

CCCW Quality Committee Meeting
CCCW Stevens Point Office
Conference Rm 319 & 320 (Back Entrance)
Participation via Zoom
Wednesday, March 18, 2015, 3:00-4:30 p.m.

Present: Dana Cyra, Evelyn Heikenen, Sarah Benson, Glen Lamping, Pam Onstad, Kevin Walker, Julie Russo, Marlene Winters, Rosemary Varney, Nancy Lauritsen, Lucie Cutler, Diane Glaza, Carrie Breitenfeldt, Carol Rand, Kit Ruesch, Joy Henrich

- 1. Meeting called to order at 3:00pm.**
- 2. 11/19/2014 minutes approved.**
- 3. CCCW Executive Updates**

CEO, Mark Hilliker has been busy with Governor Walker's budget proposal. There was a Joint Finance Committee hearing in Rice Lake today. MCOs are requesting more study and public discussions regarding Wisconsin's Long Term Care program regarding the proposed changes. If the budget is approved, all MCOs will close by mid-2017 and private insurance companies will likely provide publicly funded long term care system in Wisconsin. This includes Medicaid covered services (acute/primary care) and IRIS. In addition, ADRCs will no longer have responsibility for determining eligibility. These changes were not anticipated or discussed with long term care stakeholders in advance of the budget proposal coming out.

Secretary Kitty Rhodes appears to be supportive of the proposal. More State oversight would be necessary to implement the new system. Glenn Lamping reported that leadership staff at the State level are working through questions and direction and there is healthy dialog to ensure high quality services for Wisconsin residents.

Committee members were encouraged to contact their representatives for additional information, to express concerns, or to propose further study prior to implementation of a new system. There are also various hearings throughout the State with the Joint Finance Committee. A memo sent to

stakeholders was shared with committee members in advance of the meeting. The memo had a link to a website for updated information.

4. Reports:

a. CCCW Membership Reports

Membership demographics remain consistent. There was only 1 appeal in January.

b. Quarterly Indicator Report – 4th Qtr 2014

CCCW consistently reviews disenrollment reasons for trends. Most disenrollments are due to death. However, a large increase in disenrollments for other reasons would warrant further investigation.

CCCW's goal is to have at least 25% of members self-directing some or all of their supports (SDS). Antigo and Merrill have the highest percentage of members using SDS. This may be due to these very rural areas not having as many agency supports available.

There is no comparison for the Member Satisfaction Results to previous years since the questions are all new. On a scale of 0 to 10 where 0 is the worst MCO and 10 is the best MCO, members ranked CCCW at a 9. Survey results also showed that many members using SDS weren't aware that they were self-directing their supports. More member education may be needed.

c. CCCW Internal Quality Review-2014

CCCW's contract with DHS requires ongoing Quality Assurance monitoring and continuous improvement. CCCW must evaluate its Quality Management program at the end of the year. CCCW uses the results of the evaluation to determine goals for the coming year. In 2014⁴⁵, CCCW had a difficult meeting quality improvement goals. However, CCCW did make ongoing progress toward identified goals. Implementation of a new IT system used consumed a great deal of staff time. CCCW expected the system to be implemented in February 2014, but full implementation was delayed several times and finally took place in December 2014. Due to the long transition, Quality Management ended up measuring data using two IT systems for most of the year. This was very challenging.

d. Summary of 2015 Quality Plan Improvement Objectives

The Care Plan Review process is a major improvement objective for 2015. Managers review member records to ensure accuracy and consistency throughout CCCW's service region. Over the past year, because all CCCW staff were not using the same IT system, different tools were used to assess the quality of care plans, depending on which IT system staff were using. As a result, there were significant differences in the results of reviews, depending on which tool/IT system was used. The goals for 2015 is to train managers to evaluate records the same way using the same tool throughout the organization.

5. Discussion - Restructuring of Quality Committee and Member Quality Council (Please review questions sent in advance come prepared to participate in a discussion of your interests)

The joint meeting today is to review what we plan to do with both committees, the Quality Committee and the Member Quality Council, moving forward. The Quality Committee first convened in May of 2009. At that time, CCCW staff, members and/or member representatives, and providers were invited to participate. At the initial meetings, those who volunteered were asked to share their interests. It quickly became apparent that while members and providers has some common interest (most specifically related to ensuring members receive high quality care), there were also some very distinct interest. For example, members and member representatives were very interested in educational materials for members and transition planning for children transitioning to adult services. Providers were interested in establishing quality benchmarks that might correlated with increased provider payments.

Based on these distinct interests, a decision was made to split the group every other month into two subgroups, the Provider Quality Council and the Member Quality Council. The subgroups would invite additional participants and Quality Committee members would report back on the activities of the Quality Councils. Initially, Quality Management led all three committees, but eventually, Provider Network took over the Provider Council. The Provider Quality Council is now functioning as an independent advisory committee to CCCW's Community Resource Department. In 2014, Member Services took over the Member Quality Council. However, there has been significant

overlap in materials presented to the Quality Committee and Member Quality Council. At this time, CCCW Management staff believe it may be beneficial to combine the two committees and reduce the frequency to quarterly meetings with the understanding that CCCW may solicit the participation of committee members in various activities or workgroups where input from members/member representatives and/or IDT staff will help to improve the quality of CCCW operation and ultimately, the experience people have as members of CCCW. Quality Management also hopes to solicit input about things committee members are interested in. This will help to ensure people have opportunities to be involved in the types of things they hoped to assist with when they agreed to be a member of the Quality Committee or Member Quality Council. Some specific areas of interest mentioned include:

- Advocates for LTC
- Member reps could help develop educational materials for member/guardian rights, protective placement, and POAs
- IDT Staff-help members understand IDT requirements, make experience more positive between staff and members
- Assist with CCCW current PIP projects
- Assist with ideas for better communication between CCCW and medical facilities

Committee members were encouraged to submit additional ideas via e-mail to Dana or Samantha.

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Samantha.Northup@communitycarecw.org

6. Proposed changes to Quality Committee By-Laws

Quality Management will update the committee By-Laws and present the draft at the next meeting. These by-laws were developed when CCCW was serving three (3) counties. IDT staff of CCCW have the most direct experience with members so there was significant emphasis on having IDT staff representatives from each office. This is no longer practical. New By-

Laws need to be created to reflect expansion and representation across the region but not necessarily in association with each office.

7. Future Meeting Dates

It was suggested that meetings be every 3 months, the 3rd Wednesday of the month. The meeting time will stay the same; 3:00 to 4:30 pm.

8. Member and/or Provider Concerns

Currently the Provider Network is dealing with a lot of IT issues. There was also a change in the WPS IT system and CCCW contracts with WPS for provider claims processing. CCCW is trying to work as quickly as possible to resolve issues related to authorization and claims processing.

Samantha will add Zoom information to future meeting agendas.

9. Future Agenda Items

Governor's budget update

Upcoming Events

DHS Contract Changes (Incident Reporting, Compliance Plan)

10. Next Meeting Date: Wednesday, June 17, 2015 3:00-4:30pm

11. Adjourned at 4:30pm.