



THE JOINT LEGISLATIVE EXECUTIVE COMMITTEE
ON AGING AND DISABILITY ISSUES

2016 FINAL REPORT



December 2016



WASHINGTON STATE LEGISLATURE

December 21, 2016

Dear Secretary of the Senate and Chief Clerk of the House of Representatives,

As the co-chairs of the Joint Legislative Executive Committee on Aging and Disability, we are pleased to notify you that the Committee has completed its final report for the 2016 interim. Enclosed, please find the final report, submitted pursuant to chapter 4, section 206(10), Laws 2015 3rd sp. sess. (uncodified).

This report is a reflection of the work of the committee as a whole but is not intended to be, and should not be interpreted as, an endorsement of each item in the report from each individual member of the committee.

Sincerely,

Senator Barbara Baily
10th Legislative District

Representative Steve Tharinger
24th Legislative District

Members of the Joint Legislative Executive Committee:

Senator Bruce Dammeier

Senator Jeannie Darneille

Representative Paul Harris

Representative Laurie Jinkins

Representative Norm Johnson

Senator Karen Keiser

Jason McGill, Office of the Governor

Dorothy Teeter, Director, Health Care Authority

Bill Moss, Assistant Secretary, Department of Social and Health Services

David Lord, Director of Public Policy, Disability Rights Washington

Lonnie Johns-Brown, Legislative Director, Office of the Insurance Commissioner

Patricia Hunter, Washington State Long-Term Care Ombudsman Program

Contents

The Joint Legislative Executive Committee on Aging and Disability Issues	2
Summary of Topics Covered in 2015-16	3
Recommendations Presented to the Committee	7
Committee Review of the Recommendations.....	12
Appendix A.....	15

I. The Joint Legislative Executive Committee on Aging and Disability Issues

Enacting Legislation and Membership

The Joint Legislative Executive Committee on Aging and Disability Issues (Committee) was originally established in the 2013-15 operating budget. The enacting proviso required two reports: an Interim Report due in December 2013, and a Final Report due in December 2014. The 2014 Final Report detailed a list of policy options that identified key strategic actions the state may take to prepare for the aging population in Washington. Both the interim and final reports can be found at the Committee's website at: <http://leg.wa.gov/JointCommittees/ADJLEC/Pages/default.aspx>.

During the 2015 legislative session, the Legislature passed Engrossed Substitute Senate Bill 6052, the 2015-17 operating budget. Section 206(10) of that bill continued the work of the Committee while modifying the Committee's membership and duties. Similar to the previous iteration of the Committee, an addendum report and a final report were required to be completed by the end of the 2015 and 2016 calendar years.

The Committee, as established in ESSB 6052, consists of the following members:

Senate:

- Sen. Barbara Bailey, Co-Chair
- Sen. Bruce Dammeier
- Sen. Jeannie Darneille
- Sen. Karen Keiser

House of Representatives:

- Rep. Paul Harris
- Rep. Laurie Jinkins
- Rep. Norm Johnson
- Rep. Steve Tharinger, Co-Chair

Executive Branch:

- Jason McGill, Representing the Office of the Governor
- Bill Moss, Assistant Secretary for the Aging and Long-Term Support Administration, Department of Social and Health Services
- Dorothy Teeter, Director of the Health Care Authority

Additional members:

- Lonnie Johns-Brown, Office of the Insurance Commissioner
- David Lord, Disability Rights Washington
- Patricia Hunter, Long-Term Care Ombuds

Duties

The Committee must make recommendations and continue to identify key strategic actions to prepare for the aging of the population in Washington. This is to be accomplished through:

1. Identifying strategies to better serve the health care needs of an aging population and people with disabilities to promote healthy living and palliative care planning;
2. Identifying policy options to create financing mechanisms for long-term services and supports that allow individuals and families to meet their needs for service;
3. Identifying policies to promote financial security in retirement, support people who wish to stay in the workplace longer, and expand the availability of workplace retirement savings plans;
4. Identifying implementation strategies for the Bree Collaborative's palliative care and related guidelines;
5. Reviewing the regulation of continuing care retirement communities and ways to protect those who reside in them, including the consideration of effective disclosures to residents;
6. Identifying the needs of older people and people with disabilities for high quality public and private guardianship services and information about assisted decision-making options;
7. Identifying options for promoting client safety through residential care services and consider methods of protecting older people and people with disabilities from physical abuse and financial exploitation;
8. Identifying other policy options and recommendations to help communities adapt to the aging demographic in planning for housing, land use, and transportation; and
9. Devoting at least one meeting to a discussion of strategies to improve the quality of care, client safety and well-being, and staff safety within all community and institutional settings. During this meeting, the Committee must receive a comprehensive review of findings, since fiscal year 2010 by CMS and residential care services, in community settings, nursing homes, and each of the residential habilitation centers on medical errors, inconsistencies between service plans and services provided, the use of restraints, and existence of hazardous environmental conditions.

Report Requirements

This document comprises the final report of the JLEC with its final recommendations. Previous reports can be found at the Committee's website at

<http://leg.wa.gov/JointCommittees/ADJLEC/Pages/default.aspx>.

II. Summary of Topics Covered in 2015-16

A. Residential Habilitation Centers (RHCs) and Long-Term Care Facilities

During the October meeting, the Committee heard presentations from the Department of Social and Health Services (DSHS) on Community and Institutional Settings, including a review of adverse findings in these settings for aging and disabled populations. The Committee also heard from DSHS and stakeholder groups on ways to improve the quality of care, client safety and well-being, and staff safety within these settings.

B. Legislative Investment in Intermediate Care and Facilities for Individuals with Developmental Disabilities

An overview of the state's four RHCs serving a client population of 750 people was provided to the Committee. RHCs are state-operated residential settings that provide habilitation training, 24-hour supervision, and medical services for clients who meet Medicaid eligibility and need continuous, aggressive active treatment services. The total 2015-17 budget for the four RHCs is \$367 million.

Currently, RHCs face limited capital funding and deferred maintenance backlogs which leads to failure of facilities and infrastructure.

Five strategies for Washington's RHCs have been identified: maintain the current status; close all RHCs and expand existing community systems; close all Skilled Nursing Facilities and expand community capacity and diversity; close Intermediate Care Facilities and expand community capacity and diversity; and shift RHC resources to state-operated community residential support, retain RHC short-term/respite capacity and clinical outreach services. The Committee also heard about the development of master plans to consider alternative uses for the RHCs.

C. Palliative Care and Advance Care Planning

On June 20, 2016, the Committee held a work session to discuss efforts to expand the use of palliative care and advance care planning. The Bree Collaborative has been looking at how to align end-of-life care with people's wishes, goals, and values in Washington. Recommendations looked at evidence-based guidelines, financial incentives, and community education and awareness efforts. The Collaborative has focused on five areas to empower patients to voice their preferences: increasing awareness about the importance of advance care planning conversations, increasing the number of people who participate in these conversations, encouraging people to record end-of-life care wishes and goals, making forms accessible to the health care system, and assuring that end-of-life care choices are honored. The Bree Collaborative has issued a report on End-of-Life Care with several recommendations.

The Committee heard about the Honoring Choices Pacific Northwest campaign to help people make their preferences for the end of life known and honored. The project was launched in October 2015 to work with cohorts of health care providers across Washington to redesign the health care system around advance care planning, establish advance care planning education and facilitator certification, promote community engagement, and institute continuous quality improvement.

"Palliative care" is specialized medical care provided by a team of health care providers for people with serious illness that focuses on relief from symptoms, pain, and stress with the goal of improving quality of life for the patient and the family, regardless of the diagnosis. Over twenty percent of people over 65 years old will develop more than one chronic illness which results in pain, disability, or suffering that is appropriate for palliative care.

The Committee learned of community efforts around palliative care that focus on integrating it into the curriculum of health care providers and into care models and clinical practices in health systems. They discussed the institutional, cultural, economic, and geographic barriers that leave many people without optimal end-of-life care. The Palliative Care Institute at Western Washington University is sponsoring continuing education and lectures regarding palliative care, collaborating with the University's registered nurse-to-Bachelor of Science in Nursing program to include palliative care, offering internships in palliative care, and developing a minor in palliative care, as well as a certificate program. In addition, there are many community activities occurring to get people talking about advance care planning and end-of-life options.

D. Continuing Care Retirement Communities

In December 2015, the Committee held a work session to discuss continuing care retirement communities (CCRCs) which are entities that provide lifelong shelter and services under contract, including health services, for payment of an entrance fee and additional charges. A panel of CCRC residents said the CCRC model is an attractive option for older adults, but does not come without risk.

The residents felt that many risks could be mitigated through regulations related to protections similar to condominium owners, access to services, the use of fees, and the timing of disclosures of charges and protections. Residents identified concerns about services not being available when needed, gaps in services or additional charges for services, unjustified fee increases, lack of reserves at the community, and the refunding of entrance fees in a timely manner. Over half of states have some form of CCRC laws.

A panel of CCRC operators explained the complex structure and business plan of CCRCs which must serve as a senior housing provider, health care provider, restaurant, home maintenance and cleaning service, activity provider, and hospitality service for long-term care residents. The model allows residents to move through the continuum of care as their needs change over their lifetime, including assisted living, memory care, and skilled nursing settings. CCRCs undertake several measures to assure financial accountability, such as annual actuarial reports, lender restrictions, board of director monitoring of financial reports, and disclosures of financial information to residents. Having resident councils with liaisons from the facility attending are the norm at CCRCs and facility management works very closely with resident councils. There are about 8,000 residents living in 28 CCRCs in Washington. The industry has established voluntary disclosure and transparency guidelines and all of the LeadingAge Washington CCRC communities are in full compliance with the guidelines.

In 2016, legislation was adopted to establish minimum standards and disclosure requirements for CCRCs in Washington.

E. Sensory Impairment in Older Adults

In June 2016, the Hearing Loss Association of America shared information about the effects of hearing loss and stories of people who have received assistive hearing devices. As of 2006, 650,000 people in Washington state were affected by hearing loss. Hearing loss is the most prevalent sensory loss among people as they age. Hearing loss linked to aging can lead to social isolation, loss of independence, depression, increased risk of dementia, early retirement, financial decline, and difficulty navigating public transit and health systems. Purchasing hearing aids are one of the highest costs that a senior will encounter and Medicare does not cover hearing aids or associated hearing tests (although Medicaid covers hearing examinations).

The SEIU Benefits Group described the training requirements for certified home care aides and how they relate to sensory loss. Basic training and continuing education courses cover understanding sensory loss and its impacts on consumers, ways to support consumers experiencing sensory loss, and how to report and monitor changes in symptoms.

F. Encouraging Savings for Retirement

At the September 19, 2016 meeting, representatives of the AARP, Department of Commerce and family caregivers provided an overview of retirement resources available to people in Washington. Included in this review was an update of the Retirement Marketplace which is designed to be an online portal where small businesses and individuals may comparison shop for low-cost retirement savings plans.

Educational and oversight efforts were discussed in three levels: financial literacy for youth; retirement savings for low and middle income persons; and selecting a financial planner. This included a discussion of programs available to K-12 educators and the Bank On Washington program which helps connect unbanked and underbanked individuals to checking and savings accounts as well as financial education opportunities.

G. Guardianships

On November 17, 2015, Shirley Bondon with the Office of Public Guardianship and David Lord with Disability Rights Washington provided an overview of guardianships, supported decision-making, and oversight of guardians to the Committee. Supported decision making occurs when an individual with intellectual or cognitive disabilities is the decision maker. He or she makes decisions after being supported by a person or team of individuals who help the decision maker identify risks and options to come to a decision.

The presentation included information from the Working Interdisciplinary Networks of Guardianship Stakeholders (WINGS). The WINGS group had four committees: legislative, long-range planning, information and training, and standards and best practices. These four committees developed a list of 23 recommendations relating to guardianship law including: updating the Revised Code of Washington to better describe the guardian ad litem title; addressing guardian ad litem credentialing and selection; developing a guardianship ombudsman; improving minimum qualifications for all guardians; developing long-range plans to provide greater access to persons needing decisional support and to provide conflict resolution services to affected friends and family; providing information and training to all people involved in the guardianship process; and addressing isolation of persons in a guardianship.

H. Executive Branch Initiatives

1. Alzheimer's Work Group and Dementia Action Collaborative

The underdiagnosis of dementia reduces a person's access to treatment and information, increases preventable hospitalizations, postpones end-of-life planning, and strains family caregivers' health and finances. Improved dementia care in both the public health system and health care system can reduce the use of long-term supports and services for dementia patients. The Dementia Action Collaborative (Collaborative) is a public-private partnership that was formed from the work of the Alzheimer's Work Group. The Collaborative is at the beginning of its work in developing priorities for short-term recommendations from the Alzheimer's Work Group that are necessary first steps that can be achieved within existing resources. Priority projects that the Collaborative is working on relate to public awareness and community readiness, long-term supports and services, and health and medical concerns.

2. Transformation Waiver

On December 14, 2015, the Committee received an overview on the 1115 Medicaid Transformation Waiver from DSHS and Health Care Authority (HCA) staff. The presentation focused on the two waiver initiatives relevant to Long-Term Services and Supports (LTSS), which were described as strategies to support a sustainable LTSS system as the state population ages.

On July 18, 2016, the Committee received an update on the waiver from DSHS staff that focused on Initiative 2, which would broaden the array of services to help aging individuals remain at home and delay or avoid the need for more intensive care. The presentation highlighted the prevalence of unpaid family support for aging individuals, and the potential fiscal impact to the state if these individuals instead received Medicaid-funded services. Initiative 2 would support unpaid family caregivers and create a new service eligibility group for individuals who are at risk of spending down to Medicaid financial eligibility.

3. Long-Term Services and Supports Study

In October 2016, the Committee received an update from Milliman on progress in developing a feasibility study to assess both public and private options for financing the long-term care needs of people in Washington. The report was conducted pursuant to a proviso in the 2015-17 operating budget. The first option establishes a mandatory payroll deduction to provide a time-limited long-term care insurance benefit. The second option creates a reinsurance pool for insurers who experience catastrophic losses as a method of increasing insurance capacity. Milliman described the general parameters of its research and its preliminary findings and the final report will be available January 1, 2017.

4. Dual Eligibles Update

In November 2015, the Committee heard presentations from DSHS and the Northwest Regional Council on health homes for dual eligible Medicaid-Medicare beneficiaries. The objectives of the health home model are to: improve beneficiary experience in accessing care, promote person-centered health action planning, promote independence in the community, improve quality of care, assist beneficiaries in getting the right care at the right time and place, reduce health disparities, improve transitions among care settings, and achieve cost savings for the state and federal government through improvements in health and functional outcomes.

The presentations addressed how care coordinators work with dual eligible beneficiaries. These coordinators meet clients where they are, help them to improve their ability to manage their health conditions, provide support beyond the scope of other providers, assist with access to community resources, and help coordinate multiple health care providers. The presentations demonstrated the savings that can be achieved in hospital and Medicaid medical costs through care coordination; the managed fee-for-service health home program is expected to produce net general fund savings on an ongoing basis.

III. Recommendations Presented to the Committee

The following recommendations are based on testimony presented to the Committee and suggestions from Committee members over the 2015 and 2016 legislative interims. The recommendations have been sorted into general topical categories. Within each category, the recommendations have been further sorted as being either more budget-oriented or policy-oriented in nature (understanding that recommendations frequently have elements of both).

Palliative care and advance care planning

Budget-Oriented Recommendations

1. The Legislature should work with the Honoring Choices program to establish a statewide registry to allow for advance directives and POLST forms to be quickly available to health care providers and public health and safety agencies. People need to have access to evidence-based tools and programs for advance care planning and the forms need to be accurate, understandable, culturally appropriate, and able to be acted upon when necessary.

Policy-Oriented Recommendations

2. Community-wide discussions should be encouraged to build awareness about advance care planning, including awareness of the different types of documents and the need for family members and friends to be included in conversations.
3. Health care professionals need to be educated about advance care planning and be incentivized through reimbursement to have advance care planning discussions with their patients.
4. Advance care planning and hospice referrals should occur at the appropriate time.
5. The use of advance care planning facilitators should be encouraged as a model for having high-quality conversations.
6. Palliative care should be integrated into generalist skills in medical and nursing schools as well as health systems, such as emergency departments and clinics, and training should be provided for those in the social service field, such as case managers.
7. Health plans should be incentivized to offer more home-based palliative care with patient-centered outcomes.
8. Quality metrics for health systems should be revised to reflect the different needs of people at the end of life.
9. The state needs to consider ways to meet the needs of underserved populations that face institutional, cultural, economic, and geographic barriers to receiving appropriate end-of-life care.

Continuing Care Retirement Communities

Policy-Oriented Recommendations

10. The state should research other state regulations related to the oversight of continuing care retirement communities to strengthen protections for residents, require stronger financial disclosures, and create a continuing care retirement community advisory committee composed of vendors, residents, and other entities.

In-Home, Community, and Residential Services

Budget-Oriented Recommendations

11. Ensure health and safety of vulnerable in-home clients by reducing client to clinical caseload ratios to 78.5:1, and also lowering the developmental disability caseload ratio.
12. Restore funding for a quality improvement consultation program for facilities similar to the Quality Assurance Nurse program and the Quality Improvement Consultant program which provided valuable assistance for providers to understand how to implement regulations.
13. Fund the SEIU 775/WA State collective bargaining agreement to help stabilize and expand long-term care worker supply. Provide parity of funding to long-term care agencies.
14. Restore private home care agency rates and supplement them to allow for compliance with new minimum wage laws.
15. Address long-term care overtime costs to prevent loss of care to vulnerable adults.
16. Adjust the Personal Needs Allowance to inflation, see SB 6555 from 2015.
17. Expand respite opportunities to assist people who live in residential habilitation centers and in the community.

18. Review some additional adjustments to the nursing facility payment system. For example, providing additional money to properly incentivize the quality incentive, providing additional money to address high staff and administrator turnover, and rewarding nursing facilities for case managing people and transitioning them to a lighter level of care.
19. Fund Medicaid rates and additional services so that rates are not below the costs of providing care.
20. Adjust adult family home rates for providers with a high Medicaid occupancy and for operating in a quality manner.
21. Provide all residents with access to long-term care regardless of immigration status.
22. Incentivize assisted living facilities to serve persons with high acuity needs so they have a role in serving people in the setting of their choice.
23. Expand adult day health programs and examine referral protocols to these programs to keep people in their homes longer and out of hospital settings.
24. Blend services in the places where seniors live to provide preventive services and better case management.
25. Establish an emergency system at residential habilitation centers for staff to get immediate help when needed.
26. Make best use of the services that are provided in the residential habilitation centers.
27. Update assisted living regulations to address nursing and therapy services, diet and activities, and other issues.
28. Require unannounced drop-in visits for people living in the community
 - a. *Note:* SB 6564 (2016) requires DSHS to increase home visits, within funds appropriated for the purpose and including an unannounced visit, for DDA clients living in the community whom DSHS identifies as being at the highest-risk for abuse or neglect. The policy of requiring unannounced home visits could be expanded further.
29. Supported Living
 - a. Provide additional funding for supported living providers to account for cost of living increases, compliance with Affordable Care Act requirements, and minimum wage increases in Seattle.
 - b. Direct housing authorities to increase payment standards and make additional Section 8 funds available to allow clients within supported living to allow them to stay in their communities.
 - c. Review the supported living rate structure with the possibility of creating a system that is more flexible and less prescriptive. For example, consider the creation of a tiered rate structure for different staff in supported living by incorporating the program manager benchmark used in the Licensed Staff Residential program.

Investigation and Regulatory Functions

Budget-Oriented Recommendations

30. Continue to fund maintenance level staffing for Adult Protective Services.
31. Fund additional FTEs for the Residential Services Division Complaint Resolution Unit to ensure that immediate jeopardy reports are assigned for investigation within timeframes.

Policy-Oriented Recommendations

32. Review and modify the abuse prevention and response system related to elder abuse and financial exploitation (see HB 1499 from 2015). The system should strengthen law enforcement and prosecution, reduce investigative redundancies, improve the retention of investigative staff, promote inter-jurisdictional coordination and communication, incorporate the use of experts during informal dispute resolution, reconsider some recommendations from the Adult Family Home Quality Assurance Panel and the Adult Abuse and Neglect Response Subcommittee, and ensure that enforcement policies are followed.

Training

Policy-Oriented Recommendations

33. Review, and potentially expand, training opportunities for caregivers, parents, guardians, investigators, and long term care workers. Expanded training options may include using the residential habilitation centers for specialized training, better utilizing emerging technology, developing web-based training regarding abuse prevention and reporting, and creating additional on-the-job training opportunities.

General Topics/Miscellaneous

Policy-Oriented Recommendations

34. Review the written information that must be provided to consumers and providers. This includes, for example, information provided to residents upon admission and during residency in residential settings, information provided by in-home services agencies, investigative summary reports, enforcement information, and information available to consumers to avoid the Medicaid spend down.
35. Expand the Long-Term Care Ombuds – including a clarified role for the LTC Ombuds program in moving people from the state hospitals into community settings, and the implementation of strategies to make better use of volunteers to work as ombuds.
36. Develop a medication takeback program.
37. Provide victim/survivor services.
38. Prevent isolation of vulnerable adults.
39. Look at how people are spending down to go into poverty or diverting assets to qualify for Medicaid services.

Alzheimer's Work Group and Dementia Action Collaborative

Budget-Oriented Recommendations

40. The Aging and Long-Term Support Administration, the Developmental Disabilities Administration, the Health Care Authority, and the Department of Health should each designate an Alzheimer's disease program coordinator to improve coordination and collaboration of dementia activities among agencies. This program coordinator must be funded as an additional FTE for each agency.

Policy-Oriented Recommendations

44. Continue the commitment by the JLEC and the Legislature to support the work of the Dementia Action Collaborative and the implementation of the State Plan.
45. Create a state specific “Road Map” for family caregivers providing care for a relative with dementia to help them plan for the future and navigate options as their family member's dementia advances.

Sensory Impairment

Budget-Oriented Recommendations

46. Restore Medicaid hearing aid coverage.
47. Provide hearing loss training to all service providers and residential staff, including case managers, care givers, and home care providers. These providers may also be provided with hearing assistive technology.

Policy-Oriented Recommendations

48. Ensure that hearing screening should be part of the wellness examination for all seniors; hearing tests should be conducted prior to a dementia assessment.

Long-Term Services and Supports

Budget-Oriented Recommendations

49. Establish tax incentives to help finance a stair lift program to help people stay in their homes.
50. Provide Medicaid rate enhancements for providers of long-term services and supports (critical nursing, Assisted Living, home care agency).

Policy-Oriented Recommendations

51. Use the Milliman study to address implementation of long-term care policy development through either:
 - a. Implementation of a public long-term care benefit for workers, funded through a payroll deduction that would provide a time-limited long-term care insurance benefit; or
 - b. Implementation of a public-private reinsurance, or risk sharing model, with the purpose of providing a stable and ongoing source of reimbursement to insurers for a portion of their catastrophic long-term services and supports losses in order to provide additional insurance capacity to the state.

Guardianship

Budget-Oriented Recommendations

52. Provide a court-appointed attorney to the person believed to need guardianship services.
53. Provide conflict resolution services to the family and friends of persons needing decisional support.
54. Provide reduced fee or free legal services to family and friends of persons needing decisional support.
55. Develop standards and credentialing requirements for guardians ad litem. This includes standardized reporting forms, monitoring of guardians, a hotline to respond to guardian questions and grievances, background checks, minimum qualification standards, a monitoring

process for the courts, training for lay guardians, how to address conflicts of interest, and how to reduce and prevent isolation of people in guardianships.

Policy-Oriented Recommendations

56. Increase the scope and flexibility of decision-making services offered by the Office of Public Guardianship, including use of supported decision-making as an alternative to guardianship.
57. Modify the Revised Code of Washington to change Title 11 RCW to "Guardian ad Litem" and work with stakeholders to modify the reference to "incapacitated person."
58. Establish a guardianship ombudsman.

IV. Committee Review of the Recommendations

Priorities for 2017

1. The Legislature should work with the Honoring Choices program to establish a statewide registry to allow for advance directives and POLST forms to be quickly available to health care providers and public health and safety agencies. People need to have access to evidence-based tools and programs for advance care planning and the forms need to be accurate, understandable, culturally appropriate, and able to be acted upon when necessary. (Have Health Care Committees review)
2. Provide additional funding for supported living providers to account for cost of living increases, compliance with Affordable Care Act requirements, and minimum wage increases in Seattle.
3. Continue to fund maintenance level staffing for Adult Protective Services.
4. Review and modify the abuse prevention and response system related to elder abuse and financial exploitation (see HB 1499 from 2015). The system should strengthen law enforcement and prosecution, reduce investigative redundancies, improve the retention of investigative staff, promote inter-jurisdictional coordination and communication, incorporate the use of experts during informal dispute resolution, reconsider some recommendations from the Adult Family Home Quality Assurance Panel and the Adult Abuse and Neglect Response Subcommittee, and ensure that enforcement policies are followed.
5. Review, and potentially expand, training opportunities for caregivers, parents, guardians, investigators, and long term care workers. Expanded training options may include: using the residential habilitation centers for specialized training, better utilizing emerging technology, developing web-based training regarding abuse prevention and reporting, creating additional on-the-job training opportunities, and establishing consumer-directed, individualized home care worker training.
6. Initiatives to address the opioid crisis should be developed, such as the establishment of a medication takeback program.
7. The Aging and Long-Term Support Administration, the Developmental Disabilities Administration, the Health Care Authority, and the Department of Health should each designate an Alzheimer's disease program coordinator to improve coordination and collaboration of dementia activities among agencies. This program coordinator must be funded as an additional FTE for each agency.
8. Continue the commitment by the Committee and the Legislature to support the work of the Dementia Action Collaborative and the implementation of the State Plan.

9. Create a state specific “Road Map” for family caregivers providing care for a relative with dementia to help them plan for the future and navigate options as their family member's dementia advances.
10. Restore Medicaid hearing aid coverage.
11. Provide hearing loss training to all service providers and residential staff, including case managers, care givers, and home care providers. These providers may also be provided with hearing assistive technology.
12. Ensure that hearing screening should be part of the wellness examination for all seniors; hearing tests should be conducted prior to a dementia assessment.
13. Provide Medicaid rate enhancements for providers of long-term services and supports (critical nursing, Assisted Living, home care agency).
14. Guardianships should be addressed in three categories: issues related to isolation (short-term), understanding assisted and substituted decision making (short-term) and clarifying distinctions between them (ongoing), and oversight (ongoing).
15. Ensure health and safety of vulnerable in-home clients by reducing client to clinical caseload ratios to 78.5:1, and also lowering the developmental disability caseload ratio.
16. Fund the SEIU 775/WA State collective bargaining agreement to help stabilize and expand long-term care worker supply. Provide parity of funding to long-term care agencies.

Further study

1. Community-wide discussions should be encouraged to build awareness about advance care planning, including awareness of the different types of documents and the need for family members and friends to be included in conversations.
2. Health care professionals need to be educated about advance care planning and be incentivized through reimbursement to have advance care planning discussions with their patients. Palliative care should be integrated into generalist skills in medical and nursing schools as well as health systems, such as emergency departments and clinics, and training should be provided for those in the social service field, such as case managers.
3. Advance care planning and hospice referrals should occur at the appropriate time.
4. The use of advance care planning facilitators should be encouraged as a model for having high-quality conversations.
5. Health plans should be incentivized to offer more home-based palliative care with patient-centered outcomes. (OIC)
6. Quality metrics for health systems should be revised to reflect the different needs of people at the end of life. (HCA and DOH)
7. The state needs to consider ways to meet the needs of underserved populations that face institutional, cultural, economic, and geographic barriers to receiving appropriate end-of-life care. (Contact Medicaid providers regarding the situation.)
8. The state should research other states' regulations related to the oversight of continuing care retirement communities to strengthen protections for residents, require stronger financial disclosures, and create a continuing care retirement community advisory committee composed of vendors, residents, and other entities.
9. Expand respite opportunities to assist people who live in residential habilitation centers and in the community.
10. Establish an emergency system at residential habilitation centers for staff to get immediate help when needed.
11. Make best use of the services that are provided in the residential habilitation centers.

12. Require unannounced drop-in visits for people living in the community.
 - a. *Note:* SB 6564 (2016) requires DSHS to increase home visits, within funds appropriated for the purpose and including an unannounced visit, for DDA clients living in the community whom DSHS identifies as being at the highest-risk for abuse or neglect. The policy of requiring unannounced home visits could be expanded further.
13. Expand the Long-Term Care Ombuds – including a clarified role for the LTC Ombuds program in moving people from the state hospitals into community settings, and the implementation of strategies to make better use of volunteers to work as ombuds.
14. Look at how people are spending down to go into poverty or diverting assets to qualify for Medicaid services, as addressed in the Transformation Waiver.
15. Establish tax incentives to help finance assistive technology and devices, such as a stair lift program, to help people stay in their homes.
16. Use the Milliman study to address implementation of long-term care policy development through either:
 - a. Implementation of a public long-term care benefit for workers, funded through a payroll deduction that would provide a time-limited long-term care insurance benefit; or
 - b. Implementation of a public-private reinsurance, or risk sharing model, with the purpose of providing a stable and ongoing source of reimbursement to insurers for a portion of their catastrophic long-term services and supports losses in order to provide additional insurance capacity to the state.

Appendix A

2015-2016 Compiled Joint Legislative Executive Committee Agendas

- October 26, 2015
- November 17, 2015
- December 14, 2015
- June 20, 2016
- July 18, 2016
- September 19, 2016
- October 18, 2016
- December 14, 2016



Washington State Legislature

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Aging & Disability Joint Legislative Executive Committee

Senator Barbara Bailey, Co-Chair
Representative Steve Tharinger, Co-Chair

Monday
October 26, 2015
12:00 -5:00 p.m.

Sen. Conf. Rms ABC
J.A. Cherberg Building
Olympia, WA

Agenda:

1. Introduction of members.
2. Overview of budget proviso, duties of committee, December 2015 report.
 - Kathy Buchli, Senate Committee Services
 - Christopher Blake, Office of Program Research
3. Description of community and institutional settings.
 - Bill Moss, Aging and Long-Term Support Administration (DSHS)
 - Evelyn Perez, Developmental Disabilities Administration (DSHS)
4. Report on review of adverse findings in community and residential settings for aging and disabled populations.
 - Bill Moss, Aging and Long-Term Support Administration (DSHS)
 - Evelyn Perez, Developmental Disabilities Administration (DSHS)
5. Discussion on ways to improve the quality of care, client safety and well-being, and staff safety within community and institutional settings.

Panel 1:

- Bill Moss, Aging and Long-Term Support Administration (DSHS)
- Evelyn Perez, Developmental Disabilities Administration (DSHS)

Panel 2:

- Robin Dale, Washington Health Care Association
- Deb Murphy, LeadingAge Washington
- John Ficker, Washington State Residential Care Council
- Scott Livengood, Community Residential Services Association
- Pete Subkoviak, Service Employees International Union (SEIU) 775
- Julianne Moore, Washington Federation of State Employees

Panel 3:

- Sue Elliott, Arc of Washington State
- Donna Patrick, Washington State Developmental Disabilities Council
- David Lord, Disability Rights Washington
- Patricia Hunter, Long-Term Care Ombuds
- Carolyn Mosebar, Long-Term Care Ombuds volunteer
- Saskia Davis, ACTION DD
- Rick Jensen, ACTION DD

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Washington State Legislature

John A. Cherberg Building
PO Box 40466
Olympia, WA 98504-0466
(360) 786-7407

Aging & Disability Joint Legislative Executive Committee

Senator Barbara Bailey, Co-Chair
Representative Steve Tharinger, Co-Chair

Tuesday
November 17, 2015
2:30 - 5:00 p.m.

Senate Hearing Rm 2
J.A. Cherberg Building
Olympia, WA

Agenda

1. Overview of guardianships, assisted decision-making, and oversight of guardians.
 - Shirley Bondon, Office of Public Guardianship
 - David Lord, Disability Rights Washington
2. Alzheimer's Plan report update.
 - Bill Moss, Department of Social and Health Services
 - Lynne Korte, Department of Social and Health Services
3. Dual eligible update.
 - Bea Rector, Department of Social and Health Services
 - David Mancuso, Department of Social and Health Services
 - Dan Murphy, Northwest Regional Council
4. Other business.



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Aging & Disability Joint Legislative Executive Committee

John L. O'Brien Building
PO Box 40600
Olympia, WA 98504-0600
(360) 786-7160

Full Committee
December 14, 2015
2:00 p.m.

House Hearing Room A
John L. O'Brien Building
Olympia, WA

AGENDA

1. Continuing care retirement communities.

Panel:

- Jim McClaine, Washington State Continuing Care Residents Association
- Liz Tidyman, Consumer

Panel:

- Deb Murphy, LeadingAge Washington
- Torsten Hirche, Presbyterian Retirement Communities Northwest
- Lisa Hardy, Emerald Communities

2. Transformation waiver update.

- Bea Rector, Aging and Long-Term Support Administration, Department of Social and Health Service
- Nathan Johnson, Health Care Authority

3. Discussion of December 2015 report.

Meeting is scheduled to end at 5:00 p.m.

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Aging & Disability Joint Legislative Executive Committee

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Full Committee
June 20, 2016
1:00 p.m.

House Hearing Room A
John L. O'Brien Building
Olympia, WA

AGENDA

1. Update on bills from 2016 legislative session.
 - *Christopher Blake, Counsel; Office of Program Research*
 - *Kathleen Buchli, Counsel; Senate Committee Services*
2. Member discussion of topic options for 2016 interim.
3. Palliative care and advance care planning.
 - Advance Care Planning Panel
 - *Jessica Martinson, Director of Clinical Education & Professional Development, Washington State Medical Association*
 - *Carol Wagner, Senior Vice President of Patient Safety; Washington State Hospital Association*
 - *Ginny Weir, Program Director; Bree Collaborative*
 - Palliative Care Panel
 - *Marie Eaton, Director; Palliative Care Institute, Western Washington University*
 - *Mimi Pattison, MD, Medical Director; Franciscan Hospice and Palliative Care*
 - *Sara Weir, Deputy Director; Palliative Care Institute, Western Washington University*
4. Dementia Action Collaborative.
 - *Lynne Korte, Project Manager; Aging and Long-Term Support Administration (DSHS)*
5. Sensory impairment in older adults.
 - Panel
 - *Cheri Perazzoli, Advocacy Chair; Hearing Loss Association of Washington and Founder and Director; Let's Loop Seattle*
 - *Diana F. Thompson, MSW, JD, Legislative Liaison; Hearing Loss Association of Washington*
 - *Kelly Tremblay, PhD, Professor and Director of Brain and Behavior Lab; University of Washington*
 - Panel
 - *Susan Kerr, Director of Curriculum; SEIU Healthcare NW Training*
 - *Thao Tran, Government and Community Relations Program Lead; SEIU Healthcare NW Training*

*A Computer-Assisted Realtime Translation (CART) technician will provide caption services for the entirety of the meeting. Assistive listening devices are available upon request.



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Aging & Disability Joint Legislative Executive Committee

Senator Barbara Bailey, Co-Chair
Representative Steve Tharinger, Co-Chair

HHR A	July 18, 2016	1:00 - 4:00 p.m.
John L. O'Brien Building	MONDAY	

AGENDA

Work Session:

1. Long-term services and supports study
 - Bea Rector, Aging and Long-Term Support Administration, DSHS
2. Transformation Waiver update.
 - Bea Rector, Aging and Long-Term Support Administration, DSHS
3. Adult Protective Services update.
 - Candy Goehring, Aging and Long-Term Support Administration, DSHS
 - Kathy Morgan, Aging and Long-Term Support Administration, DSHS
 - David Lord, Disability Rights Washington
 - Patricia Hunter, Washington State Long-Term Care Ombuds Program
4. Implementation of E2SSB 6564: Providing protections for persons with developmental disabilities.
 - Kathy Morgan, Aging and Long-Term Support Administration, DSHS
 - Evelyn Perez, Developmental Disabilities Administration, DSHS
 - Bill Cole, Department of Commerce
5. Legislative investment in intermediate care and facilities for individuals with developmental disabilities.
 - Evelyn Perez, Developmental Disabilities Administration, DSHS
 - Bob Hubenthal, Office of Capital Programs, DSHS
 - Ken Hays, Office of Capital Programs, DSHS

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Aging & Disability Joint Legislative Executive Committee

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Full Committee
September 19, 2016
1:00 p.m.

House Hearing Room A
John L. O'Brien Building
Olympia, WA

AGENDA

1. Overview of retirement resources.
 - *Cathy MacCaul, AARP*
 - *Carolyn McKinnon, Department of Commerce*
 - *Carrie Lange, family caregiver*

2. Educational and oversight efforts.
 - Financial literacy for youth
 - *Pam Whalley, Financial Education, Public-Private Partnership*
 - Retirement savings for low and middle income persons
 - *Gina Stark, Office of the Treasurer*
 - Financial planning.
 - *James A. Scott, Waddell & Reed*

3. Preliminary discussion of final report.

Meeting is scheduled to end at 4:00 p.m.

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Aging & Disability Joint Legislative Executive Committee

Senator Barbara Bailey, Co-Chair
Representative Steve Tharinger, Co-Chair

HHR A
John L. O'Brien Building

October 18, 2016
TUESDAY

1:30 – 4:30 p.m.

Agenda:

1. Briefing on the draft Long-Term Services & Supports study.
 - Bea Rector, Department of Social & Health Services
 - Chris Giese, Milliman
 - John Wilkin, Actuarial Research Corporation
2. Public comment on recommendations for the final report.
3. Preliminary discussion of recommendations for the final report among members.

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Full Committee
December 14, 2016
1:30 – 4:30 p.m.

House Hearing Room A
John L. O'Brien Building
Olympia, WA

AGENDA

1. Public comment.
2. Discussion of the final report.

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