

Senior Lobby Annual Conference

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Long-Term Care System Reform: How it developed and why

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Washington's Mission and Value Based Long-Term Care System

- ▶ Persons needing long-term services and supports:
 - ▶ Should be entitled to maximum feasible choice/participation in selecting care settings and providers.
 - ▶ Have the right to expect “quality of life” personal dignity, maximum feasible independence, health , security and quality of care.

DSHS Aging and Long-Term Support Administration (ALTSA)

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

We Value

The Pursuit of Excellence, Collaboration, Honesty, Respect, Open Communication, Diversity, Accountability, and Compassion



In the Beginning...

- ▶ Not much interest from executive or legislative branches of government.
- ▶ Aging, Disability, and various other long-term care services were scattered in several different bureaus and divisions of the Department of Social and Health Services all with separate philosophies, budgets, and funding streams to serve those in need of long-term care services.
- ▶ Very little communication and real coordination in operating, funding and serving those in need of long-term care services.
- ▶ State staff's core value system supported the development of quality options for those in need of long-term services and supports.

Major Factors

▶ Federal Milestones:

▶ 1965

- ▶ Older Americans Act
- ▶ Civil Rights Act
- ▶ Medicare and Medicaid Created

▶ 1990

- ▶ Americans with Disabilities Act

▶ 1999

- ▶ Olmstead ruling in U.S. Supreme Court

Many groups and organizations made a difference

- ▶ Senior Lobby
- ▶ State Council on Aging
- ▶ Consumers and Their Families
- ▶ AARP
- ▶ Area Agencies on Aging
- ▶ Governor's Committee on Disabilities and Employment
- ▶ Centers For Independent Living
- ▶ Disability Rights Washington
- ▶ Various provider groups, homecare agencies, nursing homes, adult family homes, assisted living, SEIU, and other community services

Creation of the Aging and Adult Services Administration (1986)

- ▶ Combined three bureaus and put them under one agency (DSHS):
 - ▶ Bureau of Aging and Adult Services
 - ▶ Bureau of Nursing Home Affairs
 - ▶ Bureau of Community and Residential Services
- ▶ Put all the long-term care services in one place in state government with a single flexible budget and policy setting responsibility for all long-term care services.

1995 Major Rebalancing of the Washington Long-Term Care System

- ▶ Legislative Budget Proviso directed AASA to develop a report on how to reduce the rate of growth in the long-term care services budget
- ▶ Single point of entry for consumers that includes financial and programmatic eligibility for a wide array of long-term care services.
- ▶ Case Management System with the capacity to provide quality assurance required by state and federal government.
- ▶ Division of labor between state employees and Area Agencies on Aging -state employees provided initial comprehensive assessment and case management in community residential settings and nursing homes. Area Agencies provided ongoing case management for home care consumers including reassessments
- ▶ Regulation of adult family homes and boarding homes (Assisted Living) incorporated into AASA's Residential Care Services Division
- ▶ Mandate to reduce the Medicaid nursing facility census

1995 Major Rebalancing of the Washington Long-Term Care System



- ▶ The nursing home reimbursement system was revised to no longer cover all the costs related to nursing home bed vacancies
- ▶ Created the ability for nursing home to bank beds they were not using.
- ▶ Nurse delegation was implemented initially in community residential settings
- ▶ The system now offers cost effective home and community-based options that cost less than institutional care and are mostly preferred by consumers.
- ▶ High acuity consumers are served in all community settings.

Other Major Factors Impacting the Evolving Washington Long-Care System

- ▶ SEIU and the Home Care Quality Initiative in 2001 which brought about improved wages and benefits for home care workers
- ▶ Long-Term Care worker training and certification
- ▶ Unionization of adult family homes
- ▶ Community 1st Choice Medicaid state plan options
- ▶ 1115 waiver creates new options for eligibility and service packages
- ▶ Legislative Committee on Aging and Disabilities
- ▶ Long-Term Care Trust Act
- ▶ Behavioral Health
- ▶ COVID-19

Why Washington's System is better than most other states... And what most States don't have:

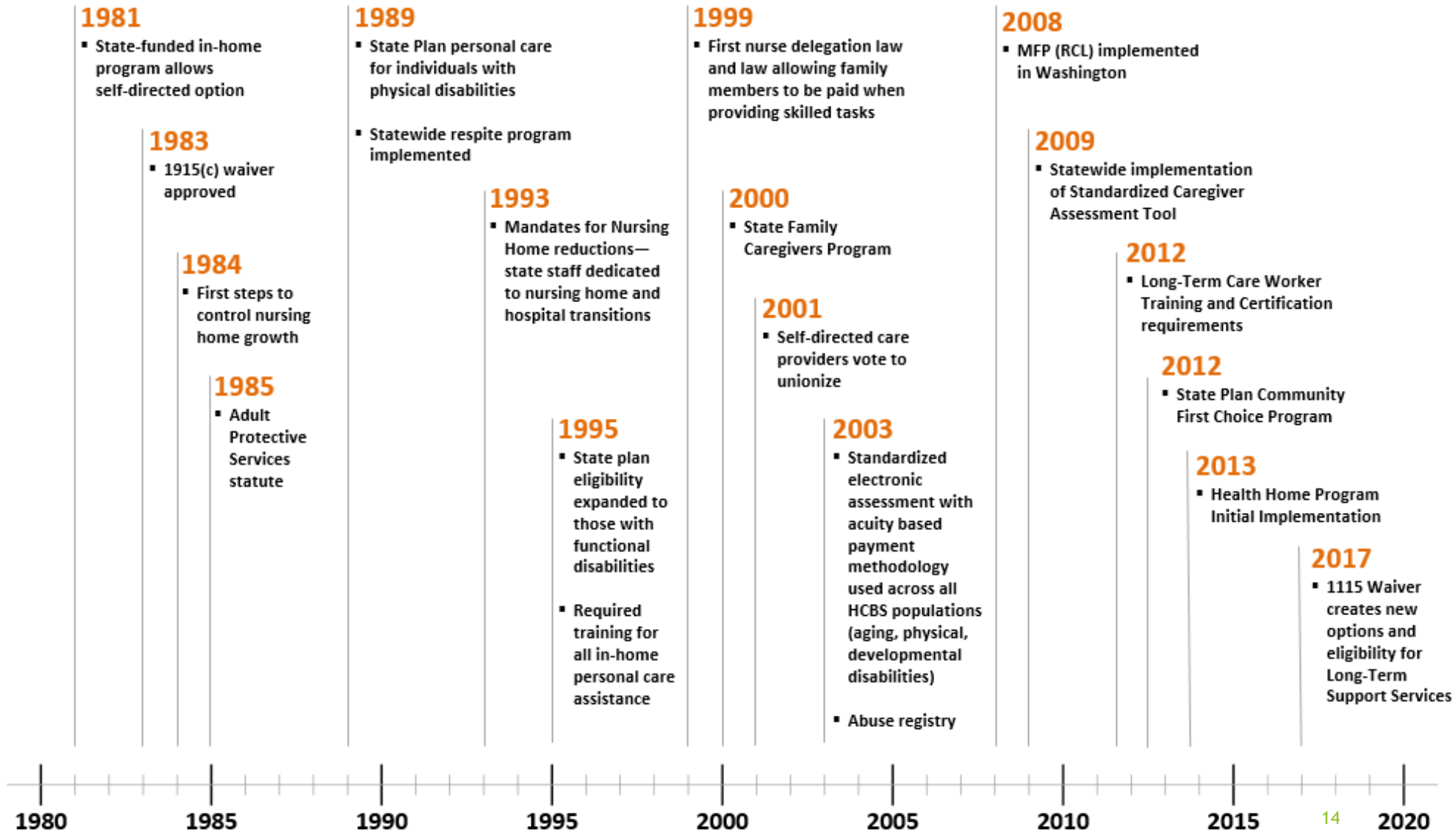
- ▶ A clear vision that consumer choice should drive the long-term care system.
- ▶ A belief that quality of life is as important as quality of care.
- ▶ A belief that no one service is more important than another service. The most important service is the one the consumer wants and needs.
- ▶ A single 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.

Why Washington's System is better than most other states... And what most States don't have:



- ▶ A fast, timely, and standardized way to assess financial and functional eligibility.
- ▶ A case management system with capacity to provide assistance and oversight to consumers and their families.
- ▶ Leveraging of integrated data systems to drive decision making.
- ▶ A process for assuring quality oversight throughout the system.
- ▶ A well organized, articulate, sophisticated group of consumers/families and providers who advocate for the long-term care system.
- ▶ A process for resource development that meets the consumer demand.

LTSS Program Innovations

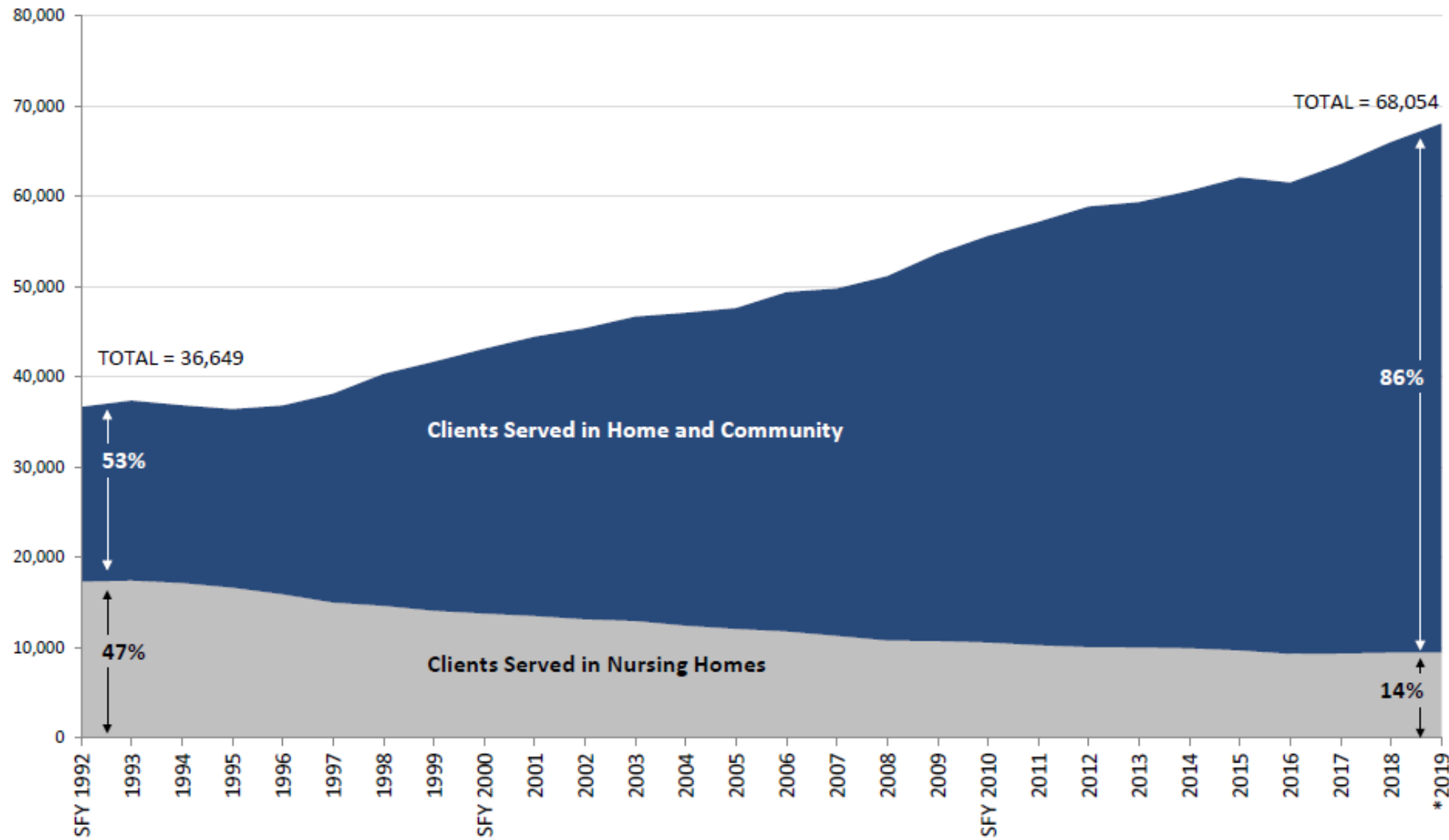


And it still works!

Where do clients receive care?

...some in nursing homes, but most in the community

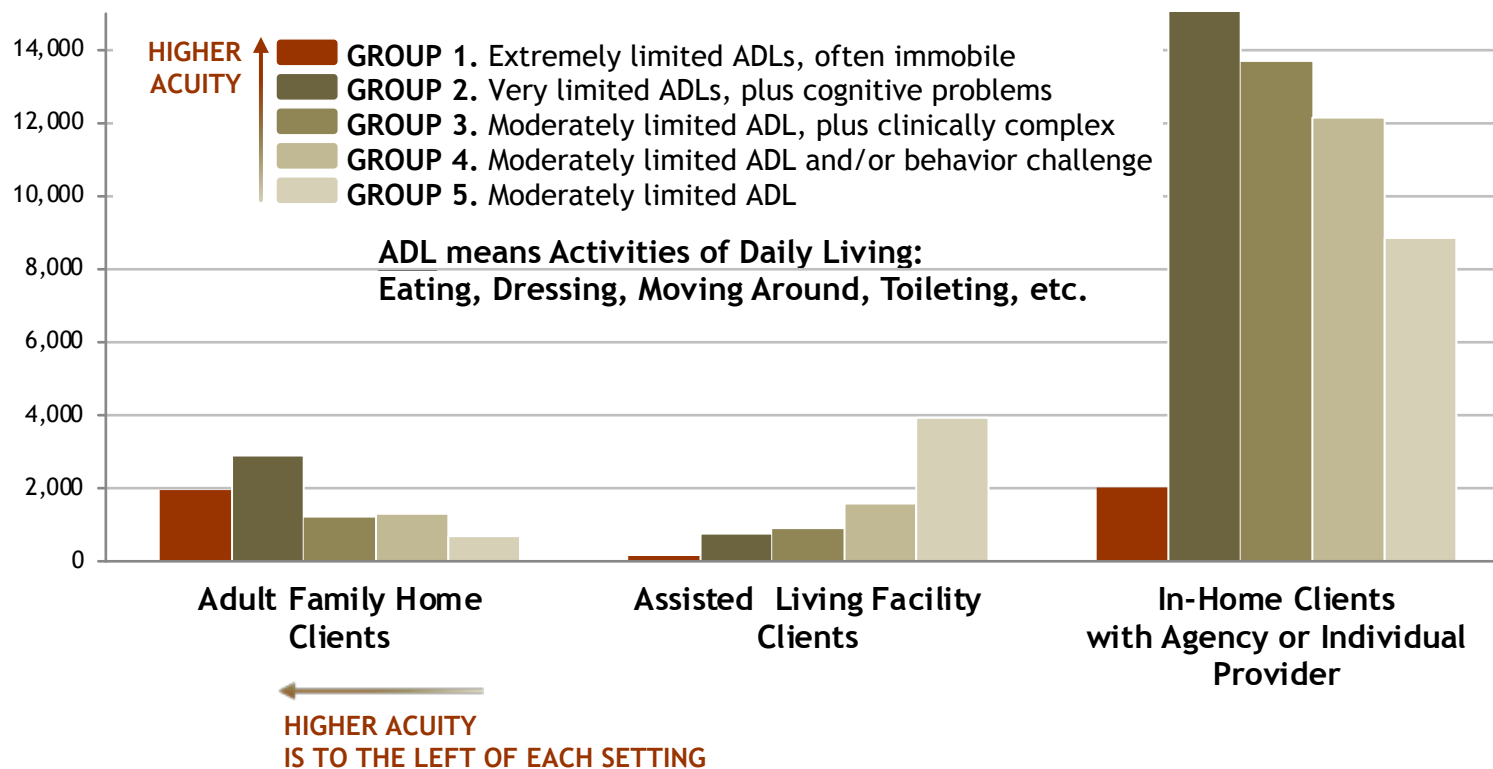
Percent of long-term services and support clients served in home and community-based settings



*As of March 2019

High Acuity Clients are Served in *All* Community Settings

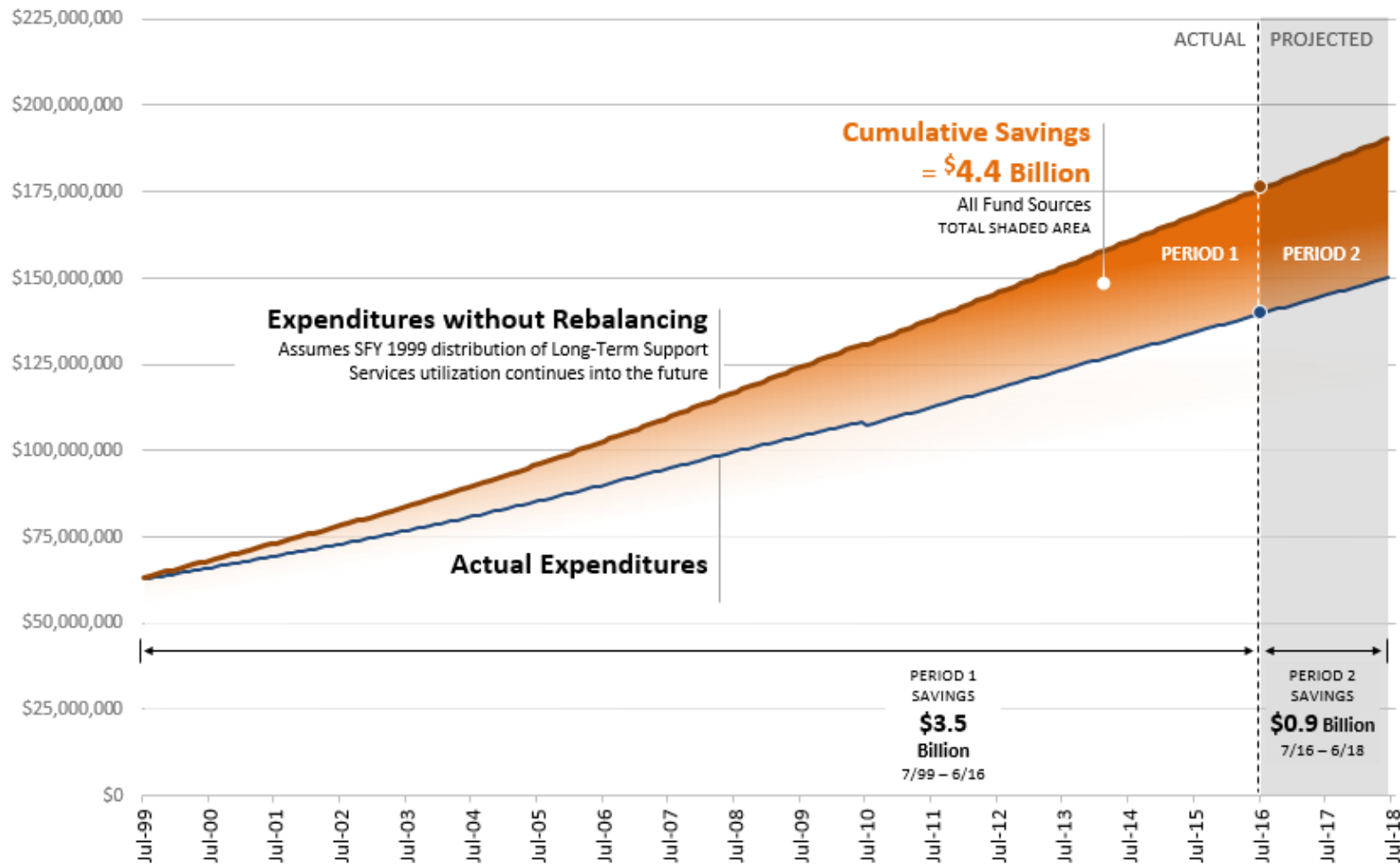
Number of Clients by CARE Assessment Acuity Group



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

Savings to Washington's Medicaid LTSS due to Rebalancing

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



Advocacy Now, More than Ever

- ▶ Pending state budget reductions
- ▶ Local budget reductions
- ▶ Possible cuts in Medicare and Medicaid
- ▶ The Affordable Care Act Wipe-Out
- ▶ Growing population that needs services