

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: Wisconsin Long Term Care Advisory Council (LTCAC)			Attending: Audra Martine, Audrey Nelson, Beth Swedeen, Chris Witt, Cindy Bentley, Dennise Lavrenz, Elsa Diaz Bautista, Janet Zander, Jason Glozier, John Sauer, LaVerne Jaros, Lea Kitz, Michael Bruhn, Shakita LaGrant, Shanna Jensen, Stacy Ellingen
Date: 7/12/2022	Time Started: 9:30 a.m.	Time Ended: 2:57 p.m.	
Location: Virtual Zoom Meeting			Presiding Officer: Curtis Cunningham and Carrie Molke
Minutes			

Members absent: Denise Pommer, Stephanie Birmingham, Beth Fields, Kenneth Munson, Darci Knapp

Others present: Curtis Cunningham, Carrie Molke, Brenda Bauer, Grant Cummings, Christian Moran, Alicia Boehme, Tom Balsley, Daniel Perron, Judy Stych, Kathleen Smith, Angela Miller, Kimberly Schindler, Shelly Glenn

Meeting Call to Order, presented by Curtis Cunningham

- Went over meeting processes.
- Approval of May 2022 Meeting Minutes
 - Motion to approve minutes by LaVerne Jaros. Seconded by Stacy Ellingen. Unanimously approved.

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

1. Behavioral Health Initiative (BHI) for Deaf, Hard of Hearing and DeafBlind (DHoHDB): The Office for the Deaf and Hard of Hearing within BADR is leading a behavioral health initiative to improve access, quality and outcomes of behavioral health care for people who are Deaf, hard of hearing and deafblind. Three tracks: Community, Clinicians and ASL Interpreters.

- **Community.**
 - Supporting community education aimed at reducing stigma and increasing knowledge of available resources.
 - Completing a needs assessment of community health and wellness resources, education and support for these populations
 - Completing a feasibility analysis for establishing a DHHDB peer wellness and resiliency specialist/specialty in WI
- **Clinicians.** Training, resources and support for Deaf and hearing clinicians to increase awareness and access to culturally and linguistically appropriate services. Goals:
 - Disseminating training materials to clinicians in WI through a partnership with DSPS who provides licensing for clinicians and other community partners;
 - Developing a process for connecting clinicians specializing in service to these populations with those clinicians who are unfamiliar, in order to support a collaborative approach to treatment
 - Developing pathways for clinicians and providers who are also DHHDB to complete necessary supervision requirements for licensing;
 - Support the development of a specialized network of support for DHHDB clinicians specifically for ongoing supervision and case conferencing.
- **Interpreters.** Training, resources for ASL interpreters focused on working in behavioral healthcare settings

- Partner with interpreter training programs and other community stakeholders to offer facilitated interpreter training.
- Develop a collaboration with established mental health interpreter training programs for Wisconsin interpreters to have a pathway for more specialized mental health training.
- Developing collaborations with internal and external partners to further develop practicum offerings in Wisconsin for interpreters seeking specialized mental health training.
- Developing a case conferencing structure for interpreters in Wisconsin.
- Build and develop a model to offer advanced mental health training topics for interpreters in Wisconsin in partnership with the Board of Evaluation of Interpreters (BEI) that is administered by DHS and within ODHHS
- Kicking off the Initiative will a Wellness Day and Interpreter Training on July 23rd (Comfort Suites in Johnson Creek). More information at: [Office for the Deaf and Hard of Hearing | Wisconsin Department of Health Services](#)

2. Coalition to End Social Isolation and Loneliness.

- Meeting monthly as a full coalition;
- LTCAC members are welcome to join if interested;
- Launched a listserv, so if you'd like to get coalition updates and resources, you can join this as well.
- Contact Carleigh Olson, BADR, Office for Resource Center Development
Office: 608-266-3145
Cell: 608-381-7759
carleighs.olson@dhs.wisconsin.gov

3. 2024 – 2028 State Dementia Plan Development: The State Dementia Plan Steering committee, with support from the Department is in the process of developing a new State Dementia Plan, starting with a community engagement process. We are working with partners to identify venues for community conversations. Presentation this afternoon.

4. APS Redesign Efforts. Making systems changes necessary to integrate prevention, improve response and implement the state's APS plan.

- UW - Green Bay is moving forward with the guardianship training project. They are in the process of meeting with stakeholders to get input before they start developing the training. They've met with the following partners thus far: Ombudsman, APS Supervisors, WI Registrar & Probate Association, Abuse in Later Life group, GWAAR, and BPDD team. They will be looking for input at APS roundtable meetings across the State.
- We are working with NAPSA to implement a state-wide awareness campaign that includes resource sheets for different audiences, PSA videos, social media and potentially billboard materials. We are setting up contracts right now. We hope to be able to work with tribal partners to create resource sheets specific for the population.
- APS data for 2021 has been published to the DHS website:
<https://www.dhs.wisconsin.gov/aps/publications.htm>

5. Supporting Volunteer Recruitment, Training and Retention Activities.

- Aging Units/ADRCs rely on volunteers for so many of their programs. Delivering meals, doing wellness classes, providing transportation;

- During the COVID 19 Pandemic and a subsequent downturn in the economy the Aging and Disability network has lost so much of it's volunteer base and many older volunteers are still reluctant to return (given the impact of the virus).
- **So, what are we doing?**
 - DHS supported a statewide recruitment campaign
 - Working with United Way- has made their volunteer portal available to ADRCs/Aging Units to advertise their volunteer needs. Just provided a training on this (just last week, I believe)
 - Just hired a volunteer coordinator- who will be helping to organize recruitment, training and retention efforts across the state. Samantha Margelofsky. Comes from Jefferson County where she managed 175 volunteers.

6. Caregiver Survey- Lynn Gall

- The WI Family and Caregiver Support Alliance (for which we are an active member) just completed a statewide survey- focused on WI's working caregivers. [survey-full-report.pdf \(wisconsin.gov\)](https://www.wisconsin.gov/health/caregiver/survey-full-report.pdf)
- As expected, the survey showed a number of ways in which caregivers lives and worklives are impacted by caregiving responsibilities, it shows the importance of supportive work environments and new/honed skills of managers and supervisors; and with the employment climate we have right now, shows the need to really understand these needs for the many working caregivers we have in the state- across all sectors.
- Lynn Gall and other Alliance members will join us in a future LTCAC meeting to share more information.

7. Elder Nutrition Program. There is widespread concern throughout the State's aging network about our ability to meet demand for and sustain home-delivered meal services, which includes carryout meals, due to several issues:

- gas prices/inflation
- supply chain issues
- increasing costs of food and supplies
- losing drivers
- kitchen capacity
- budget constraints
- Some older adults still do not feel comfortable dining in-person so this is putting a strain on HDM and carryout services.

Many of the nutrition programs are preparing for the likelihood that they will need to implement waiting lists. We have been working to provide any support we can in strategies to recruit volunteers and prioritize service to those most in need.

As nutrition programs continued to respond and recover from COVID-19, congregate dining locations have been slowly reopening. Approximately 35% of WI dining locations had reopened for congregate meal services in the final quarter of 2021. 83% of WI's nutrition programs continued to provide carryout meals throughout 2021.

In CY 2021, Wisconsin's Elder Nutrition Program served 3,029,750 home delivered meals, 561,907 carryout meals, and 210,611 congregate meals to approximately 56,000 older adults.

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

- Thank you to the council for the work on the Geographic Service Region configuration. The RFP was awarded to Inlusa and My Choice Wisconsin in GSR 1 (formerly GSR 7)
- NEMT (non-emergency transportation) RFP awarded to Veyo in lieu of the incumbent MTM. MTM now intends to purchase Veyo.

- ARPA grant program is nearly ready for the application process. Current 25 projects in process.
- Contract changes will be forwarded to the council on July 25th with a deadline for August 19th for feedback. Changes will be sent to MCOs as well. September will be the update to the council.
- The START program address IDD with complex mental health issues. Modeling a program by the University of New Hampshire. It will be discussed with the council. It features a team support approach and reform to crisis intervention.
- WCCEAL Meeting: WCCEAL announced the Heather Bruemmer Award for Excellence in Assisted Living in honor of Heather's dedication and contributions. It was recently awarded to David Zimmerman.
- **Council Feedback:**
 - Inquired about EVV for SDPC. Curtis indicated that we are looking at a hard launch soon with mounting pressure from CMS. We will be establishing a timeline that allows for technical fixes. There was a recent hearing at the federal level regarding SDPC. DHS has requested and extension for implementation from 1/1/2023 to 1/1/2024. Live-in workers will be exempted. 24-7 home care is still pending.
 - Inquired about the Family Care contract. There are no huge changes. DHS is still briefing internally.
 - The Family Care documents will have highlighted changes.
 - There was discussion regarding the personal care worker workgroup

General ARPA Updates presented by Curtis Cunningham

Current Initiatives and corresponding projects:

- **HCBS Rate Reform**
 - 5% Rate Increase
 - Rate Setting for HCBS Services
 - Fund Tiered Payment Rates for PCS and SHC
- **DCW Reform & Analysis**
 - Staff Stability Survey
 - Certification & Registry
 - Connect to Care
- **Tribal LTC Enhancements**
 - System Development
 - ADRS for Tribes
 - Targeted Initiatives to Enhance Tribal LTC
- **Grants for HCBS Improvements**
- **Independent Living Pilot**
 - Independent Living Pilot
 - Unpaid caregiver assessment, training, and resources
- **ADRC Modernization**
 - Virtual ADRC (Resource Database Client Tracking and Self-Service Portal)
 - Marketing and Outreach Initiative
 - Guardianship Training (Act 97)
- **No-Wrong Door – Supporting Kids Together**
 - Branding/Marketing Initiative
 - Web-based Portal for Family Resources
 - Statewide Agency Partnership
 - Resource Hub
- **Assisted Living Reporting, Member Assessment & Certification**
 - 1-2 Bed AFH Certification Tool
 - HCBS Review System Tool

- Member Assessment
- **Adult Incident Reporting System**
 - Critical Incident System
- **Council Feedback:**
 - The Governor's taskforce discussed free training which would be tied to rate, but it is still in progress. Distinction between Supportive Home Care v. Personal Care.
 - To clarify the ADRC relationship with the Tribes, three Tribes partner with the ADRC. There is funding available to begin exploration of ADRS.
 - Tracking HCBS Residential and Non-Residential Heightened Scrutiny. Of the closures, 65% were voluntary.
 - There is not enough progress at this point of the project to determine if the Critical Incident System be a Review Tool or Survey
 - The Virtual ADRC will have an advisory committee to help shape the project. Regional specialists will work with local ADRCs to update the database. Jennifer will speak on it more in detail. This will be a future agenda item.

ADRC Contract, presented by Tom Balsley and Phoebe Hefko

- Presentation of satisfaction ADRC Contract reviewed
- **Council Feedback:**
 - There was discussion regarding changes in the ADRC 2023 Scope of Services including Long-Term Care Functional Screen for private pay. It was requested that the changes be brought to the LTCAC for review. In June, ADRC comments were obtain via breakout groups.
 - ADRCs are at a critical point with absence of funding. They are facing crisis in County Government. DHS cannot change any funding to ADRCs. The legislature is responsible for determining funding. Change requires that personal stories be shared with policy makers.
 - ARPA funding is not ideal for the ADRC crisis as the funds are temporary.

Public Comment

- Ann Gryphan inquired about the HCBS Grant
- Irma Rappaport spoke regarding Caregivers for Compromise HR3733

Fiscal Update, presented by Grant Cummings

- Presentation of HCBS Fee Schedule
- **Council Feedback:**
 - Fee schedule will require everyone get paid according to schedule. The minimum rate is set but allows for flexibility in implementation. Could we use "fair and equitable" instead of "minimum"?
 - The timeline for data collection doesn't allow dovetail
 - Still reviewing service definition drafts that may reduce the acuity. Will use the LTCFS as acuity if necessary. There will be more discussion on this
 - Concern expressed about leaving IRIS providers out of this. DHS needs to be proactive. IRIS does not have a minimum fee schedule. Wondering if the fee schedule could be used in IBAs as a guideline. IRIS has usual and customary language and also allows for budget authorizations. The IBA for IRIS is using 2019 data. If there are impacts from the fee schedule, then the IAB would be updated.
 - Concern expressed regarding the market pushing wages beyond our response. MCOs are already increasing their per diem. If the matrix behind the LTCFS was "real" then it would accurate, but the changing cost of labor is happening so quickly. Need provider flexibility to respond to the market.

Assisted Living Date, presented by Dan Perron and Kimberly Schindler

- Presentation on Assisted Living Data
- DHS will be looking for input from stakeholders.
- 1-2 Bed AFH is another project
- Trying to keep e-license in house but will outsource.
- With regard to the data described on page 8 of the presentation, we are looking expand on it. We are looking for trends.
- **Council Feedback:**
 - DHS is looking at limiting the number of Family Care residents by facility type. Also looking at who can make this determination – administrator vs. RN level
 - We need more data because the prior presentation shows openings equal to the number of requests.
 - It needs to be stressed to providers that this information will not be used for regulatory enforcement but for program and process improvements. The goal is to provide something useful and not “go after” the providers.
 - We are also seeking the right data to use for reimbursements and are trying to make the process as user-friendly as possible. The data is useful outside of this specific project. Need to be strategic regarding the messaging to ensure facilities realize this is not intended for regulatory enforcement.
 - This might be something to try at CBRFs first before moving to smaller facilities.
 - We do not want staff to be overburdened with this, but the funding with ARPA is now, so the timing requires expedience.
 - There have been no detailed discussions between the Rate Band discussions and this project. This is a long term project. As the data from the Rate Bands becomes available, it will be used if relevant. The Rate Band has a much shorter timeline.

Independent Living Update, presented by Curtis Cunningham

- Emily and Phoebe introduced
- Presentation on Independent Living Pilot
- With support, the program helps members delay admission to a facility. There will be initially 5000 individuals participating in the program with services beginning July 1, 2023.
- **Council Feedback:**
 - The 5000 participants will be aware that these services will be for a one-year time frame. All participants will be new in the program. The pilot is for people not already enrolled in services.
 - The participants will most likely be elderly and/or with other disabilities.
 - The expectations from ADRCs were outlined in the contract. These will be addressed in more detail when ADRCs apply to participate.
 - Would like to see the plan serve marginalized and underserved, however it is challenging. Independent Living Center service providers will be a part of this, however ADRC was a natural partner. We are required statutorily to include ADRC. There will be further discussions regarding this.
 - Independent housing hasn't been discussed as of yet, but Curtis will take that back for review.
 - Committee would like to see rural locations receive a little more assistance with services.
 - Continuum of care will be the responsibility of the facility/nursing home.

Dementia State Plan presented by Kathleen Smith and Angela Miller

- Presentation on Dementia State Plan
- **Council Feedback:**
 - DHS will work with health equity to translate information in other languages.
 - Thanks to Angela, Carrie, and DHS for the work on this project and incorporating all ideas.

Feedback for a Family Care Community Engagement Incentive presented by Judy Stych

- Presentation on Family Care Community Engagement Incentive
- Goal is for people to feel a part of their facility and help the community understand they are part of the community
- Contract is the ground floor and not the ceiling.
- Purpose of the HCBS is to ensure engagement and inclusion in the community.
- Ensure services aren't underutilized due to capitation.
- **Council Feedback:**
- Data is subjective as pursuing activities is mainly on an individual basis.
- Discussion about a workgroup for this. NCI surveys and data are being used to quantify and determine the number of support activities.
- Is there a connection to Coalition to end Social Isolation and Loneliness
- Very pleased we're looking at this as an imperative. Before the RAD (resource allocation decision) was changed, there were originally questions on the members preferences and they were all removed. In 2013 it was changed. Changed toward a person's preferences - this bring that back. Will the care team discuss with members their community integration goals? What they want to be involved with in the community? When in a larger place, and two people want to go to an art place, then what about the other two? Could this be folded into how this was set up. As part of the PIP or Quality improvement, there was a withholding - if goals met, then capitation rate was higher.
- One way to improve performance is to provide a financial incentive. Choice at provider level is when it bumps up against HCBS rules (as far as activities if one person wants to go) Intent of HCBS rule is to make sure individuals have those choices. Don't remember incentive/withhold - HMO is 2.5%. Not proposing for MCOs. PIPs are requirement of CMS for MC entities. May be 0.5% in FC for P4P. This is a tool for our contracting and we want to use it to improve the program. People are struggling with this nationally.

Council Business, presented by Carrie Molke

- Next meeting September 13, 2022
- Concerns or new topics for September meeting?
- **Council Feedback:**
- Growing concern about the number of people in need of LTC or post-acute care that are residing in hospitals. Various solutions being discussed. Need to keep an eye on what those solutions might be. Preventing discharge from hospitals by weeks or months. How people access post-acute and LTC. Council needs to be updated as those issues unfold.
 - Wide variety of individuals in our programs. Also relevant to the discharge issue. Many have co-conditions that complicate placement.
- Need further discussion on rate setting/rate band and marriage of what Dan spoke on. Providers need to be able to pay competitive wages.
- Update on Statewide HCBS Transition Plan
 - CMS visited a number of facilities here in WI recently. The review will be completed by March of 2023. Anything needing correction will be provided to us via corrective action plans. We may need to repost Statewide Transition Plan for feedback.
 - How would you want to facilitate that conversation within the Council construct? Many dynamics in that conversation.
 - Getting data from hospitals regarding precisely who the people are - older, diagnosis, payor source, what makes them so complicated to place? Could have nursing homes talk about their ability to place or not place. Some developments in the LaCrosse and MKE areas - lessons learned. Workforce issues comes into play. Can create a panel with people deep in this issue as

to why these issues exist and how we remedy it. Also member rights - do members want to be there? Is it their choice? Don't want the hospitals to solve on their own.

- Improvements in guardianship issue. Can we get people presumptively enrolled with a plan that could stay with them for 90 days? Can we have MCOs to get them enrolled outside of the hospital.
- Independent Living Pilot - No presumption for LTC services.
- Nurses have been working with hospitals on this issue. Working WI organization - Nurse Leaders. Gundersen, Bellin, number of hospitals looking at this right now. What are the root causes that keep people in the hospital longer than they need to be.
- How do we bring all of the services together to make this person-centered.
- ADRC issue from earlier on a future agenda. Critical nature of funding. Processes that could be streamlined, etc.

Adjourned 2:52pm

Prepared by: Shelly Glenn on 7/29/2022.

These minutes are in draft form. They will be presented for approval by the governmental body on: 9/13/2022