Moving Forward with Wisconsin’s Quality Long Term Care System

HCBS Conference
August 27-31, 2017

Curtis Cunningham, Assistant Administrator of Long Term Care Benefits and Programs
Kevin Coughlin, Policy Initiatives Advisor
Learning Objectives

• History of Wisconsin’s Long term Care Program
• Current State
• Long Term Care Quality Strategy
• Quality Initiatives Improving Consumer Lives
WI Long Term Care History
Wisconsin in 1980

- 2nd highest nursing home beds per capita
- Nursing home in every small town and multiple in medium-large cities
- Three state centers for IDD with over 3,500 residents
Community Options Program

- Established in 1981 as an alternative to institutional care. Piloted in 8 counties in 1982 and statewide in 1986;
- **All State** dollars (no federal)
- **Flexible** funding source
- **Serves all populations**
- **Duplicated** by other states and countries
- **But we still have long waiting lists.....**
The COP RESPECT Values

- Relationships
- Empowerment to make choices
- Services to meet individual needs
- Physical & mental health
- Enhancement of participant reputation
- Community and family participation
- Tools for independence
 Medicaid HCBS Waivers

- **“Waives”** Medicaid rules that only pay for care in institutions to allow funding in the community
- **Wisconsin has several** waivers related to population served (Federal requirement that populations be separated)
- **1983 CIP 1A** established (serves DD relocating from institution)
- **1985 CIP II** established (serves elderly/physical disability)
- **1987 CIP 1B & COP-Waiver** established (first serves DD, 2nd serves elderly/phys dis: both as diversion to institutions).
- **1995 Brain Injury Waiver (BIW)** established
- **But we still had long waiting lists .....**
• Family Care established in 1998

• Family Care benefit piloted in 5 counties
  • Richland, La Crosse, Fond du Lac, Milwaukee (aging only), & Portage

• Key Organizational Components
  • Aging and Disability Resource Centers (ADRCs)
  • Managed Care Organizations (MCOs)

• Full entitlement in pilots counties. No waitlist!
Family Care/IRIS Expansion

- 2007 – Family Care’s 1st expansion added 2 new counties
- 2008 - Self Direction Model added - IRIS (Include, Respect, I Self-Direct)
- 2008 – 19 counties added
- 2009 – 22 counties added
- 2010 – 7 counties added
- 2011 – 2 counties added
- 2015 – 7 counties added
- 2016 – 1 county added
- 2017 – 5 counties added
- 2018 – final 2 counties will be added
Long-Term Care Enrollment

Long Term Care enrollment as percent of total Medicaid enrollment ≈ 8%

<table>
<thead>
<tr>
<th>Service Type</th>
<th>SFY15 Actuals</th>
<th>SFY16 Actuals</th>
<th>SFY17 Projected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Homes/ICF-IID</td>
<td>14,029</td>
<td>13,381</td>
<td>13,173</td>
</tr>
<tr>
<td>Family Care, PACE, Partnership</td>
<td>42,904</td>
<td>46,641</td>
<td>48,983</td>
</tr>
<tr>
<td>IRIS Self-Directed Care</td>
<td>12,060</td>
<td>13,492</td>
<td>14,640</td>
</tr>
<tr>
<td>Adult Legacy Waivers</td>
<td>6,117</td>
<td>3,792</td>
<td>2,930</td>
</tr>
<tr>
<td>Adult Waitlist</td>
<td>1,879</td>
<td>1,746</td>
<td>1,822</td>
</tr>
<tr>
<td>CLTS Waiver CLTS Waitlist</td>
<td>5,814</td>
<td>6,059</td>
<td>6,064</td>
</tr>
<tr>
<td>CLTS Waitlist</td>
<td>2,366</td>
<td>2,183</td>
<td>2,596</td>
</tr>
<tr>
<td>Total Enrollees</td>
<td>80,924</td>
<td>83,366</td>
<td>85,791</td>
</tr>
</tbody>
</table>
Long-Term Care Expenditures

Long Term Care expenditures as percent of total Medicaid budget = 42%

- SFY = State Fiscal Year
- ICF-IID = Intermediate Care Facilities for Individuals with Intellectual Disabilities

<table>
<thead>
<tr>
<th>Service Type</th>
<th>SFY15 Actuals</th>
<th>SFY16 Actuals</th>
<th>SFY17 Projected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Homes/ICF-IID</td>
<td>$875.3 million</td>
<td>$833.4 million</td>
<td>$842.8 million</td>
</tr>
<tr>
<td>Family Care, PACE, Partnership</td>
<td>$1.5 billion</td>
<td>$1.6 billion</td>
<td>$1.8 billion</td>
</tr>
<tr>
<td>IRIS Self-Directed Care</td>
<td>$337.1 million</td>
<td>$371.8 million</td>
<td>$428.1 million</td>
</tr>
<tr>
<td>Adult Legacy Waivers</td>
<td>$154.0 million</td>
<td>$117.8 Million</td>
<td>$62.6 Million</td>
</tr>
<tr>
<td>CLTS Waiver</td>
<td>$70.6 million</td>
<td>$77.8 million</td>
<td>$58.0 million</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$2.9 billion</td>
<td>$3.0 billion</td>
<td>$3.2 billion</td>
</tr>
</tbody>
</table>
Examples of Wisconsin’s LTC Program Services

Note: The groups shown are a representative list of services only and are not fully inclusive.

<table>
<thead>
<tr>
<th>MA Waiver Services</th>
<th>IRIS</th>
<th>Family Care</th>
<th>Partnership/PACE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supportive Home Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Modifications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home-Delivered Meals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifeline</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assisted Living</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MA LTC Card Services</th>
<th>Accessed Through Medicare or Medicaid Card</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing Home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol or Other Drug Treatment</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Acute and Primary Medicare or MA</th>
<th>Accessed Through Medicare or Medicaid Card</th>
<th>Accessed Through Medicare or Medicaid Card</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Room Visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospitalization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctor Visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lab Tests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental Care</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Protecting and promoting the health and safety of the people of Wisconsin
Enrollment Data

<table>
<thead>
<tr>
<th></th>
<th>I/DD #/%</th>
<th>FE #/%</th>
<th>PD #/%</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Care</td>
<td>19,858</td>
<td>14,711</td>
<td>10,644</td>
<td>45,213</td>
</tr>
<tr>
<td></td>
<td>32%</td>
<td>23%</td>
<td>17%</td>
<td>72%</td>
</tr>
<tr>
<td>PACE, Partnership</td>
<td>669</td>
<td>1,434</td>
<td>1,486</td>
<td>3,589</td>
</tr>
<tr>
<td></td>
<td>1%</td>
<td>2%</td>
<td>2%</td>
<td>5%</td>
</tr>
<tr>
<td>IRIS Self-Directed Care</td>
<td>5,845</td>
<td>3,106</td>
<td>5,580</td>
<td>14,531</td>
</tr>
<tr>
<td></td>
<td>9%</td>
<td>5%</td>
<td>9%</td>
<td>23%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>26,372</td>
<td>19,251</td>
<td>17,710</td>
<td>63,333</td>
</tr>
<tr>
<td></td>
<td>42%</td>
<td>30%</td>
<td>28%</td>
<td>100%</td>
</tr>
</tbody>
</table>
Family Care - Current
1915(c) Home and Community Based Services (HCBS) Enrollment and Nursing Facility (NF) & Intermediate Care Facility for Intellectual and Developmental Disabilities (ICF-IDD) Utilization: Wisconsin, National Average, and Selected Comparison States, 2012

Data from Medicaid Long-Term Services and Supports Beneficiaries in 2012 report at https://www.medicaid.gov/medicaid/ltss/downloads/ltss-beneficiaries-2012.pdf, Tables 2 and A-5, using 1915(c) counts from 372 reports + MAX for Vermont

Protecting and promoting the health and safety of the people of Wisconsin
Ranked 10th% - Medicaid HCBS expenditures of total LTSS

Figure 5. Medicaid HCBS Expenditures as a Percentage of Total Medicaid LTSS Expenditures, by State, FY 2015
AARP LTSS 2017 Scorecard

Wisconsin

State Rankings
- Overall: 6
- Affordability and Access: 14
- Choice of Setting and Provider: 7
- Quality of Life & Quality of Care: 7
- Support for Family Caregivers: 13
- Effective Transitions: 10

Number of indicators for which this state ranked in the:
- Top Quartile: 11
- 2nd Quartile: 8
- 3rd Quartile: 5
- Bottom Quartile: 1

Estimated Impact of Improvement
- 164,743 more place-based subsidized units and vouchers would be available to help low-income people with LTSS needs afford housing.
- 35,352 more people of all ages would receive Medicaid LTSS to help them with daily activities.
- 13,832 more home health and personal care aides would be available to provide care in the community.
- 12,223 more low-/moderate-income adults with disabilities would have Medicaid coverage.
- $229,600,000 more would go to home- and community-based services instead of nursing homes.

* State's performance is at or above the level of the top-five-performing states.

Wisconsin Fact Sheet (591k PDF)
Entitlement for all target groups!!
Wisconsin Quality Strategies
Improving Consumer Lives

Focus on Quality
Current Vehicles to Achieve

- Monitoring MCO Financials
- Choice:
  - Types of Services Available
  - # of Available Providers
  - Multiple MCO/ICA’s to select from
- How many people in own homes enrolling into a LTC?
- Have you been denied services?
- Ombudsman Reports
- Member File Reviews
- Participation in Care Plan Process
- Care Team Responsiveness
- Participant Education
- Recurrent Review Process
- # of participants/members who request a new agency
- Program Integrity Protocols
- Certification of MCO/ICA’s
- Staff/Caregiver Turnover
- Quarterly Reports on Grievances and Appeals
- EQRO Report
- AQR/AQR Remediation
- NCI Findings
- Trend how many people are leaving Nursing Homes
- Do all providers have the proper credentials/training?
- Functional Screen Accuracy
- LOC assessments are accurate and timely
- Quality Plan and Evaluations
- Do health care providers know how to refer patients to LTC?
- Measurable Marketing Strategies
- Consumer “Did You Know?” Questions
- HCBS community services vs state plan
- Residential vs Non-Residential
- What form of communication do consumers use/prefer (phone, internet, flyer, mail, etc.)
- # of Critical Incidents at agencies
- How many critical incidents could have been avoided?
- # of Immediate Reportables
- Lower # of Critical Incidents
- IFR (Individual File Review) Tracking
- Oversight
- ADRC Counseling with Choices
- Disenrollment/Enrollment
- How long does it take to get care plan approved?
- How many days from referral to initial assessment?

How to address in a comprehensive strategic way...
Comprehensive View of Quality

- Lagging Indicators – Measures the outcome of something that has happened. The slide above and most traditional LTC Medicaid measures are lagging indicators. Sometime this is too late....

- Leading Indicators – Measures that provide information that may predict a future event. How can we get out ahead? We are focusing on more of these type of predictive measures.
Quality Strategy for People in Long Term Care

- Whole Person
- Statewide Measures
- Medicaid Long Term Care
- Medicaid Programs
- Medicaid Contractors
- Medicaid Providers
Quality Strategy for People in Long Term Care

- Statewide Measures
- Medicaid Long Term Care
- Medicaid Programs
- Medicaid Contractors
- Medicaid Providers
- Whole Person
Whole Person

- Personal preferences and empowerment
- Quality personal care
- Quality medical care
- Quality of life
- Appropriate job if applicable
- Engagement with family & friends
- Meaningful activity and recreation
- Safe, supportive and accessible environment
- Competent caregivers
National Quality Measures

Wisconsin Department of Health Services
Quality Data Sources

• Enrollment, demographic and functional/Assessment data
• Service utilization, and payment data
• Program and Provider-specific reporting
• Survey data
Quality Strategy for People in Long Term Care

Whole Person

Statewide Measures

Medicaid Long Term Care

Medicaid Programs

Medicaid Contractors

Medicaid Providers
Statewide Measures

- Division of Quality Assurance (DQA) – Regulatory Oversight and Collaboration with DMS (sharing of inspection results)
- Division of Care and Treatment Services (DCTS) – IMD utilization, ITP Beds and Crisis coordination
Quality Strategy for People in Long Term Care

Whole Person

Statewide Measures

Medicaid Long Term Care

Medicaid Programs

Medicaid Contractors

Medicaid Providers
Medicaid Long Term Care

- National Core Indicators for IDD
- National Core Indicators for Elderly and those that are Physically Disabled
- Wisconsin Long Term Care Score Card
Wisconsin is a Leader in Self-Direction of Services

Percent of ACS participants who self-directed services

- Wisconsin: 33%
- National average: 10%

Map showing states with percentages of self-directed services.
Wisconsin is a Leader in Self-Direction

- 33% of Wisconsin NCI ACS participants used a self-directed supports option; second among NCI states

- Of Wisconsin NCI ACS participants who self-directed, large majorities said they could make changes when needed, had enough help making decisions, got information on money left in budget, and information was easy to understand
The Division of Long Term Care (DLTC) Scorecard

• Provides information on the strengths and weaknesses in Wisconsin’s Long Term Services and Supports (LTSS) system

• Modeled after a national scorecard ranking states on LTSS for elderly and physically disabled adults called Raising Expectations (http://www.longtermscorecard.org/ )

• Includes elderly, physically disabled, and developmentally disabled adults, and also children served by DLTC’s programs where possible

• Creates opportunity to track progress over time and inform key initiatives
DLTC Scorecard: Dimensions

- Access
- Choice of Setting and Provider
- Quality of Life
- Support for Family Caregivers
- Effective Transitions
- Reform Initiatives
### DLTC Scorecard: Access

**Dimension: Access**

- Indicator 1.1: Percent of eligible adults on a waiting list for long term care programs
- Indicators 1.2.1 and 1.2.2: Percent of LTSS Medicaid funding spent on enrollees in Home and Community Based Waiver (HCBW) programs (adult and child)

<table>
<thead>
<tr>
<th>1 Access</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>6.6%</td>
<td>3.3%</td>
<td>2.9%</td>
<td>2.9%</td>
<td>✓</td>
</tr>
<tr>
<td>1.2.1</td>
<td>64.6%</td>
<td>65.7%</td>
<td>67.9%</td>
<td>70.2%</td>
<td>✓</td>
</tr>
<tr>
<td>1.2.2</td>
<td>90.1%</td>
<td>90.0%</td>
<td>90.5%</td>
<td>91.9%</td>
<td>✓</td>
</tr>
</tbody>
</table>
DLTC Scorecard: Choice

Dimension: Choice of Settings and Providers

- Indicators 2.1.1 and 2.1.2: Percent of eligible Medicaid individuals enrolled in HCBW programs (adult and child)
- Indicator 2.2: Percent of managed long-term care (MLTC) and self-directed long-term care (SDLTC) waiver enrollees self-directing services

<table>
<thead>
<tr>
<th>2 Choice of Settings and Providers</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1.1 Percent of eligible Medicaid individuals enrolled in HCBW - adults</td>
<td>71.9%</td>
<td>74.0%</td>
<td>76.4%</td>
<td>78.3%</td>
<td>✓</td>
</tr>
<tr>
<td>2.1.2 Percent of eligible Medicaid individuals enrolled in HCBW - children</td>
<td>95.4%</td>
<td>95.2%</td>
<td>95.4%</td>
<td>95.9%</td>
<td>-</td>
</tr>
<tr>
<td>2.2 Percent of Managed Long-Term Care (MLTC) and Self-Directed Long-Term Care (SDLTC) waiver enrollees self directing services</td>
<td>21.1%</td>
<td>26.2%</td>
<td>34.0%</td>
<td>36.5%</td>
<td>✓</td>
</tr>
</tbody>
</table>
DLTC Scorecard: Quality

Dimension: Quality of Life

- Indicator 3.1: Percent of adult (age 18-64) enrollees in individuals with intellectual disabilities (IID) population who are working
- Indicator 3.2: Percent of adult HCBW enrollees reporting they prefer to change their living situation
- Indicator 3.3: Percent of adult HCBW enrollees with natural supports

<table>
<thead>
<tr>
<th>3.1</th>
<th>Percent of adult (age 18-64) HCBW enrollees in the individuals with intellectual disabilities (IID) population who are working</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>52.0%</td>
<td>50.0%</td>
<td>48.0%</td>
<td>47.0%</td>
<td>x</td>
</tr>
<tr>
<td>3.2</td>
<td>Percent of adult HCBW enrollees reporting they prefer to change their living situation</td>
<td>12.8%</td>
<td>12.3%</td>
<td>12.1%</td>
<td>11.9%</td>
<td>-</td>
</tr>
<tr>
<td>3.3</td>
<td>Percent of adult HCBW enrollees with natural supports</td>
<td>65.8%</td>
<td>68.3%</td>
<td>69.6%</td>
<td>71.1%</td>
<td>✓</td>
</tr>
</tbody>
</table>
Dimension: Support for Families and Other Natural Support Caregivers

- Indicator 4.1: Percent of adults living with family whose family/guardian prefer they move to a different setting
- Indicators 4.2: Percent of adults living with spouse/family receiving unpaid care who also receive respite

<table>
<thead>
<tr>
<th>4 Support for Families and Other Natural Support Caregivers</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Percent of adults living with family/spouse wherein family/guardian prefer the person move to another setting</td>
<td>4.6%</td>
<td>4.6%</td>
<td>3.9%</td>
<td>3.9%</td>
<td>✓</td>
</tr>
<tr>
<td>4.2 Percent of adults living with spouse/family receiving unpaid care who also receive respite</td>
<td>13.8%</td>
<td>12.8%</td>
<td>12.5%</td>
<td>12.6%</td>
<td>×</td>
</tr>
</tbody>
</table>
### DLTC Scorecard: Transitions

**Dimension: Effective Transitions**

- Indicator 5.1: Percent of nursing home residents with low care needs
- Indicator 5.2: Percent of new nursing home stays that last 100 days or more
- Indicators 5.3.1 and 5.3.2: Percent of enrollees with dementia experiencing potentially burdensome end of life transfers (nursing home residents and HCBW enrollees)

<table>
<thead>
<tr>
<th>5 Effective Transitions</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 Percent of nursing home residents with low care needs</td>
<td>11.0%</td>
<td>9.9%</td>
<td>9.4%</td>
<td>8.9%</td>
<td>✓</td>
</tr>
<tr>
<td>5.2 Percent of new nursing home stays that last 100 days or more</td>
<td>20.6%</td>
<td>18.9%</td>
<td>18.4%</td>
<td>18.0%</td>
<td>✓</td>
</tr>
<tr>
<td>5.3.1 Percent of nursing home residents with dementia that experience potentially burdensome end-of-life transfers</td>
<td>6.9%</td>
<td>6.7%</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>5.3.2 Percent of HCBW enrollees with dementia that experience potentially burdensome end-of-life transfers</td>
<td>11.6%</td>
<td>12.5%</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
DLTC Scorecard: Reform

Dimension: Reform Initiatives

- Indicators 6.1.1 and 6.1.2: Nursing home utilization and occupancy
- Indicators 6.2.1 and 6.2.2: Intermediate Care Facility utilization and occupancy

<table>
<thead>
<tr>
<th>6 Reform Initiatives</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1.1 Nursing Home (NH) Utilization: Percent of Elderly, Blind, and Disabled (EBD) Medicaid enrollees using nursing home care</td>
<td>11.5%</td>
<td>10.8%</td>
<td>10.1%</td>
<td>9.4%</td>
<td></td>
</tr>
<tr>
<td>6.1.2 NH Occupancy: Percent of licensed beds occupied</td>
<td>83.2%</td>
<td>82.0%</td>
<td>80.7%</td>
<td>79.9%</td>
<td></td>
</tr>
<tr>
<td>6.2.1 Intermediate Care Facility Utilization : Percent of IID enrollees using Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IIDs)</td>
<td>2.3%</td>
<td>2.2%</td>
<td>2.1%</td>
<td>1.8%</td>
<td></td>
</tr>
<tr>
<td>6.2.2 ICF-IID Occupancy: Percent of licensed beds occupied</td>
<td>81.6%</td>
<td>85.2%</td>
<td>88.6%</td>
<td>81.4%</td>
<td></td>
</tr>
</tbody>
</table>
DLTC Scorecard: Reform

Dimension: Reform Initiatives

- Indicators 6.3.1-6.3.4: Inpatient behavioral health utilization for adults and children, with adult dementia and child severe emotional disturbance subsets

<table>
<thead>
<tr>
<th>6 Reform Initiatives</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.3.1 Inpatient behavioral health utilization: Percent of HCBW enrollees and FFS institutionalized adults using inpatient behavioral health (IPBH) care</td>
<td></td>
<td></td>
<td>1.6%</td>
<td>1.6%</td>
<td>-</td>
</tr>
<tr>
<td>6.3.2 Inpatient behavioral health utilization: Percent of HCBW enrollees and FFS institutionalized adults with dementia using IPBH care</td>
<td></td>
<td></td>
<td>1.3%</td>
<td>1.3%</td>
<td>-</td>
</tr>
<tr>
<td>6.3.3 Inpatient behavioral health utilization: Percent of HCBW enrollees and FFS institutionalized children using IPBH care</td>
<td></td>
<td></td>
<td>2.5%</td>
<td>2.7%</td>
<td>-</td>
</tr>
<tr>
<td>6.3.4 Inpatient behavioral health utilization: Percent of HCBW enrollees and FFS institutionalized children with SED using inpatient behavioral health care</td>
<td></td>
<td></td>
<td>7.7%</td>
<td>8.0%</td>
<td>-</td>
</tr>
</tbody>
</table>
Quality Strategy for People in Long Term Care

Whole Person

Statewide Measures

Medicaid Long Term Care

Medicaid Programs

Medicaid Contractors

Medicaid Providers
Medicaid Programs

• CMS 372 Report – by Programs
  o Family Care, IRIS, Pace/Partnership

• Consumer Dashboards – by Programs
  o Employment
  o Consumer Satisfaction
  o National Core Indicators (IDD and Elderly & PD)
  o Other Key Metrics
Wisconsin Quality Goal and Execution

Results & Drivers

Goal

Operational Results

Process Drivers

Behavior Drivers

Lagging Metric

Leading Metric

Leading Metrics

Example – Consumer Satisfaction

Goal

- High Consumer Satisfaction

Operations – Satisfaction Survey – (lagging indicators)

- MCO Survey
- NCI Surveys

Leading Indicators

- # of grievances
- # of disenrollment's
- # of complaints
- # of critical incidents
- Recent CMS 372s
Managed Care Quality Plan and Timeline

2017
- BALTCS managers to discuss /survey MCOs VBP and P4P activities that they have used with service providers
- BALTCS managers will collaborate with DHCAA staff on how they conducted their P4P activities
- BALTCS managers and key staff will develop Quality Strategy that will guide the P4P activities for consideration by AAO, AO, SO
- BALTCS will assign a Project Manager
- Begin waiver language change review for public comment, stakeholder input, etc.
- Complete Consumer Satisfaction Survey
- Begin benchmarking and the identification of needed data as prescribed by draft quality plan

2018
- Continue benchmarking establishing of additional data and metrics
- Conduct Consumer Satisfaction and collect results
- Start drafting needed contract changes, possibly pay for reporting or other tools to ensure adequate benchmarking, metrics and reporting mechanisms.
- Quality Plan submitted to CMS for approval under MCR.
- Begin waiver language change review for public comment, stakeholder input, etc. for additional P4P

2019-2021
- Distribute the P4P for 2018 consumer satisfaction survey
- Monitor new contractual requirements as established by Quality Plan and other P4P initiative
- Continue benchmarking establishing of additional data and metrics
- Start drafting needed contract changes, possibly pay for reporting or other tools to ensure adequate benchmarking, metrics and reporting mechanisms.
- Begin waiver language change review for public comment, stakeholder input, etc. for additional P4P
Wisconsin Department of Health Services

MCO Business Plan

Provider Networks Validation

MCO Certification and OCI Permits

P4P

AQR/ERQO

Consumer Satisfaction Survey

CMS 372 Report

NCI

Contract Compliance and Oversight

Member monitoring: Critical Incidents, Appeals, Discharges, VHRM

Quality Components of Long Term Care Managed Care
Wisconsin Department of Health Services

Quality Strategy for People in Long Term Care

Whole Person

Statewide Measures

Medicaid Long Term Care

Medicaid Programs

Medicaid Contractors

Medicaid Providers

Quality
Contractors – MCOs, ICAs, Counties

• External Quality Reviews
• Meet the requirements of Division of Medicaid Services
• CMS 372 Report
• Quality Strategy
• Performance Improvement Projects (PIPs)
• Accreditation requirements, if applicable
• Partnership – Medicare Advantage Quality Requirements
• Satisfaction Surveys
• IMD Rebalancing/Incentive
Wisconsin’s Institution for Mental Disease (IMD) Rebalancing Initiative

A $3 million dollar state funded initiative to understand and reduce IMD admissions

• Goals
  o Collect detailed data on all IMD admissions and discharges
  o Encourage MCO innovation and capacity building
  o Provide relief to counties for Family Care member Emergency Detentions that result in IMD stays

• Next Steps
  o Analyze data and assess qualitative strategies to reduce admissions
  o Enhance dialogue and collaborative learning among stakeholders
  o Inform best practices and future policies
Quality Strategy for People in Long Term Care

Whole Person

Statewide Measures

Medicaid Long Term Care

Medicaid Programs

Medicaid Contractors

Medicaid Providers
Providers

• Meet requirements of the MCO or County
• Meet the requirements of DQA and DSPS licensure, if applicable
• Nursing Home Quality Measures & Clinical Resource Center
• Meet the requirements of Wisconsin Coalition for Collaborative Excellence in Assisted Living (WCCEAL), if applicable
• [https://wcceal.chsra.wisc.edu/](https://wcceal.chsra.wisc.edu/)
Internal Quality Improvement

• Public/Private Collaboration
• Regulators, Public Funders, Advocates, Provider Associations
• Structure, process and outcome measures used to evaluate quality
# Government Oversight & Support for Quality

<table>
<thead>
<tr>
<th>Program</th>
<th>Enforcement</th>
<th>QA &amp; QI</th>
<th>Nursing Home</th>
<th>Assisted Living</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Regulations</td>
<td>✔</td>
<td></td>
<td></td>
<td>✅</td>
</tr>
<tr>
<td><strong>State Regulations</strong></td>
<td>✔</td>
<td></td>
<td></td>
<td>✅</td>
</tr>
<tr>
<td>Quality Improvement Organization (QIO)</td>
<td>✔</td>
<td>✅</td>
<td></td>
<td>✅</td>
</tr>
<tr>
<td>Advancing Excellence</td>
<td>✔</td>
<td></td>
<td></td>
<td>✅</td>
</tr>
<tr>
<td>Nursing Home Quality Initiative</td>
<td>✔</td>
<td></td>
<td></td>
<td>✅</td>
</tr>
<tr>
<td>AHRQ Nursing Home Consumer Assessment of Healthcare Providers and Systems (CAHPS)</td>
<td>✔</td>
<td></td>
<td></td>
<td>✅</td>
</tr>
<tr>
<td>Medicare Quality Improvement Community (QIES)</td>
<td>✔</td>
<td></td>
<td></td>
<td>✅</td>
</tr>
<tr>
<td>Nursing Home Compare – 5 Star</td>
<td>✔</td>
<td></td>
<td></td>
<td>✅</td>
</tr>
<tr>
<td>Minimum Data Set</td>
<td>✔</td>
<td></td>
<td></td>
<td>✅</td>
</tr>
<tr>
<td>Quality Assurance Performance Improvement (QAPI)</td>
<td>✔</td>
<td></td>
<td></td>
<td>✅</td>
</tr>
<tr>
<td>Online Survey, Certification and Reporting (OSCAR)</td>
<td>✔</td>
<td></td>
<td></td>
<td>✅</td>
</tr>
<tr>
<td>Wisconsin Coalition for Collaborative Excellence in Assisted Living (WCCEAL)</td>
<td>✔</td>
<td></td>
<td></td>
<td>✅</td>
</tr>
</tbody>
</table>
Calendar Year 2016 Highlights

- Growth continues - 10% (437 facilities)
- Members in Good Standing - 86%
- High Staff Retention - 65%
- High Staff Immunization Rate - 67%
- Low negative outcomes (annual average per thousand resident days)
  - Falls with injury - WCCEAL 0.52
  - Infections – norovirus - 0.08
  - Infections – influenza - 0.03
  - Hospital Readmissions - 0.13
Calendar Year 2016 Highlights

High Resident Satisfaction (range 1-5)

- Overall: 4.44
- Staff: 4.41
- Rights: 4.43
- Environment: 4.51
- Activities: 4.26
- Meals and Dining: 4.15
- Health Management: 4.46
National Recognition

2015 – Harvard Innovations in American Government Award Program, *Bright Idea Award*
https://ash.harvard.edu/bright-ideas-2015

2016 - Association for Health Facility Survey Agencies, *Promising Practice Award*
http://www.ahfsa.org/annual-conference/promising-practices

2017 – Pioneer Institute, Better Government Competition, Special Recognition Awardee
http://pioneerinstitute.org/better-government-competition/

2017 – Approval to claim Federal Matching funds
Can WCCEAL be a "leading indicator" of good quality and high consumer satisfaction?

We are exploring P4P with MCOs related to Provider networks.
Using Nursing Home Civil Money Penalties to Improve Quality

- Nursing Home Quality Measures and National Clinical Resource Center
- WisCaregiver Career Program
- Wisconsin Music & Memory Program
Quality Strategy
Development Process

1. Scan: Existing Measures & Initiatives
2. Select Measures from Scan to Use in Overall Strategy
3. Add Measures We Need But Don't Have (including IT and contract issues)
4. Use Our Measures: P4P and Public Reporting
Persistence is the twin sister of excellence. One is a matter of quality; the other, a matter of time. ~ Author Unknown.
Contact Information

• Curtis J. Cunningham  
Assistant Administrator for Long Term Care Programs and Benefits  
Division of Medicaid Services  
Wisconsin Department of Health Services  
curtis.cunningham@wisconsin.gov  
(608) 261-7810

• Kevin Coughlin  
Policy Initiatives Advisor-Advanced  
Division of Medicaid Services  
Wisconsin Department of Health Services  
Kevin.coughlin@wisconsin.gov  
(608) 266-6989