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## e-News

**January 26, 2012**  
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## Public Policy Update

### **LeadingAge Wisconsin Legislative Agenda Set for 2013-15**

LeadingAge Wisconsin members met last week to discuss long-term care (LTC) policy initiatives as part of the initial step in developing the association's legislative agenda for the 2013-15 biennium.

The Public Policy Forum, which was open to all LeadingAge Wisconsin members and subscriber members, was held January 18<sup>th</sup> in DeForest and was hosted by the Legislative & LTC Reimbursement Committee and the LTC Managed Care Committee. The Forum covered a wide array of topics, ranging from the recall elections, Medicaid program changes, Family Care, assisted living oversight and federal issues to the

development of a LeadingAge Wisconsin legislative agenda for 2013-15.

With only 12 session days remaining in the 2011-13 legislative floorperiod, which is scheduled to conclude March 15<sup>th</sup>, it was determined that our legislative agenda should focus on the upcoming 2013-15 legislative session, which will begin January 7, 2013. (NOTE: Unless the Legislature calls itself into extraordinary session or the Governor calls the Legislature into special session, any bill introduced during the 2011-13 legislative session which fails to pass both houses of the Legislature in the same form by March 15, 2012 is dead for this session and would have to be re-introduced in the 2013-15 legislative session).

After a free-flowing discussion on numerous LTC-related issues, Public Policy Forum participants recommended the following initiatives be considered part of the 2013-15 LeadingAge Wisconsin legislative agenda:

- **Return of the nursing home bed tax “skim”** – According to an analysis of national Medicaid nursing home deficits for 2009-10 conducted by Eljay, LLC, a national accounting and consulting firm, the average Wisconsin nursing home receives a Medicaid reimbursement rate which is \$41.13 per day less than the costs that facility incurs to treat its Medicaid residents, making Wisconsin’s MA nursing home reimbursement system the second worst in the country (New York State, with a daily Medicaid deficit of \$42.48, has wrested the dubious distinction of being #1 from Wisconsin). To make matters worse, in 2010-11, \$78.2 million of the \$90 million generated by a more than doubling of the nursing home bed tax (from \$75 per licensed bed per month to \$170 per licensed bed per month), or 87%, was “skimmed” by the State to fund the Medicaid base and was not used to increase Medicaid reimbursement rates for the nursing homes which generated this revenue. **The Public Policy Forum recommended that the bed tax “skim” be returned to nursing facilities to provide the funding necessary to reduce the State’s average \$41.13 per day Medicaid nursing home deficit to the average national Medicaid deficit of \$19.55 per day.**
- **Support legislation authorizing the creation of a nursing home formulary** – 2011 Assembly Bill 40, the 2011-13 budget bill, contained a provision which would permit therapeutic alternate drug selections (“formularies”) to be made by a skilled nursing facility or an ICF-MR in accordance with such a facility’s guidelines or procedures and without the current requirement for approval from a resident’s physician or advanced practice nurse prescriber. The provision was removed from the budget bill by the Joint Committee on Finance because it was determined to be a non-fiscal policy item.
- **Opposition to 2011 Senate Bill 244/Assembly Bill 345** – Both bills would rescind the LTC tort reform provisions that were contained in 2011 Wisconsin Act 2, which, among other things, applies a \$750,000 cap on noneconomic damages on awards for an injury or wrongful death caused by the negligence of a LTC provider and shields incident reports and health care reports from use in civil or criminal action against a LTC provider. Both bills also would prohibit mandatory arbitration clauses in LTC admissions agreements and greater transparency in voluntary arbitration agreements: Forum participants recommended that no position be taken on the arbitration provisions contained in SB 244/AB 345.
- **Support for modifications of the Chapter 150 nursing home bed cap/moratorium and bed transfer requirements** – Forum participants recommended that the Chapter 150 nursing home bed cap/moratorium and bed transfer provisions be maintained but that the nursing home reimbursement formula be modified to permit facilities to place beds in “restricted use status” for an indeterminate period of time. Under this proposal, “restricted use” beds could be activated with a 12-month notice to the Department of Health Services (DHS) and would not be subject to the nursing home bed tax.

- **LTC Integration** – Since the 1996 publication of *Long-Term Care Redesign: WAHSA's Vision of a New System*, the Association has supported the creation of a LTC delivery system which integrates acute, primary, long-term care, and supportive services as a means to provide, finance, and manage the health and long-term care needs of residents, tenants and clients. **Forum participants continue to support the concept of LTC integration; however, they do not support proposals that would mandate the current Family Care Managed Care Organizations (MCOs) be responsible for managing a risk-based, fully integrated acute, primary and long-term care system within a specified period (e.g., 2-3 years).** Members opposed giving the existing MCOs responsibility for managing an integrated delivery system because they are concerned the MCOs lack the knowledge, experience and professional resources to successfully assume this added responsibility.

The above recommendations of the Public Policy Forum were reviewed by the LeadingAge Wisconsin Board of Directors at their January 19<sup>th</sup> meeting and were adopted unanimously. The details of these recommendations will be developed further throughout the year in preparation for the 2013-15 legislative session.

### **And Now the Fun Begins (or Does It?): the Recall Elections**

The fact that recall organizers were able to deliver the requisite 540,208 petition signatures to recall Governor Scott Walker by the 5:00 p.m. deadline on January 17<sup>th</sup> was not surprising; the fact that they delivered over one million signatures, however, was.

United Wisconsin, the organization formed to recall the Governor, last week delivered paper petitions that weighed approximately 1.5 tons in a rental truck to the office of the Government Accountability Board (GAB) two blocks off the Capitol Square in Madison. In addition to the over 1 million petition signatures seeking recall of the Governor, United Wisconsin delivered petitions with 845,000 signatures to recall Lieutenant Governor Rebecca Kleefisch (540,208 signatures are required for a recall) and more than 20,500 signatures a piece in recall efforts against 4 Senate Republicans: Senators Pam Galloway (R-Wausau), Terry Moulton (R-Chippewa Falls), Van Wanggaard (R-Racine) and Senate Majority Leader Scott Fitzgerald (R-Juneau). State statute requires petition signatures equal to or greater than 25% of the total vote cast in the last election for a given seat to be collected as a prerequisite for a recall election: the required number of signatures in the 4 Senate races ranges from 13,500 to 14,500 signatures.

Now that the signatures have been collected, they must be validated. That process began on January 18th, when GAB employees and volunteers began to scan the petitions into computers. As of Monday afternoon, all the recall petitions of the 4 State Senators had been scanned; however, 89,300 pages of petitions targeting Governor Walker had been scanned, leaving 63,000 pages to go, while none of the 140,000 pages of petitions seeking Lieutenant Governor Kleefisch's removal have been scanned.

NOTE: If you have nothing better to do but would like to participate in Madison's new, favorite parlor game, go to: <http://mirrors.5nines.com/stream/> for the link to a live webcam that is streaming video of the scanning process, which is taking part in an "unknown" location in Madison.

State statute provides 10 days from the (January 17, 2012) receipt of the recall petitions for those seeking to invalidate the recall to challenge those signatures and 31 days from the receipt date for the GAB to review the signatures and determine whether the necessary number of validated signatures has been collected to require a recall election. The Wisconsin Department of Justice Friday filed a motion in Dane County Circuit Court seeking an extension of at least 60 days of the time the GAB has to review the petitions. Dane County Circuit Court Judge Richard Niess heard arguments on that motion yesterday morning and issued a ruling late Wednesday that extended the GAB review period to 61 days (from January 17<sup>th</sup>). Judge Niess also extended the challenge period for the 4 State Senators by 20 days, to

February 9<sup>th</sup>, and by 30 days for Governor Walker and Lieutenant Governor Kleefisch.

Since only two other Governors in our nation's history have faced a recall election (both were recalled), to say this recall process is uncharted terrain would be an understatement. It also will be expensive: the GAB estimates the recall process and elections, if held, will cost in excess of \$9 million. So it's anyone's guess when the election(s) will be held, if indeed any will be held: for now, July might be a good guess.

So far, only one Democrat has formally announced an intention to run for Governor if a recall election is held: former Dane County Executive Kathleen Falk. Also giving serious consideration for a run for Governor is the man Governor Walker beat by a 52.3%-46.5% margin in November 2010: Milwaukee Mayor Tom Barrett. Ironically, the number of signatures seeking Governor Walker's recall falls in between the number of votes the Governor and Mayor Barrett garnered in the 2010 gubernatorial election.

Other possible candidates for Governor include former Congressman David Obey (D-Wausau), Assembly Minority Leader and former Congressman Peter Barca (D-Kenosha), and State Senators Tim Cullen (D-Janesville), Jon Erpenbach (D-Waunakee) and Kathleen Vinehout (D-Alma). The names of U.S. Senator Herb Kohl, who is retiring from the Senate later this year, and former U.S. Senator Russ Feingold are often mentioned but neither has given any indication of an interest in running.

Unlike a general election, if a recall election of Lieutenant Governor Kleefisch is held, that race will be held separately from the gubernatorial race, opening up the possibility of a governor and a lieutenant governor from opposing parties. To date, no one has expressed an interest in running against Lieutenant Governor Kleefisch but that will change quickly if a recall election is called.

## **Bills Introduced to Repeal Family Care Enrollment Cap**

Companion bills have been introduced in the Assembly and State Senate which would eliminate the Family Care enrollment cap and permit the continued expansion of the Family Care program.

2011 Senate Bill 380, authored by Senator Terry Moulton (R-Chippewa Falls), has been referred to the Senate Public Health, Human Services, and Revenue Committee. Its companion bill, Assembly Bill 477, which is authored by Representative Dean Kaufert (R-Neenah), has been referred to the Assembly Aging and Long-Term Care Committee. To date, neither bill has been scheduled for a public hearing.

2011 Wisconsin Act 32, the 2011-13 state budget, placed an enrollment cap on the Family Care, Family Care Partnership, PACE, and IRIS programs effective July 1, 2011. Act 32 also prohibited the DHS from contracting with entities to administer the Family Care program in a county that did not administer Family Care as of July 1, 2011, unless the DHS determines that administering Family Care in that county would be more cost-effective than the current long-term care service delivery mechanism. SB 380/AB 477 would repeal both of those provisions.

The bills were introduced in response to Governor Walker's December 28<sup>th</sup> call to rollback the Family Care enrollment caps and expand the program statewide ([www.wahsa.org/endfamcarecap.pdf](http://www.wahsa.org/endfamcarecap.pdf)). They also were in response to a December 13<sup>th</sup> letter from an official from the federal Centers for Medicare and Medicaid Services (CMS) directing Brett Davis, the director of Wisconsin's Medicaid program, to enroll individuals in Family Care who otherwise were eligible for the program were it not for the cap ([www.wahsa.org/members/en1201.pdf](http://www.wahsa.org/members/en1201.pdf)).

The introduction of SB 380/AB 477 is the Wisconsin response to a political tug-of-war pitting the State against CMS, i.e., the Obama Administration.

In the December 13<sup>th</sup> letter, Verlon Johnson, the Associate Administrator of the Division of Medicaid and

Children's Health Operations in the CMS Chicago regional office, informed Davis that CMS was denying Wisconsin's MA waiver request to impose the Family Care enrollment cap.

"We are directing the State to identify any individuals not currently enrolled onto the Family Care or Self-Directed Supports waivers since the July 1, 2011 implementation of the newly instituted enrollment caps, and immediately enroll those individuals in the waiver program," Johnson wrote (Emphasis added).

The DHS, however, has chosen not to implement the CMS directive to enroll individuals into Family Care who were denied enrollment because of the cap, arguing that only a statutory change can rescind State law. Unless CMS attempts to force these enrollments, the Family Care enrollment cap apparently will remain in effect until SB 380 or AB 477 is adopted by the Legislature and signed into law by the Governor. It is expected that the Legislature will address these bills prior to its March 15<sup>th</sup> adjournment date.

As noted in the December 28<sup>th</sup> LeadingAge Wisconsin memo to members announcing the Governor's recommendation to lift the Family Care enrollment cap and pursue statewide expansion of the program ([www.wahsa.org/endlfamcarecap.pdf](http://www.wahsa.org/endlfamcarecap.pdf)), not all legislators embraced the Governor's recommendation. Especially vehement in his opposition was Representative Robin Vos (R-Rochester), the co-chair of the Joint Committee on Finance, who stated that expanding another unsustainable program "is irresponsible" and that rather than spend the \$80 million it is projected to cost to repeal the cap and expand the Family Care program, "perhaps we should figure out how to make it work under sustainable parameters."

DHS Secretary Dennis Smith thinks he has found a way to do just that.

In testimony on the DHS response to last April's audit of the Family Care program by the Legislative Audit Bureau, Smith told members of the Legislative Joint Audit Committee last week that the DHS has developed a set of Family Care sustainability parameters ([www.wahsa.org/fcproposal.pdf](http://www.wahsa.org/fcproposal.pdf); see article below) that the Department believes will generate the savings needed to pay for both the lifting of the Family Care enrollment cap and the statewide expansion of the program.

In response to a question from Senator Rob Cowles (R-Green Bay), the co-chair of the Joint Audit Committee, Smith said the DHS will not be seeking an \$80 million appropriation under SB 380/AB 477 to pay for lifting the cap and expanding Family Care statewide. Smith said additional state dollars will not be necessary to make these changes because the Family Care sustainability modifications the DHS hopes to implement will generate that necessary funding.

Senator Cowles responded somewhat skeptically to Secretary Smith's assertion and it can be assumed Representative Vos and other legislators will respond similarly. While there clearly is strong bipartisan legislative support to lift the Family Care enrollment cap (because some counties, such as Dane County, do not want the Family Care program in their county, support for the statewide expansion of Family Care is less certain), the sticking point will be the \$80 million price tag and how it will be paid for. That question should be answered no later than March 15<sup>th</sup>.

## **DHS Issues 2011-13 Long-Term Care/Family Care Sustainability Plan**

The DHS Long-Term Care/Family Care Sustainability Plan is intended to produce savings necessary to fund the lifting of the Family Care enrollment cap and statewide expansion. This package seeks to reduce Family Care expenditures over the current biennium by \$80.4 million GPR (\$198.8 million all funds). Members are encouraged to read the complete LTC/Family Care sustainability proposal (with sections highlighted by LeadingAge Wisconsin) posted at: [www.wahsa.org/fcproposal.pdf](http://www.wahsa.org/fcproposal.pdf).

Here is a brief summary of the proposed savings identified by DHS:

**DHS Projected 2011-2013 Savings  
(amount in millions)**

~ ~ ~	<b>GPR</b>	<b>All Funds</b>
1. Analyze the care needs of persons on Family Care waiting lists to identify lower cost care and service options	\$8.56	\$21.40
2. Reduce the utilization of residential care and services from 39% of program expenditures to 36% -- primarily by reducing admissions to assisted living facilities	\$14.10	\$35.25
3. Emphasize "Living Well at Home" options and use medication management/automated dispensing systems to reduce admissions to nursing homes and hospitals:	SNFs: \$27.40 Hospitals: \$8.64	\$68.50 \$21.60
4. Expand the nursing home relocation program by an additional 1,200 residents	\$6.19	\$13.26
5. Implement innovative falls prevention, chronic disease management and short-term community intervention programs	\$12.25	\$30.64
6. Modify IRIS and Self-Direct supports to create more standardized and uniform payments consistent with the Family Care program	\$1.27	\$3.18
7. Implement a variety of changes related to employment, contracting, youth transitions, benefits and administrative efficiencies	\$2.00	\$5.00

As noted above, DHS expects to generate significant savings (\$36.04 million GPR/\$90.1 million all funds or AF) by decreasing utilization of nursing homes and hospitals through better management of Family Care enrollees' medications and better hospital and nursing home discharge planning, with an increased emphasis on home-based care options. Included in this initiative are plans to place an automated medication dispensing machine and related technology in a person's home to ensure medications are taken as scheduled. The Department also suggests working with the MCOs to reduce Family Care-paid admissions to assisted living facilities will lower projected Family Care costs by \$35.3 million AF.

Several other items are included in the DHS LTC Sustainability package for which specific funding increases or decreases have not been identified by the Department:

- Direct the Aging and Disability Resource Centers (ADRC) and MCOs to emphasize individual personal responsibility for long-term care and service needs. Case managers will be required to disclose costs associated with service options to enrollees. Care plans must reflect the least restrictive *and* most cost-effective options available to the enrollee, and these plans will seek appropriate reliance on informal support systems.
- Revise the LTC functional screen to better reflect the needs of the target groups, including determinations related to the assessment of acuity and challenging behaviors.
- Work with ADRCs and assisted living facilities to help consumers and their families make informed choices about the most cost-effective long-term care options, using a standard Consumer Bill of Rights and Responsibilities to ensure that people understand: the options for caregiver support and services in their own home, including the availability of medication management technology, falls prevention, and assistance with care management; the estimated impact of moving to assisted living on their personal finances; the criteria for living in such a setting when public funds are utilized; and if private funds are exhausted, that a move may be required if care in the assisted living facility is not consistent with acuity-based guidelines or LTC residential rates for public programs.
- Publish assisted living facility rates to assist consumers in understanding how quickly their personal resources would be spent and whether public funding may be available if they become eligible for Medicaid LTC services.
- Require facilities to notify people if they do not accept public rates within their facility.

- Require MCOs to rely on a non-specified acuity-based based system to set assisted living reimbursement rates and establish an acuity-adjusted “upper limit payment” for assisted living provider rates. The acuity-based system would ensure that “members with low acuity do not generate a rate to support costly, more restrictive residential settings.”
- Limit Family Care coverage (and payment) for social activities to activities directly related to the long-term care needs of the enrollee.
- Direct MCOs to streamline their care management system for persons in assisted living and nursing facilities to reduce duplication and enhance care management by: reducing the frequency of oversight in facilities that have consistently met licensure standards and quality review as assessed by the Division of Quality Assurance; reducing the number of different teams involved with oversight of members within a single facility; and increasing collaboration with facility staff.
- Define (limit?) the *scope of services* for which public funding would be used to support care (e.g., exclude amenities).
- Require MCOs to: share with providers proposed contractual changes at least 30 days in advance of implementation; facilitate disclosure of specific changes proposed in provider contracts; work collaboratively with providers to maintain networks during contract negotiations; make timely payments to providers; and explore opportunities across MCOs to standardize protocols, claims processing and data reporting for providers to the extent possible.
- Explore options to support persons in low-income housing to delay their relocation to publicly-financed assisted living settings.
- Prevent persons and/or providers from shopping between IRIS and Family Care to obtain higher cost services or higher provider rates, including possible equalization of rates between the programs.
- Explore options to provide nursing homes a “financial incentive to diversify and modernize facilities, with incentives to fund renovations and increase occupancy rates.”

In a January 24, 2012 press release announcing the launching of a LTC Sustainability Plan website, DHS Secretary Dennis Smith stated the Department intends to take these proposals “on the road to get people’s feedback.” Smith said town hall meeting dates and times will be announced once details are finalized.

The LTC Sustainability Plan website, which also includes a section to provide comments on these proposals, can be found at: [www.dhs.wisconsin.gov/lcreform/](http://www.dhs.wisconsin.gov/lcreform/).

LeadingAge Wisconsin is gathering additional information on the DHS LTC/Family Care Sustainability package and will continue to update members as we learn more about the Department’s efforts to remove the enrollment cap and fund this program through June 30, 2013.

## Public Policy “Odds ‘N Ends”

- If you have read press releases from Republican legislators since the passage of the state budget last June, or listened to Governor Walker’s current TV or radio ads, you’ve been given the impression the Governor and the Republican-led Legislature eliminated a \$3.6 billion state budget deficit with the passage of 2011 Wisconsin Act 32. But if you read a December 29, 2011 letter from Department of Administration Secretary Mike Huebsch to Kathleen Sibelius, the Secretary of the U.S. Department of Health and Human Services (HHS), you’ll learn the State of Wisconsin has a budget deficit in FY 2012 and FY 2013, projected by the Legislative Fiscal Bureau at \$2.99 billion in 2011-12 and \$3.02

billion in 2012-13.

Which is correct, you might ask? The answer is, both.

The State of Wisconsin and most state governments use cash-based accounting, which measures whether the State's general fund has a positive or negative balance at the end of the biennium (in this case, June 30, 2013). Using cash-based accounting, the State of Wisconsin eliminated a \$3.6 billion deficit with the 2011-13 state budget and will have a general fund balance of approximately \$68 million on 6/30/13. But most private businesses and all publicly-held businesses use "generally accepted accounting principles," or GAAP. Unlike cash-based accounting, GAAP requires businesses to account for all spending and revenue, regardless of when and where it occurs. Cash-based accounting is like looking at your checking account without taking your credit card bills into account; GAAP looks at everything. And under GAAP, Wisconsin would have a \$3 billion budget deficit as of 6/30/13.

The Walker Administration is seeking a Medicaid waiver from HHS/CMS to generate \$466.6 million in savings to the Medicaid program by, among other things, modifying MA eligibility standards. One of the criteria a State must meet to be granted such a waiver is to demonstrate it has a budget deficit. Thus, the December 29<sup>th</sup> Huebsch letter to Secretary Sibelius. So, for purposes of reelection, Wisconsin has a budget surplus; for purposes of being awarded a Medicaid waiver, the State has a budget deficit. You be the judge.

- As noted in the January 6<sup>th</sup> edition of *e-News* ([www.wahsa.org/members/en1201.pdf](http://www.wahsa.org/members/en1201.pdf), under "Public Policy "Odds 'N Ends"), Governor Walker announced late last month that he will delay further plans to implement health care exchanges in Wisconsin until the U.S. Supreme Court rules on the constitutionality of the federal health care reform law later this year. Last week, the Governor announced he was returning the \$37.6 million Early Innovator federal grant which was to be used to develop the health care exchanges, which will go into effect January 1, 2014 under federal guidelines if the State opts out, pending the Supreme Court decision. Approximately \$11 million of that \$37.6 million grant was to have gone to improvements in the enrollment systems of the Medicaid program that the Walker Administration favored, such as the development of a system to provide real-time eligibility determinations of prospective Medicaid recipients.
- The Wisconsin Health and Educational Facility Authority (WHEFA) is pursuing legislation which would allow WHEFA to: 1) Issue bonds for all 501(c)(3) entities in Wisconsin, including cultural facilities, health and fitness facilities, and recreational facilities; 2) Extend final bond maturity up to 50 years, if appropriate; 3) Eliminate the requirement that certain refinancing projects for health institutions be certified by the DHS; 4) Eliminate current working capital limits which are more restrictive than federal law; and 5) Clarify the definition of "health care facility" related to cross-border projects. The bills' authors are expected to be Senator Luther Olsen (R-Ripon) and Representative Scott Krug (R-Wisconsin Rapids). Co-sponsors for the bill are currently being sought; introduction of the measure is expected soon.
- All statutory references to "mental retardation" or "mentally retarded" would be deleted and substituted with "intellectual disability" under 2011 Assembly Bill 471, authored by Representative Erik Severson (R-Star Prairie). A public hearing on AB 471 was held January 25<sup>th</sup> by the Assembly Health Committee. Senator Pam Galloway (R-Wausau) is the author of Senate Bill 377, the Senate companion bill to AB 471. A public hearing on SB 377 also was held January 25<sup>th</sup> by the Senate Public Health, Human Services, and Revenue Committee, which Senator Galloway chairs. The committee recommended SB 377 for passage on a 5-0 vote.
- Representative Dick Spanbauer (R-Oshkosh), who represents 6 wards in the city of Oshkosh and parts of Winnebago, Fond du Lac, and Dodge Counties, has announced he will not seek a third term

in the State Assembly. Spanbauer, who was one of the few Republicans to vote against Governor Walker's public employee collective bargaining proposal and was facing a Republican primary fight, said his decision was based on his lack of desire to continue serving in a system he said values political points more than the people of the state. "Extremism on the left or the right doesn't serve the people, it serves the party," Spanbauer said. "It's either play ball (with the parties) or you're out. I asked myself if I felt we were accomplishing something for the betterment of Wisconsin, for the betterment of the people. And all I saw was one-sidedness. And that doesn't work."

- The Governor's Commission on Waste, Fraud and Abuse issued its final report last week; the commission identified \$456 million in annual spending which it says can be prevented by making changes at every level of government. However, not all of that money would result in savings to the State: some savings already have been achieved, some would go to federal taxpayers, and some that is dependent on outside groups such as Congress might never materialize. Over \$177 million in savings could come by "cleaning up" the FoodShare and Medicaid programs. The two minority Democrats on the commission said they were never given an opportunity to fully discuss and vote on the items identified in the report and challenged the final savings figures.
- The first Division of Quality Assurance (DOA) Regional Quality Forum is scheduled for Tuesday, February 7, 2012, from 10:00 a.m. to 12:30 p.m., in the Community Room of the Iowa County Health and Human Services Center, 303 West Chapel Street, Dodgeville. DOA is partnering with LeadingAge Wisconsin and the Wisconsin Health Care Association (WHCA) to host regional quality forums in each of the DOA nursing home survey regions. The forums are intended to provide additional opportunities for DOA staff and the provider community to share information, address regulatory issues and concerns, and advance quality improvement efforts. All nursing facilities in the DOA Southern Region are encouraged to attend the February 7<sup>th</sup> Forum, which should be of particular interest to facility administrators and directors of nursing.
- A U.S. Senate-House of Representatives conference committee has been created to address several key provisions which are scheduled to expire February 29<sup>th</sup>, including the payroll tax reduction, the Medicare therapy caps exceptions process, and the "doc fix" which staves off a 27% cut in Medicare reimbursement to physicians. LeadingAge Wisconsin members are urged to contact Senators Kohl and Johnson and their Congressperson and ask them to urge the conferees to reimpose the "doc fix" and to extend the Medicare therapy caps exceptions process without cutting Medicare reimbursement to nursing homes for bad debt to pay for extending the therapy caps exceptions process.
- *The Wall Street Journal* is expected to publish an unflattering article sometime soon on continuing care retirement communities (CCRC), focusing on a few high profile CCRC bankruptcy filings and bond covenant violations in the Chicago area.

## Association News

### Is Your Facility Registered for this Special Training?

**LeadingAge Wisconsin has extended the deadline to register for the *Shifting Your Dementia Care Culture*<sup>TM</sup> training series.**

As noted in the September 2, 2011 edition of *e-News* ([www.wahsa.org/members/en1126.pdf](http://www.wahsa.org/members/en1126.pdf), under "CMS S&C Letter 11-35-NH: Nurse Aide Training Requirements"), Section 6121 of the Affordable Care Act

mandates the inclusion of training on abuse prevention and care of persons with dementia for all certified nursing assistants (CNA) working in nursing homes. This series will cover the mandatory training requirements for abuse prevention and effectively managing the challenging behaviors exhibited by some individuals who have dementia. By packaging 14 training modules into a series, we can significantly reduce the module price, making it budget-friendly for your facility.

This economically-priced series consists of training webinars, radio tele-seminars, and marketing tools designed to help your employees, family members, and community-at-large to shift your dementia care culture. If your facility is interested, please register **now** at: [www.surveymonkey.com/s/DementiaSeries](http://www.surveymonkey.com/s/DementiaSeries).

Although the actual series kicks-off on February 8, 2012, there are several details to complete prior to that date. For all registered participants, we will conduct a very short "test training" session (with your choice from two dates available) to guarantee that your facility has the correct connections and working equipment. In addition, we will e-mail the connection information (access codes and equipment requirements), along with the first marketing tool to use within your community, on Friday, Jan. 27, 2012.

For more detailed information about this training, please go to [www.wahsa.org/dementia.pdf](http://www.wahsa.org/dementia.pdf).

### **MDS Innovation Team – Oconomowoc Participants Meeting Rescheduled**

The January 17, 2012 MDS Innovation Team meeting in Oconomowoc was cancelled due to inclement weather. However, we have rescheduled the meeting date for MONDAY, January 30, 2012. The agenda will remain the same. If you plan to attend the rescheduled meeting on Monday, January 30, 2012, please take a moment to RSVP below.

On **MONDAY, January 30, 2012**, from 10:00 a.m. until 3:00 p.m. (lunch included), the MDS Innovation Team meeting will be held at **Lutheran Homes of Oconomowoc, 1306 W. Wisconsin Avenue, Oconomowoc, Wisconsin, 53066-2647**. Please click on the link to complete your attendance intentions. (<https://www.surveymonkey.com/s/77BZXFD>)

Please note that if you RSVP'd to attend the January 17<sup>th</sup> meeting, that RSVP does NOT count for the rescheduled meeting date. Due to the date switching, it is possible that schedules change, therefore making the prior RSVP null and void. If you plan to attend the meeting on Monday, January 30, 2012, please RSVP via the link above.

If you have any questions or concerns regarding the **MDS Innovation Team**, please contact Sarah Paterson ([spaterson@LeadingAgeWI.org](mailto:spaterson@LeadingAgeWI.org)) at the *LeadingAge Wisconsin* office, 608-255-7060.

Thank you!

## **SNF News**

### **Medicare Update—Use of Physician Assistants**

CMS has recently released article [MM7701](#), *Allowing Physician Assistants to Perform Skilled Nursing Facility (SNF) Level of Care Certifications and Recertifications*. This article is based on Section 3108 of the Affordable Care Act of 2010, which adds physician assistants to the list of practitioners who can perform SNF level of care certification and recertifications.

The CR7701 directs Medicare contractors to recognize physician assistants to perform the required initial

certification and recertifications for Medicare coverage of SNF services under Part A.

## **CMS Provides RUGs IV and MDS 3.0 Resources**

CMS has posted a video slideshow presentation from the Thursday, November 3, 2011 National Provider Call on the [“Skilled Nursing Facility \(SNF\) Prospective Payment System \(PPS\) Minimum Data Set \(MDS\) 3.0 and Resource Utilization Group-Version 4 \(RUG-IV\) Policies and Clarifications”](#) to the [CMS YouTube Channel](#).

During this National Provider Call, CMS subject matter experts provided an overview of the policies, along with clarifications on the SNF PPS FY2012 policies related to the MDS 3.0. The agenda included:

- Allocation of Group Therapy
- Changes to the MDS Assessment Schedule
- End of Therapy (EOT) Other Medicare Required Assessment (OMRA) Clarifications
- End Of Therapy with Resumption (EOT-R)
- Change of Therapy (COT) OMRA
- Question and answer session

## **Housing & Services News**

### **Summary of the 2011 LeadingAge Wisconsin Senior Housing Annual Planning Meeting**

Members of the Senior Housing Network (CBRFs, RCACs, and Independent Living Facilities) came together on October 27-28, 2011 for two days of generative thinking, intense discussion, strategic visioning, and future planning to facilitate the association’s efforts to best serve member/subscriber assisted living and independent living facilities. The meeting began with a general overview of the association’s services and a brief discussion of where we are now and where we are going in the future.

Meeting participants discussed in-depth how Baby Boomers will impact member/subscriber organizations, how current residents’ family members are changing their expectations of us as providers, the impact of the economy on provider organizations, and what we need to begin doing now to sustain ourselves beyond 2020. Following this intense and insightful discussion, participants worked to identify their top priorities for 2012 and considered programs and services that LeadingAge Wisconsin could consider as new offerings in 2012.

Assisted living network participants concluded that, of all the potential opportunities discussed, the highest priority for 2012 is more information and services related to outreach and marketing.

The independent living facility group summarized their priorities as follows:

- Feature a conference track on sales and marketing.
- Develop a packet of information to better serve those making the transition to independent living:
  - Help bridge the gap that exists between having “champagne taste on a beer budget.”
  - Help tenants focus on the realities of their high expectations while helping providers stretch their creativity to see how far they can go towards meeting those high expectations.
- Develop an information package focusing on educating the “Boomers” regarding expectations, economic realities, matching expectations to reality, philosophy, and the impact of “not for profit” organizations.

Recognizing that the larger the networks grow, the stronger they become and the more useful they will be,

participants stressed that it is important to continue working to grow the quality improvement network. If members have not yet joined the RCAC, CBRF, and/or Independent Living Facility Quality Improvement Network(s), please consider doing so now. You may contact Janice Mashak, Vice President of Member Services & Innovation, at [jmashak@LeadingAgeWI.org](mailto:jmashak@LeadingAgeWI.org) for more information.

If you are a member of the network, please mark your calendar for these upcoming meetings. The 2012 meeting dates are as follows:

- January 27 - AL Network (with Activities)
- February 1 - CBRF Quality Improvement (QI) Task Force
- February 24 - AL Nurse Network
- March 2 - RCAC QI Task Force
- March 23 - AL Network (with Dietary)
- March 21 -- Independent Living Facility (ILF) Network
- April 4 - CBRF QI Task Force
- April 27 - AL Nurse Network
- June 1 - RCAC QI Task Force
- June 6 - ILF Resource Clearinghouse Task Force
- July 18 - CBRF QI Task Force
- July 27 - AL Network (with Maintenance)
- August 3 - RCAC QI Task Force
- August 24 - AL Nurse Network
- September 19 - ILF Network
- September 12 - CBRF QI Task Force
- November 2 - RCAC QI Task Force
- November 16 - CBRF QI Task Force
- November 30 - AL Network

Meeting details for each of the above listed meetings will be emailed to network/task force members approximately one month prior to each meeting. If you are interested in car pooling to any of the above listed meetings, please contact Janice Mashak ([jmashak@LeadingAgeWI.org](mailto:jmashak@LeadingAgeWI.org)) and she will help you arrange the details.

For a copy of the complete summary of the October 2011 Senior Housing Annual Planning Meeting, please go to [www.wahsa.org/members/2011shpm.pdf](http://www.wahsa.org/members/2011shpm.pdf).

## Employment Opportunities

One new *Position Available* has been posted under *Employment Opportunities* on LeadingAge Wisconsin's website. The *Position Available* is for an Administrator in Eau Claire (EO-P-04). For more details regarding the new listing or other recently-posted *Positions Available*, please go to: [www.wahsa.org/employ.htm](http://www.wahsa.org/employ.htm).

## Calendar

January 26, 2012 – Echelon Lean Project #2, Wauwatosa  
 January 26, 2012 – LeadingAge Wisconsin' Clinical Care and Quality Improvement Forum, DeForest  
 January 27, 2012 – Assisted Living Network Meeting (w/Activity Professionals), DeForest  
 January 30, 2012 – MDS Innovation Team Meeting, Oconomowoc (Rescheduled from Jan. 17<sup>th</sup> due to

weather)

January 30, 2012 – CEO Network Meeting, Wisconsin Dells

February 1, 2012 – CBRF QI Task Force Meeting, DeForest

February 3, 2012 – Campus Administrator Network Meeting, Portage

February 8, 2012 – *Shifting Your Dementia Care Culture*<sup>TM</sup> Training Program Begins, Online

February 24, 2012 – Assisted Living Nurse Network Meeting, DeForest

February 29 – March 1, 2012 – LeadingAge Wisconsin's Winter Symposium, Madison --

[www.wahsa.org/winter.pdf](http://www.wahsa.org/winter.pdf)

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