

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: Wisconsin Long Term Care Advisory Council (LTCAC)			Attending: Audrey Nelson, Beth Swedeen, Christine Witt, Cindy Bentley, Darci Knapp, Dennise Lavrenz, Janet Zander, John Sauer, Kenneth Munson, Lea Kitz, Mary Fredrickson, Maureen Ryan, Sam Wilson, Shanna Jensen, Stacy Ellingen
Date: 1/14/2020	Time Started: 9:30 a.m.	Time Ended: 2:30 p.m.	
Location: Clarion Suites at the Alliant Energy Center, Madison			Presiding Officer: Curtis Cunningham, DHS, Assistant Administrator, DMS Long Term Care Benefits & Programs

Minutes

Members absent: Heather Bruemmer, Denise Pommer, Cathy Ley

Others present: Amber Mullett, Andrea Palm, Betsy Genz, Brenda Bauer, Kevin Coughlin, Kiva Graves, Lola Awoyinka, Kevin Coughlin, Kiva Graves, Suzanne Ziehr

Meeting called to order

Motion to approve agenda Curtis Cunningham, Lea Kitz seconded. All approved

Department Updates, presented by Curtis Cunningham

DMS updates

- Direct Care Workforce Funding
 - Attempted to have all pushed out in one payment to ease administrative burden
 - CMS did not approve this change, so it will be going back to quarterly payments
 - These will occur in CY 2020, details are still being finalized
 - FAQ and email listed on website: <https://www.dhs.wisconsin.gov/medicaid/ltc-workforce-funding-faq.htm>
- Personal Care Rate increase has gone into effect
- Electronic Visit Verification (EVV)
 - Working through 2 exclusions
 - Soft-launch is scheduled for September of 2020
 - Public can find answers to questions on the EVV website: <https://www.dhs.wisconsin.gov/evv/index.htm>
 - Forums will continue, they will have a focus on specific training
- Children's Long Term Care (CLTS)
 - There are now 10,000 in CLTS program and 1,000 on the waitlist. This is down from 6,200 in the programs and 2,000 on the waitlist
- Home and Community Based Settings (HCBS)
 - Two heightened scrutiny settings have received approval
 - The Department of Health Services (DHS) is no longer contracting with Public Consulting Group (PCG) for non-residential reviews and 1-2 bed Adult Family Home (AFH) Certifications
- Family Care Waiver has been approved
 - DHS is still reviewing some services to see if changes need to be made or if the waiver is general enough and the updates can go in the policy sections of the Family Care contract.
 - Services being reviewed are:
 - Live-in caregiver
 - Transportation
 - Technology
 - Employment definitions

- MAPP update (sent via email to council members after meeting)
 - The MAPP workgroup to put the required changes into CARES has just wrapped up meeting and right now the teams are wrapping up final approval on the design documentation.
 - Michelle Furr, the workgroup lead, will be walking through the policy and process changes with a large group of Income Maintenance and Tribal IM staff and supervisors who work with MAPP members. That meeting is 4/14.
 - IM Training will publish a detailed training on MAPP changes well in advance of the changes going into the system.
- 2020 Capitation Rates will be published on website
 - Once published a link will be sent to the council:
<https://www.dhs.wisconsin.gov/familycare/mcos/capitationrates.htm>
 - **Council Suggestions:**
 - Council would like to keep an eye on the financials more
 - This may be part of the Medicaid long-term care reform charges we will be discussing at future meetings
- Employment
 - Working with DXC to obtain data
 - This will not look exactly like PPS but will give us the needed information and include Family Care, IRIS, and CLTS
 - Wage Hour Data will be coming from Department of Workforce Development (DWD)
- IRIS Waiver
 - Waiver language is being drafted
 - The current waiver expires December 31, 2020
 - The draft waiver will be sent to the Joint Finance Committee (JFC) in late April
 - Public comment period is projected to start the end of May 2020
 - DHS will assess if changes related to public comments are of a magnitude that must be sent back for public comment and JFC review
- Family Care Managed Care Organizations (MCOs)
 - Merger of Care Wisconsin (CW) and My Choice Family Care (MCFC) was effective January 1, 2020
 - Geographic Service Region (GSR) 12
 - General waiver to bring in another MCO due to the merger of 2 MCOs, leaving only one MCO in the GSR
 - Community Care, Inc. (CCI) was selected to go through the certification process
 - Anticipate April certification completion and May to start services
 - GSR 13
 - Transition from CW (they were not awarded the RFP)
 - 1,500 members received options counseling to move to Lakeland Care, Inc. (LCI), Inklus, Inc., or other options.
 - GSR 9 RFP protest
 - No updates to report

Introduction of New Council Members and 2020-2021 Charges, presented by Andrea Palm

- DHS Secretary Designee thanked the council for the work they do and the strong partnerships created
- Looking forward to marking this moment next year and talking about the progress we have made together and hope next year when we come together we can celebrate more accomplishments
- Secretary Designee walked through the new charges for the council

- **Council Suggestions:**
 - Interested in looking at how we are utilizing our resources and assistance
 - Work on breaking down silos and do what is best for Wisconsin
 - There are not a lot of family caregiver charges items included
 - We should be mindful as we go through charges what we are doing related to the family caregivers.
 - Need to look at how we get more private dollars into long-term care. We cannot keep pulling from Medicaid.

Council Group Photo

- Due to time and number of council members unable to attend in January, this item is being postponed to a future meeting

Health Equity Introduction, presented by Lola Awoyinka

- Went through Health Equity Presentation
- Some studies look at disparities at different levels, we are choosing to look at county level currently for DHS, so this does cause limitations
- Sometimes we use deficit based words and use them to groups of people
 - We need to be mindful of that we do not live "single issue" lives
- Disparities are avoidable
 - Health disparities are different than health care disparities
 - We are focusing on health disparities
 - Social and economic factors influence health factors
 - Up to 50% of our health outcomes are from settings outside of the healthcare setting
 - Chronic toxic stress
 - Stress can be passed down through your children
 - Some people don't have the bandwidth to do what is needed for their health, they are stretched too thin
- During discussions we need to:
 - Recognize the baggage we are bringing to the discussion
 - Recognize that talking about this is not always easy
 - Look at our language through the equity lens
 - Does our language demonstrate inclusion
 - Think about how this influences all of our work
 - Keep it at the forefront of our minds that:
 - There can be multiple right answers for different groups
 - The disparities were not created in a day so they will not be resolved in a day

Public Comment Period

- Elaina Seep
 - Fantastic presentation on Health Equity. Talking about Tribal issues, there are specific groups focusing on Tribal issues. It is important to keep these groups looking at Tribal issues. Out of the counties with lower life expectancies, five or six have high Tribal populations. There is a need to keep reintegrating Tribal issues into the conversations. Tribal boarding schools for assimilation - one of those existed in Lac du Flambeau, until Tribe took it over in the early 40s. LTC populations in Tribes are survivors of this. Medicare/Medicaid expansion, will not eliminate spending for this population, just bring them in when they are the most expensive

- Jenny Flegal, Community Care, Inc. Program Director
 - Community Care, Inc. is expanding to Dane County in May 2020. Want to make everyone aware that they will have advisory committee meetings in Dane County, first one will be in February or March 2020. Let her know if you are interested in participating
- Ashley Hesse
 - Find ways to fully expand and get the full federal 100% draw down. Work with Tribes to make that happen. Empowering Tribal communities and governments to take control/lead as much as possible. Encourage or incentivize and reduce barriers to providers. Do what we can internally to work with opioid use disorder. Substance use disorder needs a home. Increase transparency to Tribes and make sure letters go to Tribal leaders as well as Tribal health directors. This will further strengthen the bonds that need to be built and reach rural citizens. Department should be creative and bold when working with Tribes.

Introduction to Medicaid Long Term Care, presented by Curtis Cunningham

- GSR review at next council meeting
- **Council Suggestions:**
 - How many GSRs and how should they align
 - Review map of MCOs, IM consortia, ADRCs, etc.
 - Look at benefit definitions and reimbursement models
 - Established state-issued fee schedules for LTC services
 - Review current procurement process, this is hard on members and providers too
 - Discuss financial reports, specifically provide an overview that is friendlier than what is on the website when the audited statements are posted
 - Provide councils documentation on how financial health of an organization is determined/what it means
 - Discuss the current state of the solvency fund, how works, reimbursed, etc.

Council Business

- None

Long Path, presented by Amber Mullett

- Went through past presentation for new members and watched the Long Path Ted Talk:
- Everyone has an opportunity to design what their future is and need to take a step back and decide what they want
 - Focus on transgenerational thinking
 - Are our decisions advancing towards where we want to go?
- Council's role is to help steer the long path development
- Division of Public Health's (DPH) Long Path timeline has been adjusted to switch local community to be regional and then go back to local community
 - This would be training for facilitators and development of tools
 - Looking to have a State Plan with goals and objectives that the Long Term Care Advisory Council will help implement
- **Council Suggestions:**
 - Need to be accountable to taxpayers
 - How do we engage in populations that are not normally engaged?
 - Reconsider Regional Long Term Care Advisory Committees
 - Look at redeveloping a more local or regional advisory councils that pull in diverse populations, age groups, and ethnicities

- This discussion may be part of the discussion for the Medicaid Long Term Care Charge
- As a statewide program, how do you reconcile the role of each community and what it role should be. Need to look at long path at state level and what should be done at state level vs what done at community level
- Review the collective impact vs. individualized impact
- Look at Eau Claire County's Clear Vision process
- Suggestion to talk about Long Path development in the community and media so they are aware of what the council is working on

Adjourn

- The meeting was adjourned unanimously.

Prepared by: Suzanne Ziehr on 1/14/2020.

These minutes are in final form. They were presented for approval by the governmental body on: 3/10/2020