Practices for Patients who are Difficult to Discharge

House Health Care & Wellness Committee

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Gail Kreiger

Section Manager

Medicaid Compliance Review Analytics

Medicaid Program Operations and Integrity

Health Care Authority

Bill Moss

Assistant Secretary

Aging and Long-term Support Administration

Department of Social and Health Services

Evelyn Perez

Assistant Secretary

Developmental Disabilities Administration

Department of Social and Health Services

Washington State Department of Social & Health Services

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Health Care Authority

Gail Kreiger

Washington State Department of Social & Health Services
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It’s not just a Medicaid problem

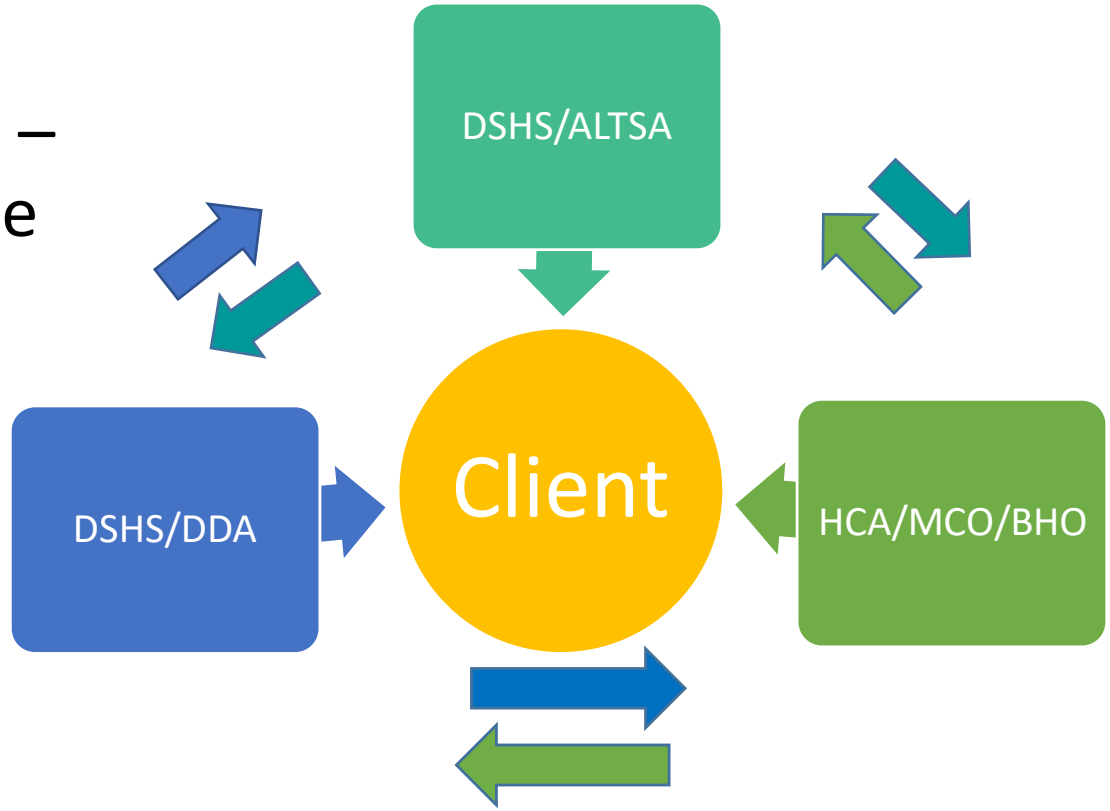
Difficulties in discharge can affect anyone – Medicaid, Medicare, Veterans Affairs, and those covered under private insurance.

- Of those, a very small number of patients need long-term services and supports.

Still, we recognize that even small numbers take a disproportional amount of time and resources system-wide.

Agency coordination

Our three agencies share the same goal – people should not be hospitalized longer than necessary.



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Skilled Nursing and Acute Care Hospital Work Group

- 2017 Report "Skilled Nursing Facility/Acute Care Hospital (SNFACC) Work Group" identified barriers to discharge
  - (Required by Substitute Senate Bill 5883(SSB 5883), Chapter 1, Laws of 2017, 3rd Special Session, Section 213(1)(ii))
- Barriers identified by work group were classified as:
  - Patient Issues
  - Process Issues
  - Reimbursement issues
  - Regulatory issues
  - Guardianship issues
  - Insufficient Available Alternatives (including resources, number of staff and training)
  - Failure to Use Available Alternatives

What can cause a difficult discharge?

- Complex behaviors and characteristics of the patient:
  - Assaultive
  - Fire starting
  - Eloping
  - Substance abuse w/ or w/o Methadone
  - Sex offenders
  - Sleep disorders
  - Dementia
  - Self-harming
  - Personality disorder(s)
  - Criminal history
  - Homeless
  - Intellectual disability
  - Traumatic Brain Injury
  - No family or support system

Barriers to accessing skilled nursing facility services

Complex needs require multi-system coordinated approach

- Top Priority Barriers that were identified for action via the SNFACC Work Group:
  - Improve MCO Contracts for skilled nursing care
    - Negotiating rates; reimbursing based on client's acuity
    - Applying all benefits
  - Standardize coverage criteria across all plans
  - Coordinate prior authorization processes with discharge planning processes
  - Standardize discharge planning process
  - Address concerns about risk with admissions and star ratings under the oversight of DSHS's Residential Care Services
  - Address delays related to guardianship and DSHS required Level of Care Functional Assessments
  - Improve DSHS rate for (nonskilled) nursing facility care
  - Reduce time for DSHS's ETR decisions
  - Overall workforce shortage
  - Need for more alternative placement options e.g. adult family homes

Actions taken to overcome top priority barriers

HCA/DSHS sponsored regional meeting to identify and operationalize solutions to discharge barriers

Convened HCA/MCO/Skilled Nursing Facility Work Group

- Participants include hospitals, WSHA, and DSHS ALTSA Staff

Accomplishments:

- Created forum for face-to-face problem solving with representatives SNFs and MCOs
- Addressed SNF contract content
  - Acuity based rates
  - Utilization of all available benefits to cover exceptional costs, e.g. DME, pharmacy, therapies
- Developed Prior Authorization Form based on Medicare and Medicaid Minimum Data Set Criteria
  - Standardizes coverage criteria
- Developed Concurrent Review form
  - Standardizes reporting of clinical information
- Developed standard process for Hospital Discharge
- Process includes expected turn around times for critical decision points

Work in progress

- Addresses billing issues and resolved payment barriers
- Collaborate with RCS on mitigating risks assumed by skilled nursing facility providers when admitting patients with challenging behaviors and characteristics

Additional efforts for overcoming barriers

Implemented Difficult to Discharge Program- available to all hospitals that need assistance (HCA/MCO/HCS)

- The program began December 1, 2016
- Currently, there are five facilitates participating
  - Harborview, University of Washington, Providence Everett, Sacred Heart, Seattle Children's Medical Center
- We have reviewed 448 clients through this program
  - 414 have been discharge, 12 are deceased, 22 are still active

Convened cross-agency discharge team (HCA/MCO/DDA/HCS)- as required to address more complex cases requiring extensive collaboration

Additional efforts for overcoming barriers (continued)

Senate Bill 5604

- Creates uniform guardianship, conservatorship, and other protective arrangements for both minors and adults.
- It is still too early to determine what impact this law will have on the barrier of establishing guardianship.

As we move forward with our initiatives, the three agencies may identify other regulatory barriers to placement.

- As a result of that work, there may be future Legislative requests.

As resources are developed and implemented by our sister agencies, HCA will be able to utilize those resources to support timely discharge planning.

Developmental Disabilities Administration

Evelyn Perez

Assistant Secretary

Washington State Department of Social & Health Services

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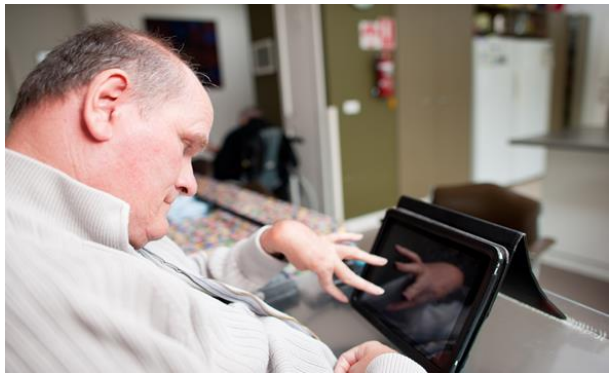
Who we serve

The Developmental Disabilities Administration transforms lives by providing support and fostering partnerships that empower over **35,000 individuals** with a developmental or intellectual disability to live the lives they choose.



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Hospital discharge

Complex client behavior and system limitations delay hospital discharge

System Limitations

- Shortage of crisis-stabilization beds
- Shortage of long-term-care support for complex clients
- Shortage of affordable housing

Addressing system limitations

- Our regional teams work with hospitals to help clients and families find residential providers.
- Our hospital liaisons coordinate with hospitals on discharge plans.
- Our case managers work with individuals to become eligible or update their assessments.
- We track client hospitalizations and are preparing reports, per House Bill 1394.

We collaborate with HCA, ALTSA, and the MCOs to create policy and budget recommendations.

We are implementing:

- A 13.5 percent rate increase for contracted residential providers.
- Six new crisis stabilization beds.
- Seven new state-operated living alternative (SOLA) beds.

Aging and Long-term Support Administration

Bill Moss

Assistant Secretary

Washington State Department of Social & Health Services

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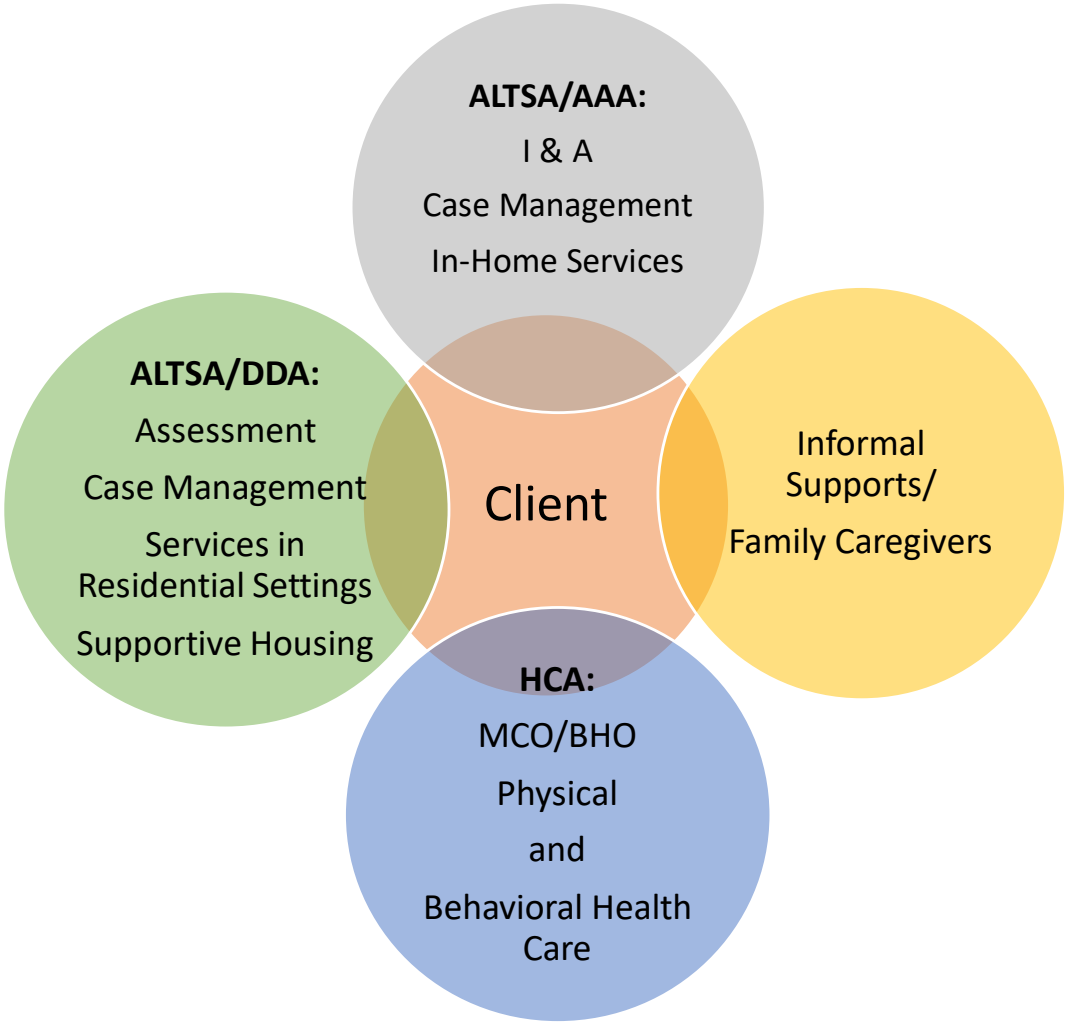
Who we serve

- ALTSA serves many clients with different needs
  - Older adults
  - Adults with a disability
  - Families
  - Caregivers

Total Caseload: 68,500



Client-Centered Continuum of Care

Where do clients receive services?

In-home

- Personal and respite care provided by: **Individual Providers (IPs)** = *approx. 30,000* - Client handles most employer functions
- **Agency Providers (APs**) = *68 Medicaid-contracted homecare agencies - Licensed agency whose employees provide personal/respite care (*IP are collectively bargained; AP have "parity" with IP)*
- **Supportive Housing**

Community Settings

- **Adult Family Homes (AFHs) =** *2,570 Medicaid contracts* **-** Personal care, special care, room & board to up to 6 adults - AFH owners are collectively-bargained
- **Assisted Living Facilities (ALFs) =** *200 Medicaid contracts* **-** Housing, basic services, and may provide personal care to 7+ adults.
- **Adult Residential Care (ARC)/Enhanced ARC =***223 Medicaid contracts* - Form of Assisted Living that may provide personal care and nursing services
- **Enhanced Services Facilities =** *4 Medicaid contracts* - Small, community-based setting serving individuals who have complex personal care and behavioral health needs.

Institutional

- **Nursing Homes -** (*196 Nursing Homes w/Medicaid contracts)*

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Challenges in the system

- System Challenges:
  - Complex needs require multi-system coordinated approach.
  - Overall workforce shortage.
  - Providers feel ill-equipped to safely care for individuals with complex behaviors and are concerned about their risk in admitting.
  - Differences in time continuum within the system.
  - Availability of guardianship or other support.

Rates & funding improvements

- Adult Family Home rate methodology developed for 17-19 CBA that generates higher rates in lower classification groups – only partially funded by Legislature.
- Rate methodology work underway for Assisted Living Facilities – EHB 2750, 2018.
- Skilled Nursing Facility Rates Work Group in progress.
- Skilled Nursing Facility → Enhanced Adult Residential Care
- Behavioral Health Personal Care Funding

Cross-system improvements

- Routine cross-system meetings to coordinate LTSS, Behavioral Health, and acute care across service systems.
- Lean activities to streamline coordination of BHO/MCO-funded personal care services.
- Implementation of centralized data source to track individuals in acute care hospitals and the length of time it takes from referral to discharge. Field staff began piloting July 1, 2019.
- Working toward early engagement case staffing at the regional level where hospitals identify individuals who may face discharge challenges early in the admit process with ALTSA and MCO involvement early to create a discharge team and breakdown barriers.

Tools for assisting clients

- Training and Technical Assistance for Providers
  - Behavioral Health Quality Improvement Consultants
  - Preliminary Technical Assistance prior to transition
  - On-site and classroom Training
  - Purchase and implement a Learning Management System that supports online and real-time training
- Specialty Contracts, Training and Oversight
- Housing Development/Early Engagement with Developers
- Supportive Housing

Ongoing need: *Additional case management FTEs*

Questions?

Gail Kreiger
Section Manager
Medicaid Compliance Review and Analytics
Medicaid Program Operations and Integrity
Health Care Authority
360-725-1681
gail.kreiger@hca.wa.gov

Evelyn Perez
Assistant Secretary
Developmental Disability Administration
Department of Social Health Services
360-407-1564
evelyn.perez@dshs.wa.gov

Bill Moss
Assistant Secretary
Aging and Long-term Support Administration
Department of Social Health Services
360-725-2311
bill.moss@dshs.wa.gov

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