

AGING & LONG TERM CARE OF EASTERN WASHINGTON

Memorandum

April 13, 2012

TO: Bea Rector

FROM: Nick Beamer

RE: ALTCEW comments on Pathways to Health: Medicare and Medicaid Integration in Washington State

Introduction

The purpose of this letter is to convey the comments from ALTCEW regarding the March 12, 2012 draft design proposal "Pathways to Health: Medicare and Medicaid Integration in Washington State". Having participated in early stakeholder forums and focus groups, we appreciate the work that has led to this draft. Working together to provide better health outcomes, better care, and contain costs - the triple aim - for Medicare/Medicaid dual eligible individuals is a worthy goal over the next 5 to 10 years. The vision of integrating service delivery and financing methods can help to achieve this triple aim to promote health care for Medicare/Medicaid dual eligible individuals.

The comments that follow are organized to address various concepts and will not necessarily follow the layout of the draft plan. At times, specific references will also be made and relevant sections of the draft plan will be noted.

State level implementation

We are pleased with the partnership that has developed around policy development and encourage that it continue to guide the development, initiation, and evaluation stages of health care integration. However, the report does not address adequately how the State will reorganize its legislative and administrative structures to promote an integrated health and LTSS vision for Medicaid/Medicare dual eligible individuals and other populations in our State.

RECOMMENDATION: That both the State Senate and House restructure their committees to provide a single committee in each house that covers long term care services and supports.

RECOMMENDATION: That State Government restructure its administrative departments to have a single Department of Health and Long Term Services and Supports that will integrate policy development and implementation of health and long term care service delivery and payment for all residents of the state.

Integration of medical and social services to enhance health for all Medicaid/Medicare enrollees

Understandably, integration of Medicaid and Medicare is being planned with cost containment and federal match as primary issues. Also, we must enhance the State's ability to address the triple aim for health care reform with cost containment being just one of the considerations for planning, structuring delivery strategies and evaluating revisions to health care design. The Washington State plan, in the health home strategy (strategy #1), recognizes the work that has gone into building the long term services and supports for in-home and community-based care. AARP's 2011 State LTSS Scorecard Report cites Washington State's current LTSS as second in the nation in service quality while 30th in the nation in costs. It is an achievement that we must build upon and not compromise, with the Medicare and Medicaid Integration plan for Washington State.

RECOMMENDATION: That the State should broaden the population it serves in health homes by allowing individuals with a lower predictive risk score to receive these services and thereby potentially prevent and/or delay the advancement of chronic illnesses. This plan proposes health homes serve individuals with certain high risk chronic conditions and a predictive risk score of 1.5 or higher.

RECOMMENDATION: That strategy #2 which utilizes a full financially integrated, capitated model and Strategy #3 must require that health plans contract with Area Agencies on Aging on a managed fee for service basis to provide conflict free person-centered and consumer-directed chronic care management and long term services and supports for all enrollees needing in-home and community based services.

RECOMMENDATION: That the list of benefits to be incorporated in all models (pp. 24 and 25) are not adequate to preserve and build on the excellent LTSS system as it is integrated into managed care plans. Therefore, for long term services and supports, the list of benefits must be expanded to include: a) care coordination and care management services provided through a team lead by a LTSS care coordinator, provided through Area Agencies on Aging, working with a clinical/medical care coordinator and include additional service providers as needed; b) Care management which includes the development and implementation of a written care plan including: i) pre-admission education and screening, ii) initial assessments of the enrollee's health, informal supports, and home environment; iii) reassessments on a periodic basis at least annually or as indicated by changes in health status; iv) development of individual care/health action plans in consultation with the consumer, their family, and other informal supports; and v) on-going care monitoring to evaluate progress and provide coaching to encourage self-management of chronic condition(s); and c) in-home ancillary services and supports that promote options for individuals to receive care at home or in the least restrictive residential setting possible.

RECOMMENDATION: That all three Strategies (models) must state appropriate caseload ratios for care managers that reflect case/acuity mix, care setting, and availability of informal and formal supports.

RECOMMENDATION: That all three strategies (models) for Care management must utilize a standardized, automated, assessment process, such as CARE.

RECOMMENDATION: That roles for public health and dental services must be addressed in this plan for serving dual eligible individuals

Key Performance Metrics

Key performance metrics for LTSS and social services are also critical to measuring outcomes, however on pages 38 and 39, very little is listed for measures of long term services and supports and social services that are appropriate measures.

RECOMMENDATION: That measures which could be used for LTSS, such as maintenance of the client in the least restrictive setting, lowering of the nursing home census, lowering of mortality rates for specific diseases, and others must be developed prior to developing contracts for all strategies (models).

In closing, we thank you for this opportunity to comment. We look forward to further collaboration on this proposal as it is further developed and implemented.

Sincerely,

Nick Beamer,
Executive Director
Aging and Long Term Care of Eastern Washington