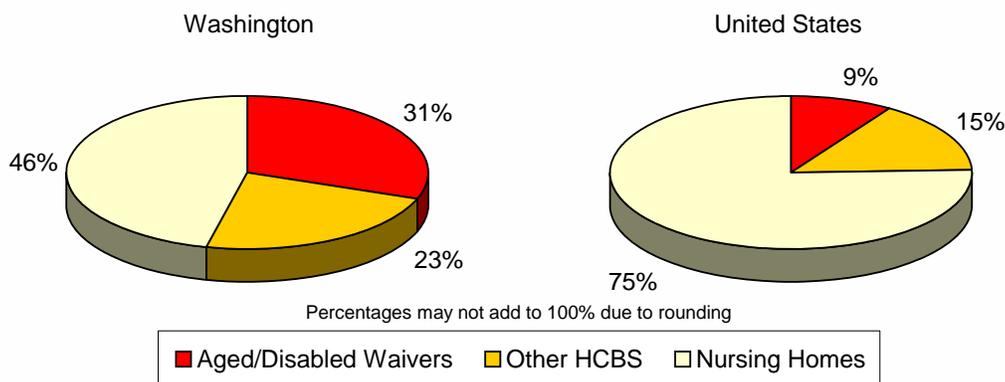


State Long-Term Care Reform in
WASHINGTON

Medicaid Long-Term Care Spending for Older People and Adults with Physical Disabilities in Washington and the U.S., 2006



Compared to the U.S. average, Washington allocates a much greater percentage (54 percent) of its Medicaid long-term care (LTC) spending for older people and adults with physical disabilities to home and community-based services (HCBS). In FY 2006, Washington spent 31 percent on waiver services and 23 percent on personal care services (PCS).

Type of Service	Medicaid Participants ¹			Expenditures (millions)		
	1999	2004	Change	2001	2006	Change
HCBS	33,343	53,218	+19,875	\$439	\$642	+\$203
Nursing Homes	24,620	22,555	-2,065	\$614	\$558	-\$56

Washington has one of the nation’s most balanced LTC systems for older people and adults with physical disabilities, and recent trends indicate the state is continuing to make even more progress toward balancing. Many more Medicaid participants received HCBS than received nursing home services in 2004. While the number of participants receiving HCBS increased significantly, the number of participants in nursing homes decreased from 1999 to 2004. From FY 2001 to FY 2006, Medicaid spending on HCBS increased significantly, while spending on nursing homes decreased. Washington is one of the few states that spend more on HCBS than on nursing homes.

¹ This analysis separates Medicaid participation and spending data for older people and adults with physical disabilities from the population with mental retardation/development disabilities (MR/DD) and other LTC populations. Participants and expenditures for HCBS include all 1915(c) waivers for older people and adults with physical disabilities, and the personal care services option, if the state offers it. All participants and expenditures for nursing homes are included, regardless of the participants’ type of disability or reason for admission. Excluded are participants and expenditures for intermediate care facilities for mental retardation (ICF/MR), HCBS waivers for other populations such as MR/DD, home health, and individuals receiving LTC services through managed care programs. Participant numbers include all persons receiving services during the year, not the average number on a given day; the number of nursing home participants is greater than the number of nursing home beds in each state. The average number of Medicaid nursing home residents on any given day for each state appears in the *Tables* tab at the end of the full report *A Balancing Act: State Long-Term Care Reform (#2008-10)*.

Major Initiative

Washington has a long record of success in providing HCBS to older persons with LTC needs. In 2006, beds in assisted living facilities and adult family homes outnumbered institutional beds—39,637 residential care beds compared to 25,011 institutional beds. The state also helped to pioneer a presumptive Medicaid financial eligibility process: A caseworker can “presume” an applicant’s eligibility based on certain information, so the applicant can receive in-home or residential services quickly while the more detailed paperwork process proceeds. This process and expedited eligibility determination have reduced the average time for Medicaid approval from 37 days to 17.

The state was able to initiate presumptive eligibility in part because of its electronic assessment tool, called CARE (Comprehensive Assessment Reporting and Evaluation), a computerized assessment tool used to determine a person’s functional eligibility for Medicaid services and the development of care plans. A Case Management Information System, added to the CARE system in January 2008, includes an advanced tickler system to provide case managers with prompts regarding deadline and program requirements.

Other Developments

Money Follows the Person. Washington was awarded a \$27 million federal Money Follows the Person Demonstration in 2007 for a “Roads to Community Living” project to help move 660 nursing home residents to the community.

Task Force. The Washington legislature passed House Bill 1220 in 2005 establishing a joint legislative and executive Long Term Care Task Force to focus on LTC financing and chronic care management. The task force issued a report in January 2008 recommending:

- Expand the Aging and Disability Resource Center approach beyond the initial pilot site in Pierce County, and expand the campaign to educate the public on the importance of planning for LTC needs.
- Increase funding for and access to adult day services, respite, support groups, training, and other caregiver supports; review the funding needs of rural areas; and implement a comprehensive falls-prevention education program.
- Pursue an LTC Partnership insurance option through legislation.
- Implement an evidence-based, comprehensive chronic care program.

In 2008, the legislature enacted House Bill 2668, giving a 12 percent increase in the existing respite program and a Senior Falls Prevention Program to help prevent slips and falls through an education and exercise program. Another 2008 bill (HB 2666) established National Association of Insurance Commissioners standards for private LTC policies, another Task Force recommendation.

“Presumptive Eligibility and CARE Assessment Tool”

Presumptive eligibility and the CARE assessment tool have allowed caseworkers to presume the eligibility of a Medicaid applicant as a means of expediting home and residential services to consumers while their paperwork is being processed.