really appreciated showing this tool; when providers register, are they able to choose IRIS or family care or both; is there a way to differentiate to find providers that are specifically approved for IRIS or family care?
    - Laura G. – Yes, you can filter through "Coverage accepted" and there will be a drop down of choices
  - Alyce K. – Is this where I would go to see which Pharmacies/companies provide supplies for service pets, for example, pet food, leashes, etc.?
    - Alicia B. – You must be talking about provider enrollment, and which ones need to be enrolled? Certain providers were exempt; will need to look at list and will get back about dog food companies and leashes
    - Laura G. – You can search in "Long-term care waiver" and then "Assistive care dog devices"
  - John G. – As a resource, Roby Fuller supports our ADRC state resource directory and was involved with development of the website; email is roby.fuller@dhs.wisconsin.gov
  - Jenny P. – Did you include people with disabilities to review this search tool?
    - Laura G. – Did three rounds of user research; one with assistive technology and two with community members; currently doing more data quality and staff testing

Long Path Charge Update and Discussion – Helen Sampson

- Shared presentation
- Upcoming conference – invite everyone to attend:
  - 2026 ADILN Conference: 9/21-9/23, Kalahari Wisconsin Dells
  - Mission: Possible
  - Strengthening our role as agents of change through innovation and collaboration. Click link for more information: https://www.uwgb.edu/adiln/

- Reminder that we are no longer pursuing a multisector plan for aging and disability.
- Working on a Wisconsin Age & Disability-Friendly Ecosystem:
    - Healthcare Systems
    - Public Health
    - Workplaces
    - Home & Community Based Services
    - Cities, States & Communities
    - Education & Research
- Key Goals:
    - Expand the number of organizations in Wisconsin officially designated as age-friendly
    - Increase public awareness of age-friendly designated organizations
    - Integrate a disability-friendly lens into all age-friendly sectors in Wisconsin
- What's next?
    - DPH leadership is pursuing its designation as an Age-Friendly State Public Health.
    - Explore the possibility of becoming an Age-Friendly State with the new administration.
    - Continue to inform and promote, present and inspire others in the ecosystem.
- ***Council Feedback***
    - None

Member and Participant Satisfaction Survey Results Presentation – Justin Heller

- Shared presentation
- This is a summary of the 2025 Long-Term Care Satisfaction Survey Results.
- A brief history of the survey:
    - Been around since 2018
    - Before 2018, MCO's conducted their own surveys
    - Core questions have remained the same
    - 2024 was the first time there was an electronic/online component
    - This is different than the National Core Indicators (NCI) survey
- Surveys were sent to randomly selected members meeting the following criteria:
    - Current member
    - Having been a member for 6+ months
    - Distributed among all three target groups
- Next Steps
    - Raw survey data will be shared with each MCO via secure mail
- ***Council Feedback***
    - Jesscia T. – With the decline in response rates, there was an online option offered, you would expect the response rate to increase; how did the online option get presented? Why is this trending down?
        - Justin H. – Will follow-up on this; unfortunately, there is not a ton of insight
        - Nicole S. – Is this consistent with the NCI survey as well?
    - Jenny P. – Could we get more information about "P4P – Pay for Performance" and traditional/social questions? Would contract changes from MCOs be tied to this somehow?
        - Justin H. – Have seen similar results year after year; can take a look at active P4P initiatives; CAPs have a long-term care type survey version; different questions but similar themes; same results about communication and how well members are treated; social connections results are low; see this as a universal issue; will continue to try to improve

Council Business – Julie Strenn

- Provider Controlled Setting – Community Support Living (CSL)
    - Alicia B. – Provider controlled setting project; identified that provider was billing as a daily but running as an adult family home; number of concerns about these settings; goal is to provide clarity around space;

what's allowable and not allowable; want to be clear that participants are living in allowable settings; educate providers to operate under rules and regulations; training for ICAs; working with MCOs as well; there is a form that is online; form is used by MCOs and IRIS agencies to look at supportive home care and evaluate if provider is controlled; this project is a slow process; ICAs will be reviewing about 5 settings per month beginning 8/1/26; we don't want there to be negative impact to members; don't believe providers will be impacted; taking this slow and taking a look at the settings; refer to link for more information: https://www.dhs.wisconsin.gov/medicaid/provider-controlled-setting.htm
    - Determination form is F-03447
- Medicaid Budget Deficit and Status
    - Nicole S. – This is a large budget deficit; we present ideas with the Governor's office and regularly monitor; have looked nationwide and many states are in a similar situation as us; looking at what other states are doing; this is not an easy fix; we are looking at what the department can do to be more efficient; less harmful to members; again, we will continue to monitor
- Idea of potentially meeting in-person for LTCAC
    - Discuss possibly holding an in-person meeting once a year
    - Plan to discuss this at the next meeting
    - Maybe start in 2027?
- Service Dog under Assistive Technology
    - Alicia B. – MCO's can purchase the items for members; must use a provider-enrolled entity, so they would need to be enrolled; MCO can assist with this; only a few providers that are not required to enroll
- Community Connections – relating to the Social questions from the survey results
    - What are the next initiatives?
- NCI Surveys
    - Nicole S./Makalah W. – The trend is going down too.
- ***Council Feedback***
    - Chris W. – For the CSL Initiative, would like this on the September agenda; what has happened in the first month; were any individuals able to provide input to this process or form? Was this spurred on from issues with licensed facilities vs. supportive home care facilities?
        - Alicia B. – There have been issues highlighted in both licensed and non-licensed facilities; some should have been licensed but were not; form was created with DHS and Medicaid
    - Chris W. – Is the form required to be part of the Budget Amendment (BA) request?
        - Alicia B. – This is rolled out by ICAs and MCOs; this will be separate from any BA process

Public Comment – Julie Strenn

- Marena B. – I am submitting this comment as the guardian and primary family caregiver of an adult enrolled in Wisconsin's Family Care program. The 2025 satisfaction survey results confirm a serious gap between whether members are treated courteously and whether the long-term care system is actually helping them live meaningful lives in their communities. Family Care members generally reported that their care teams were reachable, listened to them, and treated them kindly. Those results are important, but they cannot be the primary measure of whether the program is succeeding. The weakest Family Care results involved the substance of community living. Only 61.4 percent of respondents gave a positive response regarding the number of opportunities they had to participate in social activities. Only 69.8 percent responded positively regarding access to transportation to the places and activities they wanted to attend. Just 72.3 percent said their care plan supported the community activities they wanted to pursue, and only 79.3 percent said their supports and services met their needs. Each of these measures declined from 2024. These numbers reflect what families are experiencing. An adult Family Care member in my family recently lost access to a long-standing community program that provided routine, relationships, meaningful activities, skill development, and genuine participation in community life. The member's needs and goals did not disappear. The service ended because the managed care organization and provider disagreed about the appropriate service definition, billing code, and contracting arrangement. To the system, that may be described as an administrative or coding issue. To the member, it means the loss of friends, activities, familiar supports, and a place where the person belongs. It also creates additional pressure on unpaid family caregivers. Respite or basic supervision cannot simply be treated as interchangeable with habilitative, skill-building, or community

participation services. As the Council considers the workforce charge and the Long Path charge, I urge it to recognize social connection and community participation as essential long-term care outcomes, not optional recreational benefits. Workforce shortages, provider-network limitations, and contracting problems do not eliminate an assessed need. Families should not be expected to absorb the consequences when agencies cannot agree on a code or contract. DHS should require managed care organizations to take affirmative steps to preserve continuity when a needed service is threatened by a coding or contracting dispute. Before terminating a service, the MCO should be required to pursue reasonable solutions such as an alternative allowable service category, a single-case agreement, temporary continuation, direct Provider Relations assistance, or a documented transition to a genuinely equivalent service. A denial notice should not be the beginning and end of the MCO's responsibility. The new Provider Finder may be helpful, but a directory is useful only when it reflects actual access. It should clearly indicate which MCOs contract with each provider, which services and billing categories the provider can offer, whether the provider is accepting new members, whether there is a waiting list, when the information was last verified, and whether transportation or other accessibility supports are available. Listing a provider that is not contracted, not accepting members, or unable to deliver the authorized service does not give a member a meaningful choice. Finally, I ask DHS and the Council to require public, MCO-specific improvement plans addressing the declining Family Care results for community participation, transportation, self-directed supports, and whether services actually meet members' needs. The survey data should lead to measurable corrective action, not simply be distributed to the MCOs. Wisconsin's long-term care programs should be judged not only by whether staff members are kind, but by whether people with disabilities can maintain relationships, participate in their communities, and receive the supports identified in their person-centered plans. Those are the outcomes that determine whether community-based long-term care is fulfilling its purpose. Thank you for considering my comments.

Adjourn

Motion to adjourn by Don W.; seconded by Alyce K.

Meeting adjourned at 12:02 pm

Prepared by: Joyce Vue on 7/14/2026.

These minutes are in draft form. They will be presented for approval by the governmental body on: 9/8/2026