

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 aged 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 two, overall on the [2023 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. Washington State is leading in providing services in a cost-efficient way. Its models have served as a blueprint for much of the rest of the Nation.

Current Goal: SE WA ALTC will expand and strengthen the service delivery system for those who need information, assistance, case management, navigation programs for older adults and adults with disabilities, and support services for the unpaid family caregiver.

ISSUE: Aging and Disability Resource Center (ADRC) and T-XIX Case Management

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. 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. We continue to provide outreach and information to include a focused effort in the medical community. Through 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.

Staff returned to their offices full time in September 2021, and offices were equipped to ensure mitigation efforts were able to be fully initiated, proper PPE was purchased for all employees to resume continuity of services.

ALTC continues to provide fall risk assessments and options counseling and support to those individuals who are referred by the three fire departments within Benton and Franklin County. We have adjusted our approach post COVID-19 with safety measures when needed; however, through partnerships we continue to assist these individuals to remain safely in their homes and to assist with accessing community based long term supports and services.

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).

Due to high hospitalization rates and an overburdened healthcare team, our Care Transitions program has assisted in transitioning patients from the hospital to their home by closely collaborating with discharge planners and coordinators at the hospital. As of September 2023, SE WA ALTC collaborates with five hospitals in our eight-county service area, in which our Care Transitions Coaches assist with a safe discharge transition. This program follows clients discharging home to provide individualized transition plans, review discharge instructions, identify additional service supports and reduce the client's likelihood of readmission. ALTCs collaboration with MultiCare Yakima Memorial includes

an agreement between MultiCare and Signal Health that supports payment of an ALTC case manager to be on-site with the MultiCare team to support hospital to home care transitions as appropriate.

ISSUE: Family Caregiver Support Program (FCSP) and other informal supports accessing services

One focus of the ADRC is to support unpaid family caregivers of adults with disabilities through FCSP, MAC, and TSOA services. 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 can 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.

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. Residents from Franklin County 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 unpaid caregiver is attending conferences, educational offerings, and trainings.

Housekeeping and Errands (H&E) – H&E assists unpaid family caregivers who have primary responsibility for the care of a functionally impaired adult 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); 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. A support group in Kittitas County managed to remain available and effective during the pandemic period and is gradually adding participants to pre-COVID amounts.

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.

Although initially family caregiver Respite and Housekeeping and Errands utilization dropped, from 2019 thru 2022 both programs grew by 19% and 18% respectively.

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 was 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. In June of 2023, the Centers for Medicare & Medicaid Services (CMS) approved Medicaid Demonstration Project (MTP) to continue for an additional five years.

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.

In Washington State family caregivers have long been recognized as the backbone 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.

Southeast Washington Aging and Long-Term Care is trying to make an impact in this area through:

- SE WA ALTC will ensure a robust service delivery network for Medicaid Alternative Care/Tailored Supports for Older Adults (MAC/TSOA) and Family Caregiver Services to provide a wide suite of services and meet the needs of unpaid family caregivers.

- SE WA ALTC will continue to grow the MAC/TSOA program to include at least 50% MAC/TSOA Dyads.
- SE WA ALTC will advocate at the legislative level for sustainability of the MAC/TSOA Program, capturing compelling stories to provide to legislators and advocating at W4A Day and Senior Lobby.
- SE WA ALTC will continue to build their partnerships with the local hospitals to establish a referral process for Care Transitions and grow this program to 50 Care Transitions in a year throughout our eight counties.
- SE WA ALTC is invested in providing both clinical and technical training opportunities for all team members. This training includes use of the Geriatric Health Care Series and includes specific opportunities to expand our knowledge and understanding of dementia in order to better serve this growing population.
- SE WA ALTC will continue to support new ADRC CMs and Information Specialists to obtain AIRS Certification within their first two years of employment.