

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: Wisconsin Long Term Care Advisory Council (LTCAC)			Attending: Audra Martine, Beth Fields, Beth Swedeen, Chris Witt, Cindy Bentley, Darci Knapp, Denise Pommer, Dennise Lavrenz, Elsa Diaz Bautista, Janet Zander, Jason Glozier, John Sauer, Kenneth Munson, LaVerne Jaros, Lea Kitz, Michael Bruhn, Shakita LaGrant, Shanna Jensen, Stacy Ellingen
Date: 11/8/2022	Time Started: 9:33 a.m.	Time Ended: 3:14 p.m.	
Location: Virtual Zoom Meeting			Presiding Officer: Carrie Molke

Minutes

Members absent: Audrey Nelson, Stephanie Birmingham

Others present: Brenda Bauer, Curtis Cunningham, Alicia Boehme, Christian Moran, Carrie Molke, Tom Balsley, Shelly Glenn, Steve Gress, Otis Woods, Deb Sandridge, Katelyn Marschall, Phoebe Hefka, Amy Pulda, Angela Miller

Meeting Call to Order, presented by Curtis Cunningham

- Meeting processes reviewed

Division of Medicaid Services (DMS) Updates presented by Curtis Cunningham

- Housing Initiatives update provided.
- State Plan Amendment (1915i waiver) has been submitted. CMS is expected to approve in 2023.
- Public Health Emergency scheduled to end January 11, 2023, without a 60-day notice. Notice has not yet been received.
- HCBS Settings rule has been posted for public comment until 11/18.
- **Council Feedback**
 - No discussion from council.

Division of Public Health (DPH) Updates, presented by Carrie Molke

- **ILCW Public Input Opportunity**
 - The Independent Living Council of Wisconsin is looking for public input from consumers, stakeholders, and community partners to describe the challenges and barriers people with disabilities face. Input will help develop Wisconsin's State Plan on Independent Living (SPIL) and assist the Independent Living Network in addressing the needs of people with disabilities.

The [survey](#) is available at: <https://forms.gle/UN3Ft3TsMbknCA1LA>.

If you have any issues accessing the survey, please contact [Tyler Wilcox](#) at ilwcoordinator@il-wis.net.

- **DHS Launches Free Telehealth Service for COVID-19 Treatment**

- The Wisconsin Department of Health Services (DHS) announces a free telehealth service to streamline access to COVID-19 treatment. COVID-19 antiviral treatments, such as Paxlovid, must be taken within five days of symptoms starting, even if symptoms are mild, making it essential to quickly access a clinician for a prescription.
- Anyone 18 and older who tests positive for COVID-19 can have a telehealth consultation with a health care clinician within 5-30 minutes. If eligible, a clinician will prescribe an oral antiviral pill that reduces the risk for severe symptoms, hospitalization, and death from COVID-19. The

prescription can be filled at over 600 pharmacies in the state. Insurance is not required. Those without pharmacy access can have their medicine shipped overnight.

- COVID-19 Telehealth link: <https://www.dhs.wisconsin.gov/covid-19/telehealth.htm>

- **Social Isolation and Loneliness**

- Social Isolation and Loneliness Awareness Week will take place next week, November 13-19th. The Coalition has created a toolkit people can use, that includes templates for “letters to the editor” for press releases, radio scripts, talking points, data and background information on SI&L, resources and action steps. If interested, you can reach out to Carleigh Olson at carleighs.olson@dhs.wisconsin.gov.
- The Coalition has also started a series of webinars- targeting community members and professionals with an interest in developing community responses to loneliness and isolation (CBOs, Health and managed care, public health, aging offices and ADRCs, ILCs, senior living facilities, caregiver support and more! [Wisconsin Social Isolation and Loneliness Awareness Week Webinar Flyer.pdf](#)
 - The first webinar in next Tuesday: Engaging the Community in Volunteerism to Promote Purpose and Connection
 - And, Thursday, November 17th webinar will be focused on Initiatives and Innovations to Impact Loneliness and Social Isolation

- **Council Feedback:**

- Cindy asked if social isolations was still an issue. Carri indicated it was, and more people are seeing health consequences from the covid pandemic.
- Beth inquired about utilization rates. Curtis indicated there was a small reduction in the capitation rates. There is no direct relation to department established capitation rates and what providers are being paid. Corridors have been placed around capitation rates due to covid. Curtis said he would bring Krista in to discuss with the council. Beth said that would be appreciated. Chris said that providers have been told that their rate requests won't be considered due to the state capitation reduction. Elsa echoed Beth's comments. Beth requested a special meeting on the topic. John echoed the prior thoughts. He would like to see what's embedded in the capitation rates regarding provider cost increases. He was glad to see rates increasing for nursing homes. Would like to see a meeting on the books soon.
- Elsa asked if there were any promotional materials to promote antiviral meds for covid and if any materials could be translated. Carrie will investigate and report back to the council.
- As a follow up to the HCBS updates, DHS opened a 30-day public comment period on updated benchmarks for Non-residential provider settings. The deadline to submit comments is Monday, November 28, 2022. The updated benchmarks are available at <https://www.dhs.wisconsin.gov/hcbs/index.htm>. A paper copy of the proposed benchmarks can be requested by calling 1-877-498-9525.
- Beth and Lea requested a regular ombudsman update with trends to be a part of the agenda for the council. They would like to see financials, trends and concerns for the council to consider.

Council Recognition of Service – John Sauer presented by Carrie Molke

- Deb Standridge, Otis Woods, Curtis Cunningham, and Carrie Molke provided remarks in appreciation of John's service to the council. Cindy, Dennise, and LaVerne also provided comments. John expressed his thanks and gratitude for participating and having a voice on the council.

ARPA Updates presented by Curtis Cunningham, Denis Pommer, Tom Balsley

- Curtis provided general updates
- Denise provided an update on the 2021 LTC Tribal project initiative. The LTC study work group's first session was on November 1st with two MCOs in attendance. An overview of the HCBS program and contracting process was provided. Every tribe is providing LTC services. Most are not receiving Medicaid assistance. High turnover rates in key positions and leadership led to a lack of overall knowledge. They are not seeking services outside the tribal system. Each tribe will receive \$1M in funding as part of the initiative.
- **Council Feedback:**
 - Jason requested that there be a dedicated Long Term Care Advocates meeting with the Bureau of Rate Setting. Curtis is working with Krista on this. There is a lot that goes into capitation rates. None of the reduction is related to decrease in provider rates. Beth indicated that providers are saying their requests for minor increases are not being accepted by MCOs because of the 2023 capitation rates.
 - Beth asked if there would be any impact to the ARPA grants if there is a change in leadership at the state level. Curtis indicated that the plan we have in place has been endorsed by the Secretary, and the plan is submitted every 6 months to CMS for compliance. He could not speak as to whether there would be a change.
 - Michael asked for an update on the incident reporting system. Alicia said there has been a vendor procured and design specs, but it is still being worked on. There is no timeframe on finalization. There was additional input provided by stakeholders. A number of training programs for direct care workers have been evaluated. Ideally there would be multiple training platforms (badging process). Michael thanked Kevin Coughlin for his work on the project.
 - Beth expressed her appreciation to Denise for her work with the tribes. She asked if there was a plan to measure an increase in understanding of LTC services over time. There are funds dedicated to increasing awareness and promotion of programs and screens.

Merger Conversation presented by Alicia Boehme, Christian Moran

- Alicia reviewed her presentation for the council
- **Council Feedback:**
 - John expressed concerns with IRIS involvement as well as Family Care. Curtis indicated there are guidelines for operating each of the programs individually. Additional information is forthcoming regarding licensing with OCI. We are performing our certification process prior to OCI's involvement. Disposition of assets is still being worked through.
 - Lea expressed a concern with the fewer number of MCOs and competition. The broadening coverage of programs is concerning. She would like to know that services are protected. She also expressed concerns with the capitation rates and the caregiver crisis.
 - Janet asked if the public feedback sessions would be joint with DHS and OCI. Alicia indicated they would not be. OCI will hold a formal public hearing. The DHS process is less formal. The council would like a discussion rather than a public hearing so DHS could respond to questions and not just hear concerns. This suggestion will be taken back to discuss with the department.
 - Dennise also expressed concern regarding consumer choice. The LTCAC spent a lot of time with the GSR map to ensure adequate choice for consumer. Curtis added that when Family Care started, there was only one MCO in each region. We now have two. The current plan is to ensure that two MCOs are in each region. That is a policy question that remains outside of the merger discussion.
 - The listening session is expected to occur before the end of the year.
- Discussion reverted back to prior topic of personal care. The maximum fee will be \$23.44/hour up from \$91.16 in 2021 and \$21.82 in 2022. There was also a 5% HCBS rate increase in 2021.
- John referred to the prior conversation of rate bands. People will need to be assigned to one of six rate bands. How will those assignments be made? Curtis did not have details and indicated that the Bureau of

Rate Setting would have to address. There are workgroups assigned to work on it. We have encouraged open feedback on what elements of the LTCFC will be used to assign people to rate bands. This council would have thoughts on what factors should drive placement in specific rate bands. Curtis will have Grant and Krista at the January meeting to discuss.

- Janet asked about onboarding new participant hired workers in IRIS. The IAC would be addressing that, but that information will be share with the LTCAC as well.

Public Comment

- Angela O: Her family member is enrolled in long term care. They have experienced struggles with their case manager. She was advised that she could not change agencies because of a Medicaid waiting list. She watched an assembly video online from years ago reference funding to make switching MCOs easier. DHS will contact her in follow up outside of the meeting.
- Ramsey L.: Thanked Cindy and Carrie for the social isolation information. He echoed the comments about rate reduction. He asked that reducing rates be reconsidered. He would like to continue to see updates on the merger discussed. He would welcome the opportunity to be more involved with the council.
- Heidi S: Would like to know when nurses would be able to come into homes and not wear a face mask. They find it difficult to understand people with facemasks on and also added it is difficult for people who are hard of hearing. Also wondering about EVV hard launch dates.

State Dementia Plan presented by Angela Miller, Katelyn Marschall

- Angela reviewed her presentation with the council
- **Council Feedback:**
- Elsa thanked Angela for making this a priority. She added it was very personal to her. Caregiver support is very important. She appreciates it being brought to the forefront.
- Cindy also feels this is a very personal topic to her. She is concerned as African Americans are at a higher incidence to dementia.
- Dennise mentioned curriculum for caregivers and nurses as well as a national mentoring program (NICHE - Nurses Improving Care to the Hospital system Elders) whose focus is to continue to educate health practitioners, who may not receive this training in their curriculum. Practitioners will have training through academia but also through certifications in geriatrics. There should be additional training in other geriatric syndromes such as falls and community safety. It essential to make this information a priority for providers.
- Beth recommended caregiver assessments and connecting them to resources. There is a detailed report from the caregiver taskforce. We should look at general eligibility for services at younger ages.
- Cindy provided an example of a friend who was in a family home. There were issues with understaffing. Transportation can also be an issue for caregivers.
- Michael added that there is a lot of work to be done despite the fact that we've done so much already. He thanked everyone for their input. Shakita added there was still so much to do. It is so important to be person-centric. Her family has also been affected by dementia. We need to have supports for all communities. Need to be mindful about the flexibility for the person and the community as a whole. Elsa added that she as worked with Christina in the Latin-X community in Milwaukee County. More education needs to be done in the community.
- Additional suggestions from the chat include: challenges navigating health systems, insurance, HCBS, etc. from family members and friends, financial and legal planning support; guardianship; family caregivers (tax credits, and expanding definition of family; FMLA; CARE Act; expanding eligibility criteria to include age 45+; dementia specific training; family caregiver assessments to identify family in crisis or extreme stress and provide resources; increased respite funding; criteria for providers advertising and providing memory care; local/regional crisis care resources; increase AFCSP maximum amount of expenses per individual/family; continuing program flexibilities provided during the

pandemic such as paying family members for respite; LTCFS review and modification if necessary to ensure persons living with dementia have their needs appropriately captured; rate bands specifically reflecting the costs associated with dementia care (payment drives behavior); paid direct access to behavior health specialists on-staff and with telehealth; occupational therapy access; review how the nursing home PDPM does or does not create an incentive for facilities to serve persons with dementia. With regard to workforce: need better wages and time off with benefits; because of the caregiver crisis, more duties fell on family members and friends that do not have training and experience; gather detailed data from hospitals on how many patients are awaiting discharge because they have presented behavioral and mental health challenges and design a system that secures appropriate placements for these patients; more financial support for family members and friends; flexibility to meet the need between the paid and unpaid options.

- Link to survey: <https://www.menti.com/alxt2x72q49w>
- Link to Wisconsin State Dementia Plan Steering Committee: <https://www.dhs.wisconsin.gov/wdsc/index.htm>
- Angela Miller's email is angelak.miller@dhs.wisconsin.gov

Independent Living Pilot presented by Phoebe Hefko

- Phoebe provided an update on the Independent Living Pilot
- **Council Feedback:**
- Denise thanked Phoebe for the presentation to the tribes. She inquired if the money could be used to buy a car battery. It is a simple, cheap solution to transportation, and poverty is that great in the community as in other parts of the state. Solutions can be very simple sometimes. Phoebe indicated that the intent is to meet needs as it relates to the disability. If they have funding related to home modifications, it may free up some of the budget. LaVerne added that sometimes the one-time expenses are not met. There is a \$7200 max for home modifications each year, and it would have to be part of that max related to accessibility and the individual's disability.
- Shanna thanked Phoebe for the work and said it was a fantastic program. She wondered what the lift would look like for local ADRS/ADRCs. Will there be ample funding for increasing local staff? The Department is looking for contracts to start in March with enrollment in July. It will be interesting to hear the feedback and who will benefit most from the program.
- Janet mentioned that individuals learn so much more when they are actually at the ADRC office. It has been the case with durable medical supply pick-ups. They find out so much more in-person, and it can open up conversations that can help them live at home.
- Phoebe said she would be happy to come back to council and report out status. The Department hopes local agencies will reach out and get involved. It could very well increase the reach of ADRC with a new benefit.
- Link to Independent Living Support Pilot webpage: <https://www.dhs.wisconsin.gov/arpa/hcbs-ilsp.htm>

ADRC Presentation and Feedback presented by Tom Balsley

- Tom presented an ARPA update on the ADRC Modernization Project. The project is intended to increase access and information to customers, increase operational efficiencies, update the website, state database, and marketing campaign. They have also begun exploration of the client tracking system to support operations. Five staff were brought on to connect with ADRCs and collect information on local resources. The goal was to obtain the information and upload it into the state database which will launch in 2023. The Tribal ADRSs are recruiting for open positions for their long-term vacancies. Funding has previously been a barrier. *Lea request additional information on ADRSs at a future meeting.*
- **Council Feedback:**
- Laverne asked how the data would be updated because local resources change daily. Tom indicated they would find what works best with local needs. It's difficult to predict ahead of time. There may be more information available in the Spring. The Advisory Stakeholder group meets quarterly.

- Tom presented his update on ADRCs. He asked for feedback regarding what an annual update might look like for the council. What would the council like to see?
- ***Council Feedback:***
- Report out related to the community worker grant
- Janet asked if there had been any discussion on ways to measure complexity of cases. Tom said they were at a point where this needed to be addressed. It's challenging with data collection at this time. There is nothing in the current reporting that does that. One of the indicators was the number of contacts per customer.
- Lea again mentioned capitation rates. In 2020, there were a reduced number of unique contacts and customers which increased in 2021, demonstrating they are very different years. She asked that data be pulled from prior to the pandemic to examine trends rather than using the pandemic years for calculation or perhaps add a layer to the calculations.

Council Business, presented by Christian Moran

- Meeting minutes from September reviewed. Motion to approve by LaVerne. Seconded by Elsa. Approved unanimously
- Committee would like to see standing ombudsman and financial updates
- LaVerne would like to look for other ways of filling the gaps in the workforce issues.
- Discussion regarding virtual v. hybrid meeting. Meeting will stay virtual for the indefinite future. If it does move to hybrid in the future, need to ensure virtual attendees have the same experience as in-person.
- Next meeting January 10, 2023
- Meeting unanimously adjourned at 3:14pm

Prepared by: Shelly Glenn on 11/14/2022.

These minutes are in draft form. They will be presented for approval by the governmental body on: 1/10/2023