

## Discussion Document

### Priorities of the Joint Legislative Executive Committee on Aging and Disability

	Group	Suggestion	Offered by	Priority Level		
				Short-Term	Mid-Term	Long-Term
1	Insurance/System Changes	Long Term Care Financing Options (Public, private & public/private options)	Rep. Jinkins			
2	CFCO	Use of Community First Choice Option for:				
		a Family Caregiver Support and Respite	Rep. Jinkins / DSHS/ Jason McGill			
		b Medicaid rate enhancements for providers of long-term services and supports	Rep. Jinkins			
		c Restoration of hours for home care workers	Rep. Jinkins			
		d Pre-Medicaid Services. Investing in services and supports that will delay or divert individuals from entering the more expensive Medicaid long-term care system. (\$19 million GF-State – potentially funded through CFCO savings)	DSHS/Jason McGill			
3	Financial Security	START Proposal				
4	Client Safety	Elder Abuse Omnibus Bill (Look at CA, MN, OR or FL for models):	Rep. Jinkins			
		a Amend Criminal Mistreatment and Abandonment statutes	Rep. Jinkins			
		b Create a crime of Financial Exploitation of Vulnerable Adults	Rep. Jinkins			
		c Funding for APS (this is budget, not policy Omnibus issue)	Rep. Jinkins			
		d Authorize (or mandate) formation of Multidisciplinary Teams	Rep. Jinkins			
		e Incentivize specialized elder abuse detectives & prosecutors	Rep. Jinkins			
		f Adult Protective Services Staffing for Financial Exploitation and Self-Neglect. APS requires 9.0 FTE dedicated to addressing the increasing demands self-neglect cases in order to be able to close cases in a timely manner. (6 FTE for financial exploitation; 3 FTE for self-neglect cases - \$2 million total funds; \$1.5 million GF-State)	DSHS/ Jason McGill			
5	Client Safety	Residential Care Services Complaint Investigations and Complaint Resolution Unit Intake Staffing. A total 23.1 FTE are requested: 7.7 FTE for the CRU, and 15.4 for Nursing Home	DSHS			

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		survey. (\$7.6 million funds; \$3.9 million GF-State)				
6	Client Safety/System Changes	Area Agencies on Aging Case Management Funding. AAAs are currently not funded for the 1:62 case manager to client ratio that is spelled out in their contract. Lack of adequate funding creates risk to federal funding, poor client outcomes and failure to fully address clinical needs of clients as well as the ability to fully comply with new federal rules that went into effect March 2014. (\$28 million total funds; \$14 million GF-State)	DSHS			
7	Insurance	Long Term Care Insurance Study. Contracted actuarial insurance industry study of options to finance long term care insurance for the citizens of Washington State, including options for public financing and public-private partnerships. (\$400,000 total funds; \$200,000 GF-State - contingent on \$200,000 in private contribution)	DSHS			
8	System Change	End of life care planning, patient counseling, system improvement (like Oregon's) See Bree Collaborative recommendations	Jason McGill			
9	Insurance	LTC insurance market improvement and choices	Jason McGill			
10	Planning	Retirement planning, both for state employees and the public generally	Jason McGill			
11	System Change	Importance of Duals pilot and health homes – and workforce needs associated with these efforts and aging population generally (e.g. primary care, geriatrics, nurse chronic care management, LTC workers supports, community health worker supports)	Jason McGill			