

Department of Social and Health Services Aging and Long Term Support Administration Inventory of Resources

*Presented to the Joint Legislative/Executive
Committee on Aging and Disability*

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What will DSHS emphasize for the future?

Controlling costs by:

- Continuing the shift to home and community-based services that allow as much independence as possible
- Providing more information and supports to family caregivers that helps avoid or delay the need for Medicaid-funded long-term services
- Joining with Health Care Authority to:
 - Increase the number of people with high medical risks receiving health home services
 - Increase the number of people receiving coordinated services through Medicare and Medicaid

Maintaining safety by:

- Timely response to allegations of abuse and neglect and complaints about provider practices



Continuing the shift to home and community-based services—progress to date

Year	LTSS Caseload	Number in Community	Percent in Community	Number in Nursing Homes	Percent in Nursing Homes
1995	36,141	19,496	54%	16,645	46%
2005	47,600	35,515	75%	12,085	25%
2015*	62,220	52,428	84%	9,792	16%

* Based on CFC informal estimates



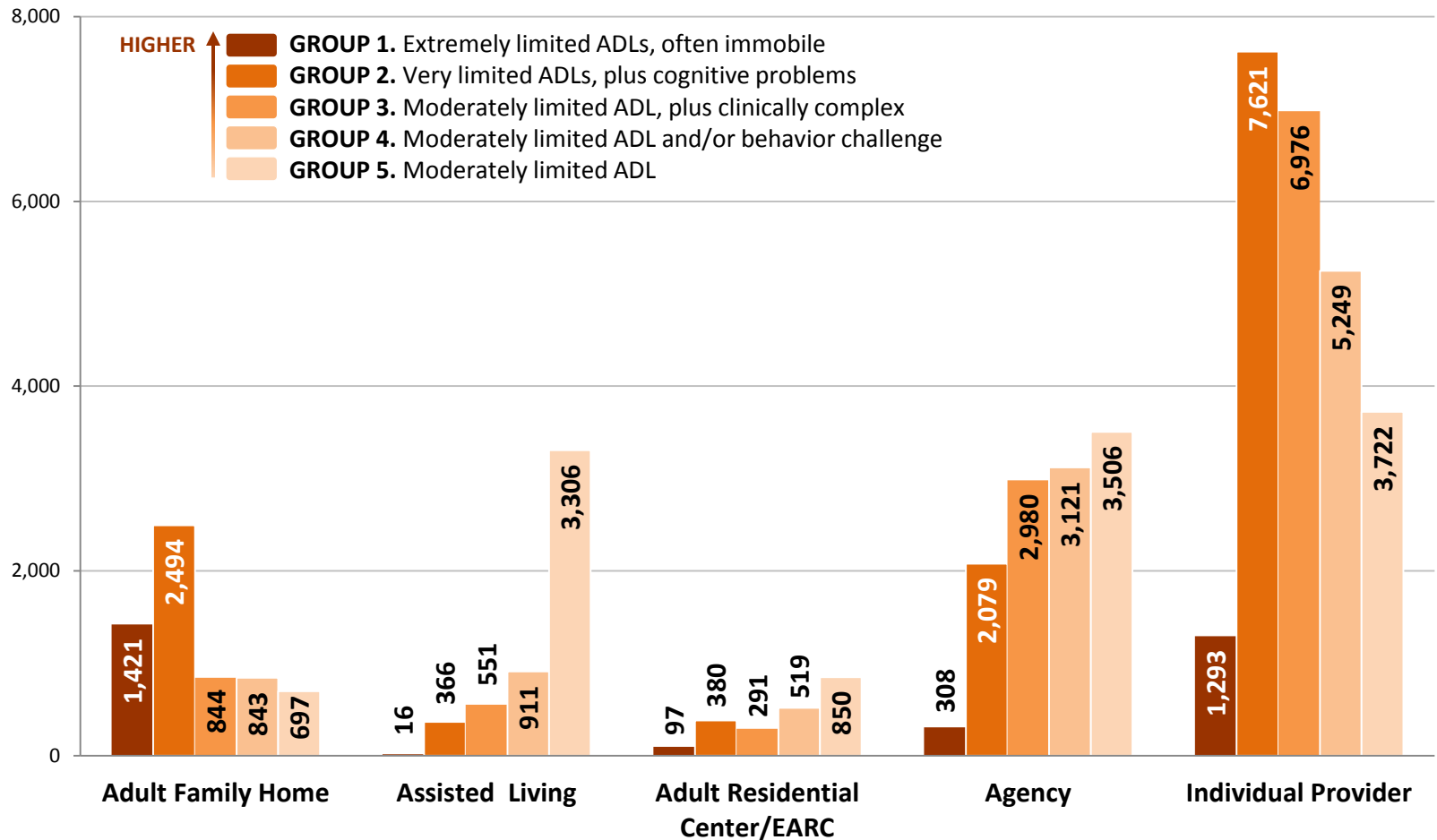
Continuing the shift to home and community-based services—where do we want to go?

- Under Governor Inslee's Results Washington goals we are accountable to increase the percent of supported seniors and individuals with a disability served in home and community-based settings to 87.2% by June 30, 2015
- Continuing that trend will be one of the keys to sustaining long-term services into the future
- To do that effectively we will need to:
 - Continue to adjust the HCBS service package in response to shifts in the population (for example, improving supports for people with dementia as the average age of the LTSS population increases)
 - Work with the nursing home industry to continue to shift its role toward stabilization and rehabilitation, followed by discharge to supported community care
- Increase the number of people we are able to relocate from nursing homes to their home or other community-based setting



Supporting people of all acuity levels in community-based settings has been key

Long Term Care Assessment by Setting and Acuity



Avoiding the need for Medicaid-funded long-term services—interrupting the path is critical

- The number of people on the Medicaid LTSS caseload is only a small share of a very large number of seniors and people with disabilities, who, were it not for help from family and friends, could become part of the Medicaid caseload
- Over 850,000 Washington State citizens are unpaid family caregivers who provide 80% of the services needed to allow family members to remain at home for as long as possible.
- About a fourth of them provide that care on a full time basis.
- The path to Medicaid is common and predictable:

STEP ONE: Someone has a need for care



STEP TWO: Family caregivers become exhausted



STEP THREE: Out of pocket spending exhausts financial resources



STEP FOUR: Medicaid



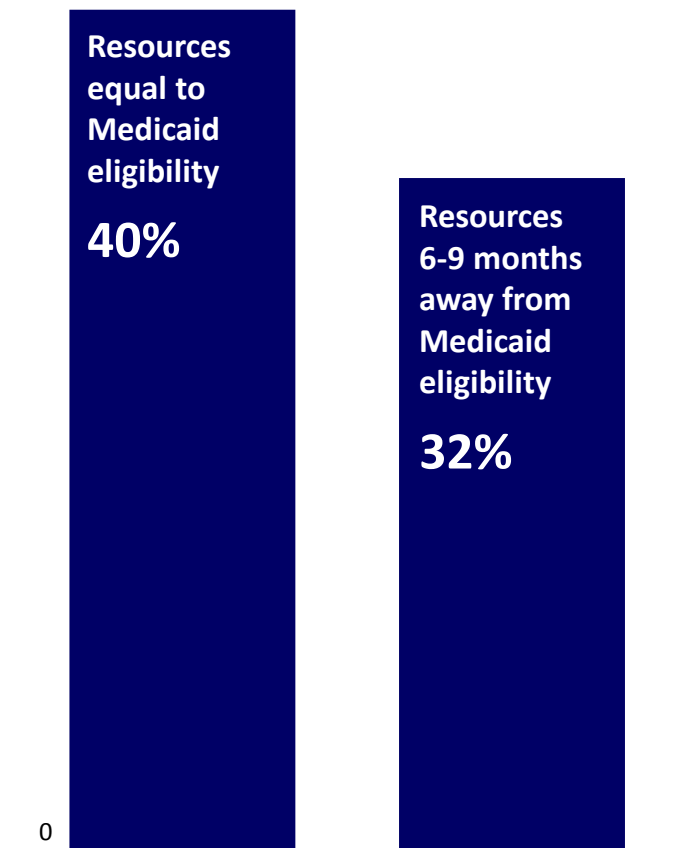
Avoiding the need for Medicaid-funded long-term services—where are we now?

- In FY2013, Washington's Family Caregiver Support (FCSP) program provided 8,600 unpaid family caregivers with:
 - Education and training
 - Consultation
 - Counseling
 - Access to support groups
 - Respite care
- A recent preliminary study by the Washington State Institute for Public Policy (WSIPP) showed that FCSP produced statistically significant delays in demand for Medicaid funded services
- FCSP has been shown to reduce caregiver stress, depression and the caregiver's difficulty adjusting to their role



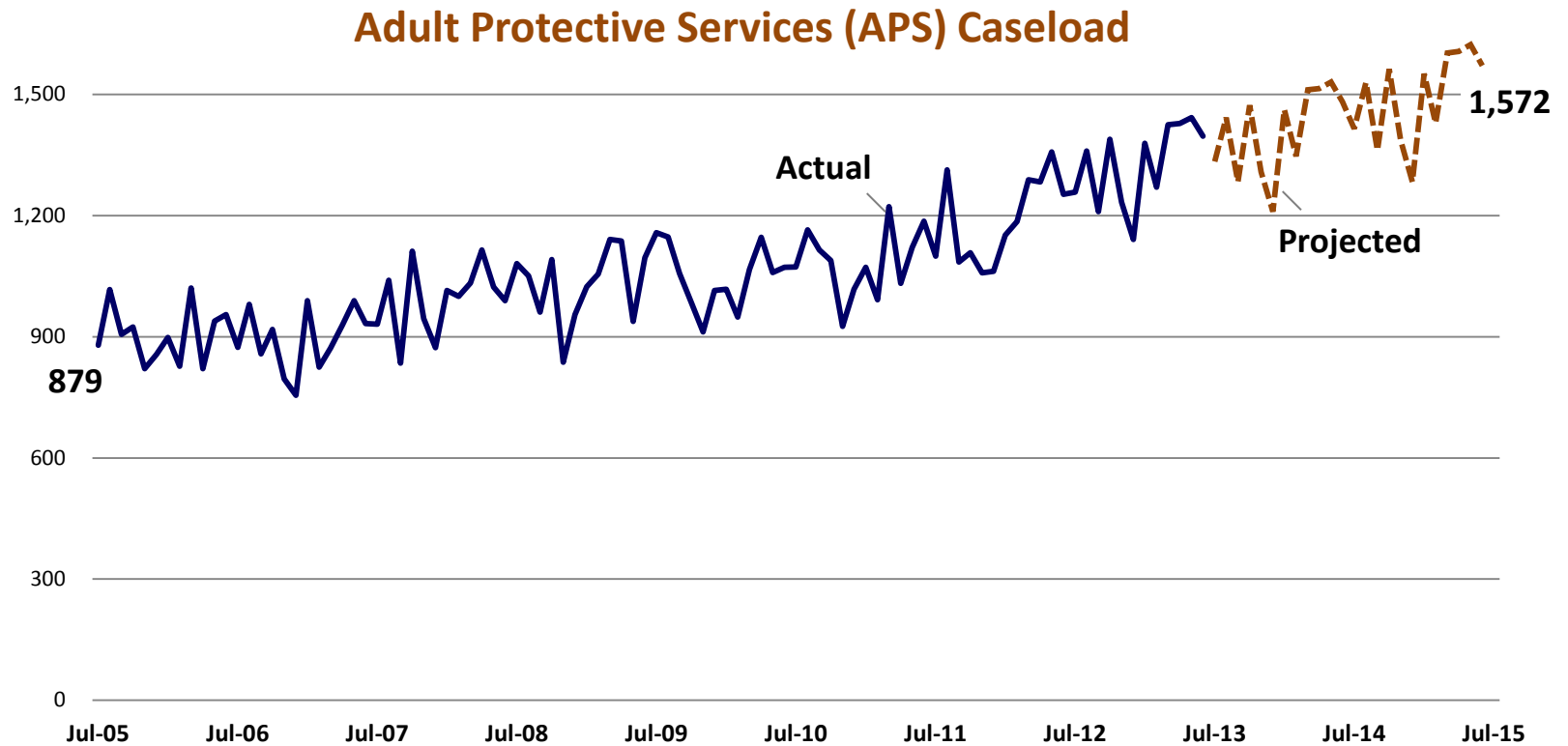
Avoiding the need for Medicaid-funded long-term services—where do we want to go?

- Simply put, we need to reach more people **before** their resources are exhausted and they must turn to the state
- That means more information and counseling on how to extend their financial resources and more supports for family caregivers that extends their ability to provide care
- A sample of 1,440 FCSP cases shows how important that is since many would financially qualify for the Medicaid long-term services



Maintaining safety—as caseloads have grown, so have the allegations of abuse and neglect

- 22% increase in APS caseload from FY11 to FY13
- 6% growth is projected for FY14 and FY15



Data Source: APS_Snapshot_caseload for EMIS. The caseload data represents the unique count of clients who have an APS case assigned counted by their intake date.



Maintaining safety requires timely investigation of allegations of abuse and neglect

- Under Governor Inslee's Results Washington goals we are accountable to decrease the number of vulnerable adult abuse and neglect investigations left open longer than 90 days to 12.05% by June 30, 2015

Percent of Adult Protective Services investigations open longer than 90 days

