



Washington Association of Area Agencies on Aging

Fund \$2.58 million for In-Home Case Managers for Long term care clients without caregivers

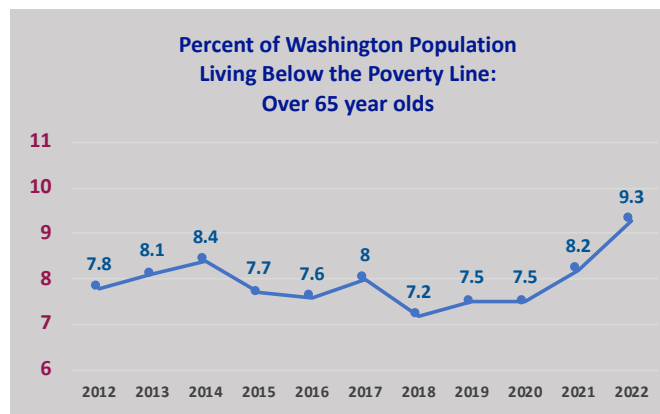
- **Area Agency on Aging (AAA) Medicaid Case Manager workforce is “catching up,” thanks to 2022 and 2023 budget investments.** Recent state investments in case management are succeeding in reducing workloads and providing capacity for case managers to support increasingly complex clients. In previous years, case managers were overwhelmed and “fighting fires” with clients in crisis every day.
- **Now we face a long-term care workforce crisis. Area Agencies on Aging are serving more clients without caregivers.** By SFY25, AAAs will support over 4,800 clients who do not have a paid in-home caregiver. With less paid caregivers in the workforce, clients may wait for months before getting care.
- **Clients without caregivers need more case manager time than those with a caregiver in the home.** Medicaid in-home care has tools to help clients manage needs until an in-home care provider is in place like Assistive Technology, home modifications, behavioral supports, and more – but those tools take extra time, communication, and planning. AAA case managers need the capacity to visit more often and spend more time with clients who do not have in-home assistance to set up supports, help clients recruit caregivers from their family and community networks, and help caregivers navigate training and employment systems.
- **Area Agencies on Aging should get paid to case manage all clients with no personal care.** Clients that don’t have a home care agency or independent caregiver assigned in the state’s payment system are not counted in caseload counts. This means that time-intensive case management provided for 700 clients isn’t being paid. This group needs to be included for payment and reduced caseloads, to make sure they get the help they need to stay safe at home.
- **Solution: Fund \$2.58 million GF-S in the 2024 budget to reduce caseloads to 55:1 for case managers of clients without caregivers in the home.**

Stories from case managers supporting clients without caregivers:

- **Seattle:** Jeff had a spinal cord injury that left him bed bound. He had great family support, his mom was a retired nurse and his dad a retired firefighter. They had a tough time getting caregivers to fill all the hours they needed, as they lived in Ballard, without a bus stop within a mile of his house. His parents were very burnt out because of the high level of care need.
- **Bellingham:** Sally is in her early sixties, lives alone, and struggles with mental health conditions that make it difficult to find and keep a caregiver. She has hoarding behaviors which led to her eviction and becoming homeless. I can't find a residential placement to meet her needs, due to her history of self-harm and substance use. My main difficulty is the sheer number of contacts I make on her behalf. She will accept a service, then refuse it after its started, then later want to receive it again. I'm working to coordinate with hazmat cleaners, primary care, the landlord, PACT team, hospital and many more. This one client has involved over one hundred calls and contacts in a six month period.
- **Kennewick:** Margaret is in her mid-seventies, lives alone and is estranged from her family. She has gone through so many caregivers we lost count. She refuses mental health treatment. She is verbally abusive and sometimes physically abusive to her care providers—throwing objects, screaming obscenities, and accusing them of theft. Caregivers often refuse to return. Because of her behaviors, she also doesn't have a regular medical care provider and seeks care at the local hospital because they can't refuse to treat her. I spend a lot of time trying to help keep caregivers in place and working with other community providers to try to stabilize Margaret's care.
- **Seattle:** Finding caregivers to work in Queen Anne is next to impossible. I have one client in who has been actively looking for a caregiver for over six months now. Each time she obtains a new caregiver they end up quitting after one shift because the commute is longer than they expected. Many caregivers don't have cars, so their commute relies on public transportation. I worry about my client's safety, many experience falls and hospitalizations without a caregiver in place to help.
- **Tacoma:** Nari is an older Korean woman who lives alone. She is very particular about her care, and how it is provided. She can be challenging to work with, and we have a limited number of Korean-speaking caregivers in our community. I spend a lot of time trying to help her keep caregivers in place by talking with her and her caregivers to mend and maintain relationships.
- **Spokane:** Shane was in a motorcycle accident in his early 20s, which gave him a severe brain injury. He needs a lot of help to stay independent in his apartment as he is fully paraplegic. His dad often helped with backup care, but now that he is in his eighties, he can't help as much and is afraid of what will happen to Shane when he passes away. Shane struggles with depression and often has outbursts at his caregivers. It's hard needing care when you are young when you thought your life would be different. I worked with Shane to get him to accept counseling and a behavior support specialist. It has helped stabilize his caregivers so his dad can get a needed break.

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RISING POVERTY AMONG WASHINGTON SENIORS LEADS TO HUNGER: Investments Needed for Senior Nutrition Services



Invest \$15.2 million per year for senior nutrition programs to promote health, stability, and dignity for our elders across the state.

The “age wave” – the significant increase of those over age 65 in our population– has hit Washington’s shores. Yet, too many of our seniors are struggling to meet their basic needs: Washington’s population of seniors living in poverty has increased since the pandemic began, with a dramatic increase in 2022.

Additionally, according to [USDA’s recently released food insecurity data for 2022](#), 9.1% of households with a person over age 65 were food insecure, and an additional 11.4% of households with a person over age 65 *living alone* were food insecure.

Washington has underinvested in the food safety net for seniors and people with disabilities. Despite having more seniors, and more seniors in poverty, our state budget hasn’t included any additional *ongoing* funding for critical food programs serving these communities in years. There was a small, one-time investment in response to the end of Covid-era SNAP increases that disproportionately affected seniors. This is the same population who are the most likely to qualify only for the minimum SNAP benefit to buy groceries: \$23 *per month*.

For many seniors living on a fixed income, this is simply not enough.

The evidence for seniors is clear: access to healthy nutrition, especially programs that pair food with socialization or case management, improve well-being and health outcomes, reduce costly interventions, and support more stable housing.

In partnership with DSHS, Area Agency on Aging (AAA) nutrition programs provide hot meals at community sites, senior center food pantries, mobile food pantries, Meals on Wheels, and other nutrition services. In every part of our state, AAA meal programs support dozens of community-based organizations which have expanded in recent years to serve hot meals to 30% more seniors and people with disabilities. Yet in SFY 2025, AAA programs that serve nearly 1.4 million meals for 18,686 seniors and people with disabilities will lose nutrition funding - *a loss of 39% in support*.

Together, our coalition urges the legislature to add \$15.2M per year to feed hungry seniors and people with disabilities.

Meal programs combat loneliness. Loneliness and isolation have far-reaching impacts, with health consequences as bad as smoking 15 cigarettes a day. AAA programs fund group meals, which foster community connections and mutual care, as well as home-delivered meals which ensure people who are not able to leave the house have regular contact with a caring individual. *Too many clients say their hot meal is the only time they socialize during the week.*

Meal programs promote health, prevent hospitalization, and delay residential care. Seniors and people with disabilities are at particular risk of frailty and falls if they do not have adequate nutrition, including high-protein foods. Seniors who are food insecure are 65% more likely to be diabetic. They are also more likely to suffer from conditions such as congestive heart failure, high blood pressure, asthma, obesity, and gum disease.

Meal programs sustain and connect people with community safety nets. Senior centers serve as hubs for volunteers delivering meals as well as other services, like haircuts or foot care. AAA nutrition funding leverages volunteer hours and complementary services to enhance clients' independence and dignity. *If clients are in trouble, meal providers also connect people to essential social services to avert a crisis.*

Seattle: "It is so nice to see a smiling face when my meals are delivered. Sometimes I can feel so alone and apart from the world in my home. The program is so valuable to me."

Individual and Community Impact of Senior Nutrition Services: **HOME DELIVERED MEALS**

Vancouver: Mary was a nurse for 40 years. She understands the importance of good nutrition. But over the past year, it became harder for Mary to afford nutritious, high-quality food. "Inflation caused a great change in my life," she said. After six months of eating mostly Cheerios and tuna fish, a friend helped Mary sign up for meal delivery through Meals on Wheels People – and Mary said it saved her life: "I'm alive because of what you guys do. I probably was going to starve to death. Now, I've got actual real food to eat every day."

Richland: We got a call from a daughter who was really concerned about her mom. After her dad died a year ago, her mom was struggling with depression and was "wasting away." We sent Meals on Wheels out, and at first, she would barely open the door to take the meal. Over time, she got to know the volunteers and built friendships. Today, she volunteers to deliver meals and runs a widow's support group at the meal site with her friends.

Individual and Community Impact of Senior Nutrition Services: **GROUP MEALS**

Port Angeles: "I'm homeless and live in a shelter. I come to the senior center for normalcy. The meals here put protein into me. I know I'm having a good meal."

Pasco: We have a meal site that serves cultural meals twice a week. One Hispanic gentleman who participates took me aside, he was so excited. He had just come from the doctor who said, "Whatever you are doing, keep doing it." He comes to the meal site with his friends, and thanks to the meals he is eating vegetables. They joined an exercise club together, and for the first time in ten years his diabetes is under control. He now brings friends to the meal site to "get healed."

Colton: We started by setting up a few tables, and people spread out to eat. They eventually congregated to one table or another with friends, as the group grew. Last week, the seniors at the site decided this is how they wanted their tables set up...like one big family!

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