



Wisconsin Assisted Living Association

eBlast News

January 25, 2012

Winter is here! Remember to walk safely and prevent those falls!

Have you renewed your WALA membership yet? If not, you still have time! Renew today to keep all the great benefits WALA membership offers. Contact the WALA office to renew at membership@ewala.org or 608/288-0246.

Like us on Facebook 

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Don't forget about our newest membership benefit - ability to write on the WALA Wall!

It's an online discussion forum that lets you talk about hot button topics, like Family Care, with other members. Contact the WALA office for more information.

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Family Care Audit Hearing Update

*From WALA Lobbyist: Forbes McIntosh,
Government Policy Solutions*

Sustainability of the Department of Health Services' Family Care program was a primary concern brought forward by both DHS officials and members of the Legislative Audit Committee during a public hearing Jan. 18 on the findings of an audit of Family Care.

According to the Legislative Audit Bureau report on Family Care

issued in April 2011, the state's expenditures for Family Care increased from \$248.4 million in FY 2005-06 to \$936.4 million in FY 2009-10.

The Legislative Audit Bureau released an evaluation of the Family Care program in April 2011, and DHS issued a follow-up report on Sept. 1. The areas of review were:

- Program expenditures and participation from FY 2005-06 through FY 2009-10
- Services provided to participants and assessment of their needs
- Process for setting capitation rates for managed care organizations (MCOs)
- Financial solvency of MCOs
- Quality-of-care indicators

Sen. Kathleen Vinehout questioned the issue of rate-setting. The original audit indicated that DHS was planning to establish uniform residential rates for Family Care participants with similar needs within and across counties. Since that time, several MCOs have developed and implemented rate-setting methodologies that reflect regional and geographic differences in local provider networks, and encourage capacity and innovation through market competition, therefore DHS is not currently pursuing plans to implement a residential rate-setting methodology for statewide use by the Family Care MCOs.

Vinehout expressed concern not only about lack of uniformity in rates, but also variations in caseload. She noted that Community Health Partnership in her district has the highest caseload - at 92.9 average caseload per nurse care manager, compared with Lakeland Care District at 37.0 average caseload. Meanwhile, CHP also is ranked poorly in "solvency" in the audit. Vinehout concluded that its financial concerns might be linked to the number of high-cost participants as a percentage of caseload (34.5%).

DHS Secretary Dennis Smith said that DHS has backed away from rate-setting because "if all of the rates are the same, there's no incentive for innovation." Allowing some flexibility also allows for increased competition, increased choice for the consumer and, ultimately, cost savings for the state.

Vinehout also stated that she is hearing from providers in her district who are being dictated to by the MCOs with an attitude of "take it or leave it."

An effective way to decrease overall costs "is not to bully providers," Smith said in response. "If your goal is to decrease provider payments, that is not a good long-term strategy."

Smith said that proposed changes to Family Care were delivered to the legislature last week in draft form. Gov. Scott Walker also announced last month that the state will be lifting the caps on enrollment in Family Care and this legislation will be introduced in the

legislature shortly. Despite the lifting of the enrollment cap, DHS will not be asking for additional appropriations to fund this, according to Smith. The Medicaid program's budget picture has improved and the estimated cost of \$70-\$80 million for the Family Care expansion this biennium will be covered from anticipated savings elsewhere.

Sen. Alberta Darling, also expressing concern for the solvency of the program, questioned the salaries for MCO executives, which ranged from \$95,000 to \$323,000 annually. Smith said the variations depend upon the size of the MCO and that the salaries are not out of line with other private sector CEO positions overseeing comparable budgets of hundreds of millions of dollars.

The committee co-chair, Samantha Kerkman, questioned Smith on the growing popularity of the "Include, Respect, I Self-Direct" (IRIS) program and how fraud can be deterred in that program. Smith acknowledged that there currently isn't the infrastructure in place for fraud checks within IRIS. However, the package of Family Care reforms sent to the legislature last week does specifically address fraud in IRIS.

Kerkman noted that a public hearing on an audit of the state's Medical Assistance program will be held on Feb. 1.

[Click here to read the Audit Report, dated April 2011.](http://legis.wisconsin.gov/lab/reports/11-5full.pdf)
<http://legis.wisconsin.gov/lab/reports/11-5full.pdf>

[Click here to read the follow-up DHS report dated September 2011.](http://www.dhs.wisconsin.gov/lcicare/Reports/PDF/dhsresponselabrpt090111.pdf)
<http://www.dhs.wisconsin.gov/lcicare/Reports/PDF/dhsresponselabrpt090111.pdf>



Long Term Care Reform Proposals

The efficiency proposals have been posted on the Department's web site with the title "2011-13 Long Term Care Sustainability Plan."

Copies of the proposals, together with a form for sharing your comments with the Department, can be found at <http://www.dhs.wisconsin.gov/lcreform/>

These proposals is a reflection of what the Department has learned from participants, long term care providers, other stakeholders, and Associations like WALA through Town Hall meetings and other forums.

These have become very controversial and WALA wants to know how you feel about these proposals. Please make your comments either directly to us at membership@ewala.org or to the Department's website at the link above.

WALA is very concerned on how these proposals will be implemented and how they will impact Assisted Living. Stay tuned for more information about these proposals.

 Please submit comments regarding National Alzheimer's Project Act! Deadline looming.

From ALFA - WALA is ALFA's State Affiliate

Last year ALFA supported passage of the National Alzheimer's Project Act. This landmark legislation called for the appointment of a task force to work with the U.S. Department of Health and Human Services on a national plan to help the 5 million individuals currently living with Alzheimer's disease and their family members, as well as to provide a long term strategy to effectively treat and prevent Alzheimer's disease in the next 10 - 15 years.

HHS recently released the Draft Framework for the National Plan to address Alzheimer's Disease with a request for comments on the plan **by February 8, 2012**. ALFA reviewed the plan and was startled to see Assisted Living omitted from all of the strategies and recommendations, with the exception of the strategy on elder abuse. You know better than anyone the vital role assisted living plays in the lives of memory impaired residents. **The omission of assisted living is completely unacceptable.**

ALFA has been in touch with the National Alzheimer's Association and they are reviewing our concerns. In the meantime, **it is critical that as many people as possible submit comments to HHS and urge them to correct this omission before the plan is finalized.**

Please forward this email to as many people as you wish to participate in this vital call for action. [Here is a copy of ALFA's comments that you may use in crafting your response.](#)

<http://www.ewala.org/news/blasts/2012/documents/DraftFrameworkNationalPlanAlzheimer.doc>

Here is the link to the report and [link to HHS to submit your comments.](#)

http://napa.alz.org/share-your-feedback?WT.mc_id=enews2012_01_11undefined

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This is the time to urge families, residents, and your staff to write letters to HHS.

 Disability Rights Wisconsin Names Tom Masseau as New Executive Director

Disability Rights Wisconsin, the state's designated protection and advocacy agency for people with disabilities, has hired Tom Masseau as its new Executive Director, effective January 16, 2012. He replaces Lynn Breedlove, who retired after 31 years.

Tom has spent 24 years working at the Michigan protection and advocacy agency, most recently as the Director of Government and Media Relations. He is a graduate of Michigan State University with a degree in Public Administration. Well known nationally through his

leadership position as the chairperson of the legislative committee of the National Disability Rights Network, the national organization of protection and advocacy agencies, Tom will bring to DRW his strong disability values and passion for people with disabilities as well as extensive knowledge and experience in legislative advocacy, coalition building, planning and policy development.

Tom may be reached at tom.masseau@drwi.org or 608-267-0214.

"We are excited to welcome Tom to DRW. The DRW Board conducted a national search for Lynn Breedlove's replacement and is confident that Tom will bring strong leadership and commitment to protecting the rights of Wisconsin citizens with disabilities to DRW. The agency will continue the same level of passion for outstanding individual and systems advocacy work on behalf of people with disabilities that is expected from and for which DRW is known throughout the state and nationally," says Jeff Timm, DRW Board President.

Disability Rights Wisconsin, a private non-profit organization, is part of the federally mandated national system of disability protection and advocacy agencies across the United States to ensure the rights of children and adults with disabilities. DRW is a statewide resource for individuals, families, service professionals, elected officials, government agencies and others concerned with disability issues and systems change. The agency operates out of 3 offices: Madison, Milwaukee, and Rice Lake. DRW helps people across Wisconsin gain access to services and opportunity through advocacy and legal expertise. We regularly challenge systems and society to create positive change and improve the lives of people with disabilities.

Help needed! Host a National Weather Service Webinar.

Members who are located in the Marquette, Green Lake, Sauk, Columbia, Iowa, Lafayette, Green, Rock and Dane Counties:

There is a distinct change in the weather spotter classes provided by the National Weather Service this year. Due to budget constraints, Rusty Capella will only make one trip to Dane County this year. To make up for the loss of classroom time, Rusty is going to host spotter classes via webinar.

The format will be the same as the NWS hazardous weather briefings; using a computer for the video and telephone for voice communications. Rusty will host two Spotter classes (1-3p and 7-9p) on both March 5 and 6 for Marquette, Green Lake, Sauk, Columbia, Iowa, Lafayette, Green, Rock, and Dane Counties. Each webinar is limited to 125 attendees.

What is needed are locations across the county that would be willing to host the webinars. To host a webinar, the location should have the internet capacity to view the webinar, the ability to project the video portion for many to see, and a telephone (with a mute function) conducive to use by large groups.

Because there will be agencies from eight other counties "calling in" to the same webinars, Dane County can host approximately 15 webinars. To organize this process, J. McLellan will be coordinating these webinars with the NWS.

If you are interested in hosting a webinar, please have them contact J. McLellan by Friday, February 17.

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Norovirus Toolkit is now available from the CDC

The CDC announced the availability of its new norovirus toolkit. The toolkit is designed to help healthcare providers manage and stop outbreaks of norovirus, one of the most common causes of gastroenteritis outbreaks in the U.S.

The norovirus toolkit includes infection control recommendations, as well as tools for outbreak response, coordination, and reporting. It complements the recent [CDC and HICPAC Guideline for the Prevention and Control of Norovirus Gastroenteritis Outbreaks in Healthcare Settings, 2011](#) and CDC's [Updated Norovirus Outbreak Management and Disease Prevention Guidelines](#) for the wider community.

To access all the toolkit resources, simply visit any of the following locations: [CDC's Healthcare-associated Infections Norovirus in Healthcare Settings, Healthcare Infection Control Practices Advisory Committee \(HICPAC\) Guidelines](#), or [Healthcare-associated Infections Prevention Toolkits](#).

<http://www.cdc.gov>

Sincerely,

Jim Murphy, Executive Director
Sarah Bass, Operations Director

Wisconsin Assisted Living Association