

# Looking Forward: Challenges and Opportunities in Long-Term Care

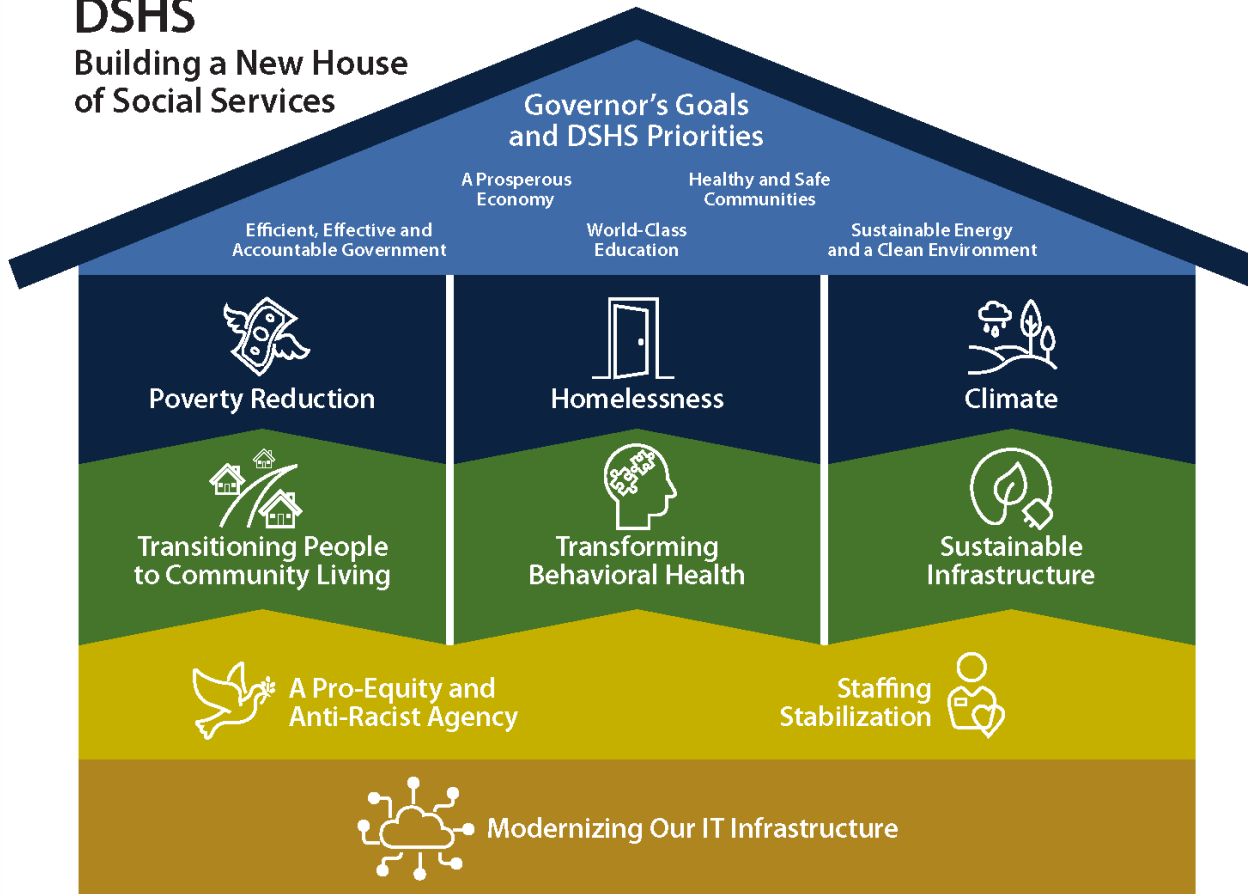
Bea Rector, Assistant Secretary

Aging and Long-Term Support Administration

Department of Social and Health Services

## DSHS

Building a New House  
of Social Services



## ALTSA Mission

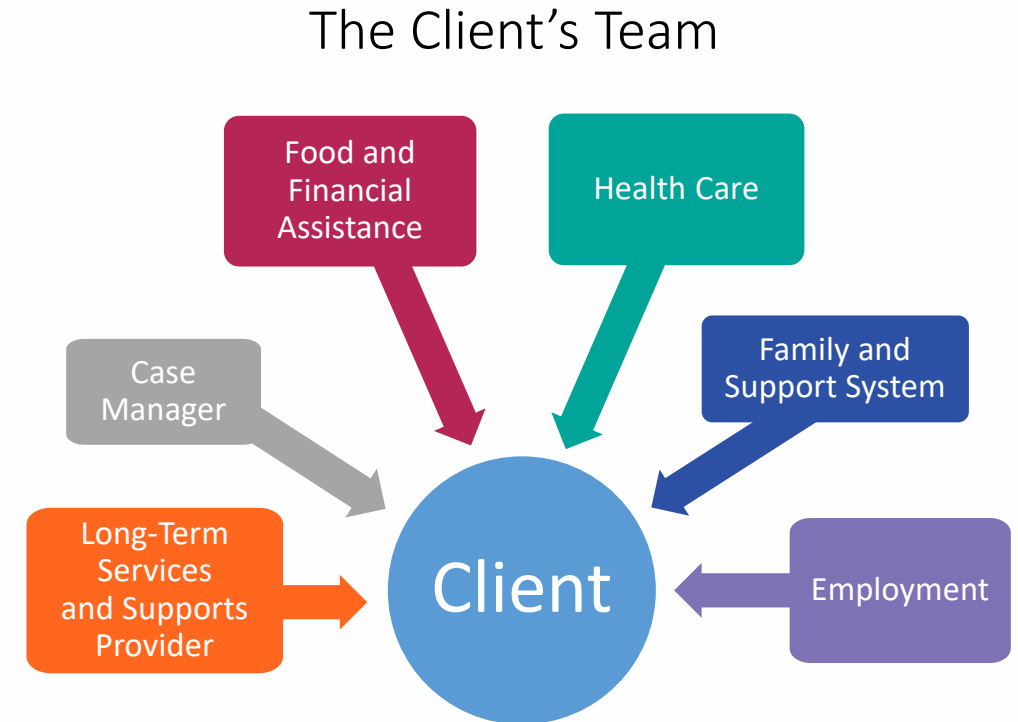
### Vision

*Adults who are older or 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.*

# Washington's Long-Term Services and Supports



# Area Agency on Aging partnership

- Ongoing eligibility for in-home clients on Medicaid
- Case management of in-home care
- Medicaid provider network management
- Family and kinship caregiver programs
- Older Americans Act/Senior Citizens Services Act

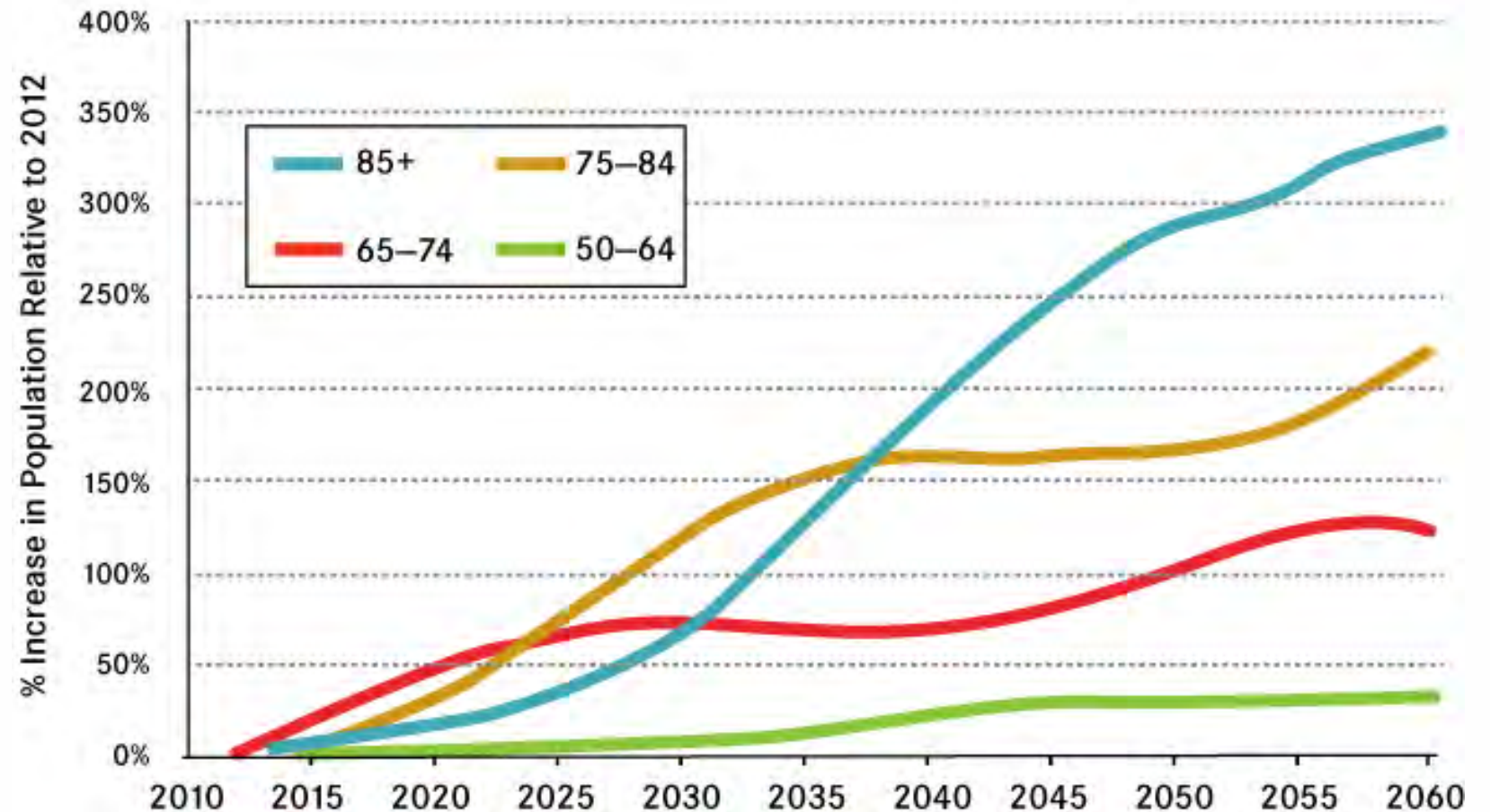
# Public Health Emergency Unwinding

## Some flexibilities have ended:

- Return to regular Medicaid health coverage reviews for long-term care clients.
- Reinstatement of suspended training requirements for in-home care providers.
- Clearing backlogs in licensing, investigations, training and certification.

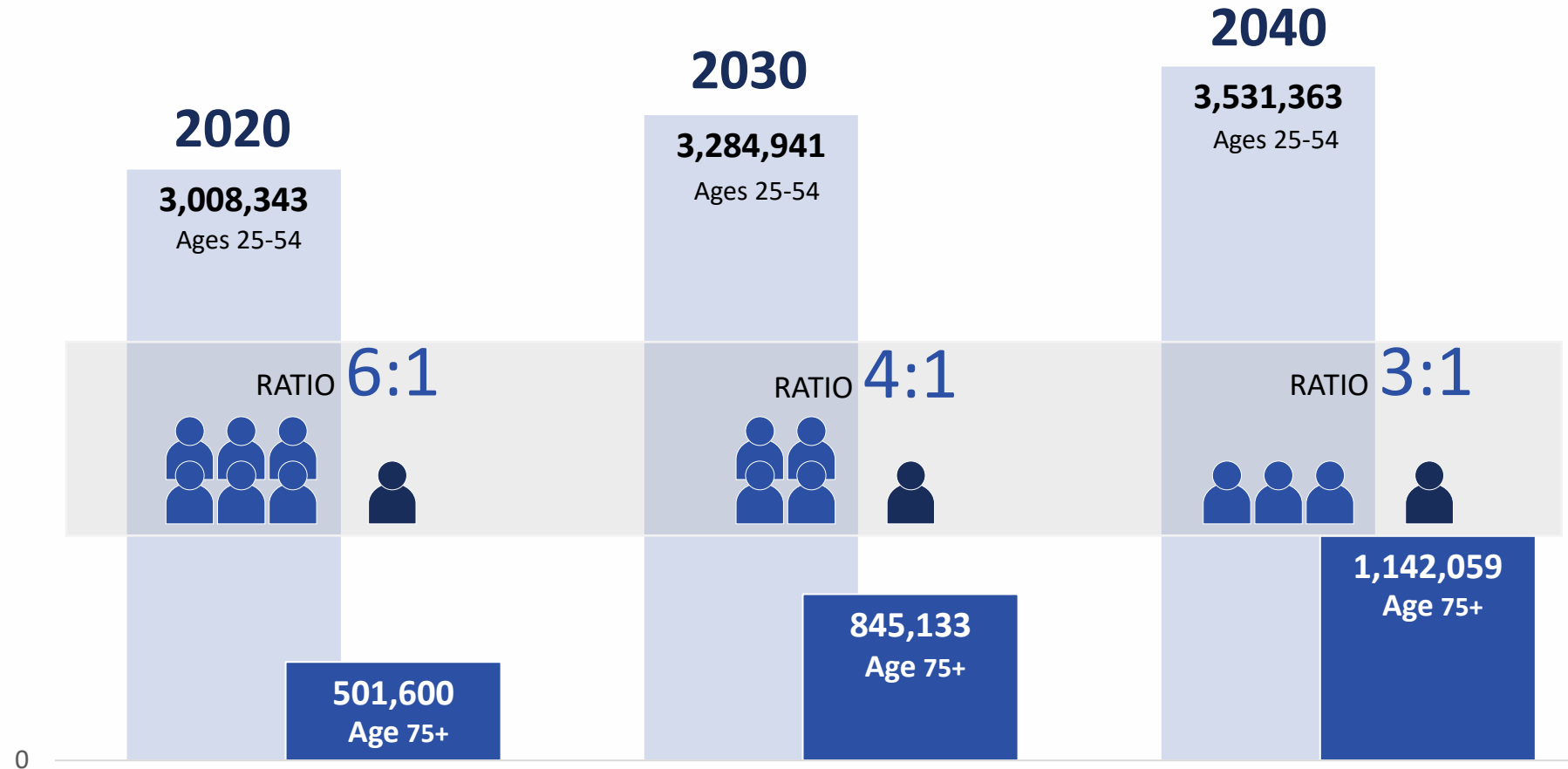


**Our  
population  
is aging  
rapidly**



# The Long-Term Care Workforce Crisis

The rapidly growing size of the population of adults ages 75+ relative to younger adults will greatly exacerbate current long-term care workforce challenges.



**SOURCE:** Washington State Office of Financial Management, Forecasting and Research Division. Projections of the Population Age 65 and Over for Growth Management, 2017 GMA Projections – Medium Series, January 2018; Population Estimates by Age and Sex 2020, 2021 (Preliminary) accessed August 25, 2022.

# A National Leader in Long-Term Services and Supports

In 2023, Washington state was ranked second in the nation in the Long-Term Services and Supports State Scorecard.

This ranking can be attributed to long-standing relationships with ALTSA stakeholders and partners.



# AARP's Scorecard Framework

The AARP identifies five dimensions of a high-performing long-term services and supports system.

**Affordability  
and Access**

**Choice of  
Setting and  
Provider**

**Quality and  
Safety**

**Support for  
Family  
Caregivers**

**Community  
Integration**



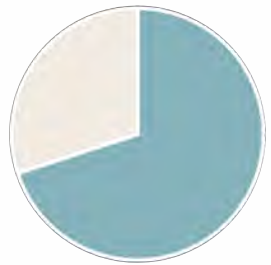
## **Affordability and Access**

Consumers can easily find and afford services, with meaningfully available safety net for those who cannot afford services. Safety net LTSS do not create disparities by income, race/ethnicity, or geography.

## Affordability & Access:

# WA Cares Fund: Why We Need a Solution

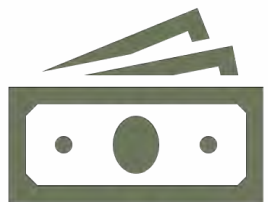
Long-term care is a predictable and expensive risk we all face. This is why we need a solution.



**70% of us**  
will need long-term care



**not covered**  
by health insurance or Medicare



**\$35,880/year**  
for 20 hours of home care  
per week



Only covered by Medicaid  
once savings are spent down to  
**\$2,000**

Affordability & Access:

## WA Cares Fund: Why We Need a Solution



Without WA Cares, long-term care costs – **which we all pay through taxes on goods and services** – would have doubled in roughly two decades.

**\$10.4  
billion**

Washington's budget  
for long-term care  
(23-25 biennium)

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**8.9%**

of state budget spent  
on long-term care  
(23-25 biennium)

## Affordability & Access:

# WA Cares Fund: How it Works

- Earned benefit
- Self-funded by worker contributions
- Works like an insurance program
- Only contribute while you're working
- Everyone covered at same rate regardless of pre-existing conditions
- No copays, no deductibles, and you never have to file a claim

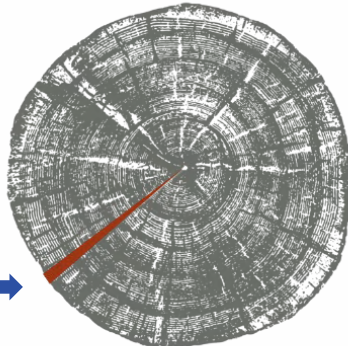
**Typical Income:**

\$50,091

**Typical Contribution:**

\$291/year

**0.58%**



## Contributions

**0.58%**

Amount workers contribute  
from wages



Contributions begin

## Benefits

**\$36,500**

Lifetime maximum benefit  
(adjusted annually up to  
inflation)



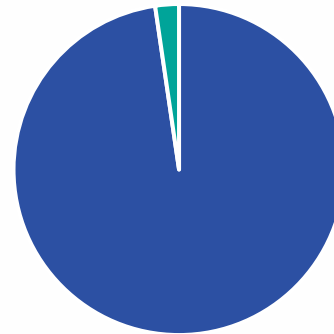
Benefits available



## Affordability and Access: Presumptive Eligibility

With presumptive eligibility, clients will get immediate access to home- and community-based services prior to a final financial determination.

- Reduces institutional bias
- Reduces delays

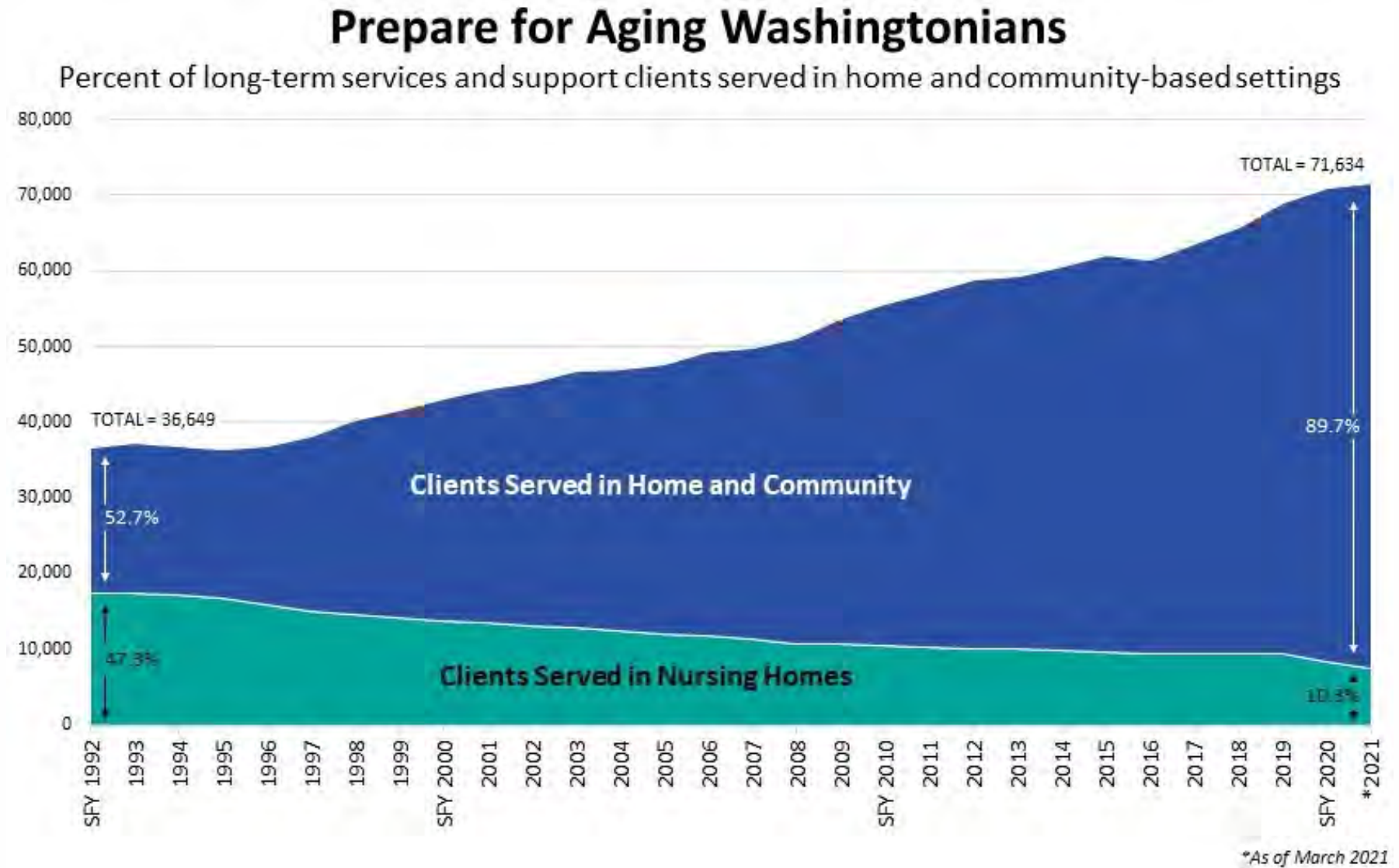


Of clients accessing presumptive eligibility services, **only 1.4%** were found financially ineligible

# Choice of Provider and Setting

A person- and family-centered approach allows for consumer choice and control of services (including self-directed models). A well-trained and adequately paid workforce is available to provide LTSS. Home and community-based services (HCBS) are widely available. Provider choice fosters equity, and consumers across communities have access to a range of culturally competent services and supports.

# Choice of Setting and Provider: Serving Clients in Home- and Community-Based Settings

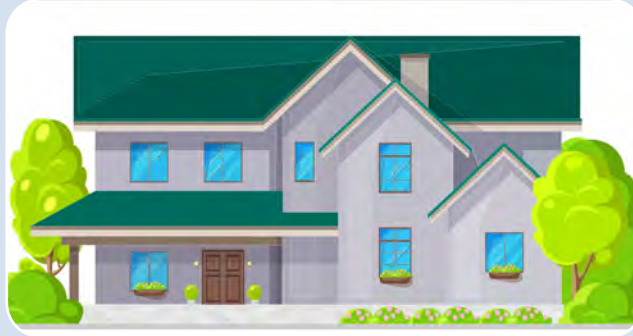


# Where Do Clients Receive Services?



## Institutional Settings

- Nursing homes



## Community Settings

- Adult Family Homes
- Assisted Living Facilities
- Adult Residential Care
- Enhanced Services Facilities



## In their own homes

- Individual providers (client handles most employer functions)
- Agency providers (through home care agencies)

# Home- and Community-Based Services

Personal Care

Nurse Delegation Services

Caregiver Management  
Training

Assistive Technology

Environmental  
modifications

Adult Day Care

Adult Day Health

Skills Acquisition Training

Skilled Nursing Services

Transition or Sustainability  
Services

Client Support Training

Home Delivered Meals

Transportation

Supportive Housing  
Services

Personal Emergency  
Response System (PERS)

Specialized durable and  
non-durable Medical  
Equipment

## Choice of Setting and Provider:

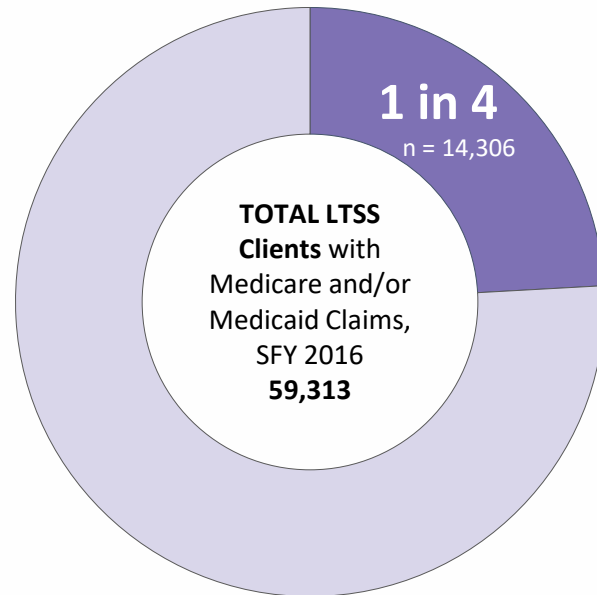
# Decision Package: Adult Day Programs

- DSHS-ALISA is requesting \$1,924,000 to increase Medicaid reimbursement rates for Adult Day Care and Adult Day Health – a 30% increase to current rates.
- This would help prevent loss of current providers and encourage new providers to keep vulnerable clients in their residences by providing another option for medical and social care.

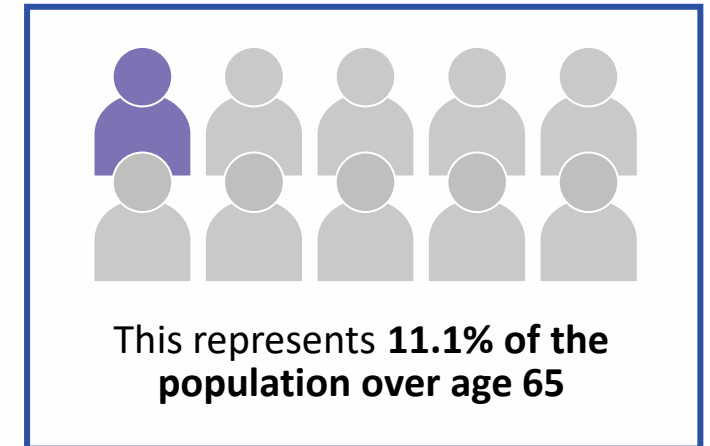
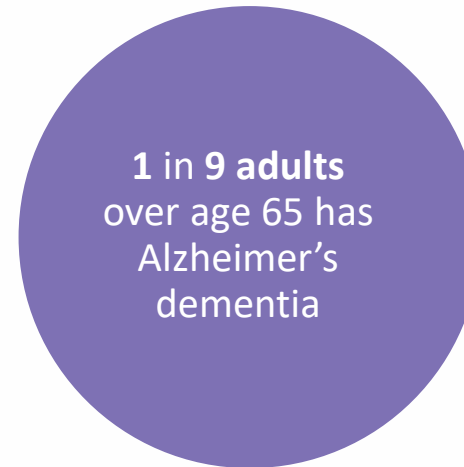


# Dementia prevalence is increasing nationally and locally

Overall prevalence of  
**Delirium and Dementia Disorders in  
Washington state** among LTSS clients  
with Medicare and/or Medicaid  
claims



## Prevalence of Alzheimer's Dementia Nationally



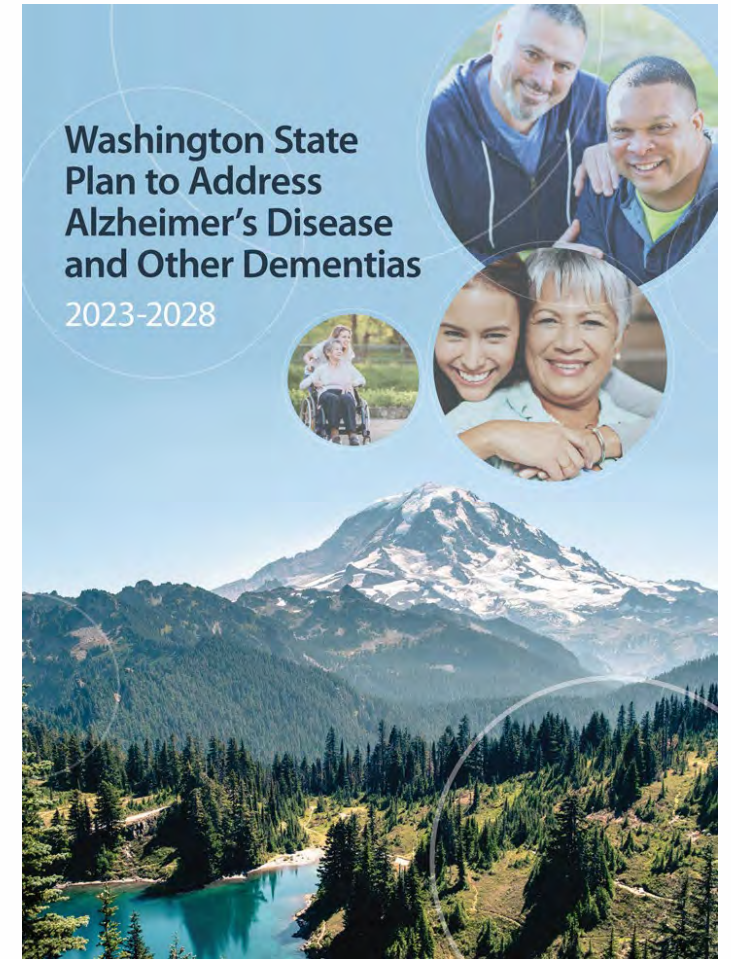
- Almost two-thirds of Americans with Alzheimer's are women.
- By 2050, the number of existing cases is expected to more than double, from 6.5 million to 13.8 million

**SOURCE:** Washington data: DSHS Research and Data Analysis Division, Integrated Medicare and Medicaid claims, SFY 2016. National data: Alzheimer's Association ([www.alz.org](http://www.alz.org))

# Moving Forward: Alzheimer's and Dementia Strategies

Priorities laid out in the 2023-2028 state plan are to:

- Increase public awareness, engagement and education.
- Prepare communities for significant growth in the population living with dementia.
- Promote well-being and safety of people living with dementia and their family caregivers and care partners.
- Promote equitable access to comprehensive, culturally relevant support for family caregivers and care partners.
- Promote risk reduction and evidence-based health care for people at risk of or living with cognitive impairment and dementia.
- Increase equitable access to culturally relevant, dementia-capable long-term services and supports.
- Facilitate innovation and research related to risk reduction, causes of and effective interventions for cognitive decline and dementia.



[Washington State Plan to Address Alzheimer's Disease and Other Dementias | 2023-2028.](#)

## Choice of Setting and Provider:

# Decision Package: Assisted Living and Dementia Care Stability

- The 2023-2025 budget increased reimbursement rates from 68% to 79% of estimated costs, but a serious threat still remains to our provider network.
- DSHS-ALTSA is requesting \$56,987,000 to increase provider rates.



## Choice of Setting and Provider: Increasing Case Management Capacity



- Long-term care clients are experiencing delays in accessing a variety of services.
- To support clients waiting to be matched with paid in-home caregivers, DSHS is requesting additional funding for case management.
- DSHS-ALTSA is requesting \$1,071,000, which will be matched with federal Medicaid dollars to fund 8.1 FTEs.

## Choice of Setting and Provider: **Remote/Virtual Service Delivery**

### Thinking Differently About Services:

- Remote service delivery
- Home-delivered/to-go meals in place of congregate meals
- Telemedicine
- Assistive devices, enabling technologies



Moving Forward:

## Decision Package: Technology & Remote Supports



- DSHS-ALISA is requesting \$968,000 for the creation and implementation of remote support services under the COPES waiver and the expansion of assistive technology under the Community First Choice (CFC) program.
- These services help individuals maintain their independence using adaptive equipment, particularly due to shortages in the direct care workforce.

**Choice of Setting and Provider: Serving individuals with complex needs**

## **Decision Package: Behavioral Health Supports**

- DSHS-ALTSA is requesting \$18,412,000 to support 9 FTEs, specialized training and rate increases to meet the need for newly expanded capacity and planned growth in residential treatment facilities.
- These facilities were developed to accommodate state hospital civil conversations.
- ALTSA assists with over 60% of the transitions out of state hospital settings.
- With increasing demand on the civil conversation program, additional staff and training are needed to assist individuals in community psychiatric settings who are eligible for long-term care to transition.



## Safety & Quality

Consumers are treated with respect and preferences are honored whenever possible, with services maximizing positive outcomes- including during and after care transitions. Residential facilities and HCBS settings are adequately staffed and prepared for emergencies. Policy-, system-, and practice-level efforts reduce and/or prevent disparities in quality and outcomes.

## Safety & Quality

# Decision Package: Adult Protective Services Program Integrity

- Adult Protective Services conducts investigations of abandonment, abuse, neglect, exploitation and self-neglect of vulnerable adults in Washington state.
- DSHS-ALTSA is requesting \$1,505,000 to fund new program integrity and expand quality assurance positions in APS.
- When matched with federal Medicaid dollars, this request will fund 7 FTEs.
- The positions will help us maintain compliance, ensure that Adult Protective Services continue to be high quality and provide needed training, monitoring and policy creation support to staff.



**Moving Forward:**

# **Response to Individuals that Experience Self Neglect**

**Adult Protective Services is implementing recommendations from a joint project with ADvancing States. These include:**

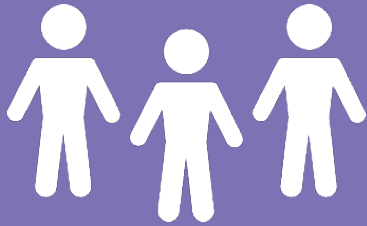
- Adopting person-centered language in policies, regulations and training (from those self-neglecting to individuals experiencing self-neglect)
- Moving to a model that focuses on the substantiation for protective services (rather than the substantiation on the individual who is experiencing self-neglect as no individual is choosing self-neglect)
- Enhancing staff training around self-neglect and contributing factors; providing in-depth training on hoarding, mental health, diminished capacity, dementia, co-occurring disorders, substance abuse
- Continued cross-collaboration and education with our community partners, including State Unit on Aging and AAAs



# Support for Family Caregivers

Family caregivers are recognized and their needs are assessed and addressed, so they can receive the support they need to continue their essential roles. A robust LTSS workforce limits over-reliance on family caregivers. Family caregiver supports are culturally appropriate and accessible to all communities.

## Support for Family Caregivers: The value of unpaid care



There are over  
850,000 unpaid  
caregivers in  
Washington  
State.



The work of  
these unpaid  
caregivers is  
valued at \$10.6  
billion per year.



If 1/5 stopped  
providing care,  
it would double  
the cost of LTSS.

## Support for Family Caregivers: Washington's Family Caregiver Supports





# Community Integration

Consumers have access to a range of services and supports that facilitate LTSS, including safe and affordable housing. Communities are age-friendly, supported by state Multisector Plans for Aging. Policy and programming that facilitates livable communities also drive equitable communities.



Community Integration:  
**Washington's  
Housing  
Challenges**

2023 Supplemental  
Security Income monthly  
payment:  
**\$914**

Average 2023 rent, 1  
bedroom apartment in  
Clark County:  
**\$1,610**

## Community Integration: Housing Strategies

### Federally-funded housing vouchers

- Mainstream
- Non-elderly disabled
- Emergency housing

### State-funded rental subsidies

- Modeled after HUD's Housing Choice voucher program
- Administered by housing authorities around the state

### Emergency rental assistance

- One-time payment made directly to landlords

### Supportive housing services

- Individualized, person-centered; includes pre-tenancy services and ongoing tenancy support

## Community Integration:

# Decision Package: GOSH Housing Expansion

- The Governor's Opportunity for Supportive Housing (GOSH) program combines intensive supportive housing services with a housing subsidy for AL TSA clients discharging or diverting from the State Hospitals.
- Between 2020 and 2022, DSHS AL TSA saw a 67% increase in referrals to the GOSH program.
- DSHS-AL TSA is requesting \$8,559,000 to expand this program by 175 slots.
- This is an important component of DSHS' overall strategy to promote choice for individuals ready to discharge who are eligible for LTSS and want those services in independent housing.



## Promoting Equity

DSHS values diversity and inclusion – because only by including all perspectives are we at our best and only through cultural competency can we optimally serve our clients.

# Promoting Equity: Tribal Kinship Navigator Program

## Tribal Navigators:

- Conduct Kinship Navigator services in a culturally relevant manner.
- Assist kinship caregivers with locating and understanding available support services and re-sources that can benefit their families.
- Connect and refer kinship care families to appropriate resources and advocate for them when necessary.
- Educate service providers and the local Tribal community about the available Kinship Navigator services.
- Assist in establishing relationships between kinship caregivers and other Tribal program staff, DSHS services and local Area Agency on Aging's kinship care programs.
- Assist kinship caregivers to keep children from entering foster care.



## Promoting Equity: Supporting Tribal Providers

- DSHS works closely with the Tribes to support tribal providers, so that elders and individuals with disabilities have more choices that allow them to remain in their communities and to receive culturally competent care.
- In recognition of tribal sovereignty and tribes' requests, we are working with the Health Care Authority on a plan to incorporate Tribal residential providers as Medicaid providers.



# Promoting Equity: Engaging Community Partners

## **Service Experience Team**

A group of up to 12 individuals receiving long-term services and supports who:

- Collectively act in an advisory capacity to ALTSA
- Provide feedback and input into ongoing programs and services;
- Review and provide input regarding new programs being developed
- Recommend to ALTSA leadership programmatic efficiencies to improve services
- Help identify opportunities to improve the quality of services and the client experience
- Promote community involvement in support of our mission and vision

## **Direct Care Worker Advisory Team**

A group of about 15 caregivers from all settings who will:

- Engage in conversations about the benefits and challenges of providing direct care
- Provide feedback about proposals that will impact caregivers.
- Help inform recruitment and retention efforts, improve work culture, and give direct care workers the opportunities to engage in shaping policies and practices that impact them and the people they serve.

## Promoting Equity: Long-term care for all

- Most people can't afford private long-term care insurance coverage
- Many others wouldn't meet underwriting criteria – if we all applied, 40% of us would be denied
- WA Cares makes it possible for all Washingtonians to afford a modest but critical amount of long-term care insurance coverage
- WA Cares makes it easier for all Washingtonians to age with dignity and independence



// We believe diversity, equity and inclusion should be part of the overall business strategy and owned by the entire senior leadership team.

– Society for Human Resource Management's  
Blue Ribbon Commission on Racial Equity



# Direct Care Workforce is Key to Moving Forward

# Moving Forward: Addressing Workforce Challenges

## **The Workforce Board's Long-Term Care Initiative identified the following initial policy recommendations:**

- Continue funding the developing LPN Apprenticeship Program (current funding expires in 2025).
- Expand the resources for Edmonds College's role in the LPN Apprenticeship Program to accommodate increased student participation.  
Provide funding to expand the number of slots or fund a dedicated Apprenticeship Cohort in the Edmonds LPN hybrid program, with added slots dedicated to apprentices who meet all prerequisites.
- To address critical recruitment and retention needs, policymakers should fund Medicaid rates at the level necessary for LTC providers to provide competitive wages and benefits, including training benefits.
- Double the current number of Quality Assurance Nurses (QAN) in the DSHS program from 6 to 12 to allow more support and technical assistance for LTC providers.
- Amend RCW 18.79.340 to allow Nurse Technicians to work in any LTC setting.
- Provide additional funding to the LTC Initiative through, at minimum, Fiscal Year 2028 to develop a grant program for LTC settings.



## Moving Forward: **Legislative Investments**

**Our long-term care workers receive some of the highest wages in the nation.**

- Through partnerships with the provider union and advocacy groups, we've been able to support significant investments in long-term care wages.
- We're in the **top 20%** for residential facility wages.

### **2023 legislative session accomplishments:**

- Rate increases for Medicaid providers in all settings.
- DSHS directed to adopt an enhanced services payment model for care for patients with complex needs.
- Funding for translation and culturally competent training for long-term care workers.

# Moving Forward: Implementing Legislative Workforce Wins

## *HB 1694, Addressing the Home Care Workforce Shortage*

- Lessened barriers to entry
- Expanded the definition of “family member”
- Requests reports on paying spouses and parents of medically complex kids

## *SB 5278, Implementing Audit Recommendations to Reduce Barriers to Home Care Aide Certification*

- Required changes to testing and certification to reduce barriers to entry
- Requests report on further reduction of barriers on testing and certification

## *SB 5499, Multistate Nurse Compact*

- Sets up system to allow nurses from other states to work more easily in Washington state (and vice versa)

## *HB 1435, Home Care Safety Net Assessment*

- Creates a workgroup to investigate implementation of a home care safety net assessment

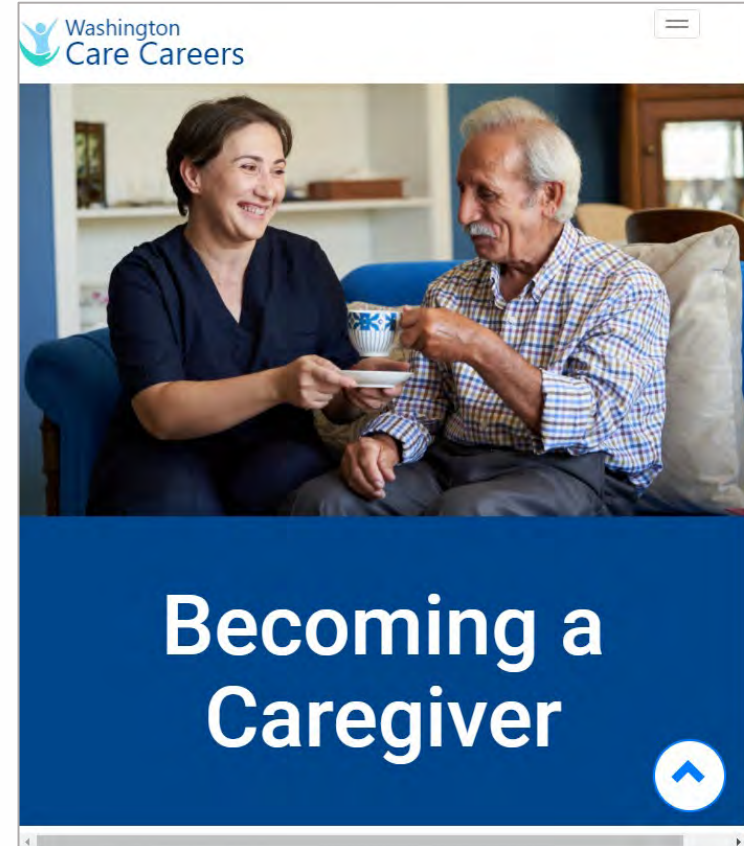
## *SB 5582, Reducing barriers and expanding educational opportunities to increase supply of nurses in Washington*

- Expanded credentialing and educational opportunities and eliminated bottlenecks
- Created HCA to LPN apprenticeship pathway pilot
- Funded direct care jobs marketing campaign

# Moving Forward: Workforce Marketing & Outreach

## Our ongoing marketing & outreach efforts include:

- Attending career fairs
- Hosting informational webinars
- Developing outreach materials
- Coordinating advertising campaigns
- Managing the WA Care Careers website



Moving Forward:

# Home Care Aides High School Training Program

## Curriculum

- 90-hour course counts for high school credit and meets National Health Science Standards
- Meets and exceeds the 75 hours of the DSHS-required Home Care Aide Certification Training
- Students who complete the course will be prepared to take the Department of Health's testing and become certified – and then on to serve their communities!



Washington Office of Superintendent of  
**PUBLIC INSTRUCTION**



## Outcomes

- Home care aide certificate
- CPR and food worker cards
- Credits toward diploma

Moving Forward:

## Federal Proposed Rules - NPRMs

### Final Rules are Coming Spring 2024

- **Access Rules:** Comments were due July 3
  - Payment access and transparency, quality measures, critical incidents, timeliness of access, grievances
- **Older Americans Act:** Comments were due August 15
  - Greatest social and economic need, state policies and procedures, nutrition, match, legal assistance
- **LTC Facility Staffing Standards:** Public Comments to CMS Due November 6
- **Adult Protective Services:** Public Comments to Administration on Community Living Due November 13
- **Section 504:** Public Comments to Office of Civil Rights Due November 13

# Thank You

**Bea Rector, Assistant Secretary  
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