Revitalizing HCBS Rebalancing

Bea Rector, Director, Home and Community Services
Aging and Long-Term Support Administration
Washington State Department of Social and Health Services
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

Serving approximately 77,000 Individuals in Medicaid LTSS per year.
Washington’s Rebalancing Outcomes

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

TOTAL = 35,649

Clients Served in Home and Community

53%

Clients Served in Nursing Homes

47%

TOTAL = 68,054

86%

14%

*As of March 2019

Washington State Department of Social and Health Services
Initial Service Modality Is Increasingly In-Home Personal Care
Comparison of cohorts starting LTSS services in SFYs 2002-05, 2010-12, and 2015

Percent of clients who started LTSS services in:

<table>
<thead>
<tr>
<th>Modality</th>
<th>SFY 2002-05</th>
<th>SFY 2010-12</th>
<th>SFY 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Home</td>
<td>40%</td>
<td>35%</td>
<td>29%</td>
</tr>
<tr>
<td>Community Residential</td>
<td>18%</td>
<td>19%</td>
<td>18%</td>
</tr>
<tr>
<td>In-Home Personal Care</td>
<td>42%</td>
<td>46%</td>
<td>53%</td>
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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

Actual Expenditures

Cumulative Savings = $4.4 Billion
All Fund Sources TOTAL SHARED AREA

Expenditures without Rebalancing
Assumes SFY 1999 distribution of Long-Term Support Services utilization continues into the future

DATA SOURCE: Medicaid LTSS Rebalancing. For in-home services, Medicaid LTSS caseload data are adjusted to Caseload Forecast Council caseload data from July 2003 to January 2006.
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

- 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

Medicaid Waiver
- Optional Services
- Not an “entitlement”
- Can be capped/targeted
- ~3% of the ALTSA budget

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

There are 46,000 individual providers in Washington state.

They are contracted by the state as personal care workers.

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

1981
- State-funded in-home program allows self-directed option

1983
- 1915(c) waiver approved

1984
- First steps to control nursing home growth

1985
- Adult Protective Services statute

1989
- State Plan personal care for individuals with physical disabilities
- Statewide respite program implemented

1993
- Mandates for Nursing Home reductions—state staff dedicated to nursing home and hospital transitions

1995
- State plan eligibility expanded to those with functional disabilities
- Required training for all in-home personal care assistance

1999
- First nurse delegation law and law allowing family members to be paid when providing skilled tasks

2000
- State Family Caregivers Program

2001
- Self-directed care providers vote to unionize

2003
- Standardized electronic assessment with acuity based payment methodology used across all HCBS populations (aging, physical, developmental disabilities)
- Abuse registry

2008
- MFP (RCL) Implemented in Washington

2009
- Statewide implementation of Standardized Caregiver Assessment Tool

2012
- Long-Term Care Worker Training and Certification requirements
- State Plan Community First Choice Program

2013
- Health Home Program Initial Implementation

2017
- 1115 Waiver creates new options and eligibility for Long-Term Support Services
Reductions in Nursing Facility Capacity

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.

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<tr>
<th></th>
<th>SFY 2016</th>
<th>SFY 2020</th>
<th>SFY 2025 (Projected)</th>
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<tbody>
<tr>
<td>Peak Providers</td>
<td>224</td>
<td>214</td>
<td>202</td>
</tr>
<tr>
<td>Peak Beds</td>
<td>21,250</td>
<td>20,468</td>
<td>19,491</td>
</tr>
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SFY 2020
Peak Providers: 214
Peak Beds: 20,468

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

Questions: bea.rector@dshs.wa.gov