

AGING & LONG-TERM SUPPORT ADMIN Unpaid Family Caregiver Support



2016 SUPPLEMENTAL BUDGET

Request	FY16	FY17	15-17
FTE	0	4.0	2.0
GF-State	0	\$6,875,000	\$6,875,000
Total	0	\$6,875,000	\$6,875,000

DECISION PACKAGE SUMMARY

Aging and Long Term Support Administration (AL TSA) requests four FTE program staff and \$6,875,000 GF-State to expand the Family Caregiver Support Program (FCSP) that will delay or divert individuals from entering the more expensive Medicaid long term care system. FCSP has been shown to reduce or delay the cost of people entering Medicaid by providing services such as respite, consultation and options counseling, training, equipment, and evidence-based interventions. It addresses the growth of the aging population and helps manage the state’s financial pressure from increasing demand for community based supports due to age, disability or dementia.

PROBLEM STATEMENT

Washington’s Age Wave is here, as illustrated by a 25 percent increase in the number of Washingtonians identifying as caregivers in a recent two year span. 830,000 caregivers provide services estimated worth \$10.6 billion/year compared to Medicaid LTC services of \$1.5 billion/year. If current demand for Medicaid Long Term Care (LTC) services matches the demographic increase, the state budget will be significantly impacted. Current funding levels for FCSP reach about one percent of Washington’s caregiver population each year. Due to the lack of dedicated program staff, the programs do not have a chance of expanding to meet the growing service needs of individuals.

A [report](#) issued by DSHS Research and Data Analysis in April 2014 found that caregivers who had greater access to an evidence-based caregiver assessment (TCARE®) and FCSP services helped families delay entrance to Medicaid LTC services by 20% as compared to caregivers who had more stringent eligibility program access. In addition, TCARE® service data (CY2013) shows that caregivers with any level of TCARE® intervention cut their risk of entering Medicaid LTC to less than half of those who did not receive TCARE®. A TCARE® data evaluation report from University of Wisconsin concludes that some caregivers whose care receiver did enter Medicaid did so because help came too late in the caregiver’s journey. Supporting caregivers earlier before stress, depression and burnout take its toll could give them the skills and support to continue caregiving in a longer, healthier way, with better outcomes for themselves and the people for whom they care. Approximately 40 percent of the FCSP service dollars go to respite for unpaid caregivers. Some investment is needed to upgrade the TCARE® system, connecting it to the state’s options counseling and client management system, thus allowing insights to and valuable data regarding effective interventions and outcomes.

Individuals who need supports and services including family members caring for them need access to unbiased options counseling. Many individuals have the ability to pay privately for help, but don’t know the best mix of personalized services and supports or how to access and pay for them. Lack of this information means they often spend more for



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services and supports than necessary and spend down to Medicaid earlier than they need to. Unbiased options counseling and assistance helps individuals understand their options and use their private resources most wisely to maintain independent living without resorting to Medicaid-funded LTC. Access to Chronic Disease and Chronic Pain Self-Management classes help individuals learn to take charge of improving their health and quality of life outcomes. Washington has a good federal grant-funded infrastructure built, but needs a modest state investment to sustain it.

People with dementia and multiple chronic conditions often present significant challenges for both family and paid providers. Evidence-based or evidence-informed interventions such as Memory Care and Wellness (MCWS), Enhance Mobility and STAR-C are pilot programs that have a positive impact on the health of individuals served, can offer a break from caregiving, and teach understanding and strategies to caregivers and clients. Current state funding for MCWS sustains small programs in two geographical areas. Federal grant funds for a third area have run out. Funding is needed to sustain and expand these programs to serve more families.

PROPOSED SOLUTION

The funding would expand FCSP services to roughly 5,500 additional caregivers and persons struggling without family caregivers support. Options counseling and direct assistance would be available to more people to understand options, plan for outcomes and access available resources (private and public) to meet long term care needs. Evidence-based programs would be sustained and expanded, providing staff training, service dollars and a dedicated program manager. The ratio of around 40 percent of the service dollars going to respite care would continue. The TCARE® IT update would make critical data upload between systems efficient and enhance usability and reporting.

In addition up to 40,000 more individuals may be briefly assisted with information and simple referrals while screening for those needing more in depth services. The dementia related Evidence-Based programs would have modest expansion and the Chronic Disease and Pain Self-Management programs will be sustained and more widely available. Exploration of new Evidence Based Practices will also be explored to improve the health and well-being of Washingtonians, helping them avoid needing Medicaid services in the future. IT enhancements would begin to release at the end of Fiscal Year 2017, making data entry and collection more efficient. The four dedicated staff positions would be divided into two focused on evidence based programs and interventions and two focused on family caregiver Access services.

EXPECTED RESULTS

The budget request supports DSHS Goal 4: Quality of Life – Each individual in need will be supported to attain the highest possible quality of life. This decision package is essential to implementing ALISA Strategic Objective 4.4 - Support families and informal caregivers that provide unpaid support to those in need and Objective 4.1 Ensure seniors and individuals with a disability who are in need of long-term services and supports are supported in their community.

This request supports the Results Washington Healthy People Goal 3.2.a: Increase percentage of long-term service and support clients served in home and community-based settings. This group of services will support more people to not only stay out of expensive institutional settings, but it will support them to delay or avoid reliance on Medicaid LTC funding. In addition to the bottom line of funding, this is a win-win prospect that will improve their quality of life.

STAKEHOLDER IMPACT

The counties, AAAs, senior advocates such as AARP, Eldercare Alliance and Senior Lobby; and disability advocates such as Centers for Independent Living, the TBI Resource Center, and PAVE are expected to strongly support fully funding this service package. There are no known opponents.