

Notes from the Long-Term Care Taskforce Service Delivery Committee Meeting
Wednesday, October 8, 2014 • 1:30 p.m.-4:00 p.m.

Meeting Attendees

Present: Teresa Arnold, Bruce Bondo (co-chair), Tom Brown (co-chair), Joyce Davis, Cheryl Dye, John Egbert, Nikki Hutchison, Ed Keelen, Tony Kester, Debra Krotish, Gloria Prevost, Nate Rhodes, Barbara Robinson, Eleanor Stein, Lynn Stockman

Absent: Valerie Aiken, Melody Bailey, Carol Ann Coker, Tracy Doran, Amy Edmunds, David Goodell, Victor Hirth, Stella Kelly, Nathaniel Patterson, Kimberly Rudd, Sam Wiley

Meeting Minutes/Discussion Points

Members referred to meeting handouts that listed the recommendations generated by each of the three sub-committees and reviewed the list one by one. Comments are noted below only for those recommendations about which there was significant discussion or revision suggested.

Service Options Sub-Committee Draft Recommendations

Recommendation re: expanding options within the continuum of long-term care for people who do not meet Medicaid nursing facility level of care

Gloria noted that the language of this recommendation needs to emphasize that the focus is on expanding in-home options. Members commented that the trend toward managed care might lead to more in-home care.

Recommendations related to case management

Members suggested re-focusing the recommendation(s) on the need to ensure the quality of and establish consistent standards for case management services, rather than specifying which agencies should provide those services. Further development of the language of this recommendation is needed.

Other discussion points included the following:

- Members noted that the move to conflict-free case management will have a critical impact on the provision of case management services.
- Tony Kester said that he felt AAAs/ADRCs are receptive to becoming TCM providers—and that HHS should be encouraged to contract with them. Members noted that if case management is provided through AAAs/ADRCs, those agencies should be *a* gateway to services but not *the only* gateway to services.
- Eleanor noted that the Access to Care Committee has put together recommendations related to care coordination and suggested that those recommendations could encompass the case management-related issues identified by Service Delivery Committee members as well.

Recommendation related to housing needs and options

Members discussed the need to flesh out a recommendation related to housing for specific target populations. Joyce said that there is a need for housing options for people with brain injury who sometimes have behavioral issues; she noted that those behavioral issues can make community integration challenging. Tony said that there can be similar issues for people with Alzheimer's disease.

Gloria pointed out that our recommendations need to align with the new Final Rule on HCBS, which emphasizes community integration, and said that we should not recommend "group homes." Instead, she suggested focusing on investing in housing options or developing "slots" that would enable people with multiple types of disabilities to live in the community. Further development of the language of this recommendation is needed. It was noted that additional investigation into housing issues should include follow up with the SC State Housing Finance & Development Authority and the Affordable Housing Coalition of SC.

Recommendation related to improving quality of care in CRCFs

Discussion points included the following:

- Gloria emphasized that any changes related to CRCFs should be made for the purpose of protecting individuals being served in CRCFs—to ensure choice, independence, etc.
- Members discussed tweaking the language of this recommendation to reflect that CRCFs often have low reimbursement rates and to clearly emphasize that reimbursement rates and quality should be tied together.
- Tom suggested that the group consider another, separate licensure be put forward with CRCFs.

Recommendation related to streamlining IT/data systems at the Office on Aging

Members discussed whether it might be better to broaden the recommendation, rather than focusing it just on the Office on Aging. Tony said there had been attempts in the past to create a common intake form among various agencies but they were not successful. Members discussed that it would be useful to integrate systems with Medicaid, at the least.

Members then discussed whether interagency data collection should be on the priority list for this committee. Some members felt that it is more urgent to focus on direct service provision while others noted that improvements in IT/data systems could help guide decisions on implementing best practices and allocating resources. It was also noted that, if the data collection process is made more efficient, that change could ultimately free up time for service delivery.

Other discussion points included the following:

- Tony said the Office on Aging is in the process of making changes related to IT/data management; a preferred system has been identified, and testing work is being done this week. Financing the change to a new system is the challenge.
- Joyce noted that DDSN is putting into place a new system that can accommodate EMR.
- Tom said that there are federal changes being made that will impact data collection and systems as well. John also noted the national trend towards standardization in this area.

Quality and Safety Sub-Committee Draft Recommendations

Recommendations relating to abuse, neglect and exploitation issues

Members decided to combine the recommendations related to abuse, neglect and exploitation issues. The language for this overarching recommendation should address two points impacting protections for vulnerable adults: 1) establishing an Adult Abuse Registry 2) creating a high level study committee, oversight committee or audit of APS. Teresa noted that it would be important to involve Medicaid in the latter because that agency ends up paying for the services that are needed by many individuals who suffer as a result of abuse, neglect and exploitation. She also said the sub-committee has been working to put a fiscal impact on this issue that will help figure out how to target the recommendation.

Recommendation related to nursing delegation

Teresa introduced this recommendation by stating that increasing the number of tasks that can be delegated is of critical importance to helping family caregivers—and that it could ultimately help save money. It was noted that nurses in South Carolina historically have not been supportive of changes in this area. It was also noted that other states have been successful in making changes in these areas; for example, direct care workers are allowed to administer glucometer tests in 41 states, but not in South Carolina.

Service Coordination & Transitions Sub-Committee Draft Recommendations

Recommendation related to transition documentation

Eleanor said that the PART (Preventing Avoidable Readmissions Together) collaborative has been organizing a statewide effort to improve care transitions, and she suggested members keep that work in mind when considering the possibility of making a recommendation related to transitions. If this committee wishes to move forward with such a recommendation, she recommended further follow up with PART to coordinate efforts. Cheryl reiterated the strides being made by PART and suggested deferring to that collaborative.

Recommendation related to preventive services

Members said that more specificity would improve this recommendation. Tom pointed out that this recommendation would not have to cost a lot of money, as many preventive services are already covered by Medicare. He emphasized that it is important to make an impact “on the front end” with prevention efforts.

Recommendation related to health care preferences

Members suggested taking out the reference to the Five Wishes in the language of this recommendation, because they did not want to recommend a specific type of planning tool. Rather, the intent was to encourage education about health care directives more broadly. It was noted that hospitals and physicians need to be better educated on issues related to advance directives and health care preferences as well. However, members decided to keep the focus of this recommendation broadly on public education, rather than making specific recommendations on training health care professionals.

Overarching recommendations

The overarching recommendations had been discussed in detail during the September meeting. Members briefly revisited them and discussed the points outlined below.

Incubator

Eleanor asked members whether they wanted to recommend establishing the infrastructure for an “incubator” or if they wanted to recommend a specific issue or method to be tested in the incubator. Members preferred the latter, and several suggestions were made about what might be tested (e.g., interventions for rural service delivery, technological interventions, implementation of best practices related to fall prevention and pooling resources across funding streams to better serve consumers). Members suggested that they would like to go through the prioritization/voting process before making a final decision about what should be tested or evaluated in the incubator. Additional discussion points included:

- Members noted the importance of including measurable components in the incubator.
- John said he felt the incubator could be helpful in a couple of ways: 1) refining estimates of financial impacts, or 2) looking at how interventions affect outcomes.
- Teresa asked whether an incubator-like program already exists via SmartState. Members noted that program has a strong focus on economic development. Members emphasized that the incubator projects should be forward-looking and practical—and should include a strong evaluative component.

Statewide strategic plan

Members said the language of this recommendation should emphasize that the strategic plan should address private resources, not just government services and programs.

Mission/organizational placement of the Office on Aging

It was noted that this recommendation might actually be a part of the statewide strategic planning process.

Other possible overarching recommendations

The group decided to add another overarching recommendation to this list related to protections for vulnerable adults/abuse, neglect and exploitation issues. (See “Quality and Safety Sub-Committee Draft Recommendations” section above for details.) During the September meeting, the group had considered whether to add a specific recommendation related to ongoing data collection and analysis. At this meeting, members decided to leave that issue as a component of the statewide strategic plan recommendation.

Other related discussion points

Members discussed both that an increase in public funding will be needed to meet the increased need for services and also that government will not be able to meet the need alone. Gloria noted that while we might not have enough public funding, we can still work to use what we have more effectively. The importance of educating the public at large about saving and about advance planning for LTC needs was also emphasized. At the same time, members recognized that for many who are “just scraping by” saving is extremely challenging or impossible. Teresa told members about “Work and Save” plans; they provide vehicles for savings even when one’s

employer does not offer savings plans. She said that thirty state treasurers have come out in support of those programs.

Prioritization/voting process

Tom referred the group to the list of priority setting criteria that had been ranked at the September meeting, which were provided in the meeting handouts. He pointed out that the top selection criteria were: scope, effect/impact and likelihood of success. He noted that the latter might especially incorporate a focus on those recommendations that do not require new money. Members also discussed the importance of prioritizing issues that relate to significant safety issues.

With the priority setting criteria in mind, the group then discussed possible prioritization methods. It was decided that each member present would pick his/her top five priority recommendations and would also pick the five recommendations that s/he believed were the weakest. Eleanor offered to organize the recommendations as high, medium and low priorities based on the results of the voting—and that ranked list could be presented by the co-chairs to the steering committee. Members voiced that they felt it was important not to have too many recommendations; they preferred presenting the top five priorities along with the overarching recommendations.

After the voting process was completed, the following recommendations were voted to be priorities that should be moved forward to the steering committee:

- Aligning fall prevention efforts statewide
- Working to increase the number of health maintenance tasks that can be delegated
- Expanding options within the continuum of long-term care for people who do not meet Medicaid nursing facility level of care
- Improving CRCF quality
- Encouraging public education on prevention and on health care preferences/planning

The following items were voted to be dropped from the list of priorities:

- Forming a committee to collectively review regulations impacting expansion of service delivery
- Streamlining IT/data management that are used by the LGOA/ADRCs/AAAs/CoA network
- Supporting implementation of best practices related to transition documentation
- Supporting implementation of policies and statewide education efforts encouraging the use of preventive services
 - o NOTE: While this was initially voted to be dropped from the priority list, upon further discussion, members decided this issue could be highlighted as part of the fall prevention recommendation. It could also be included in public education efforts—and has been added in the last bullet point above.
- Increasing Personal Needs Allowance

(The other draft recommendations did not receive enough votes for or against to rise to either the top priorities or to be dropped from the list. Eleanor will compile a full list of the rankings following the meeting.)

Additional issues, wrap-up and adjournment

IMPH staff will work with the co-chairs to further refine the recommendations that are being forwarded on to the steering committee and will then be back in touch with members.

Members discussed the timeline for the taskforce process and release of the taskforce report. Eleanor noted that the IMPH board will review the report prior to its release. Teresa noted her concerns that releasing the full report in April will be too late in the legislative session to gain traction on the actionable items being recommended. The steering committee is set to meet in mid-October and the timeline will be discussed further at that time. The steering committee will also meet in mid-November; at that meeting, the recommendations from the Service Delivery Committee will be reviewed.

Eleanor thanked the members on behalf of IMPH for the significant time and energy that they have contributed to this process—and thanked Tom and Bruce for their leadership.