

Advisory Committee Draft Recommendations Presented to the Long Term Care Task Force

12/5/2006

	Action Taken During 2007 Legislative Session	Part of Blue Ribbon Commission Recommendations
Self-determination/Person centered focus		
Self-management as a core component of care [1.A.]		
DSHS/ADSA review current program practices and incorporate self-management into system design, assessments and decision-making processes (e.g. review policies and procedures for CARE assessment and development of Plan of Care; review provider and consumer training/education to ensure that self-determination and person centered focus are emphasized). Include mechanisms to ensure flexibility to respond to person-centered care planning [1.A,B]		
Chronic care management and Integration/coordination of medical, chronic care and long term care services:		
Increase utilization of the chronic care model [CCM] or other models that integrate medical and social care management and provide cross-disciplinary capacity in care management [6.A, C]. Legislature should fund DSHS initiatives, e.g. ADSA request for expansion of the DSHS Intensive Chronic Case Management Project, Whatcom County Pursuing Perfection, and HRSA request for infrastructure for "medical home". NOTE -- Could implement through RFP to AAA's and other entities. Track medical costs. If medical savings exceed cost of CM, then grantee can keep ___% of the savings to reinvest in other needed LTC services, e.g. support for informal caregivers.	<p>SB 5930/Sec.4: DSHS and DOH to design and implement medical homes for aged and disabled clients in conjunction with chronic care management programs. Among other things, the programs must improve coordination of primary, acute and long term care for people with multiple chronic conditions. Funded in the budget.</p> <p>SB 5930/Sec. 4: DSHS and DOH will evaluate the effectiveness of current chronic care management efforts, including ADSA ICCM and HRSA's medical home projects. Funded in the budget.</p>	<p>Recommendation #2: Become a leader in the prevention and management of chronic illness:</p> <p>Integrate proven chronic care management into all state programs; and</p> <p>Require enrollees with chronic conditions to participate in such programs.</p>

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<p>Incorporate evidence based practices [EPB] for management of chronic illness into care delivery [9.D]</p>	<p>SB 5930/Sec. 5: DOH will provide training and TA to primary care providers regarding care of people with chronic conditions, emphasizing evidence-based preventive and chronic disease care. Elements include: clinical information systems, decision support, support for patients managing their own condition, clinical delivery system redesign, and linkages to community resources.</p>	<p>Recommendation #2: see above.</p>
<p>Increase adoption of EBP's, through identification of EBP's, and desired outcomes, investment in IT, and pay for performance consistent with the recommendations of the Blue Ribbon Commission on Health Care [9. A, D,F; 7.F]</p>	<p>SB 5930/ Sections 4 & 5 as described above; and SB 5930/Section 1: DSHS and HCA will develop a 5 year plan to change reimbursement within their programs to, among other things, require the use of evidence-based standards, pay for care of proven value, reward quality health outcomes, tie provider rate increases to measurable improvement in access to quality care.</p>	<p>Recommendation #1: Use state purchasing to improve health care quality: Reward health outcomes, pay for care that reflects patient preference, tie future provider rates increases to improvements in care quality, direct enrollees to quality care systems and better support primary care.</p>

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<p>Medicaid reimbursement of core components of CCM, including patient education, care management, group visits, etc.</p>	<p>SB 5930/ Section 1: The DSHS/HCA 5 year plan to change reimbursement includes providing medical homes and paying for e-mail consults, telemedicine and telehealth where doing so reduces overall cost of care.</p>	<p>Recommendations #1 & 2: see above.</p>
<p>Develop better linkages between acute and LTC, family caregivers and palliative care [6.B]</p>	<p>SB 5930/Sec.4: DSHS and DOH to design and implement medical homes for aged and disabled clients in conjunction with chronic care management programs. Among other things, the programs must improve coordination of primary, acute and long term care for people with multiple chronic conditions.</p> <p>Transitions between the acute and long-term care systems and palliative care were not directly addressed.</p> <p>Budget increased funding for ADSA family caregiver support and respite program by \$2.4m.</p>	
<p>Recognize the need for access to behavioral health services, and increase access to mental health services, with a focus on identification and treatment of depression; consider the recommendations of the Mental Health Transformation Project [12. B, C,D,] Appropriate funding for a 12 bed Enhanced Services Facility and increased capacity for the Expanded</p>	<p>Budget includes \$46m in funding increases to RSN's for: serving non-Medicaid clients, community mental health worker wage increases, back-up and</p>	

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Community Services Program to serve individuals with behavioral or mental health issues.	training for mental health professionals who assess persons in crisis, and a Medicaid vendor rate increase. Access to mental health services for seniors not explicitly addressed.	
Local public health funding for community-based prevention and health promotion activities consistent with the recommendations of the Joint Select Committee on Public Health Financing [9.C]	SB 5930/Sections 60-66 establish means to define core public health functions and performance measures related to those functions, with accountability measures. Budget includes \$20m in new public health funding.	Recommendation #15: Strengthen the public health system.
Access to culturally and linguistically appropriate services and supports:		
Increase cultural competency of health care providers, through recruitment of ethnic minority providers and other provider training [4.C]	Not addressed.	
Appropriate funding for reinstatement of the Tribally Enrolled Benefit Counselors project to enable Tribal elders to access available medical and long term care benefits.	Not addressed.	
Advance planning:		
Increase the percentage of Washingtonians who have a health care declaration and have filed it with the new DOH health care declarations registry [HB 2342].	Not addressed.	

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Provide information to employers about health care declarations so employers can include this information in retiree seminars and other employee communication.	Not addressed.	
Access to LTC information		
Easy access to information needed to plan for future needs for LTC services, through a comprehensive, searchable website [2.A]	Not addressed.	
Access to information needed to obtain LTC services at critical transitions, such as transfer from hospital into LTC services, or newly developed need for assistance with ADL's through a comprehensive, searchable website [2.A]	Not addressed.	
Community education re the availability of website and the need to plan for LTC	Not addressed.	
Fund a pilot program to provide "navigators" to help people interpret the information on the website and plan for LTC needs [2.A]	Not addressed.	
Build on the existing system of community providers and supports with training to assist individuals and their caregivers in accessing appropriate services and supports and make linkages among systems [2.D]	Addressed in part through increased funding and services through the family caregiver support and respite program.	
Provide training to health care providers regarding finding long term care information and referral to services [2.D]	Not addressed.	
NOTE: This is a repeat – see above. Fund a pilot program to provide "navigators" to help people interpret the information on the website and plan for LTC needs [2.A]		
Consider Aging and Disability Resource Centers – are they demonstrably better or distinct from AAA's	Not addressed.	

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Support for informal caregivers		
Appropriate increased funding for, and access to adult day services, respite, support groups, training and other caregiver supports as requested in DSHS budget proposal, and consider particular funding needs in rural areas where there are fewer residential facility options[3.A]	Budget increased funding for ADSA family caregiver support and respite program by \$2.4m.	
Appropriate funding to develop an online caregiver self-assessment tool as requested in a DSHS budget proposal to identify the need for training/support and access to needed training/support [3.B]	Need to confirm – Does the \$2.4m include development of caregiver assessment tool by ADSA? I think this was part of Governor’s budget request.	
Technology		
Build upon the work of the HIIAB to: ensure that long term care providers are able to access, with a consumer's authorization, information in their electronic medical record (EMR) or shared care plan; and have a goal of including long term care service information in EMR's and shared care plans. [10. A,B,D,G] ;	<p>SB 5930/Sec. 10: Authorizes next steps in HIIAB's work, including pilot of a consumer-centric health information infrastructure, the first health record banks and health care provider grants to adopt EMR systems. Budget provides \$4.4m for these activities.</p> <p>The HIIAB December 2006 report to the legislature does not explicitly address the question of including long-term care services data in a consumer's electronic medical record. Also not addressed in SB 5930.</p>	<p>Recommendation #4: Deliver on the promise of health information technology:</p> <p>Based on the HIIAB recommendations, develop a system to provide electronic access to patient information, including incentives for providers to purchase health IT.</p>

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Ensure that any electronic health record developed in WA state has the capacity to link with LTC health data and providers [10.G].	Not explicitly addressed in SB 5930. Consider working this issue through HIIAB.	
LTC Financing:		
Increase consumer protections in LTC insurance by adopting provisions of the NAIC model statute and regulations related to pre-existing conditions.	HB 1086 passed the House, but not the Senate.	
Direct OIC to make necessary changes in regulations to implement the LTC Partnership Program in WA State.	This was linked to HB 1086.	
PEBB long term care insurance offering: very few state employees have purchased the coverage. Direct HCA to improve the quality of the product and provide improved information/education to state employees regarding its availability. Consider providing a state subsidy towards the cost of LTC insurance coverage for state employees.	HB 1085 passed the House, but not the Senate.	
Reverse annuity mortgages: Montana model of state as broker for RAM's to reduce costs of RAM to consumers.	Not addressed.	
Integrate financing with care delivery to align incentives for quality and prevention, e.g. increase enrollment in integrated systems, such as EverCare, PACE, WMIP [7.A], but don't rely exclusively on capitation [7.B]	Budget authorizes expansion of WMIP enrollment to 13,000 from the current cap of 6,000. Also includes a 2% per year VRI for PACE Eldercare.	
Continue research on the feasibility of a long term care social insurance system for Washington State	Not addressed.	
As noted above in integration/coordination of medical, chronic care and long term care services , link payment to outcomes of medical/LTC integration efforts, including shared savings mechanisms	Could be addressed through DSHS/HCA 5 year plan to change reimbursement systems, and through medical home	

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	initiative in SB 5930.	
Dedicate civil penalties from AFH and BH sanctions to long term care quality improvement efforts, rather than general fund	Not addressed.	
Allow for flexibility in providing services by removing funding silos [7.C.]		
Ensure fair and adequate Medicaid LTC payment rates, including rates for difficult/complex cases (e.g. compare LTC payment rates to hospital rates that would be paid without access to a LTC placement) [7.D]	See below. Budget includes VRI for boarding homes and adult family homes, including those receiving exceptional rates.	
Appropriate funding for increased Medicaid payment rates for adult family homes, boarding homes and assisted living, as requested in DSHS budget proposal	Budget includes \$31.4m: Boarding homes: 6%/2% VRI; and Adult family homes: 3.2%/2% VRI. Under HB 2111, passed in 2007, adult family home providers will collectively bargain with the state regarding compensation, health and welfare benefits and training. Any additional rate or funding increases will be determined by the outcome of collective bargaining.	
Create enhanced rates for service providers in rural areas [7.I]	Not addressed.	
Base rates on level of acuity, not setting [7.E]		
Continue to fund community residential options to offset the institutional bias	Budget includes \$148m for	

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of Medicaid [7.K].	<p>increased compensation and benefits for individual providers and home care agency workers.</p> <p>Budget also includes a Joint Legislative Task Force on LTC Residential Facility Payment. Addressed NH, AFH and BH payment issues. Report due December 2007.</p>	
LTC quality improvement:		
Establish incentives for educating and reimbursing geriatricians, internists and family physicians to care for the growing number of seniors [5.D]	Not addressed.	
Consider linking payment to meeting benchmarks, or showing significant improvement in , selected existing quality of care or quality of life requirements	Addressed in SB 5930/Section 1: DSHS/HCA five year plan to change reimbursement.	
Reporting of provider performance	SB 5930/Section 9: Establishes the Washington Quality Forum to assemble and disseminate information on, among other things, provider performance. No explicit reference to long-term care; references "health care".	<p>Recommendation #3: Provide cost and quality information for consumers and providers.</p> <p>Develop a set of measures to allow consumers to compare provider cost and quality.</p>
Develop indicators of consumer satisfaction, and solicit consumer feedback on quality of care; consider CAHPS as a model [5.A,B]	Not addressed	
Protection of vulnerable individuals:		

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Support WSBA proposal to Implement a public guardian pilot program to provide guardianship services to low income persons [13.G]	Public guardianship project (SB 5320): Creates an Office of Public Guardianship within the Administrative Office of the Courts to provide guardianship services to low-income individuals who have been determined by a court to need the services of a guardian.	
Strengthen the APS law to enable APS to be more proactive and improve coordination with law enforcement [13.H] [NOTE: Rep. Moeller is proposing legislation to strengthen the vulnerable protection order statute]	Vulnerable adult protection orders (HB 1008): Allows "interested persons" to petition for a protection order on behalf of a vulnerable adult; extends the duration of a VAPO to 5 years, with ability to modify; and directs AOC to develop standard forms.	
Make immediate respite options available [13.F]		
Housing:		
Develop specialized housing options for specific populations, and increase the availability of accessible housing stock [15. C,E]	Not specifically addressed.	
Tribal Recommendations		
Place the Tribally enrolled benefits counselors (level of the 7.01 process) back in ADSA Administration rather than solely with AAAs and HCS Regional Administrative Offices to respect the government-to-government process and assure consultation occurs at a level where decisions can be made, policy and procedures can be created and adequate resources can be provided to maintain and monitor the integrity of the process.	Not addressed.	

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Establish a workgroup to evaluate the relationships between Area Agencies on Aging, Aging and Disability Services Administration, and Tribal governments and develop better protocols for consultation and strategy development.	Not addressed.	
Develop more culturally-appropriate community based services and/or develop methods for Tribes to independently provide both Medicaid and non-Medicaid services that have historically been provided by Area Agencies on Aging.	Not addressed.	
Require AAA's to hire a "cultural" interpreter or liaison to provide outreach to Native Elders living in urban areas.	Not addressed.	
Consult and coordinate with tribes on policy and budget for State implementation of the Older American Act.	Not addressed.	
Develop Home & Community Based Services which specifically meet needs in Indian Country either through a geographically-based 1915(c) waiver or state support of Indian HCBS contracts for service under existing waivers which serve Indian people.	Not addressed.	