Conference on Ending Homelessness

Aging in Place: Integrating Long-term Services & Supports with Supportive Housing

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ALTSA: Aging and Long Term Support Administration

Vision
Seniors and people with disabilities living in good health, independence, dignity, and control over decisions that affect their lives

Mission
To Transform Lives by promoting choice, independence and safety through innovative services

Serving approximately 74,000 individuals per year
Average monthly community caseload 64,000
36% individuals with disabilities and 64% seniors
Home and Community Services (HCS)

Philosophy

• Most people want to live as independently as possible for as long as possible.

• ALTSA embraces the belief that clients with high care needs can be cared for and supported in the community by offering waiver and state plan services that provide alternatives to institutionalizations.

• Goal: Offer options to individuals requiring long-term supports and services in the least restrictive setting while honoring client choice and preference.
ELIGIBILITY

Financial Eligibility

- Determined by a Financial Specialist after verifying an individual's monthly income and financial resources
- After an interview with the client or their representative
- There are income limits and resource limits for each program
- Financial Eligibility is reviewed on a regular basis
- Based on income, clients may have to contribute to their cost of care

Functional Eligibility

- Determined by a Case Manager
- Determined after completing a CARE assessment with the client and reviewing ADLs
- Discussing HCS service options with client and eliciting care setting preference
- Functional Eligibility is reviewed on a regular basis
Understanding Functional Eligibility

- **Activities of Daily Living (ADLs)**
  Routine activities that people tend to do every day

- **NFLOC**: Nursing Facility Level of Care
Long Term Services & Supports: Settings

- **Nursing Facilities**: also known as skilled nursing facilities (SNF)
- **Hospitals**: State psychiatric hospitals or acute care hospitals
- **Community Residential Facilities**: Adult Family Homes, Assisted Living Facilities, Expanded Community Services (ECS), and Enhanced Services Facilities (ESF)
- **Community In-Home**: In the individual’s own home or location in the community with in-home personal care services
Home & Community Based Services: Roles to Know

- HCBS and resources are available to meet an individual’s needs in the community.
  - HCS: *Home and Community Services*: the division of Aging and Long-Term Support Administration (ALTSA) within DSHS that is responsible for promoting, planning, developing and providing long-term care services responsive to the needs of persons with disabilities and the elderly.
  - AAA: *Area Agency on Aging*: AAAs help older adults plan and find additional care, services, or programs. They also provide case management for individuals on LTC HCBS in their home (not residential settings like adult family homes or assisted living).
Questions?
LTSS Programs: State Plan Service Options

- Medicaid Personal Care (MPC)
- Community First Choice (CFC)
- Community Options Program Entry System (COPES)
Medicaid Personal Care (MPC)

Not required to meet NFLOC but must meet financial eligibility

- Personal care
- Caregiver Management Training
- Community Transition Services
- Supportive Housing Services
- Access to ALTSA Housing Resources
Personal Care Services

• Personal Caregiver in the home

• This care can be provided by an Individual Provider or an Agency Caregiving Provider

• The number of caregiving hours a person is eligible for in a month is determined by the results of the CARE assessment algorithm
Caregiver Management Training Service

- Assistance understanding their Service Plan
- Hiring and employing caregivers
- Tracking caregivers hours
- Recognizing, discussing caregiver performance issues
- Discharging unsatisfactory caregivers
- Developing a back-up plan for coverage of services when the regular caregiver is not available or requires relief.
Community Transition and Sustainability Services

- Community Choice Guide
- Behavioral Support Services
- Substance Abuse Consultation
- Professional Support Services
  - Communication Therapy
  - Dietitian/Nutritionist
- Technical Assistance
- Community Transition or Stabilization Services
  - Pest Eradication
  - Deep Clean
  - Utility Deposits
  - Moving Services
  - Move In Deposits (Including first month’s rent)
- Community Transition or Stabilization Items
- ALTSA Subsidy
- Emergency Rental Assistance
These resources are available to eligible clients based on availability.
Questions?
Community First Choice (CFC)

Must meet NFLOC and financial eligibility

- Personal Care
- Caregiver Management Training
- Community Transition Services
- Supportive Housing Services
- Access to ALTSA Housing Resources
- Skills Acquisition Training
- Personal Emergency Response Systems (PERS)
- Assistive Technology
Skills Acquisition Training Services (CFC)

- Cooking and meal preparation
- Shopping
- Housekeeping tasks
- Laundry
- Limited Personal Hygiene tasks
PERS: Personal Emergency Response System (CFC)

PERS services are for individuals who live alone or with others who cannot summon help in an emergency or who cannot summon help for significant parts of the day, and have no regular caregiver for extended periods of time.

Potential additions to the standard PERS system include medication systems, fall detection units, or GPS units.
CFC + Community Options Program Entry System (COPES)

Must meet NFLOC and financial eligibility

- Adult Day Care
- Adult Day Health
- Client Support Training
- Wellness Education
- Environmental Modifications
- Home Delivered Meals
- Transportation
- Home Health Aide
- Nursing Services
- Specialized Medical Equipment and Supplies
- Skilled Nursing
Specialized Medical Equipment and Supplies (COPES)

• Bathtub wall rail (grab bars)
• Bed pan
• Bedside commode chair
• Raised toilet seat
• Shower chair
• Shower/commode chair
• Standard and heavy duty bath chairs
• Toilet rail (grab bars)
• Transfer bench for tub or toilet
Skilled Nursing (COPES)

• Skilled Nursing Services under the waiver differ from Medicaid reimbursed Home Health services.

• Skilled nursing is intended for short-term, intermittent treatment of acute conditions or exacerbation of a chronic condition.

• Skilled nursing is used for treatment of chronic, stable, long-term conditions that cannot be delegated, self-directed or provided under other Medicaid reimbursed nursing services.
Client Support Training (COPES)

- Adjustment to a serious impairment
- Maintenance or restoration of physical functioning
- Self-management of chronic disease
- Development of skills to work with care providers including behavior management

**Providers could be:**
- Mental Health Practitioners
- Dietician/Nutritionists
- Independent Living Providers
- Registered Nurses
- Physical Therapists
- Occupational Therapists
Home Delivered Meals

- Type of meal delivered depends on the area and what services is available
- Available under specific eligibility criteria
- In exchange for caregiver hours
- Basic nutrition, up to 30 meals monthly
Questions?
What is Foundational Community Supports (FCS)?

<table>
<thead>
<tr>
<th>Funding</th>
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</thead>
<tbody>
<tr>
<td>Medicaid</td>
</tr>
<tr>
<td>• Funds FCS benefits through Healthier WA Medicaid Transformation</td>
</tr>
<tr>
<td>HCA&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td>• Receives funding from Medicaid</td>
</tr>
<tr>
<td>• Holds contract with Amerigroup TPA</td>
</tr>
<tr>
<td>DBHR&lt;sup&gt;2&lt;/sup&gt; &amp; ALTSA&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td>• Support network development and provider engagement</td>
</tr>
<tr>
<td>Amerigroup (TPA&lt;sup&gt;4&lt;/sup&gt;)</td>
</tr>
<tr>
<td>• Contracts with FCS providers</td>
</tr>
<tr>
<td>• Manages client referrals and authorizes FCS services</td>
</tr>
<tr>
<td>• Distributes provider payments</td>
</tr>
<tr>
<td>• Tracks encounter data</td>
</tr>
</tbody>
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| FCS Providers |
| Community-based organizations (social services) | Health care providers | Community behavioral health agencies | Long-term services & supports providers | Tribal providers |

1. Health Care Authority – Policy Division
2. Health Care Authority - Division of Behavioral Health & Recovery
3. Department of Social & Health Services - Aging and Long-term Support Administration
4. Third Party Administrator
Supportive Housing: Coordinating System of Care

Supportive Housing Provider acts as the point person for the participant and drives collaboration across system and provider.

Who is part of System of Care will vary over time and by participant.
Questions?
Coordinated Personal Care
A Flexible System of Personal Care Delivery

- A partnership between agencies
- Increased and focused communication and collaboration
- Increased utilization of caregiver hours
- Supports housing retention
- Caregivers assigned to sites or geographical areas
- A specialized referral system between SH agencies and their local HCS office
A Partnership Between Personal Care and Supportive Housing Providers

**SH Staff**
- Know residents and their needs
- Can provide onsite support to CG’s in assisting residents
- Can act as collateral contacts during assessments
- Have access to resident Care Plans and have open communication with CG’s

**CG’s**
- Become part of a cross sector team supporting residents in retaining LTSS and housing
- Are able to access support in serving residents with challenges
- Build relationships with all residents in the building
- Be a link in communication between the resident and other providers
King County Project

• Who is involved: Holgate HCS, Seattle ADS (AAA), DESC and Plymouth Housing Group (SH providers), Full Life Care (personal care agency), ALTSA Housing/Supportive Housing Program Managers.

• Holgate HCS and Seattle ADS have dedicated CM’s that work in CPC to support communication and relationship building.

• Underserved or clients previously unable to be served with personal care are being served.
## King County CPC Data at a Glance

<table>
<thead>
<tr>
<th>Housing Providers</th>
<th>Total SH Residents on LTSS in Oct 2017</th>
<th>Total SH Residents on LTSS in Oct 2019</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catholic Housing</td>
<td>36</td>
<td>74</td>
<td>106%</td>
</tr>
<tr>
<td>DESC</td>
<td>74</td>
<td>129</td>
<td>74%</td>
</tr>
<tr>
<td>Plymouth Housing Group</td>
<td>42</td>
<td>68</td>
<td>62%</td>
</tr>
<tr>
<td>Grand total</td>
<td>154</td>
<td>271</td>
<td>76%</td>
</tr>
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The above numbers not only reflect a benefit to residents in Supportive Housing but to the Supportive Housing agencies housing them. At King County’s current capacity, Supportive Housing agencies stand to receive an additional $1.3 million in services annually for their residents.

If you are interested in hearing more about CPC in your area there is a sign up sheet...
Takeaways from Today’s Training...

- There are many services available to help clients stabilize and/or maintain community living and age in place.
- You do not need to know which program to request; you just need to know who to contact and what the process is.
- HCS/AAA Case Managers determine which services a client is eligible for.
- As Housing direct service staff, be prepared and have permission from your resident to provide information about their needs for supports, living situation, and Activities of Daily Living.
How to Apply

Request an LTSS training for your agency

How to apply for DHS LTSS: Long Term Services and Supports

Medicaid is a government health insurance program that pays for long-term services and supports for people who have very limited income and resources. To receive Long Term Services and Supports (LTSS) through DHS/Home and Community Services, you must be both financially and functionally eligible for Medicaid; therefore there are two application components to complete. More information about the application process can be found here:


Financial Eligibility: an application for DHS services must be submitted and an interview completed. Applications for Long Term Care services may be submitted using any of the following methods:

1. An application can be completed and submitted online:
   a. For clients under 65 who are not receiving Medicare, apply online at www.wahealthfinder.org.
      - Applications submitted through this site will have a real-time determination of Washington Apple Health medical coverage eligibility under the modified adjusted gross income (MAGI) methodology.
      - To apply for LTSS through this site, the client must indicate a need for LTSS in the Additional Questions screen in the HealthEligTest application AND take the link at the end of the application to transfer the application date to the Washington Connection site to complete additional information that is needed specific to LTSS.
   b. For individuals over 65 or receiving Medicare:
      - An online application can be completed and submitted by going to the following website and clicking “Apply Now” (this is not a real time process):
        https://www.washingtonconnection.org/home/

2. Complete and submit HCS form 18-015:
   a. Found here: https://apps.dshs.wa.gov/assets/Pages/Local-Cost/18-015.pdf or you can call your local HCS office and ask them to mail you an application. Your local HCS office here: https://www.dshs.wa.gov/HCSS/resource?field_counties_value=ALL&find
      - Submit the application using one of the following methods:
        - Mail or FAX to:
          Home and Community Services - LTSS Services
          PO Box 45925
          Olympia WA 98504-8926
          FAX: 1-866-631-8305
        - Drop off at your local Home and Community Services office (see link above to locate office).
   b. You can apply in-person at your local Home and Community Services office (see link above to locate office). If you have difficulty reading the application or have mental, physical, hearing, or sight issues that make it difficult to understand what is happening during the application process, ask an HCS staff person for help.

Functional Eligibility: An in-person assessment must be completed and information collected.

1. Once a financial application for services has been submitted (you do not need to wait for a determination) you can call your local Home and Community Services office and complete an intake for Long Term Care services over the phone. Again, local office information can be found on the website below:

   http://www.dshs.wa.gov/LTSS/resources/?field_counties_value=ALL&find

2. The intake worker will assign a social worker to complete an in-person assessment to determine functional eligibility. The social worker will collect some of the following information:
   a. What your needs are for personal care; mobility, bathing, dressing, eating, etc.
   b. Medical information, medical records, diagnosis, medications, physicians information
   c. Any needs for behavioral, chemical dependency or other supports
   d. Information on any supports already in place
   e. Preferences on setting in which you would like to receive care or caregivers

Once both the assessment and financial eligibility has been completed, you will be notified by phone call and mail.

1. If eligible for services, the social worker will discuss a Case Plan with you and services will be started.
2. The notice will include how much you must pay your provider towards your cost of care, if any.
3. If you are found ineligible, the social worker will discuss the reasons and a detailed denial letter will be mailed to you. If you do not agree with the decision, the letter will detail how you can appeal the decision.

If you would like a friend, family member or professional to assist with the application process, the following can be done:

1. You can add a support person’s contact information to the application if it is likely you cannot be reached or if you need assistance with communication.
2. You can also fill out DHS form 14-532 to request an AERP (Authorized Representative) to assist you through the application and assessment process.
3. A support person/AERP can be with you during the financial review and in-person assessment.
4. You are considered the primary source of information, but a support person/AERP can provide collateral, supporting information.
5. You can add the support person/AERP to the Release of Information so that the financial/social workers can communicate with them on your behalf, if desired.

Request an LTSS training for your agency
ALTSA Housing Contacts

Housing Program Managers (HPMs)

Dan Ruddell
509.568.3823
Daniel.ruddell@dshs.wa.gov

Jonnie Matson
360.429.2939
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Tammy Stewart
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Supportive Housing Managers (SHMs)

Region 1
Ian Harpole
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Region 3
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ALTSA HQ
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