



**Weathering the Storm: The Impact of the Great
Recession on Long-Term Services and Supports**
State Profile: WASHINGTON

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INTRODUCTION

Weathering the Storm: The Impact of the Great Recession on Long-Term Services and Supports is the most comprehensive analysis to date on the budget cuts to both Medicaid and non-Medicaid funded long-term services and supports (LTSS) in each state. It also illustrates state-by-state how LTSS are financed. In addition, this study provides a very early snapshot of the likelihood of states pursuing some of the LTSS provisions within the Affordable Care Act (ACA).

Weathering the Storm contains several components:

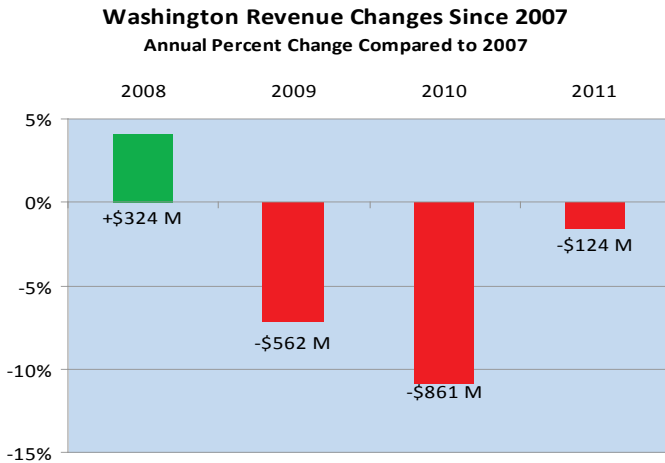
- The full report with an overview of findings and state-by-state tables;
- State profiles, which are 4 to 5 pages in length, for each state that participated in the study;
- An In Brief, which is a short synopsis; and
- A videotaped interview about the key findings.

Hard copies of *Weathering the Storm* are available free of charge. To order, please call the AARP Public Policy Institute at (202) 434-3890 or email jgasaway@aarp.org.

All of the components of *Weathering the Storm* are also available on the web and can be found at www.aarp.org/ppi, www.nasuad.org, and www.healthmanagement.com.

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TAX COLLECTIONS



Source: HMA analysis of state tax collection data from the National Association of State Budget Officers (NASBO), Spring Fiscal Survey of States, 2008 (for baseline 2007 data); Spring Fiscal Survey of States, 2009 (for 2008 data) and Spring Fiscal Survey of States, 2010 (for 2009 actual, 2010 estimated, and 2011 projected). Revenue represents the following taxes if collected by the state: **Personal Income, Corporate, and Sales.** Percent change and change in amount collected (in millions) represents the divergence between the state fiscal year noted and baseline SFY 2007.

ARRA FUNDING

IMPACT OF ARRA ENHANCED MEDICAID FMAP EXPIRATION

- The Enhanced FMAP annual value is \$180 million (state estimate), or 11 percent of all long-term service and support (LTSS) funding.
- Loss of these funds may mean significant cuts to client services.

PREDICTED IMPACT OF THE EXPIRATION OF THE ARRA NUTRITION FUNDING

- Waiting lists will increase.
- Services will be reduced.
- Programs will be eliminated.

STATE UNIT ON AGING AND DISABILITY (NON-MEDICAID) SERVICES

STATE UNIT ON AGING NUMBER SERVED (UNDUPLICATED)

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (projected)	% Change SFY 2009–2011
400,000	425,000	450,000	13%

STATE UNIT ON AGING TOTAL EXPENDITURE REDUCTIONS – ACTION TAKEN

SFY 2009–2010	SFY 2010–2011
5% or less	5% or less

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STATE UNIT ON AGING SERVICE DEMAND AND EXPENDITURE CHANGES

Program	Change in Expenditures		Change in Service Requests
	SFY 2009–2010	SFY 2010–2011	SFY 2009–2010
Adult Foster Care	-	+	+
Adult Day Care	0	0	+
Adult Protective Services*	0	0	+
Assisted Living	-	+	+
Behavioral Supports	+	+	+
Case Management	-	0	+
Chore	0	0	+
Community Transition	+	+	+
Congregate Meals	+	-	+
Day Habilitation			
Disease Prevention/Health Promotion	+	+	+
Elder Abuse Prevention	0	0	+
Environmental Modifications	+	+	+
Equipment and Supplies	+	+	+
Family Caregiver Support	+	0	+
Food Stamps/Supplemental Nutrition Assistance Program			+
Foreclosure Counseling			
Homemaker	0	0	+
Home-Delivered Meals	+	-	+
Housing Assistance			
Information and Referral	0	0	+
Legal Assistance Development	0	0	+
LIHEAP			
Long-Term Care Ombudsman	0	0	+
Nutritional Supplements			
Occupational Therapy			
Personal Care/Assistance		+	+
Physical Therapy			
Recreational Therapy			
Residential Habilitation			
Respite	0	0	+
Senior Community Service Employment Program	+	-	+
Senior Centers			
Speech Therapy			
State Adult Guardianship Program			
State Pharmaceutical Assistance	0	0	+
Supported Employment			
Supported Living			
Transportation	+	+	+
+ Expenditure/demand increase	0	No change in expenditure/demand	DK Don't know
- Expenditure/demand decrease	NA	Program not administered by SUA	

* Since SFY 2009, the State Unit on Aging has received increased calls for Adult Protective Services (APS), e.g., financial exploitation.

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STATE UNIT ON AGING NON-MEDICAID HCBS EXPENDITURES

SFY 2009 (actual)	SFY 2010 (projected)	SFY 2011 (appropriation)	% Change SFY 2009–2010
\$17,565,000	\$17,778,000	\$17,778,000	1%

MEDICAID LONG-TERM SERVICES & SUPPORTS

NUMBER OF BENEFICIARIES: WAIVERS & NURSING FACILITIES

Waiver Name	Avg. Daily Caseload			% Change
	SFY 2009	SFY 2010	SFY 2011 (planned)	SFY 2009–2010
Community Options Entry System	32,646	33,084	33,404	1%
Medically Needy In-home Waiver	128	96	100	-25%
Medically Needy Residential Waiver	698	690	877	-1%
New Freedom	417	591	800	42%
Nursing Facility Services	Avg. Daily Census 2010		Expected Change 2011	
NF Average Daily Census*	10,539		Decrease	

- The state indicates that Money Follows the Person provides significant assistance with managing the nursing facility census.

LTSS EXPENDITURES (FEDERAL AND STATE)

Service	SFY 2009	SFY 2010 (Estimate)	SFY 2011 (Appropriation)	% Change SFY 2009–2010
HCBS Waivers (For Older People and Adults with Physical Disabilities)	\$488,155,640	\$510,242,000	\$553,282,000	5%
Medicaid LTSS State Plan	\$326,180,000	\$342,215,000	\$368,735,000	5%
Nursing Facility	\$534,092,566	\$545,060,000	\$495,315,000	2%

LTSS PROVIDER PAYMENT RATE CHANGES

Provider Type	SFY 2009–2010 % change	SFY 2010–2011 % change
Nursing Home*	+3%	-2%
Home Health		
Personal Care Services	-4%	0
HCBS Waiver Services	-4%	0
+ Provider rate increase - Provider rate decrease 0 No change in provider rate		NA Not applicable

- Nursing facility rates were increased \$5.00/patient day in 2010, for an overall 3 percent increase. In 2011, these rates were decreased by 3.61 percent, for an overall expenditure decrease of 2 percent.



OPTIONS, OUTLOOK, AND PROMISING PRACTICES

The Medicaid agency and State Unit on Aging were asked about their intent to pursue options under health care reform, to provide their thoughts on the outlook for LTSS, and to share promising practices in their state. This section combines information from both agencies if both agencies responded.

See the Overview for descriptions of these provisions.

State's Intent to Pursue LTSS Provisions in the Affordable Care Act	Very Likely	Somewhat Likely	Not Likely	Don't Know
State Balancing Incentive Program			X	
Community First Choice Option		X		
Money Follows the Person Demonstration				
1. Apply for new program				
2. Apply for extension of existing program	X			
Medical/Health Home Initiative				
1. Agency applying for planning grant		X		
2. State plan amendment to establish medical/health home services		X		
3. Apply to establish community health teams				X

STATE PRIORITIES: 18–24 MONTHS

- Expand Aging and Disability Resource Center (ADRC) capacity.
- Continue balancing efforts.
- Develop capacity to serve complex clients in community settings.

STATE ISSUES

- Continuing challenges related to the economic downturn.
- Staffing reductions combined with increasing caseloads, which impact program development and management (e.g., 12 percent staff reduction in home and community-based services (HCBS) regional staff results in longer wait times for assessments and APS investigations; 15 percent staff reduction in main office).
- Maintaining infrastructure that supports HCBS during economic downturn.

STATE PROMISING PRACTICES

- Achieving balancing successfully in Washington to date.
- Continuing the development of participant-directed models of care.
- Implementing services and supports for informal caregivers.

The information in this profile represents information available to state officials at a point in time. Surveys were conducted from June through September 2010. Washington's fiscal year begins July 1 and ends June 30.