

CCCW QUALITY COMMITTEE

Meeting Minutes - DRAFT

Date: September 28, 2011

Place: CCCW – Stevens Point, Meeting Room 319

Time: 2:30-4:00

Present: Barbara Streeter, Lori Koeppel, Judy Varney, Tricia Mayek, Dana Cyra, Carolyn Schulein, Diane Glaza, Tim Meehean, Glen Lamping, Ann Stevens, Dawn Trzebiatowski

1. The meeting was called to order at 1:05 by Dana Cyra.
2. Motion to approve minutes from July 27, 2011 meeting without revisions by Stevens; second by Streeter. Minutes approved.
3. **Introductions.** Member new to the committee included: Tim Meehean representing Pine Crest Nursing Home in Merrill and Dawn Trzebiatowski, representing CCCW's business division.
4. **Reports:**
 - A. **CCCW Membership Report** for June to August, 2011 and the 6 month statistical report were distributed. While membership has increased at fairly steady rate since April, 2011, there was a small decrease in membership (- 4 members) in the month of August. This may be due to the enrollment cap imposed July 1, 2011 and efforts among the ADRCs to enroll as many members as possible prior to implementation of the enrollment cap. This is likely evidenced by larger increases in membership in May (+27 members) and June (+ 41 members). The number of institutional relocations was also high (17 relocations) in June, 2011. Over the same period, there was a steady increase in the number of members choose to self-direct some or all of their supports (about 10 additional members each month).

The 6 month statistical report shows decreased enrollments resulting from the enrollment cap in both July and August. In August two member were disenrolled because they failed to pay the required cost share to retain membership. They are listed as involuntary disenrollments on the report. With the enrollment cap now in place, this will allow two individuals on the waiting list to be served. Those

who were disenrolled for failure to pay cost share will need to reapply and have their names added to the waiting list should they wish to re-enroll. Aging and Disability Resource Centers (ADRCs) in the CCCW Service Region need to track all disenrollments to determine the number of people on the waiting list who may be enrolled the following month (based on attrition the previous month).

As of August, 2011, there were 295 people on the waiting list for the ADRC of Central Wisconsin and 2 people on the waiting list for the ADRC of Portage County. Some of the individuals on waiting lists are not financially eligible but are expected to become financially eligible during the time they are likely to remain on the waiting list. CCCW has experienced an increase in the number of providers contracted for Alcohol and other Drug Abuse Services (from 19 in March to 24 in August); Durable Medical Equipment (From 54 in March to 76 in August); and Medical Supplies (from 88 in March to 110 in August).

B. CCW Incident and Appeals Summary for 2nd Quarter, 2011 was distributed. The report shows a large increase in the number of critical incidents and adverse events during the 2nd Quarter (From 589 total in the 1st Qtr to 750 in the 2nd Qtr.) The increase may be due to a change in how staff report incidents within CCCW's IT system. Quality Management believes the number of critical incidents may be somewhat higher due to unclear expectations about the level of severity that must be met in order for an incident to be categorized as "critical". DHS plans to provide more clarification in an upcoming conference call. There were, however, some incidents that resulted in very serious harm or injury to members, including two suicides and three unexpected deaths. In addition, a number of members with behavioral concerns experienced escalated behaviors and were involved in multiple incidents. Falls among CCCW members account for a large proportion (470 or 63%) of incidents reported by CCCW staff. Again, there are many members who experienced more than one fall during the quarter.

There was only one appeal during the 2nd quarter; an appeal related to the number of supportive home care hours a CCCW team planned to authorize. The appeal was resolved locally through a compromise that resulted in authorization of a level of service between what the member desired and what the staff team initially planned to authorize.

There were 19 provider appeals during the 2nd quarter. Thirteen (68%) were resolved through a decision to approve payment to the provider. The remaining appeals (6 or 32%) resulted in denial of payment. Committee members requested that future reports be enhanced to include the reason CCCW chose to deny payment to a provider. Dawn Trezbiatowski clarified that provider have the option of requesting state review of CCCW's decision to deny an appeal. If information related to this option is not in the Provider Handbook, it will be added to a future revision and shared with the committee.

- C. Statewide Report on Immunization Rates Among MCOs.** A report comparing member immunization rates for influenza and pneumovax for Family Care and Partnership Managed Care Organizations (MCOs) statewide was distributed. All MCOs are required to track these immunizations and report them to the Department of Health Services. Vaccination rates are considered a quality indicator for MCOs. CCCW ranked 3rd out of 9 total Family Care MCOs on its influenza vaccination rate and 6th out of 9 on its pneumovax immunization rate. In response, CCCW staff will likely place more emphasis on member education related to the benefits of pneumovax immunization in 2011.

Cyra noted that it is difficult to determine how MCO immunization rates compare to similar rates among the general public because MCO rates are reported by Family Care target group rather than age group. Among the general public, US Health Statistics (2009) show influenza immunization rates to be 66.9% for people age 65+ and 59% for adults age 18-64. Comparable nationwide rates for pneumovax are 59.7% for people age 65+ and 25% for people age 18 to 64. CCCW's 2010 influenza immunization rate was 69.7% for the elderly and an average of 55.1% for members of non-elderly target groups. CCCW's 2010 pneumovax immunization rate was 61.5% for the elderly and 41.8% for members of non-elderly target groups. However, those enrolled in Family Care may be members of multiple target groups and members who are eligible for services on the basis of a physical or developmental disability may remain members of those target groups regardless of age. For that reason, state reporting by member target group does not yield a true comparison to immunization rates nationwide.

D. The DHS Response to the Joint Finance Committee Regarding April 2011 Legislative Audit Bureau Report on Family Care was shared with committee members. Items believed to be of interest to the committee and reviewed are as follows:

- Efforts to develop a standardized statewide methodology for determining rates for residential services have been discontinued. Instead, the work completed is being used by MCOs to develop tools specific to their organizations that reflect regional and geographic differences. CCCW and residential service provider have worked together, using knowledge gained through participation in statewide efforts to enhance CCCW's tool and to ensure a rate setting structure that can be readily understood by providers and staff.
- A study of care management staff shows great variance in caseload sizes as well as logical reasons for some of the differences, including travel time in rural areas. There also appears to be some re-evaluation of the role of registered nurses and whether "teamwork" actually involves comparable levels of involvement in member-specific activities. This may result in greater flexibility for Managed Care Organizations in defining staff roles. This is significant in terms of CCCW's ability to be responsive to concerns raised in recent provider forums regarding staff roles and responsibilities.
- Figures presented in the evaluation of the adequacy of capitation rates and the stability of MCOs appear to be based on the assumption that CCCW will be receiving a retrospective adjustment of some type in 2011. To date, CCCW has not received written confirmation of such an adjustment though some adjustment is anticipated.
- The section on Program Integrity references an incident reported by CCCW wherein a provider discovered they had been billing for services that were not provided. When rectified, the situation resulted in CCCW's recoupment of approximately \$40,000.
- Functional screen assessment skills testing is something CCCW staff do participate in. The nature of testing has changed significantly over time and there has also been turnover among staff responsible for oversight at the state level. Staff of CCCW recently noticed an advertisement for a new state position charged with oversight of Functional Screen processes. The position will be housed in the Office of Resource Center Development.
- Information previously presented to the committee regarding streamlining the Family Care appeals process is included. However, no decision has been made in regard to process changes. MCOs are requesting a decision be made soon so it can be incorporated in a

statewide Member Handbook template that MCOs will use to develop new Member Handbooks for distribution by mid-January, 2012.

- In regard to use of the PEONIES tool to evaluate, through in-depth interviews with members, whether Family Care MCOs are truly supporting member outcomes, the state intends to conduct enough interviews in the coming year to comprise a representative sample of individuals served by Wisconsin's Family Care, PACE, Partnership and IRIS Programs. Some MCOs will experience a significant increase in the number of members they must schedule for interviews. However, the number of CCCW members to be interviewed (24) is a little less than last year. Results of the PEONIES interviews are somewhat difficult to evaluate because the focus is on the number of outcomes identified that are partially or fully supported, as opposed to the number of members who report their outcomes are partially or fully supported. One member may have just one outcome that is fully supported and another may have ten outcomes and report that five are fully supported, three are partially supported, and 2 are not adequately supported. In this case, reported findings will be that 6 of 11 member outcomes (55%) are fully supported. The reader may easily get the impression that nearly half of CCCW's members report their outcomes are not being supported when, in fact, the outcomes most important to both members are being fully supported. On a statewide level, results may prove more useful than local results for a small sample of members appear to be.

5. Update on Recruitment of Committee Members. Quality Management (QM) has reviewed Member Satisfaction Surveys to identify members and/or member representatives who provided feedback and may have an interest in serving on the Quality Committee. A list of approximately 30 people was sent to IDT Staff to review and provide feedback regarding the member's potential ability/interested in serving. Some individuals have been removed from the list and the list seems to have prompted other teams to identify additional members who may be interested. QM plans to send a general letter of invitation within the next week or so to solicit participation by additional members/member representatives. There was some discussion about the appropriateness of meeting materials and whether members/member representatives would truly have an interest in organizational operations. Member participation in organizational planning and processes is a contractual requirement. CCCW has traditionally considered participation in governing and advisory boards a forum for member input and participation. Historically, members and member

representatives who choose to participate have interests and experiences pertinent to other stakeholders as well (such as schools, DVR, Independent Living Centers, adaptive technology, providers, etc.). The unique insights and contributions of members and member representatives have been very helpful to CCCW in identifying member concerns and developing appropriate plans and member-specific materials.

6. **Update on Statewide Member Handbook.** CCCW received and is working to insert local contact information in the statewide Member Handbook template. CCCW must submit the updated handbook to DHS for approval by October 1, 2011.
7. **Lincoln County Care Management Review by Metastar.** Metastar is scheduled to conduct the care management review in Merrill on October 19 and 20th. They will review approximately 10 member records and provide a report of their findings afterward.
8. **CCCW Response to DHS Memo Requiring Follow-Up to Findings of March 2011 External Quality Review.** DHS identified three areas from the Metastar review that warrant follow-up by CCCW.

There was some concern that the system CCCW devised to verify provider compliance with completing caregiver background checks was not sufficient to determine if the provider was actually performing the checks every four years as required. In the first year of implementation, CCCW chose to verify the background checks only for recent hires; using the contact as an opportunity to provide further education to providers who are not as familiar with background check requirements. It was CCCW's intention to include a more random sample of employees for verification of background checks in future years. CCCW updated its policy and associated documents to more accurately reflect what the process is expected to be in future years.

DHS also requested that CCCW incorporate the review of services that are under-utilized into utilization review processes. CCCW has started to review the underutilization of cost-effective services that may prevent the need for more costly service in the future or serve as cost effective replacements for a service that may be over-utilized.

CCCW completed an analysis of issues related to timely service authorization and timely Notice of Action when warranted. A workgroup

will convene to develop materials for staff retraining in regard to requirements and associated processes.

- 9. Updates from CCCW Member & Provider Quality Councils.** A number of representatives from the Provider Quality Council have been involved in sub-groups working to refine a residential rate setting tool or tools for use in 2012. Parameters around implementation of a new tool or tools have not been determined. There may be some gradual implementation by provider type or for new enrollees only. In addition, a pilot for the new fee structure for supported employment (which reimburses on the basis of the hours a member actually works, as opposed to hours of supported employment provided) will begin on October 1st.

- 10. Future Agenda Items.** Update on provider appeals process; ADRC Waiting List policies/protocols; 2012 contract changes related to member use of personal resource. Committee members are encouraged to e-mail topics of interest, as they arise, to Dana Cyra at Dana.Cyra@communitycarecw.org.

- 11. Next Meeting Date** – November 23, 2011 (Request to send E-mail meeting invitation).

- 12.** Motion to adjourn by Stevens; second by Meehean. Adjourned.

Respectfully submitted by Dana Cyra, Director of Quality Management