



Washington Association of Area Agencies on Aging

Fund \$1.58 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 4,100 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.
- **Solution: Fund \$1.58 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.