

Sept 13th
Everett
Meeting

INNOVATION GRANT TO BETTER SERVE INDIVIDUALS WHO
ARE DUALY ELIGIBLE FOR MEDICARE AND MEDICAID
SERVICES

AGENDA

- 9:00-10:40** **Welcome, Purpose, Overview of National and State Context**
Speakers: *Kathy Pickens-Rucker, Health Care Authority*
 Bea Rector, DSHS, Aging and Disability Services Administration
 Alice Lind, Center for Health Care Strategies
- 10:40-11:00** **Introduction of Duals Grant Team**
 Kathy Pickens-Rucker, Health Care Authority
 David Mancuso, DSHS, Research & Data Analysis
 Bea Rector, DSHS, Aging & Disability Services Administration
- Questions & Answers**
- 11:00-11:15** **Break**
- 11:15 -12:00** **Morning Breakout Sessions – Identification of core elements & consumer protections**
 Group 1: Red
 Group 2: Blue
- Facilitators:* *Yolanda Lovato, DSHS, Aging and Disability Services Administration*
 Marietta Bobba, DSHS, Aging and Disability Services Administration
- 12:00 - 1:00** **Box Lunch**
- 1:00 - 2:45** **Afternoon Breakout Sessions – core elements & consumer protections:**
What would success look like?
 Group 1: Red
 Group 2: Blue
- 2:45-3:00** **Break**
- 3:00 - 3:30** **Next Steps**

Working Definitions

Beneficiaries: Individuals who are eligible for benefits from Medicare and Medicaid.

Dual Eligibles: Beneficiaries who receive services from both Medicare and Medicaid.

Core Elements: Basic essential elements of the system that will make it efficient, cost effective, and responsive to beneficiaries.

Consumer Protections: Policies and measurements put in place to protect the rights of beneficiaries such as the right to appeal a decision or to appeal a lack of access to services.

Community Services and Supports: Services paid by Medicare and Medicaid to meet the broad scope of support for beneficiaries who need assistance with daily activities such as performing personal care tasks, treatments, therapies, medication management or learning how to perform daily tasks.

Medical /Acute Services and Supports: Primary medical services such as hospital, primary care, specialty care, rehabilitation, pharmacy and preventative care services.

1.) What are the core elements you feel are essential?

2.) What the key consumer protections that should be in place?

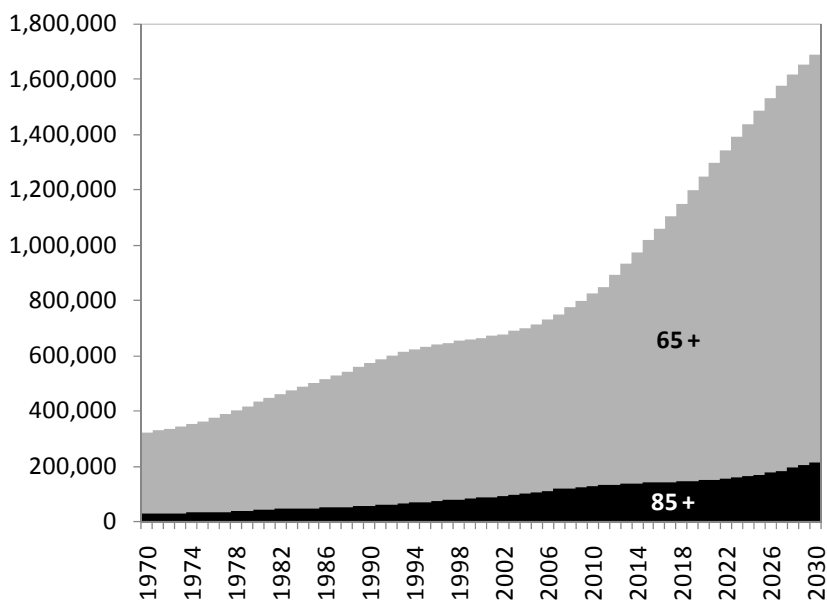
Dual Coverage Overview -- Medicare and Medicaid in Washington State	
Medicare	Medicaid
Eligibility is based on a national standard and covered benefits are the same in every state. May be subject to co-pay and deductible	Eligibility is based on financial standards and may vary somewhat state to state. Some benefits are mandatory and available in every state; optional services vary state to state
Covered Services	Covered Services
Hospital emergency room	Cost-sharing/co-pays for Medicare covered services
Hospital in-patient	Medical transportation
Skilled nursing facility (post hospital for rehabilitation maximum 100 days)	Prescription medications
Hospice	Durable medical equipment
Home health (post hospital/acute care)	Covered Community Services (based upon program specific eligibility criteria)*
Physician and outpatient services	Nursing facility (24-hour, supervised nursing care, personal care, therapy, nutrition management, organized activities, social services)
Some preventative services	Residential habilitation center (provide habilitation training, 24 hour supervision, and medical/nursing services to eligible individuals with developmental disabilities)
Prescription medications (cost and drugs covered vary by plan)	State psychiatric facility
Durable medical equipment (DME)	Alcohol and Substance Use Services: <ul style="list-style-type: none"> • information and assistance • assessment • crisis management • acute & sub-acute detoxification • out-patient treatment • residential
Some behavioral health services through primary and hospital care	Developmental Disability Services: <ul style="list-style-type: none"> • personal care in residential or in-home settings • instructional services focused on community-based training to maximize independent living • community residential • employment and day • respite care • emergency assistance • behavior management & consultation • community guide • environmental adaptations • occupational therapy • physical therapy

	<ul style="list-style-type: none"> • specialized medical equipment/supplies (DME) • limited transportation • mental health stabilization • staff/family consultation and training • community protection • community transition
	<p>Long Term Services and Supports:</p> <ul style="list-style-type: none"> • personal care in residential or in-home settings • skilled nursing & home health (for chronic conditions) • nurse delegation • adult care services (day care & day health) • environmental modifications • home delivered meals • training provided to beneficiary and their caregivers who need further information and skill building to improve/maintain or delay declines in functioning • specialized medical equipment/supplies (DME) • personal emergency response system • limited transportation
	<p>Mental Health Services:</p> <ul style="list-style-type: none"> • brief intervention treatment • crisis and stabilization • day support • family treatment • inpatient residential evaluation and treatment • individual, group and high intensity treatment • intake & evaluation • medication management and monitoring • residential rehabilitation • peer support • psychological assessment • rehabilitation case management • therapeutic psycho education • respite care • supported employment • mental health clubhouse
	<p>*Eligibility for community services is based upon financial <u>and</u> specified functional or access to care criteria. Some programs have wait lists.</p>

The "Age Wave" arrives in Washington's long-term care and health care systems: it's time to prepare.

In the next 20 years, Washington's 65+ population will more than double, as the "boomers" age.

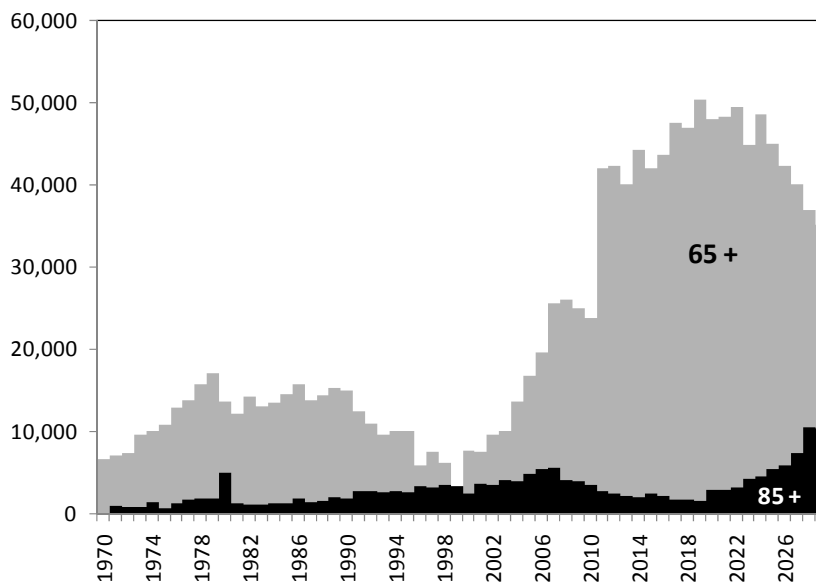
Total Washington Residents Ages 65 and Older



Source: Washington State Office of Financial Management; 2008 forward is forecasted.

Beginning in 2012, ages 65+ will grow by over 40,000 per year.

Annual Increase in Washington Residents Ages 65 and Older



Source: Washington State Office of Financial Management; 2008 forward is forecasted.

The Reality: The number of people age 85 and older, who need the most assistance, will continue to increase. Add boomers who are currently reaching retirement age at the rate of 20,000 a year. Looking ahead, more than 50,000 baby boomers will be added to the state's 65-plus population each year starting in 2020. The aging population will demand quality, consumer-driven information and services that offer independence for as long as possible.

Dual Engagement Meeting
Evaluation

Thank you for participating in this meeting! Please take a few minutes to answer the following questions.

Location: _____

Date: _____

Please circle the number that best shows how much you agree with these statements:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. Overview session provided good background information.	5	4	3	2	1
2. The amount of information provided in the meeting was sufficient to help me contribute to the conversation.	5	4	3	2	1
3. Breakout sessions were helpful in facilitating dialogue.	5	4	3	2	1
4. Participation was encouraged and supported.	5	4	3	2	1
5. I understand how information gathered at today's meeting will be used.	5	4	3	2	1
6. Group member's needs and differences were respected.	5	4	3	2	1

7. What did you like most about this meeting?

8. What would you change about this meeting?

9. Do you have any additional information you would like to add to today's discussion?

Please indicate if you would like to be included on our list serve via e-mail. If you don't have an e-mail account and would like to be included, please provide contact information.

Name: _____

e-mail _____:

Address: _____

Thank you for sharing your comments!