SB 21: Straw Model Concepts and Future Barriers and Considerations

Below are four cornerstone concepts of the straw model: prevention services, LTSS worker registry, new types of congregate settings, and the role of the nursing facility. Future barriers and considerations derive from the straw model discussion at the May 13th SB 21 Steering Committee. The components of the straw model assume the ongoing development and work of the Aging and Disability Resource Connections program and the coordination between the LTSS system and the Coordinated Care Organizations.

Prevention Services:

• Role of local Area Agencies on Aging and State Offices:
  o Assessment and eligibility determination
  o Consumer engagement/activation
  o Service plan authorization
  o Conflict-free case management and discharge planning
  o Fee for service case management for private pay
  o Coordination with CCOs and health system

• Aging and Disability Resource Connections
  o Information, referral and assistance
  o Options counseling

• Self-management programs
• Nutrition
• Family caregiver supports
• Money management
• Education and health and wellness programs
• Technology

Future Barriers and Considerations:

• Outreach, education, and community engagement
• Housing barriers
• Targeted and accessible prevention services to those at risk (falls prevention, living with chronic conditions)
• Social and cultural perceptions of long term services and supports (both private and publicly funded)
• What will be the size and the scope of the population of seniors and people with disabilities served?
Central Registry for Paid LTSS Workers

- A centralized registry for all LTSS workers:
  - Screening
  - Training
  - Certification
  - Career ladders
  - Professional development
  - Traditional Health Workers

Future Barriers and Considerations:

- Is it mandatory for all LTSS workers to be on the registry?
- What is the relationship between this registry and the registry of the Home Care Commission?
- Can congregate providers hire someone not on the registry?
- How would the registry be built, maintained, and sustained?
- How would the registry be navigated by consumers, providers and workers on the registry?
- Would private pay consumers have access to workers on the registry?

Congregate Setting Types:

- Basic-only service package:
  - Room and board
  - 24/7 monitoring and security, access to food
  - Medication safeguarding
  - Landlord-tenant rights
  - Single room or choice of roommate
  - Consumer hires and manages worker from the registry

- Owner/operator and basic/brokerage:
  - Owner/operator: basic package and all additional services onsite
  - Basic/brokerage: basic package and all additional services provided by brokerage
  - For consumers who cannot or do not want to hire and manage workers off the registry
Future Barriers and Considerations

- “Any place I choose to live is my home” vs. “Any place I live is my home”
- Licensing standards for each provider type
- Current resident rights vs. rights under landlord tenant law
- Safety regulations for basic-only type
- Liability issues with external providers in a congregate setting
- Processes for residents with grievances or other concerns
- Exploration of congregate settings targeted to younger adults with disabilities
- Considerations for residents with cognitive needs and who have no representative/Guardian
- Rate setting for basic package – methodology for determining add-on reimbursement (in-home methodology?).

Role of the Nursing Facility:

- Rehabilitation
- Respite – short term stays of 30 days or fewer
- Hospital step-down and observation stay
- Hospice
- Urgent care
- In home agency

Future Barriers and Considerations:

- Possible role in transportation (to and from home or setting)?
- Role in transition to home
- Building up urgent care capacity
- Direct admit to NF to avoid hospitalization
- Use of telemedicine, especially in remote areas
- Most appropriate option for respite?