
Washington State Plan on Aging 2010-2014

Aging and Disability Services Administration,
Home & Community Services Division
State Unit on Aging

Washington Department of Social and Health Services

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EXECUTIVE SUMMARY

Demographic data has been informing analysts for decades that the senior population (individuals 65 and over) will expand at an unprecedented rate with the advent of the retirement of the Baby Boomers. The first baby boomers turned 60 in 2006 and will turn 65 in 2011. With the aging of the baby boomers, state and local governments and service providers are seeing increasing numbers of individuals who have time and energy to commit to areas of passion as well as numbers of individuals who are in need of information and services to meet long term care needs. Communities are also understanding and seeing the need for aging readiness to proactively plan for building infrastructure for aging friendly communities, and aging friendly public policies so that individuals can remain actively integrated members of their communities.

A large segment of the older population will be engaged in varied civic activities or will remain employed full or part time and a portion of older adults will need long term care services, paid for privately or publically. There are also an increasing number of older adults with complex needs and these individuals will need a complementary set of medical, prescription drug, personal care, and supportive services that may look different than current services.

In addition to the growing number of older adults, minorities will comprise an increasing proportion of the older population as a more diverse cohort of Americans reach age 65. This trend is expected to continue in the foreseeable future and will result in the need for ADSA, the aging network and others to strengthen their capacity to deliver culturally relevant and competent services.

The growth in the population needing care and smaller family size in the “baby boom” generation has combined to decrease the ratio of caregivers to those needing care. It is estimated that in 1990, there were eleven potential caregivers for each person needing care. By 2050, that ratio will be four to one. Data on national trends indicates that labor shortages will worsen over the next twenty years and Washington, like the rest of the country, will be affected by the downturn in labor growth and resulting workforce shortages. Additionally, there is a shortage of medical providers with geriatric expertise. Given that our state’s long term care system is dependent on unpaid family caregivers, long term care workers, and medical and multi disciplinary providers of geriatric services, it is critical that we identify strategies to address this demographic imperative, including the use of technology where available.

The ability to provide services in home and community settings is dependent on availability of quality home and community options statewide. Providers in institutional and home and community settings across the state are struggling with economic conditions as the result of flat funding or even recent decreases in rates. Medicaid long term care service providers including

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nursing homes, boarding homes, adult family homes and home care agencies have experienced rate reductions as part of addressing the budget deficit. There is a large private pay long term care market and access to these providers for clients on Medicaid could be adversely impacted as the variance between public and private rates widens.

While the State is facing the demographic pressure of an aging population and intensifying long-term care financing challenges, the national and state economies are grappling with the worst economic downturn since the Great Depression. In the past three years, the state faced a \$12 billion shortfall, and when the Legislature meets again in 2011, there is a projected \$3 billion shortfall. The forecast out to the 2013–15 budget projects an \$8 billion shortfall. To date, shortfalls have been addressed with a combination of cuts, transfer of funds from dedicated accounts, enhanced federal contributions and increased revenues.

Washington's is among the nation's most cost effective long term care systems, so cuts have had immediate service impacts. The legislature has mitigated those service cuts with additional revenue and the enhanced federal match has generated approximately \$180 million each year to fund ADSA programs. This represents approximately eleven percent of LTC spending. Despite these mitigating factors, cuts to service and administrative reductions are challenging ADSA's capacity to maintain access to services and supports while at the same time manage significant caseload increases.

Comprehensive strategies are needed to increase the total amount, efficiency, and effectiveness of the Medicaid contribution toward growing demand and strengthening services outside of Medicaid. We must advocate and plan for the increased demand for quality services as well as the need for communities to support aging in place. Services should include helping people to plan to pay for their long term care needs, protection of vulnerable adults, self management models of care, evidenced based chronic care management, healthy aging programs, behavioral health supports, family caregiver support and respite, transportation access, and a wide array of community based long term care options. Advocacy and planning will help to ensure that the most critical services—individualized to meet the person's needs--are available to help maximize quality of life and health status.

Washington State, inclusive of ADSA, is also developing a comprehensive understanding of the new Health Care Reform law. The law will impact and present strategic opportunities for the long term care system as well as other intersecting state and federal systems. Health care reform legislation will have significant impact on the provision of behavioral health services, chronic care management, access to health care and preventative services and a new voluntary funding mechanism for long term care services and supports, called the CLASS act. Medicare will begin covering some preventative services and the "donut hole", which currently exists in Medicare Part D, will be closed.

ADSA is evaluating a number of funding opportunities made available under health care reform related to expansion of Aging and Disability Resource Centers (ADRC), care transition models to

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reduce re-hospitalizations, chronic care management models and incentives related to training of the direct service and geriatric professional long term care workforce

Organizationally ADSA has attained efficiencies through the integrated implementation of OAA programs and HCBS services throughout the state's aging network. ADSA consolidates a full array of options, in-home, community-residential and nursing homes and controls and coordinates the entire Medicaid LTC budget. Additionally ADSA, through a variety of federal grant opportunities, including those from AoA, has built strong partnerships to leverage resources through collaborations with academic, agency and provider based communities.

ADSA is also strengthened by long term working relationships with creative and innovative AAA's in the state's aging network. In addition to implementation of core OAA programs, there have been significant strides to advance healthy aging initiatives including increasing physical activity, preventing and reducing falls, decreasing depression, increasing access to healthy nutrition, implementation of chronic care disease self management programs and implementing programs that increase choice and control for older adults. Collectively we are well positioned to further advance priority goals and objectives for the states LTC system.

With increasing demand for supportive services, stagnant or shrinking funding sources, and changes in consumer preferences and needs, the State and the Aging Network is continually challenged to evolve to better address these realities. The Administration on Aging has set focus areas for State Units on Aging to mould their service architecture to address these evolving issues. This State Plan on Aging is structured around these focus areas.

The broad goals of the State Plan are:

- 1. Empower the informed decision making of older people, their families, and others by providing easy access to information and referral for both public and private health and long term support options.** This goal relates to AOA's strategic goal of empowering consumers to make informed decisions and be able to easily access existing health and long-term care options. Goals and objectives in this area are also responsive to a key AOA focus area of strengthening core programs.
- 2. ADSA State Plan on Aging Goal 2: Enable older adults to remain in their homes and maintain quality of life by strengthening the statewide system of home and community based services, caregiver support, the integration of behavioral health and family support services within the home and community based long-term care system and the expansion of participant directed models of support.** This goal relates to AOA's goal of enabling older adults to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including family caregivers. This goal is also responsive to AOA's key focus areas of strengthening core programs and increasing choice and control.

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- 3. Improve the health status of Washington senior citizens by empowering older people to stay healthy and active through expansion of evidence based healthy aging programs.** This goal relates to AOA's strategic goal of increasing the number of older people who stay active and healthy. This goal is also responsive to AOA key focus areas of increasing consumer choice and control and integration of demonstration grants into core services.
- 4. Improve the health status of individuals by implementing chronic care management models informed by predictive modeling and based upon increasing awareness and use of self management models.** This goal relates to AOA's strategic goal of increasing the number of older people who stay active and healthy. This goal is also responsive to AOA key focus areas of increasing consumer choice and control and integration of demonstration grants into core services.
- 5. Improve individual and public safety by ensuring the rights of older people and preventing their abuse, neglect and exploitation.** This goal relates to AOA's strategic goal of ensuring the rights of older people and preventing their abuse, neglect and exploitation. This goal is also responsive to a key AOA focus area of strengthening core programs.
- 6. Promote the civic engagement, self-sufficiency and economic security of Washington senior citizens by empowering people to retain or access employment if they choose and to have greater control over how they plan to meet long term care needs** This goal is also responsive to AOA key focus areas of increasing consumer choice and control

The state plan narrative is organized around the following broad categories. Additional information about the state's long term care system and services for older adults can be found in the appendices.

Demographic Trends

The plan begins with describing demographic, trends related to older adults in Washington State

Organizational Structure

The next section provides a description of the organizational structure and function of the Aging and Long Term Care Network within the State of Washington, the role and functions of the Network and the types of services dedicated to older adults.

History and Context

The next major section provides history and context to the plan by describing demographic, economic and programmatic trends that influence the home and community based care system. The leadership role ADSA has taken in developing a comprehensive service system for older individuals, caregivers and persons with disabilities is foundational within the document.

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WA State Priorities

The plan then outlines initiatives and programs Washington has prioritized within the four AoA goals and focus areas of Access to Information and Informed Choice, Home and Community Based Services, Protection of Vulnerable Adults and Prevention of Abuse, and Healthy Aging Programs, Washington specific goals are highlighted in each program area.

OAA Assurances

The plan includes the assurances from the Older Americans Act in Appendix I. These provide assurance to AoA that Washington State is providing basic services to the appropriate target populations as required by the Act. We can provide these assurances based on the approved AAA Area Plans and SUA monitoring efforts.

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INTRODUCTION

The Aging and Disability Services Administration (ADSA) is an administration of the Washington State Department of Social and Health Services (DSHS) and has been designated as the single state agency to administer federal programs under the Older Americans Act. In that capacity, ADSA has undertaken the development of this State Plan on Aging for the four-year period—October 1, 2010 through September 30, 2014. In the development of this plan, ADSA has reviewed and taken into consideration the Area Plans on Aging submitted by the state's thirteen Area Agencies on Aging as required by the Older Americans Act. The Plan was reviewed and approved by the State Council on Aging in public session on June 22, 2010. The State Council on Aging is the advisory council appointed by the Governor and assists in carrying out functions of the Older Americans Act.

In 2010, DSHS realigned some of its divisions and the Division of Behavioral Health and Recovery was merged into Aging and Disability Services Administration. The Aging and Disability Services Administration is organized into five divisions: **Home and Community Services Division, Residential Care Services Division, Division of Developmental Disabilities, Division of Behavioral Health and Recover and Management Services Division.**

ADSA's **Home and Community Services Division (HCS)** is the division mainly responsible for administration of the State Plan on Aging and Older Americans Act programs and funding. ADSA leads the continuing discussion in this state regarding the provision of long-term care services and the on-going development of a long-term care system that is responsive to diverse needs of constituents.

For purposes of this discussion, "long-term care" has been defined as a coordinated continuum of diagnostic, therapeutic, rehabilitative, supportive and maintenance services which address the health, social and personal care needs of individuals with a chronic illness or disability which limits their capacity for self-care. Services are designed to facilitate the maximum potential for personal independence. Services are provided consistent with consumer choice and the desire to have options from which the consumer can choose the setting and services that are most aligned with individual preferences and goals. Services and supports may be delivered for only a brief period or for a relatively long and indefinite period. It is within the context of this discussion that we present this State Plan on Aging.

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VERIFICATION OF INTENT

This State Plan on Aging is submitted for the State of Washington for the period October 1, 2010 through September 30, 2014. The **Department of Social and Health Services** is the sole state agency designated to develop and administer the state plan. **Aging and Disability Services Administration** has been given the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Older Americans Act. ADSA is primarily responsible for the coordination of all State activities related to the purposes of the Act, i.e. the development of comprehensive and coordinated systems for the delivery of supportive services, including information and assistance, in-home programs, nutrition and caregiver support services, and to serve as the effective and visible advocate for the elderly in the state.

This plan includes all assurances, plans, provisions, and specifications to be made or conducted by the **Aging and Disability Services Administration** under provisions of the Older Americans Act, as amended, during the period identified.

This Plan is approved for the Governor by her designee Kathy Leitch, Assistant Secretary, Aging and Disability Services Administration, Department of Social and Health Services, State of Washington, and constitutes authorization to proceed with activities under the Plan upon approval by the Assistant Secretary on Aging.

The State Plan on Aging as submitted has been developed in accordance with all federal statutory and regulatory requirements.



Kathy Leitch, Assistant Secretary, ADSA

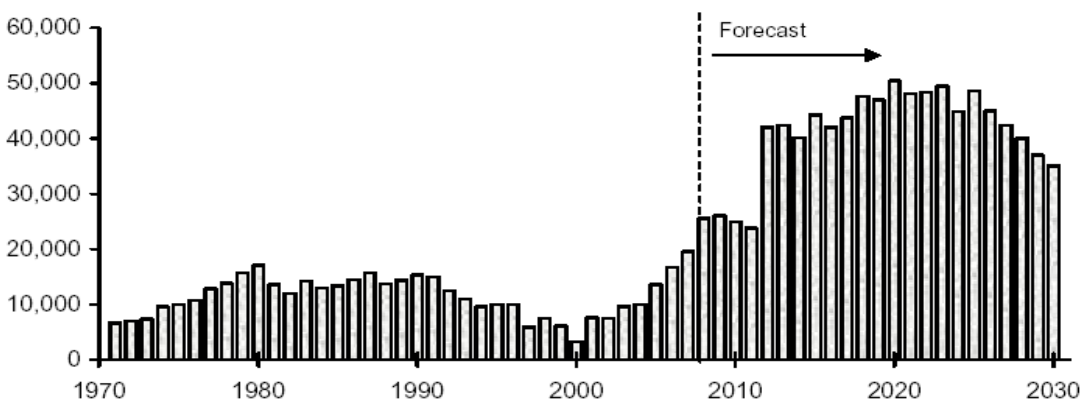
June 30, 2010
Date

Demographic Trends

In the United States, the proportion of the population aged 65 years and older is projected to increase from 12.4% in 2000 to 19.6% in 2030. The number of persons aged 65 years and older is expected to increase from approximately 35 million in 2000 to an estimated 71 million in 2030, and the number of persons aged 80 years and older is expected to increase from 9.3 million in 2000 to 19.5 million in 2030. Similar to national trends, in Washington State, the population age 65 and older is beginning to grow at an increasing rate, gaining 22.2 percent since the 2000 census. This growth is anticipated to continue at a high level and by 2030, the number of persons 65 and over should reach 1,685,600 and will represent one-fifth of the states' population.¹

Current gains of approximately 25,000 persons age 65+ per year are expected to jump to over 40,000 per year in 2012. The Office of Financial Management's November 2008 state forecast indicates that this trend is expected to hold through 2028, and the State's population over 85 is expected to double by 2030 when the first waves of Baby Boomers reach 85.

Figure 7. Annual Change in Population (Ages 65 and Over)



In 2009, persons age 65 and over represented 11.7 percent of the state's population. Persons age 65 and over comprise one-fifth or more of the population in eight rural counties: Pacific (24.6 percent), Jefferson (24.4 percent), San Juan (24.1 percent), Lincoln (24.0 percent), Clallam (23.8 percent), Garfield (23.6 percent), Ferry (20.4 percent) and Wahkiakum (20.3 percent). By 2030, persons age 65 and over are forecast to represent 19.8 percent of the state's population.

There is great diversity in the health, income, functional abilities and needs of older adults in Washington State. Some older adults continue to work longer than what has typically been considered retirement age. Some give their time and expertise in local communities by volunteering. Others receive information and assistance from ADSA and the Aging Network to plan for their own long term care needs or those of their loved ones. Some benefit from the

¹ Washington State Office of Financial Management: Forecast of the State Population November 2009

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activities that ADSA conducts in residential and institutional long term care facilities. Yet others have their long-term care needs paid for in whole or in part through ADSA.

One of the challenges the Aging Network will face in the next twenty years will be in learning how to assure that older adults find ways to maintain meaningful involvement in their communities and remain politically active to promote policies that improve planning, services and opportunities for civic engagement. The Administration on Aging is taking a leadership role in funding innovative projects targeted at engaging older adults in civic activities

While a large segment of the older population will be engaged in varied civic activities, a portion of older adults will need long term care services, paid for privately or publically. And because of the increase in clients with complex needs, these individuals will require a complementary set of medical, prescription drug, personal care, and supportive services that may look different than current services.

In addition to the growing number of older adults, minorities will comprise an increasing proportion of the older population as a more diverse cohort of Americans reach age 65. This trend is expected to continue in the foreseeable future and will result in the need for ADSA, the aging network and others to strengthen their capacity to deliver culturally relevant and competent services.

These minority populations currently represent more than 20 percent of the population in 11 Washington counties. Estimates by the Federal Census Bureau show Washington ranks among the top ten states with the largest percentage in nearly all of the minority categories. Washington ranked 3rd for Native Hawaiian and Other Pacific Islanders, 6th for Multiracial, 7th for Asian Pacific Islander (API) and 9th for American Indian and Alaskan Native (AIAN). Washington also ranked 11th in the Hispanic category with 8.3 percent of its population in this group.

In the state of Washington, minority populations all show notably faster rates of increase than their white counterparts. The racial and Hispanic population projections available from OFM show that in 2030, nearly one in three residents will be a minority. Asian and Pacific Islander (API) and Hispanic populations will continue to be the largest and fastest growing minority groups. By the year 2030, multiracial groups are projected to increase by 160 percent, APIs by 132 percent, the Hispanic population by 150 percent, the Black population by 60 percent, and the American Indian and Alaska Native population by 50.1 percent.

An additional significant demographic trend to be mindful of is the cohort of older adults who are lesbian, gay, bisexual, and transgender (LGBT). This is the first generation of LGBT people who have lived openly identified as LGBT in large numbers. In recent decades there have been advances in LGBT civil rights, however, as a recent study indicated, older adults that identify as LGBT may be five times less likely to access needed health and social services because of their

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fear of discrimination.² This raises the need to ensure ADSA, the aging network and other providers develop outreach and service delivery models that alleviate this fear and that are culturally sensitive to the needs of this population group.

Current data on individuals who receive paid services from ADSA indicates that our client base is at least as diverse as Washington's population and will continue to grow in diversity. As a result we are challenged to ensure that service delivery is culturally relevant and appropriate.

AGING NETWORK AND LONG TERM CARE STRUCTURES

ADVISORY COUNCIL

The Washington State Council on Aging (SCOA) is established to serve as an advisory council to the Governor, the Secretary of DSHS and the office designated as the State Unit on Aging— Aging and Disability Services Administration. Council members are designated by the Governor. It is made up of one member from each state-designated planning and service area, commonly referred to Area Agencies on Aging. The governor also appoints one member from the Association of Washington Cities and one member from the Washington State Association of Counties. In addition, the governor may appoint not more than five at large members, in order to ensure that rural areas (those areas outside of a standard metropolitan statistical area), minority populations, and those individuals with special skills which could assist the state council are represented. Currently two of the AAA representatives are from Tribal Governments

The speaker of the House of Representatives and the president of the Senate each appoint two non-voting members to the council; one from each of the two largest caucuses in each house.

Except for the association members, and the legislative members all shall be fifty-five years of age or older.

The State Council has the following functions and responsibilities:

- To serve in an advisory capacity to the Governor, the Secretary of DSHS and the State Unit on Aging on all matters pertaining to policies, programs and services affecting the quality of life of older persons, with a special concern for the low-income and frail elderly;
- To create public awareness of the special needs and potentialities of older persons;
- To provide for self-advocacy by older citizens of the state through sponsorship of training, legislative and other conferences, workshops and such other methods as may be deemed appropriate; and
- To keep currently informed of the needs of older persons which will include maintaining relationships with organizations involved in general senior interests.

² Services and Advocacy for Gay, Lesbian, Bisexual & Transgender Elders (SAGE) STRATEGIC PLAN 2008-2012: Rising to the Challenge on LGBT Aging

Aging and Disability Services Administration

In Washington State, the Aging and Disability Services Administration (ADSA) houses the State Unit on Aging (SUA). This administration houses the major long-term care and support service programs for older adults and adults with long term disabilities, chronic illness and related functional disabilities as well as for children or adults with developmental disabilities. Behavioral health and recovery services were transferred to ADSA effective May 2010. ADSA is in the Department of Social and Health Services which is the single state Medicaid Agency.

A broad array of services are offered through ADSA, Area Agencies on Aging and locally contracted agencies including, but not limited to:

- Information and Assistance about long term care services & supports and Aging and Disability Resource Centers (ADRC)
- Assessment of functional and financial eligibility for Medicaid long term care
- Case management and service planning
- Relocation assistance for individuals wishing to move from institutional to community based settings
- Family and kinship caregiver support services
- Senior Nutrition – home delivered, congregate & farmer’s market
- In-home and supportive services
- Health promotion & disease prevention
- Community residential licensing, quality assurance & policy development
- Nursing Home, Residential Rehabilitation and state supported living certification and quality assurance
- Specialized employment and early intervention services for persons with developmental disabilities
- Behavioral health and alcohol/substance abuse recovery services
- Administration on Aging discretionary grants including but not limited to Alzheimer’s and Dementia Day services, Aging and Disability Resource Centers, Chronic Disease Self-Management Programs, and Nursing Home Diversion.

ADSA is made up of five divisions: Home and Community Services, Residential Care Services, Division of Developmental Disabilities, Behavioral Health and Recovery Services and Management Services Division. Descriptions of the functions of each division and an organizational chart are attached in appendix A

Aging and Long Term Care Network

The United States Congress enacted The Older Americans Act in 1965. The purpose of the act is to provide assistance in the development of new or improved programs to assure the dignity and worth of older adults. Area Agencies on Aging are responsible for planning, coordinating and advocating for the development of a comprehensive service delivery system at local levels

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to meet both the short and long term needs of older adults in their planning and service area (PSA). The Aging Network and Long Term Care Network includes thirteen Area Agencies on Aging (AAA) designated by ADSA in accordance with the laws and regulations promulgated by the Administration on Aging and authorized under the Older Americans Act.

Each AAA is required to have an Advisory Council representing the interests of the public to assist in identifying unmet needs, needed services and provide advocacy for policies and programs including the development of Area Plans in each AAA. AAA's are contractors for the State under ADSA, and their subcontractors are also members of the Aging and Long Term Care Network.

The subcontractors are service providers who may offer single or multiple services. Also included in the Network are agencies or facilities that serve the needs of older adults but may not be direct recipients of Older Americans Act or Medicaid funds. These might include hospitals, churches, senior centers, and other service providers funded by different streams of money including Title XIX of the Social Security Act.

The mission of the Aging and Long Term Care Network is to promote, plan, and facilitate the development of a comprehensive and coordinated service delivery system responsive to the needs of older adults (age 60+), family and kinship caregivers, and adults with disabilities receiving Medicaid long term care services in community based settings. Priority attention is directed to those who are most vulnerable due to social, health, or economic status. The system is designed to maximize individual options for high quality, timely, and cost-effective service which enable participants to achieve their highest potential for independent living and maintain personal dignity. The services of the Aging and Long Term Care Network are intended to be person-centered and build upon, strengthen, and integrate the person's informal support network. It is through these efforts, accomplished by planning, coordination, advocacy and accountability, that the dignity and rights of the individual are maintained.

Because of the finite resources available to the Aging and Long Term Care Network and other social/health services systems and agencies, goals must be pursued within the confines of available resources. And while scarce resources must be targeted to the vulnerable and those in greatest economic and social need, the system recognizes the need to work with and advocate for all older adults and adults with disabilities.

A list including contact information for the state's thirteen Planning and Service Areas, also referred to as Area Agencies on Aging, is attached in Appendix B.

Continued System Building Strategies

ADSA has objectives that respond to the full range of aging needs. The following are objectives and principle components of a systems building strategy that have implications for AAA planning and operations. The AAAs in cooperation with ADSA must:

- Target the service delivery system to those age 60 +; age 60 +at or below Poverty; age 60+ who are minorities; those in rural areas; age 60 + with limited English speaking ability; and those age 60 +needing assistance with Activities of Daily Living.

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- Develop a service delivery system which incorporates the concept of a continuum of care which includes access, case management, social, health, personal care, and access to and from residential services.
- Develop a service delivery system for the aging population which coordinates, to the extent possible, all service delivery programs administered by the Department of Social and Health Services and other agencies providing services to older adults.
- Develop a statewide strategy for service delivery at the community level. This includes developing a strategic plan based in part on AAA plans.
- Establish a system of supportive services that ensures that clients are provided services that most appropriately respond to their needs.
- Involve advisory councils or boards in all major aspects of ADSA and AAA functions directed to the establishment of a comprehensive and coordinated system of services for older adults.
- Periodically conduct needs assessments. AAAs must assess needs of the older population annually as part of its continuous planning process.

Serving Native American Elders and Native Americans with Disabilities

There are 29 federally recognized tribes in Washington. Two tribal governments, Yakama Nation and Colville Confederated Tribes are designated as Area Agencies on Aging, serving all residents living on their tribal lands. There are also unrecognized tribes and urban individuals of Native American Indian descent who are not members of local tribes.

Federally Recognized Tribes are recognized in federal law as possessing sovereignty over their members and their territory. Sovereignty means that tribes have the legislative, executive, and judicial power to make and enforce laws, and to establish courts and other forums for resolution of disputes.

DSHS, inclusive of ADSA follows a government-to-government approach to seek consultation and participation by representatives of tribal governments in policy development and service program activities. This is in compliance with the Washington State 1989 Centennial Accord and current federal Indian policy as outlined by Executive Order #13175 signed by President Clinton in November 2000, promoting government-to-government relationships with American Indian Tribes.

ADSA is responsible for implementing this policy in the planning and delivery of contracted services provided by the AAAs as well as those delivered by State Regional Offices. Policy 7.01 spells out a number of important definitions and policies regarding working with American Indian Tribes. Specifically, Policy 7.01 requires that a 7.01 Implementation Plan be submitted.

Each Area Agency on Aging is required to address their planning and coordination efforts in their Area Plan. All non-tribal AAAs are required to develop Section 7.01 plans which are incorporated in to their Area Plans and updated on a regular basis. This requirement has been

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included as an element of the Area Plans that AAAs are required to submit every four years, with a two year interim update. Area Plan instructions have specifically required that one issue area be devoted to the explanation of how services will be provided to American Indian Tribal members. The intent has been for AAAs to work with the Tribes within their PSA to develop a plan that represents a collaborative effort and ongoing coordination. 7.01 Implementation plans also meet the requirements for coordination between Title 3 and Title 6 under OAA.

Regional and AAA 7.01 Plan and Progress Report and 'Recent and Current Related Projects Home & Community Services (HCS) and the Area Agencies on Aging' are contained in Appendix C.

Aging Network Comment and Review of this Plan

The State Council on Aging, the Area Agencies on Aging, Tribal Governments, and other interested stakeholders were asked to review the plan. Program managers in the Home and Community Services division were consulted about programs and also provided feedback.

The State Council on Aging is a public meeting and the plan and its approval was on the agenda. The State Plan is also intended to establish priorities that will serve as a road map for aging network partners. To discern what these priorities should be, the SUA requires all thirteen AAAs to submit four year area plans. The budgets are updated annually and the narrative component updated every two years. The results of these plans are then submitted to SUA where they are reviewed, approved as appropriate and integrated into the statewide plan process.

Additionally, a survey targeting people who receive services as well as provider entities in the aging network was utilized to broaden input about current services, solicit ideas about future service needs and to gauge compatibility of respondent insights and preferences with State Plan priority areas of focus. Additionally, the survey served to facilitate electronic access to a draft of the State Plan for review and comment. The survey was available online and in hard copy format. Over 800 responses were received.

Survey respondents indicate that they considered most current OAA funded services and other aging services to be very important. The following were ranked in the top five: Prevention of elder abuse and neglect (90.4%); Personal care services that help people stay in their homes (88.1%); Nutritious meals delivered to home (88.2%); transportation to appointments and other services (86.1%) and information and assistance (85.2%). A significant number of senior respondents used the comment section of the survey to indicate the importance transportation plays in remaining in their own homes. Additionally, 88.6% of respondents consider choice and control of services received to be very important.

The age distribution of respondents was: Age 65 to 74- 32 %, 75 to 84-26%, age 50 to 64% 21% and over 84-15.2%. Seniors age 60 and older were represented by 73.5% of responses, inclusive of 33.8% of seniors with a disability, followed by providers of services to older persons representing 19.5% of responses. The racial and ethnic response rate was 89.7% White, 6.5%

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Hispanic, 4.4% American Indian or Native Alaskan, 1.5% Asian/Pacific Islander, 1.4% African American and 6% other.

The survey also asked respondents who have received aging network services in the past two years to rate their satisfaction. Of 503 responses, 77.7% indicated they were very satisfied, 17% somewhat satisfied, 1.4% somewhat dissatisfied and 0.2% very dissatisfied. Residents of rural and urban areas were represented in the survey participation. Yakima, Island, Benton and Spokane Counties had the highest rate of response. A summary of survey results is attached in Appendix D

A document containing all survey and state plan comments received and the state's responses will be developed and distributed to all Area Agencies on Aging and State Council on Aging members.

Current Service and Support Delivery, Critical Issues, Trends and Challenges

Economic Climate

At the same time the State is facing the demographic pressure of an aging population and intensifying long-term care financing challenges, the national and state economies are grappling with the worst economic downturn since the Great Depression. The economic impact of the downturn on Washington State is intensified by a regressive tax structure that is highly reliant on generating revenue through a retail sales tax base that has shrunk due to lower consumer confidence. The current revenue forecast for the state projects a potential additional 1.3% reduction in revenue (approximately \$430 million less) for the 2011-13 biennium. This is on top of three successive years of reduced spending.

In 2009, Washington State faced a \$9 billion deficit that was addressed through funding cuts. In 2010 an additional budget gap of \$2.8 billion was closed through cuts, transfers and adding new revenue that represented just 7% of the budget solution. In the past two years \$5.1 billion was cut which represent 16% of the state's budget.

Washington's is among the nation's most cost effective long term care systems, so reductions have had immediate service impacts. The legislature has mitigated service cuts in the 2009-2011 biennium by a combination of additional federal funds, new tax revenues, the use of budget reserves and targeted spending reductions. However, cuts to services, administration and staffing, challenge ADSA's capacity to maintain access to services and supports while at the same time manage significant caseload increases.

Additionally, the deficit climate has impeded ADSA policy level funding requests for critical infrastructure investments. For example, funding increase requests for Aging and Disability Resource Center (ADRC) and Family Caregiver Support have been hindered by the lack of ability to move forward items that require additional funding. Requests for increased funding at regional and AAA offices to address backlogs in assessments, to meet standards for in-home

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monitoring of care plans, address the critical need for more rapid investigation and resolution of Adult Protective Service complaints and to investigate an increasing number of complaints related to client protection in residential settings have not been fully funded.

Increased federal participation in the Medicaid program has been vital in adding revenue to the state's budget. However, with the increase in federal funding, maintenance of effort requirements limit potential areas the State can reduce to address the significant budget deficit. This makes programs that are reliant on general fund state appropriations particularly vulnerable. Programs such as Family Caregivers Support and Senior Citizens Services Act that provide important infrastructure support and services to older adults are at risk in this budget climate. Cuts to these programs would lead to growth of Medicaid caseloads and have a significant impact on the infrastructure and service delivery of the Aging and Long Term Care Network.

The ability to provide services in home and community settings is dependent on availability of quality home and community options statewide. Providers in institutional and home and community settings across the state are struggling with economic conditions as the result of flat funding or even recent decreases in rates. Medicaid long term care service providers including nursing homes, boarding homes, adult family homes and home care agencies have experienced rate reductions as part of addressing the budget deficit. There is a large private pay long term care market and access to these providers for clients on Medicaid could be adversely impacted as this variance widens. It is also fair to say that these cuts have disproportionately impacted providers who serve higher percentages of Medicaid clients.

Data on national trends indicates that labor shortages will worsen over the next twenty years. Over the next 20 years, Washington, like the rest of the country, will see a downturn in labor growth. Between 2000 and 2020, the labor force in America will increase by only 16 percent, compared to 50 percent growth between 1980 and 2000. And, this 16 percent relies exclusively on immigrants and workers aged 55 and over. Projections show no growth in workers aged 25 to 54. This means that many industries will be competing for the same limited supply of workers – it will be a worker's market.

If home and community services are to grow to meet unprecedented consumer demand two strategies are important. The first is to continue to support the ability of individuals to hire family and friends as direct care workers. We must also find ways to continue to support these individuals who often choose only to work for a loved one. The second is to create incentives for individuals looking for a career in the helping professions. We need to re-position entry-level jobs as more appealing, and as stepping stones to a career in healthcare. Increases in training may be a method to attract, retain and elevate an entry level workforce. However, increasing training may potentially also have adverse impacts on timely access and continuity of care. Additionally there is a shortage of medical and broad based geriatric workers. This has negative impacts on the management of health, particularly for older adults with multiple chronic conditions. Given that our state's long term care system is dependent on these family caregivers, long term personal care workers, medical and multi disciplinary providers of

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geriatric services, it is critical to continue to prioritize work on increasing skills and capacity to meet the long term care and health needs of Washington citizens.

Need to support programs that improve ability for self-sufficiency

Family caregivers (unpaid and paid) continue to be the backbone of Washington State's long-term care system, providing 80% of the services their loved ones need to remain at home for as long as possible. More than 25% of the state's 600,000 caregivers (1 in 7 adults) provide at least 40 hours per week of caregiving helping adults (18 years and older) who have chronic illnesses or serious disabilities.

The value of service unpaid family caregivers provide in Washington is the equivalent to \$7.9 billion annually in paid care, or twice the amount spent on paid home care or nursing home services. More than half of the adults receiving care would qualify for much more costly long-term care services if their family caregiver became unavailable.

The growth in the population needing care and smaller family size in the "baby boom" generation has combined to decrease the ratio of caregivers to those needing care. It is estimated that in 1990, there were eleven potential caregivers for each person needing care. By 2050, that ratio will be four to one. Given that our state's long term care system is dependent on these family caregivers, it is critical that we identify strategies to address this demographic imperative.

Individuals with disabilities are finding a need to adapt to and address their own needs for much longer periods of time. Families are providing more support but the capacity of families to support a member needing care varies greatly. The result is an increasing demand for improvement and expansion of the state long-term care system to support and complement the ability of people with disabilities to manage their care, and to enhance and sustain the ability of informal caregivers to help.

Unlike the Medicaid funded programs, supportive services for informal caregivers are not considered "entitlements". Funding is largely provided by the state and, once funds are spent, people in need may go without services. In Washington State the legislature appropriates \$3.00 for every \$1.00 dollar provided by the federal government for caregiver supports and services.

Through its partnership with the AAAs, ADSA operates the Family Caregiver Support Program for individuals 18 and older. Unpaid family and other informal caregivers can access a variety of core services including: specialized caregiver information and assistance, training, counseling and support groups, respite care and supplemental services which provide needed supplies or equipment.

We anticipate that families and friends will continue to want to provide needed care. But, as the numbers of potential caregivers decrease, it will be more important to provide the flexible supports that caregivers need to enable them to do so. Often a small amount of information or

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support can help caregivers continue to provide needed services so that individuals need never access government paid services.

Information and assistance is key to supporting individuals, families, and friends to care for themselves or their loved ones. Information must be available to all ages and income levels and must be easily available and unbiased. A federal grant is supporting the early stages of transitioning Information and Assistance programs into Aging and Disability Resource Centers (ADRC) through demonstration grants. Washington currently has one ADRC project in Pierce County that builds upon existing Area Agency on Aging expertise in providing information and assistance to persons over 60 and ADSA is expanding ADRC to three additional AAA planning service areas; Southeast Washington Aging and Long Term Care, Eastern Washington Aging and Long Term Care and Northwest Regional Council.

The ADRC provides information to individuals with disabilities of all ages and income levels through walk-in, phone-in, or log-in methods. The ADRC model should be expanded statewide but funding will be required to staff the ADRCs, build necessary collaborations and partnerships, train staff in topics not already covered by information and assistance programs, and develop information systems to support them.

Washington State is exploring strategies to help individuals plan for and pay for some or all of their own future care needs. Once established statewide, ADRCs can help individuals plan financially for long term needs through links to information about savings mechanisms, long term care insurance, reverse mortgages, and information about community based services and supports. ADRCs can also link individuals to healthy aging interventions focused on prevention and disease management strategies. Preventative services and self management training can help the individual manage their health and/or the progression of his or her own disease.

Several intensive, evidenced-based chronic care case management projects are also underway that build on ADSA's existing casework infrastructure and, now have solid outcome data that they provide better coordination of care, better client outcomes, and cost-effectiveness. These services should be available for individuals who are reliant on Medicaid, Medicare and those that are private pay and considered pre-Medicaid. Services might include chronic care management, evidence based programs to increase physical activity, reduce fall risk, reduce impacts of depression and improve nutrition.

As in all states, the aging of the baby boomer generation will greatly increase the numbers of Washingtonians needing long-term care. It is less clear how disability rates or individual's ability to pay for their own long-term care needs may change over time or how much the economic downturn and resulting loss of personal savings for retirees, those nearing retirement and family members providing informal support will impact ability to pay and need for services. Conversely, it is also unknown at this time the scope of the impact of Health Care Reform, e.g. the Class Act, will have on reducing the number of individuals spending down their assets to achieve Medicaid eligibility.

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Discussions at national and state levels are ongoing about how to prepare for the significant surge in the number of people needing long-term care in the next 30-40 years. It is clear the Medicaid program will not be able to absorb the growth in this need, even if the program focuses on serving individuals in the least costly settings. Washingtonians who need long-term care qualify for Medicaid only if they meet low income eligibility requirements. Medicare's role in providing long-term services is very limited and currently covers only short-term skilled nursing and home health. Paying for long-term services and supports out of pocket can be financially catastrophic for individuals and families and result in spend down to the poverty level making them eligible for Medicaid.

Adequate access to transportation to link older adults to health care, community and supportive services remains a significant area of need. Funding for transportation services has not kept pace with the increasing numbers of individuals needing the service. Access is more challenging in rural areas and there are a number of rural counties that have no publicly funded transportation. ADSA and the Aging Network must continue to expand collaborative partnerships with local, state and federal transportation organizations and departments to address this increasing area of need.

Comprehensive strategies are needed to increase the total amount, efficiency, and effectiveness of the Medicaid contribution toward growing demand and strengthening services outside of Medicaid. We must advocate and plan for the increased demand for quality services as well as the need for communities to support aging in place. Services should include helping people to plan to pay for their long term care needs, protection of vulnerable adults, self management models of care, evidenced based chronic care management, healthy aging programs, behavioral health supports, family caregiver support and respite, transportation access, and a wide array of community based long term care options. Advocacy and planning will help to ensure that the most critical services—individualized to meet the person's needs--are available to help maximize quality of life and health status.

Leveraging and Integrating Resources

Despite the serious challenges posed by the economic downturn and resulting budgetary impact and constraints, ADSA benefits from strong conceptual state government support for implementation of strategic LTC system goals that also coincide with AoA strategic goals and core areas of focus.

In 2005 Governor Chris Gregoire requested, and the Legislature approved, SSHB 1220. The statute established a joint legislative and executive task force on long term care financing and chronic care management. In 2008 the Long Term Care Task Force (LTCTF) presented a final report to the Governor and Legislature. The consensus of the LTCTF was that the most urgent and practical goals would be to expand opportunities that best ensure families have the information and tools necessary to care for their loved ones. Considerable weight was given to "Support for Informal Caregivers." Recommendations were also made for chronic care

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management and strategies to prevent or delay disabilities in an effort to reduce health care and LTC costs to individuals and the State.

The LTCTF established system priorities and identified policy goals for each of the following priority areas:

1. Advance planning and access to LTC information; all individuals shall have access to comprehensive and actionable information related to caregiver support, advance directives, financial planning, estate planning, Social Security, and health care to plan for and pay for their own long-term care needs.
2. Aging in place: The legislature should minimize the statutory and regulatory barriers to aging in place, and the state should develop models and enhance practices designed to support aging in place.
3. Support for informal caregivers: the state shall build upon existing efforts to support informal caregivers, including access to comprehensive and actionable information, in a sustainable system that recognizes the central role of families, friends, and neighbors in providing long term care services, and to support their personal commitment through responsive policies and funding.
4. Long-term care financing: Washington's citizens should have access to available financial tools in the marketplace that include adequate consumer protection, are affordable, and accessible, to enable them to plan and pay for their own long-term care needs.
5. Chronic Care: the state should implement an evidence based, comprehensive chronic care program for people with chronic conditions and long term care clients that will help them to manage their own chronic conditions, reduce the complications of chronic illness and disability, reduce the cost of care, and improve the health, functioning, and well-being.

Organizationally ADSA has attained efficiencies through the integrated implementation of OAA programs and HCBS services throughout the state's aging network. ADSA consolidates a full array of options, in-home, community-residential and nursing homes and controls and coordinates the entire Medicaid LTC budget. Additionally ADSA, through a variety of federal grant opportunities, including those from AoA, has built strong partnerships to leverage resources through collaborations with the academic, agency and provider based communities. ADSA is also strengthened by long term working relationships with creative and innovative AAAs in the state's aging network. In addition to implementation of core OAA programs, significant strides have been made to advance aging readiness and healthy aging initiatives. A number of AAAs have hosted Aging Readiness forums in their local communities to highlight the age wave and how communities, local development and transportation planners and employers need to plan for and embrace aging friendly policies. Designing healthy, active communities, being aware of modifications that will support an aging workforce, the need for affordable and

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accessible housing and transportation to ensure individuals can access health care and community events are part of these important discussions.

Healthy aging initiatives including chronic care disease self management, family caregiver support programs, development of Aging and Disability Resource Centers, and the implementation of pilot HCBS services are also activities in which local AAAs are involved. The system is also expanding models that create choice and control for individuals receiving services; these are referred to as Participant Directed Services. Collectively we are well positioned to further advance priority goals and objectives for the states LTC system.

Of heightened current significance, Washington State is positioning itself to take full advantage of the health care reform opportunities afforded under the Patient Protection and Affordable Care Act of 2009. On April 1, 2010 Governor Gregoire issued an Executive Order titled "Implementing Health Reform the Washington Way". She created a Health Care Cabinet charged with writing and implementing the policies and rules necessary to carry out health care reform statewide for all affected state agencies. She also consolidated duties, functions and powers related to the state's overall health care purchasing strategy.

The Health Care Cabinet is evaluating the opportunities Washington State has to access federal funds under this new legislation as well as state obligations. In the short term the law will expand Medicaid coverage to childless adults through 2014. Beginning in 2014 all non-Medicare eligible individuals under age 65 with incomes below 133% of federal poverty level will be eligible for Medicaid. The impact of Medicaid expansion on the long term care system will need to be examined and planning for those impacts will be ongoing.

Health care reform legislation will have significant impact on the provision of behavioral health services, chronic care management, access to health care and preventative services and creates a new voluntary funding mechanism for long term care services and supports, called the CLASS act. Medicare will begin covering some preventative services and the "donut hole", which currently exists in Medicare Part D, will be closed.

ADSA is evaluating a number of funding opportunities made available under health care reform related to expansion of Aging and Disability Resource Centers, care transition models to reduce re-hospitalizations and chronic care management. For additional information regarding health care reform and long term care, see Appendix E.

ADSA Strategic Goals and Objectives

Currently ADSA, in concert with all other Administrations in DSHS, is in the process of developing a two year business plan. Although it will not be finalized by the time the State Plan is submitted to AOA, the DSHS business plan will provide the framework for implementation of the more specific ADSA aging network goals and objectives established in the State Plan on Aging.

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1. **ADSA State Plan Goal: Empower the informed decision making of older people, their families, and others by providing easy access to information and referral for both public and private health and long term support options.** This goal relates to AOA's strategic goal of empowering consumers to make informed decisions and be able to easily access existing health and long-term care options. Goals and objectives in this area are also responsive to a key AOA focus area of strengthening core programs.

- 1.1 Strategy:** Continue marketing and outreach efforts to inform the general public, individuals age 60 and over and caregivers about the availability of information and assistance services.

Objectives:

- a. Continue to organize and host an annual caregiving conference in June of each year
- b. Continue to disseminate marketing and outreach materials for TBI awareness month advertising the TBI help line in March of each year
- c. Continue to maintain and develop the TBI Washington website
- d. Develop marketing and access recommendations for inclusion in the ADRC five-year statewide expansion plan by December 2010
- e. Develop recommendations regarding an addition of a single statewide telephone number to access local information and assistance, family caregiver support and ADRC local access points by December 2010
- f. Develop partnerships between state home and community services and area agency on agency offices to implement section Q of the Minimum Data Set 3.0. (MDS) short term strategies to be developed by October 2010, longer term strategies by mid 2011. (The MDS is used in assessing all nursing home residents. Section Q will be added in October 2010 and will identify residents who wish to get additional information about options available in the community)

- 1.2 Strategy:** The public and Information and Assistance/ADRC Specialists will have access to a statewide electronic resource directory and on-line resources to support individuals in their decision making.

Objectives:

- a. The business requirements document for a resource directory will be finalized and approved in the summer of 2010
- b. The business requirements document for a self service component will be finalized and approved in the summer of 2010
- c. The resource directory inclusion/exclusion criteria and manual will be finalized in November 2010
- d. The Statewide Area Agency on Aging Information System will be piloted in the Spring of 2011
- e. Resource Directory and self-service components will be available for statewide use Summer/Fall 2011

1.3 Strategy: AAAs and the State unit on Aging will have access to and use a statewide Area Agency on Aging Information System to facilitate easy access to client data, increased efficiency and accuracy in data management, resource information, and the ability to look across the scope of our consumers to better understand their needs, and identify gaps in service options at the local level as well as statewide.

Objectives:

- a. AAA Stakeholders are actively engaged in the development of business requirements as measured by average AAA participation in meetings at 80% or above
- b. RFP will be issued in the fall of 2010 leading to three or more proposals being received from well-established vendors
- c. The Area Agency on Aging Information System will be successfully piloted in at least one location in the Spring of 2011
- d. The Area Agency on Aging Information system will be rolled-out statewide in the summer/fall of 2011

1.4 Strategy: Achieve significant progress toward statewide expansion of Washington State's ADRC program.

Objectives

- a. Develop three additional ADRC pilot sites to serve the populations of all ages with disabilities by 2014
- b. Convene and maintain statewide ADRC planning and policy committee through September 2014
- c. Develop a five year operational plan for sustainability and financing of the ADRC by March 2011
- d. Participate in national efforts to develop standards for the operation of ADRCs

Program Highlight: Information and Assistance and Aging and Disability Resource Centers (ADRC)

Senior Information and Assistance (Senior I&A) and Family Caregiver Information and Assistance is a statewide service available to individuals age 60 and over, caregivers of all ages and individuals seeking information about benefits planning, options counseling and local services and resources for older adults. This service continues to be offered in all 39 counties through 49 offices through the thirteen Area Agencies on Aging.

Washington State intends to build upon the statewide Senior I&A infrastructure by developing new partnerships to expand these programs into Aging and Disability Resource Centers. Washington State received its first Aging & Disability Resource Center (ADRC) grant from CMS &

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AoA in October, 2005 and a second grant award in December 2009. Washington State used the first ADRC grant to pilot a comprehensive information center in Pierce County that builds upon the existing Senior Information & Assistance program housed within the Area Agency on Aging, Pierce County Aging and Long Term Care. It expanded service capacity in the first two and a half years to include persons of all ages with physical and/or cognitive disabilities, regardless of income. The 2009 grant will allow expansion of ADRCs into three additional planning and service areas in Southeast Washington Aging and Long Term Care, Eastern Washington Aging and Long Term Care and the Northwest Regional Council. Part of the most recent grant is the development of a statewide planning and policy committee and development of a five –year operational and business plan for statewide expansion of the ADRC program. ADRC activities are focusing on partnerships with already existing advocacy and service delivery programs around the state that have contact and expertise in serving persons with disabilities regardless of age or income.

In the fall of 2010 and spring of 2011, Washington intends to purchase an information & management software package that will decrease duplication of effort, coordinate effectively with 211 and Benefits Checkup, and improve connections with required NAPIS and state reporting. Referred to as the Area Agency on Aging Statewide Information System (ASIS), the package will have a resource directory and self service components for consumers and loved ones to independently research and identify resources and supports.

- 2. ADSA State Plan on Aging Goal: Enable older adults to remain in their homes and maintain quality of life by strengthening the statewide system of home and community based services, caregiver support, the integration of behavioral health and family support services within the home and community based long-term care system and the expansion of participant directed models of support.** This goal relates to AOA’s goal of enabling older adults to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including family caregivers. This goal is also responsive to AOA’s key focus areas of strengthening core programs, increasing consumer choice and control and integration of demonstration grant services into core services.

2.1 Strategy: Increase Access and Options for Participant Directed Models of Care

Objectives:

- a. Expand New Freedom waiver to an additional county in 2011 and another additional county in 2012
- b. Provide Veterans Directed Home Services to eligible veterans referred by VA Puget Sound Health Care System in four Area Agencies on Aging
- c. Expand Veterans Directed Home Services to at least one additional geographic location and VA Medical Systems in Washington State

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- d. Conduct at least one education/training event each year to increase knowledge base of field and headquarters staff on participant directed philosophies and service delivery options
- e. Train staff in supporting client self-direction through improved person centered planning and self management models
- f. Pilot budget based participant direction in OAA programs (mini-grant) in 2010
- g. Develop two informational/educational DVDs on participant directed models by August 2010
- h. Develop dissemination plan for Participant Directed DVD products via web, training and outreach Spring 2011
- i. Disseminate Participant Directed DVD and related materials through 2014
- j. Transition Home Care Referral Registries from Home Care Quality Authority to ADSA in 2010
- k. Integrate Home Care Referral Registry into service authorization access points by providing training and support on use of the registry for each HCS and AAA region in 2011
- l. Evaluate participant training activities formerly offered through Home Care Quality Authority to determine how to integrate them into service delivery system

2.2 Strategy: Strengthen the statewide system of caregiver support to prevent or mitigate caregiver stress and burden. Assure family caregivers receive appropriate, timely information, education and services, tailored to their unique strengths and needs which enable them to continue caring for their loved one.

Objectives

- a. Continue to develop and maintain the Tailored Family Caregiver Assessment tool used within the state's Family Caregivers Support Program
- b. Conduct TCARE screener and assessor training at least 6 times per year to ensure staff are adequately trained and certified to effectively use this evidence based assessment tool
- c. Continue to work with University of Wisconsin, Madison to further refine the research on TCARE outcomes
- d. Evaluate the impact of the family caregiver program related to the reduction of caregiver stress and burden
- e. FCSP staff (I&A and TCARE[®] Assessors) will receive resources and training on effective methods to serve special or hard to reach populations including, caregivers providing care to persons with dementia, mental illness, a TBI or geographically isolated populations and ethnic communities through 2014
- f. Pilot in at least five AAA areas a new family caregiver TCARE[®] four week education series developed by Mary Brintnall-Peterson and other TCARE[®] colleagues to teach caregivers about their ongoing caregiver journey
- g. Apply for the U.S. Administration on Aging's Lifespan Respite Grant in 2010, and if not received, in 2011. If funded, this grant will support the development of both

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- volunteer and private pay respite options for family caregivers and will build an infrastructure to sustain the resource
- h. Provide training via local forums, printed and web-based materials to family caregivers and advocates on how to recruit and hire individuals to give them a break from caregiving
 - i. Explore funding options to expand use of the state's Home Care Registry beyond the Medicaid population
 - j. Partner with the state funded Volunteer Chore Services to develop a pilot volunteer program component to provide respite

2.3 Strategy: Strengthen the integration of family support services within home and community based long-term care system and Veteran's Directed Home Services Program.

Objectives:

- a. Provide training to Adult Protective Services staff across the state on TCARE[®] and on available family caregiver support services to help prevent adult abuse
- b. Increase knowledge of Home and Community Services regional staff on the needs and resources available to unpaid family caregivers by conducting a training in each region in 2011
- c. Explore expansion of TCARE[®] and other family caregiver support services into Home and Community Based Services Waiver
- d. Collect data on the use of the TCARE assessment within the Veteran's Directed Home Services Program

2.4 Strategy: Increase health promotion activities and information to improve the health and well-being of family caregivers

Objectives:

- a. ADOSA will apply to the Behavioral Risk Factor Surveillance System (BRFSS) survey conducted by the Washington State Department of Health BRFSS to have a family caregiver demographic question added to the 2012 BRFSS survey in order to gather valuable caregiver data to help in program planning, grant writing, media attention and to support stakeholder groups
- b. Inform family caregivers about the Chronic Disease Self Management Program being offered in four service areas around the state
- c. Increase the knowledge of medical and social service providers about family caregiver's specific health related issues; e.g. depression, chronic illnesses, etc. through outreach and written materials

2.5 Strategy: Assist in supporting kinship caregivers who do not care for a child in the formal child welfare system by providing information and where available navigation.

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Objectives:

- a. As funding allows, expand and strengthen the Kinship Navigator Program to allow for greater statewide coverage through 2014
- b. Develop a kinship caregiver pilot respite support system utilizing volunteers and/or paid services
- c. Participate in statewide inter-agency Kinship Caregiver Oversight Committee to develop stronger cross-system collaboration at the state and local levels
- d. Implement pilot project in 3-5 sites co-locating a kinship navigator in a DSHS Economic Services Administration office at least one day a week in 2011
- e. Expand the Kinship Caregiver/Nursing School collaborations to at least one additional nursing school
- f. Continue annual recognition of kinship caregivers by arranging for and funding the annual *Voices of Children Raised by Grandparents and Other Relatives* contest and award ceremony
- g. Continue to contribute to and assist in maintaining the kinship caregiver website: www.dshs.wa.gov/kinshipcare/.
- h. Publish and disseminate *Voices of Children Raised by Grandparents and Other Relatives* book annually

2.6 Strategy: Through outreach and information sharing, inform individuals living in institutional settings of the choice and options available to them should they wish to relocate to community settings.

Objectives

- a. Each Home and Community Services region will maintain at least one dedicated Roads to Community Living staff person responsible for outreach and coordination of Roads to Community Living (MFP) grant activities
- b. Continue to develop and make available marketing and outreach materials

2.7 Strategy: Train the workforce (state staff and community providers) to meet the demands of the increasingly complex NF population now transitioning to the community, provide policy level support to help coordinate and provide sustainable direction and infrastructure and create new resources to accommodate our growing community caseload.

Objectives

- a. Dedicate resources to build staff and community capacity to accommodate the changing needs of individuals relocating and diverting from institutional to community settings. 12 fully federally funded positions were approved through Centers for Medicare and Medicaid Services.
- b. Assess utilization of current Home and community Based Services (HCBS) resources including an analysis of consumer characteristics and needs and geographical variations

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- c. Analyze unmet need for resources and provider types with input from current providers, HCS and Area Agency on Aging (AAA) staff, provider associations, HCBS consumers, community stakeholders and others as appropriate
- d. Assess development and support needs of current HCBS providers to include training needs, specialized rates and incentives, contracting assistance, consultative services and other technical assistance
- e. Identify needed HCBS supports for specific populations including people with personal care needs who also have Traumatic Brain Injury (TBI), bariatric issues, dementia, challenging behaviors or complex medical needs
- f. Assess HCS and AAA staff training needs regarding utilization of current services and providers, and other needs as identified
- g. Develop a continuing process for data analysis and reporting to advise executive management on strategic planning of HCBS

2.8 Strategy: Conduct assessments and provide supportive services that will facilitate individuals who wish to move from an institutional to community based setting to do so.

Objectives

- a. Assist at least 870 individuals in relocation activities through June 2011

2.9 Strategy: Behavioral Health Access Strategy: Develop strategies for creating and designing services for individuals with behavioral support needs in LTC settings and enhancing the HCBS capacity to serve individuals with dementia in community based settings

Objectives

- a. Increase the number of people accessing evidenced based services and supports appropriate to their needs through 2014
- b. Develop methods to integrate delivery of mental health services and long-term care in individual case plans in coordination with stakeholders in the behavioral health and long term care communities by 2012
- c. Develop additional services and service delivery models for individuals with behaviors that impact ability to relocate to or remain in community settings

Additional information about ADSA's home and community based services offered under Medicaid, the Older Americans Act and other dedicated state fund sources can be found in the appendix F.

Program Highlight: Home and Community Based Services and Rebalancing of the LTC System

The hallmark of the Washington's long-term care system is choice. Since the early 1990's Washington has been engaged in an effort to reduce Medicaid reliance on institutional services and expand home and community options. The fact is, for many persons, home and community services are preferred over institutional services and on average they are less costly. Thanks to the efforts of numerous stakeholders, state employees, legislators, and Governors over the past two decades, Washington can say that it has made significant strides toward achieving a balanced long-term care system where clients truly have a choice regarding where they are served. However, that was not always the case. In the early 1990's there were limited alternatives to nursing home care.

During the 1991-93 biennium the Medicaid caseload served an average of 38,000 people each month; 80 percent received their care in a nursing home. In the most recent biennium, 2007-2009, an average of 51,789 individuals were served monthly on the Medicaid long term care caseload; 58% received services in their homes, 21% in community residential settings and 21% received services in a nursing home.

Washington state has focused on increasing community capacity to safely serve individuals in their homes and community residential settings and found that an overwhelming number of individuals choose community settings over nursing facilities. By being responsive to individual choice and moving toward a more balanced system, the state has saved hundreds of millions of dollars over the past two decades. The state is able to support on average three individuals in the community for the cost of one individual in a nursing home. The state has rebalanced its system by utilizing a number of strategies including development of Medicaid home and community based setting options, allowing consumers more choice and control with the ability to hire family and friends as paid caregivers, building a robust system of support of unpaid family caregivers and building diversionary programs through Older Americans Act and dedicated state funding.

The push to innovate, create service delivery models that are responsive to the changing needs of individuals and the ability to use both Medicaid and non-Medicaid funding to develop a responsive home and community based service system has resulted in Washington being one of only four states that met three measures of Long Term Care progress from 1995 to current of a balanced long term care system:

1. Total LTC spending per person 65+ only increased by 5%
2. HCBS spending increased by 32%
3. Nursing facility spending decreased by 37%

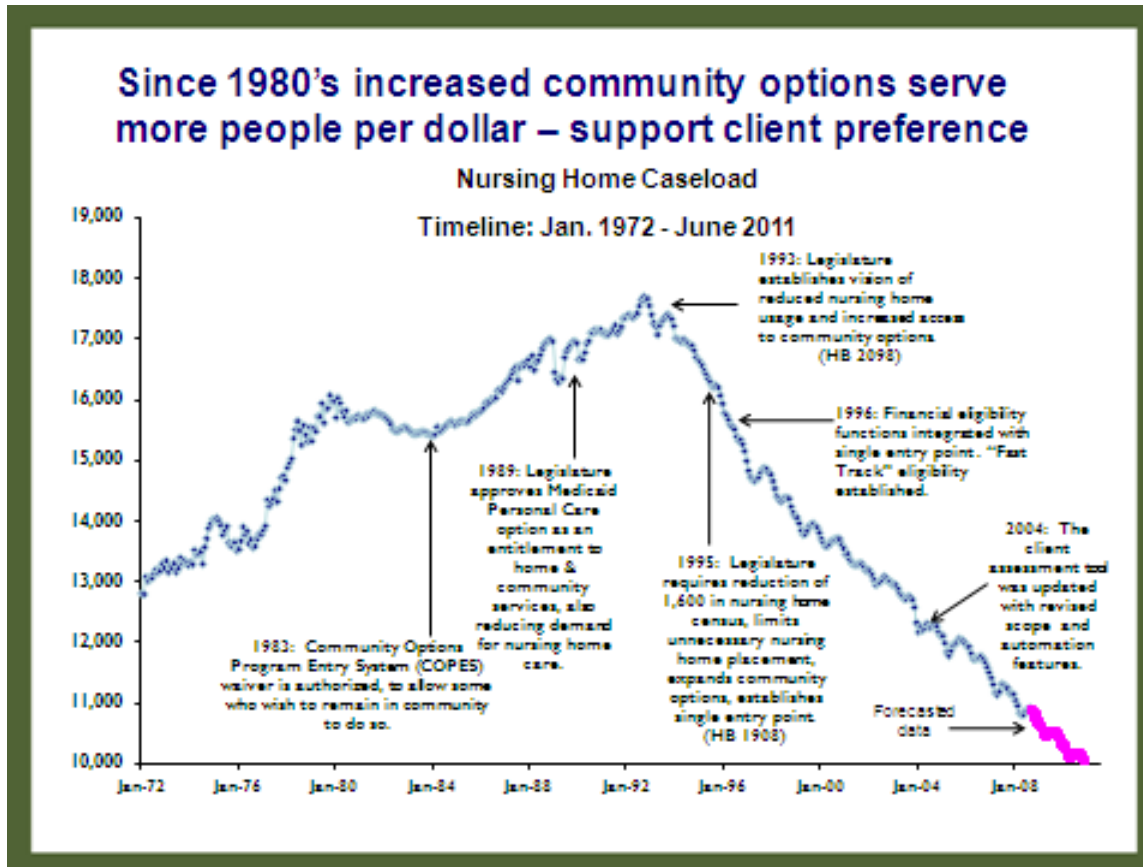


Figure 2- Rebalancing the LTC System

Program Highlight: Roads to Community Living (RCL) and Washington Roads (WA Roads) – Nursing Home Relocation Projects

Background

ADSA was awarded a five-year “Money Follows the Person” grant from the Federal Centers for Medicare and Medicaid Services (CMS) for the “Roads to Community Living” (RCL) demonstration project. The purpose of the RCL project is to examine how best to successfully help people with complex long-term care needs transition from institutional to community settings.

The lessons learned and cost savings seen through the first year of the RCL project helped convince the 2009 Washington State Legislature to approve additional funding to relocate adults who desire to move from institutions to a home and community based setting. This initiative is called Washington Roads. (WA Roads). The 2009 Washington State budget funds additional Home and Community Services Transition Specialists through the 2009-11 biennium.

The current Nursing Facility Case Management system was designed to help people transition back into a community setting after a stay in an institution. Although this continues to be the goal, existing caseload, resources, and funding often restrict current efforts to those who are

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newly admitted, newly converting to Medicaid, and those not requiring extensive transition support services to move. Both RCL and WA Roads help to fill that gap.

People of any age with a continuous 30-day or longer stay in a hospital or nursing facility can participate in WA Roads. People are placed directly on existing waiver or state plan services for which they are both functionally and financially eligible when they exit the facility.

It has been close to two years since Washington began transitioning people through the MFP demonstration. During these first years of the grant we have been learning about, adding to, and refining our existing transition infrastructure to meet the needs of our longer stay Nursing Facility (NF) residents. We believe and data supports this, that we have successfully put together a package of demonstration services and staff to support these transition efforts. However, we are concerned that existing community resources including providers, qualified community settings and affordable/accessible housing options, will not sustain our projected growth and we must continue developing additional community capacity to serve our most complex NF residents who wish to live in the community.

Federal health care reform extends MFP through 2016; however details regarding the extension and how states may apply to participate past current grant allocations and timeframes have not yet been released by CMS. If given the opportunity, Washington intends to continue participating in the MFP opportunity past 2012.

Housing and Resource Specialists: System Centered Community Relationship Building

Affordable, independent, community housing options for our RCL clients is a pressing need. The proportion of younger adults with disabilities coming through our program is much higher than anticipated. Not surprisingly, their need and preference is for subsidized housing with supports, currently in short supply. In preparation for a recently announced voucher award from HUD, local HCS offices are working with the housing authorities in their area for what we hope to be joint efforts in filling this housing gap.

Without administrative support, the options that our contracted housing specialists find for individuals will not transform into long term relationships which foster new development and better utilization of existing housing resources. Having a presence at local planning meetings and making connections with local CDBG and HUD projects is necessary to move forward. Sustained contact with them is necessary for ongoing inclusion of the nursing facility relocation population. We will be looking more intensively at cluster care, Supportive Housing, Shelter plus Care, and Single Room Occupancy (SRO) units.

We are fortunate in Washington to have a network of Adult Family Homes and Assisted Living Facilities that also accommodate people transitioning out of NFs. For many people, these independent community options with a communal element fit their needs very well. We will work to increase both the capacity of these settings available to Medicaid clients, and work with these providers to accommodate clients with increasingly complex needs.

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RCL is providing an opportunity to prioritize the need for housing, services and supports for individuals with complex needs wishing to move from nursing facilities to community based resources. CMS has provided additional federal funding to hire three housing specialists, three resource developers, one behavior supports specialist, one quality improvement specialist, one curriculum developer and one management support specialist. With these supports, Washington will double the number of individuals who are able to move from institutional to community based settings under RCL settings through 2012.

Program Highlight: Initiatives in Participant Directed Services

Washington State has long offered self-direction as a core component of its traditional programs by offering employer authority options for consumers to hire a family member or friend as an Individual Provider. Participant-direction is also referred to as “consumer-direction” and “self-direction” and is a philosophy of providing more choice and control to individuals who receive services.

New Freedom HCBS Waiver

New Freedom builds upon the state’s strong community-based service system by accessing the existing marketplace of resources and community supports, and expanding the array of available supports. Participants use their department developed assessment to select the services they need, when those services are needed, who will provide the services, and largely, how they will be delivered. Participants have flexibility to plan and purchase goods and services specific to their unique needs and preferences. New Freedom provides participant directed services to adults who are eligible for nursing facility level of care, whether they are transitioning from or being diverted from nursing homes. It is currently available to residents of King County with near term plans to expand to an additional area of the state.

The automated comprehensive assessment, CARE, is used to assess an individual’s strengths, functional abilities, preferences and limitations. Once the assessment has been completed, this information is used to compute an individualized monthly budget based on the unmet needs of the client and valued at the hourly rate for in-home personal care.

Persons interested in New Freedom meet with a New Freedom consultant to prepare a spending plan for that budget allowance that can include a range of choices beyond one-on-one personal care. Consultants facilitate planning at the direction of the participant and/or designated representative. Fiscal management services are provided to manage the cash allowance and associated waiver service purchase responsibilities and ensuring that expenditures are in keeping with the plan.

Veterans Directed Home Services

Veteran Directed Home Services (VDHS) is a new service delivery model funded through the Veteran’s Administration as an alternative to nursing facility care. VDHS provides eligible Veterans the opportunity to receive home and community-based services to enable them to

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continue to live in their homes and communities. These VA funded services are coordinated and delivered by four Area Agencies on Aging (AAA) in Western Washington: Olympic AAA (Jefferson, Clallam, Grays Harbor and Pacific Counties), Pierce County ALTC, King County ADS and NW Regional Council (Whatcom and Skagit Counties).

The goal of VDHS is to provide increased flexibility and access to home and community-based services that enable a Veteran to remain in the community. This program offers a Veteran access to an assessment that will identify his or her needs and preferences. An individual budget and spending plan is developed based on the Veteran's assessed needs and preferences and includes goods and services (including hiring and managing employees) that will best meet the identified needs. This spending plan must be approved by the Area Agency on Aging and the VA Puget Sound Health Care System.

A Financial Management Service provides procurement, contracting and bill paying services Veterans have control over what services and/or goods are purchased as part of their spending plans as long as there is consistency between the services/goods and assessed needs.

Program Highlight: Family Caregiver Support Services

Supporting unpaid family caregivers keeps Washington families together and means significantly fewer people need expensive long-term care placement or services. More than half of the unpaid family caregivers, (currently numbering 2000) , who receive support and services through Washington's Family Caregiver Support Program (FCSP) report that without the help they would have to give up their caregiving and turn it over to someone else. When a family caregiver gives up, the cost to the government (state/federal) is significant. Whereas, under the FCSP, a caregiver receives an average of \$2,000 in services and supports, if there was no caregiver available, the government would spend \$52,800 (about 26 times the cost of FCSP) for the adult to move to a nursing home or \$25,200 (about 12 times the cost of FCSP) for an adult to receive paid care in the community.

The FCSP, administered through Washington's 13 Area Agencies on Aging, is available in every county in Washington and offers unpaid family caregivers tailored services and resources. Annually, approximately nine million dollars is provided. Funding is made available from both state general funds (FY 2010 \$6,269,000) which supports caregivers for care receivers who are 18 years or older and through the Title III E National Family Caregiver Support Program (FY 2010 \$2,883,684). The program also helps leverage other federal and grant funding.

Incorporation of the Tailored Caregiver Assessment

In 2009, the Aging and Disability Services Administration began incorporating an evidence-based screening/assessment and intervention process called Tailored Caregiver Assessment and Referral (TCARE[®]), developed by Dr. Rhonda Montgomery (University of Wisconsin) into the Family Caregiver Support Program. As of January 2010, TCARE[®] was implemented statewide using the WA State online TCARE[®] application system provides accurate data to policy makers at both local and state levels. An intensive TCARE[®] training program was used to develop a cadre

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of local and state trainers as well as train TCARE[®] Assessors in all of the 13 AAAs. The Personal Caregiver Survey was also made available on the ADSA caregiver webpage to allow caregivers to download and complete the TCARE[®] Screening at their own convenience.

TCARE[®] is grounded in the Caregiver Identity Theory. It is designed to assess the stress, depression and burden of informal, unpaid caregivers and recommend strategies that can best help those caregivers who are most stressed in their caregiving responsibilities. And it offers a reliable and objective process along with customized strategies which has been shown to reduce caregiver depression and burden significantly (AD Association and Langeloth Foundation grants, 2009). In the past, the status of the caregiver was often left out of the equation used to predict nursing home placement of persons who require ongoing care. The work of Dr. Montgomery and colleagues, has documented that the best placement predictor is how the family caregiver is feeling in their role which has proven to be a more reliable factor than problem behaviors or number of hours providing Activities of Daily Living (ADL).

ADSA and its AAA partners are targeting the most expensive services, such as respite care to those caregivers most in need. Providing support to those closest to giving up their caregiving role can help delay the need for more costly, publicly funded long term care services.

Program Highlight: Kinship Caregivers

WA State has 35,000 children being raised by their grandparents and other relatives because their parents are unable to care for them. Close to 32,000 of these children are not involved with the formal child welfare system. Relatives of all ages demonstrate an unwavering commitment to raise children whose parents are unable to care for them. Research indicates that these relatives often face tremendous pressures; emotionally, financially and physically.

These caregivers often face tremendous pressures; financially, emotionally and physically. A few related facts:

- Grandparents are raising children between the ages of 5-17 with disabilities (13.5 percent of grandchildren) at more than twice the rate of parents raising children with disabilities. (2000 Census)
- Kinship Caregivers have more health risks than other caregivers and the general public. Three out of ten kinship caregivers have a disability and they have more days of poor physical and mental health. In addition, they have higher rates of smoking, obesity, cholesterol and asthma. (WA State Dpt. of Health, BRFSS Survey, 2007)
- Financial burden is the greatest challenge and need facing kinship caregivers and they have the lowest household income of any other caregiver group. (WA BRFSS Survey, 2007, WA State, WSIPP Survey 2002) Over half of all children in kinship care live in families with income below 200 percent of the federal poverty level. (Urban Institute, 2004)
- Information about local programs and services is the second greatest need. (WA BRFSS, 2007)

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- Providing breaks from caregiving is another top priority for this group of caregivers. Oftentimes, the break is needed to meet a critical need, such as attending medical appointments. Respite care services are needed to help ensure the long-term stability and well-being of the kinship caregivers.

For the past 15 years ADSA, in collaboration with kinship caregiver advocates, caregivers, the Area Agencies on Aging along with other public and private agency colleagues have been on the cutting edge of developing support services and resource materials to strengthen the families of kinship caregivers.

- 3. ADSA State Plan Goal: Improve the health status of Washington senior citizens by empowering older people to stay healthy and active through expansion of evidence based healthy aging programs.** This goal relates to AOA's strategic goal of increasing the number of older people who stay active and healthy. This goal is also responsive to AOA key focus areas of increasing consumer choice and control and integration of demonstration grants into core services.

- 3.1 Strategy:** Increase the health status of Washington's older adults by increasing the immunization rate for flu and pneumonia vaccines.

Objectives:

- a. Improve the immunization rate for older adults from the current rate to the 2010 Target of 90%
- b. Develop a matrix of potential providers and targeted client groups with action each flu season to address barriers and improve our rates
- c. Collaborate with the Department of Health and the Adult Immunization Collaborative to disseminate immunization information to the Aging and Long Term Care Network each year
- d. Collect information related to whether or not clients receiving long term care services received their immunizations in the past year within the administration's long term care assessment

- 3.2 Strategy:** Be seen as a leader and active partner in the development of healthy aging and evidence based practice activities within Washington State

Objectives:

- a. Actively participate in The Washington Alliance for Healthy Aging by co-sponsoring the annual conference and participating on the planning committee on annual basis
- b. Continue to build collaborative relationships with senior nutrition programs and broaden access to healthy aging programs through 2014
- c. Develop and issue a RFP to explore best practice models that consider generational expectations and enhance participation and satisfaction with Senior Nutrition programs by 2011

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- d. Continue to provide funding to support the Stay Active and Independent for Life exercise program for older adults. SAIL is an evidence based exercise designed to improve balance and strength and to reduce fall through 2014
 - e. Reproduce and distribute SAIL Guides, fall prevention calendars and fall prevention wallet guides through 2014
 - f. Implement and evaluate a pilot falls risk screening in primary care practices by 2011
 - g. Provide statewide communication opportunities for WAHA partners to share resources, research, and best practice strategies by 2011
 - h. Advocate for local and state healthy aging policies and practices through 2014
 - i. Incorporate at least one additional evidence-based intervention for prevention, wellness, and disease management into AAA practice
 - j. Continue to fund and develop promising practices, evidence based practices and evaluate existing services through 2014
 - k. Continue to develop and Living Well with Chronic Conditions website through 2014
- 3.3 Strategy:** With knowledge gained through ADDGS grants, develop, disseminate and sustain models of care that support individuals with dementia and their caregivers.

Objectives:

- a. Sustain Memory Care & Wellness Services, the dementia-specific adult day program developed within the first ADDGS grant, in the two AAA areas in which it was piloted – King County and Northwest (Whatcom and Skagit Counties) – through the Family Caregiver Support Program and exploration of new funding streams, e.g., Veterans Administration, private pay
- b. Disseminate the University of Washington findings from the Memory Care & Wellness Services evaluation (first phase findings by June 30, 2010; second phase, ADSSP Innovations findings by March 30, 2011.)
- c. Seek funding to expand Memory Care & Wellness Services to one new AAA and two new adult day centers in 2010 and 2011
- d. Sustain and continue to evaluate the *EnhanceMobility(EM)* - developed in collaboration with the UW School of Nursing, Senior Services of King County, ADSA, and the Memory Care & Wellness Services sites - within three pilot sites
- e. Implement *EnhanceMobility* in four Specialized Dementia Care Programs in Boarding Homes. Results of this investigation will be used to evaluate the feasibility conducting a larger clinical trial of EM in boarding home dementia units, to identify needed modifications to the program, and to determine the sample size needed for evaluating physical performance, behavioral, and mobility benefits
- f. Sustain dementia consultation services in the two AAA areas in which it was piloted – King County and Northwest (Whatcom and Skagit Counties) – exploring and translating lessons learned from the demonstration grants into principles for a responsive, effective and sustainable service within the Family Caregiver Support Program

3.4 Build and expand partnerships to provide Chronic Disease Self-Management Program (CDSMP) workshops and develop a statewide plan for CDSMP sustainability

Objectives:

- a. Recruit 725 workshop participants with a completion rate of 60% (435 course completers) through local lead agencies and partners by 2011
- b. Expand to a minimum of two new state level partners supporting dissemination of CDSMP through grantees by 2011
- c. Identify with lead local organizations the regional process to assure fidelity and quality assurance to the CDSMP by end of 2010
- d. Quarterly data collection and reporting in compliance with Administration on Aging and ARRA grant requirements through 2012
- e. Develop a preliminary state-wide infrastructure plan including opportunities for mentoring and streamlining access and adoption of programming to include expansion of websites, ADRC's, and senior housing by 2011
- f. Create a draft plan for sustainability of CDSMP and other evidence based disease prevention and health promotion programs for older adults by 2012
- g. Provide technical assistance and guidance to lead and partners organizations through 2012
- h. Support development of local advisory group in each region through 2012
- i. Form statewide advisory group by 2011
- j. Host a state-wide conference for ongoing skill building by January 2011
- k. Support two Master Trainer trainings in June 2010 and February 2011
- l. Build Mentor and peer to peer program (includes Master Trainer to observe workshops and technical assistance through the Living Well/Aging Well website) through 2012
- m. DOH project managers will provide technical assistance to grantees to assure fidelity and quality assurance
- n. Establish quarterly webinars with lead local organizations and partners to review consistent data collection, reporting, and use of tools
- o. Complete a feasibility study of participant/workshop data collection through the Living Well/Aging Well website

4. ADOSA State Plan Goal: Improve the health status of individuals by implementing chronic care management models informed by predictive modeling and based upon increasing awareness and use of self management models.

4.1 Strategy: Develop and implement models that help individuals to manage their health and chronic conditions

Objectives

- a. Expand chronic care management model with highest cost Medicaid clients served within AAA and HCS systems of care, expand to 1,000 participants within 6 months of CMS State Plan approval

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- b. Explore models of providing chronic care management for dually eligible clients
- c. Integrate principles of chronic care management into work with all participants to the extent possible (activation, participant direction, goal setting, motivational interviewing, etc.)
- d. Continue to support development and maintenance of PRISM (predictive modeling tool)
- e. Use measures of an individual's activation level to assist individual in gaining knowledge about readiness and confidence for change, i.e. Patient Activation Measurement
- f. Develop cross systems (public and private) relationships for promoting improved dental health for HCBS participants, their caregivers and kinship caregivers
- g. Explore performance based incentives for improving health outcomes

Program Highlight: Evidenced Based Healthy Aging Programs

The State of Washington and specifically the State Unit on Aging are involved with a number of activities to promote the health and physical activity of older adults and disabled populations, and lessen the impacts of chronic conditions. The focus of future efforts related to healthy aging and those behaviors will include activities and interventions that are evidence based and have proven success with older and disabled citizens.

Increasing numbers of older adults mean increasing numbers of people who are at greatest risk for chronic conditions. Rates of chronic disease have also increased rapidly over the last decade. About 80% of people age 65 or older have at least one chronic condition; about 50% have at least two. People with chronic conditions are high utilizers of the health care delivery system. Chronic conditions account for three-fourths of all health-related costs nationally. In Washington, five percent of the Medicaid chronic care population accounts for 50% of the Medicaid health care expenses.

The Aging and Disability Services Administration (ADSA) was awarded a two-year grant from the National Council on Aging *Choices for Self Care; Challenge Grant, beginning January 2008 through June 2010*. In collaboration with the Washington State Department of Health, three Area Agencies on Aging (AAA), and three community-based aging service providers, ADSA was awarded \$200,000 for implementation of Stanford University's evidence-based Chronic Disease Self-Management Program. A no-cost extension to the grant was approved by the National Council on Aging extending the end date to June 30, 2010 to allow further development of evidence-based program infrastructure development within the aging network, tribal and hispanic health care organizations.

In March 2010 Washington State was also awarded an American Recovery and Reinvestment Act Communities Putting Prevention to Work Grant for the Chronic Disease Self-Management Program expansion. ADSA will be expanding our CDSMP pool of trainers and leaders, and building sustainable delivery systems for CDSMP and other EBP's for adults and older adults.

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This two year grant will be provided by four Area Agencies on Aging as the lead local organizations in partnership with local health jurisdictions and community organizations. The Chronic Disease Self-Management Program is a two and a half hour workshop given once a week, for six weeks, in community settings such as senior centers, churches, libraries and hospitals. People with different chronic health problems attend together. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with a chronic diseases themselves.

Subjects covered include: (1) techniques to deal with problems such as frustration, fatigue, pain and isolation; (2) appropriate exercise for maintaining and improving strength, flexibility, and endurance; (3) appropriate use of medications; (4) communicating effectively with family, friends, and health professionals; (5) nutrition; and (6) how to evaluate new treatments.

Living well with Chronic Conditions in Washington State (website) <http://livingwell.doh.wa.gov>

Aging and Disability Services Administration, in partnership with the Department of Health, has developed a website for dissemination of information regarding evidence-based disease prevention and health promotion programs for adults. Living Well with Chronic Conditions in Washington State is a website for providers and potential providers, leaders, trainers, participants, and social and health services staff to learn about healthy aging and self-management programs.

On this site, you will find links to: Programs, Training, Workshops, Resources and Events. Some of the programs, workshops and resources that you can link to from this site include:

- Chronic Disease Self-Management Program (CDSMP)
- Tomando Control de su Salud (Spanish CDSMP)
- Program to Encourage Active and Rewarding Lives for Seniors (PEARLS)
- Enhanced Fitness and Enhanced Wellness
- Matter of Balance
- The Statewide Falls Coalition
- The National Council on Aging
- Center for Disease Control Healthy Aging

ADSA welcomes contributions from organizations and programs with a significant presence in and around Washington State that would like to post information on this website. This would include programming being provided by the Area Agencies on Aging, community social and health service organizations, managed care organizations and others. The vision for this website is to produce a centralized clearinghouse for consumers and providers to link to resources and workshops locally, statewide and nationally.

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Aging Alzheimer's Disease Demonstration Grants

AoA has awarded grants to the State of Washington, Aging and Disability Services Administration for the development and implementation of a Dementia Partnerships Service Integration model program. These grants have developed a model of adult day services for the person with dementia and counseling and consultation services for the caregiver. Memory Care and Wellness Services (MCWS) provides standards of care for Adult Day providers, including an exercise program (EnhanceMobility) for the person with dementia. This Dementia Partnerships for Service Integration program has continued under an extension of the AoA Community Living Project Grants designed to improve the responsiveness of Washington State's system of home and community based services to the needs and preferences of individuals with dementia and their family caregivers by integrating dementia-capable services into existing state programs. These new and expanded services will be connected into the future through dementia partnerships with the statewide Family Caregiver Support Program, the expertise of the Alzheimer's specific organizations, and the service potential of adult day services providers. Washington State is preparing to embed MCWS with two additional adult day service sites in a grant proposal submitted to AoA in May 2010. Washington State also intends to work with other funding sources to sustain dementia capable care in the community.

The dementia specific services continue to be expanded to provide:

- Local Dementia Partnerships to improve access to and utilization of family caregiver support and respite care services;
- Dementia day services;
- Dementia specific family consultation services; and
- Family caregiver counseling services.

The physical activity component of MCWS was developed using evidence based healthy aging physical activity programming (ProjectEnhance) and a dementia specific physical activity program, Reducing Disability in Alzheimer Disease" (RDAD), developed by Dr.'s Linda Teri and Rebecca Logsdon of the University of Washington and is now known as EnhanceMobility. A separate study funded by the Older American Act is now underway with dementia Boarding Home providers to determine the feasibility of implementing and sustaining EM in a boarding home setting for people with dementia. This work is being completed in collaboration with the University of Washington (Dr. Logsdon) and the Aging and Disability Services Administration.

This physical activity model for dementia clients receiving Adult Day Services includes:

- A structured physical activity program that responds to the specific needs of people with dementia. It is designed to take exercise to an intensity level that will have positive health benefits for those with different levels of ability.
- Format and content that accommodates for the changes typical in Alzheimer's disease or related dementias such as diminished communication ability, limited

attention span, inconsistent judgment, and the inability to initiate activity or maintain a routine.

- Maintaining, to the greatest extent possible, the elements critical to the success of the two original evidence-based approaches upon which it is based (e.g., including focus on aerobic activity, strength, flexibility, balance; focus on tracking outcomes; recognizing cognitive and behavioral needs, etc.).
- An education component designed to prepare instructors, dementia day staff, and family caregivers to deliver and support the program.
- A component targeting the family caregivers of participants with the goal of engaging the family participation in a way they see as valuable and that supports them in continuing the effort at home.
- A format and structure that can be replicated at different sites.

5. ADSA State Plan on Aging Goal 5: Improve individual and public safety by ensuring the rights of older people and preventing their abuse, neglect and exploitation and ensuring emergency preparedness plans include the needs of older adults and people with disabilities.

This goal relates to AOA's strategic goal of ensuring the rights of older people and preventing their abuse, neglect and exploitation. This goal is also responsive to a key AOA focus area of strengthening core programs.

- 5.1 Strategy:** Enhance the prevention and investigation of elder abuse through education and collaboration with related agencies in the state and raise awareness of the cultural, social, economic, and demographic processes affecting elder abuse and neglect

Objectives

- a. Develop and disseminate training on financial exploitation and APS to aging network providers by 2011
- b. Continue to ensure that the ombudsman program meets the OAA requirements, adheres to State law, and coordinates with existing State adult protective services activities through 2014
- c. Improve data collection and reporting to produce useful information for APS system management by 2012
- d. Improve analysis of adult mistreatment by updating quality assurance tools and related reports by 2012
- e. Develop interface to connect APSAS (APS data base) with Resident Protection Program (RCS data base for residential complaint investigation) by 2014 (contingent on funding)
- f. Identify APS risk assessment models by 2011

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- g. Propose alternative approaches to address instances of self neglect by 2011 (contingent on funding)
- h. Leverage funding from Elder Justice Act to improve APS infrastructure
- i. Work with stakeholders to evaluate current APS statute and processes by 2012
- j. Work with Tribal governments to protective services to individuals on Tribal land through 2014
- k. Develop a system of on-call caregivers for APS cases, including dedicated APS emergency beds by 2014 (contingent on funding)
- l. Promote elder abuse prevention through dissemination of printed and website materials, proclamations, etc. Annually in June and July

5.2 Strategy **Ensure inclusion of the needs of older adults and people with disabilities in the development and implementation of emergency preparedness plans (EPP).**

Objectives

- a. Continue to partner with state, regional and county lead agencies in the updating of EPP's.
- b. Continue to ensure that AAA's embed EPP's in the area planning process and plan document.

(Please see Appendix K for additional information)

Program Highlight: Elder Rights

ADSA recognizes the serious impact of elder abuse on our vulnerable seniors and society as a whole. Financial exploitation is the most frequently reported type of abuse of vulnerable adults living at home in Washington, according to data collected by ADSA. In 2008, Adult Protective Services (APS) investigators received 4,304 reports of financial exploitation. Financial exploitation and other forms of abuse are the focus of the annual July observance of Adult Abuse Prevention Month. ADSA publicizes and offers a free Adult Abuse Prevention Kit by mail. It includes tips to help vulnerable adults protect themselves from financial exploitation. In addition, APS is working with the Attorney General Office to develop training for employees of financial institutions on indicators, prevention, and reporting of financial exploitation. ADSA participates in the annual World Elder Abuse Awareness Day by publicizing, dialoging, and wearing purple ribbons to draw attention to the issue. World Elder Abuse Awareness Day is in support of the United Nations International Plan of Action, which recognizes the significance of elder abuse as a public health and human rights issue. The purpose of this campaign is to organize activities around the world to raise awareness of the cultural, social, economic, and demographic processes affecting elder abuse and neglect. We plan to continue our involvement.

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DSHS recently convened the Abuse/Neglect of Vulnerable Adults Study Group which consists of a broad representation of stakeholders including Adult Protective Services staff, AAAs, Tribes, advocacy organizations, law enforcement and others, to address the continuous quality improvement of our response system. The group will review our abuse/neglect response system, research other states' practices, laws, and rules, and submit recommendations for system improvement.

Description of Elder Abuse Services in Washington

The Older Americans Act Title VII funding is administered in two parts. One part goes to the Ombudsman via the Department of Commerce; the other is allocated to the AAA's. The AAA's are responsible for elder abuse advocacy, community education & prevention and referrals (mandatory reporting). Protection of vulnerable adults is provided by Adult Protective Services (APS) which is funded by the state.

Washington State provides Ombudsman services through a contract with a non-profit agency, managed through the Department of Commerce. The program is active in all regions of the state and responds to complaints in Nursing Homes, Boarding Homes, Assisted Living, and Adult Family Homes.

The Ombudsman has a total budget of over one million dollars, and is comprised of staff, assistants, training staff and over 400 volunteers. The paid Regional Ombudsman and their volunteers are generally located in the Area Agencies, but some may be in Community Action Agency Offices.

ADSA ensures that the ombudsman program meets the OAA requirements, adheres to State law, and coordinates with existing State adult protective services activities by allocating the Title VII money among the AAA's according to the state's intrastate funding formula. ADSA uses administrative funds from Title VII to fund some statewide projects such as sponsoring the Access to Justice Conference annually.

AAA's provide the following services with Title VII funding based upon their approved Area Plans:

- public education to identify and prevent elder abuse;
- participation with local law enforcement and other entities in coalitions to provide a multi-discipline approach to victim advocacy;
- Advocacy at the State and Federal levels to strengthen policies and laws regarding the protection of vulnerable adults;
- State law requires referral of complaints to law enforcement by the department and to the department by a group of mandated reporters to public protective service agencies. (Mandatory Reporting)
- The state continues to support abuse prevention activities by offering caregiver training and workshops for family and other unpaid caregivers.

Elder rights policies are reviewed and discussed annually at the Access to Justice Conference, which is sponsored by the Washington State Bar Association with sponsor funding from ADSA

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(Title VII). This three-day Conference brings together attorneys, judges, and consumers to determine how to improve access to justice in the state. This organized group discusses legal needs of the Justice System, and comments on the plans and needs of elders. These work products are followed up on in the various committees and meetings. One of the outcomes of this group was a legal needs survey. The survey found low-income vulnerable seniors and domestic abuse survivors get attorney assistance for legal problems most often but still face more than three quarters of legal problems on their own. There is a great need for more funding for legal services.

Another aspect of Elder rights, are focused on at the “Making the Case for Justice—An In-Depth Look” Conference, which is sponsored by the King County Prosecutor’s Office, AARP and ADSA. This two-day conference is held annually and brings together law enforcement and prosecutors, investigators of elder abuse, including APS, RCS, ombudsmen, and others to determine how to enhance the investigation of elder abuse through education and collaboration with related agencies in the state. ADSA contributes (Title VII) annually toward this event and has an active role on the planning committee.

Access to professional guardians is another important right that ADSA supports. ADSA contracts with the King County Bar Association to train 275-300 individuals per year as Guardian Ad Litem (GAL). In addition, through the contract they maintain a training manual for GAL. In the coming year the manual will be created in a secure CD and internet version. The King County Bar Association will post and maintain a webpage where the public can access the Title 11 Guardianship Guardian Ad Litem Manual. In addition, ADSA continues to collaborate with the Attorney General’s Office regarding legislative and funding changes necessary to support elder abuse and prevention activities and services.

6. ADSA State Plan Goal: Promote the civic engagement, self-sufficiency and economic security of Washington senior citizens by empowering people to retain or access employment if they choose and to have greater control over how they plan to meet long term care needs

This goal is also responsive to AoA key focus areas of increasing consumer choice and control

6.1 Strategy: Expand Options Counseling and Assistance Programs in the ADRCs to enable people to plan for their own long term care needs.

Objectives

- a. Increase the number of people being helped to plan for their long-term support needs by increasing the number of older adults who access long-term support options counseling, benefits counseling, employment options counseling, and referral to other programs and benefits

6.2 Strategy: Through strengthened linkages to other implementing organizations and implementation of the Senior Community Service Employment Program, provide part-time paid community service opportunities for unemployed low-income persons who are 55 years of age or older which enable them to find and maintain permanent employment.

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Objectives

- a. Strengthen linkages to Workforce Training and Education Coordinating Board, National SCSEP and the division of Vocational Rehabilitation to expand employment opportunities
- b. Assist and promote entrance into unsubsidized employment a minimum of 25 enrollees per program year Perform all required follow-up, satisfaction survey, and employment case management activities to meet program year performance goals
- c. Ensure those who enter employment earn a minimum average of \$6,447.00 per year
- d. Continue to prioritize enrollment to persons meeting the OAA 2006 Title V amended criteria for “most in need”

Program Highlight: Washington Association of Area Agencies on Aging (W4A) and the Washington Elder Economic Security Initiative

The *Washington Elder Economic Security Initiative (the Initiative)* is led by the **Washington Association of Area Agencies on Aging (W4A)**, in partnership with **Wider Opportunities for Women (WOW)**. The Initiative offers a conceptual framework and concrete tools to shape public policies and programs to promote the economic security of elders and their families. The Initiative combines coalition building, research, education and advocacy at the community, state, and national levels.

Underpinning the Initiative is the *Elder Economic Security Standard™ Index (Elder Index)* developed by the **Gerontology Institute at the University of Massachusetts Boston** and WOW. The Elder Index is a new measure of income that older adults require to meet their daily costs of living, including affordable and appropriate housing and health care, and age in place. The Elder Index is calibrated to household size, geographic area and life circumstances. The development and use of the state specific Elder Index promotes a measure of income that respects the autonomy goals of older adults, rather than a measure of what we all struggle to avoid — abject poverty.

The economic security of older adults is a significant concern given the current state of the economy as well as the amount of income needed to adequately meet basic needs given the geographic location, health and housing status of the senior. The Elder Economic Security Initiative (EESI) seeks to build economic security for elders through the creation of a geographically-based measure of income adequacy. The project is modeled after WOW’s successful Family Economic Self-Sufficiency (FESS) Project that is now in 35 States and the District of Columbia and includes over 2,000 community-based partners.

The intent of both the FESS Project and the EESI is to change the debate on social and economic policy from one that focuses on poverty to one that focuses on what it takes for families to be economically self-sufficient. Under EESI, an Elder Economic Security Index for Washington will be developed by the Gerontology Institute (GI-UMASS) at the University of Massachusetts Boston. The Index will be a measure of the income elders require to age in place that accounts for basic expenses such as housing, health care, food and transportation. The Elder Index will be

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calibrated to household size, geographic area, and life circumstances. Costs will be broken down on a county-by-county level. The Elder Index will provide invaluable information to guide policy makers, aging advocates, service providers and others as they develop policies and programs to promote the economic independence of elders.

W4A will be the lead state organization and as such will:

- Designate a coordinator who will take major responsibility for working with WOW on program components including the design, implementation and dissemination phases of the program;
- Develop a statewide coalition of diverse stakeholders to advise and implement the project (i.e. elders, community-based agencies, opinion leaders, policymakers);
- Build and maintain a statewide coalition;
- Give input into development of the state Elder Index report;
- Develop a statewide policy agenda;
- Implement an organizing strategy;
- Launch the Initiative in their state, including a statewide and multiple regional release events;
- Contribute to the development of a WOW authored policy brief which models the impact of federal and state income supports on an elder's ability to meet income adequacy;
- Develop a multi-year fundraising plan for the Initiative within the state.
- Participate in the nationally coordinated campaign; and
- Participate in the comprehensive program evaluation.

Funding Formula

The funding formula approved in 2003 is as follows. Washington is not seeking approval to revise the intra-state funding formula:

Factor	Weight
Age 60+ Population	25%
Age 60+ at or below poverty level population	30%
Age 60+ minority Population	12%
Age 60+ limited English speaking	5%
Age 60+ needing assistance with ADL's	18%
Square miles in the PSA	10%

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Funding Formula Calculation

The funding formula is revised when the new census is complete. The funding formula for the 2000 census was updated in 2003. The new funding formula was prepared with input from the Washington Association of Area Agencies on Aging (W4A) and was phased in over four years. The formula is calculated as follows:

1. Census information is calculated for each Area Agency on Aging (AAA) by the following categories:

- Total population of 60+
- 60+ population at or below poverty
- 60+ minority population
- Square miles in each AAA service area
- 60+ Limited English Speaking
- 60+ needing assistance with Activities of Daily Living (ADLs)

2. Data from #1 is calculated as a percent of the total by category, for each AAA.

3. Percent from #2 is multiplied by weighted coefficients as listed below. These weights were determined by a series of meetings and discussions with AAA's, the State Council on Aging, legal service attorneys, and DSHS management staff, resulting in a Total Factor by AAA. The weighed averages are as follows:

Total population of 60+	25%
60+ population at or below poverty	30%
60+ minority population	12%
Square miles in each AAA service area	10%
60+ Limited English Speaking	5%
60+ needing assistance with ADLs	18%

4. An annual base allotment is determined as follows:

\$175,000 is allotted to all AAA's with 10,000 or more persons 60 years and older

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Annual Base Allotment Calculations

Base Allotment for PSAs with 10,000 or more persons 60 or older		\$	175,000
Base Allotment for PSAs with fewer than 10,000 persons 60 or older		\$	43,750
Base Allotment for each county over 1 for multi-county PSAs, other than Indian Nation PSAs		\$	10,000
	Total	% of	Base Allot.
	Allocation	Total	PSAs >10K
			(Allocated)
			Base Allot.
			PSAs <10K
			(Allocated)
			Multi-County
			(Allocated)
FFY10 Title 3B AAA Svcs Allot.	\$ 6,629,762	23.7%	\$ 41,475
FFY10 Title 3C1 AAA Svcs Allot.	\$ 8,212,743	29.4%	\$ 51,450
FFY10 Title 3C2 AAA Svcs Allot.	\$ 4,089,200	14.6%	\$ 25,550
SFY10 SCSA Allot.	\$ 8,999,000	32.3%	\$ 56,525
TOTAL	\$ 27,930,705	100.0%	\$ 175,000

\$43,750 is allotted to all AAA's with fewer than 10,000 persons 60 years and older
An additional allotment of \$10,000 is made to all multi-county AAA's, except Indian Nations, for each county over one.

5. These allotments are split proportionately between Title 3B, Title 3C, and SCSA.
6. The total annual base allotments (from #4 above) are subtracted from the total grant award by funding source (Title 3B, \$6,629,762 - \$543,323 = \$6,086,439).
7. The weighted percent factor from #3 is multiplied by the adjusted grant award amount (\$6,086,439) calculated in #6 above.
8. The annual base allotments are added to the figure calculated in #7 above resulting in the amount allocated to Title 3B by AAA.
9. The same process is used to allocate all other Title 3 funds, SCSA, State Family Caregiver Support Program, Senior Farmers Market Nutrition Program, and Volunteer Services; however there is no base allotment for these funds.
10. Title VII Elder Abuse Prevention funds have also used this method after a holdback by Headquarters. (Normally \$20,000)

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2000 Census

FFY10 Initial

Title 3B Funding Distribution by Intra-State Funding Formula

		Total Dollars to be Distributed =	\$ 6,629,762
		Base Allotments =	\$ (543,323)
		Balance =	\$ 6,086,439
Base Allotment (PSAs >10,000 over 60) =	\$ 41,475		
Base Allotment (PSAs <10,000 over 60) =	\$ 10,369		
Each Additional County =	\$ 2,370		

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	Initial	Multi-Co.	Total		Factor	Total
	Base	Base	Base	Factor	Allotment	Allotment
AAA						
Olympic	\$ 41,475	\$ 7,110	\$ 48,585	4.919864	\$ 299,444	\$ 348,029
Northwest	\$ 41,475	\$ 7,110	\$ 48,585	5.969262	\$ 363,315	\$ 411,900
Snohomish	\$ 41,475	\$ -	\$ 41,475	8.006305	\$ 487,299	\$ 528,774
King	\$ 41,475	\$ -	\$ 41,475	28.10901	\$ 1,710,839	\$ 1,752,314
Pierce	\$ 41,475	\$ -	\$ 41,475	10.44737	\$ 635,873	\$ 677,348
L/M/T	\$ 41,475	\$ 4,740	\$ 46,215	5.443531	\$ 331,317	\$ 377,532
Southwest	\$ 41,475	\$ 9,480	\$ 50,955	7.134287	\$ 434,224	\$ 485,179
Central	\$ 41,475	\$ 11,850	\$ 53,325	6.349629	\$ 386,466	\$ 439,791
Southeast	\$ 41,475	\$ 16,590	\$ 58,065	9.802979	\$ 596,652	\$ 654,717
Yakama Nation	\$ 10,369	\$ -	\$ 10,369	1.008233	\$ 61,365	\$ 71,734
Eastern	\$ 41,475	\$ 9,480	\$ 50,955	9.292544	\$ 565,585	\$ 616,540
Colville Indian	\$ 10,369	\$ -	\$ 10,369	0.459497	\$ 27,967	\$ 38,336
Kitsap	\$ 41,475	\$ -	\$ 41,475	3.057498	\$ 186,093	\$ 227,568
TOTAL	\$ 476,963	\$ 66,360	\$ 543,323	100	\$ 6,086,439	\$ 6,629,76