

Planning for Change in Long Term Care

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STEERING COMMITTEE November 30, 2006

Minutes Pending Approval At The Meeting Of January 25, 2007

Present: Alexa Butzbaugh, Charmian Klyve, Craig Dupont, Dan Hirst, Dan Rossiter, Fran Genter, G.P. Foster, Ginny Graves, Judith Hunter, Jean Kuehn, Jennifer Thompson, Karen Musser, Kathleen Luedtke, Ken Hobbs, Kim Turner, Lynn Green, Mike Linak, Owen McCusker, Theresa Sanders, Todd Costello, Tom Perry

Call to Order: Jean Kuehn called the meeting to order at 10:08 a.m.

Long Term Care Data Reports Presentation by TMG: Dan Hirst.

I. OVERVIEW OF PROCESS

In support of managed long-term care planning efforts, WI Department of Health and Family Services (DHFS) has released data for three state fiscal years: July 1, 2002 through June 30 2005. Data includes individuals who had at least one long term care service on the Medicaid database, Human Services Reporting System (HSRS), Long Term Care Functional Screen (LTCFS), or Care Management Organization (CMO). Not all Medicaid eligible/enrolled individuals were included. Data is consortia specific and statewide but not county specific.

Six data sets: Medicaid eligibility; Medicaid claims, Home and Community based waivers (HCBW), Family care CMO Encounters, LTCFS, and Clinical Classifications Software (CCS)

Populations include:

- Eligible for Medicaid through SSI or SSI-related eligibility, Medicaid Purchase Plan, Home and Community based waiver;
- In the HSRS Long Term Support (LTS) module
- Enrolled in Family Care pilots or Wisconsin Partnership Program.

The 18 reports are divided into 5 sections: (1) Demographic, (2) Utilization, (3) Illness burden (CCS data – health condition), (4) Functional status, and (5) Cost data

For the Medicaid program population, four groups of consumers were identified using HSRS and MA eligibility data sets for the State fiscal year 2005 (July 1, 2004 through June 30, 2005), including Family Care, Wisconsin Partnership Program, HCBW/Community Options Program – Regular (COP-R), and the COP and Waiver Wait List. Target groups include: Elderly, Developmentally Disabled, Physically Disabled, and Mental Health/AODA.

II. REVIEW 18 REPORTS DEVELOPED

Report 1, Demographics: The number of unduplicated consumers across the MA eligibility groups as of June 2005 and the total of unduplicated eligible months for SFY 2005 from the Medicaid Eligibility Data Set. Does not include the entire MA population.

Report 2, Demographics: A count of the unduplicated consumers enrolled in Family Care, WI Partnership Program, HCBW or Wait List as of June 2005 and/or the total MA eligible months for SYF 2005. Intended to facilitate analysis of the number of consumers who may be eligible to transition into a long-term care expansion program (transfers). Wait List as reported through HSRS (waiver and COP-R eligible). Perry

A Joint Project of Community Living Alliance, Inc., Dane County Department of Human Services, Elder Care of Wisconsin, Inc. and Rock County Human Services

noted these are “un-served” rather than under-served, and eligible for long-term care at the time of application. Green noted some eligible individuals wouldn’t be included on the waiting list because they decline application after being notified a waiting list exists.

Report 3, Demographics: Provides a “point in time” picture of four Medicaid populations (HCBW/COP-R, Family Care, Wisconsin Partnership Program, and consumers on a Wait List) by target group. Intent is to facilitate understanding of the population that may be served in a long-term care expansion program. The DD population in the Dane/Rock consortium area is a higher percentage than found in other areas of the State.

Report 4, Demographics: Reported residential setting to provide an understanding of home and community vs. other residential settings and to evaluate the need for further analysis of cost, placements and potential relocation. Uses LTCFS as primary source, some limitations of the data. Location is reported at a point in time and may change.

Report 5, Demographics: Presents a stratification of the consumers served on HCBW and COP-R programs; shows individual’s current needs based on the waiver as reported in June 2005, consortium-wide

Report 6, Demographics: Unduplicated consumers on a waiting list as of June 2005; provides stratification across target groups using HSRS SPC Codes, consortium-wide.

Report 7, Utilization: Provides the unduplicated count of consumers for each category of service stratified across program or wait list for SFY 2005. MA card services are service categories that would be included as a covered benefit through long-term care expansion. This portrays a fair picture of services that will be most heavily used.

Report 8, Utilization: Primary and acute MA card services. A drill down of the non-covered services category from the MA card services in Report 7.

Report 9, Utilization: Ties in to Reports 7 and 8, unduplicated service counts for each category of service stratified across target group. MA card services are categories that would be included as a covered benefit through a long term care expansion program.

Report 10, Utilization: Provides a drill down of the non-covered services category from the MA card services section in report 9.

Report 11, Illness Burden: Captures the top 20 unduplicated diagnoses for HCBW and COP-R individuals for calendar year 2004 and partial year 2005. Grouped by health conditions. Dan Hirst noted that the idea is to give a broad overview of what types of health conditions may be presented. Some individuals may have dual diagnoses.

Report 12, Illness Burden: Captures the top 20 unduplicated diagnoses for HCBW and COP-R individuals for Calendar Year 2004 and partial year 2005 stratified by target group, for people on waiver and on waiting lists and likely to be included in the long-term care program when it starts.

Report 13: Functional Status: Unduplicated count of various levels of functionality for individuals participating in HCWB, Family Care, WI Partnership Program or consumers on a Wait List as of June 2005. Counts activities of daily living, divides individuals requiring assistance from those not requiring it. Does not include MH/AODA.

Report 14, Functional Status: Unduplicated count of various levels of functionality stratified across target group. Genter noted that a person with PD or DD over a certain age (65) is automatically counted as elderly.

Report 15, Costs: Costs for consumers on HCBW/COP-R, Family Care or Wait List for enrollment in a long-term care program. Actual total costs for each program and target groups. Administrative costs, cost shares and cost refunds not included for persons on the waiting list. Costs associated with COP assessment or plan development for persons on the waiting list are not included.

Report 16, Costs: Drill down of the costs of non-covered services category from the MA card services section in report 15 for SFY 2005.

Report 17, 18, Costs: Provides the costs for consumers on a HCBW, Family Care or on a Wait list for enrollment in a long term care program.

III. TAKE AWAYS FROM THE EXISTING DATA

Key findings

- Identifies consumers who may be served in a LTC or FC type of model
- Provides an overview of service needs of the eligible population
- Provides information on service utilization of the eligible population for both long term and acute and primary care
- Provides cost information on LTC and acute, primary care services.

What sort of information is needed?

- How does the data support/inform the continued planning by the consortium?
- What additional drill downs of data would be useful to inform the planning process?
- How will planning groups identify needed data to support decisions about appropriate governance models and managed care infrastructure decisions?

Ginny Graves notes that the data begins to show the need for particular services and the capacity required for a provider network. In the Dane/Rock area, demographics are intense, but the geographic region is not as large as in some consortia and a higher density of providers exists. Committee members were asked to share ideas for data needs with the IT subgroup.

Reports and technical information on report development (Technical Appendix) are available at: <http://dhfs.wisconsin.gov/managedltc/grantees/planningdata.htm#rpts>

Subcommittee Reports:

Communication: Kuehn reported for David Sievert. The subcommittee met following the latest town hall meeting. Tasks include determining the most effective way to disseminate information. Kuehn handed out a draft policy notice to send to the stakeholder mailing list. The proposal includes opportunity for public comment at Steering Committee meetings. Action: *After discussion, the Steering Committee recommended allowing 15 minutes for public comment, leaving amount of time allotted and whether to divide public comment between the beginning and end of the meeting to the discretion of the meeting chairperson. Consensus was that accepting public comment must be a priority, including written comments.* Information: Another task of the subcommittee is to develop a free standing website, domain specific to the Dane/Rock planning group. The site will serve as the program website as the program moves into implementation. The site will allow users to submit suggestions, ask questions, or make comments about the program prior to town hall meetings and is to be operational by the end of January 2007. Action: *The Steering Committee requested the site include Steering Committee meeting agendas, minutes and meeting handouts, a schedule of meetings, and the committee member contact list. A Frequently Asked Questions section was recommended. Steering Committee meeting minutes should be posted as soon as they are available with the caveat, "Pending Approval at the Next Steering Committee Meeting."* The next Dane County town hall meeting is in February.

ADRC Subcommittee: Sanders distributed the approved October minutes and recent November minutes, which are pending approval. The ADRC Quarterly report was submitted to Jean Kuehn, The subcommittee is beginning negotiations with consultant Buck Rhyme of Organizational Skills Associates. Information will be shared regarding Buck's role with the committee. Fiscal/Data Issues workgroup goals are to project needed staffing patterns, investigate RFP requirements, research dollars taken from the county, investigate prevention and early intervention, staffing pattern, and budget. Operations/Staffing workgroup is researching staffing information and patterns, position descriptions, locations, short-term case management, information and assessment, and supervision. The POS system has been discussed, and information collected from other counties. An initial model has been drafted.

IT/Fiscal Subcommittee: GP Foster expressed his appreciation to TMG for the presentation of data. Action: *Steering Committee members are to submit requests for additional data reports to Mr. Foster.* Foster will submit minutes to Jean Kuehn.

CMO Development: Musser summarized minutes from the October 2nd meeting. The committee reviewed the gap analysis for elderly and physically disabled for the Dane/Rock area. The committee approved the analysis, which shows no gaps in providers for the current waiver and Partnership participants. Assuming wait list clients will be enrolled, potential gaps are noted in these areas: For Rock County, adult day care, home delivered meals, skilled nursing facilities and transportation; for Dane County, transportation for physically disabled and personal care. Gap analysis for Developmentally Disabled will be presented separately. Affordable residential services will be another large gap for the DD population in Rock County. Pending work includes the claims system, which will be developed in conjunction with IT/Fiscal subcommittee.

Next Meeting: Thursday, January 25 from 10 a.m. to 12 noon, in the Job Center Ballroom.

Kuehn distributed the Steering Committee Meeting schedule through September 2007.

Future meetings include February 22, March 22, April 19, May 17 (all in the JCO Ballroom), and June 14, July 12, August 9 (all at CLA-Room 316), and September 6 (in the JCO Ballroom). All meetings from 10 a.m. to 12 noon.

Next Meeting Agenda to include: (1) Self-Directed Services presentation (2) Discussion of consumer representation on the Steering Committee. Recommendations for additional representatives for the Frail Elderly and Physically Disabled target populations will be discussed. There should be a balance of consumer representation for each target population. Green suggests more consumer participation on subcommittees in the design of the program. Discussion should include a definition of "consumer representation". Does this mean an individual who is a consumer, or does it include a person who provides direct services to consumers?

The meeting was adjourned at 12, noon.

Respectfully submitted,

Nan Cline