

WYOMING HEALTHCARE COMMISSION  
November 20, 2006  
Meeting Notes  
Casper

**ATTENDANCE:**

**Commissioners:** Dixie Roberts, Chairman; Rex O. Arney; Rod Barton; Barb Cohee; Jack Glode, M.D.; Larry Kirven, M.D.; Lorraine Saulino-Klein; Jack Speight; Barb Rea; Cliff Root; John H. Vandel; Ken Vines.

**Absent:** Brent Sherard, M.D.

**Committee Members:** Darryl Bindschadler, M.D.; Lynn Birleffi; Rick Schum; Greg Gruman; Ph.D. and Teri Green (via phone); Dan Perdue; Susie Pouliot; Jerry Calkins, M.D.

**WHCC Staff:** Susan Anderson, Executive Director, Beth Worthen, Assistant Director, Keith Hageman, Administrative Assistant.

**GUESTS:**

Senator Charles K. Scott; Representative Jerry Iekel; Lloyd Wilder, Insurance Dept.; Dan Lex, OHCF/WDA/APS; Tom Gallagher, Wyoming R&P; Mary Behrens, Wyoming Nurses Association; Dan Neal, Equality State Policy Center; Sherlyn Kaiser; Beverly Morrow, WDH- Aging Division; Vereen Bebo, WDH- Homecare Services; Penny Hunt, WHRN; Jim Raye, Project Out; Ken Hoff, Project Out; Donna Fox, RN; Allison Rupp, Casper Star-Tribune; Carol Crump, Casper Journal; Lula Crawford; Rita Inoway, AARP and Carolyn Paseneaux.

**8:00 a.m. Meeting called to order by Chairman Dixie Roberts**

**I. Subcommittee Breakouts (8:05 a.m. - 10:00 a.m.)**

The Commission immediately broke into three (3) subcommittees:

1. Access & Affordability Subcommittee
2. Medicaid Subcommittee
3. Rural Health Care Delivery Subcommittee

The three subcommittees met from 8:05 a.m. to 10:00 a.m.

**II. Medicaid Presentation (10:15 a.m. - 12:00 p.m.)**

Rod Barton, Chairman of the Medicaid Subcommittee presented the Medicaid Subcommittee's recommendations to the Commission. The Medicaid recommendations are part of a three-year process, with the preliminary report due to the Legislature now. A final report is due October 2008. The current recommendations focus on long term care, building on findings in the Milliman Report. Future recommendations will be made using other information from the Milliman report.

The subcommittee stated its challenge as, "To slow the expected wave of an aging population's need for nursing homes." The chosen method is to offer less restrictive choices for long term care.

Comparisons in yearly Medicaid costs show the savings that can be made by directing clients to the least restrictive environment that is appropriate to them:

<u>Yearly Medicaid cost</u>	
Nursing home	\$38,635
Assisted Living	\$15,056
Care at home	\$14,353

- Recommendation # 1: Eliminate waiting lists for programs

providing home services and assisted living. The long term care waiver waiting list had 156 people on it on Nov. 14. To take them off the waiting list and provide services would cost \$2,239,068. If all of them were in nursing homes, the savings would be \$3,787,992. The assisted living waiver waiting list had 31 people on it on Nov. 14. The cost of providing "slots" for them would be \$466,736, a potential savings of \$730,949.

- Recommendation # 2: Support Project Out efforts. WHCC recommends appropriating \$300,000 in home-assist funds for non-medical transition needs. The expected savings in nursing home costs for 80 people moved out of nursing homes is \$1.3 million per year. Medicaid does not allow program money to be spent on non-medical expenses such as rent deposits and basic furniture—expenses that are nonetheless necessary to move people into the community from a nursing home
- Recommendation # 3: Providing a team that can help people find the appropriate least restrictive care in a timely manner by endorsing an existing pilot program on a three-year federal grant called Aging and Disabilities Resources Center. The subcommittee recommends evaluating the success of this pilot for future use as a Ready Response Team.
- Recommendation # 4: Improve workforce.
  - The committee recommends that Wyoming adopt a continuation budget method for home healthcare to make it an attractive business for people to enter. This would involve establishing a base rate and then giving increases tied to an annual indicator. An informal survey of shortages of home health care workers conducted for the subcommittee found all the responding providers citing shortages. The responders cited the higher pay in the energy industries that attract potential employees away.
  - Self-directed plans should be encouraged for Medicaid people receiving home health care services. One fifth of the Wyoming Medicaid clients receiving home health care services currently hire their own caregivers, which can include family members. During the discussion, commissioners discussed the value of honoring Medical Power of Attorney orders for deciding who can provide care in a self-directed plan. Officials from the Department of Aging said that they have concerns about honoring the Medical Power of Attorney for self-directed care.
  - The committee recommended that the commission support ways to expand the workforce, including reviewing the Nurse Practice Act. The Milliman report pointed out that other states use nursing aides and other workers for some functions currently done only by registered nurses. At the Lander Training School a pilot project has allowed medication to be dispensed by non-nursing personnel.
  - Support training for Nurse Assistants. The subcommittee recommended that incentives be offered to those willing to offer training, including hospitals, community colleges and individuals.
  - Contract for recruiting services in the home healthcare field. Establish a one-year contract for \$50,000 to a workforce development person to recruit and facilitate training of home health providers.

- Recommendation # 5: Offer a rainbow of options that suit the differing conditions and attitudes of individuals.
  - o Assisted Living: Increase assisted living facility waiver reimbursement rates so that the market will work to encourage renovating existing facilities and new construction if needed. Payment was increased by \$10/day on July 1, 2006. Recommend increasing to a range of \$62 to \$70/day. (Range is currently \$42 to \$50/day.)
  - o Support creation of an adult foster care program
  - o Support creation of Green House concept facilities. These follow a model of small facilities serving eight people who eat together and benefit from healthful surroundings including light, plants and access to outdoors
  - o Award \$50,000 to the Wyoming Hospice Organization to develop a marketing and education campaign. The Milliman report noted that Wyoming has a lower-than-average use of Hospice services. The services can help reduce unnecessary emergency room visits and provide better care at home or in one of the two residential facilities in the state.

After going over the recommendations, the Commission voted on the recommendations. The results of the voting are as follows:

1. **Recommendation #1-** Eliminate waiting lists (156 people for LTC Waiver and 31 people for Assisted Living Waiver) for programs providing home services and assisted living. The cost would be \$2,239,068 for the LTC Waiver and \$466,736 for the Assisted Living Waiver.

**Amendments:**

- a. The LTC Waiver and Assisted Living Waiting List totals be increased from 187 to 300 people. The amendment passed unanimously.

**Vote:** Recommendation #1 passed unanimously as amended.

2. **Recommendation #2-** Support "Project Out" efforts via a \$300,000 appropriation in home-assist funds for non-medical transition needs.

**Vote:** Recommendation #2 passed unanimously.

3. **Recommendation #3-** Support one stop shopping with ready response team by:

- a. endorsing existing pilot program, Aging and Disabilities Resources Center (ADRC), which directs people eligible for nursing home care to less restrictive options and;
- b. encouraging future implementation, if necessary, of a "Ready Response" team.

**Vote:** Recommendation #3 passed unanimously.

4. **Recommendation #4-** Improve Workforce by:

- 1. Wyoming switching to a "Continuation Budget";

**Vote:** Passed unanimously.

- 2. encouraging and promoting self-directed plans for Medicaid people receiving home healthcare and assisted living services

**Amendment:** Directions through a Medical Power of Attorney be honored for self-directed plans. The amendment passed unanimously.

**Vote:** Passed unanimously as amended.

3. supporting ways to expand workforce (i.e. review Nurse Practice Act)

**Vote:** Passed unanimously.

4. Support training for CNAs

**Vote:** Passed unanimously.

5. Contract for recruiting services in home healthcare field.

**Vote:** Passed unanimously.

5. **Recommendation #5-** Offer a rainbow of options that suit the differing conditions and attitudes of individuals by:

1. increasing assisted living facility waiver rates

**Vote:** Passed unanimously.

2. supporting creation of Adult Foster Care Programs and Green House-type facilities

**Vote:** Passed unanimously.

3. awarding \$50,000 to the Wyoming Hospice Organization for marketing and education campaign.

**Vote:** Passed unanimously.

**12:00 p.m. Lunch**

### **III. Milliman Medicaid Report**

The commission voted and approved the Milliman Report. It can now be released to the public. Both the report and the subcommittee's power point presentation are available on the WHCC website.

### **IV. WWAMI Presentation (1:00 p.m.)**

Sylvia J. Moore, Ph.D., Program Director, WWAMI, gave a report to the Commission on the WWAMI program. Rich Hill from the University of Washington School of Medicine was also present and contributed to the report, as did Rick Miller, Vice President for Government, Community, and Legal Affairs University of Wyoming legislative liaison. The report covered the history of WWAMI since its commencement in 1996 and went up to the present and future plans of WWAMI. It covered the structure of WWAMI, eligibility requirements, the cost of tuition, participating facilities in Wyoming, gross expenditures of the program and the number of students participating in the program (past, present and future). A copy of the presentation is available on the WHCC website at <http://www.wyominghealthcarecommission.org/>.

In the next four (4) weeks the Commission will be getting a WWAMI update from Sylvia J. Moore, Ph.D.

### **V. Rural Health Care Delivery Systems (RHCDs) Subcommittee Report (1:45 p.m.)**

Beth Worthen, WHCC Assistant Director, presented the Rural Health Care Delivery Systems Subcommittee report to the Commission.

### 1. RUPRI

The subcommittee had a conference call with members of the RUPRI team to discuss the recent site visits and what the next steps are. Highlights from the conference call are as follows:

- a. RUPRI conducted 63 interviews (in Powell and Rawlins)
- b. Powell and Rawlins proved to be good choices for communities to conduct the interviews in (a lot of contrast between the two)
- c. Interviews revealed concerns about lack of primary care physicians, assisted living facilities and mental health/substance abuse facilities.
- d. Will have preliminary report from RUPRI at the December meeting.

### 2. Project Manager Position

The RHCDS Subcommittee discussed the Project Manager position and will be putting out a job announcement for the position soon. The Project Manager will be assisting in the efforts of the Wyoming Healthcare Commission (WHCC) to build a health care workforce information system (using the HPTC database) in the state of Wyoming and disseminate the information from that system to parties across the state. Commissioners were encouraged to think of individuals who may have the skills and background to fill this position.

### 3. HPTC Databook

The RHCDS subcommittee has pointed out changes to HPTC that need to be made to the HPTC Databook. WHCC Staff will be sending out another draft of the Databook with a cover letter explaining what changes have been made.

Dr. Glode and Beth Worthen will be researching management of the Databook including use policies. The RHCDS subcommittee has agreed that the project should be self-sustaining (as much as possible), have separate fees for for-profit, non-profit and governmental agencies.

## **VI. Access and Affordability (A&A) Subcommittee Report (2:15 p.m.)**

Commissioner Rex Arney, the subcommittee chairman, gave the A&A Subcommittee Report. He briefly recapped the uninsured groups that the A&A subcommittee has been focusing on. They are as follows:

1. Those who don't qualify for Medicaid and are uninsured.
2. Those who do qualify for Medicaid but are uninsured.
3. Those in the middle to upper income bracket who are uninsured.

### 1. Jonathan Gruber Contract

Scope, Cost and Timeline for the Jonathan Gruber Ph.D. work product was handed out to the Commission.

### 2. Wyoming Health Insurance Pool (WHIP)

The A&A subcommittee proposal on changes to the WHIP was handed out to the Commission and discussed in detail. The committee stated that the WHIP was created to improve availability of health care coverage to people in the high risk pool, but it hasn't addressed affordability. Some people in the high-risk pool can no longer afford

coverage that is typically at 150 to 200% of the market rate. This proposal would reduce premiums to 100-120% of the market and allow assistance for people at higher percentages of the Federal Poverty Level to afford health insurance.

The A&A subcommittee plans to do some modeling to come up with the needed figures to present to the Legislature.

This proposal would reduce premiums to 100% -120% of the market for Level 2 membership and continue to provide assistance for people falling in Level 1 membership even though they would not receive a reduction in their premium. The funding formula for the WHIP would be amended to include greater state subsidy to achieve premium reductions for Level 2 membership.

### 3. A&A Subcommittee Recommendations

**1. Recommendation #1-** A&A Subcommittee WHIP - A&A Subcommittee moved that the Commission as a whole support the WHIP proposal presented by the A&A Subcommittee. The proposal changes the Wyoming Health Insurance Pool to provide both access and affordability by establishing premiums based on the income of participants as follows:

Level 1 Membership - 300% or greater of the Federal Poverty Level  
Maintain Premium at 150% - 200% of Standard Market Rate

Level 2 Membership - Less than 300% of the Federal Poverty Level  
Reduce Premium to 100% - 120% of Standard Market Rate

Fund these Changes through 1) premiums from participants; 2) limited assessments to the insured market (health insurers) up to the first \$2,500,000 with the current premium tax credits; 3) General Fund appropriations or other state sponsored funding.

**Vote:** The motion passed with one (1) commissioner opposed.

**2. Recommendation #2-** A&A Subcommittee SCHIP- A&A Subcommittee moved that the Commission recommend reauthorization of the SCHIP program at that federal level and moved that the commission support the following:

- a. Reauthorization of the funding to continue the SCHIP program and;
- b. the waiver effort for the expansion of funding to the CHIP 4 Parent program.

**Vote:** The motion passed unanimously.

### VII. Medical Specialty Centers Presentation (3:00 p.m.)

Cheryl Fahlman, project manager for the Center for Studying Health Systems Change, presented the report on the Medical Specialty Centers. A copy of the presentation is available on the WHCC website at <http://www.wyominghealthcarecommission.org/>.

Highlights of the discussion are as follows:

- Commissioner Speight requested data supporting the statement that Wyoming is among the highest in cost. Cheryl Fahlman said she would provide some articles to the Commission.
- The four hospitals that were excluded from the study are the two VA Hospitals (Cheyenne & Sheridan); the state owned Mental

Hospital and the Behavioral and Substance Abuse Hospital.

- The longer a Medical Specialty Center exists the more closely it resembles a community hospital.

The following recommendations regarding Medical Specialty Centers were voted on by the Commission:

1. **Recommendation #1-** Improve Community and Facility Monitoring through data collection. Hospital financial and utilization data should be collected from all hospitals. The WHCC expressed interest in making the data available to the public.

**Vote:** Recommendation #1 passed unanimously.

2. **Recommendation #2-** Ownership Disclosure Physician ownership of facilities, including Ambulatory Surgical Centers, should be disclosed to patients.

**Vote:** Recommendation #2 passed unanimously.

3. **Recommendation #3-** Self-Referral  
WHCC chose not to recommend state action, but to rely on Stark Laws.

**Vote:** Recommendation #3 passed unanimously.

4. **Recommendation #4-** Level Playing Field  
When a new hospital enters a city, town or country, it must serve a mix of Medicare and Medicaid patients and provide emergency services consistent with what is provided by any existing hospital. If the hospital fails to match the existing patient mix and emergency services, it must contribute to an uncompensated care fund.

**Vote:** Recommendation #4 passed unanimously.

#### **VIII. HSC Medical Specialty Report**

The Commission voted unanimously to approve the HSC Medical Specialty Report. The report will be posted on the WHCC website.

**5:00 p.m. Meeting adjourned**