



1115 Transformation Waiver Project Suggestion

Specialized Dementia Care program for Adult Family Homes

Providing personal care to a person with dementia is different from providing care to someone without a cognitive deficit. The successful delivery of dementia care is well researched and discussed topic. There are many known best practices and interventions for the delivery of care to this population. Much of this research suggests that caregiver training, environment, activities, assessment, care planning, and approaches to managing challenging behaviors are important elements in delivering quality dementia care.

Problem Statement

Consumers seeking a dementia capable community residential provider have very little information about the provider's capacity to manage the complexities of a progressive dementia like Alzheimer's disease. Some providers are unprepared for these challenges. This often results in multiple placements and/or discharges due to behavioral issues. Residents end up leaving these home and community based settings for more expensive institutions such as hospitals and skilled nursing homes.

Project Rationale

The "[Dementia Care Pilot Project in Boarding Homes](#)" study dated October 2003, outlines a successful approach to serving significantly impaired individuals in a home and community based setting with positive outcomes and reducing/delaying placement to skilled nursing facilities. This project developed into a DSHS Specialized Dementia Care in Assisted Living contract. The program was listed as a cost savings in the state budget. This project was proposed and development began in 2007, but was halted due to the economic recession. An expansion of this program to include the adult family home setting is suggested in the Washington State Alzheimer's plan.

Project Description

Nearly 7500 Washingtonian receive personal care through in an Adult Family Home care. It has been estimated that more than one half of these residents suffer from a cognitive impairment such as Dementia or Alzheimer's. Currently, our state administers a Specialized Dementia Care Program in Assisted living which has been successful in producing the above stated goals. The State's Alzheimer's plan also suggested this service be expanded. The Alzheimer's association has developed standards for dementia care in a residential setting.

Using the Specialized Dementia Care in Assisted Living program as a model ([WAC 388-110-220\(3\)](#)), develop standards for specialized adult family homes around assessment, care planning, environment, staff training, policies and procedures that will optimize the provider to manage the challenges of Alzheimer's Disease. These interventions should **reduce avoidable use of intensive services** by delaying, deferring and reducing the need for skilled nursing or psychiatric hospitals to manage those suffering from dementia. By reducing transfers this project can **improve population health, focused on prevention**. Reducing transfers and allowing aging in place reduces anxiety and depression which are known to exacerbate cognitive losses. This project can also meet the goal of ensuring Medicaid per-

capita growth is below national trends. The assisted living model was listed as a cost savings in its development.

Core Investment Components

The program could be piloted state wide or in selected regions, making it very scalable. For every 100 residents to be served through this contract in may require contracting with as many as 30 adult family homes. Staff to oversee and coordinate contracts would be needed. In the current assisted living program, the daily rates are currently \$30-50 higher for specialized dementia care. The average difference in rate between and adult family home and skilled nursing setting is \$110 per day. Attached are the considerations for the proposed budget item in 2005-2007.



Adobe Acrobat
Document

The process of developing the requirements, contracting/training providers, and identifying/assessing would need six month or more of ramp up. The return on investment and success of the program can be measured through increased length of stay in the facility, deferment from skilled nursing, reduction in behavioral discharges, and increased provider capacity to serve moderately to severely impaired resident.

If I can provide any additional information, please let me know.

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