The Joint Legislative Executive Committee on Aging and Disability

September 15, 2014
Meeting Materials

- Agenda
- The following two documents are not intended to limit Committee member proposals to only those items; however, they are intended as a tool to begin the discussion of recommendations:
    - List of recommendations proposed by presenters over the course of the past two years.
    - List of recommendations from Committee members following the July 2014 meeting.
- Update from the Community First Choice Option Work Group, Bea Rector, Department of Social and Health Services.
- Use of technology to help people maintain independence, Scott Peifer, AgeTech West.
- Training Partnership and workforce quality, Charissa Raynor, Training Partnership.

Washington State Legislature

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PO Box 40466
Olympia, WA 98504-0466
(360) 786-7407

Aging & Disability
Joint Legislative Executive Committee

John L. O'Brien Building
PO Box 40600
Olympia, WA 98504-0600
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Monday
September 15, 2014
1:00 -4:00 p.m.

Sen. Conf. Rms ABC
J.A. Cherberg Building
Olympia, WA

AGENDA

1. Update from the Community First Choice Option Work Group.
   - Bea Rector, Department of Social and Health Services
2. Use of technology to help people maintain independence.
   - Scott Peifer, AgeTech West
3. Training Partnership and workforce quality.
   - Charissa Raynor, Training Partnership
4. Public comment.
5. Initial member discussion of final report.

Committee information and meeting materials can be found at the Committee's webpage:
http://www.leg.wa.gov/jointcommittees/ADJLEC/Pages/default.aspx

Joint Legislative Executive Committee on Aging Disability

Summary of Suggested "Recommendations" from Panelists

	GAP					
			Legislation		Budget Item	
	Group	Recommendation to the JLEC on Aging/Disability	Needed	Optional	Needed	Optional
1	Client Safety	DSHS...6 Adult Protective Services (APS) FTE…high-level expertise in financial exploitation		X	X	
2	Client Safety	DSHS...3 APS FTE…facilitation of protective orders or guardianships		X	X	
3	Client Safety	DSHS...Residential Care Services (RCS) investments…quality assurance program		X	X	
4	Client Safety	DSHS…amend definition of vulnerable adults	X			X
5	Client Safety	**DSHS...Supported living…legislation granting authority to impose immediate sanctions**	X			X
6	Client Safety	DSHS...Supported living…legislation calling for a quality assurance assessment	X			X
7	Client Safety	Stakeholder…review role of guardians in WA (both formal and informal)		X		X
8	Client Safety	**Utilizing "Health Professions Account" for client safety initiatives**		X	X	
9	Client Safety	**King Co. Prosecutor…modifying the definition of abuse/neglect…change the reckless standard**	X			X
10	Client Safety	LeadingAge…better use of navigators…nurse navigators, community health navigators…isolate where things fall apart		X		X
11	Financial Security	DRS…increase the availability of deferred comp program, as well as the utilization of deferred comp		X		X
12	Financial Security	Stakeholder…continue supporting a defined benefit pension to attract and retain employees…and allow for secure retirement		X		X
13	Financial Security	Stakeholder…encourage private retirement accounts…through START, or another program		X		X
14	Financial Security	Genworth…prioritize consumer education programs…such as "Own Your Own Future"		X		X
15	Training	WSRCC…better clarity about training expectations and training requirements		X		X
16	Training	**LeadingAge…encouraging and developing an apprentice model for LTC workers**		X		X
17	Training	LeadingAge…continuing to develop specialty training…dementia, CCM, specific skills		X		X
18	Training	LeadingAge…training budget…how is money being spent...could it be spent more effectively		X	X	
19	Training	**WHCA…facilities provide joint training sessions…NH provides to AP staff, etc.**		X		X
20	Training	DSHS…training for family caregivers…including "unpaid" caregivers		X		X
21	Training	WTECB…pipeline of nurses…program availability in higher education		X	X	
22	training	Multiple…modification of LTC training requirements…limited supervision, nurse delegation	X			X
23	Training	WHCA…licensure = automatic qualification as trainer (orientation & safety)	X			X
24	Insurance	**RTI…review public insurance programs (other countries and Hawaii)…consider a public insurance program in WA**	X		X	
25	Training	DSHS/HCA…expand consumer education and advertising of LTC Partnership in WA		X		X
26	Insurance	OIC…consider premium caps for private LTC insurance	X			X
27	Insurance	**Genworth…favorable tax treatment of distributions to fund private LTC insurance**	X			X
28	Insurance	**Genworth…consider a public/private option for LTC insurance…both private company and government share risk**	X			X
29	Insurance	**Genworth…tax incentives that encourage purchasing of private LTC insurance**	X			X
30	System Change	Multiple…identify "variables" that could be changed to create a different LTC system in the future		X		X
31	System Change	DSHS…implementation of the state Alzheimer's plan	X		X	
32	System Change	LeadingAge…modifying the scope of care…encouraging and implementing a geriatric model of care		X		X

Joint Legislative Executive Committee on Aging Disability

Summary of Suggested "Recommendations" from Panelists

33	System Change	LeadingAge…training staff to understand connection between charting and reimbursement and care planning		X		X
34	System Change	**AAA…targeted support = rural areas…assistance to build sustainable programs and full programs**		X	X	
35	System Change	DOH…integrated mental health and chemical dependency screening and interventions		X		X
36	System Change	CCS…better link between home care and primary care		X		X
37	System Change	LeadingAge…continued effort for healthcare payment reform		X		X
38	System Change	DSHS/HCA…consider offering LTC Partnership as an optional program for state employees	X			X
39	System Change	Clark County…various initiatives…such as "Shared Housing", "Universal Green Design", "Timebanking", "Weatherization", "Land Use & Zoning", "Volunteer Sidewalk", and "Accessible Transportation Coalition", "Telehealth", "Speakers Bureau"	X		X	
40	Wellness	DOH…expanded support = wellness and prevention…such as the "Complete Streets" concept		X	X	
41	Wellness	CCS…focus on wellness…not just disease management		X		X
42	Housing	WSRCC…address barriers to new provider openings…AFH or other		X		X
43	Housing	Stakeholder…explore alternate ways of aging-in-place…using existing community providers within independent housing		X		X
44	Housing	WHCA…more clarity about survey requirements		X		X
45	Caregiver Support	DSHS and stakeholders...Family Caregiver Support Program…further expansion		X	X	
46	IT	LeadingAge...IT investment…motion sensor, exercise review		X		X
47	Existing Models	AAA…continued support = Health Homes, Care Transitions, Chronic Disease Self Management, Chronic Pain Self Management		X		X
48	Existing Models	CCS...PEARLS model in King Co…better utilize existing models		X		X
49	Info/Assistance	AAA…expanded effort = Information & Assistance…Options Counseling...lower staff ratios in AAAs and HCS Field		X	X	
50	Vendor Rates	Multiple…vendor rate increases for providers (AFH, Assisted Living, Nursing Home)		X	X	
51	Population	Stakeholder…establish clear picture of older adults in WA (both current and projected)		X		X
52	Continue JLEC	Multiple…continue JLEC…either as a standing committee, or just for another year (or two)		X		X

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			

	Group	Suggestion	Offered by	Priority Level		
				Short-Term	Mid-Term	Long-Term
		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 managementt, LTC workers supports, community health worker supports)	Jason McGill			

Department of Social and Health Services

Update on Community First Choice

Presented to the Joint Legislative/Executive Committee on Aging and Disability

Bea Rector, Director, Home and Community Services
Darla Helt, CFC Workgroup Representative

September 15, 2014

Transforming lives

COMMUNITY FIRST CHOICE
Federal origin and intent

- New federal authority created by the Affordable Care Act
- Encourages states to invest in additional community-based care
- Provides services that are designed to increase independence and skills
- Additional federal match available
  - Six percentage points higher than current Medicaid

Washington State's Direction (SHB2746)

- Refinance Medicaid Personal Care
- Cover new costs from a portion of the savings generated from enhanced match
- Program design to maximize enhanced federal match & achieve savings for reinvestment

Transforming lives

Washington State's Direction (SHB2746)

Creates state savings to invest in:

- Developmental Disabilities Services (SB 6387, passed 2014)
- Home and community based services with recommendations from:
  - Joint Legislative/Executive Committee on Aging and Disability
  - CFCO Development Workgroup

CFCO Timeline for Implementation

- Federally Required Stakeholder Workgroup began in May 2014 and ends in October 2014.
- Statute requires CFCO implementation by: 8/30/2015
- DSHS targeted early implementation date: 7/1/2015

COMMUNITY FIRST CHOICE
Workgroup Membership

Total of 16 members, including:

- Individuals with disabilities
- Caregivers & parents
- Older Adults
- Tribal representative
- AARP
- ARC of Washington
- Developmental Disabilities Council
- SEIU 775
- State Council on Aging
- Washington Association of Area Agencies on Aging

CFCO Savings During Phase-In

Four Year Estimate*	FY16	FY17	FY18	FY19
CFCO Net Savings	($36 M)	($36 M)	($36 M)	($36 M)
Required Investments in DD Services (SB 6387)	+$6 M	+$16 M	+$18 M	+$18 M
Remaining Savings	**($30 M)**	**($20 M)**	**($18 M)**	**($18 M)**
Ongoing Savings	*($18 M)*	*($18 M)*	*($18 M)*	*($18 M)*
One-time Savings	*($12 M)*	*($2 M)*	-	-

*Updated fiscal note assumptions for SB 2746.
Revised estimates will be available after the fall 2014 caseload forecast is finalized.

CFCO Workgroup Priorities

After broad discussion the workgroup prioritized targeted investments that:

- Assist families in providing care that delays need for expensive help
- Informs and supports self-management skills, use of assistive devices, supports and technology
- Decreases out of home placements
- Supports person-centered approach to service planning that best addresses the complex needs of individuals in home & community settings

CFCO Workgroup Investment Recommendations

- Expand supports to unpaid family caregivers
- Increase access to positive behavioral support services
- Increase the time caseworkers have to support individuals with person-centered service planning that efficiently, adequately and safely sustains them in community settings by reducing caseloads
- Targeted increases of in-home hours for clients at risk for out of home placement

Questions

Washington State Legislature

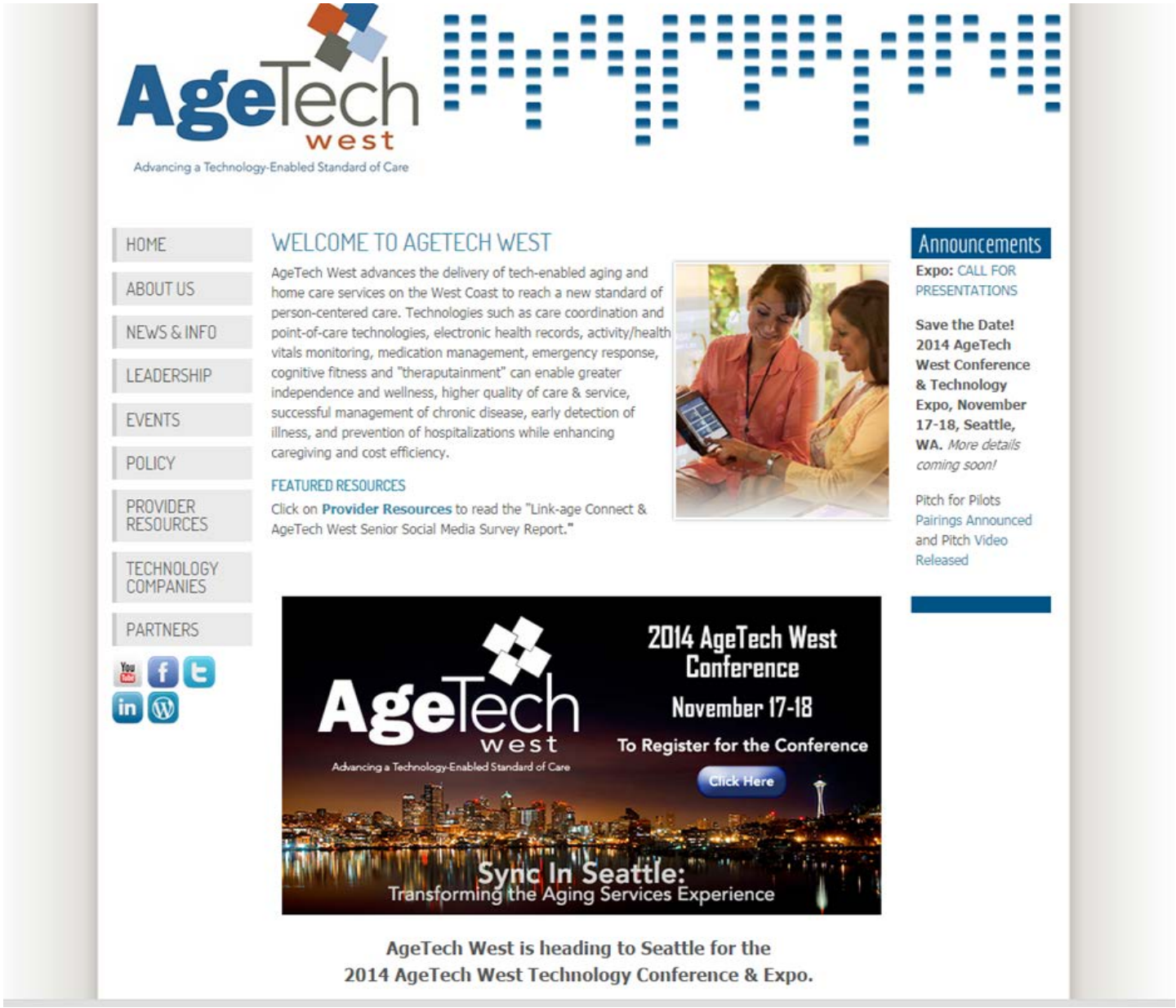
Aging & Disability

Joint Legislative Executive Committee

“Use of Technology to help people maintain independence”

Scott Peifer, Executive Director
AgeTech West

September 15, 2014



Scott Peifer,
Executive Director

LeadingAge California

LeadingAge Oregon

LeadingAge Washington

agetechwest.org

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Embracing Technology

2013-14 AgeTech West/Aging2.0 "Pitch-for-Pilots"

Social Media Trends

Trends in Seniors' Internet, Social Media Usage

2013 Survey by Link-Age Connect and AgeTech West re-field of Pew Research

- 1,778 65+ senior housing residents responded
- 67% are online (n=1,187)
- 35% of those online are using social media
- 50% of online users between the ages of 65 and 75 use social media
- Of those online, nearly half (48%) of 70-74 year olds use social media, 38% of 80-84 year olds, and more than a quarter (28%) of 96-99 year olds!

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Flurry of Start-Ups

Caring.com

Open PLACEMENT™

caremerge

ClearCare
Helping you care for others

INDEPENDA
Redefining Independence™

LivWell™ HEALTH

VIDEOCARE

BAM LABS

Maya™

MedMinder™ The Right Medicine at the Right Time

Lively

LIFT labs

QMedic

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"Connected Independence" Tech

Healthsense®

INDEPENDA™
Redefining Independence™

QUALCOMM LIFE
a Qualcomm company

careinnovations™
an Intel • GE company

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Connection/Socialization

jibo

HR HOALOHA ROBOTICS

INDEPENDA™ Redefining Independence™

tapestry

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Personal Emergency Response Systems (PERS) "2.0 and 3.0"

AT&T EverThere™

greatcall
people you can count on™

Live!y

MobileHelp®
The Anywhere Help Button™

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Activity/Wellness Monitoring

careinnovations
an Intel • GE company

BeClose®

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Medication Reminders/Dispensers

TabSafe
Medical Services Inc.

PHILIPS
Lifeline

MedMinder

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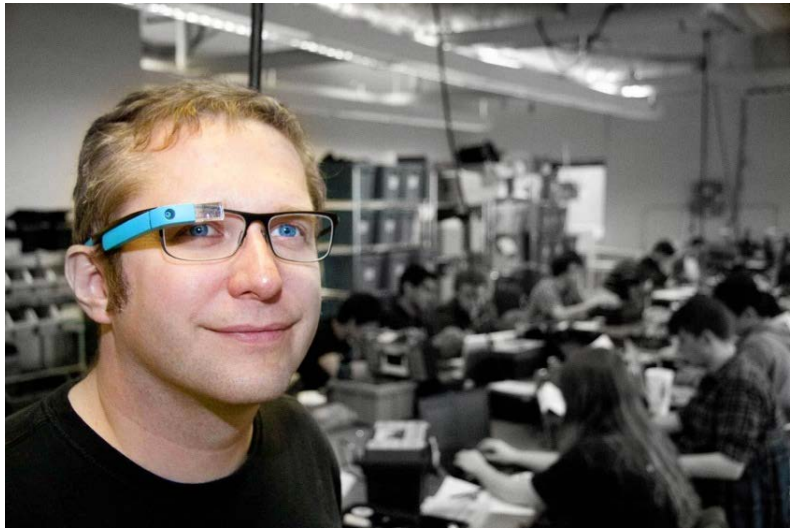
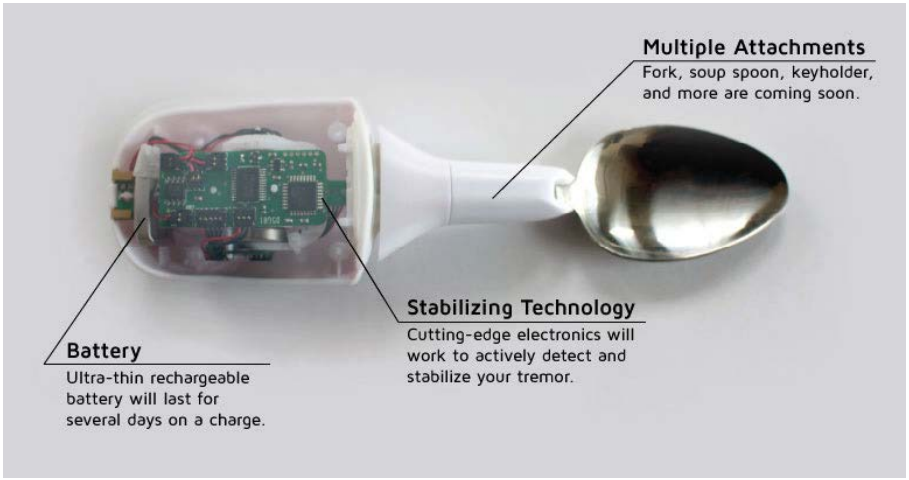
Assistive Tech (AT)



Google™



LIFT labs

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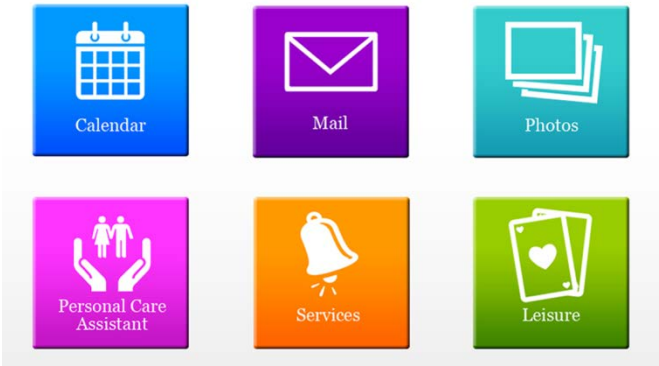
Care Management/Coordination

careinnovations
an Intel • GE company



LivWell™ HEALTH

caremerge

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RPM/Home Telehealth

GrandCare SYSTEMS

Honeywell
HomMed

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Telehealth in Aging Services: **APPLICATIONS**

- Video Consultation
  - SNF/ AL/ Home Health ⟺ Medical Dir/ PCP/ ER/ Specialist
- Store and Forward
  - Capture and later analysis of digital images, videos, etc. (e.g., wound care/derm, dental care, radiology, etc.)
- Remote Patient Monitoring (RPM)
  - Monitor health vitals to manage chronic conditions, post-acute discharge, prevention & wellness

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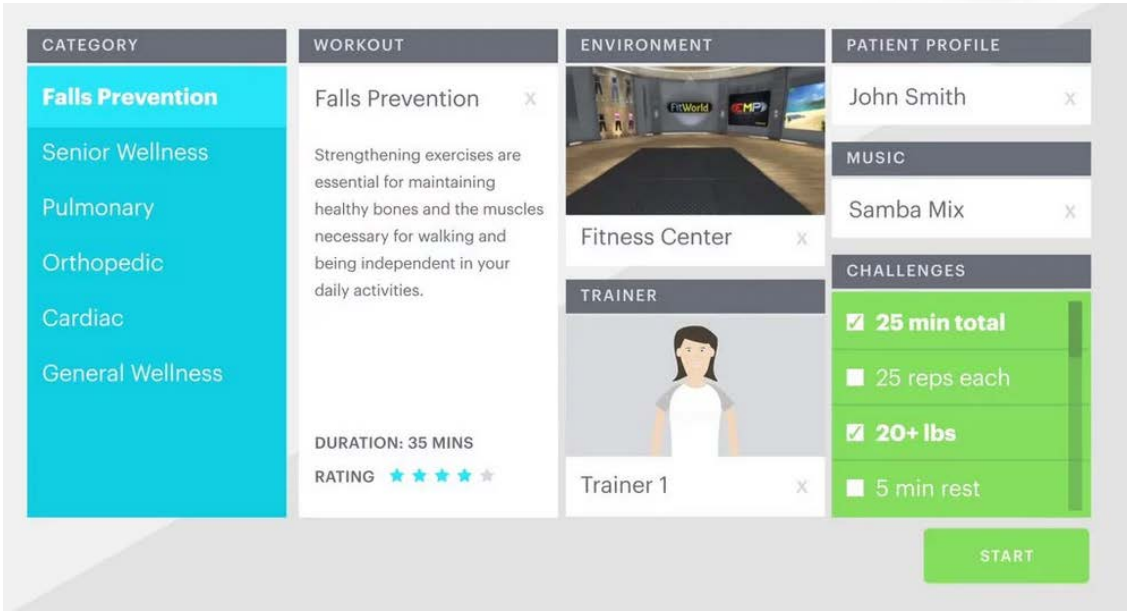
Home Rehab/Virtual Therapist

RespondWell



Microsoft

Genesis Rehab Services

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EHRs & Integrated Tech Vision

AOD software

PointClickCare

Cerner

CAST Vision Video:

“High-Tech Aging: Improving Lives Today”

http://www.youtube.com/watch?v=0BYvyOSHmVQ

matrixcare
Superior Care. Better Outcomes.

McKESSON
Empowering Healthcare

Allscripts

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Public Policy Perspective

Convergence of change impacting public policies:

- New ways of providing care now available
- "Least restrictive setting of care" is evolving
- Elder and caregiver norms with technology use are shifting
- 15 million people today in U.S. need care assistance;
  30 million by 2050
- Shrinking supply of caregivers
- Escalating health care costs now and in foreseeable future

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Public Policy Perspective

So what?

- Public policies, regulations and programs designed to support older and disabled adults' independence must evolve to keep pace with these opportunities and imperatives
- Win-win: People enjoy prolonged independence and greater quality of life; state stretches financial and human resources

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Public Policy Recommendations

Near-term:

- Enact enabling (non-fiscal) legislation to broaden the state's ability to leverage tech-enabled care, giving parity (not a mandate) in all state Medicaid and private plans and removing regulatory restrictions

  California example: "Telehealth Advancement Act of 2011"

  - New definition of telehealth refers to the general technology-enabled delivery of health services rather than a specific medical practice. This shift allows for a far broader range of eligible services than the old law, and includes future telehealth technologies in its definition.

    "Telehealth" means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while the patient is at the originating site [which can be at home] and the health care provider is at a distant site. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers." – California Business and Professions Code Sec. 2290.5
  - Allows all licensed healthcare professionals to use telehealth services

- Incorporate technology-enabled care provisions and preferences into healthcare reform initiatives (i.e., dual eligible care plan packages)

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Public Policy Recommendations

Mid-term:

- Increase flexibility in state HCBS program allowable expenditures to support independence
  - Revise the Community Options Program Entry System (COPES) to include reimbursement for a more comprehensive set of tech-enabled care:

Pennsylvania example: “TeleCare Reimbursement”

Health Status Measuring & Monitoring	$10/day
Activity & Sensor Monitoring	$200/install $79.95/mo.
Medication Dispensing & Monitoring	$50/mo.
Personal Emergency Response Systems	$30/mo.

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Public Policy Recommendations

Mid-term:

- Revise WA Medicaid Home Telehealth program to:
  - Broaden the definition of eligible clients from those with an “unstable condition” to include those with “chronic health conditions” or remove eligibility restrictions altogether (other than eligibility for home health)
  - Remove restriction of eligible health professional (RNs or LPNs) to include all health professionals for services within scope of practice
  - Reimburse for “store-and-forward” telehealth for more efficient access to specialist expertise in wound care, orthopedics, dermatology, dentistry, etc.

Center for Connected Health Policy
The National Telehealth Policy Resource Center

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Public Policy Recommendations

Long-term:

- Proactively evolve state policies and programs to incentivize care models that utilize available technologies that prolong independence while reducing social isolation and increasing quality of life

- Leverage care management technologies to coordinate systems of care across acute, post-acute, and wellness programs – enabling effective “care navigators”; require open-architecture (secured) by providers

- Provide individuals with true “least restrictive” options

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Discussion

Scott Peifer
Executive Director

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"SYNC IN SEATTLE: TRANSFORMING THE AGING SERVICES EXPERIENCE"
NOVEMBER 17-18, 2014
SEATTLE, WA
syncinseattle2014.com



SEIU Healthcare NW Training Partnership

Charissa Raynor, Executive Director

Sept. 15, 2014

Who We Are

- Non-profit school providing training to more than 43K home care aides annually
- Created and sponsored by labor/management partnership, including State of Washington

Addus HealthCare
Serving Families at Home Since 1979

CHESTERFIELD SERVICES, INC.

THE SEAL OF THE STATE OF WASHINGTON 1889

Full Life

OlyCAP

ResCare

KWA HomeCare

Senior Life Resources NORTHWEST

RESIDENTIAL SERVICES INC. AAA Creating Power & Choice

coastal Community Action program

Catholic Community Services of Western Washington

AMICABLE HEALTHCARE Care from the Heart

Sea Mar Community Health Centers Clínica de la Comunidad

CDM Long-Term Care Services
a 501(c)(3) Nonprofit Agency

Concerned Citizens

What We Do

- Nation's largest HCA training provider
- 200+ classrooms
- Online training
- Train in 13 Languages

Somali, Tagalog, Ukrainian, Samoan, Chinese, Vietnamese, Spanish, Russian, Korean, Cambodian/Khmer, Lao, and Arabic

Training We Provide

Type	Contact Hours	Certificate
Entry-level Training*	75 Hours	Certificate of Completion DOH Certified HCA
Continuing Education**	12 Hours	Certificate of Completion
Peer Mentorship (optional)	12 hours	
Registered Apprenticeship (optional)	145 hours	Certificate of Completion US Department of Labor Certificate of Apprenticeship

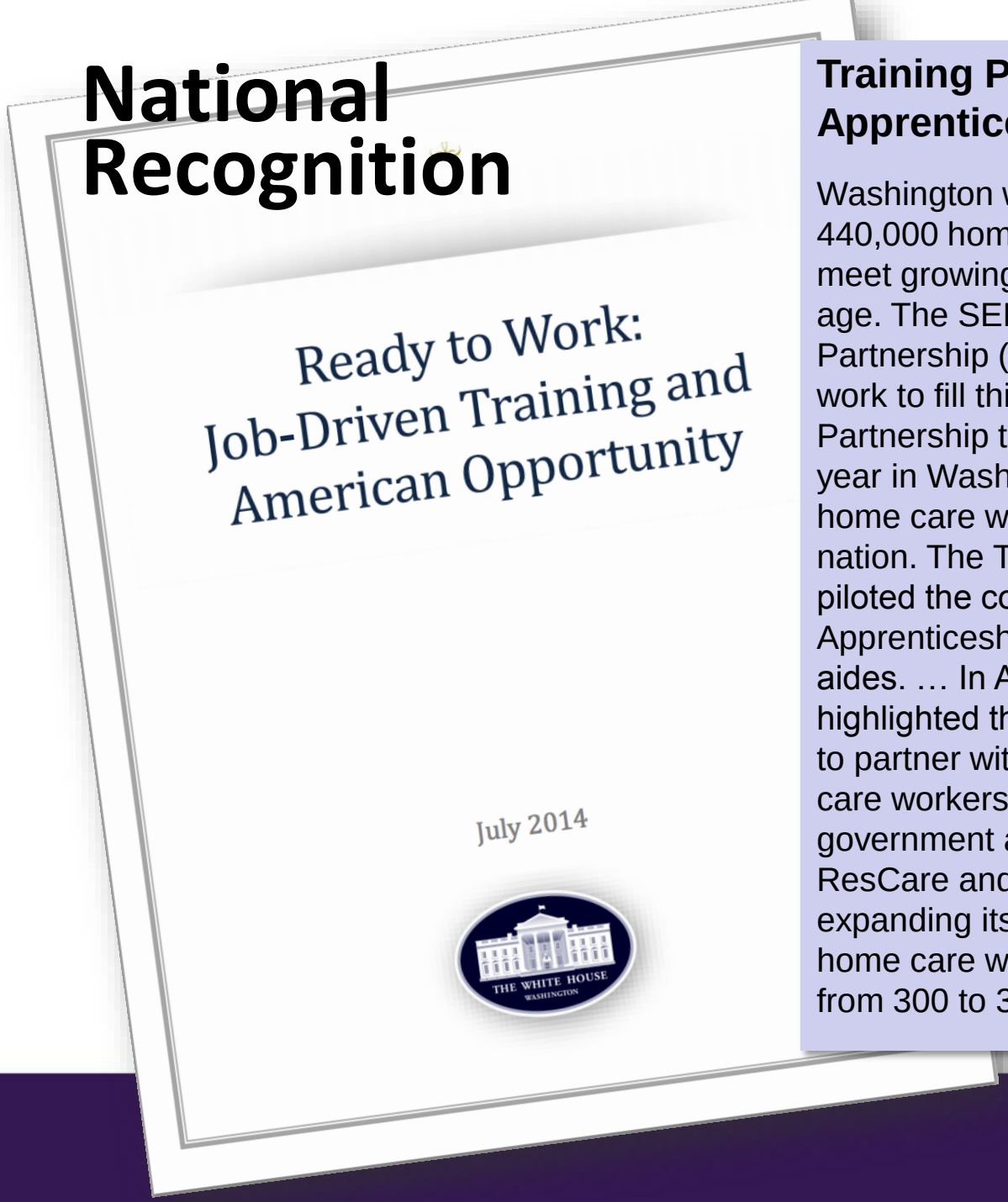
*Standard entry-level training (ELT) path. Other paths exist for Individual Providers including 35 hour and 12 hour ELT paths neither of which require DOH certification.
**Continuing education is not required for some worker classifications.

Our Customers

- Workers
  - Highly satisfied or satisfied = 93%
- Employers and the State of Washington
- Consumers

Research and Evaluation

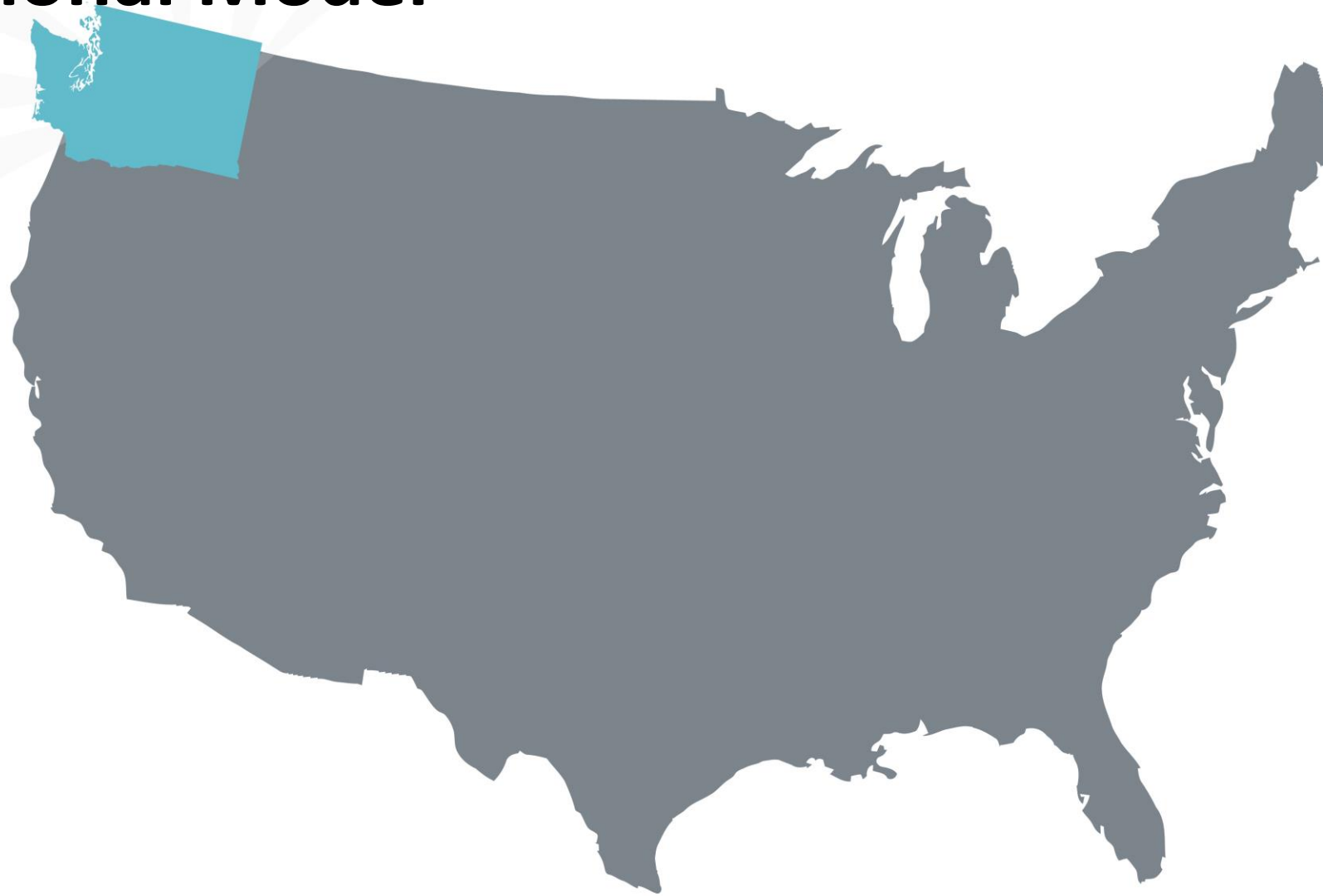
National Recognition



Training Partnership Leadership in Apprenticeships

Washington will need to train approximately 440,000 home care workers by 2030 to meet growing demand as Baby Boomers age. The SEIU Healthcare NW Training Partnership (Training Partnership) aims to work to fill this need. In total, the Training Partnership trains 40,000 students each year in Washington, making it the largest home care workforce training provider in the nation. The Training Partnership has also piloted the country's first DOL Registered Apprenticeship program for home care aides. … In April, the White House highlighted the Training Partnership's plans to partner with several employers of home care workers in Washington – including government and private companies such as ResCare and Addus – and its stated goal of expanding its apprenticeship program for home care workers over the next five years from 300 to 3,000 apprentices per year.

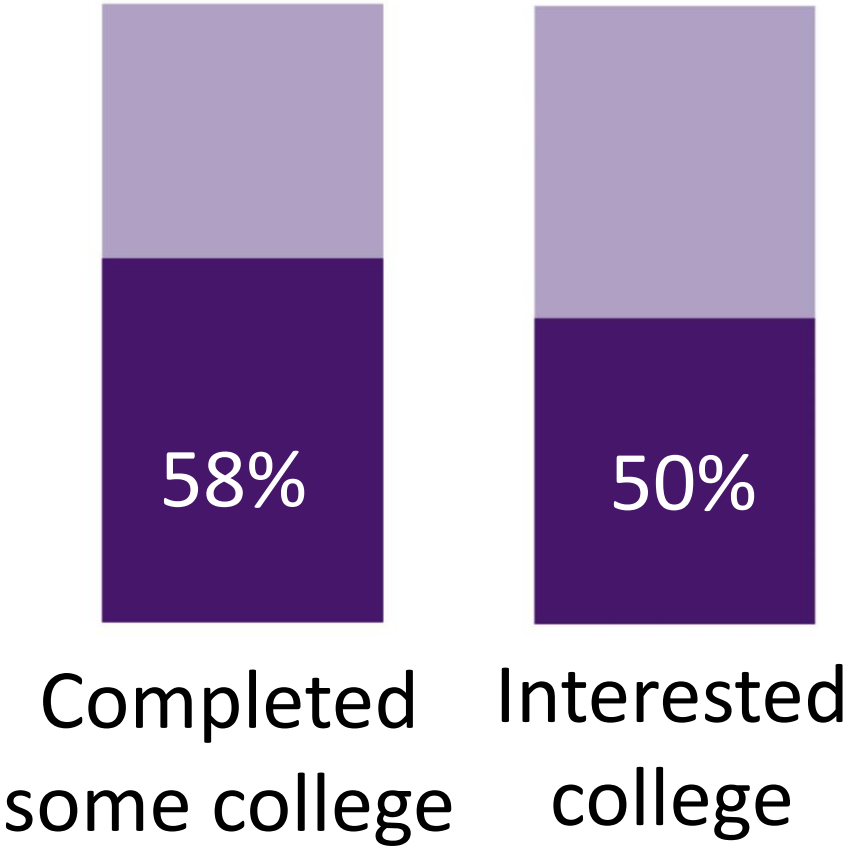
National Model



3 Horizon Areas

- Career Advancement
- Mobile Education
- Advanced Home Care Aide role

Career Advancement



3 Horizon Areas

- Career Advancement
- Mobile Education
- Advanced Home Care Aide role

Mobile Education

87% of workers have a mobile phone

3 Horizon Areas

- Career Advancement
- Mobile Education
- Advanced Home Care Aide role

Advanced Home Care Aide Role

Low wage

No career pathway

High turnover

High touch provider

High trust

Shared life experience, language, community

IMS Health Study Identifies $200+ Billion Annual Opportunity from Using Medicines More Responsibly

IMS INSTITUTE FOR HEALTHCARE INFORMATICS

U.S. Report Finds Recent Improvements in Patient Adherence, Antibiotic Prescribing and Generics Use; Advances Observed in Stakeholder Collaboration and Incentive Alignment

PARSIPPANY, NJ, June 19, 2013 – Avoidable costs of more than $200 billion are incurred each year in the U.S. healthcare system as a result of medicines not being used responsibly by patients and healthcare professionals, according to a new study released today by the IMS Institute for Healthcare Informatics. This represents 8 percent of the cou
outpatie

The rep
Respons
based tr
polypha
an estim
million
patients

"As our
spendin
"Those
Reachin
models,

The IM
of the c
among
2009. In
prescrip
alternatives to branded medications, when available, 95 percent of the time.

The report's key findings include the following:

- **Medication nonadherence drives the largest avoidable cost.** Patients not adhering to their doctors' medication guidance experienced complications that led to an estimated $105 billion in annual avoidable healthcare costs. While the underlying reasons for nonadherence are varied and longstanding, the growing use of analytics and collaboration among providers, pharmacists and patients appear to be advancing both the understanding and effectiveness of intervention programs.

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- **Delays in applying evidence-based treatment to patients lead to $40 billion in annual avoidable costs.** The study analyzed four disease areas where patients either are not diagnosed early or treatment is not initiated promptly. The largest avoidable impact is seen in diabetes, where such delays increased outpatient visits and hospitalizations. A reduction in this source of avoidable costs is possible if insurance coverage is expanded, and at-risk patients are able to receive appropriate screening and diagnostic testing.

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