

Date: 06/09/17		Time: 9:30 to 10:30	Location: Call Conference call: 712.770.4010 Access: 177659 Online Meeting Link: https://join.freeconferencecall.com/melissa579 Online Meeting ID: melissa579	
TIME	TOPIC	DISCUSSION	PLAN OF ACTION	RESPONSIBLE
9:30 a.m.	Call to order Minutes of last mtg Financials	Roll call and review agenda for the day. Review....be prepared to discuss or vote! Review financials to date Review of unrenewed agencies Report of budget planning meeting	Review and approve Review and approve. Rev/Approve.	Rob Doris Mike/Larissa Doris
9:45	Legislative Update: State and Federal			Leslie and Doris
10:15	Retreat planning	Results of Poll site/date/ facilitation. What is general plan for retreat. What is expected from Board by end of month and prior to retreat?	Board to provide input to for retreat planning at this meeting and additional follow up by end of the month.	Rob
10:30	Adjourn			Rob

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HCAW June 2017 Legislative/Policy Update

Prepared by Leslie Emerick, Governmental Consultant

Legislative Overview

State legislators are still unable to reach a compromise on the state budget and the Governor called for a second 30 -day “Special Session” starting May 23rd. While most of the 147 legislators were back home in their districts during the first 30-day special session, a bipartisan group of lawmakers met several times a week to negotiate policy surrounding education funding. The state has been in contempt of court for lack of progress on satisfying a 2012 state Supreme Court ruling (McCleary Decision) that found that school funding was not adequate or uniform and is still fining the legislature \$100,000 for not fully funding education under the state’s constitution.

The court has said the state has until Sept. 1, 2018, to comply, but the details, including funding, must be in place before the Legislature adjourns this year. I am hearing that they may want to wait until the states revenue forecast comes out on June 22. This does not give them much time to finalize a compromise budget before the June 30th deadline to continue to fund the state budget as the new fiscal year begins on July 1, 2017. State agencies are gearing up for lay-offs just in case.

A budget proviso for the implementation of the [Home Health Nursing Report to the Legislature](#) is still in both the House and Senate budgets.

Health Care Authority (HCA)

Pediatric Concurrent Care Rules

The final CR 103 for the Pediatric Concurrent Care Rules was approved on June 5th, 2017. This has been a long-term effort to update the state rules so that they align with the language in the Federal rules. The agency is removing the prior authorization requirement for services that the client is entitled to under Title XIX Medicaid and Title XXI Children’s Health Insurance Program (CHIP) that are related to the treatment of the client’s condition for which a diagnosis of terminal illness has been made. This is a big win for our pediatric palliative care providers! Here is a link to WAC182-551-1860, Hospice Concurrent Care, ([WSR 17-12-082](#)).

Medicaid Face to Face for Home Health Rules

HCA is proposing rules to prevent Advanced Registered Nurse Practitioners (ARNPs) and Physician Assistants (PAs) from signing home health orders in WA State under Medicaid. Although Medicare does not currently allow it for Home Health, there is pending legislation in Congress that could fix that problem in the near future.

The Home Care Association of WA and ARNPS United of WA have requested a delay in the rulemaking until federal legislation is passed. Carolyn Bonner, Doris Visaya, Greg Pang and I attended a meeting at HCA to discuss our concerns and how it has a tremendous impact on rural health care providers in particular. We stressed that the low reimbursement rates for home health

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has no additional capacity for the costs of F2F and that some providers have stopped providing service to Medicaid patients because of it.

Department of Social and Human Services

Private Duty Nursing Rules

HCAW and our private duty nursing agencies have been meeting with DSHS for the past two years working on updating the private duty nursing rules. The changes that were suggested in the prior set of meetings required that DSHS file a new CR-101 for rulemaking that was more inclusive of the changes requested by our members. The department is proposing to amend WAC 388-106-1000 through WAC 388-106-1055 to clarify the definition for nurse services intervention, specifically Private Duty Nursing, in order to define the scope of services to be authorized and the necessity for documentation to support the required services. Interested Parties can participate in the rule making process by contacting: Angel Sullivan, 360-725-2495 or email: angel.sullivan@dshs.wa.gov

Department of Health

In-Home Services Rules

John Hilger released “Cost Survey Questions” in May to home health, home care and hospice agencies. It’s one of the final stages in the rulemaking process for In-Home Services. Although the majority of the rule updating represents reformatting, technical updates, and clarifications, there are a number of new requirements that will impact agencies in terms of additional costs. As part of the CR-102 rule package, state agencies are required to identify any new rule requirements that are anticipated to incur new costs on licensees and to demonstrate why these requirements are necessary for public health and safety. Part of this process is to estimate the costs that agencies will incur in order to be compliant with each new rule. Attached is a cost survey which outlines the new rule requirements that will incur new cost for agencies. The survey provides the proposed new rules and background as to why the rule is necessary from the department’s perspective.

An additional issue arose regarding the proposed rule that requires agencies to start services within 7 calendar days. To address concerns, the department is considering a more simplified version of the 7 day start of services requirement. Barb Hanson has expressed some concerns about accessibility for patients and is working with John to address these issues.

The next step in the rule updating process is to take the final version of the revised rules and file a CR-102. The CR-102 will announce a formal public hearing date whereby interested parties can attend and submit official comments and or testify regarding the proposed new rules. After the public hearing, the department will formally respond to any comments or testimony. A CR-103 will be filed shortly afterwards to announce that the rules are now effective. Looking forward, the effective date of the new rules should be around early summer 2017.

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Hospice CON Rules

Hospice Certificate of Need (CoN) rules are moving towards the CR-102 final comment period. WSHPCO Board sent out comments on May 19th regarding concerns about the Average Daily Census (ADC) of 25 and whether it will support a viable hospice care model. I have attached the comments with this report. I have a call into Kathy Hoffman, DOH Policy Analyst for CON, to determine if they have a timeline for issuing the CR-102 yet.

Home Care Aide Rulemaking

I recently attended the rulemaking hearing for home care aides. Reasons why rules on this subject may be needed and what they might accomplish: Portions of this chapter have been revised in 2012, 2013 and 2014 in response to Initiative 1163 (in 2011) and other legislation, but the chapter has not had a comprehensive review since it was created in 2010. In the nearly six years that the profession has been using the current rules, multiple sections have been identified as lacking clarity. The department is revising the rules to make them easier to understand and reduce ambiguity.

Office of the Insurance Commissioner (OIC)

Prior Authorization Rules

HCAW and WSHPCO testified before OIC with concerns about patients having access to hospice and home health care in a timely manner. The OIC adopted the prior authorization processes and transparency rule (R 2016-19) on June 5, 2017. The rule will take effect July 6, 2017 though some requirements are being phased in over time. The rule is intended to standardize the process of prior authorization and to streamline the prior authorization process to ensure it is more transparent for consumers and providers. For more information, including the adopted rule (CR-103P) and the concise explanatory statement, please visit the rule's [webpage](#).

Public Policy Outreach

DOH Workgroup Kickoff for WA Palliative Care-Rural Health Integration Initiative

Doris and I participated (via phone) in a 4-hour meeting with Pat Justis and staff at the DOH WA Palliative Care-Rural Health Integration Initiative on June 1 in Spokane, WA. The discussions are around how we can best get the word out into our rural communities about palliative care and hospice and to outline the major activities that need to occur to achieve the desired outcome. DOH is hoping to receive grant funding from Stratus Health/HRSA specifically to try and establish a model for health care insurance companies to offer palliative care in their plans.

WA State Telemedicine Collaborative

The next Telehealth Collaborative Meeting will be on June 22, 2017 at 1pm-3pm at the Department of Health in Olympia. I plan on attending the meeting. I also brought up the

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Telemedicine Collaborative at the DOH Rural Health Palliative Care meeting and suggested that they do a presentation to the Collaborative members on their efforts to provide palliative care through telemedicine in rural communities. I have not been sent the agenda for this meeting yet.

Bree Collaborative

At the May 24th meeting the Washington State Agency Medical Directors Group were working on the Opioid Prescribing Guidelines: [Draft Opioid Prescribing Metrics](#), which have been updated based on feedback from the Washington Health Alliance, and our other workgroups. This is being developed to address the Opioid epidemic in Washington State. These efforts typically exclude hospice, but are more of an FYI for our hospice prescribers.

Medicine Take Back Legislation

I continue to participate in the discussions around the Medicine Return bill that will be reintroduced in the 2018 legislative session. We did a debrief on the 2017 session and discussed how to work together to pass the [Secure Drug Take-Back Bill](#) in the 2018 session. Representative Strom Peterson will join us for the first half of the call. We discussed how to coordinate our interim advocacy, lobbying, and media work to build even more support for the bill.

Resources:

- Info and materials on the state bill, and links to county Secure Medicine Return ordinances in WA (King, Snohomish, Kitsap, and Pierce), are here: www.Bit.ly/SecureMedTakeBack *this is shortcut to Zero Waste WA's webpages on pharmaceutical stewardship*
- See www.TakeBackYourMeds.org for medicine take-back locations in WA *this is most complete statewide list but may not list all locations*
- For locations of the manufacturers' MED-Project program in King County, there are two websites:

www.medicinereturn.org *King County's site that has a list by city; and*

<http://med-project.org/locations/king-county/convenient-kiosks> *MED-Project/manufacturers' site which has an interactive map.*

MED-Project secure medicine return boxes now operating in King County, WA and 4 counties in CA. Pharmaceutical manufacturers are now providing medicine take-back programs in 5 counties that have enacted local pharmaceutical stewardship ordinances. MED-Project LLC is operating the programs on behalf of approximately 400 drug manufacturers. More county programs will launch soon under these local laws.

In WA state, **Snohomish, Kitsap, and Pierce counties are next** in line for program launches once the manufacturers' stewardship plan is reviewed and approved. [Snohomish Health District](#) is reviewing a stewardship plan submitted by the manufacturers. In June, stewardship plans are due to [Kitsap Public Health District](#) and to [Tacoma-Pierce County Health Department](#).

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April 2017 National Drug Take-Back Day brought in record amount of leftover drugs nationwide. The DEA and local law enforcement agencies provided another medicine collection event on Saturday April 29th. **900,386 lbs (450 Tons)** was collected nationwide, which is a new record. Good evidence of the large amount of leftover and expired medicines that people want to dispose of properly. 17 tons of medicines was collected in the Northwest region (WA, ID, OR, AK). **Washington's collection amount was 15,148 pounds (7.6 tons).**

Sources: DEA National Take Back Initiative Results for April 2017, state-by-state: <https://www.dea.gov/take-back/docs/NTBI%20XIII%20Totals%20April%202017.pdf> and Seattle DEA Division release on NW results: <https://www.dea.gov/divisions/sea/2017/sea050917.shtml>

Office of the Commissioner's Health Policy Roundtable

The Office of the Insurance Commissioner Roundtable meeting was held on May 23, 2017 at the state capital building in Olympia. This is a quarterly meeting to review OIC public policy and legislative issues and for them to learn about any new initiatives from their stakeholders.

Commissioner Kreidler spoke specifically about the impacts of the [American Health Care Act \(www.congress.gov\)](http://www.congress.gov) which passed the House on May 4. It now includes an amendment that gives states a waiver to both remove the essential health benefits and to let insurers charge sicker people more, if the state creates a high-risk pool. According to Kreidler, there are still other actions underway to undermine the Affordable Care Act (ACA):

- All possible actions are listed on the [ACA watch list \(PDF, 526B\)](#)
- [Detailed chart \(PDF, 284KB\)](#) showing parts of the ACA codified in Washington state law vs. federal law

See a [state-specific analysis \(PDF, 1MB\)](#) of the impact the American Health Care Act would have on Washington consumers and their families. The National Association of Insurance Commissioners, of which the OIC is a member, sent letters on April 19 to the U.S. [House \(PDF, 720MB\)](#) and [Senate \(PDF, 720MB\)](#) urging them to continue funding for subsidy payments in the upcoming budget resolution for fiscal year 2017. Kreidler's guiding principles for any ACA replacement: Any proposed change to the ACA must be measured against the progress we've made and cannot move us backward, including:

- No fewer people covered
- No reduction in benefits
- No cost-shifting to states
- No destabilization of the health insurance market

Regional Care Transitions for Mason, Lewis and Thurston Counties

WSHPCO has been represented in this group for about 3 years with Lisa Butler as our former participant. They are a regional group that works on coordination efforts among the three counties.

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The region has the opportunity to earn up to 85 million dollars total from the Medicaid Demonstration Project. Transitional Care has four evidence based approaches for care management and transitional care. We are meeting to learn about the four intervention strategies and recommend which approach may be best suited for the region. Please let me know if you are interested in this project and would like to participate!

Evidence Based Approaches for Care Management and Transitional Care

1. Interventions to Reduce Acute Care Transfers, INTERACT 4.0 <https://interact.fau.edu/> a quality improvement program that focuses on the management of acute change in resident condition.
2. Transitional Care Model (TCM) <http://www.nursing.upenn.edu/ncth/transitional-care-model/> - a nurse led model of transitional care for high-risk older adults that provides comprehensive in-hospital planning and home follow-up.
3. The Care Transitions Intervention (CTI) <http://www.caretransitions.org/> - a multi-disciplinary approach toward system redesign incorporating physical, behavioral, and social health needs and perspectives. Note: The Care Transitions Intervention is also known as the Skill Transfer Model, the Coleman Transitions Intervention Model, and the Coleman Model.
4. Care Transitions Interventions in Mental Health, http://www.integration.samhsa.gov/Care_transition_interventions_in_mental_health.pdf provides a set of components of effective transitional care that can be adapted for managing transitions among persons with serious mental illness (SMI).

WA State Senior Citizens Lobby

I attend these meetings monthly for HCAW and listen for issues that could impact home health, home care and hospice. They have great updates on state legislative issues and from state agencies impacting long-term care issues. We often receive updates from AARP with national updates on the status of the Affordable Care Act and how the new efforts by Congress to repeal and replace will impact senior citizens.

WA State Dementia Coalition

No new update at this time.

HCAW Political Action Committee (PAC) Fundraising Strategy 2017-2018

Goal: Raising \$20,000 in HCAW PAC Donations for 2-year Election Cycle

HCAW has invested many hundreds of hours educating state legislators about home health, home care and hospice. This is important because these lawmakers determine the reimbursements and regulatory issues that impact your industry. An investment in your associations PAC is an investment in your industries future.

Political campaigns are very expensive and citizens who step up to run for office need your support to get elected. In November of 2018, every member of the House of Representatives is up for election and half of the Senate (24 members) will be up for election. Campaigning by the political parties starts in the fall prior to the election year (2107) and investing in a bi-partisan manner early can help increase your associations visibility during the 2018 Legislative Session.

Our strategy for the past 10 years has been to invest in members of the House and Senate Health Care Committee members that listen to the bills that impact home health, home care and hospice. We have given the Chairs and Ranking members of the health care committees larger donations than committee members. They determine which bills will be heard in the committees and schedule work sessions, thus having a larger impact on our legislative agenda.

When we have the resources available, we also support the Chairs and Ranking Members of the Senate Ways and Means Committee and the House Appropriations Committee. These committees would determine reimbursement issues. They are very large committees and we may choose to invest in additional members depending on their support for our legislative agenda. In addition, we also try to support the leadership of the Democratic and Republican parties.

By increasing our PAC funds, we can gain influence and open doors with legislators who support our issues. Every member of the health care committee that I have ever worked with has been supportive of home health, hospice and home care. Our investment of time and PAC money has gone a long way towards gaining their support and understanding the impacts of their decisions.

Timeline:

Fall 2017: \$4,000 for donations to the political party's fundraisers.

- **\$2,000 Democrats House and Senate**
- **\$2,000 Republicans House and Senate**

Summer/ Fall 2018: \$16,000

- **\$7,000 House Health Care Committee**
- **\$4,000 Senate Health Care Committee**
- **\$2,000 Fiscal Committees**
- **\$1,000 Party Leadership**
- **\$2,000 Political Party Fundraisers**

(These are estimates as there may be variables related to election results.)

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TIME	TOPIC	DISCUSSION	PLAN OF ACTION	RESPONSIBLE
9:30 a.m.	Call to order Announcements Minutes of last mtg Financials	Roll call and review agenda for the day. Present: Rob, Doris, Leslie, Brent, Kyle, Amber, Mike, Greg, Kim, Carolyn, Sam, Melissa Not present: Rachel, Larissa, Gretchen, Donna, John Sam received distinguished alumni award- posted on the HCAW Facebook. Discussion on March on Washington. Will need to determine if HCAW can provide scholarships for members to attend. Review...be prepared to discuss or vote! April Meeting Minutes: Motion to Approve- Carolyn 2 nd – Kim Minutes approved Review financials to date Review financial outcome of annual meeting: actuals versus budget for annual meeting; PAC fundraising results. Delayed motion to approve until next meeting- need clarification on conference expenses	Review and approve Review and approve. Rev/Approve.	Rob Doris Mike/Larissa
9:45	Recap of Conference	Board input: What went well Theme was nice. Awards luncheon went well. Bill Dombi was good. what can be improved? Add board booth to passport. Registration process easier. Handouts ahead of time. Flags for board members & conf. committee on name tags. Silent auction could be improved on. Survey results: Comments on Pre-conference were positive	Direction for Annual Mtgs Committee based on financial results as above and per feedback gained from Board/participants. What are goals for 2018 conference?	Brian/doris

		How did Board booth go? Add to passport to get more to stop by. Input/advisement for Annual Meetings Committee for 2018 site/dates etc. 50 th Anniversary ideas discussion		
10 a.m.	Federal Legislative Update State Leg update	Plans for June 13 MOW: virtual lobby day State Update: What's new, including Medicaid F2F stakeholder meeting and finalization of In Home Services Rules update. See Leslie's report	Discussion to encourage Board to think about this so we can plan/budget accurately for 17-18 budget and incorporate in strategic plan/update of Policies and Procedures	Doris
10:10				Leslie
10:20	Board retreat	Determine plan for retreat Will send out doodle poll for preferred date & location	Preferences for date and location, board member goals.	Rob
10:30	Adjourn			Rob