

CCCW Quality Committee

Meeting Minutes

Date: November 28, 2012

Place: CCCW-Stevens Point, Meeting Room 319

Time: 1:00-3:00PM

Present: Dana Cyra, Lindsey Cornelius, Diana Glaza, Richard Kingston, Jessica Schmidt, Jim Canales, Glenn, Colleen Seemann, Carolyn Schulein, Keith Draheim, Ann Stevens, Barbara Streeter, and Megan Van Meter

1. The meeting was called to order at 1:11PM by Dana Cyra.

2. Motion to approve minutes for 9/20/12 meeting.

3. CCCW Executive Updates.

Community Health Partnership in Eau Claire County announced they will be going out of business effective January 1, 2013. This year, many of the family care Managed Care Organizations concluded a five year operating window for which they were authorized to provide services in their region. Renewal required them to respond to a request for proposals to continue providing services. CCCW reapplied and will continue to operate in its 5 county area. CCCW was the only care organization to apply for this region. In other regions, there were multiple responses. Some areas will be served by more MCOs than had previously been the case. Southwest Family Care Alliance submitted a proposal to serve the region previously served by Community Health Partnership. They were selected and will begin serving a five county region in the Eau Claire area in 2013. Once approved by the state, family care organizations have 5 years until they have to apply and compete again. Currently, there are fifteen counties in Wisconsin that do not have Family Care. The current state budget proposal does not have any money for new expansion. This may change over the next few months as a new budget is proposed to the governor. At this time, advocacy groups are fighting to have Family Care in all Wisconsin counties.

A number of organizational leaders have left CCCW in recent months. Julie Strenn (Provider Network Director) and Kate Norby (SDS and integrated employment lead) left CCCW to create their own business. Their departure resulted in a decision to restructure the organization in a way that supports CCCW's community building initiative. As part of the restructure, a new Community Resource Department was created. The new department retains provider network and SDS responsibilities but will also dedicate staff resources to building community connections that enhance the lives of members. S,

integrated employment, and provider network. Kris Kubnick is the new director of that department, and started on Monday, November 26th. Stacey Covi, the The new Senior Provider Relations Senior Manager, Stacy Covi, will start next Monday, December 3rd. Mark Hilliker is overseeing the transition of the new structure. Management spoke with all staff in the department to determine their interest in positions in the new structure. . The new positions represent the realignment of positions and responsibilities through the elimination of positions that were already in CCCW's budget. As part of the restructuring Quality Management will take on additional responsibilities related to staff training. Prior to the restructure, an additional Quality Management position to assist with Care Plan reviews had been requested and incorporated in CCCW's budget.

4. Updates from November 2012 State LTC Advisory Council Meeting.

The Health Care Transitions initiative is progressing in many areas of the state. Changes at the federal level have resulted in financial penalties to hospitals when people are readmitted for specific conditions within a short period of time. Local coalitions are forming to develop strategies to best transition people from the hospital to another setting in a manner that ensures optimal functioning. CCCW would like to partner with local hospitals to assist with transition planning and to ensure hospitals do not admit individuals under the status of observation to avoid penalties associated with re-admission. Medicare does not cover observation stays and observation is not a qualifying stay for Medicare coverage in a nursing home following hospitalization. CCCW has not heard of any coalitions being formed in its service region. The coalitions in existence seem to have been driven by ADRCs. CCCW hopes to be involved in a coalition in the future.

At the state level, ADRCs were awarded federal grant funds to develop expanded options counseling. They will use a three-pronged approach which includes a marketing focus to make sure people know about the ADRC, involving more people, and counseling them about the options that are available to them. Materials and information specific to Alzheimer's, chronic conditions, and fall prevention will be incorporated. The ADRC is hoping to do a much broader marketing campaign and work on materials available. In terms of options counseling, it is important that ADRCs materials reflect changes being made via the state sustainability initiatives. The 2013 contract for Managed Care Organizations includes guidelines for authorizing residential services which should be incorporated in materials people receive at the ADRC. This will help to ensure people understand the conditions under which residential services they may be considering will be covered by Family Care if they do not have sufficient personal funds or if their funds are depleted in the future.

Member satisfaction survey, peonies results, and external quality review by Metastar are completed on a yearly basis. The state shared information about potential improvements to be implemented by MCOs. Member satisfaction has been quite higher in recent years. For that reason, the state made a change in how results are reported. Rather than show the full range results, the new report focuses on "top drawer" results. This results in a comparison, among MCOs of only the percentage of responses in the highest (most favorable) category. CCCW will continue to report all results because "top drawer" results do not reflect the very low percentage of responses that indicate dissatisfaction with MCO staff or services.

There was a heated discussion over transportation services. The people who monitor Logisticare and transportation in Family Care were at the council meeting to address concerns regarding transportation that had been expressed previously. They also provided an update on Logisticare (the state-contracted transportation broker for Medical Assistance-covered transportation). Logisticare is terminating their contract with the state. The amount of rides Logisticare is providing has far exceeded estimates projected in the contract. Logisticare felt they could no longer provide service at the price specified by contract. The state has released an RFP for other providers who may wish to step in.

Council members initiated discussion about transportation and contractual changes made by many MCOs that require residential providers to ensure transportation as part of the services included in the residential rate for members funded by Family Care. e MCOs that transportation be provided by residential services providers. There was much discussion were about what residential services entail. In some service regions, residential services include basic transportation while in others it does not. Milwaukee County ADRC staff expressed concerns that members are not getting adequate transportation. It has been their experience that members are denied the right to appeal inadequate transportation because it is a sub-contracted service.

CCCW's Member Services Department has not had recent complaints regarding transportation. Statewide, managed care organizations will likely be asked to compile more data to ensure the transportation needs of members receiving residentially services are being met. CCCW plans to review data to determine if this has been a problem for members. Keith Draheim (CCCW member) suggested there be a detailed transportation survey sent to members to identify issues members may be having. Quality Management staff will explore means to gather more information specific to

transportation services. Diane Glaza reported that Lincoln County does not have a medical van for transportation so providers are struggling to meet the transportation needs of members. CCCW is looking at ways to assist the provider to ensure a wheelchair accessible vehicle is available for member transport. CCCW will report back at a later date on efforts to resolve transportation issues in Lincoln County.

5. Reports:

a. CCCW Membership Report.

CCCW continues to experience a gradual increase in number of members. No appeals or grievances were reported in the 3rd quarter. CCCW did not have many institutional relocations in the month of October. CCCW continues to see small increases in the number of members choosing to self-direct their supports. Lincoln and Langlade are the only counties that still have waiting lists. In those counties, ADRCs can enroll one new member each month. Additional people from the waiting list can enroll if someone currently served is disenrolled for reasons that do not require ongoing use of the funds that supported them. .

b. Quarterly Indicator Report-3rd Qtr 2012.

From the quarterly report, it appears more members are being disenrolled for issues related to eligibility than had previously been the case. This may be due, in part, to the development of regional IM agencies which has resulted in less follow-up with members to ensure financial reviews are completed on a timely basis. MCO requested disenrollment is only allowed in two circumstances. The first is when a member does not participate in care planning to the extent that CCCW can ensure their health and safety. The second is when the member poses a risk to CCCW staff or others. Most of time, MCO requested disenrollments involve members who no longer want to be in the program but will not voluntarily visit the ADRC to disenroll on their own. CCCW send a letter and information to the state about their efforts to contact the member. A copy of the letter is sent to the member encouraging contact by a specific day if ongoing enrollment is desired. If the member does not respond, and DHS approves disenrollment, a termination date is determined on the basis of the date the member last received services from CCCW. Statewide there have been some requests due to dangerous members and then it goes through state and DHS. Strategies may be developed to keep the individual enrolled. Disenrollment due to dangerous behaviors is very rare.

There was a big increase in the number of falls; this may have to do with staff Incident Report training. Staff is reporting more falls in general, most of which do not result in injury. The percentage of members in various residential settings was added to the report for comparative purposes.

In regard to member satisfaction surveys, CCCW is above goal for most items. The exception is the percentage of members who report that their team talks to them about work/employment opportunities. This continues to be a goal. Perhaps organizational restructuring will help to focus more attention on employment related goals.

c. PEONIES Report on Member Interviews.

In previous years, DHS was engaged in a project to develop a way of measuring quality of life outcomes. 2012 was the first year a representative statewide sample was selected. This year was the first time they tried to do a representative sample statewide. There were twenty-one interviews conducted with CCCW members. CCCW serves three thousand one hundred members so three-hundred fifty members would have been a representative sample of CCCW members. While results are not representative, they do provide feedback which CCCW may wish to explore more fully.

In several areas showing a need for improvement, CCCW has initiatives in process. For example, PEONIEs results indicate a need to better support member relationships with friends and families. This goal aligns with CCCW's CommonUnity initiative. The report also indicates that CCCW may wish to focus attention on ensure adequate supports are in place for members who rely on family supports. CCCW may need to provide more education to staff in this area to ensure the natural supports receive adequate support to maintain their roles in the lives of members. For example, offering respite, training, day services, or alternative transportation options.

6. Progress Report on Quality Improvement Activities.

Per Metastar's recommendation, CCCW has worked to complete a variety of improvements. CCCW submitted a Member Rights Policy to the DHS for review. Information within the policy will not be new to staff. It has been available in many other locations. It will simply be repeated within one comprehensive policy specific to member rights.

CCCW updated information specific to advance directives contained in the IDT Staff Handbook. The information was updated and, as also suggested, moved forward to an independent module within the IDT Handbook. Ann Stevens informed the group that she has seen many people with cognitive disabilities with who have DNR orders in place. The orders are not valid because the individuals do not have a qualifying diagnosis for a DNR order. Ann questions how providers are to deal with DNR orders, signed by physicians, that are not legal because the individual does not have a terminal diagnosis. Ann reports that many people who are healthy and have full and active lives have DNR orders in effect. CCCW staff do not assist with DNR orders. The primary focus is on assisting members to complete power of attorney for health care documents. This is a topic CCCW may need to explore further.

Database updates have been completed to ensure the member assessment completed at 6 months is in the same format and location as the annual assessment. Quality Management monitors to ensure assessments are completed on a timely basis.

CCCW's website for staff training was organized and cleaned up. CCCW is monitoring to ensure all staff has access to the internal training website.

Staff training specific to service authorizations and notice of action has been ongoing throughout the year. The Member Quality Council will participate in an overview of contractual expectations around service authorization and notice of action. Results of monitoring timely decision making show that in September, 98.7% of service authorization decisions were made within contractual timelines.

- 7. Member and/or Provider Concerns.** Members wished to reiterate to CCCW's executive team their concerns about Wausau office building accessibility. The Wausau office space is leased from North Central Health Care but there has been no update on progress.
- 8. Future Meeting Dates.** To be determined. Samantha will be sending out possible dates to determine what works best for the majority.
- 9. Future Agenda Items.** State long term care advisory meeting updates.
- 10. Next Meeting Date: January 23, 2013**
- 11. Adjourned at 2:30PM.**