
State Long-Term Care Strategies: Approaches to Managing Care and Controlling Costs

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What it takes to have a good State Long-Term Care System.

- A clear State Vision that consumer choice should drive the long-term care system.
 - A belief that quality of life is as important as quality of care.
 - A belief that no one service is more important than another. The most important service is the one the consumer wants and needs.
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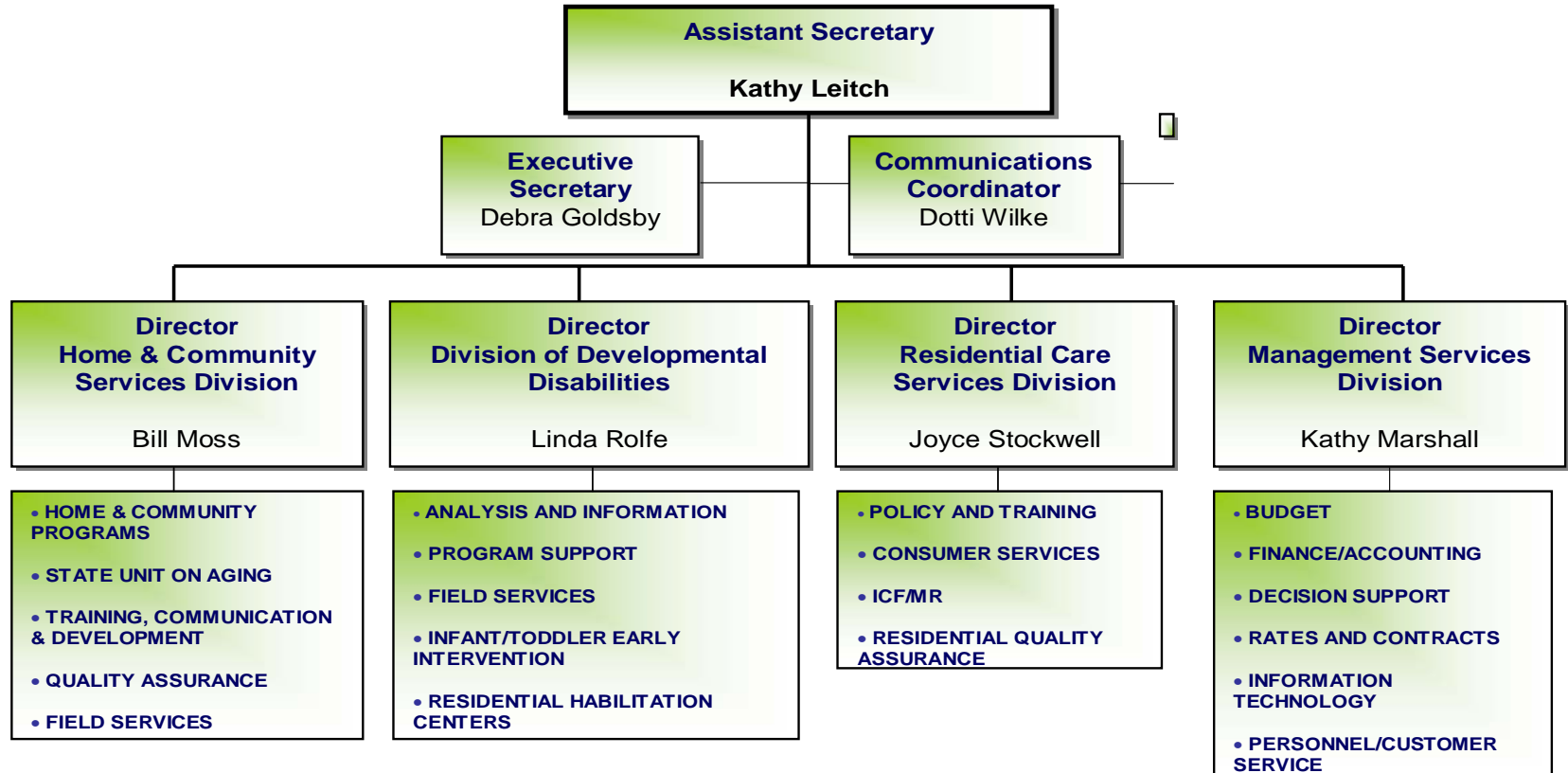
The Ideal State Long-Term Care System

- A single organizational unit in State Government to plan, develop and operate the long-term care system.
 - A single budget with flexibility and authority to spend on a varied array of long-term care services to meet consumer needs and preferences.
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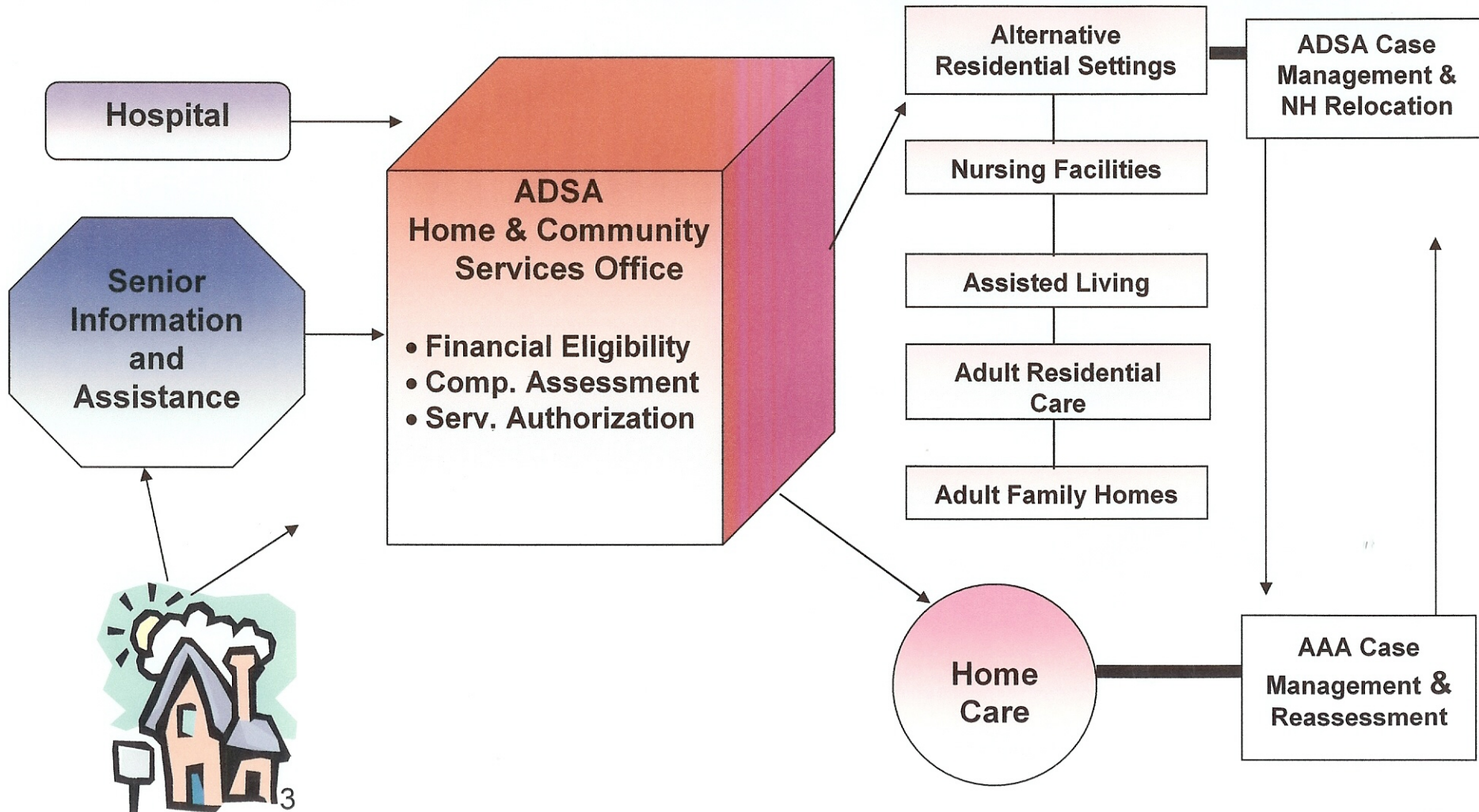
Washington's LTC system

- Supports family caregivers as primary resource for long term care
 - Consolidates a full array of options: in-home, community residential, nursing home
 - Controls & coordinates entire LTC budget (nursing home, home & community, AOA/AAA funding)
 - Controls and coordinates residential care QA and regulatory compliance
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The ADSA Organization

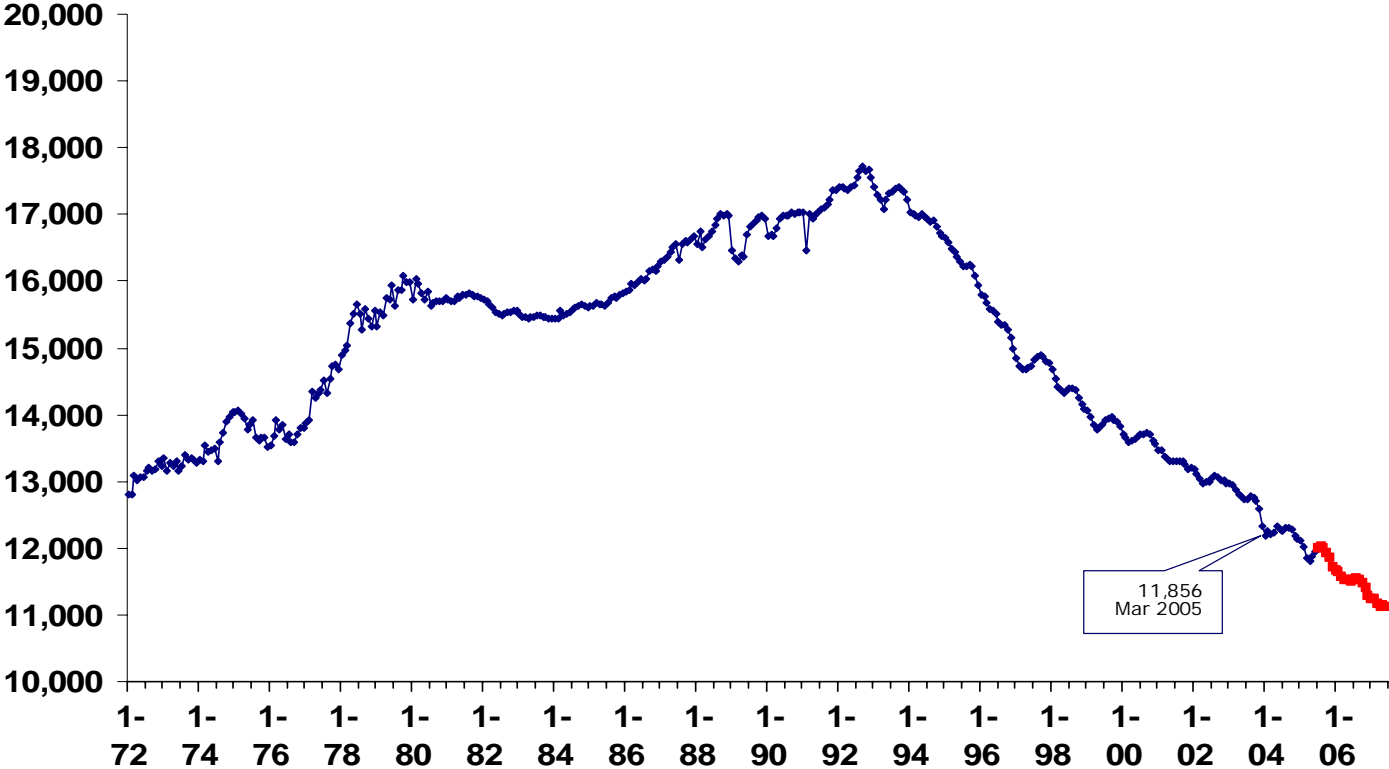


The LTC Delivery System



The Medicaid nursing home caseload continues to reduce as a result of efforts to offer home and community services

Nursing home Medicaid caseload - Jan 72-June 07



▶ Avg monthly cost per case for nursing homes is \$3,505

▶ Avg monthly cost per case for community services is \$1,155

▶ March 2006 caseload 11,649

SOURCE: EMIS Sep 2005

GOAL:

▶ Goal for nursing home caseload is 11,505 for June 06, 11,127 for June 07

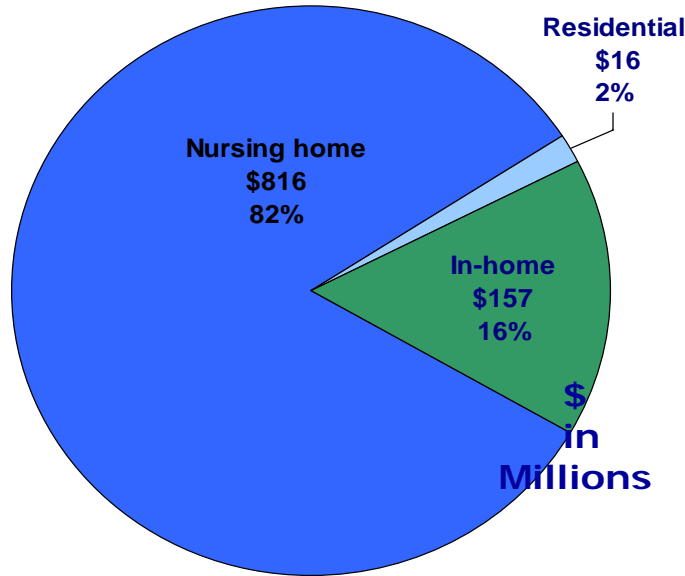
11,856
Mar 2005

—●— Actual —■— Forecast

SOURCES: Actuals - MMIS; Forecast - CASELOAD FORECAST COUNCIL

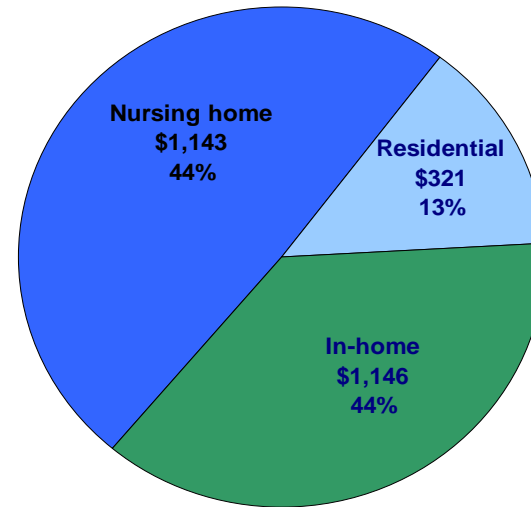
Medicaid long term care expenditure shift resulting from efforts to expand home and community services

1991-1993 biennium



Total = \$989,000,000
Caseload of all services approx
38,000

2005-2007 biennium



Total = \$2,517,000,000
Caseload of all services
approx. 47,000