

## CCCW Quality Committee Meeting Minutes

Date: March 28, 2012

Place: CCCW – Stevens Point, Meeting Room 319

Time: 1:00 -2:30

Present: Penny Bartelt, Dana Cyra, Crystal Fiene, Nicholas Baumann, Tricia Mayek, Carrie Schreiner, Carolyn Schulein, Ann Stevens, Glenn Lamping, Jim Canales, Rebecca Blue, Alli Rehfeldt

1. The meeting was called to order at 1:06 by Dana Cyra.
2. Motion to approve minutes from 01/25/2012 meeting without revisions by Stevens; second by Baumann.
3. Reports:

### A. CCCW Membership Report

The membership report for December through February 2012 and the six month statistical report were distributed. The number of members increased by 18 from December to January, and increased by 12 from January to February. There was slight increase in the percentage of members living in RCACs between December 2011 and January 2012.

The number of members self directing some or all of their supports remained consistent at about 20-21% of the all members. In 2012, CCCW hopes to increase percentage of members self directing to 25%. CCCW is looking for opportunities to outreach and provide education about SDS to members and potential members.

There was one grievance filed in January 2012. No appeals were filed between December and February.

The total number of members, broken down by target group, shows that the PD and DD groups include members who also meet the definition of elder (age 65+). Only the primary target group is used for reporting. There are 25 members in the DD group who are 80 or older and 28 members in the PD group who are 70 or older. A large proportion (821 members) of those in the elderly target group are 80 years or older.

The six month statistical report shows an increase in the number enrollments that is not reflected in the total number of members. This is due to the number of disenrollments during the same period. There were 57 enrollments in December 2011 and 35 enrollments in

February 2012. The total number of people on the wait list has gone down over the last few months. ADRCs are reviewing the waiting lists and removing the names of individuals who are not yet eligible or interested. This is being done in preparation for anticipated changes to legislation that will lift the enrollment cap.

**B. Update on Enrollment Cap, Sustainability Initiatives Identified by DHS, and upcoming Town Hall Meeting**

The bill to lift the enrollment was signed into law by Governor Walker, and will be effective as of April 3, 2012. As of this date the ADRCs will start enrolling new members. Once the caps are lifted, CCCW anticipates around 200 people will be enrolled as quickly as the ADRCs and IM consortiums are able to process the enrollment paperwork. The new law does make expansion of Family Care more difficult, but not impossible. There are currently 15 counties in the state that do not have Family Care. An amendment to the legislation passed allows expansion to occur with active review for each new county that wants to bring in family care from the joint financial committee. This was previously done via passive review, which is a much simpler process. It is possible CCCW will look at expanding into counties that do not have family care, but at this time it is unknown which counties may ask to join CCCW.

**Town Hall Meeting –**

The purpose of the town hall meeting is for the State to try to solicit feedback about concerns about the sustainability initiatives. Members, family members, and professionals are encouraged to attend to give their feedback. Members of the state Long Term Care Advisory Council have expressed concerns regarding the initiatives. Within the State Quality Workgroup there were some concerns regarding keeping members in their home with the use of automatic medication dispensers. There is more information available on CCCW's website regarding the town hall meeting, which is Friday, March 30<sup>th</sup>, 1:00 at North Central Tech College.

**C. 4<sup>th</sup> Qtr 2011 Quarterly Indicator Report**

In 2011, there were a total of 11 member appeals and all of these appeals were resolved at the local level, and no appeals needed to be resolved at the state level.

Disenrollments in the 4<sup>th</sup> quarter of 2011 were broken down by each target group and the reasons for the disenrollments were also broken down. 72% of the total disenrollments were in the elderly target group. The most common reason for PD disenrollments was

because of loss of eligibility, which does include members who voluntarily move out of the area. Out of the 15 of deaths from the non-elderly target groups (PD and DD), 5 were members that were under the age of 60.

Self-directed members were broken down by target group. Member in the PD target group are the most likely to self-direct (31% of members in the PD target group are choosing to self-direct). The two newest offices (Anitgo and Merrill) have high numbers of members self-directing; perhaps because self-direction is more widespread in areas where there are fewer formal resources. The Marshfield and Wisconsin Rapids offices continue to have 14 to 16% of members self-directing, and Stevens Point and Wausau continue to have 19-20% of their members self-directing some or all of their supports.

In 2010, about 10% of all falls resulted in serious injury. In 2011, the percentage of falls resulting in serious injury decreased from 7% in the 1<sup>st</sup> Quarter to 5% in the 4<sup>th</sup> quarter. When looking at the total number of falls, it is important to remember that there are many members who experience multiple falls. Most falls occur at CBRFs. However, there are also many falls that occur in the homes of members. CCCW's Performance Improvement Project related to fall prevention is specifically focused on preventing falls among members living at home so that they can continue to live in the least restrictive environment.

Results of the Member Satisfaction Survey were very good but there are a few areas where the goal wasn't met; the percentage of members who would recommend the program to a friend and the percentage of members who indicate IDT staff talk to them about work and employment options. CCCW continues to work on goals measured through its internal file review process; ongoing improvement toward identified goals has been incorporated in CCCW's 2012 Quality Plan.

#### 4. **2012 Provider Satisfaction Survey**

The 2012 Provider Satisfaction Survey results were reviewed. The response rate was lower than last year. The reason for the decline in response rate is unclear.

There were over 540 providers that CCCW contracts with and 28.5% of them responding to the Provider Satisfaction Survey. Because the

response rate has gone down, provider network plans to work with the provider quality committee to find out how to increase the rate of response to the next survey. This was the first year that Lincoln and Langlade counties participated in the survey. The percent of positive responses specific to claims and WPS billing went down. However, 92% of respondents indicated that Claims staff were courteous and respectful Always or Most of the Time.

The survey did go out at a time when providers were experiencing more difficulties specific to claims processing. At that time, CCCW was somewhat behind in processing authorization. The percentage of positive responses in regard to timeliness and accuracy may have declined because of internal delays at CCCW. At present, Claims staff are back to the expected turnaround of 2 business days. If this continues, provider satisfaction is likely to improve.

Provider satisfaction was quite low in regard to reimbursement rates for services rendered. CCCW continues to work collaboratively with providers on reimbursement rates and structures for reimbursement. At the current time, CCCW is looking at residential rate setting methodologies and working with providers to develop new rate setting methods. With the new rate settings, Providers will have a 60 day notice of new rates and have a chance to sit down individually with CCCW to discuss the proposed rates. New rates, based on acuity and other factors of importance, will start July 1, 2012.

Satisfaction with processes related to the long term functional screen increased from last year. Functional screeners were able to give more advance notice of member screens, involved provider staff, and were more flexible with scheduling screens.

Satisfaction with provider network quality management also increased from last year with 98% of respondents indicating Provider Network Quality Managers are respectful and courteous Always or Almost Always.

Nearly three quarters of respondents (74%) indicate they feel like partners with CCCW Residential Services staff. Residential services, overall, showed an increase in satisfaction from last year's survey. Residential services staff is looking for more efficient ways to get referrals out to providers, and have piloted an email program for the residential referral process.

Items that providers thought that CCCW did best were (1) provide good and prompt customer service/communication in provider interactions, and (2) provide member-centered care. Providers thought CCCW could do a better job at ensuring methods for determining provider reimbursement rates truly result in adequate reimbursement for the types of services and quality of services CCCW expects a member to receive. Providers also indicated that CCCW should work to streamline the billing process to provide more timely payments.

Overall satisfaction with CCCW has remained fairly stable for the last three years. From the results for the survey, the next steps will be to work on the areas that the survey identified as areas of concern and develop work plans specific to the concerns identified. Various internal departments will identify targeted opportunities and develop plans to address the areas of concern identified.

5. **2011 Internal Quality Evaluation and 2012 Quality Plan**

The full documents for the quality evaluation and quality plan are available on the website. Click on About Us and select Annual Reports to view the 2011 Internal Quality Evaluation. Click on the Quality tab to view the 2012 quality plan. If you have any problems getting to these on the website, please contact Dana Cyra.

6. **Report on full Metastar Review (March 12-15, 2012).**

This review year was a full review year for CCCW. This means it was a more in-depth review by MetaStar. The review included interviews with different staff in the agency, review of 48 member files, interviews with staff teams (teams assigned to members whose files were selected for review), and PEONIES interviews with members. There was also a document request list where MetaStar reviewed the policies and procedures of CCCW. The post visit conference call did not identify any immediate health or safety concerns of the 48 files that were reviewed. Three members were identified as having complex situations, where teams were given more guidance and assistance regarding different resources. These were identified to help improve the management of those cases. Out of the 48 files review 15 files met all the criteria reviewed by MetaStar. The other files had different issues and supervisors will be following up with the assigned teams. Overall it was a positive review. They identified some items to improve on that are believed to be very good changes and it was nice to have someone review CCCW to find areas that could be improved. CCCW will learn if there are any areas that require a formal improvement plan after staff from the Department of Health Services review Metastar's final report.

7. **Service Authorization and Notice of Action Improvement Project.**  
All staff has completed the training and the pre/post tests results were compared. Overall, on all 20 questions staff got 74% correct on the pre-test and 86% correct on the post test. Staff feedback from the training was solicited and several changes have been made to facilitate service authorization processes. There will be ongoing monitoring of the Service Authorization and Notice of Action processes in 2012.

8. **Updates from Member & Provider Quality Councils**

The Provider Quality Council reviewed results of the Provider Survey. They continue to work on Community Development and sharing with Providers. The residential rate setting methods are being worked on and will hopefully go into effect July 1. While working on the rate setting tools, they realized that there more change in conditions with the DD target group than initially thought, which does affect the rates. The provider quality council is also working on an employment project.

The Member Quality Council is being taken over by the new Member Services manager Kris Kubnick and the current Member Services manager Evelyn Heikenen. They will also be contacting members to see if they want to be part of the appeals and grievances committee, or the member quality committee.

9. **Future Agenda Items**

Update on State initiatives for the Quality Score Card  
Member Employment  
Sustainability initiative and what feedback comes from the town hall meetings  
PIP update

10. **Next Meeting Date:** May 23, 2012

11. Motion to adjourn by Stevens; second by Fiene. Adjourned