

# Washington State Long-Term Care Ombudsman Program



Operated by Multi -Service Center

**Patricia Hunter, Washington State LTC Ombudsman**  
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*"People Helping People"*

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## **Memo**

**Date:** April 13, 2012

**To:** Duals Project Team

**From:** Patricia L. Hunter, Washington Long-Term Care Ombudsman

A handwritten signature in black ink, appearing to read "Patricia L. Hunter", written in a cursive style.

### **Public Comment on "Pathways to Health: Medicare and Medicaid Integration in Washington State"**

Thank you for the opportunity to provide written feedback on the proposal "Pathways to Health: Medicare and Medicaid Integration in Washington State". The Washington State Long-Term Care Ombudsman Program supports the effort for improved quality, coordination and cost-effectiveness for the nearly 115,000 Medicare and Medicaid, "dual eligibles", beneficiaries in Washington State. Washington State has the unprecedented opportunity created by the Affordable Care Act (ACA) to create a plan to integrate Medicare and Medicaid services; an opportunity to "improve the beneficiaries' experience with service delivery, improve health outcomes and better control future costs." Ombudsmen participated in stakeholder forums held across the state last year. We appreciate the efforts that have gone into making the stakeholder process broad and inclusive.

The Washington State Long-Term Care Ombudsman Program (SLTCOP), as mandated by the Federal Older Americans Act, is intended to improve the quality of life for people who live in licensed long-term care facilities. Residents in long-term care facilities are guaranteed certain rights by federal and state laws and regulations. Ombudsmen are required to function as a representative of the interests of these residents to government agencies. Our responsibilities include coordinating with government agencies seeking legal and administrative solutions to ensure that resident rights are honored. This is done by monitoring and commenting on laws, regulations and policies that impact long-term care residents. Washington State LTCO Program is one of only nine state programs located outside their state governments. We are an independent voice for long-term care residents.

We concur with several points of concern and recommendations made by key stakeholders and advocates: AARP, SEIU 775NW, The Arc of Washington State and Disability Rights of Washington (DRW). We strongly support the need for clear and thorough plans for consumer protections.

We recommend and support:

- The creation of an Ombudsman type office or service to assist enrollees including assistance and representation in legal issues and court processes, such as administrative hearings. The Wisconsin Family Care/IRIS ombudsman program serves as an example.

- Enrollment should be voluntary for beneficiaries. The “opt-out” process must be clear, accessible and easy to execute for enrollees. Special attention to preserve consumer choice must be paid to individuals who have cognitive impairments.
- No change in terms of care and provider availability during transition periods.
- Consumer protections need to include an enrollee’s right to “due process” when there is a reduction, termination or denial of services. This written notice should have clear and specific information about the action taken, along with information about how to appeal the action. *(See “Family Care and IRIS Ombudsman Program for Enrollees Age 18-59, Year 3 Annual Report: July 1, 210-June 30, 2011” by Disability Rights of Wisconsin.)*
- Consumer information must be easy to understand, accessible and culturally appropriate. Internet based information cannot be the primary mechanism for communicating information to long-term care residents.
- The plan should address mandated reporting of abuse, neglect and exploitation of long-term care residents.
- Care coordination should be “high-touch” and “person-centered”. Care coordination must be proficient in assessment and care planning for populations such as individuals with developmental disabilities, mental illness and dementia. *(See Alzheimer’s Association Policy Brief, Medicaid Managed Long-Term Care for People with Alzheimer’s disease and Other Dementias, 2006.)*
- Monitoring of health homes and MCO’s must be transparent and involve community stakeholder groups including representatives from long-term care facilities (consumers and providers).
- Financial feasibility and stability of MCOs and Health homes must be addressed through: adequate rate payments; caps on expenditures (including administrative); caseloads monitored and limited; strong oversight of the MCOs; and management to address MCO financial solvency risk. *(See “An Evaluation, Family Care, Department of Health Services, Legislative Audit Bureau, Wisconsin, April 2011.)*

Lastly, we encourage the State to weigh heavily in its plan the growing numbers of individuals with cognitive impairments (dementia/Alzheimer’s) in the duals population and to consider the impact of the projected growth upon our state’s health and long-term care systems. (Enclosed for your reference is a policy analysis by the National Alzheimer’s Association on managed long-term care for people with Alzheimer’s disease and other dementias.) We know that Washington State has had success in demonstrating programs that deliver positive outcomes for individuals with Alzheimer’s and their family caregivers, i.e. Medicaid boarding home dementia specialized care, STARS training, Memory Care and Wellness and Dementia Care Consultation Services. We recommend that these evidence based approaches be encouraged when contracting with MCOs and third party providers to better serve this special population.

Thank you again for this opportunity to comment on the proposed plan. We look forward to working with you towards achieving success in the implementation of the plan.