



# Long-Term Care Task Force

## July 17, 2007

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1. Advance Planning & Access to LTC Information
2. Aging in Place
3. Informal Caregiver Support
4. LTC Financing
5. Coordination of Medical, Chronic Care, and LTC Services



# Advance Planning and Access to LTC Services

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Long-Term Care Task Force  
July 17, 2007



# Advance Planning and Access Policy Goal

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- Individuals should have access to information related to financial planning, estate planning, social security, and health care to plan for and pay for their long-term care needs.

# Advance Planning and Access

## Current programs

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### Information and Assistance Services

- Directs the public to appropriate agencies
- Arranges home visits
- Computerized database of over 7,000 community services
- Answers questions re financial eligibility for several Medicaid programs

# Advance Planning and Access

## Current programs

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### Aging and Disability Centers

- Established under the federal New Freedom Initiative
- Pierce Co Senior Information and Assistance received a grant for a center
- Gives elderly and adults with disabilities information, referral, and assistance for LTC and disability services

# Advance Planning and Access

## Current programs

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### State Health Insurance Benefits Advisors

- Volunteers help people access health benefits and plans
- SHIBA HelpLine educates the public about health benefits
- SHIBA will speak to groups about health insurance topics



# Advance Planning and Access Options to Achieve Policy Goal

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- Educate the public on the importance of planning for LTC needs
- Expand the Aging and Disability Resource Centers approach beyond Pierce County pilot site



# Aging in Place

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Long Term Care Task Force  
better strategies - better lives



# Aging in Place Policy Goal

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- Minimize the statutory and regulatory barriers to aging in place.
- It should be a priority of the state to encourage communities to establish policies and practices that support aging safely, independently, and with dignity.

# Aging in Place

## Current policies/programs

Setting	Number/Size of Facilities (Oct '06)	Number of Residents (Oct '06)	Medicaid Rate Range
Adult Family Home	2,482 licensed facilities Average 5.5 beds	3,927 state-funded residents 13,600 licensed beds	\$46.82 to \$88.89 per day
Boarding Home (Asst. Living, Adult Residential Care, Enhanced Adult Residential Care)	551 licensed beds Average 48 beds	6,448 state-funded residents 26,667 licensed beds	\$46.18 to \$103.88 per day
In-home	N/A	27,304 state-funded clients	\$9.24 to \$15.89 per hour Avg. Medicaid cost \$1,291 per person/month Oct '06
Nursing Home*	248 facilities Average 91 beds	11,602 state-funded residents 22,613 licensed beds	\$156.41 average per day

\*Nursing homes that are licensed and certified as long-term care facilities, and hospitals with long-term care wings



# Aging in Place

## Current policies/programs

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- Providers may not be able or willing to continue caring for clients as their medical, cognitive or behavioral needs increase, in light of current regulations and payment rates.
- Current nurse delegation statute presents barriers to an individual's ability to remain at home or in an adult family home, boarding home or assisted living facility.



# Aging in Place

## Options to Achieve Policy Goal

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- Create incentives to care for individuals with greater needs, such as additional funding for increased staffing, and rates tied more closely to resident care needs.
- Explore regulatory changes to require that boarding homes and adult family homes offer assistance with activities of daily living and intermittent nursing services.



# Aging in Place

## Options to Achieve Policy Goal

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- Revise the nurse practice act to allow delegation of injections.
- Revise Medication Assistance WAC (246-888) to allow assistance with filling a syringe, loading insulin pens, verifying dosage, etc.
- Review nurse delegation laws regarding tasks such as application of eye drops, prescription ointments, change in bandages or tracheal suctioning.



# Aging in Place

## Options to Achieve Policy Goal

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- Develop bundled services in high density service areas to allow more flexibility in meeting cognitive support and unscheduled task needs; e.g. cluster care models.
- Revise statutes to allow services such as adult day health to be provided in Continuing Care Retirement Communities.
- Add services to the COPES waiver to address behavioral support needs and crisis intervention.



# Aging in Place

## Current Community Policies and Practices

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- An estimated 97 communities in the state have become magnets for older adults.
- In these communities, over 20 percent of the residents are age 65 or older.
- The majority live independently.



# Aging in Place

## Current Policies and Practices

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- These clusters have been coined “naturally occurring retirement communities” or NORCS.
- These communities benefit from outreach and services that address the specific needs of residents.



# Aging in Place

## Current Community Practices

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- NORCs have had federal funding to provide social and health services, outreach, education, and information on healthy aging.
- Federal funds are limited.



# Aging in Place

## Current Community Policies and Practices

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- Other state projects address aging demographics:
- Snohomish County required all county departments to consider the impact of aging residents: public works, parks and recreation, airport, corrections, human services, city planning.



# Aging in Place

## Promising Community Practices

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- Puyallup participated in an intensive project to determine how “elder friendly” that community is.
- Older residents were surveyed on their needs for remaining independent in their neighborhoods.



# Aging in Place

## Promising Community Practices

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- **Discussions include:**
- Developing integrated/accessible public transportation
- Expanding senior information and assistance programs
- Increasing recreation opportunities to include indoor activity planning



# Aging in Place

## Promising Community Practices-continued

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- Assuring affordable housing
- Designing public infrastructure to accommodate seniors (signage, curbs, sidewalks, intersections)
- Consider walkability of retail core



# Aging in Place

## Options to Achieve Policy Goal

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- Provide funding for NORCs to support improved transportation and senior services
- Draft legislation implementing changes to GMA that support “livable community” objectives



# Aging in Place

## Options to Achieve Policy Goals

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- Authorize regional planning conferences focused on aging demographics
- Expand resources for improving senior information, including information on healthy aging
- Utilize tax policy to stimulate investment in livable community objectives



# Informal Caregiver Support

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# Informal caregiver support Policy Goal

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- It should be a priority of the state to establish a sustainable system that recognizes the central role of families, friends, and neighbors in providing long term care services, and to support their personal commitment through responsive policies and adequate funding.



# Informal caregiver support

## Current policies/programs

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Informal caregiving in Washington. In 2004:

- 600,000 informal caregivers;
- Provided 611 million hours of care;
- With an estimated market value of \$5.4 billion.

Nationally, 78% of people who receive long term care services at home depend exclusively upon unpaid family and friends.



# Informal caregiver support

## Current policies/programs

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Informal caregiving – nationally:

- Many caregivers of older people are themselves elderly, i.e. spouses.
- Most caregivers are middle age (35-64 years old). An adult child is most likely to be providing care to an older person, and almost 2/3 of caregivers are employed.

# Informal caregiver support

## Current policies/programs

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- Caregiving can negatively affect caregivers' physical and mental health.
  - Caregivers are a diverse group, with diverse needs to sustain their caregiving.
  - Most caregivers report having to rearrange work schedules, decrease hours or take unpaid leave to meet their caregiving responsibilities.



# Informal caregiver support

## Current policies/programs

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### Family Caregiver Support Programs in Washington state:

- State Respite Care Services Act (Chap. 74.41 RCW) (2000);
- National Family Caregiver Support Program (Older Americans Act) (2000);
- Developmental Disabilities Individual and Family Services Support Program (SB 5467) (2007).

# Informal caregiver support

## Current policies/programs

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State Respite Care Services Act & National Family Caregiver Support Program (DSHS/ Area Agencies on Aging):

- Services and supports for unpaid caregivers who care for elderly or physically disabled people.
- 2007 funding (state & federal): \$6.5m.
  - Budget adds \$1.2m per year for '07-'09.
- About 4,400 caregivers served – \$1,474 average annual per capita cost.



# Informal caregiver support

## Current policies/programs

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### Services provided in SFY 2006:

- Information & referral: 19,000 caregivers.
- Assistance with access to services: 4,400 caregivers.
- Support groups/ training: 4,800 sessions.
- Respite care services: 1,500 caregivers (means tested).
- Supplemental services, such as medical supplies/equipment, minor home modification, specialized transportation: 4,300 services.

Demand exceeds available funding for respite services and supplemental services.



# Informal caregiver support

## Current policies/programs

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### Kinship Caregivers Support and Kinship Navigator Programs

- Supports grandparents or other relatives who are caring for children by providing funding to meet children's needs, such as housing, food, clothing and supplies, and helping them access needed services.
- '07-'09 biennium:
  - Funding: \$3m

# Informal caregiver support

## Current policies/programs

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### Individual and Family Services Support Program (SB 5467) (2007).

- Supports unpaid and paid family caregivers for persons with developmental disabilities.
- '07-'09 biennium:
  - Funding: \$9.1m
  - Family caregivers to be served (anticipated): 3,200


# Informal caregiver support

## Current policies/programs

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### Individual and Family Services Support Program (SB 5467) (2007).


- Policy direction in SB 5467:
  - Eligibility based solely on need – no means testing;
  - Service priority levels with associated annual dollar amount, adjusted for inflation;
  - Relatively broad and flexible scope of services, for both caregiver and care recipient; and
  - Funding for one-time exceptional needs and emergencies for families not receiving annual grants.



# Informal caregiver support Options to Achieve Policy Goal

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- Integrate caregiver support information and services into all LTC information & assistance systems.
- Integrate caregiver needs assessment into the DSHS client needs assessment. Incorporate appropriate caregiver support services into each client's plan of care.



# Informal caregiver support Options to Achieve Policy Goal

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- Increase funding for informal caregiver support programs to better sustain informal caregiving. Expand the scope and extent of supplemental services offered.
- Authorize the use of direct funding or vouchers to informal caregivers for the purchase of respite or supplemental services.



# LTC Financing

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# LTC Financing Policy Goal

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- Washington's citizens should have access to affordable planning tools to enable them to plan and pay for their own long-term care needs.

# LTC Financing

## The Task Force Charge

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Assess public/private options for financing LTC including:

- Adequacy of personal savings and pensions;
- Availability of family care, including incentives and supports for families to provide care or pay for care;
- Creative community-based strategies or partnerships;
- Enhanced health insurance options;
- Long-term care insurance options;
- Life insurance annuities; and
- Reverse mortgage and other products that draw on home equity.



# LTC Financing

## Current policies/programs

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- More than 70% of LTC is currently provided informally & is unpaid
- Private planning is sporadic – done mostly by higher income people
- Most planning vehicles (LTC insurance, reverse mortgage, private savings, annuities) are unaffordable for many
- Medicaid provides the safety net for those who couldn't or didn't plan

# LTC Financing

## Current policies/programs

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- Some resources are available
  - 14% of WA citizens 65+ have LTC insurance vs. 7% nationwide (America's Health Insurance Plans, June 2004)
  - In 2004, about 76% of WA citizens 65+ owned a home with average equity \$242,000+. Reverse mortgage costs are similar to those of conventional mortgage. Origination fee averages \$5,000

# LTC Financing

## Current policies/programs

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- But some resources are limited
  - Average annual household income of WA adults w/disability & elderly = \$29,721 in 2004 (American Community Survey 2004)
  - Average annual Medicaid expenditure for LTC = \$17,000 - \$57,000 depending on setting – individuals will pay more privately. (DSHS Executive Management Information Summary 6/07)
  - Individual 65+ is expected to need 3 years of LTC in any setting.



# LTC Financing

## Current policies/programs

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- Medicaid “safety net”
  - Individuals must impoverish themselves to be eligible
  - Individuals/families may bear large financial & care giving burden before accessing Medicaid services
  - Once eligible, individuals participate in cost

# LTC Financing

## Current policies/programs

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- Context around Medicaid safety net
  - Basic SSI is \$623/month for a single person
  - Waiver or medical institution income = 300% SSI or \$1,869
  - Waiver or medical institution resource level =
    - \$2,000 single,
    - \$4,000 married w/both spouses receiving services
    - \$47,104 married w/one spouse receiving services



# LTC Financing

## Current policies/programs

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- May 2007 GAO report concludes that LTC Partnership Programs may not save Medicaid money
- LTC Partnership has been supported by NGA
- More than ten states have filed state plan amendments to offer LTC Partnership program.



# LTC Financing

## Options to Achieve Policy Goal

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- Washingtonians appear willing to purchase LTC insurance:
  - Work with Office of Insurance Commissioner to pursue NAIC model to improve LTC Insurance offerings.
  - Pursue LTC Partnership option through legislation
- Washingtonians have home equity resources
  - Work with NCOA, Fannie Mae, lenders to develop options for affordable reverse mortgages to allow individuals to remain in home and pay privately.



# LTC Financing

## Options to Achieve Policy Goal

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- Develop projects to disseminate information about potential need for LTC and how to plan.
  - Through existing systems: ADRCs, AAAs, SHIBA
  - Designate staff to work with employers, public or private groups
- Participate in national discussions about development of social insurance program



# **Medical, Chronic Care, and LTC Service Integration and Coordination**

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# Policy Goal – **Chronic Care**

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- Reduce complication of chronic illness and disability
- Reduce cost of care and increase the health and well-being of patients.



# Policy Goal – Falls Prevention

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- Reduce the incidence and severity of falls and fall injuries in older adults.

# Chronic Care

## Current policies/programs

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- **Medicaid:** 5% of patients incur nearly 50% of costs. Nearly all have one or more chronic illness.
- **Health Care Authority:** A small percent of UMP enrolled state employees incur a large percent of costs. Most of these patients have one or more chronic illness.
- **Primary Care Physicians:** Need help retooling practices to meet the needs of patients with chronic illness and disability.
- **Physicians treating injured workers:** Need help using evidence based methods to get patient back to work sooner.
- **Falls:** A costly and preventable complication of chronic illness; a cause of long term disability; a contributor to dependency and more costly care.

# Chronic Care Management Programs

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- **Evidence-based models** of care can:
  - Reduce complications from chronic illness
  - Improve health and well being of patients and
  - Reduce costs to the state and employers.
- **DOH:** 6 Collaboratives to help providers effectively treat patients with chronic illness
- **DSHS:** 5 sites for community-based long-term care clients, 2 vendors for other Medicaid clients.
- **HCA:** Working to better serve Uniform Medical Plan enrollees and their families.
- **L&I:** contracts with clinics that have received special training to better treat injured workers.
- **Pierce County Falls Prevention Coalition** plan to reduce avoidable falls and injuries



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# Refer to Chronic Care Management Matrix

# Options to Achieve Policy Goal – Chronic Care Model/Collaboratives

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- Increase # of Chronic Care Collaboratives
- Focus on hypertension, asthma (child and adult), depression and children with special health care
- If the evaluation under SB 5930 show effectiveness, expand DSHS chronic care programs.
- Include in Chronic Care Collaboratives:
  - Training
  - Technical assistance and
  - Incentives for primary care practices to serve Medicaid, Medicare and Basic Health Plan adults with chronic illness.
- UW graduate more PCPs who remain in state



# Options to Achieve Policy Goal – **Chronic Care Management**

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- Educate clients to improve self-management and maximize health status.
- Identify, use and involve community supports.

# Options to Achieve Policy Goal – Falls Prevention

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- Establish referral networks from hospitals to providers and services for seniors discharged after a fall.
- Increase provider and inter-agency referrals to community services.
- Develop Senior Falls Prevention Coalitions in each county
- Train primary care providers to screen older adults for falls risk factors and history of falls
- Educate health care providers, hospital discharge staff and aging providers on best practices for fall prevention
  - Access to vision checks
  - Home and environmental safety evaluations
  - Medication management and
  - Strength and balance exercise programs.



# Options to Achieve Policy Goal – Falls Prevention

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- Educate PCPs and billing specialists about Medicare reimbursement for falls risk factor assessment, evaluation and management
- Train First Responders (911), home health care and hospice providers on falls and fall prevention.
- Require trauma designated hospitals to have falls risk screening clinics and programs for older adults treated for fall-related injuries.
- Strengthen older adults' individual knowledge and skills through community education on fall risk factors and risk reduction strategies