

Aging and Long-Term Support Administration
050 - PL - ES - AAA - REDUCE HEALTH AND SAFETY RISK

Agency Submittal: 11-2017-19-YR Agency Req

Budget Period: 2017-19

SUMMARY

The Aging and Long-Term Support Administration (AL TSA) requests \$4,406,000 Total Funds (\$2,182,000 GF-State) to prevent abuse and neglect and reduce nursing home placements. The risk of harm to clients with significant levels of disability, isolation and frailty is increasing as Area Agency on Aging (AAAs) in-home case manager ratios climb. When case ratios climb, case managers are unable to do home visits, respond to threats to health and safety, or link clients to needed health, behavioral health and community resources in a timely manner. Lack of adequate oversight results in poor client health outcomes, unnecessary expensive institutional stays, gaps in caregiving, homelessness, and delays in identifying potential abuse, neglect and exploitation or Medicaid fraud.

PROBLEM STATEMENT

Ongoing case management for in-home clients is administered by local AAAs statewide after AL TSA staff do initial functional and financial assessments of people beginning Medicaid long-term care services. There are currently over 24,000 people in the very highest acuity group receiving Medicaid in-home assistance, which is more than twice the number of Medicaid clients in nursing homes. In this case, acuity means the need for assistance with activities of daily living, such as eating, dressing, bathing, toileting and mobility. The acuity of in-home Medicaid clients continues to increase (see chart on next page).

When case management is not providing regular oversight and in-person contact, vulnerable people living on their own are in danger. This can take a variety of forms. The following list consists of avoidable conditions and situations for in-home Medicaid clients that were discovered through 911 calls, Adult Protective Services investigations or hospitalizations:

- Septic infection;
- Chronic skin ulcers;
- Homelessness resulting from theft of resources and improper eviction; and,
- Individual Provider fraudulently sub-contracting caregiving to a third party.



DSHS VISION

People are healthy • People are safe • People are supported • Taxpayer resources are guarded

DSHS MISSION

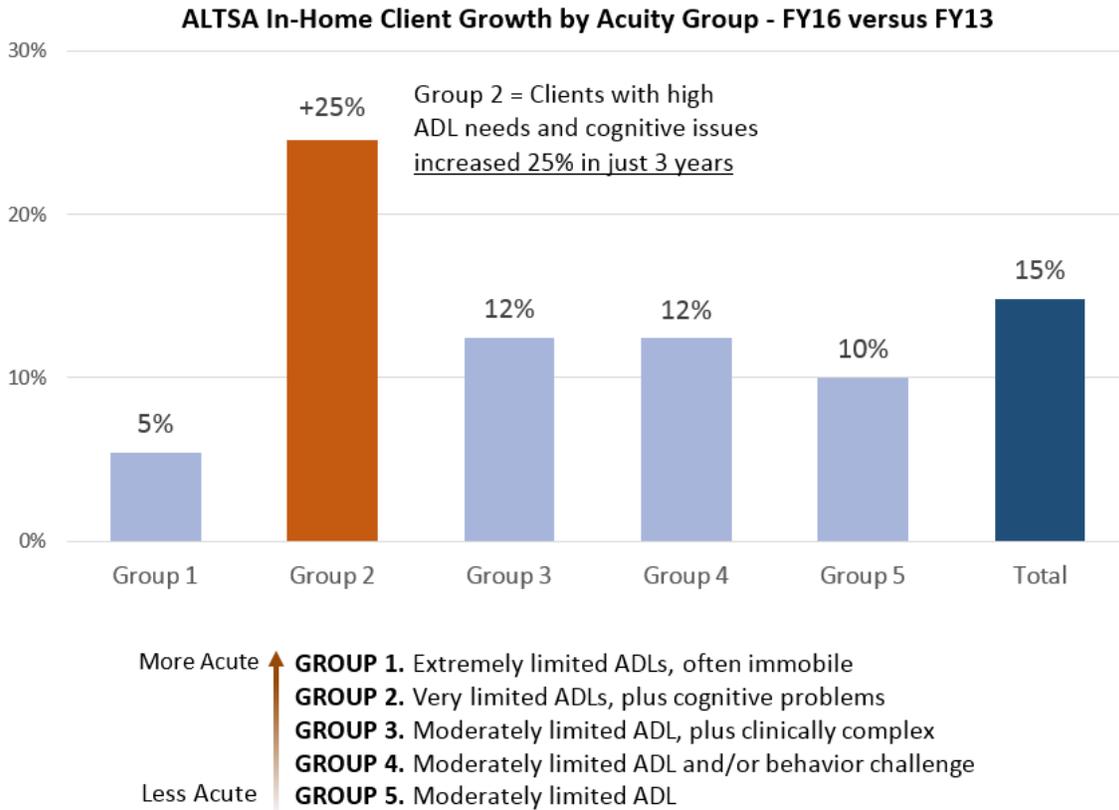
To transform lives

DSHS VALUES

Honesty and Integrity • Pursuit of Excellence • Open Communication • Diversity and Inclusion • Commitment to Service

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People at home with high ADLs and cognitive issues are the fastest growing group of clients



PROPOSED SOLUTION

Increase the health and safety of clients served in their own homes by providing \$4,406,000 Total Funds (\$2,182,000 GF-State) to increase the number of case managers and nurses at the AAAs available to serve vulnerable adults.

EXPECTED RESULTS

Improved in-home case management will increase oversight and face-to-face intervention with high-risk clients resulting in improved stability and health, reduced risk of institutional stays, homelessness, gaps in needed care and poor outcomes due to undetected abuse, neglect and exploitation.

STAKEHOLDER IMPACT

A wide variety of stakeholders support improved case management for vulnerable adults who receive personal care assistance in their own homes. These supporting organizations include:

- Area Agencies on Aging
- County governments
- Eldercare Alliance
- American Association of Retired Persons (AARP)

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OTHER CONNECTIONS

Performance Outcomes/Important Connections

1. Does this DP provide essential support to one or more of the Governor's Results Washington priorities?

Goal 4: Healthy & Safe Communities - Safe People - Help keep people safe in their homes, on their jobs, and in their communities.

2. The decision package meets the following DSHS' strategic objectives:

2.1: Ensure seniors and individuals with a disability who are in need of long-term services and supports are supported in their communities.

3. Identify other important connections or impacts below. (Indicate 'Yes' or 'No'. If 'Yes' identify the connections or impacts related to the proposal.)

a) Regional/County impacts? Yes, most AAA's are operated by a single or coalition of county governments.

b) Other local government impacts? No

c) Tribal government impacts? Yes. AAA's also provide case management services for clients who are members of tribes.

d) Other state agency impacts? No

e) Responds to specific task force, report, mandate or executive order? No

f) Does request contain a compensation change or require changes to a Collective Bargaining Agreement? No

g) Facility/workplace needs or impacts? No

h) Capital budget impacts? No

i) Is change required to existing statutes, rules or contracts? Yes. The contracted rate for AAA's would increase. No change to statute or rule.

j) Is the request related to litigation? No

k) Is the request related to Puget Sound recovery? No

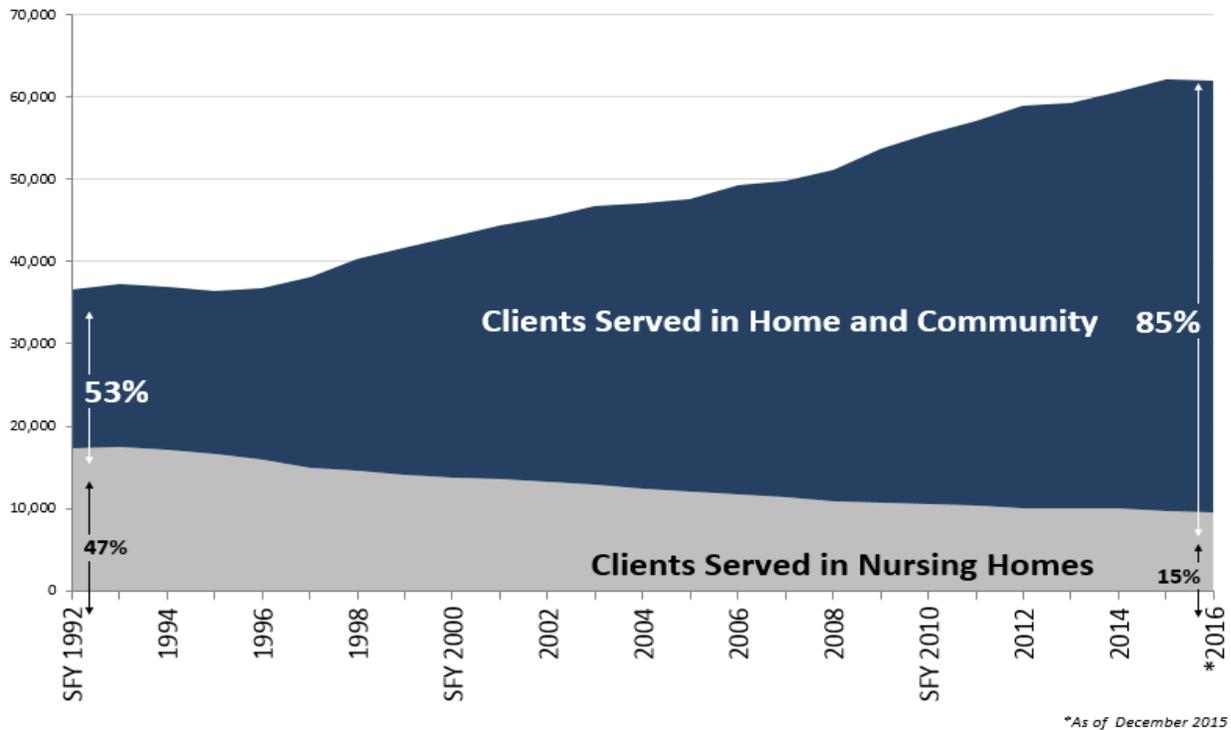
l) Other important connections?

Yes, case management is a crucial component of keeping in-home care as a safe, effective and cost efficient alternative to nursing homes.

4. Please provide a detailed discussion of connections/impacts identified above.

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Maintaining quality in-home care is central not only to client choice – people overwhelmingly prefer to stay in their own homes – but also to have viable alternatives to more expensive nursing home care. The rebalancing of Washington’s long term services and supports over the last 15 years has saved the state \$2.7 billion by avoiding more expensive nursing home care. The key is having a strong in-home care system, and case management is a key factor to be able to continue the trend of offering quality home and community care.



Alternatives/Consequences/Other

5. What alternatives were explored by the agency, and why was this alternative chosen?

One obvious alternative was asking for the balance of what was not funded in the 2015-17 Biennial Budget step for AAA case management, which would have been approximately \$20 million GF-State. While the need is still very similar, the solution now incorporates recognition of supervisors as well as case aides. The case aides perform necessary clerical and administrative functions, but do not cost as much as clinical professionals such as nurses and case managers.

6. How has or can the agency address the issue or need within its current appropriation level?

The agency does not have the resources to increase the rate paid to AAAs for case management.

7. Does this decision package include funding for any IT-related costs (hardware, software, services, cloud-based services, contracts or IT staff)?

- No
- Yes (Include an IT Addendum)

Fiscal Detail**050 - PL - ES - AAA - Reduce Health and Safety Risk**

Operating Expenditures	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>
001-1 General Fund-State	1,091,000	1,091,000	1,091,000	1,091,000
001-C General Fund-Medicaid	1,112,000	1,112,000	1,112,000	1,112,000
Total Cost	2,203,000	2,203,000	2,203,000	2,203,000
Staffing	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>
FTEs	0.0	0.0	0.0	0.0

Performance Measure Detail

Activity:	Incremental Changes			
	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>
Program: 050				
E052 Eligibility/Case Management Services	0	0	0	0
No measures submitted for package				

Object Detail

	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>
N Grants, Benefits, and Client Services	2,203,000	2,203,000	2,203,000	2,203,000
Total Objects	2,203,000	2,203,000	2,203,000	2,203,000

DSHS Source Detail**Overall Funding**

Operating Expenditures	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>	<u>FY 2021</u>
Fund 001-1, General Fund-State				
Sources Title				
0011 General Fund State	1,091,000	1,091,000	1,091,000	1,091,000
Total for Fund 001-1	1,091,000	1,091,000	1,091,000	1,091,000
Fund 001-C, General Fund-Medicaid				
Sources Title				
19TA Title XIX Assistance (FMAP)	1,112,000	1,112,000	1,112,000	1,112,000
Total for Fund 001-C	1,112,000	1,112,000	1,112,000	1,112,000
Total Overall Funding	2,203,000	2,203,000	2,203,000	2,203,000