

CCCW QUALITY COMMITTEE

Meeting Minutes

DATE: July 28, 2010

PLACE: Community Care of Central Wisconsin-Stevens Point, Meeting Room 319

TIME: 1:00 – 2:30 p.m.

PRESENT: Ann Stevens, Laura Goetz, Lawrence Schroda, Sheryl Bauer, David Thewes, Julie Strenn, Jason Taylor, Glen Lamping, Evelyn Heikenen, Darlene Gering, Judy Varney, Penny Bartelt

1. The meeting was called to order at 1:05 p.m. by Larry Schroda, Acting Committee Chair.
2. Motion to approve minutes of May 26, 2010 without revisions by Stevens; second by Thewes. Approved.

3. The Preliminary Membership and Statistical Reports were distributed. The report shows an increase of 31 members; from 2,620 members in May to 2,651 members in June, 2010. Of the 31 new members, 6 have physical disabilities, 4 have developmental disabilities, and 21 are frail elders. The waiting list in Marathon County decreased by 8; from 308 in May to 300 in June. The waiting list in Wood County increased by 2; from 217 in May to 219 in June. There were a total of 519 people on waiting lists in Marathon and Wood Counties at the end of June, 2010.

CCCW continues to address concerns with the state in regards to the size of the waiting list and entitlement scheduled to begin in Marathon County on November 1, 2011 and Wood County on January 1, 2012. Target group, description of needs and also number of persons who will be transitioning due to turning 18 and aging into Family Care would be helpful for providers to know in developing their business plans. Discussed how providers cannot be expected to prepare for entitlement without additional information. It was also added that even if providers developed residential resources to open around entitlement the state does not have the capacity to license that many homes in a relatively short period of time.

The Executive Summary 2009 Performance Measures prepared by Metastar was discussed. CCCW had the lowest turnover rate for Social Work Service Coordinators in the state at 2.6% and the second lowest rate of turnover for Registered Nurse Service Coordinators at 5.7%. Overall CCCW's total team turnover rate was 3.8% or 5/131. The influenza vaccination rate was 70.9% for 2009 and the pneumonia vaccination rate was 32.6%. Explained that there was some discrepancy in the reporting period for CCCW. Informally we were told that the reporting period was from Sept. 1 to Jan. 31; however, in the written documentation the reporting period was stated as Sept. 1 to Dec. 31. A side note on the data is that Milwaukee County Department on Aging's vaccination rates may be slightly higher due to primarily serving elderly members and administering the vaccinations through their organization.

4. A power point presentation of the 2010 Performance Improvement Project Fall Prevention was viewed and discussed. As an organization the number of falls reported has been consistent over the last three quarters. For the 1st quarter there were 347 total falls with 37 resulting in serious injury and for the 2nd quarter there were 339 total falls with 48 resulting in serious injury. The number of falls by office showed that the Stevens Point and Wausau offices having a higher number of falls which is consistent with these offices having a higher number of members. The elderly population had 28 falls with serious injury during the 1st quarter and 25 during the 2nd quarter. The physical disability target group had 4 falls with serious injury during the 1st quarter and 9 in the 2nd quarter. The developmental disabilities target group had 5 falls with serious injury during the 1st quarter and 14 during the 2nd quarter. A question arose regarding if the members with a developmental disability who suffered serious injury are also advanced in age/elderly. This question will be forwarded to

Dana Cyra for clarification. The last slide presented the location of where falls with serious injuries occurred. The highest number of falls occurred in CBRFs (18 during 1st quarter and 24 during 2nd quarter). The falls committee is working with the Provider Quality Council on possibly developing a training related to identifying the root cause of falls and prevention. Provider network is tracking providers by falls to perhaps offer targeting training to certain providers as well.

5. Evelyn Heikenen discussed the CCCW Member personal use of resources policy. She provided council members with the current policy. CCCW prohibits billing of members for any service in the long term care benefit package that is necessary for the member's health and safety, and is the most effective and cost effective means for the member to reach his/her individual outcomes. CCCW contracted providers are also prohibited from accepting private pay for these items. A common example provided was a member who is frequently close to his/her asset limit cannot buy their incontinence products since this is in the benefit package. If the member wants to privately pay for an enhanced service this is allowed. An enhanced service is not in the benefit package, nor paid for by Medicaid, or the additional services in the benefit package are not necessary to meet member outcomes as documented on the MCP. An example of an enhanced service is a member who lives in a CBRF and wants a larger room. CCCW would pay for a basic room that will meet the member's needs. If the member would want to then pay extra for the larger room, he/she could pay the difference.

Evelyn explained in more detail that if a member has a spend down this is not a reason for the member to privately pay for covered services. If a member has too much money, the member needs to talk to his/her economic support worker on how to use the money. There is an option for the member to make a payment to the state Medical Assistance general fund. The question was asked if the provider needs to talk to economic support. It is the responsibility of the member or the person legally responsible for the member's money (Guardian of Estate or Representative Payee) to discuss options with economic support. Providers can assist in this process by providing suggestions on what a member needs that he/she could then possibly purchase.

The state is planning on making revisions to the contract language regarding member's use of personal resources for 2011. These changes will involve the dollar amount and how involved a CMO has to be if a member is doing something on their own. The policy distributed is specific to CCCW; however all CMO's have the same requirement of the State in regards to the member's use of personal resources. Therefore each CMO may have their own written policy but it should be consistent in how it is applied with members.

Evelyn encourages and appreciates any feedback or comments regarding this policy.

6. At the Member Quality Council Meeting on June 23rd, there was a discussion regarding the wait list and trying to get additional demographic information about the persons on the list. CCCW plans to have a meeting with the Aging and Disability Resource Center of Central Wisconsin about additional information including target groups. The member handbook has been printed and delivered to CCCW. Service Coordinators will be distributing copies to members. The handbook is also available on the CCCW website. Heikenen presented on the new Notice of Action statewide form. Strenn also presented information on the new provider directory. Strenn updated the Quality Council that she just received some preliminary programming and is making suggestions. The directory will include only CCCW contracted providers. Discussed having providers review information in the directory once it is online and letting Emmy Lou Eron know if something is incorrect.

On June 23rd, members of the Provider Quality Council met. Falls prevention was discussed including providing training for providers. July 29 and 30 Provider Network is having four trainings

on restrictive measures and member rights for providers and have between 160 and 170 providers registered. Those attending the training will be sent additional training materials and a DVD of the training to train their staff with. In the future CCCW would like to utilize webcasts. The council suggested provider quality benchmarks begin with a focus on residential, prevocational/supported employment and day services. Strenn plans to send information to providers requesting involvement in small groups for suggestions and also any tools providers currently are using. Strenn estimates this will be about a 6 month process. There was discussion of obtaining feedback on the residential process via a survey or as part of the provider satisfaction survey. Provider network is considering administering the provider satisfaction survey after Jan. 1 due to autumn being a very busy time of year for provider network which prevents them from having time to tabulate and review results. Also when the survey is completed in September, the provider network is uncertain if the provider is answering about how things are currently or if they are referring to the year before.

The Provider Quality Council looked at feedback regarding what is working between providers and CMO's. They discussed what efforts CCCW could put in place in the Service Coordination handbook for communication strategies with providers. Strenn provided an update on the residential rate setting methodology. There is going to be a meeting Aug. 15 for stakeholders. Strenn will e-mail Quality Council members with the date and time when she knows. Strenn provided an update of the last State stakeholder residential rate setting meeting.

7. Future agenda items include further discussion of how CCCW plans to implement the state rate setting methodology, providing an update on conversations regarding the waiting list, and update on progression towards expansion with Lincoln and Langlade Counties.

8. The next meeting is scheduled for September 22, 2010.

9. Motion to adjourn by Stevens; second by Thewes. Approved.

Respectfully submitted by Penny Bartelt, CCCW Long Term Care Functional Screen Supervisor.