# Advisory Council on Aging and Disability Services

Creating choices for elders and adults with disabilities in Seattle-King County

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## MONTHLY MEETING

**AUGUST 11, 2017**

**MEMBERS PRESENT**

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<th>King County</th>
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<td>Molly Holmes</td>
<td>Mayor David Baker, Kenmore</td>
<td>Marsha Andrews</td>
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<td>Debra Juarez, Sea City Council</td>
<td>Bev Heyden</td>
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<td>Florence Klein</td>
<td>Carolyn Heersema,</td>
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<td>Kathe Matrone</td>
<td>Cindy Snyder</td>
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<td>Mac McIntosh</td>
<td>Dick Woo</td>
<td>Andrea Sawczuk - pending</td>
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<td>June Michel</td>
<td>Ava Frisinger, SCOA Rep</td>
<td>Jenny Becker - pending</td>
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<td>Sue Shaw</td>
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**Welcome and Introductions** – David Baker

**Minutes** were approved as written
Advisory Council Program:
What is Medicaid Transformation?
How will it Affect Individuals, and Washington State?

Presenters:
- Cathy Knight, Director, Aging and Disability Services
- Jeff Sakuma, Health Integration Strategist, City of Seattle

The Medicaid Transformation fits seamlessly with the Healthier Washington Initiative’s “triple aim”:
- Better Health – Build healthy communities using a collaborative regional approach.
- Better Care – Health care with a focus on the whole person.
- Lower costs – Improve how we pay for services.

According to Cathy these are not new concepts. However, the State will now receive an infusion of an additional $1.5 billion in new investments to support the “Healthier Washington Initiative” a 5-year demonstration program (2017-2021).

The Medicaid Demonstration Project is a contract between the federal Centers for Medicare and Medicaid (CMS) and Washington State’s Health Care Authority. It allows for innovation to improve health outcomes for Medicaid beneficiaries.

The Project goals are to:
- Integrate physical and behavioral health purchasing and service delivery.
- Reward outcomes through Medicaid provider payments instead of paying based on the fee-for-service model.
- Develop and implement population health strategies to improve health equity.
- Provide targeted services to address the needs of our aging populations and the key determinants of health.

The Medicaid Demonstration Project includes three initiatives:
- Initiative 1 – Health Care Transformation through Accountable Communities of Health
- Initiative 2 - Long-term services and supports.
- Initiative 3 - Supportive housing and employment services.

Initiative 1 – Health Care Transformation through Accountable Communities of Health (ACH) Washington State has 9 regional ACH. Each maintains their own governing board with the goal of improving health in the local region. They are increasingly moving toward Medicaid value based purchasing. The total amount available for Washington State is $1.1 billion dollars.

King County’s 26-person governing board and executive director Susan McGlothlin sets the vision, direction, long-term agenda, and approves waiver projects. They also determine which organizations will receive a contract to provide high quality, cost effective service. To be paid, providers must meet their milestones, and outcomes to receive payment. The Board falls under the umbrella of the Seattle Foundation which acts as the fiscal sponsor and employer of record for ACH staff.
Note: 80% of health outcomes are based on social determinants of health such as lifestyle, behaviors, environment, biology and 20% of health outcomes are based on health care.

Profiles - King County Medicaid recipients
- 23% of Medicaid recipients in Washington State reside in King County.
- 21% of King County residents are covered under Medicaid (427,914 individuals)
- 58% adults and 42% children.
- 200,000 residents in King County are covered under Medicaid expansion.
- 26% of the Medicaid population in King County have a mental health treatment need.
- 9% of the Medicaid population in King County have an identified substance use disorder.

The regional Accountable Communities of Health must choose from eight projects, two of those projects are mandated:
- Physical and Behavioral Health Integration
- Opioid Use as a Public Health crisis.

In addition to the mandated projects, King County has chosen four additional projects (care coordination, pregnancy, oral health, diversion). Each project will be assigned to a work group.

Initiative 2 – Long Term Services and Supports
Washington State continues to be number one in the nation for innovative long-term services and supports. These programs have evolved since 1980 to provide support for caregivers. This Initiative will take support for clients and unpaid caregivers in the community to a new level. Caregivers are the backbone of the long-term care system. Statewide, 80% of long term care is provided by family members and other unpaid caregivers. If one fifth of unpaid caregivers stopped providing care, it would double the cost of the long-term services and support system.

In addition, unpaid caregiving has economic impact on families and the community. Currently, 25% of caregivers leave the workforce resulting in decreased savings for retirement, increased health costs due to stress and impacts their ability to provide for their children and other family members.

Initiative 2 will create two new services to support caregivers:
- Medicaid Alternative Care (MAC)
  Supports unpaid caregivers with benefits similar to Washington State’s family caregiver programs which provide respite, counseling, support groups and education. The program is open to people eligible for Medicaid yet have not accessed long term care services.
- Tailored Supports for Older Adults (TSOA)
  Adds a new Medicaid eligibility group for people who are pre-Medicaid and are at risk of spending down to poverty. Tailored Care or T-Care screens and assesses caregivers, identifies what they need, then tailors the care to each situation reducing caregiver “burden”.

Note: There are no co-pays no estate recovery.

ADS staff units are involved in the design, implementation, data system testing, developing procedures, working with providers to contract for services, hiring and training staff. Outreach will begin in November.
Initiative 3 - Foundational Community Supports and Supportive Housing
A new benefit targeted to Medicaid clients with complex health needs. Initiative 3 helps beneficiaries obtain and maintain stable housing and employment. There are two components:

1. Community Transition Services
   One-time support for individuals transitioning out of institutions or at imminent risk of becoming institutionalized. Services include rental deposits, move-in costs, necessary household furnishings and other necessary supports.
   Note: It does not include funds for room and board or the development of housing.

2. Community Support Services
   • Housing assessment and planning to address barriers.
   • Assistance with applications, community resources, and outreach to landlords.
   • Education, training, coaching, resolving disputes, and advocacy.

The Housing target population includes:
• Chronically homeless
• Frequent/lengthy institutional contact
• Frequent/lengthy adult residential stays
• Frequent turnover of in-home caregivers
• PRISM (Predictive Risk Intelligence System Score (PRISM) score greater than 1.5

The Employment target population includes:
• Aged, Blind, Disabled.
• Individuals with severe mental illness.
• Individuals with multiple episodes of inpatient substance use treatment and/or co-occurring disorders.
• Working age youth with behavioral conditions.
• Individuals receiving long-term services and supports.

**Question and Answer**
Question: Is Senator Kaiser on the ACH Governing Board?
Answer: Yes

Question: Are there older persons represented on the ACH board?
Answer: Yes, Maureen Linehan.

Question: What type of caregiver support is available?
Answer: The new programs are similar to the Family Caregiver Programs administered by the Area Agencies on Aging which offer respite care, training, support groups and counseling. The biggest concern is not having enough Respite caregivers.

Question: What steps will be taken to transition and expand the capacity of the programs?
Answer: ADS is hiring more case managers, expanding the provider network. The funding is limited. However, for many caregivers a small amount of service is all they need to maintain their caregiving role.
Question: Is the program sustainable?
Answer: After 5 years, the demonstration project should remain cost neutral even after adding additional recipients since strategies are in place to lower the State’s Medicaid costs.

Question: How will ADS get the word out to the community?
Answer: The project will be rolled out in November. A big marketing campaign is in the works.

Question: How will people with dementia fit into the initiatives?
Answer:
  - Initiative #1 primary care and behavioral health will be integrated and service providers will work together on diagnosis and treatment.
  - Initiative #2 enrollment will most likely mirror the current family caregiver programs (see data below).
    - 50% of caregivers provide care for dementia patients
    - 30% of patients have other cognitive limitations
    - 80% of all patients have challenging behaviors

Question: How many pre-Medicaid clients are eligible for Medicaid?
Answer: It is estimated 21% are already Medicaid eligible.

**Business Meeting**

**Minutes:** Were approved as written

Art of Alzheimer’s – Marilyn Raichel reported Gene Tagaban’s August 17th performance was canceled. The next event will be held on September 27 at Benaroya Hall. Jean Smart, Emmy Award-winning actress and Alzheimer’s champion will be the guest speaker. She will discuss her experiences and give her perspective on caregiving and support for loved ones with Alzheimer’s.

Partner Updates
King County Public Health:
Mary Snodgrass reported the VSHSL (Veterans-Seniors-Human Services Levy) passed the King County Council and will be on the November ballot. In the first year 50% of the proceeds will be spent on housing. In the following years 25% will be spent on housing.

In July, the Repeal and Replace health care initiatives before congress failed. It is unclear what will happen next. Expect to hear more after congress returns to DC after their recess.

Planning and Allocations Committee
There were no community members in attendance at the August 2nd public hearing, nor were any written comments submitted. Therefore, no changes were made to the P&A committee’s recommendations. The committee voted unanimously to finalize their recommendation and ask the Advisory Council for their approval of:

1. The 2018 discretionary budget as is;
2. The proposed one-time-only allocations listed in the table below;
3. The additional 2017 one-time-only allocations, as needed, up to $400,000. These additional allocations will be based on the Advisory Council’s funding priorities;
Motion was made and passed to approve the 2018 Discretionary budget as is, the one-time-only allocations as needed and the draft 2018-2019 Area Plan update.

Advocacy Committee
Ava reported the Advocacy Committee heard a presentation by Debra Rhinehart, Strategic Advisor, City of Seattle Human Services Department about her work on the 2017 Assessment of Fair Housing. Part of her assessment showed racial and ethnic neighborhood trends and changes between 1990 and 2010.

NW Universal Design
Tom Minty reported there was no meeting

Mayor’s Council of African American Elders (MCAAE)
Karen Winston reported Dr. Jim DeMaine, who recently presented to the Advisory Council on the topic of “Our Lives our Choices”, will give a similar presentation to the MCAAE at the SE Seattle Senior Center on September 21.

Age Friendly
Irene Stewart reported on three Age Friendly events:
November 6 - Older Women’s Equity Forum
September 20 – Pedestrian Potluck Jefferson Park
September 22-24 Civic Technology Hackathon

Director’s Report
Cathy attended the National Association of Area Agencies on Aging Conference (N4A) conference, a good opportunity to network with other AAA representatives. ADS gave a presentation about the Geriatric Workforce Education Program. Cathy is proud of the work done by the Washington State’s Area Agencies on Aging which made Washington’s long-term care support system number one in the nation.

Federal:
- Received a reprieve from the Repeal and Replace health care legislation. Still need to keep up the Advocacy to encourage a bipartisan solution
- President Trump’s budget shows no cuts to the Older Americans Act, however SHIBA and the Senior employment programs are at risk.

State
- The W4A Advisory Council gathering and Senior Lobby Conference will be held October 18 and 19 in Tacoma. The W4A Program will include an “Advocacy 101” workshop and possibly a session on “Understanding Federal Proposals and Capitated Rates”.
- W4A is putting together their 2018 priorities including:
  - Medicaid Case Management to keep caseloads at safe levels.
  - Training exemption for respite providers similar to the DDD to maintain an adequate workforce.
  - Long Term Care Saving Program also supported by Washingtonians for a Responsible Future.
  - Increased Health Home rates to a level that enables AAAs to sustain care coordination services.
  - Continue the work of the Dementia Action Collaborative and JLEC.
Announcements: The Nominating Committee: Lorna Stone, June Michel, and Mac McIntosh will meet after the Advisory Council.

Adjourn – 2:00 PM

NEXT REGULAR MEETING:
September 8, 2017
Housing and Resource Fair
Issaquah Senior Center
75 NE Creek Way, Issaquah, WA 98027
Phone: (425) 392-2381

http://www.agingkingcounty.org/advisory-council/