

CCCW Quality Committee Meeting Minutes
Wednesday, December 16, 2015, 3:00-4:30 p.m.

Present: Dana Cyra, Tricia Mayek, Deb Josephson, Barb Mallum, Kit Ruesch, Larry Schroda, Crystal Klement, Kevin Walker, Kris Kubnick, Glenn Lamping, Marlene Winters, Sarah Benson, Stacy Stratton

- 1. Meeting called to order at 3:00pm.**
- 2. 9/16/2015 minutes approved.**
- 3. Reports (Enclosed/Attached):**

a. CCCW Membership Reports

At the end of October, CCCW was serving 5,717 members. The percentage of members by target group, gender, age, and living arrangements has remained fairly consistent over time. There was a small increase (to 5%) for members institutionalized. No appeals or grievances reported in the month of October. Appeals are usually resolved by the Member Services Department before going to a hearing and only those that go to a state fair hearing are listed on the report.

b. Quarterly Indicator Report – 3rd Qtr 2015

This report is given to the CCCW Board of Directors. Data is presented by counties/regions for those representing certain areas. The report includes members enrolled within the quarter, even if they also disenrolled during the quarter. Antigo and Merrill continue to have higher percentages of members who choose to self-direct some or all of their supports. This may be related to the lack of service agencies in those areas which resulted in the need for people to hire friends and families. Though there are more provider agencies now, there is a long history of people self-directing their supports.

The largest percentage of disenrollment is typically due to death. Most deaths are from natural causes amongst elder members. Voluntary disenrollments have been categorized over time so CCCW could keep track of the reasons people choose to disenroll. For example, a transition to Nursing Home Medical Assistance or IRIS were previously reported as voluntary disenrollments. CCCW wanted to know how many voluntary disenrollments were related to each of these so additional categories were added for tracking. This is important because CCCW wants members to be happy with supports they receive. An

increase in disenrollment for a specific reason may warrant investigation and changes in practice that help to ensure a better experience for members.

When there are more disenrollments than enrollments in a quarter, there is a net decrease in membership. This means there are fewer members at the end of the quarter than at the beginning of the quarter. When there are more enrollments than disenrollments in a quarter, there is a net increase in members. This means there are more members at the end of the quarter than at the beginning of the quarter. CCCW saw a net increase of 44 members during the 3rd quarter.

Incident report categories have changed this year. There is an increased focus on abuse and neglect. Incidents are submitted monthly instead of quarterly. The incident report may be separated out in the future to reflect monthly monitoring. Falls with moderate or severe injury comprise the largest percentage of incidents. Incidents specific to the unplanned/unapproved involvement of law enforcement comprise is the 2nd highest percentage. When viewing incidents, it is important to remember that the numbers are specific to incidents and not members. A single member can have a large number of incidents. This is often true in regard to both falls and member behaviors (such as those that involve law enforcement).

At CCCW Screen Specialists distribute the survey monthly. In previous years, Screen Specialists administered the survey to any member who was able to respond to the survey. However, DHS changed the survey questions two years ago. The questions are now more difficult for members to understand and answer. For that reason, in cases where the member has a legal representative (guardian or activated power of attorney for health care), CCCW has been mailing the survey. Currently the surveys are mailed at the time of the member's annual functional screen.

The distribution method for surveys is likely to change within the next year. Instead of going to all members, the surveys will be sent to a sample of member/member representatives each month. The sample will be selected from members who had a 6 month or annual review of their care plan the previous month. CCCW will need to closely monitor the response rate to ensure a response rate that ensure survey results are representative of CCCW membership.

CCCW may also do some coding of surveys. Over the past two years, CCCW noted what appears to be a lack of understanding specific to a questions about whether the member was offered an opportunity to self-direct supports in the past 12 months. Many members respond, “don’t know.” This is true even among those who have been identified as self-directing their supports. Committee members suggested additional analysis on this measure to determine if there is a high percentage of “don’t know” responses among those served in residential facilities where there would be few, if any, opportunity to self-direct supports. Quality Management will examine this when compiling survey results this year.

c. Results of Care Plan Reviews – 3rd Qtr 2015 (Enclosed/Attached)

Pam Onstad, Quality Manager-Care Plan Review, may attend in the future to provide an overview of the care plan review process. Dana provided a brief synopsis of how the care plan review process works. A random sample of members is selected from those who recently had a review completed. IDT managers are assigned to complete a review of each member’s record to determine the quality of work completed. Results are used to identify care planning processes that are going well and also, areas where improvement may be needed to ensure high quality care management.

Care plan reviews were not completed the first quarter of 2015 due to the transition in IT systems. Instead, additional reviews were completed in the 2nd and 3rd quarters. Overall, there was improvement across all areas in the 3rd quarter. However, there are many areas where staff are not performing at the same levels they were prior to the transition to a new IT system. For example, staff are not performing well on a measure specific to member risk (only 57% of records reviewed showed that member risks were addressed as expected). Further exploration of these results showed the issue is specific to documentation of risks, as opposed to the actual implementation of supports to address risks. Quality Management staff continue to monitor this but it seems likely that some re-education specific to documentation of risks within CareDirector is needed.

d. 2014 Family Care Member Satisfaction Survey Results

Draft survey results were received in the last quarter of 2015, for Member Satisfaction Surveys administered by all Family Care MCOs in

2014. A finalized report has not been issued. This reports shows provides a comparison of Member Satisfaction Survey Results for 2014 for all Family Care MCOs in the state of Wisconsin. Committee members were encouraged to email Dana.Cyra@communitycarecw.org with any questions regarding this report.

4. CCCW Executive Updates (from Kris Kubnick)

- No additional information has been provided from DHS regarding the Family care program. Public hearings ended in first part of October. Public comment and feedback regarding the potential change was submitted October 31stfor DHS review. CCCW provided written testimony. The public was provided 170 decision points for review. No additional feedback from DHS is expected prior to the release of a concept paper DHS must provide to the Joint Finance committee in April 2016. However, DHS is expected to provide quarterly updates/reports to Joint Finance and areport is due at the end of the December. Dana will forward to members of the group once available.
- The State continues to engage stakeholders and receive input. CCCW identified early on the need to operationalize and identify how to transition the current system into what has been requested. CCCW has been very open and willing to work collaboratively with DHS.
- The Joint Finance Committee approved expansion of LTC to Rock County. There haven't been any updates regarding the expansion timeline for Rock County. Lakeland Care District's expansion to Northeastern Wisconsin is complete.
- A Tribal waiver was submitted to DHS. There has been collaboration with CMS to work on approving the waiver. Currently, parties were unable to meet in the middle to create a waiver that supported both the State and CMS needs. The waiver will be reviewed to consider inclusion with Family Care 2.0.
- Annually, CCCW is required to do two things in order to continue operations: (1) CCCW must complete and submit a business plan and a (2) CCCW must go through an annual Certification process.
 - The business plan was approved by the board and submitted to DHS in October. While it spans 3 years, the business plan must be

updated annually. CCCW business plan, approved by DHS in November, The plan includes three (3) strategic initiatives:

1. Position CCCW to continue to deliver supports in Family Care 2.0.
 2. Implement the newly revised Residential Rate Methodology. The Residential Rate Methodology has been entirely reformed for 2016 and took a great deal of work.
 3. Continue to implement Community First Living Options; a model that focuses on building resources, adequacy, and supports for members who want to live in their communities after leaving a residential setting. This is a cost savings initiative for 2016 which is aimed at reducing the care plan costs for a small percentage of members as a result of supporting them in community settings instead of formal residential settings.
- The budget for 2016 is a break-even budget of \$230 million dollars. CCCW will sustain a 1.9% decrease in capitation payments from DHS. The Board of Directors approved the budget along with incentive payments for providers and staff in 2016 if CCCW meets specific thresholds. Thresholds were not met in 2015. In 2012, a 1% pay back was provided.
 - Dana is one of the leads for the annual certification process. All documents requested have been submitted, revised as requested, and approved. CCCW expects to receive a formal letter of certification in the near future.
- At a general rule CCCW develops a strategic plan every 3 years. In light of changes underway at the state level, the next strategic plan will be a 2 year plan. The strategic plan will be renewed in June 2016. Internal and external stakeholders will be involved and feedback will be requested from this committee during plan development.
- 5. Discussion - Member Notification Letter – New Requirement Specific to Incidents (Sample attached) ---Sarah Benson**

This year, there were contract changes regarding incidents. Incidents were previously coded as critical incidents or adverse events. Only critical incidents

were reported to DHS. Now incidents are coded as “reportable to DHS” and “not reportable to DHS”. Reportable incidents are those falling within a set of identified categories deemed to be reportable to DHS. Within 5 days of closing the investigation of a report, CCCW is required to send a letter to the member or the member’s legal representative notifying him/her of the outcome of the investigation. The CareDirector system now supports full compliance with the 2015 changes, including fields that must be included on the member notification letter. Issue of the notification letter was the last detail required for full compliance. CCCW began mailing notification letters within the last few weeks. Letters are generated and mailed every Friday, for incident investigations closed that week.

Sarah Benson shared the letter and provided an explanation of the various fields. The letter currently being mailed begins with a note indicating the letter is for information purposes only. This was added on the basis of feedback from other MCOs. Members of the committee suggested revision of this line to “Confirmation of Reported Incident-No Action Required.” Quality Management staff agreed to make the suggested revision.

6. Internal Evaluation of Quality Management Program (Sharing of Preliminary Results)

- State contract requires MCOs to have an annual quality plan. The plan must detail steps the MCO takes to monitor: (1) the quality of care management provided to members; (2) the quality of customer service CCCW provides to members and other stakeholders, including sub-contracted providers; and (3) the quality of services members receive from sub-contracted providers. In addition, CCCW must have a program of utilization review. At CCCW, utilization review is a function of the Business Sustainability Committee. The Annual Quality Plan is also expected to include areas identified for improvement in the coming year.
- Staff of Quality Management routinely monitor organizational performance on a variety of measures for the purpose of quality assurance. In addition, all quality improvement objectives have associated measures.
- On an annual basis, CCCW completes an internal evaluation of performance on both quality assurance and quality improvement measures included in the plan. At CCCW, the evaluation focuses on

measures from the 4th quarter of the previous year through the 3rd quarter of the current year.

- The internal evaluation for 2015 is nearly complete. Dana shared a table which shows measures related to quality assurance and improvement objectives in the 2015 annual plan.

7. Annual Quality Plan for 2016

As Dana walked through the table of measures for 2015, she highlighted several areas where ongoing monitoring and/or improvement is warranted in 2016. There are many areas CCCW has typically monitored for quality assurance where performance in 2016 dropped significantly. The decline in performance seems to be related to transition to the CareDirector IT systems in which member-specific documentation is significantly different than in previous IT systems. Some of these measures will need to be incorporated as improvement objectives in the 2016 quality plan. In addition, Member Support Coordinated plan to generate monthly reports in 2016 which will incorporate many reports quality management previously provided on a quarterly basis. Monthly reports may allow for prompt correction or completion of activities in a manner that has not been supported by quarterly reports.

In regard to state indicators specific to vaccination, Dana pointed out that goals likely need to be adjusted. This committee recommended increasing the goal specific to influenza immunization to 75%. Provider Network is currently offering an incentive for providers specific to immunization. Stacey recommended a review of immunization data by member office, living arrangement, and even unit. The committee also suggested increasing the goal specific to the Pneumovax immunization to 77%.

Because the group will not meet again until March, draft copies of the internal evaluation and annual quality plan will be shared with the Quality Committee via e-mail/mail upon completion. Committee members are encouraged to share feedback and suggestions with Dana via e-mail or telephone.

8. Member and/or Provider Concerns – None indicated.

9. Future Agenda Items

- Care Plan review process
- Annual Quality Plan for 2016

10. Next Meeting Date: March 16, 2016 (proposed)

11. Adjourned at 4:32pm.

Please email Dana.Cyra@communitycarecw.org or Samantha.Northup@communitycare.org with any additional questions, concerns, or agenda items.