Governor Evers' 2023-2025 Biennial Budget

February 15, 2023

WISCONSIN DEPARTMENT
of HEALTH SERVICES

Medicaid Expansion

Medicaid Expansion

- **Expansion**
  - Expands coverage to approximately 90,000 Wisconsinites, ~30,000 uninsured
  - State GPR Savings - $1.6 billion

Medicaid Expansion: Investments

- **Medicaid Investments Linked to Expansion:**
  - $531.0M Increase to Acute Care Hospital Access Payments
  - $7.0M Increase to Critical Access Hospital Access Payments
  - $20.0M Increase to Supplements for Pediatric Teaching Hospitals
  - $68.1M Increase to Hospital Rates
  - $189.1M Increase for Primary Care Physicians

Long Term Care/Aging + Disability Programs

Medicaid Long Term Care

- ARPA HCBS Reinvestment Plan
  - Continues several components of the plan, initially funded with federal ARPA funds - $54.2M
  - 5% HCBS Rate Increase Cost to Continue – $226.9M

- Direct Care Funding - Family Care $88.7M

- Direct Care Funding - Personal Care $88.7M

Medicaid Long Term Care

- Children's Long Term Supports Waiver – Statutory language to ensure all eligible children are served

- Autism Services Rate Increase - $12.2M

- Complex Patient Pilot - $15M GPR

Aging and Disability Resources

- Aging and Disability Resource Centers
  - Base Funding and Caregiver Supports
    - $5.6M FY 24
    - $11.3M FY 25

- Adult Protective Services
  - Funding for counties – $4M in FY 24; $8M in FY25
  - Funding at DHS for training, data, tribal initiatives - $1.5M for biennium

Aging and Disability Resources

- Guardianship Training - $127K per year

- Alzheimer's Family/Caregiver Support
  - Increase funding by $500K, to $3.3M per year

- Healthy Aging Grant -- $600K per year

- Alzheimer's Disease Grant – Increase by $100K, to $231K annually

Aging and Disability Resources

- Birth to 3 program
  - Aligns eligibility for lead-poisoned children to CDC standard
  - Funding for counties: $3.1M FY24; $6.2M FY 25

- Office of Promotion of Independent Living

- Respite Care Grant - $200K/year, to $550K/year

Quality Assurance

Healthcare/LTC Provider Quality Assurance

- Staffing to Address Workload Demands in:
  - Bureau of Assisted Living – 32.0 FTE
  - Office of Caregiver Quality – 11.0 FTE
  - Nursing Home Grant Program – 1.0 FTE
- Licensing/Certification Information System
- Assisted Living Licensing Fees: $1.5M GPR funding to address a structural deficit

DHS Direct Care Facilities

DHS Facilities

- Northern Wisconsin Center Intensive Treatment Program Expansion – 92 FTE
- Mendota Juvenile Treatment Center Expansion – 174 FTE
- WRC Correctional Officers: Transfer from DOC to DHS – 110 FTE
- Forensic Assertive Community Treatment Teams
- Opening Avenues to Reentry Success – 2 FTE

Workforce Initiatives

Workforce Initiatives

- WisCaregiver Careers - $8M increase to support recruitment, training, retention of certified nursing assistants
- Health Care Provider Innovation Grants - $22.5M for health care and long term care providers to implement innovative solutions for worker recruitment and retention
- Health Care and Public Health Workforce Pilot – Pilot project in Dane County to address mental health crisis among health care workers

Behavioral Health

Behavioral Health - Medicaid

- Community Support Program – Fully fund

- Schools
  - Pass through 100% School Based Services Revenue to schools ($112.4M increase)
  - Medicaid coverage for school telehealth origination site

- Expand Access to Psychosocial Rehabilitation Services

Behavioral Health - Medicaid

- Medicaid Coverage for Certified Peer Specialists

- Psychiatric Residential Treatment Facilities
  - New provider type serving youth with behavioral health treatment needs
  - Medicaid reimbursed

- Residential Substance Use Treatment Room and Board Costs

Behavioral Health - Other

- Crisis Urgent Care and Observation Centers
  - Statutory Authority and Funding
- 988 Suicide and Crisis Lifeline Support
- Qualified Treatment Trainee Grant Program
- Mental Health Consultation Program
  - Expands Current Child Psychiatry Consultation Program
- Deaf + Hard of Hearing Behavioral Health Provider

Behavioral Health – Other

- Behavioral Health Services Allocation to Counties
  - *$44 million funded with marijuana excise tax revenue*
- Peer Recovery Centers Expansion
- NARCAN distribution
- Stimulant Treatment/Prevention Programs
- Addiction Treatment Platform Funding
- Office of Children's Mental Health Staff
- Service Dog Training Grants

Next Steps/Discussion
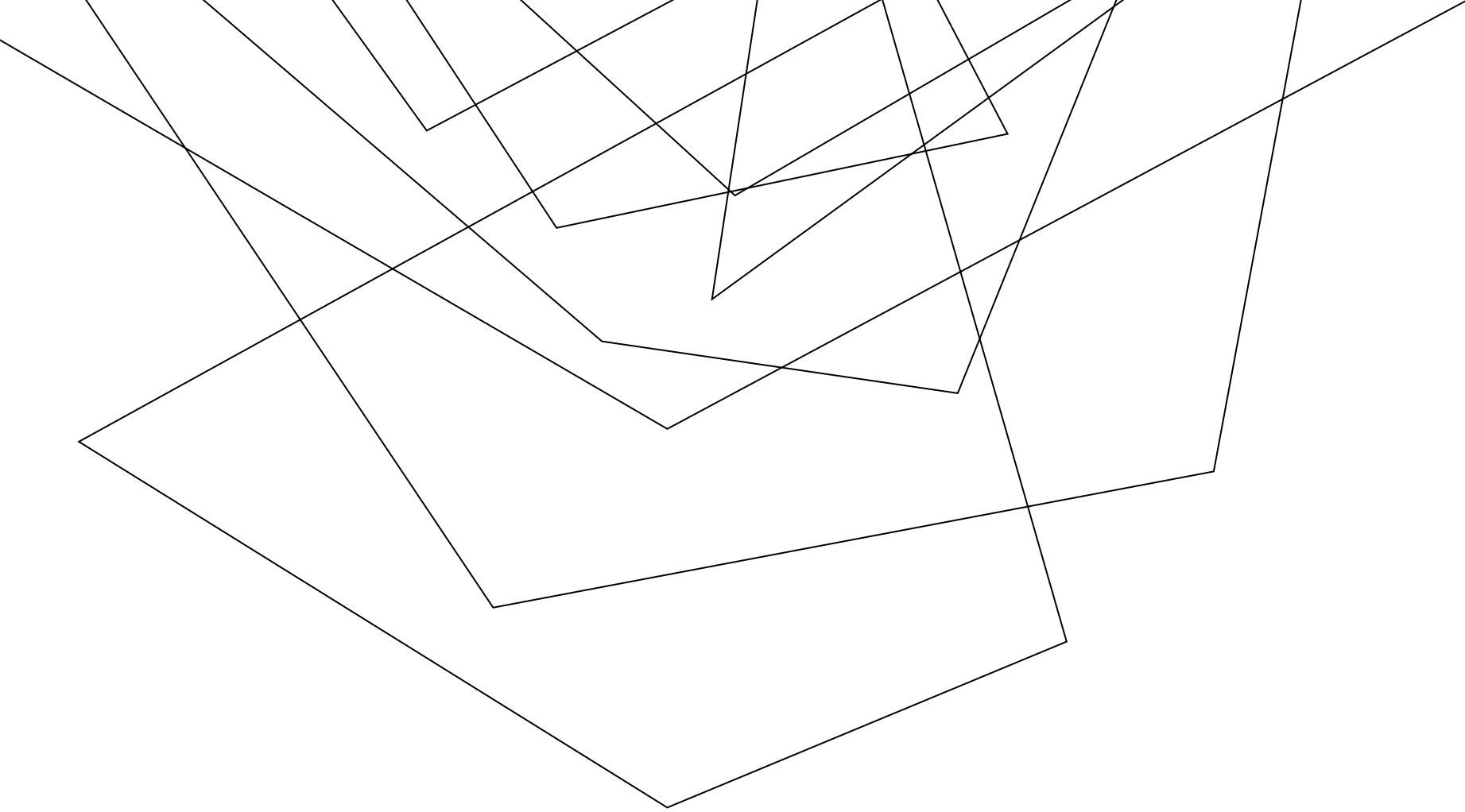
LTCAC EQUITY CHARGE

Katherine Cullinan

1 ——————————————— Get clear, establish shared meaning of goals, find a direction to move in.

2 ——————————————— Be creative in developing solutions. Do what feels doable, and challenge what doesn't. Consider depth of impact, → go there.

3 ——————————————— Establish a sustainable, accessible pace.

4 ——————————————— Create a continuous loop of feedback.
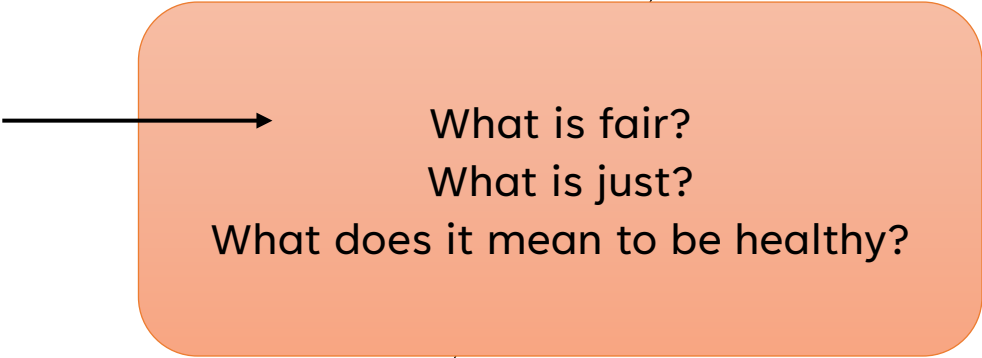
HOW TO MOVE FORWARD.

CHARGE 3

Develop strategies so everyone in Wisconsin's Long Term Care programs has a fair and just opportunity to be as healthy as possible. Explore strategies to remove obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

• Provide advice and guidance on a cultural competency toolkit.

• Provide advice and guidance on how to ensure access to technology is equitable.

• Explore how the council can work with Division of Public Health (DPH) related to Wisconsin State Health Assessment.

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What is fair?
What is just?
What does it mean to be healthy?

CHARGE 3

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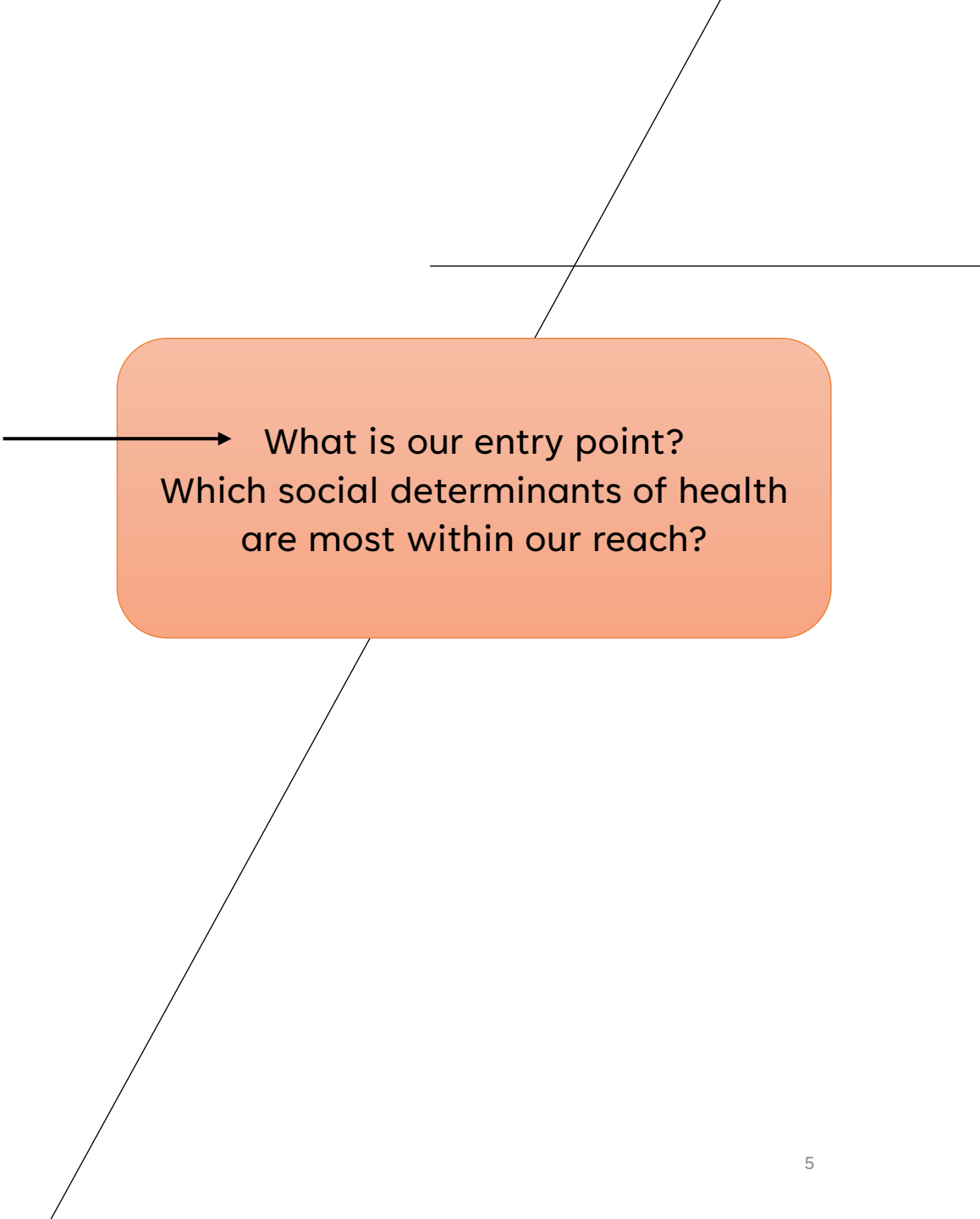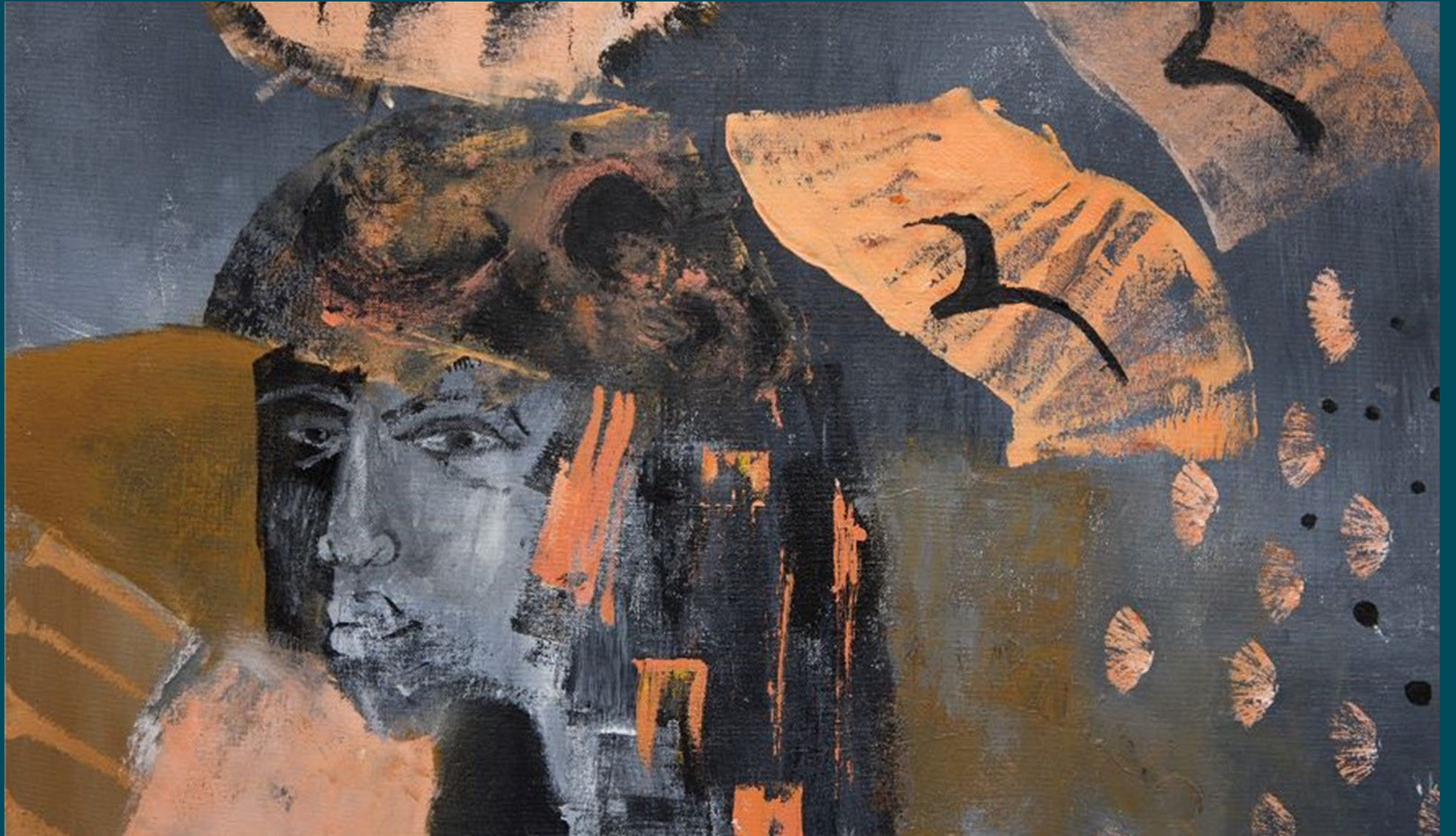
•Provide advice and guidance on a cultural competency toolkit.

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•Explore how the council can work with Division of Public Health (DPH) related to Wisconsin State Health Assessment.

What is our entry point?
Which social determinants of health are most within our reach?

2021

Wisconsin

2021 State of the Workforce Survey Report | **Data Glance**

Presentation developed by Wisconsin

Special Guests today

Laura Vegas|

Director of Quality Initiatives and Supporting Families

National Association of State Directors of Developmental Disabilities Services

Dorothy Hiersteiner

Research Associate, Co-Director of National Core Indicators

Human Services Research Institute

NCI·IDD NATIONAL CORE INDICATORS *PEOPLE DRIVEN DATA*

Direct Support Professionals (DSPs)

Direct Support Professionals play a CRITICAL role within the service system.

The role of the DSP is

- To help with skills development
- To provide prescribed support and supervision
- To support people to learn new things
- To ensure optimal health and safety
- To help with upkeep of the person's home to assure it is clean, safe, and hazard free
- To support people with intellectual and developmental disabilities to experience the quality of life they desire

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Challenges Faced by DSP Workforce

COVID-19 has increased the challenges faced by the workforce

Demand for home-based care increases demand for quality DSP workforce; HCBS settings rule will impact further

Aging population also require direct support- competing for the same workers

High vacancy rates/turnover rates impact service delivery – staffing ratios, access, trust and delays in progress
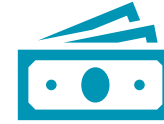
High turnover rates: extra incurred costs to providers

- Recruitment costs
- Onboarding and Pre-Service Training
- Additional costs associated with overtime

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Data are needed to:

- Assess state's DSP workforce challenges and provide insight for potential improvement opportunities.

- Ensure all providers and states are collecting data and calculating indicators (turnover, for example) in the same standardized way.

- Create an opportunity for providers to speak in one, unified voice to the state DD system through these survey results.

- Communicate to the state about the experience during COVID-19 pandemic.

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Plan to Address the Workforce Crisis

- Use American Rescue Plan (ARPA) Home and Community-Based Services (HCBS) funding to help address the workforce crisis
  - Staff Stability Surveys
  - Certified Direct Care Professional initiative
  - Workforce Connections IT platform

www.dhs.wisconsin.gov/arpa/hcbs.htm

NCI·IDD NATIONAL CORE INDICATORS PEOPLE DRIVEN DATA

State of the Workforce (SoTW) Survey: WHY?

- The challenges faced by the DSP workforce have ripple effects and impact the lives and work of:
  - DSPs
  - Provider agencies and staff
  - People receiving supports and their families

With the NCI-IDD SoTW Survey:

- Providers communicate their collective voice to the state
  - Where have providers faced challenges related to the DSP workforce?
  - Where might they be better supported?
- This voice is used to make decisions about the future of the system

Wisconsin's Goals

- Learn firsthand the challenges Wisconsin providers and direct care workers are facing

- Establish a benchmark so we can see if we are improving with subsequent staff stability surveys

- Leverage insights to support other workforce initiatives to improve and enhance HCBS services

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National NCI-IDD State of the Workforce in 2021: Survey Basics

29 States + DC

3,770 Provider Agencies

Estimate 280,000+ DSPs represented

NCI-IDD Avg. is weighted

NCI-IDD State of the Workforce in 2022: Survey Basics

Agencies and providers included in the sample:

- Providers and agencies serving Wisconsin's Electronic Visit Verification system (EVV)
- Certified 1-2 bed adult family homes
- Licensed personal care agencies
- Supportive home care agencies
- Licensed and certified assisted living facilities
- DHS listserv groups

Implementation strategies included:

- Provider recruitment
- Two informational two webinars
- Stakeholder presentations
- Listserv communications
- Dedicated workforce webpage
- Incentives ranging from $250 - $1,000 per agency ($71,250)

	Valid responses	Total population	Response rate	Margin of Error
WI	204*	933	21.9%	6.07

*Represents all 72 counties

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Data at a Glance

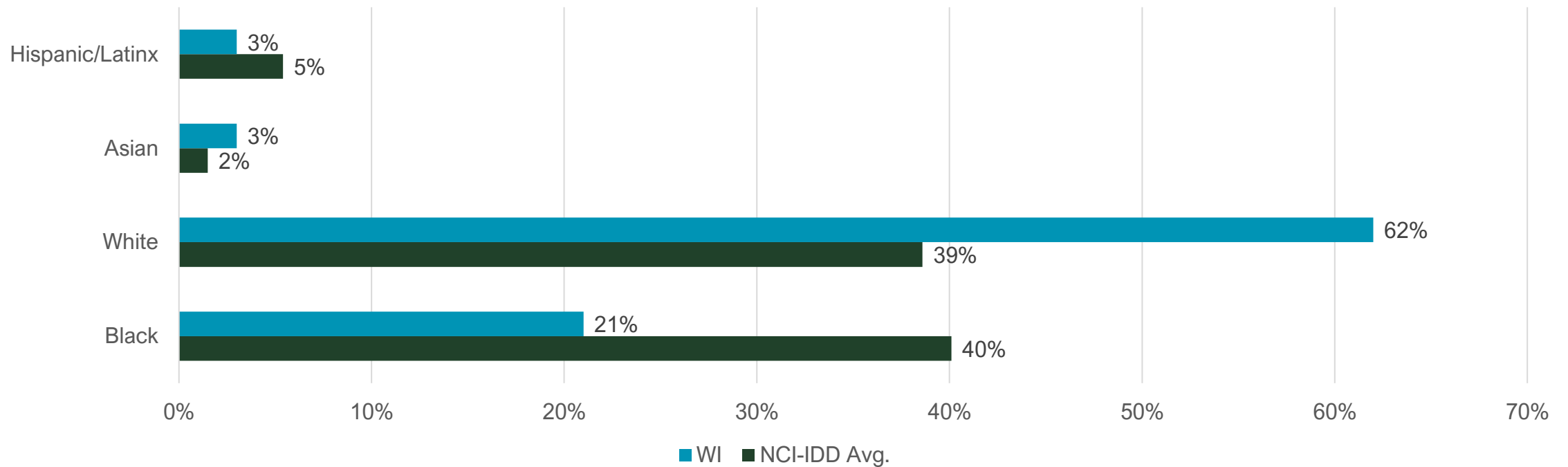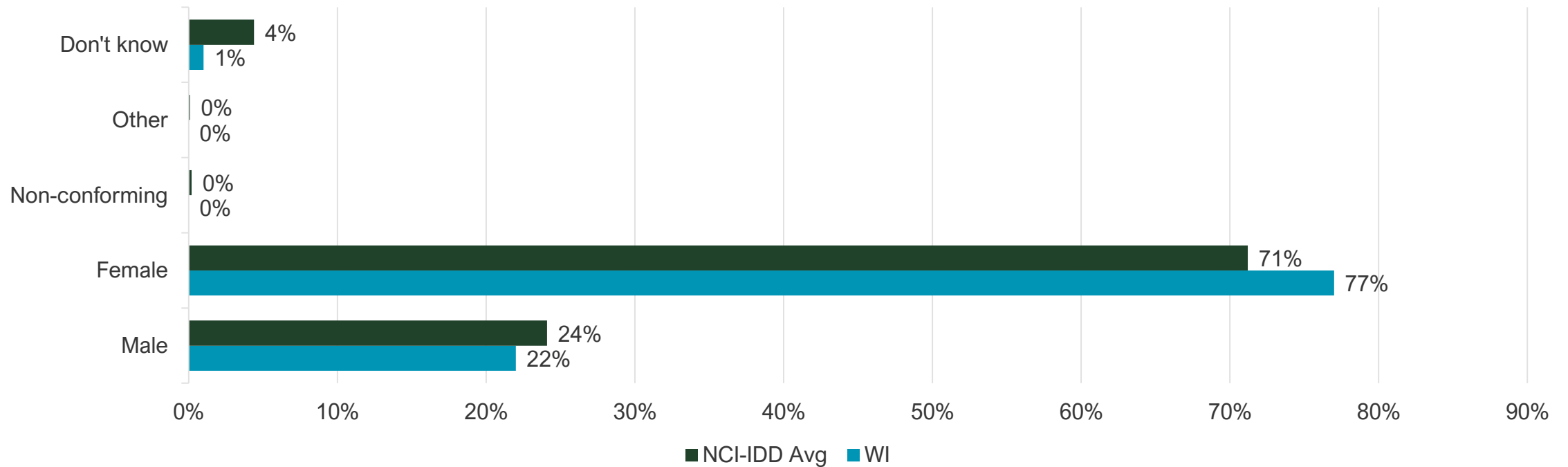| Wages	Health Insurance	Paid Time Off	Turnover Ratio	Vacancy Rate
• $13.53 overall average wage • NCI-IDD average $14.41	• 39.9% of agencies offer • NCI-IDD average 59.9%	• 62.3% provide some • NCI-IDD average 73.7%	• 49.9% • NCI-IDD average 43.3%	• 15.7% full-time and 16.8% part-time • NCI-IDD average 16.5% and 20.3%

NCI-IDD
NATIONAL CORE INDICATORS
PEOPLE DRIVEN DATA

DSP Workforce Demographics: Race/Ethnicity

Hispanic/Latinx
- WI: 3%
- NCI-IDD Avg.: 5%

Asian
- WI: 3%
- NCI-IDD Avg.: 2%

White
- WI: 62%
- NCI-IDD Avg.: 39%

Black
- WI: 21%
- NCI-IDD Avg.: 40%
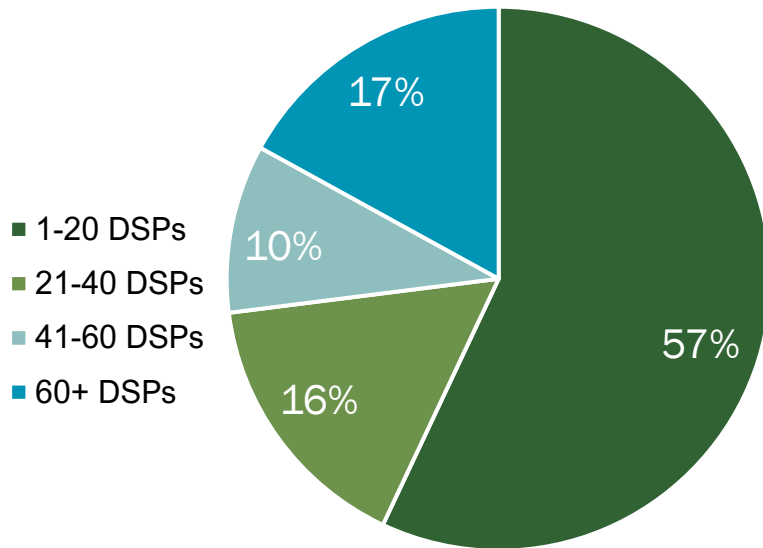
■ WI ■ NCI-IDD Avg.

NCI·IDD NATIONAL CORE INDICATORS PEOPLE DRIVEN DATA

DSP Workforce Demographics: Gender Identity

Agency Size Based on Number of DSPs on Dec. 31, 2021

% Wisconsin Agencies

- 1-20 DSPs
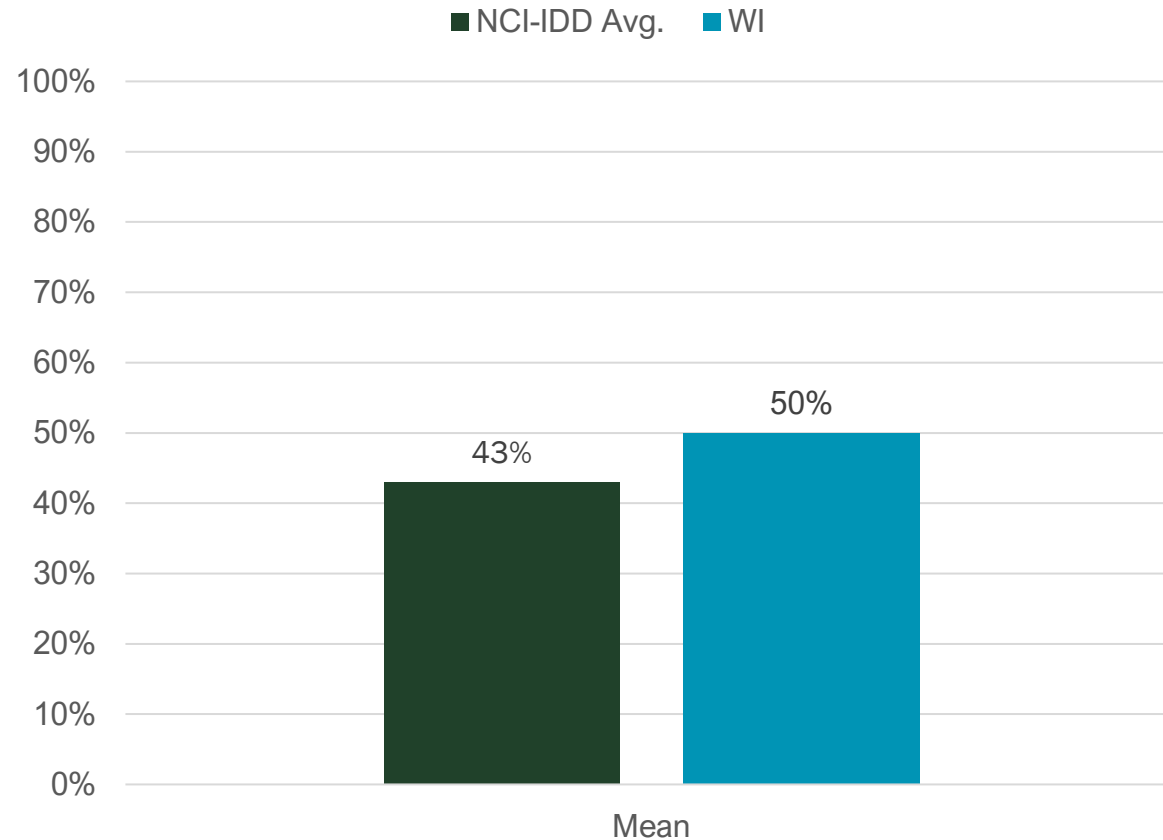- 21-40 DSPs
- 41-60 DSPs
- 60+ DSPs

57%
16%
10%
17%

NCI-IDD Avg.

- 1 -20 DSPs
- 21 -40 DSPs
- 41 -60 DSPs
- 61+ DSPs

46%
16%
9%
29%

NCI·IDD NATIONAL CORE INDICATORS PEOPLE DRIVEN DATA
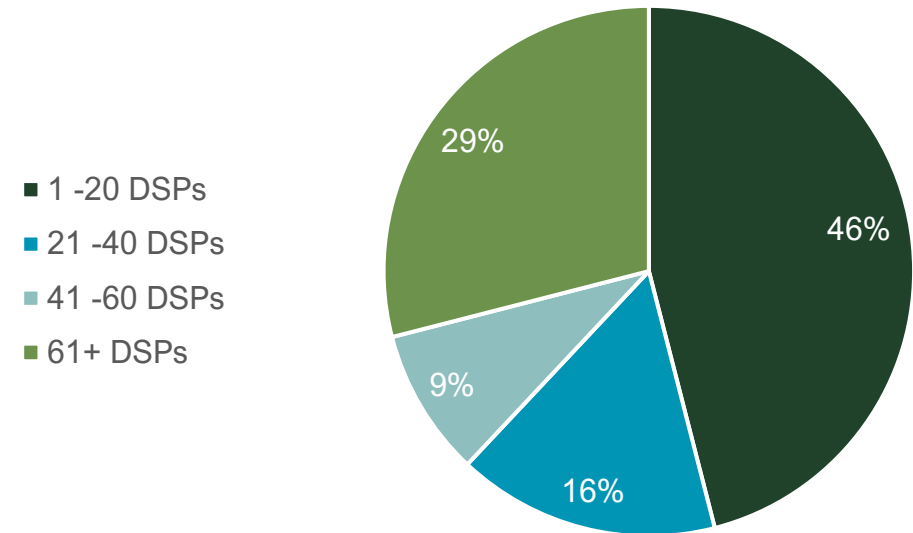
Turnover Ratios for DSPs as of Dec. 31, 2021

Number of provider agencies who responded in Wisconsin (N) = 204

■ NCI-IDD Avg.　■ WI

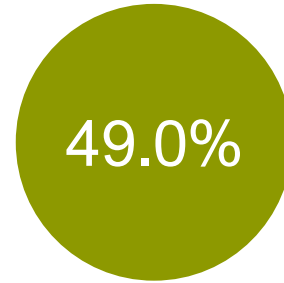*WI State Minimum = 0%*

WI State Maximum = 393%

Each agency's turnover ratio is calculated as: (Total separated DSPs in past year) divided by (Total DSPs on payroll as of December 31, 2021). Notes: Agencies with turnover rates >= 500% were excluded from this analysis (5 agencies). Agencies were included if they reported the length of tenure of all DSPs reported employed as of 12/31/2021 (or left it blank). Agencies were included if they reported the length of tenure of all DSPs reported to have separated in 2021 (or left it blank)

NCI·IDD NATIONAL CORE INDICATORS *PEOPLE DRIVEN DATA*

Turnover Ratio Benchmark: Mean

49.9%
Wisconsin

49.0%
Midwest
Peers

43.3%
NCI-IDD
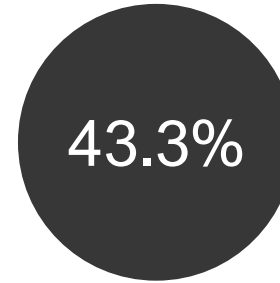
	Wisconsin	Illinois	Indiana	Missouri	NCI-IDD
Mean	49.9%	44.8%	50.6%	51.8%	43.3%
Median	34.0%	38.9%	45.1%	45.5%	33.3%

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Vacancy Rates as of Dec. 31, 2021

Number of provider agencies who responded in Wisconsin (N) = 136
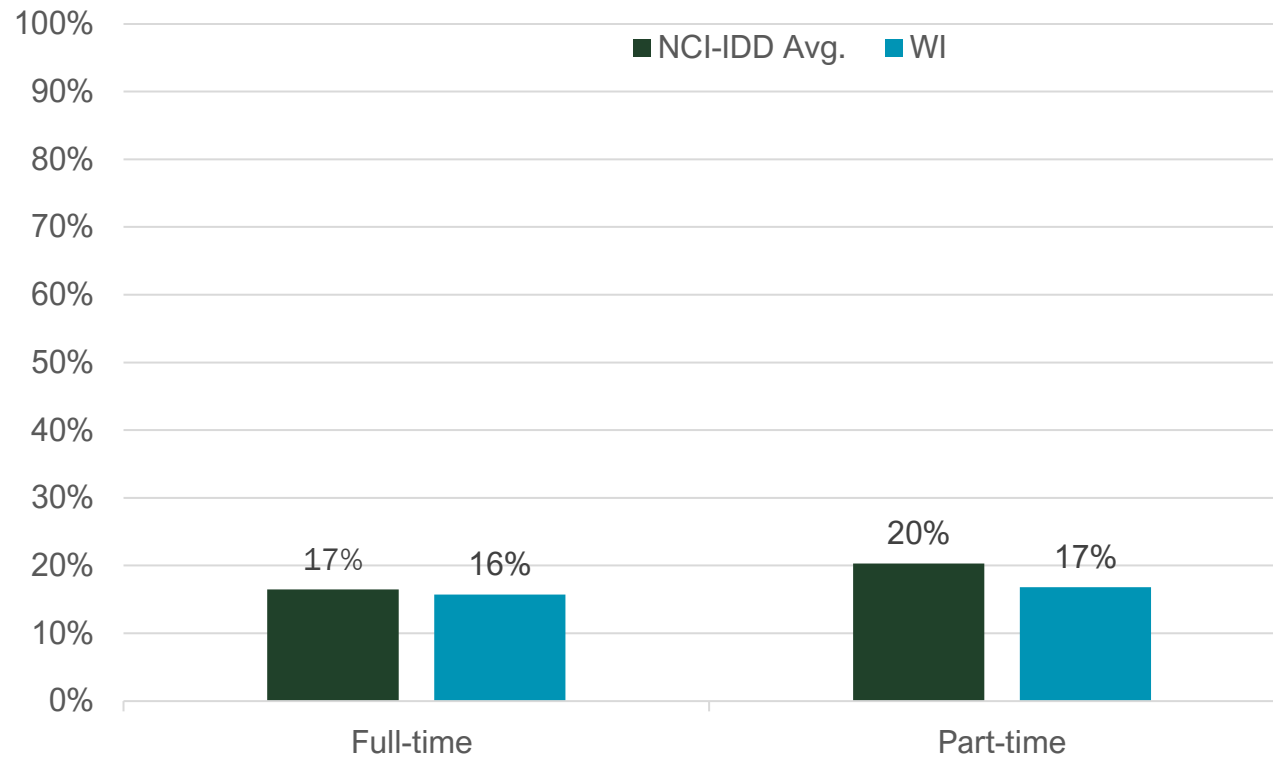
Vacancy Rates Benchmark: Full-Time
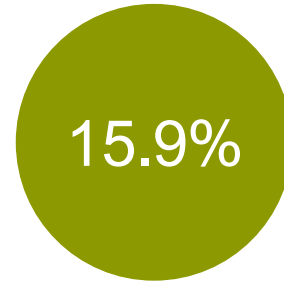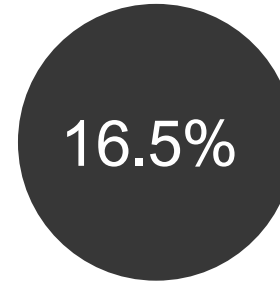
	Wisconsin	**Illinois**	**Indiana**	**Missouri**	**NCI-IDD**
Full-time	15.7%	17.3%	15.8%	14.7%	16.5%
Part-time	16.8%	22.5%	16.4%	18.0%	20.3%

Tenure Among Employed DSPs

DSPs on payroll statewide = 9,230
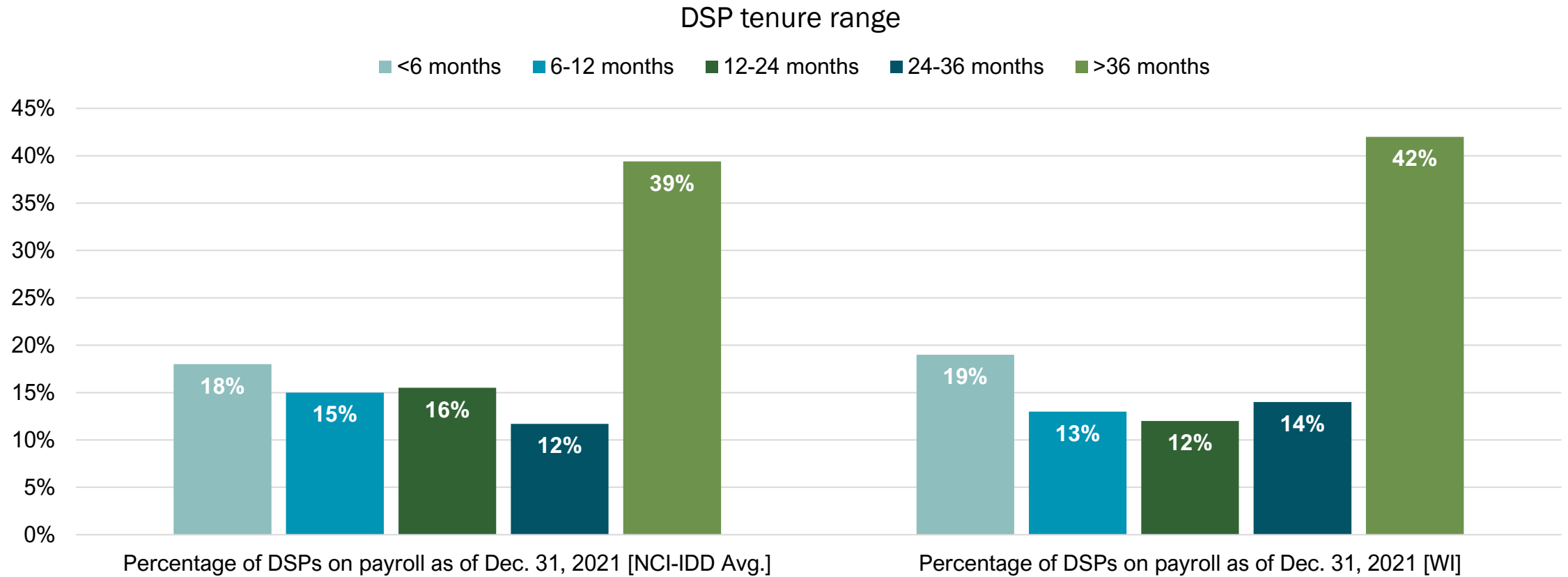
DSP tenure range

■ <6 months   ■ 6-12 months   ■ 12-24 months   ■ 24-36 months   ■ >36 months

	<6 months	6-12 months	12-24 months	24-36 months	>36 months
Percentage of DSPs on payroll as of Dec. 31, 2021 [NCI-IDD Avg.]	18%	15%	16%	12%	39%
Percentage of DSPs on payroll as of Dec. 31, 2021 [WI]	19%	13%	12%	14%	42%

Only includes agencies that provided information on both the total number of DSPs employed as of Dec. 31, 2021, and the tenure of those DSPs. State tenure rates are an average of all cases in the state. Only includes the number of DSPs reported by respondents that also reported the tenure of those DSPs.

NCI-IDD NATIONAL CORE INDICATORS *PEOPLE DRIVEN DATA*

Tenure Among Separated DSPs

DSPs separated statewide = 5,848

DSP tenure range

Legend: <6 months | 6-12 months | 12-24 months | 24-36 months | >36 months

Percentage of DSPs separated in 2021 [NCI-IDD Avg.]
- <6 months: 35%
- 6-12 months: 21%
- 12-24 months: 17%
- 24-36 months: 9%
- >36 months: 18%

Percentage of DSPs separated in 2021 [WI]
- <6 months: 36%
- 6-12 months: 20%
- 12-24 months: 15%
- 24-36 months: 9%
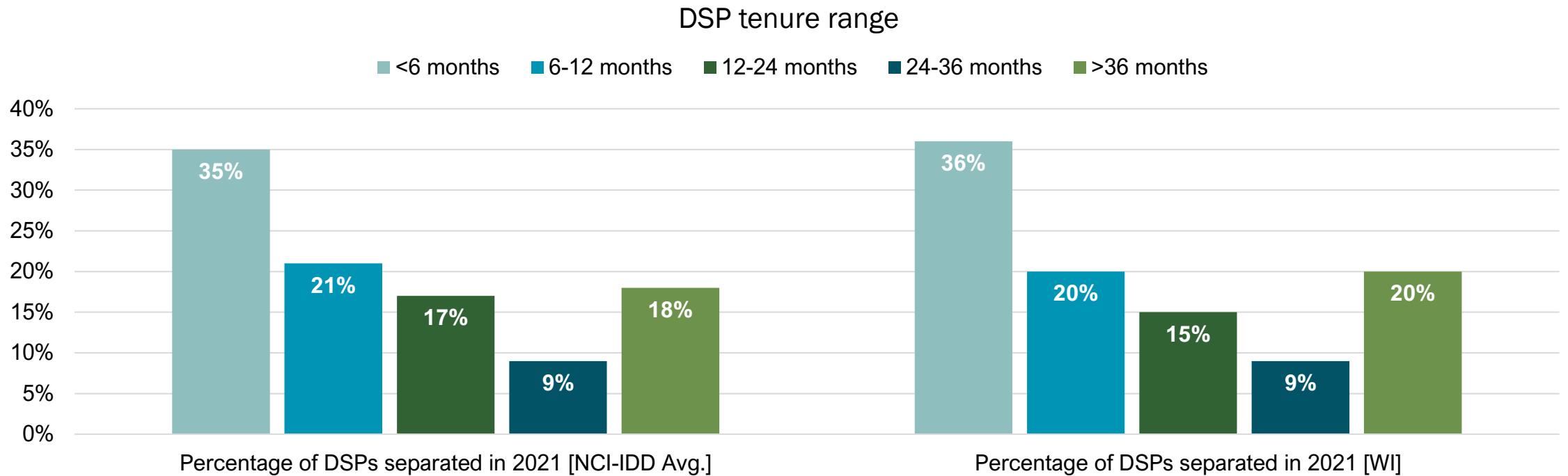- >36 months: 20%

Only includes agencies that provided information on both the total number of DSPs employed as of Dec. 31, 2021, and the tenure of those DSPs. State tenure rates are an average of all cases in the state. Only includes the number of DSPs reported by respondents that also reported the tenure of those DSPs.
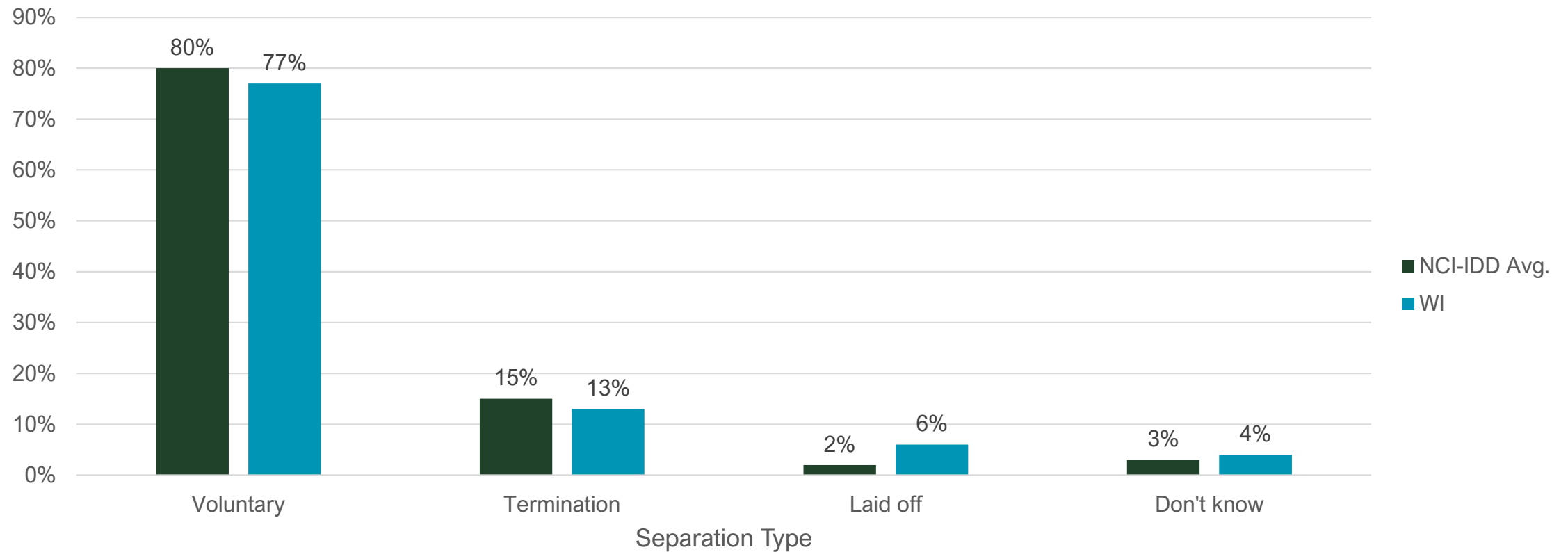
NCI-IDD NATIONAL CORE INDICATORS *PEOPLE DRIVEN DATA*

Circumstances for DSP Separation

Percentage of total separations between Jan. 1 and Dec. 31, 2021

Legend: ■ NCI-IDD Avg. ■ WI

Separation Type	NCI-IDD Avg.	WI
Voluntary	80%	77%
Termination	15%	13%
Laid off	2%	6%
Don't know	3%	4%

"Termination"= Due to performance issues or violation of agency policy. "Laid off" = DSPs were terminated because their position was eliminated

NCI·IDD NATIONAL CORE INDICATORS *PEOPLE DRIVEN DATA*

Average Hourly Wage of All DSPs
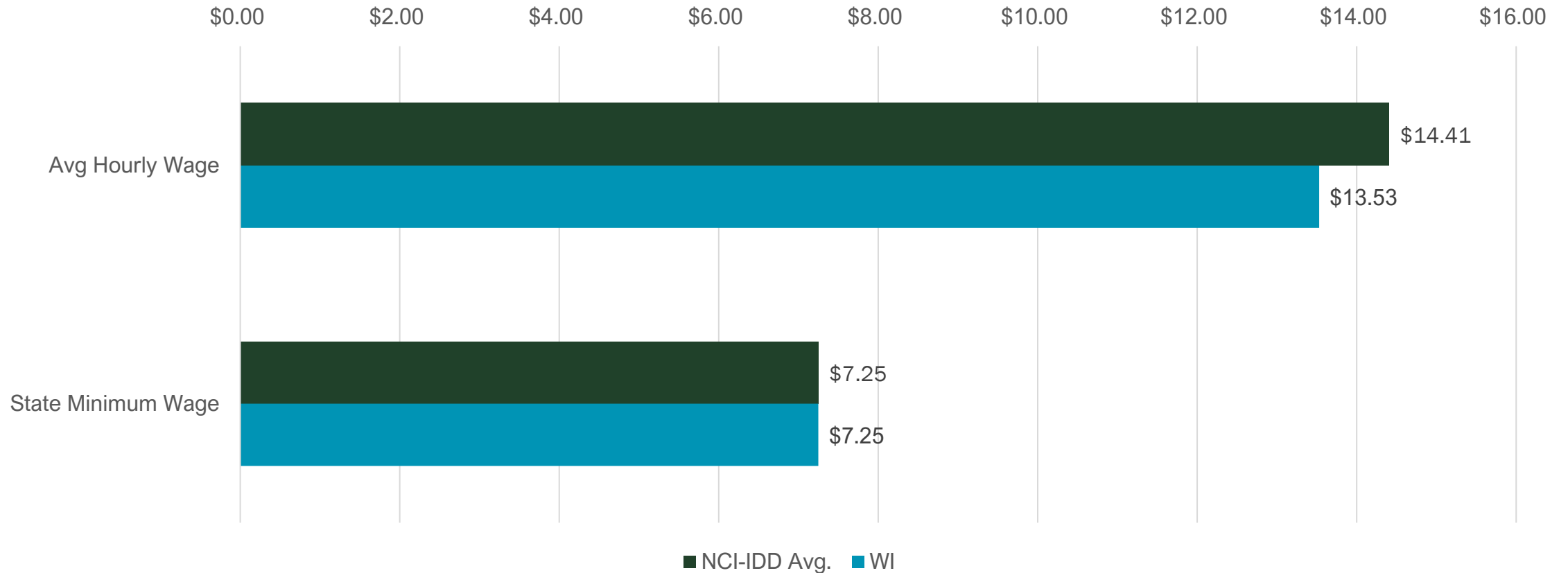
$7.25/hour is the federal minimum wage

Wages Benchmark: Overall Average Hourly

$13.53 — Wisconsin

$14.16 — Midwest Peers

$14.41 — NCI-IDD
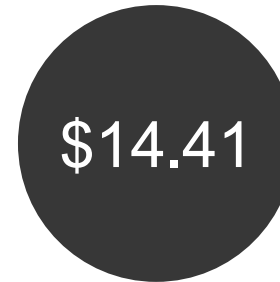
	Wisconsin	Illinois	Indiana	Missouri	NCI-IDD
State Minimum	$7.25	$11.00	$7.25	$10.30	$7.25*
Average Starting	$12.90	$13.97	$13.24	$12.84	$13.61
Overall Average	$13.53	$14.87	$13.93	$13.69	$14.41
Median	$13.50	$15.00	$14.14	$13.46	$14.50

*Federal minimum wage

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Health Insurance Benchmark

Wisconsin	Midwest Peers	NCI-IDD
39.9%	70.%	59.9%
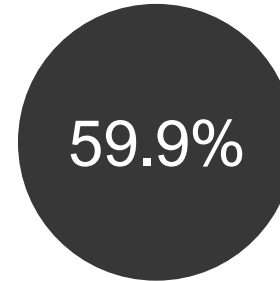
Wisconsin	Illinois	Indiana	Missouri	NCI-IDD
39.9%	78.8%	61.7%	71.0%	59.9%

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Agencies Providing Paid Time Off to DSPs
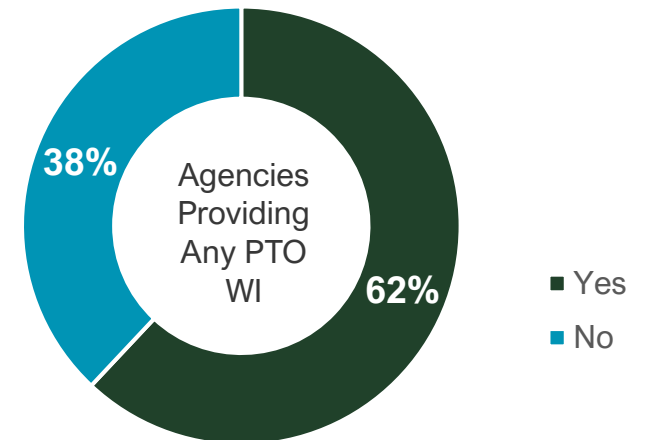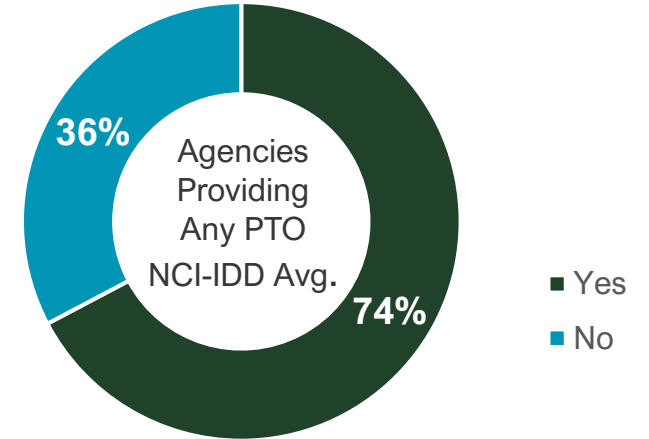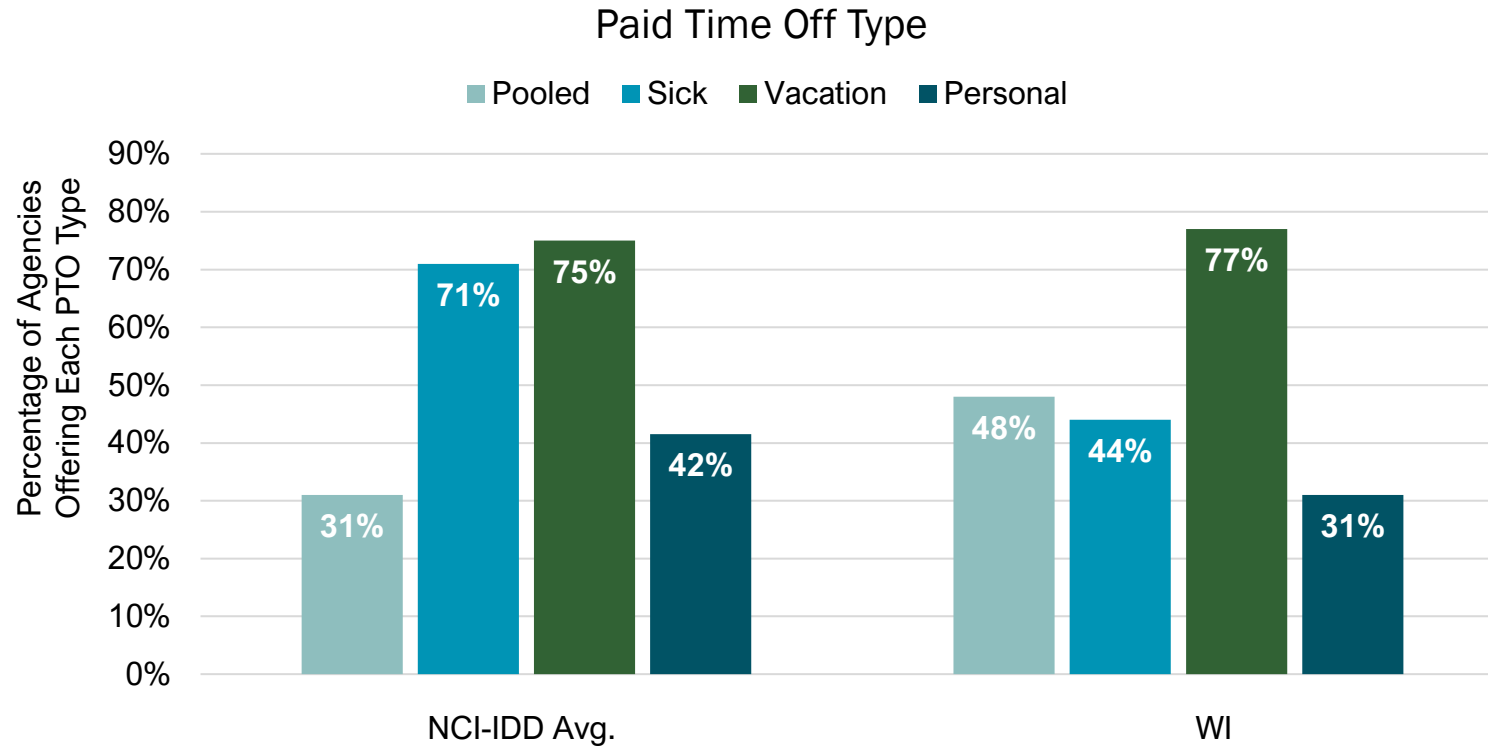
Paid Time Off Benchmark: Any Type
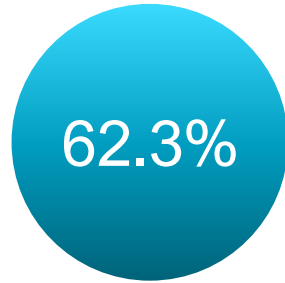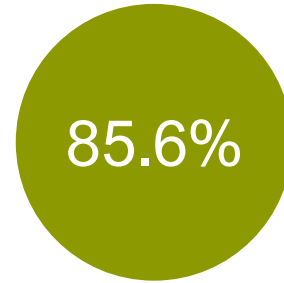
62.3%	**85.6%**	**73.7%**
Wisconsin	Midwest Peers	NCI-IDD
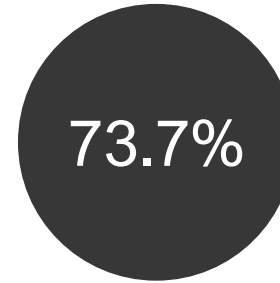
Wisconsin	Illinois	Indiana	Missouri	NCI-IDD
62.3%	92.4%	81.9%	82.6%	73.7%

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Agency Recruitment and Retention Strategies

Percentage of Agencies Implementing Each Strategy Type

■ NCI-IDD Avg. ■ WI

Strategy	NCI-IDD Avg.	WI
Pay Incentive or Referral Bonus	53%	56%
Realistic Job Preview	83%	84%
Code of Ethics Training	87%	84%
Ladder to Retain Highly Skilled Workers	32%	26%
Support to Acquire Credential	32%	32%
Bonuses, Stipends, or Raises Tied to Credentialling Process	29%	37%
Employee Engagement Surveys	53%	41%
Employee Recognition Programs	61%	57%
DSPs Included in Agency Governance	22%	15%
Training Required Above State Regulation	52%	47%

NCI·IDD NATIONAL CORE INDICATORS PEOPLE DRIVEN DATA

"What client groups do you serve?"

Percentage of agencies serving this population

Client group	Percentage
Other populations	11%
Children	20%
People with disabilities	74%
People who are blind	37%
People who are elderly	60%
People with an intellectual/developmental disability	91%
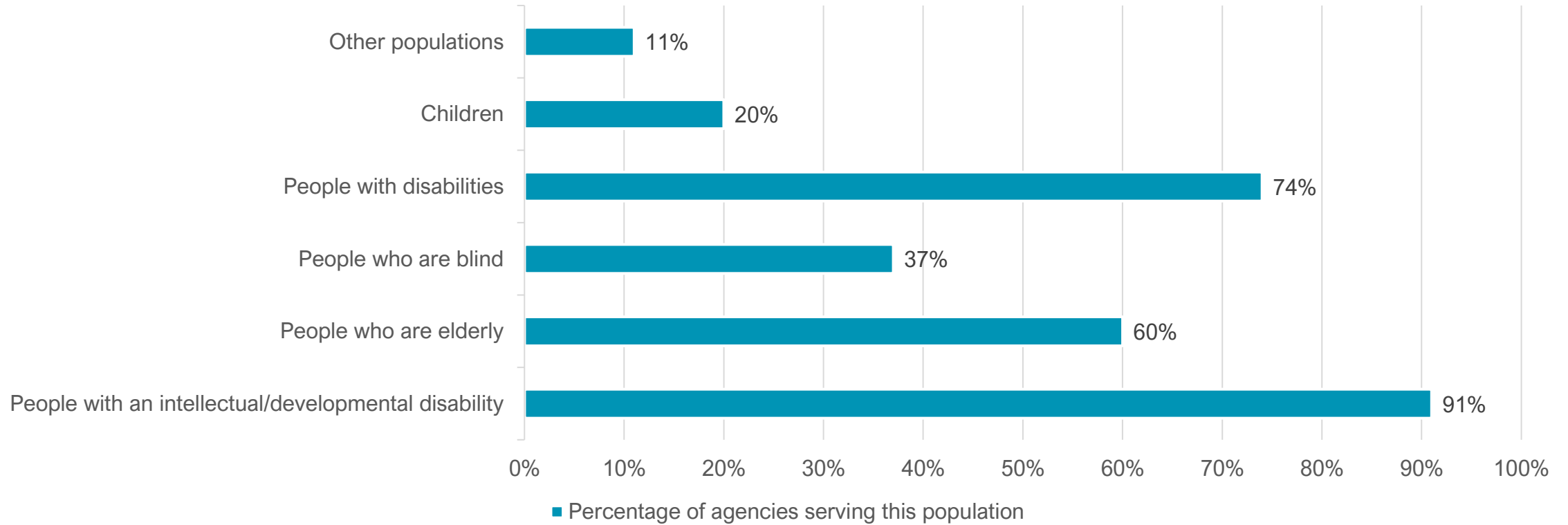
"At the end of 2021, please indicate your agency's business considerations."

- No changes to business model
- Anticipate expanding
- Anticipate contracting
- Anticipate Closing
- Don't know
- Other

49%

23%

11%

5%

8%

15%
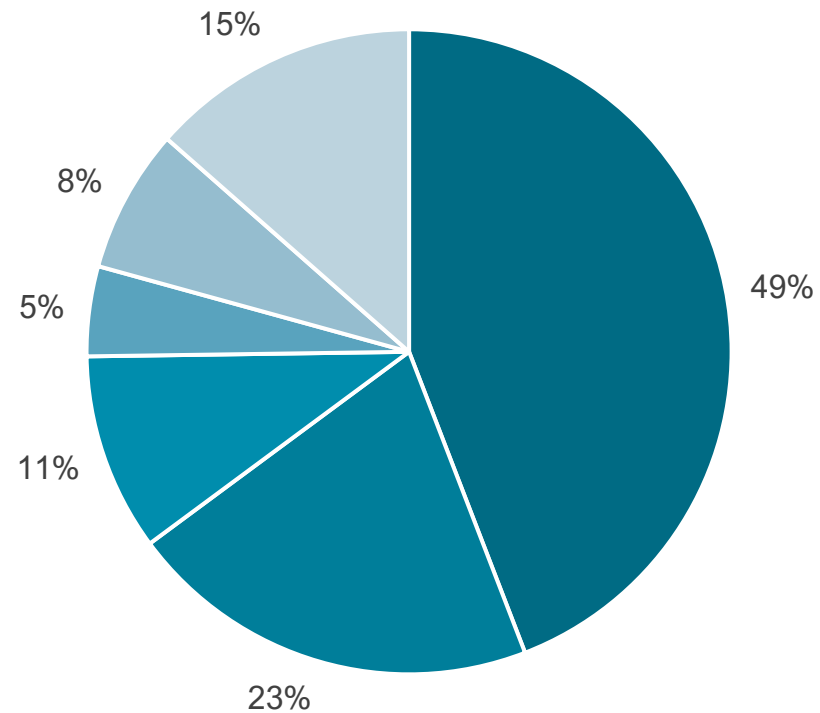
"Have you increased wages for your DCWs during 2021?"

- **77%** reported increased wages

"What is the longevity of your DCW workforce?"

- Agencies report an average of **5.3 years of service**

NCI·IDD
NATIONAL CORE INDICATORS
PEOPLE DRIVEN DATA
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"In your opinion, why are DCWs leaving their jobs?"

Reasons for Leaving

Reason	Percentage
Lack of support	8%
Travel time	11%
Working conditions	11%
Conflict with coworkers/management	13%
Lack of consistent schedule	19%
Inadequate benefits 1	29%
Low pay	73%

NCI-IDD
NATIONAL CORE INDICATORS
PEOPLE DRIVEN DATA
HSRI
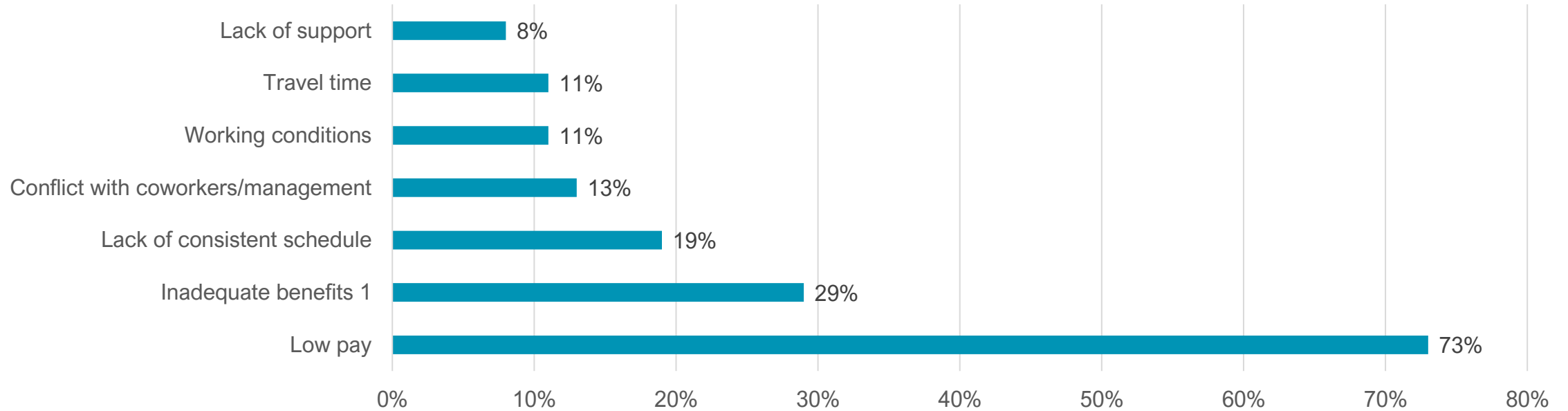
"Please estimate the percentage of clients/participants you had to turn away because you did not have enough DCWs to provide services."

- **24%** of respondents did not have to turn away any clients

- **33%** turned away 1-20% of clients

- **32%** turned away 21-50% of clients

- **11%** did not respond or did not know

"What tools do you need to strengthen to build your DCW workforce?"

1 Standardized Training for DCWs

2 Recruitment tools/resources

3 Retention tools/resources

4 Support for DCW workforce such as transportation, childcare

5 More funding to offer higher wages/benefits

"What are your biggest barriers for recruitment?"

Recruitment Barriers
(multiple responses allowed)

Barrier	Percentage
Cost of recruitment	28%
The inability of offer benefits	42%
Lack of qualified applicants	60%
Inability to increase hourly pay	71%
Lack of response to ads	71%

NCI·IDD NATIONAL CORE INDICATORS PEOPLE DRIVEN DATA HSRI
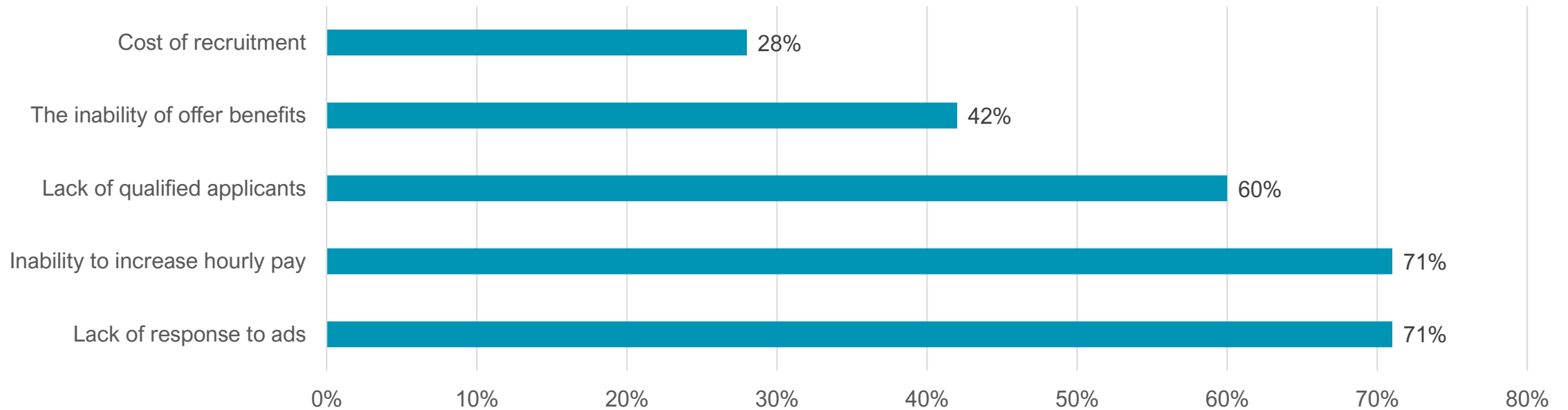
How are SoTW data being used?

NY is using SS data to conduct a deeper examination of predictors of tenure and turnover in the state

One state is offering small grants to providers willing to try something new and share their learning.

OH created innovation grants for providers which resulted in groundbreaking practices to retain DSPs

UT uses NCI data to advocate for, and assess outcomes of a wage increase

Federal researchers are looking at SS data to examine the effects of COVID and how providers can be supported better in emergencies

OR requires GH providers to complete the survey (imposes fines) and uses the data to monitor wages and other critical indicators of workforce stability

NCI-IDD NATIONAL CORE INDICATORS PEOPLE DRIVEN DATA

Going beyond anecdote.
What can states do with NCI-IDD data?

Learn	Organize	Work	Focus on
State can learn from the variation in your state	The state can organize a learning collaborative workgroup	Work with service provider trade associations	State can focus on the termination rates of DSPs.
• How can smaller agencies be supported as system changes are anticipated?	• Look for patterns or trends by size of agency, region of the state, or other categories • Use quality tools to identify improvement opportunities • Share best or emerging practices.	• analyze trends by size of the agency or type of service provided (residential, in-home, and/or non-residential). • Comparison of wage and benefit similarities and differences can provide insight into potential factors that may impact turnover.	• identify possible state or local agency policies contributing to higher-than-average rates of termination when compared to other states.

NCI·IDD NATIONAL CORE INDICATORS *PEOPLE DRIVEN DATA*

Contact Us

- Email us if you have questions or to be added to the Staff Stability Survey mailing list:

  - DHSDMSWIARPAHCBS@dhs.wisconsin.gov

- Sign up for general American Rescue Plan Act Home and Community-Based Services email updates: www.dhs.wisconsin.gov/aboutdhs/alerts.htm

- Website: www.dhs.wisconsin.gov/arpa/hcbs.htm

WISCONSIN DEPARTMENT
of HEALTH SERVICES

HSRI

To see the complete report, click [here](#)

WISCONSIN DEPARTMENT
of HEALTH SERVICES

Asset Purchase Briefing

Long Term Care Advisory Council

March 14, 2023

Curtis Cunningham, Assistant Administrator
Alicia Boehme, Bureau Director
Christian Moran, Bureau Director

To protect and promote the health and safety of the people of Wisconsin

Overview of Briefing

- General Overview
- Certification Process
- Stakeholder Engagement
- Overview of Stakeholder Feedback
- DHS-MCO Contract Acquisition Amendment

General Overview

What is happening

What is happening?

- There are two separate proposals to purchase MCOs currently contracted to provide Family Care services.

- An acquisition means a company buys the assets of another company or non-profit.

- The purchasing company then owns the assets as part of their larger business.

- Both companies already own entities providing long term care services in Wisconsin.

Humana, Inc

Humana Inc., (Humana) plans to purchase the assets of Inclusa, Inc.

Humana is a DHS-certified MCO for Family Care Partnership and HMO for BadgerCare Plus and Social Security Income (SSI) Medicaid.	Inclusa is a DHS-certified MCO for Family Care.

Molina Health Care

Molina Healthcare, Inc. (Molina) plans to purchase the assets of My Choice Wisconsin.

Molina is a DHS-certified HMO for BadgerCare Plus and SSI Medicaid.	Molina owns TMG. TMG is a DHS-certified IRIS Consultant Agency	My Choice is a DHS-certified MCO for Family Care and Family Care Partnership. It is also an HMO for BadgerCare Plus and SSI Medicaid.

Numbers

Current Long Term Care Population Distribution by Plan				
My Choice	TMG	Inclusa	iCare	Other Plans
21%	22.2%	20.7%	1.8%	34.3%

Post Asset Purchase Long Term Care Population Distribution by Plan**		
Molina	Humana	Other Plans
43.2%	22.5%	34.3%

* The numbers in these tables are estimated based on past enrollment distribution.

** If entities are purchased

Estimated Timeline for Plans Completing Preliminary Certification by April 2023

DHS Certification Process Complete by April 2023 → External Reviews Complete by July 2023 → Contracting Complete by July 2023
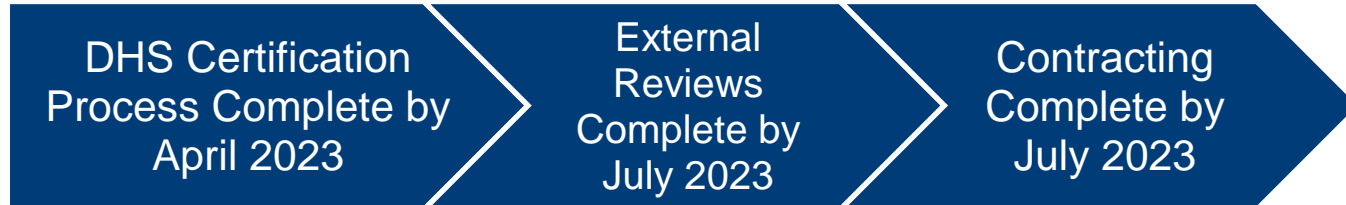
- The process may take less time or more time depending on how long the certification and external review processes take

- Timeline may be different for each company

- Other entities are also reviewing the asset purchase agreement

  - State of Wisconsin Office of the Commissioner of Insurance
  - The US Federal Trade Commission and US Department of Justice

Certification Process

What are entities required to provide to the Department of Health Services

MCO Certification Requirements

The purchasing entity must provide attestations and documentation of their transition plans for each of the following components

Administrative Services	Board Approval	Care Management Readiness	Employment	Financial Information
Governance Structure	Marketing and Member Materials	Member Records	Memoranda of Understanding	Organizational Structure and Environment
Policies and Procedures	Provider Contracts	Systems	Timeline	Transfer Agreements

MCO Work Plan

The purchasing entity must provide a 3-year work plan for each of the following components and provide DHS with ongoing reports

Assuring overall competence (auditing)	Building a unified culture	Care management competence	Care management resources and operations	Compliance/ Program integrity	Corrective action plan (if applicable)	Customer service operations
Disaster recovery plan	Employment stability	Enrollment operations	Financial stability	Fiscal operations	Functional screen department	Human resources
Internal and external communications	Information technology	Lease agreements	Marketing and communication	Member rights	Memoranda of understanding	Network systems
	Operational stability	Policies and procedures unification	Provider network	Quality operations		

HMO Certification Requirements

The purchasing entity must submit a readiness assessment for each of the following components

Operations	Member and Provider Impact	Provider Network	Rate Setting	Utilization Management
Change Management	Enrollment	Quality	Policies and Procedures	Credentialing
HMO Health Plan Integration	Systems	Materials (member/provider/internal)	Appeals & Grievances	
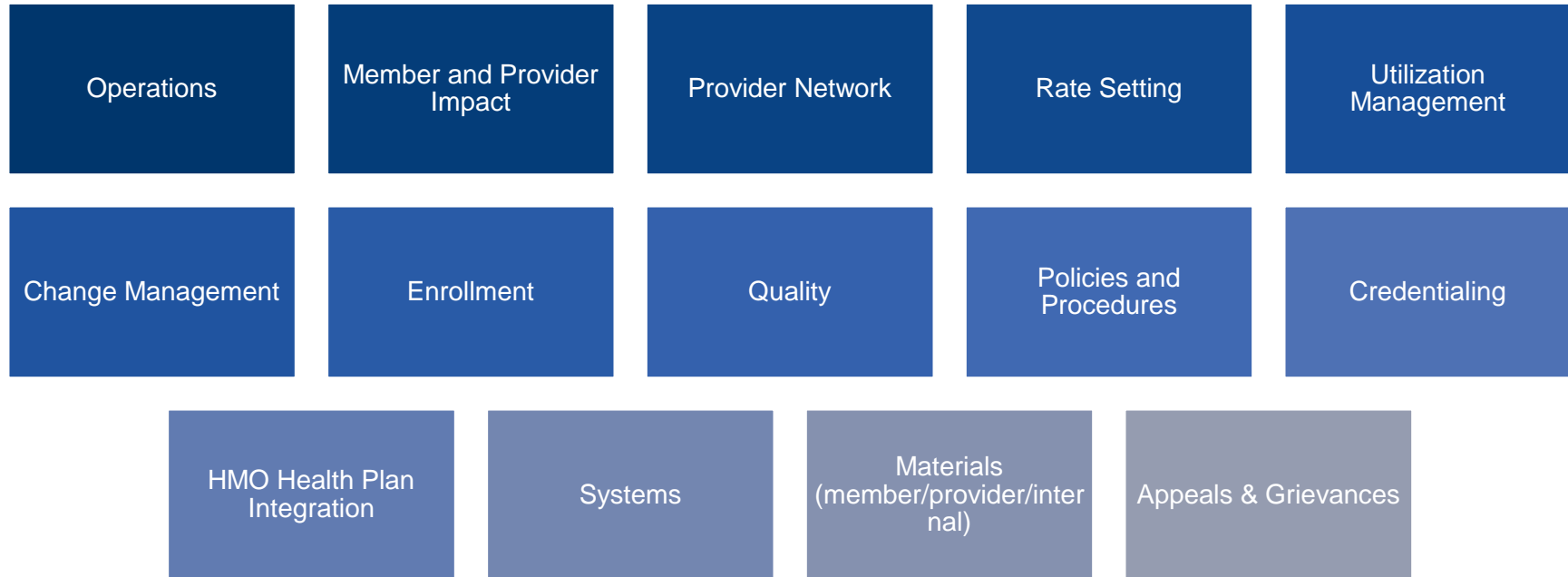
Stakeholder Engagement

Ways DHS has actively engaged stakeholders

Advocates and Stakeholder Engagement

- Active engagement with stakeholders to communicate and gather feedback

- Open-door policy for meeting request regarding the asset acquisition

Examples of communication and engagement:

- Long Term Care Advisory Council
- IRIS Advisory Council
- Long Term Care Advocates meeting
- Standing and other meetings with advocacy organizations
  - o Standing DMS meeting
  - o Survival Coalition
  - o BPDD
  - o DRW
- Two public forums
- Website established to post Q and As and certification information
- Disability Service Provider Network Conference

DHS Website

Stay connected by going to the DHS website at:
www.dhs.wisconsin.gov/Medicaid/mco-purchase.htm.

Forum Overview

- Dates & Times
  - Wednesday, December 14 from 9:00 AM – 11:00 AM
  - Thursday, December 15 from 6:00 PM – 8:00 PM
- Agenda
  - 30-minute DHS presentation
  - ~3-minute time allotment per individual
- Types of feedback
  - Verbal
  - By 1/10/2023, preferred
  - Email: dhsltccomments@dhs.wisconsin.gov
  - US Mail:
    Acquisitions
    DHS/DMS/BPP
    1 West Wilson, Room 518
    Madison, WI 53701-0309

Forum Numbers

Forum Date	# Registered	# Attended	# Presented	Duration
Wednesday, December 14	585	492	27	2.6 hours
Thursday, December 15	271	159	20	2.3 hours
Total	856	615	47	4.9 hours

some people attended both Wednesday and Thursday forums

Overview of Stakeholder Feedback

Concerns and suggestions

DMS Scope

Contracting

Oversight

Certification

National/For Profit Concerns

Stakeholder Concern	Action Plan
Profit as primary motivation • Mission of profit over people • Establish in and then exit from market • Profit levels will increase	✓ Contract change to increase termination sanctions ✓ Contract change to increase notice requirements ✓ Contract change to require presence in Wisconsin ✓ Current contract limits regarding profit
Power over others • Impact on competition • DHS ability to monitor • Market power (current locally grown providers and MCOs)	✓ Contract change to prohibit restricting provider right to contract with others ✓ Current strong contract and oversight of program and fiscal
Loss of local • Medicaid and Wisconsin taxpayer money leaving the state • For profit use of revenue; not infusing back into Wisconsin • Consumer representation on boards • Willingness to partner with Wisconsin associations and others	✓ Contract change to require presence in Wisconsin ✓ Current contract limits regarding profit ✓ Current contract requirement for board representation ✓ Current fiscal reconciliation and payback ✓ Molina and Humana currently communicating with various advocates and associations
Conflict of interest related to multiple lines of business	✓ Contract changes to clarify expectations and increase firewalls ✓ Effective oversight
History in others states	✓ Strong contract and oversight ✓ DMS reviewed HMO experience in LTC programs

Service Concerns

Stakeholder Concern	Action Plan
Impact on member choice	✓ Provider network requirements and continuity
Continuity of services	✓ Provider network requirements and continuity
Denial of services • Unwillingness to compromise • Increase in red-tape/grievances/appeals	✓ Current contract outlines the resource allocation decision and method and appeal and grievance processes ✓ Contract oversight and monitoring
Quality decline • Experience of poor quality services from Humana and Molina	✓ Current contract and monitoring: Annual quality review, quality plans, internal audits ✓ No current evidence
Responsiveness to member needs	✓ Monitored through annual quality review and oversight
High caseloads	✓ No change to contract requirements ✓ Currently monitored ✓ Publicly posted caseloads on ADRC scorecard
Decrease in positive member outcomes • Community integration and employment levels	✓ Monitored through the annual quality review and oversight ✓ Pay for performance initiatives

Provider Concerns

Stakeholder Concern	Action Plan
MCO contract rates too low for providers	✓ Outside scope of asset acquisition ✓ Rate setting process/minimum rates
Cuts to service provider rates	✓ Outside scope of asset acquisition ✓ Rate setting process/minimum rates
Ability to negotiate rates with Humana and Molina	✓ Rate setting process/minimum rates
Poor current treatment of providers by Humana and Molina	✓ Monitored through annual quality review and oversight ✓ No current evidence
Direction of services shifting away from established/current providers	✓ Network adequacy currently monitored ✓ MCOs generally looking to add to networks

Other System Concerns

Stakeholder Concerns	Action Plan
Health care companies' ability to be successful in LTC space	✓ Certification process requires entities to provide evidence
Health Equity	✓ Ongoing priority of DHS
Reduction in number of MCOs over years and possibility of continued trend	✓ Outside scope of asset acquisition ✓ Topic for further discussion
Current system not serving people adequately	✓ Outside scope of asset acquisition ✓ Topic for further discussion
Facility closures and movement of members	✓ Outside scope of asset acquisition ✓ Topic for further discussion
Families as unpaid caregivers	✓ Outside scope ✓ Topic for further discussion
Access to dental care and mental health treatment	✓ START Evaluation and next steps
DD Centers	✓ Outside scope

Suggestions Not Directly Related

Suggestion	Suggestion
Compensate unpaid supports	Consider travel time when considering whether to grant a provide network inadequacy waiver
Long Term Care Functional Screen changes	Require detailed provider capacity plans when an MCO is granted a provider inadequacy waiver
Get rid of MCOs and DHS run Family Care	Account for providers accepting Medicaid clients within provider network adequacy
Impose salary limitations on organizations	Research Illinois's HCBS
Capitation rates and other rate setting suggestions	Create Benefit Specialist positions in SHIP exclusively for Family Care and IRIS
Reduce case load sizes	Make member appeals process simpler & quicker
Provide contracts to members	Increase frequency of contractor reviews
Stronger ombudsmen contracts	End the Public Health Emergency
Pay differentials for workers with specialized skills and/or who provide care in underserved areas	Examine private equity ownership and controlling interest of providers
Bridge funding for members aging into Family Care from children's system	Create financial incentives for claims payment timing and adjudication quality

Suggestions Already Covered

Suggestion	How Covered
Performance bonuses	P4P 2023
DHS ability to terminate contract if member health or welfare in jeopardy	In contract
Create benchmarks for performance requirements	MetaStar, scorecard, annual certification, P4P, PIPs, report cards
Require COLAs to be built into provider contracts	Happens through rate band schedule
Require MCO RNs to check in with providers	In contract
Require monthly reporting on utilization, claims submissions, claim denials, appeals filed, etc.	In contract
Create strategic plan for loss of natural supports	In contract
Ensure plain language is required	In contract
People with lived experience on boards in meaningful ways	In contract
Prohibit MCO discrimination based on health status, life situation or anticipated future health needs	In contract
Provide contracts to members	On DHS website
More rigorous enforcement of fail to earn back pay for performance	Entity does not earn back money

Suggestions Already Covered

Suggestion	How Covered
Require a 3-year phased transition with "Transition Group" of current MCO managers providing oversight and member advocacy	Already require 3-year transition plan in certification process
Increase DHS transparency around certification process	Certification information on website
Measure proportion of provider's revenues from private pay vs. Family Care	Part of current ARPA project
Require proof of service delivery	We currently track through encounter data. EVV will help as well.
Require Humana and Molina to provide plan for how they will address care worker shortage as a part of certification	Currently part of certification requirements
Require process to maintain access to services if an MCO stops serving a geographic region	In contract
Require MCOs to meet with provider council quarterly	Currently in contract to meet annually; on list for contract change next contract year
Determine number of authorized service hours and compare with actual service hours to assess provider capacity	Currently part of encounter project. DHS will have access to this information

Considered Suggestions

Suggestions	Considered
Do not allow a company to own and run both Family Care and IRIS programs	✓ No legal ability to deny
Deny certification	✓ No ability to deny if certification criteria is met
Require entities to go through procurement process, not just certification	✓ Lack of precedence for waiting until procurement process
Require Humana and Molina to continue using WPS to process claims	✓ Private business decision
Require entities to provide the number of enrollee grievances submitted for the previous three years in every state they operate in.	✓ Will not give accurate picture of LTC service grievances
Require Humana and Molina to provide annual quality measures reported for Medicaid services and all other lines of business for the last three years, from every state they operate in.	✓ Current ability to check nationally reported measures
Five year moratorium on referring members to providers owned by Human and Molina	✓ Concerns about member rights to services and other unintended consequences

Considered Suggestions

Suggestion	How Covered
Require Humana and Molina to provide extensive information relating to their performance in the state they are applying in and every other state in which they operate. This includes: • utilization rates for various types of services • utilization rates by age, race, ethnicity • any enforcement actions taken against the applicant during the previous five years, including corrective action plans, financial sanctions and non-financial sanctions	✓ Utilization rates captured in monthly in encounters but not by age, race and ethnicity ✓ Enforcement actions captured in annual business plans and throughout the year for current programs ✓ Connection with OCI about ongoing status of current programs ✓ Contract requires entities to report corrective actions from State and Federal regulatory agencies

Suggestions for Future

Suggestion	Future Action
Prevent MCO who withdraws from Family Care from re-applying for a Family Care contract for at least two contract cycles	Will explore this suggestion ahead of 2025 procurement process
Examine Molina and Humana's performance related to their contracts	Will occur as a part of contract oversight
Revise grievance procedure to make more accessible to members and providers	Process identified in federal rule. Able to explore educational materials

DHS-MCO Contract Acquisition Amendment

Draft changes under consideration

DHS Authority

Wis. Stat. § 46.284
- Contract with entity that meets certification standards

DHS-MCO Contract
- Written consent from DHS required to assign contract

National/for-profit entity directing LTC services

Require MCOs to maintain at least fifty percent (50%) of their staff in Wisconsin

Entity guiding member to most profitable line of business

Adding contract language to require a data firewall for MCOs that are also involved in IRIS to address concern of moving members from capitated managed care to IRIS

Entity guiding member to most profitable line of business

Clarify MCO expectations about member enrollment choices

Prohibit MCOs from influencing member enrollment and disenrollment choices

Unexpected MCO termination

Update MCO requirement to give 6 months' notice rather than 90 days' notice to terminate the DHS-MCO contract

Establish that an MCO that terminates the contract before the end of the rate year is not eligible to earn back the P4P withhold

Unexpected MCO termination

Require MCO to be responsible for transition costs when withdrawing from a region

Controlling provider choice

Prohibit MCOs from prohibiting or discouraging providers from contracting with another MCO

Discussion

WISCONSIN DEPARTMENT *of* **HEALTH SERVICES**

Protecting and promoting the health and safety of the people of Wisconsin.

Definitions & Acronyms

- Managed Care Organization (MCO)
  Manages long term care and other services for members of Wisconsin Family Care, Family Care Partnership and Program of All-Inclusive Care of the Elderly (PACE)

- Health Maintenance Organization (HMO)
  Manages health insurance plans for individuals in the BadgerCare Plus and Social Security Income (SSI) Medicaid programs

- IRIS (Include, Respect, I Self-Direct)
  Wisconsin's self-directed program for adults with disabilities and people who are older and need assistance

- Department of Health Services (DHS)