DRAFT

OPEN MEETING MINUTES

Instructions: F-01922A

Name of Governmental Body: Wisconsin Long Term Care Advisory Council			Attending: Audrey Nelson, Beth Swedeen, Carol Escher, Christine Witt, Cynthia Bently, Denise Pommer, John Sauer, Lea Kitz, Mary Frederickson, Maureen Ryan, Sam Wilson,Tim Garrity
Date: 5/14/2019	Time Started: 9:30 a.m.	Time Ended: 3:30 p.m.	
Location: Clarion Suites at the Alliant Energy Center, Madison			Presiding Officer: Heather Bruemmer, Chair

Minutes

Members absent: Cathy Ley, Robert Kellerman, Roberto Escamilla II

Others present: Betsy Genz, Brenda Bauer, Carrie Molke, Cathy Klima, Curtis Cunningham, Gail Propsom, Jie Gu, Kevin Coughlin, Kim Marheine, Kiva Graves, Suzanne Ziehr

Meeting called to order

The minutes from the March 2019 meeting were unanimously approved on a motion from Carol Escher, seconded by Maureen Ryan.

Department Updates, presented by Curtis Cunningham and Carrie Molke

DMS updates

- Employment First plan and report anticipated to be released around July 1
- MAPP Advisory Workgroup has begun meeting
- 2nd EVV forum was held on April 10th
- Family Care Waiver has been submitted to the Joint Finance Committee for review.
  - Public comment will be for 30 days, starting at the end of month
- Solicitation for IRIS wavier suggestions occurred
- HCBS
  - Residential compliance review has been completed
  - Non-Residential survey has started with PCG visiting centers
  - DHS is waiting on CMS to review first 5 heightened scrutiny settings
- Currently working on the 2020 Family Care contract, any comments need to be submitted by June 7
- Waitlist for Children LTS is under 1000 individuals

DPH updates

- Anne Olson is now working with DWD. DHS will be recruiting for a new ORCD Director
- Jean Ayres is the new Division Administrator for DPH
- Dementia Redesign
  - Workgroups have begun meeting
- Care Giver Taskforce
  - Anticipating we will hear who the members are shortly, they are being selected by governor's office
  - DHS will staff the taskforce
- Aging and ADRC integration is a BADR priority
- State Health Assessment (SHA)
  - Continuing to have conversations with different groups
  - Deadline to gather input has been extended
- A reorganization is planned for ACL
  - They are moving from a regional model to a model where the majority of staff are in DC

Ombudsman update, presented by Lea Kitz and Kim Marheine
- Leslie Stewart, the new program manager with DRW, was introduced
- Lea provided background on DRW and the organization's purpose
  - DRW does not do on-going case management
    - Only hears about problems member have
  - DRW has 10.5 FTE ombudsman throughout the state
  - Won procurement to provide ombudsman services for the next 5 years
- Kim provided background on BOALTC
  - Rarely hear anything other than a complaint but are able to resolve most of complaints in informal processes
  - BOALTC started about a year ago as ombudsman for the IRIS program
    - Most IRIS casework has been resolved
    - Only 1 out of 100 have had to go to a State Fair hearing
  - BOALTC has 17 FTE ombudsman
- BOALTC scope is broader than DRW, so reports are not identical
  - Walked through areas that both agencies see largest number of complaints from
- Ombudsman organizations meet annually with MCOs and ICAs
- *Council Suggestions:*
  - Look at themes of complaints and how council can work to address the themes

Family Care and IRIS Wavier Updates, presented by Betsy Genz
- The 1915(b) and 1915 (c) waivers for Family care waivers expire the end of 2019
- The waivers are with the Joint Finance Committee (JFC) for review
  - JFC has until May 30 to complete their review process
  - Generally we don't name specific providers in the waiver, but named United Community Center to avoid conflict of interest issues
  - Only change to 1915(b) waiver was related to PIPs
- *Council Suggestion:*
  - For room and board calculations, the council would like clarification on what the change actually works out to be for members
  - Let council know when JFC makes a decision and add a link to the webpage

Public Comments

Comments were heard from 1 individual
- Wendy Kaplan:

    Guardian of an IRIS participant and volunteer with BOALTC. Ombudsman programs are invaluable programs. I have used DRW and I've been helping other individuals as well. I've been hearing for a long time that it's taking a long time for rate changes. Been told it's been taking 2 months for requested rate changes in IRIS. IRIS is more bureaucratic than it needs to be and it is very restrictive and less flexible than it used to be. Also, it's important that the definition of self-direction in IRIS not be changed. The self doesn't mean they can't receive assistance from family members. People with cognitive disabilities are not able to self-direct without assistance. That would eliminate those from IRIS and what IRIS stands for. Support brokers have been a valuable services and the role is not limited. That it maintains that it's broad and there is flexibility. Personally there is a change from the previous situation with the state and has cost the state money.

Consumer Survey Results, presented by Gail Propsom and Jie Gu
- Dane County consumers were not included in the first surveys for FC and IRIS since the programs hadn't been available in Dane County long enough
  - There were some members from Dane County Partnership included in the survey
- IRIS and Family Care questions are different, but tried to make them as similar as possible.
- It was possible to have an IRIS participant received one, both, or none of the surveys since the ICA and FEA surveys were sent separately.

- Some of the survey data was used for P4P with Family Care
- Consumers will have the information after they make a programmatic decision and before they make a decision on their providers
- For the 2019 and 2020 surveys, the State is looking to keep the questions as similar as possible to be able to look at trends
- *Council suggestion*
  - Have info broken out by ICA/FEA/MCOs, that would be helpful to consumers and ADRCs

Introduction to Long Path thinking, presented by Carrie Molke
- Council watched TED talk video (link in agenda)

Long Path Breakouts, presented by Heather Bruemmer
- This item will be held for the July meeting

Long Path Group Discussion, presented by Heather Bruemmer and Carrie Molke
- Need to look past the 2 year budget timeframe and focus on:
  - Short-termisn
  - Transgenerational Thinking
  - Futures Thinking
  - Telos Thinking

Walk-On
- Care Wisconsin
  - Recent Article in Wisconsin State Journal related to Care Wisconsin
  - DHS is monitoring the situation and doesn't have any current concerns
  - Care Wisconsin is going through a leadership transition and selecting a new CEO and CFO
- Medicaid Expansion
  - There were a lot of good things in the budget related to Medicaid that would bring in federal money
  - The proposal was removed by the JFC

Council Business
- Strategy for how LTCAC will interface with Caregiver Taskforce will be determined after the taskforce has started meeting

Adjourn
Motion to adjourn the meeting made by Cindy Bently, and seconded by Audrey Nelson. The meeting was adjourned unanimously

Prepared by: Suzanne Ziehr on 5/14/2019.

These minutes are in draft form. They will be presented for approval by the governmental body on: 7/9/2019

The Long Path

Long Term Care Advisory Council

July 9, 2017

Introduction to the Long Path

- THE LONG PATH

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Short-termism

Transgenerational Thinking

- Rather than using a year or two as a unit of measurement for planning, take into account the impact you can make over your lifetime

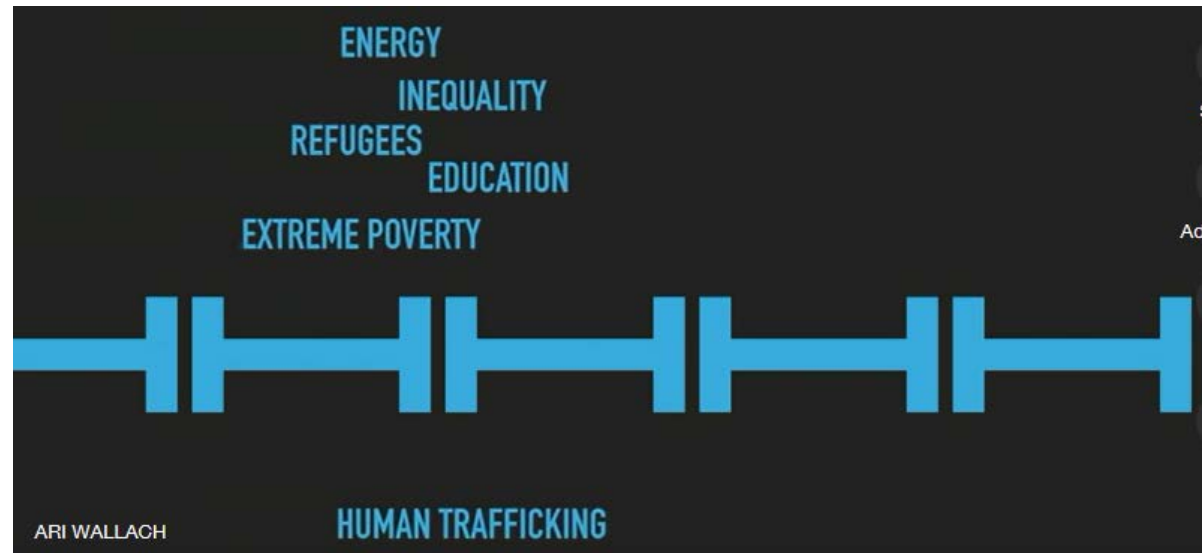- Forces us to ask: "What is my role in solving that problem?"

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Transgenerational Thinking

- Make decisions while taking into account the impact your choices will make on future generations
- Seventh generation principle taught by Native Americans

Futures Thinking

- Thinking ten, fifteen, twenty-five, one hundred years out

- While doing so, challenge ourselves to push past dominant cultural lens (which is thinking technology is the only solution)

Futures Thinking

- State Health Assessment: "Forces of Change"
- LTCAC considered trends across:
  - Political
  - Social
  - Economic
  - Scientific
  - Environmental
  - Technological
  - Ethical
  - Legal

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Telos Thinking

- With the end in mind
- To what end?
- What will come after we solve that problem?
- What is our ultimate aim?
- What is our ultimate purpose?

WI Long-path Initiative

- Purpose: to set a 2040 vision and develop initiatives in preparation for the next generation of older adults and people with disabilities

- This project works with diverse partners and communities across the state to anticipate future needs and plan for system changes that may be necessary to respond to those needs

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Milestones

- Plan and organize (6/1/19-12/31/19)
- Collect and compile data (6/1/19-12/31/19)
- Build local infrastructure
  - Develop strategy and prepare partners (7/31/19-12/31/19)
- Implement local conversations (1/1/20-6/30/20)

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Milestones

- Implement regional conversations (7/30/20-12/31/20)

- Statewide summit (1/1/20-6/31/21)

  - Vision and Plan (7/1/21-12/31/21)

- Plan implementation begins (12/31/21)

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Aging & Disability LONG PATH Initiative Timeline and Deliverables

6/30/19 - 12/31/19	12/31/19 – 6/30/20	6/30/20 - 12/31/20	12/31/20 - 6/30/21	6/30/21 - 12/31/21

6/30/19 - 12/31/19

Plan & Organize

Collect & Compile Data

Build Local Infrastructure

Local Community Conversations

Regional Conversations (7/30/20)

Statewide Summit

Vision & Plan Development

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Role of Long-path Consultant

- Design local listening sessions/facilitate 10
- Develop/facilitate five regional meetings
- Develop/facilitate the statewide summit
- Develop a report detailing the 2040 Vision and Plan

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Role of LTCAC

- Serve as the Steering Committee
- Planning
  - Data, community conversations, statewide summit, vision/plan
- Implementation of the Initiative
  - Sustainability
  - Evaluation
  - Maintenance of community capacity

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Examples of LTCAC Steering Committee Input Needed

1. What key data would be helpful – quantitative and qualitative?

   - Review quantitative data: health information, demographics, SHA, health outcomes, trends, projections…what else do we need?

   - Do we need to do additional qualitative data gathering? If so: who, what, when, where, why, how…?

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Examples of LTCAC Steering Committee Input

2. Partner mapping/Power mapping
   - Who are our partners? Who are we in relationships with? What's the nature of those relationships? How can we strengthen our collective capacity to act?

3. Who can serve as catalysts/facilitators?
   - What training do they need?
   - What tools do they need?
   - Facilitation guides/common set of questions?

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Examples of LTCAC Steering Committee Input

4. How do we ensure we hear from diverse groups? How do we engage diverse groups? How do we engage younger generations too?

5. Outreach- how do we get full and broad community participation?

…and more!

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LTCAC Steering Committee Input *for Today*

- What are the committee's thoughts about serving as the steering committee for this project?

- Who might be missing?

- What are the committee's thoughts about how this initiative is structured?

- What else should be considered?

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Next Steps

- Journey of Facilitation and Collaboration (JOFC) consultants attend next meeting: provide training to the LTCAC/steering committee on concepts we will be using over the course of the initiative.

- Begin to collect LTCAC input on aspects of the project.

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Options Scorecard
Long Term Care Advisory Council

July 9, 2019

Jasmine Bowen, Quality Assurance Program Specialist
Bureau of Adult Programs and Policy

Project Plan

March/April

Select scorecard measures

May

Validate scorecard

June/July

Finalize Options Scorecard and ADRC training materials

Aug

Train pilot ADRCs and begin pilot

Sept

Complete pilot and review feedback

Nov/Dec

Adjust and implement scorecard
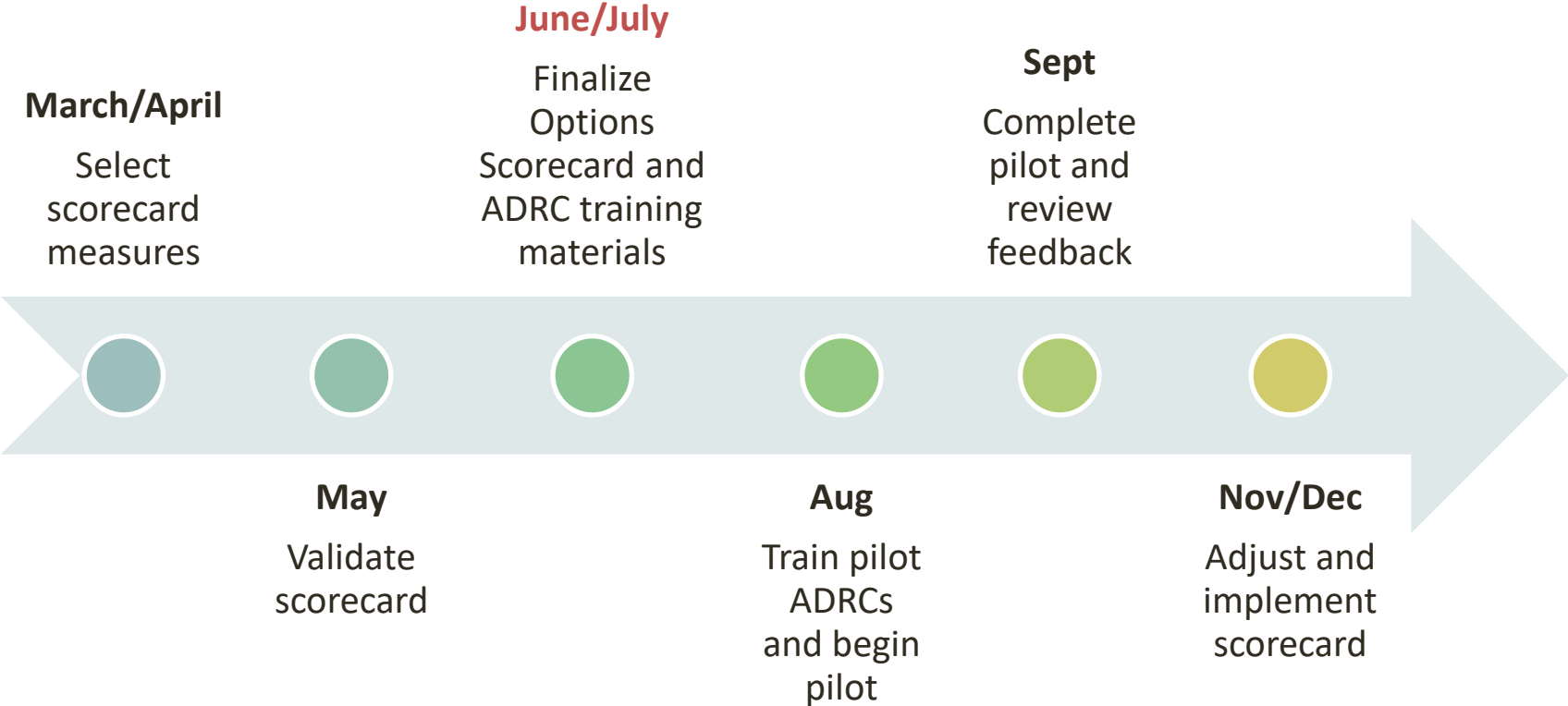
Summary

- MCOs, ICAs, and FEAs validated accuracy of scorecard star ratings.
- DHS worked with the 14 pilot ADRCs to develop scorecard training materials for participating enrollment counselors
- Scorecard Steering Committee decided to consolidate the current ADRC "Options Charts" with the new new Options Scorecard
- DHS sent Options Scorecard with finalized ratings data to MCOs, ICAs, and FEAs
- Next Steps:
  1. Review combined options scorecard
  2. Review enrollment counseling training materials

Notes

- The Options Scorecard is used during enrollment counseling *after* a program selection has been made.
  - "This options scorecard should be used only for comparing MCOs, not for comparing between the Family Care and IRIS programs" header will appear at top of scorecard
- All ratings are based on the following five star scale:

Stars	Rating
★★★★★	Excellent
★★★★	Very Good
★★★	Good
★★	Fair
★	Poor

Family Care Scorecard

Family Care	Community Care, Inc.	Care Wisconsin First, Inc.	Inclusa, Inc.	Lakeland Care, Inc.	My Choice Family Care
MEMBER SURVEY					
Overall Satisfaction	★★★★	★★★★	★★★	★★★★	★★★
Care Team Responsiveness	★★★★	★★★★	★★★	★★★★	★★★★
Care Team Quality of Communication	★★★★	★★★★	★★★★	★★★★	★★★★
QUALITY & COMPLIANCE					
Meeting Quality Standards	★★★★★	★★★★★	★★★★★	★★★★	★★★★★
Rights and Protections	★★★★★	★★★★	★★★★	★★★★★	★★★★★
Quality and Timely Services	★★★★★	★★★★	★★★★★	★★★	★★★★
Grievance System	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★
CARE TEAM CHARACTERISTICS					
Care Manager Turnover	★★★★	★★★★	★★★★	★★★★★	★★★
Nurse Turnover	★★★★	★★★★	★★★	★★★★	★★★
Care Manager to Member Ratio	1:42	1:40	1:36	1:45	1:40
Nurse to Member Ratio	1:84	1:80	1:72	1:58	1:70
ADDITIONAL INFORMATION					
MCO Website	www.communitycareinc.org	www.carewisc.org	www.Inclusa.org	www.lakelandcareinc.com	www.mychoicefamilycare.org
Email	N/A	enrollsrvcs@carewisc.org	info@inclusa.org	info@lakelandcareinc.com	info@mychoicefamilycare.org
Address of Closest Office(s)	*Varies for each options chart*	*Varies for each options chart*	*Varies for each options chart*	*Varies for each options chart*	*Varies for each options chart*
Phone Number(s)	*Varies for each options chart*	*Varies for each options chart*	*Varies for each options chart*	*Varies for each options chart*	*Varies for each options chart*
Provider Directory	www.communitycareinc.org/members-families/provider-directories	www.carewisc.org/familycare/familycare_providerdirectorysearch	https://providerdirectory.inclusa.org/	www.lakelandcareinc.com/providers	www.mychoicefamilycare.org/provider-directories/
Type of Agency	Not for profit	Not for profit	Not for profit	Not for profit	Not for profit
Number of Counties the MCO Serves	14	44	52	23	26

Partnership Scorecard

Family Care Partnership	Community Care, Inc.	Care Wisconsin Health Plan, Inc.	iCare
MEMBER SURVEY			
Overall Satisfaction	★★★	★★★	★★★
Care Team Responsiveness	★★★	★★★	★★★
Care Team Quality of Communication	★★★★	★★★★	★★★★
QUALITY & COMPLIANCE			
Meeting Quality Standards	★★★★★	★★★★★	★★★★
Rights and Protections	★★★★★	★★★★	★★★★
Quality and Timely Services	★★★★★	★★★★	★★★★
Grievance System	★★★★★	★★★★★	★★★★★
CARE TEAM CHARACTERISTICS			
Care Manager Turnover	★★★	★★	★★★★
Nurse Turnover	★★★★	★★	★★
Care Manager to Member Ratio	1:55	1:53	1:38
Nurse to Member Ratio	1:55	1:53	1:76
Nurse Practitioner to Member Ratio	1:110	1:120	1:152
ADDITIONAL INFORMATION			
MCO Website	www.communitycareinc.org	www.carewisc.org	www.icarehealthplan.org
Email	N/A	enrollsrvcs@carewisc.org	N/A
Address of Closest MCO Office	*Varies for each options chart*	*Varies for each options chart*	*Varies for each options chart*
Phone	*Varies for each options chart*	*Varies for each options chart*	*Varies for each options chart*
Provider Directory	www.communitycareinc.org/members-families/provider-directories	www.carewisc.org/partnership/partnership_providerdirectorysearch	www.icarehealthplan.org/FindProvider
Type of Agency	Not for profit	Not for profit	For Profit
Number of Counties the MCO Serves	9	8	5

PACE Scorecard

PACE	Community Care, Inc.
MEMBER SURVEY	
Overall Satisfaction	★★★★
Care Team Responsiveness	★★★★
Care Team Quality of Communication	★★★★★
QUALITY & COMPLIANCE	
Meeting Quality Standards	★★★★★
Rights and Protections	★★★★★
Quality and Timely Services	★★★★★
Grievance System	★★★★★
CARE TEAM CHARACTERISTICS	
Care Manager Turnover	★★★
Nurse Turnover	★★★★
Care Manager to Member Ratio	1:65
Nurse to Member Ratio	1:65
Nurse Practitioner to Member Ratio	1:150
ADDITIONAL INFORMATION	
MCO Website	www.communitycareinc.org
Phone	Toll Free: (866) 992-6600 TTY: WI Relay 711 or (800) 947-3529
Address	205 Bishops Way Brookfield, WI 53005
Provider Directory	www. communitycareinc.org/members-families/provider-directories
Counties the MCO Serves	Milwaukee, Waukesha, Racine
Type of Agency	Not for profit

ICA Scorecard

IRIS Consultant Agency (ICA)	TMG	Connections, Lutheran Social Services	Advocates4U	First Person Care Consultants	Midstate Independent Living Choices	Progressive Community Services*	Consumer Direct for Wisconsin, LLC*
PARTICIPANT SURVEY							
Overall Satisfaction	★★★★	★★★★	★★★★	★★★★	★★★★	-	-
IRIS Consultant Responsiveness	★★★★	★★★★	★★★★	★★★★	★★★★	-	-
IRIS Consultant Quality of Communication	★★★★★	★★★★★	★★★★	★★★★★	★★★★	-	-
QUALITY & COMPLIANCE							
Meeting Quality Standards	★★★★	★★★★	★★★★	★★	★★★	-	-
Service Plan	★★★★	★★★★	★★★	★★★	★★★	-	-
Participant Education	★★★	★★★	★★★	★	★★	-	-
Quality and Timely Services	★★★★★	★★★★	★★★★	★★	★★	-	-
IRIS CONSULTANT CHARACTERISTICS							
Consultant to Participant Ratio	*Pending*	*Pending*	*Pending*	*Pending*	*Pending*	*Pending*	*Pending*
ADDITIONAL INFORMATION							
Website	www.tmgwisconsin.com	www.connectionswis.org	www.irisadvocates4u.org	www.firstpersoncare.com	www.milc-inc.org	www.pcsdane.org	www.consumerdirectwi.com
Phone/Fax	Phone: 844-864-8987 Fax: 608-255-0898	Phone: 844-520-1712 Fax: 844-638-7723	Phone: 877-739-2203 Fax: 414-755-1784	Phone: 414-336-2448 Fax: 414-755-7247	Phone: 715-344-4210 Fax: 715-344-4799	Phone: 608-848-8305 Fax: 800-846-5170	Phone: 877-785-9991 Fax: 877-785-9992
Email	IRISinfo@tmgwisconsin.com	connections@lsswis.org	https://irisadvocates4u.org/	info@firstpersoncare.com	milc@milc-inc.org	information@pcsdane.org	infoCDWI@consumerdirectcare.com
Address	1 South Pinckney St. Suite 320 Madison, WI 53703	6737 W Washington St. Suite 2275 West Allis, WI 53214 *Additional offices in Eau Claire, Appleton, Sturgeon Bay, Madison, and Racine*	11051 N Towne Square Rd. Mequon, WI 53092 *Additional office in Milwaukee*	6100 North Baker Rd. Suite 100A Glendale, WI 53209	3262 Church Street Stevens Point, WI 54481	100 Enterprise Dr, PO Box 930224 Verona, WI 53593	744 Ryan Dr. Suite 201 Hudson, WI 54016
Type of Agency	For profit limited liability company (LLC)	Nonprofit organization	Nonprofit limited liability company (LLC)	Nonprofit organization	Nonprofit limited liability company (LLC)	Nonprofit limited liability company (LLC)	For profit limited liability company (LLC)
State Contracted	7/15/2008	7/1/2015	7/11/2016	8/1/2016	6/15/2016	10/1/2017	1/2/2019
Number of Counties the ICA Serves	72 (available statewide)	53	35	18	15	1	6

* Survey and Quality & Compliance ratings are not yet available for Consumer Direct and Progressive Community Services because they are newer ICAs. Both are fully certified to offer the IRIS program.

FEA Scorecard

Fiscal Employer Agent (FEA)	iLife Financial Management Services	GT Independence	Outreach Health Services	Premier Financial Management Services
PARTICIPANT SURVEY				
Overall Satisfaction	★★★★	★★★★	★★★★★	★★★★
Responsiveness	★★★★	★★★	★★★★	★★★★
Quality of Communication	★★★★	★★★★	★★★★★	★★★★

ADDITIONAL INFORMATION				
Website	www.ilifefms.com	www.gtindependence.com	www.outreachhealth.com/wi	www.premier-fms.com
Phone/Fax	Telephone: 888-800-5599 Facsimile: 888-809-1224 Timesheet Fax: 888-809-1224	Telephone: 877-659-4500 Facsimile: 888-972-3891 Timesheet Fax: 855-329-8648	Telephone: 715-494-9440 Facsimile: 800-687-9440	Telephone: 855-224-5810 Facsimile: 855-471-1731 Timesheet Fax: 888-210-9660
Email	IRIS@ilifefms.com	iris@gtindependence.com	wisconsin@outreachhealth.com	IRIS@premier-fms.com
Address	6100 N. Baker Rd, Milwaukee, WI 53209 *5 Wisconsin offices: Central Milwaukee, Eau Claire, Madison, Rice Lake and Wausau*	5150 N. Port Washington Rd, Suite 102 Milwaukee, Wisconsin 53217	204 E 3rd St., Suite 110 Post Office Box 945 Osceola, WI 54020	10425 W. North Avenue, Suite 345 Wauwatosa, WI 53226
Central Office	iLIFE is based out of Milwaukee, Wisconsin.	GT Independence is based out of Sturgis, Michigan.	Outreach Health Services is based out of Richardson, Texas.	Premier Financial Management is based out of Milwaukee, Wisconsin.
Type of Agency	Nonprofit limited liability company (LLC)	For profit limited liability company (LLC)	For profit limited liability company (LLC)	For profit limited liability company (LLC)
Date FEA was Contracted	7/1/2008	5/9/2016	12/1/2016	7/10/2016

Enrollment Counseling Materials

- "Quick Guide" on reverse of Options Scorecard
  - Short descriptions of each measure
- FAQ
  - Answers to common questions about star ratings
- Measures Guide
  - More detailed reference for details on data sources behind ratings

Pilot Plan

- Options Scorecard training for ADRCs and IRIS Consultants
- One-month pilot
- ADRC pilot participants:
  - ~100 ADRC enrollment counselors
  - ~850 new MCO/ICA enrollments/referrals per month
- IRIS Consultant pilot participants
  - ~350 IRIS Consultants
  - ~100 new FEA enrollments per month

14 Pilot ADRCs, 4 Pilot GSRs

- Milwaukee ARC
- Milwaukee DRC
- Central WI
- Winnebago
- Racine
- Wolf River Region
- Eagle Country

- Washington
- Southwest WI
- Chippewa
- Sheboygan
- Pierce
- St. Croix
- Florence

FEA Enrollment Counseling GSRs: 1, 4, 8,12

Next Steps

- Review "options chart" section of Options Scorecard with MCO and IRIS leadership
- Gather additional feedback from stakeholders on supplemental training materials

Managed Care Organization (MCO) Options Scorecard Quick Guide

MEMBER SURVEY	
Overall Satisfaction	Overall, how satisfied are members with their MCO?
Care Team Responsiveness	Can you contact your care team when you need to? How often do you get the help you need?
Care Team Quality of Communication	Does your care team speak to you clearly, carefully, and respectfully?
CARE TEAM CHARACTERISTICS	
Care Manager Turnover	How often do care managers leave the MCO?
Nurse Turnover	How often do nurses leave the MCO?
QUALITY & COMPLIANCE	
Meeting Quality Standards	Does the MCO meet state standards for providing quality services?
Rights and Protections	Does the MCO protect your rights?
Quality and Timely Services	Does the MCO give you a good choice of providers and minimize gaps or delays in your services?
Grievance System	Does the MCO work with you to resolve disputes timely and keep you informed?

MCO Options Scorecard Measures Guide

MEMBER SURVEY	
Measure	**Overall Satisfaction**
Data Source	2018 Satisfaction Survey - a combined score using responses from the following survey questions: 1. Can you contact your care team when you need to? 2. How often do you get the help you need from your care team? 3. How clearly does your care team explain things to you? 4. How carefully does your care team listen to you? 5. How respectfully does your care team treat you? 6. How well did your care team explain the self-directed supports option to you? 7. How involved are you in making decisions about your care plan? 8. How well does your care plan support the activities that you want to do in your community, including visiting with family and friends, working, volunteering, and so on? 9. How much does your care plan include the things that are important to you? 10. Overall, how respectfully do the people who provide you with supports and services treat you? 11. How well do the supports and services you receive meet your needs? 12. Overall, how much do you like your MCO?
Rating System	<table><tr><th>Score</th><th>Stars</th><th>Rating</th></tr><tr><td>90.0% - 100.0%</td><td>5</td><td>Excellent</td></tr><tr><td>80.0% - 89.9%</td><td>4</td><td>Very Good</td></tr><tr><td>70.0% - 79.9%</td><td>3</td><td>Good</td></tr><tr><td>60.0% - 69.9%</td><td>2</td><td>Fair</td></tr><tr><td>< 60.0%</td><td>1</td><td>Poor</td></tr></table> Percentage of all survey question responses that are "Satisfied" or "Very Satisfied."

Measure	Care Team Responsiveness
Data Source	2018 Satisfaction Survey – a combined score using responses from the following survey questions: 1. Can you contact your care team when you need to? 2. How often do you get the help you need from your care team?
Rating System	<table><tr><th>Score</th><th>Stars</th><th>Rating</th></tr><tr><td>90.0% - 100.0%</td><td>5</td><td>Excellent</td></tr><tr><td>80.0% - 89.9%</td><td>4</td><td>Very Good</td></tr><tr><td>70.0% - 79.9%</td><td>3</td><td>Good</td></tr><tr><td>60.0% - 69.9%</td><td>2</td><td>Fair</td></tr><tr><td>< 60.0%</td><td>1</td><td>Poor</td></tr></table> Percentage of survey question responses that are "Satisfied" or "Very Satisfied."
Measure	Care Team Quality of Communication
Data Source	2018 Satisfaction Survey – a combined score using responses from the following survey questions: 3. How clearly does your care team explain things to you? 4. How carefully does your care team listen to you? 5. How respectfully does your care team treat you?
Rating System	<table><tr><th>Score</th><th>Stars</th><th>Rating</th></tr><tr><td>90.0% - 100.0%</td><td>5</td><td>Excellent</td></tr><tr><td>80.0% - 89.9%</td><td>4</td><td>Very Good</td></tr><tr><td>70.0% - 79.9%</td><td>3</td><td>Good</td></tr><tr><td>60.0% - 69.9%</td><td>2</td><td>Fair</td></tr><tr><td>< 60.0%</td><td>1</td><td>Poor</td></tr></table> Percentage of survey question responses that are "Satisfied" or "Very Satisfied."

CARE TEAM CHARACTERISTICS	
Measure	**Care Manager Turnover**
Data Source	2016–2019 annual data reported to DHS by MCOs
Rating System	<table><tr><td>**Score**</td><td>**Stars**</td><td>**Rating**</td></tr><tr><td>0.0% - 10.0%</td><td>5</td><td>Excellent</td></tr><tr><td>10.1% - 20.0%</td><td>4</td><td>Very Good</td></tr><tr><td>20.1% - 30.0%</td><td>3</td><td>Good</td></tr><tr><td>30.1% - 40.0%</td><td>2</td><td>Fair</td></tr><tr><td>> 40.0%</td><td>1</td><td>Poor</td></tr></table> Annual percentage of care managers that separated from the MCO, calculated as a 3-year average.
Measure	**Nurse Turnover**
Data Source	2016–2019 annual data reported to DHS by MCOs
Rating System	<table><tr><td>**Score**</td><td>**Stars**</td><td>**Rating**</td></tr><tr><td>0.0% - 10.0%</td><td>5</td><td>Excellent</td></tr><tr><td>10.1% - 20.0%</td><td>4</td><td>Very Good</td></tr><tr><td>20.1% - 30.0%</td><td>3</td><td>Good</td></tr><tr><td>30.1% - 40.0%</td><td>2</td><td>Fair</td></tr><tr><td>> 40.0%</td><td>1</td><td>Poor</td></tr></table> Annual percentage of nurses that separated from the MCO, calculated as a 3-year average.
Measure	**Care Manager to Member Ratio**
Data Source	Annual 2019 business plan data reported to DHS by MCOs
Rating System	No ratings are assigned for staff to member ratios. All MCO staff ratios are in compliance with state standards.

Measure	Nurse to Member Ratio
Data Source	Annual 2019 business plan data reported to DHS by MCOs
Rating System	No ratings are assigned for staff to member ratios. All MCO staff ratios are in compliance with state standards.

QUALITY & COMPLIANCE	
Measure	**Meeting Quality Standards**
Data Source	2018–2019 external quality review organization quality compliance review (QCR) This score comes from combining MCO performance on metrics related to: • **Rights and Protections**: how well the MCO does at informing members of their rights and working with them to uphold those rights. • **Quality and Timely Services**: how well the MCO does at supporting access to services and providers, as well as improving processes to minimize gaps or delays in services. • **Grievance System**: how well the MCO does at working with members to resolve disputes and keeping them informed throughout the process.
Rating System	<table><tr><th>Score</th><th>Stars</th><th>Rating</th></tr><tr><td>90.0% - 100.0%</td><td>5</td><td>Excellent</td></tr><tr><td>80.0% - 89.9%</td><td>4</td><td>Very Good</td></tr><tr><td>70.0% - 79.9%</td><td>3</td><td>Good</td></tr><tr><td>60.0% - 69.9%</td><td>2</td><td>Fair</td></tr><tr><td>< 60.0%</td><td>1</td><td>Poor</td></tr></table> Percentage of all items in the QCR that achieved criteria of "Met" or "Partially Met". This includes items in all three sections of the QCR.

Measure	Rights and Protections
Data Source	2018–2019 external quality review organization quality compliance review (QCR): Enrollee Rights and Protections Section **How well the MCO does at informing members of their rights and working with them to uphold those rights.**
Rating System	<table><tr><th>Score</th><th>Stars</th><th>Rating</th></tr><tr><td>90.0% - 100.0%</td><td>5</td><td>Excellent</td></tr><tr><td>80.0% - 89.9%</td><td>4</td><td>Very Good</td></tr><tr><td>70.0% - 79.9%</td><td>3</td><td>Good</td></tr><tr><td>60.0% - 69.9%</td><td>2</td><td>Fair</td></tr><tr><td>< 60.0%</td><td>1</td><td>Poor</td></tr></table> Percentage of items in QCR Enrollee Rights and Protections section that achieved criteria of "Met" or "Partially Met".
Measure	**Quality and Timely Services**
Data Source	2018–2019 external quality review organization quality compliance review (QCR): Quality Assurance and Process Improvement Section **How well the MCO does at supporting access to services and providers, as well as improving processes to minimize gaps or delays in services.**
Rating System	<table><tr><th>Score</th><th>Stars</th><th>Rating</th></tr><tr><td>90.0% - 100.0%</td><td>5</td><td>Excellent</td></tr><tr><td>80.0% - 89.9%</td><td>4</td><td>Very Good</td></tr><tr><td>70.0% - 79.9%</td><td>3</td><td>Good</td></tr><tr><td>60.0% - 69.9%</td><td>2</td><td>Fair</td></tr><tr><td>< 60.0%</td><td>1</td><td>Poor</td></tr></table> Percentage of all items in QCR Quality Assurance and Process Improvement section that achieved criteria of "Met" or "Partially Met".

Measure	Grievance System
Data Source	2018–2019 external quality review organization quality compliance review (QCR): Grievance System Section **How well the MCO does at working with members to resolve disputes and keeping them informed throughout the process.**
Rating System	<table><tr><th>Score</th><th>Stars</th><th>Rating</th></tr><tr><td>90.0% - 100.0%</td><td>5</td><td>Excellent</td></tr><tr><td>80.0% - 89.9%</td><td>4</td><td>Very Good</td></tr><tr><td>70.0% - 79.9%</td><td>3</td><td>Good</td></tr><tr><td>60.0% - 69.9%</td><td>2</td><td>Fair</td></tr><tr><td>< 60.0%</td><td>1</td><td>Poor</td></tr></table> Percentage of all items in QCR Grievance System section that achieved criteria of "Met" or "Partially Met".

MCO Options Scorecard FAQ

What is the purpose of the Options Scorecard?
The purpose of the Options Scorecard is to help you choose a managed care organization (MCO) based on the factors that are most important to you. The Options Scorecard gives you information about how current members feel about their MCO and how well MCOs meet state standards. The Options Scorecard also provides contact information and other facts about the MCOs that are available for you to choose from.

Where does the information in the Options Scorecard come from?
Information in the scorecard comes from a variety of sources:
- The Member Survey section shows results from the state's 2018 member satisfaction survey.
- The Quality & Compliance section shows results from the state's annual MCO quality compliance review.
- The Care Team Characteristics section and Additional Information section show information reported by the MCOs about their organization.

What is the member satisfaction survey?
The member satisfaction survey is an annual set of questions mailed to current members of each MCO to gather feedback on their experience with their MCO. The state collects and analyzes survey responses to find out how happy members are with their care team, how engaged they are in creating their care plan, and how well their MCO helps to meet their needs.

What is the MCO quality compliance review?
The MCO quality compliance review is an assessment that captures how well MCOs meet certain performance standards set by the state. It is conducted every year by an external quality review organization that works with the state. The external quality review organization looks to make sure that the MCO has policies, procedures, and processes in place to deliver high quality services to members.

When was the Options Scorecard last updated? How frequently is it updated?
The scorecard was last updated in 2019. It is updated annually.

Why doesn't the Options Scorecard provide other information about MCOs I am interested in?
The Options Scorecard presents only information that has been validated by the state. The ratings provided in the Options Scorecard are based on only the most current verifiable data, providing you with the most objective factors to help you make your MCO selection.

Wisconsin's 2017-18 National Core Indicators (NCI) and NCI-Aging & Disabilities (NCI-AD) Results

Angela Witt

Integrated Data & Analytics Section Chief

Division of Medicaid Services (DMS), Bureau of Fiscal Accountability & Management (BFAM)

July 9, 2019

National Core Indicators In Person Survey (NCI IPS)

- Formerly known as the "Adult Consumer Survey"

- Face-to-face survey interview of adults with intellectual or developmental disabilities (I/DD) who receive services paid for by the state

- 35 states plus the District of Columbia participated and 25,671 interviews were completed nationally

- Full national report available online at:

https://www.nationalcoreindicators.org/resources/reports/#reports-in-person-survey-formerly-known-as-the-adult-consumer-survey-national-repor

National Core Indicators Aging & Disabilities (NCI-AD)

- Wisconsin first began NCI-AD in 2017-18

- Face-to-face survey interview of older adults and adults with physical disabilities

- 16 states participated in 2017-18

- National report not yet complete; Wisconsin and other state-specific reports available at: https://nci-ad.org/resources/reports/

Similarities and Differences in NCI IPS and NCI-AD

- Both surveys are administered in person by trained interviewers

- They include many of the same topics, but also have different questions

- Different national organizations are involved in survey development and oversight

- For NCI IPS, national reports come out first

- For NCI-AD, state reports come out first

People Included in Each Survey Sample

- **NCI IPS includes:**

  o Adult waiver program enrollees in the DD target group

  o Waiver programs include Family Care, Partnership, and IRIS

- **NCI-AD includes:**

  o Adult waiver program enrollees in the Frail Elderly (FE) and Physically Disabled (PD) target groups

  o Waiver programs include Family Care, PACE, Partnership, and IRIS

  o Nursing home residents whose care is paid by Medicaid via Fee-for-service (FFS)

Common Domains or Topics

- Choice and Decision Making

- Work

- Self-Determination and/or Self-Directed Services

- Community Inclusion or Participation

- Relationships

- Satisfaction

- Service/Care Coordination

- Access

- Health/Health Care

- Medications

- Wellness

- Respect and Rights

- Safety

Wisconsin's 2017-18 NCI IPS

- 987 total survey interviews of enrollees with I/DD in Home and Community-Based Waiver (HCBW) programs

- Interviews conducted October 2017 through June 2018

- Counties transitioning from Legacy programs excluded from Family Care & IRIS samples (Dane, Adams)

- 3rd consecutive year of IPS (I/DD) survey results

Wisconsin's 2017-18 NCI-AD

- 2,250 total survey interviews of waiver enrollees who were physically disabled (PD) or frail elderly (FE), and nursing home residents whose care was paid by Fee for Service (FFS) Medicaid

- Interviews conducted October 2017 through June 2018

- Counties transitioning from Legacy excluded from Family Care & IRIS samples

- 1st year of NCI-AD survey results

Survey Participants

Count of Survey Participants	Survey		
Programs	AD	IPS	Grand Total
Family Care	643	365	1,008
IRIS	604	371	975
Partnership	518	251	769
FFS Nursing Home	313		313
PACE	172		172
Grand Total	2,250	987	3,237

Survey participants included Medicaid enrollees from 71 counties and 3 tribal reservations

2017-18 Sample Details

- 2017-18 samples for both surveys were stratified by program and target group
  - Enrollment was grouped by program and by target group
  - People were randomly selected to be asked to participate from each group

- More people from programs with smaller enrollment were surveyed

- Weighted averages are used for overall results in the reports, so they display what the results would be if the overall sample was similar to overall enrollment

Data by Program

- Presentation focuses mostly on overall results

- Differences may be related to demographics and acuity
  - Average age and living situations vary by program
  - Results are not adjusted for differences in peoples' needs that may also affect how they answers the questions (acuity)

- Some questions do not have big enough differences in the responses and enough people answering the question to say that the results are really different by program (statistically significant)

Self Direction in the 2017-18 IPS

- IPS (for people with I/DD) section on self direction differs from prior years

  o Several states had a large amount of missing data, and data may not have been missing randomly

  o Six states are excluded from these results entirely

  o There was no testing of whether states' results varied significantly from the NCI average

- 33% of WI IPS participants self-directed services

- The highest reported percentage was Arizona at 56%, with several other states at 32-34%

Update on Self Direction for People with I/DD

- 50% of IRIS participants in the IPS (I/DD) survey said family members or friends made decisions about how the budget for services was used
  - Lower than 68% in 2016-17
  - Similar to NCI average (49%)
- 64% of IRIS participants in the IPS (I/DD) survey said they hire or manage staff
  - Same as 2016-17 result
  - Below NCI average of 71%
- Few Family Care or Partnership enrollees self-directed

Self Direction in NCI-AD

- NCI-AD asks whether survey participants self-direct but does not have additional questions about budgeting or hiring staff

- 34% of WI NCI-AD survey participants were participating in a self-directed services option

- NCI-AD national averages are not yet available

Community Inclusion: IPS

Key measures of community inclusion in IPS (I/DD) are below national averages and/or declined from 2016-17

- 77% community inclusion scale (84% NCI average, 82% 2016-17)

- 75% can go out and do things they like to do (85% NCI average, 86% 2016-17)

- 75% can go out as often as they would like (below 79% NCI average, but up from 67% in 2016-17)

Community Inclusion: AD

For WI NCI-AD survey participants, comparable indicators have lower results (NCI averages not yet available)

- 65% do things they enjoy outside home as often as they want

- 46% are as active in their community as they would like to be

Barriers to Community Inclusion: IPS

164 WI IPS (I/DD) survey participants answered the question about why they cannot go out or cannot go out as often as they would like; top reasons were:

- o Transportation (78%)
- o Cost or money (48%)
- o Health limitations (46%)
- o Lack of staffing or personal assistance (39%)
- o Other (24%)

Barriers to Community Inclusion: AD

Top reasons WI NCI-AD survey participants said they were not as active in the community as they would like:

- Health limitations (75%)

- Transportation (29%)

- Cost or money (19%)

- Accessibility or lack of equipment (13%)

- Not enough staffing or assistance (11%)

Other reasons had <10% of respondents reporting the reason

Employment Data Sources

- Other data sources may better capture the number of people with jobs and type of job for more enrollees
  - o Long Term Care Functional Screen
  - o Coming Unemployment Insurance and competitive integrated employment data
- NCI tells us more about peoples' opinions and experiences
  - o If they want a job and whether anyone has discussed options with them
  - o Potential barriers to employment

Paid Community Jobs

- 16% of WI IPS (I/DD) survey participants had a paid community job

  o Lower than 2016-17 (24%), at least in part due to the exclusion of Dane County during its transition to Family Care and IRIS

  o Displayed separately in national report because WI did not have data on jobs in community business that primarily hire people with disabilities vs other paid community jobs

- 2% of WI NCI-AD survey participants had a paying job in the community; physically disabled varies by program in the 3-6% range

Wanting a Job and Discussing Options

- 42% of WI IPS (I/DD) survey participants without a paid community job wanted one

  o Similar to NCI average

  o Lower than 2016-17 result of 50%

  o 65% said someone had talked to them about job options

- 30% of WI NCI-AD survey participants without a paying job would like one

  o For those with physical disabilities (PD), range of 45-52%

  o 26% of those without a paying job who would like one said someone had talked to them about job options; 33-44% for those with PD

Barriers to employment for IPS (I/DD) participants

- 53% said health limitations were a reason that they did not have a paying job in the community

- 15% said they did not want a job

- 11% said they were retired

- 11% cited lack of transportation

- 15% responded "Other"

- Other specific reasons cited by less than 10% of survey participants

Barriers to employment for NCI-AD survey participants

- 74% said health limitations were a reason that they did not have or did not want a paying job in the community
  - o 89% for physically disabled participants
  - o 67% for elderly and nursing home resident participants
- 39% said they were retired (65% for elderly and nursing home residents)
- 7% cited lack of transportation overall (10% of physically disabled participants)
- Other reasons cited by less than 10% of survey participants

Other Activities

- WI IPS (I/DD) survey participants
  - 20% attend classes or training; same as NCI average (20%)
  - 33% attend a day program or workshop; below NCI average (57%)
  - 32% volunteer; similar to NCI average (31%)
- WI NCI-AD survey participants
  - 13% volunteer
  - 35% of those who do not currently volunteer would like to (43-51% among physically disabled groups)

Satisfaction with Services and Living Situation

- WI IPS (I/DD) survey participants
  - 88% said services help them live a good life (below NCI average of 91% and 2016-17 result of 93%)
  - 87% like their home or where they live (below NCI average of 89% and 2016-17 result of 89%)

- WI NCI-AD survey participants
  - 88% said services help them live a better life
  - 78% like where they are living

Staff Reliability and Availability: IPS

- 94% of WI IPS (I/DD) survey participants said staff come and leave when they are supposed to (within range of 92% NCI average; 2016-17 result 91%)

- 13% said staff did not show up or were late once a month or more in the past year

- 75% said they knew what to do if staff did not show up (86% in 2016-17)

- 18% said they had been unable to take care of themselves or do every day activities due to lack of staff to help

Staff Reliability and Availability: AD

- 83% of WI NCI-AD survey participants said staff arrive and leave when they are supposed to

- 16% said staff did not show up or were late once a month or more in the past year

- 73% have a back up plan if staff do not show up

- 32% said their paid support staff change too often

- 24% had needed help with self-care or everyday activities in the past year and did not get it due to lack of staff

Transportation in IPS (I/DD)

- 92% of WI IPS (I/DD) survey participants said they have a way to get places they need to go (within range of 93% NCI average; lower than 96% 2016-17 result)

- 78 % said they have a way to get places when they want to do something outside their home (below 84% NCI average and 86% 2016-17 result)

- Most common reasons people don't have transportation
  - No rides at the time needed (42%)
  - No rides where they are located (40%)
  - Other (37%)

Transportation in NCI-AD

- 95% of WI NCI-AD survey participants said they had transportation to get to medical appointments when needed (differs from IPS question)

- 78% said they have transportation when they want to do things outside their home

- Most common reasons people don't have transportation
  - o Other (41%)
  - o No rides where they are located (18%)
  - o No rides at the time needed (11%)

Care Coordination Results

- WI IPS (I/DD) survey participants
  - 89% are able to contact their care manager or consultant when they want (similar to 88% NCI average; below 92% in 2016-17)
  - 98% took part in their last care plan meeting, or had the opportunity to (same as NCI average and 2016-17 result)
  - 75% were able to choose services in their plan (within range of 79% NCI average; 73% in 2016-17)

- WI NCI-AD survey participants
  - 84% can reach their care manager or consultant when needed
  - 73% remembered their most recent care plan meeting
  - 70% said their care plan completely reflects their choices

Other Wisconsin Questions

- Know who to tell if someone hurts or steals from them
  - 95% of WI IPS (I/DD) survey participants (96% in 2016-17)
  - 91% of WI NCI-AD survey participants

- Can talk to a doctor or counselor about their emotions and how they feel if they want to
  - 85% of WI IPS (I/DD) survey participants (89% in 2016-17)
  - 81% of WI NCI-AD survey participants

- Primary healthcare provider easy to understand
  - 96% of WI IPS (I/DD) survey participants (proxy allowed)
  - 83% of WI NCI-AD survey participants (proxy not allowed)

2017-118 Wisconsin NCI & NCI-AD Results Discussion

1) Which indicators are of the greatest interest for more detailed analysis by program, by target group, and/or by other variables? Does the LTCAC want presentations on those additional details?

2) Which indicators are the highest priorities for improvement? (Which things should the LTCAC and the Department of Health Services (DHS) focus on?)

3) What are the barriers to improving on those indicators, and how could those barriers be addressed? (How can the LTCAC and DHS work towards improvement?)