

AGING & LONG-TERM SUPPORT ADMIN

Reduce Institution Stays



2016 SUPPLEMENTAL BUDGET

Request	FY16	FY17	15-17
FTE	0	0	0
GF-State	\$0	\$2,145,000	\$2,145,000
Total	\$0	\$2,145,000	\$2,145,000

DECISION PACKAGE SUMMARY

The Aging and Long Term Support Administration (AL TSA) requests \$2,145,000 GF-State to increase the number of slots for individuals with significant needs who are not Medicaid eligible. There are currently 45 slots available, and this increase would serve an additional 27 long-term care clients and five additional Developmental Disabilities Administration (DDA) clients who are scheduled to lose services as they age out of foster care eligibility without a safe discharge option.

PROBLEM STATEMENT

The Legislature funded 45 slots to provide needed long-term services and supports to individuals with significant needs who are not Medicaid eligible. The program has a wait list of 27 individuals, and the average wait time for access is 14 months. An additional five clients currently served by DDA will need access to this program in the fiscal year or they will lose the services they currently receive. This is a critical program serving clients with heavy care needs who otherwise receive care in acute care settings because there is not a safe discharge option for them.

PROPOSED SOLUTION

Increase the funding for this program to serve an additional 32 people with long-term services and supports. This number of slots will get all those waiting in the hospital a slot and cover the number of clients aging out DDA. The average daily cost of long-term care services per client is estimated at \$207.09 per day. No additional staff are required to manage the increase caseload. The Health Care Authority (HCA) is submitting a companion request to fund the medical services for these clients.

EXPECTED RESULTS

An additional 32 people will continue to receive necessary care to continue living with serious conditions such as cancer, kidney failure and other chronic long-term medical needs that require long-term services and supports. They can be transitioned from hospitals where they currently are a cost to the hospitals as charity care. The waitlist for people needing the services will be reduced to nearly zero based on current demand.

STAKEHOLDER IMPACT

This solution is expected to be supported by the hospitals and disability advocates.



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