

Board of Directors Meeting
Board on Aging and Long Term Care
Virtual Meeting via Blue Jeans
February 10, 2021

This meeting was held virtually over Blue Jeans in consideration of Public Health Emergency, Governor Evers' Executive Orders #104 and #94, "Stop the Spread" guidance and Emergency Order #12 of Public Health Madison & Dane County.

Chair Tanya Meyer called the meeting to order at 9:00 am. It was noted that this meeting was properly noticed under the Open Meetings Notice law.

Members Present: James Surprise Dr. Dale Taylor Barbara Bechtel
Tanya Meyer Michael Brooks Abigail Lowery
Dr. Valerie Palarski

Staff Present: Heather Bruemmer Kellie Miller Vicki Buchholz
Jessica Trudell Vicki Tiedeman Kim Marheine
Jamie Fawley Casey Beilke Erin Bleck
Shawn Fish Gina Singletery Linda Dobbratz
Jennifer Safka

Guests Present: Matthew Capaul, Procurement Specialist, Department of Administration
Cory Stinebrink, Budget Analyst, Department of Administration

Agenda: Approval of agenda as submitted M/S/C (Taylor/Surprise)

Minutes: Minutes of the October 28, 2020 board meeting were approved as presented M/S/C (Taylor/Surprise)

Equity and Inclusion Plan:

Jessica Trudell, Counsel to the Board, presented the agency's Equity and Inclusion Plan for 2021-2023.

- Governor Evers signed Executive Order #59 to address state government's commitment to principles of equity & inclusion in our Affirmative Action plans.
- All staff were required to complete online training designed to help employees better understand diversity, equity and inclusion concepts.
- The BOALTC plan was approved by the Bureau of Equity and Inclusion.
- The plan affirms our commitment to compliance with state and federal law and principles of equity and inclusion without regard to race, color, sex, religion, national origin, age, sexual orientation, gender identity or expression, disability, military/veteran status, genetic information, or marital status.
- The plan strives to
 - ensure underrepresented groups thrive at BOALTC
 - reinforce a truly inclusive organizational culture, and

- hold employees accountable to a standard that values dignity through respectful dialogue.
- Goals were created in the areas of recruitment, retention and culture and include: 1) addressing hiring disparities in underutilized job classifications, 2) addressing and promoting professional development, leadership training and mentorship, 3) identifying any agency culture barriers and biases to equity and inclusion.
- Implementation and monitoring of the plan will be done by the BOALTC Equity & Inclusion officer with the assistance of DOA Human Resources.

Program Updates:

Otis Woods, Administrator, Division of Quality Assurance (DQA), Department of Health Services

Division of Quality Assurance Updates

- All DQA staff are in remote work status
- Bureau of Assisted Living had a very busy year licensing and surveying residential facilities
 - 64,000 beds and continues to grow
 - There are discussions on future DQA oversight
 - Encourages Providers to use online process to renew license
 - Utilizes the Pandemic Assisted Living Survey (PALS) to gather data
 - Central Licensing is working on webinar for potential Providers
 - Possible strengthening of regulations for medical issues
 - Realizes the need for universal infection control
- Bureau of Nursing Home Resident Care has had a tough year due to the Public Health Emergency
 - All staff visits since March 2020 have stopped
 - Staff need proper Personal Protective Equipment (PPE) to resume visits
 - Staff are preparing to return to nursing homes, most likely in March

Volunteer Services Update, Ms. Miller, Volunteer Services Supervisor

Six formal nominations have been submitted for the 2021 Louise Abrahams Yaffe Volunteer Ombudsman Program Award. The Executive Board members will review the submissions and make their selection for one Volunteer Ombudsman to receive the prestigious award and recognition. The 2021 recipient will receive their award when we can safely meet in person.

The VOP staff and volunteers continue to embrace the virtual communication to stay connected to each other. Several volunteers are practicing Skype, TEAMS, and other approved platforms with their Volunteer Coordinator individually and with others for small group face to face updates. The free conference calls for large groups are conducted monthly in all regions. Calls are well attended and appreciated by the volunteers.

February in-services are being conducted virtually in all regions by the Volunteer Coordinators for the Volunteer Ombudsmen. Seven in-services with guest presenters from Rock County presenting on “Communication and Dementia” will be available for the Volunteer Ombudsmen to attend. We would like to thank Ms. Julie Seeman, Family Caregiver Support Specialist Rock County Council on Aging, and Ms. Cori Marsh, Dementia Care Specialist of Rock County for their time and expertise.

The Volunteer Coordinators are making monthly phone calls to each nursing home in their region. The calls are intended to help keep the professional connection, provide resources and to let the residents know that the services of Volunteer Ombudsman Program are still available to them. Many of these calls with the nursing home administration have been instrumental in providers implementing and maintaining monthly virtual resident council meetings. The participation in the virtual meetings by the Volunteer Ombudsman and the Volunteer Coordinator are consistent with the Volunteer Ombudsman Program expectations and goals.

The VOP has participated in over 50 virtual resident council meetings since August of 2020. Many of the nursing homes still have not participated in conducting virtual resident council meetings, but the few that do continue to use a variety of collaborative methods for organizing the meetings. While many of the Volunteer Ombudsmen can participate in virtual resident council meetings, several Volunteer Ombudsmen do not have the resources to participate. The meetings that are conducted are becoming much more interactive by using an iPad or laptop allowing the residents to see the volunteer and the volunteer can see the residents. The virtual meetings have been very well received by the residents who have participated. It has been reported that residents perk up when they see or hear their Volunteer Ombudsman on the line. Residents also feel they can share their concerns about beverages, food, and loneliness with the volunteer during the meetings.

We have had a few volunteer ombudsmen retirements since last report, leaving 89 volunteers on the program rosters. There are 83 Volunteer Ombudsmen in the assigned category and six Volunteer Ombudsmen that were trained and not yet placed in their assigned facility due to the pandemic. Volunteers who have not been placed are participating in some calls and in-services but are not able to participate in the virtual resident council meetings.

The Volunteer Ombudsman Program has had 30 plus people inquire about becoming a potential volunteer since the beginning of 2020. Many have returned the required paperwork to begin the screening process. A few have moved forward and with the approvals soon to be in place they will be able to attend selected virtual in-services provided by the program.

The Volunteer Ombudsman Program participates in weekly Department of Health Services (DHS) /Division of Quality Assurance (DQA) webinars, weekly Consumer Voice Webinars, and other webinars related to our work. We have also invited the Volunteer Ombudsmen to participate in relevant webinars.

The Volunteer Ombudsman Program developed and completed a special 2020 holiday project that was very well received and appreciated by the volunteers.

Legislative and program updates, Ms. Trudell, Counsel to the Board

Ms. Trudell reported on the following:

Program support

A lot of work continues to be focused on the pandemic and COVID-19 related changes and response. I continue to support and advise our three programs as well as assist the Executive Director as needed:

- Review policies and procedures
- Onboarding new staff
- Memorandum of Understanding/Agreement reviews
- Records Officer meetings

Legislation

Coronavirus

Counsel provided updates on the Governor's Executive Order #104 and #105 as well as the status of AB1.

Long-term care survey and facility oversight staff were included in 1a vaccine priority. Long-term care residents are in 1a vaccine priority, with nursing home vaccines administered first for staff and residents. IRIS and Family Care members and those age 65 and older are included in the 1b vaccine priority group.

Elder abuse and exploitation bills

Re-introduction of bills from prior legislative session. These bills originally came out of a former Attorney General's Task Force on Elder Abuse. These have been discussed at past Board meetings.

- SB17. Increases penalties for crimes against elder persons (over age 60); allows elder person seeking restraining order to appear by video instead of in-person; would allow freezing assets of a defendant charged with financial exploitation of an elder person; increased penalty for sexual assault of an elder person; creates crime of physical abuse of an elder person. Referred to Committee on Judiciary and Public Safety.
- SB18. Expediting criminal proceedings when a victim or witness is an elder person and preserving the testimony of a crime victim or witness who is an elder person by allowing recorded testimony that is later admissible in court. Referred to Committee on Judiciary and Public Safety.
- SB19. Financial exploitation of vulnerable adults; allows financial service providers to refuse or delay financial transactions when there is reasonable belief that financial exploitation of a vulnerable adult is occurring. Relieves financial providers of liability in certain situations for delaying transactions or refusing POAs when acting based on a reasonable determination of financial exploitation. Referred to Committee on Financial Institutions and Revenue.
- SB20. Financial exploitation of vulnerable adults with securities accounts, allows brokers and investment advisers to delay transactions or disbursements when financial exploitation of a vulnerable adult is suspected; increases penalties for securities violations against vulnerable adults. Referred to Committee on Financial Institutions and Revenue.

Pharmacy Benefit Managers

SB3. Requires pharmacy benefit managers to be licensed with the commissioner of insurance or have an employee benefit plan administrator license. A pharmacy benefit manager contracts to administer or manage Rx drug benefits on behalf of an insurer or entity that provides Rx drug benefits in WI. Would grant the commissioner rule-making authority regarding licensing. Referred to Committee on Health.

Federal:

House and Senate approved resolutions to begin COVID-19 relief package through budget reconciliation so legislation can be passed by a simple majority in the Senate. This does include instructions for targeted funding for Medicaid home and community-based services (HCBS). More COVID-19 vaccines have been ordered. Vaccines are also going to be shipped directly to pharmacies. The public health emergency has been extended again by HHS and is expected to be extended through all of 2021. This allows for continued funding to go to the states for things like COVID-19 testing and vaccinations.

Open enrollment under the Affordable Care Act/marketplace was re-opened by the Biden Administration for new enrollment dates of February 15, 2021 through May 15, 2021. March 31st is the deadline for the Medicare Advantage Open Enrollment period.

Conflicts of Interest

Conflict of interest (COI) screenings were conducted this year starting in January. COI forms are sent to all staff, management, volunteers, and Board Members. A remediation form is required for any conflict of interest. The remedy and COI forms are approved by the State Ombudsman/Executive Director.

Training

100% completion of agency required trainings: Public Records, Moving Beyond Compliance and Respectful Workplace. New staff are also now required to complete a training on IT Security. We now have Cornerstone for e-learning which is more user-friendly and has a better tracking mechanism for staff and supervisors. Monthly offerings on different topics are available.

IDEAS Committee

Federally required Affirmative Action Committee for DOA. We are part of IDEAS as an attached agency. We are not required to have our own committee as we are under 50 employees. DOA and other attached agencies and Boards participate. Good way to stay connected to Equity & Inclusion topics within the state and assist me as the Equity & Inclusion officer. Currently working on trainings and bringing in speakers. The committee meets monthly.

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

Ms. Buchholz reported on the following:

Call Volumes: Call volumes from the Medigap Helpline from January through December 2020 was 10,658 compared to 2019 count of 12,097. The decline could be a result of all counselors working remotely and the reduction in outreach events. Medigap Intake does go into the office to answer calls live to ensure callers will get the assistance they need. High points of the report include the numbers of assessments that have been exported to Administration for Community

Living at 11,404 which reflects calls that contain a couples counseling session. Interesting to note that the calls have been increasing in time with the average call being 36 minutes compared to 33 minutes from 2019.

Covid-19: Covid-19 concerns continue to be one of the issues reported by counselors. For 2020, counselors have had counseling contacts with 487 persons who were impacted by Covid-19 in some manner. Loss of employer coverage continues to be an issue. Vaccinations and coverage of medical treatment/testing are other common issues.

Complaint Tracking Module (CTM): Erroneous enrollments into Medicare Advantage plans or Prescription Drug plans is a frequent issue. Some cases complaints are filed through the Complaint Tracking Module (CTM) program so CMS and the plan may correct the situation. For 2020, 17 CTM's were filed: 3 CTM's for retroactive disenrollment from Part D due to having SeniorCare, 12 CTM's, for enrollment/disenrollment issues, and 2 filed CTM's were not found in the beneficiary's favor. This could be because drug prices are based on different NDC numbers for pricing differences. Another cause could be the beneficiary failing to open their mail to understand the changes for the new year. 3 CTM's have already been filed for 2021 with 2 found in favor of the beneficiary.

Outreach: This has been a year of learning new technologies for the outreach efforts. Counselors have completed 31 outreach events in 2020. They included 2 live presentations and one live informational booth in January, after that a total of 49 events were cancelled/postponed into 2021. This includes 4 press releases which counselors have provided. Virtual events included trainings for other advocates/professionals and events hosted for consumers throughout the state. We have completed our first video for a virtual event in Milwaukee and are planning several more.

Trends:

Federal Marketplace: ACA has announced there will be a new SEP because of Covid-19 to allow persons who do not have coverage or who need coverage to switch or add coverage with no questions asked, from Feb 15th through May 15th.

Health Partners Cost Plan: Previously it was announced that they had dropped their prescription coverage at the end of 2019, and then later they announced that all members needed to reenroll into their coverage due to some issues with the prior change. Beneficiaries were also given Guarantee Issue to go into other coverage or Special Enrollment into another Advantage plan. However, some members did not get this notice and found themselves without coverage. HP is very helpful with those beneficiaries and sending advance notice to Medigap/OCI as well.

OCI Announced \$4 Million Recovered: In 2020 OCI announced they had helped Wisconsinites recover close to \$4 million through their complaint process. Medigap Counselors send consumers to OCI to file complaints if it involves premium issues, claims not covered, and other issues.

No Surprises Act: Recently signed into law, this Act will ban balance billing from medical providers. Slated to begin in 2022, this will eliminate added charges a person gets from an out-of-network provider if in a case of emergency care, receive air transportation, obtain out of

network services from an in-network hospital such as lab work, anesthesiologist, or even doctor costs. This is to help avoid the “surprise” billing some services bring.

CTM Success: A beneficiary enrolled in an Advantage plan applied for Medicaid. He was eligible for the Family Planning Medicaid program but the MARx system listed him as full Medicaid resulting in no copay Max to be imposed so the beneficiary was billed for costs exceeding the plan's max for several years. After 3 months of our help, the cause of the error was determined, and all claims have been resubmitted for years 2018 thru to mid-2020 when our help was requested.

Ombudsman Services Update, Ms. Marheine, Ombudsman Services Supervisor

Ms. Marheine reported on the following:

Clarifying information was provided in response to questions from an earlier presentation about the agency's Equity & Inclusion Plan.

All ombudsman vacancies have been filled, and all new staff are presently onboarding in 2 cohorts. All onboarding is presently being accomplished via virtual means, and staff in the first cohort are beginning to manage some client calls with oversight.

Intake numbers have continued to be high, both in terms of persons calling the 800 line as well as submitting complaints via the website's Inbox. The Intake Specialist is now spending two days per week in the office to begin taking more calls “live.”

Monitoring of quality-of-life complaints and protections for the agency's clients impacted by restrictions imposed due to the pandemic continue to be among our most urgent. The availability of the vaccine for all nursing home and assisted living residents has brought to light new concerns, primarily how to continue to ensure the rights, health and safety of those residents who decline the vaccine and those who live around them. The agency's leadership staff continue to collaborate with DHS and DQA staff to share new information and findings as the pandemic response continues to evolve.

On the managed care side this agency is receiving complaints about and monitoring changes to the rate setting methodologies recently enacted by managed care organizations.

Facility closures remain challenging, though with some recent resolution of a positive nature due to successful changes in ownership that have stayed the relocations of some residents with particularly complex needs.

The agency's annual report to ACL has been submitted for review and verification. Sixteen Immediate Jeopardy cites (as compared to 20 in the previous reporting period) have been noted since the October board meeting.

Administrative Report and Program Updates: Ms. Bruemmer, Executive Director/State Ombudsman

Ms. Bruemmer reported on the following:

Financial updates and Personnel:

- Our agency financials are on track for the quarter and we able to meet the required lapse of \$115,000 for the FY2021 budget. We are on track to provide this amount by June 30, 2021.
- The State Ombudsman was notified by the Administration for Community Living (ACL) about a grant for Long-Term Care Ombudsman Programs. The grant is titled: Coronavirus Response and Relief Supplemental Appropriations Act of 2021 which will be used to enhance capacity of Long-Term Care Ombudsman Programs to respond to complaints of abuse and neglect of residents in Long-Term Care facilities during the COVID-19 Public Health Emergency. The State Ombudsman will work with the Department of Health Services Bureau on Aging to complete a "Letter of Assurance" to submit to ACL to receive grant dollars.
- The Agency has utilized CARES ACT dollars to purchase personal protective equipment and supplies, and technology for the Ombudsman Program to assist with their work. We are working with a media company to enhance our website, and outreach strategies to increase our programs visibility in the state.

Program updates:

- The ED has been appointed as the Patient Care Ombudsman by the Honorable Catherine J. Furay, from the United States Bankruptcy Court for the Western District of Wisconsin, to monitor six assisted living facilities. The ED has toured all six virtual tours and resident visitations monthly. A sixty-day report will be submitted to the courts by March 1st. Patient Care Ombudsman work will be monitoring the homes for the next three years according to the court documents.
- The ED is serving on the "Dementia Summit" steering committee. She is actively engaged co-leading the facility-based subgroup. The meetings are all virtual and the activity and involvement has increased these past couple of months.
- The ED was appointed to serve as Chair of the Long Term Care Advisory Council until 2022. The ED will meet with the interim Secretary of Health Services February 12th to provide an agency update and February 16th to discuss the Long Term Care Advisory Council and its charge.
- The Department of Health Services FOCUS Conference was November 18-19, 2020 and the entire Ombudsman Program staff were able to attend virtually.
- The ED is working on a reentry plan for our long term care homes and community based services.

Comments from the Public

Comments were heard from 2 individuals

- Expressed personal gratitude for the work the agency does.

- The Council on Physical Disabilities reported that they have updated their Emergency Preparedness Plan due to the pandemic.

New business: No new business.

Next Board meeting date: May 12, 2021

Adjournment: Meeting adjourned at 12:30 pm M/S/C (Lowery/Taylor)

Respectfully submitted,
Vicki Tiedeman, Recorder