

Unpaid Family Caregiver Supports and Services to Delay or Divert at Risk Individuals from Intensive LTSS

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National HCBS Conference



Transforming lives



Washington State has Worked to “Rebalance” and Serve Individuals Where they Prefer to Live

Shift from Nursing Home to Home & Community

1992 Snapshot

36,649 total clients

47% Nursing Home

53% Home & Community

2017 Snapshot

65,336 total clients

15% Nursing Home

85% Home & Community

Access to early interventions leads to decrease in avoidable use of nursing homes

Family Caregivers

Are key to LTSS in Washington State

Medicaid

- Family members can become paid providers of LTSS for their loved ones



*Assistance is directed toward
care recipient*

Non-Medicaid

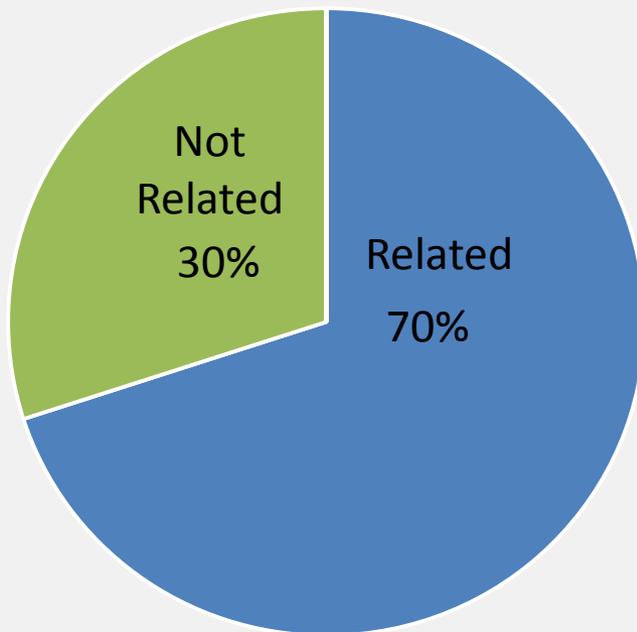
- Unpaid family caregivers who provide some or all care for their relatives



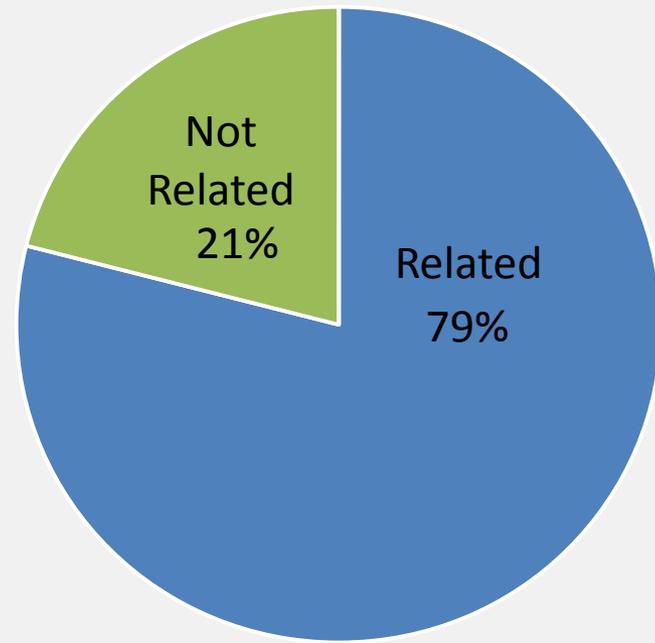
*Assistance directed toward
caregiver*

Paid Family Members are a Significant part of the Workforce

Aging and Long-Term Services and Supports
27,000 individual providers



Developmental Disabilities
11,000 individual providers



Unpaid Family Caregivers: A Washington State Priority

- Over 850,000 in Washington state
- Has an economic impact on families
- Economic value of \$10.6 billion a year (5 times what we spend in Medicaid LTSS)
- If 1/5 gave up it would double the cost of LTSS in Washington which is already over 6% of general-fund state

YOU CALL IT

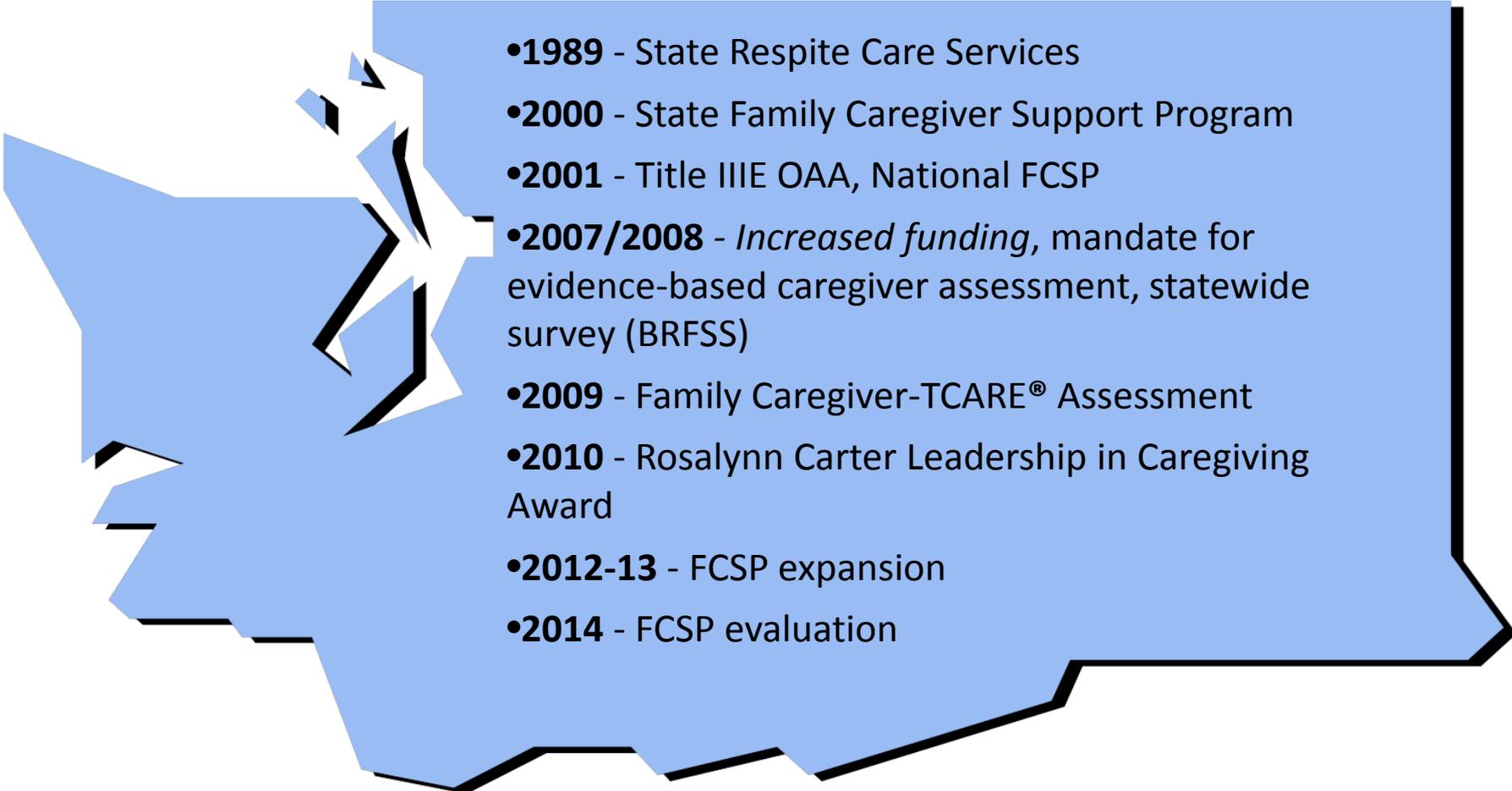
***“bringing mom
a few groceries.”***

WE CALL IT

caregiving.



Washington's history of supporting unpaid family caregivers:

- 
- 1989** - State Respite Care Services
 - 2000** - State Family Caregiver Support Program
 - 2001** - Title III E OAA, National FCSP
 - 2007/2008** - *Increased funding*, mandate for evidence-based caregiver assessment, statewide survey (BRFSS)
 - 2009** - Family Caregiver-TCARE® Assessment
 - 2010** - Rosalynn Carter Leadership in Caregiving Award
 - 2012-13** - FCSP expansion
 - 2014** - FCSP evaluation

What have we learned from our State Family Caregiver Support Program

Unpaid family caregiver characteristics:

61% over age 60

24% ended their employment due to caregiving responsibilities

59% provided care for a minimum of two years

29% provided care for 5 or more years

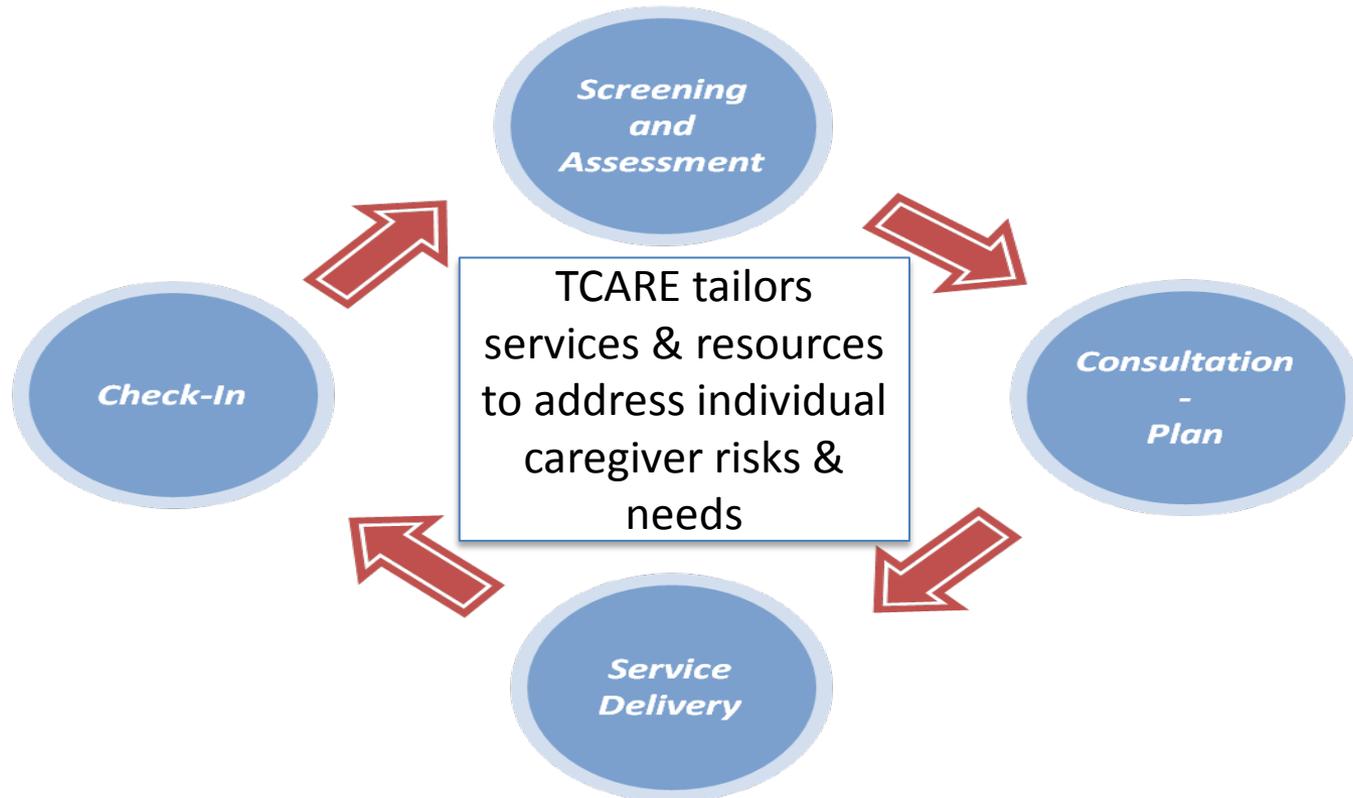
75% spend at least 40 hours a week caregiving

53% are caring for individuals with Alzheimer's Disease or dementia

82% are coping with challenging behaviors of care receivers

Measuring Effectiveness of Interventions

In 2007, State Legislature mandated development of evidence-based caregiver assessment and referral tool ([RCW 74.41](#)).



Improved Outcomes for Family Caregivers Measured in TCARE

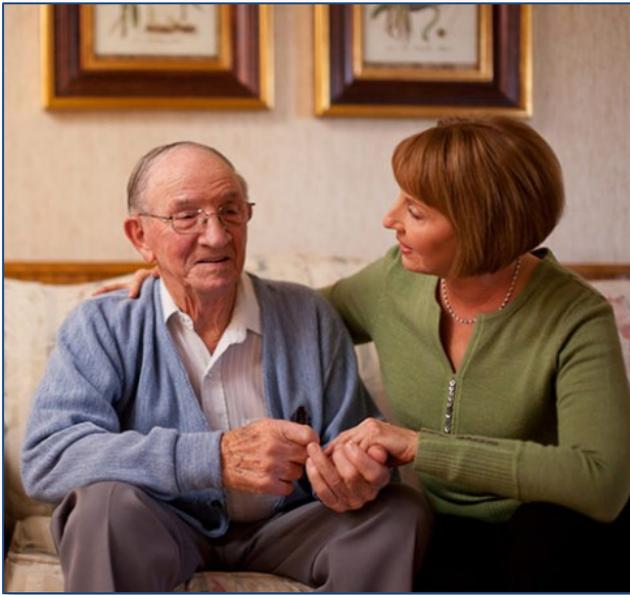
Over a 6-month period, caregivers who receive ongoing support show statistically significant improvements in:

- Stress burden
- Relationship burden
- Objective burden
- Depression
- Comfort with caregiving role

Spousal caregivers also show a decreased “intention to place”

84%
of Caregivers show a
significant
improvements on
key outcomes

Attention to Caregivers Makes a Difference



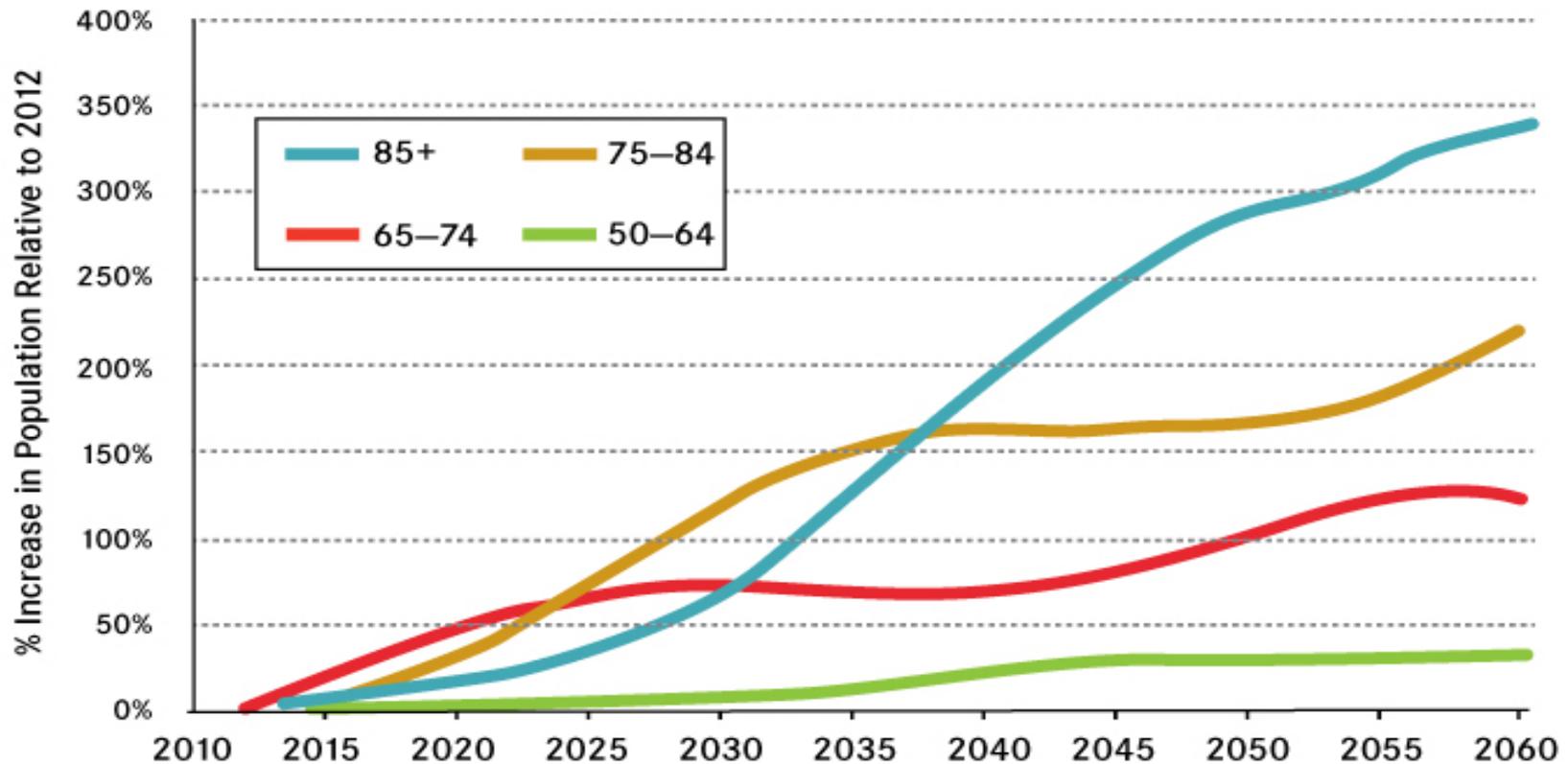
*“I was amazed in the first interview that a lot of the questions were **about me** and how I was doing...I wasn't expecting that.”*

*“It was so helpful to have someone say ‘you need to take care of **yourself** and here are services you can use’.”*

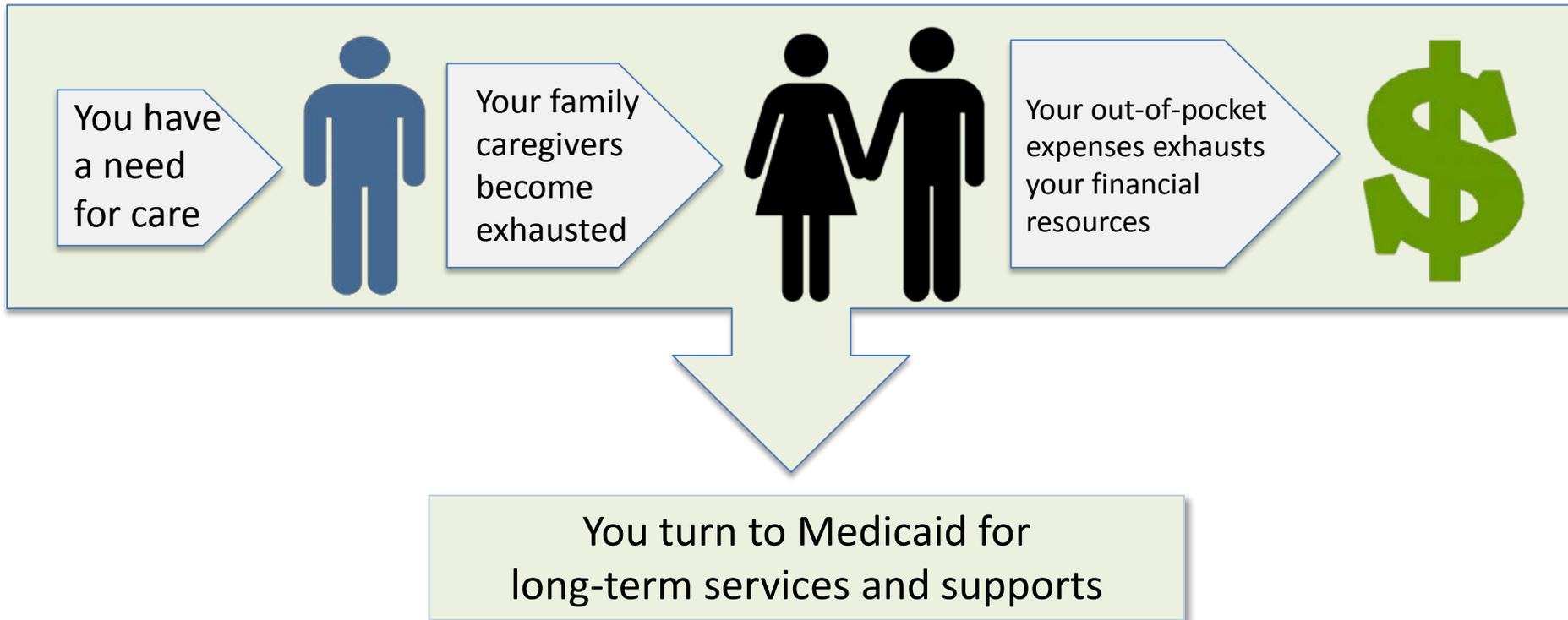
4 out of 5

Caregivers reported that the **FCSP** helped them understand the importance of taking care of themselves.

Aging Demographics Force Continued Innovations in Long Term Services & Supports



The Path to Medicaid is Common & Predictable

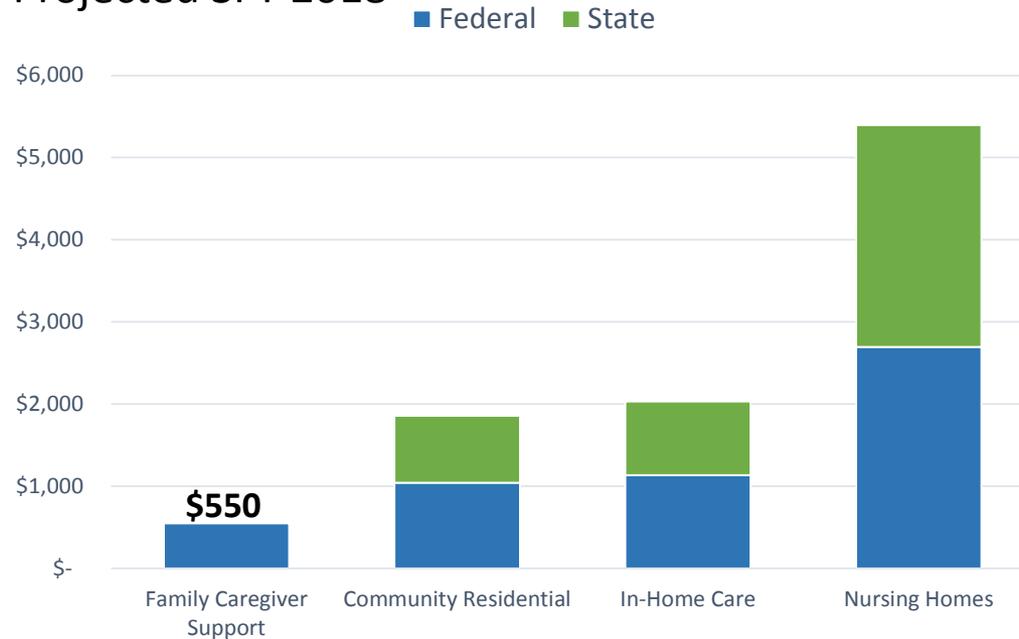


Average Senior Retirement Savings = \$148,000
Average Life Cost of LTSS = \$260,000

Family Caregiver Support Services are a low cost option compared to traditional Medicaid LTSS

that until the Medicaid Transformation Demonstration had not received matching federal funds

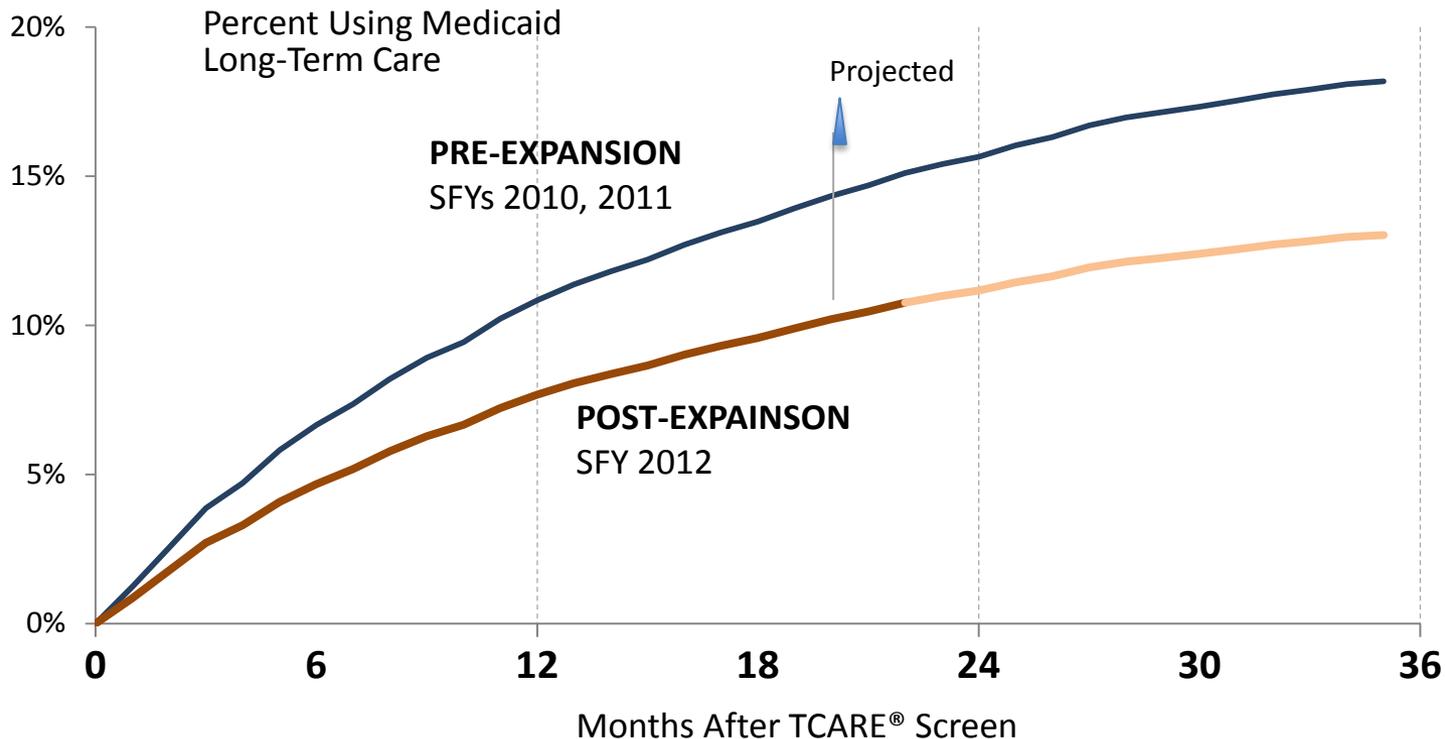
Monthly Per Capita Costs – Medicaid LTSS
Projected SFY 2018



Post-Expansion 20% less likely to use Medicaid LTC at 12 months vs. Pre-Expansion

Time from TCARE® Screen until First Use of Medicaid Long-Term Care

Pre- and Post-Expansion, Controlling for Baseline Differences



The Medicaid Transformation 1115 Demonstration Waiver

Initiative goals:

- Integrate physical and behavioral health purchasing and service delivery
- Convert 90% of Medicaid provider payments to reward outcomes
- Support provider capacity to adopt new payment and care models
- Implement population health strategies that improve health equity
- **Provide targeted services that address the needs of our aging populations and address the key determinants of health**

Service Package under Medicaid Transformation

- **Caregiver Assistance:** respite, housework & errands
- **Specialized Medical Equipment & Supplies:** durable medical equipment, Personal Emergency Response System (PERS), incontinence supplies
- **Training & Education:** support groups, consultation (LTC planning, OT, PT, dementia, fall prevention)
- **Health Maintenance & Therapy:** massage, acupuncture, evidence based exercise programs
- **Personal Assistance:** personal care, home delivered meals, nurse delegation

*Personal assistance services are only available to people enrolled in TSOA; caregiver assistance services are only available to people when there is both a care-giver and care-receiver.

A New Choice Under Medicaid: MAC Support for Unpaid Caregivers

- Provide support for unpaid family caregivers who support individuals eligible for Medicaid but not currently accessing Medicaid-funded LTSS
- Provide necessary supports to unpaid caregivers to enable them to continue to provide high-quality care and focus on their own health and well-being

Age Requirements	Medicaid Requirements	Other Requirements	Benefit Level
The care receiver must be 55+ and the caregiver must be 18+ in age.	Requires the care receiver to currently be on Apple Health (Medicaid).	The care receiver must need help with some activities of daily living, like bathing, walking, medications, transfers, etc.	Depending on your situation, you could receive up to \$550 each month in services and supports.

Assisting Caregiver Also Helps Care Receiver

Services to Caregivers

Services are primarily for the unpaid caregiver but some are for the care receiver

Tom cares for his wife, Janet who lives with dementia. Tom takes care of meals, does the shopping and cleaning and makes sure Janet takes her medications. For Tom, the housework isn't that tough. It's Janet's behavior – she follows him around when she is anxious, she repeats questions, and is often mean to him.

MAC provides meal prep, shopping, cleaning and medication reminders.

MAC provides Memory Care and Wellness Services for Janet twice a week. Not only does Janet benefit from being around her peer group, but Tom gets respite while Janet is at the center.

Janet comes home tired and happy, and the rest of their day together is smooth.

Delay Impoverishment: Tailored Supports for Older Adults

- Provide a benefit package for individuals at risk of future Medicaid LTSS use
- Help individuals and their families avoid or delay impoverishment and the future need for Medicaid-funded services while providing support to individuals and unpaid family caregivers

Age Requirements	Medicaid Requirements	Other Requirements	Benefit Level
The care receiver must be 55+ in age. Caregivers must be at least 18 years old.	Medicaid eligibility is not a requirement. As of 2017, financial eligibility includes gross monthly income less than \$2,205 and resources below \$53,100 for an individual or \$108,647 for a married couple.	The care receiver must need help with some activities of daily living, like bathing, walking, medications, transfers, etc.	Depending on your situation, you could receive up to \$550 each month in services and supports.

1115 Waiver Can Also Assist Individuals Without Caregivers

Tailored Supports for Older Adults

Serves individuals
with and without
an unpaid caregiver

Becky was in the hospital with pneumonia. When she came home, she found herself needing help with **meal preparation, bathing, house cleaning and shopping** until she could get “back on her feet.”

Becky was experiencing some confusion and memory loss as a result of antibiotics she took in the hospital.

TSOA provided a **trained worker** to help with Becky’s personal care needs and two sessions with a **counselor to help reduce the confusion and memory loss.**

After a few months of services, Becky is back on her feet! And, she avoided having to move to a more expensive living facility for rehab.

Unique Aspects of 1115 Waiver

- **Presumptive Eligibility.** This allows services to start quickly, based on observable or self-reported need, while full eligibility is being determined. This means faster services and supports for people in need
- **No Estate Recovery.** The state is not required to seek recovery of payments from a deceased person's estate for nursing facility, or community-based services
- **No participation.** The state is not required to have individuals pay toward the cost of their services

What Worked Well: Lessons Learned

- Establishing protocols at the local level that covered standard required steps to ensure coordination between entities
- Strong project management is needed; particularly to manage IT and contractor change management process
- Create subject matter expert teams for timely feedback and recommendations
- Shared decision making and problem solving structures
- Process to evaluate, determine root causes and implement changes
- Real time training and communities of practice

Challenges

- Leveraging Medicaid funding creates additional complexity
 - Eligibility is based on care receiver, not the caregiver
 - Medicaid payment systems, any willing & able provider,
- Short timeframe to implement, grow and evaluate a demonstration program
- Outreach – helping individuals identify as a caregiver
- Significant up-front work with options counseling not adequately accounted for in original modeling projections
- More TSOA individuals than projected impacting how we look at sustainability
- Coordinating data systems

Next Steps

- Benchmarks & Enrollment Targets and Work at Local Offices
- Evaluation
- Sustainability Planning
- Evidence Based Program Provider Network

For more information, please contact:

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Websites:

General Information
<http://www.alsa.dshs.wa.gov/>

Family Caregiver Assessment & Resources

<https://www.dshs.wa.gov/alsa/stakeholders/caregiver-assessment-and-planning-tcare>