

AGING STRATEGIC ALIGNMENT PROJECT

State Profile for

WASHINGTON

Home- and Community-based Services for Older Adults and Adults with Physical Disabilities

Background

- Washington's 60+ population was 1,127,229 in 2008 (17.2% of the state's total population), with 7.8% below the federal poverty level.¹
- The 60+ population is projected to be 1,832,273 in 2025 (22.9% of the state's total population).²
- About 21% of all households in 2007 had one or more persons age 65 years and older and 40.7% of persons age 65 years and older had a disability.³
- Of the 1,077,070 Medicaid beneficiaries in the state in 2003, 6.6% were aged, 12.9% were blind and disabled, 11.2% were Dual Eligible, and 2.7% were HCBS waiver beneficiaries.⁴
- Medicaid expenditures for institutional long-term care were 38.2% of total long-term care expenditures, compared to 2007.⁵

Abbreviations

AAA	Area Agency on Aging
ADL	Activities of Daily Living
AoA	Administration on Aging
CMS	Centers for Medicare and Medicaid Services
HCBS	Home- and Community-based Services
IADL	Instrumental Activities of Daily Living
MRDD	Mental Retardation and Developmental Disabilities
OAA	Older Americans Act
PACE	Program of All-inclusive Care for the Elderly
SUA	State Unit on Aging

¹ Department of Health and Human Services, Administration on Aging. (2009). *AGing Integrated Database (AGID): American Community Survey (ACS) demographic data 2004-2007 and state-level population estimates data 2000-2008* [Data files]. Available from <http://198.136.163.234/default.asp>

² Department of Health and Human Services, Administration on Aging. (2009). *Aging statistics: Projected future growth of the Older population; By state: 2005-2030; Aged 60 and above* [Data files]. Available from http://www.aoa.gov/AoARoot/Aging_Statistics/future_growth/future_growth.aspx.

³ Reimbursement and Research Department, American Health Care Association. (2006, August 29). *The state long-term health care sector 2005: Characteristics, utilization, and government funding*. Washington, DC: Author.

⁴ U.S. Census Bureau, 2007 American Community Survey, United States and States. *Percent of households with one or more people 65 years and over* (R1104) and *Percent of people 65 years and over with a disability* (R1803).

⁵ Burwell, B., Sredl, K., & Eiken, S. (2008, September 26). *Medicaid long term care expenditures FY 2007*. Eagan, MN: Thomson Reuters.

Government Structure to Manage HCBS Assessment Process

- **SUA:** Aging and Disability Services Administration. www.aasa.dshs.wa.gov/
- **State Medicaid Agency:** Department of Social and Health Services. www.dshs.wa.gov/
- Washington has a consolidated agency for long-term-care programs. The following agencies are consolidated and handle long-term care: Home and Community Services, which covers aging and disability, and the Division of Developmental Disabilities Long Term Care Waivers. Both are operated by the Aging and Disability Services Administration.
- The director of Washington's SUA reports to the secretary of the Department of Social and Health Services, who reports to the Governor.
- Washington has 13 Area Agencies on Aging. Four are operated by single county entities, seven are operated by Council of Governments (multiple counties), and two are Tribal entities.

Single Point of Entry (SPE)/Aging and Disability Resource Center (ADRC)

- Washington has an ADRC that is not statewide.
- Some ADRC sites have a physical (bricks and mortar) infrastructure; some ADRC sites operate under a virtual model.
- In addition to serving older adults, Washington's ADRC serves those with MRDD, physical disabilities or cognitive impairment (Alzheimer's and other related diseases), families and children, and veterans.
- The pilot ADRC program also serves individuals with mental health diagnoses and substance abuse problems. The ADRC, located in Pierce County, is not limited to information and referral for persons age 60 and older.

Medicaid

- For Medicaid applicants, in determining functional eligibility for nursing home pre-admission, Washington does not require an in-person assessment by someone other than nursing home staff.
- An assessment is required within seven days of nursing home placement for any newly admitted Medicaid resident or when the payment source changes from Medicare to Medicaid.
- Emphasis is placed on community assessments in order to divert nursing home placement.

Non-Medicaid

- For non-Medicaid applicants in Washington, nursing home pre-admission assessment is not performed by someone other than nursing home staff.
- An assessment is conducted within seven days of a nursing home admission, as well as when there is a conversion of the payment source from Medicare to Medicaid or from private pay to Medicaid.
- Emphasis is placed on community assessments in order to divert nursing home placement.

State Medicaid Plan

- Washington provides HCBS through the state Medicaid plan.
- Refer to Table 1 for specific services provided.
- **PACE:** Washington has one PACE site.

Medicaid Waivers

- Washington has four waivers that provide HCBS to older adults and/or adults with physical disabilities. The intent of these programs is to reduce the number of people needing nursing home placement by providing services to support living in the community. These are: Community Options Program Entry System (COPES), Medically Needy In-Home, Medically Needy Residential, and New Freedom.

- **Community Options Program Entry System**

(COPEs): COPEs is the largest and oldest waiver program in Washington, serving 24,000–25,000 aged, blind and disabled participants in a variety of settings. The program has had an unduplicated participant count of 31,000. The functional eligibility assessment for this program utilizes a Care Assessment Tool, an integrated instrument that determines eligibility and benefit level, classifies an applicant into a Resource Utilization Group, and creates a service plan. Depending on the service setting, a daily rate or monthly budget of hours is determined. Following an eligibility determination, the applicant is transferred, based on choice of setting, to another social worker for ongoing case management. Working out of regional offices, case management services are shared between state social workers, who provide interventions for residential participants, and AAA social workers who provide interventions for in-home participants. Case management and assessment services are charged to the Medicaid administration. Core case management functions for the COPEs program include assessment, service planning, and obtaining authorizations and monitoring, as well making determinations for services and assuring compliance with mandatory reporting mechanisms. Supportive functions such as advocacy and family support are also offered. Income eligibility for COPEs is 300% of the federal poverty level (FPL). For a couple, the income limit is currently \$4,044, which is twice the \$2,022 Medicaid Special Income Level (SIL). The asset limit for a single participant is \$2,000, and for a couple it is \$3,000. Consumer-directed options in this program allow participants to choose and have employer authority over an individual provider of personal care.

- **Medically Needy In-Home Waiver (MNIW):** The purpose of this waiver is the same as the COPEs program. The difference is that the financial service eligibility process for MNIW participants considers those with higher incomes, where the cost of service exceeds their income. The cost of care, which is the de facto income standard, is different for each person and takes into account that “medically needy” care may be more expensive. The functional eligibility assessment for this program utilizes a Care Assessment Tool, an

integrated instrument that determines eligibility and benefit level, classifies an applicant into a Resource Utilization Group, and creates a service plan. The resulting classification group determines a monthly budget of hours to be used. Following an eligibility determination, the applicant is transferred to an AAA social worker for ongoing case management. Case management and assessment services are charged to the Medicaid administration. Core case management functions for the MNIW program include assessment, service planning, and obtaining authorizations and monitoring, as well making determinations for services and assuring compliance with mandatory reporting mechanisms. Supportive functions such as advocacy and family support are also offered. Participants must have an income no greater than the Medicaid SIL (currently \$2,022) and under the cost of care. For couples the income requirement is above twice the Medicaid SIL (currently \$4,044) and under the cost of care. The asset limit for an individual is \$2,000, and for a couple it is \$3,000. Consumer-directed options in MNIW allow participants to choose and have employer authority over an individual provider of personal care.

- **Medically Needy Residential Waiver (MNRW):** Waiver services are provided in the following residential settings: adult family homes, enhanced adult residential centers, and assisted living. While the purpose of this waiver is the same as the COPEs program, the financial service eligibility process for MNRW participants considers those with higher incomes, where the cost of service exceeds their income. The cost of care, which is the de facto income standard, is different for each person and takes into account that “medically needy” care may be more expensive. Couples qualifying for this program are allowed incomes no greater than \$4,044, which is twice the Medicaid SIL, and under the cost of care. The asset limit for an individual is \$2,000, and for a couple it is \$3,000. The functional eligibility assessment for this program utilizes a Care Assessment Tool, an integrated instrument that determines eligibility and benefit level, classifies an applicant into a Resource Utilization Group, and creates a service plan. The resulting classification group determines a daily payment rate. Following an eligibility determination, the applicant remains with a

state-employed social worker for ongoing case management. Case management and assessment services are charged to the Medicaid administration. Core case management functions for the MNRW program include assessment, service planning, and obtaining authorizations and monitoring, as well making determinations for services and compliance with mandatory reporting mechanisms. Supportive functions such as advocacy and family support are also offered. There are no consumer-directed options in this program.

- **New Freedom:** This is a nursing home alternative waiver program available in King County. The functional eligibility assessment utilizes a Care Assessment Tool, which determines basic eligibility and classifies an applicant into a Resource Utilization Group. The resulting monthly hours needed are converted into a monthly budget. Case management and assessment services are charged to the Medicaid administration. Income eligibility is 300% of the FPL. Individual participants can have incomes no greater than the Medicaid SIL, which is currently \$2,022. For couples, income amounts are limited to twice the Medicaid SIL or \$4,044. The asset limit for an individual is \$2,000, and for a couple it is \$3,000. New Freedom is considered a fully self-directed program because it allows participants to have employer authority and authority over allocation of their budgets. The program provides a fiscal intermediary that assists participants with budgets and helps them make decisions related to purchasing services.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered under each program.

CMS-funded Programs and Grants

- Washington has one CMS-funded program and grant that provides HCBS to older adults and/or adults with physical disabilities. This is: Money Follows the Person Demonstration Program.
- **Money Follows the Person Demonstration Program:** This demonstration project supports Medicaid eligible individuals who choose to move from an insti-

tutional setting to achieve their goal of living in a less restrictive community setting, where they can reach or maintain their fullest capability. Individuals eligible for this program include older adults, and individuals with developmental, physical or mental disabilities who have been residing in an institutional setting (nursing home, hospital or ICF-MR) for at least six months. Participants in this program will self-identify or receive outreach based on the Minimum Data Set (MDS), which is used to identify potential participants. Participant education is provided to help applicants understand their options beyond the nursing home. The state's functional eligibility assessment tool (CARE) is used to determine basic eligibility. Case management services provide assistance in finding community-based services that meet participants' needs in preparation for and following their transition. Income and asset eligibility requirements are based on the nursing home eligibility standard for both individuals and couples.

- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

State-funded HCBS Programs

- Washington has three state-funded programs that provide HCBS to older adults and/or adults with physical disabilities. These are: Chore, Family Caregivers Support Program, and General Assistance for Long Term Care.
- **Chore:** Participants in this program are not eligible for Medicaid HCBS services; they may be grandfathered into the program or authorized as needing protective services under the Adult Protective Services (APS) Program. Participants cannot be eligible for other long-term-care programs. Following the eligibility determination, the applicant is transferred, depending on the program setting, to a social worker employed by the service provider. APS participants are assigned to state staff. Financial eligibility assessments are required for all applicants except APS participants. The financial income limit may be higher for long-term participants who have not yet been phased out of the Chore program. For participants who are grandfathered in, the AAA provides case management interventions.

Net household income cannot exceed the sum of the cost of Chore services and 100% of the FPL adjusted income for the family size. The asset limit for an individual is \$10,000, and for a couple, it is \$15,000. Consumer-directed choices include participants' choice of service providers, but not budget authority. The Chore program is not accepting new participants except for APS referrals, and is being phased out as participants become eligible for other programs.

- **Family Caregiver Support Program:** This program assists caregivers who are providing services to individuals age 18 or older. The Family Caregiver Support Program uses standardized eligibility criteria throughout the state. A determination of the caregiver's eligibility is required annually. The financial eligibility assessment tool used in this program determines fees utilizing a sliding fee scale. Assets are not considered when determining eligibility for service. Services are administered by the AAAs.
- **General Assistance for Long Term Care:** This is a small program that provides assistance to individuals in nursing home facilities or adult family homes. Generally, the program serves about 30 participants, who are assessed for functional eligibility and receive assistance under state General Assistance. Applicants may be waiting for a disability determination, may be undocumented immigrants, or may be immigrants during the five-year wait to become eligible to receive Medicaid benefits. Referrals may come from hospitals, nursing homes or General Assistance community service offices. The income eligibility limit for an individual is \$339 per month and assets can be no greater than \$1,000. The income limit for a couple is \$428 per month, with assets no greater than \$1,000. Consumer-directed options are not available in this program.
- Refer to Table 2 for an overview of selected HCBS programs. Table 1 shows the types of services offered.

Locally Funded HCBS Programs

- Washington uses local funds for HCBS for older adults and/or adults with physical disabilities.

- Local funds are generated through the AAAs and vary by planning and service areas. The operating agency decides how to use the local money, and it is defined in the AAA's plan. Generally, the money is earmarked for specific services, (e.g., Amy Wong Fund is for the one-time purchase of equipment or supplies). Local funds may also be used to secure additional federal dollars.

OAA-funded Programs and Grants

- Refer to Table 1 for services provided through Title III of the OAA.
- Washington does not use cost-sharing mechanisms or sliding fee scales in the delivery of Title III services.
- Washington has one OAA-funded program and grant that provides HCBS to older adults and/or adults with physical disabilities. This is: Dementia Partnerships Project.

Social Service Block Grants (SSBG) and Community Service Block Grants (CSBG) for HCBS

- Washington does not use SSBG to provide HCBS for older adults and/or adults with physical disabilities.
- Washington does not use CSBG to provide HCBS for older adults and/or adults with physical disabilities.

Consumer Direction

- Washington offers participants in all programs the choice of qualified providers for all authorized services. For in-home personal care, participants can choose between an individual provider of personal care and an agency provider. Participants retain employer authority over the provider, which includes hiring, firing, scheduling, supervision and approval of time sheets.
- The HCBS programs in the state that offer consumer direction are: Community Options Program Entry System Waiver, Medically Needy In-Home Waiver, New Freedom Waiver, Money Follows the Person

Demonstration Program, State Plan Personal Care, and Chore.

- Models of consumer direction available in the state include: Cash and Counseling (New Freedom Waiver).
- Those permitted to provide services under consumer direction in Washington are: spouses (limited to the state-funded Chore program only), adult children of the consumer, other family members, friends, and others as defined by the participant.
- Washington requires a provider criminal background check using a statewide database. If the provider has lived outside of the state of Washington during the last three years, there is also an FBI process that is followed. Providers must complete a two-hour orientation and a 28-hour Fundamentals of Caregiving Program course within the first four months of working for the participant. Ten hours of continuing education training are required annually.
- Washington uses fiscal intermediary services in connection with consumer direction. The New Freedom waiver is the only program that has a fiscal intermediary.

Managed Care

- Washington has HCBS programs run by managed care health plans.

Major Accomplishments and Initiatives

- There is an emphasis on caregiver support and the development of a new caregiver assessment tool to tailor services to specific caregiver needs.
- Money Follows the Person (Roads to Community Living) provides focus and assistance to long-term institutional residents in identifying future service needs.
- The state of Washington had new funding for a government-appointed council charged with defining services and planning for the New Freedom Waiver program.
- The state of Washington recently revised the rate system for residential settings so that rates are aligned with a more refined acuity scale, increasing service options for those with more complex service needs.
- A traumatic brain injury initiative was driven by legislators in response to grass roots advocates and military troops returning from Iraq with traumatic brain injury.

Table 1: Types of Home- and Community-based Services Provided Under Washington’s Programs for Older Adults and Adults with Physical Disabilities

Types of Services	Program Type / Funding Source									
	Medicaid Waivers				CMS-funded Programs and Grants	State-funded Programs			State Medicaid Plan	OAA Title III
	Community Options Program Entry System (COPEs)	Medically Needy In-home	Medically Needy Residential	New Freedom		Chore	Family Caregivers Support Program	General Asst for LTC		
Adult Day Care / Adult Day Health	X	X		X	X				X	X
Assisted Living	X		X							
Caregiver Services / Respite / Education	X	X		X	X		X			
Case Management / Care Coordination	X	X	X	X	X	X	X	X	X	X
Chore / Homemaking				X						X
Companion Services / Socialization Activities					X		X			
Employment										
Equipment/Supplies/Modification/Assistive Technology	X	X	X	X	X		X			
Health Promotion Activities	X	X	X	X	X					
Home Health / Personal Care	X	X	X	X	X	X		X	X	
Information / Assistance / Referral							X			X
Legal Assistance / Financial Advice										X
Medical / Dental / Medication Care										
Mental and Behavioral Health Services					X		X			
Nursing	X	X	X	X	X				X	
Nutrition / Meals	X	X		X	X		X			
Personal Supports for Community Living / Transitioning	X	X	X	X	X		X			
Rehabilitation / Therapy					X					
Residential Services	X		X		X					
Transportation	X	X	X	X	X					X
Other/Unspecified HCBS					X					

Table 2: Selected HCBS Programs for Older Adults and Adults with Physical Disabilities in Washington

Program Type / Funding Source	Program Name	Ages Served	Nursing Home Level of Care Required	Entity Responsible for Functional Assessment	Entity Responsible for Financial Assessment	Entity Responsible for Case Management	Waiting List (Number)	Consumer Direction Option
Medicaid Waivers	Community Options Program Entry System (COPES)	18+	Yes	State agency: Aging and Disability Services; Area Agency on Aging	State agency: Aging and Disability Services	State agency: Department of Social and Health Services; Area Agency on Aging; other residential facility setting	No	Yes
	Medically Needy In-home	18+	Yes	State agency: Aging and Disability Services	State agency: Aging and Disability Services	Area Agency on Aging	No	Yes
	Medically Needy Residential	18+	Yes	State agency: Aging and Disability Services	State agency: Aging and Disability Services	State Agency: Aging and Disability Services	No	No
	New Freedom	18+	Yes	State agency: Area Agency on Aging; Agencies under subcontract with AAA	State agency: Aging and Disability Services	Case Management (Optional)	No	Yes
CMS-funded Programs and Grants	Money Follows the Person Demonstration Program	All ages	Yes	State agency: Aging and Disability Services	No financial assessment	State Agency: Aging and Disability Services; Area Agency on Aging	No	Yes
State-funded Programs	Chore	18+	No	Area Agency on Aging	State agency: Home and Community Services Social Worker	State Agency: Area Agency on Aging	No	Yes
	Family Caregivers Support Program	18+	No	Area Agency on Aging	Area Agency on Aging	Area Agency on Aging	No	No
	General Assistance for Long Term Care	18+	Yes	State agency: Home and Community Services	State agency: Aging and Disability Services	State Agency: Aging and Disability Services	No	No