



AGING AND LONG TERM SUPPORT ADMINISTRATION

AAA Case Management

2015-17 BIENNIAL BUDGET

Request	FY16	FY17	15-17
FTE	0	0	0
GF-State	\$6,899,000	\$7,221,000	\$14,120,000
Total	\$13,797,000	\$14,441,000	\$28,238,000

DECISION PACKAGE SUMMARY

The Aging and Long Term Support Administration (AL TSA) requests funding to reach caseload ratios and staffing levels for initial and ongoing Medicaid client case management. By funding this request, the Area Agencies on Aging (AAAs) will be able to meet new and existing federal requirements for client assessments, care planning and case management that fully addresses the complexity of need presented by individuals served by the department. Lack of adequate funding creates risk to federal funding, poor client outcomes and failure to fully address clinical needs of clients and the ability to fully comply with new federal rules that went into effect March 2014.

PROBLEM STATEMENT

Currently the work contracted to the AAAs requires a case manager to client caseload ratio of 1:62. However, since funding has not kept up with modest increases in operating and staff costs per year, this standard has not been met since Fiscal Year 2005. To keep cost increases to a minimum, AAAs have increased supervisory ratios, hired lower cost case aides and caseload ratios have risen by 26 percent to 1:78. These changes have resulted in an average of six to seven hours less case management time per case and a reduction in the clinical level of staff available to address complex medical, cognitive and behavioral needs that impact health and jeopardize quality of care. Because the time per case has decreased so dramatically, staff need to take shortcuts and there are delays in responding to changes in client needs, coordinating with medical providers to get needed equipment and referrals for follow-up on health and social services to address things such as depression, fall risk, skin breakdown and housing stability. Meeting the basic administrative requirements required to determine eligibility and authorize personal care under the federal rules, by necessity, has been prioritized over clinical case management that assures quality, improves outcomes and maintains health and safety. For example, a client assessment may indicate significant problems with pain, depression or fall risk and the case manager does not have the time to make or follow-up on referrals for care in a timely manner. While the medical and behavioral complexity of people who need and prefer community based care has increased as we have rebalanced the system from its reliance on nursing home care, the time available by skilled clinical workers to address those complexities has decreased.

In addition, the new Centers for Medicaid and Medicare regulations around person-centered care for people served by Medicaid long term services and supports programs mean that AAAs must reinstate practices that have dropped away



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as funding for salaries and benefits has not kept pace with caseload increases. The new regulations include provisions that can be met with the appropriate caseload ratios; however, compliance is at risk if current caseload ratios remain.

HB 1519 requires the department to incorporate performance measures into contracts with care coordination entities that include Area Agencies on Aging. Performance measures include: Improvements in client health status and wellness, increases in client participation in meaningful activities, reductions in avoidable hospital costs, increases in stable housing in the community, and improvements in client satisfaction with quality of life. Given the current caseload ratios, the state cannot add additional expectations without adding additional case management resources.

PROPOSED SOLUTION

This request is to fully fund the existing workload model formula. AAAs will resume the full person-centered case management described above to fully comply with federal and state mandates. The funding will allow hiring of the case managers and nurses at the 1:62 ratio assumed in the workload model that is based on the Caseload Forecast Council in-home caseload forecast.

EXPECTED RESULTS

The budget request supports DSHS Goal 2: Safety – Each individual and each community will be safe, and DSHS Goal 4: Quality of Life – Each individual in need will be supported to attain the highest possible quality of life. Case management is necessary to ensure that seniors and disabled people who are Medicaid clients receive appropriate services based on their needs and living situation, and that the services are being implemented in such a way that they are safe in their home or residential setting and reaching their full potential to participate in normal daily personal and social activities.

The decision package is essential to implementing the AL TSA Strategic Objective 4.1 and Results Washington Goal: Ensure seniors and individuals with a disability who are in need of long-term services and supports are supported in their community. Full funding will allow intervention in crisis situations where housing is at risk, routine check-ins for clients with complex medical or cognitive support needs, and supports necessary to safely serve individuals in community settings rather than in nursing homes.

STAKEHOLDER IMPACT

The counties, AAAs, and senior advocates such as AARP and the Senior Lobby will all strongly support fully funding the contracted AAA case management ratios to allow the necessary number of case managers for timely and appropriate care level assessments, care planning and proactive case management of seniors and people with disabilities.



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