



# **Moving Forward with Wisconsin's Quality Long Term Care System**

**HCBS Conference  
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# Learning Objectives

- History of Wisconsin's Long term Care Program
- Current State
- Long Term Care Quality Strategy
- Quality Initiatives Improving Consumer Lives



# WI Long Term Care History





# Wisconsin in 1980

- 2nd highest nursing home beds per capita
- Nursing home in every small town and multiple in medium-large cities
- Three state centers for IDD with over 3,500 residents





# Community Options Program

- *Established in **1981** as an alternative to institutional care. Piloted in 8 counties in 1982 and statewide in 1986;*
- *All **State** dollars (no federal)*
- ***Flexible** funding source*
- ***Serves all populations***
- ***Duplicated** by other states and countries*
- *But we still have long **waiting lists**.....*





# The COP *RESPECT* Values

- **R** *elationships*
- **E** *mpowerment to make choices*
- **S** *ervices to meet individual needs*
- **P** *hysical & mental health*
- **E** *nhancement of participant reputation*
- **C** *ommunity and family participation*
- **T** *ools for independence*



# Medicaid HCBS Waivers

- **“Waives”** Medicaid rules that only pay for care in institutions to allow funding in the community
- Wisconsin has **several** waivers related to population served (Federal requirement that populations be separated)
- **1983 CIP 1A** established (serves DD relocating from institution)
- **1985 CIP II** established (serves elderly/physical disability)
- **1987 CIP 1B & COP-Waiver** established (first serves DD, 2nd serves elderly/phys dis: both as diversion to institutions).
- **1995 Brain Injury Waiver (BIW)** established
- **But we still had long waiting lists .....**



# Redesigning WI LTC Program

## Family Care Pilot



- **Family Care established in 1998**
- **Family Care benefit piloted in 5 counties**
  - Richland, La Crosse, Fond du Lac, Milwaukee (aging only), & Portage
- **Key Organizational Components**
  - Aging and Disability Resource Centers (ADRCs)
  - Managed Care Organizations (MCOs)
- **Full entitlement in pilots counties. No waitlist!**





# Family Care/IRIS Expansion

- 2007 – Family Care’s 1<sup>st</sup> expansion added 2 new counties
- 2008 - Self Direction Model added - IRIS (Include, Respect, I Self-Direct)
- 2008 – 19 counties added
- 2009 – 22 counties added
- 2010 – 7 counties added
- 2011 – 2 counties added
- 2015 – 7 counties added
- 2016 – 1 county added
- 2017 – 5 counties added
- 2018 – final 2 counties will be added





# Long-Term Care Enrollment

Long Term Care enrollment as percent of total Medicaid enrollment  $\approx$  8%

	SFY15 Actuals	SFY16 Actuals	SFY17 Projected
Nursing Homes/ICF-IID	14,029	13,381	13,173
Family Care, PACE, Partnership	42,904	46,641	48,983
IRIS Self-Directed Care	12,060	13,492	14,640
Adult Legacy Waivers	6,117	3,792	2,930
Adult Waitlist	1,879	1,746	1,822
CLTS Waiver	5,814	6,059	6,064
CLTS Waitlist	2,366	2,183	2,596
Total Enrollees	80,924	83,366	85,791



# Long-Term Care Expenditures

Long Term Care expenditures as percent of total Medicaid budget = 42%

- SFY = State Fiscal Year
- ICF-IID = Intermediate Care Facilities for Individuals with Intellectual Disabilities

	SFY15 Actuals	SFY16 Actuals	SFY17 Projected
Nursing Homes/ICF-IID	\$875.3 million	\$833.4 million	\$842.8 million
Family Care, PACE, Partnership	\$1.5 billion	\$1.6 billion	\$1.8 billion
IRIS Self-Directed Care	\$337.1 million	\$371.8 million	\$428.1 million
Adult Legacy Waivers	\$154.0 million	\$117.8 Million	\$62.6 Million
CLTS Waiver	\$70.6 million	\$77.8 million	\$58.0 million
<b>TOTAL</b>	<b>\$2.9 billion</b>	<b>\$3.0 billion</b>	<b>\$3.2 billion</b>

# Examples of Wisconsin's LTC Program Services

Note: The groups shown are a representative list of services only and are not fully inclusive.

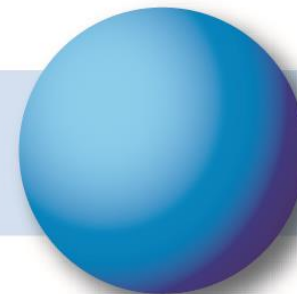
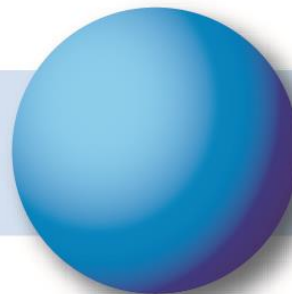
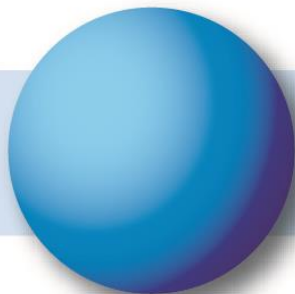
## IRIS

## Family Care

## Partnership/PACE

### MA Waiver Services

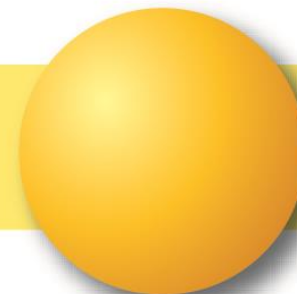
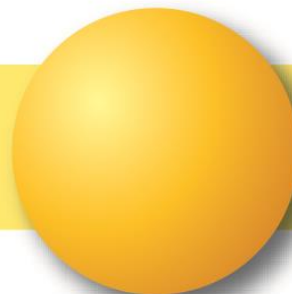
Supportive Home Care  
Home Modifications  
Home-Delivered Meals  
Lifeline  
Assisted Living  
Employment



### MA LTC Card Services

Home Health  
Medical Supplies  
Nursing Home  
Personal Care  
Mental Health  
Alcohol or Other Drug Treatment

Accessed Through  
Medicare or  
Medicaid Card

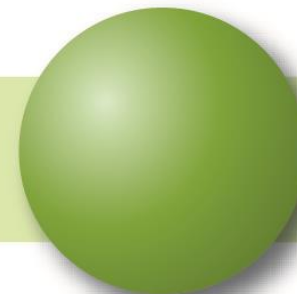


### Acute and Primary Medicare or MA

Emergency Room Visit  
Hospitalization  
Doctor Visits  
Lab Tests  
Prescription Drugs  
Dental Care

Accessed Through  
Medicare or  
Medicaid Card

Accessed Through  
Medicare or  
Medicaid Card





# Enrollment Data

	I/DD #/%		FE #/%		PD #/%		TOTAL	
Family Care	19,858	32%	14,711	23%	10,644	17%	45,213	72%
PACE, Partnership	669	1%	1,434	2%	1,486	2%	3,589	5%
IRIS Self-Directed Care	5,845	9%	3,106	5%	5,580	9%	14,531	23%
TOTAL	26,372	42%	19,251	30%	17,710	28%	63,333	100%



# ADRCs - Current



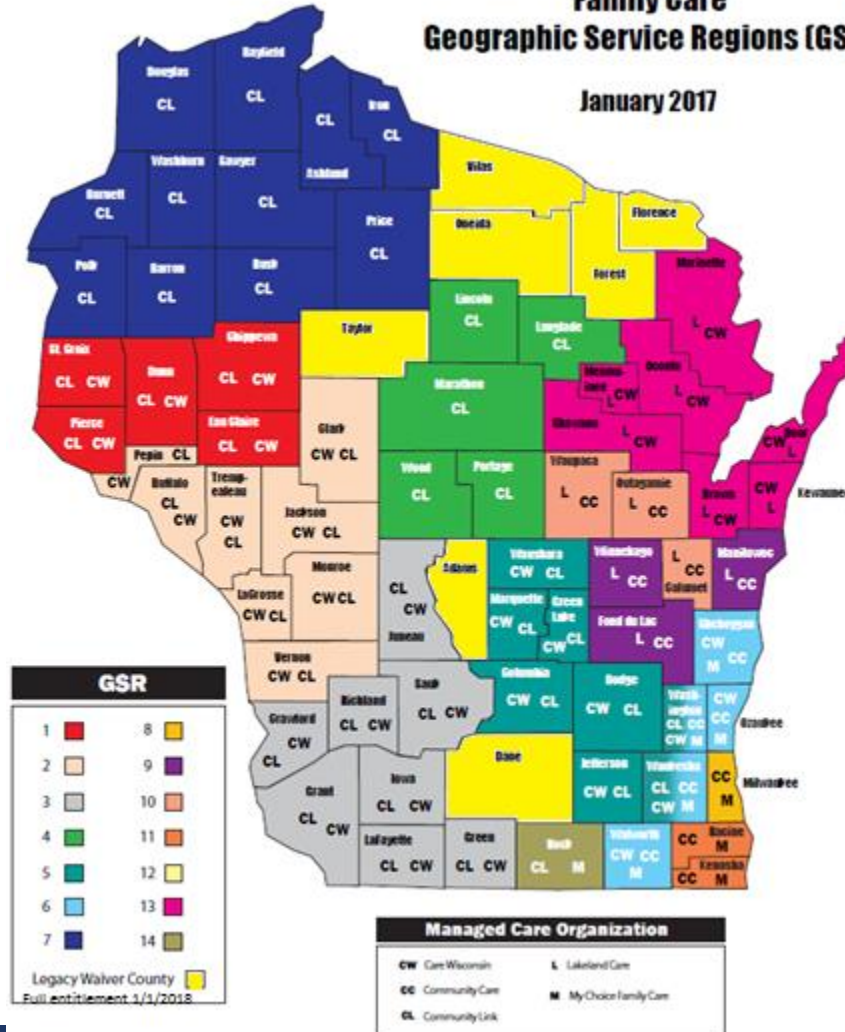
TGP- Tribal Governing Partner  
T- Tribal Aging and Disability Resource Specialist



# Family Care - Current

## Family Care Geographic Service Regions (GSR)

January 2017

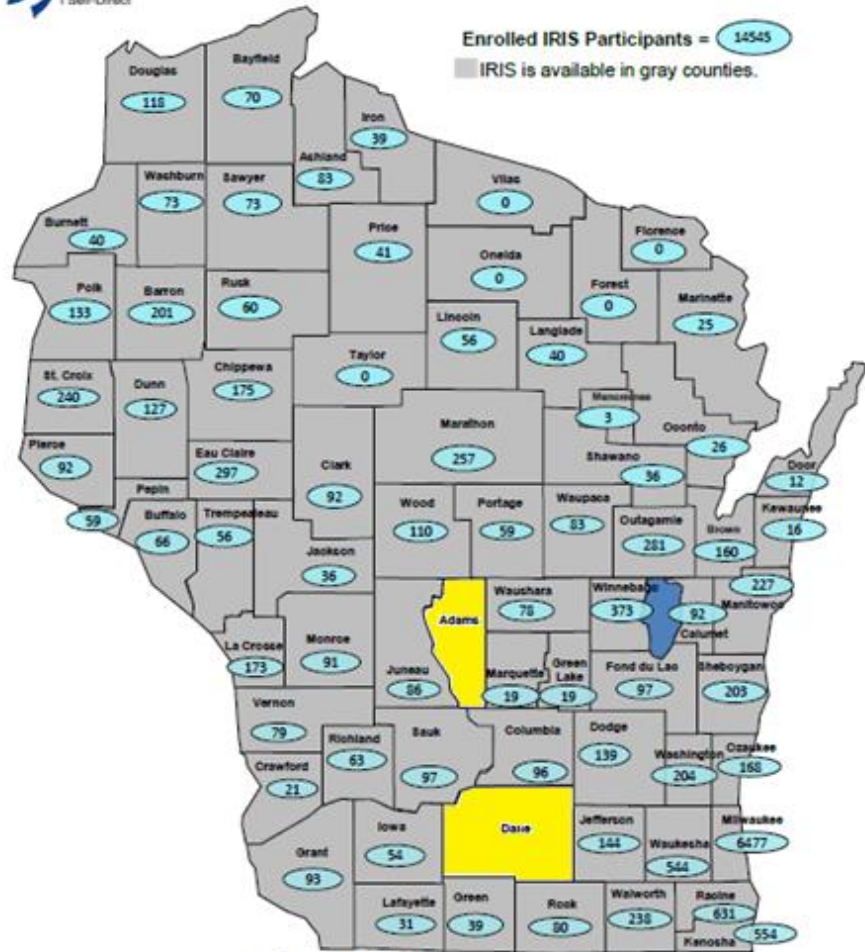




# IRIS - Current



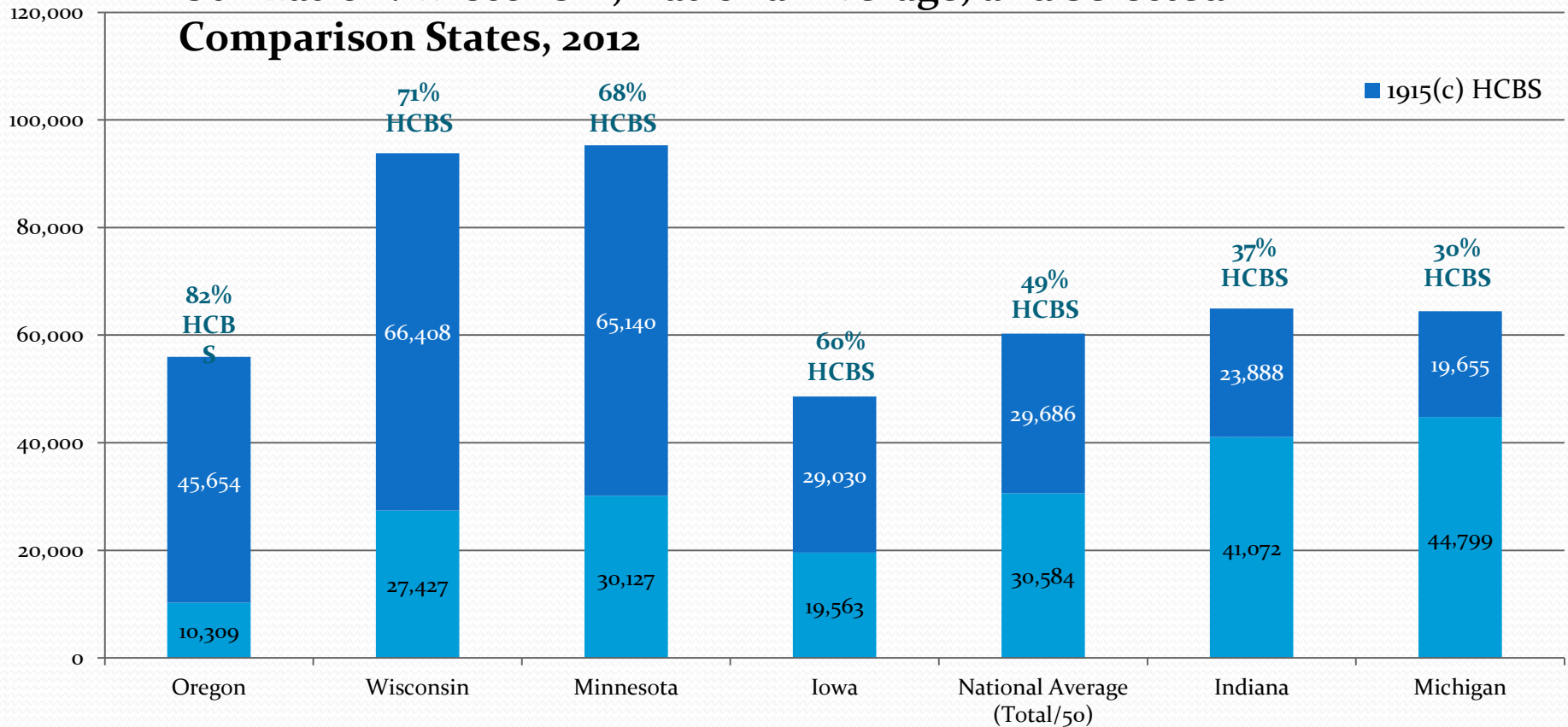
IRIS Enrollment by County  
as of April 30, 2017



Full entitlement by 1/1/2018  
\*This map reflects participants by their residential county



# 1915(c) Home and Community Based Services (HCBS) Enrollment and Nursing Facility (NF) & Intermediate Care Facility for Intellectual and Developmental Disabilities (ICF-IDD) Utilization: Wisconsin, National Average, and Selected Comparison States, 2012

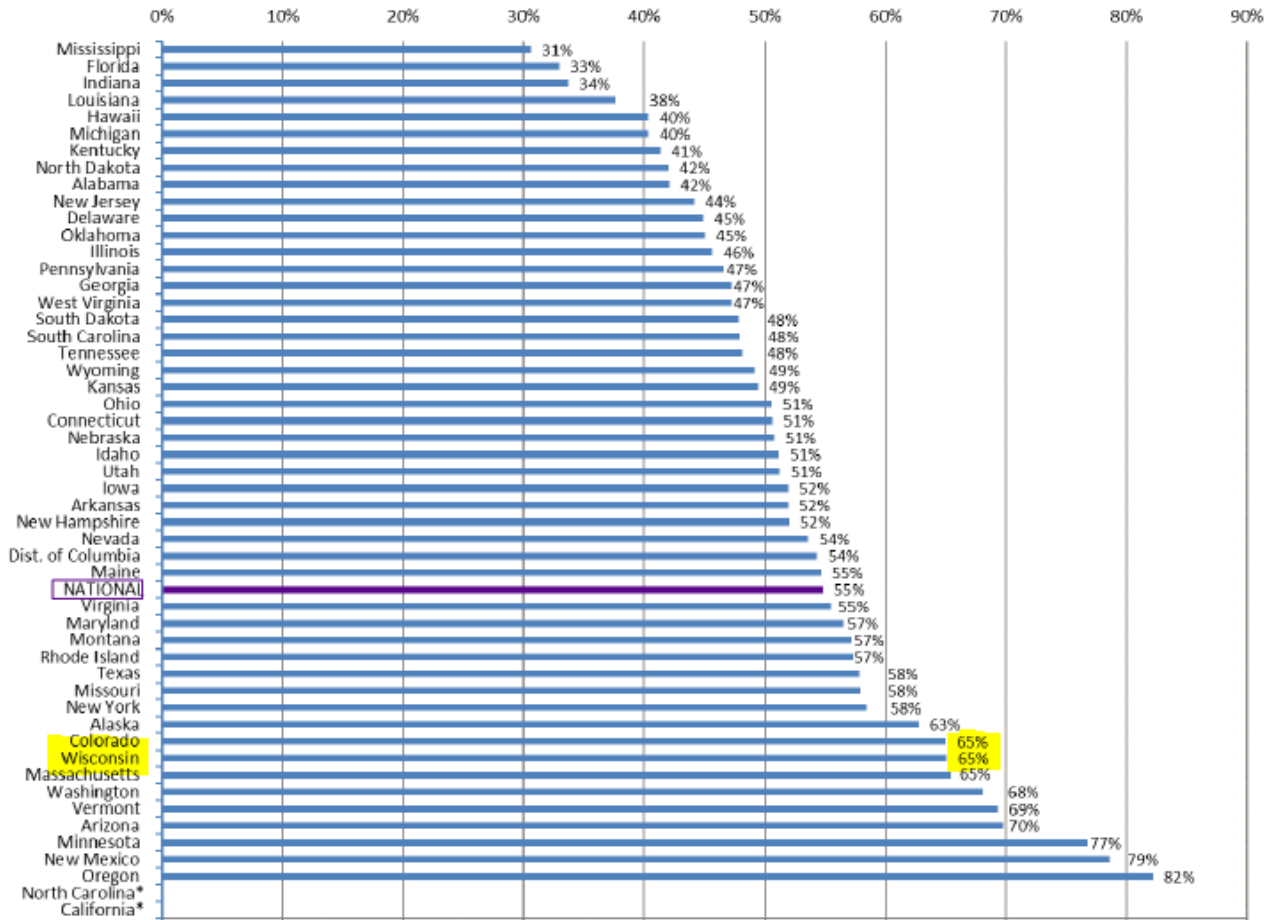


Data from Medicaid Long-Term Services and Supports Beneficiaries in 2012 report at <https://www.medicaid.gov/medicaid/ltss/downloads/ltss-beneficiaries-2012.pdf>, Tables 2 and A-5, using 1915(c) counts from 372 reports + MAX for Vermont



# Ranked 10<sup>th</sup> % - Medicaid HCBS expenditures of total LTSS

Figure 5. Medicaid HCBS Expenditures as a Percentage of Total Medicaid LTSS Expenditures, by State, FY 2015





# AARP LTSS 2017 Scorecard

## Wisconsin

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### State Rankings

- Overall: **6**
- Affordability and Access: **14**
- Choice of Setting and Provider: **7**
- Quality of Life & Quality of Care: **7**
- Support for Family Caregivers: **13**
- Effective Transitions: **10**

### Number of indicators for which this state ranked in the:

- Top Quartile: **11**
- 2nd Quartile: **8**
- 3rd Quartile: **5**
- Bottom Quartile: **1**

### Estimated Impact of Improvement

...if this state improved its performance to the level of the average of the top-five-performing states

<p><b>164,743</b></p> <p>more place-based subsidized units and vouchers would be available to help low-income people with LTSS needs afford housing.</p>	<p><b>35,352</b></p> <p>more people of all ages would receive Medicaid LTSS to help them with daily activities.</p>
<p><b>13,832</b></p> <p>more home health and personal care aides would be available to provide care in the community.</p>	<p><b>12,223</b></p> <p>more low-/moderate-income adults with disabilities would have Medicaid coverage.</p>
<p><b>\$229,600,000</b></p> <p>more would go to home- and community-based services instead of nursing homes.</p>	

\* State's performance is at or above the level of the top-five-performing states.

[Wisconsin Fact Sheet \(59k PDF\)](#)

Dimension and Indicator	Baseline Scorecard		2017 Scorecard					Change in Performance	Compare
	Data Year	State Rate	Data Year	State Rate	All States Median	Best State Rate	Rank		
Affordability and Access								14	
Choice of Setting and Provider								7	
Quality of Life & Quality of Care								7	
Support for Family Caregivers								13	
Effective Transitions								10	



# Entitlement for all target groups!!





# Wisconsin Quality Strategies Improving Consumer Lives





# Current Vehicles to Achieve

- Monitoring MCO Financials
- Choice:
  - Types of Services Available
  - # of Available Providers
  - Multiple MCO/ICA's to select from
- How many people in own homes enrolling into a LTC?
- Have you been denied services?
- Ombudsman Reports
- Member File Reviews
- Participation in Care Plan Process
- Care Team Responsiveness
- Participant Education
- Recurrent Review Process
- # of participants/members who request a new agency
- Program Integrity Protocols
- Certification of MCO/ICA's
- Staff/Caregiver Turnover
- Quarterly Reports on Grievances and Appeals
- EQRO Report
- AQR/AQR Remediation
- NCI Findings
- Trend how many people are leaving Nursing Homes
- Do all providers have the proper credentials/training?
- Functional Screen Accuracy
- LOC assessments are accurate and timely
- Quality Plan and Evaluations
- Do health care providers know how to refer patients to LTC?
- Measurable Marketing Strategies
- Consumer "Did You Know?" Questions
- HCBS community services vs state plan
- Residential vs Non-Residential
- What form of communication do consumers use/prefer (phone, internet, flyer, mail, etc.)
- # of Critical Incidents at agencies
- How many critical incidents could have been avoided?
- # of Immediate Reportables
- Lower # of Critical Incidents
- IFR (Individual File Review) Tracking
- Oversight
- ADRC Counseling with Choices
- Disenrollment/Enrollment
- How long does it take to get care plan approved?
- How many days from referral to initial assessment?

How to address in a comprehensive strategic way...

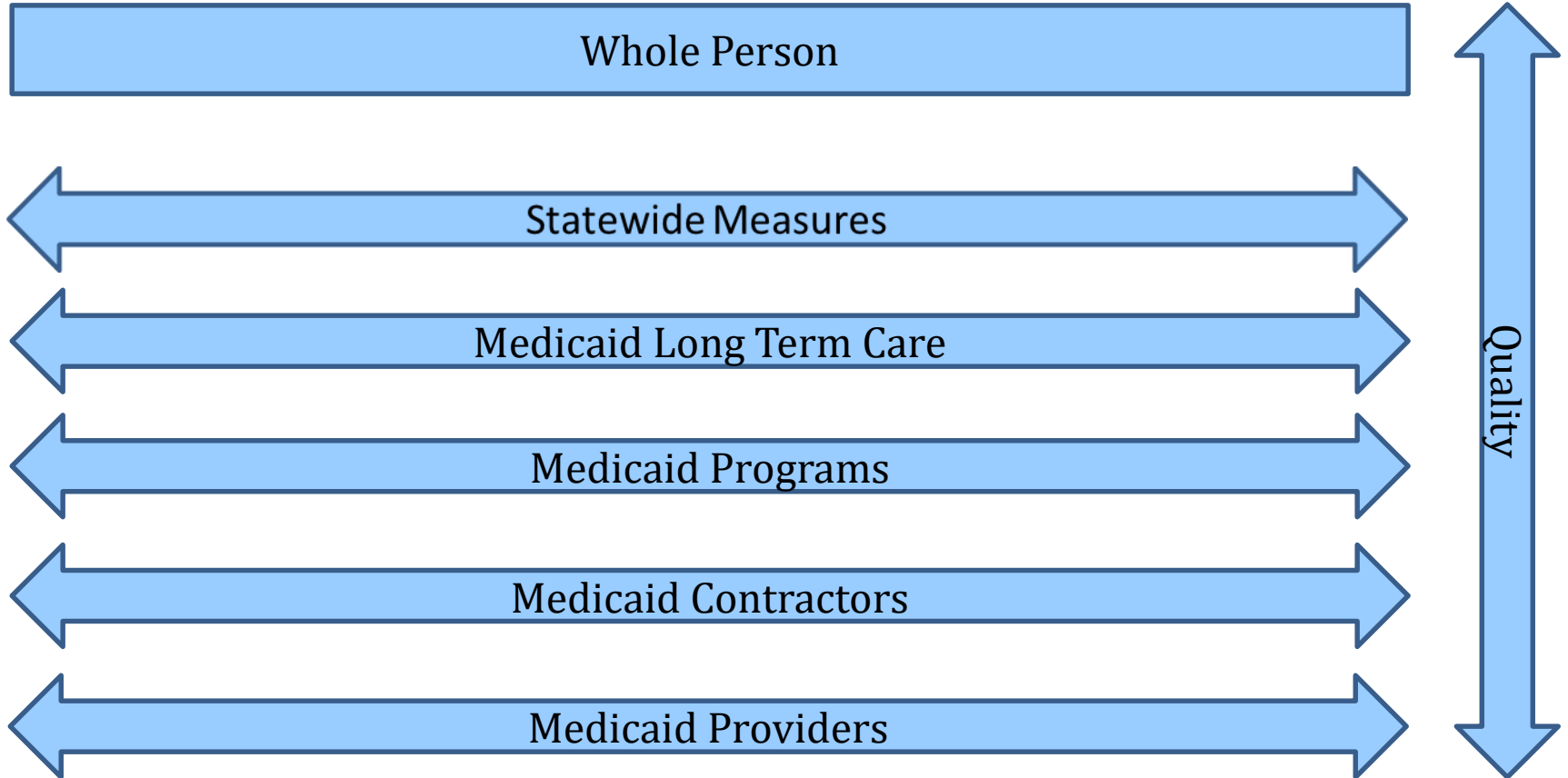


# Comprehensive View of Quality

- Lagging Indicators – Measures the outcome of something that has happened. The slide above and most traditional LTC Medicaid measures are lagging indicators. Sometime this is too late....
- Leading Indicators – Measures that provide information that may predict a future event. How can we get out ahead? We are focusing on more of these type of predictive measures.



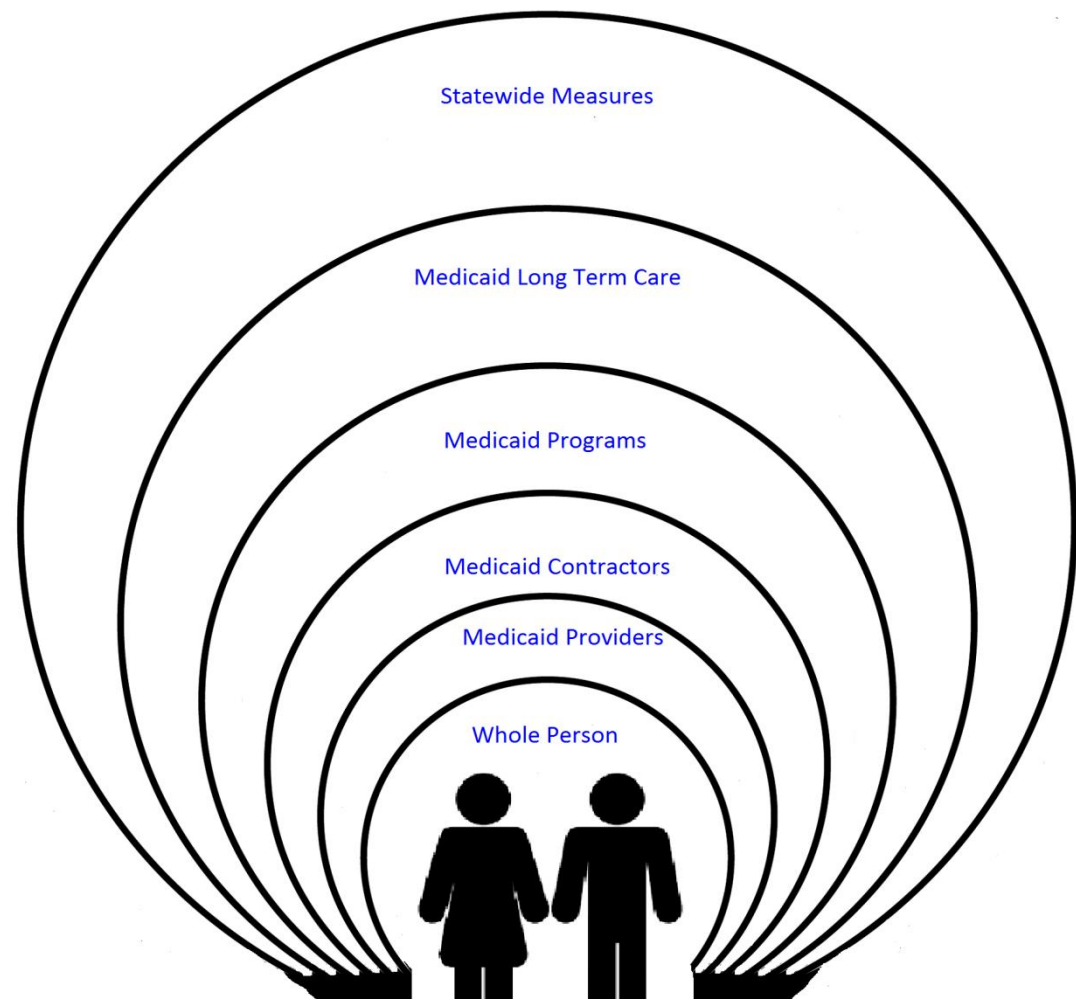
# Quality Strategy for People in Long Term Care







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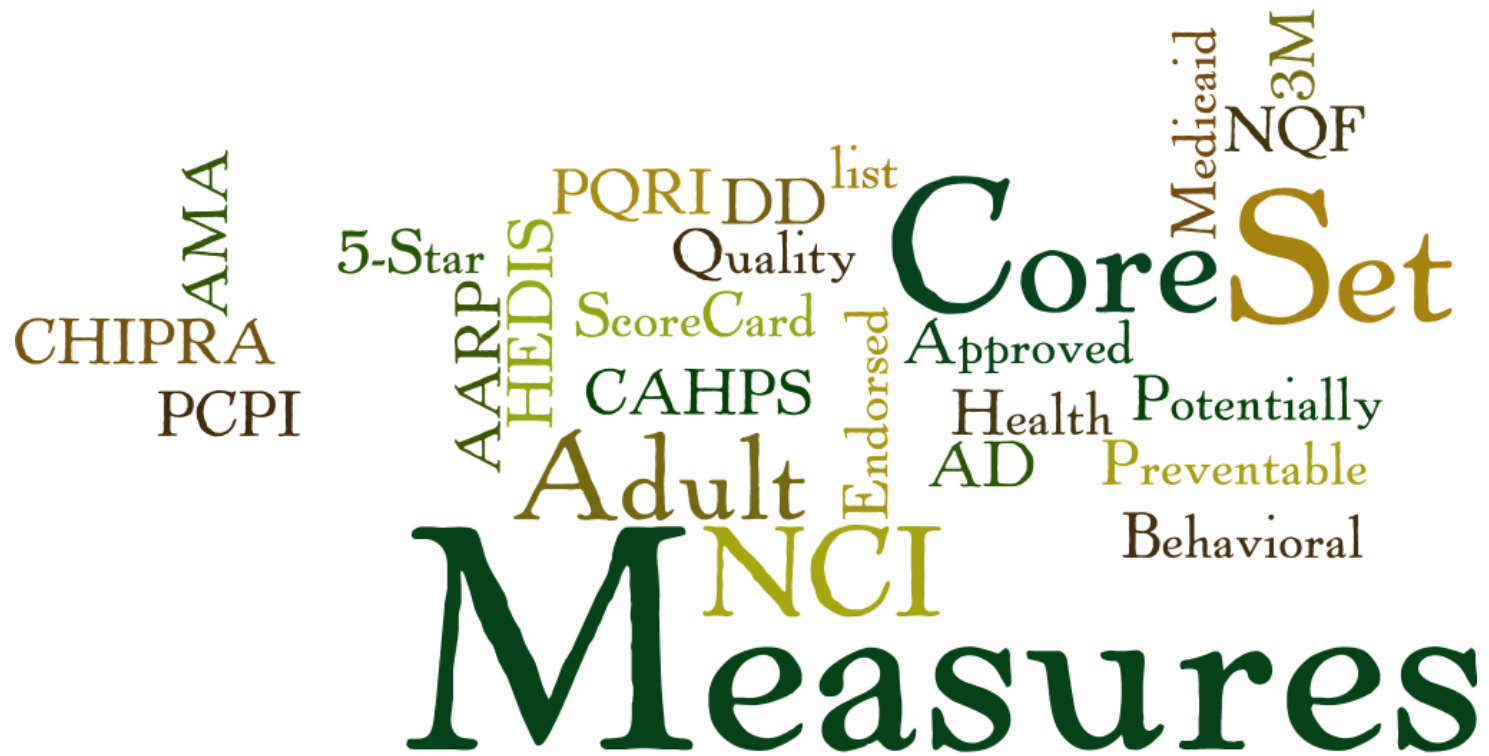


# Whole Person

- Personal preferences and empowerment
- Quality personal care
- Quality medical care
- Quality of life
- Appropriate job if applicable
- Engagement with family & friends
- Meaningful activity and recreation
- Safe, supportive and accessible environment
- Competent caregivers



# National Quality Measures



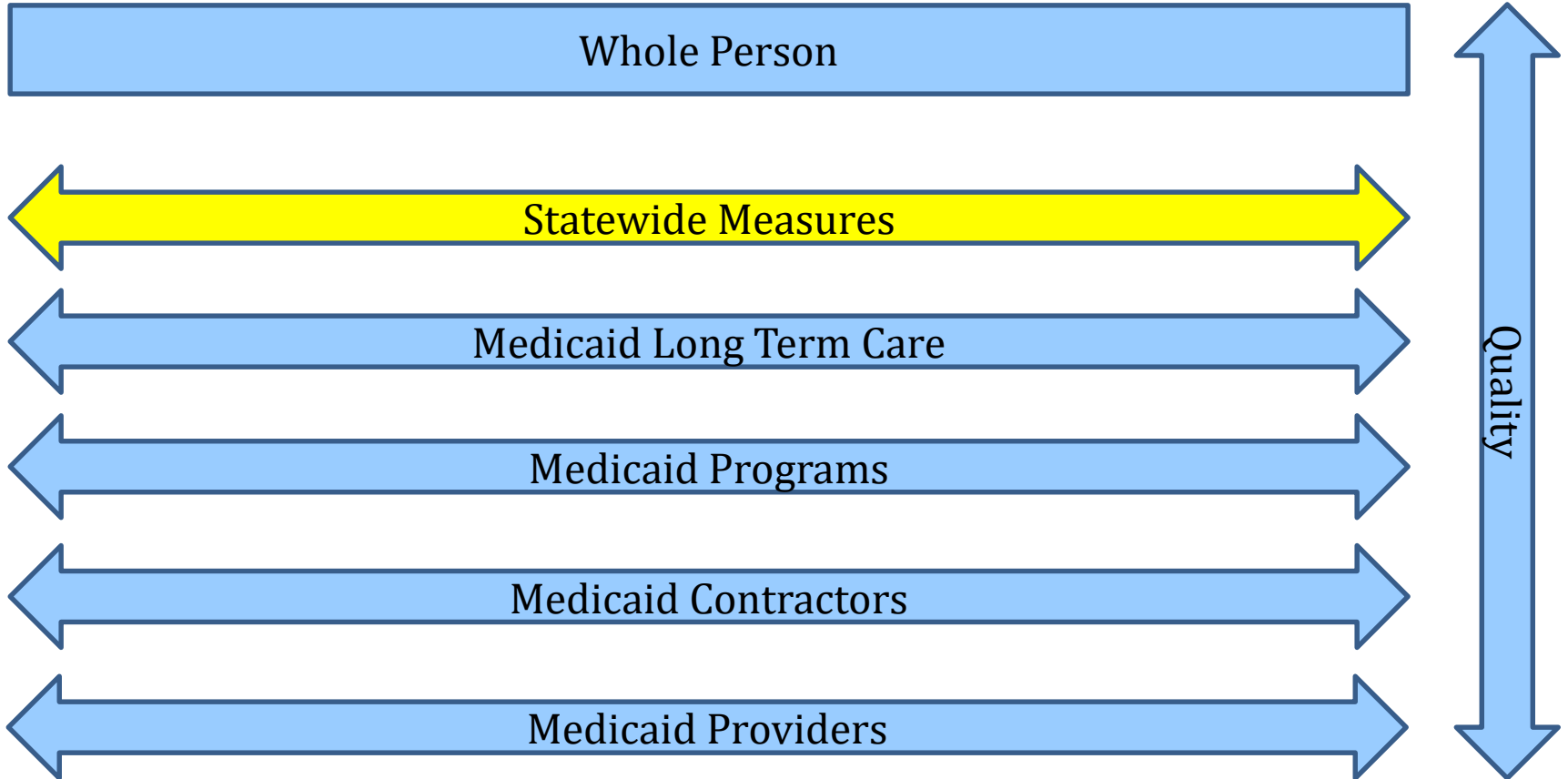


# Quality Data Sources

- Enrollment, demographic and functional/Assessment data
- Service utilization, and payment data
- Program and Provider -specific reporting
- Survey data



# Quality Strategy for People in Long Term Care



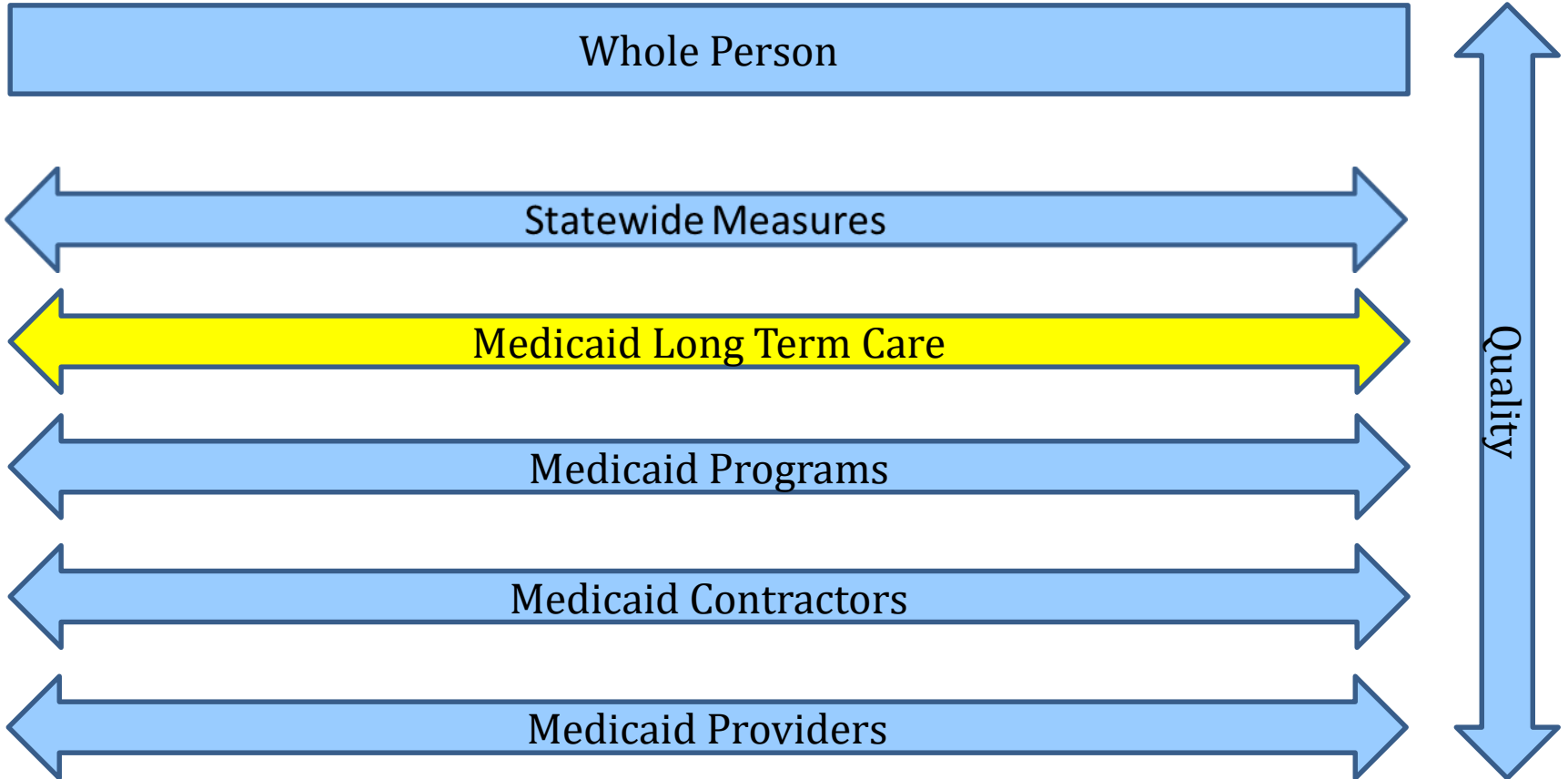


# Statewide Measures

- Division of Quality Assurance (DQA) – Regulatory Oversight and Collaboration with DMS (sharing of inspection results)
- Division of Care and Treatment Services (DCTS) – IMD utilization, ITP Beds and Crisis coordination



# Quality Strategy for People in Long Term Care





# Medicaid Long Term Care

- National Core Indicators for IDD
- National Core Indicators for Elderly and those that are Physically Disabled
- Wisconsin Long Term Care Score Card

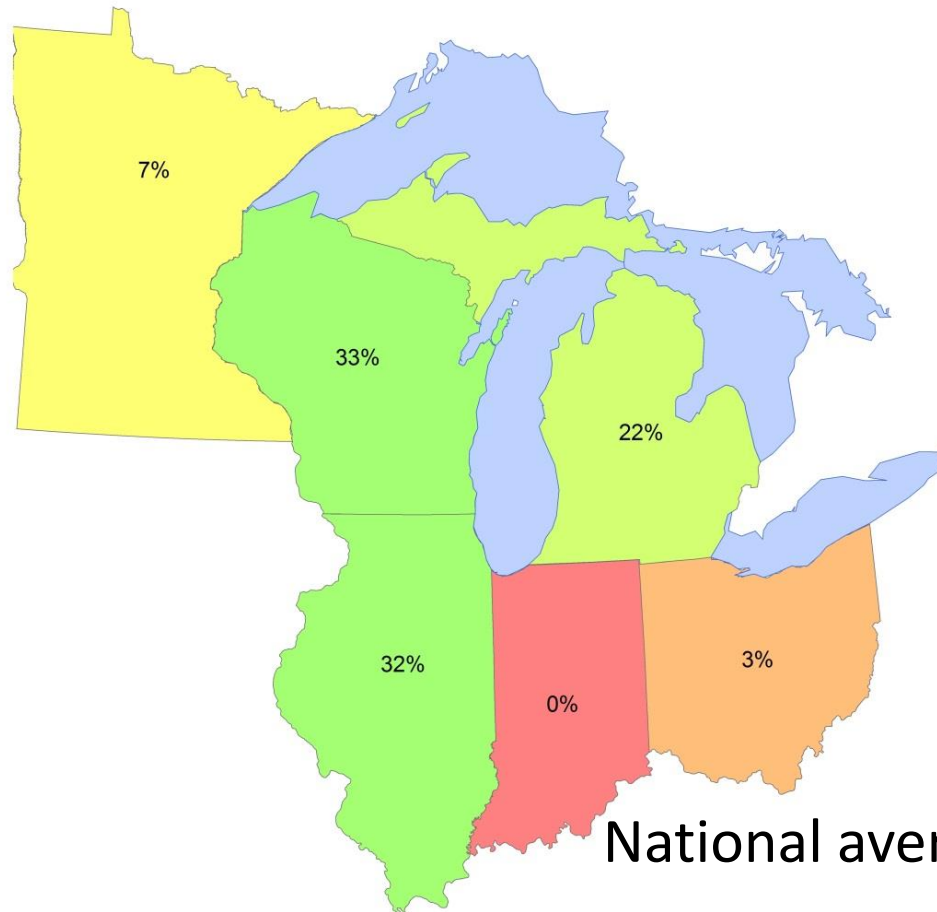




# Wisconsin is a Leader in Self-

Self-Direction of Services

**Percent of ACS participants who self-directed services**



National average 10%



# Wisconsin is a Leader in Self-Direction

- 33% of Wisconsin NCI ACS participants used a self-directed supports option; second among NCI states
- Of Wisconsin NCI ACS participants who self-directed, large majorities said they could make changes when needed, had enough help making decisions, got information on money left in budget, and information was easy to understand



# DLTC Scorecard

## The Division of Long Term Care (DLTC) Scorecard

<https://www.dhs.wisconsin.gov/publications/p01265.pdf>

- Provides information on the strengths and weaknesses in Wisconsin's Long Term Services and Supports (LTSS) system
- Modeled after a national scorecard ranking states on LTSS for elderly and physically disabled adults called [Raising Expectations](http://www.longtermscorecard.org/) (<http://www.longtermscorecard.org/> )
- Includes elderly, physically disabled, and developmentally disabled adults, and also children served by DLTC's programs where possible
- Creates opportunity to track progress over time and inform key initiatives



# DLTC Scorecard: Dimensions

- Access
- Choice of Setting and Provider
- Quality of Life
- Support for Family Caregivers
- Effective Transitions
- Reform Initiatives



# DLTC Scorecard: Access

## Dimension: Access

- Indicator 1.1: Percent of eligible adults on a waiting list for long term care programs
- Indicators 1.2.1 and 1.2.2: Percent of LTSS Medicaid funding spent on enrollees in Home and Community Based Waiver (HCBW) programs (adult and child)

1 Access	2011	2012	2013	2014	Progress
<b>1.1</b> Percent of eligible adults on waiting list for long-term care programs	6.6%	3.3%	2.9%	2.9%	✓
<b>1.2.1</b> Percent of total LTSS Medicaid funding spent on the care and support of enrollees in home and community-based waiver (HCBW) - adults	64.6%	65.7%	67.9%	70.2%	✓
<b>1.2.2</b> Percent of total LTSS Medicaid funding spent on the care and support of enrollees in HCBW - children	90.1%	90.0%	90.5%	91.9%	✓



# DLTC Scorecard: Choice

## Dimension: Choice of Settings and Providers

- Indicators 2.1.1 and 2.1.2: Percent of eligible Medicaid individuals enrolled in HCBW programs (adult and child)
- Indicator 2.2: Percent of managed long-term care (MLTC) and self-directed long-term care (SDLTC) waiver enrollees self-directing services

<b>2 Choice of Settings and Providers</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>Progress</b>
<b>2.1.1</b> Percent of eligible Medicaid individuals enrolled in HCBW - adults	71.9%	74.0%	76.4%	78.3%	✓
<b>2.1.2</b> Percent of eligible Medicaid individuals enrolled in HCBW - children	95.4%	95.2%	95.4%	95.9%	-
<b>2.2</b> Percent of Managed Long-Term Care (MLTC) and Self-Directed Long-Term Care (SDLTC) waiver enrollees self directing services	21.1%	26.2%	34.0%	36.5%	✓



# DLTC Scorecard: Quality

## Dimension: Quality of Life

- Indicator 3.1: Percent of adult (age 18-64) enrollees in individuals with intellectual disabilities (IID) population who are working
- Indicator 3.2: Percent of adult HCBW enrollees reporting they prefer to change their living situation
- Indicator 3.3: Percent of adult HCBW enrollees with natural supports

3 Quality of Life		2011	2012	2013	2014	Progress
<b>3.1</b>	Percent of adult (age 18-64) HCBW enrollees in the individuals with intellectual disabilities (IID) population who are working	52.0%	50.0%	48.0%	47.0%	✘
<b>3.2</b>	Percent of adult HCBW enrollees reporting they prefer to change their living situation	12.8%	12.3%	12.1%	11.9%	-
<b>3.3</b>	Percent of adult HCBW enrollees with natural supports	65.8%	68.3%	69.6%	71.1%	✔



# DLTC Scorecard: Caregivers

## Dimension: Support for Families and Other Natural Support Caregivers

- Indicator 4.1: Percent of adults living with family whose family/guardian prefer they move to a different setting
- Indicators 4.2: Percent of adults living with spouse/family receiving unpaid care who also receive respite

4 Support for Families and Other Natural Support Caregivers		2011	2012	2013	2014	Progress
4.1	Percent of adults living with family/spouse wherein family/guardian prefer the person move to another setting	4.6%	4.6%	3.9%	3.9%	✓
4.2	Percent of adults living with spouse/family receiving unpaid care who also receive respite	13.8%	12.8%	12.5%	12.6%	✗





# DLTC Scorecard: Transitions

## Dimension: Effective Transitions

- Indicator 5.1: Percent of nursing home residents with low care needs
- Indicator 5.2: Percent of new nursing home stays that last 100 days or more
- Indicators 5.3.1 and 5.3.2: Percent of enrollees with dementia experiencing potentially burdensome end of life transfers (nursing home residents and HCBW enrollees)

5 Effective Transitions		2011	2012	2013	2014	Progress
5.1	Percent of nursing home residents with low care needs	11.0%	9.9%	9.4%	8.9%	✓
5.2	Percent of new nursing home stays that last 100 days or more	20.6%	18.9%	18.4%	18.0%	✓
5.3.1	Percent of nursing home residents with dementia that experience potentially burdensome end-of-life transfers			6.9%	6.7%	-
5.3.2	Percent of HCBW enrollees with dementia that experience potentially burdensome end-of-life transfers			11.6%	12.5%	-



# DLTC Scorecard: Reform

## Dimension: Reform Initiatives

- Indicators 6.1.1 and 6.1.2: Nursing home utilization and occupancy
- Indicators 6.2.1 and 6.2.2: Intermediate Care Facility utilization and occupancy

6 Reform Initiatives	2011	2012	2013	2014	Progress
6.1.1 Nursing Home (NH) Utilization: Percent of Elderly, Blind, and Disabled (EBD) Medicaid enrollees using nursing home care	11.5%	10.8%	10.1%	9.4%	
6.1.2 NH Occupancy: Percent of licensed beds occupied	83.2%	82.0%	80.7%	79.9%	
6.2.1 Intermediate Care Facility Utilization : Percent of IID enrollees using Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IIDs)	2.3%	2.2%	2.1%	1.8%	
6.2.2 ICF-IID Occupancy: Percent of licensed beds occupied	81.6%	85.2%	88.6%	81.4%	



# DLTC Scorecard: Reform

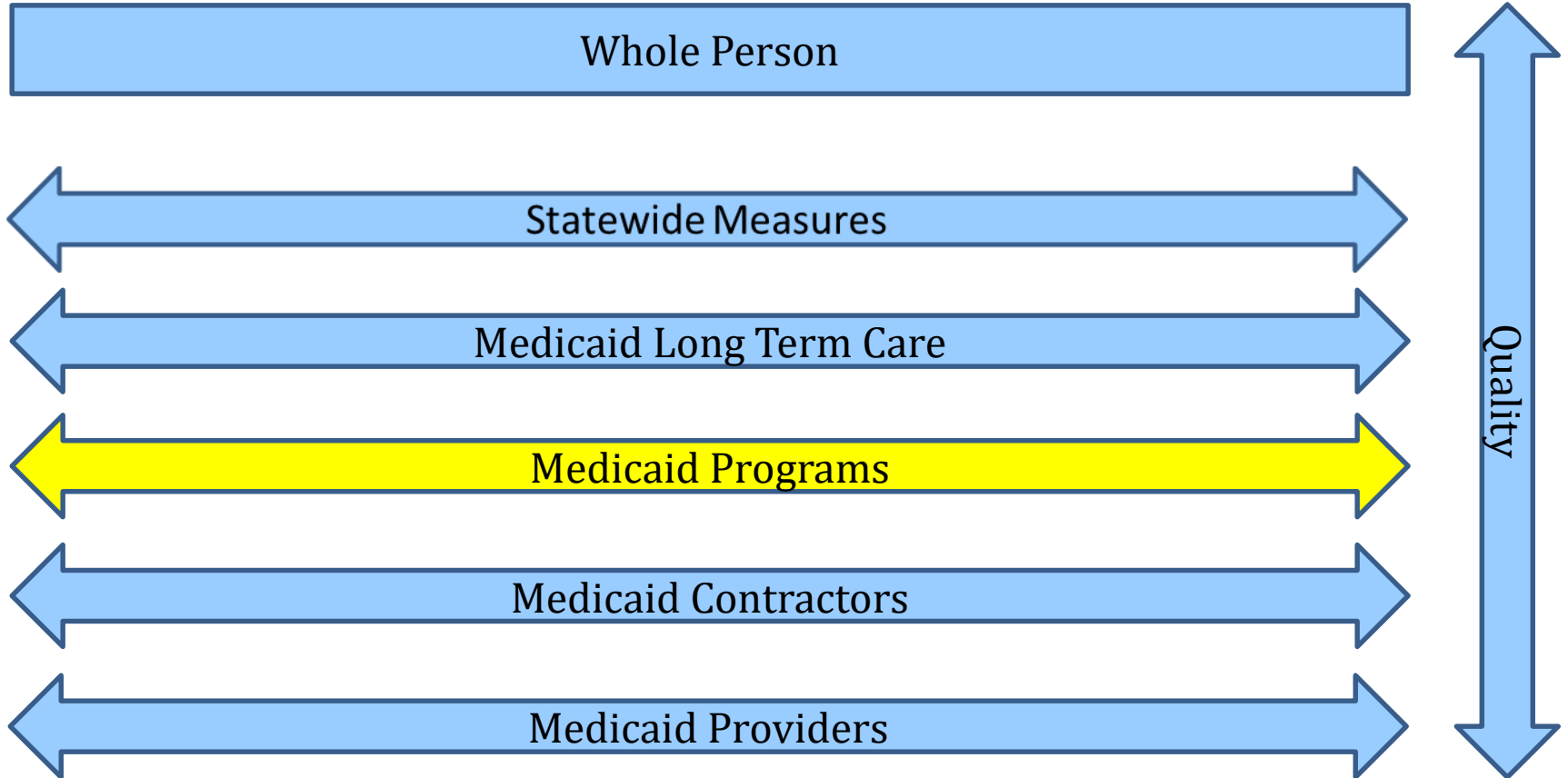
## Dimension: Reform Initiatives

- Indicators 6.3.1-6.3.4: Inpatient behavioral health utilization for adults and children, with adult dementia and child severe emotional disturbance subsets

6 Reform Initiatives	2011	2012	2013	2014	Progress
<b>6.3.1</b> Inpatient behavioral health utilization: Percent of HCBW enrollees and FFS institutionalized adults using inpatient behavioral health (IPBH) care			1.6%	1.6%	-
<b>6.3.2</b> Inpatient behavioral health utilization: Percent of HCBW enrollees and FFS institutionalized adults with dementia using IPBH care			1.3%	1.3%	-
<b>6.3.3</b> Inpatient behavioral health utilization: Percent of HCBW enrollees and FFS institutionalized children using IPBH care			2.5%	2.7%	-
<b>6.3.4</b> Inpatient behavioral health utilization: Percent of HCBW enrollees and FFS institutionalized children with SED using inpatient behavioral health			7.7%	8.0%	-



# Quality Strategy for People in Long Term Care





# Medicaid Programs

- CMS 372 Report – by Programs
  - Family Care, IRIS, Pace/Partnership
- Consumer Dashboards – by Programs
  - Employment
  - **Consumer Satisfaction**
  - National Core Indicators (IDD and Elderly & PD)
  - Other Key Metrics



# Wisconsin Quality Goal and Execution

## Results & Drivers

## Example – Consumer Satisfaction

*Lagging Metric*

**Goal**



**Operational Results**

**Goal**

- High Consumer Satisfaction

**Operations – Satisfaction Survey – (lagging indicators)**

- MCO Survey
- NCI Surveys

**Process Drivers**

**Leading Indicators**

- # of grievances
- # of disenrollment's
- # of complaints
- # of critical incidents
- Recent CMS 372s

*Leading Metrics*

**Behavior Drivers**



# Managed Care Quality Plan and Timeline

2017

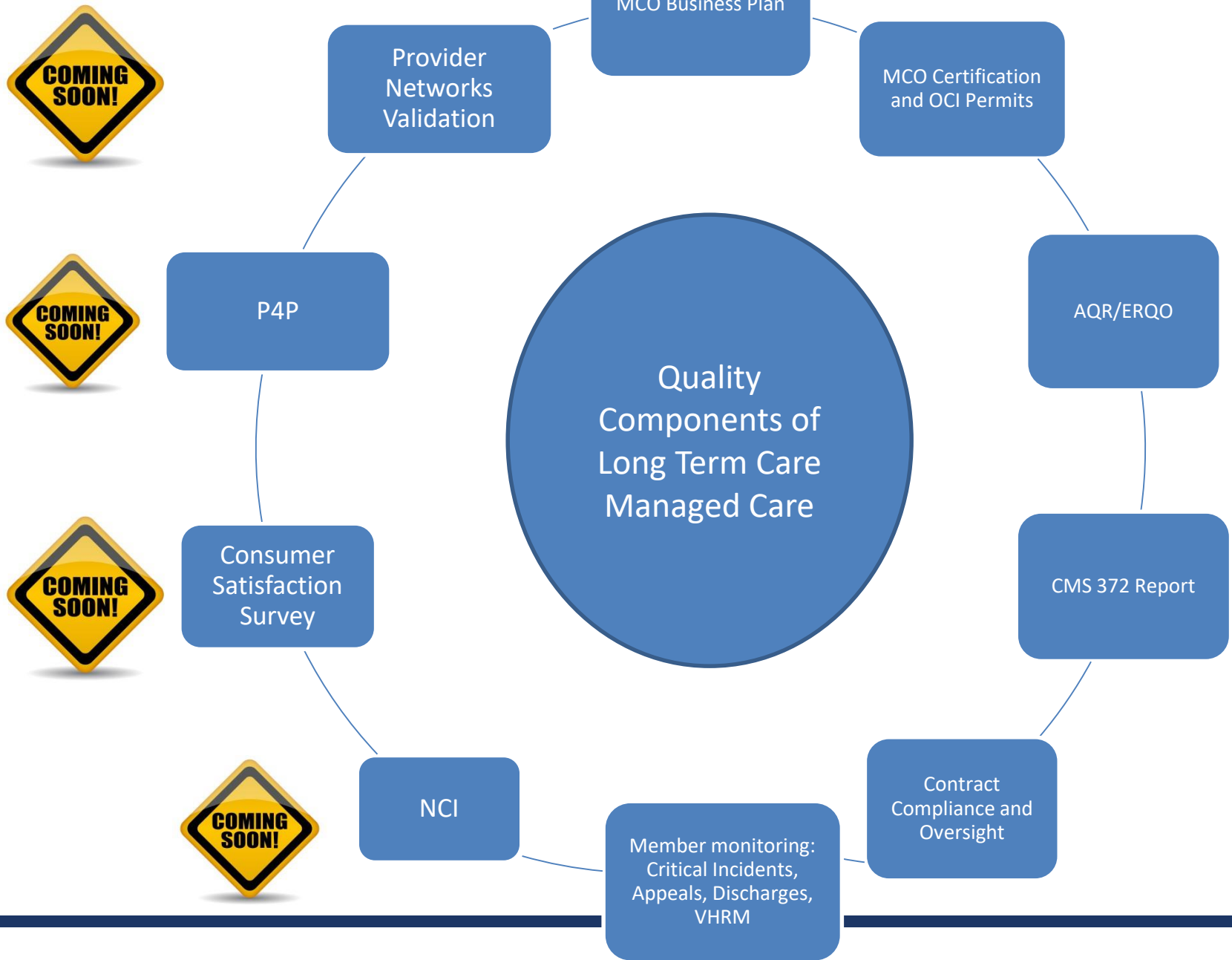
- BALTCS managers to discuss /survey MCOs VBP and P4P activities that they have used with service providers ✓
- BALTCS managers will collaborate with DHCAA staff on how they conducted their P4P activities ✓
- BALTCS managers and key staff will develop Quality Strategy that will guide the P4P activities for consideration by AAO, AO, SO
- BALTCS will assign a Project Manager ✓
- Begin waiver language change review for public comment, stakeholder input, etc.
- Complete Consumer Satisfaction Survey
- Begin benchmarking and the identification of needed data as prescribed by draft quality plan

2018

- Continue benchmarking establishing of additional data and metrics
- Conduct Consumer Satisfaction and collect results
- Start drafting needed contract changes, possibly pay for reporting or other tools to ensure adequate benchmarking, metrics and reporting mechanisms.
- Quality Plan submitted to CMS for approval under MCR.
- Begin waiver language change review for public comment, stakeholder input, etc. for additional P4P

2019-2021

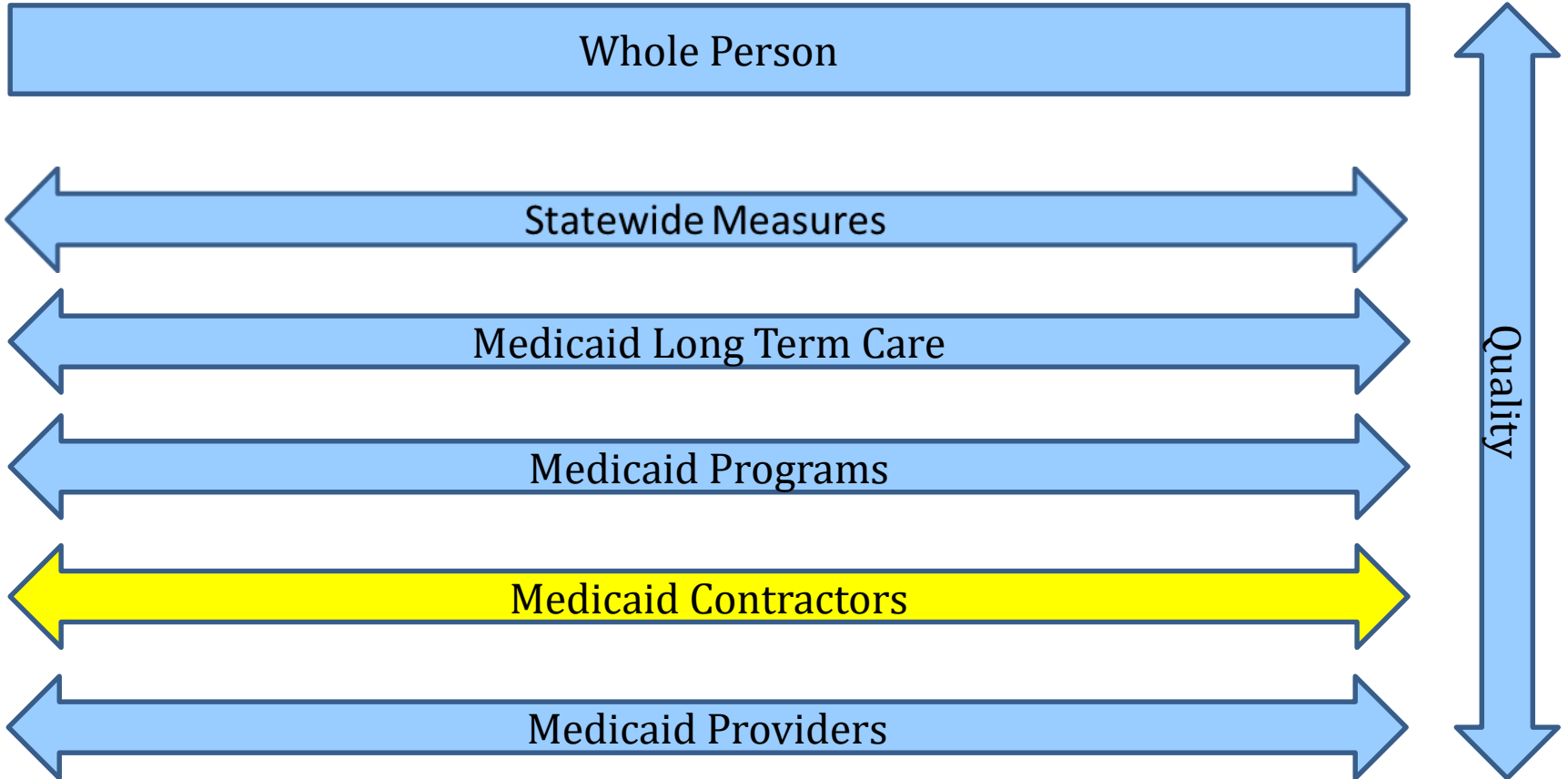
- Distribute the P4P for 2018 consumer satisfaction survey
- Monitor new contractual requirements as established by Quality Plan and other P4P initiative
- Continue benchmarking establishing of additional data and metrics
- Start drafting needed contract changes, possibly pay for reporting or other tools to ensure adequate benchmarking, metrics and reporting mechanisms.
- Begin waiver language change review for public comment, stakeholder input, etc. for additional P4P







# Quality Strategy for People in Long Term Care





# Contractors – MCOs, ICAs, Counties

- External Quality Reviews
- Meet the requirements of Division of Medicaid Services
- CMS 372 Report
- Quality Strategy
- Performance Improvement Projects (PIPs)
- Accreditation requirements, if applicable
- Partnership – Medicare Advantage Quality Requirements
- Satisfaction Surveys
- **IMD Rebalancing/Incentive**



# Wisconsin's Institution for Mental Disease (IMD) Rebalancing Initiative

A \$3 million dollar state funded initiative to understand and reduce IMD admissions

- **Goals**

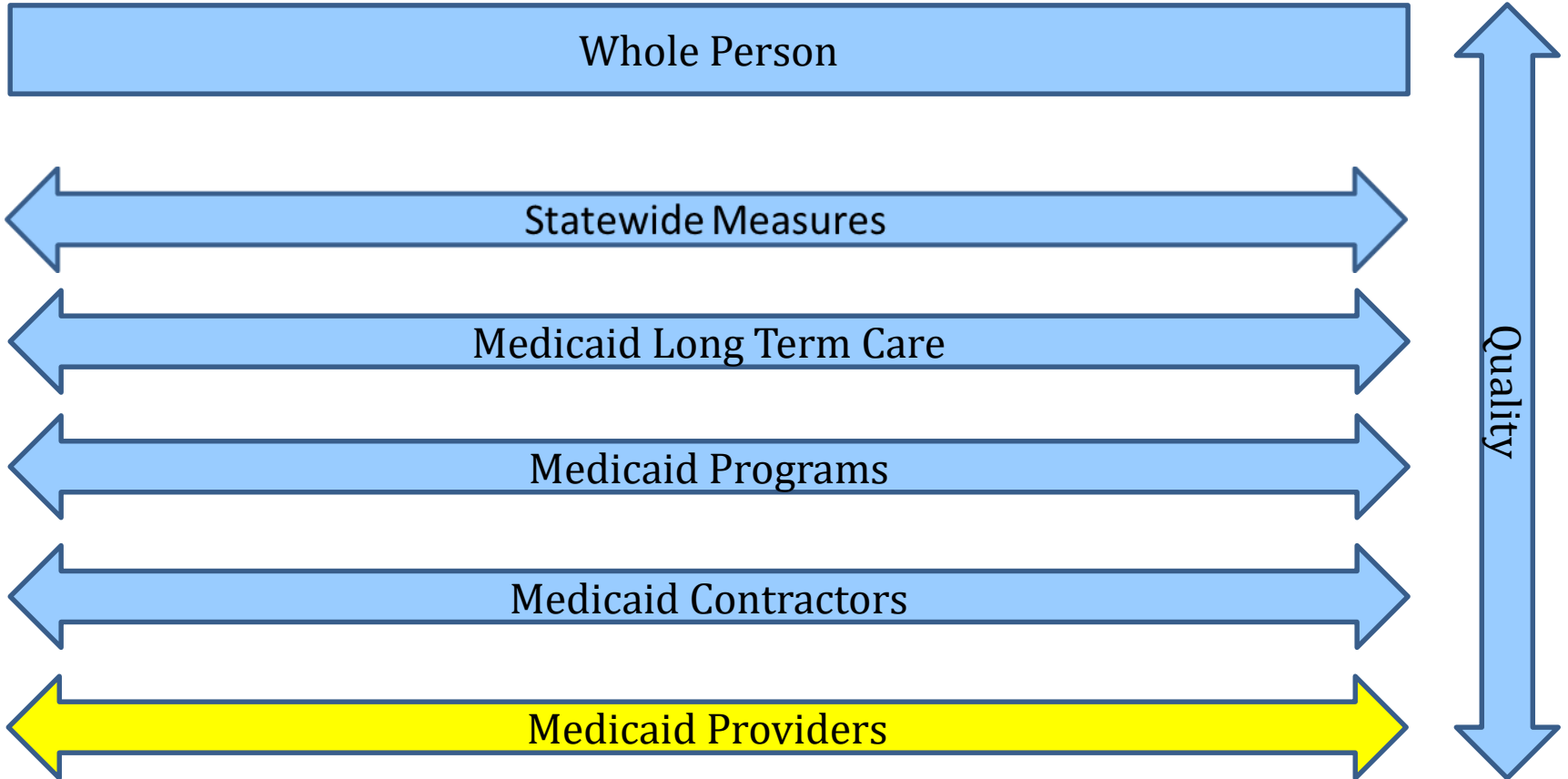
- Collect detailed data on all IMD admissions and discharges
- Encourage MCO innovation and capacity building
- Provide relief to counties for Family Care member Emergency Detentions that result in IMD stays

- **Next Steps**

- Analyze data and assess qualitative strategies to reduce admissions
- Enhance dialogue and collaborative learning among stakeholders
- Inform best practices and future policies



# Quality Strategy for People in Long Term Care





# Providers

- Meet requirements of the MCO or County
- Meet the requirements of DQA and DSPS licensure, if applicable
- Nursing Home Quality Measures & Clinical Resource Center
- Meet the requirements of [Wisconsin Coalition for Collaborative Excellence in Assisted Living \(WCCEAL\)](#), if applicable



- <https://wcceal.chsra.wisc.edu/>



# Internal Quality Improvement

- Public/Private Collaboration
- Regulators, Public Funders, Advocates, Provider Associations
- Structure, process and outcome measures used to evaluate quality





# Government Oversight & Support for Quality

Program	Enforcement	QA & QI	Nursing Home	Assisted Living
Federal Regulations	✓		✓	
<b>State Regulations</b>	✓		✓	✓
Quality Improvement Organization (QIO)		✓	✓	
Advancing Excellence		✓	✓	
Nursing Home Quality Initiative		✓	✓	
AHRQ Nursing Home Consumer Assessment of Healthcare Providers and Systems (CAHPS)		✓	✓	
Medicare Quality Improvement Community (QIES)		✓	✓	
Nursing Home Compare – 5 Star		✓	✓	
Minimum Data Set		✓	✓	
Quality Assurance Performance Improvement (QAPI)		✓	✓	
Online Survey, Certification and Reporting (OSCAR)		✓	✓	
<b>Wisconsin Coalition for Collaborative Excellence in Assisted Living (WCCEAL)</b>		✓		✓





# Calendar Year 2016 Highlights

- Growth continues - 10% (437 facilities)
- Members in Good Standing - 86%
- High Staff Retention - 65%
- High Staff Immunization Rate - 67%
- Low negative outcomes (annual average per thousand resident days)
 

	<u>WCCEAL</u>
○ Falls with injury	0.52
○ Infections – norovirus	0.08
○ Infections – influenza	0.03
○ Hospital Readmissions	0.13



# Calendar Year 2016 Highlights

## High Resident Satisfaction (range 1-5)

- Overall 4.44
- Staff 4.41
- Rights 4.43
- Environment 4.51
- Activities 4.26
- Meals and Dining 4.15
- Health Management 4.46



# National Recognition

2015 – Harvard Innovations in American Government Award Program, *Bright Idea Award*

<https://ash.harvard.edu/bright-ideas-2015>



2016 - Association for Health Facility Survey Agencies, *Promising Practice Award*

<http://www.ahfsa.org/annual-conference/promising-practices>



2017 – Pioneer Institute, Better Government Competition, Special Recognition Awardee

<http://pioneerinstitute.org/better-government-competition/>



2017 – Approval to claim Federal Matching funds





# WCCEAL

- Can WCCEAL be a “leading indicator” of good quality and high consumer satisfaction?
- We are exploring P4P with MCOs related to Provider networks





# Using Nursing Home Civil Money Penalties to Improve Quality

- [Nursing Home Quality Measures and National Clinical Resource Center](#)
- [WisCaregiver Career Program](#)
- [Wisconsin Music & Memory Program](#)



# Quality Strategy Development Process

1. Scan: Existing Measures & Initiatives
2. Select Measures from Scan to Use in Overall Strategy
3. Add Measures We Need But Don't Have (including IT and contract issues)
4. Use Our Measures: P4P and Public Reporting



Persistence is the twin sister of excellence. One is a matter of quality; the other, a matter of time. ~ Author Unknown.



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