

IN-HOME SERVICES

Profile of the Issue:

In-home care is an essential service for thousands of frail elderly and disabled adults in Washington State who need assistance with activities of daily living. “Activities of daily living” (ADLs), are basic personal needs such as eating, toileting, bathing, dressing, walking, etc., and relate to a person’s functional capacity. Other tasks that need to be accomplished to live independently (cooking, cleaning, shopping, etc.) are termed “instrumental activities of daily living” (IADLs), and are also part of in-home services. By providing assistance with personal and household tasks, home care workers enable these individuals to maximize their independence and remain living in their own homes.

Through the state’s COPES and Medicaid Personal Care programs, low-income elderly and disabled adults can receive services such as bathing, dressing, meal preparation and cleaning. These services are funded through the Medicaid Program (joint federal and state funding) and are designed to prevent clients from needing a higher level of care in an institutional setting, such as a nursing home. Once a client is determined to be both financially eligible and in need of these services, there are two options for receiving care. A client may choose to receive personal care services through a home care agency or by hiring an Individual Provider (IP).

Home care agencies can be either for profit companies or non profit organizations that contract with the Area Agency to provide home care services. These agencies hire, train, schedule and supervise the work of their employees, following standards set by the state. Individual providers are also paid through Medicaid funding and are hired and supervised directly by the clients. IP workers can often provide extended hours or more flexible schedules. And, under certain restrictions, family members can work as Individual Providers. IP’s are required to complete an initial 28 hours of state approved home care training, and 10 additional hours of continuing education each year they are employed as IP’s.

Additional in-home services that case managers can authorize through contracted COPES waiver services include home delivered meals, personal emergency response systems, environmental modifications such as wheelchair ramps and grab bars, Adult Day Health and Adult Day Care programs.

In Snohomish County, case managers work with COPES and Personal Care program clients to assess their needs, coordinate services and monitor service delivery. In 2009, there are over 2,800 clients receiving case management services. Approximately 48 percent of these clients receive care from an Individual Provider and 52 percent through one of the six home care agencies that have contracts with Snohomish County Case Management.

Case Management continually works at improving services to these clients. Client satisfaction is monitored and concerns addressed. In 2007, a *Cluster Care Project Client Satisfaction Survey* was administered. Overall the responses were quite positive. Data and review from this survey will result in quality improvement in the delivery of case management services.

Another topic impacting home care services is the shift in Snohomish County toward an older, more diverse population. In 2006, 13.4% (90,138) of the total population (671,800) in Snohomish County were persons age 60 and older, and 4.5% (30,202) were persons age 75 and older. The most recent projections available indicate by the year 2020, 22.1% (190,258) of the Snohomish County population will be age 60 and older and 5.4% (46,380) will be persons age 75 and older.

The growth in racial and ethnic diversity is highlighted by statistics from the Washington State Office of Financial Management. Between 1990 and 2000, the number of persons of color in Snohomish County grew from 37,586 to 100,826, an increase of 168.3%. Furthermore, the number of persons age 65 and over reporting they didn't speak English well or not at all, increased from 664 in the 1990 Census to 1,563 in the 2000 Census, an increase of 135.4%.

Both of these trends are directly related to Case Management services. The client base is continuing to grow rapidly, and there is an increase in need for services delivered in languages other than English.

Problem/Need Statement:

The demand for qualified case managers will continue to match the growth in the population of frail elderly and disabled adults in Snohomish County. A skilled workforce will need to include bi-lingual and bi-cultural staff, along with an increase in interpreter services.

Goal: Increase the quality of case management services to populations with limited English proficiency (LEP).

Objective: Recruit employees with specific language skills to match client demographics.

Measurable Activity: Monitor changing demographics of population through client data, community resources and Office of Financial Management statistics. Continue to expand employee recruitment pool based on client need. Ongoing.

Measurable Activity: Improve access and quality of services to LEP clients by addressing issues of professionalism, ethics, and accuracy with paid interpreters. December, 2008.

Goal: Work towards continuous improvement in the delivery of services to home care clients.

Measurable Activity: Implement recommendations from the Cluster Care Project Client Satisfaction Survey. December, 2009.

Measurable Activity: Modify the County Case Management website to be more accessible to clients, families, and providers. December, 2009.

Measurable Activity: Improve and standardize practices for RNs regarding particular client issues, such as fall prevention. December, 2011.

