LeadingAge™ Wisconsin

Better Services for Better Aging

AGENDA

LeadingAge Wisconsin

Public Policy Forum

10:00 a.m. to 2:00 p.m

Thursday, February 15, 2018

Comfort Inn & Suites, DeForest

I. **Introductions, Agenda Review, Meeting Goals**
II. **Family Care rate negotiations and changes in MCO provider rates**
III. **Additional Family Care funding to address the LTC Workforce Crisis**
IV. **Potential Family Care statutory changes**
V. **HCBS overview and update**
V. **SNF capital property payment system**
VI. **Legislative update on pending bills**
VII. **2019-21 Biennial Budget priorities**
VIII. **Other Issues/Next Steps/Future Meeting**
IX. **Adjournment**

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LeadingAge Wisconsin
Better Services for Better Aging

March 8, 2018
A Day at the Capitol

LeadingAge Wisconsin's Day at the Capitol is the Association's public policy and advocacy day, where you will have the opportunity to hear from public officials and experts on issues in long-term care before you head up to the State Capitol to meet with your legislators. Our focus this year will center around the role of policy makers and community leaders in supporting a long-term

care workforce as we discuss issues and best practices in the field.

As you know, workforce shortages, funding limitations, and over-regulation is the reality facing many of Wisconsin's long-term care and assisted living providers every day. It is important that every elected official understands the reality you face and the challenges that continue to stress the provider community and the people you serve.

We know that taking a day away from your organization is not easy, but your challenges need to be heard. We need as many people as possible at the Capital on March 8th to educate their legislators on our issues. It is your interaction with these state lawmakers that can make a difference!

Click Here to Register

Thursday, March 8, 2018

The Concourse Hotel
One West Dayton Street
Madison, WI 53703
800-356-8293

Fee: $25 per person (includes program and lunch)

Program Schedule:

Legislative Visits

This is not an educational program and CEUs will not be offered. Rather, this event is specifically designed to prepare you and your team members **to visit with your State Legislators.**
The most important aspect of our Advocacy Day is meeting with your legislators or their staff during the time we have set aside in the afternoon.

8:30 a.m. to 9:00 a.m. -- Registration
9:00 a.m. -- Welcome
9:15 a.m. to 9:45 -- Address by Governor Scott Walker (invited)
9:45 a.m. to 10:30 a.m. -- Workforce Best Practices by Susan Hildebrandt, LeadingAge (national)
10:30 a.m. to 10:45 a.m. -- Break
10:45 a.m. to 11:15 a.m. -- 2018 Workforce Survey Results
11:15 a.m. to 12:00 p.m. -- Remarks by Legislative Guest Speakers (invited)
12:00 p.m. to 12:45 p.m. -- Lunch and Legislative Briefing
12:45 p.m. -- Adjourn to State Capitol
1:00 p.m. to 3:00 p.m. -- Capitol Visits*

Directions and Parking for the Concourse Hotel:

Driving directions and parking instructions can be found on the Concourse website or by clicking here.

Click Here to Register

In order to participate in legislative visits, all Advocacy Day attendees must indicate their interest in doing so upon registration. **LeadingAge Wisconsin will then schedule your visits for you.**

*Please include the address of YOUR FACILITY as part of your registration so LeadingAge Wisconsin can schedule you with the appropriate State Senator and Representative. Your appointments will be scheduled between 1:00 - 3:00 p.m.

If you have any questions about legislative visits, please contact Annette Cruz at 608-255-7060 or at acruz@leadingagewi.org.

If you cannot make a scheduled meeting after you have registered, please contact Annette Cruz in advance, so we can cancel your appointment in a timely manner.

Click Here to Register

Family Care
MCO Financial Statement Summaries
YTD for Period Ending September 30, 2017

	Inclusa	LCI	MCFCI	CCI	CWF	Total
Revenues						
Capitation	403,998,699	130,981,770	211,168,452	285,201,821	196,232,421	1,227,583,163
Interest Income- Operating Acct	122,473	0	0	0	81,199	203,672
Other Retro Adjustments, DHS	3,011,985	1,241,836	(442,685)	1,238,551	2,389,225	7,438,912
Other Income	33,719	95,561	(112,715)	(0)	23,077	39,642
Total Service Revenue	407,166,876	132,319,167	210,613,052	286,440,372	198,725,922	1,235,265,389
Expenses						
Member Service Expenses	385,766,206	129,584,287	197,381,153	283,872,396	191,125,132	1,187,729,174
Cost Share	(13,927,015)	(4,603,705)	(11,275,703)	(9,570,843)	(6,936,193)	(46,313,459)
Room & Board	(34,226,321)	(12,116,838)	(14,972,433)	(28,410,600)	(17,748,770)	(107,474,962)
Other Third Party	(7,168)	(45,333)	0	0	(67,736)	(120,237)
Net Member Services Expenses	337,605,702	112,818,411	171,133,017	245,890,953	166,372,433	1,033,820,516
Net Care Management Expenses	58,634,428	15,477,724	23,387,765	27,678,982	21,372,033	146,550,932
Administrative Expenses	21,881,974	5,255,602	7,301,110	6,789,187	8,258,174	49,486,047
Total Operating Expenses, CY	418,122,104	133,551,737	201,821,892	280,359,122	196,002,640	1,229,857,495
Income (Loss) from Operations, CY	**(10,955,228)**	**(1,232,570)**	**8,791,160**	**6,081,250**	**2,723,282**	**5,407,894**
Other (Revenue)/Expense, Ordinary						
Total Other (Revenue)/Expense	(1,396,325)	(2,259,098)	(7,094,163)	(580,850)	(4,212,712)	(15,543,148)
Net Income/ (Loss)	**(9,558,903)**	**1,026,528**	**15,885,323**	**6,662,100**	**6,935,994**	**20,951,042**
Member Months by FC Target Group						
Developmentally Disabled (DD)	45.3%	49.5%	30.0%	47.3%	49.5%	44.0%
Physically Disabled (PD)	18.3%	15.3%	18.1%	20.8%	15.2%	18.0%
Frail Elder (FE)	36.4%	35.2%	51.9%	31.9%	35.3%	38.0%
Total Member Months	138,736	41,804	76,218	91,549	61,635	409,942
Key Ratios (as % of Revenue)						
Member Service Expense, Net	82.9%	85.3%	81.2%	85.8%	83.7%	83.7%
Care Management Service Expense	14.4%	11.7%	11.1%	9.7%	10.8%	11.9%
Total Member Service Expense	**97.3%**	**97.0%**	**92.3%**	**95.5%**	**94.5%**	**95.6%**
Administrative Expense	5.4%	4.0%	3.5%	2.4%	4.2%	4.0%
Total Operating Expense	102.7%	101.0%	95.8%	97.9%	98.7%	99.6%
Income (Loss) from Operations, CY	**-2.7%**	**-1.0%**	**4.2%**	**2.1%**	**1.3%**	**0.4%**
Net Income/(Loss)	-2.3%	0.8%	7.5%	2.3%	3.5%	1.7%

Family Care
MCO Financial Statement Summaries
YTD for Period Ending September 30, 2017

	Inclusa	LCI	MCFCI	CCI	CWF	Total
Summary PMPM Presentation						
Revenues						
Capitation	2,912.00	3,133.24	2,770.58	3,115.29	3,183.76	2,994.53
Interest Income- Operating Acct	0.88	0.00	0.00	0.00	1.32	0.50
Other Retro Adjustments, DHS	21.71	29.71	(5.81)	13.53	38.76	18.15
Other Income	0.24	2.29	(1.48)	(0.00)	0.37	0.10
Total Revenues	2,934.83	3,165.24	2,763.29	3,128.82	3,224.21	3,013.28
Expenses						
Total Member Service Expenses	2,780.58	3,099.81	2,589.69	3,100.77	3,100.90	2,897.31
Cost Share	(100.39)	(110.13)	(147.94)	(104.55)	(112.54)	(112.98)
Room & Board	(246.70)	(289.85)	(196.44)	(310.33)	(287.96)	(262.17)
Other Third Party	(0.05)	(1.08)	0.00	0.00	(1.10)	(0.29)
Net Member Service Expenses	2,433.44	2,698.75	2,245.31	2,685.89	2,699.30	2,521.87
Net Care Management Expenses	422.63	370.25	306.85	302.34	346.75	357.49
Administrative Expenses	157.72	125.72	95.79	74.16	133.98	120.71
Total Operating Expenses, CY	3,013.79	3,194.72	2,647.95	3,062.39	3,180.03	3,000.07
Income (Loss) from Operations, CY	**(78.96)**	**(29.48)**	**115.34**	**66.43**	**44.18**	**13.21**
Other (Revenue)/Expense, Ordinary						
Total Other (Revenue)/Expense	(10.06)	(54.04)	(93.08)	(6.34)	(68.35)	(37.92)
Net Income/(Loss)	**(68.90)**	**24.56**	**208.42**	**72.77**	**112.53**	**51.13**
Member Months by FC Target Group						
Developmentally Disabled (DD)	45.3%	49.5%	30.0%	47.3%	49.5%	44.0%
Physically Disabled (PD)	18.3%	15.3%	18.1%	20.8%	15.2%	18.0%
Frail Elder (FE)	36.4%	35.2%	51.9%	31.9%	35.3%	38.0%
Total Member Months	138,736	41,804	76,218	91,549	61,635	409,942

Family Care
MCO Financial Statement Summaries
YTD for Period Ending September 30, 2017

	Inclusa	LCI	MCFCI	CCI	CWF	Total
Solvency Protection						
Working Capital						
Current Assets	67,580,840	26,011,585	59,700,296	58,340,776	59,078,980	270,712,477
Current Liabilities	51,215,605	16,203,622	26,770,771	38,927,337	36,697,536	169,814,871
Working Capital (Curr Assets- Curr Liab)	16,365,235	9,807,963	32,929,525	19,413,439	22,381,444	100,897,606
Working Capital Requirement	16,412,935	5,368,474	8,699,393	11,171,469	7,663,648	49,315,919
Excess/(shortage)	(47,700)	4,439,489	24,230,132	8,241,970	14,717,796	51,581,687
Restricted Reserve						
Current Restricted Reserve	6,471,626	2,795,662	3,903,027	4,845,416	3,556,009	21,571,740
Restricted Reserve Requirement	6,470,978	2,789,491	3,899,798	4,723,823	3,554,549	21,438,639
Excess/(shortage)	648	6,171	3,229	121,593	1,460	133,101
Solvency Fund						
Current Solvency Fund	3,753,000	1,133,390	2,103,727	2,375,000	1,588,100	10,953,217
Solvency Fund Requirement	3,753,000	1,133,390	2,103,727	2,357,160	1,581,370	10,928,647
Excess/(shortage)	0	0	0	17,840	6,730	24,570
*Restricted Equity - Solvency Protection	26,636,913	9,291,355	14,702,918	18,252,452	12,799,567	81,683,205
Other Equity	3,322,588	5,469,434	26,868,632	15,014,677	17,291,482	67,966,812
**Total Equity	29,959,501	14,760,789	41,571,550	33,267,129	30,091,049	149,650,018

*Restricted Equity-Solvency Protection is the calculated sum of the Working Capital, Restricted Reserve, and Solvency Fund requirements

**Total Equity includes restricted and unrestricted equity, and availability of equity for investment in or support of current year operations should not be assumed.

The DHS presentation of financial results is a subset of the full financial statement reports from the MCOs and reviewed for reasonableness. The MCO financial reporting is on a generally accepted accounting principals (GAAP) basis. Financial reporting is technical in nature and no party should use, or make assumptions about, the results without a thorough understanding of the program and health care industry financial reporting.

Direct Care Workforce (DCW) Funding Workgroup Draft Work Paper

Decision needed: How should the direct care workforce funding provided in the biennial budget be distributed to Family Care and Partnership managed care organizations (MCOs) and providers?

Background

2017 Wisconsin Act 59 directed the Department of Health Services (DHS) to collaborate with care management organizations and the federal centers for Medicare and Medicaid services to develop an allowable payment mechanism to increase the direct care and services portion of the capitation rates to address the direct caregiver workforce challenges in the state. Act 59 allocated $12.5 million GPR in SFY 2018 and $12.5 million GPR in SFY 2019 for this purpose. With federal matching funds these amounts increase to $30.3 million All Funds in SFY 2018 and $30.5 million All Funds in SFY 2019.

Direct care workers broadly defined generally includes certified nursing assistants, home health aides, and personal care aides. Program staff have determined that the services in the Family Care benefit that are provided by direct care workers include adult day care, day habilitation services, residential services, respite out of a nursing home, supportive home care, and supported employment-small group employment support services. Act 59 separately provided rate increases for nursing home and personal care services, so these two categories of service will not be eligible for the direct care workforce funding.

MCOs sent out a 3 question survey to their residential, respite, and supportive home care providers and 536 providers responded. Respondents identified base pay adjustments, merit/cost of living increases, retention/longevity bonuses, performance bonuses, and employee health insurance benefits as the most effective practices for improving recruitment and retention. These were also the practices that respondents indicated they were most likely to use the direct care workforce funding for.

DHS hosted XX workgroup meetings to hear provider and MCO input as to how the DCW funding should be distributed. Workgroup participants identified six primary goals and concerns for the direct care workforce funding methodology, including that the funding be:

- Completely passed through MCOs to providers and from providers to workers
- Allocated using a transparent methodology
- Free of additional work related to reporting
- Ongoing and sustainable
- Free of restrictions in how it can be used
- Allocated in a way that will ensure the increase to workers is meaningful.

Providers and MCOs on the Direct Care Workforce Funding Workgroup suggested the following methodology:

- To make sure the funding is fairly distributed and MCOs are not at risk for the funding, the funding will be allocated retrospectively based on the actual encounters the MCOs paid during the time period in question

- Rather than a flat dollar amount increase per provider, a percentage increase to a provider's rate is preferable because service rates tend to increase with higher acuity
- Reporting should be as simple as possible such as an attestation or simple survey
- Providers should have a great deal of flexibility in how the funding is used, including to backfill rate reductions as a result of negotiations with the MCOs.

The recommendation of the workgroup participants most closely aligns with Option XX.

Based on CY 2016 encounters for the eligible services, if the entire $60.8 million is allocated to a single year the percentage increase would be approximately 6.3% for eligible services.

DHS to MCO Methodology Options

Option 1: DHS retrospectively calculates equal distribution over time period

- Approach: DHS divides up the funding into time periods and divides the DCWF funding by the encounter expenditures to eligible providers during that time period in order to calculate the percentage increase, then multiplies each provider's original payment by that percentage increase to determine the payment to the MCO and the amount to which providers
- Considerations:
    - DHS would calculate the amount to be provided to each provider and MCO quarterly through a cash transaction
    - DHS makes sure that the additional payments or payment increases are appearing in encounters
- Example:
    - Step 1: DHS divides the $60.8 million provided for this initiative into four quarterly payment amounts of $15.2 million.
    - Step 2: In June 2018, DHS divides the $15.2 million allocated for quarter 1 by the total encounters paid to eligible providers from January through March 2018. This results in a percentage increase.
    - Step 3: DHS multiplies each eligible encounter by the percentage increase and calculates the total amount that needs to go to each MCO for them to be able to provide the percentage increase to those providers.
    - Step 4: DHS makes a cash transaction to provide the MCOs the necessary amounts and the list of payments that need to be made to each provider.
    - Step 5: MCOs make the payments calculated in the DHS spreadsheet.
- Pros
    - DHS expenditures will exactly match the amount provided in the budget
    - Process will be equal across all regions and providers within a time period
        - No differences by MCO
    - Most consistent distribution across MCOs/GSRs because it won't dependent on variances in projected vs actual member months
- Cons
    - Might be inconsistent with 438.6(c)(2)(B) "Directs expenditures equally, and using the same terms of performance, for a class of providers providing the service under the contract;"
        - Initial discussions with our actuaries suggest this may not be a concern

- DHS will need to wait until the applicable time period's encounters have run out before it can get the funds to the MCOs
    - Final payment won't be until May or June 2019, very close to the end of the state fiscal year
- Final rate re-certification cannot occur until May or June 2019

Option 2 – DHS creates prospective adjustment to CY 2018 rates based on CY 2018 base data and MCO allocates only the funding they received in the cap payments from DHS using an equal distribution over a time period

- Approach: DHS uses CY 2016 or CY 2017 encounter data to estimate the amount each MCO paid for each eligible service type on a per member per month basis. DHS then calculates the aggregate amounts each MCO would receive for each eligible service type by multiplying the PMPM amounts by each MCO's projected CY 2018 enrollment. MCOs would divide up the funding they received into time periods and retrospectively calculate the percentage increase to each provider type by dividing the DCW funding for the period by the total encounter expenditures to eligible providers during that time period. The MCO would then multiply each provider's original payment by the calculated percentage increase.
- Considerations:
    - The funding amounts would be separately calculated for each type of eligible provider.
    - MCOs would calculate the amount to be provided to each provider on a quarterly basis.
    - MCO sends DHS the calculations, DHS reviews and then makes sure that the additional payments or payment increases are appearing in encounters.
- Example:
    - Step 1: DHS looks at CY 2016 or CY 2017 data and determines the PMPM amount that each MCO spent on all eligible services.
    - Step 2: DHS multiplies the MCO's projected CY 2018 enrollment by the MCO's PMPM amount to get an estimate of the aggregate amount each MCO will spend in CY 2018.
    - Step 3: DHS determines each MCO's percentage of the total estimated spend on DCW services based on the above methodology and allocates the $60.8 million accordingly.
    - Step 4: Each MCO receives a cash payment from DHS for the amount calculated in Step 3.
    - Step 5: In June 2018, MCOs divide the funding they receive into four quarterly amounts.
    - Step 6: MCOs divide the quarter 1 amount by the total encounters they paid to eligible providers from January through March 2018 to calculate a percentage increase for all Q1 encounters.
    - Step 7: MCOs multiply the percentage increase by the encounter amounts and pay that amount to providers.
- Pros
    - DHS expenditures will exactly match the amount provided in the budget
    - Makes sure we get the funding out in the appropriate SFYs
    - DHS can figure out the payment amount to MCOs quicker and pay it out per directive and then get the rate re-certification after
    - Rate re-certification could be finalized in June 2018

- Cons
    - Not as precise or accurate as retrospective approach
        - May not meet 438.6(c)(2)(B) "Directs expenditures equally, and using the same terms of performance, for a class of providers providing the service under the contract;"
            - Initial discussions with our actuaries suggest this may not be a concern
    - MCOs will be making retrospective payments until April or May 2019.

Proposal for Addressing Funding to Providers Choose Not to Participate

Proposal – MCOs allocate any remaining to the MCO's participating providers based on total encounters in CY 2018.

Proposal for Distribution Between Calendar Years

Proposal – The full $60.8 million in DCW funding allocated for SFY 2018 and SFY 2019 is distributed based on CY 2018 encounters.

Options for Reporting

At a minimum MCOs and providers will need to attest that all funding was distributed to providers and used to assist direct care workers, respectively. Providers may also need to respond to a survey asking whether the DCW funding helped with recruitment and retention. In addition, providers may need to do one or more of the following:

Option 1 –Respond to a short survey to indicate which of 11 options they used the funding.

Option 2 – Respond to a short survey with the amount they spent on each of the 11 options.

Option 3 – Provide the specific amount they provided to each direct care worker. – NO

Current list of allowable funding uses:
Merit/Cost of Living increases / Wage increase
Retention/longevity bonus
Performance bonus
Employee health insurance benefits
Employee time off benefits
Company paid training
Staff referral bonus
Sign on bonus
Transportation assistance
Recruitment activities
• Employee Appreciation

From: Cummings, Grant R - DHS [mailto:GrantR.Cummings@dhs.wisconsin.gov]
Sent: Monday, February 12, 2018 11:34 AM
Subject: Update on Direct Care Workforce Funding

Direct Care Workforce Funding Workgroup participants,

Given the timeline for submitting the proposal to CMS, we will not be having another workgroup meeting prior to our briefing with DHS executive management. However, I did want to provide an update on what our current recommendations are.

Workgroup participants asked for more clarity on the following issues at the last meeting:

1. Providers wanted to know what level of documentation DHS is expecting providers to maintain to prove that the funding went to direct care workers.

a. The current proposal is that each provider will need to make their own decision on how much documentation to maintain to support their attestation.

2. Providers wanted to know how frequently they would need to provide attestations to the use of the funds.

b. As discussed during the last meeting, providers will need to sign attestations and respond to surveys describing how they used the funding each quarter.
c. The goal at this time is to use something similar to SurveyMonkey to make this process as easy as possible for everyone.

3. Providers wanted to know if payments they made prior to receiving the funding from the MCO would count as appropriate uses of the DCW funding.

d. The current proposal is that only payments that occur after the provider receives the DCW funding from the MCO will qualify as appropriate uses of the DCW funding.
e. This approach establishes the most visibility into how providers use the funding. All parties will know that payments to workers associated with the DCW funding will start occurring after mid-June 2018 and can start looking for those changes.

4. Providers wanted more flexibility in what types of wage increases would be allowed, including cost of living adjustments or adjustments to specific high turnover positions.

f. The current proposal is to replace "merit increases" with "wage increases" to allow providers more flexibility.

5. Providers argued that employee health insurance benefits should be added to the list of allowable services.

g. Employee health insurance benefits will not be included in the recommendation, but will appear as an alternative so that DHS executive management are aware of provider concerns and can make a specific decision one way or another on this issue.

In addition, we are recommending that providers be able to use part of the DCW funding to offset any increase to payroll taxes they incur from paying DCW funding to their workers.

Please feel free to contact me if you have any further questions or concerns related to these items. The date of the next workgroup meeting is still to be determined, but I hope to send additional information this week or next.

Thanks,

Grant Cummings, Section Chief
Benefit Rate & Finance Section
Bureau of Long Term Care Financing
Division of Medicaid Services
Wisconsin Department of Health Services
GrantR.Cummings@wisconsin.gov
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LeadingAge™ Wisconsin

Better Services for Better Aging

DRAFT: For Discussion Purposes Only

Possible Strategies to Balance Family Care MCO-Provider Relationships and Negotiating Positions

As most Family Care providers know, contract and rate negotiations between the Managed Care Organizations (MCOs) and the provider community are heavily weighted in favor of the MCO. In cases where the MCO is unwilling to pay what the provider believes is a fair reimbursement level, the provider is generally left with a "take it or leave it" offer from the MCO. If the rate is deemed unacceptable by the provider, the provider is left with either accepting the rate offered by the MCO or following actions that result in the MCO or the provider terminating the Family Care Contract. The latter option could result in the relocation of residents from their home.

The following is a draft of possible options that could be pursued with the Governor, Legislature, and the Department of Health Services (DHS). These options are offered for discussion purposes and, if supported, would need additional clarifications and drafting notes. Further, the below options are generally applicable to assisted living providers or nursing homes, although other providers also could benefit by the proposed changes.

1. **Actuarially Determined Rates:** The actuaries and DHS use the MCOs' prior year encounter data to establish a cost trend that is used to calculate the MCOs' capitation rates for the upcoming year (see: State of Wisconsin, DHS, CY 2018 Capitation Rate Development for the Family Care Program, www.dhs.wisconsin.gov/non-dhs/dms/fc-2018capitationrates.pdf, 12/19/17, pp. 13-15). The encounter data reflects only the costs incurred by MCOs; it does not reflect the actual cost increases incurred by providers. Because many (most) Family Care providers have not received rate increases from the MCOs for several years, the cost projections are thus underreported.

   Proposal: Statutorily require that the actuarially sound MCO capitation rates reflect projected provider cost increases based on generally accepted cost indices.

2. **Medical Loss Ratio (MLR):** Federal law generally set limits (MLR) on how much a large health insurance company is allowed to spend on administrative costs, marketing, and other non-health care-related costs (the MLR is 85% health care/15% administrative). In Wisconsin, the Family Care MCOs do not operate under an MLR expenditure mandate; the statewide MLR for the five MCOS is 83.7%/16.3%, with one MCO reporting a third quarter 2017 MLR of 82.9%/17.1%. www.dhs.wisconsin.gov/publications/p0/p00599-3q-17.pdf (Note: the MCO's MLR as reported above defines administrative expenses as including general administration and overhead, profit/loss and case management expenses).

   Proposal: Statutorily establish a MLR of 85%/15% for MCOs operating under the Family Care program.

3. **Direct Care Workforce Funding Increase:** The 2017-2019 State biennial budget provided over $30.3 million all funds in each of the biennium "to increase the direct care and services portion of the capitation rates to address the direct care-giver workforce challenges in the state." The entire $60.6 million is scheduled to be paid to providers by June 30, 2019.

   Proposal: Ensure the $60.6 million is continued as a separately indentified payment to providers in the next biennium. Further, specify that these workforce caregiver expenses are to be excluded from the MLR calculation as noted above.

4. **Provider and Enrollee Appeal Rights:** The recent efforts by an MCO to impose widespread assisted living rate reductions has demonstrated the provider community has little options other than the "take it, or leave it" option even when faced with steep rate cuts (see prefatory comments above). Neither the facility nor the enrollee (assisted living resident) has a right to appeal an MCO's decision to relocate the resident to another facility that is willing to accept the MCO's rates. DHS has indicated: (1) The facility has the choice of whether or not to contract with the MCO or terminate the contract; and (2) The resident only has the right to appeal an action by the MCO that eliminates a service option; since the MCO will continue to offer an assisted living option to the resident, albeit at a different facility requiring the resident to be relocated, there is no appeal right.

Proposal: Statutorily grant facilities the right to appeal a decision by the MCO to impose provider rate reductions that are not related to acuity or service reductions (Note: Many issues to review: Would such a provision violate federal MCO regulations/law; Should the provision govern rates in effect for at least one year or more; would unintended consequences result?)

Proposal: Grant residents the statutory right to appeal attempts by the MCO to force a relocation to another assisted living facility solely due to an effort to reduce the rate paid to the a provider. The appeal right would be based on the proposed involuntary transfer of the resident.

5. **MCO Resident Assessments:** Many MCOs rely on the Long-Term Care Functional Screen (LTCFS) or some other internally developed assessment tool to assess the residents' care and service needs. These assessments, in turn, become the basis for how the MCO establishes assisted living rates offered to providers. Providers often are not able to review the data from the assessment tools collected by the MCO for residents. Therefore, providers often question if the MCO or ADRC have fully captured the actual care and service needs of each person assessed (The facility's caregivers in most every instance are able to provide a more accurate assessment than someone with limited daily interaction with the resident).

   Proposal: Require the MCOs to share the LTCFS or other assessment data for assisted living residents.

6. **Change of Condition/Level of Care:** When an assisted living resident experiences a change of condition resulting in a higher acuity level, the provider often requests the MCO for a concomitant rate adjustment. Providers often report of a less than timely response by the MCO.

   Proposal: Require MCOs to update the LTCFS or related assessment tool within 30 days of being notified by the assisted living provider of a resident's change of condition resulting in higher level of care and services.

7. **Nursing Home Medicaid Payments:** The DHS-MCO annual contract states "if the MCO can negotiate such an agreement with providers, the MCO may pay

providers less than the Medicaid fee-for-service rate (see: DHS, Division of Medicaid Services - MCO Contract, 1/1/18, www.dhs.wisconsin.gov/familycare/mcos/2018-generic-final.pdf, p. 139).

Proposal: Delete this provision (either via agreement with DHS or by statute).

8. **Nursing Home Retroactive Rate Adjustments:** In 2017-18, some MCOs initially indicated they would not be granting retroactive nursing home rate adjustments for the July 1st rates (Nursing home Medicaid rates are never set prior to July 1st; in fact, most nursing home rate adjustments are not known until 5 to 8 months after the start of the state fiscal year). After extensive negotiations, the DHS-MCO 2018 contract requires that "Nursing home rates must reflect the annual 2% rate increase that was included in the State's 17-19 biennial budget." (p. 140)

   Proposal: Specify in statute that MCOs must grant retroactive nursing home rate increases that are provided under the Medicaid fee-for-service system.

Home and Community-Based Services Update

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- HCBS rule applies to Wisconsin's Family Care program
- Partially financed with Medicaid waiver funds
- Impacts residential service providers (assisted living) and non-residential service providers (adult day services)

Provider Self-Assessment Tool

- Section B – Physical Location
  - Identifies locations "presumed to have institutional qualities"
  - Q1: Facilities under the same roof as SNF
  - Q2: Facilities located on the grounds of or immediately adjacent to a public institution (SNF)

Provider Self-Assessment Tool

- Sections C – F
  - Community Integration
  - Eviction Protections
  - Person's Experience
  - Policy Enforcement
- Remediation
- Letter of Compliance

Heightened Scrutiny

- Process developed by DHS
- Demonstrate provider does not have institutional qualities
- DHS gathers the information - CMS approves

Role of DMS & DQA

- DMS
  - Follow up on remediation
  - Handle heightened scrutiny reviews
- DQA
  - On going HCBS compliance
  - New AL license applications – wanting to serve Family Care clients
  - Existing ALs wanting to serve Family Care clients

AL Survey Compliance

- Door locks & associated policies
- 24/7 access to resident funds
- Resident rights training
- Freedom to decorate rooms
- 24/7 access to visitors
- Choice of roommates.

This 'n That

- DHS cannot prospectively approve HCBS compliance.
- No waiver for HCBS rules
- No getting around installation of door locks
- Waiting for DHS to clarify 24/7resident funds requirement

Resources

- DHS: Home and Community Based Services Waivers: https://www.dhs.wisconsin.gov/hcbs/index.htm
- DHS HCBS FAQ webpage: https://www.dhs.wisconsin.gov/hcbs/faq.htm
- Door lock guidance: https://www.dhs.wisconsin.gov/publications/p01817.pdf
- DQA involvement in the HCBS process: https://www.dhs.wisconsin.gov/publications/p01826.pdf
- CMS: https://www.medicaid.gov/medicaid/hcbs/guidance/index.html

HOME AND COMMUNITY-BASED SETTINGS
ADULT RESIDENTIAL PROVIDER ASSESSMENT

Although completion of this form is voluntary, the information must be provided in order to determine compliance with the federal home and community-based setting rules. Failure to provide the information may result in a non-compliance determination. Settings that are not compliant are not eligible to receive Medicaid funds for home and community-based waiver services.

The Centers for Medicare and Medicaid Services (CMS) requires states to evaluate current home and community-based settings (HCBS) to demonstrate compliance with the new federal HCBS setting rules that went into effect March 17, 2014. The HCBS setting rules are intended to ensure that people receiving long-term care services and supports through HCBS waiver programs have full access to the benefits of community living and the opportunity to receive services in the most integrated setting appropriate to meet their needs. This residential provider self-assessment is designed to measure the current level of provider compliance with the HCBS setting rules and to provide a framework to assist providers with the steps necessary to reach compliance. "No" responses to assessment questions do not imply incompatibility with the HCBS rule. Providers may include comments to present arguments, facts, and circumstances relevant to assessing its compliance with the HCBS setting rules and to provide additional information.

DHS will choose a stratified sample of providers to receive an onsite compliance review by either the waiver agency (managed care organization, county, or IRIS contracted agency) or DHS. Providers must be able to provide evidence, at the time of an onsite compliance review, to support the responses provided on the residential provider self-assessment. Evidence includes, but is not limited to: Provider/facility policies and procedures; tenant/resident handbook; lease agreements; staff training curriculum; training schedules; and licensure/certification.

Section A – Provider Information

Facility Name	Facility Type: ☐ 1-2 Bed Adult Family Home (AFH) ☐ 3-4 Bed Adult Family Home (AFH) ☐ Community-Based Residential Facility (CBRF) ☐ Residential Care Apartment Complex (RCAC)		
Facility Address – Street	City	State	Zip Code
Corporate Name			
National Provider Index	Wisconsin Provider ID	Tax ID	
License and Certification Number *(if applicable)*	Certifying Agency		
Mailing Contact Name – First Name, Last Name			
Mailing Address – Street	City	State	Zip Code

Section B – Physical Location

The HCBS settings rule identifies settings that are presumed to have institutional qualities and, therefore, do not meet the rule's requirements. This residential provider self-assessment will be used to confirm that settings are not institutional in nature and do not have the effect of isolating people receiving HCBS from the broader community. Citations: 42 C.F.R. § 441.301(c)(5)(v) and § 441.301(c)(4)(i).

1. Is the facility within (under the same roof as) a building that houses a publicly or privately operated facility which provides inpatient institutional care: skilled nursing facility (SNF), intermediate care facility for individuals with intellectual disabilities (ICF/IID), institute for mental disease (IMD), or hospital?

   ☐ Yes ☐ No

2. Is the facility located on the grounds of, or immediately adjacent to, a building that is a public institution which provides inpatient institutional care[1] (Skilled Nursing Facility (SNF), Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), Institute for Mental Disease (IMD), or hospital)?
   ☐ Yes ☐ No

3. The primary target population of residents in the facility/building: *(Select one)*:
   ☐ Frail elders
   ☐ Physical disabilities
   ☐ Developmental disabilities

4. Is the facility located among *(Select all that apply)*:
   ☐ Single family housing
   ☐ Multi-family housing
   ☐ Retail businesses
   ☐ Other/none of the above apply

Section C – Community Integration

Regulatory requirements for the HCBS settings rule include qualities based on the needs of the individual as indicated in their person-centered service plan. This survey will be used to confirm *that the setting is integrated in, and supports full access of individuals receiving Medicaid HCBS, to the greater community to the same degree of access as individuals not receiving Medicaid HCBS.* Citation: 42 C.F.R. § 441.301(c)(4)(i).

1. Does the facility offer options for residents to receive services in the community rather than at the facility?
   ☐ Yes ☐ No

2. Residents make independent choices (that are not contingent upon other residents going to the same activities) in the following community activities *(Select all that apply)*:
   ☐ Shop in the community
   ☐ Attend religious services
   ☐ Schedule or attend appointments
   ☐ Visit with family and friends in the community

3. Are residents required to sign over their employment paychecks to the facility?
   ☐ Yes ☐ No

4. Is there a central location at the facility where resident's personal finances are held?
   ☐ Yes ☐ No

5. Does the facility impose restrictions on when residents can access their personal funds?
   ☐ Yes ☐ No

6. Does the facility impose restrictions on the amounts of personal funds residents can access?
   ☐ Yes ☐ No

7. Is personal fund access dependent on facility staff being present?
   ☐ Yes ☐ No

8. Is public transportation available near the facility?
   ☐ Yes – **IF YES**, *do residents in the facility have access to it?* ☐ Yes ☐ No
   ☐ No

9. Is assistance or training in the use of public transportation offered to residents?
   ☐ Yes ☐ No

10. Are resources other than public transportation available for residents to access the broader community?
    ☐ Yes ☐ No

[1] The CMS definition of public institution under the new rule is the existing definition under 42 C.F.R. § 435.1010: "Public institution" means an institution that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control. For purposes of this regulation, a public institution is an inpatient facility that is financed and operated by a county, state, municipality, or other unit of government. A privately owned nursing facility is not a public institution.

11. Are residents dependent on facility staff for transportation options?
☐ Yes ☐ No

Section D – Eviction Protections
The HCBS settings rule establishes that residents in provider-owned, or controlled, residential settings are entitled to the same eviction protections as a tenant has in a landlord-owned setting. Citation: 42 C.F.R. § 441.301(c)(4)(vi).

1. Does the provider-owned or controlled residential setting have in place for each resident a written, legally enforceable lease?
☐ Yes
☐ No – **IF NO**, *does the provider-owned or controlled residential setting have in place for each resident a written agreement in accordance with licensing or certification requirements?* [2] ☐ Yes ☐ No

Section E – Person's Experience
The provider setting must optimize, but should not regiment, personal initiative, autonomy, and independence in making life choices, including but not limited to daily activities, physical environment, and with whom to interact. The setting must ensure each person's right to privacy, dignity, respect, and freedom from coercion and restraint. Citations: 42 C.F.R. § 441.301(c)(4)(iii), § 441.301(c)(4)(iv), and § 441.301(c)(4)(vi).

1. Does each living unit have lockable entrance doors?
☐ Yes – **IF YES**, *does only the resident and appropriate facility staff have keys to doors?* ☐ Yes ☐ No
☐ No

2. Does facility staff always knock and receive permission prior to entering a resident's living space?
☐ Yes ☐ No

3. Does facility staff only use a key to enter a living area or privacy space under circumstances agreed upon with the resident?
☐ Yes ☐ No

4. Is a telephone available to residents for personal use?
☐ Yes ☐ No

5. There are restrictions on the use of *(Select all that apply)*:
☐ Private cell phones
☐ Computers
☐ Other personal communication devices

6. Is the telephone in a location that has space around it to ensure privacy?
☐ Yes ☐ No

7. Do residents sharing units have a choice of roommates?
☐ Yes ☐ No

8. Do residents have the freedom to furnish and decorate their sleeping or living units within the bounds of the lease or other written legal agreement?
☐ Yes ☐ No

9. Do residents have the freedom and support to control their schedules and activities?
☐ Yes ☐ No

10. Residents have full access to *(Select all that apply)*:
☐ Kitchen with cooking facilities
☐ Dining area
☐ Laundry
☐ Comfortable seating in shared areas

[2] Such as a service or admission agreement between an AFH or CBRF resident and the facility, as required by certification or licensing requirements set forth in DHS 1-2 Bed AFH Standards, Wis. Admin. Code § DHS 88 Licensed Adult Family Homes, or Wis. Admin. Code § DHS 83 Community Based Residential Facilities.

11. Do residents have access to food anytime, as appropriate[3]?
☐ Yes ☐ No

12. Is health information, including the resident's daily therapeutic schedules, medications or dietary restrictions kept private?
☐ Yes ☐ No

13. Do residents have a private, unsupervised space to meet visitors?
☐ Yes ☐ No

14. Are residents able to leave and return to the facility at will to accommodate scheduled and unscheduled activities?
☐ Yes ☐ No

15. Is there a curfew for a resident's return to the facility?
☐ Yes ☐ No

16. Are there gates, locked doors, or other barriers preventing a resident's entrance to, or exit from, certain areas of the facility?
☐ Yes ☐ No

17. Are there residents in your facility with mobility impairments?
☐ Yes ☐ No

a. Is the facility physically accessible and free from obstructions such as steps, lips in a doorway or narrow hallways that limit the resident's mobility in the setting?
☐ Yes ☐ No

b. Are there environmental adaptations such as a stair lift or elevator, to ameliorate the obstruction?
☐ Yes ☐ No

18. Are restrictive measures, including isolation, chemical restraints, and physical restrictions used? Examples may include but are not limited to: bed rails, seat belts, restrictive garments, or other devices.
☐ Yes – **IF YES**, *are approved restrictive measures documented in the resident's care plan?* ☐ Yes ☐ No
☐ No

19. Are policies and procedures for reporting followed when unapproved measures are used?
☐ Yes ☐ No

Section F – Policy Enforcement

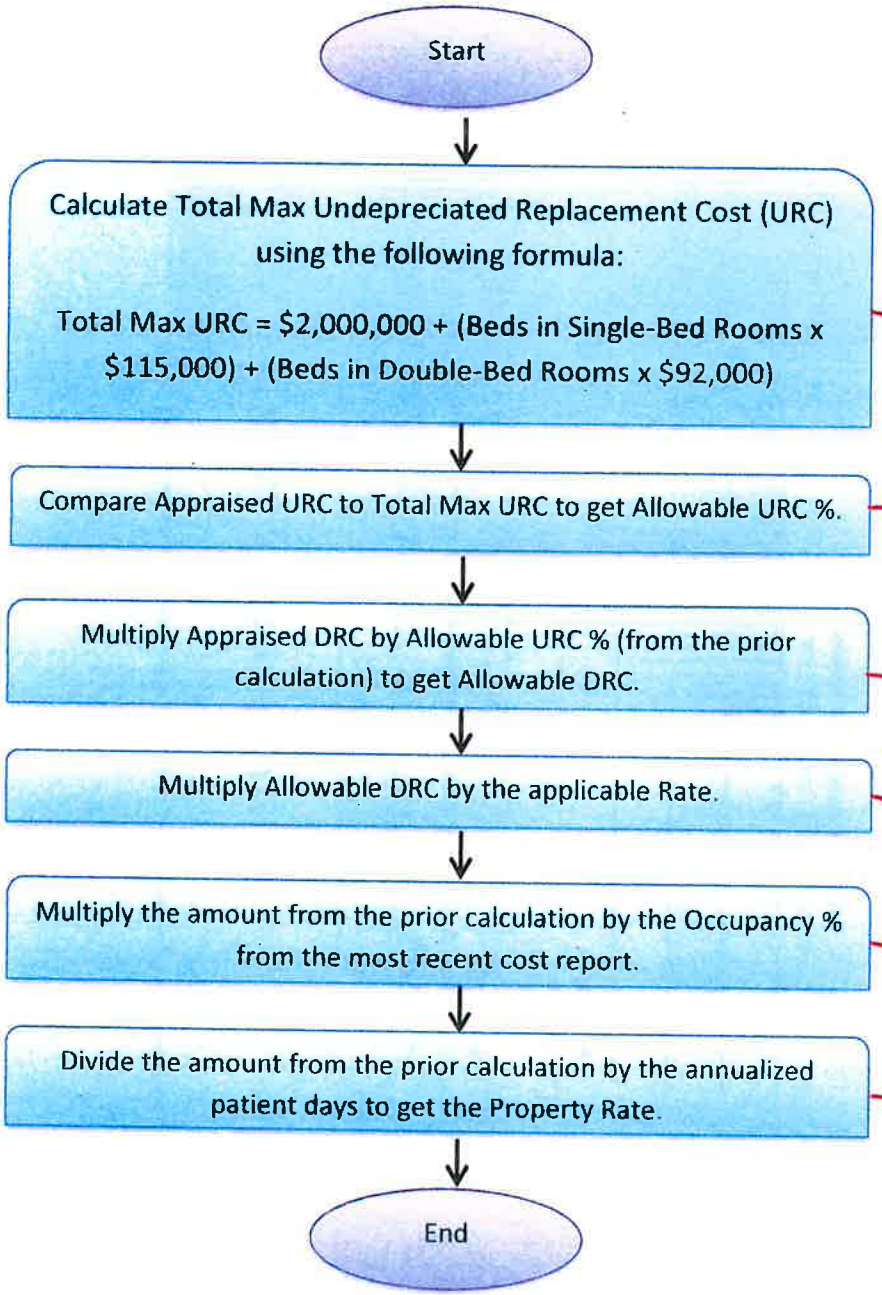
1. Does all staff (paid and unpaid) receive new hire training related to residents' rights?
☐ Yes ☐ No

2. Does all staff (paid and unpaid) receive continuing education related to residents' rights?
☐ Yes ☐ No

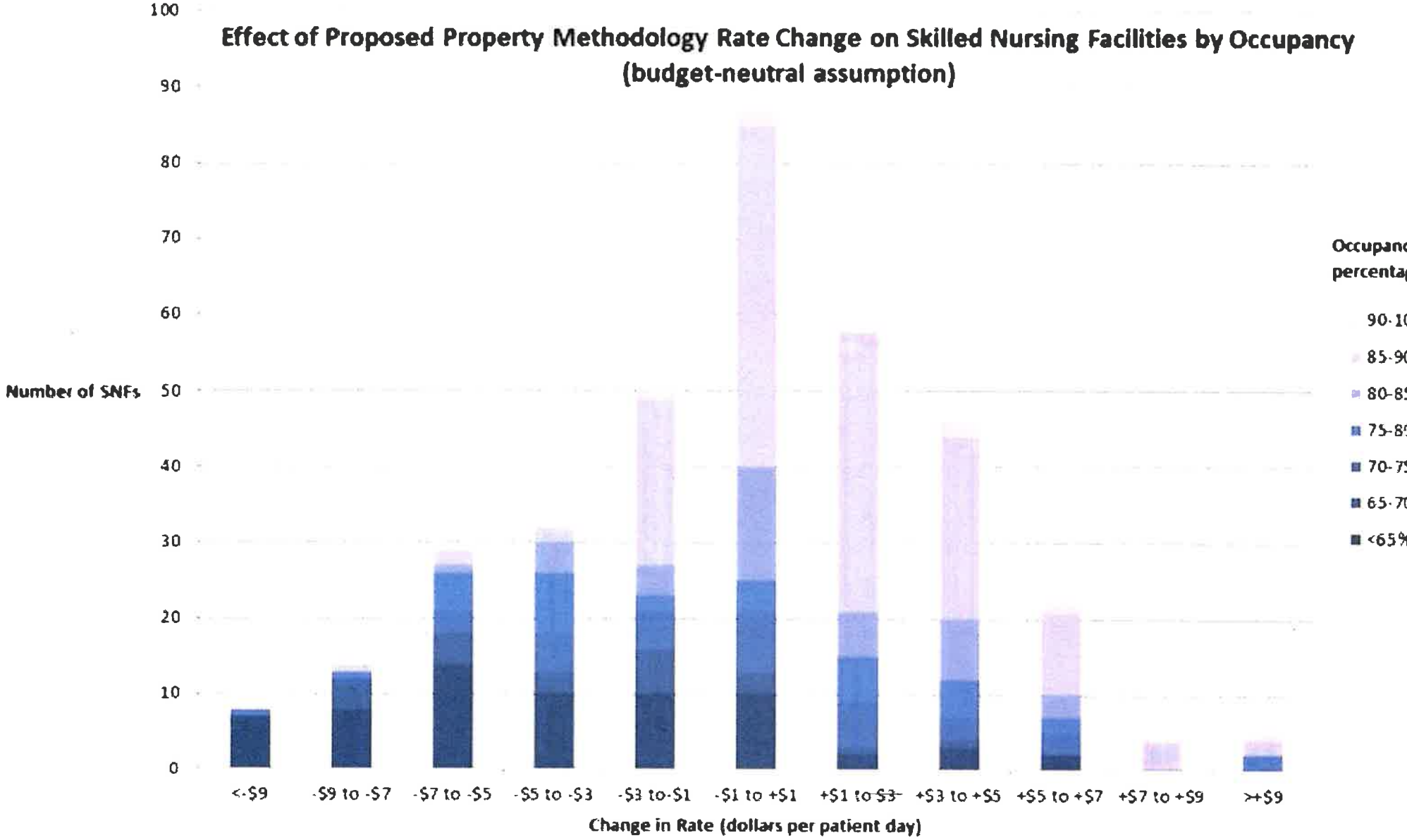
3. Are facility policies on residents' rights regularly reassessed for compliance and effectiveness, and amended as necessary?
☐ Yes ☐ No

[3] When a resident's ability to access food at any time must be limited due to diagnosis, medical condition or other related circumstance, this must be documented in the person centered service plan (plan of care).

Proposed Property Component Calculation for the Nursing Home Reimbursement Rate



Beds in Single-Bed Rooms	30
Beds in Double-Bed Rooms	40
Fixed URC	$ 2,000,000.00
Single-Bed URC per Bed	$ 115,000.00
Double-Bed URC per Bed	$ 92,000.00
Total Max URC	$ 9,130,000.00
Appraised URC	$ 10,350,000.00
Allowable URC %	88.2126%
Appraised DRC	$ 7,980,250.00
Allowable URC %	88.2126%
Allowable DRC	$ 7,039,582.85
Rate	5.1870%
Allowable DRC x Rate	$ 365,143.16
Occupancy %	94.5700%
Previous Step x Occupancy %	$ 345,315.89
Patient Days	24,163
Property Rate per Patient Day	**$ 14.29**


Effect of Proposed Property Methodology Rate Change on Skilled Nursing Facilities by Occupancy (budget-neutral assumption)
Number of SNFs
100
90
80
70
60
50
40
30
20
10
0
<-$9
-$9 to -$7
-$7 to -$5
-$5 to -$3
-$3 to -$1
-$1 to +$1
+$1 to +$3
+$3 to +$5
+$5 to +$7
+$7 to +$9
>+$9
Change in Rate (dollars per patient day)
Occupanc
percenta
90-10
85-90
80-85
75-85
70-75
65-70
<65%

LeadingAge Wisconsin
Property Allowance Analysis
Non-Profits

Private	32	46	39	83	61	12	187	25	77	42	40	83
Semi	8	4	42	-	40	38	-	37	52	8	74	-
Total Beds	40	50	81	83	101	50	187	62	129	50	114	83
Days	13,215	13,610	21,320	26,562	30,218	16,261	63,913	21,143	44,151	16,989	33,499	28,563
Max. Occupancy	14,640	18,300	29,646	30,378	36,966	18,300	68,442	22,692	47,214	18,300	41,724	30,378
Occupancy %	90.27%	**74.37%**	**71.92%**	87.44%	**81.75%**	88.86%	93.38%	93.17%	93.51%	92.84%	80.29%	94.03%
Equalized Value	$ 5,022,037	$ 3,794,980	$ 4,735,204	$ 6,080,830	$ 5,038,008	$ 2,813,548	$ 10,115,073	$ 3,132,077	$ 7,738,693	$ 3,529,085	$ 5,512,567	$ 5,246,533
Interest	**149,443**	**182,637**	**170,429**	**268,916**	-	**86,224**	-	-	-	**198,268**	-	38,049
Total Property Costs	419,173	462,232	524,040	642,751	448,370	311,888	1,249,148	436,582	719,662	441,287	296,386	491,303
Target T1	376,653	284,624	355,140	456,062	377,851	211,016	758,630	234,906	580,402	264,681	413,443	393,490
Allowed Property Costs	393,661	355,667	388,920	493,400	391,955	251,365	856,734	275,241	608,254	335,323	296,386	413,053
Property Allowance	**$ 29.789**	**$ 26.133**	**$ 18.242**	**$ 18.575**	**$ 12.971**	**$ 15.458**	**$ 13.405**	**$ 13.018**	**$ 13.777**	**$ 19.738**	**$ 8.848**	**$ 14.461**
Costs Not Reimbursed	**$ (25,512)**	**$ (106,565)**	**$ (135,120)**	**$ (149,351)**	**$ (56,415)**	**$ (60,523)**	**$ (392,414)**	**$ (161,341)**	**$ (111,408)**	**$ (105,964)**	$ -	**$ (78,250)**
Proposed Property Allow:												
Single Bed URC	$ 115,000	$ 115,000	$ 115,000	$ 115,000	$ 115,000	$ 115,000	$ 115,000	$ 115,000	$ 115,000	$ 115,000	$ 115,000	$ 115,000
Double Bed URC	$ 92,000	$ 92,000	$ 92,000	$ 92,000	$ 92,000	$ 92,000	$ 92,000	$ 92,000	$ 92,000	$ 92,000	$ 92,000	$ 92,000
Fixed URC	$ 2,000,000	$ 2,000,000	$ 2,000,000	$ 2,000,000	$ 2,000,000	$ 2,000,000	$ 2,000,000	$ 2,000,000	$ 2,000,000	$ 2,000,000	$ 2,000,000	$ 2,000,000
Single Bed URC	$ 3,680,000	$ 5,290,000	$ 4,485,000	$ 9,545,000	$ 7,015,000	$ 1,380,000	$ 21,505,000	$ 2,875,000	$ 8,855,000	$ 4,830,000	$ 4,600,000	$ 9,545,000
Double Bed URC	$ 736,000	$ 368,000	$ 3,864,000	$ -	$ 3,680,000	$ 3,496,000	$ -	$ 3,404,000	$ 4,784,000	$ 736,000	$ 6,808,000	$ -
Total Max URC	**$ 6,416,000**	$ 7,658,000	$ 10,349,000	$ 11,545,000	$ 12,695,000	$ 6,876,000	$ 23,505,000	$ 8,279,000	$ 15,639,000	$ 7,566,000	$ 13,408,000	$ 11,545,000
Facility URC	**$ 9,696,606**	$ 8,394,117	$ 13,807,742	$ 19,011,467	$ 38,161,654	$ 7,453,762	$ 49,925,539	$ 12,622,672	$ 23,084,528	$ 7,376,974	$ 15,428,644	$ 16,454,206
Allowable URC %	66.17%	91.23%	74.95%	60.73%	**33.27%**	92.25%	**47.08%**	**65.59%**	67.75%	102.56%	86.90%	70.16%
Facility DRC	$ 9,017,844	$ 8,394,117	$ 10,633,738	$ 16,348,914	$ 25,077,195	$ 5,526,513	$ 35,578,872	$ 8,401,495	$ 18,247,330	$ 6,860,585	$ 9,829,827	$ 13,702,096
Allowable URC %	66.17%	91.23%	74.95%	60.73%	**33.27%**	92.25%	**47.08%**	**65.59%**	67.75%	102.56%	86.90%	70.16%
Allowable DRC	$ 5,966,880	$ 7,658,000	$ 7,970,062	$ 9,928,125	$ 8,342,274	$ 5,098,137	$ 16,750,573	$ 5,510,400	$ 12,361,959	$ 7,036,379	$ 8,542,444	$ 9,613,998
Rate	**5.187%**	**5.187%**	**5.187%**	**5.187%**	**5.187%**	**5.187%**	**5.187%**	**5.187%**	**5.187%**	**5.187%**	**5.187%**	**5.187%**
Allowable DRC	$ 309,502	$ 397,220	$ 413,407	$ 514,972	$ 432,714	$ 264,440	$ 868,852	$ 285,824	$ 641,215	$ 364,977	$ 443,097	$ 498,678
Occupancy %	90.27%	**74.37%**	**71.92%**	87.44%	**81.75%**	88.86%	93.38%	93.17%	93.51%	92.84%	80.29%	94.03%
Property Reimbursement	$ 279,376	$ 295,419	$ 297,303	$ 450,282	$ 353,724	$ 234,976	$ 811,358	$ 266,314	$ 599,616	$ 338,830	$ 355,749	$ 468,883
Patient Days	13,215	13,610	21,320	26,562	30,218	16,261	63,913	21,143	44,151	16,989	33,499	28,563
MA Property Rate	**$ 21.14**	**$ 21.71**	**$ 13.94**	**$ 16.95**	**$ 11.71**	**$ 14.45**	**$ 12.69**	**$ 12.60**	**$ 13.58**	**$ 19.94**	**$ 10.62**	**$ 16.42**
Increase (Dec)	**$ (8.65)**	**$ (4.43)**	**$ (4.30)**	**$ (1.62)**	**$ (1.27)**	**$ (1.01)**	**$ (0.71)**	**$ (0.42)**	**$ (0.20)**	**$ 0.21**	**$ 1.77**	**$ 1.95**

LeadingAge Wisconsin
Property Allowance Analysis
Non-Profits

Private	14	46	152	87	7	14	12	9	68	47	9
Semi	36	4	32	12	90	36	68	50	22	34	50
Total Beds	50	50	184	99	97	50	80	59	90	81	59
Days	14,548	17,383	61,921	30,682	25,602	14,882	26,542	14,424	27,627	21,439	19,463
Max. Occupancy	18,300	18,300	67,344	36,234	35,502	18,300	29,280	21,594	32,940	29,646	21,594
Occupancy %	79.50%	94.99%	91.95%	84.68%	72.11%	81.32%	90.65%	66.80%	83.87%	72.32%	90.13%
Equalized Value	$ 2,578,544	$ 3,719,001		$ 5,540,686	$ 4,361,714	$ 2,230,810	$ 4,241,750	$ 3,144,713	$ 4,183,223	$ 4,733,359	$ 3,117,223
Interest	22,046	141,082	59,128	25,285	-	4,918	10,684	-	-	38,463	-
Total Property Costs	154,871	383,725	670,313	327,334	138,063	98,438	177,193	92,996	179,119	151,804	82,108
Target T1	193,391	278,925	670,313	415,551	327,129	167,311	318,131	235,853	313,742	355,002	233,792
Allowed Property Costs	154,871	320,845	670,313	327,334	138,063	98,438	177,193	92,996	179,119	151,804	82,108
Property Allowance	**$ 10.646**	**$ 18.457**	**$ 10.825**	**$ 10.669**	**$ 5.393**	**$ 6.615**	**$ 6.676**	**$ 6.447**	**$ 6.483**	**$ 7.081**	**$ 4.219**
Costs Not Reimbursed	$ -	**$ (62,880)**	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Proposed Property Allow:											
Single Bed URC	$ 115,000	$ 115,000	$ 115,000	$ 115,000	$ 115,000	$ 115,000	$ 115,000	$ 115,000	$ 115,000	$ 115,000	$ 115,000
Double Bed URC	$ 92,000	$ 92,000	$ 92,000	$ 92,000	$ 92,000	$ 92,000	$ 92,000	$ 92,000	$ 92,000	$ 92,000	$ 92,000
Fixed URC	$ 2,000,000	$ 2,000,000	$ 2,000,000	$ 2,000,000	$ 2,000,000	$ 2,000,000	$ 2,000,000	$ 2,000,000	$ 2,000,000	$ 2,000,000	$ 2,000,000
Single Bed URC	$ 1,610,000	$ 5,290,000	$ 17,480,000	$ 10,005,000	$ 805,000	$ 1,610,000	$ 1,380,000	$ 1,035,000	$ 7,820,000	$ 5,405,000	$ 1,035,000
Double Bed URC	$ 3,312,000	$ 368,000	$ 2,944,000	$ 1,104,000	$ 8,280,000	$ 3,312,000	$ 6,256,000	$ 4,600,000	$ 2,024,000	$ 3,128,000	$ 4,600,000
Total Max URC	$ 6,922,000	$ 7,658,000	$ 22,424,000	$ 13,109,000	$ 11,085,000	$ 6,922,000	$ 9,636,000	$ 7,635,000	$ 11,844,000	$ 10,533,000	$ 7,635,000
Facility URC	$ 8,713,592	$ 7,641,761	$ 20,165,854	$ 22,636,828	$ 8,758,261	$ 6,356,865	$ 11,469,756	$ 5,504,070	$ 6,041,804	$ 14,920,436	$ 5,724,826
Allowable URC %	79.44%	**100.21%**	**111.20%**	57.91%	**126.57%**	**108.89%**	84.01%	**138.72%**	**196.03%**	70.59%	**133.37%**
Facility DRC	$ 5,920,881	$ 7,488,926	$ 16,132,683	$ 16,693,843	$ 5,188,810	$ 3,736,701	$ 8,012,373	$ 3,865,183	$ 4,183,223	$ 11,488,735	$ 3,985,199
Allowable URC %	79.44%	**100.21%**	**111.20%**	57.91%	**126.57%**	**108.89%**	84.01%	**138.72%**	**196.03%**	70.59%	**133.37%**
Allowable DRC	$ 4,703,495	$ 7,504,840	$ 17,939,200	$ 9,667,414	$ 6,567,281	$ 4,068,899	$ 6,731,375	$ 5,361,609	$ 8,200,546	$ 8,110,409	$ 5,314,920
Rate	5.187%	5.187%	5.187%	5.187%	5.187%	5.187%	5.187%	5.187%	5.187%	5.187%	5.187%
Allowable DRC	$ 243,970	$ 389,276	$ 930,506	$ 501,449	$ 340,645	$ 211,054	$ 349,156	$ 278,107	$ 425,362	$ 420,687	$ 275,685
Occupancy %	79.50%	94.99%	91.95%	84.68%	72.11%	81.32%	90.65%	66.80%	83.87%	72.32%	90.13%
Property Reimbursement	$ 193,950	$ 369,770	$ 855,576	$ 424,614	$ 245,653	$ 171,634	$ 316,506	$ 185,765	$ 356,754	$ 304,227	$ 248,479
Patient Days	14,548	17,383	61,921	30,682	25,602	14,882	26,542	14,424	27,627	21,439	19,463
MA Property Rate	**$ 13.33**	**$ 21.27**	**$ 13.82**	**$ 13.84**	**$ 9.60**	**$ 11.53**	**$ 11.92**	**$ 12.88**	**$ 12.91**	**$ 14.19**	**$ 12.77**
Increase (Dec)	**$ 2.69**	**$ 2.81**	**$ 2.99**	**$ 3.17**	**$ 4.20**	**$ 4.92**	**$ 5.25**	**$ 6.43**	**$ 6.43**	**$ 7.11**	**$ 8.55**

LeadingAge Wisconsin
Property Allowance Analysis
County Homes

Private	45	50	186	72	119	128	80	82	146	76
Semi	-	-	-	64	12	-	-	-	-	112
Total Beds	45	50	186	136	131	128	80	82	146	188
Days	12,982	16,492	62,730	43,811	40,570	44,365	27,924	26,860	50,299	61,436
Max. Occupancy	16,470	18,300	68,076	49,776	47,946	46,848	29,280	30,012	53,436	68,808
Occupancy %	**78.82%**	90.12%	92.15%	88.02%	**84.62%**	94.70%	95.37%	89.50%	94.13%	89.29%
Equalized Value	$ 3,244,396	$ 3,794,989	$ 13,695,295		$ 7,889,826	$ 9,519,707	$ 5,915,013	$ 6,037,281	$ 11,041,228	$ 10,243,786
Interest	**131,810**	**171,382**	**441,555**	$ **266,241**	**157,353**	**124,175**	**226,539**	**233,714**	**183,249**	-
Total Property Costs	430,684	560,484	1,826,212	$ 935,682	692,938	1,192,035	1,077,332	703,041	1,026,707	550,693
Target T1	243,330	284,624	1,027,148	$ 774,117	591,737	713,978	443,626	452,796	828,092	768,284
Allowed Property Costs	318,272	394,968	1,186,960	$ 806,430	611,977	809,589	532,351	502,845	867,815	550,693
Property Allowance	**$ 24.516**	**$ 23.949**	**$ 18.922**	**$ 18.407**	**$ 15.084**	**$ 18.248**	**$ 19.064**	**$ 18.721**	**$ 17.253**	**$ 8.964**
Costs Not Reimbursed	**$ (112,412)**	**$ (165,516)**	**$ (639,252)**	**$ (129,252)**	**$ (80,961)**	**$ (382,446)**	**$ (544,981)**	**$ (200,196)**	**$ (158,892)**	$ -
Proposed Property Allow:										
Single Bed URC	$ 115,000	$ 115,000	$ 115,000	$ 115,000	$ 115,000	$ 115,000	$ 115,000	$ 115,000	$ 115,000	$ 115,000
Double Bed URC	$ 92,000	$ 92,000	$ 92,000	$ 92,000	$ 92,000	$ 92,000	$ 92,000	$ 92,000	$ 92,000	$ 92,000
Fixed URC	$ 2,000,000	$ 2,000,000	$ 2,000,000	$ 2,000,000	$ 2,000,000	$ 2,000,000	$ 2,000,000	$ 2,000,000	$ 2,000,000	$ 2,000,000
Single Bed URC	$ 5,175,000	$ 5,750,000	$ 21,390,000	$ 8,280,000	$ 13,685,000	$ 14,720,000	$ 9,200,000	$ 9,430,000	$ 16,790,000	$ 8,740,000
Double Bed URC	$ -	$ -	$ -	$ 5,888,000	$ 1,104,000	$ -	$ -	$ -	$ -	$ 10,304,000
Total Max URC	$ 7,175,000	$ 7,750,000	$ 23,390,000	$ 16,168,000	$ 16,789,000	$ 16,720,000	$ 11,200,000	$ 11,637,000	$ 18,790,000	$ 21,044,000
Facility URC	$ 9,609,325	$ 9,887,935	$ 37,184,252	$ 26,176,915	$ 30,774,468	$ 28,910,675	$ 14,414,882	$ 16,858,074	$ 24,423,054	$ 30,955,695
Allowable URC %	**74.67%**	78.38%	**62.90%**	**61.76%**	**54.55%**	**57.83%**	77.70%	69.03%	76.94%	67.98%
Facility DRC	$ 9,128,859	$ 9,887,935	$ 36,068,724	$ 26,176,915	$ 24,419,146	$ 28,332,461	$ 14,043,240	$ 16,352,332	$ 24,335,996	$ 22,220,793
Allowable URC %	**74.67%**	78.38%	**62.90%**	**61.76%**	**54.55%**	**57.83%**	77.70%	69.03%	76.94%	67.98%
Allowable DRC	$ 6,816,250	$ 7,750,000	$ 22,688,300	$ 16,168,000	$ 13,321,856	$ 16,385,600	$ 10,911,244	$ 11,287,890	$ 18,723,021	$ 15,105,924
Rate	**5.187%**	**5.187%**	**5.187%**	**5.187%**	**5.187%**	**5.187%**	**5.187%**	**5.187%**	**5.187%**	**5.187%**
Allowable DRC	$ 353,559	$ 401,993	$ 1,176,842	$ 838,634	$ 691,005	$ 849,921	$ 565,966	$ 585,503	$ 971,163	$ 783,544
Occupancy %	78.82%	90.12%	92.15%	88.02%	**84.62%**	94.70%	95.37%	89.50%	94.13%	89.29%
Property Reimbursement	$ 278,683	$ 362,277	$ 1,084,425	$ 738,135	$ 584,701	$ 804,874	$ 539,755	$ 524,011	$ 914,150	$ 699,596
Patient Days	12,982	16,492	62,730	43,811	40,570	44,365	27,924	26,860	50,299	61,436
MA Property Rate	**$ 21.47**	**$ 21.97**	**$ 17.29**	**$ 16.85**	**$ 14.41**	**$ 18.14**	**$ 19.33**	**$ 19.51**	**$ 18.17**	**$ 11.39**
Increase (Dec)	**$ (3.05)**	**$ (1.98)**	**$ (1.63)**	**$ (1.56)**	**$ (0.67)**	**$ (0.11)**	**$ 0.27**	**$ 0.79**	**$ 0.92**	**$ 2.42**

LeadingAge Wisconsin

Property Allowance Analysis

	County Homes						For Profit Homes			
Private	204	39	46	16	46	25	28	44	8	33
Semi	-	26	-	98	-	174	80	116	42	48
Total Beds	204	65	46	114	46	199	108	160	50	81
Days	69,324	19,692	15,776	37,191	16,093	63,536	25,261	45,725	12,669	22,649
Max. Occupancy	74,664	23,790	16,836	41,724	16,836	72,834	39,528	58,560	18,300	29,646
Occupancy %	92.85%	82.77%	93.70%	89.14%	95.59%	87.23%	**63.91%**	**78.08%**	69.23%	76.40%
Equalized Value	$ 13,469,094	$ 2,793,349	$ 3,316,888	$ 4,805,122	$ 3,316,888	$ 11,458,313	$ 7,499,171	$ 8,899,978	$ 2,584,314	$ 4,401,189
Interest	-	-	134,622	24,995	134,623	-	**335,175**	**303,935**	-	-
Total Property Costs	876,793	155,621	335,150	203,741	335,100	305,295	611,175	923,440	167,533	269,769
Target T1	1,010,182	209,501	248,767	360,384	248,767	859,373	562,438	667,498	193,824	330,089
Allowed Property Costs	876,793	155,621	283,320	203,741	283,300	305,295	572,185	718,686	167,533	269,769
Property Allowance	**$ 12.648**	**$ 7.903**	**$ 17.959**	**$ 5.478**	**$ 17.604**	**$ 4.805**	**$ 22.651**	**$ 15.718**	**$ 13.224**	**$ 11.911**
Costs Not Reimbursed	**$ -**	**$ -**	**$ (51,830)**	**$ -**	**$ (51,800)**	**$ -**	**$ (38,990)**	**$ (204,754)**	**$ -**	**$ -**
Proposed Property Allow:										
Single Bed URC	$ 115,000	$ 115,000	$ 115,000	$ 115,000	$ 115,000	$ 115,000	$ 115,000	$ 115,000	$ 115,000	$ 115,000
Double Bed URC	$ 92,000	$ 92,000	$ 92,000	$ 92,000	$ 92,000	$ 92,000	$ 92,000	$ 92,000	$ 92,000	$ 92,000
Fixed URC	$ 2,000,000	$ 2,000,000	$ 2,000,000	$ 2,000,000	$ 2,000,000	$ 2,000,000	$ 2,000,000	$ 2,000,000	$ 2,000,000	$ 2,000,000
Single Bed URC	$ 23,460,000	$ 4,485,000	$ 5,290,000	$ 1,840,000	$ 5,290,000	$ 2,875,000	$ 3,220,000	$ 5,060,000	$ 920,000	$ 3,795,000
Double Bed URC	$ -	$ 2,392,000	$ -	$ 9,016,000	$ -	$ 16,008,000	$ 7,360,000	$ 10,672,000	$ 3,864,000	$ 4,416,000
Total Max URC	$ 25,460,000	$ 8,877,000	$ 7,290,000	$ 12,856,000	$ 7,290,000	$ 20,883,000	$ 12,580,000	$ 17,732,000	$ 6,784,000	$ 10,211,000
Facility URC	$ 47,272,418	$ 10,126,467	$ 6,677,111	$ 10,181,487	$ 6,677,111	$ 24,409,423	$ 10,440,518	$ 25,720,306	$ 4,515,549	$ 12,769,791
Allowable URC %	53.86%	87.66%	**109.18%**	**126.27%**	**109.18%**	85.55%	120.49%	68.94%	150.24%	79.96%
Facility DRC	$ 41,127,004	$ 5,733,575	$ 6,343,255	$ 5,654,415	$ 6,343,255	$ 18,516,989	$ 9,551,867	$ 18,847,900	$ 3,075,100	$ 9,142,478
Allowable URC %	53.86%	87.66%	**109.18%**	**126.27%**	**109.18%**	85.55%	120.49%	68.94%	150.24%	79.96%
Allowable DRC	$ 22,150,200	$ 5,026,131	$ 6,925,500	$ 7,139,739	$ 6,925,500	$ 15,841,844	$ 11,509,246	$ 12,994,051	$ 4,619,921	$ 7,310,522
Rate	**5.187%**	**5.187%**	**5.187%**	**5.187%**	**5.187%**	**5.187%**	**5.187%**	**5.187%**	**5.187%**	**5.187%**
Allowable DRC	$ 1,148,931	$ 260,705	$ 359,226	$ 370,338	$ 359,226	$ 821,716	$ 596,985	$ 674,001	$ 239,635	$ 379,197
Occupancy %	92.85%	82.77%	93.70%	89.14%	95.59%	87.23%	**63.91%**	**78.08%**	69.23%	76.40%
Property Reimbursement	$ 1,066,759	$ 215,797	$ 336,609	$ 330,104	$ 343,372	$ 716,816	$ 381,513	$ 526,276	$ 165,898	$ 289,699
Patient Days	69,324	19,692	15,776	37,191	16,093	63,536	25,261	45,725	12,669	22,649
MA Property Rate	**$ 15.39**	**$ 10.96**	**$ 21.34**	**$ 8.88**	**$ 21.34**	**$ 11.28**	**$ 15.10**	**$ 11.51**	**$ 13.09**	**$ 12.79**
Increase (Dec)	**$ 2.74**	**$ 3.06**	**$ 3.38**	**$ 3.40**	**$ 3.73**	**$ 6.48**	**$ (7.55)**	**$ (4.21)**	**$ (0.13)**	**$ 0.88**

passed as amended ASA1
8-4 Jagler - R
Considine - D
Sargent - D
Stucle - D

LRB-3913/1

TJD:wlj

2017 - 2018 LEGISLATURE

2017 ASSEMBLY BILL 630

November 10, 2017 - Introduced by Representatives SKOWRONSKI, KATSMA, BROSTOFF, STEFFEN, NOVAK, SPREITZER, TITTL, KULP, MURSAU, ANDERSON, BERCEAU, KITCHENS, MEYERS, HESSELBEIN and SPIROS, cosponsored by Senators WIRCH, CARPENTER, JOHNSON and L. TAYLOR. Referred to Committee on Mental Health.

AN ACT *to create* 146.43 of the statutes; **relating to:** dementia specialist certification.

Analysis by the Legislative Reference Bureau

This bill creates a dementia specialist certification. The bill prohibits any person from using the title "dementia specialist" or "certified dementia specialist" without the certification. If a person successfully completes an instructional program that provides the instruction specified in the bill, the instructional program administrator must certify that person as a dementia specialist.

For further information see the ***state*** fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 146.43 of the statutes is created to read:

146.43 Dementia specialist certification. (1) INSTRUCTIONAL PROGRAM; CERTIFICATION. (a) If an instructional program provides instruction on all of the following, the program may offer a dementia specialist certification:

1. Understanding the signs and symptoms of the various forms of dementia and the possible variations in care needs among individuals affected by the various forms of dementia.

2. How to approach, observe, listen to, and communicate with an individual with dementia.

3. Recognizing pain in an individual with dementia.

4. Skills and techniques for encouraging purposeful activities to provide holistic care intended to promote optimal life experiences for persons with dementia.

5. Understanding the needs of an individual with dementia, how to develop a trusting relationship within the challenges of the effects of dementia, and how to avoid and manage behaviors that may be harmful to the individual or others.

6. Communication skills necessary to communicate with coworkers, professionals, and families regarding individuals with dementia.

7. Skills necessary to effectively advocate for the needs and interests of persons with dementia.

8. Developing and using care plans to assist individuals with dementia in experiencing the highest possible quality of life.

9. Techniques for effective problem solving.

(b) An instructional program administrator who is offering a dementia specialist certification under par. (a) shall certify as a dementia specialist any person who successfully completes, under criteria established by the instructional program administrator, the instructional program described under par. (a).

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(2) PROHIBITIONS ON USE OF TITLE. No person may use the title "dementia specialist" or "certified dementia specialist" unless he or she is certified under sub. (1).

(END)

Menu » 2017 » Related Documents » Proposal Text » AB630: Bill Text

Passed 10-2
(Sargent - D
(Stuck - D)

LRBa1703/1

TJD:amn

2017 - 2018 LEGISLATURE

ASSEMBLY AMENDMENT 1, TO ASSEMBLY BILL 630

January 3, 2018 - Offered by Representative SKOWRONSKI.

At the locations indicated, amend the bill as follows:

1. Page 2, line 22: after that line insert:

"(c) An instructional program administrator shall develop a program that allows an individual who has relevant education, training, instruction, or other experience but who has not completed the instructional program described under par. (a) to be certified as a dementia specialist by successfully completing a competency evaluation in dementia care, as developed by the instructional program administrator.".

(END)

Menu » 2017 » Related Documents » Amendments » AB630 » Amendment AA1-AB630

LeadingAge Wisconsin
Better Services for Better Aging

WALA
Wisconsin Assisted Living Association

WHCA / WiCAL
Wisconsin Health Care Association Wisconsin Center for Assisted Living

December 12, 2017

Chairman Tittl and Members of the Assembly Committee on Mental Health,

Thank you for the opportunity to offer our perspective on the legislative package before you today. Our associations represent skilled nursing and assisted living providers from every corner of Wisconsin.

Wisconsin's long-term care (LTC) providers are in the midst of a workforce shortage crisis that has left skilled nursing and assisted living facilities across the state with fewer frontline caregivers, unfilled staff hours, and an inability to admit new patients or residents. Currently, 1 in 7 caregiver positions remains vacant and 18% of the state's LTC providers report they have been forced to deny admissions in the past year due to insufficient staffing.

We would like to thank those Wisconsin leaders who have taken on the noble task of carrying forward the important work of last session's Speaker's Task Force on Alzheimer's and Dementia. Representative Rohrkaste and Representative Hesselbein, chair and vice chair of the task force, continue to provide great leadership, and Representatives Skowronski and Snyder, along with many others here in this room today, show great dedication to finding solutions to benefit Wisconsin residents who live with dementia.

We believe many of today's bills help advance the quality of life of Wisconsin dementia patients and help provide resources for families and loved ones.

While we appreciate the author's interest in ensuring quality care for dementia patients, we are concerned that Assembly Bill 630 will undermine the care quality that Wisconsin's care providers deliver every day.

The bill as written disregards potentially decades of work experience for current caregivers who are, for all relevant purposes, dementia specialists. AB 630 prohibits anyone who has not completed the training program from using the title "dementia specialist" or "certified dementia specialist". Many caregivers across the state have years of real-life experience working with dementia patients and could probably teach the course. An individual with no on-site experience with dementia patients who completes this training program would be considered a dementia specialist, while a seasoned caregiver with a depth of practical experience who has not completed the training program would not be considered a dementia specialist.

Wisconsin's LTC providers take their responsibility of caring for Wisconsin's most vulnerable residents very seriously. We are committed to providing round-the-clock care to our residents, who deserve the best care quality possible.

Thank you again for your time and consideration of our concerns. We are more than willing to meet with bill authors to discuss these concerns further. Please do not hesitate to contact us with any questions you may have.

Contacts: Sarah Bass – Wisconsin Assisted Living Association: 608.288.0246; sbass@ewala.org
John Sauer – LeadingAge Wisconsin: 608.255.7060; jsauer@leadingagewi.org
John Vander Meer – WHCA/WiCAL: 608.257.0125 john@whcawical.org

LeadingAge Wisconsin
Better Services for Better Aging

WALA
Wisconsin Assisted Living Association

WHCA / WiCAL
Wisconsin Health Care Association Wisconsin Center for Assisted Living

To: Representative Paul Tittl, Chair
Members of the Assembly Committee on Mental Health
cc: Representative Ken Skowronski, Author

From: Sarah Bass – Wisconsin Assisted Living Association
John Sauer – LeadingAge Wisconsin
John Vander Meer – WHCA/WiCAL

Date: Monday, January 8, 2018

Re: **Comments on Assembly Bill 630: Dementia Care Specialist**
Continued Concerns with AB-630 and Assembly Amendment 1

Dear Chairman Tittl and Members of the Assembly Committee on Mental Health:

As representatives of the long-term care provider associations listed, we would like to provide you our perspective and continued concern with Assembly Bill 630, relating to "dementia specialist" certification, and the corresponding Assembly Amendment 1.

While we appreciate the author trying to resolve an issue with the bill that our organizations raised in testimony submitted during the public hearing in December, **our organizations remain opposed to the bill even with the proposed amendment.**

The issue is that the amendment requires a competency evaluation, which may be interpreted as an exam or test, for existing caregivers to ascertain whether they are competent in meeting the criteria specified under the bill. The concern is that under the amendment nearly all Wisconsin direct caregivers working in this area would then be required to undergo a competency evaluation (exam or test). This would be a considerable undertaking that would have direct and indirect costs that would have to be paid by employers or the direct caregivers themselves. Further, it does not appear that there is a competency or cumulative evaluation (exam or test) required for those who complete an instructional program as provided under the bill.

It is our belief that the direct caregiver and/or their employer should be able to provide the necessary documentation or assurance that shows successful completion of instruction or training that meets the criteria outlined in the bill.

LeadingAge Wisconsin
Better Services for Better Aging

WALA
Wisconsin Assisted Living Association

WHCA / WiCAL
Wisconsin Health Care Association Wisconsin Center for Assisted Living

As provided in our written testimony on Assembly Bill 630, Wisconsin's long-term care (LTC) providers are in the midst of a workforce shortage crisis that has left skilled nursing and assisted living facilities across the state with fewer frontline caregivers, unfilled staff hours, and an inability to admit new patients or residents. Currently, 1 in 7 caregiver positions remains vacant and 18% of the state's LTC providers report they have been forced to deny admissions in the past year due to insufficient staffing.

Thank you again for your time and consideration of our concerns. We are more than willing to meet with bill authors to discuss these concerns further. Please do not hesitate to contact us with any questions you may have.

Contacts: Sarah Bass – Wisconsin Assisted Living Association: 608.288.0246; sbass@ewala.org
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John Vander Meer – WHCA/WiCAL: 608.257.0125; john@whcawical.org

LeadingAge®

Advocacy Policy Priorities for 2018
Legislative and Regulatory Action Agenda

LeadingAge will **LEAD** in five policy areas. Leading means we will exert maximum organizational effort and make a nationwide commitment to the policy.

AFFORDABLE SENIOR HOUSING

POLICY AIM: Sufficient resources and policy tools to expand the supply of service-enriched housing affordable to older adults with low incomes, reduce administrative burden, and preserve federally-subsidized homes for older adults so they can live as independently as possible in the community.

CHALLENGE: There is widespread recognition that a full continuum of long-term services and supports (LTSS) must acknowledge that older individuals prefer to remain at home, in the community, as long as possible, even when they need supports to do so. In addition, in many cases, these options can be more cost-effective. The number of older adults with low incomes is rapidly rising, while homes in the United States affordable to this income group are declining. Only 1 in 3 older adults receives the housing assistance for which they are eligible. We must preserve and expand federally-subsidized affordable housing, including homes provided by the Section 202 Project-Based Rental Assistance, Low Income Housing Tax Credit, and other programs. In addition, providers of HUD Section 202 and Section 8 programs face significant operational and resource challenges in complying with HUD regulations. Some rules do not permit providers enough flexibility to run programs as efficiently as possible and operational information is poorly communicated.

LEGISLATIVE SOLUTION: Provide funding for construction of new service-enriched Section 202 housing to meet the needs of an aging population and fully fund all HUD programs, including Section 202, Service Coordinators, Project-Based Rental Assistance, public housing, vouchers, and homeless assistance. Provide Section 202 communities with tools to remain viable. Support expansion and improvement of the Low Income Housing Tax Credit program. Ensure that a service-enriched housing platform is the model for all current and future housing for older adults.

REGULATORY SOLUTION: Work with HUD to streamline housing policies and reduce regulatory burden across rental assistance programs. Help HUD improve communications regarding changes in administrative processes and issues related to service coordination.

LeadingAge®

QUALITY MEASUREMENT AND QUALITY ASSURANCE, INCLUDING SUBSTANTIVE IMPROVEMENTS TO NURSING HOME SURVEY & CERTIFICATION

POLICY AIM: Quality systems that support providers to deliver the highest quality care and quality of life to every resident/consumer, every time. The Survey & Certification system for Medicare and Medicaid nursing homes is evidence-based, not unnecessarily burdensome, and ensures that residents receive high quality care and services.

CHALLENGE: CMS requires different measurements and assurances for survey and certification, star designations and quality reporting for nursing facility, home health, HCBS, integrated care, and other programs and demonstrations. Providers, especially those who offer more than one service line, spend precious resources "checking boxes," thereby reducing resources available to deliver the best care. As a particular focus, the current Survey & Certification system is plagued by inconsistency, a punitive approach to resolving deficiencies, and a lack of evidence-based, quality-focused measures. As a result, good communities are not recognized and poor-performers do not have the resources to improve.

LEGISLATIVE SOLUTION: LeadingAge will develop legislation that addresses specific key problems with the survey system, including the automatic loss of nurse aid training rights, lack of consistency in training of surveyors to ensure consistent and evidence-based surveys, and the need for CMMI to support new survey and certification models.

REGULATORY SOLUTION: Work with CMS toward consistent quality assurance systems (e.g., survey and certification, 5 star, value based purchasing) that minimize provider burden, are fair, based on solid evidence, and risk adjusted (i.e., don't punish providers who serve people with the most complex challenges).

PROMOTE LTSS FINANCING REFORM

POLICY AIM: All Americans have access to a financing system that ensures access to quality long-term services and supports (LTSS).

CHALLENGE: Our LTSS system is plagued by inadequate funding, coordination, and choice. Its current design places enormous pressure on families, leaves older adults disconnected and depressed, and is ill prepared to meet the needs of our aging population. Most people are unaware of the costs, payers, and duration of need for LTSS.

LEGISLATIVE SOLUTION: Educate stakeholders and policymakers to raise public perception of LTSS issues so that when the political environment at the federal level is ripe for reform, our advocacy efforts

can lead to the development of a fairer and more rational financing and service delivery system. Provide technical support to state level initiatives.

INTEGRATED HEALTH AND LONG-TERM SERVICES AND SUPPORTS

POLICY AIM: Fully integrated and coordinated payment and delivery systems that meet consumers' diverse health, LTSS, housing and social support needs and offer providers flexibility to organize and deliver efficient, high quality care.

CHALLENGE: Older individuals, especially those with multiple chronic conditions and functional impairments, need an array of services to live the healthiest, most independent lives possible. Typically, health, LTSS, housing, social supports and income supports are managed and delivered in a separate, uncoordinated manner. Recent policy changes and demonstration models point to solid evidence of how systems could be integrated and coordinated, to improve the lives of individuals and their families and allow providers to be as efficient as possible.

LEGISLATIVE SOLUTION: Promote legislation to test expanding the Medicare Advantage Special Needs Plan (SNP) benefit to include long-term services and supports, such as adult day services, non-emergency medical transportation, meal programs as a supplemental benefit for a targeted population of older adults who are at high risk for hospitalizations and long-term nursing home placement. Advocate for Community-Based Independence for Seniors Act S309/HR 4006.

REGULATORY SOLUTION: Work with CMS and HUD to use existing integrated models (e.g., PACE, SNPs) and research and demonstration initiatives and programs (such as those operated under the Center for Medicare and Medicaid Innovation (CMMI), innovative housing models like SASH, and HUD's enhanced service coordination demonstration) to develop and test a comprehensive, person-centered integrated services model.

IMPROVE THE ABILITY OF MEDICARE POST-ACUTE CARE PROGRAMS TO BETTER SERVE BENEFICIARIES

POLICY AIM: Medicare post-acute care delivery and payment systems that enable providers to deliver the right amount of care to the people they serve, based on the individual's characteristics and needs, especially persons with complex care needs.

CHALLENGE: Authorizing statutes for Medicare post-acute care services need to be updated to reflect better the needs of the people served in these settings. These provisions wrongly restrict Medicare eligibility, making it difficult and expensive for beneficiaries to receive the services they need in the most appropriate setting.

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LEGISLATIVE SOLUTION: LeadingAge will support current legislation to repeal Part B therapy caps which place arbitrary limits on Medicare beneficiaries' ability to obtain necessary out-patient therapy and to fix the observation stay/3-day stay problem for beneficiaries who are not considered "admitted" to the hospital and therefore not eligible for Medicare SNF benefits. In addition, we will track legislative efforts to implement value based purchasing across settings to ensure that legislation supports consistent quality assurance measures that minimize provider burden, are fair and based on solid evidence, are risk adjusted and support high-quality care and services.

REGULATORY SOLUTION: Continue urging CMS to address the observation stay issue by revising its rules on 3-day requirements.

LeadingAge will ENGAGE in five policy areas. Engaging means we will exert moderate organizational effort on targeted activities.

SAFETY NET PROGRAMS FOR OLDER ADULTS

POLICY AIM: A robust safety net that ensures older adults will have the income, housing, health care and services, including LTSS, they need.

CHALLENGE: Many in Congress want to cut spending on safety net programs that are crucial to older adults including Medicare, Medicaid, affordable senior housing and SNAP. This would threaten elders' security.

LEGISLATIVE SOLUTION: Protect these important programs. Prevent converting Medicaid to per capita caps and block grants or reducing its funding. Oppose structural changes to the Medicare program that adversely affect beneficiaries. Fully fund non-mandatory programs like senior housing and Older Americans Act programs. Use direct advocacy, grassroots and other educational efforts. Tell personal stories of older adults whose lives would be negatively affected if spending on these programs were cut. Regarding Medicaid specifically, advocate for legislation such as the "Ensuring Medicaid Provides Opportunities for Widespread Equity, Resources, and Care Act" or the "EMPOWER Care Act" S.2227 that extends funding for the Money Follows the Person demonstration to 2022.

PROTECT NON-DEFENSE DISCRETIONARY FUNDING

POLICY AIM: Robust LTSS and community support programs funded through the Older Americans Act, Veterans Administration, and affordable housing programs.

CHALLENGE: Increased pressure in Congress to reduce funding for programs that pay for long-term services and supports and including affordable housing for older adults.

LEGISLATIVE SOLUTION: Oppose all cuts included in legislation that would have a negative effect on access to affordable housing and long-term services and supports for older adults. Support legislation that funds home and community based service providers for veterans under provider agreements.

REGULATORY SOLUTION: Work with ACL and HUD to ensure community support and housing programs address the unique needs of LTSS users, including older adults.

TELEMEDICINE AND HEALTH INFORMATION EXCHANGE

POLICY AIM: Long-term services and supports and post-acute care providers provide coordinated, high quality services using telemedicine and interoperable electronic health records.

CHALLENGE: Information technology can be a powerful tool for aging services providers. First, providers could provide many health, LTSS and care coordination services using telemedicine. Second, they could use interoperable electronic health records to improve care coordination. However, there are significant barriers to realizing all the potential benefits – acquisition and training costs, inadequate standards, privacy concerns, lack of two way interoperability (i.e., LTSS and PAC providers need to both send EHRs to and receive them from primary and acute care providers) and administrative barriers (e.g., CMS demonstrations that do not include LTSS/PAC providers).

LEGISLATIVE SOLUTION: Advocate for telehealth legislation to include long-term care providers, including advocating for home health to be included in the Rural Health Care Connectivity Act of 2015.

REGULATORY SOLUTION: Work with CMS and other federal agencies to pursue demonstrations and policies that support the use of telemedicine and health information exchange in long-term services and supports and post-acute settings.

HOSPICE SERVICES

POLICY AIM: Hospice programs are able to offer comprehensive advanced illness services that address the unique needs of patients and their family members.

CHALLENGE: Not for profit hospice programs have deep community relationships and provide robust, comprehensive service packages. Approximately one-third of hospice programs are not for profit. Quality metrics and payment systems incentivize short stays and less person-centered approaches.

LEGISLATIVE SOLUTION: Advocate for the Patient Choice and Quality Care Act of 2017 (S1334/HR2797) that would establish an Advanced Illness demonstration, as well as develop quality measures for advanced illness care.

REGULATORY SOLUTION: Work with CMS to identify and address barriers to appropriate hospice utilization and to encourage regulatory and payment changes that provide sufficient financial support, more comprehensive assessment, increased use of quality measures, and an evidence base to undergird Hospice Compare.

INCLUDE HOME HEALTH IN THE RURAL HEALTH CARE CONNECTIVITY ACT OF 2015

POLICY AIM: Rural home health care providers have affordable broadband internet access.

CHALLENGE: Home health providers in rural areas are paying more for broadband internet access than other health care providers in rural areas who get subsidies from the FCC's Universal Service Fund. This reduces access to affordable home health and home care services that keep older adults and individuals with chronic conditions and disabilities out of hospitals and costly institutional care settings. Such affordable internet access is especially important for technology-enabled home health services, such as telehealth, remote patient monitoring, and remote medication management programs, to name a few.

LEGISLATIVE SOLUTION: Amend the Rural Health Care Act of 2015 to include home health care providers in rural areas to be eligible for the subsidies, as their nursing home and hospital counterparts.

LeadingAge will **MONITOR** three legislative policy issues (at present, these do not involve regulatory solutions). Monitoring means we will actively track these issues.

NET NEUTRALITY

POLICY AIM: Older adults have non-discriminatory internet service.

CHALLENGE: Many older adults are particularly reliant on fast, reliable internet service that treats all traffic equally for telehealth medical service and to alleviate social isolation. Telehealth is particularly (though not exclusively) important to older adults in rural areas who cannot easily travel to their healthcare provider. Elders also rely on social networking services that require a fast internet connection to stay in touch with friends and family members. Recent action by the FCC allows internet service providers to discriminate in the way they provide internet content.

SOLUTION: Advocate for Congress to overturn the FCC's action. Work with consumer groups and coalitions to ensure non-discriminatory treatment of internet traffic.

CONTINUE TO ENSURE FAIR TAX POLICY

POLICY AIM: Tax policy that does not harm older adults.

CHALLENGE: Initial versions of the recent tax bill contained tax provisions that would have caused significant harm to providers and older adults. Congress will likely need to re-visit the tax bill to make technical corrections.

SOLUTION: Ensure that any additional tax legislation does not contain provisions harmful to older adults.

HOME AND COMMUNITY-BASED SERVICES FUNDING

Policy Aim: New funding streams for HCBS.

Challenge: Veterans Administration CHOICE program is underfunded and is being transitioned to different payment networks. Non-VA providers of LTSS have barriers to serve veterans in their communities paid through the VA benefit

Solution: Advocate for the passage of legislation proposed by the House and Senate Veterans Affairs Committees that would implement provider agreements with non-VA providers.

Approved by the LeadingAge Board of Directors on January 31, 2018

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Date

Secretary Linda Seemeyer
Wisconsin Department of Health Services
1 West Wilson Street
Madison, WI 53703

Dear Secretary Seemeyer:

On December 5, 2017, we met with nursing home providers across the state to discuss issues related to the current Medicaid nursing home labor regions. Seventeen legislative offices were represented at the meeting during which we learned about the many challenges facing long-term care providers in Wisconsin. One of these challenges has to do with the current Medicaid labor region designations.

As you know, there are currently 16 nursing home labor regions in the state, including one large rural labor region. These region designations were created to reflect the difference in labor costs for providing services across different areas of the state, presumably allowing nursing homes in areas with higher labor costs to receive higher levels of Medicaid reimbursement for their direct care.

In recent years, we have seen modifications made in state budgets to these region designations that have changed the geographic boundaries of the original labor regions. Many of these changes resulted in moving nursing facilities from labor regions that have a low labor factor as determined by the Department's formula to regions with a higher labor factor in order to increase rates for those facilities. Since a significant portion of a nursing home's costs relate to labor, adjusting reimbursement rates based on the wage levels of the region can have a significant impact on a facility's overall Medicaid reimbursement. The various labor region adjustments made over the past decade generally have resulted in a redistribution of Medicaid funds from one region to another, putting certain facilities at a disadvantage. Many of the nursing homes that fall into the lower regions have told us their workforce challenges are at least as severe as those outside their regions and the lower Medicaid rates paid to them only exacerbates their challenges.

At our December 5th meeting, we met with providers representing the five labor areas with the lowest Medicaid labor factor designation. These providers shared their challenges with the current system and discussed options for addressing the issues prior to the next state budget. Currently, there are five labor areas that have a Medicaid labor index less than one for purposes of calculating the 2017-18 Medicaid reimbursement rates. The providers in these five labor areas have more than 50% of all nursing home Medicaid resident days. We respectfully are requesting that the Department consider raising the direct care targets for these lowest five labor regions to the statewide target, by reinvesting unexpended Medicaid funds within the nursing

home budget that are a result of a decline in nursing home utilization. No labor area would have a labor factor less than one in this proposal. This would be a reinvestment into the system of $5.5 million all-funds that would not cause a redistribution of funding from the other regions. Assuming past Medicaid nursing home budget experiences are repeated in 2017-18 (i.e., actual Medicaid nursing home expenditures are less than budgeted), there would likely be sufficient funds available to address this labor region issue in the following fiscal year without providing new funding and without increasing overall nursing home expenditures beyond the amounts authorized by the Legislature.

A copy of the proposal as prepared by our provider members of LeadingAge Wisconsin is attached for your review.

We thank you for your consideration.

Representative Tyler August
32nd Assembly District

Representative Kathy Bernier
68th Assembly District

Representative Mary Felzkowski
35th Assembly District

Representative Bob Kulp
69th Assembly District

Representative Amy Loudenbeck
31st Assembly District

Representative Lee Nerison
96th Assembly District

Representative John Nygren
89th Assembly District

Representative Kevin Petersen
40th Assembly District

Representative Mike Rohrkaste
55th Assembly District

Representative David Steffen
4th Assembly District

Representative Jim Steineke
5th Assembly District

Representative Amanda Stuck
57th Assembly District

Representative Rob Summerfield
67th Assembly District

Representative Gary Tauchen
6th Assembly District

Representative Jeremy Thiesfeldt
52nd Assembly District

Representative Paul Tittl
25th Assembly District

Representative Nancy VanderMeer
70th Assembly District

Representative Don Vruwink
43rd Assembly District

Representative Dana Wachs
91st Assembly District

Senator Rob Cowles
2nd Senate District

Senator Dan Feyen
18th Senate District

Senator Janis Ringhand
15th Senate District

Senator Dave Hansen
30th Senate District

Senator Roger Roth
19th Senate District

Senator Devin LeMahieu
9th Senate District

Senator Jennifer Schilling
32nd Senate District

Senator Terry Moulton
23rd Senate District

Senator Pat Testin
24th Senate District

Senator Steve Nass
11th Senate District

Senator Tom Tiffany
12th Senate District

Senator Luther Olsen
14th Senate District

Senator Kathleen Vinehout
31st Senate District

Cc: Charlie Morgan, Legislative Fiscal Bureau

LeadingAge™ Wisconsin

Better Services for Better Aging

Medicaid Labor Index
Impact on Direct Care Maximum
2017-18 Direct Care Nursing Target = **$81.33**

Region	2017-18 Labor Factor	2017-18 Direct Care Nursing Max.	Difference From $81.33 Target
Brown/Kewaunee/Oconto	**0.955**	$ 77.67	**$ (3.66)**
Rural	**0.957**	$ 77.83	**$ (3.50)**
Fond du Lac	**0.966**	$ 78.56	**$ (2.77)**
Eau Claire/Chippewa	**0.977**	$ 79.46	**$ (1.87)**
Appleton/Calumet	**0.995**	$ 80.92	**$ (0.41)**
Oshkosh (Winnebago)	1.014	$ 82.47	$ 1.14
La Crosse	1.019	$ 82.88	$ 1.55
Kenosha	1.026	$ 83.44	$ 2.11
Racine	1.027	$ 83.53	$ 2.20
Sheboygan	1.029	$ 83.69	$ 2.36
Wausau	1.029	$ 84.26	$ 2.93
Milwaukee/Ozaukee/Washington/Waukesha	1.057	$ 85.97	$ 4.64
Dane/Columbia/Iowa/Green/Sauk	1.071	$ 87.10	$ 5.77
Rock/Dodge/Richland	1.071	$ 87.10	$ 5.77
Superior (Douglas)	1.076	$ 87.51	$ 6.18
St. Croix/Pierce/Dunn	1.178	$ 95.81	$ 14.48

Proposal: There are five labor areas that have an index less than one for calculating 2017-18 Medicaid rates. Under this proposal, any area that has a labor factor less than one would use 1.00 for the labor factor. (Direct care nursing target, $81.33) Estimated cost is $5.5 million all funds.

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LeadingAge Wisconsin

Labor Region Analysis: Estimated Cost of Increasing the Five Lowest Labor Regions to the Statewide Labor Factor Under the Medicaid Nursing Home Reimbursment Formula (Based on Final 2015-16 Medicaid Cost Reports)

Facility-- Rural	City	County	Licensed Beds	Direct Care Loss	Rural Increase $3.50/day
Villa Pines Living Center	Friendship	Adams	85	$ -	
Ashland Health and Rehabilitation Center	Ashland	Ashland	117	$ -	
Golden LivingCenter - Court Manor	Ashland	Ashland	105	$ 18,078	$ 18,078
Mellen Manor	Mellen	Ashland	36	$ 13,175	$ 13,175
Mayo Clinic Health System - Northland	Barron	Barron	23	$ 383,495	$ 14,683
Barron Care & Rehab	Barron	Barron	50	$ 30,104	$ 30,104
Cumberland Memorial Hospital & ECU, Inc.	Cumberland	Barron	50	$ 469,293	$ 40,422
Dallas Care and Rehab	Dallas	Barron	50	$ 24,614	$ 24,614
Knapp Haven Nursing Home	Chetek	Barron	97	$ 387,491	$ 76,258
Heritage Manor	Rice Lake	Barron	92	$ 148,617	$ 60,421
Pioneer Nursing Home	Prairie Farm	Barron	42	$ 95,154	$ 20,227
Rice Lake Convalescent Center	Rice Lake	Barron	85	$ 34,596	$ 34,596
Northern Lights Health Care Center	Washburn	Bayfield	65	$ -	
American Lutheran Homes - Mondovi	Mondovi	Buffalo	50	$ -	
Burnett Medical Center, Inc.	Grantsburg	Burnett	50	$ 192,319	$ 41,027
Clark County Rehabilitation & Living Cetner	Owen	Clark	172	$ 1,746,488	$ 99,050
Colonial Center	Colby	Clark	95	$ 87,832	$ 50,887
Neillsville Care & Rehab	Neillsville	Clark	60	$ 5,004	$ 5,004
Oakbrook Manor of Thorp	Thorp	Clark	58	$ -	
Clark County Health Care Center	Owen	Clark	24	$ 287,399	$ 16,300
Sannes Skogdalen Nursing Facility LLC	Soliders Grove	Crawford	50	$ 158,432	$ 38,035
Prairie Nursing Facility LLC	Prairie Du Chien	Crawford	64	$ 134,345	$ 34,164
Door County Memorial Hospital Nursing Home	Sturgeon Bay	Door	30	$ 159,331	$ 17,497
Golden LivingCenter - Dorchester	Sturgeon Bay	Door	120	$ 167,556	$ 56,347
Good Samaritan Society - Scandia Village	Sister Bay	Door	60	$ 218,153	$ 28,889
Golden LivingCenter - Florence	Florence	Florence	73	$ 44,141	$ 44,141
The Crandon Nursing Home	Crandon	Forest	50	$ -	
Nu Roc Community Health Care, Inc	Laona	Forest	50	$ -	
Good Samaritan Society - Fennimore	Fennimore	Grant	62	$ 101,374	$ 43,337
Gray's Nursing Home	Platteville	Grant	20	$ -	
Lancaster Care Center	Lancaster	Grant	50	$ -	
Boscobel Care & Rehab	Boscobel	Grant	50	$ -	
Orchard Manor	Lancaster	Grant	121	$ 500,551	$ 65,569
ManorCare Health Services - Platteville	Platteville	Grant	99	$ -	
Golden LivingCenter - Riverdale	Muscoda	Grant	58	$ -	
St Dominic Villa	Hazel Green	Grant	62	$ -	
Southwest Health Center	Cuba City	Grant	84	$ 410,377	$ 39,848
Orchard Manor	Lancaster	Grant	29	$ 231,653	$ 30,345
Juliette Manor	Berlin	Green Lake	45	$ 131,224	$ 22,197
Markesan Resident Home	Markesan	Green Lake	50	$ -	
Sky View Nursing Center LLC	Hurey	Iron	33	$ 59,668	$ 24,703
Villa Maria Health and Rehabilitation Center LLC	Hurley	Iron	70	$ 378,431	$ 60,242
Family Heritage Nursing & Rehab	Black River Falls	Jackson	50	$ -	
Pine View Nursing Home	Black River Falls	Jackson	95	$ -	
Alden Estates of Countryside, Inc.	Jefferson	Jefferson	120	$ 396,122	$ 81,197
Golden LivingCenter - Fort Atkinson	Fort Atkinson	Jefferson	87	$ 155,773	$ 58,538
Willowbrook Nursing Center	Lake Mills	Jefferson	57	$ 99,778	$ 36,516
Edgewood Care Center, DBA Heritage Manor	Elroy	Juneau	76	$ 34,025	$ 34,025
Fairview Nursing Home	Mauston	Juneau	60	$ 593,702	$ 44,538
Crestview Nursing Home	New Lisbon	Juneau	60	$ 383,836	$ 43,505
Lafayette Manor	Darlington	Lafayette	64	$ 654,549	$ 41,559
Eastview Medical and Rehab Center	Antigo	Langlade	166	$ 569,028	$ 73,791
Golden LivingCenter - Golden Age	Tomahawk	Lincoln	83	$ 518,752	$ 44,205

Facility-- Rural	City	County	Licensed Beds	Direct Care Loss	Rural Increase $3.50/day
Pine Crest Nursing Home	Merrill	Lincoln	180	$ 1,761,681	$ 155,995
Golden LivingCenter - Riverview	Tomahawk	Lincoln	61	$ 12,733	$ 12,733
North Ridge Medical and Rehab Center	Manitowoc	Manitowoc	119	$ 6,534	$ 6,534
Hamilton Memorial Home	Two Rivers	Manitowoc	80	$ 101,485	$ 51,671
Manitowoc Health Care Center, LLC	Manitowoc	Manitowoc	150	$ 332,626	$ 123,897
River's Bend Health & Rehabilitation	Manitowoc	Manitowoc	124	$ 312,419	$ 54,513
Shady Lane Inc.	Manitowoc	Manitowoc	130	$ 567,339	$ 80,651
St. Mary's Home for the Aged	Manitowoc	Manitowoc	84	$ 192,313	$ 43,299
NewCare, Inc.	Crivitz	Marinette	64	$ -	
Luther Home	Marinette	Marinette	120	$ 167,084	$ 94,906
Maryhill Manor, Inc.	Niagara	Marinette	75	$ 259,659	$ 54,628
Rennes Health & Rehab Center - East	Peshtigo	Marinette	129	$ -	
Rennes Health & Rehab Center - West	Peshtigo	Marinette	99	$ -	
Montello Care Center	Montello	Marquette	50	$ -	
Morrow Memorial Home	Sparta	Monroe	99	$ 314,672	$ 56,970
Rolling Hills	Sparta	Monroe	98	$ 555,998	$ 60,095
Tomah Care Center	Tomah	Monroe	74	$ -	
Avanti Health and Rehabilitation Center, LLC	Minocqua	Oneida	72	$ 58,287	$ 49,147
Friendly Village	Rhinelander	Oneida	120	$ 87,179	$ 87,179
Rennes Health & Rehab Center - Rhinelander	Rhinelander	Oneida	72	$ -	
Pepin Manor	Pepin	Pepin	50	$ -	
Willow Ridge Healthcare	Amery	Polk	83	$ -	$ 37,156
Christian Community Homes	Osceola	Polk	40	$ 33,804	$ 24,941
Frederic Care Center	Frederic	Polk	60	$ -	
Golden Age Manor	Amery	Polk	114	$ 1,114,285	$ 101,682
Good Samaritan Society - St Croix Valley	St. Croix Falls	Polk	60	$ 371,502	$ 43,950
United Pioneer Home, Inc.	Luck	Polk	50	$ -	
Portage County HCC	Stevens Point	Portage	100	$ 752,013	$ 41,241
Stevens Point Care Center LLC	Stevens Point	Portage	60	$ 151,053	$ 14,308
Park Manor Ltd	Park Falls	Price	117	$ 233,257	$ 69,426
Pleasant View Care Corporation	Philips	Price	50	$ -	
Ladysmith Nursing Home	Ladysmith	Rusk	32	$ 75,119	$ 17,255
Ladysmith Living Center	Ladysmith	Rusk	30	$ 77,510	$ 28,410
Ladysmith Care & Rehab	Ladysmith	Rusk	50	$ -	
Hayward Area Memorial Nursing Home	Hayward	Sawyer	50	$ 491,049	$ 41,657
Golden LivingCenter - Valley of Hayward	Hayward	Sawyer	59	$ -	
Birch Hill Care Center, LLC	Shawano	Shawano	55	$ 7,346	$ 7,346
Evergreen Care Center, LLC	Shawano	Shawano	50	$ -	
Homme Home for the Aging Inc.	Wittenberg	Shawano	81	$ 449,766	$ 53,683
Maple Lane Health & Rehab Center, LLC	Shawano	Shawano	66	$ -	
Manor Care Health Services - Shawano	Shawano	Shawano	100	$ -	
Golden LivingCenter - Rib Lake	Rib Lake	Taylor	60	$ 63,822	$ 31,339
Aspirus Medford Hospital & Clinics	Medford	Taylor	99	$ 479,144	$ 80,441
Pigeon Falls Health Care Center	Pigeon Falls	Trempealeau	37	$ 94,077	$ 24,203
Grand View Care Center	Blair	Trempealeau	98	$ 481,019	$ 90,913
Marinuka Manor	Galesville	Trempealeau	59	$ 164,078	$ 35,893
Mayo Clinic Health System - Oakridge, Inc.	Osseo	Trempealeau	21	$ 382,075	$ 17,819
Trempealeau County Health Care Center	Whitehall	Trempealeau	145	$ 407,257	$ 36,719
Gundersen Tri-County Care Center	Whitehall	Trempealeau	35	$ 137,892	$ 25,610
Bethel Home	Viroqua	Vernon	85	$ 121,074	$ 38,924
Norseland Nursing Home	Westby	Vernon	59	$ 247,926	$ 36,022
Vernon Manor	Viroqua	Vernon	90	$ 558,933	$ 56,826
Fairhaven	Whitewater	Walworth	84	$ 278,509	$ 43,061
East Troy Manor	East Troy	Walworth	50	$ -	
Holton Manor	Elkhorn	Walworth	60	$ -	
Geneva Lake Manor	Lake Geneva	Walworth	60	$ 96,336	$ 37,062
Lakeland Health Care Center	Elkhorn	Walworth	120	$ 2,136,309	$ 85,971
Williams Bay Care Center, LLC	Williams Bay	Walworth	62	$ 30,995	$ 30,995

Facility-- Rural	City	County	Licensed Beds	Direct Care Loss	Rural Increase $3.50/day
Willowfield Nursing & Rehabilitation Center	Delevan	Walworth	61	$ -	
Benedictine Living Center of Spooner	Spooner	Washburn	75	$ 40,813	$ 40,813
Terraceview Living Center	Shell Lake	Washburn	50	$ 116,064	$ 46,998
Bethany Home, Inc.	Waupaca	Waupaca	104	$ 349,719	$ 79,044
Greentree Health & Rehab Center	Clintonville	Waupaca	60	$ -	
Manawa Community Nursing Center, Inc.	Manawa	Waupaca	15	$ 79,848	$ 8,316
Iola Living Assistance, Inc.	Iola	Waupaca	50	$ 23,615	$ 23,615
Lakeview Manor Nursing Home	Weyauwega	Waupaca	50	$ 258,756	$ 28,753
Pine Manor Health Care Center	Clintonville	Waupaca	95	$ 8,520	$ 8,520
Crossroads of Crystal River	Waupaca	Waupaca	74	$ 69,270	$ 29,313
St. Joseph Residence	New London	Waupaca	97	$ 223,105	$ 59,763
Crossroads Care Center of Weyauwega	Weyauwega	Waupaca	60	$ 208,289	$ 29,964
Wild Rose Manor	Wild Rose	Waushara	50	$ -	
Bethel Home, Inc	Oshkosh	Winnebago	135	$ 621,053	$ 101,220
Bethel Center	Arpin	Wood	111	$ 78,450	$ 45,857
Edgewater Haven Nursing Home	Port Edwards	Wood	90	$ 984,804	$ 53,676
Strawberry Lane Medical & Rehab Center	Wisconsin Rapids	Wood	120	$ 54,227	$ 53,200
Golden LivingCenter - Three Oaks	Marshfield	Wood	110	$ 135,748	$ 59,707
Marshfield Care Center, LLC	Marshfield	Wood	120	$ 375,979	$ 79,615
Norwood Health Center (Crossroads)	Marshfield	Wood	16	$ 385,873	$ 20,475
Wisconsin Rapids Care Center, LLC	Wisconsin Rapids	Wood	114	$ 250,342	$ 46,767
Rural Total			**9,892**	**$ 28,455,094**	**$ 4,408,702**

Facility-- Brown	City	County	Licensed Beds	Direct Care Loss	Brown Increase $3.66/day
ManorCare Health Services - Green Bay East	Green Bay	Brown	79	$ 183,161	$ 38,840
ManorCare Health Services - Green Bay West	Green Bay	Brown	105	$ 73,135	$ 66,769
Bornemann Nursing Home, Inc.	Green Bay	Brown	127	$ 231,627	$ 61,400
Brown Cty-CTC-Bay Shore Village	Green Bay	Brown	63	$ 2,489,514	$ 76,029
Golden LivingCenter - Village Gardens	Green Bay	Brown	125	$ -	$ -
Grancare Nursing Center	Green Bay	Brown	75	$ 80,368	$ 58,282
Odd Fellow Home	Green Bay	Brown	74	$ 254,766	$ 39,491
Parkview Manor Health & Rehabilitation Center	Green Bay	Brown	136	$ -	$ -
Ledge View Nursing Center	DePere	Brown	32	$ -	$ -
Rennes Health & Rehab Center - De Pere	De Pere	Brown	122	$ 71,672	$ 59,563
Maple Ridge Rehab and Care Center	Green Bay	Brown	133	$ 307,567	$ 87,716
Santa Maria Nursing Home	Green Bay	Brown	50	$ 23,344	$ 23,344
Woodside Lutheran Home	Green Bay	Brown	130	$ 680,065	$ 83,924
Algoma Medical Center	Algoma	Kewaunee	60	$ 597,739	$ 53,769
Kewaunee Care Center, LLC	Kewaunee	Kewaunee	50	$ -	$ -
Sharpe Care Nursing & Rehabilitation	Oconto Falls	Oconto	99	$ -	$ -
Woodlands of Gillett, Inc.	Gillett	Oconto	35	$ -	$ -
The Woodlands of Oconto, Inc.	Oconto	Oconto	45	$ -	$ -
Woodland Village, Inc	Suring	Oconto	50	$ -	$ -
Brown, Kewaunee, Oconto Total			**1,590**	**$ 4,992,958**	**$ 649,128**

Facility-- Eau Claire	City	County	Licensed Beds	Direct Care Loss	Eau Claire Increase $1.87/day
Mayo Clinic Health System - Chippewa Valley	Bloomer	Chippewa	35	$ 288,302	$ 14,874
Wissota Health & Regional Vent Center	Chippewa Falls	Chippewa	135	$ 360,681	$ 43,468
Chippewa Manor Nursing Home	Chippewa Falls	Chippewa	90	$ 100,812	$ 9,771
Cornell Area Care Center	Cornell	Chippewa	50	$ -	
Hetzel Care Nursing & Rehab	Bloomer	Chippewa	31	$ -	

Facility-- Eau Claire	City	County	Licensed Beds	Direct Care Loss	Eau Claire Increase $1.87/day
Augusta Area Nursing Home	Augusta	Eau Claire	50	$ -	
Dove Healthcare-West	Eau Claire	Eau Claire	160	$ 268,844	$ 36,263
The Clairemont	Eau Claire	Eau Claire	161	$ 216,689	$ 37,652
Syverson Lutheran Home	Eau Claire	Eau Claire	102	$ 79,751	$ 28,854
Oakwood Villa	Altoona	Eau Claire	92	$ 60,174	$ 22,397
Chippewa, Eau Claire Total			**906**	**$ 1,375,254**	**$ 193,279**

Facility-- Fond du Lac	City	County	Licensed Beds	Direct Care Loss	Fond du Lac Increase $2.77/day
All About Life Rehabilitation Center	Fond du Lac	Fond du Lac	125	$ 166,046	$ 38,417
Fond du Lac Lutheran Home, Inc.	Fond du Lac	Fond du Lac	94	$ 142,638	$ 34,378
Grancare, Inc.	Fond du Lac	Fond du Lac	75	$ -	$ -
ManorCare Health Services - Fond du Lac	Fond du Lac	Fond du Lac	108	$ 115,634	$ 28,805
Fountain View Care Center	Ripon	Fond du Lac	85	$ 8,173	$ 8,173
Harbor Haven Health & Rehabilitation	Fond du Lac	Fond du Lac	117	$ 772,697	$ 54,741
St. Francis Home	Fond du Lac	Fond du Lac	107	$ 457,432	$ 39,533
Villa Loretto Nursing Home	Mt. Calvary	Fond du Lac	50	$ 261,422	$ 22,886
Fond du Lac Total			**761**	**$ 1,924,043**	**$ 226,934**

Facility-- Appleton	City	County	Licensed Beds	Direct Care Loss	Appleton Increase $0.41/day
Homestead Care Center, LLC	New Holstein	Calumet	60	$ 47,763	$ 4,099
Chilton Care Center, LLC	Chilton	Calumet	60	$ -	
Willowdale Nursing & Rehabilitation Center	New Holstein	Calumet	49	$ -	
ManorCare Health Services - Appleton	Appleton	Outagamie	104	$ -	
The Bridges of Appleton	Appleton	Outagamie	150	$ 299,458	$ 10,021
Fox River Nursing & Rehab Center	Appleton	Outagamie	82	$ 43,684	$ 4,419
Good Shepherd Serives, Ltd	Seymour	Outagamie	50	$ -	
Brewster Village	Appleton	Outagamie	204	$ 2,480,370	$ 16,818
Parkside Care Center, LLC	Little Chute	Outagamie	65	$ -	
Rennes Health & Rehab Center - Appleton	Appleton	Outagamie	88	$ -	
St. Paul Elder Services	Kaukauna	Outagamie	117	$ 257,550	$ 8,382
Calumet, Outagamie Total			**1,029**	**$ 3,128,824**	**$ 43,739**
Grand Total			**14,178**	**$ 39,876,173**	**$ 5,521,782**

Brian Schoeneck, Vice President of Financial and Regulatory Services
bschoeneck@leadingagewi.org
LeadingAge Wisconsin
Dec-17

LeadingAge™ Wisconsin
Better Services for Better Aging

204 S. Hamilton St
Madison, WI 53703
608.255.7060
www.leadingagewi.org

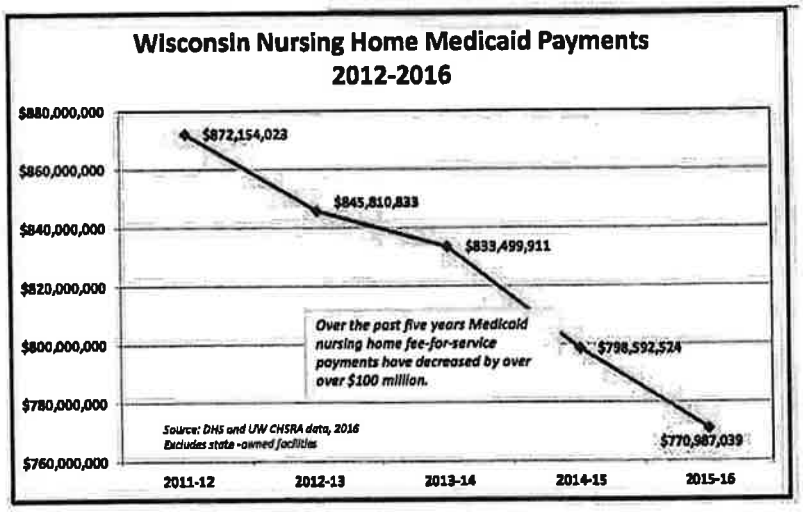
LeadingAge Wisconsin
Nursing Home Medicaid Reimbursement Formula Model
Estimated Actual Medicaid Payments Vs. DHS Model

	2016-17	2015-16	2014-15	2013-14	2012-13	2011-12
DHS Model						
Funds Available	$ 814,275,600	$ 816,128,700	$ 858,017,700	$ 867,902,900	$ 914,189,400	$ 912,415,700
Estimated Medicaid FFS Days	4,903,869	4,957,935	5,235,441	5,396,550	5,882,410	6,013,846
Estimated Rate Per Day	$ 166.05	$ 164.61	$ 163.89	$ 160.83	$ 155.41	$ 151.72
Estimated Actual Expenditure						
Estimated Annual T-19 FFS Days	$ 4,683,702	4,683,702	4,872,841	5,182,635	5,442,424	5,748,476
Estimated Rate Per Day	$ 166.05	$ 164.61	$ 163.89	$ 160.83	$ 155.41	$ 151.72
Medicaid Cost for Fiscal Year	$ 777,717,402	$ 770,987,039	$ 798,592,524	$ 833,499,911	$ 845,810,833	$ 872,154,023
Medicaid Funds Not Spent on NFs	**$ 36,558,198**	**$ 45,141,661**	**$ 59,425,176**	**$ 34,402,989**	**$ 68,378,567**	**$ 40,261,677**
Total MA Funds Not Spent on NFs (2012- 2016)	**$ 284,168,269**					
T-19 FFS Census Per Day						
3rd Quarter		12,797	13,828	14,409	15,389	15,900
4th Quarter		-	13,554	14,339	15,164	15,881
1st Quarter		-	13,172	14,107	14,649	15,719
2nd Quarter		-	12,847	13,941	14,441	15,497
Average T-19 Census Per Day		12,797	13,350	14,199	14,911	15,749
Estimated Annual T-19 FFS Days		4,683,702	4,872,841	5,182,635	5,442,424	5,748,476

SOURCE: The table above was compiled by Brian Schoeneck, LeadingAge Wisconsin Vice President of Financial and Regulatory Services, using various data/reports from 2011-2016 made available by the Department of Health Services, Division of Long Term Care and the UW Center for Health Systems Research and Analysis (CHSRA). The sources include nursing home formula modeling projections and resident utilization data and since 2011-12.

Brian Schoeneck, December 4, 2017

	Actual-DHS
2011-12	$ 872,154,023
2012-13	$ 845,810,833
2013-14	$ 833,499,911
2014-15	$ 798,592,524
2015-16	$ 770,987,039
2016-17	$ 777,717,402
	$ 101,166,984



LeadingAge Wisconsin
Better Services for Better Aging

RESIDENTIAL SERVICES ASSOCIATION OF WISCONSIN

WALA
Wisconsin Assisted Living Association

WHCA / WiCAL
Wisconsin Health Care Association
Wisconsin Center for Assisted Living

2017-2019 Medicaid and Family Care Budget Request

SNFs	2017-18		
	GPR	FED	Total
Direct Care @ Median	28,299,524	39,080,296	67,379,820
Support Services-$5/day	9,581,250	13,231,250	22,812,500
Labor Region @ Statewide DC Target	3,231,301	4,462,273	7,693,574
Overall 2.6% Incr--2nd year			
Total	41,112,075	56,773,819	97,885,894

SNFs	2018-19		
	GPR	FED	Total
Direct Care @ Median	28,299,524	39,080,296	67,379,820
Support Services-$5/day	9,581,250	13,231,250	22,812,500
Labor Region @ Statewide DC Target	3,231,301	4,462,273	7,693,574
Overall 2.6% Incr--2nd year	8,996,782	12,424,127	21,420,909
Total	50,108,857	69,197,946	119,306,803

SNFs	2017-19 Biennium		
	GPR	FED	Total
Direct Care @ Median	56,599,049	78,160,591	134,759,640
Support Services-$5/day	19,162,500	26,462,500	45,625,000
Labor Region @ Statewide DC Target	6,462,602	8,924,546	15,387,148
Overall 2.6% Incr--2nd year	8,996,782	12,424,127	21,420,909
Total	91,220,933	125,971,764	217,192,697

Family Care			
	GPR	FED	Total
2.5% Increase = 2017-18	13,464,000	18,714,875	32,178,875
2018-19	26,928,000	37,429,750	64,357,750
Total	40,392,000	56,144,625	96,536,625

Approx $65/member/month only on the direct care portion of cap rate.

The workforce adjustment would require the MCOs to increase, each provider type's (e.g., CBRFs, RCACs, AFH, etc.,) reimbursement payments by, on average, 2.5% in each year of the 2017-2019 biennium. The 2.5% would not be applied to the MCOs' administrative or care management components; it is applicable to the direct care (provider) portion of the capitation rate. Room and Board increases (roughly 10% to 20%) of the provider rates should be covered by the actuarially sound capitation rate calculation, with the workforce adjustment being in addition to the rates initially determined by the actuaries.

Grand Total	2017-19 Biennium		
	GPR	FED	Total
	131,612,933	**182,116,389**	**313,729,322**

Notes:

Medicaid-SNFs:

- Direct Care Current Target, $90.25; Proposed (Median), $113.55.
- Support Services Target increases by $5/per resident day in 2017-18.
- The following labor regions to be increased to the statewide direct care target: Rural; Brown/Kewaunee/Oconto; Eau Claire/Chippewa; and Fond du Lac.
- In fiscal year 2018-19, a 2.6% overall increase would be provided to maintain the increases provided in the first year (2.6% is the projected SNF annual inflation rate).

Family Care:

- Using data obtained from the Legislative Fiscal Bureau's May 26, 2016 memo to the Joint Committee on Finance, *Family Care/IRIS 2.0 Concept Paper*, it would appear the average **Family Care** GPR/FED (excluding enrollees' personal share) per member monthly cost is approximately $3,000. Our budget request discounts this cost by 15% to back out the administrative and care management costs within the MCOs' capitation rate, leaving a "direct care and service" amount of $2,550. Increasing this amount by $65/member/month represents an estimated 2.5% increase.

September 7, 2016

WisCaregiver Careers
WisCaregiver.com

WisCaregiver Career Program

https://www.dhs.wisconsin.gov/caregiver-career/index.htm

The Department of Health Services Working to Address Long-Term Care Workforce Challenges

OUR GOALS

- **To increase the number of nurse aides** available to work in Wisconsin nursing homes
- **To raise awareness** about the benefits of working in a Wisconsin nursing home and the opportunity to make a difference

January 2018 PROGRAM UPDATE

PARTICIPATION TO DATE

13 Technical colleges with approved nurse aide training programs

19 Nursing homes with approved nurse aide training programs

280 Nursing homes that agree to pay $500 retention bonus

WHAT'S NEW

MEDIA

We are pleased to announce that Pigorsch Media Design will provide a robust media campaign including TV and radio, as well as social media, highlighting the benefits of the program and rewarding aspects of working as a nurse aide caring for Wisconsin's elders and people with disabilities. The campaign, featuring staff in Wisconsin nursing homes, will include a comprehensive marketing and recruitment plan designed to increase the number of people entering caregiver careers and increase awareness about the change caregivers can make in the lives of Wisconsin's elders. We anticipate the media campaign to start April 2018.

WEBINAR SERIES

Beginning March 1, the Department of Health Services will host a series of webinars featuring nursing home staff and other experts in the field sharing their best practices for successful recruitment and retention of staff. All webinars are scheduled for the first Thursday of the month from 1:30 to 2:30 p.m. central time. The schedule for the first several months, including a list of speakers, is below. Additional information will be provided regarding each of the webinars closer to the scheduled date.
Monthly Webinars (1:30-2:30 p.m.) https://connect.wisconsin.gov/wiscaregiver_career/

- March 1: Denise Boudreau-Scott, MHA, LNHA, Employee Engagement
- April 5: Jill Gengler, NHA, Colfax Health and Rehabilitation Center, Facility Recruitment and Retention, Best Practices
- May 3: TBD
- June 7: Anna Ortigara, RN, MS, FAAN, Peer Mentorship Programs

- Other dates to be determined

INTERACTIVE WEBSITE

Student website will be interactive to help potential students decide what options they have for nurse aide training and employment. The website will feature links to participating training programs, both technical colleges and nursing homes, with approved nurse aide training programs. Each link will include contact information, information about the training program, how to sign up and directions to the training location. The website will also include a list of nursing homes that have agreed to provide a $500 retention bonus after six months of employment at their facility. The website will provide information about the nursing home, contact information, and directions to the facility. We anticipate the website to go live on March 1.

TIMELINE

☒	**September 2017**	Hold recruitment webinars for nursing homes and training programs
☒	**November 2017**	Hold implementation webinar for training programs
☒	**Jan / Feb 2018**	Hold implementation webinar for nursing homes and training programs
☒	**January 2018**	Complete tracking system
☐	**February 2018**	Complete interactive website
☐	**March 2018**	Begin WisCaregiver Career Program webinar series
☐	**April 2018**	Launch media campaign

PROGRAM LINKS

- **Participating Nursing Home and Technical College Nurse Aide Training Programs**
  DHS Publication P-02031a, *WisCaregiver Career Program: Participating WisCaregiver Nurse Aide Training Programs (map)* https://www.dhs.wisconsin.gov/publications/p02031a.pdf
- **Participating Nursing Homes That Have Agreed to Pay $500 Retention Bonus**
  DHS Publication P-02031, *WisCaregiver Career Program: Participating Nurse Aide Training Programs (map)* https://www.dhs.wisconsin.gov/publications/p02031.pdf

STAY IN TOUCH WITH US!

Website	www.dhs.wisconsin.gov/caregiver-career
Mailbox	DHSCaregiverCareer@dhs.wisconsin.gov
Listserv	https://public.govdelivery.com/accounts/WIDHS/subscriber/new?topic_id=WIDHS_430

WISCONSIN DEPARTMENT *of* HEALTH SERVICES

WISCONSIN DEPARTMENT of HEALTH SERVICES

WisCaregiver Careers

Wisconsin Association of County Homes Annual Conference

Kevin Coughlin, Policy Advisor

February 14, 2018

WisCaregiver Careers
WisCaregiver.com

Agenda

- Program
- Participants
- Tracking system
- Media
- Workforce solutions
- Timeline
- Questions

WisCaregiver Career Program

- Wisconsin received more than $2.3 million to implement this new program.
- Program is designed to encourage 3,000 Wisconsinites to enter caregiver careers.
- Program was developed in partnership with nursing homes, LeadingAge Wisconsin, Wisconsin Health Care Association (WHCA), Board on Aging and Long Term Care (BOALTC), and Wisconsin Technical College System.

Participants

14 of 16

- ~~13~~ technical colleges with approved Nurse Aide Training Programs (NATPs)
- 20 nursing homes with approved NATPs
- 293 nursing home participants who agreed to pay a $500 retention bonus

20 of 21

Maps of Participants

- Nursing homes: www.dhs.wisconsin.gov/caregiver-career/nursing-homes.htm
- Training programs: www.dhs.wisconsin.gov/caregiver-career/training-programs.htm

Who is eligible for training?

- Traditional students
- Nontraditional students
- Seniors
- Veterans
- English language learners
- FoodShare Employment and Training (FSET) participants

Participant Criteria

- Complete training.
- Complete testing.
- Work in a Wisconsin nursing home for six months for the $500 bonus (provided by participating nursing homes).

Tracking System

OSHKOSH

Tracking System - Training

- Input minimal student information into a secure online tracking system, including:
  - Enrollment information.
  - Date course completed.
  - Date course not completed and why if applicable.

Tracking System – Nursing Homes

- Input minimal student information into a secure online tracking system, including:
  - Date hired.
  - Date employee met six-month retention bonus.
  - Date employment ended if less than six months and why, if applicable.

Evaluation

- Project conclusion: Complete an online survey to help us evaluate the project.
  - Students
  - Training Programs
  - Nursing Homes

Media Campaign – April 9th

Highlight the program and rewarding aspects of working as a nurse aide caring for Wisconsin's elders and people with disabilities:

- TV and radio ads
- Social media advertising

PIGORSCH • MEDIA DESIGN

How would this look?

- Potential student would hear about the program through a number of routes from the media campaign.
- Campaign would direct people to a DHS website (www.wiscaregiver.com).

How would this look? (continued)

- Website will be interactive to help potential students decide what options they have for training and employment.
- Website will feature and link to participating training programs and nursing home employers providing the $500 retention bonus.

Workforce Solutions

DHS will host a series of webinars featuring nursing home staff and other experts in the field sharing their best practices for successful recruitment and retention of staff.

Workforce Solutions

- Monthly Webinars (1:30-2:30)
- https://connect.wisconsin.gov/wiscaregiver_career/
  - March 1 – Denise Boudreau-Scott, MHA, LNHA, Employee Engagement
  - April 5 – Jill Gengler, Colfax Health and Rehabilitation, Facility Recruitment and Retention, Best Practices
  - May 3 - TBD
  - June 7 – Anna Ortigara, RN, MS, FAAN, Peer Mentorship Programs
  - Other dates as to be determined

Timeline

- September 2017: Held recruitment webinars with technical colleges, nursing homes with approved NATPs, and nursing homes providing the $500 retention bonus
- November 9, 2017: Held implementation webinar for training programs
- January 2018: Completed the tracking program

Timeline (continued)

- January 18, 2018: Held implementation webinar for nursing homes
- February 1, 2018: Held 2nd Implementation webinar for training programs
- February 2018: Complete the interactive website

Timeline (continued)

- March 1, 2018: First day that students can register on the WCP website
- By April 9, 2018: Launch media campaign
- April 2018 through 2019: Conduct training, testing, hiring, retention
- March 2018 – December 2018 – Workforce Solutions monthly webinars

Website Demo

- **Website:** www.dhs.wisconsin.gov/caregiver-career/index.htm

Resources

- **Mailbox:** dhscaregivercareer@dhs.wisconsin.gov
- **Website:** www.dhs.wisconsin.gov/caregiver-career/index.htm

Resources (continued)

- **Student Recruitment:** http://wiscaregiver.com (not yet available)
- **Listserv:** https://public.govdelivery.com/accounts/WIDHS/subscriber/new?topic_id=WIDHS_430

Questions

LeadingAge Wisconsin

presents

The E Series:
Culture Driven Recruitment & Retention

Register at:
www.surveymonkey.com/r/TheESeries

March 14, 2018 Webinar	Energized Employees
April 16, 2018 Seminar	Exceptional Start
May 30, 2018 Webinar	Engagement
June 27, 2018 Webinar	Experiencing Orientation
August 1, 2018 Seminar	Enthusiasm from Day 1
September 12, 2018 Webinar	Exceeding Employee Expectations
October 24, 2018 Webinar	Evolving

Presented By

Denise Bordeau-Scott

Sponsored By

Select Rehabilitation

The E Series:
Culture Driven Recruitment & Retention

Sometimes it feels like the chicken or the egg dilemma. Which comes first: Recruitment or retention? We need to attract the right people for our culture so they stay and perform at their highest level. At the same time, we need to create organizational cultures where fewer people leave so we don't have so many open positions to fill.

Thankfully, there's no need to solve this dilemma as we'll be covering both important topics in The E Series: Culture Driven Recruitment and Retention! There is a tremendous opportunity to do things differently when it comes to retaining team members and attracting new people to our field, and we will explore all sides of the issues together.

Between the impactful interactions with those we serve and the connections with the caring people who work in our field, senior living can be an incredibly attractive place to work! Too often though, we don't tap into the benefits of working in our field or share what makes our individual organization unique. That will change once you participate in this series and take action on what you learn.

The E Series will feature five webinars and two full in-person training seminars.

LeadingAge™ Wisconsin
Better Services for Better Aging

204 South Hamilton Street
Madison WI 53703

Phone: 608-255-7060
Fax: 608-255-7064
Web: www.LeadingAgeWI.org
Email: Info@LeadingAgeWI.org

Presenter:

Denise Boudreau-Scott
President of Drive

Denise Boudreau-Scott is President of Drive, which helps aging services organizations improve the resident and staff experience, and the bottom-line, through more engaged leaders and employees.

A former nursing home and assisted living administrator, Denise co-founded and is chairperson of the New Jersey Alliance for Culture Change, a member of NAB's Nursing Home Exam Writing Committee, and a former board member of the Pioneer Network. She serves as an industry scholar for Cornell University's Institute for Healthy Futures.

Denise received her Bachelor of Science in Gerontology from the University of Scranton and her Master in Health Administration from Cornell University where she serves as a student mentor. She is proud to share that she started off her career as a dietary aide and nursing assistant.

Sponsor:

Select Rehabilitation
2600 Compass Rd
Glenview, IL 60026
Toll Free: 877-787-3422

Select Rehabilitation

Select Rehabilitation provides comprehensive physical, occupational, and speech therapy services to patients in Wisconsin and hundreds of locations across 32 states. Select also partners with clients to provide expertise in regulatory and reimbursement issues with an emphasis on patient-focused, outcome-driven services. As an associate member and sponsor, Select Rehab has been a very strong supporter of LeadingAge Wisconsin, both at the national and state level. Nationally, Select presented on employee wellness and its positive effect on workforce issues.

10:00 a.m. to 11:30 a.m.
Wednesday, March 14, 2018

Energized Employees: Thank Goodness It's Monday!

Session 1
90 Minute Webinar

This webinar will be recorded.

Use your culture for a competitive advantage! The absolute best way to find the "right" employees and keep them is to effectively demonstrate organizational culture before hire, upon hire and then throughout their many years of employment!

Organizational culture is the glue that holds teams together. It's what motivates employees to overcome challenges or succumb to them. It's the reason why employees want to, or don't want to, get out of bed to go to work in the morning! When an organization purposefully creates a culture that focuses on its greatest asset, its employees, the result can be a deeply engaged, hardworking, workforce that is passionate about the work that they do each day. Imagine employees exclaiming at the beginning of the week, "Thank God it's Monday" as they excitedly show up to contribute their gifts to the organization's goals!

From this session you will:

- Dive into the recruitment and retention issues plaguing our field.
- Recognize the importance of organizational culture and how it may be secretly hurting your ability to find the right employees.
- Act on tips that can be implemented immediately to assess your organizational culture, with the goal of increasing the talent pool and keeping your best team members.

8:00 a.m. to 4:15 p.m.
Monday, April 16, 2018

Exceptional Start: Assessing and Building Your Recruitment & Retention Program

Session 2
In-person Seminar

Thoughtfully choreographing every moment of your applicant and new hire's experience can create a loyal team member who is a raving fan of your organization. Ignoring these moments can start them on the path to disengagement and give you a group that's just looking to collect a paycheck.

In this full-day session, we'll give you everything you need to start building a best-in-class recruitment and retention program! We'll cover assessing your current practices, reviewing online and on site job applications, and interviewing dos and don'ts. We'll also dive into creating energizing job ads that stress must-have competencies, engaging interview questions that let you learn more about the candidate, and other best practices for attracting and interviewing that you can implement immediately.

From this session you will:

- Assess your organizational practices to find the bright spots as well as areas of greatest opportunity.
- Ensure your team members and residents are engaged in finding the right candidates.
- Reduce the number of employees you acquire from other providers and instead cast a wider net to attract more people to our field.

Glacier Canyon Conference Center
at Wilderness Resort
45 Hillman Road
Wisconsin Dells, WI 53965
Phone: 608-254-1020

10:00 a.m. to 11:30 a.m.
Wednesday, May 30, 2018

Engagement From the Onset

Session 3 90 Minute Webinar

This webinar will be recorded.

In this session, we will share specific actions to take once an offer has been made to your ideal candidate. How do you keep this newly found perfect person excited about coming to work for your organization and counting down the days until his/her first day?

We will help you focus on engaging new team members from the very start by demonstrating to them your exceptional organizational culture and values after the offer has been made. We will discuss how you can make even the mundane tasks of hiring fun, exciting, and uniquely yours!

From this session you will:

- Discover how to make hiring more efficient *and fun*!
- Self-assess your current processes, and evaluate gaps which need to be filled.
- Create new opportunities for sharing your organizational culture through stories, engaging residents, and inspiring employees.

10:00 a.m. to 11:30 a.m.
Wednesday, June 27, 2018

Experiencing Orientation: Beyond Policies and Paperwork

Session 4 90 Minute Webinar

This webinar will be recorded.

Orientation sets the tone for how team members will treat each other and those you serve. Is the experience an inspirational one that lives your company values or a day of signing mounds of paperwork and watching presentations that leave them with their head snoring on the table?

Invigorate your orientation for new employees by tapping into the wisdom of leaders, residents, and fellow team members. Learn the top ten must dos for orientation to illustrate your organizational culture being lived!

From this session you will:

- Champion the creation of magical moments for new employees.
- Incorporate the top ten must dos in your employee orientation.
- Score your current practices and learn simple steps you can take for creating a better orientation experience.

8:00 a.m. to 4:15 p.m.
Wednesday, August 1, 2018

Enthusiasm From Day 1: The First 90 Days

Session 5 In-person Seminar

Glacier Canyon Conference Center
at Wilderness Resort
45 Hillman Road
Wisconsin Dells, WI 53965
Phone: 608-254-1020

In this all-day session, we will define best practices for engagement that start on the new team member's first day, and carry throughout their first 90 days of employment. We will focus on the importance of onboarding employees in a way that connects people to organizational values, and each other rather, than fulfilling an arbitrary "probationary period". Your experience in the group will help you implement supportive practices to help new team members perform at their highest level as quickly as possible and lay the foundation for an engaged employee.

From this session you will:

- Map out the first 90 days for new team members.
- Focus on building a long-lasting bond with new team members.
- Identify ways to match current members of the community with new team members.

10:00 a.m. to 11:30 a.m.
September 12, 2018

Exceeding Employee Expectations: Building Coaching Relationships

Session 6 90 Minute Webinar

This webinar will be recorded.

Leaders must recognize the importance of developing deeper relationships with their team members, including ongoing, regularly scheduled coaching conversations. Coaching is an effective way to set expectations, discuss goals, create plans that drive results, as well as, overcome challenges. Coaching conversations are for focusing on strengths and are as important for your A players as they are for your struggling team members. When you develop a coaching relationship with each person, honest feedback is easier and praise is shared more freely.

From this session you will:

- Address the number one reason employees leave their organizations.
- Provide effective, positive, corrective, and developmental feedback.
- Create an on-going coaching plan, that include those difficult candid conversations.

10:00 a.m. to 11:30 a.m.
October 24, 2018

Evolving: Keeping People Performing at Their Best

Session 7 90 Minute Webinar

This webinar will be recorded.

When you hire the best, they will want to perform at their best. Yet, even the top players can become complacent or bored if they are not consistently challenged in their work.

In this final webinar of the series, we will discuss the importance of keeping team members engaged as well as how to personalize growth opportunities for each individual.

From this session you will:

- Utilize people's strengths to keep them engaged in their work long term.
- Discover the importance of growing team members through practices including: active involvement on committees, attendance at conferences, and encouragement of volunteering.
- Create checks and balances so a strong culture isn't just a program and never sizzles out.

The E Series is an educational opportunity designed specifically to help you address your workforce crisis. Through the generous sponsorship of Select Rehab, we are able to offer a packaged registration fee for the five webinars and two in-person seminars. Realizing the packaged program will not meet everyone's needs, we also offer registration fees for the different components of the series.

Fees

Registration Fee:

Package (Best Value) OR	Includes: All 5 webinars and 2 seminars (Sessions 1-7)	$350 for your facility plus $50 per person per in-person seminar (for each of the 2 seminars)
Webinars Only OR	Includes: All 5 webinars (Sessions 1,3,4,6,7)	$175 for your facility (no additional per person fee)
Seminar(s) Only	Includes: In-person seminars (Sessions 2 and/or 5)	$175 per person per in-person seminar

Register at: www.surveymonkey.com/r/TheESeries

LeadingAge

Expanding the World of Possibilities for Aging

LeadingAge PEAK LEADERSHIP SUMMIT

March 18-21, 2018
Washington, DC

LEADINGAGE.ORG/PEAK

Frequently Asked Questions

1. What are the dates of PEAK 2018?
2. Where is the event located?
3. What are the on-site registration hours?
4. How can I get a list of sessions?
5. What are the registration fees?
6. What is included with PEAK 2018 full registration?
7. How may I reserve a hotel room?
8. Who do I contact with registration questions?
9. I would like to register several people for the meeting?
10. I want to register online. Do I have to pay for my registration now?
11. How can I cancel my registration?
12. Can someone else attend in my place?
13. Will I receive a badge before the event?
14. What is the cost of the Gala? Where do the funds raised go to this year?
15. What is BaseCamp? Is there an exhibit hall this year?
16. What is PINNACLE? How is it different from CEMO?
17. I am working at one of the BaseCamp zones or kiosks. How do I register myself and other staff?
18. What is FaceAge Theater?

Q1: ***What are the dates of the PEAK 2018?***

A1: The meeting dates are March 18-21, 2018

Q2: ***Where is the event located?***

A2: Marriott Wardman Park Hotel

2660 Woodley Rd NW, Washington, DC 20008, United States

Telephone: 202-328-2000

Q3: ***What are the onsite registration hours?***

A3: Sunday, March 18, 2018: 10:00 – 6:30 p.m.
Monday, March 19, 2018: 7:00 – 5:00 p.m. (Gala Registration/table assignments open 2:00 p.m.)
Tuesday, March 20, 2018: 7:30 – 5:00 p.m.
Wednesday, March 21, 2018: 7:30 – 10:00 a.m.

On-site registration will be located in the Lower Lobby of the Marriot Wardman Park Hotel.

Q4: ***How can I get a list of sessions?***

A4: Please visit our website at www.leadingage.org/PEAK to view the session descriptions.
There will also be a PDF brochure to download if you prefer.

PEAK Education Program

Online brochure

Q5: ***What are the registration fees?***

REGISTRATION FEES
All fees are per person

	DISCOUNTED MEMBER FEES* (before Feb. 8)	MEMBER FEES* (after Feb. 8)	NON-MEMBER FEES
PEAK (SUN., MARCH 18 – WED., MARCH 21)			
Full PEAK–Provider	$885	$935	$1,135
Full PEAK–Business Firm (no daily)	$1,555	$1,605	$1,805
Daily PEAK–Provider (Mon./Tues., fee per day)	$454	$504	$704
Daily PEAK–Provider (Wed.)**	$230	$280	$480
Deep Dive Only (Sun.)	$209	$259	$459
Resident/Elder (Full or Daily)**	$99	$99	$99
Full Student (Sun. - Wed.)**	$199	$199	$199
Daily Student (Wed. only)**	$49	$49	$49
PINNACLE + PEAK (SUN., MARCH 18 - WED., MARCH 21)			
PINNACLE + Full PEAK- Provider (Sun. - Wed.)	$1,075	$1,075	N/A
PINNACLE ONLY (SUN., MARCH 18)			
PINNACLE Only (Sun.)	$525	$525	N/A

Cancellations must be received in writing by e-mail at PEAK@Showcare.com. If you do not receive acknowledgment within 2 weeks of sending your cancellation, please call the LeadingAge Registrar at (514) 228-3159 to verify receipt.

Cancellations will be processed according to the following schedule:

Cancellations received by:

February 8, 2018: Full refund less $125 processing fee
February 9 - March 2, 2018: 50% refund of registration fees paid
After March 2, 2018: No refund issued
Resident and Students - Full refund less $29 fee by February 8th (no refund after February 8th)
Great Minds Gala - non refundable

After the cancellation deadline, refunds may be considered in case of extenuating circumstances when submitted to LeadingAge at PEAK@Showcare.com. Approved refunds will be processed in the name of the original payer. Credit card refunds will be processed 4-6 weeks after the initial request. Check refunds will be processed 4-6 weeks after the event.

Q6: ***What is included with PEAK 2018 full registration?***

A6: Access to Workshop (Sunday), Education Program (Monday – Tuesday), BaseCamp (Monday - Tuesday), Lobby Day with Continental Breakfast (Wednesday).

Q7: ***How may I reserve a hotel room?***

A7: Hotel reservations can be made online at Leadingage.org/PEAK or contact the hotel directly at 202-328-2000 and ask for the LeadingAge room block.

Q8: ***Who do I contact with registration questions?***
A8: Showcare Event Solutions:

Email: PEAK@Showcare.com

Telephone: +1 (514) 228-3159

Q9: ***I would like to register several attendees for the PEAK Leadership Summit, is there a group registration method?***
A9: If you would like to register as a group, please visit www.leadingage.org/PEAK, click "Register" and then the "PEAK/PINNACLE" button, you will then be prompted to log in + choose one of the following:

I want to register myself.

I want to register a group.

I want to register myself and a group.

You will automatically be directed to the correct registration site.

Q10: ***I want to register online. Do I have to pay for my registration now?***

A10: You can pay by credit card online or indicate that you will be mailing a check. On the Summary page you will be able to send yourself a "Statement of Account" to include when you mail your check. Then send with your check to: LeadingAge Registrar, c/o Showcare Event Solutions, 1200 G Street NW, Suite 800, Washington, DC 20005-6705.
Q11: ***How can I cancel my registration?***

A11: Please send cancellations by e-mail to PEAK@Showcare.com or fax at +1 (514) 289-9844.

Cancellations must be received in writing by e-mail at PEAK@Showcare.com. If you do not receive acknowledgment within 2 weeks of sending your cancellation, please call the LeadingAge Registrar at (514) 228-3159 to verify receipt.

Cancellations will be processed according to the following schedule:

Cancellations received by:

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Q12: ***Can someone else attend in my place?***

A12: If you register and then are unable to attend, you may send someone in your place at no additional charge. Substitutions must be submitted in writing by March 2, 2018. After this date, all substitutions will be processed at on-site registration. Please e-mail PEAK@Showcare.com the full name, address, telephone number and e-mail address of the individual who will be replacing you, thereby authorizing the substitution to be made. If the original person has already received their badge in the mail, please follow the same steps when e-mailing PEAK@Showcare.com and have the substitute bring the original registrant's badge to hand in at the onsite registration desk.

Q13: ***Will I receive my badge before the event?***

A13: Badge will be mailed if you have registered and paid in full by February 9th. Please make sure to register using the address where you want the badge to be mailed.

Q14: ***What is the cost of the Gala? Where do the funds are raised going to this year?***

A14: The Great Minds Gala is a fundraising event, held in conjunction with the PEAK Leadership Summit that promotes public awareness for the need to improve care and support for people with Alzheimer's disease and other dementias, and those who care for them. More information and details about entertainment (as the info is released) can be found on the 'Great Minds Gala' web page which you can find at www.leadingage.org/PEAK.

Individual Tickets (non-refundable) - $300.00 per ticket

Table of 10 (non-refundable) - $3000.00 per table

Great Minds Gala has a required fee for all attendees. Sponsors of the Great Minds Gala will be contacted by LeadingAge with details on their ticket(s) or table(s). Tickets to the Great Minds Gala are non-refundable. Cancelled tickets are considered a charitable donation and are tax deductible.

A portion of the Great Minds Gala ticket is tax deductible. The amount in excess of the dinner and entertainment ($125 per person) is tax deductible. Please use your confirmation email as your receipt.

Any questions regarding the Great Minds Gala or inquiries for Sponsorship, please contact Cindy Yingling at cindy.yingling@integrace.org or at 410-970-2041.

*Q15:****What is BaseCamp?***

A15:This year Base Camp is open 2 days - it is not an exhibit hall. It is a newly-designed strategic networking space open on Monday, March 19th and Tuesday, March 20th.

BaseCamp is a central gathering place where top aging services leaders can engage in divergent thinking around challenges and opportunities facing the field. Organized around key strategic areas of interest, BaseCamp offers an opportunity to meet one-on-one with business leaders and colleagues.

The hall will be divided into zones and kiosks, with mini classroom settings so attendees can stop and explore. More information and a BaseCamp schedule will be posted online at www.leadingage.org/PEAK.

Q16: ***What is PINNACLE? How is it different from CEMO?***

A16: PINNACLE is an education and networking event designed specifically for leadership teams of provider multisite member organizations (not single sites or business firms).

PINNACLE (formerly known as the CEMO Annual Retreat) is now open to leadership teams of multsites vs. before it was open to only c-suite staff of multisites. The event provides a unique opportunity to reconnect with peers from across the country and gain insight from leadership experts outside the field.

The featured speaker is Bill George.

This event takes place Sunday, March 18th. *Registration for this event is subject to verification.*

- PINNACLE Networking Lunch: 11:30 am
- PINNACLE Executive Workshop: 12:30 - 5:30 p.m.
- PINNACLE Networking Reception: 5:30 p.m.

PINNACLE, the Great Minds Gala, and any other events require additional fees, even if your full PEAK registration has been provided complimentary by LeadingAge. The fee solely for the PINNACLE is $525 and will be invoiced upon verification of your multisite member status as well as your complimentary registration.

More information is at www.leadinage.org/PEAK/PINNACLE

PINNACLE Insert

Q17: ***I am working at one of the BaseCamp zones or kiosks. How do I register myself and other staff?***

A17. Please use the BaseCamp online registration form to register, and NOT the PEAK/PINNACLE registrant form. You will see a button on the 'Register' page at **www.leadingage.org/PEAK** which state 'BaseCamp' registration. If you have specific questions, please contact LeadingAge by email **sales@leadingage.org** or by calling 1-866-898-2624 Option 4.

Q18: What is FaceAge Theater?

A18. From the award-winning FaceAge video program, LeadingAge is proud to offer you an opportunity to experience what thousands of people are talking about. The FaceAge Experience weaves together interconnected chapters in which young adults (18–22) and aging individuals (65+) reflect on life while studying and describing one another's faces. The FaceAge Experience meets audiences through an immersive three-screen video environment, presenting a 56-minute loop of interconnected chapters built around these cross-generational encounters. The six chapters—Assumptions, Mask Deception, Memory, Mortality, What the Face Holds, and Being Seen—reveal a multi-dimensional view of aging. This series of intimate interactions challenges perceptions, fosters introspection, and builds acceptance, awareness, and cross-generational connections. No CE credits offered for this video program.