

Section C-2: EXPANDING AND STRENGTHENING SERVICES AND SUPPORTS THAT PREVENT OR DELAY ENTRY INTO MEDICAID FUNDED LONG TERM SERVICES AND SUPPORTS

Introduction

“A clever person solves a problem. A wise person avoids it.” Albert Einstein

There is a thought provoking statistic that provides some insight into how we avoid higher costs and improve quality of life. That statistic is this: the United States pays more for healthcare than anywhere else in the world and yet ranks among the bottom of the developed world for spending in social services such as food, housing, transportation and education assistance for example. (Politico, “Health Care’s Upstream Conundrum,” January 10, 2018, by David Freedman). When looking at return on investment opportunities, other developed countries have found that social service spending upstream, has downstream benefits for their population in lower health care costs and higher levels of quality of life.

Look at the investments of the Older Americans Act (OAA). The OAA funds Aging and Disability Resource Centers, senior nutrition, and transportation programs, but funding has not kept pace with inflation, let alone with the burgeoning number of older Americans. Investment in evidence-based prevention programs such as care transitions and falls prevention, as well as other evidence-based programs that provide education and service to our most vulnerable, has never received sustainable public funding. It is the antithesis of Benjamin Franklin’s observation, “an ounce of prevention is worth a pound of cure.”

With sustainability an issue, Washington State has considered innovations that look at the downstream benefits of upstream investments. One such innovation is investment in support of family caregivers and others who provide the unpaid assistance with personal care and other long term services and supports. More than just a benevolent practice, supporting the caregivers who save Medicaid and Medicare dollars also makes good fiscal sense.

In the latter part of the 1990s, Washington State developed a funding stream for State Family Caregiver Supports. In the early 2000s, the OAA followed suit and provided some Federal funding for caregivers of older adults, age 60+. Washington State’s funding differed in that it was almost four times greater than the OAA Family Caregiver funds allotted for the State. It also recognized that unpaid caregivers were providing care for individuals age 18 and older.

In Washington State approximately 80% of long term services and supports is provided by family members and other unpaid caregivers. Unpaid caregiving has an economic impact on families. Caregivers lose earning potential and are less able to save for their own retirement. Caregiving can also impact their ability to provide for their own children's needs. There is a toll on the health and life spans of caregivers. Caregivers compared to their non-caregiving age mates have much higher rates of morbidity and mortality.

If just 1/5th of unpaid caregivers in this state were no longer providing that care, it would cost Medicaid long term services and supports double what Washington State now spends. Caring for the caregiver helps to prevent or delay entry into Medicaid-funded Long Term Services and Supports.

Additional downstream benefits resulted from the paradigm shift to home and community-based care. Washington State's commitment to prevention of premature placement and to diverting individuals from costly Medicaid-funded services delivered in skilled facilities to more economical service delivery in community settings is paying off. This commitment to home- and community-based care, coupled with innovative strategies for supporting unpaid family caregivers, is part of why Washington State was ranked number one on the State Scorecard on Long-Term Services Supports (LTSS) for Older Adults, People with Physical Disabilities, and Family Caregivers compiled by AARP Foundation, The Commonwealth Fund, and The SCAN Foundation. The State's Medicaid costs, however, rank 34th in the US. Washington State is leading in providing quality services in a cost-efficient way. Its models have served as a blue print for much of the rest of the Nation.

ISSUE: Aging and Disability Resource Center (ADRC)

The ADRC provides older adults, individuals with disabilities, and family caregivers with the assistance needed to make informed decisions about their Long Term Service and Support (LTSS) needs. This may include person-centered options counseling during a personal interview; assisting with the identification of choices available (including personal, public, and private resources); facilitating the weighing of pros and cons of various options; assisting as requested and directed by the individual in the development of an action plan; assisting with connecting to requested services; and follow up. The ADRC provides information, referral, advocacy, person centered options counseling and dementia options counseling based on the individual's interest and needs.

The ADRC continues to build strong relationships in the service network community. Through this collaboration the service delivery system is stronger and able to reach more

of the vulnerable target population in our communities. Most prominent amongst these partnerships are the growing efforts with fire departments and emergency responders. These collaborations ensure that individual needs are met successfully and our approach is always built upon correct service at the correct time. This allows ALTC to address sustainability utilizing partnerships that promote shared responsibility vs each individual service organization working autonomously.

ISSUE: Care Transitions

The ADRC remains committed to continuing our efforts with the medical communities to spotlight the importance of broadening medical professional's definition of community and recognizing the impact of social determinants of health in order to facilitate more positive health outcomes. ALTC has staff trained in the Bridge Model throughout our eight-county service area, work collaboratively with hospitals and clinics to support a warm hand off to the ADRC for Bridge services (see description under Evidence-based programs).

ISSUE: Family Caregiver Support Program

One focus of the ADRC is to support unpaid family caregivers of adults with disabilities. Only about 1% of the unpaid family caregivers in this State are being reached. Unpaid family caregivers may be family or friends. Eighty percent (80%) of the care statewide is provided by unpaid family caregivers. This support impacts the economics and health impact of these families. Unpaid caregivers often do not realize they are "family caregivers," and they get help and assistance late in their caregiver journey when they are experiencing high levels of stress and burden. When caregivers get the support they need, it delays the use of Medicaid LTSS and improves their health.

Tailored Caregiver Assessment and Referral (TCARE) is an evidence-based tool that supports caregivers to identify where they are in their caregiver journey. Once a goal is identified, strategies to meet that goal can be discussed with the caregiver and services to support these strategies can be selected. The Family Caregiver Support Program is able to offer a wide range of services.

Respite in-home – Agency care providers assist care receivers with personal care and light housekeeping tasks, enabling family caregivers to attend to their own health, other personal needs, or to simply take time for themselves. Eligibility restrictions and a sliding fee scale apply.

Adult Day Services

Adult Day Care/Dementia Specific Day Care enables families of older persons to obtain

relief from constant care and provide isolated older persons with opportunities for socialization. The aim of this community based program is to meet the needs of adults with impairments through individualized plans of care. Services are designed to address the social needs of participants and their families for a safe, comfortable place to leave an adult 18 years or over with functional and/or mental disabilities on a regular or irregular basis. A day care program in Yakima specializes in dementia specific services which is offered twice a week.

Adult Day Health (ADH) programs offer supervised daytime activity with skilled nursing and rehabilitative therapy services available for those care receivers with more complex medical needs. This prevents or delays entrance into 24-hour care or reduces the length of stay in 24-hour care. The only ADH program in ALTC's service area is contracted with Benton Franklin Elder Services (BFES) in Benton County with administrative support from Trios Health Hospital. Participants from Pasco, Connell, and other smaller cities and towns nearby are also welcomed.

As with in-home respite there are eligibility restrictions and a sliding fee scale applies. ALTC contracts for adult day services.

Short-term respite – This provides in-home personal care to the care receiver by trained agency professionals while the caregiver is attending conferences, educational offerings, and trainings.

Housekeeping and Errands (H&E) – H&E assists caregivers with the upkeep of the care receiver's home and with those errands that caregiver cannot attend to due to caregiving responsibilities. There is no cost to the caregiver or care receiver for this service. Eligibility restrictions do apply.

Counseling – Sessions provide help with coping skills, communication, stress reduction, understanding the disease process, planning for the future, and family mediation. This is short-term and solution-focused.

One-on-one consultation – ADRC team members provide individual sessions with caregivers to discuss community resources, web-based information sources, and help caregivers find answers to difficult questions and situations. This support may include referrals to community services, advocacy, and follow up.

Educational opportunities – Caregivers are interested in training opportunities that support their ability to gain skills and knowledge. ALTC provides several opportunities including Powerful Tools for Caregivers; Early Stage Memory Loss Workshops (ESML);

Chronic Disease Self-Management Programs (CDSMP); and STAR-C (see description under Evidence-Based Programs)

Free in-home caregiver training – ADRC RN's offer instruction on basic nutrition, skin care, medication management, and safety techniques.

Support Groups – Caregivers learning from one another and sharing with each other are valuable sources of support. Each community has different opportunities and ADRC staff support the caregiver to navigate what is available in their own communities.

Environmental Modifications and Durable Medical Equipment – To assist a caregiver to safely provide care, there may be opportunities to provide support with minor home adaptations such as ramps, and widening doorways, and accessing durable medical equipment such as raised toilet seats, grab bars, and walkers.

ISSUE: Medicaid Alternative Care (MAC) and Tailored Supports for Older Adults (TSOA)

In 2017 Washington State introduced two new benefit packages that support people who rely on unpaid family caregivers. These services are part of the Medicaid Transformation Demonstration which is a five-year project that began January 2017. These new services build upon Washington's successful long term supports and service system (LTSS) and are modeled after our Family Caregiver Support Program.

MAC provides support to the person's unpaid family caregiver. This benefit enables unpaid caregivers to continue to provide care to their loved one and focus on their own health and well-being. TSOA is for individuals who currently do not meet Medicaid financial eligibility criteria but do meet functional criteria for care. They may or may not have a family caregiver. MAC and TSOA services include all services also provided under the Family Caregiver Support Program.

These new services have expanded ALTC's ability to reach family caregivers through funding that increased outreach in the form of television, theater, and print advertisements. Through these targeted efforts to reach family caregivers, our services have increased by 150%.

In Washington State family caregivers have long been recognized as the back bone of the long term care system. This growth inspires ALTC to continue its work while also recognizing that sustainability will require an on-going financial commitment, collaboration, and leadership.

Some of ALTC's Challenges and Barriers:

- Growing number of older adults
- Funding – OAA Title III-B and Senior Citizens Services Act (SCSA) are the primary revenue streams for the ADRC program. When there have been increases, they have been marginal at best. OAA and SCSA funding has not kept pace with inflationary costs and more new programs compete for these limited funds as well.
- Workload challenges – With every opportunity to better serve ALTC's communities with new programs such as care transitions, a focus on dementia care, and more in-depth service such as options counseling, staff experience an increased workload without the funding to support new positions. Lack of adequate numbers of ADRC staff to handle the increased work expectations has led to less involvement in many community events, networking and attendance at outreach events such as Senior Fairs.
- Staff retention – ALTC's ADRC staff have experienced significant turnover in the last several years. With the exception of one county, the majority of ADRC staff in each of its offices has been with ALTC less than three years. This has impact both externally in its ability to serve the public well and internally in its ability to work as a team utilizing expertise that develops over time.