

Eva Arnold agreed to speak to the Board at the next meeting.

Presentation: Mr. Brian Shoup and Ms. Beth Wroblewski, Dementia Redesign Update & Federal Centers for Medicare and Medicaid Services (CMS) Waiver Update.

Speaking to the Dementia Care Redesign, Mr. Shoup detailed the Department's responses to the five listening sessions recently held around the state in order to further engage stakeholders. Sessions were well-attended, and input was gathered from community residents, providers in communities, and advocates speaking on behalf of persons with dementia. Mr. Shoup noted that, as an outcome, the training component of the Plan is being modified to also allow for training for families. The Department also hopes that a training module will be developed on crisis response and management, as deemed important by county APS units, law enforcement agencies and mental health providers across the state. Emergency detentions and commitments remain one of the focal issues of redesign, noting there to be a statutory requirement for every county to have a facility for emergent care, but also noting that most counties are presently out of compliance, often advocating that nursing homes are the places where these people belong. The team is investigating the concept that care may actually be best provided in places other than a nursing home, looking at the present CBRF structure as a potential resource, coupled with planning for these emergent care facilities to perhaps exist on a regional if not county basis. It was discussed that there are no new dollars at this point; therefore counties would need to absorb this as a county responsibility. Also discussed were initiatives such as the Music and Memory program, and the development of a registry of those who have earned a certificate (not legal certification) indicating they have successfully completed the offered Music and Memory training.

Ms. Wroblewski detailed the Department's proposed Transition Plan relative to the CMS-mandated changes to the federal Section 1915(b)(c) waiver programs. These are currently Medicaid Home and Community-Based waivers, giving MA eligibility and services to persons in community versus institutional settings. In Wisconsin, the Family Care and Include, Respect, I Self-direct (IRIS) programs largely deliver those services, as do the Community Options Program (COP) and the Community Integration Program (CIP) in non-Family Care counties. CMS issued final rules this year mandating states to redefine "community," applying criteria to make sure that the waivers are being used appropriately and are not just creating a different kind of institutional care. WI has historically been very community-focused when compared with other states, but these mandates do enable some adjustments made to some services in this state's long term care programs. States have a little less than 5 years to enact their Transition Plans, showing full compliance in the new rule. The proposed Transition Plan is available on the DHS website, and is currently most specific to Family Care, but does encompass some of the required changes for the other waivers at this point. The proposed Plan hopes to create many efficiencies in administration and eligibility, and also addresses financial requirements that might better enable persons with modest incomes who are over the eligibility limits, but who are still considered "medically needy." The Plan also adds some proposed services such as training for unpaid caregivers, consultative services for both paid and unpaid caregivers and peer recovery supports for persons with mental health and AODA challenges. The Plan also makes some adjustments to current services, including prevocational services, supported employment and vocational futures planning.

Presentation: Ms. Cindy Ofstead and Mr. Jim Schmidlkofer, State Plan Overview

Ms. Ofstead discussed the State Aging Plan in terms of not only being required under the Older Americans Act, but also as an opportunity statewide to look at the critical areas that impact healthy aging and quality of life in communities. The basic framework dictates that the Plan must cover everything that is federally-funded, but may also lend itself to emphases thought to be important as a state and reflective of county and tribal interests.

Every county and tribal aging office is asked for input into the plan, with the expectation that they will ask their constituents. Other aging organizations are surveyed, and their data is reviewed to see what may already be known. The implementation of a State Dementia Plan is a stated goal for the State Plan that is under development, extending to the establishment of age/dementia-friendly communities, impacting quality of life and intergenerational integration. Ms. Ofstead went on to discuss the interconnectedness of the Office on Aging and BOALTC in almost all realms of the State Aging Plan. From a Board on Aging and Long Term Care perspective, Ms. Bruemmer detailed some aspects of the plan pertaining to the SHIP program and the integration of volunteers, as well as the Medigap Program's management of the intake line and outreach. A brief review of the ombudsman program's goals indicates that goals are presently being successfully met, but notes the pressures arising from the increasing frequency of serious complaints regarding assisted living facilities. Discussion ensued regarding how to identify when persons living in communities appear to be potentially in need of greater services in order to prevent crisis, noting many persons to enter "systems" via the nutrition programs. Ms. Bruemmer commented on the federal site visit recently held, during which Kathleen Votava complimented Wisconsin for its effectiveness in meeting goals, building and maintaining effective relationships, working from a united stand on behalf of the state's older adults.

Volunteer Services Update, Ms. Miller, Volunteer Services Supervisor

Ms. Miller introduced Volunteer Ombudsmen Cheryl Kramer and Jerry Hisgen, and thanked them for their service. Ms. Kramer noted that there is much to appreciate about the nursing home where she volunteers. She saw the volunteer opportunity in the AARP bulletin, and finds the experience to be rewarding and unique. Dr. Hisgen echoed Ms. Kramer's appreciation not only for the experiences that he gets in his nursing homes, but also for the support that he receives from the BOALTC staff. Dr. Hisgen saw the ad for a Volunteer Ombudsman in a weekly insert of his local newspaper.

Ms. Miller noted that recruitment efforts are underway all over the state, noting also that 2 new counties of coverage have been added to the program, and some formerly-retired volunteers have returned to the program.

Volunteers continue to get updates on pertinent issues, and meet periodically for informal conversations aimed at updating information. Ms. Miller will be meeting with the DQA Regional Directors in the fall to talk about the Volunteer Program.

Legislative Updates, Mr. Bill Donaldson, Counsel to the Board

Mr. Donaldson noted there have been no changes in the bills presented at the last Board meeting. He noted that he had recently responded to an inquiry related to a Board position statement drafted several years ago regarding surrogate decision-maker relationships. Mr. Donaldson has recently revised this document and drafted another position statement relating to the rights of a ward under guardianship to refuse certain medical treatment. The positions were presented to the Board for their consideration and will be voted on at the next BoD meeting. In discussion with the management staff, it

was suggested that perhaps these position statements, if approved, should be put on the website, as public documents.

Ombudsman Services Update, Ms. Marheine, Ombudsman Services Supervisor

Referencing her report, Ms. Marheine discussed the ongoing work of the ombudsman staff relative to the increasing issues particularly in assisted living facilities. Complaints regarding care and treatment, staff attitudes and access to adequate services have increased significantly, and appear to be of a very serious nature, many involving persons who have experienced trauma as a result of lapses in care. Assisted living closures continue to occur for various reasons, and relocating residents continue to be monitored closely for signs of transfer trauma. Education to providers, and often to MCO staff affiliated with a specific assisted living case, are increasing, particularly in areas related to allowing residents' choice in their care plans and where they will live, but also regarding the boundaries of surrogate decision-makers.

Ms. Marheine led a brief discussion of Immediate Jeopardy cites, and also briefly discussed the status of Special Focus Facilities in WI.

Ms. Marheine noted that two new ombudsmen were hired in July, one hired specifically to fill a part time position serving the members of the VA Home at King.

Medigap Helpline Update, Ms. Vicki Buchholz, Medigap Helpline Services Supervisor

Ms. Buchholz provided information on outreach efforts with Tribal Benefit Specialists and Elder Benefit Specialists, noting potential opportunities for increased communication as well with the Disability Benefit Specialists. Referencing her report, Ms. Buchholz provided data about the Medigap Program's casework, indicating that volume is at such a pace as to go beyond that noted in the last year. Ms. Buchholz has been invited to work with the Information & Assistance specialists thru AIRS trainings. The Part D volunteer component is moving forward. Staff are meeting with Interfaith in Milwaukee in order to secure senior center locations for places where volunteers can meet with older adults, access forms, etc., in order to run Plan Finders. The new database system should be in place before the Annual Enrollment Period, which will enable better tracking of records and interactions, with ability to timely upload program reports to CMS.

Comments from the Public: No comments from the public were received.

Administrative Report: Ms. Heather A. Bruemmer, Executive Director

Ms. Bruemmer reported that the Silver Alert bill has passed, and the ombudsmen have signed up to receive the alerts, should an older adult become the subject of an alert.

Ms. Bruemmer recognized Dr. Taylor's efforts with the Music & Memory project, and thanked him for his efforts on behalf of this state's older adults living in nursing homes.

Ms. Bruemmer noted the agency to be on track financially, noting FY 2014 has now closed. The 2015-2017 biennial budget is well underway; areas of focus, with the Board's approval, are support to the Ombudsman Program and support to increase the bandwidth in the Central Office. M/S/C

Bechtel/Meyer to authorize Ms. Bruemmer to move forward with articulating the needs of the program in the next biennial budget.

The Consumer Voice Conference will be held in Arlington, Va. in November, with a planned visit of the attending State Ombudsmen to Capitol Hill in Washington, DC to speak personally with legislators. Permission to attend and participate granted; M/S/C Arnold/Meyer.

Ms. Bruemmer noted that the agency is tracking Family Care expansion in northeastern WI, as well as proposed expansion in Rock County.

All Congressional staff received letters regarding this agency's concerns related to sequestration; responses were received from Sen. Baldwin and Rep. Ryan.

OSER has approved the agency's Affirmative Action Plan; all staff will receive AA in-service training next year per the agency's schedule. All managers are required to take Affirmative Action and diversity training at intervals.

Ms. Bruemmer reported on her presentation in Washington, DC on issues related to managed care and language access, as requested by the National Senior Law Center, and hosted by AARP and the National Senior Law Center.

Ms. Bruemmer discussed an initiative of interest at the Wisconsin Aging Network. An area Senior Center director is offering a proposal relative to the development of a long term care investment fund, enabling persons to contribute individually, similar to the function of a retirement or health savings account. This might enable persons to use these dollars to support long term care options potentially not covered either by health plans or by individual resources. The Board on Aging has been requested to participate on an advisory board, though at this point it is thought that this could potentially be a conflict of interest, though the agency may remain supportive of the concept.

Management staff will speak in detail at the next Board meeting about the depth of work in each program.

New Business: No new business was brought before the Board.

Next Meeting Date: November 12, 2014

Adjournment: Meeting adjourned at 2:40 pm; M/S/C Arnold/Brooks

Respectfully submitted,
Kim Marheine, Recorder