AGING & DISABILITY SERVICES
SPONSORS MEETING

TO: SPONSOR MEETING PARTICIPANTS

FROM: ROSEMARY CUNNINGHAM, INTERIM DIRECTOR, ADS

RE: NOVEMBER 17, 2011 SPONSORS MEETIING

DATE: NOVEMBER 10, 2011

ADS Sponsors Meeting
November 17, 2011
1:30 – 3:00 p.m.

Seattle Municipal Tower
700 5th Ave., Conf Room 4080
Seattle, Wa 98104

City of Seattle, Chair

Information 5 min.	1.	Introductions –Dannette Smith, Chair, City of Seattle
Decision 5 min.	2.	Review and Acceptance of August 30, 2011 Sponsors Meeting Minutes Attachment I *
Information 15 min.	3.	State Budget – Medicaid and SCSA – Rosemary Cunningham and the Sponsors Attachment II*- Budget Reduction Alternatives Attachment III* – AARP Legislative Summary
Information 15 min.	4.	2011/2012 Discretionary Funding Guidelines- Maureen Linehan Attachment IV* – Guidelines from ADS Sponsors to Planning & Allocations Committee Discretionary Allocations Process
Information 20 min.	5.	Health Reform – Rosemary Cunningham Attachment V*: Washington State's Aging Network: Partners in Care Management Solutions and W4A Partners in Care Management Attachment VI*: W4A message to Members of the Joint Select Committee for Health Care Reform Implications, November 8, 2011
Information 5 min	6.	Advisory Council Report
Information 5 min.	7.	Director's Report

Persons wishing to provide comments must call Aging & Disability Services at 684-0648 by November 16, 2011. Thank you.

* Attachments available at www.agingkingcounty.org/calendar.asp under Sponsors Meeting event

SEATTLE-KING COUNTY AGING & DISABILITY SERVICES
SPONSORS' MEETING MINUTES

Draft Attachment I

DATE: August 30, 2011

PLACE: United Way of King County
Gates Community Room
720 Second Ave.
Seattle, WA 98104

PRESENT: Sponsors/Liaisons: Dannette Smith, City of Seattle
David Okimoto, United Way of King County
Jackie MacLean, King County
Linda Wells, King County
Linda Woodall, United Way of King County

Advisory Council: Kaylene Moon, Advisory Council Chair
Art Mussman, Advisory Council Member

Guests: Alex Zimmerman

ADS Staff: Rosemary Cunningham
Karen Winston
Maureen Linehan
Jane Crum

WELCOME AND INTRODUCTIONS

The meeting was called to order by David Okimoto, Chair. Introductions were made.

REVIEW AND ACCEPTANCE OF JULY 21, 2011 SPONSORS' MEETING MINUTES

The Sponsors moved, seconded and approved the minutes of the July 21, 2011 Sponsors meeting as written.

AREA PLAN PUBLIC HEARING COMMENT SUMMARY and REVIEW AND APPROVAL OF 2012-15 AREA PLAN on AGING

Karen Winston, Rosemary Cunningham and Art Mussman co-presented a summary of the public review and comment period for the 2012-2015 Draft Area Plan, and the 2012 Discretionary Allocation Recommendations which ended on August 10, 2011. Three public hearings were held on August 4, 8 and 9 in Kent, Seattle and Bellevue. A total of 20 older adults, community members and providers were in attendance representing the following groups and organizations: Advisory Council on Aging and Disability Services; Bellevue Human Services; Bellevue Network on Aging; Catholic Community Services; King County Department of Community & Human Services; Refugee Women's Alliance; SeaMar Community Health; Senior Services of Seattle/King County.

The Advisory Council reviewed the public comments and recommends a revision to one objective and adding two new objectives to the 2012-2015 Area Plan objectives:

Improving Health and Well Being

29. Work with local food banks and East African Community groups to increase capacity to provide **healthy** culturally appropriate foods for East African elders in need. (**Revised**)

Promote Aging Readiness

51. Coordinate at least one joint meeting a year involving advocacy groups and the ADS Advisory Council with a focus on East urban older adults and people with disabilities. (**New**)

Promote Aging Readiness

52. ADS will add a requirement to conduct outreach activities within diverse communities in all Requests for Investments (RFIs). (**New**)

After review and discussion of the public comments the Sponsors adopted the above revisions to the proposed 2012-2015 Area Plan objectives with the amendment of generalizing specifics of intervals and adding South King County to number 51 under Promote Aging Readiness.

REVIEW AND APPROVAL OF 2012 ALLOCATION RECOMMENDATIONS

Art Mussman, Chair of the Planning and Allocations Committee reviewed with the Sponsors the 2012 Allocation Recommendations. Following public review process, the Advisory Council recommends adoption of the 2012 Discretionary Allocation Recommendations with no change. Presented below are the recommended strategies for allocating 2012 discretionary funds:

1) Reduce Home Health Maintenance ($18,000 reduction).
2) Reduce Client Specific Fund if needed to balance discretionary budget
3) Should a net increase in discretionary funding occur (possibly due to increased revenue in Older Americans Act, or actual carry-over from 2010 exceeding the budgeted amount):
    - ADS staff may allocate up to $50,000 to one or more programs in the Access Service category which includes Case Management, Transportation, and Information and Assistance.
    - In making the funding decisions, staff will consider trends in client demographics, community needs, and agency performance.

The Sponsors approved and adopted the 2012 Discretionary Allocation Recommendations as listed above.

SPONSORS UPDATE

Jackie MacLean reported that the Veterans and Human Services Levy passed. Currently the new Service Improvement Plan is out for review and comment. The new Levy preserves the 50:50 split of proceeds between veterans, military personnel and their families and other individuals and families in need. A new Service Improvement Plan to guide Levy planning and services for 2012-2017. On another front, Jackie also cautioned that they have not heard from the State yet if there will be additional cuts to mental health services and services for people with developmental disabilities.

Dannette Smith reported that Mayor McGinn will present his budget to the City Council. HSD has taken minimal cuts, nothing that affects seniors. She has been working with ADS Case Management line staff on issues such as caseload size and support needed to help case management staff enhance service delivery. Dannette has a meeting scheduled with DSHS/ADSA staff in September.

David Okimoto reported that United Way has just finished with a very successful fund raising campaign. They plan to maintain the funding level of support as currently allocated. He is pleased but cautioned that the overall economy is in a reset mode to a lower level of funding for services. A smarter way of providing services to strengthen the community to take care of each other is vital. He feels the Area Agency on Aging is well situated in innovative planning with the Area Plan to keep pace with the changing environment, and encourages continued strategic planning with partners.

ADVISORY COUNCIL REPORT

Kaylene Moon, Advisory Council Chair, reported that the last Advisory Council meeting featured an informative presentation by MaryAnne Lindeblad, Bill Moss and Susan Engles from DSHS/ADSA. They were

invited to better inform the council members on the role the state has in the operation of the Area Agency on Aging and to better plan for what lies ahead.

The Communications Task Force is working on a project in the Beacon Hill community to see if distributing flyers and conducting a Saturday Market event will help spread the word on Aging and Disability Services. They have enlisted the volunteer efforts of students and parents from Cleveland High School to participate in the endeavor.

The Advisory Council has convened a study group to review the Interlocal Agreement of the Seattle-King County Area Agency on Aging to better inform themselves of the role of the three sponsoring agencies - City of Seattle, King County and United Way. With the changing demographics and health care reform, it is felt that knowledge will better position the Council for the changes that lie ahead. The next meeting is September 19 in Bellevue.

The Sponsors thanked Kaylene for her work and today's report. They are interested in keeping informed on the progress of the study group.

DIRECTOR'S REPORT

Rosemary Cunningham, Interim Director thanked Kaylene for her excellent work. Rosemary proposed cancelling the September Sponsors meeting and using the October meeting as a study session for the Sponsors on Health Care Reform. She gave a brief overview of current activities to position the agency as a key player regarding social determinants of health. ADS Staff are working closely with King County Health Department and King County Department of Community & Human Services, on planning to address the health care needs of the safety-net population. Rosemary would like discussion of that collaboration at the study session, as well as reviewing the work of Dave Mancuso from the State Medicaid Expansion program. He wrote an excellent paper that is worth reviewing. Also on the agenda is community-based care transitions that focus on Medicare recipients. ADS is collaborating with Quallis Health Care, Highline Hospital, Auburn General, Valley General and St Francis hospitals, and other players to organize a meeting tentatively planned for September 20 to garner interest in applying for a Care Transitions grant.

The Sponsors welcome the October study session to plan for the upcoming sessions, and to discuss key participants and strategies.

The Sponsors thanked Rosemary, staff and Advisory Council members for their ongoing work. The meeting was adjourned.

Summary prepared by Jane Crum, City of Seattle.

Budget Reduction Alternatives

Office of the Governor

IN THE NARRATIVES THAT FOLLOW:

(★) Indicates that Governor Gregoire has tentatively chosen to include the item in her 2012 supplemental budget proposal in November.

ALSO NOTE:

- Many items will require notice to clients or providers.
- Many items will require legislation.
- Impact descriptions, dollar amounts and effective dates are preliminary and subject to revision due to caseload forecast changes and other adjustments. Numbers have been rounded and may not exactly match numbers in the listing of *General Fund Reduction Alternatives* beginning on page 27.
- Unless otherwise noted, all dollar amounts are General Fund-State.
- Dates for eliminations and reductions in services vary. Dates may vary for elimination and an alternative reduction, too, for the same program or service.

SOCIAL AND HUMAN SERVICES

Note: Yellow highlighted items are of most concern to ADS

DEVELOPMENTAL DISABILITIES AND LONG-TERM CARE

Change eligibility requirements **$204.3 million**
Raises eligibility requirements and eliminates services for 25,000 developmentally disabled and elderly clients who now receive services ranging from in-home assistance with eating, bathing, medication management and toileting, to extensive hands-on assistance in a nursing home.

> **Alternative: Reduce eligibility for services (★)** **$35.0 million**
> Changes the eligibility for Medicaid personal care, nursing facility services and residential habilitation institutional services. Eliminates services for 5,000 elderly clients and 800 individuals with developmental disabilities.

Consolidate developmental disability waivers (★) **$12.0 million**
Merges the Basic and Basic Plus waivers into a single waiver based on a flexible model instead of the current service allocation model. About 7,000 clients will be authorized to spend a pre-determined amount on services at an aggregate level rather than by the specific service. Clients can select their own mix of services within the determined amount.

Eliminate rate add-ons for nursing homes and assisted living (★) **$9.9 million**
Stops rate add-ons given to providers to take more Medicaid clients, reduce staffing ratios and increase wages. Monthly, nursing homes serve more than 10,000 elderly individuals and assisted living facilities serve more than 4,500 individuals.

Eliminate state-only employment and day services (★) **$9.1 million**
Terminates supported employment services for 488 clients with developmental disabilities who have not been placed in a Medicaid waiver program.

Suspend Individual and Family Service program (★) **$8.4 million**
Suspends services to nearly 1,000 families for respite care, therapies and other activities which help them keep loved ones with developmental disabilities in their homes.

Reduce Senior Citizens Services Act funding **$7.8 million**
Reduces funding to the minimum level necessary to satisfy the maintenance-of-efforts requirements (minimum match required by the state to accept federal funds) of the Older Americans Act.

> **Alternative: Reduce funding by 20 percent (★)** **$1.6 million**
> Cuts funding to the Area Agencies on Aging, which provide case management services and other services, such as Meals on Wheels, to elderly individuals to help them remain in their homes.

Eliminate Adult Day Health program (★) **$4.1 million**
Makes ineligible nearly 1,000 individuals with developmental disabilities or in long-term care who now receive assistance with medication management, cognitive and physical therapies, and group interactions.

Eliminate Volunteer Chore Services program **$2.8 million**
Terminates program that each year enables more than 295,000 individuals with functional or cognitive impairments to receive assistance with household tasks, yard work, transportation, minor home repairs and other activities.

Alternative: Reduce funding by 20 percent (★) **$560,000**

Close one residential habilitation center (★) **$2.0 million**
Shutters the Rainier School residential habilitation center through the use of federal grants and one-time funding to transition approximately 350 clients to community-based settings or other residential habilitation centers. Because the average monthly cost in an institution is more than $15,000 per client, significant future biennia savings are expected.

Economic Services

Eliminate State Food Assistance program (★) **$14.5 million**
Halts food assistance to an estimated 13,000 individuals each month who are not eligible for federal food assistance due to lack of documentation of citizenship.

Eliminate Disability Lifeline medical program (★) **$8.7 million**
Terminates medical services to 21,000 clients.

Mental Health

Close hospital wards and change eligibility standards **$57.8 million**
Closes four state hospital wards and places 120 patients in community settings. Eligibility and benefits changes will limit the use and cost of community-based Medicaid services.

Alternative: Close two civil wards at Western State Hospital (★) **$1.5 million**
Closes two wards and places 60 patients in community settings.

Close state hospital wards for dementia and traumatic brain injury clients (★) **$5.1 million**
Shuts down two wards at Western State Hospital and places 52 patients in long-term care community settings.

Reduce non-Medicaid funding for regional support networks (★) **$4.9 million**
Cuts funding for mental health services provided by regional support networks to 8,000 non-Medicaid clients per month.

HEALTH SERVICES

HEALTH CARE AUTHORITY

Eliminate Disability Lifeline medical program (★) **$110.0 million**
Ends medical services to 21,000 clients enrolled in the Disability Lifeline and ADATSA (Alcoholism and Drug Abuse Treatment Support Act) programs.

Eliminate Basic Health Plan (★) **$48.1 million**
Terminates program that delivers subsidized health care to 35,000 low-income individuals, effective Jan. 1, 2012.

Establish drug formulary for Medicaid clients (★) **$37.0 million**
Sets up formulary for preferred generic drugs.

Discontinue routine dental care for persons with developmental disabilities, long-term care clients and pregnant women (★) **$11.7 million**
Affects 38,000 individuals who will receive only emergency dental services. *Medicaid-optional program.*

Eliminate over-the-counter pharmaceutical coverage (★) **$9.9 million**
Terminates coverage for all over-the-counter pharmaceuticals for Medicaid clients.

Institute medical services cost sharing (★) **$6.1 million**
Implements cost sharing for prescription services, non-emergent client transportation, non-emergent emergency room visits and physician services.

Eliminate medical interpreter services (★) **$4.8 million**
Discontinues the state subsidy that covers the cost of interpreter services offered by medical providers to communicate with Medicaid clients whose primary language is not English. *Medicaid-optional program.*

Reduce health care and emergency medical systems (★) **$739,000**
Cuts emergency medical systems and area health education centers. Eliminates malpractice insurance program for volunteer retired provider.

GENERAL GOVERNMENT

CENTRAL SERVICES CHARGES/STATEWIDE

Reduce central services and related charges to state agencies (★) **$16.0 million**
Requires state agencies to control costs and demands for service. Total central service billings to client agencies will be reduced by approximately $50 million, roughly half in General Fund-State savings.

Reduce agency budgets by 10 percent (★) **$1.9 million**
Affects agencies with 26 or more FTEs (full-time equivalent employees) and GF-S biennial budgets of less than $10 million.

Reduce small agency budgets by 5 percent (★) **$1.4 million**
Affects agencies with 25 or fewer FTEs.

DEPARTMENT OF COMMERCE

Reduce Long-Term Care Ombudsman grants (★) **$327,000**
Cuts grants by 20 percent for 12 regional ombudsman offices that train volunteers who investigate and mitigate complaints from residents (and their families) of long-term care facilities and adult family homes.

Attach III

AARP Washington 9750 3rd Ave. NE, Suite 450, Seattle, WA 98115

November 2011

State Legislature - 2011 Special Session

Health and Long Term Care Cuts Will Hurt Vulnerable Seniors: AARP Urges Lawmakers to Seek Revenue

As the legislature convenes to address a recession driven $1.4 billion budget deficit for the remainder of the 2011-13 biennium, AARP is urging lawmakers to reject proposed cuts that will harm vulnerable seniors and seek new revenues to mitigate cuts. Proposed health and long term care cuts will leave thousands of Washington seniors at risk of higher levels of care, homeless or premature death.

State Budget Cuts of Top Concern to AARP

- **Eligibility change for long term care services - 5,000 seniors plus 800 people with disabilities will lose service, $35 million savings:**
  A tightening of functional ability requirements will limit service only to those who need extensive assistance with most activities of daily living. Clients who can do some things for themselves but still need help will be denied coverage. Services will be eliminated for the following people:
  - 3,100 in Home Care
  - 1,350 in Assisted Living
  - 400 in Boarding Homes
  - 350 in Adult Family Homes

- **Reduction by 20 percent in funding for Area Agencies on Aging - $1.6 million savings:**
  This is on top of an 11 percent last year and means less capacity for information and assistance and referral and other supports, particularly troubling for people who might lose services and won't know where to turn.

- **Elimination of the Adult Day Health Program - 1,000 people lose service, $4.1 savings:**
  This means no respite for family caregivers and no socialization and rehabilitative services for seniors and people with developmental disabilities who need assistance.

- **Elimination of the Basic Health Plan - 35,000 people lose coverage, $48 million savings:**
  More than 1/3 of people on the Basic Health Plan are 50+. Individuals who are older but not yet on Medicare will be subject to age rating by insurers and many will become uninsured.

- **Elimination of routine dental services for long term care clients and others – 38,000 people affected, $11.7 savings:**
  Elders in institutional care will be denied routine care, preventable issues will be left untreated and potentially become systemic, leading to higher health care costs.

- **Reduction to Long-Term Care Ombudsman grants - $327,000 savings:**
  Cuts grants by 20 percent for 12 regional ombudsman offices that train volunteers who investigate and mitigate complaints from residents and their families about long term care facilities. This cut is on top of $600,000 cut in federal funds in this fiscal year.

What will happen if Washington makes these cuts?

People will not be able to cover the cost of their own care. By definition, with very few exceptions, individuals who qualify for Medicaid funded long term care services have less than $2,022 per month in income and less than $2,000 in assets. They already contribute on a sliding scale to their own care. Adult Family Homes cost between $4,000 - $7,000 per month and home care $20 - $50 per hour. Impacted individuals will not be able to afford to cover the full cost of their care on their own.

Family caregivers will not be able to pick up the slack. A recent AARP report found that the average caregiver is a 49 year old woman who is still working and who also spends 20 hours per week providing unpaid care to her mother for nearly five years. Family caregivers can't be expected to replace paid care. Many long term care clients have no family or have only long distance support.

There will be more calls to law enforcement, 911 and Adult Protective Services. Long term care clients with limited mobility and who cannot fully take care of themselves - are at risk of injury and self neglect. Without supportive housing or home care many will find themselves in crisis, and when friends or neighbors notice they will respond by calling 911 or Adult Protective Services..

People will decline faster and utilize more expensive health care services. Without appropriate support, the health of vulnerable adults will decline. Washington will see an increase in expensive ER visits and hospitalizations and more people qualifying more quickly for higher levels of care.

Thousands of caregivers will lose jobs. For every person who loses home care assistance, a home care worker loses income and in the event that was their only client, loses their job. With fewer paying residents, some long term care facilities will lay off their employees or shut their doors.

What is the alternative? Raise revenue.

AARP agrees with the many organizations urging the legislature to send a referendum to the people so the citizens of our state can decide whether they want to close tax loopholes or otherwise raise revenue to avoid painful cuts. In addition, we are urging the legislature to fully explore all possible options to offset long term care cuts by maximizing federal funds or raising fees - here are some examples:

- **Community First Choice (CFC)** – Washington State is eligible to receive a six percent increase in federal matching funds for Medicaid home care services available through Section 2401 of the federal Patient Protection and Affordable Care Act. Washington should aggressively pursue this option and generate tens of millions of dollars in new revenue.

- **Adult Family Home License Fee** – Adult Family Homes should pay for the full cost of their oversight. Last year the legislature moved in this direction by increasing the license fee from $100 per home to $100 per bed in FY 2012 and $175 per bed in FY 2013 plus initial fee of $2,700. The legislature should accelerate this increase so that these providers are fully funding their own oversight and savings can be used to mitigate cuts.

- **Maximize Safety Net Assessments** – Last year the legislature passed a nursing home safety net assessment. To mitigate cuts, the legislature should consider upping this assessment to the federal maximum and look at what other providers, including home and community based long term care providers, could be similarly assessed.

Contact: Ingrid McDonald, imcdonald@aarp.org, 206-517-2324

Guidelines from Aging and Disability Services (ADS) Sponsors to Planning and Allocation Committee Discretionary Allocation Process

Adopted March 13, 2007

ADS Discretionary funding provides an array of community-based services for promoting quality of life, independence and choice for older persons and adults with disabilities. The sources of Discretionary funds include federal Older Americans Act (OAA) and state Senior Citizens Services Act (SCSA). Policy guidelines from the Sponsors to the Planning and Allocation Committee for making allocation recommendations are as follows:

1. Focus ADS Discretionary resources to services that are the primary responsibilities of ADS in its role as the area agency on aging for Seattle/King County. Prioritize core services for continuity and stability in the aging service network.

2. Focus funding to populations with the greatest economic and social needs.

   (Social needs include needs caused by physical and mental disabilities, geographic isolation, language barriers, and cultural, social and racial/ethnic status.)

3. Maximize the use of Discretionary funds by coordinating with other funders or fund sources in addressing community needs.

4. Allocate funds to service areas consistent with the direction set in the Area Plan to meet existing, new and/or emerging needs.

5. Consider the cost effectiveness and impact of service areas on the ADS mission.

6. Include a recommendation for a contingency fund.

7. Include a recommendation for a cost of living adjustment.

Following the development of draft allocation recommendations, the Planning and Allocation Committee will develop an unfunded priorities list for allocating any unplanned increase in revenue.

Advocacy. Action. And not just Aging.

DRAFT

Washington State's Aging Network: Partners in Care Management Solutions

Washington State's 13 Area Agencies on Aging and their network of health and social service providers bring new opportunities for health care savings and service delivery improvements.

Area Agencies— Not just "Aging."

Area Agencies serve adults of all ages in need of supportive home and community-based services, offering tailored services in every county across the state.

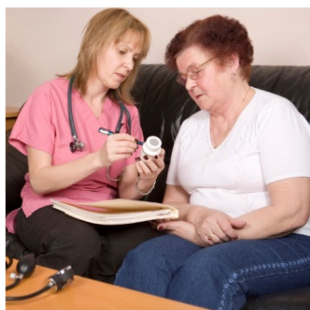
Designated by the State to develop publicly accountable service plans for use of federal and state funds, Area Agencies have 40 years of on-the-ground experience navigating between health and human services delivery systems. They are highly visible and trusted as the place to go for help accessing services to maintain a healthy life in the community.

The Centers for Medicare and Medicaid Services and other federal and state agencies invest in Area Agencies as a crucial way to integrate a full range of long-term supports and services into a single, coordinated system.

A high percentage of Area Agency clients use multiple prescription drugs and have mobility limitations, chronic diseases and/or clinically significant depression.

Chronic Care Management

Currently six Area Agencies offer specialized care management by nurses and social workers to people with multiple chronic conditions — such as diabetes, heart disease, mental health and/or substance abuse — who are very high users of Medicaid-funded pharmacy, emergency room, and hospital care.



Area Agency RNs and case managers connect high-risk clients to medical homes, help them create health action plans and goals, and coach them for chronic disease self-management. Care managers offer diabetes, pain and medication management education and coaching, using evidence-based protocols, and coordinate with multiple health care providers.

Working in concert with their community partners, these Area Agencies have improved health outcomes, reduced unnecessary utilization, and controlled health care costs.

Care Transitions

Currently four Area Agencies play key roles in "care transitions" planning with hospitals and social service providers — collaboration that supports successful transition between hospital, skilled nursing facilities, and home, avoiding costly readmissions and ensuring that patients get the community-based care they need to live independently.

Care transitions coaches assist patients with goal setting, ongoing self-management, follow-up care arrangements, and effective communication with health care providers. They link patients to community services that help them avoid unnecessary hospitalization.

Area Agencies ensure greater attention to discharge plans through close follow-up with unstable clients, improving outcomes and reducing total costs of health care.

Access to Community Resources

Local Aging and Disability Resource Connection (ADRC) teams provide links to service and support options, enabling individuals at high risk of nursing home placement to make informed decisions about health and long-term care options and remain in their homes for as long as possible.

Key elements include:

- Seamless service from the consumer's perspective.
- A high level of public visibility and trust.
- Counseling about long-term care pathways.
- Partnerships across aging, disability and Medicaid.
- No income requirements.

ADRCs empower older adults and people with disabilities to stay active and healthy through evidence-based health promotion programs and prevent abuse, neglect and exploitation of older people through Elder Rights programs. At present, four Area Agencies are developing ADRC models for their communities.

All Area Agencies have provided public information and referral services for 40 years.

Washington Association of Area Agencies on Aging • w4a@agingwashington.org • www.agingwashington.org

DRAFT

Aging and Disability Services

Aging and Disability Services: Your King County Care Management Partner

Aging and Disability Services — ADS, the Area Agency for King County — offers existing, on-the-ground capacity in areas at the heart of health care challenges: patient activation, chronic conditions management, and care transitions.

For 30 years, ADS has provided direct care management and nursing services to Medicaid clients with complex health and long term care needs.

In the past year, the King County Area Agency served a total of 33,941 King County residents (unduplicated count), of which:

- 30,395 were 65 or older.
- 5,525 were under 65 with functional disabilities.
- 15,692 were very low income (<30% HUD PMSA).
- 9,600 received case management services (all Medicaid beneficiaries), including 3,300 who were under age 65.
- 5,500 were dually eligible for Medicaid and Medicare.
- 300 received intensive care management based on risk-screening.

Capacities at Aging and Disability Services include a highly-qualified and experienced staff:

- The RN chronic care manager has 32 years of nursing experience in hospital, residential, and community settings.
- The case management director has 26 years experience in social work management.
- Each RN care manager at least three years of outpatient nursing experience with very high Medicaid service users with multiple chronic diseases.
- Three years experience using the PRISM system for both risk prediction and care coordination.
- Approximately 75 case managers speak a second language.
- A nationally certified Information & Assistance team screens 40 callers per day, backed by expertise and knowledge of local resources.

ADS contracts for services with 60 community-based agencies and links clients to those resources.

ADS helped develop PEARLS (Program to Encourage Active and Rewarding Lives), a national evidence-based treatment program for depression.

Since 2007, King County Care Partners RNs and social workers have provided close care management to Medicaid beneficiaries with complex conditions. RN care managers:

- Assess risk factors, health literacy, health status, and self-management skills.
- Screen for drug and alcohol abuse; depression and other mental health conditions; and diabetes, heart disease, and other chronic conditions.
- Help clients understand their provider's treatment plan and medications (or develop a treatment plan with a client's provider, if a plan does not exist).
- Help clients set goals.
- Refer to services that address unmet needs.

ADS staff work closely every day with hospital discharge planners, pharmacists, mental health agencies, disability programs, transportation providers, interpreters, and many specialized care managers, in both referral and contractual relationships.

For three decades, Case Management has provided in-depth assistance to low-income adults with disabilities and older adults who have significant health and social needs.

Case managers conduct in-home assessments and consultations, develop and implement individual service plans that include referrals to community services, and follow up with clients to ensure stabilization.

Proven Results

Independent evaluations show that ADS care management clients experience:

- Lower psychiatric costs.
- Higher odds of receiving alcohol/drug treatment.
- Improved health condition, living environment, and access to treatment.
- Decreased mortality rates.

All evaluations posted online at **www.kccarepartners.org**.

Attachment VI

Advocacy. Action. Answers on Aging

Washington Association of Area Agencies on Aging
4419 Harrison Avenue NW, Olympia, WA 98502
Email: w4a@agingwashington.org
Website: www.agingwashington.org

A Message to Members of the Joint Select Committee for Health Care Reform Implementation

November 8, 2011

The Washington Association of Area Agencies on Aging (W4A) represents the 13 Area Agencies on Aging (AAAs) that serve older Washingtonians and Medicaid recipients 18 years of age and older who need community long term supports and services. AAAs are local organizations – comprising governments, regional councils and tribes – charged with the responsibility to develop and promote services and options to maximize independence for elders and adults with disabilities, including support to family members and other persons providing voluntary care.

Because of our critical role in Washington State's rebalancing of its long-term care system, AAAs have a clear understanding of how to provide cost-effective services, both to Medicaid and dual-eligible recipients who currently live in our communities and to older adults and families who are potentially eligible for Medicaid services but delay this option. W4A has a unique perspective to bring to the current discussion on strategies to better coordinate or integrate care to achieve improved quality and cost effectiveness and the identification of core elements and consumer protections needed in an effective delivery system.

W4A's Recommendations:

#1 - Ensure a Robust Stakeholder Process in the State's Health System Redesign Efforts. Through your advisory committee to the state Department of Social and Health Services and the Health Care Authority, ensure a strong consumer voice and build on the expertise of current providers of community long-term supports and services, like the AAAs, that have established expertise in understanding the importance of the intersection between acute health care and chronic care services.

#2 - Ensure Adequate Consumer Protections in the State's Health System Redesign with provisions for

- **(a) a comprehensive, standardized, independent assessment that affords access to a consistent set of basic service and support options available statewide,**
- **(b) independent, multi-disciplinary case (care) management,**
- **(c) independent quality oversight and care monitoring.**

The AAAs have demonstrated their capacity in all three areas. Consumers and advocates have expressed concern nationally about their future health and long term care providers and how that will affect their quality of life. Consumer protections must be an important part of the redesigned system.

#3 - Build on the Strengths of the Current System by Taking Demonstrations/Pilot Projects to Scale Statewide - Care Transitions, Chronic Care Management, Chronic Disease Self-Management and Aging and Disability Resource Connection projects, managed locally by Washington's AAAs, represent demonstrations and evidence-based innovations that improve health outcomes and serve as models for coordinated/integrated care. To integrate services in a comprehensive manner, health care services must be coordinated with long-term supports and services in a cost-effective way, taking full advantage of the infrastructure that the State of Washington has created. Through the local AAAs, Washington has a well-developed case management and delivery system for long-term supports, and it should be given serious consideration in coordinated efforts with primary care, acute care or other health care initiatives. AAAs have existing, expert, on-the-ground capacity in

areas at the heart of health care challenges such as patient activation, chronic conditions management and care transitions.