Healthier WASHINGTON

BETTER HEALTH. BETTER CARE. LOWER COSTS.

FAQs

Long Term Services and Supports

Washington is a national leader in the delivery of home and community based services. Why is this Demonstration needed?

Washington aims to continue to be a national leader in providing long-term services and supports (LTSS) that help people remain in their homes and communities. The LTSS system is continually ranked as a top program, including a ranking of first in the nation in 2017 by AARP, while at the same time ranking 34th in cost.

These efforts have saved billions of dollars over the past two decades. Washington's population, however, is aging, and this will increase the number of people who will be in need of these services:

- Since 2001, expenditures have risen from $2.1 to $3.8 billion - an 81 percent increase. The majority of this growth is related to increases in caseload.
- By 2040, the 65 and older population in Washington is projected to reach 1.8 million - an increase of over a million individuals since 2010.
- As people age, they often need more assistance. In Washington state, one in five individuals over age 65 report difficulties with self-care and cognition.

Supporting Unpaid Caregivers

In Washington State, approximately 80 percent of the care received by people who need support is provided by family members and other unpaid caregivers.

Providing care for a family member can be highly rewarding, but it also has many challenges. Eighty-five percent of caregivers show increases in stress, often effecting their own physical and mental health.

If just one-fifth of these caregivers stop providing care, the cost of LTSS would double.

Washington has developed a successful state funded program to support unpaid caregivers. When caregivers are supported early, the people they care for are 20 percent less likely to enroll in more intensive Medicaid LTSS the following year.

Protecting People's Savings

The vast majority of Washingtonians are uninsured for LTSS, and have no affordable options for coverage.

Currently, in Medicaid, an individual qualifies for everything or nothing at all.

Many people and their families have no way to prepare for the cost of LTSS needs, except the path to impoverishment and reliance on full-scope Medicaid.

What will the Medicaid Transformation Demonstration do?

Respond to the increased demand for LTSS by offering additional choices that will:

- Preserve and promote choice in how individuals and families receive services
- Support families in caring for loved ones while increasing well-being of the caregiver
- Delay or avoid the need for more intensive Medicaid-funded LTSS where possible

Is the model of supporting caregivers based on evidence? Has it been successful elsewhere?

Yes, the model has been used in Washington's state-funded Family Caregiver Support Program (FCSP) since 2003. The Tailored Caregiver Assessment and Referral® (TCARE®) System has been proven, through randomized and longitudinal studies, to reduce caregiver stress and clinical depression, and increase the positive feelings caregivers have about caregiving. Longitudinal studies have also linked TCARE® with delaying out-of-home placement of the care recipients. These benefits can also result in shorter hospitals stays and lower health care costs, as TCARE® enables caregivers to continue as primary providers of daily care for persons with chronic conditions.

TCARE® has been implemented by over 275 state and local social service organizations in 17 states and 10 military installations. Based on 2014 research by the DSHS, Research and Data Analysis Division on the FCSP, care recipients are 20 percent less likely to enroll in Medicaid Long-Term Care in the year after caregiver screening.

Who are the individuals to be served under the Demonstration? How many people will be served between the two benefits?

For either program, care recipients must be 55 years or older. Individuals who are functionally and financially eligible for Medicaid may choose to receive Medicaid Alternative Care (MAC) services instead of other Medicaid Home and Community Based Service options. For Tailored Supports for Older Adults (TSOA), individuals must meet the functional eligibility for Medicaid-funded LTSS, and will have a financial assessment that will determine if they are in financial risk of spending down to Medicaid eligibility. The number of peoples served will be ramped up by about 2,500 per year over 3

years, to regular caseload of about 7,500 across both programs. The total number of persons served will be greater than that because of natural exits from the program.

Can individuals served under the Demonstration receive the same benefits in the traditional Medicaid LTSS delivery system?

No, the benefits offered under the Demonstration are new services that are not offered in traditional Medicaid LTSS delivery system.

Will there be any changes to the existing LTSS system?

No, the new benefit packages do not replace existing services that an individual may be eligible for. They offer more choices in the way services are delivered. The state is committed to developing outreach and enrollment materials, with the help of advocates and stakeholders, to ensure individuals are given a choice of available benefits.

Is the state still pursuing raising the Nursing Facility Level of Care (NFLOC) through the Demonstration?

No, the state is no longer pursuing a change in the NFLOC through the Demonstration. Since submitting the application, the state has learned, through discussions with CMS, that delinking nursing home and community eligibility could be done under existing home and community-based federal authorities. The state, therefore has decided not to pursue changes to the NFLOC criteria as part of the Demonstration.

Will the state seek other opportunities to evaluate NFLOC?

The state will continue to pursue a change in NFLOC eligibility under existing authorities. The priority right now, however, is to offer new program choices to people in need of assistance so they can remain in their own homes.

Will Medicare beneficiaries be included in the eligible population for both MAC and TSOA?

Medicare beneficiaries will not be excluded from either benefit package offered under the Demonstration.

Will existing provider types be used, or will new provider types be created?

The state will use the fee-for-service rates and the provider types identified in the state plan for personal care (which will also include respite, housework, and errands).

How will clients be informed of their benefit options?

Washington follows a person-centered process for service planning. During the initial intake, and at every assessment and service planning meeting, case managers provide individuals and family members with information about all services and supports available through the Aging and Long

Term Support Administration (ALTSA). Information will also be available in print and web-based formats.

How will the state ensure individual choice in benefits received?

The state is committed to developing outreach and enrollment materials, with the help of advocates and stakeholders, to ensure individuals are given choice of available benefits. The new MAC benefit will be offered as part of person-centered planning. People may choose which benefit best meets their current needs and the needs their families. They may also change programs as needs or preferences change.

If MAC no longer meets individual needs, can the individual switch to the traditional LTSS system?

Yes, case managers are trained to identify and anticipate changing service needs, and to engage proactively in service planning.

Will there be a default program?

No, all available options will be reviewed with the client during the person-centered process for service planning.

What is the functional eligibility for MAC and TSOA?

The state will use the same functional eligibility for MAC and TSOA that is used for entry into other LTSS services to ensure seamless transitions. An individual must meet nursing facility level of care to be eligible for these services.

How will the state ensure someone can seamlessly move between benefits?

The state system ensures that people can move fluidly between programs. If an individual has opted out of a service through traditional Medicaid LTSS programs in favor of the MAC program, the other programs remain available, based on eligibility. Individuals who have selected the MAC program have been determined to be financially and functionally eligible for traditional Medicaid LTSS programs. They may transition to those programs with an updated assessment and service plan. If an individual chooses traditional Medicaid LTSS, that person would be disenrolled from the Demonstation.

Individuals who have selected the TSOA program have been determined to be functionally eligible for the traditional LTSS programs. The state has a Fast Track program using state-only dollars. This allows immediate access to programs while a financial eligibility review is conducted. The Fast Track program for TSOA recipients is used when the individual has become financially eligible for Medicaid and chooses to move to another program.

The case managers become aware of changing needs and circumstances through on-going service planning activities and contacts. Case managers are trained to identify and anticipate changing service needs, and to proactively engage in service planning with individuals receiving services. The

caregiver assessments in the MAC and TSOA programs are updated every six months. This provides opportunities to reconsider all available program options .

How is financial eligibility established for MAC?

The client must be eligible for coverage under an existing categorically needy (CN) or Alternative Benefit Plan (ABP) medical coverage group to qualify for MAC.

How is financial eligibility established for TSOA?

The client will need to submit an application for TSOA. Financial workers will determine if the client qualifies. Applications can be filed on-line through the Washington Connection web portal, or by submitting a paper application.

What benefits are available under MAC?

Benefits support unpaid family caregivers so they can continue supporting their loved ones. These include the following services:

- Training and education on, for example, dementia consultation to address difficult behaviors, or training by a physical therapist on how to safely transfer a loved one in and out of a bathtub. It may also include evidence-based programs, such as Powerful Tools for Caregivers, that offer peer-support and guidance on how to cope with the challenges that caregiving brings.
- Health maintenance and therapy supports, for example, mental health counseling to adapt to changing roles and dynamics in the home, or massage therapy to provide relief from stress and depression.
- Specialized medical equipment and supplies, for example, a bath bench or incontinence supplies not covered under another funding source.
- Caregiver assistance services, for example, respite care that allows an unpaid caregiver to take time for a counseling session or shopping for groceries. This may also include meals delivered to the home.

What benefits are available under TSOA?

Benefits are the same as those for MAC, listed above, with one addition; TSOA also supports people in need of care who do not have an unpaid family caregiver. This population is eligible to receive limited personal care assistance.

Are MAC & TSOA budget based programs?

No, eligibility for specific services under MAC and TSOA are based both on levels of screening or assessments completed, and evidence-based assessments of needs and preferences.

If an individual chooses MAC or TSOA, how is the caregiver determined to be eligible for services under these new benefits?

Eligibility for these programs is based on the status of the care receiver. The care receiver must meet financial and functional criteria and choose to use the benefit to support an unpaid family caregiver, if there is one. In addition, the unpaid caregiver must be willing to continue in that role, and be open to receiving support offered through these programs.

Specific benefits are determined through person-centered conversations with the caregiver and care receiver, with an evidence-based intervention tool utilized with the caregiver called TCARE® (Tailored Caregiver Assessment and Referral) which involves a screening/assessment/consultation and care planning process. TCARE® addresses caregiver identity discrepancy (which looks at how congruent the caregiver feels about the current role), depression, three types of caregiver burden, uplifts (what's working well), and recommends strategies to help determine the right service at the right time for the particular caregiver. Through this assessment process, caregivers not only evaluate what assistance they may benefit from, but also consider their options to adjust or reduce responsibilities, and/or transition out of their caregiving role.

Will these new services be cost-effective to tax-payers?

Yes, in addition to being the right thing to do to help caregivers and care recipients manage better, the state's investment will save public funding by delaying or diverting care receivers from using more expensive and lesser preferred options. In addition, the legislature funded an evaluation by the Washington State Institute for Public Policy (WSIPP) of the Family Caregiver Support Program (FCSP) (which MAC and TSOA are modeled after). The evaluation followed an expansion of the FCSP, and showed an estimated savings of $1.67 million in the first year, with greater savings expected over time[1]. Later data analysis and continued tracking of participants showed greater savings.

[1] Miller, M. (2012). *Did expanding eligibility for family caregiver support program pay for itself by reducing the use of Medicaid-paid long-term care?* (Document No. 12-11-3901). Olympia: Washington State Institute for Public Policy.