

HUMAN SERVICES - DSHS

Program 050

DSHS - Long Term Care

Recommendation Summary

Dollars in Thousands

	Annual FTEs	General Fund State	Other Funds	Total Funds
2005-07 Expenditure Authority	1,151.9	1,273,950	1,336,218	2,610,168
Total Maintenance Level	1,178.8	1,351,412	1,417,886	2,769,298
Difference	27.0	77,462	81,668	159,130
Percent Change from Current Biennium	2.3%	6.1%	6.1%	6.1%
Performance Changes				
Individual Provider Home Care Worker Collective Bargaining		32,247	34,088	66,335
Agency Provider Parity		18,072	18,741	36,813
Nursing Home Vendor Rate Increase		15,025	14,996	30,021
AEM Long Term Care Medical Needs		2,313		2,313
Chronic Intensive Case Management		250	250	500
Community Residential Intermediate Sanction Enforcement #	.3	96	95	191
Personal Needs Allowance Parity		360		360
Personal Needs Allowance COLA		184	191	375
Adult Family Home Quality Assurance	11.0	1,031	1,087	2,118
Supported Living Monitoring	3.3	1,194	1,194	2,388
Resident Protection - Adult Family and Boarding Homes	4.6	422	422	844
Boarding Home and Adult Family Home Rate Increase		9,200	8,751	17,951
Family Caregiver Support and Respite	3.9	2,233		2,233
Ventilator Program Transfer		5,366	5,366	10,732
Revise Pension Gain-Sharing #		(255)	(273)	(528)
Nonrepresented Staff Health Benefit		113	111	224
WFSE Collective Bargaining Agreement		4,206	3,688	7,894
1199 Collective Bargaining Agreement		2,327	4,906	7,233
Nonrepresented Staff Salary Change		1,045	1,048	2,093
Subtotal	23.0	95,429	94,661	190,090
Total Proposed Budget	1,201.8	1,446,841	1,512,547	2,959,388
Difference	50.0	172,891	176,329	349,220
Percent Change from Current Biennium	4.3%	13.6%	13.2%	13.4%
Total Proposed Budget by Activity				
Adult Day Health Community Services		13,554	12,296	25,850
Adult Family Home Community Services		72,721	71,273	143,994
Care Administration	138.0	19,557	18,930	38,487
Eligibility/Case Management Services	693.6	83,850	83,766	167,616
In-Home Services	2.5	611,325	645,271	1,256,596
Investigations/Quality Assurance	367.7	19,795	57,038	76,833

HUMAN SERVICES - DSHS

	Annual FTEs	General Fund State	Other Funds	Total Funds
Residential Community Services		92,863	90,598	183,461
Nursing Home Services		511,809	509,322	1,021,131
Program For All-Inclusive Care for the Elderly		14,874	14,927	29,801
Other Statewide Adjustments		6,493	9,126	15,619
Total Proposed Budget	1,201.8	1,446,841	1,512,547	2,959,388

PERFORMANCE LEVEL CHANGE DESCRIPTIONS

Individual Provider Home Care Worker Collective Bargaining

Pursuant to the collective bargaining agreement negotiated in 2006, home care worker wages will increase to \$10.22 per hour by the end of the 2007-09 Biennium. In addition, home care workers will receive differential pay when they serve as mentors or trainers and will be offered reimbursement for client-related travel in their personal vehicles. Resources are also provided to increase vacation accrual levels. The health care contribution level is increased by ten percent, from \$532 per month to \$585 per month, effective July 1, 2008. (General Fund State, General Fund Federal)

Agency Provider Parity

Funding is provided for a wage and benefit increase to workers that provide personal care services and are employed by private agencies. The increase corresponds to the salary and wage component of the home worker contract for individual providers. (General Fund-State, General Fund-Federal)

Nursing Home Vendor Rate Increase

The direct care component of the nursing home rate is increased by 3.2 percent beginning July 1, 2007 and an additional 2.0 percent beginning July 1, 2008. The projected statewide average rate including this vendor rate increase will be \$156.54 in Fiscal Year 2008 and \$160.36 in Fiscal Year 2009. (General Fund-State, General Fund-Federal)

AEM Long Term Care Medical Needs

The Alien Emergency Medical program (AEM) provides federal funding for expenditures related to emergency medical care for non-citizen clients. Some clients who receive rehabilitative services through skilled nursing facilities need extended long-term care, which is not allowable in the AEM. Funding is provided to allow up to 97 state-only beds for clients in need of long-term care after receiving acute care through the AEM. Expenditures related to medical services received by clients once they have been admitted to a long-term care facility are included in the Medical Assistance budget.

Chronic Intensive Case Management

Funding is provided to study the efficiency and effectiveness of the Intensive Chronic Case Management project. The evaluation will describe how the pilot project works within the Department's larger chronic care efforts. (General Fund-State, General Fund-Federal)

Community Residential Intermediate Sanction Enforcement

Staffing is provided to support the Department's use of intermediate enforcement sanctions with all community residential services and support providers outlined in proposed legislation. (General Fund-State, General Fund-Federal)

Personal Needs Allowance Parity

The amount of monthly income that medically needy in-home waiver recipients are allowed to keep from the calculation of the medically needy income level is increased to the federal poverty level.

Personal Needs Allowance COLA

The Personal Needs Allowance is raised to reflect projected increases based on the percentage used by the Social Security Administration for its annual cost-of-living adjustment for supplemental security income and SSA benefits. During the last five years, the average adjustment has been 2.58 percent. (General Fund-State, General Fund-Federal)

Adult Family Home Quality Assurance

A quality assurance program is established to increase oversight of licensed adult family homes. Emphasis will be placed on improving communication with vendors regarding their compliance with licensing standards. Increased staff will conduct unannounced visits to newly licensed facilities and conduct more frequent follow-up with vendors receiving enforcement actions. (General Fund-State, General Fund-Federal)

Supported Living Monitoring

Funding is provided to continue development and implementation of consistent statewide certification standards and investigation of complaints related to services provided to vulnerable adults in supported living programs. (General Fund-State, General Fund-Federal)

Resident Protection - Adult Family and Boarding Homes

The state does not currently investigate allegations of mistreatment equally across all service settings. Funding is provided to support the investigation of allegations of client mistreatment in adult family homes and boarding homes, as required by statute. (General Fund-State, General Fund-Federal)

Boarding Home and Adult Family Home Rate Increase

Funding is provided to raise Medicaid payment rates by 3.2 percent in Fiscal Year 2008 and 2.0 percent in Fiscal Year 2009 for adult family homes, boarding homes with assisted living, adult residential care and enhanced adult residential care contracts. In addition, the Department will conduct a comprehensive rate study of all residential service settings. (General Fund-State, General Fund-Federal)

Family Caregiver Support and Respite

It is estimated that 600,000 Washington citizens provide millions of uncompensated hours of long-term care for families and friends. Funding is provided to develop and deploy an assessment module within the CARE assessment tool, which will provide a consistent measure of the stress levels and service needs for participating caregivers. The assessment will provide research-based data to improve the delivery of appropriate levels of support for these informal caregivers. In addition, beginning July 1, 2008, the family caregiver support and respite program is expanded to accommodate 1,200 additional clients. (General Fund State, General Fund Federal)

Ventilator Program Transfer

Funding is provided for the transfer of the Ventilator-Weaning Program from the Health and Recovery Services Administration to the Aging and Disability Services Administration effective October 1, 2006. (General Fund-State, General Fund-Federal)

ACTIVITY DESCRIPTIONS

Adult Day Health Community Services

Adult Day Health services include rehabilitative therapies to help participants become more self-sufficient, and counseling and support to families caring for a mentally, physically, socially, and/or emotionally impaired family member. Services are intended to delay or prevent entrance, or reduce the length of a stay in 24-hour care settings. Clients meet Medicaid-eligible criteria and have a skilled nursing or rehabilitation need, as determined by a doctor. On a quarterly basis, case managers review eligibility and ongoing need for services, which are provided by contract with local providers or through Area Agencies on Aging (AAAs) that subcontract with local providers. Approximately 2,000 clients receive Adult Day Health services each year.

HUMAN SERVICES - DSHS

Adult Family Home Community Services

A broad range of Aging and Disability Services Administration (ADSA) clientele is served in adult family homes (AFH), private homes that may serve up to six residents. Some AFHs serve primarily higher functioning residents, while other homes specialize in serving individuals with dementia, developmental disabilities, or mental illnesses. AFHs whose provider is a professional nurse will frequently provide limited nursing care for individuals with more complex nursing and medical needs. AFHs may also serve vulnerable adults, as defined in Chapter 74.34 RCW, who are receiving state-provided adult protective services. Clients residing in adult family homes meet the financial and functional eligibility criteria for either the MPC (Medicaid Personal Care) program or the COPES (Community Options Program Entry System) program. ADSA contracts for care for approximately 3,400 clients each year who receive room, board, laundry, necessary supervision, and assistance with activities of daily living, personal care, and social services.

Care Administration

Administrative staff develop specific services and agency policy for both Area Agencies on Aging (AAAs) and Aging and Disability Services Administration (ADSA) field staff. Other administrative staff provide technical assistance such as accounting and budget, contract management, and computer support for the administration. Forecast and data analysis and the determination and publication of rates for nursing homes, adult family homes, and boarding homes are also provided. Staff process and manage payments for vendors and employees, and collect and report program data to both internal and external customers. Staff perform fiscal and administrative monitoring and evaluation of programs and general administrative functions for other activities.

Eligibility/Case Management Services

The Aging and Disability Services Administration (ADSA) Home and Community Services (HCS) Division determines client eligibility based on both functional and financial criteria for all long-term care programs. It provides information and referral services, nursing home and community residential placement, and ongoing case management for clients served in community residential settings. Case management consists of assessing and reassessing eligibility, updating and monitoring a plan of care, coordinating non-department services in response to a client's need, responding to emergencies and status changes, and providing any additional assistance a client may need to remain in his/her home.

In-Home Services

The Aging and Disability Services Administration (ADSA) contracts for care in a client's home with agency or individual providers to enable individuals to remain at home. Clients receive assistance with activities of daily living such as personal hygiene, toileting, bathing, dressing, cooking, and eating. They also receive assistance from the provider for completing household tasks such as shopping, laundry, and housework. Additional services may include assistance with medications or transportation to medical appointments, home-delivered meals, adult day care, environmental modifications, special medical equipment, and skilled nursing care. Over 25,000 clients receive in-home services each year.

Private Duty Nursing Services provide nursing care to approximately 75 Medicaid clients over age 18 who otherwise would be institutionalized. To be eligible, the client must require at least four hours per day of continuous skilled nursing care.

The Elderly Nutrition Program supplements the Older Americans Act nutrition program with U.S. Department of Agriculture case payments in lieu of commodities. Senior Farmers' Market Nutrition is a federal grant to provide fresh, nutritious, unprepared fruits and vegetables to low-income senior citizens from farmers' markets and other community supported agriculture.

Investigations/Quality Assurance

The Aging and Disability Services Administration (ADSA) verifies and ensures that licensed facilities, staff, and others who come in contact with vulnerable adults are providing appropriate services and quality care. The administration accomplishes this through reviewing case management work, surveying and certifying nursing homes, licensing adult family homes and boarding homes, and monitoring the quality of service provided in facilities where out-of-home placements are made. Staff investigate over 8,000 nursing home, adult family home, and boarding home complaints each year. Payment authorizations are examined to ensure compliance with federal and state laws, and to identify incorrect client eligibility determination and payment errors. Contract oversight and monitoring of home care agencies and other providers of services to in-home clients are provided through the Area Agencies on Aging.

Residential Community Services

The Aging and Disability Services Administration (ADSA) contracts with licensed boarding homes for Adult Residential Care (ARC), Enhanced Adult Residential Care (EARC), and Assisted Living services. Approximately 1,400 ARC and EARC clients each year receive room and board and assistance with medications and personal care. Some residents may receive limited nursing services, limited supervision, and specialized dementia care, as provided by contracted facilities. Clients living in ARC facilities meet the functional eligibility criteria for either the MPC (Medicaid Personal Care) program or the COPEs (Community Options Program Entry System) program. ARCs work with clients who have mental illnesses and vulnerable adults, as defined in Chapter 74.34 RCW, who are receiving state-provided adult protective services. EARC facilities provide clients who are receiving services from the COPEs program limited nursing services, in addition to assistance with personal care tasks and supervision. Assisted Living services are provided each year to approximately 5,000 clients in private apartments. Services are available 24 hours a day and include assistance with activities of daily living, limited nursing and supervision, and housekeeping. Clients living in assisted living facilities meet the financial and functional eligibility for the COPEs program. These facilities generally do not admit or retain individuals with more complex nursing/medical needs, or individuals with significant care needs related to dementia or difficult to manage behavior.

Nursing Home Services

The Department of Social and Health Services provides nursing facility health care to Medicaid-eligible persons who need post-hospital recuperative care, require nursing services, or have chronic disabilities necessitating long-term habilitation and/or medical services. Nursing homes provide 24-hour supervised nursing care, personal care, therapy, and supervised nutrition. The program also gives cash assistance to persons leaving nursing homes to help re-establish them in independent living.

Program For All-Inclusive Care for the Elderly

The Aging and Disability Services Administration (ADSA) contracts with a vendor to provide PACE (Program for All-Inclusive Care for the Elderly) services in King County. PACE helps clients remain in the community for as long as possible by providing comprehensive health and social services to meet the unique needs of each client. PACE serves individuals, age 55 and over, who are eligible for nursing facility level of care. Most clients have chronic diagnoses and require close medical and medication monitoring, and all clients require assistance with at least two activities of daily living. Clients may be served in their own homes, in adult family homes, or in nursing facilities as needed. The PACE provider receives a single monthly rate for all enrollees, which is based on the total of all Medicaid expenditures, both acute and long-term care costs. The vendor assumes all financial responsibility for medical expenses associated with meeting a client's needs for as long as the client remains enrolled in the program, which for most is the remainder of their lives.

Other Statewide Adjustments

This item reflects proposed compensation and other adjustments that were not allocated to individual agency activities. The agency will assign these costs to the proper activities after the budget is enacted.