

LONG-TERM CARE SYSTEM TASK FORCE-Summary of Activities

Co-chairpersons: Senator Maggie Tinsman and Representative Dave Heaton

Members: Senators Julie M. Hosch, Neal Schuerer, Joe Bolkcom, and Amanda Ragan and Representatives Mary Lou Freeman, Linda Upmeyer, Ro Foege, and Mark Smith

Creation and Charge. The Task Force was created by the Legislative Council for the 2004 Interim. The Task Force was charged to develop a list of priorities to realize the goal of the long-term care system in Iowa, recommend strategies to implement the list of measurable priorities, recommend immediate and long-range steps to be taken in realizing the system goal, recommend any legislation needed to implement the Task Force report and system goal, and recommend strategies regarding the use of a universal assessment and counseling tool to assist individuals in making appropriate use of long-term care options.

Overview. The Task Force held meetings on September 16 and November 9, 2004. The final meeting, set for early January, was rescheduled for Monday, January 24, due to weather.

September 16, 2004, Meeting

Overview. The Task Force members received testimony on the long-term care (LTC) system from representatives of the Department of Elder Affairs, Department of Human Services, Department of Inspections and Appeals, Iowa Department of Public Health, Iowa Finance Authority, Iowa Council of Health Care Centers, AARP Iowa, Iowa Health Care Association, Iowa Association of Area Agencies on Aging, Iowa Association of Homes and Services for the Aging, Iowa Coalition of Home and Community Based Services for Seniors, and Older Iowans Legislature. The Task Force discussed a Long-term Living Vision Statement that was adopted at the November meeting.

November 9, 2004, Meeting

Overview. The Task Force members received information on the Cash and Counseling Program, received an update on the National Governor's Association Workgroup reviewing Iowa's efforts to rebalance the long-term care (LTC) system, were provided information on universal assessment, discussed a proposal to rebalance the LTC system, and discussed the next steps in rebalancing the LTC system.

Cash and Counseling Program. Mr. Kevin Concannon, Director, Department of Human Services, discussed the status of the \$250,000 grant from the Robert Wood Johnson Foundation to allow Iowa to participate in the Cash and Counseling



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Program. The program allows Medicaid recipients to have more choice of and control over personal care services by allowing recipients to direct their own services and hire their own caregivers. In Iowa the program will be called "Developing Choices-Empowering Iowans" and will provide services to older Iowans and persons with physical disabilities by amending the six Medicaid home and community-based services waivers currently operating in Iowa.

Update on National Governors Association Workgroup on Long-Term Care. Mr. Mark Haverland, Director, Department of Elder Affairs, provided an overview of the work of the National Governors Association Workgroup on Long-Term Care. He noted that at least six groups are working on the issue of long-term care for Iowa, including the National Governors Association, the Iowa General Assembly Task Force, the Medicaid Crisis Intervention Team, the Senior Living Coordinating Unit, the Governor's Aging Services Cabinet, and the AARP Rebalancing II. Director Haverland noted that in Iowa the majority of older people prefer receiving services in their own homes, yet the majority of Medicaid long-term care funds are expended on nursing facility care, notwithstanding the level of acuity of care needed by older persons. Director Haverland described a survey that helped to determine how older Iowans access the LTC system. The results of the survey suggest that consumers and professionals lack the information necessary to allow them to make real choices about long-term care services and that some unwanted institutionalization may be prevented by using a standard assessment tool. Director Haverland described the principles of a universal assessment tool, specifically described the MI Choice tool and suggested integrating the MI Choice tool with the I-OASIS tool, and discussed who should perform the assessments, how to pay for the use of a universal assessment tool, and how to enforce the use of a universal assessment tool. MI Choice is the universal assessment tool used in Michigan.

Recommendation for Facility Consolidation. Mr. Ken Carlson, Iowa Council of Health Care Centers, discussed a proposal to consolidate nursing home beds in areas with excess capacity. The proposal is to direct \$15 million of the moneys for conversion grants under the Senior Living Trust Fund to target specific nursing facilities for closure and consolidation with remaining facilities in targeted areas. The goal would be to close 10-15 facilities and 600-900 licensed beds across the state, while maintaining quality of care and access to services.

Discussion of Universal Assessment, Rebalancing of the LTC System. The Task Force discussed the use of a universal assessment tool with Dr. Susan Reinhard, Co-Director, Center for State Health Policy, Rutgers, The State University of New Jersey, Ms. Molly Baldwin, Maine Bureau of Elder and Adult Services, and Directors Concannon and Haverland.

Dr. Reinhard noted that the universal assessment tool can be used both to assist individuals in making choices about long-term care and in assisting policymakers in making policy decisions. Dr. Reinhard suggested that the Task Force publicize the vision statement developed by the Task Force as a guide to rebalancing the system. She noted that the fundamental goal is to assist people in finding options for LTC. She suggested that some of the issues that must be addressed in utilizing a universal assessment tool and rebalancing the system are:

- Should the universal assessment tool be mandatory for both Medicaid and private pay individuals?
- Should the universal assessment tool apply to only older adults or both older adults and persons with disabilities?
- Which department should implement the universal assessment tool and be held accountable?
- Which universal assessment tool should be used?
- Who should do the assessing?
- What type of enforcement should apply?

Other Options. Dr. Reinhard suggested using a single entry point to assist people in finding options for long-term care; working with hospitals to improve discharge planning to decrease the number of people discharged to nursing homes and using community choice counseling; providing more flexibility in regulations so that living arrangements match consumer needs; determining how the system is organized at the state level to provide for resolution of conflicts in the system; providing for a streamlined information system so that departments can share information and provide for streamlined eligibility; ensuring quality; and ensuring that elders are respected as individuals to make their own decisions.

January 24, 2005, Meeting

Overview. The Task Force members joined with the National Governors Association Workgroup on Long-Term Care to discuss the issue of the universal assessment.

Recommendations. The Task Force made the following recommendations:

1. Codify the vision statement for the long-term living system. A draft of the bill to codify the vision statement will be attached to the final report.
2. Continue to work with the Division of Insurance of the Department of Commerce and the Department of Human Services to design a long-term care insurance asset disregard program.



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3. Continue to work with the Department of Elder Affairs and the Department of Inspections and Appeals to develop less restrictive residential care alternatives that reflect a social model rather than a medical model.
4. Recommend that the legislative leadership appoint a blue ribbon task force to develop a plan for unifying the state administration of services utilized by older lowans who are age 60 or older. Recommended membership and duties of the Task Force are included in a draft document, to be submitted with the final report of the Long-Term Care System Task Force. The members recommended that in addition to the members specified in the draft document, older lowans be added and that leadership be given flexibility in filling the specified appointments.
5. The Task Force supports the concept of universal assessment.

Internet Page: <http://www4.legis.state.ia.us/asp/Internet/Committees/Committee.aspx?id=61>

LSA Contacts: Patty Funaro, Legal Services, (515) 281-3040; Tim McDermott, Legal Services, (515) 281-3444



BRIEFINGS

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LONG-TERM CARE SYSTEM TASK FORCE

September 16, 2004

Cochairperson: Senator Maggie Tinsman

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Overview. The Task Force members received testimony on the long-term care (LTC) system from representatives of the Department of Elder Affairs, Department of Human Services, Department of Inspections and Appeals, Iowa Department of Public Health, Iowa Finance Authority, Iowa Council of Health Care Centers, AARP Iowa, Iowa Health Care Association, Iowa Association of Area Agencies on Aging, Iowa Association of Homes and Services for the Aging, Iowa Coalition of Home and Community Based Services for Seniors, and Older Iowans Legislature.

Department of Elder Affairs: Director Mark Haverland provided information about rebalancing the LTC system to be more home and community-based rather than institution-based. He noted that rebalancing the system in Iowa has already begun through such avenues as the Senior Living Trust Fund, Medicaid waivers, and market forces. He noted a variety of solutions in attaining rebalancing including fast track eligibility determinations under Medicaid, use of universal assessments, increases in provider rates for home and community-based services (HCBS), consumer-based programs, expansion of Medicaid waivers, establishment of a substitute decision maker program, and consumer education.

Department of Human Services. Director Kevin Concannon provided an overview of elder services under the purview of DHS, including those financed through Medicaid. Director Concannon noted a number of initiatives to enhance Medicaid services to elders including the development of a preferred drug list for prescription drugs, expansion of the lock-in and disease management programs, use of a universal assessment tool, and several grants focused on rebalancing the LTC system, affordable housing with supports, and cash and counseling.

Department of Inspections and Appeals. Director Steve Young discussed the various services provided by DIA relative to LTC, including those provided by the Health Facilities Division, the Investigations Division, and the Administrative Hearings Division. He noted that he has devoted more dedicated staff to health care regulation, complaint investigation, and collections.

Iowa Department of Public Health. Ms. Berdette Ogden, Community Health Consultant, provided an overview of the continuum of services provided by IDPH in contributing to long-term living and healthy aging. She emphasized the need for preventive services, and early detection of disease and the need to build healthy communities.

Iowa Finance Authority. Ms. Carla Pope, Service Enriched Housing Director, described various ways that IFA is working to provide safe, adequate, and affordable housing to elders and persons with disabilities. These efforts include provision of affordable assisted living, receiving grants to build capacity and provide low interest loans, influencing the type and design of housing development, providing technical assistance for affordable, accessible housing through a collaborative public-private partnership, and redirecting existing resources to affordable assisted living and service-enriched housing for persons with disabilities.

AARP Iowa. Mr. John McCalley, Associate State Director, Public Affairs, provided information based upon AARP public opinion polling of Iowans. He noted that some results of these polls demonstrate: AARP members support funding of independent living options; six of ten Iowans age 18 and older support an increase in the state's cigarette tax of one dollar to adequately fund health and supportive services; and Iowans strongly oppose cuts in health care and LTC services for older persons and persons with disabilities. The AARP supports measures that increase consumer control and decision-making, support caregivers, provide assistance in finding appropriate services, and improve coordination and efficiency in the medical and LTC systems. AARP also supports the Senior Living Program, encourages consumers to more actively plan for retirement, supports tax incentives for the purchase of LTC insurance, supports community choice counseling, supports efforts to recruit, retain and train staff in LTC settings, supports increased reimbursement for HCBS providers, supports the efforts of the Senior Living Coordinating Unit to rebalance the LTC system, and understands that budgeting issues present a challenge to the state.

Iowa Council of Health Care Centers. Mr. George Appleby provided information about nursing facilities in Iowa, noting that his organization represents some of the for-profit nursing facilities in the state. He noted that the state must provide an array of services as part of the LTC system and that today, the average resident of a nursing facility is 85 years old and has high acuity needs. He cautioned against drastically reducing the number of nursing facility beds due to increased demand in the future as the baby boom generation ages and also because any drastic reduction would have a detrimental economic impact on the state. Mr. Appleby expressed support of the use of a universal assessment tool in general but cautioned that the details of the assessment are very important.



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Iowa Health Care Association/Iowa Association for Assisted Living. Mr. Dana Holland noted that his organization represents the interests of both nonprofit and proprietary LTC providers including skilled nursing facilities, nursing facilities, assisted living programs, senior housing communities, residential care facilities, HCBS, home health care, and adult day care and respite care. He noted that Iowa is making progress in rebalancing the LTC system by moving to more HCBS alternatives and reducing nursing facility usage, and that his organization supports these efforts as long as consideration is given to quality, access, and cost. He noted that recommendations for the future include continuing to implement the case-mix reimbursement system, enhancing consumer outreach and education about planning for LTC, continuing to provide incentives for improving LTC insurance programs and for persons who purchase LTC insurance, and providing incentives for consolidation of nursing facilities in over-served markets while considering the potential effects of the loss of facilities on access and the economy. Mr. Holland also noted that his organization supports a quality assurance fee to assist with financing the system and that Medicaid should be viewed as an investment, not a cost to the state since the majority of the funding goes back into wages for Iowans.

Iowa Association of Area Agencies on Aging (AAAs). Ms. Donna Harvey noted that nationwide the AAAs focus on three key areas: advocacy, coordination of services, and ensuring choice of services received, place to reside, and provider of supports. She noted that the AAAs support the concept of a universal assessment program and are uniquely positioned in all 99 counties to carry out this function.

Iowa Association of Homes and Services for the Aging (IAHSA). Ms. Kristie Oliver, Vice President of Government Relations, noted that IAHSA represents 128 nonprofit nursing facilities, continuing care retirement communities, senior housing, residential care facilities, assisted living facilities, and HCBS providers. The IAHSA supports the national program of "Quality First" which promotes quality of care and life in aging services. The IAHSA supports the goals of the Senior Living Program, consumer-directed long-term care, and consideration of the entire continuum of services in rebalancing efforts. The barriers to a diversified and integrated system are inadequate and fragmented funding, lack of services for persons with disabilities and elders, prohibitions from creating another business or activity in a nursing home, and the transfer criteria in assisted living. Recommendations for the future include: re-evaluation and upgrading of HCBS rates, continuation of the case-mix reimbursement methodology payment of nursing facilities, obtaining a Medicaid waiver for assisted living services and providing reimbursement for assisted living on a tiered rate basis, utilizing a uniform assessment tool completed by trained professionals, enhancing consumer education, and retaining access to and the safety of nursing facilities.

Iowa Coalition of Home and Community-Based Services for Seniors. Mr. David Purdy, noted that his organization strongly advocates strengthening the total continuum of long-term care options for seniors and their families. He noted that the current HCBS system is a strong platform to build upon but that improvements could be made including: providing more options for HCBS especially in rural areas, increasing ease of entry into the system, marketing of the options available, providing increased support for caregivers, including more vulnerable populations in the system such as persons with mental health, substance abuse, or abuse issues, and minorities, and expanding funding methods. He suggested that a key component of an improved system is use of a universal assessment tool, that fast-track eligibility should be established to access services under the HCBS waiver, that case management should be incorporated on a long-term basis under the elderly waiver, access to the system should be eased, more support should be provided to caregivers, marketing and promotional efforts should be increased, and other revenue streams should be explored.

Older Iowans Legislature. Mr. Graham Fee discussed the concerns of the Older Iowans Legislature. Mr. Fee noted that the majority of older Iowans are doing well but that the OIL supports assisting those less fortunate seniors. What seniors want most is to remain in their own homes for as long as possible. He emphasized that planning the rebalancing of the system is important but that there must be discussion about funding the system. He noted that one portion of the continuum of care cannot be separated from any other but that all must work together, and that the customer is the most important element of the system. He supported a consistent system of assessment and the setting of standards for assisted living. He noted that OIL will soon be a separate entity from the Department of Elder Affairs and will continue to be part of and involved in the process.

Long-term Living Vision Statement. The Task Force discussed a Long-term Living Vision Statement that will be finalized at a later meeting.

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