



**Rural Resort Region Focus for 2009:
Seniors in Our Mountain Communities
Challenges and Opportunities**

*Presentations, reports, and
additional information from this meeting
available on NWCCOG's website: www.nwc.cog.co.us*

Topic: Healthcare
Date: May 28, 2009
Location: Vail, Colorado

The Rural Resort Region chose to focus on ***Seniors in our Mountain Communities: Challenges and Opportunities*** in 2009. The May topic was **Healthcare**. Presentations were made on the following topics:

Topic:	Long Term Care
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Presenter:	Linda Byers, Director
Contact Info:	lbyers@garfield-county.com 970.963.1639
Organization:	Northwest Colorado Options for Long Term Care
Website:	http://www.garfield-county.com/Index.aspx?page=879

Linda presented on the services provided by the Northwest Colorado Options for Long Term Care (NWCOLTC). NWCOLTC is a division of the Garfield County Human Services Department, and serves nine counties (Garfield, Eagle, Pitkin, Rio Blanco, Moffat, Routt, Summit, Grand and Jackson).

The NWCOLTC's vision is to improve access to publicly funded long term care services and facilitate utilization of appropriate services by long term care clients. Its mission is to provide a single access or entry point where a current or potential long term care client can obtain long term care information, screening, assessment of need, and referral to appropriate long term care programs and case management.

All Medicaid programs through NWCOLTC have a financial and functional eligibility component. An individual must be both financially and functionally eligible in order to receive services under any of these programs. The financial eligibility component is completed by the county eligibility staff in the County where the recipient resides. The functional eligibility is determined by NWCOLTC. Functional eligibility assessments address how an individual functions on a day to day basis. The individual must be determined to meet the criteria for institutional level of care.

Challenges:

- Lack of adequate resources to meet the needs of clients.
- Clients are on Medicaid, which has low reimbursement rates.
- Serve a fairly low-income population, and many cannot afford to live here.
- It is a very frail population, many of which cannot stay in this community, and must enter nursing homes.
- Just over ½ clients are in Garfield County - may not be adequately reaching the need outside of Garfield County.

Issues Raised:

- What happens when someone is eligible, but the level of service is not available in the community? Staffing is an issue; consumer directed attendant support system has helped.
- If there is one service you wish you could provide what would it be? Homemaker and personal care (the non-skilled services).
- What happens when the level of service needed is not there? People generally do not move away, but they struggle.
- The need for the informal support that families, friends and neighbors provide is huge, and often these support systems are located elsewhere. NWCOLTC programs simply supplement this support.

Information available on NWCCOG's website:

- Directory of Long Term Care services available in the Rural Resort Region.

Draft Policy Recommendations:

(These draft policy recommendations were suggestions made by participants at the meeting. They will be re-examined in November at the wrap-up meeting of this initiative, and subject to clarification and possible changes).

- Create an environment of cooperation and coordination of senior services throughout the entire Northwest region of Colorado to avoid duplication of services and enhance the efficiency of service delivery.
- Support the coordination of senior services delivered between Regions 11 and 12 inclusive of AAA's and single entry points so it addresses caregiver/material aid throughout all 10 counties in Northwest Colorado and the development of one common/standardized intake assessment and eligibility form for senior services and benefits (i.e. social services, single entry points, AAA's). Another strategy to pursue may be the development of a system for sharing client data among senior serving agencies (i.e. social services, single entry points, AAA's).
- Insure and expand the funding for the Office of Long Term Care.

Topic:	Program for All-Inclusive Care for the Elderly (PACE)
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Presenter:	Bonnie Fuller, Administrator
Contact Info:	303.866.2870 bonnie.fuller@state.co.us
Organization:	Department of Health Care Policy and Financing
Website:	http://www.cms.hhs.gov/PACE/01_Overview.asp#TopOfPage

The Program of All-Inclusive Care for the Elderly (PACE) is a capitated benefit authorized by the Balanced Budget Act of 1997 (BBA) that features a comprehensive service delivery system and integrated Medicare and Medicaid financing. The program is modeled on the system of acute and long term care services developed by On Lok Senior Health Services in San Francisco, California. The model was tested through CMS (then HCFA) demonstration projects that began in the mid-1980s. The PACE model was developed to address the needs of long-term care clients, providers, and payers. For most participants,

the comprehensive service package permits them to continue living at home while receiving services rather than be institutionalized. Capitated financing allows providers to deliver all services participants need rather than be limited to those reimbursable under the Medicare and Medicaid fee-for-service systems.

The BBA established the PACE model of care as a permanent entity within the Medicare program and enables States to provide PACE services to Medicaid beneficiaries as a State option. The State plan must include PACE as an optional Medicaid benefit before the State and the Secretary of the Department of Health and Human Services (DHHS) can enter into program agreements with PACE providers.

Participants must be at least 55 years old, live in the PACE service area, and be certified as eligible for nursing home care by the appropriate State agency. The PACE program becomes the sole source of services for Medicare and Medicaid eligible enrollees.

An interdisciplinary team, consisting of professional and paraprofessional staff, assesses participants' needs, develops care plans, and delivers all services (including acute care services and when necessary, nursing facility services) which are integrated for a seamless provision of total care. PACE programs provide social and medical services primarily in an adult day health center, supplemented by in-home and referral services in accordance with the participant's needs. The PACE service package must include all Medicare and Medicaid covered services, and other services determined necessary by the interdisciplinary team for the care of the PACE participant.

PACE providers receive monthly Medicare and Medicaid capitation payments for each eligible enrollee. Medicare eligible participants who are not eligible for Medicaid pay monthly premiums equal to the Medicaid capitation amount, but no deductibles, coinsurance, or other type of Medicare or Medicaid cost-sharing applies. PACE providers assume full financial risk for participants' care without limits on amount, duration, or scope of services. There are only 14 PACE sites in the entire U.S. Only not-for-profit providers can apply to become a PACE provider and it is a rigorous application process. The state is currently looking into a PACE program for developmentally disabled and all types of age groups. This is where we should all be going – interdisciplinary managed care.

PACE providers in Colorado:

- Total Long Term Care - Denver (www.totallongtermcare.org)
- Senior Community Care of Colorado (Volunteers of America National Services PACE) - Montrose and Eckert (www.seniorcommunitycare.org)
- Rocky Mountain Health Care Services - Colorado Springs (www.rockymountainhealth.org)

Information on NWCCOG website:

- PACE Presentation from 5/28/09 meeting
- PACE Fact Sheet
- Links to 3 PACE sites in Colorado

Draft Policy Recommendations:

- Working with the medical profession, develop gap analysis that can illustrate if there is a need for geriatric specialists in mountain communities.

- If the gap analysis shows need for geriatric specialists, work with the medical profession to develop a plan for recruiting geriatric specialists.
- Pursue grant opportunities (e.g. through such sources as Colorado Health Foundation) to explore a PACE facility in this region.
- Partner with current PACE providers in Colorado that are looking to expand (e.g. Total Long Term Care and VONA).
- Work with legislators to lower the requirements to enlist in PACE from 80 years old and 7.9 disabilities.
- Enable the multi-purpose use of existing senior community centers to include some PACE programs to increase the number of PACE facilities and expand the availability of the program.

Topic:	Access to Medicare & Medicaid Services
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Presenter:	Jeff Hinson, Acting Regional Administrator (Region 8) Mark Levine, MD, Chief Medical Officer (Region 8)
Contact Info:	jeffrey.hinson@cms.hhs.gov mark.levine@cms.hhs.gov 303.844.2111
Organization:	Centers for Medicare and Medicaid Services (CMS)
Website:	http://www.cms.hhs.gov/

The Centers for Medicare and Medicaid (CMS) has oversight responsibility for three programs: Medicare, Medicaid and the Children's Health Insurance Program. The Denver Regional Office covers Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming. CMS's goal is to move towards "measuring outcomes" and away from just "paying bills". \$18 billion is coming from the ARRA for electronic health records system. Colorado is one of the leading states in electronic health records. There will be a major shortage of physicians in the future. There will be a Long Term Care campaign kicking off in the State of Colorado to start looking at planning for long term care.

Information available on NWCCOG's website:

- CMS Presentation from 5/28/09 Meeting
- CMS website: www.cms.hhs.gov
- Colorado Center for Improving Value in Healthcare (CIVHC) website: <http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1216634433584>
- Other resources on Medicaid and Medicare

Draft Policy Recommendations:

- Determine the disparity between physician costs and Medicare/Medicaid reimbursements and work with Congressional delegation to narrow discrepancy.
- Conduct a seniors' medical needs assessment for the mountain communities and conduct a gap analysis illustrating that there is a discrepancy between what is needed and what is necessary. If the analysis shows that a discrepancy exists, then develop a plan for narrowing the discrepancy that addresses such things as health professional staffing needs, rural health clinics, federally qualified health center, health service corps, loans, grants, student/resident rotation options, recruiting, and electronic health records.

- Work with the Colorado congressional delegation towards national health reform, not "healthcare" reform.
- Develop incentives to attract new doctors to the area, one of which could be housing assistance, since the high cost of housing of this area is a deterrent to new doctors practicing here.
- Advocate for public health departments' involvement in preventive care and chronic disease management.
- Advocate for options for coordinated and integrated care to improve the effectiveness and efficiency of the healthcare delivery system - programs such as PACE.
- Work with federal legislators to bolster the Federal Hospital Insurance Trust Fund, or to lower the pressure on it by reforming the health care system towards affordability.
- Work with federal legislators to ensure the proper monitoring of this fund to ward off threats to the fund such as privatization or changing rules regarding how the funds are invested.
- Advocate for the establishment of a single payer health insurance system in order to secure the FHITF.

Topic:	Serving Aging Populations in Rural Colorado
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Presenter:	Dr. Jack Eck, Senior VP of Clinical Program Development & Community Outreach
Contact Info:	970.476.5695
Organization:	Vail Valley Medical Center
Website:	www.vvmc.com

Dr. Eck talked about the challenges associated with serving aging populations in rural Colorado. Some of these challenges include:

- Preventative care is so important, but it is difficult to change behaviors.
- More diverse needs in the mountains – we have 80 year olds that are still skiing.
- Satellite families – feel abandoned because they have no caretakers.
- High altitude – some people just can't take it – not a lot of cardiac or pulmonary problems because once you're on oxygen you have to leave.
- Wealthy people say "If you can get a facility here, we'd bring our elderly parents here".
- Challenge – home health is tough because of long travel times in the rural communities.
- Challenge - recruitment and retention of physicians, nurses, personnel due to laws, availability of services, reimbursement.
- Challenge - assisted living facilities are needed in this region but the cost of land is so high it does not make business sense. Really need all three levels of care: independent living (for wealthy – self pay), assisted living, and nursing care.
- There is a national shortage of primary care doctors.
- Challenge: now 50% of students in medical school are women, and this presents a challenge when they leave permanently or temporarily to have/raise children.

Information available on NWCCOG's website:

- Vail Valley Medical Center website: www.vvmc.com

Draft Policy Recommendations:

- Advocate for the involvement of all levels (philanthropy, federal government, local government) in developing strategies for serving aging populations in rural Colorado.

- Address the needs of seniors within the community planning process so that more seniors can stay in their own homes. Possible strategies: enact visitability requirements for new construction, state mandate for communities to identify and secure land for senior amenities through land use codes; conservation easement-type tax incentives to set aside land for seniors.
- Incent or mandate builders to address serving the needs of seniors in our communities much like local governments attempt to do for issues such as workforce/affordable housing -i.e. identify parcels of land for senior living in your communities; harness and focus advocate efforts; influence elected officials to address these senior issues and make it a priority.
- Fund education for health care providers (physicians, nurses) in exchange for healthcare.
- Develop a state training program for personnel working with seniors to help harness and focus local senior advocates in their efforts to help their neighbors and themselves.

Recommendation from Dr. Eck: Try to put yourself in the shoes of the elderly before you make policy!

List of Attendees:

Claudia	Alexander	Eagle County
Marty	Ames	Pitkin County Seniors
Mike	Bordogna	Lake County
Linda	Byers	Northwest Colorado Options for Long Term Care
Anne	Crane	Summit County Seniors
Lee	Dickey	Doak Walker Care Center - Steamboat Springs
Laura	Dickinson	Summit County Seniors
Doris	Downey	Pitkin County / RAC
Bud	Elliott	City of Leadville
Sara	Fisher	Eagle County
Bonnie	Fuller	State of Colorado PACE Program
Lorene	Gallagher	Eagle County - private citizen
Kathryn	Grohusky	Summit County Community & Senior Center
Jean	Hammes	NWCCOG
Meg	Hartley	Physician Assistant - Eagle
Jeff	Hinson	Centers for Medicare and Medicaid
Scot	Hunn	Eagle County
John	Hoffman	Town of Carbondale
Jackie	Kasabach	City of Aspen
Jill	Klosterman	Eagle County
Yuri	Kostick	Eagle County Housing Department
Mark	Levine	Centers for Medicare and Medicaid
Rachel	Lunney	NWCCOG
Lynnzy	McIntosh	Consortium for Older Adult Wellness (COWA)
Liz	Mullen	NWCCOG
Stephen	Myers	USDA
Dennis	Nemura	Summit County Seniors
Pat	Nolan	Eagle County
Don	Parsons	Town of Dillon
Toni	Quick	NWCOVNA

Dirk	Ramsey	Town of Walden
John	Rich	Jackson County
Peter	Runyon	Eagle County
Jan	Senne	Carbondale Seniors Matter
Gary	Severson	NWCCOG
Karn	Stiegelmeier	Summit County
Dave	Sturges	City of Glenwood Springs
Debby	Sutherland	Garfield County Senior services
Cheryl	Thomas	RSVP - Eagle/Summit County
Gail	Zink	Aging Services - Eagle, CO