Transforming Lives

Revitalizing HCBS Rebalancing

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Washington State Department of Social and Health Services

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Transforming lives

Vision

Seniors and people with disabilities living in good health, independence, dignity and control over decisions that affect their lives.

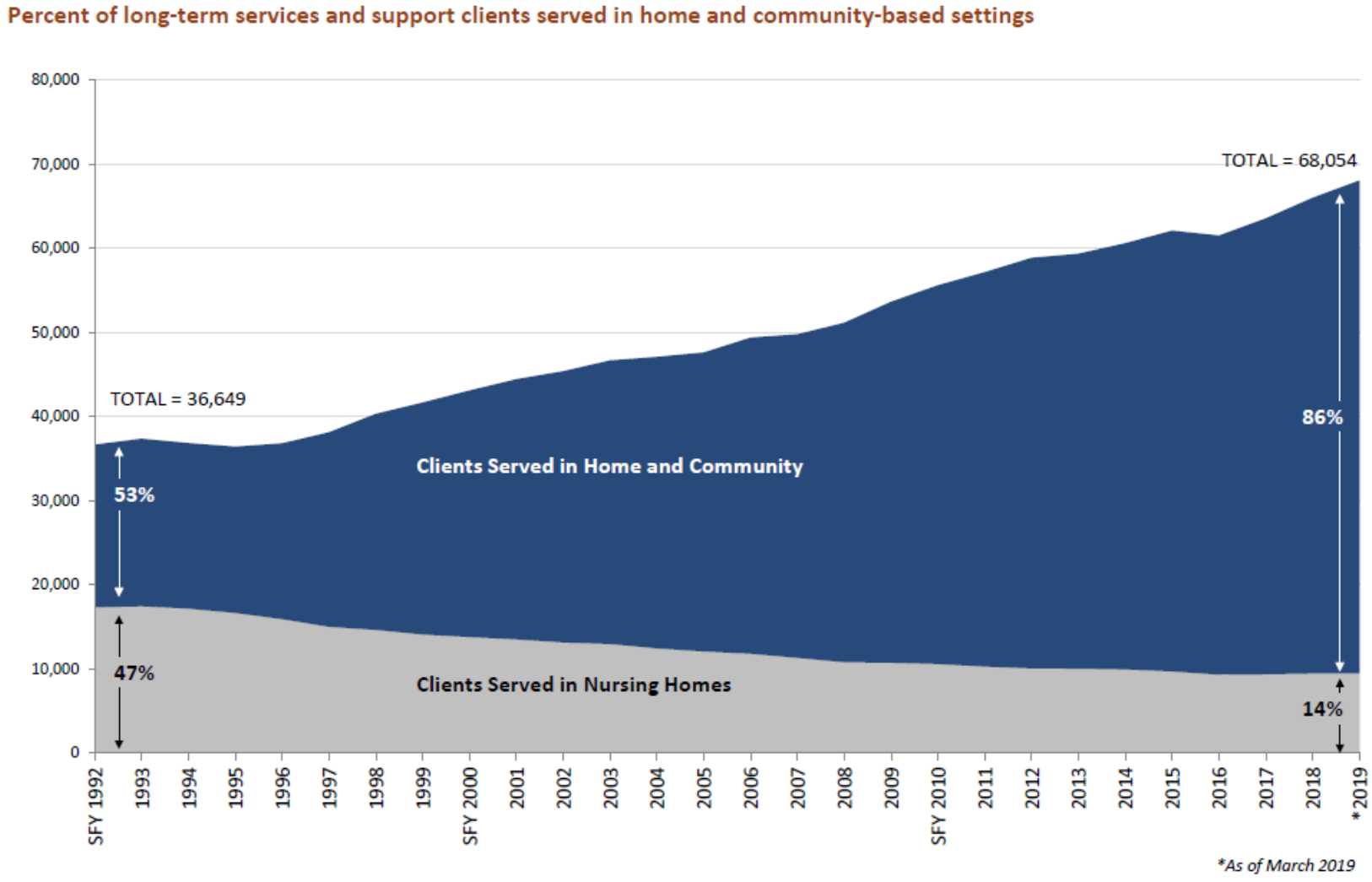
Mission

To transform lives by promoting choice, independence and safety through innovative services.

Values

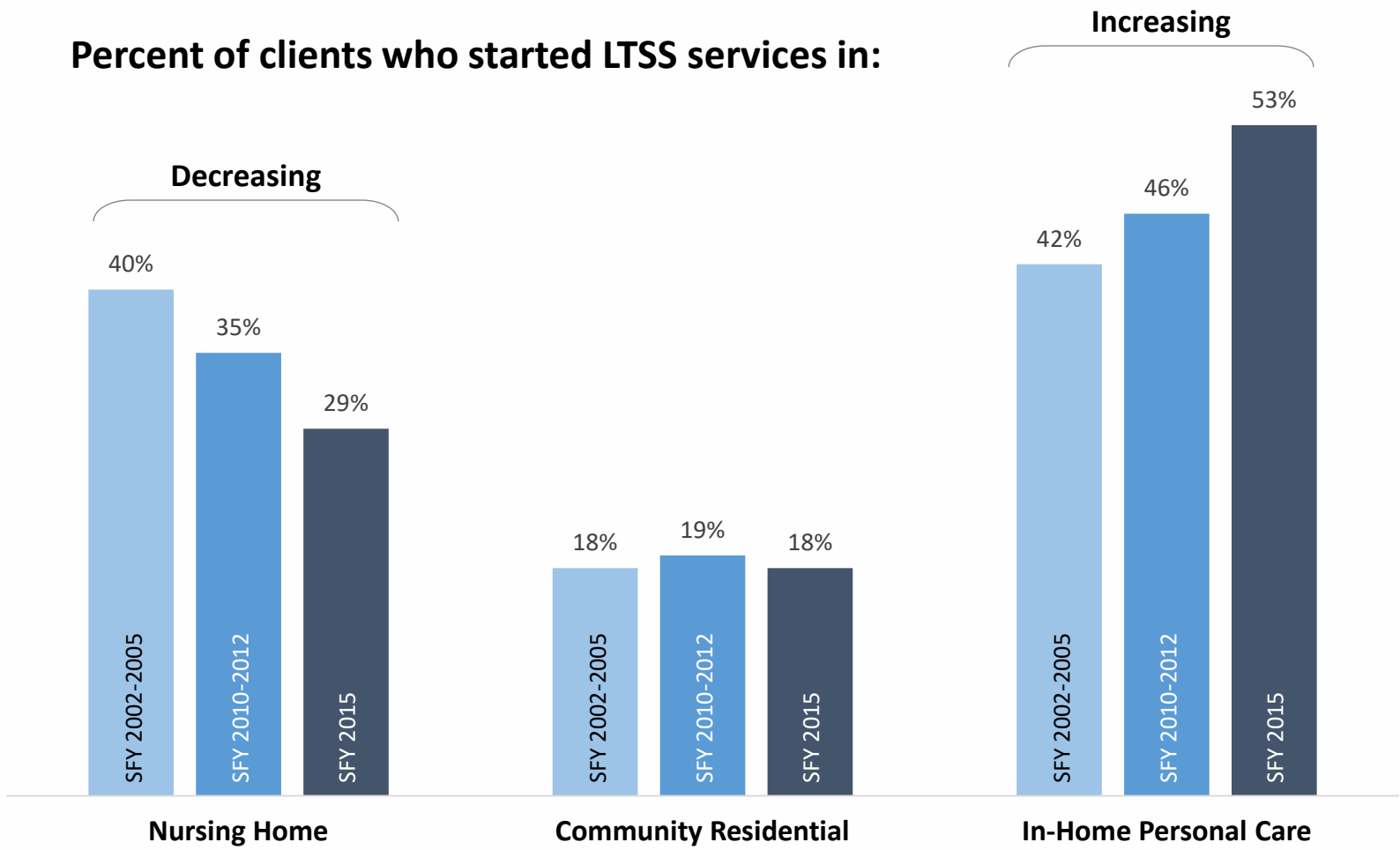
Collaboration, Respect, Accountability, Compassion, Honesty and Integrity, Pursuit of Excellence, Open Communication, Diversity and Inclusion, Commitment to Service

Washington's Rebalancing Outcomes



Initial Service Modality Is Increasingly In-Home Personal Care

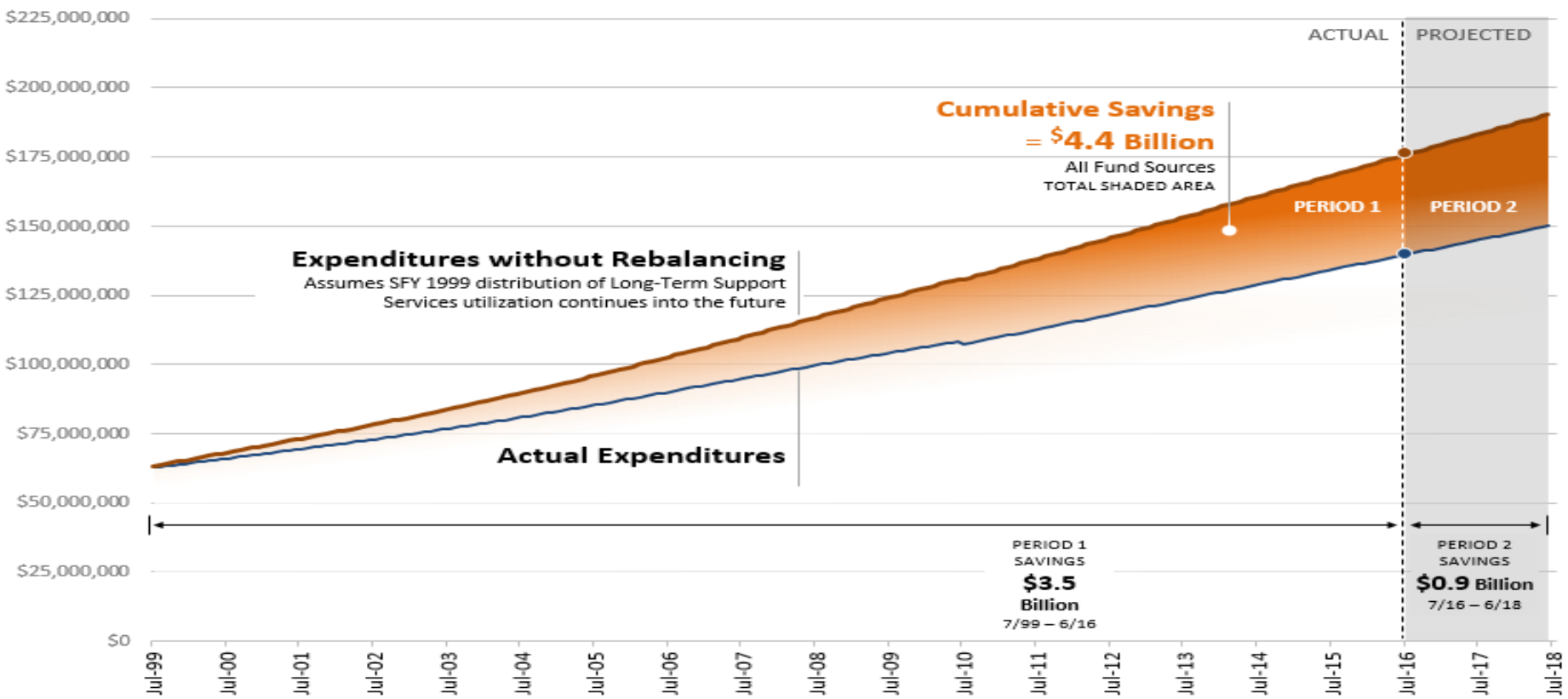
Comparison of cohorts starting LTSS services in SFYs 2002-05, 2010-12, and 2015



SOURCE: DSHS Research and Data Analysis Division, Integrated Client Databases.

Savings to Washington's Medicaid LTSS due to Rebalancing

Monthly Service Expenditures • All Fund Sources • SFY 2000-2018



DATA SOURCE: RDA EMIS. For In-home Services, RDA EMIS caseload data are adjusted to Caseload Forecast Council caseload data from July 2003 to January 2005.

What Strategies Do We Use to Achieve Rebalancing?

- Sustained effort
- The most important service is the one the consumer wants and needs
- Performance metrics and strategic plan
- Use of federal authorities and budget forecasting
- Staff with specialized roles
- Resource development of community providers
- Statute changes to support HCBS
- Statute changes/appropriations to reduce SNF capacity
- SNF Certificate of Need
- Housing
- Transitions and Diversions
- Presumptive Eligibility

Consolidated Administration and Budget Forecasting

- A single organizational unit in state government to plan, develop, and operate the long-term care system

- A single budget with flexibility and authority to spend on a varied array of services to meet consumer need and preferences

- Caseload and per capital expenditures are forecasted in the maintenance level budget

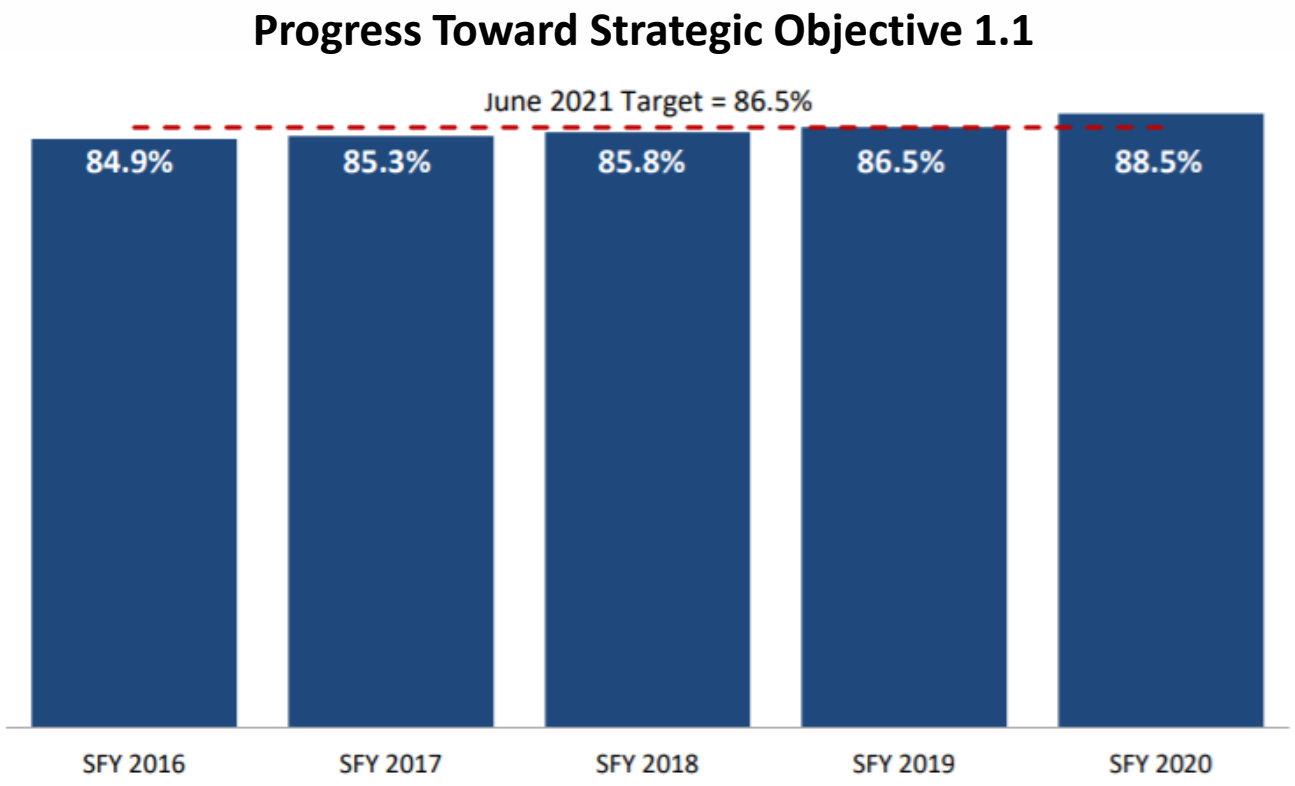
Specialized Staff and Contractors

- State Staff:
  - Determine initial eligibility, assessment and service planning for all LTSS
  - Assigned to every nursing home to ensure residents are aware of options and are provided with assistance to transition based on choice
  - Provide eligibility, assessment service planning & case management for clients choosing residential settings
- Area Agency on Aging Staff/Contractors
  - Ongoing eligibility, assessment, service planning and case management for clients choosing to live in their own homes

Strategic Objectives

Strategic Objective 1.1: Serve individuals in their homes or in community-based settings.

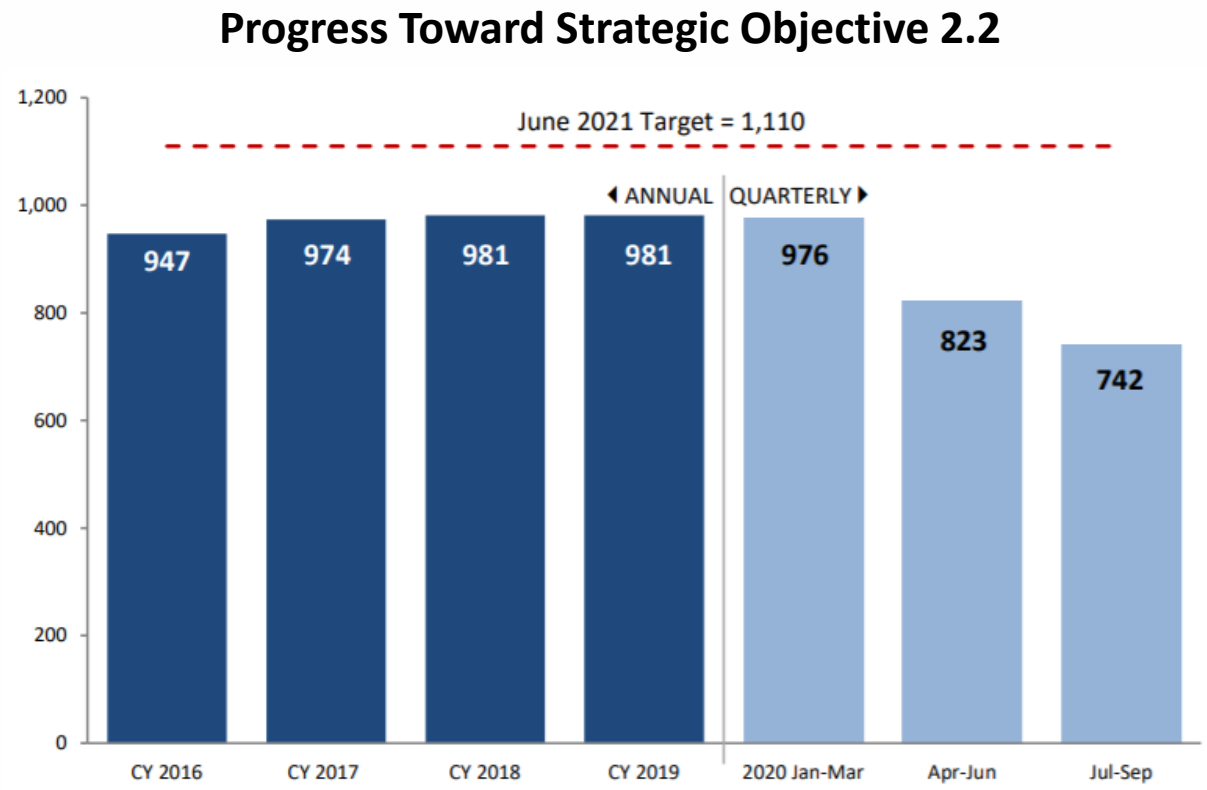
- Success Measure 1.1.1: Increase the percentage of LTSS clients served in home- and community-based settings from 86.3% in June 2019 to 86.5% by June 2021.



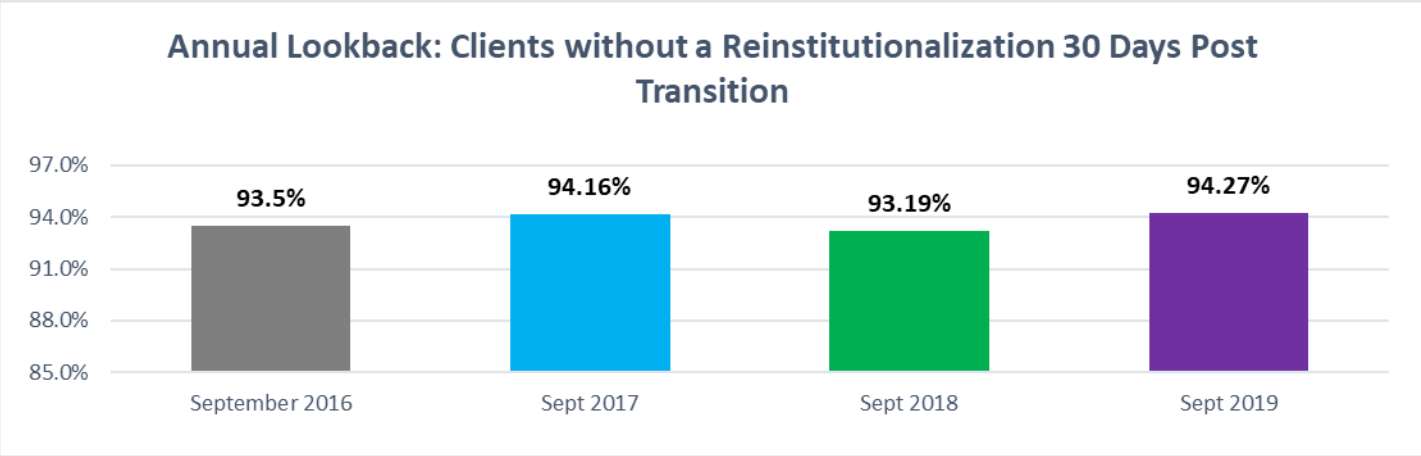
Strategic Objectives

Strategic Objective 2.2: Support people to transition from nursing homes to care in their homes or communities.

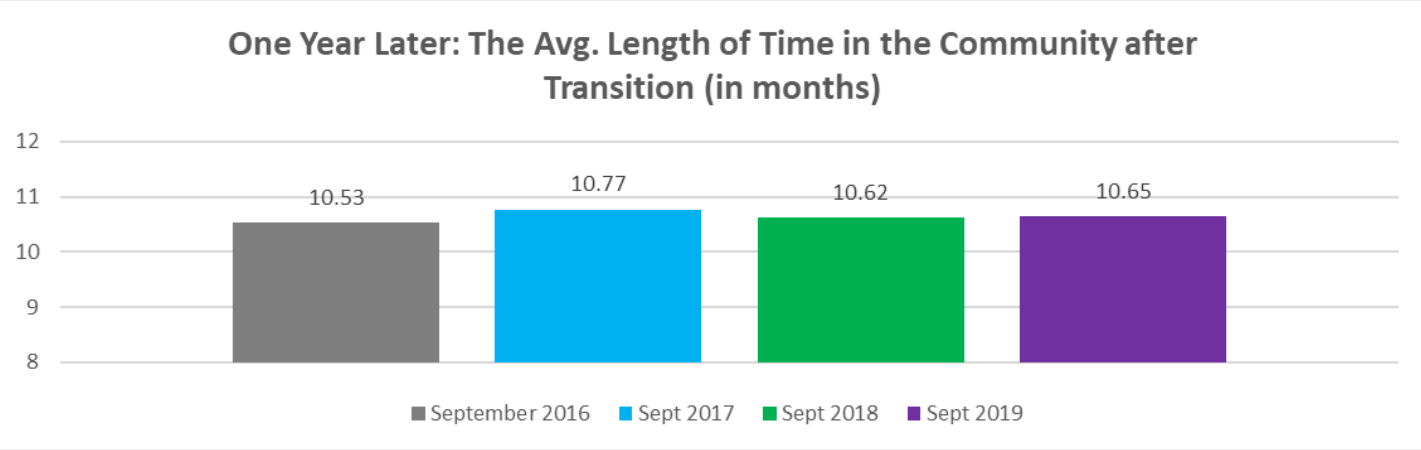
- Success Measure 2.2.1: Increase the quarterly average of nursing facility to community setting transitions from 950 in June 2019 to 1,110 by June 2021.



Strategic Measures -- Nursing Facility Transitions: Community Length of Stay

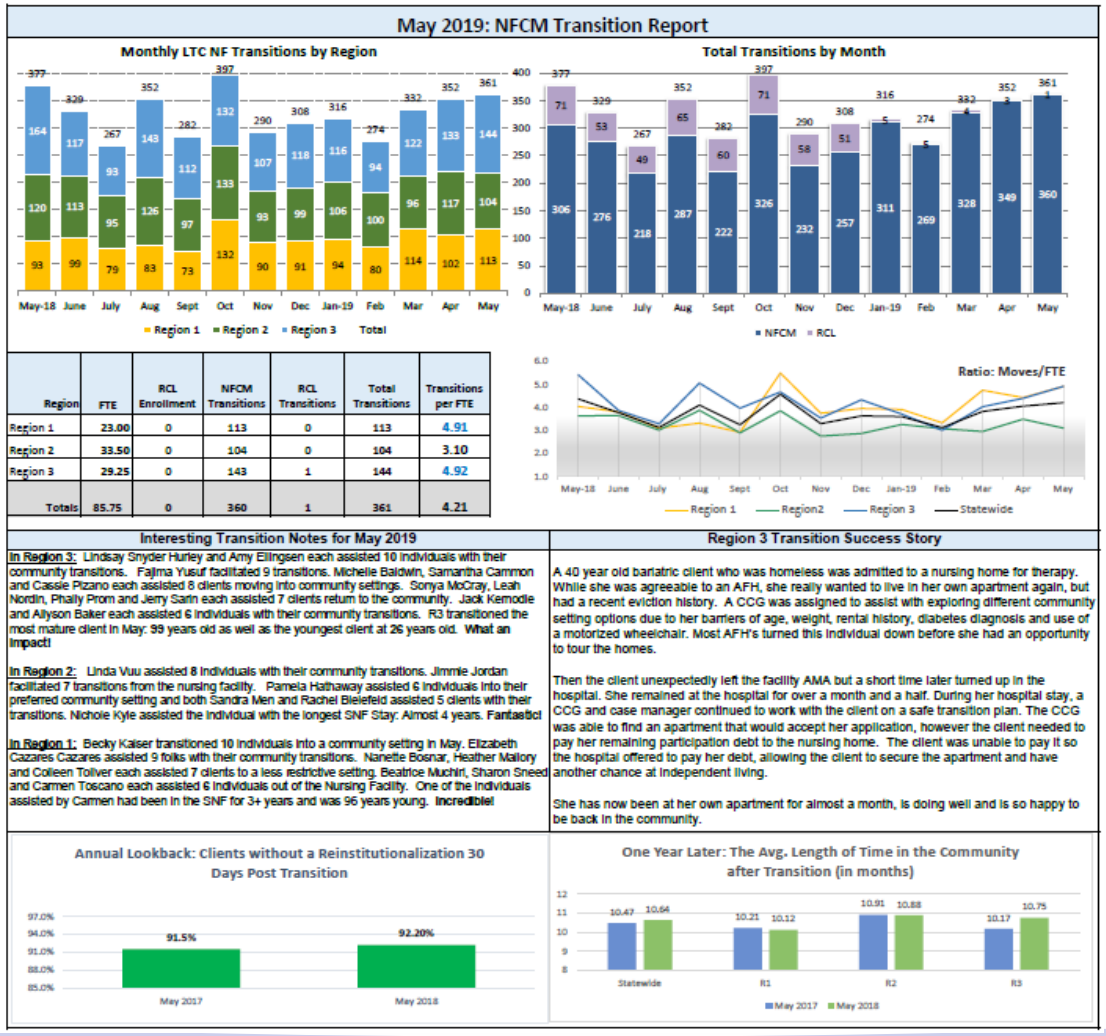


- Transition without Reinstitutionalization: 94% or greater



- Length of time in the community after transition: 10.75 months or greater

Nursing Facility Transition Monthly Reporting



Region	FTE	RCL Enrollment	NFCM Transitions	RCL Transitions	Total Transitions	Transitions per FTE
Region 1	23.00	0	113	0	113	4.91
Region 2	33.50	0	104	0	104	3.10
Region 3	29.25	0	143	1	144	4.92
Totals	85.75	0	360	1	361	4.21

- Monthly nursing facility case management transition report shows month-to-month transitions, broken down by region.
- It provides success stories and transition notes for regional staff and leaders involved in transitions.
- Report on community length of stay

Use of Medicaid Authorities to Create HCBS Entitlement & Innovations

Medicaid State Plan

- "Entitlement"
- Mandatory & optional services
- Statewide
- No cap and no targets
- ~81% of the ALTSA budget

Nursing Home

Community First Choice

Medicaid Personal Care

PACE

Medicaid Waiver

- Optional Services
- Not an "entitlement"
- Can be capped/targeted
- ~3% of the ALTSA budget

COPES

Residential Support

New Freedom

Medicaid Transformation

Other

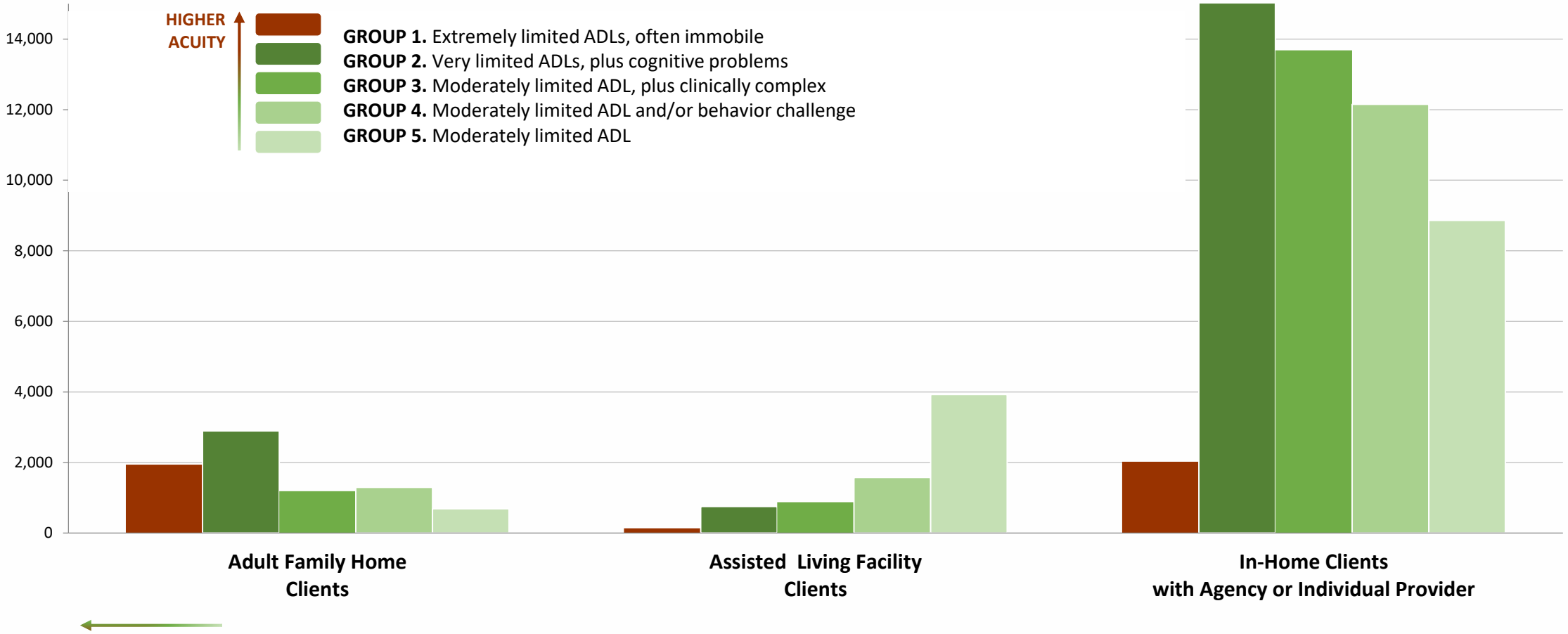
- State Only
- Federal Only
- ~4% of budget

Family Caregiver Support

Senior Citizens Services Act

Older Americans Act

High Acuity Clients Are Served in All Community Settings

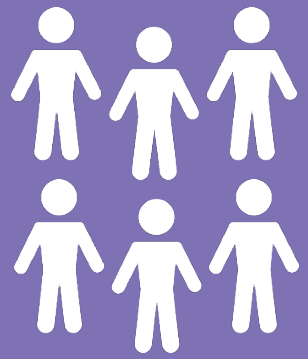


Source: CARE data as of June 30, 2020 snapshot, combined clients of ALTSA and DDA.

Who is the Self-Directed Workforce?

They are hired by Medicaid clients to assist with personal care needs.

They are contracted by the state as personal care workers.



There are **46,000** individual providers in Washington state.

About **70%** of them are related to the person they serve.

Strategies for Supporting Caregivers

State and Older Americans Act

- Caregiver Assessment & Services for Unpaid Caregivers
- Kinship Caregiver Navigators and Services
- Use of evidence-based models

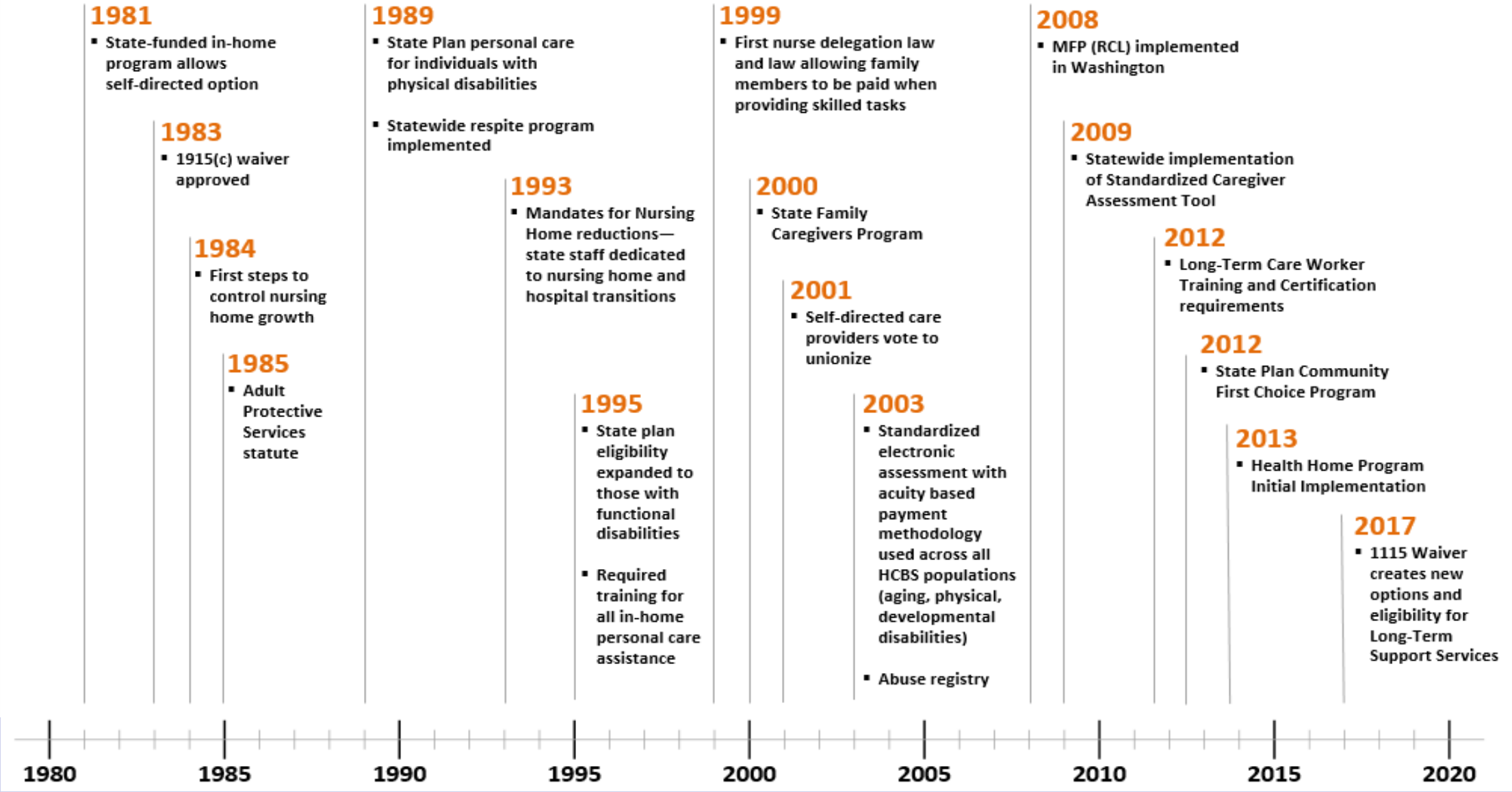
Medicaid Services

- Allow family caregivers to be paid in Medicaid programs
- Allow family caregivers to administer medications and provide skilled services
- Allow nurse delegation
- Paid training
- Provide care coordination and transition supports

Statutes Supporting Caregivers

- CARE Act & Family Care Act
- Paid Family Medical Leave Act
- Long-Term Care Trust Act

Timeline of Rebalancing Innovations



Reductions in Nursing Facility Capacity

SFY 2016
Peak Providers: 224
Peak Beds: 21,250

SFY 2020
Peak Providers: 214
Peak Beds: 20,468

SFY 2025 (Projected)
Peak Providers: 202
Peak Beds: 19,491

Incentives to Reduce Nursing Facility Capacity

- Nursing facilities can “bank” bed capacity for future use. By doing so, they can avoid going through the Certificate of Need process.
- Nursing facilities can convert to assisted living facilities and receive enhanced rate.

Nursing Facility Certificate of Need

- **If state has 40 or more countable nursing home beds per 1,000 people aged 70 and above, nursing home bed need is considered "met."**
- **If below estimated bed need, Certificate of Need process requires Dept. of Health to determine need for nursing home beds, based on other services in planned area, including:**
  - Assisted Living, Adult Family Home
  - Hospice, home health and home care
  - Formula developed to equate HCBS alternatives to nursing homes

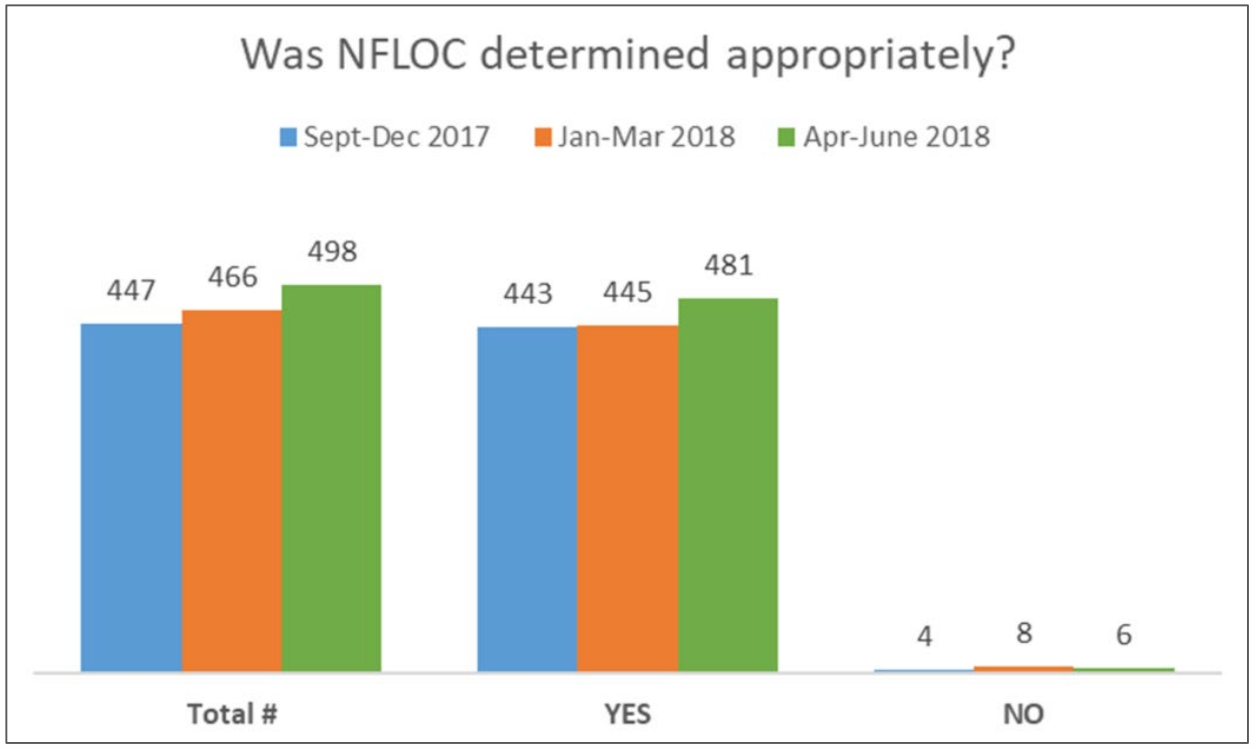
Housing Supports

We support clients to live in their own homes by:

- Partnering with housing authorities
- Supplying housing vouchers and rental subsidies
- Partnering with landlords and housing developers
- Providing supportive housing services through 1115 waiver
- Paying for community transition supports, environmental modifications

Streamlined Eligibility & Diversion Activities

- Presumptive eligibility in 1115 waiver proved to be successful
- Providing family caregiver supports
- Targeting at-risk populations



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Thank you!

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