State Strategies to Reduce Costs and Provide Quality Care for Older Adults and People with Disabilities

May 26, 2021
Plan for Today’s Webinar

- Long-Term Services and Supports: Comparable Data Across the States
- Highlighting State Action: Wisconsin and Washington
- Q&A / Discussion
2020 Long-Term Services and Supports State Scorecard:
How Are States Doing from a Pre-COVID Viewpoint?

Gretchen E. Alkema, Ph.D.
Vice President, Policy & Communications
www.LongTermScorecard.org

4th Edition

Released September 2020

Overall Ranking Highlights

#1: Minnesota
#2: Washington
#3: Wisconsin

How about your state?

www.TheSCANFoundation.org
# High-Performing LTSS System

Five dimensions of LTSS performance, constructed from 26 individual indicators.

<table>
<thead>
<tr>
<th>Affordability and Access</th>
<th>Choice of Setting and Provider</th>
<th>Quality of Life and Quality of Care</th>
<th>Support for Family Caregivers*</th>
<th>Effective Transitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Nursing Home Cost</td>
<td>1. Medicaid LTSS Balance: Spending</td>
<td>1. PWD Rate of Employment</td>
<td>1. Nursing Home Residents with Low Care Needs</td>
<td>1. Nursing Home Residents with Low Care Needs</td>
</tr>
<tr>
<td>5. PWD with Medicaid LTSS</td>
<td>5. Assisted Living Supply</td>
<td>5. Transportation Policies</td>
<td>5. Adult Day Services Supply</td>
<td>5. Successful Discharge to Community</td>
</tr>
<tr>
<td>6. ADRC/NWD Functions</td>
<td>6. Adult Day Services Supply</td>
<td></td>
<td>7. Subsidized Housing Opportunities</td>
<td></td>
</tr>
</tbody>
</table>

ADRC/NWD - Aging and Disability Resource Center/No Wrong Door
HCBS - Home- and Community-Based Services
LTSS - Long-Term Services and Supports
PWD - People with Disabilities
*Support for Family Caregivers Dimension evaluated across 12 individual policies, which are grouped into four broad categories.

Key Reflections and Considerations

• High performance possible via care transformation
  – Consider leveraging Medicaid home- and community-based services flexibilities and funding
  – Consider creating a Master Plan for Aging

• Better data needed to evaluate quality
  – Consider adopting National Committee for Quality Assurance measures for person-reported outcomes and LTSS
Our Vision:
A society where older adults can access health and supportive services of their choosing to meet their needs.

Our Mission:
To advance a coordinated and easily navigated system of high-quality services for older adults that preserve dignity and independence.

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State Strategies to Reduce Costs and Provide Quality Care for Older Adults and People with Disabilities

NCSL Webinar

Curtis J. Cunningham
Assistant Administrator
Benefits and Service Delivery
May 26, 2021

Wisconsin Department of Health Services
Agenda

• History of Wisconsin’s Medicaid long-term care (LTC)
• Key Components of the Wisconsin Model
• Ensuring Quality in home and community based services (HCBS)
• Outcomes
• Answers to your questions
History of HCBS in Wisconsin

1981: State-funded Community Options Program

1983: Community Integration Program waiver for developmentally disabled

1985: Community Options Program waiver for elders and physically disabled

1995: Waiver for brain-injured

1995: Concerns about access, complexity and institutional bias

1996-1998: Stakeholder process involving hundreds of consumers, family members, providers, and advocates

1995: Proposed a new Medicaid managed long-term care model

2000: First contract with 5 county-based MCOs serving about 2,200 former waiver participants

2004: Awarded CMS Systems Change Grant

2005: Independent assessment finds that FC is cost effective by focus on prevention and less reliance on institutional care

2006-18: Remaining counties added

2021: Full entitlement!
Wisconsin Medicaid: Current State

Caseload by eligibility group:
- Children: 39%
- Adults: 36%
- Elderly, Blind, and Disabled: 25%

General Purpose Revenue (GPR) by eligibility group:
- Children: 9%
- Adults: 27%
- Elderly, Blind, and Disabled: 64%
Key Components of the Wisconsin Model

• Robust Aging & Disability Resource Center (ADRC) of option and enrollment counseling.
• Counties that converted to State System no longer contributed to HCBS costs, county contribution frozen at 22% or 2006 levels.
• 3 years after conversion to State System, counties guaranteed entitlement.
• Person-centered HCBS for elderly, physically disabled and Intellectually and developmentally disabled.
Key Components of the Wisconsin Model (cont.)

• Robust RFP and certification process for selection of MCOs.
• Knowledgeable Managed care organizations that focus on providing home and community based services.
• Comprehensive HCBS services including assisted living and 41 other services.
• Commitment to reinvest savings to serve more people and reach entitlement.
Key Components of the Wisconsin Model (cont.)

- Strong state organizational support structure including a division of long term care, member quality specialists, and contract monitors.
- Stakeholder buy-in with numerous engagement opportunities and a strong collaborative Secretary appointed Long Term Care Council.
Examples of Wisconsin’s LTC Program Services

Note: The groups shown are a representative list of services only and are not fully inclusive.

**MA Waiver Services**
- Supportive Home Care
- Home Modifications
- Home-Delivered Meals
- Lifeline
- Assisted Living
- Employment

**MA LTC Card Services**
- Home Health
- Medical Supplies
- Nursing Home
- Personal Care
- Mental Health
- Alcohol or Other Drug Treatment

**Acute and Primary Medicare or MA**
- Emergency Room Visit
- Hospitalization
- Doctor Visits
- Lab Tests
- Prescription Drugs
- Dental Care

<table>
<thead>
<tr>
<th>IRIS</th>
<th>Family Care</th>
<th>Partnership/PACE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessed Through Medicare or Medicaid Card</td>
<td>Accessed Through Medicare or Medicaid Card</td>
<td>Accessed Through Medicare or Medicaid Card</td>
</tr>
</tbody>
</table>
Medicaid HCBS Services

- Adaptive Aids
- Adult Day Care Services
- Adult Residential Care-1-2 bed Adult Family Homes
- Adult Residential Care-3-4 Adult Family Homes
- Adult Residential Care-Community-Based Residential Facilities
- Adult Residential Care-Residential Care Apartment Complexes
- Assistive Technology/ Communication Aid
- Care Management
- Community Transportation 2*
- Consultative Clinical & Therapeutic Services for Caregivers
- Consumer Directed Supports Broker
- Consumer Education & Training
- Counseling & Therapeutic Resources
- Environmental Accessibility Adaptations (home modifications)
- Financial Management Services
- Fiscal Employment Agent Services*
- Daily Living Skills Training
- Day Habilitation Services
- Home Delivered Meals
- Home Modification*
- Housing Counseling
- Individual Directed Goods & Services*
- Interpreter Services*
- IRIS Consultant Services*
- Live-in Caregiver*
- Nursing Services*
- Personal Emergency Response System
Medicaid HCBS Services (continued)

- Prevocational Services
- Relocation Services
- Residential Services – Other*
- Respite
- Self-Directed Personal Care
- Skilled Nursing Services RN/LPN
- Specialized Medical Equipment & Supplies
- Support Broker Services*
- Supported Employment – Individual Employment Support
- Supported Employment – Small Group Employment Support
- Supportive Home Care
- Training Services for Unpaid Caregivers
- Transportation – Community Transportation
- Transportation – Other Transportation
- Vehicle Modifications*
- Vocational Futures Planning & Support
# Total Cost and Enrollment

### Population By Program Jan 2021

<table>
<thead>
<tr>
<th>Program</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Care</td>
<td>50,467</td>
<td>65.7%</td>
</tr>
<tr>
<td>PACE</td>
<td>468</td>
<td>0.6%</td>
</tr>
<tr>
<td>Partnership</td>
<td>3,699</td>
<td>4.8%</td>
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<tr>
<td>IRIS</td>
<td>22,218</td>
<td>28.9%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>76,852</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

### Cost By Program SFY21

<table>
<thead>
<tr>
<th>Program</th>
<th>Cost</th>
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</thead>
<tbody>
<tr>
<td>Family Care</td>
<td>2,190,310,767</td>
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<tr>
<td>PACE Partnership</td>
<td>216,185,115</td>
</tr>
<tr>
<td>IRIS</td>
<td>803,568,214</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3,210,064,096</strong></td>
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</table>

### Population By Group Jan 2021

<table>
<thead>
<tr>
<th>Group</th>
<th>Count</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>DD</td>
<td>33,726</td>
<td>43.9%</td>
</tr>
<tr>
<td>FE</td>
<td>24,900</td>
<td>32.4%</td>
</tr>
<tr>
<td>PD</td>
<td>18,226</td>
<td>23.7%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>76,852</strong></td>
<td><strong>100.0%</strong></td>
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</tbody>
</table>

### % State GPR

| % State GPR | 41.5% |
2019 average annual cost per FE Long-Term Care enrollee

<table>
<thead>
<tr>
<th>Type of Residence</th>
<th>Annual average cost per enrollee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td>$21,538</td>
</tr>
<tr>
<td>Residential</td>
<td>$44,713</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$57,384</td>
</tr>
<tr>
<td>AVERAGE COST PER ENROLLEE</td>
<td>$40,603</td>
</tr>
</tbody>
</table>

FE individuals in Nursing Homes, FFS vs Waiver

![Graph showing the number of FE individuals in Nursing Homes over years with data points for Waiver and FFS]

Wisconsin Department of Health Services
Average Frail Elderly (FE) LTC enrollees per day

<table>
<thead>
<tr>
<th>Type of Residence</th>
<th>Number of FE Enrollees</th>
<th>% of all FE Enrollees</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2013</td>
<td>2017</td>
</tr>
<tr>
<td>Home</td>
<td>11,352</td>
<td>11,575</td>
</tr>
<tr>
<td>Residential</td>
<td>7,191</td>
<td>8,332</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>16,113</td>
<td>12,960</td>
</tr>
<tr>
<td>TOTAL</td>
<td>34,656</td>
<td>32,867</td>
</tr>
</tbody>
</table>

Average number of FE individuals in settings, 2013-2019
Quality in HCBS

Define → Measure → Analyze → Improve → Control

Wisconsin Department of Health Services
Quality Strategy for People in Long Term Care

- Whole Person
- Statewide Measures
- Medicaid Long Term Care
- Medicaid Programs
- Medicaid Contractors
- Medicaid Providers
Statewide and Medicaid Long Term Care (LTC) Measures

- AARP LTC scorecard
- National core indicators (NCIs) for intellectual or developmental disabilities (I/DD)
- NCIs for elderly and those that are physically disabled
- Satisfaction Survey
- Wisconsin LTC scorecard
- Pay for Performance (P4P)
2020 Long Term Care Scorecard
National Core Indicators

- Wisconsin participated in the two National Core Indicator Quality Measurement Programs:
  - In Person Survey (IPS) - includes people with intellectual and developmental disability (IDD)
  - Aging and Disability Survey (AD) - includes people with physical disabilities and older adults (age 65+)

  This is data directly capturing the members experience!
States collecting NCI Quality Data
How we use NCI-AD and IPS

- Team analyzes data, reviews trends, creates briefing documents
- Brief Division of Medicaid Services leadership
- Incorporate changes into strategic plan
- Presentation to:
  - Long Term Care Advisory Council
  - IRIS Advisory Council
  - LTC Advocates Meeting
Independent Satisfaction Survey

- Captures consumer satisfaction with their Managed Care Organization, IRIS Consultant Agency, and/or Fiscal Employer Agent
- Results are statistically valid by program and target group
- Developed in partnership with UW Survey Center
- First survey took place in 2018

<table>
<thead>
<tr>
<th>% who like their MCO/ICA/FEA overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCOs</td>
</tr>
<tr>
<td>84.9%</td>
</tr>
</tbody>
</table>
Systemic Benchmarking and Improvement

Wisconsin LTC Scorecard

<table>
<thead>
<tr>
<th>Access</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.1</strong> Percentage of eligible adults on waiting list for long-term care programs</td>
<td>3.4%</td>
<td>2.6%</td>
<td>2.1%</td>
<td>✓</td>
</tr>
<tr>
<td><strong>1.2</strong> Percentage of total LTSS Medicaid funding spent on the care and support of enrollees in Home and Community-Based Services Waiver (HCBS Waivers)—adults</td>
<td>72.8%</td>
<td>75.0%</td>
<td>76.9%</td>
<td>✓</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Choice of Settings and Providers</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2.1</strong> Percentage of eligible Medicaid people enrolled in HCBS Waivers—adults</td>
<td>80.2%</td>
<td>81.7%</td>
<td>83.4%</td>
<td>✓</td>
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</table>
# Pay for Performance Initiatives

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
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<tbody>
<tr>
<td></td>
<td>Satisfaction Survey</td>
<td>Satisfaction Survey</td>
<td>Satisfaction Survey</td>
<td>Satisfaction Survey</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>*CIE P4P suspended due to COVID-19</td>
<td>Competitive Integrated Employment</td>
</tr>
<tr>
<td></td>
<td>Competitive Integrated Employment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Assisted Living Communities</td>
<td>Assisted Living Communities</td>
<td>Assisted Living Communities</td>
<td></td>
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</tbody>
</table>

To protect and promote the health and safety of the people of Wisconsin
State Infrastructure

- Member Quality Specialists
- Contract Monitors
- Quality Management and Analytics Team
- Policy team
- External Quality Review Organization
- Talented engaged state staff
# Consumer Options Score Card

<table>
<thead>
<tr>
<th></th>
<th>MCO 1</th>
<th>MCO 2</th>
<th>MCO 3</th>
</tr>
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<tbody>
<tr>
<td><strong>MEMBER SURVEY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall Satisfaction</td>
<td>★ ★ ★ ★ ★</td>
<td>★ ★ ★ ★ ★</td>
<td>★ ★ ★ ★ ★</td>
</tr>
<tr>
<td>Care Team Responsiveness</td>
<td>★ ★ ★ ★ ★</td>
<td>★ ★ ★ ★ ★</td>
<td>★ ★ ★ ★ ★</td>
</tr>
<tr>
<td>Care Team Quality of Communication</td>
<td>★ ★ ★ ★ ★</td>
<td>★ ★ ★ ★ ★</td>
<td>★ ★ ★ ★ ★</td>
</tr>
<tr>
<td><strong>QUALITY &amp; COMPLIANCE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meeting Quality Standards</td>
<td>★ ★ ★ ★ ★</td>
<td>★ ★ ★ ★ ★</td>
<td>★ ★ ★ ★ ★</td>
</tr>
<tr>
<td>Rights and Protections</td>
<td>★ ★ ★ ★ ★</td>
<td>★ ★ ★ ★ ★</td>
<td>★ ★ ★ ★ ★</td>
</tr>
<tr>
<td>Quality and Timely Services</td>
<td>★ ★ ★ ★ ★</td>
<td>★ ★ ★ ★ ★</td>
<td>★ ★ ★ ★ ★</td>
</tr>
<tr>
<td>Grievance System</td>
<td>★ ★ ★ ★ ★</td>
<td>★ ★ ★ ★ ★</td>
<td>★ ★ ★ ★ ★</td>
</tr>
<tr>
<td><strong>CARE TEAM CHARACTERISTICS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Care Manager Turnover</td>
<td>★ ★ ★ ★ ★</td>
<td>★ ★ ★ ★ ★</td>
<td>★ ★ ★ ★ ★</td>
</tr>
<tr>
<td>Nurse Turnover</td>
<td>★ ★ ★ ★ ★</td>
<td>★ ★ ★ ★ ★</td>
<td>★ ★ ★ ★ ★</td>
</tr>
<tr>
<td>Care Manager to Member Ratio</td>
<td>1:42</td>
<td>1:40</td>
<td>1:36</td>
</tr>
<tr>
<td>Nurse to Member Ratio</td>
<td>1:84</td>
<td>1:80</td>
<td>1:72</td>
</tr>
<tr>
<td><strong>ADDITIONAL INFORMATION</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>MCO Website</td>
<td><a href="http://www.MCO.com">www.MCO.com</a></td>
<td><a href="http://www.MCO.com">www.MCO.com</a></td>
<td><a href="http://www.MCO.com">www.MCO.com</a></td>
</tr>
<tr>
<td>Email</td>
<td>N/A</td>
<td><a href="mailto:MCO@MCO.com">MCO@MCO.com</a></td>
<td><a href="mailto:MCO@MCO.com">MCO@MCO.com</a></td>
</tr>
<tr>
<td>Address of Closest Office</td>
<td>123 MCO Way</td>
<td>124 MCO Way</td>
<td>125 MCO Way</td>
</tr>
<tr>
<td></td>
<td>Suite 123 Madison, WI 12345</td>
<td>Suite 123 Madison, WI 12345</td>
<td>Suite 123 Madison, WI 12345</td>
</tr>
<tr>
<td>Phone</td>
<td>000-000-0000</td>
<td>000-000-0000</td>
<td>000-000-0000</td>
</tr>
<tr>
<td>Number of Counties the MCO Serves</td>
<td>#</td>
<td>#</td>
<td>#</td>
</tr>
<tr>
<td>Type of Agency (For profit or not for profit)</td>
<td>Not for profit / For profit</td>
<td>Not for profit / For profit</td>
<td>Not for profit / For profit</td>
</tr>
</tbody>
</table>

To protect and promote the health and safety of the people of Wisconsin
Results from the Wisconsin Experience
Results of WI LTC Model

- In 2000, 49% of WI long term care population was in the community. In 2015, 80.2% live in the community. In 2017, 83.4% live in the community.
- In 1998 there were 11,000 individuals on the waitlist. In July 2018 Family Care and IRIS are statewide. In February 2021 Wisconsin was at full entitlement.
- In 2015, at 65%, WI ranked 10\textsuperscript{th} in nation for Medicaid HCBS expenditures as a percent of all long term care expenditures. In 2018, WI moved to 4\textsuperscript{th} at 75.3%.
- In 2018, WI ranked 5\textsuperscript{th} for Medicaid LTSS expenditures as a percentage of total Medicaid expenditures (49%).
- In the AARP LTSS 2017 Scorecard Wisconsin ranked 6\textsuperscript{th} overall in the nation and received the Pace Setter award for choice of setting and provider. In 2020 Wisconsin ranked 3rd overall in the nation.
Long-Term Services and Supports State Scorecard 2020 Edition – WI (3rd)

- Ranked #2 - Quality of Life & Quality of Care
- Ranked #2 – Number of people self-directing
- Ranked #3 - HCBS quality cross-state benchmarking
- Ranked #5 - ADRC/No Wrong Door Functions
- Ranked #7 – Assisted living units per 1,000 pop 75+
- Ranked #8 - % long Stay Nursing Home residents
- Ranked #8 – Transportation polices
- Ranked #8 – NH resident appropriate antipsychotic medication
Contact

Curtis J. Cunningham
Assistant Administrator
Benefits and Service Delivery
Division of Medicaid Services
Wisconsin Department of Health Services

curtis.cunningham@wisconsin.gov
608-261-7810
Revitalizing HCBS Rebalancing

Aging and Long-Term Support Administration
Washington State Department of Social and Health Services
Vision
Seniors and people with disabilities living in good health, independence, dignity and control over decisions that affect their lives.

Mission
To transform lives by promoting choice, independence and safety through innovative services.

Values
Collaboration, Respect, Accountability, Compassion, Honesty and Integrity, Pursuit of Excellence, Open Communication, Diversity and Inclusion, Commitment to Service

Serving approximately 77,000 Individuals in Medicaid LTSS per year.
Washington’s LTSS Reforms

Washington State Department of Social and Health Services
How Have We Accomplished Rebalancing?

- Sustained effort
- Values
- Performance metrics and strategic plan
- Use of federal authorities and budget forecasting
- Staff with specialized roles
- Resource development
- Statute changes to support HCBS
- Statute changes/appropriations to reduce SNF capacity
- Certificate of Need
- Housing
- Presumptive Eligibility
Strategic Objectives

Strategic Objective 1.1: Serve individuals in their homes or in community-based settings.

- Success Measure 1.1.1: Increase the percentage of LTSS clients served in home- and community-based settings from 86.3% in June 2019 to 86.5% by June 2021.
Strategic Objectives

Strategic Objective 2.2: Support people to transition from nursing homes to care in their homes or communities.

• Success Measure 2.2.1: Increase the quarterly average of nursing facility to community setting transitions from 950 in June 2019 to 1,110 by June 2021.
Nursing Facility Transition Monthly Reporting

- Monthly nursing facility case management transition report shows month-to-month transitions, broken down by region and transition type.
- It provides success stories and transition notes for regional staff and leaders involved in transitions.
## HCS Programs Overview

### Medicaid State Plan
- "Entitlement"
- Mandatory & optional services
- Statewide
- No cap and no targets
- ~81% of the ALTSA budget

### Medicaid Waiver
- Optional Services
- Not an "entitlement"
- Can be capped/targeted
- ~3% of the ALTSA budget

### Other
- State Only
- Federal Only
- ~4% of budget

<table>
<thead>
<tr>
<th>Medicaid State Plan</th>
<th>Medicaid Waiver</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Home</td>
<td>COPES</td>
<td>Family Caregiver Support</td>
</tr>
<tr>
<td>Community First Choice</td>
<td>Residential Support</td>
<td>Senior Citizens Services Act</td>
</tr>
<tr>
<td>Medicaid Personal Care</td>
<td>New Freedom</td>
<td>Older Americans Act</td>
</tr>
<tr>
<td>PACE</td>
<td>Medicaid Transformation</td>
<td></td>
</tr>
</tbody>
</table>
Strategies for Supporting Caregivers

State and Older Americans Act
- Caregiver Assessment & Services for Unpaid Caregivers
- Kinship Caregiver Navigators and Services
- Use of evidence-based models

Medicaid Services
- Allow family caregivers to be paid in Medicaid programs
- Allow family caregivers to administer medications and provide skilled services
- Allow nurse delegation
- Paid training
- Provide care coordination and transition supports

Statutes Supporting Caregivers
- CARE Act & Family Care Act
- Paid Family Medical Leave Act
- Long-Term Care Trust Act
Who is the Self-Directed Workforce?

They are hired by Medicaid clients to assist with personal care needs.

They are contracted by the state as personal care workers.

There are 46,000 individual providers in Washington state.

About 70% of them are related to the person they serve.
Timeline of Rebalancing Innovations

1981
- State-funded in-home program allows self-directed option

1983
- 1915(c) waiver approved

1984
- First steps to control nursing home growth

1985
- Adult Protective Services statute

1989
- State Plan personal care for individuals with physical disabilities
- Statewide respite program implemented

1993
- Mandates for Nursing Home reductions—state staff dedicated to nursing home and hospital transitions

1995
- State plan eligibility expanded to those with functional disabilities
- Required training for all in-home personal care assistance

1999
- First nurse delegation law and law allowing family members to be paid when providing skilled tasks

2000
- State Family Caregivers Program

2001
- Self-directed care providers vote to unionize

2003
- Standardized electronic assessment with acuity based payment methodology used across all HCBS populations (aging, physical, developmental disabilities)
- Abuse registry

2008
- MFP (RCL) implemented in Washington

2009
- Statewide implementation of Standardized Caregiver Assessment Tool

2012
- Long-Term Care Worker Training and Certification requirements

2012
- State Plan Community First Choice Program

2013
- Health Home Program Initial Implementation

2017
- 1115 Waiver creates new options and eligibility for Long-Term Support Services
Reductions in Nursing Facility Capacity

**SFY 2016**
Peak Providers: 224
Peak Beds: 21,250

**SFY 2020**
Peak Providers: 214
Peak Beds: 20,460

**SFY 2025 (Projected)**
Peak Providers: 202
Peak Beds: 19,401

**Incentives to Reduce Nursing Facility Capacity**
- Nursing facilities can “bank” bed capacity for future use. By doing so, they can avoid going through the Certificate of Need process.
- Nursing facilities can receive incentives by converting to assisted living facilities.
Nursing Facility Certificate of Need

• If state has 40 or more countable nursing home beds per 1,000 people aged 70 and above, nursing home bed need is considered “met.”

• If below estimated bed need, Certificate of Need process requires Dept. of Health to determine need for nursing home beds, based on other services in planned area, such as:
  • Assisted living and other residential care settings
  • Hospice, home health and home care
Housing Supports

We support clients by:

- Partnering with housing authorities
- Supplying housing vouchers and rental subsidies
- Partnering with landlords and housing developers
- Providing supportive housing services through 1115 waiver
- Paying for community transitions, environmental modifications
Streamlined Eligibility & Diversion Activities

• Presumptive eligibility in 1115 waiver proved to be successful
• Providing family caregiver supports
• Targeting at-risk populations

![Bar chart showing the number of NFLOC determinations by appropriateness and time period](chart.png)

- Total #:
  - Sept-Dec 2017: 447
  - Jan-Mar 2018: 466
  - Apr-June 2018: 498
- YES:
  - Sept-Dec 2017: 443
  - Jan-Mar 2018: 445
  - Apr-June 2018: 481
- NO:
  - 4, 8, 6

Washington State Department of Social and Health Services
Supporting Family Caregivers

At DSHS, we work to transform lives by promoting choice, independence and safety through innovative services.
Unpaid Caregivers Shoulder the Burden

There are over 850,000 unpaid caregivers in Washington State.

The work of these unpaid caregivers is valued at $10.6 billion per year.

If 1/5 stopped providing care, it would double the cost of Medicaid LTSS.

Washington State Department of Social and Health Services
Washington Supports Family Caregivers

Providing supports to unpaid caregivers

Paying caregivers through Medicaid

Washington State Department of Social and Health Services
Washington’s History of Supporting Unpaid Caregivers

- **1989**: State Respite Care Services
- **2000**: State Family Caregiver Support Program
- **2001**: Title IIIE OAA, National FCSP
- **2007/2008**: Increased funding, mandate for evidence-based caregiver assessment, statewide survey (BRFSS)
- **2009**: Family Caregiver-TCARE® Assessment
- **2012-13**: State Family Caregiver Support expansion
- **2014**: State Family Caregiver evaluation
- **2017**: Federal 1115 Medicaid Demonstration Waiver to provide family caregiving support services

Washington State Department of Social and Health Services
Strategies for Supporting Caregivers

State and Older Americans Act – Support of Unpaid Caregivers
- Caregiver Assessment & Services for Unpaid Caregivers
- Kinship Caregiver Navigators and Services
- Use of evidence-based models

Medicaid Services – Support for Paid Caregivers
- Allow family caregivers to be paid in Medicaid programs
- Allow family caregivers to administer medications and provide skilled services
- Allow nurse delegation
- Paid training
- Provide care coordination and transition supports

Statutes Supporting Caregivers
- CARE Act & Family Care Act
- Paid Family Medical Leave Act
- Long-Term Care Trust Act
Evidence-Based Assessment

The model for TCARE is to provide the right service at the right time.

Washington State Department of Social and Health Services
Unpaid Family Caregivers Support Services

Benefit Categories

- Health Maintenance & Therapy Supports
- Specialized Medical Equipment & Supplies
- Caregiver Assistance Services
- Training & Education
Family Caregiver Support Services

Family caregiver support services are a low-cost option compared to traditional Medicaid long-term services and supports.

Monthly Per Capita Costs – Medicaid LTSS
Projected SFY 2021

- Family Caregiver Support: $802
- Community Residential: $2,983
- In-Home Care: $2,660
- Nursing Homes: $7,069

Washington State Department of Social and Health Services
Impact of Family Caregiver Supports

Time from TCARE® Screen until First Use of Medicaid Long-Term Care
Pre- and Post-Expansion, Controlling for Baseline Differences

12 months after expanding our Family Caregiver Support Program, clients were 20% less likely to use Medicaid long-term care compared to pre-expansion.

Washington State Department of Social and Health Services
Outcomes for Family Caregivers

Over a 6-month period, caregivers who receive ongoing support show statistically significant improvements in:

- Stress burden
- Relationship burden
- Objective burden
- Depression
- Comfort with caregiving role

Spousal caregivers also show a decreased “intention to place.”

84% of caregivers show a significant improvements on key outcomes