



April 13, 2012

Duals Project Team
PO Box 45600
Olympia, WA 98504-5600

RE: Public Comment on Pathways to Health: Medicare and Medicaid Integration Project in Washington State

On behalf of the Washington Association of Area Agencies (W4A), I am responding to your invitation for public comment on the draft duals proposal. These comments address only the most salient points we identified as a group. This input will be supplemented with comments provided by individual Area Agencies on Aging.

We applaud the decision that the governance of this project will be shared between the Department of Social and Health Services and the Health Care Authority. The two organizations bring different strengths. Shared governance will provide the balance necessary to achieve the three goals of better health, better care and lower costs.

W4A also fully supports the recognition that an effective and coherent system must serve the whole person across the primary care, long term services and supports, mental health and substance abuse treatment components of the healthcare delivery system, delivered by proven local providers. A fundamental point we stress, though, and which we provide as an overlay to all our subsequent comments, is that any change to the current system for delivery of long term services and supports must not decrease outcomes in quality of service, as well as cost containment, as compared to what our system has already achieved.

Washington State has currently in place a highly visible and successful system of community long term services and supports. According to AARP's 2011 State LTSS Scorecard Report¹, Washington State's current system for long term services and supports results in service quality that is ranked second in the nation, achieved at a cost that is 30th lowest. That is a record, and a system, that we must build upon, and not undermine.

While W4A strongly supports efforts to eliminate fragmentation and to improve services for individuals who are dually eligible, we also urge the Department and Authority to be cautious in overhauling our current system of supports. We believe that the current timeline for both Strategy One and Strategy Two is too aggressive to have a meaningful chance to provide the outcomes the overall proposal seeks to achieve. Forcing roll out of these complex strategies in so short a time is unlikely to lead to the kind of seamless, integrated service the project hopes to accomplish with this very vulnerable high risk population, and may well undermine its longer term credibility with consumers and providers alike.

Strategy 1 –Health Homes for High Cost/High Risk Duals

We believe there is no other service provider or set of providers in the state with greater expertise in understanding and delivering the services outlined as key to the health home model than Area Agencies on Aging for the populations we serve, which includes the high risk duals identified in this proposal. Area Agencies are already partnering in delivery of services with hospitals, and in a variety of ways with community service partners such as mental health providers, substance abuse providers, and primary care providers, to name a few.

With that expertise and available service structure in place throughout the state, we believe Area Agencies on Aging must play a critical role in the health home service system, and should be specifically identified as eligible to be approved as a health home, along with the other organizations identified in the proposal. We have the expertise necessary to assure development of the required network of health home providers, and direct experience and credibility with the population to be served. We believe that combination makes it much more likely that providers and consumers alike will choose to participate in the voluntary service strategies the proposal outlines.

We are concerned that the current timeframe for this strategy is too aggressive. While it may be that this fundamental feature of all three strategies could be the first element rolled out, the January 1, 2013 timeline will not realistically allow enough time for local providers to organize themselves into proposed health homes, nor for the state to qualify them as meeting the standards outlined in the proposal.

In the event that the January 2013 timeframe is not modified, current Chronic Care Management projects operated by AAAs should be conditionally qualified to allow continuation of those successful programs of coordination and service integration currently in place for high cost/high risk clients, at least until the AAA and local partners are able to qualify as a health home.

At a minimum going forward, AAAs should be listed as eligible health homes for their existing CCM activities.

Strategy 2 –Fully Financially Integrated Model through Health Plans

While Strategy 2 offers opportunities, the January 1, 2013 timeline is far too short for thoughtful planning, education of county legislative authorities concerning the potential risks and rewards of this approach, development of networks in coordination with the health plans, and effective implementation of services to this vulnerable population.

We recommend initiation of this strategy be pushed back to January, 2014.

Strategy 3 – Modernized Delivery System – mixed managed care and FFS + health homes.

We believe strategy 3 offers a strong approach, by combining managed care for those services in which the health plans have experience, while continuing to utilize the expertise of the current providers of long term services and supports and behavioral health for those critical services.

Our concerns remain the same as in Strategy 1 regarding the inadequate timeframe for the qualification of health homes and the important role AAAs should play.

Consumer Protections

The plan appropriately calls for the State to continue to perform the determination of client eligibility for services, as well as the standardized assessment for individuals receiving long term services and supports. W4A believes this approach will help ensure that there is uniformity in benefits available to consumers throughout the state, regardless of service providers, and that the determination of service needs would be made by a nonbiased, conflict free entity.

List of Benefits to be incorporated in all models (pp. 24 and 25)

The list of benefits to be incorporated in all models is inadequate to preserve and build on our excellent system of long-term services and supports as it is integrated into managed care plans. For long term services and supports for individuals with functional impairments due to developmental, cognitive or physical disabilities, the list of benefits should be expanded to include conflict-free case management and chronic care management services. While the state proposes to provide initial assessment for these groups as mentioned above, there is no assurance that ongoing care management would be provided thorough experienced, conflict free professionals.

Case management and chronic care management provided through Area Agencies on Aging are key services that have been the backbone of the current community system providing integrated long term services & supports. Care management should include initial assessments of the enrollee's health, informal supports, and home environment and reassessments on a periodic basis at least annually or as indicated by changes in health status.

We already have a standardized, highly visible and highly successful system in WA State for these key services. It has saved money, provided consumer choice, family caregiver support, and conflict-free case management built from a standardized, uniform tool. The AAAs have the track record and existing infrastructure to continue to provide this effective standardized approach to long term supports and services.

Language/Culture

The proposal is vague as to how it would be assured that services would be provided in languages other than English and in alternative formats for individuals with disabilities. Particularly when targeting the high risk/high cost clients, it is critical to establish a rapport and understanding that can only be achieved through culturally appropriate services, including the language of the client. Please include requirements that all MCOs and providers under health homes have the capacity to provide language and culturally appropriate services as needed for the communities they serve.

Continuity of Care and Transitions

We are concerned that the proposal does not consider the importance of continuity of care as beneficiaries are moved into new health homes. We don't understand how beneficiaries will be assigned to a health home provider, and it is unclear what the implications would be for clients who already have a positive and ongoing relationship with their providers.

Conclusion

In conclusion, W4A believes that this proposal has merit, and the potential to improve access, beneficiary health and reduce costs for dually eligible individuals. We remain concerned, however, about the aggressive timeframe and the potential for dismantling our nationally recognized system of long-term services and supports.

We thank you for the opportunity to comment, and are available to follow up with more information on any of the points in this response. The 13 Area Agencies on Aging look forward to continued development of this state's very effective system of long term services and supports, and our organizations' critical role in its delivery.

Respectfully yours,

A handwritten signature in black ink, appearing to read "Roy Walker", with a long horizontal flourish extending to the right.

Roy Walker, W4A Chair

¹ “Raising Expectations: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers”, prepared by AARP’s Public Policy Institute, The Commonwealth Fund, and The SCAN Foundation, 2011.