

The Joint Legislative Executive Committee on Aging and Disability

November 4, 2013

Meeting Materials

- Agenda
- Memo: Framing the discussion of the committee work plan for the 2014 interim, Senate Committee Services & House Office of Program Research
- Washington Association of Area Agencies on Aging profile sheet, Washington Association of Area Agencies on Aging
- Abuse reports/protective services, Aging & Long-Term Support Administration, Aging & Long-Term Support Administration, Department of Social & Health Services
- Family Caregiver Support Program, Aging & Long-Term Support Administration, Department of Social & Health Services
- Residential Care Services Complaint Investigations: A Public Service, Department of Social & Health Services
- Protection of Vulnerable Adults, Department of Social & Health Services
- Informal/Family Caregivers, Department of Social & Health Services



Washington State Legislature

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Aging & Disability Joint Legislative Executive Committee

John L. O'Brien Building
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Monday
November 4, 2013
11:00 a.m. to 2:00 p.m.

House Hearing Rm B
John L. O'Brien Building
Olympia, WA

AGENDA

Work Session:

1. Review of Governor's Aging Summit recommendations.
2. Adult protective services.
3. Options for promoting financial security.
4. Long-term services and supports.
5. Discussion of potential policy and budget proposal for the 2014 legislative session.
6. Discussion of Committee work plan and interim report.

*Committee information and meeting materials can be found at the Committee's webpage:
www.leg.wa.gov/jointcommittees/ADJLEC*



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To: Members of the Joint Select Committee on Aging and Disability Issues
From: Committee Staff
Date: November 4, 2013
Re: Framing the discussion of the committee work plan for the 2014 interim

The final item on the agenda for the Committee's November 4 work session is to discuss a work plan for the 2014 interim. To help with the development of a work plan for the 2014 interim, staff has put together a few topics to begin the discussion. These topics are not intended to be exhaustive, but a starting point for developing a framework for the 2014 work plan.

- Number of meetings:
 - Keep in mind the challenges of scheduling meetings in the fall, the general policy against meeting in August, and the December 10 final report deadline.
- Topics for work sessions:
 - Topics that have been proposed relate to: demographic data, healthy aging, housing, transportation, financial security, state funding for long-term care, caregiver support, issues specific to dementia care, elder abuse and exploitation, number of quality facilities and providers.
- Scope of the final report:
 - How should the report be structured? Short-term recommendations and long-term goals? Specific or general proposals? How to measure long-term success?



Advocacy. Action. Answers on Aging.

Washington Association of Area Agencies on Aging

www.agingwashington.org • w4a@agingwashington.org

The Washington Association of Area Agencies on Aging (W4A) is a 501(c)(4) non-profit corporation established in 1988 to serve as the collective voice of the thirteen local Area Agencies on Aging in Washington State. Area Agencies on Aging (AAA's) are critical for creating communities that support people as they age. Over the past decade, AAA's have increasingly focused on aging readiness—how communities, businesses and governments can prepare for an aging population.

Area Agencies— Not just “Aging.”



Area Agencies serve adults 18 years of age and older in need of supportive home and community-based services, offering tailored services in every county across the state.

Designated by the State to develop publicly accountable service plans for use of federal and state funds, Area Agencies have 40 years of on-the-ground experience navigating between health and human services delivery systems. They are highly visible and trusted as the place to go for help accessing services to maintain a healthy life in the community.

Publicly-sponsored Area Agencies on Aging have planned, coordinated, funded, provided and advocated for services for older adults since their establishment in the 1970's. Since 1995, AAAs have also supported adults with disabilities receiving Medicaid-funded community long-term services and supports.

AAAs Support Families, too!

The AAA emphasis has been on helping people remain in their own homes and communities and maximizes the role of family caregivers in achieving this goal. The strategy has been very successful, saving the State of Washington billions of dollars that would have been spent for more costly service interventions, while at the same time, honoring the consumer's preferred choice to remain in their own home.



Access to Community Resources



Senior Information and Assistance services have been a key component of the AAA network since their establishment under the Older Americans Act. Senior I&A Offices operate in

every county to support informed decisions about health and long-term support options. AAAs are now expanding to include individuals of all ages who need to plan for long-term support needs through the new **Community Living Connections programs (previously ADRCs)**.

The Social and Economic Impact of AAA Services on Washington State:

- Over **1 Million Washingtonians** receive information or services annually.
- Around **1,400,000 senior dining meals** & over **1,550,000 home-delivered meals** are provided.
- About **420,000 information contacts** are made through Aging & Disability Resource Centers.
- The **AAAs directly manage over \$110 Million in state and federal funding** annually and **leverage an additional \$20 Million** of other funding.
- About **39,000 older adults and adults with disabilities statewide receive AAA Case Management services each year** as part of the Medicaid community LTSS program.
- **AAA Case Managers authorize over \$600 Million in home and community-based services** each year for recipients of Medicaid community long-term services and supports.
- The **AAAs manage over 1200 contracts statewide** through a network of local providers.
- The **AAAs provide employment for about 850 people.**

Washington State has been a national leader in developing cost-effective home and community-based long term services and supports for adults 18 years and older. Our successful Medicaid-funded community LTSS system ranks 2nd in the nation, but only 30th in per capita spending. Washington State serves 2.3 times more consumers in home and community based settings as compared to

nursing home settings, at an average monthly savings of almost \$4,300 per consumer. Legislative action to rebalance Medicaid options and to move away from expensive nursing home care has saved our state over \$3 Billion since 1996. The AAAs are proud of their partnership with DSHS in bending the cost curve for Medicaid LTSS services.

AAAs are part of a State and National network and are constantly evolving to meet the changing needs of the community. In Washington State, they are organized through county governments, councils of government, and tribes. A citizen advisory council guides the work of each AAA.

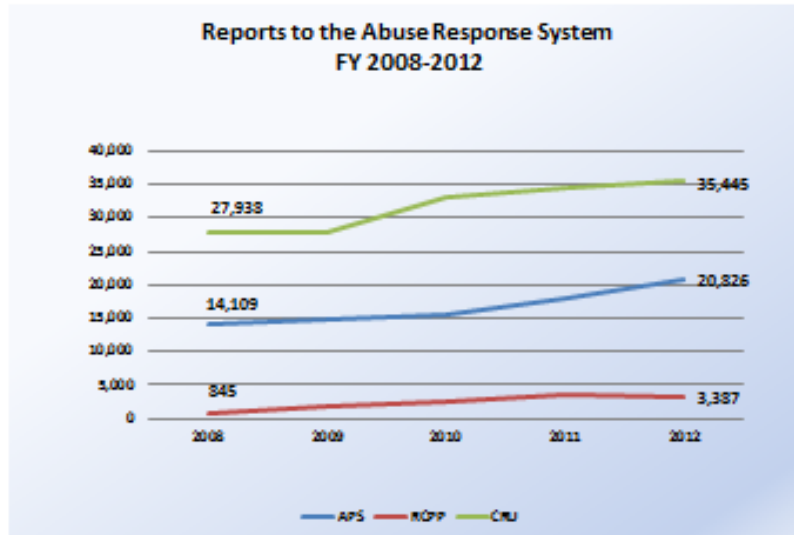
Area Agencies on Aging (AAAs) were first established under the federal Older Americans Act in 1974 to focus on issues affecting older Americans. They are consumer-oriented and provide grassroots services targeted to address local needs, with an emphasis on vulnerable people with chronic care needs and family caregivers. In partnership with Washington's Department of Social and Health Services, the AAAs also serve adults with disabilities who receive Medicaid community long-term services and supports (LTSS).

More details are available at www.agingwashington.org

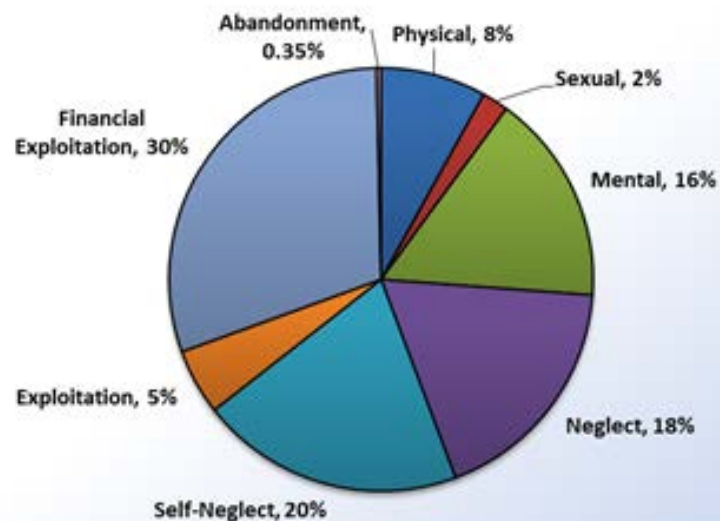
Washington Association of Area Agencies on Aging
2404 Heritage Court SW, Olympia, WA 98502
360-485-9761

AL TSA Protective Services

The Number of Reports Has Increased



APS Investigated 19,474 Total Allegations in 2012



Data pulled 9/3/2013 from the APS Automated System



AL TSA Protective Services

Additional Staffing is Needed to Respond Promptly to Protect Vulnerable Adults

- Reduce caseloads from 27:1 to 22:1 in APS
- Reduce caseloads from 60:1 to 22:1 in RCS
- Ensure cases are assigned and resolved within timeframes for high, medium and low prioritization
- Nearly 90% of investigations will be resolved within 90 days
- FY15 DSHS Request: 48.5 FTE \$6.5M (\$3.1M GF-S)



Transforming lives

AL TSA Family Caregiver Support

Economic Impacts of Family Caregiving

Businesses:

- U.S. businesses lose up to \$33.6 billion per year in lost productivity
- Companies pay 8% more in healthcare costs for workers with caregiving responsibilities

Caregivers:

- Unpaid caregivers lose about \$300,000 (salary/benefits) in a lifetime
- Washington caregivers are:
 - Less likely to see a doctor when they need to
 - Worry almost twice as much about not having enough money to pay their rent or mortgage



FCSP Improves Outcomes for Family Caregivers

Majority of caregivers (84%) show significant improvements on key outcomes



Significant improvements in:

- Stress levels
- Relationship difficulty
- Feeling overwhelmed
- Depression
- Comfort with the caregiving role

Spouses indicate less "intention to place"



AL TSA Family Caregiver Support

What Would Improve Capacity and Effectiveness?

- More Family Caregiver Specialists (Assessors & Screeners)
- Additional funding for support services (respite, counseling, support groups, etc.)
- Increased dementia-capable practices and resources
- Resources to deploy evidence-based and effective practices statewide
- Greater cultural competency, including language translations



Fact Sheet: RCS Complaint Investigations: A Public Service

This Fact Sheet provides an overview of the

- *Investigative Process*
- *Investigation Reports and*
- *Other Hotlines*



The state hotline number for reporting abuse & neglect is
1-800-562-6078



What is the Complaint Resolution Unit?

The law requires Residential Care Services (RCS) to investigate reports of abuse, abandonment, neglect, and misappropriation of resident funds. The RCS Complaint Resolution Unit (CRU) hotline accepts calls about nursing homes, assisted living facilities, adult family homes, institutions for persons with intellectual disabilities, and certified supported living settings. However, there is “no wrong door” in RCS. The CRU has the capability of referring calls about other settings to the appropriate agencies.

Depending on the nature and severity of your reported issues, calls may also be referred to local law enforcement, licensing boards, Medicaid Fraud, county prosecutors and sheriffs, and the RCS Resident Client Protection Program.

By law, RCS investigative visits to the home or facility are never announced. The name of the person that reported the issue is never shared with the home or facility.

Hotline callers (i.e. “complainants”) are our partners in helping to protect residents in residential long-term care settings.

Investigation Process

The complainant's concerns are typed onto an intake form and assigned a complaint number. The intake form is sent by the Complaint Resolution Unit (CRU) to the district field office responsible for investigating the home or facility identified by the complainant.

The investigator will interview, observe and review the records of several vulnerable adults. This allows the investigator to conceal the alleged victim's identity, protect the identity of the person reporting the concern, and to determine if other vulnerable adults are at risk.

The investigator analyzes the information gathered and determines if the home or facility is in compliance with regulations. There may be times when things have happened or will happen that are not covered by these regulations. If this is the case, it may mean that the complainant needs to continue to directly communicate with the facility about the issues that are of concern.

The investigator will write a report summarizing the investigation findings and conclusions. A copy of the investigative report will be mailed to the complainant, if requested.

The regulations address many important areas, but not all issues that impact a resident are potential regulatory violations.



Intake ID numbers help both the hotline and field investigator track your call and concerns.

A number is assigned to each complaint received.



Visit us online at www.adsa.dshs.wa.gov for information about licensed long-term care settings and recognizing and reporting abuse and neglect.

RCS Investigative Authority

Long-term care licensing regulations provide guidance to licensees who provide care and services for vulnerable adults. The regulations address many important areas, but not all issues that impact a resident are potential regulatory violations. The regulations establish standards and provide details about what residents should expect from the provider. When RCS conducts a complaint investigation, we are checking to see if the home or facility was in compliance with specific requirements that are part of the regulations, and that govern licensed residential settings.

What Happens if a Violation is Found?

If the investigator identifies a violation of the regulations, a deficiency report is written and sent to the licensee. By law, the licensee is required to correct the problems that are identified in the deficiency report. Depending on the severity of the deficiency, and the number of residents impacted by the deficiency, RCS may also take additional enforcement action. There are a number of enforcement actions that the law authorizes RCS to use, ranging from requiring the licensee to pay a civil fine, to permanent removal of a license. As part of this process, facilities are provided the opportunity to appeal deficiencies.

Investigation Reports

After each investigation, the investigator writes a report that summarizes the investigation findings and conclusions. If requested, the complainant will receive a copy of this report. It will reflect if regulations were met or not met, based upon the concerns raised in the call to the hotline. If the facility or home received a deficiency report, the complainant will also receive a copy of that report, called the “*Statement of Deficiencies*”.

Common Questions

Q: I am a complainant; what if I have a question about the investigation of the concerns I reported?

A: Please call the Field Manager listed in your letter and reference your intake ID #.

Q: What days and hours can I expect to reach the Complaint Hotline?

A: The hotline is accessible 24 hours a day, seven days a week for reporting purposes. Hotline staff process calls Monday through Friday between the hours of 8 am and 4:30 pm.

Q: What if I have an emergency or need to report life-threatening issues?

A: Please call 911 for local law enforcement and emergency service help.

Additional Resources

Long-Term Care Ombudsmen advocate for the rights of vulnerable adults in long-term care facilities. Ombudsmen help residents and their families to address concerns with facility owners and administrators.

Call 1-800-562-6028 for assistance in reaching an ombudsman in your area.

Call 911 for crimes, physical or sexual abuse or a life threatening emergency.



Fact Sheet: Protection of Vulnerable Adults

Those receiving care in licensed long-term care facilities or from a certified supported living provider

Residential Care Services (RCS) is a division within the Aging and Disability Services Administration (ADSA). In addition to provider/facility licensure and/or certification, RCS also receives and investigates reports of abuse (physical, mental, sexual, and exploitation of person), abandonment, neglect, self-neglect, and financial exploitation of vulnerable adults receiving services from those programs. Primary authority regarding the abuse of vulnerable adults is found in Chapter 74.34 RCW.

For information about a specific care setting or service, please refer to the [ADSA Fact Sheets](#).

Mandated Reporters

By law, certain people must report suspected abuse and neglect. Mandated reporters include: DSHS employees; individual providers contracted to provide services to a DSHS client; county coroners or medical examiners; employees of a facility licensed by DSHS, including assisted living facilities, adult family homes, nursing homes, residential habilitation centers, and soldiers' homes; social workers; health care providers as defined in [Chapter 18.130 RCW](#); Christian Science practitioners; employees of a social service, welfare, mental health, adult day health, adult day care, home health, home care, or hospice agency; law enforcement officers; and professional school personnel. [RCW 74.34.035](#) tells mandated reporters what, when, and to whom to report.

In 2012, RCS received over 37,000 reported concerns about suspected abuse, neglect, self-neglect, financial exploitation and abandonment of vulnerable adults, as well as concerns about quality of life or quality of care. This includes reports from community members, family members, and the general public (permissive reporters) as well as self-reports from licensed facilities and certified providers. The majority of these are privately owned businesses.

Visit us online at www.adsa.dshs.wa.gov for information about licensed long-term care settings and recognizing and reporting abuse and neglect.

Reporting Suspected Abuse

Calls about suspected abuse or neglect in these programs go to the RCS's Complaint Resolution Unit (CRU) at 1-800-562-6078. This hotline is set up to receive both mandated and permissive reports, so anyone can call. Calls are processed on a daily basis, and the information is reviewed and prioritized for investigation. Complainants are contacted for additional information.

In addition to the CRU Hotline, DSHS has also established a toll-free number for the general public for reporting suspected abuse. Callers are routed to the appropriate DSHS entity based on where the alleged victim resides. 1-866-ENDHARM (363-4276) or TTY (1-800-737-7931)

When RCS receives an allegation of abuse, neglect, or misappropriation of resident funds, investigation response times range from two working days to 90 working days. Concerns that are serious or pose life-threatening harm to a resident are investigated more quickly than issues that are of lower risk. Professional nurses review all of the complaints received by RCS to determine how quickly the complaint needs to be investigated.

RCS staff conduct on-site investigations. If an investigation shows that the facility has failed to provide safe quality care to residents, RCS actions can range from work with the facility (to correct problems and ensure against repetition) to citation, fine, or stop placement. When appropriate, RCS can forward information to other agencies such as local law enforcement.

The facility is responsible to ensure safe and quality care for each resident. RCS holds the facility responsible throughout the complaint investigation process.

Federal and state laws, including state law at Chapter 74.34 Revised Code of Washington (RCW), include requirements for reporting and preventing vulnerable adult abandonment, abuse, neglect, exploitation, or financial exploitation. The department investigates individuals alleged to have abandoned, abused, neglected, exploited, or financially exploited a vulnerable adult.

Resident & Client Protection Program

In 1996, a unit within the department began investigating individuals associated with nursing homes alleged to have abandoned, abused, neglected, exploited, or financially exploited vulnerable adults. In 2006, a separate unit began investigating similar individuals in the Certified Community Residential Services and Support program.

The Resident and Client Protection Program (RCPP) unit conducts investigations of individuals alleged to have abandoned, abused, neglected, exploited and financially exploited a resident or client in the following programs:

- Nursing homes,
- Assisted living facilities;
- Adult family homes;
- Intermediate care facilities for persons with intellectual disabilities, and
- Certified community residential services and support.

The provider is required under licensure and/or certification requirements to keep the vulnerable adults under their care safe. The field units investigate whether the provider (or facility) has kept residents safe in accordance with the law. The RCPP investigates to see if it is more likely than not that an named individual working in those licensed and/or certified programs has abused or neglected those vulnerable adults.

Department investigations of individuals include allegations of rape, physical or verbal assault, neglect, and financial exploitation as well as cases of a more subtle nature such as resident intimidation, humiliation or harassment.

To date, over 634 investigations have been completed, resulting in findings against 112 individuals. RCPP is able to make an administrative finding where criminal convictions or licensing and/or certification actions can not be taken or are not appropriate. The names of those individuals are placed on a department list.

Nursing homes can not employ any individual found to have abandoned, abused, neglected, exploited or financially exploited a vulnerable adult. Other department licensed/certified programs can not hire these same individuals if they might have unsupervised access to vulnerable adults.

Fact Sheet:

Informal/Family Caregivers



The Value of Family Caregiving

What do caregivers have to say about the program?

“Without the Family Caregiver Support Program I would have been sunk.”

“No one who hasn’t cared for an aged, dementia-victim loved one, could possibly know how difficult it is.”

“If it had not been for in-home respite through the FCSP I would have had to place my parents. I wish I had heard about the program years ago.”

“Great connection, I don’t feel I am the only one who has these problems”

Family Caregiver Support Program

Unpaid family caregivers, totaling more than 850,000 in Washington (WA) State are the backbone of our long-term care system. They provide 80% of the services their loved ones need to remain at home for as long as possible. Their caregiving efforts in WA are the equivalent of \$10.6 billion annually in paid care.¹ About 25% of family caregivers in our state provide at least 40 hours per week of care. Statewide data also indicates that high-intensity caregivers are five times more likely than non-caregivers to have severely poor mental health.²

Supporting unpaid family caregivers keeps Washington families together and means less people need expensive long-term care placement or services. If family caregivers become unavailable, it’s likely that adults would need to access more costly in-home and residential services.

These caregivers need support to help prolong their ongoing caregiving activities as well as ensure their own mental and physical health stays intact while coping with related challenges. Cutting edge research demonstrates that it is critical to understand how a caregiver is feeling about their role in order to better tailor the support to their individual needs.³

The Family Caregiver Support Program (FCSP), established in 2000, is available in every county in WA and offers unpaid family caregivers tailored services and resources. In fiscal year 2012, a total of \$12.5 million dollars of state and federal funds supported this program. The FCSP also leverages other funding and makes use of informal supports. A total of 8,276 caregivers received one or more of the following services:

- Information about long-term care and caregiver support services
- Assistance in gaining access to supportive services
- Evidence-based assessment of caregivers' needs and care planning
- Caregiver support groups
- Caregiver training and education (increasing skill building and self-care)
- Counseling/Consultation services to cope with challenges
- Respite care services (in and out-of home settings) to provide breaks
- Supplemental Services such as bath bars and incontinent supplies
- Health and wellness referrals to cope with depression and medical issues

Family Caregivers reported:

"I wanted to let you know how much your program has impacted my ability to care for my mother."

"Thank you so much, I feel like a huge weight has been lifted off my shoulders."

"I could not handle caregiving without you and the FCSP."

"I am thankful for the FCSP program because I didn't know where to turn for help. I enjoy coming to the support group. It's an opportunity to get out and associate with others and also getting some self-care is a good thing."

The FCSP can make a difference in the lives of caregivers if they get the right supports at the right time....before it is too late!

For More Information

www.adsa.dshs.wa.gov/caregiving
or call 1-800-422-3263.

Tailored Caregiver Assessment and Referral (TCARE®)

Beginning in July 2009, the Aging and Disability Services Administration and the state's 13 Area In Agencies on Aging began incorporating an evidence-based screening/assessment and consultative care planning intervention, called Tailored Caregiver Assessment and Referral (TCARE®), into the Family Caregiver Support Program. Developed by internationally renowned caregiving expert, Rhonda Montgomery, Ph.D (University of Wisconsin-Milwaukee), TCARE® is designed to assess the stress, depression and burdens of unpaid family caregivers and recommend strategies and services that can best help those caregivers who are most burdened with their caregiving responsibilities. With TCARE®, caregivers are:

- Offered a broader service package through an individualized care plan;
- Provided more consistent services across the state;
- Educated and empowered to seek out available community resources;
- Provided the right service at the right time.

WA State participated in a national TCARE® outcome study in 2008-2009. The results indicate that the TCARE® process effectively reduces sources of caregiving stress and improves mental health outcomes for caregivers. Caregivers who participated in TCARE® had statistically significantly about the caregiving role) than caregivers in the control group who received "regular" services lowered stress, depression, relationship burden and identity discrepancy (how they feel without TCARE®. The family caregivers who received "regular" services, without the use of TCARE®, through the Family Caregiver Support Program, actually got worse in each of these measures.

Family Caregiver Support Program Caregivers and Care Receivers

The Legislature increased state funding for the FCSP for 2012 by \$3.45 million to serve 1,500 new family caregivers.

Caregivers who received services from WA State's FCSP in 2012:

- 36% have provided care for five years or more;
- 56% are over age of 60 and most are caring for their husband or a parent;
- 31% work full or part-time;
- 54% are caring for loved ones with Alzheimer's or a related dementia;
- 50% experienced a high level of depression;
- 45% rate their health as fair, poor, or very poor;
- 52% of caregivers would consider residential placement for their loved ones if the current caregiving situation worsens.

Care Receivers whose caregivers received services from WA State's FCSP in 2012:

- 40% look to be financially eligible for Medicaid Long Term Services & Supports (LTS) at the time of caregiver's initial assessment.
- 76% look to be functionally eligible for Medicaid LTSS.

National research indicates that family caregivers are a population at risk, as their caregiving can lead to impaired health, high levels of depression, stress and burn-out, and are ultimately at higher risk of mortality. The stakes of not supporting family caregivers are too high to ignore.

1. Feinberg, L., Reinhard, S., Houser, A. & Choula, R. (2011) Valuing the Invaluable: 2011 Update: The Growing Contribution and Costs of Family Caregivers, Washington DC: AARP Public Policy Institute
2. LeMier, Mary. (2008, October) Behavioral Risk Factor Surveillance System, Caregiver Analysis, WA State Department of Health
3. Savundranayagam, M., Montgomery, R. J. V., Kosloski, K. (2010, December). *A Dimensional Analysis of Caregiver Burden Among Spouses and Adult Children*, The Gerontologist